

Table 145. Medicare Benefits by Type of Provider: 1990 to 2009

[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. See footnote 1, Table 140, for 2008 data changes]

Type of provider	1990	1995	2000	2005	2006	2007	2008	2009
Hospital insurance benefits								
(Part A), total	65,721	113,395	125,992	181,934	185,100	203,990	226,275	237,946
Inpatient hospital	57,012	81,095	86,561	122,656	122,101	125,918	128,754	137,477
Skilled nursing facility	2,761	8,684	10,269	18,712	19,658	22,161	23,919	25,494
Home health agency	3,295	15,715	4,880	5,885	5,864	6,233	6,570	6,844
Hospice	318	1,854	2,818	7,679	8,811	10,448	11,399	12,514
Managed care	2,335	6,047	21,463	27,001	28,667	39,230	47,150	55,617
Supplementary medical insurance benefits (Part B), total								
41,498	63,490	88,876	147,449	154,381	172,698	174,805	197,263	
Physician fee schedule	(NA)	31,110	35,958	57,211	57,923	58,832	59,762	61,665
Durable medical equipment	(NA)	3,576	4,577	7,894	8,266	8,138	8,534	9,056
Carrier lab ¹	(NA)	2,819	2,194	3,521	3,678	4,049	4,172	4,654
Other carrier ²	(NA)	4,513	7,154	15,195	15,253	15,695	16,395	17,029
Hospital ³	(NA)	8,448	8,516	18,970	20,042	22,725	23,054	24,971
Home health	(NA)	223	4,281	6,750	7,442	9,056	9,956	10,456
Intermediary lab ⁴	(NA)	1,437	1,748	2,821	2,813	3,048	2,976	3,199
Other intermediary ⁵	(NA)	5,110	6,099	11,353	11,751	13,430	13,236	14,498
Managed care	(NA)	6,253	18,348	23,735	27,213	37,724	45,203	51,735
Supplementary medical insurance benefits (Part D), total ⁶								
(X)	(X)	(X)	1,198	33,735	51,346	46,734	56,889	

NA Not available. X Not applicable. ¹ Lab services paid under the lab fee schedule performed in a physician's office lab or an independent lab. ² Includes free-standing ambulatory surgical centers facility costs, ambulance, and supplies. ³ 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. ⁴ Lab fee services paid under the lab fee schedule performed in a hospital outpatient department. ⁵ Includes ESRD free-standing dialysis facility payments and payments to rural health federally qualified health centers. ⁶ Starting with 2006, 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. Benefits prior to 2006 were for transitional assistance to beneficiaries with low income.

Source: U.S. Centers for Medicare and Medicaid Services, unpublished data.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

Table 146. Medicare Insurance Trust Funds: 1990 to 2008

[In billions of dollars (126.3 represents \$126,300,000,000). SMI is Supplemental Medical Insurance. See headnote, Table 145]

Type of trust fund	1990	1995	2000	2004	2005	2006	2007	2008	2009
TOTAL MEDICARE									
Total income	126.3	175.3	257.1	317.7	357.5	437.0	462.1	480.8	511.4
Total expenditures	111.0	184.2	221.8	308.9	336.4	408.3	431.7	468.1	511.1
Assets, end of year	114.4	143.4	221.5	288.8	309.8	338.5	368.9	381.6	381.8
HOSPITAL INSURANCE (Part A)									
Net contribution income ¹	72.1	103.3	154.5	167.2	182.6	194.3	205.4	213.5	206.3
Interest received ²	8.5	10.8	11.7	16.0	16.1	16.4	17.4	16.3	17.0
Benefit payments ³	66.2	116.4	126.8	167.6	180.0	189.0	200.2	232.3	242.3
Assets, end of year	98.9	130.3	177.5	269.3	285.8	305.4	326.0	321.3	300.8
SMI (Part B)									
Net premium income	11.3	19.7	20.6	31.4	37.5	42.9	46.8	50.2	56.7
Transfers from general revenue	33.0	39.0	65.9	100.4	118.1	132.7	139.6	146.8	163.8
Interest received ²	1.6	1.6	3.5	1.5	1.4	1.8	2.2	3.6	3.1
Benefit payments ³	42.5	65.0	88.9	135.0	149.2	165.9	176.4	180.3	199.6
Assets, end of year	15.5	13.1	44.0	19.4	24.0	32.3	42.1	59.4	80.3
SMI (Part D)									
Net premium income	(X)	(X)	(X)	—	—	3.5	4.0	5.0	6.3
Transfers from general revenue ⁴	(X)	(X)	(X)	0.4	1.1	39.1	38.7	37.3	48.5
Interest received	(X)	(X)	(X)	—	—	—	—	—	—
Benefit payments ⁴	(X)	(X)	(X)	0.4	1.1	47.0	48.8	49.0	62.6
Assets, end of year	(X)	(X)	(X)	—	—	0.8	0.8	0.9	0.7

— Represents zero. X Not applicable. ¹ Includes income from taxation of benefits beginning in 1994. Includes premiums from aged ineligible enrolled in Hospital Insurance (HI). ² Includes recoveries of amounts reimbursed from the trust fund. ³ Beginning 1998, monies transferred to the SMI trust fund for home health agency costs, as provided for by P.L. 105-33, are included in HI benefit payments but excluded from SMI benefit payments. ⁴ These amounts for 2004 and 2005 include amounts transferred for transitional assistance for Part D of Medicare.

Source: U.S. Centers for Medicare and Medicaid Services, Annual Report of the Board of Trustees of the Federal Hospital Insurance Trust Fund and Annual Report of the Board of Trustees of the Federal Supplementary Medical Insurance Trust Fund. See also <<http://www.cms.hhs.gov/ReportsTrustFunds/>>.