### Program Data Medicare and Medicaid Populations

|                            | Fiscal Year |      |                          |                          |
|----------------------------|-------------|------|--------------------------|--------------------------|
|                            | 2000        | 2007 | <b>2008</b> <sup>1</sup> | <b>2009</b> <sup>1</sup> |
|                            | In millions |      |                          |                          |
| Medicare (Average Monthly) |             |      |                          |                          |
| HI and/or SMI              | 39.6        | 43.2 | 43.9                     | 44.6                     |
| Aged                       | 34.2        | 36.2 | 36.7                     | 37.4                     |
| Disabled                   | 5.4         | 7.0  | 7.2                      | 7.3                      |
| Prepaid Enrollment         | 6.7         | 8.3  | 9.8                      |                          |
| Part D (MA PD + PDP)       |             | 23.9 | 27.2                     |                          |
| Medicaid (monthly)         |             |      |                          |                          |
| Total (including other)    | 33.6        | 49.1 | 50.0                     | 50.8                     |
| Aged                       | 3.7         | 5.0  | 5.1                      | 5.2                      |
| Blind/Disabled             | 6.7         | 8.5  | 8.6                      | 8.7                      |
| Children                   | 16.2        | 23.5 | 24.0                     | 24.4                     |
| Adults                     | 6.9         | 11.1 | 11.3                     | 11.5                     |
| SCHIP (person years)       | 2.0         | 4.8  | 5.2                      | 4.0                      |
| SCHIP (ever enrolled)      | 3.4         | 7.5  | 8.1                      | 6.3                      |

<sup>1</sup>Estimated.

NOTES: Medicare and Medicaid populations are based on the President's FY 2009 Budget Projections. May not add due to rounding.

SOURCES: CMS, Office of the Actuary and Center for Drug and Health Plan Choice.

# Program Data Medicare Deductibles, Coinsurance, Premiums

|                                      | 1/1/2007     | 1/1/2008     |
|--------------------------------------|--------------|--------------|
| Part A                               |              |              |
| Premium                              | \$410.00     | \$423.00     |
| Inpatient deductible                 | 992.00       | 1,024.00     |
| Coinsurance per day                  | 248.00       | 256.00       |
| Coinsurance per lifetime reserve day | 496.00       | 512.00       |
| SNF Coinsurance per day              | 124.00       | 128.00       |
| Part B                               |              |              |
| Deductible                           | \$131.00     | \$135.00     |
| Premium <sup>1</sup>                 | 93.50-161.40 | 96.40-238.40 |

<sup>1</sup>Beginning in 2007, premium is income based.

SOURCE: CMS, Office of the Actuary.

# Program Data National Health Expenditures

|   | Calendar Year<br>2006 |  |
|---|-----------------------|--|
| (Except per capita, in billions of dollars) |                       |  |
| Total                                       | \$2,105.5             |  |
| % of GDP                                    | 16.0%                 |  |
| Per Capita                                  | 7,026.0               |  |
| Total Private                               | 1,135.2               |  |
| Total Public                                | 970.3                 |  |
| Federal                                     |                       |  |
| Total                                       | 704.9                 |  |
| Medicare                                    | 401.3                 |  |
| Medicaid + SCHIP                            | 180.0                 |  |
| Other                                       | 123.6                 |  |
| State and Local                             |                       |  |
| Total                                       | 265.4                 |  |
| Medicaid + SCHIP                            | 136.9                 |  |
| Other                                       | 128.5                 |  |

SOURCE: CMS, Office of the Actuary.

|   | Providers |
|---|-----------|
| Mediaere Institutional Providera (12/07)            | Counts    |
| Medicare Institutional Providers (12/07)            | 6.462     |
| Total Hospitals (SSH & Non-SSH)<br>SSHs             | 6,163     |
|   | 3,675     |
| Home Health Agencies                                | 9,024     |
| Skilled Nursing Facilities                          | 15,054    |
| Independent and CLIA Laboratories                   | 206,065   |
| Outpatient Physical Therapy and/or Speech Pathology | 2,915     |
| Rural Health Clinics                                | 3,781     |
| Federally Qualified Health Centers                  | 3,638     |
| Ambulatory Surgical Centers                         | 4,964     |
| Comprehensive Outpatient Rehabilitation Facilities  | 539       |
| Portable X-Ray                                      | 550       |
| Organ Procurement Organizations                     | 64        |
| Community Mental Health Centers                     | 640       |
| Hospices  | 3,255     |
| Medicare Medical Practitioners (07/07)              |           |
| Physicians (Medical Doctors)                        | 667,340   |
| Other Doctors                                       | 126,006   |
| Non-Physician Practitioners                         | 294,499   |
| Medicare Prepaid Contracts (04/08)                  |           |
| Total Prepaid Plans (MA + Others)                   | 726       |
| Total PDPs  | 102       |

### Program Data Medicare Providers

SOURCE: CMS, Office of Research, Development and Information.

# Program Data Medicare Claims Processing

|                | Fiscal Year |       |       |  |
|----------------|-------------|-------|-------|--|
|                | 2005        | 2006  | 2007  |  |
|                | In millions |       |       |  |
| Intermediaries | 185.6       | 185.4 | 185.7 |  |
| Carriers       | 981.9       | 971.7 | 972.0 |  |

SOURCE: CMS, Office of Finanacial Management.

### CMS FINANCIAL DATA

| Federal Entitlement Spending                        | FY 2006<br>\$  | FY 2007<br>in billions | FY 2008 <sup>1</sup> |
|---|----------------|------------------------|----------------------|
| Medicare benefits (excl. admin. & QIO) <sup>2</sup> | \$375.2        | \$434.6                | \$459.1              |
| Transitional & Part D Drug benefits (non-additive)  | (31.9)         | (49.1)                 | (45.1)               |
| Total Medicaid (includes State admin.)              | 180.6          | 190.6                  | 203.8                |
| (Medicaid benefit paymentsnon-additive)             | (171.5)        | (181.1)                | (193.6)              |
| State Children's Health Ins. Prog.                  | <u>5.5</u>     | <u>6.0</u>             | <u>7.6</u>           |
| Total Federal Entitlement Spending                  | \$561.3        | \$631.2                | \$670.5              |
| Program Management (enacted) <sup>3</sup>           | \$             | in millions            |                      |
| Medicare Operations                                 | \$2,147.2      | \$2,159.2              | \$2,158.9            |
| Federal Administration                              | 633.0          | 642.3                  | 631.1                |
| State Survey and Certification                      | 258.1          | 258.1                  | 281.2                |
| Research, Demonstration and Evaluation              | 57.4           | 57.4                   | 31.3                 |
| 06/07 Revitalization Plan; 08 High Risk Pools       | <u>24.0</u>    | <u>24.0</u>            | <u>49.1</u>          |
| Total Discretionary Appropriation                   | \$3,119.8      | \$3,141.1              | \$3,151.7            |
| DRA (P.L. 109-171)                                  | 74.0           | 0.0                    | 0.0                  |
| TRHCA (P.L. 109-432)                                | 0.0            | 105.0                  | 0.0                  |
| MMSEA (P.L. 110-173)                                | 0.0            | 0.0                    | 115.0                |
| Total Program Mgt (including mandatory)             | \$3,193.8      | \$3,246.1              | \$3,266.7            |
| Current Law User Fees                               | <u>100.9</u>   | <u>223.7</u>           | <u>141.1</u>         |
| Total Program Level                                 | \$3,294.7      | \$3,469.7              | \$3,407.8            |
| Health Care Fraud and Abuse Control <sup>4</sup>    | \$             | \$ in millions         |                      |
| Medicare Integrity Program                          | \$832.0        | \$744.0                | \$756.0              |
| FBI   | 114.0          | 118.2                  | 120.9                |
| OIG & Wedge   | 240.6          | <u>249.5</u>           | <u>255.2</u>         |
| Total HCFAC Funding                                 | \$1,186.6      | \$1,111.7              | \$1,132.1            |
| State Grants & Demonstrations Spending              | \$ in millions |                        |                      |
| Varied programs; predominantly Katrina relief       | \$1,339.1      | \$1,275.3              | \$930.0              |
| FTE Employment                                      | 4,716          | 4,526                  | 4,477                |
| <sup>1</sup> Estimated.                             |                |                        |                      |

<sup>2</sup> Includes the SMI transfer to Medicaid in all fiscal years.
<sup>3</sup> Reorganized. Based on current rate.
<sup>4</sup> Basis changed.

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

SOURCE: CMS, Office of Financial Management.