

**Medicare Ranking for all Short-Stay Hospital
Fiscal Year 2001 versus 2000**

¹		DRG	
2001	2000	Number	
1	1	127	Heart Failure and Shock
2	2	089	Simple Pneumonia and Pleurisy, Age over 17 with Complicating Conditions
3	3	088	Chronic Obstructive Pulmonary Disease
4	4	209	Major Joint and Limb Reattachment Procedures
5	5	116	Oth perm cardiac pacemaker implant or aicd lead or generator proc
6	6	014	Specific Cerebrovascular Disorders Except Transient Ischemic Attack
7	7	430	Psychoses
8	8	462	Rehabilitation
9	9	182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complicating Conditions
10	11	296	Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complicating Conditions
11	12	143	Descriptions
12	10	174	Gastrointestinal Hemorrhage with Complicating Conditions
13	13	138	Cardiac Arrhythmia and Conduction Disorders, with Complicating Conditions
14	14	320	Kidney and Urinary Tract Infections, Age over 17 with Complicating Conditions
15	15	416	Septicemia, Age over 17
16	17	121	Circulatory Disorders with Acute Myocardial Infarction, with Cardiovascular Complications, Discharged Alive
17	16	079	Respiratory Infections and Inflammations, Age over 17 with Complicating Conditions
18	18	132	Atherosclerosis with Complicating Conditions
19	19	015	Transient Ischemic Attack and Precerebral Occlusions
20	20	124	Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter with Complex Diagnosis
21	21	148	Major small and large bowel procedures with cc
22	22	210	Hip and Femur Procedures except Major Joint, Age over 17 with Complicating Conditions
23	25	316	Renal Failure
24	23	478	Other Vascular Procedures with Complicating Conditions
25	24	475	Respiratory system diagnosis with ventilator support

¹Ranked by Discharges

SOURCE: CMS/OIS

November 2003

Procedure Code		Allowed Charges	Percent of Allowed Charges ¹
All Procedure Codes ² (Levels I, II, and III)		\$83,399,058,271	100.0
Leading Procedure Codes ³ (Level I only)		38,508,412,766	46.2
Medicare Leading Part B Procedure Codes Based on Allowed Charges			
99213	Office/outpatient visit, est	5,135,909,899	6.2
99214	Office/outpatient visit, est	3,374,687,464	4.0
99232	Subsequent hospital care	2,439,627,530	2.9
66984	Cataract surg w/iol, 1 stage	2,020,055,245	2.4
99233	Subsequent hospital care	1,103,828,725	1.3
99212	Office/outpatient visit, est	992,799,175	1.2
88305	Tissue exam by pathologist	823,574,116	1.0
99223	Initial hospital care	773,825,023	0.9
99231	Subsequent hospital care	754,566,852	0.9
92014	Eye exam & treatment	740,852,726	0.9
99285	Emergency dept visit	740,027,676	0.9
99244	Office consultation	732,774,369	0.9
78465	Heart image (3d), multiple	708,643,047	0.8
99215	Office/outpatient visit, est	684,729,538	0.8
99254	Initial inpatient consult	673,635,373	0.8
93307	Echo exam of heart	603,149,408	0.7
90921	ESRD related services, month	540,802,671	0.6
99284	Emergency dept visit	492,134,457	0.6
97110	Therapeutic exercises	486,199,885	0.6
99243	Office consultation	473,541,460	0.6
99255	Initial inpatient consult	471,032,245	0.6
99312	Nursing fac care, subseq	463,148,503	0.6
99291	Critical care, first hour	448,933,130	0.5
99238	Hospital discharge day	417,207,776	0.5
99203	Office/outpatient visit, new	415,505,718	0.5

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
Medicare Leading Part B Procedure Codes Based on Allowed Charges (continued)			
92012	Eye exam established pat	390,720,583	0.5
99222	Initial hospital care	378,406,679	0.5
99245	Office consultation	373,237,844	0.4
99204	Office/outpatient visit, new	371,364,372	0.4
90806	Psytx, off, 45-50 min	368,294,082	0.4
45378	Diagnostic colonoscopy	347,733,934	0.4
70553	Mri brain w/o&w dye	333,649,737	0.4
27447	Total knee arthroplasty	300,343,123	0.4
99253	Initial inpatient consult	297,960,606	0.4
98941	Chiropractic manipulation	297,305,864	0.4
99283	Emergency dept visit	295,402,782	0.4
93325	Doppler color flow add-on	276,148,257	0.3
76092	Mammogram, screening	274,257,424	0.3
71020	Chest x-ray	272,646,517	0.3
93000	Electrocardiogram, complete	271,240,550	0.3
45385	Lesion removal colonoscopy	270,247,820	0.3
93320	Doppler echo exam, heart	265,674,391	0.3
66821	After cataract laser surgery	255,897,932	0.3
17000	Destroy benign/premalignant lesion	253,307,625	0.3
43239	Upper GI endoscopy, biopsy	250,263,546	0.3
92980	Insert intracoronary stent	240,294,372	0.3
77427	Radiation tx management, x5	236,172,618	0.3
93510	Left heart catheterization	229,401,226	0.3
80061	Lipid panel	228,619,508	0.3
90862	Medication management	228,461,192	0.3
33533	CABG, arterial, single	228,402,806	0.3
72148	Mri lumbar spine w/o dye	227,710,995	0.3
93880	Extracranial study	226,477,543	0.3
84443	Assay thyroid stim hormone	223,164,591	0.3
99211	Office/outpatient visit, est	221,179,928	0.3
92004	Eye exam, new patient	220,169,479	0.3
11721	Debride nail, 6 or more	218,294,303	0.3
20610	Drain/inject, joint/bursa	213,397,608	0.3

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
Medicare Leading Part B Procedure Codes Based on Allowed Charges (continued)			
99311	Nursing fac care, subseq	211,057,433	0.3
17003	Destroy lesions, 2-14	197,261,378	0.2
80053	Comprehen metabolic panel	194,865,256	0.2
76075	Dexa, axial skeleton study	193,387,505	0.2
99313	Nursing fac care, subseq	189,528,593	0.2
98940	Chiropractic manipulation	187,905,863	0.2
93015	Cardiovascular stress test	179,759,402	0.2
74160	Ct abdomen w/dye	177,912,842	0.2
72193	Ct pelvis w/dye	177,079,140	0.2
99205	Office/outpatient visit, new	175,952,987	0.2
99202	Office/outpatient visit, new	174,058,439	0.2
14200	Anesth, lens surgery	172,518,064	0.2
71010	Chest x-ray	172,391,616	0.2
70450	Ct head/brain w/o dye	172,049,065	0.2
52000	Cystoscopy	168,374,042	0.2
45380	Colonoscopy and biopsy	167,269,293	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. The total number of procedure codes (Levels I, II and III) is 11,261.

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 8,031 Level I codes) account for approximately 46% of all allowed charges.

NOTES: The Current Procedural Terminology (CPT) codes, descriptions and other data only are Copyright 2001 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/OIS

November 2003

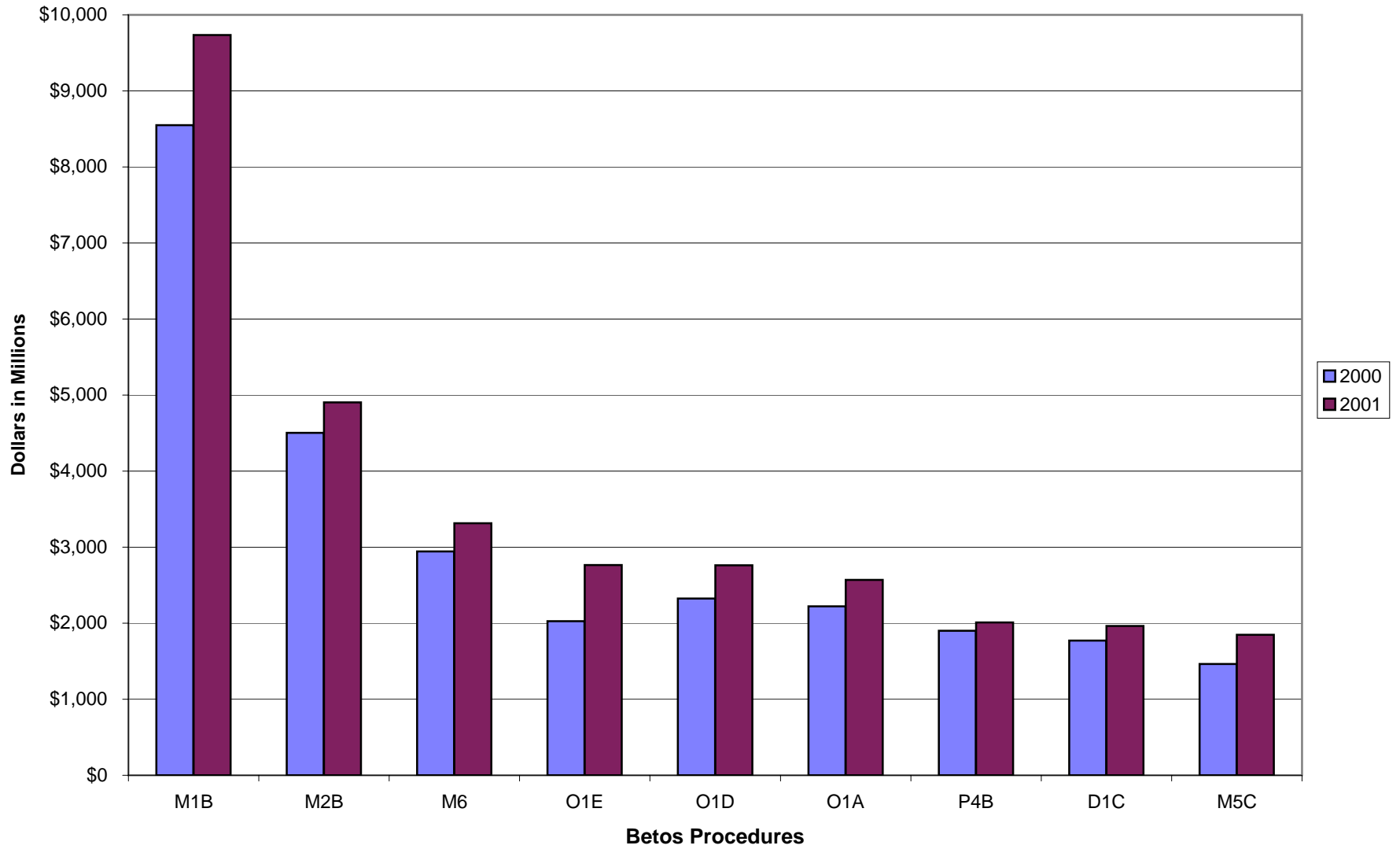
**Leading Medicare Physician and Supplier BETOS
Procedures Based on Allowed Charges
Calendar Years 2000 and 2001**

Betos Code	Description	Medicare Allowed Charges	
		2000	2001
M1B	Office Visits - Established	\$8,548,562,453	\$9,736,079,591
M2B	Hospital Visit - Subsequent	4,502,138,903	4,902,921,054
M6	Consultations	2,944,063,178	3,314,346,197
01E	Other Drugs	2,026,307,436	2,765,739,546
O1D	Chemotherapy	2,322,767,817	2,763,102,313
O1A	Ambulance	2,221,895,701	2,567,573,485
P4B	Eye Procedure - Cataract/Removal Lens Insertion	1,901,684,180	2,009,967,157
D1C	Oxygen and Supplies	1,773,277,946	1,964,082,934
M5C	Specialist - Ophthalmology	1,462,799,020	1,847,504,784

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

SOURCE: CMS/OIS

Betos Allowed Charges



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

	1975	1980	1985	1995	2000	2001
Aged Persons Served						
per 1,000 Enrollees						
HI and/or SMI	528	638	722	826	916	918
HI	221	240	219	218	232	233
SMI	536	652	739	858	965	968
Disabled Persons Served						
per 1,000 Enrollees						
HI and/or SMI	450	594	669	759	835	843
HI	219	246	228	212	196	199
SMI	471	634	715	837	943	952

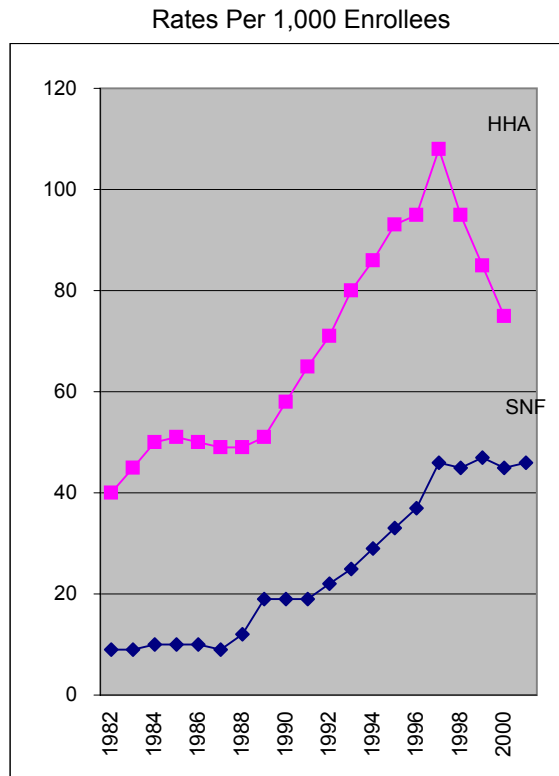
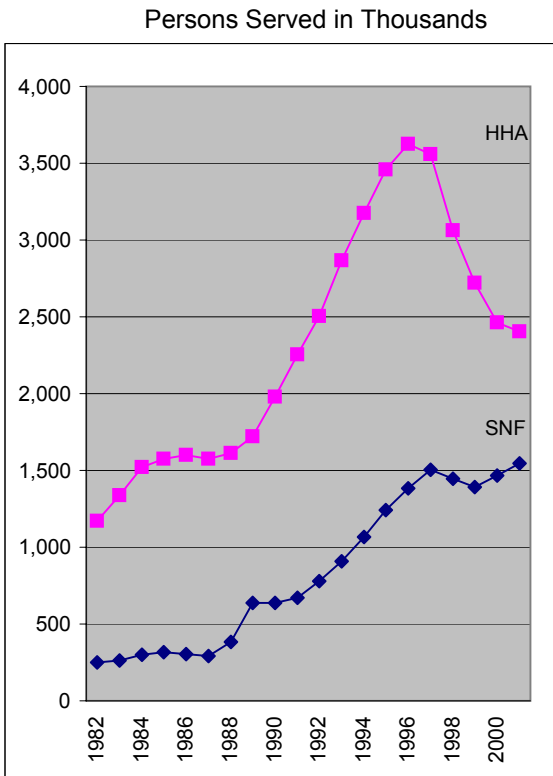
NOTES: Prior to 1998, utilization rates per 1,000 enrollees came from the Annual Person Summary and were not yet modified to exclude persons enrolled in managed care. Beginning in 1998, utilization counts are based on a five-percent sample of fee-for-service beneficiaries and the rates are adjusted to exclude managed care enrollees.

SOURCES: CMS/OIS/ORDI

Medicare Use of Selected Types of Long-Term Care Calendar Years 1982 - 2001

Calendar Year	Skilled Nursing Facilities		Home Health Agencies	
	Persons Served in thousands	Rate Per 1,000 Enrollees	Persons Served in thousands	Rate Per 1,000 Enrollees
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,576	51
1986	304	10	1,601	50
1987	293	9	1,575	49
1988	384	12	1,613	49
1989	636	19	1,721	51
1990	638	19	1,978	58
1991	670	19	2,255	65
1992	779	22	2,504	71
1993	908	25	2,867	80
1994	1,068	29	3,176	86
1995	1,240	33	3,457	93
1996	1,384	37	3,627	95
1997	1,503	46 ¹	3,558	108 ¹
1998	1,447	45 ¹	3,062	95 ¹
1999	1,390	47 ¹	2,720	85 ¹
2000	1,468	45 ¹	2,461	75 ¹
2001	1,545	46 ¹	2,403	71 ¹

¹ Excludes managed care enrollees in rate.



SOURCES: CMS/ORDI

November 2003

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

	1990	1998	1999	2000	2001
Dialysis Patients	129,800	245,710	259,493	273,333	285,982
Outpatient	107,160	216,310	231,032	245,207	258,195
Home	22,640	29,400	28,461	28,126	27,787
Dialysis Patient Eligibility Status					
Medicare	113,127	207,218	216,232	227,238	227,238
Medicare Application Pending	9,582	14,512	16,279	18,763	18,763
Non-Medicare	7,091	23,980	26,982	27,332	27,332
Transplant Patients	9,779	13,272	13,483	14,311	14,628
Transplant Patient Eligibility Status					
Medicare	8,340	10,241	9,900	10,260	10,669
Medicare Application Pending	633	1,105	1,183	1,540	1,777
Non-Medicare	806	1,918	2,395	2,500	2,162
Transplant Procedures	9,796	13,272	13,483	14,311	14,628
Living Related Donor	2,001	3,453	3,583	4,052	4,236
Living Unrelated Donor	90	1,067	1,061	1,375	1,568
Cadaveric Donor	7,705	8,752	8,839	8,884	8,824
Medicare Approved ESRD Facilities	2,072	3,586	3,917	4,153	4,163
Dialysis (Hospital and Non-Hospital)	1,799	3,307	3,637	3,869	3,994
Transplant and Dialysis	169	148	145	146	135
Transplant Only	53	87	92	96	105
Inpatient Care Only	51	44	43	42	34
Average Dialysis Payment Rate	\$127	\$127	\$127	\$129	\$129
Hospital Based	129	129	129	131	131
Independents	125	125	125	127	127

SOURCES: CMS/OCSQ/CMM

November 2003

Home Health Agency - Medicare National Summary

Calendar Year	Total Patients	Total Reimbursement	Total Visits	Average Reimbursement Per Patient	Average Visits Per Patient
2000	2,479,629	\$7,352,198,941	90,729,921	\$2,965	37
2001	2,425,688	8,636,629,198	73,697,665	3,560	30
2002	2,550,343	9,640,624,039	78,102,658	3,780	31

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
2000	534,261	\$2,926,546,746	25,814,389	\$5,478	48
2001	594,436	3,690,388,745	30,555,548	6,208	51
2002	661,462	4,540,386,929	37,333,045	6,864	56

NOTE: Data include Puerto Rico.

Skilled Nursing Facilities Non Swing Bed - Medicare National Summary

Calendar Year	Total Discharges	Total Reimbursement	Total Covered Days	Average Reimbursement Per Discharge	Average Days Per Discharge
2000	1,438,690	\$10,420,208,068	44,103,335	\$7,243	31
2001	1,520,272	12,691,872,771	47,775,760	8,348	31
2002	1,601,049	13,998,617,587	52,787,085	8,743	33

NOTES: 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
2000	21,039,207	\$52,631,299,474	\$16,893,178,592	\$2,502	\$803
2001	22,153,102	75,153,892,284	20,232,524,712	3,392	913
2002	23,001,276	97,319,821,467	23,234,195,040	4,231	1,010

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

SOURCES: CMS/OIS/HCIS

November 2003

**Medicaid Recipients by Type of Service
Fiscal Years 1998 - 2000**

	1998	1999	2000
Total	40,096	39,962	42,763
Inpatient Services			
General Hospitals	4,270	4,492	4,933
Mental Hospitals	135	97	99
Nursing Facilities Services ¹	1,646	1,612	1,703
ICF Services			
Mentally Retarded	126	122	118
Physician Services	18,553	18,296	19,104
Dental Services	4,965	5,616	5,892
Other Practitioner Services	4,342	3,964	4,735
Outpatient Hospital Services	12,158	12,355	13,226
Clinic Services	5,281	6,719	7,667
Laboratory & Radiological	9,381	10,132	11,396
Home Health Services	1,225	811	995
Personal Care Support Services	3,108	4,071	4,549
Prescribed Drugs	19,338	19,819	20,517
Family Planning Services/Sterilization	1,963	133	137
Rural Health Clinics	NA	NA	NA
Early and Periodic Screening	6,175	NA	NA
Home & Community Based Waiver Services	467	NA	NA
Prepaid Health Care	19,670	20,510	21,261
PCCM Services	4,066	3,890	5,560
Other Care	6,975	8,489	9,037
Unknown	NA	136	176

¹ Nursing facilities services recipients include individuals other than the mentally retarded receiving "all other" intermediate care facility services.

SOURCES: CMS/CMSO/ORDI

November 2003

**National Community Hospital Utilization
1973 - 2001**

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

SOURCE: American Hospital Association

November 2003

VI. PROVIDERS/SUPPLIERS

Information in this section concerns institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section VII).

HIGHLIGHTS

- o From 1980 to the beginning of 2003, the number of inpatient hospital facilities decreased 11.1 percent from 6,777 to 6,024. Beds per 1,000 enrollees dropped from 46.7 in 1980 to 23.9 in 2003. During this same period, the number of psychiatric hospitals increased from 408 to 487, but their beds per 1,000 enrollees dropped from 5.3 to 1.5.*
- o Skilled nursing facilities have nearly tripled from 5,052 in 1980 to 14,838 in 2003. Home health agencies have more than doubled from 2,924 in 1980 to 6,928 in 2003.*
- o The number of ambulatory surgical centers increased tenfold from 336 in 1985 to 3,567 in 2003. During this same period the number of hospices increased from 164 to 2,323.*
- o By January 2003, 176,947 facilities had registered under the Clinical Lab Improvement Act which became effective 10/1/92.*
- o End-Stage Renal Disease facilities have quadrupled from 999 in 1980 to 4,309 in 2003.*
- o The percent of Medicare assigned claims (51.9 percent in 1975) continues to increase, from 98.1 percent in 2001 to 98.3 percent in 2002.*
- o As of January 2002, enrollment in the Medicare participating physician program was 89.3 percent. By January 2003, the enrollment was 91.5 percent.*
- o As of March 1985, Medicare had 154 HMO/CMP plans with 1.1 million enrollees. By August 2003, there were 270 managed care plans with 5.3 million enrollees.*

**Medicare Hospital Status
June 2003**

Total Hospitals	6,051
Hospitals under any Hospital Prospective Payment System (PPS) ¹	4,537
Short-Term Hospitals under Inpatient PPS (IPPS)	995
--Regional Referral Centers	195
--Sole Community Hospitals	512
--Sole Community/Regional Referral Center	85
--Medicare Dependent Hospitals	162
--Indian Health Service Hospitals	41
--Not Receiving Special Consideration	3,113
Long-Term Hospital under Long-Term Care Hospital PPS (LTCH PPS)	213
Rehabilitation Hospital under Inpatient Rehabilitation Facility PPS (IRF PPS)	216
Hospitals Currently Exempt or Not Yet Transitioned in to PPS (as of 6/30/03)	1,514
Psychiatric	480
Religious Non-Medical	15
Childrens	81
Long-Term Facility (not yet transitioned in to LTCH PPS)	86
Critical Access (formerly Short-Term)	788
Short-Term Hospitals in MD, VI, AS, GU, and NMI (Exempt from IPPS)	53
Cancer Hospitals (Short-Term Hospitals Exempt from IPPS)	11
Total Hospital Units (PPS and Non-PPS)	2,394
Psychiatric	1,410
Rehabilitation	984

¹ Total number of hospitals subject to PPS regardless of actual submitted inpatient hospital claims during the fiscal year.

NOTES: This table is designed to give a "snapshot" as of the end of June 2003 of hospitals participating in the program by the type of provider (short term, long term, rehab, etc.) and by their payment status (PPS, waived from PPS, not yet transitioned in to PPS, etc.). Status determined for hospitals listed as active and participating in Medicare on the June 2003 Provider of Service (POS) File. PPS and Special Consideration Status under PPS determined using provider lists from CMM and the Provider Specific File which may reflect cumulative history as opposed to current status. Numbers may differ from other reports and program memoranda.

SOURCES: CMS/CMM/CMSO/ORDI

November 2003

**Medicare Inpatient Hospitals
Selected Years**

	1980	1985	1990	2002	2003
Total Hospitals	6,777	6,707	6,520	6,002	6,024
Beds in thousands	1,150	1,144	1,105	969	958
Beds per 1,000 Enrollees ¹	46.7	42.5	37.0	24.5	23.9
Short-Stay	6,104	6,034	5,549	4,429	4,231
Beds in thousands	991	1,027	970	844	835
Beds per 1,000 Enrollees ¹	40.2	38.2	32.5	21.3	20.8
Psychiatric	408	474	674	494	487
Beds in thousands	131	95	99	67	61
Beds per 1,000 Enrollees ¹	5.3	3.5	3.3	1.7	1.5
Other Long-Stay	265	199	297	1,079	1,306
Beds in thousands	28	22	35	58	62
Beds per 1,000 Enrollees ¹	1.1	0.8	1.2	1.5	1.6

¹ Based on number of HI enrollees.

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 2002 and 2003 are as of December 31, 2001 and December 31, 2002, 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.

SOURCES: CMS/ORDI/OIS

**Other Medicare Providers and Suppliers
Selected Years**

	1980	1985	1990	2002	2003
Skilled Nursing Facilities	5,052	6,451	8,937	14,755	14,838
Beds in thousands	436	NA	509	1,050	1,261
Home Health Agencies	2,924	5,679	5,730	6,813	6,928
Clinical Lab Improvement Act					
Facilities	NA	NA	NA	173,807	176,947
End Stage Renal Disease					
Facilities	999	1,393	1,937	4,113	4,309
Outpatient Physical Therapy	419	854	1,195	2,836	2,961
Portable X-Ray	216	308	443	644	641
Rural Health Clinics	391	428	551	3,283	3,306
Comprehensive Outpatient					
Rehabilitation Facilities	NA	72	186	524	587
Ambulatory Surgical Centers	NA	336	1,197	3,371	3,597
Hospices	NA	164	825	2,275	2,323

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 2002 and 2003 are as of December 31, 2001 and December 31, 2002, 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.

SOURCES: CMS/ORDI/OIS

November 2003

**Selected Medicare Facilities by Type of Control
2003**

	Short Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	4,231	14,838	6,928
Percent Distribution			
Voluntary	60.6	28.2	34.2
Proprietary	15.6	66.7	51.2
Government	23.8	5.1	14.6

NOTES: Data as of December 31, 2002. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent distribution may not add to 100 percent due to rounding.

SOURCES: CMS/ORDI/OIS

**Medicare PIP Facilities
Selected Years**

	1975	1980	1985	1990	1999	2000	2001	2002
Hospitals								
Number of PIP	1,524	2,276	3,242	1,352	915	869	754	687
Percent of Total	22.5	33.8	48.3	20.6	15.3		12.5	11.4
Participating						14.4		
Skilled Nursing Facilities								
Number of PIP	161	203	224	774	1,387	1,236	1,161	862
Percent of Total	4.1	3.9	3.4	7.3	9.3		7.9	5.8
Participating						8.3		
Home Health Agencies								
Number of PIP	86	481	931	1,211	1,122	1,038	42	40
Percent of Total	3.8	16.0	16.0	21.0	14.3		0.1	0.1
Participating						14.4		

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

November 2003

Participation Status	Number of Physicians ¹	Participation Status			
		January 2003	January 2002	January 2001	January 2000
Participating	846,423	91.5%	89.3%	88.7%	88.3%
Billing Medicare	925,508				

Medicare Participating Physician Program

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
1991	82.5
1992	85.4
1993	89.2
1994	92.1
1995	94.2
1996	95.6
1997	96.5
1998	97.2
1999	97.5
2000	97.8
2001	98.1
2002	98.3

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.

SOURCE: CMS/OFM

November 2003

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

	Apr. 1990 Dec. 1990	Jan. 1995 Dec. 1995	Jan. 1998 Dec. 1998	Jan. 1999 Dec. 1999	Jan. 2000 Dec. 2000	Jan. 2001 Dec. 2001	Jan.2002 Dec. 2002	Jan.2003 Dec. 2003
Percent of Physicians Participating								
Physicians (M.D.s and D.O.s):								
General practice	39.7	59.9	71.1	73.7	80.2	79.0	80.2	84.3
General surgery	55.8	80.2	89.3	90.4	93.3	92.5	92.8	95.6
Otology, laryngology, rhinology	45.2	77.1	87.7	88.7	91.8	91.3	91.7	93.9
Anesthesiology	30.8	73.9	85.9	88.9	93.7	92.3	92.3	95.5
Cardiovascular disease	60.6	84.9	91.5	92.9	95.8	94.4	94.3	96.4
Dermatology	53.4	79.3	87.2	88.0	90.8	90.1	90.1	92.4
Family practice	47.2	74.5	85.9	86.9	90.8	90.3	90.8	93.2
Internal medicine	48.8	73.8	84.8	86.8	90.7	88.7	88.8	92.2
Neurology	53.1	78.9	87.1	88.4	92.1	89.9	89.1	93.3
Obstetrics-gynecology	48.8	72.5	81.3	82.9	86.8	86.3	86.5	88.8
Ophthalmology	55.6	81.2	89.8	90.9	93.3	92.8	93.3	95.1
Orthopedic surgery	53.7	82.6	90.4	90.6	93.8	93.1	92.4	95.5
Pathology	53.4	78.9	86.6	89.8	93.6	92.2	92.0	95.4
Psychiatry	41.6	58.7	70.4	73.9	79.1	79.6	80.4	83.0
Radiology	55.6	82.8	88.3	91.6	95.3	91.9	91.6	95.7
Urology	49.6	83.0	90.6	91.5	94.6	93.8	93.6	96.0
Nephrology	66.5	87.0	91.3	93.0	95.1	93.6	93.6	95.5
Clinic or other group practice - not GPPP	68.7	79.4	90.1	89.2	91.6	92.7	93.5	93.4
Limited license practitioners (LLP):								
Chiropractor	26.2	42.6	54.3	56.3	59.4	63.0	64.4	65.2
Podiatry-surgical chiropody	54.0	79.2	87.9	88.4	90.7	91.6	92.1	92.3
Optometrist	54.0	66.9	74.7	76.0	78.4	80.0	80.6	82.4

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

November 2003

**Medicare Benefit and Premium Summary
Medicare+Choice Coordinated Care Plans
Contract Year 2003**

Specific Benefits	Percent of Plans Offering Benefits	
	In Standard Package	For an Additional Premium
Vision Exams	86.6	1.3
Hearing Exams	66.4	0.2
Prescription Drugs	67.3	3.1
Eyewear	60.1	4.5
Hearing Aids	35.6	0.9
Chiropractic	0.0	6.7
Podiatry	0.0	3.1
Preventive Dental	29.0	11.1
Comprehensive Dental	9.4	9.1
Point of Service	0.0	2.0
Inpatient Hospital greater than FFS Medicare	86.2	0.0
SNF greater than FFS Medicare	0.9	0.4
Worldwide Coverage (Emergency/Urgent Care)	83.1	0.0
Physical Exams	91.8	0.0
Health Education/Wellness	73.1	0.0
Median PCP Copayment (Physician Office Visit)		\$10.00
Median Generic Drug Copayment		\$10.00
Median Brand Name Drug Copayment		\$30.00
<u>Premium ¹ Distribution (Percent of Packages)</u>		
<u>Range</u>		<u>Percent</u>
\$0.00		34.3
\$0.01 - \$20.00		2.2
\$20.01 - \$40.00		14.5
\$40.01 - \$60.00		10.5
\$60.01 - \$80.00		15.8
\$80.01 - \$100.00		11.4
More than \$100.00		11.4
Median Plan Premium 2002		\$40.00

¹ The premium is the monthly payment made by the beneficiary to the health insurance organization.

SOURCE: CMS/CBC

November 2003

Medicare Contracts with Prepaid Organizations

Type of Contract	Number of Contracts	Number of Enrollees	Payment FY 2003 to date in millions
Total Prepaid Organizations	270	5,304,299	\$33,281.7
Medicare+Choice Programs	150	4,622,154	30,284.2
TEFRA Cost (Cost 1, Cost 2, Cost C)	30	335,114	874.4
Demonstrations and/or PPOs	54	218,319	1,811.3
HCPPs Part B (Health Care Prepayment Plans)	15	102,215	152.9
PFFS	4	23,555	123.9
PACE	17	2,942	35.0

NOTES: The Balanced Budget Act of 1997 changed the requirements regarding effective dates of coverage. As a result, the numbers do not include beneficiaries who changed enrollment status in the latter part of each month. Therefore, the total number of enrollees is understated. This understatement will continue for all future months until the report modifications have been completed. As of August 1, 2003.

SOURCE: CMS/CBC

November 2003

Medicare Summary of Monthly Risk Contracts

Date	Number of Contracts	Total Enrollees	Monthly Payment in millions
2000			
January	348	6,831,637	3,307
February	346	6,848,119	3,292
March	346	6,853,392	3,276
April	345	6,865,504	3,328
May	343	6,856,197	3,307
June	343	6,866,435	3,292
July	345	6,872,270	3,395
August	343	6,873,845	3,339
September	344	6,868,985	3,365
October	343	6,860,037	3,327
November	343	6,847,912	3,351
December	343	6,826,877	3,334
2001			
January	247	6,153,976	3,085
February	247	6,199,297	3,151
March	250	6,225,458	3,246
April	250	6,225,282	3,209
May	249	6,185,684	3,194
June	250	6,179,262	3,199
July	250	6,179,980	3,208
August	250	6,173,178	3,238
September	251	6,159,822	3,247
October	251	6,144,528	3,191
November	252	6,106,141	3,165
December	253	6,061,252	3,142
2002			
January	224	5,575,853	3,046
February	224	5,587,200	3,089
March	225	5,575,175	3,047
April	225	5,561,679	3,068
May	224	5,541,519	3,033
June	224	5,532,808	3,040
July	224	5,525,427	3,040
August	227	5,522,252	3,061
September	229	5,518,569	3,061
October	229	5,516,293	3,052
November	240	5,501,326	3,034
December	240	5,494,284	3,053

SOURCE: CMS/CBC

November 2003

Medicare Summary of Risk and Cost Contracts by Category

Type of Contract	Number of Contracts	Percent	Number of Enrollees	Percent
HCPP Contracts				
Model				
Group	10	67	69,252	68
Union	2	13	19,329	19
Employer Group	1	7	4,221	4
IPA	1	7	2,913	3
Other	1	6	6,500	6
Ownership				
Profit	1	7	2,913	3
Nonprofit	13	93	92,802	97
Cost Contracts ¹				
Model				
IPA	11	37	193,828	58
Group	16	53	134,859	40
Staff	3	10	6,427	2
Ownership				
Profit	7	23	46,789	14
Nonprofit	23	77	288,325	86
CCP Contracts ¹				
Model				
IPA	76	54	2,550,229	56
Group	55	39	1,505,259	33
Staff	11	7	471,292	11
Ownership				
Profit	96	67	2,598,494	57
NonProfit	48	33	1,958,431	43
PACE Contracts				
Model				
Group	10	100	1,302	100
Ownership				
Profit	8	50	1,227	44
NonProfit	8	50	1,590	56
PFFS Contracts				
Model				
Group	2	100	2,005	100
Ownership				
Profit	3	100	21,863	100

¹ Does not include cost enrollees remaining in risk plans.

NOTES: Data as of August 2003. IPA is the Individual Practice Association.

SOURCE: CMS/CBC

November 2003

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

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

November 2003

**Active Federal and Non-Federal
Physicians
By CMS Region
2001**

CMS Region	Total	Type of Physician		Active Physicians per 100,000 Population ¹
		Doctors of Medicine	Doctors of Osteopathy	
Total	793,091	751,689	41,402	278
Boston	53,134	51,737	1,397	378
New York	104,586	99,528	5,058	379
Philadelphia	93,638	87,323	6,315	334
Atlanta	128,843	123,942	4,901	238
Chicago	134,039	123,474	10,565	266
Dallas	75,622	71,429	4,193	223
Kansas City	31,457	28,329	3,128	242
Denver	22,278	21,250	1,028	234
San Francisco	109,629	105,920	3,709	254
Seattle	28,221	27,113	1,108	247
U.S. Possessions ²	11,644	11,644	--	NA
Foreign and Unknown ³	--	--	--	NA

¹ Rate for Total (All Areas) based on U.S. Resident population as of July 1, 2001.

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

November 2003

**Medicare Part B Practitioners by Major Category
February 2004**

Major Category	Number	Percent
All Part B Practitioners	906,422	100.0
Physician Specialties (PHYSSTAT=1)	586,411	64.7
Primary Care	213,468	23.6
Medical Specialties	93,685	10.3
Surgical Specialties	99,509	11.0
Emergency Medicine	30,171	3.3
Anesthesiology	33,960	3.7
Radiology	33,463	3.7
Pathology	12,471	1.4
Obstetrics/Gynecology	34,884	3.8
Psychiatry	34,618	3.8
Other and Unknown	182	0.0
Limited Licensed Practitioners (PHYSSTAT=2)	108,964	12.0
Non-physician Practitioners (PHYSSTAT=3)	211,047	23.3

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.

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

**Physician Income and Expenses by Specialty
1998**

	Mean Net Income ¹	Mean Total Expenses	Expenses						
			Total	Non- Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment	Other
	in thousands		Percent Distribution						
All Physicians Specialty	\$194.4	\$261.9	100.0	35.9	24.0	9.4	6.4	4.3	20.0
General/Family Practice	142.5	263.0	100.0	41.7	22.9	11.0	4.1	3.9	16.4
Internal Medicine	182.1	259.7	100.0	38.1	22.9	12.2	6.4	4.0	16.5
Surgeon	268.2	325.8	100.0	37.4	35.3	11.0	7.0	4.3	16.4
Pediatrics	139.6	187.3	100.0	32.3	28.8	13.9	5.5	2.3	17.2
Obstetrics/Gynecology	214.4	375.9	100.0	35.6	32.9	6.5	9.5	4.3	15.5

¹ After expenses, before taxes.

NOTES: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 2000.

November 2003

**Physician Income and Expenses
1986 - 1998**

Year	Mean Net Income ¹	Mean Total Expenses	Expenses						
			Total	Non- Physician Payroll	Office	Medical Supplier	Professional Liabilit y Expenses	Medical Equipment	Other
	in thousands		Percent Distribution						
1986	\$119.5	\$118.4	100.0	32.8	24.1	11.1	10.8	5.9	15.3
1987	132.3	123.7	100.0	34.4	24.3	10.9	12.1	5.3	13.1
1988	144.7	140.8	100.0	34.4	24.1	10.3	11.3	4.9	15.0
1989	155.8	148.4	100.0	35.5	22.4	11.5	10.4	5.1	15.0
1990	164.3	150.0	100.0	36.3	22.5	11.0	9.7	5.1	15.5
1991	170.6	168.4	100.0	36.4	23.3	10.9	8.8	5.3	15.3
1992	177.4	179.0	100.0	36.9	23.7	9.0	7.5	4.1	18.7
1993	189.3	182.2	100.0	38.3	23.5	9.1	7.9	4.8	16.3
1994	182.4	183.1	100.0	38.9	26.0	10.5	8.2	4.6	11.7
1995	195.5	201.6	100.0	36.0	28.3	10.1	7.4	5.1	13.0
1996	199.0	217.6	100.0	34.8	23.8	9.3	6.5	3.9	21.8
1997	199.6	228.6	100.0	36.8	25.9	9.5	6.2	3.3	18.3
1998	194.4	261.9	100.0	35.9	24.0	9.4	6.4	4.3	20.0

¹ After expenses, before taxes.

NOTES: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 2000.

November 2003

**Medicare Physician and Other Practitioner Registry by Specialty
February 2004**

Specialty ¹	April 2003	
	Number	Percent
All Medical Specialties	586,411	64.7
General and Family Practice	96,754	10.7
General Practice	19,941	2.2
Family Practice	76,437	8.4
Preventive Medicine ²	376	0.0
Medical	183,784	20.3
Allergy/Immunology	3,165	0.3
Cardiology	20,173	2.2
Dermatology	9,234	1.0
Gastroenterology	9,713	1.1
Internal Medicine	91,825	10.1
Neurology	11,264	1.2
Pulmonary Disease	7,136	0.8
Physical Med and Rehab	6,373	0.7
Geriatrics	1,066	0.1
Nephrology	5,166	0.6
Infectious Disease	3,323	0.4
Endocrinology ²	3,152	0.3
Rheumatology ²	3,023	0.3
Clinic multispec W/O GPP	111	0.0
Periph. Vascular Disease ²	117	0.0
Critical Care Intensivists ²	1,023	0.1
Hematology ²	601	0.1
Hematology/Oncology ²	5,253	0.6
Medical Oncology ²	2,066	0.2
Surgical	102,805	11.3
General Surgery	24,191	2.7
Otolaryngology (ENT)	8,977	1.0
Neurosurgery	4,337	0.5
Ophthalmology	17,641	1.9
Orthopedic Surgery	21,507	2.4
Plastic/reconstructive Surgery	5,302	0.6
Colorectal Surgery (proctology)	859	0.1
Thoracic Surgery	2,659	0.3
Urology	9,399	1.0

Medicare Physician and Other Practitioner Registry by Specialty
February 2004
continued

Specialty ¹	April 2003	
	Number	Percent
Hand Surgery	570	0.1
Vascular Surgery ²	1,773	0.2
Cardiac Surgery ²	1,565	0.2
Maxillofacial Surgery ²	270	0.0
Surgical Oncology ²	477	0.1
Radiation Oncology ²	3,278	0.4
Emergency Medicine ²	30,171	3.3
Pediatrics	25,265	2.8
Other and Unknown	110,060	12.1
Obstetrics-Gynecology	34,419	3.8
Pathology	12,471	1.4
Psychiatry	34,483	3.8
Radiology	28,687	3.2
Limited Licensed Practitioners (PHYSSTAT=2)	107,521	11.9
Optometry	29,465	3.3
Oral Surgery/Dentists only	10,651	1.2
Podiatry	14,929	1.6
Chiropractor	52,476	5.8
Non-Physician Practitioners (PHYSSTAT=3)	34,605	3.8
Anesthesiology	33,960	3.7
Osteopathic Manipulative Therapy	645	0.1
Nuclear Medicine	687	0.1
Certified Nurse Midwife	2,633	0.3
CRNA, Anesthesia Assistant	26,217	2.9
Ambulatory Surgical Center (formerly Misc)	67	0.0
Nurse Practitioner	36,153	4.0
Psychologist/billing independently	1,325	0.1
Audiologist/billing independently	3,955	0.4
Physical Therapist	24,479	2.7
Occupational Therapist	3,631	0.4
Addiction Medicine ²	123	0.0
Clinical Social Worker	42,091	4.6
Neuropsychiatry ²	135	0.0
Certified Clinical Nurse	2,672	0.3
Interventional Radiology ²	811	0.1
Physician Assistant	27,700	3.1
Gynecology Oncology ³	465	0.1
Clinical Psychology	33,562	3.7
Unknown Physician Specialty	102	0.0
Miscellaneous Specialties		0.0
Totals	906,422	100.0

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

SOURCES: CMS/CMS/ORDI

November 2003

VII. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services. New in this section are several tables showing number of patients and reimbursement for hospice, home health and skilled nursing facility services.

HIGHLIGHTS

- o *Medicare enrollees comprise 13.7 percent of the United States' resident population. State enrollees range from a low of 7.1 percent of Alaska's resident population to a high of 19.0 percent of West Virginia's resident population.*
- o *Medicaid enrollees (as measured by eligibles or ever enrolled) comprise 15.7 percent of the United States' resident population. State enrollees range from a low of 7.9 percent of Nevada's resident population to a high of 26.9 percent of Tennessee's resident population.*
- o *Long-stay hospital beds per 1,000 HI enrollees range from a low of 1.0 in Oregon to a high of 13.9 in the District of Columbia. This contrasts with the national average of 3.1.*
- o *The percentage of Medicare Part B participating physicians and other practitioners range from a high of 97.3 percent in Michigan and North Dakota to a low of 77.2 percent in Rhode Island.*
- o *Under fee-for-service, aged persons served per 1,000 enrollees (U.S.) range from a low of 777 in the District of Columbia to essentially all aged enrollees in Oregon. This contrasts with the national average of 918 persons served per 1,000 enrollees.*
- o *The average reimbursement per patient for Medicare home health agency services (U.S.) range from a high of \$5,362 in Louisiana to a low of \$2,255 in North Dakota. This contrasts with the national average reimbursement per patient of \$3,560.*
- o *The average reimbursement per discharge for Medicare skilled nursing facility non-swing bed services (U.S.) range from a high of \$15,109 in New York to a low of \$5,093 in Montana. This contrasts with the national average of \$8,348 per discharge.*

**Medicare Estimated Benefit Payments by State
Fiscal Year 2001**

Payments		Payments	
All Areas	\$236,492,551,946	Missouri	\$4,755,401,621
United States	Benefit Payments 234,970,769,877	Montana	663,415,658
Alabama	4,270,957,179	Nebraska	Benefit Payments 1,366,977,351
Alaska	169,288,393	Nevada	1,272,773,858
Arizona	3,322,292,384	New Hampshire	714,188,267
Arkansas	2,420,405,701	New Jersey	6,885,641,611
California	24,858,719,236	New Mexico	879,539,933
Colorado	2,698,488,436	New York	20,436,629,972
Connecticut	3,117,051,627	North Carolina	6,797,677,203
Delaware	500,000,394	North Dakota	562,654,098
District of Columbia	792,265,128	Ohio	10,685,163,793
Florida	21,580,487,727	Oklahoma	2,343,402,917
Georgia	4,397,177,577	Oregon	2,181,557,489
Hawaii	717,997,990	Pennsylvania	15,141,847,286
Idaho	741,440,673	Rhode Island	1,146,888,423
Illinois	8,001,946,687	South Carolina	3,356,574,015
Indiana	4,999,249,587	South Dakota	622,091,698
Iowa	1,632,031,674	Tennessee	5,545,548,969
Kansas	2,141,311,524	Texas	16,336,060,639
Kentucky	3,640,056,994	Utah	1,077,334,102
Louisiana	4,902,925,823	Vermont	361,871,329
Maine	875,798,371	Virginia	3,897,031,283
Maryland	4,611,431,715	Washington	3,209,405,506
Massachusetts	5,963,041,223	West Virginia	1,822,038,805
Michigan	7,012,604,450	Wisconsin	3,961,454,618
Minnesota	3,136,906,920	Wyoming	281,638,648
Mississippi	2,140,390,706	Puerto Rico	1,454,822,599
		All Other Areas	66,959,470

NOTES: Benefit payments for all areas represent actual Department of Treasury (DOT) disbursements on a paid basis by location of provider or plan, not residence of beneficiary. Distribution of benefit payments by State is based on a methodology which considered actual payments to health maintenance organizations and estimated payments for other providers of Medicare services. Estimated payments were determined by applying the relative weight of each State's share of total fee-for-service provider payments for fiscal year 2001 to the DOT disbursements net of Managed Care payments.

SOURCES: CMS/OFM/OIS

November 2003

**Medicaid Medical Assistance Payments
Fiscal Year 2002**

	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	\$246,283,943	\$140,041,579	Missouri	5,360,608	3,280,561
Alabama	3,093,271	2,184,680	Montana	571,456	421,899
Alaska	685,773	441,180	Nebraska	1,339,132	800,204
American Samoa	11,209	5,804	Nevada	808,198	407,108
Arizona	3,541,599	2,376,801	New Hampshire	1,016,095	508,912
Arkansas	2,237,818	1,630,195	New Jersey	7,745,878	3,881,053
California	26,890,541	13,939,975	New Mexico	1,776,812	1,313,098
Colorado	2,323,069	1,167,104	New York	36,295,107	18,180,862
Connecticut	3,456,339	1,742,046	North Carolina	6,723,599	4,161,694
Delaware	634,046	318,201	North Dakota	461,402	325,016
District of Columbia	1,021,773	715,695	N. Mariana Islands	11,745	6,073
Florida	9,871,508	5,586,227	Ohio	9,658,041	5,686,522
Georgia	6,241,211	3,684,680	Oklahoma	2,260,404	1,609,587
Guam	11,158	5,779	Oregon	2,571,561	1,535,724
Hawaii	740,007	417,393	Pennsylvania	12,130,925	6,641,322
Idaho	773,535	550,619	Puerto Rico	541,495	270,748
Illinois	8,809,060	4,424,297	Rhode Island	1,358,501	713,450
Indiana	4,448,318	2,765,176	South Carolina	3,292,901	2,291,550
Iowa	2,575,146	1,620,509	South Dakota	549,884	373,705
Kansas	1,836,717	1,106,550	Tennessee	5,787,079	3,689,247
Kentucky	3,763,204	2,634,564	Texas	13,523,486	8,158,615
Louisiana	4,885,972	3,441,288	Utah	984,161	691,467
Maine	1,430,109	954,013	Vermont	660,732	417,784
Maryland	3,613,476	1,819,847	Virginia	3,812,166	1,970,078
Massachusetts	8,063,005	4,045,127	Virgin Islands	10,715	5,371
Michigan	7,562,053	4,267,978	Washington	5,168,512	2,620,485
Minnesota	4,414,511	2,218,157	West Virginia	1,584,166	1,192,038
Mississippi	2,877,014	2,191,340	Wisconsin	4,193,175	2,461,670
			Wyoming	274,565	170,511

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

SOURCE: CMS/CMSO

November 2003

**Mean Medicaid Outlays by Basis of Eligibility
2000**

	Total	Aged	Disabled	Child	Adult
United States	\$3,936	\$11,929	\$10,559	\$1,358	\$2,030
Alabama	3,860	10,504	4,860	788	1,978
Alaska	4,876	12,833	16,754	2,665	3,630
Arizona	3,100	11,616	9,082	1,246	2,444
Arkansas	3,086	8,620	7,065	1,278	1,071
California	2,155	6,269	8,532	1,108	1,006
Colorado	4,747	12,679	12,257	1,820	2,266
Connecticut	6,762	23,813	20,406	1,705	1,981
Delaware	4,584	15,968	14,877	1,698	2,661
District of Columbia	5,715	19,993	16,535	2,008	2,474
Florida	3,114	9,763	8,467	1,072	1,680
Georgia	2,774	8,799	6,587	1,053	2,343
Hawaii	2,626	8,774	6,587	1,514	1,519
Idaho	4,530	14,213	13,560	1,205	2,810
Illinois	5,150	13,185	13,790	1,505	2,482
Indiana	4,224	15,079	13,424	1,344	2,149
Iowa	4,707	14,605	11,282	1,424	2,028
Kansas	4,670	14,375	13,003	1,153	2,080
Kentucky	3,780	10,891	7,334	1,594	2,270
Louisiana	3,456	8,183	8,506	952	2,477
Maine	6,820	13,297	15,075	3,030	2,907
Maryland	5,396	15,360	15,577	2,052	4,026
Massachusetts	5,153	17,502	12,073	1,513	1,893
Michigan	3,611	11,685	5,658	893	1,777
Minnesota	5,857	18,475	17,988	1,833	2,113
Mississippi	2,987	8,069	6,287	969	2,539
Missouri	3,673	12,149	10,308	1,398	1,344
Montana	4,173	13,832	10,303	1,930	2,624
Nebraska	4,185	13,727	12,247	1,513	2,017
Nevada	3,733	8,850	9,839	1,595	2,402
New Hampshire	6,712	19,475	20,083	2,350	2,562
New Jersey	5,724	15,913	13,499	1,567	5,591
New Mexico	3,325	9,797	10,306	1,461	1,940
New York	7,646	22,139	20,400	2,142	4,059
North Carolina	3,996	9,845	10,256	1,173	2,611
North Dakota	5,852	16,391	17,490	1,474	2,038
Ohio	5,434	18,936	13,097	1,324	2,246
Oklahoma	3,163	8,285	8,980	1,195	1,264
Oregon	3,135	10,161	8,693	1,503	2,084
Pennsylvania	4,266	13,518	7,640	1,617	2,055
Rhode Island	5,982	18,920	17,745	1,469	1,877
South Carolina	3,900	8,125	8,678	1,369	1,483
South Dakota	3,935	11,227	11,183	1,314	2,129
Tennessee	2,226	977	5,015	1,288	2,157
Texas	3,487	9,210	10,930	1,287	2,421
Utah	4,277	10,490	13,000	1,493	1,851
Vermont	3,451	7,431	11,049	1,775	1,431
Virginia	3,960	9,318	9,699	1,240	2,232
Washington	2,717	9,735	6,986	1,075	2,733
West Virginia	4,154	12,891	7,389	1,288	1,874
Wisconsin	5,039	16,330	12,361	1,191	1,422
Wyoming	4,609	14,451	14,045	1,362	2,560

NOTE: Other and unknown basis of eligibility not shown separately.

SOURCES: CMS/CMSO/ORDI

November 2003

**Mean Medicaid Outlays by Basis of Eligibility
2000**

	Total	Aged	Disabled	Child	Adult
United States	\$3,936	\$11,929	\$10,559	\$1,358	\$2,030
Alabama	3,860	10,504	4,860	788	1,978
Alaska	4,876	12,833	16,754	2,665	3,630
Arizona	3,100	11,616	9,082	1,246	2,444
Arkansas	3,086	8,620	7,065	1,278	1,071
California	2,155	6,269	8,532	1,108	1,006
Colorado	4,747	12,679	12,257	1,820	2,266
Connecticut	6,762	23,813	20,406	1,705	1,981
Delaware	4,584	15,968	14,877	1,698	2,661
District of Columbia	5,715	19,993	16,535	2,008	2,474
Florida	3,114	9,763	8,467	1,072	1,680
Georgia	2,774	8,799	6,587	1,053	2,343
Hawaii	2,626	8,774	6,587	1,514	1,519
Idaho	4,530	14,213	13,560	1,205	2,810
Illinois	5,150	13,185	13,790	1,505	2,482
Indiana	4,224	15,079	13,424	1,344	2,149
Iowa	4,707	14,605	11,282	1,424	2,028
Kansas	4,670	14,375	13,003	1,153	2,080
Kentucky	3,780	10,891	7,334	1,594	2,270
Louisiana	3,456	8,183	8,506	952	2,477
Maine	6,820	13,297	15,075	3,030	2,907
Maryland	5,396	15,360	15,577	2,052	4,026
Massachusetts	5,153	17,502	12,073	1,513	1,893
Michigan	3,611	11,685	5,658	893	1,777
Minnesota	5,857	18,475	17,988	1,833	2,113
Mississippi	2,987	8,069	6,287	969	2,539
Missouri	3,673	12,149	10,308	1,398	1,344
Montana	4,173	13,832	10,303	1,930	2,624
Nebraska	4,185	13,727	12,247	1,513	2,017
Nevada	3,733	8,850	9,839	1,595	2,402
New Hampshire	6,712	19,475	20,083	2,350	2,562
New Jersey	5,724	15,913	13,499	1,567	5,591
New Mexico	3,325	9,797	10,306	1,461	1,940
New York	7,646	22,139	20,400	2,142	4,059
North Carolina	3,996	9,845	10,256	1,173	2,611
North Dakota	5,852	16,391	17,490	1,474	2,038
Ohio	5,434	18,936	13,097	1,324	2,246
Oklahoma	3,163	8,285	8,980	1,195	1,264
Oregon	3,135	10,161	8,693	1,503	2,084
Pennsylvania	4,266	13,518	7,640	1,617	2,055
Rhode Island	5,982	18,920	17,745	1,469	1,877
South Carolina	3,900	8,125	8,678	1,369	1,483
South Dakota	3,935	11,227	11,183	1,314	2,129
Tennessee	2,226	977	5,015	1,288	2,157
Texas	3,487	9,210	10,930	1,287	2,421
Utah	4,277	10,490	13,000	1,493	1,851
Vermont	3,451	7,431	11,049	1,775	1,431
Virginia	3,960	9,318	9,699	1,240	2,232
Washington	2,717	9,735	6,986	1,075	2,733
West Virginia	4,154	12,891	7,389	1,288	1,874
Wisconsin	5,039	16,330	12,361	1,191	1,422
Wyoming	4,609	14,451	14,045	1,362	2,560

NOTE: Other and unknown basis of eligibility not shown separately.

SOURCES: CMS/CMSO/ORDI

November 2003

**Medicare Enrollment by State
2002**

	Enrollees		Enrollees
All Areas ¹	40,488,871	Missouri	874,014
		Montana	140,236
United States ²	39,582,287	Nebraska	255,678
Alabama	706,136	Nevada	264,257
Alaska	45,615	New Hampshire	176,054
Arizona	714,179	New Jersey	1,208,991
Arkansas	445,983	New Mexico	244,178
California	3,998,983	New York	2,731,061
Colorado	483,563	North Carolina	1,181,900
Connecticut	517,148	North Dakota	102,985
Delaware	116,952	Ohio	1,710,854
District of Columbia	73,520	Oklahoma	515,025
Florida	2,894,202	Oregon	505,866
Georgia	954,759	Pennsylvania	2,098,754
Hawaii	171,438	Rhode Island	171,833
Idaho	173,451	South Carolina	594,269
Illinois	1,640,907	South Dakota	120,750
Indiana	865,293	Tennessee	857,332
Iowa	479,042	Texas	2,341,711
Kansas	391,459	Utah	215,456
Kentucky	637,478	Vermont	91,366
Louisiana	611,518	Virginia	928,155
Maine	223,292	Washington	760,122
Maryland	663,301	West Virginia	342,829
Massachusetts	959,845	Wisconsin	793,959
Michigan	1,423,221	Wyoming	67,276
Minnesota	666,707	Puerto Rico	560,725
Mississippi	429,384		

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.

NOTE: Data based on Denominator Tables as of March 2003.

SOURCE: CMS/ORDI

November 2003

**Medicare Enrollment as a Percent of Resident Population by State
2002**

	Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as Percent of Population		Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as Percent of Population
All Areas	NA	40,489 ¹		Missouri	5,673	874	15.4
				Montana	909	140	15.4
United States	288,369	39,582 ²	NA 13.7	Nebraska	1,729	256	14.8
Alabama	4,487	706	15.7	Nevada	2,173	264	12.1
Alaska	644	46	7.1	New Hampshire	1,275	176	13.8
Arizona	5,456	714	13.1	New Jersey	8,590	1,209	14.1
Arkansas	2,710	446	16.5	New Mexico	1,855	244	13.2
California	35,116	3,999	11.4	New York	19,158	2,731	14.3
				North Carolina	8,320	1,182	14.2
Colorado	4,507	484	10.7	North Dakota	634	103	16.2
Connecticut	3,461	517	14.9				
Delaware	807	117	14.5	Ohio	11,421	1,711	15.0
District of Columbia	571	74	13.0	Oklahoma	3,494	515	14.7
Florida	16,713	2,894	17.3	Oregon	3,522	506	14.4
				Pennsylvania	12,335	2,099	17.0
Georgia	8,560	955	11.2	Rhode Island	1,070	172	16.1
Hawaii	1,245	171	13.7				
Idaho	1,341	173	12.9	South Carolina	4,107	594	14.5
Illinois	12,601	1,641	13.0	South Dakota	761	121	15.9
Indiana	6,159	865	14.0	Tennessee	5,797	857	14.8
				Texas	21,780	2,342	10.8
Iowa	2,937	479	16.3	Utah	2,316	215	9.3
Kansas	2,716	391	14.4				
Kentucky	4,093	637	15.6	Vermont	617	91	14.7
Louisiana	4,483	612	13.7	Virginia	7,294	928	12.7
Maine	1,294	223	17.2	Washington	6,069	760	12.5
				West Virginia	1,802	343	19.0
Maryland	5,458	663	12.1	Wisconsin	5,441	794	14.6
Massachusetts	6,428	960	14.9	Wyoming	499	67	13.4
Michigan	10,050	1,423	14.2				
Minnesota	5,020	667	13.3	Puerto Rico	NA	561	
Mississippi	2,872	429	14.9				

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

NA

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

NOTES: Resident population is a provisional estimate. The 2002 resident population data for Outlying Areas, Puerto Rico, and the Virgin Islands are not available. Medicare Denominator enrollment data as of March 2003. Detail may not add to total due to rounding.

SOURCES: CMS/ORDI and Bureau of the Census

November 2003

**Medicaid Eligibles by State
Fiscal Year 2000**

	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			Missouri	5,605	991	17.7
				Montana	903	97	10.7
				Nebraska	1,713	238	13.9
United States	282,224	NA ^{44,297}	NA 15.7	Nevada	2,019	159	7.9
Alabama	4,452	666	15.0	New Hampshire	1,240	110	8.9
Alaska	628	109	17.4				
Arizona ¹	5,167	683	13.2	New Jersey	8,433	856	10.2
Arkansas	2,679	504	18.8	New Mexico	1,822	398	21.8
California	34,010	8,064	23.7	New York	19,000	3,401	17.9
				North Carolina	8,082	1,228	15.2
Colorado	4,327	378	8.7	North Dakota	641	62	9.7
Connecticut	3,412	418	12.3				
Delaware	787	124	15.8	Ohio	11,364	1,420	12.5
District of Columbia	572	151	26.4	Oklahoma	3,454	585	16.9
Florida	16,051	2,238	13.9	Oregon	3,431	561	16.4
				Pennsylvania	12,286	1,768	14.4
Georgia	8,234	1,239	15.0	Rhode Island	1,051	182	17.3
Hawaii	1,213	203	16.7				
Idaho	1,300	151	11.6	South Carolina	4,024	775	19.3
Illinois	12,441	1,736	14.0	South Dakota	756	99	13.1
Indiana	6,092	756	12.4	Tennessee	5,703	1,535	26.9
				Texas	20,955	2,707	12.9
Iowa	2,929	316	10.8	Utah	2,243	204	9.1
Kansas	2,693	268	10.0				
Kentucky	4,049	724	17.9	Vermont	610	148	24.3
Louisiana	4,470	827	18.5	Virginia	7,106	681	9.6
Maine	1,277	214	16.8	Washington	5,912	917	15.5
				West Virginia	1,807	354	19.6
Maryland	5,312	722	13.6	Wisconsin	5,374	619	11.5
Massachusetts	6,362	1,104	17.4	Wyoming	494	52	10.5
Michigan	9,956	1,361	13.7				
Minnesota	4,934	597	12.1	Puerto Rico	NA		
Mississippi	2,849	596	20.9	Virgin Islands	NA		

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

NA

NA

NOTES: Resident population is a provisional estimate as of July 1, 2000. The 2000 resident population data for Puerto Rico and Virgin Islands 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

November 2003

**Medicare State Buy-Ins for Part A and Part B
June 2003**

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	376,746	6,127,590	2,698,703	553,851	138,684	388,230	Missouri	687	99,005	68,065	14,364	1,791	
							Montana	391	13,904	9,204	2,257	389	
Alabama	2,114	162,698	46,293	23,554	10,971	4,192	Nebraska		22,879	12,227	2,003		11
Alaska	689	9,947	7,312	114			Nevada	1,476	24,410	14,419	3,957	1,100	1,414
Arizona	796	90,531	43,615	10,358	6,533	14,788	New Hampshire	30	10,059	1,384	5,785		734
Arkansas	2,554	86,300	25,406	9,276	3,010	5,991	New Jersey	7,661	155,541	94,747	18,410	7,577	14,600
California	134,436	945,548	334,241	29,345	4,987	164,447	New Mexico	331	44,519	10,994	3,579	1,084	5,809
Colorado	373	58,886	10,226			3,529	New York	344	429,937	175,127	8,964	10,570	
Connecticut	2,666	64,727	44,413	9,139	5,468		North Carolina	10,836	239,944	63,622	4,410	9,116	771
Delaware	319	15,146	3,257	1,711	378		North Dakota		6,560	2,008	822	271	
District of Columbia	706	11,968	311	1,537			Ohio	5,171	190,806	58,227	21,296	8,939	11,067
Florida	44,091	390,171	178,177	38,834	15,724	33,237	Oklahoma	3,453	71,299	56,056	10,757	3,403	
Georgia	3,204	194,959	53,032	24,311	9,834	19,558	Oregon	67	68,504	37,108	10,625		1,989
Hawaii	4,031	22,911	19,081	905	247	1,912	Pennsylvania	16,066	229,534	127,100	38,649		
Idaho	524	21,222	11,768	2,144	673	4,495	Rhode Island	398	25,087	809			
Illinois	2,357	175,151	118,877	20,867	8,107		South Carolina	1,317	119,491	76,308	11,699		10,632
Indiana	1,712	101,992	62,733	16,664	2,767	16,820	South Dakota	717	14,195	4,501	2,030	534	
Iowa	953	56,833	35,634	8,751	1,661	9,042	Tennessee	5,253	203,181	93,116	12,846		
Kansas	625	44,500	17,993	3,563	787	956	Texas	46,143	408,108	120,312	55,968		
Kentucky	2,710	126,770	34,872	15,372	4,465		Utah	84	18,426	11,970	2,412		2,900
Louisiana	3,735	126,890	74,054	15,869	5,996	250	Vermont	101	15,061	3,962	2,809		13
Maine	16	42,307	19,458	5,886			Virginia	3,315	120,167	40,552	9,897	2,555	10,436
Maryland	8,594	73,929	59,226	5,031	1,664	7,491	Washington	4,846	105,473	75,379	7,233	2,318	7,534
Massachusetts	18,764	167,599	140,622	18,583	2,785	11	West Virginia	3,034	49,961	40,819	6,807	1,797	
Michigan	14,030	158,118	51,748	19,195	271	871	Wisconsin	3,844	77,906	22,011	9,770	584	
Minnesota	5,875	74,801	13,775	3,160			Wyoming	147	7,465	2,844	880	325	859
Mississippi	5,156	131,373	69,708	1,450		31,862	Outlying Areas		891				

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 2001**

	Aged		Disabled			Aged		Disabled	
	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees		Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees
All Areas	26,326	918	4,358	843	Missouri	576	934	105	856
United States	26,001	929	4,262	850	Montana	111	935	16	849
Alabama	483	937	111	873	Nebraska	206	946	25	897
Alaska	30	850	6	808	Nevada	126	859	21	785
Arizona	360	919	53	779	New Hampshire	133	912	18	788
Arkansas	314	934	69	874	New Jersey	847	909	110	835
California	1,797	881	312	784	New Mexico	152	893	27	834
Colorado	261	964	45	803	New York	1,731	916	283	818
Connecticut	358	924	50	871	North Carolina	859	945	177	892
Delaware	92	941	13	818	North Dakota	87	949	9	857
District of Columbia	47	777	8	784	Ohio	1,175	944	175	840
Florida	1,829	952	241	877	Oklahoma	364	936	61	874
Georgia	677	927	150	880	Oregon	276	1,019	45	841
Hawaii	97	972	12	846	Pennsylvania	1,266	926	171	815
Idaho	131	981	19	935	Rhode Island	84	910	16	760
Illinois	1,184	918	159	854	South Carolina	441	937	100	917
Indiana	670	952	100	847	South Dakota	96	926	12	888
Iowa	399	983	47	904	Tennessee	607	933	132	862
Kansas	301	960	37	874	Texas	1,621	918	241	867
Kentucky	439	945	117	874	Utah	169	941	21	842
Louisiana	385	915	86	874	Vermont	71	920	12	882
Maine	169	925	31	840	Virginia	696	920	118	864
Maryland	497	891	66	857	Washington	458	907	72	806
Massachusetts	549	896	102	817	West Virginia	245	987	59	884
Michigan	1,076	951	171	866	Wisconsin	616	954	78	872
Minnesota	496	985	63	863	Wyoming	53	939	7	867
Mississippi	303	937	84	898	Puerto Rico	293		92	
					Other Outlying Areas	7		1	---
					Unknown & Foreign	24	---	3	---

¹ Less than 500.

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, 2001 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

November 2003

**National Community Hospital Care by State
2001 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	33,814	5.7	538,480	Missouri	801	5.3	14,199
Alabama	685	5.2	7,786	Montana	103	10.2	2,648
Alaska	49	6.2	1,388	Nebraska	207	8.8	3,430
Arizona	563	4.5	5,072	Nevada	208	4.9	2,126
Arkansas	371	5.5	4,494	New Hampshire	116	5.5	2,930
California	3,333	5.4	48,548	New Jersey	1,084	5.7	18,445
Colorado	414	5.1	6,913	New Mexico	164	4.6	3,409
Connecticut	360	6.1	6,489	New York	2,411	7.9	45,646
Delaware	83	6.0	1,485	North Carolina	973	6.1	13,431
District of Columbia	132	6.8	1,419	North Dakota	92	8.6	1,859
Florida	2,207	5.2	20,771	Ohio	1,439	5.2	28,377
Georgia	904	6.1	12,015	Oklahoma	435	5.4	4,570
Hawaii	108	8.1	3,168	Oregon	335	4.3	7,658
Idaho	123	5.6	2,640	Pennsylvania	1,809	5.7	32,063
Illinois	1,559	5.3	25,270	Rhode Island	121	5.3	2,151
Indiana	718	5.5	14,393	South Carolina	505	5.8	7,629
Iowa	371	6.7	9,399	South Dakota	104	10.1	1,828
Kansas	322	6.8	5,394	Tennessee	751	5.5	9,537
Kentucky	595	5.6	8,677	Texas	2,461	5.1	31,454
Louisiana	683	5.5	10,060	Utah	203	4.4	4,418
Maine	149	6.0	3,513	Vermont	55	7.4	1,292
Maryland	608	4.9	6,266	Virginia	744	5.7	9,749
Massachusetts	767	5.7	18,778	Washington	523	4.8	9,433
Michigan	1,122	5.4	25,984	West Virginia	297	6.1	5,762
Minnesota	586	7.0	8,566	Wisconsin	579	6.0	11,029
Mississippi	436	6.9	4,102	Wyoming	48	8.0	818

SOURCE: American Hospital Association's 2003 Hospital Statistics.

November 2003

**Medicare Hospice Utilization by State
Calendar Year 2001**

	Total Patients	Total Reimbursement	Total Covered Days	Total Covered Hours	Total Covered Procedures	Average Reimbursement Per Patient	Average Days Per Patient
Total	594,436	\$3,690,388,745	30,555,548	2,291,673	535,075	\$6,208	51
Alabama	13,111	108,496,688	1,084,255	35,881	1,428	8,275	83
Alaska	47	310,045	2,430	-	-	6,597	52
Arizona	17,614	116,603,922	888,804	21,162	23,088	6,620	50
Arkansas	5,830	37,593,532	370,851	5,312	1,803	6,448	64
California	54,104	331,044,777	2,437,209	151,144	33,751	6,119	45
Colorado	9,865	55,982,267	442,209	1,091	3,672	5,675	45
Connecticut	5,919	38,031,788	215,912	2,893	8,460	6,425	36
Delaware	1,671	9,321,668	79,771	-	72	5,578	48
District of Columbia	643	3,953,237	28,029	-	296	6,148	44
Florida	63,444	449,961,096	3,312,577	1,263,859	157,802	7,092	52
Georgia	16,015	101,648,959	869,507	6,866	4,308	6,347	54
Hawaii	1,448	9,222,318	60,228	-	32	6,369	42
Idaho	2,021	11,346,762	107,362	9,273	221	5,614	53
Illinois	25,786	147,553,225	1,186,355	99,708	9,985	5,722	46
Indiana	11,658	69,930,739	617,979	2,698	13,186	5,999	53
Iowa	7,511	40,476,441	371,909	1,621	4,164	5,389	50
Kansas	4,825	25,897,707	244,331	877	3,251	5,367	51
Kentucky	8,945	55,946,153	502,559	9,277	12,087	6,254	56
Louisiana	8,419	50,368,628	461,080	8,848	4,380	5,983	55
Maine	1,285	7,255,236	67,995	68	130	5,646	53
Maryland	8,748	44,340,327	348,388	250	6,926	5,069	40
Massachusetts	11,070	58,107,526	435,858	3,181	557	5,249	39
Michigan	25,366	145,003,945	1,187,987	9,457	7,766	5,716	47
Minnesota	8,473	51,413,930	425,164	16,112	4,343	6,068	50
Mississippi	6,778	65,333,842	638,956	38,549	10,640	9,639	94
Missouri	15,097	78,542,003	768,174	3,403	826	5,202	51
Montana	1,515	9,085,996	84,278	151	246	5,997	56
Nebraska	3,440	17,217,128	162,672	259	289	5,005	47
Nevada	4,418	26,965,614	177,044	79	8,535	6,104	40

**Medicare Hospice Utilization by State
Calendar Year 2001
(continued)**

	Total Patients	Total Reimbursement	Total Covered Days	Total Covered Hours	Total Covered Procedures	Average Reimbursement Per Patient	Average Days Per Patient
New Hampshire	1,832	\$10,475,665	82,590	424	246	\$5,718	45
New Jersey	14,319	82,608,015	631,407	66	4,473	5,769	44
New Mexico	4,073	28,982,103	269,876	630	1,734	7,116	66
New York	23,915	152,122,689	1,053,302	15,214	21,169	6,361	44
North Carolina	15,219	98,229,772	854,267	7,010	56,494	6,454	56
North Dakota	1,202	5,107,207	49,900	4,646	222	4,249	42
Ohio	30,909	169,848,806	1,391,259	82,229	28,493	5,495	45
Oklahoma	12,068	97,396,562	988,541	15,850	2,092	8,071	82
Oregon	9,938	53,623,861	451,704	4,649	1,071	5,396	45
Pennsylvania	30,110	164,060,623	1,335,657	28,254	11,850	5,449	44
Puerto Rico	4,670	24,762,826	324,171	948	14,963	5,303	69
Rhode Island	2,047	9,280,510	67,443	-	1,351	4,534	33
South Carolina	7,279	46,632,735	432,691	1,221	1,412	6,406	59
South Dakota	1,008	4,953,137	49,297	58	226	4,914	49
Tennessee	8,910	52,373,942	451,492	11,691	9,372	5,878	51
Texas	43,930	289,729,584	2,517,075	386,533	43,633	6,595	57
Utah	3,895	24,791,981	210,665	433	955	6,365	54
Vermont	846	3,917,836	35,161	1,131	25	4,631	42
Virginia	10,585	64,513,675	558,298	1,233	4,384	6,095	53
Washington	10,789	59,647,498	472,844	9,282	1,728	5,529	44
West Virginia	3,665	21,413,317	195,050	15,416	2,004	5,843	53
Wisconsin	10,128	56,054,810	525,835	12,681	4,932	5,535	52
Wyoming	478	2,899,718	27,077	46	-	6,066	57

NOTES: Provider based data are derived from bills for services performed in 2001 and recorded in CMS central records as of June 2002. 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 have been screened for privacy.

SOURCES: CMS/OIS/HCIS

November 2003

**Medicare Inpatient Hospitals by State
2003**

	Short-Stay Hospitals	Beds per 1,000 Enrollees	Long-Stay Hospitals ¹	Beds per 1,000 Enrollees		Short-Stay Hospitals	Beds per 1,000 Enrollees	Long-Stay Hospitals ¹	Beds per 1,000 Enrollees
All Areas	4,231	20.8	1,793	3.1	Missouri	101	25.7	37	2.7
United States	4,173	21.1	1,787	3.1	Montana	31	16.8	34	4.2
					Nebraska	27	17.9	68	9.8
Alabama	102	26.3	19	2.1	Nevada	24	16.7	18	3.1
Alaska	17	28.6	7	5.4	New Hampshire	22	15.9	8	3.2
Arizona	61	15.6	22	1.5	New Jersey	80	23.0	27	3.4
Arkansas	65	20.2	38	4.8	New Mexico	38	18.5	15	2.7
California	371	19.9	76	1.5	New York	207	25.6	50	3.8
Colorado	48	19.1	28	4.1	North Carolina	108	19.8	26	2.8
Connecticut	32	16.1	14	4.0	North Dakota	17	22.9	33	9.0
Delaware	5	16.2	6	3.7	Ohio	151	24.9	60	2.9
Dist. of Columbia	7	49.0	7	13.9	Oklahoma	100	25.4	46	3.4
Florida	176	17.0	53	1.3	Oregon	48	14.9	14	1.0
Georgia	122	23.0	54	3.7	Pennsylvania	180	16.6	68	3.8
Hawaii	17	13.3	10	2.7	Rhode Island	11	17.1	4	5.1
Idaho	21	13.6	24	3.0	South Carolina	61	19.2	15	2.1
Illinois	167	27.2	49	2.1	South Dakota	36	22.0	30	5.5
Indiana	99	21.7	53	2.9	Tennessee	114	26.6	34	2.4
Iowa	72	22.0	49	3.1	Texas	332	20.8	153	3.7
Kansas	88	24.1	64	5.1	Utah	39	19.9	10	4.2
Kentucky	82	23.8	34	3.6	Vermont	11	22.6	5	3.1
Louisiana	111	30.4	82	6.8	Virginia	86	20.7	31	3.2
Maine	30	16.1	12	2.6	Washington	66	15.4	34	3.2
Maryland	48	20.1	19	5.0	West Virginia	43	24.8	23	3.1
Massachusetts	71	13.9	46	6.8	Wisconsin	97	21.6	45	3.2
Michigan	131	19.2	44	2.5	Wyoming	21	20.0	7	2.2
Minnesota	89	20.9	59	4.2					
Mississippi	90	28.6	16	1.4	Puerto Rico	53	17.1	6	2.1
					Other Outlying Areas	5	0.8	0	0.0

¹ Includes long term, religious nonmedical healthcare institutions, psychiatric, rehabilitation, childrens', and critical access hospitals.

NOTES: Facility data as of end of December 2002. Beds per 1,000 enrollees based on HI enrollment data as of July 1, 2002.

SOURCE: CMS/ORDI

November 2003

**Medicare Skilled Nursing Facilities and Certified Beds by State
2002**

	Facilities	Beds		Facilities	Beds
All Areas	14,838	1,260,625			
United States	14,829	1,260,265	Missouri	464	27,751
Alabama	224	20,501	Montana	101	7,078
Alaska	15	519	Nebraska	175	11,552
Arizona	133	9,971	Nevada	42	4,840
Arkansas	191	13,517	New Hampshire	68	5,580
California	1,263	92,582	New Jersey	359	43,803
Colorado	200	15,331	New Mexico	71	3,090
Connecticut	244	30,119	New York	672	121,907
Delaware	37	3,324	North Carolina	413	35,062
District of Columbia	20	2,017	North Dakota	84	6,618
Florida	695	63,331	Ohio	916	72,997
Georgia	332	30,096	Oklahoma	238	16,972
Hawaii	41	3,447	Oregon	122	8,290
Idaho	79	5,824	Pennsylvania	739	67,255
Illinois	676	44,530	Rhode Island	97	7,896
Indiana	498	36,640	South Carolina	176	13,593
Iowa	336	22,644	South Dakota	90	6,252
Kansas	256	15,234	Tennessee	302	18,163
Kentucky	303	21,385	Texas	977	75,228
Louisiana	266	26,486	Utah	79	5,705
Maine	121	7,248	Vermont	43	3,227
Maryland	233	20,360	Virginia	240	16,121
Massachusetts	483	46,705	Washington	256	18,157
Michigan	388	33,844	West Virginia	119	8,271
Minnesota	404	37,202	Wisconsin	361	36,258
Mississippi	154	13,013	Wyoming	33	2,729
			U.S. Territories and Possessions	9	360

NOTE: Data as of December.

SOURCE: CMS/ORDI

November 2003

**Nursing Facilities Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State
2002**

	Nursing Facilities Title 19 Only	Institutions for Mentally Retarded		Nursing Facilities Title 19 Only	Institutions for Mentally Retarded
United States	1,078	6,749	Missouri	76	19
Alabama	5	8	Montana	1	2
Alaska	0	0	Nebraska	55	4
Arizona	1	13	Nevada	2	19
Arkansas	56	41	New Hampshire	15	1
California	87	1,085	New Jersey	0	9
Colorado	24	3	New Mexico	11	44
Connecticut	8	120	New York	2	750
Delaware	5	2	North Carolina	2	331
District of Columbia	1	131	North Dakota	0	66
Florida	8	107	Ohio	79	469
Georgia	30	13	Oklahoma	136	59
Hawaii	4	20	Oregon	23	1
Idaho	3	65	Pennsylvania	19	242
Illinois	178	315	Rhode Island	0	15
Indiana	50	573	South Carolina	0	136
Iowa	127	128	South Dakota	22	1
Kansas	119	38	Tennessee	37	83
Kentucky	0	14	Texas	161	904
Louisiana	55	473	Utah	11	14
Maine	0	25	Vermont	1	2
Maryland	13	5	Virginia	39	20
Massachusetts	16	7	Washington	11	15
Michigan	44	1	West Virginia	18	62
Minnesota	21	240	Wisconsin	46	39
Mississippi	50	13	Wyoming	6	2

NOTE: Data as of December.

SOURCE: CMS/ORDI

November 2003

Community Hospitals by State

2001 Annual Survey

	Beds per 1,000				Beds per 1,000		
	Hospitals	Beds	Resident Population		Hospitals	Beds	Resident Population
United States	4,908	825,966	2.9	Missouri	117	19,257	3.4
				Montana	53	4,463	4.9
Alabama	107	16,627	3.7	Nebraska	84	8,324	4.9
Alaska	19	1,442	2.3	Nevada	24	4,099	1.9
Arizona	61	10,732	2.0	New Hampshire	28	2,853	2.3
Arkansas	83	9,535	3.5				
California	384	73,291	2.1	New Jersey	78	24,580	2.9
				New Mexico	35	3,584	2.0
Colorado	66	9,442	2.1	New York	212	67,296	3.5
Connecticut	35	8,041	2.3	North Carolina	111	23,755	2.9
Delaware	5	1,853	2.3	North Dakota	40	3,717	5.9
District of Columbia	10	3,372	5.9				
Florida	202	51,762	3.2	Ohio	166	33,310	2.9
				Oklahoma	108	11,207	3.2
Georgia	147	24,113	2.9	Oregon	60	6,660	1.9
Hawaii	23	3,235	2.6	Pennsylvania	205	42,131	3.4
Idaho	40	3,439	2.6	Rhode Island	11	2,449	2.3
Illinois	192	36,834	3.0				
Indiana	110	19,036	3.1	South Carolina	62	11,282	2.8
				South Dakota	50	4,465	5.9
Iowa	116	11,538	3.9	Tennessee	123	20,600	3.6
Kansas	133	11,211	4.2	Texas	411	56,354	2.6
Kentucky	103	15,001	3.7	Utah	42	4,437	2.0
Louisiana	125	17,975	4.0				
Maine	37	3,844	3.0	Vermont	14	1,694	2.8
				Virginia	87	16,775	2.3
Maryland	49	11,234	2.1	Washington	84	11,382	1.9
Massachusetts	80	16,504	2.6	West Virginia	57	7,906	4.4
Michigan	145	25,630	2.6	Wisconsin	121	15,597	2.9
Minnesota	133	16,508	3.3	Wyoming	24	1,920	3.9
Mississippi	96	13,670	4.8				

NOTE: Includes total hospital and nursing unit beds.

SOURCE: American Hospital Associations' [2003 Hospital Statistics](#).

November 2003

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

	January 1999	January 2000	January 2001	January 2002	January 2003
Alabama	94.5	95.5	96.0	96.1	96.4
Alaska	81.4	82.9	83.7	86.1	87.2
Arizona	89.7	90.3	88.5	90.6	91.1
Arkansas	83.1	94.6	95.1	95.5	95.9
California	81.0	85.5	78.5	78.6	89.5
Colorado	84.6	87.4	88.4	89.5	90.0
Connecticut	88.7	89.3	89.9	90.5	93.4
Delaware	84.1	85.2	86.9	92.0	92.4
District of Columbia	81.0	84.1	85.2	90.8	91.3
Florida	77.6	90.1	92.1	92.9	92.5
Georgia	83.3	89.4	89.5	90.8	90.4
Hawaii	85.6	90.3	91.0	94.3	94.7
Idaho	75.6	77.6	79.4	80.8	84.0
Illinois	84.2	90.9	92.4	92.6	93.4
Indiana	79.0	83.2	85.1	85.5	87.4
Iowa	91.1	93.2	94.0	94.2	94.6
Kansas	94.7	94.2	94.4	94.6	95.4
Kentucky	92.3	93.8	93.3	93.7	94.0
Louisiana	73.5	91.7	92.1	92.3	92.4
Maine	93.8	94.3	93.6	93.7	94.8
Maryland	91.7	93.4	94.2	94.1	94.3
Massachusetts	94.0	94.9	91.7	92.1	96.0
Michigan	87.7	95.3	96.6	96.9	97.3
Minnesota	78.1	79.3	79.9	80.4	80.6
Mississippi	82.6	83.5	84.6	85.6	86.1
Missouri	89.2	87.9	90.0	95.6	94.0
Montana	84.7	86.6	88.6	89.9	90.9
Nebraska	92.4	92.7	93.2	93.8	94.6
Nevada	93.3	94.1	91.2	96.2	95.6
New Hampshire	92.2	93.1	90.8	91.1	94.0
New Jersey	80.1	82.8	84.5	87.4	88.9
New Mexico	89.3	89.9	91.1	92.6	93.3
New York	75.3	80.3	81.0	81.2	82.3
North Carolina	88.3	89.6	90.0	91.1	91.9
North Dakota	94.3	95.5	96.3	97.2	97.3
Ohio	93.2	93.9	94.2	95.5	95.7
Oklahoma	89.9	91.7	92.5	93.9	94.4
Oregon	89.8	90.7	91.2	92.8	93.4
Pennsylvania	83.5	85.5	94.3	95.8	96.4
Rhode Island	71.7	72.5	74.1	75.6	77.2
South Carolina	90.0	91.4	91.5	92.1	92.8
South Dakota	85.7	86.7	87.7	89.3	90.6
Tennessee	90.9	91.2	91.3	92.2	92.6
Texas	83.3	85.4	86.5	88.0	89.4
Utah	94.1	94.6	95.1	96.2	97.0
Vermont	91.8	92.9	94.8	94.9	93.8
Virginia	87.2	87.3	87.6	88.6	93.7
Washington	91.7	92.9	93.8	96.2	95.8
West Virginia	92.1	93.5	94.2	94.8	94.8
Wisconsin	89.4	90.9	92.7	94.5	95.0
Wyoming	86.4	87.1	87.3	87.7	88.0

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

SOURCE: CMS/OFM

November 2003

**Physician Assignment Rates as a Percent of Allowed Charges by State
Fiscal Year 2002**

CMS Region/State	Assignment Rate	CMS Region/State	Assignment Rate
National	99.4		
Alabama	99.8	Montana	99.0
Alaska	99.2	Nebraska	97.9
Arizona	96.1	Nevada	99.9
Arkansas	99.8	New Hampshire	99.5
California	99.4	New Jersey	98.6
Colorado	98.7	New Mexico	99.1
Connecticut	99.2	New York	98.9
Delaware	99.5	North Carolina	99.3
District of Columbia	98.9	North Dakota	99.5
Florida	99.6	Ohio	99.9
Georgia	99.5	Oklahoma	99.3
Hawaii	99.5	Oregon	98.8
Idaho	94.9	Pennsylvania	99.9
Illinois	99.2	Rhode Island	100.0
Indiana	99.5	South Carolina	99.6
Iowa	99.4	South Dakota	94.9
Kansas	99.6	Tennessee	99.7
Kentucky	99.6	Texas	99.4
Louisiana	99.7	Utah	99.7
Maine	99.8	Vermont	99.7
Maryland	99.4	Virginia	99.7
Massachusetts	99.9	Washington	99.3
Michigan	99.7	West Virginia	99.8
Minnesota	96.7	Wisconsin	99.6
Mississippi	99.7	Wyoming	95.6
Missouri	99.4		

SOURCE: CMS/OFM

November 2003

**Medicare Physicians and Other Medical Professionals by State ¹
2003**

State	Number	Percent of Total	State	Number	Percent of Total
Total	26,303 ²	100.0	Mississippi	6,289	0.7
Alabama	10,389	1.1	Montana	3,367	0.4
Alaska	2,161	0.2	North Carolina	25,715	2.8
Arizona	14,289	1.6	North Dakota	2,875	0.3
Arkansas	8,762	1.0	Nebraska	5,809	0.6
California	90,222	9.9	New Hampshire	5,853	0.6
Colorado	14,835	1.6	New Jersey	32,038	3.5
Connecticut	10,064	1.1	New Mexico	4,951	0.5
Delaware	2,689	0.3	Nevada	4,925	0.5
District Columbia	4,546	0.5	New York	74,194	8.1
Florida	51,245	5.6	Ohio	37,111	4.1
Georgia	22,944	2.5	Oklahoma	8,445	0.9
Hawaii ³	4,540	0.5	Oregon	11,834	1.3
Iowa	10,402	1.1	Pennsylvania	45,990	5.0
Idaho	3,687	0.4	Puerto Rico ⁴	6,891	0.8
Illinois	35,555	3.9	Rhode Island	3,430	0.4
Indiana	17,543	1.9	South Carolina	11,577	1.3
Kansas	8,971	1.0	South Dakota	2,709	0.3
Kentucky	12,473	1.4	Tennessee	19,309	2.1
Louisiana	15,668	1.7	Texas	52,595	5.8
Massachusetts	37,314	4.1	Utah	6,566	0.7
Maryland	21,154	2.3	Virginia	17,204	1.9
Maine	6,350	0.7	Vermont	3,029	0.3
Michigan	32,264	3.5	Washington	21,302	2.3
Minnesota	15,872	1.7	Wisconsin	19,198	2.1
Missouri	19,600	2.1	West Virginia	5,914	0.6
			Wyoming	1,635	0.2

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

² Total includes unknown. ³ Guam included in Hawaii. ⁴ Virgin Islands included in Puerto Rico.

NOTES: Percent total does not necessarily equal sum of rounded components. Data as of April 2003.

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

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VIII. FINANCING

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.

HIGHLIGHTS

- o The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.*
- o The Medicare Part A inpatient hospital deductible increased from \$40 in 1966 to \$840 in 2003.*
- o The Medicare Part B coinsurance has remained at 20 percent since the beginning of the program. The annual Part B deductible increased from \$50 beginning July 1966 to \$100 beginning January 1991.*
- o The Medicare Part B premiums increased from \$3 per month in 1966 to \$58.70 per month in 2003.*

Financing of Medicare Programs

Source of Income

HI Trust Fund

1. Payroll taxes *
2. Transfers from railroad retirement account
3. General revenue for
 - a. uninsured persons
 - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

* Contribution rate	
Employees and employers, each	1.45%
Self-employed	2.90%
Maximum taxable amount (CY 2003)	none ¹

Voluntary HI Premium ²

Monthly Premium (2003):	\$316
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SMI Trust Fund

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

Part B Premium

Monthly Basic Premium (2003):	\$58.70
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¹ The Omnibus Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.

² Premium paid for voluntary participation of individuals aged 65 and over not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement. A reduced premium of \$174 is available to individuals aged 65 and over 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.

SOURCE: CMS/OACT

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Financing of Medicaid Programs
Fiscal Year 2003

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

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

² After approval of an application for 90% rate by CMS.

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

SOURCE: CMS/CMSO

November 2003

**Medicare Cost Sharing and Premium Amounts for
Hospital Insurance ¹**

		Inpatient Hospital			SNF ³	Hospital Insurance
		Deductible (IHD)	Daily Coinsurance		Daily Coinsurance	Monthly Premium ⁴
		Covers first 60 days	61st through 90th days (1/4 x IHD)	LTR ² after 90 days (1/2 x IHD)	after 20 days (1/8 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

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 1988.

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 2003, the reduced premium is \$174.

SOURCE: CMS/OACT

November 2003

**Medicare Cost Sharing and Premium Amounts for
Supplementary Medical Insurance**

	Annual Deductible	Coinsurance	For Enrollee (aged and disabled) ¹	Monthly Premiums	
				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

¹ Beginning July 1973 for the disabled.

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 is \$100 for the years 1991 and later.

SOURCE: CMS/OACT

November 2003

**Medicare Annual Maximum Taxable Earnings and HI Contribution Rates
Calendar Years 1966 - 2003**

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

November 2003

**Title XIX
Federal Medical Assistance Percentages
Fiscal Years 2001 - 2004**

	2001	2002	2003	2003 TFMAP ¹	2004	2004 TFMAP ¹		2001	2002	2003	2003 TFMAP ¹	2004	2004 TFMAP ¹
Alabama	69.99	70.45	70.60	73.55	70.75	73.70	Missouri	61.03	61.06	61.23	64.18	61.47	64.42
Alaska ²	60.13	57.38	58.27	61.22	58.39	61.34	Montana	73.04	72.83	72.96	75.91	72.85	75.91
Arizona	65.77	64.98	67.25	70.20	67.26	70.21	Nebraska	60.38	59.55	59.52	62.50	59.89	62.84
Arkansas	73.02	72.64	74.28	77.23	74.67	77.62	Nevada	50.36	50.00	52.39	55.34	54.93	57.88
California	51.25	51.40	50.00	54.35	50.00	52.95	New Hampshire	50.00	50.00	50.00	52.95	50.00	52.95
Colorado	50.00	50.00	50.00	52.95	50.00	52.95	New Jersey	50.00	50.00	50.00	52.95	50.00	52.95
Connecticut	50.00	50.00	50.00	52.95	50.00	52.95	New Mexico	73.80	73.04	74.56	77.51	74.85	77.80
Delaware	50.00	50.00	50.00	52.95	50.00	52.95	New York	50.00	50.00	50.00	52.95	50.00	52.95
District of Columbia ³	70.00	70.00	70.00	72.95	70.00	72.95	North Carolina	62.47	61.46	62.56	65.51	62.85	65.80
Florida	56.62	56.43	58.83	61.78	58.93	61.88	North Dakota	69.99	69.87	68.36	72.82	68.31	71.31
Georgia	59.67	59.00	59.60	62.55	59.58	62.55	Ohio	59.03	58.78	58.83	61.78	59.23	62.18
Hawaii	53.85	56.34	58.77	61.72	58.90	61.85	Oklahoma	71.24	70.43	70.56	73.51	70.24	73.51
Idaho	70.76	71.02	70.96	73.97	70.46	73.91	Oregon	60.00	59.20	60.16	63.11	60.81	63.76
Illinois	50.00	50.00	50.00	52.95	50.00	52.95	Pennsylvania	53.62	54.65	54.69	57.64	54.76	57.71
Indiana	62.04	62.04	61.97	64.99	62.32	65.27	Rhode Island	53.79	52.45	55.40	58.35	56.03	58.98
Iowa	62.67	62.86	63.50	66.45	63.93	66.88	South Carolina	70.44	69.34	69.81	72.76	69.86	72.81
Kansas	59.85	60.20	60.15	63.15	60.82	63.77	South Dakota	68.31	65.93	65.29	68.88	65.67	68.62
Kentucky	70.39	69.94	69.89	72.89	70.09	73.04	Tennessee	63.79	63.64	64.59	67.54	64.40	67.54
Louisiana	70.53	70.30	71.28	74.23	71.63	74.58	Texas	60.57	60.17	59.99	63.12	60.22	63.17
Maine	66.12	66.58	66.22	69.53	66.01	69.17	Utah	71.44	70.00	71.24	74.19	71.72	74.67
Maryland	50.00	50.00	50.00	52.95	50.00	52.95	Vermont	62.40	63.06	62.41	66.01	61.34	65.36
Massachusetts	50.00	50.00	50.00	52.95	50.00	52.95	Virginia	51.85	51.45	50.53	54.40	50.00	53.48
Michigan	56.18	56.36	55.42	59.31	55.89	58.84	Washington	50.70	50.37	50.00	53.32	50.00	52.95
Minnesota	51.11	50.00	50.00	52.95	50.00	52.95	West Virginia	75.34	75.27	75.04	78.22	75.19	78.14
Mississippi	76.82	76.09	76.62	79.57	77.08	80.03	Wisconsin	59.29	58.57	58.43	61.52	58.41	61.38
							Wyoming	64.60	61.97	61.32	64.92	59.77	64.27
							Territories ⁴	50.00	50.00	50.00	52.95	50.00	52.95

¹ Temporary FMAPs established by Section 401 of the Jobs and Growth Tax Relief Reconciliation Act of 2003 (P.L. 108-27) available for certain expenditures for the last two quarters of Federal FY 2003 and the first three quarters of Federal FY 2004.

² Per Section 706 of Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (P.L. 106-554).

³ Per Section 4725 of the Balanced Budget Act of 1997 (P.L. 105-33).

⁴ Includes American Samoa, Guam, N. Mariana Islands, Puerto Rico and Virgin Islands. Subject to Federal share limit.

SOURCE: CMS/CMSO

November 2003

**Geographical Jurisdictions of CMS Regional Office
Federal Medical Assistance Percentages
and Enhanced Federal Medical Assistance Percentages
Fiscal Year 2004**

Region	FMAP	TFMAP ¹	EFMAP ²	Region	FMAP	TFMAP ¹	EFMAP ²
I. Boston				II. New York			
Connecticut	50.00	52.95	65.00	New Jersey	50.00	52.95	65.00
Maine	66.01	69.17	76.21	New York	50.00	52.95	65.00
Massachusetts	50.00	52.95	65.00	Puerto Rico	50.00	52.95	65.00
New Hampshire	50.00	52.95	65.00	Virgin Islands	50.00	52.95	65.00
Rhode Island	56.03	58.98	69.22				
Vermont	61.34	65.36	72.94	IV. Atlanta			
III. Philadelphia				Alabama	70.75	73.70	79.53
Delaware	50.00	52.95	65.00	Florida	58.93	61.88	71.25
District of Columbia	70.00	72.95	79.00	Georgia	59.58	62.55	71.71
Maryland	50.00	52.95	65.00	Kentucky	70.09	73.04	79.06
Pennsylvania	54.76	57.71	68.33	Mississippi	77.08	80.03	83.96
Virginia	50.00	53.48	65.00	North Carolina	62.85	65.80	74.00
West Virginia	75.19	78.14	82.53	South Carolina	69.86	72.81	78.90
V. Chicago				Tennessee	64.40	67.54	75.08
Illinois	50.00	52.95	65.00	VI. Dallas			
Indiana	62.32	65.27	73.62	Arkansas	74.67	77.62	82.27
Michigan	55.89	58.84	69.12	Louisiana	71.63	74.58	80.14
Minnesota	50.00	52.95	65.00	New Mexico	74.85	77.80	82.40
Ohio	59.23	62.18	71.46	Oklahoma	70.24	73.51	79.17
Wisconsin	58.41	61.38	70.89	Texas	60.22	63.17	72.15
VII. Kansas City				VIII. Denver			
Iowa	63.93	66.88	74.75	Colorado	50.00	52.95	65.00
Kansas	60.82	63.77	72.57	Montana	72.85	75.91	81.00
Missouri	61.47	64.42	73.03	North Dakota	68.31	71.31	77.82
Nebraska	59.89	62.84	71.92	South Dakota	65.67	68.62	75.97
IX. San Francisco				Utah	71.72	74.67	80.20
Arizona	67.26	70.21	77.08	Wyoming	59.77	64.27	71.84
California	50.00	52.95	65.00	X. Seattle			
Hawaii	58.90	61.85	71.23	Alaska	58.39	61.34	70.87
Nevada	54.93	57.88	68.45	Idaho	70.46	73.91	79.32
American Samoa	50.00	52.95	65.00	Oregon	60.81	63.76	72.57
Guam	50.00	52.95	65.00	Washington	50.00	52.95	65.00
N. Mariana Islands	50.00	52.95	65.00				

¹ Temporary FMAPs established by Section 401 (P.L. 108-27) available for certain expenditures for the first three quarters of Federal FY 2004.

² The "Enhanced Federal Medical Assistance Percentages" are for use in the State Children's Health Insurance Program (Title XXI), and Medicaid State Children's Health Insurance Program expansions under sections 1905(u)(2) and (u)(3).

SOURCE: CMS/CMSO

November 2003