

Table 11

Growth in Personal Health Care Expenditures (PHCE) and Medicare Program Payments: Selected Calendar Years 1967-1999

Year	Medicare Program Payments			Total ³	PHCE			
	Total ¹	Inpatient Hospital	Physician/ Supplier ²		Total	Hospital	Physician and Clinic	Medicare ⁵
						Medicare ⁴	Total	
Amount in Billions								
1967	\$4.2	\$2.7	\$1.2	\$43.6	\$18.1	\$3.2	\$10.1	\$1.2
1983	53.4	34.5	13.7	308.2	146.3	41.2	67.8	13.7
1990	101.4	56.7	30.2	609.4	253.9	67.8	157.5	30.2
1993	129.4	68.2	34.7	775.8	320.0	90.1	201.2	34.7
1994	146.5	75.7	38.5	816.5	332.4	98.9	210.5	37.9
1995	159.0	78.9	41.6	865.7	343.6	107.0	220.5	41.7
1996	167.1	79.9	42.5	911.9	355.9	115.1	229.4	44.3
1997	175.4	82.3	43.6	959.2	367.5	121.4	241.0	47.1
1998	168.2	83.0	44.2	1,009.9	379.2	119.9	256.8	51.3
1999	166.7	83.9	46.5	1,062.6	392.2	120.4	270.2	55.3
Average Annual Rate of Change								
1967-1983	17.2	17.3	16.4	13.0	14.0	17.3	12.6	16.4
1983-1999	7.4	5.7	7.9	8.0	6.4	6.9	9.0	9.1
1967-1999	12.2	11.3	12.1	10.5	10.1	12.0	10.8	12.7
1998-1999	-0.9	1.1	5.2	5.2	3.4	0.4	5.2	7.8

¹Includes Medicare Program payments for other types of services not shown separately.

²Includes program payments for physicians, practitioners, durable medical equipment, supplies and other medical services.

³Includes other types of expenditures not shown separately.

⁴Includes total benefit payments for inpatient hospital, facility-based skilled nursing facilities, facility-based home health agencies, facility-based hospices, and, for certain years, facility-based physicians.

⁵Includes total benefit payments for physicians, laboratory services performed in a physician's office, independent laboratory services, and freestanding end stage renal disease facilities.

NOTES: Medicare Program payments represent unadjusted amounts paid for covered services incurred during a calendar year under Medicare fee-for-service only and exclude payments for managed care services. Program payments differ from PHCE, which reflect estimates of interim and retroactive adjustments made to institutional providers as well as prorated shares of payments for managed care. Refer to glossary for definitions of and differences between program payments and benefit payments. In addition, the PHCE defines hospital and physician and clinic services differently than Medicare defines inpatient hospital and physician/supplier. Because of these differences in methodology and completeness, the Medicare payment amounts under the PHCE categories will differ from the corresponding amounts under the Medicare categories.

SOURCES: Centers for Medicare & Medicaid Services, Office of Information Services: Medicare Program payments from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information. PHCE developed by the Office of the Actuary, National Health Statistics Group.

Table 12

Medicare Program Payments, by Type of Coverage and Type of Entitlement: Calendar Years 1967-1999

Year	Hospital Insurance and/or Supplementary Medical Insurance			Hospital Insurance			Supplementary Medical Insurance		
	Total	Aged ¹	Disabled ²	Total	Aged ¹	Disabled ²	Total	Aged ¹	Disabled ²
	Amount in Millions								
1967	\$4,239	\$4,239	---	\$2,967	\$2,967	---	\$1,272	\$1,272	---
1968	5,290	5,290	---	3,767	3,767	---	1,523	1,523	---
1969	6,268	6,268	---	4,597	4,597	---	1,670	1,670	---
1970	6,572	6,572	---	4,740	4,740	---	1,832	1,832	---
1971	7,354	7,354	---	5,358	5,358	---	1,996	1,996	---
1972	8,019	8,019	---	5,836	5,836	---	2,184	2,184	---
1973	9,251	9,039	\$213 ³	6,848	6,674	\$174 ³	2,403	2,364	\$39 ³
1974	11,238	10,257	981	8,118	7,454	664	3,120	2,803	317
1975	14,549	13,056	1,492	10,519	9,537	982	4,029	3,519	511
1976	17,619	15,637	1,983	12,794	11,496	1,298	4,825	4,141	684
1977	20,477	18,015	2,462	14,710	13,116	1,594	5,767	4,898	869
1978	23,543	20,579	2,964	16,630	14,741	1,890	6,912	5,838	1,074
1979	27,699	24,005	3,694	19,258	16,940	2,317	8,441	7,065	1,377
1980	33,725	29,224	4,501	23,194	20,404	2,790	10,531	8,820	1,710
1981	39,918	36,614	5,304	27,486	24,181	3,306	12,432	10,434	1,999
1982	48,134	41,787	6,347	33,333	29,360	3,973	14,802	12,427	2,375
1983	53,438	46,727	6,711	36,314	32,141	4,173	17,124	14,586	2,538
1984	59,132	52,118	7,014	40,608	36,084	4,524	18,525	16,034	2,490
1985	63,877	56,428	7,449	42,266	37,511	4,755	21,611	18,918	2,693
1986	68,863	60,810	8,053	44,566	39,507	5,059	24,297	21,304	2,994
1987	75,817	67,098	8,719	47,414	42,131	5,283	28,402	24,966	3,436
1988	81,403	72,187	9,217	50,689	45,111	5,578	30,715	27,076	3,639
1989	93,844	82,757	11,087	57,942	51,111	6,830	35,903	31,646	4,257

See footnotes at end of table.

Table 12—Continued

Medicare Program Payments, by Type of Coverage and Type of Entitlement: Calendar Years 1967-1999

Year	Hospital Insurance and/or Supplementary Medical Insurance			Hospital Insurance			Supplementary Medical Insurance		
	Total	Aged ¹	Disabled ²	Total	Aged ¹	Disabled ²	Total	Aged ¹	Disabled ²
	Amount in Millions								
1990	\$101,419	\$89,620	\$11,799	\$62,347	\$55,170	\$7,177	\$39,072	\$34,449	\$4,623
1991	110,887	98,059	12,828	68,998	61,280	7,718	41,889	36,779	5,110
1992	120,710	106,241	14,469	76,661	67,883	8,777	44,049	38,357	5,692
1993	129,386	113,491	15,894	82,099	72,577	9,522	47,287	40,914	6,372
1994	146,549	127,714	18,835	94,205	82,693	11,512	52,343	45,021	7,323
1995	158,980	137,952	21,029	101,835	89,131	12,704	57,145	48,821	8,325
1996	167,063	144,485	22,577	107,949	94,389	13,559	59,114	50,096	9,018
1997	175,423	151,655	23,768	114,327	100,034	14,293	61,096	51,621	9,475
1998	168,164	144,418	23,746	102,542	89,013	13,529	65,622	55,405	10,217
1999	166,687	142,425	24,262	98,847	85,413	13,434	67,839	57,012	10,828
Average Annual Rate of Change									
1967-1983	17.2	16.2	---	16.9	16.1	---	17.6	16.5	---
1974-1983	18.9	18.4	23.8	18.1	17.6	22.7	20.8	20.1	26.0
1967-1999	12.2	11.6	---	11.6	11.1	---	13.2	12.6	---
1974-1999	11.4	11.1	13.7	10.5	10.2	12.8	13.1	12.8	15.2
1983-1999	7.4	7.2	8.4	6.5	6.3	7.6	9.0	8.9	9.5

¹Represents all enrollees 65 years of age or over, including those with end stage renal disease.²Represents all enrollees under 65 years of age, including those with end stage renal disease. Disabled enrollees were not covered under Medicare until July 1, 1973.³Represents reimbursements for the last 6 months of 1973.

NOTES: Medicare program payments represent unadjusted amounts paid for covered services incurred during a calendar year under Medicare fee-for-service only and exclude payments for managed care services. Program payments differ from benefit payments, which reflect estimates of interim and retroactive adjustments made to institutional providers as well as payments for managed care. Refer to glossary for definitions of and distinctions between program payments and benefit payments.

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

Table 13

**Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:
Selected Calendar Years 1967-1999**

Type of Coverage and Service	Year									Average Annual Rate of Change			
	1967	1974	1980	1983	1990	1995	1997	1998	1999	1967-83	1983-99	1967-99	1998-99
Type of Coverage	Number of Enrollees in Thousands												
Hospital Insurance and/or													
Supplementary Medical Insurance	19,521	24,201	28,478	30,026	34,213	37,566	38,465	38,838	39,150	2.7	1.7	2.2	0.8
Hospital Insurance	19,494	23,924	28,067	29,587	33,731	37,152	38,059	38,432	38,738	2.6	1.7	2.2	0.8
Supplementary Medical Insurance	17,893	23,167	27,400	28,975	32,636	35,711	36,479	36,794	37,054	3.1	1.5	2.3	0.7
Type of Coverage and Service	Number of Persons Served in Thousands												
Persons Served¹													
Total	7,154	11,833	18,031	19,732	27,099	30,423	29,847	29,263	29,211	6.5	2.5	4.5	-0.2
Hospital Insurance	3,960	5,133	6,752	7,443	7,036	8,036	8,118	7,606	7,219	4.0	-0.2	1.9	-5.1
Inpatient Hospital Services	3,601	5,081	6,672	7,170	6,543	6,964	6,887	6,779	6,846	4.4	-0.3	2.0	1.0
Skilled Nursing Facility Services	354	266	257	265	638	1,233	1,503	1,510	1,447	-1.8	11.2	4.5	-4.2
Home Health Agency Services	126	276	726	1,318	1,936	3,427	3,458	2,478	1,543	15.8	1.0	8.1	-37.7
Supplementary Medical Insurance	6,523	11,468	17,822	19,472	26,951	30,249	29,620	29,044	28,946	7.1	2.5	4.8	-0.3
Physician and Other													
Medical Services	6,415	11,079	17,258	18,923	26,350	29,539	28,961	28,441	28,378	7.0	2.6	4.8	-0.2
Outpatient Services ²	1,511	3,431	7,538	9,089	15,511	19,709	20,543	20,424	20,572	11.9	5.2	8.5	0.7
Home Health Agency Services	118	134	327	20	38	41	48	1,381	1,348	-10.5	30.1	7.9	-2.4
Persons Served	Rate per 1,000 Enrollees ³												
Total	366	489	633	657	792	893	904	905	908	3.7	2.0	2.9	0.4
Hospital Insurance	203	215	241	252	209	239	249	238	227	1.3	-0.6	0.4	-4.6
Inpatient Hospital Services	185	212	238	242	194	207	211	212	215	1.7	-0.7	0.5	1.6
Skilled Nursing Facility Services	18	11	9	9	19	37	46	47	46	-4.3	10.7	2.9	-3.6
Home Health Agency Services	6	12	26	45	57	102	106	78	49	12.8	0.5	6.5	-37.4
Supplementary Medical Insurance	365	495	650	672	826	939	955	958	962	3.9	2.3	3.1	0.4
Physician and Other													
Medical Services	359	478	630	653	807	917	934	939	943	3.8	2.3	3.1	0.5
Outpatient Services ⁴	84	148	275	314	475	612	662	674	684	8.5	5.0	6.8	1.5
Home Health Agency Services	7	6	12	1	1	1	2	46	45	-13.2	29.8	6.2	-1.6

See footnotes at end of table.

Table 13—Continued

**Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:
Selected Calendar Years 1967-1999**

Type of Coverage and Service	Year									Average Annual Rate of Change			
	1967	1974	1980	1983	1990	1995	1997	1998	1999	1967-83	1983-99	1967-99	1998-99
Program Payments	Amount in Millions												
Total	\$4,239	\$11,179	\$33,613	\$53,446	\$101,419	\$158,980	\$175,423	\$168,164	\$166,687	17.2	7.4	12.2	-0.9
Hospital Insurance	2,967	8,000	23,119	36,314	62,347	101,835	114,327	102,542	98,847	16.9	6.5	11.6	-3.6
Inpatient Hospital Services	2,667	7,680	22,297	34,519	56,716	78,944	84,563	83,039	83,860	17.4	5.7	11.4	1.0
Skilled Nursing Facility Services	274	224	344	428	1,971	7,799	11,237	11,506	9,673	2.8	21.5	11.8	-15.9
Home Health Agency Services	26	96	478	1,366	3,660	15,092	16,487	5,811	2,810	28.1	4.6	15.8	-51.6
Supplementary Medical Insurance	1,272	3,179	10,494	17,132	39,072	57,145	61,069	65,622	67,839	17.6	9.0	13.2	3.4
Physician and Other													
Medical Services	1,217	2,740	8,358	13,660	30,222	41,617	43,621	44,160	46,487	16.3	8.0	12.1	5.3
Outpatient Services ²	38	397	1,962	3,443	8,773	15,328	17,256	16,868	16,224	32.5	10.2	20.8	-3.8
Home Health Agency Services	17	40	175	29	78	200	219	4,594	5,129	3.4	38.1	19.5	11.6
Program Payments	Per Person Served												
Total	\$593	\$945	\$1,864	\$2,709	\$3,743	\$5,226	\$5,877	\$5,747	\$5,706	10.0	4.8	7.3	-0.7
Hospital Insurance	749	1,559	3,424	4,879	8,861	12,672	14,083	13,482	13,693	12.4	6.7	9.5	1.6
Inpatient Hospital Services	741	1,512	3,342	4,814	8,668	11,336	12,279	12,249	12,250	12.4	6.0	9.2	0.0
Skilled Nursing Facility Services	774	842	1,339	1,615	3,089	6,325	7,476	7,620	6,684	4.7	9.3	7.0	-12.3
Home Health Agency Services	206	348	658	1,036	1,890	4,404	4,768	2,345	1,821	10.6	3.6	7.0	-22.3
Supplementary Medical Insurance	195	277	589	880	1,450	1,889	2,062	2,259	2,344	9.9	6.3	8.1	3.7
Physician and Other													
Medical Services	190	247	484	722	1,147	1,409	1,506	1,553	1,638	8.7	5.3	7.0	5.5
Outpatient Services ²	25	116	260	379	566	778	840	826	789	18.5	4.7	11.4	-4.5
Home Health Agency Services	144	299	535	1,450	2,053	4,878	4,563	3,327	3,804	15.5	6.2	10.8	14.3

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, the utilization rates per 1,000 enrollees do not reflect managed care enrollment; that is, 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, 1998, and 1999 are \$2.0, \$2.2, and \$2.5 billion dollars respectively for hospice services not shown separately. The change in program payments and utilization for home health in 1998 is due in part to the Balanced Budget Act of 1997 (P.L. 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. 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; data development by the Office of Research, Development, and Information.

Table 14
Persons Served and Program Payments for Medicare Beneficiaries, by
Demographic Characteristics: Calendar Year 1999

Demographic Characteristic	Persons Served ¹		Program Payments			
	Number in Thousands	Percent	Amount in Millions	Percent	Per Person Served	Per Enrollee ²
Total	29,211	100.0	\$166,687	100.0	\$5,706	\$5,180
Sex						
Male	11,918	40.8	73,171	43.9	6,140	5,275
Female	17,293	59.2	93,516	56.1	5,408	5,108
Age						
Under 65 Years	3,937	13.5	24,262	14.6	6,162	5,117
65-74 Years	12,108	41.5	56,031	33.6	4,628	3,982
75-84 Years	9,487	32.5	59,518	35.7	6,274	6,106
85 Years or Over	3,679	12.6	26,875	16.1	7,305	7,428
Race³						
White	25,064	85.8	136,993	82.2	5,466	5,046
Non-White	2,509	8.6	20,193	12.1	8,047	4,171
Type of Entitlement						
Aged ⁴	25,274	86.5	142,425	85.4	5,635	5,191
Disabled ⁵	3,937	13.5	24,262	14.6	6,162	5,117
MSA Type⁶						
Urban	20,750	71.0	126,223	75.7	6,083	5,371
Rural	8,094	27.7	39,253	23.5	4,850	4,524

¹Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the year.

²The July 1 enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans.

³Excludes unknown race.

⁴Includes aged persons with end stage renal disease (ESRD).

⁵Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

⁶Excludes outlying areas.

NOTES: MSA is metropolitan statistical area. Numbers may not add to totals because of rounding. Refer to glossary for definitions of program payments, benefit payments and persons served.

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

Table 15
Program Payments for Medicare Beneficiaries Residing in Urban and Rural Areas, by Area of Residence:
Calendar Year 1999

Area of Residence	Total Program Payments			Urban Program Payments ¹			Rural Program Payments ¹		
	Amount in Millions	Per Person Served	Per Enrollee ²	Amount in Millions	Per Person Served	Per Enrollee ²	Amount in Millions	Per Person Served	Per Enrollee ²
United States ³	\$165,474	\$5,737	\$5,280	\$126,223	\$6,083	\$5,569	\$39,251	\$4,850	\$4,526
Northeast	37,966	6,532	5,949	34,600	6,766	6,145	3,366	4,823	4,534
Midwest	39,483	5,135	4,793	27,671	5,530	5,136	11,812	4,400	4,143
South	63,209	5,759	5,318	43,652	6,012	5,532	19,558	5,266	4,895
West	24,816	5,681	5,138	20,300	6,022	5,404	4,516	4,529	4,207
New England	9,284	6,128	5,528	8,221	6,372	5,735	1,064	4,731	4,501
Connecticut	2,334	6,267	5,734	2,240	6,226	5,701	94	7,441	6,626
Maine	918	4,743	4,311	493	4,733	4,334	425	4,755	4,284
Massachusetts	4,402	6,908	6,184	4,322	6,921	6,173	80	6,284	6,794
New Hampshire	625	4,671	4,185	415	5,005	4,455	210	4,128	3,737
Rhode Island	639	6,543	5,719	639	6,543	5,719	(4)	(4)	(4)
Vermont	365	4,556	4,226	111	5,288	5,122	253	4,295	3,924
Middle Atlantic	28,681	6,675	6,099	26,379	6,899	6,286	2,302	4,866	4,550
New Jersey	6,393	6,993	6,365	6,393	6,993	6,365	(4)	(4)	(4)
New York	13,617	6,874	6,230	12,670	7,134	6,446	947	4,621	4,297
Pennsylvania	8,672	6,186	5,733	7,317	6,454	5,963	1,355	5,054	4,745
East North Central	28,310	5,369	4,984	22,034	5,681	5,247	6,276	4,501	4,238
Illinois	7,559	5,768	5,257	6,111	6,172	5,535	1,449	4,520	4,335
Indiana	3,637	4,859	4,517	2,560	4,995	4,649	1,076	4,563	4,230
Michigan	7,158	5,866	5,456	5,826	6,182	5,731	1,333	4,795	4,511
Ohio	6,956	5,303	4,979	5,590	5,509	5,159	1,366	4,598	4,357
Wisconsin	2,999	4,400	4,122	1,947	4,650	4,381	1,052	4,003	3,715

See footnotes at end of table.

Table 15—Continued
Program Payments for Medicare Beneficiaries Residing in Urban and Rural Areas, by Area of Residence:
Calendar Year 1999

Area of Residence	Total Program Payments			Urban Program Payments ¹			Rural Program Payments ¹		
	Amount in Millions	Per Person Served	Per Enrollee ²	Amount in Millions	Per Person Served	Per Enrollee ²	Amount in Millions	Per Person Served	Per Enrollee ²
West North Central	\$11,173	\$4,625	\$4,367	\$5,638	\$5,008	\$4,744	\$5,536	\$4,291	\$4,040
Iowa	1,820	4,094	3,984	693	4,310	4,237	1,127	3,971	3,844
Kansas	1,632	4,821	4,580	742	4,993	4,722	890	4,687	4,467
Minnesota	2,276	4,254	4,076	1,329	4,539	4,418	947	3,910	3,677
Missouri	3,563	5,309	4,893	2,184	5,709	5,288	1,379	4,778	4,375
Nebraska	1,014	4,551	4,237	426	5,277	4,859	588	4,139	3,878
North Dakota	397	4,160	3,916	127	4,070	3,712	271	4,203	4,020
South Dakota	471	4,354	3,994	136	4,710	4,277	335	4,225	3,889
South Atlantic	33,369	5,676	5,277	25,216	5,902	5,474	8,152	5,073	4,751
Delaware	540	5,515	5,070	377	5,452	4,953	163	5,665	5,360
District of Columbia	489	8,891	7,144	489	8,891	7,144	(4)	(4)	(4)
Florida	11,838	6,257	5,944	10,724	6,315	6,012	1,115	5,751	5,361
Georgia	4,287	5,509	5,038	2,553	5,668	5,159	1,734	5,292	4,870
Maryland	3,413	7,015	6,237	3,132	7,172	6,348	281	5,634	5,221
North Carolina	4,951	4,960	4,651	3,002	5,029	4,709	1,950	4,857	4,564
South Carolina	2,640	5,159	4,774	1,742	5,154	4,754	898	5,169	4,813
Virginia	3,703	4,882	4,465	2,543	5,054	4,576	1,160	4,543	4,238
West Virginia	1,506	5,002	4,846	655	5,242	5,016	852	4,832	4,723
East South Central	11,732	5,364	4,925	6,104	5,476	5,005	5,628	5,248	4,842
Alabama	3,097	5,424	4,965	1,961	5,551	5,086	1,137	5,218	4,769
Kentucky	2,670	4,980	4,618	1,124	5,033	4,646	1,546	4,942	4,598
Mississippi	2,150	5,768	5,251	645	5,941	5,317	1,505	5,697	5,223
Tennessee	3,814	5,394	4,950	2,374	5,527	5,041	1,440	5,190	4,806
West South Central	18,109	6,226	5,691	12,331	6,581	5,973	5,778	5,584	5,172
Arkansas	1,859	4,886	4,500	711	4,902	4,468	1,148	4,876	4,520
Louisiana	3,174	7,286	6,627	2,266	7,371	6,740	908	7,081	6,362
Oklahoma	2,318	5,537	5,121	1,183	5,832	5,368	1,135	5,260	4,886
Texas	10,758	6,427	5,856	8,172	6,705	6,058	2,586	5,682	5,299

See footnotes at end of table.

Table 15—Continued
Program Payments for Medicare Beneficiaries Residing in Urban and Rural Areas, by Area of Residence:
Calendar Year 1999

Area of Residence	Total Program Payments			Urban Program Payments ¹			Rural Program Payments ¹		
	Amount in Millions	Per Person Served	Per Enrollee ²	Amount in Millions	Per Person Served	Per Enrollee ²	Amount in Millions	Per Person Served	Per Enrollee ²
Mountain	\$6,901	\$4,788	\$4,400	\$4,618	\$5,044	\$4,632	\$2,283	\$4,343	\$3,996
Arizona	1,798	4,973	4,544	1,490	5,032	4,616	307	4,709	4,224
Colorado	1,446	5,101	4,876	1,136	5,380	5,092	310	4,286	4,219
Idaho	579	4,048	3,937	191	4,178	4,135	388	3,986	3,846
Montana	499	4,040	3,790	172	4,237	4,199	327	3,944	3,605
Nevada	781	5,950	5,080	660	6,344	5,399	121	4,446	3,842
New Mexico	771	4,845	4,201	335	4,795	4,149	436	4,885	4,241
Utah	763	4,201	3,864	549	4,229	3,886	214	4,130	3,810
Wyoming	263	4,578	4,220	84	4,653	4,301	179	4,544	4,183
Pacific	17,916	6,121	5,493	15,682	6,387	5,683	2,233	4,737	4,448
Alaska	218	6,487	5,447	86	6,497	5,510	132	6,481	5,406
California	13,702	6,849	6,027	12,897	6,956	6,101	805	5,502	5,045
Hawaii	389	3,768	3,544	273	3,686	3,458	116	3,976	3,765
Oregon	1,244	4,057	4,096	655	4,083	4,164	589	4,028	4,023
Washington	2,363	4,894	4,418	1,771	5,013	4,497	591	4,570	4,196

¹The classification of counties into urban or rural groups is based on the list of metropolitan statistical areas (MSAs) defined by the Office of Management and Budget. For the purpose of this table, a rural area of residence is defined as an MSA with fewer than 50,000 resident population.

²The July 1 enrollment counts used to calculate fee-for-service program payments per enrollee do not include Medicare enrollees in managed care plans.

³Excludes Puerto Rico, Guam, Virgin Islands, residence unknown, foreign countries, and other outlying areas not shown separately.

⁴No area for this jurisdiction is defined as rural.

NOTES: 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; data development by the Office of Research, Development, and Information.

Table 16

**Persons Served and Program Payments for Medicare Beneficiaries, by Type of Entitlement,
Amount of Program Payments, Type of Coverage, and Type of Service: Calendar Year 1999**

Type of Entitlement and Amount of Hospital Insurance and/or Supplementary Medical Insurance Program Payments	Total Hospital Insurance and/or Supplementary Medical Insurance	Hospital Insurance			
		Total	Hospital Inpatient	Skilled Nursing Facility	Home Health Agency
All Beneficiaries		Number of Persons Served ¹			
Total	29,211,000	7,218,880	6,845,960	1,447,200	1,543,040
\$1 - \$99	2,971,980	2,820	1,200	60	740
\$100 - \$499	6,718,520	31,860	9,240	1,500	5,600
\$500 - \$999	4,332,280	41,340	11,300	1,440	9,560
\$1,000 - \$1,999	4,063,000	107,460	56,360	5,200	16,800
\$2,000 - \$4,999	4,200,780	1,052,860	954,620	27,100	61,540
\$5,000 - \$9,999	2,484,740	1,813,520	1,732,840	147,820	201,180
\$10,000 - \$14,999	1,264,800	1,143,600	1,106,200	226,300	229,380
\$15,000 - \$19,999	838,780	792,080	772,640	215,980	209,560
\$20,000 - \$24,999	583,640	548,440	535,940	173,040	163,700
\$25,000 or More	1,752,480	1,684,900	1,665,620	648,760	644,980
	Amount of Program Payments in Thousands				
Total	166,686,951	\$98,847,481	\$83,860,112	\$9,673,473	\$2,810,322
\$1 - \$99	130,549	181	57	3	49
\$100 - \$499	1,871,634	8,321	2,067	398	1,195
\$500 - \$999	3,132,707	23,219	5,582	975	3,760
\$1,000 - \$1,999	5,813,309	120,312	66,954	5,406	11,292
\$2,000 - \$4,999	13,482,749	2,620,338	2,370,675	50,734	55,940
\$5,000 - \$9,999	17,647,961	8,496,739	7,563,262	399,993	226,951
\$10,000 - \$14,999	15,579,241	9,688,578	8,139,836	900,204	325,059
\$15,000 - \$19,999	14,548,547	9,873,365	8,108,861	1,125,021	341,092
\$20,000 - \$24,999	13,050,954	8,981,951	7,249,533	1,126,039	302,271
\$25,000 or More	81,429,300	59,034,476	50,353,285	6,064,699	1,542,713
	Average Program Payment per Person Served				
Total	\$5,706	\$13,693	\$12,250	\$6,684	\$1,821
\$1 - \$99	44	64	48	55	66
\$100 - \$499	279	261	224	265	213
\$500 - \$999	723	562	494	677	393
\$1,000 - \$1,999	1,431	1,120	1,188	1,040	672
\$2,000 - \$4,999	3,210	2,489	2,483	1,872	909
\$5,000 - \$9,999	7,103	4,685	4,365	2,706	1,128
\$10,000 - \$14,999	12,318	8,472	7,358	3,978	1,417
\$15,000 - \$19,999	17,345	12,465	10,495	5,209	1,628
\$20,000 - \$24,999	22,361	16,377	13,527	6,507	1,846
\$25,000 or More	46,465	35,037	30,231	9,348	2,392

See footnotes at end of table.

Table 16 - Continued

Persons Served and Program Payments for Medicare Beneficiaries, by Type of Entitlement,
Amount of Program Payments, Type of Coverage, and Type of Service: Calendar Year 1999

Hospital Insurance	Supplementary Medical Insurance			
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served ¹				
474,480	28,946,440	28,378,300	20,572,080	1,348,340
820	2,969,500	2,633,960	903,060	1,300
15,620	6,697,240	6,564,260	3,789,500	15,000
19,220	4,312,500	4,281,400	3,156,840	36,140
30,120	4,030,620	4,011,500	3,301,160	89,900
56,860	4,126,000	4,105,640	3,488,780	227,540
81,660	2,432,460	2,420,780	2,054,860	258,340
63,220	1,241,160	1,234,980	1,069,800	165,940
47,980	826,540	823,040	721,420	117,780
38,540	575,300	572,760	511,620	90,920
120,440	1,735,120	1,729,980	1,575,040	345,480
Amount of Program Payments in Thousands				
\$2,503,574	\$67,839,470	\$46,486,737	\$16,224,032	\$5,128,701
72	130,368	101,139	29,144	85
4,661	1,863,313	1,498,851	361,209	3,253
12,902	3,109,488	2,437,908	656,289	15,291
36,660	5,692,996	4,282,309	1,343,179	67,508
142,989	10,862,411	7,886,047	2,654,449	321,915
306,533	9,151,222	6,552,733	2,002,532	595,957
323,479	5,890,663	4,127,524	1,190,586	572,553
298,391	4,675,183	3,244,910	915,331	514,943
304,108	4,069,003	2,649,607	959,904	459,492
1,073,779	22,394,823	13,705,711	6,111,409	2,577,704
Average Program Payment per Person Served				
\$5,276	\$2,344	\$1,638	\$789	\$3,804
88	44	38	32	66
298	278	228	95	217
671	721	569	208	423
1,217	1,412	1,068	407	751
2,515	2,633	1,921	761	1,415
3,754	3,762	2,707	975	2,307
5,117	4,746	3,342	1,113	3,450
6,219	5,656	3,943	1,269	4,372
7,891	7,073	4,626	1,876	5,054
8,915	12,907	7,922	3,880	7,461

Table 16 - Continued

**Persons Served and Program Payments for Medicare Beneficiaries, by Type of Entitlement,
Amount of Program Payments, Type of Coverage, and Type of Service: Calendar Year 1999**

Type of Entitlement and Amount of Hospital Insurance and/or Supplementary Medical Insurance Program Payments	Total Hospital Insurance and/or Supplementary Medical Insurance	Hospital Insurance			
		Total	Hospital Inpatient	Skilled Nursing Facility	Home Health Agency
Aged Beneficiaries	Number of Persons Served¹				
Total	25,273,900	6,281,900	5,930,400	1,373,600	1,417,200
\$1 - \$99	2,383,780	2,040	640	40	560
\$100 - \$499	5,778,700	26,020	4,720	1,400	5,020
\$500 - \$999	3,805,520	33,460	5,140	1,340	8,740
\$1,000 - \$1,999	3,584,420	87,040	38,440	5,040	15,660
\$2,000 - \$4,999	3,701,400	902,660	809,200	25,860	57,460
\$5,000 - \$9,999	2,172,140	1,587,460	1,511,480	142,560	189,080
\$10,000 - \$14,999	1,112,900	1,011,420	976,140	219,340	215,260
\$15,000 - \$19,999	743,820	706,340	688,380	208,100	196,360
\$20,000 - \$24,999	511,900	488,800	477,160	166,880	152,880
\$25,000 or More	1,479,320	1,436,660	1,419,100	603,040	576,180
	Amount of Program Payments in Thousands				
Total	\$142,424,610	\$85,413,097	\$71,289,546	\$9,191,337	\$2,581,292
\$1 - \$99	105,243	141	31	2	38
\$100 - \$499	1,619,491	6,958	1,063	371	1,052
\$500 - \$999	2,752,617	19,356	2,736	905	3,384
\$1,000 - \$1,999	5,129,999	98,093	47,353	5,220	10,384
\$2,000 - \$4,999	11,871,688	2,250,872	2,012,941	48,577	52,308
\$5,000 - \$9,999	15,428,286	7,432,914	6,541,845	386,648	213,792
\$10,000 - \$14,999	13,719,047	8,594,428	7,104,393	875,395	306,386
\$15,000 - \$19,999	12,901,835	8,844,242	7,151,389	1,088,534	321,222
\$20,000 - \$24,999	11,440,692	8,036,838	6,375,992	1,091,512	285,060
\$25,000 or More	67,455,712	50,129,255	42,051,804	5,694,173	1,387,666
	Average Program Payment per Person Served				
Total	\$5,635	\$13,597	\$12,021	\$6,691	\$1,821
\$1 - \$99	44	69	48	55	68
\$100 - \$499	280	267	225	265	210
\$500 - \$999	723	578	532	675	387
\$1,000 - \$1,999	1,431	1,127	1,232	1,036	663
\$2,000 - \$4,999	3,207	2,494	2,488	1,878	910
\$5,000 - \$9,999	7,103	4,682	4,328	2,712	1,131
\$10,000 - \$14,999	12,327	8,497	7,278	3,991	1,423
\$15,000 - \$19,999	17,345	12,521	10,389	5,231	1,636
\$20,000 - \$24,999	22,349	16,442	13,362	6,541	1,865
\$25,000 or More	45,599	34,893	29,633	9,442	2,408

See footnotes at end of table.

Table 16 - Continued

**Persons Served and Program Payments for Medicare Beneficiaries, by Type of Entitlement,
Amount of Program Payments, Type of Coverage, and Type of Service: Calendar Year 1999**

Hospital Insurance	Supplementary Medical Insurance			
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served ¹				
450,380	25,048,360	24,614,800	17,844,240	1,221,020
800	2,381,960	2,127,000	720,580	1,040
14,960	5,760,420	5,662,020	3,249,660	12,880
18,360	3,788,300	3,763,520	2,764,480	32,420
28,820	3,556,840	3,541,560	2,906,580	82,160
54,660	3,637,080	3,621,280	3,070,180	208,740
78,080	2,127,660	2,118,240	1,790,780	238,180
60,740	1,092,960	1,087,760	939,240	152,340
45,640	733,460	730,340	637,380	108,220
36,340	504,760	502,540	446,180	82,920
111,980	1,464,920	1,460,540	1,319,180	302,120
Amount of Program Payments in Thousands				
\$2,350,922	\$57,011,513	\$40,298,469	\$12,181,414	\$4,531,630
71	105,102	82,008	23,022	72
4,473	1,612,533	1,310,101	299,635	2,798
12,332	2,733,261	2,164,175	555,453	13,632
35,135	5,031,907	3,816,396	1,154,040	61,470
137,046	9,620,817	7,037,860	2,288,300	294,657
290,629	7,995,372	5,760,039	1,685,868	549,465
308,254	5,124,619	3,619,451	981,802	523,366
283,096	4,057,593	2,863,346	728,260	465,986
284,274	3,403,854	2,319,767	669,298	414,789
995,612	17,326,457	11,325,326	3,795,737	2,205,394
Average Program Payment per Person Served				
\$5,220	\$2,276	\$1,637	\$683	\$3,711
88	44	39	32	69
299	280	231	92	217
672	722	575	201	420
1,219	1,415	1,078	397	748
2,507	2,645	1,943	745	1,412
3,722	3,758	2,719	941	2,307
5,075	4,689	3,327	1,045	3,436
6,203	5,532	3,921	1,143	4,306
7,823	6,744	4,616	1,500	5,002
8,891	11,828	7,754	2,877	7,300

Table 16 - Continued

**Persons Served and Program Payments for Medicare Beneficiaries, by Type of Entitlement,
Amount of Program Payments, Type of Coverage, and Type of Service: Calendar Year 1999**

Type of Entitlement and Amount of Hospital Insurance and/or Supplementary Medical Insurance Program Payments	Total Hospital Insurance and/or Supplementary Medical Insurance	Hospital Insurance			
		Total	Hospital Inpatient	Skilled Nursing Facility	Home Health Agency
Disabled Beneficiaries		Number of Persons Served ¹			
Total	3,937,100	936,980	915,560	73,600	125,840
\$1 - \$99	588,200	780	560	20	180
\$100 - \$499	939,820	5,840	4,520	100	580
\$500 - \$999	526,760	7,880	6,160	100	820
\$1,000 - \$1,999	478,580	20,420	17,920	160	1,140
\$2,000 - \$4,999	499,380	150,200	145,420	1,240	4,080
\$5,000 - \$9,999	312,600	226,060	221,360	5,260	12,100
\$10,000 - \$14,999	151,900	132,180	130,060	6,960	14,120
\$15,000 - \$19,999	94,960	85,740	84,260	7,880	13,200
\$20,000 - \$24,999	71,740	59,640	58,780	6,160	10,820
\$25,000 or More	273,160	248,240	246,520	45,720	68,800
		Amount of Program Payments in Thousands			
Total	\$24,262,341	\$13,434,384	\$12,570,566	\$482,136	\$229,029
\$1 - \$99	25,306	40	26	1	11
\$100 - \$499	252,143	1,363	1,004	27	143
\$500 - \$999	380,090	3,863	2,847	70	376
\$1,000 - \$1,999	683,310	22,220	19,600	186	908
\$2,000 - \$4,999	1,611,061	369,466	357,734	2,157	3,632
\$5,000 - \$9,999	2,219,676	1,063,825	1,021,417	13,345	13,160
\$10,000 - \$14,999	1,860,194	1,094,151	1,035,443	24,809	18,672
\$15,000 - \$19,999	1,646,713	1,029,122	957,472	36,487	19,869
\$20,000 - \$24,999	1,610,261	945,113	873,541	34,527	17,211
\$25,000 or More	13,973,588	8,905,221	8,301,481	370,527	155,047
		Average Program Payment per Person Served			
Total	\$6,162	\$14,338	\$13,730	\$6,551	\$1,820
\$1 - \$99	43	51	47	56	61
\$100 - \$499	268	233	222	270	247
\$500 - \$999	722	490	462	701	458
\$1,000 - \$1,999	1,428	1,088	1,094	1,163	796
\$2,000 - \$4,999	3,226	2,460	2,460	1,739	890
\$5,000 - \$9,999	7,101	4,706	4,614	2,537	1,088
\$10,000 - \$14,999	12,246	8,278	7,961	3,565	1,322
\$15,000 - \$19,999	17,341	12,003	11,363	4,630	1,505
\$20,000 - \$24,999	22,446	15,847	14,861	5,605	1,591
\$25,000 or More	51,155	35,873	33,675	8,104	2,254

¹ Does not reflect beneficiaries who received covered services, but for whom no program payments were reported. Numbers do not add by type of service because one person may have used several types of services.

NOTES: Numbers may not add to totals because of rounding. Refer to glossary for definitions of program payments, benefit payments, and persons served.

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

Table 16 - Continued

Persons Served and Program Payments for Medicare Beneficiaries, by Type of Entitlement,
Amount of Program Payments, Type of Coverage, and Type of Service: Calendar Year 1999

Hospital Insurance		Supplementary Medical Insurance			Home Health Agency
Hospice	Total	Physician	Outpatient		
Number of Persons Served ¹					
24,100	3,898,080	3,763,500	2,727,840	127,320	
20	587,540	506,960	182,480	260	
660	936,820	902,240	539,840	2,120	
860	524,200	517,880	392,360	3,720	
1,300	473,780	469,940	394,580	7,740	
2,200	488,920	484,360	418,600	18,800	
3,580	304,800	302,540	264,080	20,160	
2,480	148,200	147,220	130,560	13,600	
2,340	93,080	92,700	84,040	9,560	
2,200	70,540	70,220	65,440	8,000	
8,460	270,200	269,440	255,860	43,360	
Amount of Program Payments in Thousands					
\$152,652	\$10,827,957	\$6,188,268	\$4,042,618	\$597,071	
1	25,266	19,130	6,122	13	
189	250,780	188,750	61,574	456	
570	376,227	273,733	100,836	1,659	
1,525	661,090	465,913	189,139	6,038	
5,943	1,241,594	848,187	366,150	27,258	
15,904	1,155,850	792,694	316,664	46,492	
15,226	766,044	508,073	208,784	49,187	
15,295	617,590	381,563	187,070	48,956	
19,834	665,149	329,840	290,606	44,703	
78,167	5,068,367	2,380,385	2,315,672	372,310	
Average Program Payment per Person Served					
\$6,334	\$2,778	\$1,644	\$1,482	\$4,690	
72	43	38	34	50	
286	268	209	114	215	
663	718	529	257	446	
1,173	1,395	991	479	780	
2,701	2,539	1,751	875	1,450	
4,442	3,792	2,620	1,199	2,306	
6,139	5,169	3,451	1,599	3,617	
6,536	6,635	4,116	2,226	5,121	
9,015	9,429	4,697	4,441	5,588	
9,240	18,758	8,835	9,051	8,586	

Table 17
Persons Served and Program Payments for Medicare Beneficiaries, by Type of High-Cost
User: Calendar Year 1999

Type of High-Cost User	Persons Served ¹		Program Payments		Amount per Person
	Number	Percent	Amount in Thousands	Percent	
Total	29,211,000	100.0	\$166,686,951	100.0	\$5,706
Mortality Status					
Dead	1,979,000	6.8	37,195,182	22.3	18,795
Alive	27,232,000	93.2	129,491,769	77.7	4,755
ESRD Status					
ESRD Patient	266,280	0.9	10,806,459	6.5	40,583
Non-ESRD Patient	28,944,720	99.1	155,880,492	93.5	5,385
Inpatient Hospital Status					
Hospital Stay	6,865,260	23.5	132,812,984	79.7	19,346
No Hospital Stay	22,345,740	76.5	33,873,967	20.3	1,516

¹Does not reflect beneficiaries who received covered services but for whom no program payments were reported during the year.

NOTES: ESRD is end stage renal disease. Numbers may not add to totals because of rounding. Refer to glossary for definitions of program payments, benefit payments, and persons served.

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