

Program Information

*on Medicare, Medicaid, SCHIP,
and other programs of the*

Centers for Medicare & Medicaid Services



Office of Research, Development, and Information

June 2002 Edition

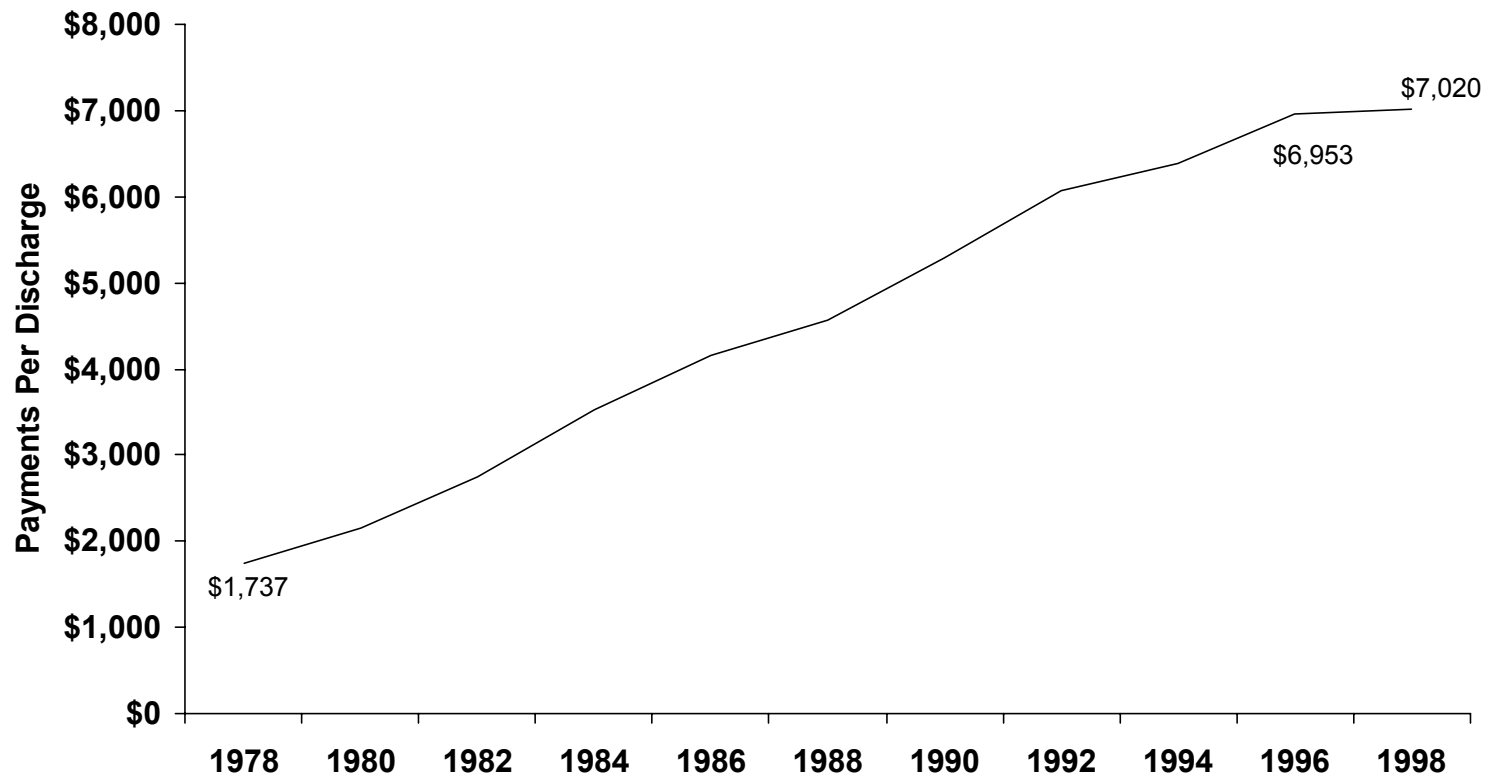


III. Medicare Program Information

D. Medicare Spending and Utilization by Service Sector

Average Program Payment per Medicare Beneficiary Discharge for Short-Stay Hospitals

After steadily rising for two decades, average program payments per discharge stabilized somewhat between 1996 and 1998.

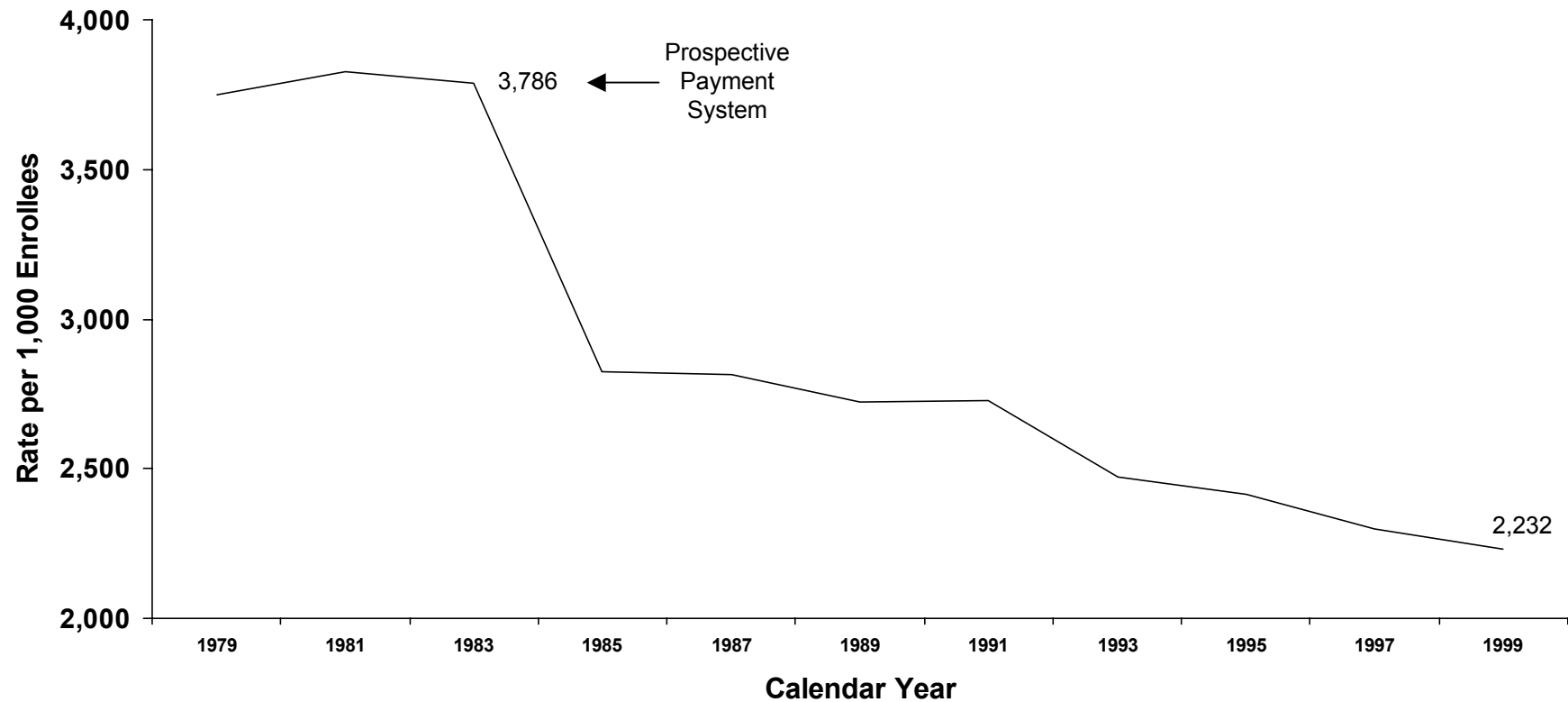


Note: Medicare program payments represent fee-for-service only.

Source: CMS, Office of Information Services: Data from the Medicare Support Access Facility; data development by the Office of Research, Development, and Information.

Total Days of Care of Medicare Beneficiary Stays in Short-Stay Hospitals

Total days of care per 1,000 Medicare beneficiaries continued a historical downward trend started in 1983.

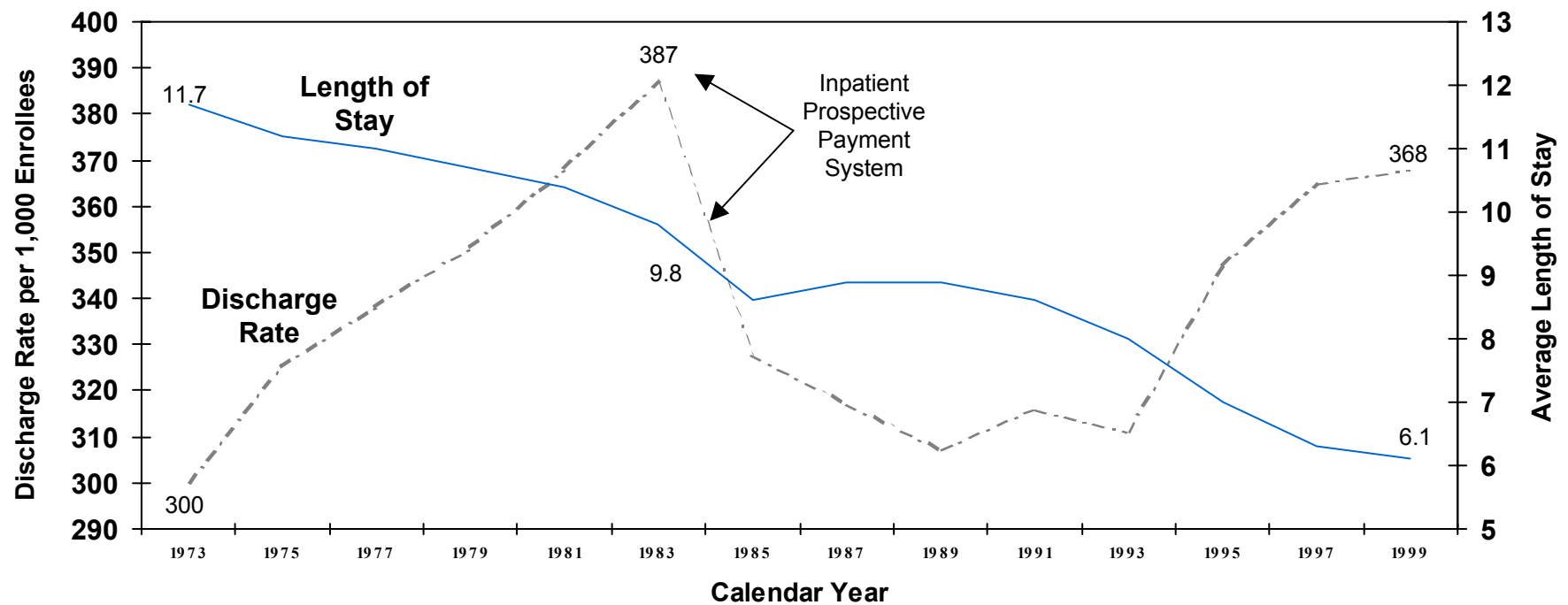


Note: Beginning with 1994 data, the utilization statistics do not reflect managed care enrollment.

Source: CMS, Office of Information Services: Data from the Medicare Support Access Facility; data development by the Office of Research, Development, and Information.

Discharge Rate and Average Length of Stay of Medicare Beneficiary Stays in Short-Stay Hospitals

Although discharge rates and average length of stays both fell between 1983 and 1993, discharge rates have risen sharply since 1993.

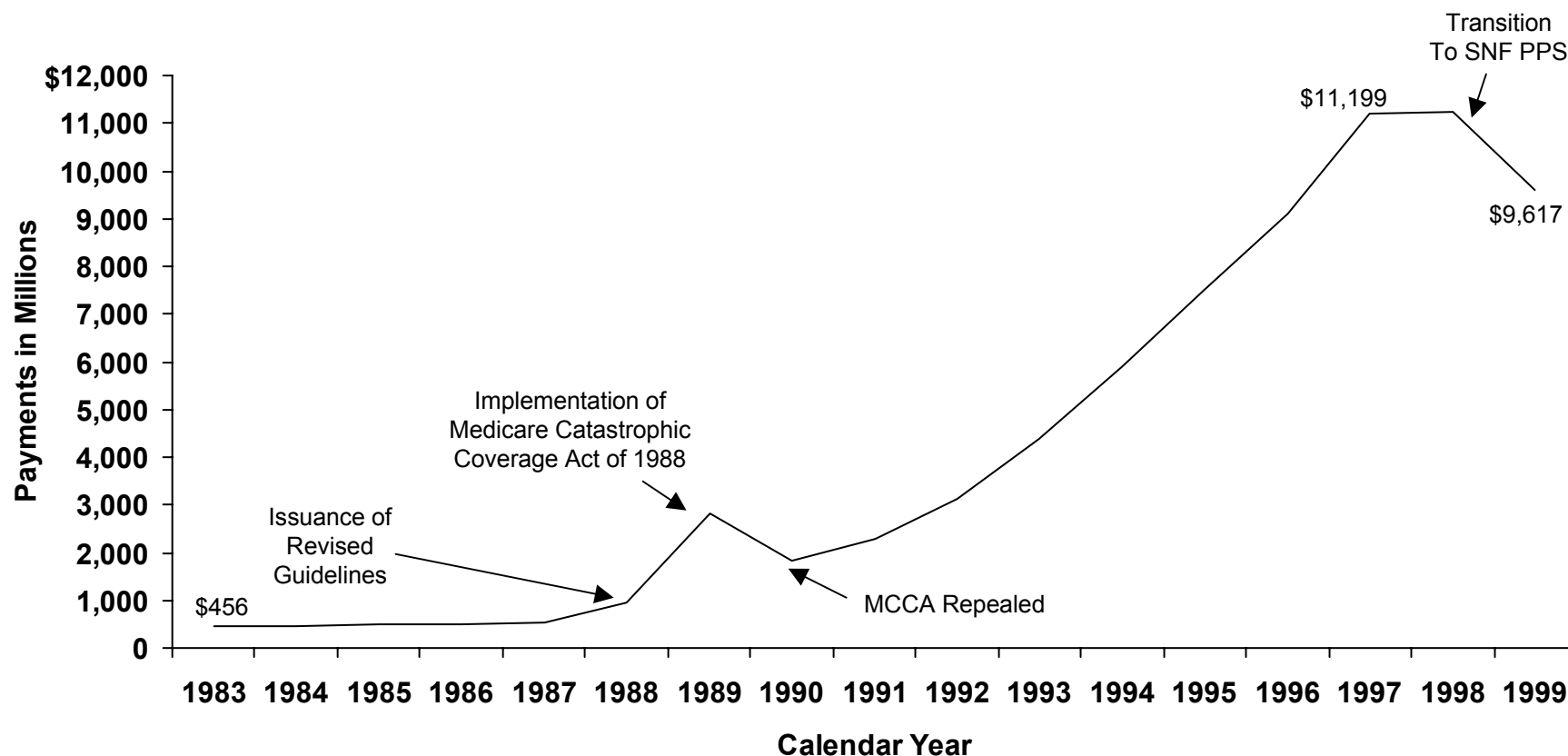


Note: Beginning with 1994 data, the utilization statistics do not reflect managed care enrollment.

Source: CMS, Office of Information Services: Data from the Medicare Support Access Facility; data development by the Office of Research, Development, and Information.

Growth in Medicare Skilled Nursing Facility Program Payments

After rising rapidly during the 1990s, payments to skilled nursing facilities fell for the first time in 1999.

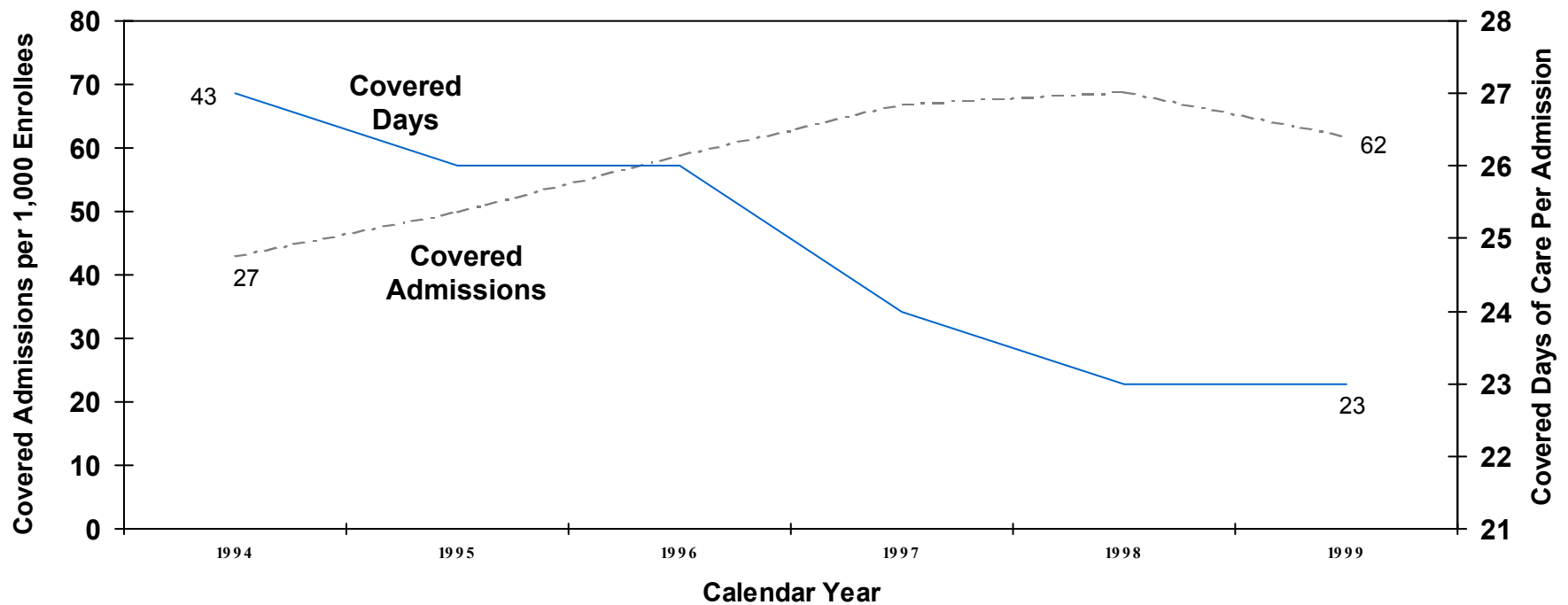


Note: Medicare program payments represent fee-for-service only. MCCA is the Medicare Catastrophic Coverage Act of 1988. SNF PPS is the skilled nursing facility prospective payment system.

Source: CMS, Office of Information Services: Data from the Medicare Support Access Facility; data development by the Office of Research, Development, and Information.

Skilled Nursing Facility Covered Admissions and Covered Days of Care for Medicare Beneficiaries

From 1994 to 1999, skilled nursing admissions increased while the average number of days per stay decreased.

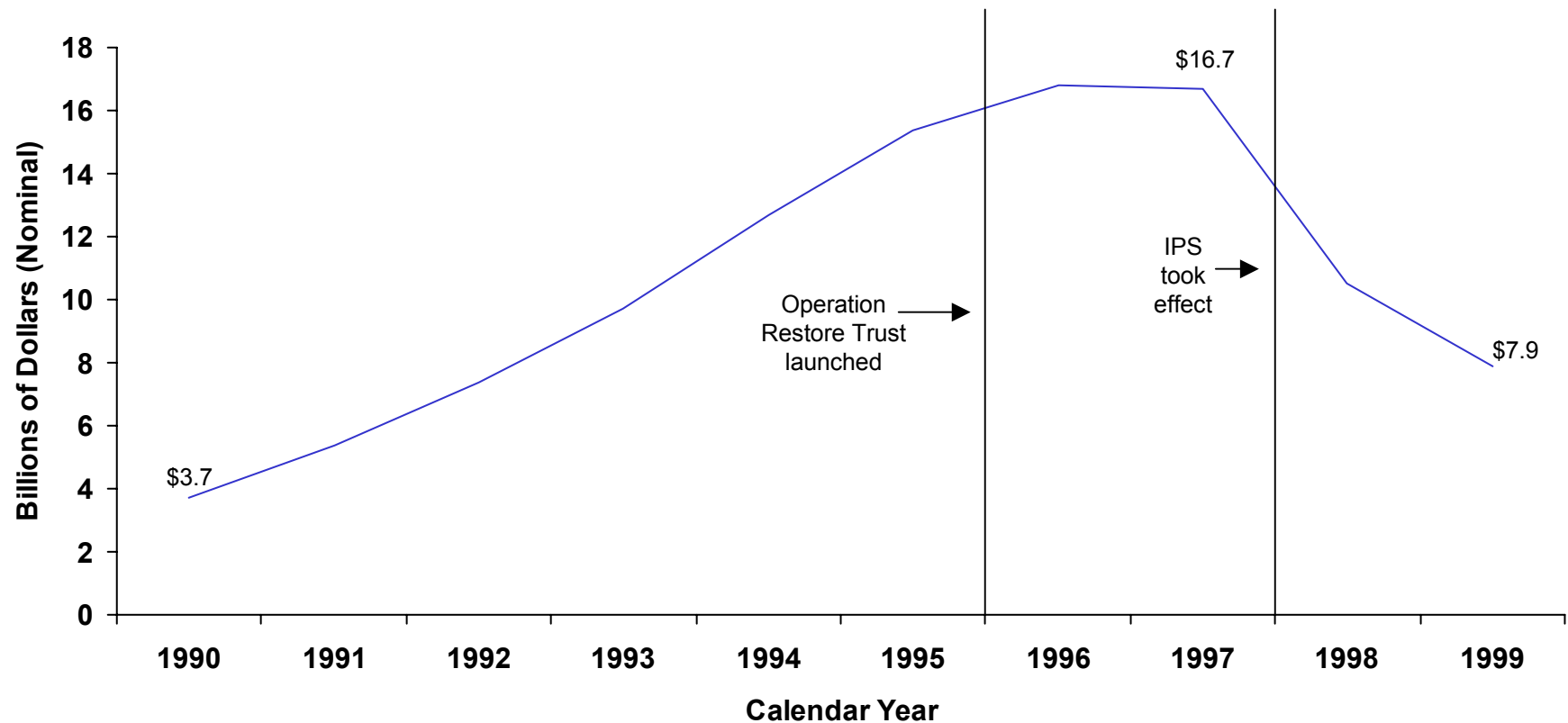


Note: Beginning with 1994 data, the utilization statistics do not reflect managed care enrollment.

Source: CMS, Office of Information Services: Data from the Medicare Support Access Facility; data development by the Office of Research, Development, and Information.

Medicare Fee-for-Service Home Health Expenditures

After rising rapidly for most of the decade, total home health spending fell 37 percent in 1998.

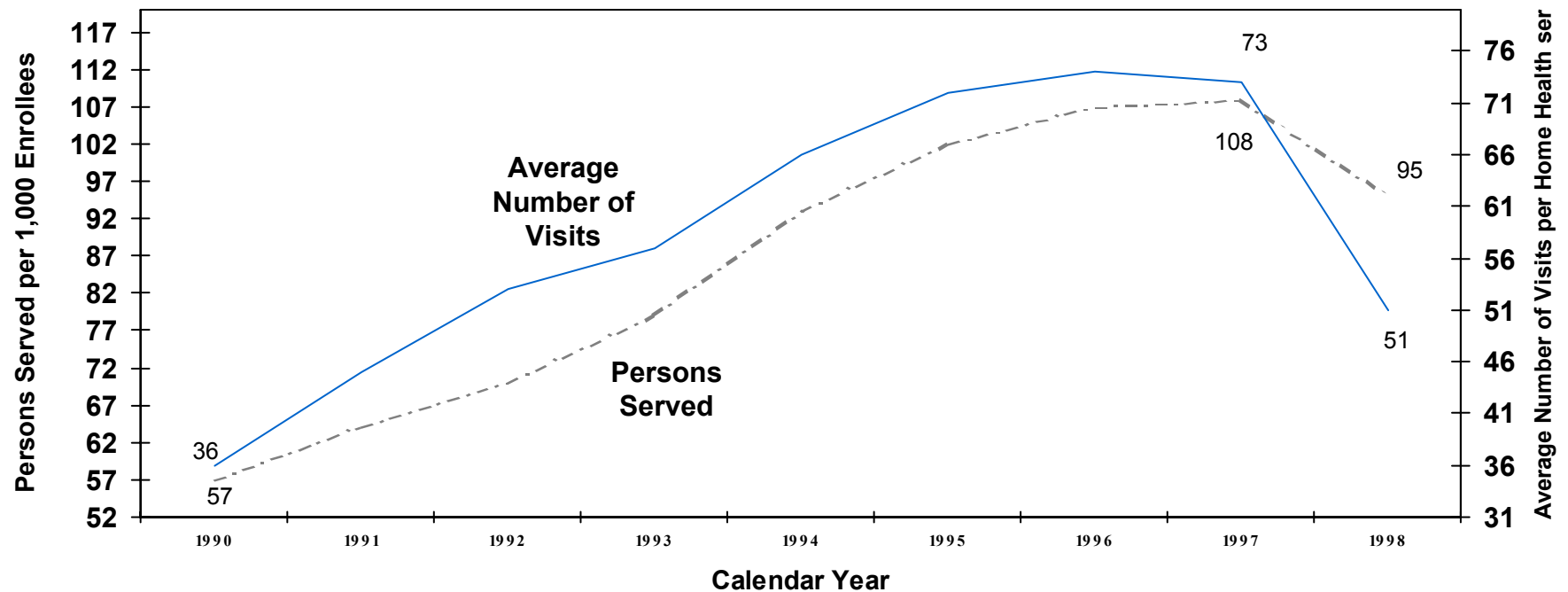


Note: Medicare program payments represent fee-for-service only. IPS is the interim payment system created by Congress in the Balanced Budget Act of 1997. Operation Restore Trust was a comprehensive anti-fraud initiative sponsored by HHS.

Source: CMS, Office of Information Services: Data from the Standard Analytical File; data development by the Office of Research, Development, and Information.

Persons Served and Average Number of Visits by Home Health Agencies

After sharply rising for most of the 1990s, both the number of persons served and average number of visits declined beginning in 1997.

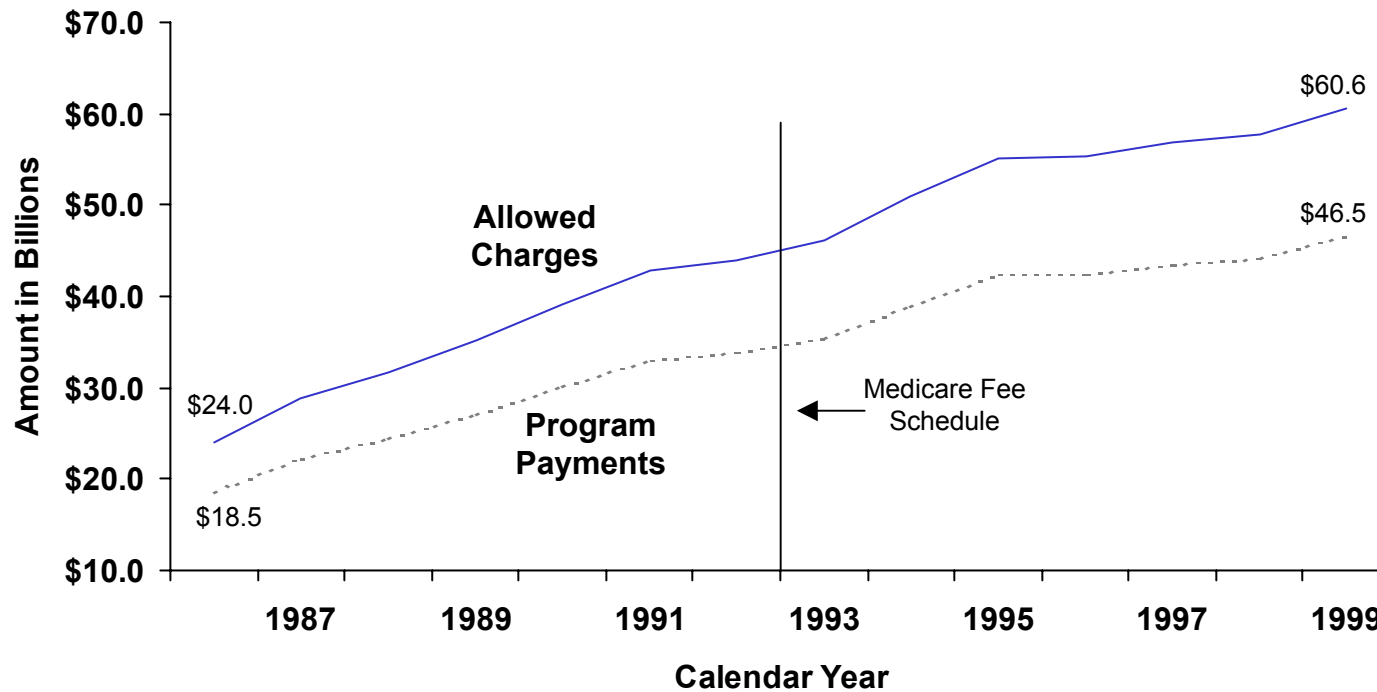


Note: Beginning with 1994 data, the utilization statistics do not reflect managed care enrollment.

Source: CMS, Office of Information Services: Data from the Medicare Support Access Facility; data development by the Office of Research, Development, and Information.

Trends in Medicare Physician and Supplier Allowed Charges and Program Payments

From 1987 to 1999, Medicare-allowed charges for physician and supplier services increased and total program payments rose.

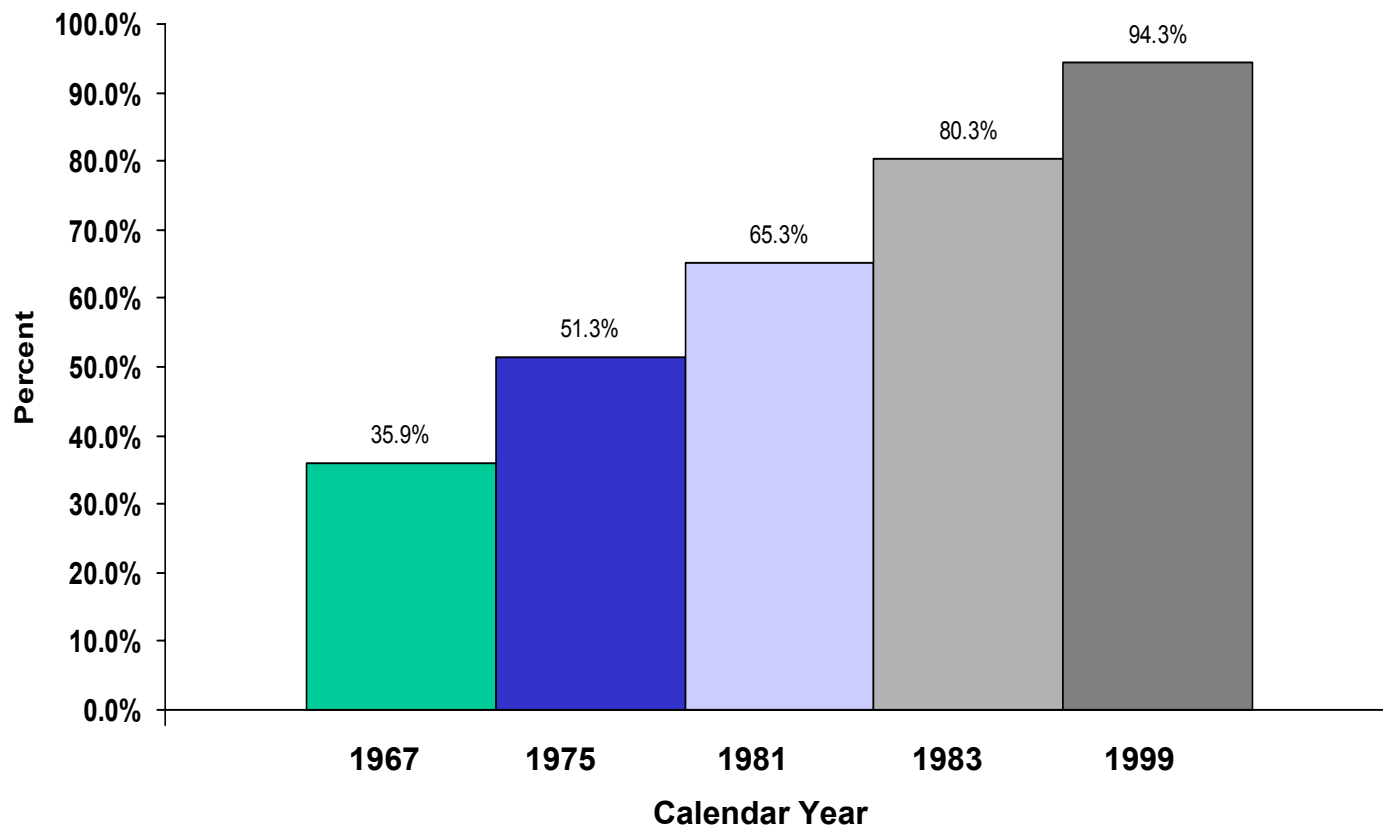


Note: The difference in the amount of these two cost measures is due primarily to cost sharing. Medicare program charges and payments represent fee-for-service only.

Source: CMS, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Medicare Beneficiaries Receiving a Reimbursed Physician or Other Medical Service

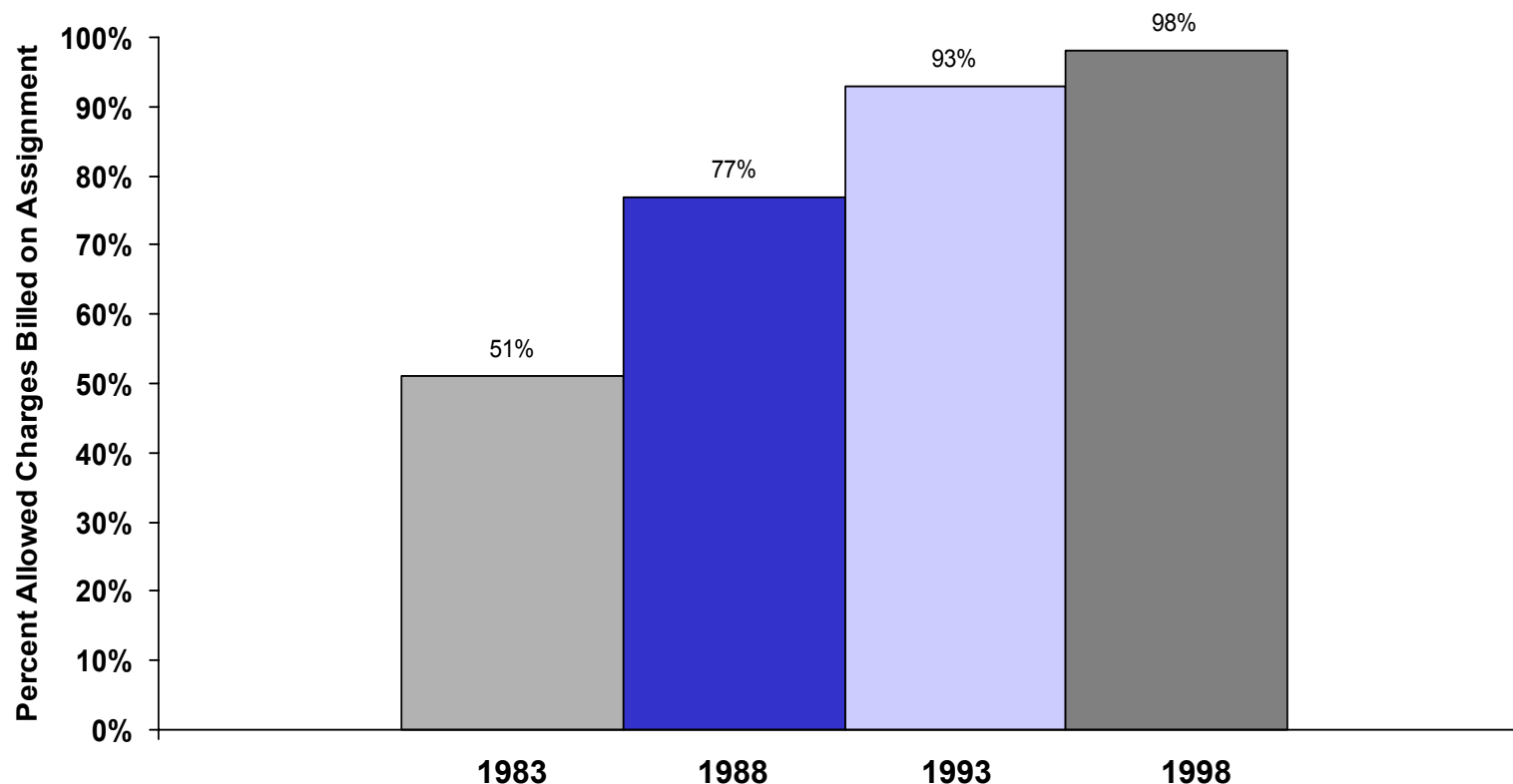
The proportion of beneficiaries receiving Medicare-reimbursed physician or other medical service grew substantially from 1967 to 1999.



Source: CMS, Office of Information Service: Data from the Medicare Support Access Facility; data development by the Office of Research, Development, and Information.

Medicare Assignment Rate for Physicians' Services

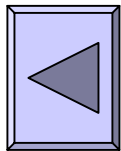
The percent of Medicare-allowed charges for physicians' services billed on assignment increased substantially over the decade.



Note: Assignment rates are calculated based on the ratio of assigned allowed charges to total allowed charges (which reflects both assigned and unassigned allowed charges) for all physician services. Supplier services are excluded.

Source: CMS, Office of Information Service: Data from the Medicare Support Access Facility; data development by the Office of Research, Development, and Information.

End of Presentation



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