

Table 12.1
Medicare Enrollees and Benefit Payments, by Area of Residence: Calendar Year 2001

Area of Residence ¹	Person years			Managed	Benefit Payments in Millions ³			Managed
	Managed		Fee-for-	Care as	Managed		Fee-for-	Care as
	Total	Care	Service	Percent of Total	Total	Care	Service	Percent of Total
All Areas	40,019,514	6,159,342	33,860,172	15.4	\$245,186	\$38,445	\$206,741	15.7
United States ²	39,130,918	6,157,190	32,973,728	15.7	243,525	38,435	205,091	15.8
Northeast	8,135,740	1,497,895	6,637,845	18.4	56,104	9,605	46,498	17.1
Midwest	9,264,202	831,655	8,432,547	9.0	53,328	4,837	48,490	9.1
South	14,082,623	1,376,150	12,706,473	9.8	87,920	8,773	79,147	10.0
West	7,648,353	2,451,490	5,196,863	32.1	46,174	15,219	30,955	33.0
New England	2,127,232	355,962	1,771,270	16.7	13,663	2,158	11,505	15.8
Connecticut	515,195	73,931	441,264	14.4	3,463	425	3,039	12.3
Maine	219,413	190	219,223	0.1	1,119	1	1,118	0.1
Massachusetts	958,300	222,428	735,872	23.2	6,651	1,399	5,253	21.0
New Hampshire	172,812	1,426	171,386	0.8	879	8	871	0.9
Rhode Island	171,593	57,919	113,674	33.8	1,070	326	744	30.5
Vermont	89,919	68	89,851	0.1	480	(4)	480	(5)
Middle Atlantic	6,008,508	1,141,933	4,866,575	19.0	42,441	7,447	34,993	17.5
New Jersey	1,203,895	150,853	1,053,042	12.5	9,306	888	8,418	9.5
New York	2,710,716	472,220	2,238,496	17.4	19,403	3,239	16,164	16.7
Pennsylvania	2,093,897	518,860	1,575,037	24.8	13,732	3,321	10,411	24.2
East North Central	6,392,109	563,309	5,828,800	8.8	38,161	3,320	34,841	8.7
Illinois	1,634,073	155,736	1,478,337	9.5	10,073	963	9,110	9.6
Indiana	857,409	28,628	828,781	3.3	4,773	161	4,612	3.4
Michigan	1,410,206	78,905	1,331,301	5.6	9,227	504	8,724	5.5
Ohio	1,703,408	257,334	1,446,074	15.1	10,139	1,466	8,674	14.5
Wisconsin	787,013	42,706	744,307	5.4	3,948	227	3,721	5.7

See footnotes at end of table.

Table 12.1—Continued
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	Managed		Fee-for-	Care as	Managed		Fee-for-	Care as
	Total	Care	Service	Percent of Total	Total	Care	Service	Percent of Total
West North Central	2,872,093	268,346	2,603,747	9.3	\$15,167	\$1,517	\$13,650	10.0
Iowa	477,238	16,026	461,212	3.4	2,369	82	2,286	3.5
Kansas	390,819	29,438	361,381	7.5	2,071	163	1,908	7.9
Minnesota	659,202	82,889	576,313	12.6	3,373	497	2,877	14.7
Missouri	867,341	128,020	739,321	14.8	5,010	711	4,299	14.2
Nebraska	254,518	10,331	244,187	4.1	1,325	57	1,269	4.3
North Dakota	102,978	761	102,217	0.7	479	4	475	0.8
South Dakota	119,997	881	119,116	0.7	540	4	536	0.8
South Atlantic	7,626,552	829,793	6,796,759	10.9	47,853	5,580	42,273	11.7
Delaware	114,387	2,384	112,003	2.1	754	12	742	1.6
District of Columbia	74,058	4,754	69,304	6.4	569	37	532	6.5
Florida	2,859,167	671,748	2,187,419	23.5	19,935	4,646	15,289	23.3
Georgia	935,330	39,349	895,981	4.2	5,486	238	5,248	4.3
Maryland	654,050	20,031	634,019	3.1	4,675	153	4,522	3.3
North Carolina	1,157,625	47,633	1,109,992	4.1	6,300	246	6,053	3.9
South Carolina	581,704	1,083	580,621	0.2	3,429	7	3,422	0.2
Virginia	910,731	17,868	892,863	2.0	4,798	100	4,698	2.1
West Virginia	339,500	24,943	314,557	7.3	1,907	141	1,766	7.4
East South Central	2,593,820	129,288	2,464,532	5.0	\$15,110	\$751	\$14,360	5.0
Alabama	695,770	54,760	641,010	7.9	4,058	341	3,717	8.4
Kentucky	630,118	28,245	601,873	4.5	3,601	157	3,444	4.4
Mississippi	423,929	6,731	417,198	1.6	2,604	35	2,569	1.4
Tennessee	844,003	39,552	804,451	4.7	4,847	217	4,630	4.5

See footnotes at end of table.

Table 12.1—Continued
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	Managed		Fee-for-	Care as	Managed		Fee-for-	Care as
	Total	Care	Service	Percent of Total	Total	Care	Service	Percent of Total
West South Central	3,862,251	417,069	3,445,182	10.8	24,957	2,442	22,515	9.8
Arkansas	441,818	18,541	423,277	4.2	2,354	96	2,258	4.1
Louisiana	605,641	89,717	515,924	14.8	4,454	610	3,844	13.7
Oklahoma	511,070	51,270	459,800	10.0	3,044	267	2,776	8.8
Texas	2,303,722	257,541	2,046,181	11.2	15,105	1,468	13,637	9.7
Mountain	2,249,436	530,228	1,719,208	23.6	11,743	3,008	8,735	25.6
Arizona	697,181	238,781	458,400	34.2	3,777	1,359	2,418	36.0
Colorado	475,377	151,595	323,782	31.9	2,527	833	1,694	33.0
Idaho	169,237	15,505	153,732	9.2	835	80	755	9.6
Montana	138,427	237	138,190	0.2	659	1	657	0.2
Nevada	253,524	82,665	170,859	32.6	1,496	509	987	34.0
New Mexico	238,527	33,228	205,299	13.9	1,107	181	926	16.3
Utah	210,782	6,888	203,894	3.3	1,004	37	967	3.7
Wyoming	66,381	1,329	65,052	2.0	338	7	331	2.2
Pacific	5,398,917	1,921,262	3,477,655	35.6	34,431	12,212	22,220	35.5
Alaska	43,586	136	43,450	0.3	254	1	253	0.3
California	3,942,572	1,536,073	2,406,499	39.0	26,920	10,088	16,832	37.5
Hawaii	168,375	56,756	111,619	33.7	799	322	476	40.4
Oregon	497,691	174,623	323,068	35.1	2,596	965	1,631	37.2
Washington	746,693	153,674	593,019	20.6	3,863	836	3,027	21.6

¹Based on the area of residence of the beneficiary as of March 2001.

²Excludes Puerto Rico, Guam, Virgin Islands, residence unknown, foreign countries, and other outlying areas not shown separately.

³Fee-for-service benefit payments are estimated from relative distribution of billing reimbursement by State of residence and from actuarial estimates of total incurred fee-for-service benefit payments. Managed care benefit payments represent estimates of premiums paid by Medicare to Medicare+Choice (risk), cost, health care pre-payment plans, and other managed care organizations by State of residence of the beneficiary and may differ from those distributions based on the location of the plan. The distribution by State is estimated from the relative distribution of the initial monthly payments as determined by the Group Health Plan premium file using the risk plan methodology and from actuarial estimates of total incurred managed care premiums. Adjustments to cost and health care pre-payment plans are not reflected in the managed care payments. Hence, for both fee-for-service and managed care, the relative distribution does not reflect the impact of all payment factors and of all retroactive adjustments and therefore should be considered preliminary until the Office of the Actuary produces final estimates with more complete data.

⁴Less than \$500,000.

⁵Less than 0.05 percent.

NOTES: Person year equivalents (person years) are used in place of July 1 enrollment counts because of greater stability. Person years are derived by adding all months of eligibility under a given payment system for all persons ever enrolled during the year and dividing by 12. Averages derived from person years may differ from derived in earlier years. Numbers may not add to total because of rounding. Percents based on unrounded numbers.

SOURCES: Centers for Medicare & Medicaid Services, Office of Information Services: Decision Support Access Facility; Office of the Actuary; data development by the Office of Research, Development, and Information.