



2002

HEALTH & HEALTH CARE OF THE MEDICARE POPULATION

Data from the 2002 Medicare Current Beneficiary Survey



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INTRODUCTION AND HIGHLIGHTS OF FINDINGS

Health and Health Care of the Medicare Population: Data from the 2002 Medicare Current Beneficiary Survey is the eleventh in a series of Medicare beneficiary sourcebooks. The information presented here is drawn from the Medicare Current Beneficiary Survey (MCBS), a rotating panel survey of a nationally representative sample of aged and disabled Medicare beneficiaries. The MCBS is sponsored by the Centers for Medicare and Medicaid Services (CMS), under the general direction of its Office of Research, Development, and Information. Westat, a survey research organization with offices in Rockville, Maryland, has been collecting and disseminating data for the MCBS for more than 10 years of the survey.

The MCBS is a comprehensive source of information on the health status, health care service use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of aged and disabled Medicare beneficiaries. Survey data are collected three times each year over 4 years, regardless of whether the beneficiary lives in a household or a long-term care facility. The resulting data are disseminated in annual public use files (PUFs) that contain a cross-section of all persons entitled to Medicare during the year. The 2002 MCBS, for example, includes beneficiaries who were entitled to Medicare for all or part of the year, as well as beneficiaries who died in 2002. These data can be used for cross-sectional analyses, or linked to PUFs from previous years for longitudinal analyses of the Medicare population.

One of the strengths of the MCBS is its scope of information on personal health care utilization and expenditures. Respondents are asked about expenditures on Medicare-covered services and health services not typically covered by the Medicare program. Services such as dental care, hearing aids, eyeglasses, and long-term care facility services are typically not covered by Medicare. The MCBS also collects information on out-of-pocket (OOP) payments, third party payers, and use of health care services provided by such agencies as the Veterans Administration to more fully understand the financ-

ing of services not covered by Medicare. This information is used in conjunction with Medicare claims data to determine the amounts paid by Medicare, Medicaid, other public programs, private insurance, and households for each medical service reported by a beneficiary.

Annual data from the MCBS are released to the public in two different PUFs. The Access to Care PUFs, available for calendar years 1991 through 2004, contain information on beneficiaries' access to medical providers, satisfaction with health care, health status and functioning, and demographic and financial characteristics. The files include Medicare claims data for beneficiaries who were enrolled in Medicare for the entire calendar year and were community residents.¹ They provide a snapshot of the "always enrolled" Medicare population, and can be used to analyze characteristics of beneficiaries who were potential or actual users of Medicare-covered services during the entire 12-month period.

The Cost and Use PUFs, available for calendar years 1992 through 2003, are more comprehensive than the Access to Care PUFs. The Cost and Use PUFs include information on services not covered by Medicare, and the samples are chosen to represent all beneficiaries who were ever enrolled in Medicare at any time during a calendar year. The Cost and Use PUFs also contain detailed information on health insurance coverage, as well as health status and functional capacity. The data can be used to analyze total and per capita health care spending by the entire Medicare population, including part-year enrollees and persons who died during the year.

The MCBS sourcebooks include information from both sets of PUFs. The 2002 sourcebook also uses data from previous PUFs. Chapter 2 contains information on emerging trends and patterns between 1992 and 2002. It has sections on the Medicare population, personal health care expenditures (PHCE) by Medicare beneficiaries, vulnerable populations, funding sources, PHCE by service category, and health

¹ Beneficiaries who did not live in long-term care facilities for the entire year are referred to as community residents in the sourcebook.

insurance status of the Medicare population. Sections 1-5 in Chapter 3 contain the same set of the cross-sectional data from the Access to Care and Cost and Use PUFs as previous sourcebooks. Section 6 data tables highlight emerging trends in health and health care utilization between 1992 and 2002.

Appendix A provides a description of the sample design, survey operations, response rates, and structure of the MCBS PUFs. It also includes a discussion of procedures to calculate standard errors for cross-sectional statistics and estimates of net change over time. Appendix B contains a glossary of terms and variables used in the detailed tables. Appendix C contains references.

HIGHLIGHTS OF FINDINGS

The Medicare Population

■ In 2002, the Medicare population grew by 1.4 percent, reaching an estimated 41.8 million people. Aged beneficiaries totaled 35.9 million (86 percent) and disabled beneficiaries (beneficiaries under age 65) totaled close to 5.9 million (14 percent).

■ The Annual growth rate for the aged beneficiaries (1.4 percent) was twice the growth rates attained during the late 1990s.

Personal Health Care Expenditures

■ In 2002, personal health care expenditures (PHCE) by Medicare beneficiaries reached \$500 billion, an annual growth of 7.9 percent. Per capita personal health care expenditures (PHCE) for the Medicare population amounted to \$11,966, an annual growth of 6.4 percent. The growth rate of both aggregate and per-capita PHCE declined, compared with 2001.

■ The Medicare population consumed health care resources in amounts disproportionate to their numbers in the U.S. popula-

tion. Medicare beneficiaries, who constitute 14.6 percent of the U.S. population, spent 39 percent of total U.S. PHCE.

Funding Sources

■ In 2002, Medicare funded 53 percent of Medicare beneficiaries' health care expenditures while Medicaid funded 11 percent. The remaining 36 percent of their PHCE was funded by out-of-pocket payments (19 percent), private health insurance (13 percent), and other sources (4 percent).

■ Total Medicare payments amounted to \$263 billion, representing a growth of 9 percent over 2001. Per capita Medicare payment, \$6,301, grew 7.4 percent from 2001. Increases were spread among major service types. Medicare payments increased for inpatient hospital (9.2 percent) and home health care (18 percent), whereas growth declined for spending on skilled nursing facility (SNF) care (9.5 percent), outpatient services (11.5 percent), and physician/supplier services (6.7 percent).

■ Medicaid spending on Medicare beneficiaries amounted to \$57 billion, increasing by 3.6 percent since 2001. Growth in the dually-eligible (DE) population increased to 6 percent between 2001 and 2002. As in previous years, the bulk of Medicaid expenditures concentrated on long-term nursing home care and prescription medicines (PM) for the DE population.

■ The growth rate of private health insurance (PHI) payments declined to 12.2 percent between 2001 and 2002. The largest shares of PHI (32 percent) were spent on PM and hospital services.

■ Growth in out-of-pocket spending declined sharply to 3.2 percent between 2001 and 2002. The largest shares of OOP spending were for noncovered services, mostly nursing home care and prescription medicines.

PHCE by Service Category

■ Inpatient spending by Medicare beneficiaries grew by \$11 billion between 2001 and 2002, a growth rate of 8.8 percent. This increase was due to the steadily rising average cost per inpatient stay (hospital costs inflation), as well as rising inpatient user rates (greater utilization).

■ Spending on ambulatory services increased by \$15.4 billion, an annual growth rate of 9.8 percent. Outpatient hospital services grew by 12.7 percent (an increase of \$5.1 billion), whereas medical provider/supplier services grew by 8.9 percent (an increase of \$10.3 billion). Ambulatory spending increased because of rising user rates and greater intensity of use for both medical provider/supplier and hospital outpatient services.

■ Spending on SNF care increased by 14 percent. The relatively high growth was the lingering effect of higher payments to providers mandated by the BBRA of 1999 and BIPA of 2000. A rise in both user rate and intensity of utilization, as well as modest increase in average payment per stay between 2001 and 2002, also accounted for the double-digit growth rate.

■ Spending on long-term facility care decreased by 1.9 percent (\$1.7 billion) between 2001 and 2002. This contraction was likely due to the lower average cost per stay.

Insurance Status

■ Private health insurance coverage among Medicare beneficiaries remained high at 35 percent (for employer-sponsored PHI plans) and 32 percent (for individually-purchased PHI) respectively.

■ Medicare beneficiaries' enrollment in Medicare HMOs continued to decline, falling to 15 percent of the noninstitutionalized Medicare population, a decrease of 2 percentage points compared with 2001.

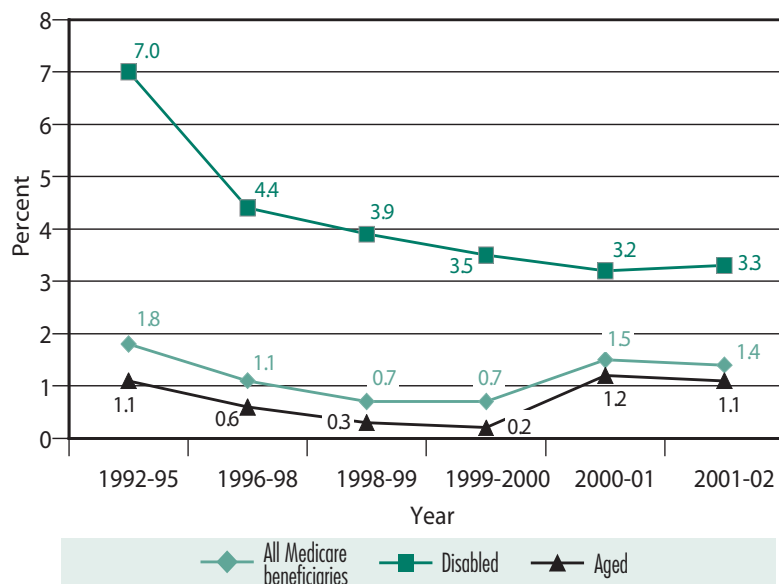


TRENDS IN THE MCBS: 1992-2002

The Medicare Population

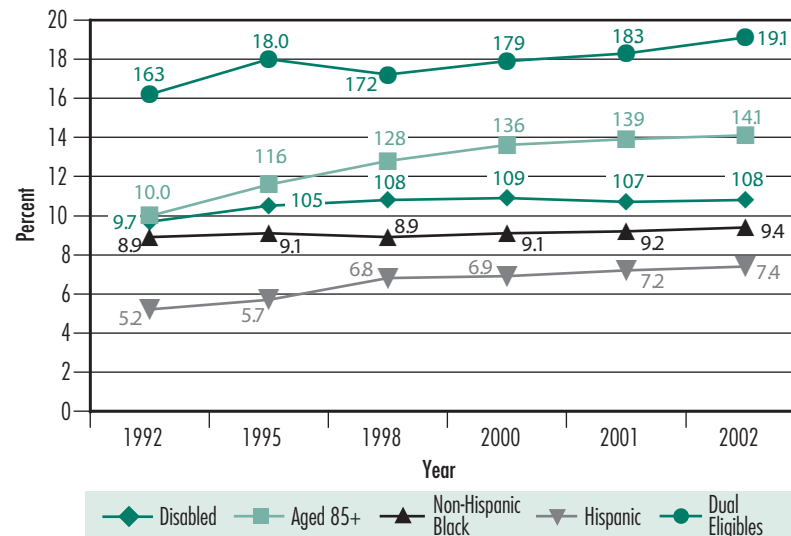
In 2002, the Medicare population grew by 1.4 percent (Figure 2-1), reaching an estimated 41.8 million Medicare beneficiaries. This reflected a faster growth rate compared with the late 1990s. The growth was partially driven by accelerated increases among aged Medicare beneficiaries (aged 65 or older). In 2002, aged beneficiaries totaled 35.9 million (85.9 percent). As in previous years, disabled beneficiaries (beneficiaries under age 65) grew more rapidly than aged beneficiaries (i.e., by 3.3 percent and 1.1 percent respectively), reaching approximately 5.9 million (14.1 percent). Besides disabled beneficiaries, other vulnerable subgroups that grew faster than the Medicare population included Hispanics (with an annual growth rate of 4.4 percent), non-Hispanic Blacks (3.1 percent), and Medicare and Medicaid dual eligibles (DE) (6.0 percent). Reflecting their relatively faster growth rates, the proportions of these subgroups increased slightly (Figure 2-2).

Figure 2-1. Annual Growth in Medicare Population by Medicare Status, 1992-2002



¹ National health expenditures include personal health care expenditures, administrative costs, public health spending, and research/construction expenses.

Figure 2-2. Proportion of Selected Groups in the Medicare Population, 1992-2002



Personal Health Care Expenditures

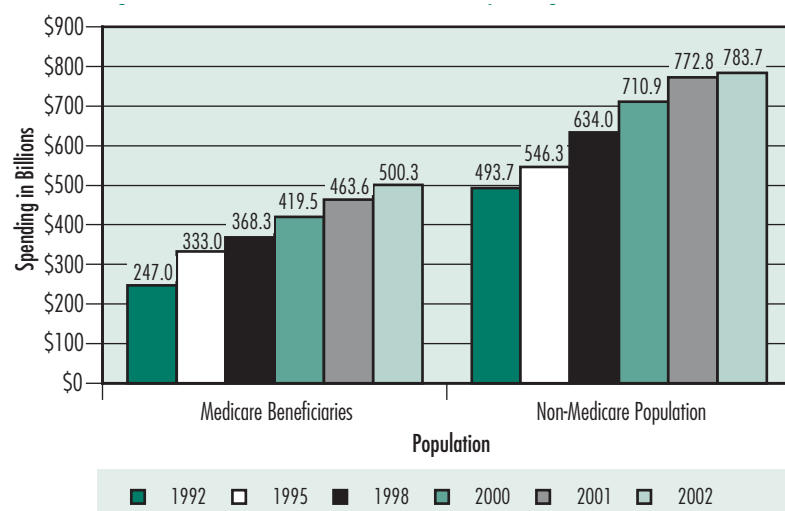
Personal health care expenditures (PHCE) represent direct consumption of health care goods and services provided by hospitals, physicians, and other sources of medical care and equipment. The Medical Current Beneficiary Survey (MCBS) provides estimates of expenditures for Medicare-covered services as well as some relatively expensive services not typically covered by Medicare, for example, nursing home care and prescription medicines (PM). Information on noncovered services fills a large gap in knowledge about beneficiary health care spending. The Centers for Medicare and Medicaid Services (CMS), the primary source of Medicare program data, has claims information for only those services covered under Medicare Part A and Part B.

Estimates of national health expenditures (NHE) are produced annually by CMS.¹ The NHE estimates identify all health care goods and services produced in the U.S. health care market and determine the amount spent on them. The NHE presents a comprehensive

picture of national health care spending and provides information on sources of funding and services consumed by all U.S. residents. Total health care spending by the Medicare population is included in the NHE. The NHE report serves as a valuable frame of reference for policymakers to track trends in the health care industry.

In 2002, NHE amounted to \$1.6 trillion, growing by 9.3 percent between 2001 and 2002, and displaying steadily accelerating growth since 1998. As a result, the NHE's share of gross domestic product continued to rise, from 13.3 percent in 2000 to 14.9 percent in 2002 (Levit et al., 2004). Rapidly increasing hospital spending accounted for nearly one-third of the observed increase. Medicare spending growth per enrollee slowed down relative to private health expenditures per enrollee, due to changes in Medicare reimbursement and private consumers shifting toward more costly and loosely managed care. As the labor market remained weak during the downturn, Medicaid spending growth accelerated to reflect greater eligibility for Medicaid.

Figure 2-3. National Personal Health Care Spending, 1992-2002



PHCE by Medicare beneficiaries amounted to \$500 billion in 2002, while the non-Medicare population spent about \$784 billion (Figure 2-3). Although the Medicare population consisted of 14.6 percent of the total population, it consumed 39 percent of national health care resources. Per capita PHCE for the Medicare population amounted to \$11,966, while the corresponding amount for the non-Medicare population was \$3,216, slightly more than one-fourth the Medicare figure (Figure 2-4). After steadily increasing for the previous 2 years, growth in aggregate PHCE by Medicare beneficiaries declined to 7.9 percent between 2001 and 2002 (Figure 2-5). On the other hand, per capita PHCE for Medicare beneficiaries also slowed down to 6.4 percent between 2001 and 2002. Although growth in PHCE for Medicare beneficiaries has decreased for the Medicare population, it still outpaced the rate of economic growth (measured by GDP, 3.6 percent in 2002).

The observed decrease in the growth of Medicare beneficiaries' health spending was primarily the outcome of changes in physician reimbursements and the expiration of provisions of Balanced Budget

Figure 2-4. Per Capita Spending on Personal Health Care, 1992-2002

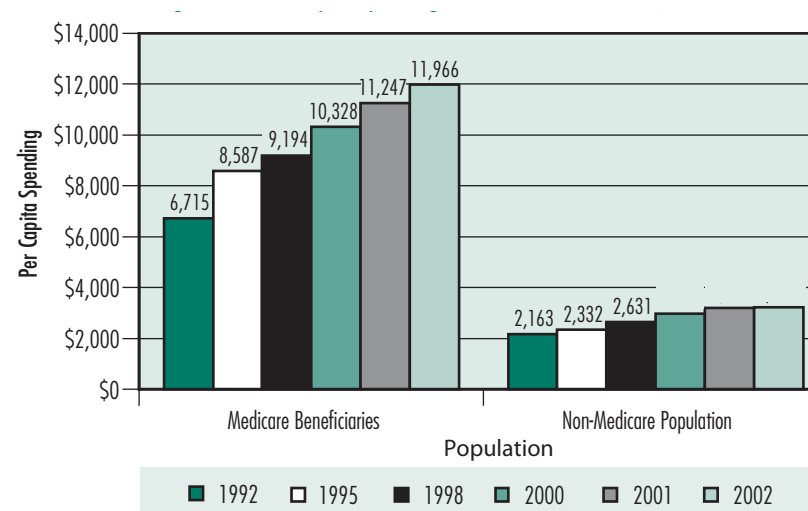
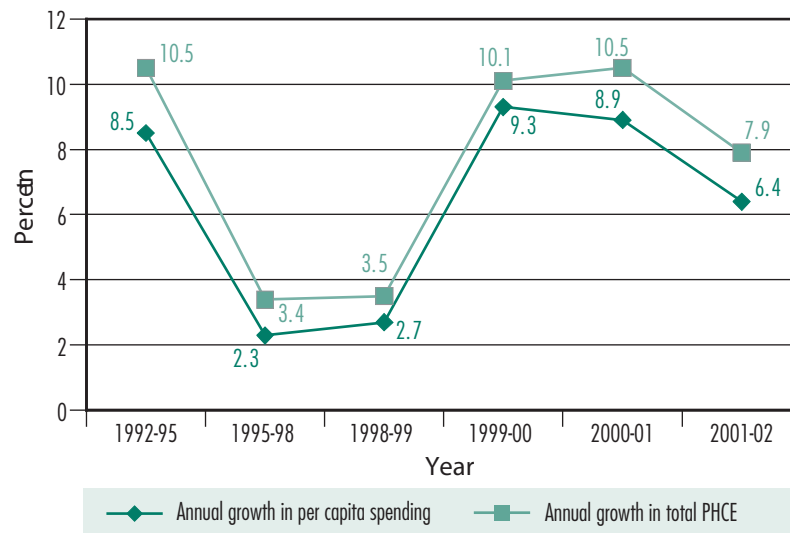
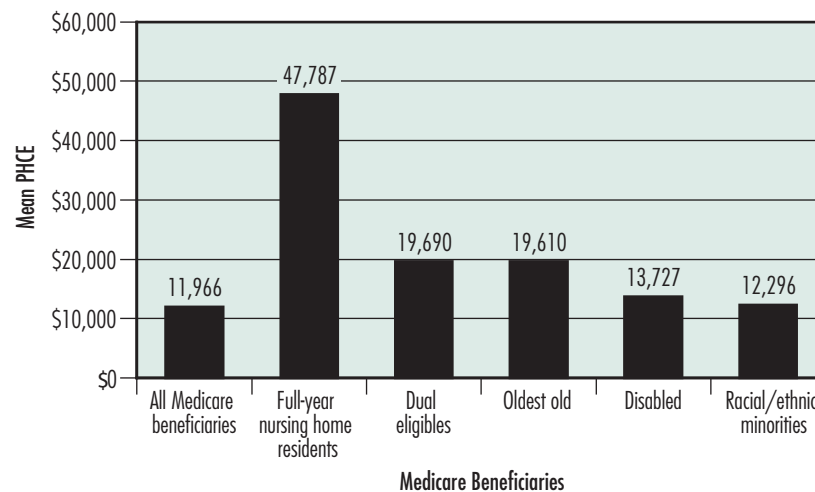


Figure 2-5. Annual Growth in Aggregate and Per Capita Spending on Personal Health Care by Medicare Beneficiaries, 1992-2002

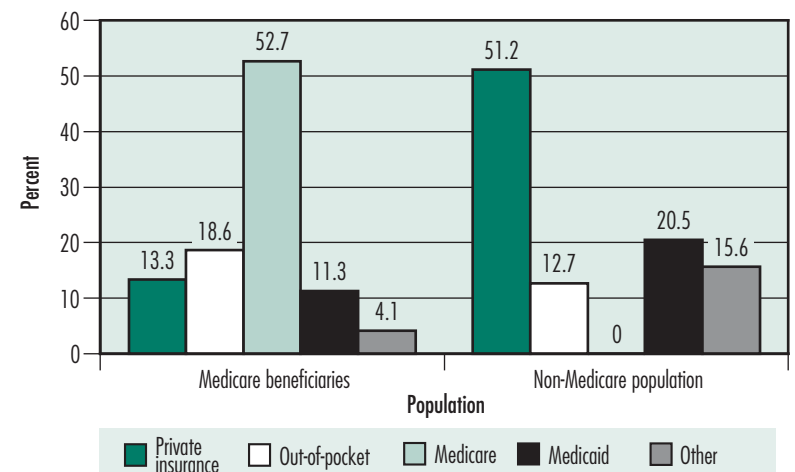
Refinement Act (BBRA) of 1999 and Benefits Improvement and Protection Act (BIPA) of 2000 that boosted payments to various providers in previous years (Levit et al., 2004).

Figure 2-6. Per Capita Personal Health Expenditures (PCHCE) by Selected Groups of Medicare Beneficiaries, 2002

In 2002, several vulnerable subpopulations, including full-year nursing home residents, dual eligibles, the oldest old, the disabled, and racial/ethnic minorities showed higher than average per capita PHCE (Figure 2-6). Unlike the previous year, racial/ethnic minorities indicated an average PHCE that was higher than the overall average for Medicare beneficiaries.

Funding Sources

The non-Medicare and Medicare populations exhibited distinctive funding patterns of their PHCE. The non-Medicare population relied primarily on private sources (64 percent of total funding); whereas the Medicare population relied on public sources—chiefly Medicare and Medicaid (64 percent) (Figure 2-7). In 2002, slightly more than half of the non-Medicare population's PHCE was financed by private health insurance and another 13 percent was paid for out-of-pocket (OOP). Medicaid accounted for about one-fifth of total spending and nearly one-sixth was funded by other sources. On the other hand, Medicare beneficiaries had 53 percent of their care funded by Medicare, and 11 percent by Medicaid. The remaining 36 percent of PHCE was funded

Figure 2-7. Sources of Funds for Personal Health Care Expenditures by Medicare Beneficiaries and the Non-Medicare Population, 2002

by OOP payments (19 percent), private health insurance (13 percent), and other sources (4 percent).

The growth rate in PHCE by Medicare beneficiaries decreased to 7.9 percent between 2001 and 2002, after steadily increasing since 1999 (Figure 2-8). Specifically, annual growth rate of public funding decreased to 7.9 percent, while private funding decreased to 6.8 percent. Total Medicare payments in 2002 amounted to \$263 billion (growing by 9.0 percent between 2001 and 2002). Total Medicaid spending amounted to \$57 billion (growing by 3.5 percent during the same period). The decline in the growth of private spending was more pronounced. Growth in spending by private health insurance declined from 16 percent (between 2000 and 2001) to 12.2 percent (between 2001 and 2002). OOP payments showed a sharp decline in growth, from 10.9 percent to 3.2 percent.

As Table 2-1 indicates, annual growth rate of Medicare program expenditures on Medicare beneficiaries varied by selected service type.

Figure 2-8. Annual Growth Rates of Personal Health Care Expenditures by Medicare Beneficiaries by Funding Source, 1992-2002

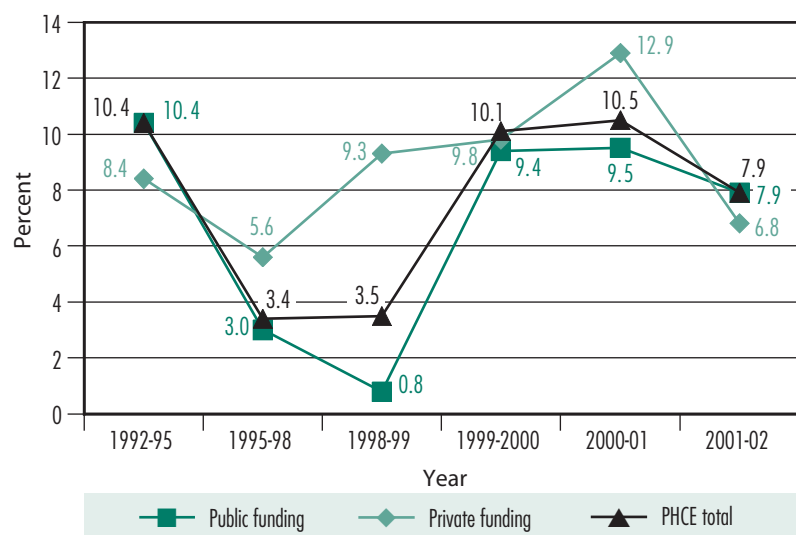


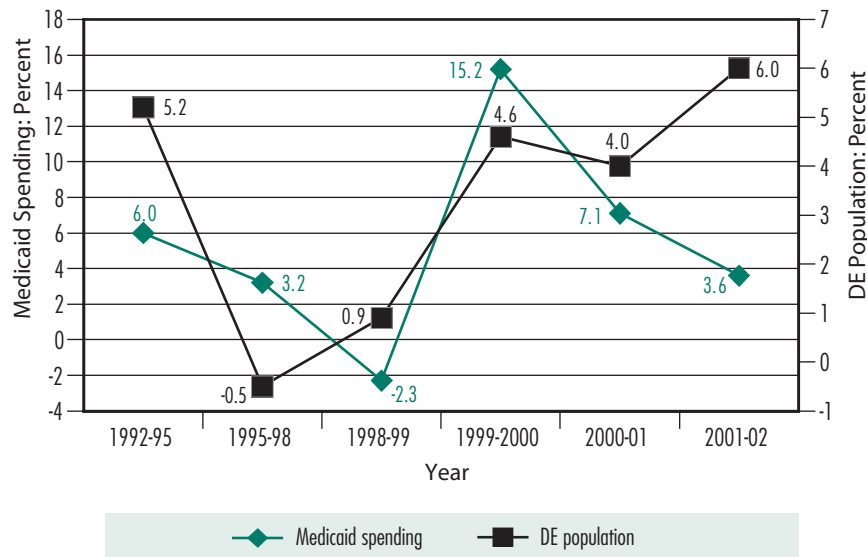
Table 2-1. Annual Growth Rates of Medicare Expenditures by Medicare Beneficiaries by Selected Service Type, 1992-2002

Selected Service Type	1992-97 (%)	1997-98 (%)	1998-99 (%)	1999-00 (%)	2000-01 (%)	2001-02 (%)
Inpatient Hospital	5.7	-1.7	4.5	6.4	6.2	9.2
Physician/Supplier	9.0	3.1	8.0	9.9	12.2	6.7
Outpatient Hospital	11.2	0.9	2.3	8.0	12.5	11.5
Home Health	14.5	-27.2	-32.6	13.7	7.7	18.0
Skilled Nursing Facility	31.8	-6.1	-8.5	1.8	32.6	9.5

Whereas growth increased for inpatient hospital and home health services between 2001 and 2002, it decreased for physician/supplier, outpatient hospital, and skilled nursing facility services. The observed declines were likely caused by the change in the formula for physician payments and the expiration of the provisions of BBRA of 1999 and BIPA of 2000. Faster growth in hospital spending was part of a national trend fueled by growing demand for hospital services, rising compensation and other expenses, and higher prices per stay due to hospitals' greater negotiating power (Levit et al., 2004).

Continued sluggishness of the economy and the weak job market served to increase reliance on Medicaid for some Medicare beneficiaries. In fact, the growth of the dual eligible population increased from 4.0 percent between 2000 and 2001 to 6.0 percent between 2001 and 2002, well above the growth rate of the Medicare population (Figure 2-9). Growth in Medicaid spending, on the other hand, continued to decline since 2000, dropping to 3.6 percent between 2001 and 2002. Aggregate Medicaid spending on dual eligibles reached \$56.8 billion in 2002, up from \$54.9 billion. However, per capita Medicaid spending for dual eligibles declined between 2001 and 2002 (to \$7,100 from \$7,258). The slowdown in Medicaid spending growth may reflect states' instituting measures to control spending in response to tightening budgets. This was particularly true for controlling Medicaid nursing home and prescription drug

Figure 2-9. Annual Growth Rates of the Medicare and Medicaid Dually Eligible (DE) Population and Medicaid Spending, 1992-2002

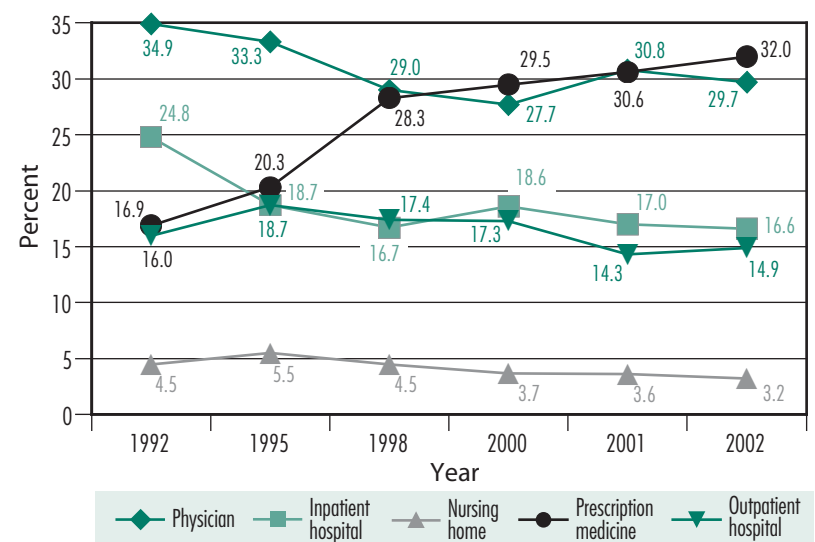


expenditures, the two services that account for most of Medicaid spending on dual eligibles (Levit et al., 2004).

Among private funding sources, the growth rate slowed for both private health insurance (from 16.0 percent in the previous period to 12.2 percent between 2001 and 2002) and out-of-pocket spending (from 10.9 percent to 3.2 percent). However, the share of PHCE financing provided by private health insurance rose from 12.8 percent in 2001 to 13.3 percent in 2002, while the corresponding share of out-of-pocket payments declined from 19.4 percent to 18.6 percent.

In 2002, the proportion of PHI spending devoted to prescription drugs was the highest (32 percent) among all major service types (Figure 2-10), followed by physician care, and then inpatient and outpatient care. The share of inpatient spending in PHI total had been declining over the years.

Figure 2-10. Proportion of Medicare Beneficiaries' Private Health Insurance (PHI) Expenditures on Selected Service Types, 1992-2002



Evidently, the largest shares of OOP spending were for noncovered services, such as nursing home care and prescription medicine (MedPAC, 2003, 2004). Much of the growth in aggregate OOP spending was attributable to increased cost sharing for prescription drugs and physician visits, particularly in the form of higher copayments and deductibles (Levit et al., 2004). The MCBS data indicated that the share of OOP spending for facility care ranked at the top and yet had been declining over the years (Figure 2-11). On the other hand, the shares of OOP for medical providers and prescription medicines were slowly rising.

Aged and disabled community residents showed distinctive patterns of funding sources compared with nursing home residents (Figure 2-12). For aged and disabled community residents, Medicare financed the bulk of their PHCE, while OOP and private health insurance (PHI) constituted the other leading funding sources. Compared with the aged beneficiaries, disabled beneficiaries residing in community

Figure 2-11. Share of Total Out-of-Pocket Expenditures on Selected Services, 1992-2002

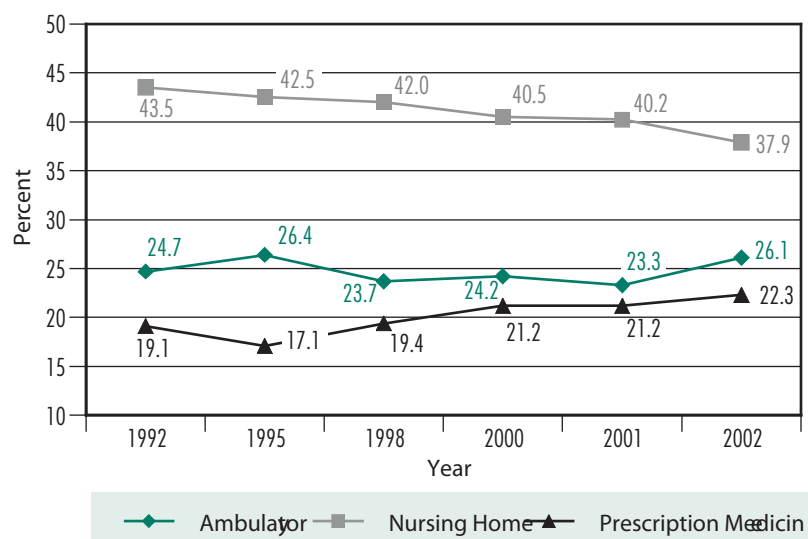
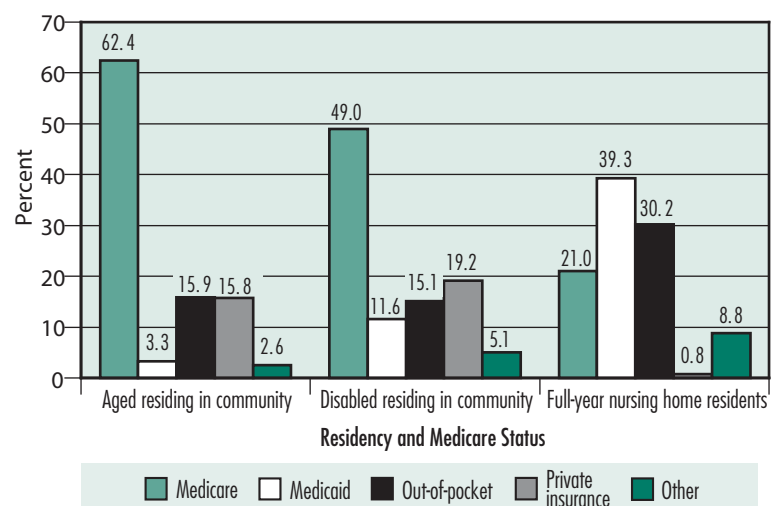


Figure 2-12. Sources of Funds for Medicare Beneficiaries' Personal Health Care Expenditures by Residency and Medicare Status, 2002



relied significantly more on Medicaid. Full-year nursing home residents primarily funded their PHCE with Medicaid (39 percent) and OOP (30.2 percent), whereas Medicare contributed 21 percent. The funding patterns observed for these three groups were consistent with those in previous years.

PHCE by Service Category

Between 2001 and 2002, growth in spending on major health services was consistent with growth patterns observed between 2000 and 2001, with the exception of long-term nursing home care. In terms of spending levels, the largest gains were for inpatient hospital (\$11 billion), medical provider services (\$10.3 billion), and prescription medications (\$7.4 billion). In terms of annual growth rates, home health (18.6 percent), prescription medications (14.2 percent), outpatient hospital (12.7 percent), and medical provider services (8.9 percent) showed the most appreciable increases (Table 2-2). In contrast, long-term care spending declined by \$1.7 billion, or 1.9 percent, since 2001. Although growth in PM spending had modestly declined compared with the previous period, it remained in the double-digit range.

Table 2-2. Annual Growth Rates of Personal Health Care Expenditures by Medicare Beneficiaries by Selected Service Type, 1992-2002

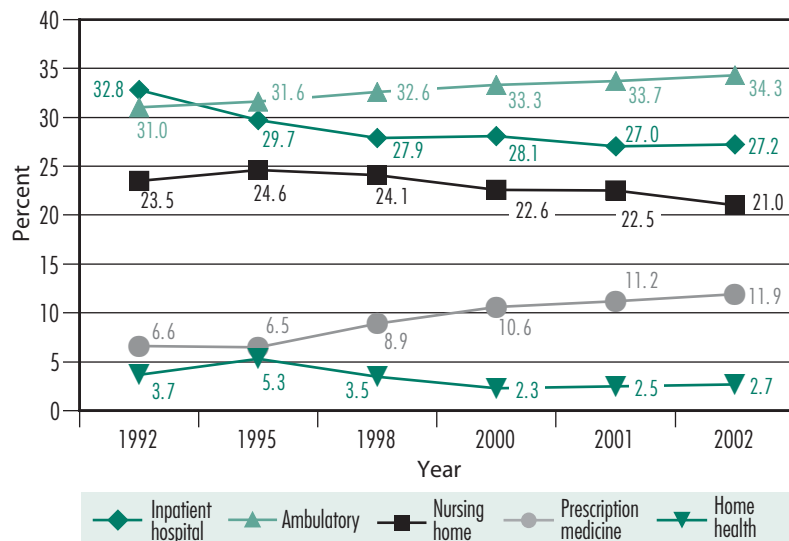
	1992-97 (%)	1997-98 (%)	1998-99 (%)	1999-00 (%)	2000-01 (%)	2001-02 (%)
Inpatient Hospital	5.8	-4.1	7.4	6.7	6.1	8.8
Ambulatory	8.2	5.4	5.1	10.7	11.9	9.8
Physician/Supplier	7.4	5.5	4.6	13.8	12.6	8.9
Outpatient Hospital	10.5	5.3	6.5	2.7	9.8	12.7
Prescription Medicine	11.0	20.6	13.9	18.8	16.8	14.2
Home Health	13.5	-25.4	-32.1	11.7	17.6	18.6
Nursing Home	8.9	-0.5	-2.6	9.8	9.8	0.6
Long-term Care	6.4	1.5	-1.6	11.7	6.8	-1.9
Skilled Nursing Facility	30.5	-9.8	-7.8	-1.0	29.7	14.0

As a result of trends in growth of spending on various services, the service composition of PHCE by Medicare beneficiaries has shifted over the years (Figure 2-13). Notably, the shares of ambulatory care and prescription medicine in total PHCE had been increasing steadily. In contrast, the share of inpatient and nursing home spending were declining, falling to 27 and 21 percent respectively by 2002. The share of home health services remained about the same as in 2001.

In 2002, the annual growth in spending on home health services was the highest among all services presented in Table 2-2. The relaxation of payment limitations to freestanding home health agencies by the BBRA of 1999, BIPA of 2000, and the implementation of the Home Health Prospective Payment System in 2000 have fueled the expansion of the home health care industry since 2000.

In 2002, growth of spending on skilled nursing facilities was the second highest among the major services. This was largely the effect of the rising user rate and increased number of users for this type of service

Figure 2-13. Proportion of Personal Health Care Spending by Medicare Beneficiaries by Selected Type of Service, 1992-2002



(Figure 2-14). As result, total Skilled Nursing Facility (SNF) stays grew by 10.4 percent during this period. Greater spending growth may also be attributed to the increase in average payment per stay evident since 2000, rising from \$3,610 in 2000 to \$4,385 in 2002. Clearly, in undoing the effects of the BBA of 1997, the BBRA of 1999 and BIPA of 2000 substantially raised payments to these facilities, inducing higher levels of utilization.

Annual growth of spending for outpatient hospital services rose by 12.7 percent or \$5.1 billion since 2001. In fact, nationally, hospital outpatient services were among the most rapidly growing categories of health care spending in 2002 (Strunk, et al., 2003). The observed growth was in part attributable to the steady rise in the proportion of Medicare beneficiaries that used these services and increased intensity of use over the years (Figure 2-15).

Figure 2-14. Utilization of Skilled Nursing Home Care by Medicare Beneficiaries, 1992-2002

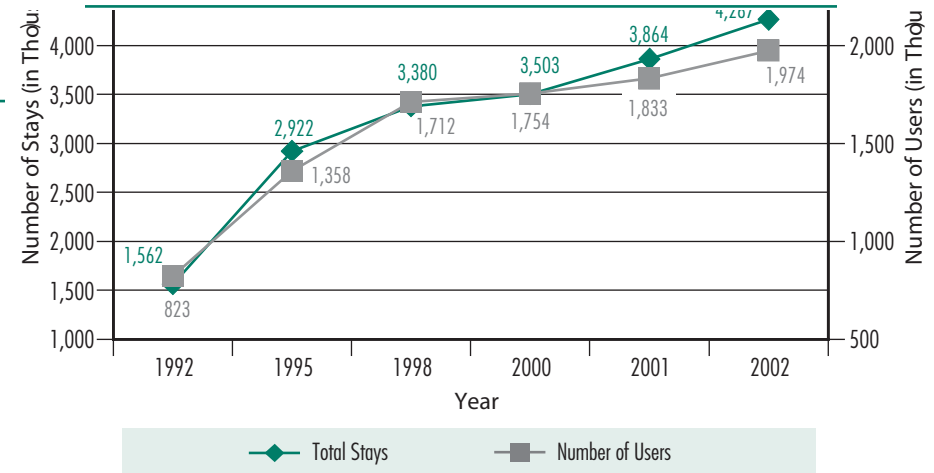


Figure 2-15. Utilization of Outpatient Services by Medicare Beneficiaries, 1992-2002

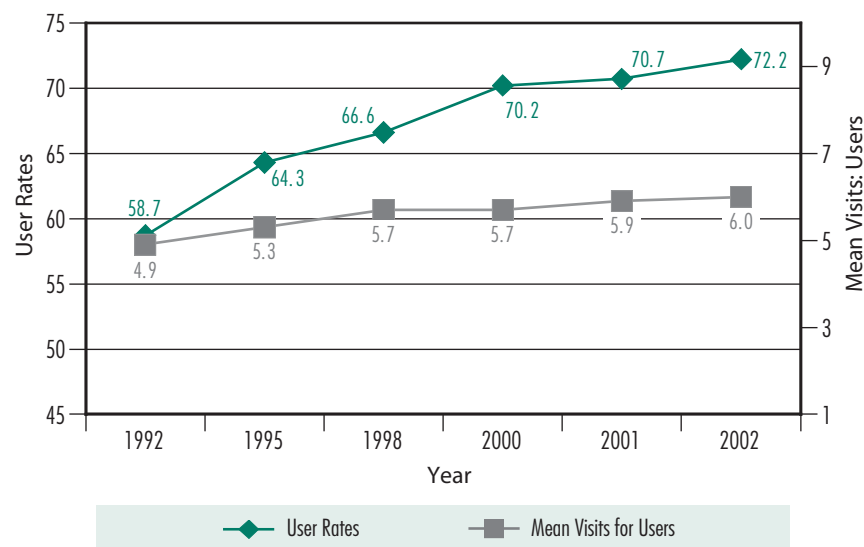
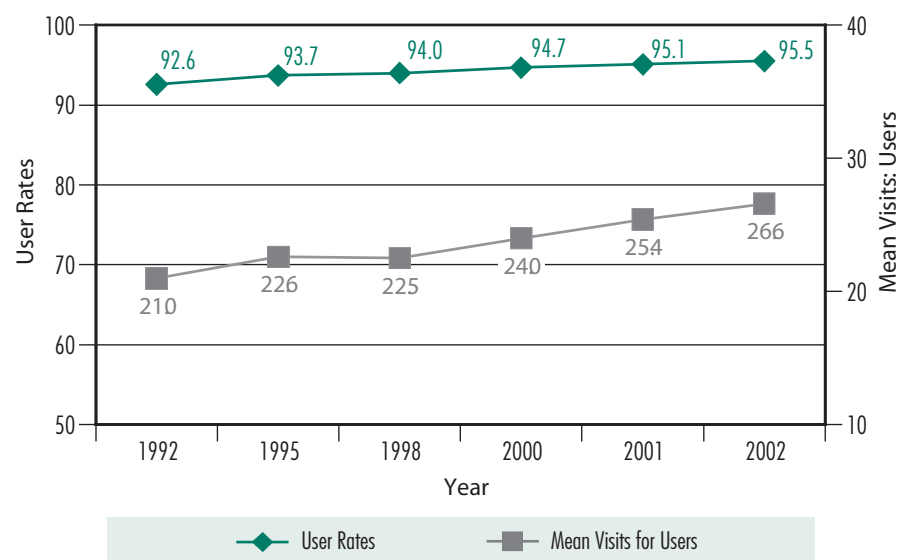


Figure 2-16. Use of Medical Provider Services by Medicare Beneficiaries, 1992-2002

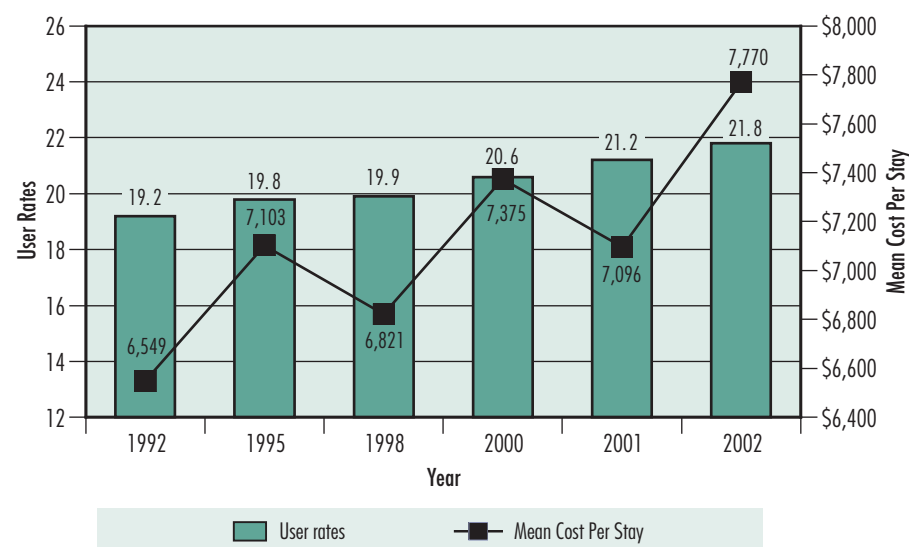


In, 2002, spending on medical provider services rose by 8.9 percent, an increase of \$10.3 billion compared with 2001. Both user rate and average visits per user for medical provider services increased steadily and gradually since 1992 (Figure 2-16). Evidently, unit cost per visit

climbed only 1.7 percent between 2001 and 2002. Under the revised Medicare payment formula under the BBA, weak economic growth and brisk growth in previous years' spending caused the factor used to update the Medicare physician fee schedule to decline by 4.8 percent (Levit et al., 2004). Hence growth in medical provider care spending was more likely driven by greater utilization of services rather than price inflation.

Inpatient hospital spending grew by 8.8 percent or \$11 billion since 2001. This was primarily the result of the steadily rising expense associated with inpatient stay. Average cost per stay had increased to \$7,770 in 2002 (Figure 2-17). At the same time, user rates for inpatient services steadily increased since 1992. Spending growth was mainly driven by hospital price inflation as well as increased utilization of inpatient services (Levit et al., 2004).

Figure 2-17. Utilization of Inpatient Hospital Service by Medicare Beneficiaries, 1992-2002



In sharp contrast, long-term care spending decreased by 1.9 percent (\$1.7 billion) between 2001 and 2002. The lower average cost per user of long-term care during this period (a drop of \$1,651 compared with 2001), rather than changes in the level of utilization, accounted for the observed contraction. Lower unit cost may be the outcome of the deceleration in the costs of supplies and services used to provide care (Levit et al., 2004).

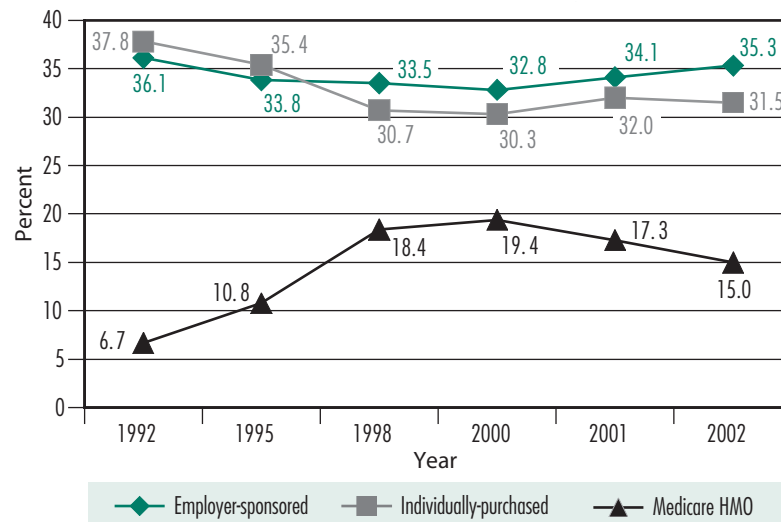
Insurance Status

Private health insurance coverage among Medicare beneficiaries remained relatively high. In 2002, the rate of employer-sponsored PHI coverage among Medicare beneficiaries continued the growth trend starting at the end of 1990s (Figure 2-18). More than 35 percent of noninstitutionalized Medicare beneficiaries reported enrollment in employer-sponsored PHI plans. The rate of individually-purchased PHI remained close to 32 percent. Whereas the rising cost of premiums, greater cost-sharing, and eroding benefits of PHI served to reduce the number of policyholders, the increasingly higher cost-sharing in Medicare HMOs, limitations in their availability in

certain areas, and more restricted benefits have induced some beneficiaries to keep or acquire PHI policies. This trend may also reflect the broader national shift from tightly managed, lower cost health maintenance organization plans toward plans that allow greater access to providers, even at a higher expense (Levit et al., 2003). In spite of the greater out-of-pocket expense involved, a rising proportion of Medicare beneficiaries have opted to retain private supplemental policies.

Parallel to the rises in private health insurance, enrollment in Medicare Health Maintenance Organizations (HMOs) continued the decline first witnessed in 2001 (Figure 2-18). The total number of enrollees consisted of 15 percent of the noninstitutionalized Medicare population, a decrease of another 2 percentage points. Very modest annual increases in Medicare payments to managed care organizations, stipulated by the BBA, prompted some Medicare HMO plans to withdraw from selected service areas or to terminate their Medicare contracts entirely. In spite of changes introduced by the BBRA and BIPA to undo the most stringent effects of the BBA, many plans that remained in the market reduced benefits or raised premiums. These changes led to greater OOP cost and reduced benefits for Medicare enrollees (Gold and Achman, 2002). This, in turn, led to reduced enrollment in Medicare managed care plans.

Figure 2-18. Trends of Private Health Insurance and Medicare HMO Coverage for Noninstitutionalized Medicare Beneficiaries, 1992-2002



Summary

Various forces affected the dynamics of the health care market for Medicare beneficiaries, including the overall economy; public health care agenda and policy modifications; structural changes in public health care systems; the shifting health care providers; and most importantly, the ever-changing health care demands of the Medicare population.

In 2002, the impact of all these forces left their mark on how Medicare beneficiaries used their health care resources. The Medicare population grew at a faster pace and the racial/ethnic composition shifted. Increases of their health care spending continued to outpace the rate of economic growth, though the growth rates of their health care spending slowed down. Significant increases in spending levels were observed across major service types, with the exception of long-term facility care.

The Medicare Program continues to face new challenges posed by the enactment of the Medicare Modernization Act (2004), a new prescription medicine benefit (2005), a restructured managed care program, and a growing pressure to control costs and improve system efficiency. These challenges will affect how Medicare beneficiaries use their health care resources.



3

DETAILED TABLES FROM THE MEDICARE CURRENT BENEFICIARY SURVEY DATA

3.1

**WHO IS IN THE
MEDICARE POPULATION?**

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2002

All Medicare Beneficiaries

1 of 4

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
Beneficiaries (in 000s)	41,808	39,004	2,032	773
	117	127	70	36
Beneficiaries as a Percentage of Column Total				
Medicare Status¹				
Aged				
65 - 74 years	44.78	47.07	12.27	14.38*
	0.35	0.40	1.12	2.12
75 - 84 years	30.33	30.14	30.66	39.11
	0.27	0.30	1.68	3.22
85 years and older	10.79	8.69	40.82	37.83
	0.15	0.16	1.58	2.73
Disabled				
Under 45 years	3.83	3.80	4.99	2.15*
	0.10	0.10	0.53	0.59
45 - 64 years	10.28	10.30	11.26	6.53*
	0.27	0.30	1.14	1.58
Gender by Age				
Male				
	43.93	44.66	33.68	33.98
	0.27	0.30	1.61	2.48
Aged				
65 - 74 years	20.52	21.58	6.69*	3.69*
	0.27	0.30	0.97	1.32
75 - 84 years	12.26	12.35	9.44	15.23*
	0.20	0.23	0.97	2.06
85 years and older	3.30	2.90	7.75	11.67*
	0.12	0.12	0.87	1.61
Disabled				
Under 45 years	2.21	2.18	3.16	1.24*
	0.07	0.08	0.40	0.45
45 - 64 years	5.64	5.65	6.64	2.15*
	0.18	0.20	0.93	1.04

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2002

All Medicare Beneficiaries

2 of 4

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
Beneficiaries (in 000s)	41,808	39,004	2,032	773
	117	127	70	36
Beneficiaries as a Percentage of Column Total				
Female	56.07	55.34	66.32	66.02
	0.27	0.30	1.61	2.48
Aged				
65 - 74 years	24.25	25.49	5.58*	10.69*
	0.31	0.34	1.02	2.28
75 - 84 years	18.07	17.79	21.22	23.89
	0.21	0.23	1.44	2.54
85 years and older	7.49	5.79	33.06	26.16
	0.15	0.15	1.49	2.48
Disabled				
Under 45 years	1.61	1.62	1.83*	0.91*
	0.08	0.08	0.35	0.37
45 - 64 years	4.64	4.65	4.62*	4.38*
	0.18	0.19	0.83	1.22
Race/Ethnicity by Age²				
White non-Hispanic	79.18	78.73	85.94	84.04
	0.44	0.46	1.03	2.23
Aged				
65 - 74 years	35.54	37.39	9.60	9.65*
	0.38	0.40	1.14	2.15
75 - 84 years	25.26	25.00	26.69	34.88
	0.30	0.33	1.62	3.17
85 years and older	8.95	7.06	36.23	33.29
	0.16	0.16	1.59	2.68
Disabled				
Under 45 years	2.51	2.46	4.08	1.08*
	0.08	0.09	0.43	0.40
45 - 64 years	6.91	6.82	9.34	5.13*
	0.26	0.28	1.09	1.43

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2002

All Medicare Beneficiaries

3 of 4

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
Beneficiaries (in 000s)	41,808	39,004	2,032	773
	117	127	70	36
Beneficiaries as a Percentage of Column Total				
Black non-Hispanic	9.40	9.44	8.50	9.29*
	0.17	0.18	0.79	1.85
Aged				
65 - 74 years	3.80	3.94	1.57*	2.69*
	0.14	0.15	0.42	1.10
75 - 84 years	2.29	2.29	2.34*	2.27*
	0.10	0.10	0.48	0.99
85 years and older	0.84	0.73	2.43*	2.20*
	0.05	0.06	0.44	0.63
Disabled				
Under 45 years	0.70	0.70	0.69*	0.73*
	0.05	0.05	0.22	0.34
45 - 64 years	1.76	1.78	1.47*	1.39*
	0.10	0.11	0.35	0.80
Hispanic	7.42	7.62	4.66*	4.33*
	0.38	0.40	0.79	1.19
Aged				
65 - 74 years	3.41	3.59	1.16*	0.36*
	0.22	0.23	0.45	0.30
75 - 84 years	1.83	1.88	1.02*	1.47*
	0.13	0.13	0.31	0.82
85 years and older	0.72	0.63	1.77*	2.29*
	0.07	0.07	0.40	0.84

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2002

All Medicare Beneficiaries

4 of 4

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/Part-Year Facility
Beneficiaries (in 000s)	41,808	39,004	2,032	773
	<i>117</i>	<i>127</i>	<i>70</i>	<i>36</i>
Beneficiaries as a Percentage of Column Total				
Disabled				
Under 45 years	0.38	0.39	0.22*	0.21*
	<i>0.05</i>	<i>0.05</i>	<i>0.09</i>	<i>0.15</i>
45 - 64 years	1.08	1.13	0.50*	0.00
	<i>0.13</i>	<i>0.14</i>	<i>0.27</i>	<i>0.00</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.
 Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 2 *Race/ethnicity* percentages do not add to 100 percent because the category *other race/ethnicity* is not included as a category in the table, although it is included in the total.

Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 2002

All Medicare Beneficiaries

1 of 3

Beneficiary Characteristic	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	41,808	5,899	18,720	12,679	4,510	3,282	8,581	5,125	1,378	18,366	2,617	10,139	7,554	3,132	23,442
	117	112	161	114	67	83	116	87	49	123	73	135	85	65	131
Beneficiaries as a Percentage of Column Total															
Marital Status															
Married	51.73	39.19	64.58	48.68	23.41	41.33	77.40	71.06	52.74	67.35	36.51	53.77	33.51	10.49	39.52
	0.46	1.48	0.68	0.75	0.89	2.10	0.93	1.10	1.94	0.70	1.91	0.97	0.98	0.77	0.57
Widowed	30.16	6.77	20.58	41.32	68.85	2.40*	8.66	19.15	39.86	12.83	12.21	30.64	56.35	81.62	43.70
	0.41	0.78	0.63	0.81	0.94	0.49	0.72	0.96	1.84	0.50	1.68	0.93	1.07	1.02	0.56
Divorced/separated	11.23	27.31	11.22	6.64	3.27	26.43	9.82	6.41	3.33*	11.33	28.41	12.39	6.79	3.25*	11.15
	0.34	1.43	0.48	0.47	0.43	2.30	0.66	0.63	0.83	0.56	1.64	0.65	0.61	0.49	0.44
Never married	6.88	26.73	3.62	3.36	4.47	29.83	4.12	3.38	4.08*	8.49	22.86	3.20	3.35	4.64	5.63
	0.19	0.95	0.28	0.31	0.54	1.55	0.50	0.39	0.80	0.39	1.54	0.37	0.44	0.68	0.26
Living Arrangement															
Community															
Alone	29.40	24.02	24.03	35.45	41.55	23.59	16.27	20.51	29.20	19.73	24.56	30.58	45.59	46.99	36.95
	0.48	1.34	0.61	0.75	1.28	1.71	0.84	1.06	2.10	0.62	2.00	0.94	1.00	1.72	0.70
With spouse	49.28	37.28	62.66	45.83	19.21	38.97	74.87	67.04	45.71	64.09	35.15	52.36	31.43	7.54	37.70
	0.49	1.46	0.69	0.76	0.91	2.01	0.97	1.15	2.05	0.72	1.90	1.01	0.96	0.75	0.61
With children	9.23	10.48	7.35	9.11	15.74	5.46	2.69	4.82	9.81	4.31	16.78	11.28	12.02	18.35	13.08
	0.28	0.94	0.41	0.45	0.89	0.85	0.34	0.54	1.11	0.30	1.68	0.69	0.68	1.13	0.46
With others	7.22	22.59	4.62	4.70	5.11	25.88	4.58	3.89	3.85*	8.13	18.47	4.65	5.25	5.66	6.52
	0.24	0.89	0.35	0.27	0.54	1.52	0.53	0.40	0.75	0.42	1.30	0.50	0.41	0.68	0.29
Long-Term Care Facility	4.87	5.63	1.34	4.91	18.39	6.10	1.59*	3.74	11.43	3.74	5.03	1.12*	5.71	21.46	5.76
	0.17	0.45	0.14	0.33	0.85	0.66	0.25	0.41	1.28	0.23	0.69	0.21	0.45	1.15	0.22
Race/Ethnicity															
White non-Hispanic	79.18	67.03	79.45	83.09	82.83	68.74	80.84	82.89	84.16	79.51	64.90	78.28	83.23	82.24	78.92
	0.44	1.36	0.63	0.64	0.91	1.64	0.81	0.95	1.55	0.60	2.05	0.84	0.70	1.06	0.54
Black non-Hispanic	9.40	17.50	8.51	7.54	7.76	15.71	8.16	7.14	6.58*	9.10	19.73	8.79	7.81	8.28	9.63
	0.17	0.78	0.29	0.30	0.46	1.01	0.48	0.48	0.80	0.30	1.27	0.42	0.34	0.53	0.24
Hispanic	7.42	10.35	7.63	6.03	6.65	11.11	7.47	6.73	6.82*	7.86	9.40	7.77	5.55	6.57	7.07
	0.38	0.97	0.49	0.43	0.63	1.43	0.57	0.57	1.09	0.46	1.21	0.60	0.54	0.83	0.42
Other ¹	4.01	5.12	4.41	3.34	2.76*	4.44	3.52	3.25	2.43*	3.53	5.97	5.16	3.41	2.90*	4.38
	0.26	0.92	0.38	0.30	0.38	0.83	0.40	0.47	0.63	0.30	1.39	0.60	0.37	0.45	0.37

Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 2002

All Medicare Beneficiaries

2 of 3

Beneficiary Characteristic	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	41,808	5,899	18,720	12,679	4,510	3,282	8,581	5,125	1,378	18,366	2,617	10,139	7,554	3,132	23,442
	117	112	161	114	67	83	116	87	49	123	73	135	85	65	131
Beneficiaries as a Percentage of Column Total															
Education Levels															
0 - 8 years	15.29	15.38	11.73	16.26	27.56	16.06	13.92	17.64	27.70	16.37	14.54	9.89	15.33	27.50	14.45
	0.35	1.01	0.51	0.62	1.04	1.21	0.71	0.92	2.04	0.46	1.63	0.68	0.78	1.38	0.49
9 - 12 years (No diploma)	16.43	19.70	14.53	17.44	17.27	22.53	13.19	16.25	15.33	15.86	16.16	15.65	18.25	18.15	16.87
	0.37	0.88	0.59	0.65	0.98	1.28	0.69	0.98	1.50	0.47	1.39	0.81	0.85	1.16	0.51
High school graduate	29.76	30.65	31.27	28.76	25.07	28.98	25.45	24.62	23.64	25.71	32.73	36.17	31.57	25.71	32.94
	0.54	1.07	0.88	0.79	1.01	1.39	1.21	1.17	2.02	0.76	1.91	1.21	0.95	1.17	0.66
Some college/vocational school	23.54	26.06	24.21	23.23	18.26	23.81	23.62	21.65	17.73	22.66	28.86	24.72	24.30	18.50	24.23
	0.50	1.00	0.81	0.75	1.05	1.41	1.12	1.09	1.63	0.71	1.74	0.95	1.00	1.15	0.60
Bachelor's degree and beyond	14.97	8.22	18.26	14.30	11.84	8.63	23.83	19.83	15.60	19.40	7.70	13.58	10.56	10.15	11.50
	0.43	0.87	0.71	0.55	0.66	1.30	1.04	1.10	1.59	0.60	1.13	0.87	0.73	0.79	0.51
Income															
Less than \$2,500	2.21	3.34	1.78	2.33	2.19*	3.90*	1.63*	1.98*	1.81*	2.14	2.64*	1.91*	2.58	2.35*	2.27
	0.14	0.43	0.23	0.24	0.36	0.56	0.30	0.34	0.54	0.19	0.66	0.33	0.32	0.42	0.20
\$2,500 - \$4,999	1.28	1.83*	0.91*	1.35	1.90*	1.58*	0.78*	1.07*	1.27*	1.04	2.14*	1.02*	1.54*	2.18*	1.46
	0.10	0.34	0.15	0.17	0.30	0.36	0.22	0.26	0.39	0.16	0.67	0.19	0.22	0.39	0.14
\$5,000 - \$7,499	8.09	18.37	5.41	6.24	10.96	15.12	3.41	3.43	4.48*	5.59	22.44	7.11	8.14	13.81	10.05
	0.23	0.97	0.33	0.39	0.71	0.97	0.41	0.52	0.81	0.30	1.63	0.51	0.58	0.94	0.34
\$7,500 - \$9,999	9.36	17.97	6.11	8.68	13.47	19.34	4.61	5.69	7.53*	7.76	16.26	7.38	10.71	16.08	10.61
	0.28	1.04	0.37	0.42	0.74	1.27	0.46	0.52	1.10	0.37	1.54	0.55	0.68	0.97	0.41
\$10,000 - \$14,999	16.35	16.95	14.02	17.14	23.02	17.88	10.92	12.96	19.48	13.38	15.77	16.64	19.98	24.57	18.68
	0.34	1.06	0.53	0.57	0.91	1.32	0.74	0.77	1.45	0.51	1.53	0.80	0.88	1.16	0.49
\$15,000 - \$19,999	12.15	10.54	10.42	14.89	13.76	11.42	9.37	13.49	13.73	11.21	9.44	11.31	15.84	13.77	12.89
	0.31	0.88	0.44	0.54	0.90	1.42	0.72	0.83	1.40	0.56	1.15	0.59	0.74	1.02	0.39
\$20,000 - \$24,999	10.86	6.18	11.57	12.64	9.04	6.22	11.89	13.55	12.99	11.42	6.12*	11.30	12.02	7.31	10.42
	0.34	0.63	0.52	0.54	0.70	0.80	0.80	0.80	1.44	0.50	1.10	0.66	0.84	0.74	0.45
\$25,000 - \$29,999	8.32	5.83	9.21	8.65	6.97	5.65	9.54	9.52	9.79	8.86	6.07*	8.92	8.06	5.74	7.90
	0.29	0.90	0.47	0.41	0.65	0.79	0.69	0.55	1.24	0.43	1.65	0.67	0.55	0.67	0.38
\$30,000 or more	31.38	18.99	40.58	28.08	18.69	18.89	47.86	38.33	28.91	38.60	19.12	34.41	21.13	14.19	25.72
	0.52	1.22	0.79	0.80	0.93	1.60	1.06	1.28	1.85	0.69	1.78	1.11	0.83	1.03	0.67

Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 2002

All Medicare Beneficiaries

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Beneficiary Characteristic	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	41,808	5,899	18,720	12,679	4,510	3,282	8,581	5,125	1,378	18,366	2,617	10,139	7,554	3,132	23,442
	<i>117</i>	<i>112</i>	<i>161</i>	<i>114</i>	<i>67</i>	<i>83</i>	<i>116</i>	<i>87</i>	<i>49</i>	<i>123</i>	<i>73</i>	<i>135</i>	<i>85</i>	<i>65</i>	<i>131</i>
Beneficiaries as a Percentage of Column Total															
Metropolitan Area Resident															
Yes	76.39	74.29	76.16	77.58	76.73	74.62	75.05	76.99	76.08	75.59	73.88	77.09	77.98	77.01	77.01
	<i>0.27</i>	<i>0.91</i>	<i>0.38</i>	<i>0.43</i>	<i>0.72</i>	<i>1.15</i>	<i>0.68</i>	<i>0.60</i>	<i>1.67</i>	<i>0.42</i>	<i>1.67</i>	<i>0.68</i>	<i>0.68</i>	<i>1.02</i>	<i>0.48</i>
No	23.61	25.71	23.84	22.42	23.27	25.38	24.95	23.01	23.92	24.41	26.12	22.91	22.02	22.99	22.99
	<i>0.27</i>	<i>0.91</i>	<i>0.38</i>	<i>0.43</i>	<i>0.72</i>	<i>1.15</i>	<i>0.68</i>	<i>0.60</i>	<i>1.67</i>	<i>0.42</i>	<i>1.67</i>	<i>0.68</i>	<i>0.68</i>	<i>1.02</i>	<i>0.48</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 In 1998, CMS refined its coding for *race* by adding the category named *more than one race* to capture data on multiracial Medicare beneficiaries. This led to increases in the subgroup named *other race/ethnic* minorities.

Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 2002

All Medicare Beneficiaries

1 of 3

Beneficiary Characteristic	Total ¹	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	41,808	3,922	14,794	10,517	3,727	32,960	1,024	1,584	954	349	3,911	606	1,421	763	299	3,089
	117	120	162	127	67	203	46	57	40	22	72	59	92	54	29	160
Beneficiaries as a Percentage of Column Total																
Gender																
Male	43.93	56.97	46.56	40.35	31.07	44.07	49.89	43.92	38.32	25.93*	42.51	59.63	44.79	45.15	31.38*	46.49
	0.27	1.30	0.58	0.62	1.14	0.36	2.48	2.08	1.85	2.70	1.17	4.53	2.24	2.87	4.58	1.41
Female	56.07	43.03	53.44	59.65	68.93	55.93	50.11	56.08	61.68	74.07	57.49	40.37	55.21	54.85	68.62	53.51
	0.27	1.30	0.58	0.62	1.14	0.36	2.48	2.08	1.85	2.70	1.17	4.53	2.24	2.87	4.58	1.41
Marital Status																
Married	51.73	43.08	67.28	50.49	24.40	54.19	19.64	40.70	32.52	16.57*	31.05	46.80	63.39	45.11	20.83*	51.48
	0.46	1.90	0.80	0.82	1.05	0.52	2.74	2.55	2.29	3.19	1.43	4.35	2.35	2.91	3.91	1.68
Widowed	30.16	6.60	19.55	40.09	68.20	30.07	11.10*	31.60	50.53	79.22	35.07	1.94*	17.51	43.24	64.85	25.43
	0.41	0.94	0.67	0.85	1.12	0.43	2.55	2.24	2.71	3.11	1.57	1.02	2.35	3.37	4.23	1.73
Divorced/separated	11.23	24.72	9.78	6.09	2.87*	9.59	34.00	22.12	12.25*	1.82*	21.03	27.64	15.74	8.14*	8.89*	15.52
	0.34	1.70	0.54	0.51	0.45	0.37	3.13	2.08	1.91	1.07	1.28	4.43	2.07	1.55	2.79	1.44
Never married	6.88	25.60	3.39	3.33	4.53	6.14	35.25	5.58*	4.70*	2.40*	12.86	23.62	3.36*	3.52*	5.44*	7.57
	0.19	1.30	0.33	0.35	0.61	0.23	2.76	1.40	1.32	1.21	0.97	2.85	1.02	1.39	2.09	1.03
Living Arrangement																
Community																
Alone	29.40	22.12	23.43	36.17	43.37	29.60	32.34	32.83	36.37	32.15	33.50	20.14*	21.94	28.62	31.80*	24.20
	0.48	1.45	0.69	0.87	1.48	0.54	3.45	2.64	2.59	3.76	1.70	3.50	2.36	2.57	3.99	1.63
With spouse	49.28	40.89	65.60	47.65	19.83	51.76	18.58	37.08	28.87	13.47*	28.12	44.74	60.88	43.55	18.78*	49.34
	0.49	1.85	0.82	0.87	1.06	0.54	2.70	2.62	2.24	2.99	1.40	4.17	2.36	3.10	3.50	1.69
With children	9.23	8.30	5.81	7.43	12.94	7.43	17.57	17.98	18.49	30.24*	19.09	12.54*	9.10*	15.96*	30.28*	13.53
	0.28	1.11	0.38	0.46	0.94	0.27	2.21	1.93	2.23	3.60	1.01	3.34	1.63	2.68	4.14	1.45
With others	7.22	21.77	3.84	3.62	4.21	5.94	27.26	10.11*	11.31*	10.08*	14.89	20.18	6.42*	9.16*	7.19*	9.87
	0.24	1.13	0.36	0.28	0.58	0.24	2.79	1.73	1.91	2.89	1.35	2.98	1.53	1.55	2.44	0.95
Long-Term Care Facility	4.87	6.92	1.31	5.13	19.66	5.27	4.25*	2.01*	4.97*	14.05*	4.39	2.40*	1.66*	2.70*	11.95*	3.06*
	0.17	0.64	0.17	0.38	0.96	0.19	0.87	0.55	1.02	2.47	0.43	1.00	0.64	0.81	2.46	0.49

Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 2002

All Medicare Beneficiaries

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Beneficiary Characteristic	Total ¹	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	41,808	3,922	14,794	10,517	3,727	32,960	1,024	1,584	954	349	3,911	606	1,421	763	299	3,089
	117	120	162	127	67	203	46	57	40	22	72	59	92	54	29	160
Beneficiaries as a Percentage of Column Total																
Education Levels																
0 - 8 years	15.29	13.41	7.26	11.80	22.11	11.08	15.50	22.53	35.70	51.99	26.46	28.15	41.04	46.82	59.95	41.76
	0.35	1.03	0.41	0.60	1.08	0.32	2.26	2.26	2.99	4.23	1.40	3.77	2.79	3.39	4.15	1.88
9 - 12 years (No diploma)	16.43	17.58	12.82	16.87	17.00	15.14	28.70	28.28	27.79	24.41*	27.94	20.70*	15.93	14.24*	13.99*	16.26
	0.37	1.08	0.66	0.65	1.06	0.42	2.64	2.48	2.73	3.66	1.37	3.58	2.05	2.39	2.82	1.28
High school graduate	29.76	31.78	33.39	30.22	27.47	31.53	26.52	23.51	19.69	13.42*	22.49	31.06	20.29	20.79	11.22*	21.66
	0.54	1.39	1.00	0.88	1.09	0.62	2.43	2.22	2.38	2.87	1.10	4.37	2.39	2.55	3.00	1.65
Some college/vocational school	23.54	27.38	26.38	25.44	20.58	25.56	25.29	15.37	10.98*	6.00*	16.09	16.03*	15.04	9.77*	5.30*	12.99
	0.50	1.41	0.94	0.84	1.16	0.57	2.85	2.30	2.26	1.94	1.19	2.43	2.16	2.17	2.54	1.32
Bachelor's degree and beyond	14.97	9.86	20.15	15.68	12.83	16.69	3.99*	10.31*	5.84*	4.18*	7.03	4.06*	7.70*	8.38*	9.54*	7.33
	0.43	1.28	0.87	0.64	0.76	0.53	1.05	2.01	1.49	1.51	0.93	0.95	1.60	1.66	2.16	0.89
Income																
Less than \$2,500	2.21	3.58*	1.49	2.34	2.19*	2.09	2.45*	3.79*	1.69*	2.22*	2.79*	3.57*	2.66*	3.61*	2.23*	3.03*
	0.14	0.59	0.22	0.25	0.40	0.15	0.73	0.96	0.70	1.06	0.49	1.23	1.21	1.49	1.23	0.71
\$2,500 - \$4,999	1.28	1.83*	0.61*	0.94*	1.28*	0.94	0.48*	1.68*	2.46*	3.93*	1.76*	4.39*	3.54*	5.63*	7.48*	4.60*
	0.10	0.47	0.14	0.18	0.27	0.11	0.30	0.69	0.99	1.51	0.43	1.04	0.98	0.97	2.17	0.66
\$5,000 - \$7,499	8.09	15.48	3.46	4.02	7.73	5.55	27.06	14.61	22.02	32.45	21.27	20.09*	13.34	14.07*	22.76*	15.76
	0.23	1.02	0.31	0.32	0.64	0.23	2.49	1.71	2.33	3.89	1.13	4.18	1.89	2.91	4.04	1.51
\$7,500 - \$9,999	9.36	16.60	4.63	6.79	11.68	7.54	25.83	14.28	18.37	16.89*	18.53	15.39*	11.10*	16.81*	27.48*	14.94
	0.28	1.19	0.35	0.41	0.70	0.28	2.90	1.96	2.32	3.34	1.31	3.02	1.67	2.33	4.13	1.02
\$10,000 - \$14,999	16.35	16.51	12.49	16.31	23.05	15.38	17.16	19.49	24.69	25.13*	20.65	19.40*	20.81	20.98*	18.51*	20.35
	0.34	1.17	0.56	0.63	1.07	0.38	2.21	2.17	2.81	3.44	1.26	3.25	2.40	2.43	3.25	1.59
\$15,000 - \$19,999	12.15	10.43	10.14	15.34	15.03	12.39	12.19*	8.82*	11.52*	5.88*	10.10	11.04*	12.03*	12.04*	9.81*	11.62
	0.31	1.14	0.53	0.58	1.04	0.37	2.31	1.26	2.37	2.08	1.10	2.62	1.67	2.02	2.67	1.16
\$20,000 - \$24,999	10.86	7.22	12.15	13.25	10.12	11.68	5.09*	9.28*	8.19*	4.76*	7.51	3.51*	10.01*	11.64*	4.10*	8.56
	0.34	0.90	0.62	0.58	0.80	0.42	1.51	1.55	1.80	2.05	0.95	1.59	1.58	2.18	1.98	1.09
\$25,000 - \$29,999	8.32	6.57	9.48	9.68	7.71	9.00	1.72*	5.62*	2.05*	2.89*	3.49*	5.75*	10.10*	4.57*	2.50*	7.15
	0.29	1.19	0.55	0.48	0.75	0.34	0.64	1.45	0.76	1.35	0.69	1.91	1.73	1.33	1.36	0.91
\$30,000 or more	31.38	21.79	45.55	31.34	21.21	35.43	8.01*	22.42	9.00*	5.84*	13.89	16.84*	16.41	10.64*	5.15*	13.98
	0.52	1.67	0.89	0.92	1.10	0.64	2.11	2.66	1.53	2.02	1.26	4.21	1.85	1.79	1.89	1.18

Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 2002

All Medicare Beneficiaries

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Beneficiary Characteristic	Total ¹	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	41,808	3,922	14,794	10,517	3,727	32,960	1,024	1,584	954	349	3,911	606	1,421	763	299	3,089
	<i>117</i>	<i>120</i>	<i>162</i>	<i>127</i>	<i>67</i>	<i>203</i>	<i>46</i>	<i>57</i>	<i>40</i>	<i>22</i>	<i>72</i>	<i>59</i>	<i>92</i>	<i>54</i>	<i>29</i>	<i>160</i>
Beneficiaries as a Percentage of Column Total																
Metropolitan Area Resident																
Yes	76.39	70.20	73.82	76.32	75.04	74.33	81.06	82.88	80.13	77.16	81.22	92.48	90.98	90.56	92.03	91.27
	<i>0.27</i>	<i>1.54</i>	<i>0.55</i>	<i>0.51</i>	<i>0.91</i>	<i>0.44</i>	<i>2.10</i>	<i>1.47</i>	<i>2.94</i>	<i>3.31</i>	<i>1.56</i>	<i>1.85</i>	<i>2.07</i>	<i>1.51</i>	<i>1.82</i>	<i>1.38</i>
No	23.61	29.80	26.18	23.68	24.96	25.67	18.94	17.12	19.87	22.84*	18.78	7.52*	9.02*	9.44*	7.97*	8.73
	<i>0.27</i>	<i>1.54</i>	<i>0.55</i>	<i>0.51</i>	<i>0.91</i>	<i>0.44</i>	<i>2.10</i>	<i>1.47</i>	<i>2.94</i>	<i>3.31</i>	<i>1.56</i>	<i>1.85</i>	<i>2.07</i>	<i>1.51</i>	<i>1.82</i>	<i>1.38</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.
 Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 Total includes persons named *other race/ethnicity* and persons who did not report their race/ethnicity.

Table 1.4a Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2002Community Residents¹

1 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,777	1,409	4,484	4,495	1,873	12,261	2,187	11,690	5,810	866	20,553	1,940	2,233	1,751	940	6,864
	120	81	125	94	65	204	103	145	120	44	207	84	96	66	48	161
Beneficiaries as a Percentage of Column Total																
Marital Status																
Married	53.42	1.76*	2.91*	3.26	3.27*	2.96	99.68	99.98	99.92	100.00	99.93	2.83*	6.30*	4.29*	2.34*	4.26
	0.50	0.65	0.52	0.46	0.61	0.28	0.23	0.02	0.06	0.00	0.03	0.81	1.13	0.88	0.82	0.45
Widowed	29.09	11.94*	56.15	79.02	86.98	64.17	0.00	0.02*	0.04*	0.00	0.02*	10.81	56.32	78.00	89.08	53.48
	0.45	1.82	1.67	1.24	1.18	0.80	0.00	0.02	0.04	0.00	0.02	1.83	2.15	2.09	1.84	1.32
Divorced/separated	11.41	57.90	31.83	12.02	4.57*	23.40	0.32*	0.00	0.04*	0.00	0.05*	38.84	28.42	12.72	4.39*	24.07
	0.36	2.55	1.50	0.95	0.75	0.77	0.23	0.00	0.04	0.00	0.03	2.53	1.97	1.51	1.05	1.18
Never married	6.08	28.40	9.12	5.69	5.18*	9.47	0.00	0.00	0.00	0.00	0.00	47.53	8.96*	4.99*	4.19*	18.19
	0.20	2.05	0.95	0.69	0.80	0.45	0.00	0.00	0.00	0.00	0.00	2.27	1.45	0.97	1.13	0.88
Race/Ethnicity																
White non-Hispanic	78.83	61.82	77.71	84.70	86.35	79.78	73.36	83.16	86.44	85.30	83.13	61.03	63.93	66.45	68.12	64.33
	0.45	2.72	1.32	0.95	1.30	0.80	2.32	0.78	0.87	2.04	0.59	2.23	1.98	1.87	2.34	1.04
Black non-Hispanic	9.44	23.62	11.65	7.73	6.00	10.72	8.71	5.03	4.75	5.44*	5.36	23.78	19.92	16.26	15.02	19.40
	0.18	2.38	0.99	0.65	0.79	0.57	1.28	0.41	0.42	1.36	0.29	1.49	1.61	1.61	1.67	0.87
Hispanic	7.56	8.67*	6.96	4.86	5.08*	6.10	12.36	7.39	5.73	6.49*	7.41	10.23	9.84	10.96	11.95*	10.52
	0.39	1.95	0.91	0.59	0.83	0.56	1.45	0.55	0.55	1.31	0.44	1.50	1.41	1.21	1.73	0.77
Other ²	4.17	5.88*	3.68*	2.71*	2.56*	3.40	5.57*	4.42	3.08	2.78*	4.10	4.96*	6.31*	6.34*	4.90*	5.74
	0.28	1.52	0.68	0.42	0.53	0.41	1.15	0.49	0.41	0.84	0.36	1.30	1.11	0.99	1.15	0.67
Education Levels																
0 - 8 years	14.60	11.88	13.01	15.95	22.09	15.34	12.31	9.68	13.71	19.87	11.53	17.60	17.93	23.62	41.71	22.53
	0.34	1.83	1.01	1.05	1.51	0.60	1.30	0.55	0.81	2.32	0.41	2.02	1.73	1.85	2.85	0.92
9 - 12 years (No diploma)	16.30	19.84	16.33	18.38	17.04	17.59	17.47	12.47	15.26	16.49	13.96	21.82	21.07	20.59	19.68	20.97
	0.38	2.27	1.11	1.02	1.43	0.65	1.59	0.69	0.93	2.14	0.51	1.93	1.69	1.64	2.30	0.97
High school graduate	29.90	31.21	29.81	30.05	27.25	29.67	32.26	32.03	28.16	26.56	30.73	29.80	30.28	26.69	19.84	27.80
	0.57	2.28	1.48	1.33	1.66	0.90	1.83	1.00	1.19	2.83	0.69	1.88	2.12	1.97	1.78	1.05
Some college/vocational school	23.95	28.78	23.83	23.64	22.03	24.05	26.02	25.58	24.20	19.97	25.00	26.10	18.86	21.60	11.70*	20.63
	0.51	2.37	1.41	1.28	1.79	0.81	1.95	0.95	0.93	2.33	0.69	1.98	2.07	1.70	1.84	0.94
Bachelor's degree and beyond	15.26	8.30*	17.01	11.98	11.59	13.34	11.94	20.25	18.67	17.11	18.79	4.68*	11.86	7.50*	7.06*	8.07
	0.44	1.40	1.27	0.94	1.11	0.63	1.89	0.91	0.93	2.17	0.64	0.93	1.61	1.11	1.28	0.66

Table 1.4a Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2002Community Residents¹

2 of 2

Beneficiary Characteristic	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	39,777	1,409	4,484	4,495	1,873	12,261	2,187	11,690	5,810	866	20,553	1,940	2,233	1,751	940	6,864
	<i>120</i>	<i>81</i>	<i>125</i>	<i>94</i>	<i>65</i>	<i>204</i>	<i>103</i>	<i>145</i>	<i>120</i>	<i>44</i>	<i>207</i>	<i>84</i>	<i>96</i>	<i>66</i>	<i>48</i>	<i>161</i>
Beneficiaries as a Percentage of Column Total																
Income																
Less than \$2,500	2.15	3.34*	1.92*	3.10*	1.43*	2.44	2.78*	1.41*	1.61*	1.75*	1.63	3.54*	3.29*	2.64*	3.77*	3.26
	<i>0.14</i>	<i>0.90</i>	<i>0.42</i>	<i>0.52</i>	<i>0.53</i>	<i>0.28</i>	<i>0.85</i>	<i>0.24</i>	<i>0.36</i>	<i>0.56</i>	<i>0.17</i>	<i>0.62</i>	<i>1.08</i>	<i>0.65</i>	<i>0.96</i>	<i>0.44</i>
\$2,500 - \$4,999	1.19	0.87*	1.32*	1.32*	2.08*	1.39	1.38*	0.68*	1.06*	0.25*	0.85*	2.48*	1.15*	1.85*	2.66*	1.91*
	<i>0.11</i>	<i>0.36</i>	<i>0.33</i>	<i>0.26</i>	<i>0.47</i>	<i>0.17</i>	<i>0.48</i>	<i>0.18</i>	<i>0.24</i>	<i>0.26</i>	<i>0.15</i>	<i>0.81</i>	<i>0.46</i>	<i>0.46</i>	<i>0.84</i>	<i>0.29</i>
\$5,000 - \$7,499	7.52	21.71	8.57	8.42	9.86	10.22	2.96*	1.91	1.46*	2.06*	1.90	31.75	15.85	13.31	14.97	19.58
	<i>0.24</i>	<i>2.23</i>	<i>0.87</i>	<i>0.69</i>	<i>1.04</i>	<i>0.49</i>	<i>0.68</i>	<i>0.27</i>	<i>0.31</i>	<i>0.71</i>	<i>0.19</i>	<i>2.08</i>	<i>1.63</i>	<i>1.30</i>	<i>2.00</i>	<i>0.84</i>
\$7,500 - \$9,999	8.77	29.82	11.02	11.97	13.55	13.91	4.44*	2.41	1.68*	2.09*	2.41	22.75	13.27	19.37	21.50	18.63
	<i>0.29</i>	<i>3.03</i>	<i>1.01</i>	<i>0.92</i>	<i>1.24</i>	<i>0.71</i>	<i>0.79</i>	<i>0.33</i>	<i>0.33</i>	<i>0.80</i>	<i>0.23</i>	<i>1.81</i>	<i>1.46</i>	<i>1.81</i>	<i>1.88</i>	<i>0.89</i>
\$10,000 - \$14,999	16.09	22.40	21.62	23.68	23.99	22.83	11.59	9.83	10.89	13.75	10.48	19.38	19.48	20.06	28.56	20.84
	<i>0.34</i>	<i>2.63</i>	<i>1.33</i>	<i>1.10</i>	<i>1.55</i>	<i>0.72</i>	<i>1.36</i>	<i>0.59</i>	<i>0.66</i>	<i>1.80</i>	<i>0.43</i>	<i>1.64</i>	<i>1.66</i>	<i>1.85</i>	<i>2.58</i>	<i>0.89</i>
\$15,000 - \$19,999	12.27	10.00*	13.59	17.04	15.07	14.67	15.06	8.99	13.20	15.04	11.08	7.70	12.09	14.84	12.84*	11.65
	<i>0.33</i>	<i>2.06</i>	<i>1.04</i>	<i>0.94</i>	<i>1.32</i>	<i>0.60</i>	<i>1.65</i>	<i>0.55</i>	<i>0.78</i>	<i>2.03</i>	<i>0.44</i>	<i>1.10</i>	<i>1.59</i>	<i>1.57</i>	<i>1.73</i>	<i>0.77</i>
\$20,000 - \$24,999	11.04	3.36*	11.25	10.04	8.83	9.53	9.28	12.17	15.02	15.20	12.80	5.01*	9.24*	13.05	4.36*	8.35
	<i>0.36</i>	<i>1.15</i>	<i>0.94</i>	<i>0.70</i>	<i>1.07</i>	<i>0.50</i>	<i>1.37</i>	<i>0.66</i>	<i>0.80</i>	<i>2.23</i>	<i>0.50</i>	<i>1.25</i>	<i>1.33</i>	<i>1.68</i>	<i>1.14</i>	<i>0.68</i>
\$25,000 - \$29,999	8.50	4.53*	7.43	7.75	7.03	7.15	10.68	10.30	10.69	12.26*	10.53	1.99*	7.61*	4.90*	3.63*	4.79
	<i>0.29</i>	<i>1.56</i>	<i>0.77</i>	<i>0.72</i>	<i>0.86</i>	<i>0.48</i>	<i>1.71</i>	<i>0.62</i>	<i>0.77</i>	<i>1.97</i>	<i>0.47</i>	<i>0.59</i>	<i>1.17</i>	<i>0.82</i>	<i>1.17</i>	<i>0.50</i>
\$30,000 or more	32.45	3.97*	23.28	16.69	18.17	17.86	41.82	52.29	44.39	37.60	48.32	5.39*	18.00	9.97	7.72*	10.98
	<i>0.55</i>	<i>1.03</i>	<i>1.31</i>	<i>1.08</i>	<i>1.55</i>	<i>0.76</i>	<i>2.77</i>	<i>1.03</i>	<i>1.31</i>	<i>2.64</i>	<i>0.82</i>	<i>1.07</i>	<i>1.94</i>	<i>1.24</i>	<i>1.41</i>	<i>0.81</i>
Metropolitan Area Resident																
Yes	76.34	73.28	76.91	76.01	76.22	76.06	68.99	74.84	77.69	77.56	75.14	78.54	80.34	81.63	80.10	80.13
	<i>0.26</i>	<i>3.05</i>	<i>1.12</i>	<i>0.83</i>	<i>1.47</i>	<i>0.94</i>	<i>1.93</i>	<i>0.56</i>	<i>0.88</i>	<i>2.04</i>	<i>0.46</i>	<i>1.49</i>	<i>1.59</i>	<i>1.55</i>	<i>2.22</i>	<i>0.98</i>
No	23.66	26.72	23.09	23.99	23.78	23.94	31.01	25.16	22.31	22.44	24.86	21.46	19.66	18.37	19.90	19.87
	<i>0.26</i>	<i>3.05</i>	<i>1.12</i>	<i>0.83</i>	<i>1.47</i>	<i>0.94</i>	<i>1.93</i>	<i>0.56</i>	<i>0.88</i>	<i>2.04</i>	<i>0.46</i>	<i>1.49</i>	<i>1.59</i>	<i>1.55</i>	<i>2.22</i>	<i>0.98</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

2 In 1998, CMS refined its coding for *race* by adding the category named *more than one race* to capture data on multiracial Medicare beneficiaries. This led to increases in the subgroup named *other race/ethnic minorities*.

Table 1.4b Demographic and Socioeconomic Characteristics of Noninstitutionalized Male Medicare Beneficiaries, by Living Arrangement and Age, 2002Male Community Residents¹

1 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	17,682	769	1,389	1,051	402	3,612	1,271	6,393	3,436	630	11,730	1,022	621	446	188	2,277
	127	60	75	56	33	117	76	108	86	34	150	60	55	34	20	93
Beneficiaries as a Percentage of Column Total																
Marital Status																
Married	68.72	1.84*	4.80*	8.57*	7.29*	5.54	99.45	99.96	100.00	100.00	99.92	3.95*	13.70*	10.43*	5.92*	8.03
	0.73	0.88	1.16	1.42	1.84	0.73	0.39	0.04	0.00	0.00	0.05	1.43	2.90	2.59	3.16	1.17
Widowed	12.39	4.05*	35.23	60.62	77.47	40.69	0.00	0.04*	0.00	0.00	0.02*	4.38*	36.86	63.60	82.31	31.27
	0.52	1.46	2.89	2.66	3.23	1.62	0.00	0.04	0.00	0.00	0.02	1.21	4.66	3.60	4.86	1.99
Divorced/separated	11.38	61.37	42.83	19.77	5.70*	35.93	0.55*	0.00	0.00	0.00	0.06*	35.83	35.98	21.66*	8.64*	30.84
	0.57	3.89	3.27	2.35	1.87	1.96	0.39	0.00	0.00	0.00	0.04	3.91	4.42	2.79	3.31	2.27
Never married	7.51	32.75	17.13	11.03*	9.54*	17.84	0.00	0.00	0.00	0.00	0.00	55.83	13.46*	4.31*	3.14*	29.85
	0.37	3.56	2.23	1.54	2.28	1.23	0.00	0.00	0.00	0.00	0.00	3.73	3.48	1.86	1.75	1.86
Race/Ethnicity																
White non-Hispanic	79.43	62.69	75.35	81.29	88.03	75.82	75.89	83.80	85.09	85.21	83.39	61.82	65.52	69.45	69.55	64.97
	0.63	3.60	2.45	2.18	2.46	1.47	2.58	0.92	1.09	2.36	0.70	2.81	4.30	3.33	5.12	1.80
Black non-Hispanic	9.01	21.34	15.66	7.71*	4.76*	13.32	7.22*	5.34	5.59	5.04*	5.60	22.54	19.31*	16.08*	15.69*	19.82
	0.34	2.69	2.11	1.45	1.40	1.10	1.45	0.57	0.56	1.34	0.38	2.34	3.39	2.81	3.69	1.48
Hispanic	7.92	8.68*	6.03*	7.53*	4.71*	6.88	12.24*	7.38	6.54	7.56*	7.67	12.70	9.17*	7.49*	10.86*	10.56
	0.47	2.46	1.41	1.33	1.46	0.84	2.12	0.65	0.67	1.71	0.52	2.22	2.46	1.30	3.24	1.30
Other ²	3.64	7.28*	2.96*	3.48*	2.50*	3.98*	4.65*	3.48	2.79*	2.19*	3.34	2.94*	6.00*	6.98*	3.90*	4.65*
	0.31	2.32	0.96	1.06	1.34	0.72	1.20	0.47	0.49	0.88	0.33	0.82	2.30	2.09	2.54	0.87
Education Levels																
0 - 8 years	15.85	10.20*	21.93	23.35	28.66*	20.59	15.55	11.38	14.80	21.87	13.40	17.04	18.43*	23.74*	43.85*	20.96
	0.47	1.97	2.30	2.35	3.34	1.27	1.95	0.77	1.00	2.89	0.53	2.37	2.89	3.59	5.68	1.52
9 - 12 years (No diploma)	15.69	21.83	12.12*	18.54	11.53*	16.00	20.40	11.88	15.25	17.03*	14.07	25.29	26.11*	18.26*	19.70*	23.66
	0.50	2.94	1.51	2.16	2.23	1.01	2.20	0.75	1.06	2.62	0.60	2.96	3.75	3.12	4.60	1.85
High school graduate	25.84	26.41	23.71	25.50	27.04*	25.18	30.84	26.22	23.97	24.16	25.96	30.90	21.64*	26.84*	15.60*	26.32
	0.78	3.07	2.14	2.18	2.71	1.27	2.65	1.38	1.40	3.24	0.91	2.25	3.14	3.93	4.22	1.59
Some college/vocational school	22.95	32.48	20.13	16.26	17.31*	21.32	20.53	25.10	23.38	19.00	23.77	22.70	18.75*	24.27*	14.96*	21.30
	0.72	3.58	2.37	1.93	2.94	1.39	2.44	1.21	1.24	2.65	0.84	2.28	3.17	3.73	3.60	1.51
Bachelor's degree and beyond	19.66	9.07*	22.11	16.35	15.46*	16.92	12.67*	25.41	22.60	17.94*	22.80	4.07*	15.07*	6.89*	5.89*	7.76
	0.62	2.46	2.36	2.20	2.53	1.18	2.60	1.24	1.44	2.77	0.82	1.37	3.34	1.99	2.72	1.32

Table 1.4b Demographic and Socioeconomic Characteristics of Noninstitutionalized Male Medicare Beneficiaries, by Living Arrangement and Age, 2002Male Community Residents¹

2 of 2

Beneficiary Characteristic	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	17,682	769	1,389	1,051	402	3,612	1,271	6,393	3,436	630	11,730	1,022	621	446	188	2,277
	<i>127</i>	<i>60</i>	<i>75</i>	<i>56</i>	<i>33</i>	<i>117</i>	<i>76</i>	<i>108</i>	<i>86</i>	<i>34</i>	<i>150</i>	<i>60</i>	<i>55</i>	<i>34</i>	<i>20</i>	<i>93</i>
Beneficiaries as a Percentage of Column Total																
Income																
Less than \$2,500	2.15	3.73*	2.22*	1.65*	1.18*	2.26*	3.37*	1.31*	1.85*	2.16*	1.74	4.80*	3.44*	3.93*	3.48*	4.15*
	<i>0.19</i>	<i>1.40</i>	<i>0.81</i>	<i>0.64</i>	<i>0.85</i>	<i>0.41</i>	<i>1.20</i>	<i>0.30</i>	<i>0.45</i>	<i>0.73</i>	<i>0.24</i>	<i>0.86</i>	<i>1.75</i>	<i>1.42</i>	<i>2.04</i>	<i>0.70</i>
\$2,500 - \$4,999	0.97	1.22*	1.78*	1.97*	1.23*	1.66*	0.83*	0.59*	0.93*	0.35*	0.70*	2.05*	0.42*	0.00	2.61*	1.25*
	<i>0.17</i>	<i>0.60</i>	<i>0.71</i>	<i>0.79</i>	<i>0.84</i>	<i>0.43</i>	<i>0.50</i>	<i>0.23</i>	<i>0.30</i>	<i>0.36</i>	<i>0.17</i>	<i>0.65</i>	<i>0.43</i>	<i>0.00</i>	<i>1.84</i>	<i>0.30</i>
\$5,000 - \$7,499	5.19	16.76	7.50*	6.57*	3.96*	8.81	3.22*	1.65*	1.17*	1.19*	1.66	26.55	9.41*	11.91*	10.29*	17.67
	<i>0.32</i>	<i>2.14</i>	<i>1.52</i>	<i>1.28</i>	<i>1.52</i>	<i>0.87</i>	<i>0.87</i>	<i>0.37</i>	<i>0.39</i>	<i>0.54</i>	<i>0.25</i>	<i>2.22</i>	<i>2.35</i>	<i>2.19</i>	<i>3.38</i>	<i>1.23</i>
\$7,500 - \$9,999	7.05	29.49	10.27*	11.35*	8.16*	14.45	6.13*	1.96*	1.57*	2.51*	2.33	25.45	13.19*	16.57*	16.18*	19.60
	<i>0.38</i>	<i>3.49</i>	<i>1.71</i>	<i>1.79</i>	<i>1.86</i>	<i>1.17</i>	<i>1.23</i>	<i>0.37</i>	<i>0.39</i>	<i>1.04</i>	<i>0.30</i>	<i>2.64</i>	<i>2.63</i>	<i>3.21</i>	<i>4.26</i>	<i>1.68</i>
\$10,000 - \$14,999	13.16	27.16	17.07	18.09	20.75*	19.92	12.68	8.62	11.03	13.86*	10.05	18.19	17.05*	14.77*	33.34*	18.46
	<i>0.52</i>	<i>3.73</i>	<i>1.97</i>	<i>2.07</i>	<i>2.95</i>	<i>1.30</i>	<i>1.70</i>	<i>0.82</i>	<i>0.83</i>	<i>2.17</i>	<i>0.53</i>	<i>1.77</i>	<i>3.27</i>	<i>2.60</i>	<i>5.97</i>	<i>1.48</i>
\$15,000 - \$19,999	11.32	10.24*	12.85*	16.94	17.88*	14.04	17.42	8.69	12.34	13.46*	10.96	7.05*	8.61*	12.44*	12.16*	8.95
	<i>0.58</i>	<i>3.02</i>	<i>1.93</i>	<i>2.18</i>	<i>2.77</i>	<i>1.34</i>	<i>2.68</i>	<i>0.77</i>	<i>0.99</i>	<i>2.14</i>	<i>0.67</i>	<i>1.49</i>	<i>2.40</i>	<i>2.85</i>	<i>3.64</i>	<i>1.21</i>
\$20,000 - \$24,999	11.57	2.02*	12.31*	11.39*	12.89*	9.91	9.17*	11.72	14.02	16.31*	12.37	6.47*	12.25*	15.83*	5.02*	9.76
	<i>0.51</i>	<i>0.94</i>	<i>1.98</i>	<i>1.42</i>	<i>2.78</i>	<i>0.93</i>	<i>1.87</i>	<i>0.81</i>	<i>1.12</i>	<i>2.57</i>	<i>0.63</i>	<i>1.73</i>	<i>3.05</i>	<i>3.89</i>	<i>2.31</i>	<i>1.25</i>
\$25,000 - \$29,999	9.01	3.91*	8.46*	9.28*	9.96*	7.90	9.76*	10.11	9.79	11.83*	10.07	2.72*	7.36*	8.78*	4.93*	5.35*
	<i>0.44</i>	<i>1.43</i>	<i>1.53</i>	<i>1.39</i>	<i>2.36</i>	<i>0.85</i>	<i>1.51</i>	<i>0.80</i>	<i>0.76</i>	<i>2.08</i>	<i>0.54</i>	<i>0.97</i>	<i>2.17</i>	<i>2.33</i>	<i>2.38</i>	<i>0.80</i>
\$30,000 or more	39.58	5.47*	27.54	22.77	23.99*	21.05	37.41	55.34	47.29	38.34	50.13	6.73*	28.28*	15.77*	11.99*	14.81
	<i>0.70</i>	<i>1.62</i>	<i>2.77</i>	<i>2.15</i>	<i>3.83</i>	<i>1.38</i>	<i>3.53</i>	<i>1.20</i>	<i>1.55</i>	<i>2.95</i>	<i>0.93</i>	<i>1.66</i>	<i>4.30</i>	<i>2.91</i>	<i>3.43</i>	<i>1.53</i>
Metropolitan Area Resident																
Yes	75.52	71.54	76.93	74.56	78.89	75.33	71.57	73.95	78.06	76.37	75.03	78.29	79.41	75.53	74.28	77.72
	<i>0.40</i>	<i>3.80</i>	<i>1.77</i>	<i>2.55</i>	<i>3.04</i>	<i>1.57</i>	<i>2.48</i>	<i>0.77</i>	<i>1.06</i>	<i>2.93</i>	<i>0.52</i>	<i>2.14</i>	<i>3.25</i>	<i>3.25</i>	<i>4.77</i>	<i>1.59</i>
No	24.48	28.46	23.07	25.44	21.11*	24.67	28.43	26.05	21.94	23.63	24.97	21.71	20.59*	24.47*	25.72*	22.28
	<i>0.40</i>	<i>3.80</i>	<i>1.77</i>	<i>2.55</i>	<i>3.04</i>	<i>1.57</i>	<i>2.48</i>	<i>0.77</i>	<i>1.06</i>	<i>2.93</i>	<i>0.52</i>	<i>2.14</i>	<i>3.25</i>	<i>3.25</i>	<i>4.77</i>	<i>1.59</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

2 In 1998, CMS refined its coding for *race* by adding the category named *more than one race* to capture data on multiracial Medicare beneficiaries. This led to increases in the subgroup named *other race/ethnic minorities*.

Table 1.4c Demographic and Socioeconomic Characteristics of Noninstitutionalized Female Medicare Beneficiaries, by Living Arrangement and Age, 2002Female Community Residents¹

1 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	22,095	640	3,095	3,444	1,471	8,649	915	5,298	2,374	236	8,823	918	1,613	1,305	752	4,587
	133	48	105	75	65	171	60	114	83	24	144	61	87	60	43	134
Beneficiaries as a Percentage of Column Total																
Marital Status																
Married	41.20	1.67*	2.06*	1.64*	2.17*	1.88	100.00	100.00	99.80	100.00	99.95	1.57*	3.46*	2.19*	1.44*	2.39*
	0.63	0.96	0.60	0.38	0.59	0.28	0.00	0.00	0.14	0.00	0.04	0.65	1.24	0.68	0.65	0.47
Widowed	42.42	21.42*	65.51	84.64	89.58	73.96	0.00	0.00	0.10*	0.00	0.03*	17.99*	63.77	82.92	90.78	64.50
	0.61	3.67	1.94	1.29	1.20	0.88	0.00	0.00	0.09	0.00	0.03	3.24	2.36	2.25	1.72	1.38
Divorced/separated	11.44	53.74	26.90	9.66	4.26*	18.17	0.00	0.00	0.10*	0.00	0.03*	42.19	25.52	9.67*	3.32*	20.71
	0.48	4.22	1.68	0.97	0.75	0.85	0.00	0.00	0.10	0.00	0.03	3.34	2.22	1.66	1.03	1.35
Never married	4.94	23.17	5.53*	4.06*	3.99*	5.99	0.00	0.00	0.00	0.00	0.00	38.25	7.24*	5.22*	4.46*	12.40
	0.26	2.81	0.90	0.70	0.83	0.41	0.00	0.00	0.00	0.00	0.00	3.37	1.58	1.18	1.26	0.87
Race/Ethnicity																
White non-Hispanic	78.36	60.79	78.76	85.74	85.89	81.42	69.83	82.39	88.40	85.55	82.79	60.16	63.32	65.42	67.76	64.02
	0.56	3.65	1.54	0.96	1.52	0.85	3.80	1.20	1.23	3.63	0.92	3.67	2.31	2.11	2.56	1.31
Black non-Hispanic	9.78	26.34*	9.86	7.73	6.34*	9.64	10.78*	4.66	3.54*	6.50*	5.04	25.15	20.15	16.32	14.86*	19.19
	0.25	3.90	1.01	0.70	0.90	0.63	2.15	0.57	0.76	2.69	0.43	2.04	1.93	1.80	1.85	1.01
Hispanic	7.27	8.66*	7.38	4.05*	5.19*	5.77	12.53*	7.39	4.56*	3.63*	7.06	7.48*	10.10*	12.14*	12.23*	10.51
	0.43	2.45	1.14	0.66	0.99	0.64	2.04	0.78	0.87	2.02	0.59	2.25	1.57	1.53	1.98	0.89
Other ²	4.59	4.21*	4.00*	2.48*	2.58*	3.17	6.86*	5.55	3.50*	4.33*	5.11	7.21*	6.43*	6.12*	5.15*	6.29
	0.39	1.29	0.90	0.45	0.59	0.46	1.99	0.87	0.72	1.92	0.69	2.31	1.40	1.17	1.37	0.85
Education Levels																
0 - 8 years	13.60	13.92*	9.01	13.69	20.30	13.15	7.82*	7.63	12.12	14.54*	9.04	18.22	17.73	23.58	41.17	23.31
	0.48	3.20	1.11	1.06	1.69	0.68	1.40	0.85	1.21	3.71	0.63	2.83	2.09	2.31	3.25	1.29
9 - 12 years (No diploma)	16.78	17.41*	18.23	18.33	18.53	18.26	13.41*	13.17	15.27	15.05*	13.81	17.96	19.16	21.39	19.68	19.64
	0.51	2.71	1.47	1.10	1.68	0.85	2.25	1.08	1.47	3.89	0.79	2.14	1.88	2.17	2.55	1.04
High school graduate	33.13	37.03	32.56	31.43	27.31	31.54	34.22	39.01	34.23	32.99*	37.07	28.58	33.56	26.64	20.91	28.54
	0.70	3.48	1.88	1.52	1.99	1.07	3.23	1.48	1.99	5.39	1.05	3.11	2.57	2.42	2.01	1.33
Some college/vocational school	24.75	24.28*	25.49	25.90	23.32	25.20	33.65	26.14	25.39	22.55*	26.62	29.86	18.91	20.68	10.88*	20.29
	0.61	3.21	1.68	1.49	1.93	0.93	3.27	1.31	1.61	4.38	1.02	3.08	2.47	2.11	2.09	1.19
Bachelor's degree and beyond	11.74	7.36*	14.72	10.64	10.54	11.85	10.91*	14.04	12.99	14.87*	13.46	5.37*	10.64*	7.71*	7.36*	8.22
	0.53	1.95	1.27	0.93	1.31	0.62	2.49	1.27	1.39	3.37	0.91	1.44	1.71	1.28	1.49	0.74

Table 1.4c Demographic and Socioeconomic Characteristics of Noninstitutionalized Female Medicare Beneficiaries, by Living Arrangement and Age, 2002Female Community Residents¹

2 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	22,095	640	3,095	3,444	1,471	8,649	915	5,298	2,374	236	8,823	918	1,613	1,315	752	4,587
	<i>133</i>	<i>48</i>	<i>105</i>	<i>75</i>	<i>65</i>	<i>171</i>	<i>60</i>	<i>114</i>	<i>83</i>	<i>24</i>	<i>144</i>	<i>61</i>	<i>87</i>	<i>60</i>	<i>43</i>	<i>134</i>
Beneficiaries as a Percentage of Column Total																
Income																
Less than \$2,500	2.16	2.87*	1.78*	3.54*	1.49*	2.51	1.95*	1.52*	1.28*	0.64*	1.48*	2.14*	3.24*	2.19*	3.84*	2.82*
	<i>0.20</i>	<i>1.14</i>	<i>0.46</i>	<i>0.65</i>	<i>0.59</i>	<i>0.35</i>	<i>1.07</i>	<i>0.36</i>	<i>0.45</i>	<i>0.65</i>	<i>0.23</i>	<i>0.74</i>	<i>1.15</i>	<i>0.74</i>	<i>1.01</i>	<i>0.52</i>
\$2,500 - \$4,999	1.38	0.44*	1.12*	1.12*	2.31*	1.27*	2.16*	0.80*	1.25*	0.00	1.04*	2.96*	1.44*	2.49*	2.67*	2.24*
	<i>0.15</i>	<i>0.31</i>	<i>0.30</i>	<i>0.30</i>	<i>0.59</i>	<i>0.17</i>	<i>1.24</i>	<i>0.27</i>	<i>0.40</i>	<i>0.00</i>	<i>0.27</i>	<i>1.42</i>	<i>0.56</i>	<i>0.62</i>	<i>0.81</i>	<i>0.39</i>
\$5,000 - \$7,499	9.39	27.66	9.05	8.98	11.47	10.81	2.59*	2.22*	1.88*	4.39*	2.23	37.55	18.33	13.79	16.14*	20.52
	<i>0.34</i>	<i>3.74</i>	<i>0.96</i>	<i>0.84</i>	<i>1.32</i>	<i>0.57</i>	<i>0.92</i>	<i>0.39</i>	<i>0.50</i>	<i>2.08</i>	<i>0.33</i>	<i>3.23</i>	<i>2.00</i>	<i>1.69</i>	<i>2.41</i>	<i>1.09</i>
\$7,500 - \$9,999	10.15	30.22	11.35	12.16	15.02	13.69	2.10*	2.95*	1.84*	0.97*	2.51	19.74	13.30	20.32	22.84	18.15
	<i>0.43</i>	<i>4.08</i>	<i>1.20</i>	<i>1.07</i>	<i>1.48</i>	<i>0.82</i>	<i>0.97</i>	<i>0.52</i>	<i>0.50</i>	<i>0.95</i>	<i>0.32</i>	<i>2.67</i>	<i>1.86</i>	<i>2.24</i>	<i>2.20</i>	<i>1.08</i>
\$10,000 - \$14,999	18.44	16.68*	23.66	25.39	24.88	24.04	10.08*	11.29	10.70	13.48*	11.06	20.71	20.41	21.88	27.36	22.03
	<i>0.52</i>	<i>2.86</i>	<i>1.70</i>	<i>1.42</i>	<i>1.89</i>	<i>0.90</i>	<i>2.07</i>	<i>0.84</i>	<i>1.24</i>	<i>3.51</i>	<i>0.64</i>	<i>3.03</i>	<i>2.19</i>	<i>2.45</i>	<i>2.75</i>	<i>1.23</i>
\$15,000 - \$19,999	13.03	9.71*	13.93	17.08	14.30	14.93	11.78*	9.35	14.45	19.25*	11.24	8.41*	13.43	15.66	13.01*	12.99
	<i>0.40</i>	<i>2.76</i>	<i>1.35</i>	<i>1.02</i>	<i>1.42</i>	<i>0.67</i>	<i>1.94</i>	<i>0.79</i>	<i>1.51</i>	<i>4.14</i>	<i>0.59</i>	<i>1.85</i>	<i>1.90</i>	<i>1.79</i>	<i>1.93</i>	<i>0.93</i>
\$20,000 - \$24,999	10.61	4.97*	10.77	9.62	7.72*	9.37	9.43*	12.72	16.45	12.24*	13.37	3.40*	8.09*	12.10*	4.19*	7.65
	<i>0.48</i>	<i>2.34</i>	<i>1.22</i>	<i>0.85</i>	<i>1.04</i>	<i>0.63</i>	<i>2.22</i>	<i>0.93</i>	<i>1.57</i>	<i>3.85</i>	<i>0.74</i>	<i>1.70</i>	<i>1.55</i>	<i>1.79</i>	<i>1.29</i>	<i>0.79</i>
\$25,000 - \$29,999	8.09	5.28*	6.97	7.28	6.22*	6.84	11.97*	10.54	11.99	13.41*	11.15	1.18*	7.71*	3.57*	3.30*	4.50
	<i>0.39</i>	<i>2.79</i>	<i>0.86</i>	<i>0.84</i>	<i>0.93</i>	<i>0.58</i>	<i>3.10</i>	<i>1.08</i>	<i>1.24</i>	<i>3.55</i>	<i>0.77</i>	<i>0.57</i>	<i>1.36</i>	<i>0.88</i>	<i>1.11</i>	<i>0.57</i>
\$30,000 or more	26.74	2.17*	21.37	14.83	16.58	16.53	47.94	48.61	40.18	35.62*	45.92	3.90*	14.05*	7.99*	6.65*	9.08
	<i>0.72</i>	<i>1.14</i>	<i>1.47</i>	<i>1.17</i>	<i>1.63</i>	<i>0.83</i>	<i>3.98</i>	<i>1.77</i>	<i>1.82</i>	<i>5.18</i>	<i>1.32</i>	<i>1.21</i>	<i>1.91</i>	<i>1.31</i>	<i>1.49</i>	<i>0.87</i>
Metropolitan Area Resident																
Yes	76.99	75.34	76.90	76.46	75.49	76.37	65.42	75.92	77.15	80.73	75.29	78.83	80.69	83.71	81.56	81.32
	<i>0.48</i>	<i>3.82</i>	<i>1.59</i>	<i>0.83</i>	<i>1.90</i>	<i>1.11</i>	<i>3.21</i>	<i>0.96</i>	<i>1.39</i>	<i>4.49</i>	<i>0.74</i>	<i>2.36</i>	<i>1.94</i>	<i>1.86</i>	<i>2.18</i>	<i>1.32</i>
No	23.01	24.66	23.10	23.54	24.51	23.63	34.58	24.08	22.85	19.27*	24.71	21.17	19.31	16.29	18.44	18.68
	<i>0.48</i>	<i>3.82</i>	<i>1.59</i>	<i>0.83</i>	<i>1.90</i>	<i>1.11</i>	<i>3.21</i>	<i>0.96</i>	<i>1.39</i>	<i>4.49</i>	<i>0.74</i>	<i>2.36</i>	<i>1.94</i>	<i>1.86</i>	<i>2.18</i>	<i>1.32</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

2 In 1998, CMS refined its coding for *race* by adding the category named *more than one race* to capture data on multiracial Medicare beneficiaries. This led to increases in the subgroup named *other race/ethnic minorities*.

Table 1.5 Demographic and Socioeconomic Characteristics of Institutionalized Medicare Beneficiaries, by Age, 2002Long-Term Care Facility-Only Residents¹

1 of 2

Beneficiary Characteristic	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	2,032	330	249	623	829
	70	25	26	42	39
Beneficiaries as a Percentage of Column Total					
Marital Status					
Married	18.42	11.44*	34.20*	23.25	12.79
	1.56	3.76	6.55	3.47	1.37
Widowed	51.36	5.81*	25.99*	51.09	76.84
	1.80	3.19	6.03	3.35	1.98
Divorced/separated	7.61	7.75*	13.02*	12.22*	2.51*
	1.01	2.26	4.00	2.39	0.65
Never married	22.60	74.99	26.79*	13.43*	7.86*
	1.38	4.43	4.41	2.47	1.38
Race/Ethnicity					
White non-Hispanic	85.94	82.39	77.84	87.08	88.94
	1.03	3.00	4.61	1.98	1.34
Black non-Hispanic	8.50	13.22*	12.75*	7.65*	5.96*
	0.79	2.60	3.48	1.57	1.07
Hispanic	4.66*	4.39*	9.41*	3.33*	4.34*
	0.79	1.69	3.58	1.00	0.98
Other ²	0.90*	0.00	0.00	1.94*	0.75*
	0.33	0.00	0.00	0.90	0.44
Education Levels					
0 - 8 years	30.92	41.97	32.36*	22.32	32.95
	1.66	4.51	6.41	2.88	2.36
9 - 12 years (No diploma)	19.39	20.64*	21.34*	22.66	15.67
	1.55	3.77	4.99	2.63	2.12
High school graduate	26.80	21.50*	30.59*	31.11	24.30
	1.64	4.50	6.69	3.33	2.05
Some college/vocational school	14.34	12.78*	13.40*	14.95*	14.76
	1.53	3.98	4.59	2.59	1.81
Bachelor's degree and beyond	8.56	3.10*	2.31*	8.96*	12.32*
	0.99	1.72	1.95	1.82	1.85

Table 1.5 Demographic and Socioeconomic Characteristics of Institutionalized Medicare Beneficiaries, by Age, 2002Long-Term Care Facility-Only Residents¹

2 of 2

Beneficiary Characteristic	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	2,032	330	249	623	829
	<i>70</i>	<i>25</i>	<i>26</i>	<i>42</i>	<i>39</i>
Beneficiaries as a Percentage of Column Total					
Income					
Less than \$2,500	3.34*	6.22*	3.65*	2.71*	2.58*
	<i>0.78</i>	<i>2.54</i>	<i>1.90</i>	<i>1.07</i>	<i>0.98</i>
\$2,500 - \$4,999	2.92*	5.21*	2.11*	2.76*	2.38*
	<i>0.49</i>	<i>1.84</i>	<i>1.54</i>	<i>1.15</i>	<i>0.72</i>
\$5,000 - \$7,499	19.14	27.76	20.82*	15.14*	18.22
	<i>1.62</i>	<i>3.10</i>	<i>5.57</i>	<i>2.69</i>	<i>2.05</i>
\$7,500 - \$9,999	20.74	30.77	24.22*	20.21	16.10
	<i>1.33</i>	<i>3.77</i>	<i>4.71</i>	<i>2.25</i>	<i>1.69</i>
\$10,000 - \$14,999	21.36	14.62*	23.88*	20.05	24.27
	<i>1.48</i>	<i>2.88</i>	<i>5.02</i>	<i>2.59</i>	<i>2.28</i>
\$15,000 - \$19,999	9.86	0.79*	6.17*	15.27*	10.51*
	<i>0.95</i>	<i>0.54</i>	<i>2.46</i>	<i>1.95</i>	<i>1.61</i>
\$20,000 - \$24,999	7.38	3.83*	6.72*	8.12*	8.43*
	<i>1.00</i>	<i>1.35</i>	<i>3.16</i>	<i>1.83</i>	<i>1.60</i>
\$25,000 - \$29,999	4.86*	1.74*	4.32*	6.66*	4.92*
	<i>0.95</i>	<i>1.11</i>	<i>3.16</i>	<i>1.74</i>	<i>1.08</i>
\$30,000 or more	10.39	9.04*	8.10*	9.08*	12.60
	<i>1.31</i>	<i>3.65</i>	<i>3.59</i>	<i>2.29</i>	<i>1.77</i>
Metropolitan Area Resident					
Yes	77.40	87.35	80.88	76.45	73.12
	<i>1.56</i>	<i>2.67</i>	<i>4.45</i>	<i>2.49</i>	<i>2.18</i>
No	22.60	12.65*	19.12*	23.55	26.88
	<i>1.56</i>	<i>2.67</i>	<i>4.45</i>	<i>2.49</i>	<i>2.18</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *long-term care facility-only residents* includes beneficiaries who resided only in a long-term care facility during the year. It includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in the community during the year.

2 In 1998, CMS refined its coding for *race* by adding the category named *more than one race* to capture data on multiracial Medicare beneficiaries. This led to increases in the subgroup named *other race/ethnic minorities*.

Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2002Community Residents¹

1 of 3

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,777	3,667	6,616	8,280	13,705	2,138	5,370
	<i>120</i>	<i>132</i>	<i>164</i>	<i>209</i>	<i>227</i>	<i>108</i>	<i>150</i>
Beneficiaries as a Percentage of Column Total							
Medicare Status³							
Aged							
65 - 74 years	46.44	40.70	29.73	46.52	52.49	56.63	51.30
	<i>0.39</i>	<i>1.66</i>	<i>1.15</i>	<i>1.06</i>	<i>0.85</i>	<i>2.18</i>	<i>1.06</i>
75 - 84 years	30.31	20.66	22.99	37.98	29.99	34.14	33.36
	<i>0.30</i>	<i>1.33</i>	<i>0.78</i>	<i>1.03</i>	<i>0.72</i>	<i>2.02</i>	<i>1.04</i>
85 years and older	9.25	8.62	9.28	13.11	7.36	6.72	9.56
	<i>0.17</i>	<i>0.70</i>	<i>0.62</i>	<i>0.58</i>	<i>0.33</i>	<i>0.79</i>	<i>0.61</i>
Disabled							
Under 45 years	3.77	5.87	14.81	0.31*	1.81	0.13*	0.50*
	<i>0.10</i>	<i>0.53</i>	<i>0.66</i>	<i>0.09</i>	<i>0.17</i>	<i>0.09</i>	<i>0.11</i>
45 - 64 years	10.23	24.14	23.19	2.07*	8.35	2.38*	5.29
	<i>0.29</i>	<i>1.62</i>	<i>1.02</i>	<i>0.35</i>	<i>0.58</i>	<i>0.81</i>	<i>0.72</i>
Gender							
Male	44.45	59.00	37.69	39.61	47.57	41.54	43.52
	<i>0.29</i>	<i>1.55</i>	<i>0.97</i>	<i>0.93</i>	<i>0.81</i>	<i>2.08</i>	<i>1.21</i>
Female	55.55	41.00	62.31	60.39	52.43	58.46	56.48
	<i>0.29</i>	<i>1.55</i>	<i>0.97</i>	<i>0.93</i>	<i>0.81</i>	<i>2.08</i>	<i>1.21</i>
Marital Status							
Married	53.42	45.28	23.19	53.90	66.97	66.10	55.79
	<i>0.50</i>	<i>1.81</i>	<i>0.94</i>	<i>0.95</i>	<i>0.73</i>	<i>1.82</i>	<i>1.34</i>
Widowed	29.09	23.43	33.88	35.53	23.53	27.53	31.90
	<i>0.45</i>	<i>1.23</i>	<i>1.26</i>	<i>0.89</i>	<i>0.66</i>	<i>1.87</i>	<i>1.07</i>
Divorced/separated	11.41	21.96	25.01	6.96	6.66	3.99*	9.42
	<i>0.36</i>	<i>1.52</i>	<i>1.15</i>	<i>0.53</i>	<i>0.46</i>	<i>0.85</i>	<i>0.73</i>
Never married	6.08	9.32	17.92	3.61	2.83	2.38*	2.89*
	<i>0.20</i>	<i>0.97</i>	<i>0.76</i>	<i>0.45</i>	<i>0.29</i>	<i>0.66</i>	<i>0.44</i>

Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2002Community Residents¹

2 of 3

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,777	3,667	6,616	8,280	13,705	2,138	5,370
	<i>120</i>	<i>132</i>	<i>164</i>	<i>209</i>	<i>227</i>	<i>108</i>	<i>150</i>
Beneficiaries as a Percentage of Column Total							
Living Arrangement							
Lives alone	30.90	33.06	39.94	36.11	23.69	26.73	30.32
	<i>0.50</i>	<i>1.38</i>	<i>1.27</i>	<i>0.96</i>	<i>0.63</i>	<i>2.03</i>	<i>1.16</i>
With spouse	51.80	42.72	21.36	52.23	65.64	64.89	54.24
	<i>0.52</i>	<i>1.75</i>	<i>0.90</i>	<i>0.95</i>	<i>0.71</i>	<i>1.90</i>	<i>1.36</i>
With children	9.70	11.65	19.72	6.90	6.58	5.37*	10.07
	<i>0.29</i>	<i>1.15</i>	<i>0.94</i>	<i>0.51</i>	<i>0.44</i>	<i>0.88</i>	<i>0.85</i>
With others	7.59	12.57	18.97	4.76	4.08	3.01*	5.37
	<i>0.25</i>	<i>1.34</i>	<i>0.89</i>	<i>0.47</i>	<i>0.31</i>	<i>0.68</i>	<i>0.60</i>
Race/Ethnicity							
White non-Hispanic	78.83	70.76	50.88	90.65	85.56	92.80	77.69
	<i>0.45</i>	<i>1.50</i>	<i>1.34</i>	<i>0.67</i>	<i>0.69</i>	<i>1.10</i>	<i>1.34</i>
Black non-Hispanic	9.44	16.39	23.05	3.13	6.50	2.59*	7.97
	<i>0.18</i>	<i>1.29</i>	<i>0.93</i>	<i>0.36</i>	<i>0.40</i>	<i>0.71</i>	<i>0.90</i>
Hispanic	7.56	8.52	17.60	3.22	4.96	2.13*	10.08
	<i>0.39</i>	<i>0.90</i>	<i>0.99</i>	<i>0.38</i>	<i>0.54</i>	<i>0.59</i>	<i>0.92</i>
Other ⁴	4.17	4.33	8.47	3.00	2.98	2.48*	4.27
	<i>0.28</i>	<i>0.73</i>	<i>0.88</i>	<i>0.44</i>	<i>0.40</i>	<i>0.73</i>	<i>0.56</i>
Education Levels							
0 - 8 years	14.60	23.07	35.42	11.03	7.28	3.14*	12.02
	<i>0.34</i>	<i>1.12</i>	<i>1.33</i>	<i>0.62</i>	<i>0.34</i>	<i>0.71</i>	<i>0.83</i>
9 - 12 years (No diploma)	16.30	22.34	23.74	14.71	13.19	10.46	15.76
	<i>0.38</i>	<i>1.40</i>	<i>0.82</i>	<i>0.88</i>	<i>0.60</i>	<i>1.22</i>	<i>0.99</i>
High school graduate	29.90	27.44	22.09	33.48	31.53	29.78	31.51
	<i>0.57</i>	<i>1.37</i>	<i>1.06</i>	<i>1.37</i>	<i>0.79</i>	<i>2.05</i>	<i>1.62</i>
Some college/vocational school	23.95	19.72	14.08	24.84	28.01	26.21	26.32
	<i>0.51</i>	<i>1.51</i>	<i>0.96</i>	<i>0.97</i>	<i>0.73</i>	<i>2.05</i>	<i>1.44</i>
Bachelor's degree and beyond	15.26	7.42	4.66	15.95	20.00	30.41	14.39
	<i>0.44</i>	<i>0.87</i>	<i>0.60</i>	<i>0.95</i>	<i>0.76</i>	<i>1.88</i>	<i>1.11</i>

Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2002Community Residents¹

3 of 3

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,777	3,667	6,616	8,280	13,705	2,138	5,370
	<i>120</i>	<i>132</i>	<i>164</i>	<i>209</i>	<i>227</i>	<i>108</i>	<i>150</i>
Beneficiaries as a Percentage of Column Total							
Income							
Less than \$2,500	2.15	3.99*	3.10	2.28	1.46	1.17*	1.70*
	<i>0.14</i>	<i>0.64</i>	<i>0.39</i>	<i>0.34</i>	<i>0.21</i>	<i>0.41</i>	<i>0.35</i>
\$2,500 - \$4,999	1.19	2.28*	3.39	0.83*	0.53*	0.00	0.48*
	<i>0.11</i>	<i>0.49</i>	<i>0.37</i>	<i>0.18</i>	<i>0.13</i>	<i>0.00</i>	<i>0.20</i>
\$5,000 - \$7,499	7.52	7.50	32.89	3.01	1.14*	0.16*	2.48*
	<i>0.24</i>	<i>0.85</i>	<i>1.21</i>	<i>0.39</i>	<i>0.17</i>	<i>0.15</i>	<i>0.40</i>
\$7,500 - \$9,999	8.77	11.32	29.70	5.94	2.27	0.68*	5.44
	<i>0.29</i>	<i>1.01</i>	<i>1.18</i>	<i>0.54</i>	<i>0.26</i>	<i>0.31</i>	<i>0.54</i>
\$10,000 - \$14,999	16.09	27.67	19.36	18.80	10.45	7.15*	17.95
	<i>0.34</i>	<i>1.48</i>	<i>0.91</i>	<i>0.79</i>	<i>0.44</i>	<i>0.92</i>	<i>1.02</i>
\$15,000 - \$19,999	12.27	17.26	6.14	14.37	12.31	7.24*	15.07
	<i>0.33</i>	<i>1.41</i>	<i>0.59</i>	<i>0.71</i>	<i>0.59</i>	<i>1.09</i>	<i>0.95</i>
\$20,000 - \$24,999	11.04	8.92	2.10*	13.25	13.29	12.02	13.96
	<i>0.36</i>	<i>0.91</i>	<i>0.36</i>	<i>0.71</i>	<i>0.62</i>	<i>1.48</i>	<i>0.97</i>
\$25,000 - \$29,999	8.50	6.73	0.74*	10.25	10.30	9.67	11.50
	<i>0.29</i>	<i>0.83</i>	<i>0.24</i>	<i>0.80</i>	<i>0.54</i>	<i>1.42</i>	<i>0.88</i>
\$30,000 or more	32.45	14.33	2.58*	31.26	48.24	61.91	31.43
	<i>0.55</i>	<i>1.09</i>	<i>0.48</i>	<i>1.13</i>	<i>0.92</i>	<i>2.01</i>	<i>1.45</i>
Metropolitan Area Resident							
Yes	76.34	67.59	73.71	65.85	79.01	74.47	95.59
	<i>0.26</i>	<i>1.56</i>	<i>0.91</i>	<i>1.11</i>	<i>0.70</i>	<i>2.17</i>	<i>0.93</i>
No	23.66	32.41	26.29	34.15	20.99	25.53	4.41
	<i>0.26</i>	<i>1.56</i>	<i>0.91</i>	<i>1.11</i>	<i>0.70</i>	<i>2.17</i>	<i>0.93</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 HMO stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 In 1998, CMS refined its coding for *race* by adding the category named *more than one race* to capture data on multiracial Medicare beneficiaries. This led to increases in the subgroup named *other race/ethnic minorities*.

3.2

HOW HEALTHY ARE MEDICARE BENEFICIARIES?

Table 2.1 Perceived Health and Functioning of Medicare Beneficiaries, by Age and by Gender and Age, 2002

All Medicare Beneficiaries

1 of 2

Measure of Perceived Health of Functioning ¹	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	41,808	5,899	18,720	12,679	4,510	3,282	8,581	5,125	1,378	18,366	2,617	10,139	7,554	3,132	23,442
	117	112	161	114	67	83	116	87	49	123	73	135	85	65	131
Beneficiaries as a Percentage of Column Total															
Health Status															
Excellent	13.87	4.01	18.40	12.57	11.60	4.78	21.03	14.08	12.39	15.54	3.05*	16.17	11.56	11.26	12.57
	0.40	0.49	0.69	0.58	0.73	0.75	0.90	0.84	1.37	0.55	0.57	0.88	0.83	0.82	0.48
Very good	25.09	8.89	29.76	26.53	22.75	9.64	29.77	25.97	26.19	24.84	7.96	29.76	26.90	21.24	25.28
	0.38	0.76	0.63	0.79	0.97	1.06	0.93	1.16	2.04	0.59	0.91	0.91	1.04	1.21	0.53
Good	31.09	25.12	31.41	33.56	30.63	23.59	29.97	33.14	28.69	29.61	27.04	32.63	33.85	31.49	32.25
	0.43	1.12	0.69	0.81	1.24	1.56	1.08	1.25	1.93	0.68	1.81	1.05	0.98	1.48	0.66
Fair	20.61	34.60	14.81	20.74	26.08	33.94	13.51	19.41	23.23	19.54	35.44	15.90	21.64	27.33	21.45
	0.42	1.34	0.56	0.62	1.22	1.73	0.77	1.06	2.05	0.69	1.99	0.75	0.79	1.37	0.49
Poor	9.34	27.37	5.63	6.59	8.93	28.05	5.73	7.40	9.49	10.47	26.52	5.54	6.04	8.69	8.45
	0.27	1.21	0.34	0.44	0.66	1.62	0.50	0.65	1.28	0.42	1.77	0.48	0.54	0.75	0.38
Functional Limitation															
None	53.08	25.92	70.05	50.72	24.81	30.91	76.80	59.34	35.74	60.65	19.63	64.33	44.86	20.03	47.15
	0.53	1.26	0.84	0.89	1.06	1.75	1.14	1.35	1.86	0.78	1.58	1.12	1.06	1.27	0.67
IADL only ²	22.21	36.36	16.14	23.99	23.90	32.11	10.40	19.63	23.06	17.81	41.70	21.01	26.96	24.27	25.67
	0.47	1.34	0.63	0.67	1.02	1.55	0.75	1.01	1.75	0.57	2.47	0.92	0.96	1.07	0.65
One to two ADLs ³	13.80	21.30	9.46	13.87	21.80	20.83	8.79	11.63	20.66	12.63	21.89	10.02	15.39	22.29	14.71
	0.36	1.32	0.47	0.55	1.01	1.37	0.63	0.84	1.87	0.50	2.18	0.60	0.82	1.23	0.45
Three to five ADLs	10.91	16.42	4.35	11.41	29.49	16.15	4.01	9.39	20.54	8.92	16.77	4.65	12.79	33.41	12.47
	0.30	0.95	0.31	0.55	1.01	1.15	0.42	0.78	1.65	0.35	1.51	0.43	0.69	1.22	0.43
Upper Extremity Limitation															
No	57.53	43.54	67.86	55.38	38.89	46.72	70.45	59.79	46.90	61.47	39.50	65.66	52.38	35.35	54.44
	0.53	1.43	0.79	0.97	1.12	1.85	1.12	1.24	2.10	0.70	2.05	0.95	1.25	1.36	0.59
Yes, no ADL/IADL present	12.26	6.97	14.46	13.27	7.17	8.59	15.38	15.53	9.58	13.78	4.91*	13.69	11.72	6.11	11.07
	0.37	0.68	0.58	0.64	0.69	0.99	0.94	0.95	1.22	0.51	0.94	0.77	0.78	0.76	0.46
Yes, ADL/IADL present	30.20	49.49	17.68	31.36	53.94	44.69	14.17	24.68	43.52	24.75	55.58	20.65	35.90	58.54	34.48
	0.44	1.46	0.57	0.82	1.15	1.84	0.76	1.13	1.92	0.59	2.26	0.76	1.05	1.40	0.56

Table 2.1 Perceived Health and Functioning of Medicare Beneficiaries, by Age and by Gender and Age, 2002

All Medicare Beneficiaries

2 of 2

Measure of Perceived Health of Functioning ¹	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	41,808	5,899	18,720	12,679	4,510	3,282	8,581	5,125	1,378	18,366	2,617	10,139	7,554	3,132	23,442
	<i>117</i>	<i>112</i>	<i>161</i>	<i>114</i>	<i>67</i>	<i>83</i>	<i>116</i>	<i>87</i>	<i>49</i>	<i>123</i>	<i>73</i>	<i>135</i>	<i>85</i>	<i>65</i>	<i>131</i>
Beneficiaries as a Percentage of Column Total															
Mobility Limitation															
No	49.36	31.81	63.17	46.12	23.90	35.85	68.59	53.28	35.05	55.95	26.69	58.58	41.26	18.96	44.19
	<i>0.47</i>	<i>1.18</i>	<i>0.66</i>	<i>0.82</i>	<i>0.95</i>	<i>1.54</i>	<i>1.05</i>	<i>0.95</i>	<i>2.05</i>	<i>0.69</i>	<i>1.58</i>	<i>0.99</i>	<i>1.09</i>	<i>1.13</i>	<i>0.60</i>
Yes, no ADL/IADL present	13.05	9.26	14.23	14.24	9.74	10.31	14.01	15.45	13.00	13.67	7.92	14.42	13.42	8.30	12.56
	<i>0.37</i>	<i>0.77</i>	<i>0.57</i>	<i>0.57</i>	<i>0.83</i>	<i>1.07</i>	<i>0.72</i>	<i>0.92</i>	<i>1.24</i>	<i>0.52</i>	<i>0.99</i>	<i>0.80</i>	<i>0.72</i>	<i>0.95</i>	<i>0.43</i>
Yes, ADL/IADL present	37.59	58.93	22.60	39.64	66.36	53.83	17.40	31.27	51.95	30.38	65.38	27.00	45.31	72.74	43.25
	<i>0.46</i>	<i>1.33</i>	<i>0.70</i>	<i>0.78</i>	<i>1.02</i>	<i>1.82</i>	<i>0.96</i>	<i>1.04</i>	<i>2.12</i>	<i>0.70</i>	<i>1.86</i>	<i>0.95</i>	<i>1.03</i>	<i>1.27</i>	<i>0.56</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.
- 2 IADL stands for Instrumental Activity of Daily Living.
- 3 ADL stands for Activity of Daily Living.

Table 2.2 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Age and by Gender and Age, 2002

All Medicare Beneficiaries

1 of 2

Self-Reported Health Condition ¹	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	41,808	5,899	18,720	12,679	4,510	3,282	8,581	5,125	1,378	18,366	2,617	10,139	7,554	3,132	23,442
	117	112	161	114	67	83	116	87	49	123	73	135	85	65	131
Beneficiaries as a Percentage of Column Total															
Chronic Conditions²															
None	9.87	15.33	11.44	6.64	5.28	17.95	15.03	9.11	7.57*	13.34	12.05	8.41	4.97	4.27	7.15
	0.31	0.90	0.51	0.41	0.50	1.22	0.83	0.71	1.08	0.54	1.13	0.52	0.50	0.55	0.32
One	18.32	18.75	21.86	14.54	13.65	18.68	23.92	16.67	17.79	20.50	18.83	20.12	13.10	11.83	16.61
	0.42	1.07	0.71	0.59	0.79	1.25	1.10	1.06	1.66	0.59	1.67	0.89	0.68	0.87	0.51
Two or more	71.81	65.92	66.70	78.82	81.07	63.37	61.05	74.23	74.64	66.16	69.12	71.48	81.93	83.90	76.24
	0.48	1.21	0.70	0.76	0.91	1.52	1.11	1.23	1.95	0.74	1.81	0.91	0.88	1.00	0.55
Prevalence of Disease/Condition															
Disease/Condition²															
Heart disease	39.38	35.74	35.00	44.53	47.95	35.59	38.32	50.78	54.65	42.52	35.94	32.20	40.29	44.99	36.91
	0.49	1.28	0.80	0.88	1.22	1.76	1.18	1.38	2.03	0.81	1.99	1.02	1.10	1.43	0.61
Hypertension	58.36	52.11	57.68	62.10	58.83	53.24	55.08	58.26	48.92	55.18	50.70	59.89	64.71	63.19	60.86
	0.46	1.11	0.73	0.74	1.00	1.66	1.05	1.25	2.15	0.66	1.87	1.09	1.04	1.26	0.60
Diabetes	20.16	22.02	20.74	20.05	15.64	21.94	21.08	20.97	17.38	20.92	22.11	20.44	19.43	14.87	19.56
	0.45	1.25	0.72	0.69	0.79	1.57	0.93	1.10	1.67	0.60	1.59	0.90	0.88	0.89	0.53
Arthritis	57.89	52.68	55.44	63.45	59.21	47.09	46.99	55.61	56.46	50.13	59.66	62.60	68.77	60.43	63.97
	0.51	1.56	0.78	0.78	1.23	1.80	1.21	1.29	1.94	0.78	2.09	0.90	0.93	1.50	0.59
Osteoporosis/broken hip	19.75	16.36	16.47	23.88	26.16	9.89	4.28	6.87	9.57	6.40	24.47	26.79	35.43	33.45	30.21
	0.35	1.05	0.59	0.58	0.89	0.94	0.43	0.66	0.92	0.33	1.91	1.02	0.90	1.25	0.57
Pulmonary disease	15.45	22.44	14.87	14.48	11.41	20.04	15.65	15.70	14.38	16.35	25.45	14.21	13.66	10.10	14.74
	0.32	1.16	0.50	0.54	0.66	1.26	0.91	0.88	1.23	0.52	2.01	0.71	0.66	0.89	0.43
Stroke	12.04	11.54	9.02	15.01	16.90	11.80	9.38	16.19	16.16	12.22	11.21	8.71	14.20	17.22	11.90
	0.28	0.89	0.41	0.50	0.81	1.18	0.62	0.90	1.44	0.41	1.17	0.60	0.75	0.94	0.42
Alzheimer's disease	5.29	1.78*	1.86	7.05	19.12	1.99*	1.91*	6.06	15.74	4.12	1.52*	1.83*	7.73	20.62	6.20
	0.18	0.40	0.19	0.41	0.85	0.63	0.33	0.55	1.60	0.28	0.43	0.29	0.51	1.19	0.26
Parkinson's disease	1.59	0.74*	1.15	2.27	2.59	1.34*	1.21*	3.14	3.22*	1.92	0.00	1.10*	1.68*	2.31*	1.33
	0.12	0.29	0.18	0.28	0.34	0.52	0.25	0.48	0.72	0.19	0.00	0.22	0.25	0.40	0.12
Skin cancer	16.68	6.07	15.60	22.16	19.63	6.50	19.47	27.20	28.68	20.00	5.53*	12.33	18.74	15.65	14.08
	0.38	0.64	0.55	0.84	0.93	0.87	0.93	1.25	2.11	0.64	1.09	0.64	0.92	1.07	0.45
Other type of cancer	17.26	11.76	16.13	21.61	16.88	8.15	14.84	21.99	23.17	16.27	16.27	17.23	21.35	14.11	18.03
	0.37	0.80	0.53	0.65	0.82	1.15	0.84	0.92	1.73	0.52	1.57	0.67	0.85	0.89	0.46

Table 2.2 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Age and by Gender and Age, 2002

All Medicare Beneficiaries

2 of 2

Self-Reported Health Condition ¹	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	41,808	5,899	18,720	12,679	4,510	3,282	8,581	5,125	1,378	18,366	2,617	10,139	7,554	3,132	23,442
	<i>117</i>	<i>112</i>	<i>161</i>	<i>114</i>	<i>67</i>	<i>83</i>	<i>116</i>	<i>87</i>	<i>49</i>	<i>123</i>	<i>73</i>	<i>135</i>	<i>85</i>	<i>65</i>	<i>131</i>
Prevalence of Disease/Condition															
Mental Illness/Disorder³	19.08	55.79	13.32	13.61	10.34	53.96	9.96	11.16	8.15*	18.02	58.10	16.16	15.27	11.31	19.90
	<i>0.38</i>	<i>1.09</i>	<i>0.53</i>	<i>0.61</i>	<i>0.74</i>	<i>1.72</i>	<i>0.67</i>	<i>0.84</i>	<i>1.17</i>	<i>0.48</i>	<i>1.59</i>	<i>0.73</i>	<i>0.77</i>	<i>0.89</i>	<i>0.49</i>
Urinary Incontinence	25.56	22.63	19.47	29.43	44.01	14.70	11.18	20.18	32.68	15.92	32.60	26.45	35.70	48.99	33.10
	<i>0.52</i>	<i>1.11</i>	<i>0.66</i>	<i>0.84</i>	<i>1.22</i>	<i>1.15</i>	<i>0.67</i>	<i>1.04</i>	<i>2.10</i>	<i>0.55</i>	<i>1.93</i>	<i>0.94</i>	<i>1.21</i>	<i>1.59</i>	<i>0.71</i>
Smokers															
Never smoked	40.70	33.18	37.28	42.42	61.06	25.76	21.62	21.08	33.02	23.04	42.51	50.48	56.99	73.76	54.62
	<i>0.53</i>	<i>1.22</i>	<i>0.86</i>	<i>0.89</i>	<i>1.14</i>	<i>1.51</i>	<i>1.12</i>	<i>1.07</i>	<i>2.11</i>	<i>0.70</i>	<i>1.92</i>	<i>0.99</i>	<i>1.15</i>	<i>1.30</i>	<i>0.68</i>
Former smoker	44.44	31.38	47.67	48.93	35.03	34.63	60.66	67.57	61.50	57.97	27.29	36.72	36.19	23.05	33.76
	<i>0.55</i>	<i>1.27</i>	<i>0.88</i>	<i>0.87</i>	<i>1.14</i>	<i>1.86</i>	<i>1.25</i>	<i>1.27</i>	<i>2.20</i>	<i>0.85</i>	<i>1.63</i>	<i>0.99</i>	<i>1.05</i>	<i>1.17</i>	<i>0.62</i>
Current smoker	14.87	35.44	15.05	8.65	3.91	39.61	17.72	11.34	5.48*	18.99	30.20	12.80	6.82	3.19*	11.62
	<i>0.40</i>	<i>1.29</i>	<i>0.63</i>	<i>0.48</i>	<i>0.39</i>	<i>1.72</i>	<i>0.97</i>	<i>0.80</i>	<i>0.96</i>	<i>0.64</i>	<i>1.76</i>	<i>0.77</i>	<i>0.54</i>	<i>0.56</i>	<i>0.44</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.
- 2 In CY 1997, the facility instrument was changed from paper-and-pencil to computer-assisted personal interviewing (CAPI). As a result, questions about certain disease/condition items were asked differently. Consequently, there are significant fluctuations in the prevalence of certain diseases/conditions before and after CY 1997. See Appendix A for a detailed explanation.
- 3 In 1997, mental disorders were expanded to include schizophrenia and bipolar disease for facility residents. In 2000, this category was further expanded, for the community residents, to include depression.

Table 2.3 Perceived Health and Functioning of Medicare Beneficiaries, by Race/Ethnicity and Age, 2002

All Medicare Beneficiaries

1 of 2

Measure of Perceived Health or Functioning ¹	Total ²	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	41,808	3,922	14,794	10,517	3,727	32,960	1,024	1,584	954	349	3,911	606	1,421	763	299	3,089
	117	120	162	127	67	203	46	57	40	22	72	59	92	54	29	160
Beneficiaries as a Percentage of Column Total																
Health Status																
Excellent	13.87	3.74	19.81	13.08	12.10	14.89	5.50*	9.21*	8.45*	9.24*	8.06	4.06*	14.88*	11.19*	9.01*	11.27
	0.40	0.51	0.71	0.62	0.86	0.43	1.72	1.67	1.55	2.15	0.88	1.61	2.20	2.21	2.99	1.35
Very good	25.09	9.69	31.05	27.39	23.49	26.50	9.23*	25.13	22.10	20.02*	19.78	5.00*	21.66	21.03*	14.08*	17.49
	0.38	1.04	0.70	0.84	1.03	0.46	2.24	2.52	2.54	3.25	1.33	1.71	2.49	3.30	2.90	1.47
Good	31.09	24.88	30.56	33.98	30.82	31.01	25.97	33.87	28.03	25.55*	29.63	25.78	37.86	30.85	31.06*	33.09
	0.43	1.42	0.78	0.87	1.27	0.47	2.88	2.70	2.48	4.18	1.30	3.73	2.60	3.76	4.51	1.76
Fair	20.61	32.12	13.04	19.13	25.54	18.65	40.58	26.04	32.66	29.87	31.80	45.73	21.70	31.35	33.32*	29.95
	0.42	1.43	0.58	0.63	1.35	0.44	3.64	2.46	2.85	4.38	1.57	4.28	2.49	3.61	4.13	1.70
Poor	9.34	29.57	5.53	6.43	8.05	8.96	18.73	5.74*	8.76*	15.32*	10.73	19.42*	3.90*	5.59*	12.53*	8.21
	0.27	1.43	0.37	0.46	0.66	0.26	2.30	1.33	1.73	2.77	0.96	2.87	1.04	1.17	2.82	0.83
Functional Limitation																
None	53.08	24.81	71.30	52.22	25.71	54.53	33.34	62.53	40.72	22.77*	46.04	21.86	68.90	44.28	14.51*	48.28
	0.53	1.59	0.90	1.06	1.19	0.64	3.11	2.37	2.68	3.42	1.58	4.53	2.71	3.31	3.09	1.99
IADL only ³	22.21	37.02	15.73	23.51	24.37	21.72	32.57	20.03	24.74	24.05*	24.81	40.94	16.06	29.12	18.26*	24.40
	0.47	1.54	0.65	0.75	1.16	0.51	3.06	1.98	2.60	3.03	1.36	4.45	2.29	2.97	3.40	1.81
One to two ADLs ⁴	13.80	20.78	9.18	13.50	22.02	13.39	21.76	9.09*	19.03	15.89*	15.43	22.08*	9.36*	13.13*	25.66*	14.38
	0.36	1.48	0.56	0.59	1.20	0.40	3.02	1.48	2.00	2.71	1.25	5.28	1.91	2.29	3.72	1.15
Three to five ADLs	10.91	17.39	3.79	10.77	27.90	10.36	12.32*	8.34*	15.51	37.28	13.72	15.13*	5.67*	13.48*	41.57	12.95
	0.30	1.14	0.31	0.59	1.10	0.31	2.10	1.61	1.91	3.52	1.02	2.89	1.07	3.23	4.79	1.17
Upper Extremity Limitation																
No	57.53	43.25	68.50	55.63	39.79	58.17	47.26	61.45	47.64	30.80*	51.63	45.28	69.14	57.34	33.17*	58.03
	0.53	1.90	0.84	1.04	1.16	0.57	3.19	2.51	3.02	4.12	1.57	3.87	2.70	3.22	4.67	1.95
Yes, no ADL/IADL present	12.26	6.78	14.74	14.01	7.58	12.76	8.95*	15.04	11.58*	7.86*	11.96	5.83*	13.28*	9.08*	3.58*	9.83
	0.37	0.86	0.66	0.76	0.77	0.42	1.66	1.73	1.77	2.40	0.96	1.71	2.34	1.86	1.58	1.16
Yes, ADL/IADL present	30.20	49.97	16.76	30.36	52.63	29.07	43.79	23.51	40.79	61.34	36.41	48.88	17.58	33.58	63.25	32.14
	0.44	1.99	0.64	0.92	1.16	0.52	3.24	1.89	2.93	3.79	1.50	3.81	1.87	3.29	4.92	1.84

Table 2.3 Perceived Health and Functioning of Medicare Beneficiaries, by Race/Ethnicity and Age, 2002

All Medicare Beneficiaries

2 of 2

Measure of Perceived Health or Functioning ¹	Total ²	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	41,808	3,922	14,794	10,517	3,727	32,960	1,024	1,584	954	349	3,911	606	1,421	763	299	3,089
	<i>117</i>	<i>120</i>	<i>162</i>	<i>127</i>	<i>67</i>	<i>203</i>	<i>46</i>	<i>57</i>	<i>40</i>	<i>22</i>	<i>72</i>	<i>59</i>	<i>92</i>	<i>54</i>	<i>29</i>	<i>160</i>
Beneficiaries as a Percentage of Column Total																
Mobility Limitation																
No	49.36	30.56	64.45	47.28	25.72	50.58	35.29	51.33	33.39	10.90*	39.16	37.56	62.31	47.08	16.00*	49.17
	<i>0.47</i>	<i>1.38</i>	<i>0.80</i>	<i>0.98</i>	<i>1.07</i>	<i>0.59</i>	<i>2.87</i>	<i>2.72</i>	<i>2.42</i>	<i>2.47</i>	<i>1.39</i>	<i>4.51</i>	<i>2.06</i>	<i>3.39</i>	<i>3.33</i>	<i>1.41</i>
Yes, no ADL/IADL present	13.05	8.62	13.89	14.35	9.50	12.92	14.57*	18.20	16.33	15.77*	16.58	4.46*	15.52	9.66*	5.90*	10.95
	<i>0.37</i>	<i>0.95</i>	<i>0.62</i>	<i>0.67</i>	<i>0.94</i>	<i>0.44</i>	<i>2.24</i>	<i>2.09</i>	<i>1.95</i>	<i>3.00</i>	<i>1.14</i>	<i>1.31</i>	<i>1.80</i>	<i>2.07</i>	<i>1.87</i>	<i>1.20</i>
Yes, ADL/IADL present	37.59	60.82	21.66	38.37	64.78	36.49	50.13	30.47	50.27	73.34	44.26	57.99	22.17	43.27	78.10	39.88
	<i>0.46</i>	<i>1.68</i>	<i>0.81</i>	<i>0.88</i>	<i>1.11</i>	<i>0.60</i>	<i>3.42</i>	<i>2.60</i>	<i>2.83</i>	<i>3.83</i>	<i>1.44</i>	<i>4.50</i>	<i>1.85</i>	<i>4.13</i>	<i>3.74</i>	<i>1.62</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.

2 Total includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.

3 IADL stands for Instrumental Activity of Daily Living.

4 ADL stands for Activity of Daily Living.

Table 2.4 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Race/Ethnicity and Age, 2002

All Medicare Beneficiaries

1 of 2

Self-Reported Health Condition ¹	Total ²	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	41,808	3,922	14,794	10,517	3,727	32,960	1,024	1,584	954	349	3,911	606	1,421	763	299	3,089
	117	120	162	127	67	203	46	57	40	22	72	59	92	54	29	160
Beneficiaries as a Percentage of Column Total																
Chronic Conditions³																
None	9.87	14.74	11.49	6.87	5.65	9.74	14.49	9.63*	4.95*	1.08*	9.00	20.63	12.50*	6.52*	5.12*	11.90
	0.31	1.08	0.56	0.44	0.56	0.36	2.02	1.76	1.36	0.81	0.91	2.89	1.92	1.90	2.21	1.10
One	18.32	20.19	21.94	14.14	13.94	18.34	16.69	19.93	12.83*	9.81*	16.45	12.89*	23.54	18.70*	13.03*	19.24
	0.42	1.27	0.83	0.64	0.84	0.48	2.25	2.44	2.14	2.47	1.36	3.68	2.64	2.18	3.18	1.35
Two or more	71.81	65.08	66.57	78.98	80.41	71.92	68.82	70.44	82.22	89.11	74.56	66.49	63.96	74.77	81.85	68.86
	0.48	1.55	0.77	0.81	1.00	0.55	2.67	2.72	2.47	2.60	1.50	4.00	2.52	2.79	3.31	1.40
Prevalence of Disease/Condition																
Disease/Condition³																
Heart disease	39.38	36.67	36.24	45.50	48.59	40.63	32.83	31.35	40.70	45.65	35.29	29.14	28.02	35.76	42.48	31.56
	0.49	1.79	0.91	0.96	1.40	0.58	3.26	2.19	3.03	3.81	1.65	3.86	2.54	3.35	3.74	1.85
Hypertension	58.36	49.83	56.58	60.71	57.39	57.19	61.83	72.79	74.99	75.98	70.74	51.69	54.75	63.53	56.10	56.45
	0.46	1.45	0.83	0.78	1.15	0.50	2.62	2.26	2.61	3.01	1.33	3.88	2.45	3.02	5.19	1.66
Diabetes	20.16	19.33	18.24	18.71	13.97	18.03	28.30	32.20	31.43	21.72*	30.06	27.70*	30.74	23.61	25.08*	27.84
	0.45	1.55	0.77	0.73	0.84	0.49	2.44	2.36	2.65	2.93	1.39	3.60	2.53	2.61	4.22	1.63
Arthritis	57.89	52.95	55.26	63.38	57.95	57.88	54.20	58.53	70.29	71.34	61.41	44.81	53.30	59.41	62.00	53.99
	0.51	1.91	0.86	0.84	1.26	0.58	2.96	2.88	2.67	4.24	1.62	5.33	2.75	3.29	4.70	2.17
Osteoporosis/broken hip	19.75	17.85	17.39	25.54	27.34	21.17	9.06*	7.74*	10.44*	14.87*	9.38	17.71*	14.85	20.50*	25.23*	17.81
	0.35	1.27	0.64	0.61	1.03	0.39	1.74	1.25	1.81	2.45	0.88	3.75	1.87	3.67	4.09	1.57
Pulmonary disease	15.45	24.91	14.82	14.89	10.82	15.59	15.58	14.60	13.46*	11.57*	14.31	17.80*	13.16	11.14*	16.38*	13.88
	0.32	1.45	0.60	0.62	0.68	0.38	2.36	1.80	2.00	2.68	0.96	2.87	1.72	2.10	3.08	1.00
Stroke	12.04	11.37	8.72	14.96	16.43	11.90	13.28*	10.96*	17.12	19.84*	13.86	8.91*	8.09*	14.51*	21.02*	11.09
	0.28	1.27	0.45	0.56	0.89	0.30	1.81	1.80	1.87	3.26	1.04	2.33	1.34	2.61	3.89	1.02
Alzheimer's disease	5.29	2.04*	1.70	7.02	18.62	5.35	0.30*	2.74*	8.70*	23.19*	5.38	2.02*	1.82*	4.15*	22.36*	4.42
	0.18	0.55	0.23	0.48	0.93	0.22	0.30	0.70	1.34	2.78	0.45	0.89	0.63	1.32	3.91	0.60
Parkinson's disease	1.59	1.08*	1.24*	2.28	2.28*	1.67	0.00	0.80*	2.87*	3.81*	1.37*	0.00	0.40*	2.26*	5.00*	1.23*
	0.12	0.43	0.21	0.31	0.35	0.15	0.00	0.40	0.75	1.51	0.30	0.00	0.29	1.17	1.74	0.32
Skin cancer	16.68	8.28	18.56	25.88	22.36	20.10	0.34*	1.11*	0.74*	1.18*	0.83*	2.38*	3.69*	6.97*	11.19*	4.97*
	0.38	0.86	0.65	0.95	1.02	0.45	0.36	0.54	0.43	0.88	0.27	1.15	1.08	1.71	3.27	0.86
Other type of cancer	17.26	11.25	16.53	22.72	17.82	18.02	10.46*	18.82	16.91	14.14*	15.75	15.74*	10.61*	14.57*	9.47*	12.48
	0.37	1.08	0.57	0.72	0.95	0.40	2.02	2.12	2.04	2.56	1.25	2.96	1.55	2.36	2.82	1.00

Table 2.4 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Race/Ethnicity and Age, 2002

All Medicare Beneficiaries

2 of 2

Self-Reported Health Condition ¹	Total ²	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	41,808	3,922	14,794	10,517	3,727	32,960	1,024	1,584	954	349	3,911	606	1,421	763	299	3,089
	<i>117</i>	<i>120</i>	<i>162</i>	<i>127</i>	<i>67</i>	<i>203</i>	<i>46</i>	<i>57</i>	<i>40</i>	<i>22</i>	<i>72</i>	<i>59</i>	<i>92</i>	<i>54</i>	<i>29</i>	<i>160</i>
Prevalence of Disease/Condition																
Mental Illness/Disorder⁴	19.08	58.09	13.09	13.94	9.81	18.34	46.41	10.65	10.87*	8.77*	19.90	55.61	17.80	13.94*	20.84*	24.55
	<i>0.38</i>	<i>1.23</i>	<i>0.59</i>	<i>0.72</i>	<i>0.81</i>	<i>0.42</i>	<i>2.99</i>	<i>1.37</i>	<i>1.79</i>	<i>2.35</i>	<i>1.17</i>	<i>4.15</i>	<i>2.46</i>	<i>1.91</i>	<i>4.06</i>	<i>1.44</i>
Urinary Incontinence	25.56	23.89	19.82	30.30	43.61	26.31	21.50	16.57	25.75	45.51	22.72	14.50*	15.56	21.88	45.85	19.83
	<i>0.52</i>	<i>1.43</i>	<i>0.72</i>	<i>0.90</i>	<i>1.33</i>	<i>0.59</i>	<i>2.92</i>	<i>2.10</i>	<i>2.38</i>	<i>4.68</i>	<i>1.25</i>	<i>2.88</i>	<i>2.08</i>	<i>2.64</i>	<i>4.86</i>	<i>1.50</i>
Smokers																
Never smoked	40.70	30.90	35.88	41.44	60.62	39.70	37.61	35.74	40.84	60.87	39.62	44.27	48.48	49.83	62.82	49.35
	<i>0.53</i>	<i>1.47</i>	<i>0.93</i>	<i>1.00</i>	<i>1.30</i>	<i>0.63</i>	<i>2.93</i>	<i>2.55</i>	<i>2.61</i>	<i>4.13</i>	<i>1.64</i>	<i>5.48</i>	<i>3.19</i>	<i>3.23</i>	<i>5.17</i>	<i>2.40</i>
Former smoker	44.44	32.31	49.13	50.31	35.62	46.04	27.92	44.96	43.85	35.73	39.40	28.94	39.85	41.80	31.95*	37.43
	<i>0.55</i>	<i>1.62</i>	<i>1.01</i>	<i>1.00</i>	<i>1.31</i>	<i>0.66</i>	<i>3.24</i>	<i>2.67</i>	<i>2.45</i>	<i>4.09</i>	<i>1.57</i>	<i>3.63</i>	<i>2.98</i>	<i>3.04</i>	<i>4.81</i>	<i>1.92</i>
Current smoker	14.87	36.79	15.00	8.25	3.75	14.25	34.48	19.30	15.31*	3.41*	20.98	26.79	11.67*	8.36*	5.22*	13.22
	<i>0.40</i>	<i>1.51</i>	<i>0.67</i>	<i>0.47</i>	<i>0.45</i>	<i>0.44</i>	<i>3.17</i>	<i>2.48</i>	<i>2.23</i>	<i>1.75</i>	<i>1.45</i>	<i>4.17</i>	<i>2.37</i>	<i>1.65</i>	<i>1.52</i>	<i>1.63</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 Beneficiaries who were administered a community interview answered questions about diseases or health conditions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's diseases or health conditions for long-term care facility interviews.
- 2 Total includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.
- 3 In CY 1997, the facility instrument was changed from paper-and-pencil to computer-assisted personal interviewing (CAPI). As a result, questions about certain disease/condition items were asked differently. Consequently, there are significant fluctuations in the prevalence of certain diseases/conditions before and after CY 1997. See Appendix A for a detailed explanation.
- 4 In 1997, mental disorders were expanded to include schizophrenia and bipolar disease for facility residents. In 2000, this category was further expanded, for the community residents, to include depression.

Table 2.5a Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2002Community Residents¹

1 of 2

Measure of Perceived Health or Functioning	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,777	1,409	4,484	4,495	1,873	12,261	2,187	11,690	5,810	866	20,553	1,940	2,233	1,751	940	6,864
	120	81	125	94	65	204	103	145	120	44	207	84	96	66	48	161
Beneficiaries as a Percentage of Column Total																
Health Status																
Excellent	14.40	3.76*	18.57	13.67	15.61	14.61	1.56*	20.18	13.91	9.19*	15.97	6.61	10.44	9.10	12.91*	9.36
	0.41	1.15	1.40	1.03	1.24	0.68	0.59	0.84	0.85	1.43	0.54	0.89	1.46	1.29	1.72	0.76
Very good	25.90	9.20	29.48	29.37	26.30	26.62	5.68*	30.75	26.95	25.56	26.79	11.42	28.54	24.77	24.08	22.13
	0.42	1.24	1.27	1.32	1.39	0.74	1.13	0.90	1.10	2.26	0.69	1.41	1.82	1.76	2.26	0.94
Good	31.23	24.79	31.34	33.28	32.78	31.52	20.72	31.64	35.10	31.13	31.43	28.55	31.46	31.52	27.94	30.17
	0.43	2.55	1.52	1.27	1.98	0.79	1.93	0.90	1.10	2.41	0.65	1.84	1.90	1.77	2.43	0.96
Fair	19.58	37.69	14.09	18.72	20.47	19.48	37.09	13.00	18.06	24.58	17.47	30.89	22.70	25.17	25.04	25.96
	0.45	2.39	1.14	1.03	1.65	0.67	2.35	0.61	0.89	2.27	0.56	2.66	2.03	1.82	2.43	1.17
Poor	8.89	24.57	6.52	4.96	4.84*	7.77	34.94	4.43	5.98	9.53*	8.32	22.54	6.86*	9.43	10.03*	12.38
	0.28	2.34	0.84	0.55	0.73	0.48	2.25	0.40	0.53	1.72	0.40	2.04	0.99	1.38	1.61	0.83
Functional Limitation																
None	55.56	29.52	69.59	50.83	34.74	52.79	22.06	73.92	59.10	34.12	62.54	30.21	59.19	39.30	16.50	40.05
	0.56	2.54	1.53	1.38	1.88	0.95	2.38	0.96	1.25	2.29	0.80	1.76	2.43	2.01	1.93	1.11
IADL only ²	22.99	35.19	18.49	26.93	31.01	25.42	36.79	14.64	21.88	27.39	19.58	38.96	19.80	30.47	25.94	28.79
	0.49	2.52	1.16	1.34	1.68	0.80	2.31	0.76	1.00	2.64	0.71	1.85	1.74	1.95	2.17	1.00
One to two ADLs ³	13.62	22.46	8.84	15.44	21.78	14.80	24.84	8.37	11.64	20.82	11.57	17.21	14.37	16.15	26.42	17.29
	0.37	2.56	0.97	0.92	1.19	0.59	2.12	0.61	0.72	2.34	0.53	1.95	1.63	1.65	2.38	0.99
Three to five ADLs	7.84	12.83*	3.08*	6.79	12.48	7.00	16.31	3.07	7.37	17.67	6.31	13.61	6.64*	14.08	31.13	13.88
	0.28	2.08	0.61	0.63	1.25	0.47	1.88	0.36	0.67	2.20	0.39	1.56	1.07	1.41	2.50	0.72
Upper Extremity Limitation																
No	59.04	44.42	65.65	56.70	45.67	56.89	36.82	70.66	58.92	49.66	62.87	48.38	62.02	51.44	33.63	51.56
	0.53	3.06	1.39	1.28	1.95	0.77	2.57	0.94	1.32	2.56	0.74	2.17	2.30	1.93	2.62	1.33
Yes, no ADL/IADL present	12.81	8.26*	15.33	13.42	10.84	13.14	7.18	14.83	15.57	7.75*	13.93	6.81	12.28	9.50	4.79*	8.99
	0.38	1.39	1.11	0.94	1.20	0.65	1.22	0.74	1.04	1.53	0.53	0.95	1.38	1.22	1.18	0.59
Yes, ADL/IADL present	28.15	47.32	19.02	29.88	43.49	29.97	56.00	14.50	25.50	42.59	23.20	44.81	25.71	39.06	61.58	39.45
	0.45	3.31	1.12	1.22	1.81	0.78	2.61	0.69	0.99	2.67	0.63	2.33	2.01	1.80	2.69	1.23

Table 2.5a Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2002Community Residents¹

2 of 2

Measure of Perceived Health or Functioning	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,777	1,409	4,484	4,495	1,873	12,261	2,187	11,690	5,810	866	20,553	1,940	2,233	1,751	940	6,864
	<i>120</i>	<i>81</i>	<i>125</i>	<i>94</i>	<i>65</i>	<i>204</i>	<i>103</i>	<i>145</i>	<i>120</i>	<i>44</i>	<i>207</i>	<i>84</i>	<i>96</i>	<i>66</i>	<i>48</i>	<i>161</i>
Beneficiaries as a Percentage of Column Total																
Mobility Limitation																
No	51.09	34.19	60.06	47.57	31.93	48.23	22.00	67.72	52.52	34.48	57.16	38.34	51.75	33.50	15.50	38.31
	<i>0.49</i>	<i>2.59</i>	<i>1.45</i>	<i>1.30</i>	<i>1.66</i>	<i>0.92</i>	<i>1.93</i>	<i>0.95</i>	<i>1.35</i>	<i>2.18</i>	<i>0.77</i>	<i>1.96</i>	<i>2.39</i>	<i>2.17</i>	<i>1.86</i>	<i>1.27</i>
Yes, no ADL/IADL present	13.61	10.92	17.16	13.37	13.81	14.55	8.75	13.09	16.25	10.20*	13.40	9.83	15.59	14.30	8.52*	12.66
	<i>0.38</i>	<i>1.55</i>	<i>1.13</i>	<i>0.72</i>	<i>1.47</i>	<i>0.59</i>	<i>1.34</i>	<i>0.72</i>	<i>1.04</i>	<i>1.43</i>	<i>0.55</i>	<i>1.28</i>	<i>1.82</i>	<i>1.46</i>	<i>1.43</i>	<i>0.68</i>
Yes, ADL/IADL present	35.30	54.89	22.78	39.06	54.25	37.22	69.25	19.18	31.22	55.32	29.43	51.83	32.66	52.21	75.98	49.03
	<i>0.49</i>	<i>2.83</i>	<i>1.24</i>	<i>1.31</i>	<i>1.80</i>	<i>0.84</i>	<i>2.38</i>	<i>0.92</i>	<i>0.99</i>	<i>2.34</i>	<i>0.75</i>	<i>1.98</i>	<i>2.16</i>	<i>2.21</i>	<i>2.13</i>	<i>1.16</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

2 *IADL* stands for Instrumental Activity of Daily Living.

3 *ADL* stands for Activity of Daily Living.

Table 2.5b Perceived Health and Functioning of Institutionalized Medicare Beneficiaries, by Age, 2002Long-Term Care Facility-Only Residents¹

1 of 2

Measure of Perceived Health or Functioning ²	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	2,032	330	249	623	829
	70	25	26	42	39
Beneficiaries as a Percentage of Column Total					
Health Status					
Excellent	3.35*	6.62*	2.46*	1.82*	3.51*
	0.71	2.00	1.87	0.87	0.95
Very good	8.80	14.50*	1.85*	6.85*	10.13*
	0.98	2.82	1.36	1.48	1.63
Good	28.46	35.66	23.04*	26.95	28.39
	1.74	4.69	5.28	3.20	2.16
Fair	41.13	25.55*	42.43*	48.16	41.54
	1.77	3.96	6.48	2.70	2.55
Poor	18.25	17.68*	30.23*	16.23*	16.43
	1.33	2.99	6.35	2.00	1.92
Functional Limitation					
None	4.65*	12.06*	5.05*	3.67*	2.31*
	0.71	3.00	2.27	1.16	0.73
IADL only ³	7.13	23.28*	9.66*	4.32*	2.05*
	0.90	3.64	3.69	1.48	0.70
One to two ADLs ⁴	17.33	15.47*	19.75*	16.95*	17.64
	1.54	2.97	4.83	2.76	1.83
Three to five ADLs	70.89	49.19	65.55	75.06	78.01
	1.64	4.13	5.19	2.59	2.21
Upper Extremity Limitation					
No	27.34	56.14	31.72*	22.94	17.92
	1.29	3.86	5.47	2.68	1.91
Yes, no ADL/IADL present	1.16*	1.61*	2.22*	0.91*	0.85*
	0.36	1.14	1.64	0.62	0.43
Yes, ADL/IADL present	71.50	42.25	66.06	76.14	81.23
	1.30	3.79	5.69	2.74	1.91

Table 2.5b Perceived Health and Functioning of Institutionalized Medicare Beneficiaries, by Age, 2002Long-Term Care Facility-Only Residents¹

2 of 2

Measure of Perceived Health or Functioning ²	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	2,032	330	249	623	829
	<i>70</i>	<i>25</i>	<i>26</i>	<i>42</i>	<i>39</i>
Beneficiaries as a Percentage of Column Total					
Mobility Limitation					
No	14.75	50.15	13.79*	11.05*	3.92*
	<i>1.41</i>	<i>4.70</i>	<i>4.12</i>	<i>2.14</i>	<i>1.02</i>
Yes, no ADL/IADL present	1.99*	2.94*	4.15*	1.49*	1.34*
	<i>0.53</i>	<i>2.26</i>	<i>2.10</i>	<i>0.75</i>	<i>0.54</i>
Yes, ADL/IADL present	83.26	46.91	82.07	87.46	94.74
	<i>1.43</i>	<i>4.59</i>	<i>4.40</i>	<i>2.15</i>	<i>1.16</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *long-term care facility-only residents* includes beneficiaries who resided only in a long-term care facility during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in the community during the year.
- 2 A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

Table 2.6a Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2002Community Residents¹

1 of 2

Self-Reported Health Condition	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,777	1,409	4,484	4,495	1,873	12,261	2,187	11,690	5,810	866	20,553	1,940	2,233	1,751	940	6,864
	120	81	125	94	65	204	103	145	120	44	207	84	96	66	48	161
Beneficiaries as a Percentage of Column Total																
Chronic Conditions																
None	9.67	13.61	9.77	5.34	5.21*	7.89	7.61	12.57	7.79	4.65*	10.36	21.12	9.43	5.29*	3.41*	10.85
	0.33	1.75	0.90	0.68	0.72	0.51	1.29	0.71	0.65	1.19	0.53	1.61	1.22	1.04	0.97	0.68
One	18.13	16.62	19.59	14.00	13.30	16.24	17.25	22.86	15.42	15.25	19.84	19.41	20.85	11.41	8.63*	16.36
	0.42	2.24	1.22	0.83	1.13	0.59	2.01	0.98	0.91	2.23	0.72	1.63	1.80	1.34	1.60	0.72
Two or more	72.20	69.77	70.64	80.66	81.49	75.87	75.15	64.57	76.79	80.11	69.81	59.47	69.72	83.31	87.97	72.79
	0.47	2.66	1.32	1.08	1.38	0.75	2.30	0.93	1.08	2.22	0.73	1.93	1.94	1.68	1.80	0.94
Prevalence of Disease/Condition																
Disease/Condition																
Heart disease	39.89	35.54	34.55	45.35	46.75	40.48	43.97	35.14	45.47	54.85	39.83	29.63	35.91	45.13	53.10	38.83
	0.51	2.67	1.60	1.31	2.09	0.84	2.39	0.99	1.17	2.21	0.73	1.86	1.90	2.38	2.49	1.07
Hypertension	59.32	56.76	60.14	62.85	61.95	61.02	59.41	55.83	61.00	58.14	57.77	46.77	64.19	69.40	67.08	60.99
	0.47	3.24	1.48	1.27	1.86	0.77	2.39	0.93	1.21	2.83	0.71	2.12	2.33	2.16	2.08	1.20
Diabetes	20.17	25.87	21.15	19.51	14.16	20.02	24.35	18.93	19.26	13.50*	19.37	19.25	28.34	22.75	17.55	22.86
	0.46	2.73	1.34	1.16	1.18	0.75	2.09	0.84	1.07	1.84	0.64	1.78	1.82	1.92	1.90	1.03
Arthritis	59.85	56.90	60.12	67.70	66.38	63.49	62.71	54.26	62.75	64.19	57.98	46.40	56.71	69.98	68.94	58.89
	0.52	2.67	1.48	1.36	1.68	0.85	2.56	1.05	1.10	2.47	0.75	2.14	2.08	1.82	2.71	1.04
Osteoporosis/broken hip	19.95	16.07	20.55	30.17	28.32	24.75	18.21	14.68	18.63	21.37	16.46	15.98	18.42	27.77	30.60	21.78
	0.36	2.15	1.29	1.07	1.49	0.72	2.01	0.65	0.93	2.52	0.47	1.65	1.71	1.90	2.07	0.89
Pulmonary disease	15.65	24.62	15.40	14.92	9.53	15.39	26.56	13.65	13.90	14.37	15.12	18.94	19.51	15.53	14.27	17.62
	0.32	2.18	1.03	0.92	1.01	0.61	2.35	0.60	0.83	1.78	0.47	1.97	1.88	1.58	2.10	0.90
Stroke	11.78	11.82	9.99	13.16	12.81	11.79	12.83	8.36	15.08	17.27	11.11	10.84	9.24	17.63	22.72	13.68
	0.28	1.58	0.97	0.92	1.19	0.60	1.46	0.48	0.79	2.11	0.36	1.39	1.18	1.82	2.04	0.85
Alzheimer's disease	3.40	0.87*	1.38*	2.67*	6.78	2.62	1.93*	1.50*	4.14	11.78*	2.72	0.99*	1.47*	11.78	20.60	6.59
	0.16	0.42	0.43	0.46	0.80	0.27	0.86	0.22	0.47	1.94	0.22	0.44	0.54	1.44	2.15	0.60
Parkinson's disease	1.38	0.24*	0.58*	1.36*	0.59*	0.83*	1.85*	1.33*	2.08*	2.28*	1.64	0.00	0.44*	3.27*	3.81*	1.50*
	0.12	0.23	0.22	0.40	0.26	0.17	0.75	0.24	0.39	0.87	0.19	0.00	0.32	0.70	0.97	0.26
Skin cancer	17.47	5.20*	12.87	21.30	23.18	16.65	8.85*	17.52	27.07	31.54	19.89	4.71*	12.57	15.12	18.34	11.79
	0.39	1.09	1.05	1.09	1.55	0.66	1.33	0.82	1.28	2.77	0.70	1.07	1.74	1.70	2.24	0.89
Other type of cancer	17.91	11.08	17.34	22.97	18.62	18.88	14.79	15.58	23.03	25.71	18.03	10.56	17.88	18.88	15.32	15.72
	0.38	1.95	1.13	1.23	1.32	0.76	1.62	0.74	0.92	2.38	0.56	1.31	1.88	1.72	1.53	0.89

Table 2.6a Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2002Community Residents¹

2 of 2

Self-Reported Health Condition	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,777	1,409	4,484	4,495	1,873	12,261	2,187	11,690	5,810	866	20,553	1,940	2,233	1,751	940	6,864
	<i>120</i>	<i>81</i>	<i>125</i>	<i>94</i>	<i>65</i>	<i>204</i>	<i>103</i>	<i>145</i>	<i>120</i>	<i>44</i>	<i>207</i>	<i>84</i>	<i>96</i>	<i>66</i>	<i>48</i>	<i>161</i>
Prevalence of Disease/Condition																
Mental Illness/Disorder²	18.71	59.91	15.79	13.82	9.52	19.18	46.96	10.92	11.70	10.53*	14.96	59.08	16.30	16.62	16.56	28.51
	<i>0.39</i>	<i>2.81</i>	<i>1.18</i>	<i>0.97</i>	<i>1.04</i>	<i>0.67</i>	<i>2.27</i>	<i>0.59</i>	<i>0.78</i>	<i>1.80</i>	<i>0.52</i>	<i>2.21</i>	<i>1.58</i>	<i>1.69</i>	<i>1.99</i>	<i>0.96</i>
Urinary Incontinence	23.54	23.47	22.39	29.83	34.86	27.14	23.42	16.22	24.33	33.31	19.97	18.69	25.39	30.94	44.57	27.58
	<i>0.54</i>	<i>2.81</i>	<i>1.44</i>	<i>1.23</i>	<i>1.57</i>	<i>0.86</i>	<i>2.42</i>	<i>0.76</i>	<i>1.19</i>	<i>2.54</i>	<i>0.74</i>	<i>1.55</i>	<i>1.97</i>	<i>1.89</i>	<i>2.81</i>	<i>1.10</i>
Smokers																
Never smoked	39.18	26.82	38.27	45.20	58.28	42.53	28.95	36.63	36.48	39.12	35.88	36.15	35.27	47.14	68.29	43.00
	<i>0.56</i>	<i>2.34</i>	<i>1.72</i>	<i>1.54</i>	<i>1.74</i>	<i>1.00</i>	<i>2.12</i>	<i>1.06</i>	<i>1.26</i>	<i>2.64</i>	<i>0.71</i>	<i>1.98</i>	<i>2.10</i>	<i>2.05</i>	<i>2.52</i>	<i>1.14</i>
Former smoker	45.76	31.71	42.51	43.78	36.30	40.79	39.70	50.93	56.69	56.73	51.61	26.01	45.29	43.97	29.27	37.33
	<i>0.57</i>	<i>2.66</i>	<i>1.63</i>	<i>1.41</i>	<i>1.60</i>	<i>0.93</i>	<i>2.34</i>	<i>1.15</i>	<i>1.39</i>	<i>2.60</i>	<i>0.81</i>	<i>2.26</i>	<i>2.22</i>	<i>2.22</i>	<i>2.34</i>	<i>1.21</i>
Current smoker	15.05	41.47	19.22	11.02	5.42*	16.68	31.35	12.43	6.83	4.16*	12.52	37.84	19.44	8.89*	2.44*	19.67
	<i>0.41</i>	<i>2.77</i>	<i>1.21</i>	<i>0.89</i>	<i>0.78</i>	<i>0.61</i>	<i>2.36</i>	<i>0.71</i>	<i>0.64</i>	<i>0.99</i>	<i>0.56</i>	<i>1.99</i>	<i>1.70</i>	<i>1.33</i>	<i>0.75</i>	<i>0.94</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

2 In 1997, mental disorders were expanded to include schizophrenia and bipolar disease for facility residents. In 2000, this category was further expanded, for the community residents, to include depression.

Table 2.6b Reported Health Conditions and Risk Factors of Institutionalized Medicare Beneficiaries, by Age, 2002Long-Term Care Facility-Only Residents¹

1 of 2

Reported Health Condition ²	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	2,032	330	249	623	829
	70	25	26	42	39
Beneficiaries as a Percentage of Column Total					
Chronic Conditions³					
None	13.85	40.12	9.59*	9.11*	8.23*
	1.26	4.36	3.48	1.81	1.46
One	21.98	34.25	24.46*	19.09	18.51
	1.54	4.45	5.60	1.97	2.34
Two or more	64.18	25.63*	65.95	71.80	73.26
	1.76	4.48	6.22	2.81	2.66
Prevalence of Disease/Condition					
Disease/Condition³					
Heart disease	28.79	14.46*	24.14*	27.33	37.09
	1.59	3.78	5.69	3.01	2.23
Hypertension	39.52	15.29*	41.68*	46.49	43.28
	1.96	3.54	5.48	3.42	2.96
Diabetes	19.91	7.36*	29.87*	23.70	19.08
	1.41	2.38	4.96	2.87	1.97
Arthritis	19.50	3.83*	11.94*	20.86	26.97
	1.31	1.96	3.91	2.51	2.18
Osteoporosis/broken hip	15.80	4.20*	11.86*	16.48*	21.10
	1.27	1.84	3.85	2.54	1.93
Pulmonary disease	11.38	6.72*	18.24*	13.82*	9.34*
	1.12	3.37	4.45	2.26	1.17
Stroke	17.11	5.30*	17.97*	20.25	19.20
	1.15	2.08	4.80	2.35	1.76
Alzheimer's disease	42.33	7.76*	26.92*	52.55	53.04
	1.78	2.57	5.17	3.06	2.76
Parkinson's disease	5.76	0.00	7.15*	7.88*	6.05*
	0.76	0.00	3.10	1.77	1.11
Skin cancer	1.13*	0.00	1.04*	2.39*	0.66*
	0.40	0.00	1.05	1.14	0.38
Other type of cancer	4.45*	1.00*	1.04*	6.22*	5.52*
	0.74	0.76	1.05	1.55	1.15

Table 2.6b Reported Health Conditions and Risk Factors of Institutionalized Medicare Beneficiaries, by Age, 2002Long-Term Care Facility-Only Residents¹

2 of 2

Reported Health Condition ²	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	2,032	330	249	623	829
	<i>70</i>	<i>25</i>	<i>26</i>	<i>42</i>	<i>39</i>
Prevalence of Disease/Condition					
Mental Illness/Disorder⁴	26.29	75.09	45.05*	21.53	4.96*
	<i>1.23</i>	<i>3.91</i>	<i>5.73</i>	<i>2.46</i>	<i>1.05</i>
Urinary Incontinence	65.04	38.08	57.29*	68.97	74.98
	<i>1.52</i>	<i>4.26</i>	<i>5.73</i>	<i>2.78</i>	<i>2.51</i>
Smokers					
Never smoked	79.45	72.63	72.80*	73.24	89.69
	<i>1.46</i>	<i>3.93</i>	<i>5.57</i>	<i>3.13</i>	<i>1.66</i>
Former smoker	10.46	3.76*	5.05*	19.15*	9.18*
	<i>1.44</i>	<i>1.77</i>	<i>2.50</i>	<i>2.94</i>	<i>1.80</i>
Current smoker	10.10	23.61*	22.14*	7.61*	1.13*
	<i>1.21</i>	<i>3.58</i>	<i>5.43</i>	<i>1.95</i>	<i>0.67</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *long-term care facility-only residents* includes beneficiaries who resided only in a long-term care facility during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in the community during the year.
- 2 A proxy, such as a nurse, always answered questions about the beneficiary's diseases or health conditions for long-term care facility interviews.
- 3 In CY 1997, the facility instrument was changed from paper-and-pencil to computer-assisted personal interviewing (CAPI). As a result, questions about certain disease/condition items were asked differently. Consequently, there are significant fluctuations in the prevalence of certain diseases/conditions before and after CY 1997. See Appendix A for a detailed explanation.
- 4 In 1997, mental disorders were expanded to include schizophrenia and bipolar disease for facility residents. In 2000, this category was further expanded, for the community residents, to include depression.

Table 2.7 Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2002Community Residents¹

1 of 2

Measure of Perceived Health or Functioning	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,777	3,667	6,616	8,280	13,705	2,138	5,370
	120	132	164	209	227	108	150
Beneficiaries as a Percentage of Column Total							
Health Status							
Excellent	14.40	13.11	5.64	16.81	15.74	19.58	16.88
	0.41	1.22	0.52	0.93	0.67	2.10	1.11
Very good	25.90	20.84	13.57	28.98	29.03	32.05	29.35
	0.42	1.42	0.84	0.99	0.80	2.31	1.30
Good	31.23	28.14	30.06	33.22	30.89	29.55	33.22
	0.43	1.47	1.05	1.05	0.89	1.83	1.26
Fair	19.58	23.31	32.79	16.69	16.67	14.09	14.84
	0.45	1.57	1.19	0.77	0.75	1.51	0.99
Poor	8.89	14.59	17.94	4.29	7.68	4.73*	5.71
	0.28	1.29	0.97	0.46	0.50	0.84	0.67
Functional Limitation							
None	55.56	52.53	32.66	60.99	59.75	67.75	61.97
	0.56	1.86	1.10	1.19	0.97	2.20	1.30
IADL only ³	22.99	23.78	30.89	23.08	20.97	17.16	20.01
	0.49	1.42	1.05	0.93	0.92	1.68	1.30
One to two ADLs ⁴	13.62	14.33	19.02	11.36	12.93	10.47	12.94
	0.37	1.20	0.97	0.68	0.63	1.32	0.99
Three to five ADLs	7.84	9.36	17.43	4.57	6.36	4.62*	5.08
	0.28	1.05	0.94	0.48	0.38	0.81	0.66
Upper Extremity Limitation							
No	59.04	56.31	43.88	61.89	63.19	62.64	63.10
	0.53	1.62	1.22	1.10	0.81	2.10	1.60
Yes, no ADL/IADL present	12.81	12.12	9.82	14.48	12.39	16.70	13.95
	0.38	0.98	0.70	0.81	0.55	1.70	1.13
Yes, ADL/IADL present	28.15	31.57	46.30	23.64	24.42	20.66	22.95
	0.45	1.56	1.18	0.92	0.78	1.80	1.23

Table 2.7 Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2002Community Residents¹

2 of 2

Measure of Perceived Health or Functioning	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,777	3,667	6,616	8,280	13,705	2,138	5,370
	<i>120</i>	<i>132</i>	<i>164</i>	<i>209</i>	<i>227</i>	<i>108</i>	<i>150</i>
Beneficiaries as a Percentage of Column Total							
Mobility Limitation							
No	51.09	46.01	30.64	55.61	55.06	64.59	57.23
	<i>0.49</i>	<i>1.71</i>	<i>1.10</i>	<i>1.06</i>	<i>0.88</i>	<i>2.31</i>	<i>1.45</i>
Yes, no ADL/IADL present	13.61	14.08	13.33	14.12	13.53	12.04	13.64
	<i>0.38</i>	<i>1.17</i>	<i>0.81</i>	<i>0.86</i>	<i>0.60</i>	<i>1.29</i>	<i>1.02</i>
Yes, ADL/IADL present	35.30	39.91	56.03	30.27	31.41	23.37	29.12
	<i>0.49</i>	<i>1.70</i>	<i>1.24</i>	<i>0.93</i>	<i>0.88</i>	<i>1.97</i>	<i>1.14</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

Table 2.8 Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2002Community Residents¹

1 of 2

Self-Reported Health Condition	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,777	3,667	6,616	8,280	13,705	2,138	5,370
	120	132	164	209	227	108	150
Beneficiaries as a Percentage of Column Total							
Chronic Conditions							
None	9.67	15.11	9.68	8.44	8.58	9.34	10.72
	0.33	1.30	0.58	0.58	0.55	1.27	0.80
One	18.13	19.02	15.19	17.93	18.73	18.62	19.72
	0.42	1.42	0.73	0.75	0.68	1.76	1.32
Two or more	72.20	65.87	75.13	73.62	72.69	72.04	69.56
	0.47	1.70	0.93	0.84	0.77	1.91	1.40
Prevalence of Disease/Condition							
Disease/Condition							
Heart disease	39.89	34.41	41.73	41.99	40.56	41.59	35.73
	0.51	1.82	1.01	1.16	0.84	2.11	1.18
Hypertension	59.32	54.54	61.28	59.89	60.03	58.18	57.97
	0.47	1.42	1.14	1.02	0.80	2.26	1.54
Diabetes	20.17	21.37	28.61	16.20	19.04	16.21	19.54
	0.46	1.39	1.15	0.76	0.71	1.28	1.05
Arthritis	59.85	53.60	62.23	61.17	59.84	61.01	58.75
	0.52	1.53	1.32	1.07	0.73	2.23	1.43
Osteoporosis/broken hip	19.95	12.60	20.50	23.69	18.88	24.79	19.32
	0.36	1.02	0.98	0.85	0.75	2.07	1.06
Pulmonary disease	15.65	16.07	22.10	13.66	14.84	13.80	13.32
	0.32	1.23	1.02	0.80	0.64	1.69	0.82
Stroke	11.78	12.63	14.10	10.39	12.60	8.43	9.72
	0.28	1.38	0.85	0.52	0.50	1.01	0.77
Alzheimer's disease	3.40	3.48*	5.49	2.56	3.27	2.49*	2.72
	0.16	0.65	0.52	0.31	0.27	0.66	0.38
Parkinson's disease	1.38	1.28*	1.88*	1.12*	1.35	1.63*	1.18*
	0.12	0.42	0.28	0.20	0.20	0.48	0.31
Skin cancer	17.47	11.82	7.60	23.40	18.81	26.81	17.25
	0.39	1.09	0.73	1.01	0.68	1.72	0.91
Other type of cancer	17.91	12.76	13.97	17.80	19.04	23.17	21.46
	0.38	0.99	0.94	0.74	0.72	1.74	1.23

Table 2.8 Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2002Community Residents¹

2 of 2

Self-Reported Health Condition	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,777	3,667	6,616	8,280	13,705	2,138	5,370
	<i>120</i>	<i>132</i>	<i>164</i>	<i>209</i>	<i>227</i>	<i>108</i>	<i>150</i>
Prevalence of Disease/Condition							
Mental Illness/Disorder³	18.71	21.79	36.22	11.43	16.70	12.75	13.78
	<i>0.39</i>	<i>1.59</i>	<i>1.09</i>	<i>0.67</i>	<i>0.64</i>	<i>1.53</i>	<i>0.89</i>
Urinary Incontinence	23.54	19.97	29.49	23.23	22.90	20.34	22.14
	<i>0.54</i>	<i>1.26</i>	<i>1.01</i>	<i>0.98</i>	<i>0.87</i>	<i>1.66</i>	<i>1.37</i>
Smokers							
Never smoked	39.18	33.26	42.91	41.69	37.86	40.84	37.51
	<i>0.56</i>	<i>1.59</i>	<i>1.24</i>	<i>1.11</i>	<i>0.85</i>	<i>2.08</i>	<i>1.30</i>
Former smoker	45.76	42.20	32.90	47.71	49.35	48.69	50.64
	<i>0.57</i>	<i>1.45</i>	<i>1.10</i>	<i>1.13</i>	<i>1.07</i>	<i>2.27</i>	<i>1.38</i>
Current smoker	15.05	24.54	24.19	10.60	12.79	10.47	11.85
	<i>0.41</i>	<i>1.49</i>	<i>1.03</i>	<i>0.74</i>	<i>0.66</i>	<i>1.24</i>	<i>0.86</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 In 1997, mental disorders were expanded to include schizophrenia and bipolar disease for facility residents. In 2000, this category was further expanded, for the community residents, to include depression.

3.3

**WHAT HEALTH
CARE SERVICES DO MEDICARE
BENEFICIARIES RECEIVE?**

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

1 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	20.15	18.72	24.12	20.91	19.39	20.50	17.03
	0.43	1.51	1.06	0.86	0.62	1.75	1.06
Medicare Status ³							
Aged							
65 - 74 years	16.11	14.63	21.96	15.77	16.27	17.86	12.15
	0.57	2.15	1.74	1.40	0.84	2.32	1.43
75 - 84 years	23.57	22.47	26.19	23.84	23.10	22.96	22.73
	0.68	2.55	2.18	1.33	1.26	3.09	2.04
85 years and older	28.66	30.35*	32.99	29.51	26.55	33.05*	23.75*
	1.34	4.23	3.73	2.12	2.46	6.61	3.32
Disabled							
Under 45 years	18.65	16.18*	20.21	22.67*	13.58*	0.00	27.33*
	1.42	5.56	1.60	13.48	3.68	0.00	12.21
45 - 64 years	21.99	19.12*	24.43	28.37*	21.77	14.30*	16.44*
	1.45	3.28	2.02	6.43	2.71	10.91	4.49
Gender							
Male	20.25	17.80	22.70	22.85	19.87	21.09	17.06
	0.57	1.65	1.43	1.31	0.98	2.31	1.49
Female	20.07	20.06	24.99	19.64	18.94	20.07	17.00
	0.59	2.26	1.43	1.01	0.85	2.29	1.45
Living Arrangement							
Alone	20.82	19.00	22.67	22.27	20.37	22.60*	16.83
	0.76	2.08	1.50	1.46	1.54	3.27	1.65
With spouse	18.70	17.96	22.82	18.46	18.94	18.60	16.87
	0.56	2.30	1.97	1.01	0.79	2.17	1.37
With children	26.09	22.72*	31.72	32.30	20.56	19.56*	19.61*
	1.57	4.08	2.77	3.99	2.67	6.61	3.55
With others	19.23	16.98*	20.73	20.17*	16.51*	38.38*	15.99*
	1.51	3.89	1.94	4.14	3.30	10.82	4.10

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

2 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	20.15	18.72	24.12	20.91	19.39	20.50	17.03
	0.43	1.51	1.06	0.86	0.62	1.75	1.06
Race/Ethnicity							
White non-Hispanic	20.24	18.59	26.46	20.93	19.30	20.41	17.86
	0.50	1.69	1.55	0.89	0.71	1.75	1.36
Black non-Hispanic	23.44	23.31*	25.45	24.48*	21.87	14.78*	20.45*
	1.40	4.17	2.00	5.57	2.90	10.84	3.99
Hispanic	16.33	11.63*	18.47	15.22*	18.67*	28.45*	11.21*
	1.20	5.38	2.23	4.43	2.92	13.95	2.78
Other	16.87	18.51*	19.00*	19.67*	15.20*	15.87*	10.68*
	1.73	5.74	3.15	4.82	3.72	10.04	3.83
Income							
Less than \$2,500	19.96	16.55*	18.12*	24.78*	24.63*	14.05*	10.97*
	3.02	6.65	5.22	6.58	6.53	13.55	5.38
\$2,500 - \$4,999	18.08*	9.92*	17.19*	16.57*	29.12*	0.00	28.27*
	3.04	6.00	3.72	8.06	11.09	0.00	16.10
\$5,000 - \$7,499	21.59	13.74*	23.91	25.63*	9.36*	0.00	8.57*
	1.68	3.80	1.91	5.70	3.12	0.00	3.97
\$7,500 - \$9,999	22.47	18.88*	24.58	24.71*	17.69*	41.90*	13.91*
	1.28	4.49	1.82	3.73	4.70	25.34	4.32
\$10,000 - \$14,999	23.01	24.39	24.47	24.05	22.64	33.68*	16.82
	1.02	2.72	2.30	2.03	2.12	6.92	2.37
\$15,000 - \$19,999	20.77	14.73*	28.50*	19.79	20.79	28.28*	21.98
	1.21	2.62	4.36	2.36	1.97	6.51	2.65
\$20,000 - \$24,999	21.84	14.89*	37.98*	21.69	21.66	26.04*	21.40*
	1.18	3.84	10.14	2.17	2.16	5.77	3.11
\$25,000 - \$29,999	17.59	19.73*	9.41*	19.25	15.14	22.83*	18.86*
	1.36	5.88	7.49	2.43	1.68	5.48	3.41
\$30,000 or more	17.75	19.01*	17.92*	18.42	18.70	16.55	13.57
	0.72	3.56	6.97	1.30	0.95	1.96	1.92

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

3 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	20.15	18.72	24.12	20.91	19.39	20.50	17.03
	0.43	1.51	1.06	0.86	0.62	1.75	1.06
Health Status							
Excellent	8.09	7.79*	10.54*	7.90*	7.27*	6.32*	10.32*
	0.68	2.32	2.40	1.35	1.04	2.07	2.30
Very good	13.98	13.53*	12.48*	15.26	13.70	15.88*	12.92
	0.81	2.72	1.78	1.45	1.01	2.94	1.58
Good	19.41	13.75*	20.73	21.34	19.76	20.93*	16.91
	0.70	2.24	1.92	1.46	1.08	3.25	1.73
Fair	30.31	24.39	27.80	35.98	31.50	38.73*	26.70
	1.08	2.89	1.79	2.50	2.11	6.22	2.76
Poor	38.62	36.96	36.84	44.70	38.89	53.75*	34.92*
	1.59	5.04	2.44	4.85	3.79	11.70	5.95
Functional Limitation							
None	13.63	11.94	15.80	15.00	13.69	13.52	10.99
	0.51	1.57	1.42	1.12	0.69	1.92	1.15
IADL only ⁴	24.87	23.65	22.44	26.13	25.32	29.77*	25.34
	0.90	2.97	1.65	1.81	1.61	5.04	2.08
One to two ADLs ⁵	30.54	32.57*	30.22	34.44	29.96	42.99*	21.67*
	1.37	4.48	2.53	2.71	2.23	7.31	2.93
Three to five ADLs	36.73	24.65*	38.76	38.98	34.29	37.01*	49.21*
	1.71	5.40	3.33	5.53	3.45	8.47	5.97

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

4 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	20.15	18.72	24.12	20.91	19.39	20.50	17.03
	0.43	1.51	1.06	0.86	0.62	1.75	1.06
Metropolitan Area Resident							
Yes	19.76	18.92	22.76	21.10	19.12	21.86	16.69
	0.48	1.73	1.25	1.17	0.65	2.21	1.10
No	21.53	18.54	28.51	20.55	20.45	16.51*	24.56*
	0.96	3.03	2.23	1.13	1.75	2.50	4.95

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

1 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	71.71	64.79	76.29	75.07	72.70	79.32	60.25
	0.44	1.44	1.21	0.95	0.91	2.17	1.18
Medicare Status ³							
Aged							
65 - 74 years	68.68	60.03	74.04	72.47	69.50	77.44	58.40
	0.69	2.69	2.26	1.44	1.38	3.12	1.66
75 - 84 years	75.56	67.22	76.65	78.55	77.76	82.87	64.96
	0.70	3.28	2.15	1.33	1.31	2.55	1.95
85 years and older	70.02	57.66	77.60	73.13	73.01	82.92*	53.67
	1.24	4.52	2.98	2.21	2.15	5.64	4.29
Disabled							
Under 45 years	71.38	64.99	74.58	86.92*	61.69	59.12*	83.71*
	1.93	5.46	2.16	8.40	5.21	35.43	9.46
45 - 64 years	75.83	73.20	79.47	80.24*	77.38	64.66*	57.85*
	1.40	3.31	2.26	6.27	2.95	18.70	6.54
Gender							
Male	68.84	63.61	71.80	73.30	70.66	72.44	58.01
	0.67	1.92	1.84	1.61	1.52	3.35	1.83
Female	74.03	66.51	79.03	76.24	74.57	84.20	61.99
	0.62	2.42	1.36	1.05	1.01	2.52	1.66
Living Arrangement							
Alone	72.73	62.64	80.15	76.23	71.90	82.44	60.15
	0.87	2.64	1.89	1.43	1.62	3.45	2.09
With spouse	71.04	65.87	72.34	74.04	72.99	76.57	60.17
	0.67	2.05	2.70	1.31	1.13	2.71	1.60
With children	73.23	69.78	76.55	75.96	74.06	86.80*	61.32
	1.34	5.04	2.32	3.72	3.06	6.62	4.07
With others	70.58	62.37	72.76	76.02	71.70	95.67*	59.01
	1.66	4.57	2.57	4.34	3.52	4.20	5.17

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

2 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	71.71	64.79	76.29	75.07	72.70	79.32	60.25
	0.44	1.44	1.21	0.95	0.91	2.17	1.18
Race/Ethnicity							
White non-Hispanic	72.79	66.77	78.99	75.94	73.43	79.34	61.18
	0.50	1.85	1.76	1.01	0.96	2.28	1.29
Black non-Hispanic	70.30	63.76	77.89	73.07	66.24	80.75*	58.80
	1.54	3.98	2.37	5.18	3.60	10.78	4.63
Hispanic	67.67	54.39	70.34	65.41*	74.51	100.00*	59.65
	1.43	5.42	2.11	6.92	3.66	0.00	3.79
Other	63.34	60.35*	69.39	63.50*	66.71	57.47*	45.94*
	2.34	7.57	4.16	5.87	4.80	16.72	6.39
Income							
Less than \$2,500	68.62	61.46*	76.94	69.02*	75.95*	79.23*	44.31*
	2.75	8.27	5.94	6.57	5.58	14.86	10.53
\$2,500 - \$4,999	66.92	31.53*	65.83*	82.16*	86.96*	0.00	100.00*
	3.72	9.82	5.30	6.50	7.53	0.00	0.00
\$5,000 - \$7,499	75.50	58.77	78.75	83.07	69.21*	100.00*	51.53*
	1.58	5.90	1.75	4.95	7.38	0.00	8.32
\$7,500 - \$9,999	73.49	65.66	76.63	77.69	68.38	67.87*	62.46
	1.54	4.46	2.08	3.22	5.77	22.13	6.11
\$10,000 - \$14,999	71.23	65.43	77.50	73.65	71.53	86.61*	62.50
	1.10	2.38	2.61	2.29	2.35	6.21	3.18
\$15,000 - \$19,999	72.90	66.51	74.66	72.43	77.58	87.58*	65.42
	1.42	4.07	4.88	2.37	2.20	4.49	3.03
\$20,000 - \$24,999	70.37	64.35	58.85*	71.73	75.59	81.47	56.57
	1.42	5.25	10.58	3.22	2.11	5.90	3.81
\$25,000 - \$29,999	69.63	70.28	47.19*	74.42	69.97	84.30	58.70
	1.89	5.54	18.74	3.57	2.84	6.28	4.21
\$30,000 or more	71.54	67.85	69.49*	77.78	71.58	76.38	59.26
	0.84	4.17	10.45	1.70	1.39	2.72	2.68

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

3 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	71.71	64.79	76.29	75.07	72.70	79.32	60.25
	0.44	1.44	1.21	0.95	0.91	2.17	1.18
Health Status							
Excellent	60.76	46.13	62.65	65.49	63.89	71.02	48.19
	1.24	3.95	5.45	2.10	2.13	5.01	3.50
Very good	67.18	57.38	66.58	72.29	69.61	77.72	53.67
	0.97	3.85	3.22	1.87	1.64	4.13	2.58
Good	73.62	67.98	76.73	76.65	74.39	81.00	64.40
	0.78	2.59	2.04	1.68	1.50	3.90	2.34
Fair	78.46	71.06	79.68	83.47	79.06	87.47	69.40
	0.93	3.17	1.93	1.58	1.95	4.72	3.04
Poor	82.14	76.26	81.77	86.55	83.59	87.26*	82.17
	1.29	3.18	2.45	3.48	2.44	7.29	4.32
Functional Limitation							
None	67.68	60.52	72.42	72.01	68.88	77.51	54.91
	0.67	2.15	2.35	1.42	1.21	2.51	1.55
IADL only ⁴	76.72	68.35	78.51	78.96	78.85	82.20	68.52
	0.93	3.16	1.77	1.65	1.41	4.38	3.18
One to two ADLs ⁵	76.68	70.61	77.22	81.74	77.51	84.25	68.84
	1.08	3.93	2.50	2.14	2.11	5.56	3.69
Three to five ADLs	78.17	70.17	79.13	80.44	81.08	82.59*	71.92
	1.43	5.30	2.47	3.33	3.11	8.06	5.49

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	71.71	64.79	76.29	75.07	72.70	79.32	60.25
	0.44	1.44	1.21	0.95	0.91	2.17	1.18
Metropolitan Area Resident							
Yes	69.39	62.68	74.17	71.35	71.04	79.39	59.59
	0.54	1.82	1.42	1.35	1.08	2.59	1.24
No	79.27	68.75	82.89	82.27	79.02	79.11	74.55
	0.89	2.24	1.99	1.18	1.68	4.01	6.29

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

1 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	95.58	88.79	94.47	96.79	96.49	97.58	96.53
	0.20	1.00	0.67	0.39	0.37	0.92	0.47
Medicare Status ³							
Aged							
65 - 74 years	94.52	86.84	91.79	95.02	95.78	96.01	95.94
	0.34	1.75	1.66	0.74	0.59	1.54	0.70
75 - 84 years	97.50	91.56	97.14	98.08	98.19	99.54	96.91
	0.26	1.77	0.86	0.40	0.42	0.45	0.79
85 years and older	98.17	91.30	99.09	99.20	98.27	100.00	98.49
	0.37	2.70	0.63	0.57	0.70	0.00	0.97
Disabled							
Under 45 years	90.70	83.28	91.88	95.42*	90.94	100.00*	100.00*
	1.06	4.21	1.47	4.81	3.33	0.00	0.00
45 - 64 years	94.37	90.22	95.47	97.90*	94.89	100.00*	96.21
	0.81	2.18	0.94	2.24	1.69	0.00	1.92
Gender							
Male	94.02	88.00	90.57	95.97	95.33	95.64	96.14
	0.36	1.44	1.36	0.68	0.61	1.78	0.80
Female	96.83	89.93	96.85	97.33	97.56	98.95	96.84
	0.22	1.56	0.70	0.50	0.40	0.63	0.66
Living Arrangement							
Alone	95.97	87.22	95.52	97.13	97.35	99.42	97.18
	0.40	1.85	1.01	0.74	0.62	0.56	0.99
With spouse	95.92	90.54	94.57	96.62	96.23	96.89	97.03
	0.26	1.50	1.60	0.56	0.44	1.17	0.71
With children	95.05	90.82	94.01	98.04	95.88	100.00*	95.20
	0.76	2.69	1.73	1.18	1.47	0.00	1.83
With others	92.48	85.43	92.81	94.32	97.65	91.41*	90.15
	1.17	2.88	1.96	2.97	1.16	8.28	3.20

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	95.58	88.79	94.47	96.79	96.49	97.58	96.53
	0.20	1.00	0.67	0.39	0.37	0.92	0.47
Race/Ethnicity							
White non-Hispanic	96.50	91.71	95.60	97.13	96.99	97.56	97.16
	0.20	1.12	0.77	0.38	0.39	0.98	0.47
Black non-Hispanic	91.01	79.90	92.84	90.94	93.20	100.00*	94.68
	1.28	3.49	2.07	4.42	2.42	0.00	2.05
Hispanic	93.26	82.51	92.91	98.04	95.73	100.00*	94.21
	0.91	3.12	1.59	1.52	1.74	0.00	2.11
Other	93.75	88.23*	96.79	90.88	93.47	93.40*	93.93
	1.14	4.18	1.86	4.44	2.15	7.02	3.08
Income							
Less than \$2,500	94.93	92.22*	94.44	96.51	94.70*	100.00*	95.96*
	1.47	6.55	3.05	2.50	3.23	0.00	4.57
\$2,500 - \$4,999	88.78	69.33*	89.33	100.00*	100.00*	0.00	89.57*
	3.21	11.18	5.09	0.00	0.00	0.00	8.85
\$5,000 - \$7,499	92.00	81.87	93.58	94.39	91.14*	0.00	86.98*
	0.96	4.16	1.15	3.53	4.32	0.00	5.69
\$7,500 - \$9,999	94.52	88.06	94.96	97.02	99.24	100.00*	91.50
	0.83	2.84	1.31	1.89	0.57	0.00	3.61
\$10,000 - \$14,999	94.47	88.48	96.45	94.82	94.30	95.29*	97.84
	0.57	1.98	0.91	1.20	1.56	4.69	0.92
\$15,000 - \$19,999	95.92	91.72	96.12	95.43	96.64	100.00*	97.67
	0.58	2.12	2.02	1.24	0.97	0.00	0.99
\$20,000 - \$24,999	95.77	91.76	81.65*	96.40	96.99	100.00	94.57
	0.71	3.31	9.07	1.36	0.91	0.00	1.64
\$25,000 - \$29,999	95.69	89.35	94.32*	98.36	95.00	97.33	95.70
	0.82	4.02	4.96	0.84	1.57	2.63	1.92
\$30,000 or more	97.27	90.11	98.39*	98.38	97.13	97.30	98.18
	0.36	3.47	1.23	0.50	0.47	1.09	0.55

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	95.58	88.79	94.47	96.79	96.49	97.58	96.53
	0.20	1.00	0.67	0.39	0.37	0.92	0.47
Health Status							
Excellent	93.30	79.52	83.14	95.71	95.67	94.23	94.95
	0.70	3.56	4.36	1.20	0.91	2.48	1.54
Very good	94.45	81.93	90.29	96.00	95.70	98.20	95.69
	0.46	2.98	2.46	0.80	0.77	1.27	1.03
Good	96.56	91.78	95.76	97.09	97.25	97.54	97.39
	0.37	1.48	0.83	0.70	0.60	1.56	0.85
Fair	96.78	93.03	96.06	97.88	97.39	100.00	97.80
	0.52	1.80	1.29	0.67	1.01	0.00	0.90
Poor	96.56	94.99	96.21	99.37	96.28	100.00*	97.08
	0.68	2.45	1.52	0.65	1.36	0.00	1.61
Functional Limitation							
None	94.62	86.43	91.35	95.99	95.73	97.25	95.53
	0.31	1.60	1.42	0.61	0.53	1.15	0.70
IADL only ⁴	96.61	90.54	95.43	97.96	97.86	96.75	98.00
	0.38	2.08	0.85	0.64	0.64	2.46	0.73
One to two ADLs ⁵	96.92	90.84	97.37	97.81	96.86	100.00	98.60
	0.53	2.76	1.11	1.29	0.97	0.00	0.67
Three to five ADLs	97.21	94.81	95.85	98.77	98.68	100.00*	97.86
	0.62	2.48	1.33	0.84	0.98	0.00	2.06

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	95.58	88.79	94.47	96.79	96.49	97.58	96.53
	0.20	1.00	0.67	0.39	0.37	0.92	0.47
Metropolitan Area Resident							
Yes	95.48	88.21	93.82	96.91	96.35	97.68	96.45
	0.24	1.29	0.81	0.55	0.44	1.11	0.48
No	95.99	90.25	96.63	96.56	97.00	97.29	98.41
	0.38	1.81	0.78	0.58	0.60	1.56	1.29

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

1 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	43.62	26.30	21.89	48.08	51.74	63.98	45.55
	0.57	1.50	1.09	1.08	0.93	2.03	1.28
Medicare Status ³							
Aged							
65 - 74 years	46.30	29.05	20.54	48.24	51.52	65.48	48.67
	0.79	2.46	2.26	1.79	1.29	2.81	1.98
75 - 84 years	46.25	26.88	17.09	50.19	54.23	64.78	45.23
	0.89	3.00	2.13	1.69	1.37	3.23	2.39
85 years and older	33.88	12.13*	11.91*	40.42	41.74	50.84*	36.57
	1.40	3.16	2.22	2.39	2.68	6.56	3.50
Disabled							
Under 45 years	36.60	29.56*	34.34	54.24*	48.88	100.00*	37.40*
	2.12	5.53	2.35	15.29	5.49	0.00	10.99
45 - 64 years	34.46	25.20	23.47	53.13*	52.81	51.19*	33.48*
	1.76	3.46	2.38	7.00	3.75	19.06	7.08
Gender							
Male	43.29	26.17	21.45	46.09	52.32	66.09	43.94
	0.79	1.77	1.57	1.55	1.36	2.88	1.87
Female	43.89	26.50	22.16	49.38	51.21	62.48	46.81
	0.76	2.63	1.50	1.45	1.13	2.52	1.79
Living Arrangement							
Alone	40.56	24.74	22.18	46.32	51.37	57.14	43.33
	1.07	2.56	1.81	1.93	1.73	3.70	2.30
With spouse	49.59	30.21	23.36	50.76	53.55	69.14	49.05
	0.71	2.53	2.18	1.53	1.09	2.87	1.84
With children	28.64	19.86*	14.79	36.07	39.62	45.62*	38.14
	1.45	3.85	2.12	3.86	4.05	10.70	4.15
With others	34.39	23.15*	27.17	49.88	45.18	51.48*	37.11*
	1.76	4.36	2.18	5.66	4.43	12.23	6.47

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

2 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	43.62	26.30	21.89	48.08	51.74	63.98	45.55
	0.57	1.50	1.09	1.08	0.93	2.03	1.28
Race/Ethnicity							
White non-Hispanic	47.54	28.24	24.22	49.63	53.76	64.07	48.15
	0.64	1.72	1.53	1.11	0.93	2.13	1.55
Black non-Hispanic	22.83	15.48*	14.41	28.57*	37.29	58.64*	24.16*
	1.49	2.72	2.08	4.97	3.91	12.51	4.66
Hispanic	33.18	31.42*	25.24	35.11*	39.61	76.08*	38.20
	1.71	4.70	2.45	5.72	4.16	11.14	4.45
Other	37.08	25.30*	21.90*	34.59*	49.52	61.57*	57.04*
	2.45	7.08	4.06	4.42	5.56	14.22	6.40
Income							
Less than \$2,500	34.72	33.86*	23.27*	39.34*	43.79*	33.05*	30.88*
	3.30	9.13	6.01	6.16	7.49	17.46	8.66
\$2,500 - \$4,999	25.30*	28.98*	19.48*	30.79*	28.34*	0.00	38.02*
	3.55	10.81	4.43	10.01	11.03	0.00	16.83
\$5,000 - \$7,499	20.17	12.75*	17.79	32.94*	39.17*	0.00	27.31*
	1.57	4.27	1.88	5.19	7.68	0.00	7.86
\$7,500 - \$9,999	24.85	11.82*	23.44	33.57	32.63*	69.81*	27.76*
	1.51	2.97	2.11	3.91	5.49	21.55	6.00
\$10,000 - \$14,999	29.42	20.56	22.13	32.48	35.23	42.54*	32.48
	1.11	2.53	2.30	1.88	2.76	6.31	2.66
\$15,000 - \$19,999	39.52	24.32*	27.10*	40.90	44.96	46.17*	42.89
	1.64	3.08	4.28	2.84	2.64	8.87	3.63
\$20,000 - \$24,999	41.90	36.49*	19.65*	44.29	42.82	41.05*	42.51
	1.68	5.04	7.50	2.97	2.77	5.56	3.89
\$25,000 - \$29,999	46.16	34.90*	17.21*	49.07	45.64	64.62*	43.81
	1.83	5.35	9.57	3.80	2.36	7.21	4.38
\$30,000 or more	63.55	45.46	49.09*	67.33	62.30	73.59	61.66
	0.89	4.92	9.96	2.02	1.29	2.68	2.78

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

3 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	43.62	26.30	21.89	48.08	51.74	63.98	45.55
	0.57	1.50	1.09	1.08	0.93	2.03	1.28
Health Status							
Excellent	53.50	35.28*	31.37*	59.57	54.74	72.53	51.01
	1.46	5.26	4.76	2.68	2.26	4.77	3.35
Very good	49.78	26.85	22.55	50.60	56.32	71.59	48.84
	1.06	3.31	2.66	1.98	1.60	3.38	2.60
Good	44.27	27.33	23.26	47.58	53.23	59.60	45.19
	1.04	2.91	2.04	2.00	1.70	4.15	2.06
Fair	33.06	18.52	19.41	38.21	44.89	47.78*	36.47
	1.09	2.80	1.62	2.59	2.16	5.54	3.03
Poor	29.32	26.93*	20.08	29.12*	36.81	49.08*	36.30*
	1.66	3.91	2.58	5.02	3.40	11.16	5.15
Functional Limitation							
None	49.02	29.46	23.75	52.04	54.91	67.10	49.72
	0.76	2.03	2.00	1.41	1.30	2.63	1.66
IADL only ⁴	38.89	22.31	20.94	44.21	49.89	64.05	38.76
	0.95	2.97	1.47	2.12	1.87	5.43	2.33
One to two ADLs ⁵	36.57	22.86*	24.31	41.54	44.03	44.29*	40.53
	1.53	3.63	2.32	2.88	2.75	5.87	3.83
Three to five ADLs	29.02	21.73*	16.51	30.69*	42.50	58.90*	32.38*
	1.59	5.16	2.25	4.84	3.72	9.32	5.37

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

4 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	43.62	26.30	21.89	48.08	51.74	63.98	45.55
	0.57	1.50	1.09	1.08	0.93	2.03	1.28
Metropolitan Area Resident							
Yes	45.84	27.69	23.96	50.48	53.92	67.92	45.70
	0.65	2.00	1.34	1.41	1.08	2.03	1.30
No	36.66	23.74	16.53	43.44	43.44	52.51	42.36*
	1.02	1.79	1.74	1.46	1.94	5.13	6.57

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

1 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	91.58	80.68	91.48	91.50	93.69	96.13	92.12
	0.29	1.28	0.68	0.60	0.46	0.96	0.63
Medicare Status ³							
Aged							
65 - 74 years	89.77	75.95	88.81	89.29	91.85	95.51	90.67
	0.50	2.07	1.77	1.08	0.77	1.38	1.12
75 - 84 years	94.08	85.03	95.04	93.03	95.87	97.39	93.61
	0.39	2.38	1.13	0.68	0.57	1.23	0.99
85 years and older	93.24	74.35	95.97	95.38	96.13	93.42	92.04
	0.66	3.93	1.31	0.91	1.04	3.79	2.07
Disabled							
Under 45 years	85.91	77.74	86.72	95.42*	87.20	100.00*	100.00*
	1.51	4.68	1.58	4.81	3.83	0.00	0.00
45 - 64 years	93.21	87.89	93.06	87.79*	97.23	100.00*	96.36
	0.88	2.65	1.37	5.40	1.11	0.00	2.06
Gender							
Male	89.09	80.08	86.50	89.73	91.84	95.15	89.31
	0.50	1.59	1.33	1.01	0.75	1.82	1.20
Female	93.59	81.55	94.51	92.66	95.40	96.81	94.32
	0.34	2.24	0.84	0.65	0.53	0.97	0.88
Living Arrangement							
Alone	90.95	77.20	91.56	91.24	93.52	94.97	93.36
	0.54	2.10	1.09	1.13	0.98	2.03	1.03
With spouse	92.25	85.37	92.81	91.11	93.48	96.09	91.77
	0.41	1.96	1.48	0.90	0.58	1.19	1.01
With children	92.58	78.73	92.78	96.32	96.67	100.00*	91.16
	0.90	4.22	1.66	1.49	1.27	0.00	2.38
With others	88.18	75.95	88.61	90.69	93.19	100.00*	90.14
	1.15	3.73	1.60	2.28	2.17	0.00	3.87

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	91.58	80.68	91.48	91.50	93.69	96.13	92.12
	0.29	1.28	0.68	0.60	0.46	0.96	0.63
Race/Ethnicity							
White non-Hispanic	92.21	82.50	92.99	91.65	93.74	95.81	92.73
	0.32	1.43	1.07	0.65	0.47	1.03	0.70
Black non-Hispanic	88.65	75.58	90.16	88.92	92.43	100.00*	92.36
	1.25	3.89	1.77	3.98	2.40	0.00	2.82
Hispanic	90.88	79.03	90.66	94.75	95.05	100.00*	90.33
	1.12	4.72	1.70	3.34	1.38	0.00	2.81
Other	87.55	74.10*	89.34	85.30	91.97	100.00*	84.30*
	1.72	6.74	2.73	4.71	2.93	0.00	4.24
Income							
Less than \$2,500	91.07	83.69*	86.28	93.84	94.95*	100.00*	95.96*
	1.89	8.68	5.21	3.06	3.09	0.00	4.57
\$2,500 - \$4,999	87.37	68.36*	86.59	96.33*	100.00*	0.00	100.00*
	3.10	11.73	4.12	4.17	0.00	0.00	0.00
\$5,000 - \$7,499	88.05	69.85	90.61	91.44	91.17*	100.00*	74.84*
	1.29	6.32	1.38	3.06	4.93	0.00	7.64
\$7,500 - \$9,999	91.27	80.24	92.72	95.57	95.67	100.00*	85.31
	0.95	3.40	1.33	1.71	2.10	0.00	4.54
\$10,000 - \$14,999	91.29	84.41	93.10	90.10	92.61	97.95*	95.18
	0.68	1.97	1.36	1.50	1.68	2.04	1.17
\$15,000 - \$19,999	91.99	82.38	89.86	90.59	95.31	97.93*	94.81
	0.77	2.86	3.72	1.37	0.99	2.14	1.40
\$20,000 - \$24,999	91.70	83.19	87.96*	92.75	92.41	96.41	91.15
	0.84	4.04	7.16	1.64	1.31	2.23	2.47
\$25,000 - \$29,999	91.11	81.90	92.56*	91.08	92.13	95.14	91.06
	1.01	5.37	8.89	1.74	1.67	2.87	2.51
\$30,000 or more	92.71	76.45	94.50*	91.29	94.08	95.68	92.14
	0.57	4.96	3.14	1.25	0.61	1.32	1.30

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

3 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	91.58	80.68	91.48	91.50	93.69	96.13	92.12
	0.29	1.28	0.68	0.60	0.46	0.96	0.63
Health Status							
Excellent	82.94	59.92	79.64	82.35	87.58	91.92	82.18
	1.17	4.05	4.47	1.98	1.68	2.68	3.07
Very good	89.46	69.88	85.52	90.89	91.93	94.69	90.46
	0.57	3.29	2.64	1.03	0.90	2.30	1.45
Good	93.66	83.36	91.95	93.47	95.61	98.97	95.26
	0.47	2.74	1.15	1.06	0.66	0.61	0.99
Fair	95.95	93.14	94.06	96.74	97.67	97.85	96.91
	0.47	1.72	0.90	0.89	0.79	1.56	1.32
Poor	95.33	89.62	94.74	95.38	97.39	100.00*	99.12
	0.88	3.44	1.63	2.14	1.20	0.00	0.90
Functional Limitation							
None	89.12	75.33	87.62	89.55	91.37	95.28	89.16
	0.41	1.78	1.46	0.86	0.68	1.26	0.98
IADL only ⁴	94.29	85.00	92.20	94.36	97.35	97.77	96.30
	0.50	2.17	1.05	1.06	0.58	1.68	1.17
One to two ADLs ⁵	95.21	88.92	94.15	94.55	96.83	100.00	97.10
	0.57	3.22	1.27	1.12	0.85	0.00	1.15
Three to five ADLs	95.51	86.58	95.34	95.55	98.60	93.21*	100.00
	0.82	4.40	1.50	2.11	0.47	4.68	0.00

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

4 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	91.58	80.68	91.48	91.50	93.69	96.13	92.12
	0.29	1.28	0.68	0.60	0.46	0.96	0.63
Metropolitan Area Resident							
Yes	91.65	79.30	91.03	91.48	93.98	96.85	91.88
	0.33	1.78	0.80	0.73	0.53	0.95	0.66
No	91.46	83.31	93.61	91.52	92.58	94.02	97.53
	0.62	1.41	1.00	1.11	0.99	2.44	1.49

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002

All Medicare Beneficiaries

1 of 4

Beneficiary Characteristic	Total ¹	Medicare Fee-for-Service Only	Supplemental Health Insurance ²	
			Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	9.46	9.99	24.33	5.44
	0.22	0.94	0.83	0.26
Medicare Status ³				
Aged				
65 - 74 years	3.57	4.73*	13.22	2.02
	0.26	1.21	1.38	0.27
75 - 84 years	11.31	13.61*	31.05	7.41
	0.51	2.06	1.70	0.55
85 years and older	30.72	36.28	59.86	19.39
	0.96	3.55	2.22	1.26
Disabled				
Under 45 years	8.16	4.04*	11.23	0.39*
	0.80	1.37	1.23	0.28
45 - 64 years	7.80	4.25*	15.80	1.05*
	0.76	1.46	1.64	0.59
Gender				
Male	7.48	7.13	22.29	4.46
	0.37	1.09	1.42	0.34
Female	11.01	13.91	25.53	6.22
	0.28	1.43	0.95	0.37
Marital Status				
Married	4.89	5.20*	20.84	3.46
	0.29	1.12	1.66	0.27
Widowed	15.54	20.15	32.13	9.53
	0.59	2.27	1.47	0.66
Divorced/separated	6.98	4.48*	11.25	4.11*
	0.70	1.36	1.38	0.93
Never married	20.82	16.03*	28.59	9.78*
	1.08	3.08	1.71	1.79

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002

All Medicare Beneficiaries

2 of 4

Beneficiary Characteristic	Total ¹	Medicare Fee-for-Service Only	Supplemental Health Insurance ²	
			Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	9.46	9.99	24.33	5.44
	0.22	0.94	0.83	0.26
Race/Ethnicity				
White non-Hispanic	10.19	12.46	33.77	5.78
	0.26	1.23	1.29	0.29
Black non-Hispanic	8.84	4.50*	16.19	3.36*
	0.77	1.59	1.49	0.91
Hispanic	5.48	2.78*	10.24	2.08*
	0.71	1.23	1.44	0.83
Other	3.65*	1.47*	6.29*	2.88*
	0.76	1.45	1.73	1.14
Income				
Less than \$2,500	13.79	5.67*	33.42*	6.26*
	2.11	2.72	6.15	2.23
\$2,500 - \$4,999	17.70*	7.08*	25.41*	12.86*
	2.68	4.73	4.36	5.42
\$5,000 - \$7,499	16.99	4.37*	20.63	7.47*
	1.08	1.91	1.37	2.00
\$7,500 - \$9,999	16.30	8.42*	21.22	9.52*
	0.91	1.96	1.34	1.68
\$10,000 - \$14,999	12.14	11.40*	25.93	7.61
	0.67	1.66	2.15	0.66
\$15,000 - \$19,999	9.39	7.72*	32.13	7.03
	0.67	1.80	4.00	0.76
\$20,000 - \$24,999	8.29	14.47*	44.66*	5.94
	0.76	3.12	6.76	0.83
\$25,000 - \$29,999	6.22	9.89*	47.79*	3.83*
	0.67	3.93	11.01	0.64
\$30,000 or more	4.73	12.72*	31.52*	4.01
	0.36	2.88	6.50	0.34

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002

All Medicare Beneficiaries

3 of 4

Beneficiary Characteristic	Total ¹	Medicare Fee-for-Service Only	Supplemental Health Insurance ²	
			Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	9.46	9.99	24.33	5.44
	0.22	0.94	0.83	0.26
Health Status				
Excellent	2.59	2.15*	15.61*	1.32*
	0.37	1.02	3.48	0.30
Very good	4.80	5.96*	15.73	3.11
	0.32	1.61	1.76	0.37
Good	8.22	10.56	20.10	5.13
	0.44	1.63	1.55	0.48
Fair	16.69	13.73	29.20	10.67
	0.74	2.04	1.38	0.92
Poor	18.95	14.69*	27.97	13.63
	1.09	3.14	1.95	1.59
Functional Limitation				
None	1.80	2.17*	3.44*	1.59
	0.15	0.63	0.76	0.19
IADL only ⁴	6.17	7.26*	8.54	4.91
	0.43	1.65	1.02	0.60
One to two ADLs ⁵	14.38	15.81*	22.03	11.31
	0.81	3.17	1.91	1.11
Three to five ADLs	47.28	38.19	62.14	32.52
	1.32	4.03	1.90	2.17

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002

All Medicare Beneficiaries

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Beneficiary Characteristic	Total ¹	Medicare Fee-for-Service Only	Supplemental Health Insurance ²	
			Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	9.46	9.99	24.33	5.44
	0.22	0.94	0.83	0.26
Metropolitan Area Resident				
Yes	9.44	11.95	24.52	5.37
	0.26	1.32	1.00	0.31
No	9.58	5.89*	24.22	5.66
	0.38	0.78	1.30	0.46

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The 9.46 percent of Medicare beneficiaries with a facility stay differs from the 6.71 percent of Medicare beneficiaries who either resided full-year in a long-term care facility or part of the year in a long-term care facility, as shown in Table 1.1. User rates in this table include full-year community residents who had short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported either during a community interview or collected through Medicare claims data. The residence rates in Table 1.1 do not count such people as residing full- or part-year in a long-term care facility.
- 2 Beneficiaries enrolled in Medicare HMOs are not included in individual categories in the table, but are included in the total. Beneficiaries who were not eligible for Medicaid at any time during 2002, but who had individually-purchased private insurance, employer-sponsored private insurance, unknown purchaser for private insurance, or who were enrolled in a private HMO are included in the category *private insurance*.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

3.4

**HOW MUCH DOES THE
MEDICARE POPULATION SPEND
ON HEALTH CARE AND
WHO PAYS FOR THEIR CARE?**

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2002

All Medicare Beneficiaries

1 of 3

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Total Medical Services						
All beneficiaries	\$500,298	52.65	11.35	13.33	18.58	4.09
	8,667	0.62	0.49	0.55	0.36	0.36
Beneficiaries 65 years and older	419,324	54.83	9.70	13.00	19.30	3.16
	7,542	0.62	0.44	0.41	0.40	0.24
Beneficiaries 64 years and younger	80,975	41.35	19.87	15.02	14.83	8.92
	3,856	1.98	1.47	2.58	0.89	1.73
Inpatient Hospital Services						
All beneficiaries	136,159	86.78	1.17	8.15	2.81	1.10
	5,089	1.32	0.07	1.41	0.29	0.21
Beneficiaries 65 years and older	114,422	89.53	0.86	6.26	2.57	0.78
	3,923	0.62	0.06	0.47	0.31	0.16
Beneficiaries 64 years and younger	21,737	72.29	2.79	18.07	4.08	2.78
	2,534	7.04	0.32	7.77	0.97	1.16
Outpatient Hospital Services						
All beneficiaries	45,363	62.77	2.53	21.90	9.93	2.86
	1,235	1.06	0.20	1.10	0.70	0.38
Beneficiaries 65 years and older	35,586	62.88	1.71	23.59	9.31	2.50
	1,108	1.17	0.19	1.31	0.81	0.32
Beneficiaries 64 years and younger	9,777	62.37	5.53	15.76	12.19	4.15
	828	3.05	0.60	2.50	1.95	1.36
Physician/Supplier Services						
All beneficiaries	126,142	65.09	2.52	15.68	15.70	1.01
	2,580	0.97	0.16	1.17	0.44	0.09
Beneficiaries 65 years and older	108,068	67.06	1.78	15.52	14.83	0.82
	2,306	1.07	0.17	1.30	0.38	0.08
Beneficiaries 64 years and younger	18,074	53.36	6.97	16.66	20.87	2.15
	988	2.24	0.60	2.30	2.07	0.35

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2002

All Medicare Beneficiaries

2 of 3

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Dental Services						
All beneficiaries	\$10,117	0.81	1.22	17.84	78.05	2.08
	310	0.06	0.25	0.85	0.94	0.41
Beneficiaries 65 years and older	9,073	0.85	0.86	16.84	80.14	1.31
	291	0.06	0.24	0.72	0.83	0.27
Beneficiaries 64 years and younger	1,044	0.46	4.43	26.54	59.83	8.73
	112	0.07	1.01	3.76	3.97	3.19
Prescription Medicines						
All beneficiaries	59,469	3.27	14.80	35.87	34.78	11.27
	827	0.13	0.65	0.70	0.55	0.45
Beneficiaries 65 years and older	47,029	3.71	9.01	38.25	37.89	11.14
	643	0.12	0.45	0.70	0.53	0.45
Beneficiaries 64 years and younger	12,440	1.64	36.73	26.87	23.02	11.74
	622	0.47	2.73	1.99	1.24	1.23
Medicare Hospice Services						
All beneficiaries	4,541	100.00	0.00	0.00	0.00	0.00
	532	0.00	0.00	0.00	0.00	0.00
Beneficiaries 65 years and older	4,476	100.00	0.00	0.00	0.00	0.00
	530	0.00	0.00	0.00	0.00	0.00
Beneficiaries 64 years and younger	65	100.00	0.00	0.00	0.00	0.00
	37	0.00	0.00	0.00	0.00	0.00
Medicare Home Health Services						
All beneficiaries	13,631	84.48	1.95	4.41	7.77	1.39
	957	4.79	0.70	3.62	1.80	0.46
Beneficiaries 65 years and older	12,485	85.09	1.28	4.53	8.37	0.72
	905	5.11	0.45	3.80	1.95	0.22
Beneficiaries 64 years and younger	1,146	77.80	9.27	3.06	1.16	8.71
	172	7.41	6.36	1.96	0.62	4.92

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2002

All Medicare Beneficiaries

3 of 3

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Long-Term Facility Care¹						
All beneficiaries	\$104,878	15.82	39.72	2.03	33.55	8.87
	<i>3,687</i>	<i>0.84</i>	<i>1.60</i>	<i>0.28</i>	<i>1.35</i>	<i>1.56</i>
Beneficiaries 65 years and older	88,185	17.84	37.07	2.38	36.89	5.81
	<i>2,939</i>	<i>0.94</i>	<i>1.47</i>	<i>0.33</i>	<i>1.45</i>	<i>0.96</i>
Beneficiaries 64 years and younger	16,693	5.18	53.71	0.19	15.90	25.03
	<i>1,935</i>	<i>1.21</i>	<i>5.78</i>	<i>0.13</i>	<i>2.11</i>	<i>6.79</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims. See Appendix B for additional information.

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

1 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	\$116,613	85.89	0.98	9.04	2.84	1.24	\$2,990
	4,455	1.54	0.06	1.63	0.32	0.24	114
Medicare Status³							
Aged							
65 - 74 years	44,963	87.20	0.59	7.92	3.13	1.17	2,449
	2,958	1.20	0.08	0.77	0.71	0.35	161
75 - 84 years	39,050	90.03	0.66	6.20	2.40	0.72	3,322
	1,797	0.76	0.09	0.68	0.38	0.15	151
85 years and older	13,515	92.42	0.80	4.84	1.47	0.47	3,988
	1,280	0.80	0.12	0.56	0.32	0.20	368
Disabled							
Under 45 years	4,875	80.25	4.10	7.63	5.43	2.58	3,288
	825	5.20	0.61	3.13	2.05	1.65	561
45 - 64 years	14,211	66.14	2.16	24.92	3.58	3.21	3,536
	2,156	10.10	0.38	11.18	1.17	1.68	524
Gender							
Male	57,628	83.38	0.70	10.66	3.15	2.11	3,308
	3,421	2.87	0.09	3.05	0.56	0.48	194
Female	58,985	88.35	1.25	7.46	2.54	0.39	2,733
	2,244	0.87	0.10	0.78	0.45	0.10	105
Living Arrangement							
Alone	34,350	88.49	1.19	5.95	2.48	1.89	2,886
	2,018	1.03	0.15	0.54	0.50	0.68	166
With spouse	59,318	82.89	0.37	12.66	2.94	1.15	2,911
	3,804	2.81	0.07	3.02	0.53	0.24	178
With children	14,037	89.42	2.10	4.53	3.49	0.47	3,790
	1,363	1.50	0.23	0.78	1.29	0.25	356
With others	8,317	89.95	2.59	4.11	2.71	0.65	2,827
	889	1.50	0.48	1.27	0.74	0.27	288

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

2 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	\$116,613	85.89	0.98	9.04	2.84	1.24	\$2,990
	4,455	1.54	0.06	1.63	0.32	0.24	114
Race/Ethnicity							
White non-Hispanic	88,675	84.88	0.66	10.21	2.77	1.48	2,899
	3,584	2.00	0.07	2.12	0.34	0.30	117
Black non-Hispanic	14,152	87.28	2.07	5.54	4.25	0.85	3,857
	1,195	1.91	0.21	1.75	0.85	0.31	315
Hispanic	8,679	92.89	1.96	3.85	1.12	0.18	2,931
	1,770	1.70	0.49	1.13	0.44	0.14	590
Other	4,098	85.53	1.90	8.68	3.79	0.10	2,511
	857	5.25	0.43	3.56	2.46	0.08	497
Income							
Less than \$2,500	1,525	85.74	1.48	10.19	1.87	0.73	1,860
	282	3.65	0.58	3.46	0.71	0.58	297
\$2,500 - \$4,999	1,243	77.18	2.84	7.24	6.58	6.16	2,762
	392	11.34	0.85	4.37	5.98	6.01	839
\$5,000 - \$7,499	11,324	93.90	3.83	1.56	0.63	0.09	3,909
	1,926	1.00	0.65	0.54	0.17	0.04	663
\$7,500 - \$9,999	12,078	89.91	2.53	3.05	2.80	1.72	3,565
	1,473	1.84	0.34	0.60	0.96	1.28	428
\$10,000 - \$14,999	20,481	86.34	1.19	6.33	5.20	0.93	3,268
	1,507	1.55	0.21	0.97	1.06	0.30	226
\$15,000 - \$19,999	12,860	88.67	0.48	7.33	2.31	1.21	2,698
	1,079	1.67	0.11	1.24	0.62	0.65	214
\$20,000 - \$24,999	14,443	87.88	0.14	7.82	2.65	1.51	3,357
	1,323	2.10	0.09	1.58	1.05	0.65	297
\$25,000 - \$29,999	8,827	87.77	0.03	7.69	1.95	2.57	2,640
	840	2.41	0.02	1.71	0.57	1.82	233
\$30,000 or more	33,833	79.44	0.04	16.87	2.60	1.05	2,649
	2,823	4.83	0.02	5.03	0.56	0.24	211

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

3 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$116,613	85.89	0.98	9.04	2.84	1.24	\$2,990
	4,455	1.54	0.06	1.63	0.32	0.24	114
Health Status							
Excellent	7,500	89.81	0.42	6.70	2.61	0.45	1,324
	930	2.43	0.12	2.24	0.76	0.22	152
Very good	17,135	86.69	0.47	8.14	3.61	1.09	1,689
	1,033	1.51	0.13	1.11	1.08	0.33	96
Good	31,870	87.73	0.83	7.86	3.00	0.58	2,620
	1,837	1.23	0.10	1.05	0.59	0.17	140
Fair	33,293	89.59	1.28	6.63	1.37	1.13	4,459
	2,269	1.00	0.18	0.83	0.18	0.41	279
Poor	25,120	77.15	1.33	15.17	3.82	2.53	7,430
	3,068	5.71	0.21	6.62	1.09	1.01	853
Functional Limitation							
None	40,981	87.55	0.75	7.86	2.65	1.19	1,865
	1,872	1.10	0.11	0.85	0.56	0.33	82
IADL only ⁴	35,508	84.35	0.90	11.89	2.36	0.50	3,941
	3,259	4.63	0.13	5.03	0.51	0.19	348
One to two ADLs ⁵	23,667	83.31	1.08	9.26	3.83	2.52	4,536
	1,459	2.12	0.15	1.66	0.82	0.93	256
Three to five ADLs	15,267	89.34	1.64	5.41	2.37	1.24	5,612
	1,469	1.29	0.20	0.94	0.55	0.60	504

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

4 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$116,613	85.89	0.98	9.04	2.84	1.24	\$2,990
	<i>4,455</i>	<i>1.54</i>	<i>0.06</i>	<i>1.63</i>	<i>0.32</i>	<i>0.24</i>	<i>114</i>
Metropolitan Area Resident							
Yes	91,175	85.98	0.85	9.39	2.71	1.07	3,065
	<i>4,266</i>	<i>1.93</i>	<i>0.07</i>	<i>2.07</i>	<i>0.33</i>	<i>0.25</i>	<i>142</i>
No	25,438	85.59	1.41	7.81	3.32	1.86	2,768
	<i>1,490</i>	<i>1.46</i>	<i>0.17</i>	<i>0.78</i>	<i>0.87</i>	<i>0.70</i>	<i>170</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

1 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$41,361	60.99	2.32	23.31	10.35	3.03	\$1,060
	1,226	1.17	0.21	1.20	0.77	0.41	31
Medicare Status³							
Aged							
65 - 74 years	17,469	58.69	1.56	26.18	10.82	2.75	951
	999	2.07	0.34	2.34	1.43	0.43	54
75 - 84 years	11,786	63.46	1.39	24.06	8.19	2.89	1,003
	585	1.48	0.22	1.67	0.71	0.83	50
85 years and older	2,900	64.42	1.14	24.48	8.80	1.15	856
	239	4.09	0.18	3.55	1.34	0.45	71
Disabled							
Under 45 years	2,401	59.16	6.42	20.16	10.96	3.30	1,620
	252	5.56	0.81	5.56	2.95	1.59	159
45 - 64 years	6,805	61.78	4.96	15.24	13.32	4.70	1,693
	775	3.94	0.80	3.06	2.46	1.93	191
Gender							
Male	21,395	58.39	1.69	24.68	11.26	3.98	1,228
	1,137	1.93	0.25	2.09	0.96	0.54	65
Female	19,966	63.78	3.00	21.83	9.38	2.01	925
	684	1.38	0.35	1.08	1.22	0.64	30
Living Arrangement							
Alone	11,191	66.80	3.28	16.33	10.10	3.49	940
	799	1.94	0.41	1.16	1.57	0.92	62
With spouse	22,486	56.20	0.75	29.61	10.14	3.31	1,104
	982	1.84	0.14	1.91	1.17	0.62	48
With children	3,772	65.64	6.38	16.44	10.33	1.21	1,018
	292	2.57	1.42	2.86	1.25	0.38	75
With others	3,863	67.55	4.80	13.52	12.23	1.90	1,313
	470	2.83	0.72	1.68	2.91	0.89	147

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

2 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	\$41,361	60.99	2.32	23.31	10.35	3.03	\$1,060
	1,226	1.17	0.21	1.20	0.77	0.41	31
Race/Ethnicity							
White non-Hispanic	30,867	57.87	1.01	26.89	11.03	3.20	1,009
	1,122	1.42	0.09	1.54	1.06	0.54	36
Black non-Hispanic	5,807	69.01	6.06	13.19	9.35	2.39	1,583
	564	2.17	1.07	2.55	1.62	0.68	153
Hispanic	2,728	72.95	6.62	10.26	6.72	3.45	921
	321	2.29	0.97	1.53	1.28	1.21	100
Other	1,876	70.29	6.13	14.61	7.40	1.56	1,149
	519	7.23	1.14	7.08	2.25	0.80	304
Income							
Less than \$2,500	927	67.02	3.86	16.43	11.89	0.80	1,130
	205	3.51	1.27	2.65	4.18	0.41	228
\$2,500 - \$4,999	397	52.54	3.55	16.18	22.65	5.07	883
	121	11.49	1.28	4.78	12.00	3.36	263
\$5,000 - \$7,499	3,060	73.39	12.54	6.70	5.94	1.43	1,056
	325	2.37	1.73	1.31	1.18	0.76	107
\$7,500 - \$9,999	4,099	72.44	6.79	8.85	10.91	1.01	1,210
	624	2.93	0.68	1.83	2.51	0.37	176
\$10,000 - \$14,999	6,050	61.10	2.51	18.41	14.75	3.23	965
	481	2.57	0.52	1.97	2.56	0.77	75
\$15,000 - \$19,999	5,392	65.24	1.24	20.84	9.29	3.40	1,131
	547	2.55	0.40	2.39	1.25	1.22	111
\$20,000 - \$24,999	4,483	60.82	0.35	23.71	12.90	2.22	1,042
	336	3.47	0.18	1.85	4.68	0.60	74
\$25,000 - \$29,999	3,289	63.72	0.09	24.82	9.84	1.52	984
	496	2.32	0.05	1.82	1.64	0.52	140
\$30,000 or more	13,665	52.28	0.09	34.69	8.46	4.48	1,070
	816	2.49	0.06	2.87	0.73	1.18	63

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

3 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$41,361	60.99	2.32	23.31	10.35	3.03	\$1,060
	<i>1,226</i>	<i>1.17</i>	<i>0.21</i>	<i>1.20</i>	<i>0.77</i>	<i>0.41</i>	<i>31</i>
Health Status							
Excellent	3,451	55.64	0.55	23.48	13.56	6.76	609
	<i>265</i>	<i>3.83</i>	<i>0.15</i>	<i>2.73</i>	<i>3.02</i>	<i>3.05</i>	<i>44</i>
Very good	6,993	60.36	1.44	23.32	12.38	2.50	689
	<i>423</i>	<i>2.60</i>	<i>0.77</i>	<i>1.66</i>	<i>3.03</i>	<i>0.60</i>	<i>41</i>
Good	13,281	60.82	2.33	24.95	9.13	2.77	1,092
	<i>902</i>	<i>2.72</i>	<i>0.37</i>	<i>3.09</i>	<i>1.06</i>	<i>1.00</i>	<i>73</i>
Fair	9,990	65.35	3.13	21.11	8.35	2.05	1,338
	<i>776</i>	<i>1.56</i>	<i>0.45</i>	<i>1.39</i>	<i>0.67</i>	<i>0.44</i>	<i>99</i>
Poor	7,489	58.49	2.89	23.25	11.78	3.58	2,215
	<i>707</i>	<i>3.08</i>	<i>0.44</i>	<i>2.85</i>	<i>2.11</i>	<i>0.85</i>	<i>199</i>
Functional Limitation							
None	18,973	59.29	1.41	26.30	10.45	2.56	864
	<i>861</i>	<i>2.04</i>	<i>0.35</i>	<i>2.28</i>	<i>1.41</i>	<i>0.36</i>	<i>39</i>
IADL only ⁴	11,437	65.57	2.96	19.75	9.28	2.43	1,269
	<i>716</i>	<i>1.96</i>	<i>0.42</i>	<i>2.02</i>	<i>0.90</i>	<i>0.59</i>	<i>76</i>
One to two ADLs ⁵	7,474	58.61	2.32	22.32	12.19	4.57	1,432
	<i>657</i>	<i>2.88</i>	<i>0.40</i>	<i>2.18</i>	<i>2.13</i>	<i>2.07</i>	<i>120</i>
Three to five ADLs	3,423	60.16	5.29	20.92	9.37	4.27	1,258
	<i>389</i>	<i>2.90</i>	<i>0.95</i>	<i>3.15</i>	<i>1.18</i>	<i>1.30</i>	<i>132</i>

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

4 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$41,361	60.99	2.32	23.31	10.35	3.03	\$1,060
	<i>1,226</i>	<i>1.17</i>	<i>0.21</i>	<i>1.20</i>	<i>0.77</i>	<i>0.41</i>	<i>31</i>
Metropolitan Area Resident							
Yes	30,888	62.21	2.20	22.85	9.71	3.03	1,038
	<i>1,169</i>	<i>1.46</i>	<i>0.24</i>	<i>1.53</i>	<i>0.95</i>	<i>0.53</i>	<i>39</i>
No	10,469	57.41	2.68	24.66	12.23	3.03	1,139
	<i>420</i>	<i>1.62</i>	<i>0.48</i>	<i>1.52</i>	<i>1.30</i>	<i>0.46</i>	<i>41</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

1 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$115,757	64.09	2.31	16.60	15.93	1.06	\$2,968
	<i>2,589</i>	<i>1.05</i>	<i>0.16</i>	<i>1.26</i>	<i>0.48</i>	<i>0.09</i>	<i>65</i>
Medicare Status³							
Aged							
65 - 74 years	49,041	63.10	1.67	18.51	15.82	0.89	2,671
	<i>2,163</i>	<i>2.20</i>	<i>0.31</i>	<i>2.75</i>	<i>0.79</i>	<i>0.11</i>	<i>115</i>
75 - 84 years	38,840	69.02	1.24	14.78	14.04	0.92	3,304
	<i>1,104</i>	<i>0.47</i>	<i>0.13</i>	<i>0.35</i>	<i>0.48</i>	<i>0.13</i>	<i>84</i>
85 years and older	10,995	70.26	1.96	13.03	14.20	0.54	3,245
	<i>425</i>	<i>0.78</i>	<i>0.34</i>	<i>0.47</i>	<i>0.75</i>	<i>0.11</i>	<i>113</i>
Disabled							
Under 45 years	4,234	50.23	8.98	17.74	21.55	1.50	2,856
	<i>512</i>	<i>5.55</i>	<i>1.25</i>	<i>7.32</i>	<i>4.76</i>	<i>0.40</i>	<i>340</i>
45 - 64 years	12,647	52.08	6.17	17.51	21.72	2.51	3,147
	<i>838</i>	<i>2.20</i>	<i>0.80</i>	<i>2.19</i>	<i>2.45</i>	<i>0.49</i>	<i>191</i>
Gender							
Male	52,962	62.49	1.66	18.64	15.86	1.35	3,040
	<i>1,838</i>	<i>2.04</i>	<i>0.15</i>	<i>2.52</i>	<i>0.93</i>	<i>0.14</i>	<i>109</i>
Female	62,795	65.44	2.87	14.89	15.98	0.82	2,909
	<i>1,328</i>	<i>0.65</i>	<i>0.27</i>	<i>0.51</i>	<i>0.50</i>	<i>0.11</i>	<i>60</i>
Living Arrangement							
Alone	34,065	67.53	2.86	13.14	15.22	1.25	2,862
	<i>1,067</i>	<i>0.64</i>	<i>0.29</i>	<i>0.59</i>	<i>0.62</i>	<i>0.18</i>	<i>81</i>
With spouse	61,639	61.18	1.05	20.29	16.43	1.04	3,025
	<i>2,295</i>	<i>1.70</i>	<i>0.23</i>	<i>2.15</i>	<i>0.91</i>	<i>0.10</i>	<i>106</i>
With children	11,797	67.39	5.21	11.76	15.05	0.59	3,185
	<i>541</i>	<i>1.15</i>	<i>0.44</i>	<i>0.98</i>	<i>0.93</i>	<i>0.13</i>	<i>122</i>
With others	8,013	66.74	5.44	10.14	16.46	1.21	2,723
	<i>521</i>	<i>1.34</i>	<i>0.64</i>	<i>0.98</i>	<i>1.22</i>	<i>0.38</i>	<i>148</i>

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

2 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	\$115,757	64.09	2.31	16.60	15.93	1.06	\$2,968
	2,589	1.05	0.16	1.26	0.48	0.09	65
Race/Ethnicity							
White non-Hispanic	90,211	64.20	1.20	16.90	16.62	1.09	2,950
	1,919	0.60	0.08	0.50	0.47	0.11	59
Black non-Hispanic	10,441	67.16	6.15	8.39	17.13	1.17	2,846
	593	1.47	0.92	0.67	1.49	0.25	154
Hispanic	9,523	61.28	5.51	23.86	8.73	0.62	3,216
	1,778	10.16	1.20	12.68	1.58	0.23	578
Other	5,137	61.12	8.28	15.04	14.46	1.09	3,147
	682	5.17	2.34	6.44	3.00	0.39	366
Income							
Less than \$2,500	2,097	61.48	2.53	17.77	16.61	1.61	2,558
	286	4.67	0.70	5.30	2.41	0.57	286
\$2,500 - \$4,999	900	69.22	7.33	13.63	9.56	0.26	1,999
	149	2.53	1.54	3.03	2.07	0.14	302
\$5,000 - \$7,499	10,076	60.50	9.83	19.19	10.02	0.45	3,478
	1,803	9.34	1.88	12.70	1.92	0.17	614
\$7,500 - \$9,999	9,598	69.83	7.58	6.17	14.80	1.61	2,833
	586	1.40	0.72	0.86	1.30	0.40	142
\$10,000 - \$14,999	18,251	67.69	3.15	12.53	15.62	1.01	2,912
	858	1.22	0.78	0.89	1.02	0.20	113
\$15,000 - \$19,999	13,548	66.34	1.40	15.31	15.84	1.11	2,842
	603	1.07	0.32	0.78	0.86	0.28	106
\$20,000 - \$24,999	12,930	67.70	0.21	16.44	14.88	0.76	3,005
	760	1.43	0.09	0.75	1.35	0.12	155
\$25,000 - \$29,999	9,609	65.61	0.05	17.63	16.13	0.58	2,874
	840	3.67	0.02	3.15	1.03	0.11	229
\$30,000 or more	38,749	59.57	0.11	20.69	18.32	1.31	3,034
	1,272	1.05	0.05	0.82	1.06	0.18	95

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

3 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$115,757	64.09	2.31	16.60	15.93	1.06	\$2,968
	<i>2,589</i>	<i>1.05</i>	<i>0.16</i>	<i>1.26</i>	<i>0.48</i>	<i>0.09</i>	<i>65</i>
Health Status							
Excellent	10,353	64.40	0.81	14.40	19.10	1.27	1,827
	<i>490</i>	<i>1.32</i>	<i>0.16</i>	<i>0.76</i>	<i>1.54</i>	<i>0.35</i>	<i>73</i>
Very good	21,260	66.45	0.81	15.22	16.39	1.13	2,095
	<i>650</i>	<i>0.60</i>	<i>0.10</i>	<i>0.37</i>	<i>0.62</i>	<i>0.20</i>	<i>58</i>
Good	34,262	67.38	2.20	14.84	14.60	0.98	2,817
	<i>984</i>	<i>0.69</i>	<i>0.41</i>	<i>0.58</i>	<i>0.54</i>	<i>0.14</i>	<i>67</i>
Fair	30,259	61.59	3.36	19.62	14.50	0.93	4,053
	<i>2,087</i>	<i>3.22</i>	<i>0.41</i>	<i>4.21</i>	<i>1.08</i>	<i>0.13</i>	<i>260</i>
Poor	18,843	59.08	3.41	17.84	18.46	1.20	5,573
	<i>1,315</i>	<i>2.68</i>	<i>0.37</i>	<i>2.52</i>	<i>1.95</i>	<i>0.24</i>	<i>350</i>
Functional Limitation							
None	49,313	66.89	1.25	15.36	15.38	1.12	2,245
	<i>1,307</i>	<i>0.68</i>	<i>0.27</i>	<i>0.41</i>	<i>0.71</i>	<i>0.14</i>	<i>54</i>
IADL only ⁴	33,199	62.77	2.18	19.10	15.15	0.80	3,685
	<i>2,052</i>	<i>3.19</i>	<i>0.20</i>	<i>3.95</i>	<i>1.08</i>	<i>0.12</i>	<i>217</i>
One to two ADLs ⁵	20,080	61.63	2.73	17.88	16.52	1.23	3,848
	<i>1,107</i>	<i>2.13</i>	<i>0.44</i>	<i>2.13</i>	<i>0.91</i>	<i>0.25</i>	<i>190</i>
Three to five ADLs	12,738	60.31	6.16	12.96	19.28	1.29	4,682
	<i>745</i>	<i>1.58</i>	<i>0.74</i>	<i>1.55</i>	<i>1.32</i>	<i>0.27</i>	<i>229</i>

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

4 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$115,757	64.09	2.31	16.60	15.93	1.06	\$2,968
	<i>2,589</i>	<i>1.05</i>	<i>0.16</i>	<i>1.26</i>	<i>0.48</i>	<i>0.09</i>	<i>65</i>
Metropolitan Area Resident							
Yes	92,643	64.57	2.34	16.72	15.38	0.99	3,114
	<i>2,482</i>	<i>1.30</i>	<i>0.19</i>	<i>1.56</i>	<i>0.56</i>	<i>0.10</i>	<i>81</i>
No	23,098	62.19	2.19	16.15	18.10	1.37	2,513
	<i>939</i>	<i>0.92</i>	<i>0.21</i>	<i>0.90</i>	<i>0.88</i>	<i>0.22</i>	<i>100</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

1 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$10,051	0.77	1.23	17.86	78.08	2.07	\$258
	309	0.06	0.25	0.85	0.94	0.41	8
Medicare Status³							
Aged							
65 - 74 years	5,085	0.66	0.98	18.08	79.17	1.12	277
	245	0.07	0.39	1.16	1.28	0.30	14
75 - 84 years	3,277	0.97	0.71	15.47	81.10	1.75	279
	146	0.13	0.28	1.17	1.40	0.53	12
85 years and older	657	1.18	0.70	14.33	83.43	0.36	194
	66	0.15	0.41	2.15	2.18	0.22	19
Disabled							
Under 45 years	219	0.28	9.89	21.79	64.96	3.08	148
	26	0.07	2.82	4.61	4.89	1.21	17
45 - 64 years	813	0.49	2.95	27.91	58.28	10.36	202
	104	0.09	0.92	4.40	4.78	4.11	26
Gender							
Male	4,568	0.77	0.81	19.23	76.39	2.80	262
	217	0.07	0.22	1.53	1.54	0.49	12
Female	5,484	0.77	1.57	16.73	79.48	1.45	254
	241	0.09	0.42	0.94	1.07	0.61	11
Living Arrangement							
Alone	2,689	0.76	1.55	13.59	81.66	2.44	226
	145	0.05	0.39	1.04	1.33	0.69	12
With spouse	6,081	0.64	0.65	20.98	76.28	1.46	298
	284	0.06	0.30	1.25	1.31	0.32	14
With children	702	1.53	3.45	12.65	81.02	1.35	189
	85	0.56	1.42	3.77	3.91	1.43	23
With others	573	1.21	3.15	11.18	76.76	7.69	195
	64	0.34	1.00	2.46	4.49	4.99	22

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

2 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	\$10,051	0.77	1.23	17.86	78.08	2.07	\$258
	309	0.06	0.25	0.85	0.94	0.41	8
Race/Ethnicity							
White non-Hispanic	8,708	0.68	0.64	18.18	78.66	1.84	285
	303	0.07	0.16	0.94	0.97	0.45	10
Black non-Hispanic	480	1.30	3.92	14.14	78.27	2.37	131
	79	0.25	1.48	2.85	3.62	1.51	21
Hispanic	516	1.64	5.92	16.75	73.91	1.79	174
	58	0.24	1.85	3.10	3.65	1.35	21
Other	332	0.86	5.51	16.18	69.28	8.18	203
	56	0.17	4.72	3.50	5.85	3.90	31
Income							
Less than \$2,500	108	0.99	2.08	16.19	72.80	7.94	132
	17	0.25	1.92	6.49	6.10	5.31	19
\$2,500 - \$4,999	102	2.15	4.53	6.38	85.49	1.44	226
	38	1.32	3.76	5.03	6.72	1.44	80
\$5,000 - \$7,499	255	1.04	11.23	9.74	73.76	4.23	88
	39	0.19	3.40	3.38	4.76	3.03	13
\$7,500 - \$9,999	433	2.05	7.43	6.27	76.29	7.97	128
	60	0.90	2.29	2.16	5.77	6.24	17
\$10,000 - \$14,999	906	1.35	3.70	9.39	83.97	1.58	145
	97	0.16	1.84	1.57	2.59	0.98	15
\$15,000 - \$19,999	999	1.09	1.02	14.30	82.05	1.54	210
	87	0.14	0.64	1.99	2.31	0.91	17
\$20,000 - \$24,999	987	1.05	0.08	20.97	76.87	1.04	229
	100	0.23	0.06	3.30	3.20	0.67	21
\$25,000 - \$29,999	913	0.90	0.44	15.68	80.34	2.63	273
	105	0.17	0.34	1.96	2.63	1.59	30
\$30,000 or more	5,348	0.39	0.13	21.34	76.49	1.65	419
	256	0.04	0.14	1.45	1.49	0.39	18

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

3 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$10,051	0.77	1.23	17.86	78.08	2.07	\$258
	309	0.06	0.25	0.85	0.94	0.41	8
Health Status							
Excellent	1,978	0.65	0.23	19.29	78.63	1.20	349
	146	0.10	0.12	1.80	1.84	0.51	25
Very good	3,022	0.63	0.58	16.63	81.42	0.74	298
	198	0.07	0.22	1.52	1.58	0.29	19
Good	2,980	0.83	0.75	17.90	79.09	1.44	245
	162	0.08	0.24	1.47	1.61	0.49	13
Fair	1,331	0.96	3.82	16.55	76.29	2.38	178
	92	0.14	1.37	1.71	2.29	0.91	12
Poor	680	1.14	4.14	23.12	60.05	11.55	201
	110	0.59	1.70	4.78	5.93	4.58	30
Functional Limitation							
None	6,357	0.66	0.64	17.20	80.17	1.33	289
	247	0.04	0.17	0.98	1.05	0.34	12
IADL only ⁴	1,945	1.00	2.63	19.39	74.93	2.06	216
	128	0.23	0.96	1.88	2.07	0.72	14
One to two ADLs ⁵	1,192	0.88	1.57	20.31	72.85	4.39	228
	132	0.15	0.71	2.97	3.15	2.41	24
Three to five ADLs	523	1.00	2.43	15.82	76.50	4.26	192
	78	0.43	1.15	3.95	4.34	2.28	28

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

4 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$10,051	0.77	1.23	17.86	78.08	2.07	\$258
	<i>309</i>	<i>0.06</i>	<i>0.25</i>	<i>0.85</i>	<i>0.94</i>	<i>0.41</i>	<i>8</i>
Metropolitan Area Resident							
Yes	8,443	0.88	1.30	18.37	77.43	2.03	284
	<i>277</i>	<i>0.07</i>	<i>0.29</i>	<i>0.79</i>	<i>0.93</i>	<i>0.46</i>	<i>9</i>
No	1,608	0.20	0.85	15.21	81.46	2.27	175
	<i>140</i>	<i>0.05</i>	<i>0.26</i>	<i>3.07</i>	<i>3.08</i>	<i>0.82</i>	<i>16</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

1 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$58,655	3.10	14.81	35.97	34.86	11.27	\$1,504
	828	0.13	0.66	0.71	0.55	0.45	21
Medicare Status³							
Aged							
65 - 74 years	24,795	3.07	8.40	42.32	35.93	10.27	1,351
	567	0.15	0.74	1.07	0.80	0.55	27
75 - 84 years	17,023	3.87	9.06	35.81	39.08	12.18	1,448
	319	0.15	0.60	0.95	0.75	0.71	23
85 years and older	4,492	4.38	11.61	26.88	45.12	12.01	1,326
	145	0.35	1.14	1.60	1.32	1.09	38
Disabled							
Under 45 years	3,273	0.80	55.01	18.79	16.35	9.05	2,208
	380	0.37	5.67	3.04	1.98	1.60	227
45 - 64 years	9,073	1.91	30.18	29.63	25.58	12.70	2,257
	508	0.61	2.51	2.33	1.46	1.32	122
Gender							
Male	24,039	3.58	11.36	36.65	33.17	15.24	1,380
	602	0.25	0.99	1.07	0.86	0.64	32
Female	34,617	2.76	17.20	35.50	36.03	8.51	1,604
	568	0.12	0.85	0.85	0.67	0.57	25
Living Arrangement							
Alone	17,392	3.16	20.91	28.43	36.38	11.12	1,461
	563	0.15	1.59	0.94	1.00	0.74	34
With spouse	30,216	2.98	5.11	44.82	35.73	11.36	1,483
	685	0.16	0.50	0.89	0.66	0.58	29
With children	6,047	3.23	27.06	24.39	34.14	11.18	1,633
	289	0.32	2.27	1.68	1.62	1.19	59
With others	4,941	3.35	37.66	22.40	25.13	11.45	1,679
	373	1.06	3.24	2.80	2.09	1.71	118

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

2 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	\$58,655	3.10	14.81	35.97	34.86	11.27	\$1,504
	828	0.13	0.66	0.71	0.55	0.45	21
Race/Ethnicity							
White non-Hispanic	47,118	2.81	10.51	38.65	36.51	11.52	1,541
	806	0.14	0.79	0.84	0.68	0.47	25
Black non-Hispanic	5,227	3.71	33.00	24.25	27.61	11.42	1,425
	240	0.48	2.29	1.72	1.44	1.42	61
Hispanic	3,796	5.88	34.18	22.29	29.73	7.92	1,282
	263	0.61	2.76	2.08	1.61	1.30	61
Other	2,323	3.05	28.39	29.92	26.80	11.84	1,423
	274	0.46	3.87	5.05	2.55	2.23	135
Income							
Less than \$2,500	939	3.03	16.84	23.28	46.50	10.34	1,145
	92	0.59	3.94	2.93	3.49	2.38	90
\$2,500 - \$4,999	573	1.34	32.39	25.11	29.47	11.69	1,273
	83	0.50	6.06	6.18	3.01	3.75	148
\$5,000 - \$7,499	5,440	1.38	69.20	7.34	13.95	8.12	1,878
	439	0.20	2.72	1.58	1.32	1.37	123
\$7,500 - \$9,999	5,494	3.76	47.08	10.82	25.29	13.04	1,622
	436	0.94	2.77	1.75	1.90	1.55	106
\$10,000 - \$14,999	8,848	3.83	15.10	24.53	39.73	16.80	1,412
	332	0.22	1.31	1.44	1.13	1.33	42
\$15,000 - \$19,999	6,730	3.79	5.09	36.53	40.67	13.92	1,412
	269	0.27	0.83	1.76	1.39	1.33	42
\$20,000 - \$24,999	6,670	3.89	2.68	44.50	40.54	8.38	1,550
	338	0.43	1.04	2.46	1.77	0.95	66
\$25,000 - \$29,999	4,625	3.87	0.62	43.82	39.21	12.48	1,383
	247	0.41	0.28	1.70	1.34	1.37	56
\$30,000 or more	19,337	2.41	0.54	52.33	35.79	8.93	1,514
	559	0.16	0.18	0.84	0.65	0.65	34

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

3 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$58,655	3.10	14.81	35.97	34.86	11.27	\$1,504
	828	0.13	0.66	0.71	0.55	0.45	21
Health Status							
Excellent	5,084	5.04	6.66	39.74	39.01	9.55	897
	278	0.40	1.14	1.57	1.33	1.17	41
Very good	11,315	4.14	6.68	40.74	38.92	9.51	1,115
	355	0.23	0.62	1.25	1.00	0.74	32
Good	19,035	3.46	14.28	36.25	34.52	11.49	1,565
	561	0.32	1.82	1.28	1.03	0.70	43
Fair	14,370	2.20	20.11	32.10	33.95	11.64	1,925
	364	0.18	1.58	1.47	0.94	0.83	48
Poor	8,501	1.35	22.94	33.26	29.34	13.10	2,514
	414	0.16	1.92	2.24	1.37	1.39	95
Functional Limitation							
None	26,309	4.17	9.04	38.70	37.06	11.02	1,197
	614	0.24	0.97	0.86	0.91	0.53	25
IADL only ⁴	16,645	2.30	19.01	34.30	33.64	10.75	1,848
	540	0.17	1.45	1.42	0.99	0.76	47
One to two ADLs ⁵	9,847	2.28	17.47	33.93	33.68	12.64	1,887
	440	0.17	1.29	1.67	0.99	1.20	67
Three to five ADLs	5,700	1.95	24.79	31.61	30.09	11.55	2,095
	379	0.23	2.38	2.90	1.82	1.53	98

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

4 of 4

Beneficiary Characteristic ²	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	\$58,655	3.10	14.81	35.97	34.86	11.27	\$1,504
	<i>828</i>	<i>0.13</i>	<i>0.66</i>	<i>0.71</i>	<i>0.55</i>	<i>0.45</i>	<i>21</i>
Metropolitan Area Resident							
Yes	44,462	3.89	14.69	36.82	33.77	10.83	1,494
	<i>669</i>	<i>0.16</i>	<i>0.84</i>	<i>0.87</i>	<i>0.62</i>	<i>0.55</i>	<i>22</i>
No	14,114	0.62	15.22	33.35	38.27	12.53	1,536
	<i>539</i>	<i>0.12</i>	<i>0.62</i>	<i>1.32</i>	<i>1.19</i>	<i>0.85</i>	<i>51</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Long-Term Care Facility Residents¹

1 of 3

Beneficiary Characteristic ²	Total Expenditures (millions of \$) ³	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$96,297	9.83	43.19	1.50	35.85	9.63	\$34,338
	3,762	0.68	1.67	0.25	1.50	1.69	883
Medicare Status⁴							
Aged							
65 - 74 years	11,949	18.03	48.64	1.97	28.03	3.33	33,150
	1,313	2.80	4.55	0.77	3.93	1.15	2,113
75 - 84 years	30,563	10.80	41.64	2.23	39.08	6.24	33,035
	2,156	1.44	2.51	0.62	2.77	1.89	1,200
85 years and older	37,487	9.23	37.59	1.39	44.32	7.47	33,423
	1,752	0.87	1.69	0.27	1.74	1.18	913
Disabled							
Under 45 years	4,086	1.07	51.50	0.00	18.62	28.81	34,610
	580	1.01	5.71	0.00	3.41	5.27	3,687
45 - 64 years	12,213	4.14	56.15	0.06	15.15	24.51	43,753
	1,860	1.45	7.52	0.05	2.66	9.17	4,940
Gender							
Male	33,312	9.14	44.61	1.71	28.95	15.59	35,184
	2,444	1.11	3.28	0.53	2.64	4.17	1,600
Female	62,985	10.19	42.44	1.39	39.49	6.48	33,907
	2,612	0.90	1.88	0.25	1.75	1.00	909
Race/Ethnicity							
White non-Hispanic	79,349	9.68	39.33	1.80	40.20	9.00	33,407
	3,284	0.76	1.70	0.31	1.55	1.88	830
Black non-Hispanic	10,882	9.59	60.79	0.06	13.46	16.10	44,909
	1,365	2.12	5.32	0.03	2.38	6.15	3,905
Hispanic	4,687	13.06	63.81	0.00	14.99	8.14	36,864
	807	4.25	4.71	0.00	3.11	3.66	3,077
Other	956*	7.36*	66.39*	1.59*	23.93*	0.73*	26,539*
	314	6.21	9.65	1.64	6.69	0.79	4,930

Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Long-Term Care Facility Residents¹

2 of 3

Beneficiary Characteristic ²	Total Expenditures (millions of \$) ³	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	\$96,297	9.83	43.19	1.50	35.85	9.63	\$34,338
	3,762	0.68	1.67	0.25	1.50	1.69	883
Income							
Less than \$2,500	3,586*	13.44*	45.63*	0.84*	34.08*	6.00*	34,176*
	693	3.76	7.80	0.86	6.27	4.46	3,442
\$2,500 - \$4,999	2,783*	8.97*	55.35*	1.71*	23.33*	10.64*	32,911*
	581	3.99	7.45	1.02	5.79	4.03	4,729
\$5,000 - \$7,499	17,279	9.11	64.92	0.47	18.68	6.81	35,644
	1,461	1.76	2.66	0.21	1.63	1.67	1,732
\$7,500 - \$9,999	19,706	9.11	56.98	0.80	21.94	11.16	37,623
	1,834	1.69	3.40	0.30	2.16	3.05	2,004
\$10,000 - \$14,999	18,733	7.62	44.22	0.75	40.05	7.36	33,021
	1,588	1.09	2.87	0.30	2.51	1.84	1,370
\$15,000 - \$19,999	10,119	12.62	35.49	4.36	39.66	7.87	32,126
	922	2.42	4.17	1.48	4.74	2.44	1,931
\$20,000 - \$24,999	7,819	11.53	22.30	1.77	56.45	7.96	32,733
	1,071	2.71	4.87	0.68	5.08	3.21	2,530
\$25,000 - \$29,999	4,494	10.26	19.68	2.79	53.97	13.30	33,129
	797	3.89	5.71	1.40	6.00	3.33	3,174
\$30,000 or more	11,776	10.98	12.43	2.42	57.24	16.93	33,696
	1,713	2.40	3.49	0.77	7.88	9.93	3,598
Health Status							
Excellent	2,455*	5.73*	45.79*	0.29*	43.48*	4.71*	24,475*
	501	2.32	9.23	0.21	8.29	1.93	3,318
Very good	7,721	6.53	35.04	1.58	49.24	7.62	27,581
	775	2.04	4.38	0.85	4.53	2.02	1,718
Good	26,706	7.05	35.83	1.44	37.23	18.44	35,203
	2,308	1.04	3.22	0.60	2.96	4.69	1,859
Fair	38,453	10.80	46.98	1.59	34.29	6.34	35,053
	2,279	1.14	2.37	0.30	1.88	1.20	1,140
Poor	18,452	13.13	48.56	1.51	32.15	4.65	36,894
	1,595	1.91	3.18	0.36	2.70	1.41	1,651

Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Long-Term Care Facility Residents¹

3 of 3

Beneficiary Characteristic ²	Total Expenditures (millions of \$) ³	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	\$96,297	9.83	43.19	1.50	35.85	9.63	\$34,338
	<i>3,762</i>	<i>0.68</i>	<i>1.67</i>	<i>0.25</i>	<i>1.50</i>	<i>1.69</i>	<i>883</i>
Functional Limitation							
None	3,847	7.14	16.22	1.02	38.79	36.82	21,867
	<i>652</i>	<i>1.79</i>	<i>5.92</i>	<i>0.96</i>	<i>6.78</i>	<i>9.76</i>	<i>2,598</i>
IADL only ⁵	6,595	11.23	22.93	2.63	30.26	32.95	25,523
	<i>1,577</i>	<i>4.49</i>	<i>8.53</i>	<i>1.24</i>	<i>8.38</i>	<i>14.59</i>	<i>4,957</i>
One to two ADLs ⁶	15,012	9.13	30.75	2.60	43.87	13.66	27,912
	<i>1,265</i>	<i>1.40</i>	<i>3.69</i>	<i>1.09</i>	<i>3.50</i>	<i>3.42</i>	<i>1,485</i>
Three to five ADLs	70,786	10.00	49.22	1.19	34.45	5.14	38,672
	<i>3,230</i>	<i>0.76</i>	<i>1.64</i>	<i>0.23</i>	<i>1.44</i>	<i>0.85</i>	<i>921</i>
Metropolitan Area Resident							
Yes	76,559	9.69	43.00	1.51	36.47	9.32	35,815
	<i>3,455</i>	<i>0.81</i>	<i>1.95</i>	<i>0.31</i>	<i>1.80</i>	<i>1.97</i>	<i>1,123</i>
No	19,738	10.34	43.95	1.46	33.41	10.84	29,604
	<i>1,463</i>	<i>1.23</i>	<i>2.51</i>	<i>0.36</i>	<i>2.47</i>	<i>3.04</i>	<i>835</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *long-term care facility residents* includes beneficiaries who resided only in a long-term care facility during the year, and beneficiaries who resided part of the year in a long-term care facility and part of the year in the community. It excludes beneficiaries who resided only in the community during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year, and facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year. However, in contrast with Table 4.1, facility expenditures in Table 4.7 do not include expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year community residents, which were reported during a community interview or created through Medicare claims data. See Appendix B for additional information.
- 4 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 5 IADL stands for Instrumental Activity of Daily Living.
- 6 ADL stands for Activity of Daily Living.

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

1 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per Beneficiary	\$9,361	\$6,564	\$11,242	\$9,265	\$9,544	\$10,313
	182	413	478	525	313	552
Medicare Status³						
Aged						
65 - 74 years	8,073	5,130	10,098	8,153	8,270	9,482
	271	542	855	1,018	392	934
75 - 84 years	10,076	8,864	11,045	9,885	10,356	10,259
	255	1,123	768	485	423	931
85 years and older	11,357	7,057	15,785	10,933	10,575	13,786
	518	815	2,203	1,054	816	1,911
Disabled						
Under 45 years	10,277	7,237	10,282	22,955*	11,777	20,080*
	904	1,977	1,096	15,185	3,237	10,710
45 - 64 years	11,132	6,702	11,959	10,314*	13,464	20,734*
	700	812	964	1,597	2,054	13,574
Gender						
Male	9,657	6,108	10,849	10,828	10,020	10,281
	291	499	772	1,163	492	1,080
Female	9,121	7,226	11,481	8,238	9,108	10,336
	178	680	528	318	344	833
Living Arrangement						
Alone	9,054	6,683	10,300	9,052	8,843	10,665
	249	765	577	514	591	1,497
With spouse	9,273	6,443	11,957	9,120	9,658	9,903
	262	575	1,027	951	370	708
With children	10,849	6,912	13,534	10,597	10,615	10,755*
	496	1,179	1,208	977	992	2,272
With others	9,247	6,374	10,118	10,576	9,647	12,705*
	563	1,098	870	1,812	1,217	3,312

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

2 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per Beneficiary	\$9,361	\$6,564	\$11,242	\$9,265	\$9,544	\$10,313
	182	413	478	525	313	552
Race/Ethnicity						
White non-Hispanic	9,259	6,511	11,486	8,924	9,600	10,314
	194	477	665	333	374	580
Black non-Hispanic	10,619	7,876	12,060	10,424	11,103	8,403*
	522	1,269	950	2,136	1,205	2,341
Hispanic	8,947	4,581	9,281	18,999	6,946	12,541*
	1,173	1,152	796	13,473	691	3,902
Other	8,937	6,619	11,716	6,753	8,929	7,352*
	889	1,455	2,304	1,148	1,876	2,124
Income						
Less than \$2,500	7,131	4,042*	6,868	7,781	9,131	7,313*
	603	757	968	1,113	2,092	3,469
\$2,500 - \$4,999	7,730	4,790*	6,313	11,864*	11,402*	0
	1,231	2,871	1,629	4,166	2,909	0
\$5,000 - \$7,499	11,134	3,948	10,830	24,274	10,391*	10,060*
	1,317	997	560	14,566	2,373	0
\$7,500 - \$9,999	10,148	6,327	11,427	9,100	10,785	16,140*
	622	1,425	889	1,197	3,651	9,281
\$10,000 - \$14,999	9,497	8,654	12,240	8,685	8,789	16,857*
	361	874	989	667	664	4,337
\$15,000 - \$19,999	8,842	5,428	11,902	8,488	9,862	9,809*
	371	662	1,415	861	780	1,683
\$20,000 - \$24,999	9,741	6,254	26,180*	8,475	10,379	9,454
	504	1,393	9,823	693	798	1,257
\$25,000 - \$29,999	8,668	5,890	6,224*	7,730	9,552	8,515
	512	1,195	2,441	657	1,085	1,989
\$30,000 or more	9,130	6,953	6,497*	9,457	9,315	10,056
	284	984	1,419	503	491	721

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

3 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per Beneficiary	\$9,361	\$6,564	\$11,242	\$9,265	\$9,544	\$10,313
	182	413	478	525	313	552
Health Status						
Excellent	5,217	3,538	5,976	4,860	4,939	4,784
	214	609	1,012	419	414	551
Very good	6,163	4,359	5,685	5,882	6,049	7,021
	178	628	490	313	261	751
Good	8,794	4,974	9,843	9,235	8,945	9,037
	241	583	752	542	415	799
Fair	12,848	7,800	11,584	16,271	14,740	16,938
	560	943	651	2,861	691	2,399
Poor	19,790	13,109	19,078	21,686	23,193	43,925*
	1,127	1,411	1,734	2,619	2,662	6,350
Functional Limitation						
None	6,626	4,336	6,974	6,545	6,599	7,715
	146	390	588	287	235	727
IADL only ⁴	11,550	7,841	11,752	13,051	12,356	10,804
	542	886	901	1,855	925	1,251
One to two ADLs ⁵	12,823	10,505	12,580	13,048	14,253	19,741
	477	1,376	693	948	1,157	3,648
Three to five ADLs	17,137	10,133	18,146	16,945	19,170	26,428*
	835	1,375	1,637	2,447	1,867	7,787

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents¹

4 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per Beneficiary	\$9,361	\$6,564	\$11,242	\$9,265	\$9,544	\$10,313
	<i>182</i>	<i>413</i>	<i>478</i>	<i>525</i>	<i>313</i>	<i>552</i>
Metropolitan Area Resident						
Yes	9,605	6,906	11,471	10,003	9,590	11,099
	<i>230</i>	<i>549</i>	<i>588</i>	<i>782</i>	<i>382</i>	<i>702</i>
No	8,621	5,924	10,807	7,837	9,399	8,024
	<i>236</i>	<i>672</i>	<i>785</i>	<i>417</i>	<i>450</i>	<i>710</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Inpatient Hospital Stay in 2002¹

1 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$13,421	\$13,540	\$15,399	\$13,702	\$15,112	\$11,956
	482	1,041	928	1,197	935	1,305
Medicare Status³						
Aged						
65 - 74 years	13,491	13,461	14,713	15,175	14,931	13,214
	898	1,703	1,672	2,951	1,206	2,248
75 - 84 years	12,661	17,565	14,497	12,609	14,580	10,967
	455	2,486	1,633	803	824	1,370
85 years and older	12,595	9,607*	18,215	13,280	12,676	9,816*
	1,092	1,393	4,212	2,254	1,307	1,983
Disabled						
Under 45 years	17,289	19,203*	17,074	35,562*	15,593*	0
	2,567	4,187	3,345	18,414	4,987	0
45 - 64 years	15,265	10,561*	14,914	12,240*	20,176	10,876*
	2,227	1,540	1,530	2,635	7,457	2,423
Gender						
Male	14,884	12,709	17,056	16,243	16,953	11,445
	827	1,189	1,571	2,530	1,703	1,414
Female	12,229	14,610	14,482	11,757	13,340	12,337
	441	1,747	1,196	904	872	2,121
Living Arrangement						
Alone	12,413	13,765	13,304	12,211	14,309	12,760*
	606	1,685	972	1,218	1,402	4,052
With spouse	14,070	14,119	17,875	15,687	15,297	11,643
	806	1,705	2,427	2,338	1,346	1,270
With children	13,332	12,488*	16,997	10,136	15,159	11,651*
	1,160	2,594	2,655	979	1,565	4,210
With others	13,522	12,097*	14,712	14,971*	16,401*	11,089*
	1,073	2,734	1,500	2,678	2,464	3,733

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Inpatient Hospital Stay in 2002¹

2 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$13,421	\$13,540	\$15,399	\$13,702	\$15,112	\$11,956
	482	1,041	928	1,197	935	1,305
Race/Ethnicity						
White non-Hispanic	13,049	13,188	14,756	12,779	15,416	11,712
	463	1,148	1,089	648	1,058	1,389
Black non-Hispanic	15,181	14,792*	17,302	12,902*	16,509	15,307*
	1,115	2,292	2,089	3,871	1,762	4,137
Hispanic	14,610	14,745*	13,390	51,018*	7,988*	19,063*
	3,741	7,951	2,637	38,639	1,212	6,504
Other	13,113	11,841*	17,360*	10,093*	13,652*	8,874*
	2,825	1,714	6,050	2,066	3,686	3,130
Income						
Less than \$2,500	8,161	4,822*	7,447*	9,501*	9,583*	15,276*
	1,015	2,340	1,415	1,637	2,970	0
\$2,500 - \$4,999	14,644*	20,187*	13,564*	20,447*	16,015*	0
	3,381	10,841	6,138	2,607	5,748	0
\$5,000 - \$7,499	17,375	13,772*	14,800	40,696*	25,686*	0
	2,984	3,638	1,279	26,143	11,547	0
\$7,500 - \$9,999	14,624	11,577*	15,184	11,009*	30,115*	21,829*
	1,558	2,955	1,922	2,157	13,913	2,631
\$10,000 - \$14,999	12,722	15,562	16,453	11,916	10,714	20,091*
	847	1,785	2,366	1,183	1,081	8,785
\$15,000 - \$19,999	11,370	10,837*	13,222*	12,460	14,094	9,972*
	848	1,550	1,967	2,493	1,307	1,808
\$20,000 - \$24,999	13,823	15,995*	33,540*	13,179	15,799	9,238*
	1,177	4,770	14,416	1,518	2,014	1,920
\$25,000 - \$29,999	13,041	9,638*	21,253*	12,256	17,522	10,431*
	1,053	2,015	7,766	1,763	1,945	2,526
\$30,000 or more	13,534	14,798*	6,947*	13,846	15,326	11,265
	955	2,577	2,559	1,082	1,686	1,461

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Inpatient Hospital Stay in 2002¹

3 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$13,421	\$13,540	\$15,399	\$13,702	\$15,112	\$11,956
	482	1,041	928	1,197	935	1,305
Health Status						
Excellent	12,277	14,987*	14,589*	12,514*	16,062*	9,589*
	1,642	2,835	4,267	2,172	3,540	2,150
Very good	9,790	12,012*	9,600*	9,092	11,741	9,978*
	452	2,532	1,350	676	846	1,793
Good	11,871	13,193*	12,632	13,920	12,516	9,124*
	563	2,495	1,076	1,404	943	1,233
Fair	13,998	12,270	13,628	16,768	16,027	14,163*
	834	1,706	971	3,534	1,022	1,960
Poor	18,831	14,766	22,038	14,857	21,262	19,772*
	2,170	1,905	3,137	2,334	4,926	6,692
Functional Limitation						
None	11,325	13,570	11,168	12,592	12,429	10,839
	472	1,913	1,210	778	876	1,449
IADL only ⁴	14,864	12,679	17,182	16,255	17,057	10,534*
	1,290	1,670	2,376	3,539	2,515	1,777
One to two ADLs ⁵	13,992	15,004*	14,961	13,050	15,810	16,533*
	670	1,983	1,274	1,269	1,308	4,329
Three to five ADLs	14,782	12,653*	17,476	12,429	17,051	11,013*
	1,182	3,252	2,514	2,682	2,146	3,031

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Inpatient Hospital Stay in 2002¹

4 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$13,421	\$13,540	\$15,399	\$13,702	\$15,112	\$11,956
	<i>482</i>	<i>1,041</i>	<i>928</i>	<i>1,197</i>	<i>935</i>	<i>1,305</i>
Metropolitan Area Resident						
Yes	13,670	14,489	16,336	14,882	15,226	11,914
	<i>619</i>	<i>1,382</i>	<i>1,260</i>	<i>1,785</i>	<i>1,163</i>	<i>1,524</i>
No	12,681	11,533	13,279	11,357	14,709	12,118*
	<i>599</i>	<i>1,630</i>	<i>1,216</i>	<i>892</i>	<i>1,111</i>	<i>2,518</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Outpatient Hospital Visit in 2002¹

1 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$1,415	\$1,225	\$1,549	\$1,334	\$1,566	\$1,502
	44	130	136	92	99	118
Medicare Status³						
Aged						
65 - 74 years	1,322	909	1,332	1,431	1,427	1,531
	77	116	187	178	146	229
75 - 84 years	1,257	1,224	1,134	1,289	1,353	1,162
	66	263	166	93	127	111
85 years and older	1,118	751	791	955	1,320	2,652*
	98	167	143	81	312	1,267
Disabled						
Under 45 years	2,254	1,604	1,920	8,312*	3,725	5,127*
	222	555	260	5,205	1,171	0
45 - 64 years	2,199	1,711	2,205	1,197*	2,903	2,635*
	248	413	484	255	542	1,209
Gender						
Male	1,713	1,417	1,831	1,805	1,838	2,019
	93	198	325	217	176	270
Female	1,191	959	1,392	1,037	1,329	1,187
	43	92	124	83	100	114
Living Arrangement						
Alone	1,228	1,385	1,532	1,066	1,187	1,133
	84	311	285	98	160	169
With spouse	1,490	1,061	1,424	1,434	1,682	1,677
	67	132	199	136	131	183
With children	1,315	1,061	1,496	1,143	1,467	1,530*
	101	305	179	145	331	318
With others	1,812	1,569	1,794	2,596	2,002	1,086*
	201	486	324	855	613	424

Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Outpatient Hospital Visit in 2002¹

2 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$1,415	\$1,225	\$1,549	\$1,334	\$1,566	\$1,502
	44	130	136	92	99	118
Race/Ethnicity						
White non-Hispanic	1,332	1,162	1,137	1,295	1,499	1,538
	49	148	77	88	106	126
Black non-Hispanic	2,167	1,479	2,125	2,660	3,179	946*
	213	420	305	1,215	802	184
Hispanic	1,232	633	1,540	1,394*	1,120	1,143*
	148	120	326	411	311	393
Other	1,722	2,388*	2,547	1,113*	1,120	609*
	479	972	1,277	226	413	185
Income						
Less than \$2,500	1,572	862*	1,553	2,048*	1,918*	713*
	333	271	504	752	833	341
\$2,500 - \$4,999	1,312	3,533*	643*	2,479*	961*	0
	385	2,632	396	1,336	203	0
\$5,000 - \$7,499	1,358	539	1,395	1,453	1,928*	7,601*
	138	217	162	691	897	0
\$7,500 - \$9,999	1,586	1,324	1,767	1,653	1,182	246*
	247	438	391	540	308	120
\$10,000 - \$14,999	1,282	1,454	1,393	1,223	1,262	1,580*
	102	336	174	185	221	403
\$15,000 - \$19,999	1,485	1,336	1,918	1,384	1,743	1,168*
	148	261	521	239	359	211
\$20,000 - \$24,999	1,397	1,225	3,727*	1,280	1,464	1,312
	102	230	954	319	157	238
\$25,000 - \$29,999	1,327	893	1,545*	1,070	1,775	926
	203	187	297	130	472	170
\$30,000 or more	1,441	982	1,054*	1,329	1,573	1,684
	87	222	309	197	145	185

Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Outpatient Hospital Visit in 2002¹

3 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$1,415	\$1,225	\$1,549	\$1,334	\$1,566	\$1,502
	44	130	136	92	99	118
Health Status						
Excellent	894	1,051	797	892	916	710
	72	341	156	162	127	120
Very good	941	794	889	963	912	1,215
	57	172	209	153	75	257
Good	1,421	720	1,850	1,251	1,601	1,621
	97	113	389	131	197	274
Fair	1,667	1,314	1,420	1,816	2,057	2,234
	127	271	200	217	301	434
Poor	2,678	2,512	1,901	3,543	3,634	3,015*
	240	460	238	1,038	690	631
Functional Limitation						
None	1,196	952	1,227	1,175	1,284	1,488
	57	133	170	127	120	170
IADL only ⁴	1,608	1,441	1,839	1,522	1,702	1,453
	100	236	342	185	171	231
One to two ADLs ⁵	1,819	1,961	1,565	1,617	2,359	1,828
	156	586	236	227	428	325
Three to five ADLs	1,572	928	1,586	1,624	1,978	1,245*
	162	199	221	513	425	227

Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Outpatient Hospital Visit in 2002¹

4 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$1,415	\$1,225	\$1,549	\$1,334	\$1,566	\$1,502
	<i>44</i>	<i>130</i>	<i>136</i>	<i>92</i>	<i>99</i>	<i>118</i>
Metropolitan Area Resident						
Yes	1,411	1,170	1,558	1,397	1,567	1,456
	<i>56</i>	<i>142</i>	<i>186</i>	<i>129</i>	<i>120</i>	<i>127</i>
No	1,432	1,347	1,546	1,228	1,567	1,636
	<i>59</i>	<i>278</i>	<i>109</i>	<i>111</i>	<i>159</i>	<i>262</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Physician/Supplier Service in 2002¹

1 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$3,094	\$2,022	\$3,403	\$3,433	\$2,999	\$3,758
	67	121	148	233	98	353
Medicare Status³						
Aged						
65 - 74 years	2,814	1,699	3,671	3,231	2,660	3,089
	121	125	325	493	136	276
75 - 84 years	3,377	2,478	3,087	3,705	3,357	3,957
	86	365	153	202	130	436
85 years and older	3,299	2,053	3,983	3,240	3,047	4,374
	115	264	338	255	216	563
Disabled						
Under 45 years	3,144	2,106	2,850	5,579*	4,965	5,406*
	374	445	285	3,669	2,058	3,120
45 - 64 years	3,323	2,125	3,520	3,743*	3,416	14,411*
	203	247	287	1,103	326	11,218
Gender						
Male	3,220	1,896	3,358	4,069	3,112	3,988
	114	172	238	536	154	705
Female	2,995	2,200	3,429	3,021	2,898	3,600
	62	154	158	126	106	310
Living Arrangement						
Alone	2,974	1,980	3,053	3,349	2,739	3,905
	84	193	169	201	157	559
With spouse	3,143	2,058	3,952	3,470	3,086	3,545
	110	194	360	454	127	491
With children	3,337	2,092	3,913	3,414	3,153	4,097*
	123	314	257	367	229	1,234
With others	2,923	1,933	3,024	3,718	2,890	4,930*
	158	322	248	617	253	1,171

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Physician/Supplier Service in 2002¹

2 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$3,094	\$2,022	\$3,403	\$3,433	\$2,999	\$3,758
	67	121	148	233	98	353
Race/Ethnicity						
White non-Hispanic	3,048	1,961	3,340	3,251	3,007	3,760
	62	141	186	119	108	372
Black non-Hispanic	3,097	2,533	3,310	3,215	3,134	2,949*
	159	371	259	448	351	627
Hispanic	3,424	1,730	3,347	8,864	2,474	3,752*
	619	285	238	6,713	217	755
Other	3,351	1,892*	4,146	3,079	3,518	2,718*
	392	298	820	617	1,104	712
Income						
Less than \$2,500	2,687	2,021*	2,420	2,454	3,714*	2,885*
	297	399	383	430	1,041	1,026
\$2,500 - \$4,999	2,240	881*	1,898	4,105*	2,297*	0
	336	279	308	1,629	514	0
\$5,000 - \$7,499	3,764	1,239	3,323	10,882	3,248*	0
	669	207	183	7,499	795	0
\$7,500 - \$9,999	2,980	2,006	3,299	2,851	2,515	5,148*
	146	392	212	369	548	3,253
\$10,000 - \$14,999	3,070	2,483	3,868	3,009	2,950	4,361*
	121	245	387	251	207	1,136
\$15,000 - \$19,999	2,953	1,617	3,688	3,331	3,017	3,205*
	108	203	418	273	181	756
\$20,000 - \$24,999	3,123	2,075	6,945*	2,775	3,249	3,445
	160	300	2,196	205	287	616
\$25,000 - \$29,999	2,985	2,424	1,622*	2,894	3,217	2,621
	237	707	485	224	550	620
\$30,000 or more	3,114	1,952	2,542*	3,657	2,896	3,998
	97	257	634	219	111	582

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Physician/Supplier Service in 2002¹

3 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$3,094	\$2,022	\$3,403	\$3,433	\$2,999	\$3,758
	67	121	148	233	98	353
Health Status						
Excellent	1,934	1,306	1,974	1,986	1,724	1,995
	76	226	251	172	120	264
Very good	2,205	1,599	1,949	2,339	2,035	2,522
	60	181	157	142	76	252
Good	2,910	1,672	3,129	3,327	2,805	3,165
	68	135	244	151	121	302
Fair	4,182	2,319	3,535	5,887	4,593	5,633
	267	233	230	1,357	208	1,013
Poor	5,764	3,181	5,097	7,318	6,648	16,714*
	364	565	403	1,112	916	6,864
Functional Limitation						
None	2,356	1,414	2,450	2,430	2,254	3,078
	56	107	219	98	72	475
IADL only ⁴	3,810	2,547	3,486	5,268	3,654	3,704
	223	305	254	947	203	429
One to two ADLs ⁵	3,967	2,482	3,656	4,623	4,254	6,823
	196	356	254	380	524	1,145
Three to five ADLs	4,806	3,253	4,972	4,263	5,518	6,860*
	232	473	357	598	576	2,572

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Physician/Supplier Service in 2002¹

4 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$3,094	\$2,022	\$3,403	\$3,433	\$2,999	\$3,758
	<i>67</i>	<i>121</i>	<i>148</i>	<i>233</i>	<i>98</i>	<i>353</i>
Metropolitan Area Resident						
Yes	3,247	2,155	3,592	3,812	3,086	4,136
	<i>83</i>	<i>162</i>	<i>168</i>	<i>348</i>	<i>116</i>	<i>464</i>
No	2,618	1,770	2,938	2,697	2,683	2,650
	<i>103</i>	<i>157</i>	<i>273</i>	<i>152</i>	<i>172</i>	<i>261</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Prescribed Medicine in 2002¹

1 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$1,639	\$1,084	\$2,119	\$1,310	\$1,913	\$1,954
	23	50	79	26	38	82
Medicare Status³						
Aged						
65 - 74 years	1,500	990	1,847	1,199	1,777	1,964
	28	68	99	43	56	127
75 - 84 years	1,536	944	1,678	1,402	1,785	1,901
	23	66	68	46	43	103
85 years and older	1,418	909	1,587	1,308	1,671	1,875
	39	92	97	68	83	189
Disabled						
Under 45 years	2,569	1,471	2,712	1,717*	3,010	10,806*
	261	272	378	448	372	5,944
45 - 64 years	2,421	1,305	2,700	1,999*	3,132	2,206*
	135	113	233	274	300	853
Gender						
Male	1,544	1,089	1,923	1,271	1,810	1,798
	35	60	147	40	52	114
Female	1,711	1,077	2,228	1,334	2,004	2,063
	28	71	89	38	50	121
Living Arrangement						
Alone	1,604	1,028	2,145	1,319	1,746	2,204
	37	94	135	48	57	140
With spouse	1,604	1,062	1,962	1,250	1,953	1,815
	30	64	113	36	51	99
With children	1,759	1,148	1,943	1,634	2,085	2,440*
	61	150	122	124	150	416
With others	1,901	1,256	2,442	1,417	2,026	1,930*
	134	136	268	134	266	288

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Prescribed Medicine in 2002¹

2 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$1,639	\$1,084	\$2,119	\$1,310	\$1,913	\$1,954
	23	50	79	26	38	82
Race/Ethnicity						
White non-Hispanic	1,668	1,119	2,507	1,324	1,925	1,947
	27	56	142	28	43	82
Black non-Hispanic	1,603	1,057	1,756	1,568	1,761	1,765*
	61	113	108	202	129	256
Hispanic	1,403	724	1,706	963	1,762	2,022*
	63	128	114	108	156	466
Other	1,620	1,283*	1,623	1,045	2,329	2,458*
	149	295	198	153	486	716
Income						
Less than \$2,500	1,257	753*	1,341	1,346	1,412*	1,655*
	95	140	193	122	228	570
\$2,500 - \$4,999	1,457	1,201*	1,369	906*	2,006*	0
	157	364	198	145	409	0
\$5,000 - \$7,499	2,129	653	2,374	1,439	2,856*	2,460*
	135	104	176	195	437	0
\$7,500 - \$9,999	1,772	1,042	2,111	1,409	1,501	1,390*
	115	119	179	156	133	354
\$10,000 - \$14,999	1,543	1,154	2,049	1,328	1,868	2,217*
	46	103	119	68	119	268
\$15,000 - \$19,999	1,532	1,100	1,852	1,355	1,920	2,007*
	42	117	191	68	90	189
\$20,000 - \$24,999	1,686	1,150	2,809*	1,312	2,078	2,211
	69	170	504	89	165	235
\$25,000 - \$29,999	1,514	1,108	1,300*	1,143	1,963	1,712
	58	204	389	67	103	209
\$30,000 or more	1,631	1,181	1,547*	1,309	1,877	1,915
	35	132	278	40	56	109

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Prescribed Medicine in 2002¹

3 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$1,639	\$1,084	\$2,119	\$1,310	\$1,913	\$1,954
	23	50	79	26	38	82
Health Status						
Excellent	1,072	604	1,689	944	1,227	1,235
	44	91	213	75	74	140
Very good	1,242	826	1,463	1,054	1,466	1,621
	33	73	76	41	75	128
Good	1,669	923	2,124	1,362	1,939	2,167
	46	78	218	47	70	113
Fair	2,005	1,185	2,112	1,763	2,506	2,493
	47	73	104	74	90	266
Poor	2,637	1,765	2,697	1,911	3,456	3,900*
	97	191	170	141	215	716
Functional Limitation						
None	1,338	895	1,805	1,101	1,545	1,719
	28	60	173	34	44	89
IADL only ⁴	1,958	1,191	2,328	1,560	2,367	2,188
	51	98	148	67	87	232
One to two ADLs ⁵	1,981	1,268	2,275	1,623	2,388	2,471
	68	124	101	73	144	267
Three to five ADLs	2,193	1,480	2,151	1,835	2,880	3,405*
	105	211	150	132	289	501

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Prescribed Medicine in 2002¹

4 of 4

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$1,639	\$1,084	\$2,119	\$1,310	\$1,913	\$1,954
	<i>23</i>	<i>50</i>	<i>79</i>	<i>26</i>	<i>38</i>	<i>82</i>
Metropolitan Area Resident						
Yes	1,626	1,064	2,141	1,319	1,875	2,009
	<i>26</i>	<i>63</i>	<i>105</i>	<i>34</i>	<i>39</i>	<i>101</i>
No	1,679	1,130	2,054	1,292	2,058	1,789
	<i>51</i>	<i>77</i>	<i>69</i>	<i>42</i>	<i>109</i>	<i>127</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Inpatient Hospital Stay in 2002¹

1 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$13,421	\$11,327	\$145	\$1,342	\$422	\$184
	482	395	8	265	46	34
Medicare Status²						
Aged						
65 - 74 years	13,491	11,544	90	1,204	476	177
	898	872	11	112	107	51
75 - 84 years	12,661	11,255	93	874	339	101
	455	422	13	102	55	21
85 years and older	12,595	11,539	112	674	205	65
	1,092	1,087	16	66	39	26
Disabled						
Under 45 years	17,289	13,808	723	1,344	958	456
	2,567	2,498	89	525	357	289
45 - 64 years	15,265	9,822	347	4,005	575	516
	2,227	925	42	2,290	167	245
Gender						
Male	14,884	12,168	114	1,742	515	345
	827	686	14	542	86	72
Female	12,229	10,643	170	1,016	346	53
	441	415	14	108	63	14
Marital Status						
Married	13,941	11,304	57	1,944	463	173
	776	559	9	512	75	32
Widowed	12,194	10,916	162	758	293	66
	602	544	19	66	66	19
Divorced/separated	14,189	12,302	365	610	566	346
	1,111	1,146	42	132	102	199
Never married	14,334	11,825	429	804	562	714
	1,881	1,779	74	276	214	415

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Inpatient Hospital Stay in 2002¹

2 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$13,421	\$11,327	\$145	\$1,342	\$422	\$184
	482	395	8	265	46	34
Race/Ethnicity						
White non-Hispanic	13,049	10,883	95	1,462	397	211
	463	363	9	331	48	42
Black non-Hispanic	15,181	13,088	341	912	700	140
	1,115	1,107	37	285	138	50
Hispanic	14,610	13,335	352	690	201	32
	3,741	3,719	55	148	61	23
Other	13,113	10,958	283	1,292	565	15
	2,825	2,810	52	529	317	11
Income						
Less than \$2,500	8,161	6,832	138	949	174	68
	1,015	980	52	330	68	55
\$2,500 - \$4,999	14,644*	11,157*	433*	1,107*	1,005*	942*
	3,381	3,054	104	683	945	947
\$5,000 - \$7,499	17,375	16,270	694	282	114	16
	2,984	2,958	49	96	25	7
\$7,500 - \$9,999	14,624	13,023	401	484	444	273
	1,558	1,428	36	110	175	201
\$10,000 - \$14,999	12,722	10,782	170	899	739	132
	847	811	31	135	149	43
\$15,000 - \$19,999	11,370	9,899	62	952	300	157
	848	826	15	158	78	87
\$20,000 - \$24,999	13,823	11,961	21	1,202	407	232
	1,177	1,148	14	242	159	102
\$25,000 - \$29,999	13,041	11,205	4	1,153	293	385
	1,053	1,043	3	262	81	270
\$30,000 or more	13,534	10,466	6	2,518	389	156
	955	495	3	878	83	36

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Inpatient Hospital Stay in 2002¹

3 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$13,421	\$11,327	\$145	\$1,342	\$422	\$184
	482	395	8	265	46	34
Health Status						
Excellent	12,277	10,610	69	1,096	428	74
	1,642	1,605	21	367	115	35
Very good	9,790	8,181	56	984	436	132
	452	415	16	137	134	40
Good	11,871	10,215	111	1,061	405	78
	563	527	14	147	81	24
Fair	13,998	12,466	188	976	202	166
	834	814	23	116	30	60
Poor	18,831	14,435	256	2,919	735	486
	2,170	1,226	31	1,534	182	169
Functional Limitation						
None	11,325	9,621	103	1,076	362	163
	472	479	15	112	76	43
IADL only ³	14,864	12,385	142	1,883	375	79
	1,290	958	19	889	69	27
One to two ADLs ⁴	13,992	11,514	161	1,375	569	374
	670	647	19	250	124	141
Three to five ADLs	14,782	13,153	250	827	363	189
	1,182	1,132	29	156	80	91

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Inpatient Hospital Stay in 2002¹

4 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$13,421	\$11,327	\$145	\$1,342	\$422	\$184
	482	395	8	265	46	34
Metropolitan Area Resident						
Yes	13,670	11,495	132	1,456	421	166
	619	494	10	351	48	38
No	12,681	10,829	182	1,004	427	240
	599	583	22	98	115	87

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Outpatient Hospital Visit in 2002¹

1 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$1,415	\$838	\$34	\$345	\$153	\$45
	44	29	3	22	12	6
Medicare Status ²						
Aged						
65 - 74 years	1,322	749	22	363	150	38
	77	43	5	44	22	6
75 - 84 years	1,257	772	19	319	109	38
	66	40	3	32	9	11
85 years and older	1,118	683	14	299	108	14
	98	45	2	64	19	5
Disabled						
Under 45 years	2,254	1,328	146	457	249	75
	222	186	18	135	72	37
45 - 64 years	2,199	1,345	111	340	297	105
	248	196	22	73	59	42
Gender						
Male	1,713	970	30	440	201	71
	93	63	5	48	16	10
Female	1,191	738	38	273	117	25
	43	29	4	17	17	8
Marital Status						
Married	1,498	817	14	458	159	50
	63	37	2	40	19	9
Widowed	1,058	676	29	225	107	21
	52	31	4	18	13	12
Divorced/separated	1,712	1,156	116	186	192	63
	214	186	23	27	30	14
Never married	1,892	1,230	92	233	255	81
	251	184	14	51	72	30

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Outpatient Hospital Visit in 2002¹

2 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$1,415	\$838	\$34	\$345	\$153	\$45
	44	29	3	22	12	6
Race/Ethnicity						
White non-Hispanic	1,332	748	14	373	153	44
	49	26	1	29	16	8
Black non-Hispanic	2,167	1,470	136	297	211	54
	213	150	25	71	41	14
Hispanic	1,232	863	90	140	91	47
	148	119	18	20	19	17
Other	1,722	1,183	111	265	134	28
	479	436	45	103	27	13
Income						
Less than \$2,500	1,572	1,028	64	271	196	13
	333	239	21	77	71	6
\$2,500 - \$4,999	1,312	686	47	214	299	67
	385	215	13	78	198	51
\$5,000 - \$7,499	1,358	985	175	94	83	20
	138	122	24	16	17	11
\$7,500 - \$9,999	1,586	1,132	112	146	180	17
	247	215	23	18	42	6
\$10,000 - \$14,999	1,282	755	34	249	200	44
	102	61	7	35	42	11
\$15,000 - \$19,999	1,485	946	19	323	144	53
	148	113	6	52	16	18
\$20,000 - \$24,999	1,397	817	5	351	191	33
	102	54	3	24	79	9
\$25,000 - \$29,999	1,327	815	1	351	139	22
	203	134	1	62	27	7
\$30,000 or more	1,441	728	1	519	127	67
	87	41	1	64	10	18

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Outpatient Hospital Visit in 2002¹

3 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$1,415	\$838	\$34	\$345	\$153	\$45
	44	29	3	22	12	6
Health Status						
Excellent	894	450	6	235	136	68
	72	40	1	32	34	32
Very good	941	534	15	239	127	26
	57	26	8	21	36	6
Good	1,421	840	35	370	135	41
	97	63	7	58	15	15
Fair	1,667	1,076	53	360	142	35
	127	91	8	38	13	7
Poor	2,678	1,558	78	627	318	96
	240	165	11	103	61	22
Functional Limitation						
None	1,196	676	18	336	133	33
	57	30	4	38	20	4
IADL only ³	1,608	1,038	49	327	154	40
	100	84	8	33	16	9
One to two ADLs ⁴	1,819	1,046	43	417	228	85
	156	103	8	56	43	39
Three to five ADLs	1,572	930	85	337	151	69
	162	95	15	71	21	23

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Outpatient Hospital Visit in 2002¹

4 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$1,415	\$838	\$34	\$345	\$153	\$45
	44	29	3	22	12	6
Metropolitan Area Resident						
Yes	1,411	846	33	342	145	45
	56	38	4	29	15	8
No	1,432	820	38	354	176	43
	59	30	6	31	22	7

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Physician/Supplier Service in 2002¹

1 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$3,094	\$1,979	\$72	\$516	\$495	\$33
	67	30	5	47	17	3
Medicare Status ²						
Aged						
65 - 74 years	2,814	1,771	47	523	447	25
	121	42	9	97	20	3
75 - 84 years	3,377	2,327	42	501	476	31
	86	60	4	19	19	5
85 years and older	3,299	2,316	65	431	469	18
	115	88	12	23	27	4
Disabled						
Under 45 years	3,144	1,577	283	558	679	47
	374	131	33	280	168	12
45 - 64 years	3,323	1,726	206	584	724	84
	203	106	30	75	111	15
Gender						
Male	3,220	2,007	54	603	513	44
	114	35	5	99	31	4
Female	2,995	1,957	86	447	480	25
	62	40	8	19	20	3
Marital Status						
Married	3,162	1,929	33	645	521	33
	108	39	7	84	29	3
Widowed	3,099	2,135	71	410	460	23
	86	63	8	17	21	4
Divorced/separated	2,978	1,955	188	296	497	41
	139	102	23	33	38	11
Never married	2,626	1,679	215	255	410	67
	170	115	29	40	41	19

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Physician/Supplier Service in 2002¹

2 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$3,094	\$1,979	\$72	\$516	\$495	\$33
	67	30	5	47	17	3
Race/Ethnicity						
White non-Hispanic	3,048	1,954	37	516	508	33
	62	35	3	22	19	3
Black non-Hispanic	3,097	2,070	192	262	536	37
	159	109	31	25	58	7
Hispanic	3,424	2,089	190	823	301	22
	619	100	21	573	26	7
Other	3,351	2,046	278	505	486	37
	392	234	96	246	93	13
Income						
Less than \$2,500	2,687	1,649	68	479	448	43
	297	137	18	182	82	15
\$2,500 - \$4,999	2,240	1,547	165	307	215	6
	336	248	31	97	37	3
\$5,000 - \$7,499	3,764	2,271	372	725	379	17
	669	137	31	594	44	6
\$7,500 - \$9,999	2,980	2,076	227	185	444	48
	146	109	26	27	44	12
\$10,000 - \$14,999	3,070	2,074	97	386	481	31
	121	85	26	31	36	6
\$15,000 - \$19,999	2,953	1,955	42	454	469	33
	108	83	10	30	26	9
\$20,000 - \$24,999	3,123	2,110	7	516	467	24
	160	102	3	43	51	4
\$25,000 - \$29,999	2,985	1,952	1	530	485	17
	237	87	1	132	57	3
\$30,000 or more	3,114	1,853	3	645	572	41
	97	50	2	35	43	6

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Physician/Supplier Service in 2002¹

3 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$3,094	\$1,979	\$72	\$516	\$495	\$33
	67	30	5	47	17	3
Health Status						
Excellent	1,934	1,237	16	282	374	25
	76	45	3	16	40	7
Very good	2,205	1,460	18	338	364	25
	60	43	2	13	16	4
Good	2,910	1,958	64	433	426	29
	68	49	13	20	16	4
Fair	4,182	2,573	141	821	607	39
	267	88	14	223	37	5
Poor	5,764	3,402	197	1,030	1,065	70
	364	157	21	191	145	15
Functional Limitation						
None	2,356	1,570	30	364	365	27
	56	35	7	13	21	3
IADL only ³	3,810	2,390	83	728	578	30
	223	73	7	188	38	4
One to two ADLs ⁴	3,967	2,444	109	710	656	49
	196	93	17	108	53	10
Three to five ADLs	4,806	2,895	297	624	928	62
	232	155	38	88	69	14

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Physician/Supplier Service in 2002¹

4 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$3,094	\$1,979	\$72	\$516	\$495	\$33
	67	30	5	47	17	3
Metropolitan Area Resident						
Yes	3,247	2,091	76	545	502	32
	83	36	6	61	20	3
No	2,618	1,628	57	423	474	36
	103	62	6	29	33	6

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Dental Service in 2002¹

1 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$589	\$2	\$7	\$107	\$461	\$12
	17	0	1	6	14	2
Medicare Status²						
Aged						
65 - 74 years	596	2	6	108	474	7
	27	0	2	8	25	2
75 - 84 years	600	3	4	93	489	11
	22	1	2	8	19	3
85 years and older	568	3	4	82	477	2
	51	0	2	15	43	1
Disabled						
Under 45 years	403	0	40	88	262	12
	38	0	11	21	32	5
45 - 64 years	585	1	17	164	342	61
	61	0	5	30	46	25
Gender						
Male	603	2	5	116	463	17
	24	0	1	10	22	3
Female	577	2	9	97	460	8
	25	0	2	7	21	4
Marital Status						
Married	597	2	4	125	457	9
	23	0	2	8	21	2
Widowed	577	3	9	72	487	6
	30	1	3	6	27	3
Divorced/separated	609	2	11	75	494	26
	57	0	3	14	52	11
Never married	506	1	32	91	333	49
	58	0	9	22	40	33

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Dental Service in 2002¹

2 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$589	\$2	\$7	\$107	\$461	\$12
	17	0	1	6	14	2
Race/Ethnicity						
White non-Hispanic	597	2	4	109	471	11
	19	0	1	6	17	3
Black non-Hispanic	567	2	22	81	448	14
	81	0	7	18	76	8
Hispanic	520	3	31	88	388	9
	64	0	9	17	61	7
Other	546	2	30	89	380	45
	76	0	26	19	68	21
Income						
Less than \$2,500	377	2	8	61	276	30
	38	0	7	27	33	20
\$2,500 - \$4,999	891*	18*	40*	57*	763*	13*
	293	16	21	37	281	9
\$5,000 - \$7,499	433	1	49	42	322	18
	60	0	14	16	54	14
\$7,500 - \$9,999	510	6	38	32	393	41
	61	4	11	11	47	34
\$10,000 - \$14,999	487	2	18	46	413	8
	49	0	9	6	47	5
\$15,000 - \$19,999	528	3	5	76	435	8
	38	1	3	11	36	5
\$20,000 - \$24,999	545	3	0	115	421	6
	48	1	0	22	38	4
\$25,000 - \$29,999	589	3	3	93	475	16
	62	1	2	11	58	9
\$30,000 or more	658	2	1	141	504	11
	26	0	1	10	24	3

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Dental Service in 2002¹

3 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$589	\$2	\$7	\$107	\$461	\$12
	17	0	1	6	14	2
Health Status						
Excellent	651	3	2	126	513	8
	43	1	1	13	39	3
Very good	597	2	3	100	487	4
	36	0	1	11	31	2
Good	551	2	4	99	438	8
	26	0	1	9	24	3
Fair	536	2	21	89	411	13
	33	1	7	10	30	5
Poor	683	5	28	159	412	79
	92	4	11	35	74	34
Functional Limitation						
None	588	2	4	101	473	8
	21	0	1	7	19	2
IADL only ³	553	3	15	108	416	11
	32	1	5	11	28	4
One to two ADLs ⁴	622	3	10	127	455	27
	56	1	4	19	46	16
Three to five ADLs	659	3	16	105	507	28
	87	3	7	25	84	15

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Dental Service in 2002¹

4 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$589	\$2	\$7	\$107	\$461	\$12
	17	0	1	6	14	2
Metropolitan Area Resident						
Yes	617	3	8	114	479	13
	18	0	2	6	16	3
No	477	1	4	73	389	11
	39	0	1	17	33	4

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Prescribed Medicine in 2002¹

1 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$1,639	\$47	\$243	\$591	\$572	\$185
	23	2	12	15	8	8
Medicare Status²						
Aged						
65 - 74 years	1,500	42	126	637	541	155
	28	2	11	23	12	9
75 - 84 years	1,536	56	139	551	602	188
	23	2	9	18	11	12
85 years and older	1,418	58	165	382	641	171
	39	4	17	27	19	17
Disabled						
Under 45 years	2,569	20	1,413	483	420	233
	261	9	262	69	37	37
45 - 64 years	2,421	45	731	718	620	308
	135	16	76	74	33	36
Gender						
Male	1,544	51	176	568	514	236
	35	4	17	24	11	11
Female	1,711	45	295	608	617	146
	28	2	17	17	11	11
Marital Status						
Married	1,606	45	85	717	575	185
	30	2	8	22	12	9
Widowed	1,570	53	228	495	630	164
	33	2	18	20	14	10
Divorced/separated	1,800	55	705	325	493	222
	96	15	70	31	25	30
Never married	2,027	32	955	398	414	227
	180	7	169	57	28	40

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Prescribed Medicine in 2002¹

2 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$1,639	\$47	\$243	\$591	\$572	\$185
	23	2	12	15	8	8
Race/Ethnicity						
White non-Hispanic	1,668	44	176	646	610	193
	27	2	15	18	10	8
Black non-Hispanic	1,603	55	530	390	444	184
	61	8	45	30	27	24
Hispanic	1,403	75	482	314	419	112
	63	7	50	34	24	18
Other	1,620	44	461	486	436	192
	149	6	58	117	40	38
Income						
Less than \$2,500	1,257	37	212	293	585	130
	95	8	55	45	45	34
\$2,500 - \$4,999	1,457	20	472	366	429	170
	157	7	94	113	39	58
\$5,000 - \$7,499	2,129	26	1,476	157	298	173
	135	4	129	34	24	30
\$7,500 - \$9,999	1,772	62	837	192	449	232
	115	19	93	28	22	30
\$10,000 - \$14,999	1,543	56	234	379	614	260
	46	3	23	26	19	23
\$15,000 - \$19,999	1,532	55	78	561	624	214
	42	4	13	34	23	22
\$20,000 - \$24,999	1,686	62	45	752	685	142
	69	7	17	65	28	16
\$25,000 - \$29,999	1,514	54	9	665	595	189
	58	5	4	42	25	22
\$30,000 or more	1,631	37	9	855	585	146
	35	2	3	26	13	11

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Prescribed Medicine in 2002¹

3 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$1,639	\$47	\$243	\$591	\$572	\$185
	23	2	12	15	8	8
Health Status						
Excellent	1,072	44	72	430	422	103
	44	3	13	26	20	14
Very good	1,242	47	83	508	485	119
	33	2	8	26	12	10
Good	1,669	56	239	606	577	192
	46	6	34	24	14	12
Fair	2,005	43	403	644	681	233
	47	4	35	35	19	16
Poor	2,637	36	605	877	774	345
	97	4	56	77	34	38
Functional Limitation						
None	1,338	51	122	520	498	148
	28	3	15	14	12	8
IADL only ³	1,958	44	372	672	659	211
	51	3	32	35	18	17
One to two ADLs ⁴	1,981	44	346	673	668	251
	68	3	28	45	24	25
Three to five ADLs	2,193	43	544	693	660	253
	105	4	56	85	33	35

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2002Community-Only Residents with at Least One Prescribed Medicine in 2002¹

4 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$1,639	\$47	\$243	\$591	\$572	\$185
	23	2	12	15	8	8
Metropolitan Area Resident						
Yes	1,626	59	240	600	551	177
	26	3	16	17	10	9
No	1,679	10	256	560	643	210
	51	2	11	33	16	18

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

3.5

**WHAT IS THE MEDICARE
POPULATION'S ACCESS TO CARE
AND HOW SATISFIED
ARE THEY WITH THEIR CARE?**

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2002Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,004	5,502	18,360	11,754	3,389	3,057	8,416	4,816	1,130	17,419	2,445	9,943	6,938	2,258	21,585
	127	118	159	121	67	88	115	90	45	129	73	136	88	63	135
Beneficiaries as a Percentage of Column Total															
Access to Care															
Usual Source of Care															
None ³	4.80	7.03	5.21	3.51	3.49*	8.39	5.90	4.20	3.06*	5.68	5.34*	4.63	3.03	3.70*	4.10
	0.24	0.65	0.39	0.32	0.49	0.80	0.58	0.48	0.85	0.37	0.94	0.43	0.38	0.69	0.27
Doctor's office	75.36	69.04	74.38	78.43	80.24	63.48	72.72	75.60	76.54	72.15	75.99	75.77	80.39	82.07	77.94
	0.61	1.41	0.84	0.79	1.19	1.94	1.34	1.07	2.02	0.89	1.78	1.01	0.92	1.42	0.68
Doctor's clinic	9.47	11.51	10.06	8.35	6.86	12.65	9.40	7.44	6.66*	9.25	10.09	10.61	8.98	6.96	9.64
	0.46	1.03	0.54	0.59	0.88	1.43	0.81	0.71	1.50	0.56	1.35	0.71	0.70	0.95	0.57
HMO ⁴	4.60	2.32*	5.46	4.46	4.16	2.47*	5.10	4.37	4.18*	4.38	2.14*	5.77	4.51	4.15*	4.79
	0.28	0.34	0.48	0.36	0.50	0.54	0.64	0.55	1.01	0.40	0.55	0.60	0.46	0.62	0.31
Hospital OPD/ER ⁵	2.02	4.28	1.74	1.59	1.42*	4.85*	1.80*	1.33*	2.63*	2.26	3.57*	1.69*	1.77*	0.82*	1.84
	0.19	0.61	0.25	0.23	0.36	0.83	0.33	0.29	0.90	0.25	0.85	0.30	0.30	0.30	0.20
Other clinic/health center	3.74	5.82	3.15	3.67	3.84	8.17	5.08	7.07	6.93*	6.29	2.88*	1.53*	1.32*	2.30*	1.69
	0.20	0.74	0.26	0.31	0.68	1.15	0.48	0.73	1.18	0.38	0.68	0.31	0.20	0.57	0.19
Difficulty Obtaining Care															
Yes	4.14	14.16	2.76	2.01	2.87*	13.24	2.25*	2.08*	3.02*	4.18	15.32	3.18	1.96*	2.81*	4.11
	0.25	1.15	0.27	0.24	0.45	1.21	0.35	0.40	0.87	0.32	1.60	0.43	0.30	0.56	0.32
No	95.86	85.84	97.24	97.99	97.13	86.76	97.75	97.92	96.98	95.82	84.68	96.82	98.04	97.19	95.89
	0.25	1.15	0.27	0.24	0.45	1.21	0.35	0.40	0.87	0.32	1.60	0.43	0.30	0.56	0.32
Delayed Care Due to Cost															
Yes	8.28	21.84	7.39	4.84	3.20*	20.64	5.85	3.92	4.06*	7.79	23.35	8.68	5.47	2.77*	8.68
	0.33	1.13	0.37	0.45	0.47	1.70	0.47	0.54	0.93	0.43	1.61	0.61	0.56	0.50	0.45
No	91.72	78.16	92.61	95.16	96.80	79.36	94.15	96.08	95.94	92.21	76.65	91.32	94.53	97.23	91.32
	0.33	1.13	0.37	0.45	0.47	1.70	0.47	0.54	0.93	0.43	1.61	0.61	0.56	0.50	0.45

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2002Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total	All Medicare Beneficiaries				Male					Female				
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,004	5,502	18,360	11,754	3,389	3,057	8,416	4,816	1,130	17,419	2,445	9,943	6,938	2,258	21,585
	<i>127</i>	<i>118</i>	<i>159</i>	<i>121</i>	<i>67</i>	<i>88</i>	<i>115</i>	<i>90</i>	<i>45</i>	<i>129</i>	<i>73</i>	<i>136</i>	<i>88</i>	<i>63</i>	<i>135</i>
Beneficiaries as a Percentage of Column Total															
Continuity of Care															
Length of Association with Usual Source of Care															
No usual source ³	4.83	7.09	5.23	3.52	3.53*	8.48	5.91	4.22	3.08*	5.71	5.37*	4.65	3.04	3.75*	4.12
	<i>0.24</i>	<i>0.65</i>	<i>0.39</i>	<i>0.32</i>	<i>0.50</i>	<i>0.82</i>	<i>0.58</i>	<i>0.48</i>	<i>0.86</i>	<i>0.37</i>	<i>0.95</i>	<i>0.43</i>	<i>0.38</i>	<i>0.70</i>	<i>0.28</i>
Less than 1 year	9.05	10.68	8.92	8.76	8.14	10.82	7.96	8.51	8.30*	8.63	10.50	9.73	8.93	8.06	9.38
	<i>0.31</i>	<i>1.04</i>	<i>0.47</i>	<i>0.48</i>	<i>0.70</i>	<i>1.22</i>	<i>0.67</i>	<i>0.69</i>	<i>1.26</i>	<i>0.45</i>	<i>1.47</i>	<i>0.66</i>	<i>0.63</i>	<i>0.87</i>	<i>0.40</i>
1 to less than 3 years	19.69	23.09	19.62	18.64	18.26	25.00	18.70	17.21	18.41	19.36	20.72	20.40	19.64	18.19	19.96
	<i>0.42</i>	<i>1.17</i>	<i>0.63</i>	<i>0.60</i>	<i>1.23</i>	<i>1.74</i>	<i>0.97</i>	<i>0.94</i>	<i>2.13</i>	<i>0.69</i>	<i>1.77</i>	<i>0.88</i>	<i>0.81</i>	<i>1.29</i>	<i>0.57</i>
3 to less than 5 years	16.54	19.09	16.52	16.32	13.36	18.43	17.92	16.00	14.07	17.23	19.92	15.33	16.53	13.01	15.99
	<i>0.42</i>	<i>1.19</i>	<i>0.64</i>	<i>0.72</i>	<i>0.88</i>	<i>1.68</i>	<i>0.89</i>	<i>1.17</i>	<i>1.59</i>	<i>0.63</i>	<i>1.99</i>	<i>0.79</i>	<i>0.91</i>	<i>1.06</i>	<i>0.51</i>
5 years or more	49.89	40.04	49.72	52.76	56.70	37.27	49.50	54.06	56.14	49.07	43.49	49.90	51.86	56.99	50.55
	<i>0.56</i>	<i>1.29</i>	<i>0.83</i>	<i>0.95</i>	<i>1.42</i>	<i>1.92</i>	<i>1.27</i>	<i>1.56</i>	<i>2.25</i>	<i>0.88</i>	<i>2.21</i>	<i>1.10</i>	<i>1.11</i>	<i>1.69</i>	<i>0.70</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File, CY 2002 Access to Care Public Use File, supplemented by CY 2001 and CY 2003 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2002 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 34 (i.e., the 2002 Access to Care Public Use File) were taken from their Round 31 interview (i.e., the 2001 Access to Care Public Use File) or from their Round 37 interview (i.e., the 2003 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 *HMO* stands for Health Maintenance Organization.
- 5 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2002Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,004	5,502	18,360	11,754	3,389	3,057	8,416	4,816	1,130	17,419	2,445	9,943	6,938	2,258	21,585
	127	118	159	121	67	88	115	90	45	129	73	136	88	63	135
Beneficiaries as a Percentage of Column Total³															
Quality of Care															
General Care															
Very satisfied	29.50	22.59	31.99	30.48	23.76	22.27	33.81	29.68	23.22	29.97	22.98	30.45	31.03	24.03	29.12
	0.58	1.34	0.83	0.84	1.28	1.83	1.12	1.29	2.11	0.78	1.80	1.12	1.04	1.43	0.72
(Very) Unsatisfied	3.61	7.55	2.88	3.23	2.45*	7.89	2.47	3.36	2.36*	3.66	7.12	3.23	3.15	2.49*	3.56
	0.19	0.91	0.25	0.27	0.43	1.24	0.36	0.51	0.79	0.32	1.30	0.37	0.40	0.53	0.26
Follow-up Care															
Very satisfied	18.52	15.50	19.83	18.89	15.04	14.71	20.68	19.06	16.27	18.90	16.50	19.12	18.77	14.42	18.22
	0.49	1.11	0.74	0.60	1.07	1.37	1.11	1.00	1.60	0.66	1.70	1.04	0.80	1.17	0.63
(Very) Unsatisfied	2.93	5.61	2.69	2.44	1.58*	5.31	2.21*	1.97*	2.16*	2.68	5.99*	3.10	2.76	1.28*	3.12
	0.17	0.70	0.26	0.25	0.39	0.86	0.33	0.36	0.71	0.24	1.12	0.40	0.38	0.38	0.23
Access/Coordination of Care															
Availability															
Very satisfied	9.96	10.62	10.03	9.57	9.87	10.47	10.74	9.74	10.00*	10.37	10.80	9.44	9.46	9.80	9.64
	0.41	0.88	0.60	0.49	0.93	1.26	0.83	0.66	1.18	0.57	1.20	0.69	0.68	1.19	0.49
(Very) Unsatisfied	3.84	6.64	3.44	3.42	2.99*	6.92	3.19	3.32	3.11*	3.88	6.29	3.64	3.49	2.93*	3.82
	0.18	0.72	0.29	0.35	0.39	1.01	0.44	0.38	0.71	0.28	0.96	0.35	0.48	0.58	0.22
Ease of Access to Doctor															
Very satisfied	20.01	14.19	22.09	20.89	15.06	14.00	23.01	21.38	16.67	20.57	14.44	21.32	20.55	14.27	19.56
	0.54	0.92	0.73	0.84	1.12	1.31	1.17	1.16	1.79	0.72	1.60	0.85	0.92	1.38	0.66
(Very) Unsatisfied	5.09	9.17	4.31	4.40	5.14	8.21	3.61	3.40	4.98*	4.45	10.37	4.91	5.09	5.23*	5.61
	0.23	0.79	0.36	0.34	0.63	0.96	0.47	0.44	0.95	0.31	1.26	0.51	0.43	0.85	0.35
Can Obtain Care in Same Location															
Very satisfied	14.21	11.28	15.01	14.62	13.19	11.99	15.61	14.66	13.35	14.57	10.39	14.51	14.59	13.11	13.92
	0.46	0.98	0.64	0.65	0.95	1.20	0.96	0.85	1.51	0.54	1.43	0.86	0.80	1.26	0.61
(Very) Unsatisfied	4.90	8.27	4.88	3.96	2.85*	7.76	4.86	3.41	2.53*	4.81	8.90	4.91	4.34	3.02*	4.98
	0.27	0.96	0.38	0.34	0.46	1.26	0.46	0.50	0.71	0.35	1.27	0.52	0.42	0.57	0.35

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2002Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,004	5,502	18,360	11,754	3,389	3,057	8,416	4,816	1,130	17,419	2,445	9,943	6,938	2,258	21,585
	<i>127</i>	<i>118</i>	<i>159</i>	<i>121</i>	<i>67</i>	<i>88</i>	<i>115</i>	<i>90</i>	<i>45</i>	<i>129</i>	<i>73</i>	<i>136</i>	<i>88</i>	<i>63</i>	<i>135</i>
Beneficiaries as a Percentage of Column Total³															
Relationship with Primary Doctor															
Information from Doctor															
Very satisfied	18.23	14.86	20.23	18.09	13.32	16.22	21.01	19.14	13.33	19.16	13.15	19.57	17.36	13.31	17.48
	<i>0.50</i>	<i>0.99</i>	<i>0.75</i>	<i>0.73</i>	<i>0.88</i>	<i>1.36</i>	<i>1.07</i>	<i>1.05</i>	<i>1.24</i>	<i>0.64</i>	<i>1.50</i>	<i>0.97</i>	<i>0.91</i>	<i>1.13</i>	<i>0.57</i>
(Very) Unsatisfied	5.06	9.29	4.26	4.83	3.39*	8.63	4.37	4.73	4.14*	5.20	10.12	4.17	4.90	3.02*	4.95
	<i>0.27</i>	<i>0.88</i>	<i>0.33</i>	<i>0.41</i>	<i>0.54</i>	<i>1.08</i>	<i>0.55</i>	<i>0.54</i>	<i>0.91</i>	<i>0.35</i>	<i>1.34</i>	<i>0.42</i>	<i>0.52</i>	<i>0.59</i>	<i>0.35</i>
Doctor's Concern for Overall Health															
Very satisfied	20.28	18.01	21.28	20.62	17.31	18.84	22.13	20.85	16.87	20.86	16.95	20.55	20.46	17.53	19.81
	<i>0.48</i>	<i>1.11</i>	<i>0.70</i>	<i>0.69</i>	<i>1.10</i>	<i>1.50</i>	<i>1.01</i>	<i>1.01</i>	<i>1.76</i>	<i>0.58</i>	<i>1.73</i>	<i>1.05</i>	<i>0.89</i>	<i>1.32</i>	<i>0.68</i>
(Very) Unsatisfied	5.12	9.82	4.65	4.22	3.26*	9.65	4.37	3.51	4.10*	5.04	10.05	4.88	4.72	2.83*	5.19
	<i>0.32</i>	<i>1.18</i>	<i>0.37</i>	<i>0.38</i>	<i>0.48</i>	<i>1.35</i>	<i>0.43</i>	<i>0.51</i>	<i>0.95</i>	<i>0.41</i>	<i>1.70</i>	<i>0.55</i>	<i>0.54</i>	<i>0.53</i>	<i>0.36</i>
Cost of Care															
Cost															
Very satisfied	16.51	13.18	17.61	16.85	14.69	14.04	17.88	18.09	14.00	17.02	12.10	17.39	15.98	15.04	16.09
	<i>0.49</i>	<i>0.99</i>	<i>0.71</i>	<i>0.62</i>	<i>0.93</i>	<i>1.30</i>	<i>1.00</i>	<i>1.05</i>	<i>1.60</i>	<i>0.66</i>	<i>1.47</i>	<i>0.89</i>	<i>0.78</i>	<i>1.22</i>	<i>0.59</i>
(Very) Unsatisfied	15.63	26.51	14.72	13.41	10.69	24.20	13.39	11.59	10.04*	14.56	29.39	15.85	14.68	11.01	16.49
	<i>0.40</i>	<i>1.31</i>	<i>0.51</i>	<i>0.61</i>	<i>0.84</i>	<i>1.55</i>	<i>0.66</i>	<i>0.99</i>	<i>1.30</i>	<i>0.55</i>	<i>1.96</i>	<i>0.80</i>	<i>0.82</i>	<i>1.12</i>	<i>0.50</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File, CY 2002 Access to Care Public Use File, supplemented by CY 2001 and CY 2003 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2002 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 34 (i.e., the 2002 Access to Care Public Use File) were taken from their Round 31 interview (i.e., the 2001 Access to Care Public Use File) or from their Round 37 interview (i.e., the 2003 Access to Care Public Use File).
- 3 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2002Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,004	3,604	14,527	9,712	2,742	30,585	964	1,531	890	284	3,669	590	1,395	731	246	2,961
	127	124	156	130	63	206	47	57	40	21	72	60	91	52	26	155
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ⁴	4.80	7.30	4.94	3.17	2.96*	4.48	5.75*	6.03*	3.86*	3.24*	5.21	5.67*	6.11*	5.78*	6.69*	5.99
	0.24	0.87	0.41	0.35	0.48	0.25	1.40	1.55	1.19	1.66	0.81	1.26	1.42	2.02	2.48	0.91
Doctor's office	75.36	72.00	76.89	80.58	82.78	78.01	65.39	65.48	71.95	79.36	68.10	61.54	59.44	61.25	54.49	59.89
	0.61	1.83	0.90	0.85	1.14	0.70	3.38	2.56	2.85	3.56	1.78	4.89	3.33	3.30	5.98	2.01
Doctor's clinic	9.47	11.58	9.97	8.51	6.83	9.42	11.42*	10.43*	8.45*	7.32*	9.97	11.63*	11.17*	6.72*	7.87*	9.88
	0.46	1.16	0.63	0.64	0.95	0.52	2.61	1.62	1.49	2.76	1.19	3.54	2.45	1.90	3.10	1.41
HMO ⁵	4.60	1.67*	4.22	3.65	3.49*	3.67	1.27*	7.60*	3.81*	0.86*	4.51*	8.52*	15.79	12.97*	16.40*	13.70
	0.28	0.42	0.53	0.32	0.45	0.30	0.56	1.51	1.39	0.92	0.78	1.90	2.52	2.26	4.02	1.48
Hospital OPD/ER ⁶	2.02	2.06*	1.14*	1.13*	1.10*	1.24	9.16*	5.64*	4.36*	3.70*	6.10	7.98*	3.43*	4.94*	1.11*	4.52*
	0.19	0.45	0.25	0.21	0.36	0.19	2.25	1.35	1.36	1.87	1.01	2.74	0.77	1.40	1.10	0.67
Other clinic/health center	3.74	5.40	2.84	2.96	2.83*	3.18	7.01*	4.82*	7.57*	5.52*	6.11	4.65*	4.06*	8.33*	13.44*	6.02
	0.20	0.88	0.28	0.31	0.51	0.21	1.58	1.14	1.70	2.13	0.77	1.91	0.95	1.46	6.32	0.75
Difficulty Obtaining Care																
Yes	4.14	14.93	2.34	1.86	2.57*	3.69	11.12*	4.08*	2.62*	2.84*	5.48	9.36*	5.17*	3.34*	4.60*	5.50
	0.25	1.31	0.30	0.26	0.45	0.25	2.34	1.08	0.88	1.64	0.81	1.98	1.35	0.87	2.03	0.85
No	95.86	85.07	97.66	98.14	97.43	96.31	88.88	95.92	97.38	97.16	94.52	90.64	94.83	96.66	95.40	94.50
	0.25	1.31	0.30	0.26	0.45	0.25	2.34	1.08	0.88	1.64	0.81	1.98	1.35	0.87	2.03	0.85
Delayed Care Due to Cost																
Yes	8.28	24.52	7.04	4.43	3.21*	7.93	12.77*	7.96*	6.07*	2.86*	8.37	14.11*	7.67*	7.87*	3.97*	8.69
	0.33	1.49	0.46	0.46	0.57	0.38	2.17	1.30	1.64	1.53	0.87	3.12	1.75	1.96	1.86	1.22
No	91.72	75.48	92.96	95.57	96.79	92.07	87.23	92.04	93.93	97.14	91.63	85.89	92.33	92.13	96.03	91.31
	0.33	1.49	0.46	0.46	0.57	0.38	2.17	1.30	1.64	1.53	0.87	3.12	1.75	1.96	1.86	1.22

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2002Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,004	3,604	14,527	9,712	2,742	30,585	964	1,531	890	284	3,669	590	1,395	731	246	2,961
	<i>127</i>	<i>124</i>	<i>156</i>	<i>130</i>	<i>63</i>	<i>206</i>	<i>47</i>	<i>57</i>	<i>40</i>	<i>21</i>	<i>72</i>	<i>60</i>	<i>91</i>	<i>52</i>	<i>26</i>	<i>155</i>
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ⁴	4.83	7.36	4.95	3.19	3.00*	4.50	5.85*	6.09*	3.87*	3.24*	5.26	5.67*	6.11*	5.78*	6.69*	5.99
	<i>0.24</i>	<i>0.87</i>	<i>0.42</i>	<i>0.35</i>	<i>0.49</i>	<i>0.25</i>	<i>1.44</i>	<i>1.57</i>	<i>1.20</i>	<i>1.66</i>	<i>0.82</i>	<i>1.26</i>	<i>1.42</i>	<i>2.02</i>	<i>2.48</i>	<i>0.91</i>
Less than 1 year	9.05	11.19	8.40	8.61	7.26	8.70	8.65*	8.33*	8.09*	9.05*	8.41	10.34*	12.11*	10.87*	17.53*	11.90
	<i>0.31</i>	<i>1.29</i>	<i>0.48</i>	<i>0.53</i>	<i>0.77</i>	<i>0.33</i>	<i>1.98</i>	<i>1.34</i>	<i>1.67</i>	<i>2.26</i>	<i>0.97</i>	<i>2.63</i>	<i>1.82</i>	<i>2.27</i>	<i>3.60</i>	<i>1.04</i>
1 to less than 3 years	19.69	22.02	18.40	18.26	16.89	18.65	24.81	22.50	22.09	24.37*	23.14	26.22*	28.07	19.22*	23.52*	25.13
	<i>0.42</i>	<i>1.57</i>	<i>0.69</i>	<i>0.69</i>	<i>1.32</i>	<i>0.49</i>	<i>2.46</i>	<i>2.31</i>	<i>2.89</i>	<i>3.73</i>	<i>1.17</i>	<i>3.66</i>	<i>2.41</i>	<i>3.05</i>	<i>3.59</i>	<i>1.56</i>
3 to less than 5 years	16.54	18.88	16.86	15.83	13.06	16.43	19.29	11.37	18.27	15.23*	15.41	20.66*	19.11	21.73	13.21*	19.57
	<i>0.42</i>	<i>1.50</i>	<i>0.75</i>	<i>0.76</i>	<i>0.99</i>	<i>0.46</i>	<i>3.04</i>	<i>1.55</i>	<i>2.55</i>	<i>3.06</i>	<i>1.34</i>	<i>3.34</i>	<i>1.88</i>	<i>2.56</i>	<i>3.23</i>	<i>1.37</i>
5 years or more	49.89	40.55	51.39	54.11	59.78	51.72	41.39	51.72	47.68	48.10	47.78	37.10	34.59	42.40	39.04*	37.41
	<i>0.56</i>	<i>1.61</i>	<i>0.90</i>	<i>1.06</i>	<i>1.48</i>	<i>0.65</i>	<i>3.44</i>	<i>2.68</i>	<i>3.35</i>	<i>4.39</i>	<i>1.90</i>	<i>4.45</i>	<i>2.68</i>	<i>3.77</i>	<i>4.96</i>	<i>1.98</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File, CY 2002 Access to Care Public Use File, supplemented by CY 2001 and CY 2003 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2002 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 34 (i.e., the 2002 Access to Care Public Use File) were taken from their Round 31 interview (i.e., the 2001 Access to Care Public Use File) or from their Round 37 interview (i.e., the 2003 Access to Care Public Use File).
- 3 *Total* includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.
- 4 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 5 *HMO* stands for Health Maintenance Organization.
- 6 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2002Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,004	3,604	14,527	9,712	2,742	30,585	964	1,531	890	284	3,669	590	1,395	731	246	2,961
	127	124	156	130	63	206	47	57	40	21	72	60	91	52	26	155
Beneficiaries as a Percentage of Column Total⁴																
Quality of Care																
General Care																
Very satisfied	29.50	24.76	34.32	32.50	25.81	31.86	18.29	24.78	18.86	13.30*	20.76	20.10*	20.40	21.19*	12.21*	19.85
	0.58	1.72	0.92	0.93	1.35	0.70	2.87	2.18	2.29	3.83	1.21	3.94	3.12	3.05	3.33	1.73
(Very) Unsatisfied	3.61	7.83	2.91	3.05	2.13*	3.47	5.23*	3.14*	5.10*	2.31*	4.10*	5.09*	2.08*	3.39*	4.25*	3.18*
	0.19	1.15	0.26	0.31	0.42	0.20	1.41	1.10	1.37	1.37	0.69	1.92	0.89	1.26	1.97	0.64
Follow-up Care																
Very satisfied	18.52	15.84	20.97	19.87	16.74	19.64	15.70	14.70	9.30*	6.09*	12.98	15.29*	14.57*	17.43*	8.26*	14.89
	0.49	1.41	0.84	0.68	1.17	0.57	2.62	2.06	1.73	2.40	1.23	4.32	2.12	2.63	2.51	1.54
(Very) Unsatisfied	2.93	6.31	2.58	2.30	1.37*	2.82	3.10*	3.83*	3.63*	3.11*	3.53*	2.11*	2.01*	3.07*	1.84*	2.28*
	0.17	0.97	0.25	0.29	0.38	0.19	0.89	1.26	1.20	1.79	0.64	0.94	0.93	0.86	1.25	0.54
Access/Coordination of Care																
Availability																
Very satisfied	9.96	11.31	10.12	9.99	10.72	10.28	10.28*	9.52*	7.96*	7.77*	9.21	8.65*	10.48*	7.25*	3.63*	8.74
	0.41	1.30	0.64	0.52	1.00	0.45	1.92	1.45	1.62	2.93	0.93	3.02	1.97	1.99	2.07	1.25
(Very) Unsatisfied	3.84	7.38	3.54	3.72	2.94*	4.00	3.52*	2.92*	2.20*	3.90*	2.98*	3.16*	2.71*	1.53*	1.92*	2.44*
	0.18	0.92	0.33	0.40	0.41	0.19	1.32	0.85	1.11	2.05	0.60	0.97	1.19	0.80	1.28	0.55
Ease of Access to Doctor																
Very satisfied	20.01	15.59	24.03	22.42	16.63	21.86	13.79*	12.57	10.78*	7.42*	12.06	8.07*	14.94*	15.98*	8.13*	13.26
	0.54	1.12	0.87	0.94	1.27	0.65	2.76	1.85	1.62	2.67	1.01	2.66	2.14	2.84	2.15	1.28
(Very) Unsatisfied	5.09	9.76	3.86	4.21	4.18*	4.69	6.22*	4.87*	6.38*	10.78*	6.05	6.06*	6.47*	4.31*	8.85*	6.05*
	0.23	0.99	0.40	0.38	0.64	0.26	1.55	1.27	1.62	2.60	0.81	1.83	1.69	1.03	3.16	0.99
Can Obtain Care in Same Location																
Very satisfied	14.21	10.82	15.92	15.16	14.42	14.95	12.39*	9.57*	9.39*	5.63*	9.96	10.33*	12.38*	13.65*	7.90*	11.92
	0.46	1.23	0.74	0.75	1.02	0.53	2.12	1.68	1.67	2.48	0.86	3.09	1.85	2.48	1.87	1.29
(Very) Unsatisfied	4.90	9.96	5.03	4.22	2.37*	5.11	3.94*	3.97*	2.88*	3.97*	3.70*	2.66*	3.70*	1.89*	6.35*	3.26*
	0.27	1.22	0.42	0.39	0.49	0.31	1.18	1.13	1.09	1.94	0.79	1.16	1.26	0.78	1.94	0.69

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2002Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,004	3,604	14,527	9,712	2,742	30,585	964	1,531	890	284	3,669	590	1,395	731	246	2,961
	127	124	156	130	63	206	47	57	40	21	72	60	91	52	26	155
Beneficiaries as a Percentage of Column Total⁴																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	18.23	15.80	21.73	19.07	14.49	19.54	13.64	12.23*	8.89*	8.38*	11.49	13.18*	14.83*	17.36*	10.11*	14.73
	0.50	1.31	0.83	0.77	0.97	0.58	2.08	1.75	1.77	2.75	1.01	3.85	2.30	2.82	2.32	1.48
(Very) Unsatisfied	5.06	10.37	4.30	4.93	3.60*	5.15	5.12*	3.61*	5.01*	3.11*	4.31	5.85*	2.85*	4.64*	1.96*	3.81*
	0.27	1.28	0.38	0.42	0.59	0.30	0.93	0.99	1.40	1.79	0.63	1.93	0.93	1.57	1.43	0.68
Doctor's Concern for Overall Health																
Very satisfied	20.28	18.77	22.84	21.81	19.06	21.70	16.26	14.00	9.90*	9.28*	13.23	18.98*	14.02*	19.01*	10.14*	15.92
	0.48	1.55	0.82	0.82	1.13	0.57	2.44	2.13	1.65	3.10	1.19	4.19	1.99	2.58	2.26	1.39
(Very) Unsatisfied	5.12	10.55	4.63	4.29	3.38*	5.11	6.68*	4.51*	3.83*	3.56*	4.84	8.00*	4.26*	2.95*	2.07*	4.50*
	0.32	1.55	0.40	0.44	0.52	0.35	1.77	1.30	1.08	1.81	0.75	2.51	1.50	0.86	1.15	0.96
Cost of Care																
Cost																
Very satisfied	16.51	12.79	18.73	17.66	14.94	17.35	11.14*	10.83*	9.93*	10.98*	10.70	17.08*	13.46*	14.97*	13.29*	14.53
	0.49	1.16	0.80	0.64	0.94	0.52	2.08	1.85	1.62	2.88	1.07	3.90	2.24	3.09	3.31	1.55
(Very) Unsatisfied	15.63	29.21	14.46	13.43	9.64	15.44	19.97	19.04	16.75	16.50*	18.53	19.08*	12.62*	11.39*	10.08*	13.39
	0.40	1.82	0.59	0.62	0.90	0.44	2.86	2.30	2.25	3.16	1.37	3.70	1.99	2.21	3.16	1.43

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File, CY 2002 Access to Care Public Use File, supplemented by CY 2001 and CY 2003 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2002 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 34 (i.e., the 2002 Access to Care Public Use File) were taken from their Round 31 interview (i.e., the 2001 Access to Care Public Use File) or from their Round 37 interview (i.e., the 2003 Access to Care Public Use File).
- 3 *Total* includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.
- 4 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2002Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,004	1,378	4,441	4,363	1,719	11,901	2,179	11,674	5,703	821	20,376	1,916	2,193	1,688	849	6,647
	127	82	128	94	61	208	103	145	118	43	203	84	96	64	47	165
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ³	4.80	8.54*	7.03	3.96	4.06*	5.65	4.39*	4.21	2.80*	2.14*	3.75	8.96	6.91*	4.70*	3.66*	6.52
	0.24	1.75	0.83	0.66	0.74	0.46	0.81	0.48	0.36	0.74	0.31	1.11	1.21	0.77	1.09	0.58
Doctor's office	75.36	62.20	70.50	76.49	80.12	73.13	73.37	76.48	80.10	79.57	77.29	69.01	70.99	77.77	81.13	73.44
	0.61	2.66	1.45	1.26	1.60	0.85	2.35	0.94	1.01	2.37	0.80	2.28	2.03	1.72	2.38	1.23
Doctor's clinic	9.47	12.50	10.74	9.39	7.50	9.98	10.56	10.01	7.68	6.99*	9.29	11.88	8.91*	7.94*	5.44*	9.07
	0.46	2.16	1.15	0.71	1.21	0.71	1.57	0.64	0.79	1.55	0.53	1.74	1.37	1.31	1.17	0.78
HMO ⁴	4.60	1.20*	5.77	5.18	3.42*	4.69	2.98*	5.08	4.50	4.24*	4.66	2.38*	6.86*	2.42*	5.58*	4.27
	0.28	0.51	0.77	0.62	0.64	0.37	0.78	0.53	0.55	1.23	0.42	0.53	1.27	0.70	1.45	0.56
Hospital OPD/ER ⁵	2.02	7.70*	2.39*	1.81*	1.62*	2.68	2.97*	1.43*	1.23*	1.59*	1.54	3.31*	2.12*	2.24*	0.85*	2.33
	0.19	1.74	0.53	0.37	0.51	0.34	0.73	0.28	0.29	0.76	0.22	0.60	0.51	0.63	0.49	0.32
Other clinic/health center	3.74	7.85*	3.57*	3.17*	3.29*	3.87	5.73*	2.80	3.69	5.48*	3.47	4.46*	4.22*	4.93*	3.35*	4.36
	0.20	1.80	0.60	0.41	0.67	0.35	1.06	0.30	0.43	1.21	0.25	0.86	0.90	0.81	1.28	0.45
Difficulty Obtaining Care																
Yes	4.14	15.51	3.12*	2.19*	3.16*	4.22	13.83	2.24	1.60*	1.60*	3.28	13.57	4.75*	2.95*	3.53*	6.68
	0.25	2.37	0.57	0.39	0.63	0.42	1.67	0.30	0.29	0.74	0.26	1.54	0.89	0.78	1.08	0.64
No	95.86	84.49	96.88	97.81	96.84	95.78	86.17	97.76	98.40	98.40	96.72	86.43	95.25	97.05	96.47	93.32
	0.25	2.37	0.57	0.39	0.63	0.42	1.67	0.30	0.29	0.74	0.26	1.54	0.89	0.78	1.08	0.64
Delayed Care Due to Cost																
Yes	8.28	21.02	9.24	5.19	2.92*	8.21	24.30	5.76	3.73	2.86*	7.05	19.64	12.35	7.66*	4.09*	12.20
	0.33	2.66	0.85	0.66	0.62	0.54	2.14	0.50	0.45	0.89	0.45	1.74	1.49	1.37	1.07	0.79
No	91.72	78.98	90.76	94.81	97.08	91.79	75.70	94.24	96.27	97.14	92.95	80.36	87.65	92.34	95.91	87.80
	0.33	2.66	0.85	0.66	0.62	0.54	2.14	0.50	0.45	0.89	0.45	1.74	1.49	1.37	1.07	0.79

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2002Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	39,004	1,378	4,441	4,363	1,719	11,901	2,179	11,674	5,703	821	20,376	1,916	2,193	1,688	849	6,647
	<i>127</i>	<i>82</i>	<i>128</i>	<i>94</i>	<i>61</i>	<i>208</i>	<i>103</i>	<i>145</i>	<i>118</i>	<i>43</i>	<i>203</i>	<i>84</i>	<i>96</i>	<i>64</i>	<i>47</i>	<i>165</i>
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ³	4.83	8.63*	7.07	3.99	4.12*	5.69	4.42*	4.21	2.81*	2.16*	3.76	9.04	6.92*	4.71*	3.68*	6.55
	<i>0.24</i>	<i>1.77</i>	<i>0.83</i>	<i>0.67</i>	<i>0.76</i>	<i>0.46</i>	<i>0.81</i>	<i>0.48</i>	<i>0.37</i>	<i>0.75</i>	<i>0.31</i>	<i>1.12</i>	<i>1.21</i>	<i>0.77</i>	<i>1.10</i>	<i>0.59</i>
Less than 1 year	9.05	10.07*	9.63	8.81	7.90	9.13	9.22	8.08	7.97	7.07*	8.13	12.78	11.96	11.28	9.66*	11.73
	<i>0.31</i>	<i>1.57</i>	<i>1.09</i>	<i>0.79</i>	<i>1.06</i>	<i>0.60</i>	<i>1.28</i>	<i>0.54</i>	<i>0.60</i>	<i>1.36</i>	<i>0.38</i>	<i>1.92</i>	<i>1.56</i>	<i>1.45</i>	<i>1.60</i>	<i>0.81</i>
1 to less than 3 years	19.69	23.58	20.35	19.25	18.63	20.07	23.84	18.75	17.44	17.00	18.86	21.90	22.80	21.12	18.75	21.59
	<i>0.42</i>	<i>2.17</i>	<i>1.30</i>	<i>0.99</i>	<i>1.40</i>	<i>0.65</i>	<i>2.10</i>	<i>0.77</i>	<i>0.83</i>	<i>2.31</i>	<i>0.56</i>	<i>1.71</i>	<i>1.88</i>	<i>1.83</i>	<i>2.23</i>	<i>0.93</i>
3 to less than 5 years	16.54	17.09	14.51	16.45	12.59	15.25	19.58	17.65	15.96	14.55*	17.26	19.96	14.51	17.16	13.76*	16.66
	<i>0.42</i>	<i>2.35</i>	<i>1.11</i>	<i>1.09</i>	<i>1.21</i>	<i>0.63</i>	<i>1.92</i>	<i>0.77</i>	<i>1.01</i>	<i>2.04</i>	<i>0.58</i>	<i>1.88</i>	<i>1.59</i>	<i>1.63</i>	<i>1.89</i>	<i>0.96</i>
5 years or more	49.89	40.63	48.44	51.50	56.77	49.86	42.93	51.30	55.81	59.22	51.99	36.32	43.81	45.73	54.15	43.47
	<i>0.56</i>	<i>2.59</i>	<i>1.42</i>	<i>1.46</i>	<i>1.91</i>	<i>0.78</i>	<i>2.34</i>	<i>1.02</i>	<i>1.41</i>	<i>2.91</i>	<i>0.82</i>	<i>2.05</i>	<i>2.17</i>	<i>2.29</i>	<i>3.06</i>	<i>1.26</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File, CY 2002 Access to Care Public Use File, supplemented by CY 2001 and CY 2003 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2002 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 34 (i.e., the 2002 Access to Care Public Use File) were taken from their Round 31 interview (i.e., the 2001 Access to Care Public Use File) or from their Round 37 interview (i.e., the 2003 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 HMO stands for Health Maintenance Organization.
- 5 OPD stands for Outpatient Department; ER stands for Emergency Room.

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2002Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,004	1,378	4,441	4,363	1,719	11,901	2,179	11,674	5,703	821	20,376	1,916	2,193	1,688	849	6,647
	127	82	128	94	61	208	103	145	118	43	203	84	96	64	47	165
Beneficiaries as a Percentage of Column Total³																
Quality of Care																
General Care																
Very satisfied	29.50	22.30	27.80	28.94	23.39	26.94	25.16	34.10	32.88	24.31	32.41	19.86	29.24	26.36	23.97	25.13
	0.58	2.54	1.44	1.22	1.43	0.77	2.27	0.99	1.19	2.54	0.79	1.99	2.00	1.91	2.62	0.98
(Very) Unsatisfied	3.61	9.15*	3.07*	3.51	2.35*	3.83	7.42	2.47	2.91	1.58*	3.08	6.55	4.75*	3.61*	3.50*	4.82
	0.19	1.99	0.57	0.50	0.60	0.34	1.30	0.31	0.38	0.81	0.25	1.12	1.02	0.81	0.88	0.48
Follow-up Care																
Very satisfied	18.52	16.08	17.15	18.22	14.93	17.10	16.44	21.64	20.09	16.49	20.44	14.02	15.63	16.56	13.84*	15.17
	0.49	1.92	1.24	1.02	1.36	0.64	2.18	0.95	0.91	1.81	0.72	1.62	1.93	1.41	2.29	0.88
(Very) Unsatisfied	2.93	7.38*	2.81*	2.54*	1.22*	3.01	3.99*	2.64	2.06*	1.50*	2.58	6.19*	2.69*	3.43*	2.36*	3.84
	0.17	1.69	0.59	0.52	0.52	0.32	0.77	0.32	0.35	0.71	0.23	1.21	0.88	0.79	0.81	0.55
Access/Coordination of Care																
Availability																
Very satisfied	9.96	11.40	8.86	8.48	9.72	9.14	12.48	10.79	11.02	9.59*	10.98	7.92	8.42*	7.51*	10.46*	8.30
	0.41	1.68	0.91	0.79	1.20	0.59	1.67	0.74	0.76	1.69	0.56	1.05	1.45	1.00	1.85	0.67
(Very) Unsatisfied	3.84	7.32*	2.78*	3.36	1.61*	3.35	6.81*	3.72	3.34	3.39*	3.93	5.96*	3.26*	3.83*	5.40*	4.46
	0.18	1.61	0.52	0.50	0.49	0.33	1.00	0.38	0.47	0.90	0.28	1.05	0.76	0.86	0.98	0.42
Ease of Access to Doctor																
Very satisfied	20.01	15.20	18.64	18.20	12.76	17.23	14.50	24.04	23.78	16.90	22.66	13.12	18.72	18.08	17.93	16.84
	0.54	2.24	1.35	1.19	1.18	0.78	1.59	0.95	1.08	2.19	0.68	1.96	1.93	1.73	2.36	1.11
(Very) Unsatisfied	5.09	13.78	5.11	5.29	5.39*	6.21	6.47*	3.36	3.29	4.28*	3.71	8.96	7.80*	5.87*	5.50*	7.35
	0.23	2.20	0.72	0.65	0.93	0.47	1.05	0.37	0.47	1.01	0.29	1.39	1.25	1.08	1.29	0.69
Can Obtain Care in Same Location																
Very satisfied	14.21	11.62	13.91	14.12	12.45	13.51	11.38	15.83	15.75	14.25*	15.27	10.93	12.87	12.06	13.66*	12.20
	0.46	1.88	1.07	1.16	1.28	0.69	1.55	0.80	0.88	1.92	0.59	1.57	1.71	1.34	2.00	0.84
(Very) Unsatisfied	4.90	9.15*	4.71*	4.58	2.46*	4.85	8.09	4.75	3.61	3.35*	4.73	7.84	5.99*	3.56*	3.17*	5.55
	0.27	1.96	0.70	0.62	0.65	0.43	1.38	0.45	0.40	1.02	0.36	1.28	1.11	0.88	1.08	0.55

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2002Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	39,004	1,378	4,441	4,363	1,719	11,901	2,179	11,674	5,703	821	20,376	1,916	2,193	1,688	849	6,647
	<i>127</i>	<i>82</i>	<i>128</i>	<i>94</i>	<i>61</i>	<i>208</i>	<i>103</i>	<i>145</i>	<i>118</i>	<i>43</i>	<i>203</i>	<i>84</i>	<i>96</i>	<i>64</i>	<i>47</i>	<i>165</i>
Beneficiaries as a Percentage of Column Total³																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	18.23	14.09	17.88	16.99	13.15	16.43	15.29	21.89	19.57	13.30*	20.19	14.92	16.14	15.92	13.68*	15.42
	<i>0.50</i>	<i>1.69</i>	<i>1.11</i>	<i>1.05</i>	<i>1.16</i>	<i>0.61</i>	<i>1.89</i>	<i>0.99</i>	<i>0.95</i>	<i>1.96</i>	<i>0.72</i>	<i>1.76</i>	<i>1.70</i>	<i>1.67</i>	<i>2.11</i>	<i>1.00</i>
(Very) Unsatisfied	5.06	9.69*	3.66*	4.96	3.42*	4.80	9.88	4.25	4.67	3.08*	4.92	8.33	5.51*	5.06*	3.64*	5.96
	<i>0.27</i>	<i>1.73</i>	<i>0.54</i>	<i>0.65</i>	<i>0.72</i>	<i>0.43</i>	<i>1.61</i>	<i>0.40</i>	<i>0.55</i>	<i>0.98</i>	<i>0.33</i>	<i>1.15</i>	<i>1.05</i>	<i>1.11</i>	<i>0.96</i>	<i>0.54</i>
Doctor's Concern for Overall Health																
Very satisfied	20.28	16.72	17.98	19.02	16.77	18.04	20.72	23.02	22.44	18.56	22.43	15.81	18.64	18.58	17.18	17.63
	<i>0.48</i>	<i>2.43</i>	<i>1.23</i>	<i>1.13</i>	<i>1.26</i>	<i>0.80</i>	<i>2.32</i>	<i>0.80</i>	<i>0.91</i>	<i>2.43</i>	<i>0.59</i>	<i>1.97</i>	<i>2.12</i>	<i>1.73</i>	<i>2.32</i>	<i>1.05</i>
(Very) Unsatisfied	5.12	13.21*	3.32*	5.03	2.76*	5.01	7.97	5.03	3.56	4.24*	4.90	9.50	5.26*	4.36*	3.31*	6.00
	<i>0.32</i>	<i>2.58</i>	<i>0.58</i>	<i>0.67</i>	<i>0.59</i>	<i>0.45</i>	<i>1.41</i>	<i>0.47</i>	<i>0.46</i>	<i>1.22</i>	<i>0.36</i>	<i>1.55</i>	<i>1.11</i>	<i>0.98</i>	<i>0.87</i>	<i>0.71</i>
Cost of Care																
Cost																
Very satisfied	16.51	13.93	16.58	15.07	14.41	15.41	11.04	18.30	18.42	14.02*	17.38	15.08	16.03	16.12	15.91	15.76
	<i>0.49</i>	<i>1.99</i>	<i>1.14</i>	<i>0.95</i>	<i>1.31</i>	<i>0.67</i>	<i>1.47</i>	<i>0.89</i>	<i>0.92</i>	<i>1.87</i>	<i>0.63</i>	<i>1.54</i>	<i>1.73</i>	<i>1.49</i>	<i>2.02</i>	<i>0.90</i>
(Very) Unsatisfied	15.63	24.46	13.97	14.04	9.71	14.59	32.01	14.17	13.07	11.31*	15.65	21.69	19.23	12.95	12.06*	17.42
	<i>0.40</i>	<i>2.41</i>	<i>1.09</i>	<i>0.95</i>	<i>1.19</i>	<i>0.65</i>	<i>2.53</i>	<i>0.62</i>	<i>0.88</i>	<i>1.76</i>	<i>0.61</i>	<i>1.67</i>	<i>1.99</i>	<i>1.52</i>	<i>1.73</i>	<i>0.84</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File, CY 2002 Access to Care Public Use File, supplemented by CY 2001 and CY 2003 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2002 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.
Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 34 (i.e., the 2002 Access to Care Public Use File) were taken from their Round 31 interview (i.e., the 2001 Access to Care Public Use File) or from their Round 37 interview (i.e., the 2003 Access to Care Public Use File).
- 3 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2002Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	39,004	15,811	21,970	12,488	10,847	2,721	1,922
	127	186	231	189	195	109	88
Beneficiaries as a Percentage of Column Total							
Access to Care							
Usual Source of Care							
None ⁶	4.80	5.81	5.37	6.19	4.21	3.78*	3.68*
	0.24	0.43	0.32	0.52	0.43	0.72	0.88
Doctor's office	75.36	74.37	75.04	74.05	75.89	73.65	74.72
	0.61	0.94	0.76	1.01	0.89	1.70	2.10
Doctor's clinic	9.47	9.91	9.58	9.86	9.01	7.57	6.54*
	0.46	0.65	0.54	0.65	0.73	0.99	1.06
HMO ⁷	4.60	5.36	4.94	5.47	3.14	3.75*	2.75*
	0.28	0.47	0.40	0.53	0.34	0.54	0.63
Hospital OPD/ER ⁸	2.02	1.61	1.87	1.60	2.38	3.38*	3.73*
	0.19	0.29	0.27	0.35	0.30	0.71	0.90
Other clinic/health center	3.74	2.93	3.21	2.84	5.37	7.88	8.57
	0.20	0.27	0.24	0.31	0.46	1.05	1.38
Difficulty Obtaining Care							
Yes	4.14	1.90	1.91	1.35*	8.65	13.78	16.08
	0.25	0.21	0.18	0.22	0.68	1.28	1.55
No	95.86	98.10	98.09	98.65	91.35	86.22	83.92
	0.25	0.21	0.18	0.22	0.68	1.28	1.55
Delayed Care Due to Cost							
Yes	8.28	4.23	4.60	3.34	15.44	17.07	18.69
	0.33	0.30	0.33	0.35	0.86	1.56	1.80
No	91.72	95.77	95.40	96.66	84.56	82.93	81.31
	0.33	0.30	0.33	0.35	0.86	1.56	1.80

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2002Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	39,004	15,811	21,970	12,488	10,847	2,721	1,922
	<i>127</i>	<i>186</i>	<i>231</i>	<i>189</i>	<i>195</i>	<i>109</i>	<i>88</i>
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ⁶	4.83	5.83	5.38	6.21	4.24	3.81*	3.72*
	<i>0.24</i>	<i>0.43</i>	<i>0.32</i>	<i>0.52</i>	<i>0.43</i>	<i>0.73</i>	<i>0.88</i>
Less than 1 year	9.05	8.18	8.54	7.83	9.53	11.00	9.84
	<i>0.31</i>	<i>0.43</i>	<i>0.43</i>	<i>0.49</i>	<i>0.59</i>	<i>1.09</i>	<i>1.19</i>
1 to less than 3 years	19.69	18.09	18.10	17.92	22.81	22.92	26.50
	<i>0.42</i>	<i>0.68</i>	<i>0.54</i>	<i>0.76</i>	<i>0.84</i>	<i>1.61</i>	<i>2.07</i>
3 to less than 5 years	16.54	15.97	16.87	16.07	16.98	15.96	14.97
	<i>0.42</i>	<i>0.58</i>	<i>0.49</i>	<i>0.65</i>	<i>0.78</i>	<i>1.17</i>	<i>1.38</i>
5 years or more	49.89	51.92	51.10	51.97	46.44	46.32	44.97
	<i>0.56</i>	<i>0.87</i>	<i>0.72</i>	<i>0.94</i>	<i>1.05</i>	<i>2.07</i>	<i>2.47</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File, CY 2002 Access to Care Public Use File, supplemented by CY 2001 and CY 2003 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2002 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 34 (i.e., the 2002 Access to Care Public Use File) were taken from their Round 31 interview (i.e., the 2001 Access to Care Public Use File) or from their Round 37 interview (i.e., the 2003 Access to Care Public Use File).
- 3 *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 *ADL* stands for Activity of Daily Living.
- 6 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 7 *HMO* stands for Health Maintenance Organization.
- 8 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2002Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	39,004	15,811	21,970	12,488	10,847	2,721	1,922
	127	186	231	189	195	109	88
Beneficiaries as a Percentage of Column Total⁶							
Quality of Care							
General Care							
Very satisfied	29.50	37.73	31.81	37.34	21.50	24.06	22.05
	0.58	0.87	0.76	0.93	0.73	1.81	2.20
(Very) Unsatisfied	3.61	1.84	2.09	1.56	7.29	9.60	11.84
	0.19	0.22	0.19	0.24	0.56	1.31	1.60
Follow-up Care							
Very satisfied	18.52	22.43	19.69	22.34	15.24	15.08	12.54
	0.49	0.76	0.65	0.85	0.71	1.50	1.53
(Very) Unsatisfied	2.93	1.44	1.82	1.08*	5.53	7.68	9.45
	0.17	0.15	0.20	0.19	0.45	0.95	1.20
Access/Coordination of Care							
Availability							
Very satisfied	9.96	11.08	9.94	11.03	9.85	9.66	9.71
	0.41	0.60	0.53	0.68	0.57	1.26	1.53
(Very) Unsatisfied	3.84	2.53	2.34	2.06	6.26	8.45	9.61
	0.18	0.22	0.22	0.28	0.48	1.06	1.29
Ease of Access to Doctor							
Very satisfied	20.01	26.61	23.42	27.88	13.22	11.85	9.28
	0.54	0.79	0.73	0.87	0.63	1.21	1.23
(Very) Unsatisfied	5.09	2.75	2.67	1.93	9.19	13.25	14.40
	0.23	0.26	0.22	0.24	0.58	1.24	1.67
Can Obtain Care in Same Location							
Very satisfied	14.21	18.57	15.54	18.55	10.28	11.54	9.59
	0.46	0.67	0.55	0.72	0.58	1.42	1.42
(Very) Unsatisfied	4.90	3.41	3.58	3.00	7.56	10.38	11.23
	0.27	0.35	0.30	0.38	0.56	1.26	1.42

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2002Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	39,004	15,811	21,970	12,488	10,847	2,721	1,922
	<i>127</i>	<i>186</i>	<i>231</i>	<i>189</i>	<i>195</i>	<i>109</i>	<i>88</i>
Beneficiaries as a Percentage of Column Total⁶							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	18.23	23.74	20.13	23.65	12.92	13.01	11.55
	<i>0.50</i>	<i>0.77</i>	<i>0.67</i>	<i>0.84</i>	<i>0.73</i>	<i>1.18</i>	<i>1.44</i>
(Very) Unsatisfied	5.06	2.60	2.97	2.19	9.13	10.66	12.61
	<i>0.27</i>	<i>0.30</i>	<i>0.24</i>	<i>0.28</i>	<i>0.62</i>	<i>1.20</i>	<i>1.55</i>
Doctor's Concern for Overall Health							
Very satisfied	20.28	25.18	21.83	25.25	15.54	17.24	15.22
	<i>0.48</i>	<i>0.82</i>	<i>0.61</i>	<i>0.85</i>	<i>0.68</i>	<i>1.52</i>	<i>1.64</i>
(Very) Unsatisfied	5.12	3.42	3.27	2.81	8.55	12.31	13.55
	<i>0.32</i>	<i>0.33</i>	<i>0.30</i>	<i>0.35</i>	<i>0.68</i>	<i>1.54</i>	<i>1.76</i>
Cost of Care							
Cost							
Very satisfied	16.51	20.38	17.87	20.52	13.00	12.62	11.24
	<i>0.49</i>	<i>0.71</i>	<i>0.62</i>	<i>0.79</i>	<i>0.71</i>	<i>1.33</i>	<i>1.33</i>
(Very) Unsatisfied	15.63	10.77	11.46	9.75	23.59	24.75	28.46
	<i>0.40</i>	<i>0.56</i>	<i>0.47</i>	<i>0.64</i>	<i>0.92</i>	<i>1.70</i>	<i>2.21</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File, CY 2002 Access to Care Public Use File, supplemented by CY 2001 and CY 2003 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2002 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 34 (i.e., the 2002 Access to Care Public Use File) were taken from their Round 31 interview (i.e., the 2001 Access to Care Public Use File) or from their Round 37 interview (i.e., the 2003 Access to Care Public Use File).
- 3 *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 *ADL* stands for Activity of Daily Living.
- 6 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2002Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,004	3,637	6,271	8,263	13,400	2,130	5,302
	127	132	168	209	223	107	148
Beneficiaries as a Percentage of Column Total							
Access to Care							
Usual Source of Care							
None ³	4.80	10.15	7.16	4.35	3.77	2.78*	2.48*
	0.24	0.93	0.72	0.52	0.40	0.60	0.44
Doctor's office	75.36	64.15	69.18	82.30	80.49	84.75	62.76
	0.61	1.51	1.20	1.02	0.99	1.71	1.67
Doctor's clinic	9.47	7.64	11.30	10.66	9.49	7.64*	7.35
	0.46	1.00	0.90	1.03	0.60	1.25	0.82
HMO ⁴	4.60	0.00	3.33	0.04*	2.06	0.35*	24.51
	0.28	0.00	0.40	0.04	0.29	0.35	1.71
Hospital OPD/ER ⁵	2.02	2.85*	4.53	0.70*	1.84	1.85*	1.09*
	0.19	0.50	0.55	0.18	0.33	0.77	0.28
Other clinic/health center	3.74	15.20	4.49	1.95	2.34	2.64*	1.80*
	0.20	1.39	0.52	0.29	0.25	0.81	0.32
Difficulty Obtaining Care							
Yes	4.14	7.74	9.88	1.51*	2.80	1.49*	3.47
	0.25	0.98	0.75	0.26	0.35	0.56	0.46
No	95.86	92.26	90.12	98.49	97.20	98.51	96.53
	0.25	0.98	0.75	0.26	0.35	0.56	0.46
Delayed Care Due to Cost							
Yes	8.28	21.50	14.54	5.44	5.46	3.11*	5.49
	0.33	1.79	0.80	0.59	0.43	0.63	0.61
No	91.72	78.50	85.46	94.56	94.54	96.89	94.51
	0.33	1.79	0.80	0.59	0.43	0.63	0.61

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2002Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,004	3,637	6,271	8,263	13,400	2,130	5,302
	<i>127</i>	<i>132</i>	<i>168</i>	<i>209</i>	<i>223</i>	<i>107</i>	<i>148</i>
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ³	4.83	10.19	7.22	4.38	3.78	2.78*	2.50*
	<i>0.24</i>	<i>0.93</i>	<i>0.73</i>	<i>0.53</i>	<i>0.40</i>	<i>0.60</i>	<i>0.44</i>
Less than 1 year	9.05	8.17	11.19	7.07	8.21	8.14*	12.72
	<i>0.31</i>	<i>0.96</i>	<i>0.91</i>	<i>0.58</i>	<i>0.51</i>	<i>1.20</i>	<i>0.93</i>
1 to less than 3 years	19.69	22.59	24.30	16.46	17.19	18.41	24.21
	<i>0.42</i>	<i>1.48</i>	<i>0.90</i>	<i>0.96</i>	<i>0.64</i>	<i>1.91</i>	<i>1.36</i>
3 to less than 5 years	16.54	16.78	17.66	15.65	16.07	18.44	16.90
	<i>0.42</i>	<i>1.24</i>	<i>0.93</i>	<i>0.74</i>	<i>0.67</i>	<i>1.84</i>	<i>1.14</i>
5 years or more	49.89	42.27	39.63	56.44	54.76	52.22	43.67
	<i>0.56</i>	<i>1.73</i>	<i>1.12</i>	<i>1.26</i>	<i>0.98</i>	<i>2.72</i>	<i>1.28</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File, CY 2002 Access to Care Public Use File, supplemented by CY 2001 and CY 2003 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2002 file.

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- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 34 (i.e., the 2002 Access to Care Public Use File) were taken from their Round 31 interview (i.e., the 2001 Access to Care Public Use File) or from their Round 37 interview (i.e., the 2003 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 *HMO* stands for Health Maintenance Organization.
- 5 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2002Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ³
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,004	3,637	6,271	8,263	13,400	2,130	5,302
	127	132	168	209	223	107	148
Beneficiaries as a Percentage of Column Total⁴							
Quality of Care							
General Care							
Very satisfied	29.50	19.95	21.20	28.78	34.71	36.85	30.81
	0.58	1.51	1.07	1.29	0.88	1.94	1.21
(Very) Unsatisfied	3.61	5.69	6.32	3.12	2.41	1.52*	3.60
	0.19	0.89	0.63	0.38	0.28	0.55	0.48
Follow-up Care							
Very satisfied	18.52	11.40	15.41	18.43	21.78	21.03	17.97
	0.49	1.09	0.95	1.09	0.70	1.71	0.97
(Very) Unsatisfied	2.93	4.20*	4.70	2.18*	2.40	1.33*	3.11*
	0.17	0.73	0.51	0.34	0.28	0.59	0.55
Access/Coordination of Care							
Availability							
Very satisfied	9.96	6.98	8.60	10.56	11.35	11.05	8.76
	0.41	0.93	0.76	0.70	0.62	1.07	0.84
(Very) Unsatisfied	3.84	5.00	5.02	3.38	3.31	4.90*	3.31
	0.18	0.69	0.51	0.47	0.27	0.88	0.51
Ease of Access to Doctor							
Very satisfied	20.01	11.16	12.10	21.39	23.29	25.27	22.80
	0.54	1.38	0.84	1.12	0.87	2.01	1.33
(Very) Unsatisfied	5.09	6.81	10.01	3.43	4.15	2.13*	4.31
	0.23	0.85	0.78	0.43	0.35	0.74	0.52
Can Obtain Care in Same Location							
Very satisfied	14.21	9.19	11.53	13.18	16.35	16.44	16.10
	0.46	1.04	1.01	0.88	0.67	1.65	1.30
(Very) Unsatisfied	4.90	5.21	6.25	4.43	4.67	2.74*	5.31
	0.27	0.80	0.60	0.49	0.42	0.72	0.68

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2002Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ³
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,004	3,637	6,271	8,263	13,400	2,130	5,302
	<i>127</i>	<i>132</i>	<i>168</i>	<i>209</i>	<i>223</i>	<i>107</i>	<i>148</i>
Beneficiaries as a Percentage of Column Total⁴							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	18.23	11.26	13.42	17.20	21.87	25.66	18.06
	<i>0.50</i>	<i>1.21</i>	<i>0.85</i>	<i>0.94</i>	<i>0.72</i>	<i>2.09</i>	<i>1.09</i>
(Very) Unsatisfied	5.06	7.11	7.34	4.00	4.11	4.16*	5.40
	<i>0.27</i>	<i>0.97</i>	<i>0.65</i>	<i>0.37</i>	<i>0.37</i>	<i>0.92</i>	<i>0.67</i>
Doctor's Concern for Overall Health							
Very satisfied	20.28	13.52	14.64	20.58	23.88	27.33	19.14
	<i>0.48</i>	<i>1.40</i>	<i>0.92</i>	<i>1.08</i>	<i>0.68</i>	<i>2.04</i>	<i>1.11</i>
(Very) Unsatisfied	5.12	6.80	7.58	3.73	4.71	3.43*	4.98
	<i>0.32</i>	<i>0.95</i>	<i>0.80</i>	<i>0.43</i>	<i>0.44</i>	<i>0.74</i>	<i>0.67</i>
Cost of Care							
Cost							
Very satisfied	16.51	7.68	16.47	15.72	19.13	22.53	14.76
	<i>0.49</i>	<i>0.82</i>	<i>1.00</i>	<i>0.98</i>	<i>0.72</i>	<i>1.70</i>	<i>0.91</i>
(Very) Unsatisfied	15.63	29.75	14.75	14.96	12.63	10.75	17.56
	<i>0.40</i>	<i>1.33</i>	<i>0.95</i>	<i>0.77</i>	<i>0.65</i>	<i>1.43</i>	<i>1.20</i>

Source: Medicare Current Beneficiary Survey, CY 2002 Cost and Use Public Use File, CY 2002 Access to Care Public Use File, supplemented by CY 2001 and CY 2003 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2002 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 34 (i.e., the 2002 Access to Care Public Use File) were taken from their Round 31 interview (i.e., the 2001 Access to Care Public Use File) or from their Round 37 interview (i.e., the 2003 Access to Care Public Use File).
- 3 HMO stands for Health Maintenance Organization.
- 4 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

3.6

WHAT HAS CHANGED SINCE 1992?

Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2002

All Medicare Beneficiaries

1 of 3

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
All Beneficiaries (in 000s)	36,785	41,217	41,808	1.26	1.43	1.29
	62	103	117			
Beneficiaries as a Percentage of Column Total						
Medicare Status						
65 years and older	90.00	86.15	85.89	-0.48	-0.30	-0.47
	0.10	0.29	0.27			
64 years and younger	10.00	13.85	14.11	3.65	1.88	3.50
	0.10	0.29	0.27			
Gender						
Male	42.92	43.78	43.93	0.22	0.34	0.23
	0.25	0.26	0.27			
Female	57.08	56.22	56.07	-0.17	-0.27	-0.18
	0.25	0.26	0.27			
Race/Ethnicity						
White non-Hispanic	84.21	79.82	79.18	-0.59	-0.80	-0.61
	0.55	0.49	0.44			
All others	15.79	20.18	20.82	2.74	3.17	2.80
	0.55	0.49	0.44			
Functional Limitation						
None	52.13	54.58	53.08	0.51	-2.75	0.18
	0.62	0.53	0.53			
IADL only ¹	21.96	21.82	22.21	-0.07	1.79	0.11
	0.41	0.49	0.47			
One to two ADLs ²	14.51	12.76	13.80	-1.40	8.15	-0.50
	0.35	0.37	0.36			
Three to five ADLs	11.40	10.84	10.91	-0.55	0.65	-0.44
	0.33	0.25	0.30			

Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2002

All Medicare Beneficiaries

2 of 3

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
All Beneficiaries (in 000s)	36,785	41,217	41,808	1.26	1.43	1.29
	<i>62</i>	<i>103</i>	<i>117</i>			
Beneficiaries as a Percentage of Column Total						
Usual Source of Care						
No usual source of care	9.55	5.07	4.80	-6.73	-5.33	-6.65
	<i>0.35</i>	<i>0.23</i>	<i>0.24</i>			
Has usual source of care	90.45	94.93	95.20	0.53	0.28	0.51
	<i>0.35</i>	<i>0.23</i>	<i>0.24</i>			
Living Arrangement						
Community						
Alone	27.00	28.88	29.40	0.74	1.80	0.86
	<i>0.36</i>	<i>0.48</i>	<i>0.48</i>			
With spouse	51.17	49.46	49.28	-0.37	-0.36	-0.38
	<i>0.39</i>	<i>0.55</i>	<i>0.49</i>			
With children/others	16.74	16.69	16.46	-0.03	-1.38	-0.17
	<i>0.36</i>	<i>0.38</i>	<i>0.38</i>			
Long-Term Care Facility	5.09	4.97	4.87	-0.26	-2.01	-0.44
	<i>0.18</i>	<i>0.14</i>	<i>0.17</i>			
Health Insurance						
Medicare fee-for-service only	11.88	8.94	9.44	-3.08	5.59	-2.27
	<i>0.37</i>	<i>0.25</i>	<i>0.31</i>			
Medicaid	16.27	18.31	19.13	1.31	4.48	1.63
	<i>0.45</i>	<i>0.35</i>	<i>0.39</i>			
Private health insurance	65.82	57.50	58.42	-1.48	1.60	-1.19
	<i>0.59</i>	<i>0.51</i>	<i>0.62</i>			
Medicare HMO ³	6.03	15.25	13.01	10.75	-14.69	7.99
	<i>0.30</i>	<i>0.38</i>	<i>0.36</i>			

Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2002

All Medicare Beneficiaries

3 of 3

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
All Beneficiaries (in 000s)	36,785	41,217	41,808	1.26	1.43	1.29
	<i>62</i>	<i>103</i>	<i>117</i>			
Beneficiaries as a Percentage of Column Total						
Share of Income						
Lowest income quartile	6.66	6.77	6.47	0.18	-4.43	-0.29
	<i>0.22</i>	<i>0.19</i>	<i>0.19</i>			
Second income quartile	13.29	13.31	13.90	0.02	4.43	0.45
	<i>0.41</i>	<i>0.39</i>	<i>0.44</i>			
Third income quartile	24.47	23.39	21.93	-0.50	-6.24	-1.09
	<i>0.66</i>	<i>0.61</i>	<i>0.71</i>			
Highest income quartile	55.58	56.53	57.69	0.19	2.05	0.37
	<i>1.05</i>	<i>1.01</i>	<i>1.22</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files, and Access to Care Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 *IADL* stands for Instrumental Activity of Daily Living.
- 2 *ADL* stands for Activity of Daily Living.
- 3 *HMO* stands for Health Maintenance Organization.

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2002
(Total Expenditures in millions of nominal dollars)

All Medicare Beneficiaries

1 of 3

Medical Service	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Medical Services						
All beneficiaries	\$247,037	\$463,559	\$500,298	7.17	7.93	7.31
	4,091	7,528	8,667			
Beneficiaries 65 years and older	213,755	384,630	419,324	6.68	9.02	6.97
	3,608	6,170	7,542			
Beneficiaries 64 years and younger	33,282	78,929	80,975	9.96	2.59	9.30
	2,029	3,861	3,856			
Inpatient Hospital Services						
All beneficiaries	81,061	125,179	136,159	4.90	8.77	5.32
	2,145	4,238	5,089			
Beneficiaries 65 years and older	71,036	106,416	114,422	4.55	7.52	4.88
	2,045	3,727	3,923			
Beneficiaries 64 years and younger	10,025	18,763	21,737	7.14	15.85	8.05
	788	1,662	2,534			
Outpatient Hospital Services						
All beneficiaries	19,294	40,246	45,363	8.42	12.71	8.93
	623	1,208	1,235			
Beneficiaries 65 years and older	15,756	31,351	35,586	7.86	13.51	8.49
	534	917	1,108			
Beneficiaries 64 years and younger	3,538	8,895	9,777	10.67	9.92	10.70
	286	822	828			
Physician/Supplier Services						
All beneficiaries	57,367	115,884	126,142	8.04	8.85	8.20
	1,022	2,624	2,580			
Beneficiaries 65 years and older	51,593	97,914	108,068	7.30	10.37	7.67
	1,010	1,673	2,306			
Beneficiaries 64 years and younger	5,774	17,970	18,074	13.30	0.58	12.09
	286	2,088	988			

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2002
(Total Expenditures in millions of nominal dollars)

All Medicare Beneficiaries

2 of 3

Medical Service	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Dental Services						
All beneficiaries	\$4,882	\$10,484	\$10,117	8.77	-3.50	7.56
	152	332	310			
Beneficiaries 65 years and older	4,469	9,585	9,073	8.76	-5.34	7.34
	138	322	291			
Beneficiaries 64 years and younger	413	899	1,044	8.93	16.13	9.72
	51	66	112			
Prescription Medicines						
All beneficiaries	16,231	52,094	59,469	13.69	14.16	13.87
	231	778	827			
Beneficiaries 65 years and older	13,934	41,378	47,029	12.72	13.66	12.94
	229	593	643			
Beneficiaries 64 years and younger	2,297	10,716	12,440	18.46	16.09	18.40
	102	452	622			
Medicare Hospice Services						
All beneficiaries	868	3,910	4,541	18.01	16.14	17.99
	137	499	532			
Beneficiaries 65 years and older	831	3,704	4,476	17.87	20.84	18.34
	135	470	530			
Beneficiaries 64 years and younger	37	206	65	20.79	-68.45	5.80
	23	85	37			
Medicare Home Health Services						
All beneficiaries	9,189	11,497	13,631	2.50	18.56	4.02
	638	657	957			
Beneficiaries 65 years and older	8,540	10,519	12,485	2.32	18.69	3.87
	611	662	905			
Beneficiaries 64 years and younger	649	978	1,146	4.61	17.18	5.85
	108	144	172			

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2002
(Total Expenditures in millions of nominal dollars)

All Medicare Beneficiaries

3 of 3

Medical Service	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Long-Term Facility Care¹						
All beneficiaries	\$58,146	\$104,263	\$104,878	6.63	0.59	6.08
	<i>2,909</i>	<i>3,570</i>	<i>3,687</i>			
Beneficiaries 65 years and older	47,596	83,762	88,185	6.41	5.28	6.36
	<i>1,916</i>	<i>2,851</i>	<i>2,939</i>			
Beneficiaries 64 years and younger	10,550	20,501	16,693	7.58	-18.57	4.70
	<i>1,634</i>	<i>2,216</i>	<i>1,935</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- ¹ Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims data. See Appendix B for additional information.

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2002

All Medicare Beneficiaries

1 of 6

Medical Service	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$463,559	\$500,298	7.17	7.93	7.31
	4,091	7,528	8,667			
Source of Payment (percent)						
Medicare	53.28	52.15	52.65	-0.24	0.96	-0.12
	0.83	0.62	0.62			
Medicaid	13.99	11.83	11.35	-1.83	-4.06	-2.07
	0.81	0.42	0.49			
Private insurance	9.88	12.82	13.33	2.91	3.98	3.04
	0.38	0.54	0.55			
Out of pocket	19.73	19.43	18.58	-0.17	-4.37	-0.60
	0.41	0.41	0.36			
Other source	3.11	3.76	4.09	2.11	8.78	2.78
	0.26	0.36	0.36			
Total Inpatient Hospital Expenditures (millions of \$)	\$81,061	\$125,179	\$136,159	4.90	8.77	5.32
	2,145	4,238	5,089			
Percentage of Total Health Care Expenditures	32.81	27.00	27.22	-2.12	0.81	-1.85
	0.66	0.62	0.67			
Source of Payment (percent)						
Medicare	87.08	86.46	86.78	-0.08	0.37	-0.03
	0.85	1.02	1.32			
Medicaid	1.44	1.23	1.17	-1.72	-4.88	-2.05
	0.10	0.09	0.07			
Private insurance	7.47	8.08	8.15	0.87	0.87	0.88
	0.79	0.84	1.41			
Out of pocket	1.93	3.46	2.81	6.63	-18.79	3.83
	0.23	0.66	0.29			
Other source	2.07	0.77	1.10	-10.31	42.86	-6.13
	0.30	0.18	0.21			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2002

All Medicare Beneficiaries

2 of 6

Medical Service	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$463,559	\$500,298	7.17	7.93	7.31
	4,091	7,528	8,667			
Total Outpatient Hospital Expenditures (millions of \$)	\$19,294	\$40,246	\$45,363	8.42	12.71	8.93
	623	1,208	1,235			
Percentage of Total Health Care Expenditures	7.81	8.68	9.07	1.17	4.49	1.51
	0.22	0.26	0.23			
Source of Payment (percent)						
Medicare	62.05	63.46	62.77	0.25	-1.09	0.12
	0.77	1.05	1.06			
Medicaid	3.90	2.96	2.53	-2.99	-14.53	-4.24
	0.28	0.19	0.20			
Private insurance	20.29	21.19	21.90	0.48	3.35	0.77
	0.69	0.63	1.10			
Out of pocket	9.63	10.39	9.93	0.84	-4.43	0.31
	0.40	0.90	0.70			
Other source	4.13	1.99	2.86	-7.72	43.72	-3.61
	0.41	0.22	0.38			
Total Physician/Supplier Services Expenditures (millions of \$)	\$57,367	\$115,884	\$126,142	8.04	8.85	8.20
	1,022	2,624	2,580			
Percentage of Total Health Care Expenditures	23.22	25.00	25.21	0.82	0.84	0.83
	0.39	0.44	0.45			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2002

All Medicare Beneficiaries

3 of 6

Medical Service	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$463,559	\$500,298	7.17	7.93	7.31
	4,091	7,528	8,667			
Source of Payment (percent)						
Medicare	63.44	66.42	65.09	0.51	-2.00	0.26
	0.40	1.27	0.97			
Medicaid	2.86	2.41	2.52	-1.87	4.56	-1.26
	0.15	0.14	0.16			
Private insurance	14.87	15.79	15.68	0.66	-0.70	0.53
	0.35	1.56	1.17			
Out of pocket	17.79	14.50	15.70	-2.22	8.28	-1.24
	0.32	0.41	0.44			
Other source	1.05	0.88	1.01	-1.92	14.77	-0.39
	0.11	0.10	0.09			
Total Dental Services Expenditures (millions of \$)	\$4,882	\$10,484	\$10,117	8.77	-3.50	7.56
	152	332	310			
Percentage of Total Health Care Expenditures	1.98	2.26	2.02	1.47	-10.62	0.20
	0.07	0.08	0.07			
Source of Payment (percent)						
Medicare	0.11	0.79	0.81	24.22	2.53	22.10
	0.03	0.04	0.06			
Medicaid	2.18	1.36	1.22	-5.06	-10.29	-5.64
	0.24	0.29	0.25			
Private insurance	11.87	17.90	17.84	4.62	-0.34	4.16
	0.64	0.81	0.85			
Out of pocket	82.92	78.52	78.05	-0.60	-0.60	-0.60
	0.82	0.87	0.94			
Other source	2.92	1.43	2.08	-7.55	45.45	-3.34
	0.49	0.25	0.41			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2002

All Medicare Beneficiaries

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Medical Service	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$463,559	\$500,298	7.17	7.93	7.31
	4,091	7,528	8,667			
Total Prescription Medicine Expenditures (millions of \$)	\$16,231	\$52,094	\$59,469	13.69	14.16	13.87
	231	778	827			
Percentage of Total Health Care Expenditures	6.57	11.24	11.89	6.08	5.78	6.11
	0.13	0.21	0.22			
Source of Payment (percent)						
Medicare	0.32	3.77	3.27	31.17	-13.26	26.17
	0.06	0.11	0.13			
Medicaid	10.25	13.82	14.80	3.34	7.09	3.74
	0.39	0.54	0.65			
Private insurance	25.45	34.95	35.87	3.55	2.63	3.49
	0.69	0.70	0.70			
Out of pocket	57.48	36.68	34.78	-4.82	-5.18	-4.90
	0.71	0.66	0.55			
Other source	6.51	10.78	11.27	5.70	4.55	5.64
	0.44	0.53	0.45			
Total Hospice Services Expenditures (millions of \$)	\$868	\$3,910	\$4,541	18.01	16.14	17.99
	137	499	532			
Percentage of Total Health Care Expenditures	0.35	0.84	0.91	10.11	8.33	10.03
	0.06	0.11	0.10			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2002

All Medicare Beneficiaries

5 of 6

Medical Service	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$463,559	\$500,298	7.17	7.93	7.31
	4,091	7,528	8,667			
Source of Payment (percent)						
Medicare	99.98	100.00	100.00	0.00	0.00	0.00
	0.02	0.00	0.00			
Medicaid	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00			
Private insurance	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00			
Out of pocket	0.02	0.00	0.00	-100.00	0.00	-100.00
	0.02	0.00	0.00			
Other source	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00			
Total Home Health Services Expenditures (millions of \$)	\$9,189	\$11,497	\$13,631	2.50	18.56	4.02
	638	657	957			
Percentage of Total Health Care Expenditures	3.72	2.48	2.72	-4.36	9.68	-3.08
	0.24	0.13	0.18			
Source of Payment (percent)						
Medicare	89.94	84.87	84.48	-0.64	-0.46	-0.62
	1.90	2.94	4.79			
Medicaid	0.96	1.19	1.95	2.39	63.87	7.34
	0.32	0.38	0.70			
Private insurance	1.19	2.41	4.41	8.07	82.99	14.00
	0.67	1.41	3.62			
Out of pocket	5.82	10.08	7.77	6.23	-22.92	2.93
	1.49	2.27	1.80			
Other source	2.08	1.44	1.39	-3.96	-3.47	-3.95
	1.15	0.56	0.46			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2002

All Medicare Beneficiaries

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Medical Service	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$463,559	\$500,298	7.17	7.93	7.31
	<i>4.091</i>	<i>7.528</i>	<i>8.667</i>			
Total Long-Term Facility Care¹ Expenditures (millions of \$)	\$58,146	\$104,263	\$104,878	6.63	0.59	6.08
	<i>2.909</i>	<i>3.570</i>	<i>3.687</i>			
Percentage of Total Health Care Expenditures	23.54	22.49	20.96	-0.50	-6.80	-1.15
	<i>1.02</i>	<i>0.70</i>	<i>0.66</i>			
Source of Payment (percent)						
Medicare	6.00	14.67	15.82	10.33	7.84	10.18
	<i>0.47</i>	<i>0.75</i>	<i>0.84</i>			
Medicaid	50.14	40.15	39.72	-2.41	-1.07	-2.30
	<i>2.02</i>	<i>1.39</i>	<i>1.60</i>			
Private insurance	1.87	2.05	2.03	1.02	-0.98	0.82
	<i>0.30</i>	<i>0.23</i>	<i>0.28</i>			
Out of pocket	36.46	34.76	33.55	-0.52	-3.48	-0.83
	<i>1.73</i>	<i>1.25</i>	<i>1.35</i>			
Other source	5.53	8.37	8.87	4.66	5.97	4.84
	<i>0.90</i>	<i>1.45</i>	<i>1.56</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims data. See Appendix B for additional information.

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2002

All Medicare Beneficiaries

1 of 3

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Personal Health Care Expenditures (millions of \$)	\$247,037	\$463,559	\$500,298	7.17	7.93	7.31
	4.091	7.528	8.667			
Percentage of Personal Health Care Expenditures¹						
Medicare Status						
65 years and older	86.53	82.97	83.81	-0.46	1.01	-0.32
	0.74	0.71	0.68			
64 years and younger	13.47	17.03	16.19	2.61	-4.93	1.86
	0.74	0.71	0.68			
Race/Ethnicity						
White non-Hispanic	84.51	80.39	78.77	-0.55	-2.02	-0.70
	0.87	0.73	0.98			
All others	15.49	19.61	21.23	2.63	8.26	3.20
	0.87	0.73	0.98			
Living Arrangement						
Community						
Alone	22.18	25.04	25.03	1.34	-0.04	1.22
	0.69	0.77	0.79			
With spouse	38.02	38.00	39.74	-0.01	4.58	0.44
	0.98	1.04	0.92			
With children/others	16.45	15.76	15.75	-0.47	-0.06	-0.43
	0.90	0.60	0.63			
Long-Term Care Facility						
	23.35	21.20	19.49	-1.06	-8.07	-1.79
	1.06	0.74	0.87			

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2002

All Medicare Beneficiaries

2 of 3

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Personal Health Care Expenditures (millions of \$)	\$247,037	\$463,559	\$500,298	7.17	7.93	7.31
	4,091	7,528	8,667			
Percentage of Personal Health Care Expenditures¹						
Functional Limitation						
None	25.85	30.57	30.43	1.86	-0.46	1.64
	0.85	0.72	0.85			
IADL only ²	20.09	21.68	22.87	0.84	5.49	1.30
	0.87	0.92	0.92			
One to two ADLs ³	20.23	17.70	17.96	-1.46	1.47	-1.18
	0.79	0.70	0.70			
Three to five ADLs	33.83	30.05	28.74	-1.29	-4.36	-1.62
	0.99	0.96	0.89			
Health Insurance⁴						
Medicare fee-for-service only	9.15	7.38	7.30	-2.34	-1.08	-2.23
	0.57	0.49	0.57			
Medicaid	33.83	32.29	31.47	-0.51	-2.54	-0.72
	1.21	0.93	0.83			
Private health insurance	51.81	49.46	51.49	-0.51	4.10	-0.06
	1.24	0.96	1.00			

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2002

All Medicare Beneficiaries

3 of 3

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Personal Health Care Expenditures (millions of \$)	\$247,037	\$463,559	\$500,298	7.17	7.93	7.31
	<i>4,091</i>	<i>7,528</i>	<i>8,667</i>			
Percentage of Personal Health Care Expenditures¹						
Income						
Lowest income quartile	32.60	32.28	31.57	-0.11	-2.20	-0.32
	<i>0.98</i>	<i>0.87</i>	<i>1.02</i>			
Second income quartile	26.57	24.92	25.26	-0.70	1.36	-0.50
	<i>0.85</i>	<i>0.79</i>	<i>0.75</i>			
Third income quartile	22.47	22.41	21.74	-0.03	-2.99	-0.33
	<i>0.75</i>	<i>0.81</i>	<i>0.71</i>			
Highest income quartile	18.36	20.39	21.43	1.16	5.10	1.56
	<i>0.81</i>	<i>0.86</i>	<i>0.78</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Inpatient Hospital Expenditures (millions of \$)	\$72,063 <i>2,095</i>	\$106,704 <i>3,911</i>	\$116,613 <i>4,455</i>	4.41	9.29	4.93
Percentage of Total Inpatient Hospital Expenditures²						
Medicare Status						
65 years and older	86.92 <i>1.01</i>	84.37 <i>1.26</i>	83.63 <i>1.76</i>	-0.33	-0.88	-0.39
64 years and younger	13.08 <i>1.01</i>	15.63 <i>1.26</i>	16.37 <i>1.76</i>	1.98	4.73	2.27
Race/Ethnicity						
White non-Hispanic	82.19 <i>1.59</i>	79.03 <i>1.59</i>	76.71 <i>1.70</i>	-0.43	-2.94	-0.69
All others	17.81 <i>1.59</i>	20.97 <i>1.59</i>	23.29 <i>1.70</i>	1.81	11.06	2.72
Functional Limitation						
None	30.60 <i>1.43</i>	36.56 <i>1.60</i>	35.51 <i>1.65</i>	1.98	-2.87	1.50
IADL only ³	26.22 <i>1.59</i>	28.00 <i>1.97</i>	30.76 <i>2.04</i>	0.73	9.86	1.61
One to two ADLs ⁴	23.33 <i>1.49</i>	20.16 <i>1.42</i>	20.50 <i>1.40</i>	-1.59	1.69	-1.28
Three to five ADLs	19.84 <i>1.39</i>	15.28 <i>1.19</i>	13.23 <i>1.07</i>	-2.83	-13.42	-3.97

Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Inpatient Hospital Expenditures (millions of \$)	\$72,063	\$106,704	\$116,613	4.41	9.29	4.93
	<i>2.095</i>	<i>3.911</i>	<i>4.455</i>			
Percentage of Total Inpatient Hospital Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	9.26	7.66	7.91	-2.06	3.26	-1.56
	<i>0.96</i>	<i>1.03</i>	<i>1.00</i>			
Medicaid	19.67	22.45	20.96	1.46	-6.64	0.64
	<i>1.58</i>	<i>1.94</i>	<i>1.26</i>			
Private health insurance	62.81	55.81	58.44	-1.29	4.71	-0.72
	<i>1.89</i>	<i>1.80</i>	<i>1.72</i>			
Income						
Lowest income quartile	26.54	28.61	29.53	0.83	3.22	1.07
	<i>1.52</i>	<i>1.63</i>	<i>1.97</i>			
Second income quartile	29.87	28.24	23.74	-0.62	-15.93	-2.27
	<i>1.59</i>	<i>1.61</i>	<i>1.47</i>			
Third income quartile	22.35	24.52	25.47	1.02	3.87	1.32
	<i>1.37</i>	<i>1.64</i>	<i>1.46</i>			
Highest income quartile	21.24	18.64	21.27	-1.43	14.11	0.01
	<i>1.63</i>	<i>1.28</i>	<i>1.85</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 IADL stands for Instrumental Activity of Daily Living.
- 4 ADL stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Outpatient Hospital Expenditures (millions of \$)	\$17,324	\$36,851	\$41,361	8.66	12.24	9.09
	628	1,180	1,226			
Percentage of Total Outpatient Hospital Expenditures²						
Medicare Status						
65 years and older	81.80	77.14	77.74	-0.64	0.78	-0.51
	1.32	1.79	1.78			
64 years and younger	18.20	22.86	22.26	2.54	-2.62	2.03
	1.32	1.79	1.78			
Race/Ethnicity						
White non-Hispanic	79.39	74.62	74.78	-0.68	0.21	-0.60
	1.86	1.45	1.79			
All others	20.61	25.38	25.22	2.32	-0.63	2.04
	1.86	1.45	1.79			
Functional Limitation						
None	41.71	45.35	45.93	0.92	1.28	0.97
	1.86	1.56	1.64			
IADL only ³	27.74	27.35	27.69	-0.16	1.24	-0.02
	1.72	1.53	1.56			
One to two ADLs ⁴	19.30	17.43	18.09	-1.11	3.79	-0.65
	1.48	1.63	1.44			
Three to five ADLs	11.25	9.87	8.29	-1.43	-16.01	-3.01
	1.22	1.07	0.91			

Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Outpatient Hospital Expenditures (millions of \$)	\$17,324	\$36,851	\$41,361	8.66	12.24	9.09
	<i>628</i>	<i>1,180</i>	<i>1,226</i>			
Percentage of Total Outpatient Hospital Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	9.06	6.76	6.98	-3.17	3.25	-2.57
	<i>0.83</i>	<i>0.84</i>	<i>0.86</i>			
Medicaid	19.50	21.69	18.45	1.18	-14.94	-0.55
	<i>1.76</i>	<i>1.47</i>	<i>1.61</i>			
Private health insurance	64.90	57.83	63.02	-1.26	8.97	-0.29
	<i>1.95</i>	<i>1.42</i>	<i>1.71</i>			
Income						
Lowest income quartile	24.72	28.23	26.02	1.47	-7.83	0.51
	<i>1.63</i>	<i>1.52</i>	<i>1.61</i>			
Second income quartile	27.59	26.00	24.93	-0.65	-4.12	-1.01
	<i>1.86</i>	<i>1.32</i>	<i>1.41</i>			
Third income quartile	24.83	23.88	24.73	-0.43	3.56	-0.04
	<i>1.55</i>	<i>1.35</i>	<i>1.46</i>			
Highest income quartile	22.86	21.89	24.31	-0.48	11.06	0.62
	<i>1.31</i>	<i>1.46</i>	<i>1.47</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 IADL stands for Instrumental Activity of Daily Living.
- 4 ADL stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Physician/Supplier Expenditures (millions of \$)	\$52,350 <i>1,018</i>	\$106,275 <i>2,655</i>	\$115,757 <i>2,589</i>	8.10	8.92	8.26
Percentage of Total Physician/Supplier Services Expenditures²						
Medicare Status						
65 years and older	89.68 <i>0.53</i>	84.05 <i>1.67</i>	85.42 <i>0.77</i>	-0.71	1.63	-0.49
64 years and younger	10.32 <i>0.53</i>	15.95 <i>1.67</i>	14.58 <i>0.77</i>	4.91	-8.59	3.52
Race/Ethnicity						
White non-Hispanic	83.90 <i>0.86</i>	80.65 <i>0.97</i>	78.23 <i>1.47</i>	-0.43	-3.00	-0.70
All others	16.10 <i>0.86</i>	19.35 <i>0.97</i>	21.77 <i>1.47</i>	2.04	12.51	3.06
Functional Limitation						
None	40.49 <i>1.15</i>	44.03 <i>1.22</i>	42.76 <i>1.30</i>	0.93	-2.88	0.55
IADL only ³	26.19 <i>1.05</i>	27.30 <i>1.49</i>	28.79 <i>1.37</i>	0.46	5.46	0.95
One to two ADLs ⁴	19.31 <i>0.94</i>	16.20 <i>0.85</i>	17.41 <i>0.88</i>	-1.91	7.47	-1.03
Three to five ADLs	14.01 <i>0.87</i>	12.47 <i>0.68</i>	11.05 <i>0.58</i>	-1.27	-11.39	-2.35

Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Physician/Supplier Expenditures (millions of \$)	\$52,350 <i>1,018</i>	\$106,275 <i>2,655</i>	\$115,757 <i>2,589</i>	8.10	8.92	8.26
Percentage of Total Physician/Supplier Services Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	6.90 <i>0.41</i>	5.36 <i>0.40</i>	5.64 <i>0.44</i>	-2.74	5.22	-2.00
Medicaid	15.66 <i>0.85</i>	18.11 <i>1.08</i>	17.47 <i>0.76</i>	1.61	-3.53	1.10
Private health insurance	71.57 <i>1.01</i>	61.82 <i>1.29</i>	63.97 <i>1.02</i>	-1.60	3.48	-1.12
Income						
Lowest income quartile	22.57 <i>0.91</i>	24.32 <i>0.95</i>	25.10 <i>1.53</i>	0.82	3.21	1.07
Second income quartile	27.53 <i>0.96</i>	25.57 <i>0.91</i>	24.20 <i>0.82</i>	-0.81	-5.36	-1.28
Third income quartile	24.59 <i>0.84</i>	24.67 <i>0.88</i>	26.32 <i>1.08</i>	0.04	6.69	0.68
Highest income quartile	25.31 <i>0.99</i>	25.44 <i>1.80</i>	24.39 <i>0.95</i>	0.06	-4.13	-0.37

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Prescription Medicine Expenditures (millions of \$)	\$16,070	\$51,503	\$58,655	13.67	13.89	13.82
	228	776	828			
Percentage of Total Prescription Medicine Expenditures²						
Medicare Status						
65 years and older	85.74	79.32	78.95	-0.85	-0.47	-0.82
	0.62	0.71	0.89			
64 years and younger	14.26	20.68	21.05	4.17	1.79	3.97
	0.62	0.71	0.89			
Race/Ethnicity						
White non-Hispanic	86.25	81.39	80.59	-0.64	-0.98	-0.68
	0.58	0.62	0.69			
All others	13.75	18.61	19.41	3.39	4.30	3.51
	0.58	0.62	0.69			
Functional Limitation						
None	41.04	45.56	44.97	1.16	-1.29	0.92
	0.93	0.81	0.87			
IADL only ³	28.19	28.27	28.45	0.03	0.64	0.09
	0.74	0.93	0.86			
One to two ADLs ⁴	18.76	15.75	16.83	-1.91	6.86	-1.08
	0.66	0.62	0.71			
Three to five ADLs	12.01	10.42	9.74	-1.55	-6.53	-2.07
	0.61	0.52	0.61			

Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Prescription Medicine Expenditures (millions of \$)	\$16,070	\$51,503	\$58,655	13.67	13.89	13.82
	<i>228</i>	<i>776</i>	<i>828</i>			
Percentage of Total Prescription Medicine Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	8.62	5.91	5.42	-4.07	-8.29	-4.53
	<i>0.46</i>	<i>0.32</i>	<i>0.37</i>			
Medicaid	14.75	19.21	20.75	2.95	8.02	3.47
	<i>0.59</i>	<i>0.64</i>	<i>0.76</i>			
Private health insurance	72.75	64.38	64.65	-1.34	0.42	-1.17
	<i>0.73</i>	<i>0.75</i>	<i>0.86</i>			
Income						
Lowest income quartile	23.47	25.42	26.53	0.88	4.37	1.23
	<i>0.73</i>	<i>0.59</i>	<i>0.79</i>			
Second income quartile	25.64	24.76	23.70	-0.38	-4.28	-0.78
	<i>0.75</i>	<i>0.71</i>	<i>0.68</i>			
Third income quartile	26.64	25.51	25.91	-0.48	1.57	-0.28
	<i>0.80</i>	<i>0.67</i>	<i>0.78</i>			
Highest income quartile	24.25	24.32	23.86	0.03	-1.89	-0.16
	<i>0.78</i>	<i>0.81</i>	<i>0.69</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.9 Long-Term Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Long-Term Care Facility Residents¹

1 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Long-Term Facility Care Expenditures (millions of \$)	\$56,280	\$95,923	\$96,297	6.04	0.39	5.52
	2,903	3,669	3,762			
Percentage of Total Long-Term Facility Care Expenditures²						
Medicare Status						
65 years and older	81.65	79.00	83.07	-0.36	5.15	0.17
	2.22	1.89	1.71			
64 years and younger	18.35	21.00	16.93	1.49	-19.38	-0.80
	2.22	1.89	1.71			
Race/Ethnicity						
White non-Hispanic	89.45	83.73	82.76	-0.72	-1.16	-0.77
	1.28	1.11	1.52			
All others	10.55	16.27	17.24	4.88	5.96	5.03
	1.28	1.11	1.52			
Functional Limitation						
None	2.52*	3.24	4.00	2.80	23.46	4.73
	0.67	0.59	0.68			
IADL only ³	7.05	7.14	6.85	0.14	-4.06	-0.29
	1.28	1.44	1.53			
One to two ADLs ⁴	17.89	17.31	15.60	-0.36	-9.88	-1.36
	1.48	1.29	1.32			
Three to five ADLs	72.54	72.30	73.55	-0.04	1.73	0.14
	1.97	1.73	1.86			

Table 6.9 Long-Term Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Long-Term Care Facility Residents¹

2 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Total Long-Term Facility Care Expenditures (millions of \$)	\$56,280	\$95,923	\$96,297	6.04	0.39	5.52
	<i>2,903</i>	<i>3,669</i>	<i>3,762</i>			
Percentage of Total Long-Term Facility Care Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	11.44	10.62	9.92	-0.81	-6.59	-1.42
	<i>1.27</i>	<i>1.58</i>	<i>1.55</i>			
Medicaid	73.26	66.35	66.24	-1.08	-0.17	-1.00
	<i>1.95</i>	<i>1.87</i>	<i>1.96</i>			
Private health insurance	14.55	20.25	21.03	3.70	3.85	3.75
	<i>1.39</i>	<i>1.48</i>	<i>1.55</i>			
Income						
Lowest income quartile	56.09	53.58	49.66	-0.50	-7.32	-1.21
	<i>1.96</i>	<i>2.00</i>	<i>2.07</i>			
Second income quartile	23.17	22.45	26.54	-0.35	18.22	1.37
	<i>1.58</i>	<i>1.69</i>	<i>1.44</i>			
Third income quartile	13.26	13.78	13.43	0.42	-2.54	0.13
	<i>1.21</i>	<i>1.26</i>	<i>1.30</i>			
Highest income quartile	7.49	10.19	10.36	3.44	1.67	3.30
	<i>1.14</i>	<i>1.60</i>	<i>1.62</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *long-term care facility residents* includes beneficiaries who resided only in a long-term care facility during the year, and beneficiaries who resided part of the year in a long-term care facility and part of the year in the community. It excludes beneficiaries who resided only in the community during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.10 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay						
All Beneficiaries	17.94	19.81	20.15	1.10	1.72	1.17
	0.33	0.45	0.43			
Medicare Status						
65 years and older	17.70	19.51	19.99	1.08	2.46	1.22
	0.37	0.45	0.41			
64 years and younger	20.15	21.67	21.09	0.80	-2.68	0.46
	0.93	1.16	1.16			
Race/Ethnicity						
White non-Hispanic	18.07	20.10	20.24	1.18	0.70	1.14
	0.36	0.49	0.50			
All others	17.39	18.56	19.59	0.72	5.55	1.20
	0.98	0.83	0.87			
Functional Limitation						
None	11.28	13.14	13.63	1.69	3.73	1.91
	0.39	0.43	0.51			
IADL only ²	22.36	24.86	24.87	1.17	0.04	1.07
	0.82	1.01	0.90			
One to two ADLs ³	27.46	31.09	30.54	1.38	-1.77	1.07
	1.15	1.41	1.37			
Three to five ADLs	35.75	39.30	36.73	1.05	-6.54	0.27
	1.40	1.96	1.71			
Health Insurance						
Medicare fee-for-service only	16.85	17.51	18.72	0.42	6.91	1.06
	1.06	1.32	1.51			
Medicaid	24.67	24.74	24.12	0.03	-2.51	-0.23
	1.28	1.10	1.06			
Private health insurance	17.06	19.24	20.01	1.33	4.00	1.61
	0.42	0.53	0.49			
Medicare HMO ⁴	16.23	18.51	17.03	1.46	-8.00	0.48
	1.37	0.94	1.06			

Table 6.10 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay						
All Beneficiaries	17.94	19.81	20.15	1.10	1.72	1.17
	<i>0.33</i>	<i>0.45</i>	<i>0.43</i>			
Income						
Lowest income quartile	18.78	22.59	21.75	2.05	-3.72	1.48
	<i>0.67</i>	<i>0.89</i>	<i>0.89</i>			
Second income quartile	20.95	22.35	21.76	0.71	-2.64	0.38
	<i>0.88</i>	<i>0.78</i>	<i>0.88</i>			
Third income quartile	16.47	18.27	19.71	1.15	7.88	1.81
	<i>0.64</i>	<i>0.81</i>	<i>0.84</i>			
Highest income quartile	15.40	15.81	17.23	0.29	8.98	1.13
	<i>0.59</i>	<i>0.72</i>	<i>0.79</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.

Table 6.11 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit						
All Beneficiaries	57.90	70.29	71.71	2.16	2.02	2.16
	0.77	0.52	0.44			
Medicare Status						
65 years and older	57.40	69.88	71.23	2.19	1.93	2.18
	0.81	0.55	0.49			
64 years and younger	62.48	72.85	74.63	1.70	2.44	1.79
	1.30	1.29	1.12			
Race/Ethnicity						
White non-Hispanic	57.81	71.43	72.79	2.35	1.90	2.33
	0.86	0.54	0.50			
All others	58.28	66.09	67.99	1.39	2.87	1.55
	1.32	1.02	0.93			
Functional Limitation						
None	52.23	66.25	67.68	2.65	2.16	2.63
	0.88	0.72	0.67			
IADL only ²	62.52	75.14	76.72	2.04	2.10	2.07
	1.15	0.92	0.93			
One to two ADLs ³	66.13	76.53	76.68	1.62	0.20	1.49
	1.22	1.31	1.08			
Three to five ADLs	70.31	77.07	78.17	1.01	1.43	1.07
	1.50	1.57	1.43			
Health Insurance						
Medicare fee-for-service only	50.58	62.22	64.79	2.30	4.13	2.51
	1.53	1.48	1.44			
Medicaid	65.89	74.76	76.29	1.40	2.05	1.48
	1.54	1.08	1.21			
Private health insurance	57.77	72.76	74.12	2.57	1.87	2.52
	0.92	0.70	0.67			
Medicare HMO ⁴	57.05	61.23	60.25	0.78	-1.60	0.55
	2.14	1.21	1.18			

Table 6.11 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit						
All Beneficiaries	57.90	70.29	71.71	2.16	2.02	2.16
	<i>0.77</i>	<i>0.52</i>	<i>0.44</i>			
Income						
Lowest income quartile	56.64	69.51	73.06	2.28	5.11	2.58
	<i>1.12</i>	<i>0.90</i>	<i>0.86</i>			
Second income quartile	59.64	70.74	71.78	1.90	1.47	1.87
	<i>1.15</i>	<i>1.09</i>	<i>1.00</i>			
Third income quartile	56.78	69.65	70.63	2.27	1.41	2.21
	<i>1.32</i>	<i>1.04</i>	<i>0.89</i>			
Highest income quartile	58.54	71.33	71.42	2.20	0.13	2.01
	<i>1.28</i>	<i>1.18</i>	<i>1.02</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.

Table 6.12 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Percentage of Beneficiaries with at Least One Physician/Supplier Service						
All Beneficiaries	92.36	95.31	95.58	0.35	0.28	0.34
	0.27	0.24	0.20			
Medicare Status						
65 years and older	92.69	95.61	95.94	0.34	0.35	0.35
	0.26	0.25	0.23			
64 years and younger	89.34	93.44	93.38	0.49	-0.06	0.44
	0.73	0.75	0.64			
Race/Ethnicity						
White non-Hispanic	92.99	96.25	96.50	0.38	0.26	0.37
	0.25	0.24	0.20			
All others	89.13	91.76	92.36	0.32	0.65	0.36
	0.97	0.66	0.74			
Functional Limitation						
None	90.13	94.30	94.62	0.50	0.34	0.49
	0.42	0.34	0.31			
IADL only ²	94.55	96.33	96.61	0.21	0.29	0.22
	0.44	0.41	0.38			
One to two ADLs ³	95.43	96.96	96.92	0.18	-0.04	0.16
	0.54	0.56	0.53			
Three to five ADLs	96.34	97.49	97.21	0.13	-0.29	0.09
	0.52	0.60	0.62			
Health Insurance						
Medicare fee-for-service only	83.25	87.55	88.79	0.56	1.42	0.65
	1.23	1.09	1.00			
Medicaid	92.42	94.54	94.47	0.25	-0.07	0.22
	0.74	0.67	0.67			
Private health insurance	93.86	96.64	96.69	0.32	0.05	0.30
	0.31	0.27	0.24			
Medicare HMO ⁴	92.76	95.33	96.53	0.30	1.26	0.40
	0.97	0.55	0.47			

Table 6.12 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Percentage of Beneficiaries with at Least One Physician/Supplier Service						
All Beneficiaries	92.36	95.31	95.58	0.35	0.28	0.34
	<i>0.27</i>	<i>0.24</i>	<i>0.20</i>			
Income						
Lowest income quartile	88.83	92.56	93.63	0.45	1.16	0.53
	<i>0.65</i>	<i>0.56</i>	<i>0.45</i>			
Second income quartile	93.19	95.17	95.27	0.23	0.11	0.22
	<i>0.49</i>	<i>0.47</i>	<i>0.49</i>			
Third income quartile	92.46	96.30	96.06	0.45	-0.25	0.38
	<i>0.52</i>	<i>0.41</i>	<i>0.46</i>			
Highest income quartile	95.04	97.30	97.42	0.26	0.12	0.25
	<i>0.42</i>	<i>0.42</i>	<i>0.40</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.

Table 6.13 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Percentage of Beneficiaries with at Least One Prescribed Medicine						
All Beneficiaries	85.20	91.58	91.58	0.80	0.00	0.72
	0.36	0.33	0.29			
Medicare Status						
65 years and older	85.31	91.60	91.63	0.79	0.03	0.72
	0.38	0.35	0.32			
64 years and younger	84.14	91.40	91.24	0.91	-0.18	0.81
	0.86	0.74	0.82			
Race/Ethnicity						
White non-Hispanic	85.52	92.06	92.21	0.81	0.16	0.76
	0.41	0.32	0.32			
All others	83.54	89.91	89.23	0.81	-0.76	0.66
	1.00	0.73	0.81			
Functional Limitation						
None	80.67	88.89	89.12	1.07	0.26	1.00
	0.59	0.48	0.41			
IADL only ²	90.33	94.76	94.29	0.53	-0.50	0.43
	0.55	0.42	0.50			
One to two ADLs ³	91.16	95.90	95.21	0.56	-0.72	0.44
	0.64	0.58	0.57			
Three to five ADLs	91.90	95.81	95.51	0.46	-0.31	0.39
	0.86	0.83	0.82			
Health Insurance						
Medicare fee-for-service only	76.58	82.90	80.68	0.88	-2.68	0.52
	1.26	1.34	1.28			
Medicaid	86.72	92.46	91.48	0.71	-1.06	0.54
	0.91	0.68	0.68			
Private health insurance	86.39	92.84	93.15	0.80	0.33	0.76
	0.46	0.35	0.36			
Medicare HMO ⁴	85.04	90.76	92.12	0.72	1.50	0.80
	1.67	0.73	0.63			

Table 6.13 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Percentage of Beneficiaries with at Least One Prescribed Medicine						
All Beneficiaries	85.20	91.58	91.58	0.80	0.00	0.72
	<i>0.36</i>	<i>0.33</i>	<i>0.29</i>			
Income						
Lowest income quartile	82.74	89.37	90.24	0.85	0.97	0.87
	<i>0.69</i>	<i>0.59</i>	<i>0.55</i>			
Second income quartile	85.70	91.72	91.68	0.75	-0.04	0.68
	<i>0.70</i>	<i>0.54</i>	<i>0.62</i>			
Third income quartile	85.51	92.50	91.24	0.87	-1.36	0.65
	<i>0.78</i>	<i>0.62</i>	<i>0.61</i>			
Highest income quartile	86.88	92.74	93.27	0.72	0.57	0.71
	<i>0.78</i>	<i>0.62</i>	<i>0.59</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.

Table 6.14 Facility User Rates for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002

All Medicare Beneficiaries

1 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Percentage of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay						
All Beneficiaries	7.69	9.12	9.46	1.89	3.73	2.09
	0.23	0.23	0.22			
Medicare Status						
65 years and older	7.58	9.26	9.71	2.23	4.86	2.51
	0.23	0.24	0.25			
64 years and younger	8.67	8.25	7.90	-0.54	-4.24	-0.93
	0.66	0.56	0.60			
Race/Ethnicity						
White non-Hispanic	8.02	9.81	10.19	2.24	3.87	2.42
	0.26	0.27	0.26			
All others	5.47	6.40	6.65	1.74	3.91	1.97
	0.47	0.43	0.43			
Functional Limitation						
None	0.81	1.59	1.80	7.70	13.21	8.31
	0.11	0.15	0.15			
IADL only ¹	3.95	6.73	6.17	6.04	-8.32	4.56
	0.39	0.51	0.43			
One to two ADLs ²	11.54	15.60	14.38	3.37	-7.82	2.22
	0.84	0.98	0.81			
Three to five ADLs	41.18	44.37	47.28	0.82	6.56	1.39
	1.31	1.31	1.32			
Health Insurance						
Medicare fee-for-service only	8.74	9.00	9.99	0.32	11.00	1.35
	0.62	0.75	0.94			
Medicaid	28.66	24.33	24.33	-1.79	0.00	-1.62
	1.06	0.76	0.83			
Private health insurance	2.77	5.56	5.44	7.97	-2.16	6.98
	0.16	0.24	0.26			
Medicare HMO ³	2.73*	4.33	5.24	5.20	21.02	6.74
	0.56	0.48	0.51			

Table 6.14 Facility User Rates for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2002

All Medicare Beneficiaries

2 of 2

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
Percentage of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay						
All Beneficiaries	7.69	9.12	9.46	1.89	3.73	2.09
	<i>0.23</i>	<i>0.23</i>	<i>0.22</i>			
Income						
Lowest income quartile	15.48	15.52	15.50	0.03	-0.13	0.01
	<i>0.62</i>	<i>0.51</i>	<i>0.53</i>			
Second income quartile	7.75	9.71	10.75	2.51	10.71	3.33
	<i>0.43</i>	<i>0.51</i>	<i>0.51</i>			
Third income quartile	4.56	7.18	6.64	5.12	-7.52	3.83
	<i>0.34</i>	<i>0.47</i>	<i>0.47</i>			
Highest income quartile	2.67	4.02	4.76	4.60	18.41	5.95
	<i>0.31</i>	<i>0.34</i>	<i>0.41</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 IADL stands for Instrumental Activity of Daily Living.
- 2 ADL stands for Activity of Daily Living.
- 3 HMO stands for Health Maintenance Organization.

Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care¹, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents²

1 of 3

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
All Beneficiaries	88.24	92.85	93.25	0.56	0.43	0.55
	0.36	0.26	0.30			
Medicare Status						
64 years and younger	83.90	89.90	89.34	0.76	-0.62	0.63
	0.94	0.86	1.02			
65 years and older	88.70	93.32	93.88	0.56	0.60	0.57
	0.38	0.29	0.31			
Gender						
Male	86.43	92.10	92.26	0.70	0.17	0.65
	0.49	0.46	0.49			
Female	89.63	93.45	94.04	0.46	0.63	0.48
	0.47	0.36	0.36			
Race/Ethnicity						
White non-Hispanic	88.87	93.22	93.61	0.53	0.42	0.52
	0.37	0.28	0.32			
All others	84.92	91.44	91.88	0.82	0.48	0.79
	1.04	0.58	0.65			
Functional Limitation						
None	87.27	92.98	93.78	0.70	0.86	0.72
	0.47	0.32	0.37			
IADL only ³	90.67	94.02	93.90	0.40	-0.13	0.35
	0.60	0.54	0.50			
One to two ADLs ⁴	89.83	91.41	92.09	0.19	0.74	0.25
	0.93	0.62	0.78			
Three to five ADLs	85.02	90.63	88.95	0.71	-1.85	0.45
	1.31	1.17	1.41			

Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care¹, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents²

2 of 3

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
All Beneficiaries	88.24	92.85	93.25	0.56	0.43	0.55
	0.36	0.26	0.30			
Usual Source of Care						
No usual source of care	55.17	56.70	56.44	0.30	-0.46	0.23
	1.77	2.25	2.59			
Has usual source of care	91.74	94.82	95.11	0.36	0.31	0.36
	0.30	0.24	0.24			
Living Arrangement						
Alone	89.16	92.33	92.76	0.39	0.47	0.40
	0.59	0.49	0.53			
With spouse	88.63	93.61	94.06	0.60	0.48	0.60
	0.47	0.40	0.36			
With children/others	85.49	91.47	91.62	0.75	0.16	0.69
	0.90	0.62	0.65			
Health Insurance						
Medicare fee-for-service only	76.61	85.53	84.92	1.22	-0.71	1.04
	1.23	1.11	1.36			
Medicaid	87.48	90.81	90.00	0.41	-0.89	0.28
	0.99	0.80	0.85			
Private health insurance	90.13	94.43	95.07	0.51	0.68	0.54
	0.39	0.33	0.29			
Medicare HMO ⁵	90.41	92.91	94.61	0.30	1.83	0.46
	1.13	0.60	0.55			

Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care¹, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents²

3 of 3

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
All Beneficiaries	88.24	92.85	93.25	0.56	0.43	0.55
	<i>0.36</i>	<i>0.26</i>	<i>0.30</i>			
Income						
Lowest income quartile	85.99	89.89	90.41	0.49	0.58	0.50
	<i>0.75</i>	<i>0.60</i>	<i>0.61</i>			
Second income quartile	87.39	93.30	92.87	0.72	-0.46	0.61
	<i>0.72</i>	<i>0.51</i>	<i>0.53</i>			
Third income quartile	87.52	92.91	93.58	0.66	0.72	0.67
	<i>0.70</i>	<i>0.63</i>	<i>0.52</i>			
Highest income quartile	92.22	95.42	96.27	0.38	0.89	0.43
	<i>0.57</i>	<i>0.44</i>	<i>0.34</i>			

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Degree of satisfaction with general health care is measured by the variable, *mcquality*, which asks the beneficiary about satisfaction with the overall quality of medical care received during the year.
- 2 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 *HMO* stands for Health Maintenance Organization.

Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries with a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

1 of 3

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
All Beneficiaries	90.45	94.93	95.20	0.53	0.28	0.51
	0.35	0.23	0.24			
Medicare Status						
64 years and younger	88.46	92.46	92.97	0.49	0.55	0.50
	0.79	0.73	0.65			
65 years and older	90.66	95.33	95.56	0.55	0.24	0.53
	0.35	0.25	0.26			
Gender						
Male	88.14	93.74	94.32	0.68	0.62	0.68
	0.52	0.35	0.37			
Female	92.24	95.89	95.90	0.43	0.01	0.39
	0.40	0.28	0.27			
Race/Ethnicity						
White non-Hispanic	90.96	95.31	95.52	0.52	0.22	0.49
	0.35	0.25	0.25			
All others	87.64	93.47	94.02	0.71	0.59	0.71
	0.99	0.55	0.58			
Functional Limitation						
None	88.36	94.10	94.63	0.69	0.56	0.69
	0.52	0.29	0.32			
IADL only ²	93.03	95.98	96.37	0.34	0.41	0.35
	0.51	0.41	0.40			
One to two ADLs ³	92.95	96.36	95.07	0.40	-1.34	0.23
	0.57	0.49	0.62			
Three to five ADLs	93.39	96.01	96.22	0.30	0.22	0.30
	1.01	0.74	0.72			

Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries with a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

2 of 3

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
All Beneficiaries	90.45	94.93	95.20	0.53	0.28	0.51
	0.35	0.23	0.24			
Living Arrangement						
Alone	90.64	94.01	94.35	0.40	0.36	0.40
	0.49	0.48	0.46			
With spouse	90.94	95.90	96.25	0.59	0.36	0.57
	0.46	0.29	0.31			
With children/others	88.59	93.61	93.48	0.61	-0.14	0.54
	0.72	0.53	0.58			
Health Insurance						
Medicare fee-for-service only	80.82	86.22	89.85	0.71	4.21	1.06
	1.17	1.11	0.93			
Medicaid	89.61	93.93	92.84	0.52	-1.16	0.35
	0.85	0.69	0.72			
Private health insurance	91.78	95.91	96.12	0.49	0.22	0.46
	0.37	0.31	0.30			
Medicare HMO ⁴	95.18	97.03	97.52	0.21	0.50	0.24
	0.99	0.42	0.44			

Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries with a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2002Community-Only Residents¹

3 of 3

Beneficiary Characteristic	1992	2001	2002	Annual Rate of Change 1992-2001 (%)	Annual Rate of Change 2001-2002 (%)	Annual Rate of Change 1992-2002 (%)
All Beneficiaries	90.45	94.93	95.20	0.53	0.28	0.51
	<i>0.35</i>	<i>0.23</i>	<i>0.24</i>			
Income						
Lowest income quartile	88.61	93.04	92.83	0.54	-0.23	0.47
	<i>0.72</i>	<i>0.51</i>	<i>0.52</i>			
Second income quartile	90.15	94.89	95.31	0.57	0.44	0.56
	<i>0.58</i>	<i>0.51</i>	<i>0.44</i>			
Third income quartile	91.22	95.35	95.83	0.49	0.50	0.49
	<i>0.54</i>	<i>0.42</i>	<i>0.44</i>			
Highest income quartile	91.85	96.54	96.88	0.55	0.35	0.53
	<i>0.63</i>	<i>0.34</i>	<i>0.35</i>			

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2001, and CY 2002.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.



TECHNICAL DOCUMENTATION FOR THE MEDICARE CURRENT BENEFICIARY SURVEY

Overview

The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a nationally representative sample of aged and disabled Medicare beneficiaries sponsored by the Centers for Medicare and Medicaid Services (CMS). In 2002, the initial sample included approximately 18,028 beneficiaries residing in households and long-term care facilities.¹ The survey provides comprehensive data on health and functional status, health care expenditures, and health insurance for Medicare beneficiaries. A key feature of the survey is its longitudinal design. Currently, each sample person is interviewed 3 times a year over 4 years, regardless of whether he or she resides in the community or a facility, or transitions between community and facility settings. (For a description of the MCBS, see G.S. Adler, Summer 1994, *A Profile of the Medicare Current Beneficiary Survey*, *Health Care Financing Review*, 15(4): 153-163.)

Sample Design

The target population consists of aged and disabled beneficiaries enrolled in Medicare Part A (hospital insurance), or Part B (medical insurance), or both, and residing in households or long-term care facilities in the United States and Puerto Rico. Sample persons are selected from Medicare enrollment files to be representative of the Medicare population as a whole and the following age groups: under 45, 45 to 64, 65 to 69, 70 to 74, 75 to 79, 80 to 84, and 85 and over. To ensure that annual samples yield enough persons with long-term care facility stays to produce statistically reliable data, disabled persons under age 65 and very old persons age 80 and over are oversampled.

The MCBS was originally designed as a longitudinal survey in which Medicare beneficiaries would be followed indefinitely. Its initial sample (the 1991 panel) was selected by using a stratified, multistage area probability design. Three stages of selection were used in sampling beneficiaries. The first stage was to select a nationally representative

stratified sample of 107 primary sampling units (PSUs) consisting of metropolitan statistical areas or clusters of nonmetropolitan counties. The second stage was to select ZIP code clusters within sample PSUs. The third stage consisted of selecting beneficiaries within the sampled ZIP code clusters.

In 1992 and 1993, the 1991 panel was supplemented during the September-December interview period to compensate for sample attrition (i.e., deaths, disenrollments, and refusals) and to represent newly enrolled beneficiaries. However, in 1994, approximately one-third of the sample was rotated out of the MCBS after the round 12 interviews, and replaced by a supplemental sample of the same size. The change in supplemental sampling reflects a decision to shift from a longitudinal survey to a rotating panel design. In the rotating panel design chosen for MCBS, four overlapping panels of Medicare beneficiaries will be surveyed each year. Each panel contains a nationally representative sample of beneficiaries who will be interviewed 12 times to collect 3 complete years of utilization data. All four panels are included in the Access to Care files, while only three panels are used in the Cost and Use files, since the panel that is being retired during a calendar year is not asked about medical utilization for that year. (See Figure A-1.)

Survey Operations

Field work on the MCBS is conducted for CMS's Office of Strategic Planning by Westat, a survey research firm with offices in Rockville, Maryland. Data collection for Round 1 began in September 1991 and was completed in December 1991. Subsequent rounds of data collection, which involve reinterviewing the same sample persons (or their proxies—see below), begin every 4 months. Interviews are conducted regardless of whether the sample person resides at home or in a long-term care facility, using the version of the questionnaire appropriate to the setting.

¹Beneficiaries living in households are referred to as community residents in this sourcebook.

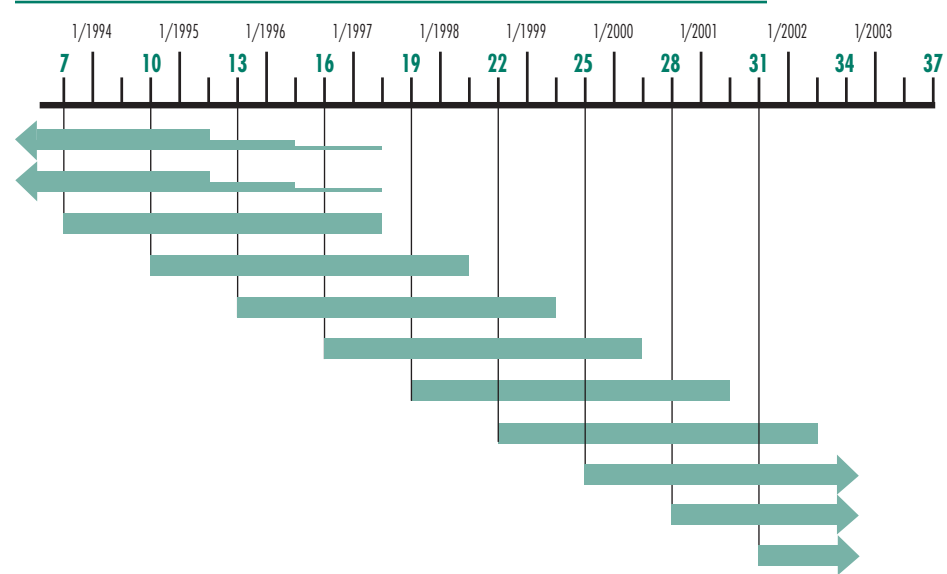
In 2002, data were collected from 12,697 beneficiaries for the Cost and Use file. The final sample included 11,471 persons who lived in the community for the entire year, 947 persons who lived in long-term care facilities for the entire year, and 279 persons who lived part of the year in a community and part of the year in a long-term care facility. Interview strategies and survey instruments used to collect data are described below.

Repeat Interviews. The MCBS is a longitudinal panel survey, with sample persons interviewed 3 times a year over 4 years to form a continuous profile of their health care experience. The design allows MCBS data users to track change in insurance coverage and other personal circumstances. For example, users can observe processes such as persons moving from their homes to long-term care facilities, or persons in communities spending down their assets on health care.

The Community Interview. Sample persons in the community are interviewed through computer-assisted personal interviewing (CAPI) survey instruments. The CAPI program automatically guides the interviewer through questions, records the answers, and compares beneficiary responses to edit specifications for accuracy and relationships to other responses. CAPI improves data collection and lessens the need for after-the-fact editing and corrections. It guides the interviewer through complex skip patterns and inserts followup questions where key data are missing from the previous round. When the interview is completed, CAPI allows the interviewer to transmit the data by telephone to the home office computer.

The interviews yield a time series of data on utilization of health services, medical care expenditures, health insurance coverage, sources of payment for health services, health status and functioning, and beneficiary information such as income, assets, living arrangement, family assistance, and quality of life. To improve the accuracy of the data, respondents are requested to record medical events on calendars provided by the interviewer, and they are also asked to save Explanation

Figure A-1 Transition to the Rotating Panel Design



of Benefit forms from Medicare, as well as receipts and statements from private health insurers. To assist in reporting data on prescription medicines, respondents are asked to bring to the interview bottles, tubes, and prescription bags provided by the pharmacy.

An effort is made to interview each sample person directly. However, each sample person is asked to designate a proxy, usually a family member or close acquaintance, in case he or she is physically or mentally unable to do the interview. On average, about 12 percent of the community interviews in each round are conducted by proxy. The following instruments are used in community interviews:

- **The Baseline Questionnaire:** Collects health insurance, household composition, health status, access to and satisfaction with medical care, and demographic and socioeconomic information for supplemental sample beneficiaries living in household units in the community. Selected information from this questionnaire—primarily health status, and access

to and satisfaction with care—is updated annually for continuing sample persons living in the community using The Community Supplement to the Core Questionnaire.

- **The Community Core Questionnaire:** Collects detailed health insurance, medical care use, and charge and payment information, and updates household composition. This questionnaire is asked in every round except the initial one. Additional supplemental questions are added to the core questionnaire in selected rounds to gather information about specific topics, including detailed information about the sample person's income and assets in the spring-summer round of data collection.

The Facility Interview. MCBS data collectors in long-term care facilities use a similar but shortened version of the community instrument. A long-term care facility is defined as having three or more beds and providing long-term care services throughout the facility or in a separately identifiable unit. Types of facilities participating in the survey include nursing homes, domiciliary or personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted living and foster care homes, and institutions for the mentally retarded and developmentally disabled.

If an institutionalized person returns to the community, a community interview is conducted. If he or she spends part of the reference period in the community and part in an institution, a separate interview is conducted for each period of time. Hence, a beneficiary can be followed in and out of facilities, and a continuous record is maintained regardless of where the person resides.

Because long-term care facility residents often are in poor health and many facility administrators prefer that patients not be disturbed, the survey collects information about institutionalized

patients from proxy respondents affiliated with the facility. Nurses or other primary care givers usually respond to questions about physical functioning and medical treatment of the sample person. Billing office workers usually respond to questions about charges and payments.

The survey instruments used to collect data for persons in long-term care facilities were converted to CAPI in 1997. The following instruments are used in facility stay interviews:

- **The Facility Screener:** Collects information on facility characteristics such as type of facility, size, and ownership. It is used during the initial interview, and in each fall round thereafter.
- **The Baseline Questionnaire:** Collects information on health status, insurance coverage, residence history, and demographics for supplemental sample beneficiaries in facilities and new admissions from the continuing sample. Selected information from this questionnaire—primarily health status—is updated annually for continuing sample persons residing in facilities using an abbreviated version, The Facility Supplement to the Core Questionnaire.
- **The Facility Core Questionnaire:** Collects facility use data, and charge and payment information. This questionnaire is asked in every round except the initial one.

The conversion of the facility instruments to the CAPI version caused certain disruptions in the trend data for full-year facility residents, because some questions/items are phrased differently in the CAPI version from those in the Paper-and-Pencil version. Variables in the Health Segment affected the most include self-reported health status, functional limitations, and most of the diseases/conditions presented in data tables in Section 2 of Chapter 3. Therefore, caution

needs to be exercised in examining the health trend data for full-year facility residents presented in this series of sourcebooks.

MCBS PUBLIC USE FILES

To date, CMS has released public use files (PUFs) on access to care for calendar years 1991 through 2004, and on cost and use for calendar years 1992 through 2003.

Access to Care

The Access to Care PUFs provide “snapshot” estimates of the characteristics of the Medicare population who were enrolled on January 1 and were still alive and eligible for the survey in the fall of each year. They contain information on access to and satisfaction with care, health status and functioning, and demographic and economic characteristics of the sample population. Access to Care PUFs also contain summarized utilization and program payment data from Medicare claims, but they do not include survey-reported information on health care use and expenditures. By omitting the survey-reported information, these PUFs can be produced quicker than cost and use files, which contain complete information on the cost and use of health care services.

Cost and Use

The 2002 Cost and Use file is the eleventh in an annual series of files containing comprehensive data on the cost and use of medical services by the Medicare population.² It links Medicare claims to survey-reported events, and provides complete expenditure and source of payment data on all health care services, including those not covered by Medicare. Expenditure data were developed through a reconciliation process that combines information from survey respondents and Medicare administrative files. The process produces a comprehensive picture of health services received, amounts paid, and sources of payment.

The file can support a broader range of research and policy analyses on the Medicare population than would be possible using either survey data or administrative claims data alone.

The strength of the file stems from the integration of information that can be obtained only from a beneficiary, and Medicare claims data on provider services and covered charges. Survey-reported data include information on the use and cost of all types of medical services, as well as information on supplementary health insurance, living arrangements, income, health status, and physical functioning. Medicare claims data include use and cost information on inpatient hospitalizations, outpatient hospital care, physician services, home health care, durable medical equipment, skilled nursing home services, hospice care, and other medical services.

File Structure

The Cost and Use file contains information on nine types of services: dental, facility stays, institutional utilization, inpatient hospital stays, outpatient hospital care, physician/supplier services, hospice care, home health care, and prescription drugs. As an aid to file users, the data have been provided at the event-level, the type-of-service level, and the person-level. The hierarchical structure allows analysts to use the appropriate file level for their research, avoiding the need to process all the detailed event records in the file. For example, differences in per capita health spending between men and women can be analyzed directly from person-level summary records. Similarly, differences in hospital stays by race can be analyzed directly from type-of-service summary records. Event-level records would be used for more detailed analyses; e.g., comparisons of average length of long-term facility stays or average reimbursements per prescription drug. The content of each level of data is briefly described below.

Event-level data. The event-level data consist of separate files for each of the nine event types in the Cost and Use file, except hospice

²Detailed documentation of the CY 2002 Cost and Use file is available from the Centers for Medicare and Medicaid Services, Office of Research, Development, and Information, in Baltimore, Maryland.

care and home health care. For each event in a file, cost and sources of payment are shown. Charge and payment data have been edited and imputed, if necessary, to make a complete payment picture for each event. Hospice care and home health care are not shown at the event-level because these two service categories were created from Medicare claims data at the type-of-service level. There are a total of 743,908 records in the seven event-level files.

Type-of-service summary data. The type-of-service summary file includes a record for each of the nine service categories in the Cost and Use file. The file contains a summary of all payers, costs, and use for each sample person at the type-of-service level, for a total of 114,273 records. Within each type-of-service record, separate payer amounts are shown for the 11 payer categories in the Cost and Use file. Payer totals are shown two ways: as the sum of event-level payments and in adjusted form. Adjusted payments are necessary because some sample persons had gaps in their coverage (e.g., a respondent missed an interview during the year). To account for information that was not reported for the gap periods, payer amounts were adjusted for differences in Medicare-covered days and days covered by the interview reference periods. Most of the adjustments were for services not covered by Medicare, since CMS's administrative files have claims for covered services provided to fee-for-service beneficiaries during gap periods.

Person-level summary data. The person-level summary file has one record for each of the 12,697 sample persons in the 2002 Cost and Use file. Payments by source have been summarized across service categories to show one total for each type of service and one total for each source of payment. Again, payment amounts are shown as totals from the event-level files and in adjusted form. This sourcebook uses the adjusted amounts.

The Sample

The original MCBS sample included Medicare beneficiaries who resided in the United States or Puerto Rico on January 1, 1991, and who were enrolled in one or both parts of Medicare at the time of their Round 1 interview. Round 1 was fielded from September through December of 1991. Except for a small number of individuals who died or whose coverage terminated subsequent to their interview, the overwhelming component of this group was the “always-enrolled” 1991 population. This group consisted of persons who had enrolled in Medicare by January 1, 1991, and were still covered by Medicare on December 31, 1991. Selected data on the Round 1 always-enrolled sample were released as the CY 1991 Access to Care file.

The always-enrolled concept also was used to determine the sample populations in the Access to Care releases in subsequent years. Official Medicare program statistics, however, usually cover all persons entitled to Medicare during the year, including those entitled for all or part of the year, as well as beneficiaries who died during the year. This mix of continuing enrollees, accretions, and terminations is referred to as the “ever-enrolled” population, or everyone who was enrolled in Medicare for any period during the year.

Special steps are taken to expand sample coverage in the Cost and Use files to include all beneficiaries who were ever enrolled during the calendar year. The steps are necessary because Cost and Use files will be used to analyze total and per capita expenditures on health care by the entire Medicare population. Omitting part-year enrollees and persons who died during the year could substantially bias the results of these analyses.

To develop the ever-enrolled population in 2002, supplemental samples were used to add part-year beneficiaries to the Cost and Use file. A supplemental sample is drawn each year to account for growth in the Medicare population and to replace survey persons

who died or left the survey during the previous year. Sample replenishment is used primarily to ensure that each calendar year file adequately represents the entire Medicare population, but it also can be used to identify new sample persons who were covered by Medicare in the sample year but were missing from the original sampling list. Beneficiaries from supplemental samples in Rounds 34 and 37, who enrolled during 2001 or 2002, were added to the samples from Rounds 25, 28, and 31 to create an ever-enrolled population for calendar year 2002.

The 2002 Cost and Use file, therefore, consists of a composite of persons who were (1) continuously enrolled from January 1, 2001; (2) newly enrolled in 2001; or, (3) newly enrolled in 2002. The number of persons in each group is shown in Table A-1, where newly enrolled beneficiaries after 1992 are referred to as “accreted.” The pre-2001 accretes represent persons who were enrolled in Medicare before 2001 and still living in 2002.

Table A-1 2002 Cost and Use File Sample

Sample Status	Number of Persons
Pre-2001 Accretes (Panels 9, 10, & 11)	11,974
2001 Accretes (Panel 12)	337
2002 Accretes (Panel 13)	386
Total	12,697

Newly enrolled sample persons from Rounds 34 and 37 are colloquially referred to as “ghosts” because they did not become eligible for Medicare in time to be selected as part of the sample that received all three 2002 interviews. Thus the sample persons who represent 2001 and 2002 accretes (i.e., beneficiaries who were newly enrolled in Medicare in 2001 or 2002) have incomplete or missing survey data for 2002.

Utilization data for ghosts are included in the 2002 Cost and Use file at the type-of-service and person summary levels, even though they were not interviewed until late 2002 (Round 34) if they were new Medicare enrollees in late 2001, or late 2003 (Round 37) if they were new Medicare enrollees in 2002. While survey data on service use and costs were not available for ghosts, complete profiles of Medicare-covered service use by fee-for-service ghosts were available from administrative bill files. To estimate total service use and costs for the entire sample, ghosts were matched to donor beneficiaries in the 2002 file based on common Medicare use profiles. The donor records were used to impute noncovered services for fee-for-service ghosts and all services for Medicare risk HMO ghosts.³ This imputation process provided estimates of missing cost and use data for the ever-enrolled population in the 2002 Cost and Use summary files.

Access to Care or Cost and Use Data?

The Cost and Use file is more comprehensive than the previously released Access to Care files because it contains the always-enrolled population, as well as persons entering or leaving the Medicare program during the year. The latter group of beneficiaries is essential in producing accurate estimates of total expenditures because it includes beneficiaries who died during the year. Tabulations of Medicare claims for the MCBS sample, for example, show that persons who died in the year represent less than 5 percent of the Medicare population, but they account for more than 15 percent of Medicare payments. On average, persons who died during the year have spending levels over 4 times higher than persons continuously enrolled for the entire year.

³Medicare risk HMO contractors do not submit claims to Medicare. As a result, Medicare does not have a record of covered or noncovered services provided to beneficiaries in these plans.

Another difference between the two files relates to the reporting of expenditures on health care. The Access to Care files contain only Medicare-covered service data, even though Medicare has been previously estimated to cover less than one-half of the overall care expenses of its enrollees (D.R. Waldo, S.T. Sonnefeld, D.R. McKusick, et al., Summer 1989, "Health Expenditures by Age Group, 1977 and 1987," Health Care Financing Review, 10(4): 111-120). The Cost and Use file, in contrast, includes expenditures on all health care services, whether or not they are covered by Medicare. Two significant expenditure categories not covered by Medicare are prescription drugs and long-term facility care.

Users whose analyses require the entire Medicare population or all health care services should use the Cost and Use files rather than the Access to Care files. Users who are interested in the continuously enrolled Medicare population or Medicare-covered services only may prefer to use the Access to Care files. In addition, the latter set of files can be used for some types of longitudinal analyses, such as a comparison of change in health status from year to year.

Users are cautioned against mixing data from the two types of files to estimate change over time. For example, 2002 Cost and Use file data on health status should not be compared to 2002 Access to Care file information since the results will be confounded by differences in the two populations. Unless the two files are subset to a common set of sample persons and appropriate weights are assigned, it would be difficult, if not impossible, to determine whether health status had changed over time.

Response Rates and Missing Data

The sample for the 2002 Cost and Use file originally contained 5,399 beneficiaries from Round 25; 5,732 beneficiaries from Round 28; 5,977 beneficiaries from Round 31; 472 beneficiaries from Round 34, who became eligible for Medicare in 2001; and 448 beneficiaries from Round

37 who became eligible for Medicare in 2002. The beneficiaries from Rounds 25, 28, and 31 all survived until 2002. The overall response rate was 70.4 percent for a final sample of 12,697 persons. Response rates are shown in Table A-2.

Table A-2 2002 Cost and Use File Sample Response Rates

Panel	Sample Size	Respondents	Response Rate
Round 25	5,399	3,663	67.8%
Round 28	5,732	4,003	69.8%
Round 31	5,977	4,308	72.1%
Round 34	472	337	71.4%
Round 37	448	386	86.2%
All	18,028	12,697	70.4%

As in any survey, some respondents did not supply answers to all questions. Item nonresponse rates are low in the 2002 Cost and Use file, but analysts still should be aware of missing data. For example, the number of missing responses and item nonresponse rates for several variables are shown in Table A-3.

Table A-3 2002 Item Nonresponse for Selected Variables

Variable	Missing	Percentage of Total
Race/Ethnicity	23	0.2%
Education	202	1.6%
Marital Status	32	0.3%
Gender	0	0.0%
Age	0	0.0%
General Health	90	0.7%

Since data for most variables are fairly complete, imputations were kept to a minimum in the 2002 Cost and Use file. Each user can decide how to handle missing data. A simple approach is to delete records with missing data, but the cumulative effect of deleting each record with missing data can significantly reduce the data available for analysis. Other approaches would be to create an “unknown” or “missing” category within each variable distribution or to assume the distribution of missing data is the same as that of reported data. The latter approach was often used in creating tables for this sourcebook.

Another alternative for handling cases with missing data is to impute the missing values. This approach was used to create complete information on beneficiary income and expenditures for health care in the Cost and Use file. Imputations were performed on these variables because income and expenditure data are key elements of the file. In imputing the expenditure data, all partial information from survey respondents was preserved to the extent possible, and health insurance data from the survey and Medicare administrative files were used to identify potential payers. Analytic edits and hot-decking methods were used to estimate missing payments and charges.⁴

COST AND USE FILE STATISTICS

The 2002 Cost and Use file contains a cross-sectional weight for each of the 12,697 beneficiaries in the data set. These weights reflect the overall selection probability of each sample person and include adjustment for survey nonresponse and post-stratification to control totals based on accretion status, age, sex, race, region, and metropolitan area status. The weights inflate the sample to the ever-enrolled Medicare population in 2002, and were used in producing all tables in this sourcebook. In general, the weights should be used to estimate population totals, percentages, means, and ratios.

Sampling Error

Sampling error refers to the expected squared difference between a population value (a parameter) and an estimate derived from a sample of the population (a statistic).⁵ Because the MCBS is a sample of Medicare beneficiaries, statistics derived from the sample data are subject to sampling error. The error reflects chance differences between estimates of a population parameter that would be derived from different samples of the Medicare population. Nearly any MCBS estimate of a population parameter (e.g., a percentage, mean, ratio, or count of persons or events) would be affected by the sampling error.

Standard errors have been calculated for all statistics reported in the detailed tables in this sourcebook in order to assess the impact of sampling variability on the accuracy of the estimates. Data from Table 1.1 of this sourcebook, for example, indicate that 46.44 percent of all Medicare beneficiaries are between the age of 65 and 74. The standard error of this estimate (0.39 percent) can be used to assess its statistical reliability by constructing a confidence interval that would contain the true value of the population parameter with some given level of confidence.

The confidence interval can be viewed as a measure of the precision of the estimate derived from sample data. For example, an approximate 95 percent confidence interval for statistics in this sourcebook can be calculated by using the formula

$$\pi = P \pm 1.96 \times (\text{estimated standard error}),$$

where π is the unknown population proportion and P is the calculated (weighted) sample proportion. Based on this formula, the approximate 95 percent confidence interval for the estimated proportion of Medicare beneficiaries between the age of 65 and 74 is 46.44 percent plus or minus 0.76 percent. This is a relatively “tight” confidence interval, suggesting that the MCBS data provide a reliable estimate of the true

⁴ The technical appendices in the 2002 Cost and Use file documentation detail the imputation methods used to complete the expenditure data.

⁵ This discussion ignores errors caused by factors such as imperfect selection; bias in response or estimation; and errors in observation, measurement, or recording.

proportion of beneficiaries between the age of 65 and 74. The chances are about 95 in 100 that the true population proportion falls between 45.68 percent and 47.20 percent.

Another measure of statistical reliability is the relative standard error (RSE) of an estimate. The RSE of an estimate x is calculated by dividing the standard error of the estimate, $SE(x)$, by the estimate, and expressing the quantity as a percent of the estimate, i.e.,

$$RSE = 100 \left(\frac{SE(x)}{x} \right).$$

Using data from the previous example, the RSE of the estimated proportion of Medicare beneficiaries between the age of 65 and 74 is 0.84 percent ($100 \times (0.39/46.44)$). An RSE of less than 10 percent would suggest that the estimate is statistically reliable. Statistical reliability of an estimate decreases as the RSE increases.

Many of the statistics in this sourcebook are presented by subgroup, some of which are based on relatively small sample sizes. Estimates for these small subgroups can be subject to very large sampling errors. Therefore, it may be desirable in some instances to combine such subgroups with a similar group for analysis purposes. For example, if X_s is an estimated total for the small subgroup, and X_t is the corresponding estimate for the group with which it is combined, then the combined estimate, X_c , is given by $X_c = X_s + X_t$, and the standard error of the combined estimate ($SE(X_c)$) can be approximated as

$$SE(X_c) = \sqrt{[SE(X_s)]^2 + [SE(X_t)]^2},$$

where $SE(X_s)$ and $SE(X_t)$ are the standard errors of X_s and X_t , respectively.

The above approximation applies to estimated totals and should not be used for combining estimates of means or ratios. For the latter types

of estimates, the appropriate formula must include terms representing the proportion of the population that is represented by each of the two component estimates. For example, if Y_s and Y_t are the estimated means for the two subgroups to be combined, then the combined estimate, Y_c , is given by the formula

$$Y_c = P_s Y_s + (1 - P_s) Y_t,$$

and the standard error of Y_c can be approximated by

$$SE(Y_c) = \sqrt{[P_s SE(Y_s)]^2 + [(1 - P_s) SE(Y_t)]^2},$$

where P_s is the proportion of the combined group that is included in the subgroups. It should be noted that both forms of the standard error given above are approximations that may understate the true standard error of the combined estimate.

Confidence intervals and relative standard errors can be calculated for all statistics derived from MCBS data (e.g., totals, percentages, means, ratios, and regression coefficients). The following section provides a brief explanation of the method used to compute the standard errors for MCBS estimates.

Variance Estimation (Using the Replicate Weights)

The standard errors reported in the detailed tables in this sourcebook reflect the complexity of the MCBS sample design. In many statistical packages, the procedures for calculating variances assume that the data were collected in a simple random sample. Procedures of this type are not appropriate for calculating variances for statistics based on a stratified, unequal-probability, multistage sample such as the MCBS. They could produce overestimates or, more likely, underestimates of the true sampling error.

Because the MCBS has a complex design, standard errors in the source-book tables were estimated with WesVarPC, a statistical software package that accounts for survey design. Estimates of standard errors from WesVarPC are produced using “replication” methods. The basic idea behind the replication approach is to use variability among selected subsamples, or replicates, to estimate the variance of the “full-sample” statistics. These methods provide estimates of variance and standard errors for complex sample designs that reflect weighting adjustments such as those implemented in the MCBS. Replication techniques can be used where other methods are not easily applied, and they have some advantages even when other methods can be used.

Replicate weights for MCBS data have been computed using Fay’s variant of Balanced Repeated Replication (BRR). BRR is generally used with multistage, stratified sample designs in which two PSUs are sampled within each stratum, possibly with unequal probabilities of selection. The replicate samples are half-samples formed by selecting one of the two PSUs from each stratum. For BRR, the weights for units in the selected PSUs in each half-sample are doubled and the weights for units in the nonselected PSUs are set to zero. Each replicate consists of a different half-sample; however, it is not necessary to form all possible half-sample replicates, since the information from all possible replicates can be captured by using a smaller number of “balanced” half-samples. Fay’s method is a variant of BRR, in which the sample weights are adjusted by factors between 0 and 2. With a judicious choice of the perturbation factor, Fay’s method provides good estimates of standard errors for a variety of statistics. (For more information on Fay’s method, see D. Judkins, 1990, “Fay’s Method for Variance Estimation,” *Journal of Official Statistics*, 6: 223-240.)

Replicate weights in the 2002 Cost and Use file are named WEIGHT 1,...,WEIGHT100. These replicate weights can be used in

WesVarPC to estimate standard errors for MCBS variables. WesVarPC (Version 2) is available at the Westat website—www.westat.com. Documentation for WesVarPC is also provided there. Alternatively, WesVar Complex Samples, which is an enhanced version of WesVarPC, can be purchased directly from SPSS. Descriptions of both packages are available on the website.

An alternative to WesVar is for the user to write a small custom program using a very simple algorithm. If X_0 is an estimate of a parameter of interest formed using the full-sample weights and X_1, \dots, X_{100} are estimates (calculated by the user) of the same statistic using the corresponding 100 replicate weights, then the estimated variance of X_0 is

$$Var(X_0) = \frac{2.04}{100} \sum_{i=1}^{100} (X_i - X_0)^2 .$$

A third option is to use another software package such as SUDAAN (Professional Software for Survey Data Analysis for Multi-stage Sample Designs) to compute population estimates and the associated variance estimates. Two variables, SUDSTRAT and SUDUNIT, have been included in the 2002 Cost and Use file for users of SUDAAN.

Estimates of Net Change

Estimates of net change from year to year can be obtained simply by computing the difference between two “cross-sectional” estimates, i.e., subtracting the 2001 estimate from the 2002 estimate. Each “cross-sectional” estimate is computed by using weights and sample data from the Cost and Use Data File for a particular year.

Computation of standard error estimates of net change is complicated by the fact that the two samples are not independent. Many sample persons are retained in the MCBS sample from year to year. The sample design for selecting each new supplement also uses the same PSUs and many of the same secondary sampling units (SSUs).

Direct Methods. One method for estimating the variances of the differences, when samples are not independent, involves direct estimation of the variances using WesVarPC or SUDAAN. Records from 2 or more years are concatenated into a single file, which retains every record from each of the original files. The user will need to supply instructions to the application to define a variable that represents the difference. The form of these instructions will depend on the particular application package.

In WesVarPC, the “Function” procedure within “Tables” allows a variable to be defined, e.g., net difference between 2001 and 2002 estimates, $d0201 = cy02e - cy01e$. Standard errors associated with estimates of $d0201$ are the required standard errors of the difference.

In SUDAAN, estimates of year-to-year differences can be generated using the CONTRAST option, where the cells to be contrasted are the estimates for each year. This can be accomplished by adding the following statement to the run request:

```
CONTRAST "original file designator" (1, -1)
```

where “original file designator” is the variable that indicates the file in which the record originated (e.g., CY). Standard errors associated with the contrast are the required standard errors of the differences.

For a custom program, the standard errors can be computed using estimate differences for each replicate using the following formula

$$Var(D_0) = \frac{2.04}{100} \sum_{i=1}^{100} (D_i - D_0)^2,$$

where D_0 is the difference between full-sample estimates for each year, and D_1, \dots, D_{100} are corresponding differences for each replicate sample.

Approximations. For screening purposes, shortcut approximations provide another method for estimating the variances of the differences between two estimates. Shortcut approximations consist of two thresholds, which are based on empirical examination of year-to-year correlations. (R.C. Bailey, A. Chu, and J. O’Connell, 1997, “Considerations for Analysis of the Medicare Current Beneficiary Survey (MCBS) Across Time,” ASA, Proceeding of the Section on Survey Methodology, August, 1997.)

The larger threshold, T_L , indicates the minimum absolute difference that may be considered to be significant (at the 5% level). This value is defined as

$$T_L = 2 \cdot \sqrt{V(e_1) + V(e_2)},$$

where $V(e_1) = \text{Var}(cy02e)$ and $V(e_2) = \text{Var}(cy01e)$. All differences larger than this in absolute value are considered to be significant.

The smaller threshold, T_S , indicates the maximum absolute difference that is considered to be not significant (at the 5% level). This value is defined as

$$T_S = 2 \cdot \sqrt{\min(V(e_1), V(e_2))}.$$

All differences smaller than this in absolute value are considered to be not significant. Any difference whose absolute value is between T_S and T_L is indeterminate. These differences will need to be examined using the procedures for direct estimation.

Additional technical questions concerning WesVar or other aspects of MCBS data and public use files may be directed to:

David Ferraro at Westat, telephone (301) 251-4261

To obtain copies of any of 1992–2002 Health and Health Care of the Medicare Population, send requests to:

Yuki Jao at Westat, telephone (301) 610-4801
email yukijao@westat.com

To obtain copies of any of the Access to Care Public Use Files or Cost and Use Public Use Files, send requests to:

Bill Long
Office of Strategic Planning, C3-17-07
Centers for Medicare and Medicaid Services
7500 Security Blvd., Baltimore, Maryland 21244-1850
telephone (410) 786-7927



B

DEFINITIONS OF TERMS AND VARIABLES

Activities of daily living (ADLs): Activities of daily living are activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, using the toilet, and eating. If a sample person had any difficulty performing an activity by himself/herself and without special equipment, or did not perform the activity at all because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews.

Arthritis: The category arthritis includes rheumatoid arthritis, osteoarthritis, and other forms of arthritis.

Annual rate of change: The annual rates of change in Tables 6.1 to 6.16 refer to average annual growth rates. The growth rate from one year to the next is the ratio of the figure for the second year to the figure for the first year, minus 1. The growth rate over a 2-year period is the square root of the ratio of the figure for the third year to the figure for the first year, minus 1. The growth rate over a 3-year period is the cube root of the ratio of the figure for the fourth year to the figure for the first year, minus 1, and so on. For example, the figure for annual rate of change from 1992 to 1995 is calculated as follows: the figure for 1995 is divided by the figure for 1992, and then the cube root of the result is calculated. This figure minus 1 is the average annual growth from 1992 to 1995:

$$\sqrt[3]{1995 / 1992} - 1 .$$

Similarly, the formula used to calculate the average annual growth rate from 1992 to 2002 is:

$$\sqrt[10]{2002 / 1992} - 1 .$$

The annual growth rate from 2001 to 2002 is calculated as follows:

$$(2002 / 2001) - 1 .$$

The result is then multiplied by 100 to give the percentage presented in the table. It is not possible to calculate standard errors for the growth rates.

Balance billing: In the Medicare program, the practice of billing a Medicare beneficiary in excess of Medicare's allowed charge is known as balance billing. The balance billing amount is the difference between Medicare's allowed charge and the provider's actual charge to the patient.

Capitation payment: A capitation payment is a predetermined, per-member, per-month payment from the Medicare program to risk health maintenance organizations (HMOs) (see health maintenance organization). Risk HMOs use the capitation payment to finance all necessary Medicare-covered services provided to Medicare beneficiaries enrolled in the HMO. The amount paid for each Medicare enrollee does not depend on the actual cost of services provided to the individual.

Chronic conditions: Chronic conditions consist of heart disease, hypertension (high blood pressure), diabetes, arthritis, osteoporosis, broken hip, pulmonary disease, stroke, Parkinson's disease, and urinary incontinence that occurs once a week or more often. The question about a condition (except for urinary incontinence) was coded as a positive response if the sample person reported ever being diagnosed with the condition, even if the condition had been corrected by time

or treatment. Missing values for this variable were treated differently from other variables. A missing value for any of the conditions was treated as a negative response for that condition.

Claim-only event: A claim-only event is a medical service or event known only through the presence of a Medicare claim. The event did not originate from, and was not matched to, an event or service reported by a sample person during an interview.

Coinsurance: A coinsurance is the percentage of covered hospital or medical expense, after subtraction of any deductible, for which an insured person is responsible. For example, after the annual deductible has been met, Medicare will generally pay 80 percent of approved charges for services and supplies covered under Medicare Part B. The remaining 20 percent of the approved charge is the coinsurance amount, for which the beneficiary is liable.

Copayment: A copayment is a form of cost-sharing whereby the insured pays a specific amount at the point of service or use (e.g., \$10 per doctor visit).

Cost-sharing liability: Cost-sharing is the portion of payment to a provider of health care services that is the liability of the patient. Cost-sharing liabilities include deductibles, copayments, coinsurance, and balance billing amounts.

Deductible: A deductible is an initial expense of a specific amount of approved charges for covered services within a given time period (e.g., \$100 per year) payable by an insured person before the insurer assumes liability for any additional costs of covered services. For example, from the first day through the 60th day of an inpatient hospital stay in 2002, Medicare Part A paid for all covered services except for the first \$812. The \$812 constituted the inpatient hospital deductible.

Dental service: The basic unit measuring use of dental services is a single visit to the dentist, at which time a variety of services, including cleaning, x-rays, and an exam, might be rendered.

End-stage renal disease (ESRD): End-stage renal disease is that state of kidney impairment that is irreversible, cannot be controlled by conservative management alone, and requires dialysis or kidney transplantation to maintain life.

Fee-for-service payment: Fee-for-service is a method of paying for medical services in which each service delivered by a provider bears a charge. This charge is paid by the patient receiving the service or by an insurer on behalf of the patient.

Functional limitations: Sample persons who reported no limitations in any of the activities of daily living (ADLs) or instrumental activities of daily living (IADLs) due to health problems were included in the category “none.” Sample persons with limitations in at least one IADL, but no ADL, were included in the category “IADL only.” Sample persons with ADL limitations were categorized by the number of limitations (1 to 2, 3 to 5) regardless of the presence or number of IADL limitations. Sample persons who were administered a community interview answered questions about their functional limitations themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person’s functional limitations for long-term care facility interviews.

Health maintenance organization (HMO): An HMO provides, or arranges for the provision of, a comprehensive package of health care services to enrolled persons for a fixed capitation payment (see capitation payment). The term “Medicare HMO” includes all types of HMOs that contract with Medicare, encompassing risk HMOs, cost HMOs, and health care prepayment plans (HCPPs). Risk HMOs are paid on a capitation basis to provide Part A and Part B services to Medicare enrollees. Cost HMOs are paid by Medicare on a reasonable

cost basis to provide Part A and Part B services to Medicare enrollees. HCPPs are paid by Medicare on a reasonable cost basis to provide Part B services to Medicare enrollees.

Health status: A sample person was asked to rate his or her general health compared to other people of the same age. Sample persons who were administered a community interview answered health status questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status for long-term care facility interviews.

Heart disease: The category heart disease includes myocardial infarction (heart attack), angina pectoris or coronary heart disease, congestive heart failure, problems with valves in the heart, or problems with rhythm of the heartbeat.

Income: Income is for calendar year 2002. It is for the sample person, or the sample person and spouse if the sample person was married in 2002. All sources of income from jobs, pensions, Social Security benefits, Railroad Retirement and other retirement income, Supplemental Security Income (SSI), interest, dividends, and other income sources are included. This sourcebook categorizes the continuous income variable into nine income classes.

Inpatient hospital stay: The basic unit measuring use of inpatient hospital services is a single admission. Inpatient hospital expenses include charges for an emergency room visit that resulted in an inpatient admission. Inpatient hospital events are included in the 2002 cost and use files if the discharge date for the stay was in 2002.

Instrumental activities of daily living (IADLs): Instrumental activities of daily living are activities related to independent living. They include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone. If a sample person had any difficulty performing an activity by

himself/herself, or did not perform the activity at all, because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews. Facility interviewers did not ask about the sample person's ability to prepare meals or perform light or heavy housework, since they are not applicable to the sample person's situation; however, interviewers did question proxies about the sample person's ability to manage money, shop for groceries or personal items, or use a telephone.

Insurance coverage: Insurance categories were derived from annual insurance coverage variables in the 2002 Cost and Use files. The annual variables indicate whether a sample person held that type of insurance at some point during 2002. Insurance categories in this sourcebook were constructed to be mutually exclusive by prioritizing insurance holdings. Medicaid coverage had the highest priority; i.e., if a sample person was eligible for Medicaid benefits at some point during 2002, the person was included in the Medicaid category, regardless of other insurance holdings during the year. Enrollment in a Medicare HMO had the second-highest priority, after Medicaid eligibility. Other public health insurance plans, including Veterans Administration eligibility or a State-sponsored drug plan, are distributed across the insurance categories according to the sample person's highest-priority insurance coverage. For example, a person eligible for Medicaid coverage who was also eligible for a State-sponsored drug plan is categorized under "Medicaid."

The categories defined below apply to community residents. Facility residents have only four insurance categories: Medicare fee-for-service-only, Medicaid, private insurance, and Medicare HMO. No distinction was made during the collection of the facility data as to the

source of a private health insurance plan. The four insurance categories are analogous to those defined below for community residents. For beneficiaries who resided in a long-term care facility for part of the year and in the community for part of the year, community insurance status is shown.

- **Medicare fee-for-service-only** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who did not have Medicaid coverage, private insurance, and who were not enrolled in a private or Medicare HMO at any time during 2002. However, sample persons may have had other public insurance coverage, such as a State-sponsored prescription drug plan, or may have been eligible for Veterans Administration health care benefits.
- **Medicaid** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who were eligible for State Medicaid benefits at some point during 2002, regardless of the person's other insurance holdings.
- **Individually-purchased private insurance** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had self-purchased private insurance plans ("Medigap" insurance), but did not have Medicaid, private or Medicare HMO, or employer-sponsored private insurance coverage at any point during 2002.
- **Employer-sponsored private insurance** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had employer-purchased private insurance plans, but did not have Medicaid, Medicare HMO, or self-purchased private insurance coverage at any point during 2002. Sample persons enrolled in private HMOs, who did not have Medicaid or Medicare HMO coverage at any point during 2002, are also included in this category.

- **Both types of private insurance** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had both employer-sponsored private insurance and self-purchased private insurance, but who did not have Medicaid or Medicare HMO coverage at any point during 2002.

- **Medicare HMO** encompasses sample persons enrolled in any type of Medicare HMO, who were not eligible for Medicaid benefits at any point during 2002. The category includes beneficiaries enrolled in Medicare risk HMOs, Medicare cost HMOs, and health care prepayment plans (see health maintenance organization).

Living arrangement: For community residents, sample persons were separated into mutually exclusive categories: 1) beneficiary lives alone, 2) beneficiary lives with a spouse only, or lives with a spouse and other relatives or nonrelatives, 3) beneficiary lives with his or her children, or lives with his or her children and other relatives or nonrelatives, but does not live with a spouse, or 4) beneficiary lives with other relatives or nonrelatives, but not with his or her children or a spouse. For beneficiaries who resided in a long-term care facility for part of the year and in the community for part of the year, community residence status is shown.

Long-term care facility: The basic unit measuring use of facility services is a "stay" in a long-term care facility. Stays are measured in terms of days of residence in that facility. If the beneficiary was still in the facility at the end of the year, the stay is not complete, but all data for 2002 are present. To qualify for the survey, a long-term care facility must have three or more long-term care beds, and provide either personal care services to residents, provide continuous supervision of residents, or provide long-term care services throughout the facility or in a separately identifiable unit. Types of long-term care facilities include licensed nursing homes, skilled nursing homes, intermediate care facilities, retirement homes, domiciliary or personal care facilities.

ties, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the mentally retarded and developmentally disabled. If noted in footnotes, long-term care facility use and expenditures in this sourcebook include short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported either during a community interview or created through Medicare claims data. Institutional events are included in the 2002 cost and use files if the discharge date for the stay was in 2002.

Medicare home health services: Home health care services are narrowly defined in the MCBS public use files. Home health care is limited to skilled nursing services and other therapeutic services provided by a Medicare participating home health agency. In the MCBS, home health use represents events where medical care, as opposed to personal care and support, was furnished to the sample person. Medicare pays 100 percent of the approved cost of covered home health visits, and 80 percent of the approved cost of durable medical equipment.

Medicare hospice services: Hospice services are narrowly defined in the MCBS public use files. Hospice care is limited to Medicare-covered services for terminally ill individuals who have elected to receive hospice care rather than standard Medicare benefits. Hospice services include medical, nursing, counseling, and other supportive services rendered to terminally ill people and their families. Hospice care is intended to be palliative and to improve quality of life rather than to cure disease or extend life. Almost all services provided to the hospice beneficiary are fully covered by Medicare. Two exceptions are prescribed medicines and inpatient respite care. These two types of services require a small amount of copayment.

Mental illnesses/disorders: The category mental illnesses/disorders includes mental retardation, depression, and other mental disorders.

Missing values: When amounts (e.g., beneficiary counts or expenditures per beneficiary) are displayed in a table in this sourcebook, sample persons with missing responses or who belong to a category of a variable not shown in the table (e.g., “other” for the variable “race/ethnicity”) are excluded from individual categories displayed, but are included in the total. When column or row percentages are displayed in a table, sample persons with missing responses are assumed to be distributed the same as reported data and are included in the percentages. That is, column or row percentages sum to 100 percent of the column or row total.

Mobility limitation: If the sample person had no difficulty at all walking a quarter of a mile, the response was coded as “no.” If the sample person had a little, some, or a lot of difficulty, or could not walk a quarter of a mile, the response was coded as “yes.” The response reflects whether the sample person usually had trouble walking, rather than temporary difficulty, such as from a short-term injury. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person’s health status and functioning for long-term care facility interviews.

Outpatient hospital services: For a survey-reported event, the basic unit measuring use of outpatient services is a separate visit to any part of an outpatient department or outpatient clinic at a hospital. For Medicare claim-only events, it may represent 1) a single visit; 2) multiple procedures or services within one visit; or 3) multiple visits billed together. Outpatient hospital events include emergency room visits that did not result in an inpatient hospital admission.

Personal health care expenditures: Personal health care expenditures consist of health care goods and services purchased directly by individuals. They exclude public program administration costs, the net cost of private health insurance, research by nonprofit groups and gov-

ernment entities, and the value of new construction put in place for hospitals and nursing homes.

- **Total personal health care expenditures** in this source-book equal the sum of expenditures by Medicare, Medicaid, private insurance, out-of-pocket, and other sources, as defined below.
- **Long-term care facility expenditures** include expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported during a community interview or created through Medicare claims data as noted in footnotes.
- **Medicare expenditures** equal Medicare program payments for fee-for-service beneficiaries, annual capitation payments to Medicare HMOs on behalf of enrollees,¹ and pass-through expenses for inpatient hospital services (see definition below). They exclude reported or imputed charges for individual events reported by Medicare HMO enrollees. Capitation payments were allocated across medical service types in the same proportions as Medicare fee-for-service payments for medical service types.
- Medicare expenditures for **inpatient hospital services** include pass-through expenses. Medicare's Prospective Payment System (PPS) for inpatient hospital services pays a fixed, predetermined amount per case. However, this payment excludes some hospital expenses, particularly for capital costs, that are reimbursed on a cost basis (i.e., capital costs are "passed through" for payment). In order to calculate total Medicare program payments (actual PPS case payment plus the prorated share of pass-through costs), estimated pass-through costs were added to charges for inpatient hospital events.

- Medicare expenditures for **long-term care services** consist of payments made by Medicare to long-term care facilities for skilled nursing or skilled rehabilitation services that are not included in any of the other event records.
- **Medicaid expenditures** consist of payments for services made by State Medicaid programs. Medicaid covers coinsurance amounts, copayments, deductibles, and charges for some non-Medicare covered services not paid for by other public or private insurance plans.
- **Private insurance expenditures** consist of payments made by individually-purchased private insurance plans and employer-sponsored private insurance plans, plus payments reported by or imputed for sample persons enrolled in private health maintenance organizations. The definition applies to community residents and part-year community/part-year facility residents. For facility residents, private insurance expenditures consist of payments made by private health insurance plans, whose sources (i.e., individual purchase or employer-sponsored) are unknown. No distinction was made during the collection of the facility data as to the source of private health insurance plans.
- **Out-of-pocket expenditures** consist of direct payments to providers made by the sample person, or by another person on behalf of the sample person. These payments are for coinsurance amounts, copayments, deductibles, balance billings, and charges for non-Medicare covered services not paid for by public or private insurance plans.
- **Other source expenditures** consist of payments made by other public health plans and private liability insurance plans. For sample persons who resided in the community, examples of other public sources of payment include State pharmaceu-

¹ In this sourcebook, the following changes were made in calculating total Medicare HMO expenditures: a) administrative cost (about 10 percent of the total annual Medicare HMO capitated payments) was subtracted from the total annual Medicare HMO capitated payments; and b) annual Medicare HMO premiums were added to the total annual Medicare HMO capitated payments.

tical assistance programs and payments for sample persons who received medical services from the Veterans Administration. For sample persons who resided in a long-term care facility, examples of other public sources of payment include payments from State, county, or community departments of mental health, State supplemental assistance and welfare programs, and Black Lung funds.

Physician/supplier services: Physician/supplier services include medical doctor, osteopathic doctor, and health practitioner visits; diagnostic laboratory and radiology services; medical and surgical services; durable medical equipment; and nondurable medical supplies. Health practitioners include audiologists, optometrists, chiropractors, podiatrists, mental health professionals, therapists, nurses, paramedics, and physician's assistants. For survey-reported events, the basic unit measuring use of physician/supplier services is a separate visit, procedure, service, or purchase of a medical supply or medical equipment. For Medicare claim-only events, it may represent 1) single or multiple visits; 2) single or multiple procedures; 3) single or multiple services; or 4) single or multiple supplies, depending on the number of items bundled together on a single bill.

Prescription medicines: The basic unit measuring use of prescription medicines is a single purchase of a single drug in a single container. Prescription drug use is collected only for sample persons living in the community, and does not include prescription medicines administered during an inpatient hospital stay.

Pulmonary disease: The category pulmonary disease includes emphysema, asthma, and cardiopulmonary disease.

Race/ethnicity: Race and ethnic categories were recorded as interpreted by the respondent. Sample persons who reported they were white and not of Hispanic ancestry were coded as white non-Hispanic; those who reported they were black/African American and not of Hispanic

ancestry were coded as black non-Hispanic; persons who reported they were of Hispanic ancestry, regardless of their race, were coded as Hispanic; persons who reported they were American Indian, an Asian or Pacific Islander, or other race and not of Hispanic ancestry were coded as other race/ethnicity. Hispanic includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Beginning in calendar year 1998, sample persons with more than one racial background were captured in a separate category and collapsed into the "other" category in the sourcebook.

Residence status: Community residents are Medicare beneficiaries who lived solely in household units during 2002, referred to as "community settings" in this sourcebook, and who received community interviews only. Long-term care facility residents are Medicare beneficiaries who lived solely in a long-term care facility during 2002 (see long-term care facility), and who received facility interviews only. Part-year community/part-year facility residents are Medicare beneficiaries who lived part of the year in the community and part of the year in a long-term care facility, and who received both community and facility interviews. When part-year community/part-year facility residents are included in a table, their community status is shown.

Satisfaction with care: In section 5 of the detailed tables, "(Very) Unsatisfied" includes a response of either "unsatisfied" or "very unsatisfied." Sample persons with responses of "satisfied" and "no experience" are not shown in the tables but are included in the total population, which constitutes the denominator for calculating percentages of persons with a given response. The questions about satisfaction with care represent the respondent's general opinion of all medical care received in the year preceding the interview.

■ **General care** refers to the sample person's rating of the overall quality of medical care received. Of the 11,471 community-only resident sample persons represented in the tables, 7,432

responded they were “satisfied,” and 342 responded they had “no experience.”

- **Follow-up care** refers to the sample person’s rating of follow-up care received after an initial treatment or operation. Of the 11,471 community-only resident sample persons represented in the tables, 7,769 responded they were “satisfied,” and 1,258 responded they had “no experience.”
- **Availability** refers to the sample person’s rating of the availability of medical care at night and on weekends. Of the 11,471 community-only resident sample persons represented in the tables, 4,894 responded they were “satisfied,” and 4,913 responded they had “no experience.”
- **Ease of access to doctor** refers to the sample person’s rating of the ease and convenience of getting to a doctor from her or his residence. Of the 11,471 community-only resident sample persons represented in the tables, 8,403 responded they were “satisfied,” and 246 responded they had “no experience.”
- **Can obtain care in same location** refers to the sample person’s rating of his or her ability to get all medical care needs taken care of at the same location. Of the 11,471 community-only resident sample persons represented in the tables, 8,008 responded they were “satisfied,” and 1,266 responded they had “no experience.”
- **Information from doctor** refers to the sample person’s rating of the information given to the sample person about what was wrong with him or her. Of the 11,471 community-only resident sample persons represented in the tables, 8,456 responded they were “satisfied,” and 385 responded they had “no experience.”

- **Doctor’s concern for overall health** refers to the sample person’s rating of the doctor’s concerns for her or his overall health rather than for an isolated symptom or disease. Of the 11,471 community-only resident sample persons represented in the tables, 8,104 responded they were “satisfied,” and 491 responded they had “no experience.”

- **Cost** refers to the sample person’s rating of the out-of-pocket costs he or she paid for medical care. Of the 11,471 community-only resident sample persons represented in the tables, 7,396 responded they were “satisfied,” and 417 responded they had “no experience.”

Schooling: Schooling categories are based on the highest school grade completed. Before calendar year 1998, education does not specify education or training received in vocational, trade, or business schools outside of the regular school system. Since calendar year 1998, education or training received at these types of institutions are collapsed into “13–15 years” of schooling.

Smoker: Smoker categories in this sourcebook are mutually exclusive. Sample persons who had never smoked were categorized as “never smoked.” Sample persons who smoked previously but were not current smokers were categorized as “former smoker.” Sample persons who reported they currently smoked were categorized as “current smoker.” Smoking includes a period of regular smoking of cigarettes or pipes, but does not include use of other forms of tobacco, such as chewing tobacco.

Social activity limitation: If the sample person responded that health had not limited her or his social life in the past month, the response was coded as “no.” If the sample person responded that health had limited her or his social life in the past month some, most, or all of the time, the response was coded as “yes.” Limitations on social life include limitations on visiting with friends or close relatives, and re-

flect the sample person's experience over the preceding month, even if that experience was atypical. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews.

Source of payment: See personal health care expenditures.

Survey-reported event: A survey-reported event is a medical service or event reported by a sample person during an interview. The event may have been matched to a Medicare claim, or it may be a survey-only event, in which case it was not matched to a Medicare claim and is only known through the survey.

Upper extremity limitation: If the sample person had no difficulty at all reaching or extending his or her arms above shoulder level, and had no difficulty writing or handling and grasping small objects, the response was coded as "no." If the sample person had a little, some, or a lot of difficulty with these tasks, or could not do them at all, the response was coded as "yes." The response reflects whether the sample person usually had trouble reaching over her or his head or writing, rather than temporary difficulty, such as from a short-term injury. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews.

Urinary incontinence: If the sample person had lost urine beyond his or her control at least once during the past 12 months, the response was coded as "yes." If the sample person was on dialysis or had a catheter, the response was coded as missing.

User rate: A user rate is defined as the percentage of beneficiaries with the given characteristics who used at least one of the relevant services during calendar year 2002. For example, the dental services user rate for persons age 85 or older who had Medicaid coverage is equal to the number of beneficiaries age 85 or older with Medicaid coverage who had at least one dental visit in 2002, divided by the total number of persons age 85 or older with Medicaid coverage.

Usual source of care: If the sample person responded that he or she did not have a particular medical person or clinic where he or she usually went for care or advice about health, the response was coded as "none." If the sample person responded that he or she did have a usual source of care, the sample person was questioned about the type of place. "Other clinic/health center" includes a neighborhood or family health center, a freestanding surgical center, a rural health clinic, a company clinic, any other kind of clinic, a walk-in urgent center, a home visit from a doctor, care in a Veterans Administration facility, a mental health center, or other place not included in the listed categories.



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