

Table 3.1

Growth in Personal Health Care Expenditures (PHCE) and Medicare Program Payments: Selected Calendar Years 1967-2005

Year	Medicare Program Payments			PHCE				
	Total ¹	Inpatient Hospital	Physician/ Supplier ²	Total ³	Hospital		Physician and Clinic	
					Total	Medicare ⁴	Total	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
2004	255.3	110.5	79.3	1,560.2	570.8	163.4	399.9	81.8
2005	274.1	116.6	83.8	1,661.4	611.6	180.3	421.2	89.3
Average Annual Rate of Change								
1967-1983	17.2	17.3	16.4	13.0	14.0	17.3	12.6	16.4
1983-2005	7.7	5.7	8.6	8.0	6.7	6.9	8.7	8.9
1967-2005	11.6	10.4	11.8	10.1	9.7	11.2	10.3	12.0
2004-2005	7.4	5.5	5.7	6.5	7.1	10.3	5.3	9.2

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.

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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
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1999	166.7	83.9	46.5	1,062.6	392.2	120.4	270.2	55.3
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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
2004	255.3	110.5	79.3	1,560.2	570.8	163.4	399.9	81.8
2005	274.1	116.6	83.8	1,661.4	611.6	180.3	421.2	89.3
2006	280.7	116.3	85.3	1,762.0	648.2	187.2	447.6	92.1
Average Annual Rate of Change								
1967-1983	17.2	17.3	16.4	13.0	14.0	17.3	12.6	16.4
1983-2006	7.5	5.4	8.3	7.9	6.7	6.8	8.6	8.6
1967-2006	11.4	10.1	11.6	9.9	9.6	11.0	10.2	11.8
2005-2006	2.4	-0.3	1.8	6.1	6.0	3.8	6.3	3.1

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.

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Table 3.2

Medicare Program Payments, by Type of Coverage and Type of Entitlement: Calendar Years 1967-2005

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 3.2-Continued

Medicare Program Payments, by Type of Coverage and Type of Entitlement: Calendar Years 1967-2005

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
2004	255,325	213,241	42,085	139,747	118,424	21,323	115,579	94,817	20,762
2005	274,143	227,594	46,550	149,392	125,993	23,399	124,752	101,601	23,151
	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
1967-2005	11.6	11.1	---	10.9	10.4	---	12.8	12.2	---
1974-2005	10.9	10.5	13.3	9.9	9.5	12.2	12.6	12.3	14.9
1983-2005	7.7	7.5	9.2	6.6	6.4	8.2	9.4	9.2	10.6

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 and those with end stage renal disease only. 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.

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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 3.2—Continued

Medicare Program Payments, by Type of Coverage and Type of Entitlement: Calendar Years 1967-2006

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
2004	255,325	213,241	42,085	139,747	118,424	21,323	115,579	94,817	20,762
2005	274,143	227,594	46,550	149,392	125,993	23,399	124,752	101,601	23,151
2006	280,672	232,468	48,204	151,917	127,855	24,061	128,755	104,613	24,142
	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
1967-2006	11.4	10.8	---	10.6	10.1	---	12.6	12.0	---
1974-2006	10.6	10.2	12.9	9.6	9.3	11.9	12.3	12.0	14.5
1983-2006	7.5	7.2	9.0	6.4	6.2	7.9	9.2	8.9	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 and those with end stage renal disease only. 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 3.3

**Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:
Selected Calendar Years 1967-2005**

Type of Coverage and Service	Year											
	1967	1974	1980	1983	1990	1995	1997	2000	2002	2003	2004	2005
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	41,729	42,500
Hospital Insurance	19,494	23,924	28,067	29,587	33,731	37,152	38,059	39,211	40,079	40,696	41,391	42,129
Supplementary Medical Insurance	17,893	23,167	27,400	28,975	32,636	35,711	36,479	37,369	38,088	38,629	39,101	39,730
Type of Coverage and Service Persons Served¹	Number of Persons Served in Thousands											
Total	7,154	11,833	18,031	19,732	27,099	30,423	29,847	29,583	31,754	32,587	33,016	33,506
Hospital Insurance	3,960	5,133	6,752	7,443	7,036	8,036	8,118	7,325	7,837	8,022	8,157	8,307
Inpatient Hospital Services	3,601	5,081	6,672	7,170	6,543	6,964	6,887	6,917	7,380	7,521	7,611	7,710
Skilled Nursing Facility Services	354	266	257	265	638	1,233	1,503	1,468	1,622	1,693	1,752	1,847
Home Health Agency Services	126	276	726	1,318	1,936	3,427	3,458	1,444	1,565	1,618	1,693	1,752
Supplementary Medical Insurance	6,523	11,468	17,822	19,472	26,951	30,249	29,620	29,313	31,499	32,323	32,734	33,201
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	32,265	32,709
Outpatient Services ²	1,511	3,431	7,538	9,089	15,511	19,709	20,543	21,029	23,015	23,600	24,003	24,423
Home Health Agency Services	118	134	327	20	38	41	48	1,190	1,107	1,185	1,273	1,370
Persons Served	Rate per 1,000 Enrollees ³											
Total	366	489	633	657	792	893	904	904	908	910	908	913
Hospital Insurance	203	215	241	252	209	239	249	227	227	227	227	229
Inpatient Hospital Services	185	212	238	242	194	207	211	214	214	213	211	212
Skilled Nursing Facility Services	18	11	9	9	19	37	46	45	47	48	49	51
Home Health Agency Services	6	12	26	45	57	102	106	45	45	46	47	48
Supplementary Medical Insurance	365	495	650	672	826	939	955	962	967	970	971	979
Physician and Other Medical Services	359	478	630	653	807	917	934	944	952	955	957	964
Outpatient Services ²	84	148	275	314	475	612	662	690	707	708	712	720
Home Health Agency Services	7	6	12	1	1	1	2	39	34	36	38	40

See footnotes at end of table

Table 3.3—Continued

**Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:
Selected Calendar Years 1967-2005**

Type of Coverage and Service	Year											
	1967	1974	1980	1983	1990	1995	1997	2000	2002	2003	2004	2005
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	255,325	274,143
Hospital Insurance	2,967	8,000	23,119	36,314	62,347	101,835	114,327	101,663	122,993	129,552	139,747	149,392
Inpatient Hospital Services	2,667	7,680	22,297	34,519	56,716	78,944	84,563	85,197	99,382	104,283	110,550	116,647
Skilled Nursing Facility Services	274	224	344	428	1,971	7,799	11,237	10,621	14,363	14,775	17,043	18,964
Home Health Agency Services	26	96	478	1,366	3,660	15,092	16,487	2,918	4,788	4,916	5,479	5,916
Supplementary Medical Insurance	1,272	3,179	10,494	17,132	39,072	57,145	61,069	72,599	92,418	103,269	115,579	124,752
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	79,271	83,838
Outpatient Services ²	38	397	1,962	3,443	8,773	15,328	17,256	16,787	23,346	26,286	30,335	33,931
Home Health Agency Services	17	40	175	29	78	200	219	4,338	4,800	5,192	5,973	6,982
Program Payments	Per Person Served											
Total	\$593	\$945	\$1,864	\$2,709	\$3,743	\$5,226	\$5,877	\$5,891	\$6,784	\$7,145	\$7,733	\$8,182
Hospital Insurance	749	1,559	3,424	4,879	8,861	12,672	14,083	13,878	15,694	16,150	17,132	17,984
Inpatient Hospital Services	741	1,512	3,342	4,814	8,668	11,336	12,279	12,318	13,466	13,866	14,525	15,130
Skilled Nursing Facility Services	774	842	1,339	1,615	3,089	6,325	7,476	7,235	8,855	8,727	9,728	10,267
Home Health Agency Services	206	348	658	1,036	1,890	4,404	4,768	2,021	3,059	3,038	3,236	3,377
Supplementary Medical Insurance	195	277	589	880	1,450	1,889	2,062	2,477	2,934	3,195	3,531	3,757
Physician and Other												
Medical Services	190	247	484	722	1,147	1,409	1,506	1,790	2,074	2,255	2,457	2,563
Outpatient Services ²	25	116	260	379	566	778	840	798	1,014	1,114	1,264	1,389
Home Health Agency Services	144	299	535	1,450	2,053	4,878	4,563	3,644	4,336	4,383	4,692	5,098

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, 2003, 2004 and 2005 are \$2.0, \$2.9, \$5.6, \$6.7 and \$7.9 billion dollars, respectively for hospice services not shown separately. The change in program payments and utilization for home health between 1997 and 2005 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 3.3

**Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:
Selected Calendar Years 1967-2006**

Type of Coverage and Service	Year											
	1967	1974	1980	1983	1990	1995	1997	2000	2002	2004	2005	2006
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	41,729	42,500	43,339
Hospital Insurance	19,494	23,924	28,067	29,587	33,731	37,152	38,059	39,211	40,079	41,391	42,129	42,975
Supplementary Medical Insurance	17,893	23,167	27,400	28,975	32,636	35,711	36,479	37,369	38,088	39,101	39,730	40,398
Type of Coverage and Service 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	33,016	33,506	33,063
Hospital Insurance	3,960	5,133	6,752	7,443	7,036	8,036	8,118	7,325	7,837	8,157	8,307	8,120
Inpatient Hospital Services	3,601	5,081	6,672	7,170	6,543	6,964	6,887	6,917	7,380	7,611	7,710	7,467
Skilled Nursing Facility Services	354	266	257	265	638	1,233	1,503	1,468	1,622	1,752	1,847	1,838
Home Health Agency Services	126	276	726	1,318	1,936	3,427	3,458	1,444	1,565	1,693	1,752	1,714
Hospice Services	---	---	---	---	---	---	---	---	652	797	871	939
Supplementary Medical Insurance	6,523	11,468	17,822	19,472	26,951	30,249	29,620	29,313	31,499	32,734	33,201	32,732
Physician and Other Medical Services	6,415	11,079	17,258	18,923	26,350	29,539	28,961	28,763	30,993	32,265	32,709	32,205
Outpatient Services ²	1,511	3,431	7,538	9,089	15,511	19,709	20,543	21,029	23,015	24,003	24,423	24,010
Home Health Agency Services	118	134	327	20	38	41	48	1,190	1,107	1,273	1,370	1,460
Persons Served	Rate per 1,000 Enrollees ³											
Total	366	489	633	657	792	893	904	904	908	908	913	922
Hospital Insurance	203	215	241	252	209	239	249	227	227	227	229	229
Inpatient Hospital Services	185	212	238	242	194	207	211	214	214	211	212	210
Skilled Nursing Facility Services	18	11	9	9	19	37	46	45	47	49	51	52
Home Health Agency Services	6	12	26	45	57	102	106	45	45	47	48	48
Hospice Services	---	---	---	---	---	---	---	---	19	22	24	26
Supplementary Medical Insurance	365	495	650	672	826	939	955	962	967	971	979	995
Physician and Other Medical Services	359	478	630	653	807	917	934	944	952	957	964	979
Outpatient Services ²	84	148	275	314	475	612	662	690	707	712	720	730
Home Health Agency Services	7	6	12	1	1	1	2	39	34	38	40	44

See footnotes at end of table.

Table 3.3—Continued
Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:
Selected Calendar Years 1967-2006

Type of Coverage and Service	Year											
	1967	1974	1980	1983	1990	1995	1997	2000	2002	2004	2005	2006
Program Payments	Amount in Millions											
Total	\$4,239	\$11,179	\$33,613	\$53,446	\$101,419	\$158,980	\$175,423	\$174,261	\$215,411	\$255,325	\$274,143	\$280,672
Hospital Insurance	2,967	8,000	23,119	36,314	62,347	101,835	114,327	101,663	122,993	139,747	149,392	151,917
Inpatient Hospital Services	2,667	7,680	22,297	34,519	56,716	78,944	84,563	85,197	99,382	110,550	116,647	116,350
Skilled Nursing Facility Services	274	224	344	428	1,971	7,799	11,237	10,621	14,363	17,043	18,964	20,387
Home Health Agency Services	26	96	478	1,366	3,660	15,092	16,487	2,918	4,788	5,479	5,916	5,979
Hospice Services	---	---	---	---	---	---	2,040	2,927	4,460	6,675	7,864	9,201
Supplementary Medical Insurance	1,272	3,179	10,494	17,132	39,072	57,145	61,069	72,599	92,418	115,579	124,752	128,755
Physician and Other												
Medical Services	1,217	2,740	8,358	13,660	30,222	41,617	43,621	51,474	64,272	79,271	83,838	85,305
Outpatient Services ²	38	397	1,962	3,443	8,773	15,328	17,256	16,787	23,346	30,335	33,931	35,411
Home Health Agency Services	17	40	175	29	78	200	219	4,338	4,800	5,973	6,982	8,039
Program Payments	Per Person Served											
Total	\$593	\$945	\$1,864	\$2,709	\$3,743	\$5,226	\$5,877	\$5,891	\$6,784	\$7,733	\$8,182	\$8,489
Hospital Insurance	749	1,559	3,424	4,879	8,861	12,672	14,083	13,878	15,694	17,132	17,984	18,709
Inpatient Hospital Services	741	1,512	3,342	4,814	8,668	11,336	12,279	12,318	13,466	14,525	15,130	15,581
Skilled Nursing Facility Services	774	842	1,339	1,615	3,089	6,325	7,476	7,235	8,855	9,728	10,267	11,093
Home Health Agency Services	206	348	658	1,036	1,890	4,404	4,768	2,021	3,059	3,236	3,377	3,489
Hospice Services	---	---	---	---	---	---	---	---	6,836	8,374	9,027	9,796
Supplementary Medical Insurance	195	277	589	880	1,450	1,889	2,062	2,477	2,934	3,531	3,757	3,934
Physician and Other												
Medical Services	190	247	484	722	1,147	1,409	1,506	1,790	2,074	2,457	2,563	2,649
Outpatient Services ²	25	116	260	379	566	778	840	798	1,014	1,264	1,389	1,475
Home Health Agency Services	144	299	535	1,450	2,053	4,878	4,563	3,644	4,336	4,692	5,098	5,508

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: The change in program payments and utilization for home health starting in 1997 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 3.4
Persons Served and Program Payments for Medicare Beneficiaries, by
Demographic Characteristics: Calendar Year 2005

Demographic Characteristic	Persons Served ¹		Program Payments		
	Number in Thousands	Percent	Amount in Millions	Percent	Per Person Served ¹
Total	33,506	100.0	\$274,143	100.0	\$8,182
Sex					
Male	14,084	42.0	120,951	44.1	8,588
Female	19,422	58.0	153,192	55.9	7,888
Age					
Under 65 Years	5,451	16.3	46,733	17.0	8,573
65-74 Years	13,368	39.9	86,636	31.6	6,481
75-84 Years	10,466	31.2	95,170	34.7	9,094
85 Years or Over	4,222	12.6	45,604	16.6	10,803
Race³					
White	28,526	85.1	224,465	81.9	7,869
Non-White	4,933	14.7	49,248	18.0	9,984
Type of Entitlement					
Aged ⁴	28,071	83.8	227,594	83.0	8,108
Disabled ⁵	5,436	16.2	46,550	17.0	8,563
CBSA Type⁶					
Urban	25,042	74.7	213,886	78.0	8,541
Rural	8,074	24.1	58,555	21.4	7,253

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: CBSA is core-based statistical areas. 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.

Per Enrollee ²
\$7,473
7,443
7,497
7,435
5,558
8,904
11,061
7,280
8,525
7,487
7,406
7,603
<u>6,846</u>

Table 3.4
Persons Served and Program Payments for Medicare Beneficiaries, by
Demographic Characteristics: Calendar Year 2006

Demographic Characteristic	Persons Served ¹		Program Payments			
	Number in Thousands	Percent	Amount in Millions	Percent	Per Person Served ¹	Per Enrollee ²
Total	33,063	100.0	\$280,672	100.0	\$8,489	\$7,830
Sex						
Male	13,945	42.2	123,629	44.0	8,866	7,747
Female	19,118	57.8	157,043	56.0	8,214	7,896
Age						
Under 65 Years	5,477	16.6	48,397	17.2	8,837	7,774
65-74 Years	13,114	39.7	87,364	31.1	6,662	5,756
75-84 Years	10,196	30.8	96,232	34.3	9,438	9,345
85 Years or Over	4,277	12.9	48,679	17.3	11,382	11,742
Race³						
White	28,115	85.0	229,051	81.6	8,147	7,603
Non-White	4,905	14.8	51,184	18.2	10,436	9,052
Type of Entitlement						
Aged ⁴	27,602	83.5	232,468	82.8	8,422	7,848
Disabled ⁵	5,461	16.5	48,204	17.2	8,826	7,743
CBSA Type⁶						
Urban	24,812	75.0	219,351	78.2	8,840	7,974
Rural	7,979	24.1	60,100	21.4	7,532	7,206

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: CBSA is core-based statistical areas. 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 3.5
Program Payments for Medicare Beneficiaries Residing in Urban and Rural Areas, by Area of Residence:
Calendar Year 2005

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	\$272,442	\$8,227	\$7,599	\$213,886	\$8,541	\$7,834	\$58,555	\$7,253	\$6,846
Northeast	56,230	9,011	8,143	50,573	9,305	8,383	5,657	7,025	6,487
Midwest	65,005	7,725	7,290	47,213	8,121	7,633	17,792	6,838	6,514
South	108,242	8,313	7,769	79,571	8,521	7,930	28,671	7,787	7,355
West	42,965	7,899	7,042	36,530	8,200	7,235	6,435	6,536	6,119
New England	14,761	8,429	7,603	12,739	8,703	7,843	2,022	7,035	6,372
Connecticut	3,996	8,727	8,062	3,634	8,752	8,099	361	8,489	7,688
Maine	1,429	6,747	6,084	766	6,732	6,026	663	6,765	6,153
Massachusetts	6,699	9,222	8,265	6,665	9,224	8,267	34	8,923	7,896
New Hampshire	1,206	7,229	6,358	678	7,615	6,625	529	6,788	6,056
Rhode Island	832	8,397	7,265	832	8,397	7,265	(4)	(4)	(4)
Vermont	600	6,716	6,240	164	6,818	6,512	436	6,678	6,143
Middle Atlantic	41,469	9,237	8,355	37,834	9,527	8,581	3,635	7,020	6,553
New Jersey	9,860	9,599	8,754	9,860	9,599	8,754	(4)	(4)	(4)
New York	19,430	9,692	8,692	18,039	10,068	8,991	1,390	6,525	6,069
Pennsylvania	12,179	8,258	7,604	9,935	8,620	7,785	2,245	7,366	6,894
East North Central	46,913	8,054	7,548	37,028	8,381	7,828	9,885	7,028	6,656
Illinois	12,468	8,466	7,797	10,343	8,814	8,017	2,124	7,103	6,873
Indiana	6,310	7,637	7,159	4,704	7,690	7,223	1,607	7,486	6,982
Michigan	11,693	8,548	8,021	9,519	9,083	8,519	2,174	6,797	6,385
Ohio	11,698	8,100	7,677	9,123	8,263	7,822	2,575	7,571	7,202
Wisconsin	4,744	6,647	6,297	3,339	6,943	6,607	1,404	6,035	5,661

See footnotes at end of table.

Table 3.5-Continued
Program Payments for Medicare Beneficiaries Residing in Urban and Rural Areas, by Area of Residence:
Calendar Year 2005

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	\$18,092	\$6,984	\$6,699	\$10,185	\$7,300	\$7,002	\$7,907	\$6,615	\$6,345
Iowa	2,818	6,252	6,082	1,298	6,291	6,217	1,520	6,220	5,972
Kansas	2,661	7,343	6,885	1,444	7,442	6,904	1,217	7,229	6,862
Minnesota	3,861	6,612	6,683	2,396	6,929	7,120	1,465	6,152	6,074
Missouri	5,734	7,691	7,188	3,804	8,072	7,485	1,930	7,036	6,666
Nebraska	1,716	7,208	6,892	770	7,542	7,088	946	6,958	6,740
North Dakota	615	6,328	6,012	216	6,425	5,864	399	6,277	6,095
South Dakota	687	6,092	5,533	257	6,099	5,537	430	6,087	5,531
South Atlantic	57,443	8,211	7,692	46,079	8,438	7,867	11,364	7,402	7,054
Delaware	1,021	8,568	8,056	713	8,637	8,025	307	8,412	8,101
District of Columbia	558	9,945	8,218	558	9,945	8,218	(4)	(4)	(4)
Florida	21,363	9,218	8,703	19,800	9,345	8,844	1,563	7,871	7,240
Georgia	7,143	7,576	7,065	5,195	7,661	7,107	1,948	7,357	6,955
Maryland	5,832	9,722	8,783	5,396	9,798	8,799	436	8,872	8,592
North Carolina	8,551	7,477	7,132	5,245	7,470	7,054	3,307	7,488	7,263
South Carolina	4,541	7,549	7,083	3,245	7,524	7,070	1,296	7,611	7,117
Virginia	6,171	6,882	6,356	4,756	6,994	6,385	1,414	6,532	6,256
West Virginia	2,262	7,095	6,792	1,169	7,267	6,869	1,093	6,920	6,711
East South Central	18,995	7,691	7,221	10,738	7,751	7,274	8,256	7,614	7,153
Alabama	4,897	7,588	7,129	3,199	7,710	7,282	1,698	7,367	6,859
Kentucky	4,581	7,424	6,953	2,283	7,476	6,959	2,298	7,372	6,948
Mississippi	3,488	8,281	7,727	1,301	8,284	7,627	2,187	8,280	7,788
Tennessee	6,028	7,669	7,232	3,956	7,785	7,349	2,072	7,456	7,020
West South Central	31,804	8,947	8,298	22,753	9,129	8,427	9,051	8,519	7,989
Arkansas	3,132	7,353	6,669	1,566	7,342	6,509	1,566	7,364	6,836
Louisiana	4,883	9,578	9,008	3,242	9,368	8,963	1,641	10,020	9,101
Oklahoma	3,769	8,173	7,597	2,106	8,380	7,733	1,663	7,925	7,433
Texas	20,020	9,278	8,610	15,839	9,418	8,678	4,182	8,781	8,367

See footnotes at end of table.

Table 3.5–Continued
Program Payments for Medicare Beneficiaries Residing in Urban and Rural Areas, by Area of Residence:
Calendar Year 2005

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	\$12,965	\$7,096	\$6,458	\$9,455	\$7,332	\$6,628	\$3,510	\$6,527	\$6,039
Arizona	3,906	7,609	6,733	3,187	7,599	6,749	719	7,655	6,662
Colorado	2,647	7,288	6,937	2,126	7,539	7,103	521	6,416	6,333
Idaho	1,005	6,235	5,866	593	6,266	5,924	412	6,191	5,784
Montana	847	6,176	5,797	294	6,368	6,159	553	6,078	5,621
Nevada	1,539	8,413	7,276	1,306	8,668	7,382	234	7,228	6,761
New Mexico	1,279	6,597	5,732	693	6,834	5,773	586	6,337	5,683
Utah	1,312	6,263	5,856	1,121	6,379	5,943	191	5,660	5,395
Wyoming	429	6,506	6,143	135	6,943	6,266	294	6,323	6,087
Pacific	29,999	8,305	7,329	27,075	8,554	7,473	2,925	6,545	6,217
Alaska	343	7,869	6,640	216	7,779	6,723	127	8,025	6,504
California	22,477	9,071	7,855	21,529	9,187	7,923	948	7,050	6,565
Hawaii	628	5,479	5,156	461	5,584	5,230	167	5,211	4,961
Oregon	2,216	6,188	6,079	1,318	6,129	5,900	898	6,277	6,362
Washington	4,334	7,017	6,248	3,551	7,153	6,319	784	6,463	5,951

¹Beginning with 2005, the classification of enrollees living in an urban or rural area is based on the U.S. Census Bureau's Core-Based Statistical Areas (CBSA), which reflects the use of the Census new schema of metropolitan and micropolitan areas based on the 2000 census. For the purpose of this table, an area of residence is defined as rural when it does not fall into either metropolitan or micropolitan categories.

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 3.5
Program Payments for Medicare Beneficiaries Residing in Urban and Rural Areas, by Area of Residence:
Calendar Year 2006

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	\$279,452	\$8,522	\$7,941	\$219,351	\$8,840	\$8,177	\$60,100	\$7,532	\$7,185
Northeast	56,995	9,302	8,389	50,953	9,592	8,622	6,042	7,411	6,923
Midwest	66,643	8,015	7,649	48,685	8,441	8,015	17,957	7,050	6,806
South	111,956	8,639	8,185	82,203	8,861	8,364	29,753	8,079	7,731
West	43,858	8,138	7,303	37,510	8,420	7,484	6,348	6,796	6,387
New England	15,508	8,808	7,915	13,337	9,075	8,147	2,171	7,460	6,981
Connecticut	4,235	9,265	8,554	3,889	9,390	8,666	346	8,061	7,462
Maine	1,466	6,871	6,187	774	6,742	6,089	692	7,023	6,300
Massachusetts	6,957	9,533	8,474	6,925	9,536	8,476	32	8,874	8,156
New Hampshire	1,337	7,833	6,949	733	8,023	7,087	604	7,614	6,788
Rhode Island	858	8,704	7,517	858	8,704	7,517	(4)	(4)	(4)
Vermont	655	7,191	6,564	159	6,461	5,939	497	7,460	6,793
Middle Atlantic	41,487	9,500	8,582	37,615	9,789	8,804	3,871	7,384	6,891
New Jersey	10,356	10,056	9,069	10,356	10,056	9,069	(4)	(4)	(4)
New York	19,313	9,847	8,794	17,747	10,233	9,103	1,566	6,899	6,352
Pennsylvania	11,818	8,589	7,898	9,513	8,820	8,054	2,306	7,754	7,312
East North Central	48,496	8,403	7,956	38,457	8,770	8,259	10,039	7,241	6,974
Illinois	13,124	8,905	8,193	10,987	9,312	8,460	2,137	7,274	7,050
Indiana	6,407	7,816	7,481	4,882	8,007	7,641	1,526	7,262	7,010
Michigan	12,073	8,889	8,486	9,784	9,418	8,963	2,289	7,168	6,912
Ohio	12,104	8,408	7,997	9,493	8,637	8,206	2,610	7,670	7,319
Wisconsin	4,788	7,038	6,829	3,311	7,240	7,042	1,477	6,625	6,395

See footnotes at end of table.

Table 3.5—Continued

Program Payments for Medicare Beneficiaries Residing in Urban and Rural Areas, by Area of Residence:
Calendar Year 2006

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	\$18,147	\$7,135	\$6,935	\$10,228	\$7,397	\$7,213	\$7,918	\$6,823	\$6,605
Iowa	2,869	6,519	6,505	1,275	6,368	6,461	1,594	6,646	6,539
Kansas	2,731	7,600	7,252	1,466	7,564	7,139	1,264	7,642	7,387
Minnesota	3,674	6,690	6,961	2,366	7,110	7,589	1,309	6,043	6,055
Missouri	5,883	7,851	7,348	3,880	8,132	7,581	2,003	7,360	6,935
Nebraska	1,679	7,129	6,792	769	7,471	7,024	910	6,864	6,607
North Dakota	591	6,152	5,898	213	6,363	6,032	377	6,039	5,824
South Dakota	720	6,319	5,840	259	6,103	5,525	461	6,448	6,033
South Atlantic	59,469	8,544	8,125	47,821	8,791	8,321	11,648	7,662	7,409
Delaware	995	8,171	7,548	695	8,232	7,510	300	8,032	7,639
District of Columbia	630	10,966	9,149	630	10,966	9,149	(4)	(4)	(4)
Florida	21,997	9,691	9,273	20,470	9,812	9,402	1,527	8,312	7,836
Georgia	7,388	7,782	7,363	5,377	7,852	7,375	2,011	7,602	7,330
Maryland	6,350	10,459	9,427	5,892	10,583	9,510	458	9,091	8,475
North Carolina	8,673	7,645	7,412	5,327	7,656	7,415	3,346	7,627	7,407
South Carolina	4,718	7,842	7,562	3,372	7,823	7,523	1,346	7,891	7,663
Virginia	6,352	7,062	6,709	4,855	7,102	6,679	1,497	6,936	6,809
West Virginia	2,367	7,418	7,204	1,203	7,526	7,241	1,164	7,310	7,166
East South Central	19,634	8,020	7,628	10,873	7,985	7,585	8,761	8,063	7,682
Alabama	5,052	7,870	7,479	3,228	7,843	7,494	1,824	7,918	7,453
Kentucky	4,766	7,720	7,367	2,347	7,760	7,393	2,420	7,681	7,343
Mississippi	3,555	8,514	8,025	1,289	8,364	7,792	2,266	8,603	8,163
Tennessee	6,261	8,116	7,744	4,009	8,121	7,713	2,251	8,106	7,800
West South Central	32,853	9,250	8,681	23,509	9,496	8,877	9,344	8,683	8,224
Arkansas	3,137	7,384	6,974	1,573	7,348	6,915	1,564	7,421	7,035
Louisiana	4,947	9,902	9,234	3,177	9,555	8,910	1,770	10,594	9,879
Oklahoma	3,854	8,323	7,795	2,043	8,420	7,853	1,811	8,217	7,730
Texas	20,915	9,664	9,076	16,717	9,912	9,265	4,199	8,786	8,391

See footnotes at end of table.

Table 3.5—Continued
Program Payments for Medicare Beneficiaries Residing in Urban and Rural Areas, by Area of Residence:
Calendar Year 2006

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	\$13,057	\$7,323	\$6,806	\$9,712	\$7,524	\$6,964	\$3,345	\$6,797	\$6,387
Arizona	3,772	7,792	7,202	3,350	7,785	7,224	422	7,849	7,034
Colorado	2,705	7,418	7,135	2,163	7,625	7,220	542	6,691	6,814
Idaho	1,013	6,355	6,056	577	6,187	5,918	436	6,592	6,249
Montana	840	6,246	5,946	296	6,649	6,432	545	6,047	5,712
Nevada	1,631	8,795	7,448	1,388	9,051	7,608	243	7,569	6,650
New Mexico	1,353	6,991	6,245	717	7,022	6,158	636	6,956	6,345
Utah	1,300	6,629	6,477	1,095	6,642	6,510	205	6,558	6,304
Wyoming	444	6,795	6,276	127	6,707	6,090	317	6,830	6,354
Pacific	30,800	8,541	7,536	27,798	8,785	7,685	3,003	6,795	6,388
Alaska	350	7,860	6,625	204	7,112	6,088	146	9,210	7,553
California	23,204	9,341	8,088	22,235	9,465	8,163	968	7,183	6,675
Hawaii	599	5,286	4,953	433	5,352	5,038	166	5,121	4,744
Oregon	2,141	6,296	6,125	1,278	6,269	6,015	863	6,335	6,295
Washington	4,507	7,219	6,485	3,648	7,271	6,498	859	7,009	6,433

¹Beginning with 2005, the classification of enrollees living in an urban or rural area is based on the U.S. Census Bureau's Core-Based Statistical Areas (CBSA), which reflects the use of the Census new schema of metropolitan and micropolitan areas based on the 2000 census. For the purpose of this table, an area of residence is defined as rural when it does not fall into either metropolitan or micropolitan categories.

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 3.6

**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 2005**

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	33,506,360	8,306,920	7,709,660	1,847,060	1,752,040
\$1 - \$99	1,913,980	1,620	1,060	0	380
\$100 - \$499	5,282,860	31,660	13,080	720	1,580
\$500 - \$999	4,425,080	40,020	16,580	1,220	1,160
\$1,000 - \$1,999	5,217,720	77,900	32,000	3,540	5,240
\$2,000 - \$4,999	6,353,600	557,320	442,320	16,260	35,340
\$5,000 - \$9,999	3,534,200	1,641,840	1,509,500	81,300	121,580
\$10,000 - \$14,999	1,683,280	1,278,800	1,197,080	156,700	172,800
\$15,000 - \$19,999	1,139,460	991,520	941,500	207,000	208,800
\$20,000 - \$24,999	826,960	747,080	714,140	209,360	184,740
\$25,000 or More	3,129,220	2,939,160	2,842,400	1,170,960	1,020,420
		Amount of Program Payments in Thousands			
Total	\$274,143,414	\$149,391,577	\$116,647,475	\$18,963,540	\$5,916,287
\$1 - \$99	93,280	84	47	0	27
\$100 - \$499	1,519,013	8,212	2,925	174	408
\$500 - \$999	3,243,395	22,975	7,824	766	540
\$1,000 - \$1,999	7,552,382	87,941	30,750	3,821	6,304
\$2,000 - \$4,999	20,415,445	1,416,876	1,113,443	34,507	74,899
\$5,000 - \$9,999	25,054,293	7,499,348	6,534,976	235,635	290,948
\$10,000 - \$14,999	20,700,412	9,845,564	8,103,894	674,856	459,734
\$15,000 - \$19,999	19,783,595	11,416,906	8,962,958	1,220,726	613,579
\$20,000 - \$24,999	18,505,760	11,520,213	8,750,264	1,543,170	583,036
\$25,000 or More	157,275,840	107,573,459	83,140,394	15,249,883	3,886,811
		Average Program Payment per Person Served			
Total	\$8,182	\$17,984	\$15,130	\$10,267	\$3,377
\$1 - \$99	49	52	44	0	72
\$100 - \$499	288	259	224	242	258
\$500 - \$999	733	574	472	628	465
\$1,000 - \$1,999	1,447	1,129	961	1,080	1,203
\$2,000 - \$4,999	3,213	2,542	2,517	2,122	2,119
\$5,000 - \$9,999	7,089	4,568	4,329	2,898	2,393
\$10,000 - \$14,999	12,298	7,699	6,770	4,307	2,661
\$15,000 - \$19,999	17,362	11,515	9,520	5,897	2,939
\$20,000 - \$24,999	22,378	15,420	12,253	7,371	3,156
\$25,000 or More	50,260	36,600	29,250	13,023	3,809

See footnotes at end of table.

Table 3.6-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 2005

Hospital Insurance	Supplementary Medical Insurance			
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served ¹				
871,240	33,200,760	32,708,800	24,422,640	1,369,600
180	1,912,580	1,672,100	499,740	280
16,360	5,259,360	5,111,880	2,705,600	3,740
21,240	4,402,880	4,370,500	2,990,900	5,460
37,800	5,182,980	5,162,880	3,995,260	23,480
74,680	6,283,460	6,263,180	5,249,700	156,240
103,920	3,477,000	3,465,900	3,001,140	268,160
103,280	1,653,580	1,647,760	1,444,260	199,200
83,660	1,121,020	1,117,020	990,140	141,480
69,740	815,780	813,100	725,100	105,060
360,380	3,092,120	3,084,480	2,820,800	466,500
Amount of Program Payments in Thousands				
\$7,864,275	\$124,751,837	\$83,838,042	\$33,931,474	\$6,982,321
10	93,197	73,426	19,751	20
4,705	1,510,801	1,190,108	319,874	819
13,844	3,220,421	2,509,419	709,400	1,601
47,066	7,464,441	5,721,511	1,720,577	22,353
194,026	18,998,569	14,025,965	4,653,569	319,035
437,789	17,554,945	12,186,198	4,485,849	882,898
607,079	10,854,848	7,162,612	2,735,530	956,706
619,643	8,366,689	5,430,238	2,100,111	836,339
643,742	6,985,547	4,475,079	1,865,645	644,823
5,296,370	49,702,381	31,063,487	15,321,167	3,317,727
Average Program Payment per Person Served				
\$9,027	\$3,757	\$2,563	\$1,389	\$5,098
54	49	44	40	71
288	287	233	118	219
652	731	574	237	293
1,245	1,440	1,108	431	952
2,598	3,024	2,239	886	2,042
4,213	5,049	3,516	1,495	3,292
5,878	6,564	4,347	1,894	4,803
7,407	7,463	4,861	2,121	5,911
9,231	8,563	5,504	2,573	6,138
14,697	16,074	10,071	5,431	7,112

Table 3.6-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 2005**

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	28,070,500	7,015,860	6,454,860	1,718,980	1,574,200
\$1 - \$99	1,425,520	1,160	740	0	260
\$100 - \$499	4,272,060	25,460	8,180	600	1,240
\$500 - \$999	3,731,220	31,740	9,420	1,140	960
\$1,000 - \$1,999	4,468,040	61,680	18,500	3,300	4,360
\$2,000 - \$4,999	5,468,120	453,000	344,320	15,140	31,900
\$5,000 - \$9,999	2,986,160	1,374,200	1,249,900	76,860	111,160
\$10,000 - \$14,999	1,419,760	1,084,280	1,007,820	149,540	158,460
\$15,000 - \$19,999	975,260	854,520	807,600	197,500	192,420
\$20,000 - \$24,999	708,200	645,820	614,920	199,100	169,240
\$25,000 or More	2,616,160	2,484,000	2,393,460	1,075,800	904,200
		Amount of Program Payments in Thousands			
Total	\$227,593,851	\$125,992,539	\$95,556,916	\$17,666,491	\$5,332,974
\$1 - \$99	69,739	58	31	0	18
\$100 - \$499	1,239,726	6,803	1,890	151	317
\$500 - \$999	2,737,410	19,127	4,616	725	442
\$1,000 - \$1,999	6,473,058	71,787	18,038	3,608	5,314
\$2,000 - \$4,999	17,558,250	1,148,662	861,542	32,224	67,920
\$5,000 - \$9,999	21,151,074	6,268,704	5,358,824	222,326	266,946
\$10,000 - \$14,999	17,471,150	8,386,416	6,738,937	645,204	424,736
\$15,000 - \$19,999	16,931,794	9,899,936	7,569,721	1,172,543	565,605
\$20,000 - \$24,999	15,846,256	10,034,520	7,408,421	1,474,559	538,143
\$25,000 or More	128,115,393	90,156,525	67,594,896	14,115,152	3,463,531
		Average Program Payment per Person Served			
Total	\$8,108	\$17,958	\$14,804	\$10,277	\$3,388
\$1 - \$99	49	50	42	0	71
\$100 - \$499	290	267	231	251	256
\$500 - \$999	734	603	490	636	461
\$1,000 - \$1,999	1,449	1,164	975	1,093	1,219
\$2,000 - \$4,999	3,211	2,536	2,502	2,128	2,129
\$5,000 - \$9,999	7,083	4,562	4,287	2,893	2,401
\$10,000 - \$14,999	12,306	7,735	6,687	4,315	2,680
\$15,000 - \$19,999	17,361	11,585	9,373	5,937	2,939
\$20,000 - \$24,999	22,375	15,538	12,048	7,406	3,180
\$25,000 or More	48,971	36,295	28,241	13,121	3,830

See footnotes at end of table.

Table 3.6-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 2005

Hospital Insurance	Supplementary Medical Insurance			
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served ¹				
824,820	27,816,280	27,468,000	20,435,940	1,213,900
160	1,424,480	1,262,000	355,100	260
15,480	4,252,060	4,150,140	2,160,200	2,940
20,380	3,711,640	3,687,880	2,498,260	4,620
36,080	4,437,700	4,421,640	3,394,840	20,460
72,060	5,410,020	5,393,480	4,495,020	140,680
99,880	2,939,700	2,930,260	2,524,460	241,900
98,680	1,395,740	1,390,500	1,210,560	179,900
79,760	960,180	956,620	842,020	126,980
66,220	699,240	696,820	617,600	93,840
336,120	2,585,520	2,578,660	2,337,880	402,320
Amount of Program Payments in Thousands				
\$7,436,159	\$101,601,311	\$70,110,806	\$25,384,863	\$6,105,642
8	69,681	55,815	13,846	20
4,445	1,232,923	986,885	245,377	661
13,344	2,718,283	2,151,189	565,774	1,321
44,827	6,401,271	4,972,587	1,409,241	19,443
186,976	16,409,588	12,244,653	3,877,521	287,415
420,608	14,882,370	10,382,089	3,705,472	794,809
577,539	9,084,734	5,999,875	2,220,338	864,521
592,067	7,031,858	4,600,719	1,684,150	746,989
613,397	5,811,736	3,791,109	1,451,853	568,774
4,982,947	37,958,868	24,925,888	10,211,291	2,821,689
Average Program Payment per Person Served				
\$9,015	\$3,653	\$2,552	\$1,242	\$5,030
53	49	44	39	76
287	290	238	114	225
655	732	583	226	286
1,242	1,442	1,125	415	950
2,595	3,033	2,270	863	2,043
4,211	5,063	3,543	1,468	3,286
5,853	6,509	4,315	1,834	4,806
7,423	7,323	4,809	2,000	5,883
9,263	8,312	5,441	2,351	6,061
14,825	14,681	9,666	4,368	7,014

Table 3.6-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 2005**

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	5,435,860	1,291,060	1,254,800	128,080	177,840
\$1 - \$99	488,460	460	320	0	120
\$100 - \$499	1,010,800	6,200	4,900	120	340
\$500 - \$999	693,860	8,280	7,160	80	200
\$1,000 - \$1,999	749,680	16,220	13,500	240	880
\$2,000 - \$4,999	885,480	104,320	98,000	1,120	3,440
\$5,000 - \$9,999	548,040	267,640	259,600	4,440	10,420
\$10,000 - \$14,999	263,520	194,520	189,260	7,160	14,340
\$15,000 - \$19,999	164,200	137,000	133,900	9,500	16,380
\$20,000 - \$24,999	118,760	101,260	99,220	10,260	15,500
\$25,000 or More	513,060	455,160	448,940	95,160	116,220
		Amount of Program Payments in Thousands			
Total	\$46,549,563	\$23,399,038	\$21,090,558	\$1,297,049	\$583,314
\$1 - \$99	23,542	26	16	0	9
\$100 - \$499	279,287	1,409	1,035	23	90
\$500 - \$999	505,985	3,848	3,208	41	97
\$1,000 - \$1,999	1,079,324	16,154	12,711	213	990
\$2,000 - \$4,999	2,857,195	268,214	251,901	2,283	6,979
\$5,000 - \$9,999	3,903,219	1,230,644	1,176,152	13,310	24,002
\$10,000 - \$14,999	3,229,262	1,459,148	1,364,957	29,653	34,998
\$15,000 - \$19,999	2,851,801	1,516,970	1,393,237	48,183	47,973
\$20,000 - \$24,999	2,659,503	1,485,693	1,341,843	68,612	44,893
\$25,000 or More	29,160,446	17,416,933	15,545,498	1,134,731	423,281
		Average Program Payment per Person Served			
Total	\$8,563	\$18,124	\$16,808	\$10,127	\$3,280
\$1 - \$99	48	56	49	0	74
\$100 - \$499	276	227	211	196	266
\$500 - \$999	729	465	448	517	487
\$1,000 - \$1,999	1,440	996	942	890	1,125
\$2,000 - \$4,999	3,227	2,571	2,570	2,039	2,029
\$5,000 - \$9,999	7,122	4,598	4,531	2,998	2,303
\$10,000 - \$14,999	12,254	7,501	7,212	4,141	2,441
\$15,000 - \$19,999	17,368	11,073	10,405	5,072	2,929
\$20,000 - \$24,999	22,394	14,672	13,524	6,687	2,896
\$25,000 or More	56,836	38,266	34,627	11,924	3,642

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.

²Less than \$500.

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 3.6-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 2005

Hospital Insurance	Supplementary Medical Insurance			
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served ¹				
46,420	5,384,480	5,240,800	3,986,700	155,700
20	488,100	410,100	144,640	20
880	1,007,300	961,740	545,400	800
860	691,240	682,620	492,640	840
1,720	745,280	741,240	600,420	3,020
2,620	873,440	869,700	754,680	15,560
4,040	537,300	535,640	476,680	26,260
4,600	257,840	257,260	233,700	19,300
3,900	160,840	160,400	148,120	14,500
3,520	116,540	116,280	107,500	11,220
24,260	506,600	505,820	482,920	64,180
Amount of Program Payments in Thousands				
\$428,117	\$23,150,525	\$13,727,236	\$8,546,610	\$876,679
1	23,516	17,610	5,906	(2)
260	277,879	203,223	74,498	158
500	502,138	358,231	143,626	281
2,239	1,063,170	748,925	311,335	2,910
7,050	2,588,981	1,781,312	776,048	31,621
17,181	2,672,574	1,804,109	780,377	88,088
29,540	1,770,114	1,162,737	515,192	92,185
27,577	1,334,831	829,519	415,961	89,350
30,345	1,173,811	683,970	413,791	76,049
313,424	11,743,513	6,137,599	5,109,876	496,038
Average Program Payment per Person Served				
\$9,223	\$4,229	\$2,619	\$2,144	\$5,631
63	48	43	41	4
295	276	211	137	198
582	726	525	292	334
1,302	1,427	1,010	519	964
2,691	2,964	2,048	1,028	2,032
4,253	4,974	3,368	1,637	3,354
6,422	6,865	4,520	2,204	4,776
7,071	8,299	5,172	2,808	6,162
8,621	10,072	5,882	3,849	6,778
12,919	23,181	12,134	10,581	7,729

Table 3.6

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 2006

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	33,063,320	8,120,100	7,467,240	1,837,920	1,713,820
\$1 - \$99	1,945,800	1,700	1,060	20	420
\$100 - \$499	5,032,940	32,680	13,200	940	1,780
\$500 - \$999	4,214,160	39,980	15,460	1,320	1,320
\$1,000 - \$1,999	5,089,820	79,520	28,960	4,380	6,340
\$2,000 - \$4,999	6,391,520	499,780	376,540	15,400	36,200
\$5,000 - \$9,999	3,535,500	1,522,480	1,380,400	67,160	114,140
\$10,000 - \$14,999	1,683,160	1,239,380	1,153,560	138,420	161,440
\$15,000 - \$19,999	1,127,460	960,360	908,080	186,800	195,020
\$20,000 - \$24,999	829,660	742,820	705,960	204,640	184,580
\$25,000 or More	3,213,300	3,001,400	2,884,020	1,218,840	1,012,580
		Amount of Program Payments in Thousands			
Total	\$280,671,890	\$151,916,804	\$116,349,682	\$20,387,443	\$5,978,960
\$1 - \$99	95,423	93	53	1	25
\$100 - \$499	1,440,893	8,619	3,008	261	438
\$500 - \$999	3,090,384	23,766	7,790	788	571
\$1,000 - \$1,999	7,380,740	92,878	28,506	4,634	7,962
\$2,000 - \$4,999	20,584,308	1,287,397	958,408	32,411	78,696
\$5,000 - \$9,999	25,059,423	7,020,085	6,035,564	200,973	290,007
\$10,000 - \$14,999	20,721,338	9,534,908	7,856,426	611,458	444,494
\$15,000 - \$19,999	19,570,259	10,951,013	8,569,539	1,120,661	588,796
\$20,000 - \$24,999	18,574,373	11,329,755	8,465,196	1,551,320	600,804
\$25,000 or More	164,154,747	111,668,289	84,425,192	16,864,935	3,967,167
		Average Program Payment per Person Served			
Total	\$8,489	\$18,709	\$15,581	\$11,093	\$3,489
\$1 - \$99	49	54	50	73	59
\$100 - \$499	286	264	228	277	246
\$500 - \$999	733	594	504	597	433
\$1,000 - \$1,999	1,450	1,168	984	1,058	1,256
\$2,000 - \$4,999	3,221	2,576	2,545	2,105	2,174
\$5,000 - \$9,999	7,088	4,611	4,372	2,992	2,541
\$10,000 - \$14,999	12,311	7,693	6,811	4,417	2,753
\$15,000 - \$19,999	17,358	11,403	9,437	5,999	3,019
\$20,000 - \$24,999	22,388	15,252	11,991	7,581	3,255
\$25,000 or More	51,086	37,205	29,273	13,837	3,918

See footnotes at end of table.

Table 3.6—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 2006

Hospital Insurance		Supplementary Medical Insurance		
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served ¹				
939,220	32,731,620	32,205,420	24,010,180	1,459,520
200	1,944,280	1,689,940	503,320	360
16,840	5,008,000	4,845,280	2,557,220	3,880
22,260	4,190,880	4,157,140	2,811,380	5,080
40,720	5,052,160	5,029,940	3,852,440	21,720
82,360	6,314,860	6,294,520	5,249,200	156,300
109,240	3,473,540	3,461,880	3,002,720	275,660
104,020	1,651,600	1,645,060	1,441,000	211,420
84,760	1,108,400	1,104,100	979,720	158,180
75,100	816,520	814,020	725,940	114,820
403,720	3,171,380	3,163,540	2,887,240	512,100
Amount of Program Payments in Thousands				
\$9,200,719	\$128,755,086	\$85,305,049	\$35,411,346	\$8,038,691
14	95,331	73,925	21,373	32
4,912	1,432,274	1,113,846	317,506	921
14,617	3,066,618	2,372,399	692,737	1,482
51,776	7,287,861	5,562,463	1,704,366	21,032
217,882	19,296,911	14,198,624	4,772,239	326,048
493,541	18,039,338	12,402,308	4,694,036	942,994
622,530	11,186,430	7,294,553	2,836,711	1,055,166
672,017	8,619,246	5,470,165	2,179,152	969,929
712,435	7,244,618	4,554,708	1,930,758	759,152
6,410,994	52,486,458	32,262,059	16,262,466	3,961,933
Average Program Payment per Person Served				
\$9,796	\$3,934	\$2,649	\$1,475	\$5,508
69	49	44	42	90
292	286	230	124	237
657	732	571	246	292
1,272	1,443	1,106	442	968
2,645	3,056	2,256	909	2,086
4,518	5,193	3,583	1,563	3,421
5,985	6,773	4,434	1,969	4,991
7,928	7,776	4,954	2,224	6,132
9,486	8,873	5,595	2,660	6,612
15,880	16,550	10,198	5,633	7,737

Table 3.6—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 2006

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					
Total	27,602,040	6,843,040	6,229,840	1,706,900	1,538,640
\$1 - \$99	1,450,620	1,300	760	20	360
\$100 - \$499	4,046,860	26,660	8,240	920	1,500
\$500 - \$999	3,531,020	32,640	9,460	1,260	960
\$1,000 - \$1,999	4,346,620	66,140	18,360	3,980	5,160
\$2,000 - \$4,999	5,486,460	402,940	286,800	14,500	32,440
\$5,000 - \$9,999	2,974,280	1,266,600	1,133,240	63,300	105,000
\$10,000 - \$14,999	1,415,480	1,048,760	968,380	131,400	148,240
\$15,000 - \$19,999	960,420	823,080	774,040	176,980	178,600
\$20,000 - \$24,999	710,120	641,560	607,000	194,520	170,080
\$25,000 or More	2,680,160	2,533,360	2,423,560	1,120,020	896,300
Amount of Program Payments in Thousands					
Total	\$232,468,386	\$127,855,353	\$94,767,408	\$18,978,038	\$5,396,170
\$1 - \$99	71,529	76	40	1	22
\$100 - \$499	1,169,223	7,270	1,953	257	372
\$500 - \$999	2,592,408	20,119	4,984	763	413
\$1,000 - \$1,999	6,307,529	78,851	17,920	4,241	6,513
\$2,000 - \$4,999	17,658,820	1,032,123	722,256	30,466	70,819
\$5,000 - \$9,999	21,060,573	5,823,845	4,896,648	188,794	266,578
\$10,000 - \$14,999	17,429,826	8,098,049	6,508,494	583,466	409,744
\$15,000 - \$19,999	16,676,729	9,450,832	7,197,155	1,065,508	544,227
\$20,000 - \$24,999	15,897,150	9,862,050	7,139,139	1,487,738	556,508
\$25,000 or More	133,604,599	93,482,136	68,278,817	15,616,804	3,540,975
Average Program Payment per Person Served					
Total	\$8,422	\$18,684	\$15,212	\$11,118	\$3,507
\$1 - \$99	49	59	53	73	62
\$100 - \$499	289	273	237	279	248
\$500 - \$999	734	616	527	606	430
\$1,000 - \$1,999	1,451	1,192	976	1,066	1,262
\$2,000 - \$4,999	3,219	2,561	2,518	2,101	2,183
\$5,000 - \$9,999	7,081	4,598	4,321	2,983	2,539
\$10,000 - \$14,999	12,314	7,722	6,721	4,440	2,764
\$15,000 - \$19,999	17,364	11,482	9,298	6,021	3,047
\$20,000 - \$24,999	22,387	15,372	11,761	7,648	3,272
\$25,000 or More	49,849	36,900	28,173	13,943	3,951

See footnotes at end of table.

Table 3.6—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 2006

Hospital Insurance	Supplementary Medical Insurance			
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served ¹				
889,940	27,325,740	26,951,900	20,009,380	1,290,740
160	1,449,420	1,274,260	360,600	300
16,080	4,025,760	3,915,000	2,025,840	3,220
21,260	3,510,220	3,484,880	2,333,040	4,040
39,400	4,312,940	4,295,840	3,259,560	18,780
79,040	5,423,280	5,406,480	4,478,780	139,560
104,560	2,923,620	2,913,500	2,513,240	248,400
99,820	1,390,020	1,384,380	1,202,900	189,940
81,160	945,020	941,120	829,600	141,760
71,300	699,500	697,340	617,460	102,080
377,160	2,645,960	2,639,100	2,388,360	442,660
Amount of Program Payments in Thousands				
\$8,713,737	\$104,613,033	\$71,341,966	\$26,257,991	\$7,013,076
12	71,452	56,145	15,280	27
4,689	1,161,953	919,517	241,651	786
13,959	2,572,289	2,021,871	549,214	1,204
50,178	6,228,678	4,822,822	1,387,259	18,596
208,582	16,626,698	12,375,154	3,959,482	292,062
471,825	15,236,727	10,534,454	3,849,983	852,290
596,346	9,331,777	6,093,236	2,287,193	951,348
643,941	7,225,896	4,605,547	1,757,305	863,044
678,665	6,035,100	3,863,462	1,504,428	667,210
6,045,540	40,122,463	26,049,758	10,706,196	3,366,509
Average Program Payment per Person Served				
\$9,791	\$3,828	\$2,647	\$1,312	\$5,433
76	49	44	42	91
292	289	235	119	244
657	733	580	235	298
1,274	1,444	1,123	426	990
2,639	3,066	2,289	884	2,093
4,512	5,212	3,616	1,532	3,431
5,974	6,713	4,401	1,901	5,009
7,934	7,646	4,894	2,118	6,088
9,518	8,628	5,540	2,436	6,536
16,029	15,164	9,871	4,483	7,605

Table 3.6—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 2006

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	5,461,280	1,277,060	1,237,400	131,020	175,180
\$1 - \$99	495,180	400	300	0	60
\$100 - \$499	986,080	6,020	4,960	20	280
\$500 - \$999	683,140	7,340	6,000	60	360
\$1,000 - \$1,999	743,200	13,380	10,600	400	1,180
\$2,000 - \$4,999	905,060	96,840	89,740	900	3,760
\$5,000 - \$9,999	561,220	255,880	247,160	3,860	9,140
\$10,000 - \$14,999	267,680	190,620	185,180	7,020	13,200
\$15,000 - \$19,999	167,040	137,280	134,040	9,820	16,420
\$20,000 - \$24,999	119,540	101,260	98,960	10,120	14,500
\$25,000 or More	533,140	468,040	460,460	98,820	116,280
		Amount of Program Payments in Thousands			
Total	\$48,203,504	\$24,061,451	\$21,582,274	\$1,409,405	\$582,790
\$1 - \$99	23,895	16	12	0	2
\$100 - \$499	271,670	1,349	1,055	4	67
\$500 - \$999	497,976	3,647	2,806	25	158
\$1,000 - \$1,999	1,073,211	14,027	10,586	393	1,449
\$2,000 - \$4,999	2,925,488	255,274	236,152	1,945	7,877
\$5,000 - \$9,999	3,998,851	1,196,240	1,138,915	12,179	23,430
\$10,000 - \$14,999	3,291,512	1,436,859	1,347,932	27,993	34,750
\$15,000 - \$19,999	2,893,531	1,500,181	1,372,383	55,153	44,569
\$20,000 - \$24,999	2,677,223	1,467,705	1,326,057	63,582	44,296
\$25,000 or More	30,550,148	18,186,153	16,146,375	1,248,131	426,192
		Average Program Payment per Person Served			
Total	\$8,826	\$18,841	\$17,442	\$10,757	\$3,327
\$1 - \$99	48	41	41	0	37
\$100 - \$499	276	224	213	189	239
\$500 - \$999	729	497	468	409	440
\$1,000 - \$1,999	1,444	1,048	999	983	1,228
\$2,000 - \$4,999	3,232	2,636	2,632	2,161	2,095
\$5,000 - \$9,999	7,125	4,675	4,608	3,155	2,563
\$10,000 - \$14,999	12,296	7,538	7,279	3,988	2,633
\$15,000 - \$19,999	17,322	10,928	10,239	5,616	2,714
\$20,000 - \$24,999	22,396	14,494	13,400	6,283	3,055
\$25,000 or More	57,302	38,856	35,066	12,630	3,665

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

²Less than \$500.

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.

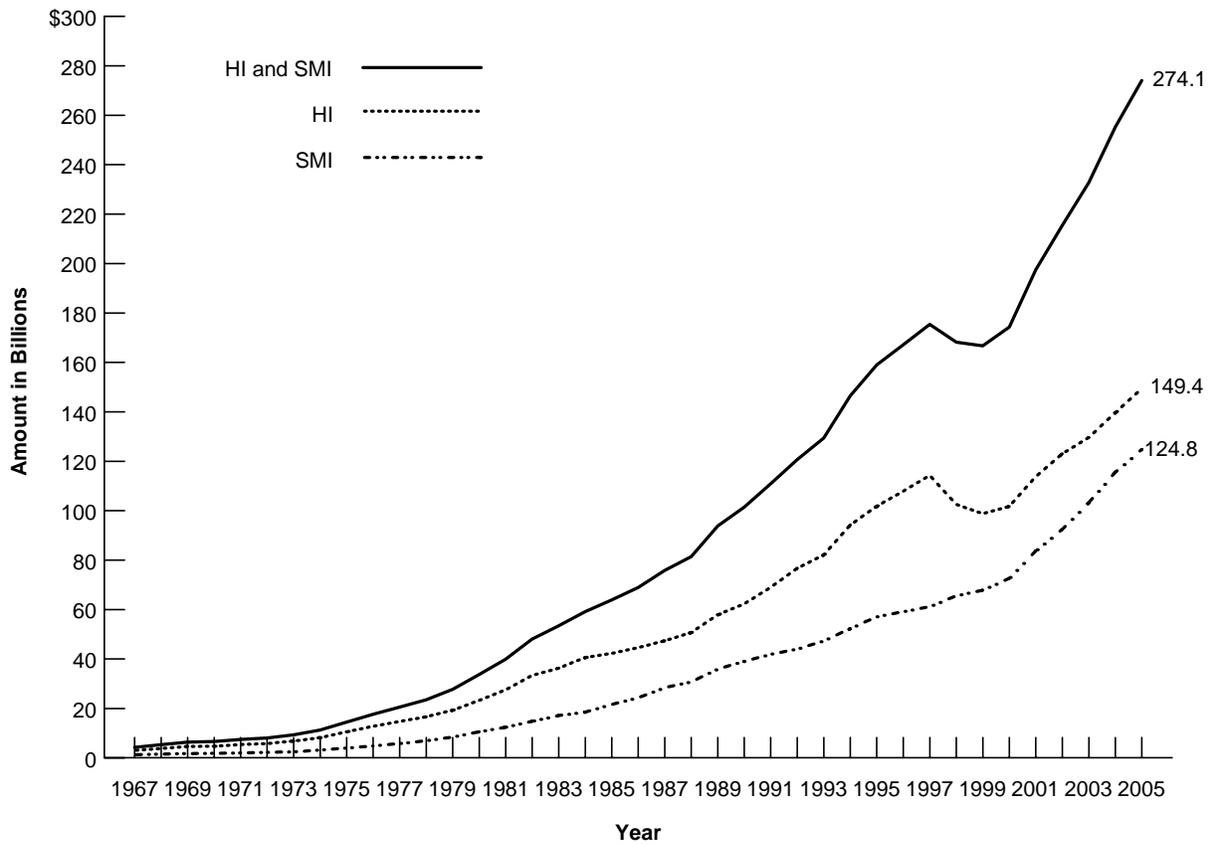
Table 3.6—Continued

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 2006

Hospital Insurance		Supplementary Medical Insurance			
Hospice	Total	Physician	Outpatient	Home Health Agency	
Number of Persons Served ¹					
49,280	5,405,880	5,253,520	4,000,800	168,780	
40	494,860	415,680	142,720	60	
760	982,240	930,280	531,380	660	
1,000	680,660	672,260	478,340	1,040	
1,320	739,220	734,100	592,880	2,940	
3,320	891,580	888,040	770,420	16,740	
4,680	549,920	548,380	489,480	27,260	
4,200	261,580	260,680	238,100	21,480	
3,600	163,380	162,980	150,120	16,420	
3,800	117,020	116,680	108,480	12,740	
26,560	525,420	524,440	498,880	69,440	
Amount of Program Payments in Thousands					
\$486,982	\$24,142,052	\$13,963,083	\$9,153,355	\$1,025,615	
2	23,878	17,780	6,093	5	
223	270,321	194,330	75,856	136	
658	494,330	350,528	143,523	278	
1,599	1,059,184	739,640	317,107	2,436	
9,300	2,670,214	1,823,470	812,757	33,986	
21,716	2,802,611	1,867,854	844,052	90,705	
26,184	1,854,652	1,201,317	549,518	103,817	
28,076	1,393,350	864,618	421,847	106,885	
33,770	1,209,518	691,246	426,329	91,943	
365,454	12,363,995	6,212,301	5,556,271	595,424	
Average Program Payment per Person Served					
\$9,882	\$4,466	\$2,658	\$2,288	\$6,077	
40	48	43	43	85	
293	275	209	143	205	
658	726	521	300	268	
1,211	1,433	1,008	535	829	
2,801	2,995	2,053	1,055	2,030	
4,640	5,096	3,406	1,724	3,327	
6,234	7,090	4,608	2,308	4,833	
7,799	8,528	5,305	2,810	6,509	
8,887	10,336	5,924	3,930	7,217	
13,760	23,532	11,846	11,137	8,575	

Figure 3.1

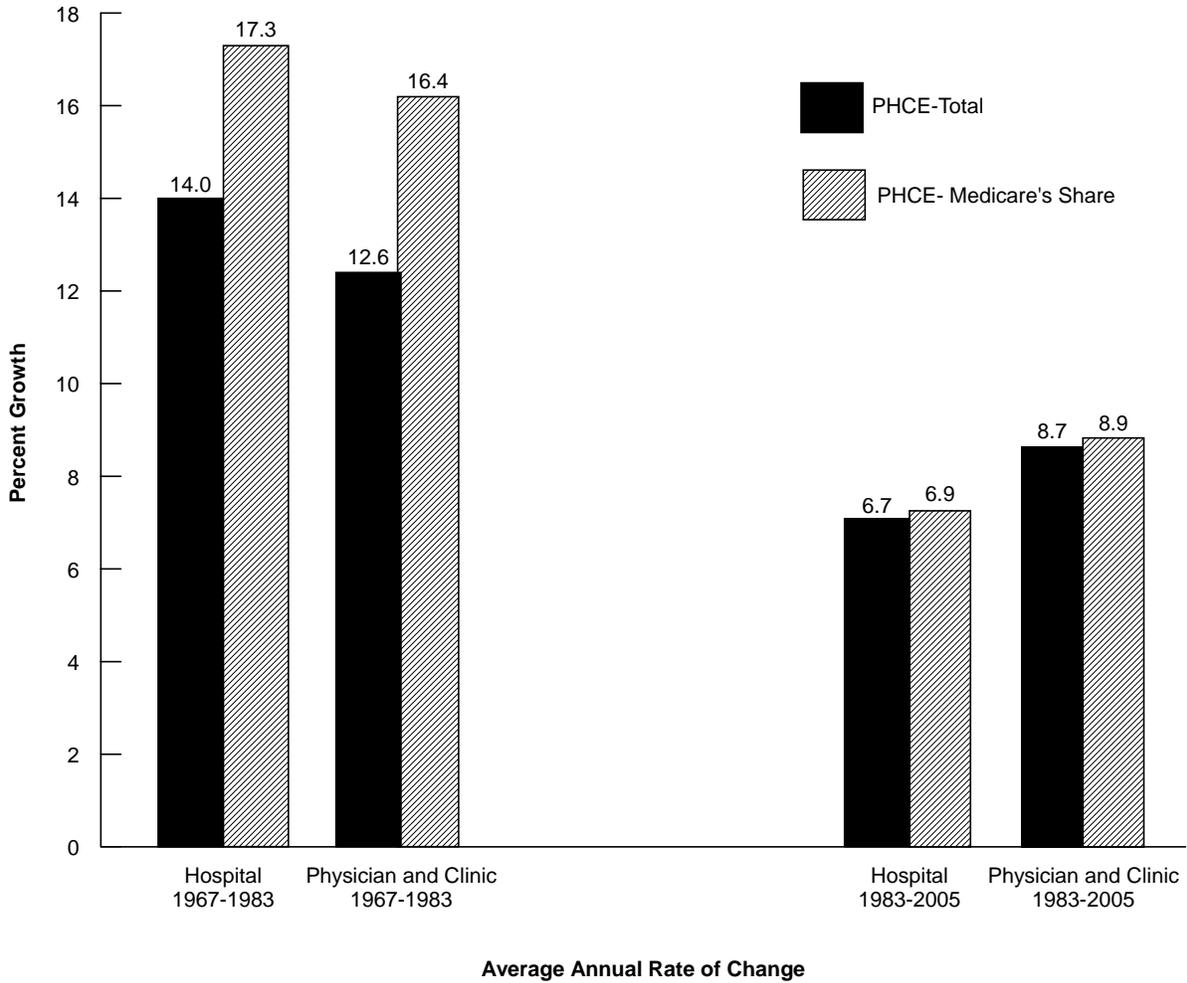
Medicare Program Payments, by Type of Entitlement: Calendar Years 1967-2005



NOTES: HI is hospital insurance. SMI is supplementary medical insurance.

SOURCES: 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.

Figure 3.2
Growth in Hospital and in Physician and Clinic Expenditures: Total PHCE Versus Medicare's Share: Calendar Years 1967-1983 and 1983-2005

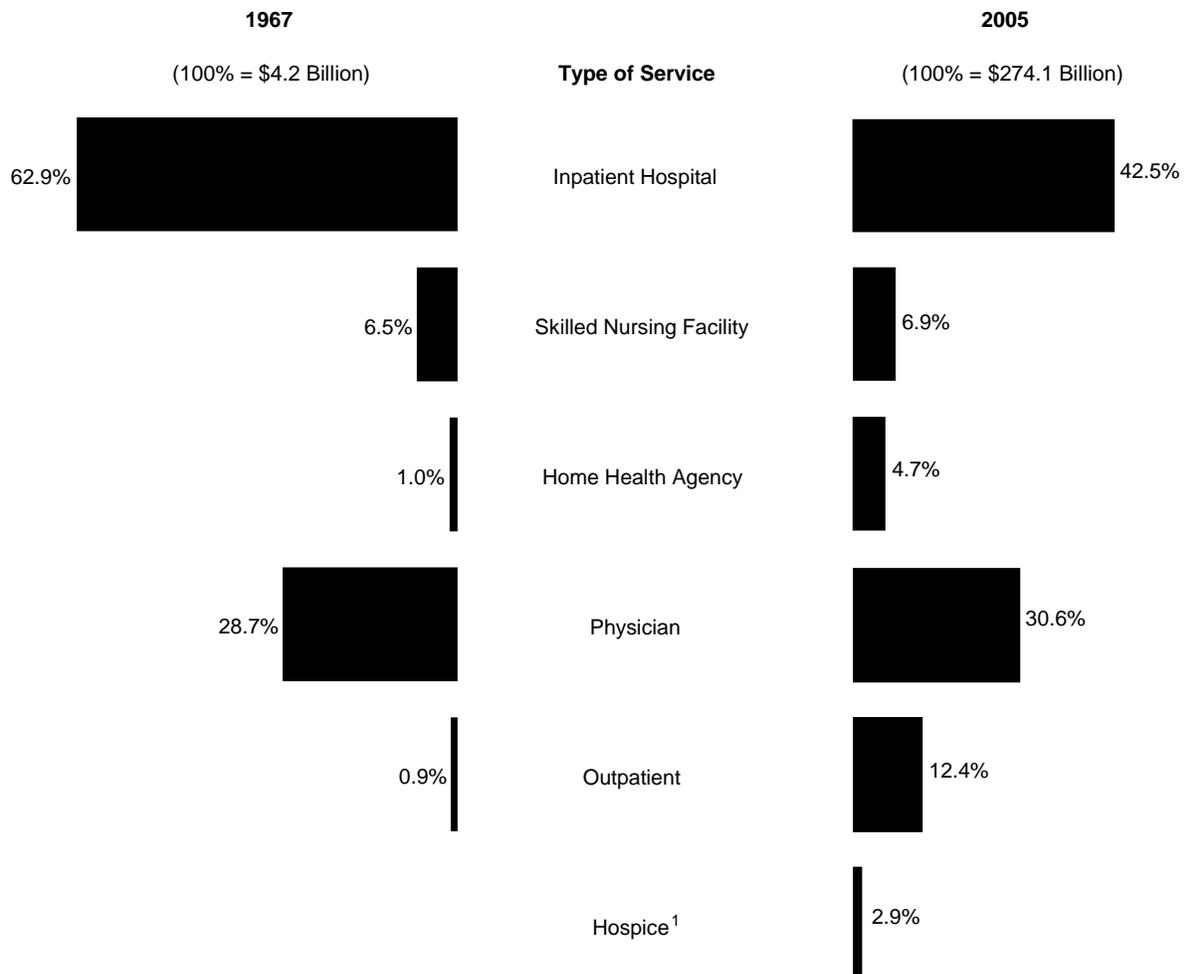


NOTES: PHCE is personal health care expenditures. PHCE are financed by public and private sources including Medicare.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group.

Figure 3.3

Percent Distribution of Medicare Program Payments, by Type of Service: Calendar Years 1967 and 2005

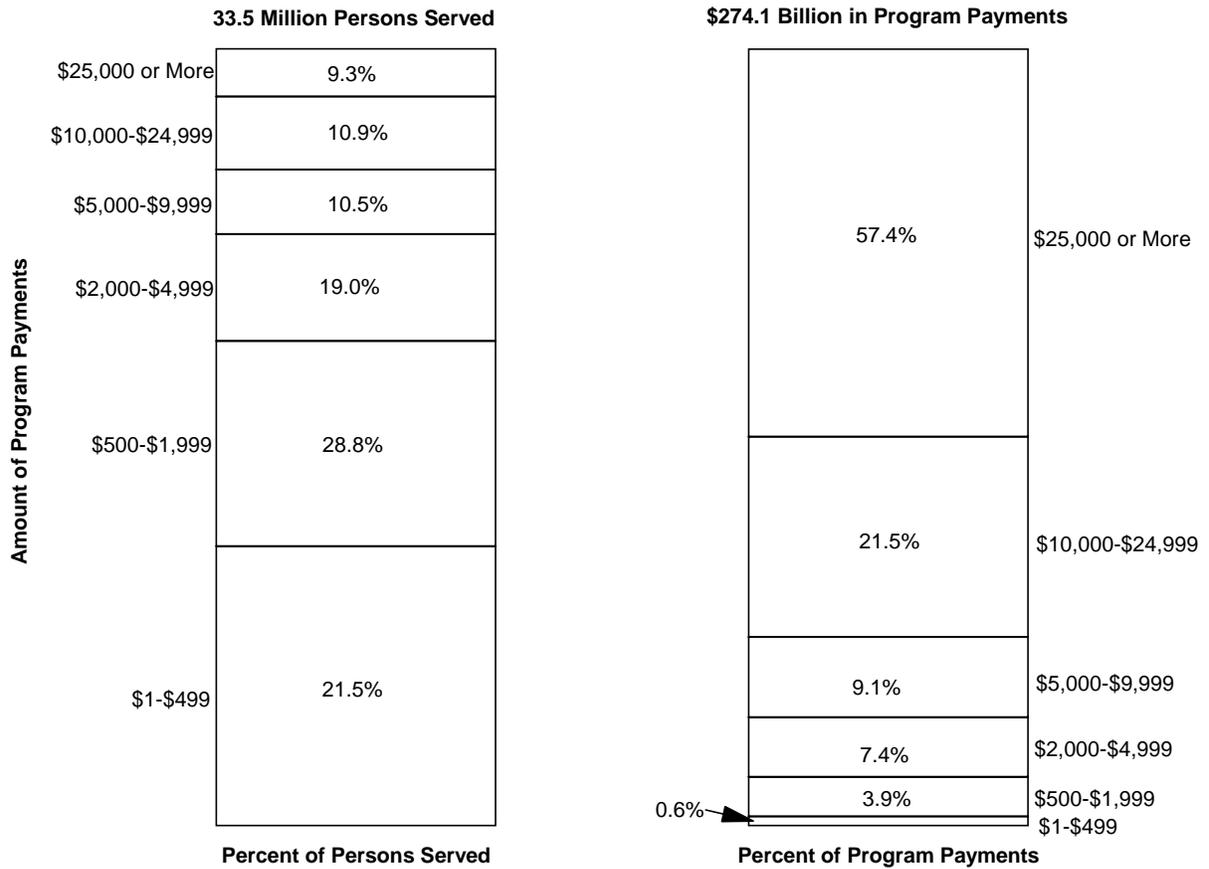


¹ The Medicare hospice benefit was authorized (effective 11/1983) under the Tax Equity Fiscal Responsibility Act of 1982.

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.

Figure 3.4

Percent Distribution of Medicare Persons Served and Program Payments Under Medicare: Calendar Year 2005



NOTES: Distribution may not add to 100 percent 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.