

**Table 11**

**Growth in Personal Health Care Expenditures (PHCE) and Medicare Program Payments: Selected Calendar Years 1967-2001**

Year	Medicare Program Payments			Total <sup>3</sup>	PHCE		Total	Physician and Clinic	
	Total <sup>1</sup>	Inpatient Hospital	Physician/Supplier <sup>2</sup>		Total	Hospital 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	
2001	197.5	93.0	59.1	1,231.3	444.3	137.2	315.1	65.1	
Average Annual Rate of Change									
1967-1983	17.2	17.3	16.4	13.0	14.0	17.3	12.6	16.4	
1983-2001	7.5	5.7	8.5	8.0	6.4	6.9	8.9	9.0	
1967-2001	12.0	11.0	12.1	10.3	9.9	11.7	10.6	12.5	
2000-2001	13.3	9.2	14.8	8.9	7.8	9.1	10.0	9.2	

<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 1967-2001

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 1967-2001

Year	Hospital Insurance and/or Supplementary Medical Insurance			Hospital Insurance			Supplementary Medical Insurance		
	Total	Aged <sup>d</sup>	Disabled <sup>e</sup>	Total	Aged <sup>d</sup>	Disabled <sup>e</sup>	Total	Aged <sup>d</sup>	Disabled <sup>e</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
2001	197,505	167,825	29,680	113,846	97,807	16,039	83,658	70,017	13,641
	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
1967-2001	12.0	11.4	---	11.3	10.8	---	13.1	12.5	---
1974-2001	11.2	10.9	13.5	10.3	10.0	12.5	13.0	12.7	15.0
1983-2001	7.5	7.4	8.6	6.6	6.4	7.8	9.2	9.1	9.8

<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 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 1967-2001**

Type of Coverage and Service	Year									Average Annual Rate of Change			
	1967	1974	1980	1983	1990	1995	1997	2000	2001	1967-83	1983-01	1967-01	2000-01
<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	39,632	40,045	2.7	1.6	2.1	1.0
Hospital Insurance	19,494	23,924	28,067	29,587	33,731	37,152	38,059	39,211	39,625	2.6	1.6	2.1	1.1
Supplementary Medical Insurance	17,893	23,167	27,400	28,975	32,636	35,711	36,479	37,369	37,698	3.1	1.5	2.2	0.9
<b>Type of Coverage and Service</b>	Number of Persons Served in Thousands												
<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	29,583	30,683	6.5	2.5	4.4	3.7
Hospital Insurance	3,960	5,133	6,752	7,443	7,036	8,036	8,118	7,325	7,606	4.0	0.1	1.9	3.8
Inpatient Hospital Services	3,601	5,081	6,672	7,170	6,543	6,964	6,887	6,917	7,181	4.4	( <sup>4</sup> )	2.1	3.8
Skilled Nursing Facility Services	354	266	257	265	638	1,233	1,503	1,468	1,545	-1.8	10.3	4.4	5.2
Home Health Agency Services	126	276	726	1,318	1,936	3,427	3,458	1,444	1,462	15.8	0.6	7.5	1.3
Supplementary Medical Insurance	6,523	11,468	17,822	19,472	26,951	30,249	29,620	29,313	30,431	7.1	2.5	4.6	3.8
Physician and Other Medical Services	6,415	11,079	17,258	18,923	26,350	29,539	28,961	28,763	29,910	7.0	2.6	4.6	4.0
Outpatient Services <sup>2</sup>	1,511	3,431	7,538	9,089	15,511	19,709	20,543	21,029	22,142	11.9	5.1	8.2	5.3
Home Health Agency Services	118	134	327	20	38	41	48	1,190	1,050	-10.5	24.6	6.6	-11.8
<b>Persons Served</b>	Rate per 1,000 Enrollees <sup>3</sup>												
Total	366	489	633	657	792	893	904	904	906	3.7	1.8	2.7	0.3
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	214	215	1.7	-0.7	0.4	0.4
Skilled Nursing Facility Services	18	11	9	9	19	37	46	45	46	-4.3	9.5	2.8	1.7
Home Health Agency Services	6	12	26	45	57	102	106	45	44	12.8	-0.1	5.8	-2.1
Supplementary Medical Insurance	365	495	650	672	826	939	955	962	966	3.9	2.0	2.9	0.4
Physician and Other Medical Services	359	478	630	653	807	917	934	944	949	3.8	2.1	2.9	0.6
Outpatient Services <sup>2</sup>	84	148	275	314	475	612	662	690	703	8.5	4.6	6.4	1.8
Home Health Agency Services	7	6	12	1	1	1	2	39	33	-13.2	24.0	4.9	-14.7

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 1967-2001**

Type of Coverage and Service	Year									Average Annual Rate of Change			
	1967	1974	1980	1983	1990	1995	1997	2000	2001	1967-83	1983-01	1967-01	2000-01
<b>Program Payments</b>													
	Amount in Millions												
Total	\$4,239	\$11,179	\$33,613	\$53,446	\$101,419	\$158,980	\$175,423	\$174,261	\$197,505	17.2	7.5	12.0	13.3
Hospital Insurance	2,967	8,000	23,119	36,314	62,347	101,835	114,327	101,663	113,846	16.9	6.6	11.3	12.0
Inpatient Hospital Services	2,667	7,680	22,297	34,519	56,716	78,944	84,563	85,197	92,966	17.4	5.7	11.0	9.1
Skilled Nursing Facility Services	274	224	344	428	1,971	7,799	11,237	10,621	12,989	2.8	20.9	12.0	22.3
Home Health Agency Services	26	96	478	1,366	3,660	15,092	16,487	2,918	4,224	28.1	6.5	16.2	44.8
Supplementary Medical Insurance	1,272	3,179	10,494	17,132	39,072	57,145	61,069	72,599	83,658	17.6	9.2	13.1	15.2
Physician and Other													
Medical Services	1,217	2,740	8,358	13,660	30,222	41,617	43,621	51,474	59,133	16.3	8.5	12.1	14.9
Outpatient Services <sup>2</sup>	38	397	1,962	3,443	8,773	15,328	17,256	16,787	20,238	32.5	10.3	21.3	20.6
Home Health Agency Services	17	40	175	29	78	200	219	4,338	4,287	3.4	31.9	17.7	-1.2
<b>Program Payments</b>													
	Per Person Served												
Total	\$593	\$945	\$1,864	\$2,709	\$3,743	\$5,226	\$5,877	\$5,891	\$6,437	10.0	4.9	7.3	9.3
Hospital Insurance	749	1,559	3,424	4,879	8,861	12,672	14,083	13,878	14,968	12.4	6.4	9.2	7.9
Inpatient Hospital Services	741	1,512	3,342	4,814	8,668	11,336	12,279	12,318	12,947	12.4	5.6	8.8	5.1
Skilled Nursing Facility Services	774	842	1,339	1,615	3,089	6,325	7,476	7,235	8,410	4.7	9.6	7.3	16.2
Home Health Agency Services	206	348	658	1,036	1,890	4,404	4,768	2,021	2,889	10.6	5.9	8.1	43.0
Supplementary Medical Insurance	195	277	589	880	1,450	1,889	2,062	2,477	2,749	9.9	6.5	8.1	11.0
Physician and Other													
Medical Services	190	247	484	722	1,147	1,409	1,506	1,790	1,977	8.7	5.8	7.1	10.5
Outpatient Services <sup>2</sup>	25	116	260	379	566	778	840	798	914	18.5	5.0	11.1	14.5
Home Health Agency Services	144	299	535	1,450	2,053	4,878	4,563	3,644	4,083	15.5	5.9	10.3	12.0

<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.

<sup>4</sup>Less than 0.1 percent.

NOTES: Included in the total program payments and in the total hospital insurance payments for 1997, 2000, and 2001 are \$2.0, \$2.9, and \$3.7 billion dollars, respectively for hospice services not shown separately. The change in program payments and utilization for home health between 1997 and 2000 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 use of benefit was also affected by the efforts to identify fraudulent activities in the use of services. 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 2001**

Demographic Characteristic	Persons Served <sup>1</sup>		Program Payments			
	Number in Thousands	Percent	Amount in Millions	Percent	Per Person Served	Per Enrollee <sup>2</sup>
<b>Total</b>	30,683	100.0	\$197,505	100.0	\$6,437	\$5,833
<b>Sex</b>						
Male	12,631	41.2	86,314	43.7	6,833	5,853
Female	18,052	58.8	111,190	56.3	6,159	5,817
<b>Age</b>						
Under 65 Years	4,358	14.2	29,720	15.0	6,820	5,746
65-74 Years	12,553	40.9	64,634	32.7	5,149	4,400
75-84 Years	9,929	32.4	70,850	35.9	7,135	6,939
85 Years or Over	3,842	12.5	32,300	16.4	8,406	8,528
<b>Race<sup>3</sup></b>						
White	26,462	86.2	163,275	82.7	6,170	5,679
Non-White	4,158	13.6	33,782	17.1	8,124	6,731
<b>Type of Entitlement</b>						
Aged <sup>4</sup>	26,334	85.8	167,891	85.0	6,376	5,852
Disabled <sup>5</sup>	4,350	14.2	29,613	15.0	6,808	5,725
<b>MSA Type<sup>6</sup></b>						
Urban	21,915	71.4	149,467	75.7	6,820	5,992
Rural	8,349	27.2	46,461	23.5	5,565	5,210

<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.

<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 2001**

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>	\$195,928	\$6,474	\$5,942	\$149,467	\$6,820	\$6,216	\$46,461	\$5,565	\$5,204
Northeast	44,420	7,403	6,667	40,319	7,654	6,874	4,101	5,598	5,207
Midwest	46,324	5,890	5,502	32,455	6,307	5,861	13,869	5,102	4,812
South	75,612	6,446	5,957	52,558	6,662	6,126	23,054	6,001	5,605
West	29,572	6,335	5,688	24,134	6,681	5,939	5,438	5,151	4,788
New England	10,990	6,901	6,181	9,699	7,134	6,378	1,291	5,539	5,211
Connecticut	2,903	7,122	6,525	2,784	7,092	6,496	119	7,921	7,299
Maine	1,068	5,357	4,861	574	5,386	4,890	494	5,323	4,828
Massachusetts	5,018	7,699	6,779	4,945	7,722	6,799	72	6,445	5,642
New Hampshire	832	5,502	4,918	570	5,773	5,131	262	4,993	4,512
Rhode Island	711	7,126	6,274	711	7,126	6,274	(4)	(4)	(4)
Vermont	459	5,529	5,059	115	5,371	5,019	344	5,584	5,072
Middle Atlantic	33,430	7,584	6,844	30,620	7,835	7,048	2,810	5,626	5,205
New Jersey	8,042	8,408	7,560	8,042	8,408	7,560	(4)	(4)	(4)
New York	15,442	7,666	6,883	14,307	7,945	7,118	1,135	5,317	4,861
Pennsylvania	9,946	6,921	6,306	8,271	7,185	6,508	1,675	5,856	5,467
East North Central	33,284	6,158	5,716	25,832	6,488	5,991	7,452	5,235	4,932
Illinois	8,703	6,478	5,884	7,044	6,883	6,165	1,659	5,184	4,932
Indiana	4,406	5,719	5,352	3,151	5,965	5,577	1,255	5,181	4,860
Michigan	8,334	6,686	6,265	6,764	7,060	6,598	1,570	5,441	5,148
Ohio	8,286	6,137	5,697	6,551	6,269	5,805	1,735	5,683	5,324
Wisconsin	3,555	5,121	4,832	2,322	5,440	5,158	1,233	4,612	4,319

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 2001**

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	\$13,040	\$5,302	\$5,021	\$6,623	\$5,689	\$5,402	\$6,417	\$4,955	\$4,680
Iowa	2,184	4,895	4,762	836	5,034	4,975	1,347	4,813	4,639
Kansas	1,823	5,402	5,129	844	5,663	5,339	978	5,196	4,961
Minnesota	2,748	4,909	4,756	1,651	5,270	5,188	1,097	4,450	4,227
Missouri	4,107	6,030	5,549	2,480	6,419	5,896	1,627	5,519	5,092
Nebraska	1,212	5,246	4,931	514	5,905	5,472	698	4,848	4,596
North Dakota	454	4,746	4,454	149	4,636	4,335	306	4,801	4,515
South Dakota	512	4,731	4,356	149	4,908	4,536	363	4,662	4,286
South Atlantic	40,385	6,396	5,941	30,662	6,614	6,115	9,722	5,792	5,452
Delaware	709	6,734	6,225	501	6,783	6,191	208	6,620	6,307
District of Columbia	508	9,262	7,202	508	9,262	7,202	(4)	(4)	(4)
Florida	14,606	7,058	6,685	13,242	7,098	6,731	1,364	6,692	6,265
Georgia	5,014	6,063	5,568	2,989	6,199	5,629	2,025	5,873	5,480
Maryland	4,320	7,672	6,804	3,933	7,795	6,887	387	6,612	6,061
North Carolina	5,783	5,583	5,230	3,488	5,622	5,239	2,296	5,523	5,217
South Carolina	3,269	6,046	5,651	2,199	6,102	5,692	1,070	5,934	5,570
Virginia	4,488	5,514	5,028	3,115	5,658	5,102	1,373	5,212	4,867
West Virginia	1,687	5,551	5,344	688	5,569	5,251	999	5,538	5,410
East South Central	13,718	6,027	5,576	7,159	6,096	5,608	6,559	5,953	5,542
Alabama	3,551	5,976	5,530	2,288	6,026	5,585	1,263	5,886	5,433
Kentucky	3,290	5,914	5,492	1,375	5,915	5,429	1,914	5,913	5,538
Mississippi	2,454	6,351	5,896	747	6,560	6,011	1,707	6,263	5,847
Tennessee	4,423	5,983	5,511	2,749	6,130	5,618	1,674	5,756	5,344
West South Central	21,509	6,849	6,263	14,737	7,089	6,440	6,773	6,379	5,909
Arkansas	2,157	5,636	5,193	835	5,512	5,070	1,322	5,717	5,273
Louisiana	3,672	7,808	7,083	2,588	7,853	7,135	1,084	7,703	6,961
Oklahoma	2,652	6,237	5,774	1,333	6,386	5,893	1,319	6,093	5,659
Texas	13,028	6,996	6,382	9,981	7,186	6,503	3,047	6,440	6,015

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 2001**

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	\$8,345	\$5,309	\$4,863	\$5,551	\$5,519	\$5,040	\$2,794	\$4,936	\$4,545
Arizona	2,310	5,597	5,077	1,917	5,772	5,281	394	4,876	4,271
Colorado	1,618	5,291	4,961	1,250	5,460	5,030	368	4,788	4,741
Idaho	721	4,812	4,696	231	4,898	4,710	490	4,773	4,690
Montana	628	4,957	4,572	217	5,179	4,841	411	4,848	4,441
Nevada	943	6,416	5,494	786	6,746	5,769	156	5,148	4,430
New Mexico	885	4,933	4,362	392	4,613	4,127	493	5,220	4,570
Utah	924	4,860	4,514	663	4,907	4,577	261	4,745	4,363
Wyoming	316	5,246	4,867	95	5,008	4,761	222	5,356	4,914
Pacific	21,227	6,856	6,094	18,583	7,130	6,273	2,644	5,401	5,076
Alaska	242	6,637	5,563	99	6,630	5,701	143	6,642	5,471
California	16,080	7,660	6,679	15,115	7,762	6,742	964	6,349	5,827
Hawaii	455	4,198	4,017	335	4,315	4,095	120	3,904	3,815
Oregon	1,558	4,855	4,820	849	4,827	4,763	709	4,889	4,889
Washington	2,892	5,448	4,858	2,184	5,594	4,935	708	5,043	4,633

<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 2001**

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	30,683,460	7,605,820	7,180,780	1,544,540	1,462,060
\$1 - \$99	2,404,180	1,720	1,120	0	160
\$100 - \$499	6,125,420	30,020	10,240	1,080	1,700
\$500 - \$999	4,542,900	35,880	12,380	1,640	1,280
\$1,000 - \$1,999	4,647,160	88,900	44,000	4,660	7,540
\$2,000 - \$4,999	5,010,460	898,440	790,640	20,840	43,020
\$5,000 - \$9,999	2,838,640	1,818,540	1,715,260	111,820	146,900
\$10,000 - \$14,999	1,393,340	1,205,020	1,155,080	189,100	187,400
\$15,000 - \$19,999	934,880	867,140	841,180	211,440	192,480
\$20,000 - \$24,999	663,900	623,940	607,160	186,240	165,620
\$25,000 or More	2,122,400	2,036,220	2,003,720	817,720	715,960
		<b>Amount of Program Payments in Thousands</b>			
Total	\$197,504,526	\$113,846,218	\$92,966,078	\$12,988,860	\$4,224,390
\$1 - \$99	108,595	97	51	0	11
\$100 - \$499	1,744,177	8,011	2,283	312	425
\$500 - \$999	3,305,486	21,498	6,066	1,084	529
\$1,000 - \$1,999	6,675,708	103,967	48,831	4,650	9,615
\$2,000 - \$4,999	16,060,392	2,198,839	1,910,879	38,633	79,991
\$5,000 - \$9,999	20,109,199	8,249,383	7,284,342	309,645	300,196
\$10,000 - \$14,999	17,135,914	9,736,946	8,105,338	790,288	435,749
\$15,000 - \$19,999	16,216,821	10,458,933	8,384,217	1,178,169	506,499
\$20,000 - \$24,999	14,842,277	10,032,382	7,836,376	1,329,638	468,591
\$25,000 or More	101,305,956	73,036,163	59,387,696	9,336,441	2,422,784
		<b>Average Program Payment per Person Served</b>			
Total	\$6,437	\$14,968	\$12,947	\$8,410	\$2,889
\$1 - \$99	45	56	46	0	67
\$100 - \$499	285	267	223	289	250
\$500 - \$999	728	599	490	661	413
\$1,000 - \$1,999	1,437	1,169	1,110	998	1,275
\$2,000 - \$4,999	3,205	2,447	2,417	1,854	1,859
\$5,000 - \$9,999	7,084	4,536	4,247	2,769	2,044
\$10,000 - \$14,999	12,298	8,080	7,017	4,179	2,325
\$15,000 - \$19,999	17,346	12,061	9,967	5,572	2,631
\$20,000 - \$24,999	22,356	16,079	12,907	7,139	2,829
\$25,000 or More	47,732	35,869	29,639	11,418	3,384

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 2001

Hospital Insurance	Supplementary Medical Insurance			Home Health Agency
Hospice	Total	Physician	Outpatient	
Number of Persons Served <sup>1</sup>				
593,020	30,430,980	29,910,280	22,142,240	1,049,940
440	2,402,700	2,109,480	715,880	300
17,100	6,103,640	5,966,160	3,382,820	4,660
20,940	4,523,100	4,495,000	3,249,960	6,780
33,380	4,613,820	4,596,820	3,709,420	30,520
65,900	4,943,860	4,926,340	4,180,640	157,560
91,560	2,790,960	2,779,460	2,387,060	223,300
76,720	1,371,940	1,366,020	1,196,020	150,440
59,900	922,660	919,480	813,820	105,920
49,620	655,500	653,900	584,860	75,000
177,460	2,102,800	2,097,620	1,921,760	295,460
Amount of Program Payments in Thousands				
\$3,666,891	\$83,658,308	\$59,133,132	\$20,237,965	\$4,287,211
35	108,498	83,223	25,249	26
4,991	1,736,166	1,386,816	348,300	1,050
13,818	3,283,988	2,605,271	676,597	2,121
40,871	6,571,741	5,088,704	1,453,612	29,425
169,336	13,861,553	10,417,710	3,133,607	310,237
355,200	11,859,816	8,649,048	2,532,433	678,335
405,570	7,398,968	5,238,984	1,522,731	637,254
390,049	5,757,888	4,068,965	1,156,652	532,271
397,778	4,809,895	3,309,540	1,125,860	374,495
1,889,243	28,269,793	18,284,871	8,262,924	1,721,998
Average Program Payment per Person Served				
\$6,183	\$2,749	\$1,977	\$914	\$4,083
80	45	39	35	86
292	284	232	103	225
660	726	580	208	313
1,224	1,424	1,107	392	964
2,570	2,804	2,115	750	1,969
3,879	4,249	3,112	1,061	3,038
5,286	5,393	3,835	1,273	4,236
6,512	6,241	4,425	1,421	5,025
8,016	7,338	5,061	1,925	4,993
10,646	13,444	8,717	4,300	5,828

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 2001**

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	26,325,620	6,574,780	6,172,100	1,458,760	1,338,780
\$1 - \$99	1,872,080	1,100	620	0	100
\$100 - \$499	5,160,860	24,240	5,320	1,060	1,460
\$500 - \$999	3,945,140	28,700	6,200	1,620	1,080
\$1,000 - \$1,999	4,070,580	69,920	26,940	4,300	6,940
\$2,000 - \$4,999	4,397,220	759,640	657,240	19,760	39,760
\$5,000 - \$9,999	2,468,580	1,576,840	1,478,960	107,500	137,420
\$10,000 - \$14,999	1,216,900	1,056,560	1,009,340	182,440	174,320
\$15,000 - \$19,999	820,500	766,060	741,680	203,640	179,180
\$20,000 - \$24,999	579,620	552,220	536,460	178,780	155,080
\$25,000 or More	1,794,020	1,739,500	1,709,340	759,660	643,440
		Amount of Program Payments in Thousands			
Total	\$167,824,627	\$97,807,302	\$78,172,112	\$12,278,268	\$3,878,929
\$1 - \$99	85,038	67	29	0	6
\$100 - \$499	1,480,573	6,729	1,246	309	368
\$500 - \$999	2,872,718	17,935	3,073	1,082	445
\$1,000 - \$1,999	5,850,922	84,116	31,454	4,344	8,822
\$2,000 - \$4,999	14,090,329	1,862,925	1,589,026	36,675	73,941
\$5,000 - \$9,999	17,483,312	7,149,633	6,228,939	298,712	281,177
\$10,000 - \$14,999	14,970,990	8,558,167	6,998,873	763,776	407,335
\$15,000 - \$19,999	14,232,595	9,277,841	7,293,975	1,139,920	473,588
\$20,000 - \$24,999	12,956,077	8,924,959	6,822,523	1,282,459	441,108
\$25,000 or More	83,802,073	61,924,932	49,202,974	8,750,991	2,192,138
		Average Program Payment per Person Served			
Total	\$6,375	\$14,876	\$12,665	\$8,417	\$2,897
\$1 - \$99	45	61	47	0	59
\$100 - \$499	287	278	234	291	252
\$500 - \$999	728	625	496	668	412
\$1,000 - \$1,999	1,437	1,203	1,168	1,010	1,271
\$2,000 - \$4,999	3,204	2,452	2,418	1,856	1,860
\$5,000 - \$9,999	7,082	4,534	4,212	2,779	2,046
\$10,000 - \$14,999	12,303	8,100	6,934	4,186	2,337
\$15,000 - \$19,999	17,346	12,111	9,834	5,598	2,643
\$20,000 - \$24,999	22,353	16,162	12,718	7,173	2,844
\$25,000 or More	46,712	35,599	28,785	11,520	3,407

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 2001**

Hospital Insurance	Supplementary Medical Insurance			Home Health Agency
Hospice	Total	Physician	Outpatient	
Number of Persons Served <sup>1</sup>				
564,940	26,111,680	25,723,040	19,051,920	949,520
380	1,871,080	1,654,960	552,720	300
16,500	5,141,980	5,042,800	2,835,800	3,720
20,160	3,927,420	3,905,860	2,811,280	6,120
32,280	4,041,220	4,027,660	3,241,340	27,620
63,540	4,341,140	4,326,820	3,665,360	143,900
88,040	2,428,780	2,418,900	2,070,000	206,180
73,640	1,199,120	1,194,120	1,041,180	138,120
57,180	810,360	807,480	711,580	96,200
47,180	572,720	571,220	508,500	68,320
166,040	1,777,860	1,773,220	1,614,160	259,040
Amount of Program Payments in Thousands				
\$3,477,993	\$70,017,325	\$50,946,594	\$15,250,163	\$3,820,567
31	84,971	65,598	19,347	26
4,806	1,473,844	1,192,474	280,529	841
13,335	2,854,783	2,290,924	561,938	1,921
39,496	5,766,806	4,505,964	1,234,238	26,604
163,283	12,227,404	9,245,608	2,697,534	284,262
340,805	10,333,680	7,560,763	2,148,506	624,410
388,183	6,412,823	4,559,239	1,271,700	581,883
370,356	4,954,754	3,541,336	936,800	476,618
378,869	4,031,118	2,881,352	812,510	337,256
1,778,829	21,877,141	15,103,335	5,287,060	1,486,746
Average Program Payment per Person Served				
\$6,156	\$2,681	\$1,981	\$800	\$4,024
83	45	40	35	86
291	287	236	99	226
661	727	587	200	314
1,224	1,427	1,119	381	963
2,570	2,817	2,137	736	1,975
3,871	4,255	3,126	1,038	3,028
5,271	5,348	3,818	1,221	4,213
6,477	6,114	4,386	1,317	4,954
8,030	7,039	5,044	1,598	4,936
10,713	12,305	8,517	3,275	5,739

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 2001**

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	4,357,840	1,031,040	1,008,680	85,780	123,280
\$1 - \$99	532,100	620	500	0	60
\$100 - \$499	964,560	5,780	4,920	20	240
\$500 - \$999	597,760	7,180	6,180	20	200
\$1,000 - \$1,999	576,580	18,980	17,060	360	600
\$2,000 - \$4,999	613,240	138,800	133,400	1,080	3,260
\$5,000 - \$9,999	370,060	241,700	236,300	4,320	9,480
\$10,000 - \$14,999	176,440	148,460	145,740	6,660	13,080
\$15,000 - \$19,999	114,380	101,080	99,500	7,800	13,300
\$20,000 - \$24,999	84,280	71,720	70,700	7,460	10,540
\$25,000 or More	328,380	296,720	294,380	58,060	72,520
		Amount of Program Payments in Thousands			
Total	\$29,679,899	\$16,038,916	\$14,793,966	\$710,592	\$345,460
\$1 - \$99	23,557	30	22	0	5
\$100 - \$499	263,604	1,283	1,038	3	57
\$500 - \$999	432,768	3,563	2,993	2	84
\$1,000 - \$1,999	824,786	19,851	17,377	306	793
\$2,000 - \$4,999	1,970,063	335,914	321,853	1,958	6,050
\$5,000 - \$9,999	2,625,886	1,099,750	1,055,403	10,933	19,019
\$10,000 - \$14,999	2,164,924	1,178,779	1,106,465	26,512	28,414
\$15,000 - \$19,999	1,984,227	1,181,093	1,090,241	38,248	32,911
\$20,000 - \$24,999	1,886,200	1,107,422	1,013,852	47,179	27,483
\$25,000 or More	17,503,883	11,111,231	10,184,722	585,450	230,646
		Average Program Payment per Person Served			
Total	\$6,811	\$15,556	\$14,667	\$8,284	\$2,802
\$1 - \$99	44	49	44	0	80
\$100 - \$499	273	222	211	162	239
\$500 - \$999	724	496	484	117	420
\$1,000 - \$1,999	1,430	1,046	1,019	850	1,321
\$2,000 - \$4,999	3,213	2,420	2,413	1,813	1,856
\$5,000 - \$9,999	7,096	4,550	4,466	2,531	2,006
\$10,000 - \$14,999	12,270	7,940	7,592	3,981	2,172
\$15,000 - \$19,999	17,348	11,685	10,957	4,904	2,474
\$20,000 - \$24,999	22,380	15,441	14,340	6,324	2,607
\$25,000 or More	53,304	37,447	34,597	10,084	3,180

<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 2001**

Hospital Insurance	Supplementary Medical Insurance			Home Health Agency
Hospice	Total	Physician	Outpatient	
		Number of Persons Served <sup>1</sup>		
28,080	4,319,300	4,187,240	3,090,320	100,420
60	531,620	454,520	163,160	0
600	961,660	923,360	547,020	940
780	595,680	589,140	438,680	660
1,100	572,600	569,160	468,080	2,900
2,360	602,720	599,520	515,280	13,660
3,520	362,180	360,560	317,060	17,120
3,080	172,820	171,900	154,840	12,320
2,720	112,300	112,000	102,240	9,720
2,440	82,780	82,680	76,360	6,680
11,420	324,940	324,400	307,600	36,420
		Amount of Program Payments in Thousands		
\$188,898	\$13,640,983	\$8,186,538	\$4,987,801	\$466,644
4	23,526	17,625	5,901	0
185	262,321	194,342	67,771	209
484	429,205	314,346	114,658	201
1,376	804,935	582,740	219,374	2,821
6,053	1,634,149	1,172,101	436,073	25,975
14,395	1,526,136	1,088,285	383,927	53,924
17,387	986,146	679,744	251,030	55,371
19,693	803,134	527,629	219,852	55,653
18,908	778,777	428,189	313,350	37,239
110,414	6,392,652	3,181,536	2,975,864	235,252
		Average Program Payment per Person Served		
\$6,727	\$3,158	\$1,955	\$1,614	\$4,647
63	44	39	36	0
308	273	210	124	222
620	721	534	261	304
1,250	1,406	1,024	469	973
2,565	2,711	1,955	846	1,902
4,090	4,214	3,018	1,211	3,150
5,645	5,706	3,954	1,621	4,494
7,240	7,152	4,711	2,150	5,726
7,749	9,408	5,179	4,104	5,575
9,668	19,673	9,807	9,674	6,459

**Table 17**

**Persons Served and Program Payments for Medicare Beneficiaries, by Type of High-Cost User: Calendar Year 2001**

Type of High-Cost User	Persons Served <sup>1</sup>		Program Payments		Amount per Person
	Number in Thousands	Percent	Amount in Thousands	Percent	
Total	30,683	100.0	\$197,504,526	100.0	\$6,437
<b>Mortality Status</b>					
Dead	2,090	6.8	44,297,039	22.4	21,195
Alive	28,593	93.2	153,207,486	77.6	5,358
<b>ESRD Status</b>					
ESRD Patient	307	1.0	13,396,946	6.8	43,633
Non-ESRD Patient	30,376	99.0	184,107,579	93.2	6,061
<b>Inpatient Hospital Status</b>					
Hospital Stay	7,172	23.4	154,015,478	78.0	21,475
No Hospital Stay	23,512	76.6	43,489,047	22.0	1,850

<sup>1</sup>Does not reflect beneficiaries who received covered services, but for whom no program payments were reported during the year, nor the records for a small number of persons served whose status was unknown.

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.