**Table I.1**
**Medicare enrollment/trends**

| | Total persons | Aged persons | Disabled persons |
|---|---|---|---|
| July | | In millions | |
| 1966 | 19.1 | 19.1 | -- |
| 1970 | 20.4 | 20.4 | -- |
| 1975 | 24.9 | 22.7 | 2.2 |
| 1980 | 28.4 | 25.5 | 3.0 |
| 1985 | 31.1 | 28.1 | 2.9 |
| 1990 | 34.3 | 31.0 | 3.3 |
| 1995 | 37.6 | 33.2 | 4.4 |
| Average monthly | | | |
| 2000 | 39.7 | 34.3 | 5.4 |
| 2001 | 40.1 | 34.5 | 5.6 |
| 2002 | 40.5 | 34.7 | 5.8 |
| 2003 | 41.2 | 35.0 | 6.2 |
| 2004 | 41.9 | 35.4 | 6.5 |
| 2005 | 42.6 | 35.8 | 6.8 |
| 2006 | 43.4 | 36.3 | 7.1 |
| 2007 | 44.1 | 36.9 | 7.2 |
| 2008 | 44.8 | 37.5 | 7.3 |

NOTES: Represents those enrolled in HI (Part A) and/or SMI (Part B and Part D) of Medicare. Data for 1966-1995 are as of July. Data for 2000-2008 represent average actual or projected monthly enrollment. Numbers may not add to totals because of rounding. Based on FY 2009 President's Budget.

SOURCE: CMS, Office of the Actuary.

**Table I.2**
**Medicare enrollment/coverage**

| | HI and/or SMI | HI | SMI | | HI and SMI | HI Only | SMI Only |
|---|---|---|---|---|---|---|---|
| | | | Part B | Part D | | | |
| | In millions | | | | | | |
| All persons | 44.6 | 44.3 | 41.3 | 31.8 | 40.9 | 3.4 | 0.3 |
| Aged persons | 37.4 | 37.0 | 34.8 | -- | 34.5 | 2.5 | 0.3 |
| Disabled persons | 7.3 | 7.3 | 6.4 | -- | 6.4 | 0.9 | ([1]) |

[1]Less than 500.

NOTES: Projected average monthly enrollment during fiscal year 2008. Aged/disabled split of Part D enrollment not available. Based on FY 2009 President's Budget.

SOURCE: CMS, Office of the Actuary.

**Table I.3**
**Medicare enrollment/demographics**

| | Total | Male | Female |
|---|---|---|---|
| | | In thousands | |
| All persons | 44,263 | 19,621 | 24,642 |
| Aged | 36,966 | 15,756 | 21,210 |
| 65-74 years | 19,077 | 8,878 | 10,198 |
| 75-84 years | 12,764 | 5,267 | 7,497 |
| 85 years and over | 5,125 | 1,610 | 3,515 |
| Disabled | 7,297 | 3,866 | 3,432 |
| Under 45 years | 1,815 | 986 | 829 |
| 45-54 years | 2,280 | 1,208 | 1,071 |
| 55-64 years | 3,202 | 1,671 | 1,531 |
| White | 36,907 | 16,367 | 20,539 |
| Black | 4,447 | 1,898 | 2,549 |
| All Other | 2,838 | 1,328 | 1,509 |
| Native American | 186 | 83 | 102 |
| Asian/Pacific | 804 | 348 | 456 |
| Hispanic | 1,082 | 507 | 575 |
| Other | 766 | 391 | 376 |
| Unknown Race | 72 | 27 | 45 |

NOTES: Data as of July 1, 2007. Numbers may not add to totals because of rounding.

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

**Table I.4**
**Medicare Part D enrollment/demographics**

| | Total | Male | Female |
|---|---|---|---|
| | | In thousands | |
| All persons | 25,301 | 10,165 | 15,135 |
| | | | |
| Aged | | | |
| 65-74 years | 10,286 | 4,336 | 5,950 |
| 75-84 years | 7,095 | 2,560 | 4,535 |
| 85 years and over | 2,881 | 750 | 2,131 |
| | | | |
| Disabled | | | |
| Under 45 years | 1,426 | 768 | 658 |
| 45-54 years | 1,594 | 829 | 766 |
| 55-64 years | 2,018 | 924 | 1,095 |

NOTE: Data as of March 2008, as recorded in MIIR. Totals may not add due to rounding.

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

**Table I.5**
**Medicare enrollment/end stage renal disease trends**

| | HI and/or SMI | HI | SMI |
|---|---|---|---|
| | | In thousands | |
| Year | | | |
| 1980 | 66.7 | 66.3 | 64.9 |
| 1990 | 172.0 | 170.6 | 163.7 |
| 1995 | 257.0 | 255.0 | 245.1 |
| 2000 [1] | 291.8 | 291.3 | 273.1 |
| 2004 [1] | 359.4 | 359.3 | 341.2 |
| 2005 [1] | 371.2 | 371.1 | 351.9 |
| 2006 [1] | 385.4 | 385.2 | 365.0 |
| 2007 [1] | 395.8 | 395.7 | 374.9 |

[1]Denominator File; estimated person years.

NOTES: Data prior to 2000 are as of July 1; estimated person years 2000-2007.

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

**Table I.6**
**Medicare enrollment/end stage renal disease demographics**

| | Number of enrollees (in thousands) |
|---|---|
| All persons | 443.7 |
| Age | |
| Under 35 years | 27.1 |
| 35-44 years | 41.7 |
| 45-64 years | 175.0 |
| 65 years and over | 199.8 |
| Sex | |
| Male | 248.5 |
| Female | 195.2 |
| Race | |
| White | 241.0 |
| Other | 200.5 |
| Unknown | 2.2 |

NOTES: Denominator Enrollment File. Represents persons with ESRD ever enrolled during calendar year 2007.

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

**Table I.7**
**Medicare advantage, cost, PACE, demo, & prescription drug**

| | Number of Contracts | MA only | Drug Plan | Total |
|---|---|---|---|---|
| | | (Enrollees in thousands) | | |
| Total prepaid[1] | 726 | 1,644 | 8,198 | 9,841 |
| Local CCPs | 509 | 411 | 6,555 | 6,966 |
| PFFS | 77 | 941 | 1,199 | 2,141 |
| Demos | 17 | 1 | 4 | 4 |
| 1876 Cost | 25 | 105 | 166 | 271 |
| 1833 Cost (HCPP) | 13 | 75 | -- | 75 |
| PACE | 48 | -- | 14 | 14 |
| Other plans[2] | 37 | 112 | 260 | 371 |
| Total PDPs[1] | 102 | -- | 17,378 | 17,378 |
| Total | 828 | 1,644 | 25,575 | 27,219 |

[1]Totals include beneficiaries enrolled in employer/union only group plans (contracts with "800 series" plan IDs). Where a beneficiary is enrolled in both an 1876 cost or PFFS plan and a PDP plan, both enrollments are reflected in these counts.
[2]Includes MSA, EPFFS, Pilot, and RPPOs.

NOTE: Data as of April 2008.

SOURCE: CMS, Center for Drug and Health Plan Choice.

**Table I.8**
**Medicare enrollment/CMS region**

| | Resident population[1] | Medicare enrollees[2] | Enrollees as percent of population |
|---|---|---|---|
| | | In thousands | |
| All regions | 301,621 | 43,259 | 14.3 |
| | | | |
| Boston | 14,264 | 2,261 | 15.9 |
| New York | 27,984 | 4,098 | 14.6 |
| Philadelphia | 29,028 | 4,529 | 15.6 |
| Atlanta | 59,210 | 9,243 | 15.6 |
| Chicago | 51,536 | 7,611 | 14.8 |
| Dallas | 36,620 | 4,694 | 12.8 |
| Kansas City | 13,417 | 2,126 | 15.8 |
| Denver | 10,423 | 1,277 | 12.2 |
| San Francisco | 46,741 | 5,717 | 12.2 |
| Seattle | 12,399 | 1,704 | 13.7 |

[1]Estimated July 1, 2007 resident population.

[2]Medicare enrollment file data are as of July 1, 2007. Excludes beneficiaries living in territories, possessions, foreign countries or with residence unknown.

NOTES: Resident population is a provisional estimate based on 50 States and the District of Columbia. Numbers may not add to totals because of rounding.

SOURCES: CMS, Office of Research, Development, and Information; U.S. Bureau of the Census.

**Table I.9**
**Medicare enrollment by health delivery system**

| | Total Enrollees | Fee-for-Service Enrollees | Managed Care Enrollees |
|---|---|---|---|
| | | In thousands | |
| All regions[1] | 44,263 | 35,490 | 8,773 |
| | | | |
| Boston | 2,261 | 1,954 | 308 |
| New York | 4,734 | 3,570 | 1,164 |
| Philadelphia | 4,529 | 3,581 | 948 |
| Atlanta | 9,243 | 7,676 | 1,568 |
| Chicago | 7,611 | 6,416 | 1,195 |
| Dallas | 4,694 | 3,999 | 695 |
| Kansas City | 2,126 | 1,854 | 272 |
| Denver | 1,277 | 1,010 | 267 |
| San Francisco | 5,732 | 3,821 | 1,911 |
| Seattle | 1,704 | 1,263 | 441 |

[1]Includes foreign residents and residence unknown.

NOTES: Data as of July 1, 2007. Totals may not add due to rounding.

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

**Table I.10**
**Medicare Part D enrollment by CMS region**

| | Total Medicare Enrollees | Total Part D Enrollees | % of Total Enrollees |
|---|---|---|---|
| | In thousands | | |
| All regions[1] | 44,480 | 25,325 | 56.9 |
| Boston | 2,283 | 1,248 | 54.7 |
| New York | 4,779 | 2,650 | 55.5 |
| Philadelphia | 4,588 | 2,477 | 54.0 |
| Atlanta | 9,378 | 5,404 | 57.6 |
| Chicago | 7,700 | 4,017 | 52.2 |
| Dallas | 4,767 | 2,701 | 56.7 |
| Kansas City | 2,144 | 1,317 | 61.4 |
| Denver | 1,297 | 750 | 57.8 |
| San Francisco | 5,810 | 3,808 | 65.5 |
| Seattle | 1,732 | 951 | 54.9 |

[1]Includes beneficiaries with pending State designation.

NOTE: Data as of March 2008, as recorded in MIIR.

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

**Table I.11**
**Medicare Part D enrollment by plan type**

| | Total Part D Enrollees | Total PDP Enrollees | Total MA-PD Enrollees |
|---|---|---|---|
| | | In thousands | |
| All regions[1] | 25,325 | 17,209 | 8,117 |
| | | | |
| Boston | 1,248 | 943 | 305 |
| New York | 2,650 | 1,558 | 1,092 |
| Philadelphia | 2,477 | 1,665 | 811 |
| Atlanta | 5,404 | 3,885 | 1,520 |
| Chicago | 4,017 | 2,977 | 1,040 |
| Dallas | 2,701 | 2,031 | 671 |
| Kansas City | 1,317 | 1,076 | 241 |
| Denver | 750 | 508 | 242 |
| San Francisco | 3,808 | 1,938 | 1,870 |
| Seattle | 951 | 627 | 324 |

[1]Includes beneficiaries with pending State designation.

NOTES: Data as of March 2008, as recorded in MIIR. Totals may not add due to rounding.

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

**Table I.12**
**Medicare Part D and RDS enrollment**

| | Total Part D and RDS Enrollees | Total Part D Enrollees | Total RDS |
|---|---|---|---|
| | | In thousands | |
| All regions[1] | 31,782 | 25,325 | 6,457 |
| Boston | 1,626 | 1,248 | 378 |
| New York | 3,464 | 2,650 | 814 |
| Philadelphia | 3,116 | 2,477 | 639 |
| Atlanta | 6,656 | 5,404 | 1,252 |
| Chicago | 5,638 | 4,017 | 1,621 |
| Dallas | 3,321 | 2,701 | 620 |
| Kansas City | 1,535 | 1,317 | 218 |
| Denver | 889 | 750 | 139 |
| San Francisco | 4,380 | 3,808 | 572 |
| Seattle | 1,149 | 951 | 198 |

[1]Includes beneficiaries with pending State designation.

NOTES: Data as of March 2008, as recorded in MIIR. Totals may not add due to rounding.

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

**Table I.13**
**Social Security Area Projected Population[1]**

| | 2010 | 2020 | 2040 | 2060 | 2080 | 2100 |
|---|---|---|---|---|---|---|
| | | | In millions | | | |
| Total | 317 | 345 | 392 | 430 | 472 | 513 |
| Under 20 | 86 | 90 | 99 | 107 | 115 | 123 |
| 20-64 | 191 | 201 | 216 | 236 | 256 | 274 |
| 65 years and over | 40 | 54 | 77 | 87 | 101 | 116 |

[1] As of July 1.

SOURCE: Social Security Administration, Office of the Chief Actuary, based on the 2008 Trustees Report.

**Table I.14**
**Period life expectancy at age 65,**
**Historical and Projected Intermediate Alternative**

| | Male | Female |
|---|---|---|
| Year | In years | |
| 1965 | 12.9 | 16.3 |
| 1980 | 14.0 | 18.4 |
| 1990 | 15.1 | 19.1 |
| 2000 | 15.9 | 19.0 |
| 2010 [1] | 16.9 | 19.3 |
| 2020 [1] | 17.6 | 19.8 |
| 2030 [1] | 18.2 | 20.3 |
| 2040 [1] | 18.8 | 20.9 |
| 2050 [1] | 19.3 | 21.4 |
| 2060 [1] | 19.8 | 21.9 |
| 2070 [1] | 20.3 | 22.4 |
| 2080 [1] | 20.8 | 22.8 |
| 2090 [1] | 21.3 | 23.3 |
| 2100 [1] | 21.7 | 23.7 |

[1]Preliminary.

SOURCE: Social Security Administration, Office of the Chief Actuary, based on the 2008 Trustees Report.

**Table I.15**
**Life expectancy at birth and at age 65 by race/trends**

| Calendar Year | All Races | White | Black |
|---|---|---|---|
| | | At Birth | |
| 1950 | 68.2 | 69.1 | 60.8 |
| 1980 | 73.7 | 74.4 | 68.1 |
| 1990 | 75.4 | 76.1 | 69.1 |
| 1995 | 75.8 | 76.5 | 69.6 |
| 2000 | 77.0 | 77.6 | 71.9 |
| 2004 | 77.8 | 78.3 | 73.1 |
| 2005 | 77.8 | 78.3 | 73.2 |
| | | At Age 65 | |
| 1950 | 13.9 | --- | 13.9 |
| 1980 | 16.4 | 16.5 | 15.1 |
| 1990 | 17.2 | 17.3 | 15.4 |
| 1995 | 17.4 | 17.6 | 15.6 |
| 2000 | 18.0 | 18.0 | 16.2 |
| 2004 | 18.7 | 18.7 | 17.1 |
| 2005 | 18.7 | 18.8 | 17.2 |

SOURCE: Public Health Service, Health United States, 2007.

**Table I.16**
**Medicaid and SCHIP enrollment**

| | Fiscal year | | | | | |
|---|---|---|---|---|---|---|
| | 1990 | 1995 | 2000 | 2005 | 2007 | 2008 |
| | Average monthly enrollment in millions | | | | | |
| Total | 22.9 | 34.2 | 34.5 | 46.5 | 49.1 | 50.0 |
| Age 65 years and over | 3.1 | 3.7 | 3.7 | 4.6 | 5.0 | 5.1 |
| Blind/Disabled | 3.8 | 5.8 | 6.7 | 8.1 | 8.5 | 8.6 |
| Children | 10.7 | 16.5 | 16.2 | 22.3 | 23.5 | 24.0 |
| Adults | 4.9 | 6.7 | 6.9 | 10.6 | 11.1 | 11.3 |
| Other Title XIX[1] | 0.5 | 0.6 | NA | NA | NA | NA |
| Territories | NA | 0.8 | 0.9 | 1.0 | 1.0 | 1.0 |
| SCHIP | NA | NA | 2.0 | 4.4 | 4.8 | 5.2 |
| | Unduplicated annual enrollment in millions | | | | | |
| Total | NA | 43.3 | 44.3 | 58.4 | 61.7 | 62.8 |
| Age 65 years and over | NA | 4.4 | 4.3 | 5.3 | 5.9 | 5.9 |
| Blind/Disabled | NA | 6.5 | 7.5 | 8.9 | 9.4 | 9.5 |
| Children | NA | 21.3 | 21.1 | 28.1 | 29.5 | 30.2 |
| Adults | NA | 9.4 | 10.5 | 15.1 | 15.9 | 16.2 |
| Other Title XIX[1] | NA | 0.9 | NA | NA | NA | NA |
| Territories | NA | 0.8 | 0.9 | 1.0 | 1.0 | 1.0 |
| SCHIP | NA | NA | 3.4 | 6.8 | 7.7 | 8.4 |

[1]In 1997, the Other Title XIX category was dropped and the enrollees therein were subsumed in the remaining categories.

NOTES: Aged and Blind/Disabled eligibility groups include Qualified Medicare Beneficiaries (QMB) and Specified Low-Income Medicare Beneficiaries (SLMB). Children and Adult groups include both AFDC/TANF and poverty-related recipients who are not disabled. Medicaid enrollment excludes Medicaid expansion SCHIP programs. SCHIP numbers include adults covered under waivers. Medicaid figures for FY 2006-2008 and SCHIP figures for FY 2008 are estimates from the President's FY 2009 budget. Enrollment for Territories for FY 2000 and later is estimated. Numbers may not add to totals because of rounding.

SOURCES: CMS, Office of the Actuary, and the Center for Medicaid and State Operations.

**Table I.17**
**Medicaid eligibles/demographics**

| | Fiscal year 2005 Medicaid eligibles | Percent distribution |
|---|---|---|
| | In millions | |
| Total eligibles | 58.7 | 100.0 |
| | | |
| Age | 58.7 | 100.0 |
| Under 21 | 31.9 | 54.3 |
| 21-64 years | 20.8 | 35.4 |
| 65 years and over | 6.0 | 10.2 |
| Unknown | 0.1 | 0.2 |
| | | |
| Sex | 58.7 | 100.0 |
| Male | 23.8 | 40.6 |
| Female | 34.8 | 59.3 |
| Unknown | 0.1 | 0.2 |
| | | |
| Race | 58.7 | 100.0 |
| White, not Hispanic | 24.9 | 42.4 |
| Black, not Hispanic | 13.6 | 23.2 |
| Am. Indian/Alaskan Native | 0.8 | 1.4 |
| Asian | 1.7 | 2.9 |
| Hawaiian/Pacific Islander | 0.6 | 1.0 |
| Hispanic | 13.9 | 23.7 |
| Other | 0.1 | 0.2 |
| Unknown | 3.2 | 5.5 |

NOTES: The percent distribution is based on unrounded numbers. Totals do not necessarily equal the sum of rounded components. Eligible is defined as any one eligible and enrolled in the Medicaid program at some point during the fiscal year, regardless of duration of enrollment, receipt of a paid medical service, or whether or not a capitated premium for managed care or private health insurance coverage has been made.

SOURCES: CMS, Center for Medicaid and State Operations, and Office of Research, Development, and Information.

**Table I.18**
**Medicaid eligibles/CMS region**

| | Resident population[1] | Medicaid enrollment[2] | Enrollment as percent of population |
|---|---|---|---|
| | In thousands | | |
| All regions | 295,896 | 59,046 | 20.0 |
| | | | |
| Boston | 14,217 | 2,572 | 18.0 |
| New York | 27,920 | 6,087 | 21.8 |
| Philadelphia | 28,727 | 4,464 | 15.5 |
| Atlanta | 57,378 | 11,573 | 20.2 |
| Chicago | 51,199 | 9,136 | 17.8 |
| Dallas | 35,564 | 7,122 | 20.0 |
| Kansas City | 13,240 | 2,234 | 16.9 |
| Denver | 10,038 | 1,227 | 12.3 |
| San Francisco | 45,619 | 12,528 | 27.5 |
| Seattle | 11,996 | 2,102 | 17.5 |

[1]Estimated July 1, 2005 population.

[2]Persons ever enrolled in Medicaid during fiscal year 2005.

NOTES: Numbers may not add to totals because of rounding. Resident population is a provisional estimate. Excludes data for Puerto Rico, Virgin Islands, and Outlying Areas.

SOURCES: CMS, Office of Research, Development, and Information; U.S. Department of Commerce, Bureau of the Census.

**Table I.19**
**Medicaid beneficiaries/State buy-ins for Medicare**

| | 1975 [1] | 1980 [1] | 2000 [2] | 2007 [2] |
|---|---|---|---|---|
| Type of Beneficiary | | In thousands | | |
| All buy-ins | 2,846 | 2,954 | 5,549 | 7,307 |
| Aged | 2,483 | 2,449 | 3,632 | 4,422 |
| Disabled | 363 | 504 | 1,917 | 2,885 |
| | | Percent of SMI enrollees | | |
| All buy-ins | 12.0 | 10.9 | 14.9 | 17.8 |
| Aged | 11.4 | 10.0 | 11.1 | 12.7 |
| Disabled | 18.7 | 18.9 | 40.2 | 46.0 |

[1]Beneficiaries for whom the State paid the SMI premium during the year.
[2]Beneficiaries in person years.

NOTE: Numbers may not add to totals because of rounding.

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

**Table II.1**
**Inpatient hospitals/trends**

| | 1990 | 2000 | 2006 | 2007 |
|---|---|---|---|---|
| Total hospitals | 6,522 | 5,985 | 6,177 | 6,163 |
| Beds in thousands | 1,105 | 991 | 939 | 934 |
| Beds per 1,000 enrollees[1] | 32.8 | 25.3 | 21.8 | 21.3 |
| Short-stay | 5,549 | 4,900 | 3,702 | 3,675 |
| Beds in thousands | 970 | 873 | 803 | 797 |
| Beds per 1,000 enrollees[1] | 28.8 | 22.3 | 18.7 | 18.1 |
| Critical access hospitals | NA | NA | 1,284 | 1,288 |
| Beds in thousands | --- | --- | 29 | 30 |
| Beds per 1,000 enrollees[1] | --- | --- | 0.7 | 0.7 |
| Other non-short-stay | 973 | 1,085 | 1,191 | 1,200 |
| Beds in thousands | 135 | 118 | 107 | 108 |
| Beds per 1,000 enrollees[1] | 4.0 | 3.0 | 2.5 | 2.4 |

[1]Based on number of total HI enrollees as of July 1.

NOTES: Facility data are as of December 31 and represent essentially those facilities eligible to participate the start of the next calendar year. Facilities certified for Medicare are deemed to meet Medicaid standards.

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

**Table II.2**
**Medicare assigned claims/CMS region**

| | Net assignment rates | | |
|---|---|---|---|
| | 2005 | 2006 | 2007 |
| All regions | 98.8 | 99.0 | 99.1 |
| Boston | ([1]) | ([1]) | ([1]) |
| New York | 98.8 | 98.8 | 99.0 |
| Philadelphia | 99.2 | 99.4 | 99.7 |
| Atlanta | 98.6 | 99.1 | 99.3 |
| Chicago | 98.6 | 98.7 | 98.9 |
| Dallas | 98.6 | 99.1 | 99.2 |
| Kansas City | 98.6 | 98.8 | 99.0 |
| Denver | 98.1 | 98.3 | 99.0 |
| San Francisco | 99.3 | 99.3 | 99.4 |
| Seattle | 95.2 | 97.2 | 96.2 |

[1] No carriers in the Boston region.

NOTE: Calendar year data.

SOURCE: CMS, Office of Financial Management.

**Table II.3**
**Medicare hospital and SNF/NF/ICF facility counts**

| | |
|---|---|
| Total participating hospitals | 6,163 |
| Short-term hospitals | 3,669 |
| Psychiatric units | 1,265 |
| Rehabilitation units | 972 |
| Swing bed units | 556 |
| Psychiatric | 488 |
| Long-term | 394 |
| Rehabilitation | 221 |
| Childrens | 78 |
| Religious non-medical | 19 |
| Critical access | 1,294 |
| Non-participating Hospitals | 757 |
| Emergency | 407 |
| Federal | 350 |
| All SNFs/SNF-NFs/NFs only | 15,796 |
| All SNFs/SNF-NFs | 15,038 |
| Title 18 Only SNF | 824 |
| Hospital-based | 349 |
| Free-standing | 475 |
| Title 18/19 SNF/NF | 14,214 |
| Hospital-based | 758 |
| Free-standing | 13,456 |
| Title 19 only NFs | 758 |
| Hospital-based | 139 |
| Free-standing | 619 |
| All ICF-MR facilities | 6,429 |

NOTES: The table is designed to give a "snapshot" as of April 2008 of institutional providers participating in the program by type of provider (short term, long term, rehab., etc.). Numbers may differ from other reports and program memoranda.

SOURCES: CMS, CMM, CMSO, and ORDI.

**Table II.4**
**Long-term facilities/CMS region**

| | Title XVIII and XVIII/XIX SNFs[1] | Nursing Facilities | IMRs[2] |
|---|---|---|---|
| All regions[3] | 15,054 | 780 | 6,443 |
| | | | |
| Boston | 995 | 15 | 152 |
| New York | 1,026 | 2 | 590 |
| Philadelphia | 1,374 | 47 | 419 |
| Atlanta | 2,618 | 68 | 649 |
| Chicago | 3,302 | 176 | 1,516 |
| Dallas | 1,929 | 140 | 1,567 |
| Kansas City | 1,364 | 179 | 191 |
| Denver | 578 | 49 | 89 |
| San Francisco | 1,422 | 77 | 1,190 |
| Seattle | 446 | 27 | 80 |

[1]Skilled nursing facilities.

[2]Institutions for mentally retarded.

[3]All regions' totals include U.S. Possessions and Territories.

NOTE: Data as of December 2007.

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

**Table II.5**
**Other Medicare providers and suppliers/trends**

| | 1975 | 1980 | 2006 | 2007 |
|---|---|---|---|---|
| Home health agencies | 2,242 | 2,924 | 8,618 | 9,024 |
| Independent and Clinical Lab Improvement Act Facilities | NA | NA | 199,817 | 206,065 |
| End stage renal disease facilities | NA | 999 | 4,892 | 5,095 |
| Outpatient physical therapy and/or speech pathology | 117 | 419 | 3,009 | 2,915 |
| Portable X-ray | 132 | 216 | 549 | 550 |
| Rural health clinics | NA | 391 | 3,723 | 3,781 |
| Comprehensive outpatient rehabilitation facilities | NA | NA | 589 | 539 |
| Ambulatory surgical centers | NA | NA | 4,707 | 4,964 |
| Hospices | NA | NA | 3,071 | 3,255 |

NOTES: Facility data for selected years 1975 and 1980 are as of July 1. Facility data for 2006 and 2007 are as of December 31.

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

**Table II.6**
**Selected facilities/type of control**

| | Short-stay hospitals | Skilled nursing facilities | Home health agencies |
|---|---|---|---|
| Total facilities | 3,675 | 15,054 | 9,024 |
| | | Percent of total | |
| Non-profit | 60.1 | 26.8 | 23.0 |
| Proprietary | 20.2 | 67.9 | 67.4 |
| Government | 19.6 | 5.2 | 9.6 |

NOTES: Data as of December 31, 2007. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent distribution may not add to 100 percent due to rounding.

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

**Table II.7**
**Periodic interim payment (PIP) facilities/trends**

| | 1980 | 1990 | 2000 | 2006 | 2007 |
|---|---|---|---|---|---|
| Hospitals | | | | | |
| Number of PIP | 2,276 | 1,352 | 869 | 639 | 565 |
| Percent of total participating | 33.8 | 20.6 | 14.4 | 10.3 | 9.1 |
| Skilled nursing facilities | | | | | |
| Number of PIP | 203 | 774 | 1,236 | 837 | 462 |
| Percent of total participating | 3.9 | 7.3 | 8.3 | 5.6 | 3.1 |
| Home health agencies | | | | | |
| Number of PIP | 481 | 1,211 | 1,038 | 90 | 85 |
| Percent of total participating | 16.0 | 21.0 | 14.4 | 1.0 | 0.9 |

NOTES: Data from 1990 to date are as of September; 1980 data 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 eliminates PIP for many PPS hospitals when the servicing intermediary meets specified processing time standards.

SOURCE: CMS, Office of Financial Management.

**Table II.8**
**Part B practitioners active in patient care/selected years**

| | July 2007 | |
|---|---|---|
| | Number | Percent |
| All Part B Practitioners | 1,087,845 | 100.0 |
| | | |
| Physician Specialties | 667,340 | 61.3 |
| Primary Care | 246,314 | 22.6 |
| Medical Specialties | 108,694 | 10.0 |
| Surgical Specialties | 108,031 | 9.9 |
| Emergency Medicine | 36,644 | 3.4 |
| Anesthesiology | 38,358 | 3.5 |
| Radiology | 37,595 | 3.5 |
| Pathology | 13,984 | 1.3 |
| Obstetrics/Gynecology | 38,515 | 3.5 |
| Psychiatry | 38,921 | 3.6 |
| Other and Unknown | 284 | 0.0 |
| Limited Licensed Practitioners | 126,006 | 11.6 |
| Non-physician Practitioners | 294,499 | 27.1 |

NOTES: Specialty code is self-reported and may not correspond to actual board certification. Totals do not necessarily equal the sum of rounded components. Reflect unduplicated counts.

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

**Table II.9**
**Part B practitioners/CMS region**

| | Active practitioners | Practitioners per 100,000 population |
|---|---|---|
| All regions | 1,245,003 [1] | 413 |
| | | |
| Boston | 96,484 | 676 |
| New York | 147,395 | 527 |
| Philadelphia | 133,101 | 459 |
| Atlanta | 221,727 | 374 |
| Chicago | 211,442 | 410 |
| Dallas | 118,319 | 323 |
| Kansas City | 62,890 | 469 |
| Denver | 46,248 | 444 |
| San Francisco | 151,680 | 325 |
| Seattle | 55,717 | 449 |

[1]Includes non-Federal physicians, limited licensed and non-physician practitioners. Practitioners with multi-State practices are duplicated in the enumeration for each State in which they operate.

NOTES: Physicians as of July 2007. Civilian population as of July 1, 2007. Resident population for outlying areas and the Virgin Islands are not available.

SOURCES: CMS, ORDI, and the Bureau of the Census.

**Table II.10**
**Inpatient hospitals/CMS region**

| | Short-stay and CAH hospitals | Beds per 1,000 enrollees | Non Short-stay hospitals | Beds per 1,000 enrollees |
|---|---|---|---|---|
| All regions | 4,963 | 19.0 | 1,200 | 2.5 |
| Boston | 193 | 14.5 | 70 | 4.7 |
| New York | 335 | 21.0 | 74 | 2.6 |
| Philadelphia | 374 | 16.5 | 134 | 3.0 |
| Atlanta | 931 | 19.2 | 213 | 2.1 |
| Chicago | 875 | 20.3 | 182 | 2.0 |
| Dallas | 772 | 21.2 | 309 | 3.9 |
| Kansas City | 465 | 22.9 | 56 | 2.0 |
| Denver | 309 | 19.9 | 40 | 2.7 |
| San Francisco | 497 | 16.9 | 100 | 1.5 |
| Seattle | 212 | 13.8 | 22 | 1.5 |

NOTES: Critical Access Hospitals have been grouped with short stay. Facility data as of December 31, 2007. Rates based on number of hospital insurance enrollees as of July 1, 2007, residing in U.S. and its territories.

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

**Table III.1**
**CMS and total Federal outlays**

| | Fiscal year 2006 | Fiscal year 2007 |
|---|---|---|
| | $ in billions | |
| Gross domestic product (current dollars) | $13,015.5 | $13,667.5 |
| Total Federal outlays[1] | 2,655.4 | 2,730.2 |
| Percent of gross domestic product | 20.4% | 20.0% |
| Dept. of Health and Human Services[1] | 614.3 | 672.0 |
| Percent of Federal Budget | 23.1% | 24.6% |
| CMS Budget (Federal Outlays) | | |
| Medicare benefit payments | 375.2 | 434.6 |
| SMI transfer to Medicaid[2] | 0.3 | 0.4 |
| Medicaid benefit payments | 171.5 | 181.1 |
| Medicaid State and local admin. | 9.1 | 9.5 |
| Medicaid offsets[3] | -0.3 | -0.4 |
| State Children's Health Ins. Prog. | 5.5 | 6.0 |
| CMS program management | 3.3 | 2.9 |
| Other Medicare admin. expenses[4] | 1.9 | 1.9 |
| State Eligibility Determinations, for Part D | 0.0 | 0.0 |
| Quality improvement organizations[5] | 0.4 | 0.4 |
| Health Care Fraud and Abuse Control | 1.1 | 1.0 |
| State Grants and Demonstrations[6] | 1.3 | 1.3 |
| User Fees and Reimbursables | 0.2 | 0.2 |
| Total CMS outlays (unadjusted) | 569.4 | 638.9 |
| Offsetting receipts[7] | -52.1 | -65.6 |
| Total net CMS outlays | 517.3 | 573.3 |
| Percent of Federal budget | 19.5% | 21.0% |

[1]Net of offsetting receipts.

[2]SMI transfers to Medicaid for Medicare Part B premium assistance ($264.2 million in FY 2006 and $358.7 million in FY 2007).

[3]SMI transfers for low-income premium assistance.

[4]Medicare administrative expenses of the Social Security Administration and other Federal agencies.

[5]Formerly peer review organizations (PROs).

[6]Includes grants and demonstrations for various free-standing programs, such as the Ticket to Work and Work and Work Incentives Improvement Act (P.L. 106-170) and the qualified high risk pools under the Trade Act of 2002 (P.L. 107-210). Outlays for these previously small programs rose to the $1 billion range in FY 2006, primarily reflecting Katrina hurricane relief outlays.

[7]Almost entirely Medicare premiums. Also includes offsetting collections for user fee and reimbursable activities, as well as refunds to the trust funds.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: CMS, Office of Financial Management.

**Table III.2**
**Program expenditures/trends**

| Fiscal year | Total | Medicare[1] | Medicaid[2] | SCHIP[3] |
|---|---|---|---|---|
| | | $ in billions | | |
| 1980 | $60.8 | $35.0 | $25.8 | -- |
| 1990 | 182.2 | 109.7 | 72.5 | -- |
| 2000 | 428.7 | 219.0 | 208.0 | 1.7 |
| 2005 | 664.0 | 339.4 | 317.2 | 7.4 |
| 2007 | 782.7 | 440.8 | 333.2 | 8.7 |

[1]Medicare amounts reflect gross outlays (i.e., not net of offsetting receipts). These amounts include outlays for benefits, administration, the Health Care Fraud and Abuse Control (HCFAC) activity, Quality Improvement Organizations (QIOs), the SMI transfer to Medicaid for Medicare Part B premium assistance for low-income Medicare beneficiaries and, since FY 2004, the administrative and benefit costs of the new Transitional Assistance and Part D Drug benefits under the Medicare Modernization Act of 2003.

[2]The Medicaid amounts include total computable outlays (Federal and State shares) for benefits and administration, the Federal and State shares of the cost of Medicaid survey/certification and State Medicaid fraud control units, and outlays for the Vaccines for Children program. These amounts do not include the SMI transfer to Medicaid for Medicare Part B premium assistance for low-income beneficiaries, nor do they include the Medicare Part D compensation to States for low-income eligibility determinations in the Part D Drug program.

[3]The SCHIP amounts reflect both Federal and State shares of Title XXI outlays. Please note that SCHIP-related Medicaid began to be financed under Title XXI in 2001.

SOURCE: CMS, Office of Financial Management.

**Table III.3**
**Benefit outlays by program**

| | 1967 | 1968 | 2006 | 2007 |
|---|---|---|---|---|
| Annually | | Amounts in billions | | |
| CMS program outlays | $5.1 | $8.4 | $684 | $776 |
| Federal outlays | NA | 6.7 | 552 | 631 |
| Medicare[1] | 3.2 | 5.1 | 375 | 434 |
| HI | 2.5 | 3.7 | 184 | 205 |
| SMI | 0.7 | 1.4 | 159 | 181 |
| Transitional Assistance[2] | NA | NA | 0 | 0 |
| Prescription (Part D) | NA | NA | 32 | 49 |
| Medicaid[3] | 1.9 | 3.3 | 300 | 333 |
| Federal share | NA | 1.6 | 171 | 191 |
| SCHIP[4] | NA | NA | 9 | 9 |
| Federal share | NA | NA | 5 | 6 |

[1]The Medicare benefit amounts reflect gross outlays (i.e., not net of offsetting premiums). These amounts exclude outlays for the SMI transfer to Medicaid for premium assistance and the Quality Improvement Organizations (QIOs).

[2]The transitional Prescription Drug Card program, begun in the third quarter of FY 2004 under the Medicare Modernization Act of 2003 (P.L. 108-173), was terminated in FY 2006 as it was replaced by Medicare Part D. Its FY 2007 benefit outlays for payment adjustments totalled $9.8 million.

[3]The Medicaid amounts include total computable outlays (Federal and State shares) for benefits and outlays for the Vaccines for Children program.

[4]The SCHIP amounts reflect both Federal and State shares of Title XXI outlays as reported by the States on line 4 of the CMS-21. Please note that SCHIP-related Medicaid expansions began to be financed under SCHIP (Title XXI) in FY 2001.

NOTES: Fiscal year data. Numbers may not add to totals because of rounding.

SOURCE: CMS, Office of Financial Management.

**Table III.4**
**Program benefit payments/CMS region**

| | Fiscal Year 2006 Net Expenditures Reported[1] | |
|---|---|---|
| | Medicaid | |
| | Total payments computable for Federal funding | Federal share |
| | In millions | |
| All regions | $299,022 | $170,552 |
| Boston | 19,233 | 10,036 |
| New York | 53,510 | 26,833 |
| Philadelphia | 29,233 | 16,191 |
| Atlanta | 49,198 | 31,696 |
| Chicago | 45,558 | 25,647 |
| Dallas | 30,542 | 19,924 |
| Kansas City | 12,478 | 7,730 |
| Denver | 6,538 | 3,949 |
| San Francisco | 42,337 | 22,602 |
| Seattle | 10,396 | 5,945 |

[1]Data from Form CMS-64--Net Expenditures Reported by the States. Medical assistance payments only; excludes administrative expenses. Excludes Medicaid expansions under the State Children's Health Insurance Program (SCHIP).

SOURCE: CMS, Center for Medicaid and State Operations.

**Table III.5**
**Medicare benefit outlays**

| | Fiscal year | | |
|---|---|---|---|
| | 2006 | 2007 | 2008 |
| | In billions | | |
| HI benefit payments | $185.0 | $207.5 | $221.2 |
| Aged | 157.3 | 175.7 | 186.9 |
| Disabled | 27.7 | 31.8 | 34.2 |
| | | | |
| SMI benefit payments | 154.5 | 169.2 | 183.7 |
| Aged | 128.6 | 141.7 | 151.6 |
| Disabled | 25.9 | 27.5 | 32.2 |
| | | | |
| Part D | 33.8 | 51.2 | 48.0 |

NOTES: Based on FY 2009 President's Budget. Aged/disabled split of Part D benefit outlays not available. Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS, Office of the Actuary.

**Table III.6**
**Medicare/type of benefit**

| | Fiscal year 2008 benefit payments[1] in millions | Percent distribution |
|---|---|---|
| Total HI[2] | $221,172 | 100.0 |
| Inpatient hospital | 132,900 | 60.1 |
| Skilled nursing facility | 22,645 | 10.2 |
| Home health agency[3] | 6,348 | 2.9 |
| Hospice | 10,454 | 4.7 |
| Managed care | 48,826 | 22.1 |
| | | |
| Total SMI[2] | 183,736 | 100.0 |
| Physician/other suppliers | 60,636 | 33.0 |
| DME | 8,584 | 4.7 |
| Other carrier | 17,108 | 9.3 |
| Outpatient hospital | 21,597 | 11.8 |
| Home health agency[3] | 10,028 | 5.5 |
| Other intermediary | 13,015 | 7.1 |
| Laboratory | 6,954 | 3.8 |
| Managed care | 45,814 | 24.9 |
| | | |
| Total Part D | 47,973 | 100.0 |

[1]Includes the effects of regulatory items and recent legislation but not proposed law.

[2]Excludes QIO expenditures.

[3]Distribution of home health benefits between the trust funds estimated based on outlays reported to date by the Treasury.

NOTES: Based on FY 2009 President's Budget. Benefits by type of service are estimated and are subject to change. Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS, Office of the Actuary.

**Table III.7**
**National health care/trends**

| | Calendar year | | | |
|---|---|---|---|---|
| | 1965 | 1980 | 2000 | 2006 |
| National total in billions | $41.0 | $253.9 | $1,353.3 | $2,105.5 |
| Percent of GDP | 5.7 | 9.1 | 13.8 | 16.0 |
| Per capita amount | $205 | $1,102 | $4,790 | $7,026 |
| | | | | |
| Source of funds | | Percent of total | | |
| Private | 75.1 | 58.1 | 55.9 | 53.9 |
| Public | 24.9 | 41.9 | 44.1 | 46.1 |
| Federal | 11.4 | 28.2 | 30.9 | 33.5 |
| State/local | 13.5 | 13.7 | 13.2 | 12.6 |

NOTE: Numbers may not add to totals because of rounding.

SOURCES: CMS, Office of the Actuary; U.S. Department of Commerce, Bureau of Economic Analysis; and U.S. Bureau of the Census.

**Table III.8**
**Medicaid/type of service**

| | Fiscal year | | |
|---|---|---|---|
| | 2004 | 2005 | 2006 |
| | In billions | | |
| Total medical assistance payments[1] | $281.8 | $300.7 | $299.0 |
| | Percent of total | | |
| Inpatient services | 15.6 | 15.5 | 15.3 |
| General hospitals | 13.9 | 14.0 | 14.3 |
| Mental hospitals | 1.7 | 1.6 | 1.1 |
| Nursing facility services | 16.5 | 15.4 | 16.0 |
| Intermediate care facility (MR) services | 4.3 | 4.2 | 4.3 |
| Community-based long term care svs.[2] | 11.9 | 12.1 | 13.4 |
| Prescribed drugs[3] | 10.8 | 10.2 | 5.6 |
| Physician services | 4.1 | 4.1 | 4.2 |
| Dental services | 1.1 | 1.1 | 1.1 |
| Outpatient hospital services | 4.3 | 4.1 | 3.9 |
| Clinic services[4] | 2.9 | 3.0 | 3.1 |
| Laboratory and radiological services | 0.4 | 0.4 | 0.4 |
| Early and periodic screening | 0.4 | 0.4 | 0.4 |
| Targeted case management services | 1.0 | 1.0 | 1.0 |
| Capitation payments (non-Medicare) | 16.2 | 16.8 | 18.6 |
| Medicare premiums | 2.3 | 2.7 | 3.1 |
| Disproportionate share hosp. payments | 6.1 | 5.7 | 5.7 |
| Other services | 4.4 | 5.0 | 5.6 |
| Collections[5] | -2.3 | -1.7 | -1.8 |

[1]Excludes payments under SCHIP.

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

[3]Net of prescription drug rebates.

[4]Federally qualified health clinics, rural health clinics, and other clinics.

[5]Includes third party liability, probate, fraud and abuse, overpayments, and other collections.

SOURCES: CMS, CMSO, and OACT.

**Table III.9**
**Medicare savings attributable to secondary payor provisions/type of provision**

| | Fiscal Year | | | |
|---|---|---|---|---|
| | 2005 | 2006 | 2007 | |
| | in millions | | | |
| Total | $5,670.5 | $6,088.6 | $6,505.0 | |
| Workers Compensation | 101.9 | 93.1 | 877.2 | [1] |
| Working Aged | 2,780.9 | 2,980.6 | 2,919.0 | |
| ESRD | 280.8 | 298.6 | 278.1 | |
| Auto | 244.6 | 243.7 | 233.2 | |
| Disability | 1,920.6 | 2,033.7 | 1,938.9 | |
| Liability | 325.0 | 410.3 | 232.2 | |
| VA/Other | 16.8 | 28.6 | 26.3 | |

[1]Beginning FY 2007, includes Workers Compensation set asides.

SOURCE: CMS, Office of Financial Management.

**Table III.10**
**Medicaid/payments by eligibility status**

| | Fiscal year 2006 Medical assistance payments | Percent distribution |
|---|---|---|
| | In billions | |
| Total[1] | $299.0 | 100.0 |
| Age 65 years and over | 68.7 | 23.0 |
| Blind/disabled | 123.5 | 41.3 |
| Dependent children under 21 years of age | 52.2 | 17.5 |
| Adults in families with dependent children | 36.2 | 12.1 |
| DSH and other unallocated | 18.4 | 6.2 |

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

SOURCE: CMS, Office of the Actuary.

**Table III.11**
**Medicare/DME/POS[1]**

| Category | Allowed Charges [2] | |
|---|---|---|
| | 2006 | 2007 [3] |
| | In thousands | |
| Total | $10,595,986 | $10,398,649 |
| Medical/surgical supplies | 144,558 | 151,922 |
| Hospital beds | 306,206 | 287,076 |
| Oxygen and supplies | 2,753,989 | 2,790,146 |
| Wheelchairs | 1,593,956 | 1,276,573 |
| Prosthetic/orthotic devices | 1,731,068 | 1,876,486 |
| Drugs admin. through DME | 956,975 | 900,179 |
| Other DME | 3,109,234 | 3,116,266 |

[1]Data are for calendar year. DME=durable medical equipment. POS=Prosthetic, orthotic and supplies.
[2]The allowed charge is the Medicare approved payment reported on a line item on the physician/supplier claim.
[3]Data for 2007 are preliminary through March 2008.

NOTE: Over time, the composition of BETOS categories has changed with the re-assignment of selected procedures, services and supplies.

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

**Table III.12**
**National health care/type of expenditure**

| | National Total in billions | Per capita amount | Percent Paid | | |
|---|---|---|---|---|---|
| | | | Total | Medicare | Medicaid |
| Total | $2,105.5 | $7,026 | 33.7 | 19.1 | 14.7 |
| | | | | | |
| Health serv/suppl. | 1,966.2 | 6,561 | 36.1 | 20.4 | 15.7 |
| Personal health care | 1,762.0 | 5,880 | 37.8 | 21.6 | 16.2 |
| Hospital care | 648.2 | 2,163 | 45.9 | 28.9 | 17.1 |
| Prof. services | 660.2 | 2,203 | 39.0 | 26.3 | 12.7 |
| Phys./clinical | 447.6 | 1,494 | 27.6 | 20.6 | 7.0 |
| Nursing/home hlth. | 177.6 | 593 | 63.4 | 22.9 | 40.5 |
| Retail outlet sales | 276.0 | 921 | 24.7 | 17.6 | 7.0 |
| Admn. and pub. hlth. | 204.1 | 681 | 21.3 | 9.9 | 11.3 |
| Investment | 139.4 | 465 | -- | -- | -- |

NOTE: Data are as of calendar year 2006.

SOURCE: CMS, Office of the Actuary.

**Table III.13**
**Personal health care/payment source**

| | Calendar Year | | | |
|---|---|---|---|---|
| | 1980 | 1990 | 2000 | 2006 |
| | In billions | | | |
| Total | $215.3 | $607.5 | $1,139.9 | $1,762.0 |
| | Percent | | | |
| Total | 100.0 | 100.0 | 100.0 | 100.0 |
| Private funds | 60.0 | 61.1 | 57.3 | 54.7 |
| Private health insurance | 28.4 | 33.7 | 35.4 | 36.0 |
| Out-of-pocket | 27.2 | 22.4 | 16.9 | 14.6 |
| Other private | 4.3 | 5.0 | 5.0 | 4.1 |
| Public funds | 40.0 | 38.9 | 42.7 | 45.3 |
| Federal | 28.9 | 28.4 | 32.4 | 35.1 |
| State and local | 11.1 | 10.4 | 10.3 | 10.2 |

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

SOURCE: CMS, Office of the Actuary.

**Table IV.1**
**Medicare/short-stay hospital utilization**

| | 1985 | 1990 | 2005 | 2006 |
|---|---|---|---|---|
| Discharges | | | | |
| Total in millions | 10.5 | 10.5 | 13.0 | 12.5 |
| Rate per 1,000 enrollees[1] | 347 | 320 | 361 | 355 |
| Days of care | | | | |
| Total in millions | 92 | 94 | 75 | 71 |
| Rate per 1,000 enrollees[1] | 3,016 | 2,866 | 2,073 | 2,023 |
| Average length of stay | | | | |
| All short-stay | 8.7 | 9.0 | 5.7 | 5.6 |
| Excluded units | 18.8 | 19.5 | 11.5 | 11.7 |
| Total charges per day | $597 | $1,060 | $4,882 | $5,344 |

[1]Beginning in 1990, the population base for the denominator is the July 1 HI fee-for-service enrollment excluding HI fee-for-service enrollees residing in foreign countries.

NOTES: Data may reflect underreporting due to a variety of reasons including: operational difficulties experienced by intermediaries; no-pay, at risk managed care utilization; no-pay Medicare secondary payer bills; and for certain years, discharges where the beneficiary received services out of State. The data for 1990 through 2006 are based on 100 percent Medicare stay record files. Data may differ from other sources or from the same source with a different update cycle.

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

**Table IV.2**
**Medicare long-term care/trends**

| | Skilled nursing facilities | | Home health agencies | |
|---|---|---|---|---|
| | Persons served in thousands | Served per 1,000 enrollees | Persons served in thousands | Served per 1,000 enrollees |
| Calendar year | | | | |
| 1985 | 315 | 10 | 1,576 | 51 |
| 1990 | 638 | 19 | 1,978 | 58 |
| 1995 | 1,233 | 37 | 3,468 | 103 |
| 2000 | 1,468 | 45 [1] | 2,461 | 75 [1] |
| 2004 | 1,752 | 49 [1] | 2,835 | 78 [1] |
| 2005 | 1,847 | 51 [1] | 2,976 | 81 [1] |
| 2006 | 1,838 | 52 [1] | 3,026 | 84 [1] |

[1]Managed care enrollees excluded in determining rate.

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

**Table IV.3**
**Medicare average length of stay/trends**

| | Fiscal year | | | | |
|---|---|---|---|---|---|
| | 1990 | 1995 | 2000 | 2005 | 2006 |
| All short-stay units and excluded units | | | | | |
| Short stay PPS units | 9.0 | 7.1 | 6.0 | 5.7 | 5.3 |
| Short stay hospital non-PPS units | 8.9 | 7.1 | 6.0 | 5.7 | 5.3 |
| Excluded units | 19.5 | 14.8 | 12.3 | 11.6 | 11.7 |

NOTES: Fiscal year data. Average length of stay is shown in days. Data for 1990 through 2006 are based on 100-percent MEDPAR. Data may differ from other sources or from the same source with a different update cycle.

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

**Table IV.4**
**Medicare persons served/trends**

| | Calendar Year | | | | | |
|---|---|---|---|---|---|---|
| | 1975 | 1985 | 1995 | 2000 | 2005 | 2006 |
| Aged persons served per 1,000 enrollees | | | | | | |
| HI and/or SMI | 528 | 722 | 826 | 916 | 923 | 932 |
| HI | 221 | 219 | 218 | 232 | 234 | 234 |
| SMI | 536 | 739 | 858 | 965 | 979 | 994 |
| Disabled persons served per 1,000 enrollees | | | | | | |
| HI and/or SMI | 450 | 669 | 759 | 835 | 865 | 877 |
| HI | 219 | 228 | 212 | 196 | 205 | 205 |
| SMI | 471 | 715 | 837 | 943 | 977 | 998 |

NOTES: Prior to 2000, data were obtained from the Annual Person Summary Record and were not yet modified to exclude persons enrolled in managed care. Beginning in 2000, utilization counts are based on a five-percent sample of fee-for-service beneficiaries and the rates are adjusted to exclude managed care enrollees.

SOURCES: CMS, Office of Information Services, and the Office of Research, Development, and Information.

**Table IV.5**
**Medicare fee-for-service (FFS) persons served**

| | Calendar year | | | | |
|---|---|---|---|---|---|
| | 2002 | 2003 | 2004 | 2005 | 2006 |
| | Numbers in millions | | | | |
| HI | | | | | |
| Aged | | | | | |
| FFS Enrollees | 29.1 | 29.7 | 30.0 | 30.0 | 29.3 |
| Persons served | 6.3 | 6.9 | 6.9 | 7.0 | 6.8 |
| Rate per 1,000 | 232 | 231 | 231 | 234 | 234 |
| Disabled | | | | | |
| FFS Enrollees | 5.4 | 5.7 | 6.0 | 6.3 | 6.2 |
| Persons served | 1.1 | 1.2 | 1.2 | 1.3 | 1.3 |
| Rate per 1,000 | 202 | 203 | 203 | 205 | 205 |
| SMI | | | | | |
| Aged | | | | | |
| FFS Enrollees | 27.8 | 28.3 | 28.4 | 28.4 | 27.5 |
| Persons served | 26.9 | 27.4 | 27.6 | 27.8 | 27.3 |
| Rate per 1,000 | 968 | 970 | 972 | 979 | 994 |
| Disabled | | | | | |
| FFS Enrollees | 4.8 | 5.0 | 5.3 | 5.5 | 5.4 |
| Persons served | 4.6 | 4.9 | 5.1 | 5.4 | 5.4 |
| Rate per 1,000 | 963 | 969 | 965 | 977 | 998 |

NOTES: Enrollment represents persons enrolled in Medicare fee-for-service as of July. Persons served represents estimates of beneficiaries receiving reimbursed services under fee-for-service during the calendar year.

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

**Table IV.6**
**Medicare persons served/CMS region**

| | Aged persons served in thousands | Served per 1,000 enrollees | Disabled persons served in thousands | Served per 1,000 enrollees |
|---|---|---|---|---|
| All Regions[1] | 27,603 | 932 | 5,461 | 877 |
| Boston | 1,463 | 913 | 297 | 844 |
| New York[2] | 2,533 | 911 | 458 | 850 |
| Philadelphia | 2,860 | 941 | 521 | 882 |
| Atlanta | 6,006 | 963 | 1,400 | 920 |
| Chicago | 5,359 | 968 | 962 | 887 |
| Dallas | 3,096 | 940 | 648 | 899 |
| Kansas City | 1,504 | 964 | 279 | 918 |
| Denver | 837 | 970 | 134 | 887 |
| San Francisco[3] | 2,748 | 890 | 520 | 805 |
| Seattle | 981 | 937 | 186 | 849 |

[1]Includes utilization for residents of outlying territories, possessions, foreign countries, and unknown.

[2]Excludes residents of Puerto Rico and Virgin Islands.

[3]Excludes residents of American Samoa, Guam, and Northern Mariana Islands.

NOTES: Data as of calendar year 2006 for persons served under HI and/or SMI. Based on utilization for fee-for-service and excludes utilization under alternative payment systems such as health maintenance organizations. Numbers may not add to totals because of rounding.

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

**Table IV.7**
**Medicare/end stage renal disease (ESRD) incidence, trends by demographics**

| | Calendar year | | |
|---|---|---|---|
| | 2003 | 2004 | 2005 |
| Total--all patients | 89,410 | 90,784 | 91,373 |
| Age | | | |
| 0-19 years | 818 | 862 | 776 |
| 20-64 years | 38,877 | 39,801 | 39,964 |
| 65-74 years | 23,815 | 23,908 | 23,683 |
| 75 years and over | 25,900 | 26,213 | 26,950 |
| Sex | | | |
| Male[1] | 48,739 | 50,417 | 50,949 |
| Female | 40,671 | 40,367 | 40,424 |
| Race | | | |
| White | 59,547 | 60,945 | 61,448 |
| African American | 24,972 | 24,635 | 25,140 |
| Other/Unknown | 4,891 | 5,204 | 4,785 |

[1]Includes small number of unknowns.

SOURCE: United States Renal Data System.

**Table IV.8**
**Medicare/end stage renal disease (ESRD) point prevalence, by treatment of modality, 2005**

| | Treatment Modality | | |
|---|---|---|---|
| | Total | Dialysis | Functioning graft |
| Total--all patients | 406,812 | 307,952 | 98,860 |
| Age | | | |
| 0-19 years | 3,696 | 1,533 | 2,163 |
| 20-64 years | 238,218 | 161,757 | 76,461 |
| 65-74 years | 90,707 | 73,694 | 17,013 |
| 75 years and over | 74,191 | 70,968 | 3,223 |
| Sex | | | |
| Male[1] | 227,782 | 168,548 | 59,234 |
| Female | 179,030 | 139,404 | 39,626 |
| Race | | | |
| White | 246,546 | 173,797 | 72,749 |
| African American | 134,204 | 113,950 | 20,254 |
| Other/Unknown | 26,062 | 20,205 | 5,857 |

[1]Includes small number of unknowns.

SOURCE: United States Renal Data System.

**Table IV.9**
**Medicaid/type of service**

| | Fiscal year 2005 Medicaid beneficiaries |
|---|---|
| | In thousands |
| Total eligibles | 58,739 |
| Number using service: | |
| Total beneficiaries, any service[1] | 57,349 |
| Inpatient services | |
| General hospitals | 5,462 |
| Mental hospitals | 119 |
| Nursing facility services[2] | 1,703 |
| Intermediate care facility (MR) services[3] | 109 |
| Physician services | 24,030 |
| Dental services | 9,261 |
| Other practitioner services | 5,836 |
| Outpatient hospital services | 16,153 |
| Clinic services | 11,810 |
| Laboratory and radiological services | 15,894 |
| Home health services | 1,192 |
| Prescribed drugs | 28,162 |
| Personal care support services | 932 |
| Sterilization services | 178 |
| PCCM capitation | 8,558 |
| HMO capitation | 23,897 |
| PHP captitation | 19,741 |
| Targeted case management | 2,709 |
| Other services, unspecified | 10,114 |
| Additional service categories[4] | 7,727 |
| Unknown | 73 |

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

[2]Nursing facilities include: SNFs and other facilities formerly classified as ICF, other than "MR".

[3]"MR" indicates mentally retarded.

[4]Additional services not shown separately sum to 7.7 million beneficiaries, not unduplicated.

NOTE: Beneficiary counts include Medicaid eligibles enrolled in Medicaid Managed Care Organizations.

SOURCE: CMS, Center for Medicaid and State Operations.

**Table IV.10**
**Medicaid/units of service**

| | Fiscal year 2005 units of service |
|---|---|
| | In thousands |
| Inpatient hospital | |
| Total discharges | 7,900 |
| Beneficiaries discharged | 5,462 |
| Total days of care | 41,345 |
| Nursing facility | |
| Total days of care | 421,652 |
| Intermediate care facility/mentally retarded | |
| Total days of care | 42,142 |

NOTES: Data are derived from the MSIS 2005 State Summary Mart. Excludes territories.

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

**Table V.1**
**Medicare administrative expenses/trends**

| Fiscal Year | Administrative expenses: Amount in millions | Administrative expenses: As a percent of benefit payments |
|---|---|---|
| HI Trust Fund | | |
| 1967 | $89 | 3.5 |
| 1970 | 149 | 3.1 |
| 1980 | 497 | 2.1 |
| 1990 | 774 | 1.2 |
| 1995 | 1,300 | 1.1 |
| 2000 [1] | 2,350 | 1.8 |
| 2005 [1] | 2,850 | 1.6 |
| 2006 [1] | 3,086 | 1.7 |
| 2007 [1] | 2,636 | 1.3 |
| | | |
| SMI Trust Fund[2] | | |
| 1967 | 135 [3] | 20.3 |
| 1970 | 217 | 11.0 |
| 1980 | 593 | 5.8 |
| 1990 | 1,524 | 3.7 |
| 1995 | 1,722 | 2.7 |
| 2000 | 1,780 | 2.0 |
| 2005 | 2,348 | 1.6 |
| 2006 | 3,108 | 1.6 |
| 2007 | 3,398 | 1.5 |

[1]Includes non-expenditure transfers for Health Care Fraud and Abuse Control.
[2]Starting in FY 2004 includes the transactions of the Part D account.
[3]Includes expenses paid in fiscal years 1966 and 1967.

SOURCE: CMS, Office of Actuary.

**Table V.2**
**Medicare contractors**

| | Intermediaries | Carriers |
|---|---|---|
| Blue Cross/Blue Shield | 22 | 16 |
| Other | 2 | 3 |

NOTES: Data for Fiscal Year 2007. Numbers do not include MACs or DMACs.

SOURCE: CMS, Office of Financial Management.

**Table V.3**
**Medicare Redeterminations**

| | Intermediary Redeterminations (Part A Cases Involved) | Intermediary Redeterminations (Part B Cases Involved) | Carrier Redeterminations (Part B Cases Involved) |
|---|---|---|---|
| Number Processed | 33,628 | 203,083 | 1,909,295 |
| Percent Reversed (Includes Fully & Partially Reversed Cases) | 27.4 | 54.9 | 56.5 |

NOTES: Data for fiscal year 2007. Data presented in cases.

SOURCE: CMS, Office of Financial Management.

**Table V.4**
**Medicare physician/supplier claims assignment rates**

| | 2000 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|
| | | | In millions | | | |
| Claims total | 720.5 | 860.7 | 922.2 | 951.6 | 944.9 | 944.3 |
| Claims assigned | 705.7 | 847.8 | 909.9 | 940.7 | 935.1 | 935.8 |
| Claims unassigned | 15.3 | 12.9 | 12.3 | 10.9 | 9.8 | 8.6 |
| Percent assigned | 97.9 | 98.5 | 98.7 | 98.9 | 99.0 | 99.1 |

NOTES: Fiscal year data. Historical data may be revised from earlier year editions.

SOURCE: CMS, Office of Financial Management.

**Table V.5**
**Medicare claims processing**

| | Intermediaries | Carriers |
|---|---|---|
| Claims processed in millions | 185.7 | 970.1 [1] |
| Total PM costs in millions | $487.7 | $1,306.6 |
| Total MIP costs in millions | $460.0 | $247.5 |
| Claims processing costs in millions | $335.0 | $927.1 [2] |
| Claims processing unit costs | $0.75 | $0.43 |
| Range | | |
| High | $2.08 | $1.34 |
| Low | $0.50 | $0.30 |

[1]Excludes replicate claims.

[2]Beginning in FY 2002, provider enrollment has been removed from the claims processing costs and unit costs.

NOTES: Data for fiscal year 2007. PM = Program Management. MIP = Medicare Integrity Program. FY 2007 PM costs include an estimate of $103.9 M for MAC/DMAC and MIP costs include a MAC/DMAC estimate of $17.1 M. Since MACs do not report by traditional categories, unit costs do not include MACS/DMACs.

SOURCE: CMS, Office of Financial Management.

**Table V.6**
**Medicare claims received**

| | Claims received |
|---|---|
| Intermediary claims received in millions | 186.5 |
| | Percent of total |
| Inpatient hospital | 8.0 |
| Outpatient hospital | 57.8 |
| Home health agency | 7.5 |
| Skilled nursing facility | 3.0 |
| Other | 23.7 |
| Carrier claims received in millions | 951.0 |
| | Percent of total |
| Assigned | 99.1 |
| Unassigned | 0.9 |

NOTE: Data for calendar year 2007.

SOURCE: CMS, Office of Financial Management.

**Table V.7**
**Medicare charge reductions**

| | Assigned | Unassigned |
|---|---|---|
| Claims approved | | |
| Number in millions | 819.0 | 7.3 |
| Percent reduced | 92.5 | 88.1 |
| | | |
| Total covered charges | | |
| Amount in millions | $253,248 | $790 |
| Percent reduced | 58.0 | 18.2 |
| Amount reduced per claim | $179.54 | $19.63 |

NOTES: Data for calendar year 2007. As a result of report changes effective April 1, 1992, charge reductions include: reasonable charge, medical necessity, and global fee/rebundling reductions.

SOURCE: CMS, Office of Financial Management.

**Table V.8**
**Medicaid administration**

| | Fiscal Year | |
|---|---|---|
| | 2006 | 2007 |
| | In millions | |
| Total payments computable for Federal funding[1] | $16,032 | $16,423 |
| Federal share[1] | | |
| Family Planning | 28 | 29 |
| Design, development or installation of MMIS[2] | 223 | 292 |
| Skilled professional medical personnel | 415 | 421 |
| Operation of an approved MMIS[2] | 1,208 | 1,192 |
| All other | 6,772 | 6,953 |
| Mechanized systems not approved under MMIS[2] | 93 | 84 |
| Total Federal Share | $8,739 | $8,971 |
| Net adjusted Federal share[3] | $8,733 | $8,982 |

[1]Source: Form CMS-64. (Net Expenditures Reported-Administration).
[2]Medicaid Management Information System.
[3]Includes CMS adjustments.

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

**Program financing, cost sharing and limitations**

| **Medicare/source of income** | | | |
|---|---|---|---|
| **Medicare Part A** | | | |
| Hospital Insurance trust fund: | | | |
| 1. Payroll taxes* | | | |
| 2. Income from taxation of social security benefits | | | |
| 3. Transfers from railroad retirement account | | | |
| 4. General revenue for uninsured persons and military wage credits | | | |
| 5. Premiums from voluntary enrollees | | | |
| 6. Interest on investments | | | |
| | | | |
| *Contribution rate | 2006 | 2007 | 2008 |
| | | Percent | |
| Employees and employers, each | 1.45 | 1.45 | 1.45 |
| Self-employed | 2.90 | 2.90 | 2.90 |
| | | | |
| Maximum taxable amount (CY 2008) | | None[1] | |
| | | | |
| Voluntary HI monthly premium[2] | | $423.00 | |

| **Part A (effective date)** | **Amount** |
|---|---|
| Inpatient hospital deductible (1/1/08) | $1,024/benefit period |
| Regular coinsurance days (1/1/08) | $256/day for 61st thru 90th day |
| Lifetime reserve days (1/1/08) | $512/day (60 non-renewable days) |
| SNF coinsurance days (1/1/08) | $128/day after 20th day |
| Blood deductible | first 3 pints/benefit period |
| Voluntary hospital insurance premium (1/1/08) | $423/month; $233/mo. with at least 30 quarters of coverage |
| **Limitations:** | |
| Inpatient psychiatric hospitals | 190 nonrenewable days |

[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 certain disabled individuals who have exhausted other entitlement. A reduced premium of $233 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, Office of the Actuary.

## Program financing, cost sharing and limitations

**Medicare Part B**

Supplementary Medical Insurance trust fund:
1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

| **Part B (effective date)** | **Amount** |
|---|---|
| Deductible (1/1/08) | $135 in allowed charges/year |
| Blood deductible | first 3 pints/calendar year |
| Coinsurance[1] | 20 percent of allowed charges |
| Monthly standard premium (1/1/08) | $96.40/month |
| **Limitations:** | |
| Outpatient treatment for mental illness | No limitations |

[1]The Part B deductible and coinsurance applies to most services. Items and/or services not subject to either the deductible or coinsurance are clinical diagnostic lab tests subject to a fee schedule, home health services, items and services furnished in connection to obtaining a second or third opinion, and some preventive services. In addition, federally qualified health center services and some preventive services are not subject to the deductible but are subject to the coinsurance.

SOURCE: CMS, Office of the Actuary

**Medicare Part B (continued)**

Listed below are the 2008 Part B monthly premium rates to be paid by beneficiaries who file an individual tax return (including those who are single, head of household, qualifying widow(er) with dependent child, or married filing separately who lived apart from their spouse for the entire taxable year), or a joint tax return.

| Beneficiaries who file an individual tax return with income | Beneficiaries who file a joint tax return with income: | Income-related monthly adjustment amount | Total monthly premium amount |
|---|---|---|---|
| Less than or equal to $82,000 | Less than or equal to $164,000 | $0.00 | $96.40 |
| Greater than $82,000 and less than or equal to $102,000 | Greater than $164,000 and less than or equal to $204,000 | $25.80 | $122.20 |
| Greater than $102,000 and less than or equal to $153,000 | Greater than $204,000 and less than or equal to $306,000 | $64.50 | $160.90 |
| Greater than $153,000 and less than or equal to $205,000 | Greater than $306,000 and less than or equal to $410,000 | $103.30 | $199.70 |
| Greater than $205,000 | Greater than $410,000 | $142.00 | $238.40 |

In addition, the monthly premium rates to be paid by beneficiaries who are married and lived with their spouse at any time during the taxable year, but file a separate tax return from their spouse are listed below:

| Married beneficiaries who lived with their spouse and filed a separate tax return | Income-related monthly adjustment amount | Total monthly premium amount |
|---|---|---|
| Less than or equal to $82,000 | $0.00 | $96.40 |
| Greater than $82,000 and less than or equal to $123,000 | $103.30 | $199.70 |
| Greater than $123,000 | $142.00 | $238.40 |

SOURCE: CMS, Office of the Actuary

**Program financing, cost sharing and limitations**

| **Medicare Part D Standard Benefits** | |
|---|---|
| Deductible (1/1/2008) | $275 in charges/year |
| Initial coverage limit (1/1/2008) | $2,510 in charges/year |
| Out-of-pocket threshold (1/1/2008) | $4,050 in charges/year |
| Base beneficiary premium (1/1/2008)[1] | $27.93/month |

**Medicaid financing**

1. Federal contributions (ranging from 50 to 76 percent for fiscal year 2008)
2. State contributions (ranging from 24 to 50 percent for fiscal year 2008)

[1]The base beneficiary premium was calculated based on a national average plan bid. The actual premiums that a beneficiary pay varies according to the plan in which the beneficiary is enrolled. For 2008, the average premium rate paid by beneficiaries is estimated to be about $25.

NOTES: The beneficiaries who qualify for the low-income subsidy under Part D pay a reduced or zero premium. In addition, low-income beneficiaries are subject to only minimal copayment amounts in most instances.

SOURCE: CMS, Office of the Actuary.

**Geographical jurisdictions of CMS regional offices and Medicaid Federal medical assistance percentages (FMAP) fiscal year 2008**

| I. | Boston | FMAP |
|---|---|---|
| | Connecticut | 50.00 |
| | Maine | 63.31 |
| | Massachusetts | 50.00 |
| | New Hampshire | 50.00 |
| | Rhode Island | 52.51 |
| | Vermont | 59.03 |

| III. | Philadelphia | |
|---|---|---|
| | Delaware | 50.00 |
| | Dist. of Columbia | 70.00 |
| | Maryland | 50.00 |
| | Pennsylvania | 54.08 |
| | Virginia | 50.00 |
| | West Virginia | 74.25 |

| V. | Chicago | |
|---|---|---|
| | Illinois | 50.00 |
| | Indiana | 62.69 |
| | Michigan | 58.10 |
| | Minnesota | 50.00 |
| | Ohio | 60.79 |
| | Wisconsin | 57.62 |

| VII. | Kansas City | |
|---|---|---|
| | Iowa | 61.73 |
| | Kansas | 59.43 |
| | Missouri | 62.42 |
| | Nebraska | 58.02 |

| IX. | San Francisco | |
|---|---|---|
| | Arizona | 66.20 |
| | California | 50.00 |
| | Hawaii | 56.50 |
| | Nevada | 52.64 |
| | American Samoa | 50.00 |
| | Guam | 50.00 |
| | N. Mariana Islds | 50.00 |

| II. | New York | FMAP |
|---|---|---|
| | New Jersey | 50.00 |
| | New York | 50.00 |
| | Puerto Rico | 50.00 |
| | Virgin Islands | 50.00 |
| | Canada | -- |

| IV. | Atlanta | |
|---|---|---|
| | Alabama | 67.62 |
| | Florida | 56.83 |
| | Georgia | 63.10 |
| | Kentucky | 69.78 |
| | Mississippi | 76.29 |
| | North Carolina | 64.05 |
| | South Carolina | 69.79 |
| | Tennessee | 63.71 |

| VI. | Dallas | |
|---|---|---|
| | Arkansas | 72.94 |
| | Louisiana | 72.47 |
| | New Mexico | 71.04 |
| | Oklahoma | 67.10 |
| | Texas | 60.56 |

| VIII. | Denver | |
|---|---|---|
| | Colorado | 50.00 |
| | Montana | 68.53 |
| | North Dakota | 63.75 |
| | South Dakota | 60.03 |
| | Utah | 71.63 |
| | Wyoming | 50.00 |

| X. | Seattle | |
|---|---|---|
| | Alaska | 52.48 |
| | Idaho | 69.87 |
| | Oregon | 60.86 |
| | Washington | 51.52 |

SOURCE: CMS, Center for Medicare and State Operations.