



Table 13—Continued

**Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:  
Selected Calendar Years 1967-2002**

Type of Coverage and Service	Year										Average Annual Rate of Change		
	1967	1974	1980	1983	1990	1995	1997	2000	2001	2002	1967-83	1983-02	1967-02
<b>Program Payments</b>	Amount in Millions												
Total	\$4,239	\$11,179	\$33,613	\$53,446	\$101,419	\$158,980	\$175,423	\$174,261	\$197,505	\$215,411	17.2	7.6	11.9
Hospital Insurance	2,967	8,000	23,119	36,314	62,347	101,835	114,327	101,663	113,846	122,993	16.9	6.6	11.2
Inpatient Hospital Services	2,667	7,680	22,297	34,519	56,716	78,944	84,563	85,197	92,966	99,382	17.4	5.7	10.9
Skilled Nursing Facility Services	274	224	344	428	1,971	7,799	11,237	10,621	12,989	14,363	2.8	20.3	12.0
Home Health Agency Services	26	96	478	1,366	3,660	15,092	16,487	2,918	4,224	4,788	28.1	6.8	16.1
Supplementary Medical Insurance	1,272	3,179	10,494	17,132	39,072	57,145	61,069	72,599	83,658	92,418	17.6	9.3	13.0
Physician and Other													
Medical Services	1,217	2,740	8,358	13,660	30,222	41,617	43,621	51,474	59,133	64,272	16.3	8.5	12.0
Outpatient Services <sup>2</sup>	38	397	1,962	3,443	8,773	15,328	17,256	16,787	20,238	23,346	32.5	10.6	20.0
Home Health Agency Services	17	40	175	29	78	200	219	4,338	4,287	4,800	3.4	30.8	17.5
<b>Program Payments</b>	Per Person Served												
Total	\$593	\$945	\$1,864	\$2,709	\$3,743	\$5,226	\$5,877	\$5,891	\$6,437	\$6,784	10.0	5.0	7.2
Hospital Insurance	749	1,559	3,424	4,879	8,861	12,672	14,083	13,878	14,968	15,694	12.4	6.3	9.1
Inpatient Hospital Services	741	1,512	3,342	4,814	8,668	11,336	12,279	12,318	12,947	13,466	12.4	5.6	8.6
Skilled Nursing Facility Services	774	842	1,339	1,615	3,089	6,325	7,476	7,235	8,410	8,855	4.7	9.4	7.2
Home Health Agency Services	206	348	658	1,036	1,890	4,404	4,768	2,021	2,889	3,059	10.6	5.9	8.0
Supplementary Medical Insurance	195	277	589	880	1,450	1,889	2,062	2,477	2,749	2,934	9.9	6.5	8.1
Physician and Other													
Medical Services	190	247	484	722	1,147	1,409	1,506	1,790	1,977	2,074	8.7	5.7	7.1
Outpatient Services <sup>2</sup>	25	116	260	379	566	778	840	798	914	1,014	18.5	5.3	11.1
Home Health Agency Services	144	299	535	1,450	2,053	4,878	4,563	3,644	4,083	4,336	15.5	5.9	10.2

<sup>1</sup>Does 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.

<sup>2</sup>Prior 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.

<sup>3</sup>Beginning with 1994, Medicare enrollees in managed care plans are not included in the denominator used to calculate the utilization rates.

NOTES: Included in the total program payments and in the total hospital insurance payments for 1997, 2000, 2001 and 2002, are \$2.0, \$2.9, \$3.7, and \$4.5 billion dollars, respectively for hospice services not shown separately. The change in program payments and utilization for home health between 1997 and 2002 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 benefit was also affected by the efforts to identify fraudulent activities in the use of services. 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; data development by the Office of Research, Development, and Information.