

Table 3.1

Growth in Personal Health Care Expenditures (PHCE) and Medicare Program Payments: Selected Calendar Years 1967-2009

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	
2006	280.7	116.3	85.3	1,762.0	648.2	187.2	447.6	92.1	
2007	288.5	116.9	85.7	1,878.3	696.5	196.2	478.8	96.1	
2008	301.1	120.3	88.2	1,952.3	718.4	211.3	496.2	102.7	
2009	318.0	125.7	91.2	2,089.9	759.1	220.4	505.9	109.4	
Average Annual Rate of Change									
1967-1983	17.2	17.3	16.4	13.0	14.0	17.3	12.6	16.4	
1983-2009	7.1	5.1	7.6	7.6	6.5	6.7	8.0	8.3	
1967-2009	10.9	9.6	10.9	9.7	9.3	10.6	9.8	11.3	
2008-2009	5.6	4.5	3.4	7.0	5.7	4.3	2.0	6.5	

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, effective 2003 Medicare program payments from the Standard Analytical Files; data development by the Office of Research, Development, and Information Group. PHCE developed by the Office of the Actuary, National Health Statistics Group.

Table 3.2

Medicare Program Payments, by Type of Coverage, and Type of Entitlement: Calendar Years 1967-2009

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
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

See footnotes at end of table.

Table 3.2—Continued

Medicare Program Payments, by Type of Coverage, and Type of Entitlement: Calendar Years 1967-2009

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								
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
2007	288,504	237,806	50,697	155,785	130,478	25,307	132,719	107,329	25,390
2008	301,136	247,118	54,018	162,370	135,473	26,897	138,766	111,646	27,121
2009	318,009	258,546	59,462	170,331	140,673	29,659	147,677	117,874	29,804
	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
1967-2009	10.8	10.3	---	10.1	9.6	---	12.0	11.4	---
1974-2009	10.0	9.7	12.4	9.1	8.8	11.5	11.7	11.3	13.9
1983-2009	7.1	6.8	8.8	6.1	5.8	7.8	8.6	8.4	9.9

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, effective 2003 data from the Standard Analytical Files; 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 1967-2009

Type of Coverage and Service	Year											
	1967	1974	1980	1983	1990	1997	2000	2002	2004	2006	2008	2009
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	38,465	39,632	40,503	41,729	43,339	45,412	46,521
Hospital Insurance	19,494	23,924	28,067	29,587	33,731	38,059	39,211	40,079	41,391	42,975	45,067	46,195
Supplementary Medical Insurance	17,893	23,167	27,400	28,975	32,636	36,479	37,369	38,088	39,101	40,398	42,020	42,960
Type of Coverage and Service												
Persons Served¹	Number of Persons Served in Thousands											
Total	7,154	11,833	18,031	19,732	27,099	29,847	29,583	31,754	33,016	33,063	32,058	31,922
Hospital Insurance	3,960	5,133	6,752	7,443	7,036	8,118	7,325	7,837	8,157	8,120	7,843	7,722
Inpatient Hospital Services	3,601	5,081	6,672	7,170	6,543	6,887	6,917	7,380	7,611	7,467	7,097	6,942
Skilled Nursing Facility Services	354	266	257	265	638	1,503	1,468	1,622	1,752	1,838	1,841	1,808
Home Health Agency Services	126	276	726	1,318	1,936	3,458	1,444	1,565	1,693	1,714	1,705	1,710
Hospice Services	---	---	---	---	---	---	---	652	797	939	1,048	1,085
Supplementary Medical Insurance	6,523	11,468	17,822	19,472	26,951	29,620	29,313	31,499	32,734	32,732	31,663	31,473
Physician and Other												
Medical Services	6,415	11,079	17,258	18,923	26,350	28,961	28,763	30,993	32,265	32,205	31,114	30,971
Outpatient Services ²	1,511	3,431	7,538	9,089	15,511	20,543	21,029	23,015	24,003	24,010	23,323	23,303
Home Health Agency Services	118	134	327	20	38	48	1,190	1,107	1,273	1,460	1,614	1,746
Persons Served	Rate per 1,000 Enrollees ³											
Total	366	489	633	657	792	904	904	908	908	922	908	903
Hospital Insurance	203	215	241	252	209	249	227	227	227	229	224	220
Inpatient Hospital Services	185	212	238	242	194	211	214	214	211	210	203	198
Skilled Nursing Facility Services	18	11	9	9	19	46	45	47	49	52	53	52
Home Health Agency Services	6	12	26	45	57	106	45	45	47	48	49	49
Hospice Services	---	---	---	---	---	---	---	19	22	26	30	31
Supplementary Medical Insurance	365	495	650	672	826	955	962	967	971	995	992	990
Physician and Other												
Medical Services	359	478	630	653	807	934	944	952	957	979	974	974
Outpatient Services ²	84	148	275	314	475	662	690	707	712	730	730	733
Home Health Agency Services	7	6	12	1	1	2	39	34	38	44	51	55

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 1967-2009**

Type of Coverage and Service	Year											
	1967	1974	1980	1983	1990	1997	2000	2002	2004	2006	2008	2009
Program Payments	Amount in Millions											
Total	\$4,239	\$11,179	\$33,613	\$53,446	\$101,419	\$175,423	\$174,261	\$215,411	\$255,325	\$280,672	\$301,136	\$318,009
Hospital Insurance	2,967	8,000	23,119	36,314	62,347	114,327	101,663	122,993	139,747	151,917	162,370	170,331
Inpatient Hospital Services	2,667	7,680	22,297	34,519	56,716	84,563	85,197	99,382	110,550	116,350	120,251	125,662
Skilled Nursing Facility Services	274	224	344	428	1,971	11,237	10,621	14,363	17,043	20,387	24,360	25,580
Home Health Agency Services	26	96	478	1,366	3,660	16,487	2,918	4,788	5,479	5,979	6,629	6,992
Hospice Services	---	---	---	---	---	2,040	2,927	4,460	6,675	9,201	11,130	12,097
Supplementary Medical Insurance	1,272	3,179	10,494	17,132	39,072	61,069	72,599	92,418	115,579	128,755	138,766	147,677
Physician and Other												
Medical Services	1,217	2,740	8,358	13,660	30,222	43,621	51,474	64,272	79,271	85,305	88,155	91,174
Outpatient Services ²	38	397	1,962	3,443	8,773	17,256	16,787	23,346	30,335	35,411	40,140	44,596
Home Health Agency Services	17	40	175	29	78	219	4,338	4,800	5,973	8,039	10,472	11,908
Program Payments	Per Person Served											
Total	\$593	\$945	\$1,864	\$2,709	\$3,743	\$5,877	\$5,891	\$6,784	\$7,733	\$8,489	\$9,393	\$9,962
Hospital Insurance	749	1,559	3,424	4,879	8,861	14,083	13,878	15,694	17,132	18,709	20,704	22,059
Inpatient Hospital Services	741	1,512	3,342	4,814	8,668	12,279	12,318	13,466	14,525	15,581	16,945	18,101
Skilled Nursing Facility Services	774	842	1,339	1,615	3,089	7,476	7,235	8,855	9,728	11,093	13,231	14,146
Home Health Agency Services	206	348	658	1,036	1,890	4,768	2,021	3,059	3,236	3,489	3,889	4,090
Hospice Services	---	---	---	---	---	---	---	6,836	8,374	9,796	10,620	11,146
Supplementary Medical Insurance	195	277	589	880	1,450	2,062	2,477	2,934	3,531	3,934	4,383	4,692
Physician and Other												
Medical Services	190	247	484	722	1,147	1,506	1,790	2,074	2,457	2,649	2,833	2,944
Outpatient Services ²	25	116	260	379	566	840	798	1,014	1,264	1,475	1,721	1,914
Home Health Agency Services	144	299	535	1,450	2,053	4,563	3,644	4,336	4,692	5,508	6,487	6,822

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, effective 2003 data from the Standard Analytical Files; 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 2009

Demographic Characteristic	Persons Served ¹		Program Payments			
	Number in Thousands	Percent	Amount in Millions	Percent	Per Person Served ¹	Per Enrollee ²
Total	31,922	100.0	\$318,009	100.0	\$9,962	8,993
Sex						
Male	13,606	42.6	139,098	43.7	10,223	8,711
Female	18,315	57.4	178,910	56.3	9,768	9,226
Age						
Under 65 Years	5,685	17.8	59,714	18.8	10,504	9,280
65-74 Years	12,743	39.9	98,113	30.9	7,699	6,398
75-84 Years	9,133	28.6	100,183	31.5	10,970	10,731
85 Years or Over	4,361	13.7	59,998	18.9	13,758	14,103
Race³						
White	26,949	84.4	257,218	80.9	9,545	8,725
Non-White	4,925	15.4	60,296	19.0	12,244	10,381
Type of Entitlement						
Aged ⁴	26,250	82.2	258,546	81.3	9,849	8,938
Disabled ⁵	5,672	17.8	59,462	18.7	10,484	9,241
CBSA Type⁶						
Urban	24,172	75.7	250,682	78.8	10,371	9,498
Rural	7,584	23.8	66,233	20.8	8,733	8,248

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 Standard Analytical Files; 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 2009

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	\$316,915	\$9,980	\$9,121	\$250,682	\$10,371	\$9,397	\$66,233	\$8,733	\$8,208
Northeast	63,468	10,852	9,630	57,004	11,208	9,908	6,465	8,478	7,824
Midwest	72,973	9,418	8,841	53,612	9,880	9,222	19,361	8,338	7,933
South	127,894	10,075	9,371	94,718	10,394	9,599	33,175	9,262	8,776
West	52,580	9,621	8,407	45,348	9,973	8,649	7,232	7,878	7,154
New England	18,111	10,398	9,233	15,605	10,796	9,559	2,506	8,456	7,878
Connecticut	4,635	11,038	9,968	4,230	11,205	10,092	405	9,555	8,829
Maine	1,689	8,122	7,264	896	8,083	7,201	793	8,167	7,336
Massachusetts	8,441	11,324	9,988	8,403	11,336	9,996	39	9,154	8,546
New Hampshire	1,586	9,069	7,951	887	9,583	8,329	698	8,490	7,516
Rhode Island	988	10,062	8,650	988	10,062	8,650	(4)	(4)	(4)
Vermont	772	8,088	7,338	200	8,025	7,305	572	8,111	7,350
Middle Atlantic	45,357	11,044	9,798	41,399	11,371	10,046	3,958	8,492	7,790
New Jersey	11,895	11,569	10,327	11,895	11,569	10,327	(4)	(4)	(4)
New York	20,896	11,469	10,014	19,272	11,902	10,348	1,623	8,007	7,240
Pennsylvania	12,567	9,998	9,036	10,232	10,299	9,244	2,335	8,864	8,224
East North Central	52,349	9,902	9,200	41,672	10,326	9,544	10,678	8,536	8,067
Illinois	15,334	10,313	9,367	12,901	10,729	9,633	2,433	8,554	8,172
Indiana	7,183	9,240	8,650	5,538	9,515	8,877	1,645	8,419	7,964
Michigan	12,180	10,710	10,085	9,857	11,362	10,693	2,323	8,611	8,126
Ohio	12,651	9,895	9,202	9,910	10,152	9,432	2,742	9,066	8,454
Wisconsin	5,002	8,248	7,815	3,466	8,506	8,045	1,535	7,718	7,341

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 2009

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	\$20,624	\$8,377	\$8,044	\$11,940	\$8,586	\$8,252	\$8,683	\$8,106	\$7,775
Iowa	3,224	7,602	7,257	1,471	7,621	7,243	1,754	7,586	7,268
Kansas	3,038	8,655	8,071	1,740	8,670	7,945	1,298	8,634	8,247
Minnesota	4,153	7,996	8,647	2,740	8,171	9,070	1,413	7,678	7,931
Missouri	6,743	9,225	8,528	4,543	9,491	8,692	2,201	8,722	8,209
Nebraska	1,954	8,530	7,906	890	8,521	7,830	1,064	8,538	7,971
North Dakota	652	6,889	6,453	230	6,625	6,091	423	7,042	6,669
South Dakota	859	7,624	6,927	327	7,461	6,700	531	7,729	7,074
South Atlantic	68,263	9,993	9,320	55,161	10,311	9,556	13,012	8,846	8,440
Delaware	1,272	9,875	9,139	869	9,892	9,055	403	9,840	9,325
District of Columbia	747	13,342	10,910	747	13,342	10,910	(4)	(4)	(4)
Florida	25,292	11,586	10,894	23,607	11,758	11,056	1,685	9,614	9,041
Georgia	8,484	8,974	8,320	6,215	9,115	8,374	2,270	8,607	8,178
Maryland	7,336	11,577	10,322	6,783	11,677	10,379	553	10,473	9,674
North Carolina	10,006	8,868	8,433	6,100	8,829	8,350	3,906	8,929	8,565
South Carolina	5,330	8,890	8,453	3,807	8,834	8,366	1,523	9,032	8,679
Virginia	7,414	8,434	7,744	5,814	8,584	7,798	1,601	7,933	7,554
West Virginia	2,382	8,596	8,200	1,220	8,932	8,372	1,162	8,269	8,028
East South Central	21,893	9,284	8,719	12,109	9,347	8,694	9,785	9,207	8,750
Alabama	5,471	9,035	8,496	3,483	9,027	8,434	1,988	9,047	8,605
Kentucky	5,380	9,083	8,517	2,659	9,318	8,634	2,721	8,865	8,406
Mississippi	4,150	10,140	9,479	1,552	10,281	9,440	2,598	10,057	9,503
Tennessee	6,892	9,178	8,642	4,414	9,329	8,701	2,478	8,921	8,540
West South Central	37,737	10,766	9,899	27,449	11,125	10,156	10,289	9,913	9,272
Arkansas	3,435	8,496	7,847	1,808	8,791	8,039	1,627	8,190	7,644
Louisiana	5,342	11,249	10,338	3,531	11,081	10,158	1,812	11,591	10,708
Oklahoma	4,446	9,572	8,826	2,365	9,673	8,837	2,081	9,461	8,812
Texas	24,514	11,341	10,413	19,745	11,625	10,601	4,769	10,300	9,704

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 2009**

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	\$15,479	\$8,647	\$7,760	\$11,692	\$8,943	\$7,990	\$3,787	\$7,845	\$7,127
Arizona	4,751	9,271	8,405	4,212	9,218	8,384	539	9,713	8,570
Colorado	3,214	8,603	7,998	2,578	8,855	8,116	636	7,713	7,553
Idaho	1,104	7,575	6,929	636	7,493	6,840	468	7,690	7,052
Montana	907	7,165	6,576	303	7,261	6,771	604	7,118	6,482
Nevada	2,083	10,378	8,619	1,797	10,771	8,883	286	8,441	7,267
New Mexico	1,543	7,814	6,782	845	7,826	6,715	698	7,799	6,864
Utah	1,370	8,244	7,352	1,167	8,460	7,516	204	7,194	6,538
Wyoming	507	7,531	6,774	155	7,744	6,933	352	7,440	6,707
Pacific	37,101	10,096	8,710	33,655	10,389	8,904	3,445	7,914	7,185
Alaska	477	9,299	7,744	291	8,648	7,287	186	10,538	8,586
California	28,389	11,009	9,411	27,186	11,135	9,485	1,204	8,770	7,996
Hawaii	702	6,319	5,802	493	6,374	5,858	209	6,193	5,675
Oregon	2,315	7,434	6,561	1,445	7,658	6,629	871	7,089	6,451
Washington	5,217	8,385	7,376	4,241	8,511	7,418	976	7,876	7,200

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 Standard Analytical Files; 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 2009

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	31,921,540	7,721,660	6,942,420	1,808,320	1,709,780
\$1 - \$99	1,491,080	8,760	8,040	40	380
\$100 - \$499	4,358,300	47,880	24,380	640	1,780
\$500 - \$999	3,863,360	47,840	18,820	920	1,220
\$1,000 - \$1,999	4,920,680	83,500	29,900	2,480	4,580
\$2,000 - \$4,999	6,441,660	384,820	253,580	11,820	30,980
\$5,000 - \$9,999	3,563,960	1,183,640	1,031,460	40,280	88,620
\$10,000 - \$14,999	1,717,580	1,085,680	983,400	81,540	128,440
\$15,000 - \$19,999	1,124,700	877,520	809,680	124,620	167,760
\$20,000 - \$24,999	817,300	683,040	635,000	158,100	167,020
\$25,000 or More	3,622,920	3,318,980	3,148,160	1,387,880	1,119,000
		Amount of Program Payments in Thousands			
Total	\$318,008,567	\$170,331,290	\$125,661,613	\$25,580,287	\$6,992,392
\$1 - \$99	74,909	401	352	4	24
\$100 - \$499	1,261,860	13,551	6,238	196	511
\$500 - \$999	2,838,050	30,899	11,008	516	605
\$1,000 - \$1,999	7,160,725	102,563	30,549	2,473	5,737
\$2,000 - \$4,999	20,829,926	1,033,204	668,699	24,858	72,478
\$5,000 - \$9,999	25,206,024	5,396,016	4,434,837	136,166	260,832
\$10,000 - \$14,999	21,120,589	8,183,181	6,681,924	383,012	408,781
\$15,000 - \$19,999	19,503,596	9,684,548	7,547,374	779,722	562,452
\$20,000 - \$24,999	18,292,392	10,030,734	7,343,723	1,254,174	596,215
\$25,000 or More	201,720,495	135,856,194	98,936,908	22,999,166	5,084,759
		Average Program Payment per Person Served			
Total	\$9,962	\$22,059	\$18,101	\$14,146	\$4,090
\$1 - \$99	50	46	44	96	63
\$100 - \$499	290	283	256	306	287
\$500 - \$999	735	646	585	561	496
\$1,000 - \$1,999	1,455	1,228	1,022	997	1,253
\$2,000 - \$4,999	3,234	2,685	2,637	2,103	2,340
\$5,000 - \$9,999	7,072	4,559	4,300	3,380	2,943
\$10,000 - \$14,999	12,297	7,537	6,795	4,697	3,183
\$15,000 - \$19,999	17,341	11,036	9,321	6,257	3,353
\$20,000 - \$24,999	22,381	14,685	11,565	7,933	3,570
\$25,000 or More	55,679	40,933	31,427	16,571	4,544

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 2009

Hospital Insurance	Supplementary Medical Insurance			Home Health Agency
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served ¹				
1,085,300	31,473,100	30,970,960	23,303,120	1,745,600
300	1,482,440	1,280,000	362,800	20
21,180	4,315,520	4,143,100	2,143,840	3,040
27,420	3,827,400	3,787,680	2,468,860	4,120
47,760	4,870,060	4,846,620	3,608,060	17,920
95,740	6,347,440	6,322,900	5,250,720	151,620
110,620	3,489,020	3,474,220	3,062,920	297,100
104,600	1,676,720	1,670,180	1,468,720	257,540
91,720	1,099,980	1,095,440	972,460	191,680
78,420	801,160	797,840	715,320	138,320
507,540	3,563,360	3,552,980	3,249,420	684,240
Amount of Program Payments in Thousands				
\$12,096,998	\$147,677,277	\$91,174,109	\$44,595,503	\$11,907,664
22	74,508	57,955	16,552	1
6,606	1,248,309	961,999	285,450	860
18,770	2,807,151	2,173,922	631,680	1,549
63,804	7,058,162	5,364,252	1,676,643	17,267
267,168	19,796,723	14,234,963	5,231,176	330,584
564,182	19,810,007	12,849,833	5,853,147	1,107,028
709,464	12,937,408	7,604,874	3,864,190	1,468,344
795,000	9,819,048	5,726,834	2,785,787	1,306,428
836,622	8,261,658	4,700,712	2,496,044	1,064,901
8,835,360	65,864,302	37,498,766	21,754,834	6,610,702
Average Program Payment per Person Served				
\$11,146	\$4,692	\$2,944	\$1,914	\$6,822
72	50	45	46	43
312	289	232	133	283
685	733	574	256	376
1,336	1,449	1,107	465	964
2,791	3,119	2,251	996	2,180
5,100	5,678	3,699	1,911	3,726
6,783	7,716	4,553	2,631	5,701
8,668	8,927	5,228	2,865	6,816
10,668	10,312	5,892	3,489	7,699
17,408	18,484	10,554	6,695	9,661

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 2009

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	26,249,840	6,408,600	5,676,520	1,662,380	1,509,340
\$1 - \$99	1,073,060	7,480	6,860	40	280
\$100 - \$499	3,427,240	40,800	18,580	600	1,280
\$500 - \$999	3,193,700	40,920	13,220	860	900
\$1,000 - \$1,999	4,132,300	69,900	18,840	2,240	3,940
\$2,000 - \$4,999	5,451,440	308,940	185,660	10,840	27,120
\$5,000 - \$9,999	2,951,500	959,880	817,680	37,560	79,660
\$10,000 - \$14,999	1,416,340	897,720	801,700	76,520	116,400
\$15,000 - \$19,999	937,700	738,000	674,440	117,580	151,660
\$20,000 - \$24,999	685,100	578,220	532,920	149,320	150,560
\$25,000 or More	2,981,460	2,766,740	2,606,620	1,266,820	977,540
		Amount of Program Payments in Thousands			
Total	\$258,546,222	\$140,672,514	\$99,459,587	\$23,530,395	\$6,218,926
\$1 - \$99	54,170	344	301	4	18
\$100 - \$499	1,003,324	11,746	4,801	187	372
\$500 - \$999	2,348,511	27,117	8,087	491	432
\$1,000 - \$1,999	6,017,883	88,532	19,894	2,229	4,915
\$2,000 - \$4,999	17,624,252	832,527	490,366	22,723	63,227
\$5,000 - \$9,999	20,850,425	4,373,430	3,476,122	126,097	234,853
\$10,000 - \$14,999	17,423,830	6,804,607	5,394,909	360,383	371,618
\$15,000 - \$19,999	16,263,804	8,208,642	6,197,350	739,520	512,570
\$20,000 - \$24,999	15,338,755	8,585,953	6,046,794	1,193,181	541,738
\$25,000 or More	161,621,269	111,739,618	77,820,963	21,085,581	4,489,183
		Average Program Payment per Person Served			
Total	\$9,849	\$21,951	\$17,521	\$14,155	\$4,120
\$1 - \$99	50	46	44	96	63
\$100 - \$499	293	288	258	311	291
\$500 - \$999	735	663	612	571	480
\$1,000 - \$1,999	1,456	1,267	1,056	995	1,248
\$2,000 - \$4,999	3,233	2,695	2,641	2,096	2,331
\$5,000 - \$9,999	7,064	4,556	4,251	3,357	2,948
\$10,000 - \$14,999	12,302	7,580	6,729	4,710	3,193
\$15,000 - \$19,999	17,344	11,123	9,189	6,290	3,380
\$20,000 - \$24,999	22,389	14,849	11,347	7,991	3,598
\$25,000 or More	54,209	40,387	29,855	16,644	4,592

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 2009

Hospital Insurance		Supplementary Medical Insurance			Home Health Agency
Hospice	Total	Physician	Outpatient		
Number of Persons Served ¹					
1,027,440	25,866,040	25,519,480	19,061,800		1,515,140
300	1,065,660	934,860	245,480		20
20,440	3,390,000	3,276,620	1,652,580		2,360
26,440	3,161,080	3,132,720	2,006,080		3,440
46,020	4,086,820	4,068,020	2,988,640		14,780
92,020	5,371,320	5,351,160	4,402,340		133,040
105,740	2,888,600	2,875,780	2,521,140		263,480
100,160	1,381,900	1,376,160	1,199,060		227,200
87,260	917,100	913,000	804,380		167,540
74,880	671,360	668,400	594,240		120,560
474,180	2,932,200	2,922,760	2,647,860		582,720
Amount of Program Payments in Thousands					
\$11,463,607	\$117,873,707	\$74,779,840	\$32,878,128		\$10,215,738
22	53,826	42,740	11,086		1
6,387	991,578	779,406	211,486		685
18,108	2,321,394	1,833,870	486,218		1,306
61,493	5,929,352	4,587,946	1,326,973		14,433
256,210	16,791,725	12,258,429	4,241,727		291,569
536,358	16,476,995	10,758,663	4,733,004		985,328
677,697	10,619,223	6,231,926	3,089,740		1,297,556
759,201	8,055,162	4,712,726	2,210,291		1,132,145
804,241	6,752,802	3,885,556	1,942,187		925,059
8,343,890	49,881,651	29,688,578	14,625,416		5,567,657
Average Program Payment per Person Served					
\$11,157	\$4,557	\$2,930	\$1,725		\$6,742
72	51	46	45		43
312	293	238	128		290
685	734	585	242		380
1,336	1,451	1,128	444		977
2,784	3,126	2,291	964		2,192
5,072	5,704	3,741	1,877		3,740
6,766	7,685	4,528	2,577		5,711
8,700	8,783	5,162	2,748		6,757
10,740	10,058	5,813	3,268		7,673
17,596	17,012	10,158	5,523		9,555

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 2009

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	5,671,700	1,313,060	1,265,900	145,940	200,440
\$1 - \$99	418,020	1,280	1,180	0	100
\$100 - \$499	931,060	7,080	5,800	40	500
\$500 - \$999	669,660	6,920	5,600	60	320
\$1,000 - \$1,999	788,380	13,600	11,060	240	640
\$2,000 - \$4,999	990,220	75,880	67,920	980	3,860
\$5,000 - \$9,999	612,460	223,760	213,780	2,720	8,960
\$10,000 - \$14,999	301,240	187,960	181,700	5,020	12,040
\$15,000 - \$19,999	187,000	139,520	135,240	7,040	16,100
\$20,000 - \$24,999	132,200	104,820	102,080	8,780	16,460
\$25,000 or More	641,460	552,240	541,540	121,060	141,460
		Amount of Program Payments in Thousands			
Total	\$59,462,346	\$29,658,776	\$26,202,026	\$2,049,893	\$773,466
\$1 - \$99	20,739	57	51	0	6
\$100 - \$499	258,537	1,805	1,437	9	139
\$500 - \$999	489,539	3,782	2,921	25	173
\$1,000 - \$1,999	1,142,842	14,032	10,655	244	822
\$2,000 - \$4,999	3,205,675	200,677	178,333	2,135	9,251
\$5,000 - \$9,999	4,355,599	1,022,587	958,715	10,069	25,979
\$10,000 - \$14,999	3,696,759	1,378,574	1,287,016	22,629	37,162
\$15,000 - \$19,999	3,239,792	1,475,906	1,350,024	40,202	49,882
\$20,000 - \$24,999	2,953,637	1,444,781	1,296,930	60,993	54,476
\$25,000 or More	40,099,226	24,116,576	21,115,945	1,913,585	595,575
		Average Program Payment per Person Served			
Total	\$10,484	\$22,588	\$20,698	\$14,046	\$3,859
\$1 - \$99	50	45	43	0	62
\$100 - \$499	278	255	248	228	278
\$500 - \$999	731	546	522	424	540
\$1,000 - \$1,999	1,450	1,032	963	1,018	1,284
\$2,000 - \$4,999	3,237	2,645	2,626	2,179	2,397
\$5,000 - \$9,999	7,112	4,570	4,485	3,702	2,899
\$10,000 - \$14,999	12,272	7,334	7,083	4,508	3,087
\$15,000 - \$19,999	17,325	10,578	9,982	5,710	3,098
\$20,000 - \$24,999	22,342	13,783	12,705	6,947	3,310
\$25,000 or More	62,512	43,670	38,992	15,807	4,210

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 Standard Analytical Files; data development by the Office of Research, Development, and Information.

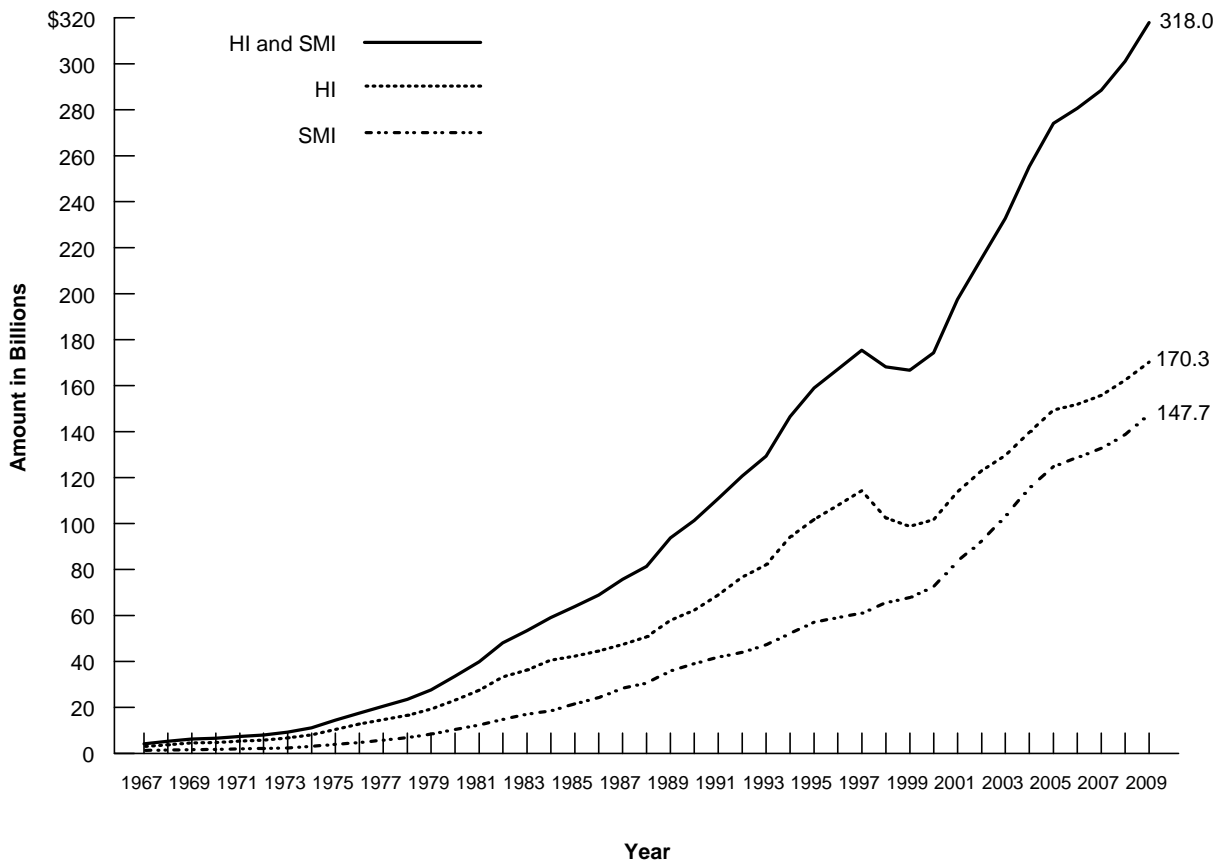
Table 3.6—Continued

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 2009

Hospital Insurance		Supplementary Medical Insurance			Home Health Agency
Hospice	Total	Physician	Outpatient		
Number of Persons Served ¹					
57,860	5,607,060	5,451,480	4,241,320		230,460
0	416,780	345,140	117,320		0
740	925,520	866,480	491,260		680
980	666,320	654,960	462,780		680
1,740	783,240	778,600	619,420		3,140
3,720	976,120	971,740	848,380		18,580
4,880	600,420	598,440	541,780		33,620
4,440	294,820	294,020	269,660		30,340
4,460	182,880	182,440	168,080		24,140
3,540	129,800	129,440	121,080		17,760
33,360	631,160	630,220	601,560		101,520
Amount of Program Payments in Thousands					
\$633,391	\$29,803,570	\$16,394,269	\$11,717,375		\$1,691,926
0	20,682	15,216	5,466		0
219	256,732	182,593	73,964		175
663	485,757	340,052	145,462		243
2,311	1,128,810	776,306	349,670		2,834
10,958	3,004,998	1,976,533	989,449		39,015
27,823	3,333,013	2,091,169	1,120,144		121,700
31,767	2,318,185	1,372,948	774,449		170,788
35,798	1,763,886	1,014,108	575,495		174,283
32,382	1,508,856	815,156	553,857		139,842
491,470	15,982,651	7,810,187	7,129,418		1,043,045
Average Program Payment per Person Served					
\$10,947	\$5,315	\$3,007	\$2,763		\$7,342
0	50	44	47		0
296	277	211	151		258
676	729	519	314		358
1,328	1,441	997	565		903
2,946	3,079	2,034	1,166		2,100
5,701	5,551	3,494	2,068		3,620
7,155	7,863	4,670	2,872		5,629
8,027	9,645	5,559	3,424		7,220
9,147	11,624	6,298	4,574		7,874
14,732	25,323	12,393	11,852		10,274

Figure 3.1

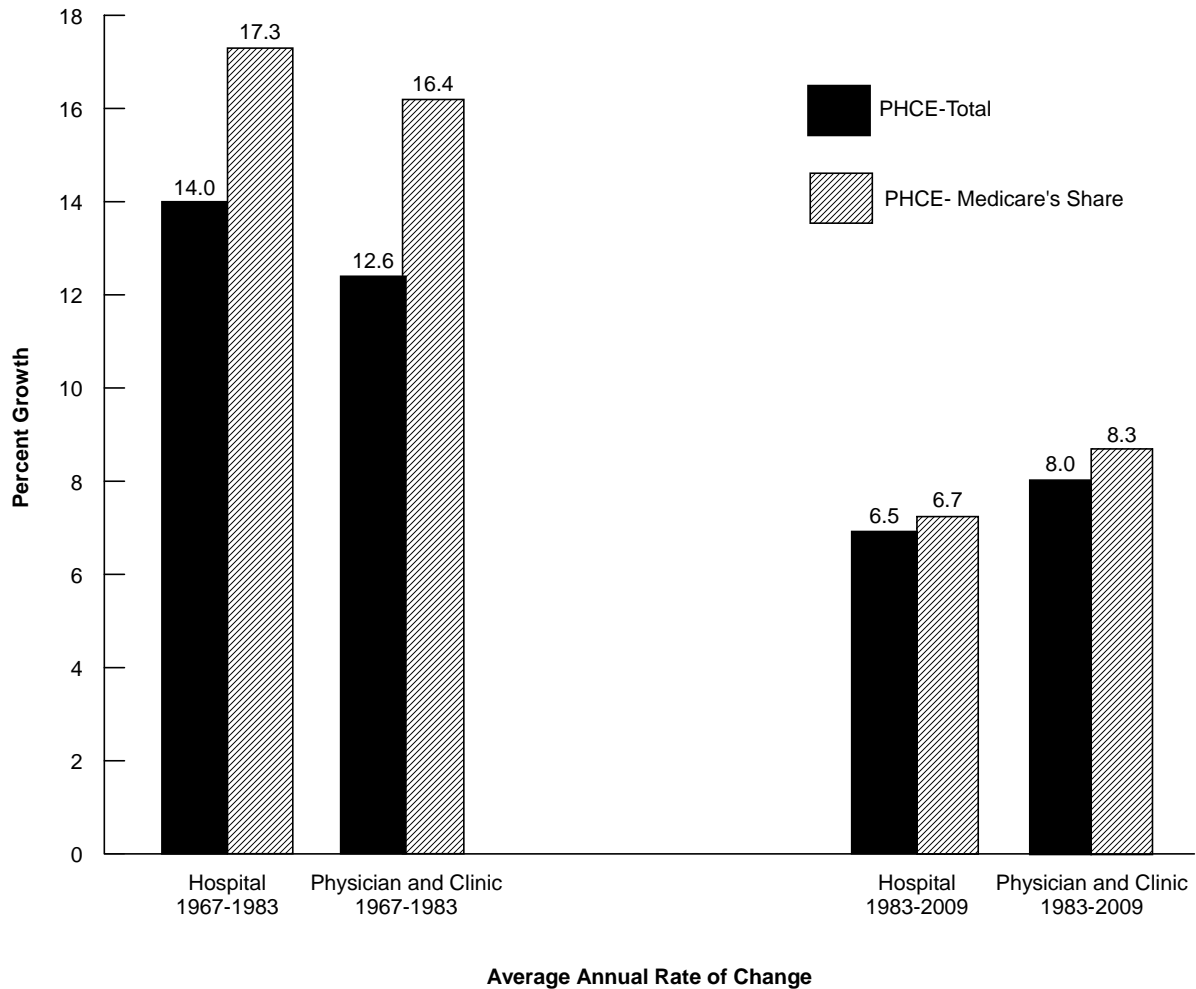
Medicare Program Payments, by Type of Entitlement: Calendar Years 1967-2009



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 and effective 2009, data from the Standard Analytical Files; 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 1983-2009

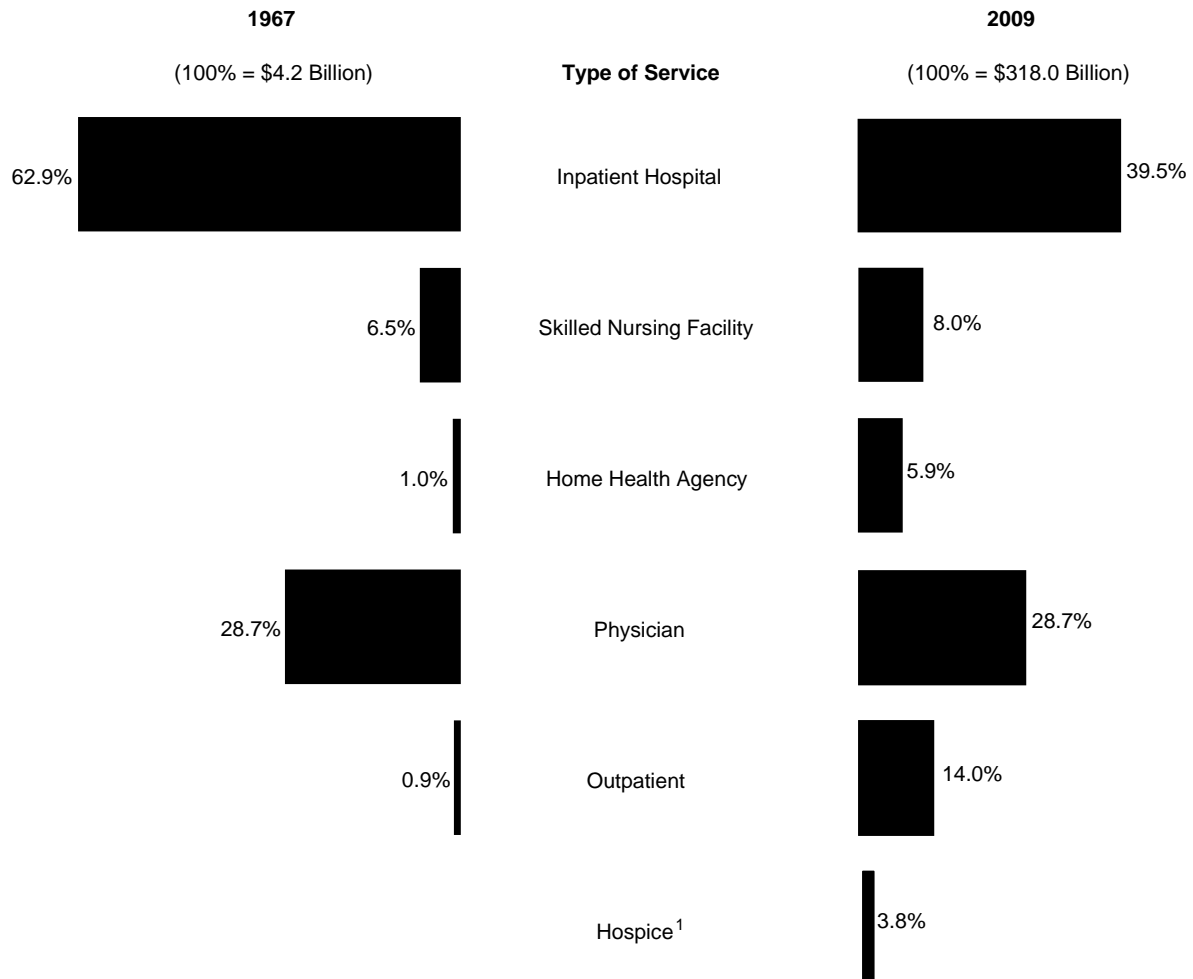


NOTES: PHCE is personal health care expenditures. PHCE are financed by public and private sources including Medicare.

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 2009

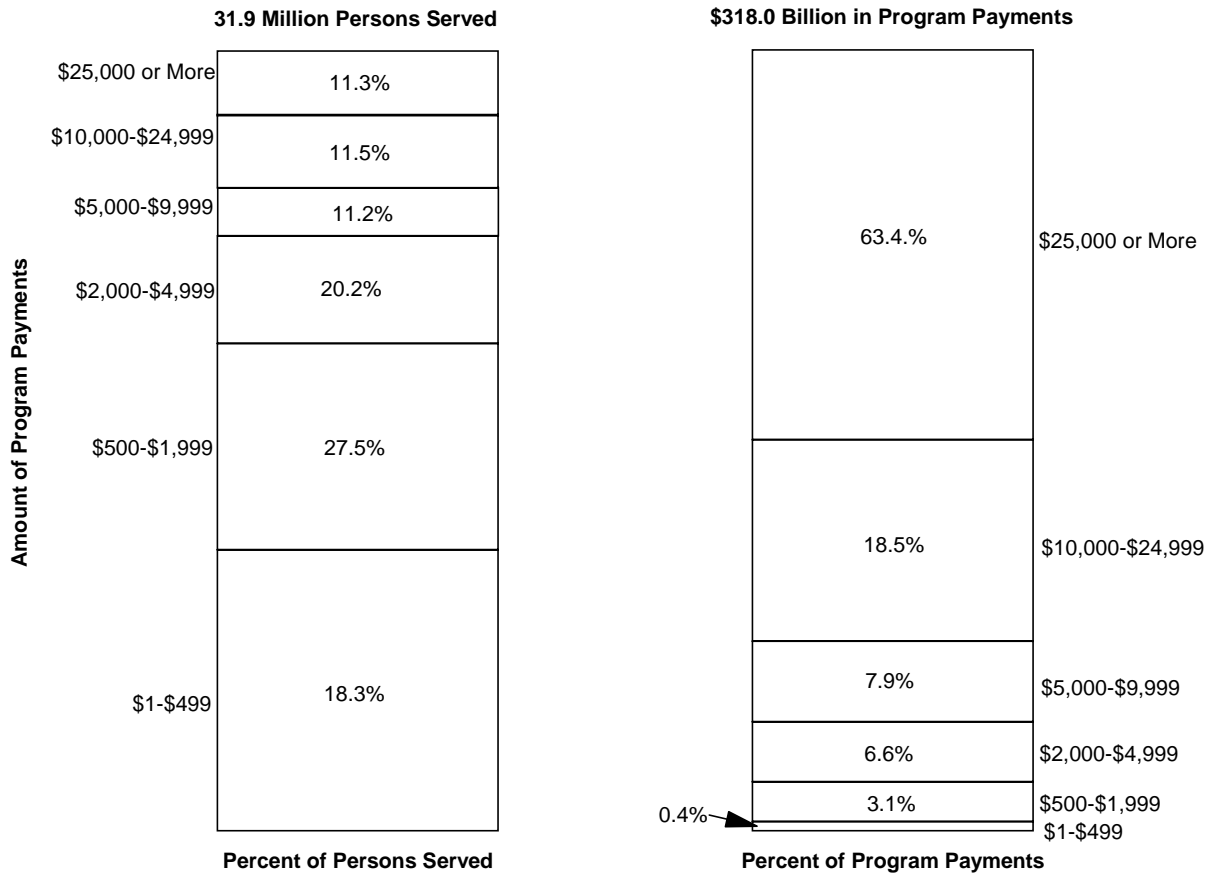


¹ The Medicare hospice benefit was authorized (effective 11/1983) under the Tax Equity Fiscal Responsibility Act of 1982.

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 and effective 2009, data from the Standard Analytical Files; 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 2009



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 Standard Analytical Files; data development by the Office of Research, Development, and Information.