

**CMS Chronic Condition Data Warehouse (CCW) Medicare 5% Sample\*  
Medicare Beneficiary Counts for 2000 Through 2007**

**Table A.1**

<b>Beneficiary Demographics</b>	<b>2000 (n=2,079,437)</b>	<b>2001 (n=2,100,845)</b>	<b>2002 (n=2,126,692)</b>	<b>2003 (n=2,158,600)</b>	<b>2004 (n=2,190,475)</b>	<b>2005 (n=2,232,528)</b>	<b>2006 (n=2,273,332)</b>	<b>2007 (n=2,327,327)</b>
Coverage†								
Full or Nearly Full fee-for-service (FFS)	1,486,069	1,534,385	1,586,139	1,623,059	1,644,188	1,648,175	1,601,836	1,579,292
Non-FFS	593,368	566,460	540,553	535,541	546,287	584,353	671,496	748,035
Medicare Status								
Aged	1,800,658	1,811,713	1,824,723	1,842,014	1,857,597	1,883,361	1,909,824	1,951,078
Disabled	278,779	289,132	301,969	316,586	332,878	349,167	363,508	376,249
End Stage Renal Disease (ESRD)								
Yes	16,483	17,488	18,557	19,353	19,970	20,639	21,340	21,915
No	2,062,954	2,083,357	2,108,135	2,139,247	2,170,505	2,211,889	2,251,992	2,305,412
Gender								
Male	902,829	914,522	928,828	945,953	963,751	985,629	1,007,110	1,034,837
Female	1,176,608	1,186,323	1,197,864	1,212,647	1,226,724	1,246,899	1,266,222	1,292,490
Race								
White	1,766,929	1,781,128	1,798,828	1,821,344	1,841,793	1,870,224	1,898,607	1,939,275
Black	196,518	200,362	204,500	209,322	214,210	220,950	227,185	233,950
Hispanic	48,692	49,203	49,839	50,689	51,247	53,325	55,039	57,047
Asian/Pacific Islander	28,999	30,589	32,073	33,659	34,834	37,313	39,560	41,837
American Indian/Native American	7,773	8,009	8,278	8,493	8,728	9,209	9,466	9,912
Other	25,006	26,513	28,482	30,702	35,035	37,171	39,331	41,407
Unknown	5,520	5,041	4,692	4,391	4,628	4,336	4,144	3,899
Age▲								
<65	278,779	289,132	301,969	316,586	332,878	349,167	363,508	376,249
65-74	908,674	908,320	909,339	916,163	923,852	936,988	955,725	988,537
75-84	643,244	650,744	658,688	663,569	667,576	670,917	669,094	669,104
85+	248,740	252,649	256,696	262,282	266,169	275,456	285,005	293,437

Footnotes

\* Includes random 5% sample of Medicare beneficiaries who were eligible for or enrolled in Medicare on or after January 1, YYYY.

†Full or Nearly Full fee-for-service (FFS) indicates the beneficiary had 11 or 12 months of both Part A and Part B fee-for service coverage, or for persons who died during the year, from January 1 until date of death. Non-FFS indicates the beneficiary had less than 11 months of Part A and Part B fee-for-service coverage or coverage that started March or later – includes people with more than one month of HMO coverage. Some FFS beneficiaries are participants in case or disease management demonstration projects (effective 2005 forward) indicated by a value of "4" for the monthly HMO indicator in the CMS Denominator File. These beneficiaries are not considered to have HMO coverage during these months.

▲Age is calculated based on the age of the Medicare beneficiary as of December 31, YYYY. If the beneficiary expired, the age is calculated based on age at the time of death.

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