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

1990

65.721

57,012

2.761

3,295

2,335

318

Type of provider

Skilled nursing facility . . . . . . . . . . . . .

Home health agency . . . . . . . . . . . . . . . .

Supplementary medical insurance

for transitional assistance to beneficiaries with low income.

Hospital insurance benefits (Part A), total . . . . . . . . . . . . . . . .

[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

2000

125.992

86.561

10.269

4,880

2.818

21,463

2004

163,764

114.375

16,673

5,213

6,572

20,932

2005

181.934

122,656

18.712

5,885

7,679

27,001

2006

185,100

122,101

19,658

5,864

8.811

28,667

2007

203.990

125,918

22,161

6,233

10.448

39,230

2008

226,275

128.754

23,919

6,570

11.399

47,150

1995

113.395

81.095

8.684

15,715

1.854

6,047

Physician fee schedule		41,498	63,490	88,876	131,357	147,449	154,381	172,698	174,805
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) 8,488 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. Lab services paid under the lab fee schedule performed in a physician's office lab or an independent lab. Includes free-standing ambulatory surgical center's facility costs, ambulance, and supplies.	Physician fee schedule	(NA)	31,110	35,958	52,224	57,211	57,923	58,832	59,762
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)         6,110         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.	Durable medical equipment	(NA)	3,576	4,577	7,687	7,894	8,266	8,138	8,534
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)         6,110         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.	Carrier lab 1	(NA)	2,819	2,194	3,206	3,521	3,678	4,049	4,172
Hospital   Academy   Hospital   Hospital	Other carrier <sup>2</sup>	(NA)	4,513	7,154	13,794	15,195	15,253	15,695	16,395
Home health	Hospital 3	(NA)	8,448	8,516	16,931	18,970	20,042	22,725	23,054
Intermediary lab 4	Home health	(NA)	223	4,281	5,577	6,750	7,442	9,056	9,956
Managed care	Intermediary lab 4	(NA)	1,437	1,748	2,670	2,821	2,813	3,048	2,976
Managed care	Other intermediary 5	(NA)	5,110	6,099	10,459	11,353	11,751	13,430	13,236
Supplementary medical insurance benefits (Part D), total <sup>6</sup> (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.	Managed care	(NA)	6,253	18,348	18,809	23,735	27,213	37,724	45,203
benefits (Part D), total 6	-								
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.									
or an independent lab. <sup>2</sup> Includes free-standing ambulatory surgical center's facility costs, ambulance, and supplies.		(Y)	(Y)	(Y)	216	1 102	33 735	51 3/16	46 734
or an independent lab. <sup>2</sup> Includes free-standing ambulatory surgical center's facility costs, ambulance, and supplies.		(X)	(X)	(X)	216	1,198	33,735	51,346	46,734
	benefits (Part D), total <sup>6</sup>					,	,	- ,	
	NA Not available. X Not applicable.	<sup>1</sup> Lab ser	vices paid i	under the	lab fee sch	edule perf	ormed in a	physician's	office lab
physician reimbursement associated with these services is included on the "Physician Fee Schedule" line. 4 Lab fee services	benefits (Part D), total <sup>6</sup>	1 Lab ser ee-standing	vices paid i ambulator	under the	lab fee sch	edule perfe	ormed in a	physician's lance, and	office lab supplies.
paid under the lab fee schedule performed in a hospital outpatient department. 5 Includes ESRD (End Stage Renal Disease)	benefits (Part D), total <sup>6</sup>	1 Lab ser ee-standing ledicare Pa	vices paid i ambulator rt B service	under the ry surgica es which a	lab fee sch I center's are predon	edule perfe facility co ninantly in	ormed in a sts, ambu	physician's lance, and ient departi	office lab supplies. nent. The
free-standing dialysis facility payments and payments to rural health clinics, outpatient rehabilitation facilities, psychiatric hospitals,	benefits (Part D), total <sup>6</sup>	1 Lab ser ee-standing ledicare Pa these servic	vices paid i ambulator rt B service es is includ	under the ry surgica es which a ded on the	lab fee sch I center's are predon "Physiciar	edule performantly continently in Fee Sche	ormed in a sts, ambu the outpat edule" line.	physician's lance, and ient departi <sup>4</sup> Lab fe	office lab supplies. nent. The e services
and federally gualified health centers. <sup>6</sup> Starting with 2006, Part D provides subsidized access to drug insurance coverage on	benefits (Part D), total <sup>6</sup> NA Not available. X Not applicable. or an independent lab. <sup>2</sup> Includes from a line of the notation of the notat	1 Lab ser ee-standing ledicare Pa these servic d in a hospit	vices paid in ambulator ambulator it B service es is included al outpatie	under the ry surgica es which a ded on the nt departn	lab fee sch I center's are predon "Physician nent. <sup>5</sup> Ir	edule performantly continently in Fee Schenceludes ES	ormed in a sts, ambuthe outpatedule" line. RD (End S	physician's lance, and lent departi <sup>4</sup> Lab fe Stage Rena	office lab supplies. nent. The e services Disease)

a voluntary basis for all beneficiaries and premium and cost-sharing subsidies for low-income enrollees. Benefits prior to 2006 were Source: U.S. Centers for Medicare and Medicaid Services, unpublished data, See <a href="http://www.cms.hhs.gov/ReportsTrustFunds/">http://www.cms.hhs.gov/ReportsTrustFunds/</a>,