

**CMS Disbursements
Fiscal Years 2006 - 2008**

| | 2006 Actual | 2007 | 2008 | |
|--|----------------|----------------|----------------|-----------------|
| | | Current Law | Current Law | Proposed Law |
| Dollars in millions | | | | |
| CMS Budget Outlays | | | | |
| Medicare Benefits | \$374,911 | \$430,373 | \$463,004 | \$459,414 |
| Transitional Assistance & Part D drug benefits (non-add) | 31,946 | 49,256 | 59,174 | 59,134 |
| Medicare Part B Transfer to Medicaid ¹ | 264 | 350 | -- | 425 |
| Quality Improvement Organizations | 400 | 420 | 403 | 403 |
| Health Care Fraud and Abuse Control (HCFAC) ² | 1,069 | 1,230 | 1,324 | 1,324 |
| Other Medicare Administrative Expenses ³ | 1,889 | 1,856 | 1,920 | 1,920 |
| CMS Program Management ⁴ | 3,354 | 3,505 | 3,424 | 3,424 |
| Medicaid Benefits ⁵ | 171,220 | 186,634 | 202,079 | 199,667 |
| State and Local Administration/Training | 9,141 | 10,210 | 10,757 | 10,377 |
| State Children's Health Insurance Program (SCHIP) | 5,451 | 6,294 | 5,691 | 6,911 |
| State Grants and Demonstrations ^{6, 7, 8} | 1,367 | 1,591 | 517 | 517 |
| Total Outlays (unadjusted, gross) | \$569,066 | \$642,463 | \$689,118 | \$684,381 |
| Medicare Premiums | -48,738 | -59,809 | -65,090 | -65,278 |
| Medicare Refunds, and Misc. Federal Offsetting Collections | -3,202 | -3,303 | -3,503 | -3,503 |
| Offsetting Collections, Non-Federal | -125 | -149 | -147 | -182 |
| Reimbursables | -6 | -10 | -10 | -10 |
| Total Outlays Net of Medicare Premiums and Offsetting Collections | \$516,995 | \$579,192 | \$620,368 | \$615,408 |

¹ Medicare transfer to Medicaid for Medicare Part B premium assistance.

² Includes HCFAC outlays by CMS and other agencies.

³ Medicare-related expenses of other agencies, e.g., Social Security Administration.

⁴ Includes user fees and reimbursables.

⁵ Includes not only Medicaid medical assistance payments (MAP) but also Title XIX outlays for the Vaccines for Children Program (FY 2003 - \$1,065.0 million; FY 2004 - \$1,208.4 million; FY 2005 - \$1,246.7 million). The estimate is reduced by the Medicare transfer to Medicaid of \$112.1 million in FY 2003 and by \$125.0 million in FY 2004. The FY 2007 Medicaid benefits amount includes \$35 million for the extension of Transitional Medical Assistance through September 2007 (P.L. 110-48).

⁶ Background Checks added in FY 2004.

⁷ State Pharmacy Assistance added in FY 2005.

⁸ Undocumented Aliens added in FY 2005.

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

SOURCES: Based on FY 2008 Mid-Session Review; CMS/OFM

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**Program Benefit Payments
Selected Fiscal Years**

| Fiscal Year | Total | | Medicare ¹ | | Medicaid ² | | SCHIP ³ | |
|--------------------|--------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|-----------------------|
| | 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 |
| Budget | | | | | | | | |
| Current law | | | | | | | | |
| 2007 | 765.4 | 12.2 | 430.7 | 14.8 | 325.6 | 8.8 | 9.1 | 14.8 |
| 2008 | 821.0 | 7.3 | 463.0 | 7.5 | 346.9 | 6.6 | 11.0 | 21.1 |

¹ 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.

² 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 HCFA-64 and predecessor forms. Historical data for FYs 1995-2006 include line 11 total computable medical assistance payments and outlays for the Vaccines for Children Program but do not include total computable Title XIX expenditures for the State Children's Health Insurance Program. Budget data for FYs 2007 and 2008 reflect current law estimates of total adjusted computable medical assistance payments and outlays for the Vaccines for Children Program.

³ Total computable benefits (Federal and State combined). Historical data for FYs 1998-2000 include total computable State Children's Health Insurance Program (SCHIP) expenditures under both Title XIX and Title XXI, as reported by the States for those years.

NOTE: Percent changes based on unrounded numbers.

SOURCES: Based on FY 2008 Mid-Session Review; CMS/OFM

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Program Benefit Payments Per Enrollee Selected Fiscal Years

| Fiscal Year | Medicare | | | Medicaid ² | | | State Children's Health Insurance Program (SCHIP) | |
|-------------------|--|----------------------------|----------------------|-----------------------------------|---|----------------------|---|--|
| | Benefit Payments ¹ (In billions) | Enrollees (In millions) | Average Per Enrollee | Benefit Payments (In billions) | Enrollees ³ (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 | \$1,200 | | |
| 1985 | 69.6 | 31.0 | 2,200 | 39.3 | 19.8 | 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 | 32.6 | 5,500 | 0.6 | 0.7 |
| 2000 | 215.1 | 39.6 | 5,400 | 195.5 | 34.8 | 5,600 | 1.1 | 1.6 |
| 2001 | 236.8 | 40.0 | 5,900 | 216.2 | 37.7 | 5,700 | 1.2 | 2.6 |
| 2002 | 252.6 | 40.4 | 6,300 | 246.3 | 39.9 | 6,200 | 1.3 | 4.0 |
| 2003 | 272.9 | 41.0 | 6,700 | 262.3 | 42.0 | 6,200 | 1.6 | 4.5 |
| 2004 ⁴ | 295.8 | 41.7 | 7,100 | 288.2 | 44.9 | 6,400 | 1.7 | 5.4 |
| 2005 ⁴ | 331.1 | 42.4 | 7,800 | 308.2 | 46.4 ⁴ | 6,600 | 1.8 | 5.6 |
| 2006 ⁴ | 373.9 | 43.1 | 8,700 | 298.7 | 47.9 ⁴ | 6,200 | 1.9 | 6.0 |

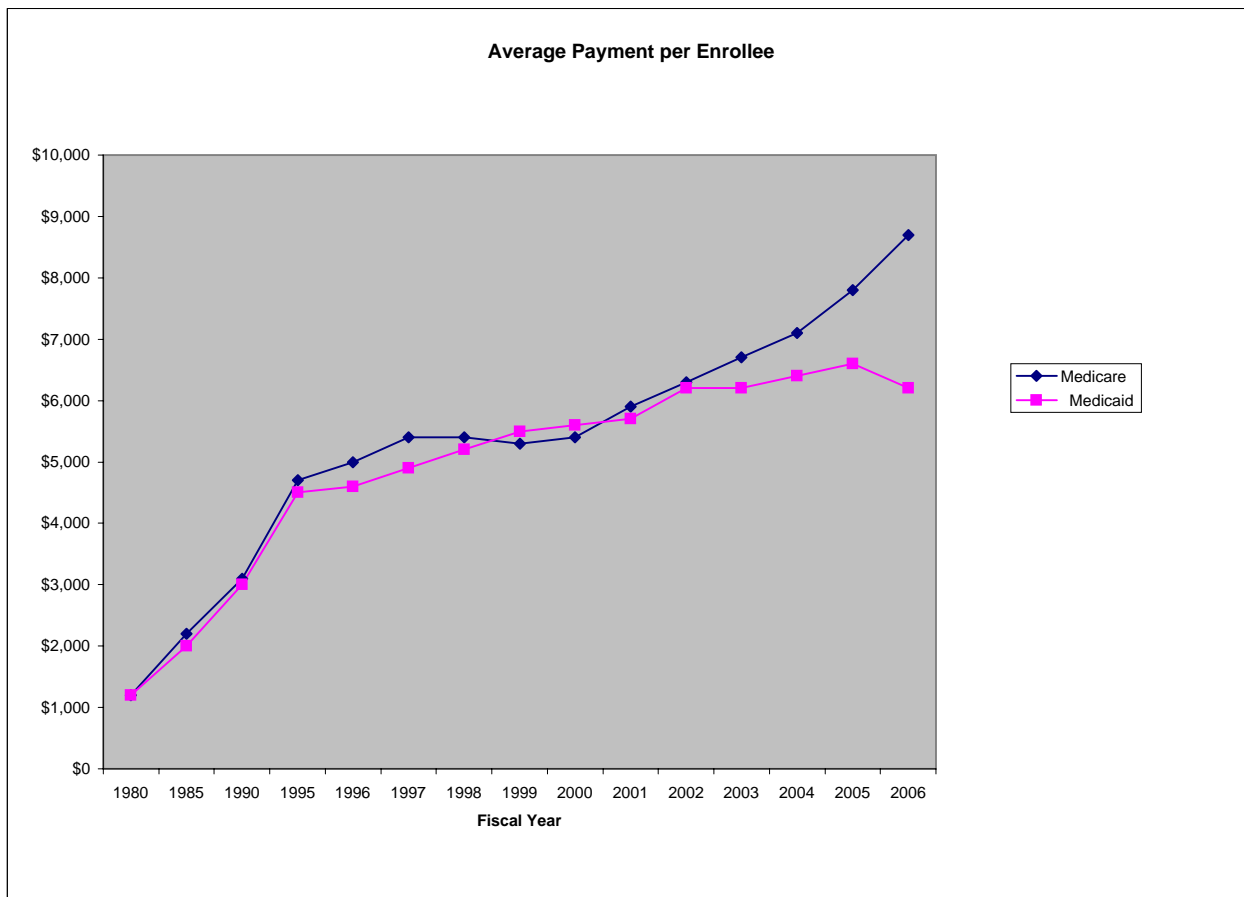
¹Includes Quality Improvement Organization, Part B Medicaid transfer expenditures, and, starting in FY 2004, Part D benefits.

²Excludes Medicaid expansion and separate State programs under SCHIP and payments under Vaccines for Children's Program.

³Medicaid enrollees are measured in person-years and are estimated for 1980 and 1985.

⁴Estimated.

NOTES: Current law only. Consistent with data and estimates included in the FY 2008 Mid-Session Review. Medicare benefit payments reflect gross outlays, i.e., not net of offsetting receipts. Medicaid benefit payments reflect both Federal and State expenditures.



SOURCE: CMS/OACT

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**Benefit Outlays by Program
Selected Fiscal Years**

| | 1967 | 1968 | 2006 | 2007 ¹ |
|---|---------------------|-------|-------------|-------------------|
| Annually | | | | |
| | Amounts in billions | | | |
| CMS Program Benefit Outlays | \$5.1 | \$8.4 | \$682 | \$765 |
| Federal Outlays | NA | 6.7 | 552 | 624 |
| Medicare | 3.2 | 5.1 | 375 | 431 |
| Part A | 2.5 | 3.7 | 184 | 203 |
| Part B ² | 0.7 | 1.4 | 160 | 179 |
| Part D prescription drug ³ | NA | NA | 32 | 49 |
| Medicaid ⁴ | 1.9 | 3.3 | 299 | 326 |
| Federal Share | NA | 1.6 | 171 | 187 |
| State Children's Health Insurance Program (SCHIP) | NA | NA | 8 | 9 |
| Federal Share | NA | NA | 5 | 6 |
| Monthly | | | | |
| | In millions | | In billions | |
| CMS Program Benefit Outlays | \$423 | \$702 | \$57 | \$64 |
| Federal Outlays | NA | 561 | 46 | 52 |
| Medicare | 264 | 427 | 31 | 36 |
| Part A | 209 | 311 | 15 | 17 |
| Part B ² | 55 | 116 | 13 | 15 |
| Part D prescription drug ³ | NA | NA | 2.7 | 4.1 |
| Medicaid ⁴ | 158 | 275 | 25 | 27 |
| Federal Share | NA | 133 | 14 | 16 |
| State Children's Health Insurance Program (SCHIP) | NA | NA | 0.7 | 0.8 |
| Federal Share | NA | NA | 0.5 | 0.5 |
| Hourly | | | | |
| | In thousands | | In millions | |
| CMS Program Benefit Outlays | \$579 | \$962 | \$78 | \$87 |
| Federal Outlays | NA | 768 | 63 | 71 |
| Medicare | 362 | 585 | 43 | 49 |
| Part A | 286 | 426 | 21 | 23 |
| Part B ² | 76 | 159 | 18 | 20 |
| Part D prescription drug ³ | NA | NA | 3.6 | 5.6 |
| Medicaid ⁴ | 217 | 377 | 34 | 37 |
| Federal Share | NA | 183 | 20 | 21 |
| State Children's Health Insurance Program (SCHIP) | NA | NA | 0.9 | 1.0 |
| Federal Share | NA | NA | 0.6 | 0.7 |

¹ Estimated.

² Includes Part B transfer to Medicaid.

³ Includes Transitional Assistance drug card benefits, which began in FY 2004 and ended in FY 2006. Part D benefits began in 2006.

⁴ 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: Based on FY 2008 Mid-Session Review; CMS/OFM

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**CMS Benefit Payments by Major Program Service Categories
Fiscal Year 2006**

| Type of Service | Total Program Payments | | Medicare | | Medicaid ¹ | |
|--------------------------------|------------------------|----------------------|----------------------|----------------------|-----------------------|----------------------|
| | Amount | Percent Distribution | Amount | Percent Distribution | Amount | Percent Distribution |
| Amount in millions | | | | | | |
| Total | \$672,276 | 100.0 | \$373,594 | 100.0 | \$298,682 | 100.0 |
| Inpatient Hospital | 177,341 | 26.4 | 119,454 ² | 32.0 | 57,887 ⁸ | 19.4 |
| Nursing Facilities | 78,820 | 11.7 | 19,235 | 5.1 | 59,585 ⁹ | 19.9 |
| Home Health & Related | 50,686 | 7.5 | 13,019 | 3.5 | 37,667 ¹⁰ | 12.6 |
| Physician & Other Practitioner | 97,377 | 14.5 | 81,506 ³ | 21.8 | 15,871 ¹¹ | 5.3 |
| Outpatient | 48,110 | 7.2 | 35,409 | 9.5 | 12,701 ¹² | 4.3 |
| Clinic | 9,268 | 1.4 | -- ⁴ | -- | 9,268 ¹³ | 3.1 |
| Prescribed Drugs | 50,949 | 7.6 | 33,710 ⁵ | 9.0 | 17,239 ¹⁴ | 5.8 |
| Capitation Payments | 121,740 | 18.1 | 55,881 ⁶ | 15.0 | 65,859 ¹⁵ | 22.0 |
| Other Care | 37,983 | 5.6 | 15,378 ⁷ | 4.1 | 22,605 ¹⁶ | 7.6 |

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

² Includes inpatient hospital (\$119,122 million) and Quality Improvement Organization (\$333 million).

³ Includes physicians, other practitioners, durable medical equipment, ambulatory surgical center facility costs, physician-administered drugs, and other Part B suppliers (total of \$81,438 million) and Quality Improvement Organization (\$68 million).

⁴ Covered clinic services are included under outpatient.

⁵ Includes transitional assistance benefit payments and state low-income determinations.

⁶ Includes Part A managed care payments (\$28,668 million) and Part B managed care payments (\$27,213 million).

⁷ Includes hospice (\$8,515 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$6,863 million).

⁸ Includes Inpatient hospital payments (\$44,226 million) and disproportionate share (DSH) payments (\$13,661 million).

⁹ Includes services in nursing facilities (\$47,363 million) and intermediate care facilities for the mentally retarded (\$12,222 million).

¹⁰ Includes home health (\$3,750 million), home and community-based waivers (\$25,083 million), personal care services (\$8,398 million), and home and community-based services for functionally disabled elderly (\$436 million).

¹¹ Includes physician (\$10,263 million), dental (\$3,423 million), and other practitioner services (\$2,185 million).

¹² Includes outpatient hospital (\$11,345 million) and laboratory/radiological services (\$1,356 million).

¹³ Includes clinic (\$6,755 million), rural health clinic (\$605 million), and federally qualified health clinic services (\$1,908 million).

¹⁴ Includes gross prescription drug expenditures (\$28,703 million) and drug rebates (-\$11,464 million).

¹⁵ Includes Medicare premiums (\$10,215 million) and other capitation payments (\$55,644 million).

¹⁶ Includes early and periodic screening, diagnosis and treatment (EPSDT) (\$1,064 million), targeted case management (\$2,842 million), primary care case management (\$342 million), hospice (\$1,640 million), emergency services for undocumented immigrants (\$799 million), miscellaneous coinsurance payments (\$9 million), sterilizations (\$117 million), abortions (\$0.1 million), Program for All-inclusive Care of Elderly (PACE) (\$442 million), community supported living arrangements (\$30 million), other care services (\$11,401 million), and collections net of prior adjustments (\$3,920 million).

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

SOURCE: CMS/OACT

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**Medicare Trust Fund Projections
Fiscal Years 2005 - 2008**

| | 2005 | 2006 | 2007 | 2008 |
|---|---------|-----------|-----------|-----------|
| HI Total Disbursements ¹ | 184,142 | \$184,901 | \$204,274 | \$217,483 |
| HI Administrative Expenses ² | 2,088 | 2,323 | 2,237 | 2,272 |
| HI Benefit Payments | 180,973 | 181,462 | 200,817 | 214,081 |
| Aged | 155,054 | 154,370 | 170,012 | 180,742 |
| Disabled | 25,919 | 27,093 | 30,805 | 33,339 |
| HCFAC ³ | 1,081 | 1,116 | 1,220 | 1,131 |
| HI Transfer to SMI for Home Health | -- | | | |
| SMI Total Disbursements ¹ | 152,735 | 195,531 | 229,859 | 249,017 |
| Part B Administrative Expenses ² | 3,127 | 3,626 | 2,962 | 2,958 |
| Part B Benefit Payments | 148,410 | 158,021 | 176,595 | 186,143 |
| Aged | 123,666 | 131,268 | 146,488 | 154,238 |
| Disabled | 24,744 | 26,752 | 30,107 | 31,906 |
| Part B Transfer to Medicaid ⁴ | -- | -- | 350 | -- |
| Part D Administrative Expenses ² | -- | 174 | 696 | 741 |
| Part D Benefit Payments ⁵ | 1,198 | 33,710 | 49,256 | 59,174 |

¹ Current law data. ² Administrative expenses include the sum of administrative costs, research, QIO expenditures, and Medicare Advantage additional premiums. ³ Net Health Care Fraud and Abuse Control FY 2002 outlays reflect the U.S. Treasury's 2002 Combined Statement. ⁴ SMI Transfers to Medicaid for Medicare Part B premium assistance. ⁵ Includes transitional assistance in FY 2005 and FY 2006.

NOTES: Based on FY 2008 Mid-Session Review. Benefit estimates do not reflect proposed legislative changes. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT/OFM

**Medicare Benefit Payments by Type of Benefit
Fiscal Years 2004 - 2006**

| | Benefit Payment ¹ | | | Percent Distribution |
|-------------------------------------|------------------------------|-----------|-----------|-------------------------|
| | 2004 | 2005 | 2006 | 2006 |
| Total HI ² | \$163,764 | \$180,973 | \$181,462 | 100.0 |
| Inpatient Hospital | 114,386 | 121,796 | 119,122 | 65.6 |
| Skilled Nursing Facility | 16,665 | 18,648 | 19,235 | 10.6 |
| Home Health Agency | 5,211 | 5,867 | 5,923 | 3.3 |
| Hospice | 6,571 | 7,660 | 8,515 | 4.7 |
| Managed Care | 20,932 | 27,001 | 28,668 | 15.8 |
| Total SMI ² | 131,573 | 149,607 | 191,731 | 100.0 |
| Physician/Other Suppliers | 73,707 | 80,296 | 81,438 | 42.5 |
| Outpatient Hospital/Other Providers | 27,389 | 31,190 | 35,409 | 18.5 |
| Home Health Agency | 5,578 | 6,758 | 7,097 | 3.7 |
| Laboratory | 5,874 | 6,431 | 6,863 | 3.6 |
| Managed Care | 18,809 | 23,735 | 27,213 | 14.2 |
| Prescription drugs | 216 | 1,198 | 33,710 | 17.6 |

¹ Includes the effect of regulatory items and recent legislation but not proposed law. ² Excludes QIO expenditure.

NOTES: Based on FY 2008 Mid-Session Review. 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

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**Medicaid Payments by Basis of Eligibility
Selected Fiscal Years**

| | Payments | | | | | Percent Distribution |
|---|----------|----------|-----------|-----------|-----------|-------------------------|
| | 1985 | 1990 | 1995 | 2000 | 2003 | 2003 |
| Amount in millions | | | | | | |
| Total | \$37,508 | \$64,859 | \$120,141 | \$168,307 | \$233,206 | 100.0 |
| Age 65 and over | 14,096 | 21,508 | 36,527 | 44,503 | 55,271 | 23.8 |
| Blind/Disablec | 13,452 | 24,403 | 49,418 | 72,742 | 102,014 | 43.7 |
| Dependent Childrer under Age 21 | 4,414 | 9,100 | 17,976 | 26,775 | 39,871 | 17.1 |
| Adults in Families with Dependent Childrer | 4,746 | 8,590 | 13,511 | 17,763 | 26,800 | 11.5 |
| Unknown | 798 | 1,051 | 1,499 | 6,525 | 9,250 | 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 component:

SOURCES: CMS/CMSO/ORDI

**Medicaid Payments by Type of Service and Basis of Eligibility
Fiscal Year 2003**

| | Total Payments | Inpatient Hospital Services | Long-Term Care Services ¹ | Other Services |
|--|-------------------|-----------------------------------|--|-------------------|
|--|-------------------|-----------------------------------|--|-------------------|

Percent Distribution

| | | | | |
|-----------------------|-------|------|------|------|
| All Groups | 100.0 | 13.5 | 23.9 | 62.6 |
| Age 65 and over | 23.7 | 0.9 | 14.0 | 8.8 |
| Blind and Disabled | 43.7 | 5.5 | 9.5 | 28.7 |
| Children under Age 21 | 17.1 | 2.6 | 0.1 | 14.4 |
| AFDC-Type Adults | 11.5 | 2.8 | 0.0 | 8.7 |
| Unknown | 4.0 | 1.7 | 0.3 | 2.0 |

¹ Includes services in mental facilities, all nursing facilities, and home health services, and all ICF/MR.

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

SOURCE: CMS/ORDI

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**Medicaid Payments by Type of Service
Selected Fiscal Years**

| | 2003 | 2004 | 2005 |
|--|---------|------------------|---------|
| | | in billions | |
| Total | \$262.6 | \$281.8 | \$300.7 |
| | | Percent of Total | |
| Inpatient Services | 14.1 | 14.8 | 14.5 |
| General Hospitals | 12.7 | 13.7 | 13.6 |
| Mental Hospitals | 1.3 | 1.1 | 0.9 |
| Nursing Facilities ¹ | 17.0 | 16.1 | 15.7 |
| ICF/Mentally Retarded | 4.4 | 4.1 | 4.0 |
| Community-based Long Term Care Services ² | 10.6 | 10.8 | 11.2 |
| Prescribed Drugs ³ | 10.3 | 10.8 | 10.3 |
| Physician Services | 3.7 | 4.1 | 4.1 |
| Dental Services | 1.2 | 1.1 | 1.2 |
| Outpatient Hospital Services | 3.8 | 4.1 | 4.1 |
| Clinic Services ⁴ | 2.8 | 2.8 | 3.0 |
| Laboratory and Radiological Services | 0.3 | 0.4 | 0.4 |
| Early and Periodic Screening | 0.4 | 0.4 | 0.4 |
| Targeted Case Management | 1.1 | 1.0 | 0.9 |
| Capitation Payments (non-Medicare) | 17.2 | 16.4 | 16.8 |
| Medicare Premiums | 2.1 | 2.3 | 2.6 |
| Disproportionate Share Hospital Payments | 4.9 | 5.5 | 5.2 |
| Other Services | 5.8 | 4.5 | 4.8 |
| Adjustments ⁵ | 0.3 | 0.9 | 0.8 |

¹Excludes payments under State Children's Health Insurance Program (SCHIP).

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

³Net of prescription drug rebates.

⁴Federal qualified health clinics, rural health clinics, and other clinics.

⁵Includes increasing and decreasing payment adjustments from prior quarters, collections, and other unallocated expenditures.

NOTES: Percent distribution based on rounded numbers.

SOURCES: CMS/CMSO/OACT

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**National Health Care by Type of Expenditure
Calendar Year 2005**

| | National Total in billions | Per Capita | Percent Paid | | |
|----------------------------------|----------------------------------|---------------|--------------|----------|----------|
| | | | Total | Medicare | Medicaid |
| Total | \$1,987.7 | \$6,697 | 32.9 | 17.2 | 15.6 |
| Health Services and Supplies | 1,860.9 | 6,270 | 35.1 | 18.4 | 16.7 |
| Personal Health Care | 1,661.4 | 5,598 | 37.4 | 19.9 | 17.4 |
| Hospital Care | 611.6 | 2,061 | 46.8 | 29.5 | 17.3 |
| Physicians' Services | 621.7 | 2,095 | 22.3 | 16.3 | 6.1 |
| Physician and Clinical | 421.2 | 1,419 | 28.3 | 21.2 | 7.1 |
| Nursing and Home Health Care | 169.3 | 570 | 53.5 | 21.9 | 31.6 |
| Retail Outlet Sales | 258.8 | 872 | 16.0 | 1.5 | 14.4 |
| Administrative and Public Health | 199.5 | 672 | 16.2 | 5.3 | 10.9 |
| Research and Construction | 126.8 | 427 | -- | -- | -- |

NOTES: Data are as of calendar year 2005.

SOURCE: CMS/OACT

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**CMS Benefit Payments by Major Personal Health Expenditure Service Categories
Calendar Year 2005**

| Type of Service ¹ | Total Program Payments | | Medicare | | Medicaid ⁵ | |
|--|------------------------|-------------------------|-----------------------|-------------------------|-----------------------|-------------------------|
| | Amount in billions | Percent Distribution | Amount in billions | Percent Distribution | Amount in billions | Percent Distribution |
| Total | \$620.7 | 100.0 | \$331.4 | 100.0 | \$289.3 | 100.0 |
| Hospital Care | \$286.0 | 46.1 | \$180.3 | 54.4 | \$105.7 | 36.5 |
| Physician and Clinical Services | \$119.2 | 19.2 | \$89.3 | 26.9 | \$29.9 | 10.3 |
| Dentists' Services | \$4.4 | 0.7 | \$0.1 | 0.0 | \$4.3 | 1.5 |
| Other Professional Services ² | \$15.4 | 2.5 | \$11.8 | 3.6 | \$3.6 | 1.2 |
| Home Health Care ³ | \$33.4 | 5.4 | \$17.9 | 5.4 | \$15.5 | 5.4 |
| Prescription Drugs | \$41.3 | 6.7 | \$4.0 | 1.2 | \$37.3 | 12.9 |
| Other Non-Durable Medical Products | \$2.1 | 0.3 | \$2.1 | 0.6 | | |
| Durable Medical Equipment | \$6.8 | 1.1 | \$6.8 | 2.1 | | |
| Nursing Home Care ⁴ | \$72.7 | 11.7 | \$19.2 | 5.8 | \$53.5 | 18.5 |
| Other Personal Health Care | \$39.6 | 6.4 | | | \$39.6 | 13.7 |

¹ Service categories used in this table are based on the National Health Expenditure Accounts and differ from those used elsewhere to present program 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.

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

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

⁴ Freestanding nursing facilities only.

⁵ Excludes Medicaid SCHIP Expansion & SCHIP.

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 57 percent in calendar year 2005.

SOURCE: CMS/OACT

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**National Health Expenditures: Public and Private Funding
Selected Calendar Years**

| Calendar Year | GDP in billions | National Health Expenditures | | | | | | | | |
|---------------|-----------------|------------------------------|------------|----------------|--------------------|------------|------------------|--------------------|------------|------------------|
| | | Total | | | Private Funds | | | Public Funds | | |
| | | Amount in billions | Per Capita | Percent of GDP | Amount in billions | Per Capita | Percent of Total | Amount in billions | Per Capita | Percent of Total |
| 1965 | \$719 | \$42 | \$211 | 5.9 | \$32 | \$159 | 75.1 | \$10 | \$52 | 24.9 |
| 1966 | \$788 | \$46 | \$230 | 5.9 | \$32 | \$161 | 70.0 | \$14 | \$69 | 30.0 |
| 1967 | \$833 | \$52 | \$256 | 6.3 | \$33 | \$161 | 62.9 | \$19 | \$95 | 37.1 |
| 1970 | \$1,039 | \$75 | \$356 | 7.2 | \$47 | \$222 | 62.4 | \$28 | \$134 | 37.6 |
| 1975 | \$1,638 | \$133 | \$605 | 8.1 | \$77 | \$351 | 58.0 | \$56 | \$254 | 42.0 |
| 1980 | \$2,790 | \$254 | \$1,102 | 9.1 | \$148 | \$640 | 58.1 | \$106 | \$462 | 41.9 |
| 1985 | \$4,220 | \$440 | \$1,820 | 10.4 | \$263 | \$1,086 | 59.7 | \$177 | \$734 | 40.3 |
| 1986 | \$4,463 | \$472 | \$1,934 | 10.6 | \$278 | \$1,140 | 58.9 | \$194 | \$794 | 41.1 |
| 1987 | \$4,740 | \$513 | \$2,084 | 10.8 | \$301 | \$1,221 | 58.6 | \$212 | \$863 | 41.4 |
| 1988 | \$5,104 | \$574 | \$2,310 | 11.2 | \$344 | \$1,384 | 59.9 | \$230 | \$926 | 40.1 |
| 1989 | \$5,484 | \$639 | \$2,546 | 11.6 | \$383 | \$1,525 | 59.9 | \$256 | \$1,020 | 40.1 |
| 1990 | \$5,803 | \$714 | \$2,813 | 12.3 | \$427 | \$1,684 | 59.8 | \$287 | \$1,130 | 40.2 |
| 1995 | \$7,398 | \$1,017 | \$3,783 | 13.7 | \$552 | \$2,053 | 54.3 | \$465 | \$1,730 | 45.7 |
| 1996 | \$7,817 | \$1,069 | \$3,938 | 13.7 | \$580 | \$2,139 | 54.3 | \$488 | \$1,800 | 45.7 |
| 1997 | \$8,304 | \$1,125 | \$4,104 | 13.6 | \$614 | \$2,240 | 54.6 | \$511 | \$1,864 | 45.4 |
| 1998 | \$8,747 | \$1,191 | \$4,299 | 13.6 | \$663 | \$2,392 | 55.6 | \$528 | \$1,907 | 44.4 |
| 1999 | \$9,268 | \$1,265 | \$4,522 | 13.7 | \$710 | \$2,539 | 56.1 | \$555 | \$1,983 | 43.9 |
| 2000 | \$9,817 | \$1,353 | \$4,790 | 13.8 | \$757 | \$2,680 | 55.9 | \$596 | \$2,110 | 44.1 |
| 2001 | \$10,128 | \$1,470 | \$5,148 | 14.5 | \$808 | \$2,832 | 55.0 | \$661 | \$2,316 | 45.0 |
| 2002 | \$10,470 | \$1,603 | \$5,559 | 15.3 | \$881 | \$3,054 | 54.9 | \$722 | \$2,504 | 45.1 |
| 2003 | \$10,961 | \$1,733 | \$5,952 | 15.8 | \$956 | \$3,282 | 55.1 | \$778 | \$2,670 | 44.9 |
| 2004 | \$11,713 | \$1,859 | \$6,322 | 15.9 | \$1,021 | \$3,472 | 54.9 | \$838 | \$2,850 | 45.1 |
| 2005 | \$12,456 | \$1,988 | \$6,697 | 16.0 | \$1,085 | \$3,656 | 54.6 | \$903 | \$3,041 | 45.4 |

NOTES: These data reflect Bureau of Economic Analysis Gross Domestic Product as of October 2006. 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.

December 2007

National Health Expenditures Source of Funds ¹
Selected Calendar Years

| | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 | 1995 | 2000 | 2003 | 2004 | 2005 |
|--|--------|--------|---------|---------|---------|---------|-----------|-----------|-----------|-----------|-----------|
| Total National Health Expenditures in billions | \$42.2 | \$74.9 | \$133.1 | \$253.9 | \$439.9 | \$714.0 | \$1,016.5 | \$1,353.3 | \$1,733.4 | \$1,858.9 | \$1,987.7 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Private Funds | 75.1 | 62.4 | 58.0 | 58.1 | 59.7 | 59.8 | 54.3 | 55.9 | 55.1 | 54.9 | 54.6 |
| Out-of-Pocket | 42.9 | 33.3 | 27.9 | 23.1 | 21.8 | 19.1 | 14.4 | 14.3 | 13.0 | 12.7 | 12.5 |
| Private Health Insurance | 23.9 | 20.7 | 22.9 | 27.1 | 29.8 | 32.7 | 32.0 | 33.6 | 34.8 | 35.0 | 34.9 |
| Other Private | 8.3 | 8.5 | 7.2 | 7.9 | 8.2 | 8.1 | 7.9 | 8.1 | 7.3 | 7.2 | 7.1 |
| Federal Government | 11.4 | 23.7 | 27.3 | 28.2 | 28.0 | 27.1 | 32.2 | 30.9 | 31.9 | 32.3 | 32.4 |
| Medicare | | 10.2 | 12.3 | 14.6 | 16.2 | 15.3 | 18.1 | 16.6 | 16.4 | 16.8 | 17.2 |
| Federal Medicaid | | 3.8 | 5.6 | 5.7 | 5.1 | 6.0 | 8.5 | 8.7 | 9.2 | 9.2 | 8.9 |
| Other Federal ² | 11.4 | 9.6 | 9.5 | 7.8 | 6.6 | 5.9 | 5.6 | 5.6 | 6.3 | 6.3 | 6.3 |
| State/Local Government | 13.5 | 13.9 | 14.7 | 13.7 | 12.3 | 13.0 | 13.5 | 13.2 | 13.0 | 12.8 | 13.0 |
| State Medicaid | | 3.3 | 4.5 | 4.5 | 4.2 | 4.4 | 5.8 | 6.2 | 6.3 | 6.4 | 6.7 |
| Other State/Local ² | 13.5 | 10.6 | 10.2 | 9.2 | 8.2 | 8.6 | 7.8 | 7.0 | 6.6 | 6.4 | 6.3 |

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

² 1998 and later, Includes Medicaid SCHIP Expansion and SCHIP.

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

SOURCE: CMS/OACT

December 2007

Personal Health Care Payment Source ¹
Selected Calendar Years

| | 1965 | 1970 | 1975 | 1980 | 1985 | 1990 | 1995 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|------------------------------|--------|--------|---------|---------|---------|---------|---------|-----------|-----------|-----------|-----------|-----------|-----------|
| Total in billions | \$34.7 | \$62.9 | \$112.7 | \$215.3 | \$372.3 | \$607.5 | \$863.7 | \$1,139.9 | \$1,239.0 | \$1,341.2 | \$1,446.3 | \$1,551.3 | \$1,661.4 |
| 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 | 100.0 | 100.0 |
| Private Funds | 79.6 | 64.7 | 60.2 | 60.0 | 60.8 | 61.1 | 55.2 | 57.3 | 56.3 | 56.0 | 55.8 | 55.4 | 55.0 |
| Private Health Insurance | 25.1 | 22.3 | 24.5 | 28.4 | 30.0 | 33.7 | 33.2 | 35.4 | 35.6 | 35.9 | 35.9 | 36.0 | 35.9 |
| Out-of-Pocket | 52.2 | 39.6 | 33.0 | 27.2 | 25.7 | 22.4 | 16.9 | 16.9 | 16.1 | 15.8 | 15.5 | 15.2 | 15.0 |
| Other Private | 2.2 | 2.8 | 2.7 | 4.3 | 5.1 | 5.0 | 5.1 | 5.0 | 4.5 | 4.3 | 4.4 | 4.2 | 4.1 |
| Public Funds | 20.4 | 35.3 | 39.8 | 40.0 | 39.2 | 38.9 | 44.8 | 42.7 | 43.7 | 44.0 | 44.2 | 44.6 | 45.0 |
| Federal ² | 8.1 | 22.9 | 27.0 | 28.9 | 29.2 | 28.4 | 34.2 | 32.5 | 33.3 | 33.5 | 33.7 | 34.2 | 34.2 |
| State and Local ² | 12.3 | 12.4 | 12.8 | 11.1 | 10.0 | 10.4 | 10.6 | 10.2 | 10.4 | 10.5 | 10.4 | 10.4 | 10.7 |

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

² 1998 and later, includes Medicaid SCHIP Expansion and SCHIP.

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

SOURCE: CMS/OACT

December 2007

National Medical Care Price Indicators
(1982-1984=100)
Average Annual Index

| Fiscal Year ¹ | CPI | | | | CPI - Medical Care | | | | | | | | |
|-----------------------------|-----------|-----------------|--------------|-----------------|--------------------|-------------------------------|-------|----------------------|-----------------------|-------------------------|-------------------|-----------------------|------------------------|
| | All items | | All Services | | Services | | | | | | | Commodities | |
| | Total | Less Medical | Total | Less Medical | Total | Hospital and Related Services | | | | Physicians' Services | Total | Prescription Drugs | |
| | | | | | | Total | Total | Hospital Services | Inpatient Services | | | | Outpatient Services |
| Year Ending June: | | | | | | | | | | | | | |
| 1965 | 31.2 | 31.7 | 26.3 | 27.1 | 24.9 | 22.3 | -- | -- | -- | -- | 24.6 ² | 45.0 ² | 48.0 ² |
| 1970 | 37.8 | 38.1 | 33.7 | 34.3 | 32.9 | 31.2 | -- | -- | -- | -- | 33.2 | 45.8 | 47.1 |
| 1975 | 51.8 | 52.3 | 46.1 | 46.5 | 45.1 | 44.2 | -- | -- | -- | -- | 45.7 | 51.3 | 49.7 |
| Year Ending September: | | | | | | | | | | | | | |
| 1980 | 80.0 | 80.4 | 75.4 | 75.6 | 73.0 | 72.9 | 66.9 | -- | -- | -- | 74.6 | 73.7 | 70.8 |
| 1985 | 106.6 | 106.3 | 108.6 | 108.3 | 111.7 | 111.4 | 114.7 | -- | -- | -- | 111.5 | 113.3 | 117.6 |
| 1990 | 128.7 | 126.9 | 137.2 | 135.0 | 159.2 | 158.9 | 173.4 | -- | -- | 135.1 | 158.0 | 160.2 | 177.5 |
| 1995 | 151.4 | 147.6 | 167.2 | 162.2 | 218.3 | 221.7 | 254.9 | -- | -- | 202.2 | 206.6 | 203.6 | 233.9 |
| 1996 | 155.6 | 151.6 | 172.7 | 167.3 | 226.5 | 230.6 | 266.8 | -- | -- | 212.7 | 214.7 | 208.9 | 240.9 |
| 1997 | 159.8 | 155.6 | 178.1 | 172.6 | 233.1 | 237.5 | 276.4 | ³ | ³ | 222.5 | 221.4 | 214.3 | 248.1 |
| 1998 | 162.4 | 158.0 | 183.1 | 177.3 | 240.1 | 244.8 | 285.2 | 104.1 | 103.2 | 230.9 | 227.6 | 219.7 | 255.4 |
| 1999 | 165.5 | 160.9 | 187.6 | 181.6 | 248.4 | 252.9 | 296.1 | 108.1 | 106.7 | 242.2 | 234.5 | 228.4 | 269.5 |
| 2000 | 170.8 | 166.0 | 193.5 | 187.1 | 258.1 | 263.0 | 312.3 | 114.0 | 112.1 | 259.0 | 242.4 | 236.5 | 282.9 |
| 2001 | 176.3 | 171.2 | 201.6 | 194.9 | 269.7 | 275.5 | 332.7 | 121.6 | 119.0 | 276.8 | 251.4 | 244.9 | 296.4 |
| 2002 | 178.9 | 173.4 | 208.1 | 201.0 | 282.2 | 289.0 | 359.5 | 131.6 | 128.4 | 300.8 | 258.7 | 254.4 | 312.9 |
| 2003 | 183.1 | 177.3 | 214.9 | 207.3 | 294.4 | 302.9 | 388.7 | 142.5 | 138.1 | 332.5 | 266.2 | 261.4 | 324.3 |
| 2004 | 187.4 | 181.2 | 221.2 | 213.0 | 306.8 | 317.5 | 412.7 | 151.4 | 146.2 | 352.3 | 275.4 | 267.6 | 334.1 |
| 2005 | 193.5 | 187.0 | 227.9 | 219.2 | 319.9 | 332.9 | 434.3 | 159.5 | 154.5 | 368.3 | 285.3 | 273.8 | 345.5 |
| 2006 | 200.6 | 193.8 | 236.9 | 227.7 | 333.1 | 347.1 | 460.9 | 169.5 | 164.6 | 389.8 | 290.8 | 284.2 | 361.4 |

¹ Revisions to scope, concept and methodology related to the CPI, beginning in January 1997, make comparisons with earlier periods tenuous, as the goods or services priced in 1997 and later years may differ from that priced in 1996 and earlier years. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, [CPI Detailed Report, January 2001](#). ² Calculated based on reported June 1964, December 1964 and June 1965 index levels. ³ New series began in January 1997; fiscal year annual

**National Medical Care Price Indicators
(1982-1984=100)**

Average Annual Percent Change from Last Year Shown ¹

| Fiscal Year ² | CPI | | | | CPI - Medical Care | | | | | | | | | |
|-----------------------------|-----------|-----------------|--------------|-----------------|--------------------|-------------------------------|----------------------|-----------------------|------------------------|-------------------------|-------|-----------------------|------|----|
| | All Items | | All Services | | Services | | | | | | | Commodities | | |
| | Total | Less Medical | Total | Less Medical | Total | Hospital and Related Services | | | | Physicians' Services | Total | Prescription Drugs | | |
| | | | | | | Total | Hospital Services | Inpatient Services | Outpatient Services | | | | | |
| Year Ending June: | | | | | | | | | | | | | | |
| 1965 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| 1970 | 3.9 | 3.7 | 5.1 | 4.8 | 5.7 | 6.9 | -- | -- | -- | -- | 6.1 | 0.4 | -0.4 | |
| 1975 | 6.5 | 6.5 | 6.5 | 6.3 | 6.5 | 7.2 | -- | -- | -- | -- | 6.6 | 2.3 | 1.1 | |
| Year Ending September: | | | | | | | | | | | | | | |
| 1980 | 8.6 | 8.6 | 9.9 | 9.8 | 9.5 | 9.9 | -- | -- | -- | -- | 9.7 | 7.1 | 7.0 | |
| 1985 | 5.9 | 5.7 | 7.6 | 7.5 | 8.9 | 8.9 | 11.4 | -- | -- | -- | 8.4 | 9.0 | 10.7 | |
| 1990 | 3.8 | 3.6 | 4.8 | 4.5 | 7.3 | 7.4 | 8.6 | -- | -- | -- | 7.2 | 7.2 | 8.6 | |
| 1995 | 3.3 | 3.1 | 4.0 | 3.7 | 6.5 | 6.9 | 8.0 | -- | -- | 8.4 | 5.5 | 4.9 | 5.7 | |
| 1996 | 2.8 | 2.7 | 3.3 | 3.1 | 3.8 | 4.0 | 4.7 | -- | -- | 5.2 | 3.9 | 2.6 | 3.0 | |
| 1997 | 2.7 | 2.6 | 3.1 | 3.2 | 2.9 | 3.0 | 3.6 | -- | -- | 4.6 | 3.1 | 2.6 | 3.0 | |
| 1998 | 1.6 | 1.5 | 2.8 | 2.7 | 3.0 | 3.1 | 3.2 | ³ | ³ | 3.8 | 2.8 | 2.5 | 2.9 | |
| 1999 | 1.9 | 1.8 | 2.5 | 2.4 | 3.5 | 3.3 | 3.8 | 3.8 | 3.4 | 4.9 | 3.0 | 4.0 | 5.5 | |
| 2000 | 3.2 | 3.2 | 3.1 | 3.1 | 3.9 | 4.0 | 5.5 | 5.5 | 5.1 | 6.9 | 3.4 | 3.5 | 5.0 | |
| 2001 | 3.2 | 3.1 | 4.2 | 4.1 | 4.5 | 4.8 | 6.6 | 6.6 | 6.2 | 6.8 | 3.7 | 3.6 | 4.8 | |
| 2002 | 1.5 | 1.3 | 3.2 | 3.1 | 4.6 | 4.9 | 8.1 | 8.2 | 7.9 | 8.7 | 2.9 | 3.9 | 5.6 | |
| 2003 | 2.3 | 2.2 | 3.3 | 3.1 | 4.3 | 4.8 | 8.1 | 8.3 | 7.6 | 10.5 | 2.9 | 2.8 | 3.6 | |
| 2004 | 2.3 | 2.2 | 3.2 | 2.7 | 4.2 | 2.0 | 6.2 | 6.2 | 5.9 | 6.0 | 3.5 | 2.4 | 3.0 | |
| 2005 | 3.3 | 3.2 | 3.0 | 2.9 | 4.3 | 4.9 | 5.2 | 5.4 | 5.7 | 4.5 | 3.6 | 2.3 | 3.4 | |
| 2006 | 3.7 | 3.6 | 3.9 | 3.9 | 4.1 | 4.3 | 6.1 | 6.3 | 6.5 | 5.8 | 1.9 | 3.8 | 4.6 | |

¹ Based on average of monthly figures for given years. Percent change for 1980 year ending September is calculated as the average annual growth from year ending September 1975 to year ending September 1980.

² Revisions to scope, concept, and methodology related to the CPI, beginning in January 1997, make comparisons with earlier periods tenuous, as the goods or services priced in 1997 and later years may differ from that priced in 1996 and earlier years. Also, shifts of the weights assigned to various goods and service have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, [CPI Detailed Report, January 2001](#)

³ New series begins in January 1997; fiscal year annual average percent change cannot be calculated.

SOURCES: CMS/OACT and U.S. Department of Labor, Bureau of Labor Statistics

December 2007

Medicare Operations of the HI Trust Fund Selected Fiscal Years

| Fiscal Year ¹ | 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 ² | Total Income | Benefit Payments ³ | Administrative Expenses ⁴ | 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 ⁵ | 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 ⁶ | 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 ⁷ | 1,653 | 137,140 | 1,063 | 117,113 |
| 1999 | 134,385 | 430 | 652 | 1,401 | 71 | 16,075 | 153,015 | 129,463 ⁷ | 1,978 | 131,441 | 21,574 | 138,687 |
| 2000 | 137,738 | 465 | 470 | 1,392 | 2 | 19,614 | 159,681 | 127,934 ⁷ | 2,350 | 130,284 | 29,397 | 168,084 |
| 2001 | 151,931 | 470 | 453 | 1,440 | -1,175 ⁸ | 17,896 | 171,014 | 139,356 ⁷ | 2,368 | 141,723 | 29,290 | 197,374 |
| 2002 | 151,575 | 425 | 442 | 1,525 | 0 | 25,796 | 179,762 | 145,566 ⁷ | 2,464 | 148,031 | 31,731 | 229,105 |
| 2003 | 149,839 | 426 | 393 | 1,598 | 0 | 23,557 | 175,813 | 151,250 ⁷ | 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 |

¹ 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.

² 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.

³ 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.

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

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

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

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

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

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

SOURCE: CMS/OACT

December 2007

**Medicare Operations of the SMI Trust Fund
Selected Fiscal Years**

| Fiscal Year ¹ | Income | | | | | Disbursements | | | Trust Fund | |
|--------------------------|---|---------------------------------------|------------------------------------|--|----------------------|-----------------------------------|-------------------------|----------------------|----------------------|----------------------------------|
| | Premiums from Participants ² | Government Contributions ³ | Transfers from States ⁴ | Interest and other income ^{5,6} | Total Income | Benefit Payments ^{6,7,8} | Administrative Expenses | Total Disbursements | Net Increase in Fund | Fund at End of Year ⁹ |
| Amount in millions | | | | | | | | | | |
| 1967 | \$647 | \$623 | -- | \$15 | \$1,285 | \$664 | \$135 ¹⁰ | \$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 ¹¹ | 33,210 | -- | 1,434 ¹¹ | 46,138 ¹¹ | 41,498 | 1,524 ¹¹ | 43,022 ¹¹ | 3,115 ¹¹ | 14,527 ¹¹ |
| 1995 | 19,244 | 36,988 ¹² | -- | 1,937 | 58,169 | 63,491 | 1,722 | 65,213 | -7,044 | 13,874 ¹² |
| 1996 | 18,931 | 61,702 ¹² | -- | 1,392 | 82,025 | 67,176 | 1,771 | 68,946 | 13,079 | 26,953 ¹² |
| 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 ¹³ | 1,435 | 76,272 | 5,683 | 40,889 |
| 1999 | 20,160 | 62,185 | -- | 2,933 | 85,278 | 79,008 ¹³ | 1,510 | 80,518 | 4,760 | 45,649 |
| 2000 | 20,515 | 65,561 | -- | 3,164 | 89,239 | 87,212 ¹³ | 1,780 | 88,992 | 247 | 45,896 |
| 2001 | 22,307 | 69,838 | -- | 3,191 | 95,336 | 97,466 ¹³ | 1,986 | 99,452 | -4,116 | 41,780 |
| 2002 | 24,427 | 78,318 | -- | 2,960 | 105,705 | 106,995 ¹³ | 1,830 | 108,825 | -3,120 | 38,659 |
| 2003 | 26,834 | 80,905 | -- | 2,455 | 110,194 | 121,699 ¹³ | 2,356 | 124,055 | -13,861 | 24,799 |
| 2004 | 30,341 | 94,734 | -- | 1,730 | 126,805 | 131,673 | 2,817 | 134,490 | -7,684 | 17,114 |
| 2005 | 35,939 | 115,200 | -- | 1,366 | 152,505 | 149,820 | 2,914 | 152,735 | -230 | 16,885 |
| 2006 | 44,216 ¹⁴ | 162,601 | 3,630 | 1,478 | 211,926 | 192,058 ¹⁴ | 3,474 ¹⁴ | 195,531 | 16,394 | 33,279 |

¹ 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.

² 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

³ 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.

⁴ 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.

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

⁶ 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.

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

⁸ 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.

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

¹⁰ Administrative expenses shown include those paid in fiscal years 1966 and 1967.

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

¹² 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.

¹³ 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.

¹⁴ Includes an estimated \$1,779 million for premiums paid directly to Part D plans. See also footnotes 2 and 8.

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

SOURCE: CMS/OACT

December 2007

**Medicare SMI Trust Fund Income
Selected Fiscal Years**

| Fiscal Year | Total Income (less interest) | Premiums from Participants | | | Government Contributions ^{1, 2} | | |
|--------------------|---------------------------------|----------------------------|--------|----------|--|---------|----------|
| | | 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 ³ | 10,138 | 995 | 33,210 | 31,107 | 2,103 |
| 1995 | 56,232 | 19,244 | 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 | 19,141 | 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 |
| Percent change | | | | | | | |
| 1967-2006 | 13,749 | 6,334 | 5,403 | -- | 21,450 | 17,739 | -- |
| 1975-2006 | 4,071 | 2,106 | 1,951 | 3,889 | 5,662 | 6,396 | 3,634 |
| 2003-2004 | 16 | 13 | 12 | 20 | 17 | 13 | 37 |
| 2004-2005 | 20 | 18 | 17 | 24 | 21 | 21 | 20 |
| 2005-2006 | 17 | 16 | 17 | 9 | 18 | 21 | 5 |

¹ Interest on delayed transfers from general funds is included.

² 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.

³ 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

**Medicare Ratio of SMI 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 | 131,357 | 109,890 | 21,467 | 4.3 | 4.2 | 4.8 |
| 2005 | 148,410 | 123,666 | 24,744 | 4.1 | 4.1 | 4.5 |
| 2006 | 158,021 | 131,268 | 26,752 | 3.8 | 3.7 | 4.4 |
| Percent change | | | | | | |
| 1967-2006 | 23,698 | 19,669 | -- | | | |
| 1975-2006 | 4,097 | 3,891 | 5,520 | | | |
| 1985-2006 | 625 | 588 | 880 | | | |
| 1995-2006 | 149 | 139 | 209 | | | |
| 2003-2004 | 10 | 9 | 13 | | | |
| 2004-2005 | 13 | 13 | 15 | | | |
| 2005-2006 | 6 | 6 | 8 | | | |

NOTE: 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."

SOURCE: CMS/OACT

December 2007

**Medicare Administrative Expenses
Selected Fiscal Years**

| Fiscal Year | Administrative Expenses | |
|-----------------------------------|-------------------------|-----------------------------------|
| | Amount in Millions | Percent of Benefit Payments |
| HI Trust Fund | | |
| 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 ¹ | 1.2 |
| 1998 | 1,653 ¹ | 1.2 |
| 1999 | 1,978 ¹ | 1.5 |
| 2000 | 2,350 ¹ | 1.9 |
| 2001 | 2,368 ¹ | 1.7 |
| 2002 | 2,464 ¹ | 1.7 |
| 2003 | 2,541 ¹ | 1.7 |
| 2004 | 2,920 ¹ | 1.8 |
| 2005 | 2,850 ¹ | 1.6 |
| 2006 | 3,086 ¹ | 1.7 |
| SMI Trust Fund² | | |
| 1967 | 135 ³ | 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 |
| 1999 | 1,510 | 1.9 |
| 2000 | 1,780 | 2.0 |
| 2001 | 1,986 | 2.0 |
| 2002 | 1,830 | 1.7 |
| 2003 | 2,356 | 1.9 |
| 2004 | 2,817 | 2.1 |
| 2005 | 2,914 | 1.9 |
| 2006 | 3,474 | 1.8 |

¹ Includes non-expenditure transfers for Health Care Fraud and Abuse Control.

² Includes Part D beginning in FY 2004.

³ Includes expenses paid in fiscal years 1966 and 1967.

**Medicare Contractors
2006**

| | Intermediaries | Carriers |
|------------------------|----------------|----------|
| Blue Cross/Blue Shield | 23 | 16 |
| Other | 2 | 3 |

NOTE: Data as of December 2006.

SOURCE: CMS/OFM

**Medicare Appeals
Fiscal Year 2007**

| | Intermediary Reconsiderations | Carrier Reviews |
|---------------------------------|----------------------------------|--------------------|
| Number Processed | 33,632 | 1,899,721 |
| Percent With Increased Payments | 27 | 56.4 |

SOURCE: CMS/OFM

December 2007

Medicare Physician/Supplier Claims Charge Reductions
Selected Fiscal years 1980 - 2007

| Fiscal Year | Claims Approved | | Total Covered Charges | | |
|------------------------------------|------------------------|--------------------|-----------------------|--------------------|-----------------------------|
| | Number in thousands | Percent Reduced | Amount in millions | Percent Reduced | Amount Reduced per Claim |
| <u>Assigned (HCFA-1490/1500)</u> | | | | | |
| 1980 | 70,937 | 80.0 | \$6,878 | 22.5 | \$21.81 |
| 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 |
| 1996 | 544,639 | 87.1 | 96,205 | 44.4 | 78.42 |
| 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 |
| <u>Unassigned (HCFA-1490/1500)</u> | | | | | |
| 1980 | 66,207 | 83.7 | \$6,527 | 22.3 | \$21.96 |
| 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 |
| 1996 | 24,390 | 84.5 | 2,071 | 15.6 | 13.22 |
| 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 |

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

SOURCE: CMS/OFM

December 2007

**Medicare Charge Determination Data for Physician/Supplier Claims
Selected Fiscal Years 1975-2007**

| 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 |
| 1991 | 451,700 | 65,680,424 | 394,615 | 87.4 | 22,179,014 | 33.8 | 49.10 |
| 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 |

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

SOURCE: CMS/OFM

December 2007

**Medicaid Administrative Expenses
Fiscal Years 2004 - 2006**

| | 2004 | 2005 | 2006 |
|--|--------------------|--------------------|--------------------|
| Amount in thousands | | | |
| Total Payments Computable for Federal Funding ¹ | \$14,503,895 | \$15,174,358 | \$16,045,154 |
| Federal Share ¹ | | | |
| Family Planning | \$31,394 | \$32,768 | \$27,814 |
| Design, Development or Installation of MMIS ² | 382,248 | 243,837 | 223,015 |
| Skilled Professional Medical Personnel | 374,289 | 446,952 | 414,534 |
| Operation of an Approved MMIS | 1,081,075 | 1,164,110 | 1,206,772 |
| Mechanized Systems Not Approved Under MMIS | 146,258 | 80,830 | 93,128 |
| All Other | 6,014,626 | 6,358,260 | 6,783,681 |
| Total Federal Share | \$8,029,890 | \$8,326,757 | \$8,748,944 |
| <u>Net Adjusted Federal Share ³</u> | <u>\$8,048,054</u> | <u>\$8,256,214</u> | <u>\$8,730,266</u> |

¹ Source: Form CMS-64 (Net Expenditures Reported -- Administration).

² Medicaid Management Information System.

³ Includes CMS adjustments.

SOURCE: CMS/CMSO

December 2007

**Medicare Enrollees
Selected Years**

| | 1975 | 1980 | 1985 | 1990 | 1995 | 2000 | 2005 | 2006 | 2007 | 2008 |
|--------------------|------|------|------|------|------|------|------|------|------|------|
| Number in millions | | | | | | | | | | |
| HI and/or SMI | | | | | | | | | | |
| Total | 24.5 | 28.3 | 31.0 | 34.1 | 37.4 | 39.6 | 42.4 | 43.1 | 44.0 | 44.8 |
| Aged | 22.4 | 25.3 | 28.0 | 30.8 | 33.1 | 34.2 | 35.7 | 36.2 | 36.9 | 37.6 |
| Disabled | 2.0 | 3.0 | 2.9 | 3.3 | 4.4 | 5.4 | 6.7 | 6.9 | 7.1 | 7.3 |
| HI | | | | | | | | | | |
| Total | 24.1 | 27.9 | 30.5 | 33.6 | 37.0 | 39.1 | 42.0 | 42.7 | 43.5 | 44.5 |
| Aged | 22.0 | 24.9 | 27.5 | 30.3 | 32.6 | 33.8 | 35.3 | 35.8 | 36.4 | 37.1 |
| Disabled | 2.0 | 3.0 | 2.9 | 3.3 | 4.4 | 5.4 | 6.7 | 6.9 | 7.1 | 7.3 |
| SMI | | | | | | | | | | |
| Total | 23.3 | 27.1 | 29.7 | 32.4 | 35.5 | 37.3 | 39.6 | 40.1 | 40.6 | 41.3 |
| Aged | 21.5 | 24.4 | 27.1 | 29.5 | 31.6 | 32.5 | 33.7 | 33.6 | 33.9 | 34.5 |
| Disabled | 1.8 | 2.7 | 2.7 | 2.9 | 3.9 | 4.7 | 5.9 | 6.1 | 6.3 | 6.4 |
| HI and SMI | 23.0 | 26.7 | 29.2 | 31.9 | 35.1 | 36.8 | 39.1 | 39.7 | 40.2 | 40.9 |
| HI Only | 1.1 | 1.2 | 1.2 | 1.7 | 1.9 | 2.3 | 2.9 | 3.0 | 3.3 | 3.6 |
| SMI 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 2007 and FY 2008 represent projections.

SOURCE: CMS/OACT

December 2007

**Medicare HI and/or SMI Enrollment Demographics
2006**

| | Total | Male | Female |
|------------------------|------------|------------|------------|
| All Persons | 43,338,571 | 19,140,219 | 24,198,352 |
| Aged Persons | 36,316,594 | 15,395,048 | 20,921,546 |
| 65 - 74 | 18,596,431 | 8,630,939 | 9,965,492 |
| 75 - 84 | 12,769,306 | 5,230,099 | 7,539,207 |
| 85 and over | 4,950,857 | 1,534,010 | 3,416,847 |
| Disabled Persons | 7,021,977 | 3,745,171 | 3,276,806 |
| Under 45 | 1,798,104 | 984,890 | 813,214 |
| 45 - 54 | 2,192,065 | 1,170,698 | 1,021,367 |
| 55 - 64 | 3,031,808 | 1,589,583 | 1,442,225 |
| White | 36,234,731 | 16,007,210 | 20,227,521 |
| Black | 4,320,124 | 1,841,104 | 2,479,020 |
| All Other | 2,707,569 | 1,263,708 | 1,443,861 |
| Native American | 179,794 | 80,630 | 99,164 |
| Asian/Pacific Islander | 759,763 | 328,685 | 431,078 |
| Hispanic | 1,045,902 | 489,670 | 556,232 |
| Other | 722,110 | 364,723 | 357,387 |
| Unknown Race | 76,147 | 28,197 | 47,950 |

NOTES: Data are as of July 1. Data by race are shown by the expanded categories specified by the Office of Management and Budget's Statistical Directive 15 (Federal Register, 1978). The use of the category of "Other" reflects CMS' use of SSA's Master Beneficiary Record which was not expanded. See Arday et al., "HCFA's Racial and Ethnic Data: Current Accuracy and Recent Improvements," HCF Review, Vol. 21, No. 4.

SOURCE: CMS/ORDI

**Medicare HI and/or SMI Enrollment End Stage Renal Disease Demographics
2006**

| | Number of Enrollees |
|-----------------------|---------------------------|
| All Persons | 384,011 |
| Age | |
| Under 65 | 209,111 |
| 65 and over | 174,900 |
| Sex | |
| Male | 214,145 |
| Female | 169,866 |
| Race | |
| White | 206,765 |
| Black | 131,107 |
| Asian | 9,453 |
| Hispanic | 19,776 |
| Native North American | 4,803 |
| Other | 10,488 |
| Unknown | 1,619 |

NOTES: Data as of July 1, 2006.

SOURCE: CMS/ORDI

December 2007

**Medicare 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 |

| 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 | 42.4 | 36.5 | 5.8 | 0.1 | 57.6 | 49.1 | 8.4 | 0.1 |

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

SOURCES: CMS/ORDI/HCIS

December 2007

**Medicare State Buy-Ins for SMI
2000 - 2006**

| Type of Beneficiary ¹ | 2000 | 2004 | 2005 | 2006 |
|----------------------------------|-----------|-----------|-----------|-----------|
| All Persons | | | | |
| Number | 5,549,170 | 6,539,825 | 6,844,885 | 7,115,145 |
| Percent of SMI Enrolled | 14.9 | 16.7 | 17.3 | 17.6 |
| Aged | | | | |
| Number | 3,632,069 | 4,085,885 | 4,225,838 | 4,352,514 |
| Percent of SMI Enrolled | 11.1 | 12.2 | 12.5 | 12.7 |
| Disabled | | | | |
| Number | 1,917,101 | 2,453,938 | 2,619,046 | 2,762,630 |
| Percent of SMI Enrolled | 41.2 | 44.4 | 45.1 | 45.6 |

¹ 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/ORDI

December 2007

**Medicaid Enrollment and Beneficiaries
Selected Fiscal Years**

| | 1975 | 1980 | 1985 | 1990 | 1995 | 2000 | 2005 | 2006 | 2007 |
|--|------|------|------|------|------|------|------|------|------|
| Average monthly enrollment in millions | | | | | | | | | |
| Total | NA | NA | NA | 22.9 | 33.4 | 33.6 | 45.4 | 46.9 | 48.1 |
| Aged | NA | NA | NA | 3.1 | 3.7 | 3.7 | 4.6 | 4.9 | 5.0 |
| Blind/Disabled | NA | NA | NA | 3.8 | 5.8 | 6.7 | 8 | 8.3 | 8.5 |
| Children | NA | NA | NA | 10.7 | 16.5 | 16.2 | 22.2 | 22.9 | 23.5 |
| Adults | NA | NA | NA | 4.9 | 6.7 | 6.9 | 10.8 | 10.8 | 11.1 |
| Other Title XIX | NA | NA | NA | 0.5 | 0.6 | NA | NA | NA | NA |
| SCHIP | NA | NA | NA | NA | NA | 2.1 | 4.4 | 4.4 | 4.2 |
| Unduplicated annual enrollment in millions | | | | | | | | | |
| Total | 22.4 | 21.6 | 21.8 | 25.3 | 42.5 | 43.3 | 57.4 | 59.4 | 60.9 |
| Aged | 3.7 | 3.4 | 3.1 | 3.2 | 4.4 | 4.3 | 5.6 | 5.6 | 6.0 |
| Blind/Disabled | 2.4 | 2.8 | 3.0 | 3.7 | 6.5 | 7.5 | 8.9 | 9.3 | 9.5 |
| Children | 9.8 | 9.3 | 9.8 | 11.2 | 21.3 | 20.9 | 27.7 | 28.5 | 29.2 |
| Adults | 4.7 | 4.8 | 5.5 | 6.0 | 9.4 | 10.6 | 15.3 | 15.8 | 16.2 |
| Other Title XIX | 1.9 | 1.5 | 1.2 | 1.1 | 0.9 | NA | NA | NA | NA |
| SCHIP | NA | NA | NA | NA | NA | 3.3 | 6.9 | 6.9 | 6.7 |

NOTES: Territories not included in Medicaid numbers. Medicaid enrollment excludes Medicaid expansion SCHIP programs. SCHIP numbers include adults covered under waivers.

SOURCES: CMS/CMSO/OACT

December 2007

Medicaid Eligibles Demographics Selected Fiscal Years

| | 2002 | 2003 | 2004 |
|--------------------------------|-------------|------|------|
| | In millions | | |
| Total eligibles | 51.5 | 55.4 | 58.2 |
| Age | 51.5 | 55.4 | 58.2 |
| Under 21 | 27.8 | 29.8 | 31.4 |
| 21 - 64 | 18.0 | 19.5 | 20.7 |
| 65 and over | 5.5 | 5.9 | 6.0 |
| Unknown | 0.1 | 0.1 | 0.1 |
| Sex | 51.5 | 55.4 | 58.2 |
| Male | 20.7 | 22.4 | 23.6 |
| Female | 30.7 | 32.9 | 34.5 |
| Unknown | 0.3 | 0.1 | 0.1 |
| Race | 51.5 | 55.4 | 58.2 |
| White, not Hispanic | 22.5 | 24.2 | 25.4 |
| Black, not Hispanic | 12.2 | 12.9 | 13.4 |
| American Indian/Alaskan Native | 0.7 | 0.8 | 0.8 |
| Asian | 1.2 | 1.5 | 1.5 |
| Hawaiian/Pacific Islander | 0.6 | 0.6 | 0.5 |
| Hispanic | 10.8 | 12.1 | 12.8 |
| Other | 0.1 | -- | -- |
| Unknown | 3.4 | 3.3 | 3.6 |

-- 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.

SOURCES: CMS/CMSO

December 2007

**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 | 77.0 | 74.3 | 79.7 | 77.6 | 74.9 | 80.1 | 71.9 | 68.3 | 75.2 |
| 2001 | 77.2 | 74.4 | 79.8 | 77.7 | 75.0 | 80.2 | 72.2 | 68.6 | 75.5 |
| 2002 | 77.3 | 74.5 | 79.9 | 77.7 | 75.1 | 80.3 | 72.3 | 68.8 | 75.6 |
| 2003 | 77.5 | 74.8 | 80.1 | 78.0 | 75.3 | 80.5 | 72.7 | 69.0 | 76.1 |
| 2004 | 77.8 | 75.2 | 80.4 | 78.3 | 75.7 | 80.8 | 73.1 | 69.5 | 76.3 |
| 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 | 18.0 | 16.2 | 19.3 | 18.0 | 16.3 | 19.4 | 16.2 | 14.2 | 17.7 |
| 2001 | 18.1 | 16.4 | 19.4 | 18.2 | 16.5 | 19.5 | 16.4 | 14.4 | 17.9 |
| 2002 | 18.2 | 16.6 | 19.5 | 18.2 | 16.6 | 19.5 | 16.6 | 14.6 | 18.0 |
| 2003 | 18.4 | 16.8 | 19.8 | 18.5 | 16.9 | 19.8 | 17.0 | 14.9 | 18.5 |
| 2004 | 18.7 | 17.1 | 20.0 | 18.7 | 17.2 | 20.0 | 17.1 | 15.2 | 18.6 |

SOURCE: Public Health Service, Health United States, 2007

December 2007

Life Expectancy at Age 65 Based on U.S. Life Table Functions

| Calendar Year | Male | Female |
|-------------------|-----------------|--------|
| | Number in years | |
| 1965 | 12.9 | 16.3 |
| 1970 | 13.1 | 17.1 |
| 1980 | 14.0 | 18.4 |
| 1990 | 15.1 | 19.1 |
| 2000 | 15.9 | 19.0 |
| 2010 ¹ | 16.7 | 19.2 |
| 2020 ¹ | 17.4 | 19.7 |
| 2030 ¹ | 18.0 | 20.2 |
| 2040 ¹ | 18.5 | 20.8 |
| 2050 ¹ | 19.1 | 21.3 |
| 2060 ¹ | 19.6 | 21.8 |
| 2070 ¹ | 20.1 | 22.3 |
| 2075 ¹ | 20.4 | 22.5 |
| 2080 ¹ | 20.6 | 22.8 |
| 2085 ¹ | 20.8 | 23.0 |

¹ Preliminary or estimated.

NOTE: The life expectancy is the average number of years of life remaining to a person if he were to experience the age-specific mortality rates for the tabulated year throughout the remainder of his life.

SOURCE: SSA/OACT

December 2007

**Medicare Short-Stay Hospital Utilization
Selected Fiscal Years**

| | 1990 | 1999 | 2000 | 2004 | 2005 | 2006 |
|---------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Discharges | | | | | | |
| Total in millions | 10.5 | 11.7 | 11.8 | 13.0 | 13.0 | 12.5 |
| Rate per 1,000 Enrollees ¹ | 313 | 310 | 303 | 316 | 308 | 291 |
| Days of Care | | | | | | |
| Total in millions | 94 | 71 | 71 | 75 | 75 | 71 |
| Rate per 1,000 Enrollees ¹ | 2,805 | 1,897 | 1,825 | 1,834 | 1,771 | 1,655 |
| Average Length of Stay | | | | | | |
| All short-stay | 9.0 | 6.1 | 6.0 | 5.8 | 5.7 | 5.6 |
| Excluded Units ² | 19.5 | 12.6 | 12.3 | 11.5 | 11.6 | 11.7 |
| Total Charges per Day | \$1,060 | \$2,496 | \$2,720 | \$4,458 | \$4,882 | \$5,344 |

¹ The population base is HI enrollment excluding HI enrollees residing in foreign countries.

² Includes alcohol/drug, psychiatric, and rehabilitation units through 1990, and psychiatric and rehabilitation units from 1997 through 2006.

NOTES: Data may reflect under reporting due to a variety of reasons including: operational difficulties experienced by intermediaries; no-pay, at-risk managed care utilization; and no-pay Medicare secondary payer bills. Average length of stay is shown in days. The data for 1990 through 2006 are based on 100 percent MEDPAR. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/ORDI

December 2007

**Medicare Short-Stay Hospital Days per Person by Days of Care
Calendar Year 2006**

| Total Days of Care | Persons Using Number of Days | Percent Distribution | Cumulative Percent Distribution | Total Days Used | Percent Distribution | Days Per Person |
|--------------------|------------------------------|----------------------|---------------------------------|-----------------|----------------------|-----------------|
| TOTAL | 7,333,120 | 100.0 | --- | 70,301,460 | 100.0 | 9.6 |
| 1 day | 809,360 | 11.0 | 11.0 | 809,360 | 1.2 | 1.0 |
| 2 days | 827,420 | 11.3 | 22.3 | 1,654,840 | 2.4 | 2.0 |
| 3 days | 903,625 | 12.3 | 34.6 | 2,710,875 | 3.9 | 3.0 |
| 4 days | 703,635 | 9.6 | 44.2 | 2,814,540 | 4.0 | 4.0 |
| 5 days | 534,185 | 7.3 | 51.5 | 2,670,925 | 3.8 | 5.0 |
| 6 days | 434,200 | 5.9 | 57.4 | 2,605,200 | 3.7 | 6.0 |
| 7 days | 366,140 | 5.0 | 62.4 | 2,562,980 | 3.6 | 7.0 |
| 8 days | 301,275 | 4.1 | 66.5 | 2,410,200 | 3.4 | 8.0 |
| 9 days | 246,705 | 3.4 | 69.9 | 2,220,345 | 3.2 | 9.0 |
| 10 days | 213,450 | 2.9 | 72.8 | 2,134,500 | 3.0 | 10.0 |
| 11 days | 186,685 | 2.5 | 75.3 | 2,053,535 | 2.9 | 11.0 |
| 12 days | 160,170 | 2.2 | 77.5 | 1,922,040 | 2.7 | 12.0 |
| 13 days | 143,085 | 2.0 | 79.5 | 1,860,105 | 2.6 | 13.0 |
| 14 days | 131,585 | 1.8 | 81.3 | 1,842,190 | 2.6 | 14.0 |
| 15 days | 114,600 | 1.6 | 82.9 | 1,719,000 | 2.4 | 15.0 |
| 16 days | 101,085 | 1.4 | 84.3 | 1,617,360 | 2.3 | 16.0 |
| 17 days | 90,935 | 1.2 | 85.5 | 1,545,895 | 2.2 | 17.0 |
| 18 days | 81,760 | 1.1 | 86.6 | 1,471,680 | 2.1 | 18.0 |
| 19 days | 73,395 | 1.0 | 87.6 | 1,394,505 | 2.0 | 19.0 |
| 20 days | 66,675 | 0.9 | 88.5 | 1,333,500 | 1.9 | 20.0 |
| 21-30 days | 428,880 | 5.8 | 94.3 | 10,636,165 | 15.1 | 24.8 |
| 31-40 days | 191,230 | 2.6 | 96.9 | 6,669,310 | 9.5 | 34.9 |
| 41-50 days | 94,880 | 1.3 | 98.2 | 4,267,480 | 6.1 | 45.0 |
| 51-60 days | 51,160 | 0.7 | 98.9 | 2,813,365 | 4.0 | 55.0 |
| 61-90 days | 56,345 | 0.8 | 99.7 | 4,055,090 | 5.8 | 72.0 |
| 91 days or more | 20,655 | 0.3 | 100.0 | 2,506,475 | 3.6 | 121.3 |

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 2006 MEDPAR stay record file. This file includes stays recorded in CMS central office through June 2007. 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 2007

**Medicare Short-Stay Hospital Discharges by Length of Stay
Calendar Year 2006**

| 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 | 12,384,100 | 100.0 | -- | 70,301,460 | 100.0 | -- |
| 1 day | 1,739,685 | 14.0 | 14.0 | 1,739,685 | 2.5 | 2.5 |
| 2 days | 1,788,935 | 14.4 | 28.4 | 3,577,870 | 5.1 | 7.6 |
| 3 days | 1,959,220 | 15.8 | 44.2 | 5,877,660 | 8.4 | 16.0 |
| 4 days | 1,534,255 | 12.4 | 56.6 | 6,137,020 | 8.7 | 24.7 |
| 5 days | 1,131,165 | 9.1 | 65.7 | 5,655,825 | 8.0 | 32.7 |
| 6 days | 866,145 | 7.0 | 72.7 | 5,196,870 | 7.4 | 40.1 |
| 7 days | 693,270 | 5.6 | 78.3 | 4,852,890 | 6.9 | 47.0 |
| 8 days | 513,055 | 4.1 | 82.4 | 4,104,440 | 5.8 | 52.8 |
| 9 days | 375,825 | 3.0 | 85.4 | 3,382,425 | 4.8 | 57.6 |
| 10 days | 292,695 | 2.4 | 87.8 | 2,926,950 | 4.2 | 61.8 |
| 11 days | 235,870 | 1.9 | 89.7 | 2,594,570 | 3.7 | 65.5 |
| 12 days | 184,810 | 1.5 | 91.2 | 2,217,720 | 3.2 | 68.7 |
| 13 days | 158,920 | 1.3 | 92.5 | 2,065,960 | 2.9 | 71.6 |
| 14 days | 145,725 | 1.2 | 93.7 | 2,040,150 | 2.9 | 74.5 |
| 15 days | 112,610 | 0.9 | 94.6 | 1,689,150 | 2.4 | 76.9 |
| 16 days | 85,930 | 0.7 | 95.3 | 1,374,880 | 2.0 | 78.9 |
| 17 days | 71,550 | 0.6 | 95.9 | 1,216,350 | 1.7 | 80.6 |
| 18 days | 60,960 | 0.5 | 96.4 | 1,097,280 | 1.6 | 82.2 |
| 19 days | 50,140 | 0.4 | 96.8 | 952,660 | 1.4 | 83.6 |
| 20 days | 45,035 | 0.4 | 97.2 | 900,700 | 1.3 | 84.9 |
| 21-30 days | 225,215 | 1.8 | 99.0 | 5,486,795 | 7.8 | 92.7 |
| 31-40 days | 62,205 | 0.5 | 99.5 | 2,156,515 | 3.1 | 95.8 |
| 41-50 days | 24,575 | 0.2 | 99.7 | 1,101,585 | 1.6 | 97.4 |
| 51-60 days | 11,015 | 0.1 | 99.8 | 604,825 | 0.9 | 98.3 |
| 61-90 days | 10,895 | 0.1 | 99.9 | 777,060 | 1.1 | 99.4 |
| 91 days or more | 4,395 | ¹ | 100.0 | 573,825 | 0.8 | 100.2 |

¹ 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 2006 MEDPAR stay record file. This file includes stays recorded in CMS central office through June 2007. 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 2007

**Medicare Short-Stay Hospital DRGs Ranked by Discharges
Fiscal Year 2006**

| Rank | DRG No. | Discharges ¹ | | Average Length of Stay | Average Charge Per Discharge | Total Payments ² (in thousands) | Total Medicare Payments (in thousands) | Other Third Party Payer (OTPP) Payments (in thousands) | Beneficiary Liability ³ (in thousands) | Average Payments and Liabilities ⁴ | | | |
|------|---------|-------------------------|---------|------------------------|------------------------------|---|---|---|--|---|----------|-------|-------------|
| | | Number | Percent | | | | | | | Total | Medicare | OTPP | Beneficiary |
| | | 12,492,501 | 100.0 | 5.6 | \$30,419 | \$121,225,920 | \$107,051,501 | \$5,530,913 | \$8,643,506 | \$9,704 | \$8,569 | \$443 | \$692 |
| 1 | 127 | 635,662 | 5.1 | 5.0 | 20,417 | 3,997,537 | 3,534,470 | 92,220 | 370,846 | 6,289 | 5,560 | 145 | 583 |
| 2 | 089 | 476,068 | 3.8 | 5.3 | 20,364 | 2,926,548 | 2,504,792 | 87,798 | 333,958 | 6,147 | 5,261 | 184 | 701 |
| 3 | 544 | 445,454 | 3.6 | 4.3 | 38,474 | 5,324,405 | 4,599,572 | 335,975 | 388,858 | 11,953 | 10,326 | 754 | 873 |
| 4 | 088 | 381,113 | 3.1 | 4.7 | 17,762 | 2,037,049 | 1,708,407 | 72,251 | 256,390 | 5,345 | 4,483 | 190 | 673 |
| 5 | 430 | 344,303 | 2.8 | 10.6 | 19,146 | 2,443,990 | 2,139,109 | 48,569 | 256,313 | 7,098 | 6,213 | 141 | 744 |
| 6 | 182 | 333,115 | 2.7 | 4.4 | 17,502 | 1,740,527 | 1,462,616 | 67,611 | 210,299 | 5,225 | 4,391 | 203 | 631 |
| 7 | 416 | 313,249 | 2.5 | 7.4 | 36,876 | 3,368,359 | 3,062,011 | 98,795 | 207,552 | 10,753 | 9,775 | 315 | 663 |
| 8 | 014 | 267,519 | 2.1 | 5.3 | 24,186 | 2,039,548 | 1,780,668 | 61,152 | 197,728 | 7,624 | 6,656 | 229 | 739 |
| 9 | 462 | 260,350 | 2.1 | 12.2 | 28,470 | 3,895,436 | 3,780,856 | 67,995 | 46,585 | 14,962 | 14,522 | 261 | 179 |
| 10 | 174 | 249,990 | 2.0 | 4.6 | 21,043 | 1,559,171 | 1,350,536 | 41,148 | 167,487 | 6,237 | 5,402 | 165 | 670 |
| 11 | 316 | 234,401 | 1.9 | 6.0 | 24,848 | 1,855,555 | 1,659,923 | 54,131 | 141,501 | 7,916 | 7,082 | 231 | 604 |
| 12 | 320 | 229,961 | 1.8 | 4.9 | 17,349 | 1,198,338 | 1,025,788 | 21,088 | 151,462 | 5,211 | 4,461 | 92 | 659 |
| 13 | 143 | 224,031 | 1.8 | 2.1 | 11,946 | 795,813 | 595,669 | 36,224 | 163,920 | 3,552 | 2,659 | 162 | 732 |
| 14 | 296 | 211,814 | 1.7 | 4.4 | 16,348 | 1,073,492 | 917,917 | 28,094 | 127,482 | 5,068 | 4,334 | 133 | 602 |
| 15 | 138 | 208,908 | 1.7 | 3.8 | 16,587 | 1,064,097 | 892,222 | 31,541 | 140,334 | 5,094 | 4,271 | 151 | 672 |
| 16 | 558 | 185,591 | 1.5 | 1.7 | 43,294 | 2,559,326 | 2,244,756 | 175,523 | 139,047 | 13,790 | 12,095 | 946 | 749 |
| 17 | 079 | 151,934 | 1.2 | 7.8 | 31,620 | 1,440,200 | 1,315,379 | 32,414 | 92,407 | 9,479 | 8,658 | 213 | 608 |
| 18 | 121 | 133,409 | 1.1 | 5.9 | 29,682 | 1,237,953 | 1,125,841 | 27,331 | 84,780 | 9,279 | 8,439 | 205 | 635 |
| 19 | 557 | 129,739 | 1.0 | 3.9 | 57,250 | 2,355,975 | 2,123,613 | 139,474 | 92,888 | 18,159 | 16,368 | 1,075 | 716 |
| 20 | 148 | 129,160 | 1.0 | 11.8 | 68,376 | 2,871,180 | 2,651,614 | 118,246 | 101,319 | 22,230 | 20,530 | 916 | 784 |
| 21 | 210 | 127,756 | 1.0 | 6.5 | 37,436 | 1,450,307 | 1,318,041 | 34,225 | 98,041 | 11,352 | 10,317 | 268 | 767 |
| 22 | 475 | 127,204 | 1.0 | 10.1 | 68,243 | 2,915,144 | 2,725,704 | 97,698 | 91,742 | 22,917 | 21,428 | 768 | 721 |
| 23 | 141 | 126,813 | 1.0 | 3.4 | 15,759 | 597,780 | 493,082 | 15,171 | 89,528 | 4,714 | 3,888 | 120 | 706 |
| 24 | 277 | 123,573 | 1.0 | 5.3 | 17,700 | 666,246 | 552,066 | 26,997 | 87,182 | 5,392 | 4,468 | 218 | 706 |
| 25 | 395 | 116,821 | 0.9 | 4.2 | 17,452 | 602,833 | 506,187 | 23,049 | 73,598 | 5,160 | 4,333 | 197 | 630 |

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

² 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.

³ 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.

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

**Medicare Ranking for all Short-Stay Hospital
Fiscal Year 2006 versus 2005**

| 1 | | | |
|-----------------|----------------|-----|--|
| 2006 FY Rank | 2005 | | |
| 1 | 1 | 127 | Heart Failure and Shock |
| 2 | 2 | 089 | Simple Pneumonia and Pleurisy, Age over 17 with Complications and Comorbidities |
| 3 | ² 3 | 544 | Major Joint Replacement or Reattachment of Lower Extremity |
| 4 | 4 | 088 | Chronic Obstructive Pulmonary Disease |
| 5 | 5 | 430 | Psychoses |
| 6 | 6 | 182 | Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complications and Comorbidities |
| 7 | 7 | 416 | Septicemia, Age over 17 |
| 8 | 9 | 014 | Intracranial Hemorrhage or Cerebral Infarction |
| 9 | 8 | 462 | Rehabilitation |
| 10 | 10 | 174 | Gastrointestinal Hemorrhage with Complications and Comorbidities |
| 11 | 16 | 316 | Renal Failure |
| 12 | 14 | 320 | Kidney and Urinary Tract Infections, Age over 17 with Complications and Comorbidities |
| 13 | 13 | 143 | Chest Pain |
| 14 | 11 | 296 | Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complications and Comorbidities |
| 15 | 15 | 138 | Cardiac Arrhythmia and Conduction Disorders, with Complications and Comorbidities |
| 16 | ³ | 558 | Percutaneous Cardiovascular Procedures with Drug-Eluting Stent without Major CV Diagnosis |
| 17 | 17 | 079 | Respiratory Infections and Inflammations, Age over 17 with Complications and Comorbidities |
| 18 | 18 | 121 | Circulatory Disorders with Acute Myocardial Infarction, and Major Complications, Discharged Alive |
| 19 | 21 | 557 | Percutaneous Cardiovascular Procedures with Drug-Eluting Stent with Major CV Diagnosis |
| 20 | 19 | 148 | Major Small and Large Bowel Procedures with Compliations and Comorbidities |
| 21 | 20 | 210 | Hip and Femur Procedures except Major Joint, Age over 17 with Complications and Comorbidities |
| 22 | 22 | 475 | Respiratory System Diagnosis with Ventilator Support |
| 23 | 21 | 141 | Syncope and Collapse with Complications and Comorbidities |
| 24 | 24 | 277 | Cellulitis Age over 17 with Complicatons and Comorbidities |
| 25 | 25 | 395 | Red Blood Cell Disorders Age over 17 |

¹Ranked by Discharges

²Formerly DRG 209

³New code

SOURCE: CMS/ORDI

December 2007

**MEDICARE PHYSICIAN/SUPPLIER LEADING PROCEDURES DATA RANKED BY ALLOWED CHARGES
CALENDAR YEAR 2006**

| Procedure Code | Description | Allowed Charges | Percent of Allowed Charges |
|---|------------------------------|--------------------|-------------------------------|
| All Procedure Codes (Levels I, II, and III) | | \$110,388,233,006 | 100.0 |
| Leading Procedure Codes (Level I only) | | \$48,716,360,495 | 44.1 |
| 99213 | Office/outpatient visit, est | \$5,496,457,463 | 5.0 |
| 99214 | Office/outpatient visit, est | \$5,080,249,491 | 4.6 |
| 99232 | Subsequent hospital care | \$2,907,478,264 | 2.6 |
| 66984 | Cataract surg w/iol, 1 stage | \$2,235,129,492 | 2.0 |
| 99233 | Subsequent hospital care | \$1,530,492,829 | 1.4 |
| 78465 | Heart image (3d), multiple | \$1,164,554,830 | 1.1 |
| 88305 | Tissue exam by pathologist | \$1,116,941,576 | 1.0 |
| 99285 | Emergency dept visit | \$1,116,234,823 | 1.0 |
| 99244 | Office consultation | \$1,030,345,644 | 0.9 |
| 92014 | Eye exam & treatment | \$936,389,510 | 0.8 |
| 99215 | Office/outpatient visit, est | \$915,486,489 | 0.8 |
| 99223 | Initial hospital care | \$897,102,093 | 0.8 |
| 99212 | Office/outpatient visit, est | \$863,048,516 | 0.8 |
| 93307 | Echo exam of heart | \$861,824,539 | 0.8 |
| 99254 | Initial inpatient consult | \$841,207,072 | 0.8 |
| 97110 | Therapeutic exercises | \$825,402,400 | 0.7 |
| 99291 | Critical care, first hour | \$753,275,356 | 0.7 |
| 99243 | Office consultation | \$612,911,537 | 0.6 |
| 99231 | Subsequent hospital care | \$610,349,516 | 0.6 |
| 77418 | Radiation tx delivery, imrt | \$585,740,159 | 0.5 |
| 99255 | Initial inpatient consult | \$575,826,535 | 0.5 |
| 99284 | Emergency dept visit | \$518,306,946 | 0.5 |
| 70553 | Mri brain w/o & w/dye | \$517,349,900 | 0.5 |
| 99245 | Office consultation | \$502,416,384 | 0.5 |
| 99203 | Office/outpatient visit, new | \$489,145,561 | 0.4 |
| 90806 | Psytx, off, 45-50 min | \$480,537,447 | 0.4 |
| 98941 | Chiropractic manipulation | \$478,508,428 | 0.4 |

**MEDICARE PHYSICIAN/SUPPLIER LEADING PROCEDURES DATA RANKED BY ALLOWED CHARGES
CALENDAR YEAR 2006**

| Procedure Code | Description | Allowed Charges | Percent of Allowed Charges |
|----------------|-------------------------------|-----------------|----------------------------|
| 99308 | Nursing fac care, subseq | \$474,315,394 | 0.4 |
| 92012 | Eye exam established pat | \$444,521,501 | 0.4 |
| 93880 | Extracranial study | \$443,177,686 | 0.4 |
| 99204 | Office/outpatient visit, new | \$437,811,547 | 0.4 |
| 93325 | Doppler color flow add-on | \$435,665,545 | 0.4 |
| 99238 | Hospital discharge day | \$423,455,424 | 0.4 |
| 78815 | Tumorimage pet/ct skul-thigh | \$421,587,394 | 0.4 |
| 27447 | Total knee arthroplasty | \$411,219,776 | 0.4 |
| 93320 | Doppler echo exam, heart | \$385,946,854 | 0.3 |
| 99309 | Nursing fac care, subseq | \$381,736,857 | 0.3 |
| 96413 | Chemo, iv infusion, 1 hr | \$378,782,521 | 0.3 |
| 45378 | Diagnostic colonoscopy | \$371,208,903 | 0.3 |
| 99222 | Initial hospital care | \$367,111,531 | 0.3 |
| 72148 | Mri lumbar spine w/o dye | \$364,529,216 | 0.3 |
| 43239 | Upper GI endoscopy, biopsy | \$353,433,907 | 0.3 |
| 99253 | Initial inpatient consult | \$331,496,930 | 0.3 |
| 85025 | Complete cbc w/auto diff wbc | \$326,629,682 | 0.3 |
| 20610 | Drain/inject, joint/bursa | \$326,516,524 | 0.3 |
| 45385 | Lesion removal colonoscopy | \$319,832,575 | 0.3 |
| 92980 | Insert intracoronary stent | \$317,824,012 | 0.3 |
| 84443 | Assay thyroid stim hormone | \$298,862,150 | 0.3 |
| 97140 | Manual therapy | \$298,195,098 | 0.3 |
| 93000 | Electrocardiogram, complete | \$293,936,837 | 0.3 |
| 80061 | Lipid panel | \$288,598,658 | 0.3 |
| 93510 | Left heart catheterization | \$288,354,781 | 0.3 |
| 99283 | Emergency dept visit | \$283,984,104 | 0.3 |
| 11721 | Debride nail, 6 or more | \$279,675,097 | 0.3 |
| 66821 | After cataract laser surgery | \$277,311,465 | 0.3 |
| 17000 | Destroy benign/premigl lesion | \$277,290,529 | 0.3 |
| 71020 | Chest x-ray | \$277,088,673 | 0.3 |
| 45380 | Colonoscopy and biopsy | \$276,156,559 | 0.3 |

**MEDICARE PHYSICIAN/SUPPLIER LEADING PROCEDURES DATA RANKED BY ALLOWED CHARGES
CALENDAR YEAR 2006**

| Procedure Code | Description | Allowed Charges | Percent of Allowed Charges |
|----------------|------------------------------|-----------------|----------------------------|
| 80053 | Comprehen metabolic panel | \$273,941,991 | 0.2 |
| 90862 | Medication management | \$267,439,297 | 0.2 |
| 76075 | Dxa bone density, axial | \$265,800,415 | 0.2 |
| 17304 | 1 stage mohs, up to 5 spec | \$265,182,956 | 0.2 |
| 76092 | Mammogram, screening | \$257,663,416 | 0.2 |
| 92004 | Eye exam, new patient | \$253,575,066 | 0.2 |
| 99239 | Hospital discharge day | \$251,268,874 | 0.2 |
| 71260 | Ct thorax w/dye | \$244,720,224 | 0.2 |
| 72193 | Ct pelvis w/dye | \$244,265,198 | 0.2 |
| 93015 | Cardiovascular stress test | \$242,422,464 | 0.2 |
| 74160 | Ct abdomen w/dye | \$239,223,654 | 0.2 |
| 70450 | Ct head/brain w/o dye | \$236,242,425 | 0.2 |
| 77427 | Radiation tx management, x5 | \$226,943,322 | 0.2 |
| 78478 | Heart wall motion add-on | \$222,969,509 | 0.2 |
| 78480 | Heart function add-on | \$219,524,985 | 0.2 |
| 99211 | Office/outpatient visit, est | \$206,206,169 | 0.2 |

¹ 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.

² The total number of procedure codes (Levels I, II and III) is 13,617.

³ 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 8,674 Level I codes) account for approximately 44% of all allowed charges.

NOTES: The Current Procedural Terminology (CPT) codes, descriptions and other data only are Copyright 2005 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 the above publication.

SOURCE: CMS/ORDI

December 2007

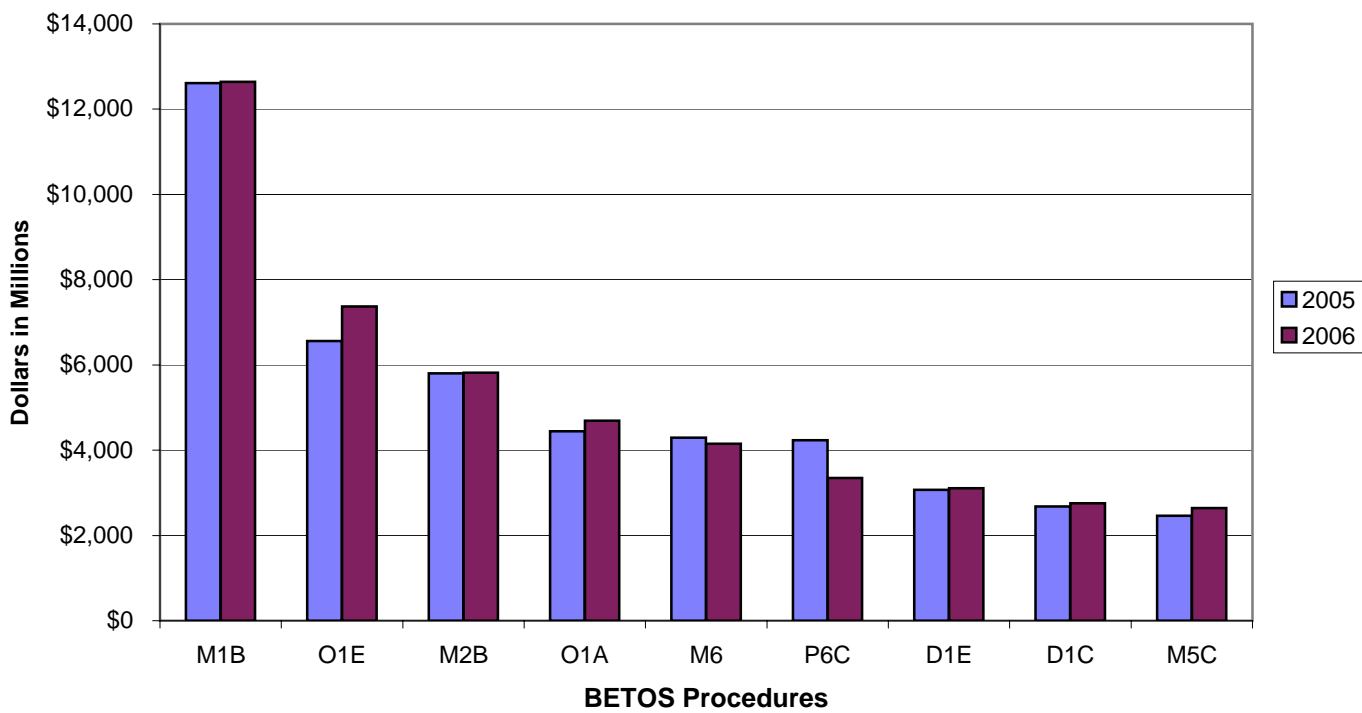
**Leading Medicare Physician and Supplier BETOS
Classifications Based on Allowed Charges
Calendar Years 2005 and 2006**

| Betos Code | Description | Medicare Allowed Charges | |
|-----------------|--------------------------------|--------------------------|-------------------|
| | | 2005 | 2006 |
| ALL BETOS CODES | | \$108,125,894,150 | \$110,388,233,006 |
| M1B | OFFICE VISITS - ESTABLISHED | 12,608,767,043 | 12,638,010,145 |
| O1E | OTHER DRUGS | 6,561,564,887 | 7,371,619,303 |
| M2B | HOSPITAL VISIT - SUBSEQUENT | 5,800,765,234 | 5,820,991,330 |
| O1A | AMBULANCE | 4,445,879,523 | 4,690,494,059 |
| M6 | CONSULTATIONS | 4,290,648,884 | 4,149,426,970 |
| P6C | MINOR PROCEDURES - OTHER (MFS) | 4,235,284,372 | 3,351,391,338 |
| D1E | OTHER DME | 3,070,537,366 | 3,109,233,622 |
| D1C | OXYGEN AND SUPPLIES | 2,679,455,077 | 2,753,989,330 |
| M5C | SPECIALIST - OPHTHALMOLOGY | 2,465,317,354 | 2,527,330,411 |

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

SOURCE: CMS/ORDI

BETOS Allowed Charges



SOURCE: CMS/ORDI

December 2007

**Medicare Persons Served by Type of Coverage
Selected Calendar Years**

| | 1975 | 1980 | 1985 | 1995 | 2000 | 2005 | 2006 |
|--|------|------|------|------|------|------|------|
| Aged Persons Served per 1,000 Enrollees | | | | | | | |
| HI and/or SMI | 528 | 638 | 722 | 826 | 916 | 923 | 932 |
| HI | 221 | 240 | 219 | 218 | 232 | 234 | 234 |
| SMI | 536 | 652 | 739 | 858 | 965 | 979 | 994 |
| Disabled Persons Served per 1,000 Enrollees | | | | | | | |
| HI and/or SMI | 450 | 594 | 669 | 759 | 835 | 865 | 877 |
| HI | 219 | 246 | 228 | 212 | 196 | 205 | 205 |
| SMI | 471 | 634 | 715 | 837 | 943 | 977 | 998 |

NOTES: Prior to 2000, utilization rates per 1,000 enrollees came from the Annual Person 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.

SOURCES: CMS/ORDI

**Medicare Persons Served by Type of Service
Calendar Year 2006**

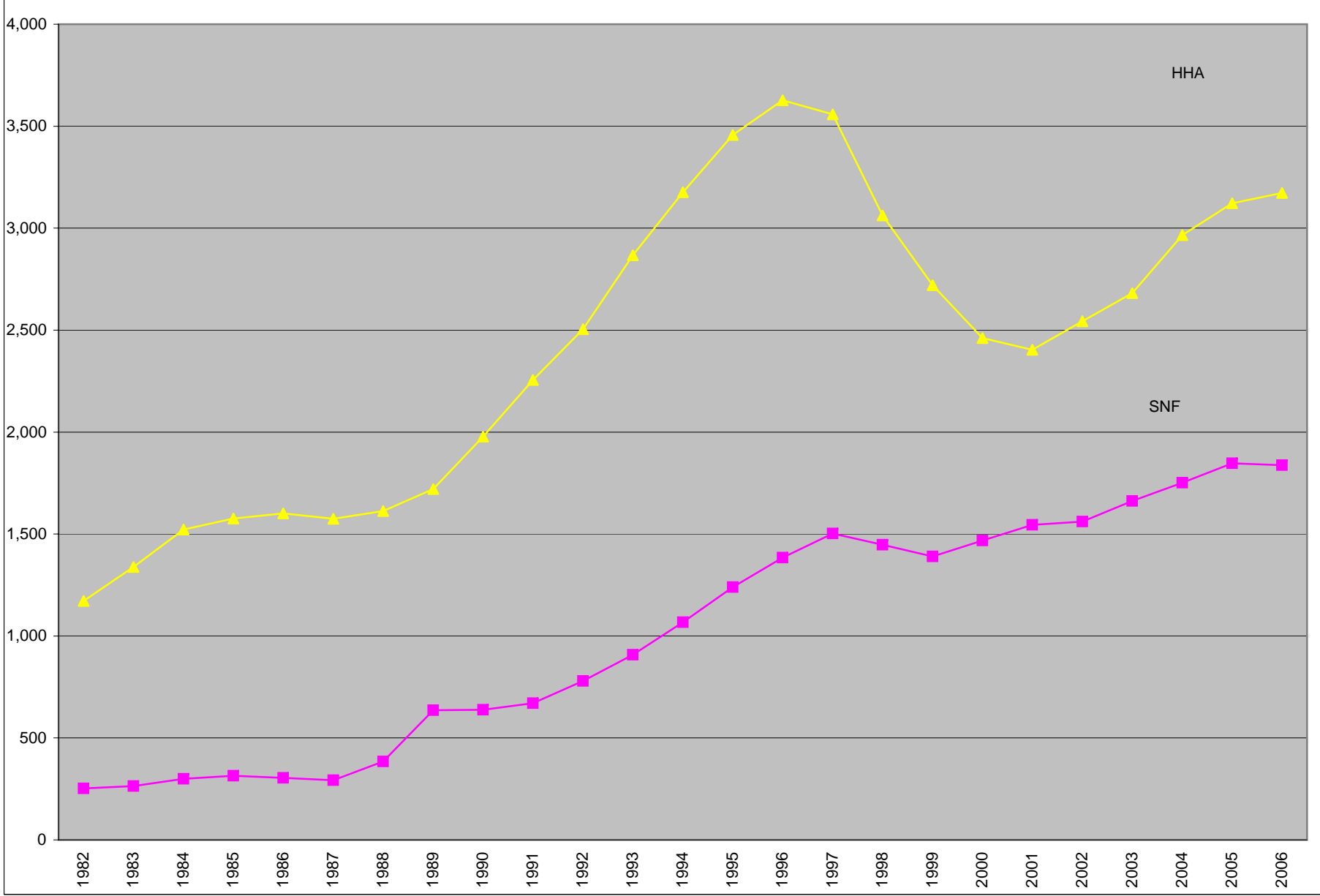
| | Aged | | Disabled | |
|--|--|---|--|---|
| | Persons Served in thousands ¹ | Served per 1,000 Enrollees ² | Persons Served in thousands ¹ | Served per 1,000 Enrollees ² |
| Hospital and/or Supplementary Medical Insurance | 27,603 | 932 | 5,461 | 877 |
| Hospital Insurance | 6,843 | 234 | 1,227 | 197 |
| Inpatient Hospital | 6,230 | 213 | 1,237 | 199 |
| Skilled Nursing Facility | 1,707 | 58 | 131 | 21 |
| Home Health Agency | 1,539 | 53 | 175 | 28 |
| Hospice | 890 | 30 | 49 | 8 |
| Supplementary Medical Insurance | 27,326 | 994 | 5,406 | 998 |
| Physician/Other Supplies | 26,952 | 980 | 5,254 | 970 |
| Outpatient | 20,009 | 728 | 4,001 | 738 |
| Home Health Agency | 1,291 | 47 | 169 | 31 |

¹ 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

² Rates exclude members of prepaid health care plans

SOURCE: CMS/ORDI

December 2007



**End Stage Renal Disease Care Provided by
Medicare Approved Facilities
Selected Calendar Years**

| | 1990 | 2000 | 2003 | 2004 |
|---------------------------------------|---------|---------|---------|---------|
| Dialysis Patients | 129,800 | 273,333 | 310,095 | 320,404 |
| Outpatient | 107,160 | 245,207 | 281,460 | 292,084 |
| Home | 22,640 | 28,126 | 28,635 | 28,320 |
| Dialysis Patient Eligibility Status | | | | |
| Medicare | 113,127 | 227,238 | 275,830 | 283,263 |
| Medicare Application Pending | 9,582 | 18,763 | 20,363 | 22,413 |
| Non-Medicare | 7,091 | 27,332 | 13,902 | 14,728 |
| Transplant Patients | 9,779 | 14,311 | 15,563 | 16,527 |
| Transplant Patient Eligibility Status | | | | |
| Medicare | 8,340 | 10,260 | 13,303 | 14,258 |
| Medicare Application Pending | 633 | 1,540 | 1,261 | 1,318 |
| Non-Medicare | 806 | 2,500 | 999 | 951 |
| Transplant Procedures | 9,796 | 14,311 | 15,589 | 16,568 |
| Living Related Donor | 2,001 | 4,052 | 4,217 | 4,200 |
| Living Unrelated Donor | 90 | 1,375 | 1,970 | 2,306 |
| Cadaveric Donor | 7,705 | 8,884 | 9,402 | 10,062 |
| Medicare Approved ESRD Facilities | 2,072 | 4,153 | 4,584 | 4,719 |
| Dialysis (Hospital and Non-Hospital) | 1,799 | 3,869 | 4,439 | 4,467 |
| Transplant and Dialysis | 169 | 146 | 143 | 133 |
| Transplant Only | 53 | 96 | 104 | 117 |
| Inpatient Care Only | 51 | 42 | 2 | 0 |
| Average Dialysis Payment Rate | \$127 | \$129 | \$129 | \$129 |
| Hospital Based | 129 | 131 | 131 | 131 |
| Independents | 125 | 127 | 127 | 127 |

SOURCES: CMS/OCSQ/CMM

December 2007

Home Health Agency - Medicare National Summary

| Calendar Year | Total Patients | Total Reimbursement | Total Visits | Average Reimbursement Per Patient | Average Visits Per Patient |
|---------------|----------------|---------------------|--------------|-----------------------------------|----------------------------|
| 2004 | 2,839,738 | \$11,500,462,624 | 88,871,918 | \$4,050 | 31 |
| 2005 | 2,979,297 | 12,885,434,951 | 95,536,624 | 4,325 | 32 |
| 2006 | 3,031,814 | 14,041,853,560 | 103,931,188 | 4,632 | 34 |

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

Hospice - Medicare National State Summary

| Calendar Year | Total Patients | Total Reimbursement | Total Covered Days | Average Reimbursement Per Patient | Average Days Per Patient |
|---------------|----------------|---------------------|--------------------|-----------------------------------|--------------------------|
| 2004 | 797,117 | \$6,717,148,526 | 51,795,947 | \$8,427 | 65 |
| 2005 | 871,249 | 7,903,597,514 | 58,338,000 | 9,072 | 67 |
| 2006 | 939,331 | 9,237,159,630 | 68,624,748 | 9,834 | 73 |

NOTE: Data include Puerto Rico and Virgin Islands.

Skilled Nursing Facilities - Medicare National Summary

| Calendar Year | Total Discharges | Total Reimbursement | Total Covered Days | Average Reimbursement Per Discharge | Average Days Per Discharge |
|---------------|------------------|---------------------|--------------------|-------------------------------------|----------------------------|
| 2004 | 1,763,700 | \$17,119,488,718 | 62,299,920 | \$9,060 | 33 |
| 2005 | 1,981,832 | 19,031,937,365 | 65,870,299 | 9,603 | 33 |
| 2006 | 1,985,313 | 20,456,449,438 | 67,497,716 | 10,304 | 34 |

NOTES: Reimbursement and total covered days based on discharges and continuing stays.
Data include Puerto Rico, Virgin Islands, and unknown. Data does not include swing bed units.

Outpatient - Medicare National Summary

| Calendar Year | Total Patients | Total Charges | Total Payments | Average Charge Per Patient | Average Payment Per Patient |
|---------------|----------------|-------------------|------------------|----------------------------|-----------------------------|
| 2004 | 23,980,989 | \$145,380,076,245 | \$30,291,897,520 | \$6,062 | 1,263 |
| 2005 | 24,411,115 | 175,759,614,426 | 33,794,137,404 | 7,200 | 1,384 |
| 2006 | 23,992,767 | 195,741,495,639 | 35,426,201,339 | 8,158 | 1,477 |

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

SOURCES: CMS/ORDI/OIS

December 2007

**Medicaid Eligibles by Type of Service
Fiscal Years 2001 - 2003**

| | 2001 | 2002 | 2003 |
|---|---------------------|--------|--------|
| | Number in thousands | | |
| Total Eligibles | 46,757 | 51,499 | 55,182 |
| Number Using Services | | | |
| Total Beneficiaries, any service ¹ | 45,562 | 45,777 | 51,971 |
| Inpatient Services | | | |
| General Hospitals | 4,895 | 4,744 | 5,217 |
| Mental Hospitals | 91 | 96 | 104 |
| Nursing Facilities Services ² | | | |
| ICF Services | | | |
| Mentally Retarded | 117 | 115 | 114 |
| Physician Services | 20,142 | 20,996 | 22,857 |
| Dental Services | 6,985 | 7,679 | 8,510 |
| Other Practitioner Services | 5,071 | 5,459 | 5,746 |
| Outpatient Hospital Services | 13,796 | 14,193 | 15,511 |
| Clinic Services | 8,444 | 9,125 | 10,162 |
| Laboratory & Radiological Services | 12,337 | 13,415 | 14,687 |
| Home Health Services | 1,011 | 1,035 | 1,184 |
| Personal Care Support Services | 4,970 | 5,511 | 779 |
| Prescribed Drugs | 22,004 | 23,909 | 26,075 |
| Sterilization | 145 | 145 | 160 |
| PCCM Services | 6,223 | 6,917 | 7,542 |
| HMO Capitation | 23,108 | 24,507 | 21,324 |
| Targeted Case Management | N/A | N/A | 2,468 |
| PHP Capitation | N/A | N/A | 15,810 |
| Other Services, Unspecified | 9,696 | 10,600 | 9,760 |
| Additional Service Categories | N/A | N/A | 7,094 |
| Unknown | 143 | N/A | 88 |

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

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

³ "MR" indicates mentally retarded.

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

SOURCE: CMS/CMSO

December 2007

**National Community Hospital Utilization
1973 - 2005**

| 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 | 33.0 | 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 |

SOURCE: American Hospital Association

December 2007

**Medicare Hospital and SNF/NF/ICF Facility Counts
December 2007**

| | |
|--|--------|
| Total Hospitals | 6,167 |
| Type of Hospital | |
| Short-Term Hospitals under Inpatient PPS (IPPS) | 3,677 |
| --Psychiatric Units | 1,272 |
| --Rehabilitation Units | 972 |
| --Swing Bed Hospitals | 560 |
| Psychiatric | 489 |
| Long-term | 395 |
| Rehabilitation | 219 |
| Childrens | 80 |
| Religious Non-Medical | 16 |
| Critical Access | 1,291 |
| Non-Participating Hospitals | 757 |
| Emergency | 407 |
| Federal | 350 |
| All Skilled Nursing Facilities/SNF-NFs/NFs Only | 15,057 |
| Skilled Nursing Facilities | 831 |
| --Hospital-Based | 362 |
| --Free-Standing | 469 |
| SNF-NFS Combination | 14,226 |
| --Hospital-Based | 774 |
| --Free-Standing | 13,452 |
| Title 19 Only NFs | 788 |
| --Hospital-Based | 141 |
| --Free-Standing | 647 |
| All Intermediate Care/Mentally Retarded Facilities | 6,438 |

NOTES: This table is designed to give a "snapshot" as of December 2007 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/CMM/CMSO/ORDI

December 2007

**Medicare Inpatient Hospitals
Selected Years**

| | 1980 | 1990 | 2000 | 2005 | 2006 |
|---------------------------------------|-------|-------|-------|-------|-------|
| Total Hospitals | 6,777 | 6,522 | 5,985 | 6,180 | 6,177 |
| Beds in thousands | 1,150 | 1,105 | 991 | 947 | 939 |
| Beds per 1,000 Enrollees ¹ | 41.0 | 32.8 | 25.3 | 22.5 | 21.8 |
| Short-Stay | 6,104 | 5,549 | 4,900 | 3,790 | 3,702 |
| Beds in thousands | 991 | 970 | 873 | 812 | 803 |
| Beds per 1,000 Enrollees ¹ | 35.3 | 28.8 | 22.3 | 19.3 | 18.7 |
| Critical Access Hospitals | NA | NA | NA | 1,217 | 1,284 |
| Beds in thousands | -- | -- | -- | 28 | 29 |
| Beds per 1,000 Enrollees ¹ | -- | -- | -- | 0.7 | 0.7 |
| Other Non-Short-Stay | 673 | 973 | 1,094 | 1,173 | 1,191 |
| Beds in thousands | 159 | 135 | 118 | 107 | 107 |
| Beds per 1,000 Enrollees ¹ | 5.7 | 4.0 | 3.0 | 2.5 | 2.5 |

¹ 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 2000-2006 are as of December 31st., and represent essentially those facilities eligible to participate the start of the next calendar year. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: CMS/ORDI

**Other Medicare Providers and Suppliers
Selected Years**

| | 1980 | 1985 | 1990 | 2005 | 2006 |
|---|-------|-------|-------|---------|---------|
| Skilled Nursing Facilities | 5,052 | 6,451 | 8,937 | 15,006 | 15,028 |
| Home Health Agencies | 2,924 | 5,679 | 5,730 | 8,090 | 8,618 |
| Clinical Lab Improvement Act Facilities | NA | NA | NA | 196,296 | 199,817 |
| End Stage Renal Disease Facilities | 999 | 1,393 | 1,937 | 4,755 | 4,892 |
| Outpatient Physical Therapy | 419 | 854 | 1,195 | 2,962 | 3,009 |
| Portable X-Ray | 216 | 308 | 443 | 553 | 549 |
| Rural Health Clinics | 391 | 428 | 551 | 3,661 | 3,723 |
| Comprehensive Outpatient Rehabilitation Facilities | NA | 72 | 186 | 634 | 589 |
| Ambulatory Surgical Centers | NA | 336 | 1,197 | 4,445 | 4,707 |
| Hospices | NA | 164 | 825 | 2,872 | 3,071 |

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 2004 and 2005 are as of December 31, 2005 and December 31, 2006, respectively, and represent essentially those facilities eligible to participate the start of the calendar year. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: CMS/ORDI

December 2007

**Selected Medicare Facilities by Type of Control
2006**

| | Short Stay Hospitals | Skilled Nursing Facilities | Home Health Agencies |
|----------------------|----------------------------|----------------------------------|----------------------------|
| All Facilities | 3,702 | 15,028 | 8,618 |
| Percent Distribution | | | |
| Voluntary | 59.7 | 27.4 | 24.6 |
| Proprietary | 20.6 | 67.6 | 65.2 |
| Government | 19.7 | 5.0 | 10.2 |

NOTES: Data as of December 31, 2006. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent distribution may not add to 100 percent due to rounding.

SOURCES: CMS/ORDI

**Medicare PIP Facilities
Selected Years**

| | 1975 | 1980 | 1985 | 1990 | 2000 | 2004 | 2005 | 2006 |
|-----------------------------------|-------|-------|-------|-------|-------|------|------|------|
| Hospitals | | | | | | | | |
| Number of PIP | 1,524 | 2,276 | 3,242 | 1,352 | 869 | 626 | 671 | 639 |
| Percent of Total Participating | 22.5 | 33.8 | 48.3 | 20.6 | 14.4 | 10.8 | 10.9 | 10.3 |
| Skilled Nursing Facilities | | | | | | | | |
| Number of PIP | 161 | 203 | 224 | 774 | 1,236 | 526 | 847 | 837 |
| Percent of Total Participating | 4.1 | 3.9 | 3.4 | 7.3 | 8.3 | 3.5 | 5.6 | 5.6 |
| Home Health Agencies | | | | | | | | |
| Number of PIP | 86 | 481 | 931 | 1,211 | 1,038 | 46 | 59 | 90 |
| Percent of Total Participating | 3.8 | 16.0 | 16.0 | 21.0 | 14.4 | 0.1 | 0.1 | 1.0 |

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 standards.

SOURCE: CMS/OFM

December 2007

Medicare Participating Physician Program

| Participation Status | Number of Physicians ¹ | Participation Status | | | | |
|--------------------------------|-----------------------------------|----------------------|--------------|--------------|--------------|--------------|
| | | January 2007 | January 2006 | January 2005 | January 2004 | January 2003 |
| Participating Billing Medicare | 871,865 931,579 | 93.6% | 93.3% | 92.0% | 91.9% | 91.5% |

¹ 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 his group practice is counted as participating.

SOURCE: CMS/OFM

**Medicare Assigned Claims
Selected Fiscal Years**

| Fiscal Year | Net Assignment Rate ¹ |
|----------------|--|
| 1975 | 51.9 |
| 1980 | 51.4 |
| 1985 | 67.7 |
| 1990 | 80.9 |
| 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 | 98.7 |
| 2005 | 98.8 |
| 2006 | 99.6 |
| 2007 | 99.7 |

¹ 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.

**Participation Rates as Percentage of Physicians, by Specialty
Selected Periods**

| | Jan. 2000 Dec. 2000 | Jan. 2003 Dec. 2003 | Jan. 2004 Dec. 2004 | Jan. 2005 Dec. 2005 | Jan. 2006 Dec. 2006 | Jan. 2007 Dec. 2007 |
|--------------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Percent of Physicians Participating | | | | | | |
| Physicians (M.D.s and D.O.s): | -- | -- | -- | -- | -- | -- |
| General practice | 80.2 | 84.3 | 84.8 | 84.5 | 88.6 | 89.4 |
| General surgery | 93.3 | 95.6 | 95.5 | 95.2 | 96.2 | 96.7 |
| Otology, laryngology, rhinology | 91.8 | 93.9 | 94.5 | 94.1 | 95.1 | 95.3 |
| Anesthesiology | 93.7 | 95.5 | 95.4 | 95.1 | 96.8 | 96.8 |
| Cardiovascular disease | 95.8 | 96.4 | 96.1 | 96.1 | 97.1 | 97.0 |
| Dermatology | 90.8 | 92.4 | 92.9 | 92.6 | 93.8 | 93.9 |
| Family practice | 90.8 | 93.2 | 93.7 | 93.8 | 94.8 | 94.8 |
| Internal medicine | 90.7 | 92.2 | 92.9 | 92.9 | 94.8 | 94.7 |
| Neurology | 92.1 | 93.3 | 94.0 | 93.0 | 94.6 | 94.7 |
| Obstetrics-gynecology | 86.8 | 88.8 | 89.1 | 89.4 | 91.5 | 91.3 |
| Ophthalmology | 93.3 | 95.1 | 95.0 | 94.9 | 96.0 | 96.0 |
| Orthopedic surgery | 93.8 | 95.5 | 95.8 | 95.6 | 96.1 | 96.5 |
| Pathology | 93.6 | 95.4 | 95.3 | 94.4 | 96.4 | 96.5 |
| Psychiatry | 79.1 | 83.0 | 82.8 | 83.3 | 87.4 | 86.9 |
| Radiology | 95.3 | 95.7 | 95.6 | 95.4 | 97.4 | 97.5 |
| Urology | 94.6 | 96.0 | 96.2 | 96.1 | 96.9 | 97.0 |
| Nephrology | 95.1 | 95.5 | 95.6 | 95.4 | 96.7 | 96.8 |
| Clinic/other grp practice-not GPPP | 91.6 | 93.4 | 92.9 | 91.7 | 82.7 | 95.5 |
| Limited license practitioners (LLP): | | | | | | |
| Chiropractor | 59.4 | 65.2 | 70.4 | 70.4 | 68.3 | 69.6 |
| Podiatry-surgical chiropody | 90.7 | 92.3 | 93.4 | 93.4 | 94.3 | 94.9 |
| Optometrist | 78.4 | 82.4 | 83.1 | 83.1 | 85.0 | 87.0 |

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

SOURCE: CMS/OFM

December 2007

**Medicare Advantage, Cost, PACE, Demo and Prescription Drug Contracts
2007**

| Type of Contract | Number of Contracts | MA Only | Drug Plan | Total |
|----------------------------------|---------------------|-----------|------------|------------|
| | | Enrollees | Enrollees | Enrollees |
| Total Prepaid¹ | 605 | 1,486,269 | 7,495,364 | 8,982,041 |
| Local CCPs | 408 | 433,761 | 5,887,330 | 6,321,499 |
| PFFS | 47 | 693,442 | 998,407 | 1,691,849 |
| Demos | 38 | 1,806 | 214,877 | 216,683 |
| 1876 Cost | 27 | 146,179 | 163,599 | 309,778 |
| 1833 Cost (HCPP) | 13 | 76,382 | | 76,382 |
| PACE | 42 | | 13,514 | 13,514 |
| MSA | 2 | 2,272 | | 2,272 |
| Employer Direct PFFS | 1 | 10,762 | | 10,762 |
| Pilot ² | 13 | 111,446 | | 111,446 |
| Regional PPOs | 14 | 10,219 | 217,637 | 227,856 |
| Total PDPs¹ | 100 | | | 17,212,953 |
| Employer/Union Contract PDP | 10 | | 125,018 | 125,018 |
| All Other PDP ¹ | 90 | | 17,087,935 | 17,087,935 |
| Total | 705 | | | 26,194,994 |

¹Totals include beneficiaries enrolled in employer/union only group plans (contracts with an "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.

²Pilots 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 November 1, 2007 payment. The November payment reflects enrollments accepted through October 17, 2007.

SOURCE: CMS/CBC

December 2007

Active Physicians

| Year | Total | Type of Physician | | Active Physicians per 10,000 Population |
|------|---------|---------------------|-----------------------|---|
| | | Doctors of Medicine | Doctors of Osteopathy | |
| 1970 | 323,525 | 310,929 | 12,596 | 15.7 |
| 1971 | 334,978 | 322,228 | 12,750 | 16.1 |
| 1972 | 346,179 | 333,259 | 12,920 | 16.5 |
| 1973 | NA | NA | 13,191 | NA |
| 1974 | 364,232 | 350,609 | 13,623 | 17.0 |
| 1975 | 380,402 | 366,425 | 13,977 | 17.6 |
| 1976 | 393,151 | 378,572 | 14,579 | 18.0 |
| 1977 | 397,113 | 381,969 | 15,144 | 18.0 |
| 1978 | 417,314 | 401,364 | 15,950 | 18.7 |
| 1979 | 434,095 | 417,266 | 16,829 | 19.2 |
| 1980 | 435,165 | 435,545 | 17,620 | 19.8 |
| 1981 | 463,330 | 444,899 | 18,431 | 20.1 |
| 1982 | 482,195 | 462,947 | 19,248 | 20.7 |
| 1983 | 499,679 | 479,440 | 20,239 | 21.3 |
| 1984 | NA | NA | 21,295 | NA |
| 1985 | 533,573 | 511,090 | 22,483 | 22.3 |
| 1986 | 543,247 | 519,393 | 23,854 | 22.5 |
| 1987 | 559,777 | 534,692 | 25,085 | 23.0 |
| 1988 | 575,626 | 549,160 | 26,466 | 23.4 |
| 1989 | 587,751 | 559,988 | 27,763 | 23.7 |
| 1990 | 601,612 | 572,660 | 28,952 | 24.0 |
| 1991 | 624,797 | 594,697 | 30,100 | 24.6 |
| 1992 | 636,891 | 605,685 | 31,206 | 24.8 |
| 1993 | 652,240 | 619,751 | 32,489 | 24.9 |
| 1994 | 666,200 | 632,121 | 34,079 | 25.2 |
| 1995 | 681,742 | 646,022 | 35,720 | 25.5 |
| 1996 | 701,249 | 663,943 | 37,306 | 26.0 |
| 1997 | 723,537 | 684,605 | 38,932 | 27.0 |
| 1998 | 747,784 | 707,032 | 40,752 | 27.5 |
| 1999 | 763,519 | 720,855 | 42,664 | 27.9 |
| 2000 | 782,280 | 737,504 | 44,776 | 27.8 |
| 2001 | 793,091 | 751,689 | 41,402 | 27.8 |
| 2002 | 812,408 | 768,498 | 43,910 | 28.2 |
| 2003 | 832,624 | 786,658 | 45,966 | 28.6 |
| 2004 | 840,534 | 792,154 | 48,380 | 28.6 |
| 2005 | 852,802 | 803,073 | 49,729 | 28.8 |

NOTES: The AMA changed the methodology for calculating active MDs. Active MDs now include All Not Classified MDs, and excludes physicians whose addresses are unknown.

SOURCES: National Centers for Health Statistics, based on data from the American Medical Association, American Association of Colleges of Osteopathic Medicine and the Bureau of the Census

December 2007

**Active Federal and Non-Federal
Physicians
By CMS Region
2005**

| CMS Region | Total | Type of Physician | | Active Physicians per 100,000 Population ¹ |
|----------------------------------|---------|---------------------------|-----------------------------|---|
| | | Doctors of Medicine | Doctors of Osteopathy | |
| Total | 852,802 | 803,073 | 49,729 | 288 |
| Boston | 57,094 | 55,218 | 1,876 | 401 |
| New York | 108,057 | 101,863 | 6,194 | 386 |
| Philadelphia | 98,236 | 90,781 | 7,455 | 341 |
| Atlanta | 141,657 | 135,297 | 6,360 | 247 |
| Chicago | 143,523 | 131,445 | 12,078 | 280 |
| Dallas | 81,473 | 76,539 | 4,934 | 229 |
| Kansas City | 33,288 | 29,747 | 3,541 | 251 |
| Denver | 24,895 | 23,576 | 1,319 | 249 |
| San Francisco | 120,479 | 115,327 | 5,152 | 263 |
| Seattle | 31,718 | 30,335 | 1,383 | 264 |
| U.S. Possessions ² | 12,370 | 12,370 | -- | NA |
| Foreign and Unknown ³ | -- | -- | -- | NA |

¹ Rate for Total (All Areas) based on U.S. Resident population as of July 1, 2005.

² Possessions include Puerto Rico, Virgin Islands, and Pacific Islands.

³ Includes osteopathic physicians in military service, U.S. Public Health Service and foreign countries.

SOURCES: National Centers for Health Statistics, based on data from the American Medical Association, American Association of Colleges of Osteopathic Medicine, and the Bureau of the Census

December 2007

**Medicare Part B Practitioners by Major Category
March 2007**

| Major Category | Number | Percent |
|---|-----------|---------|
| All Part B Practitioners | 1,075,571 | 100.0 |
| Physician Specialties (PHYSSTAT=1) | 660,819 | 61.4 |
| Primary Care | 243,687 | 22.7 |
| Medical Specialties | 107,528 | 10.0 |
| Surgical Specialties | 107,283 | 10.0 |
| Emergency Medicine | 36,118 | 3.4 |
| Anesthesiology | 38,046 | 3.5 |
| Radiology | 37,225 | 3.5 |
| Pathology | 13,859 | 1.3 |
| Obstetrics/Gynecology | 38,258 | 3.6 |
| Psychiatry | 38,526 | 3.6 |
| Other and Unknown | 289 | 0.0 |
| Limited Licensed Practitioners (PHYSSTAT=2) | 124,640 | 11.6 |
| Non-physician Practitioners (PHYSSTAT=3) | 290,112 | 27.0 |

NOTES: PHYSSTAT refers to the name of the variable in the Unique Physician Identification Number (UPIN) database that is used to group practitioners by his or her medical credentials. Specialty code is self-reported and may not correspond to actual board certification. Totals do not necessarily equal the sum of rounded components. Reflect unduplicated counts.

SOURCES: CMS/OFM's and CMM's Unique Physician Identification Number database/classification by ORD

December 2007

**Medicare Physician and Other Practitioner Registry by Specialty
March 2007**

| Specialty | Specialty Code | Number | Percent |
|---|-------------------|------------------|--------------|
| All practitioners | | 1,075,571 | 100.0 |
| All Physician Specialties (PHYSSTAT=1) | | 660,819 | 61.4 |
| Primary Care ¹ | | 243,687 | 22.7 |
| General Practice | 01 | 20,376 | 1.9 |
| Family Practice | 08 | 85,384 | 7.9 |
| Internal Medicine ² | 11 | 104,367 | 9.7 |
| Pediatrics ² | 37 | 33,560 | 3.1 |
| Medical | | 107,528 | 10.0 |
| Allergy/Immunology | 03 | 3,430 | 0.3 |
| Cardiology (Cardiovascular Disease) | 06 | 22,095 | 2.1 |
| Dermatology | 07 | 10,190 | 0.9 |
| Interventional Pain Management | 09 | 463 | 0.0 |
| Gastroenterology | 10 | 10,844 | 1.0 |
| Osteopathic Manipulative Therapy | 12 | 820 | 0.1 |
| Neurology | 13 | 12,769 | 1.2 |
| Pulmonary Disease | 29 | 7,979 | 0.7 |
| Physical Med and Rehab | 25 | 7,293 | 0.7 |
| Geriatrics | 38 | 1,388 | 0.1 |
| Nephrology | 39 | 6,088 | 0.6 |
| Infectious Disease | 44 | 4,087 | 0.4 |
| Endocrinology | 46 | 3,940 | 0.4 |
| Rheumatology | 66 | 3,509 | 0.3 |
| Single/multi-Specialty Clinic/Group Practice | 70 | 83 | 0.0 |
| Pain Management | 72 | 735 | 0.1 |
| Periph. Vascular Disease | 76 | 122 | 0.0 |
| Addiction Medicine | 79 | 145 | 0.0 |
| Critical Care Intensivists | 81 | 1,476 | 0.1 |
| Hematology | 82 | 754 | 0.1 |
| Hematology/Oncology | 83 | 6,410 | 0.6 |
| Preventive Medicine | 84 | 535 | 0.0 |
| Medical Oncology | 90 | 2,373 | 0.2 |
| Surgical | | 107,283 | 10.0 |
| General Surgery | 02 | 25,706 | 2.4 |
| Otolaryngology (ENT) | 04 | 9,636 | 0.9 |
| Neurosurgery | 14 | 4,703 | 0.4 |
| Ophthalmology | 18 | 18,832 | 1.8 |
| Orthopedic Surgery | 20 | 23,263 | 2.2 |
| Plastic/Reconstructive Surgery | 24 | 5,755 | 0.5 |
| Colorectal Surgery (Proctology) | 28 | 1,012 | 0.1 |
| Thoracic Surgery | 33 | 2,778 | 0.3 |

| | | | |
|-----------------------|----|--------|-----|
| Urology | 34 | 10,069 | 0.9 |
| Hand Surgery | 40 | 729 | 0.1 |
| Vascular Surgery | 77 | 2,074 | 0.2 |
| Cardiac Surgery | 78 | 1,858 | 0.2 |
| Maxillofacial Surgery | 85 | 330 | 0.0 |
| Surgical Oncology | 91 | 538 | 0.1 |

Medicare Physician and Other Practitioner Registry by Specialty
March 2007
continued

| Specialty | Specialty Code | Number | Percent |
|--|----------------|----------------|-------------|
| Emergency Medicine | 93 | 36,118 | 3.4 |
| Anesthesiology | 05 | 38,046 | 3.5 |
| Radiology | | 37,225 | 3.5 |
| Radiology | 30 | 31,777 | 3.0 |
| Nuclear Medicine | 36 | 776 | 0.1 |
| Radiation Oncology | 92 | 3,774 | 0.4 |
| Interventional Radiology | 94 | 898 | 0.1 |
| Pathology | 22 | 13,859 | 1.3 |
| Obstetrics-Gynecology | | 38,258 | 3.6 |
| Obstetrics Gynecology | 16 | 37,585 | 3.5 |
| Gynecology/Oncology | 98 | 673 | 0.1 |
| Psychiatry | | 38,526 | 3.6 |
| Psychiatry | 26 | 38,384 | 3.6 |
| Neuropsychiatrist | 86 | 142 | 0.0 |
| Other and Unknown | | 289 | 0.0 |
| Limited Licensed Practitioners (PHYSSTAT=2) | | 124,640 | 11.6 |
| Optometry | 41 | 34,199 | 3.2 |
| Oral Surgery/Dentists only | 19 | 12,393 | 1.2 |
| Maxillofacial Surgery | 85 | 1,413 | 0.1 |
| Podiatry | 48 | 16,143 | 1.5 |
| Chiropractor | 35 | 60,325 | 5.6 |
| Other and Unknown | | 167 | 0.0 |
| Non-Physician Practitioners (PHYSSTAT=3) | | 290,112 | 27.0 |

| | | | |
|------------------------------------|----|-----------|------------|
| Certified Nurse Midwife | 42 | 4,052 | 0.4 |
| Anesthesia Assistant | 32 | 440 | 0.0 |
| CRNA | 43 | 31,150 | 2.9 |
| Nurse Practitioner | 50 | 54,806 | 5.1 |
| Psychologist/billing independently | 62 | 1,623 | 0.2 |
| Audiologist/billing independently | 64 | 5,149 | 0.5 |
| Physical Therapist | 65 | 38,453 | 3.6 |
| Occupational Therapist | 67 | 6,541 | 0.6 |
| Clinical Psychology | 68 | 39,421 | 3.7 |
| Dietitian/Nutritionist | 71 | 9,486 | 0.9 |
| Clinical Social Worker | 80 | 53,670 | 5.0 |
| Certified Clinical Nurse | 89 | 3,529 | 0.3 |
| Physician Assistant | 97 | 41,755 | 3.9 |
| Other and Unknown | | 37 | 0.0 |

NOTES: PHYSSTAT refers to the name of the variable in the Unique Physician Identification Number (I database that is used to group practitioners by his or her medical credentials. Specialty code is self-rep and may not correspond to actual board certification. Totals do not necessarily equal the sum of round components.

SOURCES: CMS/OFM's and CMM's Unique Physician Identification Number database/classification by

December 2007

**Medicaid Medical Assistance Payments
Fiscal Year 2006**

| | Total Payments Computable For Federal Funding | Net Expenditures Reported Federal Share | | Total Payments Computable For Federal Funding | Net Expenditures Reported Federal Share |
|----------------------|---|---|--------------------|---|---|
| Amount in thousands | | | | | |
| TOTAL | \$299,022,257 | \$170,551,973 | Missouri | 6,382,377 | 3,963,990 |
| Alabama | 3,860,047 | 2,700,082 | Montana | 719,654 | 516,563 |
| Alaska | 945,092 | 613,983 | Nebraska | 1,499,164 | 898,784 |
| American Samoa | 13,460 | 6,730 | Nevada | 1,175,450 | 648,028 |
| Arizona | 6,189,139 | 4,231,451 | New Hampshire | 1,086,240 | 545,135 |
| Arkansas | 2,854,059 | 2,110,542 | New Jersey | 9,108,645 | 4,574,787 |
| California | 33,840,049 | 17,059,450 | New Mexico | 2,444,448 | 1,763,724 |
| Colorado | 2,850,465 | 1,430,947 | New York | 43,553,527 | 21,834,004 |
| Connecticut | 4,068,380 | 2,043,778 | North Carolina | 8,720,418 | 5,554,541 |
| Delaware | 946,030 | 475,297 | North Dakota | 498,703 | 332,106 |
| District of Columbia | 1,284,858 | 899,180 | N. Mariana Islands | 7,739 | 4,069 |
| Florida | 12,620,833 | 7,448,026 | Ohio | 11,768,240 | 7,058,118 |
| Georgia | 6,480,304 | 3,916,998 | Oklahoma | 2,871,056 | 1,977,866 |
| Guam | 19,801 | 10,146 | Oregon | 2,899,767 | 1,807,753 |
| Hawaii | 1,091,271 | 642,187 | Pennsylvania | 15,401,678 | 8,511,386 |
| Idaho | 1,026,782 | 719,801 | Puerto Rico | 828,314 | 414,161 |
| Illinois | 9,966,621 | 5,005,077 | Rhode Island | 1,673,810 | 914,178 |
| Indiana | 5,636,547 | 3,553,274 | South Carolina | 3,934,440 | 2,736,699 |
| Iowa | 2,538,790 | 1,621,031 | South Dakota | 602,031 | 408,013 |
| Kansas | 2,057,376 | 1,246,628 | Tennessee | 6,013,806 | 3,859,124 |
| Kentucky | 4,328,810 | 3,011,288 | Texas | 17,684,004 | 10,757,732 |
| Louisiana | 4,687,950 | 3,313,901 | Utah | 1,449,762 | 1,029,207 |
| Maine | 1,896,516 | 1,190,925 | Vermont | 946,931 | 554,063 |
| Maryland | 4,915,508 | 2,471,234 | Virginia | 4,608,205 | 2,316,161 |
| Massachusetts | 9,561,334 | 4,787,516 | Virgin Islands | 19,355 | 9,678 |
| Michigan | 8,236,839 | 4,674,452 | Washington | 5,524,077 | 2,803,878 |
| Minnesota | 5,367,034 | 2,701,846 | West Virginia | 2,076,405 | 1,517,507 |
| Mississippi | 3,239,823 | 2,469,036 | Wisconsin | 4,582,776 | 2,654,046 |
| | | | Wyoming | 417,515 | 231,865 |

NOTES: Source Form CMS-64 -- Net Expenditures Reported. Excludes: ADM, Medicaid SCHIP expansions and CMS adjustments.

SOURCE: CMS/CMSO

December 2007

**Mean Medicaid Outlays by Basis of Eligibility
2005**

| | Total | Aged | Disabled | Child | Adult |
|----------------------|---------|----------|----------|---------|---------|
| United States | \$4,764 | \$14,402 | \$14,536 | \$1,729 | \$2,569 |
| Alabama | 4,953 | 12,294 | 7,198 | 1,730 | 1,616 |
| Alaska | 8,019 | 23,820 | 27,430 | 4,504 | 5,786 |
| Arizona | 3,699 | 14,824 | 13,109 | 1,934 | 3,112 |
| Arkansas | 2,725 | 13,000 | 10,530 | 1,667 | 1,401 |
| California | 2,725 | 8,951 | 12,449 | 1,285 | 1,109 |
| Colorado | 4,375 | 15,349 | 14,332 | 1,685 | 2,542 |
| Connecticut | 7,273 | 26,497 | 25,399 | 2,192 | 2,583 |
| Delaware | 5,350 | 20,898 | 16,915 | 2,175 | 3,703 |
| District of Columbia | 8,343 | 22,472 | 22,451 | 2,985 | 4,418 |
| Florida | 4,155 | 11,483 | 11,726 | 1,389 | 2,390 |
| Georgia | 3,346 | 11,550 | 10,545 | 1,511 | 3,026 |
| Hawaii | 4,157 | 12,569 | 12,926 | 1,769 | 2,624 |
| Idaho | 5,346 | 16,831 | 17,817 | 1,807 | 3,805 |
| Illinois | 4,818 | 5,926 | 15,976 | 1,587 | 2,585 |
| Indiana | 4,857 | 17,869 | 16,098 | 1,630 | 2,600 |
| Iowa | 5,874 | 16,603 | 18,000 | 1,721 | 2,778 |
| Kansas | 5,405 | 17,485 | 17,445 | 2,088 | 2,977 |
| Kentucky | 4,721 | 13,636 | 9,244 | 2,056 | 3,282 |
| Louisiana | 3,857 | 11,655 | 11,741 | 1,145 | 3,111 |
| Maine ¹ | 8,050 | 16,248 | 21,544 | 4,349 | 4,648 |
| Maryland | 6,597 | 18,290 | 19,426 | 2,144 | 4,925 |
| Massachusetts | 7,482 | 19,742 | 15,920 | 3,282 | 3,252 |
| Michigan | 4,124 | 14,745 | 9,946 | 1,170 | 2,393 |
| Minnesota | 7,396 | 21,379 | 24,359 | 2,566 | 3,202 |
| Mississippi | 4,847 | 11,307 | 8,820 | 1,612 | 2,910 |
| Missouri | 4,552 | 14,129 | 12,935 | 1,833 | 2,317 |
| Montana | 5,339 | 18,147 | 13,277 | 2,306 | 3,366 |
| Nebraska | 5,853 | 17,607 | 18,684 | 2,315 | 3,137 |
| Nevada | 4,243 | 12,426 | 14,869 | 1,616 | 2,058 |
| New Hampshire | 6,773 | 21,225 | 18,984 | 2,604 | 3,291 |
| New Jersey | 7,258 | 22,313 | 21,331 | 1,928 | 2,314 |
| New Mexico | 4,916 | 13,617 | 15,960 | 2,156 | 3,053 |
| New York | 7,969 | 27,017 | 27,060 | 2,254 | 3,997 |
| North Carolina | 5,433 | 14,400 | 15,006 | 1,875 | 3,599 |
| North Dakota | 7,576 | 25,152 | 24,595 | 2,127 | 2,753 |
| Ohio | 6,197 | 23,807 | 18,271 | 1,703 | 3,092 |
| Oklahoma | 3,736 | 11,472 | 11,648 | 1,618 | 2,332 |
| Oregon | 4,465 | 13,061 | 12,150 | 1,920 | 3,746 |
| Pennsylvania | 5,979 | 21,458 | 11,262 | 2,054 | 3,147 |
| Rhode Island | 7,822 | 23,252 | 20,389 | 3,084 | 2,907 |
| South Carolina | 4,883 | 7,421 | 10,786 | 1,813 | 2,155 |
| South Dakota | 4,792 | 14,105 | 15,033 | 1,960 | 2,996 |
| Tennessee | 4,782 | 10,906 | 10,401 | 1,681 | 4,135 |
| Texas | 3,828 | 12,681 | 13,482 | 1,673 | 2,816 |
| Utah | 4,777 | 13,234 | 16,153 | 1,577 | 2,115 |
| Vermont | 5,696 | 10,705 | 16,356 | 2,840 | 3,330 |
| Virginia | 5,217 | 12,772 | 13,531 | 1,836 | 3,289 |
| Washington | 4,529 | 12,145 | 10,852 | 1,512 | 2,649 |
| West Virginia | 6,262 | 16,323 | 11,109 | 1,850 | 2,556 |
| Wisconsin | 4,827 | 9,818 | 15,931 | 1,250 | 2,183 |
| Wyoming | 5,769 | 18,715 | 20,859 | 2,368 | 4,159 |

¹FY2004 data used.

NOTES: Other and unknown basis of eligibility not shown separately. Data are from the FY2005 MSIS State Summary Mart.

**Medicare Enrollment by State
2006**

| | Enrollees | | Enrollees |
|----------------------------|------------|----------------|-----------|
| All Areas ¹ | 43,338,571 | Missouri | 929,501 |
| | | Montana | 151,738 |
| United States ² | 42,355,590 | Nebraska | 264,307 |
| | | Nevada | 306,777 |
| Alabama | 772,280 | New Hampshire | 197,821 |
| Alaska | 54,305 | | |
| Arizona | 815,115 | New Jersey | 1,241,698 |
| Arkansas | 484,836 | New Mexico | 275,806 |
| California | 4,275,113 | New York | 2,804,725 |
| | | North Carolina | 1,317,754 |
| Colorado | 539,883 | North Dakota | 104,418 |
| Connecticut | 530,034 | | |
| Delaware | 131,832 | Ohio | 1,778,058 |
| District of Columbia | 73,575 | Oklahoma | 553,545 |
| Florida | 3,079,554 | Oregon | 552,856 |
| | | Pennsylvania | 2,155,832 |
| Georgia | 1,075,265 | Rhode Island | 173,776 |
| Hawaii | 185,449 | | |
| Idaho | 199,505 | South Carolina | 673,965 |
| Illinois | 1,712,828 | South Dakota | 127,044 |
| Indiana | 922,553 | Tennessee | 949,263 |
| | | Texas | 2,625,612 |
| Iowa | 494,523 | Utah | 245,960 |
| Kansas | 406,456 | | |
| Kentucky | 694,894 | Vermont | 99,071 |
| Louisiana | 624,151 | Virginia | 1,017,880 |
| Maine | 240,568 | Washington | 846,793 |
| | | West Virginia | 361,308 |
| Maryland | 708,049 | Wisconsin | 839,806 |
| Massachusetts | 981,691 | Wyoming | 72,402 |
| Michigan | 1,510,532 | | |
| Minnesota | 713,242 | Puerto Rico | 609,956 |
| Mississippi | 461,641 | | |

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

² Includes enrollees residing in 50 states and the District of Columbia.

**Medicare Enrollment as a Percent of Resident Population by State
2006**

| | Resident Population | Medicare Enrollees | Enrollees as Percent of Population | | Resident Population | Medicare Enrollees | Enrollees as Percent of Population |
|----------------------|------------------------|-------------------------|--|----------------|------------------------|-----------------------|--|
| All Areas | NA | 43,338,571 ¹ | NA | Missouri | 5,800,310 | 929,501 | 16.0 |
| | | | | Montana | 935,670 | 151,738 | 16.2 |
| United States | 296,410,404 | 42,355,590 ² | 14.3 | Nebraska | 1,758,787 | 264,307 | 15.0 |
| Alabama | 4,557,808 | 772,280 | 16.9 | Nevada | 2,414,807 | 306,777 | 12.7 |
| Alaska | 663,661 | 54,305 | 8.2 | New Hampshire | 1,309,940 | 197,821 | 15.1 |
| Arizona | 5,939,292 | 815,115 | 13.7 | New Jersey | 8,717,925 | 1,241,698 | 14.2 |
| Arkansas | 2,779,154 | 484,836 | 17.4 | New Mexico | 1,928,384 | 275,806 | 14.3 |
| California | 36,132,147 | 4,275,113 | 11.8 | New York | 19,254,630 | 2,804,725 | 14.6 |
| Colorado | 4,665,177 | 539,883 | 11.6 | North Carolina | 8,683,242 | 1,317,754 | 15.2 |
| Connecticut | 3,510,297 | 530,034 | 15.1 | North Dakota | 636,677 | 104,418 | 16.4 |
| Delaware | 843,524 | 131,832 | 15.6 | Ohio | 11,464,042 | 1,778,058 | 15.5 |
| District of Columbia | 550,521 | 73,575 | 13.4 | Oklahoma | 3,547,884 | 553,545 | 15.6 |
| Florida | 17,789,864 | 3,079,554 | 17.3 | Oregon | 3,641,056 | 552,856 | 15.2 |
| Georgia | 9,072,576 | 1,075,265 | 11.9 | Pennsylvania | 12,429,616 | 2,155,832 | 17.3 |
| Hawaii | 1,275,194 | 185,449 | 14.5 | Rhode Island | 1,076,189 | 173,776 | 16.1 |
| Idaho | 1,429,096 | 199,505 | 14.0 | South Carolina | 4,255,083 | 673,965 | 15.8 |
| Illinois | 12,763,371 | 1,712,828 | 13.4 | South Dakota | 775,933 | 127,044 | 16.4 |
| Indiana | 6,271,973 | 922,553 | 14.7 | Tennessee | 5,962,959 | 949,263 | 15.9 |
| Iowa | 2,966,334 | 494,523 | 16.7 | Texas | 22,859,968 | 2,625,612 | 11.5 |
| Kansas | 2,744,687 | 406,456 | 14.8 | Utah | 2,469,585 | 245,960 | 10.0 |
| Kentucky | 4,173,405 | 694,894 | 16.7 | Vermont | 623,050 | 99,071 | 15.9 |
| Louisiana | 4,523,628 | 624,151 | 13.8 | Virginia | 7,567,465 | 1,017,880 | 13.5 |
| Maine | 1,321,505 | 240,568 | 18.2 | Washington | 6,287,759 | 846,793 | 13.5 |
| Maryland | 5,600,388 | 708,049 | 12.6 | West Virginia | 1,816,856 | 361,308 | 19.9 |
| Massachusetts | 6,398,743 | 981,691 | 15.3 | Wisconsin | 5,536,201 | 839,806 | 15.2 |
| Michigan | 10,120,860 | 1,510,532 | 14.9 | Wyoming | 509,294 | 72,402 | 14.2 |
| Minnesota | 5,132,799 | 713,242 | 13.9 | Puerto Rico | 3,912,054 | 609,956 | 15.6 |
| Mississippi | 2,921,088 | 461,641 | 15.8 | | | | |

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

² Includes enrollees residing in the 50 States and the District of Columbia.

NOTES: Resident population is a provisional estimate as of July 1, 2005. The 2005 resident population data for Outlying Areas and the Virgin Islands are not available. Detail may not add to total due to rounding.

SOURCES: CMS/ORDI and Bureau of the Census

December 2007

**Medicare Part D Enrollment by Organization Type, Arrayed by State
2007**

| FIPS | Total | Local CCP | PFFS | Demo | 1876 Cost | PACE | PDP | Regional CCP | Employer Direct PDP |
|-------------------|------------|-----------|---------|---------|-----------|--------|------------|--------------|---------------------|
| Total | 24,443,337 | 5,809,072 | 994,902 | 214,336 | 163,026 | 13,251 | 16,928,631 | 196,073 | 124,046 |
| Alabama | 430,824 | 93,400 | 10,009 | - | - | - | 327,053 | 173 | 172 |
| Alaska | 22,432 | 87 | 101 | - | - | - | 22,161 | - | 69 |
| Arizona | 489,476 | 251,906 | 24,718 | 252 | 94 | - | 208,109 | 3,753 | 637 |
| Arkansas | 286,882 | 7,089 | 21,860 | 24 | - | - | 247,643 | 8,438 | 1,825 |
| California | 2,937,888 | 1,253,033 | 10,596 | 92,349 | 140 | 1,880 | 1,550,524 | 27,717 | 1,649 |
| Colorado | 314,019 | 125,508 | 13,201 | 62 | 14,987 | 1,135 | 158,386 | 36 | 704 |
| Connecticut | 279,600 | 49,517 | 3,535 | 14 | - | - | 226,089 | 19 | 412 |
| Delaware | 64,733 | 947 | 471 | - | 27 | - | 62,382 | 590 | 308 |
| Dist. of Columbia | 32,893 | 967 | 84 | - | 4,436 | - | 27,365 | - | 31 |
| Florida | 1,749,159 | 656,190 | 37,655 | 173 | 157 | 160 | 993,412 | 57,179 | 4,233 |
| Georgia | 630,065 | 26,469 | 47,105 | 128 | 23 | - | 540,649 | 14,703 | 986 |
| Hawaii | 120,229 | 25,249 | 1,304 | 35 | 31,061 | - | 61,404 | 1,133 | 43 |
| Idaho | 111,790 | 17,372 | 8,948 | 26 | - | - | 83,831 | 17 | 1,593 |
| Illinois | 934,647 | 80,812 | 16,069 | 141 | 16 | - | 832,783 | 2,784 | 2,038 |
| Indiana | 473,348 | 7,094 | 26,262 | 16 | - | - | 435,792 | 3,108 | 1,066 |
| Iowa | 319,928 | 5,516 | 23,548 | 54 | - | - | 286,970 | 3,186 | 649 |
| Kansas | 240,959 | 14,958 | 9,199 | - | - | 195 | 215,419 | 83 | 1,091 |
| Kentucky | 382,090 | 22,325 | 19,279 | 12 | - | - | 336,377 | 2,248 | 1,846 |
| Louisiana | 368,908 | 86,790 | 8,746 | - | - | - | 272,080 | 784 | 492 |
| Maine | 135,838 | 2,097 | 1,018 | - | - | - | 132,590 | 12 | 116 |
| Maryland | 295,511 | 21,388 | 1,176 | 732 | 16,441 | 119 | 254,853 | 319 | 483 |
| Massachusetts | 540,442 | 134,595 | 16,807 | 7,137 | 13 | 1,638 | 379,797 | 51 | 404 |
| Michigan | 708,954 | 37,142 | 170,634 | 135 | - | 240 | 498,328 | 1,196 | 1,271 |
| Minnesota | 471,229 | 37,515 | 35,260 | 34,530 | 50,889 | - | 301,134 | 11,450 | 451 |
| Mississippi | 293,451 | 2,899 | 10,398 | - | - | - | 279,457 | 247 | 437 |
| Missouri | 555,321 | 113,334 | 22,292 | 32 | - | 140 | 405,636 | 3,802 | 10,075 |
| Montana | 86,102 | 1,209 | 10,205 | 21 | - | - | 74,021 | 486 | 157 |
| Nebraska | 168,759 | 8,819 | 8,010 | 12 | - | - | 147,695 | 1,730 | 2,490 |
| Nevada | 171,438 | 32,911 | 3,335 | 53,895 | 33 | - | 78,808 | 2,043 | 408 |
| New Hampshire | 84,529 | 265 | 2,575 | - | - | - | 81,531 | - | 134 |
| New Jersey | 629,977 | 100,205 | 1,162 | 308 | - | - | 524,985 | 306 | 2,995 |
| New Mexico | 154,203 | 50,573 | 6,712 | 26 | 20 | 291 | 96,291 | 27 | 263 |
| New York | 1,528,302 | 517,756 | 5,027 | 16,571 | 1,523 | 2,641 | 975,192 | 6,842 | 2,750 |
| North Carolina | 764,830 | 80,186 | 62,514 | 24 | 61 | - | 619,702 | 496 | 1,845 |

**Medicare Part D Enrollment by Organization Type, Arrayed by State
2007
(continued)**

| FIPS | Total | Local CCP | PFFS | Demo | 1876 Cost | PACE | PDP | Regional CCP | Employer Direct PDP |
|-------------------|-----------|-----------|--------|-------|-----------|------|-----------|--------------|---------------------|
| North Dakota | 72,683 | 29 | 3,132 | 24 | 162 | - | 69,143 | 68 | 37 |
| Ohio | 852,335 | 217,623 | 38,309 | 112 | 15,822 | 594 | 572,936 | 5,575 | 1,425 |
| Oklahoma | 320,281 | 45,159 | 8,361 | 51 | 12 | - | 233,764 | 97 | 32,869 |
| Oregon | 346,942 | 141,293 | 3,678 | 18 | - | 670 | 197,362 | 76 | 918 |
| Pennsylvania | 1,266,162 | 564,042 | 23,807 | 2,936 | 48 | 953 | 643,139 | 499 | 33,293 |
| Rhode Island | 113,426 | 56,016 | 162 | 381 | - | 87 | 57,066 | 22 | 62 |
| South Carolina | 357,435 | 2,783 | 37,742 | - | 23 | 335 | 302,602 | 12,951 | 984 |
| South Dakota | 83,612 | 2,976 | 3,356 | 15 | 48 | - | 75,991 | 1,011 | 176 |
| Tennessee | 587,138 | 113,133 | 29,966 | 54 | - | 277 | 442,647 | 202 | 884 |
| Texas | 1,462,921 | 273,463 | 36,134 | 19 | 15,801 | 855 | 1,113,713 | 19,625 | 3,138 |
| Utah | 130,910 | 18,825 | 17,550 | 192 | - | - | 93,116 | - | 1,359 |
| Vermont | 54,170 | 75 | 366 | 48 | - | 12 | 53,671 | - | 37 |
| Virginia | 509,742 | 9,082 | 48,791 | - | 9,944 | - | 440,061 | 349 | 1,389 |
| Washington | 438,102 | 94,437 | 6,304 | 120 | 23 | 248 | 334,789 | 40 | 1,102 |
| West Virginia | 213,436 | 11,514 | 40,024 | 1,159 | 25 | - | 160,708 | 123 | 1,038 |
| Wisconsin | 408,539 | 40,375 | 54,727 | - | 970 | 712 | 308,854 | 245 | 360 |
| Wyoming | 39,378 | 89 | 1,827 | 2,296 | 78 | - | 36,456 | 89 | 827 |
| American Samoa | 225 | 19 | - | - | - | - | 198 | - | - |
| Guam | 2,037 | 15 | - | - | - | - | 2,014 | - | - |
| Northern Marianas | 112 | - | - | - | - | - | 112 | - | - |
| Puerto Rico | 385,237 | 342,712 | 500 | 19 | - | - | 41,977 | 20 | - |
| Virgin Islands | 4,211 | 57 | - | - | - | - | 4,146 | - | - |
| Unknown | 15,547 | 9,232 | 342 | 103 | 37 | - | 5,717 | 93 | 20 |

NOTE: Data in this table may differ from similar data for December 2006 from other tables, and may not add to certain totals because of differences in the metrics used to construct different tables or build different columns or rows within a table. December 2006 view or snapshot of Part D and related entitlement data as reflected in the Management Information Intergrated Repository (MIIR) through August 2007.

SOURCES: CMS/ORDI

December 2007

**Medicaid Eligibles by State
Fiscal Year 2004**

| | 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 | 5,753 | 1,206 | 21.0 |
| | | | | Montana | 926 | 113 | 12.2 |
| | | | | Nebraska | 1,747 | 261 | 14.9 |
| United States | 293,638 | 58,161 | 19.8 | Nevada | 2,332 | 257 | 11.0 |
| Alabama | 4,517 | 918 | 20.3 | New Hampshire | 1,298 | 134 | 10.3 |
| Alaska | 657 | 128 | 19.5 | | | | |
| Arizona ¹ | 5,746 | 1,394 | 24.3 | New Jersey | 8,676 | 989 | 11.4 |
| Arkansas | 2,747 | 700 | 25.5 | New Mexico | 1,901 | 512 | 26.9 |
| California | 35,841 | 10,619 | 29.6 | New York | 19,292 | 4,889 | 25.3 |
| | | | | North Carolina | 8,531 | 1,526 | 17.9 |
| Colorado | 4,599 | 525 | 11.4 | North Dakota | 636 | 75 | 11.8 |
| Connecticut | 3,494 | 508 | 14.5 | | | | |
| Delaware | 829 | 167 | 20.1 | Ohio | 11,461 | 1,996 | 17.4 |
| District of Columbia | 580 | 160 | 27.6 | Oklahoma | 3,523 | 684 | 19.4 |
| Florida | 17,367 | 2,867 | 16.5 | Oregon | 3,589 | 590 | 16.4 |
| | | | | Pennsylvania | 12,377 | 1,890 | 15.3 |
| Georgia | 8,935 | 1,760 | 19.7 | Rhode Island | 1,079 | 216 | 20.0 |
| Hawaii | 1,259 | 223 | 17.7 | | | | |
| Idaho | 1,395 | 221 | 15.8 | South Carolina | 4,195 | 991 | 23.6 |
| Illinois | 12,714 | 2,265 | 17.8 | South Dakota | 770 | 124 | 16.1 |
| Indiana | 6,223 | 982 | 15.8 | Tennessee | 5,886 | 2,205 | 37.5 |
| | | | | Texas | 22,518 | 3,878 | 17.2 |
| Iowa | 2,954 | 400 | 13.5 | Utah | 2,421 | 295 | 12.2 |
| Kansas | 2,738 | 344 | 12.6 | | | | |
| Kentucky | 4,140 | 834 | 20.1 | Vermont | 621 | 164 | 26.4 |
| Louisiana | 4,496 | 1,112 | 24.7 | Virginia | 7,472 | 821 | 11.0 |
| Maine | 1,314 | 306 | 23.3 | Washington | 6,206 | 1,196 | 19.3 |
| | | | | West Virginia | 1,811 | 373 | 20.6 |
| Maryland | 5,553 | 845 | 15.2 | Wisconsin | 5,499 | 971 | 17.7 |
| Massachusetts | 6,436 | 1,157 | 18.0 | Wyoming | 506 | 78 | 15.4 |
| Michigan | 10,093 | 1,770 | 17.5 | | | | |
| Minnesota | 5,094 | 736 | 14.4 | Puerto Rico | NA | NA | NA |
| Mississippi | 2,893 | 785 | 27.1 | Virgin Islands | NA | NA | NA |

¹ Arizona operates a medical assistance program under a Section 1115 Demonstration project.

NOTES: Resident population is a provisional estimate as of July 1, 2004. The 2004 resident population data for Puerto Rico and Virgin Island are not available. Medicaid eligibles represent those ever enrolled in Medicaid at any time during the year.

SOURCES: CMS/CMSO/ORDI and Bureau of the Census

December 2007

**Medicare State Buy-Ins for Part A and Part B
July 2007**

| State | Part A QMBs | Part B Buy-Ins | Part B QMBs ¹ | Part B SLMBs ¹ | Part B QI-1s ¹ | Part B MAOs ¹ | State | Part A QMBs | Part B Buy-Ins | Part B QMBs ¹ | Part B SLMBs ¹ | Part B QI-1s ¹ | Part B MAOs ¹ |
|----------------------|----------------|-------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|----------------|----------------|-------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|
| Total | 537,933 | 7,082,006 | 3,222,788 | 790,915 | 255,764 | 472,015 | Missouri | 979 | 113,722 | 79,106 | 17,932 | 2,960 | --- |
| Alabama | 1,722 | 179,542 | 56,277 | 30,247 | 13,559 | 4,574 | Montana | 522 | 15,456 | 11,052 | 2,771 | 682 | --- |
| Alaska | 690 | 11,904 | 8,574 | 208 | --- | --- | Nebraska | --- | 25,640 | 14,020 | 2,869 | --- | 96 |
| Arizona | 1,026 | 121,455 | 61,232 | 14,928 | 9,973 | 18,812 | Nevada | 3,260 | 30,319 | 15,741 | 5,184 | 1,909 | 1,944 |
| Arkansas | 2,643 | 99,214 | 33,714 | 12,964 | 5,636 | 5,891 | New Hampshire | 43 | 13,454 | 5,602 | 2,580 | 728 | 3,798 |
| California | 150,881 | 1,078,076 | 252,600 | 56,029 | 11,824 | 184,046 | New Jersey | 9,667 | 170,280 | 109,465 | 19,503 | 8,105 | 1,025 |
| Colorado | 241 | 68,264 | 22,489 | 4,275 | 1,870 | 10,550 | New Mexico | 227 | 53,757 | 14,682 | 4,970 | 1,878 | 6,567 |
| Connecticut | 2,865 | 67,876 | 45,359 | 9,125 | 6,767 | --- | New York | 94,400 | 500,099 | 296,212 | 23,181 | 33,294 | --- |
| Delaware | 336 | 19,821 | 2,897 | 10,665 | 224 | --- | North Carolina | 10,638 | 261,690 | 805 | 32,485 | 14,397 | 17,340 |
| District of Columbia | 569 | 15,584 | 14,368 | --- | --- | 1,100 | North Dakota | --- | 7,610 | 2,679 | 1,174 | 381 | --- |
| Florida | 63,194 | 470,337 | 218,437 | 61,855 | 27,544 | 35,254 | Ohio | 5,831 | 234,958 | 124,640 | 35,055 | 11,546 | 6,812 |
| Georgia | 2,123 | 217,562 | 67,129 | 27,758 | 15,047 | 24,990 | Oklahoma | 2,853 | 82,671 | 61,090 | 14,840 | 5,576 | --- |
| Hawaii | 4,584 | 25,862 | 16,832 | 1,306 | 421 | 4,241 | Oregon | 819 | 75,113 | 43,117 | 12,088 | --- | 2,417 |
| Idaho | 613 | 26,030 | 15,439 | 3,659 | 1,173 | 3,262 | Pennsylvania | 19,293 | 268,833 | 192,472 | 39,682 | 16,445 | --- |
| Illinois | 4,310 | 222,728 | 142,853 | 25,819 | 9,304 | --- | Rhode Island | 213 | 27,508 | 13,146 | 1,602 | 989 | --- |
| Indiana | 2,283 | 120,079 | 72,154 | 20,897 | 4,925 | 18,396 | South Carolina | 977 | 124,502 | 57,423 | 15,395 | --- | 22,980 |
| Iowa | 842 | 66,022 | 38,600 | 10,729 | 2,098 | 3,852 | South Dakota | 952 | 15,407 | 5,083 | 2,334 | 732 | --- |
| Kansas | 628 | 50,732 | 26,125 | 5,565 | 1,831 | 1,167 | Tennessee | 5,621 | 232,611 | 117,117 | 15,870 | --- | --- |
| Kentucky | 2,485 | 137,602 | 94,902 | 19,230 | 6,565 | --- | Texas | 47,797 | 473,962 | 143,812 | 77,678 | --- | --- |
| Louisiana | 7,151 | 141,009 | 106,840 | 22,069 | 10,032 | 200 | Utah | 49 | 24,775 | 14,254 | 3,541 | --- | 4,385 |
| Maine | 14 | 64,164 | 37,938 | 6,240 | 1,807 | --- | Vermont | 53 | 21,831 | 6,200 | 4,758 | --- | --- |
| Maryland | 9,601 | 85,824 | 68,985 | 6,921 | 3,066 | 6,407 | Virginia | 6,803 | 141,569 | 21,472 | 15,431 | 5,364 | 13,200 |
| Massachusetts | 21,142 | 191,171 | 161,199 | 20,630 | 6,829 | --- | Washington | 11,690 | 123,471 | 97,471 | 9,901 | 4,113 | 4,731 |
| Michigan | 16,128 | 185,626 | 67,685 | 23,783 | 682 | 593 | West Virginia | 3,429 | 59,576 | 46,472 | 9,090 | 3,481 | --- |
| Minnesota | 6,890 | 83,420 | 12,092 | 2,387 | --- | --- | Wisconsin | 4,604 | 87,901 | 29,112 | 13,145 | 1,605 | --- |
| Mississippi | 4,093 | 136,096 | 53,156 | 9,379 | --- | 62,110 | Wyoming | 156 | 8,135 | 2,667 | 1,185 | 400 | 1,268 |
| | | | | | | | Outlying Areas | --- | --- | --- | --- | --- | --- |

¹ Included in Part B Buy-In column.

NOTES: "---" equals ten or fewer observations. Qualified Medicare Beneficiaries (QMBs) and Specified Low-income Medicare Beneficiaries (SLMBs), Qualified Individuals (QI-1s), and Medical Assistance Only (MAOs) are persons with limited resources. In addition to Medicare premiums, the Medicaid program may cover the cost of deductibles, coinsurance, and certain non-Medicare covered services which Medicare beneficiaries normally pay out of their own pockets.

**Medicare Persons Served by State
Calendar Year 2006**

| | 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 | 27,603 | 932 | 5,461 | 877 | Missouri | 606 | 953 | 143 | 911 |
| | | | | | Montana | 117 | 983 | 18 | 857 |
| United States | 27,391 | 943 | 5,402 | 882 | Nebraska | 205 | 972 | 30 | 938 |
| | | | | | Nevada | 157 | 877 | 29 | 784 |
| Alabama | 497 | 958 | 145 | 924 | New Hampshire | 144 | 894 | 26 | 765 |
| Alaska | 36 | 818 | 8 | 800 | | | | | |
| Arizona | 419 | 931 | 66 | 805 | New Jersey | 896 | 917 | 134 | 876 |
| Arkansas | 336 | 941 | 88 | 871 | New Mexico | 158 | 893 | 35 | 833 |
| California | 2,074 | 880 | 410 | 806 | New York | 1,637 | 908 | 324 | 839 |
| | | | | | North Carolina | 908 | 974 | 227 | 938 |
| Colorado | 308 | 978 | 56 | 875 | North Dakota | 85 | 977 | 11 | 917 |
| Connecticut | 395 | 936 | 62 | 899 | | | | | |
| Delaware | 104 | 954 | 18 | 857 | Ohio | 1,217 | 973 | 223 | 892 |
| District of Columbia | 48 | 842 | 9 | 818 | Oklahoma | 382 | 941 | 81 | 900 |
| Florida | 1,960 | 965 | 310 | 906 | Oregon | 287 | 1,000 | 53 | 883 |
| | | | | | Pennsylvania | 1,185 | 939 | 190 | 844 |
| Georgia | 763 | 957 | 187 | 917 | Rhode Island | 79 | 898 | 20 | 769 |
| Hawaii | 98 | 970 | 15 | 833 | | | | | |
| Idaho | 135 | 978 | 24 | 857 | South Carolina | 482 | 962 | 120 | 916 |
| Illinois | 1,269 | 932 | 204 | 872 | South Dakota | 100 | 926 | 14 | 933 |
| Indiana | 688 | 960 | 132 | 904 | Tennessee | 608 | 961 | 164 | 927 |
| | | | | | Texas | 1,823 | 942 | 341 | 914 |
| Iowa | 383 | 990 | 57 | 950 | Utah | 170 | 977 | 26 | 897 |
| Kansas | 310 | 951 | 49 | 891 | | | | | |
| Kentucky | 473 | 969 | 145 | 918 | Vermont | 76 | 938 | 15 | 882 |
| Louisiana | 397 | 945 | 103 | 896 | Virginia | 752 | 957 | 148 | 931 |
| Maine | 173 | 915 | 40 | 816 | Washington | 523 | 905 | 101 | 835 |
| | | | | | West Virginia | 245 | 988 | 74 | 902 |
| Maryland | 525 | 908 | 82 | 882 | Wisconsin | 584 | 977 | 96 | 873 |
| Massachusetts | 596 | 902 | 134 | 854 | Wyoming | 57 | 950 | 9 | 900 |
| Michigan | 1,131 | 967 | 227 | 890 | | | | | |
| Minnesota | 470 | 1,442 | 80 | 1,455 | Puerto Rico | 180 | 804 | 55 | 714 |
| Mississippi | 315 | 943 | 102 | 919 | Other Outlying Areas | 9 | 375 | 1 | 250 |
| | | | | | Unknown & Foreign | 24 | 74 | 3 | 188 |

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, 2005 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/ORDI

December 2007

**National Community Hospital Care by State
2005 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 | 35,239 | 5.6 | 584,429 | Missouri | 836 | 5.3 | 17,213 |
| Alabama | 706 | 5.1 | 7,547 | Montana | 106 | 9.6 | 2,859 |
| Alaska | 51 | 6.0 | 1,667 | Nebraska | 214 | 8.2 | 3,890 |
| Arizona | 665 | 4.4 | 6,776 | Nevada | 241 | 5.3 | 2,614 |
| Arkansas | 380 | 5.3 | 4,971 | New Hampshire | 117 | 5.5 | 3,782 |
| California | 3,434 | 5.3 | 49,032 | New Jersey | 1,110 | 5.3 | 16,827 |
| Colorado | 417 | 5.0 | 7,378 | New Mexico | 172 | 4.7 | 4,714 |
| Connecticut | 405 | 5.7 | 7,146 | New York | 2,538 | 7.2 | 51,538 |
| Delaware | 104 | 6.2 | 1,868 | North Carolina | 1,013 | 6.0 | 16,802 |
| District of Columbia | 141 | 7.1 | 1,649 | North Dakota | 87 | 8.8 | 1,863 |
| Florida | 2,371 | 5.2 | 22,298 | Ohio | 1,511 | 5.2 | 31,350 |
| Georgia | 961 | 6.4 | 13,803 | Oklahoma | 457 | 5.1 | 5,411 |
| Hawaii | 114 | 7.5 | 1,909 | Oregon | 336 | 4.4 | 7,973 |
| Idaho | 130 | 5.0 | 2,720 | Pennsylvania | 1,863 | 5.5 | 34,911 |
| Illinois | 1,583 | 5.2 | 28,729 | Rhode Island | 127 | 5.4 | 2,483 |
| Indiana | 717 | 5.2 | 16,452 | South Carolina | 528 | 5.8 | 5,826 |
| Iowa | 363 | 6.4 | 10,098 | South Dakota | 102 | 10.1 | 1,643 |
| Kansas | 330 | 6.3 | 5,945 | Tennessee | 829 | 5.7 | 11,666 |
| Kentucky | 618 | 5.5 | 8,859 | Texas | 2,509 | 5.2 | 32,329 |
| Louisiana | 620 | 5.5 | 9,807 | Utah | 223 | 4.3 | 4,799 |
| Maine | 151 | 5.6 | 4,299 | Vermont | 51 | 6.5 | 2,477 |
| Maryland | 680 | 4.7 | 6,750 | Virginia | 780 | 5.8 | 13,299 |
| Massachusetts | 800 | 5.5 | 18,865 | Washington | 543 | 4.6 | 10,050 |
| Michigan | 1,198 | 5.4 | 26,150 | West Virginia | 292 | 5.7 | 6,116 |
| Minnesota | 635 | 6.3 | 9,442 | Wisconsin | 612 | 5.4 | 12,727 |
| Mississippi | 414 | 6.5 | 4,093 | Wyoming | 51 | 8.2 | 1,010 |

NOTE: Excludes admissions to nursing home units.

SOURCE: American Hospital Association's 2007 Hospital Statistics.

December 2007

Medicare Skilled Nursing Facility Utilization by State¹
Calendar Year 2006

| | Total Patients | Total Discharges | Total Covered Days | Average Days Per Discharge | Total Reimbursement | Average Reimbursement Per Day | Average Reimbursement Per Discharge |
|----------------------|-------------------|---------------------|--------------------------|----------------------------------|------------------------|-------------------------------------|---|
| TOTAL | 1,845,488 | 1,985,313 | 67,497,716 | 34 | \$20,456,449,438 | \$303 | \$10,304 |
| ALABAMA | 31,291 | 29,853 | 1,128,212 | 38 | 292,904,351 | 260 | 9,812 |
| ALASKA | 733 | 652 | 23,403 | 36 | 12,138,428 | 519 | 18,617 |
| ARIZONA | 18,813 | 20,988 | 533,716 | 25 | 162,095,020 | 304 | 7,723 |
| ARKANSAS | 21,138 | 25,458 | 707,181 | 28 | 173,928,961 | 246 | 6,832 |
| CALIFORNIA | 126,652 | 143,320 | 4,576,296 | 32 | 1,685,961,703 | 368 | 11,764 |
| COLORADO | 19,250 | 21,600 | 644,322 | 30 | 215,400,322 | 334 | 9,972 |
| CONNECTICUT | 37,551 | 38,441 | 1,504,625 | 39 | 485,165,474 | 322 | 12,621 |
| DELAWARE | 5,625 | 5,458 | 193,123 | 35 | 58,577,459 | 303 | 10,732 |
| DISTRICT OF COLUMBIA | 3,097 | 3,145 | 88,097 | 28 | 28,297,147 | 321 | 8,998 |
| FLORIDA | 134,963 | 152,252 | 5,105,636 | 34 | 1,620,700,034 | 317 | 10,645 |
| GEORGIA | 38,795 | 37,205 | 1,456,002 | 39 | 395,581,278 | 272 | 10,632 |
| HAWAII | 2,594 | 2,599 | 83,987 | 32 | 28,229,481 | 336 | 10,862 |
| IDAHO | 8,229 | 9,112 | 275,220 | 30 | 81,755,859 | 297 | 8,972 |
| ILLINOIS | 99,607 | 118,213 | 3,685,636 | 31 | 1,119,735,946 | 304 | 9,472 |
| INDIANA | 53,245 | 56,453 | 2,206,533 | 39 | 620,094,567 | 281 | 10,984 |
| IOWA | 28,708 | 31,721 | 638,316 | 20 | 224,387,206 | 352 | 7,074 |
| KANSAS | 23,236 | 28,100 | 693,507 | 25 | 227,657,151 | 328 | 8,102 |
| KENTUCKY | 33,205 | 35,504 | 1,260,062 | 35 | 335,750,548 | 266 | 9,457 |
| LOUISIANA | 23,486 | 23,320 | 965,642 | 41 | 240,145,788 | 249 | 10,298 |
| MAINE | 12,413 | 13,709 | 372,240 | 27 | 124,330,586 | 334 | 9,069 |
| MARYLAND | 40,741 | 46,878 | 1,358,130 | 29 | 429,735,887 | 316 | 9,167 |
| MASSACHUSETTS | 59,290 | 62,949 | 2,166,395 | 34 | 704,755,367 | 325 | 11,196 |
| MICHIGAN | 62,374 | 65,434 | 2,448,814 | 37 | 735,935,676 | 301 | 11,247 |
| MINNESOTA | 34,953 | 35,062 | 1,014,976 | 29 | 340,973,193 | 336 | 9,725 |
| MISSISSIPPI | 20,040 | 21,463 | 812,401 | 38 | 220,622,611 | 272 | 10,279 |

Medicare Skilled Nursing Facility Utilization by State¹
Calendar Year 2006
(Continued)

| | Total Patients | Total Discharges | Total Covered Days | Average Days Per Discharge | Total Reimbursement | Average Reimbursement Per Day | Average Reimbursement Per Discharge |
|----------------|-------------------|---------------------|--------------------------|----------------------------------|------------------------|-------------------------------------|---|
| MISSOURI | 45,714 | 50,299 | 1,640,901 | 33 | \$436,932,662 | \$266 | \$8,687 |
| MONTANA | 7,658 | 9,195 | 214,714 | 23 | 66,680,024 | 311 | 7,252 |
| NEBRASKA | 16,149 | 17,209 | 495,238 | 29 | 161,948,124 | 327 | 9,411 |
| NEVADA | 6,193 | 6,401 | 227,511 | 36 | 79,540,462 | 350 | 12,426 |
| NEW HAMPSHIRE | 10,210 | 11,033 | 349,611 | 32 | 122,527,468 | 350 | 11,106 |
| NEW JERSEY | 75,456 | 85,966 | 2,531,055 | 29 | 934,721,862 | 369 | 10,873 |
| NEW MEXICO | 6,246 | 6,175 | 214,184 | 35 | 58,886,004 | 275 | 9,536 |
| NEW YORK | 112,509 | 104,588 | 4,397,108 | 42 | 1,319,063,352 | 300 | 12,612 |
| NORTH CAROLINA | 54,649 | 50,497 | 2,080,312 | 41 | 560,935,014 | 270 | 11,108 |
| NORTH DAKOTA | 6,743 | 6,489 | 169,999 | 26 | 49,755,881 | 293 | 7,668 |
| OHIO | 106,317 | 114,572 | 3,942,422 | 34 | 1,159,311,654 | 294 | 10,119 |
| OKLAHOMA | 21,000 | 24,651 | 715,419 | 29 | 185,985,972 | 260 | 7,545 |
| OREGON | 13,944 | 15,367 | 389,102 | 25 | 139,363,453 | 358 | 9,069 |
| PENNSYLVANIA | 92,433 | 90,507 | 3,266,623 | 36 | 930,824,314 | 285 | 10,285 |
| PUERTO RICO | 1,059 | 1,082 | 20,526 | 19 | 3,093,383 | 151 | 2,859 |
| RHODE ISLAND | 7,401 | 7,467 | 253,259 | 34 | 81,268,855 | 321 | 10,884 |
| SOUTH CAROLINA | 23,722 | 24,166 | 941,117 | 39 | 252,524,063 | 268 | 10,450 |
| SOUTH DAKOTA | 7,619 | 8,107 | 188,351 | 23 | 65,307,055 | 347 | 8,056 |
| TENNESSEE | 43,466 | 50,555 | 1,810,623 | 36 | 468,616,157 | 259 | 9,269 |
| TEXAS | 108,046 | 117,042 | 4,410,127 | 38 | 1,194,983,205 | 271 | 10,210 |
| UTAH | 11,089 | 12,348 | 363,289 | 29 | 110,043,988 | 303 | 8,912 |
| VERMONT | 4,524 | 4,670 | 150,217 | 32 | 50,300,839 | 335 | 10,771 |
| VIRGIN ISLANDS | 79 | 80 | 1,150 | 14 | 275,229 | 239 | 3,440 |
| VIRGINIA | 44,865 | 45,719 | 1,669,077 | 37 | 467,902,822 | 280 | 10,234 |
| WASHINGTON | 31,020 | 32,601 | 1,028,381 | 32 | 349,864,807 | 340 | 10,732 |
| WEST VIRGINIA | 14,199 | 14,540 | 511,981 | 35 | 136,327,294 | 266 | 9,376 |
| WISCONSIN | 42,631 | 41,234 | 1,456,685 | 35 | 470,993,018 | 323 | 11,422 |
| WYOMING | 3,485 | 3,761 | 113,128 | 30 | 32,855,185 | 290 | 8,736 |
| GUAM | 96 | 103 | 3,134 | 30 | 757,252 | 242 | 7,352 |

¹ Includes utilization and expenditure data for non-swing bed and swing bed services.

NOTES: Provider based data are derived from bills for services performed in 2006 and recorded in CMS central records as of June 2007. 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.

**Medicare Home Health Agency Utilization
Calendar Year 2006**

| | Total Payments | Total Patients | Total Visits | Average Pay Per Patient | Average Visits Per Patient |
|----------------------|-------------------|-------------------|-----------------|----------------------------|-------------------------------|
| NATIONAL TOTAL | \$14,041,853,560 | 3,031,814 | 103,931,188 | \$4,632 | 34 |
| ALABAMA | 277,544,495 | 59,696 | 2,110,102 | 4,649 | 35 |
| ALASKA | 8,952,184 | 2,091 | 46,469 | 4,281 | 22 |
| ARIZONA | 90,040,959 | 27,646 | 549,177 | 3,257 | 20 |
| ARKANSAS | 129,696,184 | 31,713 | 1,181,544 | 4,090 | 37 |
| CALIFORNIA | 1,102,444,786 | 216,756 | 6,660,368 | 5,086 | 31 |
| COLORADO | 103,561,556 | 27,864 | 697,836 | 3,717 | 25 |
| CONNECTICUT | 211,177,783 | 50,204 | 1,692,702 | 4,206 | 34 |
| DELAWARE | 31,803,008 | 9,506 | 214,893 | 3,346 | 23 |
| DISTRICT OF COLUMBIA | 16,065,980 | 4,268 | 94,913 | 3,764 | 22 |
| FLORIDA | 1,531,933,169 | 291,701 | 14,218,211 | 5,252 | 49 |
| GEORGIA | 329,441,518 | 76,134 | 2,247,857 | 4,327 | 30 |
| HAWAII | 11,646,507 | 3,298 | 57,953 | 3,531 | 18 |
| IDAHO | 42,353,431 | 11,117 | 312,050 | 3,810 | 28 |
| ILLINOIS | 672,879,973 | 146,011 | 3,903,436 | 4,608 | 27 |
| INDIANA | 220,079,712 | 54,567 | 1,698,557 | 4,033 | 31 |
| IOWA | 64,618,106 | 22,029 | 548,211 | 2,933 | 25 |
| KANSAS | 77,119,338 | 22,316 | 555,706 | 3,456 | 25 |
| KENTUCKY | 212,186,704 | 51,468 | 1,565,802 | 4,123 | 30 |
| LOUISIANA | 462,634,741 | 69,233 | 3,893,827 | 6,682 | 56 |
| MAINE | 66,468,957 | 19,790 | 483,903 | 3,359 | 24 |
| MARYLAND | 160,279,883 | 48,452 | 955,326 | 3,308 | 20 |
| MASSACHUSETTS | 422,449,964 | 95,415 | 3,145,608 | 4,428 | 33 |
| MICHIGAN | 632,003,304 | 146,020 | 3,852,685 | 4,328 | 26 |
| MINNESOTA | 88,504,528 | 27,006 | 598,671 | 3,277 | 22 |
| MISSISSIPPI | 234,162,655 | 44,152 | 1,765,051 | 5,304 | 40 |
| MISSOURI | 219,121,812 | 64,117 | 1,538,931 | 3,418 | 24 |

Medicare Home Health Agency Utilization
Calendar Year 2006
(continued)

| | Total Payments | Total Patients | Total Visits | Average Pay Per Patient | Average Visits Per Patients |
|----------------|-------------------|-------------------|-----------------|----------------------------|--------------------------------|
| MONTANA | \$22,168,609 | 6,890 | 150,006 | \$3,218 | 22 |
| NEBRASKA | 40,794,411 | 12,835 | 281,926 | 3,178 | 22 |
| NEVADA | 82,000,317 | 16,826 | 494,612 | 4,873 | 29 |
| NEW HAMPSHIRE | 62,519,572 | 15,483 | 457,051 | 4,038 | 30 |
| NEW JERSEY | 327,841,413 | 88,655 | 2,106,862 | 3,698 | 24 |
| NEW MEXICO | 62,458,939 | 14,522 | 458,411 | 4,301 | 32 |
| NEW YORK | 751,582,252 | 179,487 | 6,236,638 | 4,187 | 35 |
| NORTH CAROLINA | 356,714,087 | 95,212 | 2,311,075 | 3,747 | 24 |
| NORTH DAKOTA | 12,368,610 | 5,343 | 102,108 | 2,315 | 19 |
| OHIO | 441,681,739 | 119,484 | 3,326,694 | 3,697 | 28 |
| OKLAHOMA | 326,977,854 | 53,977 | 2,990,779 | 6,058 | 55 |
| OREGON | 71,673,951 | 21,693 | 391,051 | 3,304 | 18 |
| PENNSYLVANIA | 492,422,763 | 143,719 | 3,397,403 | 3,426 | 24 |
| PUERTO RICO | 37,251,654 | 14,729 | 392,148 | 2,529 | 27 |
| RHODE ISLAND | 40,877,355 | 11,428 | 276,811 | 3,577 | 24 |
| SOUTH CAROLINA | 171,071,228 | 42,149 | 1,038,474 | 4,059 | 25 |
| SOUTH DAKOTA | 13,658,635 | 4,604 | 89,739 | 2,967 | 19 |
| TENNESSEE | 416,914,622 | 76,620 | 3,059,629 | 5,441 | 40 |
| TEXAS | 2,128,464,542 | 303,446 | 16,355,820 | 7,014 | 54 |
| UTAH | 97,342,542 | 18,553 | 938,531 | 5,247 | 51 |
| VERMONT | 43,266,720 | 10,115 | 368,509 | 4,277 | 36 |
| VIRGIN ISLANDS | 929,002 | 247 | 4,482 | 3,761 | 18 |
| VIRGINIA | 283,785,585 | 74,887 | 1,988,817 | 3,790 | 27 |
| WASHINGTON | 141,015,813 | 39,099 | 736,519 | 3,607 | 19 |
| WEST VIRGINIA | 66,764,731 | 19,275 | 453,863 | 3,464 | 24 |
| WISCONSIN | 116,699,159 | 34,532 | 834,651 | 3,379 | 24 |
| WYOMING | 10,814,801 | 3,190 | 85,314 | 3,390 | 27 |

NOTES: Provider based data are derived from bills for services performed in 2006 and recorded in CMS central records as of June 2007. 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.

SOURCES: CMS/ORDI/OIS

December 2007

**Medicare Hospice Utilization
Calendar Year 2006**

| | Total Patients | Total Payments | Total Days | Total Covered Hours | Total Covered Procedures | Average Pay Per Patient | Average Days Per Patient |
|----------------------|-------------------|-------------------|---------------|------------------------|-----------------------------|----------------------------|-----------------------------|
| TOTALS | 939,331 | \$9,237,159,630 | 68,624,748 | 5,792,125 | 3,096,011 | \$9,834 | 73 |
| ALABAMA | 26,063 | 354,059,162 | 2,965,324 | 125,991 | 16,612 | 13,585 | 114 |
| ALASKA | 405 | 3,302,213 | 21,535 | --- | 168 | 8,154 | 53 |
| ARIZONA | 27,970 | 346,052,545 | 2,312,349 | 20,580 | 62,498 | 12,372 | 83 |
| ARKANSAS | 9,261 | 89,264,751 | 686,962 | 18,305 | 29,284 | 9,639 | 74 |
| CALIFORNIA | 80,478 | 810,643,631 | 5,049,811 | 518,162 | 71,737 | 10,073 | 63 |
| COLORADO | 13,738 | 126,136,410 | 884,684 | 11,624 | 24,049 | 9,182 | 64 |
| CONNECTICUT | 9,226 | 79,832,768 | 390,166 | 36,541 | 14,776 | 8,653 | 42 |
| DELAWARE | 3,352 | 33,937,287 | 228,117 | 15,555 | 1,645 | 10,124 | 68 |
| DISTRICT OF COLUMBIA | 905 | 6,895,131 | 40,895 | 1,050 | 1,195 | 7,619 | 45 |
| FLORIDA | 89,134 | 1,032,578,495 | 6,371,479 | 2,670,928 | 421,424 | 11,585 | 71 |
| GEORGIA | 26,494 | 274,317,283 | 1,938,561 | 57,198 | 48,041 | 10,354 | 73 |
| HAWAII | 1,906 | 16,122,108 | 97,395 | 106 | --- | 8,459 | 51 |
| IDAHO | 4,149 | 43,017,508 | 340,435 | 7,702 | 771 | 10,368 | 82 |
| ILLINOIS | 34,856 | 291,571,757 | 1,944,316 | 291,295 | 26,198 | 8,365 | 56 |
| INDIANA | 20,425 | 184,518,232 | 1,393,417 | 17,613 | 20,885 | 9,034 | 68 |
| IOWA | 13,839 | 106,994,253 | 800,559 | 8,798 | 10,381 | 7,731 | 58 |
| KANSAS | 9,495 | 89,985,158 | 706,155 | 20,036 | 7,115 | 9,477 | 74 |
| KENTUCKY | 11,817 | 91,253,527 | 693,271 | 17,822 | 18,975 | 7,722 | 59 |
| LOUISIANA | 14,195 | 132,839,412 | 1,085,943 | 20,556 | 10,457 | 9,358 | 77 |
| MAINE | 3,720 | 31,990,399 | 227,649 | 150 | 2,935 | 8,600 | 61 |
| MARYLAND | 12,513 | 93,207,504 | 683,318 | 217 | 11,153 | 7,449 | 55 |
| MASSACHUSETTS | 18,621 | 175,118,416 | 1,118,773 | 4,832 | 3,034 | 9,404 | 60 |
| MICHIGAN | 34,913 | 275,848,247 | 1,967,961 | 41,499 | 27,174 | 7,901 | 56 |
| MINNESOTA | 12,888 | 111,171,381 | 846,431 | 13,534 | 2,046 | 8,626 | 66 |
| MISSISSIPPI | 14,369 | 207,029,245 | 1,740,840 | 38,910 | 1,697 | 14,408 | 121 |

**Medicare Hospice Utilization
Calendar Year 2006
(continued)**

| | Total Patients | Total Payments | Total Days | Total Covered Hours | Total Covered Procedures | Average Pay Per Patient | Average Days Per Patient |
|----------------|----------------|----------------|------------|---------------------|--------------------------|-------------------------|--------------------------|
| MISSOURI | 24,310 | \$212,394,690 | 1,759,795 | 26,478 | 3,713 | \$8,737 | 72 |
| MONTANA | 2,674 | 20,910,914 | 161,718 | 111 | 636 | 7,820 | 60 |
| NEBRASKA | 5,268 | 37,442,913 | 299,493 | 12,420 | 396 | 7,108 | 57 |
| NEVADA | 6,931 | 66,772,391 | 402,165 | 2,080 | 14,570 | 9,634 | 58 |
| NEW HAMPSHIRE | 3,367 | 27,894,461 | 174,345 | 162 | 752 | 8,285 | 52 |
| NEW JERSEY | 23,487 | 204,851,492 | 1,289,823 | 64,884 | 9,332 | 8,722 | 55 |
| NEW MEXICO | 7,201 | 85,534,464 | 640,646 | 4,425 | 7,568 | 11,878 | 89 |
| NEW YORK | 34,014 | 293,017,620 | 1,841,427 | 23,723 | 30,074 | 8,615 | 54 |
| NORTH CAROLINA | 29,124 | 310,891,350 | 2,282,373 | 13,078 | 76,992 | 10,675 | 78 |
| NORTH DAKOTA | 1,869 | 14,283,220 | 116,963 | 6,489 | 432 | 7,642 | 63 |
| OHIO | 44,928 | 401,221,204 | 2,764,817 | 479,841 | 44,612 | 8,930 | 62 |
| OKLAHOMA | 19,280 | 252,950,880 | 2,129,384 | 38,479 | 25,877 | 13,120 | 110 |
| OREGON | 14,556 | 118,167,867 | 837,841 | 1,824 | 2,111 | 8,118 | 58 |
| PENNSYLVANIA | 48,260 | 417,195,582 | 3,206,995 | 75,049 | 23,265 | 8,645 | 66 |
| PUERTO RICO | 7,848 | 75,414,809 | 3,827,789 | 306 | 1,874,117 | 9,609 | 488 |
| RHODE ISLAND | 4,173 | 40,207,994 | 244,309 | 37 | 1,978 | 9,635 | 59 |
| SOUTH CAROLINA | 14,293 | 160,024,183 | 1,212,268 | 13,663 | 8,413 | 11,196 | 85 |
| SOUTH DAKOTA | 1,972 | 13,001,013 | 100,857 | 21 | 264 | 6,593 | 51 |
| TENNESSEE | 18,501 | 168,935,761 | 1,211,610 | 42,131 | 17,856 | 9,131 | 65 |
| TEXAS | 68,498 | 701,443,868 | 5,149,880 | 922,240 | 68,533 | 10,240 | 75 |
| UTAH | 8,305 | 96,554,989 | 738,903 | 5,841 | 17,318 | 11,626 | 89 |
| VERMONT | 1,347 | 10,019,184 | 74,192 | 1,314 | 173 | 7,438 | 55 |
| VIRGIN ISLANDS | 121 | 1,169,463 | 10,501 | 315 | --- | 9,665 | 87 |
| VIRGINIA | 18,100 | 148,040,088 | 1,134,819 | 20,102 | 5,986 | 8,179 | 63 |
| WASHINGTON | 16,521 | 140,748,738 | 928,429 | 3,976 | 9,077 | 8,519 | 56 |
| WEST VIRGINIA | 5,752 | 54,434,375 | 422,471 | 12,102 | 5,696 | 9,464 | 73 |
| WISCONSIN | 17,191 | 149,700,419 | 1,078,167 | 61,933 | 11,933 | 8,708 | 63 |
| WYOMING | 790 | 6,248,874 | 46,422 | 98 | --- | 7,910 | 59 |

NOTES: Provider based data are derived from bills for services performed in 2006 and recorded in CMS central records as of June 2007. 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.

**Medicare Inpatient Hospitals by State
2006**

| | Short- Stay Hospitals ¹ | Beds per 1,000 Enrollees | Long- Stay Hospitals ² | Beds per 1,000 Enrollees | | Short- Stay Hospitals ¹ | Beds per 1,000 Enrollees | Long- Stay Hospitals ² | Beds per 1,000 Enrollees |
|-------------------|--|--------------------------------|---|--------------------------------|----------------------|--|--------------------------------|---|--------------------------------|
| All Areas | 3,702 | 19.3 | 1,191 | 2.5 | Missouri | 79 | 22.3 | 27 | 2.2 |
| United States | 3,644 | 20.7 | 1,252 | 2.6 | Montana | 17 | 13.2 | 2 | 1.3 |
| Alabama | 100 | 23.2 | 25 | 2.4 | Nebraska | 22 | 16.6 | 9 | 2.5 |
| Alaska | 11 | 21.6 | 2 | 3.1 | Nevada | 24 | 15.9 | 12 | 2.5 |
| Arizona | 68 | 16.0 | 22 | 1.6 | New Hampshire | 13 | 13.7 | 4 | 2.4 |
| Arkansas | 51 | 16.3 | 25 | 4.0 | New Jersey | 76 | 22.5 | 33 | 3.5 |
| California | 338 | 18.0 | 62 | 1.4 | New Mexico | 36 | 15.9 | 10 | 1.8 |
| Colorado | 47 | 18.7 | 18 | 3.0 | New York | 193 | 22.5 | 36 | 2.7 |
| Connecticut | 32 | 15.7 | 12 | 3.7 | North Carolina | 95 | 16.8 | 17 | 2.2 |
| Delaware | 5 | 14.9 | 5 | 2.8 | North Dakota | 14 | 21.8 | 5 | 3.3 |
| Dist. of Columbia | 7 | 50.0 | 7 | 11.0 | Ohio | 137 | 22.4 | 48 | 2.3 |
| Florida | 178 | 16.8 | 49 | 1.6 | Oklahoma | 92 | 23.0 | 27 | 2.5 |
| Georgia | 110 | 19.8 | 33 | 2.8 | Oregon | 32 | 12.0 | 2 | 0.5 |
| Hawaii | 14 | 12.1 | 5 | 2.3 | Pennsylvania | 158 | 13.5 | 66 | 3.2 |
| Idaho | 16 | 12.3 | 7 | 1.7 | Rhode Island | 11 | 17.0 | 4 | 4.4 |
| Illinois | 134 | 24.0 | 28 | 2.0 | South Carolina | 54 | 16.5 | 19 | 2.1 |
| Indiana | 80 | 17.1 | 43 | 2.5 | South Dakota | 25 | 18.7 | 3 | 2.0 |
| Iowa | 42 | 18.9 | 4 | 0.7 | Tennessee | 111 | 23.7 | 27 | 1.8 |
| Kansas | 62 | 21.1 | 14 | 2.5 | Texas | 319 | 21.0 | 143 | 3.7 |
| Kentucky | 67 | 20.9 | 23 | 3.1 | Utah | 33 | 17.2 | 7 | 3.2 |
| Louisiana | 107 | 26.6 | 105 | 7.4 | Vermont | 6 | 14.6 | 1 | 1.5 |
| Maine | 25 | 14.0 | 5 | 2.1 | Virginia | 83 | 18.7 | 23 | 1.6 |
| Maryland | 47 | 18.6 | 17 | 3.9 | Washington | 51 | 12.9 | 11 | 2.1 |
| Massachusetts | 66 | 13.3 | 44 | 6.8 | West Virginia | 38 | 22.2 | 11 | 2.2 |
| Michigan | 110 | 16.9 | 35 | 1.7 | Wisconsin | 66 | 17.6 | 20 | 2.3 |
| Minnesota | 54 | 17.7 | 13 | 1.9 | Wyoming | 12 | 15.1 | 3 | 1.2 |
| Mississippi | 76 | 25.4 | 12 | 1.4 | Puerto Rico | 53 | 15.7 | 6 | 1.9 |
| | | | | | Other Outlying Areas | 5 | 26.1 | 0 | 0.0 |

¹ Excludes critical access hospitals.

² Includes long term, religious non-medical healthcare institutions, psychiatric, rehabilitation, and childrens' hospitals.

NOTES: Facility data as of the end of December 2006. Beds per 1,000 enrollees based on HI enrollment data as of July 1, 200

SOURCE: CMS/ORDI

December 2007

**Medicare Skilled Nursing Facilities and Certified Beds by State
2006**

| | Facilities | Beds | | Facilities | Beds |
|----------------------|------------|-----------|-------------------------------------|------------|---------|
| All Areas | 15,028 | 1,507,368 | | | |
| United States | 15,018 | 1,506,955 | Missouri | 482 | 42,573 |
| Alabama | 228 | 24,768 | Montana | 96 | 7,129 |
| Alaska | 15 | 483 | Nebraska | 192 | 13,501 |
| Arizona | 135 | 14,621 | Nevada | 45 | 5,124 |
| Arkansas | 210 | 20,167 | New Hampshire | 74 | 7,164 |
| California | 1,206 | 108,733 | New Jersey | 361 | 49,949 |
| Colorado | 193 | 17,499 | New Mexico | 67 | 6,269 |
| Connecticut | 245 | 29,653 | New York | 653 | 120,566 |
| Delaware | 38 | 3,949 | North Carolina | 421 | 41,200 |
| District of Columbia | 19 | 2,121 | North Dakota | 83 | 6,502 |
| Florida | 679 | 77,135 | Ohio | 944 | 89,549 |
| Georgia | 355 | 37,789 | Oklahoma | 279 | 25,349 |
| Hawaii | 42 | 3,584 | Oregon | 121 | 9,987 |
| Idaho | 77 | 5,863 | Pennsylvania | 705 | 83,208 |
| Illinois | 699 | 61,197 | Rhode Island | 87 | 8,580 |
| Indiana | 492 | 44,456 | South Carolina | 175 | 16,733 |
| Iowa | 414 | 28,916 | South Dakota | 92 | 5,874 |
| Kansas | 264 | 18,408 | Tennessee | 300 | 25,923 |
| Kentucky | 293 | 24,169 | Texas | 1,071 | 108,543 |
| Louisiana | 292 | 36,303 | Utah | 85 | 7,305 |
| Maine | 113 | 6,699 | Vermont | 41 | 3,305 |
| Maryland | 226 | 24,210 | Virginia | 257 | 25,121 |
| Massachusetts | 443 | 47,619 | Washington | 234 | 20,281 |
| Michigan | 396 | 42,253 | West Virginia | 121 | 9,475 |
| Minnesota | 386 | 33,924 | Wisconsin | 370 | 35,282 |
| Mississippi | 169 | 15,121 | Wyoming | 33 | 2,823 |
| | | | U.S. Territories and Possessions | 10 | 413 |

NOTE: Data as of the end of December 2006.

SOURCE: CMS/ORDI

December 2007

**Nursing Facilities Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State
2006**

| | Nursing Facilities Title 19 Only | Institutions for Mentally Retarded | | Nursing Facilities Title 19 Only | Institutions for Mentally Retarded |
|----------------------|-------------------------------------|--|----------------|-------------------------------------|--|
| United States | 877 | 6,454 | Missouri | 36 | 18 |
| Alabama | 3 | 6 | Montana | 1 | 1 |
| Alaska | 0 | 0 | Nebraska | 33 | 4 |
| Arizona | 1 | 12 | Nevada | 2 | 9 |
| Arkansas | 26 | 41 | New Hampshire | 8 | 1 |
| California | 76 | 1,129 | New Jersey | 0 | 9 |
| Colorado | 17 | 3 | New Mexico | 6 | 42 |
| Connecticut | 0 | 120 | New York | 2 | 594 |
| Delaware | 6 | 2 | North Carolina | 1 | 332 |
| District of Columbia | 1 | 121 | North Dakota | 0 | 67 |
| Florida | 4 | 105 | Ohio | 15 | 435 |
| Georgia | 5 | 11 | Oklahoma | 55 | 83 |
| Hawaii | 4 | 18 | Oregon | 17 | 1 |
| Idaho | 3 | 65 | Pennsylvania | 11 | 209 |
| Illinois | 102 | 313 | Rhode Island | 0 | 5 |
| Indiana | 22 | 527 | South Carolina | 0 | 99 |
| Iowa | 40 | 136 | South Dakota | 19 | 1 |
| Kansas | 88 | 31 | Tennessee | 26 | 83 |
| Kentucky | 0 | 9 | Texas | 73 | 883 |
| Louisiana | 0 | 514 | Utah | 8 | 15 |
| Maine | 0 | 20 | Vermont | 0 | 2 |
| Maryland | 7 | 4 | Virginia | 21 | 34 |
| Massachusetts | 10 | 6 | Washington | 10 | 14 |
| Michigan | 28 | 1 | West Virginia | 10 | 63 |
| Minnesota | 13 | 219 | Wisconsin | 27 | 22 |
| Mississippi | 34 | 13 | Wyoming | 6 | 2 |

NOTE: Data as of the end of December 2006.

SOURCE: CMS/ORDI

December 2007

**Community Hospitals by State
2005 Annual Survey**

| | Beds per 1,000 | | | | Beds per 1,000 | | |
|----------------------|----------------|---------|------------------------|----------------|----------------|--------|------------------------|
| | Hospitals | Beds | Resident Population | | Hospitals | Beds | Resident Population |
| United States | 4,936 | 802,311 | 2.7 | Missouri | 119 | 19,146 | 3.3 |
| | | | | Montana | 54 | 4,283 | 4.6 |
| Alabama | 109 | 15,486 | 3.4 | Nebraska | 87 | 7,566 | 4.3 |
| Alaska | 22 | 1,393 | 2.1 | Nevada | 32 | 4,685 | 1.9 |
| Arizona | 67 | 11,767 | 2.0 | New Hampshire | 28 | 2,843 | 2.2 |
| Arkansas | 85 | 9,389 | 3.4 | | | | |
| California | 357 | 70,192 | 1.9 | New Jersey | 80 | 22,090 | 2.5 |
| | | | | New Mexico | 37 | 3,505 | 1.8 |
| Colorado | 71 | 9,620 | 2.1 | New York | 203 | 63,068 | 3.3 |
| Connecticut | 36 | 7,862 | 2.2 | North Carolina | 115 | 23,344 | 2.7 |
| Delaware | 6 | 1,909 | 2.3 | North Dakota | 40 | 3,494 | 5.6 |
| District of Columbia | 11 | 3,534 | 6.4 | | | | |
| Florida | 205 | 51,174 | 2.9 | Ohio | 170 | 33,250 | 2.9 |
| | | | | Oklahoma | 110 | 10,814 | 3.0 |
| Georgia | 149 | 25,015 | 2.8 | Oregon | 58 | 6,515 | 1.8 |
| Hawaii | 25 | 3,001 | 2.4 | Pennsylvania | 191 | 39,602 | 3.2 |
| Idaho | 39 | 3,330 | 2.3 | Rhode Island | 11 | 2,405 | 2.2 |
| Illinois | 191 | 34,498 | 2.7 | | | | |
| Indiana | 113 | 17,750 | 2.8 | South Carolina | 63 | 11,458 | 2.7 |
| | | | | South Dakota | 52 | 4,325 | 5.6 |
| Iowa | 116 | 10,753 | 3.6 | Tennessee | 130 | 20,578 | 3.5 |
| Kansas | 131 | 10,075 | 3.7 | Texas | 415 | 58,153 | 2.5 |
| Kentucky | 105 | 14,891 | 3.6 | Utah | 43 | 4,555 | 1.8 |
| Louisiana | 128 | 15,534 | 3.4 | | | | |
| Maine | 37 | 3,526 | 2.7 | Vermont | 14 | 1,358 | 2.2 |
| | | | | Virginia | 87 | 17,483 | 2.3 |
| Maryland | 50 | 11,404 | 2.0 | Washington | 86 | 10,763 | 1.7 |
| Massachusetts | 80 | 16,213 | 2.5 | West Virginia | 57 | 7,243 | 4.0 |
| Michigan | 146 | 26,214 | 2.6 | Wisconsin | 124 | 14,458 | 2.6 |
| Minnesota | 133 | 15,993 | 3.1 | Wyoming | 24 | 2,051 | 4.0 |
| Mississippi | 94 | 12,753 | 4.4 | | | | |

NOTE: Includes total hospital and nursing unit beds.

SOURCE: American Hospital Associations' 2007 Hospital Statistics.

December 2007

Medicare Part B Participating Physicians and Other Practitioners by State Selected Years

January 2002 January 2003 January 2004 January 2005 January 2006 January 2007

| | | | | | | |
|----------------------|------|------|------|------|------|------|
| Alabama | 96.1 | 96.4 | 96.8 | 96.7 | 96.9 | 97.4 |
| Alaska | 86.1 | 87.2 | 88.0 | 89.1 | 90.0 | 89.7 |
| Arizona | 90.6 | 91.1 | 91.2 | 91.7 | 92.4 | 92.8 |
| Arkansas | 95.5 | 95.9 | 96.1 | 96.3 | 96.4 | 97.0 |
| California | 78.6 | 89.5 | 89.8 | 87.4 | 86.9 | 84.7 |
| Colorado | 89.5 | 90.0 | 90.7 | 91.3 | 92.3 | 92.2 |
| Connecticut | 90.5 | 93.4 | 93.6 | 93.8 | 94.3 | 95.0 |
| Delaware | 92.0 | 92.4 | 96.5 | 96.5 | 96.1 | 96.1 |
| District of Columbia | 90.8 | 91.3 | 92.3 | 92.4 | 92.7 | 92.7 |
| Florida | 92.9 | 92.5 | 93.0 | 93.5 | 94.1 | 95.0 |
| Georgia | 90.8 | 90.4 | 91.3 | 92.0 | 92.7 | 93.4 |
| Hawaii | 94.3 | 94.7 | 94.7 | 95.2 | 95.6 | 95.4 |
| Idaho | 80.8 | 84.0 | 85.2 | 85.9 | 90.0 | 90.1 |
| Illinois | 92.6 | 93.4 | 93.7 | 94.4 | 94.9 | 95.1 |
| Indiana | 85.5 | 87.4 | 88.4 | 95.8 | 96.2 | 95.5 |
| Iowa | 94.2 | 94.6 | 94.7 | 95.2 | 95.4 | 95.6 |
| Kansas | 94.6 | 95.4 | 96.1 | 96.2 | 97.0 | 97.3 |
| Kentucky | 93.7 | 94.0 | 94.6 | 94.1 | 95.1 | 95.5 |
| Louisiana | 92.3 | 92.4 | 93.1 | 93.3 | 93.6 | 94.4 |
| Maine | 93.7 | 94.8 | 90.5 | 91.3 | 91.6 | 91.7 |
| Maryland | 94.1 | 94.3 | 95.1 | 95.3 | 95.9 | 95.5 |
| Massachusetts | 92.1 | 96.0 | 90.4 | 91.2 | 91.9 | 92.0 |
| Michigan | 96.9 | 97.3 | 97.4 | 97.6 | 97.7 | 97.8 |
| Minnesota | 80.4 | 80.6 | 80.1 | 79.9 | 80.3 | 81.2 |
| Mississippi | 85.6 | 86.1 | 92.5 | 91.2 | 92.0 | 92.0 |
| Missouri | 95.6 | 94.0 | 94.3 | 94.8 | 94.8 | 94.4 |
| Montana | 89.9 | 90.9 | 92.0 | 92.5 | 93.3 | 94.0 |
| Nebraska | 93.8 | 94.6 | 95.1 | 95.6 | 96.4 | 96.8 |
| Nevada | 96.2 | 95.6 | 96.3 | 96.1 | 96.2 | 96.7 |
| New Hampshire | 91.1 | 94.0 | 87.7 | 88.6 | 89.4 | 90.0 |
| New Jersey | 87.4 | 88.9 | 89.9 | 91.3 | 92.1 | 91.9 |
| New Mexico | 92.6 | 93.3 | 93.6 | 94.9 | 95.9 | 95.9 |
| New York | 81.2 | 82.3 | 82.8 | 82.3 | 92.2 | 92.8 |
| North Carolina | 91.1 | 91.9 | 92.5 | 93.0 | 95.9 | 96.0 |
| North Dakota | 97.2 | 97.3 | 97.7 | 97.8 | 97.9 | 97.6 |
| Ohio | 95.5 | 95.7 | 96.4 | 96.4 | 96.7 | 96.9 |
| Oklahoma | 93.9 | 94.4 | 94.7 | 95.5 | 95.7 | 96.0 |
| Oregon | 92.8 | 93.4 | 96.0 | 93.9 | 94.4 | 94.0 |
| Pennsylvania | 95.8 | 96.4 | 96.6 | 96.7 | 97.0 | 97.3 |
| Rhode Island | 75.6 | 77.2 | 98.4 | 98.4 | 97.7 | 98.2 |
| South Carolina | 92.1 | 92.8 | 93.4 | 94.3 | 94.9 | 95.9 |
| South Dakota | 89.3 | 90.6 | 91.1 | 92.5 | 92.9 | 93.2 |
| Tennessee | 92.2 | 92.6 | 92.8 | 92.8 | 96.0 | 96.3 |
| Texas | 88.0 | 89.4 | 90.2 | 91.0 | 91.5 | 92.7 |
| Utah | 96.2 | 97.0 | 97.5 | 97.7 | 97.8 | 97.5 |
| Vermont | 94.9 | 93.8 | 91.4 | 91.9 | 92.2 | 91.5 |
| Virginia | 88.6 | 93.7 | 94.4 | 94.6 | 94.9 | 95.3 |
| Washington | 96.2 | 95.8 | 96.0 | 96.3 | 96.6 | 96.5 |
| West Virginia | 94.8 | 94.8 | 95.9 | 96.3 | 96.9 | 97.1 |
| Wisconsin | 94.5 | 95.0 | 95.5 | 96.0 | 96.5 | 96.4 |
| Wyoming | 87.7 | 88.0 | 88.6 | 90.6 | 91.7 | 91.6 |

NOTE: Other practitioners includes limited license practitioners and non-physician practitioners.

SOURCE: CMS/OFM

December 2007

**Physician Assignment Rates as a Percent of Allowed Charges by State
Fiscal Year 2007**

| CMS Region/State | Assignment Rate | CMS Region/State | Assignment Rate |
|----------------------|-----------------|------------------|-----------------|
| National | 99.7 | | |
| Alabama | 99.9 | Montana | 99.6 |
| Alaska | 99.8 | Nebraska | 99.3 |
| Arizona | 97.7 | Nevada | 99.9 |
| Arkansas | 99.9 | New Hampshire | 99.8 |
| California | 99.7 | New Jersey | 99.4 |
| Colorado | 99.1 | New Mexico | 99.6 |
| Connecticut | 99.6 | New York | 99.5 |
| Delaware | 99.8 | North Carolina | 99.7 |
| District of Columbia | 99.4 | North Dakota | 99.7 |
| Florida | 99.5 | Ohio | 99.9 |
| Georgia | 99.8 | Oklahoma | 99.7 |
| Hawaii | 99.6 | Oregon | 99.5 |
| Idaho | 98.1 | Pennsylvania | 99.9 |
| Illinois | 99.7 | Rhode Island | 100.0 |
| Indiana | 99.8 | South Carolina | 99.8 |
| Iowa | 99.7 | South Dakota | 97.1 |
| Kansas | 99.8 | Tennessee | 99.9 |
| Kentucky | 99.8 | Texas | 99.8 |
| Louisiana | 99.9 | Utah | 99.9 |
| Maine | 99.9 | Vermont | 99.7 |
| Maryland | 99.7 | Virginia | 99.8 |
| Massachusetts | 100.0 | Washington | 99.7 |
| Michigan | 99.9 | West Virginia | 99.9 |
| Minnesota | 97.4 | Wisconsin | 99.8 |
| Mississippi | 99.8 | Wyoming | 99.0 |
| Missouri | 99.7 | | |

SOURCE: CMS/OFM

December 2007

Medicare Physicians and Other Medical Professionals by State ¹
2007

| State | Number | Percent of Total | State | Number | Percent of Total |
|-------------------------|-----------|------------------|--------------------------|--------|------------------|
| Total ² | 1,245,003 | 100.0 | Montana | 4,727 | 0.4 |
| Alabama | 14,076 | 1.1 | Nebraska | 8,103 | 0.7 |
| Alaska | 3,520 | 2.8 | Nevada | 7,500 | 0.6 |
| Arizona | 22,103 | 1.8 | New Hampshire | 8,749 | 0.7 |
| Arkansas | 11,804 | 0.9 | New Jersey | 41,609 | 3.3 |
| California ³ | 115,164 | 9.3 | New Mexico | 7,779 | 0.6 |
| Colorado | 21,252 | 1.7 | New York | 96,531 | 7.8 |
| Connecticut | 16,772 | 1.3 | North Carolina | 36,825 | 3.0 |
| Delaware | 4,273 | 0.3 | North Dakota | 4,302 | 0.3 |
| District Columbia | 8,377 | 0.7 | Ohio | 48,012 | 3.9 |
| Florida | 67,499 | 5.4 | Oklahoma | 11,340 | 0.9 |
| Georgia | 32,003 | 2.6 | Oregon | 16,534 | 1.3 |
| Hawaii ⁴ | 6,584 | 0.5 | Pennsylvania | 56,037 | 4.5 |
| Idaho | 5,803 | 0.5 | Puerto Rico ⁵ | 9,003 | 0.7 |
| Illinois | 47,438 | 3.8 | Rhode Island | 5,917 | 0.5 |
| Indiana | 23,808 | 1.9 | South Carolina | 16,759 | 1.3 |
| Iowa | 14,243 | 1.1 | South Dakota | 4,137 | 0.3 |
| Kansas | 12,899 | 1.0 | Tennessee | 27,745 | 2.2 |
| Kentucky | 18,015 | 1.4 | Texas | 67,260 | 5.4 |
| Louisiana | 20,136 | 1.6 | Utah | 9,023 | 0.7 |
| Maine | 9,577 | 0.8 | Vermont | 4,670 | 0.4 |
| Maryland | 29,277 | 2.4 | Virginia | 26,359 | 2.1 |
| Massachusetts | 50,799 | 4.1 | Washington | 29,860 | 2.4 |
| Michigan | 42,214 | 3.4 | Wisconsin | 26,289 | 2.1 |
| Minnesota | 23,681 | 1.9 | West Virginia | 8,778 | 0.7 |
| Mississippi | 8,805 | 0.7 | Wyoming | 2,807 | 0.2 |
| Missouri | 27,645 | 2.2 | | | |

¹ Medicare physicians and other medical professionals include active medical doctors, limited licensed practitioners, and non-physicians.

² Total includes unknown. ³ American Samoa and Palau included in California. ⁴ Guam included in Hawaii. ⁵ Virgin Islands included in Puerto Rico.

NOTES: Percent total does not necessarily equal sum of rounded components. Data as of July 2007.

SOURCES: CMS/ORDI/CBC (Medicare Physician Registry)

December 2007

Medicare Cost Sharing and Premium Amounts for Hospital Insurance ¹

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

¹ Hospital Insurance covers all expenses in "benefit period" except deductible and coinsurances shown below

² LTR is lifetime reserve.

³ SNF is skilled nursing facility

⁴ 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.

⁵ Benefit not provided.

⁶ Beginning in July for years 1973 through 1982

⁷ Set to 33/76 times the IHD, rounded to the nearest dollar, for years 1973 through 1982

⁸ Beginning in January for 1984 and succeeding years

⁹ 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.

¹⁰ 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 2007, the reduced premium is \$226.

SOURCE: CMS/OACT

December 2007

Medicare Cost Sharing and Premium Amounts for Supplementary Medical Insurance

| | Annual Deductible | Coinsurance | Standard Monthly Premiums | | |
|---------------------------------------|-----------------------|------------------|--|--------------------|--------------------|
| | | | For Enrollee (aged and disabled) ¹ | Government Amounts | |
| | | | | Aged | Disabled |
| Beginning July unless otherwise noted | | | | | |
| 1966 | \$50 | 20% | \$3.00 | \$3.00 | -- |
| 1970 | 50 ^{2, 3} | 20% ³ | 4.00 | 4.00 | -- |
| 1975 | 60 ⁴ | 20% ⁵ | 6.70 | 6.70 | 29.30 |
| 1980 | 60 | 20% | 8.70 | 18.10 | 41.30 |
| 1985 | 75 ^{6, 7, 8} | 20% | 15.50 ⁹ | 46.50 ⁹ | 89.90 ⁹ |
| 1990 | 75 | 20% | 28.60 | 85.80 | 59.60 |
| 1995 | 100 ¹⁰ | 20% | 46.10 | 100.10 | 165.50 |
| 1996 | 100 | 20% | 42.50 | 127.30 | 167.70 |
| 1997 | 100 | 20% | 43.80 | 131.40 | 177.00 |
| 1998 | 100 | 20% | 43.80 | 132.00 | 150.40 |
| 1999 | 100 | 20% | 45.50 | 139.10 | 160.50 |
| 2000 | 100 | 20% | 45.50 | 138.30 | 196.70 |
| 2001 | 100 | 20% | 50.00 | 152.00 | 214.40 |
| 2002 | 100 | 20% | 54.00 | 164.60 | 192.20 |
| 2003 | 100 | 20% | 58.70 | 178.70 | 223.30 |
| 2004 | 100 | 20% | 66.60 | 199.80 | 284.40 |
| 2005 | 110 | 20% | 78.20 | 234.60 | 270.00 |
| 2006 | 124 | 20% | 88.50 | 265.40 | 292.20 |
| 2007 | 131 | 20% | 93.50 | 280.50 | 290.80 |

¹ 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.

² Beginning in January for 1967 and succeeding years.

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

⁴ Deductible was \$60 for the years 1973 - 1981.

⁵ Home health services are not subject to coinsurance, beginning July 1972.

⁶ Home health services are not subject to deductible, beginning 1981.

⁷ 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.

⁸ Deductible was \$75 for the years 1982 - 1990.

⁹ Beginning in January for 1984 and succeeding years.

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

**Medicare Annual Maximum Taxable Earnings and HI Contribution Rates
Calendar Years 1966 - 2007**

| Calendar Year | Annual Maximum Taxable Earnings | Contribution Rate ¹ | |
|----------------|---------------------------------|--------------------------------|---------------|
| | | 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 ² | 1.45 | 2.90 |

¹ Percent of taxable earnings.

² 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.

SOURCE: CMS/OACT

December 2007

**Title XIX
Federal Medical Assistance Percentages
Fiscal Years 2004 - 2007**

| | 2004 | 2005 | 2006 | 2007 | | 2004 | 2005 | 2006 | 2007 |
|----------------------|-------|-------|-------|-------|----------------|-------|-------|-------|-------|
| Alabama | 70.75 | 70.83 | 69.51 | 70.83 | Missouri | 61.47 | 61.15 | 61.93 | 61.93 |
| Alaska | 58.39 | 57.58 | 57.58 | 57.58 | Montana | 72.85 | 71.90 | 70.54 | 69.11 |
| Arizona | 67.26 | 67.45 | 66.98 | 67.45 | Nebraska | 59.89 | 59.64 | 59.68 | 57.93 |
| Arkansas | 74.67 | 74.75 | 73.77 | 74.75 | Nevada | 54.93 | 55.90 | 58.81 | 53.93 |
| 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 | 74.85 | 74.30 | 71.15 | 71.93 |
| Delaware | 50.00 | 50.38 | 50.09 | 50.38 | New York | 50.00 | 50.00 | 50.00 | 50.00 |
| District of Columbia | 70.00 | 70.00 | 70.00 | 70.00 | North Carolina | 62.85 | 63.63 | 63.49 | 64.52 |
| Florida | 58.93 | 58.90 | 58.89 | 58.90 | North Dakota | 68.31 | 67.49 | 65.85 | 64.72 |
| Georgia | 59.58 | 60.44 | 60.60 | 60.44 | Ohio | 59.23 | 59.68 | 59.88 | 59.66 |
| Hawaii | 58.90 | 58.47 | 58.81 | 58.47 | Oklahoma | 70.24 | 70.18 | 67.91 | 68.14 |
| Idaho | 70.46 | 70.62 | 69.91 | 70.62 | Oregon | 60.81 | 61.12 | 61.57 | 61.07 |
| Illinois | 50.00 | 50.00 | 50.00 | 50.00 | Pennsylvania | 54.76 | 53.84 | 55.05 | 54.39 |
| Indiana | 62.32 | 62.78 | 62.98 | 62.78 | Rhode Island | 56.03 | 55.38 | 54.45 | 52.35 |
| Iowa | 63.93 | 63.55 | 63.61 | 63.55 | South Carolina | 69.86 | 69.89 | 69.32 | 69.54 |
| Kansas | 60.82 | 61.01 | 60.41 | 61.01 | South Dakota | 65.67 | 66.03 | 65.07 | 62.92 |
| Kentucky | 70.09 | 69.60 | 69.26 | 69.60 | Tennessee | 64.40 | 64.81 | 63.99 | 63.65 |
| Louisiana | 71.63 | 71.04 | 69.79 | 71.04 | Texas | 60.22 | 60.87 | 60.66 | 60.78 |
| Maine | 66.01 | 64.89 | 62.90 | 64.89 | Utah | 71.72 | 72.14 | 70.76 | 70.14 |
| Maryland | 50.00 | 50.00 | 50.00 | 50.00 | Vermont | 61.34 | 60.11 | 58.49 | 58.93 |
| Massachusetts | 50.00 | 50.00 | 50.00 | 50.00 | Virginia | 50.00 | 50.00 | 50.00 | 50.00 |
| Michigan | 55.89 | 56.71 | 56.59 | 56.71 | Washington | 50.00 | 50.00 | 50.00 | 50.12 |
| Minnesota | 50.00 | 50.00 | 50.00 | 50.00 | West Virginia | 75.19 | 74.65 | 72.99 | 72.82 |
| Mississippi | 77.08 | 77.08 | 76.00 | 77.08 | Wisconsin | 58.41 | 58.32 | 57.65 | 57.47 |
| | | | | | Wyoming | 59.77 | 57.90 | 54.23 | 52.91 |
| | | | | | Territories | 50.00 | 50.00 | 50.00 | 50.00 |

SOURCE: CMS/CMSO

December 2007