

Table 132 (page 1 of 2). Medicare enrollees, enrollees in managed care, payment per enrollee, and short-stay hospital utilization, by state: United States, selected years 1994 and 2012

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2012.htm#132>.

[Data are compiled by the Centers for Medicare & Medicaid Services]

State	Short-stay hospital utilization									
	Enrollment, in thousands ¹		Percent of enrollees in managed care ²		Average payment per fee-for-service enrollee		Discharges per 1,000 enrollees ³		Average length of stay, in days ³	
	1994	2012	1994	2012	1994	2012	1994	2012	1994	2012
United States ⁴	36,190	49,682	7.9	26.4	\$4,375	\$9,411	345	307	7.5	5.3
Alabama	633	896	0.8	21.5	4,454	8,703	413	340	7.0	5.4
Alaska	33	73	0.6	0.8	3,687	7,163	269	202	6.3	5.2
Arizona	578	1,009	24.8	36.8	4,442	8,772	292	263	5.9	4.7
Arkansas	416	559	0.2	16.5	3,719	8,144	366	313	7.0	5.2
California	3,582	5,111	30.0	36.2	5,219	9,768	366	264	6.1	5.4
Colorado	413	688	17.2	34.2	3,935	8,272	302	240	6.0	4.7
Connecticut	497	595	2.6	21.7	4,426	10,225	287	313	8.1	5.8
Delaware	99	161	0.2	5.3	4,712	9,374	326	279	8.1	5.4
District of Columbia	80	82	3.9	10.1	5,655	10,594	376	362	10.1	6.1
Florida	2,584	3,621	13.8	33.9	5,027	10,761	326	338	7.1	5.3
Georgia	819	1,351	0.4	24.0	4,402	8,778	378	300	6.9	5.3
Hawaii	146	222	29.8	44.6	3,069	6,504	301	183	9.1	6.5
Idaho	146	250	2.5	30.0	3,045	7,310	274	191	5.2	4.5
Illinois	1,605	1,935	5.5	10.4	4,324	9,742	374	341	7.3	5.1
Indiana	805	1,065	2.6	19.4	3,945	9,029	345	324	6.9	5.2
Iowa	470	537	3.1	13.9	3,080	7,896	322	252	6.6	5.0
Kansas	378	454	3.3	12.3	3,847	8,421	348	275	6.5	5.1
Kentucky	578	804	2.3	17.4	3,862	8,768	396	345	7.2	5.2
Louisiana	572	729	0.4	25.3	5,468	10,371	399	333	7.2	5.5
Maine	198	282	0.1	16.0	3,464	7,832	322	233	7.6	5.1
Maryland	596	845	1.4	8.7	4,997	10,958	362	331	7.5	5.2
Massachusetts	924	1,126	6.1	18.2	5,147	10,188	350	318	7.6	5.1
Michigan	1,331	1,754	0.7	25.7	4,307	10,192	328	352	7.6	5.3
Minnesota	625	836	19.6	46.9	3,394	10,507	334	378	5.7	4.7
Mississippi	391	524	0.1	11.4	4,189	9,411	423	342	7.4	5.7
Missouri	821	1,058	3.4	23.2	4,191	8,708	349	324	7.3	5.1
Montana	128	182	0.4	16.0	3,114	7,109	306	196	5.9	4.7
Nebraska	247	291	2.2	12.6	2,926	8,373	281	253	6.3	4.9
Nevada	187	394	19.0	31.4	4,306	9,518	291	264	7.0	5.7
New Hampshire	152	241	0.2	5.5	3,414	8,236	281	224	7.6	5.3
New Jersey	1,158	1,398	2.6	15.0	4,531	10,536	354	321	10.2	5.8
New Mexico	205	336	13.6	27.6	3,110	7,194	301	229	6.0	4.9
New York	2,601	3,138	6.2	32.6	4,855	10,197	334	329	11.2	6.7
North Carolina	1,001	1,604	0.5	19.2	3,465	8,616	314	302	8.0	5.2
North Dakota	101	112	0.6	12.3	3,218	7,958	327	258	6.3	5.1
Ohio	1,649	2,003	2.4	36.1	3,982	9,657	350	358	7.1	5.0
Oklahoma	481	636	2.5	15.9	4,098	9,001	355	325	7.0	5.1
Oregon	469	672	27.7	41.1	3,285	7,172	305	200	5.2	4.5
Pennsylvania	2,053	2,385	3.3	38.4	5,212	9,549	379	337	8.0	5.4
Rhode Island	166	191	7.0	34.9	4,148	8,442	312	292	8.1	5.5
South Carolina	497	840	0.1	18.1	3,777	8,876	319	287	8.3	5.5
South Dakota	114	143	0.1	12.8	2,952	8,000	356	257	6.1	5.0
Tennessee	754	1,133	0.3	27.5	4,441	8,721	375	332	7.1	5.3
Texas	2,029	3,256	4.1	22.8	4,703	10,442	333	309	7.2	5.3
Utah	182	307	9.4	35.2	3,443	8,361	238	233	5.4	4.2
Vermont	82	120	0.1	6.8	3,182	7,840	283	190	7.6	5.3
Virginia	803	1,227	1.5	15.1	3,748	8,014	348	299	7.3	5.2
Washington	676	1,056	12.5	28.1	3,401	7,702	269	233	5.3	4.7
West Virginia	326	397	8.3	23.5	3,798	8,756	420	347	7.1	5.3
Wisconsin	752	966	2.0	32.2	3,246	8,263	310	270	6.8	4.8
Wyoming	58	86	3.3	5.7	3,537	7,454	315	221	5.6	4.8

See footnotes at end of table.

Table 132 (page 2 of 2). Medicare enrollees, enrollees in managed care, payment per enrollee, and short-stay hospital utilization, by state: United States, selected years 1994 and 2012

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¹Total persons enrolled in the hospital insurance (Part A) program, supplementary medical insurance (Part B) program, or both, as of July 1. Includes fee-for-service and managed care enrollees.

²Includes enrollees in Medicare managed care plans. See [Appendix II, Managed care](#).

³Data are for fee-for-service enrollees only.

⁴Includes residents of any of the 50 states and the District of Columbia.

NOTES: In 1994, 92% of Medicare enrollees were in fee-for-service; in 2012, 73% of enrollees were in fee-for-service. Prior to 2004, enrollment and percentage of enrollees in managed care were based on a 5% annual Denominator File derived from the Centers for Medicare & Medicaid Services' (CMS) Enrollment Database. Starting with 2004 data, the enrollee counts were pulled from the 100% Denominator File. Payments per fee-for-service enrollee are based on fee-for-service billing reimbursement for a 5% sample of Medicare beneficiaries as recorded in CMS' National Claims History File. Prior to 2011, short-stay hospital utilization is based on the Medicare Provider Analysis and Review (MedPAR) stay records for a 20% sample of Medicare beneficiaries. Beginning in 2011, short stay hospital utilization is based on the MedPAR stay records for 100% of Medicare beneficiaries. Estimates may not sum to totals because of rounding. State based on residence of the beneficiary. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <http://www.cdc.gov/nchs/hus.htm>.

SOURCE: Centers for Medicare & Medicaid Services; Office of Research, Development, and Information. Health Care Financing Review: Medicare and Medicaid Statistical Supplements for publication years 1996 to 2010; Center for Strategic Planning. Medicare & Medicaid Research Review: Medicare and Medicaid Statistical Supplement for publication year 2011; Office of Information Products and Data Analytics. Medicare and Medicaid Statistical Supplements for publication years 2012 and 2013. Includes unpublished estimates. See [Appendix I, Medicare Administrative Data](#).