

**Table 11**

**Growth in Personal Health Care Expenditures (PHCE) and Medicare Program Payments: Selected Calendar Years 1967-2002**

Year	Medicare Program Payments			PHCE					
	Total <sup>1</sup>	Inpatient Hospital	Physician/ Supplier <sup>2</sup>	Total <sup>3</sup>	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	
2001	197.5	93.0	59.1	1,231.3	444.3	137.2	315.1	65.1	
2002	215.4	99.4	64.3	1,342.9	484.2	148.6	340.8	69.0	
Average Annual Rate of Change									
1967-1983	17.2	17.3	16.4	13.0	14.0	17.3	12.6	16.4	
1983-2002	7.6	5.7	8.5	8.1	6.5	7.0	8.9	8.9	
1967-2002	11.9	10.9	12.0	10.3	9.8	11.6	10.6	12.3	
2001-2002	9.1	6.9	8.8	9.1	9.0	8.3	8.2	6.0	

<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. Effective 2002 Medicare program payments from the Medicare Data Extract System; 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 1967-2002**

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 1967-2002**

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
2001	197,505	167,825	29,680	113,846	97,807	16,039	83,658	70,017	13,641
2002	215,411	182,303	33,108	122,993	105,384	17,609	92,418	76,919	15,499
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
1967-2002	11.9	11.3	---	11.2	10.7	---	13.0	12.4	---
1974-2002	11.1	10.8	13.4	10.2	9.9	12.4	12.9	12.6	14.9
1983-2002	7.6	7.4	8.8	6.6	6.4	7.9	9.3	9.1	10.0

<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. Effective 2002, data from the Medicare Data Extract System; 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 1967-2002**

Type of Coverage and Service	Year										Average Annual Rate of Change		
	1967	1974	1980	1983	1990	1995	1997	2000	2001	2002	1967-83	1983-02	1967-02
<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	40,503	2.7	1.6	2.1
Hospital Insurance	19,494	23,924	28,067	29,587	33,731	37,152	38,059	39,211	39,625	40,079	2.6	1.6	2.1
Supplementary Medical Insurance	17,893	23,167	27,400	28,975	32,636	35,711	36,479	37,369	37,698	38,088	3.1	1.4	2.2
<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	31,754	6.5	2.5	4.4
Hospital Insurance	3,960	5,133	6,752	7,443	7,036	8,036	8,118	7,325	7,606	7,837	4.0	0.3	2.0
Inpatient Hospital Services	3,601	5,081	6,672	7,170	6,543	6,964	6,887	6,917	7,181	7,380	4.4	0.2	2.1
Skilled Nursing Facility Services	354	266	257	265	638	1,233	1,503	1,468	1,545	1,622	-1.8	10.0	4.4
Home Health Agency Services	126	276	726	1,318	1,936	3,427	3,458	1,444	1,462	1,565	15.8	0.9	7.5
Supplementary Medical Insurance Physician and Other	6,523	11,468	17,822	19,472	26,951	30,249	29,620	29,313	30,431	31,499	7.1	2.6	4.6
Medical Services	6,415	11,079	17,258	18,923	26,350	29,539	28,961	28,763	29,910	30,993	7.0	2.6	4.6
Outpatient Services <sup>2</sup>	1,511	3,431	7,538	9,089	15,511	19,709	20,543	21,029	22,142	23,015	11.9	5.0	8.1
Home Health Agency Services	118	134	327	20	38	41	48	1,190	1,050	1,107	-10.5	23.5	6.6
<b>Persons Served</b>	Rate per 1,000 Enrollees <sup>3</sup>												
Total	366	489	633	657	792	893	904	904	906	908	3.7	1.7	2.6
Hospital Insurance	203	215	241	252	209	239	249	227	227	227	1.3	-0.5	0.3
Inpatient Hospital Services	185	212	238	242	194	207	211	214	215	214	1.7	-0.7	0.4
Skilled Nursing Facility Services	18	11	9	9	19	37	46	45	46	47	-4.3	9.1	2.8
Home Health Agency Services	6	12	26	45	57	102	106	45	44	45	12.8	0.1	5.7
Supplementary Medical Insurance Physician and Other	365	495	650	672	826	939	955	962	966	967	3.9	1.9	2.8
Medical Services	359	478	630	653	807	917	934	944	949	952	3.8	2.0	2.8
Outpatient Services <sup>2</sup>	84	148	275	314	475	612	662	690	703	707	8.5	4.4	6.3
Home Health Agency Services	7	6	12	1	1	1	2	39	33	34	-13.2	22.8	4.8

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 1967-2002

Type of Coverage and Service	Year										Average Annual Rate of Change		
	1967	1974	1980	1983	1990	1995	1997	2000	2001	2002	1967-83	1983-02	1967-02
<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	\$215,411	17.2	7.6	11.9
Hospital Insurance	2,967	8,000	23,119	36,314	62,347	101,835	114,327	101,663	113,846	122,993	16.9	6.6	11.2
Inpatient Hospital Services	2,667	7,680	22,297	34,519	56,716	78,944	84,563	85,197	92,966	99,382	17.4	5.7	10.9
Skilled Nursing Facility Services	274	224	344	428	1,971	7,799	11,237	10,621	12,989	14,363	2.8	20.3	12.0
Home Health Agency Services	26	96	478	1,366	3,660	15,092	16,487	2,918	4,224	4,788	28.1	6.8	16.1
Supplementary Medical Insurance	1,272	3,179	10,494	17,132	39,072	57,145	61,069	72,599	83,658	92,418	17.6	9.3	13.0
Physician and Other													
Medical Services	1,217	2,740	8,358	13,660	30,222	41,617	43,621	51,474	59,133	64,272	16.3	8.5	12.0
Outpatient Services <sup>2</sup>	38	397	1,962	3,443	8,773	15,328	17,256	16,787	20,238	23,346	32.5	10.6	20.0
Home Health Agency Services	17	40	175	29	78	200	219	4,338	4,287	4,800	3.4	30.8	17.5
<b>Program Payments</b>	Per Person Served												
Total	\$593	\$945	\$1,864	\$2,709	\$3,743	\$5,226	\$5,877	\$5,891	\$6,437	\$6,784	10.0	5.0	7.2
Hospital Insurance	749	1,559	3,424	4,879	8,861	12,672	14,083	13,878	14,968	15,694	12.4	6.3	9.1
Inpatient Hospital Services	741	1,512	3,342	4,814	8,668	11,336	12,279	12,318	12,947	13,466	12.4	5.6	8.6
Skilled Nursing Facility Services	774	842	1,339	1,615	3,089	6,325	7,476	7,235	8,410	8,855	4.7	9.4	7.2
Home Health Agency Services	206	348	658	1,036	1,890	4,404	4,768	2,021	2,889	3,059	10.6	5.9	8.0
Supplementary Medical Insurance	195	277	589	880	1,450	1,889	2,062	2,477	2,749	2,934	9.9	6.5	8.1
Physician and Other													
Medical Services	190	247	484	722	1,147	1,409	1,506	1,790	1,977	2,074	8.7	5.7	7.1
Outpatient Services <sup>2</sup>	25	116	260	379	566	778	840	798	914	1,014	18.5	5.3	11.1
Home Health Agency Services	144	299	535	1,450	2,053	4,878	4,563	3,644	4,083	4,336	15.5	5.9	10.2

<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, 2000, 2001 and 2002, are \$2.0, \$2.9, \$3.7, and \$4.5 billion dollars, respectively for hospice services not shown separately. The change in program payments and utilization for home health between 1997 and 2002 is due in part to the Balanced Budget Act of 1997 (Public Law 105-33) which called for the gradual transfer of home health services unassociated with a hospital or skilled nursing facility stay from hospital insurance to supplementary medical insurance. The use of 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. Effective 2002 data from the Medicare Data Extract System; 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 2002**

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>
Total	31,754	100.0	\$215,411	100.0	\$6,784	\$6,159
<b>Sex</b>						
Male	13,158	41.4	94,292	43.8	7,166	6,157
Female	18,597	58.6	121,118	56.2	6,513	6,159
<b>Age</b>						
Under 65 Years	4,650	14.6	33,248	15.4	7,151	6,102
65-74 Years	12,921	40.7	70,018	32.5	5,419	4,635
75-84 Years	10,236	32.2	77,073	35.8	7,530	7,317
85 Years or Over	3,948	12.4	35,072	16.3	8,883	9,019
<b>Race<sup>3</sup></b>						
White	27,276	85.9	177,146	82.2	6,494	5,984
Non-White	4,420	13.9	37,832	17.6	8,558	7,151
<b>Type of Entitlement</b>						
Aged <sup>4</sup>	27,117	85.4	182,303	84.6	6,723	6,174
Disabled <sup>5</sup>	4,637	14.6	33,108	15.4	7,140	6,076
<b>MSA Type<sup>6</sup></b>						
Urban	22,815	71.8	163,775	76.0	7,178	6,318
Rural	8,512	26.8	49,962	23.2	5,869	5,518

<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 Data Extract System; 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 2002**

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>	\$213,737	\$6,823	\$6,271	\$163,775	\$7,178	\$6,545	\$49,962	\$5,869	\$5,514
Northeast	47,538	7,732	6,977	43,185	7,989	7,189	4,353	5,860	5,464
Midwest	50,080	6,197	5,806	35,220	6,603	6,153	14,860	5,407	5,121
South	82,921	6,819	6,320	58,041	7,055	6,496	24,880	6,325	5,945
West	33,198	6,724	6,010	27,329	7,099	6,273	5,868	5,396	5,028
New England	11,737	7,099	6,380	10,390	7,334	6,577	1,347	5,693	5,373
Connecticut	3,308	7,361	6,772	3,204	7,372	6,782	103	7,019	6,482
Maine	1,122	5,542	5,037	582	5,372	4,882	540	5,737	5,216
Massachusetts	5,301	7,985	7,065	5,211	7,988	7,064	90	7,828	7,165
New Hampshire	871	5,629	5,030	604	5,990	5,333	266	4,952	4,456
Rhode Island	670	6,800	5,907	670	6,800	5,907	(4)	(4)	(4)
Vermont	465	5,513	5,070	118	5,377	5,025	347	5,561	5,085
Middle Atlantic	35,802	7,965	7,198	32,795	8,222	7,407	3,007	5,938	5,506
New Jersey	8,723	8,661	7,834	8,723	8,661	7,834	(4)	(4)	(4)
New York	16,255	8,002	7,180	15,090	8,316	7,441	1,165	5,379	4,934
Pennsylvania	10,824	7,431	6,781	8,982	7,698	6,983	1,842	6,356	5,942
East North Central	36,104	6,464	6,016	28,094	6,783	6,280	8,010	5,551	5,242
Illinois	9,545	6,794	6,193	7,836	7,232	6,498	1,709	5,319	5,095
Indiana	4,620	5,890	5,534	3,241	6,027	5,663	1,379	5,591	5,252
Michigan	9,139	7,025	6,582	7,453	7,402	6,915	1,687	5,734	5,426
Ohio	8,897	6,473	6,037	6,991	6,569	6,116	1,906	6,144	5,765
Wisconsin	3,902	5,418	5,114	2,573	5,723	5,423	1,329	4,911	4,607

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 2002

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	\$13,977	\$5,598	\$5,325	\$7,126	\$5,981	\$5,697	\$6,851	\$5,249	\$4,986
Iowa	2,266	5,049	4,931	870	5,169	5,128	1,396	4,977	4,815
Kansas	2,003	5,770	5,500	981	6,217	5,864	1,022	5,397	5,190
Minnesota	3,037	5,349	5,213	1,784	5,607	5,564	1,253	5,022	4,783
Missouri	4,374	6,293	5,826	2,657	6,721	6,201	1,717	5,729	5,328
Nebraska	1,289	5,541	5,189	516	5,823	5,339	772	5,367	5,093
North Dakota	480	4,980	4,703	162	4,975	4,646	318	4,983	4,732
South Dakota	528	4,843	4,498	156	5,076	4,683	372	4,752	4,425
South Atlantic	44,027	6,748	6,278	33,574	6,989	6,458	10,454	6,077	5,763
Delaware	757	6,975	6,356	545	7,124	6,414	211	6,617	6,212
District of Columbia	542	9,858	7,731	542	9,858	7,731	(4)	(4)	(4)
Florida	16,318	7,486	7,055	14,868	7,544	7,111	1,450	6,940	6,534
Georgia	5,379	6,337	5,839	3,222	6,495	5,901	2,157	6,114	5,748
Maryland	4,691	8,157	7,284	4,238	8,243	7,322	453	7,429	6,948
North Carolina	6,262	5,888	5,557	3,772	5,938	5,555	2,490	5,814	5,560
South Carolina	3,477	6,280	5,900	2,327	6,308	5,909	1,150	6,223	5,881
Virginia	4,820	5,790	5,296	3,315	5,890	5,322	1,505	5,582	5,241
West Virginia	1,780	5,800	5,585	744	5,990	5,637	1,037	5,671	5,548
East South Central	15,139	6,467	6,033	8,017	6,601	6,126	7,122	6,323	5,933
Alabama	3,944	6,405	5,973	2,523	6,366	5,947	1,421	6,476	6,019
Kentucky	3,563	6,187	5,783	1,549	6,335	5,875	2,014	6,077	5,714
Mississippi	2,664	6,726	6,265	853	7,133	6,506	1,810	6,550	6,158
Tennessee	4,968	6,596	6,152	3,091	6,810	6,314	1,877	6,273	5,903
West South Central	23,754	7,209	6,601	16,450	7,450	6,776	7,304	6,720	6,204
Arkansas	2,382	5,920	5,466	989	6,048	5,551	1,393	5,832	5,407
Louisiana	3,991	8,182	7,417	2,764	8,066	7,309	1,226	8,457	7,672
Oklahoma	2,897	6,623	6,112	1,500	6,874	6,332	1,397	6,374	5,892
Texas	14,485	7,361	6,736	11,197	7,546	6,850	3,288	6,794	6,373

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 2002**

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	\$9,433	\$5,749	\$5,230	\$6,390	\$6,050	\$5,461	\$3,043	\$5,206	\$4,805
Arizona	2,710	6,129	5,499	2,243	6,257	5,641	467	5,583	4,904
Colorado	1,895	5,848	5,448	1,511	6,148	5,637	384	4,906	4,815
Idaho	770	5,033	4,867	227	4,796	4,604	543	5,139	4,986
Montana	649	5,009	4,653	215	5,088	4,797	435	4,970	4,584
Nevada	1,116	7,155	6,070	944	7,627	6,410	172	5,339	4,696
New Mexico	976	5,433	4,735	423	5,141	4,410	553	5,680	5,018
Utah	991	5,080	4,752	718	5,229	4,886	273	4,725	4,432
Wyoming	326	5,320	4,896	109	5,747	5,372	217	5,129	4,689
Pacific	23,765	7,208	6,388	20,940	7,495	6,571	2,825	5,618	5,293
Alaska	253	6,642	5,642	95	6,126	5,215	158	6,998	5,936
California	18,034	7,984	6,942	17,039	8,103	7,017	995	6,380	5,866
Hawaii	513	4,639	4,454	386	4,862	4,633	128	4,076	3,989
Oregon	1,659	4,990	4,933	943	5,129	5,016	716	4,818	4,827
Washington	3,305	5,937	5,280	2,477	6,007	5,282	828	5,736	5,271

<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 Data Extract System; 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 2002**

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>		Number of Persons Served <sup>1</sup>			
Total	31,754,380	7,837,160	7,379,980	1,621,940	1,565,220
\$1 - \$99	2,282,160	1,840	1,100	0	260
\$100 - \$499	6,027,120	30,860	11,880	900	1,740
\$500 - \$999	4,673,120	37,960	14,160	1,400	1,300
\$1,000 - \$1,999	4,925,000	85,880	43,200	4,040	5,860
\$2,000 - \$4,999	5,346,460	848,980	742,820	19,160	41,480
\$5,000 - \$9,999	3,004,580	1,814,520	1,705,440	107,880	145,780
\$10,000 - \$14,999	1,465,140	1,232,160	1,175,640	191,100	191,900
\$15,000 - \$19,999	961,120	876,980	844,680	213,280	197,360
\$20,000 - \$24,999	706,600	656,640	634,960	193,120	173,800
\$25,000 or More	2,363,080	2,251,340	2,206,100	891,060	805,740
		Amount of Program Payments in Thousands			
Total	\$215,410,654	\$122,992,774	\$99,382,062	\$14,363,101	\$4,787,977
\$1 - \$99	102,533	108	54	0	18
\$100 - \$499	1,724,173	8,098	2,601	275	440
\$500 - \$999	3,406,146	22,148	6,650	843	543
\$1,000 - \$1,999	7,081,558	99,362	46,879	4,172	6,885
\$2,000 - \$4,999	17,092,771	2,083,574	1,800,170	36,656	80,198
\$5,000 - \$9,999	21,280,478	8,248,875	7,259,565	300,490	321,925
\$10,000 - \$14,999	18,026,998	9,928,788	8,200,842	816,088	474,550
\$15,000 - \$19,999	16,685,732	10,540,223	8,320,304	1,220,704	545,272
\$20,000 - \$24,999	15,816,869	10,500,619	8,100,911	1,421,554	514,161
\$25,000 or More	114,193,396	81,560,979	65,644,087	10,562,320	2,843,987
		Average Program Payment per Person Served			
Total	\$6,784	\$15,694	\$13,466	\$8,856	\$3,059
\$1 - \$99	45	59	49	0	68
\$100 - \$499	286	262	219	306	253
\$500 - \$999	729	583	470	602	418
\$1,000 - \$1,999	1,438	1,157	1,085	1,033	1,175
\$2,000 - \$4,999	3,197	2,454	2,423	1,913	1,933
\$5,000 - \$9,999	7,083	4,546	4,257	2,785	2,208
\$10,000 - \$14,999	12,304	8,058	6,976	4,270	2,473
\$15,000 - \$19,999	17,361	12,019	9,850	5,723	2,763
\$20,000 - \$24,999	22,384	15,991	12,758	7,361	2,958
\$25,000 or More	48,324	36,228	29,756	11,854	3,530

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 2002

Hospital Insurance	Supplementary Medical Insurance			
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served <sup>1</sup>				
652,420	31,498,960	30,992,500	23,014,800	1,106,900
480	2,280,300	2,002,520	656,540	220
16,340	6,004,800	5,866,340	3,288,020	4,340
21,340	4,652,480	4,625,020	3,319,040	7,700
33,580	4,892,480	4,875,440	3,903,120	25,400
65,560	5,282,240	5,264,640	4,470,740	156,600
96,100	2,956,500	2,946,040	2,526,840	230,260
80,600	1,442,900	1,437,200	1,258,020	159,820
65,920	947,540	943,680	835,560	109,920
55,580	698,880	696,540	621,940	83,560
216,920	2,340,840	2,335,080	2,134,980	329,080
Amount of Program Payments in Thousands				
\$4,459,634	\$92,417,880	\$64,271,718	\$23,346,350	\$4,799,811
37	102,425	79,384	23,022	18
4,782	1,716,075	1,367,148	347,890	1,037
14,113	3,383,998	2,675,532	706,105	2,361
41,427	6,982,196	5,407,281	1,551,756	23,159
166,551	15,009,197	11,258,671	3,437,922	312,604
366,896	13,031,602	9,434,276	2,893,748	703,578
437,307	8,098,211	5,595,151	1,801,827	701,233
453,944	6,145,509	4,211,124	1,360,223	574,161
463,992	5,316,251	3,533,643	1,311,343	471,264
2,510,585	32,632,416	20,709,508	9,912,515	2,010,394
Average Program Payment per Person Served				
\$6,836	\$2,934	\$2,074	\$1,014	\$4,336
76	45	40	35	82
293	286	233	106	239
661	727	578	213	307
1,234	1,427	1,109	398	912
2,540	2,841	2,139	769	1,996
3,818	4,408	3,202	1,145	3,056
5,426	5,612	3,893	1,432	4,388
6,886	6,486	4,462	1,628	5,223
8,348	7,607	5,073	2,108	5,640
11,574	13,940	8,869	4,643	6,109

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 2002

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	27,117,080	6,739,140	6,307,780	1,526,480	1,428,220
\$1 - \$99	1,753,180	1,260	640	0	240
\$100 - \$499	5,035,080	24,800	6,680	880	1,360
\$500 - \$999	4,047,080	31,180	8,180	1,380	1,040
\$1,000 - \$1,999	4,294,600	66,580	25,860	3,740	5,160
\$2,000 - \$4,999	4,671,660	709,620	609,700	18,280	37,680
\$5,000 - \$9,999	2,595,520	1,562,020	1,458,800	103,780	136,740
\$10,000 - \$14,999	1,271,020	1,073,660	1,020,460	183,680	178,700
\$15,000 - \$19,999	839,420	770,500	740,480	204,680	183,240
\$20,000 - \$24,999	614,840	578,980	558,500	183,900	161,340
\$25,000 or More	1,994,680	1,920,540	1,878,480	826,160	722,720
		Amount of Program Payments in Thousands			
Total	\$182,302,645	\$105,383,921	\$83,245,593	\$13,545,609	\$4,382,043
\$1 - \$99	79,145	79	33	0	17
\$100 - \$499	1,452,626	6,824	1,541	269	365
\$500 - \$999	2,951,881	18,986	3,962	837	427
\$1,000 - \$1,999	6,177,592	79,146	29,243	3,858	6,004
\$2,000 - \$4,999	14,922,928	1,742,582	1,475,079	34,828	72,555
\$5,000 - \$9,999	18,383,689	7,107,227	6,164,319	288,777	302,888
\$10,000 - \$14,999	15,645,200	8,692,106	7,042,780	789,012	442,594
\$15,000 - \$19,999	14,581,226	9,316,167	7,205,284	1,177,177	507,272
\$20,000 - \$24,999	13,760,147	9,308,233	7,024,428	1,360,859	480,337
\$25,000 or More	94,348,209	69,112,570	54,298,923	9,889,993	2,569,583
		Average Program Payment per Person Served			
Total	\$6,723	\$15,638	\$13,197	\$8,874	\$3,068
\$1 - \$99	45	63	52	0	71
\$100 - \$499	289	275	231	306	268
\$500 - \$999	729	609	484	606	411
\$1,000 - \$1,999	1,438	1,189	1,131	1,032	1,164
\$2,000 - \$4,999	3,194	2,456	2,419	1,905	1,926
\$5,000 - \$9,999	7,083	4,550	4,226	2,783	2,215
\$10,000 - \$14,999	12,309	8,096	6,902	4,296	2,477
\$15,000 - \$19,999	17,371	12,091	9,731	5,751	2,768
\$20,000 - \$24,999	22,380	16,077	12,577	7,400	2,977
\$25,000 or More	47,300	35,986	28,906	11,971	3,555

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 2002

Hospital Insurance	Supplementary Medical Insurance			
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served <sup>1</sup>				
620,480	26,900,240	26,524,540	19,690,660	998,220
380	1,751,860	1,550,220	497,380	180
15,880	5,015,500	4,915,720	2,729,840	3,500
20,800	4,028,080	4,006,860	2,860,880	6,580
32,440	4,266,400	4,252,800	3,389,060	22,400
63,040	4,617,780	4,602,880	3,896,600	143,800
92,380	2,555,140	2,546,000	2,175,420	211,960
77,420	1,252,060	1,247,280	1,086,800	145,900
62,280	828,240	824,780	727,040	100,060
53,020	608,600	606,460	538,480	76,480
202,840	1,976,580	1,971,540	1,789,160	287,360
Amount of Program Payments in Thousands				
\$4,210,677	\$76,918,723	\$55,125,850	\$17,518,029	\$4,274,844
29	79,066	61,865	17,186	15
4,649	1,445,802	1,167,339	277,614	849
13,760	2,932,895	2,346,685	584,205	2,005
40,040	6,098,446	4,770,864	1,306,982	20,600
160,121	13,180,346	9,960,787	2,931,824	287,735
351,243	11,276,462	8,191,828	2,437,150	647,484
417,720	6,953,094	4,814,677	1,501,103	637,313
426,435	5,265,060	3,639,482	1,105,667	519,911
442,608	4,451,915	3,056,409	969,599	425,907
2,354,071	25,235,639	17,115,914	6,386,700	1,733,025
Average Program Payment per Person Served				
\$6,786	\$2,859	\$2,078	\$890	\$4,282
76	45	40	35	81
293	288	237	102	243
662	728	586	204	305
1,234	1,429	1,122	386	920
2,540	2,854	2,164	752	2,001
3,802	4,413	3,218	1,120	3,055
5,396	5,553	3,860	1,381	4,368
6,847	6,357	4,413	1,521	5,196
8,348	7,315	5,040	1,801	5,569
11,606	12,767	8,681	3,570	6,031

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 2002**

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	4,637,300	1,098,020	1,072,200	95,460	137,000
\$1 - \$99	528,980	580	460	0	20
\$100 - \$499	992,040	6,060	5,200	20	380
\$500 - \$999	626,040	6,780	5,980	20	260
\$1,000 - \$1,999	630,400	19,300	17,340	300	700
\$2,000 - \$4,999	674,800	139,360	133,120	880	3,800
\$5,000 - \$9,999	409,060	252,500	246,640	4,100	9,040
\$10,000 - \$14,999	194,120	158,500	155,180	7,420	13,200
\$15,000 - \$19,999	121,700	106,480	104,200	8,600	14,120
\$20,000 - \$24,999	91,760	77,660	76,460	9,220	12,460
\$25,000 or More	368,400	330,800	327,620	64,900	83,020
		Amount of Program Payments in Thousands			
Total	\$33,108,009	\$17,608,853	\$16,136,469	\$817,493	\$405,934
\$1 - \$99	23,388	29	21	0	1
\$100 - \$499	271,546	1,274	1,060	6	75
\$500 - \$999	454,265	3,161	2,688	6	115
\$1,000 - \$1,999	903,966	20,216	17,636	313	881
\$2,000 - \$4,999	2,169,843	340,992	325,091	1,828	7,643
\$5,000 - \$9,999	2,896,789	1,141,648	1,095,246	11,713	19,037
\$10,000 - \$14,999	2,381,798	1,236,681	1,158,062	27,077	31,956
\$15,000 - \$19,999	2,104,505	1,224,056	1,115,020	43,527	38,000
\$20,000 - \$24,999	2,056,722	1,192,386	1,076,483	60,695	33,824
\$25,000 or More	19,845,186	12,448,409	11,345,164	672,328	274,403
		Average Program Payment per Person Served			
Total	\$7,140	\$16,037	\$15,050	\$8,564	\$2,963
\$1 - \$99	44	50	46	0	28
\$100 - \$499	274	210	204	298	198
\$500 - \$999	726	466	449	315	443
\$1,000 - \$1,999	1,434	1,047	1,017	1,044	1,258
\$2,000 - \$4,999	3,216	2,447	2,442	2,077	2,011
\$5,000 - \$9,999	7,082	4,521	4,441	2,857	2,106
\$10,000 - \$14,999	12,270	7,802	7,463	3,649	2,421
\$15,000 - \$19,999	17,293	11,496	10,701	5,061	2,691
\$20,000 - \$24,999	22,414	15,354	14,079	6,583	2,715
\$25,000 or More	53,869	37,631	34,629	10,359	3,305

<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 Data Extract System; 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 2002**

Hospital Insurance		Supplementary Medical Insurance		
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served <sup>1</sup>				
31,940	4,598,720	4,467,960	3,324,140	108,680
100	528,440	452,300	159,160	40
460	989,300	950,620	558,180	840
540	624,400	618,160	458,160	1,120
1,140	626,080	622,640	514,060	3,000
2,520	664,460	661,760	574,140	12,800
3,720	401,360	400,040	351,420	18,300
3,180	190,840	189,920	171,220	13,920
3,640	119,300	118,900	108,520	9,860
2,560	90,280	90,080	83,460	7,080
14,080	364,260	363,540	345,820	41,720
Amount of Program Payments in Thousands				
\$248,958	\$15,499,156	\$9,145,869	\$5,828,321	\$524,967
7	23,359	17,519	5,836	3
133	270,273	199,809	70,275	188
352	451,104	328,847	121,900	356
1,386	883,750	636,417	244,774	2,559
6,430	1,828,851	1,297,884	506,097	24,870
15,653	1,755,140	1,242,448	456,599	56,094
19,587	1,145,117	780,473	300,724	63,920
27,510	880,449	571,642	254,556	54,251
21,384	864,336	477,235	341,744	45,357
156,514	7,396,778	3,593,594	3,525,815	277,369
Average Program Payment per Person Served				
\$7,795	\$3,370	\$2,047	\$1,753	\$4,830
75	44	39	37	87
289	273	210	126	224
652	722	532	266	318
1,216	1,412	1,022	476	853
2,552	2,752	1,961	881	1,943
4,208	4,373	3,106	1,299	3,065
6,159	6,000	4,109	1,756	4,592
7,558	7,380	4,808	2,346	5,502
8,353	9,574	5,298	4,095	6,406
11,116	20,306	9,885	10,196	6,648

**Table 17**

**Persons Served and Program Payments for Medicare Beneficiaries, by Type of High-Cost User: Calendar Year 2002**

Type of High-Cost User	Persons Served <sup>1</sup>		Program Payments		
	Number in Thousands	Percent	Amount in Thousands	Percent	Amount per Person
Total	31,754	100.0	\$215,410,654	100.0	\$6,784
<b>Mortality Status</b>					
Dead	2,105	6.6	47,197,886	21.9	22,425
Alive	29,650	93.4	168,212,768	78.1	5,673
<b>Inpatient Hospital Surgery</b>					
With Surgery	4,219	13.3	110,482,618	51.3	26,189
Without Surgery	27,535	86.7	104,928,036	48.7	3,811
<b>ESRD Status</b>					
ESRD Patient	332	1.0	15,011,629	7.0	45,180
Non-ESRD Patient	31,422	99.0	200,399,025	93.0	6,378
<b>Inpatient Hospital Status</b>					
Hospital Stay	7,358	23.2	165,663,922	76.9	22,514
No Hospital Stay	24,396	76.8	49,746,732	23.1	2,039

<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 Data Extract System; data development by the Office of Research, Development, and Information.