

**Table 112. Medicare enrollees, enrollees in managed care, payment per fee-for-service enrollee, and short-stay hospital utilization, by state: United States, 1994 and 2016**

Excel version (with more data years and standard errors when available): <https://www.cdc.gov/nchs/hs/content2017.htm#112>.

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

State	Enrollment (thousands) <sup>1</sup>		Percent of enrollees in managed care <sup>2</sup>		Average payment per fee-for-service enrollee (dollars)		Short-stay hospital utilization for Part A fee-for-service enrollees			
							Discharges per 1,000 enrollees <sup>3</sup>		Average length of stay (days) <sup>3</sup>	
	1994	2016 <sup>4</sup>	1994	2016 <sup>4</sup>	1994	2016 <sup>4</sup>	1994	2016 <sup>4</sup>	1994	2016 <sup>4</sup>
United States <sup>5</sup>	36,190	55,886	7.9	32.5	4,375	9,857	345	260	7.5	5.0
Alabama	633	991	0.8	26.8	4,454	8,945	413	288	7.0	5.2
Alaska	33	88	0.6	1.0	3,687	8,647	269	173	6.3	6.0
Arizona	578	1,181	24.8	38.3	4,442	8,997	292	212	5.9	4.6
Arkansas	416	607	0.2	21.3	3,719	8,490	366	259	7.0	4.8
California	3,582	5,826	30.0	42.4	5,219	11,128	366	231	6.1	5.1
Colorado	413	818	17.2	37.0	3,935	8,490	302	204	6.0	4.4
Connecticut	497	643	2.6	26.7	4,426	10,708	287	266	8.1	5.2
Delaware	99	187	0.2	9.8	4,712	10,066	326	258	8.1	5.3
District of Columbia	80	91	3.9	14.6	5,655	10,820	376	299	10.1	6.4
Florida	2,584	4,166	13.8	41.0	5,027	10,841	326	299	7.1	5.0
Georgia	819	1,575	0.4	33.6	4,402	9,235	378	257	6.9	5.1
Hawaii	146	252	29.8	45.5	3,069	6,727	301	152	9.1	6.2
Idaho	146	295	2.5	32.3	3,045	7,927	274	172	5.2	4.3
Illinois	1,605	2,114	5.5	23.5	4,324	10,254	374	286	7.3	4.8
Indiana	805	1,181	2.6	25.0	3,945	9,435	345	266	6.9	4.8
Iowa	470	586	3.1	17.8	3,080	8,214	322	213	6.6	4.8
Kansas	378	500	3.3	14.9	3,847	8,852	348	236	6.5	4.5
Kentucky	578	882	2.3	27.7	3,862	9,076	396	294	7.2	5.1
Louisiana	572	816	0.4	31.6	5,468	10,395	399	277	7.2	4.9
Maine	198	315	0.1	25.3	3,464	8,376	322	199	7.6	5.1
Maryland	596	961	1.4	10.0	4,997	10,851	362	269	7.5	5.8
Massachusetts	924	1,251	6.1	21.8	5,147	10,483	350	271	7.6	4.9
Michigan	1,331	1,943	0.7	35.7	4,307	10,400	328	309	7.6	4.8
Minnesota	625	941	19.6	55.6	3,394	13,842	334	393	5.7	4.6
Mississippi	391	572	0.1	16.3	4,189	9,833	423	286	7.4	5.0
Missouri	821	1,162	3.4	30.3	4,191	9,041	349	276	7.3	4.8
Montana	128	209	0.4	20.0	3,114	7,573	306	173	5.9	4.5
Nebraska	247	322	2.2	12.9	2,926	8,857	281	218	6.3	4.7
Nevada	187	473	19.0	34.2	4,306	9,679	291	229	7.0	5.1
New Hampshire	152	275	0.2	8.8	3,414	8,404	281	204	7.6	4.8
New Jersey	1,158	1,527	2.6	17.0	4,531	11,150	354	271	10.2	5.6
New Mexico	205	386	13.6	32.4	3,110	7,813	301	196	6.0	4.8
New York	2,601	3,421	6.2	37.8	4,855	10,904	334	263	11.2	6.1
North Carolina	1,001	1,827	0.5	31.1	3,465	8,980	314	255	8.0	5.0
North Dakota	101	122	0.6	19.7	3,218	9,559	327	236	6.3	5.1
Ohio	1,649	2,207	2.4	38.0	3,982	9,729	350	281	7.1	4.6
Oklahoma	481	694	2.5	17.7	4,098	9,434	355	267	7.0	4.8
Oregon	469	784	27.7	44.3	3,285	7,794	305	179	5.2	4.6
Pennsylvania	2,053	2,588	3.3	40.3	5,212	9,665	379	273	8.0	4.9
Rhode Island	166	208	7.0	36.2	4,148	9,424	312	260	8.1	4.8
South Carolina	497	976	0.1	24.7	3,777	8,746	319	248	8.3	5.1
South Dakota	114	161	0.1	21.5	2,952	9,609	356	248	6.1	4.6
Tennessee	754	1,269	0.3	35.9	4,441	8,912	375	274	7.1	4.8
Texas	2,029	3,765	4.1	33.8	4,703	10,784	333	268	7.2	5.0
Utah	182	359	9.4	34.7	3,443	8,206	238	193	5.4	3.9

**Table 112. Medicare enrollees, enrollees in managed care, payment per fee-for-service enrollee, and short-stay hospital utilization, by state: United States, 1994 and 2016**

Excel version (with more data years and standard errors when available): <https://www.cdc.gov/nchs/hus/contents2017.htm#112>.

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

State	Enrollment (thousands) <sup>1</sup>		Percent of enrollees in managed care <sup>2</sup>		Average payment per fee-for-service enrollee (dollars)		Short-stay hospital utilization for Part A fee-for-service enrollees			
							Discharges per 1,000 enrollees <sup>3</sup>		Average length of stay (days) <sup>3</sup>	
	1994	2016 <sup>4</sup>	1994	2016 <sup>4</sup>	1994	2016 <sup>4</sup>	1994	2016 <sup>4</sup>	1994	2016 <sup>4</sup>
Vermont	82	136	0.1	8.1	3,182	8,203	283	169	7.6	5.3
Virginia	803	1,392	1.5	19.6	3,748	8,591	348	254	7.3	5.0
Washington	676	1,237	12.5	30.2	3,401	8,080	269	195	5.3	4.9
West Virginia	326	424	8.3	27.7	3,798	9,015	420	284	7.1	5.2
Wisconsin	752	1,082	2.0	39.0	3,246	8,827	310	236	6.8	4.6
Wyoming	58	99	3.3	3.9	3,537	8,307	315	188	5.6	4.5

<sup>1</sup>Prior to 2016, total persons enrolled in the hospital insurance (Part A) program, supplementary medical insurance (Part B) program, or both, as of July 1. For 2016 and subsequent years, Medicare enrollment counts are determined using a person-year methodology. Includes fee-for-service and managed care enrollees. Numbers may not add to totals because of rounding.

<sup>2</sup>See Appendix II, Managed care.

<sup>3</sup>Data are for fee-for-service enrollees only. Beginning with 2016, short-stay hospital utilization data exclude short-stay hospital units, which are distinct units of acute care hospitals providing inpatient psychiatric treatment and intensive rehabilitation services; excluded because of differences in payment methodology.

<sup>4</sup>The 2016 data are preliminary and subject to change.

<sup>5</sup>Includes residents of the 50 states and the District of Columbia.

NOTES: In 1994, 92% of Medicare enrollees were in fee-for-service; in 2016, 68% 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. From 2004 to 2015, the enrollee counts were pulled from the 100% Denominator File. Beginning in 2016, the enrollment data are derived from the CMS Chronic Conditions Data Warehouse (CCW), a database with 100% of Medicare enrollment and final-action claims data. Payments per fee-for-service enrollee for years 1994–2015 are based on fee-for-service billing reimbursement for a 5% sample of Medicare beneficiaries as recorded in CMS' National Claims History File. Beginning in 2016, the payments per fee-for-service enrollee are based on fee-for-service billing reimbursement for 100% of Medicare beneficiaries and are derived from the CCW. The short-stay hospital utilization for years prior to 2011 are based on the Medicare Provider Analysis and Review (MedPAR) stay records for a 20% sample of Medicare beneficiaries. From 2011 to 2015, short-stay hospital utilization are based on the MedPAR stay records for 100% of Medicare beneficiaries, and beginning in 2016, the short-stay hospital utilization are derived from final-action claims data for 100% of Medicare beneficiaries from the CCW. Estimates may not sum to totals because of rounding. State is based on residence of the beneficiary. Data for additional years are available. See the Excel spreadsheet on the *Health, United States* website at: <https://www.cdc.gov/nchs/hus.htm>.

SOURCE: Beginning with 2016 data, the enrollment and utilization data are derived from the Chronic Conditions Data Warehouse. Prior to 2016: 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; Office of Enterprise Data and Analytics. Data for 2013 and 2014 (shown in spreadsheet version), and 2015 and 2016 are unpublished. See Appendix I, Medicare Administrative Data.