

Table 142. Medicare Benefits by Type of Provider: 1990 to 2008

[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 137, for 2008 data changes]

Type of provider	1990	1995	2000	2004	2005	2006	2007	2008
Hospital insurance benefits (Part A), total	65,721	113,395	125,992	163,764	181,934	185,100	203,990	226,275
Inpatient hospital	57,012	81,095	86,561	114,375	122,656	122,101	125,918	128,754
Skilled nursing facility	2,761	8,684	10,269	16,673	18,712	19,658	22,161	23,919
Home health agency	3,295	15,715	4,880	5,213	5,885	5,864	6,233	6,570
Hospice	318	1,854	2,818	6,572	7,679	8,811	10,448	11,399
Managed care	2,335	6,047	21,463	20,932	27,001	28,667	39,230	47,150
Supplementary medical insurance benefits (Part B), total	41,498	63,490	88,876	131,357	147,449	154,381	172,698	174,805
Physician fee schedule	(NA)	31,110	35,958	52,224	57,211	57,923	58,832	59,762
Durable medical equipment	(NA)	3,576	4,577	7,687	7,894	8,266	8,138	8,534
Carrier lab ¹	(NA)	2,819	2,194	3,206	3,521	3,678	4,049	4,172
Other carrier ²	(NA)	4,513	7,154	13,794	15,195	15,253	15,695	16,395
Hospital ³	(NA)	8,448	8,516	16,931	18,970	20,042	22,725	23,054
Home health	(NA)	223	4,281	5,577	6,750	7,442	9,056	9,956
Intermediary lab ⁴	(NA)	1,437	1,748	2,670	2,821	2,813	3,048	2,976
Other intermediary ⁵	(NA)	5,110	6,099	10,459	11,353	11,751	13,430	13,236
Managed care	(NA)	6,253	18,348	18,809	23,735	27,213	37,724	45,203
Supplementary medical insurance benefits (Part D), total ⁶	(X)	(X)	(X)	216	1,198	33,735	51,346	46,734

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 center's 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 (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. 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.