

**Table 134. Medicare Benefits by Type of Provider: 1990 to 2006**

[In millions of dollars (65,721 represents \$65,721,000,000). For years ending Sept. 30. Distribution of benefits by type is estimated and subject to change. The Medicare program has two components: Hospital Insurance (HI) or Medicare Part A and Supplementary Medical Insurance (SMI) consisting of Medicare Part B and Part D. See text in this section for details]

Type of provider	1990	1995	2000	2002	2003	2004	2005	2006
<b>Hospital insurance benefits, total (Part A)</b> . . . . .	<b>65,721</b>	<b>113,395</b>	<b>125,992</b>	<b>144,140</b>	<b>153,144</b>	<b>163,764</b>	<b>180,973</b>	<b>181,462</b>
Inpatient hospital . . . . .	57,012	81,095	86,561	102,299	108,576	114,386	121,796	119,120
Skilled nursing facility . . . . .	2,761	8,684	10,269	14,814	14,934	16,665	18,648	19,236
Home health agency . . . . .	3,295	15,715	4,880	4,782	4,938	5,211	5,867	5,923
Hospice . . . . .	318	1,854	2,818	4,380	5,429	6,571	7,660	8,515
Managed care . . . . .	2,335	6,047	21,463	17,865	19,267	20,932	27,001	28,668
<b>Supplementary medical insurance benefits, total (Part B)</b> . . . . .	<b>41,498</b>	<b>63,490</b>	<b>88,876</b>	<b>108,068</b>	<b>119,455</b>	<b>131,357</b>	<b>148,410</b>	<b>158,021</b>
Physician fee schedule . . . . .	(NA)	31,110	35,958	44,217	47,486	52,224	57,256	57,980
Durable medical equipment . . . . .	(NA)	3,576	4,577	6,132	7,429	7,685	7,809	8,190
Carrier lab <sup>1</sup> . . . . .	(NA)	2,819	2,194	2,692	2,946	3,204	3,524	3,682
Other carrier <sup>2</sup> . . . . .	(NA)	4,513	7,154	10,304	12,432	13,799	15,231	15,268
Hospital <sup>3</sup> . . . . .	(NA)	8,448	8,516	13,474	14,692	16,930	19,490	22,118
Home health . . . . .	(NA)	223	4,281	4,794	5,158	5,578	6,758	7,097
Intermediary lab <sup>4</sup> . . . . .	(NA)	1,437	1,748	2,151	2,408	2,670	2,907	3,182
Other intermediary <sup>5</sup> . . . . .	(NA)	5,110	6,099	8,251	9,700	10,459	11,699	13,290
Managed care . . . . .	(NA)	6,253	18,348	16,052	17,203	18,809	23,735	27,213
<b>Supplementary medical insurance benefits, total (Part D)</b> <sup>6</sup> . . . . .	(X)	(X)	(X)	(X)	(X)	216	1,198	33,710

NA Not available. X Not applicable. <sup>1</sup> Lab services paid under the lab fee schedule performed in a physician's office lab or an independent lab. <sup>2</sup> Includes free-standing ambulatory surgical centers' facility costs, ambulance, and supplies. <sup>3</sup> Includes the hospital facility costs for Medicare Part B services which are predominantly in the outpatient department. The physician reimbursement associated with these services is included on the "Physician Fee Schedule" line. <sup>4</sup> Lab fee services paid under the lab fee schedule performed in a hospital outpatient department. <sup>5</sup> Includes ESRD (End Stage Renal Disease) free-standing dialysis facility payments and payments to rural health clinics, outpatient rehabilitation facilities, psychiatric hospitals, and federally qualified health centers. <sup>6</sup> Benefits prior to 2006 are for transitional assistance to beneficiaries with low income. In 2006 and later, Part D provides subsidized access to drug insurance coverage on a voluntary basis for all beneficiaries and premium and cost-sharing subsidies for low-income enrollees.

Source: U.S. Centers for Medicare and Medicaid Services, unpublished data. See also <<http://www.cms.hhs.gov/ReportsTrustFunds/>>.