

Table 112 (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 2015

Excel and PDF versions (with more data years and standard errors when available): <http://www.cdc.gov/nchs/hus/contents2016.htm#112>.

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

State	Enrollment, in thousands ¹		Percent of enrollees in managed care ²		Average payment per fee-for-service enrollee		Short-stay hospital utilization for Part A fee-for-service enrollees			
	1994	2015	1994	2015	1994	2015	Discharges per 1,000 enrollees ³		Average length of stay, in days ³	
							1994	2015	1994	2015
United States ⁴	36,190	54,286	7.9	31.3	\$4,375	\$9,635	345	282	7.5	5.3
Alabama	633	968	0.8	25.3	4,454	8,611	413	313	7.0	5.5
Alaska	33	84	0.6	1.0	3,687	8,301	269	181	6.3	6.0
Arizona	578	1,140	24.8	38.1	4,442	8,728	292	228	5.9	4.9
Arkansas	416	594	0.2	20.1	3,719	8,360	366	288	7.0	5.3
California	3,582	5,645	30.0	40.5	5,219	10,294	366	242	6.1	5.4
Colorado	413	786	17.2	36.9	3,935	7,914	302	218	6.0	4.7
Connecticut	497	630	2.6	25.6	4,426	10,636	287	293	8.1	5.7
Delaware	99	181	0.2	8.3	4,712	9,803	326	278	8.1	5.5
District of Columbia	80	88	3.9	13.1	5,655	10,058	376	320	10.1	6.3
Florida	2,584	4,040	13.8	39.8	5,027	10,715	326	324	7.1	5.3
Georgia	819	1,521	0.4	31.5	4,402	9,042	378	275	6.9	5.4
Hawaii	146	244	29.8	45.8	3,069	6,459	301	162	9.1	6.4
Idaho	146	283	2.5	32.6	3,045	7,706	274	181	5.2	4.6
Illinois	1,605	2,063	5.5	21.0	4,324	9,910	374	308	7.3	5.1
Indiana	805	1,151	2.6	23.8	3,945	9,332	345	293	6.9	5.1
Iowa	470	572	3.1	14.9	3,080	8,286	322	235	6.6	5.1
Kansas	378	487	3.3	13.7	3,847	8,652	348	261	6.5	4.9
Kentucky	578	863	2.3	26.2	3,862	9,012	396	315	7.2	5.2
Louisiana	572	793	0.4	30.1	5,468	10,047	399	301	7.2	5.4
Maine	198	306	0.1	22.9	3,464	8,232	322	218	7.6	5.3
Maryland	596	930	1.4	8.7	4,997	11,010	362	293	7.5	5.5
Massachusetts	924	1,217	6.1	20.9	5,147	10,394	350	295	7.6	5.2
Michigan	1,331	1,894	0.7	33.3	4,307	10,381	328	336	7.6	5.2
Minnesota	625	912	19.6	53.8	3,394	12,904	334	405	5.7	4.9
Mississippi	391	560	0.1	14.7	4,189	9,659	423	319	7.4	5.6
Missouri	821	1,136	3.4	28.3	4,191	9,042	349	306	7.3	5.1
Montana	128	201	0.4	18.3	3,114	7,277	306	185	5.9	4.9
Nebraska	247	314	2.2	12.3	2,926	8,948	281	239	6.3	5.0
Nevada	187	455	19.0	33.1	4,306	9,216	291	248	7.0	5.7
New Hampshire	152	266	0.2	7.5	3,414	8,374	281	218	7.6	5.4
New Jersey	1,158	1,489	2.6	15.4	4,531	10,898	354	294	10.2	5.8
New Mexico	205	373	13.6	31.7	3,110	7,680	301	208	6.0	5.0
New York	2,601	3,339	6.2	37.0	4,855	10,572	334	290	11.2	6.7
North Carolina	1,001	1,771	0.5	29.8	3,465	8,858	314	277	8.0	5.3
North Dakota	101	119	0.6	16.9	3,218	8,723	327	247	6.3	5.4
Ohio	1,649	2,153	2.4	41.0	3,982	9,613	350	309	7.1	5.0
Oklahoma	481	679	2.5	16.9	4,098	9,348	355	295	7.0	5.3
Oregon	469	756	27.7	43.8	3,285	7,842	305	191	5.2	4.8
Pennsylvania	2,053	2,531	3.3	39.9	5,212	9,687	379	304	8.0	5.3
Rhode Island	166	203	7.0	35.1	4,148	9,224	312	296	8.1	5.3
South Carolina	497	943	0.1	23.2	3,777	8,635	319	265	8.3	5.4
South Dakota	114	156	0.1	19.0	2,952	8,969	356	258	6.1	4.9
Tennessee	754	1,236	0.3	34.3	4,441	8,963	375	300	7.1	5.3
Texas	2,029	3,636	4.1	31.8	4,703	10,603	333	289	7.2	5.3
Utah	182	346	9.4	33.8	3,443	8,187	238	207	5.4	4.3
Vermont	82	131	0.1	7.5	3,182	7,917	283	179	7.6	5.5
Virginia	803	1,349	1.5	18.1	3,748	8,280	348	273	7.3	5.1
Washington	676	1,192	12.5	30.0	3,401	7,920	269	207	5.3	4.9
West Virginia	326	416	8.3	26.8	3,798	8,641	420	312	7.1	5.4
Wisconsin	752	1,050	2.0	37.9	3,246	8,746	310	253	6.8	4.9
Wyoming	58	95	3.3	3.9	3,537	8,235	315	205	5.6	4.8

See footnotes at end of table.

Table 112 (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 2015

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¹ Total 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.

² See Appendix II, Managed care.

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

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

NOTES: In 1994, 92% of Medicare enrollees were in fee-for-service; in 2015, 69% 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 year 2012; Data for 2013 and 2014 (shown in spreadsheet version), and 2015 are unpublished. See Appendix I, Medicare Administrative Data.