

CMS Program Data - Populations¹

Medicare (avg monthly)	CY 2017	CY 2018²	CY 2019²
Parts A and/or B	58.5	60.0	60.8
Aged	49.7	51.3	52.2
Disabled	8.8	8.7	8.7
Original Medicare Enrollment	38.7	38.7	38.2
MA & Other Health Plan Enrollment	19.8	21.3	22.7
MA Enrollment	18.7	20.1	21.9
Part D (MA PD+PDP)	42.7	44.2	45.5

Medicaid (avg monthly)³	FY 2017	FY 2018	FY 2019
Total	73.7	74.6	75.8
Aged	5.8	6.0	6.2
Blind/Disabled	10.6	10.7	10.9
Children	28.2	28.5	29.0
Adults	15.5	15.8	16.0
Expansion Adult	12.2	12.2	12.4

CHIP (avg monthly)³	6.7	7.0	7.2
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¹ Populations are in millions and may not add due to rounding

² Preliminary and subject to change

³ Projected estimates

MA - Medicare Advantage
 MA PD - Medicare Advantage Prescription Drug Plan
 PDP - Prescription Drug Plan
 CHIP - Children's Health Insurance Program

SOURCES: CMS/Office of Enterprise Data & Analytics/Office of the Actuary



Medicare Deductibles, Coinsurance, Premiums

	CY 2018	CY 2019
Part A		
Inpatient Hospital		
Deductible	\$1,340.00	\$1,364.00
Coinsurance/Day	\$335.00	\$341.00
Coinsurance/LTR Day	\$670.00	\$682.00
Coinsurance/SNF Day	\$167.50	\$170.50
Part B		
Deductible	\$183.00	\$185.00
Part D		
Maximum Deductible	\$405.00	\$415.00
Initial Coverage Limit	\$3,750.00	\$3,820.00
Out-of-Pocket Threshold	\$5,000.00	\$5,100.00
Premiums		
Part A	\$422.00	\$437.00
Part B	\$134.00-\$428.60	\$135.50-\$460.50

NOTE: The inpatient hospital deductible applies per benefit period.

LTR - Life Time Reserve
 SNF - Skilled Nursing Facility

SOURCE: CMS/Office of the Actuary



**Original Medicare Persons Served and Payments by Type of Service
Calendar Year 2017**

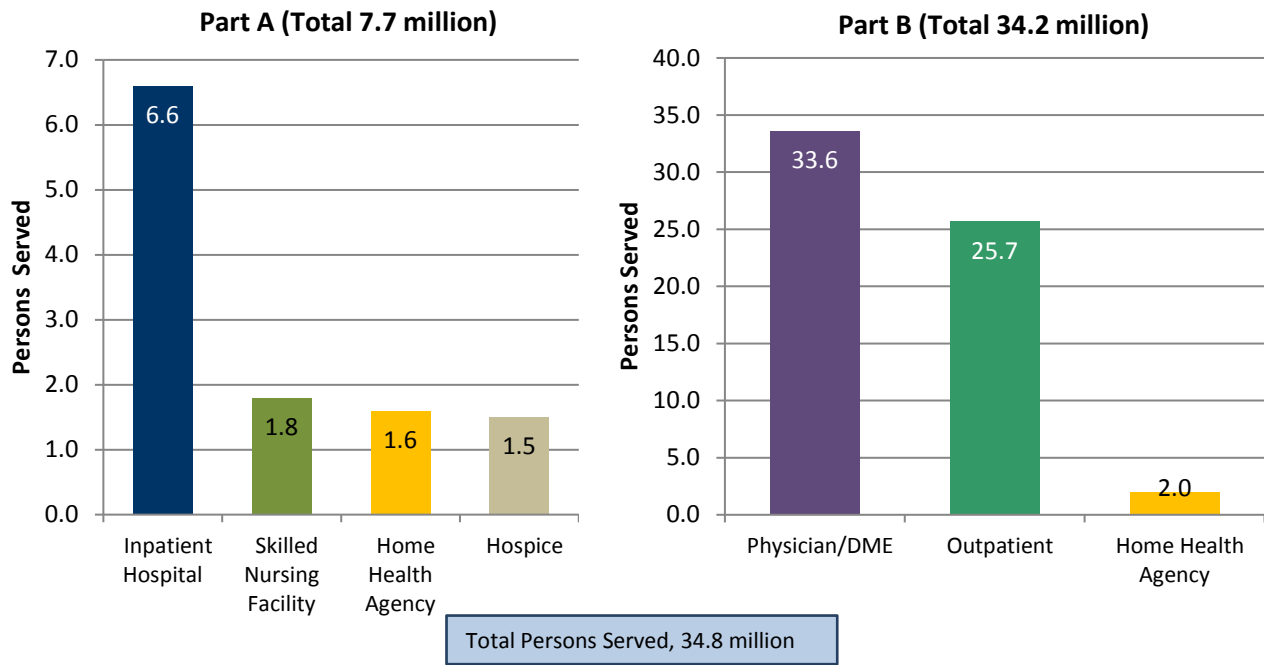
	Persons Served (in millions)	Program Payments (in billions)
Total	34.8	\$377.0
Part A	7.7	\$188.1
Inpatient Hospital	6.6	\$135.3
Skilled Nursing Facility	1.8	\$28.1
Home Health Agency	1.6	\$6.8
Hospice	1.5	\$17.9
Part B	34.2	\$188.9
Physician/DME	33.6	\$105.6
Outpatient	25.7	\$72.3
Home Health Agency	2.0	\$11.0

Total = Parts A and/or B

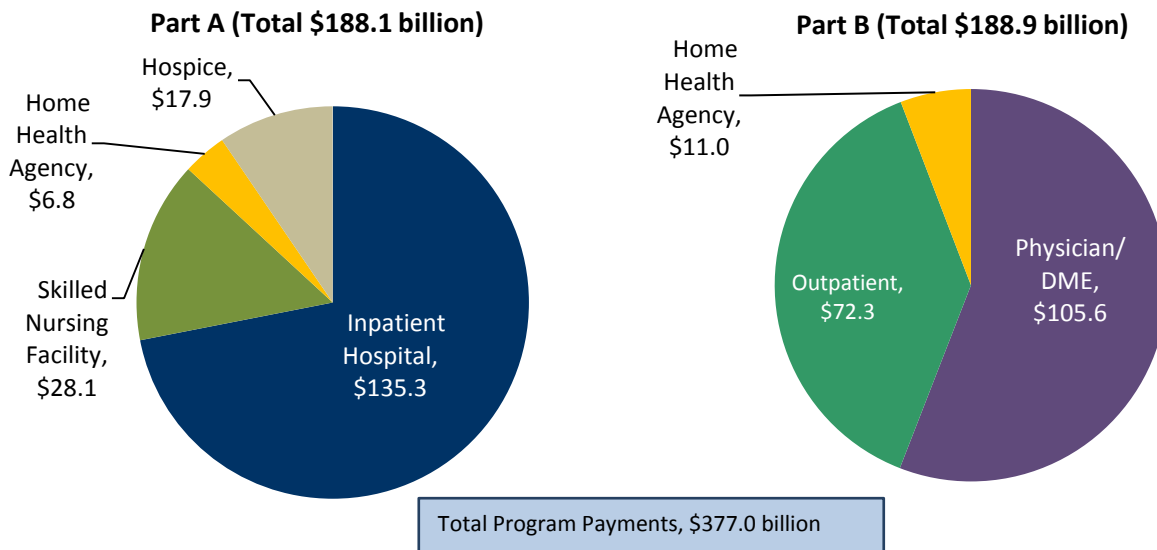
DME - Durable Medical Equipment

SOURCE: CMS/Office of Enterprise Data & Analytics

**Original Medicare Persons Served (in Millions) by Type of Service
Calendar Year 2017**



**Original Medicare Program Payments (in Billions) by Type of Service
Calendar Year 2017**



Total = Parts A and/or B

SOURCE: CMS/Office of Enterprise Data & Analytics

**Medicare Part D Utilization and Expenditures
Calendar Year 2017**

Utilizing Beneficiaries, in millions	40.5
Prescription Drug Events, in billions	1.5
Total Part D Expenditures, in billions	\$100.0
Part D Benefit Payments	\$100.1
Part D Administrative Expenses	-\$0.1

SOURCE: CMS/Office of Enterprise Data & Analytics/Office of the Actuary

**Medicaid Beneficiaries and Payments by Selected Type of Service
Fiscal Year 2014**

	Beneficiaries (in millions)	Payments (in billions)
All Services	63.2	\$314.5
Inpatient Hospital	5.9	\$22.6
ICF-IID	0.1	\$7.9
Nursing Facility	1.3	\$37.0
Physician	41.5	\$6.9
Outpatient Hospital	24.7	\$9.3
Home Health	1.6	\$4.8
Prescription Drugs	36.1	\$14.9
Capitation	--	\$138.7
Clinic	15.4	\$11.0
Personal Care	1.1	\$9.9
Other Services	--	\$51.6

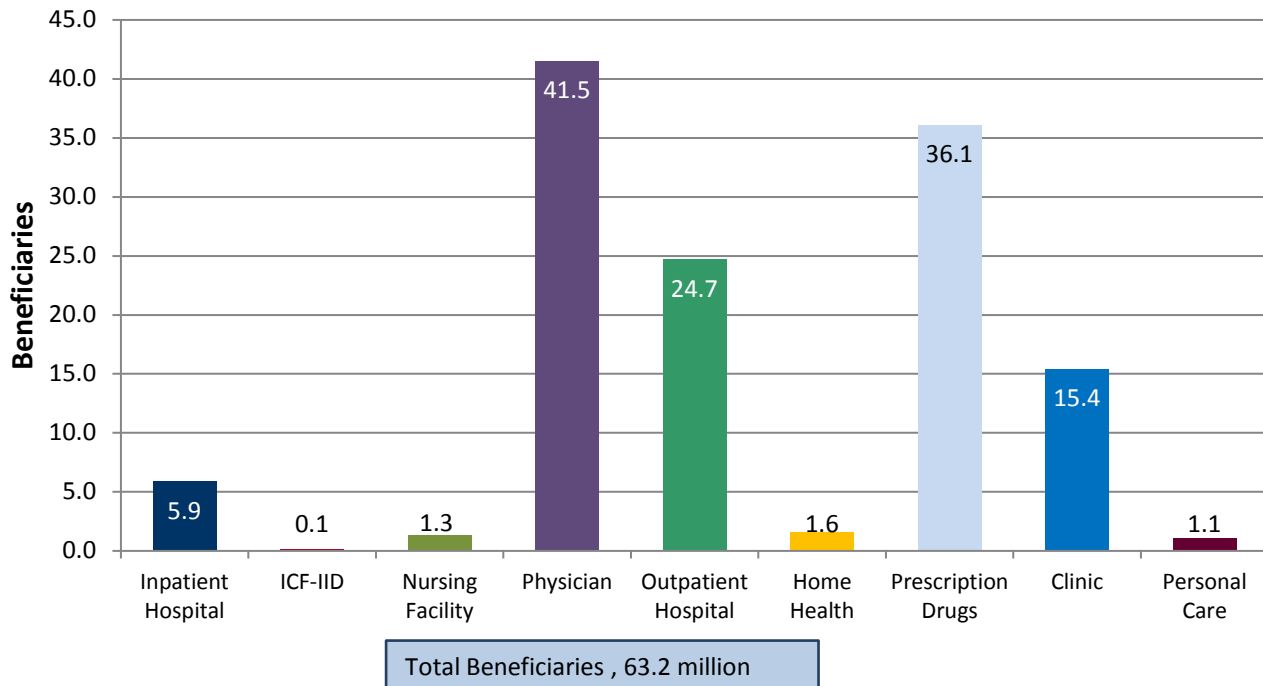
NOTES: Beneficiaries represent unique individuals on whose behalf Medicaid payments for the indicated services were made during the fiscal year (FY). Excludes enrollees in separate Title XXI Children's Health Insurance Programs. Excludes data for Alaska, Colorado, Florida, Kansas, North Carolina, and Rhode Island and contains partial data for District of Columbia, Delaware, Illinois, Kentucky, Maryland, Maine, Montana, North Dakota, New Hampshire, Nebraska, New Mexico, Nevada, South Carolina, Texas, Virginia, and Wisconsin. These statistics are lower for FY 2014 than those previously reported for FY 2013 and are primarily a result of incomplete data. MSIS data are incomplete for FY 2014, as noted above. The number of beneficiaries reported as receiving home health services was 1.6 million in FY 2014 compared to 17.3 million reported previously for FY 2013. The FY 2013 data were probably an anomaly based on coding problems in one or more states.

ICF-IID - Intermediate Care Facility for Individuals with Intellectual Disabilities.

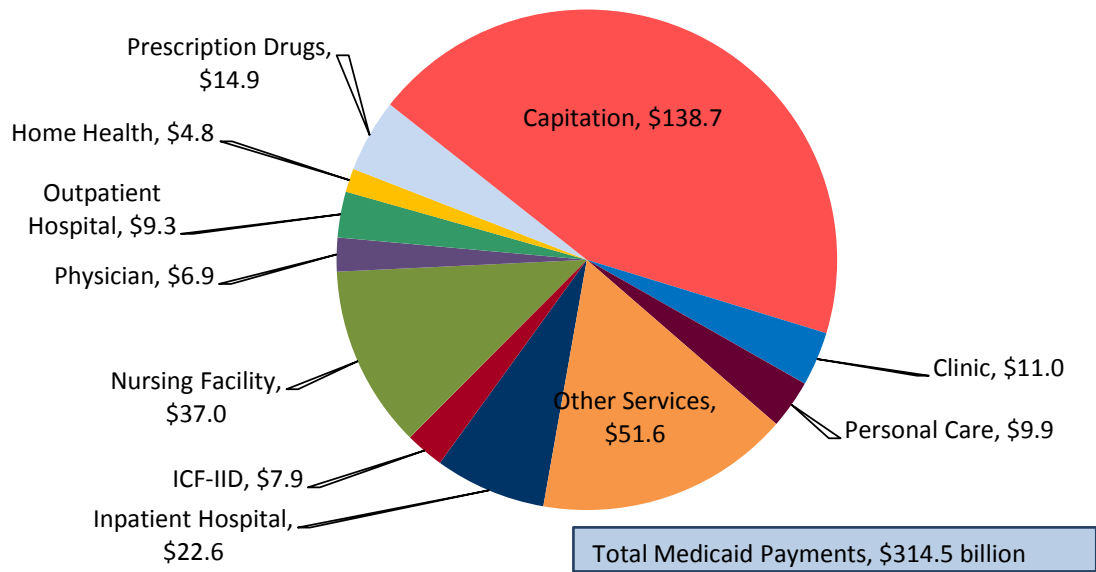
SOURCE: CMS/Center for Medicaid and CHIP Services



Medicaid Beneficiaries (in Millions) by Type of Service
Fiscal Year 2014



Medicaid Payments (in Billions) by Type of Service
Fiscal Year 2014



SOURCE: CMS/Center for Medicaid and CHIP Services

Medicare Institutional Providers Calendar Year 2018

Type of Provider	Count
Total Hospitals	6,072
Short Stay	3,334
Psychiatric	598
Rehabilitation	296
Children's	96
Long Term	382
Critical Access	1,351
Religious Non-Medical	15
Home Health Agencies	11,317
Skilled Nursing Facilities	15,218
Labs	262,524
Outpatient PT/Speech Pathology	2,016
Rural Health Clinics	4,402
Federally Qualified Health Centers	8,836
Ambulatory Surgical Centers	5,718
Comprehensive Outpatient Rehab Facilities	172
Hospices	4,775

PT - Physical Therapy

SOURCE: CMS/Office of Enterprise Data & Analytics



Medicare Non-Institutional Providers by Specialty⁴
Calendar Year 2018

Specialty Type	Count
Total Providers	1,360,319
Primary Care	225,311
Surgical Specialties	110,705
Medical Specialties	154,332
Anesthesiology	42,833
Obstetrics/Gynecology	35,351
Pathology	12,565
Psychiatry	28,071
Radiology	38,705
Emergency Medicine	48,772
Non-Physician Practitioners	455,090
Limited Licensed Practitioners	104,590
Ambulance Service Supplier	10,229
All Other Providers	93,765

⁴ Providers utilized by Original Medicare beneficiaries for all Part B non-institutional provider services. Providers may be counted in more than one specialty classification but are reported as a single provider in the "Total Providers" count.

SOURCE: CMS/Office of Enterprise Data & Analytics



**Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers by Specialty
Calendar Year 2018⁵**

Specialty Type	Count
Total DMEPOS Providers	84,533
Pharmacy	49,710
Medical Supply Company	9,747
Optometry	5,223
Podiatry	5,138
Individual Certified Prosthetist/Orthotist	2,434
Optician	1,789
Orthopedic Surgery	1,952
Ophthalmology	1,435
General Practice	1,491
All Other DMEPOS Providers	5,575

⁵ Providers utilized by Original Medicare beneficiaries for all Part B non-institutional DMEPOS services. Providers may be counted in more than one specialty classification but are reported as a single provider in the "Total DMEPOS Providers" count.

SOURCE: CMS/Office of Enterprise Data & Analytics

Medicare Prepaid Contracts (06/2019)

	Count
Total Prepaid Plans (MA and others)	733
Total Prescription Drug Plans	63

SOURCE: CMS/Center for Medicare

National Health Expenditures Calendar Year 2017

Total	\$3,492.1
% of GDP	17.9%
Per Capita	\$10,739
Health Insurance	\$2,604.2
Private Health Insurance	\$1,183.9
Medicare	\$705.9
Medicaid (Title XIX)	\$581.9
CHIP (Title XIX & XXI)	\$18.2
Department of Defense	\$42.3
Department of Veterans Affairs	\$72.1

Dollars in billions except for Per Capita.

SOURCE: CMS/Office of the Actuary

CMS Financial Data Fiscal Year 2018 ⁶

Total Federal Program Spending (\$ in billions)	\$1,130.6
Medicare Benefits ⁷	\$701.8
Total Medicaid ⁸	\$402.9
CHIP	\$17.3
Other Spending	\$0.5
Total Program Management (\$ in millions)	\$6,294.7
Total Appropriation	\$3,965.0
Other Sources	\$2,329.7
Total Health Care Fraud & Abuse Control Funding (\$ in millions)	\$2,017.0
FTE Employment	6,129

⁶ Program Management figures in FY 2018 are preliminary and subject to change.

⁷ Medicare Benefits, including Health Information Technology Incentive Payments.

⁸ Amount reported as total gross outlays including the Vaccines for Children Program.

SOURCE: CMS/Office of Financial Management