

The State of Health Care Spending

Health Care Spending in the
50 States and Select Counties

March 2013

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March 2013

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Overview

The geography of health care spending is multidimensional. It varies from region to region, state to state, and within states from county to county. It can be measured on a per capita basis or relative to the size of the economy. For example, Massachusetts is the state with the highest per capita health care spending in the country, while West Virginia has the highest health care spending as a percentage of the state's economy. Average Medicare spending is highest in New Jersey and lowest in Montana. Variation in health care access can also be summarized by the geographic distribution of insurance coverage. The state with the highest percentage of uninsured residents is Texas, while Massachusetts has the lowest percentage uninsured. Medicaid coverage is high in California and is low in Utah. And at the county level, Medicare spending is highest in places like Miami, New York, and in McAllen, Texas and low in rural areas and much of the West. Here, these various dimensions will be explored, providing a comprehensive look at the geography of health care spending in the United States.

Given that much of the evidence on geographic variation has been based on Medicare spending, a key question is whether the observed variation in Medicare spending is descriptive of the variation in health care spending in general? While Medicare currently accounts for about 20 percent of total health expenditures, it is critical that recommendations aimed at addressing geographic variation in Medicare payments account for how Medicare is related to the distribution of other per capita spending amounts. The wide variation in Medicare spending that was not associated with variation in observed health outcomes was one of the recurring rationales for the need for health care reform. However, as will be seen, the geographic distribution of Medicare spending does not describe all health care spending. There are numerous ways to think about geographic variation, and each by itself may lead to different policy prescriptions. The relationship between the geography of Medicare spending and other health care spending measures is explored on several levels in this compendium.

The compendium is divided in two main parts. Part 1 summarizes the four ways by which the geography of health care spending is described. Health care spending as a percent of the states' GDP is the first way in which the geography of health care is presented and is separated between Medicare, Medicaid, and non-Medicare/Medicaid spending. These data allow for analysis that extends back to 1980 for each state. Next, health care spending is analyzed on a per capita basis and is again divided between Medicare and Medicaid per enrollee in the programs, and average non-Medicare/Medicaid spending for the states' population who are not enrolled in the programs. The per capita data are available beginning in 1991. Third, health care is summarized by state level enrollment in the public programs, the percentage of the states' populations who are uninsured, and by the prevalence of managed care in the two public programs. The final view of the geography of health care is based on county level Medicare spending. The county level data are available from 1998 to 2010. The annual county level Medicare data include total reimbursements and enrollee counts for Parts A and B, fee-for-service aged and disabled enrollees. Disproportionate share, graduate medical education, and indirect medical education spending are broken out separately. County level average risk scores for the aged and the disabled are available for recent years. The advantages of the county level data are the ability to include or exclude the Medicare add-on payments at the county level detail. The disadvantage is that the data is limited to fee-for-service enrollees. However, this restriction is also used in compiling the Dartmouth Atlas data, the data on which most geographic variation studies are based.

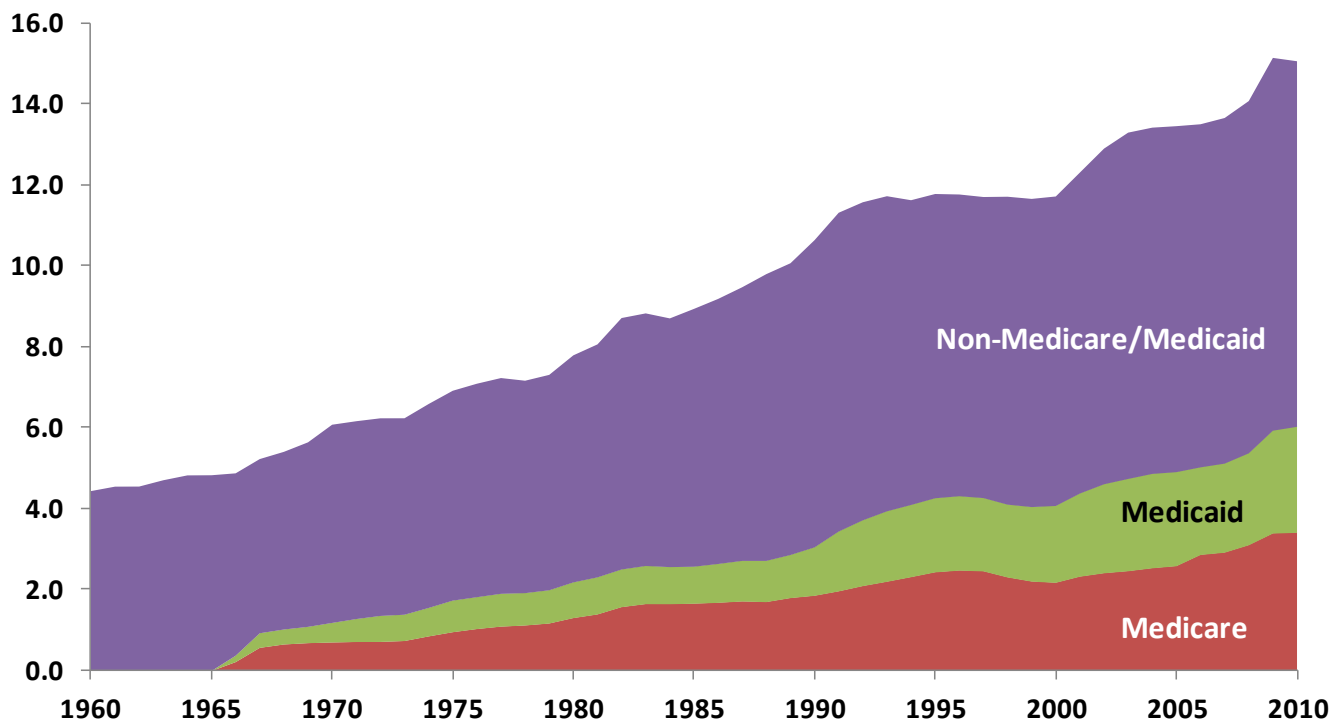
The second part of the compendium comprises 50 state summaries. The two-page summaries are based on the four ways of viewing geographic variation in health care spending and the health care markets. The first page summarizes the key health care spending indicators in each state, and provides graphical representations of how the state compares to the national average now and in the past. Also depicted is the variation in county level Medicare spending. The second page of each state's summary presents all of the recent metrics in tabular form. Medicare spending in four large or geographically dispersed counties is also presented at the end of each table.

How big is the health care sector?

Health care spending per person has grown more rapidly in the United States than per capita GDP in 43 of the past 50 years. This faster growth is evidenced in the health care sector's growing share of the economy depicted in Figure 1. The figure shows the size of the two primary government health care programs, Medicare and Medicaid, along with all other health care spending which includes all private third-party spending, out-of-pocket spending, and other government spending. In 2010, the health care sector comprised 17 percent of the United States' economy – a substantially larger share than in all other advanced economies. For example, in 2010 health care spending in Japan comprised just 9.5 percent of the economy and in Germany only 11.6 percent. The reasons for health care's rapid growth in the United States are varied and include among other things the growth in insurance coverage, the growth in the relative prices for health care services, changing demographics, the expansion of government health care programs, rising incomes, and the labor intensive nature of health care production. Because U.S. spending is so much higher than in other developed countries while outcomes are comparable has led some to conclude that the United States should adopt a more centralized approach. Such an approach could go the route of a single payer and limitations on access to care or reliance on mandatory participation and stringent price controls. The Patient Protection and Affordable Care Act (PPACA) of 2010 was a manifestation of these approaches.

Before moving forward with implementation of the Affordable Care Act, it is important to consider how spending from state to state varies in terms of the health care sector's size relative to the states' economies, and to examine how the sizes of the states' health care sectors have evolved over time. The State of Provider data set from the Centers for Medicare and Medicaid services provides an excellent source for these comparisons and allows for an examination of spending over a thirty-year period.¹

Figure 1. Personal Health Care Spending as a % of GDP



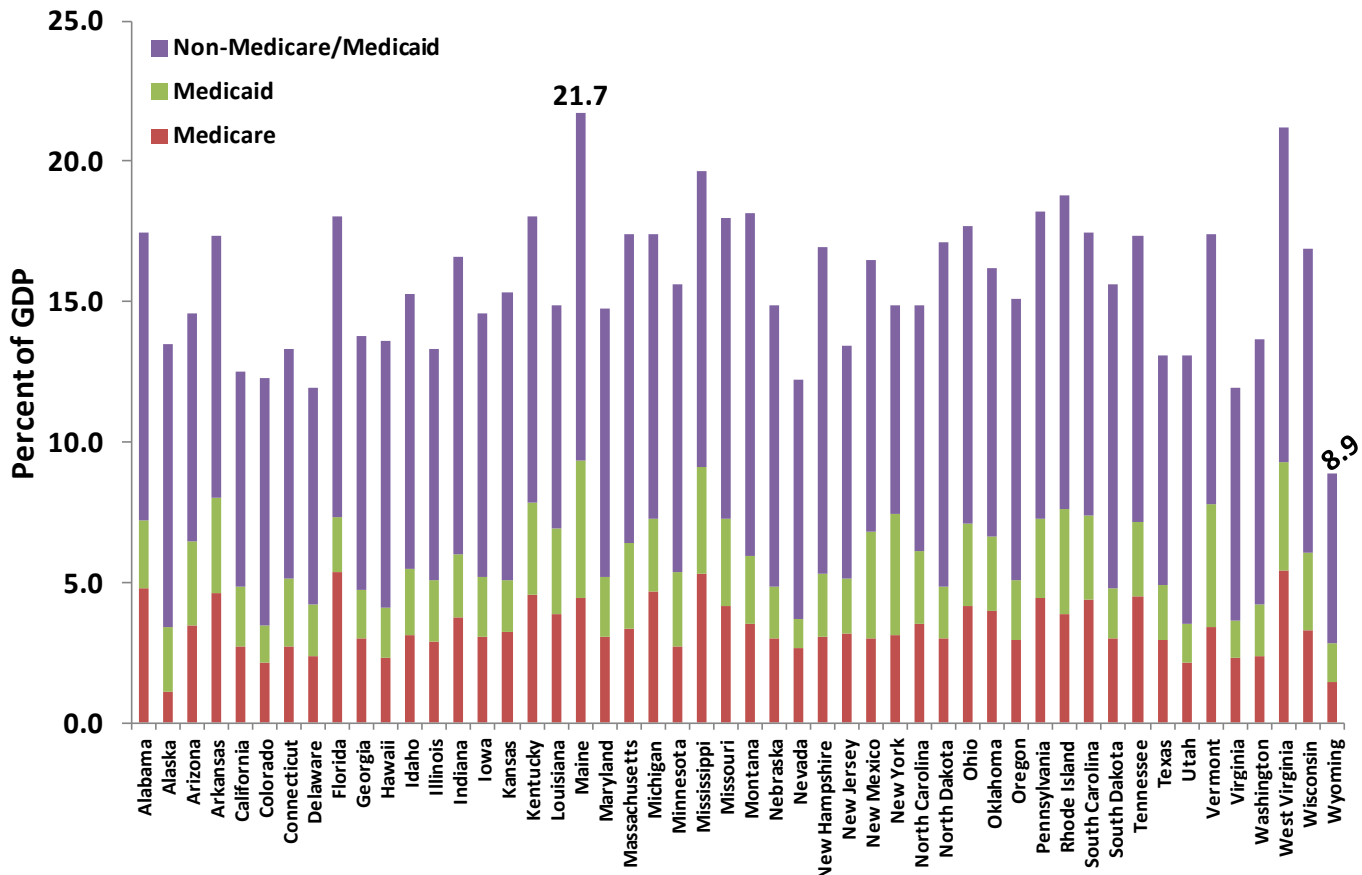
Source: National Health Expenditures 1960-2010, CMS Office of the Actuary, National Health Statistics Group.

Personal Health Care Spending as a Percent of GDP - Figure 2 plots state personal health care spending as a percentage of state gross domestic products in 2009, the last year of the sample. Wyoming spent only 8.86% of its GDP in health care. The next two states with lowest shares are Virginia (11.93%) and Delaware (11.95%). The three most expensive states are Maine (21.71%), West Virginia (21.18%), and Mississippi (19.65%). They each spent more than twice as much as Wyoming. The spending patterns are somewhat different in terms of Medicare. West Virginia (5.43%) and Mississippi (5.29%) remain at the top of the list of three most expensive states by GDP shares of Medicare spending. The third is Florida (5.38%), which is not surprising since it has very high concentration of retirees. The bottom three states in the Medicare spending distribution are Alaska (1.10%), Wyoming (1.43%), and Colorado (2.12%).

Maine shows the highest Medicaid spending (4.89% of its GDP). Under Maine are New York and Vermont, both in the Northeast. In terms of Medicaid spending, the three least expensive states are Nevada, Virginia and Colorado. Medicaid costs in these states are only 1.04%, 1.34%, and 1.37% of their respective economies. The overall low-cost state Wyoming is also a low Medicaid cost state (about 1.38% of its economy).

States with high Medicare/Medicaid spending often spend more in the non-Medicare/Medicaid category. However, the positive relationship is moderate with a correlation of 0.46 (not accounting for differences in the state size). For example, Maine, West Virginia, and Mississippi spend the most in terms of combined Medicare and Medicaid spending. But Maine, North Dakota, and Montana spend the most by the relative size of non-Medicare/Medicaid spending. Wyoming is ranked the lowest cost state in both the Medicare and Medicaid category and the non-Medicare/Medicaid category. However, the next two lowest cost states are Alaska and Colorado in terms of Medicare and Medicaid spending, and New York and California in terms of the other spending category of non-Medicare/Medicaid.

Figure 2. Personal Health Care Spending as a % of GDP in 2009



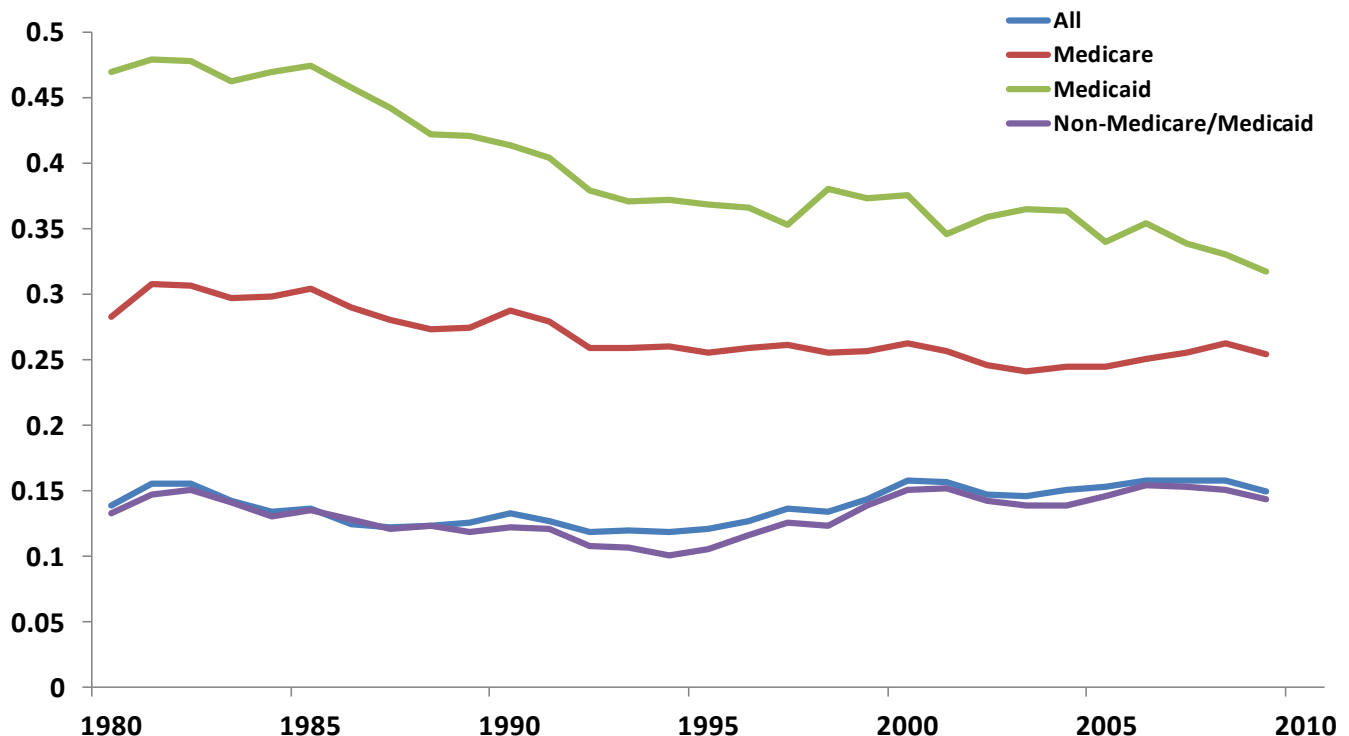
Source: State Health Expenditures by State of Provider, CMS Office of the Actuary, December 2011. State GDP from Bureau of Economic Analysis.

Variation in State Level Health Care Spending Each Year - To measure state-to-state variation in health care spending within each year, we compute the coefficient of variation as the ratio of the cross-state standard deviation and the average of health care spending weighted by state gross domestic products in that year. Figure 3 plots the coefficient of variation estimates for each year from 1980 to 2009 for all four spending categories.

The state-to-state variation in total health care spending remained largely constant over the 30-year sample period. It was 0.14 in 1980 and only increased to 0.15 in the ending year, with a low of 0.12 and a high of 0.16 in the intervening years. The magnitude of state variation in non-Medicare/Medicaid spending is very similar to those of the all-spending category. There is also no clear trend in its cross-year movement. In contrast, a downward trend can be seen in state variation in Medicare spending from 1985 to the early 1990s, a period coinciding with the implementation of the Medicare prospective payment system in 1984. The coefficient of variation decreased from 0.30 in 1985 to 0.26 in 1992 (an 18% change). However, the downward trend disappeared in the remaining years, leaving the state variation measure in 2009 at about the same level as it was in 1992.

Probably the most striking feature of Figure 3 is the persistent decline of state variation in Medicaid during the sample period. The series features two cycles. The variation decreased significantly from 0.47 in 1985 to 0.35 in 1997. Although it went back to 0.38 in 1998, it has since shown some further reduction and stood at 0.32 in 2009. In addition to the above-mentioned implementation of the Medicare prospective payment system, important legislations affecting health care financing in this period also includes the implementation of the Balanced Budget Act of 1997 in 1998.

Figure 3. State of Provider Health Care Spending as a % of GDP - Within Year Coefficient of Variation



Note: Weighted within year by state GDP.

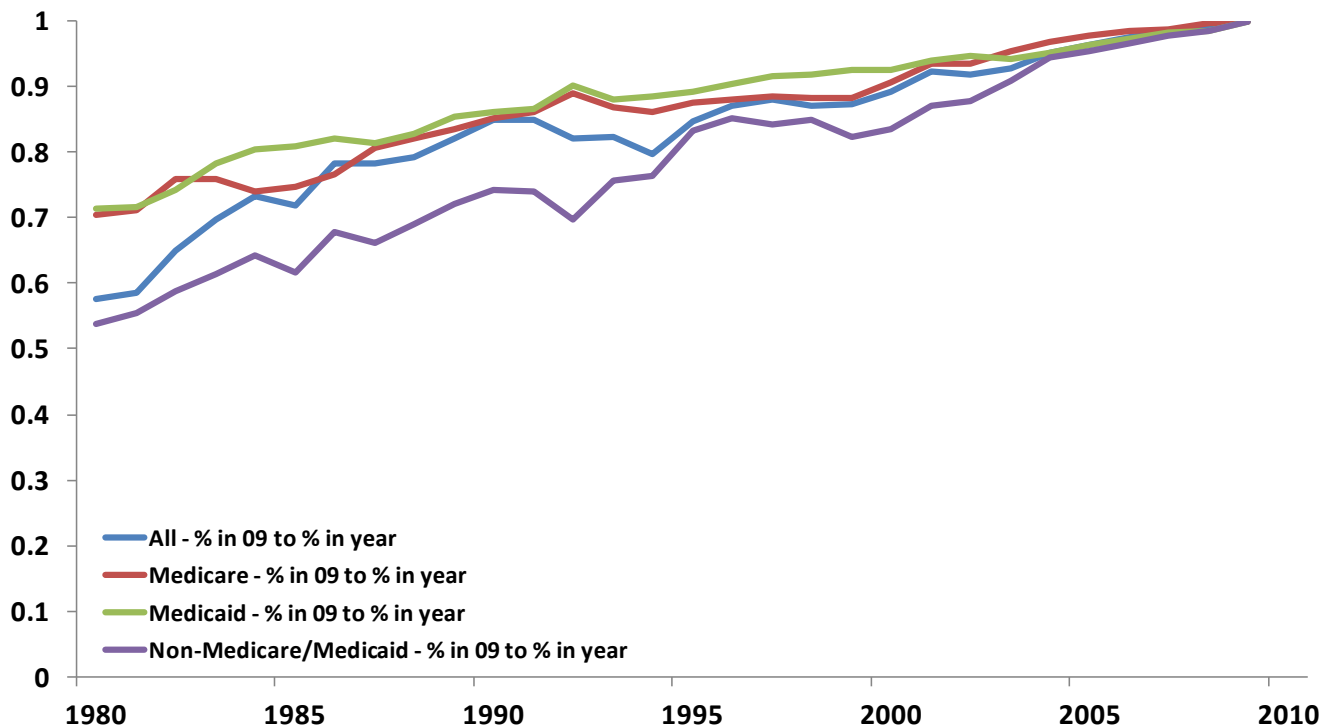
Source: State Health Expenditures by State of Provider, CMS Office of the Actuary, December 2011. State GDP from Bureau of Economic Analysis.

Persistence in Personal Health Care Spending as a Percent of GDP – A state could be ranked expensive either for experiencing more adverse events such as transitory high incidence of illness among its residents, or for more fundamental factors that drive up health care cost. To what degree is the observed state variation in health care spending due to temporary rather than permanent factors? To answer this question, we examine temporal spending persistence.^{4,5} For each of the four funding sources, we compute the correlation coefficients between the state spending in 2009 and that in each of the earlier 29 years. The results are presented in Figure 4.

Not surprisingly, the correlations in general become smaller as we move further away from the base year 2009. However, there are some significant differences with respect to spending persistence between Medicare/Medicaid and non-Medicare/Medicaid categories. A state’s Medicare spending in 1980 is still highly correlated with its level 30 years apart in 2009 with a coefficient of 0.70. The correlation is slightly higher for Medicaid at 0.71. The high spending persistence in these two institutionalized programs suggests that the factors driving state variation in Medicare and Medicaid are more likely to be permanent.

The funding source for non-Medicare/Medicaid is mostly private. Figure 4 shows that the spending in this category is significantly less persistent than Medicare and Medicaid for each year we considered. For example, spending in 1994, the midyear of the sample period is correlated with that in 2009 by a coefficient of 0.76. The correlation decreased to 0.54 between 1980 and 2009, which is 18 percentage points lower than that of Medicaid spending persistence for the same spanning period. The persistence in the category of all health care spending by construction fell in between persistent Medicare/Medicaid and less persistent non-Medicare/Medicaid spending. The correlation between the state overall spending levels in 1980 and 2009 is 0.58.

Figure 4. State of Provider Health Care Spending as a % of GDP Correlation Coefficients
(% in 2009 to % in year)



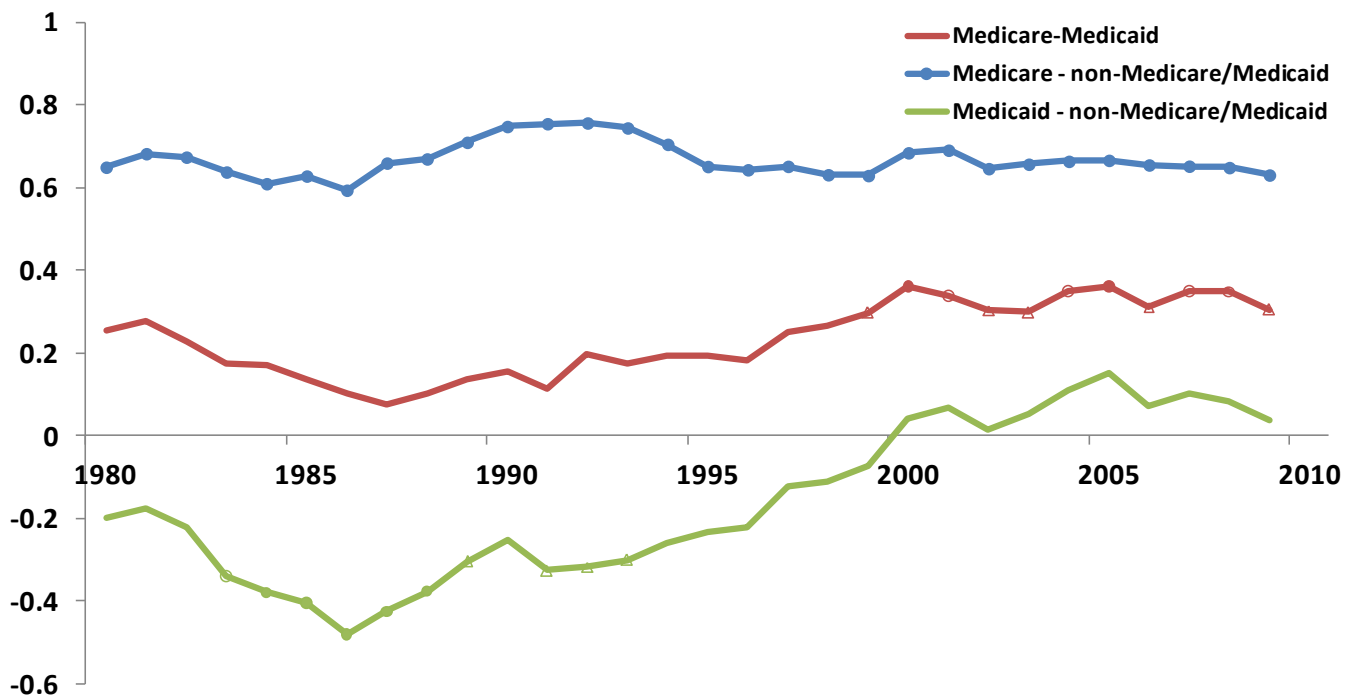
Note: Weighted by real average within state GDP.

Source: State Health Expenditures by State of Provider, CMS Office of the Actuary, December 2011. State GDP from Bureau of Economic Analysis.

Correlations Between Expenditure Categories – If a state spends more in one health care expenditure category, is it more or less likely to also spend more in another category? And if so, has the relation evolved over time? We answer these questions by computing three pair-wise correlation coefficients for each year between state Medicare, Medicaid and non-Medicare/Medicaid spending. The time series of these correlation coefficients are plotted in Figure 5, which complements the one-year intersection picture of 2009 presented in Figure 2. The middle red line represents the correlation between spending in the two government-operated programs. These two types of expenditure are weakly positively correlated, ranging from a low of 0.08 in 1987 to a high of 0.36 with an average of 0.23. There was a clear downward trend in the correlation from 1981 to 1987, followed by a slower but generally upward trend until 2000. The correlation between the two spending categories has since leveled off.

The positive correlation between Medicare and non-Medicare/Medicaid spending is quite strong and remarkably stable over the 30-year sample period. It was 0.65 in 1980 and remained largely the same at 0.63 by 2009. It varied within a relatively tight range of 0.59 to 0.76, suggesting that states that are expensive in terms of Medicare also tend to be expensive in terms of non-Medicare/Medicaid spending. The bottom line in Figure 5 represents a different relation between Medicaid and non-Medicare/Medicaid spending. There were some substitution effects between the two categories prior to 2000. A state spending more in Medicaid is also less likely to spend more in the non-Medicare/Medicaid category. The relation is statistically significant from 1983 to 1993 and most evident in 1986 when the two cross-state spending series are negatively correlated with a coefficient of -0.48 . However, there has been no real relation between the two series since 2000.

Figure 5. State of Provider Health Care Spending Payers as a % of GDP - Within Year Correlations



Note: Years in which the correlations between states' payers' % of GDP are significant at the 1%, 2% and 5% level are marked with a ●, a ○ and a Δ, respectively. Weighted within year by state GDP.

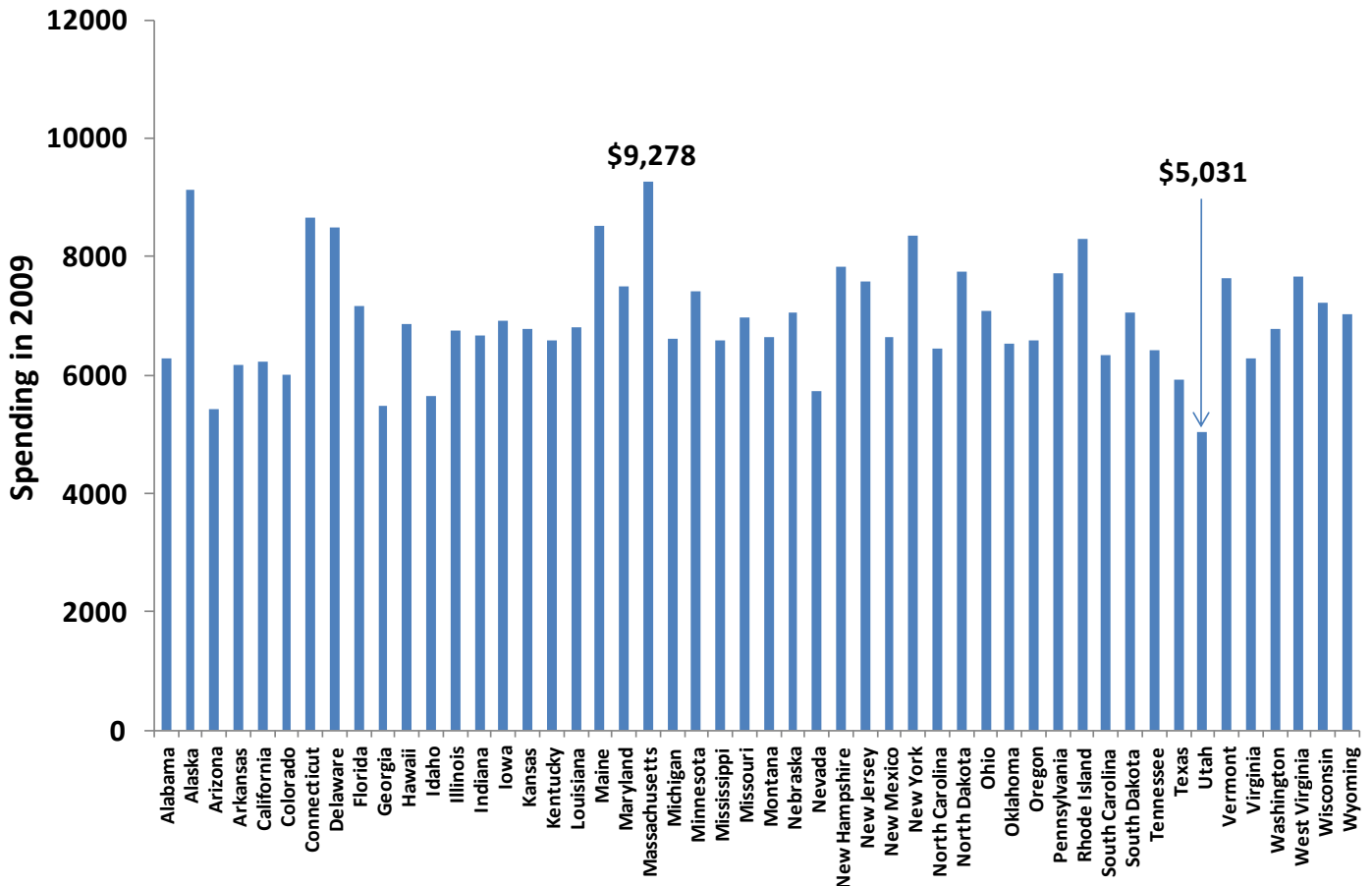
Source: State Health Expenditures by State of Provider, CMS Office of the Actuary, December 2011. State GDP from Bureau of Economic Analysis.

How much do we spend on health care?

Per Capita Personal Health Care Spending -This section examines the distribution of spending on a per capita basis, both at a point in time and over the period from 1991 to 2009. The data again come from the Office of the Actuary at the CMS but rather than attributing spending to the state of the provider as in the previous section, here the spending is attributed to the individual health care consumers' states of residence. Per capita spending allows us to examine another aspect of the geographic distribution of health care spending.² As illustrated in the previous section, the size of the health care sector as a share of the states' economies varies quite a bit. The same is true for per capita spending. Figure 6 depicts per capita personal health care spending in 2009 for each state. Per capita health care spending was highest in Massachusetts at \$9,278, but was 46 percent lower in Utah where the average spending was \$5,031. The other states in the top five in terms of average spending are Alaska, Connecticut, Maine and Delaware, while Arizona, Georgia, Idaho, and Nevada along with Utah are the five lowest spending states. There are several significant changes in the ranking of states by per capita spending when compared to the distribution of health care spending as a percent of the states' GDP, as explored in the previous section. For example, while Delaware and Connecticut are among the highest in terms of per capita spending they were both among the lowest ten states in terms of health care spending as a percent of GDP. Overall, the correlation between the un-weighted shares of GDP and per capita spending is 0.24, which is only marginally significant and rises to 0.40 when weighted by population.

Numerous factors affect the relative spending in each state and these have been examined over the years, most notably through the extensive body of research from the Dartmouth Atlas of Health Care that is based on the regional distribution of Medicare spending.³

Figure 6. Per Capita Personal Health Care Spending in 2009



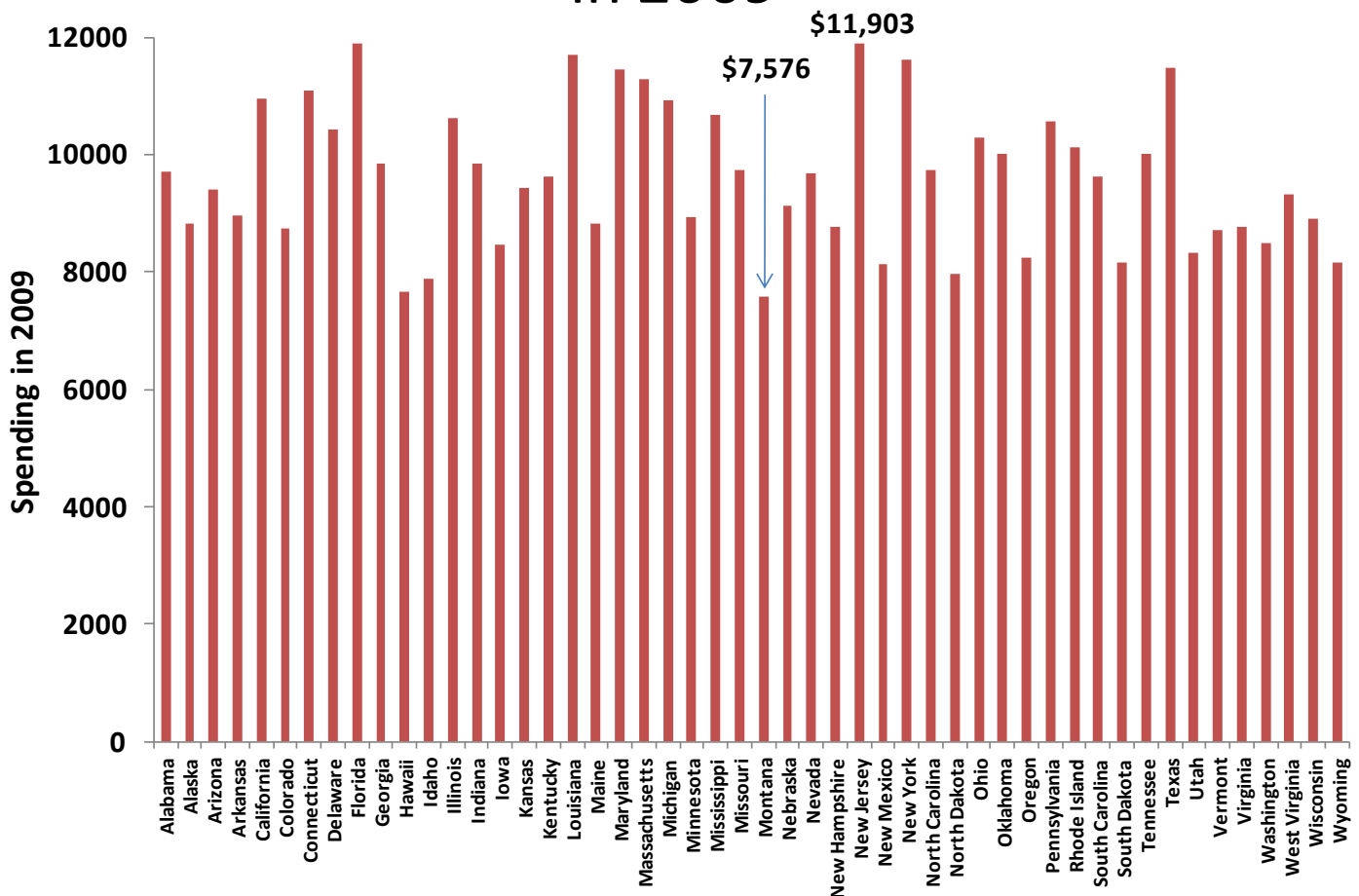
Source: State Health Expenditures by State of Residence, CMS Office of the Actuary, December 2011

Medicare Spending per Enrollee - Medicare spending per enrollee is highest in New Jersey at \$11,903 and lowest in Montana at \$7,576 in 2009. These averages, depicted in Figure 7, include seniors and disabled enrollees and span patients who participate in a Medicare Advantage plan as well as those in traditional fee-for-service Medicare. The demographic makeup of Medicare patients, the health care markets, and relative prices vary from state to state and those factors interacting with the particulars of Medicare’s reimbursement formulas account for much, but not all, of the geographic variation in per capita Medicare spending. A more detailed look into some of the factors that affect the geographic distribution of Medicare spending at the county level will follow in a subsequent section. Also, the aforementioned research based on the Dartmouth Atlas of Health Care indicates that after adjusting for demographic factors and relative prices, considerable variation remains in the fee-for-service spending by patients in different hospital referral regions.⁴

The other states besides New Jersey with the five highest averages are Florida (\$11,893), Louisiana (\$11,700), New York (\$11,604) and Texas (\$11,479). The five states with the lowest average Medicare spending in addition to Montana were Hawaii (\$7,652) Idaho (\$7,880), North Dakota (\$7,958), and New Mexico (\$8,120). Even without detailed statistical analysis, the contrast between the high and low spending states suggests that the relative Medicare populations likely vary in age and health status and that the labor and capital costs of producing health care is quite different.

The correlation coefficient between the Medicare spending as a percentage of the states’ GDP, from the first section, and Medicare spending per enrollee, weighted by the states’ Medicare enrollee count, is only 0.24, which is only marginally significant at the 10% level. Again, this indicates that these different measures of health care spending lead to a broader understanding of how spending varies across the states.

Figure 7. Medicare Spending Per Enrollee in 2009

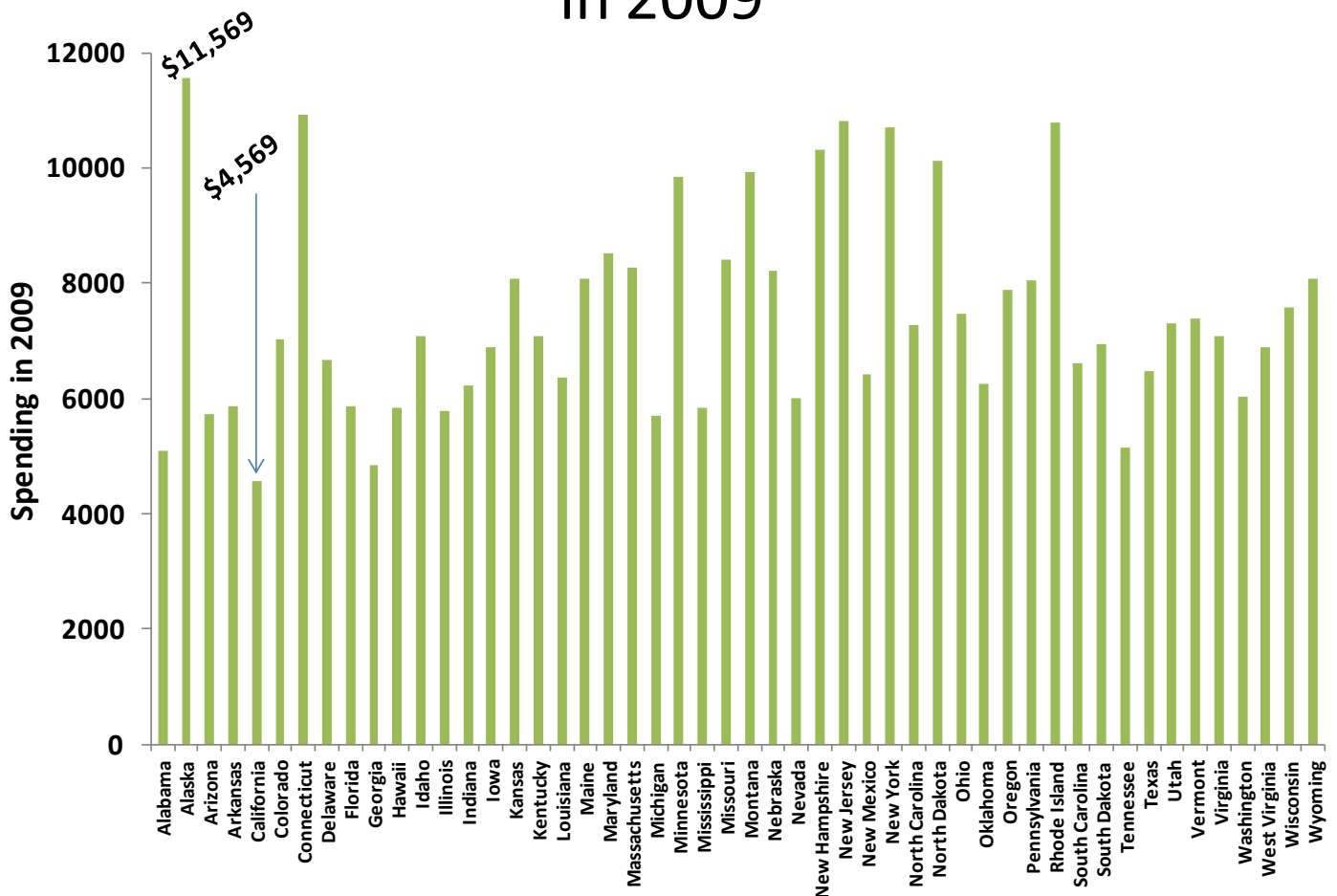


Source: State Health Expenditures by State of Residence, CMS Office of the Actuary, December 2011

Medicaid Spending per Enrollee – Of the four average spending series discussed in this section, Medicaid spending per enrollee has the highest variation. At the top end of the distribution, average Medicaid spending per enrollee was \$11,569 in Alaska, but was less than 40 percent of that amount in California at \$4,569 per enrollee. The distribution of Medicaid spending per enrollee by state is depicted in Figure 8. In 2009, the other top five states in average Medicaid spending were also the relatively high income states of Connecticut, New Jersey, Rhode Island and New York. The remaining four states with the lowest average Medicaid spending were Georgia, Alabama, Tennessee and Michigan. Medicaid is a state directed program, but relies heavily on federal funds. The states must provide certain benefits and cover particular populations, but have flexibility over extending coverage for additional benefits and populations. Over the two decades prior to 2009, the federal government covered 60 percent of total Medicaid spending on average, but in 2009 and 2010, the federal share rose to two-thirds. The increase was part of the American Recovery and Reinvestment Act of 2009, or the “Stimulus Bill.” The federal share of Medicaid spending is expected to rise with the Affordable Care Act’s extensions of Medicaid to new enrollees and the stipulations that the federal government will pay for the bulk of the expansion’s future expenses.

In the next section, the states’ Medicaid enrollments are summarized, but it is worth noting here that the correlation coefficient between the percent of the states’ populations covered by Medicaid and spending per enrollee is negative. Also, the average Medicaid spending includes enrollees who are also eligible for Medicare – known as dual eligible beneficiaries. These dual-eligible beneficiaries are often among the more expensive beneficiaries in each program, with Medicaid covering the gaps in Medicare’s coverage, and paying for long-term care and because these beneficiaries are typically older and in poorer health, their average Medicare spending is also higher.

Figure 8. Medicaid Spending Per Enrollee in 2009

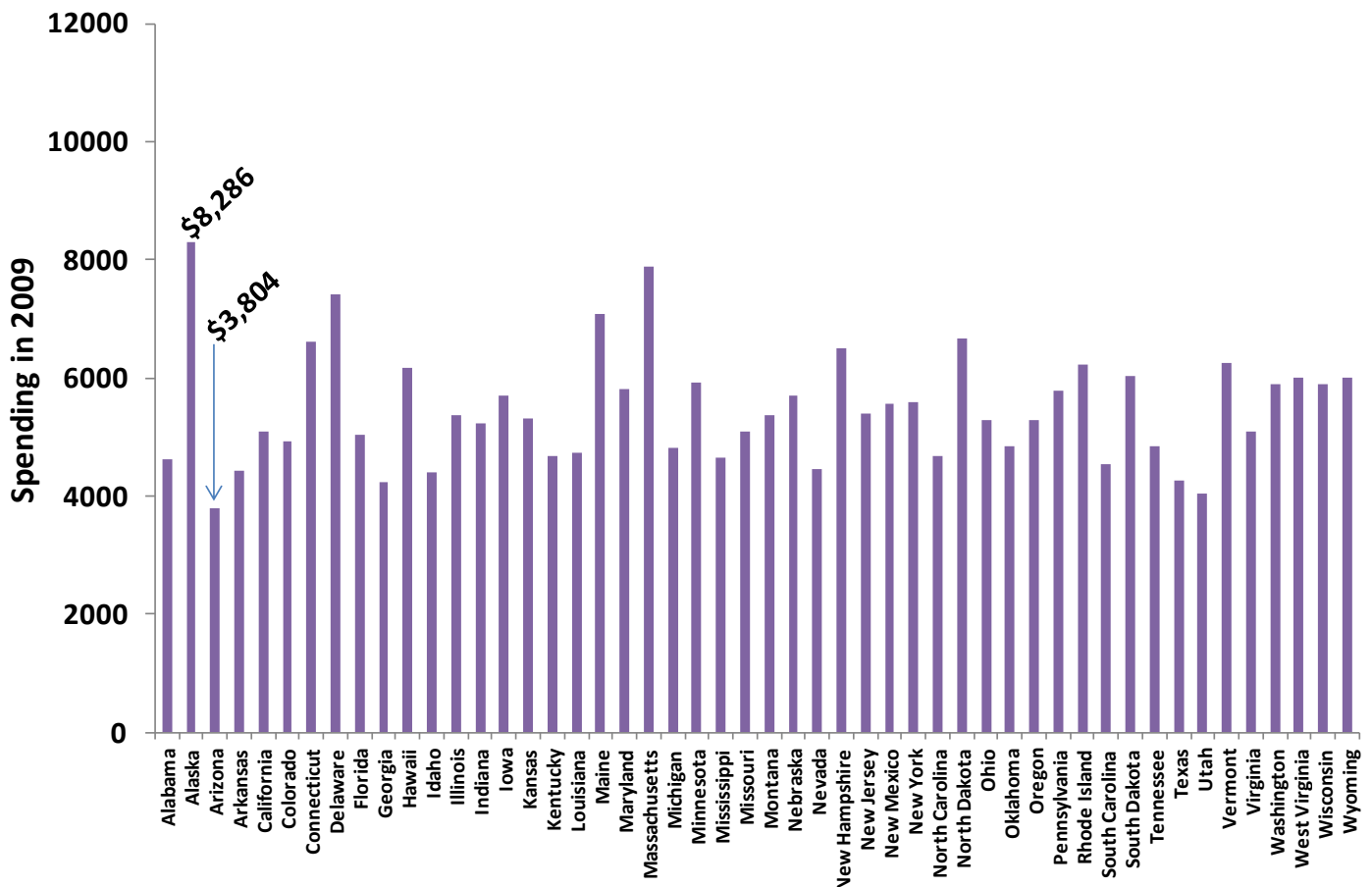


Source: State Health Expenditures by State of Residence, CMS Office of the Actuary, December 2011

Average Spending for Residents Not Enrolled Medicaid or Medicare – The average spending in 2009 for the non-Medicare/Medicaid population in each state is presented in Figure 9. These averages indicate spending amounts for the residents who are not enrolled in either of the two primary government health insurance programs. These residents may be insured through employer-based, privately purchased health insurance, other government provided insurance, or may be uninsured. The average for each state derived from the state of residence data along with other sources. Estimated total spending by the states’ residents not enrolled in Medicare or Medicaid is equal to the total spending in each state less the Medicare and Medicaid spending and a further reduction reflecting health care spending by Medicare patients (who are not also enrolled in Medicaid) in addition to the amount paid by the program.⁵ The number of residents who are not enrolled in Medicare or Medicaid is derived for the state of residence data taking into account the population enrolled in both government programs.

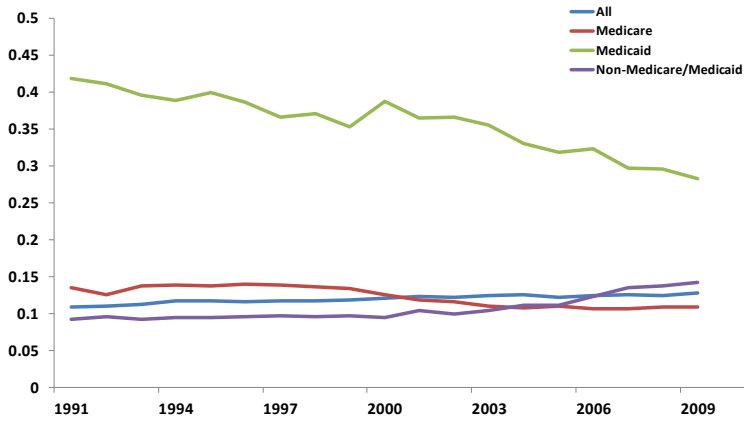
Average spending for non-Medicare/Medicaid residents is highest in Alaska at \$8,286 and lowest in Arizona at \$3,804. Massachusetts, Delaware, Maine, and North Dakota are the next four highest spending states while Utah, Georgia, Texas, and Idaho are in the lowest five spending states, along with Arizona. Based on Figures 6 through 9 it is clear that the average spending for the different sub-populations result in different state rankings and that these rankings are also quite different than those from the previous section. Altogether, this suggests that policy prescriptions must take into account the variety of available health spending data and recognize the interplay between the payment sources.

Figure 9. Average Health Care Spending by Non- Medicare/Medicaid Residents in 2009



Sources: State Health Expenditures by State of Residence, CMS Office of the Actuary, December 2011, and Medicaid Statistical Information System (MSIS) for estimates of enrollees who are eligible for both Medicare and Medicaid, and authors’ estimates.

Figure 10. Per Capita Health Care Spending Within Year Coefficient of Variation



Note: Weighted by relative populations or enrollments.
Source: State Health Expenditures by State of Residence, CMS Office of the Actuary, December 2011

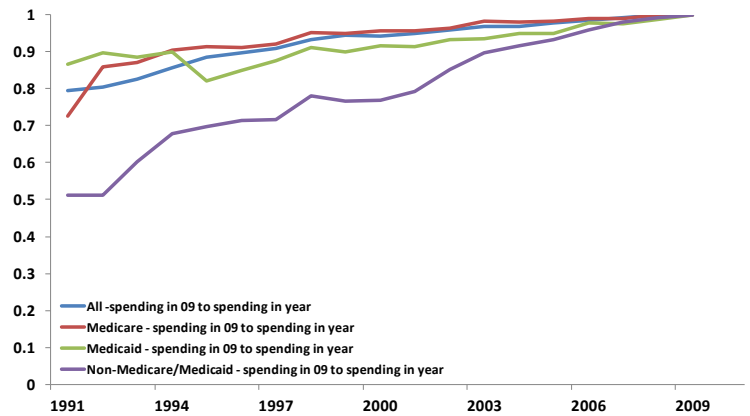
Similar to the persistence patterns seen with the GDP shares, the average spending by the non-Medicare/Medicaid residents has the least persistence over time with a correlation coefficient between the amounts in 1991 and 2009 of 0.51, as seen in Figure 11. The correlation coefficients between the average Medicare, Medicaid, and state per capita amounts in 1991 and 2009, are 0.72, 0.87, and 0.79, respectively. The persistence in these average spending levels suggests that the government programs are relatively less dynamic over time than the spending by residents who are not in the programs.

Variation, persistence, and correlations –

As in the previous section and shown in Figures 3-5, the Figures to the left examine the variation, persistence and correlations between the per capita spending amounts. Figure 10 presents the within year coefficients of variation (CVs) and, as was the case with the CVs based on the shares of GDP from Figure 3, per enrollee Medicaid reveals the greatest variation in each year; and the CV has declined over time from 0.42 to 0.28. The CVs for per enrollee Medicare spending declined from 0.13, to 0.11, while the other two series reveal a slight increase in variation over time. To control for the states' relative sizes, the standard deviations and means are weighted by the states' populations and enrollments.

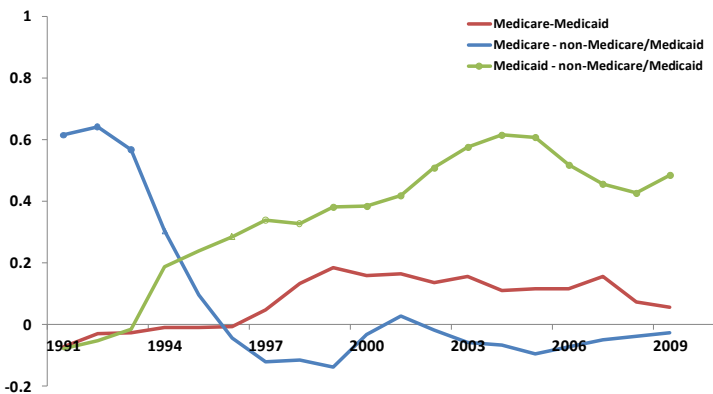
Figure 11. Per Capita Health Care Spending Correlation Coefficients

(spending in 2009 to spending in year)



Note: Weighted by populations or enrollments averaged over 1991-2009.
Source: State Health Expenditures by State of Residence, CMS Office of the Actuary, December 2011

Figure 12. Health Care Spending per Capita or Per Enrollee Within Year Correlations



Note: Years in which the correlations between states' per capita spending amounts are significant at the 1%, 2% and 5% level are marked with a ●, a ○ and a △, respectively. Weighted by state populations.
Source: State Health Expenditures by State of Residence, CMS Office of the Actuary, December 2011

The within-year correlations between the per capita amounts depicted in Figure 12 indicate that average Medicare spending and average Medicaid spending were not significantly correlated in any year between 1991 and 2009. Average Medicare spending and average spending by the non-Medicare/Medicaid residents was significantly and positively correlated during the first four years but was not in any of the more recent years. The correlation between average Medicaid and average spending by the non-Medicare/Medicaid residents generally rose through time and was significant beginning in 1996. These correlations suggest that each category of per capita spending indicates a different pattern of geographic variation and there is evidence that each form of payment may offset the others.⁶

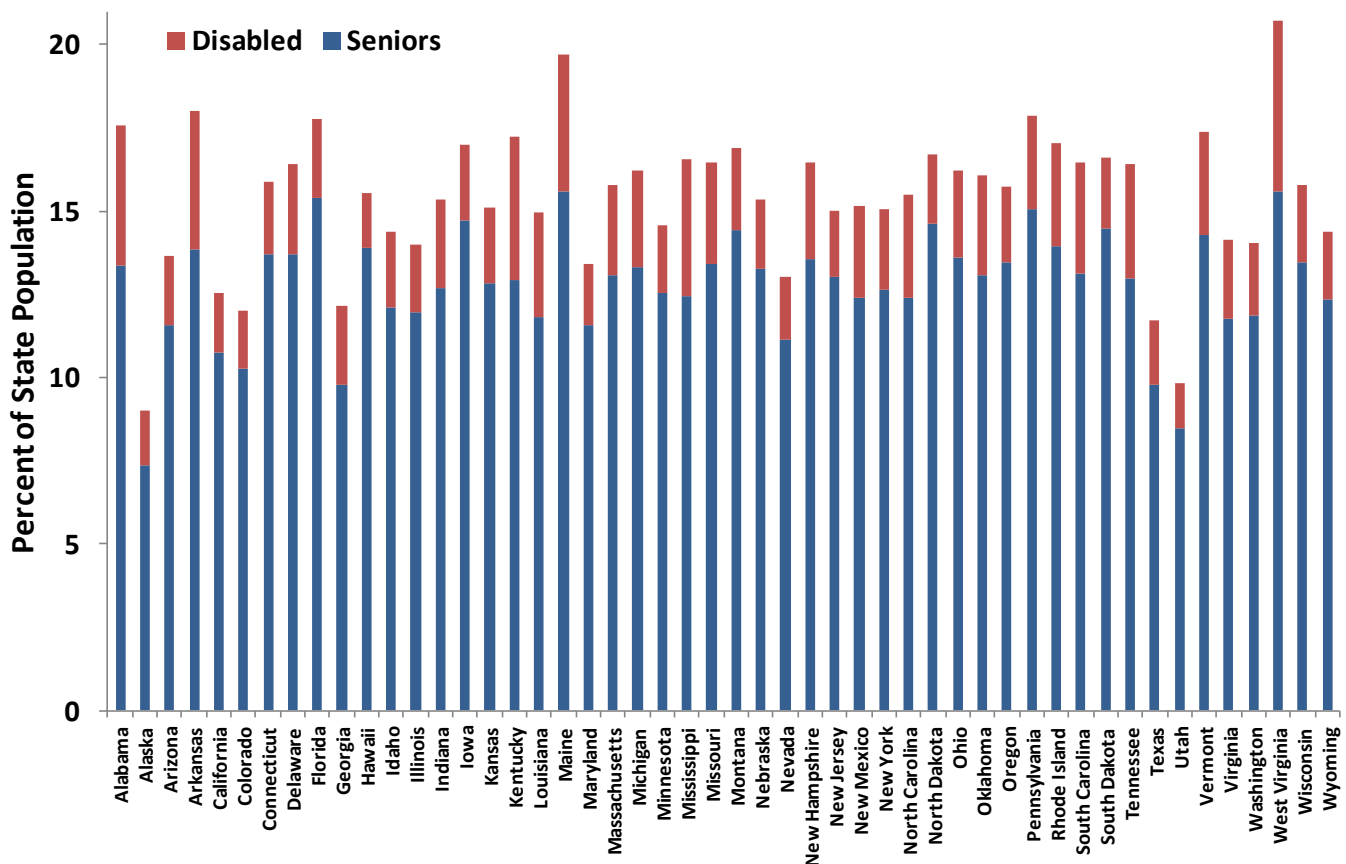
How do enrollments vary from state to state?

Medicare Enrollees as a % of the Population – To this point, the state level variation in health care spending as a percent of the states' GDP and expressed on a per capita basis has produced differing conclusions about where health care spending is high and where it is low. Some of the highest spending states based on shares of GDP were states with the lowest incomes, like West Virginia and Mississippi, while some of the highest spending states on a per capita basis are among those with the highest incomes like Alaska, Massachusetts and Connecticut. The higher spending in the low income states as a percent of GDP is due in part to the age and income targeted nature of Medicare and Medicaid.

This section summarizes the percentage of the states' populations enrolled in these programs, how these enrollees participated in managed care, the percent Medicare patients who are eligible for both programs, the uninsured rate, and the degree to which the federal government participates in the Medicaid program in each state.

Figure 13 depicts the percent of the states' populations enrolled in Medicare, designating the share who are seniors and the share who are disabled.⁷ The enrollee counts are from the state of residence file. West Virginia and Maine have the two highest percentages of Medicare enrollees overall, and the two highest senior percentages as well. West Virginia also has the highest disabled percentage followed by Kentucky, Alabama, Arkansas and Maine. On average these states rank about sixth from the lowest in per capita GDP. Medicare enrollees as a percent of the population are lowest in Alaska and Utah. These two states also have the lowest percentages of seniors and disabled.

Figure 13. Medicare Enrollees as a % of States' Populations in 2009



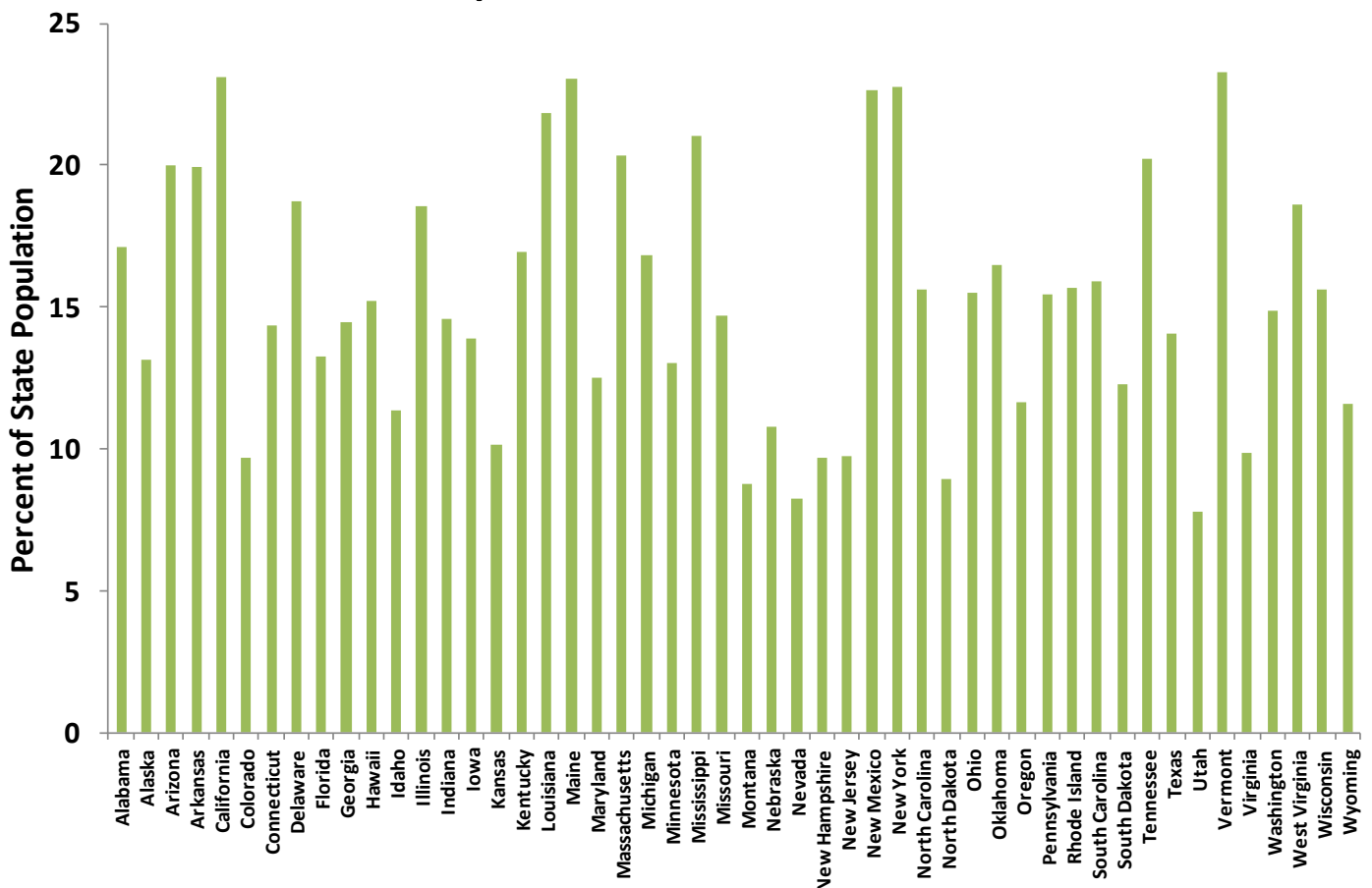
Source: State Health Expenditures by State of Residence, CMS Office of the Actuary, December 2011 and CMS enrollment reports.

Medicaid Enrollees as a % of the Population – Baseline Medicaid eligibility is set by the federal government but states have discretion to increase coverage. The program interacts with Medicare in the case of dual eligible enrollees; in some states all Medicaid beneficiaries are enrolled in managed care plans, and the percent of Medicaid paid through federal revenues in a state varies inversely with the state’s income, all of which will be discussed later in this section.

Figure 14 depicts Medicaid enrollees as a percentage of the states’ populations. In nine states, Tennessee, Massachusetts, Mississippi, Louisiana, New Mexico, New York, Maine, California, and Vermont, Medicaid enrollees comprise over 20 percent of the population. Four of these states are in the lowest quartile of states in terms of per capita GDP, but three are in the top fifth. The higher income states with Medicaid enrollments in excess of 20 percent of the population—California, New York and Massachusetts—are responsible for 50% of their Medicaid expenses (the legal minimum) and have relatively high shares of adults (not aged or blind or disabled) covered by their programs. The four lower income states with Medicaid enrollments of 20 percent or more of the population—Mississippi, Maine, Tennessee, and New Mexico—have relatively high federal medical assistance payment percentages because of their lower incomes, and have generally higher percentages of blind or disabled enrollees.

The states with the lowest Medicaid enrollments as a percent of the population, are largely in the west or high plains, and have higher income.

Figure 14. Medicaid Enrollees as a % of States’ Populations in 2009

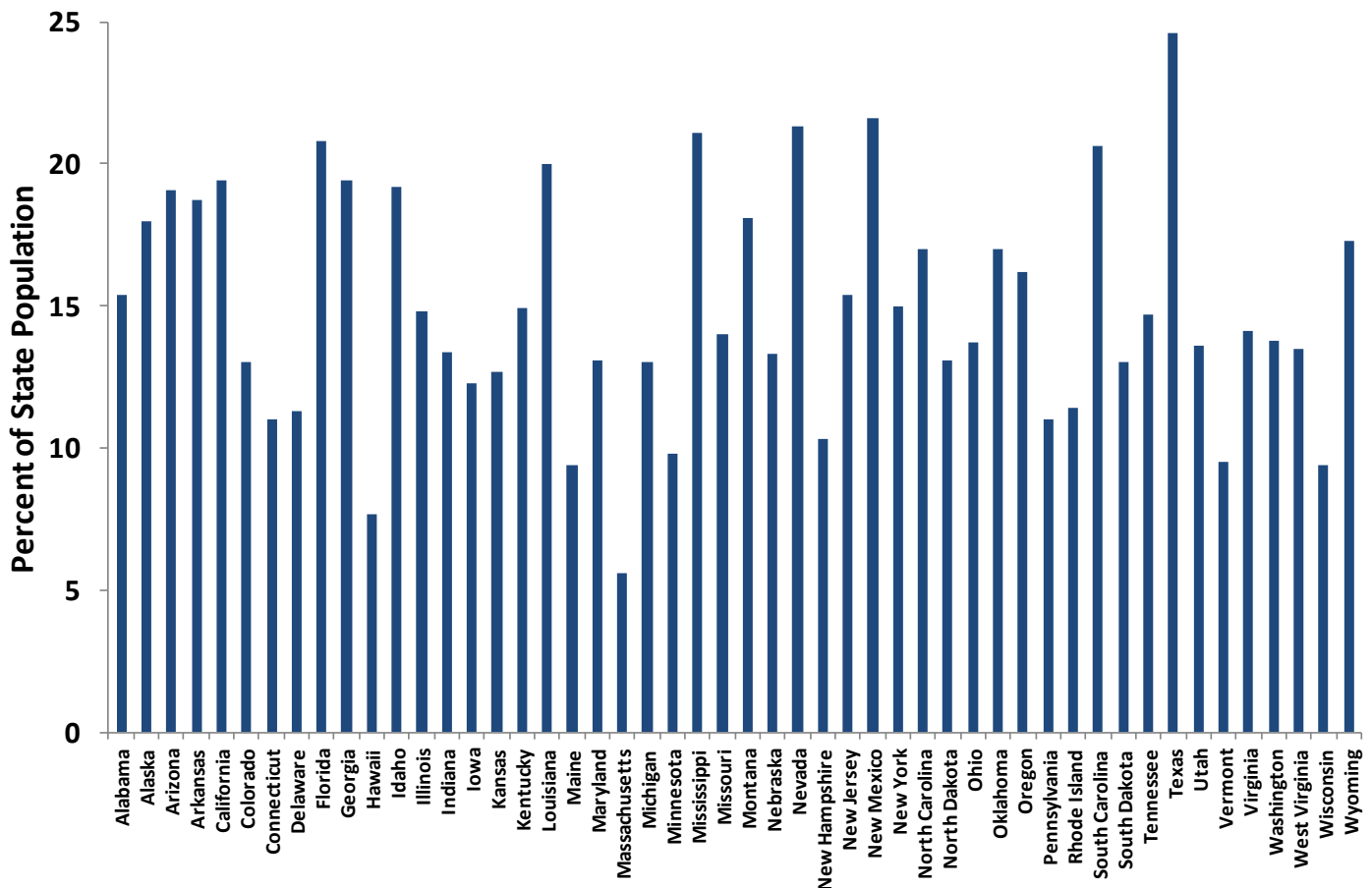


Source: State Health Expenditures by State of Residence, CMS Office of the Actuary, December 2011

Percentage of the Population Uninsured – The uninsured rate in each state as of 2010 is presented in Figure 15. This is the percent of the population not covered by private or public insurance. Much of the impetus for the passage of the PPACA was the concern that the uninsured access the health care system only when in need of care and do not pay for the care received. This imposes costs on other payers like private insurers, public insurance like Medicare and Medicaid, or on providers who may go uncompensated. However, uncompensated care has been estimated to only account for 2.7 percent of health care spending, and much of that amount is ultimately paid by government payers (taxpayers).⁸ Also, the argument was made that the uninsured may forgo needed care. Most of the uninsured are relatively young, are in families above the poverty level, and are in families in which there is at least one full-time worker. Some however, are in families with unemployed workers, or in which the worker is employed in a firm that does not provide health insurance as part of its compensation package. The ACA requires individuals to be insured or face a penalty for not purchasing insurance. Limiting the extent of the preferential tax treatment of employer purchased health insurance to the cost of major medical insurance would have reduced the tax expenditures, made the cost of purchase more manageable for families, and would have lowered the expectations on the extent of coverage for the public insurance programs.

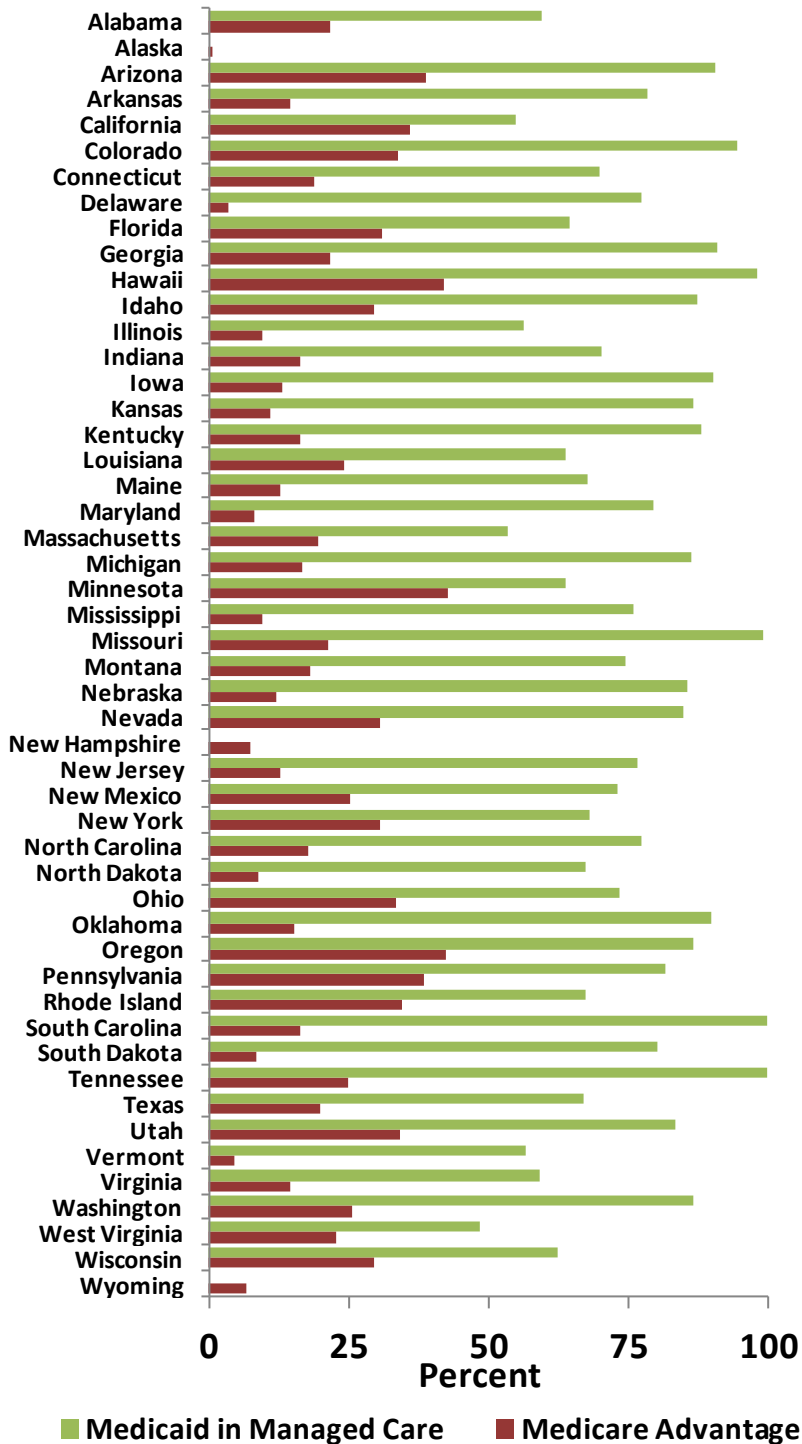
As seen in the figure, Texas had the highest percentage of its population who were uninsured in 2010, at 25 percent, followed by New Mexico, Nevada, Mississippi, and Florida. The states with the lowest percentage of their populations who were uninsured were Massachusetts, Hawaii, Maine, Wisconsin, and Vermont.

Figure 15. Percent of States' Population Uninsured in 2010



Source: Health Insurance Historical Tables – Table HIB-4, CPS ASEC Health Insurance Data, Census Bureau, 1999-2010.

Figure 16. Percent of Medicare and Medicaid Enrollees in Managed Care in 2010



Medicare and Medicaid Enrollees in Managed Care – Between 2002 and 2010 the percentage of Medicare beneficiaries enrolled in a managed care plan rose from 13 to 25 percent and over the same period, managed care enrollment among the Medicaid eligible population grew from 58 to 71 percent.

These trends indicate the growing importance of managed care in the public insurance sector of the health care market. Figure 16 depicts the states’ percentages of Medicare and Medicaid enrollees who are in a managed care plan in 2010. The correlation coefficient between the two series is 0.35 and is significant, but when weighted by population, the two series are not significantly correlated.

Managed care penetration in Medicare is highest in Minnesota, where 42.8 percent of beneficiaries are in Medicare Advantage. Oregon, Hawaii, Arizona, and Pennsylvania are the other states among the top five. The five states with the lowest Medicare Advantage penetration are Alaska, Delaware, Vermont, Wyoming, and New Hampshire.

In the Medicaid program, two states, South Carolina and Tennessee, have 100 percent enrollment in managed care, while three states, Alaska, New Hampshire, and Wyoming, have no Medicaid managed care enrollment. Besides the two states with 100 percent managed care penetration in the Medicaid program, seven others have managed care penetration above 90 percent including: Missouri, Hawaii, Colorado, Georgia, Arizona, Iowa, and Oklahoma.

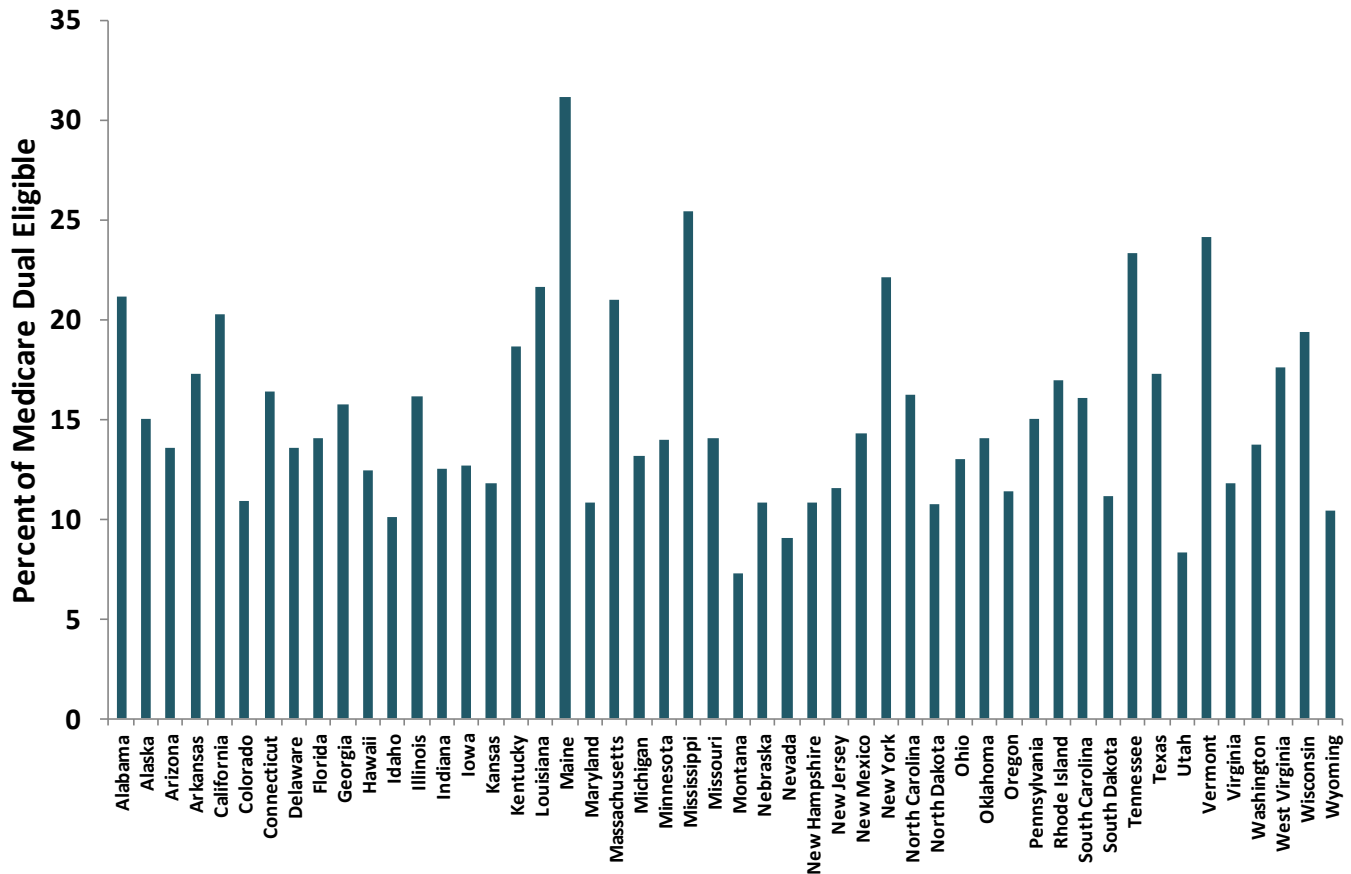
Sources: Medicare in Managed Care from Medicare and Medicaid Statistical Supplement, 2011, Table 12.8. , CMS Office of Information Products and Data Analysis (OIPDA). Medicaid in Managed Care from Medicaid Managed Care Enrollment Report, July 1, 2010, Data and System Group, CMS.

Medicare Enrollees Eligible for Medicaid – Medicare enrollees who are also eligible for Medicaid, or “dual-eligibles” have lower incomes, are often in long term care facilities, may be disabled, and have higher spending on average than do other Medicare enrollees. For some of the dual-eligible enrollees, Medicaid acts as a Medigap policy and covers cost sharing requirements; for others, it also pays Medicare premiums and for long-term care expenses.

The percentages of Medicare enrollees who are also eligible for Medicaid are depicted in Figure 17. Nationwide, 16.2 percent of Medicare enrollees are eligible for Medicaid.⁹ With the passage of the PPACA, the Medicare-Medicaid Coordination Office was created with the intent to enhance the efficiency in providing care to the dual-eligible population. According to the Office’s initial report, 27 percent of Medicare’s expenditures can be attributed to these enrollees.¹⁰

The percentages in the figure provide an indication of the Medicare beneficiaries’ relative poverty, their basis for eligibility, and the particular states’ Medicaid policies. Not surprisingly, the correlation coefficient between the dual-eligibles’ percentage of the Medicare population and the Medicaid population percentages is 0.82.¹¹ Maine, Mississippi, Vermont, Tennessee, and New York have the highest percentages of Medicare enrollees who are also eligible for Medicaid. The states with the lowest percentage of dual-eligibles are all in the west and include: Montana, Utah, Nevada, Idaho, and Wyoming.

Figure 17. Percent of Medicare Enrollees Eligible for Medicaid in 2009



Source: Derived from Medicaid Statistical Information Systems (MSIS) 2011, Table 24, MA, UT, and WI estimates are based on 2008 data.

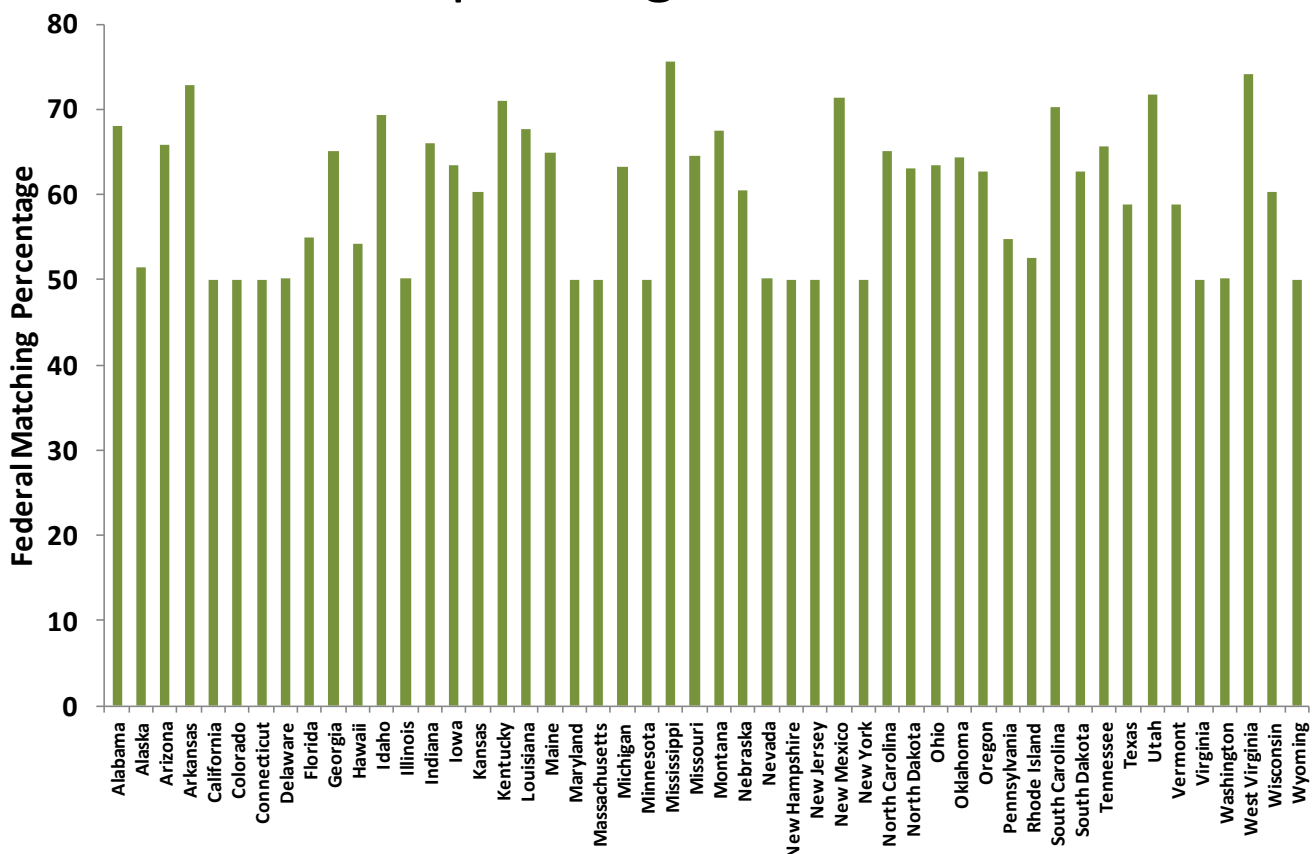
Federal Medical Assistance Percentages – The Federal Medical Assistance Percentages (FMAP) defines the percentage of each state’s Medicaid spending paid via federal revenues. The FMAP is equal to 100 percent less the state share with the caveats that the minimum and maximum FMAPs are 50 and 83 percent, respectively. The FMAP share for state *i* is equal to:

$$FMAP_i = 1 - (\text{per capita income}_i^2 / \text{US per capita income}^2) \times 0.45$$

A state in which per capita income is equal to the national average has an FMAP of 55 percent and would pay 45 percent of the Medicaid bill. Figure 18 depicts the “regular” FMAPs in 2010, which range from the minimum of 50 percent for the 11 states of California, Colorado, Connecticut, Maryland, Massachusetts, Minnesota, New Hampshire, New Jersey, New York, Virginia, and Wyoming to a maximum of 75.67 in Mississippi. West Virginia, Arkansas, Utah, New Mexico, Kentucky, and South Carolina all had “regular” FMAPs above 70 percent. While Figure 18 reports the “regular” FMAPs based on the formula, the American Recovery and Reinvestment Act (ARRA) of 2009 provided for an increase in the FMAPs of all states for all of 2009 and 2010 and parts of 2008 and 2011. All states received an increase of 6.2 percentage points and some received an additional increase if they experienced higher unemployment rates. By the second quarter of fiscal year 2010 the temporarily enhanced FMAPs ranged from a low of 61.59 percent in 11 states to 84.86 percent in Mississippi.¹²

The PPACA expands Medicaid coverage to non-elderly adults with incomes less than or equal to 133% of the Federal Poverty Level (FPL). Federal revenues will pay for all of the newly eligible enrollees’ spending from 2014 to 2016 and will ultimately decline to 90 percent by 2020. Further, the states that already cover adult enrollees in the “newly eligible” category will see their FMAPs for this population increase to 90 percent by 2018.¹³

Figure 18. Federal Matching % for Medicaid Spending in 2010



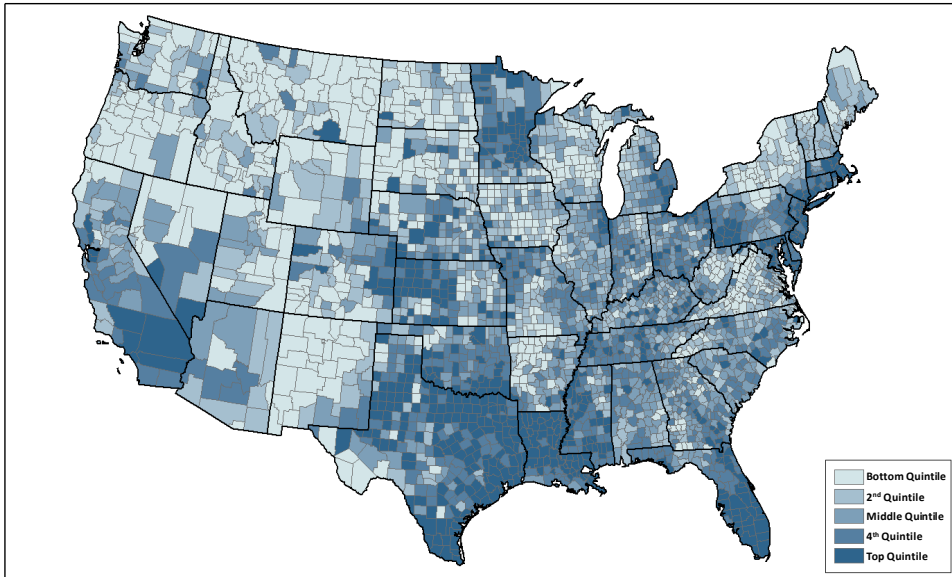
Source: Federal Medical Assistance Percentage (FMAP), Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, <http://aspe.hhs.gov/health/fmap.htm>.

How does Medicare spending vary at the county level?

Geographic variation in health care spending has traditionally been identified by the variation in Medicare spending at the Hospital Referral Region (HRR) as defined in the Dartmouth Atlas of Health Care. The HRRs identify 306 geographic areas from which patients are referred for major surgical procedures.¹⁴ Here, county level Medicare spending from the CMS is used to provide alternative estimates of geographic variation at a more disaggregated level.¹⁵

The county level data for fee-for-service Medicare beneficiaries is available from 1998 to 2010 and the data used

Figure 19. Medicare Spending Per Fee for Service Enrollee in 2010

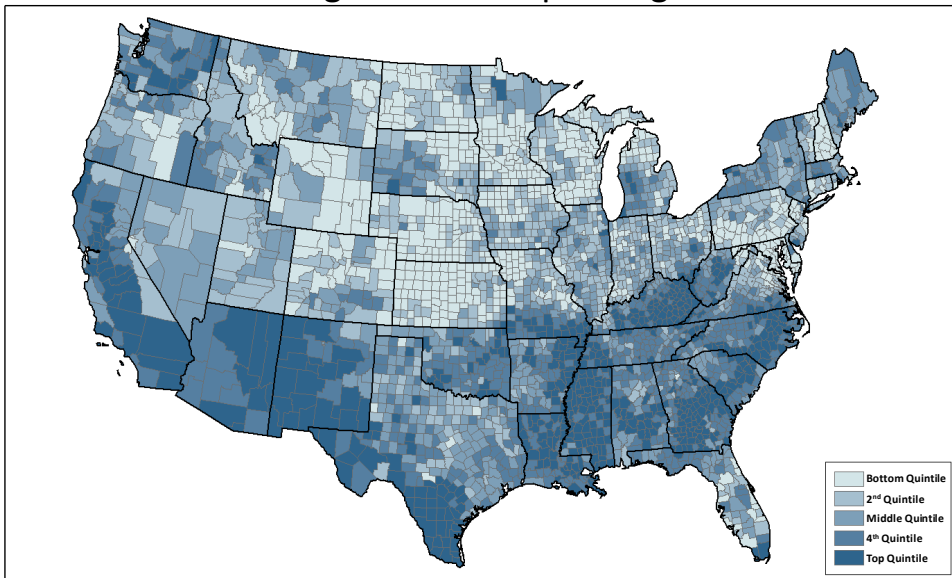


Source: Medicare Advantage Rates and Statistics, Fee-for-Service Data, 2010, <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvSpecRateStats/index.html>.

here includes total Part A and Part B reimbursements for aged and disabled beneficiaries and the number of these beneficiaries enrolled in each county. Part A spending associated with direct and indirect medical education, (DME and IME) as well as spending associated with disproportionate share payments (DSH) is also identified for each county. Further, the average “risk” scores for the aged and disabled beneficiaries in each county are also reported in later years.¹⁶

Figure 19 depicts county level combined average Parts A and B spending in 2010 identified by quintiles in spending.¹⁷ The counties with high spending are scattered across the country, but some patterns are evident by region and along some state lines. Spending is high in the urban areas of the northeast, in the Ohio Valley, in Florida, Louisiana, and Texas, and in parts of California. Spending is a function of the demographic characteristics of the Medicare population, the local market conditions, including relative prices for inputs, Medicare’s interaction with other payers, and the way in which health care is practiced in different areas.¹⁸

Figure 20. Medicare Disproportionate Share Spending as a Percentage of Part A Spending in 2010



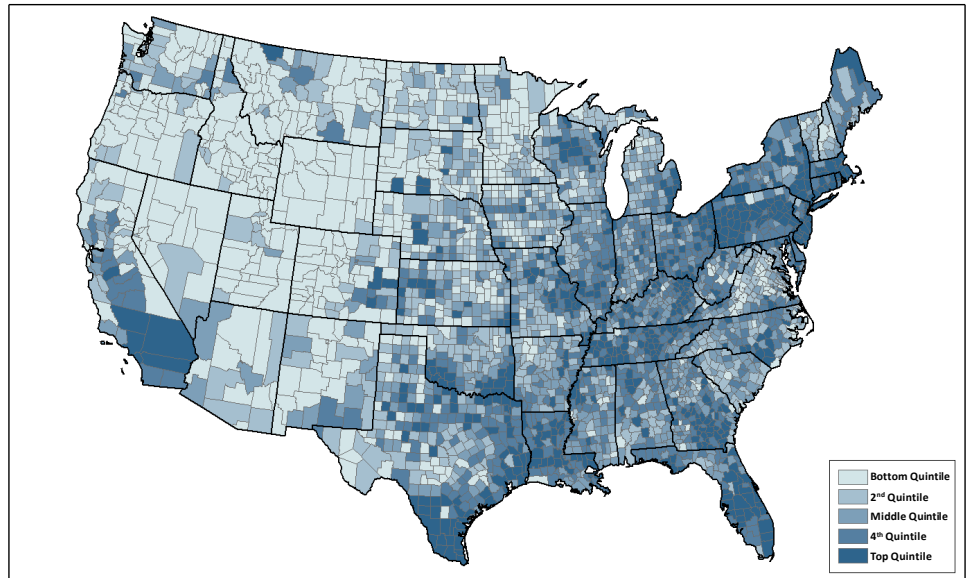
Source: Medicare Advantage Rates and Statistics, Fee-for-Service Data, 2010, <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvSpecRateStats/index.html>.

The relative percentages of low-income patients are identified by disproportionate share percentages in Figure 20.¹⁹ These are equal to the Part A disproportionate share payments as a percentage of total Part A spending in a county. The intent of disproportionate share payments is to

compensate hospitals for treating high volumes of low-income patients. As seen in Figure 20, disproportionate share percentages are high in much of the south, in the Rio Grande Valley in Texas, in the Southwest in parts of California, and in many urban areas. For example disproportionate share payments in Cameron, Webb and Hidalgo counties in South Texas are at least 17 percent of total Part A payments. In Bronx and Kings Counties in New York they were about 15 percent in Miami-Dade County in Florida, they about 14 percent of all Part A payments.

The relative health of the counties' Medicare beneficiaries is identified by the average "risk" scores among the aged and disabled Medicare beneficiaries. The distribution of risk scores is shown in Figure 21. The risk scores are based on the risk adjustment model used to define payments to managed organizations. The scores are based on a beneficiary's age, sex, eligibility for Medicaid, and previous diagnoses.²⁰ The average score is normalized to 1. The average risk scores and the disproportionate share payment percentages have a significant enrollment weighted correlation coefficient of 0.25. Risk scores are high in much of the Northeast, in the Midwest, Florida, south Texas and southern California.

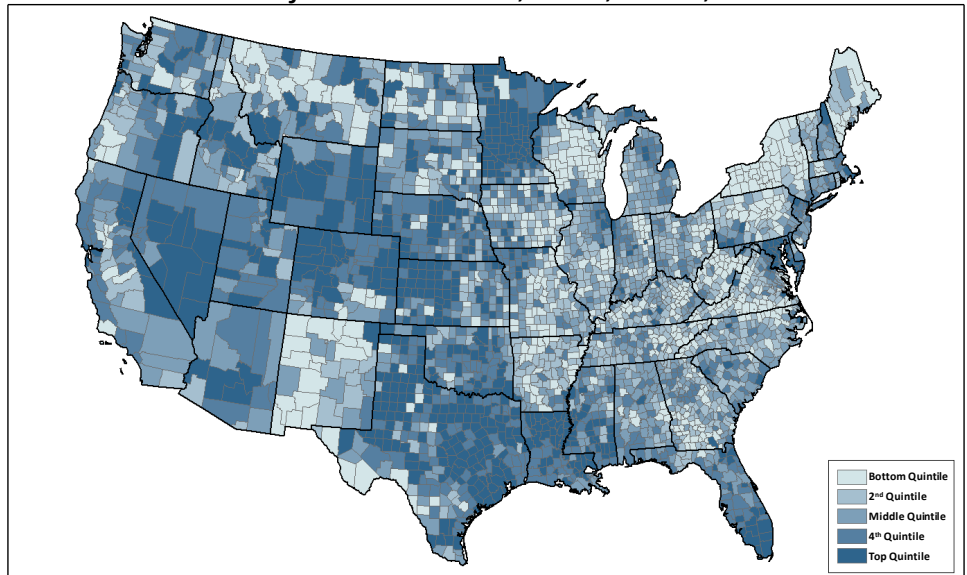
Figure 21. Average Risk Score in 2010



Source: Medicare Advantage Rates and Statistics, Fee-for-Service Data, 2010, <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvSpecRateStats/index.html>.

Figure 22 depicts adjusted Medicare spending per enrollee where DSH, DME, and IME have been subtracted from the unadjusted spending shown in Figure 19 and the risk scores in each county have been normalized by the national average.²¹ While the risk scores may be endogenous, counties in certain urban areas, such as the persistently high expense counties in Texas, Louisiana, and Florida, remain in the highest expense quintile.

Figure 22. Medicare Spending Per Fee for Service Enrollee in 2010 Adjusted for Risk, DSH, GME, and IME



Source: Medicare Advantage Rates and Statistics, Fee-for-Service Data, 2010, <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvSpecRateStats/index.html>.

An ongoing study conducted by the Institute of Medicine (IOM) is addressing geographic variation in health care spending. The Centers for Medicare and Medicaid Services have prepared several analyses at the request of the IOM that examine regional variation in Medicare spending that include risk-adjusted estimates.²²

Using the risk scores as a proxy for regional variation in illnesses has been critiqued by Jonathan S. Skinner, Daniel Gottlieb, and Donald Carmichael (2011). They point out that the risk-scores suffer from the "reverse causation" problem. The problem exists if the coding of diagnoses varies persistently by HRRs.²³ The same critique applies to the estimates in Figure 22. However, adjusting for the DSH, DME, and IME, and some indicator or indicators of the relative health of the areas' beneficiaries is important in accurately identifying regional variation.

Endnotes

¹ The data source used in this section is the state-of-providers health care spending file compiled by the Centers for Medicare and Medicaid Services (CMS). It contains detailed information on annual personal health care expenditure (PHCE), and its Medicare and Medicaid components for 50 states and the District of Columbia (D.C.). Personal health care expenditure is the major component of national health expenditure (nationwide, PHCE accounts for 84.1% of the latter in 2009). State gross domestic product (GDP) is from Regional Economic Accounts of the Bureau of Economic Analysis (BEA). CMS offers two types of personal health care expenditure estimates: by state of providers and by state of residence. The state of provider data and documentation are available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsProvider.html>. The state of provider data allow for a long sample period from 1980-2009 that reveals how the regional variations have evolved over time. Because the data measure total health care goods and services provided by a state to both residents and non-residents, it is comparable to the definition of state gross domestic product. Empirically, the state of residence and state of provider series are highly correlated with a correlation coefficient of 99.97% in 2009. Earlier samples of the state-of-providers data have been used to study the time trend in health care expenditure across the states. See Zijun Wang and Andrew J. Rettenmaier, 2007, "A Note on Cointegration of Health Expenditures and Income," *Health Economics* 16, pp. 559-578 for an examination of the income effect and structural breaks in the trends in state health expenditures. See Wang, Z. 2009, "The Convergence of Health Care Expenditure in the U.S. States," *Health Economics* 18, pp. 55-70, for an analysis of the dynamics of per capita state health care spending. For each state, all personal health care expenditures, Medicare, Medicaid, and the non-Medicare/Medicaid component of the total expenditure are considered relative to state GDP.

² The State of Residence data and documentation are available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>. These data span the years 1991 to 2009. See "Health Spending by State of Residence, 1991-2009," by Gigi Cuckler, Anne B. Martin, Lekha Whittle, Stephen Heffler, Andrea Sisko, Dave Lassman, Joseph Benson, *Medicare & Medicaid Research Review*, 2011: Volume 1, Number 4, Centers for Medicare & Medicaid Services, Center for Strategic Planning, for an analysis of the current version of the state of residence data. The previous version of the state of residence data file for the years 1991 to 2004 was used by Anne B. Martin, Lekha Whittle, Stephen Heffler, Mary Carol Barron, Andrea Sisko, and Benjamin Washington, "Health Spending by State of Residence, 1991-2004," *Health Affairs*, September 18, 2007, w651-w663.

³ See <http://www.dartmouthatlas.org/publications/articles.aspx> for a compilation of articles dating from the 1970s. Andrew J. Rettenmaier and Thomas R. Saving used the previous version of the State of Residence data in "Exploring State Level Measures of Health Care Spending," Private Enterprise Research Center, Working paper 0911, revised (November 2010). That paper examined how per capita health care spending, per enrollee Medicare and Medicaid spending, and average spending by the states' residents who were not enrolled in Medicare or Medicaid was related to the states' demographic characteristics, income, uninsured rate, and health care market conditions. Here the focus is providing a comprehensive overview of how the numerous spending metrics vary across locations.

⁴ See "A New Series of Medicare Expenditure Measures by Hospital Referral Region: 2003-2008," Jonathan S. Skinner, Daniel Gottlieb, and Donald Carmichael, A Report of the Dartmouth Atlas Project, The Dartmouth Institute for Health Care Policy and Clinical Practice, June 21, 2011.

⁵ Health care spending by Medicare beneficiaries in addition to the amount paid by the program primarily include out-of-pocket payments, Medigap insurance purchases either by the beneficiaries themselves or through former employers, and payments for long-term care and other services not covered by Medicare. This additional spending is estimated using data from the Medicare Current Beneficiary Survey (MCBS), as reported in *Health & Health Care of the Medicare Population*, Table 4.1, produced under contract to the Centers for Medicare and Medicaid Services, Department of Health and Human Services, Westat, Rockville, MD. Table 4.1 data are available for years 1993 – 2008. The relationship between Medicare spending and total spending by the non-dual eligible Medicare population in 1993 is assumed for 1991 and 1992, and the relative spending for 2008 is assumed for 2009. The total non-Medicare/Medicaid personal health care spending in a state is equal to total personal health care spending less the Medicare and Medicaid spending less the non-dual eligible Medicare spending in addition to Medicare that is estimated from the MCBS data. This amount is then divided by the non-Medicare/ Medicaid residents in the state to arrive at the average spending for the non-Medicare/Medicaid residents. The denominator is estimated by subtracting the number of Medicare and Medicaid enrollees, adjusted for individuals who are eligible for both programs, from the states' total populations. The number of dual eligible enrollees is derived from the 1999-2009 Medicaid Statistical Information System (MSIS), Table 24. The MSIS tables are available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/MSIS-Tables.html>. The estimates of dual eligible enrollees in each state for the earlier year are derived by dividing the national number of dual eligible enrollees between the states assuming that the percent of dual eligible Medicare enrollees in 1999 in each state holds for the prior years.

⁶ See Rettenmaier and Saving (2010) for a similar analysis based on the 1991-2004 version of the State of Residence file. They suggest that categorizing areas with high and low spending depends on the payment source and note that Medicare spending is higher in states with higher percentages of uninsured residents. Also see Michael E. Chernew, Lindsay M. Sabik, Amitabh Chandra,

Teresa Gibson, Joseph P. Newhouse, "Geographic Correlation Between Large-Firm Commercial Spending and Medicare Spending," *The American Journal of Managed Care*, (16) 2, February, 2010, pp. 131-138. These authors find a negative correlation between per capita Medicare spending and per capita spending for the pre-65 population. Using the 1991-2004 version of the State of Residence file, Richard Kronick and Todd P. Gilmer, in "A New Look at Variation in and Outside of Medicare," *Health Affairs*, May 2012, pp. 948-954, also find little correlation between Medicare and non-Medicare spending. Thomas Bubolz, Constance Emerson, and Jonathan Skinner find evidence of cost shifting from Medicaid to Medicare in "State Spending on Dual Eligibles under Age 65 Shows Variations, Evidence of Cost Shifting from Medicaid to Medicare," *Health Affairs*, May 2012, pp. 939-946.

⁷ The Medicare enrollee counts and state populations are from the State of Residence file and the relative shares of seniors and disabled enrollees are from the July 2009 CMS Medicare enrollments for all, aged, and disabled beneficiaries by state. See <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/index.html?redirect=/MedicareEnrpts/>

⁸ See Jack Hadley and John Holahan, "The Cost of Care for the Uninsured: What Do We Spend, Who Pays, and What Would Full Coverage Add to Medical Spending?" Issue Update, 2004, The Kaiser Commission on Medicaid and the Uninsured.

⁹ The percentages of Medicare enrollees who are also eligible for Medicaid are based on data from Table 24 in the MSIS. Data from 2008 for Massachusetts, Utah, and Wisconsin is used for the 2009 estimates, due to missing data. From the MSIS, the percentage of Medicaid eligible population that is also dual eligible for Medicare is determined in each state. This percentage is then applied to the Medicaid enrollment from the State of Residence file to determine the number of dual-eligible enrollees. The resulting counts are then denominated by the Medicare enrollee counts from the State of Residence file to determine the percentage of Medicare enrollees who are dual eligible for Medicaid. The Medicaid enrollment counts in the State of Residence file are based on calendar person-years and are most comparable to the point in time enrollment counts of Medicare enrollees in the State of Residence file.

¹⁰ See page 6 of Medicare-Medicaid Coordination Office, *FY 2011 Report to Congress*, Centers for Medicare & Medicaid Services, Department of Health and Human Services. http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_2011_RTC.pdf.

¹¹ Weighted by the states' populations.

¹² See Federal Register, Vol. 74, No. 234, December 8, 2009, pp. 64697-64699 and "Medicaid: The Federal Medical Assistance Percentage," by Evelyne P. Baumrucker, Congressional Research Service, September 24, 2010.

¹³ This special treatment of the newly eligible and the comparatively high (and legislatively persistently high) FMAP creates a discontinuity in the FMAP percentage that is highest for high income states. The state's marginal cost of a newly eligible enrollee is never higher than 10 percent of the cost, while the cost of the traditionally eligible enrollee ranges from 25 to 50 percent of the enrollee's spending.

¹⁴ See <http://www.dartmouthatlas.org/> for data, publications, and findings related to the extensive research from the Dartmouth Atlas Project and see <http://www.dartmouthatlas.org/data/region/> for the descriptions of geographic regions.

¹⁵ The county level Medicare Part A and Part B spending amounts for fee-for-service (FFS) patients is available at <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html>. County level data are available from 1998 to 2010. The data include Parts A and B enrollments, Parts A and B spending, and average county level "risk" scores for the aged and disabled. The data also identify the portion of Part A spending attributable to disproportionate share, graduate medical education, and indirect medical education payments. See Hopson, Amy and Andrew J. Rettenmaier, "Medicare Spending Across the Map," NCPA Policy Report No. 313, July 2008, for an analysis of the county level Medicare spending using the CMS data from 1998 to 2005. See Andrew J. Rettenmaier and Zijun Wang, "What Determines Health: A Causal Analysis Using County Level Data," *European Journal of Health Economics*, forthcoming, for recent analysis of causal relationships in county level health data. <http://www.iom.edu/Activities/HealthServices/GeographicVariation/Data-Resources.aspx>

¹⁶ Beginning with the 2009 FFS data from the CMS, the aged and disabled reimbursements for hospice and cost contracts were reported in separate files. For continuity with the data from previous years, the reimbursements reported in the aged and disabled files (in 2009 and in 2010) are combined with the corresponding data from the hospice and cost contract files. See addendum for further discussion of the change in data reporting associated with cost contract plans.

¹⁷ The thresholds between quintiles are \$7,423, \$8,045, \$8,616 and \$9,462. Each county is weighted the same in the maps – one fifth of the counties are in each category. The data presented in Figure 19 are based on the average combined Part A and B spending for aged and disabled beneficiaries. The averages are not adjusted for underlying population demographics, relative prices, enrollees' health status, or other county specific factors. The CMS develops the county level data from the National Claims History file. The documentation notes that the spending may be understated given that the totals must be compiled within 9 months after the end of the year. The county data are based on Part A and B spending for FFS patients only while the state averages also include managed care enrollees.

¹⁸ In "Geography and the Debate over Medicare Reform," *Health Affairs*, February 2002, John E. Wennberg, Elliot S. Fisher, and Jonathan S. Skinner find that higher Medicare spending is related to supplier sensitive services, and that the higher spending is not associated with better health outcome. See also Hopson and Rettenmaier (2008) for the effects of demographic characteristics, market conditions, and income on county level spending.

¹⁹ The breaks between the quintiles in the disproportionate share percentages are, 3.0%, 4.2%, 5.7% and 7.4%.

²⁰ Because the risk scores are based largely on previous diagnoses, and the coding of particular diagnoses may be affected by regional practices, the risk scores are partially endogenously determined. See “Evaluation of the CMS-HCC Risk Adjustment Model,” Final Report, March 2011, available at http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Evaluation_Risk_Adj_Model_2011.pdf. Also see “Institute of Medicine (IOM) Geographical Variation Data Request: A Methodological Overview,” June 2012. Update available at <http://www.iom.edu/Activities/HealthServices/GeographicVariation/~media/Files/Activity%20Files/HealthServices/GeographicVariation/CMSfiles/MethodsOverview.docx>. The thresholds between quintiles are 0.897, 0.941, 0.976, and 1.016.

²¹ The risk-adjusted amounts in Figure 22 are based on an enrollment-weighted within-year regression in which county per enrollee spending (Parts A&B), y_i , less DSH, GME, and IME payments, y_{ai} is the dependent variable and the risk score R_i is the sole explanatory variable $y_{ai} = \alpha + \beta R_i + \mu_i$. This regression explains over 60% of the variation in county level average Medicare spending in 2010. The risk-adjusted amounts summarized in Figure 22 are equal to predicted spending assuming a risk score of 1 for each county is $\hat{y}_{ai} = \hat{\alpha} + \hat{\beta} + \hat{\mu}_i$. The problem of “reverse-causation” as pointed out by Jonathan S. Skinner, Daniel Gottlieb, and Donald Carmichael (2011) exists if the coding of diagnoses varies persistently by HRRs, making the risk score endogenous.

²² These analyses and documentation are available on the IOM website: <http://www.iom.edu/Activities/HealthServices/GeographicVariation/Data-Resources.aspx> - see Table 1 and Report 1 of the risk-adjusted estimates by HRR and a description of the methodology.

²³ See Jonathan S. Skinner, Daniel Gottlieb, and Donald Carmichael, (2011), pages 6-7 for the discussion of the problems that arise in using the HCC based risk-scores as a proxy for the distribution of illnesses.

State Summaries

In this section, comprehensive summaries of health care spending in each state are presented in two-page summaries based on the metrics discussed thus far. The first page presents the key health care indicators for each state. It also depicts four figures, the first of which shows health care spending as a share of the state's economy measured relative to the national average in each year and tracked over a 30-year period. The next figure depicts per capita and per enrollee spending amounts compared to yearly averages from 1991 to 2009. The third figure presents the state's recent enrollment and health insurance coverage percentages along with the national averages. The final figure depicts county level Part A and B Medicare spending per enrollee (aged and disabled) in 2010. The quintiles in spending are based on the county averages, with each county in the nation having the same weight.

The second page presents the recent metrics in tabular form and compares them to the national averages. It also provides recent rankings along each dimension, as well as the state's or county's average historical ranking. The four counties summarized in the lower half of the table were selected because they are relatively large in terms of Medicare enrollment or provide regional representation within the state. The percentile rankings in the Medicare section of the table are weighted by the county-level Medicare Part A enrollments.

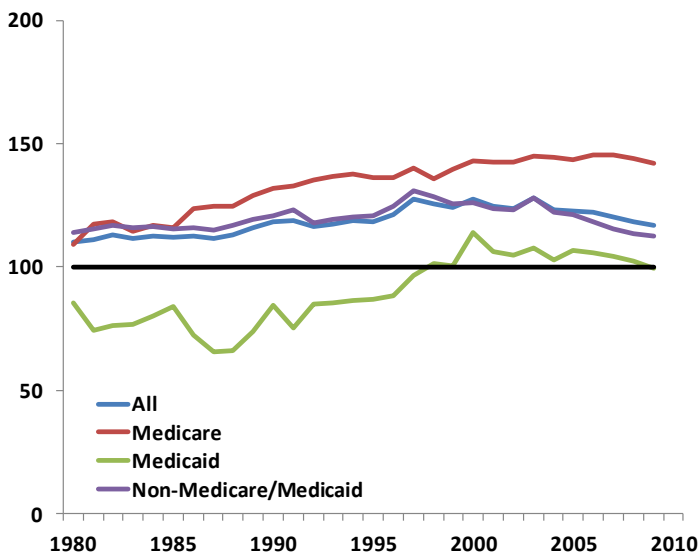
Health Care Spending in Alabama



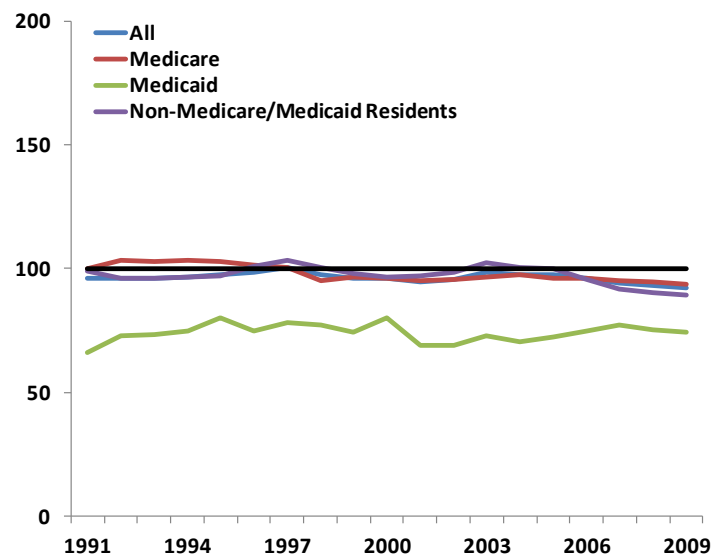
Key Health Care Spending Indicators in Alabama

- Medicare spending as a percent of GDP has grown steadily relative to the national average since 1980 and now gives Alabama the third highest share among the states.
- Medicare spending per enrollee was slightly below the national average but enrollees made up 17.6 percent of the population for the sixth highest percent in 2009.
- About 21 percent of Medicare enrollees were eligible for Medicaid, the seventh highest state percentage.
- Health care spending as a share of state GDP was the eleventh highest in 2009.
- Medicaid spending per enrollee was the third lowest in the country.

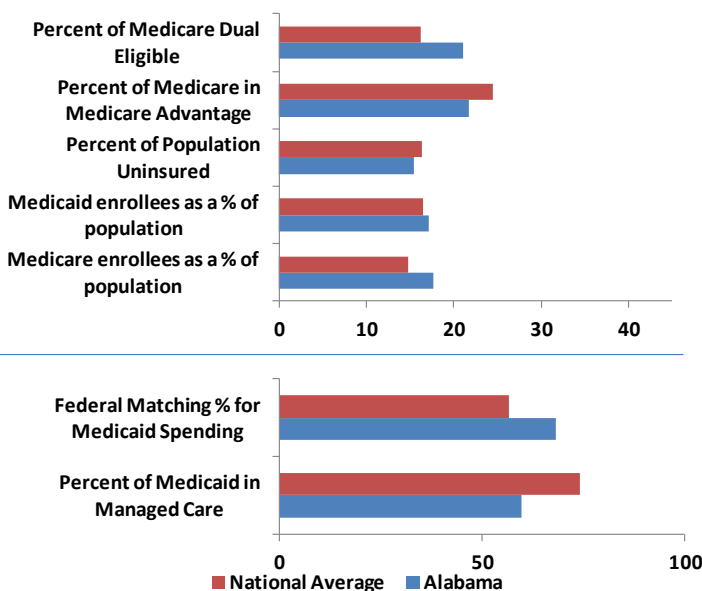
Alabama Health Care Spending as a Share of GDP Compared to the National Average



Alabama Per Capita Health Care Spending as a % of the National Average

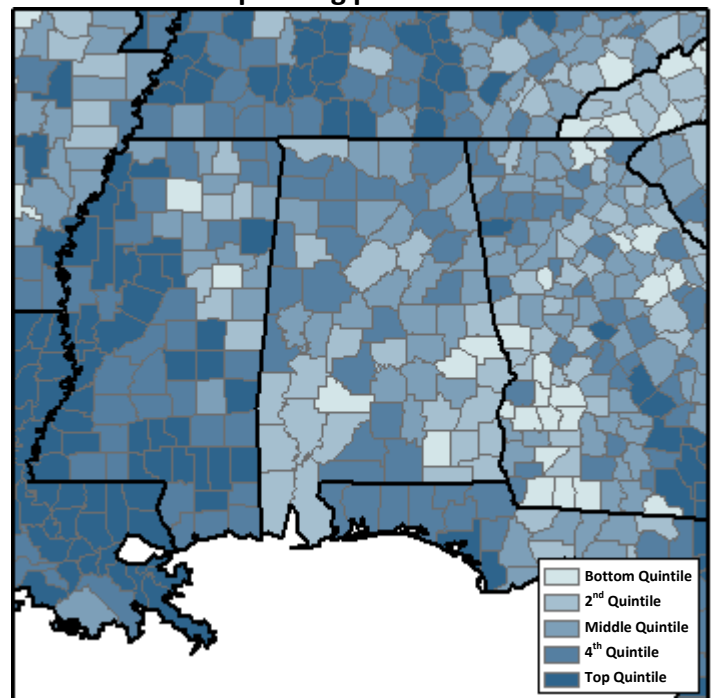


Coverage Percentages in Alabama



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Alabama Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	17.5	117	40	42
Medicare Spending as a % of GDP	4.8	142	47	44
Medicaid Spending as a % of GDP	2.5	100	28	25
Non-Medicare/Medicaid as a % of GDP	10.2	113	34	44

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,272	92	10	22
Medicare Spending per enrollee	9,718	94	28	35
Medicaid Spending per enrollee	5,086	75	3	5
Personal Health Care Spending for non-Medicare/Medicaid population	4,629	89	9	20

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	17.6	119	45	40
Medicaid enrollees as a % of population	17.1	104	36	34
Percent of Population Uninsured	15.4	94	32	27
Percent of Medicare in Medicare Advantage	21.7	89	29	27
Percent of Medicaid in Managed Care	59.6	83	10	24
Percent of Medicare Dual Eligible	21.1	130	44	44
Federal Matching % for Medicaid Spending	68.0	119	42	41

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Jefferson County (Birmingham)				
Parts A&B per enrollee	8,400	91	34	51
Part A Disproportionate Share	3.8	65	28	36
Average Risk Score	94	94	23	32
Adjusted Parts A&B per enrollee	8,785	101	56	66
Medicare Advantage Penetration	39.8	163	83	85
Madison County (Huntsville)				
Parts A&B per enrollee	8,079	88	25	26
Part A Disproportionate Share	5.7	98	54	52
Average Risk Score	95	95	25	25
Adjusted Parts A&B per enrollee	8,495	97	42	51
Medicare Advantage Penetration	11.3	46	20	22
Mobile County (Mobile)				
Parts A&B per enrollee	8,272	90	31	50
Part A Disproportionate Share	4.3	74	35	44
Average Risk Score	95	95	27	36
Adjusted Parts A&B per enrollee	8,634	99	48	57
Medicare Advantage Penetration	36.6	150	77	78
Montgomery County (Montgomery)				
Parts A&B per enrollee	8,172	89	29	31
Part A Disproportionate Share	9.9	171	91	90
Average Risk Score	93	93	17	16
Adjusted Parts A&B per enrollee	8,626	99	48	59
Medicare Advantage Penetration	24.8	101	55	62

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

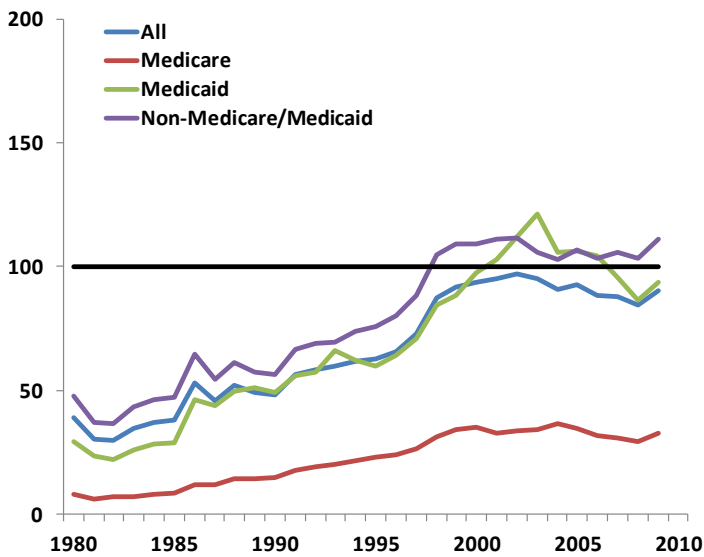
Health Care Spending in Alaska



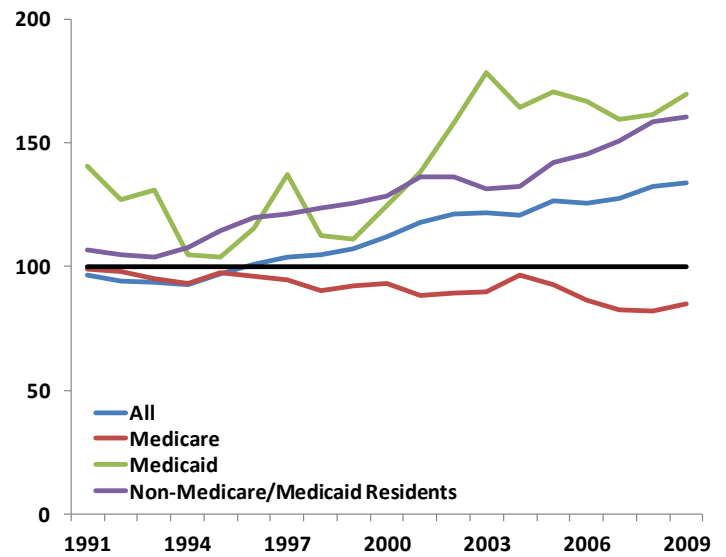
Key Health Care Spending Indicators in Alaska

- Compared to the national average, health care spending in Alaska as a share of GDP has grown significantly since 1980, but remained below the national average as of 2009.
- Medicare spending as a share of GDP was the lowest in the country, and average Medicare spending was about 85% of the national average, but the Medicare enrollment percentage was the lowest among the states.
- Medicaid spending per enrollee was the highest in the country as was the average spending among residents not enrolled in Medicare.
- Managed care penetration in the Medicare and Medicaid markets was the lowest among the states.

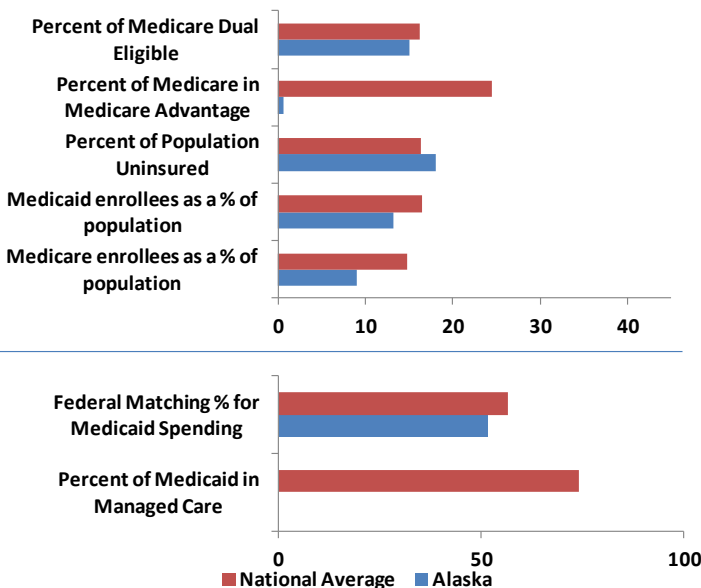
Alaska Health Care Spending as a Share of GDP Compared to the National Average



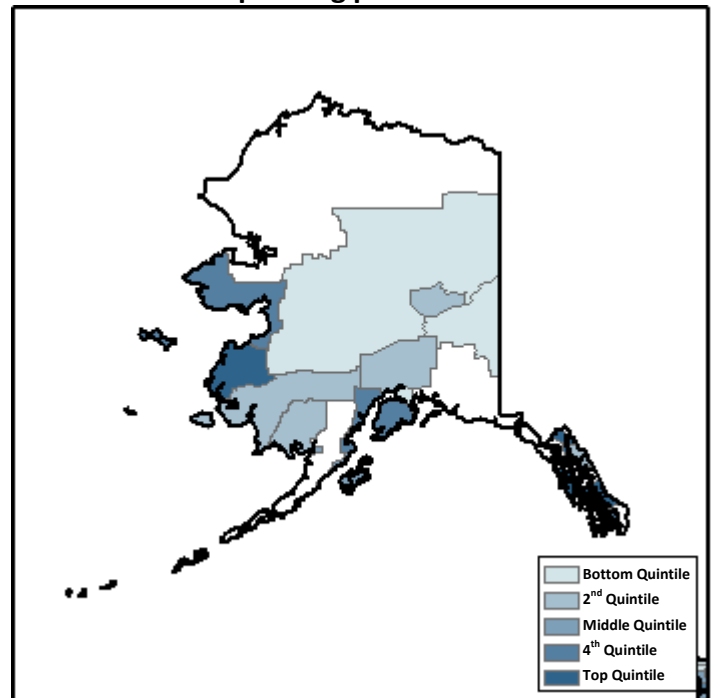
Alaska Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in Alaska



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Alaska Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	13.5	90	12	6
Medicare Spending as a % of GDP	1.1	33	1	1
Medicaid Spending as a % of GDP	2.3	93	24	14
Non-Medicare/Medicaid as a % of GDP	10.1	111	29	10

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	9,128	134	49	39
Medicare Spending per enrollee	8,812	85	16	26
Medicaid Spending per enrollee	11,569	169	50	42
Personal Health Care Spending for non-Medicare/Medicaid population	8,286	160	50	47

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	9.0	61	1	1
Medicaid enrollees as a % of population	13.2	80	17	22
Percent of Population Uninsured	18.0	110	37	41
Percent of Medicare in Medicare Advantage	0.6	2	1	3
Percent of Medicaid in Managed Care	0.0	0	2	2
Percent of Medicare Dual Eligible	15.0	92	29	32
Federal Matching % for Medicaid Spending	51.4	90	16	14

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Anchorage County (Anchorage)				
Parts A&B per enrollee	7,225	78	6	21
Part A Disproportionate Share	11.1	192	94	91
Average Risk Score	84	84	1	2
Adjusted Parts A&B per enrollee	8,828	101	57	67
Medicare Advantage Penetration	0.8	3	0	0
Fairbanks North Star County (Fairbanks)				
Parts A&B per enrollee	7,497	81	11	30
Part A Disproportionate Share	9.0	155	88	80
Average Risk Score	79	79	0	1
Adjusted Parts A&B per enrollee	9,753	112	88	76
Medicare Advantage Penetration	0.5	2	0	0
Juneau County (Juneau)				
Parts A&B per enrollee	7,613	82	14	44
Part A Disproportionate Share	6.1	105	59	56
Average Risk Score	81	81	1	5
Adjusted Parts A&B per enrollee	9,775	112	89	83
Medicare Advantage Penetration	0.7	3	0	0
Kenai-Cook Inlet Division County (Kenai)				
Parts A&B per enrollee	8,725	95	43	44
Part A Disproportionate Share	7.4	128	78	75
Average Risk Score	80	80	0	15
Adjusted Parts A&B per enrollee	10,854	125	98	78
Medicare Advantage Penetration	1.0	4	0	0

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

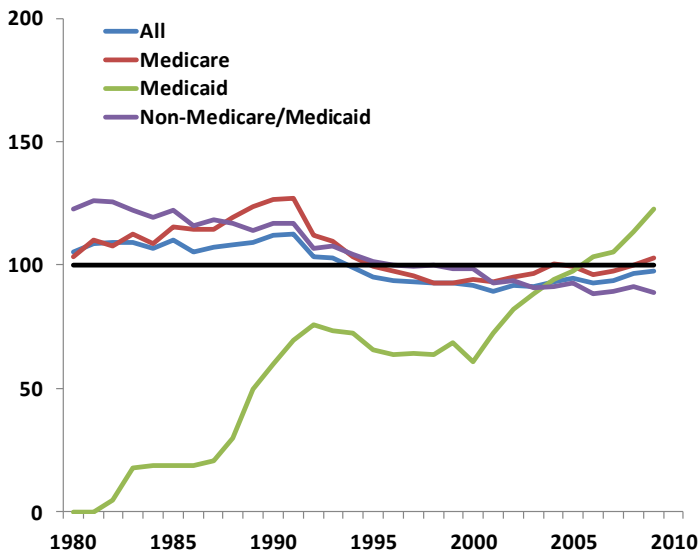
Health Care Spending in Arizona



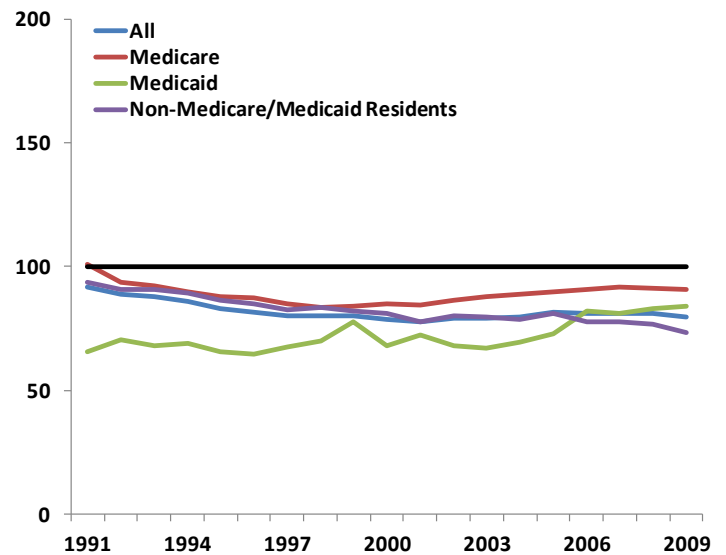
Key Health Care Spending Indicators in Arizona

- Arizona did not participate in Medicaid until 1982. Since then, Medicaid spending as a percent of GDP has grown to the point that it was 23% higher than the national average share and was 13th highest among the states.
- Average Medicaid spending per enrollee was the sixth lowest in the country, but the percent of the population enrolled in the program was the tenth highest.
- Average health care spending was only \$5,434 in 2009, or second lowest among the states.
- 19.1% of the population was uninsured in 2010, the eleventh highest rate in the country.
- Managed care penetration among Medicare beneficiaries in Arizona was 38.7%, fourth highest in the country.

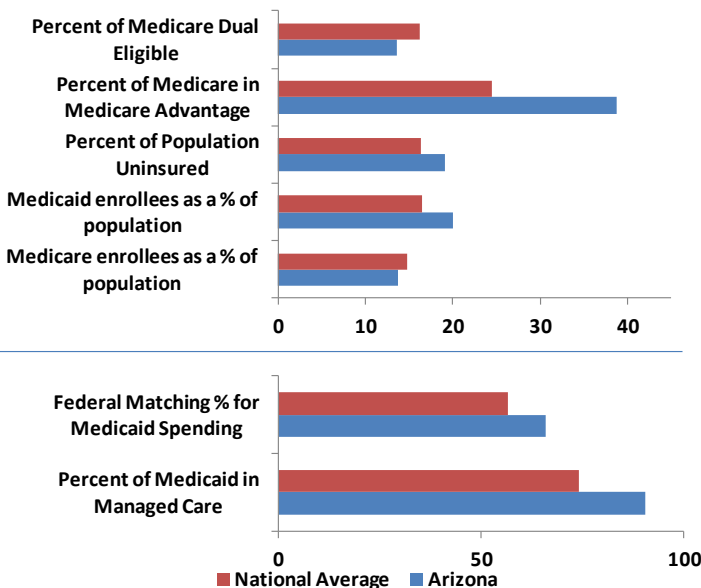
Arizona Health Care Spending as a Share of GDP Compared to the National Average



Arizona Per Capita Health Care Spending as a % of the National Average

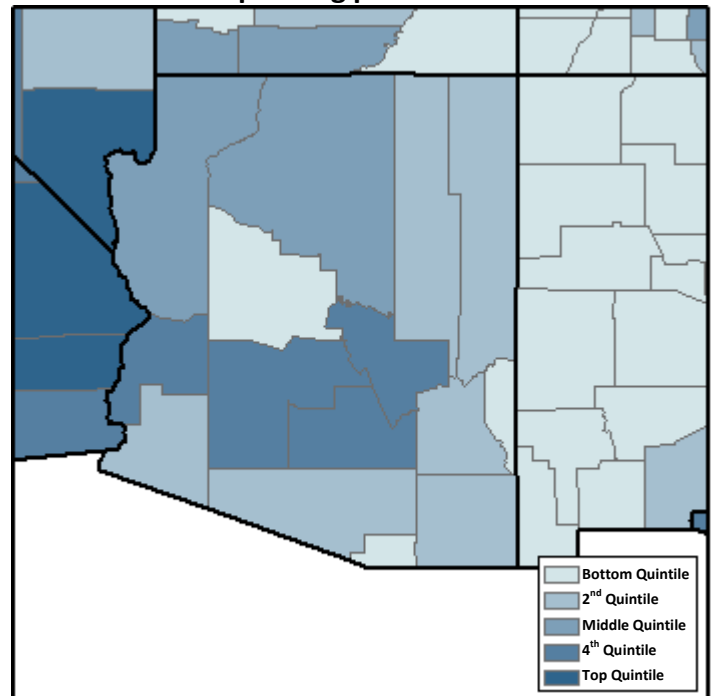


Coverage Percentages in Arizona



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Arizona Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	14.6	98	16	25
Medicare Spending as a % of GDP	3.5	103	31	33
Medicaid Spending as a % of GDP	3.0	123	38	11
Non-Medicare/Medicaid as a % of GDP	8.1	89	6	29

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	5,434	80	2	5
Medicare Spending per enrollee	9,395	91	23	23
Medicaid Spending per enrollee	5,739	84	6	5
Personal Health Care Spending for non-Medicare/Medicaid population	3,804	74	1	5

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	13.7	92	9	15
Medicaid enrollees as a % of population	20.0	121	41	32
Percent of Population Uninsured	19.1	117	40	43
Percent of Medicare in Medicare Advantage	38.7	158	47	47
Percent of Medicaid in Managed Care	90.5	127	44	45
Percent of Medicare Dual Eligible	13.6	83	21	12
Federal Matching % for Medicaid Spending	65.8	115	38	35

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Maricopa County (Phoenix)				
Parts A&B per enrollee	9,302	101	58	45
Part A Disproportionate Share	5.9	101	57	50
Average Risk Score	91	91	13	18
Adjusted Parts A&B per enrollee	10,015	115	92	85
Medicare Advantage Penetration	43.3	177	90	92
Mohave County (Lake Havasu City)				
Parts A&B per enrollee	8,319	90	32	35
Part A Disproportionate Share	6.9	119	70	60
Average Risk Score	94	94	22	20
Adjusted Parts A&B per enrollee	8,665	99	50	57
Medicare Advantage Penetration	19.6	80	44	46
Pima County (Tucson)				
Parts A&B per enrollee	8,032	87	24	24
Part A Disproportionate Share	7.8	136	81	72
Average Risk Score	90	90	9	13
Adjusted Parts A&B per enrollee	8,852	102	59	58
Medicare Advantage Penetration	43.9	179	91	91
Yavapai County (Prescott)				
Parts A&B per enrollee	7,386	80	9	6
Part A Disproportionate Share	6.0	104	59	55
Average Risk Score	90	90	8	7
Adjusted Parts A&B per enrollee	8,461	97	41	45
Medicare Advantage Penetration	19.7	80	44	46

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

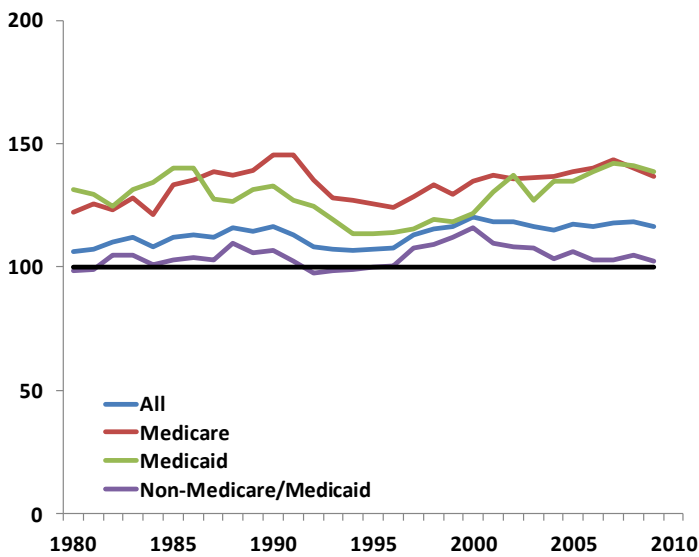
Health Care Spending in Arkansas



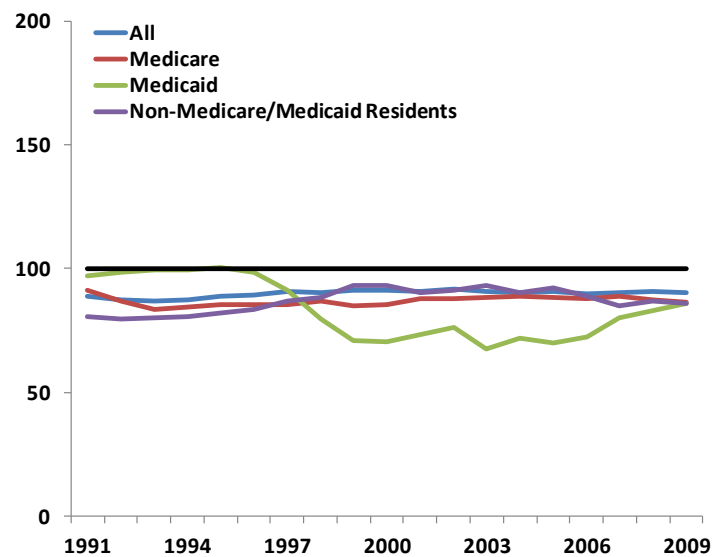
Key Health Care Spending Indicators in Arkansas

- Medicare and Medicaid spending as percentages of GDP placed Arkansas among the top ten in the country.
- However, Medicaid spending per enrollee was the eleventh lowest, and average Medicare spending was 86% of the national average in 2009.
- The programs' relatively large shares of GDP are the result of high enrollment shares of the population, with Medicare and Medicaid enrollments ranked third and eleventh highest among the states, respectively.
- The regular federal medical assistance percentage of 72.8 percent in 2010 was the third highest in the country.
- The percent of Medicare patients who were also eligible for Medicaid was the 13th highest.

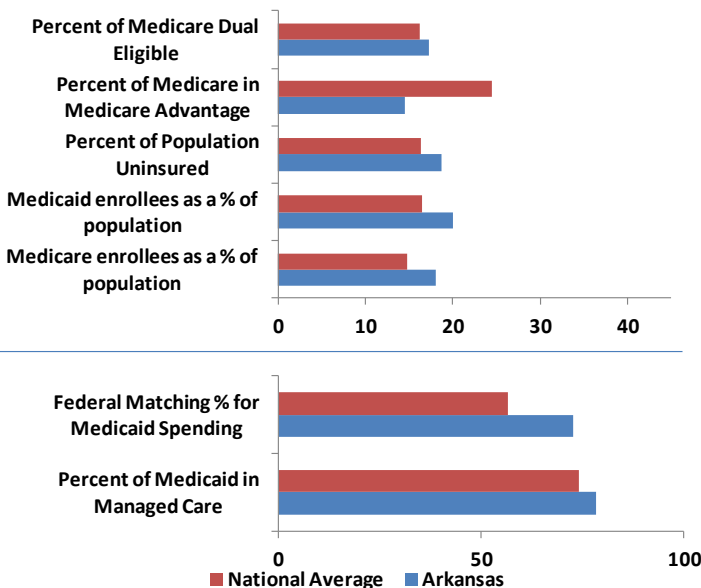
Arkansas Health Care Spending as a Share of GDP Compared to the National Average



Arkansas Per Capita Health Care Spending as a % of the National Average

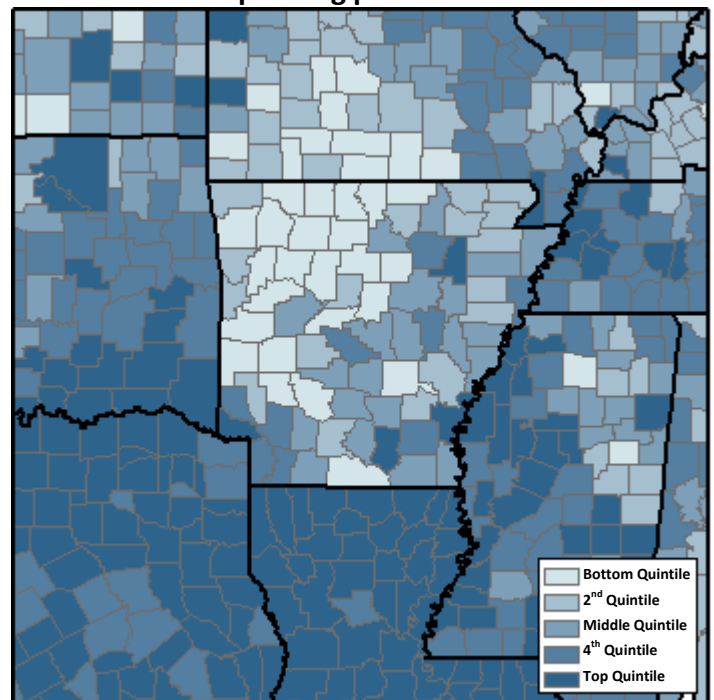


Coverage Percentages in Arkansas



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Arkansas Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	17.3	116	34	38
Medicare Spending as a % of GDP	4.6	137	45	44
Medicaid Spending as a % of GDP	3.4	139	43	41
Non-Medicare/Medicaid as a % of GDP	9.3	103	16	25

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,167	90	8	11
Medicare Spending per enrollee	8,949	86	20	21
Medicaid Spending per enrollee	5,871	86	11	12
Personal Health Care Spending for non-Medicare/Medicaid population	4,435	86	6	7

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	18.0	122	48	47
Medicaid enrollees as a % of population	20.0	121	40	39
Percent of Population Uninsured	18.7	115	39	40
Percent of Medicare in Medicare Advantage	14.5	59	16	13
Percent of Medicaid in Managed Care	78.4	110	29	21
Percent of Medicare Dual Eligible	17.3	107	38	40
Federal Matching % for Medicaid Spending	72.8	128	48	48

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Benton County (Rogers)				
Parts A&B per enrollee	7,526	82	11	7
Part A Disproportionate Share	4.9	85	42	32
Average Risk Score	92	92	16	9
Adjusted Parts A&B per enrollee	8,272	95	31	45
Medicare Advantage Penetration	25.7	105	57	57
Craighead County (Jonesboro)				
Parts A&B per enrollee	7,487	81	11	20
Part A Disproportionate Share	8.0	137	82	74
Average Risk Score	93	93	16	18
Adjusted Parts A&B per enrollee	8,078	93	25	43
Medicare Advantage Penetration	9.8	40	16	17
Garland County (Hot Springs)				
Parts A&B per enrollee	7,899	86	21	36
Part A Disproportionate Share	4.8	83	41	31
Average Risk Score	95	95	28	35
Adjusted Parts A&B per enrollee	8,298	95	32	40
Medicare Advantage Penetration	12.8	52	25	22
Pulaski County (Little Rock)				
Parts A&B per enrollee	8,095	88	26	43
Part A Disproportionate Share	7.0	122	74	57
Average Risk Score	96	96	34	39
Adjusted Parts A&B per enrollee	8,161	94	27	47
Medicare Advantage Penetration	12.5	51	24	23

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

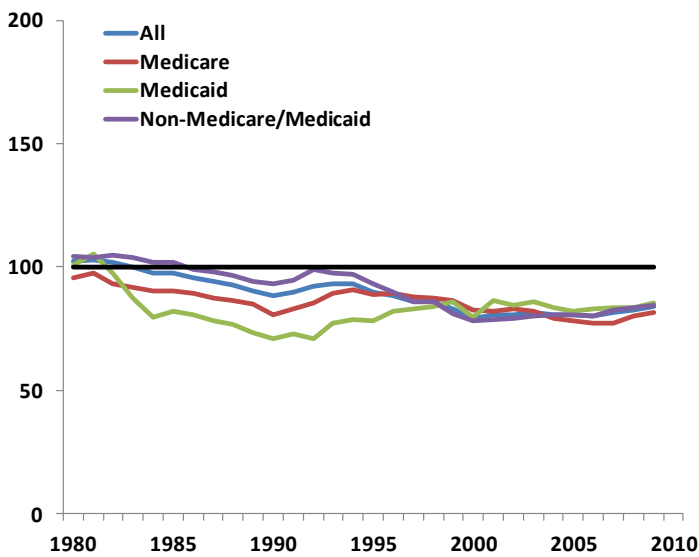
Health Care Spending in California



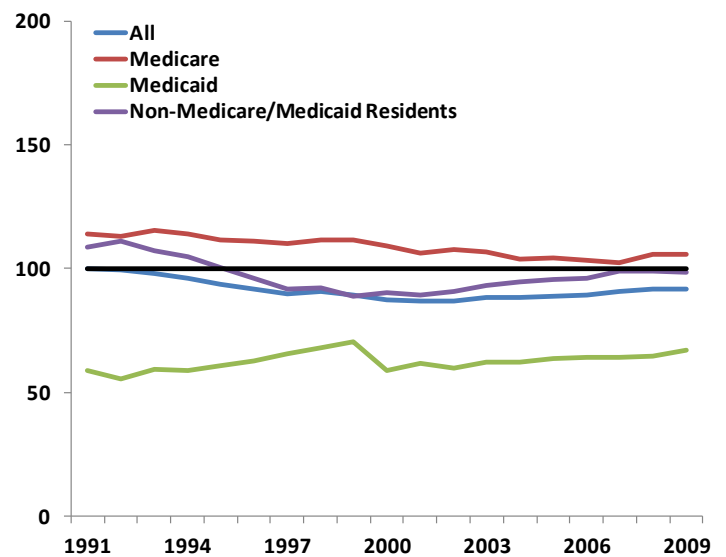
Key Health Care Spending Indicators in California

- Health care spending in California as a percent of state GDP was near the bottom of the distribution with the sixth lowest percentage among all the states.
- Non-Medicare/Medicaid spending as a percent of GDP was the third lowest.
- Average Medicaid spending per enrollee was the lowest among the states, but the percent of the population enrolled in Medicaid was second from the top.
- The percentage of Medicare enrollees who are dual eligible for Medicaid was the ninth highest in the country.
- Medicare Advantage penetration was the sixth highest percentage among the states.

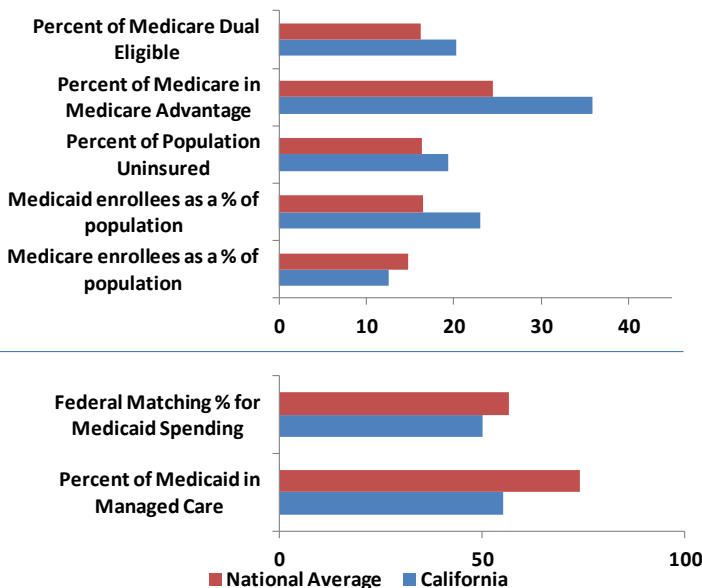
California Health Care Spending as a Share of GDP Compared to the National Average



California Per Capita Health Care Spending as a % of the National Average

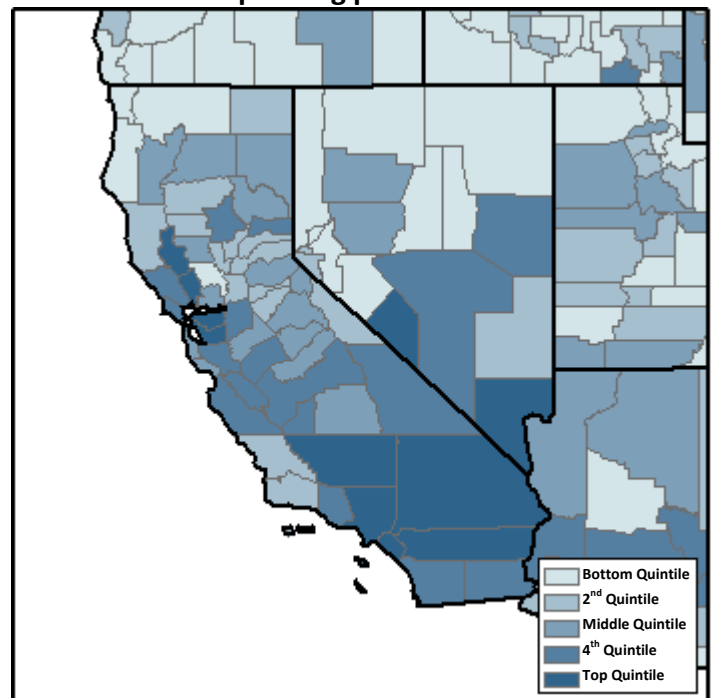


Coverage Percentages in California



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



California Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	12.5	84	6	12
Medicare Spending as a % of GDP	2.7	82	12	17
Medicaid Spending as a % of GDP	2.1	85	18	19
Non-Medicare/Medicaid as a % of GDP	7.7	84	3	12

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,238	92	9	15
Medicare Spending per enrollee	10,954	106	42	44
Medicaid Spending per enrollee	4,569	67	1	1
Personal Health Care Spending for non-Medicare/Medicaid population	5,090	98	20	21

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	12.5	84	6	6
Medicaid enrollees as a % of population	23.1	140	49	48
Percent of Population Uninsured	19.4	119	42	44
Percent of Medicare in Medicare Advantage	35.9	146	45	48
Percent of Medicaid in Managed Care	66.5	90	13	21
Percent of Medicare Dual Eligible	20.3	125	42	43
Federal Matching % for Medicaid Spending	50.0	88	6	8

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Los Angeles County (Los Angeles)				
Parts A&B per enrollee	11,858	128	95	96
Part A Disproportionate Share	12.5	216	97	98
Average Risk Score	114	114	96	96
Adjusted Parts A&B per enrollee	9,051	104	67	69
Medicare Advantage Penetration	37.8	154	81	81
Sacramento County (Sacramento)				
Parts A&B per enrollee	7,884	85	21	23
Part A Disproportionate Share	10.1	174	92	93
Average Risk Score	96	96	35	30
Adjusted Parts A&B per enrollee	7,687	88	12	11
Medicare Advantage Penetration	42.1	172	87	89
San Diego County (San Diego)				
Parts A&B per enrollee	9,369	102	59	64
Part A Disproportionate Share	7.2	125	76	86
Average Risk Score	101	101	58	60
Adjusted Parts A&B per enrollee	8,730	100	53	48
Medicare Advantage Penetration	40.3	165	85	86
Santa Clara County (San Jose)				
Parts A&B per enrollee	8,830	96	45	47
Part A Disproportionate Share	8.4	146	85	86
Average Risk Score	94	94	23	24
Adjusted Parts A&B per enrollee	8,931	102	62	61
Medicare Advantage Penetration	35.8	146	74	80

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

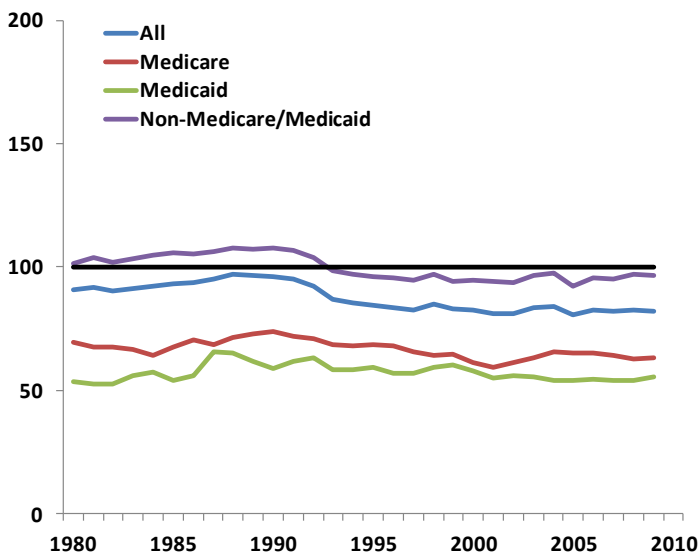
Health Care Spending in Colorado



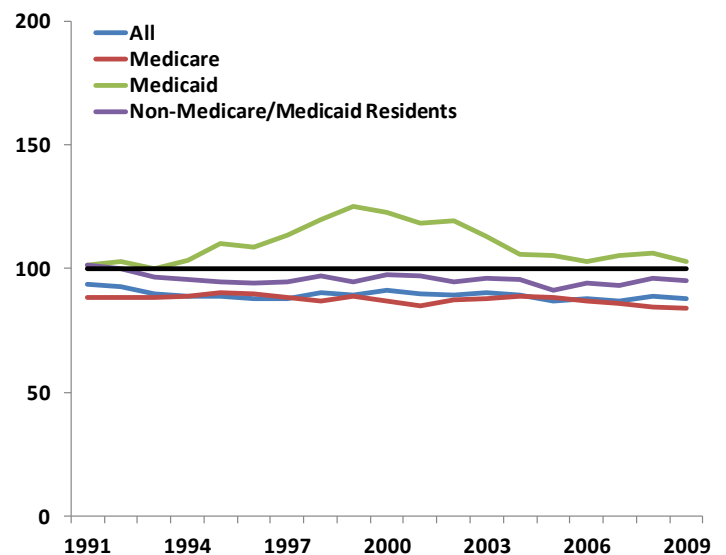
Key Health Care Spending Indicators in Colorado

- Health care spending as a percent of GDP in Colorado was the fifth lowest in the country, and Medicare and Medicaid was the third lowest, and the enrollments in these two programs were fourth and fifth lowest.
- Per capita spending was the seventh lowest in the country.
- Managed care penetration among Medicare and Medicaid enrollees was in the top ten rates for both.
- As a relatively high-income state, the federal medical assistance percentage was at the minimum of 50%, and the percent of Medicare patients who were also eligible for Medicaid was the tenth lowest.
- Average Medicare spending in Denver and in Grand Junction was close to the national average.

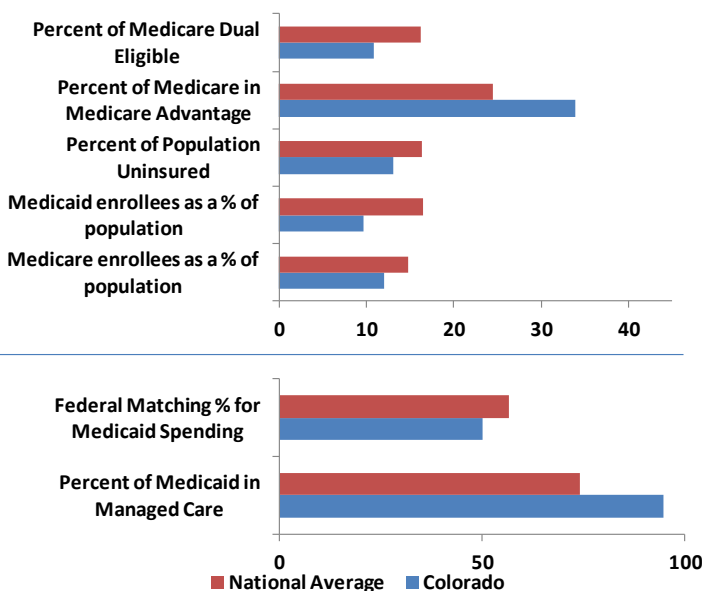
Colorado Health Care Spending as a Share of GDP Compared to the National Average



Colorado Per Capita Health Care Spending as a % of the National Average

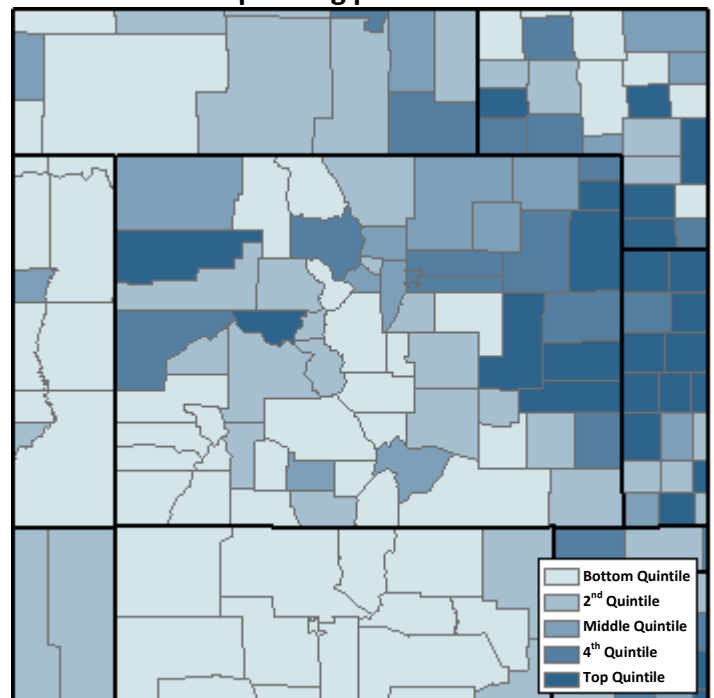


Coverage Percentages in Colorado



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Colorado Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	12.3	82	5	10
Medicare Spending as a % of GDP	2.1	63	3	6
Medicaid Spending as a % of GDP	1.4	55	3	5
Non-Medicare/Medicaid as a % of GDP	8.8	97	14	21

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	5,994	88	7	11
Medicare Spending per enrollee	8,727	84	13	22
Medicaid Spending per enrollee	7,038	103	24	31
Personal Health Care Spending for non-Medicare/Medicaid population	4,923	95	17	18

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	12.0	81	4	4
Medicaid enrollees as a % of population	9.7	59	5	5
Percent of Population Uninsured	13.0	80	14	33
Percent of Medicare in Medicare Advantage	33.9	138	42	45
Percent of Medicaid in Managed Care	94.6	132	46	45
Percent of Medicare Dual Eligible	10.9	67	10	12
Federal Matching % for Medicaid Spending	50.0	88	6	10

Medicare in Selected Counties	Amount in 2010*	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Denver County (Denver)				
Parts A&B per enrollee	9,340	101	58	62
Part A Disproportionate Share	5.3	91	47	57
Average Risk Score	99	99	46	60
Adjusted Parts A&B per enrollee	8,940	103	62	50
Medicare Advantage Penetration	45.9	187	93	93
El Paso County (Colorado Springs)				
Parts A&B per enrollee	7,757	84	17	27
Part A Disproportionate Share	4.1	71	32	47
Average Risk Score	89	89	7	11
Adjusted Parts A&B per enrollee	8,997	103	63	65
Medicare Advantage Penetration	23.5	96	53	55
Larimer County (Fort Collins)				
Parts A&B per enrollee	7,680	83	15	24
Part A Disproportionate Share	2.5	44	11	8
Average Risk Score	90	90	8	12
Adjusted Parts A&B per enrollee	8,861	102	59	64
Medicare Advantage Penetration	24.6	100	55	56
Mesa County (Grand Junction)				
Parts A&B per enrollee	8,990	97	49	51
Part A Disproportionate Share	2.2	39	9	26
Average Risk Score	81	81	1	1
Adjusted Parts A&B per enrollee	11,193	128	99	98
Medicare Advantage Penetration	39.2	160	83	86

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009. *See addendum related to Mesa County.

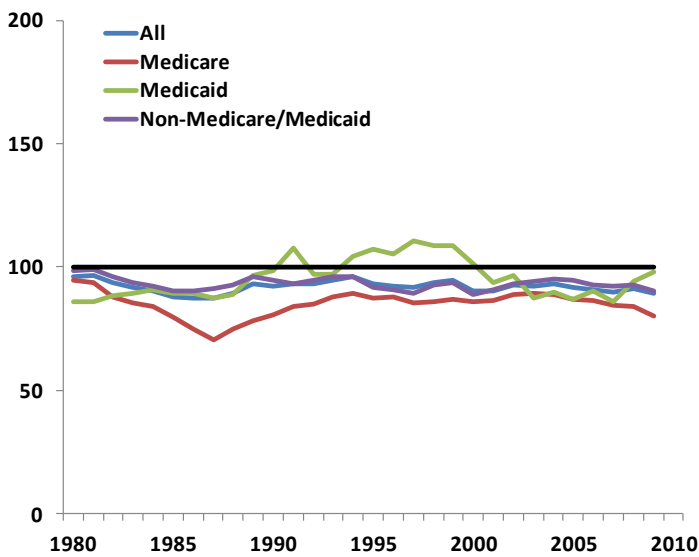
Health Care Spending in Connecticut



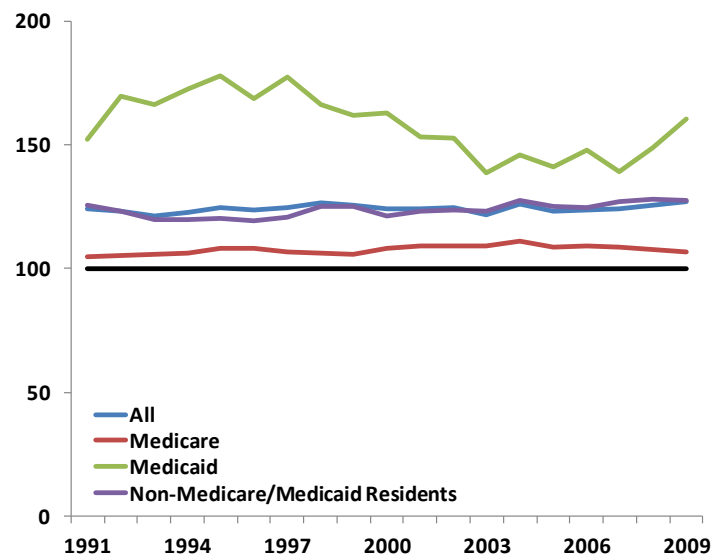
Key Health Care Spending Indicators in Connecticut

- Per capita health care spending in Connecticut was the third highest in the country, but because it is a high-income state, spending as a percent of GDP was the tenth lowest.
- Medicaid spending per enrollee, at \$10,933, was the second highest in the country.
- As a high-income state, the federal medical assistance percentage in Connecticut was at the minimum of 50%.
- Only 11% of the state's population was uninsured, placing it as the state with the eleventh lowest rate in 2010.
- Average Medicare spending was eighth highest in the country and the disproportionate share payments in the selected counties were in the lowest quarter.

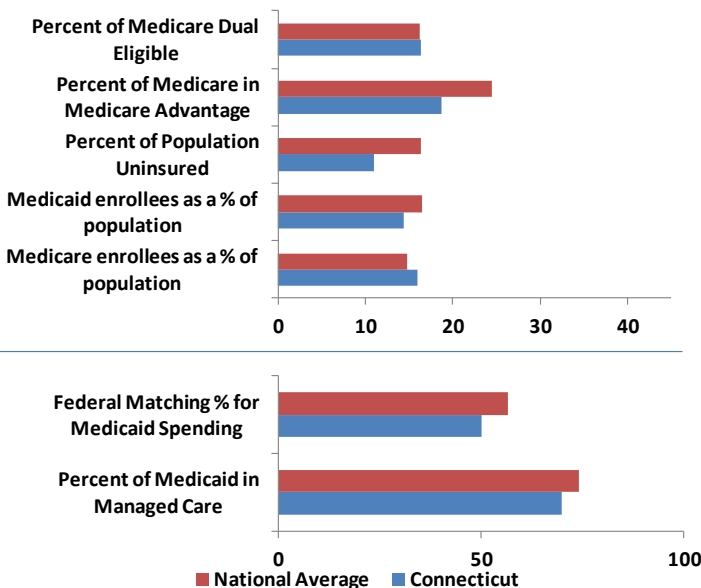
Connecticut Care Spending as a Share of GDP Compared to the National Average



Connecticut Per Capita Health Care Spending as a % of the National Average

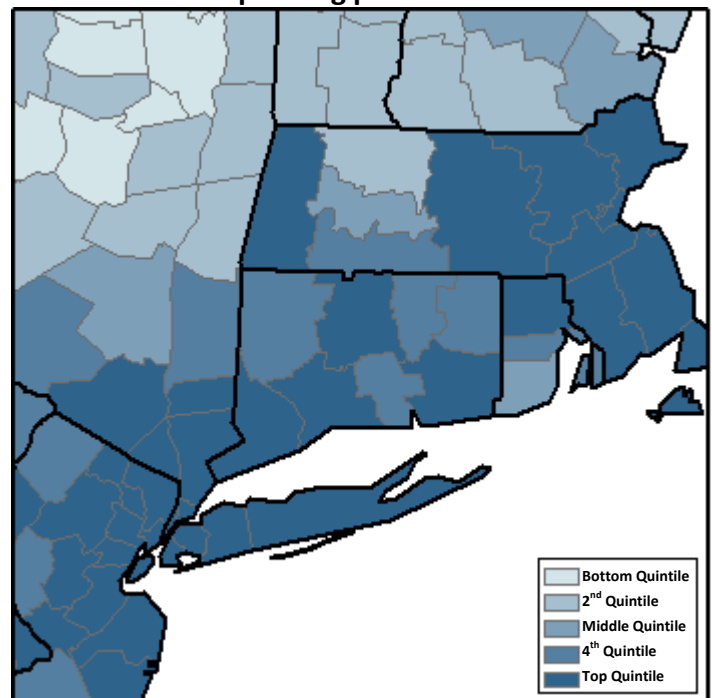


Coverage Percentages in Connecticut



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Connecticut Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	13.3	89	10	14
Medicare Spending as a % of GDP	2.7	80	10	17
Medicaid Spending as a % of GDP	2.4	98	26	28
Non-Medicare/Medicaid as a % of GDP	8.2	90	8	11

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	8,654	127	48	49
Medicare Spending per enrollee	11,086	107	43	43
Medicaid Spending per enrollee	10,933	160	49	46
Personal Health Care Spending for non-Medicare/Medicaid population	6,606	128	45	47

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	15.9	107	28	34
Medicaid enrollees as a % of population	14.3	87	21	22
Percent of Population Uninsured	11.0	67	8	8
Percent of Medicare in Medicare Advantage	18.7	76	25	28
Percent of Medicaid in Managed Care	69.9	98	20	27
Percent of Medicare Dual Eligible	16.4	101	35	32
Federal Matching % for Medicaid Spending	50.0	88	6	6

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Fairfield County (Fairfield)				
Parts A&B per enrollee	10,199	110	74	77
Part A Disproportionate Share	2.8	48	14	25
Average Risk Score	103	103	68	70
Adjusted Parts A&B per enrollee	9,195	106	73	76
Medicare Advantage Penetration	18.9	77	42	41
Hartford County (Hartford)				
Parts A&B per enrollee	9,766	106	68	67
Part A Disproportionate Share	3.3	57	21	30
Average Risk Score	104	104	69	67
Adjusted Parts A&B per enrollee	8,566	98	45	49
Medicare Advantage Penetration	19.7	81	45	42
New Haven County (New Haven)				
Parts A&B per enrollee	10,820	117	84	85
Part A Disproportionate Share	3.5	60	23	28
Average Risk Score	110	110	88	85
Adjusted Parts A&B per enrollee	8,726	100	52	66
Medicare Advantage Penetration	21.5	88	49	47
New London County (Norwich)				
Parts A&B per enrollee	10,067	109	72	68
Part A Disproportionate Share	3.3	58	21	20
Average Risk Score	107	107	81	82
Adjusted Parts A&B per enrollee	8,821	101	57	42
Medicare Advantage Penetration	11.2	46	20	16

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

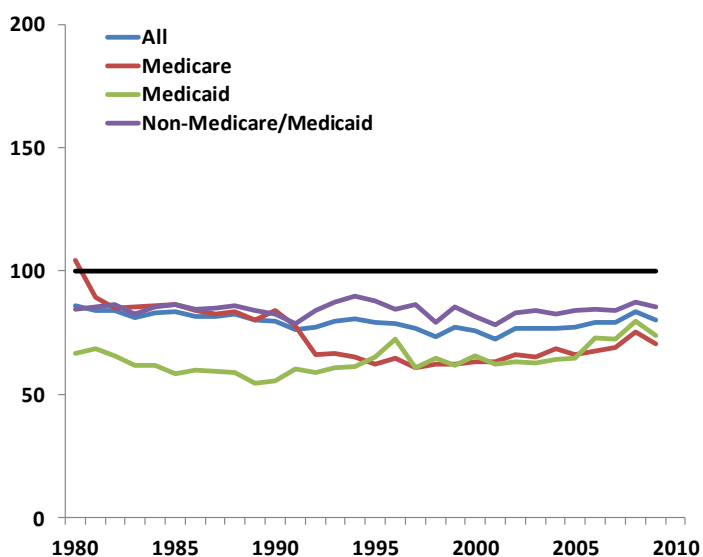
Health Care Spending in Delaware



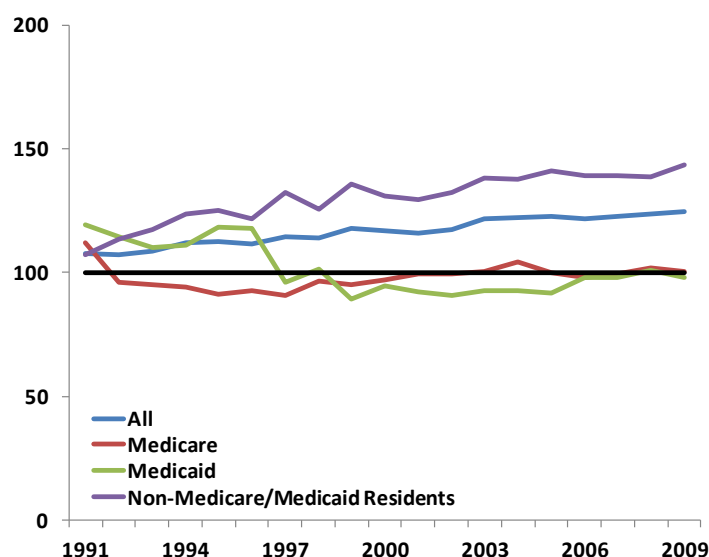
Key Health Care Spending Indicators in Delaware

- Delaware had the fifth highest average health care spending in the country.
- However, because the state has a high income, health care spending as a percent of GDP in Delaware was the third lowest among the states.
- Average health care spending by the residents who were not enrolled in Medicare or Medicaid was the third highest, and their spending has been rising relative to the national average.
- Medicare advantage penetration in Delaware was second from the lowest in the country.
- The average risk scores of the state's Medicare enrollees were about the same as the national average.

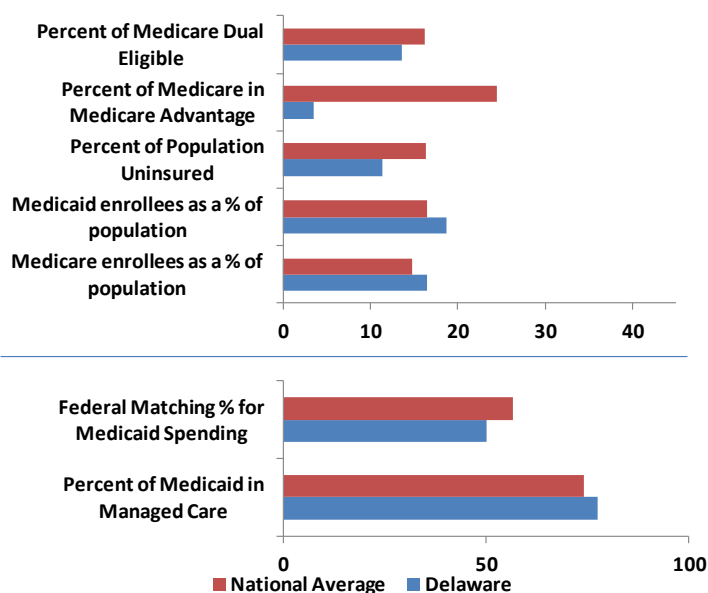
Delaware Care Spending as a Share of GDP Compared to the National Average



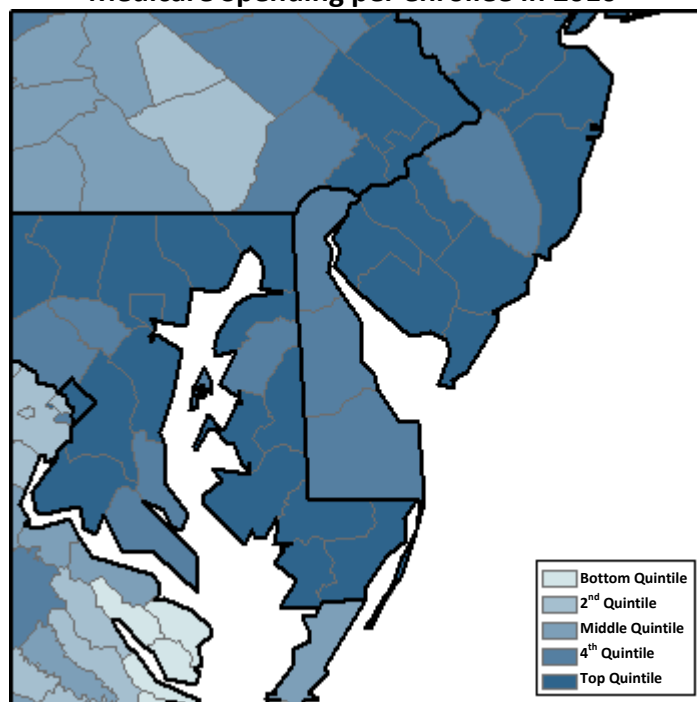
Delaware Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in Delaware



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Delaware Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	11.9	80	3	3
Medicare Spending as a % of GDP	2.4	71	7	11
Medicaid Spending as a % of GDP	1.8	74	10	8
Non-Medicare/Medicaid as a % of GDP	7.8	85	4	5

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	8,480	124	46	46
Medicare Spending per enrollee	10,421	101	37	35
Medicaid Spending per enrollee	6,679	98	20	24
Personal Health Care Spending for non-Medicare/Medicaid population	7,412	143	48	49

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	16.4	111	33	26
Medicaid enrollees as a % of population	18.7	113	39	29
Percent of Population Uninsured	11.3	69	10	15
Percent of Medicare in Medicare Advantage	3.5	14	2	10
Percent of Medicaid in Managed Care	77.4	108	27	40
Percent of Medicare Dual Eligible	13.6	84	22	20
Federal Matching % for Medicaid Spending	50.2	88	15	8

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Kent County (Dover)				
Parts A&B per enrollee	8,777	95	44	42
Part A Disproportionate Share	5.9	102	57	58
Average Risk Score	101	101	56	59
Adjusted Parts A&B per enrollee	8,323	96	34	30
Medicare Advantage Penetration	2.3	9	1	2
New Castle County (Wilmington)				
Parts A&B per enrollee	9,260	100	55	59
Part A Disproportionate Share	4.2	73	34	41
Average Risk Score	98	98	41	52
Adjusted Parts A&B per enrollee	8,971	103	63	56
Medicare Advantage Penetration	4.7	19	4	6
Sussex County (Milford)				
Parts A&B per enrollee	9,059	98	51	50
Part A Disproportionate Share	2.4	41	10	21
Average Risk Score	99	99	46	67
Adjusted Parts A&B per enrollee	9,016	103	64	41
Medicare Advantage Penetration	2.4	10	1	2

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

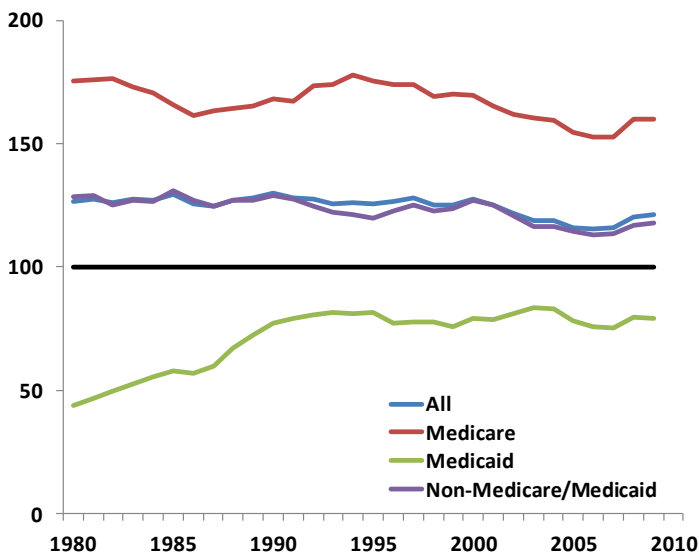
Health Care Spending in Florida



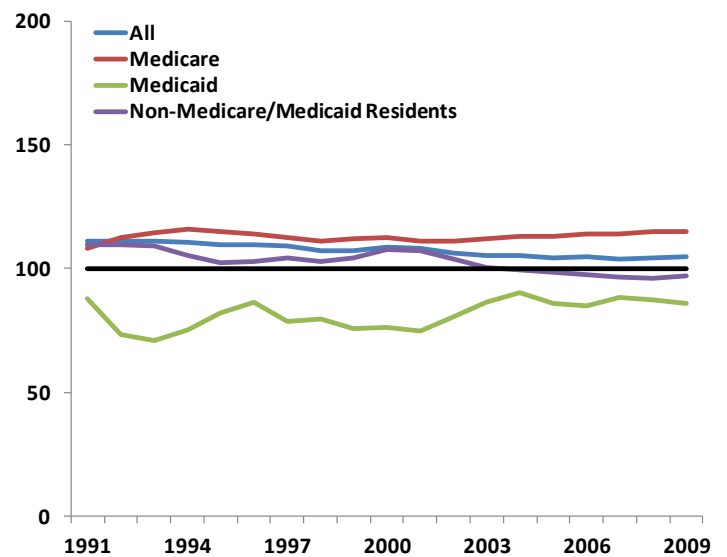
Key Health Care Spending Indicators in Florida

- Medicare spending in Florida as a percentage of GDP was the second highest among the states, and Medicare enrollees as a percentage of the state's population was the fifth highest.
- Medicare spending per enrollee in 2009 was \$11,893 for the second highest state average.
- The uninsured population was 20.8 percent in 2010, ranking as the fifth highest state percentage.
- Florida had the eleventh highest percentage of Medicare enrollees in a Medicare Advantage plan.
- Medicare spending per enrollee in Miami-Dade County was at the top of the county level distribution, and its disproportionate share percentage and average risk scores were also at the top of the distribution.

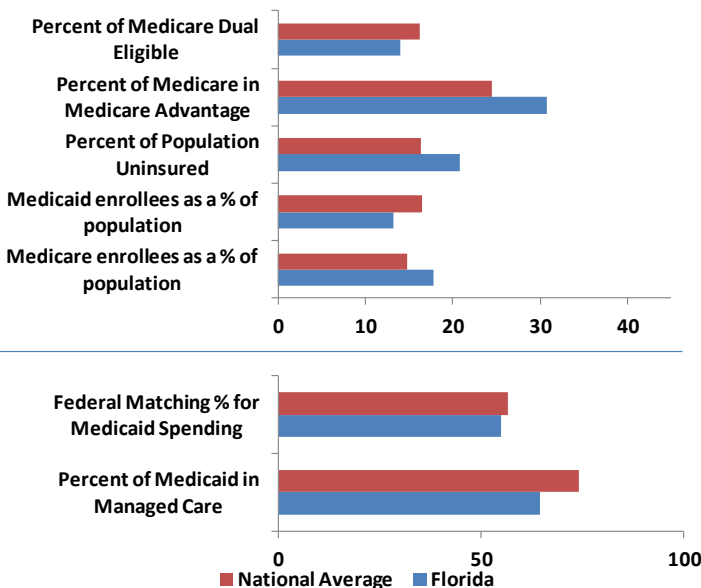
Florida Health Care Spending as a Share of GDP Compared to the National Average



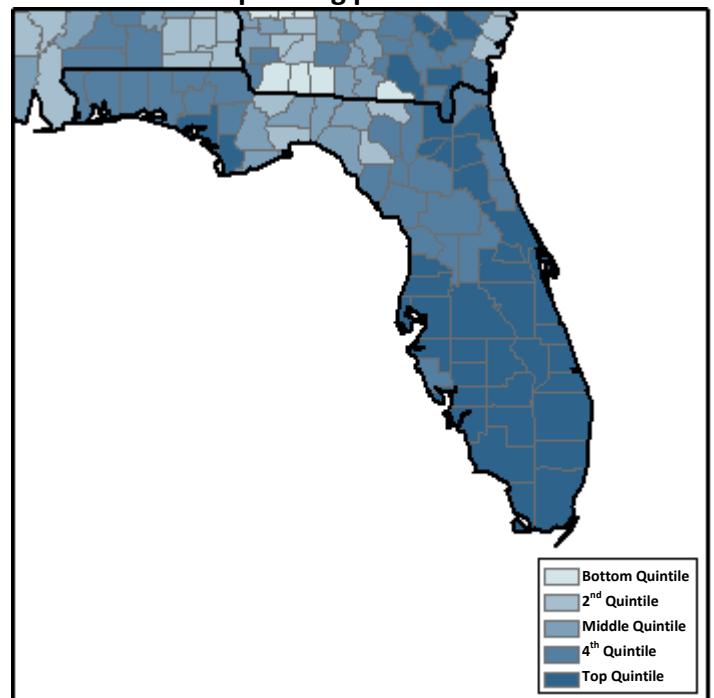
Florida Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in Florida



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Florida Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	18.1	121	44	45
Medicare Spending as a % of GDP	5.4	160	49	49
Medicaid Spending as a % of GDP	2.0	79	15	11
Non-Medicare/Medicaid as a % of GDP	10.7	118	40	45

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,156	105	34	39
Medicare Spending per enrollee	11,893	115	49	47
Medicaid Spending per enrollee	5,855	86	10	11
Personal Health Care Spending for non-Medicare/Medicaid population	5,031	97	18	29

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	17.8	120	46	48
Medicaid enrollees as a % of population	13.2	80	18	23
Percent of Population Uninsured	20.8	128	46	45
Percent of Medicare in Medicare Advantage	30.8	126	40	42
Percent of Medicaid in Managed Care	63.7	86	10	21
Percent of Medicare Dual Eligible	14.0	86	25	22
Federal Matching % for Medicaid Spending	55.4	97	20	20

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Miami-Dade County (Miami)				
Parts A&B per enrollee	16,490	179	100	100
Part A Disproportionate Share	13.8	238	98	99
Average Risk Score	131	131	99	100
Adjusted Parts A&B per enrollee	11,259	129	99	100
Medicare Advantage Penetration	50.9	208	97	97
Orange County (Orlando)				
Parts A&B per enrollee	10,697	116	83	74
Part A Disproportionate Share	6.6	114	67	68
Average Risk Score	106	106	78	70
Adjusted Parts A&B per enrollee	9,454	108	81	80
Medicare Advantage Penetration	30.9	126	66	65
Palm Beach County (West Palm Beach)				
Parts A&B per enrollee	12,282	133	97	94
Part A Disproportionate Share	3.6	62	25	29
Average Risk Score	115	115	97	95
Adjusted Parts A&B per enrollee	10,109	116	94	86
Medicare Advantage Penetration	31.0	127	67	69
Pinellas County (St. Petersburg)				
Parts A&B per enrollee	11,293	122	91	83
Part A Disproportionate Share	3.0	51	16	15
Average Risk Score	112	112	93	88
Adjusted Parts A&B per enrollee	9,458	109	81	76
Medicare Advantage Penetration	37.5	153	78	77

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

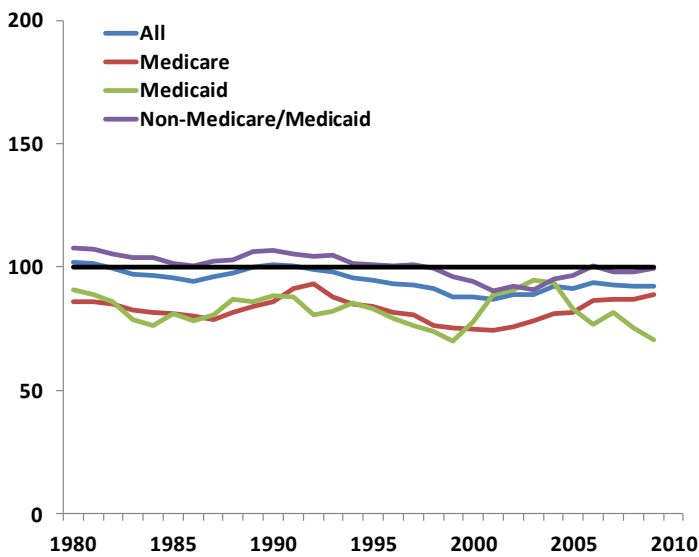
Health Care Spending in Georgia



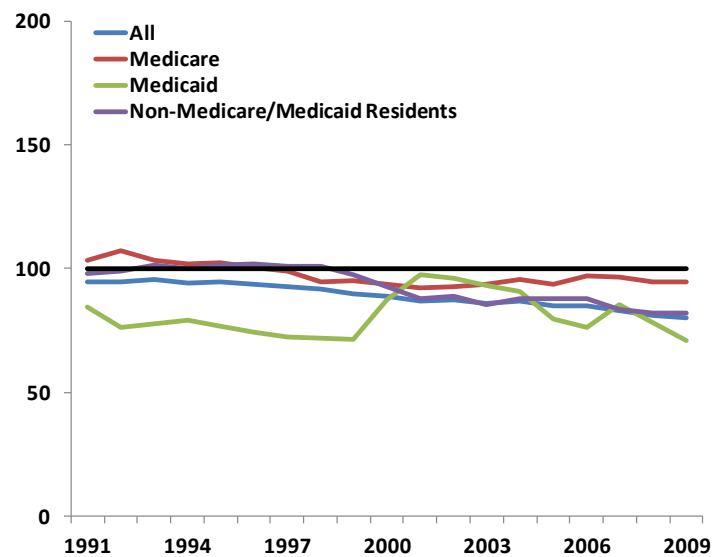
Key Health Care Spending Indicators in Georgia

- Average personal health care spending for all Georgia residents was the third lowest in the country.
- Medicaid spending per enrollee was the second lowest at \$4,835.
- The percent of the population enrolled in Medicare was the fifth lowest among the states.
- Uninsured residents accounted for 19.4% of the population, which was the ninth highest rate in the country.
- Disproportionate share payments as a percent of Medicare Part A spending in Fulton County (Atlanta), Chatham County (Savanna) and Richmond County (Augusta) were all in the top quarter.
- Over 90 percent of Medicaid enrollees were in a managed care plan, the sixth highest percent in the country.

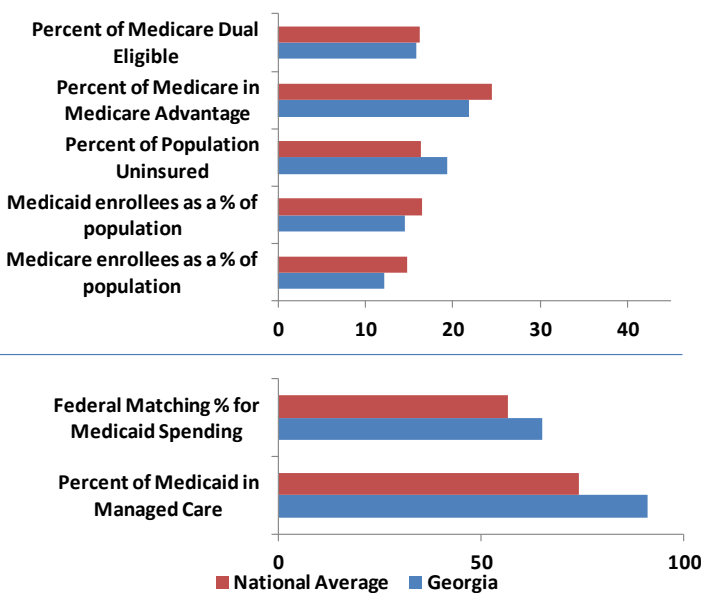
Georgia Health Care Spending as a Share of GDP Compared to the National Average



Georgia Per Capita Health Care Spending as a % of the National Average

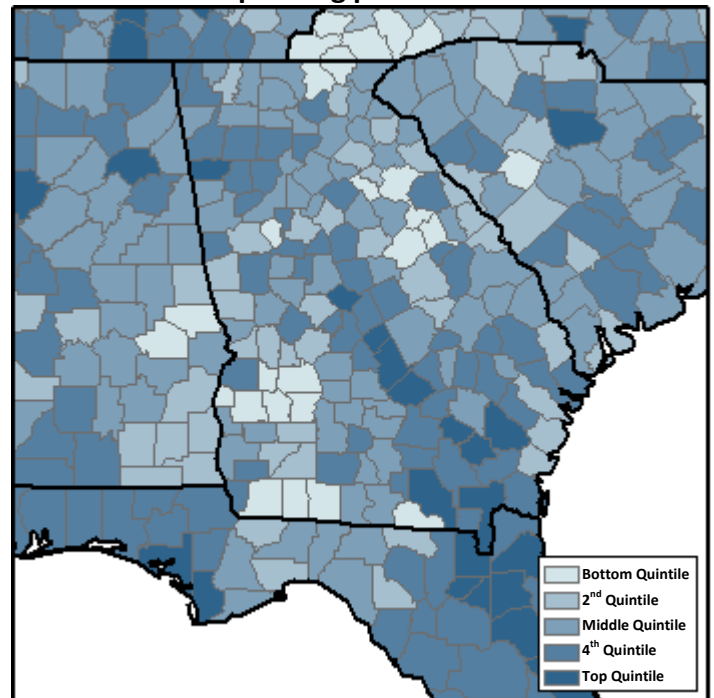


Coverage Percentages in Georgia



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Georgia Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	13.8	92	15	18
Medicare Spending as a % of GDP	3.0	89	17	15
Medicaid Spending as a % of GDP	1.7	70	6	19
Non-Medicare/Medicaid as a % of GDP	9.0	100	15	22

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	5,467	80	3	12
Medicare Spending per enrollee	9,836	95	31	33
Medicaid Spending per enrollee	4,835	71	2	10
Personal Health Care Spending for non-Medicare/Medicaid population	4,249	82	3	16

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	12.2	82	5	5
Medicaid enrollees as a % of population	14.4	87	22	32
Percent of Population Uninsured	19.4	119	42	39
Percent of Medicare in Medicare Advantage	21.8	89	30	20
Percent of Medicaid in Managed Care	91.0	127	45	25
Percent of Medicare Dual Eligible	15.7	97	31	37
Federal Matching % for Medicaid Spending	65.1	114	35	27

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Chatham County (Savanna)				
Parts A&B per enrollee	8,741	95	43	46
Part A Disproportionate Share	8.3	143	84	88
Average Risk Score	98	98	42	52
Adjusted Parts A&B per enrollee	8,429	97	40	27
Medicare Advantage Penetration	22.5	92	51	41
Fulton County (Atlanta)				
Parts A&B per enrollee	8,370	91	33	46
Part A Disproportionate Share	7.5	130	78	84
Average Risk Score	99	99	46	41
Adjusted Parts A&B per enrollee	7,948	91	19	32
Medicare Advantage Penetration	24.3	99	55	46
Muscogee County (Columbus)				
Parts A&B per enrollee	8,208	89	29	20
Part A Disproportionate Share	5.4	93	48	65
Average Risk Score	102	102	60	55
Adjusted Parts A&B per enrollee	7,697	88	12	13
Medicare Advantage Penetration	19.4	79	43	34
Richmond County (Augusta)				
Parts A&B per enrollee	7,755	84	17	16
Part A Disproportionate Share	9.1	157	88	89
Average Risk Score	93	93	16	20
Adjusted Parts A&B per enrollee	8,068	93	24	22
Medicare Advantage Penetration	25.3	103	56	49

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

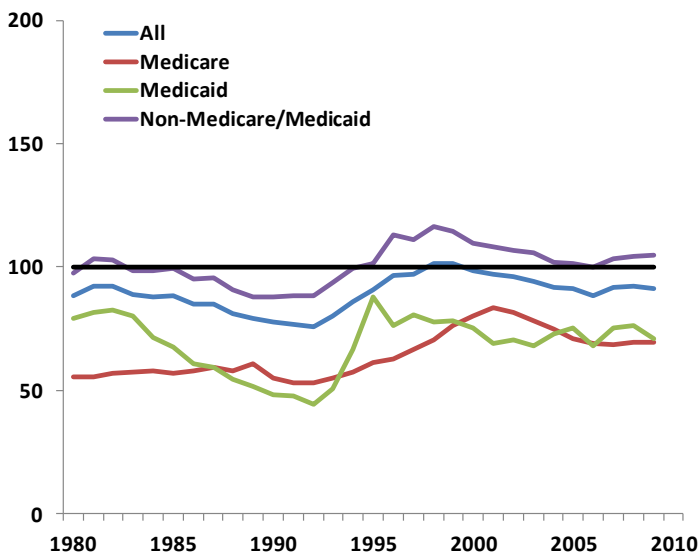
Health Care Spending in Hawaii



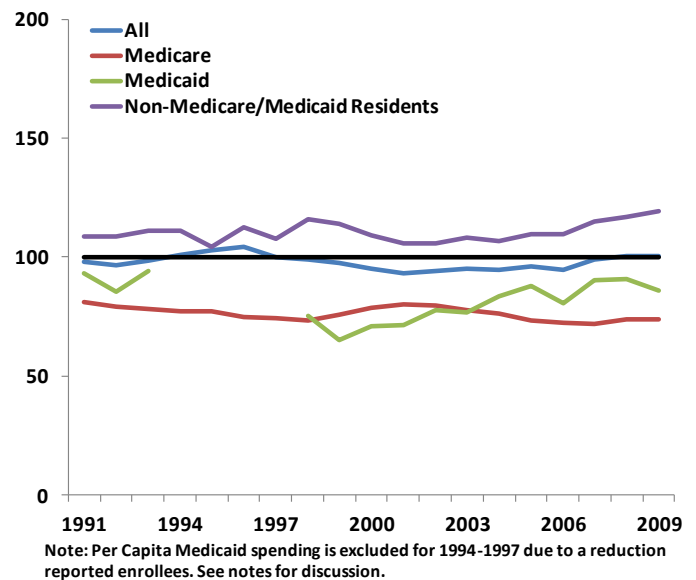
Key Health Care Spending Indicators in Hawaii

- Medicare and Medicaid spending as a percent of GDP rank as the sixth and seventh lowest percentages in the country, respectively.
- In Hawaii County (Hilo), Honolulu County (Honolulu), Kauai County (Kappa) and Maui County (Kahului), Medicare spending was some of the lowest among all counties in the country.
- The Medicare enrollees in these counties were some of the healthiest, based on their average risk scores.
- The percent of Hawaii's population that was uninsured was only 7.7 percent, the second lowest rate nationwide.
- The percentages of Medicare and Medicaid enrollees in managed care were among the highest in the country.

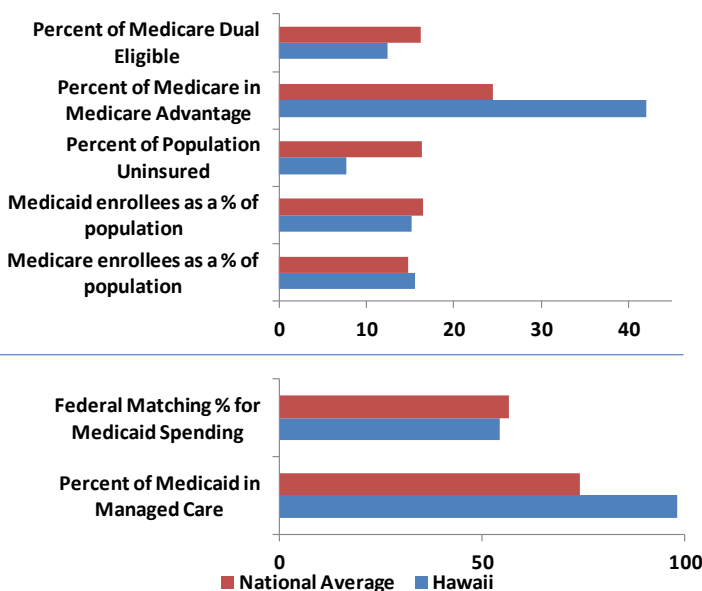
Hawaii Care Spending as a Share of GDP Compared to the National Average



Hawaii Per Capita Health Care Spending as a % of the National Average

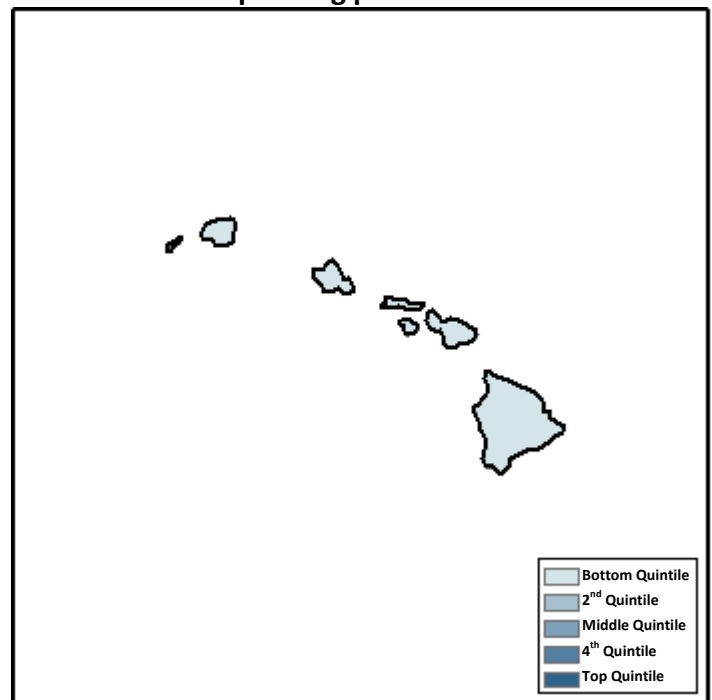


Coverage Percentages in Hawaii



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Hawaii Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	13.6	91	13	13
Medicare Spending as a % of GDP	2.3	69	6	6
Medicaid Spending as a % of GDP	1.8	71	7	12
Non-Medicare/Medicaid as a % of GDP	9.5	105	19	20

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,856	101	27	25
Medicare Spending per enrollee	7,652	74	2	7
Medicaid Spending per enrollee	5,852	86	9	18
Personal Health Care Spending for non-Medicare/Medicaid population	6,169	119	41	39

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	15.5	105	24	16
Medicaid enrollees as a % of population	15.2	92	26	20
Percent of Population Uninsured	7.7	47	2	4
Percent of Medicare in Medicare Advantage	42.0	171	48	48
Percent of Medicaid in Managed Care	98.0	137	47	38
Percent of Medicare Dual Eligible	12.4	77	16	22
Federal Matching % for Medicaid Spending	54.2	95	18	14

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Hawaii County (Hilo)				
Parts A&B per enrollee	5,860	63	0	1
Part A Disproportionate Share	6.6	114	66	77
Average Risk Score	85	85	2	4
Adjusted Parts A&B per enrollee	7,564	87	9	10
Medicare Advantage Penetration	36.5	149	77	75
Honolulu County (Honolulu)				
Parts A&B per enrollee	5,803	63	0	2
Part A Disproportionate Share	8.4	145	85	87
Average Risk Score	85	85	2	4
Adjusted Parts A&B per enrollee	7,414	85	6	9
Medicare Advantage Penetration	42.7	174	88	87
Kauai County (Kapaa)				
Parts A&B per enrollee	6,022	65	1	2
Part A Disproportionate Share	3.8	66	28	39
Average Risk Score	83	83	1	2
Adjusted Parts A&B per enrollee	8,096	93	25	23
Medicare Advantage Penetration	36.7	150	77	77
Maui County (Kahului)				
Parts A&B per enrollee	6,186	67	1	3
Part A Disproportionate Share	6.0	103	58	56
Average Risk Score	83	83	1	1
Adjusted Parts A&B per enrollee	8,195	94	28	41
Medicare Advantage Penetration	45.3	185	92	91

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

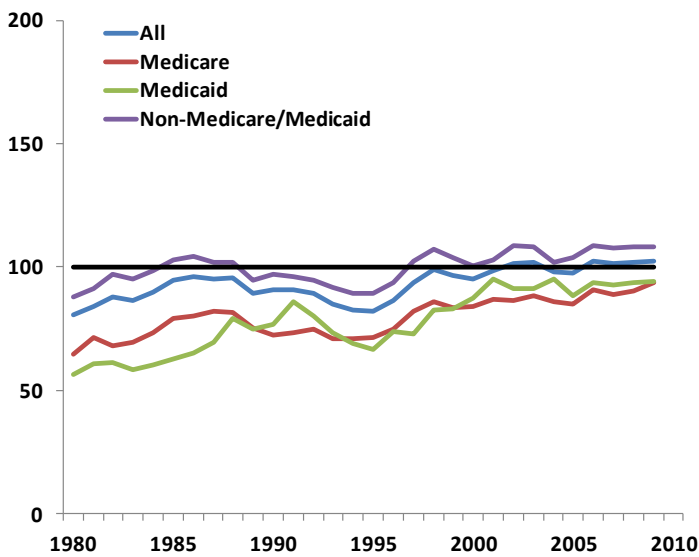
Health Care Spending in Idaho



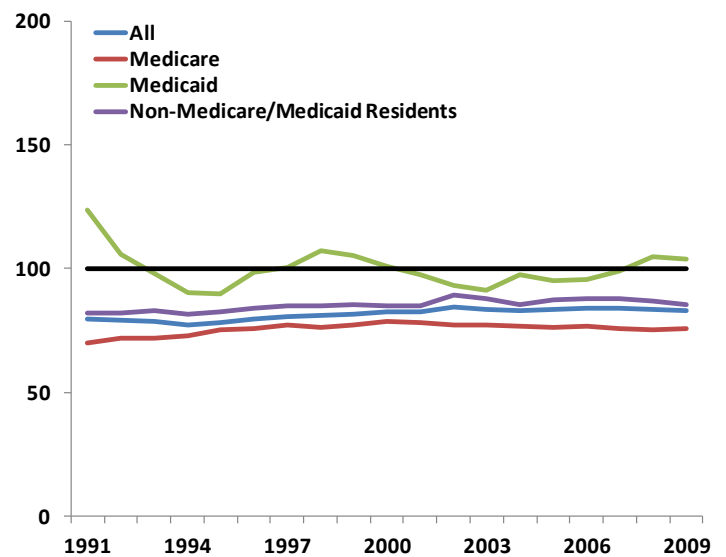
Key Health Care Spending Indicators in Idaho

- Health care spending as a percent of GDP in Idaho, across all categories, placed the state in the middle of each distribution.
- On a per capita basis, though, health care spending for all Idaho residents was the fourth lowest nationwide.
- Medicare spending per enrollee was the third lowest, and the average spending of the residents who were not enrolled in Medicare or Medicaid was the fifth lowest.
- Medicare enrollees in the highlighted counties were some of the healthiest, based on the average risk scores.
- Idaho has the tenth highest uninsured rate in the country.

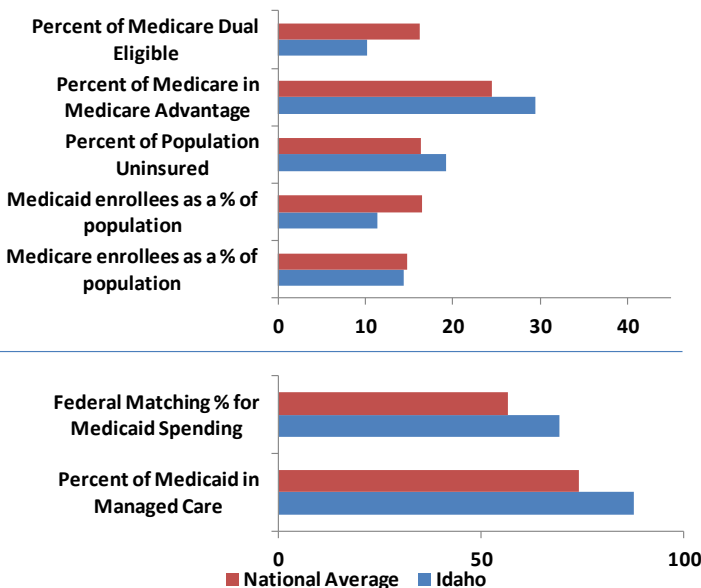
Idaho Care Spending as a Share of GDP Compared to the National Average



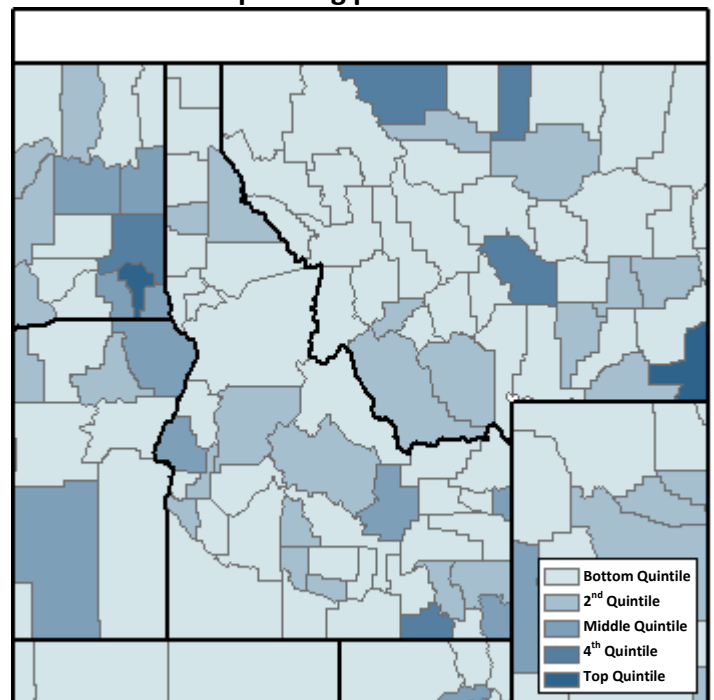
Idaho Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in Idaho



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Idaho Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	15.3	102	24	15
Medicare Spending as a % of GDP	3.1	93	25	12
Medicaid Spending as a % of GDP	2.3	94	25	17
Non-Medicare/Medicaid as a % of GDP	9.8	108	25	19

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	5,658	83	4	3
Medicare Spending per enrollee	7,880	76	3	5
Medicaid Spending per enrollee	7,093	104	27	24
Personal Health Care Spending for non-Medicare/Medicaid population	4,415	85	5	4

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	14.4	97	14	13
Medicaid enrollees as a % of population	11.4	69	11	10
Percent of Population Uninsured	19.2	118	41	37
Percent of Medicare in Medicare Advantage	29.4	120	36	30
Percent of Medicaid in Managed Care	87.6	123	40	27
Percent of Medicare Dual Eligible	10.1	62	4	4
Federal Matching % for Medicaid Spending	69.4	122	43	42

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Ada County (Boise)				
Parts A&B per enrollee	7,219	78	6	9
Part A Disproportionate Share	5.9	101	56	47
Average Risk Score	91	91	10	9
Adjusted Parts A&B per enrollee	8,170	94	27	32
Medicare Advantage Penetration	39.9	163	83	81
Bonneville County (Idaho Falls)				
Parts A&B per enrollee	6,978	76	4	12
Part A Disproportionate Share	6.9	118	70	38
Average Risk Score	88	88	5	7
Adjusted Parts A&B per enrollee	8,261	95	30	36
Medicare Advantage Penetration	16.7	68	36	32
Kootenai County (Coeur D'Alene)				
Parts A&B per enrollee	6,720	73	2	16
Part A Disproportionate Share	5.1	87	44	35
Average Risk Score	89	89	6	6
Adjusted Parts A&B per enrollee	7,975	92	20	44
Medicare Advantage Penetration	28.2	115	62	60
Twin Falls County (Twin Falls)				
Parts A&B per enrollee	6,991	76	4	4
Part A Disproportionate Share	5.0	86	43	39
Average Risk Score	92	92	14	11
Adjusted Parts A&B per enrollee	7,828	90	15	19
Medicare Advantage Penetration	18.8	77	42	40

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

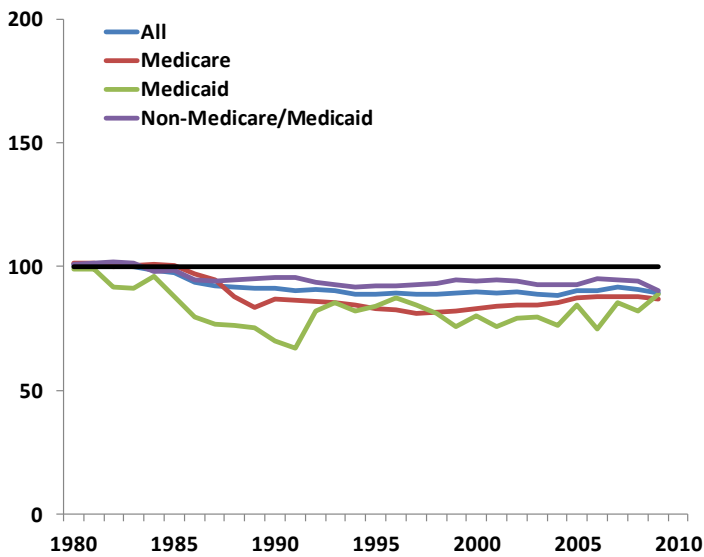
Health Care Spending in Illinois



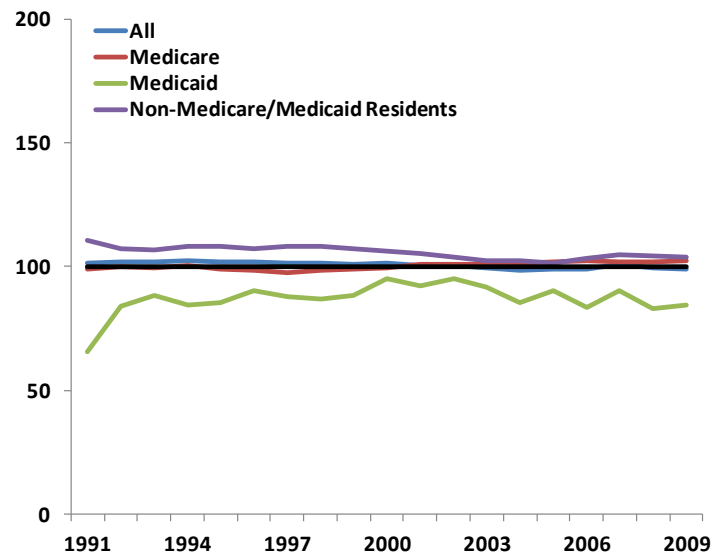
Key Health Care Spending Indicators in Illinois

- Average personal health care spending in Illinois was \$6,756, which was about the national average.
- However, because Illinois is a relatively high-income state, all personal health care as a percent of the economy was 13.3 percent, the ninth lowest percentage in the country.
- Medicare enrollment as a percent of the state's population was the tenth lowest in the country, but the Medicaid enrollment percentage was the 14th highest.
- Average Medicare spending in Cook County (Chicago) was 22% higher than the national average, but was 7% lower than the national average in Madison County (Alton).

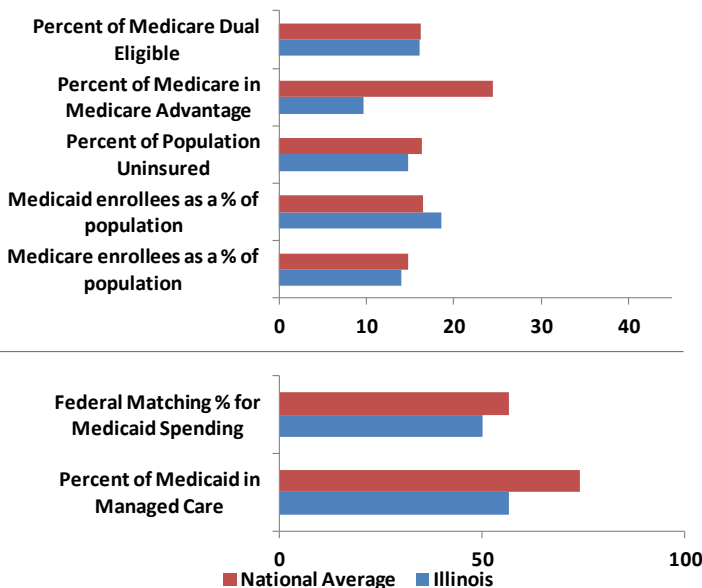
Illinois Health Care Spending as a Share of GDP Compared to the National Average



Illinois Per Capita Health Care Spending as a % of the National Average

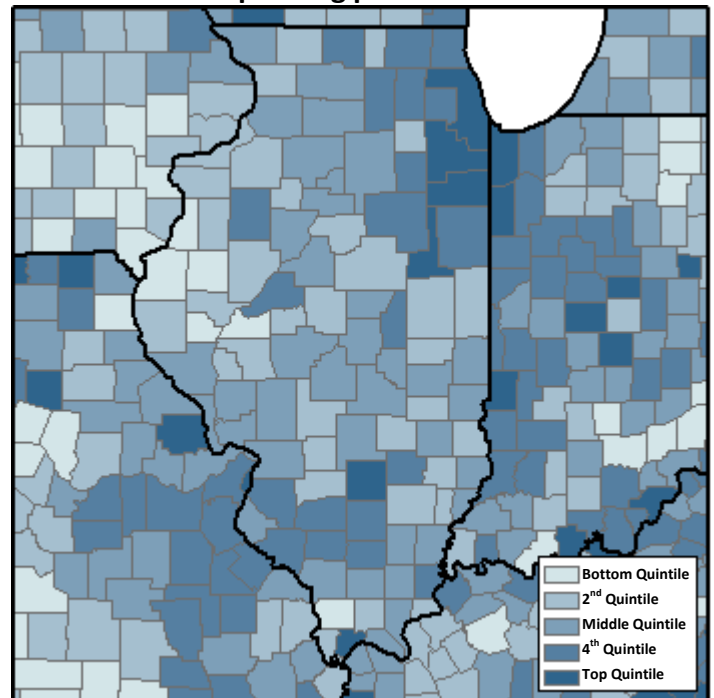


Coverage Percentages in Illinois



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Illinois Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	13.3	89	9	15
Medicare Spending as a % of GDP	2.9	87	13	20
Medicaid Spending as a % of GDP	2.2	89	21	19
Non-Medicare/Medicaid as a % of GDP	8.2	90	9	14

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,756	99	23	31
Medicare Spending per enrollee	10,615	102	39	37
Medicaid Spending per enrollee	5,773	85	7	13
Personal Health Care Spending for non-Medicare/Medicaid population	5,362	104	27	33

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	14.0	94	10	14
Medicaid enrollees as a % of population	18.6	113	37	34
Percent of Population Uninsured	14.8	91	28	27
Percent of Medicare in Medicare Advantage	9.6	39	10	22
Percent of Medicaid in Managed Care	56.5	79	7	11
Percent of Medicare Dual Eligible	16.1	99	33	30
Federal Matching % for Medicaid Spending	50.2	88	14	7

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Cook County (Chicago)				
Parts A&B per enrollee	11,250	122	90	84
Part A Disproportionate Share	7.0	121	74	74
Average Risk Score	105	105	74	60
Adjusted Parts A&B per enrollee	9,732	112	88	91
Medicare Advantage Penetration	9.4	38	15	17
Dupage County (Naperville)				
Parts A&B per enrollee	9,047	98	51	58
Part A Disproportionate Share	1.7	30	4	7
Average Risk Score	97	97	37	27
Adjusted Parts A&B per enrollee	9,226	106	74	85
Medicare Advantage Penetration	5.4	22	5	5
Madison County (Alton)				
Parts A&B per enrollee	8,539	93	37	42
Part A Disproportionate Share	6.0	104	59	53
Average Risk Score	102	102	61	51
Adjusted Parts A&B per enrollee	7,842	90	16	29
Medicare Advantage Penetration	19.7	80	44	48
Winnebago County (Rockford)				
Parts A&B per enrollee	8,724	95	42	24
Part A Disproportionate Share	6.8	117	69	58
Average Risk Score	98	98	43	29
Adjusted Parts A&B per enrollee	8,546	98	44	47
Medicare Advantage Penetration	21.0	86	48	52

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

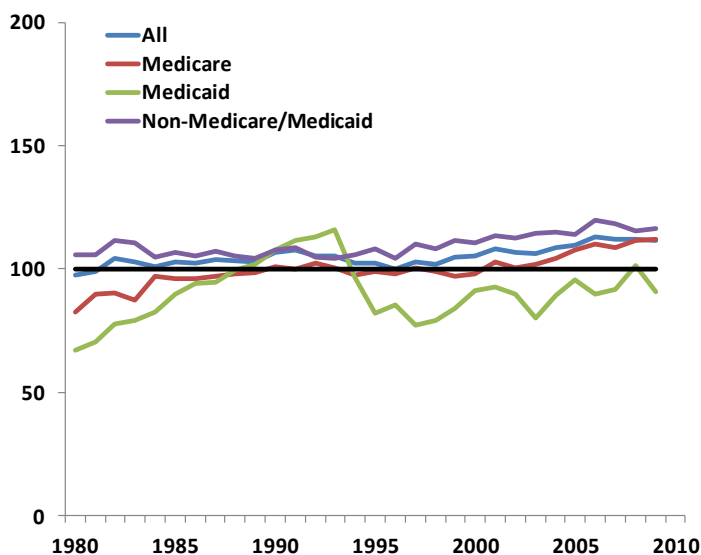
Health Care Spending in Indiana



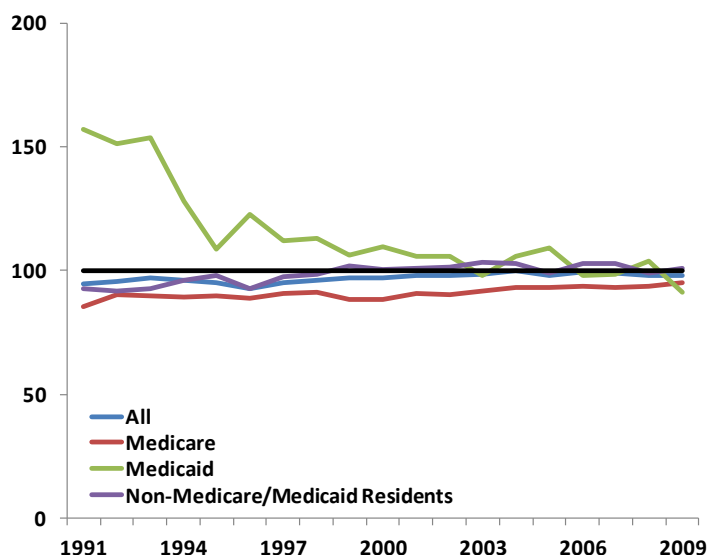
Key Health Care Spending Indicators in Indiana

- Per capita health care spending in Indiana, across all categories, was close to the national averages in 2009.
- Medicaid spending as a share of the economy grew relative to the national average between 1980 and 1993, but following state payment reforms in 1994, the share was reduced to less than the national average.
- Per capita Medicaid spending dropped from 150% of the national average in the early 1990s to just 8% above the national average following the payment reform.
- Medicare spending per enrollee in Lake County (Gary) was in the top 20%, but was in the lowest 20% in Allen County (Fort Wayne).

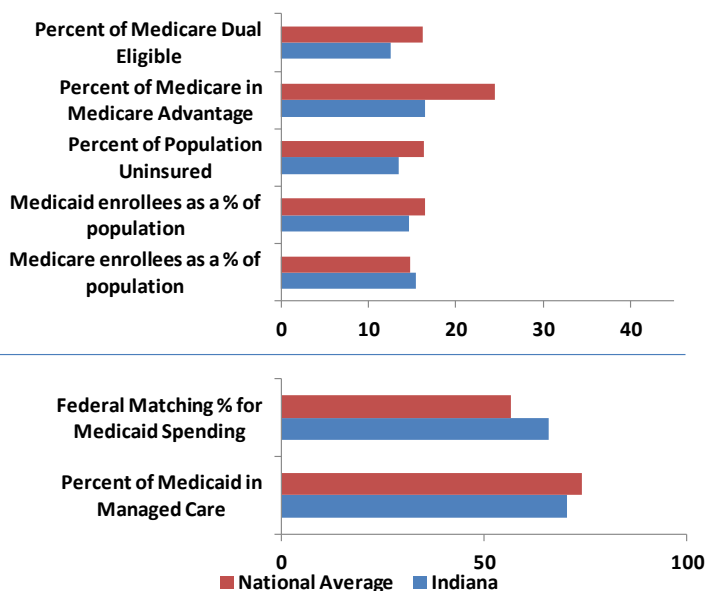
Indiana Care Spending as a Share of GDP Compared to the National Average



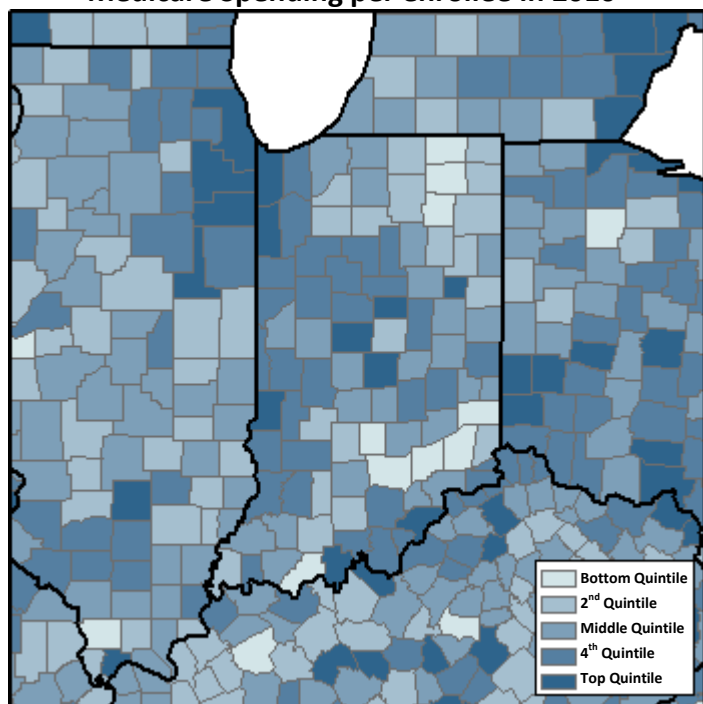
Indiana Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in Indiana



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Indiana Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	16.6	111	30	29
Medicare Spending as a % of GDP	3.8	112	34	29
Medicaid Spending as a % of GDP	2.2	91	23	24
Non-Medicare/Medicaid as a % of GDP	10.6	117	37	34

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,666	98	22	24
Medicare Spending per enrollee	9,843	95	32	26
Medicaid Spending per enrollee	6,229	91	14	32
Personal Health Care Spending for non-Medicare/Medicaid population	5,221	101	22	21

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	15.4	104	21	22
Medicaid enrollees as a % of population	14.6	88	23	15
Percent of Population Uninsured	13.4	82	20	19
Percent of Medicare in Medicare Advantage	16.4	67	21	16
Percent of Medicaid in Managed Care	70.4	98	21	29
Percent of Medicare Dual Eligible	12.5	77	17	16
Federal Matching % for Medicaid Spending	65.9	116	39	31

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Allen County (Fort Wayne)				
Parts A&B per enrollee	7,780	84	18	19
Part A Disproportionate Share	4.6	80	38	23
Average Risk Score	100	100	51	50
Adjusted Parts A&B per enrollee	7,589	87	10	16
Medicare Advantage Penetration	36.8	150	77	75
Lake County (Gary)				
Parts A&B per enrollee	10,863	118	85	76
Part A Disproportionate Share	5.7	99	54	57
Average Risk Score	107	107	81	81
Adjusted Parts A&B per enrollee	9,588	110	84	70
Medicare Advantage Penetration	4.6	19	3	3
Marion County (Indianapolis)				
Parts A&B per enrollee	9,493	103	62	61
Part A Disproportionate Share	6.1	105	60	50
Average Risk Score	103	103	66	67
Adjusted Parts A&B per enrollee	8,499	98	43	46
Medicare Advantage Penetration	17.6	72	39	35
St. Joseph County (South Bend)				
Parts A&B per enrollee	8,267	90	31	22
Part A Disproportionate Share	5.5	95	50	37
Average Risk Score	97	97	38	35
Adjusted Parts A&B per enrollee	8,233	94	29	33
Medicare Advantage Penetration	20.9	85	48	45

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

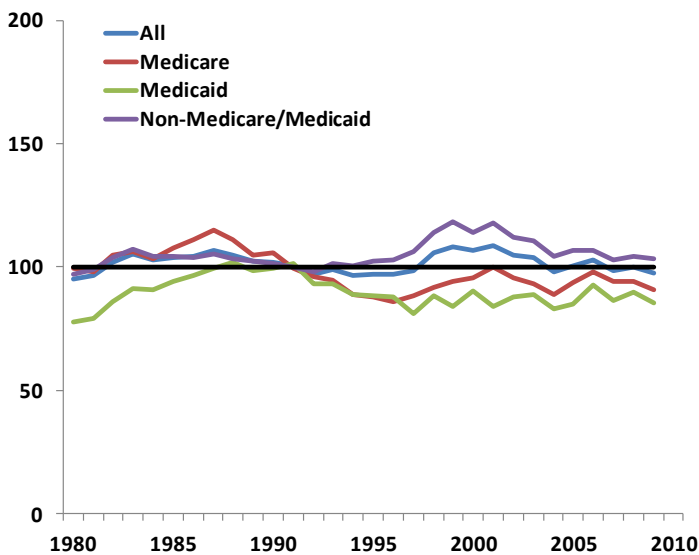
Health Care Spending in Iowa



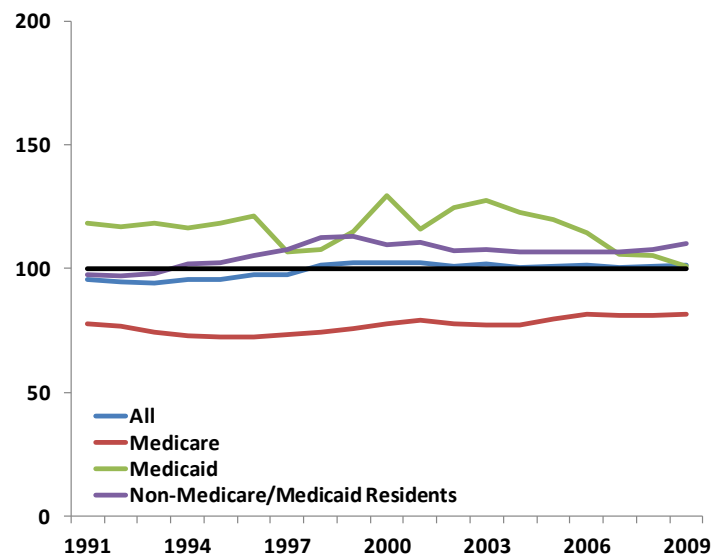
Key Health Care Spending Indicators in Iowa

- All personal health care spending as a percent of GDP in Iowa was about equal to the national share in 2009.
- Per capita Medicare spending was about 20 percent below the national average placing Iowa as the tenth lowest in the country.
- However, Medicare enrollees comprised 17% of the state's population, which was the tenth highest among the states.
- The uninsured rate of 12.3% of the population was the twelfth lowest in the country.
- The average risk scores were close to the national average in each of the highlighted counties.

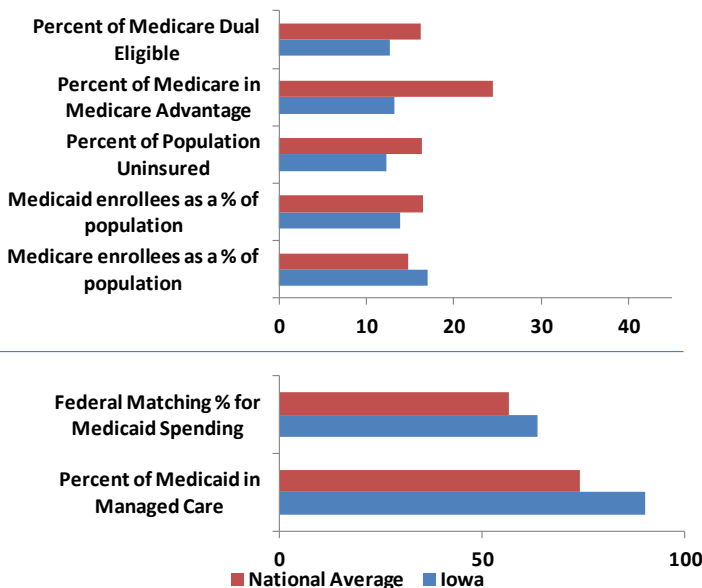
Iowa Care Spending as a Share of GDP Compared to the National Average



Iowa Per Capita Health Care Spending as a % of the National Average

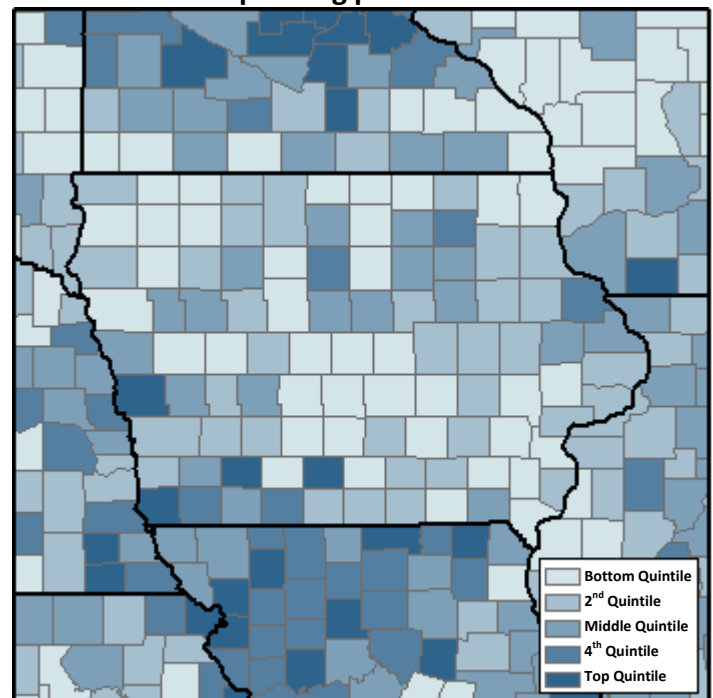


Coverage Percentages in Iowa



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Iowa Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	14.6	98	17	25
Medicare Spending as a % of GDP	3.1	91	21	27
Medicaid Spending as a % of GDP	2.1	86	19	25
Non-Medicare/Medicaid as a % of GDP	9.4	104	17	27

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,921	102	28	28
Medicare Spending per enrollee	8,461	82	10	7
Medicaid Spending per enrollee	6,887	101	22	34
Personal Health Care Spending for non-Medicare/Medicaid population	5,699	110	32	33

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	17.0	115	41	45
Medicaid enrollees as a % of population	13.9	84	19	14
Percent of Population Uninsured	12.3	75	12	8
Percent of Medicare in Medicare Advantage	13.2	54	15	17
Percent of Medicaid in Managed Care	90.1	126	43	37
Percent of Medicare Dual Eligible	12.7	78	18	14
Federal Matching % for Medicaid Spending	63.5	111	31	32

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Linn County (Cedar Rapids)				
Parts A&B per enrollee	7,445	81	10	4
Part A Disproportionate Share	3.9	68	30	14
Average Risk Score	98	98	43	28
Adjusted Parts A&B per enrollee	7,428	85	7	9
Medicare Advantage Penetration	25.2	103	56	57
Polk County (Des Moines)				
Parts A&B per enrollee	7,258	79	7	13
Part A Disproportionate Share	6.1	106	61	34
Average Risk Score	95	95	27	35
Adjusted Parts A&B per enrollee	7,501	86	8	7
Medicare Advantage Penetration	15.7	64	33	33
Scott County (Davenport)				
Parts A&B per enrollee	7,813	85	19	17
Part A Disproportionate Share	4.6	79	38	20
Average Risk Score	97	97	35	25
Adjusted Parts A&B per enrollee	7,956	91	20	29
Medicare Advantage Penetration	17.3	71	38	39
Woodbury County (Sioux City)				
Parts A&B per enrollee	7,367	80	9	9
Part A Disproportionate Share	5.1	87	44	33
Average Risk Score	99	99	47	31
Adjusted Parts A&B per enrollee	7,216	83	4	12
Medicare Advantage Penetration	22.8	93	52	51

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

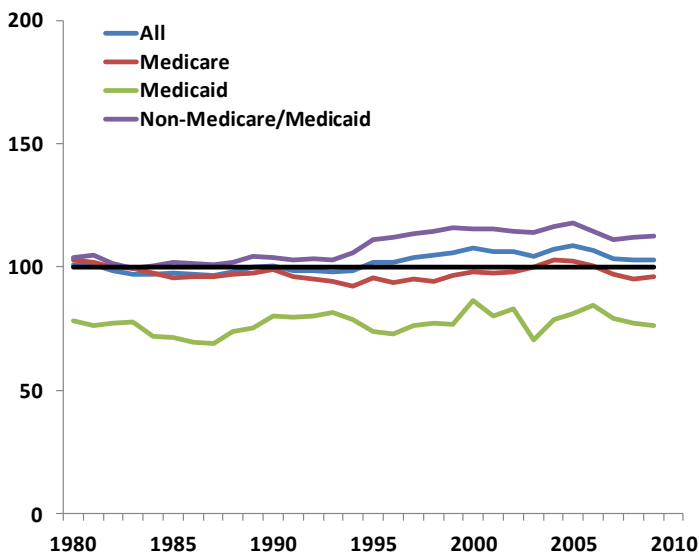
Health Care Spending in Kansas



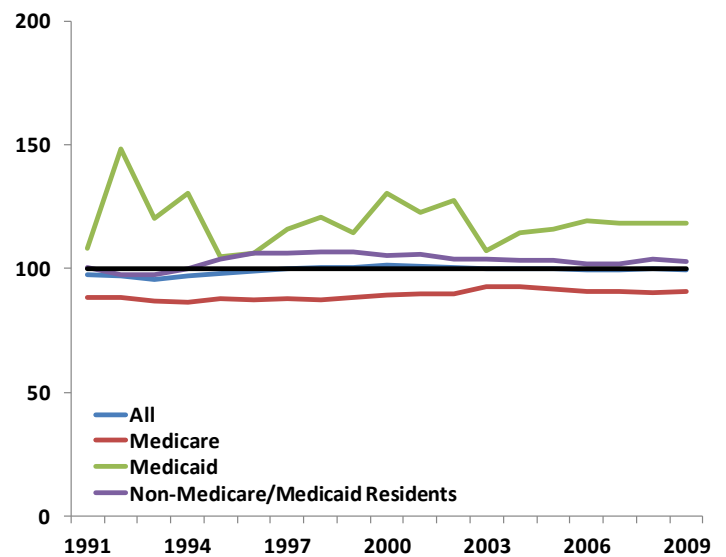
Key Health Care Spending Indicators in Kansas

- All personal health care spending per capita and as a share of the Kansas economy was equal to the respective national averages.
- Medicaid spending per enrollees has exceeded the national average in each year, but the program's enrollees were a relatively low share of the state's population – ranked ninth lowest nationally.
- The percent of Medicare enrollees who were also eligible for Medicaid was the 15th lowest.
- Medicare spending per enrollee was 7% above the national average in Wyandotte County (Kansas City), was 15% below in Shawnee County (Topeka) and was in the top 20% in much of the rural west central part of the state.

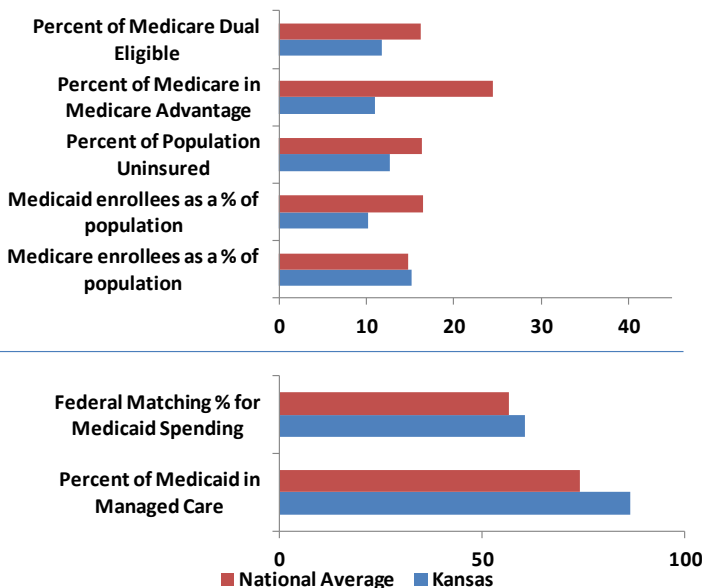
Kansas Health Care Spending as a Share of GDP Compared to the National Average



Kansas Per Capita Health Care Spending as a % of the National Average

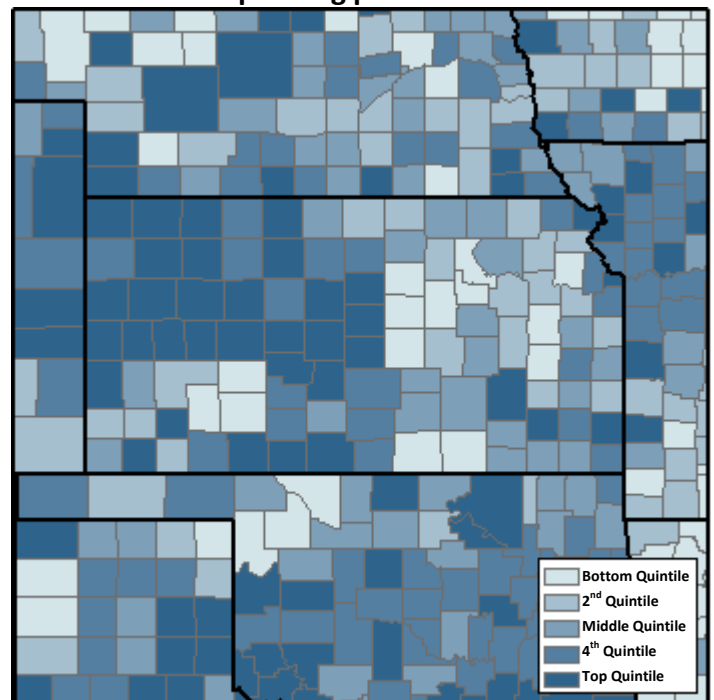


Coverage Percentages in Kansas



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Kansas Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	15.3	103	25	26
Medicare Spending as a % of GDP	3.2	96	27	27
Medicaid Spending as a % of GDP	1.9	76	13	14
Non-Medicare/Medicaid as a % of GDP	10.2	112	33	30

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,782	100	24	29
Medicare Spending per enrollee	9,423	91	24	24
Medicaid Spending per enrollee	8,069	118	35	36
Personal Health Care Spending for non-Medicare/Medicaid population	5,326	103	25	29

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	15.1	102	19	28
Medicaid enrollees as a % of population	10.2	61	9	8
Percent of Population Uninsured	12.7	78	13	17
Percent of Medicare in Medicare Advantage	11.0	45	11	19
Percent of Medicaid in Managed Care	86.6	121	37	27
Percent of Medicare Dual Eligible	11.8	72	15	11
Federal Matching % for Medicaid Spending	60.4	106	24	24

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Johnson County (Overland Park)				
Parts A&B per enrollee	8,676	94	41	44
Part A Disproportionate Share	2.1	36	7	8
Average Risk Score	95	95	28	35
Adjusted Parts A&B per enrollee	9,103	104	69	58
Medicare Advantage Penetration	24.7	101	55	55
Sedgwick County (Wichita)				
Parts A&B per enrollee	8,137	88	28	32
Part A Disproportionate Share	5.0	87	43	45
Average Risk Score	97	97	39	39
Adjusted Parts A&B per enrollee	8,005	92	21	31
Medicare Advantage Penetration	13.5	55	27	28
Shawnee County (Topeka)				
Parts A&B per enrollee	7,890	85	21	18
Part A Disproportionate Share	5.0	86	43	37
Average Risk Score	94	94	21	15
Adjusted Parts A&B per enrollee	8,436	97	40	53
Medicare Advantage Penetration	6.5	27	8	6
Wyandotte County (Kansas City)				
Parts A&B per enrollee	9,888	107	69	68
Part A Disproportionate Share	4.8	84	41	48
Average Risk Score	103	103	65	66
Adjusted Parts A&B per enrollee	8,975	103	63	55
Medicare Advantage Penetration	26.6	108	59	62

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

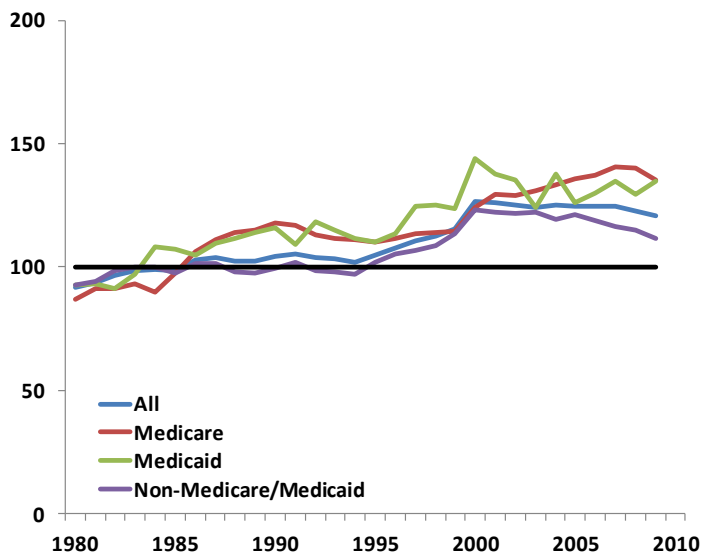
Health Care Spending in Kentucky



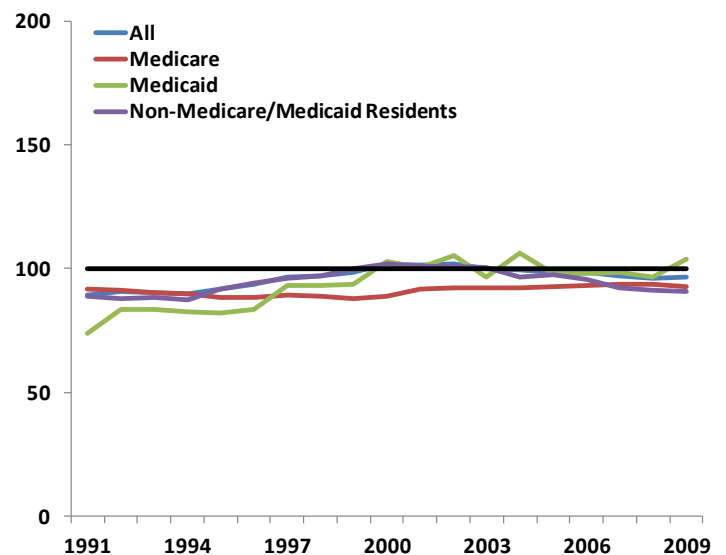
Key Health Care Spending Indicators in Kentucky

- Health care spending as a percent of Kentucky's economy has been growing relative to the national average percentage.
- In 2009, the shares for all personal health care, Medicare, and Medicaid were all in the top ten nationwide.
- Per capita personal health care spending and Medicare and Medicaid spending per enrollee were about equal to the national averages in 2009.
- The percent of Kentucky's population enrolled in Medicare was the eighth highest.
- The federal medical assistance percentage was the sixth highest nationally.

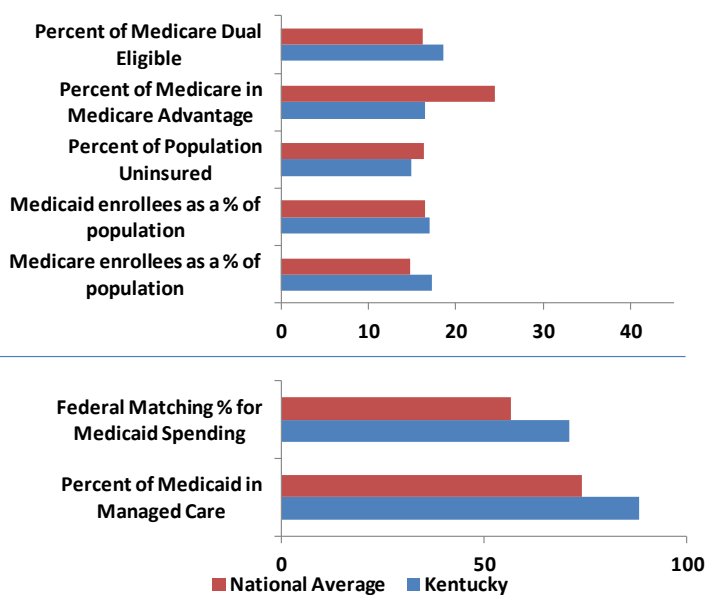
Kentucky Health Care Spending as a Share of GDP Compared to the National Average



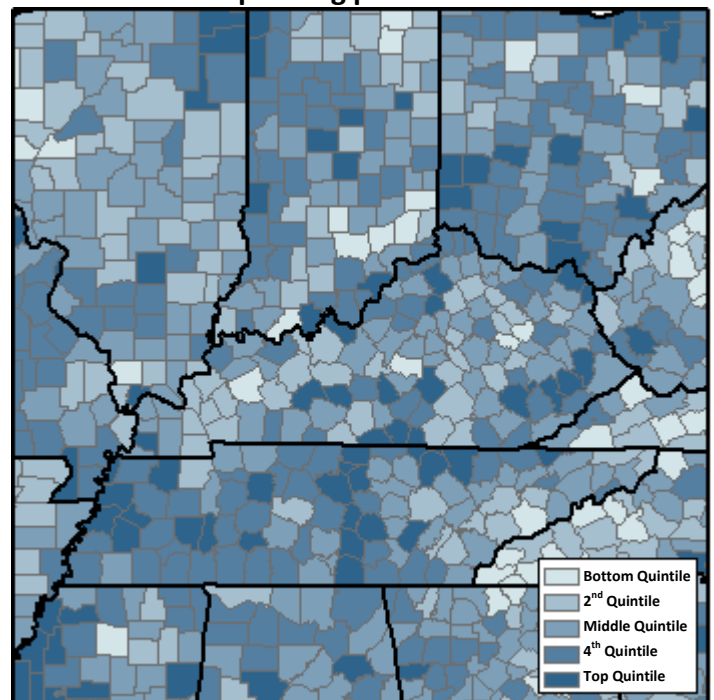
Kentucky Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in Kentucky



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Kentucky Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	18.0	121	43	34
Medicare Spending as a % of GDP	4.5	135	44	36
Medicaid Spending as a % of GDP	3.3	135	42	38
Non-Medicare/Medicaid as a % of GDP	10.2	112	31	28

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,596	97	18	23
Medicare Spending per enrollee	9,634	93	26	26
Medicaid Spending per enrollee	7,089	104	26	19
Personal Health Care Spending for non-Medicare/Medicaid population	4,686	91	12	16

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	17.2	116	43	40
Medicaid enrollees as a % of population	16.9	103	35	39
Percent of Population Uninsured	14.9	91	29	30
Percent of Medicare in Medicare Advantage	16.4	67	20	19
Percent of Medicaid in Managed Care	88.2	123	41	44
Percent of Medicare Dual Eligible	18.6	115	40	42
Federal Matching % for Medicaid Spending	71.0	124	45	42

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Daviess County (Owensboro)				
Parts A&B per enrollee	8,622	93	40	37
Part A Disproportionate Share	5.3	91	47	70
Average Risk Score	108	108	86	73
Adjusted Parts A&B per enrollee	7,284	84	5	11
Medicare Advantage Penetration	10.3	42	18	16
Fayette County (Lexington)				
Parts A&B per enrollee	8,533	92	37	22
Part A Disproportionate Share	7.6	132	79	74
Average Risk Score	98	98	44	40
Adjusted Parts A&B per enrollee	8,180	94	28	21
Medicare Advantage Penetration	18.5	76	42	46
Jefferson County (Louisville)				
Parts A&B per enrollee	9,124	99	53	52
Part A Disproportionate Share	8.4	146	85	73
Average Risk Score	104	104	69	69
Adjusted Parts A&B per enrollee	8,074	93	24	23
Medicare Advantage Penetration	23.1	94	52	52
Kenton County (Covington)				
Parts A&B per enrollee	9,002	98	50	44
Part A Disproportionate Share	4.7	81	39	41
Average Risk Score	103	103	64	67
Adjusted Parts A&B per enrollee	8,287	95	32	25
Medicare Advantage Penetration	21.8	89	50	47

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

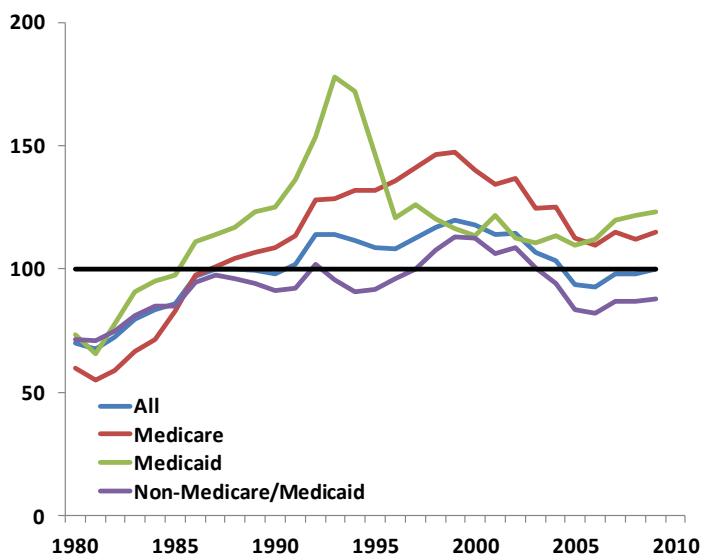
Health Care Spending in Louisiana



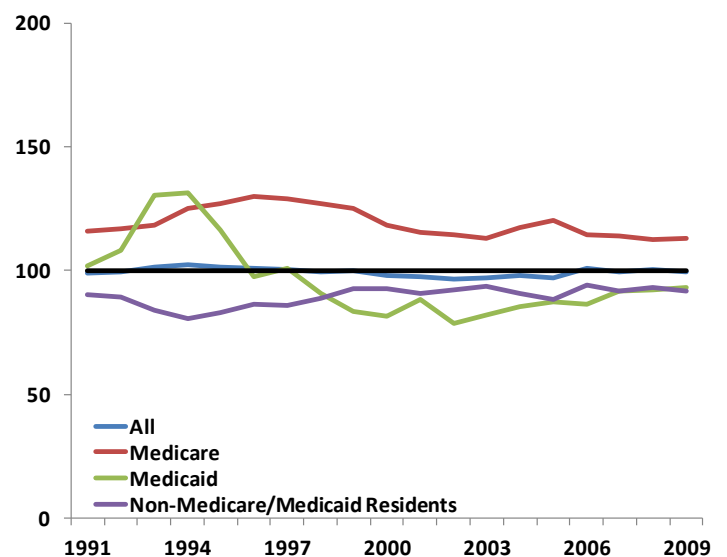
Key Health Care Spending Indicators in Louisiana

- Average Medicare spending per enrollee in Louisiana was the third highest in the country, just below New Jersey and Florida.
- About 22 percent of Medicare enrollees were also eligible for Medicaid, which was the sixth highest percentage.
- Average health care spending by the residents who were not enrolled in Medicare or Medicaid was the 13th lowest in the country.
- Medicaid's enrollment as a percent of the population was sixth and the uninsured rate was the seventh highest.
- The federal medical assistance percentage was the tenth highest in the country.

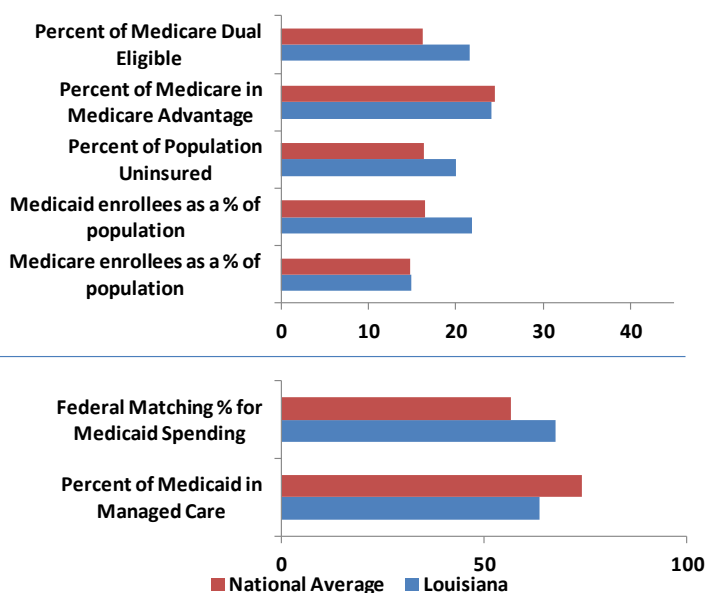
Louisiana Care Spending as a Share of GDP Compared to the National Average



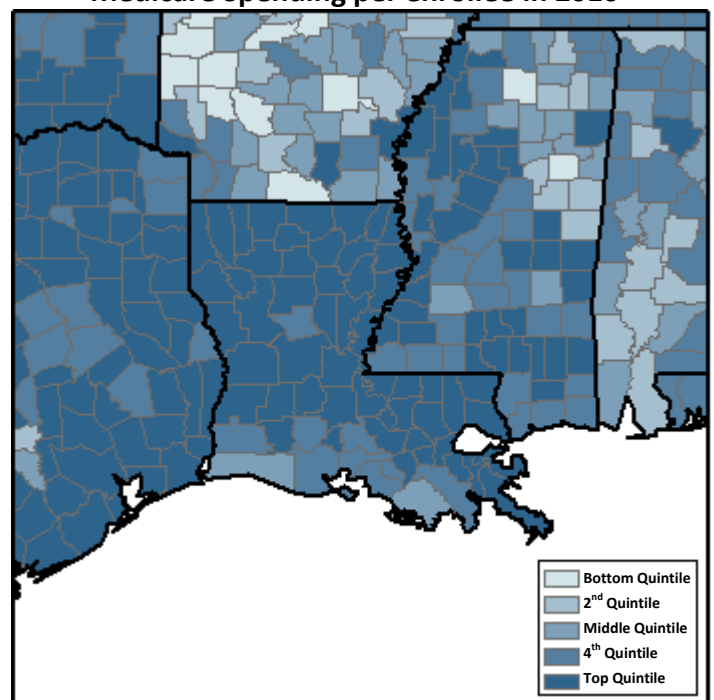
Louisiana Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in Louisiana



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Louisiana Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	14.9	100	20	24
Medicare Spending as a % of GDP	3.9	115	36	32
Medicaid Spending as a % of GDP	3.0	123	39	37
Non-Medicare/Medicaid as a % of GDP	8.0	88	5	13

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,795	100	26	29
Medicare Spending per enrollee	11,700	113	48	49
Medicaid Spending per enrollee	6,371	93	16	20
Personal Health Care Spending for non-Medicare/Medicaid population	4,738	92	13	10

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	15.0	101	16	16
Medicaid enrollees as a % of population	21.8	132	45	43
Percent of Population Uninsured	20.0	123	44	44
Percent of Medicare in Medicare Advantage	24.1	98	32	34
Percent of Medicaid in Managed Care	63.7	89	12	15
Percent of Medicare Dual Eligible	21.6	133	45	43
Federal Matching % for Medicaid Spending	67.6	119	41	44

Medicare in Selected Parishes	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Caddo Parish (Shreveport)				
Parts A&B per enrollee	10,144	110	73	78
Part A Disproportionate Share	8.0	138	82	70
Average Risk Score	102	102	61	69
Adjusted Parts A&B per enrollee	9,339	107	78	80
Medicare Advantage Penetration	15.5	63	32	32
East Baton Rouge Parish (Baton Rouge)				
Parts A&B per enrollee	10,212	111	75	78
Part A Disproportionate Share	8.9	153	87	78
Average Risk Score	100	100	53	63
Adjusted Parts A&B per enrollee	9,658	111	85	77
Medicare Advantage Penetration	32.1	131	68	68
Jefferson Parish (Metairie)				
Parts A&B per enrollee	10,028	109	72	78
Part A Disproportionate Share	6.7	116	68	69
Average Risk Score	103	103	65	64
Adjusted Parts A&B per enrollee	9,008	103	64	65
Medicare Advantage Penetration	50.4	206	96	96
Orleans Parish (New Orleans)				
Parts A&B per enrollee	10,122	110	73	82
Part A Disproportionate Share	10.6	183	93	88
Average Risk Score	105	105	76	71
Adjusted Parts A&B per enrollee	8,449	97	41	49
Medicare Advantage Penetration	38.4	157	82	80

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

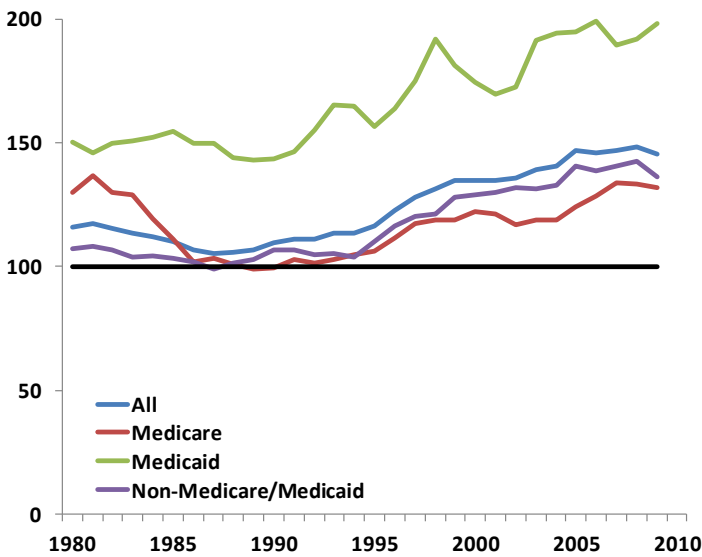
Health Care Spending in Maine



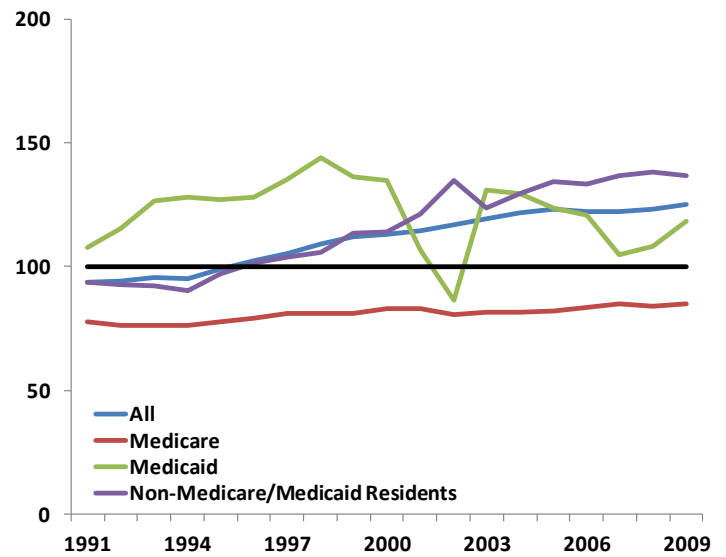
Key Health Care Spending Indicators in Maine

- Health care spending across all categories, as a share of Maine's economy, has been growing relative to the national average shares.
- In 2009, the shares of all categories were the highest in the country, except Medicare, which was ninth highest.
- Per capita personal health care spending and the average spending of non-Medicare/Medicaid residents were both the fourth highest. Average Medicare spending, however, was 15% below the national average.
- Medicare and Medicaid enrollments were the second and third highest percentages of the population.
- The uninsured rate was the third lowest in the country.

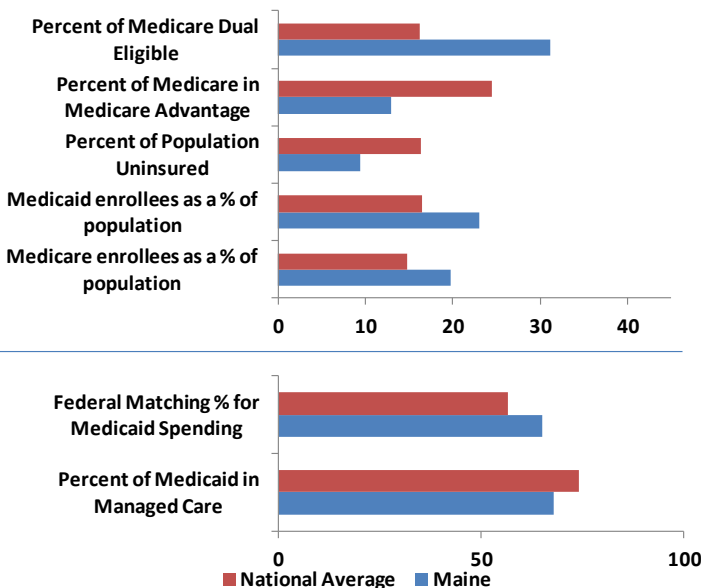
Maine Health Care Spending as a Share of GDP Compared to the National Average



Maine Per Capita Health Care Spending as a % of the National Average

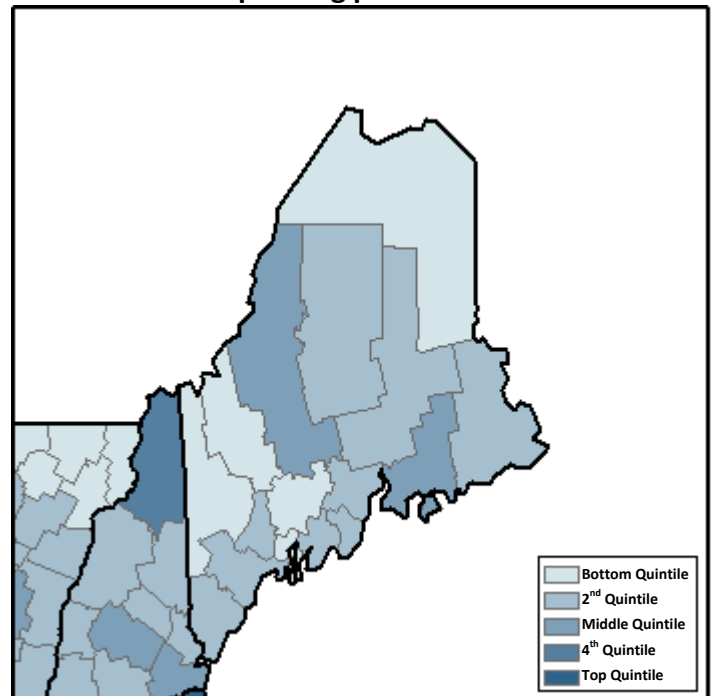


Coverage Percentages in Maine



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Maine Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	21.7	146	50	44
Medicare Spending as a % of GDP	4.4	132	42	37
Medicaid Spending as a % of GDP	4.9	198	50	47
Non-Medicare/Medicaid as a % of GDP	12.4	136	50	38

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	8,521	125	47	39
Medicare Spending per enrollee	8,821	85	17	12
Medicaid Spending per enrollee	8,077	118	36	37
Personal Health Care Spending for non-Medicare/Medicaid population	7,068	137	47	36

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	19.7	133	49	46
Medicaid enrollees as a % of population	23.0	139	48	42
Percent of Population Uninsured	9.4	58	3	11
Percent of Medicare in Medicare Advantage	12.9	53	14	5
Percent of Medicaid in Managed Care	67.7	95	18	11
Percent of Medicare Dual Eligible	31.1	192	50	46
Federal Matching % for Medicaid Spending	65.0	114	34	33

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Aroostook County (Presque Isle)				
Parts A&B per enrollee	7,413	80	9	16
Part A Disproportionate Share	6.8	118	70	62
Average Risk Score	103	103	64	62
Adjusted Parts A&B per enrollee	6,763	78	2	6
Medicare Advantage Penetration	7.3	30	9	5
Cumberland County (Portland)				
Parts A&B per enrollee	7,761	84	18	21
Part A Disproportionate Share	4.5	78	37	42
Average Risk Score	100	100	51	39
Adjusted Parts A&B per enrollee	7,381	85	6	14
Medicare Advantage Penetration	15.5	63	32	25
Kennebec County (Augusta)				
Parts A&B per enrollee	7,208	78	6	8
Part A Disproportionate Share	6.3	108	62	51
Average Risk Score	99	99	47	38
Adjusted Parts A&B per enrollee	6,904	79	2	4
Medicare Advantage Penetration	18.0	73	41	28
Penobscot County (Bangor)				
Parts A&B per enrollee	7,738	84	17	20
Part A Disproportionate Share	5.9	101	56	62
Average Risk Score	99	99	45	35
Adjusted Parts A&B per enrollee	7,591	87	10	24
Medicare Advantage Penetration	13.2	54	25	19

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

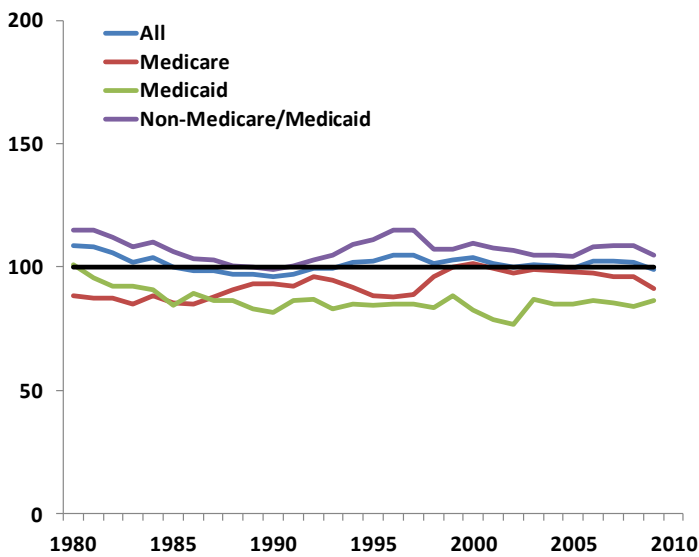
Health Care Spending in Maryland



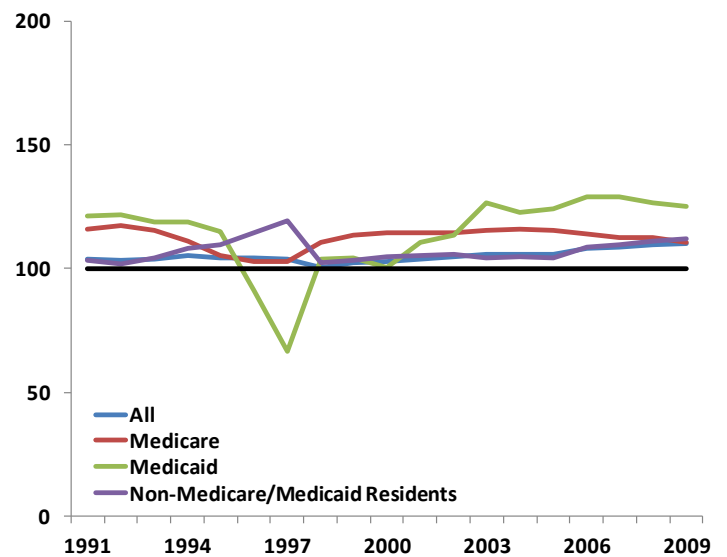
Key Health Care Spending Indicators in Maryland

- Personal health care spending as a percent of GDP in Maryland was about the same as the national average.
- Average Medicare spending was \$11,449 in 2009, placing Maryland sixth highest among the states.
- Medicaid spending per enrollee was the tenth highest in the country.
- As a relatively high income state, the federal medical assistance payment was at the minimum of 50%.
- Only 11% of Medicare enrollees were also eligible for Medicaid, giving Maryland the ninth lowest percentage.
- Medicare spending in Baltimore City was near the top of the spending distribution, and the disproportionate share payments as percentages of Part A spending in the selected counties were among the lowest.

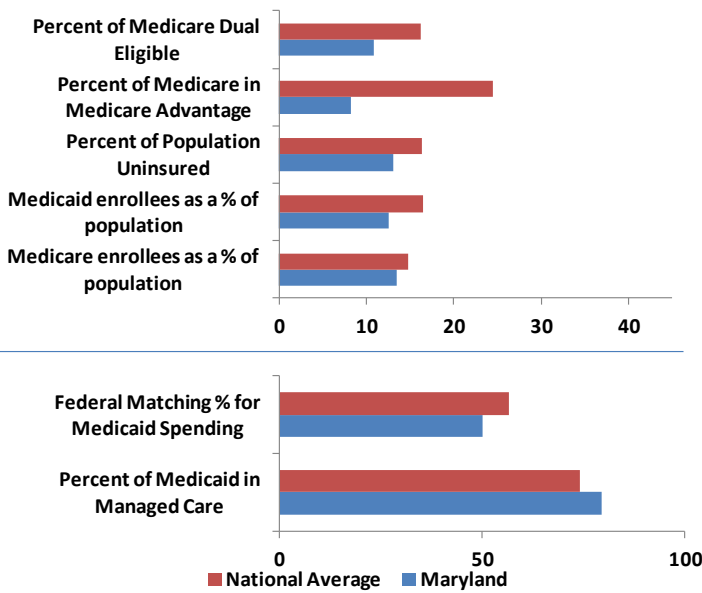
Maryland Health Care Spending as a Share of GDP Compared to the National Average



Maryland Per Capita Health Care Spending as a % of the National Average

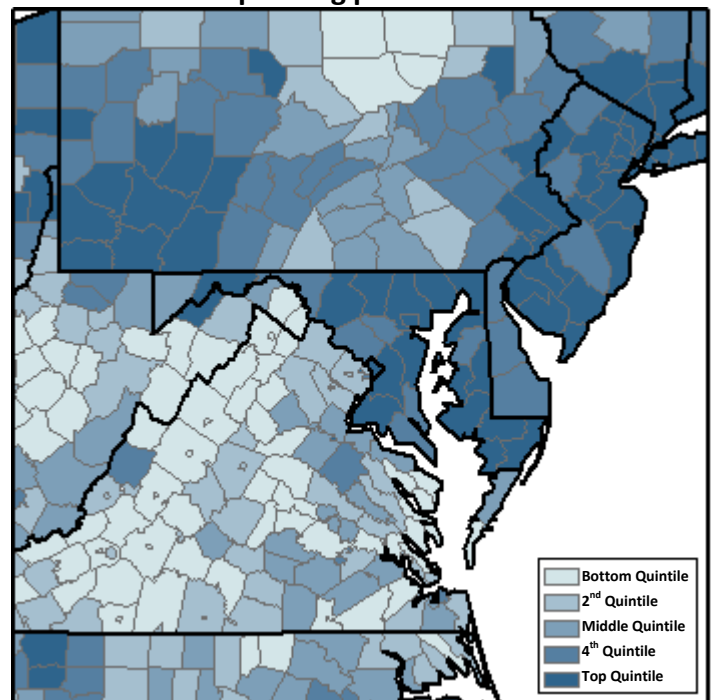


Coverage Percentages in Maryland



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Maryland Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	14.7	99	18	25
Medicare Spending as a % of GDP	3.1	91	23	23
Medicaid Spending as a % of GDP	2.1	87	20	22
Non-Medicare/Medicaid as a % of GDP	9.5	105	20	29

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,492	110	37	37
Medicare Spending per enrollee	11,449	110	45	46
Medicaid Spending per enrollee	8,533	125	41	33
Personal Health Care Spending for non-Medicare/Medicaid population	5,799	112	34	34

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	13.4	91	8	7
Medicaid enrollees as a % of population	12.5	76	15	17
Percent of Population Uninsured	13.1	80	17	21
Percent of Medicare in Medicare Advantage	8.2	33	6	19
Percent of Medicaid in Managed Care	79.5	111	30	32
Percent of Medicare Dual Eligible	10.9	67	9	11
Federal Matching % for Medicaid Spending	50.0	88	6	6

Medicare in Selected Counties	Amount in 2010*	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Baltimore County (Dundalk)				
Parts A&B per enrollee	11,391	123	91	89
Part A Disproportionate Share	0.1	2	1	1
Average Risk Score	106	106	80	79
Adjusted Parts A&B per enrollee	10,536	121	97	97
Medicare Advantage Penetration	9.5	39	15	15
Baltimore City (Baltimore)				
Parts A&B per enrollee	13,006	141	99	97
Part A Disproportionate Share	0.1	1	0	0
Average Risk Score	111	111	91	91
Adjusted Parts A&B per enrollee	11,433	131	100	99
Medicare Advantage Penetration	14.4	59	29	29
Montgomery County (Bowie)				
Parts A&B per enrollee	9,184	100	54	66
Part A Disproportionate Share	1.1	18	2	5
Average Risk Score	96	96	31	43
Adjusted Parts A&B per enrollee	9,601	110	84	85
Medicare Advantage Penetration	8.4	34	11	12
Prince George's County (Gaithersburg)				
Parts A&B per enrollee	10,224	111	75	81
Part A Disproportionate Share	2.1	36	7	18
Average Risk Score	97	97	36	38
Adjusted Parts A&B per enrollee	10,316	118	95	97
Medicare Advantage Penetration	12.0	49	23	24

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009. See addendum for discussion of county Medicare data.

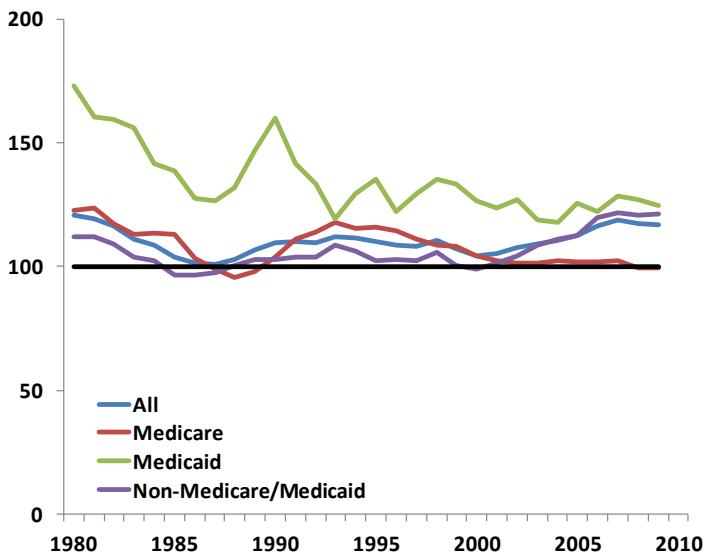
Health Care Spending in Massachusetts



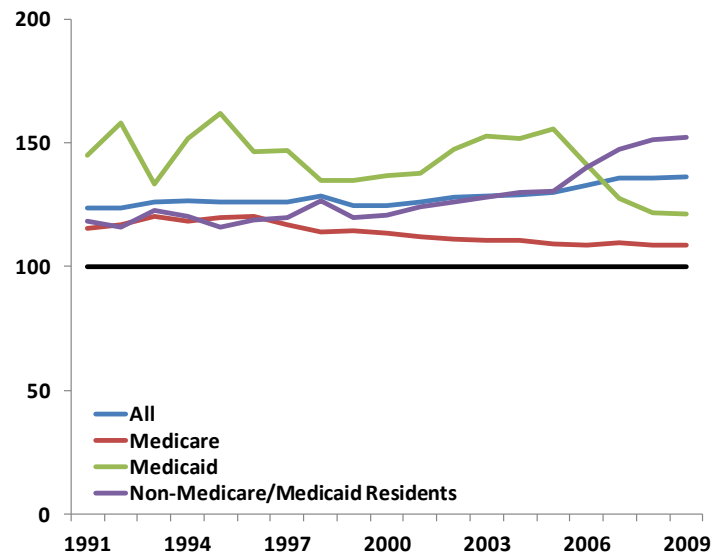
Key Health Care Spending Indicators in Massachusetts

- Massachusetts had the lowest uninsured population in 2010 at 5.6 percent.
- The state had the highest per capita personal health care spending in 2009, at \$9,278.
- Medicare spending per enrollee was sixth highest in 2009, at \$11,277, and Medicare enrollees as a percent of the state's population was seventh highest.
- The percentage of Medicare enrollees eligible for Medicaid was also the seventh highest among the states.
- Following the state's health care reform law of 2006, Medicaid spending per enrollee dropped significantly relative to the national average while average spending by the non-Medicaid/Medicare residents rose.

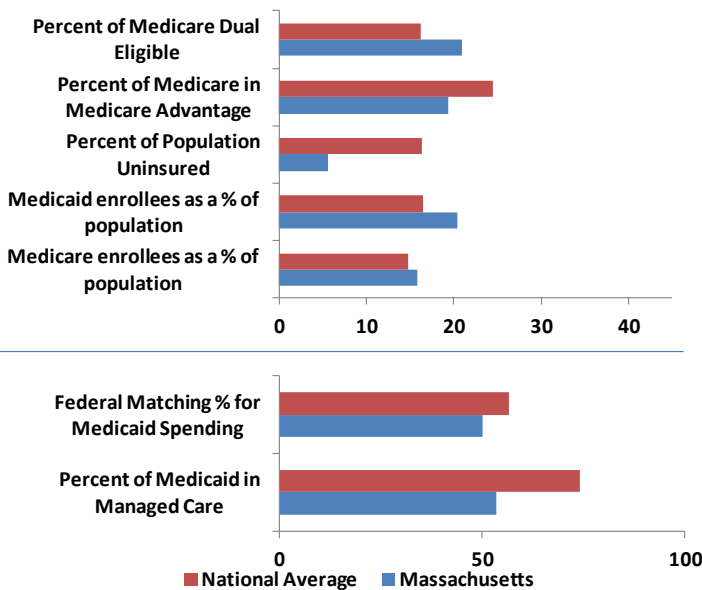
Massachusetts Health Care Spending as a Share of GDP Compared to the National Average



Massachusetts Per Capita Health Care Spending as a % of the National Average

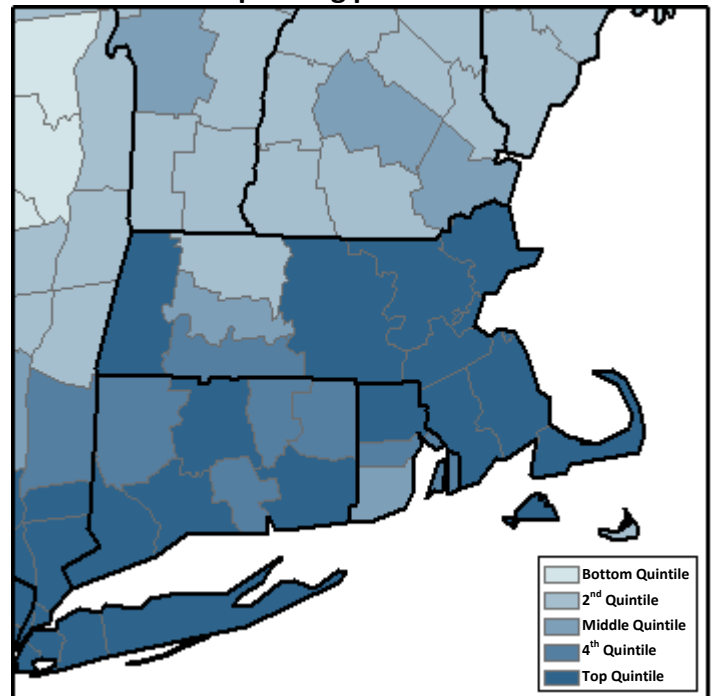


Coverage Percentages in Massachusetts



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Massachusetts Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	17.4	117	37	35
Medicare Spending as a % of GDP	3.3	99	29	34
Medicaid Spending as a % of GDP	3.1	125	40	43
Non-Medicare/Medicaid as a % of GDP	11.0	121	44	28

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	9,278	136	50	50
Medicare Spending per enrollee	11,277	109	44	46
Medicaid Spending per enrollee	8,278	121	39	43
Personal Health Care Spending for non-Medicare/Medicaid population	7,882	152	49	48

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	15.8	106	26	34
Medicaid enrollees as a % of population	20.3	123	43	37
Percent of Population Uninsured	5.6	34	1	5
Percent of Medicare in Medicare Advantage	19.4	79	26	37
Percent of Medicaid in Managed Care	69.6	94	21	24
Percent of Medicare Dual Eligible	21.0	129	43	41
Federal Matching % for Medicaid Spending	50.0	88	6	6

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Essex County (Lawrence)				
Parts A&B per enrollee	10,269	111	76	79
Part A Disproportionate Share	5.0	87	44	38
Average Risk Score	104	104	70	79
Adjusted Parts A&B per enrollee	9,150	105	71	62
Medicare Advantage Penetration	17.4	71	38	40
Middlesex County (Lowell)				
Parts A&B per enrollee	10,458	113	80	82
Part A Disproportionate Share	3.5	61	23	24
Average Risk Score	105	105	75	80
Adjusted Parts A&B per enrollee	9,092	104	69	60
Medicare Advantage Penetration	23.1	94	53	55
Suffolk County (Boston)				
Parts A&B per enrollee	11,974	130	96	94
Part A Disproportionate Share	6.9	119	70	57
Average Risk Score	111	111	90	94
Adjusted Parts A&B per enrollee	9,042	104	65	33
Medicare Advantage Penetration	14.1	58	28	31
Worcester County (Worcester)				
Parts A&B per enrollee	10,200	111	74	78
Part A Disproportionate Share	5.8	100	55	45
Average Risk Score	106	106	79	82
Adjusted Parts A&B per enrollee	8,407	96	39	31
Medicare Advantage Penetration	36.1	147	75	80

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

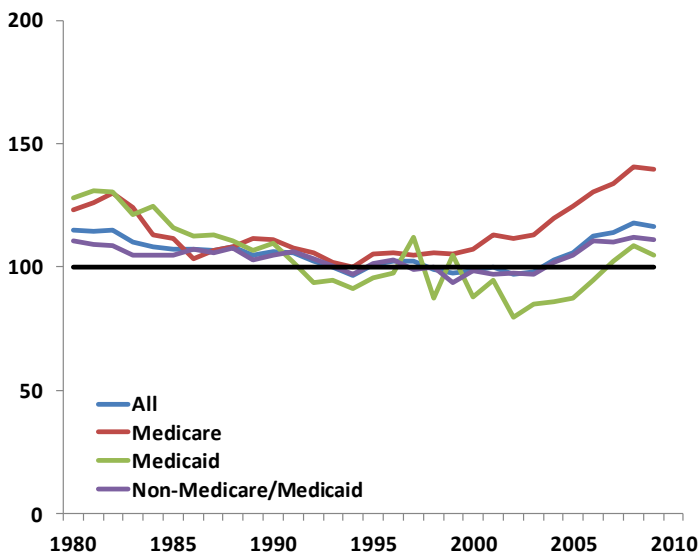
Health Care Spending in Michigan



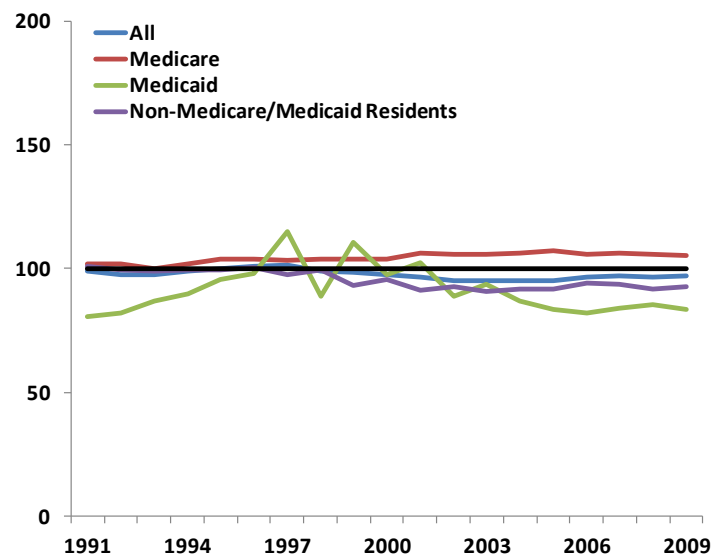
Key Health Care Spending Indicators in Michigan

- Over the past decade health care spending as a share of Michigan's economy has grown relative to the national average, largely due to the state's relatively slower economic growth.
- Medicare spending as a share of the Michigan's economy was the fifth highest in 2009 and on a per enrollee basis it was the tenth highest.
- Medicaid spending per enrollee was the fifth lowest in the country.
- Medicare spending in Wayne County (Detroit) was 35% higher than the national average, but was 11% lower than the average in Kalamazoo County (Kalamazoo).

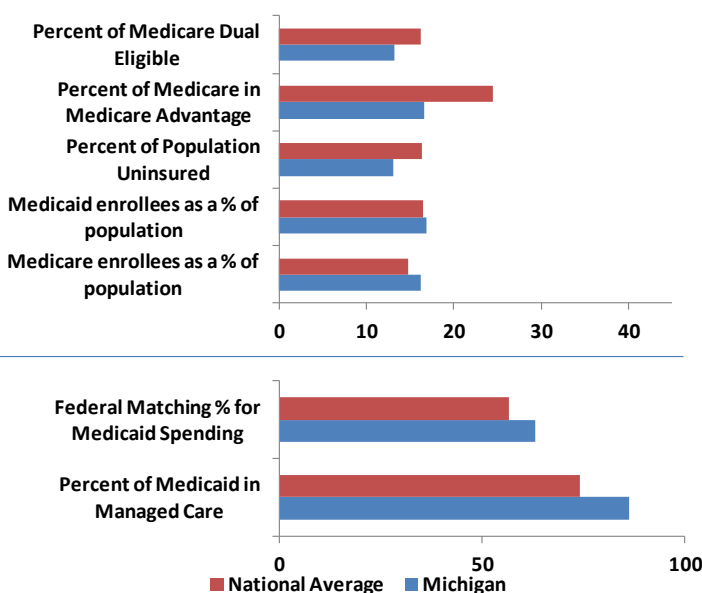
Michigan Care Spending as a Share of GDP Compared to the National Average



Michigan Per Capita Health Care Spending as a % of the National Average

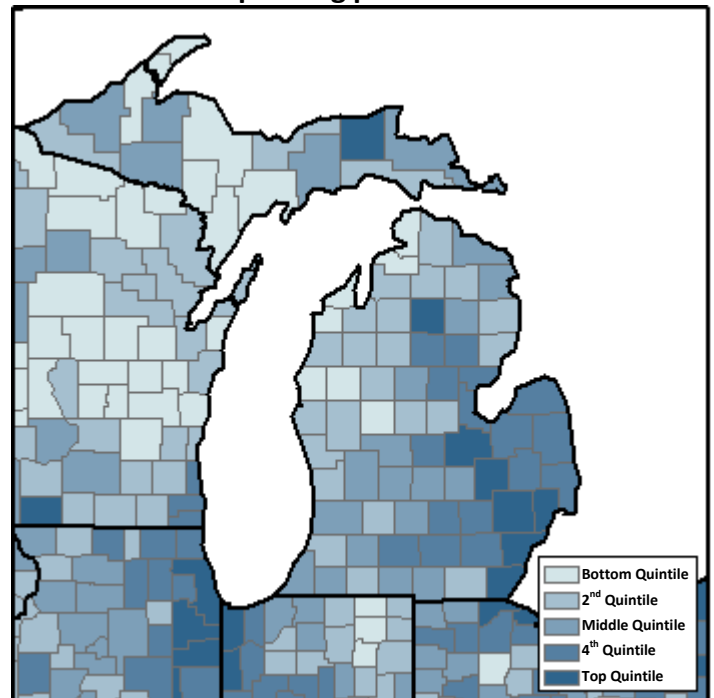


Coverage Percentages in Michigan



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Michigan Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	17.4	117	36	29
Medicare Spending as a % of GDP	4.7	139	46	36
Medicaid Spending as a % of GDP	2.6	105	29	31
Non-Medicare/Medicaid as a % of GDP	10.1	111	30	26

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,618	97	19	25
Medicare Spending per enrollee	10,925	105	41	40
Medicaid Spending per enrollee	5,703	84	5	16
Personal Health Care Spending for non-Medicare/Medicaid population	4,802	93	14	19

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	16.2	109	30	23
Medicaid enrollees as a % of population	16.8	102	34	30
Percent of Population Uninsured	13.0	80	15	12
Percent of Medicare in Medicare Advantage	16.6	68	22	19
Percent of Medicaid in Managed Care	86.2	121	36	45
Percent of Medicare Dual Eligible	13.2	81	20	21
Federal Matching % for Medicaid Spending	63.2	111	29	19

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Genesee County (Flint)				
Parts A&B per enrollee	10,892	118	86	80
Part A Disproportionate Share	4.8	83	40	49
Average Risk Score	108	108	85	86
Adjusted Parts A&B per enrollee	8,922	102	61	42
Medicare Advantage Penetration	19.1	78	43	48
Kalamazoo County (Kalamazoo)				
Parts A&B per enrollee	8,233	89	30	37
Part A Disproportionate Share	6.8	117	69	61
Average Risk Score	96	96	35	33
Adjusted Parts A&B per enrollee	8,029	92	22	46
Medicare Advantage Penetration	14.9	61	31	50
Kent County (Grand Rapids)				
Parts A&B per enrollee	8,435	91	35	27
Part A Disproportionate Share	7.7	133	80	74
Average Risk Score	98	98	40	27
Adjusted Parts A&B per enrollee	8,016	92	21	38
Medicare Advantage Penetration	34.1	139	72	80
Wayne County (Detroit)				
Parts A&B per enrollee	12,448	135	98	94
Part A Disproportionate Share	6.4	111	65	66
Average Risk Score	119	119	98	97
Adjusted Parts A&B per enrollee	8,839	101	58	51
Medicare Advantage Penetration	17.5	72	39	47

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

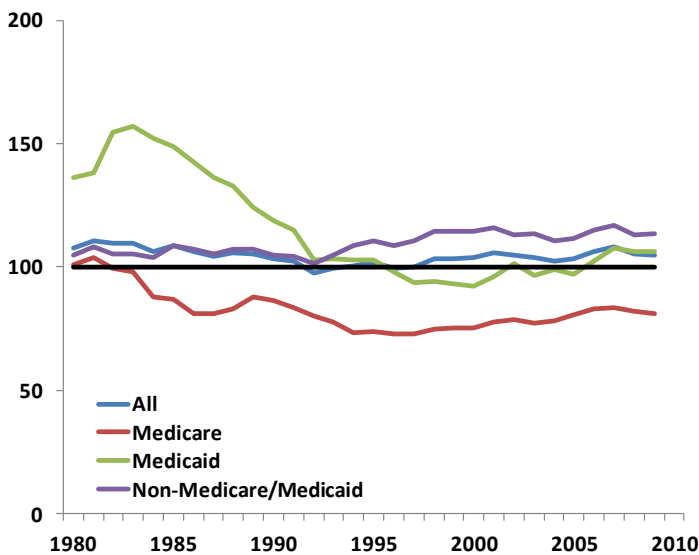
Health Care Spending in Minnesota



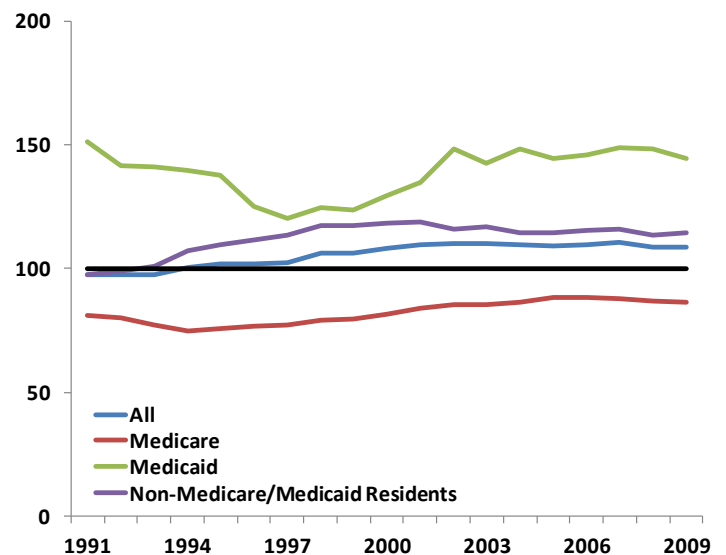
Key Health Care Spending Indicators in Minnesota

- Personal health care spending in Minnesota comprised 15.6% of GDP, just 5% higher than the nation as a whole.
- Medicaid's share of the state's economy was also close to the national average, but spending per enrollee was relatively high as the eighth highest in 2009.
- The uninsured rate was only 9.8% in 2010 and the rate was consistently one of the lowest among the states.
- Statewide, 42.8% of Medicare enrollees were in managed care plans, the nation's highest penetration rate.
- Medicare disproportionate share payments in Rochester (Olmsted County) were some of the lowest in the country, and its Medicare beneficiaries were some of the healthiest.

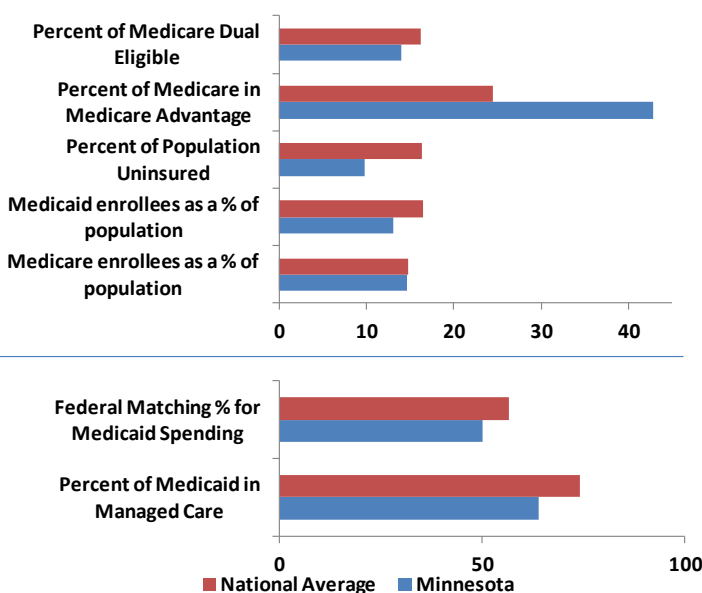
Minnesota Health Care Spending as a Share of GDP Compared to the National Average



Minnesota Per Capita Health Care Spending as a % of the National Average

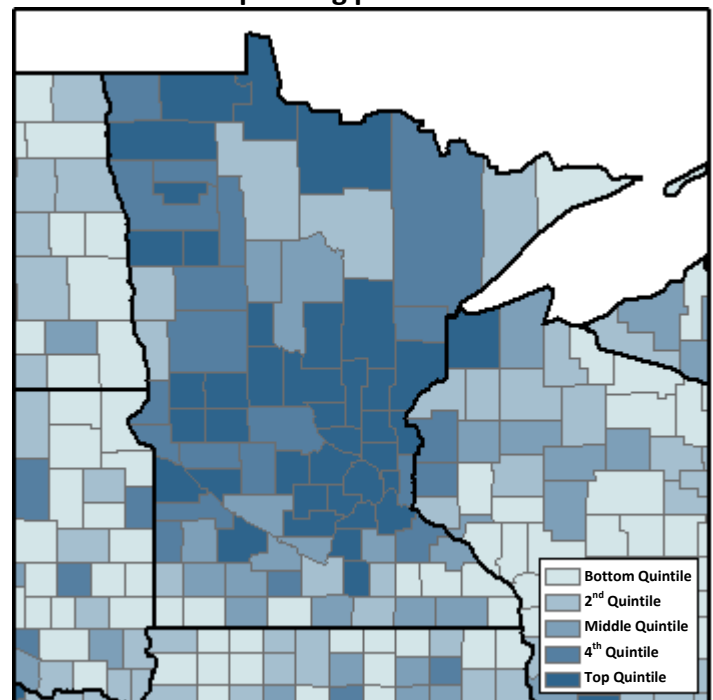


Coverage Percentages in Minnesota



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Minnesota Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	15.6	105	27	29
Medicare Spending as a % of GDP	2.7	81	11	14
Medicaid Spending as a % of GDP	2.6	106	31	36
Non-Medicare/Medicaid as a % of GDP	10.3	113	35	33

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,409	109	36	37
Medicare Spending per enrollee	8,941	86	19	15
Medicaid Spending per enrollee	9,851	144	42	42
Personal Health Care Spending for non-Medicare/Medicaid population	5,922	114	37	40

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	14.6	98	15	16
Medicaid enrollees as a % of population	13.0	79	16	17
Percent of Population Uninsured	9.8	60	6	4
Percent of Medicare in Medicare Advantage	42.8	175	50	39
Percent of Medicaid in Managed Care	67.8	92	16	23
Percent of Medicare Dual Eligible	14.0	86	24	27
Federal Matching % for Medicaid Spending	50.0	88	7	11

Medicare in Selected Counties	Amount in 2010*	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Hennepin County (Minneapolis)				
Parts A&B per enrollee	10,278	111	76	61
Part A Disproportionate Share	3.3	57	20	36
Average Risk Score	95	95	29	13
Adjusted Parts A&B per enrollee	10,299	118	95	95
Medicare Advantage Penetration	46.5	190	94	91
Olmsted County (Rochester)				
Parts A&B per enrollee	7,191	78	6	22
Part A Disproportionate Share	0.6	10	1	1
Average Risk Score	87	87	3	3
Adjusted Parts A&B per enrollee	8,240	95	29	47
Medicare Advantage Penetration	24.1	98	54	48
Ramsey County (St. Paul)				
Parts A&B per enrollee	10,217	111	75	54
Part A Disproportionate Share	3.8	65	28	44
Average Risk Score	96	96	34	18
Adjusted Parts A&B per enrollee	10,070	116	93	91
Medicare Advantage Penetration	46.6	190	94	93
St. Louis County (Duluth)				
Parts A&B per enrollee	8,738	95	43	25
Part A Disproportionate Share	5.3	91	47	45
Average Risk Score	91	91	11	11
Adjusted Parts A&B per enrollee	9,511	109	82	71
Medicare Advantage Penetration	32.2	131	69	64

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009. *See addendum related to Minnesota counties.

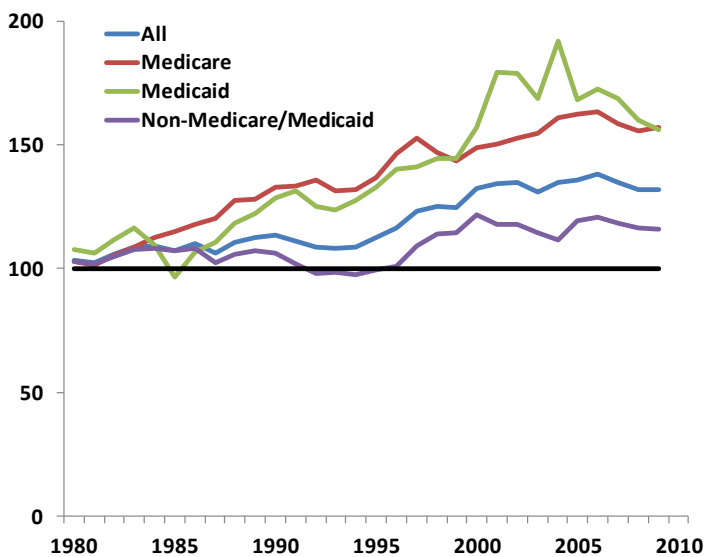
Health Care Spending in Mississippi



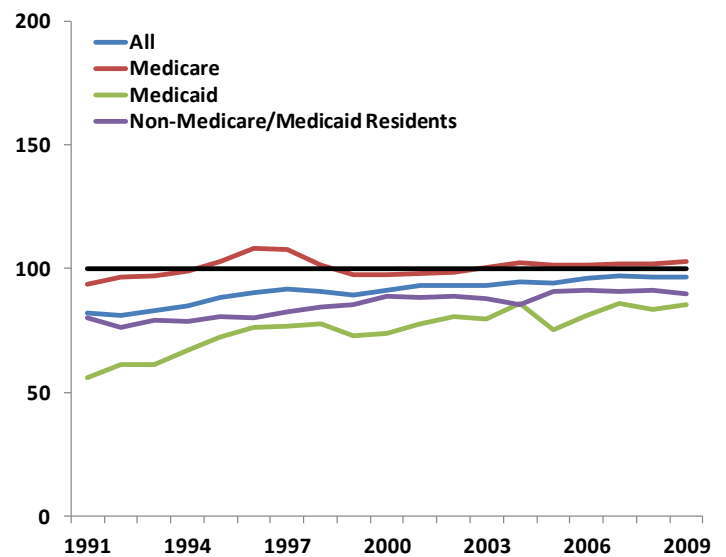
Key Health Care Spending Indicators in Mississippi

- Personal health care spending as a share of Mississippi's economy has grown relative to the national average over the last 30 years. The total health care spending share was the third highest in the country, as was Medicare's, and Medicaid's was the fourth highest.
- Mississippi had the highest federal medical assistance percentage, the second highest percentage of Medicare enrollees eligible for Medicaid, the fourth highest uninsured rate, and the seventh highest Medicaid enrollment.
- The disproportionate share percentages of Part A spending in all of the highlighted counties were some of the highest in the country.

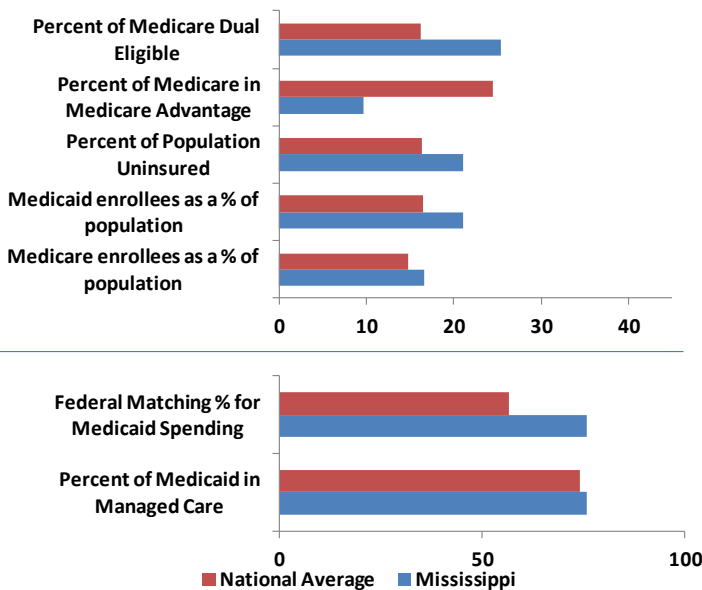
Mississippi Health Care Spending as a Share of GDP Compared to the National Average



Mississippi Per Capita Health Care Spending as a % of the National Average

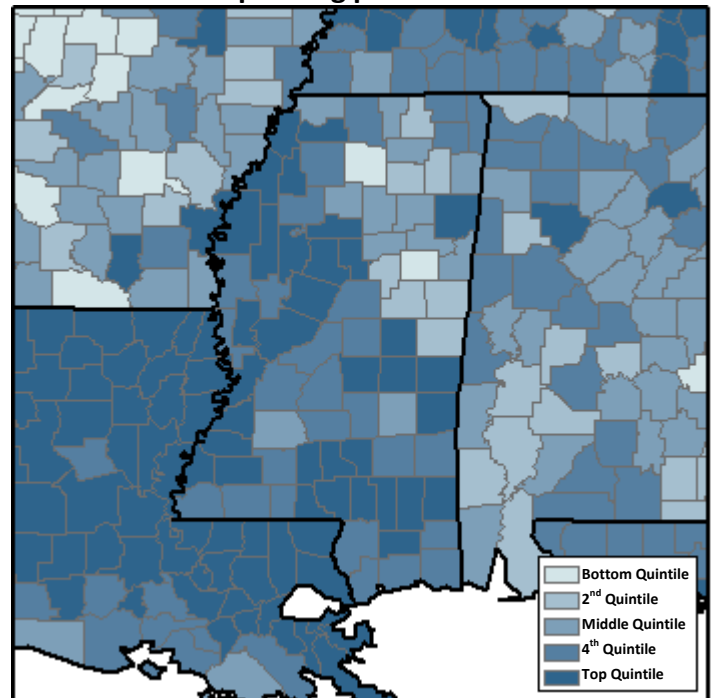


Coverage Percentages in Mississippi



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Mississippi Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	19.7	132	48	41
Medicare Spending as a % of GDP	5.3	157	48	44
Medicaid Spending as a % of GDP	3.8	156	47	43
Non-Medicare/Medicaid as a % of GDP	10.5	116	36	32

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,571	96	16	12
Medicare Spending per enrollee	10,667	103	40	37
Medicaid Spending per enrollee	5,850	86	8	7
Personal Health Care Spending for non-Medicare/Medicaid population	4,637	90	10	5

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	16.5	112	37	33
Medicaid enrollees as a % of population	21.0	127	44	48
Percent of Population Uninsured	21.1	129	47	42
Percent of Medicare in Medicare Advantage	9.6	39	9	7
Percent of Medicaid in Managed Care	75.9	106	25	9
Percent of Medicare Dual Eligible	25.4	157	49	49
Federal Matching % for Medicaid Spending	75.7	133	50	50

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Desoto County (Southaven)				
Parts A&B per enrollee	8,601	93	39	41
Part A Disproportionate Share	9.0	155	88	88
Average Risk Score	94	94	21	12
Adjusted Parts A&B per enrollee	8,907	102	61	77
Medicare Advantage Penetration	10.2	42	17	17
Harrison County (Biloxi)				
Parts A&B per enrollee	9,166	99	53	66
Part A Disproportionate Share	9.6	166	90	88
Average Risk Score	96	96	33	20
Adjusted Parts A&B per enrollee	9,142	105	70	86
Medicare Advantage Penetration	7.6	31	10	9
Hinds County (Jackson)				
Parts A&B per enrollee	9,434	102	61	44
Part A Disproportionate Share	8.8	152	87	88
Average Risk Score	96	96	30	18
Adjusted Parts A&B per enrollee	9,450	108	80	79
Medicare Advantage Penetration	19.6	80	44	46
Lee County (Tupelo)				
Parts A&B per enrollee	7,878	85	20	23
Part A Disproportionate Share	8.5	147	86	79
Average Risk Score	89	89	7	7
Adjusted Parts A&B per enrollee	8,877	102	59	70
Medicare Advantage Penetration	3.7	15	2	3

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

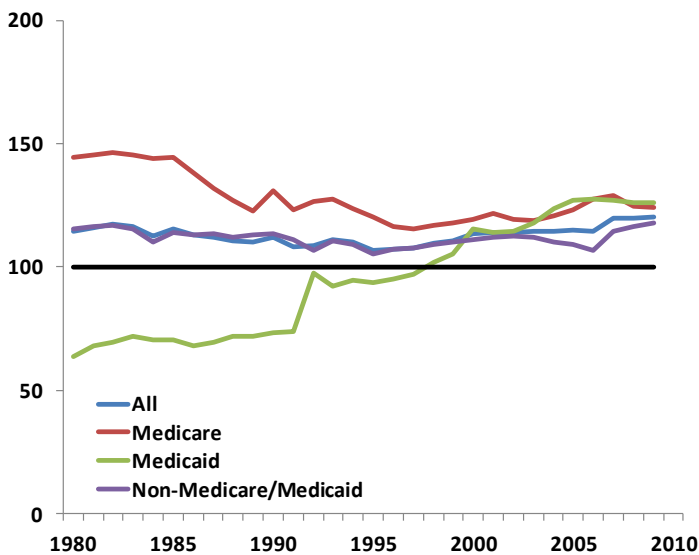
Health Care Spending in Missouri



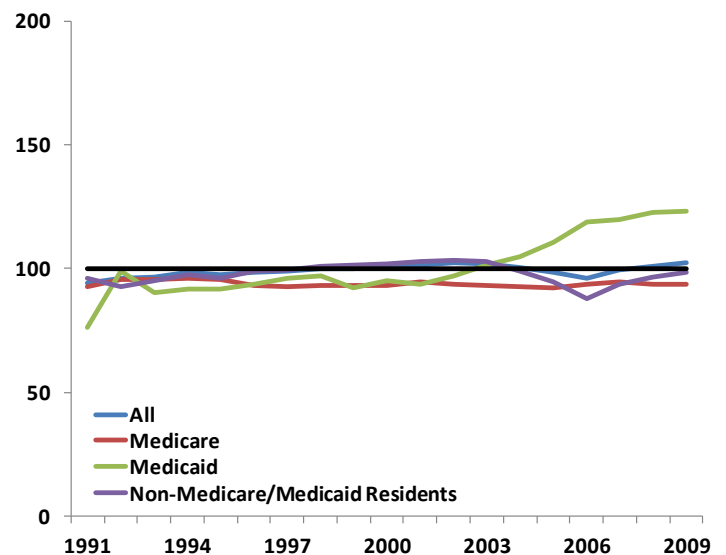
Key Health Care Spending Indicators in Missouri

- All personal health care spending as a percentage of GDP was the ninth highest in the country in 2009, and Medicaid's percentage was the tenth highest.
- Average personal health care spending in Missouri was about the same as the national average.
- Medicaid spending per enrollee was the eleventh highest in the country.
- Almost all Medicaid enrollees were in a managed care plan.
- Average Medicare spending in Greene County (Springfield) was 19% below the national average in 2010, but was 10% higher than the national average in St. Louis City.

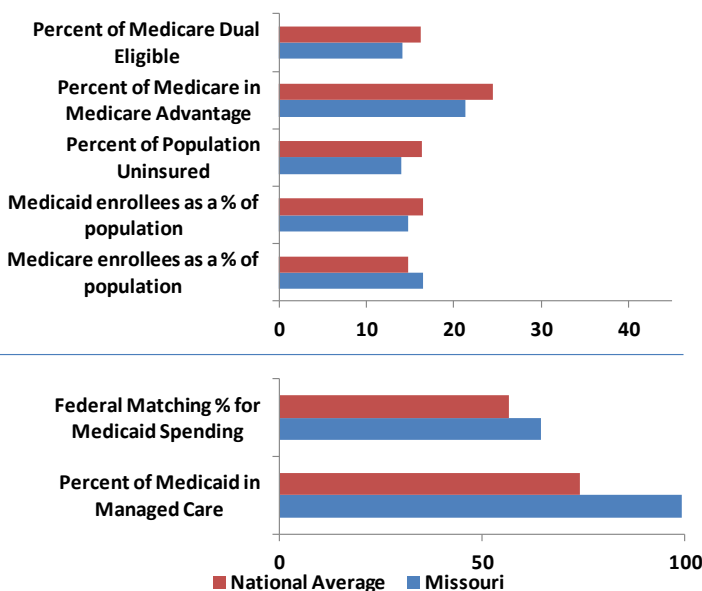
Missouri Health Care Spending as a Share of GDP Compared to the National Average



Missouri Per Capita Health Care Spending as a % of the National Average

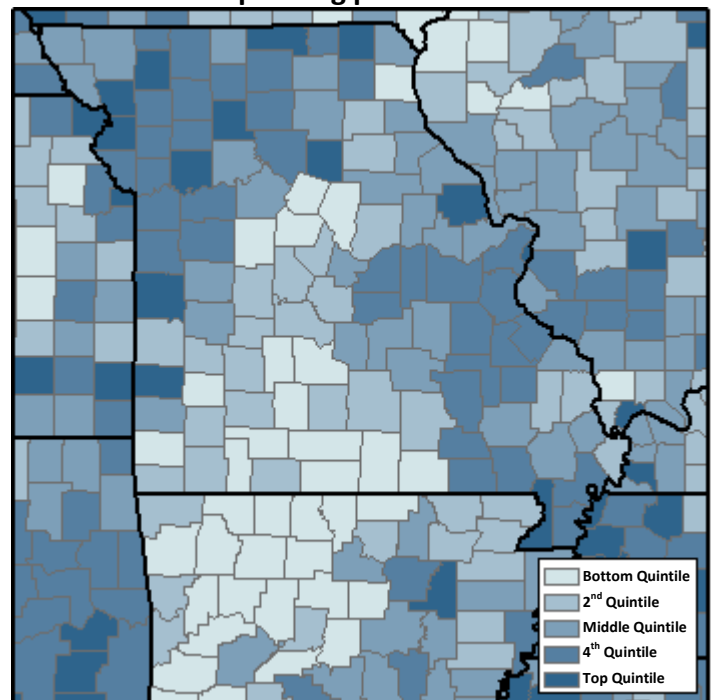


Coverage Percentages in Missouri



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Missouri Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	18.0	120	42	39
Medicare Spending as a % of GDP	4.2	124	38	42
Medicaid Spending as a % of GDP	3.1	126	41	26
Non-Medicare/Medicaid as a % of GDP	10.7	118	39	37

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,967	102	29	28
Medicare Spending per enrollee	9,724	94	29	29
Medicaid Spending per enrollee	8,398	123	40	24
Personal Health Care Spending for non-Medicare/Medicaid population	5,091	98	21	21

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	16.5	111	36	39
Medicaid enrollees as a % of population	14.7	89	24	31
Percent of Population Uninsured	14.0	86	25	18
Percent of Medicare in Medicare Advantage	21.3	87	28	32
Percent of Medicaid in Managed Care	99.1	139	48	12
Percent of Medicare Dual Eligible	14.1	87	27	29
Federal Matching % for Medicaid Spending	64.5	113	33	27

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Greene County (Springfield)				
Parts A&B per enrollee	7,454	81	10	11
Part A Disproportionate Share	7.6	131	79	80
Average Risk Score	97	97	36	42
Adjusted Parts A&B per enrollee	7,520	86	8	7
Medicare Advantage Penetration	35.5	145	74	73
Jackson County (Kansas City)				
Parts A&B per enrollee	8,896	96	47	54
Part A Disproportionate Share	4.7	81	39	45
Average Risk Score	100	100	54	52
Adjusted Parts A&B per enrollee	8,401	96	38	38
Medicare Advantage Penetration	30.4	124	66	66
St. Louis County (Florissant)				
Parts A&B per enrollee	8,931	97	49	57
Part A Disproportionate Share	4.5	78	37	35
Average Risk Score	105	105	76	76
Adjusted Parts A&B per enrollee	7,814	90	15	21
Medicare Advantage Penetration	28.1	115	62	62
St. Louis City (St. Louis)				
Parts A&B per enrollee	10,172	110	73	82
Part A Disproportionate Share	7.7	133	80	76
Average Risk Score	114	114	93	89
Adjusted Parts A&B per enrollee	7,207	83	4	14
Medicare Advantage Penetration	27.5	112	61	61

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

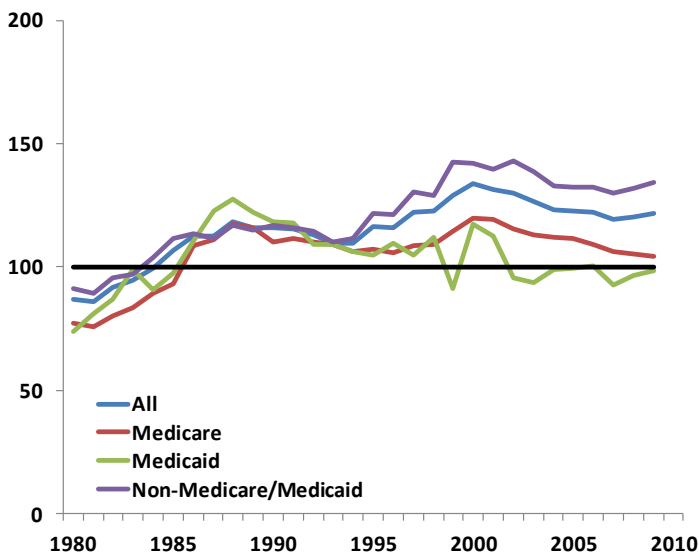
Health Care Spending in Montana



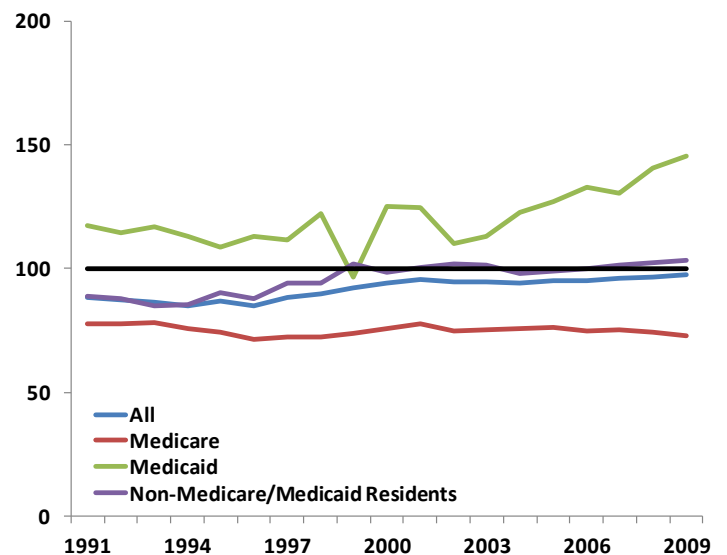
Key Health Care Spending Indicators in Montana

- Personal health care spending accounted for 18.2 percent of GDP in Montana, ranking it sixth among the states in 2009. Spending by the non-Medicare/Medicaid population as a share of GDP was the third highest.
- Medicare spending per enrollee in 2009 was the lowest in the country, but the percent of the state's population enrolled in the program was the eleventh highest.
- The percent of Medicare enrollees also eligible for Medicaid was the lowest in the country.
- Medicaid spending per enrollee was 46% above the national average, for the eighth highest amount.
- The average risk scores in Flathead County (Kalispell) and in Gallatin County (Bozeman) were some of the lowest.

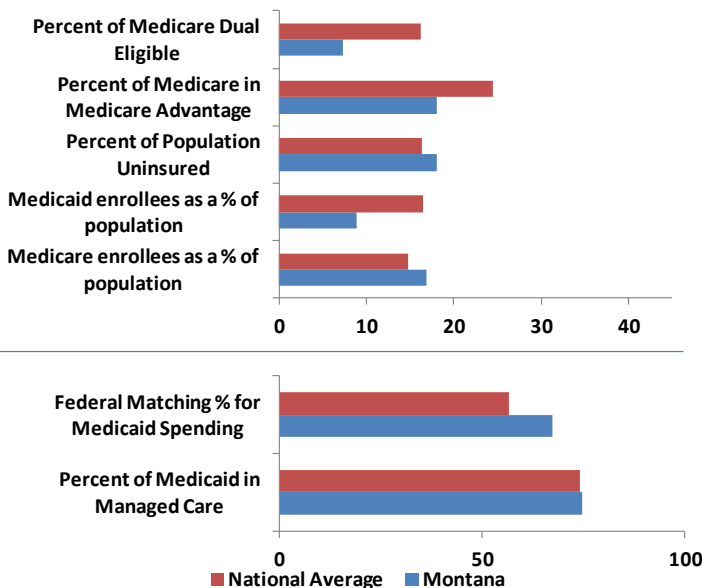
Montana Health Care Spending as a Share of GDP Compared to the National Average



Montana Per Capita Health Care Spending as a % of the National Average

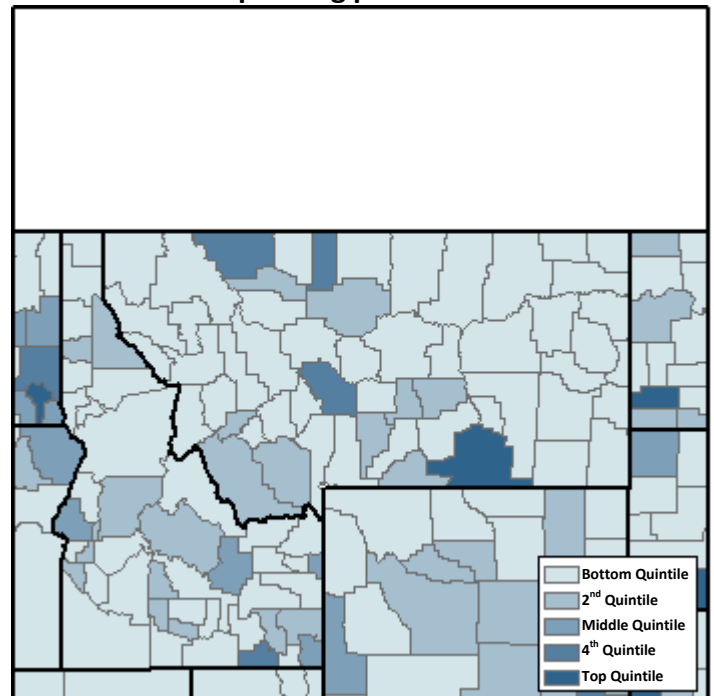


Coverage Percentages in Montana



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Montana Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	18.2	122	45	38
Medicare Spending as a % of GDP	3.5	104	33	32
Medicaid Spending as a % of GDP	2.4	99	27	33
Non-Medicare/Medicaid as a % of GDP	12.2	134	48	41

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,640	97	20	13
Medicare Spending per enrollee	7,576	73	1	4
Medicaid Spending per enrollee	9,937	146	43	36
Personal Health Care Spending for non-Medicare/Medicaid population	5,358	104	26	17

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	16.9	114	40	38
Medicaid enrollees as a % of population	8.8	53	3	10
Percent of Population Uninsured	18.1	111	38	38
Percent of Medicare in Medicare Advantage	18.0	73	24	12
Percent of Medicaid in Managed Care	74.6	104	24	23
Percent of Medicare Dual Eligible	7.3	45	1	5
Federal Matching % for Medicaid Spending	67.4	118	40	43

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Cascade County (Great Falls)				
Parts A&B per enrollee	7,361	80	8	18
Part A Disproportionate Share	5.9	103	58	35
Average Risk Score	96	96	34	29
Adjusted Parts A&B per enrollee	7,586	87	10	31
Medicare Advantage Penetration	22.4	91	51	52
Flathead County (Kalispell)				
Parts A&B per enrollee	6,345	69	1	2
Part A Disproportionate Share	4.5	77	36	30
Average Risk Score	88	88	5	3
Adjusted Parts A&B per enrollee	7,708	88	12	38
Medicare Advantage Penetration	19.4	79	44	42
Gallatin County (Bozeman)				
Parts A&B per enrollee	6,480	70	1	1
Part A Disproportionate Share	1.7	29	4	8
Average Risk Score	83	83	1	1
Adjusted Parts A&B per enrollee	8,591	99	46	46
Medicare Advantage Penetration	15.1	62	31	28
Yellowstone County (Billings)				
Parts A&B per enrollee	7,300	79	8	9
Part A Disproportionate Share	6.2	107	61	42
Average Risk Score	93	93	19	15
Adjusted Parts A&B per enrollee	7,878	90	17	31
Medicare Advantage Penetration	21.8	89	50	48

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

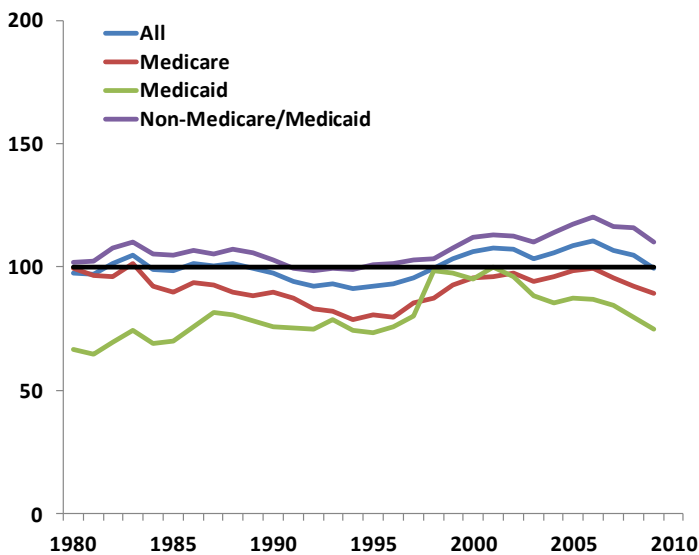
Health Care Spending in Nebraska



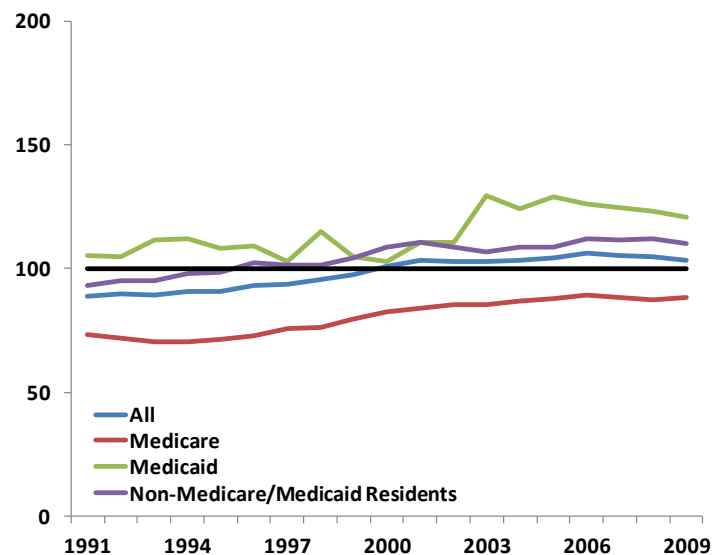
Key Health Care Spending Indicators in Nebraska

- Personal health care spending in Nebraska as a percentage of the state's GDP was the same as the national percentage in 2009.
- Medicaid's share of the state economy was lower than the national average.
- However, Medicare spending was consistently less than the national average on a per enrollee basis.
- Medicare enrollees who were in a Medicare advantage plan in 2010 accounted for only 12% of all beneficiaries, which was less than half the national average.
- In contrast, the state's ratio of Medicaid enrollees in managed care was 120% of the national average.

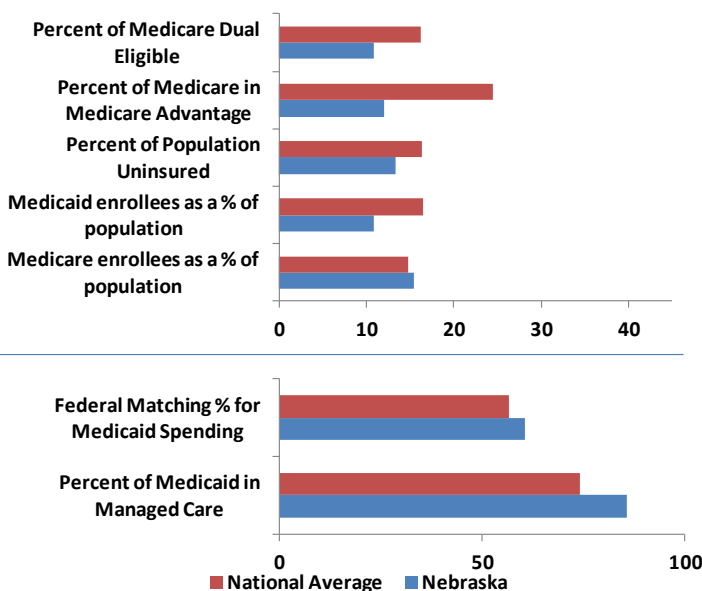
Nebraska Health Care Spending as a Share of GDP Compared to the National Average



Nebraska Per Capita Health Care Spending as a % of the National Average

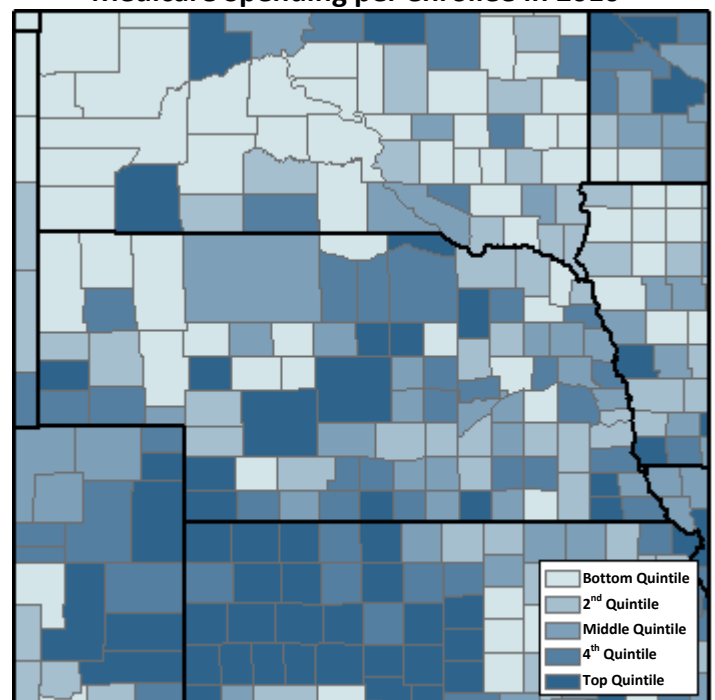


Coverage Percentages in Nebraska



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Nebraska Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	14.9	100	19	23
Medicare Spending as a % of GDP	3.0	89	18	22
Medicaid Spending as a % of GDP	1.8	75	11	17
Non-Medicare/Medicaid as a % of GDP	10.0	110	26	28

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,048	103	31	26
Medicare Spending per enrollee	9,138	88	21	12
Medicaid Spending per enrollee	8,228	121	38	34
Personal Health Care Spending for non-Medicare/Medicaid population	5,686	110	31	30

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	15.4	104	22	32
Medicaid enrollees as a % of population	10.8	65	10	14
Percent of Population Uninsured	13.3	82	19	13
Percent of Medicare in Medicare Advantage	12.0	49	12	18
Percent of Medicaid in Managed Care	85.6	120	35	36
Percent of Medicare Dual Eligible	10.8	66	7	11
Federal Matching % for Medicaid Spending	60.6	106	25	25

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Douglas County (Omaha)				
Parts A&B per enrollee	8,321	90	32	44
Part A Disproportionate Share	4.7	81	39	41
Average Risk Score	95	95	27	32
Adjusted Parts A&B per enrollee	8,503	98	43	49
Medicare Advantage Penetration	19.8	81	45	45
Hall County (Grand Island)				
Parts A&B per enrollee	7,770	84	18	18
Part A Disproportionate Share	3.1	53	17	16
Average Risk Score	95	95	30	30
Adjusted Parts A&B per enrollee	8,209	94	28	37
Medicare Advantage Penetration	13.2	54	25	28
Lancaster County (Lincoln)				
Parts A&B per enrollee	7,633	83	14	27
Part A Disproportionate Share	5.0	85	42	36
Average Risk Score	95	95	29	23
Adjusted Parts A&B per enrollee	7,997	92	21	53
Medicare Advantage Penetration	9.2	37	13	14
Scotts Bluff County (Scottsbluff)				
Parts A&B per enrollee	7,578	82	13	3
Part A Disproportionate Share	4.5	78	36	40
Average Risk Score	89	89	7	13
Adjusted Parts A&B per enrollee	8,734	100	53	20
Medicare Advantage Penetration	10.8	44	19	21

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

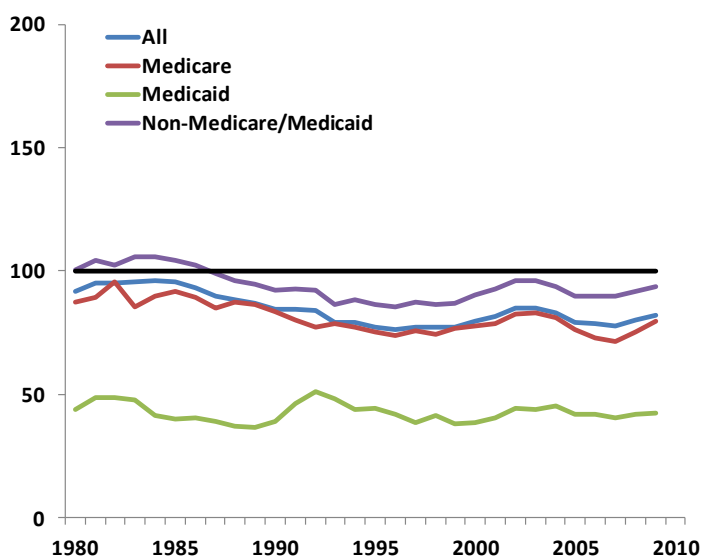
Health Care Spending in Nevada



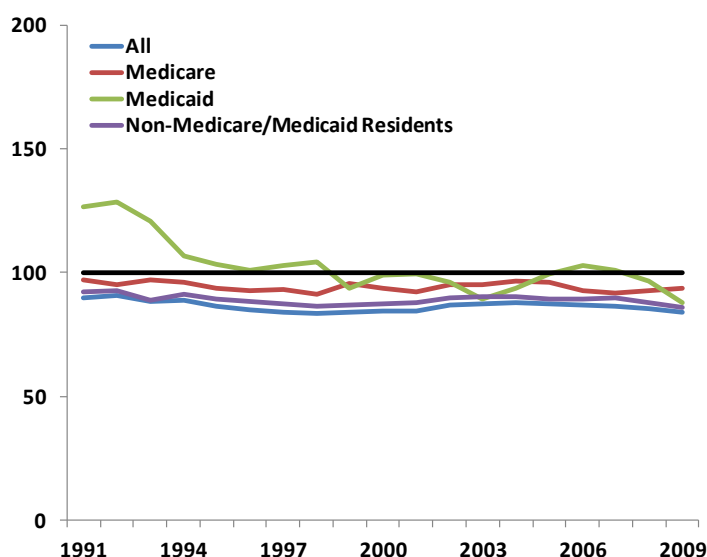
Key Health Care Spending Indicators in Nevada

- Personal health care spending in Nevada as a percentage of the state's GDP was 12.2% in 2009, the fourth lowest in the country. The spending was also the fifth lowest on a per capita basis.
- Medicaid's share of the state GDP was only 1.0% in 2009, the lowest in the nation.
- Nevada had the third highest uninsured rate at 21.3% of the population.
- The Medicaid enrollment percentage was the lowest in the country over the period 1991-2009.
- Elko (Elko), Lyon (Fernley) and Washoe (Reno) were among the counties with the lowest average risk scores in the nation.

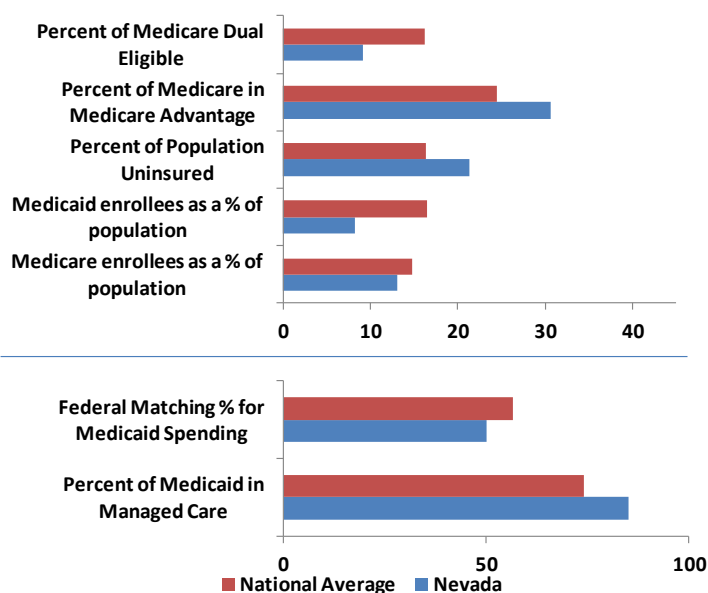
Nevada Health Care Spending as a Share of GDP Compared to the National Average



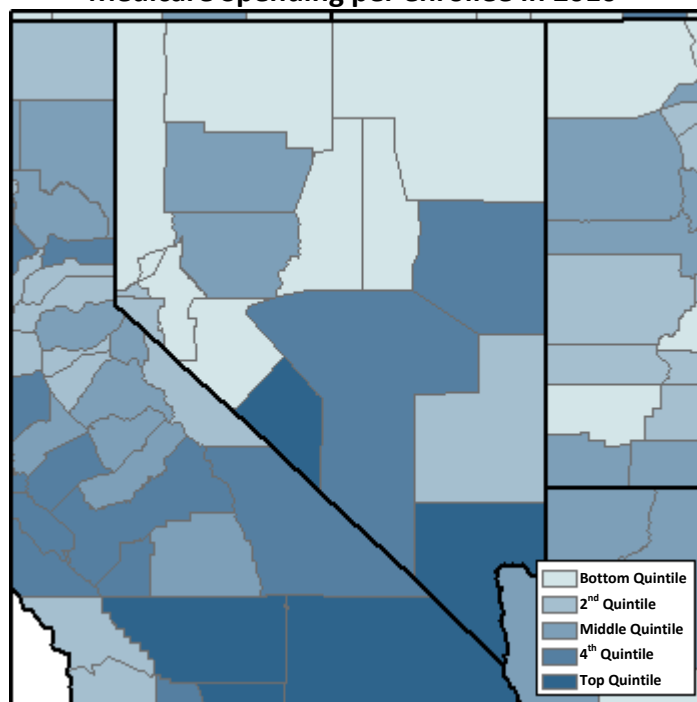
Nevada Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in Nevada



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Nevada Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	12.2	82	4	8
Medicare Spending as a % of GDP	2.7	80	9	15
Medicaid Spending as a % of GDP	1.0	42	1	2
Non-Medicare/Medicaid as a % of GDP	8.5	94	12	14

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	5,735	84	5	7
Medicare Spending per enrollee	9,692	94	27	30
Medicaid Spending per enrollee	6,003	88	12	26
Personal Health Care Spending for non-Medicare/Medicaid population	4,450	86	7	9

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	13.0	88	7	8
Medicaid enrollees as a % of population	8.2	50	2	1
Percent of Population Uninsured	21.3	131	48	44
Percent of Medicare in Medicare Advantage	30.6	125	38	44
Percent of Medicaid in Managed Care	85.1	119	34	29
Percent of Medicare Dual Eligible	9.1	56	3	3
Federal Matching % for Medicaid Spending	50.2	88	13	10

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Clark County (Las Vegas)				
Parts A&B per enrollee	10,390	113	78	73
Part A Disproportionate Share	5.5	95	51	54
Average Risk Score	95	95	24	28
Adjusted Parts A&B per enrollee	10,697	123	98	97
Medicare Advantage Penetration	36.0	147	75	78
Elko County (Elko)				
Parts A&B per enrollee	7,150	77	5	10
Part A Disproportionate Share	3.1	54	18	37
Average Risk Score	81	81	1	0
Adjusted Parts A&B per enrollee	9,362	107	79	87
Medicare Advantage Penetration	4.7	19	4	4
Lyon County (Fernley)				
Parts A&B per enrollee	7,015	76	4	10
Part A Disproportionate Share	3.2	55	19	23
Average Risk Score	82	82	1	1
Adjusted Parts A&B per enrollee	9,149	105	70	81
Medicare Advantage Penetration	19.7	80	44	47
Washoe County (Reno)				
Parts A&B per enrollee	7,259	79	7	17
Part A Disproportionate Share	4.6	80	39	35
Average Risk Score	85	85	2	2
Adjusted Parts A&B per enrollee	8,923	102	61	74
Medicare Advantage Penetration	25.8	105	57	58

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

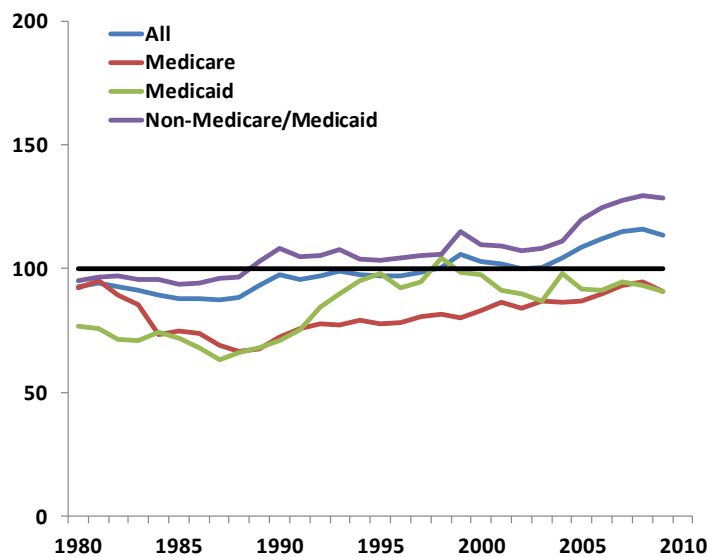
Health Care Spending in New Hampshire



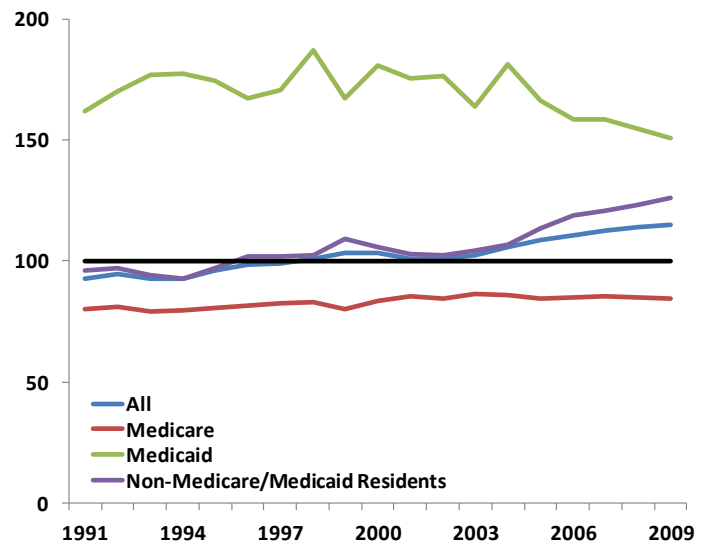
Key Health Care Spending Indicators in New Hampshire

- Per enrollee Medicaid spending in New Hampshire was 151% of the national average in 2009 and ranked the third highest overall during 1991-2009.
- However, both Medicare and Medicaid's shares of the state's GDP were lower than the national averages.
- In contrast, the GDP share of non-Medicare/Medicaid was 128% of the national average in 2009.
- In 2010, only 7.4% of Medicare enrollees participated in Medicare Advantage, the fifth lowest in the nation.
- No Medicaid enrollees were with a managed care plan.

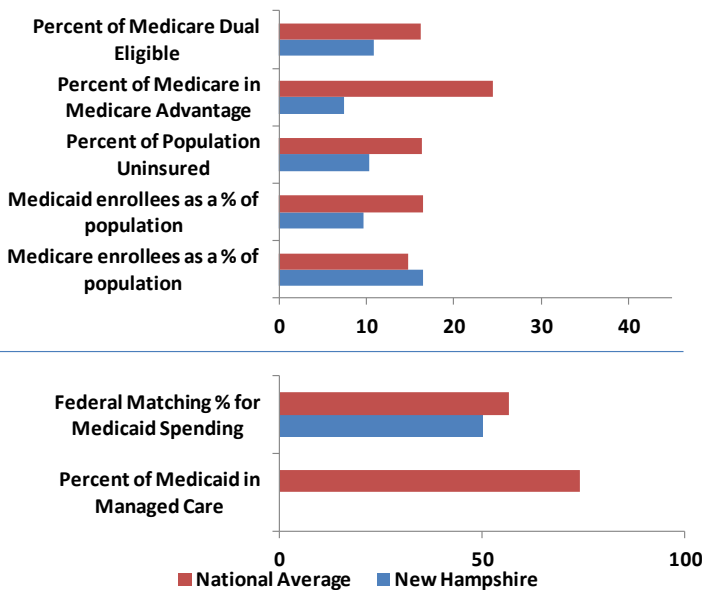
New Hampshire Health Care Spending as a Share of GDP Compared to the National Average



New Hampshire Per Capita Health Care Spending as a % of the National Average

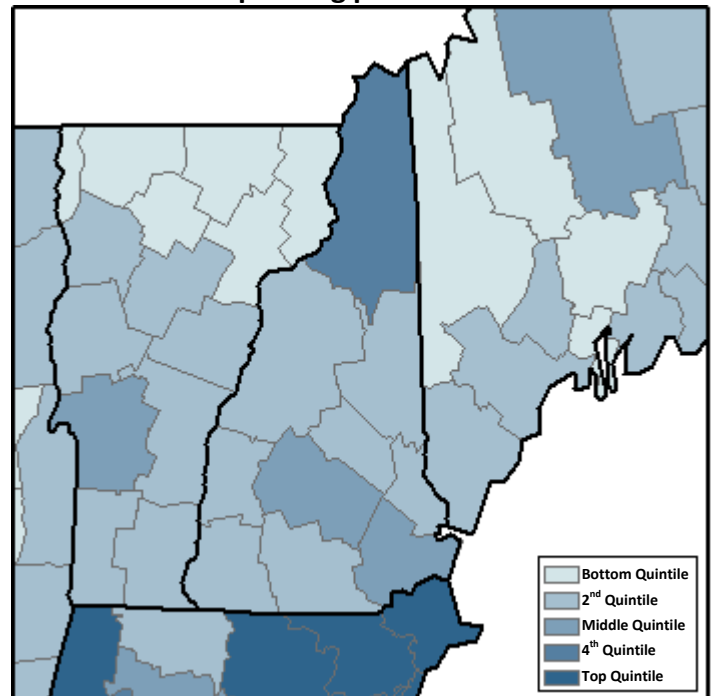


Coverage Percentages in New Hampshire



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



New Hampshire Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	17.0	114	32	21
Medicare Spending as a % of GDP	3.1	91	22	15
Medicaid Spending as a % of GDP	2.2	91	22	22
Non-Medicare/Medicaid as a % of GDP	11.7	128	46	27

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,839	115	43	32
Medicare Spending per enrollee	8,763	85	14	16
Medicaid Spending per enrollee	10,302	151	45	48
Personal Health Care Spending for non-Medicare/Medicaid population	6,511	126	44	31

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	16.4	111	35	21
Medicaid enrollees as a % of population	9.7	59	6	4
Percent of Population Uninsured	10.3	63	7	8
Percent of Medicare in Medicare Advantage	7.4	30	5	11
Percent of Medicaid in Managed Care	0.0	0	2	3
Percent of Medicare Dual Eligible	10.8	66	8	7
Federal Matching % for Medicaid Spending	50.0	88	6	6

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Hillsborough County (Manchester)				
Parts A&B per enrollee	7,954	86	23	26
Part A Disproportionate Share	2.2	38	8	6
Average Risk Score	96	96	33	23
Adjusted Parts A&B per enrollee	8,259	95	30	47
Medicare Advantage Penetration	10.4	43	18	14
Merrimack County (Concord)				
Parts A&B per enrollee	8,081	88	25	28
Part A Disproportionate Share	1.1	20	2	2
Average Risk Score	93	93	18	18
Adjusted Parts A&B per enrollee	8,690	100	50	57
Medicare Advantage Penetration	6.4	26	7	6
Rockingham County (Derry)				
Parts A&B per enrollee	8,153	88	28	35
Part A Disproportionate Share	2.2	38	8	9
Average Risk Score	94	94	23	23
Adjusted Parts A&B per enrollee	8,663	99	50	60
Medicare Advantage Penetration	7.8	32	10	7
Strafford County (Dover)				
Parts A&B per enrollee	8,023	87	24	24
Part A Disproportionate Share	2.1	36	6	3
Average Risk Score	96	96	35	31
Adjusted Parts A&B per enrollee	8,333	96	34	42
Medicare Advantage Penetration	4.4	18	3	3

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

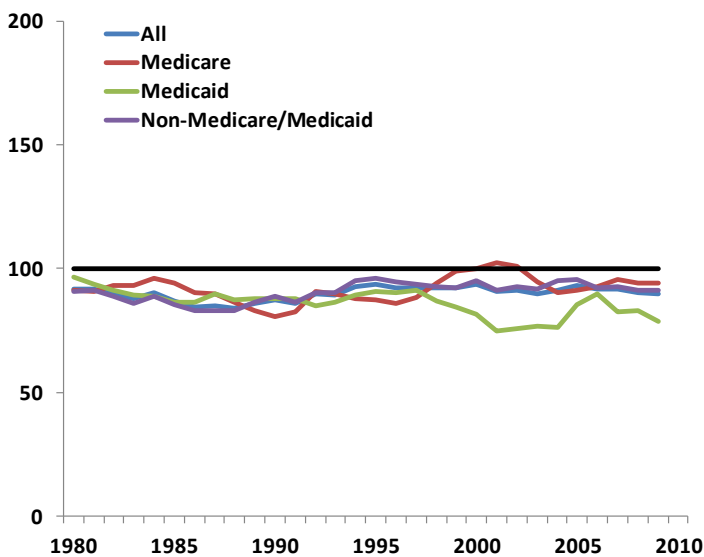
Health Care Spending in New Jersey



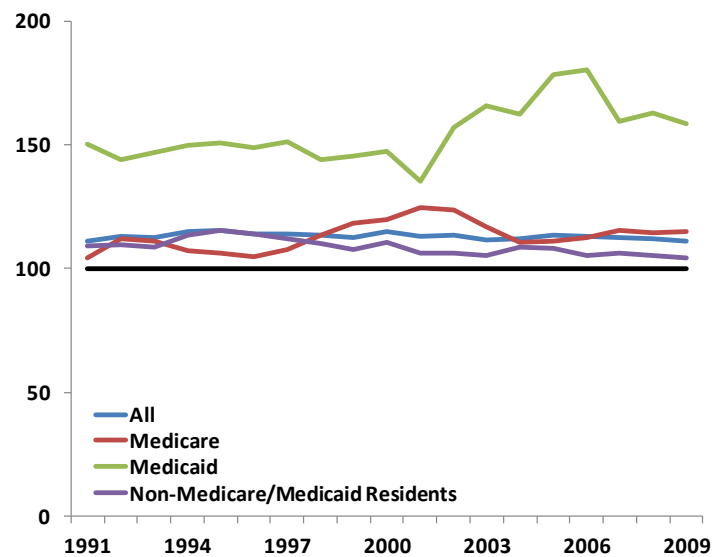
Key Health Care Spending Indicators in New Jersey

- Personal health care spending and its three components in New Jersey as a percentage of the state's GDP were in general lower than the national averages in all years from 1980 through 2009.
- However, per capita health care spending and its three components were all higher in New Jersey than the national averages in all years from 1991 through 2009.
- Medicare spending per enrollee in New Jersey was \$11,903 in 2009, the highest among the states.
- Medicaid spending per enrollee was \$10,825, the third highest nationwide.
- In 2010, Medicaid received the minimum 50% federal medical assistance percentage.

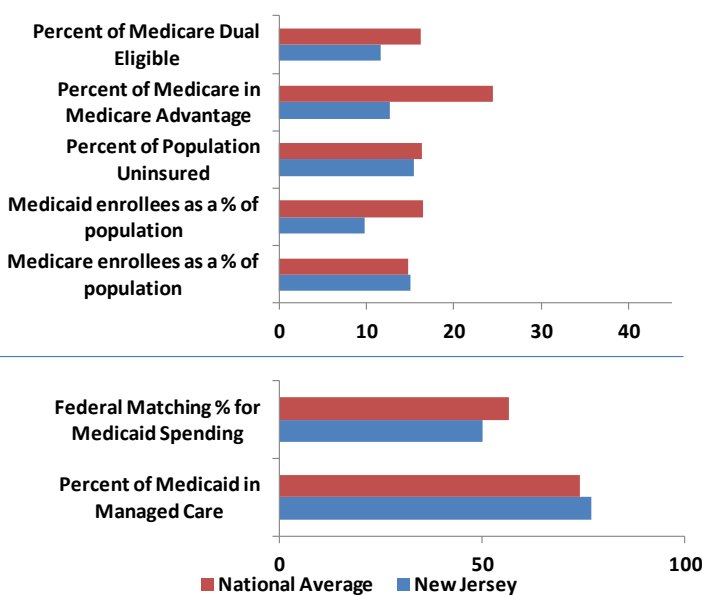
New Jersey Health Care Spending as a Share of GDP Compared to the National Average



New Jersey Per Capita Health Care Spending as a % of the National Average

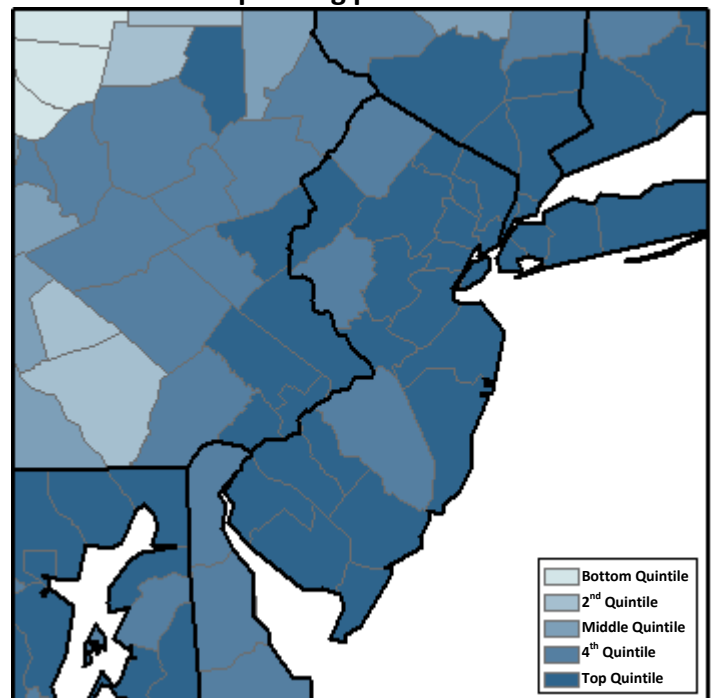


Coverage Percentages in New Jersey



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



New Jersey Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	13.4	90	11	12
Medicare Spending as a % of GDP	3.2	94	26	24
Medicaid Spending as a % of GDP	1.9	79	14	23
Non-Medicare/Medicaid as a % of GDP	8.3	91	11	9

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,583	111	38	44
Medicare Spending per enrollee	11,903	115	50	46
Medicaid Spending per enrollee	10,825	159	48	46
Personal Health Care Spending for non-Medicare/Medicaid population	5,400	104	28	37

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	15.0	101	17	23
Medicaid enrollees as a % of population	9.8	59	7	11
Percent of Population Uninsured	15.4	94	31	27
Percent of Medicare in Medicare Advantage	12.6	51	13	26
Percent of Medicaid in Managed Care	76.8	107	26	29
Percent of Medicare Dual Eligible	11.6	71	13	16
Federal Matching % for Medicaid Spending	50.0	88	6	6

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Bergen County (Hackensack)				
Parts A&B per enrollee	10,855	118	85	85
Part A Disproportionate Share	2.8	49	14	25
Average Risk Score	107	107	84	85
Adjusted Parts A&B per enrollee	9,531	109	83	76
Medicare Advantage Penetration	10.5	43	19	19
Camden County (Camden)				
Parts A&B per enrollee	10,408	113	79	83
Part A Disproportionate Share	4.7	81	40	59
Average Risk Score	106	106	79	82
Adjusted Parts A&B per enrollee	8,886	102	60	41
Medicare Advantage Penetration	17.2	70	37	39
Middlesex County (Edison)				
Parts A&B per enrollee	10,670	116	82	87
Part A Disproportionate Share	4.0	68	31	32
Average Risk Score	111	111	91	92
Adjusted Parts A&B per enrollee	8,611	99	47	42
Medicare Advantage Penetration	11.7	48	21	21
Ocean County (Jackson)				
Parts A&B per enrollee	10,849	118	85	87
Part A Disproportionate Share	2.1	36	7	14
Average Risk Score	114	114	94	95
Adjusted Parts A&B per enrollee	8,713	100	51	32
Medicare Advantage Penetration	14.3	58	29	29

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

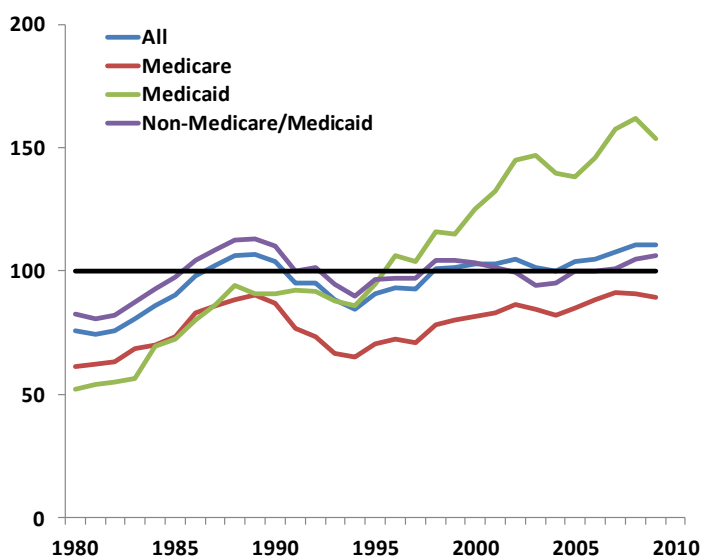
Health Care Spending in New Mexico



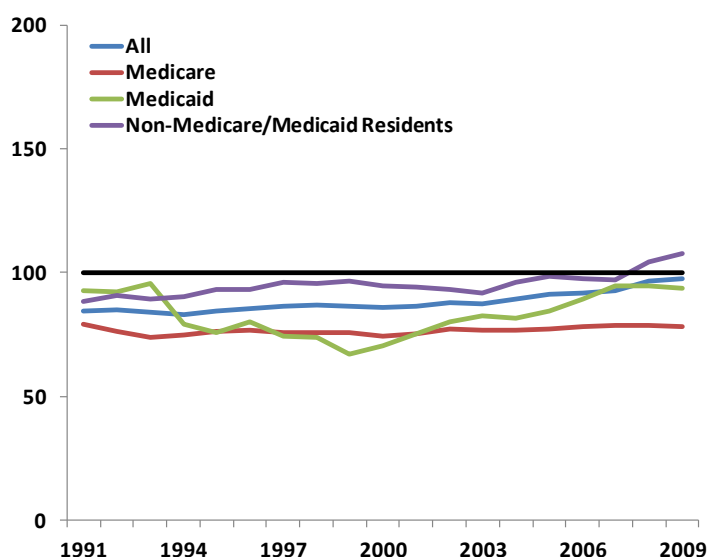
Key Health Care Spending Indicators in New Mexico

- Medicaid spending as a percent of GDP in New Mexico has grown relative to the national average and was 54% above average in 2009.
- About 23% of the population in New Mexico was enrolled in Medicaid in 2009, the fifth highest across the states.
- Federal matching percentage for Medicaid spending was 71.4%, about one quarter higher than the national average, and the fifth highest percentage in the nation.
- The uninsured rate of the state population was 21.6%, placing the state as the second highest after Texas.
- In contrast, Medicare spending per enrollee in New Mexico was \$8,120 in 2009, the fifth lowest in the country.

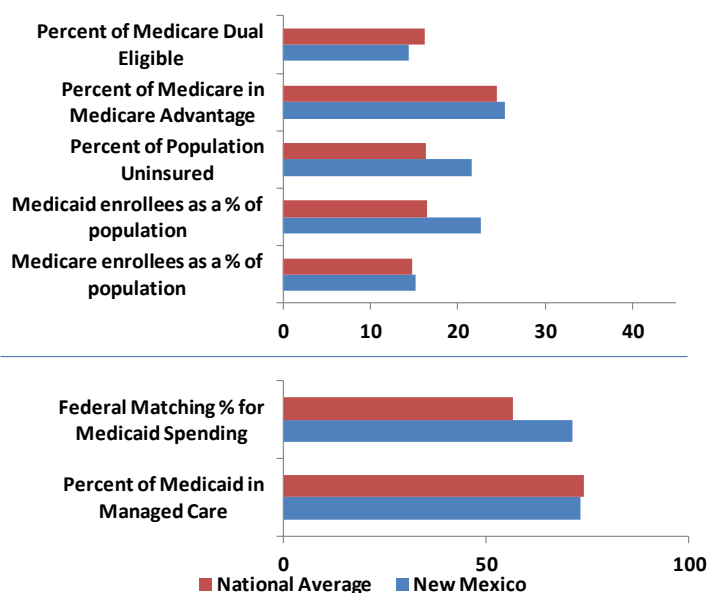
New Mexico Health Care Spending as a Share of GDP Compared to the National Average



New Mexico Per Capita Health Care Spending as a % of the National Average

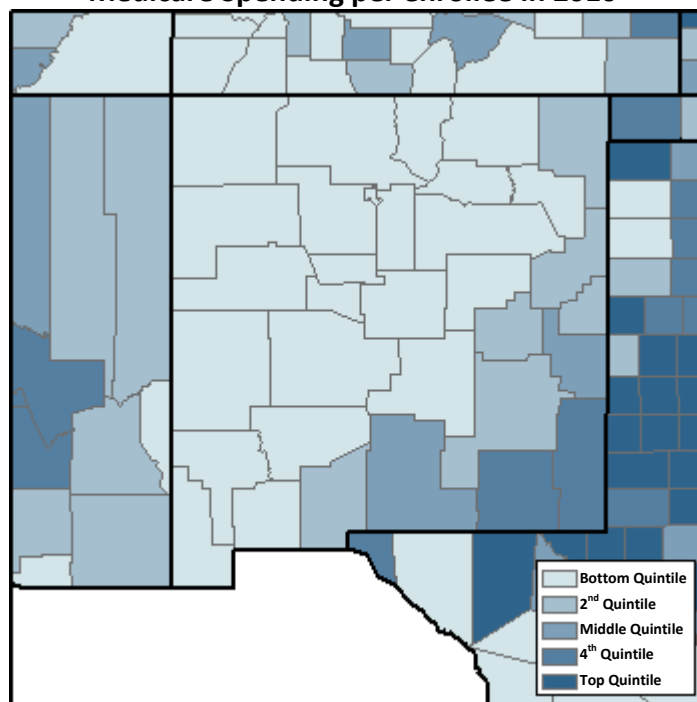


Coverage Percentages in New Mexico



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



New Mexico Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	16.5	110	29	20
Medicare Spending as a % of GDP	3.0	89	19	12
Medicaid Spending as a % of GDP	3.8	154	45	30
Non-Medicare/Medicaid as a % of GDP	9.7	106	24	19

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,651	98	21	8
Medicare Spending per enrollee	8,120	78	5	6
Medicaid Spending per enrollee	6,409	94	17	11
Personal Health Care Spending for non-Medicare/Medicaid population	5,562	108	29	16

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	15.1	102	20	13
Medicaid enrollees as a % of population	22.6	137	46	42
Percent of Population Uninsured	21.6	133	49	49
Percent of Medicare in Medicare Advantage	25.4	104	34	37
Percent of Medicaid in Managed Care	73.1	102	22	25
Percent of Medicare Dual Eligible	14.3	88	28	29
Federal Matching % for Medicaid Spending	71.4	125	46	47

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Bernalillo County (Albuquerque)				
Parts A&B per enrollee	6,589	71	2	5
Part A Disproportionate Share	8.4	145	84	82
Average Risk Score	89	89	7	8
Adjusted Parts A&B per enrollee	7,562	87	9	18
Medicare Advantage Penetration	42.6	174	88	89
Dona Ana County (Las Cruces)				
Parts A&B per enrollee	7,645	83	14	11
Part A Disproportionate Share	10.6	182	93	92
Average Risk Score	95	95	28	37
Adjusted Parts A&B per enrollee	7,818	90	15	10
Medicare Advantage Penetration	21.7	89	50	46
San Juan County (Farmington City)				
Parts A&B per enrollee	7,293	79	8	15
Part A Disproportionate Share	9.8	170	90	74
Average Risk Score	93	93	18	23
Adjusted Parts A&B per enrollee	7,760	89	14	18
Medicare Advantage Penetration	2.8	11	1	2
Santa Fe County (Santa Fe)				
Parts A&B per enrollee	6,195	67	1	1
Part A Disproportionate Share	7.2	124	75	80
Average Risk Score	80	80	0	1
Adjusted Parts A&B per enrollee	8,537	98	44	45
Medicare Advantage Penetration	24.3	99	55	55

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

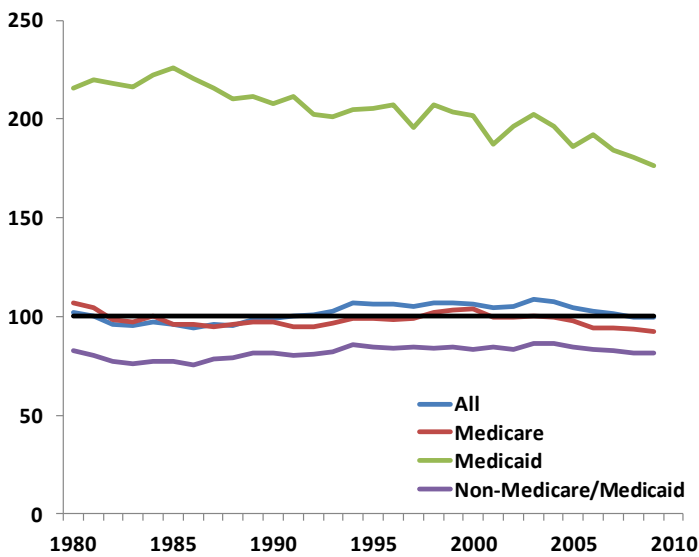
Health Care Spending in New York



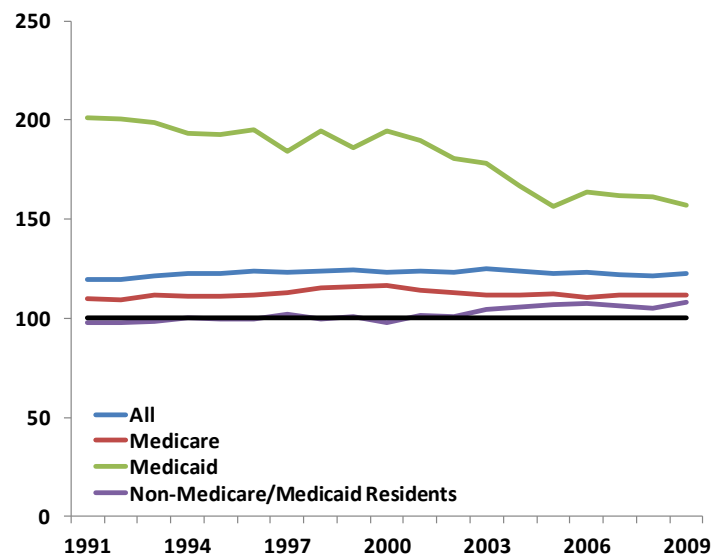
Key Health Care Spending Indicators in New York

- Health care spending in New York was 14.9 percent of state GDP in 2009, the same percent as the nation as a whole.
- In contrast, since 1980, Medicaid's share of the state's economy has been one of the highest shares in the nation.
- Spending per Medicaid enrollee and the percent of the population on Medicaid were also close to the highest in the nation.
- Average Medicare spending amounts in Brooklyn and Queens (King and Queens Counties) were some of the highest in the country, as were the average health risk scores and disproportionate share payments.

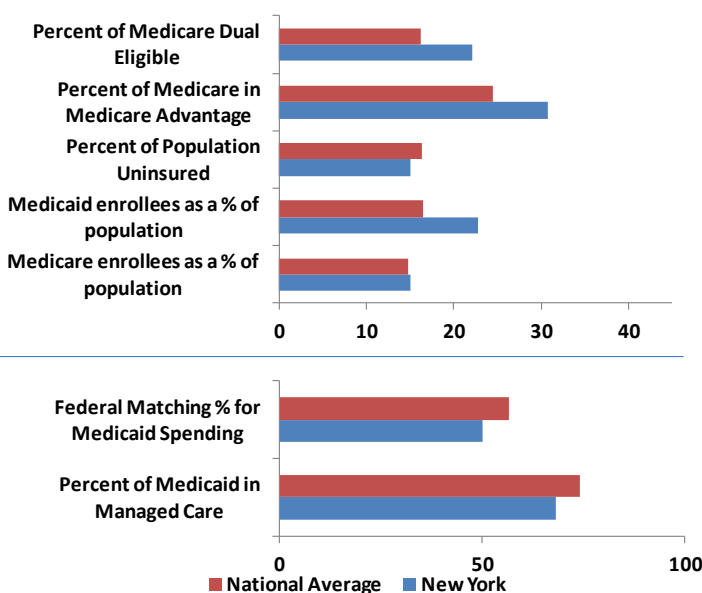
New York Health Care Spending as a Share of GDP Compared to the National Average



New York Per Capita Health Care Spending as a % of the National Average

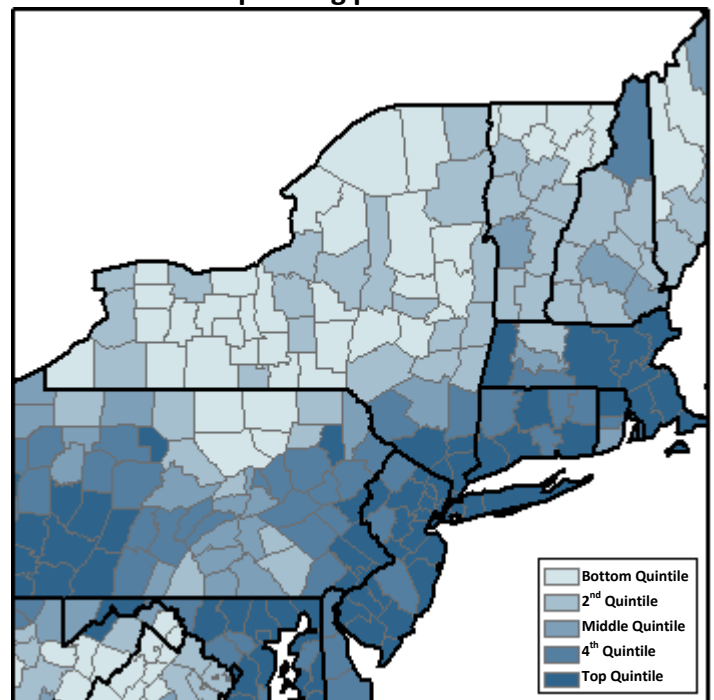


Coverage Percentages in New York



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



New York Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	14.9	100	21	26
Medicare Spending as a % of GDP	3.1	93	24	28
Medicaid Spending as a % of GDP	4.3	176	49	48
Non-Medicare/Medicaid as a % of GDP	7.4	82	2	4

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	8,341	122	45	48
Medicare Spending per enrollee	11,604	112	47	46
Medicaid Spending per enrollee	10,708	157	46	49
Personal Health Care Spending for non-Medicare/Medicaid population	5,580	108	30	27

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	15.0	101	18	23
Medicaid enrollees as a % of population	22.8	138	47	45
Percent of Population Uninsured	15.0	92	30	28
Percent of Medicare in Medicare Advantage	30.7	125	39	39
Percent of Medicaid in Managed Care	69.7	94	22	14
Percent of Medicare Dual Eligible	22.1	136	46	43
Federal Matching % for Medicaid Spending	50.0	88	6	6

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Erie County (Buffalo)				
Parts A&B per enrollee	7,485	81	11	19
Part A Disproportionate Share	5.2	91	46	56
Average Risk Score	101	101	56	55
Adjusted Parts A&B per enrollee	6,818	78	2	3
Medicare Advantage Penetration	51.8	211	98	97
Kings County (Brooklyn)				
Parts A&B per enrollee	14,418	156	99	99
Part A Disproportionate Share	15.2	263	100	98
Average Risk Score	133	133	100	100
Adjusted Parts A&B per enrollee	7,421	85	7	12
Medicare Advantage Penetration	34.0	139	71	73
Onondaga County (Syracuse)				
Parts A&B per enrollee	7,729	84	17	17
Part A Disproportionate Share	6.7	115	68	47
Average Risk Score	100	100	52	48
Adjusted Parts A&B per enrollee	7,150	82	4	5
Medicare Advantage Penetration	21.5	88	49	42
Queens County (Queens)				
Parts A&B per enrollee	12,110	131	96	97
Part A Disproportionate Share	10.0	172	91	90
Average Risk Score	119	119	99	97
Adjusted Parts A&B per enrollee	7,853	90	17	32
Medicare Advantage Penetration	36.2	148	76	76

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

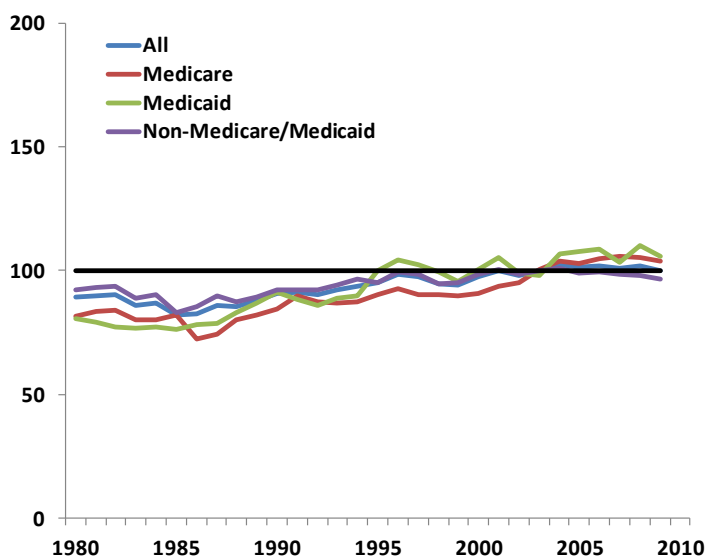
Health Care Spending in North Carolina



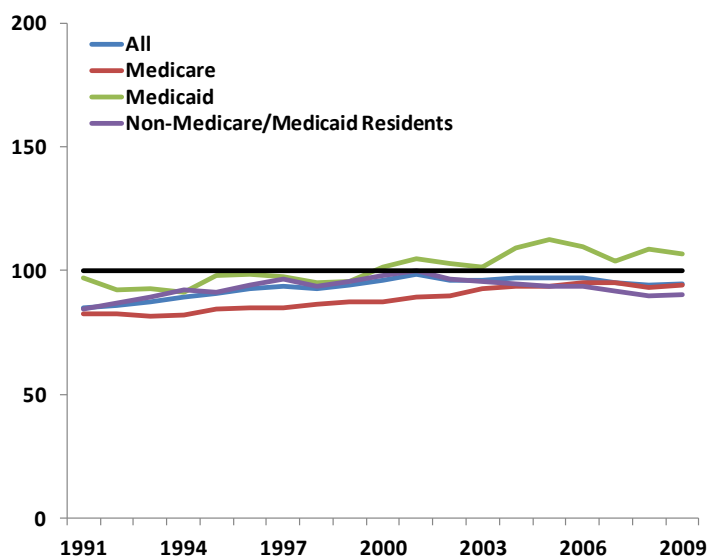
Key Health Care Spending Indicators in North Carolina

- Personal Health care spending as a percent of North Carolina's GDP was the same as the national percentage.
- Per capita health care spending by the non-Medicare/Medicaid residents averaged \$4,668 in 2009 for the eleventh lowest spending state.
- In 2010, 17% of the state's population was uninsured, just above the national average.
- The federal matching percentage for Medicaid spending was 64.6%, the 14th highest rate.
- Medicare disproportionate share payments in Asheville, Charlotte, and Wilmington were relatively high at about 8 percent of Part A spending, placing these areas in the top quarter.

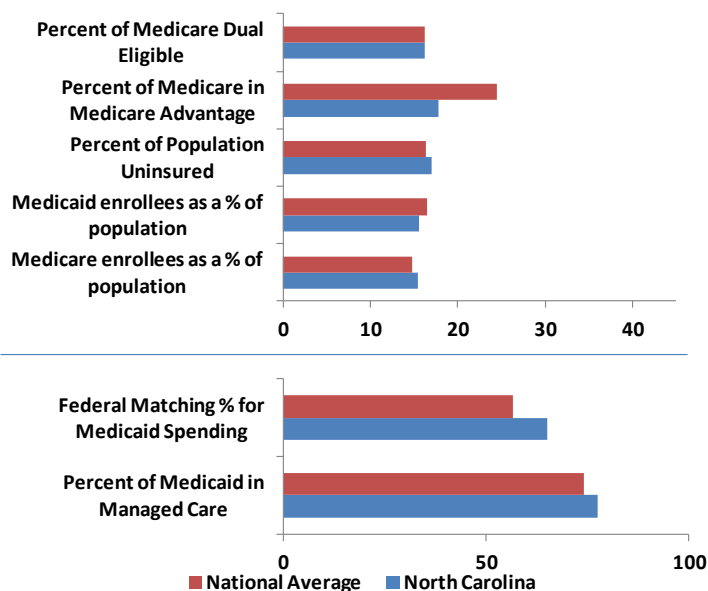
North Carolina Health Care Spending as a Share of GDP Compared to the National Average



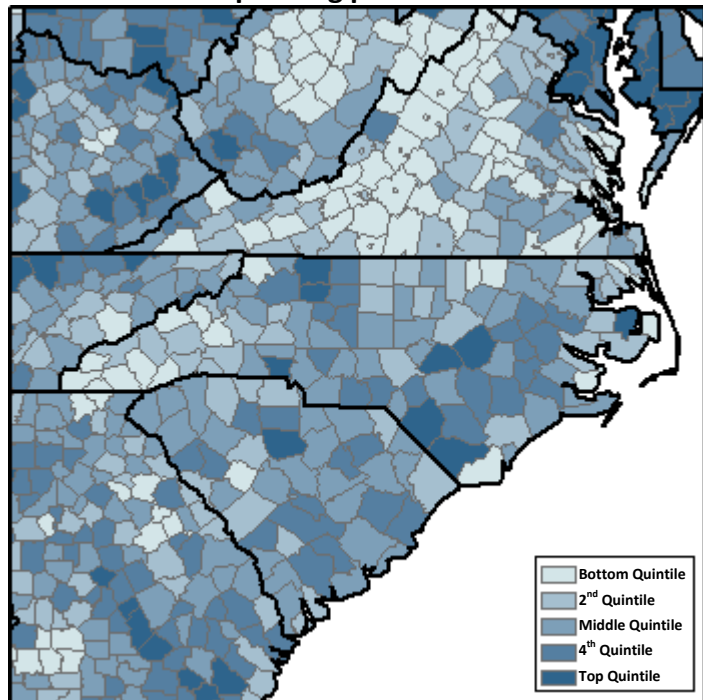
North Carolina Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in North Carolina



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

North Carolina Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	14.9	100	22	15
Medicare Spending as a % of GDP	3.5	104	32	21
Medicaid Spending as a % of GDP	2.6	106	30	27
Non-Medicare/Medicaid as a % of GDP	8.8	97	13	13

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,444	95	14	17
Medicare Spending per enrollee	9,741	94	30	23
Medicaid Spending per enrollee	7,275	107	28	25
Personal Health Care Spending for non-Medicare/Medicaid population	4,668	90	11	13

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	15.5	104	23	23
Medicaid enrollees as a % of population	15.6	94	29	31
Percent of Population Uninsured	17.0	104	35	35
Percent of Medicare in Medicare Advantage	17.8	73	23	20
Percent of Medicaid in Managed Care	68.2	92	17	25
Percent of Medicare Dual Eligible	16.2	100	34	39
Federal Matching % for Medicaid Spending	64.6	114	37	33

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Buncombe County (Asheville)				
Parts A&B per enrollee	7,575	82	13	16
Part A Disproportionate Share	7.1	123	74	81
Average Risk Score	93	93	18	21
Adjusted Parts A&B per enrollee	8,104	93	25	30
Medicare Advantage Penetration	16.9	69	37	36
Mecklenburg County (Charlotte)				
Parts A&B per enrollee	8,084	88	26	30
Part A Disproportionate Share	7.6	131	79	72
Average Risk Score	95	95	26	33
Adjusted Parts A&B per enrollee	8,309	95	33	36
Medicare Advantage Penetration	16.5	67	35	34
New Hanover County (Wilmington)				
Parts A&B per enrollee	8,117	88	27	37
Part A Disproportionate Share	7.0	122	74	82
Average Risk Score	95	95	25	33
Adjusted Parts A&B per enrollee	8,366	96	36	45
Medicare Advantage Penetration	6.9	28	8	11
Wake County (Raleigh)				
Parts A&B per enrollee	7,685	83	16	25
Part A Disproportionate Share	5.2	89	45	59
Average Risk Score	90	90	10	17
Adjusted Parts A&B per enrollee	8,663	99	49	51
Medicare Advantage Penetration	17.6	72	40	40

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

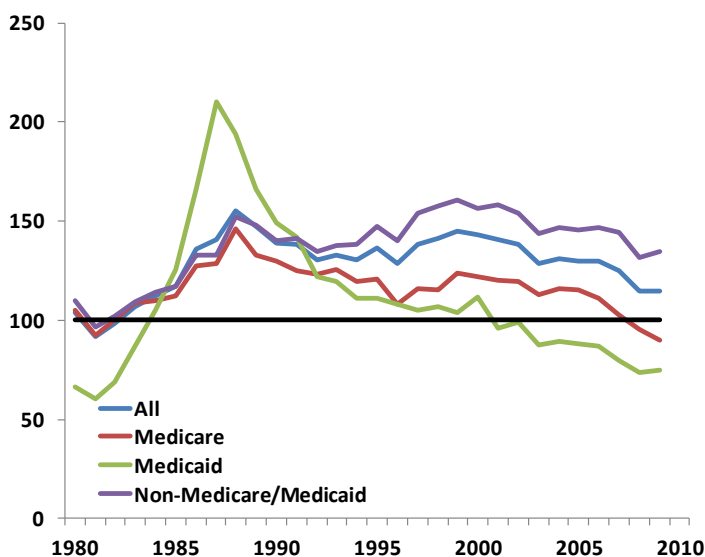
Health Care Spending in North Dakota



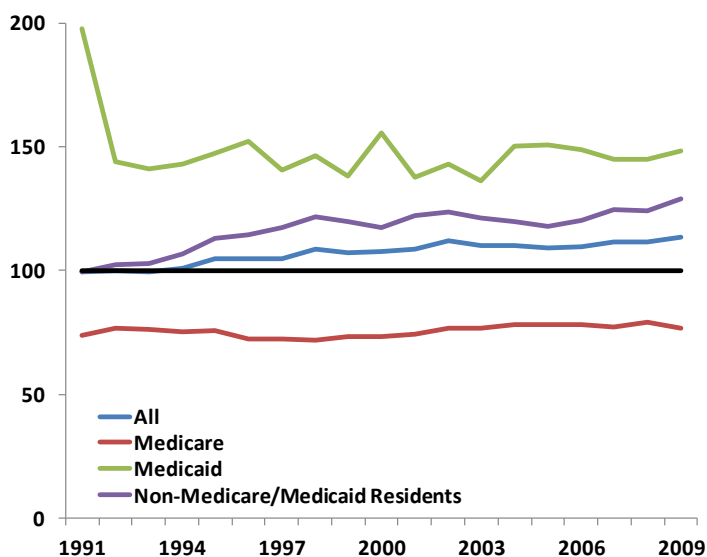
Key Health Care Spending Indicators in North Dakota

- Non-Medicare/Medicaid spending was 12.2% of the economy in 2009, for the second highest percentage. Medicare spending per enrollee in North Dakota was \$7,958 in 2009, the fourth lowest among the states.
- In contrast, Medicaid spending per enrollee was \$10,111, ranking seventh highest nationwide.
- Similarly, non-Medicare/Medicaid spending on a per enrollee basis was 129% of the national average, the fifth highest in the country.
- Medicaid enrollees who were in a managed care plan in 2010 accounted for 8.9% of all beneficiaries for the fourth lowest state percentage.

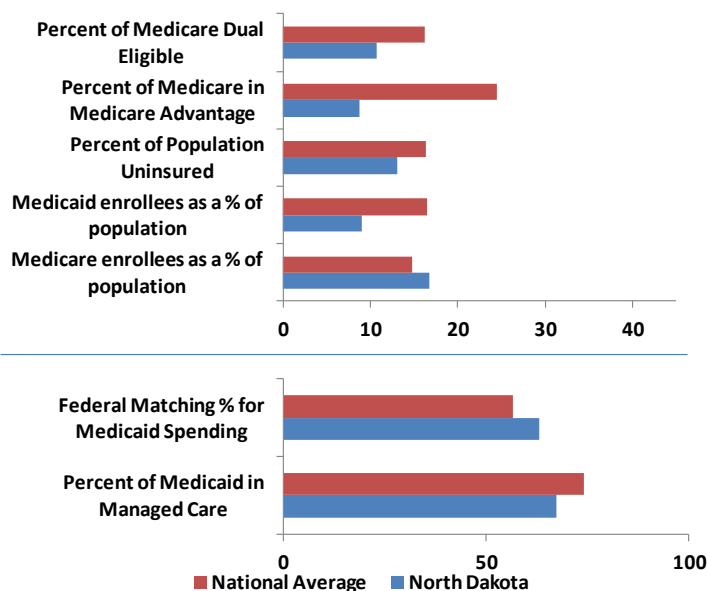
North Dakota Health Care Spending as a Share of GDP Compared to the National Average



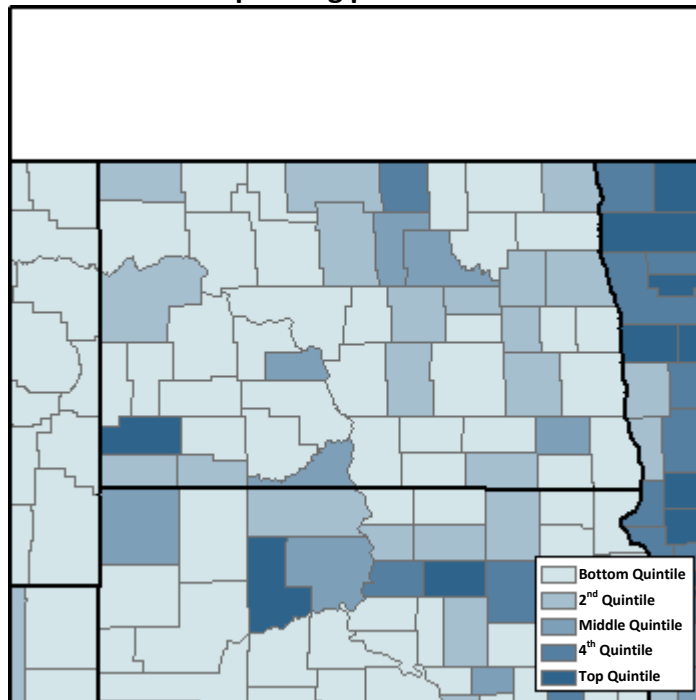
North Dakota Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in North Dakota



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

North Dakota Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	17.1	115	33	44
Medicare Spending as a % of GDP	3.0	90	20	37
Medicaid Spending as a % of GDP	1.8	75	12	32
Non-Medicare/Medicaid as a % of GDP	12.2	135	49	47

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,749	114	42	39
Medicare Spending per enrollee	7,958	77	4	5
Medicaid Spending per enrollee	10,111	148	44	44
Personal Health Care Spending for non-Medicare/Medicaid population	6,666	129	46	43

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	16.7	113	39	43
Medicaid enrollees as a % of population	8.9	54	4	6
Percent of Population Uninsured	13.1	80	18	14
Percent of Medicare in Medicare Advantage	8.7	35	8	8
Percent of Medicaid in Managed Care	67.3	94	16	17
Percent of Medicare Dual Eligible	10.7	66	6	9
Federal Matching % for Medicaid Spending	63.0	111	28	38

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Burleigh County (Bismarck)				
Parts A&B per enrollee	6,554	71	2	6
Part A Disproportionate Share	3.9	68	30	16
Average Risk Score	93	93	17	26
Adjusted Parts A&B per enrollee	7,274	83	5	8
Medicare Advantage Penetration	9.2	38	13	13
Cass County (Fargo)				
Parts A&B per enrollee	7,095	77	5	4
Part A Disproportionate Share	3.8	66	29	22
Average Risk Score	94	94	22	13
Adjusted Parts A&B per enrollee	7,596	87	10	18
Medicare Advantage Penetration	11.1	45	19	20
Grand Forks County (Grand Forks)				
Parts A&B per enrollee	7,498	81	11	14
Part A Disproportionate Share	6.2	107	62	20
Average Risk Score	91	91	11	11
Adjusted Parts A&B per enrollee	8,200	94	28	48
Medicare Advantage Penetration	8.8	36	12	11
Ward County (Minot)				
Parts A&B per enrollee	7,075	77	5	6
Part A Disproportionate Share	2.8	48	13	12
Average Risk Score	95	95	28	24
Adjusted Parts A&B per enrollee	7,534	86	9	15
Medicare Advantage Penetration	5.3	22	5	7

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

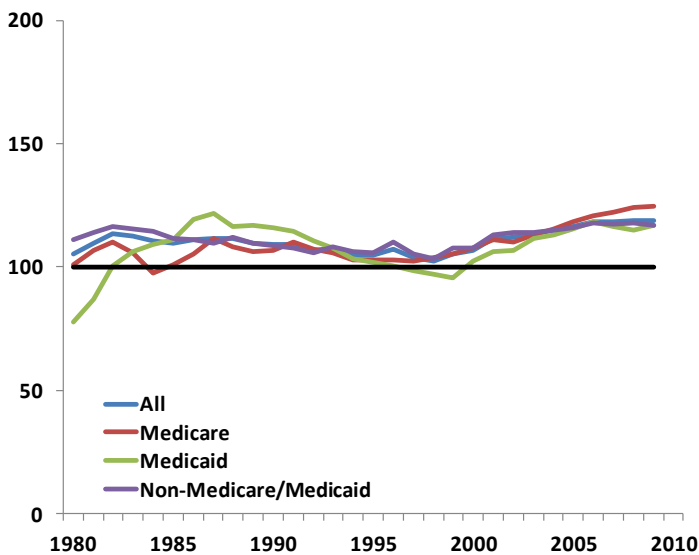
Health Care Spending in Ohio



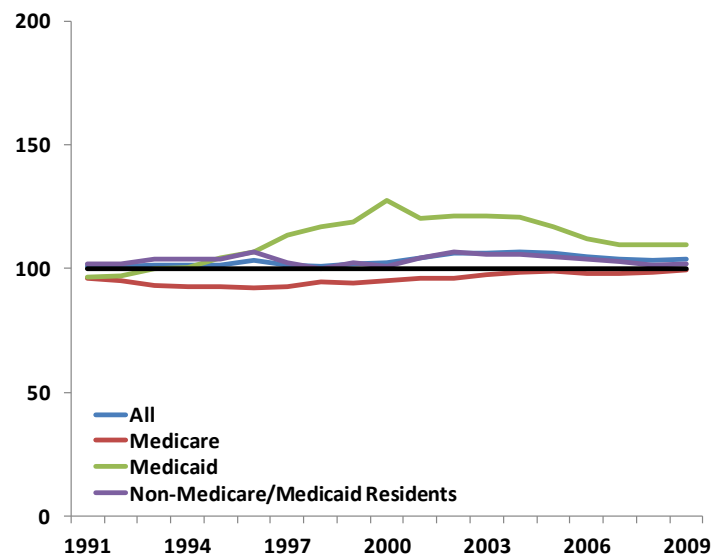
Key Health Care Spending Indicators in Ohio

- Health care spending in Ohio as a percent of state GDP was the tenth highest in 2009.
- However, per capita health care spending in 2009 was \$7,076, or just 4% above the national average.
- Average Medicare spending and health care spending by the non-Medicare/Medicare population were close to the national average.
- A third of Medicare enrollees were in a Medicare advantage plan in 2010, for the tenth highest state percentage.
- The average risk scores of Medicare enrollees in Cuyahoga and Lucas counties (Cleveland and Toledo) were in the top ten percent among counties.

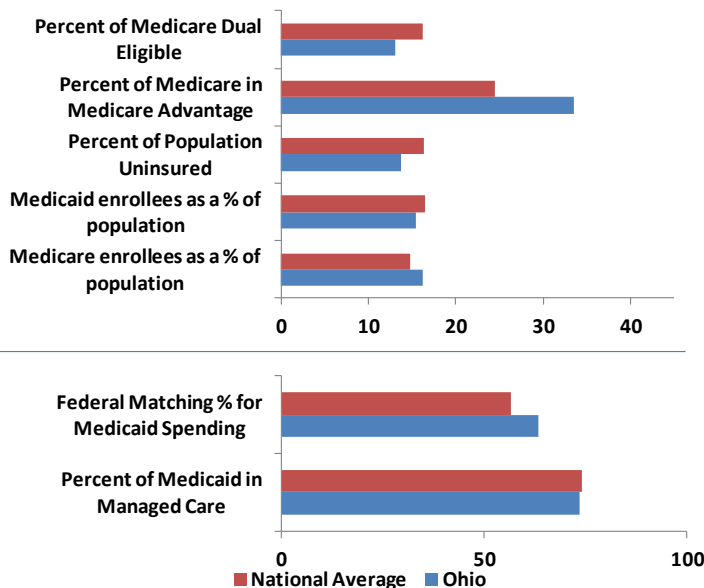
Ohio Health Care Spending as a Share of GDP Compared to the National Average



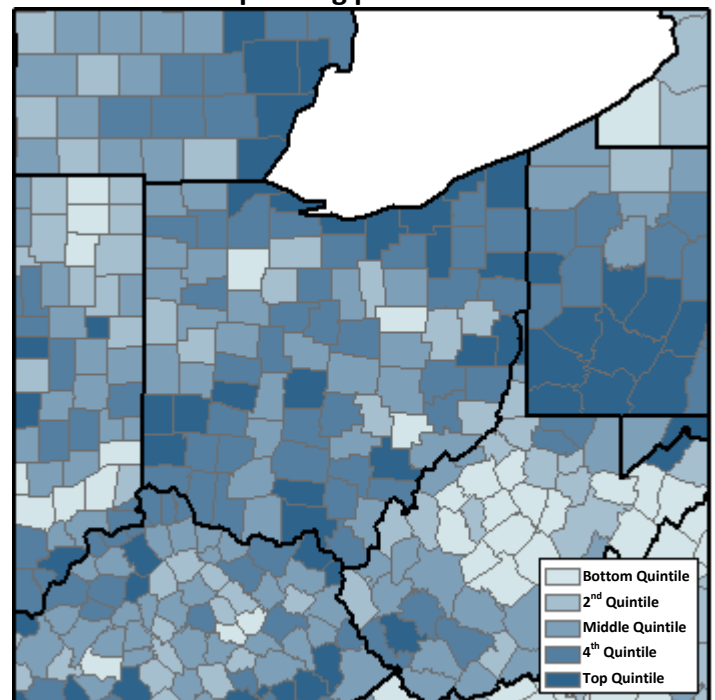
Ohio Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in Ohio



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Ohio Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	17.7	119	41	36
Medicare Spending as a % of GDP	4.2	124	39	34
Medicaid Spending as a % of GDP	2.9	117	36	34
Non-Medicare/Medicaid as a % of GDP	10.6	117	38	36

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,076	104	33	35
Medicare Spending per enrollee	10,300	99	36	33
Medicaid Spending per enrollee	7,469	109	31	32
Personal Health Care Spending for non-Medicare/Medicaid population	5,272	102	23	30

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	16.2	109	31	33
Medicaid enrollees as a % of population	15.5	94	28	26
Percent of Population Uninsured	13.7	84	23	17
Percent of Medicare in Medicare Advantage	33.5	137	41	35
Percent of Medicaid in Managed Care	76.7	104	28	13
Percent of Medicare Dual Eligible	13.0	80	19	13
Federal Matching % for Medicaid Spending	62.1	109	27	23

Medicare in Selected Counties	Amount in 2010*	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Cuyahoga County (Cleveland)				
Parts A&B per enrollee	10,398	113	78	75
Part A Disproportionate Share	3.6	63	26	34
Average Risk Score	111	111	90	91
Adjusted Parts A&B per enrollee	8,277	95	31	25
Medicare Advantage Penetration	34.5	141	73	70
Franklin County (Columbus)				
Parts A&B per enrollee	9,719	105	66	56
Part A Disproportionate Share	5.1	89	45	39
Average Risk Score	103	103	64	66
Adjusted Parts A&B per enrollee	8,734	100	53	45
Medicare Advantage Penetration	38.0	155	81	74
Hamilton County (Cincinnati)				
Parts A&B per enrollee	9,296	101	57	49
Part A Disproportionate Share	4.1	71	32	33
Average Risk Score	103	103	66	61
Adjusted Parts A&B per enrollee	8,353	96	35	37
Medicare Advantage Penetration	33.4	136	70	68
Lucas County (Toledo)				
Parts A&B per enrollee	10,538	114	80	73
Part A Disproportionate Share	5.4	93	48	46
Average Risk Score	113	113	93	85
Adjusted Parts A&B per enrollee	8,038	92	23	30
Medicare Advantage Penetration	32.3	132	69	66

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009. *See addendum related to Cuyahoga County.

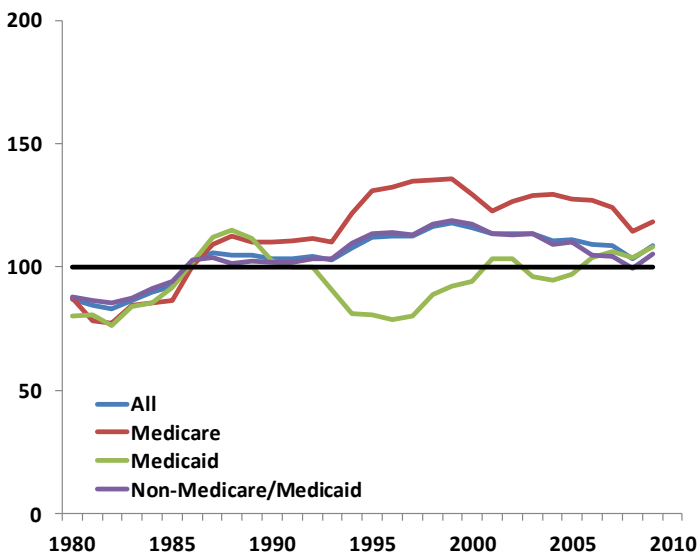
Health Care Spending in Oklahoma



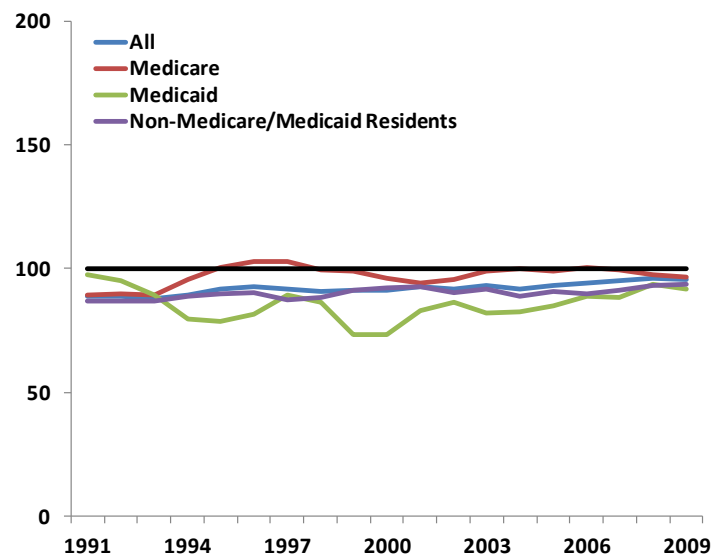
Key Health Care Spending Indicators in Oklahoma

- Personal health care spending and its three components as a percentage of the state's GDP were all higher than the national averages in 2009.
- However, per capita health care spending and its three components were all lower than the national average.
- 15.2% of the Medicare population enrolled in Medicare Advantage, which was 62% of the national average.
- In contrast, more than 90% of the state's Medicaid population was enrolled in managed care.
- Comanche County (Lawton) and Garfield County (Enid) had some of the lowest Medicare Advantage enrollment in the country.

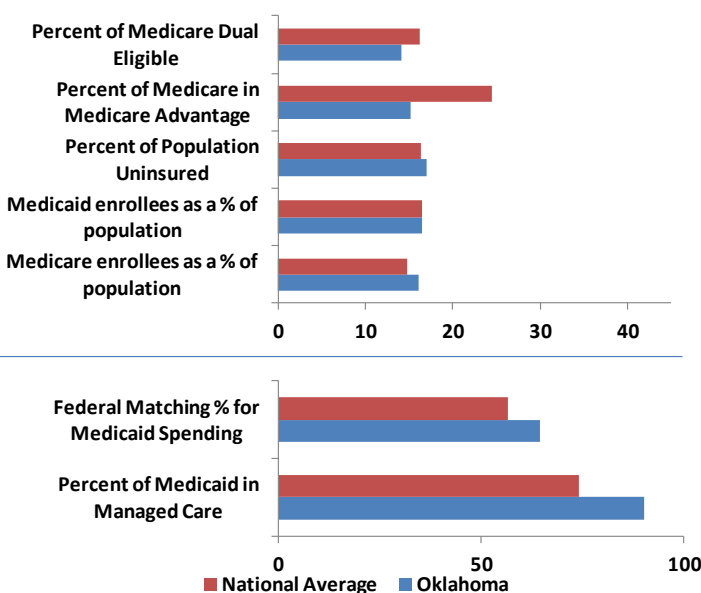
Oklahoma Health Care Spending as a Share of GDP Compared to the National Average



Oklahoma Per Capita Health Care Spending as a % of the National Average

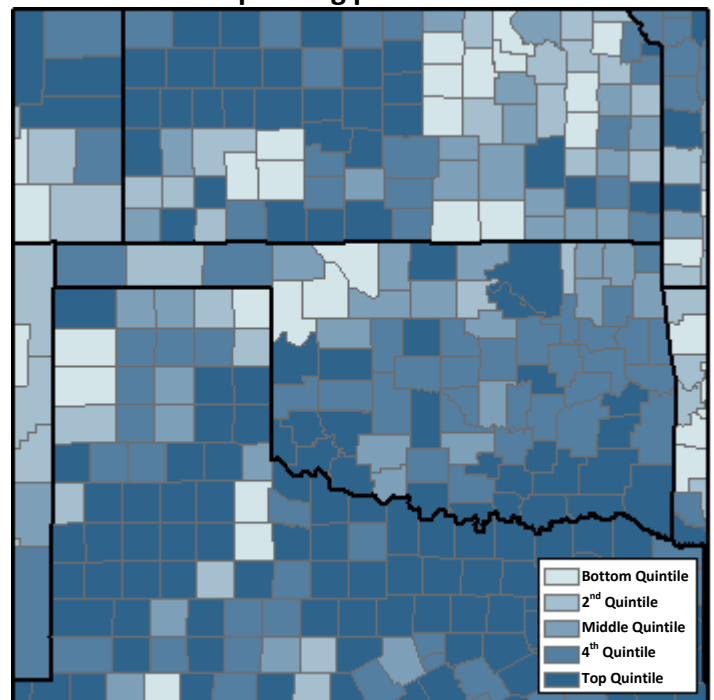


Coverage Percentages in Oklahoma



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Oklahoma Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	16.2	109	28	29
Medicare Spending as a % of GDP	4.0	118	37	35
Medicaid Spending as a % of GDP	2.7	108	32	27
Non-Medicare/Medicaid as a % of GDP	9.6	105	22	26

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,532	96	15	14
Medicare Spending per enrollee	10,000	96	33	34
Medicaid Spending per enrollee	6,265	92	15	12
Personal Health Care Spending for non-Medicare/Medicaid population	4,853	94	16	10

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	16.1	108	29	32
Medicaid enrollees as a % of population	16.5	100	33	26
Percent of Population Uninsured	17.0	104	35	43
Percent of Medicare in Medicare Advantage	15.2	62	18	26
Percent of Medicaid in Managed Care	90.1	126	42	37
Percent of Medicare Dual Eligible	14.0	87	26	26
Federal Matching % for Medicaid Spending	64.4	113	32	40

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Comanche County (Lawton)				
Parts A&B per enrollee	8,080	88	25	27
Part A Disproportionate Share	9.7	168	90	88
Average Risk Score	105	105	77	58
Adjusted Parts A&B per enrollee	6,966	80	3	13
Medicare Advantage Penetration	2.7	11	1	1
Garfield County (Enid)				
Parts A&B per enrollee	8,577	93	38	39
Part A Disproportionate Share	7.9	136	81	75
Average Risk Score	99	99	46	38
Adjusted Parts A&B per enrollee	8,350	96	35	51
Medicare Advantage Penetration	4.2	17	3	2
Oklahoma County (Oklahoma City)				
Parts A&B per enrollee	9,348	101	59	66
Part A Disproportionate Share	7.3	125	76	54
Average Risk Score	98	98	42	39
Adjusted Parts A&B per enrollee	9,143	105	70	80
Medicare Advantage Penetration	20.2	82	47	46
Tulsa County (Tulsa)				
Parts A&B per enrollee	8,742	95	43	49
Part A Disproportionate Share	6.5	112	65	63
Average Risk Score	94	94	21	17
Adjusted Parts A&B per enrollee	9,070	104	68	82
Medicare Advantage Penetration	30.3	124	65	68

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

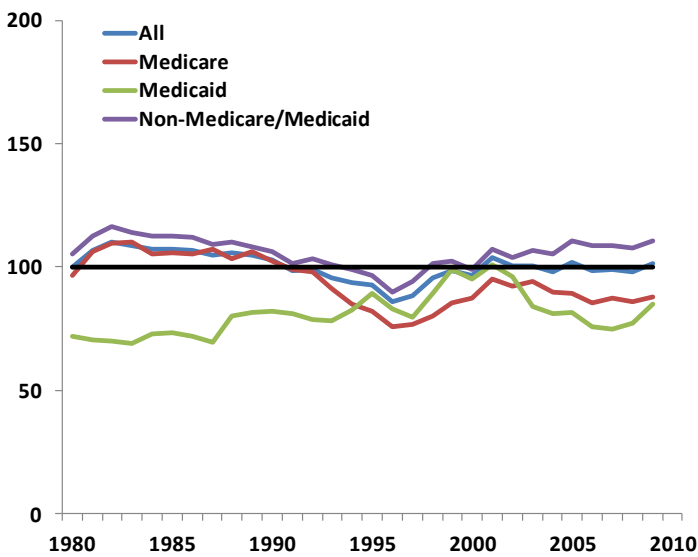
Health Care Spending in Oregon



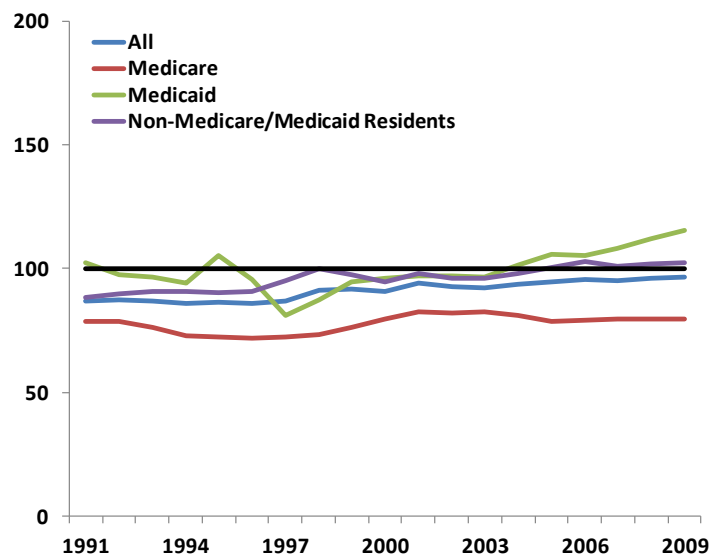
Key Health Care Spending Indicators in Oregon

- Personal health care spending as a share of state GDP was close to the national average in 2009.
- But Medicare spending per enrollee was below the national averages in all years from 1991 to 2009.
- The percentage of the Medicare population in Oregon enrolled in Medicare Advantage was 42.3%, the second highest in the nation.
- 86.7% of the Medicaid population was also enrolled in managed care plans.
- Jackson County (Medford City), Lane County (Eugene), and Multnomah County (Portland) has some of the lowest Medicare spending per enrollee.

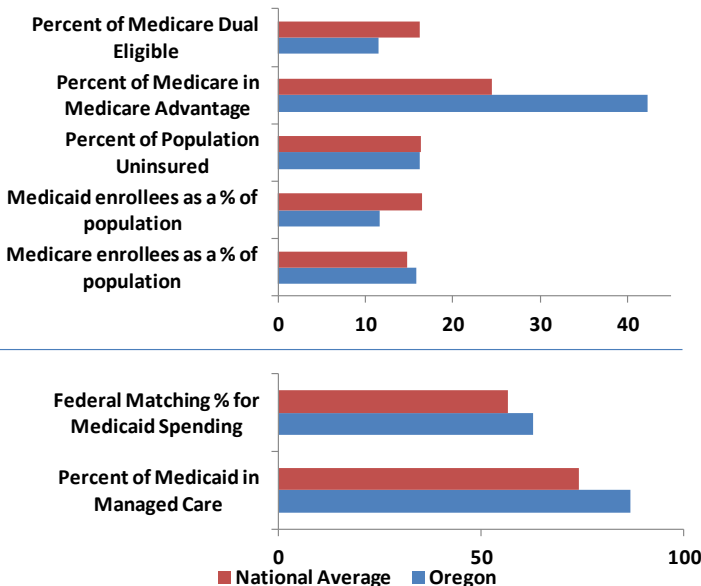
Oregon Health Care Spending as a Share of GDP Compared to the National Average



Oregon Per Capita Health Care Spending as a % of the National Average

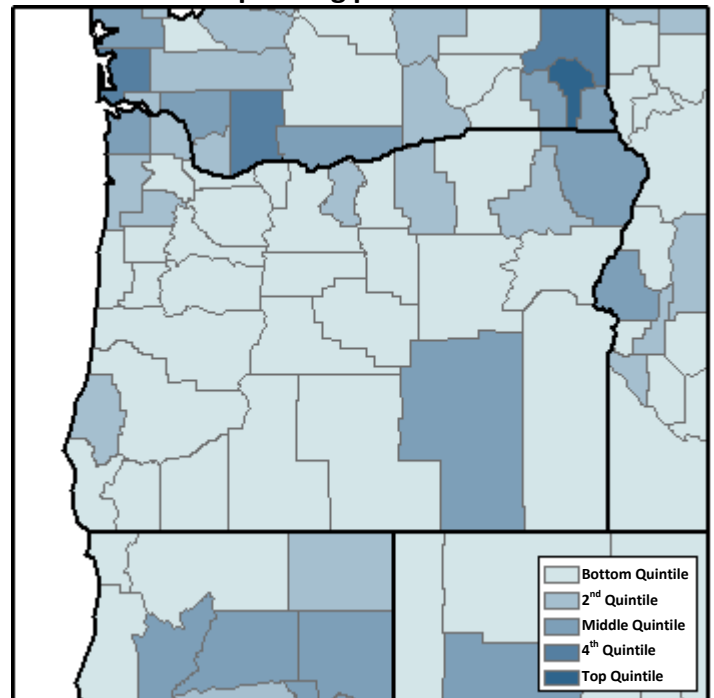


Coverage Percentages in Oregon



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Oregon Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	15.1	101	23	24
Medicare Spending as a % of GDP	3.0	88	15	24
Medicaid Spending as a % of GDP	2.1	85	17	18
Non-Medicare/Medicaid as a % of GDP	10.0	111	28	28

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,580	97	17	12
Medicare Spending per enrollee	8,247	80	8	8
Medicaid Spending per enrollee	7,896	116	33	24
Personal Health Care Spending for non-Medicare/Medicaid population	5,291	102	24	17

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	15.8	106	25	29
Medicaid enrollees as a % of population	11.6	70	13	20
Percent of Population Uninsured	16.2	99	33	35
Percent of Medicare in Medicare Advantage	42.3	173	49	49
Percent of Medicaid in Managed Care	86.7	121	38	40
Percent of Medicare Dual Eligible	11.4	70	12	16
Federal Matching % for Medicaid Spending	62.7	110	27	28

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Coos County (Coos Bay)				
Parts A&B per enrollee	7,528	82	11	20
Part A Disproportionate Share	3.8	65	28	35
Average Risk Score	90	90	8	12
Adjusted Parts A&B per enrollee	8,664	99	50	54
Medicare Advantage Penetration	6.1	25	6	22
Jackson County (Medford City)				
Parts A&B per enrollee	6,729	73	2	29
Part A Disproportionate Share	6.3	109	63	60
Average Risk Score	93	93	18	29
Adjusted Parts A&B per enrollee	7,376	85	6	35
Medicare Advantage Penetration	30.6	125	66	68
Lane County (Eugene)				
Parts A&B per enrollee	6,768	73	3	33
Part A Disproportionate Share	4.2	72	33	48
Average Risk Score	88	88	5	4
Adjusted Parts A&B per enrollee	8,181	94	28	63
Medicare Advantage Penetration	45.7	186	93	92
Multnomah County (Portland)				
Parts A&B per enrollee	7,231	78	6	10
Part A Disproportionate Share	5.1	88	44	61
Average Risk Score	91	91	12	14
Adjusted Parts A&B per enrollee	7,928	91	18	21
Medicare Advantage Penetration	53.6	219	98	98

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

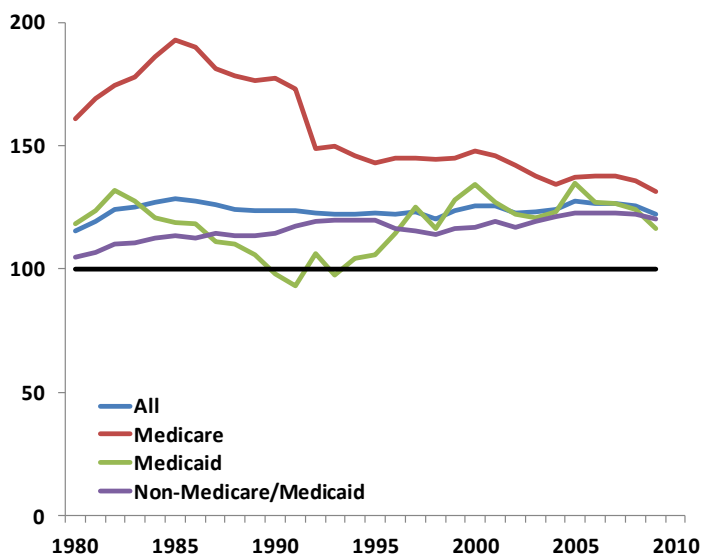
Health Care Spending in Pennsylvania



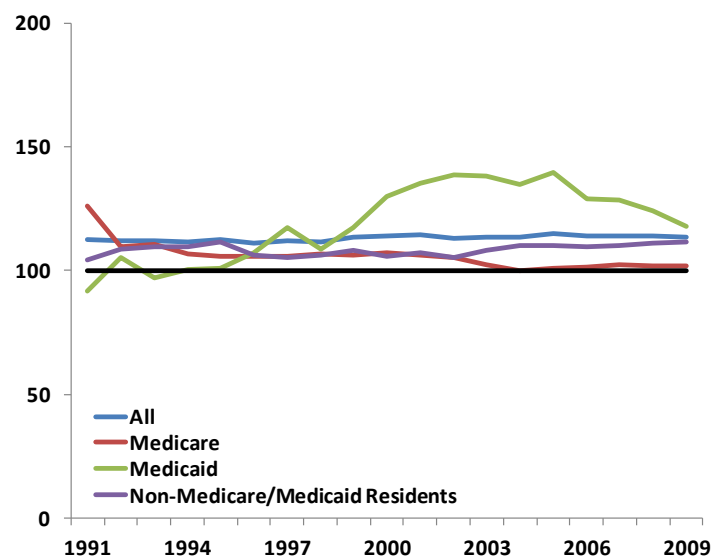
Key Health Care Spending Indicators in Pennsylvania

- Both health care spending as a percentage of GDP and per capita spending were higher than the national averages in all sample years.
- Medicare's share of the state economy was one of the highest shares in the nation, particularly in the 1980s.
- The percentage of state population covered by Medicare was 17.9%, the fourth highest across the states.
- 38.5% of Medicare population in Pennsylvania enrolled in Medicare Advantage, the fifth highest in the nation.
- The percentage of Medicare beneficiaries enrolled in Medicare Advantage in Allegheny County (Pittsburgh) was 60.1%, near the top of the national rankings.

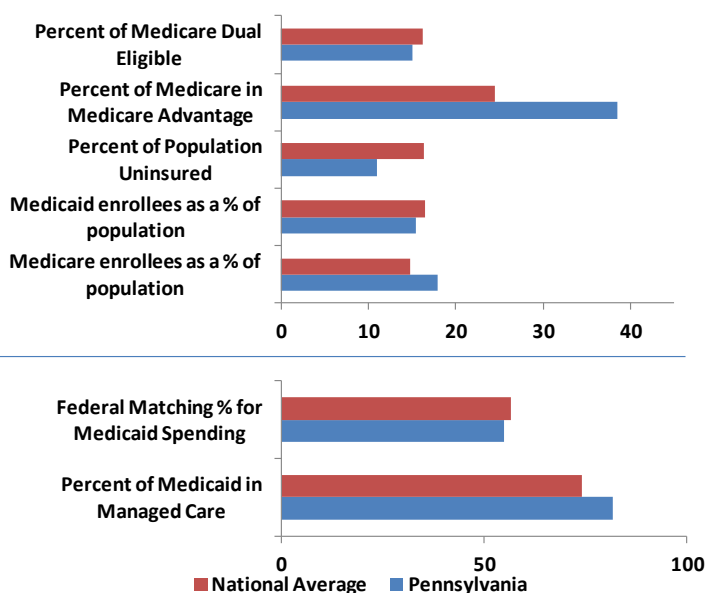
Pennsylvania Health Care Spending as a Share of GDP Compared to the National Average



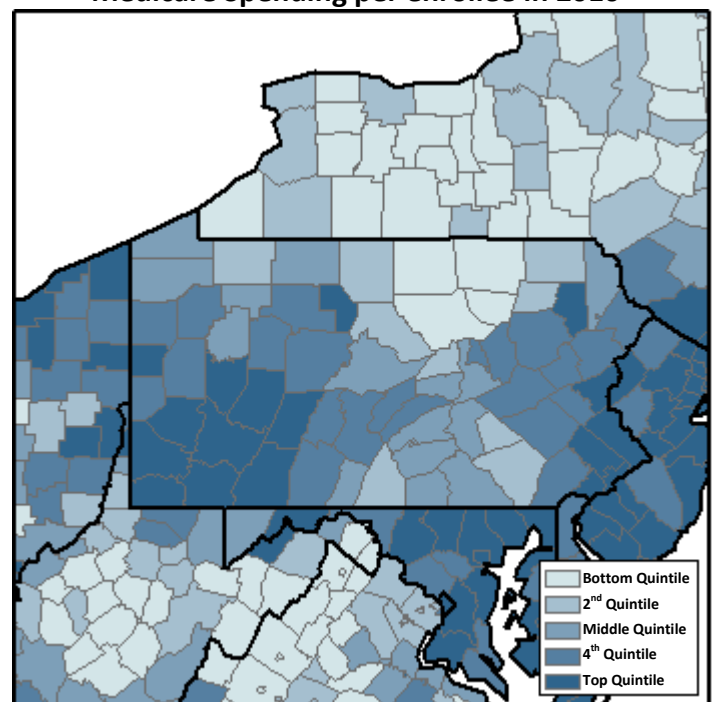
Pennsylvania Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in Pennsylvania



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Pennsylvania Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	18.2	122	46	44
Medicare Spending as a % of GDP	4.4	132	41	46
Medicaid Spending as a % of GDP	2.9	116	35	38
Non-Medicare/Medicaid as a % of GDP	10.9	120	43	41

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,730	113	41	44
Medicare Spending per enrollee	10,555	102	38	41
Medicaid Spending per enrollee	8,049	118	34	34
Personal Health Care Spending for non-Medicare/Medicaid population	5,777	112	33	37

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	17.9	121	47	48
Medicaid enrollees as a % of population	15.5	94	27	28
Percent of Population Uninsured	11.0	67	9	9
Percent of Medicare in Medicare Advantage	38.5	157	46	44
Percent of Medicaid in Managed Care	81.7	114	32	35
Percent of Medicare Dual Eligible	15.0	93	30	27
Federal Matching % for Medicaid Spending	54.8	96	19	17

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Allegheny County (Pittsburgh)				
Parts A&B per enrollee	10,634	115	81	86
Part A Disproportionate Share	2.2	38	9	19
Average Risk Score	111	111	91	89
Adjusted Parts A&B per enrollee	8,370	96	37	38
Medicare Advantage Penetration	60.1	245	99	99
Lancaster County (Lancaster)				
Parts A&B per enrollee	7,823	85	19	19
Part A Disproportionate Share	2.2	38	8	6
Average Risk Score	101	101	59	60
Adjusted Parts A&B per enrollee	7,460	86	7	8
Medicare Advantage Penetration	29.4	120	64	62
Luzerne County (Wilkes-Barre)				
Parts A&B per enrollee	9,313	101	58	62
Part A Disproportionate Share	2.7	46	12	12
Average Risk Score	110	110	89	90
Adjusted Parts A&B per enrollee	7,741	89	13	11
Medicare Advantage Penetration	20.5	83	47	45
Philadelphia County (Philadelphia)				
Parts A&B per enrollee	11,253	122	90	95
Part A Disproportionate Share	6.5	113	66	75
Average Risk Score	112	112	92	95
Adjusted Parts A&B per enrollee	8,361	96	36	22
Medicare Advantage Penetration	42.9	175	89	93

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

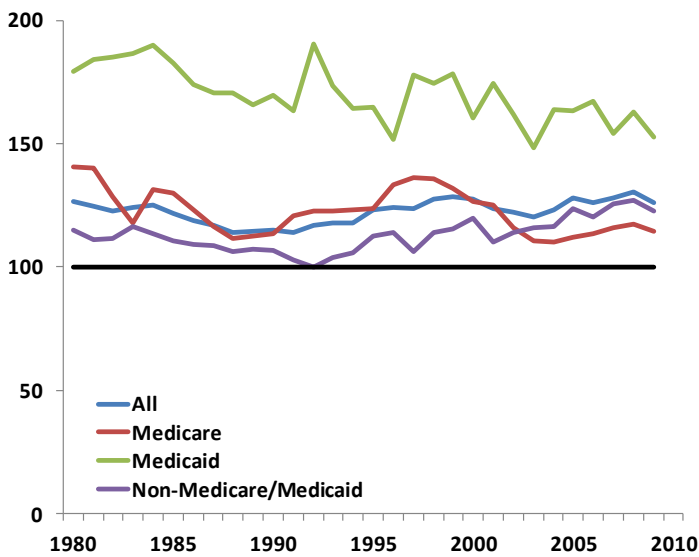
Health Care Spending in Rhode Island



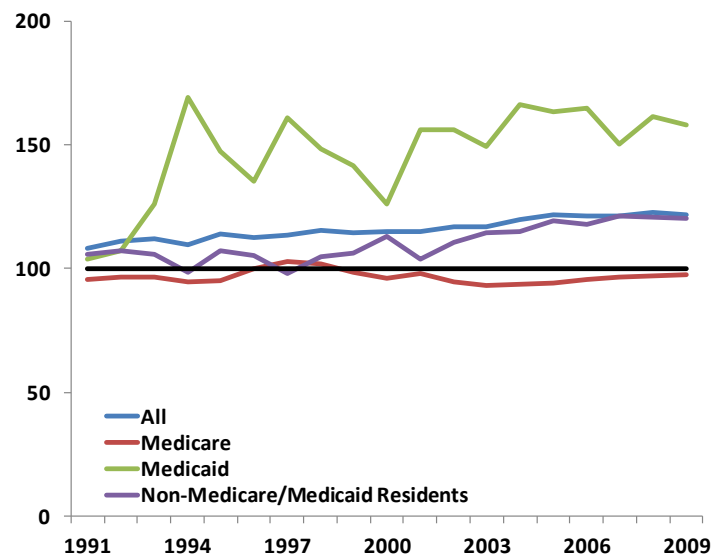
Key Health Care Spending Indicators in Rhode Island

- Health care spending in Rhode Island as a percent of state GDP and on a per capita basis were both near the top of their respective distributions in 2009.
- Average Medicaid spending was 58% higher than the national average in 2009 or seventh from the top.
- The average spending of the residents not covered by either Medicare or Medicaid was 20% higher than the national average, the ninth highest; Medicare spending per enrollee was close to the national average.
- The uninsured accounted for 11.4 percent of the population, the eleventh lowest percent in the country.
- The Medicare Advantage penetration rate was well above the national average, seventh highest in 2010.

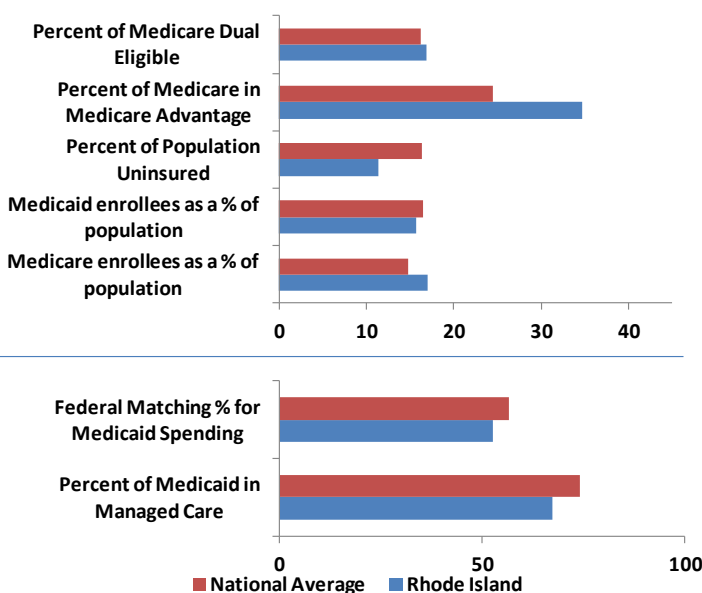
Rhode Island Health Care Spending as a Share of GDP Compared to the National Average



Rhode Island Per Capita Health Care Spending as a % of the National Average

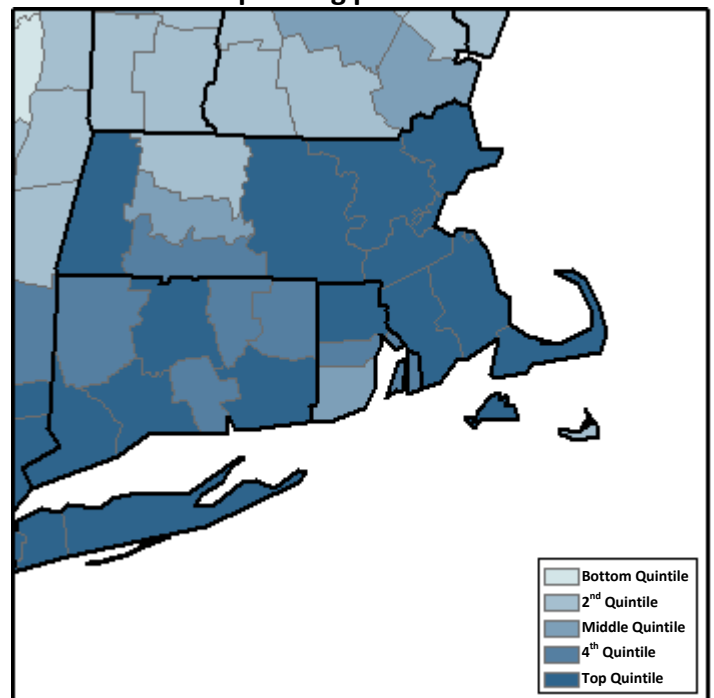


Coverage Percentages in Rhode Island



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Rhode Island Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	18.8	126	47	46
Medicare Spending as a % of GDP	3.9	115	35	40
Medicaid Spending as a % of GDP	3.8	153	44	46
Non-Medicare/Medicaid as a % of GDP	11.2	123	45	37

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	8,309	122	44	45
Medicare Spending per enrollee	10,121	98	35	33
Medicaid Spending per enrollee	10,780	158	47	44
Personal Health Care Spending for non-Medicare/Medicaid population	6,221	120	42	37

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	17.0	115	42	44
Medicaid enrollees as a % of population	15.7	95	31	36
Percent of Population Uninsured	11.4	70	11	8
Percent of Medicare in Medicare Advantage	34.7	142	44	46
Percent of Medicaid in Managed Care	64.9	88	11	24
Percent of Medicare Dual Eligible	16.9	104	36	34
Federal Matching % for Medicaid Spending	52.6	92	17	16

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Kent County (Warwick)				
Parts A&B per enrollee	9,303	101	58	57
Part A Disproportionate Share	5.3	92	48	44
Average Risk Score	104	104	69	77
Adjusted Parts A&B per enrollee	8,185	94	28	15
Medicare Advantage Penetration	38.6	157	82	85
Newport County (Newport)				
Parts A&B per enrollee	8,735	95	43	43
Part A Disproportionate Share	4.2	72	33	38
Average Risk Score	100	100	54	53
Adjusted Parts A&B per enrollee	8,344	96	35	29
Medicare Advantage Penetration	20.6	84	48	51
Providence County (Providence)				
Parts A&B per enrollee	9,600	104	64	63
Part A Disproportionate Share	4.2	72	33	44
Average Risk Score	106	106	79	83
Adjusted Parts A&B per enrollee	8,019	92	22	11
Medicare Advantage Penetration	36.6	150	77	82
Washington County (Norwich)				
Parts A&B per enrollee	8,356	91	33	50
Part A Disproportionate Share	2.8	48	14	21
Average Risk Score	99	99	48	66
Adjusted Parts A&B per enrollee	8,106	93	25	24
Medicare Advantage Penetration	29.0	118	64	67

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

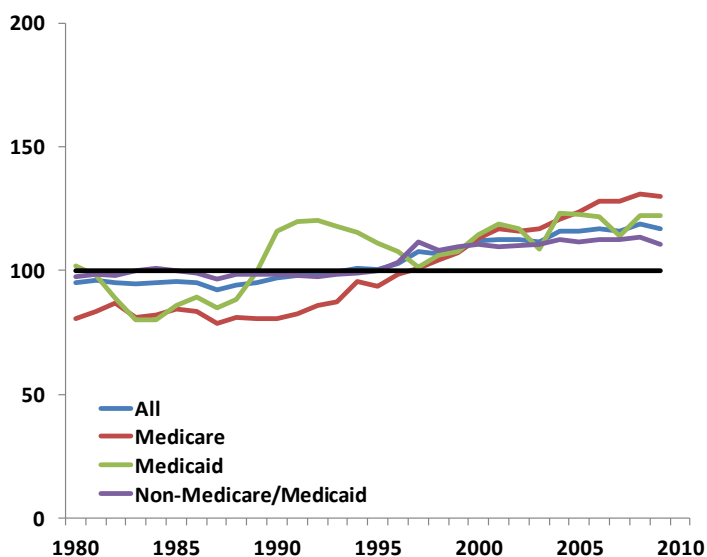
Health Care Spending in South Carolina



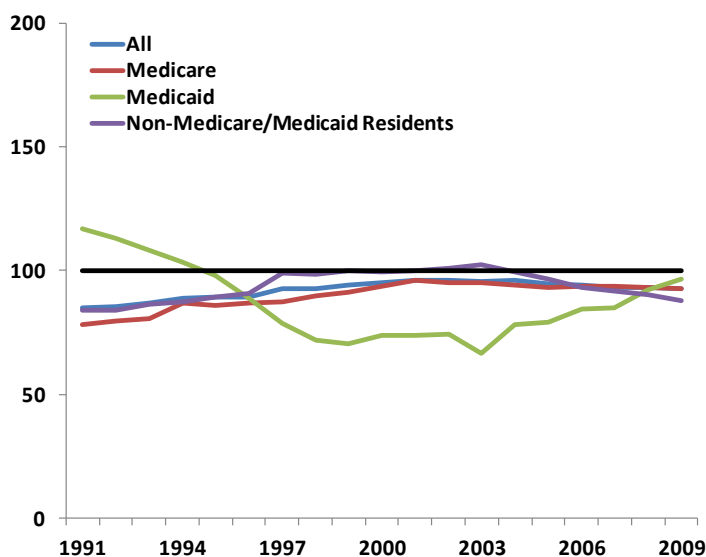
Key Health Care Spending Indicators in South Carolina

- Personal health care spending and its three components in South Carolina as a percentage of the state's GDP were steadily increasing relative to the national averages.
- However, per capita total health care spending and Medicare spending remained below the national averages.
- The state's uninsured rate was 20.6% in 2010, the sixth highest in the nation.
- The state Medicaid program had 100 percent enrollment in managed care.
- In 2010, 70.3% of Medicaid was from federal matching funds, ranking as the second highest.

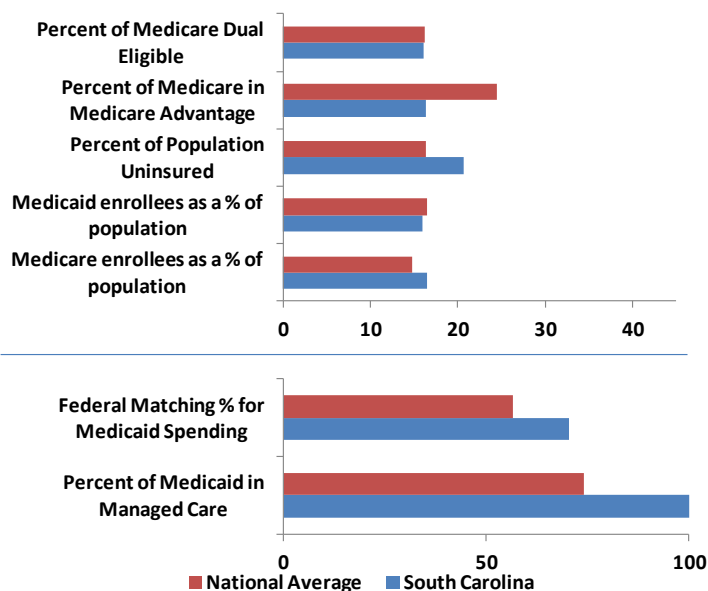
South Carolina Health Care Spending as a Share of GDP Compared to the National Average



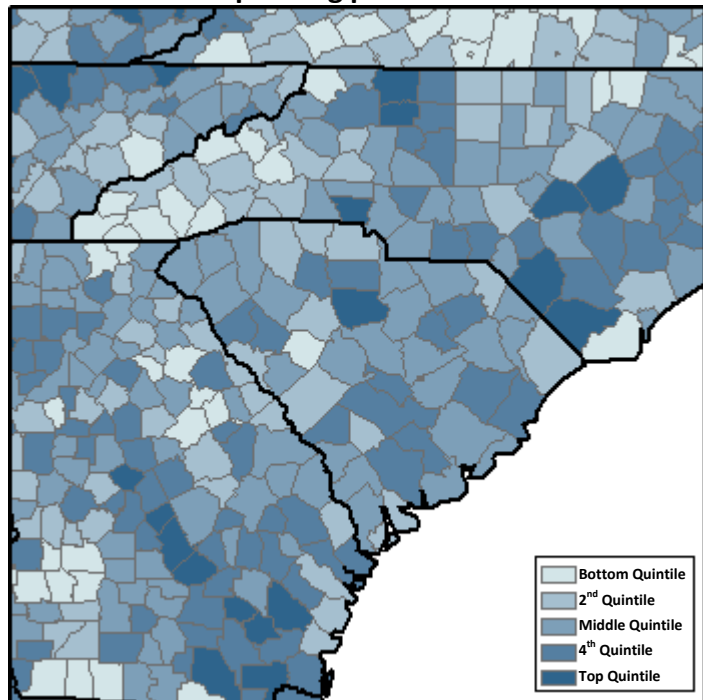
South Carolina Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in South Carolina



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

South Carolina Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	17.4	117	39	26
Medicare Spending as a % of GDP	4.4	130	40	27
Medicaid Spending as a % of GDP	3.0	122	37	35
Non-Medicare/Medicaid as a % of GDP	10.0	111	27	24

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,323	93	12	14
Medicare Spending per enrollee	9,632	93	25	25
Medicaid Spending per enrollee	6,606	97	19	14
Personal Health Care Spending for non-Medicare/Medicaid population	4,549	88	8	14

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	16.4	111	34	25
Medicaid enrollees as a % of population	15.9	96	32	37
Percent of Population Uninsured	20.6	126	45	33
Percent of Medicare in Medicare Advantage	16.3	66	19	10
Percent of Medicaid in Managed Care	100.0	140	50	18
Percent of Medicare Dual Eligible	16.1	99	32	38
Federal Matching % for Medicaid Spending	70.3	123	44	41

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Charleston County (Charleston)				
Parts A&B per enrollee	8,446	92	35	51
Part A Disproportionate Share	5.6	97	52	65
Average Risk Score	96	96	35	38
Adjusted Parts A&B per enrollee	8,473	97	41	55
Medicare Advantage Penetration	11.2	46	20	19
Greenville County (Greenville)				
Parts A&B per enrollee	8,109	88	26	27
Part A Disproportionate Share	5.1	89	45	58
Average Risk Score	93	93	19	26
Adjusted Parts A&B per enrollee	8,578	98	46	36
Medicare Advantage Penetration	22.1	90	50	49
Horry County (Myrtle Beach)				
Parts A&B per enrollee	8,045	87	25	28
Part A Disproportionate Share	5.7	99	54	72
Average Risk Score	91	91	11	21
Adjusted Parts A&B per enrollee	8,859	102	59	48
Medicare Advantage Penetration	10.2	42	18	17
Richland County (Columbia)				
Parts A&B per enrollee	8,342	90	33	33
Part A Disproportionate Share	7.1	122	74	76
Average Risk Score	93	93	17	27
Adjusted Parts A&B per enrollee	8,793	101	56	50
Medicare Advantage Penetration	14.6	60	30	33

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

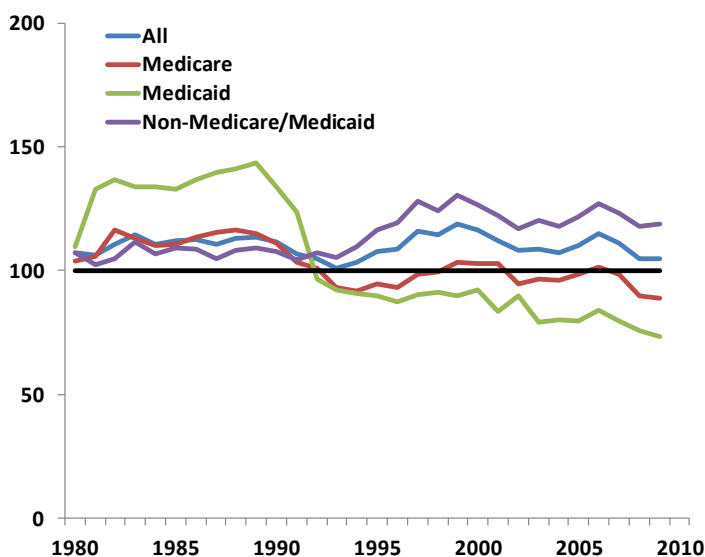
Health Care Spending in South Dakota



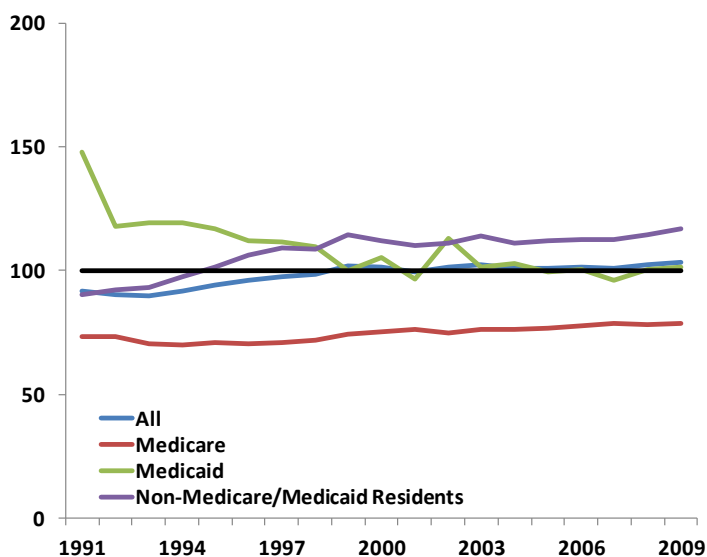
Key Health Care Spending Indicators in South Dakota

- Medicaid spending in South Dakota as a percentage of GDP was steadily decreasing relative to the national averages.
- Per capita total health care spending stayed close to the national averages.
- But per enrollee Medicare spending remained below 80% of the national averages.
- 8.5% of the state Medicare beneficiaries enrolled in Medicare Advantage in 2010, the seventh lowest nationwide.
- Brown County (Aberdeen) and Codington County (Watertown) had some of the lowest Medicare disproportionate share spending as a percentage of Part A spending.

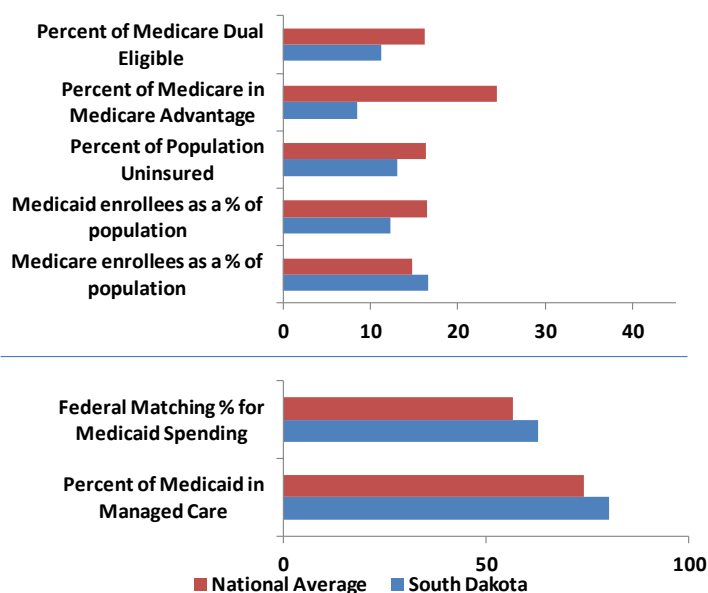
South Dakota Health Care Spending as a Share of GDP Compared to the National Average



South Dakota Per Capita Health Care Spending as a % of the National Average

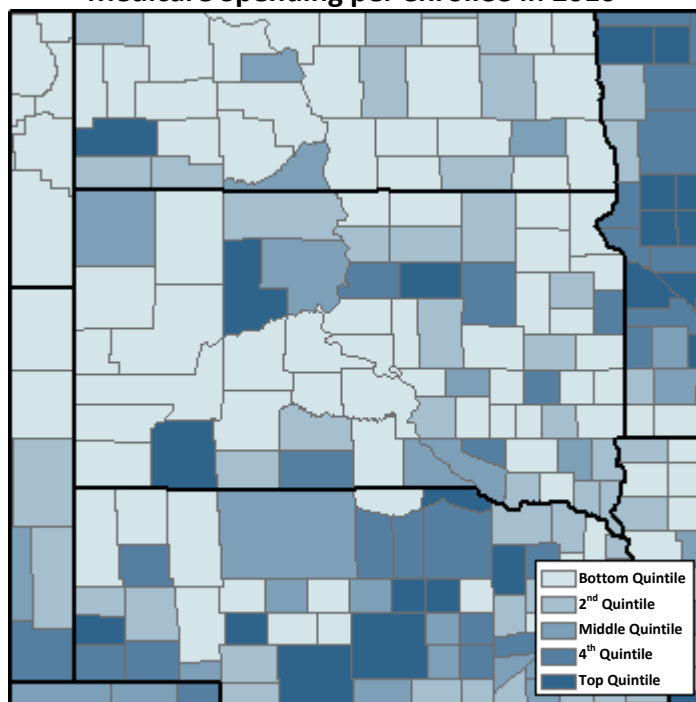


Coverage Percentages in South Dakota



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



South Dakota Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	15.6	105	26	36
Medicare Spending as a % of GDP	3.0	89	16	31
Medicaid Spending as a % of GDP	1.8	73	9	29
Non-Medicare/Medicaid as a % of GDP	10.8	119	42	40

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,056	104	32	26
Medicare Spending per enrollee	8,148	79	6	3
Medicaid Spending per enrollee	6,938	102	23	30
Personal Health Care Spending for non-Medicare/Medicaid population	6,040	117	40	34

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	16.6	112	38	41
Medicaid enrollees as a % of population	12.3	74	14	15
Percent of Population Uninsured	13.0	80	16	18
Percent of Medicare in Medicare Advantage	8.5	35	7	6
Percent of Medicaid in Managed Care	80.3	112	31	45
Percent of Medicare Dual Eligible	11.1	69	11	13
Federal Matching % for Medicaid Spending	62.7	110	26	35

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Brown County (Aberdeen)				
Parts A&B per enrollee	7,980	86	23	14
Part A Disproportionate Share	1.1	19	2	2
Average Risk Score	95	95	28	14
Adjusted Parts A&B per enrollee	8,522	98	43	44
Medicare Advantage Penetration	2.4	10	1	2
Codington County (Watertown)				
Parts A&B per enrollee	7,915	86	22	4
Part A Disproportionate Share	1.5	27	3	8
Average Risk Score	96	96	33	21
Adjusted Parts A&B per enrollee	8,343	96	34	17
Medicare Advantage Penetration	7.6	31	10	19
Minnehaha County (Sioux Falls)				
Parts A&B per enrollee	7,254	79	7	6
Part A Disproportionate Share	5.6	97	53	30
Average Risk Score	89	89	6	4
Adjusted Parts A&B per enrollee	8,367	96	36	45
Medicare Advantage Penetration	10.4	42	18	22
Pennington County (Rapid City)				
Parts A&B per enrollee	7,048	76	4	3
Part A Disproportionate Share	6.9	120	71	78
Average Risk Score	87	87	3	2
Adjusted Parts A&B per enrollee	8,422	97	39	41
Medicare Advantage Penetration	11.9	48	22	23

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

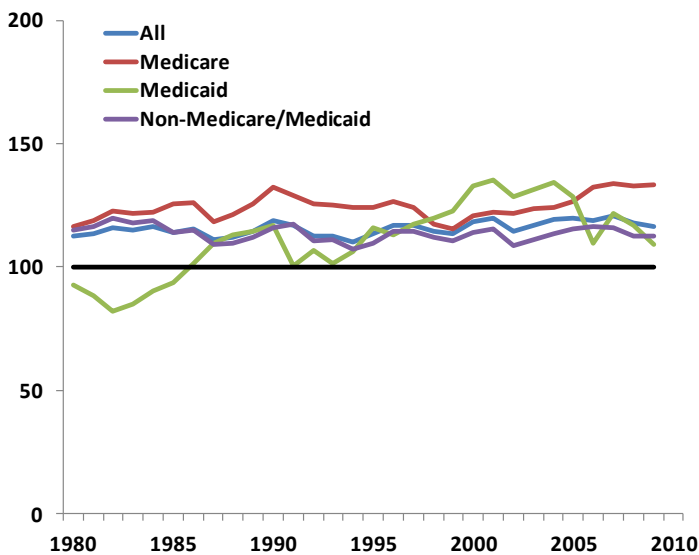
Health Care Spending in Tennessee



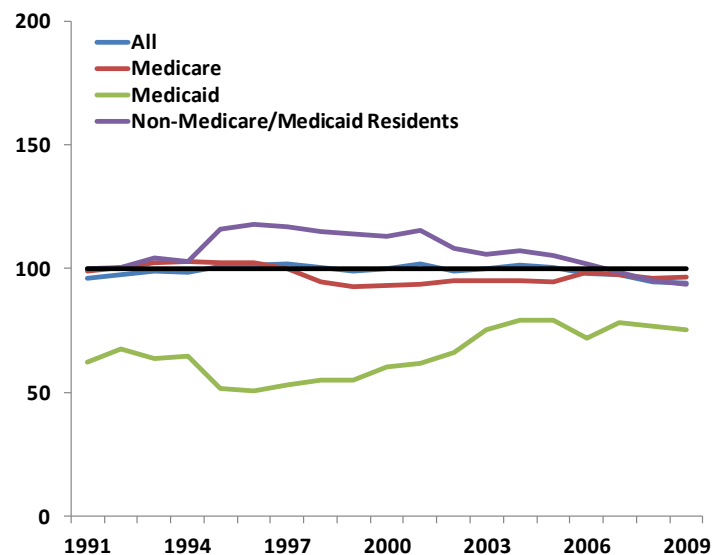
Key Health Care Spending Indicators in Tennessee

- With the exceptions of Medicaid in the early years, personal health care spending and its three components in Tennessee as a percentage of the state's GDP were higher than the national averages from 1980 to 2009.
- However, Medicaid spending per enrollee was \$5,150 in 2009, the fourth lowest among the states.
- More than 20% of the Tennessee residents were enrolled in Medicaid in 2009, the ninth highest across the states.
- The state Medicaid program had 100% enrollment in managed care.
- In 2009, 23.3% of Medicare enrollees were also eligible for Medicaid, which was the fourth highest in the country.

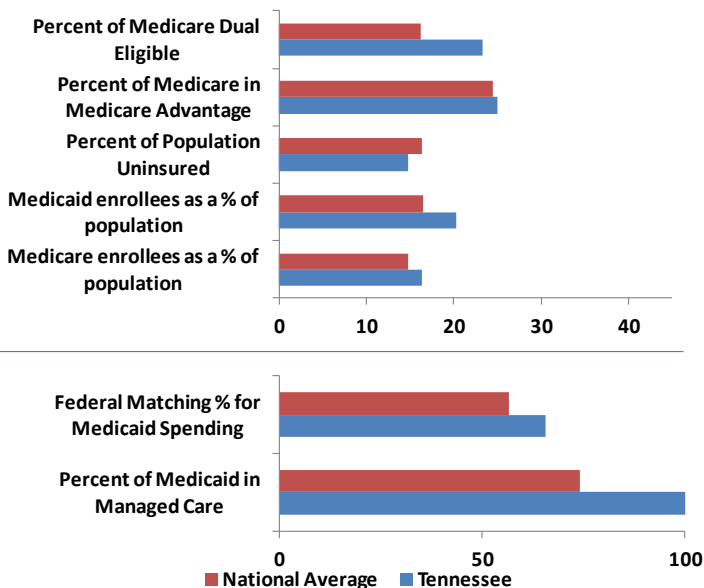
Tennessee Health Care Spending as a Share of GDP Compared to the National Average



Tennessee Per Capita Health Care Spending as a % of the National Average

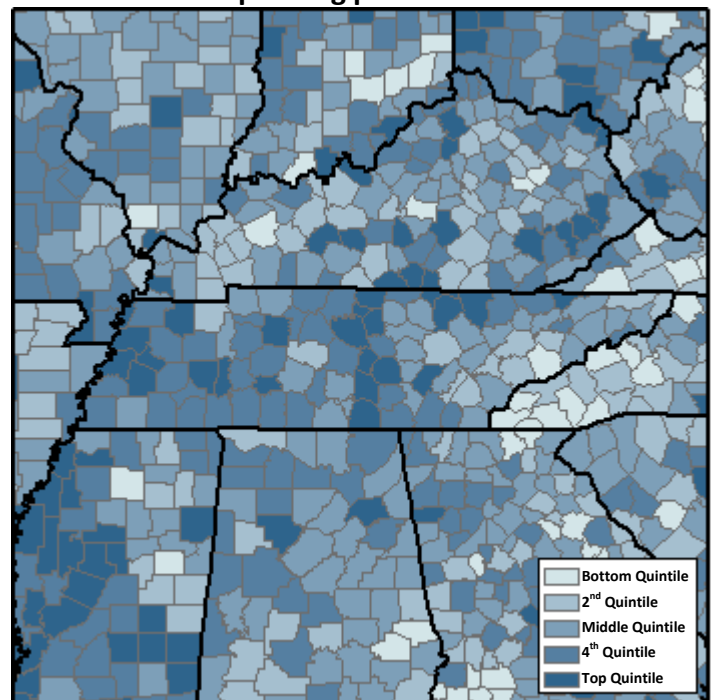


Coverage Percentages in Tennessee



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Tennessee Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	17.4	117	35	41
Medicare Spending as a % of GDP	4.5	133	43	41
Medicaid Spending as a % of GDP	2.7	109	33	37
Non-Medicare/Medicaid as a % of GDP	10.2	112	32	39

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,411	94	13	28
Medicare Spending per enrollee	10,024	97	34	34
Medicaid Spending per enrollee	5,150	75	4	3
Personal Health Care Spending for non-Medicare/Medicaid population	4,851	94	15	35

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	16.4	111	32	31
Medicaid enrollees as a % of population	20.3	123	42	48
Percent of Population Uninsured	14.7	90	27	24
Percent of Medicare in Medicare Advantage	25.0	102	33	24
Percent of Medicaid in Managed Care	100.0	140	50	48
Percent of Medicare Dual Eligible	23.3	144	47	48
Federal Matching % for Medicaid Spending	65.6	115	37	35

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Davidson County (Nashville)				
Parts A&B per enrollee	8,944	97	49	58
Part A Disproportionate Share	5.9	103	58	70
Average Risk Score	102	102	60	54
Adjusted Parts A&B per enrollee	8,297	95	32	53
Medicare Advantage Penetration	34.9	143	73	72
Hamilton County (Chattanooga)				
Parts A&B per enrollee	8,642	94	40	50
Part A Disproportionate Share	4.8	83	40	60
Average Risk Score	100	100	53	46
Adjusted Parts A&B per enrollee	8,321	95	33	52
Medicare Advantage Penetration	23.8	97	54	52
Knox County (Knoxville)				
Parts A&B per enrollee	8,005	87	24	33
Part A Disproportionate Share	6.7	115	68	69
Average Risk Score	100	100	53	59
Adjusted Parts A&B per enrollee	7,594	87	10	14
Medicare Advantage Penetration	34.2	139	72	72
Shelby County (Memphis)				
Parts A&B per enrollee	8,914	97	48	54
Part A Disproportionate Share	8.3	143	84	84
Average Risk Score	99	99	49	37
Adjusted Parts A&B per enrollee	8,429	97	40	63
Medicare Advantage Penetration	17.7	72	40	39

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

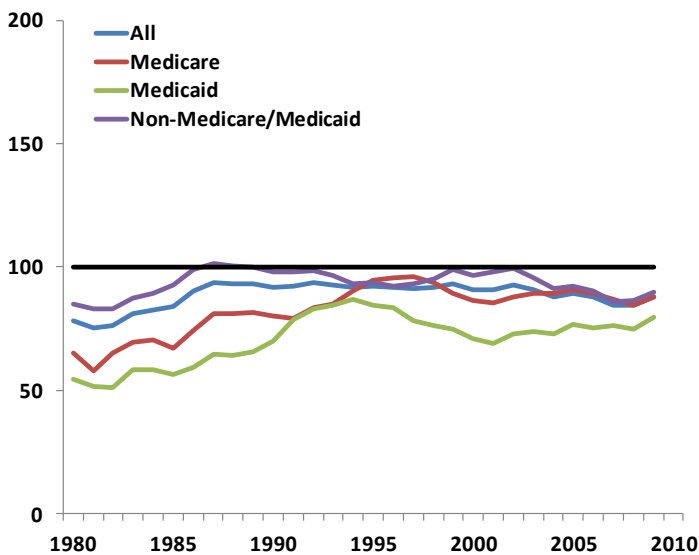
Health Care Spending in Texas



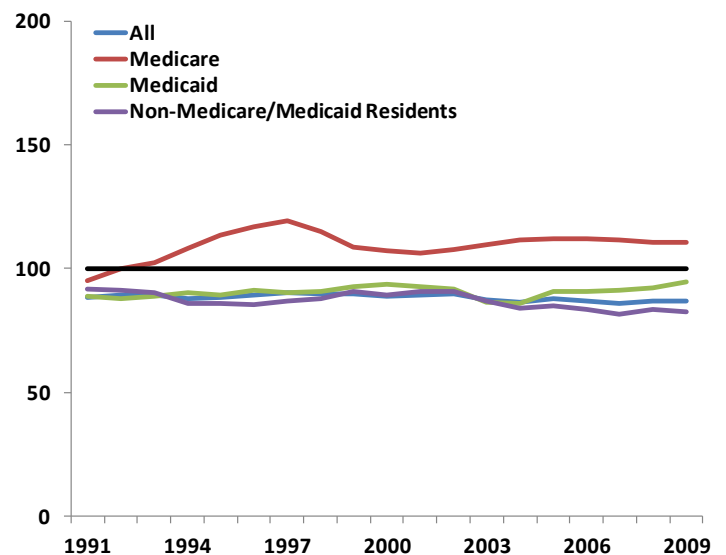
Key Health Care Spending Indicators in Texas

- Per capita spending averaged \$5,924 in 2009 or 87% of the national average, placing Texas as the sixth lowest among the states.
- However, Medicare spending averaged \$11,479 in 2009, or fifth from the highest.
- Texas had the highest uninsured rate at 24.6% of the population.
- The percentage of the population covered by Medicare was 11.7, the third lowest percentage.
- Hidalgo County (McAllen) had some of the highest average Medicare spending in the country, but also had some of the highest risk scores and high disproportionate share payments to hospitals.

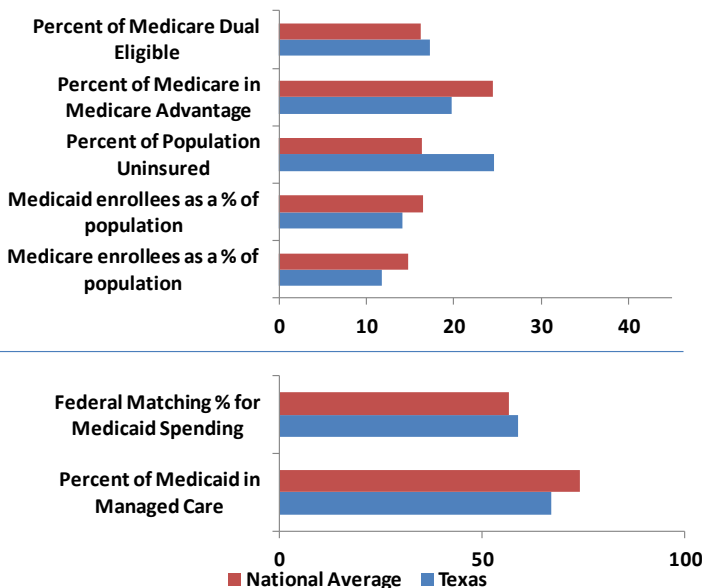
Texas Health Care Spending as a Share of GDP Compared to the National Average



Texas Per Capita Health Care Spending as a % of the National Average

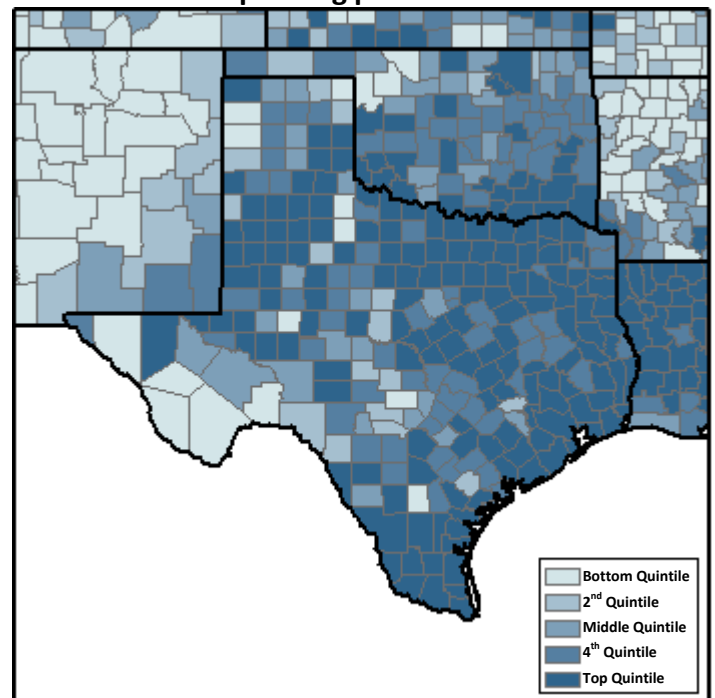


Coverage Percentages in Texas



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Texas Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	13.1	88	7	10
Medicare Spending as a % of GDP	3.0	88	14	16
Medicaid Spending as a % of GDP	2.0	80	16	11
Non-Medicare/Medicaid as a % of GDP	8.2	90	7	12

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	5,924	87	6	9
Medicare Spending per enrollee	11,479	111	46	44
Medicaid Spending per enrollee	6,469	95	18	16
Per Capita Personal Health Care Spending for Non-Medicare/Medicaid population	4,275	83	4	7

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	11.7	79	3	3
Medicaid enrollees as a % of population	14.0	85	20	23
Percent of Population Uninsured	24.6	151	50	50
Percent of Medicare in Medicare Advantage	19.8	81	27	30
Percent of Medicaid in Managed Care	74.9	101	25	17
Percent of Medicare Dual Eligible	17.2	106	37	35
Federal Matching % for Medicaid Spending	59.4	105	22	29

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Bexar County (San Antonio)				
Parts A&B per enrollee	9,586	104	64	67
Part A Disproportionate Share	10.2	175	92	92
Average Risk Score	100	100	52	49
Adjusted Parts A&B per enrollee	9,039	104	64	66
Medicare Advantage Penetration	33.6	137	70	72
Dallas County (Dallas)				
Parts A&B per enrollee	11,030	119	87	84
Part A Disproportionate Share	6.0	104	59	61
Average Risk Score	105	105	77	67
Adjusted Parts A&B per enrollee	9,895	114	90	94
Medicare Advantage Penetration	20.6	84	48	48
Harris County (Houston)				
Parts A&B per enrollee	11,606	126	93	91
Part A Disproportionate Share	5.6	97	53	65
Average Risk Score	102	102	62	57
Adjusted Parts A&B per enrollee	10,872	125	99	98
Medicare Advantage Penetration	28.4	116	63	62
Hidalgo County (McAllen)				
Parts A&B per enrollee	12,515	136	98	89
Part A Disproportionate Share	23.0	398	100	100
Average Risk Score	123	123	99	99
Adjusted Parts A&B per enrollee	8,313	95	33	59
Medicare Advantage Penetration	12.3	50	24	21

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

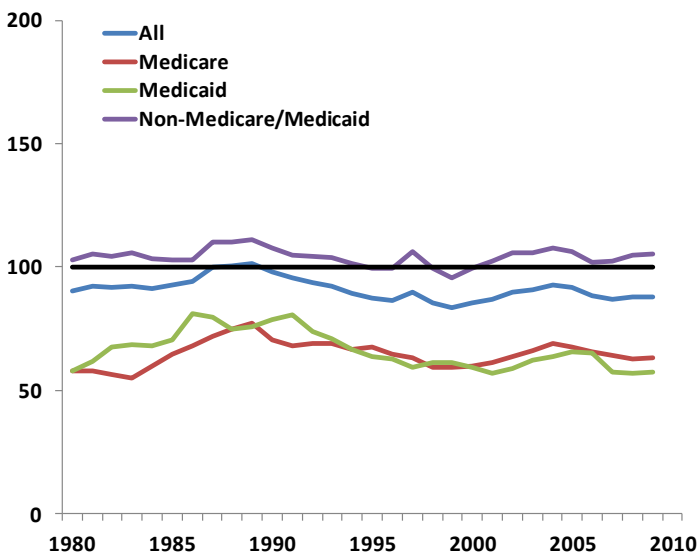
Health Care Spending in Utah



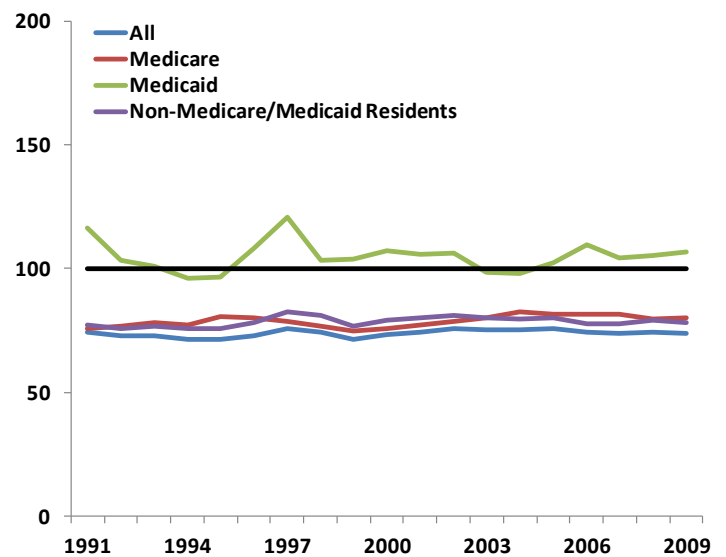
Key Health Care Spending Indicators in Utah

- Per capita health care spending in Utah averaged \$5,031 in 2009 or 74% of the national average, ranking Utah as the lowest in the nation.
- Non-Medicare/Medicaid spending on a per enrollee basis was \$4,046, the second lowest in the country.
- Only 9.8% of the state's residents were enrolled in Medicare, the second lowest across the states.
- Similarly, only 7.8% of the residents were enrolled in Medicaid, the lowest in the nation.
- In 2009, only 8.3% of Medicare enrollees were also eligible for Medicaid, which was the second lowest across the states.

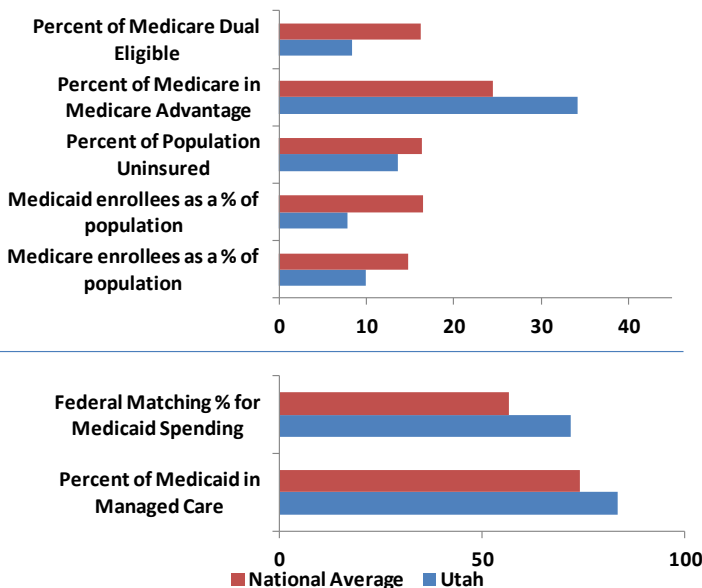
Utah Health Care Spending as a Share of GDP Compared to the National Average



Utah Per Capita Health Care Spending as a % of the National Average

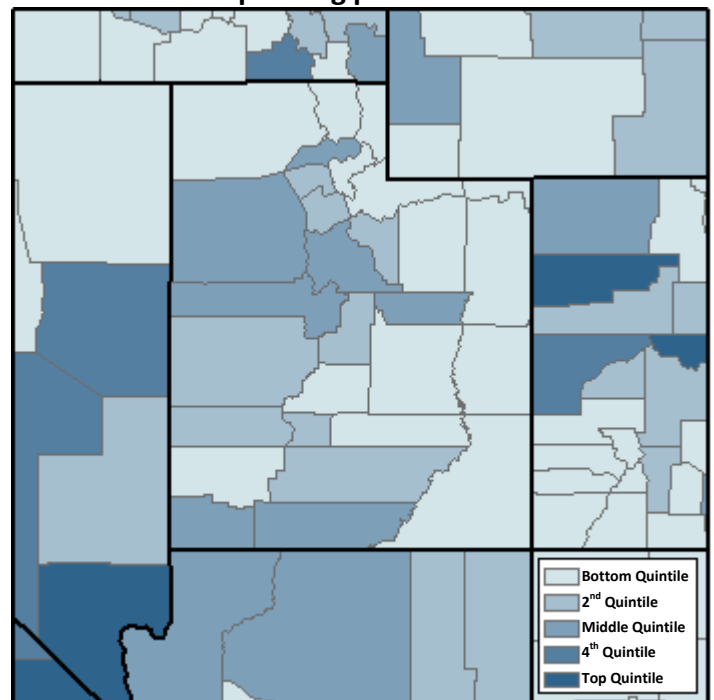


Coverage Percentages in Utah



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Utah Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	13.1	88	8	14
Medicare Spending as a % of GDP	2.1	63	4	5
Medicaid Spending as a % of GDP	1.4	57	5	9
Non-Medicare/Medicaid as a % of GDP	9.6	105	21	26

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	5,031	74	1	1
Medicare Spending per enrollee	8,326	80	9	10
Medicaid Spending per enrollee	7,293	107	29	28
Personal Health Care Spending for non-Medicare/Medicaid population	4,046	78	2	1

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	9.8	66	2	2
Medicaid enrollees as a % of population	7.8	47	1	3
Percent of Population Uninsured	13.6	83	22	27
Percent of Medicare in Medicare Advantage	34.2	139	43	28
Percent of Medicaid in Managed Care	83.3	117	33	38
Percent of Medicare Dual Eligible	8.3	51	2	1
Federal Matching % for Medicaid Spending	71.7	126	47	46

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Salt Lake County (Salt Lake City)				
Parts A&B per enrollee	7,941	86	22	18
Part A Disproportionate Share	3.4	59	22	24
Average Risk Score	92	92	15	17
Adjusted Parts A&B per enrollee	8,644	99	49	49
Medicare Advantage Penetration	37.8	154	81	76
Utah County (Provo)				
Parts A&B per enrollee	8,219	89	30	33
Part A Disproportionate Share	4.2	72	34	45
Average Risk Score	94	94	19	20
Adjusted Parts A&B per enrollee	8,821	101	57	71
Medicare Advantage Penetration	39.9	163	84	81
Washington County (St. George)				
Parts A&B per enrollee	8,509	92	37	22
Part A Disproportionate Share	3.8	66	28	24
Average Risk Score	92	92	14	9
Adjusted Parts A&B per enrollee	9,343	107	79	79
Medicare Advantage Penetration	30.5	124	66	65
Weber County (Ogden)				
Parts A&B per enrollee	8,127	88	27	16
Part A Disproportionate Share	4.1	70	31	47
Average Risk Score	90	90	8	11
Adjusted Parts A&B per enrollee	9,190	105	73	62
Medicare Advantage Penetration	29.7	121	64	63

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

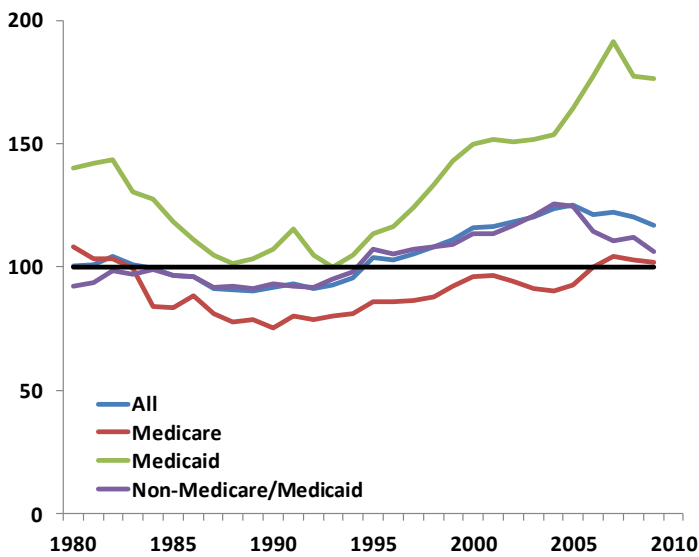
Health Care Spending in Vermont



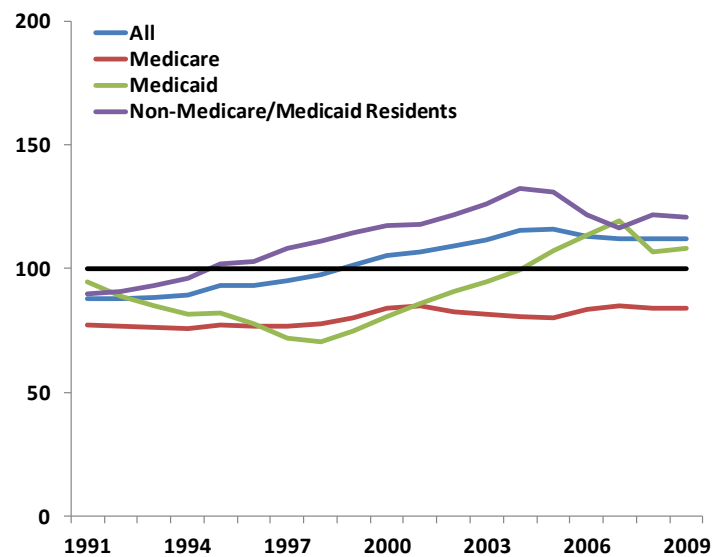
Key Health Care Spending Indicators in Vermont

- Vermont was the third most costly state in terms of Medicaid spending (4.3% of its GDP).
- More than 23% of the state's residents were enrolled in Medicaid, the highest in the nation.
- The uninsured rate of the state population was 9.5%, the fifth lowest across the states.
- The percentage of Medicare population enrolled in Medicare Advantage was 4.5%, the third lowest across the states.
- In 2009, 24.1% of Medicare enrollees were also eligible for Medicaid, which was the third highest.

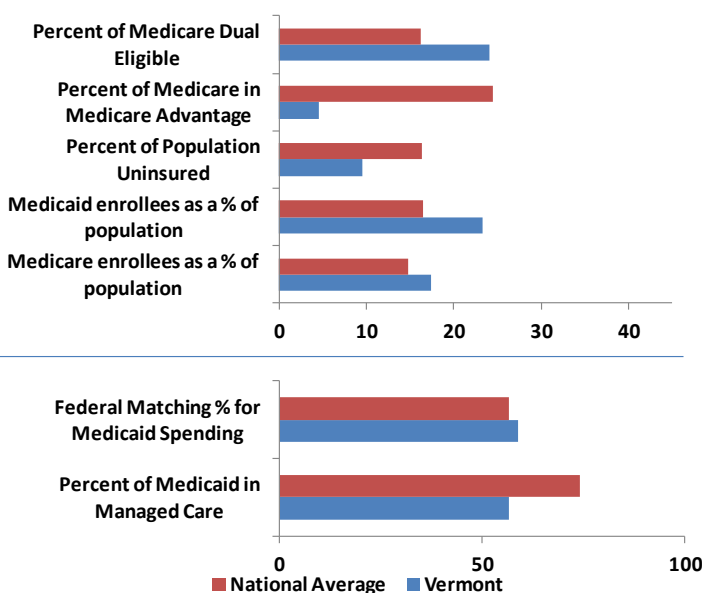
Vermont Health Care Spending as a Share of GDP Compared to the National Average



Vermont Per Capita Health Care Spending as a % of the National Average

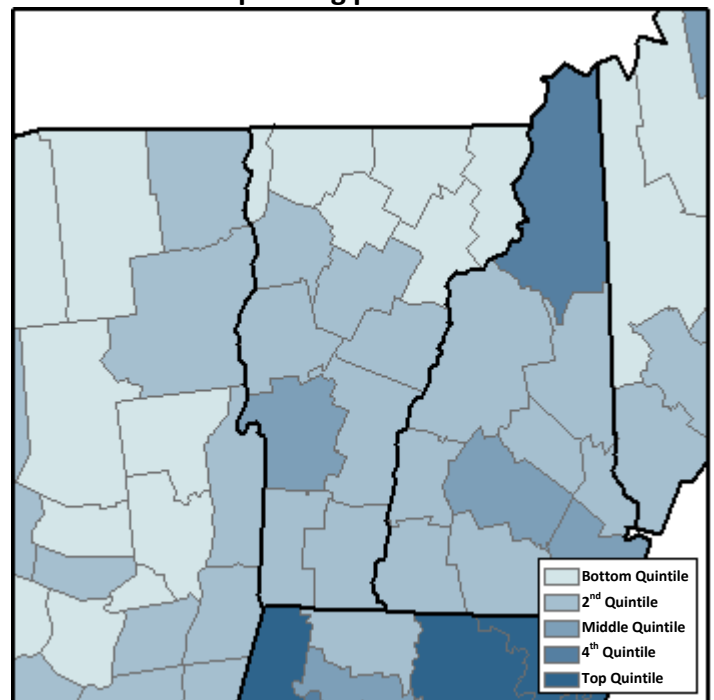


Coverage Percentages in Vermont



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Vermont Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	17.4	117	38	28
Medicare Spending as a % of GDP	3.4	102	30	21
Medicaid Spending as a % of GDP	4.3	176	48	40
Non-Medicare/Medicaid as a % of GDP	9.7	106	23	23

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,635	112	39	30
Medicare Spending per enrollee	8,719	84	12	11
Medicaid Spending per enrollee	7,389	108	30	18
Personal Health Care Spending for non-Medicare/Medicaid population	6,256	121	43	37

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	17.4	117	44	31
Medicaid enrollees as a % of population	23.3	141	50	45
Percent of Population Uninsured	9.5	58	5	9
Percent of Medicare in Medicare Advantage	4.5	18	3	4
Percent of Medicaid in Managed Care	56.7	79	8	23
Percent of Medicare Dual Eligible	24.1	148	48	47
Federal Matching % for Medicaid Spending	58.7	103	22	26

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Chittenden County (Burlington)				
Parts A&B per enrollee	7,592	82	13	21
Part A Disproportionate Share	7.0	120	72	64
Average Risk Score	89	89	7	9
Adjusted Parts A&B per enrollee	8,112	93	26	22
Medicare Advantage Penetration	4.1	17	3	2
Rutland County (Rutland)				
Parts A&B per enrollee	8,098	88	26	25
Part A Disproportionate Share	4.1	71	32	27
Average Risk Score	96	96	32	30
Adjusted Parts A&B per enrollee	8,212	94	28	38
Medicare Advantage Penetration	4.6	19	3	4
Washington County (Barre)				
Parts A&B per enrollee	7,439	81	10	8
Part A Disproportionate Share	4.5	78	37	34
Average Risk Score	92	92	15	11
Adjusted Parts A&B per enrollee	7,975	92	20	20
Medicare Advantage Penetration	3.8	16	3	5
Windsor County (Hartford)				
Parts A&B per enrollee	7,700	83	16	13
Part A Disproportionate Share	2.7	46	12	13
Average Risk Score	90	90	8	5
Adjusted Parts A&B per enrollee	8,431	97	40	56
Medicare Advantage Penetration	4.3	17	3	2

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

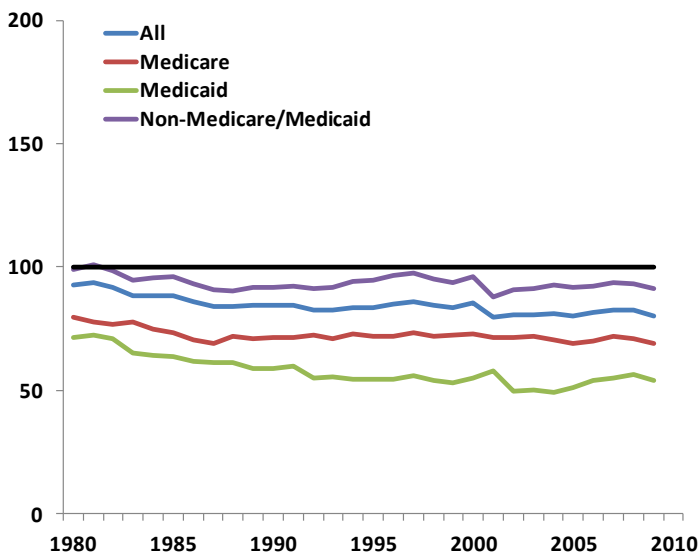
Health Care Spending in Virginia



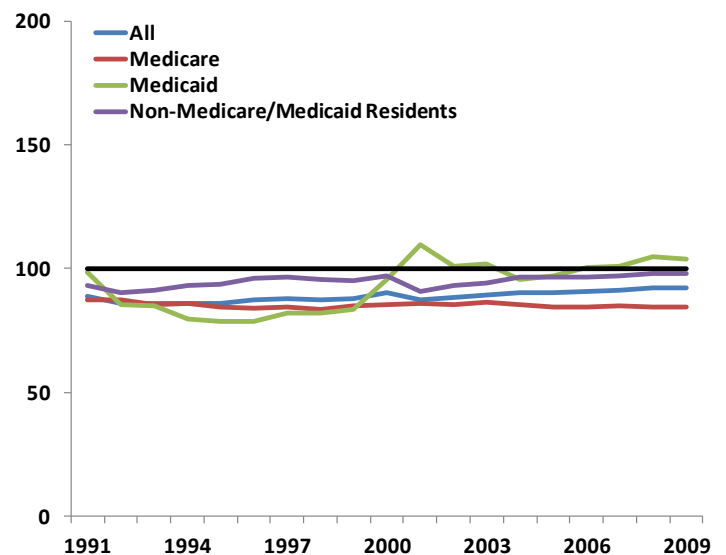
Key Health Care Spending Indicators in Virginia

- Personal health care spending, Medicare and Medicaid spending in Virginia as a percentage of the state's GDP remained below the national averages since 1980.
- Both per capita health care spending and Medicare spending have also remained below the national averages.
- Personal health care spending as a share of the state's GDP was 11.93% in 2009, the second lowest in the nation.
- The Medicaid program made up 1.3% of the state's GDP, also the second lowest in the nation.
- In 2010, the federal medical assistance percentage was the minimum of 50%.

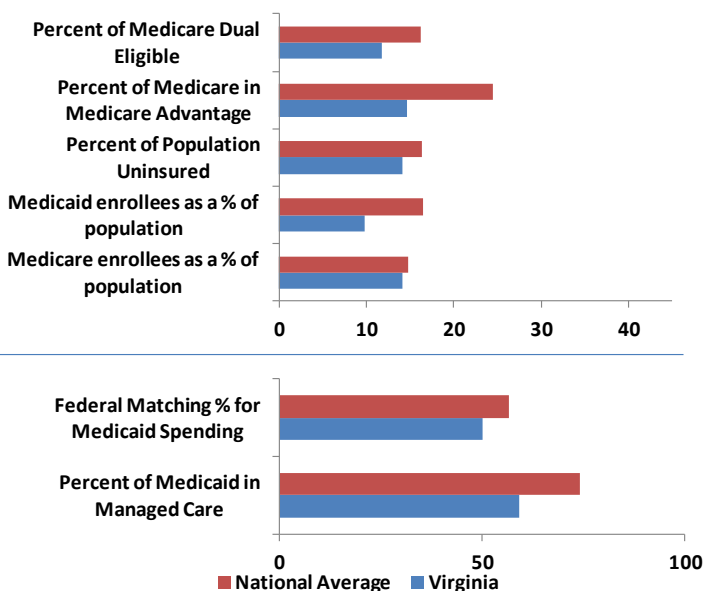
Virginia Health Care Spending as a Share of GDP Compared to the National Average



Virginia Per Capita Health Care Spending as a % of the National Average

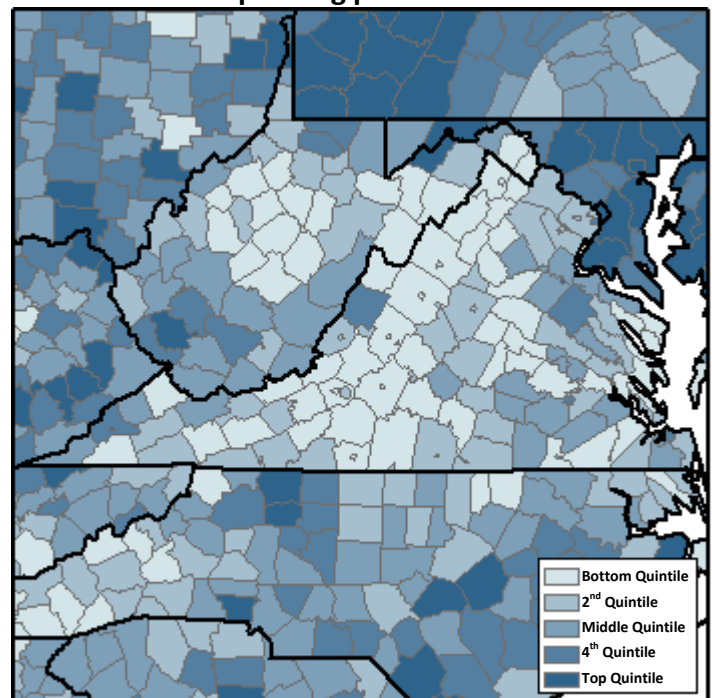


Coverage Percentages in Virginia



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Virginia Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	11.9	80	2	8
Medicare Spending as a % of GDP	2.3	69	5	9
Medicaid Spending as a % of GDP	1.3	54	2	7
Non-Medicare/Medicaid as a % of GDP	8.3	91	10	11

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,286	92	11	8
Medicare Spending per enrollee	8,772	85	15	18
Medicaid Spending per enrollee	7,088	104	25	19
Personal Health Care Spending for non-Medicare/Medicaid population	5,080	98	19	17

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	14.1	95	12	10
Medicaid enrollees as a % of population	9.8	60	8	9
Percent of Population Uninsured	14.1	87	26	22
Percent of Medicare in Medicare Advantage	14.6	60	17	15
Percent of Medicaid in Managed Care	59.2	83	9	18
Percent of Medicare Dual Eligible	11.8	72	14	21
Federal Matching % for Medicaid Spending	50.0	88	6	9

Medicare in Selected Counties	Amount in 2010*	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Fairfax County (Burke)				
Parts A&B per enrollee	7,470	81	10	24
Part A Disproportionate Share	3.8	66	29	24
Average Risk Score	86	86	3	7
Adjusted Parts A&B per enrollee	8,941	103	62	69
Medicare Advantage Penetration	9.9	41	17	15
Richmond City County (Richmond City)				
Parts A&B per enrollee	8,402	91	34	42
Part A Disproportionate Share	4.8	84	41	51
Average Risk Score	103	103	67	68
Adjusted Parts A&B per enrollee	7,525	86	8	8
Medicare Advantage Penetration	20.1	82	46	46
Roanoke City County (Roanoke)				
Parts A&B per enrollee	7,532	82	12	16
Part A Disproportionate Share	5.5	95	51	41
Average Risk Score	100	100	51	51
Adjusted Parts A&B per enrollee	7,165	82	4	5
Medicare Advantage Penetration	16.4	67	35	34
Virginia Beach City County (Virginia Beach)				
Parts A&B per enrollee	7,829	85	19	22
Part A Disproportionate Share	2.4	42	10	20
Average Risk Score	97	97	38	57
Adjusted Parts A&B per enrollee	8,026	92	22	12
Medicare Advantage Penetration	11.9	48	22	21

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009. *See addendum related to Fairfax County.

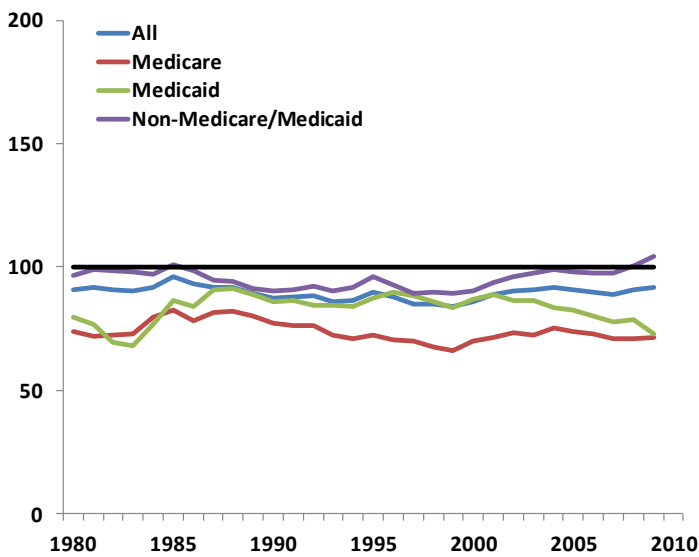
Health Care Spending in Washington



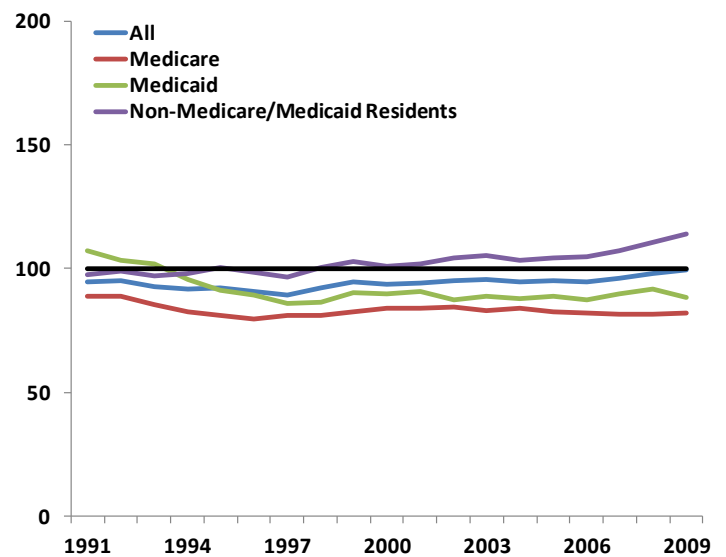
Key Health Care Spending Indicators in Washington

- Health care spending in Washington as a percent of state GDP was 8% lower than the national average in 2009, with the Medicare and Medicaid percentages ranking as the eighth lowest among the states.
- Per capita personal health care spending was the same as the national average in 2009.
- The spending of the residents not covered by either Medicare or Medicaid was 14 percent higher than the national average.
- Almost all Medicaid recipients were enrolled in a managed care plan.
- Average Medicare spending in the state was below the national average, ranking eleventh lowest in the country.

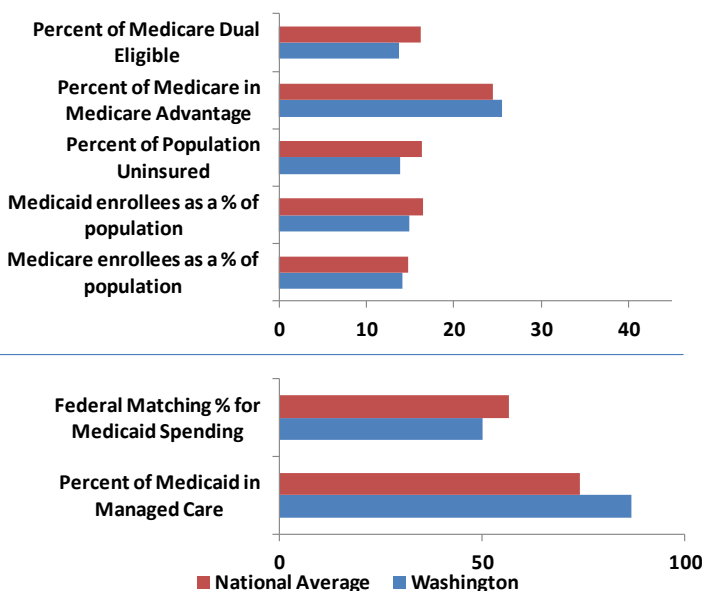
Washington Health Care Spending as a Share of GDP Compared to the National Average



Washington Per Capita Health Care Spending as a % of the National Average

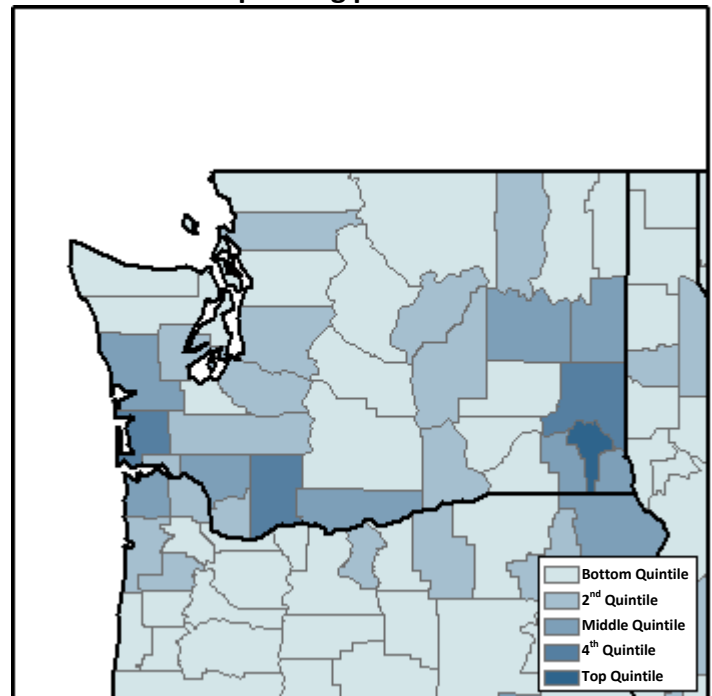


Coverage Percentages in Washington



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Washington Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	13.7	92	14	11
Medicare Spending as a % of GDP	2.4	71	8	9
Medicaid Spending as a % of GDP	1.8	73	8	20
Non-Medicare/Medicaid as a % of GDP	9.5	104	18	13

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	6,782	100	25	19
Medicare Spending per enrollee	8,497	82	11	15
Medicaid Spending per enrollee	6,018	88	13	17
Personal Health Care Spending for non-Medicare/Medicaid population	5,906	114	36	27

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	14.1	95	11	11
Medicaid enrollees as a % of population	14.9	90	25	33
Percent of Population Uninsured	13.8	85	24	24
Percent of Medicare in Medicare Advantage	25.5	104	35	39
Percent of Medicaid in Managed Care	99.7	135	50	41
Percent of Medicare Dual Eligible	13.7	84	23	23
Federal Matching % for Medicaid Spending	50.9	90	16	13

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Clark County (Vancouver)				
Parts A&B per enrollee	7,530	82	12	9
Part A Disproportionate Share	8.0	138	82	79
Average Risk Score	96	96	33	21
Adjusted Parts A&B per enrollee	7,598	87	10	17
Medicare Advantage Penetration	48.3	197	95	95
King County (Seattle)				
Parts A&B per enrollee	7,557	82	12	27
Part A Disproportionate Share	5.5	95	50	51
Average Risk Score	92	92	16	17
Adjusted Parts A&B per enrollee	8,147	93	26	37
Medicare Advantage Penetration	26.4	108	59	59
Pierce County (Tacoma)				
Parts A&B per enrollee	7,889	85	21	25
Part A Disproportionate Share	7.9	137	82	84
Average Risk Score	94	94	20	22
Adjusted Parts A&B per enrollee	8,300	95	32	29
Medicare Advantage Penetration	22.8	93	52	51
Spokane County (Spokane)				
Parts A&B per enrollee	8,123	88	27	23
Part A Disproportionate Share	8.4	145	85	79
Average Risk Score	97	97	37	32
Adjusted Parts A&B per enrollee	8,056	92	24	25
Medicare Advantage Penetration	24.1	98	54	50

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

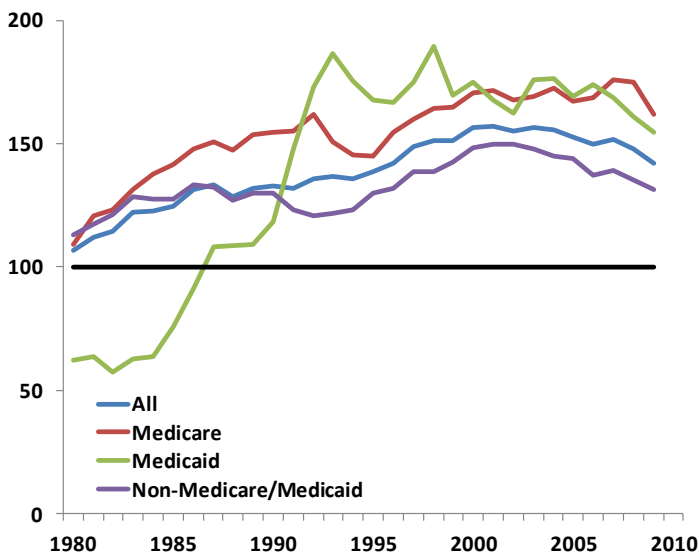
Health Care Spending in West Virginia



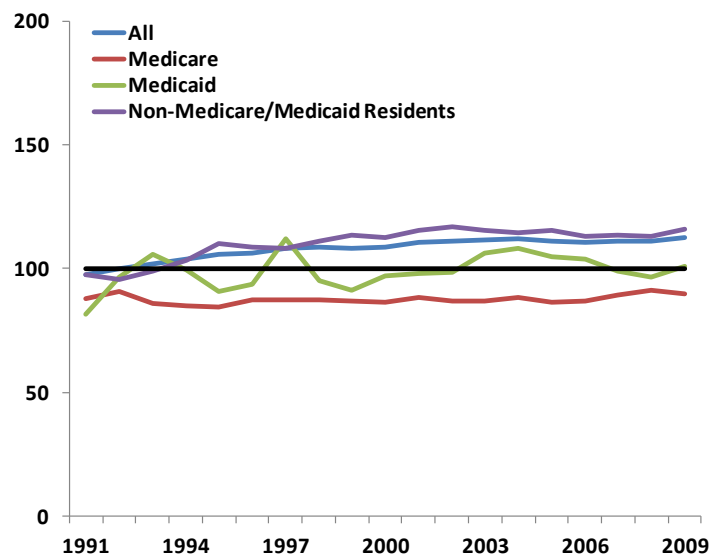
Key Health Care Spending Indicators in West Virginia

- Personal health care spending and its three components in West Virginia as a percentage of the state's GDP increased relative to the national averages until 2000.
- Personal health care spending as a share of the state's GDP was 21.2%, the second highest in the nation.
- The GDP share of Medicare spending in West Virginia was 5.4%, the highest in the country.
- 20.7% of the state residents were enrolled in Medicare, the highest across the states.
- In 2010, 74.0% of Medicaid was from federal matching funds for the second highest percentage.

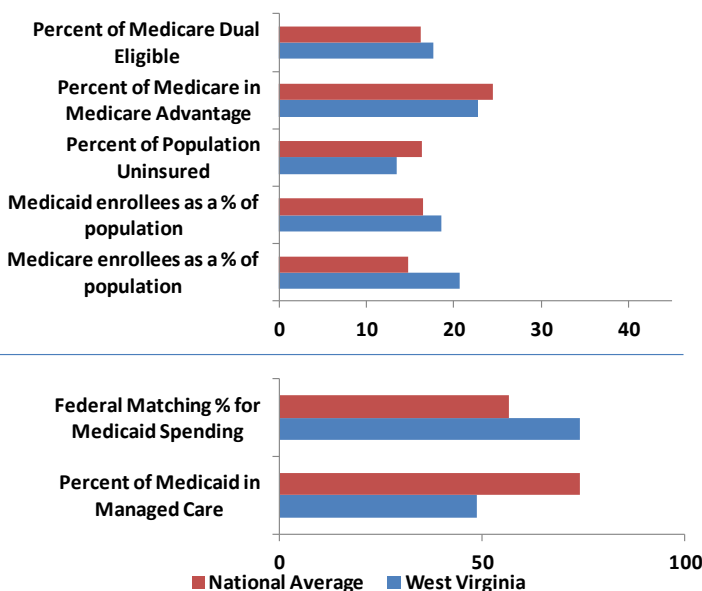
West Virginia Health Care Spending as a Share of GDP Compared to the National Average



West Virginia Per Capita Health Care Spending as a % of the National Average

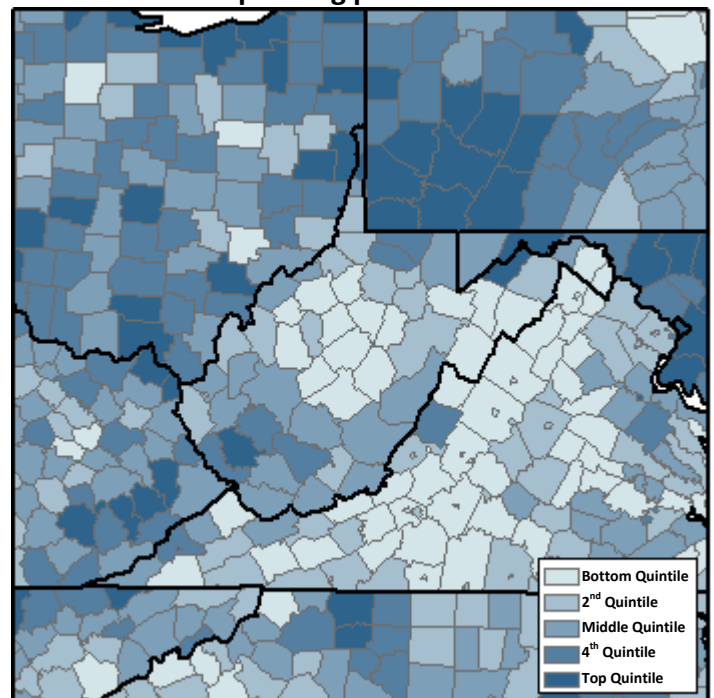


Coverage Percentages in West Virginia



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



West Virginia Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	21.2	142	49	48
Medicare Spending as a % of GDP	5.4	162	50	48
Medicaid Spending as a % of GDP	3.8	155	46	38
Non-Medicare/Medicaid as a % of GDP	11.9	131	47	47

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,667	113	40	40
Medicare Spending per enrollee	9,333	90	22	21
Medicaid Spending per enrollee	6,886	101	21	23
Personal Health Care Spending for non-Medicare/Medicaid population	6,007	116	38	37

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	20.7	140	50	50
Medicaid enrollees as a % of population	18.6	113	38	42
Percent of Population Uninsured	13.5	83	21	32
Percent of Medicare in Medicare Advantage	22.7	93	31	27
Percent of Medicaid in Managed Care	48.6	68	4	11
Percent of Medicare Dual Eligible	17.6	108	39	29
Federal Matching % for Medicaid Spending	74.0	130	49	49

Medicare in Selected Counties	Amount in 2010*	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Cabell County (Huntington)				
Parts A&B per enrollee	8,180	89	29	27
Part A Disproportionate Share	8.0	139	82	78
Average Risk Score	99	99	47	34
Adjusted Parts A&B per enrollee	7,768	89	14	29
Medicare Advantage Penetration	26.8	109	59	62
Kanawha County (Charleston)				
Parts A&B per enrollee	8,274	90	31	30
Part A Disproportionate Share	7.0	121	72	72
Average Risk Score	100	100	52	62
Adjusted Parts A&B per enrollee	7,794	89	14	8
Medicare Advantage Penetration	27.3	111	60	63
Raleigh County (Raleigh)				
Parts A&B per enrollee	8,849	96	46	52
Part A Disproportionate Share	7.7	132	80	70
Average Risk Score	102	102	63	71
Adjusted Parts A&B per enrollee	7,970	91	20	15
Medicare Advantage Penetration	21.8	89	50	52
Wood County (Parkersburg)				
Parts A&B per enrollee	8,110	88	27	37
Part A Disproportionate Share	4.6	79	37	51
Average Risk Score	101	101	59	65
Adjusted Parts A&B per enrollee	7,662	88	11	15
Medicare Advantage Penetration	14.9	61	31	32

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009. *See addendum related to Raleigh County.

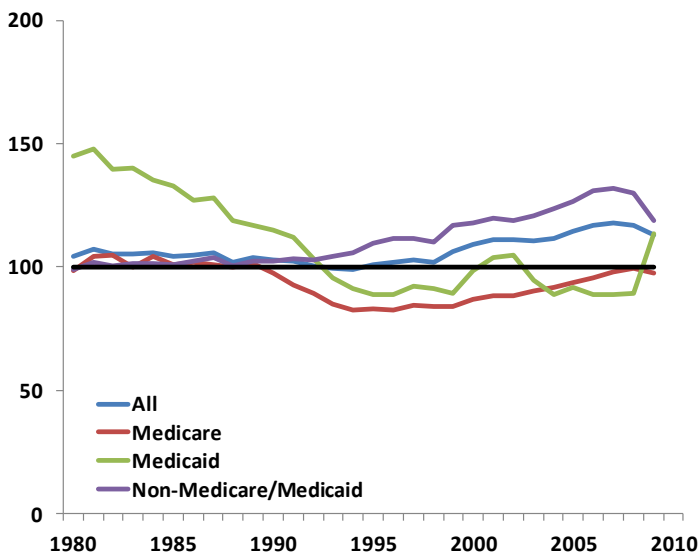
Health Care Spending in Wisconsin



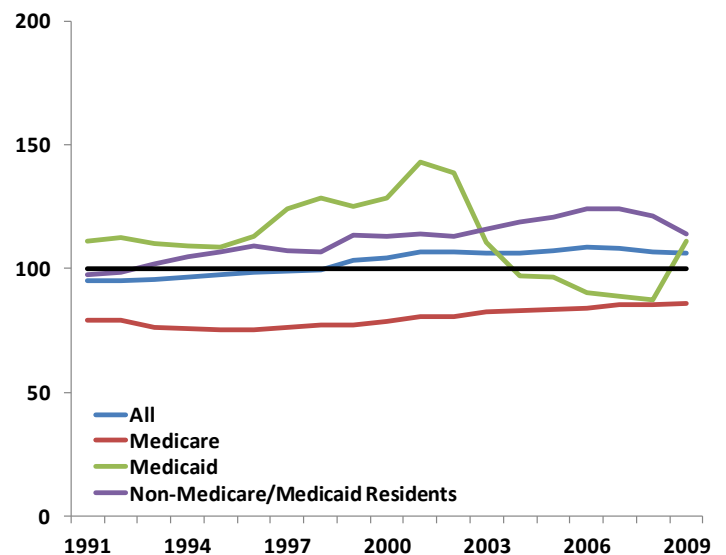
Key Health Care Spending Indicators in Wisconsin

- Per capita health care spending in Wisconsin was higher than the national average from 1998 to 2009.
- However, Medicare spending per enrollee remained 86% or lower of the national average since 1991.
- The uninsured rate of the state population was 9.4%, the fourth lowest across the states.
- Managed care penetration was higher in Medicare but lower in Medicaid than the national averages in 2010.
- Medicare Parts A&B spending per enrollee varied significantly across counties from \$7,493 in Brown County (Green Bay) to \$9,370 in Milwaukee County (Milwaukee).

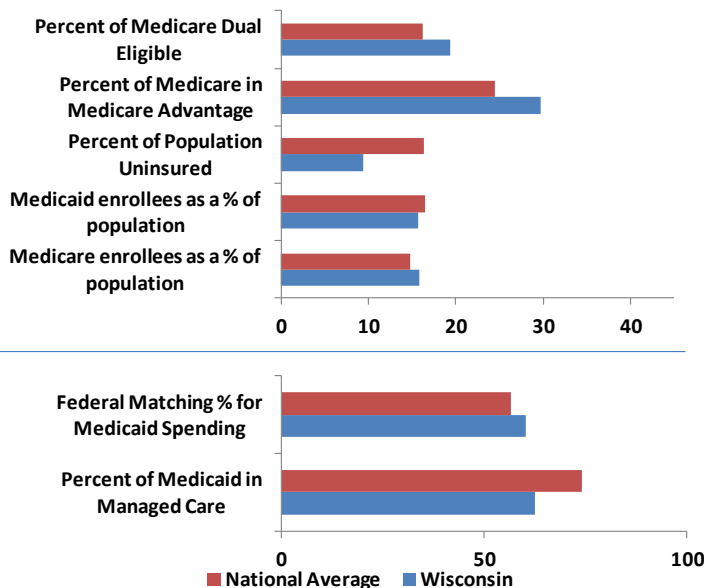
Wisconsin Health Care Spending as a Share of GDP Compared to the National Average



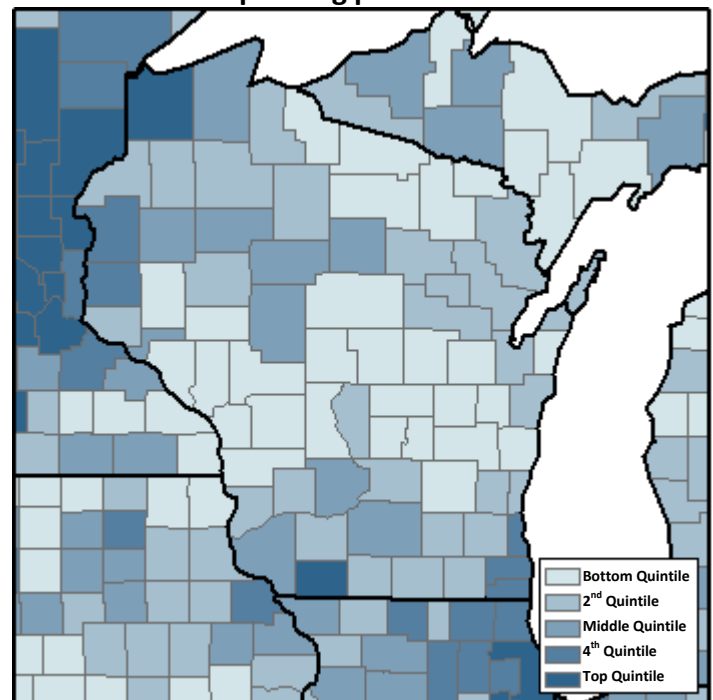
Wisconsin Per Capita Health Care Spending as a % of the National Average



Coverage Percentages in Wisconsin



Medicare Spending per enrollee in 2010



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Wisconsin Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	16.9	113	31	31
Medicare Spending as a % of GDP	3.3	97	28	24
Medicaid Spending as a % of GDP	2.8	113	34	32
Non-Medicare/Medicaid as a % of GDP	10.8	119	41	33

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,233	106	35	32
Medicare Spending per enrollee	8,908	86	18	12
Medicaid Spending per enrollee	7,584	111	32	31
Personal Health Care Spending for non-Medicare/Medicaid population	5,894	114	35	39

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	15.8	106	27	29
Medicaid enrollees as a % of population	15.6	95	30	20
Percent of Population Uninsured	9.4	58	4	6
Percent of Medicare in Medicare Advantage	29.7	121	37	27
Percent of Medicaid in Managed Care	62.4	87	11	12
Percent of Medicare Dual Eligible	19.4	119	41	34
Federal Matching % for Medicaid Spending	60.2	106	23	21

Medicare in Selected Counties	Amount in 2010*	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Brown County (Green Bay)				
Parts A&B per enrollee	7,493	81	11	5
Part A Disproportionate Share	3.9	68	30	17
Average Risk Score	96	96	33	18
Adjusted Parts A&B per enrollee	7,826	90	15	28
Medicare Advantage Penetration	36.9	150	77	74
Dane County (Madison)				
Parts A&B per enrollee	8,128	88	27	24
Part A Disproportionate Share	2.6	45	12	13
Average Risk Score	91	91	11	10
Adjusted Parts A&B per enrollee	8,793	101	56	62
Medicare Advantage Penetration	20.2	83	47	48
Milwaukee County (Milwaukee)				
Parts A&B per enrollee	9,370	102	60	58
Part A Disproportionate Share	6.8	118	70	58
Average Risk Score	107	107	81	76
Adjusted Parts A&B per enrollee	7,841	90	16	25
Medicare Advantage Penetration	27.2	111	60	57
Waukesha County (Brookfield City)				
Parts A&B per enrollee	7,960	86	23	26
Part A Disproportionate Share	2.2	37	8	10
Average Risk Score	95	95	27	23
Adjusted Parts A&B per enrollee	8,364	96	36	52
Medicare Advantage Penetration	26.9	110	59	58

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009. *See addendum related to Dane County.

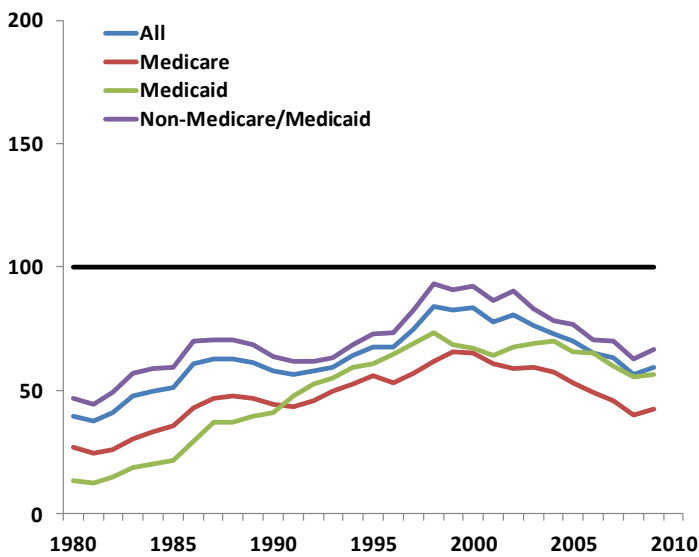
Health Care Spending in Wyoming



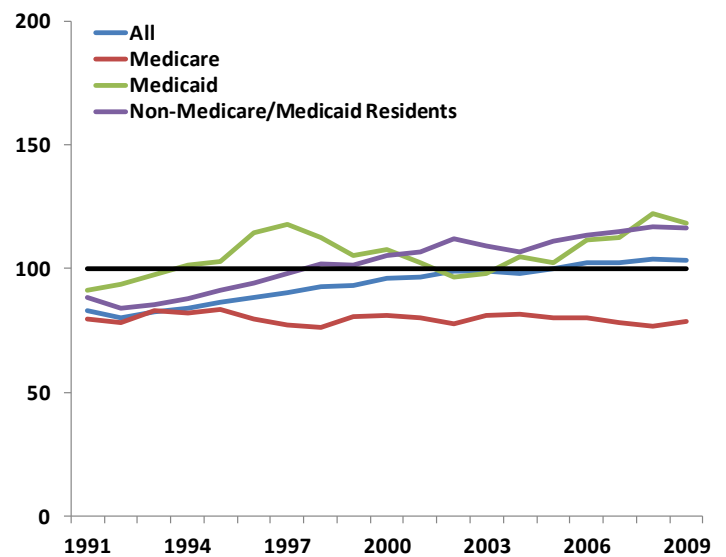
Key Health Care Spending Indicators in Wyoming

- Only 8.9% of Wyoming's economy was related to the health care sector in 2009, the lowest in the nation.
- Similarly, its Medicare spending as a share of GDP was 1.4%, the second lowest in the country.
- And its Medicaid share of GDP was also as low as 1.4%, the fourth lowest across states.
- 6.6% of the state Medicare beneficiaries were enrolled in Medicare Advantage, for the fourth lowest participation; however, no Medicaid enrollees were in managed care plans.
- In 2009, 10.4% of Medicare enrollees were also eligible for Medicaid, which was the fifth lowest across the states.

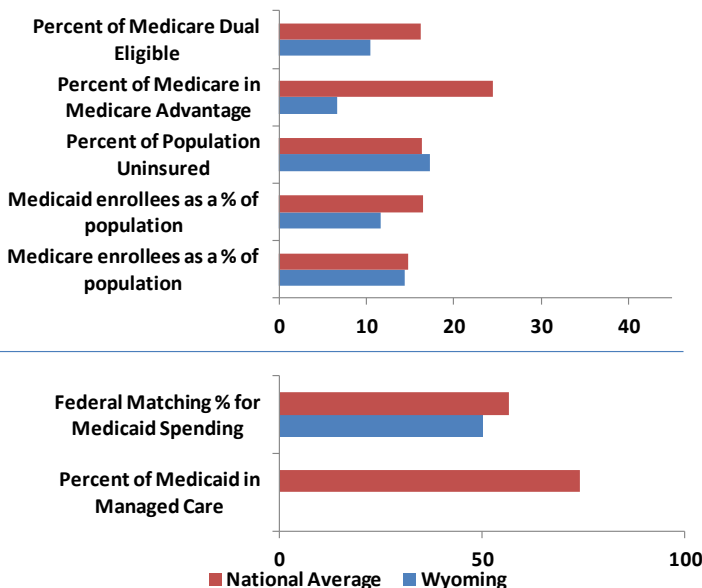
Wyoming Health Care Spending as a Share of GDP Compared to the National Average



Wyoming Per Capita Health Care Spending as a % of the National Average

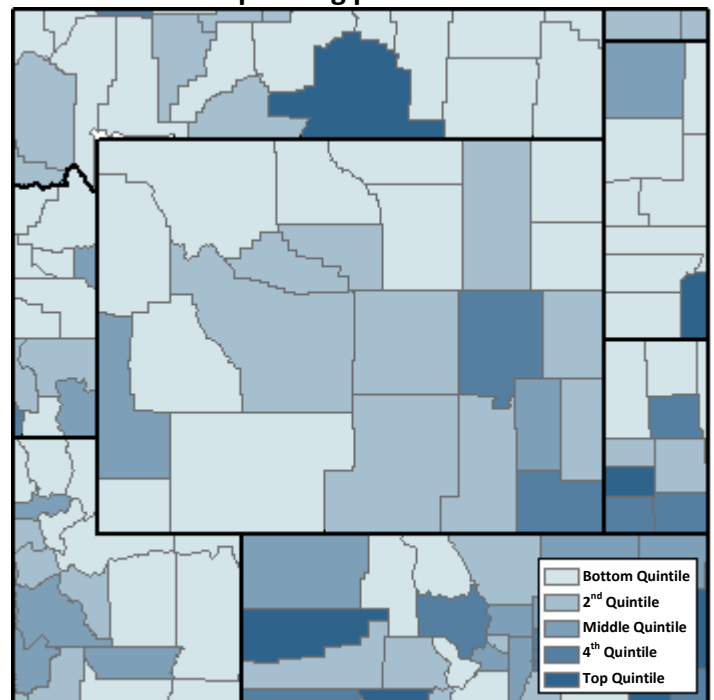


Coverage Percentages in Wyoming



Note: Uninsured, Medicare Advantage, Medicaid in managed care, and Federal Medical Assistance percentages as of 2010, all others as of 2009.

Medicare Spending per enrollee in 2010



Wyoming Health Care Spending by the Numbers[†]

State of Provider Data	% in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1980-2009
All Personal Health Care as a % of GDP	8.9	59	1	3
Medicare Spending as a % of GDP	1.4	43	2	3
Medicaid Spending as a % of GDP	1.4	56	4	4
Non-Medicare/Medicaid as a % of GDP	6.0	67	1	3

State of Residence Data	Amount in 2009	Compared to National Average	Ranking in 2009	Average Ranking 1991-2009
All Personal Health Care per Capita	7,040	103	30	18
Medicare Spending per enrollee	8,165	79	7	11
Medicaid Spending per enrollee	8,079	118	37	28
Personal Health Care Spending for non-Medicare/Medicaid population	6,013	116	39	26

Enrollment Percentages	Percent [‡]	Compared to National Average	Ranking	Average Ranking
Medicare enrollees as a % of population	14.4	97	13	13
Medicaid enrollees as a % of population	11.6	70	12	11
Percent of Population Uninsured	17.3	106	36	32
Percent of Medicare in Medicare Advantage	6.6	27	4	9
Percent of Medicaid in Managed Care	0.0	0	2	2
Percent of Medicare Dual Eligible	10.4	64	5	6
Federal Matching % for Medicaid Spending	50.0	88	6	25

Medicare in Selected Counties	Amount in 2010	Compared to National Average	Percentile Ranking in 2010	Average Percentile Ranking
Laramie County (Cheyenne)				
Parts A&B per enrollee	9,045	98	51	24
Part A Disproportionate Share	2.4	41	10	33
Average Risk Score	93	93	16	15
Adjusted Parts A&B per enrollee	9,792	112	89	72
Medicare Advantage Penetration	7.8	32	10	12
Natrona County (Casper)				
Parts A&B per enrollee	7,810	85	19	13
Part A Disproportionate Share	2.6	45	12	30
Average Risk Score	89	89	7	12
Adjusted Parts A&B per enrollee	9,056	104	67	43
Medicare Advantage Penetration	4.3	18	3	2
Park County (Cody)				
Parts A&B per enrollee	6,775	73	3	4
Part A Disproportionate Share	2.5	44	11	16
Average Risk Score	86	86	3	3
Adjusted Parts A&B per enrollee	8,447	97	41	54
Medicare Advantage Penetration	6.2	25	7	7
Sheridan County (Sheridan)				
Parts A&B per enrollee	6,130	66	1	1
Part A Disproportionate Share	1.7	29	3	15
Average Risk Score	85	85	2	3
Adjusted Parts A&B per enrollee	8,023	92	22	24
Medicare Advantage Penetration	3.8	16	3	2

[†]See notes at end of state summaries for sources and descriptions. [‡]Uninsured, Medicare Advantage, Medicaid in managed care, and federal matching percentage as of 2010, all others as of 2009.

Notes for States Summaries

State of Provider Data – The first four rows in the state summary tables are based on the State of Provider data from the CMS. The data are available from 1980 to 2009 and the data and documentation are available at:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsProvider.html>.

The state spending amounts are denominated by state gross domestic product (GDP) from the Regional Economic Accounts of the Bureau of Economic Analysis (BEA).

State of Residence Data – The next four rows in the state summary tables are based on the State of Residence data from the CMS. The data are available from 1991 to 2009, and the data and documentation are available at:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>.

Hawaii's Medicaid spending per enrollee relative to the national average is presented in the second figure for the years 1994 to 1997. The number of enrollees reported in Hawaii in the state of residence data for those years is substantially lower than in the surrounding years, possibly due a change in identifying enrollees following to the implementation of reforms associated with QUEST program that began in 1994.

Enrollment Percentages –The enrollment percentages are from various sources.

Medicare and Medicaid enrollees as a percent of the population are derived from the state of residence data. The state of residence files note that Medicare enrollment figures reflect point in time estimates while the Medicaid enrollees are measured in calendar person years. The values in the first three columns are for 2009 and the average rankings in the last column are based on the years 1991 to 2009.

Percent of the Population Uninsured The values in the first three columns pertain to 2010 and the average ranking in the last column is based on the years 1999 to 2010.

The data is from the Census Bureau and is available at:
http://www.census.gov/hhes/www/hlthins/data/historical/HIB_tables.html

Percent of Medicare in Medicare Advantage The values in the first three columns pertain to 2010 and the average ranking in the last column is based on the years 1996 to 2010. The data is from Medicare and Medicaid Statistical Supplements 1997 to 2011, from the CMS Office of Information Product and Data Analysis.

Percent of Medicaid in Managed Care The values in the first three columns pertain to 2010 and the data is from the Medicaid Managed Care Enrollment Report, July 1, 2010, Data and System Group, CMS. The average ranking is based on data for the years 1999-2010, with the percentages for the years 1999-2009 estimated from the Medicaid Statistical Information System. The MSIS tables are available at:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/MSIS-Tables.html>.

Percent of Medicare Dual Eligible The percentage of number of dual eligible enrollees is derived from the 1999-2009 Medicaid Statistical Information System (MSIS), Table 24. The values in the first three columns pertain to 2009, and the average ranking in the last column is based on the years 1999 to 2010. The MSIS tables are available at:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/MSIS-Tables.html>.

Federal Matching % for Medicaid Spending The Federal Medical Assistance Percentage (FMAP) is from the Office of the Assistant Secretary of Planning and Evaluation, Department of Health and Human Services. The

data are available at: <http://aspe.hhs.gov/health/fmap.htm>. The values in the first three columns pertain to 2010, and the average ranking in the last column is based on the years 1991 to 2010. The 2010 values are the “regular” FMAPs, not the temporarily enhanced FMAPs resulting from the American Recovery and Reinvestment Act of 2009.

Medicare in Selected Counties The four counties in each state are selected based on their populations and their locations, with some chosen to provide geographic variation within certain states.

Parts A&B per enrollee, the Part A Disproportionate Share, and the Average Risk Scores are from the CMS Medicare Advantage Rates and Statistics webpage. The values in the first three columns pertain to 2010. The average ranking in the last column is based on the years 1998 to 2010 for the unadjusted Parts A&B spending and the disproportionate share percentage. The average ranking in the last column is limited to the years 2004 to 2010 for the risk scores and for the adjusted Parts A&B spending due to limited data availability.

Beginning with the 2009 FFS data from the CMS, the aged and disabled reimbursements for hospice and cost contracts were reported in separate files. For continuity with the data from previous years, the reimbursements reported in the aged and disabled files (in 2009 and in 2010) are combined with the corresponding data from the hospice and cost contract files. Cost contract payments are prevalent in Minnesota where in 2010 they accounted for more than 15 percent of FFS spending in over 40 percent of the counties. The aged and the disabled spending and enrollments are combined to calculate separate Part A and B averages. The data are available on the CMS website at:

<http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html>

See the annual notes on the CMS website for further descriptions of the data. The CMS develops the county level data from the National Claims History File.

Adjusted Parts A&B per enrollee is estimated by the authors. See the discussion in Part 1.

Medicare Advantage Penetration The values in the first three columns pertain to 2010 and the average ranking in the last column is based on the years 2008 to 2010. The data is from the Medicare Advantage/Part D contract and enrollment data webpage on the CMS website at:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDEnrolData/MA-State-County-Penetration.html>.

Addendum – County Level Medicare Spending

As noted above, beginning with the 2009 FFS data release, the aged and disabled reimbursements for hospice and cost contracts plans were reported in separate files along with the base FFS reimbursement files for the aged and disabled enrollees. In the state summaries, all reimbursements in a county were combined before calculating the averages. This produces consistent series from 1998-2010; however, the series are biased upwards in counties where cost contract plans and payments are prevalent. The following table presents corrected per enrollee Part A and B spending and the disproportionate share percentages for a subset of counties from the state summaries. The subset of counties includes those in which cost contract reimbursements exceeded 3% of total reimbursements. The distribution of average spending depicted in the maps overstate spending in states where cost contract plans are prevalent including most of Minnesota, and parts of Colorado, Maryland, North Dakota, Texas, and West Virginia, and a few other states.

Also, the disproportionate share percentages reported for Maryland are not compatible with those in other states. See the Methodology files and notes at the CMS Medicare Geographic Variation website for a discussion:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/index.html>

**Average Medicare Spending Excluding Cost Contract Plan
Reimbursements in 2010**

County	State	Parts A&B Per enrollee	Part A Disproportionate Share %
Mesa	Colorado	6,907	3.0
Montgomery	Maryland	8,904	1.1
Prince George's	Maryland	9,733	2.2
Hennepin	Minnesota	8,115	4.4
Olmsted	Minnesota	6,882	0.6
Ramsey	Minnesota	7,998	5.2
St. Louis	Minnesota	7,627	6.2
Cuyahoga	Ohio	9,937	3.9
Fairfax	Virginia	7,244	4.1
Raleigh	West Virginia	7,895	9.1
Dane	Wisconsin	7,449	3.0