

**Table I.1**  
**CMS Disbursements, Fiscal Years 2010 - 2012**

	2010 Actual	2011 Estimate	Current Law 2012
<b>CMS Budget Outlays (Dollars in millions)</b>			
Medicare Benefits	\$518,317	\$559,845	\$545,141
Transitional Assistance & Part D drug benefits (non-add)	59,298	65,516	\$62,528
Medicare Part B Transfer to Medicaid <sup>1</sup>	515	630	\$165
Quality Improvement Organizations	336	340	\$426
Health Care Fraud and Abuse Control (HCFAC) <sup>2</sup>	1,193	1,357	\$1,894
Other Medicare Administrative Expenses <sup>3</sup>	2,021	2,368	\$2,511
CMS Program Management <sup>4</sup>	3,258	3,686	\$4,236
Medicaid Benefits <sup>5</sup>	262,697	258,902	\$252,920
State and Local Administration/Training	10,074	14,292	\$13,610
State Children's Health Insurance Program (SCHIP)	7,887	8,993	\$9,611
CLIA/ Other User Fees	177	303	\$185
Innovation	0	308	\$928
State Grants and Demonstrations	531	629	\$537
<b>Total Outlays (gross, unadjusted)</b>	<b>\$807,006</b>	<b>\$851,653</b>	<b>\$832,164</b>
Offsetting Collections, Non-Federal (user fees)	<u>-177</u>	<u>-303</u>	<u>-185</u>
<b>Total Outlays (gross, reduced by user fees)</b>	<b>\$806,829</b>	<b>\$851,350</b>	<b>\$831,979</b>
Medicare Premiums	-65,308	-69,466	-74,727
Medicare Refunds, and Misc. Federal Offsetting Collections	-8,704	-9,706	-10,006
<b>Total Outlays Net of Medicare Premiums and Offsetting Collections</b>	<b>\$732,817</b>	<b>\$772,178</b>	<b>\$747,246</b>

<sup>1</sup> Medicare transfer to Medicaid for Medicare Part B premium assistance.

<sup>2</sup> Includes HCFAC outlays by CMS and other agencies.

<sup>3</sup> Medicare-related expenses of other agencies, e.g., Social Security Administration.

<sup>4</sup> Reflects disbursements from the trust funds to finance program management activities, including user fee activities.

<sup>5</sup> Includes not only Medicaid medical assistance payments (MAP) but also Title XIX outlays for the Vaccines for Children Program (FY 2010 - \$3,760.6 million; FY 2011 - \$3,952.8 million; FY 2012 - \$4,096.7 million). The estimate is reduced by the Medicare transfer to Medicaid of \$515.3 million in FY 2010, \$630.0 million in FY 2011, and \$165.0 million in FY 2012.

\* The projected decrease relative to FY 2011 may be attributable to the expiration of the temporarily increased Federal Medical Assistance Percentage (FMAP) rates of the American Recovery and Reinvestment Act (ARRA, P.L. 111-5) and the temporary FMAP increase included in Public Law 111-226 at phased-down levels that expired on June 30, 2011.

NOTES: Fiscal year data. Totals do not necessarily equal the sum of rounded components.

SOURCES: FY 2012 Mid-Session Review; FY 2010 actual reconciled data. CMS/OFM

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**Table I.2  
Program Benefit Payments  
Selected Fiscal Years**

Fiscal Year	Total		Medicare <sup>1</sup>		Medicaid <sup>2</sup>		CHIP <sup>3</sup>	
	Amount	Annual Percent Change	Amount	Annual Percent Change	Amount	Annual Percent Change	Amount	Annual Percent Change
Amount in billions								
Historical								
1980	\$57.9	--	\$33.9	--	\$24.0	--		
1985	108.8	12.6	69.5	14.1	39.3	10.4		
1990	175.9	15.6	107.2	13.8	68.7	18.4		
1991	204.4	16.2	113.9	6.3	90.5	31.7		
1992	245.1	19.9	129.2	13.4	115.9	28.1		
1993	268.7	9.6	142.9	10.6	125.8	8.5		
1994	296.9	10.5	159.3	11.5	137.6	9.4		
1995	328.9	10.8	176.9	11.0	152.0	10.5		
1996	344.3	4.7	191.1	8.0	153.2	0.8		
1997	367.8	6.8	207.1	8.4	160.7	4.9		
1998	379.7	3.2	210.1	1.4	169.4	5.5	\$0.2	
1999	390.5	2.8	208.3	-0.9	180.8	6.7	1.3	655.2
2000	413.8	6.0	214.9	3.2	196.1	8.4	2.8	108.6
2001	457.8	10.6	236.6	10.1	217.4	10.9	3.8	37.2
2002	505.4	10.4	252.3	6.7	247.7	13.9	5.4	41.4
2003	539.4	6.7	272.7	8.1	260.6	5.2	6.1	13.4
2004	585.3	8.5	295.5	8.4	283.2	8.7	6.6	8.4
2005	642.8	9.8	333.4	12.8	302.1	6.7	7.3	10.1
2006	682.4	6.2	375.2	12.5	299.3	-0.9	7.9	8.6
2007	759.5	11.3	434.6	15.8	316.1	5.6	8.8	11.0
2008	800.7	5.4	454.3	4.5	336.4	6.4	10.0	13.6
2009	870.4	8.7	497.4	9.5	362.4	7.7	10.6	6.0
2010	917.4	34.4	518.8	4.3	387.2	6.8	11.4	7.5
Budget								
Current law								
2011 (est)	984.5	7.3	560.5	8.0	411.6	6.3	12.4	8.8
2012 (est.)	997.4	1.3	545.3	-2.7	438.7	6.6	13.4	8.1

<sup>1</sup> Includes catastrophic benefits for Part A in FY 1990. Includes Part B transfer to Medicaid. Includes Transitional Assistance for FY 2004 through FY 2006. Includes Part D prescription drug benefits beginning in FY 2006. Excludes Quality Improvement Organization expenditures.

<sup>2</sup> Total computable benefit payments (Federal and State combined). Historical data for FYs 1980-1994 reflect total computable medical assistance payments reported by the States on line 11 of the CMS-64 and predecessor forms. Historical data for FYs 1995-2010 include line 11 total computable medical assistance payments and outlays for the Vaccines for Children Program, but do not include total total expenditures for the Children's Health Insurance Program (CHIP) under Title XIX Medicaid expansions. Budget data for FY 2011 and FY 2012 reflect current law estimates of total adjusted computable medical assistance payments and outlays for the Vaccines for Children Program.

<sup>3</sup> Total computable benefits (Federal and State combined) for CHIP program under Title XIX Medicaid expansions and Title XXI separate state programs.

NOTE: Percent changes based on unrounded numbers.

SOURCES: FY 2012 Mid-Session Review; FY 2010 actual reconciled data. CMS/OFM

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**Table I.3  
Program Benefit Payments Per Enrollee  
Selected Fiscal Years**

Fiscal Year	Medicare			Medicaid <sup>2</sup>			Children's Health Insurance Program (CHIP)	
	Benefit Payments <sup>1</sup> (in billions)	Enrollees (in millions)	Average per Enrollee	Benefit Payments (in billions)	Enrollees <sup>3</sup> (in millions)	Average per Enrollee	Medicaid Expansions (in billions)	Separate State Programs (in billions)
1980	\$33.9	28.3	\$1,200	\$24.0	19.6 <sup>4</sup>	\$1,200	--	--
1985	69.6	31.0	2,200	39.3	19.8 <sup>4</sup>	2,000	--	--
1990	107.4	34.1	3,100	68.7	22.9	3,000	--	--
1995	177.1	37.4	4,700	151.8	33.4	4,500	--	--
1996	191.3	38.0	5,000	152.9	33.2	4,600	--	--
1997	207.3	38.4	5,400	160.3	33.0	4,900	--	--
1998	210.3	38.8	5,400	168.9	32.5	5,200	\$0.1	\$0.1
1999	208.5	39.1	5,300	180.4	32.0	5,600	0.6	0.8
2000	215.1	39.6	5,400	195.9	34.5	5,700	1.1	1.7
2001	236.8	40.0	5,900	216.6	36.8	5,900	1.2	2.7
2002	252.6	40.4	6,300	246.5	40.4	6,100	1.3	4.1
2003	272.9	41.0	6,700	262.6	43.4	6,000	1.6	4.5
2004	295.8	41.7	7,100	281.8	45.1	6,300	1.6	5.0
2005	331.1	42.4	7,800	300.7	46.5	6,500	2.0	5.3
2006	373.9	43.2 <sup>4</sup>	8,600	299.0	46.7	6,400	2.0	6.0
2007	428.8	44.1 <sup>4</sup>	9,700	315.8	46.4	6,800	2.2	6.5
2008	448.4	45.2 <sup>4</sup>	9,900	334.2	47.6	7,000	2.6	7.5
2009	491.6	46.3 <sup>4</sup>	10,600	360.3	50.8 <sup>4</sup>	7,100	2.8	7.9
2010	514.3	47.3 <sup>4</sup>	10,900	383.4	53.9 <sup>4</sup>	7,100	3.0	8.4

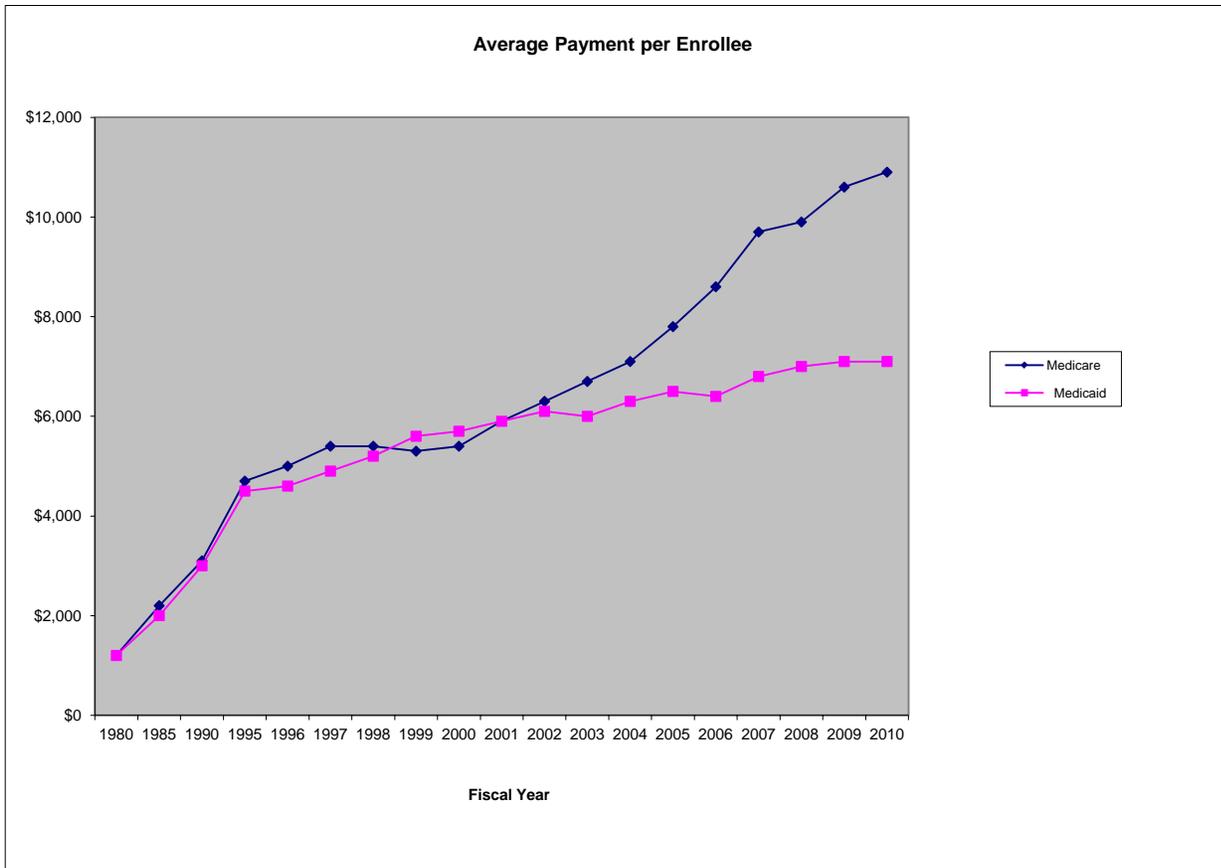
<sup>1</sup>Includes Quality Improvement Organization, Part B Medicaid transfer expenditures, and, starting in FY 2004, Part D benefits.

<sup>2</sup>Federal and State payments; excludes Medicaid expansion and separate State programs under CHIP and payments under Vaccines for Children Program.

<sup>3</sup>Average monthly enrollment.

<sup>4</sup>Estimated.

NOTES: Current law only. Consistent with data and estimates included in the 2011 Medicare Trustees Report. Medicare benefit payments reflect gross outlays, i.e., not net of offsetting receipts. Medicaid benefit payments reflect both Federal and State expenditures.



**Table I.4  
Benefit Outlays by Program  
Selected Fiscal Years**

	1967	1968	2010	2011
<b>Annually</b>			Amounts in billions	
CMS Program Benefit Outlays	\$5.1	\$8.4	\$917	\$985
Federal Outlays	NA	6.7	789	830
Medicare	3.2	5.1	519	560
Part A	2.5	3.7	250	264
Part B <sup>1</sup>	0.7	1.4	210	231
Part D prescription drug	NA	NA	59	66
Medicaid <sup>2</sup>	1.9	3.3	387	412
Federal Share	NA	1.6	263	260
Children's Health Insurance Program (CHIP)	NA	NA	11	12
Federal Share	NA	NA	8	9
<b>Monthly</b>		In millions		In billions
CMS Program Benefit Outlays	\$423	\$702	\$76	\$82
Federal Outlays	NA	561	66	69
Medicare	264	427	43	47
Part A	209	311	21	22
Part B <sup>1</sup>	55	116	17	19
Part D prescription drug	NA	NA	4.9	5.5
Medicaid <sup>2</sup>	158	275	32	34
Federal Share	NA	133	22	22
Children's Health Insurance Program (CHIP)	NA	NA	1.0	1.0
Federal Share	NA	NA	0.6	0.7
<b>Hourly</b>		In thousands		In millions
CMS Program Benefit Outlays	\$579	\$962	\$105	\$112
Federal Outlays	NA	768	90	95
Medicare	362	585	59	64
Part A	286	426	29	30
Part B <sup>1</sup>	76	159	24	26
Part D prescription drug	NA	NA	6.8	7.5
Medicaid <sup>2</sup>	217	377	44	47
Federal Share	NA	183	30	30
Children's Health Insurance Program (CHIP)	NA	NA	1.3	1.4
Federal Share	NA	NA	0.9	1.0

<sup>1</sup> Includes Part B transfer to Medicaid.

<sup>2</sup> Includes Federal outlays for the Vaccines for Children (VFC) Program.

NOTES: Current law fiscal year data. Totals may not equal the sum of rounded components.

SOURCES: FY 2012 Mid-Session Review; FY 2010 actual reconciled data. CMS/OFM

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**Table II.1**  
**CMS Benefit Payments by Major Program Service Categories**  
**Fiscal Year 2010**

Type of Service	Total		Medicare		Medicaid <sup>1</sup>	
	Program Payments (in millions)	Percent Distribution	Program Payments (in millions)	Percent Distribution	Program Payments (in millions)	Percent Distribution
Total	\$897,668	100%	\$514,300	100%	\$383,368	100%
Inpatient Hospital	212,073	24%	138,114 <sup>2</sup>	27%	73,960 <sup>8</sup>	19%
Nursing Facilities	90,166	10%	27,047	5%	63,120 <sup>9</sup>	16%
Home Health & Related	73,307	8%	19,225	4%	54,082 <sup>10</sup>	14%
Physician & Other Practitioner	113,112	13%	88,843 <sup>3</sup>	17%	24,269 <sup>11</sup>	6%
Outpatient	58,377	7%	41,130	8%	17,247 <sup>12</sup>	4%
Clinic	10,573	1%	-- <sup>4</sup>	0%	10,573 <sup>13</sup>	3%
Prescribed Drugs	79,370	9%	63,525 <sup>5</sup>	12%	15,846 <sup>14</sup>	4%
Capitation Payments	219,270	24%	115,349 <sup>6</sup>	22%	103,922 <sup>15</sup>	27%
Other Care	41,419	5%	21,069 <sup>7</sup>	4%	20,350 <sup>16</sup>	5%

<sup>1</sup> Payments (Federal and State) from financial management reports (Form CMS-64).

<sup>2</sup> Includes inpatient hospital (\$137,834 million) and Quality Improvement Organization (\$280 million).

<sup>3</sup> Includes physicians, other practitioners, durable medical equipment, ambulatory surgical center facility costs, physician-administered drugs, and other Part B suppliers (total of \$88,771 million) and Quality Improvement Organization (\$72 million).

<sup>4</sup> Covered clinic services are included under outpatient.

<sup>5</sup> Includes transitional assistance benefit payments and state low-income determinations.

<sup>6</sup> Includes Part A capitation payments (\$60,253 million), Part B capitation payments (\$54,739 million), and Medicare Advantage Premiums paid directly to plans (\$357 million).

<sup>7</sup> Includes hospice (\$12,910 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$8,159 million).

<sup>8</sup> Includes Inpatient hospital payments (\$56,379 million) and disproportionate share (DSH) payments (\$17,581 million).

<sup>9</sup> Includes services in nursing facilities (\$49,713 million) and intermediate care facilities for the mentally retarded (\$13,406 million).

<sup>10</sup> Includes home health (\$4,751 million), home and community-based waivers (\$36,161 million), and personal care services (\$13,170 million).

<sup>11</sup> Includes physician (\$12,708 million), dental (\$5,454 million), and other practitioner services (\$6,107 million).

<sup>12</sup> Includes outpatient hospital (\$15,506 million) and laboratory/radiological services (\$1,741 million).

<sup>13</sup> Includes clinic (\$6,929 million), rural health clinic (\$980 million), and federally qualified health clinic services (\$2,664 million).

<sup>14</sup> Includes gross prescription drug expenditures (\$27,351 million) and drug rebates (-\$11,505 million).

<sup>15</sup> Includes Medicare premiums (\$12,834 million) and other capitation payments (\$91,088 million).

<sup>16</sup> Includes early and periodic screening, diagnosis and treatment (EPSDT) (\$1,349 million), targeted case management (\$3,267 million), primary care case management (\$338 million), hospice (\$2,361 million), emergency services for undocumented immigrants (\$2,285 million), miscellaneous coinsurance payments (\$879 million), sterilizations (\$103 million), abortions (\$0.3 million), Program for All-inclusive Care of the Elderly (PACE) (\$779 million), other care services (\$15,866 million), and collections (-\$6,877 million).

NOTE: Because of rounding, table components may not add to totals.

SOURCE: CMS/OACT

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**Table II.2**  
**Medicare Trust Fund Projections**  
**Fiscal Years 2008 - 2011**

	2008	2009	2010	2011
	Amount in millions			
HI Total Disbursements <sup>1</sup>	\$230,240	\$238,002	\$247,256	\$248,978
HI Administrative Expenses <sup>2</sup>	2,093	2,267	2,299	2,153
HI Benefit Payments <sup>3,4</sup>	227,009	234,659	243,884	245,650
Aged	191,626	197,066	204,095	204,972
Disabled	35,382	37,594	39,789	40,678
HCFAC <sup>5</sup>	1,138	1,076	1,073	1,175
HI Transfer to SMI for Home Health	--	--	--	--
SMI Total Disbursements <sup>1</sup>	224,830	260,212	272,164	301,467
Part B Administrative Expenses <sup>2</sup>	3,031	3,086	3,255	2,753
Part B Benefit Payments <sup>4,6</sup>	174,678	200,335	205,125	228,475
Aged	144,274	164,402	167,737	185,968
Disabled	30,404	35,933	37,388	42,506
Part D Administrative Expenses <sup>2</sup>	392	232	259	268
Part D Benefit Payments <sup>7</sup>	46,728	56,559	63,525	69,971

<sup>1</sup> Current law data.

<sup>2</sup> Administrative expenses include the sum of administrative costs and research.

<sup>3</sup> Includes misallocated benefits of -\$4,204 for 2007 and \$8,804 for 2008.

<sup>4</sup> In addition to benefit payments, includes QIO expenditures, Medicare Advantage additional premiums, and, for Part B, FFS expenses for beneficiaries enrolled in cost/demo plans.

<sup>5</sup> Net Health Care Fraud and Abuse Control FY 2002 outlays reflect the U.S. Treasury's 2002 Combined Statement.

<sup>6</sup> Includes misallocated benefits of \$4,204 in 2007 and -\$8,804 for 2008.

<sup>7</sup> Includes transitional assistance in FY 2007.

NOTES: Based on 2011 Medicare Trustees Report. Benefit estimates do not reflect proposed legislation. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT/OFM

December 2011

**Table II.3**  
**Medicare Benefit Payments by Type of Benefit**  
**Fiscal Years 2008 - 2010**

	Benefit Payment <sup>1</sup>			Percent Distribution 2010
	2008	2009	2010	
	Amount in millions			
Total HI <sup>2</sup>	\$217,791	\$234,302	\$245,180	100.0%
Inpatient Hospital	128,851	132,768	137,834	56.2
Skilled Nursing Facility	24,117	25,826	27,047	11.0
Home Health Agency	6,537	6,942	7,138	2.9
Hospice	11,137	11,977	12,910	5.3
Managed Care	47,150	56,789	60,253	24.6
Total SMI <sup>2</sup>	230,017	256,728	268,410	100.0
Physician/Other Suppliers	84,240	87,940	88,771	33.1
Outpatient Hospital/Other Providers	36,211	40,822	41,130	15.3
Home Health Agency	10,100	11,326	12,087	4.5
Laboratory	7,053	7,913	8,159	3.0
Managed Care	45,686	52,167	54,739	20.4
Prescription drugs	46,728	56,559	63,525	23.7

<sup>1</sup> Includes the effect of regulatory items and recent legislation but not proposed law.

<sup>2</sup> Excludes QIO expenditures.

NOTES: Based on 2011 Medicare Trustees Report. Benefits by type of service are estimated and are subject to change. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT/OFM

December 2011

**Table II.4**  
**Medicaid Payments by Basis of Eligibility**  
**Selected Fiscal Years**

	Payments							Percent Distribution 2008
	1985	1990	1995	2000	2005	2007	2008	
	Amount in millions							
Total	\$37,508	\$64,859	\$120,141	\$168,307	\$273,203	\$276,246	\$296,830	100.0
Age 65 and over	14,096	21,508	36,527	44,503	62,929	57,179	61,131	20.6
Blind/Disabled Dependent Children under Age 21	13,452	24,403	49,418	72,742	118,683	119,617	129,040	43.5
Adults in Families with Dependent Children	4,414	9,100	17,976	26,775	46,846	53,716	57,137	19.2
Unknown	4,746	8,590	13,511	17,763	32,215	34,153	37,698	12.7
Unknown	798	1,051	1,499	6,525	12,530	11,581	11,825	4.0

NOTES: Beginning in FY 1998, payments include capitated payments as a type of service category. Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/CSP

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**Table II.5**  
**Medicaid Payments by Type of Service and Basis of Eligibility,**  
**Fiscal Year 2008**

	Total Payments	Inpatient Hospital Services	Long-Term Care Services <sup>1</sup>	Other Services
Percent Distribution				
All Groups	100.0	12.5	22.5	65.0
Aged	20.6	0.6	12.9	7.1
Disabled	43.5	5.4	9.2	28.9
Children	19.2	2.5	0.1	16.6
Adults	13.7	2.4	0.0	11.3
Unknown	4.0	1.7	0.2	2.1

<sup>1</sup>Includes services in all nursing facilities (LTC), and home health services, and all ICF/MR.

NOTE: Totals may not equal the sum of rounded components.

SOURCE: CMS/CSP

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**Table II.6**  
**Medicaid Medical Assistance Payments by Type of Service**  
**Fiscal Years 2007-2009**

	Fiscal Year		
	2007	2008	2009
		In billions	
Total Medical Assistance Payments <sup>1</sup>	\$315.8	\$334.2	\$360.3
		Percent of total	
Inpatient services	16.3	15.2	15.0
General hospitals	15.1	14.2	14.1
Mental hospitals	1.2	1.1	0.9
Nursing facility services	15.0	14.6	13.9
Intermediate care facility services for mentally retarded	3.9	3.7	3.8
Community-based long term care services <sup>2</sup>	13.6	14.0	14.4
Prescribed drugs <sup>3</sup>	4.7	4.6	4.3
Physician services	3.9	4.1	3.9
Dental services	1.1	1.2	1.3
Outpatient hospital services	4.2	3.8	4.1
Clinic services <sup>4</sup>	3.0	3.0	3.1
Laboratory and radiological services	0.4	0.4	0.4
Early and periodic screening	0.3	0.3	0.3
Targeted case management services	0.9	0.9	0.8
Capitation payments (non-Medicare)	19.7	21.5	22.8
Medicare premiums	3.3	3.3	3.1
Disproportionate share hospital payments	5.1	5.1	4.9
Other services	6.3	5.9	5.7
Collections <sup>5</sup>	-1.7	-1.6	-2.0

<sup>1</sup>Excludes payments under Children's Health Insurance Program (CHIP).

<sup>2</sup>Comprised of home health, home and community-based waivers, personal care and home and community-based services for functionally disabled elderly.

<sup>3</sup>Net of prescription drug rebates.

<sup>4</sup>Federally qualified health clinics, rural health clinics, and other clinics.

<sup>5</sup>Includes collections for third party liability, probate, fraud and abuse, overpayments, and other.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: CMS/OACT

December 2011

**Table II.7**  
**National Health Care by Type of Expenditure**  
**Calendar Year 2009**

	National Total (in billions)	Per Capita	Percent Paid		
			Total	Medicare	Medicaid
Total	\$2,486.3	\$8,086	35.2	20.2	15.0
Health Consumption Expenditures	2,330.1	7,578	37.6	21.6	16.0
Personal Health Care	2,089.9	6,797	39.1	22.5	16.5
Hospital Care	759.1	2,469	47.0	29.0	17.9
Professional Services	674.9	2,195	25.9	18.3	7.6
Physician and Clinical Services	505.9	1,645	29.5	21.6	7.9
Other Health, Residential, and Personal Care	122.6	399	56.3	3.7	52.5
Nursing Care Facilities, Continuing Care					
Retirement Communities, and Home Health	205.2	668	61.9	28.2	33.7
Retail Outlet Sales	328.0	1,067	27.2	19.8	7.4
Government Administration and Net Cost of Health Insurance	163.0	530	36.4	19.0	17.3
Public Health Activities	77.2	251	--	--	--
Investment	156.2	508	--	--	--

SOURCE: CMS/OACT

December 2011

**Table II.8**  
**CMS Benefit Payments by Major Personal Health Expenditure Service Categories**  
**Calendar Year 2009**

Type of Service <sup>1</sup>	Total Program Payments		Medicare		Medicaid <sup>5</sup>	
	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution
Total	\$816.9	100.0	\$471.3	100.0	\$345.7	100.0
Hospital Care	\$356.5	43.6	\$220.4	46.8	\$136.1	39.4
Physician and Clinical Services	\$149.4	18.3	\$109.4	23.2	\$39.9	11.6
Dental Services	\$7.4	0.9	\$0.3	0.1	\$7.1	2.1
Other Professional Services <sup>2</sup>	\$18.2	2.2	\$13.7	2.9	\$4.5	1.3
Other Health, Residential, and Personal Care	\$69.0	8.4	\$4.6	1.0	\$64.4	18.6
Home Health Care <sup>3</sup>	\$54.1	6.6	\$29.8	6.3	\$24.3	7.0
Nursing Care Facilities and Continuing Care						
Retirement Communities <sup>4</sup>	\$72.9	8.9	\$28.0	5.9	\$45.0	13.0
Prescription Drugs	\$74.8	9.2	\$54.8	11.6	\$20.0	5.8
Other Non-Durable Medical Products	\$2.8	0.3	\$2.8	0.6	---	0.0
Durable Medical Equipment	\$11.8	1.4	\$7.4	1.6	\$4.3	1.2

<sup>1</sup> Service categories used in this table are based on the National Health Expenditure Accounts and differ from those used elsewhere to present data. For example, expenditures for hospital-based nursing homes and hospital-based home health services appear as hospital care rather than nursing home care or as home health services.

<sup>2</sup> Other professional services include private duty nurses, chiropractors, optometrists, and other licensed health professionals.

<sup>3</sup> Includes non-facility based home health care and some Medicaid care delivered in homes.

<sup>4</sup> Freestanding nursing facilities only.

<sup>5</sup> Excludes Medicaid CHIP Expansion & CHIP.

NOTES: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments was 66 percent in calendar year 2009.

SOURCE: CMS/OACT

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**Table II.9  
National Health Expenditures, by Type of Sponsors:  
Selected Calendar Years**

Calendar Year	National Health Expenditures									
	GDP in billions	Total			Business, Households, and Other Private			Government		
		Amount in billions	Per Capita	Percent of GDP	Amount in billions	Per Capita	Percent of Total	Amount in billions	Per Capita	Percent of Total
1987	\$4,736	\$519	\$2,108	11.0	\$354	\$1,438	68.2	\$165	\$670	31.8
1988	\$5,100	\$581	\$2,340	11.4	\$402	\$1,617	69.1	\$180	\$723	30.9
1989	\$5,482	\$647	\$2,580	11.8	\$444	\$1,771	68.6	\$203	\$809	31.4
1990	\$5,801	\$724	\$2,853	12.5	\$488	\$1,923	67.4	\$236	\$930	32.6
1991	\$5,992	\$791	\$3,081	13.2	\$522	\$2,031	65.9	\$270	\$1,050	34.1
1992	\$6,342	\$858	\$3,299	13.5	\$553	\$2,127	64.5	\$305	\$1,172	35.5
1993	\$6,667	\$921	\$3,502	13.8	\$582	\$2,212	63.2	\$339	\$1,289	36.8
1994	\$7,085	\$973	\$3,657	13.7	\$607	\$2,283	62.4	\$365	\$1,374	37.6
1995	\$7,415	\$1,027	\$3,823	13.9	\$642	\$2,390	62.5	\$385	\$1,433	37.5
1996	\$7,839	\$1,082	\$3,985	13.8	\$676	\$2,489	62.5	\$406	\$1,496	37.5
1997	\$8,332	\$1,142	\$4,166	13.7	\$716	\$2,611	62.7	\$426	\$1,555	37.3
1998	\$8,794	\$1,209	\$4,362	13.7	\$775	\$2,799	64.2	\$433	\$1,564	35.8
1999	\$9,354	\$1,287	\$4,599	13.8	\$831	\$2,970	64.6	\$456	\$1,629	35.4
2000	\$9,952	\$1,378	\$4,878	13.8	\$890	\$3,149	64.6	\$488	\$1,729	35.4
2001	\$10,286	\$1,495	\$5,240	14.5	\$938	\$3,287	62.7	\$557	\$1,954	37.3
2002	\$10,642	\$1,637	\$5,682	15.4	\$1,011	\$3,509	61.8	\$626	\$2,173	38.2
2003	\$11,142	\$1,772	\$6,098	15.9	\$1,085	\$3,733	61.2	\$687	\$2,365	38.8
2004	\$11,868	\$1,895	\$6,458	16.0	\$1,148	\$3,911	60.6	\$747	\$2,547	39.4
2005	\$12,638	\$2,021	\$6,827	16.0	\$1,219	\$4,119	60.3	\$802	\$2,708	39.7
2006	\$13,399	\$2,152	\$7,198	16.1	\$1,284	\$4,294	59.7	\$868	\$2,904	40.3
2007	\$14,062	\$2,283	\$7,561	16.2	\$1,359	\$4,499	59.5	\$925	\$3,062	40.5
2008	\$14,369	\$2,391	\$7,845	16.6	\$1,406	\$4,612	58.8	\$985	\$3,233	41.2
2009	\$14,119	\$2,486	\$8,086	17.6	\$1,403	\$4,564	56.4	\$1,083	\$3,523	43.6

NOTES: These data reflect Bureau of Economic Analysis Gross Domestic Product as of July 2010. Per capita is calculated using Census resident based population estimates.

SOURCES: CMS/OACT; U.S. Bureau of the Census; and U.S. Department of Commerce, Bureau of Economic Analysis.

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**Table II.10**  
**National Health Expenditures Source of Funds<sup>1</sup>**  
**Selected Calendar Years**

	1965	1970	1975	1980	1985	1990	1995	2000	2005	2008	2009
Total National Health Expenditures (in billions)	\$41.9	\$74.8	\$133.5	\$255.7	\$444.4	\$724.0	\$1,027.3	\$1,378.0	\$2,021.0	\$2,391.4	\$2,486.3
	Percent Distribution										
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Health Consumption Expenditures	88.6	89.6	90.7	92.1	93.0	93.3	93.6	93.5	93.5	93.4	93.7
Out-of-Pocket	43.5	33.4	28.0	22.8	21.6	19.2	14.3	14.7	13.1	12.5	12.0
Health Insurance	28.5	42.4	49.6	55.6	58.3	60.7	66.5	66.7	69.8	70.3	71.1
Private Health Insurance	23.8	20.6	22.8	27.0	29.5	32.3	31.8	33.2	34.5	33.1	32.2
Medicare	--	10.3	12.2	14.6	16.2	15.2	17.9	16.3	16.8	19.5	20.2
Medicaid	--	7.1	10.1	10.2	9.2	10.2	14.1	14.5	15.3	14.3	15.0
Federal	--	3.8	5.5	5.7	5.1	5.9	8.4	8.5	8.8	8.5	9.9
State and Local	--	3.3	4.5	4.5	4.1	4.3	5.7	6.1	6.5	5.9	5.1
Other Health Insurance Programs <sup>2</sup>	4.7	4.4	4.5	3.8	3.4	3.0	2.6	2.6	3.2	3.4	3.6
Other Third Party Payers and Programs and Public Health Activity <sup>3</sup>	16.6	13.9	13.2	13.7	13.1	13.4	12.9	12.2	10.7	10.6	10.6
Investment	11.4	10.4	9.3	7.9	7.0	6.7	6.4	6.5	6.5	6.6	6.3

<sup>1</sup> Includes personal health care, expenses for prepayment and administration, government public health activities, and research and medical facilities construction.

<sup>2</sup> Includes Children's Health Insurance Program (Titles XIX and XXI), Department of Defense, and Department of Veteran's Affairs.

<sup>3</sup> Includes worksite health care, other private revenues, Indian Health Service, workers' compensation, general assistance, maternal and child health, vocational rehabilitation, other federal programs, Substance Abuse and Mental Health Services Administration, other state and local programs, and school health.

-- Not applicable; Medicare and Medicaid became effective July 1966

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

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**Table II.11**  
**Personal Health Care Payment Source <sup>1</sup>**  
**Selected Calendar Years**

	1965	1970	1975	1980	1985	1990	1995	2000	2005	2008	2009
Total in billions	\$34.7	\$63.1	\$113.2	\$217.1	\$376.8	\$616.6	\$872.7	\$1,164.4	\$1,692.6	\$1,997.2	\$2,089.9
	Percent Distribution										
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Out of pocket	52.5	39.6	33.0	26.9	25.5	22.5	16.8	17.4	15.6	14.9	14.3
Health Insurance	30.5	46.9	54.7	60.8	62.5	65.4	72.3	72.4	75.5	76.5	77.3
Private Health Insurance	24.9	22.2	24.4	28.3	29.7	33.2	33.0	34.9	35.7	34.7	34.1
Medicare	--	11.5	13.8	16.7	18.5	17.4	20.6	18.5	19.3	22.1	22.5
Medicaid	--	8.0	11.3	11.4	10.3	11.3	15.6	16.1	17.0	15.8	16.5
Federal	--	4.3	6.2	6.3	5.6	6.5	9.4	9.4	9.8	9.4	11.0
State and local	--	3.7	5.1	5.1	4.6	4.8	6.2	6.7	7.2	6.5	5.5
Other Health Insurance Programs <sup>2</sup>	--	5.2	5.2	4.4	4.0	3.4	3.0	3.0	3.6	3.9	4.1
Other Third Party Payers and Programs <sup>3</sup>	--	13.5	12.3	12.3	12.0	12.1	11.0	10.2	8.9	8.6	8.4

<sup>1</sup> Excludes administrative expenses, research, construction, and other types of spending that are not directed at patient care.

<sup>2</sup> Includes Children's Health Insurance Program (Titles XIX and XXI), Department of Defense, and Department of Veterans' Affairs.

<sup>3</sup> Includes worksite health care, other private revenues, Indian Health Service, workers' compensation, general assistance, maternal and child health, vocational rehabilitation, other federal programs, Substance Abuse and Mental Health Services Administration, other state and local programs, and school health.

-- Not applicable; Medicare and Medicaid became effective July 1966

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

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**Table II.12**  
**Consumer Price Index, All Urban Consumer, Selected Components <sup>1</sup>**

Year	Consumer Price Index (1982-1984 =100)			12 Month Percent Change		
	All Items	Medical Care	Medical Services	All Items	Medical Care	Medical Services
1966	32.4	26.3	23.9	2.9	4.4	5.3
1967	33.4	28.2	26.0	3.1	7.2	8.8
1968	34.8	29.9	27.9	4.2	6.0	7.3
1969	36.7	31.9	30.2	5.5	6.7	8.2
1970	38.8	34.0	32.3	5.7	6.6	7.0
1971	40.5	36.1	34.7	4.4	6.2	7.4
1972	41.8	37.3	35.9	3.2	3.3	3.5
1973	44.4	38.8	37.5	6.2	4.0	4.5
1974	49.3	42.4	41.4	11.0	9.3	10.4
1975	53.8	47.5	46.6	9.1	12.0	12.6
1976	56.9	52.0	51.3	5.8	9.5	10.1
1977	60.6	57.0	56.4	6.5	9.6	9.9
1978	65.2	61.8	61.2	7.6	8.4	8.5
1979	72.6	67.5	67.2	11.3	9.2	9.8
1980	82.4	74.9	74.8	13.5	11.0	11.3
1981	90.9	82.9	82.8	10.3	10.7	10.7
1982	96.5	92.5	92.6	6.2	11.6	11.8
1983	99.6	100.6	100.7	3.2	8.8	8.7
1984	103.9	106.8	106.7	4.3	6.2	6.0
1985	107.6	113.5	113.2	3.6	6.3	6.1
1986	109.6	122.0	121.9	1.9	7.5	7.7
1987	113.6	130.1	130.0	3.6	6.6	6.6
1988	118.3	138.6	138.3	4.1	6.5	6.4
1989	124.0	149.3	148.9	4.8	7.7	7.7
1990	130.7	162.8	162.7	5.4	9.0	9.3
1991	136.2	177.0	177.1	4.2	8.7	8.9
1992	140.3	190.1	190.5	3.0	7.4	7.6
1993	144.5	201.4	202.9	3.0	5.9	6.5
1994	148.2	211.0	213.4	2.6	4.8	5.2
1995	152.4	220.5	224.2	2.8	4.5	5.1
1996	156.9	228.2	232.4	3.0	3.5	3.7
1997	160.5	234.6	239.1	2.3	2.8	2.9
1998	163.0	242.1	246.8	1.6	3.2	3.2
1999	166.6	250.6	255.1	2.2	3.5	3.4
2000	172.2	260.8	266.0	3.4	4.1	4.3
2001	177.1	272.8	278.8	2.8	4.6	4.8
2002	179.9	285.6	292.9	1.6	4.7	5.1
2003	184.0	297.1	306.0	2.3	4.0	4.5
2004	188.9	310.1	321.3	2.7	4.4	5.0
2005	195.3	323.2	336.7	3.4	4.2	4.8
2006	201.6	336.2	350.6	3.2	4.0	4.1
2007	207.3	351.1	369.3	2.8	4.4	5.3
2008	215.3	364.1	384.9	3.8	3.7	4.2
2009	214.5	375.6	397.3	-0.4	3.2	3.2
2010	218.1	388.4	411.2	1.6	3.4	3.5

<sup>1</sup>All data not seasonally adjusted.

**Table III.1  
Medicare Operations of the Medicare Trust Fund Report  
Selected Fiscal Years**

Fiscal Year <sup>1</sup>	Income							Disbursements			Trust Fund	
	Payroll Taxes	Transfers from Railroad Retirement Account	Transfers for Uninsured Persons	Reimbursement for Voluntary Enrollees	Payments for Military Wage Credits	Interest and Other Income <sup>2</sup>	Total Income	Benefit Payments <sup>3</sup>	Administrative Expenses <sup>4</sup>	Total Disbursements	Net Increase in Fund	Fund at End of Year
Amount in millions												
1967	\$2,689	\$16	\$327		\$11	\$46	\$3,089	\$2,508	\$89	\$2,597	\$492	\$1,343
1970	4,785	64	617		11	137	5,614	4,804	149	4,953	661	2,677
1975	11,291	132	481	\$6	48	609	12,568	10,353	259	10,612	1,956	9,870
1980	23,244	244	697	17	141	1,072	25,415	23,790	497	24,288	1,127	14,490
1985	46,490	371	766	38	86	3,182	50,933	47,841	813	48,654	4,103 <sup>5</sup>	21,277
1990	70,655	367	413	113	107	7,908	79,563	65,912	774	66,687	12,876	95,631
1995	98,053	396	462	998	61	14,876	114,847	113,583	1,300	114,883	-36	129,520
1996	106,934	401	419	1,107	-2,293 <sup>6</sup>	14,565	121,135	124,088	1,229	125,317	-4,182	125,338
1997	112,725	419	481	1,279	70	13,575	128,548	136,175	1,661	137,836	-9,287	116,050
1998	121,913	419	34	1,320	67	14,449	138,203	135,487 <sup>7</sup>	1,653	137,140	1,063	117,113
1999	134,385	430	652	1,401	71	16,075	153,015	129,463 <sup>7</sup>	1,978	131,441	21,574	138,687
2000	137,738	465	470	1,392	2	19,614	159,681	127,934 <sup>7</sup>	2,350	130,284	29,397	168,084
2001	151,931	470	453	1,440	-1,175 <sup>8</sup>	17,896	171,014	139,356 <sup>7</sup>	2,368	141,723	29,290	197,374
2002	151,575	425	442	1,525	0	25,796	179,762	145,566 <sup>7</sup>	2,464	148,031	31,731	229,105
2003	149,839	426	393	1,598	0	23,557	175,813	151,250 <sup>7</sup>	2,541	153,792	22,021	251,127
2004	153,448	419	365	1,799	173	24,611	180,815	164,079	2,920	166,998	13,816	264,943
2005	168,954	445	286	2,303	0	24,933	196,921	181,292	2,850	184,142	12,779	277,723
2006	180,392	471	408	2,632	0	26,405	210,309	181,815	3,086	184,901	25,408	303,130
2007	187,992	483	468	2,761	0	27,503	219,207	200,191	2,636	202,827	16,380	319,510
2008	197,195	526	506	2,913	0	28,589	229,729	227,008 <sup>9</sup>	3,231	230,240	-511	319,000
2009	194,102	524	614	2,817	968	29,890	228,915	234,659	3,343	238,001	-9,086	309,914
2010	183,603	535	-142	3,314	0	30,693	218,004	245,650	3,328	248,978	-30,975	278,939

<sup>1</sup> Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

<sup>2</sup> Other income includes recoveries of amounts reimbursed from the trust fund income that are not obligations of the trust fund, taxation of benefits, receipts from the fraud and abuse control program, and a small amount of miscellaneous income.

<sup>3</sup> Includes cost of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983), and costs of Quality Improvement Organizations beginning in 2002.

<sup>4</sup> Includes cost of experiments and demonstration projects and non-expenditure transfers for Health Care Fraud and Abuse Control.

<sup>5</sup> Includes repayment of loan principal from Old Age Survivors Insurance trust fund of \$1,824 million.

<sup>6</sup> Includes the lump sum general revenue transfer of -\$2,366 million, as provided for by section 151 of P.L. 98-21.

<sup>7</sup> Benefit payments plus monies transferred to the SMI trust fund for home health agency costs, as provided by P.L. 105-33.

<sup>8</sup> Includes the lump sum general revenue transfer of -\$1,177 million, as provided for by section 151 of P.L. 98-21.

<sup>9</sup> Includes monies (\$8.5 billion) transferred to the general fund of the Treasury for Part A hospice costs that were previously misallocated to the Part B trust fund account.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

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**Table III.2**  
**Medicare Operations of the SMI Trust Fund**  
**Selected Fiscal Years**

Fiscal Year <sup>1</sup>	Income				Disbursements			Trust Fund		
	Premiums from Participants <sup>2</sup>	Government Contributions <sup>3</sup>	Transfers from States <sup>4</sup>	Interest and other income <sup>5,6</sup>	Total Income	Benefit Payments <sup>5,7,8</sup>	Administrative Expenses	Total Disbursements	Net Increase in Fund	Fund at End of Year <sup>9</sup>
Amount in millions										
1967	\$647	\$623	--	\$15	\$1,285	\$664	\$135 <sup>10</sup>	\$799	\$486	\$486
1970	936	928	--	12	1,876	1,979	217	2,196	-321	57
1975	1,887	2,330	--	106	4,322	3,765	404	4,170	152	1,424
1980	2,928	6,932	--	416	10,275	10,144	593	10,737	-462	4,532
1985	5,524	17,898	--	1,154	24,577	21,808	923	22,730	1,846	10,646
1990	11,494 <sup>11</sup>	33,210	--	1,434 <sup>11</sup>	46,138 <sup>11</sup>	41,498	1,524 <sup>11</sup>	43,022 <sup>11</sup>	3,115 <sup>11</sup>	14,527 <sup>11</sup>
1995	19,244	36,988 <sup>12</sup>	--	1,937	58,169	63,491	1,722	65,213	-7,044	13,874 <sup>12</sup>
1996	18,931	61,702 <sup>12</sup>	--	1,392	82,025	67,176	1,771	68,946	13,079	26,953 <sup>12</sup>
1997	19,141	59,471	--	2,193	80,806	71,133	1,420	72,553	8,252	35,206
1998	19,427	59,919	--	2,608	81,955	74,837 <sup>13</sup>	1,435	76,272	5,683	40,889
1999	20,160	62,185	--	2,933	85,278	79,008 <sup>13</sup>	1,510	80,518	4,760	45,649
2000	20,515	65,561	--	3,164	89,239	87,212 <sup>13</sup>	1,780	88,992	247	45,896
2001	22,307	69,838	--	3,191	95,336	97,466 <sup>13</sup>	1,986	99,452	-4,116	41,780
2002	24,427	78,318	--	2,960	105,705	106,995 <sup>13</sup>	1,830	108,825	-3,120	38,659
2003	26,834	80,905	--	2,455	110,194	121,699 <sup>13</sup>	2,356	124,055	-13,861	24,799
2004	30,341	94,518	--	1,730	126,589	131,457	2,817	134,274	-7,684	17,114
2005	35,939	115,200	--	1,366	152,505	149,820	2,914	152,735	-230	16,885
2006	44,241 <sup>14</sup>	162,601	3,630	1,478	211,951	192,083 <sup>14</sup>	3,474	195,557	16,394	33,279
2007	49,640 <sup>14</sup>	179,171	6,977	2,065	237,854	228,560 <sup>14</sup>	3,426	231,986	5,867	39,146
2008	54,118 <sup>14</sup>	180,434	7,042	3,238	244,832	221,406 <sup>14,15</sup>	3,423	224,830	20,003	59,149
2009	57,665 <sup>14</sup>	194,267	7,504	3,093	262,529	256,894 <sup>14</sup>	3,318	260,212	2,317	61,466
2010	61,304 <sup>14</sup>	213,709	4,493	3,168	282,674	268,650 <sup>14</sup>	3,514	272,164	10,510	71,976

<sup>1</sup> Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

<sup>2</sup> For Part D, premiums include both amounts withheld from Social Security benefit checks (and other certain Federal benefit payments) and amounts paid directly to Part D plans, the premiums paid directly to Part D plans are not displayed on Treasury statements and are estimated.

<sup>3</sup> For Part B, includes matching payments from the general fund, plus certain interest-adjustment items. For Part D, includes all federal government transfers, including amounts for the general subsidy, reinsurance, employer drug subsidy, low-income subsidy, administrative expenses, risk sharing, and State expenses for making low-income eligibility determinations. Includes amounts for the transitional assistance benefits in 2004-2006.

<sup>4</sup> With the availability of Part D drug coverage and low-income subsidies beginning in 2006 Medicaid is no longer the primary payer for full-benefit dual eligibles. States are subject to a contribution requirement and must pay the Part D account in the SMI trust fund a portion of their estimated forgone drug costs for this population. Starting in 2006, States must pay 90 percent of the estimated costs, with this percentage phasing down over a 10-year period, to 75 percent in 2015 and later.

<sup>5</sup> Other income includes recoveries of amounts reimbursed from the trust fund that are not obligations of the trust fund and other miscellaneous income.

<sup>6</sup> Values after 2005 include additional premiums for Medicare Advantage (MA) plans that are deducted from beneficiaries' Social Security checks. These additional premiums are beneficiary obligations and occur when a beneficiary chooses an MA plan whose monthly plan payment exceeds the benchmark amount. Beneficiaries subject to such premiums may choose to either reimburse the plans directly or have the premiums deducted from their Social Security checks. The premiums deducted from the Social Security checks are transferred to the HI and SMI trust funds and then transferred from the trust funds to the plans.

<sup>7</sup> Includes costs of Peer Review Organizations from 1983 through 2001 and costs of Quality Improvement Organizations beginning in 2002.

<sup>8</sup> For Part D, includes payments to plans, subsidies to employer-sponsored retiree prescription drug plans, payments to States for making low-income eligibility determinations, Part D drug premiums collected from beneficiaries and transferred to Medicare Advantage plans and private drug plans, and premium amounts paid directly by enrollees to plans. (The last item is on an estimated basis; see footnote 2.) Includes amounts for the transitional assistance benefits in 2004-2006.

<sup>9</sup> The financial status of the program depends on both the total net assets and the liabilities of the program.

<sup>10</sup> Administrative expenses shown include those paid in fiscal years 1966 and 1967.

<sup>11</sup> Includes the impact of the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360).

<sup>12</sup> General fund transfers of \$6.7 million could not be made in FY 1995 due to the absence of funding. Subsequently, a transfer was made in March 1996. Consequently, SMI government contributions are abnormally low for FY 1995 and abnormally high for FY 1996.

<sup>13</sup> Benefit payments less monies transferred from the HI trust fund for home health agency costs, as provided for by the Balanced Budget Act of 1997.

<sup>14</sup> Includes estimated premiums paid directly to Part D plans (these amounts for FY 2006-2009, respectively, were \$1,804 million, \$2,269 million, \$2,930 million, \$3,654 million, and \$4,161 million). See also

<sup>15</sup> Benefits are reduced by monies (\$8.5 billion) transferred from the general fund of the Treasury to reimburse Part B for Part A hospice costs that were previously misallocated to the Part B trust fund account.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

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**Table III.3  
Medicare SMI Part B Trust Fund Income  
Selected Fiscal Years**

Fiscal Year	Total Income (less interest)	Premiums from Participants			Government Contributions <sup>1, 2</sup>		
		Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions							
1967	\$1,270	\$647	\$647	--	\$623	\$623	--
1970	1,863	936	936	--	928	928	--
1975	4,217	1,887	1,736	\$151	2,330	1,711	\$619
1980	9,860	2,928	2,637	291	6,932	5,608	1,324
1985	23,422	5,524	5,042	482	17,898	15,072	2,826
1990	44,704	11,494 <sup>3</sup>	10,138	995	33,210	31,107	2,103
1995	56,232	19,243	17,126	2,117	36,988	31,146	5,842
1996	80,633	18,931	16,858	2,073	61,702	52,353	9,349
1997	78,613	19,142	16,984	2,158	59,471	51,082	8,390
1998	79,346	19,427	17,153	2,274	59,919	51,483	8,436
1999	82,345	20,160	17,722	2,438	62,185	53,653	8,532
2000	86,076	20,515	17,961	2,554	65,561	54,741	10,820
2001	92,146	22,307	19,447	2,861	69,838	57,817	12,021
2002	102,744	24,427	21,173	3,254	78,318	65,650	12,668
2003	107,739	26,834	23,114	3,720	80,905	67,496	13,409
2004	124,859	30,341	25,873	4,468	94,518	76,113	18,405
2005	149,942	35,940	30,394	5,546	114,002	92,002	22,000
2006	175,884	41,629	35,606	6,023	134,255	111,140	23,115
2007	183,565	45,743	38,552	7,190	137,822	113,903	23,919
2008	194,254	49,366	42,496	6,871	144,888	122,185	22,703
2009	202,608	51,860	42,834	9,026	150,748	118,817	31,931
2010	215,890	54,780	45,832	8,948	161,110	127,056	34,054
Percent change							
1967-2008	15,196	7,530	6,468	--	23,156	19,512	--
1975-2008	4,506	2,516	2,348	4,450	6,118	7,041	3,568
2005-2006	17	16	17	9	18	21	5
2006-2007	4	10	8	19	3	2	3
2007-2008	6	8	10	-4	5	7	-5
2008-2009	4	5	1	31	4	-3	41
2009-2010	7	6	7	-1	7	7	7

<sup>1</sup> Interest on delayed transfers from general funds is included.

<sup>2</sup> Government contributions include not only amounts to help cover program costs but adjustments to the assets to account for contingencies. Since the financing rates to determine both premium rates and government contributions are set prospectively, the financing may not be adequate to cover actual program expenditures. Consequently, trust fund assets contain contingency levels to cover the impact of a reasonable degree of variation between actual and projected expenditures. The government contributions include adjustments to maintain adequate contingency levels. Some of the adjustments increase the contingency levels when they have been depleted and in other cases decrease the levels when they are more than sufficient.

<sup>3</sup> Total includes the catastrophic premiums due to the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360).

NOTES: Totals do not necessarily equal the sum of rounded components. For more detail on fund transactions, see "Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds." Legislation mandates that from January 1984 through December 1990, and January 1996 and thereafter the monthly premium for aged enrollees be kept at a constant 25 percent of expected monthly cost, i.e., one half of the actuarial rate.

SOURCE: CMS/OACT

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**Table III.4**  
**Medicare Ratio of Part B Benefit Payments to Premium Income**  
**Selected Fiscal Years**

Fiscal Year	Benefit Payments			Ratio of Benefit Payments to Premium Income		
	Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions						
1967	\$664	\$664	--	1.0	1.0	--
1970	1,979	1,979	--	2.1	2.1	--
1975	3,765	3,289	\$476	2.0	1.9	3.2
1980	10,144	8,497	1,647	3.5	3.2	5.7
1985	21,808	19,077	2,731	3.9	3.8	5.7
1990	41,498	36,837	4,661	3.7	3.6	4.7
1995	63,491	54,831	8,660	3.3	3.2	4.1
1996	67,176	57,816	9,360	3.5	3.4	4.5
1997	71,133	61,002	10,131	3.7	3.6	4.7
1998	75,815	65,144	10,670	3.9	3.8	4.7
1999	79,187	68,025	11,162	3.9	3.8	4.6
2000	88,918	76,450	12,468	4.3	4.3	4.9
2001	100,569	86,078	14,491	4.5	4.4	5.1
2002	108,163	91,868	16,295	4.4	4.3	5.0
2003	119,524	100,564	18,961	4.5	4.4	5.1
2004	131,457	110,002	21,455	4.3	4.3	4.8
2005	148,623	123,841	24,782	4.1	4.1	4.5
2006	158,348	131,058	27,290	3.8	3.7	4.5
2007	177,229	146,915	30,314	3.9	3.8	4.2
2008	174,678	144,190	30,488	3.5	3.4	4.4
2009	200,335	164,378	35,956	3.9	3.8	4.0
2010	205,125	167,737	37,388	3.7	3.7	4.2
Percent change						
1967-2009	30,071	24,656	--			
1975-2009	5,221	4,898	7,454			
1985-2009	819	762	1,217			
1995-2009	216	200	315			
2005-2006	7	6	8			
2006-2007	12	12	15			
2007-2008	(1)	(2)	(1)			
2008-2009	15	14	18			
2009-2010	2	2	4			

NOTE: For 2005-2007, benefits include the misallocated benefits that were erroneously paid by Part B and QIO expenses. For more detail on fund transactions, see "2011 Annual Report of the Board of Trustees of the Federal Hospital Insurance and the Federal Supplementary Medical Insurance Trust Funds." For 2008, benefits reflect a 6/30/08 transfer from the general fund of the Treasury (\$8.5 billion) to reimburse Part B for Part A hospice costs that were erroneously misallocated to the Part B trust fund account during 2005-2007.

**Table III.5  
Medicare Administrative Expenses  
Selected Fiscal Years**

Fiscal Year	Administrative Expenses	
	Amount in millions	Percent of Benefit Payments
<b>HI Trust Fund</b>		
1967	\$89	3.5
1970	149	3.1
1975	259	2.5
1980	497	2.1
1985	813	1.7
1990	774	1.2
1995	1,300	1.1
1996	1,229	1.0
1997	1,661 <sup>1</sup>	1.2
1998	1,653 <sup>1</sup>	1.2 <sup>4</sup>
1999	1,978 <sup>1</sup>	1.5 <sup>4</sup>
2000	2,350 <sup>1</sup>	1.9 <sup>4</sup>
2001	2,368 <sup>1</sup>	1.7 <sup>4</sup>
2002	2,464 <sup>1</sup>	1.7 <sup>4</sup>
2003	2,541 <sup>1</sup>	1.7 <sup>4</sup>
2004	2,920 <sup>1</sup>	1.8
2005	2,850 <sup>1</sup>	1.6
2006	3,086 <sup>1</sup>	1.7
2007	2,636 <sup>1</sup>	1.3
2008	3,231 <sup>1</sup>	1.4 <sup>5</sup>
2009	3,343	1.4
2010	3,328	1.3
<b>SMI Trust Fund<sup>2</sup></b>		
1967	135 <sup>3</sup>	20.3
1970	217	11.0
1975	405	10.8
1980	593	5.8
1985	922	4.2
1990	1,524	3.7
1995	1,722	2.7
1996	1,771	2.6
1997	1,420	2.0
1998	1,435	1.9 <sup>4</sup>
1999	1,510	1.9 <sup>4</sup>
2000	1,780	2.0 <sup>4</sup>
2001	1,986	2.0 <sup>4</sup>
2002	1,830	1.7 <sup>4</sup>
2003	2,356	1.9 <sup>4</sup>
2004	2,817	2.1
2005	2,914	1.9
2006	3,474	1.8
2007	3,426	1.5
2008	3,423	1.6 <sup>5</sup>
2009	3,318	1.3
2010	3,514	1.3

<sup>1</sup> Includes non-expenditure transfers for Health Care Fraud and Abuse Control.

<sup>2</sup> Includes Part D beginning in FY 2004.

<sup>3</sup> Includes expenses paid in fiscal years 1966 and 1967.

<sup>4</sup> Administrative expenses as a percent of benefits and Quality Improvement Organizations/Peer Review Organizations but not including home health agency transfer.

<sup>5</sup> An accounting error adjustment was included in the calculation of administrative expenses as a percent of benefits.

**Table III.6  
Medicare Contractors**

	Intermediaries	Carriers
Blue Cross/Blue Shield	5	7
Other	1	1

NOTE: Data for Fiscal Year 2011. Numbers do not include A/B MACs or DMACs.

SOURCE: CMS/OFM

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**Table III.7  
Medicare Redeterminations**

	Cases Involved		
	Intermediary		Carrier
	Part A	Part B	Part B
Number Processed	91,510	233,952	1,993,348
Percent Reversed (Incl. Fully & Partially Reversed Cases)	18.2	50.5	51.5

NOTES: Data for Fiscal Year 2011. Data presented in cases.

SOURCE: CMS/OFM

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**Table III.8  
Medicare Physician/Supplier Claims Charge Reductions  
Selected Fiscal Years 1985 - 2011**

Fiscal Year	Claims Approved		Total Covered Charges		
	Number in thousands	Percent Reduced	Amount in millions	Percent Reduced	Amount Reduced per Claim
Assigned					
1985	168,587	81.7	20,743	27.0	33.19
1990	329,061	87.6	48,711	32.6	48.22
1995	534,972	86.4	91,672	42.2	72.31
1997	564,461	87.5	102,279	45.7	82.74
1998	573,077	87.6	105,682	46.5	85.91
1999	586,227	88.7	113,008	47.5	91.76
2000	612,875	88.3	124,024	47.7	96.69
2001	646,131	87.7	139,272	47.9	103.22
2002	722,826	87.7	152,373	56.3	135.31
2003	749,313	90.1	184,370	51.8	127.43
2004	796,291	90.8	209,051	52.6	138.34
2005	839,900	91.3	232,129	54.0	146.64
2006	840,991	87.4	243,922	52.5	152.64
2007	823,586	93.3	250,730	57.5	174.81
2008	844,570	94.5	270,508	58.4	187.15
2009	869,259	92.3	292,548	58.5	196.99
2010	870,264	95.2	298,378	59.7	204.62
2011	881,171	95.8	311,920	59.8	211.75
Unassigned					
1985	77,646	84.6	10,051	25.6	33.12
1990	75,879	90.3	8,702	25.3	28.97
1995	32,695	83.9	2,725	15.6	13.01
1997	19,765	84.4	1,726	16.3	14.23
1998	16,051	82.9	1,450	16.9	15.26
1999	14,061	81.6	1,321	17.5	16.49
2000	13,128	79.4	1,301	18.1	17.85
2001	12,200	77.7	1,254	18.1	18.59
2002	11,352	79.8	1,107	17.2	21.01
2003	11,101	81.7	1,058	15.2	15.03
2004	10,597	83.3	1,050	16.3	16.17
2005	9,809	84.4	1,017	17.4	18.04
2006	8,761	82.3	924	17.5	18.46
2007	7,503	87.6	798	18.3	19.41
2008	7,009	89.1	772	18.6	20.44
2009	6,870	87.5	776	18.7	21.20
2010	6,079	87.6	683	18.9	21.18
2011	5,567	87.0	650	19.4	22.67

NOTE: Charge reduction is the total dollar amount reduced as a result of the charge determination made by the Medicare contractor.

**Table III.9**  
**Medicare Charge Determination Data for Physician/Supplier Claims**  
**Selected Fiscal Years 1975 - 2011**

Fiscal Year	Claims Paid or Applied to Deductible		Claims on Which Charge Reductions Were Made				
	Number in thousands	Total Covered Charges in thousands	Number in thousands	Percent of Claims Paid or Applied to Deductible	Amount of Reduction		
					Total in thousands	Percent of Covered Charges	Avg. Amount per Approved Claim
1975	75,694	\$5,324,636	50,738	67.0	\$863,847	16.2	\$11.41
1980	145,157	13,765,039	113,707	78.3	3,063,364	22.3	21.10
1985	246,337	30,800,071	203,405	82.6	8,168,817	26.5	33.16
1986	272,969	34,692,565	227,127	83.2	9,664,309	27.9	35.40
1987	307,437	39,952,727	254,672	82.8	10,879,839	27.2	35.39
1988	342,580	45,434,338	293,027	85.5	12,867,579	28.3	37.56
1989	370,288	50,646,122	321,851	86.9	15,139,981	29.9	40.89
1990	404,939	57,413,496	356,775	88.1	18,063,716	31.5	44.61
1992	476,024	72,733,350	413,095	86.8	27,170,734	37.4	57.08
1993	500,572	78,984,666	439,888	87.9	32,089,244	40.6	64.11
1994	538,808	86,344,476	473,907	88.0	35,823,544	41.5	66.49
1995	567,666	94,396,848	489,467	86.2	39,108,517	41.4	68.89
1996	569,029	98,276,302	494,764	86.9	43,035,169	43.8	75.63
1997	584,226	104,004,862	510,568	87.4	46,987,436	45.2	80.43
1998	589,128	107,132,423	515,427	87.5	49,475,682	46.2	83.98
1999	600,288	114,329,416	531,776	88.6	54,023,415	47.3	90.00
2000	626,003	125,325,545	551,784	88.1	59,491,359	47.5	95.03
2001	658,003	140,525,531	576,428	87.6	66,918,719	47.6	101.65
2002	721,854	164,157,590	637,918	88.4	82,053,460	50.0	113.67
2003	760,414	185,427,866	673,846	88.6	93,614,898	50.5	123.11
2004	806,888	210,101,630	719,566	89.2	108,045,544	51.4	133.90
2005	849,709	233,147,025	761,788	89.7	123,332,600	52.9	145.15
2006	849,252	244,846,729	728,116	85.7	126,631,974	51.7	149.11
2007	831,089	251,528,546	762,103	91.7	142,487,455	56.6	171.45
2008	851,579	271,280,701	789,114	92.7	156,384,382	57.6	183.64
2009	876,129	293,324,188	808,049	92.2	171,380,271	58.4	195.61
2010	876,343	299,061,190	817,863	93.3	176,120,724	58.9	200.97
2011	886,739	312,570,738	834,864	94.1	184,724,821	59.1	208.32

NOTE: Data prior to July 1, 1976 exclude claims handled by the Social Security Administration's Office of Direct Reimbursement.

SOURCE: CMS/OFM

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**Table III.10**  
**Medicaid Administrative Expenses**  
**Fiscal Years 2007 - 2010**

	2007	2008	2009	2010
Total Payments Computable for Federal Funding <sup>1</sup>	\$16,421,056	\$17,692,686	\$16,232,835	\$17,925,877
Federal Share <sup>1</sup>				
Family Planning	\$29,179	\$34,610	\$35,873	\$34,214
Design, Development or Installation of MMIS <sup>2</sup>	291,738	317,354	319,768	338,775
Skilled Professional Medical Personnel	422,322	456,728	475,133	430,652
Operation of an Approved MMIS	1,192,355	1,207,367	1,278,348	1,291,388
Mechanized Systems Not Approved Under MMIS <sup>2</sup>	83,627	131,397	136,128	94,929
All Other	6,951,435	7,475,737	7,751,607	7,618,172
Total Federal Share	\$8,970,655	\$9,623,193	\$8,852,270	\$9,808,130
<b>Net Adjusted Federal Share <sup>3</sup></b>	<b>\$8,977,974</b>	<b>\$9,589,071</b>	<b>\$10,054,792</b>	<b>\$9,798,603</b>

<sup>1</sup> Source: Form CMS-64 (Net Expenditures Reported -- Administration).

<sup>2</sup> Medicaid Management Information System.

<sup>3</sup> Includes CMS adjustments.

SOURCE: CMS/CSP

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**Table IV.1  
Medicare Enrollees  
Selected Years**

	1975	1980	1985	1990	1995	2000	2005	2009	2010	2011
Number in millions										
HI and/or SMI Part B										
Total	24.5	28.3	31.0	34.1	37.4	39.6	42.4	46.3	47.3	48.6
Aged	22.4	25.3	28.0	30.8	33.1	34.2	35.7	38.6	39.4	40.2
Disabled	2.0	3.0	2.9	3.3	4.4	5.4	6.7	7.7	7.9	8.3
HI										
Total	24.1	27.9	30.5	33.6	37.0	39.1	42.0	46.0	46.9	48.2
Aged	22.0	24.9	27.5	30.3	32.6	33.8	35.3	38.2	39.0	39.9
Disabled	2.0	3.0	2.9	3.3	4.4	5.4	6.7	7.7	7.9	8.3
SMI Part B										
Total	23.3	27.1	29.7	32.4	35.5	37.3	39.6	42.6	43.6	44.8
Aged	21.5	24.4	27.1	29.5	31.6	32.5	33.7	35.8	36.5	37.3
Disabled	1.8	2.7	2.7	2.9	3.9	4.7	5.9	6.8	7.1	7.4
HI and SMI Part B	23.0	26.7	29.2	31.9	35.1	36.8	39.2	42.3	43.2	44.4
HI Only	1.1	1.2	1.2	1.7	1.9	2.3	2.8	3.7	3.7	3.8
SMI Part B Only	0.4	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.4

NOTES: Data through 2005 are historical and may have been revised from earlier editions. Data for FY 2009-2011 are projections.

SOURCE: CMS/OACT

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**Table IV.2**  
**Medicare HI and/or SMI Enrollment Demographics**  
**2010**

	Total	Male	Female
All Persons	47,664,048	21,360,287	26,303,761
Aged Persons	39,631,062	17,167,416	22,463,646
65 - 74	21,234,101	9,946,260	11,287,841
75 - 84	12,785,146	5,397,958	7,387,188
85 and over	5,611,815	1,823,198	3,788,617
Disabled Persons	8,032,986	4,192,871	3,840,115
Under 45	1,864,823	1,000,492	864,331
45 - 54	2,477,390	1,288,771	1,188,619
55 - 64	3,690,773	1,903,608	1,787,165
White	39,380,564	17,661,350	21,719,214
Black or African American	4,890,091	2,098,710	2,791,381
American Indian/Alaska Native	209,293	93,607	115,686
Asian/Pacific Islander	948,099	411,566	536,533
Hispanic	1,221,271	572,930	648,341
Other	891,282	460,835	430,447
Unknown Race	123,448	61,289	62,159

NOTE: Data are as of July 1.

SOURCE: CMS/CSP

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**Table IV.3**  
**Medicare HI and/or SMI Enrollment End Stage Renal Disease Demographics**  
**2010**

	Number of Enrollees
All Persons	436,932
Age	
Under 65	234,874
65 and over	202,058
Sex	
Male	248,116
Female	188,816
Race	
White	229,397
Black or African American	149,828
Asian / Pacific Islander	12,391
Hispanic	25,403
American Indian / Alaska Native	5,622
Other	11,631
Unknown	2,660

NOTE: Data as of July 1, 2010.

SOURCE: CMS/CSP

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**Table IV.4  
Medicare Aged HI Enrollment Demographics  
Selected Years**

Year	Number in thousands	Percent Distribution by Age						Median Age in Years
		Total	65-69	70-74	75-79	80-84	85+	
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.3
1990	30,464	100.0	31.4	25.7	19.5	12.7	10.7	73.5
1995	32,742	100.0	28.7	26.4	19.8	13.5	11.6	74.0
2000	34,247	100.0	26.5	24.8	21.0	14.0	12.4	74.6
2003	35,001	100.0	26.8	23.7	20.6	14.9	12.8	74.7
2004	35,328	100.0	27.4	23.3	20.3	15.2	12.9	74.8
2005	35,777	100.0	27.4	23.1	20.1	15.2	13.2	74.8
2006	35,953	100.0	28.1	23.2	19.9	15.2	13.6	74.7
2007	36,613	100.0	28.7	23.0	19.5	15.0	13.8	74.6
2008	37,552	100.0	29.6	23.0	18.9	14.7	13.9	74.5
2009	38,440	100.0	30.2	23.1	18.4	14.4	14.0	74.3
2010	39,283	100.0	30.5	23.1	18.1	14.2	14.1	74.2

NOTES: Data as of July. Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/CSP

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**Table IV.5  
Medicare Aged Hospital Insurance Enrollment Demographics  
Selected Years**

Year	All Persons	Percent Distribution of Aged Enrollees by Sex and Race							
		Male				Female			
		Total	White	Non- White	Unknown	Total	White	Non- White	Unknown
1966	100.0	42.6	38.6	3.4	0.6	57.4	50.8	4.1	2.5
1970	100.0	41.8	37.4	3.5	0.9	58.2	51.9	4.4	1.9
1975	100.0	40.8	36.2	3.6	1.0	59.2	52.8	4.7	1.7
1980	100.0	40.4	35.7	3.7	1.1	59.5	52.9	4.9	1.7
1985	100.0	40.3	35.4	3.7	1.2	59.7	52.8	5.1	1.8
1990	100.0	40.3	35.2	3.9	1.2	57.7	52.1	5.8	1.9
1995	100.0	40.7	35.9	3.8	1.0	59.3	52.2	5.8	1.4
2000	100.0	41.2	35.9	5.2	0.1	58.8	50.9	7.6	0.2
2003	100.0	41.8	36.2	5.5	0.1	58.1	50.0	7.9	0.2
2004	100.0	42.0	36.3	5.6	0.1	58.0	49.8	8.1	0.1
2005	100.0	42.2	36.4	5.7	0.1	57.8	49.4	8.3	0.1
2006	100.0	42.6	36.6	6.0	0.1	57.4	48.8	8.5	0.1
2007	100.0	42.7	36.8	5.9	0.0	57.3	49.0	8.2	0.1
2008	100.0	43.0	37.0	6.0	0.0	57.0	48.7	8.3	0.1
2009	100.0	43.2	37.1	6.1	0.1	56.8	48.3	8.4	0.1
2010	100.0	43.4	37.1	6.2	0.1	56.6	48.0	8.5	0.1

NOTES: Data as of July. Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/CSP

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**Table IV.6**  
**Medicare State Buy-Ins for SMI**  
**2000 - 2010**

Type of Beneficiary <sup>1</sup>	2000	2005	2007	2009	2009
All Persons					
Number	5,549,170	6,844,885	7,307,020	7,666,785	8,005,579
Percent of SMI Enrolled	14.9	17.3	17.8	17.9	18.3
Aged					
Number	3,632,069	4,225,838	4,421,795	4,532,655	4,704,041
Percent of SMI Enrolled	11.1	12.5	12.7	12.5	12.8
Disabled					
Number	1,917,101	2,619,046	2,885,223	3,134,128	3,301,536
Percent of SMI Enrolled	41.2	45.1	46.0	46.6	47.1

<sup>1</sup> Buy-ins represent beneficiaries in person-years for whom the State paid the Medicare SMI premium during the year. Percent calculated using Part B person-years.

SOURCE: CMS/CSP

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**Table IV.7**  
**Medicare Part D Enrollment by Age Group**  
**2010**

	Total	Male	Female
		In thousands	
All Persons	28,033	11,481	16,551
Aged			
65-74 years	11,647	4,993	6,654
75-84 years	7,536	2,841	4,695
85 years and over	3,297	895	2,402
Disabled			
Under 45 years	1,621	857	765
45-54 years	1,631	834	797
55-64 years	2,301	1,062	1,239

NOTE: Data as of calendar year 2010, as recorded in the Part D Denominator File. Totals may not add due to rounding.

SOURCE: CMS/CSP

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**Table IV.8**  
**Medicaid Enrollment and Beneficiaries**  
**Selected Fiscal Years**

	1975	1980	1985	1990	1995	2000	2005	2010	2011
Average monthly enrollment in millions									
Total	NA	NA	NA	22.9	34.2	34.5	46.5	53.9	56.1
Aged	NA	NA	NA	3.1	3.7	3.7	4.6	4.8	4.9
Blind/Disabled	NA	NA	NA	3.8	5.8	6.7	8.1	9.5	9.6
Children	NA	NA	NA	10.7	16.5	16.2	22.3	26.8	28.3
Adults	NA	NA	NA	4.9	6.7	6.9	10.6	11.9	12.2
Other Title XIX	NA	NA	NA	0.5	0.6	NA	NA	NA	NA
CHIP	NA	NA	NA	NA	NA	2.0	4.4	5.4	5.7
Unduplicated annual enrollment in millions									
Total	22.4	21.6	21.8	25.3	43.3	44.2	58.7	67.7	70.4
Aged	3.7	3.4	3.1	3.2	4.4	4.3	5.5	5.6	5.7
Blind/Disabled	2.4	2.8	3.0	3.7	6.5	7.5	9.0	10.5	10.7
Children	9.8	9.3	9.8	11.2	21.3	20.9	27.8	33.3	35.3
Adults	4.7	4.8	5.5	6.0	9.4	10.6	15.4	17.3	17.8
Other Title XIX	1.9	1.5	1.2	1.1	0.9	NA	NA	NA	NA
CHIP	NA	NA	NA	NA	NA	3.4	6.8	8.5	9.0

NOTES: Aged and Blind/Disabled eligibility groups include Qualified Medicare Beneficiaries (QMB) and Specified Low-Income Medicare Beneficiaries (SLMB). Children and Adult groups include both AFDC/TANF and poverty-related recipients who are not disabled. Medicaid enrollment excludes Medicaid expansion CHIP programs. CHIP numbers include adults covered under waivers. Medicaid and CHIP figures for FY 2010-2011 are estimate from the President's FY 2012 Budget. Territories not included. Numbers may not add to totals because of rounding.

SOURCE: CMS/OACT

December 2011

**Table IV.9  
Medicaid Eligibles Demographics, Selected Fiscal Years**

	2005	2006	2007	2008
Total eligibles	58.7	59.6	59.4	60.9
Age	58.7	59.6	59.4	60.9
Under 21	31.9	32.3	32.2	32.8
21 - 64	20.8	21.1	21.2	21.9
65 and over	6.0	6.1	5.9	6.0
Unknown	0.1	0.1	0.1	0.1
Sex	58.7	59.6	59.4	60.9
Male	23.8	24.2	24.1	24.8
Female	34.8	35.3	35.2	35.9
Unknown	0.1	0.1	0.1	0.1
Race	58.7	59.6	59.4	60.9
White, not Hispanic	24.9	25.0	24.6	25.0
Black/African American	13.6	13.8	13.5	13.6
American Indian/Alaska Native	0.8	0.8	0.8	0.8
Asian	1.7	1.7	1.7	1.8
Hawaiian/Pacific Islander	0.6	0.6	0.6	0.6
Hispanic	14.0	14.2	14.4	14.8
Other	0.1	0.1	0.1	0.2
Unknown	3.2	3.4	3.8	4.1

^ Less than 100,000.

NOTES: Totals do not necessarily equal the sum of rounded components. Eligible is defined as any one eligible and enrolled in the Medicaid program at some point during the fiscal year, regardless of duration of enrollment, receipt of a paid medical service, or whether or not a capitated payment for managed care or private health insurance coverage has been made.

SOURCE: CMS/CSP

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**Table IV.10**  
**Life Expectancy at birth and at Age 65 by Race and Sex: United States,**  
**Selected Calendar Years**

Calendar Year	All Races			White			Black		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
	At Birth								
1950	68.2	65.6	71.1	69.1	66.5	72.2	60.8	59.1	62.9
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1985	74.7	71.1	78.2	75.3	71.8	78.7	69.3	65.0	73.4
1990	75.4	71.8	78.8	76.1	72.7	79.4	69.1	64.5	73.6
1995	75.8	72.5	78.9	76.5	73.4	79.6	69.6	65.2	73.9
2000	76.8	74.1	79.3	77.3	74.7	79.9	71.8	68.2	75.1
2002	76.9	74.3	79.5	77.4	74.9	79.9	72.1	68.6	75.4
2003	77.1	74.5	79.6	77.6	75.0	80.0	72.3	68.8	75.6
2004	77.5	74.9	79.9	79.9	75.4	80.4	72.8	69.3	76.0
2005	77.4	74.9	79.9	79.9	75.4	80.4	72.8	69.3	76.1
2006	77.7	75.1	80.2	78.2	75.7	80.6	73.2	69.7	76.5
2007	77.9	75.4	80.4	78.4	75.9	80.8	73.6	70.0	76.8
	At age 65								
1950	13.9	12.8	15.0	NA	12.8	15.1	13.9	12.9	14.9
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8
1985	16.7	14.5	18.5	16.8	14.5	18.7	15.2	13.0	16.9
1990	17.2	15.1	18.9	17.3	15.2	19.1	15.4	13.2	17.2
1995	17.4	15.6	18.9	17.6	15.7	19.1	15.6	13.6	17.1
2000	17.6	16.0	19.0	17.7	16.1	19.1	16.1	14.1	17.5
2002	17.8	16.2	19.1	17.9	16.3	19.2	16.3	14.4	17.7
2003	17.9	16.4	19.2	18.0	16.5	19.3	16.4	14.5	17.9
2004	18.2	16.7	19.5	18.3	16.8	19.5	16.7	14.8	18.2
2005	18.2	16.8	19.5	18.3	16.9	19.5	16.8	14.9	18.2
2006	18.5	17.0	19.7	18.6	17.1	19.8	17.1	15.1	18.6
2007	18.6	17.2	19.9	18.7	17.3	19.9	17.2	15.2	18.7

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics Reports December 2011

**Table IV.11**  
**Period Life Expectancy at Age 65,**  
**Historical and Projected Intermediate Alternative**

Calendar Year	Male	Female
	Number in years	
1965	12.9	16.3
1980	14.0	18.4
1990	15.1	19.1
2000	15.9	19.0
2010 <sup>1</sup>	17.5	19.9
2020 <sup>1</sup>	18.5	20.5
2030 <sup>1</sup>	19.2	21.1
2040 <sup>1</sup>	19.8	21.7
2050 <sup>1</sup>	20.3	22.3
2060 <sup>1</sup>	20.9	22.8
2070 <sup>1</sup>	21.4	23.3
2080 <sup>1</sup>	21.9	23.8
2090 <sup>1</sup>	22.4	24.3
2100 <sup>1</sup>	22.8	24.7

<sup>1</sup> Projected.

SOURCE: Social Security Administration, Office of the Chief Actuary, based on the 2011 Trustees Report.

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**Table V.1**  
**Medicare Short-Stay Hospital Utilization**  
**Selected Fiscal Years**

	1990	2000	2005	2008	2009	2010
HI Fee-for-Service Enrollees, United States, Territories, and Possessions (in thousands) <sup>1</sup>	32,736	32,033	35,984	34,626	35,041	35,572
Discharges						
Total in millions	10.5	11.8	13.0	11.9	11.7	12.4
Rate per 1,000 Enrollees <sup>1</sup>	321	366	359	344	333	348
Days of Care						
Total in millions	94	71	75	67	65	67
Rate per 1,000 Enrollees <sup>1</sup>	2,838	2,196	2,056	1,943	1,841	1,879
Average Length of Stay						
All short-stay	9.0	6.0	5.7	5.6	5.5	5.4
Excluded Units <sup>2</sup>	19.5	12.3	11.6	12.0	11.9	11.8
Total Charges per Day	\$1,060	\$2,720	\$4,882	\$6,181	\$6,770	\$7,423

<sup>1</sup> The population base is HI fee-for-service enrollment excluding HI enrollees residing in foreign countries for years 1990, 2000, 2005, and 2008. For years 2009 and 2010, the population base is HI fee-for-service enrollment including HI enrollees residing in foreign countries.

<sup>2</sup> Data for 1990 include alcohol/drug, psychiatric, and rehabilitation units. Data for 2000 through 2010 include psychiatric and rehabilitation units.

SOURCE: CMS/CSP

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**Table V.2  
Medicare Short-Stay Hospital Days per Person by Days of Care  
Calendar Year 2010**

Total Days of Care	Persons Using Number of Days	Cumulative	Percent Distribution	Cumulative Percent Distribution	Total Days Used	Percent Distribution	Days Per Person
TOTAL	7,456,535		100.0	---	66,680,030	100.0	8.9
1 day	832,800	832,800	11.2	11.2	832,800	1.2	1.0
2 days	920,200	1,753,000	12.3	23.5	1,840,400	2.8	2.0
3 days	1,034,870	2,787,870	13.9	37.4	3,104,610	4.7	3.0
4 days	723,900	3,511,770	9.7	47.1	2,895,600	4.3	4.0
5 days	541,170	4,052,940	7.3	54.4	2,705,850	4.1	5.0
6 days	439,415	4,492,355	5.9	60.2	2,636,490	4.0	6.0
7 days	363,660	4,856,015	4.9	65.1	2,545,620	3.8	7.0
8 days	291,610	5,147,625	3.9	69.0	2,332,880	3.5	8.0
9 days	240,780	5,388,405	3.2	72.3	2,167,020	3.2	9.0
10 days	206,925	5,595,330	2.8	75.0	2,069,250	3.1	10.0
11 days	178,020	5,773,350	2.4	77.4	1,958,220	2.9	11.0
12 days	155,055	5,928,405	2.1	79.5	1,860,660	2.8	12.0
13 days	138,835	6,067,240	1.9	81.4	1,804,855	2.7	13.0
14 days	124,805	6,192,045	1.7	83.0	1,747,270	2.6	14.0
15 days	109,815	6,301,860	1.5	84.5	1,647,225	2.5	15.0
16 days	96,205	6,398,065	1.3	85.8	1,539,280	2.3	16.0
17 days	85,670	6,483,735	1.1	87.0	1,456,390	2.2	17.0
18 days	78,530	6,562,265	1.1	88.0	1,413,540	2.1	18.0
19 days	69,680	6,631,945	0.9	88.9	1,323,920	2.0	19.0
20 days	63,750	6,695,695	0.9	89.8	1,275,000	1.9	20.0
21-30 days	396,025	7,091,720	5.3	95.1	9,807,070	14.7	24.8
31-40 days	170,810	7,262,530	2.3	97.4	5,956,045	8.9	34.9
41-50 days	84,830	7,347,360	1.1	98.5	3,813,495	5.7	45.0
51-60 days	43,715	7,391,075	0.6	99.1	2,405,975	3.6	55.0
61-90 days	48,425	7,439,500	0.6	99.8	3,480,970	5.2	71.9
91 days or more	17,035	7,456,535	0.2	100.0	2,059,595	3.1	120.9

NOTES: These data reflect total individual hospital days during the calendar year. A beneficiary may have multiple hospital stays. Days from all stays are combined. Calendar year data are derived from 2010 MEDPAR stay record file. This file includes stays recorded in CMS central office through June 2011. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/ORDI

December 2010

**Table V.3  
Medicare Short-Stay Hospital Discharges by Length of Stay  
Calendar Year 2010**

Total Length of Stay	Discharges (aged and disabled)			Total Days of Care		
	Number	Percent Distribution	Cumulative Percent Distribution	Number	Percent Distribution	Cumulative Percent Distribution
TOTAL	12,340,835	100.0	--	66,680,030	100.0	--
1 day	1,704,770	13.8	13.8	1,704,770	2.6	2.6
2 days	1,919,755	15.6	29.4	3,839,510	5.8	8.3
3 days	2,141,255	17.4	46.7	6,423,765	9.6	17.9
4 days	1,538,930	12.5	59.2	6,155,720	9.2	27.2
5 days	1,108,345	9.0	68.2	5,541,725	8.3	35.5
6 days	836,140	6.8	74.9	5,016,840	7.5	43.0
7 days	657,520	5.3	80.3	4,602,640	6.9	49.9
8 days	477,640	3.9	84.1	3,821,120	5.7	55.6
9 days	345,420	2.8	86.9	3,108,780	4.7	60.3
10 days	270,375	2.2	89.1	2,703,750	4.1	64.4
11 days	214,190	1.7	90.9	2,356,090	3.5	67.9
12 days	169,245	1.4	92.2	2,030,940	3.0	70.9
13 days	146,130	1.2	93.4	1,899,690	2.8	73.8
14 days	133,985	1.1	94.5	1,875,790	2.8	76.6
15 days	102,860	0.8	95.3	1,542,900	2.3	78.9
16 days	77,520	0.6	96.0	1,240,320	1.9	80.8
17 days	64,910	0.5	96.5	1,103,470	1.7	82.4
18 days	54,360	0.4	96.9	978,480	1.5	83.9
19 days	45,385	0.4	97.3	862,315	1.3	85.2
20 days	41,605	0.3	97.6	832,100	1.2	86.4
21-30 days	196,595	1.6	99.2	4,779,355	7.2	93.6
31-40 days	53,145	0.4	99.7	1,840,480	2.8	96.4
41-50 days	20,275	0.2	99.8	909,015	1.4	97.7
51-60 days	8,870	0.1	99.9	486,895	0.7	98.5
61-90 days	8,355	0.1	100.0	600,360	0.9	99.4
91 days or more	3,255	(1)	100.0	423,210	0.7	100.0

<sup>1</sup> Less than 0.05%

NOTES: These data reflect individual stays. A beneficiary may use more than one stay and each is counted separately. Calendar year data are derived from the 2010 MEDPAR stay record file. This file includes stays recorded in CMS central office through June 2011. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/CSP

December 2011

**Table V.4  
Medicare Short-Stay Hospital DRGs Ranked by Discharges  
Fiscal Year 2010**

Rank	DRG No.	Discharges <sup>1</sup>				Total Payments <sup>2</sup> (in thousands)	Total Medicare Payments (in thousands)	Other Third Party Payer Payments (OTPP) (in thousands)	Beneficiary Liability <sup>3</sup> (in thousands)	Average Payments and Liabilities <sup>4</sup>			
		Number	Percent	Average Length of Stay	Average Charge Per Discharge					Total	Medicare	OTPP	Beneficiary
Total		12,361,920	100.0	5.4	\$40,137	\$132,735,513	\$117,012,615	\$6,506,102	\$9,216,796	\$10,737	\$9,466	\$526	\$746
1	470	462,919	3.7	3.5	47,840	6,072,704	5,116,111	508,940	447,652	13,118	11,052	1,099	967
2	871	339,411	2.7	6.9	46,696	4,209,503	3,863,192	113,044	233,267	12,402	11,382	333	687
3	885	329,950	2.7	10.1	23,823	2,655,085	2,330,926	43,752	280,407	8,047	7,064	133	850
4	392	266,029	2.2	3.3	18,950	1,218,042	955,737	60,616	201,689	4,579	3,593	228	758
5	291	244,317	2.0	6.0	35,237	2,329,863	2,130,901	51,545	147,418	9,536	8,722	211	603
6	292	206,423	1.7	4.4	22,983	1,288,712	1,133,735	29,695	125,282	6,243	5,492	144	607
7	690	206,102	1.7	3.8	18,733	1,023,607	847,983	22,657	152,968	4,967	4,114	110	742
8	194	187,809	1.5	4.7	24,041	1,208,494	1,015,832	48,496	144,166	6,435	5,409	258	768
9	312	177,724	1.4	2.8	18,986	823,125	661,216	26,586	135,322	4,631	3,720	150	761
10	313	176,544	1.4	2.0	15,585	626,095	464,109	27,777	134,209	3,546	2,629	157	760
11	945	174,662	1.4	13.0	42,293	3,024,364	2,914,192	68,523	41,649	17,316	16,685	392	238
12	190	162,545	1.3	5.2	28,593	1,245,346	1,090,870	37,520	116,956	7,662	6,711	231	720
13	641	157,232	1.3	3.3	16,823	707,856	575,950	21,136	110,770	4,502	3,663	134	704
14	193	151,858	1.2	6.2	35,247	1,409,371	1,257,009	42,633	109,729	9,281	8,278	281	723
15	191	146,065	1.2	4.3	23,150	885,722	756,565	27,022	102,135	6,064	5,180	185	699
16	603	143,775	1.2	4.3	18,832	773,403	623,338	35,123	114,942	5,379	4,336	244	799
17	247	139,337	1.1	2.2	58,166	1,732,235	1,450,029	168,484	113,722	12,432	10,407	1,209	816
18	287	132,765	1.1	2.9	31,633	909,102	735,761	66,344	106,998	6,847	5,542	500	806
19	378	132,601	1.1	3.9	24,412	842,366	720,862	25,651	95,852	6,353	5,436	193	723
20	310	132,109	1.1	2.4	14,496	487,550	353,674	24,694	109,183	3,691	2,677	187	826
21	192	130,930	1.1	3.4	17,401	596,783	470,070	25,728	100,985	4,558	3,590	197	771
22	683	127,122	1.0	4.7	24,559	850,039	738,893	27,971	83,175	6,687	5,812	220	654
23	065	114,174	0.9	4.5	29,127	842,770	723,959	28,323	90,489	7,381	6,341	248	793
24	293	111,232	0.9	3.1	16,553	489,936	404,484	12,154	73,298	4,405	3,636	109	659
25	682	110,641	0.9	6.6	39,375	1,213,483	1,108,732	33,858	70,894	10,968	10,021	306	641

<sup>1</sup> Based on the stay records for 100% of Medicare aged and disabled beneficiaries as recorded in the MEDPAR file.

<sup>2</sup> Total payments represent total hospital revenue for Medicare enrollee utilization, including Medicare payments, other third party payer payments, and potential beneficiary liability. Excluded bills for no-pay, at-risk managed care utilization and no-pay Medicare secondary payer bills.

<sup>3</sup> Beneficiary liability is the responsibility of the beneficiary or some other third payer on behalf of the beneficiary. It represents potential revenue to the provider.

<sup>4</sup> Average payments are calculated using actual dollar amount, not rounded data as shown.

**Table V.5  
Medicare Ranking for All Short-Stay Hospitals  
Fiscal Year 2010**

FY 2010 Rank <sup>1</sup>	DRG Code	Descriptions
1	470	Major Joint Replacement or Reattachment of Lower Extremity W/O MCC
2	871	Septicemia or Severe Sepsis W/O MV 96+ Hours W MCC
3	885	Psychoses
4	392	Esophagitis, Gastroent. & Misc Digest. Disorders W/O MCC
5	291	Heart Failure & Shock W MCC
6	292	Heart Failure & Shock W CC
7	690	Kidney & Urinary Tract Infections W/O MCC
8	194	Simple Pneumonia & Pleurisy W CC
9	312	Syncope & Collapse
10	313	Chest Pain
11	945	Rehabilitation with CC/MCC
12	190	Chronic Obstructive Pulmonary Disease W MCC
13	641	Nutritional & Misc Metabolic Disorders without MCC
14	193	Simple Pneumonia & Pleurisy with MCC
15	191	Chronic Obstructive Pulmonary Disease W CC
16	603	Cellulitis without MCC
17	247	Perc Cardiovascular Proc with Drug-Eluting Stent without MCC
18	287	Circulatory Disorders Except AMI, W Card Cath W/O MCC
19	378	G.I. Hemorrhage W CC
20	310	Cardiac Arrhythmia & Conduction Disorders without CC/MCC
21	192	Chronic Obstructive Pulmonary Disease without CC/MCC
22	683	Renal Failure with CC
23	065	Intracranial Hemorrhage or Cerebral Infarction W CC
24	293	Heart Failure & Shock without CC/MCC
25	682	Renal Failure with MCC

<sup>1</sup>Ranked by discharges.

SOURCE: CMS/CSP

December 2011

**Table V.6a**  
**Medicare Leading Part B Procedure Codes Ranked by Allowed Charges**  
**Calendar Year 2010**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges <sup>1</sup>
All Procedure Codes <sup>2</sup> (Levels I, II, and III)		\$110,036,596,538	100.0
Leading Procedure Codes <sup>3</sup> (Level I only)		49,557,458,804	45.0
99214	Office/outpatient visit, est	6,624,250,223	6.0
99213	Office/outpatient visit, est	5,648,879,652	5.1
99232	Subsequent hospital care	3,025,946,679	2.7
66984	Cataract surg w/iol, 1 stage	2,013,922,731	1.8
99223	Initial hospital care	1,926,996,417	1.8
99233	Subsequent hospital care	1,892,184,973	1.7
99285	Emergency dept visit	1,372,750,167	1.2
97110	Therapeutic exercises	1,154,716,760	1.0
99215	Office/outpatient visit, est	1,144,282,864	1.0
99204	Office/outpatient visit, new	1,116,608,923	1.0
88305	Tissue exam by pathologist	1,115,010,221	1.0
92014	Eye exam & treatment	1,048,391,943	1.0
93306	Tte w doppler, complete	941,602,526	0.9
99291	Critical care, first hour	911,965,440	0.8
99222	Initial hospital care	841,708,814	0.8
99203	Office/outpatient visit, new	762,426,304	0.7
78452	Ht muscle image spect, mult	721,849,680	0.7
99212	Office/outpatient visit, est	644,330,737	0.6
77418	Radiation tx delivery, imrt	602,308,549	0.5
99284	Emergency dept visit	556,717,283	0.5
99205	Office/outpatient visit, new	538,198,860	0.5
90960	ESRD srv, 4 visits p mo, 20+	526,918,882	0.5
99308	Nursing fac care, subseq	501,440,045	0.5
99309	Nursing fac care, subseq	473,730,606	0.4
97140	Manual therapy	457,237,940	0.4
90806	Psytx, off, 45-50 min	445,056,864	0.4
92012	Eye exam established pat	443,967,371	0.4
98941	Chiropractic manipulation	437,864,793	0.4

**Table V.6b**  
**Medicare Leading Part B Procedure Codes Ranked by Allowed Charges**  
**Calendar Year 2010**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges <sup>1</sup>
99231	Subsequent hospital care	\$428,892,332	0.4
92135	Ophth dx imaging post seg	371,282,637	0.3
27447	Total knee arthroplasty	366,422,498	0.3
84443	Assay thyroid stim hormone	347,203,490	0.3
85025	Complete cbc w/auto diff wbc	339,133,333	0.3
20610	Drain/Inject, joint/bursa	328,916,211	0.3
43239	Upper GI endoscopy, biopsy	328,402,533	0.3
78815	Pet image w/ct, skull-thigh	319,995,602	0.3
93880	Extracranial study	313,422,784	0.3
80053	Comprehen metabolic panel	313,121,655	0.3
80061	Lipid panel	302,528,684	0.3
99239	Hospital discharge day	299,042,503	0.3
99238	Hospital discharge day	291,613,913	0.3
96413	Chemo, iv infusion, 1 hr	282,898,924	0.3
67028	Injection eye drug	279,387,915	0.3
45380	Colonoscopy and biopsy	278,221,494	0.3
45385	Lesion removal colonoscopy	269,048,042	0.2
11721	Debride nail, 6 or more	265,119,945	0.2
17000	Destruct premalg lesion	261,157,176	0.2
72148	Mri lumbar spine w/o dye	251,007,477	0.2
92980	Insert intracoronary stent	247,397,553	0.2
45378	Diagnostic colonoscopy	244,983,809	0.2
92004	Eye exam, new patient	244,658,241	0.2
90862	Medication management	236,471,183	0.2
17311	Mohs, 1 stage, h/n/hf/g	233,370,143	0.2
70553	Mri brain w/o & w/dye	229,873,098	0.2
82306	Vitamin d, 25 hydroxy	221,399,156	0.2
70450	Ct head/brain w/o dye	217,885,691	0.2
88342	Immunohistochemistry	213,519,421	0.2
93000	Electrocardiogram, complete	210,694,684	0.2

**Table V.6c**  
**Medicare Leading Part B Procedure Codes Ranked By Allowed Charges**  
**Calendar Year 2010**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges <sup>1</sup>
83970	Assay of parathormone	\$210,694,684	0.2
11100	Biopsy, skin lesion	210,633,270	0.2
97530	Therapeutic activities	207,375,997	0.2
77427	Radiation tx management, x5	206,272,043	0.2
35476	Repair venous blockage	205,553,269	0.2
99283	Emergency dept visit	204,330,119	0.2
66982	Cataract surgery, complex	201,295,243	0.2
74160	Ct abdomen w/dye	200,116,870	0.2
97112	Neuromuscular reeducation	198,958,654	0.2
71020	Chest x-ray	195,648,990	0.2
66821	After cataract laser surgery	187,528,980	0.2
36415	Routine venipuncture	185,843,506	0.2
00142	Anesth, lens surgery	184,600,868	0.2
90801	Psy dx interview	179,581,348	0.2
99202	Office/outpatient visit, new	175,832,908	0.2
93510	Left heart catheterization	174,853,681	0.2

<sup>1</sup> Allowed charges for leading Level I procedure codes are shown as a percent of all physician and supplier allowed charges (Levels I, II, and III) submitted to Part B carriers.

<sup>2</sup> The total number of procedure codes (Levels I, II, and III) is approximately 14,840.

<sup>3</sup> Allowed charges were aggregated by procedure code and include both the physician and ASC allowed charges. The above listed 74 procedure codes (out of a total of 9,386 Level I codes) account for approximately 45% of all allowed charges.

NOTES: The Current Procedural Terminology (CPT) codes, descriptions and other data only are Copyright 2010 American Medical Association. All Rights Reserved (or such other date of publication of CPT). CPT is a trademark of the American Medical Association (AMA). For fuller description of each procedure, see above publication.

SOURCE: CMS/CSP

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**Table V.7  
Leading Medicare Physician and Supplier BETOS, Classifications Based on Allowed Charges  
Calendar Years 2010**

Description		2010 Medicare Allowed Charges
All BETOS Codes		\$110,036,596,538
BETOS Code		
M1B	Office Visits - Established	14,260,396,724
O1E	Other Drugs	8,115,592,647
M2B	Hospital Visits - Subsequent	6,063,842,126
O1A	Ambulance	5,499,841,983
P6C	Minor Procedures - Other (MPFS)	3,868,714,039
D1E	Other DME	3,778,889,004
T1H	Lab Tests - Other (Non-MPFS)	3,640,510,567
M2A	Hospital Visits - Initial	3,045,288,443
M5C	Specialist - Ophthalmology	2,720,772,623
M1A	Office Visits - New	2,656,984,698

NOTE: BETOS is the Berenson/Eggers Type of Service classification system, a joint Urban Institute/Centers for Medicare and Medicaid Services effort.

SOURCE: CMS/CSP

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**Table V.8  
Medicare Persons Served by Type of Coverage  
Selected Calendar Years**

	1975	1980	1985	1995	2000	2005	2010
Aged Persons Served per 1,000 Enrollees							
HI and/or SMI	528	638	722	826	916	923	919
HI	221	240	219	218	232	234	237
SMI	536	652	739	858	965	979	988
Disabled Persons Served per 1,000 Enrollees							
HI and/or SMI	450	594	669	759	835	865	897
HI	219	246	228	212	196	205	213
SMI	471	634	715	837	943	977	1,007

NOTES: Prior to 2000, utilization rates per 1,000 enrollees came from the Annual Persons Summary and were not yet modified to exclude persons enrolled in managed care. Beginning in 2000, utilization counts are based on a five-percent sample of fee-for-service beneficiaries and the rates are adjusted to exclude managed care enrollees.

SOURCE: CMS/CSP

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**Table V.9  
Medicare Persons Served by Type of Service  
Calendar Year 2010**

	Persons Served			
	Aged		Disabled	
	Number in thousands <sup>1</sup>	Per 1,000 Enrollees <sup>2</sup>	Number in thousands <sup>1</sup>	Per 1,000 Enrollees <sup>2</sup>
Hospital and/or Supplementary				
Medical Insurance	26,928	919	5,940	897
Hospital Insurance				
Inpatient Hospital	6,123	211	1,362	206
Skilled Nursing Facility	1,683	58	157	24
Home Health Agency	1,508	52	215	32
Hospice	1,096	38	62	9
Supplementary Medical Insurance				
Physician/Other Supplier	25,764	975	5,651	979
Outpatient	19,248	728	4,419	766
Home Health Agency	1,624	61	258	45

<sup>1</sup> Medicare fee-for-service enrollees who received a covered service for which Medicare Trust Fund payments were made and for which bills were received and processed in CMS Central Office.

<sup>2</sup> Rates exclude members of prepaid health care plans.

SOURCE: CMS/CSP

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**Table V.10**  
**Medicare Use of Selected Types of Long-Term Care**  
**Calendar Years 1982 - 2010**

Calendar Year	Skilled Nursing Facilities		Home Health Agencies	
	Persons Served in thousands	Rate per 1,000 Enrollees	Persons Served in thousands	Rate per 1,000 Enrollees
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,576	51
1986	304	10	1,601	50
1987	293	9	1,575	49
1988	384	12	1,613	49
1989	636	19	1,721	51
1990	638	19	1,978	58
1991	670	19	2,255	65
1992	779	22	2,504	71
1993	908	25	2,867	80
1994	1,068	29	3,176	86
1995	1,240	33	3,457	93
1996	1,384	37	3,627	95
1997	1,503	46 <sup>1</sup>	3,558	108 <sup>1</sup>
1998	1,447	45 <sup>1</sup>	3,062	95 <sup>1</sup>
1999	1,390	47 <sup>1</sup>	2,720	85 <sup>1</sup>
2000	1,468	45 <sup>1</sup>	2,461	75 <sup>1</sup>
2001	1,545	46 <sup>1</sup>	2,403	71 <sup>1</sup>
2002	1,561	45 <sup>1</sup>	2,544	73 <sup>1</sup>
2003	1,662	46 <sup>1</sup>	2,681	75 <sup>1</sup>
2004	1,752	49 <sup>1</sup>	2,667	85 <sup>1</sup>
2005	1,847	51 <sup>1</sup>	3,122	85 <sup>1</sup>
2006	1,838	52 <sup>1</sup>	3,173	89 <sup>1</sup>
2007	1,828	52 <sup>1</sup>	3,258	92 <sup>1</sup>
2008	1,841	52 <sup>1</sup>	3,319	94 <sup>1</sup>
2009	1,808	52 <sup>1</sup>	3,455	98 <sup>1</sup>
2010	1,839	52 <sup>1</sup>	3,605	100 <sup>1</sup>

<sup>1</sup>Excludes managed care enrollees in rate.

SOURCE: CMS/CSP

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**Table V.11  
Medicare End Stage Renal Disease (ESRD) by Treatment Modality**

Year	Medicare Entitled		
	Total	Dialysis Patients	Transplant Patients
1991	182,193	142,574	39,597
1997	282,672	219,976	62,696
1998	300,400	233,408	66,992
1999	317,505	245,862	71,643
2000	334,122	258,521	75,601
2001	350,292	270,652	79,640
2002	365,943	281,769	84,174
2003	378,409	291,990	86,419
2004	393,859	301,786	92,073
2005	408,652	311,626	97,026
2006	424,761	322,589	102,172
2007	439,765	333,184	106,581
2008	453,443	342,848	110,595

SOURCE: United States Renal Data System

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**Table V.12  
Medicare End Stage Renal Disease (ESRD), by Treatment Modality and Demographics, 2007**

	Medicare Entitled		
	Total	Dialysis Patients	Transplant Patients
Total -- All Patients	439,765	333,184	106,581
<b>Age</b>			
0-19 years	3,469	1,446	2,023
20-64 years	254,149	175,310	78,830
65-74 years	101,217	80,086	21,131
75 years and over	80,929	76,332	4,597
<b>Sex</b>			
Male	247,993	183,849	64,144
Female	191,772	149,335	42,437
<b>Race</b>			
White	265,728	188,490	77,238
Black	145,964	123,319	22,645
Native American	5,903	4,782	1,121
Asian/Pacific	19,460	14,595	4,865
Other/Unknown	2,710	1,998	712

SOURCE: United States Renal Data System

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**Table V.13  
Home Health Agency - Medicare National Summary**

Calendar Year	Total Patients	Total Reimbursement	Total Visits	Average Reimbursement per Patient	Average Visits Per Patient
2008	3,163,997	\$17,114,906,875	121,026,141	\$5,409	38
2009	3,283,229	18,895,476,901	129,241,449	5,755	39
2010	3,432,172	19,533,203,560	124,698,461	5,691	36

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

**Table V.14  
Hospice - Medicare National Summary**

Calendar Year	Total Patients	Total Reimbursement	Total Covered Days	Average Reimbursement per Patient	Average Days per Patient
2008	1,050,705	\$11,197,481,617	74,968,108	\$10,657	71
2009	1,090,976	12,085,785,062	77,822,911	11,078	71
2010	1,160,390	12,949,811,053	81,896,309	11,160	71

NOTE: Data include Puerto Rico and Virgin Islands.

**Table V.15  
Skilled Nursing Facilities - Medicare National Summary**

Calendar Year	Total Discharges	Total Reimbursement	Total Covered Days	Average Reimbursement per Discharge	Average Days per Discharge
2008	2,026,824	\$24,230,892,017	70,493,273	\$11,955	35
2009	2,030,965	25,583,022,245	70,586,895	12,596	35
2010	2,084,194	27,228,416,627	71,610,881	13,064	34

NOTES: Reimbursement and total covered days based on discharges and continuing stays.  
Data include Puerto Rico, Virgin Islands, and unknown.

**Table V.16  
Outpatient - Medicare National Summary**

Calendar Year	Total Patients	Total Charges	Total Payments	Average Charge per Patient	Average Payment per Patient
2008	23,456,166	\$237,435,734,208	\$39,759,656,988	\$10,123	\$1,695
2009	23,415,281	271,130,858,922	44,056,028,066	11,579	1,882
2010	23,808,632	310,283,062,470	46,995,533,838	13,032	1,974

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

**Table V.17**  
**Medicaid Eligibles by Type of Service**  
**Fiscal Years 2004 - 2008**

	2004	2005	2006	2007	2008
	Number in thousands				
Total Eligibles	58,161	58,739	59,600	59,415	60,867
Number Using Services					
Total Beneficiaries, any service <sup>1</sup>	55,553	57,349	57,459	56,821	58,771
Inpatient Services					
General Hospitals	5,420	5,462	6,237	5,134	5,259
Mental Hospitals	117	119	137	112	109
Nursing Facilities Services <sup>2</sup>	1,718	1,703	1,712	1,645	1,616
ICF Services					
Mentally Retarded	114	109	107	104	102
Physician Services	23,949	24,030	23,084	22,047	21,661
Dental Services	9,015	9,261	9,447	9,533	9,821
Other Practitioner Services	5,920	5,836	5,810	5,426	5,165
Outpatient Hospital Services	15,943	16,153	15,844	14,896	14,789
Clinic Services	11,113	11,810	11,758	11,698	11,857
Laboratory & Radiological Services	16,033	15,894	16,065	15,788	15,612
Home Health Services	1,148	1,192	1,187	1,190	1,144
Personal Care Support Services	851	932	917	938	1,079
Prescribed Drugs	27,970	28,162	27,085	23,923	24,579
Sterilization	174	178	177	147	138
PCCM Services	8,548	8,558	8,530	7,090	8,728
HMO Capitation	23,587	23,897	26,062	27,202	28,863
Targeted Case Management	2,478	2,709	2,718	2,542	2,437
PHP Capitation	16,995	19,741	20,244	21,369	20,566
Other Services, Unspecified	10,343	10,114	10,030	9,896	10,155
Additional Service Categories	7,458	7,727	7,798	7,674	7,584
Unknown	82	73	67	91	90

<sup>1</sup> Excludes summary records with unknown basis of eligibility, most of which are lump-sum payments not attributable to any one person.

<sup>2</sup> Nursing facilities include: SNFs and all categories of ICF, other than "MR".

NOTES: "Total eligibles" based on preliminary data. Beginning in 1998, beneficiary counts include Medicaid eligibles enrolled in Medicaid Managed Care Organizations.

SOURCE: CMS/CSP

December 2011

**Table V.18**  
**National Community Hospital Utilization**  
**1973 - 2009**

Year	Admissions in millions	Inpatient Days in millions	Average Stay in days	Outpatient Visits in millions	Adjusted Expenses per Inpatient Day
1973	31.7	248	7.8	173	\$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986	32.4	229	7.1	232	501
1987	31.6	227	7.2	246	539
1988	31.5	227	7.2	269	586
1989	31.1	225	7.2	286	637
1990	31.2	226	7.2	301	687
1991	31.1	223	7.2	322	752
1992	31.0	221	7.1	349	820
1993	30.7	216	7.0	367	881
1994	30.7	207	6.7	383	931
1995	30.9	200	6.5	414	968
1996	31.1	194	6.2	440	1,006
1997	31.6	193	6.1	450	1,033
1998	31.8	191	6.0	474	1,067
1999	32.4	192	5.9	495	1,103
2000	33.1	192	5.8	521	1,149
2001	33.8	194	5.7	538	1,217
2002	34.5	197	5.7	556	1,290
2003	34.8	197	5.7	563	1,379
2004	35.1	198	5.6	572	1,450
2005	35.2	197	5.6	584	1,522
2006	35.4	198	5.6	600	1,612
2007	35.3	195	5.5	603	1,696
2008	35.8	196	5.5	624	1,782
2009	35.5	193	5.4	642	1,853

SOURCE: American Hospital Association

December 2011

**Table VI.1  
Medicare Hospital and SNF/NF/ICF Facility Counts  
November 2011**

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Total Hospitals	6,177
Type of Hospital	
Short-Term Hospitals under Inpatient PPS (IPPS)	3,560
--Psychiatric Units	1,166
--Rehabilitation Units	926
--Swing Bed Hospitals	521
Psychiatric	509
Long-term	436
Rehabilitation	234
Childrens	90
Religious Non-Medical	18
Critical Access	1,330
Non-Participating Hospitals	753
Emergency	402
Federal	351
Skilled Nursing Facilities (All SNF-NFs/NFs Only)	15,716
Skilled Nursing Facilities	788
--Hospital-Based	257
--Free-Standing	531
SNF-NFS Combination	14,334
--Hospital-Based	640
--Free-Standing	13,694
Title 19 Only NFs	594
--Hospital-Based	115
--Free-Standing	479
All Intermediate Care/Mentally Retarded Facilities	6,464

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NOTES: This table is designed to give a "snapshot" as of November 2011 of institutional providers participating in the program by type of provider (short term, long term, rehab, etc.). Numbers may differ from other reports and program memoranda.

SOURCES: CMS/CMCS

December 2011

**Table VI.2  
Medicare Inpatient Hospitals  
Selected Years**

	1980	1990	2000	2008	2009	2010
Total Hospitals	6,777	6,522	5,985	6,171	6,172	6,169
Beds in thousands	1,150	1,105	991	930	926	928
Beds per 1,000 Enrollees <sup>1</sup>	41.0	32.8	25.3	20.6	20.1	19.6
Short-Stay	6,104	5,549	4,900	3,658	3,606	3,566
Beds in thousands	991	970	873	792	785	785
Beds per 1,000 Enrollees <sup>1</sup>	35.3	28.8	22.3	17.6	17.0	16.6
Critical Access Hospitals	NA	NA	NA	1,302	1,311	1,325
Beds in thousands	--	--	--	30	30	30
Beds per 1,000 Enrollees <sup>1</sup>	--	--	--	0.7	0.7	0.6
Other Non-Short-Stay	673	973	1,094	1,211	1,255	1,278
Beds in thousands	159	135	118	108	111	113
Beds per 1,000 Enrollees <sup>1</sup>	5.7	4.0	3.0	2.4	2.4	2.4

<sup>1</sup> Based on number of HI enrollees as of July 1.

NOTES: Facility data for 1980 are as of July 1. Facility data for 1990, and 2000-2010 are as of December 31st of each year and represent essentially those facilities eligible to participate at the start of the next calendar year. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: CMS/CSP

December 2011

**Table VI.3  
Other Medicare Providers and Suppliers  
Selected Years**

	1980	1990	2000	2008	2009	2010
Skilled Nursing Facilities	5,052	8,937	14,841	15,032	15,071	15,084
Home Health Agencies	2,924	5,730	7,857	9,407	10,184	10,914
Clinical Lab Improvement Act Facilities	NA	NA	171,018	210,872	218,139	224,679
End Stage Renal Disease Facilities	999	1,937	3,787	5,317	5,476	5,631
Outpatient Physical Therapy	419	1,195	2,867	2,781	2,640	2,536
Portable X-Ray	216	443	666	547	546	561
Rural Health Clinics	391	551	3,453	3,757	3,752	3,845
Comprehensive Outpatient Rehabilitation Facilities	NA	186	522	476	406	354
Ambulatory Surgical Centers	NA	1,197	2,894	5,174	5,260	5,316
Hospices	NA	825	2,326	3,346	3,405	3,509

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 2000-2010 are as of December 31st of each year and represent essentially those facilities eligible to participate at the start of the calendar year. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: CMS/CSP

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**Table VI.4**  
**Selected Medicare Facilities by Type of Control**  
**2010**

	Short Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	3,566	15,084	10,914
Percent Distribution			
Voluntary	59.8	25.6	18.2
Proprietary	21.3	68.3	74.8
Government	18.9	6.1	7.0

NOTES: Data as of December 31, 2010. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent distribution may not add to 100 percent due to rounding.

SOURCE: CMS/CSP

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**Table VI.5  
Medicare PIP Facilities  
Selected Years**

	1975	1980	1990	2000	2010	2011
Hospitals						
Number of PIP	1,524	2,276	1,352	869	547	521
Percent of Total Participating	22.5	33.8	20.6	14.4	8.9	8.4
Skilled Nursing Facilities						
Number of PIP	161	203	774	1,236	381	355
Percent of Total Participating	4.1	3.9	7.3	8.3	2.5	2.3
Home Health Agencies						
Number of PIP	86	481	1,211	1,038	114	141
Percent of Total Participating	3.8	16.0	21.0	14.4	1.0	1.2

NOTES: Data from 1985 to date are as of September; prior years are as of December. These are facilities receiving periodic interim payments (PIP) under Medicare. Effective for claims received on or after July 1, 1987, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many PPS hospitals when the servicing intermediary meets specified processing time.

SOURCE: CMS/OFM

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**Table VI.6  
Medicare Participating Physician Program**

Participation Status	Number of Physicians <sup>1</sup>	Participation Status				
		January 2011	January 2010	January 2009	January 2008	January 2007
Participating	981,644	96.0%	95.8%	95.4%	94.9%	93.6%
Billing Medicare	1,022,909	---	---	---	---	---

<sup>1</sup> Includes M.D.s, D.O.s, Limited License Practitioners, and Non-Physician Practitioners.

NOTES: The participating physician program was originally enacted as a part of the 1984 Deficit Reduction Act (DEFRA). Congress provided additional incentives through the 1986 Omnibus Budget Reconciliation Act (OBRA). CMS wrote to physicians to explain the benefits of participation beginning January 1, 1989. Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in private practice, but not in the group practice, is counted as participating.

SOURCE: CMS/OFM

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**Table VI.7  
Medicare Assigned Claims  
Selected Fiscal Years**

Fiscal Year	Net Assignment Rate <sup>1</sup>
1975	51.9
1980	51.4
1985	67.7
1990	80.9
1991	82.5
1992	85.4
1993	89.2
1994	92.1
1995	94.2
1996	95.6
1997	96.5
1998	97.2
1999	97.5
2000	97.8
2001	98.1
2002	98.3
2003	98.5
2004	98.6
2005	98.8
2006	99.0
2007	99.1
2008	99.2
2009	99.2
2010	99.3
2011	99.3

<sup>1</sup> The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

SOURCE: CMS/OFM

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**Table VI.8  
Participation Rates as Percentage of Physicians, by Specialty  
Selected Periods**

	Jan. 2000 Dec. 2000	Jan. 2006 Dec. 2006	Jan. 2007 Dec. 2007	Jan. 2008 Dec. 2008	Jan. 2009 Dec. 2009	Jan. 2010 Dec. 2010	Jan. 2011 Dec. 2011
Percent of Physicians Participating							
Physicians (M.D.s and D.O.s):							
General practice	80.2	88.6	89.4	91.1	91.0	92.0	99.2
General surgery*	93.3	96.2	96.7	97.3	97.5	97.7	97.8
Otolaryngology	91.8	95.1	95.3	96.2	96.5	96.8	96.9
Anesthesiology	93.7	96.8	96.8	98.0	98.4	98.7	98.8
Cardiology	95.8	97.1	97.0	97.9	98.1	98.2	98.3
Dermatology	90.8	93.8	93.9	94.9	95.4	95.9	96.0
Family practice	90.8	94.8	94.8	96.0	96.4	96.9	96.8
Internal medicine*	90.7	94.8	94.7	96.2	96.7	97.1	96.8
Neurology	92.1	94.6	94.7	96.1	96.5	96.9	97.0
Obstetrics-gynecology	86.8	91.5	91.3	92.9	93.9	94.6	95.1
Ophthalmology	93.3	96.0	96.0	96.9	96.4	97.5	97.6
Orthopedic surgery	93.8	96.1	96.5	97.6	97.8	98.1	98.2
Pathology	93.6	96.4	96.5	98.1	96.9	98.5	98.4
Psychiatry*	79.1	87.4	86.9	89.6	90.7	91.3	92.2
Radiology*	95.3	97.4	97.5	98.6	98.7	98.9	98.9
Urology	94.6	96.9	97.0	98.0	98.2	98.4	98.4
Nephrology	95.1	96.7	96.8	97.5	97.8	98.2	98.2
Multi-Specialty Clinic/Group	91.6	82.7	95.5	100.0	100.0	40.0	93.1
Limited License Practitioners (LLPs):							
Chiropractic	59.4	68.3	69.6	71.3	72.6	73.4	74.1
Podiatry (Surgical Chiropody)	90.7	94.3	94.9	95.3	89.3	96.6	96.7
Optometry	78.4	85.0	87.0	88.1	95.7	90.3	91.5

NOTE: Effective with the October 1, 1985 election period, Medicare contractors were instructed to count individuals only once, even if practicing in multiple settings.

\* General Surgery (General Surgery, Surgical Oncology)

\* Internal Medicine (Internal Medicine, Endocrinology, Medical Oncology)

\* Psychiatry (Psychiatry, Neuropsychiatry)

\* Radiology (Radiology, Nuclear Medicine, Interventional Radiology)

SOURCE: CMS/OFM

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**Table VI.9**  
**Medicare Advantage, Cost, PACE, Demo and Prescription Drug Contract Report**  
**2011**

Type of Contract	Number of Contracts	Drug Plan Enrollment			Special Needs Plan Enrollees	Employer Plan Enrollees (800 Series)
		MA Only Enrollees	Drug Plan Enrollees	Total Enrollees		
<b>Total Prepaid</b> <sup>1</sup>	672	1,552,292	10,965,940	12,518,232	1,403,772	2,285,018
Local CCPs	509	897,552	9,403,057	10,300,609	1,288,850	1,903,533
PFFS	28	143,049	437,405	580,454	0	1,110
MSA	2	1,597	0	1,597	0	0
Employer Direct PFFS	2	12,028	2,219	14,247	0	14,247
Regional PPOs	14	260,504	902,007	1,162,511	114,922	246,681
<b>MA Subtotal</b>	555	1,314,730	10,744,688	12,059,418	1,403,772	2,165,571
1876 Cost	20	172,059	199,276	371,335	0	119,447
1833 Cost (HCPP)	11	59,536	0	59,536	0	0
PACE	83	0	21,976	21,976	0	0
Pilot <sup>2</sup>	3	5,967	0	5,967	0	0
Other Subtotal	117	237,562	221,252	458,814	0	119,447
<b>Total PDPs</b>	84	0	18,765,325	18,765,325	0	1,556,493
Employer/Union Only Direct Contract PDP	9	0	162,914	162,914	0	162,914
All Other PDP <sup>1</sup>	75	0	18,602,411	18,602,411	0	1,393,579
<b>TOTAL</b>	756	1,552,292	29,731,265	31,283,557	1,403,772	3,841,511

<sup>1</sup> Totals include beneficiaries enrolled in employer/union only group plans (contracts with "800 series" plan IDs). Where a beneficiary is enrolled in both an 1876 cost or PFFS plan and a PDP plan, both enrollments are reflected in these counts.

<sup>2</sup> Pilots refer to contracts to provide care management services for fee-for-service beneficiaries with chronic conditions. The data for this product are being included since they are part of the total monthly Medicare payment.

NOTES: Totals reflect enrollment as of the October 1, 2011 payment. The October payment reflects enrollments accepted through September 9, 2011.

SOURCE: CMS/CPC

December 2011

**Table VII.1**  
**Net Reported Medical Assistance Payments**  
**Fiscal Year 2010**

	Total Payments Computable for Federal Funding	Net Expenditures Reported Federal Share		Total Payments Computable for Federal Funding	Net Expenditures Reported Federal Share
Total All Jurisdictions	\$383,367,814,752	\$259,876,144,408	N. Mariana Islands	13,292,278	6,646,146
Alabama	4,708,657,185	3,616,430,349	Nebraska	1,595,294,737	1,097,259,851
Alaska	1,207,521,822	820,724,969	Nevada	1,505,286,119	953,484,452
American Samoa	25,216,441	12,608,222	New Hampshire	1,318,621,083	786,780,347
Arizona	9,380,405,044	7,216,586,170	New Jersey	10,162,873,296	6,089,854,302
Arkansas	3,880,864,886	3,143,505,057	New Mexico	3,456,995,131	2,798,797,550
California	41,643,408,791	25,571,672,773	New York	50,453,082,673	30,720,503,829
Colorado	4,028,039,849	2,465,215,673	North Carolina	10,319,106,416	7,709,574,174
Connecticut	5,528,407,156	3,333,469,824	North Dakota	682,210,886	482,912,815
Delaware	1,286,830,608	796,242,909	Ohio	15,121,647,576	11,014,026,609
District of Columbia	1,772,035,504	1,398,630,296	Oklahoma	3,861,876,770	2,970,982,624
Florida	17,261,512,630	11,710,947,938	Oregon	3,973,078,563	2,900,962,597
Georgia	7,710,755,659	5,749,597,011	Pennsylvania	18,634,048,432	12,200,114,729
Guam	31,157,094	15,806,585	Puerto Rico	1,047,081,292	523,540,649
Hawaii	1,361,033,173	925,755,286	Rhode Island	1,912,007,222	1,205,784,012
Idaho	1,345,242,339	1,067,698,524	South Carolina	4,992,150,984	3,935,513,094
Illinois	15,196,168,373	9,188,565,477	South Dakota	775,170,127	568,917,325
Indiana	5,879,119,164	4,439,178,419	Tennessee	8,441,008,115	6,407,211,298
Iowa	3,046,670,401	2,210,865,039	Texas	26,330,687,310	18,476,569,185
Kansas	2,407,976,071	1,674,561,337	Utah	1,687,188,906	1,368,177,467
Kentucky	5,522,072,289	4,415,426,580	Vermont	1,247,368,764	868,968,043
Louisiana	6,720,388,856	5,326,247,967	Virgin Islands	43,788,762	21,894,394
Maine	2,266,424,935	1,709,023,651	Virginia	6,407,859,287	3,937,766,039
Maryland	7,011,557,299	4,337,426,768	Washington	6,988,870,974	4,383,772,747
Massachusetts	11,595,044,370	7,180,590,802	West Virginia	2,538,797,193	2,100,793,549
Michigan	11,556,478,652	8,425,265,744	Wisconsin	6,431,517,340	4,534,221,198
Minnesota	7,496,239,705	4,630,761,665	Wyoming	529,751,394	330,560,850
Mississippi	4,106,064,588	3,469,557,146			
Missouri	7,993,869,980	5,898,735,064			
Montana	927,990,258	729,457,288			

NOTES: Source Form CMS-64 -- Net Expenditures Reported. Excludes Children's Health Insurance Program and Administration as reported by the States as of December 18, 2011. Unadjusted by CMS. Amounts for territories may exceed capped limits.

SOURCE: CMS/CSP

December 2011

**Table VII.2**  
**Mean Medicaid Outlays by Basis of Eligibility**  
**2008**

	<b>Total</b>	<b>Aged</b>	<b>Disabled</b>	<b>Children</b>	<b>Adults</b>
United States <sup>1</sup>	\$5,051	\$14,742	\$14,843	\$2,035	\$2,912
Alabama	4,227	11,028	7,375	2,077	2,217
Alaska	8,162	21,541	25,008	4,633	6,153
Arizona	4,707	9,689	14,539	2,556	4,263
Arkansas	3,932	13,656	11,952	2,026	1,872
California	3,067	9,151	13,457	1,475	1,261
Colorado	4,768	15,110	15,893	1,848	3,015
Connecticut	7,905	28,244	25,528	1,734	1,909
Delaware	6,290	20,308	19,626	2,629	4,964
District of Columbia	10,338	23,595	24,107	3,077	7,288
Florida	4,606	11,945	11,832	1,637	2,744
Georgia	4,009	10,619	9,877	1,942	4,507
Hawaii	4,305	11,829	14,376	1,771	3,253
Idaho	5,419	16,662	18,265	1,911	4,541
Illinois	4,418	11,113	14,608	1,662	2,303
Indiana	4,387	17,760	15,867	1,756	2,811
Iowa	5,401	16,885	18,327	1,915	2,858
Kansas	6,541	20,289	17,085	2,361	3,934
Kentucky	5,011	12,528	9,460	2,485	4,085
Louisiana	4,316	11,706	13,594	1,545	3,187
Maine	4,435	10,160	11,955	2,151	1,487
Maryland	7,369	21,382	21,412	2,586	5,929
Massachusetts	7,310	19,044	14,006	3,454	3,400
Michigan	5,157	12,954	9,836	1,510	3,370
Minnesota	8,711	23,462	28,300	3,393	3,790
Mississippi	4,751	13,255	9,813	2,015	3,458
Missouri	4,957	12,104	12,390	2,420	3,047
Montana	5,792	20,584	14,096	2,612	4,125
Nebraska	6,165	16,849	18,682	2,686	3,559
Nevada	4,535	11,512	14,529	2,121	2,245
New Hampshire	7,137	20,519	18,562	3,151	3,861
New Jersey	7,241	20,713	21,341	2,162	3,742
New Mexico	6,028	12,093	18,117	2,855	4,081
New York	8,840	29,661	29,564	2,598	4,502
North Carolina	5,000	11,707	15,127	2,291	3,671
North Dakota	7,442	23,633	23,610	2,346	3,325
Ohio	5,850	20,593	16,396	1,772	3,119
Oklahoma	4,376	11,715	13,647	2,053	2,988
Oregon	5,047	12,676	12,284	2,083	4,157
Pennsylvania	5,857	17,213	10,796	2,431	3,478
Rhode Island	8,087	22,817	20,255	3,270	3,403
South Carolina	4,990	9,521	10,570	2,007	3,125
South Dakota	4,923	12,898	14,466	2,182	3,514
Tennessee	4,324	15,314	8,970	1,919	3,446
Texas	4,172	10,903	13,631	2,172	2,624
Utah	5,548	11,447	15,930	2,048	2,505
Vermont	5,445	10,304	15,124	3,013	3,277
Virginia	5,552	12,118	14,666	2,291	3,624
Washington	4,912	13,643	12,721	1,785	3,103
West Virginia	6,360	15,303	10,694	2,091	3,460
Wisconsin	2,996	11,200	13,236	1,230	2,134
Wyoming	7,273	23,262	25,253	3,063	5,213

<sup>1</sup> Includes only those States reporting FY2008 data.

NOTES: Other and unknown basis of eligibility not shown separately. Data are from 2008 MSIS State Summary Mart.

SOURCES: CMS/CMCS/CSP

December 2011

**Table VII.3  
Medicare Enrollment by State  
2010**

	Enrollees		Enrollees
All Areas <sup>1</sup>	47,664,048	Missouri	1,004,371
		Montana	169,503
United States <sup>2</sup>	46,584,745	Nebraska	279,073
		Nevada	356,618
Alabama	845,266	New Hampshire	223,259
Alaska	65,691		
Arizona	930,211	New Jersey	1,327,012
Arkansas	531,404	New Mexico	313,427
California	4,757,352	New York	2,988,430
		North Carolina	1,489,840
Colorado	624,824	North Dakota	109,307
Connecticut	567,517		
Delaware	149,288	Ohio	1,900,576
District of Columbia	78,134	Oklahoma	603,461
Florida	3,374,563	Oregon	621,067
		Pennsylvania	2,283,210
Georgia	1,235,730	Rhode Island	182,972
Hawaii	206,487		
Idaho	229,797	South Carolina	773,702
Illinois	1,839,383	South Dakota	136,564
Indiana	1,005,734	Tennessee	1,057,914
		Texas	3,001,032
Iowa	517,427	Utah	283,032
Kansas	432,755		
Kentucky	759,956	Vermont	111,526
Louisiana	686,727	Virginia	1,140,524
Maine	264,883	Washington	972,359
		West Virginia	381,765
Maryland	784,770	Wisconsin	910,945
Massachusetts	1,061,049	Wyoming	80,079
Michigan	1,651,222		
Minnesota	785,852	Puerto Rico	670,194
Mississippi	497,155		

<sup>1</sup> Includes U.S. and enrollees residing in outlying territories, foreign countries and those with unknown state of residence.

<sup>2</sup> Includes enrollees residing in 50 states and the District of Columbia.

SOURCE: CMS/CSP

December 2011

**Table VII.4**  
**Medicare Enrollment as a Percent of Resident Population by State**  
**2010**

	Resident Population	Medicare Enrollees	Enrollees as Percent of Population		Resident Population	Medicare Enrollees	Enrollees as Percent of Population
All Areas	NA	47,664,048 <sup>1</sup>	NA	Missouri	5,996,231	1,004,371	16.8
				Montana	990,898	169,503	17.1
United States	309,349,689	46,584,745 <sup>2</sup>	15.1	Nebraska	1,830,429	279,073	15.2
Alabama	4,785,298	845,266	17.7	Nevada	2,704,642	356,618	13.2
Alaska	713,985	65,691	9.2	New Hampshire	1,316,759	223,259	17.0
Arizona	6,413,737	930,211	14.5	New Jersey	8,801,624	1,327,012	15.1
Arkansas	2,921,606	531,404	18.2	New Mexico	2,065,932	313,427	15.2
California	37,349,363	4,757,352	12.7	New York	19,392,283	2,988,430	15.4
				North Carolina	9,561,558	1,489,840	15.6
Colorado	5,049,071	624,824	12.4	North Dakota	674,499	109,307	16.2
Connecticut	3,577,073	567,517	15.9				
Delaware	899,769	149,288	16.6	Ohio	11,536,182	1,900,576	16.5
District of Columbia	604,453	78,134	12.9	Oklahoma	3,761,702	603,461	16.0
Florida	18,843,326	3,374,563	17.9	Oregon	3,838,957	621,067	16.2
				Pennsylvania	12,709,630	2,283,210	18.0
Georgia	9,712,587	1,235,730	12.7	Rhode Island	1,052,886	182,972	17.4
Hawaii	1,363,621	206,487	15.1				
Idaho	1,571,450	229,797	14.6	South Carolina	4,636,312	773,702	16.7
Illinois	12,843,166	1,839,383	14.3	South Dakota	816,463	136,564	16.7
Indiana	6,490,621	1,005,734	15.5	Tennessee	6,356,897	1,057,914	16.6
				Texas	25,257,114	3,001,032	11.9
Iowa	3,049,883	517,427	17.0	Utah	2,776,469	283,032	10.2
Kansas	2,859,169	432,755	15.1				
Kentucky	4,346,266	759,956	17.5	Vermont	625,960	111,526	17.8
Louisiana	4,544,228	686,727	15.1	Virginia	8,024,617	1,140,524	14.2
Maine	1,327,567	264,883	20.0	Washington	6,744,496	972,359	14.4
				West Virginia	1,853,973	381,765	20.6
Maryland	5,785,982	784,770	13.6	Wisconsin	5,691,047	910,945	16.0
Massachusetts	6,557,254	1,061,049	16.2	Wyoming	564,460	80,079	14.2
Michigan	9,877,574	1,651,222	16.7				
Minnesota	5,310,584	785,852	14.8	Puerto Rico	3,722,133	670,194	18.0
Mississippi	2,970,036	497,155	16.7				

<sup>1</sup> Includes the United States, its Territories and Possessions, residents of foreign countries and residence unknown.

<sup>2</sup> Includes enrollees residing in the 50 States and the District of Columbia.

NOTES: Resident population is a provisional estimate as of July 1, 2010. The 2010 resident population data for Outlying Areas and the Virgin Islands are not available. Detail may not add to total due to rounding.

SOURCES: CMS/CSP and Bureau of the Census

December 2011

**Table VII.5  
Medicare Part D Enrollment by State  
2010**

Area of Residence	Total Medicare Enrollees	Total Part D Enrollees	% of Total Enrollees
All areas <sup>1</sup>	47,664,048	28,032,753	58.8%
<b>State Jurisdictions</b>			
Alabama	845,266	478,305	56.6%
Alaska	65,691	25,041	38.1%
Arizona	930,211	566,152	60.9%
Arkansas	531,404	320,829	60.4%
California	4,757,352	3,276,712	68.9%
Colorado	624,824	364,195	58.3%
Connecticut	567,517	312,590	55.1%
Delaware	149,288	74,752	50.1%
District Of Columbia	78,134	37,386	47.8%
Florida	3,374,563	2,032,733	60.2%
Georgia	1,235,730	744,529	60.3%
Hawaii	206,487	135,717	65.7%
Idaho	229,797	133,676	58.2%
Illinois	1,839,383	1,019,577	55.4%
Indiana	1,005,734	573,337	57.0%
Iowa	517,427	344,738	66.6%
Kansas	432,755	268,358	62.0%
Kentucky	759,956	478,957	63.0%
Louisiana	686,727	422,317	61.5%
Maine	264,883	165,145	62.3%
Maryland	784,770	356,912	45.5%
Massachusetts	1,061,049	610,364	57.5%
Michigan	1,651,222	785,077	47.5%
Minnesota	785,852	536,012	68.2%
Mississippi	497,155	320,200	64.4%
Missouri	1,004,371	625,504	62.3%
Montana	169,503	96,260	56.8%
Nebraska	279,073	179,272	64.2%
Nevada	356,618	197,096	55.3%
New Hampshire	223,259	106,880	47.9%
New Jersey	1,327,012	693,280	52.2%
New Mexico	313,427	191,755	61.2%
New York	2,988,430	1,773,682	59.4%
North Carolina	1,489,840	878,279	59.0%
North Dakota	109,307	75,128	68.7%
Ohio	1,900,576	1,043,010	54.9%
Oklahoma	603,461	357,019	59.2%
Oregon	621,067	400,307	64.5%
Pennsylvania	2,283,210	1,433,719	62.8%
Rhode Island	182,972	123,050	67.3%
South Carolina	773,702	417,174	53.9%
South Dakota	136,564	88,083	64.5%
Tennessee	1,057,914	676,723	64.0%
Texas	3,001,032	1,692,019	56.4%
Utah	283,032	158,329	55.9%
Vermont	111,526	61,915	55.5%
Virginia	1,140,524	594,727	52.1%
Washington	972,359	532,129	54.7%
West Virginia	381,765	232,008	60.8%
Wisconsin	910,945	491,629	54.0%
Wyoming	80,079	42,918	53.6%
<b>Territories and Possessions</b>			
American Samoa	3,970	553	13.9%
Guam	11,755	2,339	19.9%
Puerto Rico	670,194	467,057	69.7%
Virgin Islands	16,060	4,842	30.1%

<sup>1</sup> Includes beneficiaries with residence unknown, those with pending State designation and those residing in the Northern Marianas and the Marshall Islands.

NOTE: Data in this table are for calendar year 2010, as recorded in the Part D Denominator File. Data may differ from similar Part D enrollment data, and certain row and column totals may not add because of differences in the metrics used to construct different tables.

SOURCE: CMS/CSP

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**Table VII.6  
Medicare PDP and MA-PD Enrollment by State  
2010**

Area of Residence	Part D Enrolled	PDP Enrolled	MA-PD Enrolled
All areas <sup>1</sup>	28,032,753	17,844,486	10,188,267
<b>State Jurisdictions</b>			
Alabama	478,305	306,110	172,195
Alaska	25,041	24,666	375
Arizona	566,152	244,868	321,284
Arkansas	320,829	256,370	64,459
California	3,276,712	1,655,498	1,621,214
Colorado	364,195	175,346	188,849
Connecticut	312,590	216,043	96,547
Delaware	74,752	70,723	4,029
District Of Columbia	37,386	29,998	7,388
Florida	2,032,733	1,063,463	969,270
Georgia	744,529	506,739	237,790
Hawaii	135,717	59,179	76,538
Idaho	133,676	82,389	51,287
Illinois	1,019,577	881,238	138,339
Indiana	573,337	447,120	126,217
Iowa	344,738	293,043	51,695
Kansas	268,358	226,948	41,410
Kentucky	478,957	396,422	82,535
Louisiana	422,317	271,773	150,544
Maine	165,145	135,144	30,001
Maryland	356,912	299,848	57,064
Massachusetts	610,364	420,237	190,127
Michigan	785,077	571,691	213,386
Minnesota	536,012	282,053	253,959
Mississippi	320,200	280,598	39,602
Missouri	625,504	428,022	197,482
Montana	96,260	74,666	21,594
Nebraska	179,272	151,911	27,361
Nevada	197,096	92,813	104,283
New Hampshire	106,880	93,486	13,394
New Jersey	693,280	556,572	136,708
New Mexico	191,755	117,814	73,941
New York	1,773,682	967,329	806,353
North Carolina	878,279	650,745	227,534
North Dakota	75,128	68,880	6,248
Ohio	1,043,010	649,215	393,795
Oklahoma	357,019	279,615	77,404
Oregon	400,307	185,608	214,699
Pennsylvania	1,433,719	723,035	710,684
Rhode Island	123,050	62,759	60,291
South Carolina	417,174	317,306	99,868
South Dakota	88,083	78,597	9,486
Tennessee	676,723	440,907	235,816
Texas	1,692,019	1,157,184	534,835
Utah	158,329	80,534	77,795
Vermont	61,915	58,413	3,502
Virginia	594,727	461,811	132,916
Washington	532,129	353,622	178,507
West Virginia	232,008	197,587	34,421
Wisconsin	491,629	307,298	184,331
Wyoming	42,918	39,178	3,740
<b>Territories and Possessions</b>			
American Samoa	553	426	127
Guam	2,339	2,298	41
Puerto Rico	467,057	35,448	431,609
Virgin Islands	4,842	4,720	122

<sup>1</sup> Includes beneficiaries with residence unknown and those with pending State designation.

NOTE: Data in this table are for calendar year 2010, as recorded in the Part D Denominator File. Data may differ from similar Part D enrollment data, and certain row and column totals may not add because of differences in the metrics used to construct different tables.

SOURCE: CMS/CSP

December 2011

**Table VII.7  
Medicare Part D and Retiree Drug Subsidy Enrollment by State  
2010**

Area of Residence	Total Part D and RDS Enrollees	Total Part D Enrollees	Total RDS
All areas <sup>1</sup>	34,767,226	28,032,753	6,734,473
<b>State Jurisdictions</b>			
Alabama	612,552	478,305	134,247
Alaska	41,813	25,041	16,772
Arizona	673,712	566,152	107,560
Arkansas	370,294	320,829	49,465
California	3,719,766	3,276,712	443,054
Colorado	445,076	364,195	80,881
Connecticut	428,322	312,590	115,732
Delaware	110,644	74,752	35,892
District Of Columbia	41,764	37,386	4,378
Florida	2,476,114	2,032,733	443,381
Georgia	871,483	744,529	126,954
Hawaii	143,612	135,717	7,895
Idaho	155,685	133,676	22,009
Illinois	1,377,290	1,019,577	357,713
Indiana	748,088	573,337	174,751
Iowa	396,121	344,738	51,383
Kansas	298,468	268,358	30,110
Kentucky	558,296	478,957	79,339
Louisiana	512,450	422,317	90,133
Maine	186,193	165,145	21,048
Maryland	492,356	356,912	135,444
Massachusetts	801,468	610,364	191,104
Michigan	1,292,159	785,077	507,082
Minnesota	609,128	536,012	73,116
Mississippi	348,739	320,200	28,539
Missouri	741,085	625,504	115,581
Montana	112,007	96,260	15,747
Nebraska	202,553	179,272	23,281
Nevada	242,882	197,096	45,786
New Hampshire	144,870	106,880	37,990
New Jersey	988,661	693,280	295,381
New Mexico	216,843	191,755	25,088
New York	2,328,255	1,773,682	554,573
North Carolina	1,116,578	878,279	238,299
North Dakota	79,806	75,128	4,678
Ohio	1,486,971	1,043,010	443,961
Oklahoma	403,133	357,019	46,114
Oregon	446,865	400,307	46,558
Pennsylvania	1,736,639	1,433,719	302,920
Rhode Island	135,258	123,050	12,208
South Carolina	544,363	417,174	127,189
South Dakota	95,041	88,083	6,958
Tennessee	785,441	676,723	108,718
Texas	2,133,821	1,692,019	441,802
Utah	189,593	158,329	31,264
Vermont	80,526	61,915	18,611
Virginia	714,404	594,727	119,677
Washington	659,879	532,129	127,750
West Virginia	283,846	232,008	51,838
Wisconsin	625,802	491,629	134,173
Wyoming	50,309	42,918	7,391
<b>Territories and Possessions</b>			
American Samoa and Guam	2,985	2,892	93
Puerto Rico	477,686	467,057	10,629
Virgin Islands	8,766	4,842	3,924

<sup>1</sup> Includes beneficiaries with residence unknown and those with pending State designation.

NOTES: Data in this table are for calendar year 2010, as recorded in the Part D Denominator File. Data may differ from similar Part D enrollment data, and certain row and column totals may not add because of differences in the metrics used to construct different tables.

SOURCE: CMS/CSP

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**Table VII.8a**  
**Medicare Part D Enrollment by Organization Type, Arrayed by State**  
**Calendar Year 2010**

SSA State	Total <sup>1</sup>	Fee-for-Service	Managed Care	Private Fee-for-Service	Program All Inclusive Care Elderly	Cost and Demo
Total	28,032,753	17,842,262	8,797,995	1,166,356	18,995	207,145
Alabama	478,305	306,110	162,445	9,732	--	--
Alaska	25,041	24,666	284	80	--	--
Arizona	566,152	244,868	310,397	10,648	--	--
Arkansas	320,829	256,370	37,634	26,776	--	--
California	3,276,712	1,655,497	1,580,504	37,778	2,266	667
Colorado	364,195	175,346	153,710	19,903	1,670	13,566
Connecticut	312,590	216,043	92,236	4,296	--	--
Delaware	74,752	70,723	2,989	998	--	--
Dist. of Columbia	37,386	29,998	2,380	162	--	--
Florida	2,032,733	1,063,460	945,228	23,369	367	309
Georgia	744,529	506,739	101,425	136,314	--	--
Hawaii	135,717	59,179	46,007	1,924	13	28,594
Idaho	133,676	82,389	32,746	18,533	--	--
Illinois	1,019,577	881,238	117,993	20,037	12	297
Indiana	573,337	447,120	95,257	30,938	--	--
Iowa	344,738	293,043	30,436	21,195	--	--
Kansas	268,358	226,948	30,511	10,551	256	92
Kentucky	478,957	396,422	68,637	13,887	--	--
Louisiana	422,317	271,773	137,148	13,190	--	--
Maine	165,145	135,144	17,563	12,432	--	--
Maryland	356,912	299,847	30,690	4,332	146	21,897
Massachusetts	610,364	420,237	159,773	27,513	2,333	508
Michigan	785,077	571,691	145,973	66,418	565	430
Minnesota	536,012	282,053	129,293	42,517	--	--
Mississippi	320,200	280,598	27,264	12,333	--	--
Missouri	625,504	428,022	166,773	30,536	153	20
Montana	96,260	74,666	5,946	15,600	--	--
Nebraska	179,272	151,911	14,679	12,671	--	--
Nevada	197,096	92,813	99,347	4,875	--	--
New Hampshire	106,880	93,485	1,685	11,693	--	--
New Jersey	693,280	556,572	132,352	3,617	192	547
New Mexico	191,755	117,814	66,006	7,536	369	30
New York	1,773,682	967,329	783,387	19,188	3,000	778
North Carolina	878,279	650,745	141,165	86,180	121	68

**Table VII.8b**  
**Medicare Part D Enrollment by Organization Type, Arrayed by State**  
**Calendar Year 2010**  
**(continued)**

SSA State	Total <sup>1</sup>	Fee-for-Service	Managed Care	Private Fee-for-Service	Program All Inclusive Care Elderly	Cost and Demo
North Dakota	75,128	68,880	475	5,028	57	688
Ohio	1,043,010	649,215	346,474	30,451	596	16,274
Oklahoma	357,019	279,615	68,350	8,989	54	11
Oregon	400,307	185,608	201,568	12,263	833	35
Pennsylvania	1,433,719	723,035	665,267	42,164	2,069	1,184
Rhode Island	123,050	62,759	59,834	266	--	--
South Carolina	417,174	317,306	45,268	54,196	369	35
South Dakota	88,083	78,597	3,231	6,023	--	--
Tennessee	676,723	440,907	196,234	39,267	302	13
Texas	1,692,019	1,157,184	474,012	42,011	895	17,917
Utah	158,329	80,534	71,224	6,546	--	--
Vermont	61,915	58,413	1,141	2,281	--	--
Virginia	594,727	461,811	38,406	81,470	541	12,499
Washington	532,129	353,622	158,527	19,555	386	39
West Virginia	232,008	197,587	23,126	11,260	--	--
Wisconsin	491,629	307,298	139,817	41,081	733	2,700
Wyoming	42,918	39,178	410	3,185	--	--
American Samoa	553	426	119	--	--	--
Guam	2,339	2,298	37	--	--	--
Northern Marianas	118	109	--	--	--	--
Puerto Rico	467,057	33,230	431,385	2,433	--	--
Virgin Islands	4,842	4,720	113	--	--	--
Other	12,338	9,071	3,107	116	--	--

NOTES: Data in this table are for calendar year 2010, as recorded in the Part D Denominator File. Data may differ from similar Part D enrollment data, and certain row and column totals may not add because of differences in the metrics used to construct different tables.

SOURCE: CMS/CSP

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**Table VII.9**  
**Medicaid Eligibles by State**  
**Fiscal Year 2008**

	Resident Population in thousands	Medicaid Eligibles in thousands	Eligibles as Percent of Population		Resident Population in thousands	Medicaid Eligibles in thousands	Eligibles as Percent of Population
All Reporting Medicaid Jurisdictions	NA	NA	NA	Missouri	5,923,916	1,075,238	18.2
				Montana	976,415	109,773	11.2
United States	304,093,966	60,867,440	20.0	Nebraska	1,796,378	262,821	14.6
Alabama	4,718,206	908,576	19.3	Nevada	2,653,630	259,794	9.8
Alaska	687,455	124,498	18.1	New Hampshire	1,315,906	148,118	11.3
Arizona <sup>1</sup>	6,280,362	1,539,073	24.5	New Jersey	8,711,090	1,101,962	12.7
Arkansas	2,874,554	763,387	26.6	New Mexico	2,010,662	551,794	27.4
California	36,604,337	10,791,945	29.5	New York	19,212,436	4,937,275	25.7
				North Carolina	9,309,449	1,741,471	18.7
Colorado	4,889,730	572,249	11.7	North Dakota	657,569	72,756	11.1
Connecticut	3,545,579	552,505	15.6				
Delaware	883,874	192,551	21.8	Ohio	11,515,391	2,212,147	19.2
District of Columbia	580,236	170,305	29.4	Oklahoma	3,668,976	803,226	21.9
Florida	18,527,305	3,022,946	16.3	Oregon	3,768,748	520,269	13.8
				Pennsylvania	12,612,285	2,199,371	17.4
Georgia	9,504,843	1,683,118	17.7	Rhode Island	1,055,003	217,724	20.6
Hawaii	1,332,213	238,068	17.9				
Idaho	1,534,320	221,557	14.4	South Carolina	4,528,996	891,795	19.7
Illinois	12,747,038	2,525,478	19.8	South Dakota	799,124	131,868	16.5
Indiana	6,424,806	1,114,580	17.3	Tennessee	6,247,411	1,511,244	24.2
				Texas	24,309,039	4,278,318	17.6
Iowa	3,016,734	492,655	16.3	Utah	2,663,029	294,904	11.1
Kansas	2,808,076	354,732	12.6				
Kentucky	4,289,878	886,864	20.7	Vermont	624,151	167,632	26.9
Louisiana	4,435,586	1,195,776	27.0	Virginia	7,833,496	918,441	11.7
Maine	1,330,509	355,209	26.7	Washington	6,562,231	1,180,401	18.0
				West Virginia	1,840,310	401,749	21.8
Maryland	5,684,965	883,324	15.5	Wisconsin	5,640,996	1,086,801	19.3
Massachusetts	6,468,967	1,568,182	24.2	Wyoming	546,043	77,661	14.2
Michigan	9,946,889	2,010,668	20.2				
Minnesota	5,247,018	807,774	15.4				
Mississippi	2,947,806	736,867	25.0				

<sup>1</sup> Arizona operates a medical assistance program under a Section 1115 Demonstration project.

NOTES: Resident population is an annual estimate as of July 1, 2008. Medicaid eligibles represent those ever enrolled in Medicaid at any time during the year.

SOURCES: CMS/CMCS/MSIS State Summary Mart and the Population Division, US Census Bureau

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**Table VII.10  
Medicare State Buy-Ins  
For Part A and Part B  
July 2011**

State	Part A Buy-Ins	Part B Buy-Ins	Part B QMBs	Part B SLMBs	Part B QIs	Part B MAOs	State	Part A Buy-Ins	Part B Buy-Ins	Part B QMBs	Part B SLMBs	Part B QIs	Part B MAOs
All Areas	588,628	8,141,455	3,959,964	1,026,969	382,325	385,957	Nevada	3,553	38,904	20,335	7,115	3,103	2,302
							New Hampshire	57	18,906	7,995	4,152	1,419	4,931
Alabama	1,357	188,259	63,230	32,841	14,219	5,670	New Jersey	13,800	183,880	74,324	18,816	6,940	1,394
Alaska	683	13,618	9,862	401	---	---	New Mexico	170	65,544	19,489	7,095	3,091	7,054
Arizona	1,073	148,603	87,507	19,675	12,253	20,313	New York	96,003	559,720	356,075	47,472	31,907	---
Arkansas	2,536	111,043	39,081	19,974	9,697	4,638	North Carolina	11,251	287,885	3,392	40,239	20,185	15,752
California	166,433	1,144,369	343,798	89,200	20,051	129,297	North Dakota	---	8,687	3,608	1,458	489	---
Colorado	253	83,898	25,388	6,343	3,617	14,514	Ohio	5,963	288,652	137,395	42,397	17,630	4,330
Connecticut	2,299	116,167	100,394	6,913	3,784	---	Oklahoma	2,367	90,595	63,588	17,534	6,701	---
Delaware	344	23,312	3,595	10,778	2,129	---	Oregon	3,037	87,879	54,476	15,248	5,457	2,966
District of Columbia	438	22,549	20,989	---	---	1,434	Pennsylvania	23,901	321,665	179,142	35,746	15,530	---
Florida	70,097	619,376	425,800	96,712	49,905	42,983	Puerto Rico	---	---	---	---	---	---
Georgia	1,457	252,360	80,448	37,695	22,478	28,389	Rhode Island	181	29,906	11,662	2,259	1,225	---
Hawaii	4,068	29,998	20,085	2,154	860	3,037	South Carolina	905	134,833	73,319	11,860	6,632	11,761
Idaho	592	30,912	18,392	4,579	1,572	4,607	South Dakota	1,036	16,569	5,680	2,647	1,166	---
Illinois	3,250	272,257	166,727	32,338	13,665	---	Tennessee	6,548	228,105	116,182	22,214	---	---
Indiana	2,153	141,834	77,094	25,062	4,713	32,026	Texas	50,631	547,345	155,126	100,853	---	---
Iowa	1,213	74,694	41,501	12,666	2,980	3,930	Utah	28	30,087	7,139	3,313	1,259	8,920
Kansas	654	59,446	31,696	8,540	3,239	437	Vermont	445	23,342	8,208	5,236	---	---
Kentucky	1,894	154,983	105,482	24,255	10,667	15	Virgin Islands	---	95	---	---	---	---
Louisiana	7,607	166,683	107,548	28,218	14,512	656	Virginia	6,598	161,997	25,908	19,921	9,114	17,575
Maine	36	85,237	54,699	9,985	1,438	---	Washington	20,245	152,270	125,908	14,068	6,876	3,356
Maryland	10,022	104,892	83,474	10,224	5,254	5,734	West Virginia	3,277	67,811	51,253	11,035	5,024	---
Massachusetts	23,463	207,332	177,523	17,741	9,022	---	Wisconsin	5,032	102,942	53,695	14,587	3,707	---
Michigan	16,483	217,064	86,108	26,518	11,794	---	Wyoming	160	9,586	3,009	1,486	609	1,372
Minnesota	8,611	95,704	13,152	1,910	---	---	Northern Marianas	---	384	---	---	---	---
Mississippi	4,795	142,257	102,235	21,104	11,055	6,553	Guam	---	719	---	---	---	---
Missouri	1,129	124,669	90,962	22,617	4,255	---							
Montana	490	18,420	10,475	3,498	1,100	---							
Nebraska	---	33,301	15,726	8,277	---	---							

NOTE: Data have been screened for privacy.

**Table VII.11  
Medicare Persons Served by State  
Calendar Year 2010**

	Aged		Disabled			Aged		Disabled	
	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees		Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees
All Areas	26,928	919	5,940	897	Montana	109	932	20	903
United States	26,799	933	5,910	904	Nebraska	201	952	33	939
					Nevada	177	859	37	869
					New Hampshire	147	879	31	792
					New Jersey	903	906	149	916
Alabama	480	950	147	923	New Mexico	165	884	41	849
Alaska	43	815	10	809	New York	1,540	910	343	875
Arizona	468	924	77	871	North Carolina	924	955	245	952
Arkansas	323	924	93	881	North Dakota	84	972	12	897
California	2,230	882	454	836	Ohio	982	980	244	905
Colorado	329	954	64	906	Oklahoma	384	934	91	903
Connecticut	366	931	63	890	Oregon	270	911	57	868
Delaware	113	940	21	889	Pennsylvania	1,096	952	231	875
District of Columbia	47	809	11	886	Rhode Island	82	900	25	853
Florida	1,905	945	316	920	South Carolina	496	956	126	957
Georgia	721	941	194	934	South Dakota	101	923	15	902
Hawaii	98	942	15	889	Tennessee	589	946	169	962
Idaho	124	928	26	877	Texas	1,843	922	379	920
Illinois	1,291	919	233	913	Utah	141	900	26	864
Indiana	641	937	143	903	Vermont	79	915	18	911
Iowa	371	968	62	943	Virginia	748	921	152	940
Kansas	302	932	55	902	Washington	530	887	111	849
Kentucky	452	963	153	911	West Virginia	210	988	74	902
Louisiana	368	922	114	916	Wisconsin	511	972	106	896
Maine	162	913	48	893	Wyoming	59	929	9	877
Maryland	553	896	95	906	Puerto Rico	95	544	25	436
Massachusetts	617	908	160	893	Other Outlying Areas				
Michigan	1,071	971	260	935	Unknown & Foreign	34	89	5	216
Minnesota	449	1,243	92	954					
Mississippi	313	930	107	943					
Missouri	590	944	155	919					

NOTES: Persons served represents persons receiving a reimbursed service under fee-for-service at any time during the year. The denominator used to calculate the rate served per 1,000 enrollees is the July 1, 2010 HI and/or SMI fee-for-service population. The rates may exceed 1,000 for a variety of reasons, including areas with rapidly changing fee-for-service/managed care distributions.

SOURCE: CMS/CSP

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**Table VII.12  
National Community Hospital Care by State  
2009 Annual Survey**

	Admissions in thousands	Average Stay in Days	Outpatient Visits in thousands		Admissions in thousands	Average Stay in Days	Outpatient Visits in thousands
United States	35,527	5.4	641,953	Missouri	825	5.2	19,214
				Montana	101	8.6	3,330
Alabama	666	5.2	9,191	Nebraska	210	7.4	4,658
Alaska	57	5.9	1,767	Nevada	246	5.3	2,810
Arizona	705	4.5	7,102	New Hampshire	123	5.3	4,725
Arkansas	380	5.1	5,048				
California	3,433	5.1	48,255	New Jersey	1,095	5.1	18,433
				New Mexico	183	4.6	4,644
Colorado	445	5.0	8,860	New York	2,534	6.9	54,245
Connecticut	408	5.8	8,176	North Carolina	1,034	5.6	18,321
Delaware	102	5.9	1,744	North Dakota	93	8.1	2,363
District of Columbia	138	6.7	2,412	Ohio	1,531	5.1	34,241
Florida	2,453	5.0	24,874	Oklahoma	442	5.4	5,571
				Oregon	324	4.4	8,900
Georgia	957	6.3	14,390	Pennsylvania	1,842	5.4	37,892
Hawaii	112	6.9	2,157	Rhode Island	127	5.2	2,634
Idaho	130	4.8	3,073				
Illinois	1,558	5.0	32,093	South Carolina	528	5.6	6,320
Indiana	713	5.2	17,451	South Dakota	102	9.8	1,939
				Tennessee	859	5.6	11,583
Iowa	355	6.2	10,955	Texas	2,621	5.2	36,023
Kansas	316	6.4	6,730	Utah	226	4.4	5,474
Kentucky	597	5.2	10,120				
Louisiana	639	5.5	12,373	Vermont	51	6.3	3,356
Maine	150	5.5	5,760	Virginia	793	5.5	14,159
				Washington	589	4.5	11,506
Maryland	715	4.5	8,294	West Virginia	280	5.9	6,685
Massachusetts	820	5.1	21,354	Wisconsin	609	5.1	14,928
Michigan	1,220	5.2	29,298	Wyoming	52	7.9	1,060
Minnesota	624	6.0	10,780				
Mississippi	413	6.3	4,685				

SOURCE: American Hospital Association's 2010 Hospital Statistics.

December 2011

**Table VII.13a  
Medicare Skilled Nursing Facility Utilization by State<sup>1</sup>  
Calendar Year 2010**

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
TOTAL	1,935,862	2,084,194	71,610,881	34	\$27,228,416,627	\$380	\$13,064
ALABAMA	33,181	32,117	1,110,464	35	360,822,169	325	11,235
ALASKA	824	731	23,468	32	16,671,592	710	22,807
ARIZONA	22,848	25,481	653,142	26	250,515,117	384	9,831
ARKANSAS	21,108	24,138	747,718	31	243,018,427	325	10,068
CALIFORNIA	142,440	159,947	5,392,192	34	2,615,232,063	485	16,351
COLORADO	21,185	22,570	697,934	31	297,329,555	426	13,174
CONNECTICUT	36,778	39,023	1,298,414	33	542,336,741	418	13,898
DELAWARE	6,722	7,321	262,958	36	109,395,524	416	14,943
DISTRICT OF COLUMBIA	2,925	2,857	83,798	29	33,932,716	405	11,877
FLORIDA	143,421	162,321	5,543,508	34	2,168,723,690	391	13,361
GEORGIA	41,318	39,699	1,563,389	39	516,950,007	331	13,022
HAWAII	3,088	2,978	102,644	34	42,226,415	411	14,179
IDAHO	7,973	8,323	257,686	31	94,135,461	365	11,310
ILLINOIS	101,637	120,723	4,021,288	33	1,533,290,049	381	12,701
INDIANA	53,361	57,172	2,317,180	41	807,975,990	349	14,132
IOWA	27,876	29,394	767,630	26	320,068,327	417	10,889
KANSAS	24,007	27,697	793,452	29	325,007,856	410	11,734
KENTUCKY	34,510	36,996	1,306,590	35	440,538,954	337	11,908
LOUISIANA	24,588	24,751	1,109,776	45	343,084,621	309	13,861
MAINE	12,289	13,481	374,387	28	151,294,357	404	11,223
MARYLAND	43,246	49,465	1,539,165	31	615,035,606	400	12,434
MASSACHUSETTS	62,773	68,217	2,186,987	32	920,470,582	421	13,493
MICHIGAN	70,404	77,208	2,656,531	34	970,255,788	365	12,567
MINNESOTA	38,231	39,035	1,094,212	28	423,629,035	387	10,853
MISSISSIPPI	22,063	23,971	949,720	40	326,279,080	344	13,611

**Table VII.13b**  
**Medicare Skilled Nursing Facility Utilization by State<sup>1</sup>**  
**Calendar Year 2010**  
**(Continued)**

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
MISSOURI	46,513	50,356	1,699,094	34	\$560,627,884	\$330	\$11,133
MONTANA	6,833	7,307	203,786	28	79,458,127	390	10,874
NEBRASKA	17,247	18,184	560,159	31	225,449,255	402	12,398
NEVADA	9,391	10,203	328,450	32	141,153,698	430	13,835
NEW HAMPSHIRE	10,910	12,053	390,203	32	164,633,026	422	13,659
NEW JERSEY	80,241	92,794	2,799,664	30	1,288,048,921	460	13,881
NEW MEXICO	7,320	7,382	243,885	33	88,604,925	363	12,003
NEW YORK	113,868	110,797	4,155,082	38	1,634,832,509	393	14,755
NORTH CAROLINA	60,425	58,970	2,231,761	38	746,498,070	334	12,659
NORTH DAKOTA	6,436	6,045	183,066	30	66,960,810	366	11,077
OHIO	95,782	104,204	3,552,041	34	1,249,858,861	352	11,994
OKLAHOMA	22,166	23,614	770,773	33	258,056,872	335	10,928
OREGON	14,014	14,799	404,777	27	163,858,891	405	11,072
PENNSYLVANIA	93,551	93,745	3,399,546	36	1,194,172,983	351	12,739
PUERTO RICO	640	663	9,582	14	1,857,505	194	2,802
RHODE ISLAND	8,108	8,344	277,960	33	106,730,047	384	12,791
SOUTH CAROLINA	26,681	27,094	1,049,496	39	351,059,493	335	12,957
SOUTH DAKOTA	7,476	7,657	231,606	30	96,019,515	415	12,540
TENNESSEE	46,315	50,463	1,903,640	38	613,390,709	322	12,155
TEXAS	117,383	121,629	4,876,316	40	1,687,552,476	346	13,875
UTAH	10,587	11,205	334,577	30	126,445,072	378	11,285
VERMONT	5,065	5,454	167,109	31	70,997,707	425	13,018
VIRGINIA	50,801	53,267	1,840,243	35	628,726,229	342	11,803
WASHINGTON	32,981	34,297	1,130,837	33	496,739,102	439	14,483
WEST VIRGINIA	13,016	13,334	456,658	34	148,390,622	325	11,129
WISCONSIN	42,732	41,167	1,451,239	35	527,284,832	363	12,808
WYOMING	3,222	3,393	101,037	30	41,704,098	413	12,291
OTHER TERRITORIES/POSSESSIONS	159	158	4,061	26	1,084,662	267	6,865

<sup>1</sup> Includes utilization and expenditure data for non-swing bed and swing bed services.

NOTES: Provider based data are preliminary and are derived from bills for services performed in 2010 and recorded in CMS central records as of December 2010. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data exclude no pay bills.

**Table VII.14a**  
**Medicare Home Health Agency Utilization**  
**Calendar Year 2010**

	Total Payments	Total Patients	Total Visits	Average Pay Per Patient	Average Visits Per Patient
NATIONAL TOTAL	\$19,533,203,560	3,432,172	124,698,461	\$5,691	36
ALABAMA	386,872,318	69,127	2,511,314	5,597	36
ALASKA	10,240,729	1,978	45,519	5,177	23
ARIZONA	154,228,959	35,900	799,031	4,296	22
ARKANSAS	176,347,241	35,939	1,372,045	4,907	38
CALIFORNIA	1,377,354,440	260,264	7,203,453	5,292	28
COLORADO	156,829,390	31,941	920,435	4,910	29
CONNECTICUT	260,751,334	50,682	1,714,171	5,145	34
DELAWARE	44,879,508	11,786	254,203	3,808	22
DISTRICT OF COLUMBIA	25,165,989	5,216	131,005	4,825	25
FLORIDA	2,278,311,770	356,502	16,877,067	6,391	47
GEORGIA	466,164,637	85,704	2,778,609	5,439	32
HAWAII	10,341,358	2,716	42,749	3,808	16
IDAHO	50,311,129	10,640	322,184	4,728	30
ILLINOIS	1,248,948,598	190,734	6,419,074	6,548	34
INDIANA	333,594,380	61,464	2,154,026	5,427	35
IOWA	80,016,799	23,121	580,235	3,461	25
KANSAS	109,987,324	24,024	741,161	4,578	31
KENTUCKY	317,858,337	59,374	2,006,325	5,353	34
LOUISIANA	615,155,185	78,438	4,268,818	7,843	54
MAINE	74,576,944	19,310	442,027	3,862	23
MARYLAND	243,662,152	56,453	1,204,714	4,316	21
MASSACHUSETTS	541,441,046	106,913	3,186,897	5,064	30
MICHIGAN	904,243,376	168,569	4,743,242	5,364	28
MINNESOTA	119,490,569	30,409	667,535	3,929	22
MISSISSIPPI	378,051,709	55,264	2,411,438	6,841	44
MISSOURI	287,723,786	68,577	1,687,312	4,196	25

**Table VII.14b**  
**Medicare Home Health Agency Utilization**  
**Calendar Year 2010**  
**(continued)**

	Total Payments	Total Patients	Total Visits	Average Pay Per Patient	Average Visits Per Patients
MONTANA	\$24,290,366	6,619	146,104	\$3,670	22
NEBRASKA	61,876,070	14,995	367,254	4,126	24
NEVADA	139,912,268	23,495	763,919	5,955	33
NEW HAMPSHIRE	76,489,712	17,354	468,422	4,408	27
NEW JERSEY	406,235,320	96,141	2,210,633	4,225	23
NEW MEXICO	89,374,314	16,236	583,691	5,474	36
NEW YORK	833,764,746	175,661	6,324,892	4,746	36
NORTH CAROLINA	467,138,843	105,042	2,604,914	4,447	25
NORTH DAKOTA	12,492,616	4,581	87,335	2,727	19
OHIO	567,906,946	117,535	3,821,905	4,832	33
OKLAHOMA	531,697,966	68,745	4,184,810	7,734	61
OREGON	84,811,440	20,249	386,205	4,188	19
PENNSYLVANIA	590,959,688	142,989	3,560,683	4,133	25
PUERTO RICO	24,008,039	8,289	218,694	2,896	26
RHODE ISLAND	55,771,969	12,315	323,995	4,529	26
SOUTH CAROLINA	243,138,777	50,062	1,328,895	4,857	27
SOUTH DAKOTA	15,630,876	4,368	93,373	3,578	21
TENNESSEE	599,323,037	86,122	3,764,015	6,959	44
TEXAS	3,074,853,160	368,722	22,074,537	8,339	60
UTAH	117,780,558	18,570	997,726	6,343	54
VERMONT	43,081,232	10,042	283,159	4,290	28
VIRGINIA	391,101,568	84,349	2,324,701	4,637	28
WASHINGTON	193,231,741	41,260	880,799	4,683	21
WEST VIRGINIA	88,084,486	19,976	516,546	4,410	26
WISCONSIN	128,491,557	33,404	772,938	3,847	23
WYOMING	13,671,968	3,143	92,451	4,350	29
OTHER TERRITORIES/POSSESSIONS	5,535,288	1,060	31,276	5,222	30

NOTES: Provider based data are derived from bills for services performed in 2010 and recorded in CMS central records as of June 2011. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total.

SOURCE: CMS/OFM

December 2011

**Table VII.15a  
Medicare Hospice Utilization  
Calendar Year 2010**

	Total Patients	Total Payments	Total Days	Total Covered Hours	Total Covered Procedures	Average Pay Per Patient	Average Days Per Patient
TOTALS	1,160,390	\$12,949,811,053	81,896,309	29,321,008	1,470,389	\$11,160	71
ALABAMA	25,729	318,901,539	2,375,350	354,569	5,983	12,395	92
ALASKA	414	3,171,349	18,626	78	145	7,660	45
ARIZONA	31,375	444,025,122	2,607,257	79,021	62,279	14,152	83
ARKANSAS	12,356	114,369,653	774,720	9,784	20,730	9,256	63
CALIFORNIA	98,736	1,196,562,266	6,329,403	3,357,784	107,759	12,119	64
COLORADO	16,642	190,659,563	1,303,535	60,701	21,204	11,457	78
CONNECTICUT	11,312	107,007,038	523,262	321,453	11,419	9,460	46
DELAWARE	5,059	80,683,295	493,967	33,259	5,772	15,948	98
DISTRICT OF COLUMBIA	1,194	14,230,749	81,715	51,738	1,197	11,919	68
FLORIDA	105,836	1,392,822,929	7,582,850	15,101,027	374,541	13,160	72
GEORGIA	36,047	447,025,260	2,933,659	379,730	41,615	12,401	81
HAWAII	3,211	30,518,454	181,776	100	729	9,504	57
IDAHO	5,978	67,663,372	485,184	26,409	956	11,319	81
ILLINOIS	40,688	398,522,096	2,420,630	1,228,631	33,425	9,795	59
INDIANA	24,032	231,817,124	1,554,222	21,688	10,944	9,646	65
IOWA	17,373	157,801,356	1,085,779	1,460	9,152	9,083	62
KANSAS	10,995	110,692,946	789,221	87,212	5,799	10,068	72
KENTUCKY	14,290	133,334,581	884,983	108,612	34,225	9,331	62
LOUISIANA	18,609	215,794,460	1,555,804	71,557	16,003	11,596	84
MAINE	5,592	51,869,564	362,800	542	6,822	9,276	65
MARYLAND	16,226	147,734,961	901,858	8,184	19,908	9,105	56
MASSACHUSETTS	23,758	252,697,252	1,526,273	30,785	10,700	10,636	64
MICHIGAN	43,759	417,171,112	2,692,827	65,284	35,312	9,533	62
MINNESOTA	17,540	152,727,187	977,893	19,099	6,234	8,707	56
MISSISSIPPI	13,487	172,080,636	1,310,961	64,152	4,810	12,759	97

**Table VII.15b**  
**Medicare Hospice Utilization**  
**Calendar Year 2010**  
**(continued)**

	Total Patients	Total Payments	Total Days	Total Covered Hours	Total Covered Procedures	Average Pay Per Patient	Average Days Per Patient
MISSOURI	29,640	\$307,830,572	2,228,587	124,934	8,420	\$10,386	75
MONTANA	3,579	31,205,410	221,886	1,799	10,891	8,719	62
NEBRASKA	7,083	57,985,130	401,338	39,909	972	8,187	57
NEVADA	9,576	120,912,805	672,360	7,333	25,979	12,627	70
NEW HAMPSHIRE	4,155	36,789,761	224,199	622	1,089	8,854	54
NEW JERSEY	30,884	340,539,630	1,953,707	275,554	16,299	11,026	63
NEW MEXICO	7,732	92,530,181	648,400	1,117	9,442	11,967	84
NEW YORK	39,536	373,877,182	2,120,241	273,505	37,374	9,457	54
NORTH CAROLINA	36,658	406,167,345	2,591,581	69,393	72,897	11,080	71
NORTH DAKOTA	2,421	18,556,609	140,700	15,693	205	7,665	58
OHIO	56,543	609,585,444	3,851,002	2,001,294	64,891	10,781	68
OKLAHOMA	19,361	250,408,320	1,903,726	39,126	4,833	12,934	98
OREGON	17,281	157,842,443	1,026,397	2,353	13,612	9,134	59
PENNSYLVANIA	60,970	622,772,839	4,095,683	310,258	68,688	10,214	67
PUERTO RICO	11,093	132,104,607	1,371,540	484	86,928	11,909	124
RHODE ISLAND	5,427	65,033,941	365,792	116	4,518	11,983	67
SOUTH CAROLINA	21,936	273,765,746	1,833,290	58,367	22,114	12,480	84
SOUTH DAKOTA	2,577	18,722,024	129,189	9,489	415	7,265	50
TENNESSEE	24,227	232,392,082	1,549,861	159,543	31,227	9,592	64
TEXAS	85,381	1,029,324,315	6,745,959	4,021,971	88,276	12,056	79
UTAH	9,895	122,890,800	874,912	3,621	5,530	12,419	88
VERMONT	1,596	13,823,180	89,206	862	374	8,661	56
VIRGINIA	23,901	246,932,296	1,673,222	133,869	13,004	10,331	70
WASHINGTON	20,888	194,368,471	1,147,648	7,662	12,021	9,305	55
WEST VIRGINIA	8,322	85,668,756	614,147	65,980	8,317	10,294	74
WISCONSIN	23,059	244,237,096	1,569,927	213,108	13,568	10,592	68
WYOMING	1,054	8,623,567	57,280	187	287	8,182	54
OTHER TERRITORIES/POSSESSIONS	337	5,036,639	39,974	0	555	14,946	119

NOTES: Provider based data are derived from bills for services performed in 2010 and recorded in CMS central records as of June 2011. These interim payments may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data have been screened for privacy.

**Table VII.16  
Medicare Inpatient Hospitals by State  
2010**

	Short Stay and Critical Access Hospitals	Beds per 1,000 Enrollees	Long Stay Hospitals <sup>1</sup>	Beds per 1,000 Enrollees		Short Stay and Critical Access Hospitals	Beds per 1,000 Enrollees	Long Stay Hospitals <sup>1</sup>	Beds per 1,000 Enrollees
All Areas	4,891	17.2	1,278	2.4	Missouri	116	21.5	34	2.3
United States	4,835	17.4	1,272	2.4	Montana	61	17.4	3	1.1
Alabama	100	20.6	27	2.4	Nebraska	88	21.1	8	2.8
Alaska	22	19.7	3	4.0	Nevada	35	15.3	16	3.1
Arizona	78	15.1	25	2.3	New Hampshire	26	13.6	4	2.2
Arkansas	75	18.2	26	3.7	New Jersey	66	17.1	34	3.2
California	348	15.8	71	1.4	New Mexico	42	14.0	10	1.4
Colorado	76	17.5	22	3.0	New York	189	19.0	34	2.5
Connecticut	32	14.9	11	3.4	North Carolina	112	15.2	21	2.7
Delaware	6	14.6	6	3.5	North Dakota	44	25.1	5	3.4
District of Columbia	7	43.2	7	11.4	Ohio	177	21.3	49	2.3
Florida	182	16.0	61	1.6	Oklahoma	127	21.9	27	2.4
Georgia	142	17.8	35	2.4	Oregon	58	12.8	4	0.3
Hawaii	23	11.5	4	2.0	Pennsylvania	168	12.5	68	3.1
Idaho	42	13.3	9	2.0	Rhode Island	11	16.1	4	4.2
Illinois	180	20.5	27	1.8	South Carolina	60	15.5	20	2.3
Indiana	124	17.2	44	2.0	South Dakota	60	22.6	3	2.0
Iowa	116	19.5	6	0.7	Tennessee	120	21.3	28	1.8
Kansas	139	23.6	14	2.4	Texas	415	19.4	172	3.7
Kentucky	95	20.3	22	3.0	Utah	43	16.5	8	2.9
Louisiana	126	23.3	100	6.8	Vermont	14	14.8	1	1.3
Maine	36	13.2	5	1.8	Virginia	89	15.8	27	1.5
Maryland	46	15.9	17	3.2	Washington	87	12.1	11	1.8
Massachusetts	67	12.7	41	6.0	West Virginia	51	21.2	11	2.2
Michigan	136	15.3	35	1.7	Wisconsin	124	17.4	21	2.0
Minnesota	131	18.3	13	1.5	Wyoming	27	17.6	3	1.7
Mississippi	96	24.2	15	2.0	Puerto Rico	51	15.0	6	0.9
					Other Outlying Areas	5	20.8	0	0.0

<sup>1</sup> Includes long term, religious non-medical healthcare institutions, psychiatric, rehabilitation, and childrens' hospitals.

NOTES: Facility data as of the end of December 2010. Beds per 1,000 enrollees based on HI enrollment data as of July 1, 2010.

SOURCE: CMS/CSP

December 2011

**Table VII.17**  
**Medicare Skilled Nursing Facilities and Certified Beds by State**  
**2010**

	Facilities	Beds		Facilities	Beds
All Areas	15,084	1,572,511			
United States	15,075	1,572,160	Missouri	491	47,129
			Montana	86	6,773
Alabama	225	26,273	Nebraska	199	14,317
Alaska	15	561	Nevada	47	5,267
Arizona	139	15,411	New Hampshire	74	7,301
Arkansas	210	21,497			
California	1,179	111,850	New Jersey	361	50,286
			New Mexico	67	6,638
Colorado	199	18,679	New York	633	117,761
Connecticut	239	28,793	North Carolina	422	42,876
Delaware	40	4,436	North Dakota	85	6,438
District of Columbia	18	2,663			
Florida	676	79,731	Ohio	962	92,768
			Oklahoma	290	26,345
Georgia	356	38,083	Oregon	121	10,618
Hawaii	45	3,998	Pennsylvania	702	85,347
Idaho	79	6,148	Rhode Island	86	8,708
Illinois	710	70,166			
Indiana	488	46,156	South Carolina	185	18,316
			South Dakota	96	7,227
Iowa	415	29,072	Tennessee	300	29,557
Kansas	271	19,511	Texas	1,126	122,989
Kentucky	285	25,531	Utah	92	7,901
Louisiana	281	34,965			
Maine	109	6,434	Vermont	40	3,183
			Virginia	270	29,340
Maryland	227	28,241	Washington	224	20,193
Massachusetts	420	47,087	West Virginia	119	9,641
Michigan	413	45,500	Wisconsin	377	34,647
Minnesota	375	31,122	Wyoming	34	2,764
Mississippi	172	15,922			
			U.S. Territories and Possessions	9	351

NOTE: Data as of the end of December 2010.

SOURCE: CMS/CSP

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**Table VII.18  
Nursing Facilities Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities  
by State, 2010**

	Facilities Title 19 Only	Institutions for Mentally Retarded		Nursing Facilities Title 19 Only	Institutions for Mentally Retarded
United States	624	6,424	Missouri	23	17
			Montana	1	1
Alabama	2	5	Nebraska	23	3
Alaska	0	0	Nevada	2	9
Arizona	0	12	New Hampshire	4	1
Arkansas	23	40			
California	60	1,164	New Jersey	0	8
			New Mexico	3	42
Colorado	14	16	New York	2	569
Connecticut	0	115	North Carolina	2	332
Delaware	7	2	North Dakota	0	66
District of Columbia	1	81			
Florida	3	101	Ohio	0	429
			Oklahoma	25	86
Georgia	5	9	Oregon	16	1
Hawaii	3	18	Pennsylvania	8	199
Idaho	0	67	Rhode Island	0	5
Illinois	77	309			
Indiana	18	529	South Carolina	0	85
			South Dakota	14	1
Iowa	28	141	Tennessee	20	113
Kansas	70	32	Texas	47	860
Kentucky	0	14	Utah	8	15
Louisiana	0	534			
Maine	0	17	Vermont	0	1
			Virginia	16	41
Maryland	4	3	Washington	5	14
Massachusetts	7	6	West Virginia	8	66
Michigan	15	1	Wisconsin	15	14
Minnesota	10	215	Wyoming	4	1
Mississippi	31	14			

NOTE: Data as of the end of December 2010.

SOURCE: CMS/CSP

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**Table VII.19  
Community Hospitals by State  
2009 Annual Survey**

	Hospitals	Beds	Beds per 1,000 Resident Population		Hospitals	Beds	Beds per 1,000 Resident Population
United States	5,008	805,593	2.6	Missouri	125	19,101	3.2
				Montana	48	3,820	3.9
Alabama	108	15,290	3.2	Nebraska	87	7,442	4.1
Alaska	22	1,532	2.2	Nevada	35	5,119	1.9
Arizona	72	13,455	2.0	New Hampshire	28	2,863	2.2
Arkansas	86	9,565	3.3				
California	343	68,745	1.9	New Jersey	74	21,054	2.4
				New Mexico	37	3,913	1.9
Colorado	81	10,364	2.1	New York	189	60,400	3.1
Connecticut	35	7,935	2.3	North Carolina	115	22,830	2.4
Delaware	7	2,125	2.4	North Dakota	41	3,362	5.2
District of Columbia	10	3,452	5.8				
Florida	210	53,293	2.9	Ohio	183	33,994	2.9
				Oklahoma	116	11,316	3.1
Georgia	152	25,419	2.6	Oregon	58	6,481	1.7
Hawaii	25	2,966	2.3	Pennsylvania	194	39,212	3.1
Idaho	41	3,282	2.2	Rhode Island	11	2,512	2.4
Illinois	189	33,856	2.6				
Indiana	123	17,298	2.7	South Carolina	70	12,483	2.7
				South Dakota	53	4,142	5.1
Iowa	118	10,276	3.4	Tennessee	137	20,959	3.3
Kansas	133	10,127	3.6	Texas	428	62,069	2.5
Kentucky	104	14,124	3.3	Utah	44	4,973	1.8
Louisiana	128	15,857	3.5				
Maine	37	3,583	2.7	Vermont	14	1,296	2.1
				Virginia	90	17,538	2.2
Maryland	49	11,887	2.1	Washington	87	11,322	1.7
Massachusetts	78	15,483	2.3	West Virginia	56	7,408	4.1
Michigan	158	25,863	2.6	Wisconsin	126	13,637	2.4
Minnesota	132	15,589	3.0	Wyoming	24	2,002	3.7
Mississippi	97	12,879	4.4				

NOTE: Includes total hospital and nursing unit beds.

SOURCE: American Hospital Association's 2010 Hospital Statistics.

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**Table VII.20  
Medicare Part B Participating Physicians and Other Practitioners by State  
Selected Years**

	January 2005	January 2007	January 2008	January 2009	January 2010	January 2011
National Average	92.0	93.5	94.9	95.4	95.8	96.0
Alabama	96.7	97.4	97.6	97.7	97.7	97.7
Alaska	89.1	89.7	90.2	91.0	91.2	91.2
Arizona	91.7	92.8	93.5	93.7	93.8	93.9
Arkansas	96.3	97.0	97.4	97.6	98.0	97.6
California	87.4	84.7	89.3	91.2	92.7	93.5
Colorado	91.3	92.2	93.2	93.8	94.2	94.3
Connecticut	93.8	95.0	95.3	95.9	96.6	96.2
Delaware	96.5	96.1	97.6	98.3	98.5	98.5
District of Columbia	92.4	92.7	94.3	94.8	95.7	95.5
Florida	93.5	95.0	95.6	96.1	96.4	96.2
Georgia	92.0	93.4	94.0	94.6	95.3	95.2
Hawaii	95.2	95.4	96.2	96.4	96.5	96.4
Idaho	85.9	90.1	91.1	91.5	92.4	92.9
Illinois	94.4	95.1	95.9	96.2	96.6	96.8
Indiana	95.8	95.5	96.3	96.3	97.1	97.2
Iowa	95.2	95.6	96.1	96.5	96.7	96.7
Kansas	96.2	97.3	97.4	97.6	97.9	97.8
Kentucky	94.1	95.5	96.3	96.8	97.1	97.0
Louisiana	93.3	94.4	95.4	96.0	96.7	97.0
Maine	91.3	91.7	98.2	98.7	98.3	98.4
Maryland	95.3	95.5	96.4	97.3	97.7	98.0
Massachusetts	91.2	92.0	99.0	99.1	98.6	98.5
Michigan	97.6	97.8	98.0	98.3	98.3	98.4
Minnesota	79.9	81.2	81.5	81.6	81.6	81.5
Mississippi	91.2	92.0	93.5	95.6	96.1	96.7
Missouri	94.8	94.4	95.1	95.4	95.9	95.9
Montana	92.5	94.0	94.9	95.1	95.4	95.2
Nebraska	95.6	96.8	97.1	97.3	97.3	97.3
Nevada	96.1	96.7	97.2	97.1	97.3	96.9
New Hampshire	88.6	90.0	97.3	97.9	97.0	96.7
New Jersey	91.3	91.9	92.5	93.0	93.8	94.4
New Mexico	94.9	95.9	96.5	96.7	96.5	96.9
New York	82.3	92.8	94.0	94.5	95.5	95.7
North Carolina	93.0	96.0	96.5	96.8	97.1	97.0
North Dakota	97.8	97.6	97.5	97.5	97.5	97.5
Ohio	96.4	96.9	97.5	97.5	97.4	97.6
Oklahoma	95.5	96.0	96.3	96.8	97.0	97.1
Oregon	93.9	94.0	95.2	95.4	95.7	95.7
Pennsylvania	96.7	97.3	97.8	98.0	98.2	98.2
Rhode Island	98.4	98.2	98.5	98.7	98.7	98.7
South Carolina	94.3	95.9	96.7	96.9	97.1	97.1
South Dakota	92.5	93.2	93.3	93.9	94.2	94.6
Tennessee	92.8	96.3	96.6	96.9	97.2	97.0
Texas	91.0	92.7	93.8	94.5	95.3	95.8
Utah	97.7	97.5	97.6	97.9	98.0	97.9
Vermont	91.9	91.5	97.2	97.6	97.1	96.9
Virginia	94.6	95.3	96.4	96.9	97.2	97.4
Washington	96.3	96.5	96.8	96.9	97.2	97.1
West Virginia	96.3	97.1	97.5	97.6	97.8	97.4
Wisconsin	96.0	96.4	96.6	96.8	97.1	97.4
Wyoming	90.6	91.6	93.0	93.6	93.5	93.1

NOTE: Other practitioners includes Limited License Practitioners and Non-Physician Practitioners.

**Table VII.21  
Physician Assignment Rates as a Percent of Allowed Charges by State  
Fiscal Year 2011**

CMS Region/State	Assignment Rate	CMS Region/State	Assignment Rate
National	99.8		
Alabama	99.9	Montana	99.7
Alaska	99.8	Nebraska	99.7
Arizona	98.6	Nevada	100.0
Arkansas	99.9	New Hampshire	99.9
California	99.7	New Jersey	99.5
Colorado	99.6	New Mexico	99.7
Connecticut	99.7	New York	99.6
Delaware	99.9	North Carolina	99.8
District of Columbia	99.5	North Dakota	99.7
Florida	99.6	Ohio	100.0
Georgia	99.9	Oklahoma	99.8
Hawaii	99.7	Oregon	99.7
Idaho	98.8	Pennsylvania	100.0
Illinois	99.8	Rhode Island	100.0
Indiana	99.8	South Carolina	99.9
Iowa	99.8	South Dakota	97.7
Kansas	99.9	Tennessee	99.9
Kentucky	99.9	Texas	99.8
Louisiana	99.9	Utah	99.9
Maine	99.9	Vermont	99.8
Maryland	99.8	Virginia	99.9
Massachusetts	100.0	Washington	99.8
Michigan	99.9	West Virginia	99.9
Minnesota	98.9	Wisconsin	99.9
Mississippi	99.9	Wyoming	99.6
Missouri	99.8		

SOURCE: CMS/OFM

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**Table VIII.1  
Financing of Medicaid Programs  
Fiscal Year 2012**

Federal Contributions	Percent
1. Medical Vendor Payments <sup>1</sup>	50-83
2. Family Planning Services	90
3. Administrative Costs	50
4. Development of Management Information Systems <sup>2</sup>	90
5. Operation of Management Information Systems	75
6. Skilled Nursing Facility, Inspectors	75
7. Intermediate Care Facility for the Mentally Retarded, Inspectors	
a. Salaries, Fringe Benefits, Travel & Training	75
b. All Other Costs	50
8. Skilled Professional Medical Personnel	75
9. State Medicaid Fraud and Abuse Units	75
10. PRO Performance Review	75
11. Systematic Alien Verification for Entitlements System	100
12. Preadmission Screening and Annual Resident Review	75
13. Indian Health Services	100
14. TANF Allocation Enhanced Administrative Match <sup>3</sup>	75-90

<sup>1</sup> Range reflects floor to ceiling percentages available under statute in any fiscal year. The ceiling for Medicaid Children's Health Insurance Program payments under sections 1905(u)(2) and 1905(u)(3) is 85 percent.

<sup>2</sup> After approval of an application for 90% rate by CMS.

<sup>3</sup> Special transitional enhanced match for certain administrative expenditures attributable to the costs of Medicaid eligibility determinations with the advent of the Temporary Assistance to Needy Families (TANF) program (section 1931).

SOURCE: CMS/CMCS

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**Table VIII.2  
Medicare Cost Sharing and Premium Amounts for  
Hospital Insurance <sup>1</sup>**

	Inpatient Hospital				SNF <sup>3</sup> Daily Coinsurance after 20 days (1/8 x IHD)	Hospital Insurance Monthly Premium <sup>4</sup>
	Deductible (IHD)	Daily Coinsurance				
	Covers first 60 days	61st through 90th days (1/4 x IHD)	LTR <sup>2</sup> after 90 days (1/2 x IHD)			
	Beginning in January unless noted					
July 1966	40	\$10	( <sup>5</sup> )	( <sup>5</sup> )	--	
1970	52	13	26	6.50	--	
1980	180	45	90	22.50	78	<sup>6, 7</sup>
1985	400	100	200	50.00	174	<sup>8</sup>
1990	592	148	296	74.00	175	<sup>9</sup>
1995	716	179	358	89.50	261	<sup>10</sup>
1996	736	184	368	92.00	289	<sup>10</sup>
1997	760	190	380	95.00	311	<sup>10</sup>
1998	764	191	382	95.50	309	<sup>10</sup>
1999	768	192	384	96.00	309	<sup>10</sup>
2000	776	194	388	97.00	301	<sup>10</sup>
2001	792	198	396	99.00	300	<sup>10</sup>
2002	812	203	406	101.50	319	<sup>10</sup>
2003	840	210	420	105.00	316	<sup>10</sup>
2004	876	219	438	109.50	343	<sup>10</sup>
2005	912	228	456	114.00	375	<sup>10</sup>
2006	952	238	476	119.00	393	<sup>10</sup>
2007	992	248	496	124.00	410	<sup>10</sup>
2008	1,024	256	512	128.00	423	<sup>10</sup>
2009	1,068	267	534	133.50	443	<sup>10</sup>
2010	1,100	275	550	137.50	461	<sup>10</sup>
2011	1,132	283	566	141.50	450	<sup>10</sup>
2012	1,156	289	578	144.50	451	<sup>10</sup>

<sup>1</sup> Hospital Insurance covers all expenses in "benefit period" except deductibles and coinsurances shown below.

<sup>2</sup> LTR is lifetime reserve.

<sup>3</sup> SNF is skilled nursing facility.

<sup>4</sup> Premium paid for voluntary participation of individuals aged 65 or older not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement.

<sup>5</sup> Benefit not provided.

<sup>6</sup> Beginning in July for years 1973 through 1982.

<sup>7</sup> Set to 33/76 times the IHD, rounded to the nearest dollar, for years 1973 through 1988.

<sup>8</sup> Beginning in January for 1984 and succeeding years.

<sup>9</sup> Set at the estimated actuarial value of incurred benefits and administrative expenses for hospital insurance entitled aged beneficiaries, rounded to the nearest dollar, for 1989 and succeeding years.

<sup>10</sup> For 1994 and later, a reduced premium is available to individuals aged 65 or older who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act. For 2012, the reduced premium is \$248.

**Table VIII.3**  
**Medicare Cost Sharing and Premium Amounts for**  
**Supplementary Medical Insurance**

	Annual Deductible	Coinsurance	For Enrollee (aged and disabled) <sup>1</sup>	Standard Monthly Premiums	
				Government Amounts	
				Aged	Disabled
Beginning July unless otherwise noted					
1966	\$50	20%	\$3.00	\$3.00	--
1970	50 <sup>2, 3</sup>	20% <sup>3</sup>	4.00	4.00	--
1975	60 <sup>4</sup>	20% <sup>5</sup>	6.70	6.70	29.30
1980	60	20%	8.70	18.10	41.30
1985	75 <sup>6, 7, 8</sup>	20%	15.50 <sup>9</sup>	46.50 <sup>9</sup>	89.90 <sup>9</sup>
1990	75	20%	28.60	85.80	59.60
1995	100 <sup>10</sup>	20%	46.10	-46.10	(46.10)
1996	100	20%	42.50	-42.50	(42.50)
1997	100	20%	43.80	-43.80	(43.80)
1998	100	20%	43.80	-43.80	(43.80)
1999	100	20%	45.50	-45.50	(45.50)
2000	100	20%	45.50	-45.50	(45.50)
2001	100	20%	50.00	-50.00	(50.00)
2002	100	20%	54.00	-54.00	(54.00)
2003	100	20%	58.70	-58.70	(58.70)
2004	100	20%	66.60	-66.60	(66.60)
2005	110	20%	78.20	-78.20	(78.20)
2006	124	20%	88.50	-88.50	(88.50)
2007	131	20%	93.50	-93.50	(93.50)
2008	135	20%	96.40	-96.40	(96.40)
2009	135	20%	96.40	-96.40	(96.40)
2010	155	20%	110.50	-110.50	(110.50)
2011	162	20%	115.40	-115.40	(115.40)
2012	140	20%	99.90	-99.90	(99.90)

<sup>1</sup> Beginning July 1973 for the disabled. Starting in 2007, beneficiaries with income above certain threshold amounts pay a higher premium. These higher premiums result in lower government contributions.

<sup>2</sup> Beginning in January for 1967 and succeeding years.

<sup>3</sup> Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance for the period April 1968 - December 1980.

<sup>4</sup> Deductible was \$60 for the years 1973 - 1981.

<sup>5</sup> Home health services are not subject to coinsurance, beginning July 1972.

<sup>6</sup> Home health services are not subject to deductible, beginning 1981.

<sup>7</sup> Professional inpatient services of pathologists and radiologists not subject to deductible and coinsurance only when physician accepts assignment for the period January 1981 - September 1982 and are subject to deductible and coinsurance for October 1982 and later.

<sup>8</sup> Deductible was \$75 for the years 1982 - 1990.

<sup>9</sup> Beginning in January for 1984 and succeeding years.

<sup>10</sup> Deductible was \$100 for the years 1991 - 2004, and \$110 for 2005. For 2006 and later, it is indexed by the increase in the aged actuarial rate.

**Table VIII.4**  
**Medicare Annual Maximum Taxable Earnings and HI Contribution Rates**  
**Calendar Years 1966 - 2011**

Calendar Year	Annual Maximum Taxable Earnings	Contribution Rate <sup>1</sup>	
		Employees and employers, each	Self-employed
1966	\$6,600	0.35	0.35
1967	6,600	0.50	0.50
1968	7,800	0.60	0.60
1969	7,800	0.60	0.60
1970	7,800	0.60	0.60
1971	7,800	0.60	0.60
1972	9,000	0.60	0.60
1973	10,800	1.00	1.00
1974	13,200	0.90	0.90
1975	14,100	0.90	0.90
1976	15,300	0.90	0.90
1977	16,500	0.90	0.90
1978	17,700	1.00	1.00
1979	22,900	1.05	1.05
1980	25,900	1.05	1.05
1981	29,700	1.30	1.30
1982	32,400	1.30	1.30
1983	35,700	1.30	1.30
1984	37,800	1.30	2.60
1985	39,600	1.35	2.70
1986	42,000	1.45	2.90
1987	43,800	1.45	2.90
1988	45,000	1.45	2.90
1989	48,000	1.45	2.90
1990	51,300	1.45	2.90
1991	125,000	1.45	2.90
1992	130,200	1.45	2.90
1993	135,000	1.45	2.90
1994 and later	none <sup>2</sup>	1.45	2.90 <sup>3</sup>

<sup>1</sup> Percent of taxable earnings.

<sup>2</sup> The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amount for 1994 and later. For those years, the contribution rate is applied to all earnings in covered employment.

<sup>3</sup> Beginning in 2013, workers will pay an additional 0.9 percent of their earnings above \$200,000 (for those who file an individual tax return) or \$250,000 (for those who file a joint income tax return).

SOURCE: CMS/OACT

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**Table VIII.5**  
**Title XIX Federal Medical Assistance Percentages**  
**Fiscal Years 2009 - 2012**

	2009	2010	2011	2012		2009	2010	2011	2012
Alabama	67.98	68.01	68.54	68.62	Missouri	63.19	64.51	63.29	63.45
Alaska	50.53	51.43	50.00	50.00	Montana	68.04	67.42	66.81	66.11
Arizona	65.77	65.75	65.85	67.30	Nebraska	59.54	60.56	58.44	56.64
Arkansas	72.81	72.78	71.37	70.71	Nevada	50.00	50.16	51.61	56.20
California	50.00	50.00	50.00	50.00	New Hampshire	50.00	50.00	50.00	50.00
Colorado	50.00	50.00	50.00	50.00	New Jersey	50.00	50.00	50.00	50.00
Connecticut	50.00	50.00	50.00	50.00	New Mexico	70.88	71.35	69.78	69.36
Delaware	50.00	50.21	53.15	54.17	New York	50.00	50.00	50.00	50.00
District of Columbia	70.00	70.00	70.00	70.00	North Carolina	64.60	65.13	64.71	65.28
Florida	55.40	54.98	55.45	56.04	North Dakota	63.15	63.01	60.35	55.40
Georgia	64.49	65.10	65.33	66.16	Ohio	62.14	63.42	63.69	64.15
Hawaii	55.11	54.24	51.79	50.48	Oklahoma	65.90	64.43	64.94	63.88
Idaho	69.77	69.40	68.85	70.23	Oregon	62.45	62.74	62.85	62.91
Illinois	50.32	50.17	50.20	50.00	Pennsylvania	54.52	54.81	55.64	55.07
Indiana	64.26	65.93	66.52	66.96	Rhode Island	52.59	52.63	52.97	52.12
Iowa	62.62	63.51	62.63	60.71	South Carolina	70.07	70.32	70.04	70.24
Kansas	60.08	60.38	59.05	56.91	South Dakota	62.55	62.72	61.25	59.13
Kentucky	70.13	70.96	71.49	71.18	Tennessee	64.28	65.57	65.85	66.36
Louisiana	71.31	67.61	63.61	61.09	Texas	59.44	58.73	60.56	58.22
Maine	64.41	64.99	63.80	63.27	Utah	70.71	71.68	71.13	70.99
Maryland	50.00	50.00	50.00	50.00	Vermont	59.45	58.73	58.71	57.58
Massachusetts	50.00	50.00	50.00	50.00	Virginia	50.00	50.00	50.00	50.00
Michigan	60.27	63.19	65.79	66.14	Washington	50.94	50.12	50.00	50.00
Minnesota	50.00	50.00	50.00	50.00	West Virginia	73.73	74.04	73.24	72.62
Mississippi	75.84	75.67	74.73	74.18	Wisconsin	59.38	60.21	60.16	60.53
					Wyoming	50.00	50.00	50.00	50.00
					Territories	50.00	50.00	50.00	50.00