Table 16

Persons Served and Program	Payments for Medicare Beneficiaries, by Type of Entitlement,
Amount of Program Payments.	Type of Coverage, and Type of Service: Calendar Year 1999

Type of Entitlement and Amount of					
Hospital Insurance	Total Hospital		Hospital Insu	ance	
and/or Supplementary	Insurance and/or		•	Skilled	Home
Medical Insurance	Supplementary		Hospital	Nursing	Health
Program Payments	Medical Insurance	Total	Inpatient	Facility	Agency
All Beneficiaries		Numb	er of Persons Served ¹		
Total	29,211,000	7,218,880	6,845,960	1,447,200	1,543,040
\$1 - \$99	2,971,980	2,820	1,200	60	740
\$100 - \$499	6,718,520	31,860	9,240	1,500	5,600
\$500 - \$999	4,332,280	41,340	11,300	1,440	9,560
\$1,000 - \$1,999	4,063,000	107,460	56,360	5,200	16,800
\$2,000 - \$4,999	4,200,780	1,052,860	954,620	27,100	61,540
\$5,000 - \$9,999	2,484,740	1,813,520	1,732,840	147,820	201,180
\$10,000 - \$14,999	1,264,800	1,143,600	1,106,200	226,300	229,380
\$15,000 - \$19,999	838,780	792,080	772,640	215,980	209,560
\$20,000 - \$24,999	583,640	548,440	535,940	173,040	163,700
\$25,000 or More	1,752,480	1,684,900	1,665,620	648,760	644,980
	Amount of Program F	Payments in Thousand	s		
Total	166,686,951	\$98,847,481	\$83,860,112	\$9,673,473	\$2,810,322
\$1 - \$99	130,549	181	57	3	49
\$100 - \$499	1,871,634	8,321	2,067	398	1,195
\$500 - \$999	3,132,707	23,219	5,582	975	3,760
\$1,000 - \$1,999	5,813,309	120,312	66,954	5,406	11,292
\$2,000 - \$4,999	13,482,749	2,620,338	2,370,675	50,734	55,940
\$5,000 - \$9,999	17,647,961	8,496,739	7,563,262	399,993	226,951
\$10,000 - \$14,999	15,579,241	9,688,578	8,139,836	900,204	325,059
\$15,000 - \$19,999	14,548,547	9,873,365	8,108,861	1,125,021	341,092
\$20,000 - \$24,999	13,050,954	8,981,951	7,249,533	1,126,039	302,271
\$25,000 or More	81,429,300	59,034,476	50,353,285	6,064,699	1,542,713
	Average Program Pa	ayment per Person Se	rved		
Total	\$5,706	\$13,693	\$12,250	\$6,684	\$1,821
\$1 - \$99	44	64	48	55	66
\$100 - \$499	279	261	224	265	213
\$500 - \$999	723	562	494	677	393
\$1,000 - \$1,999	1,431	1,120	1,188	1,040	672
\$2,000 - \$4,999	3,210	2,489	2,483	1,872	909
\$5,000 - \$9,999	7,103	4,685	4,365	2,706	1,128
\$10,000 - \$14,999	12,318	8,472	7,358	3,978	1,41
\$15,000 - \$19,999	17,345	12,465	10,495	5,209	1,628
\$20,000 - \$24,999	22.361	16,377	13,527	6,507	1,840
\$25.000 or More	46,465	35,037	30,231	9,348	2,392
See footnotes at end of table.	10,100	00,007	00,201	0,010	2,002

Hospital Insurance	Supplementary Medical Insurance				
				Home	
				Health	
Hospice	Total	Physician	Outpatient	Agency	
	Numbe	er of Persons Served ¹			
474,480	28.946.440	28,378,300	20,572,080	1,348,340	
820	2,969,500	2,633,960	903,060	1,300	
15,620	6,697,240	6,564,260	3,789,500	15,000	
19,220	4,312,500	4,281,400	3,156,840	36,140	
30,120	4,030,620	4,011,500	3,301,160	89,900	
56,860	4,126,000	4,105,640	3,488,780	227,540	
81,660	2,432,460	2,420,780	2,054,860	258,340	
63,220	1,241,160	1,234,980	1,069,800	165,940	
47,980	826,540	823,040	721,420	117,780	
38,540	575,300	572,760	511,620	90,920	
120,440	1,735,120	1,729,980	1,575,040	345,480	
	Amount of Proc	ram Payments in Thous	ande		
\$2,503,574	\$67,839,470	\$46,486,737	\$16,224,032	\$5,128,701	
72	130,368	101,139	29,144	85	
4.661	1,863,313	1,498,851	361,209	3,253	
12,902	3,109,488	2,437,908	656,289	15,291	
36,660	5,692,996	4,282,309	1,343,179	67,508	
142,989	10,862,411	7,886,047	2,654,449	321,915	
306,533	9,151,222	6,552,733	2,002,532	595,957	
323,479	5,890,663	4,127,524	1,190,586	572,553	
298,391	4,675,183	3,244,910	915,331	514,943	
304,108	4,069,003	2,649,607	959,904	459,492	
1,073,779	22,394,823	13,705,711	6,111,409	2,577,704	
	Average Program	n Payment per Person S	Served		
\$5,276	\$2,344	\$1,638	\$789	\$3,804	
88	44	38	32	66	
298	278	228	95	217	
671	721	569	208	423	
1,217	1,412	1,068	407	751	
2,515	2,633	1,921	761	1,415	
3,754	3,762	2,707	975	2,307	
5,117	4,746	3,342	1,113	3,450	
6,219	5,656	3,943	1,269	4,372	
7,891	7,073	4,626	1,876	5,054	
8,915	12,907	7,922	3,880	7,461	

Total Hospital		Hospital Insu	rance	
		noopital inou		Home
		Hospital		Health
	Total			Agency
		E 020 400	1 272 600	1,417,200
				1,417,200
				5,020
				8,740
				15,660
				57,460
				189,080
				215,260
				196,360
				152,880
1,479,320	1,436,660	1,419,100	603,040	576,180
Amount of Program F	Payments in Thousand	ds		
\$142,424,610	\$85,413,097	\$71,289,546	\$9,191,337	\$2,581,292
105,243	141	31	2	38
1,619,491	6,958	1,063	371	1,052
2,752,617	19,356	2,736	905	3,384
5,129,999	98,093	47,353	5,220	10,384
	2.250.872	2.012.941	48,577	52,308
			386.648	213,792
			875,395	306,386
				321,222
				285,060
				1,387,666
, ,			-,,	,,
			\$6 691	\$1,821
				68
				210
				387
				663
				910
				1,131
				1,423
				1,636
				1,865
40,099	34,093	29,033	9,442	2,408
	25,273,900 2,383,780 5,778,700 3,805,520 3,584,420 3,701,400 2,172,140 1,112,900 7,43,820 511,900 1,479,320 Amount of Program F \$142,424,610 105,243 1,619,491 2,752,617 5,129,999 11,871,688 15,428,286 13,719,047 12,901,835 11,440,692 67,455,712	Insurance and/or Supplementary Medical Insurance Total Number of Persons Served' 25,273,900 6,281,900 2,383,780 2,040 5,778,700 26,020 3,805,520 33,460 3,584,420 87,040 3,584,420 87,040 3,701,400 902,660 2,172,140 1,587,460 1,112,900 1,011,420 743,820 706,340 511,900 488,800 1,479,320 1,436,660 Amount of Program Payments in Thousand \$142,424,610 \$85,413,097 105,243 141 1,619,491 6,958 2,752,617 19,356 5,129,999 98,093 11,871,688 2,250,872 15,428,286 7,432,914 13,719,047 8,594,428 12,901,835 8,844,242 11,440,692 8,036,838 67,455,712 50,129,255 Average Program Payment per Person Se \$5,635 \$13,597 44 69 280 267 723 578 1,431 1,127 3,207 2,494 7,103 4,682 12,327 8,497	Insurance and/or Supplementary Hospital Inpatient Number of Persons Served' 25,273,900 6,281,900 5,930,400 2,383,780 2,040 640 5,778,700 26,020 4,720 3,805,520 33,460 5,140 3,584,420 87,040 38,440 3,701,400 902,660 809,200 2,172,140 1,587,460 1,511,480 1,112,900 1,011,420 976,140 743,820 706,340 688,380 511,900 488,800 477,160 1,479,320 1,436,660 1,419,100 Amount of Program Payments in Thousands \$142,424,610 \$85,413,097 \$71,289,546 105,243 141 31 1,619,491 6,958 1,063 2,752,617 19,356 2,736 5,129,999 98,093 47,353 11,871,688 2,250,872 2,012,941 15,428,286 7,432,914 6,541,845 13,719,047 8,594,428 7,104,393 12,901,835 8,844,242	Insurance and/or Skilled Supplementary Hospital Nursing Medical Insurance Total Inpatient Facility Number of Persons Served' 25,273,900 6,281,900 5,930,400 1,373,600 2,383,780 2,040 640 40 5,778,700 26,020 4,720 1,400 3,805,520 33,460 5,140 1,340 3,584,420 87,040 38,440 5,040 3,701,400 902,660 809,200 25,860 2,172,140 1,587,460 1,511,480 142,560 1,112,900 1,011,420 976,140 219,340 743,820 706,340 688,380 208,100 511,900 488,800 477,160 166,880 1,479,320 1,436,660 1,419,100 603,040 Amount of Program Payments in Thousands \$9142,424,610 \$85,413,097 \$71,289,546 \$9,191,337 105,243 141 31 2 1,619,491 6,958 1,063 37

Hospital Insurance	Supplementary Medical Insurance			
				Home
				Health
Hospice	Total	Physician	Outpatient	Agency
	Numbe	er of Persons Served ¹		
450,380	25,048,360	24,614,800	17,844,240	1,221,020
800	2,381,960	2,127,000	720,580	1,040
14,960	5,760,420	5,662,020	3,249,660	12,880
18,360	3,788,300	3,763,520	2,764,480	32,420
28,820	3,556,840	3,541,560	2,906,580	82,160
54,660	3,637,080	3,621,280	3,070,180	208,740
78,080	2,127,660	2,118,240	1,790,780	238,180
60,740	1,092,960	1,087,760	939,240	152,340
45,640	733,460	730,340	637,380	108,220
36,340	504,760	502,540	446,180	82,920
111,980	1,464,920	1,460,540	1,319,180	302,120
	Amount of	Program Payments in T	housands	
\$2,350,922	\$57,011,513	\$40,298,469	\$12,181,414	\$4,531,630
71	105,102	82,008	23,022	72
4,473	1,612,533	1,310,101	299,635	2,798
12,332	2,733,261	2,164,175	555,453	13,632
35,135	5,031,907	3,816,396	1,154,040	61,470
137,046	9,620,817	7,037,860	2,288,300	294,657
290,629	7,995,372	5,760,039	1,685,868	549,465
308,254	5,124,619	3,619,451	981,802	523,366
283,096	4,057,593	2,863,346	728,260	465,986
284,274	3,403,854	2,319,767	669,298	414,789
995,612	17,326,457	11,325,326	3,795,737	2,205,394
	Average Pro	ogram Payment per Pers	on Served	
\$5,220	\$2,276	\$1,637	\$683	\$3,711
88	44	39	32	69
299	280	231	92	217
672	722	575	201	420
1,219	1,415	1,078	397	748
2,507	2,645	1,943	745	1,412
3,722	3,758	2,719	941	2,307
5,075	4,689	3,327	1,045	3,436
6,203	5,532	3,921	1,143	4,306
7,823	6,744	4,616	1,500	5,002
8,891	11,828	7,754	2,877	7,300

and Amount of Hospital Insurance	Total Hospital		Hospital Insu	rance	
and/or Supplementary	Insurance and/or		nospital insu	Skilled	Home
Medical Insurance	Supplementary		Hospital	Nursing	Health
Program Payments	Medical Insurance	Total	Inpatient	Facility	Agency
	Medical modifice		•	raciiity	Agency
Disabled Beneficiaries	0.007.000		er of Persons Served ¹	=0.000	105.04
Total	3,937,100	936,980	915,560	73,600	125,840
\$1 - \$99	588,200	780	560	20	180
\$100 - \$499	939,820	5,840	4,520	100	58
\$500 - \$999	526,760	7,880	6,160	100	82
\$1,000 - \$1,999	478,580	20,420	17,920	160	1,140
\$2,000 - \$4,999	499,380	150,200	145,420	1,240	4,080
\$5,000 - \$9,999	312,600	226,060	221,360	5,260	12,10
\$10,000 - \$14,999	151,900	132,180	130,060	6,960	14,120
\$15,000 - \$19,999	94,960	85,740	84,260	7,880	13,200
\$20,000 - \$24,999	71,740	59,640	58,780	6,160	10,820
\$25,000 or More	273,160	248,240	246,520	45,720	68,800
		Amount of Proc	gram Payments in Thou	usands	
Total	\$24,262,341	\$13,434,384	\$12,570,566	\$482,136	\$229,029
\$1 - \$99	25,306	40	26	1	1
\$100 - \$499	252,143	1.363	1.004	27	14
\$500 - \$999	380,090	3,863	2,847	70	370
\$1,000 - \$1,999	683,310	22,220	19,600	186	908
\$2,000 - \$4,999	1,611,061	369,466	357.734	2.157	3,63
\$5,000 - \$9,999	2,219,676	1,063,825	1,021,417	13,345	13,160
\$10,000 - \$14,999	1,860,194	1,094,151	1,035,443	24,809	18,672
\$15,000 - \$19,999	1,646,713	1,029,122	957,472	36,487	19,869
\$20,000 - \$24,999	1,610,261	945,113	873,541	34,527	17,21
\$25,000 or More	13,973,588	8,905,221	8,301,481	370,527	155,04
,	-,,				
Fotal	\$6,162	Average Program \$14,338	m Payment per Person \$13,730	\$6,551	\$1,82
\$1 - \$99	43	51	47	56	φ1,020 6'
\$100 - \$499	268	233	222	270	24
\$500 - \$999	722	490	462	701	45
	1,428	1,088	1,094	1,163	79
\$1,000 - \$1,999 \$2,000 - \$4,999	3,226	2,460	2,460	1,739	89
\$5,000 - \$9,999 \$10,000 - \$14,000	7,101 12,246	4,706	4,614 7,961	2,537	1,08
\$10,000 - \$14,999 \$15,000 - \$10,000		8,278		3,565	1,32
\$15,000 - \$19,999	17,341	12,003	11,363	4,630	1,50
\$20,000 - \$24,999	22,446	15,847	14,861	5,605	1,59
\$25,000 or More Does not reflect beneficiaries who receiv	51,155	35,873	33,675	8,104	2,25

Persons Served and Program Payments for Medicare Beneficiaries, by Type of Entitlement, Amount of Program Payments, Type of Coverage, and Type of Service: Calendar Year 1999

NOTES: Numbers may not add to totals because of rounding. Refer to glossary for definitions of program payments, benefit payments, and persons served.

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

Hospital Insurance		Supplementary Medica	al Insurance	
				Home
				Health
Hospice	Total	Physician	Outpatient	Agency
	Number	of Persons Served ¹		
24,100	3,898,080	3,763,500	2,727,840	127,320
20	587,540	506,960	182,480	260
660	936,820	902,240	539,840	2,120
860	524,200	517,880	392,360	3,720
1,300	473,780	469,940	394,580	7,740
2,200	488,920	484,360	418,600	18,800
3,580	304,800	302,540	264,080	20,160
2,480	148,200	147,220	130,560	13,600
2,340	93,080	92,700	84,040	9,560
2,200	70,540	70,220	65,440	8,000
8,460	270,200	269,440	255,860	43,360
	Amount of Pr	ogram Payments in T	housands	
\$152,652	\$10,827,957	\$6,188,268	\$4,042,618	\$597,071
1	25.266	19,130	6,122	13
189	250,780	188,750	61,574	456
570	376,227	273,733	100,836	1,659
1,525	661,090	465,913	189,139	6,038
5,943	1,241,594	848,187	366,150	27.258
15,904	1,155,850	792,694	316,664	46,492
15,226	766,044	508,073	208,784	49,187
15,295	617,590	381,563	187,070	48,956
19,834	665,149	329,840	290,606	44,703
78,167	5,068,367	2,380,385	2,315,672	372,310
	Average Prog	ram Payment per Pers	son Served	
\$6,334	\$2,778	\$1,644	\$1,482	\$4,690
72	43	38	34	50
286	268	209	114	215
663	718	529	257	446
1,173	1,395	991	479	780
2,701	2,539	1,751	875	1,450
4.442	3,792	2.620	1,199	2,306
6,139	5,169	3,451	1,599	3,617
6,536	6,635	4,116	2,226	5,121
9,015	9,429	4,697	4,441	5,588
9,240	18,758	8,835	9,051	8,586