Table 146 (page 1 of 2). Medicare enrollees, enrollees in managed care, payment per enrollee, and short-stay hospital utilization, by state: United States, selected years 1994–2008

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

Click: Electronic files and updated data (when available)

State	Enrollment in thousands[1]		Percent of enrollees in managed care[2]		Payment per fee-for-service enrollee		Short-stay hospital utilization: Discharges per 1,000 enrollees[3]		Short-stay hospital utilization: Average length of stay in days[3]	
	1994	2008	1994	2008	1994	2008	1994	2008	1994	2008
United States[4]	36,190	44,385	7.9	21.9	$4,375	$8,649	345	343	7.5	5.6
Alabama	633	809	0.8	18.9	4,454	8,306	413	412	7.0	5.4
Alaska	33	60	0.6	1.0	3,687	7,043	269	229	6.3	5.7
Arizona	578	870	24.8	36.0	4,442	7,945	292	298	5.9	5.0
Arkansas	416	509	0.2	12.2	3,719	7,528	366	346	7.0	5.5
California	3,582	4,492	30.0	34.1	5,219	8,862	366	289	6.1	5.8
Colorado	413	579	17.2	32.1	3,935	7,496	302	284	6.0	4.9
Connecticut	497	549	2.6	14.4	4,426	9,419	287	338	8.1	5.8
Delaware	99	141	0.2	4.1	4,712	8,959	326	337	8.1	6.2
District of Columbia	80	75	3.9	10.0	5,655	10,215	376	396	10.1	6.9
Florida	2,584	3,212	13.8	27.0	5,027	10,317	326	355	7.1	5.7
Georgia	819	1,153	0.4	12.9	4,402	7,857	378	328	6.9	5.6
Hawaii	146	194	29.8	37.2	3,069	5,531	301	201	9.1	6.9
Idaho	146	214	2.5	24.6	3,045	6,494	274	210	5.2	4.8
Illinois	1,605	1,775	5.5	9.3	4,324	8,893	374	396	7.3	5.4
Indiana	805	964	2.6	12.8	3,945	8,202	345	341	6.9	5.4
Iowa	470	506	3.1	11.8	3,080	6,842	322	285	6.6	5.2
Kansas	378	418	3.3	9.3	3,847	7,864	348	319	6.5	5.3
Kentucky	578	728	2.3	13.7	3,862	8,044	396	380	7.2	5.5
Louisiana	572	656	0.4	20.4	5,468	9,894	399	385	7.2	5.7
Maine	198	253	0.1	5.7	3,464	6,937	322	266	7.6	5.4
Maryland	596	745	1.4	7.2	4,997	10,092	362	402	7.5	5.1
Massachusetts	924	1,019	6.1	18.6	5,147	9,115	350	360	7.6	5.4
Michigan	1,331	1,580	0.7	21.9	4,307	9,448	328	384	7.6	5.6
Minnesota	625	749	19.6	34.2	3,394	7,895	334	345	5.7	4.9
Mississippi	391	479	0.1	8.5	4,189	9,089	423	398	7.4	5.9
Missouri	821	966	3.4	18.3	4,191	8,052	349	365	7.3	5.4
Montana	128	160	0.4	15.0	3,114	6,414	306	248	5.9	4.7
Nebraska	247	271	2.2	11.3	2,926	7,509	281	286	6.3	5.2
Nevada	187	330	19.0	30.2	4,306	8,249	291	292	7.0	5.8
New Hampshire	152	212	0.2	5.2	3,414	7,469	281	255	7.6	5.7
New Jersey	1,158	1,283	2.6	10.5	4,531	9,974	354	373	10.2	6.2
New Mexico	205	294	13.6	22.8	3,110	6,782	301	261	6.0	5.1
New York	2,601	2,891	6.2	27.0	4,855	9,545	334	367	11.2	7.1
North Carolina	1,001	1,405	0.5	16.1	3,465	7,853	314	332	8.0	5.5
North Dakota	101	107	0.6	7.7	3,218	7,152	327	267	6.3	5.2
Ohio	1,649	1,841	2.4	25.2	3,982	8,780	350	388	7.1	5.3
Oklahoma	481	578	2.5	13.4	4,098	8,498	355	381	7.0	5.3
Oregon	469	584	27.7	40.3	3,285	6,176	305	225	5.2	4.9
Pennsylvania	2,053	2,221	3.3	36.7	5,212	8,711	379	388	8.0	5.7
Rhode Island	166	178	7.0	35.7	4,148	8,086	312	335	8.1	5.9
South Carolina	497	724	0.1	13.4	3,777	7,972	319	328	8.3	5.9
South Dakota	114	132	0.1	9.8	2,952	6,307	356	257	6.1	5.0
Tennessee	754	1,004	0.3	20.4	4,441	8,103	375	380	7.1	5.4
Texas	2,029	2,802	4.1	17.0	4,703	9,769	333	344	7.2	5.6
Utah	182	264	9.4	27.3	3,443	7,059	238	237	5.4	4.6
Vermont	82	105	0.1	3.2	3,182	7,114	283	207	7.6	5.4
Virginia	803	1,079	1.5	12.2	3,748	7,320	348	325	7.3	5.6
Washington	676	903	12.5	22.0	3,401	6,958	269	248	5.3	4.9
West Virginia	326	373	8.3	22.3	3,798	7,659	420	368	7.1	5.8
Wisconsin	752	874	2.0	24.4	3,246	7,532	310	299	6.8	5.1
Wyoming	58	76	3.3	5.4	3,537	6,397	315	260	5.6	4.8

See footnotes at end of table.

Table 146 (page 2 of 2). Medicare enrollees, enrollees in managed care, payment per enrollee, and short-stay hospital utilization, by state: United States, selected years 1994–2008

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

[1]Total persons enrolled in hospital insurance, supplementary medical insurance, or both, as of July 1. Includes fee-for-service and managed care enrollees.
[2]Includes enrollees in Medicare-approved managed care organizations. See Appendix II, Managed care.
[3]Data are for fee-for-service enrollees only.
[4]Includes residents of any of the 50 states and the District of Columbia.

NOTES: Prior to 2004, enrollment and percent 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 100% Denominator File was used. 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. Short-stay hospital utilization is based on the Medicare Provider Analysis and Review (MEDPAR) stay records for a 20% sample 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 Appendix III.

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 2009. Available from: http://www.cms.hhs.gov/MedicareMedicaidStatSupp/LT/list.asp.