

Table 3.2

## Medicare Program Payments, by Type of Coverage and Type of Entitlement: Calendar Years 1967-2004

Year	Hospital Insurance and/or Supplementary Medical Insurance			Hospital Insurance			Supplementary Medical Insurance		
	Total	Aged <sup>1</sup>	Disabled <sup>2</sup>	Total	Aged <sup>1</sup>	Disabled <sup>2</sup>	Total	Aged <sup>1</sup>	Disabled <sup>2</sup>
	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 <sup>3</sup>	6,848	6,674	\$174 <sup>3</sup>	2,403	2,364	\$39 <sup>3</sup>
1974	11,238	10,257	981	8,118	7,454	664	3,120	2,803	317
1975	14,549	13,056	1,492	10,519	9,537	982	4,029	3,519	511
1976	17,619	15,637	1,983	12,794	11,496	1,298	4,825	4,141	684
1977	20,477	18,015	2,462	14,710	13,116	1,594	5,767	4,898	869
1978	23,543	20,579	2,964	16,630	14,741	1,890	6,912	5,838	1,074
1979	27,699	24,005	3,694	19,258	16,940	2,317	8,441	7,065	1,377
1980	33,725	29,224	4,501	23,194	20,404	2,790	10,531	8,820	1,710
1981	39,918	36,614	5,304	27,486	24,181	3,306	12,432	10,434	1,999
1982	48,134	41,787	6,347	33,333	29,360	3,973	14,802	12,427	2,375
1983	53,438	46,727	6,711	36,314	32,141	4,173	17,124	14,586	2,538
1984	59,132	52,118	7,014	40,608	36,084	4,524	18,525	16,034	2,490
1985	63,877	56,428	7,449	42,266	37,511	4,755	21,611	18,918	2,693
1986	68,863	60,810	8,053	44,566	39,507	5,059	24,297	21,304	2,994
1987	75,817	67,098	8,719	47,414	42,131	5,283	28,402	24,966	3,436
1988	81,403	72,187	9,217	50,689	45,111	5,578	30,715	27,076	3,639
1989	93,844	82,757	11,087	57,942	51,111	6,830	35,903	31,646	4,257

See footnotes at end of table.

Table 3.2—Continued

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Year	Hospital Insurance and/or Supplementary Medical Insurance			Hospital Insurance			Supplementary Medical Insurance		
	Total	Aged <sup>1</sup>	Disabled <sup>2</sup>	Total	Aged <sup>1</sup>	Disabled <sup>2</sup>	Total	Aged <sup>1</sup>	Disabled <sup>2</sup>
Amount in Millions									
1990	\$101,419	\$89,620	\$11,799	\$62,347	\$55,170	\$7,177	\$39,072	\$34,449	\$4,623
1991	110,887	98,059	12,828	68,998	61,280	7,718	41,889	36,779	5,110
1992	120,710	106,241	14,469	76,661	67,883	8,777	44,049	38,357	5,692
1993	129,386	113,491	15,894	82,099	72,577	9,522	47,287	40,914	6,372
1994	146,549	127,714	18,835	94,205	82,693	11,512	52,343	45,021	7,323
1995	158,980	137,952	21,029	101,835	89,131	12,704	57,145	48,821	8,325
1996	167,063	144,485	22,577	107,949	94,389	13,559	59,114	50,096	9,018
1997	175,423	151,655	23,768	114,327	100,034	14,293	61,096	51,621	9,475
1998	168,164	144,418	23,746	102,542	89,013	13,529	65,622	55,405	10,217
1999	166,687	142,425	24,262	98,847	85,413	13,434	67,839	57,012	10,828
2000	174,261	148,488	25,773	101,663	87,549	14,114	72,599	60,939	11,660
2001	197,505	167,825	29,680	113,846	97,807	16,039	83,658	70,017	13,641
2002	215,411	182,303	33,108	122,993	105,384	17,609	92,418	76,919	15,499
2003	232,821	195,726	37,095	129,552	110,396	19,156	103,269	85,331	17,939
2004	255,325	213,241	42,085	139,747	118,424	21,323	115,579	94,817	20,762
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
1967-2004	11.7	11.2	---	11.0	10.5	---	13.0	12.4	---
1974-2004	11.0	10.6	13.4	10.0	9.7	12.3	12.8	12.5	15.0
1983-2004	7.7	7.5	9.1	6.6	6.4	8.1	9.5	9.3	10.5

<sup>1</sup>Represents all enrollees 65 years of age or over, including those with end stage renal disease.

<sup>2</sup>Represents 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.

<sup>3</sup>Represents reimbursements for the last 6 months of 1973.

NOTES: Medicare program payments represent unadjusted amounts paid for covered services incurred during a calendar year under Medicare fee-for-service only and exclude payments for managed care services. Program payments differ from benefit payments, which reflect estimates of interim and retroactive adjustments made to institutional providers as well as payments for managed care. Refer to glossary for definitions of and distinctions between program payments and benefit payments.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility. Effective 2002, data from the Medicare Data Extract System; data development by the Office of Research, Development, and Information.