

Table 134 (page 1 of 2). Medicare enrollees and expenditures and percent distribution, according to type of service: United States and other areas, selected years 1970–2001

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of service	1970	1980	1990	1995	1997	1998	1999	2000	2001 ¹
Enrollees									
Number in millions									
Total ²	20.4	28.4	34.3	37.6	38.5	38.9	39.2	39.7	40.0
Hospital insurance	20.1	28.0	33.7	37.2	38.1	38.5	38.8	39.3	39.6
Supplementary medical insurance	19.5	27.3	32.6	35.6	36.4	36.8	37.0	37.3	37.6
Expenditures									
Amount in billions									
Total	\$ 7.5	\$ 36.8	\$ 111.0	\$184.2	\$213.6	\$213.4	\$212.9	\$221.8	\$244.8
Total hospital insurance (HI)	5.3	25.6	67.0	117.6	139.5	135.8	130.6	131.1	143.4
HI payments to managed care organizations ³	---	0.0	2.7	6.7	16.3	19.0	20.9	21.4	20.8
HI payments for fee-for-service utilization	5.3	25.6	64.3	110.9	123.1	116.8	109.8	109.7	122.6
Inpatient hospital	4.8	24.1	56.9	82.3	89.2	87.4	86.5	87.3	95.6
Skilled nursing facility	0.2	0.4	2.5	9.1	12.5	13.1	10.9	10.9	13.4
Home health agency	0.1	0.5	3.7	16.2	17.5	11.6	7.3	3.9	4.2
Home health agency transfer ⁴	---	---	---	---	---	0.5	0.6	1.7	3.1
Hospice	---	---	0.3	1.9	2.1	2.2	2.6	3.0	3.7
Administrative expenses ⁵	0.2	0.5	0.9	1.4	1.9	2.0	2.0	2.9	2.5
Total supplementary medical insurance (SMI)	2.2	11.2	44.0	66.6	74.1	77.6	82.3	90.7	101.4
SMI payments to managed care organizations ³	0.0	0.2	2.8	6.6	11.0	15.3	17.7	18.4	17.6
SMI payments for fee-for-service utilization ⁶	2.2	11.0	41.2	60.0	63.2	62.3	64.6	72.3	83.8
Physician/supplies ⁷	1.8	8.2	29.6	---	---	---	---	---	---
Outpatient hospital ⁸	0.1	1.9	8.5	---	---	---	---	---	---
Independent laboratory ⁹	0.0	0.1	1.5	---	---	---	---	---	---
Physician fee schedule	---	---	---	31.7	31.9	32.4	33.4	37.0	42.0
Durable medical equipment	---	---	---	3.7	4.2	4.0	4.3	4.7	5.4
Laboratory ¹⁰	---	---	---	4.3	3.9	3.6	3.8	4.0	4.5
Other ¹¹	---	---	---	9.9	12.2	12.3	12.2	13.7	16.9
Hospital ¹²	---	---	---	8.7	9.4	8.7	8.8	8.5	11.9
Home health agency	0.0	0.2	0.1	0.2	0.2	0.2	1.2	4.4	4.3
Home health agency transfer ⁴	---	---	---	---	---	-0.5	-0.6	-1.7	-3.1
Administrative expenses ⁵	0.2	0.6	1.5	1.6	1.4	1.5	1.6	1.8	1.7
Percent distribution of expenditures									
Total hospital insurance (HI)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
HI payments to managed care organizations ³	---	0.0	4.0	5.7	11.7	14.0	16.0	16.3	14.5
HI payments for fee-for-service utilization	100.0	100.0	96.0	94.3	88.2	86.0	84.1	83.7	85.5
Inpatient hospital	90.6	94.1	84.9	70.0	63.9	64.4	66.2	66.6	66.7
Skilled nursing facility	3.8	1.6	3.7	7.8	9.0	9.6	8.3	8.3	9.3
Home health agency	1.9	2.0	5.5	13.8	12.5	8.5	5.5	3.0	2.9
Home health agency transfer ⁴	---	---	---	---	---	0.4	0.5	1.3	2.2
Hospice	---	---	0.4	1.6	1.5	1.6	2.0	2.3	2.6
Administrative expenses ⁵	3.8	2.0	1.3	1.2	1.4	1.5	1.5	2.2	1.7

See footnotes at end of table.

Table 134 (page 2 of 2). Medicare enrollees and expenditures and percent distribution, according to type of service: United States and other areas, selected years 1970–2001

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of service	1970	1980	1990	1995	1997	1998	1999	2000	2001 ¹
Percent distribution of expenditures									
Total supplementary medical insurance (SMI)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
SMI payments to managed care organizations ³ .	0.0	1.8	6.4	9.9	14.8	19.7	21.5	20.3	17.4
SMI payments for fee-for-service utilization ⁶	100.0	98.2	93.6	90.1	85.3	80.3	78.5	79.7	82.6
Physician/supplies ⁷	81.8	73.2	67.3	---	---	---	---	---	---
Outpatient hospital ⁸	4.5	17.0	19.3	---	---	---	---	---	---
Independent laboratory ⁹	0.0	0.9	3.4	---	---	---	---	---	---
Physician fee schedule	---	---	---	47.6	43.0	41.8	40.6	40.8	41.4
Durable medical equipment	---	---	---	5.6	5.7	5.2	5.2	5.2	5.3
Laboratory ¹⁰	---	---	---	6.5	5.3	4.6	4.6	4.4	4.4
Other ¹¹	---	---	---	14.9	16.5	15.9	14.8	15.1	16.7
Hospital ¹²	---	---	---	13.0	12.7	11.2	10.7	9.4	11.7
Home health agency	0.0	1.8	0.2	0.3	0.3	0.3	1.5	4.9	4.2
Home health agency transfer ⁴	---	---	---	---	---	-0.6	-0.7	-1.9	-3.1
Administrative expenses ⁵	9.1	5.4	3.4	2.4	1.9	1.9	1.9	2.0	1.7

--- Data not available.

0.0 Quantity greater than 0 but less than 0.05.

¹Preliminary figures.

²Average number enrolled in the hospital insurance (HI) and/or supplementary medical insurance (SMI) programs for the period. See Appendix II, Medicare.

³Medicare-approved managed care organizations.

⁴Reflects annual home health HI to SMI transfer amounts for 1998 and later.

⁵Includes research, costs of experiments and demonstration projects, and peer review activity.

⁶Type of service reporting categories for fee-for-service reimbursement differ before and after 1991.

⁷Includes payment for physicians, practitioners, durable medical equipment, and all suppliers other than Independent laboratory, which is shown separately through 1990. Beginning in 1991, those physician services subject to the Physician fee schedule are so broken out. Payments for laboratory services paid under the Laboratory fee schedule and performed in a physician office are included under "Laboratory" beginning in 1991. Payments for durable medical equipment are broken out and so labeled beginning in 1991. The remaining services from the "Physician" category are included in "Other."

⁸Includes payments for hospital outpatient department services, for skilled nursing facility outpatient services, for Part B services received as an inpatient in a hospital or skilled nursing facility setting, and for other types of outpatient facilities. Beginning 1991, payments for hospital outpatient department services, except for laboratory services, are listed under "Hospital." Hospital outpatient laboratory services are included in the "Laboratory" line.

⁹Beginning in 1991 those independent laboratory services that were paid under the Laboratory fee schedule (most of independent lab) are included in the "Laboratory" line; the remaining services are included in "Physician fee schedule" and "Other" lines.

¹⁰Payments for laboratory services paid under the Laboratory fee schedule performed in a physician office, independent lab, or in a hospital outpatient department.

¹¹Includes payments for physician-administered drugs, free-standing ambulatory surgical center facility services; ambulance services; supplies; free-standing end-stage renal disease (ESRD) dialysis facility services; rural health clinics; outpatient rehabilitation facilities; psychiatric hospitals; and federally qualified health centers.

¹²Includes the hospital facility costs for Medicare Part B services that are predominantly in the outpatient department, with the exception of hospital outpatient laboratory services, which are included on the "Laboratory" line. The physician reimbursement is included on the "Physician fee schedule" line.

NOTES: Table includes service disbursements as of January 2003 for Medicare enrollees residing in Puerto Rico, Virgin Islands, Guam, other outlying areas, foreign countries, and unknown residence. Totals do not necessarily equal the sum of rounded components. Some numbers in this table have been revised and differ from previous editions of *Health, United States*. Data for additional years are available (see Appendix III).

SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, Medicare and Medicaid Cost Estimates Group, Medicare Administrative Data.