

Table 13

**Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:  
Selected Calendar Years 1967-2003**

Type of Coverage and Service	Year										Average Annual Rate of Change		
	1967	1974	1980	1983	1990	1995	1997	2000	2002	2003	1967-1983	1983-2003	1967-2003
<b>Type of Coverage</b>	Number of Enrollees in Thousands												
Hospital Insurance and/or													
Supplementary Medical Insurance	19,521	24,201	28,478	30,026	34,213	37,566	38,465	39,632	40,503	41,126	2.7	1.6	2.1
Hospital Insurance	19,494	23,924	28,067	29,587	33,731	37,152	38,059	39,211	40,079	40,696	2.6	1.6	2.1
Supplementary Medical Insurance	17,893	23,167	27,400	28,975	32,636	35,711	36,479	37,369	38,088	38,629	3.1	1.4	2.2
<b>Type of Coverage and Service</b>													
<b>Persons Served<sup>1</sup></b>	Number of Persons Served in Thousand:												
Total	7,154	11,833	18,031	19,732	27,099	30,423	29,847	29,583	31,754	32,587	6.5	2.5	4.3
Hospital Insurance	3,960	5,133	6,752	7,443	7,036	8,036	8,118	7,325	7,837	8,022	4.0	0.4	2.0
Inpatient Hospital Services	3,601	5,081	6,672	7,170	6,543	6,964	6,887	6,917	7,380	7,521	4.4	0.2	2.1
Skilled Nursing Facility Services	354	266	257	265	638	1,233	1,503	1,468	1,622	1,693	-1.8	9.7	4.4
Home Health Agency Services	126	276	726	1,318	1,936	3,427	3,458	1,444	1,565	1,618	15.8	1.0	7.3
Supplementary Medical Insurance	6,523	11,468	17,822	19,472	26,951	30,249	29,620	29,313	31,499	32,323	7.1	2.6	4.5
Physician and Other													
Medical Services	6,415	11,079	17,258	18,923	26,350	29,539	28,961	28,763	30,993	31,830	7.0	2.6	4.5
Outpatient Services <sup>2</sup>	1,511	3,431	7,538	9,089	15,511	19,709	20,543	21,029	23,015	23,600	11.9	4.9	7.9
Home Health Agency Services	118	134	327	20	38	41	48	1,190	1,107	1,185	-10.5	22.6	6.6
<b>Persons Served</b>	Rate per 1,000 Enrollees <sup>3</sup>												
Total	366	489	633	657	792	893	904	904	908	910	3.7	1.6	2.6
Hospital Insurance	203	215	241	252	209	239	249	227	227	227	1.3	-0.5	0.3
Inpatient Hospital Services	185	212	238	242	194	207	211	214	214	213	1.7	-0.7	0.4
Skilled Nursing Facility Services	18	11	9	9	19	37	46	45	47	48	-4.3	8.7	2.7
Home Health Agency Services	6	12	26	45	57	102	106	45	45	46	12.8	0.1	5.6
Supplementary Medical Insurance	365	495	650	672	826	939	955	962	967	970	3.9	1.9	2.8
Physician and Other													
Medical Services	359	478	630	653	807	917	934	944	952	955	3.8	1.9	2.8
Outpatient Services <sup>2</sup>	84	148	275	314	475	612	662	690	707	708	8.5	4.2	6.1
Home Health Agency Services	7	6	12	1	1	1	2	39	34	36	-13.2	21.8	4.8

See footnotes at end of table.

Table 13—Continued

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Type of Coverage and Service	Year										Average Annual Rate of Change		
	1967	1974	1980	1983	1990	1995	1997	2000	2002	2003	1967-1983	1983-2003	1967-2003
<b>Program Payments</b>	Amount in Millions												
Total	\$4,239	\$11,179	\$33,613	\$53,446	\$101,419	\$158,980	\$175,423	\$174,261	\$215,411	\$232,821	17.2	7.6	11.8
Hospital Insurance	2,967	8,000	23,119	36,314	62,347	101,835	114,327	101,663	122,993	129,552	16.9	6.6	11.1
Inpatient Hospital Services	2,667	7,680	22,297	34,519	56,716	78,944	84,563	85,197	99,382	104,283	17.4	5.7	10.7
Skilled Nursing Facility Services	274	224	344	428	1,971	7,799	11,237	10,621	14,363	14,775	2.8	19.4	11.7
Home Health Agency Services	26	96	478	1,366	3,660	15,092	16,487	2,918	4,788	4,916	28.1	6.6	15.7
Supplementary Medical Insurance	1,272	3,179	10,494	17,132	39,072	57,145	61,069	72,599	92,418	103,269	17.6	9.4	13.0
Physician and Other Medical Services	1,217	2,740	8,358	13,660	30,222	41,617	43,621	51,474	64,272	71,791	16.3	8.7	12.0
Outpatient Services <sup>2</sup>	38	397	1,962	3,443	8,773	15,328	17,256	16,787	23,346	26,286	32.5	10.7	20.0
Home Health Agency Services	17	40	175	29	78	200	219	4,338	4,800	5,192	3.4	30.8	17.2
<b>Program Payments</b>	Per Person Served												
Total	\$593	\$945	\$1,864	\$2,709	\$3,743	\$5,226	\$5,877	\$5,891	\$6,784	\$7,145	10.0	5.0	7.2
Hospital Insurance	749	1,559	3,424	4,879	8,861	12,672	14,083	13,878	15,694	16,150	12.4	6.2	8.9
Inpatient Hospital Services	741	1,512	3,342	4,814	8,668	11,336	12,279	12,318	13,466	13,866	12.4	5.4	8.5
Skilled Nursing Facility Services	774	842	1,339	1,615	3,089	6,325	7,476	7,235	8,855	8,727	4.7	8.8	7.0
Home Health Agency Services	206	348	658	1,036	1,890	4,404	4,768	2,021	3,059	3,038	10.6	5.5	7.8
Supplementary Medical Insurance	195	277	589	880	1,450	1,889	2,062	2,477	2,934	3,195	9.9	6.7	8.1
Physician and Other Medical Services	190	247	484	722	1,147	1,409	1,506	1,790	2,074	2,255	8.7	5.9	7.1
Outpatient Services <sup>2</sup>	25	116	260	379	566	778	840	798	1,014	1,114	18.5	5.5	11.1
Home Health Agency Services	144	299	535	1,450	2,053	4,878	4,563	3,644	4,336	4,383	15.5	5.7	10.0

<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, 2002, and 2003 are \$2.0, \$2.9, \$4.5, and \$5.6 billion dollars, respectively for hospice services not shown separately. The change in program payments and utilization for home health between 1997 and 2003 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; data development by the Office of Research, Development, and Information.