

Table 3.1

Growth in Personal Health Care Expenditures (PHCE) and Medicare Program Payments: Selected Calendar Years 1967-2011

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
2010	331.1	128.7	95.1	2,186.0	814.0	226.5	515.5	114.6
2011	340.5	128.9	97.9	2,279.3	850.6	231.3	541.4	124.0
Average Annual Rate of Change								
1967-1983	17.2	17.3	16.4	13.0	14.0	17.3	12.6	16.4
1983-2011	6.8	4.8	7.3	7.4	6.5	6.4	7.7	8.2
1967-2011	10.5	9.2	10.5	9.4	9.1	10.2	9.5	11.1
2010-2011	2.8	0.2	2.9	4.3	4.5	2.1	5.0	8.2

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. Effective 2003 Medicare program payments from the Standard Analytical Files; data development by the Office of Information Products and Data Analytics. 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 1967-2011

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 1967-2011

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
2011	340,543	274,272	66,271	179,690	147,006	32,684	160,853	127,267	33,587
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
1967-2011	10.5	9.9	---	9.8	9.3	---	11.6	11.0	---
1974-2011	9.7	9.3	12.1	8.7	8.4	11.1	11.2	10.9	13.4
1983-2011	6.8	6.5	8.5	5.9	5.6	7.6	8.3	8.0	9.7

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: Prior to 2002, 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 Information Products and Data Analytics.

Table 3.3

**Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:
Selected Calendar Years 1967-2011**

Type of Coverage and Service	Year											
	1967	1974	1980	1983	1990	1997	2000	2002	2004	2006	2010	2011
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	47,664	48,849
Hospital Insurance	19,494	23,924	28,067	29,587	33,731	38,059	39,211	40,079	41,391	42,975	47,316	48,511
Supplementary Medical Insurance	17,893	23,167	27,400	28,975	32,636	36,479	37,369	38,088	39,101	40,398	43,954	44,944
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	32,866	32,791
Hospital Insurance	3,960	5,133	6,752	7,443	7,036	8,118	7,325	7,837	8,157	8,120	8,267	7,719
Inpatient Hospital Services	3,601	5,081	6,672	7,170	6,543	6,887	6,917	7,380	7,611	7,467	7,485	6,848
Skilled Nursing Facility Services	354	266	257	265	638	1,503	1,468	1,622	1,752	1,838	1,839	1,864
Home Health Agency Services	126	276	726	1,318	1,936	3,458	1,444	1,565	1,693	1,714	1,722	1,720
Hospice Services	---	---	---	---	---	---	---	652	797	939	1,157	1,213
Supplementary Medical Insurance	6,523	11,468	17,822	19,472	26,951	29,620	29,313	31,499	32,734	32,732	31,923	32,347
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	31,415	31,792
Outpatient Services ²	1,511	3,431	7,538	9,089	15,511	20,543	21,029	23,015	24,003	24,010	23,667	24,162
Home Health Agency Services	118	134	327	20	38	48	1,190	1,107	1,273	1,460	1,883	1,901
Persons Served	Rate per 1,000 Enrollees ³											
Total	366	489	633	657	792	904	904	908	908	922	915	899
Hospital Insurance	203	215	241	252	209	249	227	227	227	229	232	214
Inpatient Hospital Services	185	212	238	242	194	211	214	214	211	210	210	190
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	48	48
Hospice Services	---	---	---	---	---	---	---	19	22	26	33	34
Supplementary Medical Insurance	365	495	650	672	826	955	962	967	971	995	991	994
Physician and Other Medical Services	359	478	630	653	807	934	944	952	957	979	976	977
Outpatient Services ²	84	148	275	314	475	662	690	707	712	730	735	742
Home Health Agency Services	7	6	12	1	1	2	39	34	38	44	58	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 1967-2011

Type of Coverage and Service	Year											
	1967	1974	1980	1983	1990	1997	2000	2002	2004	2006	2010	2011
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	\$331,129	\$340,543
Hospital Insurance	2,967	8,000	23,119	36,314	62,347	114,327	101,663	122,993	139,747	151,917	176,224	179,690
Inpatient Hospital Services	2,667	7,680	22,297	34,519	56,716	84,563	85,197	99,382	110,550	116,350	128,728	128,859
Skilled Nursing Facility Services	274	224	344	428	1,971	11,237	10,621	14,363	17,043	20,387	27,258	30,259
Home Health Agency Services	26	96	478	1,366	3,660	16,487	2,918	4,788	5,479	5,979	7,252	6,867
Hospice Services	---	---	---	---	---	2,040	2,927	4,460	6,675	9,201	12,986	13,704
Supplementary Medical Insurance	1,272	3,179	10,494	17,132	39,072	61,069	72,599	92,418	115,579	128,755	154,906	160,853
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	95,087	97,886
Outpatient Services ²	38	397	1,962	3,443	8,773	17,256	16,787	23,346	30,335	35,411	47,573	51,367
Home Health Agency Services	17	40	175	29	78	219	4,338	4,800	5,973	8,039	12,245	11,600
Program Payments	Per Person Served											
Total	\$593	\$945	\$1,864	\$2,709	\$3,743	\$5,877	\$5,891	\$6,784	\$7,733	\$8,489	\$10,075	\$10,385
Hospital Insurance	749	1,559	3,424	4,879	8,861	14,083	13,878	15,694	17,132	18,709	21,315	23,278
Inpatient Hospital Services	741	1,512	3,342	4,814	8,668	12,279	12,318	13,466	14,525	15,581	17,197	18,816
Skilled Nursing Facility Services	774	842	1,339	1,615	3,089	7,476	7,235	8,855	9,728	11,093	14,820	16,231
Home Health Agency Services	206	348	658	1,036	1,890	4,768	2,021	3,059	3,236	3,489	4,211	3,993
Hospice Services	---	---	---	---	---	---	---	6,836	8,374	9,796	11,220	11,294
Supplementary Medical Insurance	195	277	589	880	1,450	2,062	2,477	2,934	3,531	3,934	4,853	4,973
Physician and Other												
Medical Services	190	247	484	722	1,147	1,506	1,790	2,074	2,457	2,649	3,027	3,079
Outpatient Services ²	25	116	260	379	566	840	798	1,014	1,264	1,475	2,010	2,126
Home Health Agency Services	144	299	535	1,450	2,053	4,563	3,644	4,336	4,692	5,508	6,504	6,102

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: Prior to 2002, 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 Information Products and Data Analytics.

Table 3.4
Persons Served and Program Payments for Medicare Beneficiaries, by
Demographic Characteristics: Calendar Year 2011

Demographic Characteristic	Persons Served ¹		Program Payments			
	Number in Thousands	Percent	Amount in Millions	Percent	Per Person Served ¹	Per Enrollee ²
Total	32,791	100.0	\$340,543	100.0	\$10,385	9,341
Sex						
Male	14,086	43.0	149,909	44.0	10,642	9,019
Female	18,705	57.0	190,634	56.0	10,192	9,611
Age						
Under 65 Years	6,187	18.9	66,577	19.6	10,761	9,746
65-74 Years	13,071	39.9	105,671	31.0	8,084	6,606
75-84 Years	9,001	27.5	102,808	30.2	11,422	11,136
85 Years or Over	4,532	13.8	65,487	19.2	14,451	14,891
Race³						
White	27,486	83.8	274,749	80.7	9,996	9,122
Non-White	5,189	15.8	64,900	19.1	12,507	10,500
Type of Entitlement						
Aged ⁴	26,619	81.2	274,272	80.5	10,304	9,258
Disabled ⁵	6,172	18.8	66,271	19.5	10,737	9,701
CBSA Type⁶						
Urban	24,907	76.0	268,179	78.8	10,767	9,707
Rural	7,742	23.6	71,408	21.0	9,223	8,720

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 Information Products and Data Analytics.

Table 3.5
Program Payments for Medicare Beneficiaries Residing in Urban and Rural Areas, by Area of Residence:
Calendar Year 2011

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	\$339,587	\$10,401	\$9,468	\$268,179	\$10,767	\$9,703	\$71,408	\$9,223	\$8,680
Northeast	67,682	11,288	9,996	60,631	11,598	10,229	7,050	9,176	8,355
Midwest	77,893	9,875	9,319	57,048	10,326	9,652	20,845	8,821	8,517
South	135,970	10,406	9,608	100,627	10,680	9,776	35,343	9,698	9,160
West	58,043	10,186	8,814	49,872	10,539	9,055	8,170	8,455	7,586
New England	19,549	10,792	9,566	16,757	11,114	9,815	2,792	9,196	8,303
Connecticut	4,882	11,664	10,406	4,410	11,716	10,440	472	11,195	10,101
Maine	1,768	8,458	7,538	940	8,368	7,396	828	8,563	7,706
Massachusetts	9,222	11,588	10,264	9,186	11,611	10,281	36	7,676	7,161
New Hampshire	1,736	9,400	8,193	930	9,395	7,991	806	9,406	8,441
Rhode Island	1,090	10,504	9,046	1,090	10,504	9,046	(4)	(4)	(4)
Vermont	852	8,554	7,812	202	8,006	7,346	650	8,740	7,969
Middle Atlantic	48,132	11,502	10,181	43,874	11,795	10,397	4,258	9,163	8,389
New Jersey	12,473	11,838	10,553	12,473	11,838	10,553	(4)	(4)	(4)
New York	21,568	11,795	10,255	19,849	12,188	10,552	1,718	8,597	7,738
Pennsylvania	14,091	10,820	9,769	11,551	11,133	9,984	2,540	9,591	8,895
East North Central	55,666	10,405	9,636	44,181	10,832	9,971	11,486	9,035	8,535
Illinois	16,702	10,764	9,758	14,021	11,146	9,991	2,681	9,129	8,700
Indiana	7,556	9,740	8,957	5,753	9,894	9,075	1,803	9,281	8,597
Michigan	13,243	10,923	10,320	10,722	11,675	10,996	2,522	8,576	8,181
Ohio	12,760	10,685	9,882	9,918	10,945	10,089	2,842	9,868	9,220
Wisconsin	5,406	8,776	8,352	3,768	9,084	8,645	1,638	8,141	7,748

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 2011**

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	\$22,227	\$8,759	\$8,611	\$12,868	\$8,900	\$8,696	\$9,359	\$8,572	\$8,496
Iowa	3,599	8,253	7,869	1,701	8,388	7,985	1,898	8,135	7,768
Kansas	3,226	8,979	8,336	1,840	8,792	8,053	1,387	9,240	8,744
Minnesota	4,479	8,115	10,000	2,923	8,299	10,061	1,556	7,791	9,888
Missouri	7,011	9,467	8,679	4,787	9,818	8,911	2,224	8,790	8,219
Nebraska	2,162	9,195	8,466	966	8,861	8,025	1,196	9,484	8,859
North Dakota	765	7,818	7,570	274	7,125	6,955	491	8,267	7,964
South Dakota	985	8,428	7,889	376	8,097	7,438	608	8,647	8,198
South Atlantic	72,300	10,325	9,564	58,097	10,561	9,713	14,202	9,461	9,000
Delaware	1,400	10,100	9,369	950	10,106	9,272	450	10,086	9,579
District of Columbia	783	13,172	10,953	783	13,172	10,953	(4)	(4)	(4)
Florida	25,495	11,624	10,823	23,686	11,728	10,921	1,808	10,404	9,692
Georgia	8,856	9,577	8,836	6,499	9,617	8,786	2,357	9,466	8,974
Maryland	8,111	12,265	10,852	7,473	12,333	10,858	638	11,516	10,784
North Carolina	10,949	9,203	8,725	6,751	9,187	8,635	4,198	9,229	8,874
South Carolina	5,935	9,385	8,900	4,277	9,349	8,838	1,658	9,480	9,066
Virginia	8,127	8,867	8,061	6,328	8,883	7,997	1,799	8,813	8,295
West Virginia	2,644	9,237	8,720	1,351	9,524	8,798	1,293	8,955	8,640
East South Central	23,403	9,603	8,974	13,129	9,747	9,009	10,274	9,426	8,930
Alabama	5,949	9,244	8,623	3,843	9,282	8,635	2,106	9,176	8,601
Kentucky	5,783	9,576	8,936	2,949	10,044	9,272	2,834	9,133	8,611
Mississippi	4,444	10,429	9,767	1,685	10,584	9,661	2,759	10,336	9,833
Tennessee	7,227	9,467	8,859	4,651	9,687	8,949	2,576	9,092	8,701
West South Central	40,267	11,101	10,105	29,401	11,421	10,298	10,866	10,318	9,616
Arkansas	3,580	8,609	7,911	1,848	8,677	7,880	1,731	8,537	7,945
Louisiana	5,739	11,811	10,778	3,758	11,534	10,457	1,981	12,374	11,444
Oklahoma	4,693	9,899	8,987	2,506	9,843	8,857	2,187	9,963	9,142
Texas	26,255	11,661	10,596	21,289	11,955	10,762	4,966	10,551	9,938

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 2011**

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	\$17,370	\$9,154	\$8,156	\$13,093	\$9,397	\$8,350	\$4,277	\$8,482	\$7,615
Arizona	5,277	9,602	8,663	4,725	9,589	8,694	552	9,720	8,409
Colorado	3,456	8,618	7,939	2,732	8,758	7,936	724	8,126	7,949
Idaho	1,287	8,411	7,531	775	8,566	7,699	512	8,188	7,291
Montana	1,014	7,565	6,759	328	7,303	6,633	686	7,697	6,821
Nevada	2,474	11,402	9,539	2,146	11,835	9,849	328	9,205	7,914
New Mexico	1,712	8,384	7,266	914	8,186	7,010	798	8,622	7,583
Utah	1,534	9,135	8,057	1,296	9,328	8,192	238	8,210	7,393
Wyoming	617	8,692	7,795	178	8,303	7,447	439	8,859	7,946
Pacific	40,672	10,701	9,129	36,779	11,016	9,335	3,893	8,426	7,554
Alaska	525	9,546	7,740	305	8,542	6,951	219	11,416	9,194
California	31,038	11,686	9,903	29,725	11,826	9,985	1,313	9,224	8,357
Hawaii	780	7,523	6,368	534	7,564	6,382	246	7,435	6,336
Oregon	2,732	8,161	7,087	1,662	8,225	7,018	1,070	8,064	7,198
Washington	5,598	8,591	7,510	4,553	8,808	7,608	1,045	7,756	7,112

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 Information Products and Data Analytics.

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 2011

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	32,790,900	7,719,340	6,848,480	1,864,240	1,719,600
\$1 - \$99	1,403,220	2,340	1,500	0	380
\$100 - \$499	4,137,400	34,780	10,780	460	2,180
\$500 - \$999	3,886,660	46,320	11,940	980	1,440
\$1,000 - \$1,999	5,073,960	81,460	20,620	2,060	5,180
\$2,000 - \$4,999	6,791,100	340,680	197,600	8,140	31,820
\$5,000 - \$9,999	3,829,300	1,106,120	938,380	33,460	85,260
\$10,000 - \$14,999	1,787,360	1,048,060	934,960	71,440	121,080
\$15,000 - \$19,999	1,181,700	877,680	799,880	112,560	154,620
\$20,000 - \$24,999	844,980	688,780	635,580	146,820	158,920
\$25,000 or More	3,855,220	3,493,120	3,297,240	1,488,320	1,158,720
		Amount of Program Payments in Thousands			
Total	\$340,543,035	\$179,689,818	\$128,859,086	\$30,259,071	\$6,867,184
\$1 - \$99	70,027	115	70	0	17
\$100 - \$499	1,203,403	10,106	2,746	142	554
\$500 - \$999	2,863,231	30,229	6,684	630	765
\$1,000 - \$1,999	7,387,693	101,731	20,149	2,463	6,856
\$2,000 - \$4,999	21,977,267	930,725	533,765	18,182	74,861
\$5,000 - \$9,999	27,062,896	5,142,110	4,121,612	114,501	254,967
\$10,000 - \$14,999	21,965,951	7,883,966	6,335,837	336,713	393,393
\$15,000 - \$19,999	20,511,921	9,577,499	7,444,181	718,221	509,237
\$20,000 - \$24,999	18,916,269	9,971,264	7,328,185	1,167,030	553,453
\$25,000 or More	218,584,376	146,042,073	103,065,857	27,901,189	5,073,080
		Average Program Payment per Person Served			
Total	\$10,385	\$23,278	\$18,816	\$16,231	\$3,993
\$1 - \$99	50	49	47	0	44
\$100 - \$499	291	291	255	309	254
\$500 - \$999	737	653	560	643	531
\$1,000 - \$1,999	1,456	1,249	977	1,196	1,324
\$2,000 - \$4,999	3,236	2,732	2,701	2,234	2,353
\$5,000 - \$9,999	7,067	4,649	4,392	3,422	2,990
\$10,000 - \$14,999	12,290	7,522	6,777	4,713	3,249
\$15,000 - \$19,999	17,358	10,912	9,307	6,381	3,293
\$20,000 - \$24,999	22,387	14,477	11,530	7,949	3,483
\$25,000 or More	56,698	41,808	31,258	18,747	4,378

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 2011

Hospital Insurance		Supplementary Medical Insurance		
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served ¹				
1,213,420	32,346,980	31,792,420	24,162,340	1,900,980
460	1,400,960	1,205,620	335,540	80
21,480	4,107,420	3,897,900	2,040,920	2,520
32,280	3,853,620	3,805,320	2,480,520	4,420
54,140	5,025,960	4,996,380	3,724,240	16,520
108,740	6,695,860	6,666,880	5,531,260	155,620
125,660	3,748,780	3,733,400	3,295,620	328,800
117,700	1,742,200	1,734,320	1,530,720	286,320
102,760	1,154,940	1,150,060	1,018,200	219,760
86,700	827,140	823,520	739,020	155,060
563,500	3,790,100	3,779,020	3,466,300	731,880
Amount of Program Payments in Thousands				
\$13,704,477	\$160,853,216	\$97,886,086	\$51,366,645	\$11,600,485
29	69,912	54,701	15,208	3
6,663	1,193,297	898,902	293,695	700
22,150	2,833,002	2,164,595	666,613	1,794
72,262	7,285,962	5,496,073	1,773,182	16,707
303,917	21,046,542	15,069,349	5,632,662	344,531
651,030	21,920,786	14,062,621	6,641,481	1,216,684
818,022	14,081,986	8,071,046	4,380,805	1,630,135
905,860	10,934,422	6,168,329	3,249,586	1,516,507
922,596	8,945,005	5,034,395	2,738,043	1,172,567
10,001,947	72,542,303	40,866,077	25,975,369	5,700,857
Average Program Payment per Person Served				
\$11,294	\$4,973	\$3,079	\$2,126	\$6,102
62	50	45	45	43
310	291	231	144	278
686	735	569	269	406
1,335	1,450	1,100	476	1,011
2,795	3,143	2,260	1,018	2,214
5,181	5,847	3,767	2,015	3,700
6,950	8,083	4,654	2,862	5,693
8,815	9,468	5,363	3,192	6,901
10,641	10,814	6,113	3,705	7,562
17,750	19,140	10,814	7,494	7,789

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 2011

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	26,618,640	6,349,580	5,533,340	1,694,760	1,500,620
\$1 - \$99	976,920	1,840	1,100	0	300
\$100 - \$499	3,154,120	30,240	7,540	420	1,680
\$500 - \$999	3,160,940	40,360	7,540	960	1,160
\$1,000 - \$1,999	4,213,320	69,260	11,860	1,900	4,180
\$2,000 - \$4,999	5,688,880	271,160	137,700	7,400	27,620
\$5,000 - \$9,999	3,142,880	887,620	730,860	30,940	76,840
\$10,000 - \$14,999	1,460,860	856,000	750,900	66,640	108,500
\$15,000 - \$19,999	977,120	729,960	656,920	105,500	138,780
\$20,000 - \$24,999	703,120	577,440	527,640	137,440	142,120
\$25,000 or More	3,140,480	2,885,700	2,701,280	1,343,560	999,440
		Amount of Program Payments in Thousands			
Total	\$274,272,407	\$147,005,791	\$100,439,782	\$27,499,724	\$6,045,087
\$1 - \$99	49,205	94	53	0	14
\$100 - \$499	930,925	8,866	1,890	132	421
\$500 - \$999	2,332,125	27,009	4,480	621	617
\$1,000 - \$1,999	6,139,692	88,760	11,806	2,308	5,466
\$2,000 - \$4,999	18,414,020	744,734	374,752	16,617	64,681
\$5,000 - \$9,999	22,175,921	4,129,111	3,173,567	104,114	231,204
\$10,000 - \$14,999	17,952,913	6,472,567	5,033,538	313,491	353,389
\$15,000 - \$19,999	16,963,305	8,032,919	6,035,177	678,833	461,722
\$20,000 - \$24,999	15,740,757	8,436,968	5,959,834	1,098,865	499,047
\$25,000 or More	173,573,544	119,064,764	79,844,685	25,284,743	4,428,527
		Average Program Payment per Person Served			
Total	\$10,304	\$23,152	\$18,152	\$16,226	\$4,028
\$1 - \$99	50	51	48	0	46
\$100 - \$499	295	293	251	314	250
\$500 - \$999	738	669	594	647	532
\$1,000 - \$1,999	1,457	1,282	995	1,215	1,308
\$2,000 - \$4,999	3,237	2,746	2,722	2,246	2,342
\$5,000 - \$9,999	7,056	4,652	4,342	3,365	3,009
\$10,000 - \$14,999	12,289	7,561	6,703	4,704	3,257
\$15,000 - \$19,999	17,361	11,005	9,187	6,434	3,327
\$20,000 - \$24,999	22,387	14,611	11,295	7,995	3,511
\$25,000 or More	55,270	41,260	29,558	18,819	4,431

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 2011

Hospital Insurance		Supplementary Medical Insurance			Home Health Agency
Hospice	Total	Physician	Outpatient		
Number of Persons Served ¹					
1,147,920	26,240,240	25,861,700	19,502,720		1,636,620
440	975,140	852,980	219,580		40
20,700	3,127,620	2,991,880	1,515,900		1,740
31,020	3,130,900	3,095,680	1,978,560		3,620
51,800	4,170,000	4,146,480	3,046,660		13,320
103,640	5,607,720	5,583,740	4,584,120		134,160
120,060	3,076,320	3,063,080	2,684,780		288,220
111,560	1,423,200	1,416,200	1,239,020		250,880
97,440	954,880	950,400	832,620		191,440
82,660	687,960	684,840	609,400		134,600
528,600	3,086,500	3,076,420	2,792,080		618,600
Amount of Program Payments in Thousands					
\$13,021,198	\$127,266,616	\$79,722,774	\$37,640,341		\$9,903,501
27	49,111	39,149	9,961		1
6,424	922,059	709,544	212,019		496
21,291	2,305,117	1,798,087	505,518		1,511
69,180	6,050,932	4,648,595	1,388,853		13,484
288,683	17,669,286	12,847,954	4,523,177		298,155
620,225	18,046,811	11,678,663	5,305,598		1,062,549
772,150	11,480,345	6,577,763	3,477,924		1,424,658
857,187	8,930,387	5,062,017	2,560,066		1,308,304
879,222	7,303,789	4,158,024	2,133,843		1,011,922
9,506,809	54,508,780	32,202,978	17,523,381		4,782,421
Average Program Payment per Person Served					
\$11,343	\$4,850	\$3,083	\$1,930		\$6,051
62	50	46	45		24
310	295	237	140		285
686	736	581	255		417
1,336	1,451	1,121	456		1,012
2,785	3,151	2,301	987		2,222
5,166	5,866	3,813	1,976		3,687
6,921	8,067	4,645	2,807		5,679
8,797	9,352	5,326	3,075		6,834
10,637	10,617	6,072	3,502		7,518
17,985	17,660	10,468	6,276		7,731

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 2011

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	6,172,260	1,369,760	1,315,140	169,480	218,980
\$1 - \$99	426,300	500	400	0	80
\$100 - \$499	983,280	4,540	3,240	40	500
\$500 - \$999	725,720	5,960	4,400	20	280
\$1,000 - \$1,999	860,640	12,200	8,760	160	1,000
\$2,000 - \$4,999	1,102,220	69,520	59,900	740	4,200
\$5,000 - \$9,999	686,420	218,500	207,520	2,520	8,420
\$10,000 - \$14,999	326,500	192,060	184,060	4,800	12,580
\$15,000 - \$19,999	204,580	147,720	142,960	7,060	15,840
\$20,000 - \$24,999	141,860	111,340	107,940	9,380	16,800
\$25,000 or More	714,740	607,420	595,960	144,760	159,280
		Amount of Program Payments in Thousands			
Total	\$66,270,628	\$32,684,028	\$28,419,304	\$2,759,347	\$822,097
\$1 - \$99	20,822	21	17	0	3
\$100 - \$499	272,478	1,240	856	10	134
\$500 - \$999	531,105	3,221	2,204	9	148
\$1,000 - \$1,999	1,248,002	12,971	8,343	155	1,391
\$2,000 - \$4,999	3,563,247	185,991	159,013	1,565	10,180
\$5,000 - \$9,999	4,886,975	1,012,999	948,044	10,387	23,763
\$10,000 - \$14,999	4,013,039	1,411,398	1,302,300	23,222	40,004
\$15,000 - \$19,999	3,548,616	1,544,580	1,409,004	39,389	47,514
\$20,000 - \$24,999	3,175,512	1,534,296	1,368,350	68,165	54,406
\$25,000 or More	45,010,832	26,977,310	23,221,172	2,616,446	644,554
		Average Program Payment per Person Served			
Total	\$10,737	\$23,861	\$21,609	\$16,281	\$3,754
\$1 - \$99	49	43	43	0	37
\$100 - \$499	277	273	264	255	268
\$500 - \$999	732	540	501	452	530
\$1,000 - \$1,999	1,450	1,063	952	970	1,391
\$2,000 - \$4,999	3,233	2,675	2,655	2,114	2,424
\$5,000 - \$9,999	7,120	4,636	4,568	4,122	2,822
\$10,000 - \$14,999	12,291	7,349	7,075	4,838	3,180
\$15,000 - \$19,999	17,346	10,456	9,856	5,579	3,000
\$20,000 - \$24,999	22,385	13,780	12,677	7,267	3,238
\$25,000 or More	62,975	44,413	38,964	18,074	4,047

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 Information Products and Data Analytics.

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 2011

Hospital Insurance		Supplementary Medical Insurance		
Hospice	Total	Physician	Outpatient	Home Health Agency
Number of Persons Served ¹				
65,500	6,106,740	5,930,720	4,659,620	264,360
20	425,820	352,640	115,960	40
780	979,800	906,020	525,020	780
1,260	722,720	709,640	501,960	800
2,340	855,960	849,900	677,580	3,200
5,100	1,088,140	1,083,140	947,140	21,460
5,600	672,460	670,320	610,840	40,580
6,140	319,000	318,120	291,700	35,440
5,320	200,060	199,660	185,580	28,320
4,040	139,180	138,680	129,620	20,460
34,900	703,600	702,600	674,220	113,280
Amount of Program Payments in Thousands				
\$683,280	\$33,586,600	\$18,163,313	\$13,726,303	\$1,696,984
1	20,801	15,552	5,246	2
239	271,238	189,358	81,676	204
859	527,885	366,507	161,094	283
3,082	1,235,031	847,478	384,330	3,223
15,234	3,377,256	2,221,395	1,109,485	46,376
30,805	3,873,976	2,383,958	1,335,883	154,135
45,872	2,601,640	1,493,283	902,881	205,477
48,674	2,004,035	1,106,312	689,520	208,203
43,375	1,641,216	876,371	604,201	160,645
495,138	18,033,523	8,663,099	8,451,988	918,436
Average Program Payment per Person Served				
\$10,432	\$5,500	\$3,063	\$2,946	\$6,419
67	49	44	45	62
307	277	209	156	261
682	730	516	321	354
1,317	1,443	997	567	1007
2,987	3,104	2,051	1,171	2,161
5,501	5,761	3,556	2,187	3,798
7,471	8,156	4,694	3,095	5,798
9,149	10,017	5,541	3,715	7,352
10,736	11,792	6,319	4,661	7,852
14,187	25,630	12,330	12,536	8,108