

**Program Data  
Medicare and Medicaid Populations**

	Fiscal Year			
	2000	2010 <sup>1</sup>	2011 <sup>2</sup>	2012 <sup>2</sup>
	In millions			
<b>Medicare (Average Monthly)</b>				
HI and/or SMI	39.6	47.3	48.6	50.2
Aged	34.2	39.4	40.2	41.4
Disabled	5.4	7.9	8.3	8.7
Prepaid Enrollment	6.7	11.6	12.2	---
Part D (MA PD + PDP)	---	29.1	30.8	---
<b>Medicaid (Average Monthly)</b>				
Total	34.5	53.9	56.0	57.0
Aged	3.7	4.8	4.9	5.0
Blind/Disabled	6.7	9.5	9.6	9.7
Children	16.2	26.8	28.3	29.0
Adults	6.9	11.9	12.1	12.3
Territories	0.9	1.0	1.0	1.0
<b>CHIP (person years)</b>	2.0	5.4	5.7	5.9
<b>CHIP (ever enrolled)</b>	3.4	8.5	9.0	9.3

<sup>1</sup>Medicaid estimated.

<sup>2</sup>Medicare and Medicaid estimated.

NOTES: Medicare populations are based on the 2011 Trustees Report Projections. Medicaid projections are based on the President's FY 2012 Budget Projections. May not add due to rounding.

SOURCES: CMS, Office of the Actuary and Center for Medicare.

**Program Data**  
**Medicare Deductibles, Coinsurance, Premiums**

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	<b>1/1/2010</b>	<b>1/1/2011</b>
<b>Part A</b>		
Premium	\$461.00	\$450.00
Inpatient hospital deductible	1,100.00	1,132.00
Coinsurance per day	275.00	283.00
Coinsurance per lifetime reserve day	550.00	566.00
SNF Coinsurance per day	137.50	141.50
<b>Part B</b>		
Deductible	\$155.00	\$162.00
Premium	110.50-353.60	115.40-369.28

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SOURCE: CMS, Office of the Actuary.

**Program Data**  
**National Health Expenditures**

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	Calendar Year 2009
<b>(Except per capita, in billions of dollars)</b>	
Total	\$2,486.3
% of GDP	17.6%
Per Capita	8,086.5
Out of pocket	299.3
Health Insurance	1,767.4
Private Health Insurance	801.2
Medicare	502.3
Medicaid (Title XIX)	373.9
CHIP (Title XIX and Title XXI)	11.1
Department of Defense	36.5
Department of Veterans Affairs	42.4
Other Third Party Payers and Programs	186.1
Public Health Activity	77.2
Investment	156.2

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NOTE: May not add due to rounding.

SOURCE: CMS, Office of the Actuary.

**Program Data  
Medicare Providers**

	<b>Providers Counts</b>
<b>Medicare Institutional Providers (12/10)</b>	
Total Hospitals (SSH & Non-SSH)	6,169
SSHs	3,566
Psychiatric	511
Rehabilitation	235
Childrens	77
Long Term	438
Critical Access	1,325
Religious non-medical	17
Home Health Agencies	10,914
Skilled Nursing Facilities	15,084
Independent and CLIA Laboratories	224,679
Outpatient Physical Therapy and/or Speech Pathology	2,536
Rural Health Clinics	3,845
Federally Qualified Health Centers	4,308
Ambulatory Surgical Centers	5,316
Comprehensive Outpatient Rehabilitation Facilities	354
Portable X-Ray	561
Organ Procurement Organizations	58
Community Mental Health Centers	644
Hospices	3,509
<b>Medicare Prepaid Contracts (04/11)</b>	
Total Prepaid Plans (MA + Others)	665
Total PDPs	84

SOURCE: CMS, Center for Strategic Planning.

**Program Data  
Medicare Claims Processing**

	<b>2008</b>	<b>2009</b>	<b>2010</b>
	<b>in millions</b>		
Intermediaries	188.6	191.7	195.6
Carriers	997.4	999.5	981.5

SOURCE: CMS, Office of Financial Management.

**CMS FINANCIAL DATA**

	FY 2009	FY 2010 <sup>1</sup>	FY 2011 <sup>2</sup>
<b>Federal Program Spending</b>	<b>(\$ in billions)</b>		
Medicare benefits (excl. admin. & QIO) <sup>3</sup>	\$497.4	\$518.8	\$565.8
Transitional & Part D Drug benefits (non-additive)	(52.9)	(58.9)	(66.0)
Total Medicaid (includes State admin.)	250.9	272.8	276.3
(Medicaid benefit payments--non-additive)	(240.6)	(266.4)	(266.3)
Children's Health Ins. Prog.	7.5	7.9	9.1
State Grants and Demonstrations <sup>4</sup>	<u>0.5</u>	<u>0.5</u>	<u>0.6</u>
<b>Total Federal Program Spending</b>	<b>\$756.3</b>	<b>\$800.0</b>	<b>\$851.8</b>
<b>Program Management (enacted)</b>	<b>(\$ in millions)</b>		
Medicare Operations	\$2,265.7	\$2,335.9	\$2,325.8
Federal Administration	641.4	696.9	685.8
State Survey and Certification	293.1	346.9	361.3
Research, Demonstration and Evaluation	30.2	35.6	35.5
Revitalization Plan	0.0	0.0	0.0
High Risk Pools	<u>75.0</u>	<u>55.0</u>	<u>54.9</u>
<b>Total Appropriation</b>	<b>\$3,305.4</b>	<b>\$3,470.3</b>	<b>\$3,463.3</b>
Other (MMSEA, MIPPA, CHIPRA, ACA, Extenders Act)	187.5	381.9	825.8
ARRA (P.L. 111-5)	<u>142.0</u>	<u>140.0</u>	<u>140.0</u>
<b>Total Program Mgt</b>	<b>\$3,634.9</b>	<b>\$3,992.2</b>	<b>\$4,429.1</b>
User Fees & Recovery Audit Contractors	<u>190.1</u>	<u>213.5</u>	<u>428.6</u>
<b>Total Program Level</b>	<b>\$3,825.0</b>	<b>\$4,205.7</b>	<b>\$4,857.7</b>
<b>Health Care Fraud and Abuse Control</b>	<b>(\$ in millions)</b>		
Medicare Integrity Program	\$768.0	\$780.0	\$871.5
FBI	126.3	126.3	128.4
OIG & Wedge	266.4	266.4	297.7
Discretionary Allocation Adjustment	<u>198.0</u>	<u>311.0</u>	<u>310.4</u>
<b>Total HCFAC Funding</b>	<b>\$1,358.7</b>	<b>\$1,483.7</b>	<b>\$1,608.0</b>
FTE Employment	4,407	4,722	4,803

<sup>1</sup> Includes impact of American Recovery & Reinvestment Act (ARRA) of 2009.

<sup>2</sup> Estimated. Reflects full-year Continuing Resolution. Includes impact of American Recovery & Reinvestment Act (ARRA) of 2009.

<sup>3</sup> Includes the SMI transfer to Medicaid in all fiscal years.

<sup>4</sup> Varied programs, such as "Ticket to Work," emergency health services for undocumented aliens, Money Follows the Person Rebalancing Demonstration, and Katrina relief.

NOTE: Parts may not add to totals due to rounding.

SOURCE: CMS, Office of Financial Management.

June 2011