

## Explanation of Table Columns

The primary database consists of eight research files from the Centers for Medicare and Medicaid Services (CMS) for traditional (fee-for-service) Medicare: the MedPAR file (acute care discharges and stays in skilled nursing, rehabilitation, psychiatric, and other long-stay facilities); the Inpatient file (used to classify intermediate- and high-intensity subtypes of intensive care unit stays); Physician/Supplier Part B (physician services for a 20% sample of Medicare beneficiaries); the Outpatient file (the facility component of outpatient services); and Home Health Agency (HHA), Hospice, and Durable Medical Equipment (DME) files.

### Table 1: Hospital/Regional Chronically Ill Cohort Information

This table gives information about the provider or region under study, including its location and the size of the population served. The hospital-specific tables also give the loyalty of the patients to the hospitals in question. Regional information is given for states and for 306 hospital referral regions (HRRs), which are regional markets for tertiary care. More information on how HRRs were defined is given in the FAQ section of our web site: <http://www.dartmouthatlas.org>.

#### 1. Number of deaths among chronically ill patients assigned to hospital/living in region

- The first column gives the size of the study population for each hospital or region. **It is not the number of deaths occurring in the hospital.** The population includes beneficiaries enrolled in traditional (fee-for-service) Medicare who died during 2001-05. For the hospital-specific analyses, patients had to be hospitalized for chronic illness at least once during their last two years of life to be included. For regional analyses, all patients diagnosed with a chronic illness were included.
- Claims data were used to assign each patient to the hospital used most often during the last two years of life. In the case of a tie, patients were assigned to the hospital associated with the discharge closest to the date of death.
- Population-based rates, however, were calculated based on the **total experience of the decedent population over the given period of time, not just the care received at the assigned hospital or physicians associated with that hospital.**
- The regional analyses include patients who were residents of a given region at the time of death. The hospital-specific analyses are restricted to hospitals with 80 or more deaths during the five-year study period.
- The analysis was restricted to patients who had one or more of nine chronic illnesses associated with a high probability of death: malignant cancer/leukemia, chronic pulmonary disease, coronary artery disease, congestive heart failure, peripheral vascular disease, severe chronic liver disease, diabetes with end organ damage, chronic renal failure, or dementia. These conditions were selected based on Iezzoni et al, "Chronic conditions and risk of in-hospital death," *Health Services Research* 29, no. 4 (1994):435-60.

#### 2. Percent of enrollees' medical inpatient days at hospital to which they were assigned

- This column measures the average loyalty of patients to their assigned hospitals. It gives the percent of the total number of days experienced in **any** hospital for medical admissions that were spent at the indicated hospital.

**Table 2. Medicare spending per decedent by site of care during the last two years of life (deaths occurring 2001-05)**

This table measures various components of Medicare spending by sector (location) of care. Rates were calculated for each patient based on the last two years of their life, counting back from their date of death. Part B (physician) spending that occurred at each site of care (determined using the place of service code on the claim) was added to the facility component to determine spending in the sector.

Overall spending measures were calculated for the 100% sample files (MedPAR, Home Health Agency, Hospice and DME), the Part B file, and the Outpatient file, and were adjusted for differences in age, sex, race, and primary chronic diagnosis using ordinary least squares regression. Payments were then partitioned into components based on the proportional distribution of the crude component spending rates.

**1. Total Medicare spending**

This rate was calculated by summing the per decedent rates from the combined 100% sample files, Part B, and Outpatient files for deaths occurring during the period 2001-05. Blank cells indicate that the hospital did not have a sufficient study population (400 deaths during the five-year study period) to measure Part B and outpatient spending.

**2. Inpatient sector spending**

This rate was calculated by summing Medicare reimbursements from the MedPAR record. It reflects total reimbursements for all hospitalizations (medical and surgical), including indirect costs for medical education, disproportionate share hospital (DSH) payments, and outlier payments. Part B payments for services occurring in the inpatient hospital setting were added to inpatient facility reimbursements. Blank cells indicate that the hospital did not have a sufficient study population to measure the Part B component.

**3. Outpatient sector spending**

This rate was calculated by summing Medicare reimbursements from the Outpatient file. Part B payments for services occurring in outpatient settings (physicians' offices, outpatient hospitals, emergency rooms, ambulatory surgical centers, federally qualified health centers, health clinics, etc.) were added to the facility component of outpatient services. Blank cells indicate that the hospital did not have a sufficient study population to measure either component.

**4. SNF/long-term care sector spending**

This rate was calculated by summing reimbursements in skilled nursing facilities, rehabilitation, psychiatric, and other long-stay hospitals, determined from the MedPAR record. Part B payments for services in these facilities were added to the facility payments. Blank cells indicate that the hospital did not have a sufficient study population to measure the Part B component.

## **5. Home health sector spending**

This rate was calculated by summing payments from the Home Health Agency file. Part B payments for services occurring in patients' homes were added to HHA payments. Blank cells indicate that the hospital did not have a sufficient study population to measure the Part B component.

## **6. Hospice sector spending**

This rate was calculated by summing payments from the Hospice file. Part B payments for services occurring in hospice were added to facility payments. Blank cells indicate that the hospital did not have a sufficient study population to measure the Part B component.

## **7. Durable medical equipment**

This rate was calculated by summing payments from the Durable Medical Equipment file.

## **8. Ambulance**

This rate was calculated by summing payments from the Part B file where the place of service indicated was a land, air or water ambulance.

## **9. Other**

This residual amount includes spending where location cannot be determined, such as payments to independent laboratories.

**Table 3. Medicare Part B spending by type of service (BETOS category) per decedent during the last two years of life (deaths occurring 2001-05)**

This table measures spending in the Part B Physician Supplier file by Berenson-Eggers Type of Service (BETOS) code. Rates were calculated for each patient based on the last two years of their life, counting back from their date of death. Blank cells indicate that the hospital did not have a sufficient study population to measure Part B spending (400 deaths during the five-year study period).

**1. Total Part B payments**

Part B payments are for all services included in the Part B Physician Supplier file.

**2. Evaluation & management services**

Payments for evaluation & management (E&M) services include payments for physician visits and consultations in all settings, both inpatient and outpatient, included in the Part B Physician Supplier file.

**3. Procedures**

Payments for procedures include major and minor surgical procedures, oncology, endoscopy and dialysis services.

**4. Imaging**

Payments for imaging include standard imaging, advanced imaging such as CAT and MRI scans, echography, and imaging procedures such as cardiac catheterization.

**5. Tests**

Payments for tests include lab tests, electrocardiograms, cardiovascular stress tests, and EKG monitoring.

**6. Other**

This category includes Part B spending for durable medical equipment such as medical and surgical supplies, hospital beds, oxygen and supplies, wheelchairs, and orthotic devices. It also includes ambulance, chiropractic, enteral and parenteral, chemotherapy, vision, hearing and speech services, and immunizations/vaccinations.

**Table 4. The Medical Care Cost Equation: Disaggregation of hospital (facility) reimbursements per decedent into contributions of volume (patient days per decedent) and price (average reimbursements per day in hospital) during the last two years of life (deaths occurring 2001-05)**

Variations in per capita spending for inpatient care can be attributed to variation among hospitals/regions in average price (reimbursements per day in hospital) as well as the volume of care (the number of patient days in hospital). This table shows the variation in per decedent spending for inpatient care and evaluates the contributions of variation in price and volume in determining Medicare spending.

**1. Inpatient reimbursements per decedent**

This rate was calculated by summing Medicare reimbursements from the MedPAR record. It reflects total reimbursements for all hospitalizations (medical and surgical), including indirect costs for medical education, disproportionate-share hospital (DSH) payments, and outlier payments. Part B spending occurring in the inpatient setting is **not** included in this measure.

**2. Hospital days per decedent**

This rate represents total days for all acute care hospitalizations during the last two years of life. Total days are the result of both the number of admissions and the average length of stay per admission.

**3. Reimbursements per patient day**

Inpatient reimbursements per day were calculated by dividing the inpatient reimbursement rate during the last two years of life (column 1) by the hospital day rate per decedent during the last two years of life (column 2).

**4. Ratios to U.S. average**

In these columns, the rates from columns 1-3 are divided by the national average. This shows how the inpatient reimbursement rate differs from the national average and demonstrates which component of the medical care cost equation – volume or price – is the determining factor in that difference.

**Table 5. The Medical Care Cost Equation: Disaggregation of payments for physician visits per decedent into contributions of volume (physician visits per decedent) and price (average payments per physician visit) during the last two years of life (deaths occurring 2001-05)**

Variations in per capita spending for physician visits and consultations can be attributed to variation among hospitals/regions in average price (payments per physician visit) as well as the volume of care (the number of physician visits per capita). This table shows the variation in per decedent spending for evaluation and management and evaluates the contributions of variation in price and volume in determining Medicare payments.

**1. Payments for physician visits per decedent**

Part B reimbursements for evaluation & management services include payments for physician visits and consultations in all settings included in the Part B Physician Supplier file. Payments for visits to rural health centers and federally qualified health centers, obtained from the Outpatient file, were added to the Part B E&M spending rate.

**2. Physician visits per decedent**

This rate represents total visits to physicians during the last two years of life, in all settings.

**3. Payments per physician visit**

Payments per visit were calculated by dividing the physician visit payment rate during the last two years of life (column 1) by the physician visit rate per decedent during the last two years of life (column 2).

**4. Ratios to U.S. average**

In these columns, the rates from columns 1-3 are divided by the national average. This shows how the payment rate for physician visits differs from the national average and demonstrates which component of the medical care cost equation – volume or price – is the determining factor in that difference.

## **Table 6. Resource inputs per 1,000 decedents during the last two years of life**

Resource input measures were adjusted for differences in age, sex, race, and prominent chronic diagnosis, using over-dispersed Poisson regression models.

### **1. Bed inputs**

Bed inputs per 1,000 decedents were calculated by dividing the relevant day rate per decedent during the last two years of life by 365 to determine the number of bed-years used by members of the cohort during their last two years of life. The result was then multiplied by 1,000.

#### **A. Hospital beds**

Includes all bed-years spent in acute care general hospital beds.

#### **B. Intensive and intermediate care beds**

Includes bed-years spent in units with more active monitoring than beds in regular medical and surgical wards.

#### **C. High-intensity ICU beds**

Includes high-intensity intensive care unit (ICU) and cardiac care unit (CCU) beds, determined using the Inpatient file.

#### **D. Intermediate-intensity ICU beds**

Includes intermediate care “step-down” beds, determined using the Inpatient file.

#### **E. Medical & surgical beds**

This rate was calculated by subtracting intensive and intermediate care bed inputs from total hospital bed inputs.

#### **F. SNF beds**

Includes beds in skilled nursing facilities and designated skilled nursing beds in hospitals.

### **2. Standardized FTE physician labor inputs**

Physician FTE labor inputs were measured by summing the specialty-specific work relative value units (RVUs) and dividing by the average annual number of work RVUs produced by that specialty.

#### **A. Total FTE physician labor inputs**

Includes all physician specialties.

#### **B. Medical specialist FTE labor inputs**

Medical specialties include immunology, cardiology, critical care, dermatology, endocrinology, gastroenterology, geriatrics, hematology/oncology, infectious disease, nephrology, neurology, pulmonary disease, radiation oncology, physical medicine/rehabilitation, rheumatology, and osteopathic medicine.

### **C. Primary care FTE labor inputs**

Primary care includes general practice, internal medicine, and pediatrics.

### **D. Ratio MS/PC**

Ratio of medical specialist to primary care physician labor inputs. This measure is calculated by dividing the medical specialist labor input rate by the primary care labor input rate. A higher ratio indicates a greater reliance on medical specialists in managing chronically ill Medicare patients.

## **3. Registered nurses required under proposed federal standards**

Our estimate is based on proposed federal staffing requirements set out in legislation currently under consideration by the Congress (“Nurse Staffing Standards for Patient Safety and Quality Care Act of 2007,” H.R. 2123). The bill sets out minimum staffing requirements based on the ratio of patients in hospital to the number of FTE registered nurses. The requirements differ according to the intensity of the care setting. For high-intensity ICUs and cardiac care units (CCUs), the standard is no more than two patients for every nurse; for “step-down,” or intermediate ICUs, the standard is no more than three patients per nurse; and for medical and surgical units, the minimum standard is four patients per registered nurse.

The rate was calculated by multiplying high-intensity ICU bed inputs by 1.5 (3 eight-hour shifts ÷ 2 patients per nurse), intermediate-intensity ICU bed inputs by 1 (3 eight-hour shifts ÷ 3 patients per nurse), and medical and surgical bed inputs by .75 (3 eight-hour shifts ÷ 4 patients per nurse). The results were then added together.

## **Table 7. The patient experience of end-of-life care (deaths occurring 2001-05)**

These measures of utilization are traditional epidemiological, population-based rates of events occurring over a designated period of time. Although utilization rates were calculated on the total experience of the cohort, the proportion of total care provided by the assigned hospital is high, so the variations in utilization among hospital cohorts primarily reflect the associated physicians' clinical choices. Utilization measures were adjusted for differences in age, sex, race, and primary chronic diagnosis, using over-dispersed Poisson regression models.

### **1. Patient days per decedent**

This rate represents total per patient days for all acute care hospitalizations during the last six months of life. Total days are the result of both the number of admissions and the average length of stay per admission.

#### **A. Hospital days**

Includes all days spent in acute care general hospitals.

#### **B. Intensive and intermediate care days**

Includes days spent in units with more active monitoring than in regular medical and surgical wards.

#### **C. High-intensity ICU days**

Includes high-intensity intensive care unit (ICU) and cardiac care unit (CCU) days, determined using the Inpatient file.

#### **D. Intermediate-intensity ICU days**

Includes intermediate care "step-down" days, determined using the Inpatient file.

#### **E. Medical & surgical days**

This rate was calculated by subtracting intensive and intermediate care days from total hospital days.

#### **F. SNF days**

Includes days in skilled nursing facilities and designated skilled nursing beds in hospitals.

### **2. Physician visits per decedent**

These rates measure the total numbers of visits to physicians during the last six months of life.

#### **A. Total visits**

Includes all visits for which there was an evaluation & management claim in the Part B file. Visits occurring in federally qualified health centers and rural health centers were also included.

## **B. Medical specialist visits**

Includes visits to specialists in immunology, cardiology, critical care, dermatology, endocrinology, gastroenterology, geriatrics, hematology/oncology, infectious disease, nephrology, neurology, pulmonary disease, radiation oncology, physical medicine/rehabilitation, rheumatology, and osteopathic medicine.

## **C. Primary care visits**

Includes visits to physicians in general practice, internal medicine, and pediatrics, and visits occurring in federally qualified and rural health centers.

## **D. Ratio MS/PC**

Ratio of medical specialist to primary care physician visits. A ratio above 1.00 indicates that patients, on average, experienced more visits to medical specialists than to primary care physicians.

## **3. Home health agency visits**

This rate measures the average number of visits per patient by home health agency personnel during the last six months of life.

## **4. Percent of deaths occurring in hospital**

Indicates the percent of patients assigned to the designated hospital or living in the designated region that experienced a hospitalized death.

## **5. Percent of deaths that included an ICU admission**

The percent of deaths occurring during a hospitalization that involved one or more stays in a high- or intermediate-intensity ICU is an indicator of the aggressiveness with which terminal patients were treated.

## **6. Percent admitted to hospice during the last six months of life**

Indicates the percent of decedents admitted to hospice during the last six months of their lives.

## **7. Hospice days during the last six months of life**

Indicates the average number of days spent in hospice per decedent during the last six months of life.

## **8. Percent seeing 10 or more physicians during the last six months of life**

The percent of decedents seeing 10 or more different physicians during the last six months of their lives is a measure of the propensity to refer patients. Seeing a large number of physicians could indicate that patients are receiving fragmented or poorly coordinated care.

## **9. Number of different physicians seen per decedent during the last six months of life**

Indicates the average number of different physicians seen by each decedent during the last six months of life.

## **10. Average co-payments per decedent during the last two years of life**

Medicare sets the overall price for physician services and pays 80% of that amount directly to the physician, leaving patients responsible for the remaining 20%, which they must pay out of pocket unless they have supplemental insurance or are covered by Medicaid. Medicare also requires a 20% co-payment for durable medical equipment, such as wheelchairs and oxygen for home use.

Co-payments were determined by subtracting the Medicare payment rate from the total amount Medicare allowed providers to charge.

### **A. Total**

The sum of Part B and DME co-payments per decedent.

### **B. Physician services**

This rate was calculated by subtracting Part B payments per decedent from Part B allowed charges per decedent.

### **C. Durable medical equipment**

This rate was calculated by subtracting DME payments per decedent from DME allowed charges per decedent.

## **Table 8. CMS Hospital Compare technical process quality measures (2005)**

These measures were abstracted from the CMS Hospital Compare database, available at CMS' web site at [http://new.cms.hhs.gov/HospitalQualityInits/25\\_HospitalCompare.asp](http://new.cms.hhs.gov/HospitalQualityInits/25_HospitalCompare.asp). The method used to combine CMS' measures into AMI, CHF, and pneumonia summary scores were defined in: Jha et al, Care in U.S. Hospitals — The Hospital Quality Alliance Program, *N Engl J Med* 2005;353:265-74. The data are for calendar year 2005.

Blank cells or cells marked "n/a" indicate one of the following: data for one or more relevant measures were not reported to CMS for 2005; or the sample size was insufficient for one or more of the relevant measures.

### **1. Composite score**

This score is a weighted average of the three condition-specific summary scores. It was created by multiplying the AMI score by 5, the CHF score by 2, and the pneumonia score by 3, summing the results, and dividing the sum by 10.

### **2. AMI score**

This score averages five of CMS's measures of quality of care for patients with heart attacks: the use or nonuse of aspirin within 24 hours before or after arrival at the hospital and at discharge; use or nonuse of a beta-blocker within 24 hours after arrival and at discharge; and use or nonuse of an ACE inhibitor for left ventricular systolic dysfunction.

### **3. CHF score**

This score averages two of CMS' measures of quality of care for patients with congestive heart failure: assessment of left ventricular function and the use or nonuse of an ACE inhibitor for left ventricular dysfunction.

### **4. Pneumonia score**

This score averages three of CMS' measures of quality of care for patients with pneumonia: the timing of initial antibiotic therapy; the presence or absence of pneumococcal vaccination; and assessment of oxygenation.

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

State name	State	Table 1. State information (2001-05)      Table 2. Medicare spending per decedent by site of care during the last two years of life (deaths occurring 2001-05)										
		Number of deaths among chronically ill patients living in state	Total Medicare spending	Inpatient sector	Outpatient sector	SNF/Long-term care sector	Home health sector	Hospice sector	Ambulance	Durable medical equipment	Other	
New Jersey	NJ	42,849	59,379	37,040	7,817	8,069	2,350	1,893	787	1,055	368	
California	CA	78,927	57,914	33,706	8,400	8,156	2,600	2,180	1,036	1,512	325	
New York	NY	77,270	55,718	34,956	7,334	7,231	2,357	1,579	753	1,184	323	
Massachusetts	MA	27,686	55,348	27,434	7,800	11,942	3,464	1,868	1,768	853	220	
District of Columbia	DC	2,138	54,725	36,525	6,388	7,289	1,906	1,118	372	863	265	
Maryland	MD	22,666	54,304	33,715	9,219	6,093	1,735	1,617	488	1,130	307	
Louisiana	LA	20,024	52,827	25,695	7,024	10,827	4,201	1,918	1,112	1,733	317	
Connecticut	CT	18,118	52,760	27,408	7,945	9,797	2,982	1,870	1,395	1,020	343	
Nevada	NV	6,020	51,571	26,351	8,283	9,175	2,493	2,644	678	1,634	313	
Texas	TX	78,986	50,905	25,210	7,424	9,050	3,146	2,920	1,013	1,711	432	
Florida	FL	82,776	50,810	25,250	9,069	7,258	2,832	3,725	615	1,691	371	
Illinois	IL	58,527	47,857	27,571	7,062	6,946	2,101	2,186	660	1,114	216	
Rhode Island	RI	4,565	47,790	25,482	7,183	8,643	2,483	1,684	1,294	858	163	
Pennsylvania	PA	66,408	46,624	25,661	6,970	7,588	2,199	1,900	923	1,129	253	
Michigan	MI	53,458	45,995	25,721	7,051	6,283	2,579	2,276	711	1,181	193	
Delaware	DE	4,385	45,661	26,401	7,280	5,783	1,877	2,311	639	1,092	277	
Oklahoma	OK	19,419	44,608	22,377	6,384	6,577	3,004	3,935	670	1,426	234	
Alaska	AK	1,291	44,164	27,659	8,174	3,500	1,891	662	1,010	1,092	177	
Arizona	AZ	15,568	43,851	22,763	7,574	5,399	1,445	4,396	822	1,151	300	
Hawaii	HI	2,879	43,682	28,040	6,550	4,007	1,408	1,753	440	1,140	344	
Mississippi	MS	15,917	43,082	22,742	6,246	5,484	3,016	3,142	635	1,613	205	
Ohio	OH	59,412	42,926	22,978	6,627	7,137	1,666	2,392	817	1,099	209	
Colorado	CO	10,853	42,595	20,535	7,512	6,669	2,071	3,442	487	1,635	244	
Tennessee	TN	31,038	42,478	22,619	6,350	6,327	3,021	1,621	775	1,539	225	
New Hampshire	NH	6,297	42,003	20,839	7,308	7,566	2,536	1,809	872	921	152	
Vermont	VT	3,343	41,514	21,174	7,898	5,711	3,408	1,382	864	1,014	64	
Kentucky	KY	22,289	41,314	22,621	5,966	6,121	2,203	1,899	829	1,426	249	
Georgia	GA	34,018	40,862	22,406	6,820	4,612	2,069	2,712	608	1,401	235	
Alabama	AL	25,295	40,811	21,249	6,102	5,020	2,420	3,506	728	1,519	266	
Missouri	MO	30,040	40,793	22,635	6,879	5,420	1,669	2,206	559	1,163	261	
South Carolina	SC	21,325	40,726	22,578	6,557	5,097	1,920	2,159	754	1,485	177	
Washington	WA	21,492	40,649	20,858	8,137	5,618	1,680	2,155	754	1,236	211	
Indiana	IN	33,930	40,583	20,485	7,074	7,573	1,417	2,154	504	1,156	220	
Utah	UT	6,990	40,310	17,140	6,445	6,385	3,702	4,481	486	1,512	158	
Arkansas	AR	16,408	40,193	21,777	6,370	5,706	1,763	2,064	777	1,501	235	
Kansas	KS	15,030	39,873	20,761	7,237	6,267	1,184	2,559	491	1,128	247	
North Carolina	NC	41,959	39,818	21,537	7,082	5,033	1,827	2,190	578	1,363	208	

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

State name	State	Table 1. State information (2001-05)      Table 2. Medicare spending per decedent by site of care during the last two years of life (deaths occurring 2001-05)									
		Number of deaths among chronically ill patients living in state	Total Medicare spending	Inpatient sector	Outpatient sector	SNF/Long-term care sector	Home health sector	Hospice sector	Ambulance	Durable medical equipment	Other
Maine	ME	8,350	38,846	20,225	7,147	5,760	2,318	1,326	856	1,051	162
West Virginia	WV	11,850	38,793	22,461	5,532	5,174	1,661	1,556	893	1,356	159
Virginia	VA	33,137	38,735	21,553	6,586	4,979	1,960	1,742	489	1,240	186
Nebraska	NE	9,359	38,459	20,001	7,771	6,219	1,000	1,762	336	1,201	168
Minnesota	MN	19,678	38,186	21,119	6,486	6,350	899	2,085	354	790	102
New Mexico	NM	6,344	37,632	19,077	6,350	4,360	2,037	3,547	559	1,477	225
Wisconsin	WI	28,639	37,218	19,933	6,589	5,936	1,066	2,100	499	949	145
Oregon	OR	11,318	35,679	18,935	6,616	3,359	1,940	2,662	782	1,219	168
Idaho	ID	5,510	35,518	17,135	6,478	6,029	1,885	2,061	358	1,391	183
Wyoming	WY	2,371	35,249	19,597	6,316	4,849	1,379	1,159	316	1,466	167
Montana	MT	5,134	35,114	17,921	7,374	4,472	1,401	1,957	314	1,572	103
South Dakota	SD	4,364	34,296	18,624	6,620	5,477	1,003	989	293	1,056	233
Iowa	IA	18,384	33,864	18,636	6,715	3,898	936	2,245	320	986	128
North Dakota	ND	3,907	32,523	17,256	6,415	5,310	877	1,203	345	890	228
<i>United States</i>	<i>US</i>	<i>1,247,941</i>	<i>46,412</i>	<i>25,376</i>	<i>7,257</i>	<i>6,862</i>	<i>2,262</i>	<i>2,336</i>	<i>755</i>	<i>1,302</i>	<i>261</i>

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

		<b>Table 3. Medicare Part B spending by type of service (BETOS category) per decedent during the last two years of life (deaths occurring 2001-05)</b>					
State name	State	Total Part B spending	Evaluation & management services	Procedures	Imaging	Tests	Other
New Jersey	NJ	12,439	5,887	2,308	1,126	651	2,467
California	CA	11,348	4,723	2,323	954	609	2,739
New York	NY	10,770	4,827	2,075	1,067	606	2,194
Massachusetts	MA	9,409	3,902	1,692	830	506	2,479
District of Columbia	DC	9,873	5,015	2,262	856	510	1,232
Maryland	MD	10,012	4,026	2,172	1,075	527	2,212
Louisiana	LA	9,112	3,564	1,854	798	472	2,424
Connecticut	CT	10,332	3,748	1,973	938	545	3,128
Nevada	NV	11,269	4,490	2,446	1,247	583	2,502
Texas	TX	9,979	3,876	1,990	868	571	2,675
Florida	FL	11,981	4,777	2,639	1,181	668	2,715
Illinois	IL	9,180	3,849	1,908	690	438	2,295
Rhode Island	RI	9,027	3,610	1,757	810	590	2,260
Pennsylvania	PA	9,444	4,001	1,869	764	440	2,370
Michigan	MI	9,254	3,888	1,997	859	472	2,038
Delaware	DE	9,315	4,055	2,038	986	461	1,775
Oklahoma	OK	7,678	2,759	1,617	679	385	2,237
Alaska	AK	7,510	2,495	1,902	679	307	2,127
Arizona	AZ	9,612	3,475	2,212	992	527	2,406
Hawaii	HI	7,338	3,396	1,753	563	500	1,125
Mississippi	MS	7,470	2,841	1,669	604	382	1,974
Ohio	OH	8,288	3,434	1,743	704	420	1,988
Colorado	CO	7,656	2,973	1,737	664	408	1,873
Tennessee	TN	8,310	3,239	1,588	661	435	2,386
New Hampshire	NH	6,780	2,787	1,480	547	366	1,600
Vermont	VT	6,405	2,325	1,353	449	228	2,051
Kentucky	KY	7,783	3,060	1,568	644	426	2,085
Georgia	GA	8,113	3,086	1,794	664	450	2,119
Alabama	AL	8,073	2,940	1,751	729	424	2,228
Missouri	MO	7,525	2,904	1,689	644	436	1,854
South Carolina	SC	8,090	2,830	1,750	636	409	2,465
Washington	WA	7,687	2,645	1,686	791	409	2,157
Indiana	IN	7,625	2,848	1,678	647	410	2,041
Utah	UT	6,480	2,188	1,796	562	315	1,620
Arkansas	AR	7,916	2,793	1,693	612	446	2,373
Kansas	KS	7,691	2,694	1,744	703	453	2,097
North Carolina	NC	7,224	2,820	1,560	628	413	1,802

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

		<b>Table 3. Medicare Part B spending by type of service (BETOS category) per decedent during the last two years of life (deaths occurring 2001-05)</b>					
State name	State	Total Part B spending	Evaluation & management services	Procedures	Imaging	Tests	Other
Maine	ME	6,311	2,393	1,389	537	351	1,642
West Virginia	WV	7,145	2,916	1,479	584	338	1,828
Virginia	VA	7,764	3,139	1,577	624	422	2,003
Nebraska	NE	7,113	2,481	1,720	560	396	1,957
Minnesota	MN	6,303	2,316	1,513	626	349	1,498
New Mexico	NM	6,506	2,417	1,594	586	354	1,555
Wisconsin	WI	6,890	2,442	1,545	596	392	1,915
Oregon	OR	6,789	2,191	1,575	533	345	2,146
Idaho	ID	5,488	1,995	1,535	554	342	1,063
Wyoming	WY	5,427	2,059	1,579	525	270	995
Montana	MT	6,436	1,996	1,592	463	261	2,124
South Dakota	SD	6,046	2,161	1,503	530	381	1,471
Iowa	IA	6,257	2,341	1,493	553	327	1,543
North Dakota	ND	6,106	2,063	1,489	505	368	1,681
<i>United States</i>	<i>US</i>	<i>9,043</i>	<i>3,630</i>	<i>1,895</i>	<i>800</i>	<i>483</i>	<i>2,236</i>

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

		<b>Table 4. The Medical Care Cost Equation: Disaggregation of hospital (facility) reimbursements per decedent into contributions of volume (patient days per decedent) and price (average reimbursements per day in hospital) during the last two years of life (deaths occurring 2001-05)</b>							
State name	State	Hospital reimbursements per decedent	Hospital days per decedent	Reimbursements per patient day	Ratios to U.S. average				
					Hospital reimbursements	=	Hospital days	x	Reimbursements per day
New Jersey	NJ	31,885	27.1	1,176	1.43	=	1.38	x	1.04
California	CA	29,724	20.3	1,468	1.34	=	1.03	x	1.29
New York	NY	30,920	27.1	1,143	1.39	=	1.38	x	1.01
Massachusetts	MA	24,381	19.3	1,264	1.10	=	0.99	x	1.11
District of Columbia	DC	31,493	26.0	1,209	1.42	=	1.33	x	1.07
Maryland	MD	30,146	19.8	1,525	1.36	=	1.01	x	1.34
Louisiana	LA	22,401	22.5	997	1.01	=	1.15	x	0.88
Connecticut	CT	24,396	18.7	1,301	1.10	=	0.96	x	1.15
Nevada	NV	22,522	19.0	1,186	1.01	=	0.97	x	1.04
Texas	TX	21,797	19.8	1,099	0.98	=	1.01	x	0.97
Florida	FL	21,290	19.9	1,072	0.96	=	1.01	x	0.94
Illinois	IL	23,993	20.8	1,154	1.08	=	1.06	x	1.02
Rhode Island	RI	22,577	19.7	1,146	1.02	=	1.01	x	1.01
Pennsylvania	PA	22,176	20.7	1,071	1.00	=	1.06	x	0.94
Michigan	MI	22,407	19.0	1,181	1.01	=	0.97	x	1.04
Delaware	DE	22,874	20.8	1,099	1.03	=	1.06	x	0.97
Oklahoma	OK	19,864	20.2	981	0.89	=	1.03	x	0.86
Alaska	AK	25,435	17.6	1,443	1.14	=	0.90	x	1.27
Arizona	AZ	19,804	15.6	1,272	0.89	=	0.79	x	1.12
Hawaii	HI	25,159	25.0	1,006	1.13	=	1.28	x	0.89
Mississippi	MS	20,005	23.7	846	0.90	=	1.21	x	0.74
Ohio	OH	20,023	17.9	1,117	0.90	=	0.91	x	0.98
Colorado	CO	18,172	14.3	1,270	0.82	=	0.73	x	1.12
Tennessee	TN	19,859	20.3	979	0.89	=	1.04	x	0.86
New Hampshire	NH	18,672	15.7	1,186	0.84	=	0.80	x	1.04
Vermont	VT	19,318	15.5	1,244	0.87	=	0.79	x	1.10
Kentucky	KY	19,919	20.0	996	0.90	=	1.02	x	0.88
Georgia	GA	19,671	18.2	1,079	0.88	=	0.93	x	0.95
Alabama	AL	18,493	19.7	936	0.83	=	1.01	x	0.82
Missouri	MO	19,918	19.2	1,040	0.90	=	0.98	x	0.92
South Carolina	SC	19,955	21.0	948	0.90	=	1.07	x	0.84
Washington	WA	18,901	12.9	1,464	0.85	=	0.66	x	1.29
Indiana	IN	18,077	17.0	1,064	0.81	=	0.87	x	0.94
Utah	UT	15,338	11.6	1,324	0.69	=	0.59	x	1.17
Arkansas	AR	19,219	20.8	923	0.86	=	1.06	x	0.81
Kansas	KS	18,299	17.7	1,033	0.82	=	0.90	x	0.91
North Carolina	NC	19,135	18.6	1,028	0.86	=	0.95	x	0.91

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

		<b>Table 4. The Medical Care Cost Equation: Disaggregation of hospital (facility) reimbursements per decedent into contributions of volume (patient days per decedent) and price (average reimbursements per day in hospital) during the last two years of life (deaths occurring 2001-05)</b>							
State name	State	Hospital reimbursements per decedent	Hospital days per decedent	Reimbursements per patient day	Ratios to U.S. average				
					Hospital reimbursements	=	Hospital days	x	Reimbursements per day
Maine	ME	18,191	16.4	1,109	0.82	=	0.84	x	0.98
West Virginia	WV	19,765	20.7	954	0.89	=	1.06	x	0.84
Virginia	VA	18,817	19.3	977	0.85	=	0.98	x	0.86
Nebraska	NE	17,726	15.4	1,149	0.80	=	0.79	x	1.01
Minnesota	MN	19,059	15.1	1,263	0.86	=	0.77	x	1.11
New Mexico	NM	17,063	14.6	1,165	0.77	=	0.75	x	1.03
Wisconsin	WI	17,777	15.4	1,155	0.80	=	0.79	x	1.02
Oregon	OR	17,211	12.0	1,430	0.77	=	0.61	x	1.26
Idaho	ID	15,481	12.3	1,260	0.70	=	0.63	x	1.11
Wyoming	WY	17,772	14.3	1,244	0.80	=	0.73	x	1.10
Montana	MT	16,179	13.9	1,160	0.73	=	0.71	x	1.02
South Dakota	SD	16,629	16.0	1,042	0.75	=	0.81	x	0.92
Iowa	IA	16,587	16.0	1,038	0.75	=	0.82	x	0.91
North Dakota	ND	15,474	14.0	1,104	0.70	=	0.72	x	0.97
<i>United States</i>	<i>US</i>	<i>22,237</i>	<i>19.6</i>	<i>1,135</i>	<i>1.00</i>	=	<i>1.00</i>	x	<i>1.00</i>

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

		<b>Table 5. The Medical Care Cost Equation: Disaggregation of payments for physician visits per decedent into contributions of volume (physician visits per decedent) and price (average payments per physician visit) during the last two years of life (deaths occurring 2001-05)</b>							
State name	State	Payments for physician visits per decedent	Physician visits per decedent	Payments per physician visit	Ratios to U.S. average				
					Physician visit payments	=	Physician visits	x	Payments per visit
New Jersey	NJ	5,888	89.8	66	1.61	=	1.46	x	1.10
California	CA	4,758	72.8	65	1.30	=	1.19	x	1.09
New York	NY	4,835	72.2	67	1.32	=	1.18	x	1.12
Massachusetts	MA	3,913	57.3	68	1.07	=	0.94	x	1.14
District of Columbia	DC	5,016	68.0	74	1.37	=	1.11	x	1.23
Maryland	MD	4,031	60.2	67	1.10	=	0.98	x	1.12
Louisiana	LA	3,599	69.3	52	0.98	=	1.13	x	0.87
Connecticut	CT	3,753	57.2	66	1.02	=	0.93	x	1.10
Nevada	NV	4,515	73.2	62	1.23	=	1.19	x	1.03
Texas	TX	3,938	66.2	59	1.07	=	1.08	x	0.99
Florida	FL	4,796	74.6	64	1.31	=	1.22	x	1.07
Illinois	IL	3,899	64.0	61	1.06	=	1.04	x	1.02
Rhode Island	RI	3,618	53.8	67	0.99	=	0.88	x	1.12
Pennsylvania	PA	4,016	68.7	58	1.09	=	1.12	x	0.98
Michigan	MI	3,934	61.9	64	1.07	=	1.01	x	1.06
Delaware	DE	4,059	68.5	59	1.11	=	1.12	x	0.99
Oklahoma	OK	2,790	53.9	52	0.76	=	0.88	x	0.87
Alaska	AK	2,513	36.9	68	0.69	=	0.60	x	1.14
Arizona	AZ	3,489	56.2	62	0.95	=	0.92	x	1.04
Hawaii	HI	3,426	65.2	53	0.93	=	1.06	x	0.88
Mississippi	MS	2,925	59.9	49	0.80	=	0.98	x	0.82
Ohio	OH	3,444	58.6	59	0.94	=	0.96	x	0.98
Colorado	CO	3,041	49.8	61	0.83	=	0.81	x	1.02
Tennessee	TN	3,254	59.9	54	0.89	=	0.98	x	0.91
New Hampshire	NH	2,865	45.7	63	0.78	=	0.75	x	1.05
Vermont	VT	2,446	41.5	59	0.67	=	0.68	x	0.99
Kentucky	KY	3,098	59.0	52	0.84	=	0.96	x	0.88
Georgia	GA	3,109	55.5	56	0.85	=	0.90	x	0.94
Alabama	AL	2,974	56.4	53	0.81	=	0.92	x	0.88
Missouri	MO	2,989	56.2	53	0.82	=	0.92	x	0.89
South Carolina	SC	2,892	56.6	51	0.79	=	0.92	x	0.85
Washington	WA	2,713	42.6	64	0.74	=	0.69	x	1.07
Indiana	IN	2,866	52.2	55	0.78	=	0.85	x	0.92
Utah	UT	2,206	36.1	61	0.60	=	0.59	x	1.02
Arkansas	AR	2,861	59.4	48	0.78	=	0.97	x	0.80
Kansas	KS	2,853	53.0	54	0.78	=	0.86	x	0.90
North Carolina	NC	2,853	51.2	56	0.78	=	0.84	x	0.93

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

		<b>Table 5. The Medical Care Cost Equation: Disaggregation of payments for physician visits per decedent into contributions of volume (physician visits per decedent) and price (average payments per physician visit) during the last two years of life (deaths occurring 2001-05)</b>							
State name	State	Payments for physician visits per decedent	Physician visits per decedent	Payments per physician visit	Ratios to U.S. average				
					Physician visit payments	=	Physician visits	x	Payments per visit
Maine	ME	2,545	43.2	59	0.69	=	0.70	x	0.98
West Virginia	WV	2,995	55.7	54	0.82	=	0.91	x	0.90
Virginia	VA	3,174	56.1	57	0.87	=	0.92	x	0.94
Nebraska	NE	2,582	51.8	50	0.70	=	0.85	x	0.83
Minnesota	MN	2,375	42.6	56	0.65	=	0.69	x	0.93
New Mexico	NM	2,472	42.6	58	0.67	=	0.70	x	0.97
Wisconsin	WI	2,472	45.1	55	0.67	=	0.74	x	0.92
Oregon	OR	2,229	37.9	59	0.61	=	0.62	x	0.98
Idaho	ID	2,085	38.4	54	0.57	=	0.63	x	0.91
Wyoming	WY	2,145	40.7	53	0.58	=	0.66	x	0.88
Montana	MT	2,105	40.2	52	0.57	=	0.66	x	0.87
South Dakota	SD	2,299	46.2	50	0.63	=	0.75	x	0.83
Iowa	IA	2,434	46.2	53	0.66	=	0.75	x	0.88
North Dakota	ND	2,259	42.7	53	0.62	=	0.70	x	0.88
United States	US	3,668	61.3	60	1.00	=	1.00	x	1.00

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

Table 6. Resource inputs per 1,000 decedents during the last two years of life (deaths occurring 2001-05)												
State name	State	Hospital beds	Intensive care beds			Medical & surgical unit beds	SNF beds	Standardized FTE physician labor				RNs required under proposed federal standards
			Total	High-intensity	Intermediate-intensity			Total	Medical specialist	Primary care	Ratio MS/PC	
New Jersey	NJ	74.3	22.3	11.1	11.2	52.0	58.8	30.3	14.7	10.6	1.39	66.9
California	CA	55.5	21.3	9.8	11.5	34.2	53.2	26.0	11.7	10.0	1.17	51.8
New York	NY	74.1	12.1	10.3	1.9	62.0	58.1	25.2	9.6	11.1	0.86	63.8
Massachusetts	MA	52.9	9.2	7.5	1.7	43.7	71.5	21.1	7.7	9.0	0.85	45.7
District of Columbia	DC	71.4	15.1	9.8	5.2	56.3	41.6	26.6	12.3	9.1	1.34	62.2
Maryland	MD	54.1	13.3	8.7	4.6	40.8	50.5	23.4	9.4	9.2	1.02	48.3
Louisiana	LA	61.6	13.5	9.1	4.4	48.1	45.1	22.3	8.9	9.1	0.98	54.1
Connecticut	CT	51.4	10.8	7.4	3.4	40.6	82.1	20.2	7.6	8.3	0.91	44.9
Nevada	NV	52.0	16.7	9.9	6.8	35.3	39.1	26.1	11.7	10.1	1.17	48.2
Texas	TX	54.3	17.0	9.9	7.2	37.3	49.3	23.3	9.7	9.5	1.03	49.9
Florida	FL	54.4	21.8	10.0	11.8	32.6	57.4	27.0	12.1	9.9	1.23	51.3
Illinois	IL	57.0	16.3	8.9	7.4	40.6	56.8	23.0	9.2	9.6	0.96	51.3
Rhode Island	RI	54.0	10.0	7.9	2.1	44.0	67.6	20.0	6.8	8.9	0.77	46.9
Pennsylvania	PA	56.7	15.4	7.8	7.6	41.3	54.9	23.1	9.5	9.2	1.03	50.3
Michigan	MI	52.0	12.6	6.8	5.9	39.4	49.6	22.6	8.0	10.3	0.78	45.5
Delaware	DE	57.0	15.9	6.7	9.1	41.2	48.4	23.6	9.6	9.3	1.03	50.1
Oklahoma	OK	55.5	9.3	7.2	2.2	46.2	39.4	18.3	6.6	8.1	0.82	47.5
Alaska	AK	48.3	12.5	6.7	5.8	35.8	27.1	14.8	4.7	7.0	0.67	42.7
Arizona	AZ	42.7	14.4	6.3	8.1	28.3	33.8	21.8	8.8	8.6	1.03	38.7
Hawaii	HI	68.5	11.3	7.8	3.6	57.2	30.1	21.7	7.9	9.9	0.80	58.1
Mississippi	MS	64.8	10.2	7.7	2.5	54.7	45.5	19.4	7.1	8.4	0.84	55.0
Ohio	OH	49.1	13.5	7.8	5.7	35.6	59.0	21.1	8.1	8.8	0.92	44.1
Colorado	CO	39.2	8.2	5.5	2.6	31.0	46.5	18.7	7.2	7.8	0.93	34.2
Tennessee	TN	55.6	14.7	8.4	6.2	40.9	58.1	20.1	7.4	8.8	0.84	49.6
New Hampshire	NH	43.1	7.0	6.1	0.9	36.2	58.9	16.7	5.4	7.5	0.72	37.2
Vermont	VT	42.5	6.5	6.2	0.3	36.1	57.8	16.0	5.1	7.3	0.70	36.6
Kentucky	KY	54.8	13.3	7.9	5.3	41.5	60.2	20.4	7.3	9.1	0.81	48.4
Georgia	GA	50.0	12.7	8.3	4.4	37.2	41.0	19.3	8.0	7.3	1.10	44.8
Alabama	AL	54.1	11.7	8.8	3.0	42.4	49.4	19.6	7.5	8.2	0.92	47.9
Missouri	MO	52.5	13.5	7.0	6.5	39.0	48.7	19.9	6.4	9.4	0.68	46.2
South Carolina	SC	57.7	16.5	9.1	7.4	41.1	46.2	19.1	7.4	7.6	0.97	51.9
Washington	WA	35.4	9.7	6.5	3.2	25.7	44.0	16.5	6.0	7.0	0.87	32.2
Indiana	IN	46.5	13.1	7.1	6.0	33.5	65.0	18.9	7.5	7.5	1.00	41.7
Utah	UT	31.7	8.7	7.0	1.7	23.1	50.4	14.8	5.6	5.8	0.97	29.5
Arkansas	AR	57.1	10.5	8.5	2.0	46.6	42.4	19.2	6.7	8.8	0.76	49.6
Kansas	KS	48.5	9.3	5.9	3.5	39.2	42.4	18.1	5.7	8.3	0.69	41.7
North Carolina	NC	51.0	12.9	8.6	4.3	38.1	52.2	18.3	6.4	7.9	0.81	45.7

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

Table 6. Resource inputs per 1,000 decedents during the last two years of life (deaths occurring 2001-05)												
State name	State	Hospital beds	Intensive care beds			Medical & surgical unit beds	SNF beds	Standardized FTE physician labor				RNs required under proposed federal standards
			Total	High-intensity	Intermediate-intensity			Total	Medical specialist	Primary care	Ratio MS/PC	
Maine	ME	44.9	7.6	7.4	0.2	37.3	52.2	16.1	4.9	7.5	0.66	39.3
West Virginia	WV	56.7	13.0	7.0	6.0	43.7	46.6	19.5	6.5	9.1	0.72	49.3
Virginia	VA	52.8	14.3	7.6	6.7	38.5	48.4	19.7	7.5	8.2	0.92	47.0
Nebraska	NE	42.3	10.9	6.9	4.0	31.4	46.9	17.9	5.7	8.3	0.69	37.9
Minnesota	MN	41.3	8.1	6.6	1.5	33.3	58.7	16.0	4.7	7.8	0.60	36.3
New Mexico	NM	40.1	11.1	5.9	5.2	29.0	30.4	15.9	5.1	7.5	0.67	35.8
Wisconsin	WI	42.2	7.5	5.3	2.2	34.7	51.4	16.4	5.8	6.9	0.84	36.1
Oregon	OR	33.0	7.2	5.7	1.5	25.8	27.7	14.9	4.9	6.6	0.74	29.4
Idaho	ID	33.6	7.6	6.8	0.8	26.0	54.9	14.4	4.6	6.2	0.74	30.6
Wyoming	WY	39.1	10.4	8.1	2.3	28.8	52.0	14.9	4.3	7.1	0.60	36.0
Montana	MT	38.2	9.2	7.9	1.3	29.1	44.5	14.7	4.8	6.5	0.74	34.9
South Dakota	SD	43.7	8.2	6.3	1.8	35.6	49.3	16.0	4.5	7.9	0.57	38.0
Iowa	IA	43.8	7.6	5.6	2.1	36.2	33.4	18.0	6.2	8.3	0.75	37.5
North Dakota	ND	38.4	5.4	4.9	0.5	33.0	47.8	14.6	4.4	6.8	0.65	32.6
<i>United States</i>	<i>US</i>	<i>53.7</i>	<i>14.1</i>	<i>8.2</i>	<i>5.8</i>	<i>39.6</i>	<i>52.9</i>	<i>21.7</i>	<i>8.5</i>	<i>9.0</i>	<i>0.94</i>	<i>47.9</i>

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

Table 7. The patient experience of end-of-life care (deaths occurring 2001-05)												
State name	State	Hospital days per decedent*	Intensive care days per decedent*			Medical & surgical unit days per decedent*	SNF days per decedent*	Physician visits per decedent*				Home health agency visits per decedent*
			Total	High-intensity	Intermediate-intensity			Total	Medical specialist	Primary care	Ratio MS/PC	
New Jersey	NJ	16.7	5.5	3.0	2.5	11.2	11.1	48.5	29.0	16.5	1.76	6.2
California	CA	12.1	5.1	2.6	2.5	7.1	10.0	37.0	20.4	14.3	1.42	5.9
New York	NY	16.6	3.2	2.8	0.4	13.4	10.4	37.6	17.4	17.5	1.00	7.0
Massachusetts	MA	11.6	2.4	2.0	0.3	9.2	13.3	27.9	11.7	13.5	0.87	10.3
District of Columbia	DC	16.3	4.2	2.9	1.3	12.1	7.9	36.1	19.8	13.9	1.42	4.3
Maryland	MD	12.2	3.4	2.4	1.0	8.8	10.0	30.3	14.4	13.5	1.06	4.5
Louisiana	LA	12.9	3.3	2.4	1.0	9.6	8.4	35.3	16.8	15.6	1.08	12.4
Connecticut	CT	11.6	2.8	2.0	0.7	8.9	14.8	28.2	13.2	12.8	1.04	10.2
Nevada	NV	11.6	4.2	2.7	1.5	7.3	7.7	39.1	21.1	15.7	1.34	6.5
Texas	TX	11.6	4.1	2.5	1.5	7.5	9.0	33.7	17.0	14.7	1.16	9.2
Florida	FL	12.1	5.3	2.7	2.6	6.8	10.8	38.1	20.8	14.6	1.42	8.3
Illinois	IL	12.3	3.9	2.3	1.6	8.4	10.9	32.8	15.7	14.9	1.05	5.2
Rhode Island	RI	11.9	2.6	2.1	0.5	9.3	12.5	25.9	9.8	13.4	0.73	7.0
Pennsylvania	PA	12.2	3.7	2.1	1.6	8.5	10.6	34.5	16.9	14.6	1.16	6.0
Michigan	MI	11.3	3.1	1.8	1.3	8.2	9.2	30.9	12.8	15.6	0.82	6.4
Delaware	DE	12.9	3.9	1.9	2.0	9.0	9.0	35.5	17.2	15.6	1.11	5.4
Oklahoma	OK	11.6	2.4	1.9	0.5	9.1	7.5	26.4	11.6	13.1	0.88	9.1
Alaska	AK	9.9	2.8	1.6	1.2	7.1	4.6	17.3	6.4	9.9	0.64	5.2
Arizona	AZ	9.4	3.5	1.7	1.8	5.9	6.6	28.1	13.8	12.5	1.10	3.9
Hawaii	HI	14.7	3.0	2.2	0.9	11.7	5.2	32.4	14.1	16.1	0.88	3.0
Mississippi	MS	13.6	2.6	2.0	0.5	11.1	8.2	29.5	13.0	14.3	0.91	8.9
Ohio	OH	10.7	3.3	2.1	1.2	7.3	11.0	28.9	13.1	13.3	0.98	4.8
Colorado	CO	8.3	2.1	1.5	0.6	6.3	8.7	23.2	10.2	11.4	0.90	5.9
Tennessee	TN	12.0	3.6	2.2	1.4	8.5	10.9	30.2	13.8	14.2	0.97	8.7
New Hampshire	NH	9.4	1.8	1.6	0.2	7.6	11.2	21.6	7.9	11.5	0.68	7.9
Vermont	VT	8.8	1.6	1.6	0.1	7.1	10.4	18.2	6.2	10.4	0.60	12.0
Kentucky	KY	11.8	3.2	2.1	1.1	8.5	11.3	29.3	12.3	14.7	0.83	7.0
Georgia	GA	11.0	3.2	2.2	1.0	7.8	7.7	27.1	13.7	11.3	1.21	5.9
Alabama	AL	11.7	3.0	2.4	0.7	8.7	9.0	27.5	12.1	13.1	0.92	7.4
Missouri	MO	11.1	3.2	1.8	1.4	7.9	9.3	27.6	10.9	14.6	0.74	4.7
South Carolina	SC	12.7	3.9	2.3	1.6	8.8	8.6	27.4	13.0	12.3	1.06	5.0
Washington	WA	7.8	2.4	1.7	0.7	5.4	8.5	19.4	8.2	9.7	0.85	4.1
Indiana	IN	9.9	3.1	1.8	1.2	6.8	11.9	25.3	11.9	11.6	1.02	4.3
Utah	UT	6.8	2.1	1.8	0.4	4.6	8.9	15.7	6.8	7.9	0.86	12.0
Arkansas	AR	12.2	2.7	2.3	0.5	9.4	8.1	29.8	12.8	14.9	0.86	6.4
Kansas	KS	10.1	2.3	1.5	0.8	7.8	8.0	25.5	9.9	13.6	0.73	3.5
North Carolina	NC	11.1	3.1	2.2	0.9	8.0	9.7	24.3	10.0	12.2	0.81	5.3

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

Table 7. The patient experience of end-of-life care (deaths occurring 2001-05)												
State name	State	Hospital days per decedent*	Intensive care days per decedent*			Medical & surgical unit days per decedent*	SNF days per decedent*	Physician visits per decedent*				Home health agency visits per decedent*
			Total	High-intensity	Intermediate intensity			Total	Medical specialist	Primary care	Ratio MS/PC	
Maine	ME	9.6	1.8	1.8	0.1	7.8	10.1	19.8	7.0	11.3	0.62	7.9
West Virginia	WV	12.3	3.1	1.8	1.2	9.2	9.1	27.5	11.0	14.3	0.77	4.7
Virginia	VA	11.6	3.5	2.1	1.4	8.2	9.5	27.6	12.5	13.0	0.97	5.9
Nebraska	NE	9.3	2.7	1.8	0.9	6.6	9.0	25.7	10.2	13.8	0.74	2.9
Minnesota	MN	8.5	1.9	1.6	0.3	6.7	10.7	19.8	6.6	11.8	0.56	2.7
New Mexico	NM	8.7	2.7	1.6	1.1	6.0	5.7	19.8	7.4	10.9	0.68	5.7
Wisconsin	WI	8.9	1.8	1.4	0.4	7.1	9.5	21.2	8.8	10.9	0.81	3.2
Oregon	OR	7.2	1.7	1.4	0.3	5.4	5.4	16.8	6.2	9.2	0.68	4.8
Idaho	ID	7.0	1.8	1.7	0.1	5.2	9.9	16.6	6.4	8.8	0.73	5.2
Wyoming	WY	8.2	2.5	2.0	0.5	5.7	9.7	18.6	6.2	11.0	0.56	4.0
Montana	MT	7.8	2.0	1.8	0.3	5.7	8.2	17.7	6.7	9.8	0.68	3.8
South Dakota	SD	9.0	1.9	1.5	0.4	7.1	9.2	21.6	6.8	13.1	0.52	3.0
Iowa	IA	9.1	1.9	1.4	0.4	7.2	6.1	21.6	8.4	11.4	0.73	3.2
North Dakota	ND	8.1	1.4	1.3	0.1	6.7	9.3	19.8	6.7	11.5	0.58	3.3
<i>United States</i>	<i>US</i>	<i>11.6</i>	<i>3.4</i>	<i>2.2</i>	<i>1.3</i>	<i>8.2</i>	<i>9.9</i>	<i>30.5</i>	<i>14.4</i>	<i>13.9</i>	<i>1.04</i>	<i>6.4</i>

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

		<b>Table 7, continued. The patient experience of end-of-life care (deaths occurring 2001-05)</b>								
State name	State	Percent of deaths occurring in hospital	Percent of deaths that included an ICU admission	Percent enrolled in hospice*	Hospice days per decedent*	Percent of patient seeing 10 or more different physicians*	Number of different physicians seen per decedent*	Average co-payments per decedent during the last two years of life		
								Total	Physician services	Durable medical equipment
New Jersey	NJ	39.5	25.5	27.4	9.6	46.8	10.3	3,546	3,267	280
California	CA	33.3	22.4	28.3	10.4	30.4	7.7	3,340	2,944	396
New York	NY	40.1	19.7	20.9	7.6	39.7	9.2	3,149	2,836	313
Massachusetts	MA	32.2	16.7	24.8	8.8	37.9	8.8	2,669	2,448	221
District of Columbia	DC	39.5	24.6	21.5	7.7	38.5	9.0	2,996	2,724	272
Maryland	MD	33.3	20.2	28.4	9.4	37.4	8.8	3,053	2,738	315
Louisiana	LA	34.1	18.5	30.8	13.0	31.2	7.8	2,975	2,487	488
Connecticut	CT	32.3	17.3	24.6	7.1	33.3	7.9	2,945	2,683	263
Nevada	NV	29.2	19.5	35.4	12.7	36.9	9.0	3,562	3,119	443
Texas	TX	30.5	19.0	38.3	16.1	28.8	7.5	3,129	2,667	462
Florida	FL	28.4	20.0	43.6	17.1	39.0	9.0	3,609	3,165	444
Illinois	IL	30.9	18.5	33.0	11.5	31.0	8.0	2,763	2,463	301
Rhode Island	RI	30.8	16.2	27.2	8.3	34.8	8.1	2,473	2,251	222
Pennsylvania	PA	30.5	18.5	29.5	10.6	38.4	9.2	2,758	2,460	298
Michigan	MI	27.9	16.8	38.0	13.3	34.7	8.6	2,817	2,493	323
Delaware	DE	32.8	20.5	33.7	13.7	39.1	9.3	2,846	2,548	297
Oklahoma	OK	32.5	16.7	38.6	22.6	19.4	6.0	2,430	2,048	382
Alaska	AK	31.6	15.9	10.0	4.0	16.3	5.1	2,544	2,246	298
Arizona	AZ	22.5	15.1	50.1	20.6	31.7	7.9	2,835	2,535	299
Hawaii	HI	38.4	22.5	20.9	7.6	21.9	6.4	2,410	2,118	292
Mississippi	MS	40.2	17.7	29.0	17.4	22.4	6.5	2,550	2,084	466
Ohio	OH	27.5	17.0	36.2	13.4	31.8	7.9	2,536	2,235	300
Colorado	CO	22.3	12.4	42.8	16.5	25.1	6.9	2,430	2,005	425
Tennessee	TN	36.1	20.0	23.4	9.6	28.5	7.5	2,725	2,304	421
New Hampshire	NH	28.0	13.9	24.3	8.8	26.3	7.2	2,040	1,805	235
Vermont	VT	28.0	13.4	20.2	7.9	20.0	6.1	1,977	1,724	252
Kentucky	KY	34.2	18.6	26.9	11.2	26.2	7.2	2,552	2,159	393
Georgia	GA	32.3	18.8	36.7	15.5	26.0	7.1	2,624	2,229	396
Alabama	AL	35.5	19.5	35.6	20.7	24.6	6.8	2,651	2,222	429
Missouri	MO	31.5	18.2	30.8	13.6	25.3	7.0	2,297	1,984	313
South Carolina	SC	37.7	21.5	28.9	13.6	29.3	7.6	2,692	2,268	424
Washington	WA	26.4	15.5	29.0	10.9	20.9	6.3	2,328	2,011	316
Indiana	IN	29.0	16.9	29.1	12.2	25.4	7.0	2,415	2,100	316
Utah	UT	21.8	13.3	45.6	21.5	14.7	5.3	2,016	1,631	385
Arkansas	AR	35.9	17.8	26.8	12.6	21.8	6.5	2,548	2,139	409
Kansas	KS	28.9	15.3	33.0	13.8	20.4	6.3	2,256	1,965	292
North Carolina	NC	34.2	18.9	28.2	12.9	26.4	7.2	2,399	2,019	380

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

		<b>Table 7, continued. The patient experience of end-of-life care (deaths occurring 2001-05)</b>								
State name	State	Percent of deaths occurring in hospital	Percent of deaths that included an ICU admission	Percent enrolled in hospice*	Hospice days per decedent*	Percent of patient seeing 10 or more different physicians*	Number of different physicians seen per decedent*	Average co-payments per decedent during the last two years of life		
								Total	Physician services	Durable medical equipment
Maine	ME	32.1	14.9	17.4	7.3	20.5	6.3	1,976	1,704	272
West Virginia	WV	35.6	18.9	22.9	10.0	24.8	6.8	2,392	2,010	382
Virginia	VA	34.8	19.7	26.1	10.8	30.9	7.8	2,480	2,132	348
Nebraska	NE	28.0	15.0	27.3	10.4	21.3	6.4	2,146	1,842	304
Minnesota	MN	26.1	13.3	26.5	10.8	22.5	6.5	1,863	1,662	201
New Mexico	NM	27.9	16.3	36.1	18.1	19.7	6.1	2,148	1,760	388
Wisconsin	WI	26.7	13.0	28.7	11.3	21.8	6.5	2,044	1,800	243
Oregon	OR	25.7	13.6	37.5	14.1	15.1	5.5	2,090	1,777	313
Idaho	ID	24.6	13.1	27.6	12.0	13.5	5.2	1,802	1,448	354
Wyoming	WY	27.0	13.2	18.3	6.8	11.5	5.1	1,911	1,517	394
Montana	MT	24.9	12.2	25.0	11.3	12.3	5.0	2,119	1,724	395
South Dakota	SD	26.9	11.5	17.5	6.5	17.9	5.7	1,862	1,592	270
Iowa	IA	26.6	12.7	34.2	12.5	18.9	6.0	1,859	1,611	248
North Dakota	ND	24.9	11.6	20.1	7.5	16.3	5.6	1,803	1,578	226
<i>United States</i>	<i>US</i>	<i>31.7</i>	<i>18.3</i>	<i>31.3</i>	<i>12.5</i>	<i>30.4</i>	<i>7.8</i>	<i>2,762</i>	<i>2,413</i>	<i>349</i>

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

<b>Table 8. CMS Hospital Compare technical process quality measures (all patients, 2005)</b>					
State name	State	Composite quality score	AMI score	CHF score	Pneumonia score
New Jersey	NJ	91.8	94.8	91.4	87.1
California	CA	85.4	92.3	86.1	73.5
New York	NY	87.1	92.7	87.1	77.6
Massachusetts	MA	89.2	94.7	89.2	80.0
District of Columbia	DC	81.5	91.2	84.2	63.5
Maryland	MD	86.6	91.2	88.0	78.1
Louisiana	LA	85.1	90.2	83.5	77.7
Connecticut	CT	88.6	92.7	88.6	81.6
Nevada	NV	85.4	91.0	86.4	75.3
Texas	TX	85.1	90.4	84.0	77.0
Florida	FL	85.2	90.2	85.5	76.7
Illinois	IL	86.6	92.0	87.1	77.4
Rhode Island	RI	89.3	94.2	90.2	80.6
Pennsylvania	PA	87.5	92.0	86.8	80.4
Michigan	MI	89.5	94.1	90.6	81.2
Delaware	DE	88.0	94.6	84.0	79.6
Oklahoma	OK	88.1	91.1	85.7	84.8
Alaska	AK	87.7	93.3	92.0	75.4
Arizona	AZ	86.7	91.8	85.9	78.7
Hawaii	HI	83.8	89.2	82.4	75.7
Mississippi	MS	84.3	89.1	83.7	76.8
Ohio	OH	88.8	93.6	88.9	80.8
Colorado	CO	90.3	96.1	87.5	82.4
Tennessee	TN	86.4	90.2	84.3	81.5
New Hampshire	NH	90.7	95.3	90.8	83.1
Vermont	VT	87.9	91.3	84.3	84.5
Kentucky	KY	86.0	90.2	81.6	81.8
Georgia	GA	84.8	90.5	83.7	75.9
Alabama	AL	86.4	90.8	85.7	79.5
Missouri	MO	88.0	92.6	87.0	81.1
South Carolina	SC	88.6	92.8	88.3	81.9
Washington	WA	87.9	94.0	86.9	78.3
Indiana	IN	88.4	92.4	85.0	84.1
Utah	UT	87.6	91.2	87.2	82.0
Arkansas	AR	85.0	89.9	81.5	79.2
Kansas	KS	87.6	93.4	83.3	80.7
North Carolina	NC	88.7	93.3	87.5	81.9

\*during the last six months of life

Performance report for chronically ill beneficiaries in traditional Medicare who died during 2001-05: States

		<b>Table 8. CMS Hospital Compare technical process quality measures (all patients, 2005)</b>			
State name	State	Composite quality score	AMI score	CHF score	Pneumonia score
Maine	ME	88.6	92.6	88.5	82.0
West Virginia	WV	87.7	92.6	85.4	81.0
Virginia	VA	87.1	92.5	85.4	79.2
Nebraska	NE	90.8	93.9	88.4	87.2
Minnesota	MN	90.1	95.2	87.5	83.4
New Mexico	NM	82.4	89.1	79.2	73.3
Wisconsin	WI	90.2	93.7	87.7	86.0
Oregon	OR	87.8	93.5	86.7	79.0
Idaho	ID	89.3	94.5	85.4	83.4
Wyoming	WY	85.5	91.5	72.9	84.0
Montana	MT	90.3	94.7	86.9	85.3
South Dakota	SD	91.7	94.9	88.4	88.4
Iowa	IA	91.7	95.1	89.3	87.7
North Dakota	ND	91.0	94.9	88.3	86.2
<i>United States</i>	<i>US</i>	<i>87.2</i>	<i>92.2</i>	<i>86.4</i>	<i>79.5</i>

\*during the last six months of life