

Table 11

Growth in Personal Health Care Expenditures (PHCE) and Medicare Program Payments: Selected Calendar Years 1967-2003

Year	Medicare Program Payments			Total ³	PHCE				
	Total ¹	Inpatient Hospital	Physician/Supplier ²		Total	Hospital Medicare ⁴	Physician and Clinic Medicare ⁵		
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	
2003	232.8	104.3	71.8	1,445.7	525.5	154.0	367.0	73.7	
Average Annual Rate of Change									
1967-1983	17.2	17.3	16.4	13.0	14.0	17.3	12.6	16.4	
1983-2003	7.6	5.7	8.6	8.0	6.6	6.8	8.8	8.8	
1967-2003	11.8	10.7	12.0	10.2	9.8	11.4	10.5	12.1	
2002-2003	8.1	4.9	11.7	7.7	8.5	3.6	7.7	6.8	

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

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

³Includes other types of expenditures not shown separately.

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

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

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

SOURCES: Centers for Medicare & Medicaid Services, Office of Information Services: Medicare program payments from the Medicare Decision Support Access Facility. 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 1967-2003

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

See footnotes at end of table.

Table 12—Continued

Medicare Program Payments, by Type of Coverage and Type of Entitlement: Calendar Years 1967-2003

Year	Hospital Insurance and/or Supplementary Medical Insurance			Hospital Insurance			Supplementary Medical Insurance		
	Total	Aged ¹	Disabled ²	Total	Aged ¹	Disabled ²	Total	Aged ¹	Disabled ²
	Amount in Millions								
1990	\$101,419	\$89,620	\$11,799	\$62,347	\$55,170	\$7,177	\$39,072	\$34,449	\$4,623
1991	110,887	98,059	12,828	68,998	61,280	7,718	41,889	36,779	5,110
1992	120,710	106,241	14,469	76,661	67,883	8,777	44,049	38,357	5,692
1993	129,386	113,491	15,894	82,099	72,577	9,522	47,287	40,914	6,372
1994	146,549	127,714	18,835	94,205	82,693	11,512	52,343	45,021	7,323
1995	158,980	137,952	21,029	101,835	89,131	12,704	57,145	48,821	8,325
1996	167,063	144,485	22,577	107,949	94,389	13,559	59,114	50,096	9,018
1997	175,423	151,655	23,768	114,327	100,034	14,293	61,096	51,621	9,475
1998	168,164	144,418	23,746	102,542	89,013	13,529	65,622	55,405	10,217
1999	166,687	142,425	24,262	98,847	85,413	13,434	67,839	57,012	10,828
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
2003	232,821	195,726	37,095	129,552	110,396	19,156	103,269	85,331	17,939
	Average Annual Rate of Chang								
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
1967-2003	11.8	11.2	---	11.1	10.6	---	13.0	12.4	---
1974-2003	11.0	10.7	13.3	10.0	9.7	12.3	12.8	12.5	14.9
1983-2003	7.6	7.4	8.9	6.6	6.4	7.9	9.4	9.2	10.3

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

²Represents all enrollees under 65 years of age, including those with end stage renal disease. Disabled enrollees were not covered under Medicare until July 1, 1973.

³Represents reimbursements for the last 6 months of 1973.

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility. 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 1967-2003**

Type of Coverage and Service	Year										Average Annual Rate of Change		
	1967	1974	1980	1983	1990	1995	1997	2000	2002	2003	1967-1983	1983-2003	1967-2003
Type of Coverage	Number of Enrollees in Thousands												
Hospital Insurance and/or Supplementary Medical Insurance	19,521	24,201	28,478	30,026	34,213	37,566	38,465	39,632	40,503	41,126	2.7	1.6	2.1
Hospital Insurance	19,494	23,924	28,067	29,587	33,731	37,152	38,059	39,211	40,079	40,696	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	38,088	38,629	3.1	1.4	2.2
Type of Coverage and Service	Number of Persons Served in Thousand:												
Persons Served¹	Number of Persons Served in Thousand:												
Total	7,154	11,833	18,031	19,732	27,099	30,423	29,847	29,583	31,754	32,587	6.5	2.5	4.3
Hospital Insurance	3,960	5,133	6,752	7,443	7,036	8,036	8,118	7,325	7,837	8,022	4.0	0.4	2.0
Inpatient Hospital Services	3,601	5,081	6,672	7,170	6,543	6,964	6,887	6,917	7,380	7,521	4.4	0.2	2.1
Skilled Nursing Facility Services	354	266	257	265	638	1,233	1,503	1,468	1,622	1,693	-1.8	9.7	4.4
Home Health Agency Services	126	276	726	1,318	1,936	3,427	3,458	1,444	1,565	1,618	15.8	1.0	7.3
Supplementary Medical Insurance	6,523	11,468	17,822	19,472	26,951	30,249	29,620	29,313	31,499	32,323	7.1	2.6	4.5
Physician and Other Medical Services	6,415	11,079	17,258	18,923	26,350	29,539	28,961	28,763	30,993	31,830	7.0	2.6	4.5
Outpatient Services ²	1,511	3,431	7,538	9,089	15,511	19,709	20,543	21,029	23,015	23,600	11.9	4.9	7.9
Home Health Agency Services	118	134	327	20	38	41	48	1,190	1,107	1,185	-10.5	22.6	6.6
Persons Served	Rate per 1,000 Enrollees ³												
Total	366	489	633	657	792	893	904	904	908	910	3.7	1.6	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	214	213	1.7	-0.7	0.4
Skilled Nursing Facility Services	18	11	9	9	19	37	46	45	47	48	-4.3	8.7	2.7
Home Health Agency Services	6	12	26	45	57	102	106	45	45	46	12.8	0.1	5.6
Supplementary Medical Insurance	365	495	650	672	826	939	955	962	967	970	3.9	1.9	2.8
Physician and Other Medical Services	359	478	630	653	807	917	934	944	952	955	3.8	1.9	2.8
Outpatient Services ²	84	148	275	314	475	612	662	690	707	708	8.5	4.2	6.1
Home Health Agency Services	7	6	12	1	1	1	2	39	34	36	-13.2	21.8	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 1967-2003**

Type of Coverage and Service	Year										Average Annual Rate of Change		
	1967	1974	1980	1983	1990	1995	1997	2000	2002	2003	1967-1983	1983-2003	1967-2003
Program Payments	Amount in Millions												
Total	\$4,239	\$11,179	\$33,613	\$53,446	\$101,419	\$158,980	\$175,423	\$174,261	\$215,411	\$232,821	17.2	7.6	11.8
Hospital Insurance	2,967	8,000	23,119	36,314	62,347	101,835	114,327	101,663	122,993	129,552	16.9	6.6	11.1
Inpatient Hospital Services	2,667	7,680	22,297	34,519	56,716	78,944	84,563	85,197	99,382	104,283	17.4	5.7	10.7
Skilled Nursing Facility Services	274	224	344	428	1,971	7,799	11,237	10,621	14,363	14,775	2.8	19.4	11.7
Home Health Agency Services	26	96	478	1,366	3,660	15,092	16,487	2,918	4,788	4,916	28.1	6.6	15.7
Supplementary Medical Insurance	1,272	3,179	10,494	17,132	39,072	57,145	61,069	72,599	92,418	103,269	17.6	9.4	13.0
Physician and Other													
Medical Services	1,217	2,740	8,358	13,660	30,222	41,617	43,621	51,474	64,272	71,791	16.3	8.7	12.0
Outpatient Services ²	38	397	1,962	3,443	8,773	15,328	17,256	16,787	23,346	26,286	32.5	10.7	20.0
Home Health Agency Services	17	40	175	29	78	200	219	4,338	4,800	5,192	3.4	30.8	17.2
Program Payments	Per Person Served												
Total	\$593	\$945	\$1,864	\$2,709	\$3,743	\$5,226	\$5,877	\$5,891	\$6,784	\$7,145	10.0	5.0	7.2
Hospital Insurance	749	1,559	3,424	4,879	8,861	12,672	14,083	13,878	15,694	16,150	12.4	6.2	8.9
Inpatient Hospital Services	741	1,512	3,342	4,814	8,668	11,336	12,279	12,318	13,466	13,866	12.4	5.4	8.5
Skilled Nursing Facility Services	774	842	1,339	1,615	3,089	6,325	7,476	7,235	8,855	8,727	4.7	8.8	7.0
Home Health Agency Services	206	348	658	1,036	1,890	4,404	4,768	2,021	3,059	3,038	10.6	5.5	7.8
Supplementary Medical Insurance	195	277	589	880	1,450	1,889	2,062	2,477	2,934	3,195	9.9	6.7	8.1
Physician and Other													
Medical Services	190	247	484	722	1,147	1,409	1,506	1,790	2,074	2,255	8.7	5.9	7.1
Outpatient Services ²	25	116	260	379	566	778	840	798	1,014	1,114	18.5	5.5	11.1
Home Health Agency Services	144	299	535	1,450	2,053	4,878	4,563	3,644	4,336	4,383	15.5	5.7	10.0

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

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

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

NOTES: Included in the total program payments and in the total hospital insurance payments for 1997, 2000, 2002, and 2003 are \$2.0, \$2.9, \$4.5, and \$5.6 billion dollars, respectively for hospice services not shown separately. The change in program payments and utilization for home health between 1997 and 2003 is due in part to the Balanced Budget Act of 1997 (Public Law 105-33) which called for the gradual transfer of home health services unassociated with a hospital or skilled nursing facility stay from hospital insurance to supplementary medical insurance. The use of home health agency benefit was also affected by the efforts to identify fraudulent activities in the use of services, and by the introduction of interim per beneficiary cost limits at levels resulting in substantially lower aggregate payments (these cost limits were used until the prospective payment system was implemented in October 2000). The impact was first noted in 1998 (not shown). Numbers may not add to totals because of rounding. Refer to glossary for definitions of program payments and benefit payments.

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

Table 14
Persons Served and Program Payments for Medicare Beneficiaries, by
Demographic Characteristics: Calendar Year 2003

Demographic Characteristic	Persons Served ¹		Program Payments			
	Number in Thousands	Percent	Amount in Millions	Percent	Per Person Served	Per Enrollee ²
Total	32,587	100.0	\$232,821	100.0	\$7,145	\$6,501
Sex						
Male	13,580	41.7	102,215	43.9	7,527	6,496
Female	19,007	58.3	130,606	56.1	6,871	6,505
Age						
Under 65 Years	4,935	15.1	37,255	16.0	7,550	6,499
65-74 Years	13,192	40.5	75,218	32.3	5,702	4,887
75-84 Years	10,407	31.9	82,534	35.4	7,931	7,713
85 Years or Over	4,053	12.4	37,814	16.2	9,329	9,474
Race³						
White	27,920	85.7	191,534	82.3	6,860	6,333
Non-White	4,615	14.2	40,834	17.5	8,849	7,432
Type of Entitlement						
Aged ⁴	27,665	84.9	195,726	84.1	7,075	6,506
Disabled ⁵	4,922	15.1	37,095	15.9	7,536	6,471
MSA Type⁶						
Urban	23,487	72.1	177,109	76.1	7,541	6,654
Rural	8,665	26.6	53,987	23.2	6,231	5,869

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

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

³Excludes unknown race.

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

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

⁶Excludes outlying areas.

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare 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 2003

Area of Residence	Total Program Payments			Urban Program Payments ¹			Rural Program Payments ¹		
	Amount in Millions	Per Person Served	Per Enrollee ²	Amount in Millions	Per Person Served	Per Enrollee ²	Amount in Millions	Per Person Served	Per Enrollee ²
United States ³	\$231,096	\$7,188	\$6,618	\$177,109	\$7,541	\$6,888	\$53,987	\$6,231	\$5,866
Northeast	50,034	8,022	7,243	45,440	8,284	7,460	4,594	6,109	5,688
Midwest	54,331	6,587	6,183	38,295	7,003	6,531	16,035	5,770	5,483
South	90,761	7,247	6,740	63,734	7,491	6,925	27,028	6,731	6,339
West	35,970	6,993	6,249	29,640	7,364	6,504	6,331	5,659	5,280
New England	12,957	7,578	6,818	11,499	7,831	7,031	1,459	6,039	5,704
Connecticut	3,593	7,903	7,274	3,485	7,925	7,297	108	7,247	6,592
Maine	1,216	5,891	5,370	649	5,850	5,331	568	5,937	5,415
Massachusetts	5,907	8,385	7,436	5,807	8,383	7,430	101	8,504	7,792
New Hampshire	1,020	6,403	5,756	698	6,768	6,046	322	5,731	5,214
Rhode Island	720	7,255	6,273	720	7,255	6,273	(4)	(4)	(4)
Vermont	501	5,843	5,356	140	6,189	5,747	361	5,719	5,218
Middle Atlantic	37,077	8,190	7,404	33,941	8,450	7,618	3,135	6,143	5,681
New Jersey	9,083	8,854	8,029	9,083	8,854	8,029	(4)	(4)	(4)
New York	16,933	8,306	7,449	15,693	8,612	7,711	1,241	5,729	5,209
Pennsylvania	11,060	7,561	6,900	9,165	7,841	7,110	1,895	6,448	6,039
East North Central	39,244	6,881	6,420	30,599	7,216	6,694	8,645	5,910	5,607
Illinois	10,467	7,279	6,639	8,561	7,697	6,913	1,905	5,851	5,638
Indiana	5,080	6,322	5,940	3,573	6,462	6,065	1,507	6,012	5,663
Michigan	9,790	7,387	6,923	7,981	7,791	7,261	1,809	6,012	5,743
Ohio	9,742	6,901	6,480	7,756	7,062	6,638	1,987	6,335	5,930
Wisconsin	4,165	5,747	5,455	2,728	6,025	5,733	1,437	5,286	4,993

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 2003

Area of Residence	Total Program Payments			Urban Program Payments ¹			Rural Program Payments ¹		
	Amount in Millions	Per Person Served	Per Enrollee ²	Amount in Millions	Per Person Served	Per Enrollee ²	Amount in Millions	Per Person Served	Per Enrollee ²
West North Central	\$15,087	\$5,929	\$5,640	\$7,696	\$6,267	\$5,955	\$7,390	\$5,614	\$5,345
Iowa	2,321	5,140	5,026	886	5,216	5,184	1,435	5,094	4,933
Kansas	2,333	6,540	6,199	1,129	6,744	6,285	1,204	6,359	6,120
Minnesota	3,220	5,630	5,487	1,835	5,740	5,660	1,386	5,491	5,273
Missouri	4,680	6,490	6,024	2,867	6,904	6,381	1,813	5,928	5,534
Nebraska	1,376	5,866	5,500	574	6,296	5,828	802	5,593	5,288
North Dakota	551	5,659	5,360	230	6,975	6,556	321	4,987	4,741
South Dakota	606	5,448	5,044	176	5,523	5,043	429	5,418	5,044
South Atlantic	48,094	7,156	6,682	36,718	7,401	6,873	11,376	6,465	6,134
Delaware	825	7,356	6,786	580	7,373	6,704	245	7,318	6,988
District of Columbia	531	9,390	7,700	531	9,390	7,700	(4)	(4)	(4)
Florida	17,994	7,971	7,507	16,470	8,064	7,597	1,524	7,092	6,656
Georgia	5,777	6,599	6,109	3,501	6,797	6,218	2,276	6,315	5,947
Maryland	5,015	8,511	7,699	4,528	8,595	7,743	487	7,807	7,310
North Carolina	7,002	6,398	6,053	4,186	6,365	5,984	2,817	6,448	6,158
South Carolina	3,735	6,580	6,183	2,489	6,575	6,160	1,245	6,590	6,229
Virginia	5,306	6,176	5,703	3,634	6,254	5,716	1,672	6,012	5,674
West Virginia	1,910	6,183	5,940	799	6,432	6,047	1,110	6,016	5,865
East South Central	16,337	6,840	6,389	8,586	6,931	6,433	7,751	6,742	6,342
Alabama	4,374	6,906	6,461	2,800	6,859	6,415	1,574	6,993	6,546
Kentucky	3,741	6,370	5,953	1,620	6,484	5,997	2,121	6,286	5,921
Mississippi	2,960	7,319	6,794	942	7,573	6,913	2,018	7,206	6,740
Tennessee	5,262	6,892	6,450	3,224	7,065	6,556	2,037	6,635	6,288
West South Central	26,330	7,711	7,092	18,429	7,983	7,296	7,901	7,144	6,658
Arkansas	2,506	6,156	5,680	1,023	6,149	5,653	1,483	6,161	5,699
Louisiana	4,311	8,570	7,826	3,003	8,468	7,728	1,308	8,813	8,062
Oklahoma	3,192	7,107	6,606	1,647	7,323	6,761	1,545	6,891	6,448
Texas	16,322	7,941	7,295	12,756	8,164	7,449	3,566	7,237	6,795

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 2003**

Area of Residence	Total Program Payments			Urban Program Payments ¹			Rural Program Payments ¹		
	Amount in Millions	Per Person Served	Per Enrollee ²	Amount in Millions	Per Person Served	Per Enrollee ²	Amount in Millions	Per Person Served	Per Enrollee ²
Mountain	\$10,642	\$6,216	\$5,670	\$7,255	\$6,547	\$5,921	\$3,387	\$5,608	\$5,198
Arizona	3,102	6,615	5,963	2,589	6,790	6,141	513	5,851	5,202
Colorado	2,160	6,359	5,966	1,697	6,568	6,059	464	5,695	5,649
Idaho	842	5,410	5,195	276	5,749	5,490	566	5,259	5,062
Montana	721	5,421	5,014	243	5,586	5,199	479	5,341	4,926
Nevada	1,290	7,629	6,580	1,092	8,076	6,926	198	5,847	5,156
New Mexico	1,047	5,690	4,980	454	5,387	4,625	593	5,946	5,291
Utah	1,120	5,648	5,234	807	5,828	5,371	313	5,231	4,911
Wyoming	359	5,679	5,254	97	5,104	4,711	262	5,926	5,487
Pacific	25,328	7,381	6,530	22,385	7,675	6,719	2,943	5,718	5,378
Alaska	283	7,126	6,036	119	7,384	6,301	164	6,949	5,856
California	19,217	8,139	7,062	18,174	8,253	7,135	1,044	6,560	6,006
Hawaii	537	4,877	4,553	385	4,886	4,541	153	4,854	4,583
Oregon	1,816	5,277	5,243	1,065	5,558	5,459	752	4,923	4,966
Washington	3,474	6,030	5,374	2,642	6,172	5,442	831	5,620	5,170

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

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

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

⁴No area for this jurisdiction is defined as rural.

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

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare 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 2003

Type of Entitlement and Amount of Hospital Insurance and/or Supplementary Medical Insurance Program Payments	Total Hospital Insurance and/or Supplementary Medical Insurance	Hospital Insurance			
		Total	Hospital Inpatient	Skilled Nursing Facility	Home Health Agency
All Beneficiaries		Number of Persons Served ¹			
Total	32,587,340	8,022,360	7,520,720	1,692,840	1,618,300
\$1 - \$99	2,210,660	1,720	1,260	60	200
\$100 - \$499	5,807,560	30,660	11,640	900	1,740
\$500 - \$999	4,647,460	38,100	14,880	1,680	1,200
\$1,000 - \$1,999	5,080,500	83,600	39,700	4,140	6,300
\$2,000 - \$4,999	5,705,400	756,560	646,080	20,320	40,240
\$5,000 - \$9,999	3,218,020	1,781,800	1,662,880	105,280	135,740
\$10,000 - \$14,999	1,539,620	1,256,000	1,191,760	183,880	184,560
\$15,000 - \$19,999	1,034,080	927,560	889,760	220,220	201,060
\$20,000 - \$24,999	758,500	698,760	674,580	203,700	176,360
\$25,000 or More	2,585,540	2,447,600	2,388,180	952,660	870,900
		Amount of Program Payments in Thousands			
Total	\$232,821,186	\$129,551,856	\$104,282,695	\$14,775,435	\$4,916,155
\$1 - \$99	101,253	93	62	4	12
\$100 - \$499	1,662,583	8,008	2,608	277	451
\$500 - \$999	3,393,571	21,642	6,989	1,023	449
\$1,000 - \$1,999	7,316,427	94,594	41,278	4,400	7,686
\$2,000 - \$4,999	18,275,135	1,865,831	1,577,255	39,015	79,655
\$5,000 - \$9,999	22,789,637	8,064,724	7,081,161	287,846	296,815
\$10,000 - \$14,999	18,954,810	9,918,828	8,189,252	776,639	447,963
\$15,000 - \$19,999	17,954,508	10,974,752	8,669,080	1,238,239	547,752
\$20,000 - \$24,999	16,996,900	11,080,654	8,576,638	1,443,829	504,683
\$25,000 or More	125,376,363	87,522,732	70,138,372	10,984,164	3,030,688
		Average Program Payment per Person Served			
Total	\$7,145	\$16,149	\$13,866	\$8,728	\$3,038
\$1 - \$99	46	54	49	60	62
\$100 - \$499	286	261	224	308	259
\$500 - \$999	730	568	470	609	374
\$1,000 - \$1,999	1,440	1,132	1,040	1,063	1,220
\$2,000 - \$4,999	3,203	2,466	2,441	1,920	1,980
\$5,000 - \$9,999	7,082	4,526	4,258	2,734	2,187
\$10,000 - \$14,999	12,311	7,897	6,872	4,224	2,427
\$15,000 - \$19,999	17,363	11,832	9,743	5,623	2,724
\$20,000 - \$24,999	22,409	15,858	12,714	7,088	2,862
\$25,000 or More	48,491	35,759	29,369	11,530	3,480

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 2003

Hospital Insurance	Supplementary Medical Insurance			
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served ¹				
729,400	32,322,560	31,830,300	23,599,500	1,184,560
200	2,209,180	1,947,520	600,980	240
16,420	5,785,240	5,645,140	3,088,880	3,740
20,500	4,627,660	4,599,800	3,246,100	5,080
34,120	5,047,760	5,029,760	3,984,500	26,420
67,160	5,640,160	5,622,860	4,750,560	156,460
101,200	3,169,100	3,158,900	2,710,680	245,080
90,800	1,514,320	1,508,740	1,317,080	174,100
72,940	1,019,400	1,015,500	898,580	123,080
62,580	748,900	746,700	665,920	88,020
263,480	2,560,840	2,555,380	2,336,220	362,340
Amount of Program Payments in Thousands				
\$5,577,572	\$103,269,329	\$71,791,335	\$26,285,601	\$5,192,393
15	101,160	79,263	21,880	17
4,672	1,654,575	1,314,374	339,394	807
13,181	3,371,929	2,646,824	723,575	1,530
41,229	7,221,833	5,577,291	1,619,596	24,946
169,905	16,409,305	12,240,424	3,859,289	309,592
398,902	14,724,913	10,591,842	3,369,985	763,086
504,973	9,035,983	6,231,902	2,044,925	759,155
519,682	6,979,756	4,746,326	1,583,200	650,229
555,504	5,916,246	3,942,561	1,509,657	464,027
3,369,508	37,853,631	24,420,528	11,214,100	2,219,003
Average Program Payment per Person Served				
\$7,647	\$3,195	\$2,255	\$1,114	\$4,383
76	46	41	36	71
285	286	233	110	216
643	729	575	223	301
1,208	1,431	1,109	406	944
2,530	2,909	2,177	812	1,979
3,942	4,646	3,353	1,243	3,114
5,561	5,967	4,131	1,553	4,360
7,125	6,847	4,674	1,762	5,283
8,877	7,900	5,280	2,267	5,272
12,788	14,782	9,557	4,800	6,124

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 2003

Type of Entitlement and Amount of Hospital Insurance and/or Supplementary Medical Insurance Program Payments	Total Hospital Insurance and/or Supplementary Medical Insurance	Hospital Insurance			
		Total	Hospital Inpatient	Skilled Nursing Facility	Home Health Agency
Aged Beneficiaries		Number of Persons Served ¹			
Total	27,665,340	6,860,000	6,386,920	1,588,320	1,466,680
\$1 - \$99	1,681,220	1,040	660	40	140
\$100 - \$499	4,811,360	24,400	6,460	880	1,380
\$500 - \$999	3,992,800	30,080	7,900	1,500	1,040
\$1,000 - \$1,999	4,410,220	64,980	23,360	3,840	5,460
\$2,000 - \$4,999	4,955,640	624,320	520,080	19,060	36,220
\$5,000 - \$9,999	2,757,220	1,524,380	1,411,880	100,620	126,120
\$10,000 - \$14,999	1,326,080	1,087,160	1,026,660	176,680	170,220
\$15,000 - \$19,999	899,680	811,620	775,780	211,540	186,960
\$20,000 - \$24,999	657,660	613,260	590,640	194,300	163,300
\$25,000 or More	2,173,360	2,078,760	2,023,500	879,860	775,840
		Amount of Program Payments in Thousands			
Total	\$195,726,448	\$110,395,757	\$86,771,598	\$13,871,180	\$4,474,917
\$1 - \$99	77,200	61	34	3	9
\$100 - \$499	1,389,044	6,619	1,507	272	361
\$500 - \$999	2,918,207	17,895	3,840	921	389
\$1,000 - \$1,999	6,354,673	75,660	25,034	4,087	6,733
\$2,000 - \$4,999	15,860,310	1,543,746	1,271,769	36,484	71,572
\$5,000 - \$9,999	19,514,424	6,903,570	5,968,750	275,390	276,326
\$10,000 - \$14,999	16,335,212	8,630,064	6,983,226	749,757	414,154
\$15,000 - \$19,999	15,624,997	9,667,764	7,465,670	1,191,323	511,281
\$20,000 - \$24,999	14,736,619	9,795,866	7,412,615	1,385,065	470,563
\$25,000 or More	102,915,762	73,754,511	57,639,153	10,227,877	2,723,529
		Average Program Payment per Person Served			
Total	\$7,075	\$16,093	\$13,586	\$8,733	\$3,051
\$1 - \$99	46	59	51	68	67
\$100 - \$499	289	271	233	309	261
\$500 - \$999	731	595	486	614	374
\$1,000 - \$1,999	1,441	1,164	1,072	1,064	1,233
\$2,000 - \$4,999	3,200	2,473	2,445	1,914	1,976
\$5,000 - \$9,999	7,078	4,529	4,228	2,737	2,191
\$10,000 - \$14,999	12,318	7,938	6,802	4,244	2,433
\$15,000 - \$19,999	17,367	11,912	9,623	5,632	2,735
\$20,000 - \$24,999	22,408	15,973	12,550	7,128	2,882
\$25,000 or More	47,353	35,480	28,485	11,624	3,510

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 2003

Hospital Insurance	Supplementary Medical Insurance			
Hospice	Total	Physician	Outpatient	Home Health Agency
		Number of Persons Served ¹		
694,760	27,442,980	27,084,420	20,059,000	1,061,160
200	1,680,280	1,494,780	447,600	200
15,720	4,792,160	4,692,920	2,540,380	3,040
19,760	3,975,120	3,953,920	2,773,220	4,340
32,940	4,381,700	4,367,420	3,442,580	23,540
65,000	4,901,700	4,887,360	4,113,580	141,140
97,440	2,716,240	2,707,520	2,312,280	223,400
87,100	1,304,980	1,300,000	1,128,480	159,100
70,160	887,520	884,040	777,820	111,760
59,540	649,940	647,980	574,300	79,260
246,900	2,153,340	2,148,480	1,948,760	315,380
		Amount of Program Payments in Thousands		
\$5,278,062	\$85,330,691	\$60,989,968	\$19,735,764	\$4,604,959
15	77,139	61,071	16,053	15
4,479	1,382,425	1,114,361	267,402	663
12,746	2,900,312	2,307,065	591,922	1,326
39,806	6,279,013	4,902,739	1,353,914	22,360
163,921	14,316,564	10,779,669	3,256,878	280,018
383,103	12,610,854	9,111,928	2,804,312	694,614
482,927	7,705,148	5,324,582	1,689,570	690,997
499,490	5,957,233	4,081,902	1,291,676	583,655
527,622	4,940,752	3,389,137	1,137,545	414,070
3,163,952	29,161,251	19,917,515	7,326,493	1,917,242
		Average Program Payment per Person Served		
\$7,597	\$3,109	\$2,252	\$984	\$4,340
76	46	41	36	76
285	288	237	105	218
645	730	583	213	305
1,208	1,433	1,123	393	950
2,522	2,921	2,206	792	1,984
3,932	4,643	3,365	1,213	3,109
5,545	5,904	4,096	1,497	4,343
7,119	6,712	4,617	1,661	5,222
8,862	7,602	5,230	1,981	5,224
12,815	13,542	9,271	3,760	6,079

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 2003

Type of Entitlement and Amount of Hospital Insurance and/or Supplementary Medical Insurance Program Payments	Total Hospital Insurance and/or Supplementary Medical Insurance	Hospital Insurance			
		Total	Hospital Inpatient	Skilled Nursing Facility	Home Health Agency
Disabled Beneficiaries		Number of Persons Served ¹			
Total	4,922,100	1,162,360	1,133,800	104,520	151,620
\$1 - \$99	529,440	680	600	20	60
\$100 - \$499	996,200	6,260	5,180	20	360
\$500 - \$999	654,660	8,020	6,980	180	160
\$1,000 - \$1,999	670,280	18,620	16,340	300	840
\$2,000 - \$4,999	749,760	132,240	126,000	1,260	4,020
\$5,000 - \$9,999	460,800	257,420	251,000	4,660	9,620
\$10,000 - \$14,999	213,540	168,840	165,100	7,200	14,340
\$15,000 - \$19,999	134,400	115,940	113,980	8,680	14,100
\$20,000 - \$24,999	100,840	85,500	83,940	9,400	13,060
\$25,000 or More	412,180	368,840	364,680	72,800	95,060
		Amount of Program Payments in Thousands			
Total	\$37,094,737	\$19,156,100	\$17,511,097	\$904,255	\$441,238
\$1 - \$99	24,053	32	28	1	3
\$100 - \$499	273,538	1,389	1,101	5	90
\$500 - \$999	475,363	3,747	3,149	102	61
\$1,000 - \$1,999	961,753	18,934	16,244	313	954
\$2,000 - \$4,999	2,414,825	322,084	305,487	2,531	8,083
\$5,000 - \$9,999	3,275,213	1,161,154	1,112,410	12,455	20,490
\$10,000 - \$14,999	2,619,598	1,288,764	1,206,026	26,882	33,809
\$15,000 - \$19,999	2,329,511	1,306,988	1,203,409	46,916	36,471
\$20,000 - \$24,999	2,260,281	1,284,787	1,164,023	58,763	34,120
\$25,000 or More	22,460,601	13,768,221	12,499,219	756,287	307,159
		Average Program Payment per Person Served			
Total	\$7,536	\$16,480	\$15,445	\$8,652	\$2,910
\$1 - \$99	45	47	47	44	48
\$100 - \$499	275	222	213	247	250
\$500 - \$999	726	467	451	566	378
\$1,000 - \$1,999	1,435	1,017	994	1,043	1,135
\$2,000 - \$4,999	3,221	2,436	2,424	2,009	2,011
\$5,000 - \$9,999	7,108	4,511	4,432	2,673	2,130
\$10,000 - \$14,999	12,267	7,633	7,305	3,734	2,358
\$15,000 - \$19,999	17,333	11,273	10,558	5,405	2,587
\$20,000 - \$24,999	22,415	15,027	13,867	6,251	2,613
\$25,000 or More	54,492	37,328	34,274	10,389	3,231

¹Does 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 2003

Hospital Insurance	Supplementary Medical Insurance			Home Health Agency
Hospice	Total	Physician	Outpatient	
		Number of Persons Served ¹		
34,640	4,879,580	4,745,880	3,540,500	123,400
0	528,900	452,740	153,380	40
700	993,080	952,220	548,500	700
740	652,540	645,880	472,880	740
1,180	666,060	662,340	541,920	2,880
2,160	738,460	735,500	636,980	15,320
3,760	452,860	451,380	398,400	21,680
3,700	209,340	208,740	188,600	15,000
2,780	131,880	131,460	120,760	11,320
3,040	98,960	98,720	91,620	8,760
16,580	407,500	406,900	387,460	46,960
		Amount of Program Payments in Thousands		
\$299,510	\$17,938,638	\$10,801,367	\$6,549,837	\$587,434
0	24,021	18,192	5,827	2
193	272,150	200,013	71,992	145
436	471,617	339,759	131,653	204
1,423	942,820	674,552	265,682	2,586
5,984	2,092,741	1,460,755	602,411	29,574
15,799	2,114,059	1,479,914	565,673	68,472
22,047	1,330,834	907,321	355,355	68,159
20,192	1,022,523	664,425	291,524	66,574
27,881	975,494	553,424	372,112	49,957
205,556	8,692,380	4,503,013	3,887,607	301,760
		Average Program Payment per Person Served		
\$8,646	\$3,676	\$2,276	\$1,850	\$4,760
0	45	40	38	43
276	274	210	131	206
589	723	526	278	276
1,206	1,416	1,018	490	898
2,770	2,834	1,986	946	1,930
4,202	4,668	3,279	1,420	3,158
5,959	6,357	4,347	1,884	4,544
7,263	7,753	5,054	2,414	5,881
9,171	9,857	5,606	4,061	5,703
12,398	21,331	11,067	10,034	6,426

Table 17

Persons Served and Program Payments for Medicare Beneficiaries, by Type of High-Cost User: Calendar Year 2003

Type of High-Cost User	Persons Served ¹		Program Payments		
	Number in Thousands	Percent	Amount in Thousands	Percent	Amount per Person
Total	32,587	100.0	\$232,821,186	100.0	\$7,145
Mortality Status					
Alive	30,458	93.5	183,396,397	78.8	6,021
Dead	2,129	6.5	49,424,789	21.2	23,214
Inpatient Hospital Surgery					
With Surgery	4,317	13.2	117,754,813	50.6	27,277
Without Surgery	28,270	86.8	115,066,372	49.4	4,070
ESRD Status					
ESRD Patient	351	1.1	16,253,424	7.0	46,330
Non-ESRD Patient	32,237	98.9	216,567,761	93.0	6,718
Inpatient Hospital Status					
Hospital Stay	7,482	23.0	176,042,346	75.6	23,530
No Hospital Stay	25,106	77.0	56,778,840	24.4	2,262

¹Does 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.