

**Table 3.3**  
**Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:**  
**Selected Calendar Years 1967-2012**

Type of Coverage and Service	Year											
	1967	1974	1980	1983	1990	1997	2000	2002	2004	2006	2011	2012
<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	38,465	39,632	40,503	41,729	43,339	48,849	50,829
Hospital Insurance	19,494	23,924	28,067	29,587	33,731	38,059	39,211	40,079	41,391	42,975	48,511	50,499
Supplementary Medical Insurance	17,893	23,167	27,400	28,975	32,636	36,479	37,369	38,088	39,101	40,398	44,944	46,588
<b>Type of Coverage and Service</b>												
<b>Persons Served<sup>1</sup></b>	Number of Persons Served in Thousands											
Total	7,154	11,833	18,031	19,732	27,099	29,847	29,583	31,754	33,016	33,063	32,791	33,313
Hospital Insurance	3,960	5,133	6,752	7,443	7,036	8,118	7,325	7,837	8,157	8,120	7,719	7,604
Inpatient Hospital Services	3,601	5,081	6,672	7,170	6,543	6,887	6,917	7,380	7,611	7,467	6,848	6,685
Skilled Nursing Facility Services	354	266	257	265	638	1,503	1,468	1,622	1,752	1,838	1,864	1,840
Home Health Agency Services	126	276	726	1,318	1,936	3,458	1,444	1,565	1,693	1,714	1,720	1,703
Hospice Services	---	---	---	---	---	---	---	652	797	939	1,213	1,275
Supplementary Medical Insurance	6,523	11,468	17,822	19,472	26,951	29,620	29,313	31,499	32,734	32,732	32,347	32,838
Physician and Other												
Medical Services	6,415	11,079	17,258	18,923	26,350	28,961	28,763	30,993	32,265	32,205	31,792	32,289
Outpatient Services <sup>2</sup>	1,511	3,431	7,538	9,089	15,511	20,543	21,029	23,015	24,003	24,010	24,162	24,669
Home Health Agency Services	118	134	327	20	38	48	1,190	1,107	1,273	1,460	1,901	1,914
<b>Persons Served</b>	Rate per 1,000 Enrollees <sup>3</sup>											
Total	366	489	633	657	792	904	904	908	908	922	899	895
Hospital Insurance	203	215	241	252	209	249	227	227	227	229	214	206
Inpatient Hospital Services	185	212	238	242	194	211	214	214	211	210	190	181
Skilled Nursing Facility Services	18	11	9	9	19	46	45	47	49	52	52	50
Home Health Agency Services	6	12	26	45	57	106	45	45	47	48	48	46
Hospice Services	---	---	---	---	---	---	---	19	22	26	34	35
Supplementary Medical Insurance	365	495	650	672	826	955	962	967	971	995	994	996
Physician and Other												
Medical Services	359	478	630	653	807	934	944	952	957	979	977	979
Outpatient Services <sup>2</sup>	84	148	275	314	475	662	690	707	712	730	742	748
Home Health Agency Services	7	6	12	1	1	2	39	34	38	44	58	58

See footnotes at end of table.

**Table 3.3—Continued**  
**Persons Enrolled and Persons Served Under Medicare, and Program Payments, by Type of Coverage and Service:**  
**Selected Calendar Years 1967-2012**

Type of Coverage and Service	Year											
	1967	1974	1980	1983	1990	1997	2000	2002	2004	2006	2011	2012
<b>Program Payments</b>												
Total	\$4,239	\$11,179	\$33,613	\$53,446	\$101,419	\$175,423	\$174,261	\$215,411	\$255,325	\$280,672	\$340,543	\$345,423
Amount in Millions												
Hospital Insurance	2,967	8,000	23,119	36,314	62,347	114,327	101,663	122,993	139,747	151,917	179,690	179,091
Inpatient Hospital Services	2,667	7,680	22,297	34,519	56,716	84,563	85,197	99,382	110,550	116,350	128,859	129,734
Skilled Nursing Facility Services	274	224	344	428	1,971	11,237	10,621	14,363	17,043	20,387	30,259	27,532
Home Health Agency Services	26	96	478	1,366	3,660	16,487	2,918	4,788	5,479	5,979	6,867	6,770
Hospice Services	---	---	---	---	---	2,040	2,927	4,460	6,675	9,201	13,704	15,055
Supplementary Medical Insurance	1,272	3,179	10,494	17,132	39,072	61,069	72,599	92,418	115,579	128,755	160,853	166,333
Physician and Other												
Medical Services	1,217	2,740	8,358	13,660	30,222	43,621	51,474	64,272	79,271	85,305	97,886	99,695
Outpatient Services <sup>2</sup>	38	397	1,962	3,443	8,773	17,256	16,787	23,346	30,335	35,411	51,367	55,300
Home Health Agency Services	17	40	175	29	78	219	4,338	4,800	5,973	8,039	11,600	11,338
<b>Program Payments</b>												
Per Person Served												
Total	\$593	\$945	\$1,864	\$2,709	\$3,743	\$5,877	\$5,891	\$6,784	\$7,733	\$8,489	\$10,385	\$10,369
Hospital Insurance	749	1,559	3,424	4,879	8,861	14,083	13,878	15,694	17,132	18,709	23,278	23,554
Inpatient Hospital Services	741	1,512	3,342	4,814	8,668	12,279	12,318	13,466	14,525	15,581	18,816	19,406
Skilled Nursing Facility Services	774	842	1,339	1,615	3,089	7,476	7,235	8,855	9,728	11,093	16,231	14,960
Home Health Agency Services	206	348	658	1,036	1,890	4,768	2,021	3,059	3,236	3,489	3,993	3,976
Hospice Services	---	---	---	---	---	---	---	6,836	8,374	9,796	11,294	11,810
Supplementary Medical Insurance	195	277	589	880	1,450	2,062	2,477	2,934	3,531	3,934	4,973	5,065
Physician and Other												
Medical Services	190	247	484	722	1,147	1,506	1,790	2,074	2,457	2,649	3,079	3,088
Outpatient Services <sup>2</sup>	25	116	260	379	566	840	798	1,014	1,264	1,475	2,126	2,242
Home Health Agency Services	144	299	535	1,450	2,053	4,563	3,644	4,336	4,692	5,508	6,102	5,922

<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: The change in program payments and utilization for home health starting in 1997 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, effective 2003 data from the Standard Analytical Files; data development by the Office of Information Products & Data Analytics.