

CALIFORNIA HEALTH CARE ALMANAC



Medicare Facts and Figures

JANUARY 2010

Introduction

California has the largest number of Medicare beneficiaries of any state — 4.5 million enrollees — and as the population ages the percentage of Californians covered by Medicare will continue to rise. It is projected that by 2030, California’s entire elderly population — those 65 and over — will be more than double what it was in 2000.

This profile provides a factual framework to help consumer advocates, health care providers, and policymakers better understand California’s Medicare population and inform their efforts to design programs and policies that meet beneficiaries’ needs.

KEY FINDINGS INCLUDE:

- Medicare reimbursement for care delivered to California beneficiaries is higher than the national average — about \$600 more per beneficiary in 2006.
- In 2004 and 2005, total annual medical payments per Medicare beneficiary in California averaged \$11,326, of which \$1,330 (11 percent) came out of the beneficiaries’ own pockets.
- A large percentage of Medicare beneficiaries suffer from multiple chronic illnesses. In 2005, 79 percent reported having two or more chronic conditions, and 37 percent reported four or more.

Data in this presentation are drawn from the most recent national and state-level sources available. A full list of sources can be found on [page 35](#).

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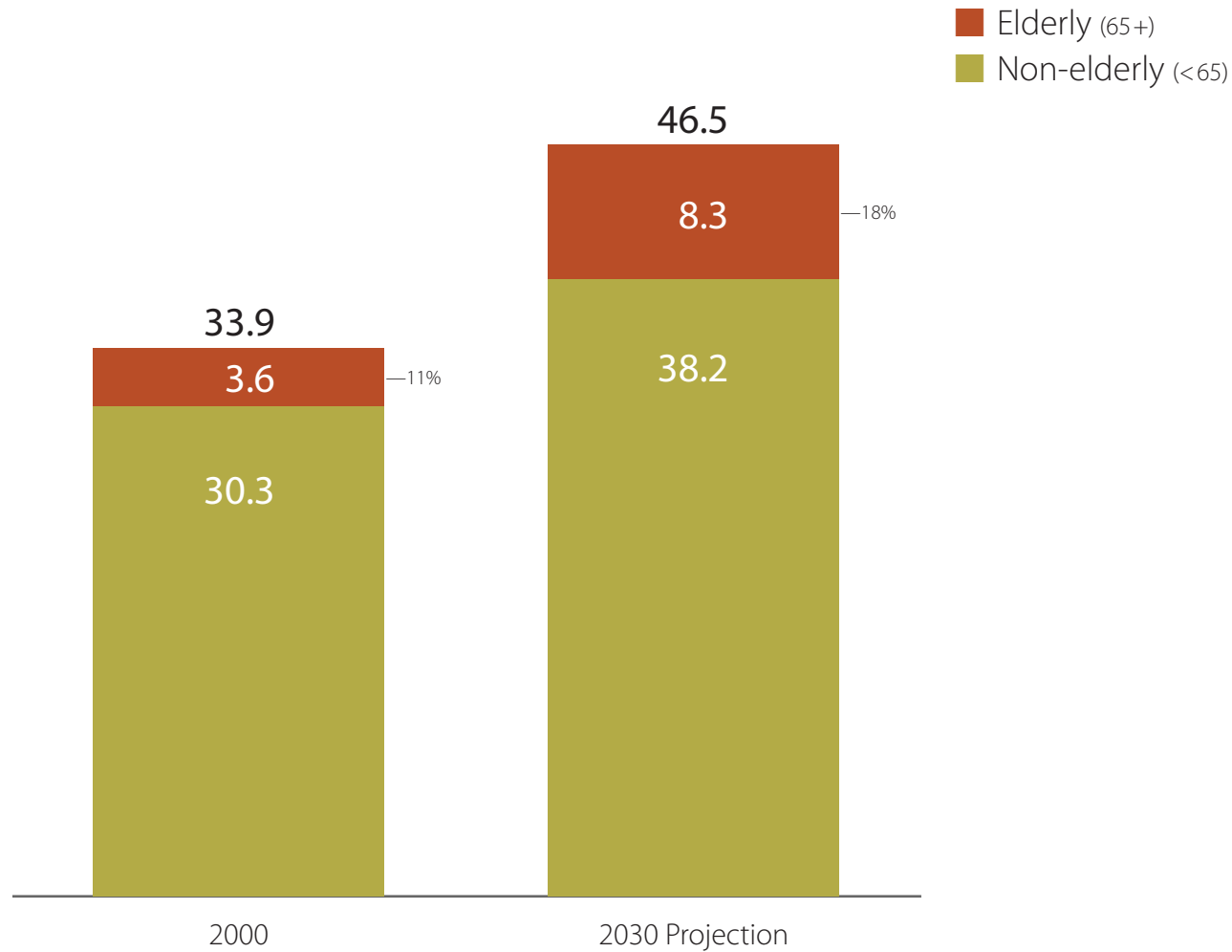
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Projected Population, Elderly vs. Non-Elderly, California, 2000 and 2030

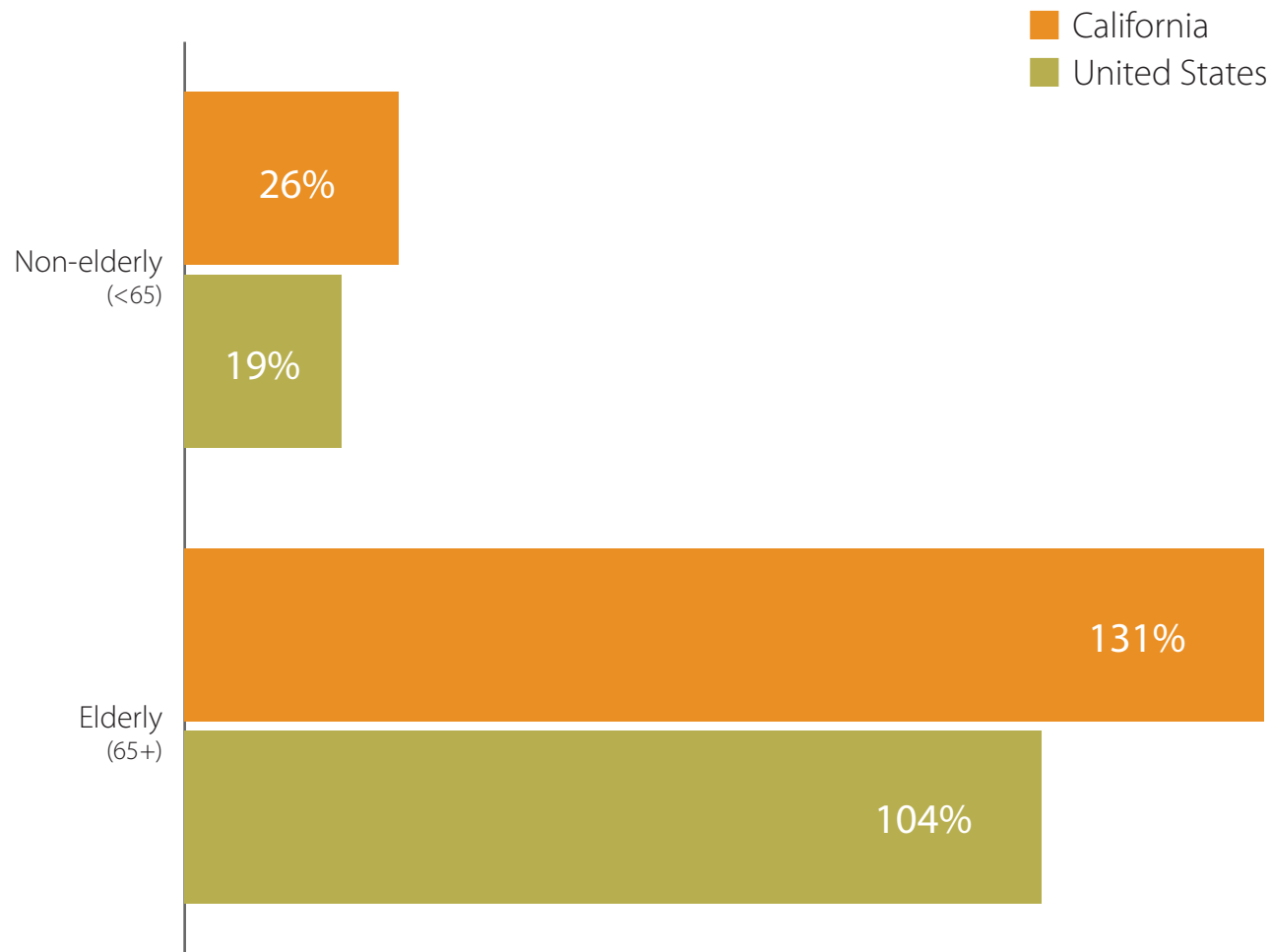
POPULATION (IN MILLIONS)



Source: U.S. Census Bureau, Interim State Population Projections, 2005, Table 4: Interim Projections: Change in Total Population and Population 65 and Older, by State: 2000 to 2030.

California's elderly population (those age 65 and older) is expected to more than double between 2000 and 2030.

Projected Population Growth, Elderly vs. Non-Elderly, California vs. the United States, 2000 to 2030



Source: U.S. Census Bureau, Interim State Population Projections, 2005, Table 4: Interim Projections: Change in Total Population and Population 65 and Older, by State: 2000 to 2030.

California's elderly population is projected to grow much faster than the national rate. Between 2000 and 2030, the number of Californians 65 and older is expected to increase by 131 percent, compared to 104 percent for the United States as a whole.

Elderly Population Growth, by Region, California, 1990 to 2008

From 1990 to 2008, nearly all of California's regions experienced a significant jump in the size of their elderly population, particularly among seniors 85 and older.

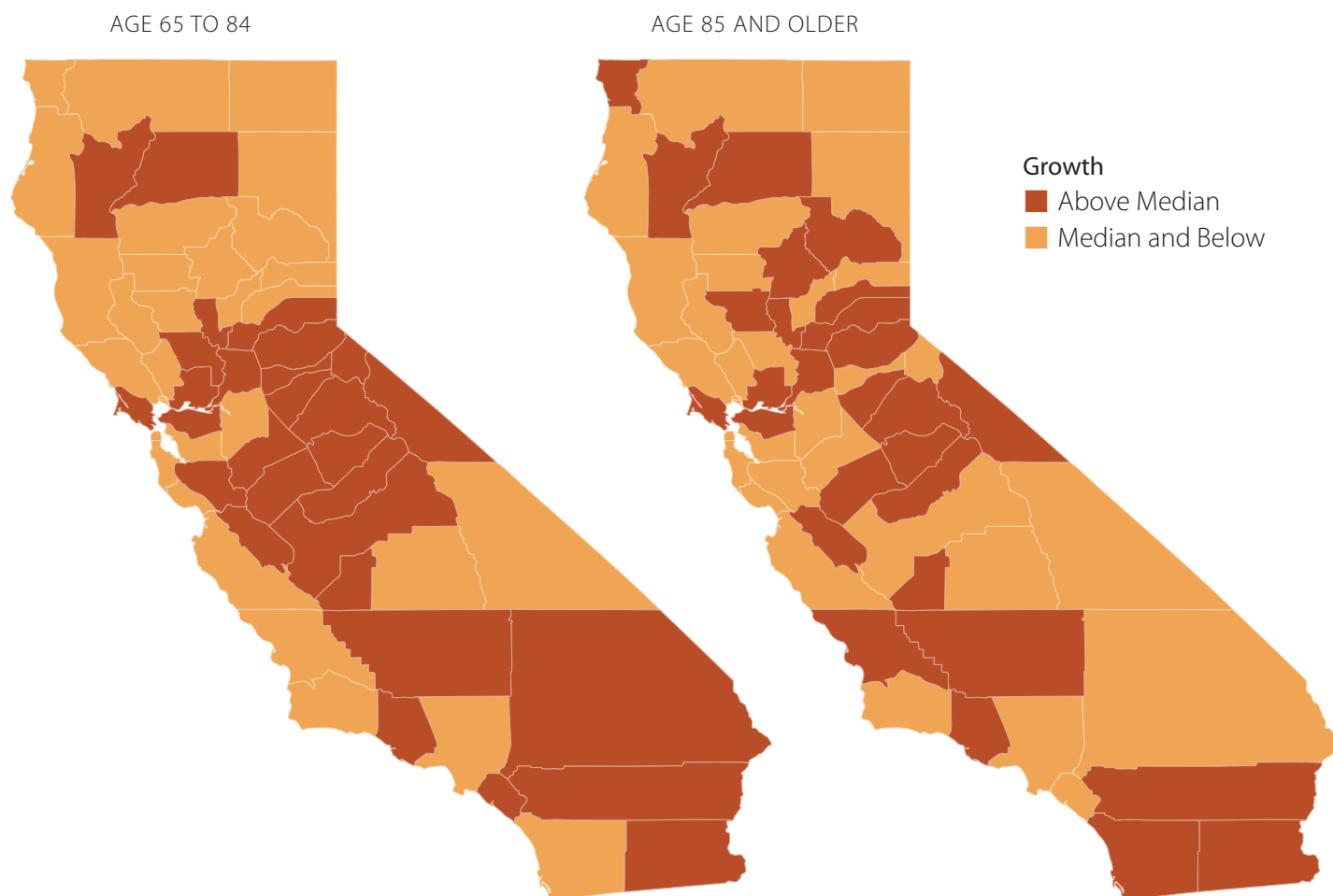
PERCENTAGE CHANGE

	TOTAL POPULATION	AGE 65+	AGE 85+
California Overall	23%	31%	107%
Greater Bay Area	16%	29%	101%
Sacramento Area	39%	54%	158%
San Joaquin Valley	37%	29%	108%
Inland Empire	56%	47%	157%
San Diego Area	21%	25%	120%
Los Angeles County	11%	23%	85%
Orange County	25%	55%	107%

Note: Data for all counties are provided in the [Appendix](#).

Sources: U.S. Census Bureau, Population Estimates for Counties by Age Group (CO-99-13): July 1, 1990 and Annual Estimates of the Resident Population by Selected Age Groups and Sex for Counties: April 1, 2000 to July 1, 2008.

Elderly Population Growth, by County, 1990 to 2008



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Overview

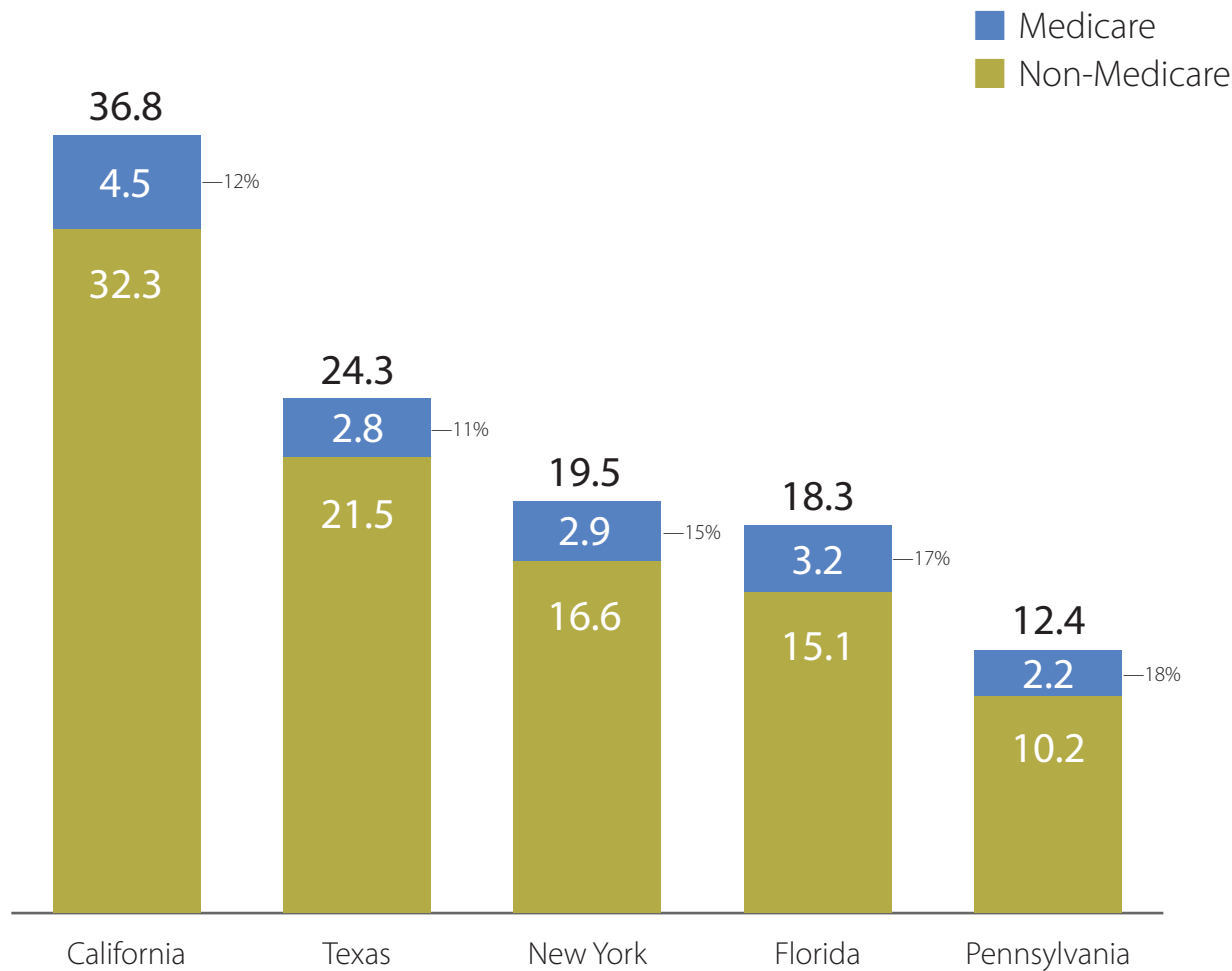
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Among California counties, the median growth rate for people 85 and older was 114 percent from 1990 to 2008, compared to 21 percent for younger seniors.

Source: U.S. Census Bureau, Population Estimates for Counties by Age Group (CO-99-13): July 1, 1990 and Annual Estimates of the Resident Population by Selected Age Groups and Sex for Counties: April 1, 2000 to July 1, 2008.

Enrollment in Medicare, California vs. Selected States, 2008

POPULATION (IN MILLIONS)



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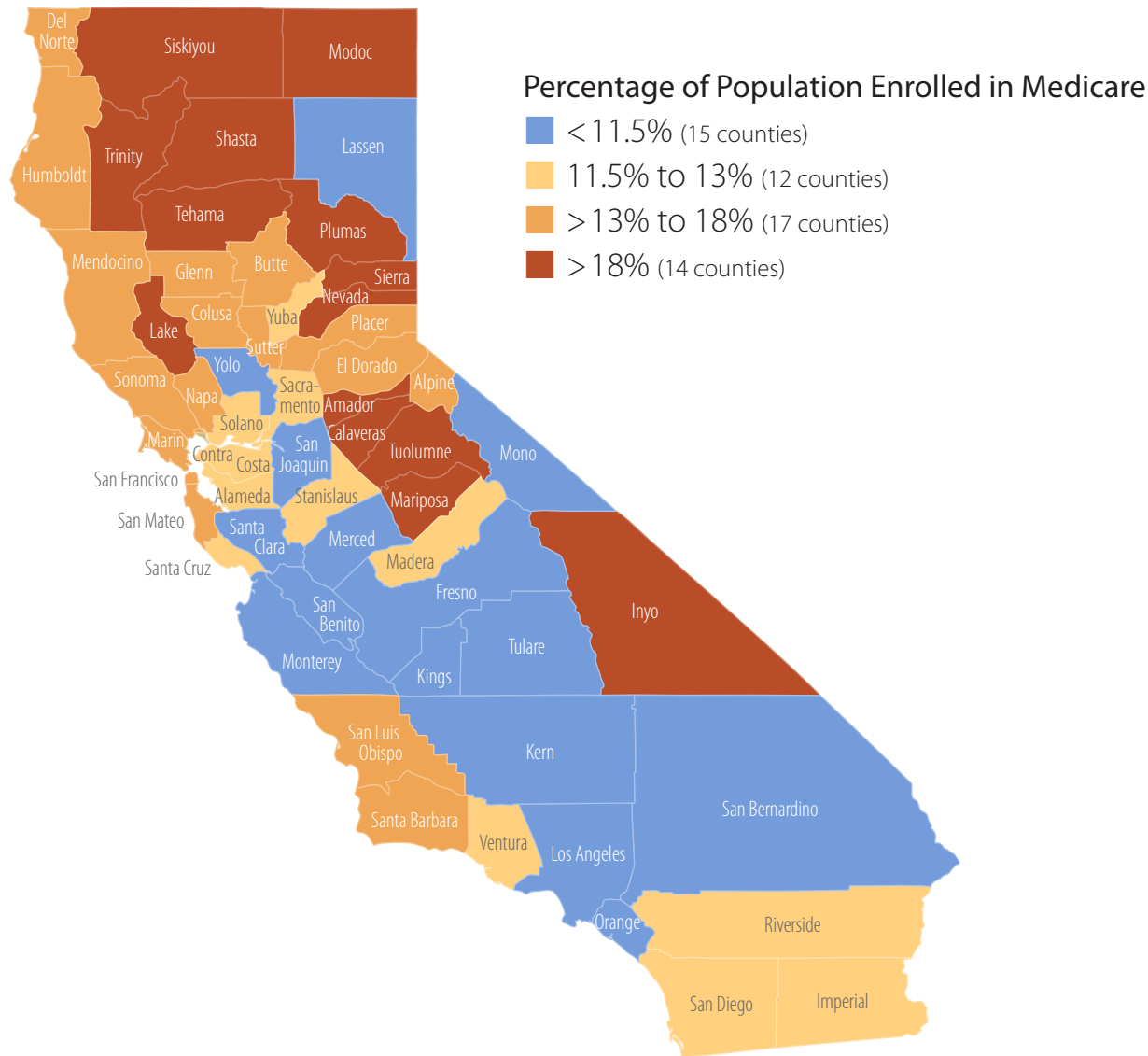
Enrollment and Population

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Fifteen percent of the U.S. population, or 44.8 million individuals, are enrolled in Medicare. While California has the largest number of Medicare beneficiaries in the nation at 4.5 million, they make up a comparatively small percentage of the state's total population.

Sources: Mathematica Policy Research analysis of CMS State/County Market Penetration Files, July 2008; and Census Bureau State Population Estimates 2000–2008 (NST-EST2008-01).

Medicare Enrollment as Percent of Population, by County, California, 2007



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California's rural counties are home to higher percentages of Medicare enrollees than the state's urban centers. Of the approximately one in four counties that have more than 18 percent of their residents enrolled in Medicare, most are among the least populous in the state. By contrast, three of California's five largest counties have less than 11.5 percent of their population enrolled in Medicare.

Sources: Medicare County Enrollment Report, 2007; U.S. Census Population Estimates, Annual Estimates of the Resident Population by Age, Sex, Race and Hispanic Origin for Counties: April 1, 2000 to July 1, 2007; www.census.gov/popest/counties/asrh/files/cc-est2007-alldata-06.csv.

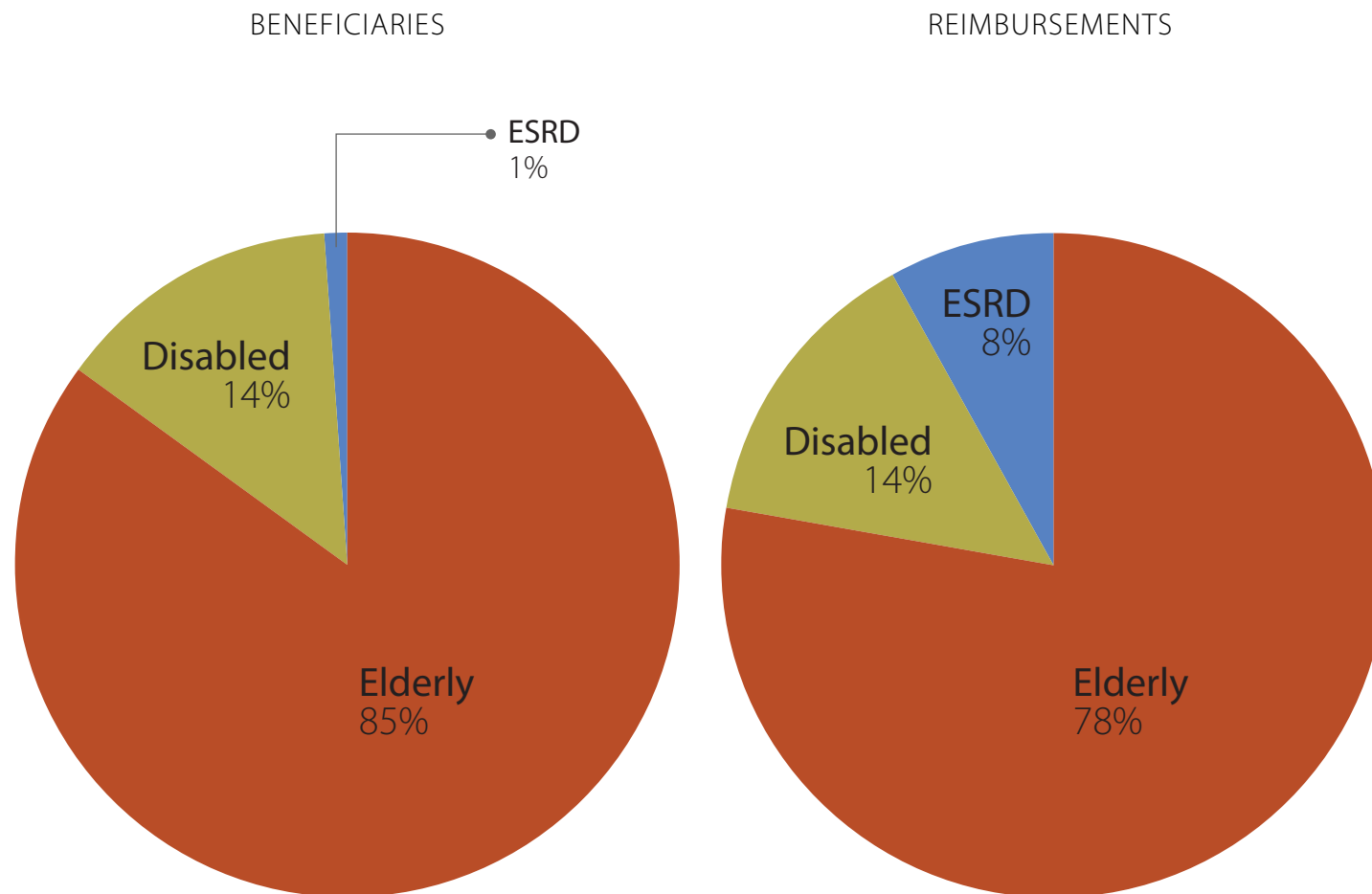
Medicare Beneficiaries and Reimbursements, by Type, California, 2005

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While the majority of Medicare beneficiaries are eligible because of their age, some qualify for other reasons. In California, 14 percent are disabled. Those with end-stage renal disease (ESRD) represent only 1 percent of the beneficiary population, but account for 8 percent of reimbursement costs.



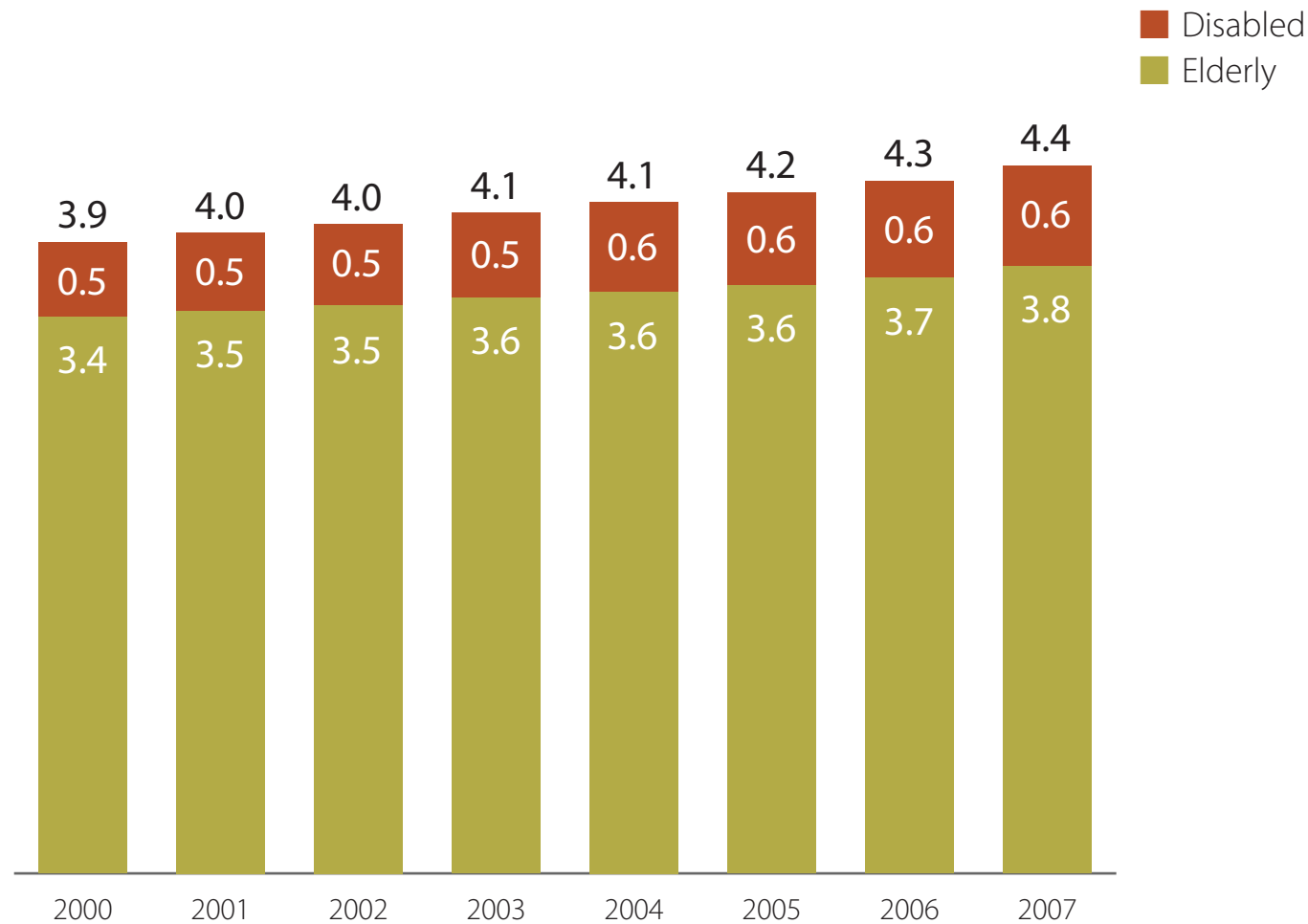
Note: ESRD (end-stage renal disease) category comprises elderly beneficiaries with ESRD, disabled beneficiaries with ESRD, and beneficiaries with ESRD who would not otherwise be eligible for Medicare.

Source: Medicare Current Beneficiary Survey, 2005.

Medicare Beneficiaries, by Eligibility Category,*

California, 2000 to 2007

POPULATION (IN MILLIONS)



*Does not include beneficiaries with end-stage renal disease (ESRD).

Source: *Annual Statistical Supplement to the Social Security Bulletin* (2005 and 2008): Table 8.B3a—Hospital Insurance and/or Supplementary Medical Insurance: Number of enrollees aged 65 or older, by census division and state or other area, Table 8.B3b—Medicare Part A (Hospital Insurance) and/or Part B (Supplementary Medical Insurance): Number of disabled enrollees, by census division and state or other area.

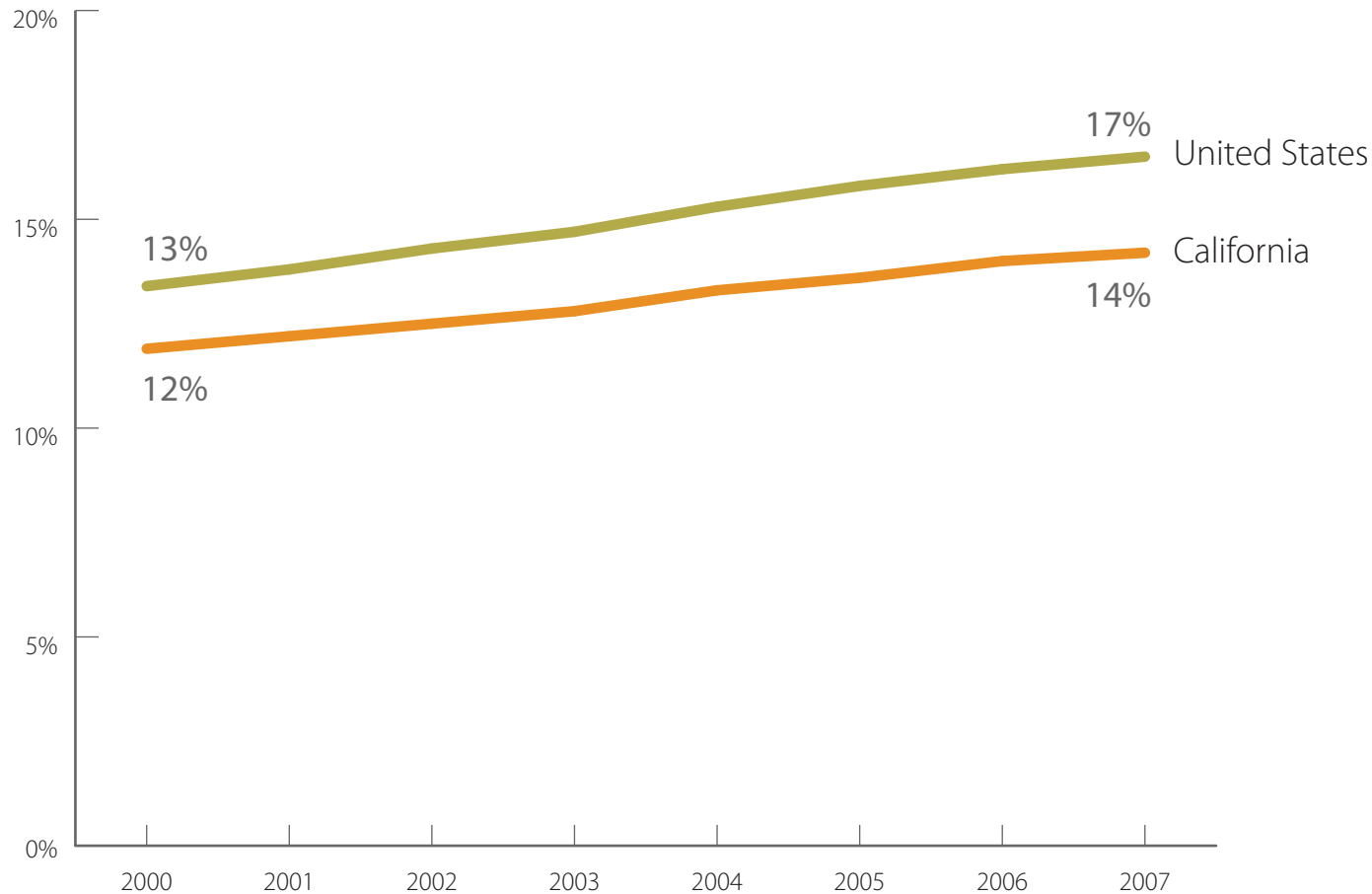
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From 2000 to 2007, the number of Medicare beneficiaries in California increased by 12 percent. Within that population, disabled beneficiaries grew at a faster rate than elderly beneficiaries.

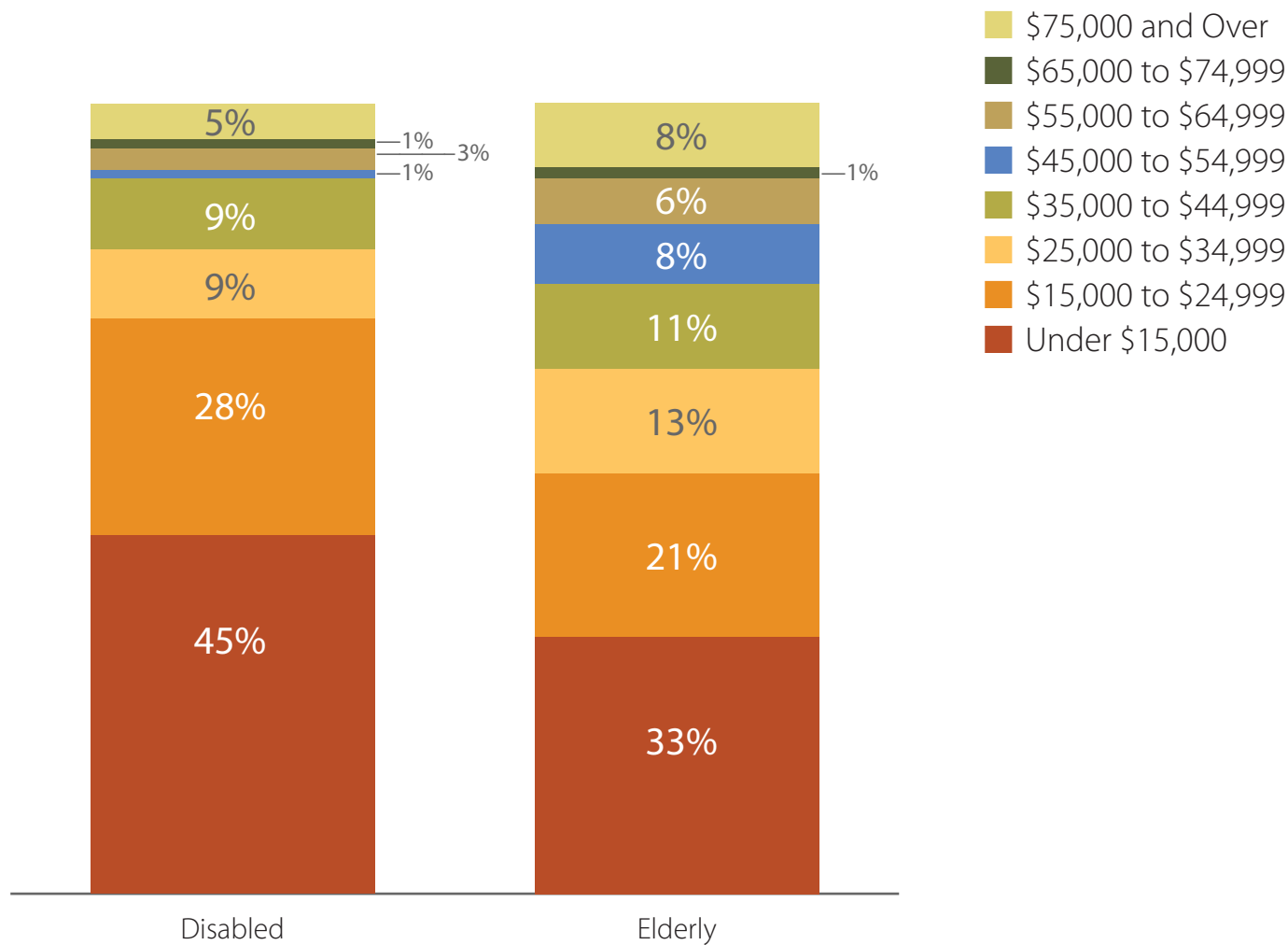
Percent of Medicare Beneficiaries with Disabilities, California vs. the United States, 2000 to 2007



The percentage of California Medicare beneficiaries with disabilities has grown steadily over the past eight years. However, the national percentage of disabled beneficiaries has been consistently higher than California's over this period, and the relative increase between 2000 and 2007 has been steeper.

Source: *Annual Statistical Supplement to the Social Security Bulletin* (2005 and 2008): Table 8.B3a—Hospital Insurance and/or Supplementary Medical Insurance: Number of enrollees aged 65 or older, by census division and state or other area, Table 8.B3b—Medicare Part A (Hospital Insurance) and/or Part B (Supplementary Medical Insurance): Number of disabled enrollees, by census division and state or other area.

Medicare Beneficiary Income Distribution, by Eligibility Category, California, 2005



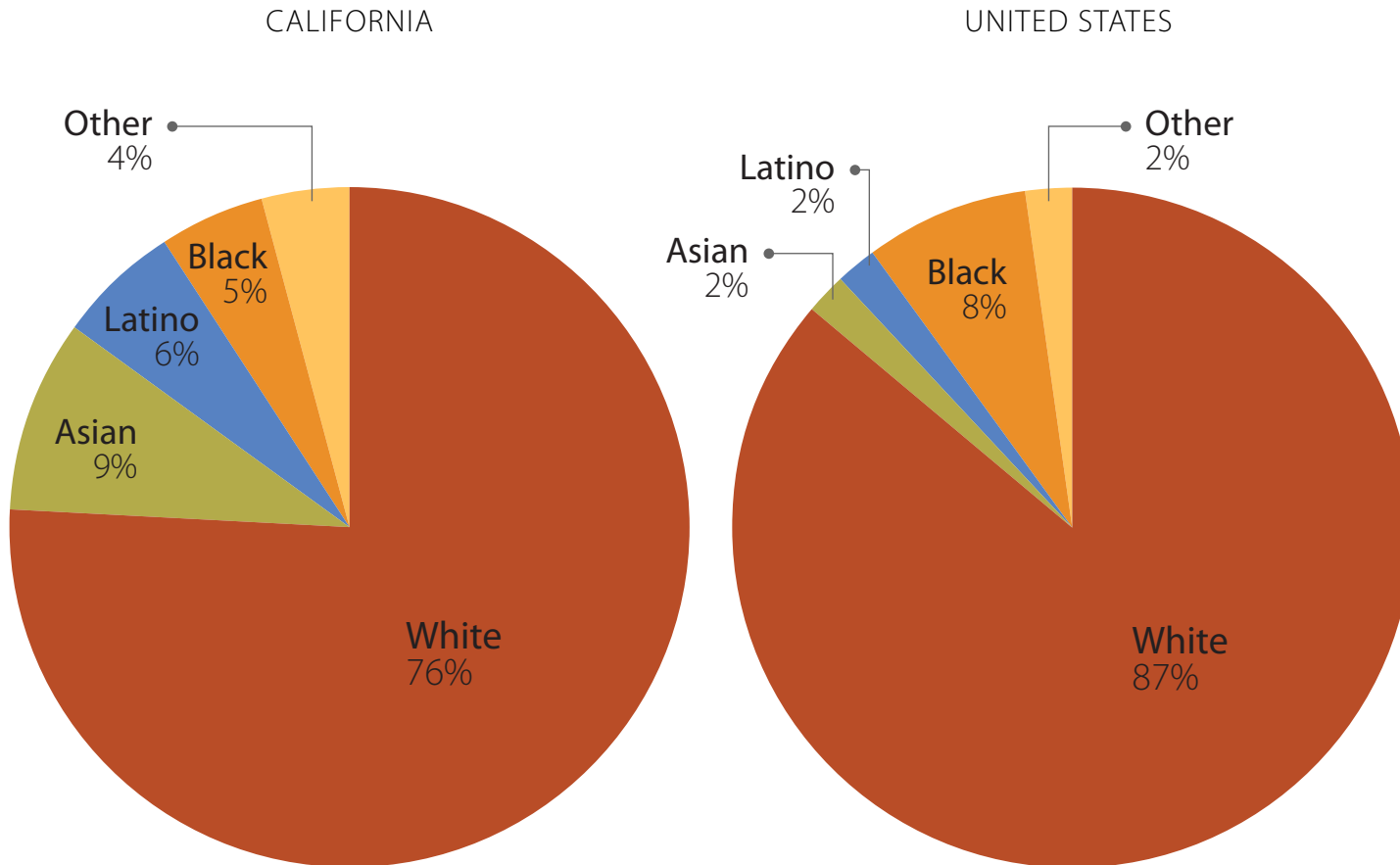
Most Medicare beneficiaries are of relatively modest means, with more than half living on an annual income of less than \$25,000. Disabled Medicare beneficiaries are more likely than the elderly to have the lowest incomes — 45 percent of disabled beneficiaries reported an income below \$15,000, compared to 33 percent of elderly beneficiaries.

Notes: ESRD beneficiaries are excluded unless also eligible by aged or disabled status. Figures may not add to 100 percent due to rounding.

Source: Medicare Current Beneficiary Survey, 2005.

Race/Ethnicity of Elderly Medicare Beneficiaries, California vs. the United States, 2005

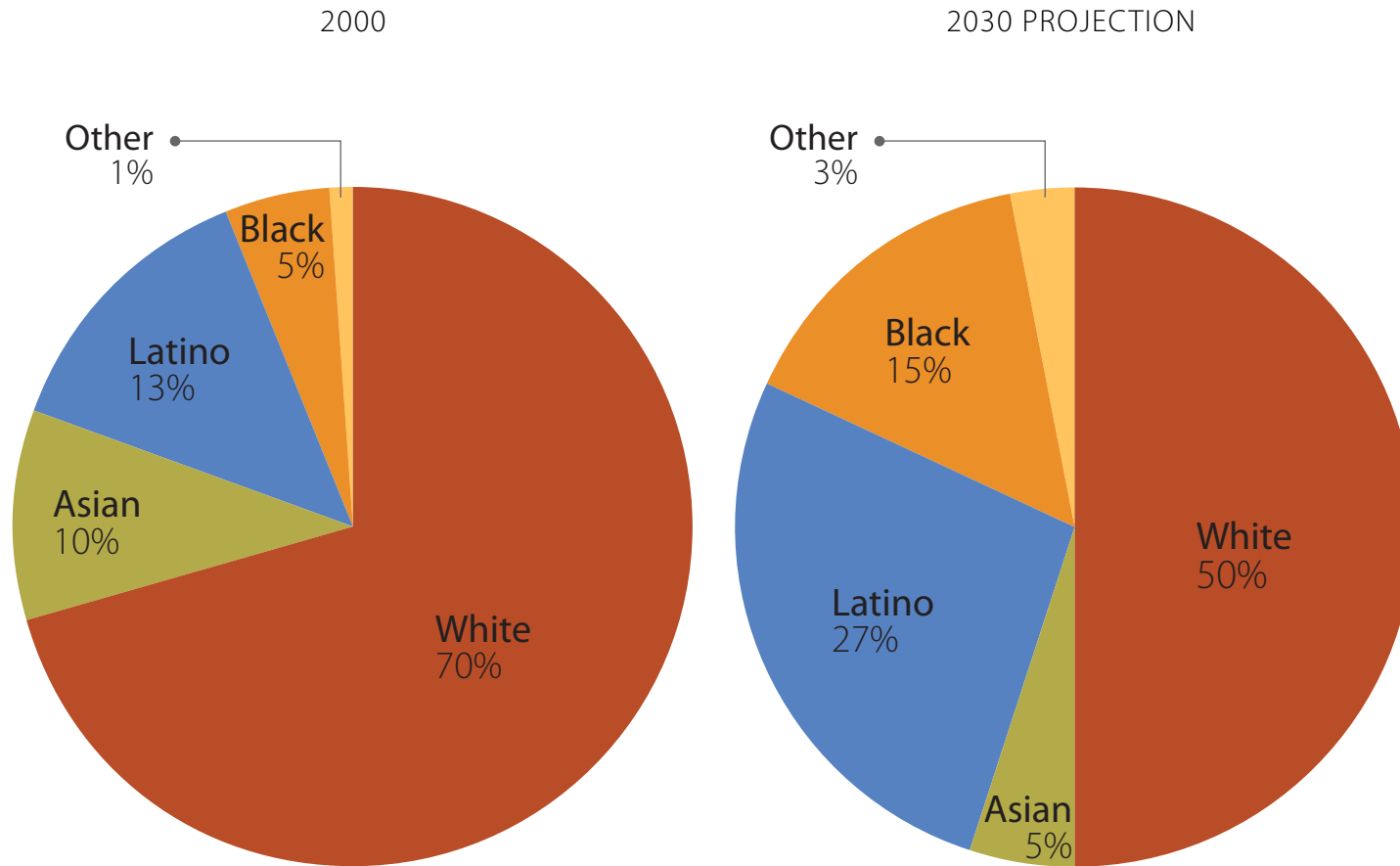
California's elderly Medicare population is more diverse than that of the nation, with a higher percentage of Asian and Latino beneficiaries.



Note: Beneficiaries listed as Latino may be of any race. Those in the "Other" category may include American Indian, multi-race beneficiaries, and beneficiaries of unknown race.

Source: Medicare Current Beneficiary Survey, 2005.

Projection of Race/Ethnicity of Elderly Population, California, 2000 to 2030

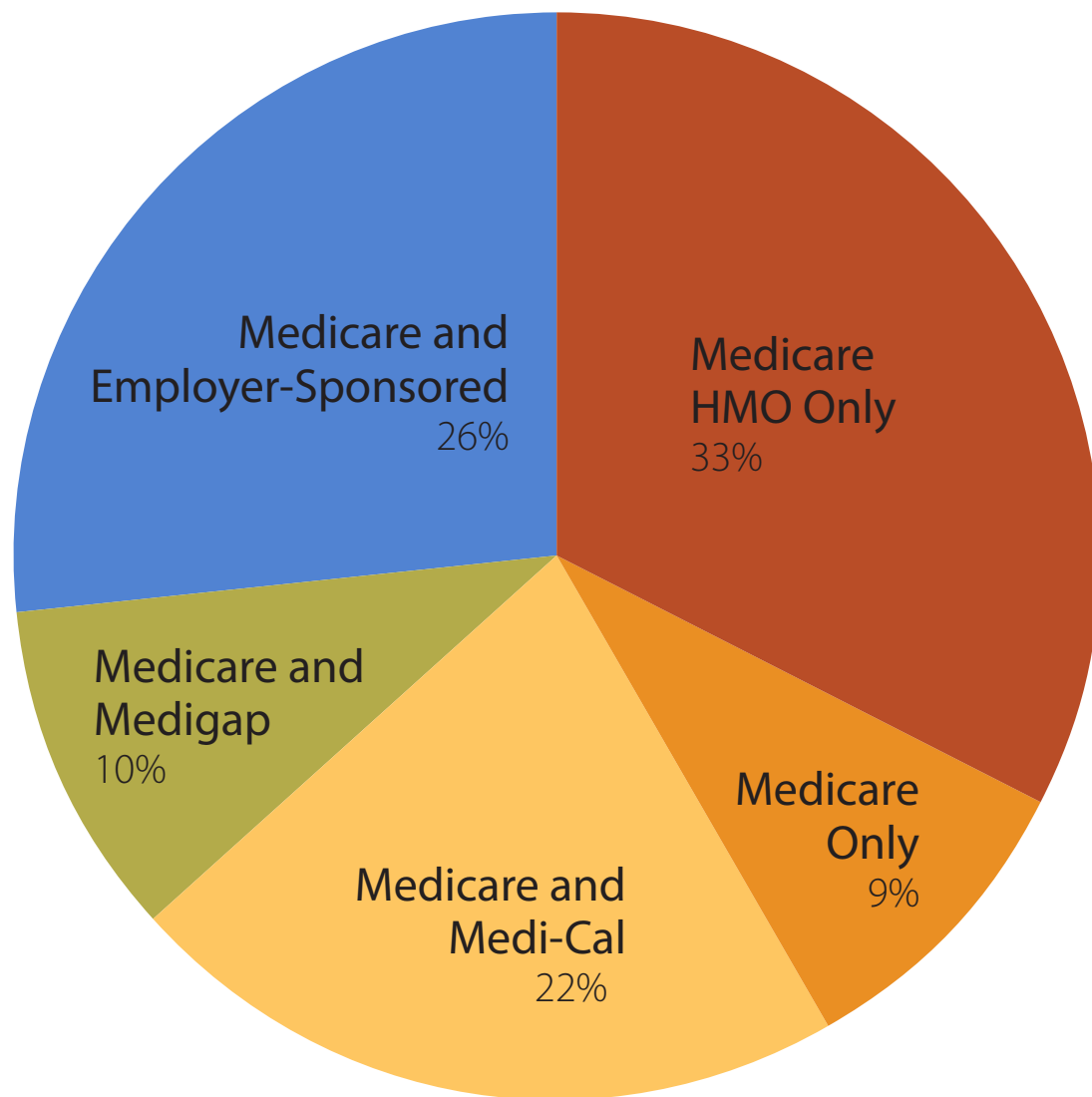


In 2030, the elderly population in California is projected to be more diverse. As a share of the overall population, Latinos are expected to grow to 27 percent, up from 13 percent in 2000, while Whites are expected to decrease from 70 percent to 50 percent.

Notes: Beneficiaries listed as Latino may be of any race. Those in the "Other" category may include American Indian, multi-race beneficiaries, and beneficiaries of unknown race. These data are not limited to Medicare beneficiaries. Figures may not add to 100 percent due to rounding.

Source: California Department of Finance, Population Projections by Race / Ethnicity, Gender and Age for California and Its Counties 2000–2050.

Elderly Enrollee Health Coverage, by Source, California, 2005



Medicare Facts and Figures

Coverage

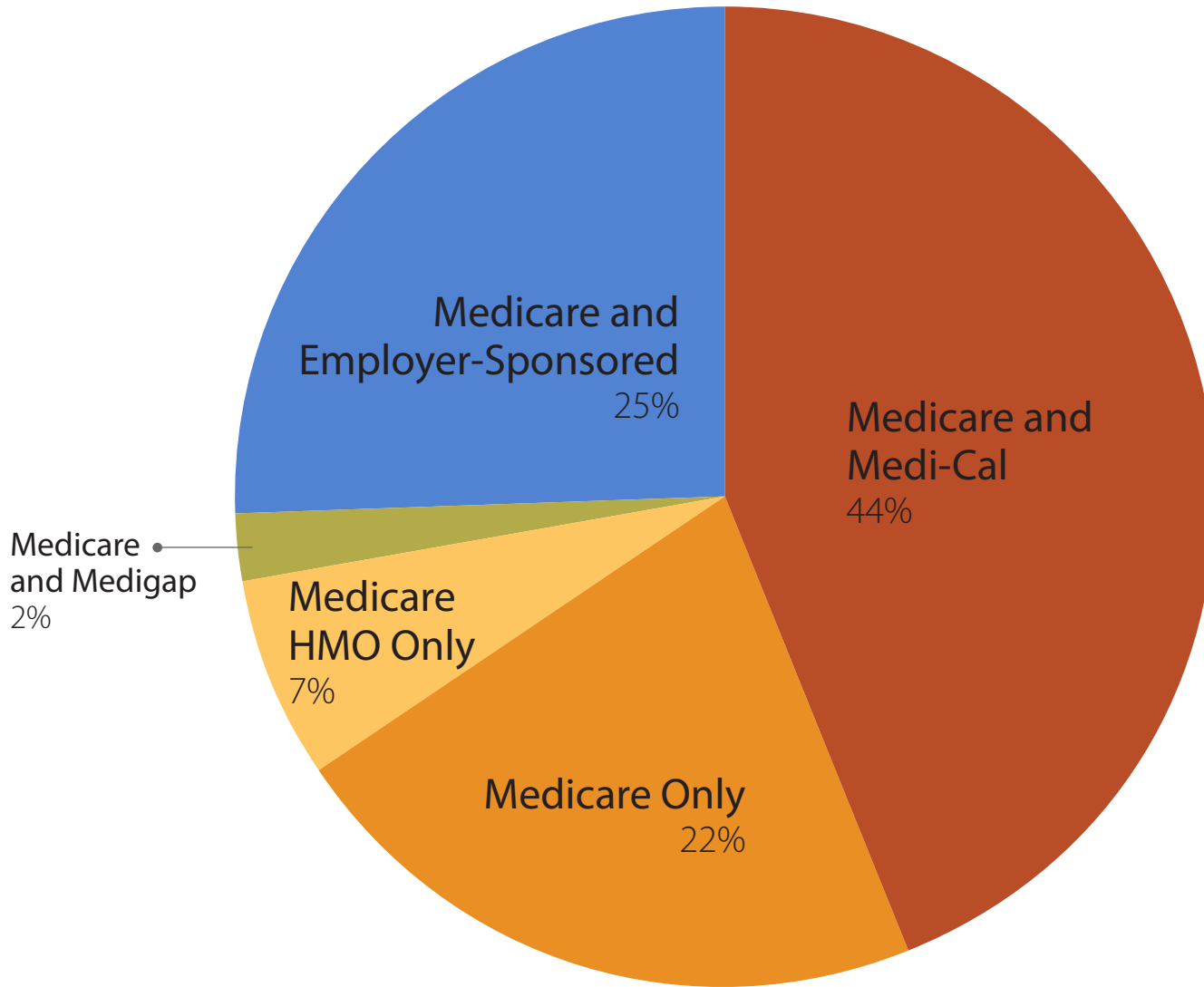
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Few of California's Medicare enrollees age 65 and older depend exclusively on traditional Medicare for health insurance. More than half also rely on Medi-Cal, Medigap, or employer-sponsored insurance to help cover health costs.

Note: This graph represents primary coverage sources; in some cases, enrollees may have an additional source of coverage. Results exclude beneficiaries in nursing homes.

Source: Medicare Current Beneficiary Survey, 2005.

Under 65 (Disabled) Enrollee Health Coverage, by Source, California, 2005



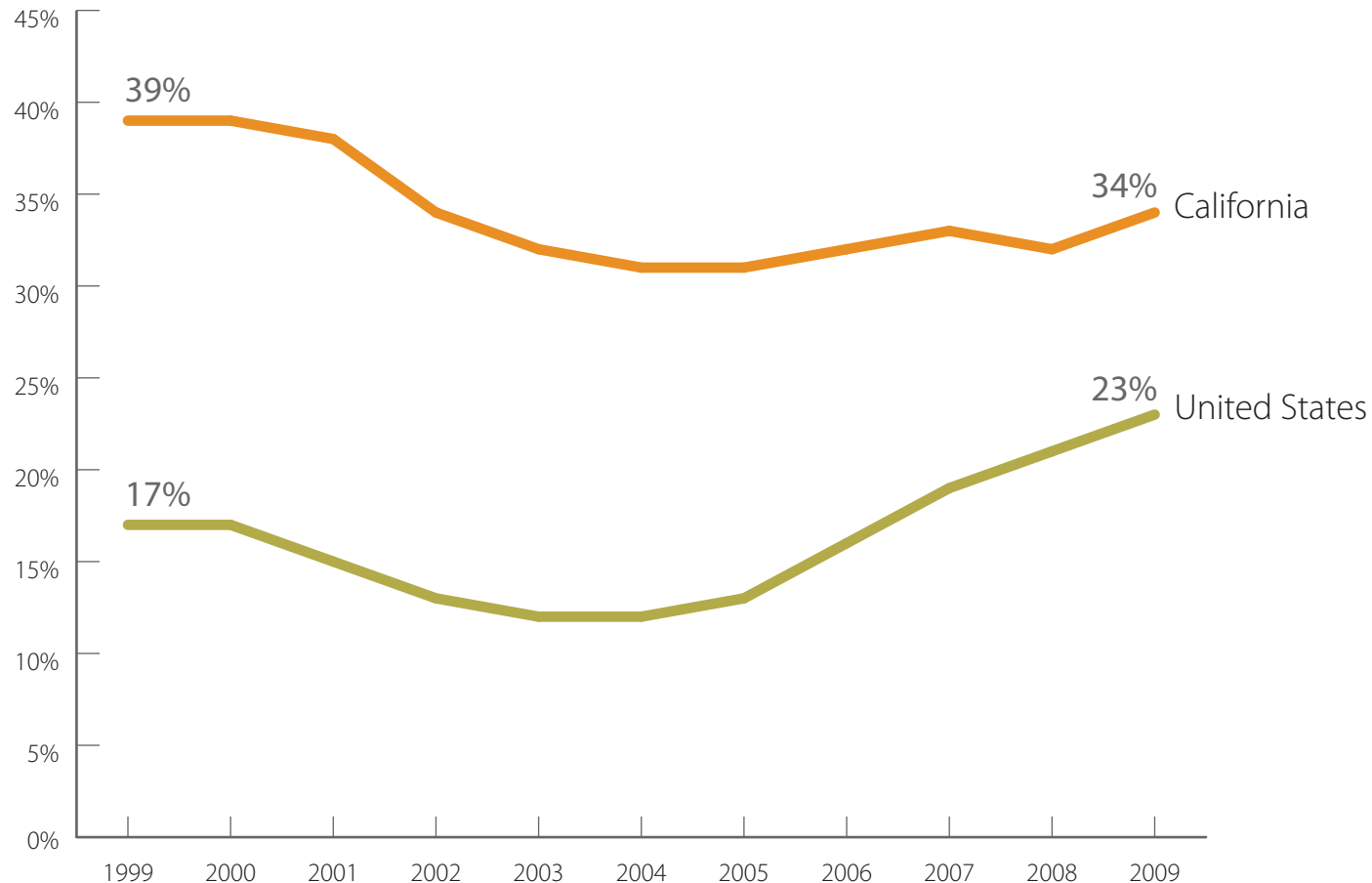
Nearly three-quarters of disabled Medicare enrollees under 65 rely solely on public sources for their health insurance, while slightly more than 25 percent have some form of private supplemental insurance.

Note: This graph represents primary coverage sources; in some cases, enrollees may have an additional source of coverage. For adults age 18 to 64, eligibility for Medicare is tied to qualification for Social Security Disability Insurance. Results exclude beneficiaries in nursing homes.

Source: Medicare Current Beneficiary Survey, 2005.

Medicare Advantage (MA) Enrollment, California vs. the United States, 1999 to 2009

PERCENT OF BENEFICIARIES IN AN MA PLAN

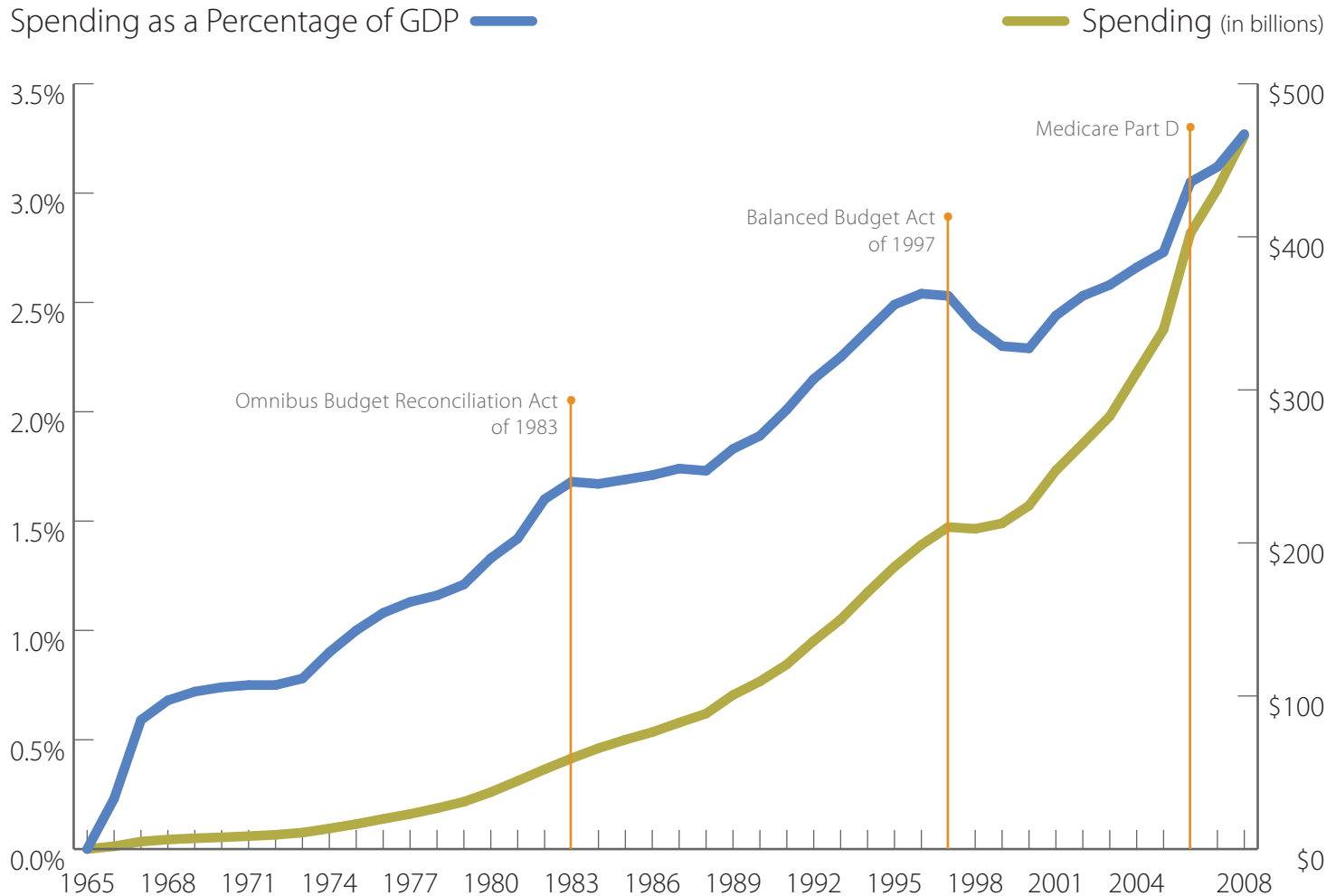


California has a higher percentage of beneficiaries enrolled in Medicare Advantage (MA) plans compared to the nation; however, this gap has narrowed in recent years. As of 2009, the vast majority (96 percent) of California's MA plans were HMOs, well above the national average of 74 percent.

Note: Medicare Advantage (MA) plans are health plans that are approved by Medicare and provided by private companies. These plans combine Medicare Part A (hospitalization) and Medicare Part B (doctor's visit coverage) into one health plan that provides the same medically-necessary services as standard Medicare.

Source: Mathematica Policy Research analysis of CMS State/County Market Penetration files are from March of the given year(s) through 2005. For 2006–2007, data are from Mathematica Policy Research analysis of CMS Monthly MA Enrollment by State/County/Contract file, November of the given year. Data on the total number of those who are eligible for Medicare from December 2005 are used to calculate plan penetration for 2006–2007. For 2008 and 2009, MA enrollment data are from the July 2008 and March 2009 Monthly MA Enrollment by State/County/Contract files, and data on the total number of those who are eligible for Medicare are from the July 2008 and March 2009 of the MA State/County Penetration files.

Medicare Spending, United States, 1965 to 2008



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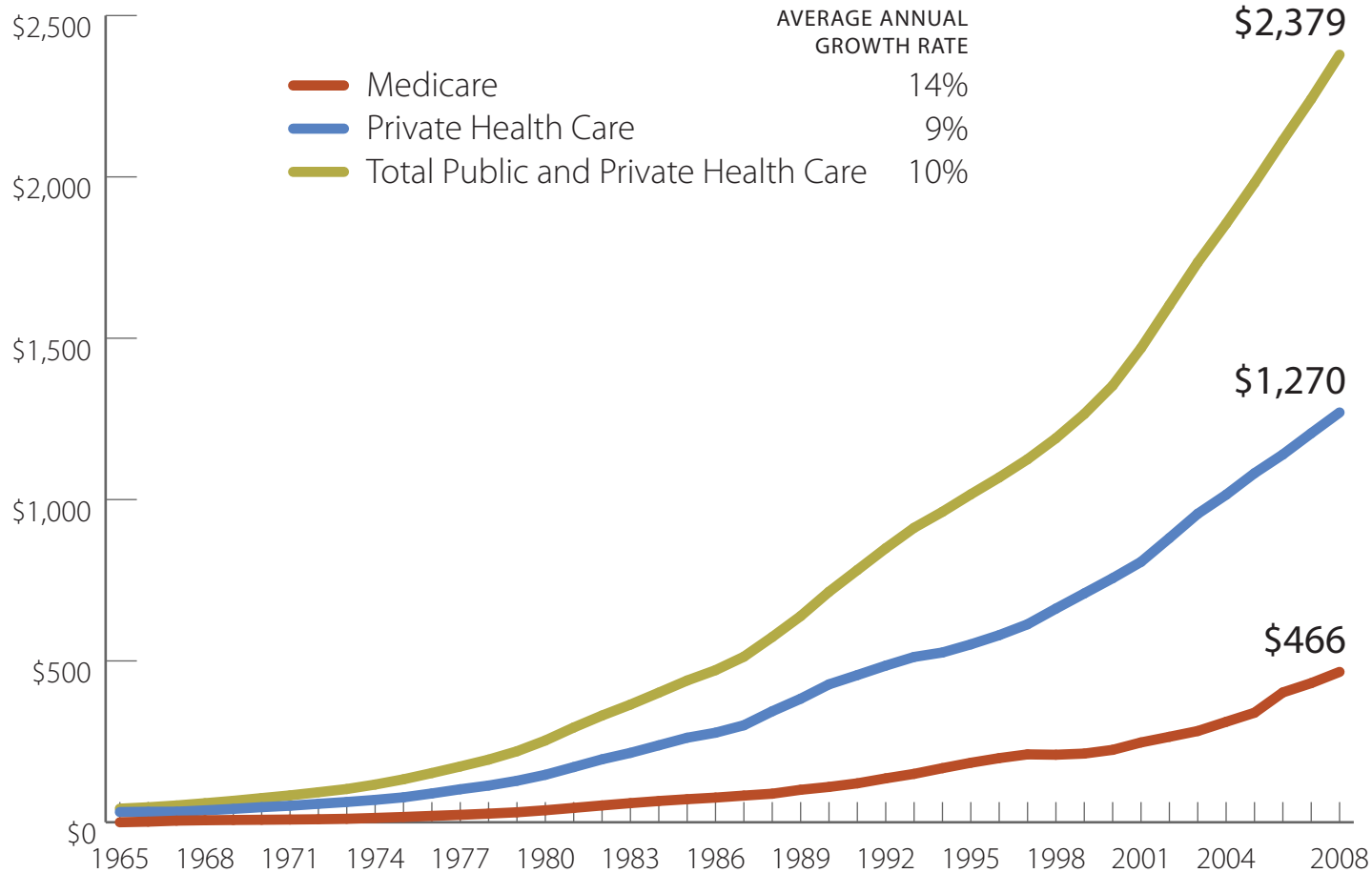
Since the inception of Medicare in 1965, spending has risen sharply across the nation, both in total dollars and as a percentage of GDP. Dramatic shifts in the trend of Medicare spending are often associated with legislative action, such as the Omnibus Budget Reconciliation Act of 1983, the Balanced Budget Act of 1997, and the introduction of Medicare Part D in 2006.

Note: All figures are in current dollars. Spending includes both administrative costs and reimbursement payments to health care providers.

Sources: Centers for Medicare and Medicaid Services, *National Health Expenditures Historical and Projections, 1965–2018*; Department of Commerce, Bureau of Economic Analysis, "Current-Dollar and 'Real' Gross Domestic Product".

Medicare vs. Private and Total Health Care Spending, United States, 1965 to 2008

SPENDING (IN BILLIONS)

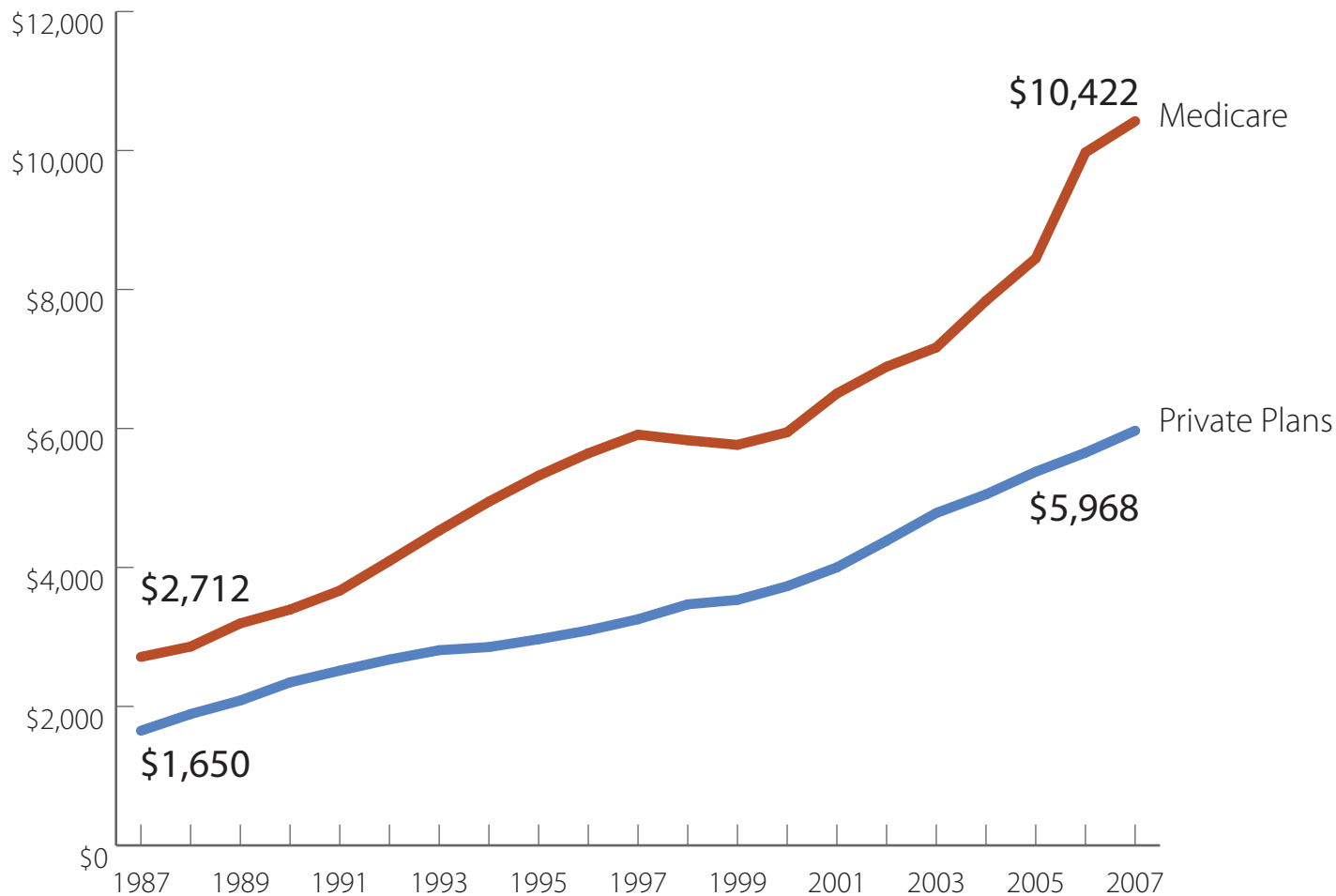


Over the life of the program, Medicare spending has grown faster than private health care spending. From 1966 to 2008, Medicare's average annual percentage increase was 14 percent compared to 9 percent for private insurance. Between 1998 and 2008, Medicare spending increased an average of 8 percent per year, compared to average increases in private spending of 7 percent per year.

Note: 2008 figures are projected in source. All spending amounts are in current dollars.

Sources: Centers for Medicare and Medicaid Services, *National Health Expenditures Historical and Projections, 1965–2018*; Department of Commerce, Bureau of Economic Analysis, "Current-Dollar and 'Real' Gross Domestic Product".

Spending per Enrollee, Medicare vs. Private Plans, United States, 1987 to 2007

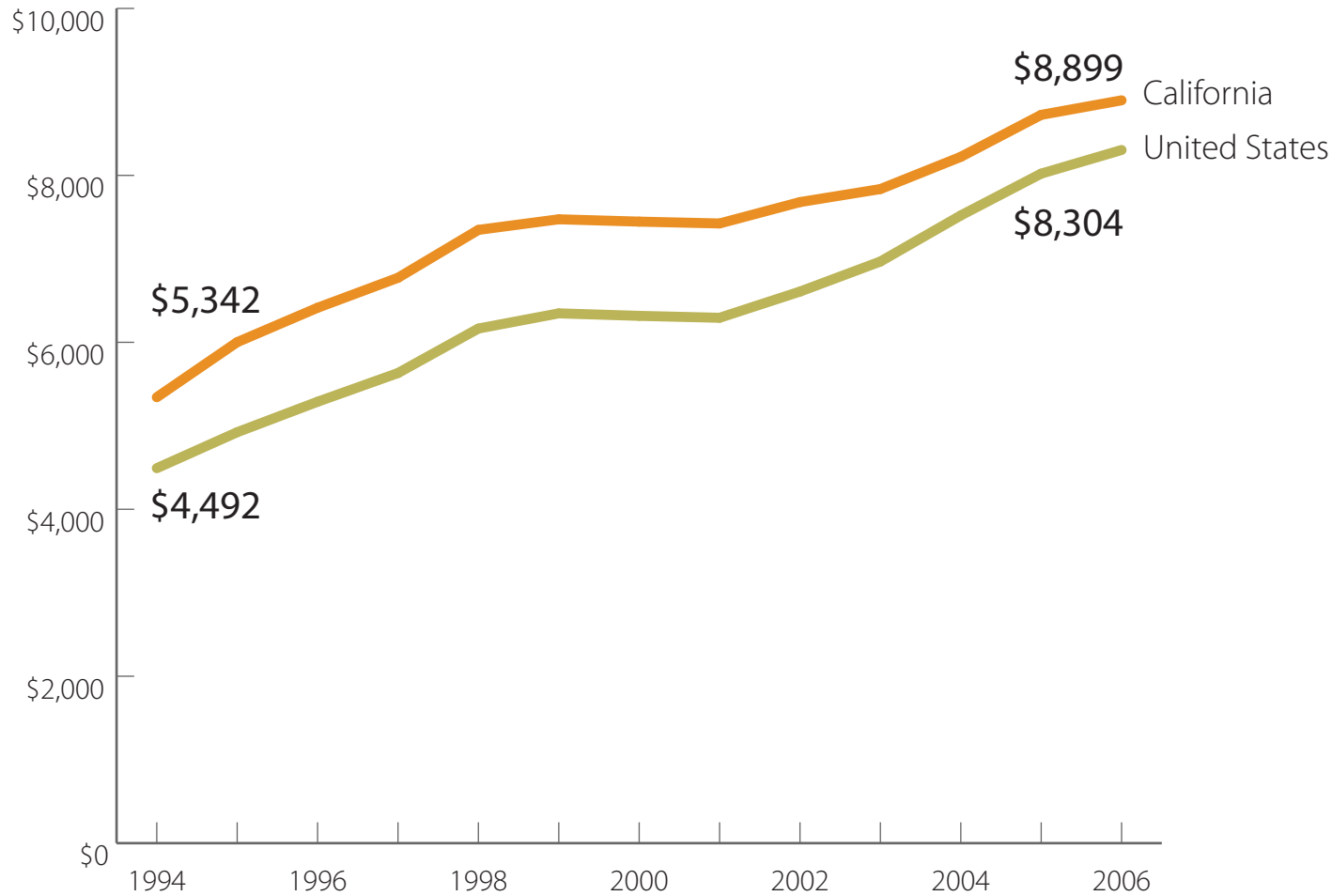


Per-enrollee spending in Medicare and private plans has increased over the last two decades. However, between 2005 and 2007, per-beneficiary Medicare spending grew more than twice as fast as private spending. This acceleration is attributable to Medicare Part D, which added \$1,175 in per-beneficiary spending in 2006 and \$1,201 in 2007.

Note: This chart reflects the definition of insured used by the Census Bureau's Current Population Survey. The definition includes those covered by both employer-provided and privately-purchased plans, whether the individual is the policyholder or covered by a family plan.

Sources: Centers for Medicare and Medicaid Services, *National Health Expenditures Historical and Projections, 1965–2018*; U.S. Census Bureau, Historical Health Insurance Tables, Table HI-1: Health Insurance Coverage Status and Type of Coverage by Sex, Race and Hispanic Origin: 1987 to 2005; U.S. Census Bureau, Historical Health Insurance Tables, Table HIA-2: Health Insurance Coverage Status and Type of Coverage All Persons by Age and Sex: 1999 to 2007; Sidebar: Medicare 2009 Annual Report of the Boards of Trustees.

Annual Reimbursement per Medicare Beneficiary, California vs. the United States, 1994 to 2006

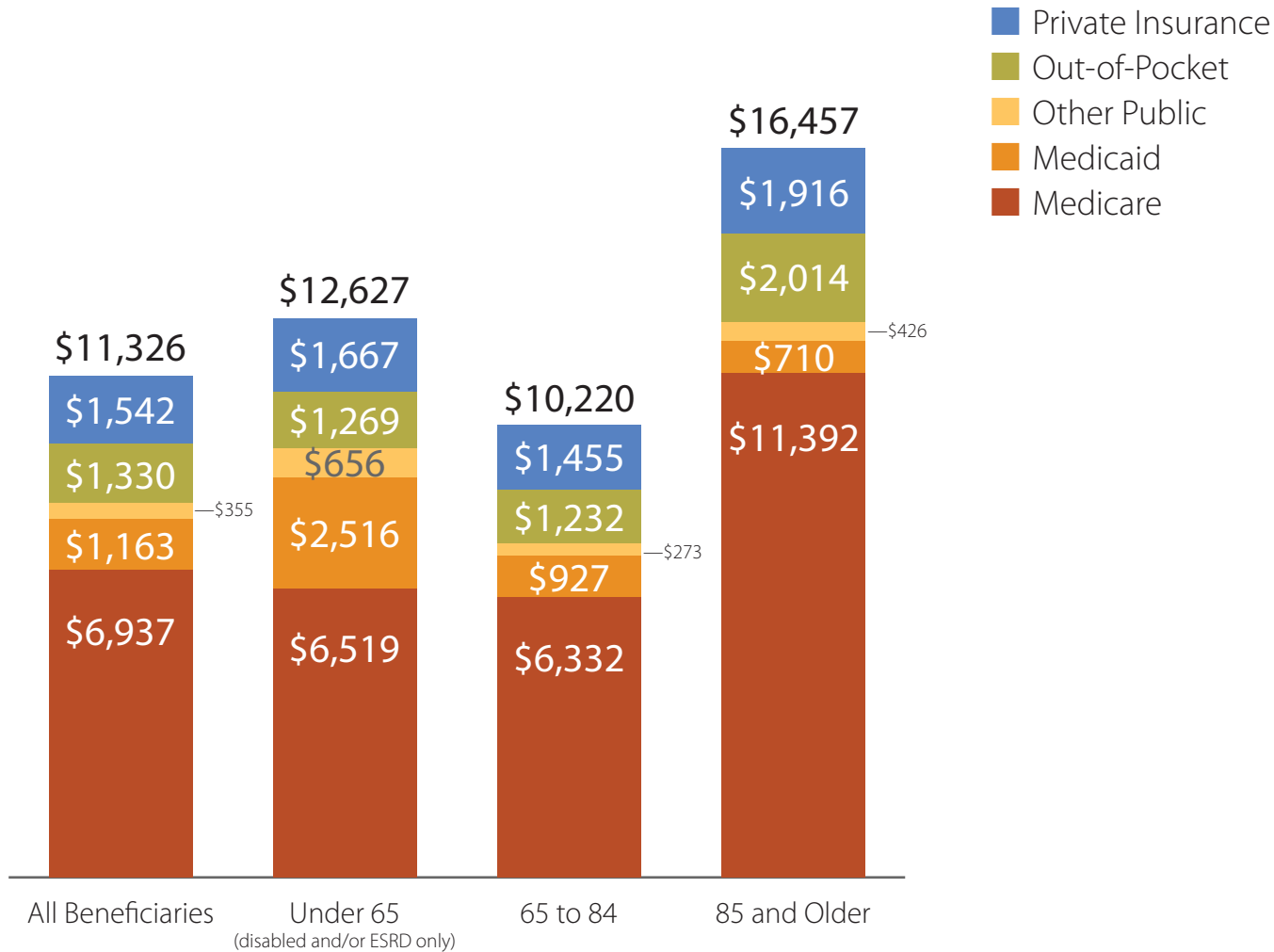


From 1994 to 2006, California's per-beneficiary reimbursement exceeded the national figure by an average of 15 percent. However, the gap has narrowed in recent years. In 2006, California's per-beneficiary reimbursement was only 8 percent higher than the national average.

Note: The term "reimbursement" reflects payments for benefits and does not include administrative costs. The reimbursement figures on this chart do not include Medicare Part D payments.

Source: *The Dartmouth Atlas of Health Care*; Data Tables 1994–2006, Total Medicare Reimbursement

Average Annual Medical Payments among Medicare Beneficiaries, by Payment Source, California, 2004 and 2005

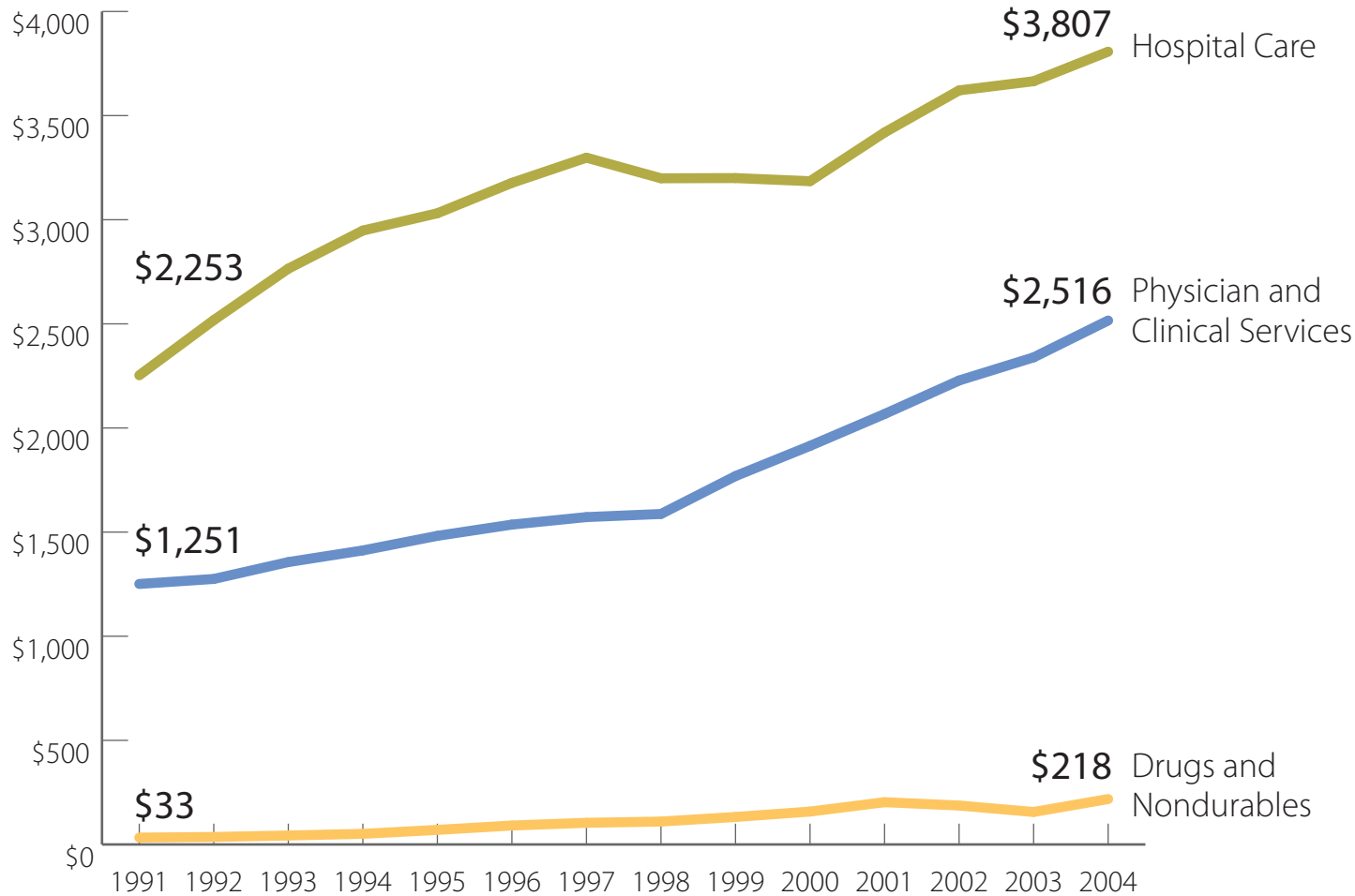


Medicare payments for beneficiaries age 85 or older are nearly 80 percent higher than payments for those 65 to 84.

Notes: Data exclude beneficiaries enrolled in Medicare managed care and beneficiaries in nursing homes. Values in 2005 dollars. "Other Public" spending includes uncollected liability and payments from Veterans Affairs and other public sources.

Sources: Medicare Current Beneficiary Survey, 2004 and 2005.

Medicare Spending per Enrollee, by Service Type, Selected Service Types, California, 1991 to 2004

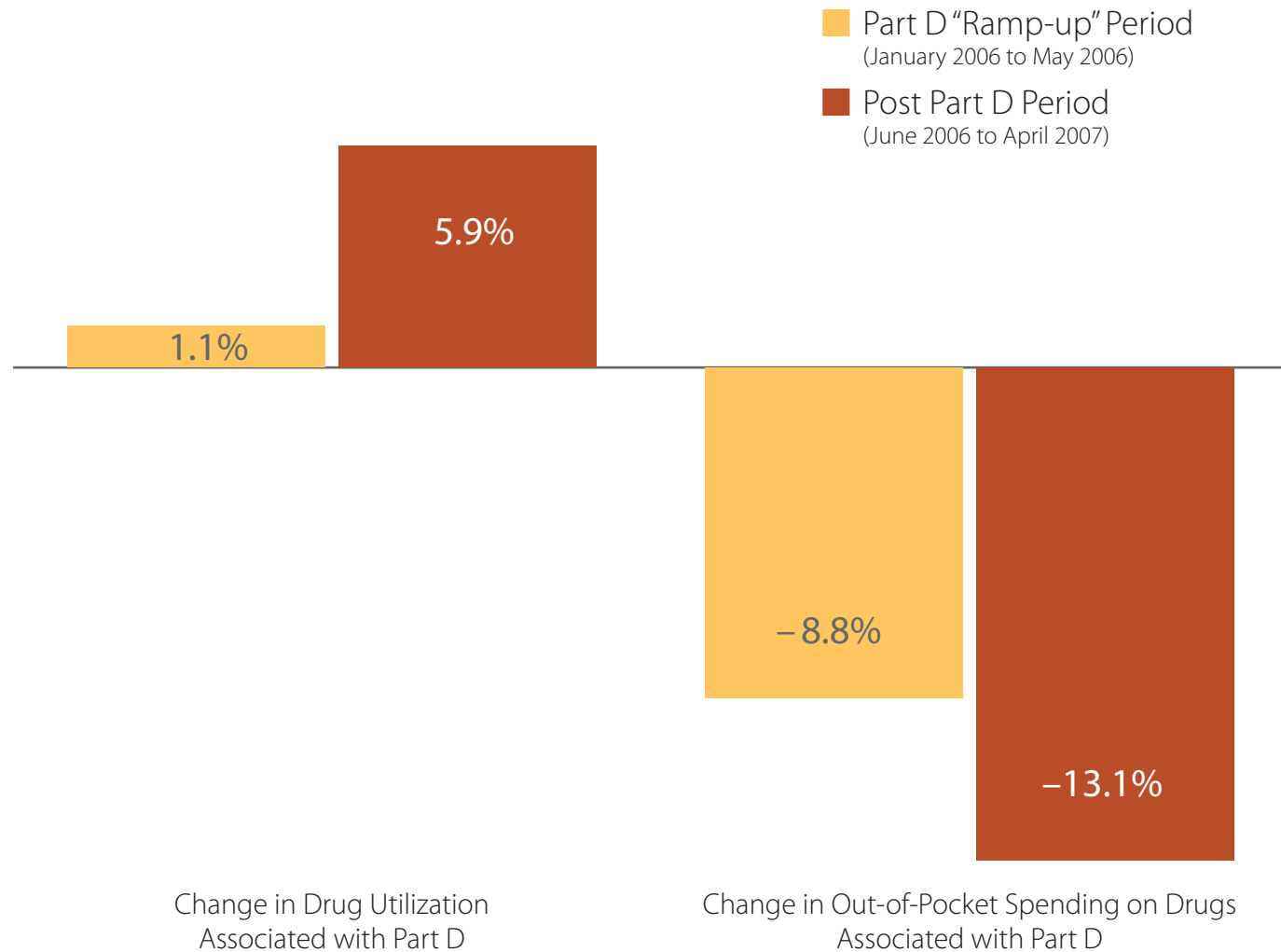


Medicare spending on hospital and physician care rose at an average annual rate of around 4 percent and 6 percent, respectively, between 1991 and 2004, while drug and non-durables spending increased roughly three times as fast (16 percent per year). With the introduction of Medicare Part D in 2006, newer data will likely show a dramatic increase in drug spending.

Note: "Drugs and Nondurables" includes prescription drugs, non-prescription drugs, and medical sundries such as surgical and medical instruments, surgical dressing, needles, and thermometers.

Source: Centers for Medicare and Medicaid Services; National Health Expenditure Data, Health expenditures by state of residence: Medicare Summary Tables, 1991–2004.

Change in Prescription Drug Out-of-Pocket Spending and Utilization Following Medicare Part D, Results of a National Study



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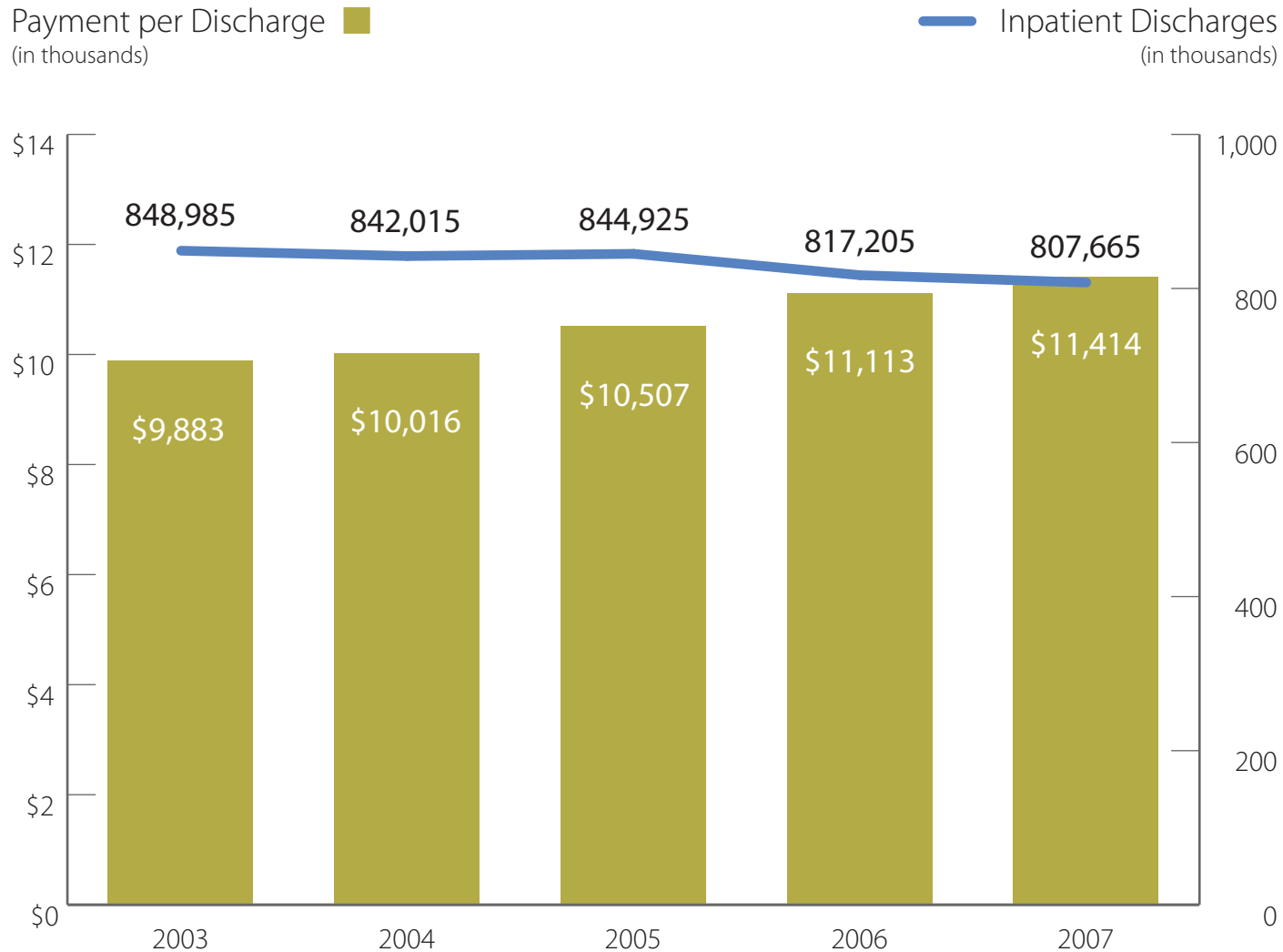
Medicare beneficiaries who enrolled in Medicare Part D made greater use of prescribed drugs and paid less out-of-pocket than those who did not participate in the program. As of July 2006, almost two-thirds of California beneficiaries had enrolled, compared with about half of beneficiaries nationwide.

Note: The "changes" described above represent contemporary differences between those enrolled in Medicare Part D and a non-enrolled control group.

Source: W. Yin et. al., "The Effect of the Medicare Part D Prescription Benefit on Drug Utilization and Expenditures." *Annals of Internal Medicine*. February 5 2008. Vol. 148, No. 3: 169-177.

Available at www.annals.org/cgi/reprint/148/3/169.pdf. Sidebar: U.S. Social Security Administration, Annual Statistical Supplement 2008, Table 8.B14.

Medicare Hospital Utilization and Spending per Discharge, California, 2003 to 2007

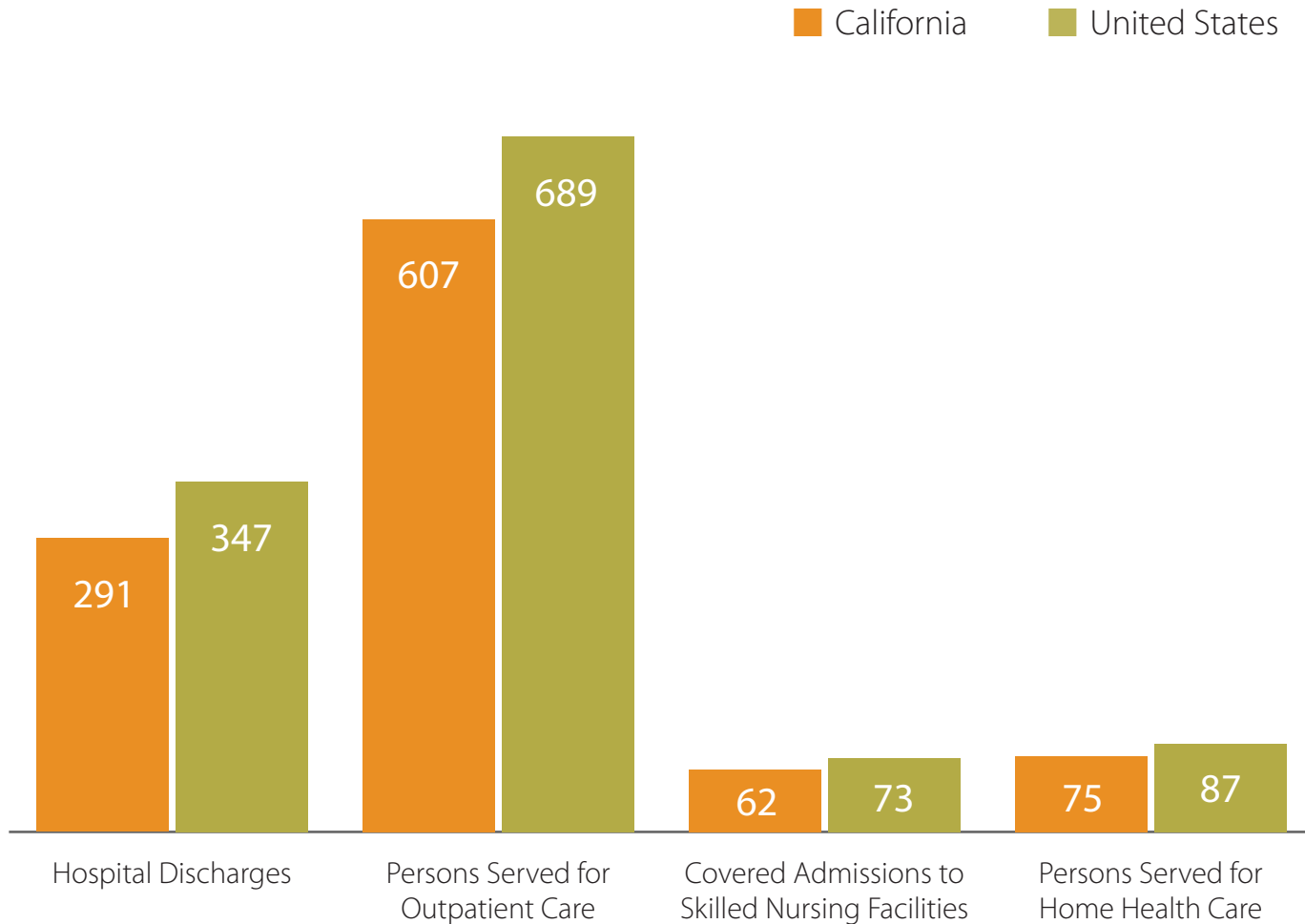


Between 2003 and 2007, hospital discharges for Medicare beneficiaries decreased by an average of about 1 percent per year, while Medicare payment per discharge rose by an average of nearly 4 percent per year. California had the second highest Medicare payment per discharge in the nation.

Note: Discharge and payment statistics do not include Medicare managed care patients.

Source: Centers for Medicare and Medicaid Services, Medicare and Medicaid Statistical Supplement, 2004–2008; Table 26 (2004) and Table 5.4 (2005–2008).

Service Use per 1,000 Medicare Beneficiaries, California vs. the United States, 2007



Notes: All figures in chart are per 1,000 enrollees; figures for hospital discharges and admissions to skilled nursing facilities include only Medicare Part A enrollees. Statistics do not include Medicare enrollees in managed care plans.

Source: Centers for Medicare and Medicaid Services, Medicare and Medicaid Statistical Supplement, 2008; Tables 5.4, 6.3, 7.3, and 10.3.

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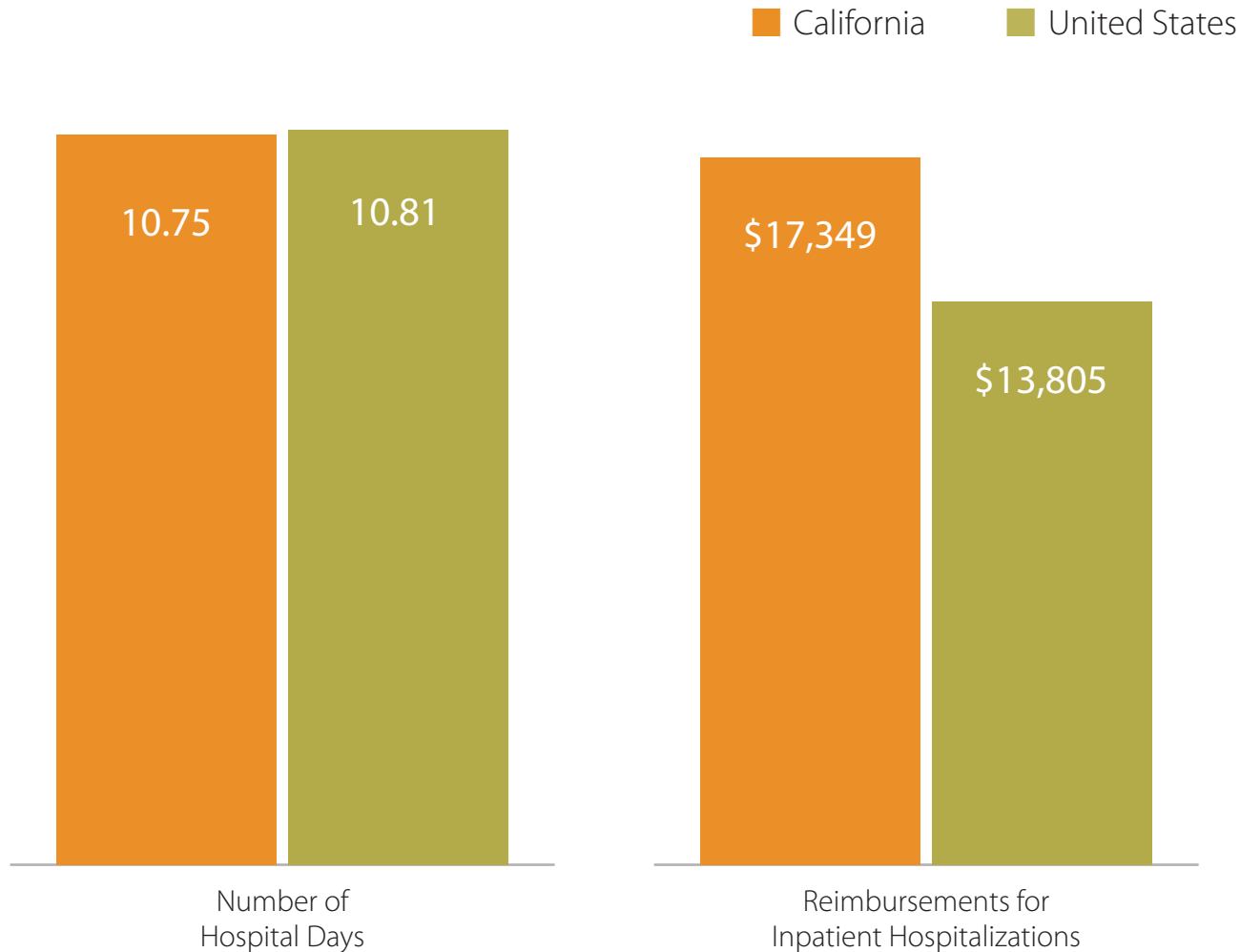
Spending and Utilization

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California's hospitalization rate for Medicare beneficiaries is among the lowest of all 50 states. California beneficiaries also use other types of health care services at a lower rate than the nation as a whole.

Hospital Days and Reimbursement among Medicare Patients at End of Life, California vs. the United States, 2005

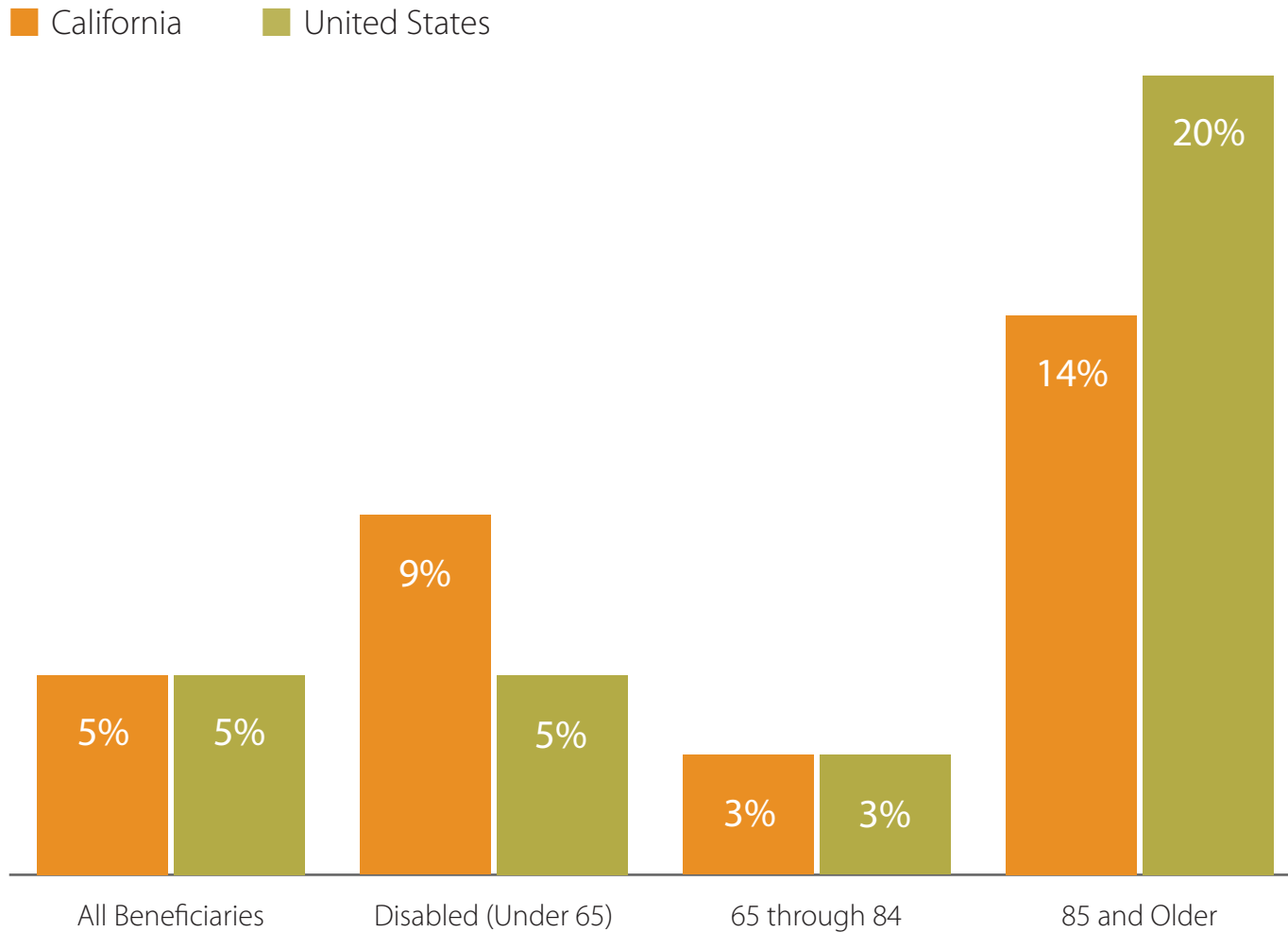
DURING THE LAST SIX MONTHS OF LIFE...



Medicare patients in California use a similar number of hospital days in the last six months of life as the national average. However, spending on hospitalizations in the last six months of life is 26 percent higher in California than the nation.

Source: The Dartmouth Atlas of Health Care, Data Tables, State population-based rates, 2005; Sidebar: Calfo, S., et al. "Last Year of Life Study." Office of the Actuary, Centers for Medicare and Medicaid Services.

Medicare Beneficiaries Living in Nursing Homes, California vs. the United States, 2005



Source: Medicare Current Beneficiary Survey, 2005.

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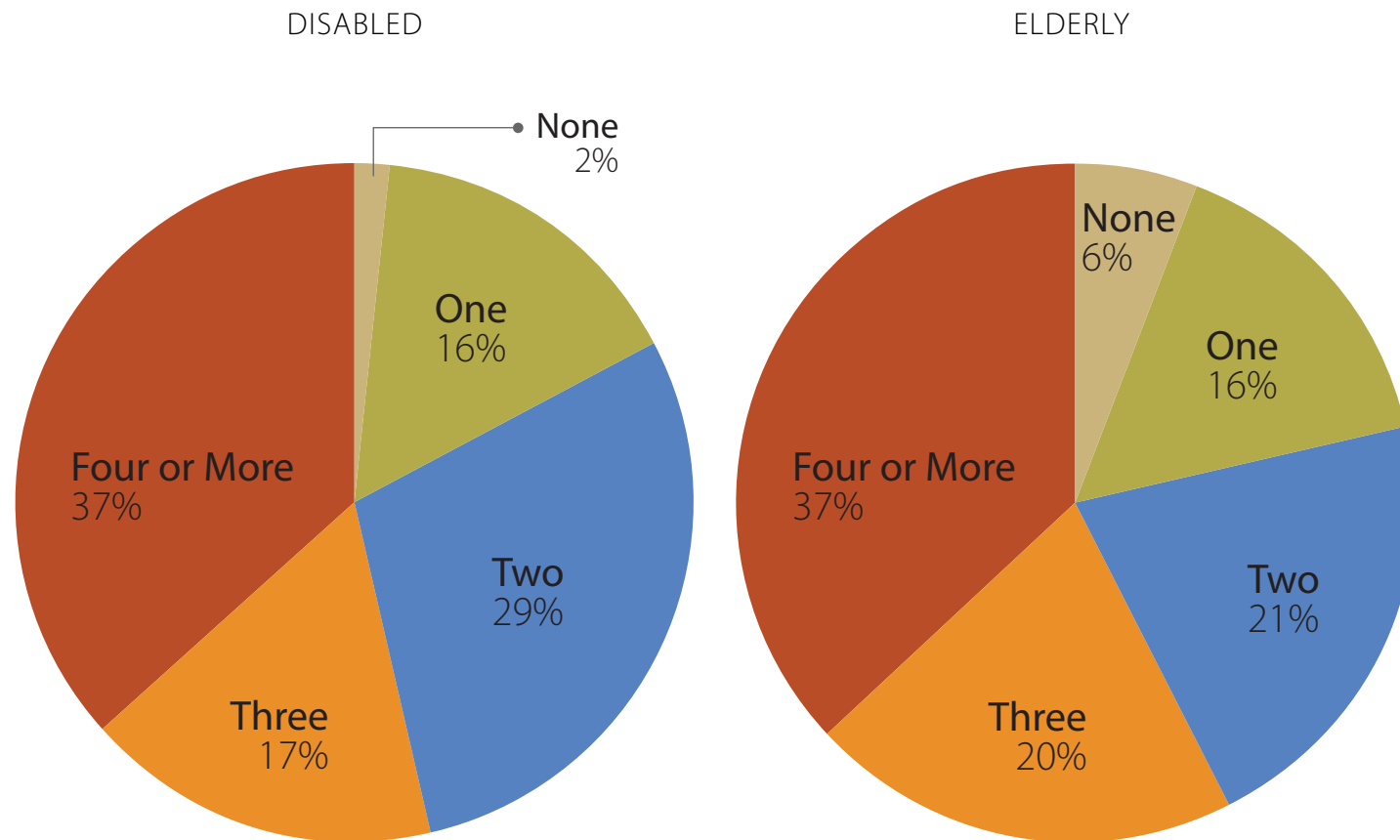
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While a similar percentage of Medicare beneficiaries in California and the nation live in nursing homes, the use of nursing homes varies among categories of beneficiaries. Compared to the nation as a whole, a higher portion of California's disabled beneficiaries live in nursing homes. However, the opposite is true among beneficiaries 85 and older.

Chronic Conditions among Medicare Beneficiaries, by Eligibility Category, California, 2005

NUMBER OF CHRONIC CONDITIONS

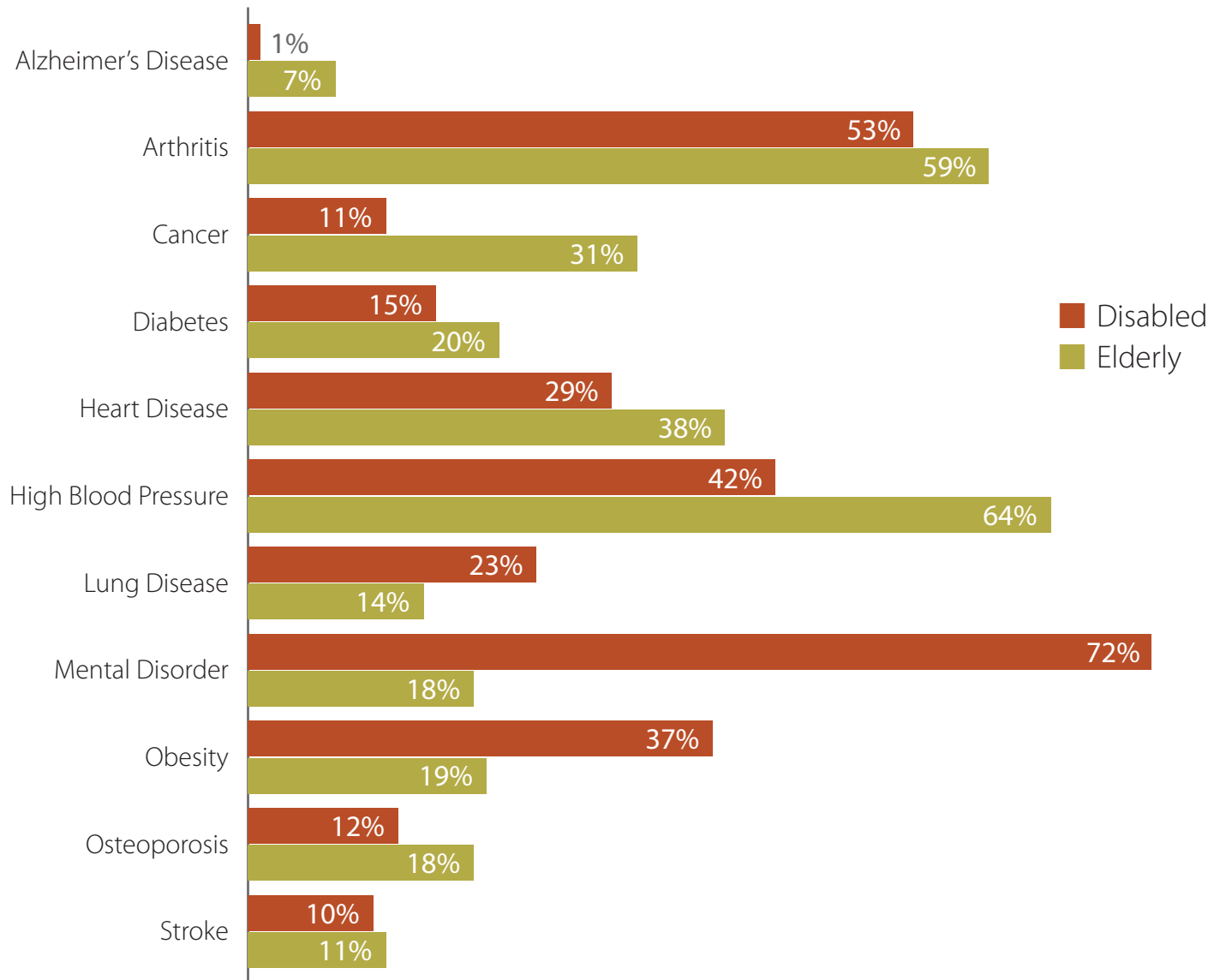


Approximately 80 percent of all Medicare beneficiaries have two or more chronic health conditions.

Notes: The following were considered chronic conditions in this analysis: diabetes, cancer, heart disease, hypertension, stroke, mental disorder, Alzheimer's disease, lung disease, arthritis, osteoporosis, and obesity. Figures may not add to 100 percent due to rounding.

Source: Medicare Current Beneficiary Survey, 2005.

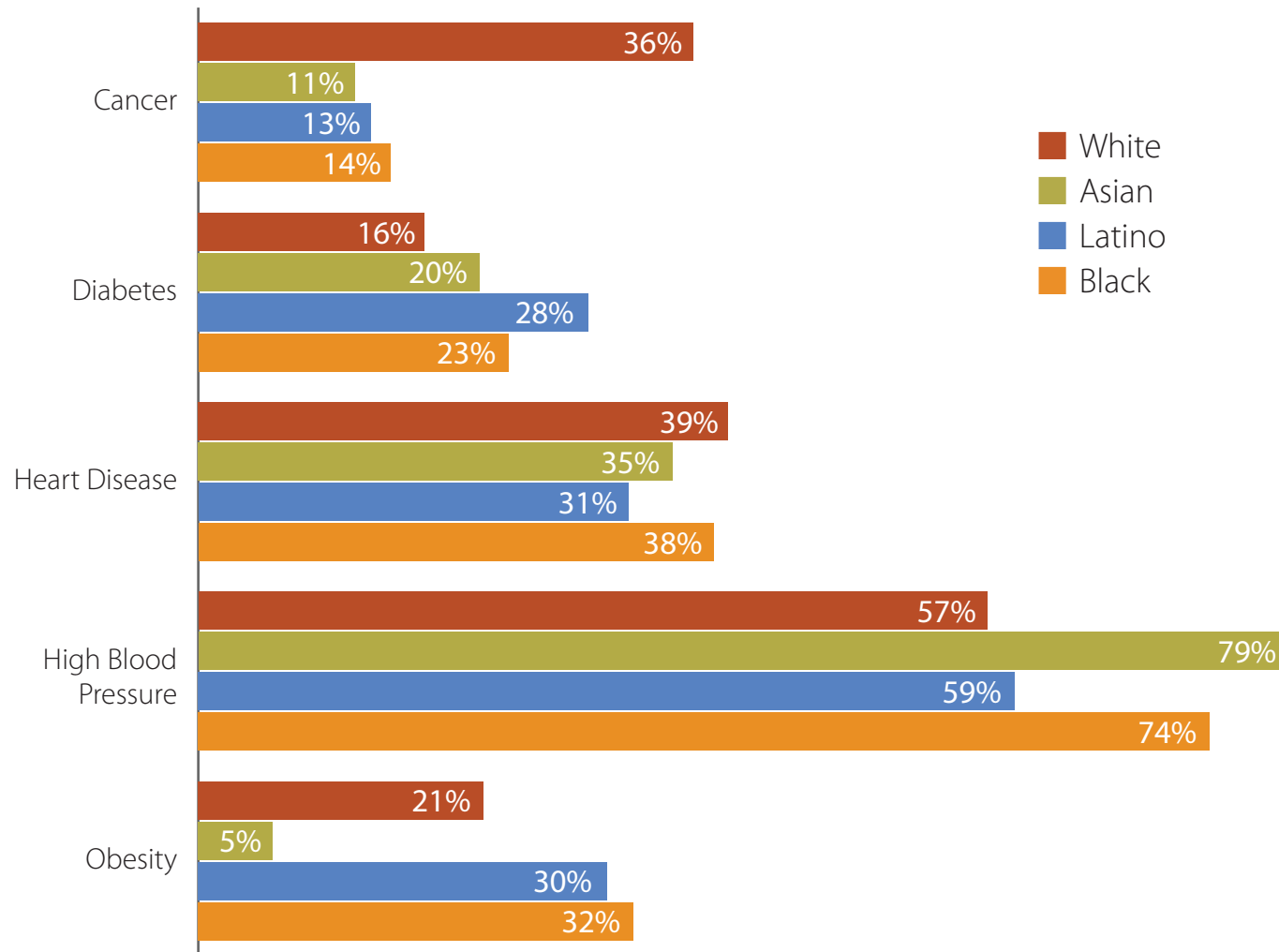
Chronic Conditions among Medicare Beneficiaries, by Eligibility Category, California, 2005



Many Medicare beneficiaries have an array of chronic illnesses. The prevalence of certain conditions can vary significantly by beneficiary category; mental disorders and obesity are more common among the disabled, while high blood pressure and cancer are more common among the elderly.

Source: Medicare Current Beneficiary Survey, 2005.

Chronic Conditions among Medicare Beneficiaries, by Race/Ethnicity, California, 2005



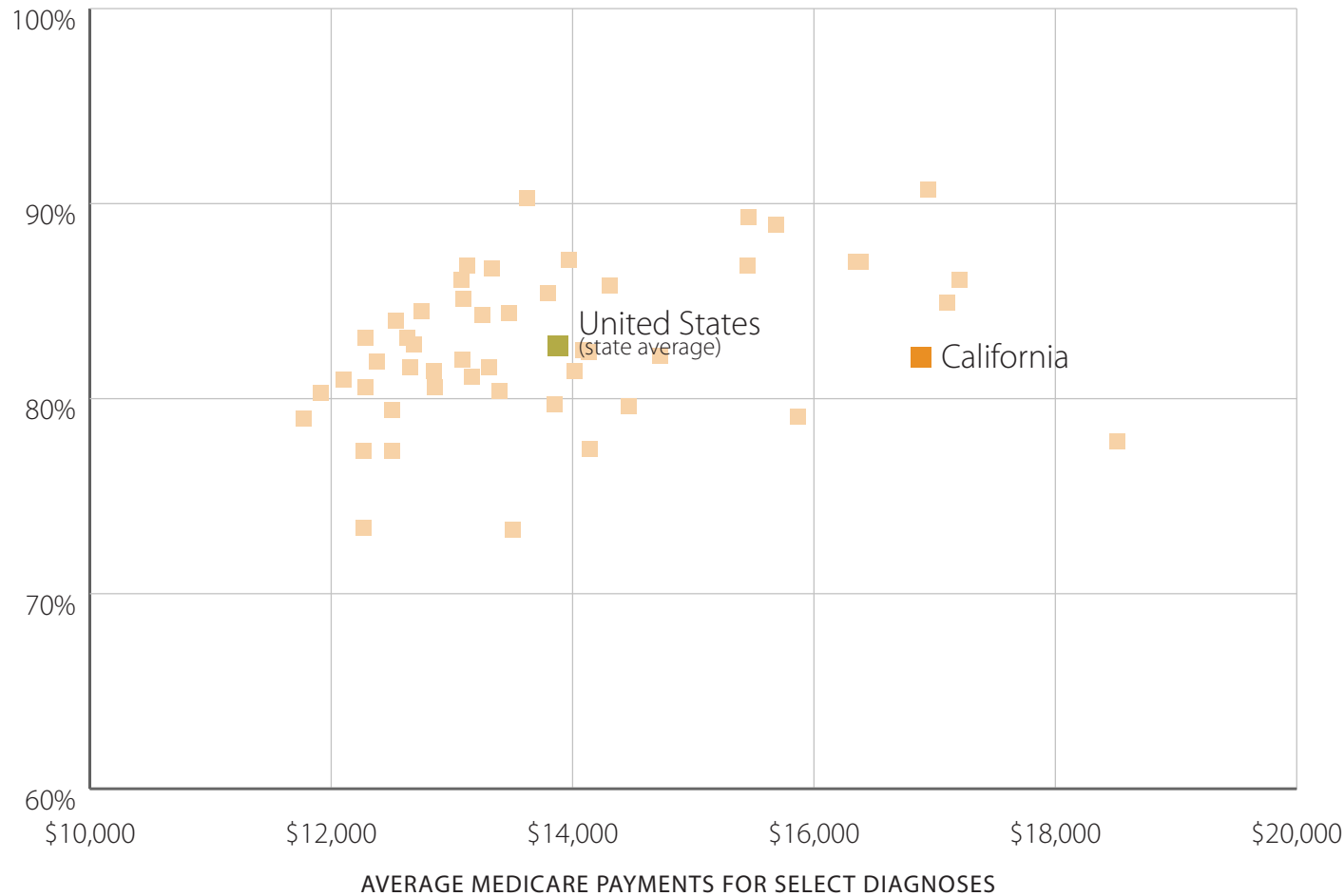
The prevalence of chronic conditions within the Medicare population also varies by race and ethnicity. High blood pressure — the most common chronic condition across all groups — is highest among Asians and Blacks and lowest among Whites and Latinos. Cancer prevalence is much higher among Whites, largely due to a higher rate of skin cancer.

Note: Beneficiaries listed as Latino may be of any race.

Source: Medicare Current Beneficiary Survey, 2005.

Quality of Care, by Medicare Hospital Care Spending, California vs. Other States, October 2006 to September 2007

AVERAGE QUALITY SCORE

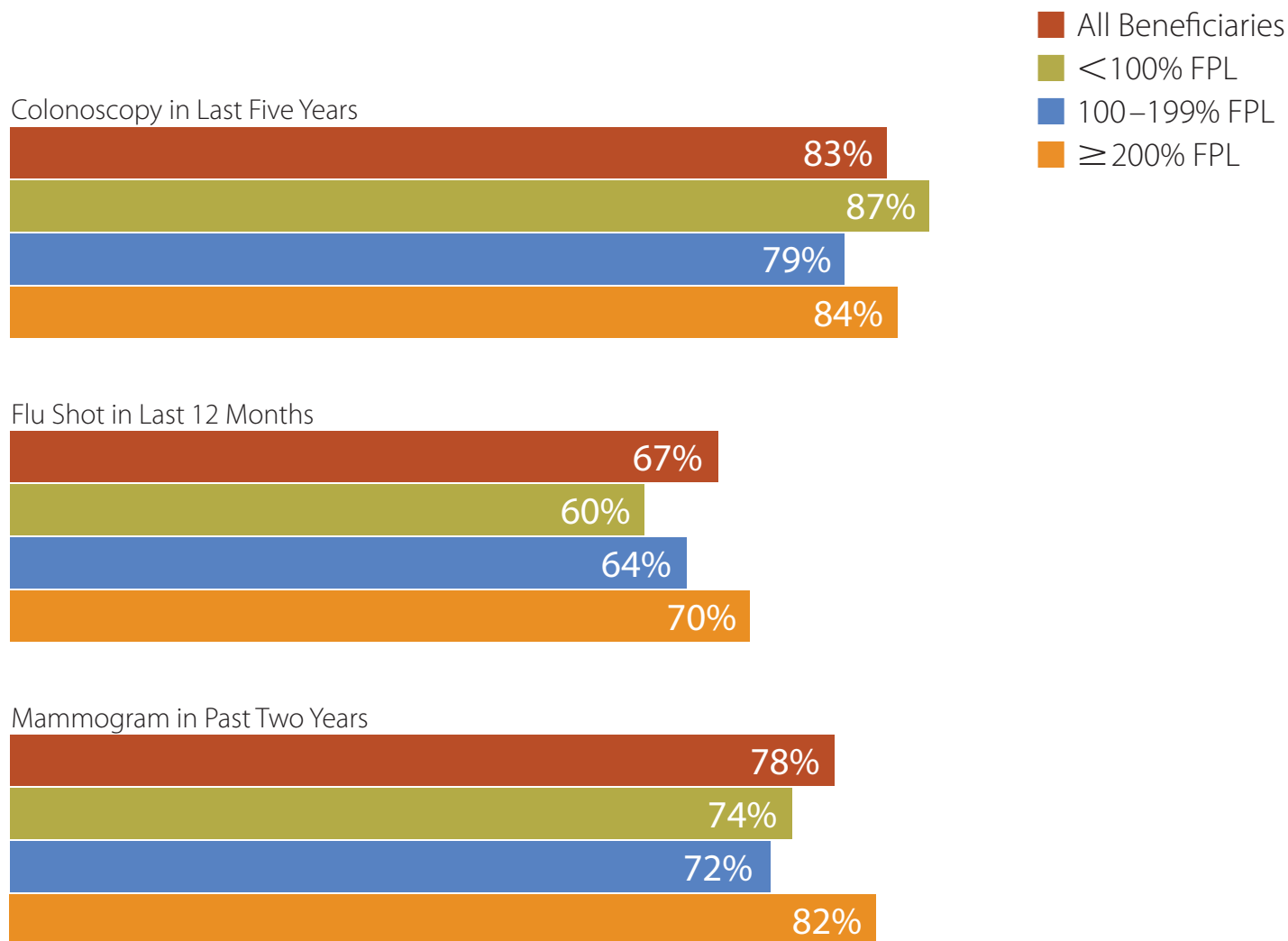


California hospitals scored just below the national average across 25 quality-of-care process measures tracked by Hospital Compare, but had significantly higher Medicare payments per hospitalization across the 46 high-volume diagnoses.

Notes: Hospital Compare is a public tool maintained by the US Department of Health and Human Services that tracks hospital quality of care and costs. "Average Quality Score" is calculated as the average of state-level Hospital Compare Process of Care Measure scores (covering heart attack, heart failure, pneumonia, and surgical care); it is not limited to care received by Medicare beneficiaries. "Average Medicare Payments for Select Diagnoses" is calculated as the average of 25th and 75th percentile Medicare spending for each Diagnosis-Related Group (DRG) averaged across 46 different high-volume DRGs. U.S. averages are unweighted averages of state values. There is small but significant positive association between states' average Medicare payments for common DRGs and their average score across the 25 quality of care process measures tracked by Hospital Compare (p = .014).

Source: Hospital Compare Database, August 2008 release, table HQL_STATE_MSR_AVG; Hospital Compare Database, June 2009 release, table HQL_STATE_MPV_MSR.

Preventive Care for Medicare Beneficiaries,* by Poverty Level, California, 2007



Medicare beneficiaries with incomes below 200 percent of the Federal Poverty Level are less likely than those with higher incomes to have had a mammogram in the past two years or a flu shot in the last 12 months. Conversely, colonoscopy rates are highest for beneficiaries with the lowest incomes.

*Results include only Medicare populations for whom the procedures are applicable.

Source: California Health Interview Survey, 2007.

Population Growth, by County, California, 1990 to 2008

	PERCENTAGE CHANGE		
	TOTAL POPULATION	AGE 65+	AGE 85+
California Overall	23%	31%	107%
Alameda County	13%	18%	79%
Alpine County	-4%	70%	60%
Amador County	26%	40%	142%
Butte County	20%	5%	120%
Calaveras County	44%	50%	150%
Colusa County	30%	19%	133%
Contra Costa County	27%	41%	133%
Del Norte County	21%	32%	192%
El Dorado County	37%	32%	129%
Fresno County	35%	29%	103%
Glenn County	13%	-1%	36%
Humboldt County	8%	14%	92%
Imperial County	48%	58%	202%
Inyo County	-6%	-17%	25%
Kern County	46%	36%	124%
Kings County	47%	47%	132%
Lake County	27%	-8%	87%
Lassen County	25%	6%	82%
Los Angeles County	11%	23%	85%
Madera County	67%	41%	117%
Marin County	8%	40%	117%

	PERCENTAGE CHANGE		
	TOTAL POPULATION	AGE 65+	AGE 85+
Mariposa County	25%	34%	134%
Mendocino County	7%	20%	105%
Merced County	37%	49%	136%
Modoc County	-5%	12%	71%
Mono County	27%	174%	181%
Monterey County	14%	20%	85%
Napa County	20%	5%	55%
Nevada County	23%	22%	131%
Orange County	25%	55%	107%
Placer County	95%	152%	289%
Plumas County	2%	21%	146%
Riverside County	76%	56%	207%
Sacramento County	30%	41%	142%
San Benito County	49%	36%	115%
San Bernardino County	40%	36%	97%
San Diego County	19%	23%	118%
San Francisco County	12%	14%	79%
San Joaquin County	39%	28%	102%
San Luis Obispo County	22%	24%	128%
San Mateo County	10%	19%	103%
Santa Barbara County	9%	15%	81%
Santa Clara County	18%	48%	114%

	PERCENTAGE CHANGE		
	TOTAL POPULATION	AGE 65+	AGE 85+
Santa Cruz County	10%	4%	45%
Shasta County	21%	32%	134%
Sierra County	-2%	0%	78%
Siskiyou County	2%	18%	105%
Solano County	19%	64%	200%
Sonoma County	20%	17%	101%
Stanislaus County	36%	34%	109%
Sutter County	42%	52%	143%
Tehama County	23%	13%	80%
Trinity County	10%	98%	266%
Tulare County	36%	21%	96%
Tuolumne County	14%	35%	177%
Ventura County	19%	45%	125%
Yolo County	39%	40%	108%
Yuba County	25%	10%	77%

Source: U.S. Census Bureau, Population Estimates for Counties by Age Group (CO-99-13): July 1, 1990 and Annual Estimates of the Resident Population by Selected Age Groups and Sex for Counties: April 1, 2000 to July 1, 2008.

Data Sources

Many of the charts in this publication rely on data from a sub-sample of the 2005 Medicare Current Beneficiary Survey (MCBS) in California. The MCBS is a stratified random sample of beneficiaries representing the entire population of aged and disabled beneficiaries and is not necessarily representative of each state. The MCBS sample for California includes 883 residents. Where possible, results were confirmed by comparison with Census records, the California Health Interview Survey, Centers for Medicare and Medicaid Services (CMS), Social Security statistics, and other resources.

Other sources include:

Annual Report of Boards of Trustees of the Medicare Trust Funds
www.cms.hhs.gov/reportstrustfunds/downloads/tr2009.pdf

Annual Statistical Supplement to the Social Security Bulletin
www.ssa.gov/policy/docs/statcomps/supplement

California Health Interview Survey
www.chis.ucla.edu

Centers for Medicare and Medicaid Services:

- Medicare & Medicaid Statistical Supplement
www.cms.hhs.gov/medicaremedicaidstatsupp/01_overview.asp
- National Health Expenditure Data
www.cms.hhs.gov/nationalhealthexpenddata/01_overview.asp

Dartmouth Atlas of Health Care
www.dartmouthatlas.org

Kaiser Family Foundation:

- Medicare Health and Prescription Drug Plan Tracker
healthplantracker.kff.org
- Statehealthfacts.org
www.statehealthfacts.org/index.jsp

U.S. Census Bureau:

- American Community Survey
www.census.gov/acs/www
- Health Insurance
www.census.gov/hhes/www/hlthins/hlthins.html
- Population Estimates
www.census.gov/popest/estimates.html
- Population Projections
www.census.gov/population/www/projections/index.html

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