

## Fact Sheet for CBO's March 2007 Baseline: MEDICARE

<i>By fiscal year</i>	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>MEDICARE TOTALS (in billions of dollars):</b>												
Mandatory Outlays /1	\$377.0	\$427.6	\$451.3	\$482.4	\$512.8	\$564.1	\$566.5	\$626.4	\$670.1	\$719.0	\$804.6	\$845.4
Discretionary Outlays	\$5.0	\$4.9	\$5.0	\$5.2	\$5.4	\$5.6	\$5.9	\$6.2	\$6.5	\$6.9	\$7.2	\$7.6
Total Outlays	\$381.9	\$432.4	\$456.3	\$487.5	\$518.2	\$569.8	\$572.4	\$632.6	\$676.6	\$725.9	\$811.8	\$853.0
Total Offsetting Receipts /2	-\$52.1	-\$62.2	-\$66.7	-\$71.2	-\$75.7	-\$80.7	-\$86.0	-\$91.9	-\$98.2	-\$105.1	-\$113.8	-\$123.9
Net Outlays (Total Outlays - Receipts)	\$329.9	\$370.2	\$389.7	\$416.4	\$442.6	\$489.1	\$486.4	\$540.7	\$578.4	\$620.8	\$698.0	\$729.2
Net Mandatory Outlays (Mandatory Outlays - Receipts) /3	\$324.9	\$365.3	\$384.7	\$411.2	\$437.2	\$483.5	\$480.5	\$534.5	\$571.9	\$613.9	\$690.8	\$721.5
<b>COMPONENTS OF MANDATORY OUTLAYS (in billions of dollars):</b>												
Benefits												
Part A	\$183.6	\$200.3	\$211.1	\$225.8	\$240.0	\$260.7	\$265.6	\$289.5	\$308.0	\$328.6	\$359.8	\$377.2
Part B	\$159.4	\$177.4	\$185.6	\$194.6	\$204.8	\$222.7	\$224.9	\$245.2	\$259.7	\$276.2	\$306.0	\$324.4
Part D /4	\$31.9	\$47.0	\$52.2	\$59.5	\$65.5	\$78.1	\$73.4	\$89.0	\$99.5	\$111.4	\$135.9	\$140.8
Total	\$374.9	\$424.7	\$448.8	\$479.9	\$510.3	\$561.5	\$563.9	\$623.7	\$667.3	\$716.2	\$801.7	\$842.4
Administration /5	\$2.1	\$2.9	\$2.5	\$2.5	\$2.6	\$2.6	\$2.7	\$2.7	\$2.8	\$2.8	\$2.9	\$3.0
Total Mandatory Outlays	\$377.0	\$427.6	\$451.3	\$482.4	\$512.8	\$564.1	\$566.5	\$626.4	\$670.1	\$719.0	\$804.6	\$845.4
<b>Annual Growth Rates:</b>												
Mandatory Outlays	12.2%	13.4%	5.6%	6.9%	6.3%	10.0%	0.4%	10.6%	7.0%	7.3%	11.9%	5.1%
Discretionary Outlays	<u>32.7%</u>	<u>-1.9%</u>	<u>3.4%</u>	<u>2.6%</u>	<u>4.3%</u>	<u>4.5%</u>	<u>4.9%</u>	<u>5.3%</u>	<u>5.2%</u>	<u>5.2%</u>	<u>5.3%</u>	<u>5.2%</u>
Total Outlays	12.4%	13.2%	5.5%	6.8%	6.3%	9.9%	0.5%	10.5%	7.0%	7.3%	11.8%	5.1%
Total Premium Receipts	27.8%	19.5%	7.1%	6.8%	6.3%	6.6%	6.6%	6.8%	6.8%	7.1%	8.3%	8.8%
Net Outlays (Total Outlays - Receipts)	10.5%	12.2%	5.3%	6.8%	6.3%	10.5%	-0.5%	11.2%	7.0%	7.3%	12.4%	4.5%
Net Mandatory Outlays (Mandatory Outlays - Receipts)	10.2%	12.4%	5.3%	6.9%	6.3%	10.6%	-0.6%	11.2%	7.0%	7.3%	12.5%	4.5%
<b>Memorandum:</b>												
Number of Capitation Payments /6	11	12	12	12	12	13	11	12	12	12	13	12
Mandatory Outlays, adjusted for timing shifts (in billions of dollars) /7	\$385.8	\$422.9	\$451.0	\$482.4	\$512.8	\$546.1	\$584.5	\$626.4	\$670.1	\$719.0	\$777.0	\$842.8
Annual growth rate:	16.3%	9.6%	6.7%	6.9%	6.3%	6.5%	7.0%	7.2%	7.0%	7.3%	8.1%	8.5%

### Notes:

- 1/ Average annual rate of growth of mandatory outlays from fiscal year 2007 through 2017 is 7.1 percent. (It also is 7.1 percent after adjusting for timing shifts; see note 7.)
- 2/ Offsetting receipts include premiums, recoveries of overpayments to providers, "clawback" payments from the states, and receipts of amounts transferred from the General Fund for administrative spending for Part D (see page 4 for more detail).
- 3/ Average annual rate of growth of net mandatory outlays from fiscal year 2007 through 2017 is 7.0 percent. (It is 7.1 percent after adjusting for timing shifts; see note 7.)
- 4/ The figure for 2006 includes \$0.2 billion in spending for transitional assistance.
- 5/ Mandatory outlays for administration in all years support quality improvement organizations and certain activities against fraud and abuse. Those outlays include payment of Part B premiums for qualified individuals in 2006 and 2007, and spending in 2007 through 2009 for implementation of provisions of the Tax Relief and Health Care Act of 2006 (P.L. 109-432). The amounts shown also include funds transferred from the General Fund to pay for Part D administration (the receipt by Part D of the transferred funds is classified as an offsetting receipt--see page 4).
- 6/ In general, capitation payments to group health plans and prescription drug plans for the month of October are accelerated into the preceding fiscal year when October 1st falls on a weekend. However, the Balanced Budget Act of 1997 required that the October payment in 2006 be made on October 2 instead of September 29.
- 7/ The adjustment removes the effect of the payment holiday enacted in the Deficit Reduction Act of 2005 (claims payable during September 22-30, 2006, were paid in October 2006) and includes 12 capitation payments a year.

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<i>By fiscal year</i>	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>COMPONENTS OF BENEFITS PAYMENTS (in billions of dollars):</b>												
<b>Part A: Hospital Insurance (HI)</b>												
Hospital Inpatient Care	\$120.7	\$125.7	\$126.9	\$131.5	\$137.3	\$144.0	\$152.0	\$161.5	\$172.2	\$183.9	\$196.6	\$210.0
Skilled Nursing Facilities	\$19.5	\$20.6	\$21.1	\$22.1	\$23.3	\$24.5	\$25.9	\$27.5	\$29.3	\$31.2	\$33.3	\$35.6
Hospice	\$8.6	\$9.6	\$10.3	\$11.0	\$11.8	\$12.5	\$13.4	\$14.2	\$15.1	\$16.1	\$17.1	\$18.3
<b>Part B: Supplementary Medical Insurance (SMI)</b>												
Physician Fee Schedule	\$58.5	\$59.5	\$57.0	\$54.0	\$52.8	\$52.5	\$52.7	\$53.3	\$54.0	\$54.9	\$58.7	\$64.9
Other Professional & Outpatient Ancillary Services /1	\$27.6	\$29.7	\$30.7	\$32.2	\$34.0	\$36.5	\$39.5	\$42.8	\$46.3	\$50.2	\$54.5	\$59.2
Other Facilities /2	\$18.8	\$21.2	\$21.5	\$22.5	\$23.7	\$25.0	\$26.4	\$28.0	\$29.6	\$31.4	\$33.5	\$35.7
Hospital Outpatient PPS Services	\$20.1	\$21.9	\$23.1	\$24.6	\$26.4	\$28.6	\$30.9	\$33.7	\$36.7	\$39.9	\$43.5	\$47.5
<b>Parts A &amp; B</b>												
Group Plans	\$55.9	\$75.4	\$90.8	\$105.8	\$117.5	\$139.9	\$127.9	\$149.6	\$157.8	\$167.4	\$195.5	\$193.8
Home Health Agencies	\$13.2	\$14.2	\$15.2	\$16.6	\$18.1	\$19.8	\$21.8	\$24.1	\$26.7	\$29.7	\$33.0	\$36.7
<b>Part D: Prescription Drug Benefits</b>												
Payments to Prescription Drug Plans	\$19.8	\$27.6	\$32.1	\$37.2	\$41.3	\$49.6	\$46.4	\$57.0	\$64.3	\$72.5	\$89.5	\$93.1
Retiree Drug Subsidy	\$1.0	\$4.1	\$4.2	\$4.4	\$4.2	\$4.3	\$4.3	\$4.4	\$4.5	\$4.5	\$4.4	\$4.4
Low-Income Subsidy /3	\$11.2	\$15.2	\$15.9	\$17.9	\$20.0	\$24.3	\$22.6	\$27.6	\$30.8	\$34.4	\$42.0	\$43.3
<b>Total, Medicare Benefits</b>	<b>\$374.9</b>	<b>\$424.7</b>	<b>\$448.8</b>	<b>\$479.9</b>	<b>\$510.3</b>	<b>\$561.5</b>	<b>\$563.9</b>	<b>\$623.7</b>	<b>\$667.3</b>	<b>\$716.2</b>	<b>\$801.7</b>	<b>\$842.4</b>
Memorandum:												
Medicare Benefits, adjusted to remove effect of timing shifts /4												
Part A and Part B Benefits	\$351.7	\$373.0	\$396.7	\$420.4	\$444.8	\$471.7	\$502.2	\$534.7	\$567.7	\$604.8	\$649.4	\$700.4
Part D Benefits	<u>31.9</u>	<u>47.0</u>	<u>51.9</u>	<u>59.5</u>	<u>65.5</u>	<u>71.8</u>	<u>79.7</u>	<u>89.0</u>	<u>99.5</u>	<u>111.4</u>	<u>124.7</u>	<u>139.4</u>
Total Medicare Benefits	383.7	420.0	448.6	479.9	510.3	543.5	581.9	623.7	667.3	716.2	774.1	839.9

### Notes:

PPS = Prospective payment system.

1/ Includes durable medical equipment, independent and physician in-office laboratory services, ambulance services, and other services paid by carriers.

2/ Includes hospital outpatient non-PPS services, laboratory services in hospital outpatient departments, rural health clinic services, outpatient dialysis, and other services paid by fiscal intermediaries. Also includes payments to skilled nursing facilities for services covered under Part B.

3/ The figure for 2006 includes \$0.2 billion in spending for transitional assistance.

4/ The adjustment removes the effect of the payment holiday enacted in the Deficit Reduction Act of 2005 (claims payable during September 22-30, 2006, were paid in October 2006) and includes 12 capitation payments a year.

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<i>By fiscal year</i>	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>ANNUAL GROWTH RATES FOR COMPONENTS OF BENEFITS PAYMENTS:</b>												
Hospital Inpatient Care	-2.4%	4.1%	0.9%	3.6%	4.4%	4.9%	5.6%	6.3%	6.6%	6.8%	6.9%	6.8%
Skilled Nursing Facilities (Part A only)	9.0%	5.3%	2.7%	4.7%	5.2%	5.2%	5.8%	6.3%	6.4%	6.6%	6.7%	6.9%
Hospice	11.2%	11.2%	7.0%	7.4%	6.8%	6.5%	6.5%	6.4%	6.5%	6.4%	6.4%	6.5%
Physician Fee Schedule	1.2%	1.7%	-4.2%	-5.2%	-2.3%	-0.6%	0.4%	1.1%	1.2%	1.8%	7.0%	10.5%
Other Professional & Outpatient Ancillary Services /1	3.3%	7.4%	3.5%	4.9%	5.4%	7.4%	8.2%	8.3%	8.2%	8.5%	8.5%	8.6%
Other Facilities /2	11.7%	12.6%	1.4%	4.5%	5.5%	5.4%	5.6%	5.9%	6.0%	6.1%	6.4%	6.5%
Hospital Outpatient PPS Services	13.3%	9.0%	5.5%	6.8%	7.3%	8.2%	8.1%	9.1%	8.7%	8.9%	9.0%	9.3%
Group Plans	9.8%	35.0%	20.5%	16.4%	11.1%	19.1%	-8.6%	17.0%	5.5%	6.1%	16.8%	-0.9%
Home Health Agencies	5.0%	7.6%	7.4%	9.0%	9.2%	9.7%	10.0%	10.4%	10.8%	11.1%	11.2%	11.3%
<b>Subtotal, Medicare Part A and Part B Benefits</b>	<b>3.1%</b>	<b>10.1%</b>	<b>5.0%</b>	<b>6.0%</b>	<b>5.8%</b>	<b>8.7%</b>	<b>1.5%</b>	<b>9.0%</b>	<b>6.2%</b>	<b>6.5%</b>	<b>10.1%</b>	<b>5.4%</b>
Prescription Drug Plans and Retiree Drug Subsidy	n/a	52.8%	14.4%	14.5%	9.4%	18.4%	-5.7%	21.0%	11.9%	12.0%	22.0%	3.8%
Low-Income Subsidy /3	n/a	36.2%	4.3%	12.8%	11.6%	21.5%	-6.9%	21.9%	11.7%	11.7%	22.1%	3.2%
<b>Subtotal, Part D Benefits</b>	<b>n/a</b>	<b>47.0%</b>	<b>11.1%</b>	<b>14.0%</b>	<b>10.1%</b>	<b>19.3%</b>	<b>-6.0%</b>	<b>21.2%</b>	<b>11.9%</b>	<b>11.9%</b>	<b>22.0%</b>	<b>3.6%</b>
<b>Total, Medicare Benefits</b>	<b>12.4%</b>	<b>13.3%</b>	<b>5.7%</b>	<b>6.9%</b>	<b>6.3%</b>	<b>10.0%</b>	<b>0.4%</b>	<b>10.6%</b>	<b>7.0%</b>	<b>7.3%</b>	<b>11.9%</b>	<b>5.1%</b>
Memorandum:												
Medicare Benefits, adjusted to remove effect of timing shifts /4												
Part A and Part B Benefits	7.1%	6.1%	6.3%	6.0%	5.8%	6.0%	6.5%	6.5%	6.2%	6.5%	7.4%	7.9%
Part D Benefits	n/a	47.0%	10.5%	14.6%	10.1%	9.7%	10.9%	11.7%	11.9%	11.9%	12.0%	11.8%
Total Medicare Benefits	16.5%	9.5%	6.8%	7.0%	6.3%	6.5%	7.1%	7.2%	7.0%	7.3%	8.1%	8.5%

### Notes:

n/a = not applicable, PPS = prospective payment system.

1/ Includes durable medical equipment, independent and physician in-office laboratory services, ambulance services, and other services paid by carriers.

2/ Includes hospital outpatient non-PPS services, laboratory services in hospital outpatient departments, rural health clinic services, outpatient dialysis, and other services paid by fiscal intermediaries. Also includes payments to skilled nursing facilities for services covered under Part B.

3/ The growth rate for 2007 is calculated based on spending in 2006 that includes \$0.2 billion in spending for transitional assistance.

4/ The adjustment removes the effect of the payment holiday enacted in the Deficit Reduction Act of 2005 (claims payable during September 22-30, 2006, were paid in October 2006) and includes 12 capitation payments a year.

## Fact Sheet for CBO's March 2007 Baseline: MEDICARE

By fiscal year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>COMPARISON OF MEDICARE SPENDING AND DEDICATED FUNDING (in billions of dollars)</b>												
Total Medicare Outlays /1	\$378.6	\$428.0	\$451.1	\$481.6	\$512.0	\$563.3	\$565.6	\$625.4	\$669.0	\$717.9	\$803.3	\$844.0
Dedicated Medicare Financing Sources /2												
Part A (HI)	192.0	200.2	210.9	222.5	234.6	246.9	259.3	271.9	284.8	298.3	312.3	326.9
Part B (SMI)	37.7	42.0	44.2	46.3	48.9	51.8	55.2	58.7	62.4	66.6	71.8	78.2
Part D	4.4	8.6	9.3	10.4	11.5	12.7	14.0	15.3	16.8	18.5	20.5	22.7
Subtotal, Dedicated Medicare Financing Sources	234.2	250.7	264.3	279.2	295.0	311.4	328.5	346.0	364.1	383.4	404.5	427.8
General Revenue Medicare Funding	144.4	177.3	186.8	202.4	217.0	251.9	237.1	279.5	304.9	334.5	398.8	416.2
General Revenue Medicare Funding (percent of total outlays)	38.1%	41.4%	41.4%	42.0%	42.4%	44.7%	41.9%	44.7%	45.6%	46.6%	49.6%	49.3%
Excess General Revenue Medicare Funding (in percent)	0%	0%	0%	0%	0%	0.0%	0%	0.0%	0.6%	1.6%	4.6%	4.3%
<b>STATUS OF HOSPITAL INSURANCE TRUST FUND (in billions of dollars):</b>												
HI Trust Fund Income												
Receipts (mostly payroll taxes)	\$197.0	\$205.8	\$217.4	\$229.6	\$242.0	\$254.7	\$267.4	\$280.5	\$293.9	\$307.9	\$322.4	\$337.7
Interest	15.4	16.7	16.9	17.8	18.7	19.6	20.2	20.9	21.3	21.4	21.0	19.9
Total Income	212.4	222.5	234.3	247.4	260.7	274.2	287.7	301.4	315.2	329.2	343.4	357.7
HI Trust Fund Outlays												
HI Trust Fund Surplus or Deficit(-) [income minus outlays]	25.5	18.8	19.9	18.2	17.2	9.8	18.3	8.1	3.2	-3.5	-20.6	-24.0
HI Trust Fund Balance (end of year)	303.1	321.9	341.8	360.0	377.2	387.1	405.4	413.4	416.6	413.1	392.5	368.5
<b>OFFSETTING RECEIPTS (in billions of dollars):</b>												
Part A Premiums	-\$2.6	-\$2.7	-\$3.0	-\$3.1	-\$3.3	-\$3.5	-\$3.6	-\$3.7	-\$3.9	-\$4.1	-\$4.3	-\$4.6
Part B Premiums /3	-41.6	-46.5	-49.2	-51.7	-54.7	-58.0	-61.7	-65.6	-69.8	-74.6	-80.5	-87.5
Part D Premiums /4	-0.8	-1.5	-1.8	-2.3	-2.7	-3.1	-3.5	-3.9	-4.4	-5.0	-5.6	-6.3
Part D Payments by States	-3.6	-7.1	-7.5	-8.1	-8.8	-9.6	-10.5	-11.4	-12.4	-13.5	-14.8	-16.3
Recoveries of Overpayments to Providers /5	-3.2	-3.7	-4.5	-5.2	-5.4	-5.6	-5.9	-6.3	-6.6	-7.0	-7.5	-8.0
Part D Receipt of Transfers from General Fund for Administration /6	-0.2	-0.7	-0.7	-0.8	-0.8	-0.8	-0.9	-0.9	-1.0	-1.0	-1.1	-1.1
<b>Subtotal, Offsetting Receipts</b>	<b>-52.1</b>	<b>-62.2</b>	<b>-66.7</b>	<b>-71.2</b>	<b>-75.7</b>	<b>-80.7</b>	<b>-86.0</b>	<b>-91.9</b>	<b>-98.2</b>	<b>-105.1</b>	<b>-113.8</b>	<b>-123.9</b>
<b>Offsetting Receipts Paid With Federal Funds</b>												
Federal Share of Medicaid Payments of Part A Premiums	\$1.3	\$1.5	\$1.7	\$1.8	\$1.9	\$2.1	\$2.2	\$2.4	\$2.6	\$2.8	\$3.0	\$3.3
Federal Share of Medicaid Payments of Part B Premiums	3.9	4.6	5.0	5.4	5.8	6.2	6.5	6.9	7.4	7.9	8.7	9.3
Transfers from General Fund for Part D Administration /6	0.2	0.7	0.7	0.8	0.8	0.8	0.9	0.9	1.0	1.0	1.1	1.1
<b>Subtotal, Offsetting Receipts Paid With Federal Funds</b>	<b>5.4</b>	<b>6.7</b>	<b>7.5</b>	<b>8.0</b>	<b>8.5</b>	<b>9.2</b>	<b>9.6</b>	<b>10.2</b>	<b>10.9</b>	<b>11.7</b>	<b>12.7</b>	<b>13.7</b>
<b>Total, Offsetting Receipts from Nonfederal Sources</b>	<b>-46.7</b>	<b>-55.5</b>	<b>-59.2</b>	<b>-63.2</b>	<b>-67.1</b>	<b>-71.5</b>	<b>-76.5</b>	<b>-81.6</b>	<b>-87.2</b>	<b>-93.4</b>	<b>-101.1</b>	<b>-110.2</b>

### Notes:

HI = Hospital Insurance (Part A of Medicare); SMI = Supplementary Medical Insurance (Part B of Medicare).

1/ Total Medicare Outlays differ from Total Outlays (in the "Medicare Totals" block on page 1), because Total Medicare Outlays:

- Include recoveries of overpayments to providers (see footnote 5), and
- Exclude the amount transferred from the General Fund to pay for administrative costs of the Part D program (see footnote 6).

2/ Dedicated sources of revenue include Medicare payroll taxes, the Medicare share of taxes on certain Social Security benefits, Part D "clawback" payments by states, and beneficiary premiums paid from nonfederal sources. However, dedicated revenues do not include offsetting receipts paid with Federal funds.

3/ Part B premium receipts include the income-related premium.

4/ Does not include premiums that enrollees pay directly to their plans or premiums paid by the low-income subsidy.

5/ The Administration now classifies recoveries of past overpayments as offsetting receipts. Previously they had reported benefits net of those recoveries. CBO has adopted the new classification.

6/ Most transfers from the General Fund to the Medicare trust funds are recorded as mandatory outlays of positive amounts (for the transfer from the General Fund) and as equal and offsetting mandatory outlays of negative amounts (for the receipt of the transfer by the trust fund). The transfer to pay for administration of the Part D program is different, because that administrative spending is subject to appropriation. The transfer from the General Fund for Part D administration is classified as a mandatory outlay, but the receipt of those funds by the Part D Account is classified as an offsetting receipt.

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<b>COMPONENTS OF HOSPITAL INPATIENT PAYMENTS (in billions of dollars):</b>												
Inpatient Operating and Capital-related Payments	\$120.7	\$125.7	\$126.9	\$131.5	\$137.3	\$144.0	\$152.0	\$161.5	\$172.2	\$183.9	\$196.6	\$210.0
Disproportionate Share /1	9.5	10.0	10.1	10.5	11.0	11.5	12.1	12.9	13.7	14.7	15.7	16.7
Indirect Medical Education /1,2	5.9	6.0	6.2	6.4	6.7	7.0	7.4	7.9	8.4	9.0	9.6	10.2
Graduate Medical Education /1,2	2.3	2.4	2.4	2.4	2.5	2.5	2.6	2.6	2.7	2.7	2.8	2.8
<b>PAYMENT UPDATES AND CHANGES IN PRICE INDEXES:</b>												
Part A: (fiscal year)												
PPS Market Basket Increase	3.7%	3.4%	3.1%	3.1%	3.0%	3.0%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
PPS Update Factor	3.7%	3.4%	3.1%	3.1%	3.0%	3.0%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
Part B: (calendar year)												
Physician Medicare Economic Index (MEI)	2.8%	2.1%	2.5%	2.5%	2.1%	2.0%	2.1%	2.0%	1.9%	1.9%	2.0%	2.0%
CPI-U	3.4%	1.9%	2.3%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%

**Notes:**

1/ Included in inpatient operating and capital-related payments.

2/ Includes subsidies for medical education that are paid to hospitals that treat patients enrolled in Medicare Advantage plans.

## Fact Sheet for CBO's March 2007 Baseline: MEDICARE

By fiscal year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>BENEFICIARY COST SHARING:</b>												
Deductible (calendar year, in dollars)												
Part A (per hospital admission)	\$952	\$992	\$1,032	\$1,076	\$1,120	\$1,164	\$1,212	\$1,264	\$1,316	\$1,372	\$1,428	\$1,488
Part B (per year)	124	131	135	140	145	155	153	162	167	173	186	192
Part D (per year)	250	265	285	315	345	375	405	440	475	515	560	605
Monthly Premium (calendar year, in dollars)												
Part A (for voluntary enrollees) /1	\$393	\$410	\$450	\$469	\$488	\$517	\$519	\$549	\$569	\$592	\$630	\$670
Part B /2	88.50	93.50	97.20	100.50	103.80	107.70	111.30	114.90	118.90	123.50	129.80	137.30
Part D (on average) /3	24.50	22.20	25.30	28.70	32.20	36.10	39.60	43.30	47.00	50.90	55.20	59.80
<b>ENROLLMENT:</b>												
Part A (average monthly enrollment during fiscal year, in millions)												
Part A	42.6	43.3	44.1	44.9	45.8	46.7	47.9	49.3	50.6	52.0	53.5	54.9
Part B	39.9	40.4	40.9	41.4	42.1	42.9	44.0	45.2	46.4	47.7	49.0	50.3
Part D /4,5	26.6	31.6	33.0	34.8	35.7	36.4	37.2	38.1	39.2	40.3	41.5	42.7
Part D Low-Income Subsidy /5	8.6	9.2	9.7	10.0	10.3	10.5	10.8	11.2	11.5	11.9	12.2	12.6
Part A Fee-for-service Enrollment												
Group Plan Enrollment /6	6.7	8.3	9.5	10.5	11.3	11.9	12.4	12.9	13.2	13.6	13.9	14.3
Memo: Medicare+Choice or Medicare Advantage Enrollment	6.1	7.8	9.0	10.3	11.2	11.8	12.4	12.8	13.2	13.5	13.9	14.2
Share of Medicare Part A Enrollment:												
Fee-for-service	84.3%	80.9%	78.6%	76.5%	75.3%	74.5%	74.1%	73.9%	73.9%	73.9%	73.9%	74.0%
Group Plans /6	15.7%	19.1%	21.4%	23.5%	24.7%	25.5%	25.9%	26.1%	26.1%	26.1%	26.1%	26.0%
Growth in Enrollment:												
Total Medicare Enrollment (Part A)	2.4%	1.8%	1.7%	1.8%	1.9%	2.1%	2.6%	2.8%	2.8%	2.7%	2.8%	2.7%
Fee-for-service (Part A)	-0.2%	-2.3%	-1.2%	-0.8%	0.3%	1.0%	1.9%	2.6%	2.7%	2.8%	2.8%	2.8%
Group plans (Part A)	19.4%	24.0%	14.0%	11.4%	7.3%	5.3%	4.4%	3.5%	2.9%	2.6%	2.6%	2.5%

### Notes:

- 1/ Persons 65 and older are entitled to Part A coverage (they do not pay a monthly Part A premium) if they are eligible for Social Security or Railroad Retirement monthly cash benefits. Persons 65 and older who are not entitled may obtain Part A coverage by paying a monthly premium equal to the full actuarial cost of that coverage.
- 2/ Monthly premium for beneficiaries not subject to the income-related surcharge.
- 3/ Part D premiums may vary from plan to plan depending on the relationship between each plan's bid and the national average of all plan bids.
- 4/ Includes individuals enrolled in stand-alone prescription drug plans, Medicare Advantage plans with prescription drug coverage, and the retiree drug subsidy.
- 5/ The figure for 2006 is for the January-September period only.
- 6/ Includes Medicare Advantage, cost contracts, and demonstration contracts covering Medicare Parts A and B. Does not include Health Care Prepayment Plans (HCPPs), which cover Part B services only. Does not reflect the effect on enrollment in regional preferred provider organizations of spending the stabilization funds.

## CBO Estimate of Medicare Proposals in the President's Budget for Fiscal Year 2008

Figures are outlays, by fiscal year, in BILLIONS of dollars. Costs or savings of less than \$50 million are shown with an asterisk.

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2007-2012	2007-2017
<b>Part A Proposals</b>													
Hospital inpatient update: Permanent MB minus 0.65 percent	0	-0.6	-1.1	-1.8	-2.5	-3.3	-4.1	-5.1	-6.2	-7.5	-8.8	-9.3	-41.0
Hospice update: Permanent MB minus 0.65 percent	0	-0.1	-0.1	-0.2	-0.3	-0.4	-0.5	-0.7	-0.8	-1.0	-1.1	-1.2	-5.3
SNF update: Freeze in 2008, permanent MB minus 0.65 percent update, beginning 2009	0	-0.4	-0.7	-0.8	-1.0	-1.2	-1.5	-1.8	-2.1	-2.4	-2.8	-4.2	-14.7
IRF update: Freeze in 2008, permanent MB minus 0.65 percent update, beginning 2009	0	-0.2	-0.2	-0.3	-0.4	-0.4	-0.5	-0.6	-0.7	-0.9	-1.0	-1.5	-5.2
Align payments to SNFs & IRFs for certain conditions	0	-0.5	-0.5	-0.5	-0.6	-0.6	-0.7	-0.7	-0.8	-0.8	-0.9	-2.7	-6.6
No payment for "never" events	0	*	*	*	*	*	*	*	*	*	*	-0.1	-0.3
Eliminate double payment for indirect medical education	0	-0.5	-0.8	-1.0	-1.3	-1.6	-1.9	-2.3	-2.7	-3.1	-3.4	-5.2	-18.6
Hospital pay-for-performance (carve-out of outlier payments)	0	0	0	0	0	0	0	0	0	0	0	0	0
Limit mandamus jurisdiction	0	0	*	*	*	*	*	*	*	*	*	0.1	0.2
<b>Part B Proposals</b>													
Hospital outpatient update: Permanent MB minus 0.65 percent	0	-0.1	-0.3	-0.5	-0.7	-1.0	-1.3	-1.6	-2.0	-2.4	-2.9	-2.6	-12.9
Ambulance update: Permanent CPI minus 0.65 percent	0	*	*	-0.1	-0.1	-0.1	-0.2	-0.2	-0.2	-0.3	-0.4	-0.3	-1.6
Ambulatory surgical center update: Permanent CPI minus 0.65 percent, beginning 2010	0	0	0	*	*	*	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.5
Clinical laboratories: Competitive bidding (phase in over 4 years)	0	0	-0.1	-0.2	-0.4	-0.5	-0.5	-0.6	-0.6	-0.7	-0.7	-1.1	-4.1
Powered wheelchairs: Eliminate first-month purchase option	0	-0.3	-0.1	*	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.1	-0.6	-1.0
Oxygen: Cap rental of concentrators at 13 months	0	-0.1	-0.2	-0.4	-0.6	-0.7	-0.8	-0.9	-1.0	-1.1	-1.2	-1.9	-6.9
<b>Proposals Affecting Part A and Part B</b>													
Home health update: Freeze in 2008 through 2012; permanent MB minus 0.65 percent, beginning 2013	0	-0.3	-0.8	-1.4	-2.1	-2.9	-3.5	-4.1	-4.7	-5.4	-6.2	-7.5	-31.4
Clearinghouse for secondary payer information	0	*	-0.1	-0.1	-0.1	-0.1	-0.1	-0.2	-0.2	-0.2	-0.2	-0.5	-1.3
Across-the-board reduction in updates when funding from general revenue exceeds 45 percent of spending	0	0	0	0	0	0	0	0	0	-1.4	-3.0	0	-4.5
Eliminate payment for bad debt (phase in over 4 years)	0	-0.3	-0.8	-1.1	-1.4	-1.8	-2.0	-2.2	-2.3	-2.5	-2.6	-5.4	-16.9
Extend MSP to 60 months for certain beneficiaries with ESRD	0	*	-0.1	-0.2	-0.2	-0.2	-0.2	-0.3	-0.3	-0.3	-0.4	-0.7	-2.2
<b>Premium Proposals</b>													
Eliminate indexing of thresholds for Part B income-related premium	0	-0.2	-0.5	-0.8	-1.2	-1.6	-2.0	-2.4	-2.9	-3.6	-4.2	-4.3	-19.4
Establish income-related premium for Part D	0	-0.1	-0.4	-0.6	-0.8	-1.0	-1.3	-1.6	-1.9	-2.3	-2.8	-2.8	-12.5
Premium assistance for qualifying individuals	0	0.4	0.1	0	0	0	0	0	0	0	0	0.5	0.5
<b>Interactions</b>													
Medicare Advantage interactions	0	0	-1.2	-2.0	-2.8	-3.7	-4.5	-5.2	-6.0	-7.0	-7.9	-9.7	-40.2
Premium interactions	0	0.1	0.5	0.8	1.1	1.5	1.8	2.0	2.3	2.6	3.0	4.0	15.8
<b>Total Changes in Direct Spending</b>	<b>0</b>	<b>-3.4</b>	<b>-7.5</b>	<b>-11.2</b>	<b>-15.4</b>	<b>-19.7</b>	<b>-23.9</b>	<b>-28.3</b>	<b>-33.1</b>	<b>-40.3</b>	<b>-47.7</b>	<b>-57.2</b>	<b>-230.5</b>

### Abbreviations:

CPI = consumer price index for urban consumers; ESRD = end-stage renal disease (kidney failure); IRF = inpatient rehabilitation facility; MB = market basket (of input prices); MSP = Medicare secondary payer; SNF = skilled nursing facility.

### Notes:

1. The change in budget authority would equal the change in outlays for all proposals.
2. Components may not add to totals because of rounding.

## Fact Sheet for CBO's March 2007 Baseline: Medicaid

fiscal year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Avg. annual rate of growth	
													2007-12	2007-17
<b>Federal Medicaid Payments (Outlays in Billions of Dollars)</b>														
<b>Benefits</b>														
Acute care														
Fee-for-service	68.7	72.4	78.8	85.5	92.8	100.4	108.7	117.4	127.0	137.4	148.5	160.6	8%	8%
Managed care	31.9	33.9	36.9	40.0	42.8	46.1	49.7	53.6	57.9	62.5	67.4	72.8	8%	8%
Medicare premiums	5.5	6.4	6.7	7.2	7.7	8.3	8.7	9.3	10.0	10.7	11.7	12.6	8%	8%
Long-term care	54.7	59.4	64.5	70.2	76.2	82.7	90.3	98.2	106.5	115.7	125.6	136.5	9%	9%
Subtotal	160.9	172.2	186.9	203.0	219.6	237.6	257.3	278.4	301.4	326.2	353.3	382.5	8%	8%
Disproportionate Share Hospital	8.7	8.8	9.1	9.4	9.7	9.9	10.2	10.5	10.8	11.0	11.3	11.6	3%	3%
Vaccines for Children	1.8	1.5	1.6	1.7	1.8	1.9	1.9	2.0	2.1	2.3	2.4	2.5	2%	3%
Administration	9.2	9.9	10.7	11.6	12.5	13.3	14.3	15.4	16.5	17.7	19.1	20.5	8%	8%
Total	180.6	192.5	208.3	225.7	243.5	262.7	283.8	306.3	330.8	357.3	386.1	417.1	8%	8%

### Percentage Change in Federal Medicaid Payments

<b>Benefits</b>														
Acute care														
Fee-for-service	-10	5	9	9	8	8	8	8	8	8	8	8	8	8
Managed care	10	6	9	9	7	8	8	8	8	8	8	8	8	8
Medicare premiums	19	16	4	8	7	8	4	7	7	7	9	8	8	8
Long-term care	4	9	9	9	9	9	9	9	9	9	9	9	9	9
Subtotal	-1	7	9	9	8	8	8	8	8	8	8	8	8	8
Disproportionate Share Hospital	-2	1	3	3	3	3	3	3	3	3	3	3	2	2
Vaccines for Children	35	-13	5	4	5	5	5	5	5	5	5	5	5	5
Administration	8	8	8	8	7	7	7	7	7	7	7	7	7	7
Total	-1	7	8	8	8	8	8	8	8	8	8	8	8	8

### Federal Benefit Payments by Eligibility Category (Outlays in Billions of Dollars)

Aged	36.7	38.3	40.8	43.6	46.8	50.4	54.2	58.6	63.2	68.3	74.0	80.0	7%	7%
Blind and disabled	72.2	78.6	86.6	95.0	103.6	112.9	123.2	134.0	145.5	158.0	171.7	186.4	9%	9%
Children	31.1	33.2	36.0	39.2	42.2	45.5	49.1	53.0	57.4	62.1	67.2	72.8	8%	8%
Adults	20.8	22.1	23.5	25.2	26.9	28.8	30.8	32.9	35.3	37.8	40.4	43.3	7%	7%
Total	160.9	172.2	186.9	203.0	219.6	237.6	257.3	278.4	301.4	326.2	353.3	382.5	8%	8%

### Enrollment by Eligibility Category (Millions of People) /1/

Aged	5.5	5.8	6.1	6.2	6.4	6.5	6.7	6.8	7.0	7.2	7.3	7.5	3%	3%
Blind and disabled	9.8	10.3	10.8	11.2	11.5	11.7	11.9	12.2	12.4	12.7	12.9	13.2	3%	3%
Children	29.5	29.8	30.6	30.9	31.1	31.5	31.9	32.3	32.9	33.3	33.8	34.3	1%	1%
Adults	16.0	16.2	16.6	16.6	16.8	17.0	17.2	17.3	17.5	17.6	17.8	17.9	1%	1%
Total	60.9	62.2	64.1	65.0	65.8	66.7	67.6	68.7	69.8	70.8	71.8	72.9	2%	2%

### Average Federal Spending on Benefit Payments per Enrollee

Aged	\$6,630	\$6,570	\$6,750	\$7,050	\$7,430	\$7,830	\$8,220	\$8,670	\$9,140	\$9,630	\$10,170	\$10,730	4%	4%
Blind and disabled	\$7,360	\$7,590	\$7,980	\$8,460	\$9,050	\$9,680	\$10,370	\$11,040	\$11,750	\$12,510	\$13,320	\$14,180	6%	6%
Children	\$1,070	\$1,130	\$1,200	\$1,290	\$1,380	\$1,470	\$1,570	\$1,670	\$1,780	\$1,900	\$2,020	\$2,160	7%	7%
Adults	\$1,310	\$1,380	\$1,430	\$1,530	\$1,620	\$1,710	\$1,820	\$1,930	\$2,040	\$2,170	\$2,310	\$2,450	6%	6%

#### Note:

/1/ These figures are the total number of individuals enrolled in Medicaid at any point during the fiscal year.

# Fact Sheet for CBO's March 2007 Baseline: State Children's Health Insurance Program

<i>fiscal year</i>	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2007-12	2007-17
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### CBO Baseline for Federal SCHIP Payments (Billions of Dollars)

Budget authority /1/	4.4	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	30.2	55.4
Outlays	5.5	5.7	5.4	5.4	5.5	5.5	5.6	5.5	5.3	5.3	5.2	5.1	33.2	59.5
Memoranda:														
Redistributions of unspent funds	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1		
Remaining unused budget authority, end of year	4.6	4.0	3.6	3.2	2.7	2.2	1.7	1.2	1.0	0.7	0.6	0.5		

### Additional Cost to Maintain Current SCHIP Programs (Billions of Dollars)

Additional SCHIP spending required to maintain current programs /2/ /3/		0.7	1.5	2.2	2.6	3.3	3.8	4.7	5.8	6.7	7.7	8.9	14.1	47.8
Medicaid savings from additional SCHIP spending		-0.3	-0.6	-0.9	-1.1	-1.4	-1.6	-1.9	-2.3	-2.7	-3.1	-3.5	-5.8	-19.3
Net federal cost to maintain current SCHIP programs		0.4	0.9	1.3	1.5	1.9	2.2	2.8	3.4	4.0	4.6	5.3	8.3	28.4
Number of states affected		14	20	23	29	34	35	38	39	42	43	43		

### Enrollment (Millions of People) /4/

Enrollment under baseline funding levels														<u>Avg. annual growth</u>	
Children and pregnant women	6.7	6.9	6.4	6.0	5.8	5.5	5.3	4.8	4.2	3.9	3.6	3.3	-3.9%	-6.1%	
Parents of children enrolled in Medicaid or SCHIP	0.5	0.4	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	-11.6%	-9.5%	
Adults without children	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	*	*	*	-17.8%	-12.9%	
Total	7.4	7.4	6.8	6.3	6.1	5.8	5.6	5.1	4.4	4.2	3.8	3.5	-4.5%	-6.4%	
Enrollment with additional SCHIP funding to maintain current programs															
Children and pregnant women	6.7	7.6	7.8	7.8	7.9	8.0	8.1	8.2	8.3	8.4	8.6	8.7	3.3%	2.4%	
Parents of children enrolled in Medicaid or SCHIP	0.5	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	4.0%	2.8%	
Adults without children	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	-10.1%	-5.0%	
Total	7.4	8.3	8.4	8.5	8.6	8.7	8.8	8.9	9.0	9.2	9.3	9.4	3.0%	2.3%	

### Notes:

\* = fewer than 50,000 enrollees.

/1/ Title XXI of the Social Security Act authorizes SCHIP through 2007. Consistent with statutory guidelines, CBO assumes in its baseline spending projections that funding for the program in later years will continue at its 2007 level of \$5.0 billion.

/2/ These figures were calculated by taking state projections for spending in 2007 and 2008, adjusting them in later years to account for increases in health spending per enrollee and the projected number of enrollees (due both to population growth and increases in the number of uninsured), and then comparing those spending levels to available funds under baseline assumptions. These calculations assume no change in eligibility rules or benefit packages after 2008. Current SCHIP program funding rules do not immediately target funds to states whose spending exceeds available funding. The added SCHIP spending shown here assumes that program rules would be changed to target the additional funds to the affected states. Without such changes, a greater increase in funding would be needed.

/3/ If the objective were to maintain enrollment at 2006 levels and adjust only for future increases in per capita spending, we estimate that the additional SCHIP spending required would total \$9.4 billion over the 2007-2012 period and \$32.2 billion over the 2007-2017 period. The resulting Medicaid savings would total \$3.8 billion over the 2007-2012 period and \$12.9 billion over the 2007-2017 period.

/4/ These figures represent the total number of individuals who could be covered at any time during the year based on per capita spending amounts for all individuals enrolled at any point during 2006, with adjustments for growth in future years. SCHIP beneficiaries are generally enrolled for only part of the year, so enrollment on an average monthly basis would be about 60 percent of these figures. These figures do not include enrollment in the U.S. territories.

## CBO Estimates of Medicaid and SCHIP Proposals in the President's Budget for Fiscal Year 2008

Figures are federal outlays by fiscal year, in millions of dollars. Costs or savings of less than \$500,000 are shown with an asterisk.

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2007-12	2007-17
<b>SCHIP reauthorization proposals /1/</b>													
SCHIP	735	939	1,550	757	1,158	1,059	1,138	1,309	1,285	1,391	1,415	6,198	12,736
Medicaid interaction	-287	-601	-860	-558	-771	-755	-782	-848	-873	-924	-957	-3,832	-8,216
Subtotal	448	338	690	199	387	304	356	461	412	467	458	2,366	4,520
<b>Match rate proposals</b>													
Uniform 50% rate for administration	0	-1,160	-1,420	-1,810	-1,930	-2,060	-2,190	-2,330	-2,490	-2,650	-2,820	-8,380	-20,860
Apply 50% rate to all TCM services	0	-225	-245	-270	-300	-330	-365	-400	-470	-500	-530	-1,370	-3,635
Subtotal	0	-1,385	-1,665	-2,080	-2,230	-2,390	-2,555	-2,730	-2,960	-3,150	-3,350	-9,750	-24,495
<b>Prescription drug proposals</b>													
Reduce FUL to 150% of lowest AMP	0	-325	-400	-450	-500	-550	-625	-675	-750	-825	-925	-2,225	-6,025
Allow states to have closed formularies	0	-10	-20	-35	-50	-60	-65	-70	-80	-90	-100	-175	-580
Require tamper-resistant prescription pads	0	-15	-30	-35	-35	-35	-40	-40	-40	-40	-45	-150	-355
Replace best price with flat rebate	0	0	0	0	0	0	0	0	0	0	0	0	0
Subtotal	0	-350	-450	-520	-585	-645	-730	-785	-870	-955	-1,070	-2,550	-6,960
Reduce payments for administrative costs assumed in TANF block grant	0	-280	-320	-390	-390	-390	-390	-390	-390	-390	-390	-1,770	-3,720
Asset verification demonstration project	0	-50	-80	-100	-110	-120	-130	-140	-150	-170	-180	-460	-1,230
Set performance targets for estate recovery	0	0	0	0	-170	-180	-200	-220	-240	-260	-280	-350	-1,550
Set limit on allowable home equity at \$500,000	0	-70	-75	-80	-90	-100	-110	-120	-130	-150	-170	-415	-1,095
<b>Extend TMA through end of FY 2008</b>													
Medicaid	0	470	468	28	-1	*	-1	*	*	*	0	965	963
SCHIP	0	-6	-4	2	2	*	4	*	*	1	0	-6	*
Subtotal	0	464	464	30	1	*	3	*	*	1	0	959	963
<b>Extend QI provision through end of FY 2008</b>													
Medicaid	0	76	-76	0	0	0	0	0	0	0	0	0	0
Medicare	0	293	47	0	0	0	0	0	0	0	0	340	340
Subtotal	0	369	-29	0	0	0	0	0	0	0	0	340	340
Expand use of third-party recovery	0	-40	-45	-45	-50	-55	-60	-65	-70	-75	-80	-235	-585
<b>SSI-related proposals</b>													
Extend SSI eligibility for certain refugees	0	5	4	3	0	0	0	0	0	0	0	12	12
Funding for disability reviews /2/	0	-48	-402	-570	-301	-181	-160	-143	-130	-116	-104	-1,502	-2,155
Subtotal	0	-43	-398	-567	-301	-181	-160	-143	-130	-116	-104	-1,490	-2,143
<b>Total, all proposals</b>	<b>448</b>	<b>-1,047</b>	<b>-1,908</b>	<b>-3,553</b>	<b>-3,538</b>	<b>-3,757</b>	<b>-3,976</b>	<b>-4,132</b>	<b>-4,527</b>	<b>-4,798</b>	<b>-5,166</b>	<b>-13,355</b>	<b>-35,954</b>

### Memorandum: spending changes by program

Medicaid	-287	-2,273	-3,501	-4,312	-4,698	-4,816	-5,118	-5,441	-5,813	-6,190	-6,581	-19,887	-49,030
Medicare	0	293	47	0	0	0	0	0	0	0	0	340	340
SCHIP	735	933	1,546	759	1,160	1,059	1,142	1,309	1,285	1,392	1,415	6,192	12,736

### Abbreviations:

AMP = average manufacturer price; FUL = federal upper limit; QI = qualifying individual; SCHIP = State Children's Health Insurance Program; SSI = Supplemental Security Income; TANF = Temporary Assistance for Needy Families; TCM = targeted case management; TMA = transitional medical assistance

### Notes:

- /1/ The administration proposes to reauthorize SCHIP for five years and make the following changes to the program: (a) increase funding by \$277 million in 2009 and by \$1.5 billion in each of fiscal years 2010 through 2012, (b) shorten the availability of funds prior to redistribution from the current three years to one year, and (c) use the lower Medicaid match rate for spending on all adults other than pregnant women and on children and pregnant women with income greater than 200 percent of the federal poverty level. Consistent with statutory guidelines, CBO assumes in its estimate that funding for the program in later years would continue at the proposed 2012 level of \$6.5 billion.
- /2/ These savings would not be scoreable because they would occur after the appropriation of additional funds for fiscal year 2008, and under scorekeeping guideline #3, such changes in mandatory spending cannot be scored to the appropriation act unless that act includes a substantive change in the mandatory spending program.
- /3/ All figures reflect changes in Medicaid spending unless otherwise noted.
- /4/ The change in budget authority for the proposals would be equal to the change in outlays for Medicaid and Medicare spending. For SCHIP, the change in budget authority would equal zero in 2007 and 2008, \$277 million in 2009, and \$1.512 billion in all subsequent years.
- /5/ Components may not sum to totals because of rounding.