

**Medicare Enrollees
Selected Years**

	1975	1980	1985	1990	1995	2000	2004	2005	2006	2007
Number in millions										
HI and/or SMI										
Total	24.5	28.3	31.0	34.1	37.4	39.6	41.7	42.3	43.0	43.7
Aged	22.4	25.3	28.0	30.8	33.1	34.2	35.3	35.7	36.1	36.7
Disabled	2.0	3.0	2.9	3.3	4.4	5.4	6.4	6.6	6.8	7.0
HI										
Total	24.1	27.9	30.5	33.6	37.0	39.1	41.3	41.9	42.5	43.2
Aged	22.0	24.9	27.5	30.3	32.6	33.8	34.9	35.3	35.7	36.2
Disabled	2.0	3.0	2.9	3.3	4.4	5.4	6.4	6.6	6.8	7.0
SMI										
Total	23.3	27.1	29.7	32.4	35.5	37.3	39.0	39.5	40.0	40.6
Aged	21.5	24.4	27.1	29.5	31.6	32.5	33.4	33.7	34.0	34.4
Disabled	1.8	2.7	2.7	2.9	3.9	4.7	5.6	5.8	6.0	6.2
HI and SMI	23.0	26.7	29.2	31.9	35.1	36.8	38.5	39.1	39.6	40.1
HI Only	1.1	1.2	1.2	1.7	1.9	2.3	2.7	2.8	3.0	3.1
SMI Only	0.4	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.4

NOTES: Data through 2005 are historical and may have been revised from earlier editions. Data for FY 2006 and FY 2007 represent projections.

SOURCE: CMS/OACT

December 2006

Medicare HI and/or SMI Enrollment Demographics 2005

	Total	Male	Female
All Persons	42,499,593	18,701,037	23,798,556
Aged Persons	35,776,822	15,091,581	20,685,241
65 - 74	18,256,542	8,450,631	9,805,911
75 - 84	12,743,137	5,183,048	7,560,089
85 and over	4,777,143	1,457,902	3,319,241
Disabled Persons	6,722,771	3,609,456	3,113,315
Under 45	1,781,401	985,269	796,132
45 - 54	2,094,403	1,127,418	966,985
55 - 64	2,846,967	1,496,769	1,350,198
White	35,647,925	15,684,997	19,962,928
Black	4,197,020	1,786,517	2,410,503
All Other	2,574,887	1,200,319	1,374,568
Native American	172,238	77,215	95,023
Asian/Pacific Islander	714,995	309,686	405,309
Hispanic	1,009,461	474,301	535,160
Other	678,193	339,117	339,076
Unknown Race	79,761	29,204	50,557

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

SOURCE: CMS/ORDI

**Medicare HI and/or SMI Enrollment End Stage Renal Disease Demographics
2005**

	Number of Enrollees
All Persons	417,997
Age	
Under 65	220,262
65 and over	197,735
Sex	
Male	231,312
Female	186,685
Race	
White	229,486
Black	139,388
Asian	9,798
Hispanic	20,541
Native North American	5,200
Other	11,747
Unknown	1,837

NOTES: Data reflect persons ever enrolled during the year. Based on the 2005 Denominator File.

SOURCE: CMS/ORDI

December 2006

**Medicare HI Enrollment Demographics
Selected Years**

Year	Number in thousands	Percent Distribution by Age					Median Age in Years	
		Total	65-69	70-74	75-79	80-84		85+
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.3
1990	30,464	100.0	31.4	25.7	19.5	12.7	10.7	73.5
1995	32,742	100.0	28.7	26.4	19.8	13.5	11.6	74.0
2000	33,841	100.0	26.9	25.1	21.3	14.2	12.6	74.6
2003	34,581	100.0	27.1	24.0	20.8	15.1	13.0	74.7
2004	34,990	100.0	27.5	23.6	20.5	15.3	13.1	74.8
2005	35,407	100.0	27.7	23.4	20.3	15.3	13.3	74.8

Year	All Persons	Percent Distribution of Aged Enrollees by Sex and Race							
		Male				Female			
		Total	White	Non- White	Unknown	Total	White	Non- White	Unknown
1966	100.0	42.6	38.6	3.4	0.6	57.4	50.8	4.1	2.5
1970	100.0	41.8	37.4	3.5	0.9	58.2	51.9	4.4	1.9
1975	100.0	40.8	36.2	3.6	1.0	59.2	52.8	4.7	1.7
1980	100.0	40.4	35.7	3.7	1.1	59.5	52.9	4.9	1.7
1985	100.0	40.3	35.4	3.7	1.2	59.7	52.8	5.1	1.8
1990	100.0	40.3	35.2	3.9	1.2	57.7	52.1	5.8	1.9
1995	100.0	40.7	35.9	3.8	1.0	59.3	52.2	5.8	1.4
2000	100.0	41.3	36.2	5.0	0.1	58.7	51.2	7.3	0.2
2003	100.0	41.9	36.5	5.4	0.1	58.1	50.3	7.7	0.1
2004	100.0	42.1	36.5	5.5	0.1	57.9	50.0	7.8	0.1
2005	100.0	42.3	36.6	5.6	0.1	57.7	49.6	8.0	0.1

NOTES: Data as of July. Totals do not necessarily equal the sum of rounded components. Beginning in 2000, the 100% Denominator File was used for preparing estimates of distribution by age groups and race. The detail on race available in that source allows additional breakouts of some non-white enrollees formerly classified as unknown.

SOURCES: CMS/ORDI/HCIS

December 2006

**Medicare State Buy-Ins for SMI
2000 - 2005**

Type of Beneficiary ¹	2000	2003	2004	2005
All Persons				
Number	5,549,170	6,325,591	6,539,825	6,844,885
Percent of SMI Enrolled	14.9	16.4	16.7	17.3
Aged				
Number	3,632,069	4,014,347	4,085,885	4,225,838
Percent of SMI Enrolled	11.1	12.1	12.2	12.5
Disabled				
Number	1,917,101	2,311,243	2,453,938	2,619,046
Percent of SMI Enrolled	41.2	44.0	44.4	45.1

¹ Buy-ins represent beneficiaries in person-years for whom the State paid the Medicare SMI premium during the year. Percent calculated using Part B person-years.

SOURCE: CMS/ORDI

December 2006

**Medicaid Enrollment and Beneficiaries
Selected Fiscal Years**

	1975	1980	1985	1990	1995	2000	2004	2005	2006
Average monthly enrollment in millions									
Total	NA	NA	NA	22.9	33.4	33.6	45.0	46.9	49.3
Aged	NA	NA	NA	3.1	3.7	3.7	4.5	4.6	5.2
Blind/Disabled	NA	NA	NA	3.8	5.8	6.7	7.9	8.1	8.8
Children	NA	NA	NA	10.7	16.5	16.2	22.1	23.1	23.9
Adults	NA	NA	NA	4.9	6.7	6.9	10.5	11.0	11.4
Other Title XIX	NA	NA	NA	0.5	0.6	NA	NA	NA	NA
SCHIP	NA	NA	NA	NA	NA	2.1	4.3	4.3	4.4
Unduplicated annual enrollment in millions									
Total	22.4	21.6	21.8	25.3	42.5	43.3	57.6	60.1	63.2
Aged	3.7	3.4	3.1	3.2	4.4	4.3	5.2	5.4	6.1
Blind/Disabled	2.4	2.8	3.0	3.7	6.5	7.5	8.8	9.0	9.7
Children	9.8	9.3	9.8	11.2	21.3	20.9	28.7	30.0	31.1
Adults	4.7	4.8	5.5	6.0	9.4	10.6	15.0	15.7	16.2
Other Title XIX	1.9	1.5	1.2	1.1	0.9	NA	NA	NA	NA
SCHIP	NA	NA	NA	NA	NA	3.3	6.8	6.8	6.9

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

SOURCES: CMS/CMSO/OACT

December 2006

Medicaid Eligibles Demographics Selected Fiscal Years

	2001	2002	2003
	In millions		
Total eligibles	46.8	51.5	55.4
Age	46.8	51.5	55.4
Under 21	25.4	27.8	29.8
21 - 64	16.1	18.0	19.5
65 and over	5.1	5.5	5.9
Unknown	0.1	0.1	0.1
Sex	46.8	51.5	55.4
Male	18.6	20.7	22.4
Female	28.1	30.7	32.9
Unknown	0.1	0.3	0.1
Race	46.8	51.5	55.4
White, not Hispanic	20.5	22.5	24.2
Black, not Hispanic	11.7	12.2	12.9
American Indian/Alaskan Native	0.6	0.7	0.8
Asian	1.0	1.2	1.5
Hawaiian/Pacific Islander	0.5	0.6	0.6
Hispanic	9.5	10.8	12.1
Other	0.1	0.1	--
Unknown	2.9	3.4	3.3

-- Less than 100,000.

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

SOURCES: CMS/CMSO

December 2006

**Life Expectancy at Birth and at Age 65 by Race and Sex: United States
Selected Calendar Years**

Calendar Year	All Races			White			Black		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
At Birth									
1950	68.2	65.6	71.1	69.1	66.5	72.2	60.8	59.1	62.9
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1985	74.7	71.1	78.2	75.3	71.8	78.7	69.3	65.0	73.4
1990	75.4	71.8	78.8	76.1	72.7	79.4	69.1	64.5	73.6
1995	75.8	72.5	78.9	76.5	73.4	79.6	69.6	65.2	73.9
2000	77.0	74.3	79.7	77.6	74.9	80.1	71.9	68.3	75.2
2001	77.2	74.4	79.8	77.7	75.0	80.2	72.2	68.6	75.5
2002	77.3	74.5	79.9	77.7	75.1	80.3	72.3	68.8	75.6
2003	77.5	74.8	80.1	78.0	75.3	80.5	72.7	69.0	76.1
At Age 65									
1950	13.9	12.8	15.0	NA	12.8	15.1	13.9	12.9	14.9
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8
1985	16.7	14.5	18.5	16.8	14.5	18.7	15.2	13.0	16.9
1990	17.2	15.1	18.9	17.3	15.2	19.1	15.4	13.2	17.2
1995	17.4	15.6	18.9	17.6	15.7	19.1	15.6	13.6	17.1
2000	18.0	16.2	19.3	18.0	16.3	19.4	16.2	14.2	17.7
2001	18.1	16.4	19.4	18.2	16.5	19.5	16.4	14.4	17.9
2002	18.2	16.6	19.5	18.2	16.6	19.5	16.6	14.6	18.0
2003	18.4	16.8	19.8	18.5	16.9	19.8	17.0	14.9	18.5

SOURCE: Public Health Service, Health United States, 2005

December 2006

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

Calendar Year	Male	Female
	Number in years	
1965	12.9	16.3
1970	13.8	18.5
1980	14.0	18.4
1990	15.1	19.1
2000	15.9	19.0
2010 ¹	16.6	19.1
2020 ¹	17.3	19.7
2030 ¹	17.9	20.2
2040 ¹	18.4	20.8
2050 ¹	19.0	21.3
2060 ¹	19.5	21.9
2070 ¹	20.0	22.3
2080 ¹	20.5	22.8
2090 ¹	21.0	23.2
2100 ¹	21.4	23.7

¹ Preliminary or estimated.

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

SOURCE: SSA/OACT

December 2006

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

	1990	1999	2000	2003	2004	2005
Discharges						
Total in millions	10.5	11.7	11.8	12.7	13.0	13.0
Rate per 1,000 Enrollees ¹	320	370	368	362	364	361
Days of Care						
Total in millions	94	71	71	74	75	75
Rate per 1,000 Enrollees ¹	2,866	2,266	2,215	2,124	2,110	2,073
Average Length of Stay						
All short-stay	9.0	6.1	6.0	5.9	5.8	5.7
Excluded Units ²	19.5	12.6	12.3	11.5	11.5	11.6
Total Charges per Day	\$1,060	\$2,496	\$2,720	\$4,033	\$4,458	\$4,882

¹ The population base is HI enrollment excluding HI enrollees residing in foreign countries, and reflect fee-for-service enrollment, as of July 1.

² Includes alcohol/drug, psychiatric, and rehabilitation units for 1990, and psychiatric and rehabilitation units from 1999 through 2005.

NOTES: Data may reflect under reporting due to a variety of reasons including: operational difficulties experienced by intermediaries; no-pay, at-risk managed care utilization; and no-pay Medicare secondary payer bills. Average length of stay is shown in days. The data for 1990 through 2005 are based on 100 percent MEDPAR. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/ORDI

December 2006

**Medicare Short-Stay Hospital Days per Person by Days of Care
Calendar Year 2004**

Total Days of Care	Persons Using Number of Days	Percent Distribution	Cumulative Percent Distribution	Total Days Used	Percent Distribution	Days Per Person
TOTAL	7,596,520	100.0	---	74,606,025	100.0	9.8
1 day	815,380	10.7	10.7	815,380	1.1	1.0
2 days	833,190	11.0	21.7	1,666,380	2.2	2.0
3 days	888,910	11.7	33.4	2,666,730	3.6	3.0
4 days	722,235	9.5	42.9	2,888,940	3.9	4.0
5 days	552,760	7.3	50.2	2,763,800	3.7	5.0
6 days	454,845	6.0	56.2	2,729,070	3.7	6.0
7 days	384,290	5.1	61.2	2,690,030	3.6	7.0
8 days	319,450	4.2	65.4	2,555,600	3.4	8.0
9 days	261,845	3.4	68.9	2,356,605	3.2	9.0
10 days	228,185	3.0	71.9	2,281,850	3.1	10.0
11 days	198,845	2.6	74.5	2,187,295	2.9	11.0
12 days	172,140	2.3	76.8	2,065,680	2.8	12.0
13 days	152,285	2.0	78.8	1,979,705	2.7	13.0
14 days	141,600	1.9	80.6	1,982,400	2.7	14.0
15 days	125,535	1.7	82.3	1,883,025	2.5	15.0
16 days	107,810	1.4	83.7	1,724,960	2.3	16.0
17 days	97,600	1.3	85.0	1,659,200	2.2	17.0
18 days	87,635	1.2	86.2	1,577,430	2.1	18.0
19 days	79,035	1.0	87.2	1,501,665	2.0	19.0
20 days	71,695	0.9	88.1	1,433,900	1.9	20.0
21-30 days	455,620	6.0	94.1	11,292,640	15.1	24.8
31-40 days	203,940	2.7	96.8	7,117,570	9.5	34.9
41-50 days	102,020	1.3	98.2	4,587,215	6.1	45.0
51-60 days	55,450	0.7	98.9	3,050,285	4.1	55.0
61-90 days	61,605	0.8	99.7	4,427,500	5.9	71.9
91 days or more	22,615	0.3	100.0	2,721,170	3.6	120.3

NOTES: These data reflect total individual hospital days during the calendar year. A beneficiary may have multiple hospital stays. Days from all stays are combined. Calendar year data are derived from 2004 MEDPAR stay record file. This file includes stays recorded in CMS central office through June 2005. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/ORDI

December 2006

**Medicare Short-Stay Hospital Discharges by Length of Stay
Calendar Year 2004**

Total Length of Stay	Discharges (aged and disabled)			Total Days of Care		
	Number	Percent Distribution	Cumulative Percent Distribution	Number	Percent Distribution	Cumulative Percent Distribution
TOTAL	12,918,130	100.0	--	74,606,025	100.0	--
1 day	1,788,595	13.8	13.8	1,788,595	2.4	2.4
2 days	1,837,865	14.2	28.1	3,675,730	4.9	7.3
3 days	1,983,785	15.4	43.4	5,951,355	8.0	15.3
4 days	1,599,595	12.4	55.8	6,398,380	8.6	23.9
5 days	1,183,750	9.2	65.0	5,918,750	7.9	31.8
6 days	916,990	7.1	72.1	5,501,940	7.4	39.2
7 days	737,190	5.7	77.8	5,160,330	6.9	46.1
8 days	547,030	4.2	82.0	4,376,240	5.9	52.0
9 days	403,240	3.1	85.1	3,629,160	4.9	56.8
10 days	313,830	2.4	87.6	3,138,300	4.2	61.0
11 days	251,250	1.9	89.5	2,763,750	3.7	64.7
12 days	201,280	1.6	91.1	2,415,360	3.2	68.0
13 days	170,435	1.3	92.4	2,215,655	3.0	71.0
14 days	156,510	1.2	93.6	2,191,140	2.9	73.9
15 days	119,855	0.9	94.5	1,797,825	2.4	76.3
16 days	91,865	0.7	95.2	1,469,840	2.0	78.3
17 days	78,380	0.6	95.8	1,332,460	1.8	80.1
18 days	64,760	0.5	96.3	1,165,680	1.6	81.6
19 days	53,770	0.4	96.8	1,021,630	1.4	83.0
20 days	48,895	0.4	97.1	977,900	1.3	84.3
21-30 days	243,550	1.9	99.0	5,928,930	7.9	92.2
31-40 days	69,610	0.5	99.6	2,409,370	3.2	95.5
41-50 days	27,130	0.2	99.8	1,214,415	1.6	97.1
51-60 days	12,035	0.1	99.9	661,895	0.9	98.0
61-90 days	12,155	0.1	100.0	873,230	1.2	99.2
91 days or more	4,780	0.0	100.0	628,165	0.8	100.0

NOTES: These data reflect individual stays. A beneficiary may use more than one stay and each is counted separately. Calendar year data are derived from the 2004 MEDPAR stay record file. This file includes stays recorded in CMS central office through June 2005. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/ORDI

December 2006

**Medicare Short-Stay Hospital DRGs Ranked by Discharges
Fiscal Year 2005**

Rank	DRG No.	Discharges ¹		Average Length of Stay	Average Charge Per Discharge	Total Payments ² (in thousands)	Total Medicare Payments (in thousands)	Other Third Party Payer (OTPP) Payments (in thousands)	Beneficiary Liability ³ (in thousands)	Average Payments and Liabilities ⁴			
		Number	Percent							Total	Medicare	OTPP	Beneficiary
		12,979,767	100.0	5.7	28,067	\$121,234,357	\$107,047,042	\$5,584,839	\$8,602,477	\$9,340	\$8,247	\$430	\$663
1	127	673,992	5.2	5.1	19,358	4,097,519	3,623,617	96,855	377,046	6,079	5,376	144	559
2	089	558,987	4.3	5.5	18,951	3,360,687	2,877,787	108,006	374,895	6,012	5,148	193	671
3	209	493,188	3.8	4.5	36,670	5,839,488	5,088,018	345,241	406,230	11,840	10,317	700	824
4	088	431,977	3.3	4.9	16,394	2,263,824	1,893,040	89,941	280,843	5,241	4,382	208	650
5	430	350,893	2.7	10.6	18,129	2,496,767	2,199,996	47,201	249,570	7,115	6,270	135	711
6	182	300,109	2.3	4.5	16,119	1,477,232	1,237,762	57,838	181,632	4,922	4,124	193	605
7	416	291,112	2.2	7.5	33,279	2,924,742	2,643,754	95,839	185,148	10,047	9,082	329	636
8	462	288,946	2.2	12.1	26,274	3,931,860	3,816,373	68,435	47,052	13,608	13,208	237	163
9	014	285,679	2.2	5.5	22,762	2,131,488	1,857,993	70,862	202,633	7,461	6,504	248	709
10	174	263,425	2.0	4.7	19,315	1,586,022	1,374,064	42,156	169,803	6,021	5,216	160	645
11	296	250,431	1.9	4.6	15,423	1,247,952	1,070,562	33,397	143,993	4,983	4,275	133	575
12	527	241,502	1.9	2.2	43,130	3,411,270	3,013,598	228,256	169,416	14,125	12,479	945	702
13	143	240,835	1.9	2.1	10,990	823,962	614,726	38,683	170,553	3,421	2,552	161	708
14	320	227,814	1.8	5.0	16,141	1,155,307	991,443	20,422	143,443	5,071	4,352	90	630
15	138	207,938	1.6	3.9	15,607	1,036,063	872,056	30,490	133,517	4,983	4,194	147	642
16	316	206,790	1.6	6.2	23,537	1,641,012	1,471,322	50,926	118,765	7,936	7,115	246	574
17	079	161,545	1.2	8.1	29,255	1,520,465	1,391,301	34,835	94,329	9,412	8,612	216	584
18	121	151,412	1.2	6.2	28,806	1,366,168	1,241,022	33,050	92,096	9,023	8,196	218	608
19	148	134,249	1.0	11.9	63,568	2,896,509	2,683,923	111,914	100,671	21,576	19,992	834	750
20	210	127,449	1.0	6.6	34,412	1,371,671	1,247,800	30,003	93,868	10,763	9,791	235	737
21	141	124,447	1.0	3.4	14,563	573,633	474,124	15,559	83,951	4,609	3,810	125	675
22	475	121,328	0.9	10.7	65,989	2,772,963	2,588,757	98,003	86,203	22,855	21,337	808	710
23	124	121,152	0.9	4.4	27,512	1,061,572	927,503	54,727	79,342	8,762	7,656	452	655
24	277	120,992	0.9	5.4	16,450	640,760	533,029	25,430	82,301	5,296	4,405	210	680
25	395	117,580	0.9	4.3	16,424	592,129	497,517	23,528	71,084	5,036	4,231	200	605

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

² Total payments represent total hospital revenue for Medicare enrollee utilization, including Medicare payments, other third party payer payments, and potential beneficiary liability. Excluded bills for no-pay, at-risk managed care utilization and no-pay Medicare secondary payer bills.

³ Beneficiary liability is the responsibility of the beneficiary or some other third payer on behalf of the beneficiary. It represents potential revenue to the provider.

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

**Medicare Ranking for all Short-Stay Hospital
Fiscal Year 2005 versus 2004**

		1	
2005	2004		
2005 Rank	2004 Rank	2005	2004
1	1	127	Heart Failure and Shock
2	2	089	Simple Pneumonia and Pleurisy, Age over 17 with Complications and Comorbidities
3	3	209	Major Joint and Limb Reattachment Procedures of Lower Extremity
4	4	088	Chronic Obstructive Pulmonary Disease
5	5	430	Psychoses
6	7	182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complications and Comorbidities
7	11	416	Septicemia, Age over 17
8	6	462	Rehabilitation
9	12	014	Intracranial Hemorrhage or Cerebral Infarction
10	8	174	Gastrointestinal Hemorrhage with Complications and Comorbidities
11	9	296	Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complications and Comorbidities
12	15	527	Percutaneous Cardiovascular Procedure with Drug Eluting Stent without Acute Myocardial Infarction
13	10	143	Chest Pain
14	13	320	Kidney and Urinary Tract Infections, Age over 17 with Complications and Comorbidities
15	14	138	Cardiac Arrhythmia and Conduction Disorders, with Complications and Comorbidities
16	16	316	Renal Failure
17	17	079	Respiratory Infections and Inflammations, Age over 17 with Complications and Comorbidities
18	18	121	Circulatory Disorders with Acute Myocardial Infarction, and Major Complications, Discharged Alive
19	19	148	Major Small and Large Bowel Procedures with Complications and Comorbidities
20	21	210	Hip and Femur Procedures except Major Joint, Age over 17 with Complications and Comorbidities
21	22	141	Syncope and Collapse with Complications and Comorbidities
22	27	475	Respiratory System Diagnosis with Ventilator Support
23	20	124	Circulatory Disorders except Acute Myocardial Infarction, with Cardiovascular Catheter and Complex Diagnosis
24	29	277	Cellulitis Age over 17 with Complications and Comorbidities
25	26	395	Red Blood Cell Disorders Age over 17

¹Ranked by Discharges

SOURCE: CMS/ORDI

December 2006

Procedure Code		Allowed Charges	Percent of Allowed Charges ¹
All Procedure Codes (Levels I, II, and III)		\$108,125,894,150	100.0
Calendar Year 2005			
Leading Procedure Codes (Level I only)		\$48,061,185,450	44.4
Medicare Leading Part B Procedure Codes Based on Allowed Charges			
99213	Office/outpatient visit, est	\$5,697,325,072	5.3
99214	Office/outpatient visit, est	\$4,816,924,229	4.5
99232	Subsequent hospital care	\$2,901,795,156	2.7
66984	Cataract surg w/iol, 1 stage	\$2,253,430,321	2.1
99233	Subsequent hospital care	\$1,461,541,746	1.4
78465	Heart image (3d), multiple	\$1,133,689,093	1.0
99285	Emergency dept visit	\$1,088,686,477	1.0
88305	Tissue exam by pathologist	\$1,067,018,579	1.0
99244	Office consultation	\$1,004,943,150	0.9
97110	Therapeutic exercises	\$954,800,685	0.9
99212	Office/outpatient visit, est	\$929,778,722	0.9
92014	Eye exam & treatment	\$916,645,491	0.8
99223	Initial hospital care	\$910,675,339	0.8
99215	Office/outpatient visit, est	\$870,989,255	0.8
99254	Initial inpatient consult	\$841,601,480	0.8
93307	Echo exam of heart	\$830,470,979	0.8
99291	Critical care, first hour	\$698,187,309	0.6
99231	Subsequent hospital care	\$655,890,232	0.6
99243	Office consultation	\$614,278,847	0.6
99255	Initial inpatient consult	\$582,023,106	0.5
99312	Nursing fac care, subseq	\$561,647,979	0.5
99284	Emergency dept visit	\$540,821,041	0.5
70553	Mri brain w/o & w/dye	\$501,637,591	0.5
99245	Office consultation	\$495,418,448	0.5
99203	Office/outpatient visit, new	\$489,801,833	0.5

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
Medicare Leading Part B Procedure Codes Based on Allowed Charges (continued)			
90806	Psytx, off, 45-50 min	\$474,540,180	0.4
77418	Radiation tx delivery, imrt	\$468,107,627	0.4
98941	Chiropractic manipulation	\$465,958,469	0.4
92012	Eye exam established pat	\$449,333,811	0.4
99238	Hospital discharge day	\$448,421,846	0.4
99204	Office/outpatient visit, new	\$441,597,039	0.4
93880	Extracranial study	\$418,147,416	0.4
27447	Total knee arthroplasty	\$415,413,342	0.4
93325	Doppler color flow add-on	\$413,463,890	0.4
99222	Initial hospital care	\$389,267,283	0.4
45378	Diagnostic colonoscopy	\$383,232,841	0.4
93320	Doppler echo exam, heart	\$371,838,983	0.3
97140	Manual therapy	\$360,222,603	0.3
72148	Mri lumbar spine w/o dye	\$356,246,228	0.3
99253	Initial inpatient consult	\$340,377,255	0.3
43239	Upper GI endoscopy, biopsy	\$330,754,517	0.3
85025	Complete cbc w/auto diff wbc	\$319,558,596	0.3
45385	Lesion removal colonoscopy	\$318,848,439	0.3
92980	Insert intracoronary stent	\$314,151,594	0.3
99283	Emergency dept visit	\$312,436,019	0.3
20610	Drain/inject, joint/bursa	\$308,761,347	0.3
71020	Chest x-ray	\$294,188,742	0.3
93510	Left heart catheterization	\$293,643,093	0.3
93000	Electrocardiogram, complete	\$289,379,509	0.3
84443	Assay thyroid stim hormone	\$289,332,668	0.3
66821	After cataract laser surgery	\$283,664,599	0.3
80061	Lipid panel	\$283,281,544	0.3
76092	Mammogram, screening	\$283,251,289	0.3
17000	Destroy benign/premIg lesion	\$274,860,016	0.3
90862	Medication management	\$271,814,202	0.3
11721	Debride nail, 6 or more	\$269,872,989	0.2
45380	Colonoscopy and biopsy	\$266,568,609	0.2
99313	Nursing fac care, subseq	\$266,241,520	0.2

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
Medicare Leading Part B Procedure Codes Based on Allowed Charges (continued)			
80053	Comprehen metabo	\$263,447,451	0.2
76075	Dxa bone density, axial	\$261,014,113	0.2
72193	Ct pelvis w/dye	\$260,535,338	0.2
92004	Eye exam, new patient	\$251,675,138	0.2
71260	Ct thorax w/dye	\$245,108,484	0.2
74160	Ct abdomen w/dye	\$243,672,564	0.2
93015	Cardiovascular stress test	\$240,317,282	0.2
99239	Hospital discharge day	\$238,679,202	0.2
17304	1 stage mohs, up to 5 spec	\$238,320,675	0.2
77427	Radiation tx management, x5	\$232,994,328	0.2
70450	Ct head/brain w/o dye	\$228,516,799	0.2
78815	Tumorimage pet/ct skul-thigh	\$221,225,977	0.2
78478	Heart wall motion add-on	\$215,689,471	0.2
99211	Office/outpatient visit, est	\$214,765,834	0.2
78480	Heart function add-on	\$212,319,873	0.2
33533	CABG, arterial, single	\$206,102,656	0.2

¹ Allowed charges for leading Level I procedure codes are shown as a percent of all physician and supplier allowed charges (Levels I, II, and III) submitted to Part B carriers.

² The total number of procedure codes (Levels I, II and III) is 13,779.

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 8,563 Level I codes) account for approximately 45% of all allowed charges.

NOTES: The Current Procedural Terminology (CPT) codes, descriptions and other data only are Copyright 2005 American Medical Association All Rights Reserved (or such other date of publication of CPT). CPT is a trademark of the American Medical Association (AMA). For fuller description of each procedure, see the above publication.

SOURCE: CMS/ORDI

December 2006

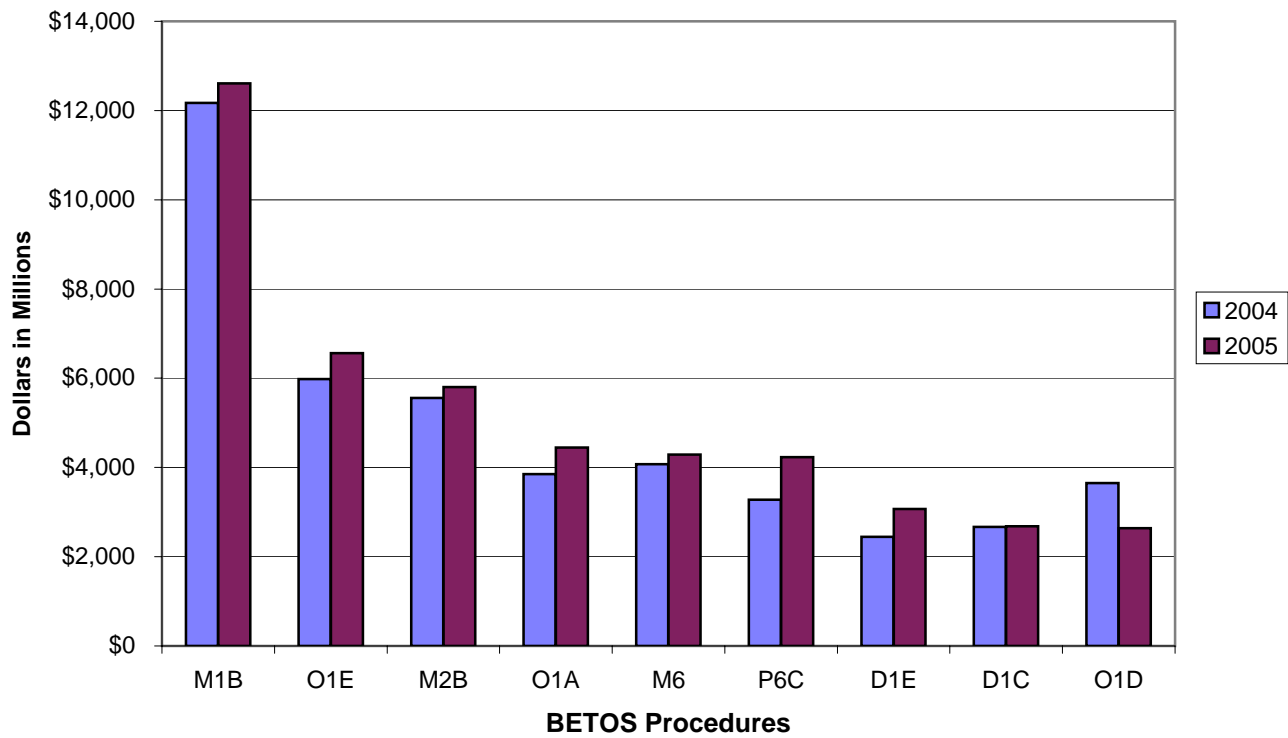
**Leading Medicare Physician and Supplier BETOS
Procedures Based on Allowed Charges
Calendar Years 2004 and 2005**

Betos Code	Description	Medicare Allowed Charges	
		2004	2005
ALL BETOS CODES		\$102,172,728,247	\$108,125,894,150
M1B	OFFICE VISITS - ESTABLISHED	12,169,530,596	12,608,767,043
O1E	OTHER DRUGS	5,977,657,906	6,561,564,887
M2B	HOSPITAL VISIT - SUBSEQUENT	5,559,412,847	5,800,765,234
O1A	AMBULANCE	3,849,642,185	4,445,879,523
M6	CONSULTATIONS	4,070,516,112	4,290,648,884
P6C	MINOR PROCEDURES - OTHER (MFS)	3,275,985,254	4,235,284,372
D1E	OTHER DME	2,446,163,048	3,070,537,366
D1C	OXYGEN AND SUPPLIES	2,669,003,217	2,679,455,077
O1D	CHEMOTHERAPY	3,650,649,605	2,641,048,344

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

SOURCE: CMS/ORDI

BETOS Allowed Charges



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

	1975	1980	1985	1995	2000	2004
Aged Persons Served per 1,000 Enrollees						
HI and/or SMI	528	638	722	826	916	919
HI	221	240	219	218	232	231
SMI	536	652	739	858	965	972
Disabled Persons Served per 1,000 Enrollees						
HI and/or SMI	450	594	669	759	835	856
HI	219	246	228	212	196	203
SMI	471	634	715	837	943	965

NOTES: Prior to 2000, utilization rates per 1,000 enrollees came from the Annual Person Summary and were not yet modified to exclude persons enrolled in managed care. Beginning in 2000, utilization counts are based on a five-percent sample of fee-for-service beneficiaries and the rates are adjusted to exclude managed care enrollees.

SOURCES: CMS/ORDI

**Medicare Persons Served by Type of Service
Calendar Year 2004**

	Aged		Disabled	
	Persons Served in thousands ¹	Served per 1,000 Enrollees ²	Persons Served in thousands ¹	Served per 1,000 Enrollees ²
Hospital and/or Supplementary Medical Insurance	27,851	919	5,164	856
Hospital Insurance	6,933	231	1,223	203
Inpatient Hospital	6,418	214	1,193	225
Skilled Nursing Facility	1,636	55	117	19
Home Health Agency	1,530	51	163	27
Hospice	757	25	40	7
Supplementary Medical Insurance	27,617	972	5,117	965
Physician/Other Supplies	27,284	960	4,982	940
Outpatient	20,249	713	3,753	708
Home Health Agency	1,137	40	137	26

¹ Medicare fee-for-service enrollees who received a covered service for which Medicare Trust Fund payments were made and for which bills were received and processed in CMS Central Office

² Rates exclude members of prepaid health care plans

SOURCE: CMS/ORDI

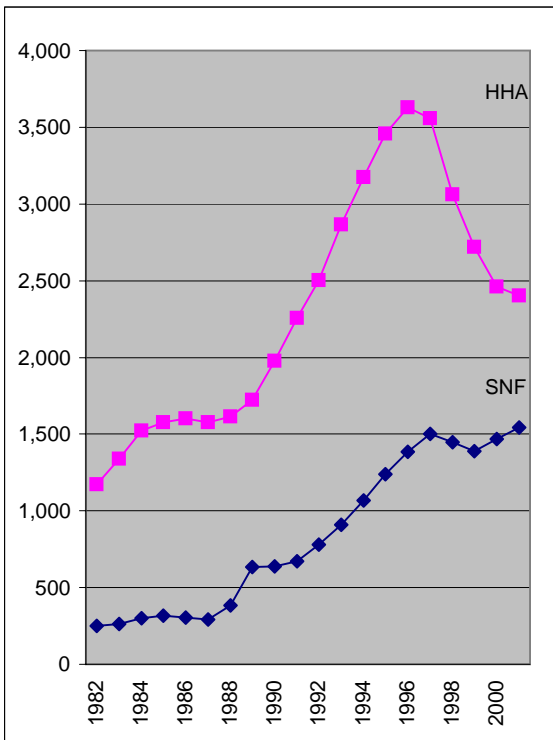
December 2006

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

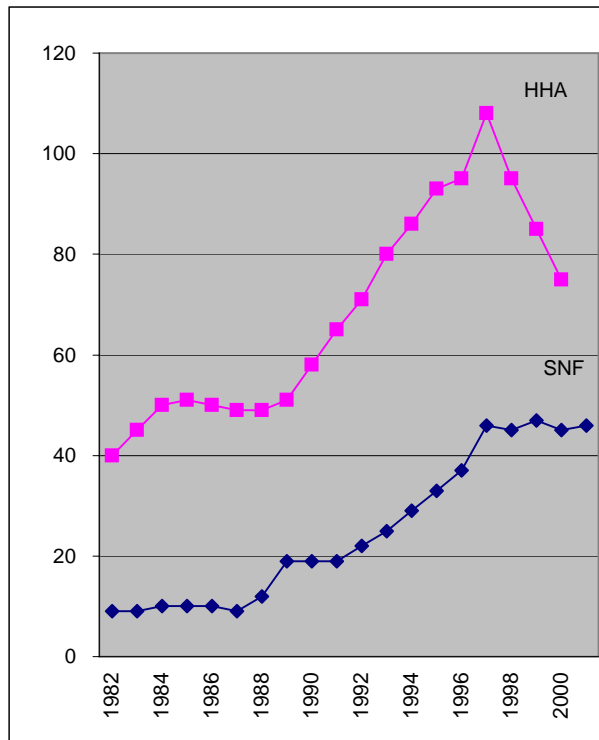
Calendar Year	Skilled Nursing Facilities		Home Health Agencies	
	Persons Served in thousands	Rate Per 1,000 Enrollees	Persons Served in thousands	Rate Per 1,000 Enrollees
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,576	51
1986	304	10	1,601	50
1987	293	9	1,575	49
1988	384	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
2002	1,561	45 ¹	2,544	73 ¹
2003	1,662	46 ¹	2,681	75 ¹
2004	1,752	49 ¹	2,667	73 ¹

¹ Excludes managed care enrollees in rate.

Persons Served in Thousands



Rates Per 1,000 Enrollees



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

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

SOURCES: CMS/OCSQ/CMM

December 2006

Home Health Agency - Medicare National Summary

Calendar Year	Total Patients	Total Reimbursement	Total Visits	Average Reimbursement Per Patient	Average Visits Per Patient
2003	2,684,537	\$10,148,955,234	82,517,107	\$3,781	31
2004	2,839,738	11,500,462,624	88,871,918	4,050	31
2005	2,979,297	12,885,434,951	95,536,624	4,325	32

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
2003	728,881	\$5,631,298,417	45,604,973	\$7,726	63
2004	797,117	6,717,148,526	51,795,947	8,427	65
2005	871,249	7,903,597,514	58,338,000	9,072	67

NOTE: Data include Puerto Rico and Virgin Islands.

Skilled Nursing Facilities - Medicare National Summary

Calendar Year	Total Discharges	Total Reimbursement	Total Covered Days	Average Reimbursement Per Discharge	Average Days Per Discharge
2003	1,818,678	\$14,924,505,881	58,603,312	\$8,206	32
2004	1,763,700	17,119,488,718	62,299,920	9,060	33
2005	1,981,832	19,031,937,365	65,870,299	9,603	33

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

Outpatient - Medicare National Summary

Calendar Year	Total Patients	Total Charges	Total Payments	Average Charge Per Patient	Average Payment Per Patient
2003	23,577,782	\$118,881,174,205	\$26,141,374,584	\$5,042	\$1,109
2004	23,980,989	145,380,076,245	30,291,897,520	6,062	1,263
2005	24,411,115	175,759,614,426	33,794,137,404	7,200	1,384

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

SOURCES: CMS/ORDI/OIS

December 2006

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

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

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

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

³ "MR" indicates mentally retarded.

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

SOURCES: CMS/CMSO

December 2006

**National Community Hospital Utilization
1973 - 2004**

Year	Admissions in millions	Inpatient Days in millions	Average Stay in days	Outpatient Visits in millions	Adjusted Expenses per Inpatient Day
1973	31.7	248	7.8	173	\$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986	32.4	229	7.1	232	501
1987	31.6	227	7.2	246	539
1988	31.5	227	7.2	269	586
1989	31.1	225	7.2	286	637
1990	31.2	226	7.2	301	687
1991	31.1	223	7.2	322	752
1992	31.0	221	7.1	349	820
1993	30.7	216	7.0	367	881
1994	30.7	207	6.7	383	931
1995	30.9	200	6.5	414	968
1996	31.1	194	6.2	440	1,006
1997	31.6	193	6.1	450	1,033
1998	31.8	191	6.0	474	1,067
1999	32.4	192	5.9	495	1,103
2000	33.0	192	5.8	521	1,149
2001	33.8	194	5.7	538	1,217
2002	34.5	197	5.7	556	1,290
2003	34.8	197	5.7	563	1,379
2004	35.1	198	5.6	572	1,450

SOURCE: American Hospital Association

December 2006

**Medicare Hospital and SNF/NF/ICF Facility Counts
May 2006**

Total Hospitals	6,193
Type of Hospital	
Short-Term Hospitals under Inpatient PPS (IPPS)	3,728
--Psychiatric Units	1,302
--Rehabilitation Units	1,013
--Swing Bed Hospitals	582
Psychiatric	479
Long-term	391
Rehabilitation	218
Childrens	81
Religious Non-Medical	16
Critical Access	1,280
Non-Participating Hospitals	768
Emergency	418
Federal	350
All Skilled Nursing Facilities/SNF-NFs/NFs Only	15,965
All Skilled Nursing Facilities	15,030
Skilled Nursing Facilities	847
--Hospital-Based	413
--Free-Standing	434
SNF-NFS Combination	14,183
--Hospital-Based	816
--Free-Standing	13,367
Title 19 Only NFs	935
--Hospital-Based	147
--Free-Standing	788
All Intermediate Care/Mentally Retarded Facilities	6,428

NOTES: This table is designed to give a "snapshot" as of the end of May 2006 of institutional providers participating in the program by type of provider (short term, long term, rehab, etc.). Numbers may differ from other reports and program memoranda.

SOURCES: CMS/CMM/CMSO/ORDI

December 2006

**Medicare Inpatient Hospitals
Selected Years**

	1980	1990	2000	2004	2005
Total Hospitals	6,777	6,522	5,985	6,117	6,180
Beds in thousands	1,150	1,105	991	950	947
Beds per 1,000 Enrollees ¹	41.0	32.8	25.3	23.0	22.5
Short-Stay	6,104	5,549	4,900	3,951	3,790
Beds in thousands	991	970	873	821	812
Beds per 1,000 Enrollees ¹	35.3	28.8	22.3	19.8	19.3
Critical Access Hospitals	NA	NA	NA	1,029	1,217
Beds in thousands	--	--	--	22	28
Beds per 1,000 Enrollees ¹	--	--	--	0.5	0.7
Other Non-Short-Stay	673	973	1,094	1,137	1,173
Beds in thousands	159	135	118	107	107
Beds per 1,000 Enrollees ¹	5.7	4.0	3.0	2.6	2.5

¹ Based on number of HI enrollees as of July 1.

NOTES: Facility data for 1980 are as of July 1. Facility data for 1990, and 2000-2005 are as of December 31st., and represent essentially those facilities eligible to participate the start of the next calendar year. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: CMS/ORDI

**Other Medicare Providers and Suppliers
Selected Years**

	1980	1985	1990	2004	2005
Skilled Nursing Facilities	5,052	6,451	8,937	14,838	15,006
Beds in thousands	436	NA	509	1,261	1,478
Home Health Agencies	2,924	5,679	5,730	7,519	8,090
Clinical Lab Improvement Act Facilities	NA	NA	NA	189,340	196,296
End Stage Renal Disease Facilities	999	1,393	1,937	4,618	4,755
Outpatient Physical Therapy	419	854	1,195	2,971	2,962
Portable X-Ray	216	308	443	608	553
Rural Health Clinics	391	428	551	3,536	3,661
Comprehensive Outpatient Rehabilitation Facilities	NA	72	186	635	634
Ambulatory Surgical Centers	NA	336	1,197	4,136	4,445
Hospices	NA	164	825	2,645	2,872

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 2004 and 2005 are as of December 31, 2004 and December 31, 2005, 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

December 2006

**Selected Medicare Facilities by Type of Control
2005**

	Short Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	3,790	15,006	8,090
Percent Distribution			
Voluntary	60.1	27.7	26.8
Proprietary	20.2	67.3	62.0
Government	19.7	5.0	11.2

NOTES: Data as of December 31, 2005. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent distribution may not add to 100 percent due to rounding.

SOURCES: CMS/ORDI

**Medicare PIP Facilities
Selected Years**

	1975	1980	1985	1990	2000	2003	2004	2005
Hospitals								
Number of PIP	1,524	2,276	3,242	1,352	869	657	626	671
Percent of Total Participating	22.5	33.8	48.3	20.6	14.4	10.9	10.8	10.9
Skilled Nursing Facilities								
Number of PIP	161	203	224	774	1,236	1,001	526	847
Percent of Total Participating	4.1	3.9	3.4	7.3	8.3	6.7	3.5	5.6
Home Health Agencies								
Number of PIP	86	481	931	1,211	1,038	44	46	59
Percent of Total Participating	3.8	16.0	16.0	21.0	14.4	0.1	0.1	0.1

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 2006

Medicare Participating Physician Program

Participation Status	Number of Physicians ¹	Participation Status				
		January 2006	January 2005	January 2004	January 2003	January 2002
Participating	1,007,062	93.3%	92.0%	91.9%	91.5%	89.3%
Billing Medicare	1,079,196					

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
2003	98.5
2004	98.7
2005	98.8

¹ The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

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

	Jan. 2000	Jan. 2001	Jan. 2002	Jan. 2003	Jan. 2004	Jan. 2005	Jan. 2006
	Dec. 2000	Dec. 2001	Dec. 2002	Dec. 2003	Dec. 2004	Dec. 2005	Dec. 2006
Percent of Physicians Participating							
Physicians (M.D.s and D.O.s):	--	--	90.3	91.2	91.9	93.0	94.7
General practice	80.2	79.0	80.2	84.3	84.8	84.5	88.6
General surgery	93.3	92.5	92.8	95.6	95.5	95.2	96.2
Otology, laryngology, rhinology	91.8	91.3	91.7	93.9	94.5	94.1	95.1
Anesthesiology	93.7	92.3	92.3	95.5	95.4	95.1	96.8
Cardiovascular disease	95.8	94.4	94.3	96.4	96.1	96.1	97.1
Dermatology	90.8	90.1	90.1	92.4	92.9	92.6	93.8
Family practice	90.8	90.3	90.8	93.2	93.7	93.8	94.8
Internal medicine	90.7	88.7	88.8	92.2	92.9	92.9	94.8
Neurology	92.1	89.9	89.1	93.3	94.0	93.0	94.6
Obstetrics-gynecology	86.8	86.3	86.5	88.8	89.1	89.4	91.5
Ophthalmology	93.3	92.8	93.3	95.1	95.0	94.9	96.0
Orthopedic surgery	93.8	93.1	92.4	95.5	95.8	95.6	96.1
Pathology	93.6	92.2	92.0	95.4	95.3	94.4	96.4
Psychiatry	79.1	79.6	80.4	83.0	82.8	83.3	87.4
Radiology	95.3	91.9	91.6	95.7	95.6	95.4	97.4
Urology	94.6	93.8	93.6	96.0	96.2	96.1	96.9
Nephrology	95.1	93.6	93.6	95.5	95.6	95.4	96.7
Clinic/other grp practice-not GPPP	91.6	92.7	93.5	93.4	92.9	91.7	82.7
Limited license practitioners (LLP):							
Chiropractor	59.4	63.0	64.4	65.2	70.4		
Podiatry-surgical chiropody	90.7	91.6	92.1	92.3	93.4		
Optometrist	78.4	80.0	80.6	82.4	83.1		

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

SOURCE: CMS/OFM

July 2006

Medicare Contracts with Prepaid Organizations

Type of Contract	Number of Contracts	Payment FY 2006 to date in millions
Total Prepaid Organizations	579	\$72,542.3
Medicare Advantage	417	67,474.7
TEFRA Cost/Demos	47	1,629.3
Demonstrations and/or PPOs	64	2,889.5
HCPPs Part B (Health Care Prepayment Plans)	16	176.0
PACE	35	372.9

SOURCE: CMS/CBC

December 2006

Medicare Summary of Risk and Cost Contracts by Category

Type of Contract	Number of Contracts	Percent	Number of Enrollees	Percent
HCPP Contracts				
Model				
Group	11	69	62,464	66
Union	2	13	17,517	18
Employer Group	1	6	4,031	4
IPA	1	6	4,266	4
Other	1	6	6,762	8
Ownership				
Profit	2	13	4,293	5
Nonprofit	13	87	83,985	95
Cost Contracts ¹				
Model				
IPA	11	23	193,468	38
Group	33	70	314,655	61
Staff	3	7	68,080	1
Ownership				
Profit	18	38	123,407	24
Nonprofit	29	62	391,524	76
CCP Contracts ¹				
Model				
IPA	75	25	2,617,536	52
Group	209	71	1,958,867	39
Staff	12	4	478,505	9
Ownership				
Profit	226	75	3,083,431	60
NonProfit	74	25	2,030,423	40
PACE Contracts				
Model				
Group	27	100	8,924	100
Ownership				
Profit	14	42	4,024	36
NonProfit	19	58	7,040	64
PFFS Contracts				
Model				
Group	16	100	175,731	100
Ownership				
Profit	14	82	204,922	98
Non-Profit	19	18	4,068	2

¹ Does not include cost enrollees remaining in risk plans.

NOTES: Data as of December 2005. IPA is the Individual Practice Association.

SOURCE: CMS/CBC

December 2006

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	15,590	18.7
1979	434,095	417,266	16,829	19.2
1980	435,165	435,545	17,620	19.8
1981	463,330	444,899	18,431	20.1
1982	482,195	462,947	19,248	20.7
1983	499,679	479,440	20,239	21.3
1984	NA	NA	21,295	NA
1985	533,573	511,090	22,483	22.3
1986	543,247	519,393	23,854	22.5
1987	559,777	534,692	25,085	23.0
1988	575,626	549,160	26,466	23.4
1989	587,751	559,988	27,763	23.7
1990	601,612	572,660	28,952	24.0
1991	624,797	594,697	30,100	24.6
1992	636,891	605,685	31,206	24.8
1993	652,240	619,751	32,489	24.9
1994	666,200	632,121	34,079	25.2
1995	681,742	646,022	35,720	25.5
1996	701,249	663,943	37,306	26.0
1997	723,537	684,605	38,932	27.0
1998	747,784	707,032	40,752	27.5
1999	763,519	720,855	42,664	27.9
2000	782,280	737,504	44,776	27.8
2001	793,091	751,689	41,402	27.8
2002	812,408	768,498	43,910	28.2
2003	832,624	786,658	45,966	28.6
2004	840,534	792,154	48,380	28.6

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

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

December 2006

**Active Federal and Non-Federal
Physicians
By CMS Region
2004**

CMS Region	Total	Type of Physician		Active Physicians per 100,000 Population ¹
		Doctors of Medicine	Doctors of Osteopathy	
Total	827,956	779,842	47,844	282
Boston	56,221	54,451	1,770	395
New York	108,486	102,594	5,892	388
Philadelphia	97,239	89,961	7,278	340
Atlanta	139,003	132,967	6,036	246
Chicago	141,935	130,224	11,711	278
Dallas	79,638	74,886	4,752	227
Kansas City	32,143	28,714	3,429	244
Denver	24,395	23,150	1,245	247
San Francisco	117,974	113,307	4,667	261
Seattle	30,922	29,588	1,334	261
U.S. Possessions ²	12,210	12,210	--	NA
Foreign and Unknown ³	--	--	--	NA

¹ Rate for Total (All Areas) based on U.S. Resident population as of July 1, 2004.

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

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

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

December 2006

**Medicare Part B Practitioners by Major Category
December 2006**

Major Category	Number	Percent
All Part B Practitioners	1,067,097	100.0
Physician Specialties (PHYSSTAT=1)	655,995	61.5
Primary Care	241,694	22.6
Medical Specialties	106,687	10.0
Surgical Specialties	106,802	10.0
Emergency Medicine	35,646	3.3
Anesthesiology	37,808	3.5
Radiology	36,956	3.5
Pathology	13,763	1.3
Obstetrics/Gynecology	38,035	3.6
Psychiatry	38,312	3.6
Other and Unknown	292	0.0
Limited Licensed Practitioners (PHYSSTAT=2)	123,841	11.6
Non-physician Practitioners (PHYSSTAT=3)	287,261	26.9

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 ORD

**Medicare Physician and Other Practitioner Registry by Specialty
December 2006**

Specialty	Specialty Code	Number	Percent
All practitioners		1,067,097	100.0
All Physician Specialties (PHYSSTAT=1)		655,995	61.5
Primary Care ¹		241,694	22.6
General Practice	01	20,385	1.9
Family Practice	08	84,763	7.9
Internal Medicine ²	11	103,430	9.7
Pediatrics ²	37	33,116	3.1
Medical		106,687	10.0
Allergy/Immunology	03	3,405	0.3
Cardiology (Cardiovascular Disease)	06	21,976	2.1
Dermatology	07	10,124	0.9
Interventional Pain Management	09	417	0.0
Gastroenterology	10	10,783	1.0
Osteopathic Manipulative Therapy	12	807	0.1
Neurology	13	12,686	1.2
Pulmonary Disease	29	7,941	0.7
Physical Med and Rehab	25	7,230	0.7
Geriatrics	38	1,367	0.1
Nephrology	39	6,028	0.6
Infectious Disease	44	4,045	0.4
Endocrinology	46	3,887	0.4
Rheumatology	66	3,486	0.3
Single/multi-Specialty Clinic/Group Practice	70	82	0.0
Pain Management	72	763	0.1
Periph. Vascular Disease	76	120	0.0
Addiction Medicine	79	144	0.0
Critical Care Intensivists	81	1,447	0.1
Hematology	82	748	0.1
Hematology/Oncology	83	6,315	0.6
Preventive Medicine	84	522	0.0
Medical Oncology	90	2,364	0.2
Surgical		106,802	10.0
General Surgery	02	25,569	2.4
Otolaryngology (ENT)	04	9,601	0.9
Neurosurgery	14	4,679	0.4
Ophthalmology	18	18,771	1.8
Orthopedic Surgery	20	23,154	2.2
Plastic/Reconstructive Surgery	24	5,736	0.5
Colorectal Surgery (Proctology)	28	1,004	0.1
Thoracic Surgery	33	2,771	0.3
Urology	34	10,024	0.9
Hand Surgery	40	730	0.1
Vascular Surgery	77	2,059	0.2
Cardiac Surgery	78	1,845	0.2
Maxillofacial Surgery	85	331	0.0
Surgical Oncology	91	528	0.0

Medicare Physician and Other Practitioner Registry by Specialty
December 2006
continued

Specialty	Specialty Code	Number	Percent
Emergency Medicine	93	35,646	3.3
Anesthesiology	05	37,808	3.5
Radiology		36,956	3.5
Radiology	30	31,548	3.0
Nuclear Medicine	36	771	0.1
Radiation Oncology	92	3,739	0.4
Interventional Radiology	94	898	0.1
Pathology	22	13,763	1.3
Obstetrics-Gynecology		38,035	3.6
Obstetrics Gynecology	16	37,367	3.5
Gynecology/Oncology	98	668	0.1
Psychiatry		38,312	3.6
Psychiatry	26	38,165	3.6
Neuropsychiatrist	86	147	0.0
Other and Unknown		292	0.0
Limited Licensed Practitioners (PHYSSTAT=2)		123,841	11.6
Optometry	41	33,925	3.2
Oral Surgery/Dentists only	19	12,318	1.2
Maxillofacial Surgery	85	1,410	0.1
Podiatry	48	16,088	1.5
Chiropractor	35	59,933	5.6
Other and Unknown		167	0.0
Non-Physician Practitioners (PHYSSTAT=3)		287,261	26.9
Certified Nurse Midwife	42	3,976	0.4
Anesthesia Assistant	32	442	0.0
CRNA	43	31,153	2.9
Nurse Practitioner	50	53,210	5.0
Psychologist/billing independently	62	1,623	0.2
Audiologist/billing independently	64	5,149	0.5
Physical Therapist	65	38,453	3.6
Occupational Therapist	67	6,541	0.6
Clinical Psychology	68	39,422	3.7
Dietitian/Nutritionist	71	9,487	0.9
Clinical Social Worker	80	53,670	5.0
Certified Clinical Nurse	89	3,482	0.3
Physician Assistant	97	40,616	3.8
Other and Unknown		37	0.0

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

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

December 2006

**Medicaid Medical Assistance Payments
Fiscal Year 2005**

	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	\$300,723,913	\$172,070,734	Missouri	6,528,988	4,004,740
			Montana	696,069	508,719
Alabama	3,837,474	2,725,401	Nebraska	1,377,176	823,743
Alaska	983,489	636,766	Nevada	1,184,065	665,561
American Samoa	10,418	5,209	New Hampshire	1,244,583	622,992
Arizona	5,725,920	3,958,123			
Arkansas	2,809,921	2,103,823	New Jersey	7,508,874	3,754,323
California	33,662,911	17,010,172	New Mexico	2,363,670	1,775,765
			New York	42,752,347	21,433,025
Colorado	2,796,730	1,402,743	North Carolina	8,844,880	5,648,798
Connecticut	4,027,600	2,018,194	North Dakota	508,465	346,564
Delaware	868,668	438,947			
District of Columbia	1,254,160	878,204	N. Mariana Islands	8,185	4,092
Florida	13,218,246	7,799,056	Ohio	11,572,449	6,919,501
			Oklahoma	2,712,780	1,923,982
Georgia	7,333,266	4,403,242	Oregon	2,810,668	1,745,079
Guam	16,881	8,652	Pennsylvania	15,786,514	8,539,561
Hawaii	1,033,126	605,168			
Idaho	1,008,635	714,326	Puerto Rico	1,007,421	503,711
Illinois	10,785,543	5,410,219	Rhode Island	1,671,398	926,381
Indiana	5,234,230	3,290,719	South Carolina	4,068,509	2,854,573
			South Dakota	608,251	417,622
Iowa	2,376,772	1,514,661	Tennessee	7,557,404	4,902,147
Kansas	1,967,791	1,201,397			
Kentucky	4,253,083	2,968,564	Texas	17,264,066	10,535,339
Louisiana	5,313,395	3,778,999	Utah	1,341,242	970,416
Maine	2,242,389	1,457,381	Vermont	859,484	518,019
			Virginia	4,425,081	2,220,055
Maryland	5,136,302	2,580,672	Virgin Islands	23,797	11,906
Massachusetts	9,556,864	4,779,755			
Michigan	8,656,267	4,922,290	Washington	5,700,851	2,883,911
Minnesota	5,525,771	2,781,413	West Virginia	2,161,356	1,615,036
Mississippi	3,342,615	2,578,836	Wisconsin	4,751,657	2,784,953
			Wyoming	405,216	237,288

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

SOURCE: CMS/CMSO

December 2006

**Mean Medicaid Outlays by Basis of Eligibility
2003**

	Total	Aged	Disabled	Child	Adult
United States	\$4,487	\$13,677	\$13,303	\$1,606	\$2,285
Alabama	4,447	12,135	6,792	1,657	1,487
Alaska	7,190	19,648	24,309	4,103	5,157
Arizona	3,237	13,029	11,610	1,511	2,525
Arkansas	3,151	12,299	9,270	1,479	1,262
California	2,770	8,271	11,540	1,403	1,106
Colorado	4,941	14,057	14,874	1,680	2,599
Connecticut	6,764	24,920	22,412	1,987	2,371
Delaware	5,006	19,656	16,362	1,998	2,914
District of Columbia	7,585	24,813	21,171	2,905	3,545
Florida	4,048	9,396	11,861	1,253	2,067
Georgia	3,093	10,416	8,581	1,406	2,960
Hawaii	3,605	11,440	10,517	1,456	2,274
Idaho	4,486	15,568	15,904	1,376	3,236
Illinois	5,131	11,420	14,555	1,591	2,800
Indiana	4,410	15,092	14,935	1,507	2,504
Iowa	5,518	17,588	14,448	1,680	2,541
Kansas	5,103	16,329	15,087	1,641	2,343
Kentucky	4,196	12,191	8,493	1,876	2,722
Louisiana	3,632	9,889	10,404	1,069	2,912
Maine	6,750	6,897	16,885	4,157	3,922
Maryland	6,060	18,933	18,625	2,003	4,053
Massachusetts	6,134	19,478	13,542	1,943	2,167
Michigan	4,076	14,366	10,769	1,084	2,138
Minnesota	7,044	20,148	23,323	2,426	2,759
Mississippi	3,582	9,151	7,634	1,383	2,910
Missouri	4,075	13,043	12,069	1,662	2,017
Montana	4,858	15,850	11,733	2,047	3,170
Nebraska	5,055	16,681	14,082	1,915	2,561
Nevada	3,998	10,610	13,335	1,633	2,367
New Hampshire	7,015	21,170	20,169	2,732	3,182
New Jersey	6,349	18,691	18,432	1,826	2,474
New Mexico	4,498	12,805	15,338	2,050	2,837
New York	7,912	26,384	25,553	2,221	3,953
North Carolina	4,602	11,262	12,503	1,601	3,096
North Dakota	5,795	20,091	19,181	1,678	2,114
Ohio	5,756	23,236	16,400	1,518	2,702
Oklahoma	3,401	10,978	10,971	1,402	1,784
Oregon	3,537	11,385	10,679	1,717	2,097
Pennsylvania	5,489	17,613	10,353	1,877	2,756
Rhode Island	6,629	21,010	18,031	2,249	2,389
South Carolina	4,229	6,781	10,261	1,588	1,922
South Dakota	4,385	12,753	13,526	1,693	2,611
Tennessee	3,156	9,956	7,220	1,190	2,699
Texas	3,750	11,472	12,988	1,611	2,776
Utah	4,208	11,520	14,589	1,630	1,624
Vermont	4,149	8,535	13,298	2,248	1,862
Virginia	4,484	11,025	11,615	1,503	2,536
Washington	4,200	10,785	8,959	1,116	2,308
West Virginia	4,904	14,300	9,539	1,689	2,390
Wisconsin	4,729	9,759	14,249	1,194	2,245
Wyoming	4,874	16,729	19,066	1,801	3,337

NOTES: Other and unknown basis of eligibility not shown separately. Data are from the FY2003 MSIS State Summary Mart.

SOURCES: CMS/CMSO/ORDI

December 2006

Medicare Enrollment by State 2005

Enrollees			
All Areas ¹	42,499,593	Missouri	912,404
		Montana	148,004
United States ²	41,535,879	Nebraska	261,439
Alabama	755,209	Nevada	296,805
Alaska	51,866	New Hampshire	191,793
Arizona	793,632	New Jersey	1,227,306
Arkansas	472,341	New Mexico	266,869
California	4,200,640	New York	2,775,996
Colorado	522,334	North Carolina	1,277,358
Connecticut	525,380	North Dakota	103,774
Delaware	127,798	Ohio	1,753,737
District of Columbia	73,256	Oklahoma	541,496
Florida	3,045,775	Oregon	539,849
Georgia	1,038,955	Pennsylvania	2,131,836
Hawaii	181,711	Rhode Island	172,352
Idaho	192,314	South Carolina	650,941
Illinois	1,690,970	South Dakota	124,937
Indiana	905,272	Tennessee	921,715
Iowa	489,637	Texas	2,544,917
Kansas	401,878	Utah	237,093
Kentucky	678,427	Vermont	96,354
Louisiana	610,147	Virginia	992,718
Maine	235,359	Washington	821,369
Maryland	694,546	West Virginia	355,386
Massachusetts	970,528	Wisconsin	825,935
Michigan	1,482,713	Wyoming	70,961
Minnesota	697,522	Puerto Rico	598,587
Mississippi	454,305		

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

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

**Medicare Enrollment as a Percent of Resident Population by State
2005**

	Resident Population	Medicare Enrollees	Enrollees as Percent of Population		Resident Population	Medicare Enrollees	Enrollees as Percent of Population
All Areas	NA	42,499,593 ¹		Missouri	5,800,310	912,404	15.7
				Montana	935,670	148,004	15.8
United States	296,410,404	41,535,879 ²	NA 14.0	Nebraska	1,758,787	261,439	14.9
Alabama	4,557,808	755,209	16.6	Nevada	2,414,807	296,805	12.3
Alaska	663,661	51,866	7.8	New Hampshire	1,309,940	191,793	14.6
Arizona	5,939,292	793,632	13.4	New Jersey	8,717,925	1,227,306	14.1
Arkansas	2,779,154	472,341	17.0	New Mexico	1,928,384	266,869	13.8
California	36,132,147	4,200,640	11.6	New York	19,254,630	2,775,996	14.4
Colorado	4,665,177	522,334	11.2	North Carolina	8,683,242	1,277,358	14.7
Connecticut	3,510,297	525,380	15.0	North Dakota	636,677	103,774	16.3
Delaware	843,524	127,798	15.2	Ohio	11,464,042	1,753,737	15.3
District of Columbia	550,521	73,256	13.3	Oklahoma	3,547,884	541,496	15.3
Florida	17,789,864	3,045,775	17.1	Oregon	3,641,056	539,849	14.8
Georgia	9,072,576	1,038,955	11.5	Pennsylvania	12,429,616	2,131,836	17.2
Hawaii	1,275,194	181,711	14.2	Rhode Island	1,076,189	172,352	16.0
Idaho	1,429,096	192,314	13.5	South Carolina	4,255,083	650,941	15.3
Illinois	12,763,371	1,690,970	13.2	South Dakota	775,933	124,937	16.1
Indiana	6,271,973	905,272	14.4	Tennessee	5,962,959	921,715	15.5
Iowa	2,966,334	489,637	16.5	Texas	22,859,968	2,544,917	11.1
Kansas	2,744,687	401,878	14.6	Utah	2,469,585	237,093	9.6
Kentucky	4,173,405	678,427	16.3	Vermont	623,050	96,354	15.5
Louisiana	4,523,628	610,147	13.5	Virginia	7,567,465	992,718	13.1
Maine	1,321,505	235,359	17.8	Washington	6,287,759	821,369	13.1
Maryland	5,600,388	694,546	12.4	West Virginia	1,816,856	355,386	19.6
Massachusetts	6,398,743	970,528	15.2	Wisconsin	5,536,201	825,935	14.9
Michigan	10,120,860	1,482,713	14.7	Wyoming	509,294	70,961	13.9
Minnesota	5,132,799	697,522	13.6	Puerto Rico	3,912,054	598,587	15.3
Mississippi	2,921,088	454,305	15.6				

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

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

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

SOURCES: CMS/ORDI and Bureau of the Census

December 2006

**Medicare and Prepaid Enrollment Distribution by State
2006**

	Medicare Enrollees in thousands	Fee-For Service Enrollment	Total Managed Care	Managed Care as Percent of Total	Cost/ HMO	Risk HMO (A, B, C)	Case Management
Total	43,289,696	35,654,642	7,635,054	17.6	403,352	7,073,054	158,648
Alabama	771,179	674,524	96,655	12.5	1,471	95,090	94
Alaska	54,373	54,080	293	0.5	40	253	
Arizona	811,845	528,297	283,548	34.9	795	282,683	70
Arkansas	484,164	458,018	26,146	5.4	1,014	25,061	71
California	4,273,008	2,857,457	1,415,551	33.1	12,383	1,397,001	--- 6,167
Colorado	538,990	378,947	160,043	29.7	25,152	134,853	38
Connecticut	529,814	491,077	38,737	7.3	75	38,611	51
Delaware	131,573	129,483	2,090	1.6	68	1,998	24
Dist. of Columbia	73,671	67,016	6,655	9.0	4,559	1,064	1,032
Florida	3,072,092	2,324,082	748,010	24.3	5,167	699,315	43,528
Georgia	1,072,038	983,624	88,414	8.2	293	74,070	14,051
Hawaii	185,303	118,587	66,716	36.0	39,423	27,293	
Idaho	199,031	165,983	33,048	16.6	3,799	29,249	
Illinois	1,712,096	1,581,264	130,832	7.6	12,202	104,410	14,220
Indiana	921,408	861,582	59,826	6.5	17,100	42,617	--- 109
Iowa	494,332	447,376	46,956	9.5	16,377	30,579	
Kansas	406,178	381,058	25,120	6.2	2,969	22,119	32
Kentucky	694,043	645,711	48,332	7.0	6,555	41,706	71
Louisiana	622,273	533,529	88,744	14.3	227	88,468	--- 49
Maine	240,441	237,994	2,447	1.0	23	2,404	20
Maryland	707,742	658,027	49,715	7.0	16,794	19,909	13,012
Massachusetts	981,674	817,320	164,354	16.7	64	164,210	80
Michigan	1,510,216	1,425,325	84,891	5.6	416	84,350	125
Minnesota	712,886	529,653	183,233	25.7	68,697	114,503	33
Mississippi	461,199	430,325	30,874	6.7	113	17,372	13,389
Missouri	928,628	792,007	136,621	14.7	2,804	133,754	63
Montana	151,586	140,138	11,448	7.6	106	11,342	
Nebraska	264,139	243,048	21,091	8.0	2,087	18,992	12
Nevada	306,225	216,547	89,678	29.3	418	89,231	29
New Hampshire	197,484	194,632	2,852	1.4	26	2,784	--- 42

**Medicare and Prepaid Enrollment Distribution by State
2006
(continued)**

	Medicare Enrollees in thousands	Fee-For Service Enrollment	Total Managed Care	Managed Care as Percent of Total	Cost/ HMO	Risk HMO (A, B, C)	Case Management
New Jersey	1,242,065	1,130,711	111,354	0.9	1,044	110,220	90
New Mexico	275,377	218,892	56,485	20.5	773	55,693	19
New York	2,806,852	2,184,533	622,319	22.2	14,308	601,022	6,989
North Carolina	1,314,372	1,171,008	143,364	10.9	625	142,570	169
North Dakota	104,457	99,034	5,423	5.2	869	4,554	
Ohio	1,776,710	1,499,618	277,092	15.6	25,877	251,062	153
Oklahoma	552,635	482,000	70,635	12.8	532	57,335	--- 12,768
Oregon	551,889	346,327	205,562	37.2	29,781	175,600	181
Pennsylvania	2,154,533	1,471,853	682,680	31.7	9,472	658,833	14,375
Puerto Rico	609,310	301,288	308,022	50.6	49	307,935	38
Rhode Island	173,923	114,153	59,770	34.4	17	59,753	
South Carolina	671,579	629,667	41,912	6.2	287	41,545	80
South Dakota	126,915	123,590	3,325	2.6	65	3,260	---
Tennessee	946,868	796,521	150,347	15.9	1,159	137,443	11,745
Texas	2,620,730	2,298,702	322,028	12.3	26,827	290,244	4,957
Utah	245,214	202,951	42,263	17.2	6,178	36,085	---
Vermont	98,979	98,555	424	0.4	12	412	
Virginia	1,016,808	944,305	72,503	7.1	14,271	58,114	--- 118
Washington	845,500	698,323	147,177	17.4	683	146,135	359
West Virginia	361,062	329,518	31,544	8.7	15,107	16,406	--- 31
Wisconsin	839,526	708,107	131,419	15.7	13,047	118,307	65
Wyoming	72,422	69,451	2,971	4.1	972	1,999	
Other Territories and Possessions	25,474	25,332	142	0.6	12	129	---
All Other and Unknown	346,799	343,492	3,307	10.0	168	3,107	--- 32

"---" denotes 10 or fewer enrollees.

NOTES: Medicare enrollment data were derived from the 3rd quarter Denominator File and are preliminary as of July 2006.
Enrollment by type of plan within State reflects the State of residency of the beneficiary.

SOURCES: CMS/ORDI

December 2006

**Medicaid Eligibles by State
Fiscal Year 2003**

	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	5,719	1,157	20.2
				Montana	918	111	12.1
United States	290,850	NA ^{55,158}	NA 19.0	Nebraska	1,738	269	15.5
Alabama	4,502	893	19.8	Nevada	2,242	236	10.5
Alaska	649	127	19.6	New Hampshire	1,288	130	10.1
Arizona ¹	5,578	1,279	22.9	New Jersey	8,640	975	11.3
Arkansas	2,726	676	24.8	New Mexico	1,879	493	26.2
California	35,457	10,047	28.3	New York	19,228	4,583	23.8
				North Carolina	8,422	1,450	17.2
Colorado	4,548	474	10.4	North Dakota	633	77	12.2
Connecticut	3,486	502	14.4				
Delaware	818	157	19.2	Ohio	11,432	1,939	17.0
District of Columbia	558	157	28.1	Oklahoma	3,505	667	19.0
Florida	16,993	2,841	16.7	Oregon	3,563	626	17.6
				Pennsylvania	12,365	1,787	14.5
Georgia	8,747	1,640	18.7	Rhode Island	1,076	211	19.6
Hawaii	1,248	216	17.3				
Idaho	1,368	209	15.3	South Carolina	4,147	992	23.9
Illinois	12,650	2,178	17.2	South Dakota	765	120	15.7
Indiana	6,196	945	15.3	Tennessee	5,842	1,651	28.3
				Texas	22,099	3,661	16.6
Iowa	2,941	379	12.9	Utah	2,379	278	11.7
Kansas	2,724	325	11.9				
Kentucky	4,117	810	19.7	Vermont	619	160	25.8
Louisiana	4,490	1,054	23.5	Virginia	7,383	737	10.0
Maine	1,308	378	28.9	Washington	6,131	1,161	18.9
				West Virginia	1,810	367	20.3
Maryland	5,512	825	15.0	Wisconsin	5,472	904	16.5
Massachusetts	6,418	1,194	18.6	Wyoming	502	77	15.3
Michigan	10,078	1,572	15.6				
Minnesota	5,062	730	14.4	Puerto Rico	NA		
Mississippi	2,881	731	25.4	Virgin Islands	NA		

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

NOTES: Resident population is a provisional estimate as of July 1, 2003. The 2003 resident population data for Puerto Rico and Virgin Island are not available. Medicaid eligibles represent those ever enrolled in Medicaid at any time during the year.

NA
NA
NA

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

December 2006

**Medicare State Buy-Ins for Part A and Part B
July 2006**

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	517,214	6,885,326	3,083,803	737,079	216,519	509,537	Missouri	892	110,734	78,381	16,478	2,178	
							Montana	531	15,097	11,225	2,641	617	---
Alabama	1,691	175,134	54,221	54,221	11,664	4,481	Nebraska		25,243	13,778	2,641		-125
Alaska	700	11,465	8,123	8,123	---		Nevada	2,806	28,639	14,846	4,905	1,758	1,877
Arizona	945	116,085	52,859	52,859	9,139	22,660	New Hampshire	37	12,597	4,980	2,415	671	3,598
Arkansas	2,706	96,906	32,698	32,698	4,889	5,935	New Jersey	7,887	169,804	102,542	18,992	7,983	24,490
California	140,102	1,047,842	226,917	226,917	11,432	188,391	New Mexico	249	52,078	14,199	4,693	1,747	6,408
Colorado	255	64,505	14,617	14,617	1,073	12,204	New York	94,951	487,736	305,453	19,574	27,879	
Connecticut	2,808	66,968	44,728	44,728	6,185		North Carolina	10,623	258,981	13,195	29,380	12,117	24,179
Delaware	328	19,534	2,945	2,945	244	---	North Dakota		7,185	2,395	1,049	314	
District of Columbia	624	15,365	14,195	14,195		1,057	Ohio	5,392	223,726	123,667	33,155	11,238	7,525
Florida	61,721	459,146	217,164	217,164	27,350	31,701	Oklahoma	2,909	80,536	60,470	13,850	5,023	
Georgia	2,283	212,257	64,465	64,465	12,254	25,509	Oregon	419	72,394	41,556	11,507		2,492
Hawaii	4,555	26,040	17,121	17,121	351	4,557	Pennsylvania	17,633	258,675	135,618	34,499	2,730	
Idaho	538	24,628	14,629	14,629	1,018	3,397	Rhode Island	238	27,002	14,543	1,903	1,120	---
Illinois	4,587	215,631	138,867	138,867	9,044		South Carolina	1,042	121,469	61,078	13,615		19,802
Indiana	2,352	114,933	70,460	70,460	5,336	15,752	South Dakota	946	15,176	4,953	2,295	-670	
Iowa	843	63,221	37,635	37,635	1,896	3,561	Tennessee	5,443	228,849	115,111	14,915		---
Kansas	592	49,483	25,385	25,385	1,496	1,184	Texas	47,601	457,346	143,088	71,122		---
Kentucky	2,495	134,469	92,372	92,372	5,654		Utah	61	24,114	13,975	3,382	---	4,304
Louisiana	6,434	140,291	103,805	103,805	9,205	-222	Vermont	59	20,857	5,874	4,576	---	
Maine	13	52,560	23,962	23,962	1,985		Virginia	6,893	137,991	20,281	14,257	4,548	---
Maryland	9,394	83,078	66,653	66,653	2,582	6,777	Washington	9,318	119,180	89,877	9,274	3,937	12,600
Massachusetts	20,707	188,576	158,382	158,382	4,325		West Virginia	3,434	57,688	45,738	8,475	2,956	6,400
Michigan	15,710	180,235	65,175	65,175	412	-672	Wisconsin	4,303	85,661	28,942	12,114	1,100	
Minnesota	6,536	81,353	12,082	12,082			Wyoming	150	8,015	2,698	1,182	397	1,152
Mississippi	4,473	137,715	55,880	55,880	---	66,517	Outlying Areas		1,153				

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.

SOURCE: CMS/OIS

December 2006

**Medicare Persons Served by State
Calendar Year 2004**

	Aged		Disabled			Aged		Disabled	
	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees		Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees
All Areas	27,851	919	5,164	856	Missouri	602	941	129	890
United States	27,521	930	5,062	861	Montana	117	944	18	857
					Nebraska	207	954	28	903
Alabama	501	945	135	900	Nevada	150	877	27	794
Alaska	34	850	7	778	New Hampshire	139	897	24	800
Arizona	419	897	70	778	New Jersey	904	922	124	849
Arkansas	333	917	81	853	New Mexico	157	887	31	795
California	2,036	878	379	796	New York	1,714	909	311	823
Colorado	297	967	53	841	North Carolina	903	950	212	910
Connecticut	400	932	57	877	North Dakota	87	956	10	909
Delaware	99	952	17	895	Ohio	1,220	955	205	869
District of Columbia	48	828	8	800	Oklahoma	382	936	74	914
Florida	2,001	952	295	868	Oregon	295	1,014	57	891
Georgia	736	936	175	893	Pennsylvania	1,248	923	206	814
Hawaii	97	960	14	824	Rhode Island	82	901	18	750
Idaho	134	950	22	846	South Carolina	467	938	113	883
Illinois	1,265	923	187	858	South Dakota	99	917	13	867
Indiana	689	940	122	891	Tennessee	613	943	157	897
Iowa	395	971	55	948	Texas	1,800	926	306	900
Kansas	315	946	45	882	Utah	180	938	24	828
Kentucky	463	949	135	877	Vermont	74	937	14	933
Louisiana	408	919	100	870	Virginia	735	929	139	891
Maine	172	925	37	822	Washington	503	898	91	827
Maryland	515	904	75	862	West Virginia	244	976	69	896
Massachusetts	595	903	120	833	Wisconsin	631	953	89	848
Michigan	1,140	948	206	869	Wyoming	56	949	8	889
Minnesota	506	1004	73	869	Puerto Rico	294	754	98	715
Mississippi	315	932	98	916	Other Outlying Areas	9	409	1	250
					Unknown & Foreign	28	89	3	188

NOTES: Persons served represents persons receiving a reimbursed service under fee-for-service at any time during the year. The denominator used to calculate the rate served per 1,000 enrollees is the July 1, 2004 HI and/or SMI fee-for-service population. The rates may exceed 1,000 for a variety of reasons, including areas with rapidly changing fee-for-service/managed care distributions.

SOURCE: CMS/ORDI

December 2006

**National Community Hospital Care by State
2004 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	34,784	5.1	571,569	Missouri	820	4.9	16,186
Alabama	713	4.8	8,262	Montana	103	4.7	2,895
Alaska	45	5.8	1,331	Nebraska	208	5.6	3,949
Arizona	624	4.4	5,410	Nevada	233	5.2	2,445
Arkansas	380	5.0	4,842	New Hampshire	117	5.0	2,967
California	3,433	4.9	47,466	New Jersey	1,099	5.2	17,722
Colorado	434	4.4	6,954	New Mexico	163	4.7	5,041
Connecticut	389	5.5	7,006	New York	2,513	6.6	49,730
Delaware	102	5.7	1,866	North Carolina	996	5.2	15,315
District of Columbia	140	6.0	1,625	North Dakota	86	5.1	1,849
Florida	2,316	5.0	22,367	Ohio	1,459	4.9	30,547
Georgia	937	5.3	13,398	Oklahoma	452	5.0	5,330
Hawaii	112	6.4	1,856	Oregon	341	4.1	7,859
Idaho	125	4.2	2,430	Pennsylvania	1,821	5.3	33,413
Illinois	1,564	4.9	28,335	Rhode Island	124	5.2	2,144
Indiana	721	5.3	15,513	South Carolina	509	5.3	7,045
Iowa	351	4.8	9,685	South Dakota	102	4.8	1,571
Kansas	327	4.9	5,861	Tennessee	811	5.1	10,262
Kentucky	597	5.0	8,880	Texas	2,499	5.1	32,442
Louisiana	694	5.4	10,380	Utah	218	4.3	4,719
Maine	150	5.0	4,118	Vermont	53	4.8	2,275
Maryland	652	4.5	6,932	Virginia	767	5.2	11,949
Massachusetts	791	5.3	19,037	Washington	525	4.4	10,094
Michigan	1,186	4.9	27,736	West Virginia	291	4.9	6,045
Minnesota	622	4.6	9,531	Wisconsin	595	4.5	11,819
Mississippi	427	5.4	4,215	Wyoming	49	4.0	920

NOTE: Excludes admissions to nursing home units.

SOURCE: American Hospital Association's 2006 Hospital Statistics.

December 2006

Medicare Skilled Nursing Facility Utilization by State¹
Calendar Year 2005

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
TOTAL	1,850,088	1,981,832	65,870,299	33.2	\$19,031,937,365	\$289	\$9,603
ALABAMA	30,407	28,595	1,116,367	39.0	268,902,960	241	9,404
ALASKA	704	615	21,154	34.4	11,177,565	528	18,175
ARIZONA	20,626	23,013	574,969	25.0	166,373,463	289	7,230
ARKANSAS	20,875	25,459	680,554	26.7	163,099,067	240	6,406
CALIFORNIA	126,680	142,190	4,386,788	30.9	1,526,455,702	348	10,735
COLORADO	18,980	21,764	611,724	28.1	197,944,148	324	9,095
CONNECTICUT	37,450	37,931	1,517,281	40.0	461,794,230	304	12,175
DELAWARE	5,624	5,359	185,074	34.5	55,366,157	299	10,331
DISTRICT OF COLUMBIA	3,174	3,233	87,359	27.0	26,941,504	308	8,333
FLORIDA	135,712	153,792	4,975,105	32.4	1,466,231,442	295	9,534
GEORGIA	37,216	36,749	1,350,203	36.7	362,575,842	269	9,866
GUAM	72	77	2,302	29.9	587,355	255	7,628
HAWAII	2,671	2,699	83,069	30.8	27,453,182	330	10,172
IDAHO	8,461	9,266	270,959	29.2	77,068,293	284	8,317
ILLINOIS	98,498	116,087	3,535,882	30.5	1,034,894,765	293	8,915
INDIANA	52,756	55,624	2,145,118	38.6	580,148,323	270	10,430
IOWA	29,429	32,532	626,071	19.2	207,551,846	332	6,380
KANSAS	23,215	27,943	645,584	23.1	207,341,919	321	7,420
KENTUCKY	32,692	35,384	1,225,498	34.6	305,007,695	249	8,620
LOUISIANA	24,764	25,826	951,293	36.8	231,864,455	244	8,978
MAINE	12,577	13,923	379,981	27.3	120,482,751	317	8,654
MARYLAND	40,336	46,556	1,290,384	27.7	386,969,384	300	8,312
MASSACHUSETTS	58,380	61,172	2,115,243	34.6	647,346,085	306	10,582
MICHIGAN	60,890	63,145	2,373,118	37.6	682,844,271	288	10,814
MINNESOTA	40,144	38,931	1,194,557	30.7	375,545,323	314	9,646
MISSISSIPPI	19,313	20,256	757,041	37.4	193,226,201	255	\$9,539

Medicare Skilled Nursing Facility Utilization by State¹
Calendar Year 2005
(Continued)

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
MISSOURI	44,289	48,103	1,524,015	31.7	\$382,416,813	\$251	\$7,950
MONTANA	7,837	9,460	214,936	22.7	63,631,771	296	6,726
NEBRASKA	16,112	17,129	469,005	27.4	149,548,859	319	8,731
NEVADA	5,720	5,813	208,203	35.8	67,421,840	324	11,598
NEW HAMPSHIRE	9,876	10,777	333,999	31.0	111,226,690	333	10,321
NEW JERSEY	74,064	83,059	2,436,625	29.3	800,523,993	329	9,638
NEW MEXICO	6,412	6,495	216,525	33.3	57,659,233	266	8,877
NEW YORK	114,142	103,386	4,399,249	42.6	1,315,531,062	299	12,724
NORTH CAROLINA	54,491	49,944	2,065,359	41.4	538,333,381	261	10,779
NORTH DAKOTA	7,144	6,954	179,129	25.8	48,704,414	272	7,004
OHIO	105,962	113,530	3,793,253	33.4	1,055,651,770	278	9,298
OKLAHOMA	20,947	24,260	678,660	28.0	174,944,045	258	7,211
OREGON	14,915	16,612	412,554	24.8	137,877,172	334	8,300
PENNSYLVANIA	97,627	95,928	3,393,265	35.4	914,690,490	270	9,535
PUERTO RICO	1,688	1,761	32,845	18.7	5,419,075	165	3,077
RHODE ISLAND	7,573	7,649	270,843	35.4	81,450,122	301	10,648
SOUTH CAROLINA	23,484	23,598	897,931	38.1	234,916,098	262	9,955
SOUTH DAKOTA	7,963	8,772	190,193	21.7	64,651,377	340	7,370
TENNESSEE	44,244	51,991	1,741,717	33.5	434,372,500	249	8,355
TEXAS	105,605	115,206	4,129,002	35.8	1,092,098,831	264	9,480
UTAH	11,415	12,706	372,563	29.3	110,632,623	297	8,707
VERMONT	4,498	4,703	149,151	31.7	44,350,085	297	9,430
VIRGIN ISLANDS	81	80	1,321	16.5	335,097	254	4,189
VIRGINIA	44,177	44,174	1,594,446	36.1	437,824,071	275	9,911
WASHINGTON	30,479	32,550	998,337	30.7	319,400,521	320	9,813
WEST VIRGINIA	14,050	14,415	496,339	34.4	128,715,019	259	8,929
WISCONSIN	43,256	40,819	1,458,033	35.7	444,217,111	305	10,883
WYOMING	3,485	3,837	110,123	28.7	30,199,376	274	7,871

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

NOTES: Provider based data are derived from bills for services performed in 2005 and recorded in CMS central records as of June 2006. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data exclude no pay bills.

**Medicare Home Health Agency Utilization
Calendar Year 2005**

	Total Payments	Total Patients	Total Visits	Average Pay Per Patient	Average Visits Per Patient
TOTAL	\$12,885,434,951	2,979,297	95,536,624	\$4,325	32
ALABAMA	255,352,143	57,538	1,985,364	4,438	35
ALASKA	8,107,900	1,994	41,802	4,066	21
ARIZONA	97,556,325	30,251	612,907	3,225	20
ARKANSAS	119,176,787	31,091	1,106,478	3,833	36
CALIFORNIA	1,045,472,047	213,076	6,526,223	4,907	31
COLORADO	107,695,408	28,399	746,073	3,792	26
CONNECTICUT	206,473,193	50,250	1,681,522	4,109	33
DELAWARE	31,295,472	9,430	214,076	3,319	23
DISTRICT OF COLUMBIA	17,073,814	4,395	97,170	3,885	22
FLORIDA	1,259,924,579	277,846	10,762,667	4,535	39
GEORGIA	304,143,847	72,682	2,084,041	4,185	29
GUAM	1,683,529	411	8,465	4,096	21
HAWAII	12,054,416	3,337	63,498	3,612	19
IDAHO	40,979,294	10,985	293,589	3,730	27
ILLINOIS	579,879,694	137,781	3,482,080	4,209	25
INDIANA	193,926,342	51,983	1,525,340	3,731	29
IOWA	62,572,384	22,362	547,816	2,798	24
KANSAS	70,887,674	21,270	517,027	3,333	24
KENTUCKY	201,512,601	52,178	1,538,197	3,862	29
LOUISIANA	444,590,733	70,178	3,830,799	6,335	55
MAINE	63,459,189	19,457	478,601	3,262	25
MARYLAND	157,528,161	48,523	954,805	3,246	20
MASSACHUSETTS	403,276,229	96,576	3,078,844	4,310	33
MICHIGAN	573,213,214	139,204	3,605,888	4,118	26
MINNESOTA	88,618,903	28,529	618,624	3,106	22
MISSISSIPPI	209,111,261	42,778	1,657,129	4,888	39
MISSOURI	212,285,205	64,450	1,503,962	3,294	23

Medicare Home Health Agency Utilization
Calendar Year 2005
(continued)

	Total Payments	Total Patients	Total Visits	Average Pay Per Patient	Average Visits Per Patients
MONTANA	\$22,161,495	6,992	155,405	\$3,170	22
NEBRASKA	39,134,524	12,921	279,946	3,029	22
NEVADA	74,982,709	16,027	467,876	4,679	29
NEW HAMPSHIRE	58,668,970	14,793	440,758	3,966	30
NEW JERSEY	326,220,738	88,708	2,167,034	3,677	24
NEW MEXICO	55,964,990	13,998	401,900	3,998	29
NEW YORK	754,856,805	181,738	6,229,452	4,154	34
NORTH CAROLINA	339,967,640	94,543	2,247,321	3,596	24
NORTH DAKOTA	13,429,186	5,741	111,410	2,339	19
OHIO	406,063,581	116,766	3,006,529	3,478	26
OKLAHOMA	278,531,470	50,525	2,600,635	5,513	51
OREGON	80,275,116	24,313	456,215	3,302	19
PENNSYLVANIA	514,959,513	155,066	3,603,463	3,321	23
PUERTO RICO	63,234,807	23,951	657,535	2,640	27
RHODE ISLAND	40,761,836	11,510	272,481	3,541	24
SAIPAN	316,935	66	1,745	4,802	26
SOUTH CAROLINA	160,524,099	41,343	973,683	3,883	24
SOUTH DAKOTA	14,076,270	5,037	95,390	2,794	19
TENNESSEE	385,689,983	75,726	2,940,110	5,093	39
TEXAS	1,749,554,159	274,284	13,485,505	6,379	49
UTAH	96,764,577	19,110	918,363	5,064	48
VERMONT	40,880,009	10,370	380,324	3,942	37
VIRGIN ISLANDS	758,263	227	5,804	3,340	26
VIRGINIA	277,212,272	74,222	1,971,438	3,735	27
WASHINGTON	135,116,397	38,867	734,362	3,476	19
WEST VIRGINIA	66,434,460	19,328	445,788	3,437	23
WISCONSIN	110,299,233	34,416	835,807	3,205	24
WYOMING	10,747,572	3,234	87,358	3,323	27

NOTES: Provider based data are derived from bills for services performed in 2005 and recorded in CMS central records as of June 2006. 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.

SOURCE: CMS/ORDI/OIS

December 2006

**Medicare Hospice Utilization
Calendar Year 2005**

	Total Patients	Total Payments	Total Days	Total Covered Hours	Total Covered Procedures	Average Pay Per Patient	Average Days Per Patient
TOTALS	871,249	\$7,903,597,514	58,338,000	5,116,448	1,191,071	\$9,072	67
ALABAMA	23,753	306,047,492	2,685,120	121,404	9,238	12,885	113
ALASKA	360	2,977,269	20,168	-	115	8,270	56
ARIZONA	25,850	286,649,862	1,968,386	20,250	49,918	11,089	76
ARKANSAS	8,710	80,553,731	696,300	19,753	7,049	9,248	80
CALIFORNIA	76,928	736,988,706	4,750,050	439,233	84,993	9,580	62
COLORADO	13,309	112,365,112	773,216	10,311	54,059	8,443	58
CONNECTICUT	8,180	66,374,337	330,358	12,213	13,559	8,114	40
DELAWARE	2,914	24,775,067	179,384	6,340	302	8,502	62
DISTRICT OF COLUMBIA	801	5,650,264	35,078	-	1,164	7,054	44
FLORIDA	83,655	891,919,019	5,583,732	2,352,762	352,620	10,662	67
GEORGIA	24,631	239,630,896	1,744,480	39,992	50,716	9,729	71
HAWAII	1,803	14,915,353	92,992	-	65	8,273	52
IDAHO	3,682	32,355,026	262,887	5,966	477	8,787	71
ILLINOIS	33,199	259,560,462	1,794,403	311,261	22,438	7,818	54
INDIANA	19,302	176,558,922	1,399,419	11,497	29,970	9,147	73
IOWA	12,283	84,760,917	708,118	5,971	8,758	6,901	58
KANSAS	8,765	73,103,249	591,675	12,717	6,297	8,340	68
KENTUCKY	11,110	83,956,155	656,515	18,923	17,072	7,557	59
LOUISIANA	13,395	110,977,689	902,943	21,855	10,809	8,285	67
MAINE	3,175	24,305,397	184,568	146	425	7,655	58
MARYLAND	11,499	76,594,832	555,964	317	9,404	6,661	48
MASSACHUSETTS	16,487	138,048,699	911,205	3,914	2,372	8,373	55
MICHIGAN	32,836	234,412,175	1,820,628	53,597	33,889	7,139	55
MINNESOTA	12,086	100,864,045	758,113	12,735	2,451	8,346	63
MISSISSIPPI	13,235	185,844,811	1,615,669	34,591	1,839	14,042	122

**Medicare Hospice Utilization
Calendar Year 2005
(continued)**

	Total Patients	Total Payments	Total Days	Total Covered Hours	Total Covered Procedures	Average Pay Per Patient	Average Days Per Patient
MISSOURI	22,827	183,450,858	1,576,933	15,270	2,330	8,037	69
MONTANA	2,470	16,409,769	133,460	347	600	6,644	54
NEBRASKA	4,938	32,665,981	321,818	8,080	388	6,615	65
NEVADA	6,735	63,900,105	389,936	2,540	26,757	9,488	58
NEW HAMPSHIRE	2,964	22,933,535	146,168	311	1,157	7,737	49
NEW JERSEY	21,516	167,155,641	1,103,907	47,728	18,245	7,769	51
NEW MEXICO	6,798	76,774,296	688,709	3,205	4,874	11,294	101
NEW YORK	32,426	264,146,791	1,637,474	25,047	38,157	8,146	50
NORTH CAROLINA	25,442	240,570,644	1,867,203	11,694	46,174	9,456	73
NORTH DAKOTA	1,697	12,016,081	99,673	5,700	528	7,081	59
OHIO	42,225	342,981,519	2,438,710	416,635	41,876	8,123	58
OKLAHOMA	19,189	240,990,855	2,085,053	41,567	4,293	12,559	109
OREGON	13,910	103,410,590	819,236	6,257	1,559	7,434	59
PENNSYLVANIA	43,907	332,515,954	2,609,167	53,804	59,378	7,573	59
PUERTO RICO	7,107	59,672,443	747,722	613	55,172	8,396	105
RHODE ISLAND	3,731	29,367,501	184,785	138	1,818	7,871	50
SOUTH CAROLINA	12,331	117,966,506	990,601	12,800	5,053	9,567	80
SOUTH DAKOTA	1,764	9,938,771	80,545	-	251	5,634	46
TENNESSEE	16,077	132,229,237	1,007,286	28,081	13,182	8,225	63
TEXAS	62,906	593,809,719	4,498,768	828,595	64,096	9,440	72
UTAH	7,918	89,950,197	690,664	7,324	7,296	11,360	87
VERMONT	1,178	7,957,232	62,462	1,720	204	6,755	53
VIRGIN ISLANDS	86	881,413	8,206	363	-	10,249	95
VIRGINIA	16,152	121,562,695	972,604	9,060	6,282	7,526	60
WASHINGTON	15,155	116,954,542	808,181	6,198	7,063	7,717	53
WEST VIRGINIA	5,189	42,295,181	344,385	12,221	3,898	8,151	66
WISCONSIN	15,767	124,842,508	925,391	55,148	10,428	7,918	59
WYOMING	794	6,057,456	77,582	224	13	7,629	98

NOTES: Provider based data are derived from bills for services performed in 2005 and recorded in CMS central records as of June 2006. These interim payments may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data have been screened for privacy.

Medicare Inpatient Hospitals by State 2005

	Short- Stay Hospitals ¹	Beds per 1,000 Enrollees	Long- Stay Hospitals ²	Beds per 1,000 Enrollees		Short- Stay Hospitals ¹	Beds per 1,000 Enrollees	Long- Stay Hospitals ²	Beds per 1,000 Enrollees
All Areas	3,790	19.3	1,173	2.5	Missouri	92	23.5	25	2.2
United States	3,732	20.7	1,167	2.7	Montana	17	13.4	2	1.2
Alabama	100	23.7	25	2.4	Nebraska	27	17.6	9	2.7
Alaska	12	23.3	2	3.3	Nevada	23	16.2	11	2.3
Arizona	65	15.7	19	1.5	New Hampshire	13	14.2	4	2.5
Arkansas	57	18.2	26	4.1	New Jersey	79	21.9	31	3.5
California	343	18.4	61	1.4	New Mexico	36	16.4	10	1.8
Colorado	46	19.5	17	2.8	New York	197	23.2	36	2.8
Connecticut	32	15.9	13	3.7	North Carolina	98	17.4	18	2.3
Delaware	5	14.9	5	2.9	North Dakota	14	22.0	5	2.9
Dist. of Columbia	7	49.7	7	11.0	Ohio	139	23.2	48	2.4
Florida	179	16.9	49	1.6	Oklahoma	95	23.6	28	2.5
Georgia	110	20.5	33	2.9	Oregon	35	12.5	2	0.5
Hawaii	17	12.5	5	2.4	Pennsylvania	160	15.2	69	3.4
Idaho	16	12.8	6	1.4	Rhode Island	11	17.1	4	4.4
Illinois	138	24.8	26	1.8	South Carolina	55	17.1	18	2.1
Indiana	82	18.2	44	2.7	South Dakota	26	19.2	3	2.0
Iowa	45	19.3	4	0.7	Tennessee	113	24.4	28	2.1
Kansas	62	21.2	14	2.5	Texas	321	21.5	141	3.8
Kentucky	70	21.7	23	3.2	Utah	34	17.7	7	3.4
Louisiana	116	28.5	97	7.5	Vermont	7	15.5	1	1.6
Maine	26	14.4	5	2.1	Virginia	84	19.3	21	1.8
Maryland	47	18.9	17	4.0	Washington	53	13.5	12	2.3
Massachusetts	67	13.5	43	6.6	West Virginia	38	22.7	12	2.7
Michigan	108	17.0	33	1.7	Wisconsin	68	18.3	20	2.3
Minnesota	57	18.4	14	2.6	Wyoming	12	15.2	3	1.0
Mississippi	78	26.0	11	1.3	Puerto Rico	53	16.0	6	1.9
					Other Outlying Areas	5	27.4	0	0.0

¹ Excludes critical access hospitals.

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

NOTES: Facility data as of the end of December 2005. Beds per 1,000 enrollees based on HI enrollment data as of July 1, 200

SOURCE: CMS/ORDI

December 2006

**Medicare Skilled Nursing Facilities and Certified Beds by State
2005**

	Facilities	Beds		Facilities	Beds
All Areas	15,006	1,478,277			
United States	14,998	1,477,937	Missouri	480	41,696
Alabama	226	24,339	Montana	97	7,161
Alaska	14	473	Nebraska	190	13,436
Arizona	132	13,689	Nevada	45	5,039
Arkansas	206	19,394	New Hampshire	73	7,056
California	1,217	107,182	New Jersey	363	48,792
Colorado	194	17,372	New Mexico	70	6,404
Connecticut	246	30,006	New York	656	120,576
Delaware	37	3,619	North Carolina	421	39,944
District of Columbia	19	1,937	North Dakota	83	6,512
Florida	683	76,088	Ohio	943	87,361
Georgia	352	37,374	Oklahoma	276	24,012
Hawaii	42	3,595	Oregon	121	9,858
Idaho	77	5,838	Pennsylvania	709	81,569
Illinois	689	57,323	Rhode Island	91	8,537
Indiana	482	42,438	South Carolina	176	16,436
Iowa	407	28,564	South Dakota	92	6,223
Kansas	264	18,239	Tennessee	302	24,723
Kentucky	295	24,051	Texas	1,042	104,174
Louisiana	302	37,135	Utah	85	7,047
Maine	114	6,484	Vermont	41	3,396
Maryland	228	23,606	Virginia	252	24,253
Massachusetts	445	47,486	Washington	237	19,377
Michigan	399	41,112	West Virginia	122	9,371
Minnesota	387	34,351	Wisconsin	371	35,169
Mississippi	170	15,295	Wyoming	33	2,825
			U.S. Territories and Possessions	8	340

NOTE: Data as of the end of December 2005.

SOURCE: CMS/ORDI

December 2006

**Nursing Facilities Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State
2005**

	Nursing Facilities Title 19 Only	Institutions for Mentally Retarded		Nursing Facilities Title 19 Only	Institutions for Mentally Retarded
United States	984	6,457	Missouri	38	19
			Montana	1	1
Alabama	3	6	Nebraska	35	4
Alaska	0	0	Nevada	2	14
Arizona	1	13	New Hampshire	9	1
Arkansas	30	41			
California	79	1,119	New Jersey	0	9
			New Mexico	6	43
Colorado	19	3	New York	2	611
Connecticut	0	120	North Carolina	1	332
Delaware	5	2	North Dakota	0	68
District of Columbia	1	126			
Florida	3	105	Ohio	26	422
			Oklahoma	73	76
Georgia	10	12	Oregon	17	1
Hawaii	4	18	Pennsylvania	11	204
Idaho	3	64	Rhode Island	0	5
Illinois	112	312			
Indiana	28	523	South Carolina	0	114
			South Dakota	19	1
Iowa	49	134	Tennessee	27	83
Kansas	95	31	Texas	89	888
Kentucky	0	9	Utah	8	15
Louisiana	1	499			
Maine	0	20	Vermont	0	2
			Virginia	25	30
Maryland	8	4	Washington	10	14
Massachusetts	11	6	West Virginia	10	63
Michigan	31	1	Wisconsin	29	32
Minnesota	13	222	Wyoming	6	2
Mississippi	34	13			

NOTE: Data as of the end of December 2005.

SOURCE: CMS/ORDI

December 2006

Community Hospitals by State
2004 Annual Survey

	Beds per 1,000				Beds per 1,000		
	Hospitals	Beds	Resident Population		Hospitals	Beds	Resident Population
United States	4,919	808,127	2.8	Missouri	119	19,131	3.3
				Montana	54	4,337	4.7
Alabama	108	15,328	3.4	Nebraska	85	7,336	4.2
Alaska	19	1,427	2.2	Nevada	30	4,752	2.0
Arizona	62	11,166	1.9	New Hampshire	28	2,807	2.2
Arkansas	87	9,580	3.5				
California	361	71,910	2.0	New Jersey	80	21,952	2.5
				New Mexico	37	3,678	1.9
Colorado	70	9,250	2.0	New York	206	64,205	3.3
Connecticut	35	7,826	2.2	North Carolina	115	23,498	2.8
Delaware	6	1,955	2.4	North Dakota	40	3,567	5.6
District of Columbia	11	3,453	6.2				
Florida	203	49,962	2.9	Ohio	166	33,398	2.9
				Oklahoma	109	10,804	3.1
Georgia	146	24,709	2.8	Oregon	58	6,505	1.8
Hawaii	24	3,149	2.5	Pennsylvania	197	40,079	3.2
Idaho	39	3,434	2.5	Rhode Island	11	2,397	2.2
Illinois	191	34,844	2.7				
Indiana	113	18,796	3.0	South Carolina	62	11,222	2.7
				South Dakota	51	4,611	6.0
Iowa	115	10,943	3.7	Tennessee	127	20,363	3.5
Kansas	134	10,362	3.8	Texas	418	58,116	2.6
Kentucky	105	15,276	3.7	Utah	43	4,517	1.9
Louisiana	131	17,199	3.8				
Maine	37	3,549	2.7	Vermont	14	1,473	2.4
				Virginia	88	17,339	2.3
Maryland	50	11,489	2.1	Washington	85	10,894	1.8
Massachusetts	78	16,215	2.5	West Virginia	57	7,412	4.1
Michigan	144	25,953	2.6	Wisconsin	121	14,577	2.6
Minnesota	132	16,101	3.2	Wyoming	24	2,048	4.0
Mississippi	93	13,143	4.5				

NOTE: Includes total hospital and nursing unit beds.

SOURCE: American Hospital Associations' 2006 Hospital Statistics.

December 2006

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

January 2001	January 2002	January 2003	January 2004	January 2005	January 2006
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Alabama	96.0	96.1	96.4	96.8	96.7	96.9
Alaska	83.7	86.1	87.2	88.0	89.1	90.0
Arizona	88.5	90.6	91.1	91.2	91.7	92.4
Arkansas	95.1	95.5	95.9	96.1	96.3	96.4
California	78.5	78.6	89.5	89.8	87.4	86.9
Colorado	88.4	89.5	90.0	90.7	91.3	92.3
Connecticut	89.9	90.5	93.4	93.6	93.8	94.3
Delaware	86.9	92.0	92.4	96.5	96.5	96.1
District of Columbia	85.2	90.8	91.3	92.3	92.4	92.7
Florida	92.1	92.9	92.5	93.0	93.5	94.1
Georgia	89.5	90.8	90.4	91.3	92.0	92.7
Hawaii	91.0	94.3	94.7	94.7	95.2	95.6
Idaho	79.4	80.8	84.0	85.2	85.9	90.0
Illinois	92.4	92.6	93.4	93.7	94.4	94.9
Indiana	85.1	85.5	87.4	88.4	95.8	96.2
Iowa	94.0	94.2	94.6	94.7	95.2	95.4
Kansas	94.4	94.6	95.4	96.1	96.2	97.0
Kentucky	93.3	93.7	94.0	94.6	94.1	95.1
Louisiana	92.1	92.3	92.4	93.1	93.3	93.6
Maine	93.6	93.7	94.8	90.5	91.3	91.6
Maryland	94.2	94.1	94.3	95.1	95.3	95.9
Massachusetts	91.7	92.1	96.0	90.4	91.2	91.9
Michigan	96.6	96.9	97.3	97.4	97.6	97.7
Minnesota	79.9	80.4	80.6	80.1	79.9	80.3
Mississippi	84.6	85.6	86.1	92.5	91.2	92.0
Missouri	90.0	95.6	94.0	94.3	94.8	94.8
Montana	88.6	89.9	90.9	92.0	92.5	93.3
Nebraska	93.2	93.8	94.6	95.1	95.6	96.4
Nevada	91.2	96.2	95.6	96.3	96.1	96.2
New Hampshire	90.8	91.1	94.0	87.7	88.6	89.4
New Jersey	84.5	87.4	88.9	89.9	91.3	92.1
New Mexico	91.1	92.6	93.3	93.6	94.9	95.9
New York	81.0	81.2	82.3	82.8	82.3	92.2
North Carolina	90.0	91.1	91.9	92.5	93.0	95.9
North Dakota	96.3	97.2	97.3	97.7	97.8	97.9
Ohio	94.2	95.5	95.7	96.4	96.4	96.7
Oklahoma	92.5	93.9	94.4	94.7	95.5	95.7
Oregon	91.2	92.8	93.4	96.0	93.9	94.4
Pennsylvania	94.3	95.8	96.4	96.6	96.7	97.0
Rhode Island	74.1	75.6	77.2	98.4	98.4	97.7
South Carolina	91.5	92.1	92.8	93.4	94.3	94.9
South Dakota	87.7	89.3	90.6	91.1	92.5	92.9
Tennessee	91.3	92.2	92.6	92.8	92.8	96.0
Texas	86.5	88.0	89.4	90.2	91.0	91.5
Utah	95.1	96.2	97.0	97.5	97.7	97.8
Vermont	94.8	94.9	93.8	91.4	91.9	92.2
Virginia	87.6	88.6	93.7	94.4	94.6	94.9
Washington	93.8	96.2	95.8	96.0	96.3	96.6
West Virginia	94.2	94.8	94.8	95.9	96.3	96.9
Wisconsin	92.7	94.5	95.0	95.5	96.0	96.5
Wyoming	87.3	87.7	88.0	88.6	90.6	91.7

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

SOURCE: CMS/OFM

December 2006

**Physician Assignment Rates as a Percent of Allowed Charges by State
Fiscal Year 2006**

CMS Region/State	Assignment Rate	CMS Region/State	Assignment Rate
National	99.6		
Alabama	99.9	Montana	99.4
Alaska	99.7	Nebraska	99.0
Arizona	97.3	Nevada	99.9
Arkansas	99.9	New Hampshire	99.7
California	99.6	New Jersey	99.3
Colorado	99.0	New Mexico	99.6
Connecticut	99.6	New York	99.4
Delaware	99.8	North Carolina	99.7
District of Columbia	99.4	North Dakota	99.7
Florida	99.4	Ohio	99.9
Georgia	99.7	Oklahoma	99.6
Hawaii	99.6	Oregon	99.4
Idaho	97.8	Pennsylvania	99.9
Illinois	99.6	Rhode Island	100.0
Indiana	99.8	South Carolina	99.8
Iowa	99.7	South Dakota	97.1
Kansas	99.8	Tennessee	99.9
Kentucky	99.8	Texas	99.7
Louisiana	99.8	Utah	99.9
Maine	99.9	Vermont	99.7
Maryland	99.6	Virginia	99.8
Massachusetts	100.0	Washington	99.6
Michigan	99.8	West Virginia	99.9
Minnesota	97.0	Wisconsin	99.8
Mississippi	99.8	Wyoming	98.8
Missouri	99.7		

SOURCE: CMS/OFM

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