

CMS Program Data - Populations¹

Medicare (avg monthly)	CY 2023	CY 2024	CY 2025²
Parts A and/or B	66.5	68.0	69.4
Aged	59.0	60.8	62.4
Disabled	7.5	7.2	6.9
Original Medicare Enrollment	34.4	33.9	34.0
MA & Other Health Plan Enrollment	32.1	34.1	35.3
MA Enrollment	31.6	33.6	34.9
Part D (MAPD+PDP)	51.9	54.4	56.0

Medicaid & CHIP²	2023	2024	2025
Total ³	85.7	79.1	78.8
Dual Eligible (includes Aged, Disabled & ESRD) ⁴	9.1	8.7	--
Children	38.6	37.6	37.5
Medicaid Expansion Adults	22.7	20.9	--

¹ Populations are in millions and may not add due to rounding

² Preliminary and subject to change

³ The total counts represent the number of Medicaid and CHIP beneficiaries with comprehensive coverage. The categories are sourced from data that include beneficiaries with non-comprehensive coverage and do not sum to the total counts.

⁴ Counts represent full-benefit eligible individuals.

-- Data not yet available

NOTES: The Medicaid & CHIP data reported in this table are from the Medicaid & CHIP scorecard:
<https://www.medicare.gov/state-overviews/scorecard/who-enrolls-medicare-chip/index.html>.

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

SOURCES: CMS/Office of Enterprise Data & Analytics/Centers for Medicaid and CHIP Services

Medicare Deductibles, Coinsurance, Premiums

	CY 2025	CY 2026
Part A		
Inpatient Hospital Deductible	\$1,676.00	\$1,736.00
Coinsurance/Day (Days 61-90)	\$419.00	\$434.00
Coinsurance/LTR Day	\$838.00	\$868.00
Coinsurance/SNF Day (Days 21-100)	\$209.50	\$217.00
Part B		
Deductible	\$257.00	\$283.00
Part D		
Maximum Deductible	\$590.00	\$615.00
Initial Coverage Limit	N/A	N/A
Out-of-Pocket Threshold	\$2,000.00	\$2,100.00
Premiums		
Part A (Reduced)	\$285.00	\$311.00
Part A (Full)	\$518.00	\$565.00
Part B	\$185.00-\$628.90	\$202.90-\$689.90

NOTES: The inpatient hospital deductible applies per benefit period. For Part D, the initial coverage limit was eliminated in 2025. More information can be found - <https://www.cms.gov/files/document/final-cy-2025-part-d-redesign-program-instructions.pdf>

LTR - Life Time Reserve
 SNF - Skilled Nursing Facility

SOURCE: <https://www.medicare.gov>

**Original Medicare Persons Served and Payments by Type of Service
Calendar Year 2024**

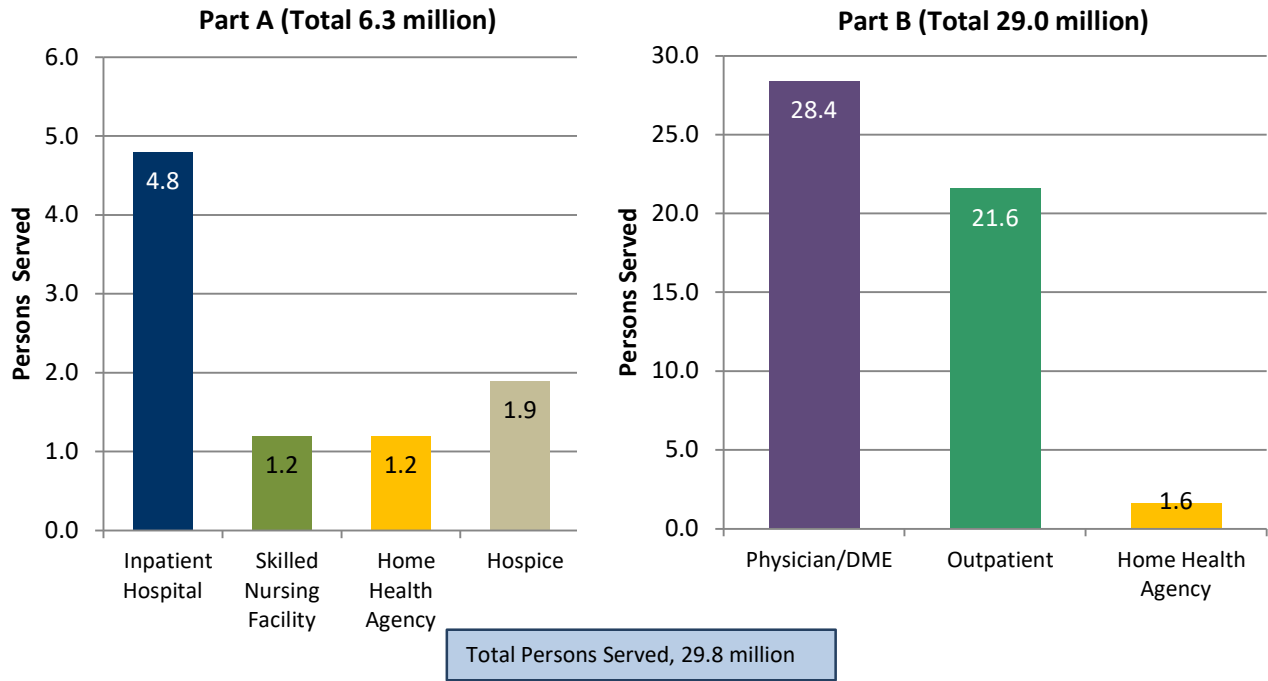
	Persons Served (in millions)	Program Payments (in billions)
Total	29.8	\$424.6
Part A	6.3	\$193.6
Inpatient Hospital	4.8	\$131.2
Skilled Nursing Facility	1.2	\$28.2
Home Health Agency	1.2	\$6.0
Hospice	1.9	\$28.3
Part B	29.0	\$231.0
Physician/DME	28.4	\$132.7
Outpatient	21.6	\$88.6
Home Health Agency	1.6	\$10.0

Total = Parts A and/or B

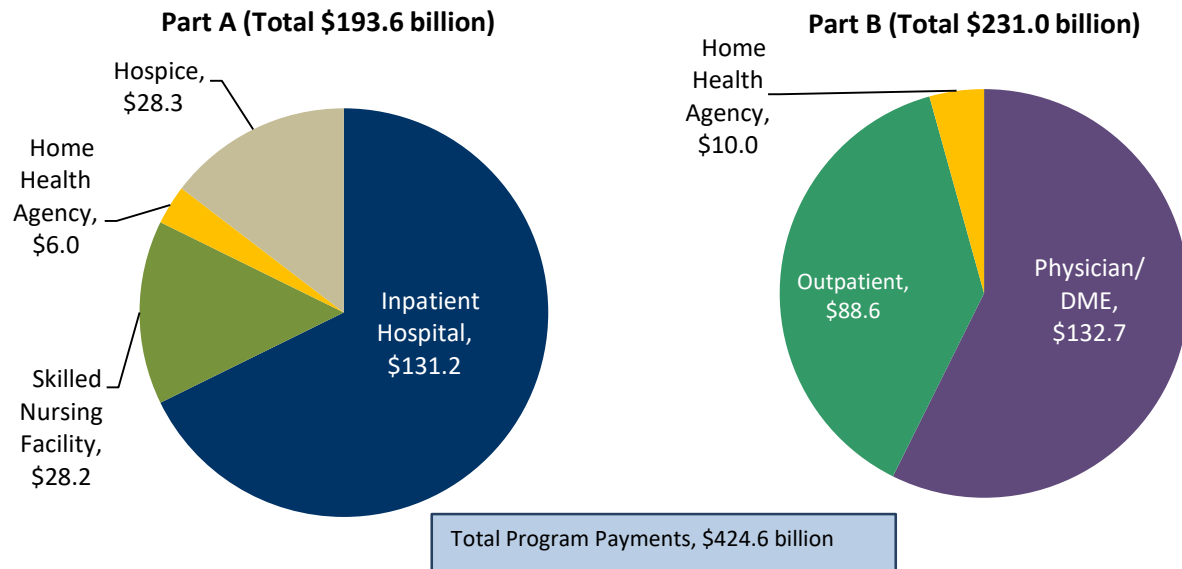
DME - Durable Medical Equipment

SOURCE: CMS/Office of Enterprise Data & Analytics

**Original Medicare Persons Served (in Millions) by Type of Service
Calendar Year 2024**



**Original Medicare Program Payments (in Billions) by Type of Service
Calendar Year 2024**



Total = Parts A and/or B

SOURCE: CMS/Office of Enterprise Data & Analytics

**Medicare Part D Utilization and Expenditures
Calendar Year 2024**

Utilizing Beneficiaries, in millions	53.3
Prescription Drug Events, in billions	1.7
Total Part D Expenditures, in billions	\$146.2
Part D Benefit Payments	\$145.7
Part D Administrative Expenses	\$0.5

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

**Medicaid & CHIP Payments by Selected Type of Service
Fiscal Year 2024**

	Payments (in billions)
All Services⁵	\$977.4
Inpatient Services ⁶	\$72.5
Long-Term Care ⁶	\$190.9
Physician, Laboratory and Other Services ⁶	\$129.5
Prescription Drugs ⁶	\$22.2
Managed Care	\$509.0
Administrative	\$41.5

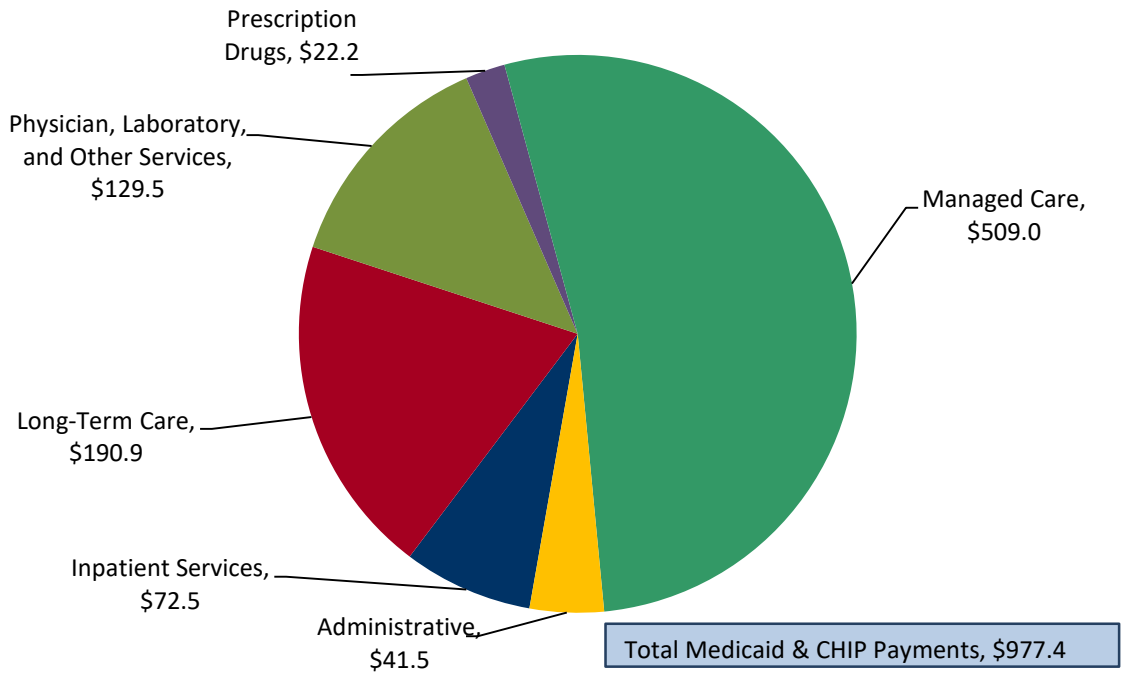
⁵ Payments for all services includes payments for additional services not broken out separately.

⁶ Fee-for-service payments

NOTES: Expenditures by service category do not sum to the total expenditures. Total expenditures also include Medicare payments for some beneficiaries and adjustments to prior year payments. Managed care expenditures cover the same services that are delivered via fee-for-service. Data do not permit allocation of managed care expenditures to the different service categories. These expenditures are from all Medicaid beneficiaries, regardless of eligibility. The data reported in this table are from the Medicaid & CHIP Scorecard: <https://www.medicaid.gov/state-overviews/scorecard/annual-medicaid-chip-expenditures/index.html>

SOURCE: CMS/Center for Medicaid and CHIP Services

**Medicaid & CHIP Payments (in Billions) by Selected Type of Service
Fiscal Year 2024**



SOURCE: CMS/Center for Medicaid and CHIP Services

Medicare Institutional Providers Calendar Year 2024

Type of Provider	Count
Total Hospitals	5,978
Short Stay	3,133
Psychiatric	646
Rehabilitation	397
Children's	94
Long Term	324
Critical Access	1,372
Religious Non-Medical	12
Home Health Agencies	12,182
Skilled Nursing Facilities	14,513
Labs	305,784
Outpatient PT/Speech Pathology	1,875
Rural Health Clinics	5,579
Federally Qualified Health Centers	12,342
Ambulatory Surgical Centers	6,410
Comprehensive Outpatient Rehab Facilities	139
Hospices	6,973

PT - Physical Therapy

SOURCE: CMS/Office of Enterprise Data & Analytics

Medicare Non-Institutional Providers by Specialty⁷
Calendar Year 2024

Specialty Type	Count
Total Providers	1,598,940
Primary Care	223,585
Medical Specialties	191,970
Surgical Specialties	113,261
Emergency Medicine	54,558
Anesthesiology	45,664
Radiology	42,409
Obstetrics-Gynecology	35,109
Psychiatry	28,006
Pathology	12,940
Non-Physician Practitioners	684,177
Limited Licensed Practitioners	102,614
Ambulance Service Supplier	10,297
Opioid Treatment Programs	1,214
All Other Providers	74,257

⁷ Providers utilized by Original Medicare beneficiaries for all Part B non-institutional provider services. Providers may be counted in more than one specialty classification but are reported as a single provider in the "Total Providers" count.

SOURCE: CMS/Office of Enterprise Data & Analytics

**Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers by Specialty
Calendar Year 2024⁸**

Specialty Type	Count
Total DMEPOS Providers	69,602
Pharmacy	42,761
Medical Supply Company	8,285
Podiatry	4,022
Optometry	2,935
Individual Certified Prosthetist/Orthotist	2,482
Orthopedic Surgery	1,951
General Practice	1,114
Optician	716
Ophthalmology	780
All Other DMEPOS Providers	4,717

⁸ Providers utilized by Original Medicare beneficiaries for all Part B non-institutional DMEPOS services. Providers may be counted in more than one specialty classification but are reported as a single provider in the "Total DMEPOS Providers" count.

SOURCE: CMS/Office of Enterprise Data & Analytics

Medicare Prepaid Contracts (02/2026)

	Count
Total Prepaid Plans (MA and others)	920
Total Prescription Drug Plans	48

SOURCE: CMS/Center for Medicare

National Health Expenditures Calendar Year 2024

Total	\$5,278.6
% of GDP	18.0%
Per Capita	\$15,474
Health Insurance	\$3,892.9
Private Health Insurance	\$1,644.6
Medicare	\$1,118.0
Medicaid (Title XIX)	\$931.7
CHIP (Title XIX & XXI)	\$31.0
Department of Defense	\$50.0
Department of Veterans Affairs	\$117.6

Dollars in billions except for Per Capita.

SOURCE: CMS/Office of the Actuary

CMS Financial Data Fiscal Year 2025

Total Federal Program Spending (\$ in millions)	\$1,886,339.0
Medicare Benefits	\$1,158,308.0
Total Medicaid ⁹	\$686,957.0
CHIP	\$23,466.0
Other Spending	\$17,608.0
Total Program Management (\$ in millions)	\$7,549.6
Total Appropriation	\$4,124.7
Other Sources	\$3,424.9
Total Health Care Fraud & Abuse Control Funding (\$ in millions)	\$2,589.8
FTE Employment	6,083

⁹ Amount reported as total gross outlays including the Vaccines for Children Program.

SOURCE: CMS/Office of Financial Management