

Table 149 (page 1 of 2). Medicare enrollees, enrollees in managed care, payment per enrollee, and short-stay hospital utilization, by state: United States, selected years 1994–2009

Updated data when available, Excel, PDF, and more data years: <http://www.cdc.gov/nchs/hus/contents2011.htm#149>.

[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		Payment per fee-for-service enrollee		Discharges per 1,000 enrollees ³		Average length of stay in days ³	
	1994	2009	1994	2009	1994	2009	1994	2009	1994	2009
United States ⁴	36,190	45,467	7.9	23.7	\$4,375	\$9,121	345	335	7.5	5.5
Alabama	633	828	0.8	22.1	4,454	8,496	413	384	7.0	5.5
Alaska	33	63	0.6	1.5	3,687	7,744	269	221	6.3	5.2
Arizona	578	899	24.8	36.8	4,442	8,405	292	294	5.9	4.9
Arkansas	416	520	0.2	13.9	3,719	7,847	366	328	7.0	5.4
California	3,582	4,620	30.0	34.8	5,219	9,411	366	285	6.1	5.6
Colorado	413	602	17.2	33.4	3,935	7,998	302	272	6.0	4.8
Connecticut	497	558	2.6	17.1	4,426	9,968	287	338	8.1	5.8
Delaware	99	145	0.2	5.0	4,712	9,139	326	319	8.1	5.7
District of Columbia	80	77	3.9	10.5	5,655	10,910	376	380	10.1	6.5
Florida	2,584	3,289	13.8	28.9	5,027	10,894	326	355	7.1	5.5
Georgia	819	1,194	0.4	15.2	4,402	8,320	378	320	6.9	5.5
Hawaii	146	200	29.8	39.7	3,069	5,802	301	194	9.1	6.7
Idaho	146	222	2.5	28.0	3,045	6,929	274	206	5.2	4.5
Illinois	1,605	1,806	5.5	10.0	4,324	9,367	374	381	7.3	5.3
Indiana	805	985	2.6	15.4	3,945	8,650	345	335	6.9	5.3
Iowa	470	512	3.1	13.0	3,080	7,257	322	271	6.6	5.2
Kansas	378	425	3.3	10.9	3,847	8,071	348	302	6.5	5.1
Kentucky	578	743	2.3	15.4	3,862	8,517	396	378	7.2	5.3
Louisiana	572	671	0.4	22.9	5,468	10,338	399	370	7.2	5.6
Maine	198	259	0.1	10.7	3,464	7,264	322	267	7.6	5.2
Maryland	596	764	1.4	7.7	4,997	10,322	362	392	7.5	5.0
Massachusetts	924	1,039	6.1	19.3	5,147	9,988	350	358	7.6	5.2
Michigan	1,331	1,615	0.7	25.3	4,307	10,085	328	383	7.6	5.4
Minnesota	625	767	19.6	37.3	3,394	8,647	334	347	5.7	4.6
Mississippi	391	488	0.1	9.7	4,189	9,479	423	381	7.4	5.8
Missouri	821	985	3.4	20.2	4,191	8,528	349	360	7.3	5.2
Montana	128	165	0.4	17.5	3,114	6,576	306	222	5.9	4.9
Nebraska	247	276	2.2	11.8	2,926	7,906	281	276	6.3	5.1
Nevada	187	343	19.0	30.7	4,306	8,619	291	291	7.0	5.7
New Hampshire	152	217	0.2	7.1	3,414	7,951	281	242	7.6	5.4
New Jersey	1,158	1,304	2.6	12.3	4,531	10,327	354	362	10.2	6.0
New Mexico	205	304	13.6	24.7	3,110	6,782	301	255	6.0	4.9
New York	2,601	2,937	6.2	29.1	4,855	10,014	334	363	11.2	6.8
North Carolina	1,001	1,448	0.5	17.8	3,465	8,433	314	323	8.0	5.5
North Dakota	101	108	0.6	8.2	3,218	6,453	327	244	6.3	4.8
Ohio	1,649	1,870	2.4	26.9	3,982	9,202	350	377	7.1	5.2
Oklahoma	481	592	2.5	14.7	4,098	8,826	355	365	7.0	5.2
Oregon	469	602	27.7	41.8	3,285	6,561	305	212	5.2	4.8
Pennsylvania	2,053	2,252	3.3	38.5	5,212	9,036	379	374	8.0	5.6
Rhode Island	166	180	7.0	36.2	4,148	8,650	312	327	8.1	5.7
South Carolina	497	749	0.1	15.2	3,777	8,453	319	319	8.3	5.7
South Dakota	114	134	0.1	7.7	2,952	6,927	356	258	6.1	5.0
Tennessee	754	1,031	0.3	23.0	4,441	8,642	375	372	7.1	5.3
Texas	2,029	2,900	4.1	18.7	4,703	10,413	333	334	7.2	5.5
Utah	182	274	9.4	31.7	3,443	7,352	238	237	5.4	4.5
Vermont	82	108	0.1	4.3	3,182	7,338	283	197	7.6	5.3
Virginia	803	1,110	1.5	14.2	3,748	7,744	348	317	7.3	5.4
Washington	676	938	12.5	24.3	3,401	7,376	269	248	5.3	4.8
West Virginia	326	377	8.3	23.8	3,798	8,200	420	363	7.1	5.7
Wisconsin	752	892	2.0	27.6	3,246	7,815	310	287	6.8	5.0
Wyoming	58	78	3.3	6.1	3,537	6,774	315	254	5.6	4.5

See footnotes at end of table.

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¹Total persons enrolled in hospital insurance, supplementary medical insurance, or both, as of July 1. Includes fee-for-service and managed care enrollees.

²Includes enrollees in Medicare-approved managed care organizations. 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: 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 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. The 2009 payment data reported in this table have not been finalized and are subject to revision. 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 2010. Available from: <http://www.cms.hhs.gov/MedicareMedicaidStatSupp/LT/list.asp>. See [Appendix I, Medicare Administrative Data](#).