

**Table 11**

**Growth in Personal Health Care Expenditures (PHCE) and Medicare Program Payments: Selected Calendar Years 1967-2000**

Year	Medicare Program Payments			Total <sup>3</sup>	PHCE				
	Total <sup>1</sup>	Inpatient Hospital	Physician/Supplier <sup>2</sup>		Total	Hospital	Physician and Clinic		
					Total	Medicare <sup>4</sup>	Total	Medicare <sup>5</sup>	
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	
2000	174.3	85.2	51.5	1,130.4	412.1	125.7	286.4	59.6	
Average Annual Rate of Change									
1967-1983	17.2	17.3	16.4	13.0	14.0	17.3	12.6	16.4	
1983-2000	7.2	5.5	8.1	7.9	6.3	6.8	8.8	9.0	
1967-2000	12.0	11.0	12.1	10.4	9.9	11.8	10.7	12.6	
1999-2000	4.6	1.5	10.8	6.4	5.1	4.4	6.0	7.8	

<sup>1</sup>Includes Medicare Program payments for other types of services not shown separately.

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

<sup>3</sup>Includes other types of expenditures not shown separately.

<sup>4</sup>Includes 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.

<sup>5</sup>Includes 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 1967-2000

Year	Hospital Insurance and/or Supplementary Medical Insurance			Hospital Insurance			Supplementary Medical Insurance		
	Total	Aged <sup>1</sup>	Disabled <sup>2</sup>	Total	Aged <sup>1</sup>	Disabled <sup>2</sup>	Total	Aged <sup>1</sup>	Disabled <sup>2</sup>
	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 <sup>3</sup>	6,848	6,674	\$174 <sup>3</sup>	2,403	2,364	\$39 <sup>3</sup>
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 1967-2000

Year	Hospital Insurance and/or Supplementary Medical Insurance			Hospital Insurance			Supplementary Medical Insurance		
	Total	Aged <sup>1</sup>	Disabled <sup>2</sup>	Total	Aged <sup>1</sup>	Disabled <sup>2</sup>	Total	Aged <sup>1</sup>	Disabled <sup>2</sup>
	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
2000	174,261	148,488	25,773	101,663	87,549	14,114	72,599	60,939	11,660
	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
1967-2000	11.9	11.4	---	11.3	10.8	---	13.0	12.4	---
1974-2000	11.1	10.8	13.4	10.2	9.9	12.5	12.9	12.6	14.9
1983-2000	7.2	7.0	8.2	6.2	6.1	7.4	8.9	8.8	9.4

<sup>1</sup>Represents all enrollees 65 years of age or over, including those with end stage renal disease.

<sup>2</sup>Represents 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.

<sup>3</sup>Represents 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 payment

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 1967-2000**

Type of Coverage and Service	Year									Average Annual Rate of Change			
	1967	1974	1980	1983	1990	1995	1997	1999	2000	1967-83	1983-00	1967-00	1999-00
<b>Type of Coverage</b>													
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	39,150	39,632	2.7	1.6	2.2	1.2
Hospital Insurance	19,494	23,924	28,067	29,587	33,731	37,152	38,059	38,738	39,211	2.6	1.7	2.1	1.2
Supplementary Medical Insurance	17,893	23,167	27,400	28,975	32,636	35,711	36,479	37,054	37,369	3.1	1.5	2.3	0.9
<b>Type of Coverage and Service</b>													
<b>Persons Served<sup>1</sup></b>													
Number of Persons Served in Thousands													
Total	7,154	11,833	18,031	19,732	27,099	30,423	29,847	29,211	29,583	6.5	2.4	4.4	1.3
Hospital Insurance	3,960	5,133	6,752	7,443	7,036	8,036	8,118	7,219	7,325	4.0	-0.1	1.9	1.5
Inpatient Hospital Services	3,601	5,081	6,672	7,170	6,543	6,964	6,887	6,846	6,917	4.4	-0.2	2.0	1.0
Skilled Nursing Facility Services	354	266	257	265	638	1,233	1,503	1,447	1,468	-1.8	10.6	4.4	1.4
Home Health Agency Services	126	276	726	1,318	1,936	3,427	3,458	1,543	1,444	15.8	0.5	7.7	-6.4
Supplementary Medical Insurance	6,523	11,468	17,822	19,472	26,951	30,249	29,620	28,946	29,313	7.1	2.4	4.7	1.3
Physician and Other Medical Services	6,415	11,079	17,258	18,923	26,350	29,539	28,961	28,378	28,763	7.0	2.5	4.7	1.4
Outpatient Services <sup>2</sup>	1,511	3,431	7,538	9,089	15,511	19,709	20,543	20,572	21,029	11.9	5.1	8.3	2.2
Home Health Agency Services	118	134	327	20	38	41	48	1,348	1,190	-10.5	27.2	7.3	-11.7
<b>Persons Served</b>													
Rate per 1,000 Enrollees <sup>3</sup>													
Total	366	489	633	657	792	893	904	908	904	3.7	1.9	2.8	-0.5
Hospital Insurance	203	215	241	252	209	239	249	227	227	1.3	-0.6	0.3	0.0
Inpatient Hospital Services	185	212	238	242	194	207	211	215	214	1.7	-0.7	0.4	-0.7
Skilled Nursing Facility Services	18	11	9	9	19	37	46	46	45	-4.3	10.0	2.8	-0.3
Home Health Agency Services	6	12	26	45	57	102	106	49	45	12.8	0.0	6.0	-8.0
Supplementary Medical Insurance	365	495	650	672	826	939	955	962	962	3.9	2.1	3.0	0.0
Physician and Other Medical Services	359	478	630	653	807	917	934	943	944	3.8	2.2	3.0	0.1
Outpatient Services <sup>2</sup>	84	148	275	314	475	612	662	684	690	8.5	4.7	6.6	0.9
Home Health Agency Services	7	6	12	1	1	1	2	45	39	-13.2	26.8	5.5	-12.9

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 1967-2000**

Type of Coverage and Service	Year									Average Annual Rate of Change			
	1967	1974	1980	1983	1990	1995	1997	1999	2000	1967-83	1983-00	1967-00	1999-00
<b>Program Payments</b>	Amount in Millions												
Total	\$4,239	\$11,179	\$33,613	\$53,446	\$101,419	\$158,980	\$175,423	\$166,687	\$174,261	17.2	7.2	11.9	4.5
Hospital Insurance	2,967	8,000	23,119	36,314	62,347	101,835	114,327	98,847	101,663	16.9	6.2	11.3	2.8
Inpatient Hospital Services	2,667	7,680	22,297	34,519	56,716	78,944	84,563	83,860	85,197	17.4	5.5	11.1	1.6
Skilled Nursing Facility Services	274	224	344	428	1,971	7,799	11,237	9,673	10,621	2.8	20.8	11.7	9.8
Home Health Agency Services	26	96	478	1,366	3,660	15,092	16,487	2,810	2,918	28.1	4.6	15.4	3.8
Supplementary Medical Insurance	1,272	3,179	10,494	17,132	39,072	57,145	61,069	67,839	72,599	17.6	8.9	13.0	7.0
Physician and Other													
Medical Services	1,217	2,740	8,358	13,660	30,222	41,617	43,621	46,487	51,474	16.3	8.1	12.0	10.7
Outpatient Services <sup>2</sup>	38	397	1,962	3,443	8,773	15,328	17,256	16,224	16,787	32.5	9.8	20.1	3.5
Home Health Agency Services	17	40	175	29	78	200	219	5,129	4,338	3.4	35.1	18.3	-15.4
<b>Program Payments</b>	Per Person Served												
Total	\$593	\$945	\$1,864	\$2,709	\$3,743	\$5,226	\$5,877	\$5,706	\$5,891	10.0	4.7	7.2	3.2
Hospital Insurance	749	1,559	3,424	4,879	8,861	12,672	14,083	13,693	13,878	12.4	6.3	9.2	1.4
Inpatient Hospital Services	741	1,512	3,342	4,814	8,668	11,336	12,279	12,250	12,318	12.4	5.7	8.9	0.6
Skilled Nursing Facility Services	774	842	1,339	1,615	3,089	6,325	7,476	6,684	7,235	4.7	9.2	7.0	8.2
Home Health Agency Services	206	348	658	1,036	1,890	4,404	4,768	1,821	2,021	10.6	4.0	7.2	11.0
Supplementary Medical Insurance	195	277	589	880	1,450	1,889	2,062	2,344	2,477	9.9	6.3	8.0	5.7
Physician and Other													
Medical Services	190	247	484	722	1,147	1,409	1,506	1,638	1,790	8.7	5.5	7.0	9.2
Outpatient Services <sup>2</sup>	25	116	260	379	566	778	840	789	798	18.5	4.5	11.0	1.2
Home Health Agency Services	144	299	535	1,450	2,053	4,878	4,563	3,804	3,644	15.5	5.6	10.3	-4.2

<sup>1</sup>Does 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.

<sup>2</sup>Prior 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.

<sup>3</sup>Beginning 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, 1999, and 2000 are \$2.0, \$2.5, and \$2.9 billion dollars respectively for hospice services not shown separately. The change in program payments and utilization for home health between 1997 and 1999 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. 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; 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 2000**

Demographic Characteristic	Persons Served <sup>1</sup>		Program Payments			
	Number in		Amount in		Per Person	Per Enrollee <sup>2</sup>
	Thousands	Percent	Millions	Percent	Served	
Total	29,583	100.0	\$174,261	100.0	\$5,891	\$5,323
<b>Sex</b>						
Male	12,109	40.9	76,230	43.7	6,295	5,370
Female	17,473	59.1	98,031	56.3	5,610	5,286
<b>Age</b>						
Under 65 Years	4,096	13.8	25,773	14.8	6,292	5,252
65-74 Years	12,128	41.0	57,494	33.0	4,741	4,040
75-84 Years	9,620	32.5	62,685	36.0	6,516	6,320
85 Years or Over	3,738	12.6	28,309	16.2	7,573	7,684
<b>Race<sup>3</sup> 2000</b>						
White	25,534	86.3	144,417	82.9	5,656	5,184
Non-White	3,953	13.4	29,303	16.8	7,413	6,125
<b>1999</b>						
White	25,064	85.8	136,993	82.2	5,466	5,046
Non-White	3,996	13.7	28,919	17.3	7,237	5,973
<b>1998</b>						
White	25,201	86.1	138,629	82.4	5,501	5,059
Non-White	3,919	13.4	28,749	17.1	7,336	6,026
<b>1997</b>						
White	25,801	86.4	145,050	82.7	5,622	5,165
Non-White	3,903	13.1	29,499	16.8	7,558	6,202
<b>Type of Entitlement</b>						
Aged <sup>4</sup>	25,486	86.2	148,488	85.2	5,826	5,335
Disabled <sup>5</sup>	4,096	13.8	25,773	14.8	6,292	5,252
<b>MSA Type<sup>6</sup></b>						
Urban	21,009	71.0	131,348	75.4	6,252	5,685
Rural	8,174	27.6	41,532	23.8	5,081	4,725

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

<sup>2</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate average payments.

<sup>3</sup>Excludes unknown race. White is White, not of Hispanic origin. Earlier years revised to reflect correction to composition of Non-White category in earlier publications. Non-white includes Black, Asian/Pacific Islander, Hispanic, American Indian/Alaskan Native, and Other.

<sup>4</sup>Includes aged persons with end stage renal disease (ESRD).

<sup>5</sup>Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

<sup>6</sup>Excludes 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 2000**

Area of Residence	Total Program Payments			Urban Program Payments <sup>1</sup>			Rural Program Payments <sup>1</sup>		
	Amount in Millions	Per Person Served	Per Enrollee <sup>2</sup>	Amount in Millions	Per Person Served	Per Enrollee <sup>2</sup>	Amount in Millions	Per Person Served	Per Enrollee <sup>2</sup>
United States <sup>3</sup>	\$172,879	\$5,924	\$5,423	\$131,348	\$6,252	\$5,688	\$41,532	\$5,081	\$4,719
Northeast	39,458	6,762	6,102	35,858	6,990	6,294	3,600	5,100	4,737
Midwest	41,092	5,342	4,961	28,559	5,710	5,275	12,533	4,658	4,368
South	66,548	5,935	5,479	45,887	6,158	5,664	20,661	5,493	5,109
West	25,781	5,805	5,157	21,044	6,143	5,422	4,737	4,664	4,238
New England	9,721	6,314	5,649	8,581	6,547	5,843	1,140	4,984	4,689
Connecticut	2,447	6,449	5,926	2,357	6,456	5,940	90	6,281	5,587
Maine	978	5,004	4,554	511	4,886	4,460	467	5,139	4,661
Massachusetts	4,520	7,092	6,235	4,455	7,122	6,258	65	5,493	5,000
New Hampshire	728	4,938	4,382	490	5,132	4,511	238	4,580	4,139
Rhode Island	646	6,546	5,687	646	6,546	5,687	(4)	(4)	(4)
Vermont	402	4,953	4,533	121	5,699	5,296	281	4,689	4,267
Middle Atlantic	29,737	6,922	6,267	27,277	7,143	6,451	2,460	5,156	4,759
New Jersey	6,826	7,275	6,554	6,826	7,275	6,554	(4)	(4)	(4)
New York	14,097	7,129	6,392	13,092	7,405	6,627	1,005	4,796	4,370
Pennsylvania	8,813	6,386	5,883	7,359	6,613	6,075	1,455	5,438	5,071
East North Central	29,475	5,589	5,160	22,751	5,881	5,400	6,724	4,785	4,485
Illinois	7,700	5,885	5,352	6,176	6,245	5,592	1,524	4,768	4,559
Indiana	3,864	5,130	4,752	2,713	5,273	4,879	1,151	4,822	4,477
Michigan	7,398	6,045	5,596	5,979	6,354	5,855	1,419	5,017	4,719
Ohio	7,367	5,646	5,228	5,857	5,826	5,392	1,509	5,040	4,675
Wisconsin	3,146	4,604	4,316	2,026	4,837	4,554	1,121	4,235	3,943

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 2000**

Area of Residence	Total Program Payments			Urban Program Payments <sup>1</sup>			Rural Program Payments <sup>1</sup>		
	Amount in Millions	Per Person Served	Per Enrollee <sup>2</sup>	Amount in Millions	Per Person Served	Per Enrollee <sup>2</sup>	Amount in Millions	Per Person Served	Per Enrollee <sup>2</sup>
West North Central	\$11,617	\$4,803	\$4,519	\$5,808	\$5,126	\$4,837	\$5,809	\$4,519	\$4,241
Iowa	1,980	4,474	4,315	761	4,668	4,560	1,219	4,362	4,176
Kansas	1,717	5,075	4,822	782	5,259	4,960	935	4,931	4,712
Minnesota	2,383	4,373	4,195	1,393	4,623	4,498	990	4,063	3,833
Missouri	3,608	5,436	4,976	2,162	5,779	5,295	1,447	4,994	4,565
Nebraska	1,041	4,591	4,269	438	5,151	4,742	603	4,254	3,981
North Dakota	412	4,327	4,073	134	4,254	3,990	278	4,363	4,114
South Dakota	476	4,441	4,041	139	4,702	4,268	337	4,341	3,954
South Atlantic	35,382	5,861	5,436	26,772	6,095	5,632	8,609	5,237	4,906
Delaware	596	5,943	5,449	426	6,069	5,520	170	5,649	5,277
District of Columbia	466	8,532	6,761	466	8,532	6,761	(4)	(4)	(4)
Florida	12,761	6,533	6,190	11,538	6,581	6,243	1,223	6,120	5,729
Georgia	4,401	5,541	5,065	2,612	5,683	5,173	1,789	5,345	4,915
Maryland	3,675	7,180	6,385	3,330	7,328	6,494	345	6,008	5,495
North Carolina	5,107	5,044	4,718	3,106	5,136	4,775	2,001	4,907	4,631
South Carolina	2,857	5,435	5,029	1,894	5,440	5,012	963	5,424	5,062
Virginia	4,001	5,099	4,648	2,769	5,274	4,752	1,231	4,745	4,429
West Virginia	1,518	5,069	4,853	630	5,159	4,828	888	5,008	4,872
East South Central	12,282	5,558	5,110	6,415	5,666	5,174	5,867	5,444	5,042
Alabama	3,219	5,591	5,140	2,055	5,606	5,160	1,164	5,563	5,107
Kentucky	2,784	5,170	4,764	1,181	5,299	4,844	1,602	5,078	4,707
Mississippi	2,238	5,916	5,419	698	6,386	5,686	1,540	5,725	5,306
Tennessee	4,041	5,634	5,181	2,480	5,725	5,223	1,561	5,496	5,115
West South Central	18,885	6,365	5,841	12,700	6,590	6,026	6,185	5,949	5,496
Arkansas	1,983	5,186	4,774	765	5,166	4,701	1,217	5,198	4,821
Louisiana	3,278	7,267	6,657	2,281	7,182	6,680	997	7,469	6,605
Oklahoma	2,386	5,713	5,266	1,195	5,877	5,392	1,192	5,557	5,146
Texas	11,238	6,550	6,003	8,459	6,723	6,122	2,778	6,074	5,668

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 2000**

Area of Residence	Total Program Payments			Urban Program Payments <sup>1</sup>			Rural Program Payments <sup>1</sup>		
	Amount in Millions	Per Person Served	Per Enrollee <sup>2</sup>	Amount in Millions	Per Person Served	Per Enrollee <sup>2</sup>	Amount in Millions	Per Person Served	Per Enrollee <sup>2</sup>
Mountain	\$7,347	\$4,950	\$4,470	\$4,900	\$5,181	\$4,662	\$2,447	\$4,543	\$4,130
Arizona	2,005	5,240	4,656	1,662	5,351	4,781	343	4,760	4,130
Colorado	1,475	5,123	4,790	1,165	5,417	5,000	310	4,254	4,138
Idaho	636	4,416	4,251	204	4,528	4,323	431	4,365	4,218
Montana	560	4,485	4,097	203	4,957	4,564	357	4,255	3,872
Nevada	810	5,877	4,960	674	6,183	5,193	137	4,724	4,059
New Mexico	755	4,640	3,993	312	4,251	3,672	443	4,959	4,255
Utah	824	4,417	4,072	600	4,493	4,154	224	4,224	3,866
Wyoming	282	4,882	4,408	80	4,416	4,075	202	5,096	4,556
Pacific	18,434	6,234	5,494	16,143	6,509	5,705	2,291	4,801	4,359
Alaska	210	6,029	5,003	88	6,357	5,313	122	5,812	4,800
California	14,005	6,925	5,992	13,203	7,050	6,118	803	5,355	4,477
Hawaii	430	4,081	3,771	313	4,148	3,818	117	3,910	3,651
Oregon	1,324	4,390	4,274	721	4,514	4,318	603	4,250	4,222
Washington	2,466	5,000	4,463	1,819	5,074	4,476	647	4,805	4,425

<sup>1</sup>The 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.

<sup>2</sup>Medicare enrollees in managed care plans are not included in the denominator used to calculate average payments.

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

<sup>4</sup>No 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 2000**

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
<b>All Beneficiaries</b>		<b>Number of Persons Served<sup>1</sup></b>			
Total	29,582,600	7,325,260	6,916,520	1,468,020	1,443,980
\$1 - \$99	2,585,360	2,420	1,140	0	500
\$100 - \$499	6,441,060	32,460	8,480	980	4,320
\$500 - \$999	4,467,800	42,820	12,420	1,760	7,240
\$1,000 - \$1,999	4,354,020	107,680	53,600	5,340	16,780
\$2,000 - \$4,999	4,526,880	1,007,720	900,160	27,180	54,600
\$5,000 - \$9,999	2,595,800	1,814,680	1,724,820	134,680	171,020
\$10,000 - \$14,999	1,308,680	1,173,440	1,129,920	212,960	206,800
\$15,000 - \$19,999	868,540	818,260	795,980	215,680	191,040
\$20,000 - \$24,999	602,020	564,800	551,580	175,860	157,520
\$25,000 or More	1,832,440	1,760,980	1,738,420	693,580	634,160
		<b>Amount of Program Payments in Thousands</b>			
Total	\$174,261,473	\$101,662,500	\$85,196,543	\$10,620,855	\$2,918,217
\$1 - \$99	117,286	160	57	0	33
\$100 - \$499	1,814,814	8,879	1,837	276	979
\$500 - \$999	3,239,555	24,756	6,177	1,084	2,837
\$1,000 - \$1,999	6,240,864	121,542	62,804	5,921	11,288
\$2,000 - \$4,999	14,493,751	2,464,733	2,196,280	50,516	53,340
\$5,000 - \$9,999	18,407,852	8,361,200	7,433,221	364,583	218,424
\$10,000 - \$14,999	16,103,141	9,749,801	8,173,908	869,323	323,425
\$15,000 - \$19,999	15,065,843	10,091,734	8,222,508	1,173,256	348,877
\$20,000 - \$24,999	13,470,057	9,206,954	7,374,938	1,179,717	315,295
\$25,000 or More	85,308,309	61,632,741	51,724,813	6,976,178	1,643,718
		<b>Average Program Payment per Person Served</b>			
Total	\$5,891	\$13,878	\$12,318	\$7,235	\$2,021
\$1 - \$99	45	66	50	0	66
\$100 - \$499	282	274	217	282	227
\$500 - \$999	725	578	497	616	392
\$1,000 - \$1,999	1,433	1,129	1,172	1,109	673
\$2,000 - \$4,999	3,202	2,446	2,440	1,859	977
\$5,000 - \$9,999	7,091	4,608	4,310	2,707	1,277
\$10,000 - \$14,999	12,305	8,309	7,234	4,082	1,564
\$15,000 - \$19,999	17,346	12,333	10,330	5,440	1,826
\$20,000 - \$24,999	22,375	16,301	13,371	6,708	2,002
\$25,000 or More	46,554	34,999	29,754	10,058	2,592

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 2000

Hospital Insurance	Supplementary Medical Insurance				
	Hospice	Total	Physician	Outpatient	Home Health Agency
	Number of Persons Served <sup>1</sup>				
541,080	29,312,900	28,763,480	21,028,780	1,190,420	
780	2,583,120	2,268,780	782,860	1,060	
18,820	6,417,280	6,276,260	3,584,340	10,340	
21,600	4,446,420	4,415,620	3,209,520	24,080	
33,200	4,319,160	4,300,960	3,495,780	65,140	
64,940	4,451,300	4,433,420	3,756,840	189,480	
90,600	2,544,080	2,533,000	2,159,120	226,600	
71,400	1,285,380	1,279,680	1,113,940	152,800	
53,920	855,420	852,020	749,140	111,120	
44,160	594,540	592,300	527,600	83,200	
141,660	1,816,200	1,811,440	1,649,640	326,600	
	Amount of Program Payments in Thousands				
\$2,926,884	\$72,598,973	\$51,474,053	\$16,786,805	\$4,338,115	
70	117,126	89,273	27,779	74	
5,786	1,805,935	1,452,200	351,439	2,297	
14,658	3,214,799	2,558,267	646,233	10,300	
41,530	6,119,322	4,733,912	1,335,673	49,736	
164,596	12,029,017	9,054,627	2,694,591	279,800	
344,971	10,046,653	7,423,835	2,076,052	546,765	
383,144	6,353,340	4,594,792	1,244,727	513,820	
347,094	4,974,108	3,553,809	945,160	475,140	
337,003	4,263,103	2,889,651	982,928	390,525	
1,288,032	23,675,569	15,123,688	6,482,222	2,069,658	
	Average Program Payment per Person Served				
\$5,409	\$2,477	\$1,709	\$798	\$3,644	
90	45	39	35	70	
307	281	231	98	222	
679	723	579	201	428	
1,251	1,417	1,101	382	764	
2,535	2,702	2,042	717	1,477	
3,808	3,949	2,931	962	2,413	
5,366	4,943	3,591	1,117	3,363	
6,437	5,815	4,171	1,262	4,276	
7,631	7,170	4,879	1,863	4,694	
9,092	13,036	8,349	3,929	6,337	

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 2000**

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	
<b>Aged Beneficiaries</b>			Number of Persons Served <sup>1</sup>			
Total	25,486,260	6,361,400	5,974,940	1,390,420	1,324,640	
\$1 - \$99	2,034,040	1,700	580	0	400	
\$100 - \$499	5,479,920	26,900	4,320	960	3,800	
\$500 - \$999	3,903,240	34,960	5,940	1,740	6,660	
\$1,000 - \$1,999	3,831,200	87,320	35,940	5,080	15,500	
\$2,000 - \$4,999	3,983,900	859,180	756,960	26,000	50,600	
\$5,000 - \$9,999	2,265,280	1,585,760	1,500,460	129,900	161,280	
\$10,000 - \$14,999	1,148,360	1,034,260	993,220	205,680	193,080	
\$15,000 - \$19,999	768,000	727,940	706,840	207,560	177,980	
\$20,000 - \$24,999	526,420	501,940	489,700	168,420	146,600	
\$25,000 or More	1,545,900	1,501,440	1,480,980	645,080	568,740	
		Amount of Program Payments in Thousands				
Total	\$148,488,000	\$87,548,937	\$72,041,033	\$10,065,786	\$2,678,847	
\$1 - \$99	92,955	121	30	0	25	
\$100 - \$499	1,555,022	7,607	964	269	860	
\$500 - \$999	2,831,494	20,743	2,973	1,081	2,568	
\$1,000 - \$1,999	5,495,153	99,664	43,815	5,651	10,389	
\$2,000 - \$4,999	12,749,700	2,104,702	1,849,477	48,432	49,303	
\$5,000 - \$9,999	16,060,420	7,302,681	6,415,347	351,412	205,866	
\$10,000 - \$14,999	14,138,190	8,612,961	7,101,121	843,999	303,294	
\$15,000 - \$19,999	13,318,618	9,008,009	7,216,127	1,134,385	325,002	
\$20,000 - \$24,999	11,773,608	8,215,276	6,466,282	1,134,892	293,982	
\$25,000 or More	70,472,839	52,177,174	42,944,898	6,545,666	1,487,557	
		Average Program Payment per Person Served				
Total	\$5,826	\$13,763	\$12,057	\$7,239	\$2,022	
\$1 - \$99	46	71	52	0	63	
\$100 - \$499	284	283	223	280	226	
\$500 - \$999	725	593	500	621	386	
\$1,000 - \$1,999	1,434	1,141	1,219	1,112	670	
\$2,000 - \$4,999	3,200	2,450	2,443	1,863	974	
\$5,000 - \$9,999	7,090	4,606	4,276	2,705	1,276	
\$10,000 - \$14,999	12,312	8,328	7,150	4,103	1,571	
\$15,000 - \$19,999	17,342	12,375	10,209	5,465	1,826	
\$20,000 - \$24,999	22,365	16,367	13,205	6,738	2,005	
\$25,000 or More	45,587	34,751	28,998	10,147	2,616	

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 2000

Hospital Insurance		Supplementary Medical Insurance		
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served <sup>1</sup>				
514,460	25,256,160	24,846,140	18,158,820	1,080,640
720	2,032,420	1,801,260	609,080	860
17,940	5,459,080	5,356,500	3,035,760	9,080
20,800	3,884,120	3,859,700	2,790,200	21,880
31,920	3,800,880	3,787,040	3,068,500	59,340
62,300	3,919,080	3,904,280	3,301,200	175,040
87,280	2,221,760	2,212,620	1,878,280	209,280
68,060	1,128,640	1,123,680	974,580	140,680
51,140	757,040	754,100	659,860	101,300
41,900	520,100	518,120	459,100	76,460
132,400	1,533,040	1,528,840	1,382,260	286,720
Amount of Program Payments in Thousands				
\$2,763,271	\$60,939,064	\$44,505,617	\$12,588,469	\$3,844,978
66	92,834	71,348	21,426	59
5,514	1,547,415	1,258,233	287,138	2,045
14,121	2,810,751	2,260,412	540,936	9,403
39,809	5,395,490	4,207,595	1,142,436	45,459
157,491	10,644,998	8,064,046	2,322,146	258,805
330,056	8,757,740	6,502,292	1,750,829	504,619
364,546	5,525,230	4,019,723	1,035,668	469,838
332,495	4,310,610	3,121,854	758,249	430,507
320,121	3,558,332	2,519,932	685,570	352,830
1,199,053	18,295,665	12,480,181	4,044,070	1,771,413
Average Program Payment per Person Served				
\$5,371	\$2,413	\$1,791	\$693	\$3,558
92	46	40	35	69
307	283	235	95	225
679	724	586	194	430
1,247	1,420	1,111	372	766
2,528	2,716	2,065	703	1,479
3,782	3,942	2,939	932	2,411
5,356	4,895	3,577	1,063	3,340
6,502	5,694	4,140	1,149	4,250
7,640	6,842	4,864	1,493	4,615
9,056	11,934	8,163	2,926	6,178

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 2000**

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
<b>Disabled Beneficiaries</b>		Number of Persons Served <sup>1</sup>			
Total	4,096,340	963,860	941,580	77,600	119,340
\$1 - \$99	551,320	720	560	0	100
\$100 - \$499	961,140	5,560	4,160	20	520
\$500 - \$999	564,560	7,860	6,480	20	580
\$1,000 - \$1,999	522,820	20,360	17,660	260	1,280
\$2,000 - \$4,999	542,980	148,540	143,200	1,180	4,000
\$5,000 - \$9,999	330,520	228,920	224,360	4,780	9,740
\$10,000 - \$14,999	160,320	139,180	136,700	7,280	13,720
\$15,000 - \$19,999	100,540	100,320	89,140	8,120	13,060
\$20,000 - \$24,999	75,600	62,860	61,880	7,440	10,920
\$25,000 or More	286,540	259,540	257,440	48,500	65,420
		Amount of Program Payments in Thousands			
Total	\$25,773,472	\$14,113,563	\$13,155,510	\$555,069	\$239,370
\$1 - \$99	24,331	39	28	0	7
\$100 - \$499	259,792	1,272	873	7	119
\$500 - \$999	408,061	4,013	3,204	3	270
\$1,000 - \$1,999	745,711	21,879	18,989	270	898
\$2,000 - \$4,999	1,744,050	360,031	346,803	2,084	4,037
\$5,000 - \$9,999	2,347,432	1,058,519	1,017,875	13,171	12,558
\$10,000 - \$14,999	1,964,950	1,136,840	1,072,787	25,325	20,131
\$15,000 - \$19,999	1,747,224	1,083,725	1,006,380	38,871	23,875
\$20,000 - \$24,999	1,696,450	991,678	908,657	44,826	21,314
\$25,000 or More	14,835,470	9,455,566	8,779,915	430,512	156,161
		Average Program Payment per Person Served			
Total	\$6,292	\$14,643	\$13,972	\$7,153	\$2,006
\$1 - \$99	44	54	49	0	75
\$100 - \$499	270	229	210	373	229
\$500 - \$999	723	511	494	160	465
\$1,000 - \$1,999	1,426	1,075	1,075	1,037	702
\$2,000 - \$4,999	3,212	2,424	2,422	1,766	1,009
\$5,000 - \$9,999	7,102	4,624	4,537	2,755	1,289
\$10,000 - \$14,999	12,256	8,168	7,848	3,479	1,467
\$15,000 - \$19,999	17,378	11,999	11,290	4,787	1,828
\$20,000 - \$24,999	22,440	15,776	14,684	6,025	1,952
\$25,000 or More	51,775	36,432	34,105	8,877	2,387

<sup>1</sup>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 2000

Hospital Insurance		Supplementary Medical Insurance		
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served <sup>1</sup>				
26,620	4,056,740	3,917,340	2,869,960	109,780
60	550,700	467,520	173,780	200
880	958,200	919,760	548,580	1,260
800	562,300	555,920	419,320	2,200
1,280	518,280	513,920	427,280	5,800
2,640	532,220	529,140	455,640	14,440
3,320	322,320	320,380	280,840	17,320
3,340	156,740	156,000	139,360	12,120
2,780	98,380	97,920	89,280	9,820
2,260	74,440	74,180	68,500	6,740
9,260	283,160	282,600	267,380	39,880
Amount of Program Payments in Thousands				
\$163,614	\$11,659,909	\$6,968,436	\$4,198,336	\$493,137
4	24,292	17,925	6,353	15
273	258,520	193,967	64,301	252
536	404,048	297,855	105,297	897
1,721	723,832	526,317	193,238	4,278
7,106	1,384,020	990,581	372,445	20,994
14,915	1,288,913	921,543	325,224	42,146
18,598	828,110	575,069	209,059	43,982
14,599	663,499	431,955	186,911	44,633
16,882	704,772	369,719	297,358	37,695
88,979	5,379,904	2,643,507	2,438,152	298,245
Average Program Payment per Person Served				
\$6,146	\$2,874	\$1,779	\$1,463	\$4,492
69	44	38	37	74
310	270	211	117	200
671	719	536	251	408
1,345	1,397	1,024	452	738
2,692	2,600	1,872	817	1,454
4,493	3,999	2,876	1,158	2,433
5,568	5,283	3,686	1,500	3,629
5,251	6,744	4,411	2,094	4,545
7,470	9,468	4,984	4,341	5,593
9,609	19,000	9,354	9,119	7,479

**Table 17**  
**Persons Served and Program Payments for Medicare Beneficiaries, by Type of High-Cost User: Calendar Year 2000**

Type of High-Cost User	Persons Served <sup>1</sup>		Program Payments		Amount per Person
	Number	Percent	Amount in Thousands	Percent	
Total	29,582,600	100.0	\$174,261,473	100.0	\$5,891
<b>Mortality Status</b>					
Dead	1,971,540	6.7	38,477,650	22.1	19,517
Alive	27,611,060	93.3	135,783,823	77.9	4,918
<b>ESRD Status</b>					
ESRD Patient	283,320	1.0	11,510,999	6.6	40,629
Non-ESRD Patient	29,299,280	99.0	162,750,474	93.4	5,555
<b>Inpatient Hospital Status</b>					
Hospital Stay	6,934,060	23.4	137,376,965	78.8	19,812
No Hospital Stay	22,648,540	76.6	36,884,508	21.2	1,629

<sup>1</sup>Does 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.