

Table 121 (page 1 of 2). Medicare enrollees, enrollees in managed care, payment per fee-for-service enrollee, and short-stay hospital utilization, by state: United States, 1994 and 2013

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2014.htm#121>.

[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	2013	1994	2013	1994	2013	1994	2013	1994	2013
United States ⁴	36,190	51,274	7.9	28.0	\$4,375	\$9,329	345	292	7.5	5.4
Alabama	633	922	0.8	22.9	4,454	8,457	413	322	7.0	5.5
Alaska	33	76	0.6	0.9	3,687	7,861	269	190	6.3	5.6
Arizona	578	1,051	24.8	37.3	4,442	8,681	292	246	5.9	4.7
Arkansas	416	572	0.2	18.6	3,719	8,029	366	296	7.0	5.2
California	3,582	5,294	30.0	37.5	5,219	9,807	366	251	6.1	5.3
Colorado	413	722	17.2	35.1	3,935	7,837	302	226	6.0	4.8
Connecticut	497	608	2.6	23.3	4,426	10,061	287	302	8.1	5.9
Delaware	99	168	0.2	7.2	4,712	9,494	326	286	8.1	5.4
District of Columbia	80	84	3.9	10.7	5,655	10,358	376	344	10.1	6.1
Florida	2,584	3,757	13.8	36.0	5,027	10,743	326	325	7.1	5.3
Georgia	819	1,411	0.4	26.5	4,402	8,658	378	286	6.9	5.4
Hawaii	146	230	29.8	46.0	3,069	6,355	301	169	9.1	6.4
Idaho	146	261	2.5	30.5	3,045	7,504	274	186	5.2	4.6
Illinois	1,605	1,982	5.5	11.2	4,324	9,587	374	322	7.3	5.1
Indiana	805	1,094	2.6	21.4	3,945	9,154	345	305	6.9	5.2
Iowa	470	549	3.1	14.2	3,080	7,936	322	241	6.6	5.1
Kansas	378	465	3.3	13.0	3,847	8,430	348	264	6.5	5.0
Kentucky	578	826	2.3	23.3	3,862	8,584	396	328	7.2	5.1
Louisiana	572	751	0.4	26.4	5,468	10,137	399	316	7.2	5.5
Maine	198	291	0.1	18.1	3,464	7,805	322	225	7.6	5.1
Maryland	596	876	1.4	8.7	4,997	10,767	362	316	7.5	5.3
Massachusetts	924	1,158	6.1	18.5	5,147	10,047	350	296	7.6	5.3
Michigan	1,331	1,805	0.7	27.5	4,307	10,077	328	340	7.6	5.2
Minnesota	625	862	19.6	49.6	3,394	11,271	334	381	5.7	4.8
Mississippi	391	537	0.1	12.7	4,189	9,537	423	328	7.4	5.7
Missouri	821	1,086	3.4	24.8	4,191	8,659	349	309	7.3	5.1
Montana	128	188	0.4	15.7	3,114	7,047	306	194	5.9	4.8
Nebraska	247	298	2.2	12.4	2,926	8,381	281	241	6.3	4.9
Nevada	187	414	19.0	31.4	4,306	9,568	291	254	7.0	5.7
New Hampshire	152	250	0.2	6.3	3,414	8,208	281	220	7.6	5.3
New Jersey	1,158	1,430	2.6	16.2	4,531	10,417	354	306	10.2	5.8
New Mexico	205	349	13.6	29.3	3,110	7,409	301	221	6.0	4.9
New York	2,601	3,211	6.2	34.0	4,855	10,150	334	309	11.2	6.7
North Carolina	1,001	1,663	0.5	20.6	3,465	8,495	314	285	8.0	5.3
North Dakota	101	114	0.6	13.9	3,218	8,424	327	244	6.3	5.3
Ohio	1,649	2,055	2.4	37.4	3,982	9,595	350	340	7.1	5.0
Oklahoma	481	650	2.5	16.3	4,098	8,750	355	305	7.0	5.2
Oregon	469	700	27.7	42.0	3,285	7,040	305	193	5.2	4.7
Pennsylvania	2,053	2,437	3.3	39.2	5,212	9,349	379	321	8.0	5.5
Rhode Island	166	196	7.0	35.1	4,148	8,868	312	282	8.1	5.5
South Carolina	497	875	0.1	20.4	3,777	8,501	319	275	8.3	5.5
South Dakota	114	147	0.1	14.8	2,952	8,016	356	256	6.1	5.0
Tennessee	754	1,170	0.3	30.1	4,441	8,675	375	313	7.1	5.3
Texas	2,029	3,388	4.1	27.2	4,703	10,294	333	295	7.2	5.3
Utah	182	320	9.4	33.3	3,443	7,740	238	217	5.4	4.3
Vermont	82	124	0.1	7.4	3,182	7,880	283	184	7.6	5.5
Virginia	803	1,269	1.5	15.3	3,748	8,026	348	288	7.3	5.2
Washington	676	1,100	12.5	28.8	3,401	7,579	269	220	5.3	4.8
West Virginia	326	404	8.3	24.7	3,798	8,554	420	327	7.1	5.4
Wisconsin	752	994	2.0	33.7	3,246	8,241	310	263	6.8	4.9
Wyoming	58	89	3.3	4.1	3,537	7,705	315	210	5.6	4.8

See footnotes at end of table.

Table 121 (page 2 of 2). Medicare enrollees, enrollees in managed care, payment per fee-for-service enrollee, and short-stay hospital utilization, by state: United States, 1994 and 2013

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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 2013, 72% of enrollees were in fee-for-service. See Appendix II, Medicare; Fee-for-service health insurance. 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.