

Table 55

**Medicare Supplementary Medical Insurance Disbursements for Benefits, by Type of Provider:  
Selected Calendar Years 1970-2002**

Type of Provider	1970	1975	1980	1985	1990
Amount in Millions					
Total, Old Format <sup>1</sup>	\$1,975	\$4,273	\$10,635	\$22,947	\$42,468
Physicians and Suppliers <sup>2</sup>	1,790	3,416	8,187	17,312	29,609
Outpatient Facilities <sup>3</sup>	114	643	1,897	4,319	8,482
Managed Care <sup>4</sup>	26	80	203	720	2,827
Home Health Agencies <sup>5</sup>	34	95	234	38	74
Independent Laboratories	11	39	114	558	1,476
Total, New Format <sup>1,6</sup>	---	---	---	---	---
Physician Fee Schedule	---	---	---	---	---
Durable Medical Equipment	---	---	---	---	---
Carrier Laboratories	---	---	---	---	---
Other Carrier	---	---	---	---	---
Hospital	---	---	---	---	---
Home Health Agencies <sup>5</sup>	---	---	---	---	---
Intermediary Laboratories	---	---	---	---	---
Other Intermediary	---	---	---	---	---
Managed Care	---	---	---	---	---
Percent Distribution					
Total, Old Format <sup>1</sup>	100.0	100.0	100.0	100.0	100.0
Physicians and Suppliers <sup>2</sup>	90.6	79.9	77.0	75.4	69.7
Outpatient Facilities <sup>3</sup>	5.8	15.0	17.8	18.8	20.0
Managed Care <sup>4</sup>	1.3	1.9	1.9	3.1	6.7
Home Health Agencies <sup>5</sup>	1.7	2.2	2.2	0.2	0.2
Independent Laboratories	0.6	0.9	1.1	2.4	3.5
Total, New Format <sup>1,6</sup>	---	---	---	---	---
Physician Fee Schedule	---	---	---	---	---
Durable Medical Equipment	---	---	---	---	---
Carrier Laboratories	---	---	---	---	---
Other Carrier	---	---	---	---	---
Hospital	---	---	---	---	---
Home Health Agencies <sup>5</sup>	---	---	---	---	---
Intermediary Laboratories	---	---	---	---	---
Other Intermediary	---	---	---	---	---
Managed Care	---	---	---	---	---

<sup>1</sup>Represents disbursements accrued on a cash-flow basis. Excludes disbursements for program administration and the net cost of private health insurance, government public health activities, and research and construction.

<sup>2</sup>Excludes disbursements for health maintenance organizations, competitive medical plans, and other prepaid health plans.

<sup>3</sup>Includes disbursements for hospital outpatient facilities, end stage renal disease freestanding facilities, rural health clinics, and outpatient rehabilitation facilities.

<sup>4</sup>Includes disbursements for health maintenance organizations, competitive medical plans, and other prepaid health plans.

<sup>5</sup>As a result of the 1980 Omnibus Budget Reconciliation Act legislation, most home health agency services were covered under the hospital insurance program beginning in 1981. The 1997 Balanced Budget Act provided that home health agency services, associated with a hospital or skilled nursing facility stay after the first 100 visits, be transferred from Part A (HI) to Part B (SMI).

<sup>6</sup>Costs for peer review organization activity, from 1991-2002, are excluded from the totals.

NOTES: Numbers may not add to totals because of rounding. --- not available. HI is health insurance. SMI is supplemental medical insurance.

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, Division of Medicare and Medicaid Cost Estimates; data development by the Office of Research, Development, and Information.

Table 55—Continued

**Medicare Supplementary Medical Insurance Disbursements for Benefits, by Type of Provider  
Selected Calendar Years 1970-2002**

1995	1997	1999	2000	2001	2002
Amount in Millions					
\$64,972	\$72,757	---	---	---	---
40,474	42,411	---	---	---	---
15,625	17,416	---	---	---	---
6,608	10,980	---	---	---	---
200	228	---	---	---	---
2,065	1,722	---	---	---	---
\$64,970	\$72,740	\$81,287	\$90,552	\$102,709	\$112,042
31,660	31,898	33,354	36,963	42,034	44,804
3,689	4,236	4,279	4,718	5,439	6,553
2,807	2,385	2,078	2,226	2,436	2,787
4,530	5,586	6,451	7,408	8,904	10,869
8,666	9,358	8,790	8,490	12,804	13,532
229	239	1,179	4,359	4,450	5,089
1,448	1,503	1,680	1,782	1,941	2,227
5,331	6,575	5,773	6,248	7,141	8,683
6,610	10,962	17,702	18,358	17,560	17,497
100.0	100.0	---	---	---	---
62.3	58.3	---	---	---	---
24.0	23.9	---	---	---	---
10.2	15.1	---	---	---	---
0.3	0.3	---	---	---	---
3.2	2.4	---	---	---	---
100.0	100.0	100.0	100.0	100.0	100.0
48.7	43.9	41.0	40.8	40.9	40.0
5.7	5.8	5.3	5.2	5.3	5.8
4.3	3.3	2.6	2.5	2.4	2.5
7.0	7.7	7.9	8.2	8.7	9.7
13.3	12.9	10.8	9.4	12.5	12.1
0.4	0.3	1.5	4.8	4.3	4.5
2.2	2.1	2.1	2.0	1.9	2.0
8.2	9.0	7.1	6.9	7.0	7.7
10.2	15.1	21.8	20.3	17.1	15.6