

Table 3.1

Growth in Personal Health Care (PHC) Expenditures and Medicare Program Payments: Selected Calendar Years 1967-2010

Year	Medicare Program Payments			PHC Expenditures				
	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
2010	331.1	128.7	95.1	2,186.0	814.0	226.5	515.5	114.6
Average Annual Rate of Change								
1967-1983	17.2	17.3	16.4	13.0	14.0	17.3	12.6	16.4
1983-2010	7.0	5.0	7.4	7.5	6.6	6.5	7.8	8.2
1967-2010	10.7	9.4	10.7	9.5	9.3	10.4	9.6	11.2
2009-2010	4.1	2.4	4.3	4.6	7.2	2.8	1.9	4.8

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

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

³Includes other types of expenditures not shown separately.

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

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

NOTES: Medicare program payments represent unadjusted amounts paid for covered services incurred during a calendar year under Medicare fee-for-service only and exclude payments for managed care services. Program payments differ from PHC expenditures, 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 PHC expenditures 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 PHC expenditure 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 Center for Strategic Planning. PHC expenditures 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 1967-2010

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 1967-2010

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
2010	331,129	267,696	63,434	176,224	144,671	31,553	154,906	123,025	31,881
	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
1967-2010	10.7	10.1	---	10.0	9.5	---	11.8	11.2	---
1974-2010	10.1	9.8	12.7	9.2	8.8	11.7	11.8	11.4	14.1
1983-2010	7.0	6.7	8.7	6.0	5.7	7.8	8.5	8.2	9.8

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 Center for Strategic Planning.

Table 3.3
Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:
Selected Calendar Years 1967-2010

Type of Coverage and Service	Year											
	1967	1974	1980	1983	1990	1997	2000	2002	2004	2006	2009	2010
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	46,521	47,664
Hospital Insurance	19,494	23,924	28,067	29,587	33,731	38,059	39,211	40,079	41,391	42,975	46,195	47,316
Supplementary Medical Insurance	17,893	23,167	27,400	28,975	32,636	36,479	37,369	38,088	39,101	40,398	42,960	43,954
Type of Coverage and Service	Number of Persons Served in Thousands											
Persons Served¹												
Total	7,154	11,833	18,031	19,732	27,099	29,847	29,583	31,754	33,016	33,063	31,922	32,866
Hospital Insurance	3,960	5,133	6,752	7,443	7,036	8,118	7,325	7,837	8,157	8,120	7,722	8,267
Inpatient Hospital Services	3,601	5,081	6,672	7,170	6,543	6,887	6,917	7,380	7,611	7,467	6,942	7,485
Skilled Nursing Facility Services	354	266	257	265	638	1,503	1,468	1,622	1,752	1,838	1,808	1,839
Home Health Agency Services	126	276	726	1,318	1,936	3,458	1,444	1,565	1,693	1,714	1,710	1,722
Hospice Services	---	---	---	---	---	---	---	652	797	939	1,085	1,157
Supplementary Medical Insurance	6,523	11,468	17,822	19,472	26,951	29,620	29,313	31,499	32,734	32,732	31,473	31,923
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	30,971	31,415
Outpatient Services ²	1,511	3,431	7,538	9,089	15,511	20,543	21,029	23,015	24,003	24,010	23,303	23,667
Home Health Agency Services	118	134	327	20	38	48	1,190	1,107	1,273	1,460	1,746	1,883
Persons Served	Rate per 1,000 Enrollees ³											
Total	366	489	633	657	792	904	904	908	908	922	903	915
Hospital Insurance	203	215	241	252	209	249	227	227	227	229	220	232
Inpatient Hospital Services	185	212	238	242	194	211	214	214	211	210	198	210
Skilled Nursing Facility Services	18	11	9	9	19	46	45	47	49	52	52	52
Home Health Agency Services	6	12	26	45	57	106	45	45	47	48	49	48
Hospice Services	---	---	---	---	---	---	---	19	22	26	31	33
Supplementary Medical Insurance	365	495	650	672	826	955	962	967	971	995	990	991
Physician and Other												
Medical Services	359	478	630	653	807	934	944	952	957	979	974	976
Outpatient Services ²	84	148	275	314	475	662	690	707	712	730	733	735
Home Health Agency Services	7	6	12	1	1	2	39	34	38	44	55	58

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 1967-2010

Type of Coverage and Service	Year											
	1967	1974	1980	1983	1990	1997	2000	2002	2004	2006	2009	2010
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	\$318,009	\$331,129
Hospital Insurance	2,967	8,000	23,119	36,314	62,347	114,327	101,663	122,993	139,747	151,917	170,331	176,224
Inpatient Hospital Services	2,667	7,680	22,297	34,519	56,716	84,563	85,197	99,382	110,550	116,350	125,662	128,728
Skilled Nursing Facility Services	274	224	344	428	1,971	11,237	10,621	14,363	17,043	20,387	25,580	27,258
Home Health Agency Services	26	96	478	1,366	3,660	16,487	2,918	4,788	5,479	5,979	6,992	7,252
Hospice Services	---	---	---	---	---	2,040	2,927	4,460	6,675	9,201	12,097	12,986
Supplementary Medical Insurance	1,272	3,179	10,494	17,132	39,072	61,069	72,599	92,418	115,579	128,755	147,677	154,906
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	91,174	95,087
Outpatient Services ²	38	397	1,962	3,443	8,773	17,256	16,787	23,346	30,335	35,411	44,596	47,573
Home Health Agency Services	17	40	175	29	78	219	4,338	4,800	5,973	8,039	11,908	12,245
Program Payments	Per Person Served											
Total	\$593	\$945	\$1,864	\$2,709	\$3,743	\$5,877	\$5,891	\$6,784	\$7,733	\$8,489	\$9,962	\$10,075
Hospital Insurance	749	1,559	3,424	4,879	8,861	14,083	13,878	15,694	17,132	18,709	22,059	21,315
Inpatient Hospital Services	741	1,512	3,342	4,814	8,668	12,279	12,318	13,466	14,525	15,581	18,101	17,197
Skilled Nursing Facility Services	774	842	1,339	1,615	3,089	7,476	7,235	8,855	9,728	11,093	14,146	14,820
Home Health Agency Services	206	348	658	1,036	1,890	4,768	2,021	3,059	3,236	3,489	4,090	4,211
Hospice Services	---	---	---	---	---	---	---	6,836	8,374	9,796	11,146	11,220
Supplementary Medical Insurance	195	277	589	880	1,450	2,062	2,477	2,934	3,531	3,934	4,692	4,853
Physician and Other												
Medical Services	190	247	484	722	1,147	1,506	1,790	2,074	2,457	2,649	2,944	3,027
Outpatient Services ²	25	116	260	379	566	840	798	1,014	1,264	1,475	1,914	2,010
Home Health Agency Services	144	299	535	1,450	2,053	4,563	3,644	4,336	4,692	5,508	6,822	6,504

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 Center for Strategic Planning.

Table 3.4
Persons Served and Program Payments for Medicare Beneficiaries, by
Demographic Characteristics: Calendar Year 2010

Demographic Characteristic	Persons Served ¹		Program Payments			
	Number in Thousands	Percent	Amount in Millions	Percent	Per Person Served ¹	Per Enrollee ²
Total	32,866	100.0	\$331,129	100.0	\$10,075	9,221
Sex						
Male	14,074	42.8	145,413	43.9	10,332	8,931
Female	18,792	57.2	185,717	56.1	9,883	9,461
Age						
Under 65 Years	5,952	18.1	63,650	19.2	10,693	9,616
65-74 Years	13,110	39.9	102,496	31.0	7,818	6,550
75-84 Years	9,254	28.2	101,757	30.7	10,996	10,953
85 Years or Over	4,550	13.8	63,227	19.1	13,897	14,527
Race³						
White	27,619	84.0	267,392	80.8	9,681	8,973
Non-White	5,172	15.7	63,090	19.1	12,199	10,510
Type of Entitlement						
Aged ⁴	26,927	81.9	267,696	80.8	9,942	9,139
Disabled ⁵	5,939	18.1	63,434	19.2	10,680	9,583
CBSA Type⁶						
Urban	25,000	76.1	260,980	78.8	10,439	9,610
Rural	7,707	23.4	69,163	20.9	8,974	8,522

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 Center for Strategic Planning.

Table 3.5
Program Payments for Medicare Beneficiaries Residing in Urban and Rural Areas, by Area of Residence:
Calendar Year 2010

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	\$330,143	\$10,094	\$9,347	\$260,980	\$10,439	\$9,607	\$69,163	\$8,974	\$8,481
Northeast	65,813	10,864	9,866	59,076	11,172	10,125	6,737	8,749	8,058
Midwest	76,719	9,585	9,149	56,282	10,009	9,517	20,436	8,584	8,268
South	132,220	10,207	9,546	97,818	10,476	9,742	34,403	9,512	9,027
West	55,391	9,733	8,638	47,804	10,060	8,891	7,587	8,079	7,324
New England	18,954	10,552	9,500	16,261	10,877	9,773	2,692	8,942	8,129
Connecticut	4,739	11,064	10,138	4,338	11,245	10,294	401	9,424	8,708
Maine	1,688	8,026	7,249	872	7,792	6,968	815	8,292	7,576
Massachusetts	8,903	11,471	10,282	8,858	11,480	10,285	45	10,048	9,698
New Hampshire	1,672	9,414	8,260	906	9,614	8,295	765	9,188	8,219
Rhode Island	1,087	10,204	9,108	1,087	10,204	9,108	(4)	(4)	(4)
Vermont	865	8,888	8,069	200	8,008	7,273	666	9,191	8,343
Middle Atlantic	46,859	10,995	10,022	42,814	11,288	10,265	4,045	8,624	8,011
New Jersey	12,339	11,726	10,569	12,339	11,726	10,569	(4)	(4)	(4)
New York	21,106	11,208	10,127	19,457	11,580	10,449	1,648	8,127	7,428
Pennsylvania	13,415	10,113	9,419	11,019	10,392	9,655	2,396	9,003	8,468
East North Central	55,202	10,068	9,486	43,835	10,474	9,838	11,366	8,756	8,338
Illinois	16,232	10,645	9,691	13,752	11,126	10,016	2,479	8,587	8,213
Indiana	7,465	9,529	8,900	5,647	9,614	8,961	1,818	9,272	8,717
Michigan	14,040	10,545	10,152	11,278	11,155	10,770	2,762	8,620	8,224
Ohio	12,298	10,031	9,600	9,592	10,256	9,851	2,706	9,305	8,806
Wisconsin	5,167	8,369	8,056	3,566	8,585	8,260	1,601	7,924	7,635

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 2010

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	\$21,517	\$8,536	\$8,384	\$12,447	\$8,656	\$8,538	\$9,070	\$8,377	\$8,182
Iowa	3,407	7,864	7,571	1,569	7,858	7,554	1,838	7,870	7,585
Kansas	3,225	9,032	8,434	1,831	8,880	8,183	1,394	9,241	8,788
Minnesota	4,284	7,909	9,322	2,840	8,093	9,672	1,443	7,572	8,703
Missouri	6,909	9,284	8,651	4,664	9,505	8,844	2,244	8,857	8,277
Nebraska	2,090	8,962	8,383	939	8,699	8,046	1,151	9,189	8,680
North Dakota	714	7,426	7,036	247	6,756	6,423	467	7,838	7,410
South Dakota	889	7,695	7,103	356	7,755	7,108	533	7,656	7,101
South Atlantic	70,013	10,074	9,452	56,270	10,312	9,624	13,743	9,208	8,810
Delaware	1,336	9,976	9,207	913	10,040	9,158	422	9,840	9,315
District of Columbia	732	12,623	10,428	732	12,623	10,428	(4)	(4)	(4)
Florida	25,211	11,352	10,777	23,443	11,462	10,891	1,768	10,074	9,459
Georgia	8,672	9,482	8,849	6,369	9,588	8,861	2,304	9,200	8,817
Maryland	7,589	11,723	10,425	7,013	11,819	10,475	576	10,670	9,853
North Carolina	10,613	9,078	8,694	6,455	8,992	8,583	4,158	9,215	8,873
South Carolina	5,745	9,248	8,886	4,099	9,137	8,753	1,646	9,538	9,234
Virginia	7,664	8,511	7,831	5,989	8,586	7,819	1,675	8,255	7,873
West Virginia	2,451	8,622	8,213	1,257	8,902	8,376	1,193	8,346	8,048
East South Central	22,623	9,392	8,870	12,601	9,445	8,873	10,022	9,325	8,865
Alabama	5,674	9,054	8,539	3,635	9,011	8,476	2,039	9,132	8,653
Kentucky	5,554	9,182	8,701	2,785	9,429	8,918	2,769	8,946	8,492
Mississippi	4,421	10,537	9,879	1,725	11,085	10,223	2,696	10,214	9,671
Tennessee	6,974	9,204	8,714	4,457	9,288	8,733	2,517	9,058	8,682
West South Central	39,585	11,008	10,166	28,947	11,368	10,437	10,638	10,135	9,494
Arkansas	3,513	8,436	7,849	1,805	8,471	7,823	1,708	8,400	7,876
Louisiana	5,620	11,656	10,757	3,690	11,350	10,498	1,931	12,289	11,289
Oklahoma	4,658	9,803	9,097	2,534	9,956	9,215	2,125	9,627	8,960
Texas	25,792	11,607	10,694	20,918	11,929	10,916	4,874	10,405	9,838

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 2010**

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	\$16,539	\$8,834	\$8,038	\$12,599	\$9,113	\$8,312	\$3,940	\$8,047	\$7,273
Arizona	5,113	9,392	8,659	4,567	9,372	8,691	547	9,569	8,401
Colorado	3,429	8,728	8,234	2,764	8,934	8,369	665	7,962	7,714
Idaho	1,147	7,664	7,041	680	7,623	7,083	467	7,723	6,981
Montana	970	7,518	6,838	330	7,687	7,142	640	7,434	6,691
Nevada	2,275	10,632	9,069	1,972	11,056	9,376	304	8,508	7,477
New Mexico	1,627	7,905	6,999	890	7,755	6,873	737	8,093	7,156
Utah	1,426	8,510	7,667	1,208	8,642	7,798	218	7,850	7,013
Wyoming	552	8,026	7,218	188	9,080	8,144	364	7,573	6,818
Pacific	38,852	10,173	8,922	35,205	10,448	9,119	3,646	8,113	7,380
Alaska	480	9,064	7,492	303	8,733	7,271	177	9,694	7,903
California	29,742	11,079	9,666	28,548	11,219	9,767	1,193	8,531	7,754
Hawaii	724	6,426	5,960	513	6,628	6,099	211	5,982	5,649
Oregon	2,495	7,611	6,807	1,478	7,384	6,544	1,017	7,968	7,230
Washington	5,411	8,442	7,455	4,363	8,512	7,444	1,048	8,164	7,499

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 Center for Strategic Planning.

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 2010

Type of Entitlement and Amount of Hospital Insurance and/or Supplementary Medical Insurance Program Payments	Total Hospital Insurance and/or Supplementary Medical Insurance	Hospital Insurance			
		Total	Hospital Inpatient	Skilled Nursing Facility	Home Health Agency
All Beneficiaries		Number of Persons Served ¹			
Total	32,866,260	8,267,460	7,485,300	1,839,280	1,722,100
\$1 - \$99	1,585,240	92,780	91,960	80	320
\$100 - \$499	4,434,540	206,720	184,960	500	2,400
\$500 - \$999	3,948,740	134,920	107,080	1,060	1,280
\$1,000 - \$1,999	5,029,420	164,800	113,940	2,100	4,800
\$2,000 - \$4,999	6,595,840	419,420	295,520	9,680	30,060
\$5,000 - \$9,999	3,722,600	1,160,800	1,006,820	36,380	82,320
\$10,000 - \$14,999	1,772,560	1,072,500	971,200	76,500	120,480
\$15,000 - \$19,999	1,166,060	884,340	814,160	115,740	159,600
\$20,000 - \$24,999	848,040	694,380	643,680	152,580	166,600
\$25,000 or More	3,763,220	3,436,800	3,255,980	1,444,660	1,154,240
		Amount of Program Payments in Thousands			
Total	\$331,129,326	\$176,223,770	\$128,728,011	\$27,257,949	\$7,251,537
\$1 - \$99	77,748	4,124	4,078	4	14
\$100 - \$499	1,276,314	55,029	48,225	148	615
\$500 - \$999	2,904,253	92,534	72,274	651	619
\$1,000 - \$1,999	7,309,783	216,153	142,593	2,152	6,318
\$2,000 - \$4,999	21,335,041	1,154,860	785,435	20,697	70,508
\$5,000 - \$9,999	26,331,856	5,377,831	4,374,541	126,315	250,055
\$10,000 - \$14,999	21,767,498	8,084,981	6,576,463	350,773	396,778
\$15,000 - \$19,999	20,232,712	9,656,864	7,564,053	712,260	542,362
\$20,000 - \$24,999	18,986,081	10,105,171	7,383,498	1,206,421	605,734
\$25,000 or More	210,908,039	141,476,223	101,776,850	24,838,528	5,378,532
		Average Program Payment per Person Served			
Total	\$10,075	\$21,315	\$17,197	\$14,820	\$4,211
\$1 - \$99	49	44	44	49	44
\$100 - \$499	288	266	261	296	256
\$500 - \$999	735	686	675	614	484
\$1,000 - \$1,999	1,453	1,312	1,251	1,025	1,316
\$2,000 - \$4,999	3,235	2,753	2,658	2,138	2,346
\$5,000 - \$9,999	7,074	4,633	4,345	3,472	3,038
\$10,000 - \$14,999	12,280	7,538	6,771	4,585	3,293
\$15,000 - \$19,999	17,351	10,920	9,291	6,154	3,398
\$20,000 - \$24,999	22,388	14,553	11,471	7,907	3,636
\$25,000 or More	56,045	41,165	31,258	17,193	4,660

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 2010

Hospital Insurance		Supplementary Medical Insurance			Home Health Agency
Hospice	Total	Physician	Outpatient		
Number of Persons Served ¹					
1,157,440	31,922,800	31,415,320	23,667,200		1,882,740
440	1,492,860	1,303,360	350,240		80
19,720	4,236,960	4,052,620	2,109,480		2,580
28,560	3,830,060	3,787,960	2,455,640		4,340
50,420	4,901,280	4,876,660	3,615,380		16,380
102,460	6,440,760	6,414,060	5,307,380		154,500
122,300	3,625,640	3,611,640	3,184,000		321,280
111,820	1,725,600	1,717,680	1,512,540		279,460
96,100	1,139,800	1,135,360	1,008,580		216,860
84,520	830,300	826,920	741,560		154,860
541,100	3,699,540	3,689,060	3,382,400		732,400
Amount of Program Payments in Thousands					
\$12,986,273	\$154,905,556	\$95,087,490	\$47,573,197		\$12,244,869
28	73,625	57,854	15,765		5
6,040	1,221,285	933,215	287,355		715
18,989	2,811,720	2,174,598	635,358		1,764
65,089	7,093,630	5,380,898	1,696,793		15,939
278,220	20,180,181	14,491,934	5,345,072		343,175
626,920	20,954,025	13,527,375	6,221,283		1,205,367
760,966	13,682,517	7,896,576	4,165,056		1,620,885
838,189	10,575,848	6,011,913	3,013,474		1,550,461
909,518	8,880,910	4,968,139	2,672,865		1,239,907
9,482,313	69,431,816	39,644,988	23,520,176		6,266,652
Average Program Payment per Person Served					
\$11,220	\$4,853	\$3,027	\$2,010		\$6,504
64	49	44	45		62
306	288	230	136		277
665	734	574	259		406
1,291	1,447	1,103	469		973
2,715	3,133	2,259	1,007		2,221
5,126	5,779	3,745	1,954		3,752
6,805	7,929	4,597	2,754		5,800
8,722	9,279	5,295	2,988		7,150
10,761	10,696	6,008	3,604		8,007
17,524	18,768	10,747	6,954		8,556

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 2010

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	26,926,980	6,857,400	6,123,360	1,682,600	1,507,500
\$1 - \$99	1,157,740	81,120	80,460	60	240
\$100 - \$499	3,475,120	179,100	158,540	420	1,900
\$500 - \$999	3,244,620	115,960	89,160	940	1,000
\$1,000 - \$1,999	4,212,660	138,520	90,280	1,900	3,840
\$2,000 - \$4,999	5,548,300	340,860	224,440	8,920	26,600
\$5,000 - \$9,999	3,071,640	940,380	796,460	34,500	73,680
\$10,000 - \$14,999	1,454,940	881,820	787,380	71,640	107,340
\$15,000 - \$19,999	970,820	741,160	675,320	109,380	144,020
\$20,000 - \$24,999	708,660	586,500	539,160	143,920	149,380
\$25,000 or More	3,082,480	2,851,980	2,682,160	1,310,920	999,500
		Amount of Program Payments in Thousands			
Total	\$267,695,736	\$144,671,235	\$101,060,060	\$24,887,396	\$6,398,580
\$1 - \$99	57,055	3,584	3,547	3	11
\$100 - \$499	1,011,639	47,827	41,391	122	494
\$500 - \$999	2,388,859	80,367	60,854	582	474
\$1,000 - \$1,999	6,127,974	185,279	115,401	1,979	5,051
\$2,000 - \$4,999	17,944,615	945,115	597,650	19,178	62,670
\$5,000 - \$9,999	21,699,096	4,359,452	3,419,886	119,279	224,454
\$10,000 - \$14,999	17,871,887	6,681,126	5,271,276	330,121	357,588
\$15,000 - \$19,999	16,849,248	8,157,865	6,191,713	675,940	492,245
\$20,000 - \$24,999	15,865,248	8,632,899	6,079,690	1,144,781	545,870
\$25,000 or More	167,880,113	115,577,719	79,278,651	22,595,412	4,709,722
		Average Program Payment per Person Served			
Total	\$9,942	\$21,097	\$16,504	\$14,791	\$4,244
\$1 - \$99	49	44	44	49	48
\$100 - \$499	291	267	261	290	260
\$500 - \$999	736	693	683	619	474
\$1,000 - \$1,999	1,455	1,338	1,278	1,042	1,315
\$2,000 - \$4,999	3,234	2,773	2,663	2,150	2,356
\$5,000 - \$9,999	7,064	4,636	4,294	3,457	3,046
\$10,000 - \$14,999	12,284	7,577	6,695	4,608	3,331
\$15,000 - \$19,999	17,356	11,007	9,169	6,180	3,418
\$20,000 - \$24,999	22,388	14,719	11,276	7,954	3,654
\$25,000 or More	54,463	40,525	29,558	17,236	4,712

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 2010

Hospital Insurance		Supplementary Medical Insurance		
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served ¹				
1,095,560	26,113,420	25,764,020	19,248,360	1,624,280
380	1,076,920	954,460	239,180	60
19,000	3,302,620	3,183,740	1,608,380	1,880
27,780	3,140,500	3,109,740	1,977,640	3,380
48,620	4,100,360	4,081,360	2,980,960	13,420
98,000	5,414,560	5,392,000	4,416,480	133,220
116,500	2,990,080	2,978,020	2,606,760	283,500
106,580	1,416,300	1,409,300	1,230,440	243,860
91,520	949,100	945,120	832,840	189,100
80,480	693,860	690,860	614,100	133,380
506,700	3,029,120	3,019,420	2,741,580	622,480
Amount of Program Payments in Thousands				
\$12,325,200	\$123,024,501	\$77,559,305	\$34,974,925	\$10,490,271
23	53,471	42,747	10,721	3
5,820	963,812	752,088	211,152	572
18,457	2,308,492	1,822,947	484,183	1,362
62,847	5,942,695	4,589,474	1,340,034	13,187
265,617	16,999,500	12,393,374	4,308,120	298,006
595,833	17,339,644	11,279,497	4,998,183	1,061,965
722,142	11,190,761	6,453,660	3,328,096	1,409,004
797,967	8,691,383	4,954,978	2,391,971	1,344,434
862,558	7,232,348	4,105,196	2,070,712	1,056,441
8,993,936	52,302,394	31,165,343	15,831,754	5,305,297
Average Program Payment per Person Served				
\$11,250	\$4,711	\$3,010	\$1,817	\$6,458
61	50	45	45	52
306	292	236	131	304
664	735	586	245	403
1,293	1,449	1,124	450	983
2,710	3,140	2,298	975	2,237
5,114	5,799	3,788	1,917	3,746
6,776	7,901	4,579	2,705	5,778
8,719	9,157	5,243	2,872	7,110
10,718	10,423	5,942	3,372	7,921
17,750	17,267	10,322	5,775	8,523

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 2010

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	5,939,280	1,410,060	1,361,940	156,680	214,600
\$1 - \$99	427,500	11,660	11,500	20	80
\$100 - \$499	959,420	27,620	26,420	80	500
\$500 - \$999	704,120	18,960	17,920	120	280
\$1,000 - \$1,999	816,760	26,280	23,660	200	960
\$2,000 - \$4,999	1,047,540	78,560	71,080	760	3,460
\$5,000 - \$9,999	650,960	220,420	210,360	1,880	8,640
\$10,000 - \$14,999	317,620	190,680	183,820	4,860	13,140
\$15,000 - \$19,999	195,240	143,180	138,840	6,360	15,580
\$20,000 - \$24,999	139,380	107,880	104,520	8,660	17,220
\$25,000 or More	680,740	584,820	573,820	133,740	154,740
		Amount of Program Payments in Thousands			
Total	\$63,433,590	\$31,552,534	\$27,667,951	\$2,370,553	\$852,957
\$1 - \$99	20,693	540	531	1	3
\$100 - \$499	264,674	7,202	6,834	26	121
\$500 - \$999	515,394	12,166	11,419	70	145
\$1,000 - \$1,999	1,181,808	30,874	27,192	173	1,267
\$2,000 - \$4,999	3,390,426	209,745	187,785	1,518	7,839
\$5,000 - \$9,999	4,632,760	1,018,379	954,655	7,037	25,601
\$10,000 - \$14,999	3,895,611	1,403,855	1,305,187	20,653	39,191
\$15,000 - \$19,999	3,383,464	1,498,999	1,372,340	36,320	50,116
\$20,000 - \$24,999	3,120,833	1,472,271	1,303,808	61,640	59,864
\$25,000 or More	43,027,926	25,898,504	22,498,200	2,243,116	668,811
		Average Program Payment per Person Served			
Total	\$10,680	\$22,377	\$20,315	\$15,130	\$3,975
\$1 - \$99	48	46	46	49	34
\$100 - \$499	276	261	259	330	242
\$500 - \$999	732	642	637	581	518
\$1,000 - \$1,999	1,447	1,175	1,149	864	1,320
\$2,000 - \$4,999	3,237	2,670	2,642	1,998	2,266
\$5,000 - \$9,999	7,117	4,620	4,538	3,743	2,963
\$10,000 - \$14,999	12,265	7,362	7,100	4,250	2,983
\$15,000 - \$19,999	17,330	10,469	9,884	5,711	3,217
\$20,000 - \$24,999	22,391	13,647	12,474	7,118	3,476
\$25,000 or More	63,208	44,285	39,208	16,772	4,322

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 Center for Strategic Planning.

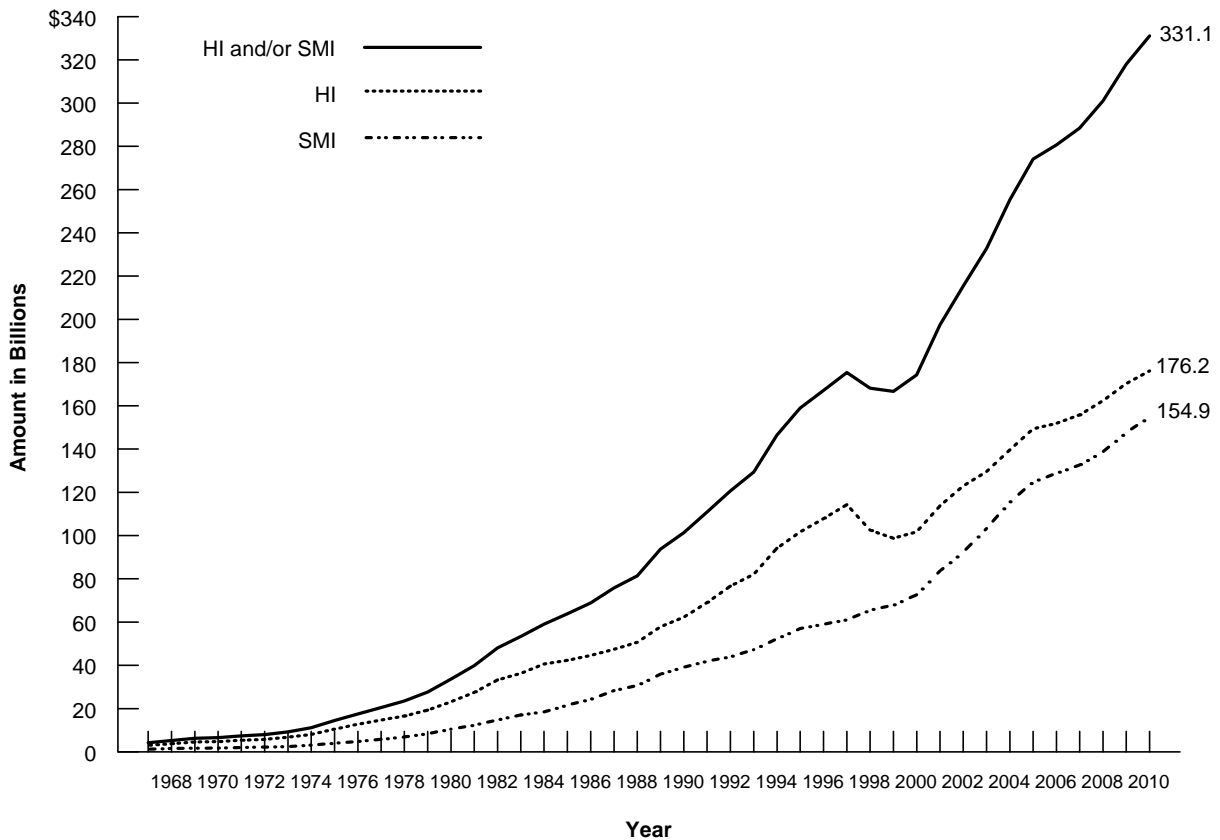
Table 3.6—Continued

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 2010

Hospital Insurance		Supplementary Medical Insurance		
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served ¹				
61,880	5,809,380	5,651,300	4,418,840	258,460
60	415,940	348,900	111,060	20
720	934,340	868,880	501,100	700
780	689,560	678,220	478,000	960
1,800	800,920	795,300	634,420	2,960
4,460	1,026,200	1,022,060	890,900	21,280
5,800	635,560	633,620	577,240	37,780
5,240	309,300	308,380	282,100	35,600
4,580	190,700	190,240	175,740	27,760
4,040	136,440	136,060	127,460	21,480
34,400	670,420	669,640	640,820	109,920
Amount of Program Payments in Thousands				
\$661,073	\$31,881,056	\$17,528,185	\$12,598,272	\$1,754,599
5	20,153	15,108	5,044	2
221	257,472	181,126	76,203	143
532	503,228	351,651	151,175	402
2,242	1,150,934	791,424	356,759	2,751
12,603	3,180,681	2,098,560	1,036,952	45,169
31,087	3,614,381	2,247,879	1,223,100	143,402
38,824	2,491,757	1,442,915	836,960	211,881
40,222	1,884,465	1,056,934	621,504	206,028
46,960	1,648,562	862,944	602,153	183,466
488,377	17,129,422	8,479,645	7,688,422	961,355
Average Program Payment per Person Served				
\$10,683	\$5,488	\$3,102	\$2,851	\$6,789
83	48	43	45	92
306	276	208	152	204
682	730	518	316	419
1,245	1,437	995	562	929
2,826	3,099	2,053	1,164	2,123
5,360	5,687	3,548	2,119	3,796
7,409	8,056	4,679	2,967	5,952
8,782	9,882	5,556	3,536	7,422
11,624	12,083	6,342	4,724	8,541
14,197	25,550	12,663	11,998	8,746

Figure 3.1

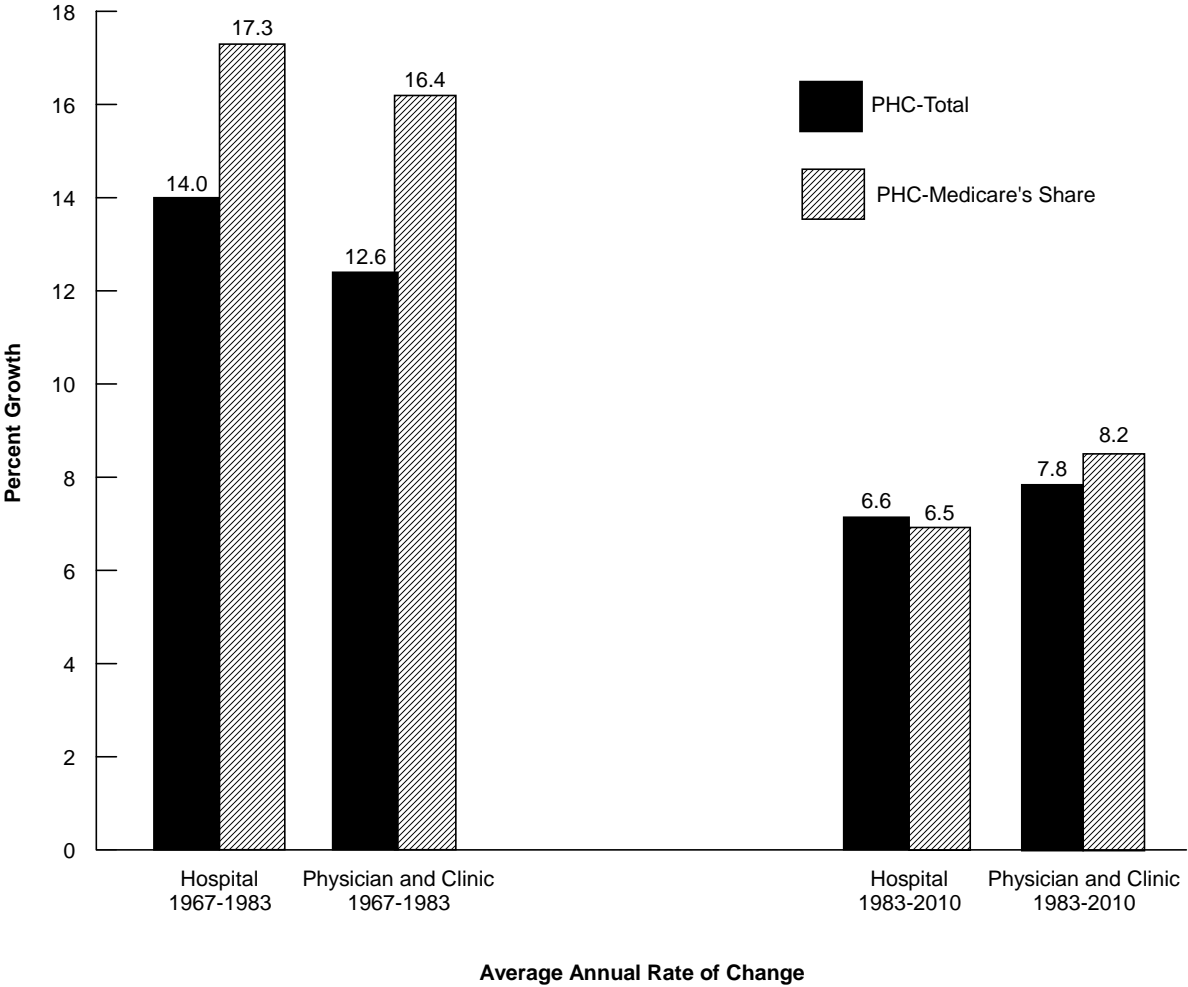
Medicare Program Payments, by Type of Entitlement: Calendar Years 1967-2010



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 2003, data from the Standard Analytical Files; data development by the Center for Strategic Planning. See Table 3.2.

Figure 3.2
Growth in Hospital and in Physician and Clinic Expenditures: Total PHC Versus Medicare's Share: Calendar Years 1967-1983 and 1983-2010

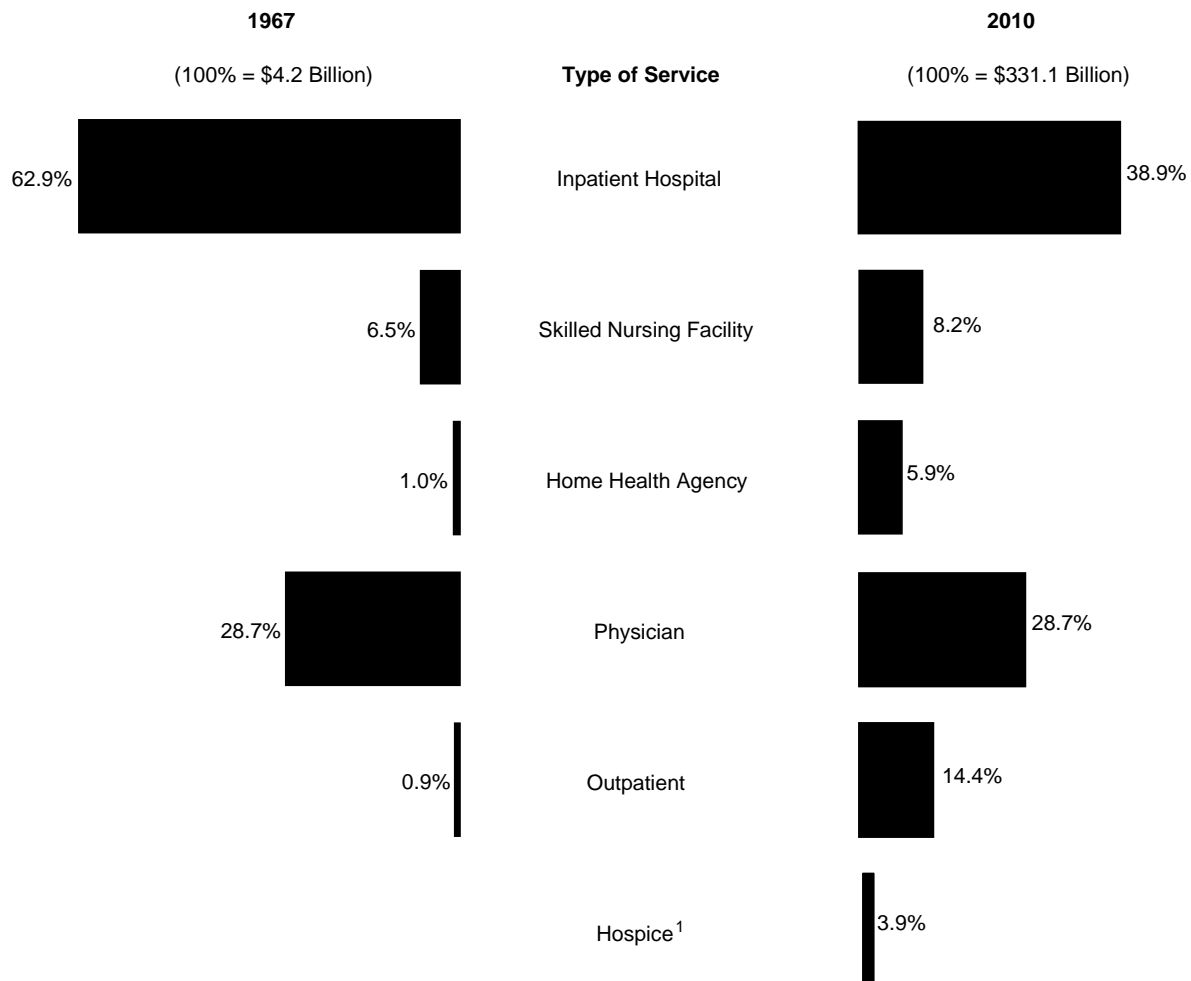


NOTES: PHC is personal health care. PHC expenditures are financed by public and private sources including Medicare.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. See Table 3.1.

Figure 3.3

Percent Distribution of Medicare Program Payments, by Type of Service: Calendar Years 1967 and 2010

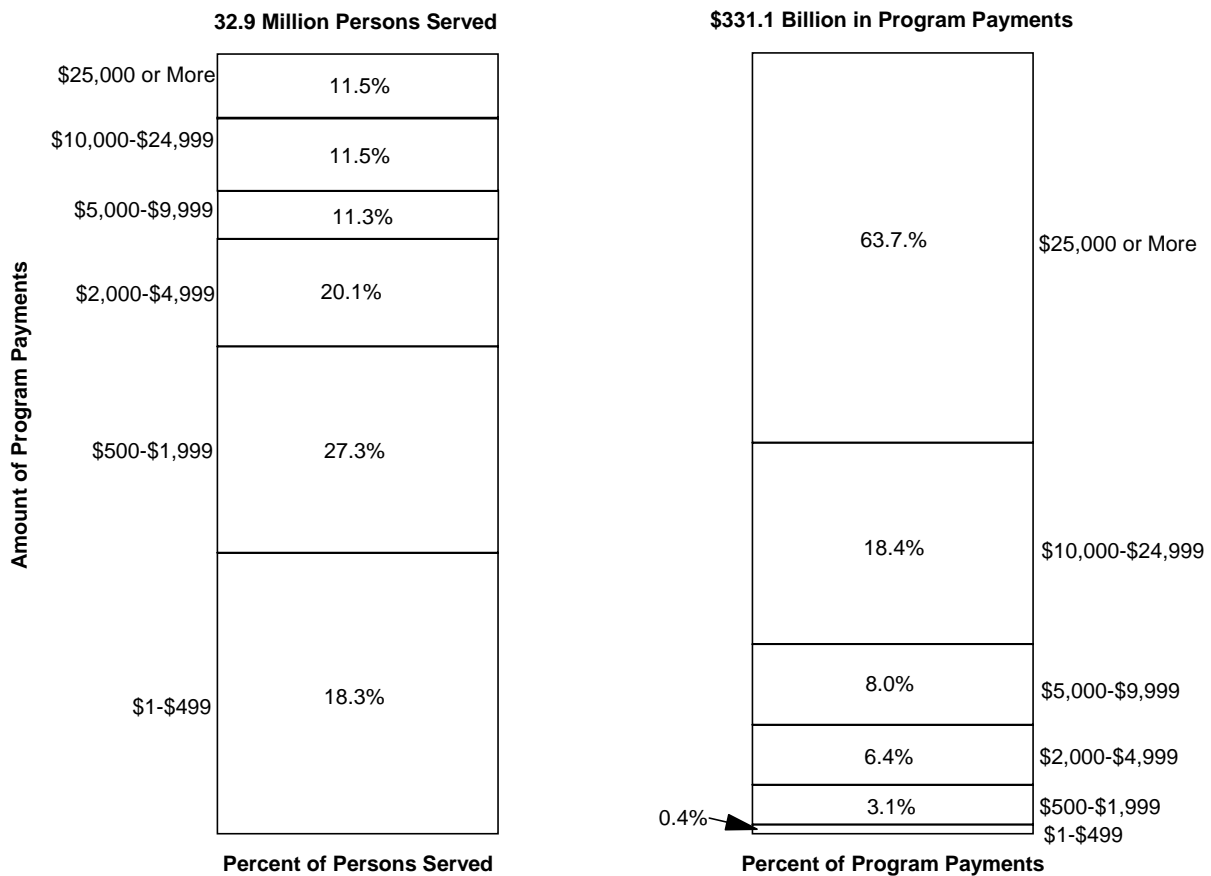


¹ The Medicare hospice benefit was authorized (effective 11/1983) under the Tax Equity Fiscal Responsibility Act of 1982.

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 2003, data from the Standard Analytical Files; data development by the Center for Strategic Planning. See Table 3.3.

Figure 3.4

Percent Distribution of Medicare Persons Served and Program Payments Under Medicare: Calendar Year 2010



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 Center for Strategic Planning. See Table 3.6.