

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2005

All Medicare Beneficiaries

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/Part-Year Facility
Beneficiaries (in 1,000s)	43,401	40,805	1,877	719
	143	143	73	42
Beneficiaries as a Percentage of Column Total				
Medicare Status¹				
Aged				
65 - 74 years	43.44	45.51	11.00	10.76*
	0.37	0.40	1.50	2.15
75 - 84 years	29.79	29.60	30.28	38.74
	0.26	0.29	1.88	3.64
85 years and older	11.17	9.15	43.18	42.33
	0.19	0.20	1.62	3.17
Disabled				
Under 45 years	3.75	3.78	3.81	1.98*
	0.07	0.07	0.39	0.51
45 - 64 years	11.85	11.96	11.72	6.19*
	0.30	0.32	1.35	1.92
Gender by Age				
Male				
	44.27	44.90	32.57	39.00
	0.29	0.31	1.55	3.65
Aged				
65 - 74 years	20.08	21.01	5.49*	5.61*
	0.29	0.32	1.14	1.49
75 - 84 years	12.65	12.70	10.25	16.20*
	0.19	0.20	1.28	2.73
85 years and older	3.37	2.95	7.95	14.96*
	0.12	0.12	0.92	2.05
Disabled				
Under 45 years	2.15	2.15	2.76	0.89*
	0.07	0.07	0.35	0.36
45 - 64 years	6.01	6.09	6.12*	1.34*
	0.23	0.25	0.95	0.91

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2005

All Medicare Beneficiaries

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/Part-Year Facility
Beneficiaries (in 1,000s)	43,401	40,805	1,877	719
	<i>143</i>	<i>143</i>	<i>73</i>	<i>42</i>
Beneficiaries as a Percentage of Column Total				
Female	55.73	55.10	67.43	61.00
	<i>0.29</i>	<i>0.31</i>	<i>1.55</i>	<i>3.65</i>
Aged				
65 - 74 years	23.36	24.50	5.51*	5.16*
	<i>0.32</i>	<i>0.35</i>	<i>0.99</i>	<i>1.67</i>
75 - 84 years	17.14	16.91	20.03	22.54
	<i>0.24</i>	<i>0.25</i>	<i>1.74</i>	<i>2.56</i>
85 years and older	7.80	6.20	35.23	27.37
	<i>0.15</i>	<i>0.18</i>	<i>1.50</i>	<i>2.74</i>
Disabled				
Under 45 years	1.60	1.63	1.06*	1.09*
	<i>0.07</i>	<i>0.08</i>	<i>0.22</i>	<i>0.42</i>
45 - 64 years	5.84	5.87	5.60*	4.85*
	<i>0.21</i>	<i>0.21</i>	<i>1.04</i>	<i>2.00</i>
Race/Ethnicity by Age²				
White non-Hispanic	78.60	78.23	84.97	83.20
	<i>0.57</i>	<i>0.58</i>	<i>1.54</i>	<i>2.68</i>
Aged				
65 - 74 years	33.86	35.52	8.21*	6.04*
	<i>0.45</i>	<i>0.47</i>	<i>1.32</i>	<i>1.59</i>
75 - 84 years	24.93	24.74	25.79	33.75
	<i>0.30</i>	<i>0.33</i>	<i>1.63</i>	<i>3.59</i>
85 years and older	9.51	7.67	38.68	38.03
	<i>0.17</i>	<i>0.18</i>	<i>1.69</i>	<i>3.16</i>
Disabled				
Under 45 years	2.31	2.31	2.60	1.82*
	<i>0.08</i>	<i>0.08</i>	<i>0.31</i>	<i>0.49</i>
45 - 64 years	7.99	7.99	9.69	3.56*
	<i>0.28</i>	<i>0.28</i>	<i>1.19</i>	<i>1.75</i>

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2005

All Medicare Beneficiaries

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/Part-Year Facility
Beneficiaries (in 1,000s)	43,401	40,805	1,877	719
	<i>143</i>	<i>143</i>	<i>73</i>	<i>42</i>
Beneficiaries as a Percentage of Column Total				
Black non-Hispanic	9.35	9.32	9.77	9.85*
	<i>0.21</i>	<i>0.22</i>	<i>1.26</i>	<i>2.04</i>
Aged				
65 - 74 years	3.80	3.93	1.34*	2.60*
	<i>0.15</i>	<i>0.16</i>	<i>0.43</i>	<i>1.33</i>
75 - 84 years	2.08	2.04	2.62*	3.28*
	<i>0.10</i>	<i>0.10</i>	<i>0.65</i>	<i>1.25</i>
85 years and older	0.78	0.64	3.47*	1.82*
	<i>0.05</i>	<i>0.05</i>	<i>0.70</i>	<i>0.73</i>
Disabled				
Under 45 years	0.77	0.79	0.65*	0.00
	<i>0.05</i>	<i>0.06</i>	<i>0.22</i>	<i>0.00</i>
45 - 64 years	1.92	1.92	1.69*	2.15*
	<i>0.12</i>	<i>0.14</i>	<i>0.65</i>	<i>1.24</i>
Hispanic	7.55	7.80	3.31*	4.48*
	<i>0.48</i>	<i>0.50</i>	<i>0.73</i>	<i>1.33</i>
Aged				
65 - 74 years	3.51	3.70	0.22*	1.27*
	<i>0.25</i>	<i>0.27</i>	<i>0.16</i>	<i>0.94</i>
75 - 84 years	1.77	1.79	1.52*	1.14*
	<i>0.14</i>	<i>0.14</i>	<i>0.55</i>	<i>0.67</i>
85 years and older	0.57	0.55	0.78*	1.44*
	<i>0.06</i>	<i>0.06</i>	<i>0.31</i>	<i>0.55</i>

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2005

All Medicare Beneficiaries

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/Part-Year Facility
Beneficiaries (in 1,000s)	43,401	40,805	1,877	719
	<i>143</i>	<i>143</i>	<i>73</i>	<i>42</i>
Beneficiaries as a Percentage of Column Total				
Disabled				
Under 45 years	0.42	0.42	0.46*	0.16*
	<i>0.05</i>	<i>0.05</i>	<i>0.16</i>	<i>0.16</i>
45 - 64 years	1.28	1.34	0.33*	0.47*
	<i>0.15</i>	<i>0.16</i>	<i>0.25</i>	<i>0.47</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005

All Medicare Beneficiaries

Beneficiary Characteristic	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 1,000s)	43,401	6,771	18,855	12,927	4,848	3,545	8,717	5,489	1,461	19,212	3,226	10,138	7,438	3,387	24,188
	143	138	163	117	88	102	132	83	52	145	99	136	109	70	144
Beneficiaries as a Percentage of Column Total															
Marital Status															
Married	51.74	39.18	64.52	50.04	24.26	40.86	76.37	71.64	53.10	66.68	37.32	54.38	34.10	11.84	39.89
	0.49	1.59	0.93	0.71	1.04	2.09	0.96	1.14	2.03	0.62	1.96	1.49	0.97	0.99	0.73
Widowed	29.16	7.49	19.19	40.07	68.74	4.86*	7.65	19.58	40.62	13.08	10.39	29.06	55.19	80.85	41.92
	0.41	0.93	0.84	0.76	1.08	1.11	0.57	0.99	2.06	0.44	1.47	1.38	1.02	1.03	0.67
Divorced/separated	12.51	27.61	13.41	6.77	3.39	24.28	12.41	5.96	3.60*	12.08	31.30	14.27	7.36	3.30*	12.86
	0.31	1.26	0.51	0.44	0.37	1.52	0.76	0.66	0.72	0.50	1.99	0.83	0.65	0.46	0.49
Never married	6.59	25.72	2.88	3.12	3.61	30.00	3.57	2.82*	2.67*	8.17	20.99	2.29	3.35	4.01	5.34
	0.21	1.17	0.27	0.25	0.36	1.70	0.48	0.40	0.66	0.36	1.49	0.30	0.36	0.46	0.25
Living Arrangement															
Community															
Alone	28.48	23.35	23.20	33.82	41.80	22.33	15.74	20.14	30.30	19.33	24.48	29.59	43.92	46.76	35.74
	0.47	1.30	0.77	0.70	1.22	1.43	0.80	0.87	2.27	0.51	2.14	1.24	1.14	1.46	0.74
With spouse	49.01	37.56	62.38	46.63	19.46	38.81	74.30	67.61	45.41	63.63	36.18	52.17	31.14	8.27	37.41
	0.47	1.61	0.89	0.73	0.92	2.08	1.02	1.19	2.14	0.64	2.02	1.42	0.94	0.86	0.70
With children	10.41	11.56	7.61	11.39	17.02	6.62	3.57	4.76	9.64	4.94	17.02	11.07	16.28	20.20	14.75
	0.32	1.04	0.48	0.50	0.93	1.54	0.42	0.52	1.23	0.37	1.47	0.84	0.74	1.26	0.49
With others	7.77	23.20	5.71	3.76	5.00	27.53	5.19	3.98	4.44*	8.91	18.41	6.15	3.60	5.25	6.86
	0.25	1.23	0.39	0.34	0.55	1.84	0.53	0.51	0.87	0.41	1.85	0.56	0.42	0.69	0.32
Long-Term Care Facility	4.34	4.33	1.10	4.40	16.72	4.72	1.19*	3.51	10.21	3.19	3.91	1.02*	5.06	19.53	5.25
	0.17	0.42	0.17	0.30	0.87	0.52	0.27	0.46	1.16	0.20	0.66	0.19	0.43	1.20	0.23
Race/Ethnicity															
White non-Hispanic	78.60	66.21	78.14	83.42	84.77	64.71	79.54	84.64	86.31	78.79	67.86	76.94	82.51	84.10	78.46
	0.57	1.41	0.72	0.65	0.76	2.05	1.03	0.88	1.31	0.76	1.69	0.98	0.76	0.88	0.62
Black non-Hispanic	9.35	17.29	8.76	6.97	6.93	15.73	8.34	5.85	5.90*	8.80	19.02	9.12	7.80	7.38	9.78
	0.21	0.79	0.33	0.33	0.41	0.86	0.52	0.44	0.78	0.29	1.36	0.58	0.45	0.55	0.34
Hispanic	7.55	10.94	8.10	5.91	5.10	12.68	7.90	5.50	5.08*	7.87	9.02	8.28	6.21	5.10	7.30
	0.48	1.08	0.58	0.46	0.53	1.53	0.70	0.59	1.02	0.56	1.32	0.79	0.59	0.54	0.52
Other	4.50	5.56	5.00	3.70	3.21	6.88	4.22	4.01	2.71*	4.54	4.10*	5.66	3.48	3.42*	4.46
	0.29	0.99	0.36	0.32	0.42	1.51	0.53	0.51	0.69	0.43	0.89	0.51	0.38	0.49	0.30

Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 2005

All Medicare Beneficiaries

Beneficiary Characteristic	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 1,000s)	43,401	6,771	18,855	12,927	4,848	3,545	8,717	5,489	1,461	19,212	3,226	10,138	7,438	3,387	24,188
	143	138	163	117	88	102	132	83	52	145	99	136	109	70	144
Beneficiaries as a Percentage of Column Total															
Schooling															
0 - 8 years	12.72	11.97	9.32	14.77	21.78	12.97	9.80	15.41	18.08	12.61	10.86	8.91	14.30	23.40	12.80
	0.29	0.78	0.46	0.59	0.94	1.08	0.67	0.86	1.53	0.46	1.20	0.68	0.78	1.13	0.40
9 - 12 years (No diploma)	15.55	18.22	14.02	15.52	17.95	22.64	14.07	13.26	15.13	15.48	13.36	13.98	17.19	19.18	15.60
	0.32	0.90	0.53	0.48	0.96	1.53	0.87	0.80	1.54	0.61	1.31	0.74	0.68	1.23	0.41
High school graduate	30.39	32.53	30.81	29.28	28.74	31.52	26.91	25.54	27.81	27.43	33.65	34.15	32.04	29.15	32.75
	0.49	1.61	0.76	0.74	1.08	1.99	1.12	1.09	1.76	0.74	2.54	1.13	0.96	1.36	0.58
Some college/vocational school	25.01	28.36	26.36	23.63	18.70	23.83	25.21	22.29	20.87	23.79	33.37	27.34	24.61	17.75	25.99
	0.49	1.29	0.75	0.73	0.90	1.70	1.09	1.03	1.58	0.69	2.17	1.02	0.99	1.13	0.68
Bachelor's degree and beyond	16.33	8.91	19.49	16.80	12.83	9.04	24.01	23.50	18.10	20.68	8.76	15.63	11.85	10.52	12.86
	0.47	1.03	0.85	0.67	0.81	1.46	1.25	1.02	1.60	0.71	1.31	1.02	0.78	0.92	0.53
Income															
Less than \$5,000	3.11	3.70	2.85	2.68	4.44	3.70	2.73	1.67*	3.60*	2.67	3.71*	2.96	3.42	4.80	3.46
	0.18	0.47	0.26	0.28	0.53	0.52	0.35	0.34	0.76	0.22	0.80	0.40	0.41	0.64	0.25
\$5,000 - \$9,999	14.94	31.40	10.11	11.96	18.66	29.72	6.84	6.40	9.76	11.16	33.25	12.92	16.06	22.50	17.94
	0.31	1.17	0.42	0.54	0.81	1.53	0.57	0.70	1.26	0.47	1.78	0.66	0.78	1.01	0.44
\$10,000 - \$14,999	16.56	20.19	12.21	18.18	24.11	20.72	9.63	13.17	15.53	13.13	19.61	14.43	21.89	27.81	19.29
	0.37	1.23	0.53	0.62	0.89	1.61	0.74	0.80	1.42	0.46	1.64	0.72	0.92	1.10	0.48
\$15,000 - \$19,999	11.01	11.09	9.08	12.20	15.20	11.60	8.12	11.76	14.72	10.30	10.54	9.91	12.52	15.40	11.57
	0.31	1.04	0.44	0.54	0.85	1.84	0.65	0.82	1.53	0.51	1.31	0.57	0.66	1.04	0.41
\$20,000 - \$24,999	10.18	7.60	10.08	12.26	8.59	7.52	8.46	12.00	11.10	9.50	7.68	11.48	12.45	7.51	10.71
	0.33	0.83	0.63	0.60	0.60	0.93	0.80	0.83	1.25	0.44	1.31	0.80	0.73	0.70	0.44
\$25,000 - \$29,999	7.81	5.56	8.68	8.14	6.63	6.59*	8.82	9.04	8.92*	8.48	4.44*	8.56	7.48	5.65	7.27
	0.29	0.80	0.41	0.47	0.58	1.23	0.61	0.79	1.06	0.47	0.83	0.56	0.54	0.64	0.32
\$30,000 - \$39,999	13.09	8.49	14.80	14.26	9.80	9.45	15.77	17.57	12.37	14.86	7.43	13.95	11.82	8.69	11.69
	0.33	0.89	0.61	0.57	0.77	1.33	0.92	0.95	1.36	0.57	1.20	0.88	0.64	0.89	0.44
\$40,000 - \$49,999	8.08	5.03	10.53	7.59	4.09	5.47*	12.29	9.63	7.59*	9.92	4.55*	9.02	6.09	2.58*	6.62
	0.33	0.70	0.55	0.48	0.47	0.99	0.83	0.74	1.07	0.50	0.83	0.72	0.52	0.47	0.40
\$50,000 or more	15.23	6.93	21.66	12.73	8.48	5.23*	27.34	18.77	16.41	19.98	8.80	16.77	8.27	5.06	11.45
	0.39	0.69	0.76	0.56	0.72	0.88	1.14	0.97	1.65	0.66	1.15	0.84	0.62	0.64	0.39

Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 2005

All Medicare Beneficiaries

Beneficiary Characteristic	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 1,000s)	43,401	6,771	18,855	12,927	4,848	3,545	8,717	5,489	1,461	19,212	3,226	10,138	7,438	3,387	24,188
	<i>143</i>	<i>138</i>	<i>163</i>	<i>117</i>	<i>88</i>	<i>102</i>	<i>132</i>	<i>83</i>	<i>52</i>	<i>145</i>	<i>99</i>	<i>136</i>	<i>109</i>	<i>70</i>	<i>144</i>
Beneficiaries as a Percentage of Column Total															
Metropolitan Area Resident															
Yes	76.00	72.24	76.00	77.39	77.50	71.91	75.17	77.61	78.64	75.53	72.61	76.71	77.23	77.00	76.36
	<i>0.21</i>	<i>0.92</i>	<i>0.39</i>	<i>0.42</i>	<i>0.61</i>	<i>1.37</i>	<i>0.83</i>	<i>0.75</i>	<i>1.49</i>	<i>0.49</i>	<i>1.59</i>	<i>0.70</i>	<i>0.75</i>	<i>0.84</i>	<i>0.37</i>
No	24.00	27.76	24.00	22.61	22.50	28.09	24.83	22.39	21.36	24.47	27.39	23.29	22.77	23.00	23.64
	<i>0.21</i>	<i>0.92</i>	<i>0.39</i>	<i>0.42</i>	<i>0.61</i>	<i>1.37</i>	<i>0.83</i>	<i>0.75</i>	<i>1.49</i>	<i>0.49</i>	<i>1.59</i>	<i>0.70</i>	<i>0.75</i>	<i>0.84</i>	<i>0.37</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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.

Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 2005

All Medicare Beneficiaries

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 1,000s)	43,401	4,446	14,609	10,759	4,103	33,917	1,161	1,638	899	335	4,034	734	1,515	762	247	3,258
	143	133	191	136	75	271	56	62	43	21	92	74	109	60	27	207
Beneficiaries as a Percentage of Column Total																
Gender																
Male	44.27	51.26	46.90	43.08	30.74	44.31	47.69	43.85	35.61	25.72*	41.61	60.79	44.89	39.50	30.08*	46.09
	0.29	1.37	0.78	0.62	0.92	0.40	2.26	2.52	2.22	3.32	1.30	4.70	2.91	3.03	4.40	1.60
Female	55.73	48.74	53.10	56.92	69.26	55.69	52.31	56.15	64.39	74.28	58.39	39.21	55.11	60.50	69.92	53.91
	0.29	1.37	0.78	0.62	0.92	0.40	2.26	2.52	2.22	3.32	1.30	4.70	2.91	3.03	4.40	1.60
Marital Status																
Married	51.74	42.19	68.37	51.53	25.20	54.37	20.72	38.83	30.05	13.87*	29.59	41.39	56.83	48.09	25.49*	48.93
	0.49	1.94	1.06	0.81	1.17	0.58	2.56	3.36	2.81	3.12	1.72	4.04	2.87	3.32	3.96	1.61
Widowed	29.16	6.44	17.22	39.28	68.58	29.02	11.43*	33.94	54.35	73.61	35.32	7.17*	20.84	37.28	64.39	24.90
	0.41	1.14	0.96	0.91	1.19	0.49	1.99	3.16	3.11	3.96	1.73	2.56	2.24	3.49	4.34	1.47
Divorced/separated	12.51	26.95	11.99	6.12	2.71*	10.97	34.81	20.75	11.03*	7.84*	21.55	25.74	18.13	11.92*	5.29*	17.42
	0.31	1.58	0.56	0.47	0.36	0.35	3.73	2.29	2.11	2.35	1.59	3.87	2.49	2.41	2.34	1.62
Never married	6.59	24.42	2.42	3.07	3.52	5.64	33.04	6.49*	4.57*	4.68*	13.54	25.70	4.20*	2.71*	4.82*	8.75
	0.21	1.38	0.25	0.28	0.39	0.22	2.79	1.45	1.21	1.61	1.09	2.94	1.63	1.03	2.47	0.90
Living Arrangement																
Community																
Alone	28.48	24.34	22.78	34.52	44.03	29.28	27.16	31.83	37.17	32.59*	31.74	16.36*	19.45	26.62	28.31*	21.10
	0.47	1.47	0.86	0.86	1.25	0.53	3.16	2.74	2.77	4.20	1.48	3.53	2.21	3.05	4.27	1.41
With spouse	49.01	40.65	66.62	48.32	19.92	51.76	19.50	34.97	25.25	11.62*	26.41	37.90	54.08	45.73	23.14*	46.14
	0.47	1.96	0.98	0.83	1.01	0.55	2.66	3.07	2.48	3.14	1.49	4.16	3.06	3.40	4.29	1.78
With children	10.41	9.22	5.09	9.35	14.20	8.08	18.13	18.19	24.04	28.38*	20.32	18.12*	17.68	19.99*	31.89*	19.39
	0.32	1.03	0.42	0.52	0.96	0.27	2.90	2.64	2.58	4.09	1.49	4.27	2.52	2.86	4.73	1.57
With others	7.77	20.68	4.47	3.37	4.42	6.24	31.49	13.50	8.16*	8.27*	17.05	25.63	8.52*	3.96*	10.81*	11.49
	0.25	1.34	0.37	0.33	0.58	0.23	3.42	1.87	1.88	2.69	1.31	3.76	1.72	1.34	3.38	1.23
Long-Term Care Facility	4.34	5.11	1.04*	4.43	17.43	4.63	3.72*	1.51*	5.38*	19.14*	4.48	2.00*	0.27*	3.69*	5.85*	1.88*
	0.17	0.53	0.18	0.31	0.97	0.19	1.08	0.50	1.37	3.86	0.60	0.90	0.20	1.27	2.33	0.41

Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 2005

All Medicare Beneficiaries

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 1,000s)	43,401	4,446	14,609	10,759	4,103	33,917	1,161	1,638	899	335	4,034	734	1,515	762	247	3,258
	143	133	191	136	75	271	56	62	43	21	92	74	109	60	27	207
Beneficiaries as a Percentage of Column Total																
Schooling																
0 - 8 years	12.72	9.16	5.57	10.76	16.72	9.00	10.34*	13.51	29.76	51.97	19.24	33.03	38.54	50.29	51.89	41.06
	0.29	0.71	0.41	0.54	1.01	0.30	1.71	1.54	2.99	4.44	1.22	4.51	3.16	3.57	5.21	1.89
9 - 12 years (No diploma)	15.55	17.28	12.20	15.00	18.07	14.44	22.50	30.03	20.75	21.20*	25.10	20.16*	13.83	15.62*	12.85*	15.60
	0.32	1.16	0.59	0.58	1.10	0.34	2.44	2.60	2.70	3.98	1.35	3.36	2.35	2.86	3.48	1.41
High school graduate	30.39	35.03	32.25	31.16	30.89	32.10	34.46	27.57	26.43	13.02*	28.15	20.58	23.03	12.57*	18.82*	19.72
	0.49	1.78	0.91	0.81	1.27	0.56	2.98	2.56	2.90	3.08	1.51	4.00	2.98	2.35	4.46	1.82
Some college/vocational school	25.01	28.57	28.35	25.42	20.87	26.57	27.99	19.20	13.82*	5.96*	19.50	22.31	17.18	12.53*	6.78*	16.46
	0.49	1.46	0.83	0.85	1.01	0.56	3.14	2.32	2.11	2.47	1.40	3.85	2.09	2.23	2.66	1.24
Bachelor's degree and beyond	16.33	9.96	21.63	17.66	13.44	17.88	4.71*	9.69*	9.24*	7.85*	8.00	3.92*	7.41*	8.99*	9.66*	7.17
	0.47	1.35	0.97	0.73	0.90	0.54	1.13	1.54	1.91	2.49	0.87	1.70	1.64	1.76	3.25	0.92
Income																
Less than \$5,000	3.11	3.22	2.24	1.98	3.48	2.44	4.94*	4.62*	5.99*	4.55*	5.02	4.97*	6.05*	5.06*	13.44*	6.13
	0.18	0.72	0.27	0.23	0.54	0.20	0.92	1.16	2.10	1.75	0.72	1.05	1.27	1.30	3.49	0.73
\$5,000 - \$9,999	14.94	27.68	6.26	9.10	14.61	10.98	46.75	22.62	24.78	49.41	32.27	31.78	28.13	30.85	35.46*	30.14
	0.31	1.47	0.50	0.53	0.84	0.35	3.28	2.35	3.25	3.99	1.71	3.72	2.70	2.40	4.34	1.73
\$10,000 - \$14,999	16.56	19.36	10.71	17.00	23.85	15.43	20.20	18.34	28.06	28.55*	21.89	24.31*	17.92	24.71	22.76*	21.31
	0.37	1.48	0.60	0.62	1.04	0.42	2.20	2.50	3.16	3.57	1.43	3.81	2.31	2.56	4.02	1.53
\$15,000 - \$19,999	11.01	12.40	8.75	12.53	16.41	11.35	6.94*	12.48*	9.46*	6.91*	9.75	12.63*	11.54*	9.78*	8.91*	11.18
	0.31	1.24	0.52	0.58	0.95	0.36	2.20	1.97	1.95	2.40	1.06	3.49	1.78	1.90	2.97	1.35
\$20,000 - \$24,999	10.18	7.32	9.95	12.58	9.18	10.35	8.09*	10.75*	11.13*	5.14*	9.61	8.60*	8.50*	8.69*	7.06*	8.46
	0.33	0.99	0.68	0.60	0.69	0.34	2.14	1.70	2.23	1.99	1.07	2.99	1.92	2.07	2.55	1.15
\$25,000 - \$29,999	7.81	5.57	9.28	8.53	7.37	8.32	3.41*	8.72*	7.27*	1.66*	6.28	8.03*	4.21*	5.07*	3.43*	5.21*
	0.29	0.90	0.49	0.51	0.67	0.30	1.15	1.62	1.82	1.44	0.81	2.66	1.24	1.46	1.96	0.92
\$30,000 - \$39,999	13.09	9.15	16.20	15.55	10.99	14.44	7.51*	9.19*	6.91*	0.00	7.44	2.70*	9.16*	8.17*	6.71*	7.29
	0.33	1.02	0.75	0.66	0.86	0.37	1.98	1.51	1.73	0.00	0.95	1.13	1.76	1.68	2.67	1.00
\$40,000 - \$49,999	8.08	6.02	11.77	8.50	4.46	9.10	1.35*	5.81*	3.20*	1.08*	3.55*	3.77*	4.54*	2.01*	2.23*	3.60*
	0.33	0.95	0.57	0.56	0.53	0.35	0.67	1.24	1.05	1.08	0.60	2.54	1.20	0.98	1.61	0.90
\$50,000 or more	15.23	9.28	24.84	14.23	9.65	17.60	0.80*	7.47*	3.18*	2.70*	4.20*	3.21*	9.96*	5.66*	0.00	6.68
	0.39	0.99	0.91	0.64	0.83	0.46	0.52	1.62	1.14	1.54	0.71	1.49	2.11	1.44	0.00	1.07

Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 2005

All Medicare Beneficiaries

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 1,000s)	43,401	4,446	14,609	10,759	4,103	33,917	1,161	1,638	899	335	4,034	734	1,515	762	247	3,258
	<i>143</i>	<i>133</i>	<i>191</i>	<i>136</i>	<i>75</i>	<i>271</i>	<i>56</i>	<i>62</i>	<i>43</i>	<i>21</i>	<i>92</i>	<i>74</i>	<i>109</i>	<i>60</i>	<i>27</i>	<i>207</i>
Beneficiaries as a Percentage of Column Total																
Metropolitan Area Resident																
Yes	76.00	67.52	73.18	75.59	76.30	73.59	81.18	87.82	84.20	76.86	84.19	87.73	90.05	91.24	93.58	90.07
	<i>0.21</i>	<i>1.55</i>	<i>0.52</i>	<i>0.59</i>	<i>0.73</i>	<i>0.37</i>	<i>3.05</i>	<i>1.34</i>	<i>2.68</i>	<i>5.26</i>	<i>1.89</i>	<i>3.99</i>	<i>2.49</i>	<i>2.19</i>	<i>2.29</i>	<i>2.09</i>
No	24.00	32.48	26.82	24.41	23.70	26.41	18.82	12.18	15.80*	23.14*	15.81	12.27*	9.95*	8.76*	6.42*	9.93
	<i>0.21</i>	<i>1.55</i>	<i>0.52</i>	<i>0.59</i>	<i>0.73</i>	<i>0.37</i>	<i>3.05</i>	<i>1.34</i>	<i>2.68</i>	<i>5.26</i>	<i>1.89</i>	<i>3.99</i>	<i>2.49</i>	<i>2.19</i>	<i>2.29</i>	<i>2.09</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community Residents¹

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 1,000s)	41,524	1,570	4,355	4,372	2,026	12,323	2,526	11,710	6,027	944	21,207	2,337	2,501	1,958	1,068	7,864
	141	96	149	91	74	211	127	205	112	49	196	102	103	78	54	170
Beneficiaries as a Percentage of Column Total																
Marital Status																
Married	53.41	1.71*	5.12*	5.58	5.73*	4.95	98.99	99.78	99.62	100.00	99.65	4.36*	5.55*	4.30*	3.03*	4.54
	0.50	0.69	0.83	0.62	0.85	0.38	0.62	0.09	0.15	0.00	0.09	0.99	1.20	0.96	0.89	0.56
Widowed	28.04	12.71*	51.01	75.89	86.35	60.77	0.63*	0.11*	0.17*	0.00	0.18*	11.51*	52.30	78.88	90.13	51.94
	0.44	2.10	2.09	1.10	1.04	0.95	0.58	0.06	0.10	0.00	0.08	2.09	2.39	1.97	1.35	1.07
Divorced/separated	12.57	53.48	36.06	13.03	3.65*	24.78	0.20*	0.11*	0.21*	0.00	0.15*	40.87	35.51	11.45	4.93*	26.95
	0.32	3.43	1.79	1.00	0.70	0.97	0.17	0.06	0.12	0.00	0.05	2.11	2.13	1.53	0.99	1.10
Never married	5.99	32.09	7.81	5.50	4.28*	9.51	0.18*	0.00	0.00	0.00	0.02*	43.25	6.64*	5.37*	1.91*	16.57
	0.21	3.03	1.00	0.56	0.72	0.59	0.13	0.00	0.00	0.00	0.02	2.45	1.22	1.00	0.60	0.81
Race/Ethnicity																
White non-Hispanic	78.32	68.89	76.83	85.02	89.40	80.79	71.70	83.32	86.49	86.63	82.99	56.94	56.05	69.91	71.55	61.88
	0.58	2.56	1.42	1.15	1.04	0.89	2.36	0.87	0.91	1.86	0.67	2.18	2.05	1.73	2.10	1.01
Black non-Hispanic	9.33	20.09	12.04	7.65	5.41*	10.42	8.99	4.91	3.78	4.13*	5.04	24.69	20.84	14.79	11.52*	19.21
	0.22	2.21	1.08	0.68	0.81	0.52	1.13	0.41	0.44	1.11	0.27	1.86	2.08	1.43	1.22	0.87
Hispanic	7.74	7.65*	6.80	4.63	3.46*	5.59	11.05	7.02	5.78	6.05*	7.10	13.77	15.93	9.30	9.87*	12.81
	0.50	1.82	0.87	0.70	0.61	0.54	1.63	0.66	0.59	1.33	0.52	1.81	1.74	1.26	1.45	1.01
Other	4.61	3.38*	4.32*	2.70*	1.74*	3.20	8.26*	4.75	3.95	3.19*	4.87	4.60*	7.18*	6.00*	7.07*	6.11
	0.29	1.04	0.71	0.51	0.46	0.38	1.93	0.42	0.49	1.06	0.37	1.04	1.31	1.02	1.26	0.58
Schooling																
0 - 8 years	12.05	10.51*	9.01	12.91	16.72	11.85	9.15	7.50	12.20	16.78	9.44	13.17	16.99	24.63	29.56	19.45
	0.30	1.75	0.95	0.93	1.31	0.57	1.37	0.55	0.76	1.98	0.39	1.41	1.50	1.92	2.23	0.84
9 - 12 years (No diploma)	15.37	16.87	15.01	17.79	18.16	16.75	18.63	12.42	12.21	14.18*	13.18	18.18	19.09	18.96	21.76	19.14
	0.33	2.55	1.06	0.98	1.53	0.67	1.63	0.65	0.73	2.13	0.45	1.60	1.76	1.49	2.01	0.83
High school graduate	30.47	29.40	30.71	30.53	32.91	30.84	33.49	30.91	28.96	25.16	30.41	33.85	30.77	27.47	24.87	30.07
	0.50	2.74	1.70	1.26	1.63	0.89	2.42	1.00	0.98	2.38	0.70	2.37	2.47	1.91	2.32	1.14
Some college/vocational school	25.53	33.98	26.44	25.50	19.90	25.99	27.51	27.52	24.67	25.70	26.63	27.93	21.93	18.61	14.16	21.84
	0.52	2.85	1.37	1.25	1.72	0.89	2.05	1.06	1.06	2.24	0.72	2.17	1.98	1.69	1.69	1.13
Bachelor's degree and beyond	16.58	9.24*	18.82	13.28	12.32	14.57	11.22	21.65	21.95	18.18	20.34	6.87*	11.23	10.33	9.66*	9.50
	0.48	1.52	1.52	1.17	1.30	0.68	2.04	1.09	0.90	1.89	0.69	1.90	1.49	1.29	1.41	0.86

Table 1.4a Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2005Community Residents¹

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 1,000s)	41,524	1,570	4,355	4,372	2,026	12,323	2,526	11,710	6,027	944	21,207	2,337	2,501	1,958	1,068	7,864
	<i>141</i>	<i>96</i>	<i>149</i>	<i>91</i>	<i>74</i>	<i>211</i>	<i>127</i>	<i>205</i>	<i>112</i>	<i>49</i>	<i>196</i>	<i>102</i>	<i>103</i>	<i>78</i>	<i>54</i>	<i>170</i>
Beneficiaries as a Percentage of Column Total																
Income																
Less than \$5,000	3.03	3.29*	2.83*	2.71*	3.08*	2.89	2.79*	2.25	1.69*	4.87*	2.27	4.52	5.21*	5.75*	6.78*	5.35
	<i>0.19</i>	<i>0.87</i>	<i>0.55</i>	<i>0.47</i>	<i>0.67</i>	<i>0.30</i>	<i>0.93</i>	<i>0.26</i>	<i>0.35</i>	<i>1.17</i>	<i>0.21</i>	<i>0.58</i>	<i>1.22</i>	<i>0.91</i>	<i>1.28</i>	<i>0.52</i>
\$5,000 - \$9,999	13.88	39.45	19.27	17.09	15.68	20.48	8.18	2.97	2.74*	3.50*	3.55	48.03	24.40	22.67	26.18	31.24
	<i>0.30</i>	<i>2.70</i>	<i>1.26</i>	<i>1.09</i>	<i>1.48</i>	<i>0.70</i>	<i>1.31</i>	<i>0.43</i>	<i>0.47</i>	<i>1.07</i>	<i>0.35</i>	<i>2.26</i>	<i>2.10</i>	<i>1.78</i>	<i>1.87</i>	<i>1.05</i>
\$10,000 - \$14,999	16.19	24.66	20.17	23.56	26.27	22.95	10.10	7.20	10.14	11.60*	8.57	26.17	21.36	28.18	31.83	25.91
	<i>0.38</i>	<i>2.60</i>	<i>1.52</i>	<i>1.20</i>	<i>1.54</i>	<i>0.86</i>	<i>1.37</i>	<i>0.68</i>	<i>0.76</i>	<i>1.73</i>	<i>0.43</i>	<i>2.12</i>	<i>1.89</i>	<i>2.08</i>	<i>2.33</i>	<i>0.91</i>
\$15,000 - \$19,999	11.06	12.46*	11.67	14.97	18.54	14.07	11.58	7.27	9.90	12.41*	8.76	10.66	12.97	13.90	13.18	12.54
	<i>0.33</i>	<i>2.07</i>	<i>1.11</i>	<i>1.07</i>	<i>1.50</i>	<i>0.63</i>	<i>1.56</i>	<i>0.53</i>	<i>0.80</i>	<i>1.49</i>	<i>0.45</i>	<i>2.33</i>	<i>1.54</i>	<i>1.45</i>	<i>1.60</i>	<i>0.94</i>
\$20,000 - \$24,999	10.36	6.82*	12.59	10.79	9.10	10.64	12.28	9.79	14.48	11.50*	11.49	3.96*	7.84*	9.94	5.60*	6.91
	<i>0.35</i>	<i>1.47</i>	<i>1.23</i>	<i>0.82</i>	<i>0.95</i>	<i>0.62</i>	<i>1.69</i>	<i>0.70</i>	<i>0.97</i>	<i>1.52</i>	<i>0.42</i>	<i>0.88</i>	<i>1.57</i>	<i>1.27</i>	<i>1.29</i>	<i>0.68</i>
\$25,000 - \$29,999	7.92	5.03*	8.76	8.39	7.39	7.93	10.57	8.76	9.18	7.83*	9.05	1.19*	8.04*	5.38*	4.83*	4.91
	<i>0.31</i>	<i>1.72</i>	<i>0.88</i>	<i>0.83</i>	<i>1.05</i>	<i>0.50</i>	<i>1.61</i>	<i>0.53</i>	<i>0.76</i>	<i>1.39</i>	<i>0.45</i>	<i>0.34</i>	<i>1.43</i>	<i>1.14</i>	<i>0.99</i>	<i>0.53</i>
\$30,000 - \$39,999	13.44	5.36*	11.02	11.99	9.31	10.36	16.35	17.37	18.80	16.90	17.63	3.28*	10.57	7.62*	6.36*	7.10
	<i>0.34</i>	<i>1.32</i>	<i>1.08</i>	<i>0.94</i>	<i>1.10</i>	<i>0.56</i>	<i>2.06</i>	<i>0.80</i>	<i>0.84</i>	<i>1.98</i>	<i>0.57</i>	<i>0.95</i>	<i>1.36</i>	<i>1.16</i>	<i>1.11</i>	<i>0.54</i>
\$40,000 - \$49,999	8.32	1.76*	5.65	4.26	3.43*	4.30	11.01	13.90	11.81	9.71*	12.78	1.50*	3.64*	3.05*	1.58*	2.58*
	<i>0.34</i>	<i>0.70</i>	<i>0.67</i>	<i>0.64</i>	<i>0.69</i>	<i>0.34</i>	<i>1.56</i>	<i>0.81</i>	<i>0.84</i>	<i>1.73</i>	<i>0.58</i>	<i>0.86</i>	<i>0.84</i>	<i>0.85</i>	<i>0.66</i>	<i>0.44</i>
\$50,000 or more	15.81	1.17*	8.03	6.24	7.19	6.38	17.15	30.49	21.26	21.67	25.89	0.70*	5.95*	3.51*	3.67*	3.47
	<i>0.41</i>	<i>0.53</i>	<i>1.02</i>	<i>0.68</i>	<i>0.94</i>	<i>0.48</i>	<i>1.82</i>	<i>1.04</i>	<i>1.06</i>	<i>2.32</i>	<i>0.70</i>	<i>0.28</i>	<i>1.33</i>	<i>0.70</i>	<i>0.95</i>	<i>0.48</i>
Metropolitan Area Resident																
Yes	76.10	75.13	73.85	76.33	78.18	75.61	64.52	75.56	77.42	78.97	74.93	77.19	81.59	81.56	78.97	79.92
	<i>0.22</i>	<i>2.04</i>	<i>1.21</i>	<i>0.75</i>	<i>1.27</i>	<i>0.58</i>	<i>2.70</i>	<i>0.80</i>	<i>0.64</i>	<i>2.04</i>	<i>0.58</i>	<i>1.84</i>	<i>1.43</i>	<i>2.13</i>	<i>2.08</i>	<i>0.98</i>
No	23.90	24.87	26.15	23.67	21.82	24.39	35.48	24.44	22.58	21.03	25.07	22.81	18.41	18.44	21.03	20.08
	<i>0.22</i>	<i>2.04</i>	<i>1.21</i>	<i>0.75</i>	<i>1.27</i>	<i>0.58</i>	<i>2.70</i>	<i>0.80</i>	<i>0.64</i>	<i>2.04</i>	<i>0.58</i>	<i>1.84</i>	<i>1.43</i>	<i>2.13</i>	<i>2.08</i>	<i>0.98</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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.

Table 1.4b Demographic and Socioeconomic Characteristics of Noninstitutionalized Male Medicare Beneficiaries, by Living Arrangement and Age, 2005Male Community Residents¹

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 1,000s)	18,601	788	1,364	1,106	443	3,700	1,370	6,436	3,711	664	12,181	1,205	759	480	206	2,650
	147	52	75	53	40	106	91	125	83	36	148	75	57	38	24	95
Beneficiaries as a Percentage of Column Total																
Marital Status																
Married	67.97	2.41*	6.41*	10.77*	13.79*	7.75	99.58	99.60	99.61	100.00	99.62	4.72*	9.91*	6.17*	3.68*	6.38*
	0.62	1.24	1.52	1.85	2.87	0.85	0.33	0.16	0.20	0.00	0.10	1.57	2.55	2.21	2.18	1.13
Widowed	12.62	5.22*	30.35	63.57	77.21	40.53	0.00	0.19*	0.16*	0.00	0.15*	10.82*	27.52*	63.29	87.06	31.03
	0.46	1.71	2.82	2.94	3.03	1.80	0.00	0.11	0.12	0.00	0.07	2.86	3.54	4.63	3.80	1.68
Divorced/separated	12.01	52.22	48.66	17.83	5.13*	35.00	0.24*	0.21*	0.23*	0.00	0.21*	34.15	50.25	20.65*	7.99*	34.24
	0.51	4.08	2.77	2.37	1.49	1.79	0.27	0.12	0.16	0.00	0.08	2.85	4.00	3.57	3.05	1.81
Never married	7.40	40.15	14.58*	7.83*	3.87*	16.73	0.18*	0.00	0.00	0.00	0.02*	50.32	12.32*	9.89*	1.27*	28.35
	0.36	3.94	2.30	1.27	1.77	1.22	0.19	0.00	0.00	0.00	0.02	3.40	2.80	2.90	1.26	1.92
Race/Ethnicity																
White non-Hispanic	78.71	71.00	73.69	84.55	90.51	78.39	65.21	83.16	86.16	88.01	82.32	58.23	60.97	72.59	70.21	62.56
	0.78	3.44	2.48	2.17	2.12	1.42	3.25	1.17	1.13	2.22	0.83	3.02	3.81	3.39	4.69	2.12
Black non-Hispanic	8.71	17.03*	13.89*	6.94*	4.46*	11.35	9.20*	5.42	4.04*	2.98*	5.29	22.52	21.73*	16.42*	17.39*	20.79
	0.29	2.84	1.84	1.42	1.33	0.94	1.67	0.53	0.52	1.20	0.36	2.13	3.31	3.12	3.77	1.32
Hispanic	7.99	9.16*	9.73*	4.16*	2.18*	7.03	13.17*	6.95	5.55	6.45*	7.20	15.37	13.44*	8.04*	8.49*	12.95
	0.57	2.34	1.76	0.94	1.10	0.98	2.06	0.78	0.70	1.66	0.55	2.85	3.14	2.13	2.83	1.82
Other	4.59	2.81*	2.68*	4.35*	2.85*	3.23*	12.42*	4.46	4.25*	2.56*	5.19	3.88*	3.86*	2.95*	3.91*	3.71*
	0.43	1.00	1.06	1.19	1.25	0.53	3.17	0.65	0.65	1.01	0.55	1.12	1.57	1.38	2.29	0.66
Schooling																
0 - 8 years	12.06	11.60*	11.73*	15.72	13.62*	13.12	11.41*	8.08	13.34	16.21*	10.49	12.40	18.47*	27.55*	25.31*	17.88
	0.48	2.12	2.24	2.02	2.17	1.15	1.99	0.68	0.97	2.19	0.52	1.93	3.33	4.28	5.07	1.57
9 - 12 years (No diploma)	15.39	22.92	13.21*	17.12	14.65*	16.62	23.51	13.04	10.98	13.13*	13.59	21.31	24.01*	20.94*	21.66*	22.04
	0.61	3.57	2.14	1.94	2.85	1.35	2.63	0.94	0.95	2.15	0.70	2.48	3.79	3.40	5.14	1.70
High school graduate	27.36	26.16	24.91	22.02	34.94	25.52	29.55	26.63	26.56	22.96	26.74	38.17	32.35	23.68*	24.72*	32.83
	0.75	3.75	2.78	2.10	3.50	1.45	3.28	1.37	1.34	2.85	0.91	3.05	4.12	3.50	4.99	1.93
Some college/vocational school	24.17	30.89	25.12	24.19	20.68*	25.54	23.12	26.70	23.42	26.62	25.30	21.91	13.87*	11.30*	12.39*	16.95
	0.70	3.97	2.98	2.43	3.47	1.69	2.95	1.33	1.33	2.70	0.89	2.35	3.08	2.71	3.89	1.31
Bachelor's degree and beyond	21.03	8.43*	25.03	20.96	16.11*	19.20	12.42*	25.55	25.70	21.08	23.88	6.21*	11.30*	16.54*	15.93*	10.29
	0.73	1.90	2.97	2.45	2.68	1.32	3.01	1.42	1.33	2.37	0.90	3.07	2.39	3.32	4.52	1.71

Table 1.4b Demographic and Socioeconomic Characteristics of Noninstitutionalized Male Medicare Beneficiaries, by Living Arrangement and Age, 2005

Male Community Residents¹

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 1,000s)	18,601	788	1,364	1,106	443	3,700	1,370	6,436	3,711	664	12,181	1,205	759	480	206	2,650
	<i>147</i>	<i>52</i>	<i>75</i>	<i>53</i>	<i>40</i>	<i>106</i>	<i>91</i>	<i>125</i>	<i>83</i>	<i>36</i>	<i>148</i>	<i>75</i>	<i>57</i>	<i>38</i>	<i>24</i>	<i>95</i>
Beneficiaries as a Percentage of Column Total																
Income																
Less than \$5,000	2.55	3.88*	2.57*	3.03*	1.94*	2.91*	1.83*	2.59*	1.09*	3.91*	2.12	5.11*	3.05*	3.68*	3.34*	4.13*
	<i>0.22</i>	<i>1.00</i>	<i>0.92</i>	<i>1.16</i>	<i>1.07</i>	<i>0.55</i>	<i>0.92</i>	<i>0.39</i>	<i>0.32</i>	<i>1.23</i>	<i>0.27</i>	<i>0.98</i>	<i>1.21</i>	<i>1.09</i>	<i>1.93</i>	<i>0.59</i>
\$5,000 - \$9,999	10.37	35.25	16.57	9.95*	10.33*	17.82	9.44*	2.64*	2.59*	3.48*	3.43	45.18	20.04*	20.99*	17.19*	31.43
	<i>0.44</i>	<i>3.46</i>	<i>2.29</i>	<i>1.72</i>	<i>2.70</i>	<i>1.23</i>	<i>1.76</i>	<i>0.48</i>	<i>0.53</i>	<i>1.25</i>	<i>0.39</i>	<i>3.18</i>	<i>3.67</i>	<i>3.38</i>	<i>4.31</i>	<i>1.91</i>
\$10,000 - \$14,999	12.80	28.48	18.12	16.23	16.73*	19.60	10.57*	6.57	9.25	10.34*	8.04	25.67	18.49*	29.27*	32.99*	24.83
	<i>0.48</i>	<i>3.68</i>	<i>2.87</i>	<i>2.38</i>	<i>2.50</i>	<i>1.35</i>	<i>2.04</i>	<i>0.79</i>	<i>0.86</i>	<i>1.68</i>	<i>0.57</i>	<i>2.77</i>	<i>3.18</i>	<i>3.97</i>	<i>5.71</i>	<i>1.58</i>
\$15,000 - \$19,999	10.28	12.33*	11.11*	17.26	16.23*	13.82	11.38*	6.63	10.32	13.43*	8.66	12.51*	15.22*	10.07*	12.33*	12.83
	<i>0.53</i>	<i>3.24</i>	<i>1.93</i>	<i>2.18</i>	<i>3.02</i>	<i>1.08</i>	<i>2.05</i>	<i>0.66</i>	<i>1.05</i>	<i>1.72</i>	<i>0.50</i>	<i>3.96</i>	<i>2.90</i>	<i>2.85</i>	<i>3.67</i>	<i>2.16</i>
\$20,000 - \$24,999	9.63	5.17*	11.36*	10.90*	12.42*	10.03	13.09*	8.43	12.86	12.11*	10.50	3.86*	5.34*	8.79*	5.44*	5.30*
	<i>0.46</i>	<i>1.78</i>	<i>1.97</i>	<i>1.83</i>	<i>2.53</i>	<i>1.04</i>	<i>1.96</i>	<i>0.85</i>	<i>0.97</i>	<i>1.79</i>	<i>0.53</i>	<i>1.19</i>	<i>2.06</i>	<i>2.50</i>	<i>2.54</i>	<i>0.97</i>
\$25,000 - \$29,999	8.54	5.55*	7.79*	9.24*	9.47*	7.95	12.90*	8.43	9.50	9.19*	9.30	0.85*	13.14*	6.47*	7.18*	5.88*
	<i>0.49</i>	<i>2.60</i>	<i>1.85</i>	<i>1.59</i>	<i>2.11</i>	<i>0.95</i>	<i>2.64</i>	<i>0.68</i>	<i>1.02</i>	<i>1.80</i>	<i>0.59</i>	<i>0.33</i>	<i>3.38</i>	<i>2.10</i>	<i>3.01</i>	<i>0.98</i>
\$30,000 - \$39,999	15.16	5.59*	14.42*	14.61	10.22*	12.09	17.35	16.99	19.58	13.63*	17.64	4.43*	10.43*	12.98*	14.44*	8.47
	<i>0.59</i>	<i>1.80</i>	<i>2.27</i>	<i>1.94</i>	<i>2.49</i>	<i>1.08</i>	<i>2.91</i>	<i>1.12</i>	<i>1.06</i>	<i>2.05</i>	<i>0.79</i>	<i>1.59</i>	<i>2.37</i>	<i>3.17</i>	<i>3.52</i>	<i>1.16</i>
\$40,000 - \$49,999	10.13	2.10*	5.61*	6.53*	8.10*	5.43	11.11*	14.44	11.67	10.27*	12.99	2.09*	6.76*	2.65*	1.60*	3.49*
	<i>0.51</i>	<i>1.08</i>	<i>1.14</i>	<i>1.62</i>	<i>1.83</i>	<i>0.70</i>	<i>2.17</i>	<i>1.11</i>	<i>1.00</i>	<i>2.11</i>	<i>0.71</i>	<i>1.50</i>	<i>2.10</i>	<i>1.33</i>	<i>1.61</i>	<i>0.95</i>
\$50,000 or more	20.54	1.64*	12.45*	12.27*	14.57*	10.35	12.32*	33.28	23.14	23.65	27.31	0.30*	7.53*	5.09*	5.50*	3.64*
	<i>0.68</i>	<i>0.95</i>	<i>2.13</i>	<i>1.84</i>	<i>2.96</i>	<i>1.09</i>	<i>2.17</i>	<i>1.37</i>	<i>1.33</i>	<i>2.66</i>	<i>0.97</i>	<i>0.25</i>	<i>2.23</i>	<i>2.09</i>	<i>2.67</i>	<i>0.76</i>
Metropolitan Area Resident																
Yes	75.50	72.49	71.16	76.45	80.85	74.19	65.85	75.77	77.88	79.22	75.50	76.34	78.66	79.16	75.68	77.46
	<i>0.49</i>	<i>2.99</i>	<i>2.02</i>	<i>1.41</i>	<i>3.06</i>	<i>1.05</i>	<i>3.26</i>	<i>1.04</i>	<i>0.92</i>	<i>2.53</i>	<i>0.76</i>	<i>2.57</i>	<i>2.91</i>	<i>3.39</i>	<i>5.09</i>	<i>1.49</i>
No	24.50	27.51	28.84	23.55	19.15*	25.81	34.15	24.23	22.12	20.78	24.50	23.66	21.34*	20.84*	24.32*	22.54
	<i>0.49</i>	<i>2.99</i>	<i>2.02</i>	<i>1.41</i>	<i>3.06</i>	<i>1.05</i>	<i>3.26</i>	<i>1.04</i>	<i>0.92</i>	<i>2.53</i>	<i>0.76</i>	<i>2.57</i>	<i>2.91</i>	<i>3.39</i>	<i>5.09</i>	<i>1.49</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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.

Table 1.4c Demographic and Socioeconomic Characteristics of Noninstitutionalized Female Medicare Beneficiaries, by Living Arrangement and Age, 2005Female Community Residents¹

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 1,000s)	22,923	782	2,991	3,266	1,583	8,623	1,156	5,274	2,316	280	9,026	1,132	1,741	1,478	862	5,214
	149	77	131	93	65	187	72	167	78	30	176	72	92	63	48	133
Beneficiaries as a Percentage of Column Total																
Marital Status																
Married	41.60	1.00*	4.53*	3.82*	3.47*	3.75	98.30	100.00	99.65	100.00	99.69	3.98*	3.67*	3.70*	2.87*	3.61
	0.77	0.69	0.98	0.62	0.67	0.44	1.26	0.00	0.25	0.00	0.18	1.12	1.27	1.02	0.97	0.62
Widowed	40.54	20.27*	60.45	80.07	88.90	69.46	1.37*	0.00	0.18*	0.00	0.22*	12.25*	63.00	83.94	90.87	62.53
	0.73	3.78	2.45	1.26	1.11	1.17	1.24	0.00	0.18	0.00	0.17	2.84	2.63	2.11	1.61	1.46
Divorced/separated	13.01	54.75	30.31	11.40	3.24*	20.39	0.16*	0.00	0.17*	0.00	0.06*	48.04	29.14	8.47*	4.20*	23.26
	0.51	5.38	2.19	1.18	0.80	1.20	0.17	0.00	0.17	0.00	0.05	3.21	2.49	1.65	1.11	1.31
Never married	4.85	23.98	4.71*	4.71*	4.39*	6.40	0.18*	0.00	0.00	0.00	0.02*	35.72	4.19*	3.90*	2.06*	10.60
	0.26	4.10	0.97	0.70	0.74	0.57	0.18	0.00	0.00	0.00	0.02	3.25	1.14	0.97	0.80	0.82
Race/Ethnicity																
White non-Hispanic	78.00	66.76	78.26	85.18	89.08	81.82	79.40	83.52	87.02	83.38	83.89	55.57	53.93	69.04	71.86	61.54
	0.65	3.88	1.65	1.26	1.19	1.00	2.79	1.34	1.32	3.57	0.90	3.22	2.53	1.96	2.24	1.16
Black non-Hispanic	9.83	23.17*	11.20	7.89	5.68*	10.02	8.73*	4.28	3.36*	6.85*	4.69	26.99	20.45	14.26	10.12*	18.41
	0.36	3.50	1.20	0.81	0.95	0.62	1.82	0.59	0.72	2.35	0.45	3.12	2.38	1.54	1.38	1.06
Hispanic	7.54	6.13*	5.47*	4.79	3.81*	4.97	8.53*	7.09	6.15*	5.10*	6.97	12.07*	17.01	9.71*	10.19*	12.74
	0.54	2.91	0.96	0.78	0.71	0.61	2.13	1.01	1.20	2.37	0.72	2.13	1.90	1.44	1.56	1.00
Other	4.63	3.95*	5.07*	2.14*	1.43*	3.19	3.33*	5.11	3.47*	4.68*	4.45	5.37*	8.62*	6.99*	7.83*	7.32
	0.31	1.63	0.86	0.49	0.47	0.45	1.28	0.65	0.72	2.62	0.45	1.71	1.79	1.21	1.44	0.75
Schooling																
0 - 8 years	12.04	9.39*	7.78	11.96	17.59	11.31	6.48*	6.78	10.39	18.13*	8.02	13.97*	16.36	23.69	30.57	20.23
	0.42	2.84	1.17	1.09	1.57	0.66	1.99	0.88	1.12	3.96	0.60	2.26	1.99	2.13	2.71	1.15
9 - 12 years (No diploma)	15.35	10.66*	15.83	18.01	19.15	16.80	12.87*	11.67	14.18	16.66*	12.63	14.89	16.98	18.33	21.78	17.69
	0.43	3.00	1.35	1.10	1.76	0.75	2.04	1.00	1.35	3.83	0.76	2.21	1.86	1.70	2.29	0.89
High school graduate	32.99	32.72	33.34	33.40	32.33	33.12	38.15	36.13	32.79	30.33*	35.35	29.30	30.09	28.69	24.90	28.68
	0.60	3.86	1.91	1.48	2.02	1.02	4.33	1.45	1.65	4.36	1.00	3.44	2.88	2.18	2.50	1.40
Some college/vocational school	26.64	37.15	27.04	25.95	19.69	26.18	32.69	28.52	26.67	23.53*	28.42	34.27	25.38	20.96	14.57*	24.30
	0.72	4.14	1.77	1.51	1.85	1.09	3.29	1.51	1.83	4.48	1.16	3.65	2.67	2.14	1.99	1.59
Bachelor's degree and beyond	12.98	10.07*	16.01	10.68	11.25	12.59	9.81*	16.90	15.96	11.35*	15.58	7.58*	11.19*	8.33*	8.17*	9.10
	0.56	2.26	1.71	1.12	1.46	0.82	2.42	1.43	1.31	3.12	1.00	1.99	1.76	1.39	1.37	0.86

Table 1.4c Demographic and Socioeconomic Characteristics of Noninstitutionalized Female Medicare Beneficiaries, by Living Arrangement and Age, 2005

Female Community Residents¹

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 +			
Beneficiaries (in 1,000s)	22,923	782	2,991	3,266	1,583	8,623	1,156	5,274	2,316	280	9,026	1,132	1,741	1,478	862	5,214		
	<i>149</i>	<i>77</i>	<i>131</i>	<i>93</i>	<i>65</i>	<i>187</i>	<i>72</i>	<i>167</i>	<i>78</i>	<i>30</i>	<i>176</i>	<i>72</i>	<i>92</i>	<i>63</i>	<i>48</i>	<i>133</i>		
Beneficiaries as a Percentage of Column Total																		
Income																		
Less than \$5,000	3.42	2.69*	2.95*	2.60*	3.40*	2.87	3.93*	1.84*	2.65*	7.16*	2.48	3.90*	6.15*	6.43*	7.61*	5.98		
	<i>0.25</i>	<i>1.39</i>	<i>0.72</i>	<i>0.53</i>	<i>0.79</i>	<i>0.39</i>	<i>1.66</i>	<i>0.43</i>	<i>0.70</i>	<i>2.72</i>	<i>0.36</i>	<i>0.76</i>	<i>1.63</i>	<i>1.16</i>	<i>1.45</i>	<i>0.73</i>		
\$5,000 - \$9,999	16.72	43.69	20.50	19.51	17.18	21.62	6.67*	3.38*	2.99*	3.55*	3.71	51.08	26.30	23.21	28.32	31.14		
	<i>0.44</i>	<i>4.07</i>	<i>1.59</i>	<i>1.32</i>	<i>1.64</i>	<i>0.84</i>	<i>1.89</i>	<i>0.69</i>	<i>0.83</i>	<i>1.80</i>	<i>0.59</i>	<i>3.11</i>	<i>2.52</i>	<i>2.28</i>	<i>2.14</i>	<i>1.31</i>		
\$10,000 - \$14,999	18.95	20.81*	21.10	26.04	28.94	24.39	9.53*	7.96	11.56	14.60*	9.29	26.69	22.61	27.83	31.55	26.45		
	<i>0.50</i>	<i>3.46</i>	<i>1.69</i>	<i>1.45</i>	<i>1.77</i>	<i>1.03</i>	<i>1.97</i>	<i>1.03</i>	<i>1.24</i>	<i>3.57</i>	<i>0.72</i>	<i>2.70</i>	<i>2.19</i>	<i>2.35</i>	<i>2.73</i>	<i>1.21</i>		
\$15,000 - \$19,999	11.68	12.59*	11.93	14.19	19.19	14.18	11.81*	8.06	9.24	10.01*	8.90	8.68*	12.00	15.14	13.38*	12.40		
	<i>0.43</i>	<i>3.00</i>	<i>1.28</i>	<i>1.27</i>	<i>1.67</i>	<i>0.82</i>	<i>2.56</i>	<i>0.79</i>	<i>1.02</i>	<i>2.86</i>	<i>0.74</i>	<i>1.98</i>	<i>1.84</i>	<i>1.61</i>	<i>1.91</i>	<i>0.92</i>		
\$20,000 - \$24,999	10.96	8.47*	13.15	10.75	8.18*	10.91	11.32*	11.45	17.07	10.07*	12.83	4.06*	8.94*	10.31*	5.64*	7.72		
	<i>0.46</i>	<i>2.25</i>	<i>1.38</i>	<i>0.92</i>	<i>1.01</i>	<i>0.71</i>	<i>2.75</i>	<i>0.97</i>	<i>1.60</i>	<i>3.14</i>	<i>0.73</i>	<i>1.27</i>	<i>2.04</i>	<i>1.44</i>	<i>1.44</i>	<i>0.87</i>		
\$25,000 - \$29,999	7.41	4.50*	9.20	8.11	6.81*	7.92	7.80*	9.15	8.65	4.59*	8.71	1.56*	5.82*	5.02*	4.27*	4.41		
	<i>0.34</i>	<i>2.33</i>	<i>1.09</i>	<i>0.96</i>	<i>1.19</i>	<i>0.60</i>	<i>1.54</i>	<i>0.80</i>	<i>0.95</i>	<i>2.02</i>	<i>0.58</i>	<i>0.61</i>	<i>1.39</i>	<i>1.25</i>	<i>1.05</i>	<i>0.67</i>		
\$30,000 - \$39,999	12.04	5.12*	9.48	11.11	9.05	9.62	15.17*	17.83	17.55	24.66*	17.63	2.06*	10.64*	5.88*	4.43*	6.40		
	<i>0.47</i>	<i>2.42</i>	<i>1.20</i>	<i>1.07</i>	<i>1.34</i>	<i>0.72</i>	<i>2.94</i>	<i>1.27</i>	<i>1.37</i>	<i>4.37</i>	<i>0.88</i>	<i>0.81</i>	<i>1.88</i>	<i>1.28</i>	<i>1.22</i>	<i>0.82</i>		
\$40,000 - \$49,999	6.86	1.42*	5.67*	3.50*	2.12*	3.81	10.88*	13.25	12.03	8.39*	12.49	0.86*	2.29*	3.18*	1.57*	2.11*		
	<i>0.41</i>	<i>0.91</i>	<i>0.86</i>	<i>0.68</i>	<i>0.64</i>	<i>0.38</i>	<i>2.08</i>	<i>1.22</i>	<i>1.09</i>	<i>2.89</i>	<i>0.86</i>	<i>0.87</i>	<i>0.91</i>	<i>1.04</i>	<i>0.72</i>	<i>0.49</i>		
\$50,000 or more	11.97	0.70*	6.02*	4.20*	5.12*	4.68	22.88	27.09	18.25	16.97*	23.97	1.12*	5.26*	3.00*	3.23*	3.38*		
	<i>0.42</i>	<i>0.48</i>	<i>1.06</i>	<i>0.71</i>	<i>0.92</i>	<i>0.44</i>	<i>3.11</i>	<i>1.42</i>	<i>1.52</i>	<i>4.30</i>	<i>0.97</i>	<i>0.54</i>	<i>1.43</i>	<i>0.71</i>	<i>1.04</i>	<i>0.54</i>		
Metropolitan Area Resident																		
Yes	76.59	77.79	75.07	76.29	77.43	76.22	62.97	75.29	76.68	78.36	74.16	78.08	82.85	82.35	79.76	81.16		
	<i>0.39</i>	<i>3.90</i>	<i>1.60</i>	<i>1.08</i>	<i>1.59</i>	<i>0.81</i>	<i>3.49</i>	<i>1.32</i>	<i>1.30</i>	<i>3.50</i>	<i>1.02</i>	<i>2.38</i>	<i>1.93</i>	<i>2.05</i>	<i>2.34</i>	<i>1.09</i>		
No	23.41	22.21	24.93	23.71	22.57	23.78	37.03	24.71	23.32	21.64*	25.84	21.92	17.15	17.65	20.24	18.84		
	<i>0.39</i>	<i>3.90</i>	<i>1.60</i>	<i>1.08</i>	<i>1.59</i>	<i>0.81</i>	<i>3.49</i>	<i>1.32</i>	<i>1.30</i>	<i>3.50</i>	<i>1.02</i>	<i>2.38</i>	<i>1.93</i>	<i>2.05</i>	<i>2.34</i>	<i>1.09</i>		

Source: Medicare Current Beneficiary Survey, CY 2005 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.

Table 1.5 Demographic and Socioeconomic Characteristics of Institutionalized Medicare Beneficiaries, by Age, 2005Long-Term Care Facility-Only Residents¹

Beneficiary Characteristic	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 1,000s)	1,877	292	207	568	810
	73	28	32	39	41
Beneficiaries as a Percentage of Column Total					
Marital Status					
Married	14.27	2.28*	22.87*	23.36	10.36*
	1.21	1.01	5.20	2.32	1.81
Widowed	54.38	6.54*	33.19*	54.11	76.60
	1.66	3.43	6.43	3.11	2.40
Divorced/separated	11.32	19.56*	25.00*	12.19*	4.66*
	1.45	4.16	5.94	2.48	1.16
Never married	20.03	71.62	18.94*	10.33*	8.39*
	1.37	5.07	5.18	2.02	1.36
Race/Ethnicity					
White non-Hispanic	84.97	78.38	78.67*	85.48	88.48
	1.54	4.30	5.50	2.58	2.25
Black non-Hispanic	9.77	14.92*	12.83*	8.67*	7.95*
	1.26	3.88	4.45	2.05	1.57
Hispanic	3.31*	5.07*	2.12*	5.03*	1.79*
	0.73	1.94	1.56	1.78	0.71
Other	1.95*	1.64*	6.38*	0.83*	1.79*
	0.59	0.96	3.95	0.60	0.74
Schooling					
0 - 8 years	30.20	40.01	29.87*	23.45*	31.73
	2.11	4.77	6.95	3.02	3.31
9 - 12 years (No diploma)	20.30	23.41*	24.21*	22.49*	16.68
	1.70	4.53	5.25	3.47	2.27
High school graduate	28.35	29.92*	27.61*	29.38	27.27
	1.98	5.02	7.14	4.03	2.54
Some college/vocational school	11.43	4.69*	9.10*	14.04*	12.46*
	1.47	2.04	5.54	2.43	2.22
Bachelor's degree and beyond	9.72	1.96*	9.21*	10.64*	11.86*
	1.24	1.58	5.03	2.33	1.63

Table 1.5 Demographic and Socioeconomic Characteristics of Institutionalized Medicare Beneficiaries, by Age, 2005Long-Term Care Facility-Only Residents¹

Beneficiary Characteristic	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 1,000s)	1,877	292	207	568	810
	<i>73</i>	<i>28</i>	<i>32</i>	<i>39</i>	<i>41</i>
Beneficiaries as a Percentage of Column Total					
Income					
Less than \$5,000	4.85*	7.84*	9.86*	2.39*	4.23*
	<i>0.75</i>	<i>2.51</i>	<i>3.44</i>	<i>0.87</i>	<i>1.10</i>
\$5,000 - \$9,999	38.43	55.67	45.80*	33.42	33.87
	<i>1.75</i>	<i>5.03</i>	<i>5.90</i>	<i>3.36</i>	<i>2.35</i>
\$10,000 - \$14,999	24.77	28.25*	19.17*	27.41	23.10
	<i>1.63</i>	<i>4.44</i>	<i>6.16</i>	<i>3.17</i>	<i>2.01</i>
\$15,000 - \$19,999	9.93	4.81*	7.69*	9.37*	12.73*
	<i>0.95</i>	<i>1.85</i>	<i>3.38</i>	<i>1.65</i>	<i>1.74</i>
\$20,000 - \$24,999	6.09*	1.64*	0.00	8.05*	7.87*
	<i>0.87</i>	<i>1.69</i>	<i>0.00</i>	<i>2.11</i>	<i>1.52</i>
\$25,000 - \$29,999	5.31*	0.99*	11.15*	4.82*	5.73*
	<i>1.03</i>	<i>1.01</i>	<i>6.02</i>	<i>1.57</i>	<i>1.04</i>
\$30,000 - \$39,999	5.47*	0.34*	2.91*	6.47*	7.28*
	<i>0.95</i>	<i>0.32</i>	<i>2.15</i>	<i>1.66</i>	<i>1.63</i>
\$40,000 - \$49,999	2.71*	0.00	3.43*	4.14*	2.51*
	<i>0.59</i>	<i>0.00</i>	<i>2.91</i>	<i>1.44</i>	<i>0.80</i>
\$50,000 or more	2.42*	0.46*	0.00	3.94*	2.68*
	<i>0.50</i>	<i>0.48</i>	<i>0.00</i>	<i>1.11</i>	<i>0.78</i>
Metropolitan Area Resident					
Yes	73.67	80.62	77.81*	70.81	72.12
	<i>1.42</i>	<i>3.56</i>	<i>5.45</i>	<i>2.91</i>	<i>2.20</i>
No	26.33	19.38*	22.19*	29.19	27.88
	<i>1.42</i>	<i>3.56</i>	<i>5.45</i>	<i>2.91</i>	<i>2.20</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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.

Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2005Community Residents¹

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 1,000s)	41,524	3,945	7,470	8,183	14,285	2,377	5,265
	<i>141</i>	<i>134</i>	<i>156</i>	<i>176</i>	<i>231</i>	<i>110</i>	<i>113</i>
Beneficiaries as a Percentage of Column Total							
Medicare Status³							
Aged							
65 - 74 years	44.91	38.56	30.22	45.71	50.87	55.61	48.25
	<i>0.40</i>	<i>1.79</i>	<i>1.16</i>	<i>0.95</i>	<i>0.81</i>	<i>2.22</i>	<i>1.14</i>
75 - 84 years	29.76	20.20	22.21	37.19	29.19	34.50	35.51
	<i>0.28</i>	<i>1.20</i>	<i>1.10</i>	<i>1.01</i>	<i>0.71</i>	<i>2.19</i>	<i>1.16</i>
85 years and older	9.72	6.79	8.50	13.68	8.93	6.89	10.94
	<i>0.21</i>	<i>0.65</i>	<i>0.56</i>	<i>0.65</i>	<i>0.42</i>	<i>0.85</i>	<i>0.72</i>
Disabled							
Under 45 years	3.75	5.61	13.67	0.66*	1.58	0.35*	0.50*
	<i>0.07</i>	<i>0.63</i>	<i>0.48</i>	<i>0.11</i>	<i>0.15</i>	<i>0.17</i>	<i>0.10</i>
45 - 64 years	11.86	28.83	25.40	2.77*	9.43	2.66*	4.81*
	<i>0.32</i>	<i>1.92</i>	<i>1.20</i>	<i>0.49</i>	<i>0.64</i>	<i>0.74</i>	<i>0.74</i>
Gender							
Male	44.80	60.34	38.30	40.77	47.27	45.40	41.65
	<i>0.31</i>	<i>1.61</i>	<i>1.11</i>	<i>1.10</i>	<i>0.84</i>	<i>2.44</i>	<i>1.46</i>
Female	55.20	39.66	61.70	59.23	52.73	54.60	58.35
	<i>0.31</i>	<i>1.61</i>	<i>1.11</i>	<i>1.10</i>	<i>0.84</i>	<i>2.44</i>	<i>1.46</i>
Marital Status							
Married	53.41	41.56	25.49	57.41	65.83	66.78	55.56
	<i>0.50</i>	<i>2.21</i>	<i>0.98</i>	<i>1.10</i>	<i>0.91</i>	<i>1.65</i>	<i>1.65</i>
Widowed	28.04	23.80	31.79	31.98	23.72	27.87	31.61
	<i>0.44</i>	<i>1.76</i>	<i>1.05</i>	<i>0.97</i>	<i>0.78</i>	<i>1.76</i>	<i>1.42</i>
Divorced/separated	12.57	26.00	24.97	7.82	7.51	3.60*	10.21
	<i>0.32</i>	<i>1.66</i>	<i>1.10</i>	<i>0.75</i>	<i>0.58</i>	<i>0.76</i>	<i>0.89</i>
Never married	5.99	8.64	17.75	2.79	2.94	1.74*	2.63*
	<i>0.21</i>	<i>0.98</i>	<i>0.95</i>	<i>0.42</i>	<i>0.24</i>	<i>0.52</i>	<i>0.55</i>

Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2005Community Residents¹

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 1,000s)	41,524	3,945	7,470	8,183	14,285	2,377	5,265
	<i>141</i>	<i>134</i>	<i>156</i>	<i>176</i>	<i>231</i>	<i>110</i>	<i>113</i>
Beneficiaries as a Percentage of Column Total							
Living Arrangement							
Lives alone	29.77	31.73	37.78	32.24	24.78	24.62	29.03
	<i>0.48</i>	<i>1.61</i>	<i>1.13</i>	<i>1.17</i>	<i>0.74</i>	<i>1.77</i>	<i>1.52</i>
With spouse	51.23	38.77	23.24	55.09	63.63	66.28	53.54
	<i>0.48</i>	<i>2.13</i>	<i>0.99</i>	<i>1.11</i>	<i>0.84</i>	<i>1.62</i>	<i>1.73</i>
With children	10.88	14.31	20.30	8.09	7.30	5.73*	11.43
	<i>0.33</i>	<i>1.22</i>	<i>1.07</i>	<i>0.54</i>	<i>0.43</i>	<i>1.14</i>	<i>0.93</i>
With others	8.12	15.19	18.68	4.58	4.29	3.36*	6.00
	<i>0.26</i>	<i>1.39</i>	<i>0.98</i>	<i>0.50</i>	<i>0.35</i>	<i>0.87</i>	<i>0.74</i>
Race/Ethnicity							
White non-Hispanic	78.32	70.92	52.57	91.50	84.50	90.20	77.51
	<i>0.58</i>	<i>1.80</i>	<i>1.54</i>	<i>0.76</i>	<i>0.79</i>	<i>1.22</i>	<i>1.25</i>
Black non-Hispanic	9.33	15.67	19.62	3.31	6.84	3.82*	8.68
	<i>0.22</i>	<i>1.50</i>	<i>1.10</i>	<i>0.47</i>	<i>0.48</i>	<i>0.93</i>	<i>0.94</i>
Hispanic	7.74	8.40	18.46	2.51	4.83	2.64*	10.46
	<i>0.50</i>	<i>1.12</i>	<i>1.32</i>	<i>0.44</i>	<i>0.57</i>	<i>0.61</i>	<i>0.96</i>
Other	4.61	5.00	9.36	2.67	3.82	3.34*	3.35*
	<i>0.29</i>	<i>1.01</i>	<i>0.80</i>	<i>0.39</i>	<i>0.43</i>	<i>0.87</i>	<i>0.57</i>
Schooling							
0 - 8 years	12.05	16.56	28.74	8.89	6.23	1.57*	10.84
	<i>0.30</i>	<i>1.42</i>	<i>1.04</i>	<i>0.51</i>	<i>0.49</i>	<i>0.51</i>	<i>0.85</i>
9 - 12 years (No diploma)	15.37	20.97	24.38	14.76	11.33	5.70*	14.87
	<i>0.33</i>	<i>1.64</i>	<i>0.94</i>	<i>0.87</i>	<i>0.52</i>	<i>0.98</i>	<i>0.85</i>
High school graduate	30.47	30.30	24.93	33.70	31.94	25.20	31.72
	<i>0.50</i>	<i>1.78</i>	<i>1.06</i>	<i>1.19</i>	<i>0.84</i>	<i>1.65</i>	<i>1.33</i>
Some college/vocational school	25.53	23.52	16.25	25.81	28.75	33.29	27.32
	<i>0.52</i>	<i>1.78</i>	<i>1.09</i>	<i>1.12</i>	<i>0.90</i>	<i>1.89</i>	<i>1.18</i>
Bachelor's degree and beyond	16.58	8.64	5.70	16.84	21.74	34.24	15.25
	<i>0.48</i>	<i>1.19</i>	<i>0.69</i>	<i>0.92</i>	<i>0.94</i>	<i>1.86</i>	<i>1.08</i>

Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2005Community Residents¹

Beneficiary Characteristic	Total	Medicare	Supplemental Health Insurance				Medicare HMO ²
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	41,524	3,945	7,470	8,183	14,285	2,377	5,265
	<i>141</i>	<i>134</i>	<i>156</i>	<i>176</i>	<i>231</i>	<i>110</i>	<i>113</i>
Beneficiaries as a Percentage of Column Total							
Income							
Less than \$5,000	3.03	5.10	6.31	2.54	1.84	0.68*	1.88*
	<i>0.19</i>	<i>0.73</i>	<i>0.62</i>	<i>0.37</i>	<i>0.29</i>	<i>0.38</i>	<i>0.38</i>
\$5,000 - \$9,999	13.88	19.79	49.63	6.24	3.06	0.64*	5.89
	<i>0.30</i>	<i>1.50</i>	<i>1.29</i>	<i>0.51</i>	<i>0.32</i>	<i>0.31</i>	<i>0.75</i>
\$10,000 - \$14,999	16.19	23.25	28.16	17.14	9.07	5.14*	16.75
	<i>0.38</i>	<i>1.44</i>	<i>1.12</i>	<i>0.82</i>	<i>0.61</i>	<i>1.03</i>	<i>1.02</i>
\$15,000 - \$19,999	11.06	16.58	8.74	13.32	9.21	5.70*	14.10
	<i>0.33</i>	<i>1.55</i>	<i>0.81</i>	<i>0.70</i>	<i>0.48</i>	<i>1.05</i>	<i>1.13</i>
\$20,000 - \$24,999	10.36	11.39	4.04	11.01	11.64	8.71*	14.82
	<i>0.35</i>	<i>1.26</i>	<i>0.48</i>	<i>0.79</i>	<i>0.59</i>	<i>1.17</i>	<i>1.01</i>
\$25,000 - \$29,999	7.92	7.93	0.85*	8.13	10.56	10.44	9.31
	<i>0.31</i>	<i>1.22</i>	<i>0.16</i>	<i>0.56</i>	<i>0.57</i>	<i>1.26</i>	<i>0.78</i>
\$30,000 - \$39,999	13.44	9.13	1.32*	15.48	18.02	17.53	16.41
	<i>0.34</i>	<i>0.95</i>	<i>0.32</i>	<i>0.81</i>	<i>0.84</i>	<i>2.07</i>	<i>1.04</i>
\$40,000 - \$49,999	8.32	2.81*	0.50*	8.97	12.56	14.74	8.13
	<i>0.34</i>	<i>0.61</i>	<i>0.16</i>	<i>0.80</i>	<i>0.63</i>	<i>1.57</i>	<i>0.88</i>
\$50,000 or more	15.81	4.01*	0.46*	17.15	24.04	36.41	12.70
	<i>0.41</i>	<i>0.73</i>	<i>0.17</i>	<i>0.97</i>	<i>0.95</i>	<i>1.93</i>	<i>1.06</i>
Metropolitan Area Resident							
Yes	76.10	66.21	73.57	68.26	76.12	81.90	96.55
	<i>0.22</i>	<i>1.58</i>	<i>0.98</i>	<i>1.11</i>	<i>0.65</i>	<i>2.09</i>	<i>0.43</i>
No	23.90	33.79	26.43	31.74	23.88	18.10	3.45
	<i>0.22</i>	<i>1.58</i>	<i>0.98</i>	<i>1.11</i>	<i>0.65</i>	<i>2.09</i>	<i>0.43</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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*.

Table 2.1 Perceived Health and Functioning of Medicare Beneficiaries, by Age and by Gender and Age, 2005

All Medicare Beneficiaries

Measure of Perceived Health or Functioning ¹	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 1,000s)	43,401	6,771	18,855	12,927	4,848	3,545	8,717	5,489	1,461	19,212	3,226	10,138	7,438	3,387	24,188
	143	138	163	117	88	102	132	83	52	145	99	136	109	70	144
Beneficiaries as a Percentage of Column Total															
Health Status															
Excellent	14.44	3.90	19.34	13.67	12.16	4.98	21.43	15.09	13.28	15.96	2.70	17.55	12.61	11.67	13.23
	0.43	0.48	0.83	0.60	0.74	0.79	1.06	0.97	1.56	0.60	0.49	1.10	0.71	0.95	0.53
Very good	26.08	9.60	30.51	29.09	23.83	10.72	30.97	28.62	23.11	25.96	8.37	30.11	29.44	24.15	26.17
	0.44	0.82	0.66	0.79	0.99	1.10	1.13	1.18	1.81	0.72	1.09	0.94	0.98	1.14	0.54
Good	30.97	26.82	30.49	33.21	32.69	27.93	29.11	32.75	34.78	30.36	25.60	31.68	33.56	31.78	31.46
	0.44	1.26	0.76	0.77	1.10	1.74	1.00	1.25	1.91	0.65	1.82	1.08	1.00	1.28	0.56
Fair	19.54	34.63	14.68	17.73	22.18	34.09	13.35	17.49	20.32	18.89	35.22	15.82	17.91	22.98	20.05
	0.38	1.58	0.53	0.63	0.85	2.25	0.76	1.06	1.89	0.63	2.19	0.77	0.79	1.04	0.50
Poor	8.97	25.06	4.98	6.30	9.14	22.28	5.14	6.04	8.52	8.82	28.11	4.84	6.48	9.41	9.09
	0.37	1.50	0.39	0.40	0.63	2.10	0.49	0.67	1.12	0.55	1.83	0.51	0.50	0.78	0.41
Functional Limitation															
None	55.59	29.06	72.22	55.53	28.06	33.20	79.32	63.28	38.23	63.11	24.50	66.10	49.81	23.65	49.61
	0.68	1.53	0.79	0.86	1.18	1.85	0.94	1.13	2.22	0.82	2.03	1.14	1.16	1.24	0.82
IADL only ²	21.28	36.33	14.70	21.59	25.06	32.51	9.60	16.36	24.54	16.90	40.51	19.09	25.44	25.29	24.77
	0.47	1.57	0.52	0.83	1.07	1.89	0.74	1.04	1.64	0.63	2.11	0.82	1.18	1.38	0.62
One to two ADLs ³	13.63	21.35	9.13	13.58	20.55	20.70	7.56	12.79	18.06	12.27	22.05	10.47	14.17	21.63	14.71
	0.35	1.20	0.46	0.59	0.83	1.67	0.59	0.72	1.66	0.48	1.89	0.65	0.85	0.98	0.49
Three to five ADLs	9.50	13.27	3.96	9.30	26.33	13.58	3.52	7.57	19.17	7.72	12.94	4.33	10.58	29.43	10.91
	0.32	1.05	0.35	0.50	1.14	1.29	0.47	0.70	1.68	0.40	1.49	0.52	0.74	1.42	0.46
Upper Extremity Limitation															
No	57.16	42.09	67.36	56.40	40.30	46.15	72.03	60.76	49.30	62.32	37.63	63.34	53.18	36.41	53.05
	0.77	1.72	1.05	0.94	1.20	2.14	1.28	1.29	1.99	0.91	2.36	1.34	1.29	1.48	0.94
Yes, no ADL/IADL present	13.41	9.59	15.12	14.67	8.64	11.86	15.10	16.99	11.47	14.77	7.11	15.13	12.97	7.42	12.32
	0.48	0.97	0.82	0.58	0.59	1.55	0.97	0.94	1.37	0.65	0.99	1.02	0.71	0.71	0.52
Yes, ADL/IADL present	29.44	48.31	17.52	28.93	51.06	41.99	12.87	22.25	39.24	22.91	55.26	21.53	33.86	56.17	34.63
	0.64	1.78	0.73	0.81	1.24	2.11	0.80	1.06	1.90	0.73	2.47	1.08	1.10	1.47	0.84

Table 2.1 Perceived Health and Functioning of Medicare Beneficiaries, by Age and by Gender and Age, 2005

All Medicare Beneficiaries

Measure of Perceived Health or Functioning ¹	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 1,000s)	43,401	6,771	18,855	12,927	4,848	3,545	8,717	5,489	1,461	19,212	3,226	10,138	7,438	3,387	24,188
	<i>143</i>	<i>138</i>	<i>163</i>	<i>117</i>	<i>88</i>	<i>102</i>	<i>132</i>	<i>83</i>	<i>52</i>	<i>145</i>	<i>99</i>	<i>136</i>	<i>109</i>	<i>70</i>	<i>144</i>
Beneficiaries as a Percentage of Column Total															
Mobility Limitation															
No	48.01	33.11	62.40	44.96	20.66	38.51	68.26	50.61	27.17	54.62	27.15	57.36	40.81	17.84	42.75
	<i>0.62</i>	<i>1.37</i>	<i>0.95</i>	<i>0.89</i>	<i>1.10</i>	<i>1.74</i>	<i>1.31</i>	<i>1.19</i>	<i>2.03</i>	<i>0.76</i>	<i>2.02</i>	<i>1.14</i>	<i>1.29</i>	<i>1.11</i>	<i>0.75</i>
Yes, no ADL/IADL present	15.87	11.99	16.65	17.77	13.24	13.30	17.29	18.96	17.96	17.08	10.55	16.09	16.89	11.19	14.92
	<i>0.43</i>	<i>1.02</i>	<i>0.70</i>	<i>0.68</i>	<i>0.82</i>	<i>1.59</i>	<i>0.98</i>	<i>0.96</i>	<i>1.67</i>	<i>0.62</i>	<i>1.24</i>	<i>0.84</i>	<i>0.94</i>	<i>0.93</i>	<i>0.50</i>
Yes, ADL/IADL present	36.12	54.90	20.96	37.27	66.10	48.19	14.46	30.43	54.88	28.30	62.30	26.55	42.30	70.97	42.33
	<i>0.62</i>	<i>1.61</i>	<i>0.67</i>	<i>0.85</i>	<i>1.26</i>	<i>1.99</i>	<i>0.80</i>	<i>1.08</i>	<i>2.39</i>	<i>0.72</i>	<i>2.24</i>	<i>1.04</i>	<i>1.17</i>	<i>1.27</i>	<i>0.74</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005

All Medicare Beneficiaries

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 1,000s)	43,401	6,771	18,855	12,927	4,848	3,545	8,717	5,489	1,461	19,212	3,226	10,138	7,438	3,387	24,188
	143	138	163	117	88	102	132	83	52	145	99	136	109	70	144
Beneficiaries as a Percentage of Column Total															
Chronic Conditions															
None	5.66	3.45	8.62	3.62	2.66*	4.20	10.89	4.60	3.79*	7.32	2.61*	6.67	2.89	2.18*	4.34
	0.24	0.54	0.44	0.34	0.32	0.89	0.76	0.56	0.84	0.44	0.68	0.69	0.38	0.33	0.32
One to two	34.30	34.48	39.81	29.69	24.89	40.17	46.21	34.16	29.22	40.36	28.23	34.31	26.40	23.02	29.49
	0.50	1.35	0.78	0.82	1.02	1.76	1.14	1.31	2.00	0.75	2.00	1.10	1.04	1.18	0.65
Three or more	60.04	62.07	51.56	66.69	72.45	55.62	42.90	61.24	67.00	52.32	69.15	59.01	70.71	74.80	66.17
	0.59	1.50	0.94	0.90	1.04	2.04	1.15	1.39	2.08	0.81	2.07	1.27	1.11	1.22	0.74
Prevalence of Disease/Condition															
Disease/Condition															
Heart disease	39.79	34.74	34.31	46.22	51.18	34.93	35.92	53.52	61.39	42.69	34.53	32.92	40.82	46.76	37.48
	0.63	1.61	0.92	0.90	1.37	2.02	1.31	1.49	2.18	0.87	2.24	1.14	1.06	1.62	0.78
Hypertension	61.53	52.38	60.13	67.04	65.11	52.23	58.19	63.53	60.63	58.80	52.55	61.79	69.63	67.04	63.70
	0.58	1.72	0.91	0.71	1.00	2.11	1.29	1.19	2.49	0.89	2.35	1.22	0.88	1.19	0.69
Diabetes	21.37	24.75	22.11	20.87	15.13	23.66	21.80	23.06	16.31	22.09	25.95	22.37	19.25	14.62	20.80
	0.46	1.50	0.74	0.64	0.83	1.49	0.95	1.04	1.47	0.55	2.55	0.95	0.81	0.98	0.58
Arthritis	58.83	55.98	56.13	63.89	59.87	49.01	46.68	56.98	53.80	50.60	63.66	64.24	68.99	62.48	65.38
	0.55	1.55	0.88	0.82	1.14	1.97	1.16	1.27	2.22	0.79	2.34	1.22	1.03	1.11	0.68
Osteoporosis/broken hip	22.07	16.57	18.85	26.09	31.56	8.54	5.24	8.62	11.79	7.31	25.40	30.56	38.98	40.10	33.80
	0.43	1.01	0.70	0.76	1.08	0.93	0.56	0.80	1.19	0.40	1.91	1.14	1.15	1.27	0.71
Pulmonary disease	17.03	24.38	15.29	17.16	13.19	20.86	14.34	18.69	16.24	16.93	28.26	16.11	16.03	11.88	17.12
	0.48	1.48	0.64	0.72	0.77	1.65	0.99	1.09	1.68	0.61	2.12	0.79	0.93	0.91	0.59
Stroke	11.89	14.20	9.17	13.06	16.11	14.48	9.66	14.47	16.89	12.47	13.89	8.76	12.02	15.78	11.43
	0.30	1.16	0.38	0.51	0.78	1.48	0.62	0.85	1.64	0.48	1.54	0.52	0.67	0.88	0.37
Alzheimer's disease	5.68	2.65*	1.90	7.82	18.95	3.02*	1.96*	6.70	15.62	4.55	2.25*	1.84*	8.64	20.39	6.59
	0.23	0.64	0.23	0.35	0.89	1.05	0.30	0.49	1.49	0.32	0.68	0.32	0.48	1.18	0.29
Parkinson's disease	1.63	0.85*	0.96*	2.45	3.11	1.44*	0.90*	2.60*	3.36*	1.67	0.21*	1.01*	2.34	3.01*	1.59
	0.13	0.47	0.16	0.26	0.43	0.88	0.23	0.40	0.82	0.22	0.17	0.19	0.33	0.49	0.15
Skin cancer	17.37	5.89	16.18	23.98	20.45	5.76*	18.66	31.72	29.32	20.82	6.03*	14.05	18.26	16.62	14.64
	0.39	0.72	0.68	0.65	0.89	1.10	1.07	1.17	1.81	0.66	1.10	0.71	0.93	1.03	0.46
Other type of cancer	17.37	11.98	16.24	21.27	18.94	6.84	16.43	23.55	22.44	17.15	17.63	16.08	19.58	17.43	17.55
	0.40	0.92	0.61	0.68	0.97	0.85	1.05	1.10	1.82	0.62	1.55	0.71	0.81	1.16	0.51

Table 2.2 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Age and by Gender and Age, 2005

All Medicare Beneficiaries

Self-Reported Health Condition ¹	All Medicare Beneficiaries					Male				Female				Total	
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		
Beneficiaries (in 1,000s)	43,401	6,771	18,855	12,927	4,848	3,545	8,717	5,489	1,461	19,212	3,226	10,138	7,438	3,387	24,188
	<i>143</i>	<i>138</i>	<i>163</i>	<i>117</i>	<i>88</i>	<i>102</i>	<i>132</i>	<i>83</i>	<i>52</i>	<i>145</i>	<i>99</i>	<i>136</i>	<i>109</i>	<i>70</i>	<i>144</i>
Prevalence of Disease/Condition															
Mental Illness/Disorder	25.71	64.52	18.51	19.19	16.93	62.23	13.16	14.06	14.40	22.57	67.05	23.12	22.98	18.02	28.21
	<i>0.49</i>	<i>1.50</i>	<i>0.72</i>	<i>0.69</i>	<i>0.95</i>	<i>1.93</i>	<i>0.77</i>	<i>0.88</i>	<i>1.52</i>	<i>0.65</i>	<i>1.94</i>	<i>1.06</i>	<i>0.94</i>	<i>1.07</i>	<i>0.67</i>
Urinary Incontinence	27.80	24.02	21.27	32.51	46.10	15.34	12.83	23.38	36.07	18.07	33.06	28.50	39.23	50.38	35.45
	<i>0.58</i>	<i>1.38</i>	<i>0.70</i>	<i>0.89</i>	<i>1.31</i>	<i>1.27</i>	<i>0.89</i>	<i>1.27</i>	<i>1.93</i>	<i>0.71</i>	<i>2.14</i>	<i>0.93</i>	<i>1.10</i>	<i>1.57</i>	<i>0.69</i>
Smokers															
Never smoked	41.71	36.37	38.28	43.20	59.59	30.34	23.46	22.35	32.76	25.10	43.01	51.01	58.67	71.24	54.99
	<i>0.46</i>	<i>1.46</i>	<i>0.76</i>	<i>0.86</i>	<i>1.09</i>	<i>1.91</i>	<i>1.02</i>	<i>1.11</i>	<i>1.75</i>	<i>0.69</i>	<i>2.02</i>	<i>1.13</i>	<i>1.09</i>	<i>1.38</i>	<i>0.67</i>
Former smoker	43.87	29.94	47.04	49.31	36.31	31.80	59.07	68.67	60.11	56.81	27.89	36.69	34.94	25.98	33.53
	<i>0.52</i>	<i>1.38</i>	<i>0.81</i>	<i>0.94</i>	<i>1.15</i>	<i>1.82</i>	<i>1.24</i>	<i>1.23</i>	<i>2.07</i>	<i>0.82</i>	<i>2.10</i>	<i>1.11</i>	<i>1.17</i>	<i>1.30</i>	<i>0.73</i>
Current smoker	14.41	33.69	14.69	7.49	4.10	37.86	17.48	8.97	7.13*	18.09	29.10	12.29	6.39	2.78*	11.48
	<i>0.37</i>	<i>1.33</i>	<i>0.68</i>	<i>0.42</i>	<i>0.47</i>	<i>1.91</i>	<i>1.03</i>	<i>0.67</i>	<i>1.25</i>	<i>0.63</i>	<i>1.76</i>	<i>0.87</i>	<i>0.53</i>	<i>0.42</i>	<i>0.48</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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.

Table 2.3 Perceived Health and Functioning of Medicare Beneficiaries, by Race/Ethnicity and Age, 2005

All Medicare Beneficiaries

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 1,000s)	43,401	4,446	14,609	10,759	4,103	33,917	1,161	1,638	899	335	4,034	734	1,515	762	247	3,258
	143	133	191	136	75	271	56	62	43	21	92	74	109	60	27	207
Beneficiaries as a Percentage of Column Total																
Health Status																
Excellent	14.44	3.25	20.78	14.46	12.58	15.49	4.54	11.45	8.36	7.30	8.44	4.93	15.99	10.65	13.03	12.02
	0.43	0.47	0.87	0.72	0.80	0.46	1.30	1.88	1.74	2.68	0.96	1.80	2.36	2.11	3.66	1.33
Very good	26.08	9.57	32.60	30.61	24.25	27.95	9.13	20.33	23.46	16.63	17.49	10.88	22.30	16.47	21.62	18.31
	0.44	1.05	0.86	0.84	1.04	0.51	1.74	2.01	2.83	3.61	1.19	2.37	2.49	2.25	4.28	1.49
Good	30.97	26.54	29.79	32.79	32.44	30.63	28.18	35.03	32.65	39.85	32.92	29.22	30.43	39.74	27.67	32.12
	0.44	1.66	0.83	0.83	1.20	0.49	2.64	2.56	3.01	4.73	1.26	5.17	2.65	2.95	3.90	2.14
Fair	19.54	33.81	11.85	16.17	21.27	17.23	37.66	25.48	26.87	27.08	29.43	32.63	26.79	27.20	32.06	28.61
	0.38	2.08	0.53	0.73	0.88	0.44	3.26	2.49	2.62	4.38	1.53	5.14	2.57	2.67	4.25	2.07
Poor	8.97	26.82	4.98	5.96	9.47	8.70	20.49	7.71	8.67	9.15	11.72	22.34	4.48	5.93	5.62	8.94
	0.37	1.88	0.46	0.44	0.66	0.38	3.24	1.64	1.63	2.28	1.27	3.81	1.20	1.70	2.81	0.86
Functional Limitation																
None	55.59	28.71	73.70	56.69	29.09	57.02	35.98	66.17	46.06	23.10	49.43	22.76	66.01	53.63	26.48	50.36
	0.68	1.82	0.85	0.93	1.29	0.72	3.01	2.81	3.03	4.70	1.78	3.87	2.18	3.20	5.26	1.63
IADL only ³	21.28	35.93	14.03	21.02	25.26	20.48	39.83	15.76	25.58	25.71	25.69	38.75	18.69	21.55	20.94	24.07
	0.47	1.88	0.57	0.85	1.16	0.52	3.00	2.24	2.69	4.28	1.45	4.17	2.21	3.08	4.80	1.56
One to two ADLs ⁴	13.63	21.44	8.76	13.90	20.51	13.47	15.38	13.22	10.05	15.74	13.35	22.51	8.45	12.58	23.16	13.70
	0.35	1.42	0.51	0.70	0.89	0.43	2.50	1.84	1.82	3.52	1.08	3.79	1.27	2.18	4.49	1.23
Three to five ADLs	9.50	13.92	3.50	8.38	25.14	9.03	8.82	4.85	18.32	35.45	11.53	15.98	6.85	12.24	29.42	11.87
	0.32	1.27	0.33	0.55	1.16	0.32	1.78	1.17	2.12	5.44	1.09	3.43	1.42	1.88	4.53	1.17
Upper Extremity Limitation																
No	57.16	41.25	68.80	57.20	41.12	58.19	48.43	60.40	47.54	34.07	51.94	37.51	64.12	56.87	45.78	55.03
	0.77	1.91	1.13	1.10	1.39	0.81	3.80	2.94	3.36	4.99	2.11	4.00	2.58	2.84	4.91	1.93
Yes, no ADL/IADL present	13.41	10.47	15.24	15.20	9.04	13.86	7.92	15.36	11.80	7.81	11.81	7.53	12.63	12.54	6.46	11.00
	0.48	1.28	0.91	0.64	0.67	0.53	1.46	1.94	2.02	2.98	1.00	2.46	1.77	2.29	2.16	1.21
Yes, ADL/IADL present	29.44	48.28	15.96	27.60	49.84	27.95	43.64	24.24	40.66	58.12	36.25	54.95	23.25	30.58	47.76	33.97
	0.64	2.08	0.72	0.94	1.37	0.66	3.79	2.66	2.76	4.96	1.93	4.32	2.19	2.69	5.31	1.67

Table 2.3 Perceived Health and Functioning of Medicare Beneficiaries, by Race/Ethnicity and Age, 2005

All Medicare Beneficiaries

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 1,000s)	43,401	4,446	14,609	10,759	4,103	33,917	1,161	1,638	899	335	4,034	734	1,515	762	247	3,258
	<i>143</i>	<i>133</i>	<i>191</i>	<i>136</i>	<i>75</i>	<i>271</i>	<i>56</i>	<i>62</i>	<i>43</i>	<i>21</i>	<i>92</i>	<i>74</i>	<i>109</i>	<i>60</i>	<i>27</i>	<i>207</i>
Beneficiaries as a Percentage of Column Total																
Mobility Limitation																
No	48.01	32.02	63.89	45.61	20.99	48.76	35.58	49.37	37.08	14.75	39.84	34.98	61.18	45.39	26.36	48.95
	<i>0.62</i>	<i>1.59</i>	<i>1.05</i>	<i>0.97</i>	<i>1.24</i>	<i>0.67</i>	<i>2.89</i>	<i>2.67</i>	<i>2.78</i>	<i>3.43</i>	<i>1.63</i>	<i>3.81</i>	<i>2.77</i>	<i>2.75</i>	<i>4.95</i>	<i>1.65</i>
Yes, no ADL/IADL present	15.87	12.70	16.74	18.33	13.67	16.34	13.45	22.44	15.99	13.42	17.68	7.36	11.92	15.23	10.21	11.53
	<i>0.43</i>	<i>1.37</i>	<i>0.75</i>	<i>0.75</i>	<i>0.85</i>	<i>0.48</i>	<i>1.95</i>	<i>2.26</i>	<i>2.00</i>	<i>3.63</i>	<i>1.19</i>	<i>1.84</i>	<i>1.87</i>	<i>2.17</i>	<i>3.96</i>	<i>1.06</i>
Yes, ADL/IADL present	36.12	55.28	19.37	36.06	65.34	34.90	50.98	28.19	46.93	71.83	42.48	57.66	26.90	39.38	63.43	39.52
	<i>0.62</i>	<i>1.88</i>	<i>0.71</i>	<i>0.91</i>	<i>1.41</i>	<i>0.66</i>	<i>3.43</i>	<i>2.16</i>	<i>2.91</i>	<i>4.67</i>	<i>1.67</i>	<i>4.25</i>	<i>2.50</i>	<i>3.20</i>	<i>5.46</i>	<i>1.62</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005

All Medicare Beneficiaries

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 1,000s)	43,401	4,446	14,609	10,759	4,103	33,917	1,161	1,638	899	335	4,034	734	1,515	762	247	3,258
	143	133	191	136	75	271	56	62	43	21	92	74	109	60	27	207
Beneficiaries as a Percentage of Column Total																
Chronic Conditions																
None	5.66	3.40	8.91	3.62	2.52*	5.73	4.61*	4.17*	3.42*	2.04*	3.95*	2.96*	12.32*	3.72*	5.48*	7.68
	0.24	0.70	0.51	0.40	0.34	0.28	1.71	1.23	1.25	1.10	0.84	1.03	2.09	1.21	2.11	0.91
One to two	34.30	33.76	39.45	29.65	25.40	33.89	39.00	40.80	31.40	21.03*	36.54	34.95	39.26	27.99	25.11*	34.58
	0.50	1.56	0.85	0.89	1.14	0.55	2.93	2.93	3.03	3.12	1.60	5.34	3.09	3.18	4.83	1.91
Three or more	60.04	62.84	51.64	66.74	72.08	60.37	56.39	55.03	65.18	76.93	59.51	62.09	48.41	68.29	69.41	57.73
	0.59	1.63	1.02	1.01	1.16	0.65	3.18	2.87	3.18	3.26	1.65	5.48	2.94	3.11	5.19	1.90
Prevalence of Disease/Condition																
Disease/Condition																
Heart disease	39.79	36.20	34.66	47.19	52.60	40.99	26.14	40.08	40.04	44.30	36.38	36.10	27.34	41.79	40.36*	33.67
	0.63	1.83	1.09	1.01	1.49	0.72	3.30	2.73	3.31	4.09	1.53	4.51	2.12	3.80	6.18	1.77
Hypertension	61.53	49.38	58.06	65.31	63.71	59.90	62.46	78.20	80.02	77.54	74.02	52.51	53.55	70.68	68.78	58.47
	0.58	2.22	0.97	0.81	1.19	0.65	3.06	2.79	2.98	3.51	1.64	4.49	2.83	2.86	4.91	1.80
Diabetes	21.37	23.11	20.24	19.47	14.07	19.62	23.66	31.82	29.79	19.48*	27.99	34.22*	30.41	27.23	26.59*	30.24
	0.46	1.69	0.76	0.71	0.84	0.49	2.89	2.24	3.32	3.38	1.42	4.09	3.21	2.60	5.07	1.79
Arthritis	58.83	57.34	56.20	63.50	59.05	59.01	55.02	59.89	66.83	67.74	60.69	47.42	53.39	67.70	59.18	55.83
	0.55	1.78	0.97	0.87	1.35	0.61	3.50	2.72	3.14	3.79	1.68	4.37	2.58	2.69	4.37	1.76
Osteoporosis/broken hip	22.07	17.26	19.78	26.74	32.58	23.21	13.06*	9.31*	14.59*	19.38*	12.40	14.25*	20.53	28.43	31.16*	21.77
	0.43	1.34	0.84	0.78	1.09	0.50	2.49	1.65	2.67	3.43	1.19	2.81	2.14	3.98	4.63	1.41
Pulmonary disease	17.03	25.46	15.77	17.18	13.37	17.20	23.02	12.56	14.42*	11.21*	15.88	18.95*	14.48	19.93*	14.71*	16.78
	0.48	1.77	0.76	0.82	0.81	0.52	2.54	1.46	2.63	2.66	1.26	4.35	1.94	2.22	3.43	1.56
Stroke	11.89	12.76	8.89	12.88	16.23	11.55	15.61*	11.28	19.83	15.91*	14.82	12.82*	8.55*	10.30*	9.71*	10.01
	0.30	1.34	0.45	0.56	0.89	0.32	2.79	1.43	2.63	3.47	1.14	2.72	1.54	2.05	3.06	1.05
Alzheimer's disease	5.68	3.02*	1.94	7.33	18.55	5.80	0.20*	2.22*	10.58*	25.68*	5.45	0.92*	1.92*	9.33*	16.11*	4.50
	0.23	0.85	0.27	0.41	0.87	0.26	0.15	0.74	1.82	4.29	0.66	0.85	0.66	1.80	3.47	0.67
Parkinson's disease	1.63	1.18*	0.96*	2.67	3.26	1.81	0.45*	0.97*	2.09*	0.97*	1.07*	0.00	0.96*	1.10*	4.75*	1.06*
	0.13	0.70	0.19	0.29	0.50	0.16	0.44	0.53	0.86	0.95	0.33	0.00	0.59	0.63	2.13	0.34
Skin cancer	17.37	8.45	19.78	27.56	23.26	21.18	0.37*	0.31*	1.41*	0.92*	0.62*	0.74*	5.04*	8.94*	7.81*	5.19*
	0.39	1.09	0.80	0.75	1.05	0.46	0.38	0.22	0.71	0.94	0.24	0.64	1.36	1.50	2.66	0.74
Other type of cancer	17.37	12.72	16.97	22.26	19.12	18.35	10.83*	15.05	18.86*	15.33*	14.71	10.97*	11.43*	12.53*	19.01*	12.16
	0.40	1.15	0.64	0.74	1.00	0.43	2.03	2.09	2.53	2.86	1.20	3.10	1.81	2.26	4.19	1.12

Table 2.4 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Race/Ethnicity and Age, 2005

All Medicare Beneficiaries

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 1,000s)	43,401	4,446	14,609	10,759	4,103	33,917	1,161	1,638	899	335	4,034	734	1,515	762	247	3,258
	<i>143</i>	<i>133</i>	<i>191</i>	<i>136</i>	<i>75</i>	<i>271</i>	<i>56</i>	<i>62</i>	<i>43</i>	<i>21</i>	<i>92</i>	<i>74</i>	<i>109</i>	<i>60</i>	<i>27</i>	<i>207</i>
Prevalence of Disease/Condition																
Mental Illness/Disorder	25.71	66.73	18.54	19.62	16.69	24.97	52.31	12.92	14.78*	18.66*	25.15	66.38	22.92	22.64	23.07*	32.66
	<i>0.49</i>	<i>1.80</i>	<i>0.77</i>	<i>0.74</i>	<i>1.01</i>	<i>0.53</i>	<i>3.74</i>	<i>1.93</i>	<i>2.72</i>	<i>3.10</i>	<i>1.40</i>	<i>4.70</i>	<i>2.60</i>	<i>2.38</i>	<i>5.49</i>	<i>1.74</i>
Urinary Incontinence	27.80	26.14	22.53	33.15	46.49	29.25	21.93	17.84	33.56	47.60	24.98	14.65*	15.51	27.09	31.43*	19.21
	<i>0.58</i>	<i>1.60</i>	<i>0.80</i>	<i>1.00</i>	<i>1.34</i>	<i>0.63</i>	<i>2.72</i>	<i>2.04</i>	<i>3.14</i>	<i>5.28</i>	<i>1.67</i>	<i>4.14</i>	<i>2.34</i>	<i>2.49</i>	<i>5.08</i>	<i>1.30</i>
Smokers																
Never smoked	41.71	34.74	35.99	41.82	59.31	40.36	35.96	36.08	46.79	62.33	40.52	47.12	50.51	54.68	55.26	51.06
	<i>0.46</i>	<i>1.68</i>	<i>0.85</i>	<i>0.95</i>	<i>1.27</i>	<i>0.52</i>	<i>2.86</i>	<i>2.39</i>	<i>3.50</i>	<i>4.13</i>	<i>1.54</i>	<i>4.60</i>	<i>2.88</i>	<i>3.52</i>	<i>5.38</i>	<i>1.95</i>
Former smoker	43.87	29.73	49.22	50.65	36.77	45.66	32.66	45.48	45.95	31.45*	40.75	28.87	36.66	39.01	41.26*	35.78
	<i>0.52</i>	<i>1.81</i>	<i>0.95</i>	<i>1.06</i>	<i>1.30</i>	<i>0.61</i>	<i>3.05</i>	<i>2.80</i>	<i>3.59</i>	<i>3.69</i>	<i>1.57</i>	<i>3.70</i>	<i>2.82</i>	<i>3.21</i>	<i>5.61</i>	<i>1.98</i>
Current smoker	14.41	35.53	14.79	7.54	3.92	13.99	31.38	18.44	7.26*	6.22*	18.73	24.01	12.84*	6.30*	3.48*	13.16
	<i>0.37</i>	<i>1.58</i>	<i>0.83</i>	<i>0.48</i>	<i>0.51</i>	<i>0.45</i>	<i>3.00</i>	<i>2.15</i>	<i>2.18</i>	<i>2.08</i>	<i>1.15</i>	<i>4.15</i>	<i>2.18</i>	<i>1.78</i>	<i>1.98</i>	<i>1.44</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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.

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

Table 2.5a Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2005

Community Residents¹

Measure of Perceived Health or Functioning	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 +			
Beneficiaries (in 1,000s)	41,524	1,570	4,355	4,372	2,026	12,323	2,526	11,710	6,027	944	21,207	2,337	2,501	1,958	1,068	7,864		
	141	96	149	91	74	211	127	205	112	49	196	102	103	78	54	170		
Beneficiaries as a Percentage of Column Total																		
Health Status																		
Excellent	14.94	2.80	18.51	14.88	17.12	14.98	3.10	22.02	14.75	11.63	17.24	5.05	9.75	10.54	10.07	8.59		
	0.44	0.81	1.33	1.00	1.34	0.69	0.86	1.09	0.91	1.74	0.68	0.80	1.39	1.22	1.67	0.60		
Very good	26.86	8.90	29.89	32.15	27.76	27.65	9.15	32.40	30.34	26.17	28.77	10.59	24.72	25.17	24.55	20.61		
	0.45	1.68	1.52	1.42	1.62	0.91	1.45	1.00	1.17	2.58	0.67	1.24	2.09	2.22	2.30	0.97		
Good	31.13	25.37	31.14	30.68	34.95	30.86	23.35	29.23	34.39	35.25	30.26	30.79	36.13	37.03	29.95	33.93		
	0.46	2.19	1.68	1.30	2.15	0.85	2.15	0.95	1.19	2.72	0.66	2.15	2.27	2.16	2.61	1.11		
Fair	18.66	39.95	14.88	16.34	15.52	18.71	34.08	12.46	15.80	19.01	16.28	31.59	22.70	19.95	24.52	24.90		
	0.38	2.83	1.17	1.18	1.55	0.82	2.39	0.66	0.88	2.17	0.56	2.67	1.75	1.90	2.16	1.08		
Poor	8.41	22.98	5.58	5.96	4.65	7.79	30.32	3.89	4.73	7.93	7.45	21.99	6.70	7.32	10.91	11.97		
	0.39	2.61	0.90	0.67	0.86	0.60	2.74	0.39	0.55	1.58	0.49	2.11	1.11	1.08	1.56	0.90		
Functional Limitation																		
None	57.90	34.38	72.25	56.66	36.81	56.07	25.43	76.04	63.26	39.59	64.77	32.16	60.22	43.95	20.42	42.43		
	0.69	3.07	1.47	1.36	1.64	0.93	2.25	0.94	1.14	2.83	0.86	1.99	2.32	2.28	2.24	1.28		
IADL only ²	21.98	38.32	14.19	23.75	28.81	23.06	36.51	13.50	19.74	28.62	18.68	37.48	21.41	27.66	30.89	29.03		
	0.49	3.23	1.11	1.31	1.53	0.78	2.50	0.68	1.05	2.51	0.62	2.41	1.96	2.05	2.33	1.22		
One to two ADLs ³	13.29	15.59	9.87	14.47	22.49	14.30	24.29	7.49	10.74	17.18	10.84	20.35	13.94	18.50	23.14	18.23		
	0.37	2.18	1.08	1.10	1.36	0.71	2.17	0.60	0.75	2.10	0.50	2.05	1.48	1.64	2.18	0.87		
Three to five ADLs	6.84	11.71	3.69	5.12	11.90	6.57	13.77	2.96	6.25	14.62	5.70	10.01	4.44	9.89	25.55	10.31		
	0.31	2.35	0.79	0.70	1.30	0.52	2.12	0.33	0.60	1.80	0.43	1.74	0.93	1.14	2.46	0.76		
Long-Term Functional Limitation⁴																		
None	67.00	58.61	83.97	68.62	49.22	69.75	33.67	81.82	71.04	47.54	71.51	43.11	68.71	50.66	24.35	50.67		
	0.52	2.93	1.24	1.41	1.93	0.77	2.55	0.81	0.97	3.04	0.77	2.28	1.99	2.26	2.31	1.12		
IADL only ²	25.19	35.46	13.48	25.86	37.99	24.59	49.17	14.69	21.40	34.49	21.57	45.65	25.24	33.97	43.14	35.89		
	0.43	2.70	1.03	1.24	1.84	0.66	2.31	0.79	0.92	2.76	0.64	2.47	2.02	2.05	2.68	1.11		
One to two ADLs ³	4.68	3.46	2.13	3.96	9.27	4.08	11.81	2.03	4.58	7.93	4.18	5.58	3.27	9.29	14.32	6.92		
	0.24	1.08	0.46	0.57	1.07	0.38	1.72	0.29	0.50	1.51	0.33	0.88	0.67	1.08	1.84	0.51		
Three to five ADLs	3.12	2.47	0.41	1.56	3.53	1.58	5.35	1.47	2.98	10.04	2.74	5.66	2.78	6.08	18.19	6.51		
	0.19	0.83	0.20	0.37	0.67	0.23	1.22	0.26	0.39	1.70	0.27	0.83	0.67	0.96	2.05	0.54		

Table 2.5a Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2005

Community Residents¹

Measure of Perceived Health or Functioning	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 1,000s)	41,524	1,570	4,355	4,372	2,026	12,323	2,526	11,710	6,027	944	21,207	2,337	2,501	1,958	1,068	7,864
	<i>141</i>	<i>96</i>	<i>149</i>	<i>91</i>	<i>74</i>	<i>211</i>	<i>127</i>	<i>205</i>	<i>112</i>	<i>49</i>	<i>196</i>	<i>102</i>	<i>103</i>	<i>78</i>	<i>54</i>	<i>170</i>
Beneficiaries as a Percentage of Column Total																
Upper Extremity Limitation																
No	58.36	41.55	66.20	55.37	47.06	56.08	33.86	70.81	60.63	46.84	62.46	49.19	57.66	54.14	32.51	50.87
	<i>0.77</i>	<i>2.76</i>	<i>1.62</i>	<i>1.52</i>	<i>1.88</i>	<i>1.10</i>	<i>2.54</i>	<i>1.18</i>	<i>1.43</i>	<i>2.66</i>	<i>0.97</i>	<i>2.87</i>	<i>2.25</i>	<i>1.88</i>	<i>2.55</i>	<i>1.18</i>
Yes, no ADL/IADL present	13.91	12.54	16.18	14.96	10.62	14.37	9.47	14.93	16.83	12.01	14.69	9.12	15.23	10.86	7.07	11.22
	<i>0.50</i>	<i>1.92</i>	<i>1.47</i>	<i>0.88</i>	<i>1.01</i>	<i>0.69</i>	<i>1.40</i>	<i>0.97</i>	<i>0.93</i>	<i>1.61</i>	<i>0.67</i>	<i>1.39</i>	<i>1.68</i>	<i>1.17</i>	<i>1.36</i>	<i>0.76</i>
Yes, ADL/IADL present	27.72	45.90	17.62	29.67	42.32	29.55	56.67	14.26	22.54	41.16	22.85	41.69	27.11	35.00	60.42	37.91
	<i>0.62</i>	<i>3.11</i>	<i>1.23</i>	<i>1.27</i>	<i>1.79</i>	<i>0.91</i>	<i>2.62</i>	<i>0.83</i>	<i>1.17</i>	<i>2.69</i>	<i>0.82</i>	<i>2.83</i>	<i>2.09</i>	<i>1.96</i>	<i>2.52</i>	<i>1.20</i>
Mobility Limitation																
No	49.53	35.53	58.77	42.53	25.75	44.65	25.16	67.36	52.60	30.35	56.51	38.43	49.93	37.43	12.81	38.38
	<i>0.64</i>	<i>2.63</i>	<i>1.68</i>	<i>1.54</i>	<i>1.70</i>	<i>0.94</i>	<i>2.22</i>	<i>1.12</i>	<i>1.14</i>	<i>2.53</i>	<i>0.92</i>	<i>2.11</i>	<i>2.40</i>	<i>2.18</i>	<i>1.94</i>	<i>1.17</i>
Yes, no ADL/IADL present	16.50	12.84	19.17	19.87	17.51	18.34	11.39	15.55	18.26	15.99	15.84	13.57	18.69	15.95	11.96	15.57
	<i>0.45</i>	<i>1.93</i>	<i>1.56</i>	<i>1.15</i>	<i>1.35</i>	<i>0.80</i>	<i>1.45</i>	<i>0.86</i>	<i>0.91</i>	<i>1.79</i>	<i>0.58</i>	<i>1.59</i>	<i>2.08</i>	<i>1.68</i>	<i>1.67</i>	<i>0.99</i>
Yes, ADL/IADL present	33.97	51.63	22.05	37.59	56.74	37.02	63.45	17.09	29.14	53.65	27.65	48.00	31.38	46.63	75.23	46.05
	<i>0.62</i>	<i>3.07</i>	<i>1.41</i>	<i>1.29</i>	<i>1.77</i>	<i>0.88</i>	<i>2.66</i>	<i>0.80</i>	<i>1.11</i>	<i>2.65</i>	<i>0.79</i>	<i>2.20</i>	<i>2.02</i>	<i>2.19</i>	<i>2.65</i>	<i>1.21</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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.
- 4 *Long-term functional limitation* is defined as a functional limitation that lasts 90 days or longer.

Table 2.5b Perceived Health and Functioning of Institutionalized Medicare Beneficiaries, by Age, 2005Long-Term Care Facility-Only Residents¹

Measure of Perceived Health or Functioning ²	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 1,000s)	1,877	292	207	568	810
	73	28	32	39	41
Beneficiaries as a Percentage of Column Total					
Health Status					
Excellent	3.18	4.58	1.44	3.48	2.90
	0.62	1.86	1.40	1.38	0.84
Very good	8.33	10.91	6.24	5.41	9.98
	1.03	2.67	3.30	1.48	1.74
Good	27.35	35.88	16.25	26.70	27.53
	1.63	4.42	5.66	3.04	2.43
Fair	39.54	33.48	40.06	42.01	39.88
	1.80	4.91	6.75	3.18	2.57
Poor	21.60	15.16	36.01	22.40	19.71
	1.80	3.49	6.71	3.04	2.22
Functional Limitation					
None	4.66	7.86	6.72	4.82	2.86
	0.80	2.85	3.01	1.59	0.86
IADL only ³	5.88	15.63	5.25	3.78	4.00
	0.81	3.13	3.05	1.32	1.07
One to two ADLs ⁴	21.24	34.68	26.22	19.65	16.24
	1.75	4.88	6.26	2.74	2.13
Three to five ADLs	68.23	41.82	61.80	71.75	76.89
	1.77	4.90	7.16	2.81	2.45
Upper Extremity Limitation					
No	29.60	54.93	18.46	26.23	25.49
	1.76	5.11	5.43	3.14	2.37
Yes, no ADL/IADL present	1.81	0.00	4.18	2.22	1.57
	0.50	0.00	2.45	0.98	0.69
Yes, ADL/IADL present	68.59	45.07	77.36	71.55	72.95
	1.65	5.11	5.69	3.31	2.49

Table 2.5b Perceived Health and Functioning of Institutionalized Medicare Beneficiaries, by Age, 2005Long-Term Care Facility-Only Residents¹

Measure of Perceived Health or Functioning ²	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 1,000s)	1,877	292	207	568	810
	73	28	32	39	41
Beneficiaries as a Percentage of Column Total					
Mobility Limitation					
No	13.73	46.82	10.13	7.85	6.66
	<i>1.07</i>	<i>4.77</i>	<i>4.12</i>	<i>2.13</i>	<i>1.15</i>
Yes, no ADL/IADL present	1.81	1.81	3.47	2.63	0.80
	<i>0.48</i>	<i>1.47</i>	<i>2.07</i>	<i>1.06</i>	<i>0.46</i>
Yes, ADL/IADL present	84.46	51.36	86.41	89.52	92.54
	<i>1.13</i>	<i>4.82</i>	<i>4.41</i>	<i>2.37</i>	<i>1.21</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005

Community Residents¹

Self-Reported Health Condition	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 1,000s)	41,524	1,570	4,355	4,372	2,026	12,323	2,526	11,710	6,027	944	21,207	2,337	2,501	1,958	1,068	7,864
	141	96	149	91	74	211	127	205	112	49	196	102	103	78	54	170
Beneficiaries as a Percentage of Column Total																
Chronic Conditions																
None	5.78	1.92*	9.04	3.09*	2.52*	4.95	3.32*	9.39	3.95	3.87*	6.88	4.66*	4.84*	3.90*	2.52*	4.24
	0.25	0.62	0.95	0.58	0.64	0.41	1.03	0.65	0.50	1.04	0.40	1.10	0.92	0.86	0.79	0.52
One to two	34.25	28.73	34.16	28.90	25.24	30.13	27.75	42.99	31.52	27.11	37.21	40.68	35.18	25.78	20.79	32.52
	0.52	2.74	1.45	1.31	1.60	0.85	2.43	0.97	1.29	2.60	0.77	2.36	2.33	2.17	2.06	1.26
Three or more	59.96	69.35	56.80	68.01	72.24	64.91	68.93	47.62	64.53	69.02	55.92	54.65	59.97	70.32	76.70	63.24
	0.61	2.77	1.63	1.35	1.58	0.95	2.54	1.16	1.36	2.71	0.80	2.73	2.24	2.36	2.26	1.32
Prevalence of Disease/Condition																
Disease/Condition																
Heart disease	40.16	33.97	35.38	43.92	49.10	40.48	42.62	33.27	50.72	59.72	40.52	29.76	36.83	42.68	55.46	38.71
	0.63	2.74	1.77	1.60	2.01	1.10	2.58	1.19	1.21	2.76	0.80	2.24	1.88	2.01	2.58	1.23
Hypertension	62.36	55.69	58.72	70.55	68.31	64.11	59.70	58.39	65.71	67.06	61.01	45.73	72.21	68.75	70.21	63.20
	0.61	2.83	1.83	1.17	1.57	1.01	2.78	1.21	1.17	2.67	0.83	2.56	2.03	1.87	2.19	1.14
Diabetes	21.23	23.44	20.57	19.93	13.57	19.56	30.74	21.16	20.17	12.54*	21.64	20.96	28.17	23.12	15.84	23.09
	0.49	3.12	1.38	0.97	1.25	0.79	2.54	0.91	1.07	1.73	0.66	1.93	2.11	2.06	1.87	1.09
Arthritis	60.42	61.54	60.79	68.07	67.88	64.64	65.19	53.90	62.55	58.52	57.91	48.78	61.29	68.75	70.46	60.69
	0.58	2.99	1.61	1.22	1.82	0.86	2.96	1.22	1.12	3.02	0.87	2.34	2.28	2.26	2.12	1.11
Osteoporosis/broken hip	22.24	19.37	24.75	31.07	35.64	28.10	19.82	16.80	21.87	21.55	18.81	12.37	19.24	29.98	37.69	22.37
	0.43	2.52	1.50	1.28	1.52	0.85	1.76	0.86	1.03	2.10	0.64	1.50	1.63	2.22	2.52	0.88
Pulmonary disease	17.16	25.00	18.07	17.37	11.85	17.68	25.02	13.67	16.78	15.70	16.00	25.31	17.33	18.45	13.70	19.49
	0.49	2.44	1.35	1.09	0.99	0.77	2.23	0.78	0.98	2.25	0.62	1.96	1.71	1.74	1.66	1.07
Stroke	11.68	14.75	11.29	11.60	12.45	12.03	15.28	7.82	12.52	20.18	10.59	13.50	10.36	16.51	18.67	13.95
	0.32	2.23	0.99	0.73	1.12	0.60	2.06	0.49	0.84	2.22	0.42	1.43	1.11	1.58	2.04	0.72
Alzheimer's disease	4.03	2.13*	1.37*	3.77	7.65	3.35	1.90*	1.63*	5.54	12.59*	3.26	3.09*	2.52*	11.33	19.32	7.16
	0.21	0.84	0.35	0.49	1.05	0.32	0.72	0.29	0.55	2.04	0.29	1.44	0.67	1.24	1.98	0.65
Parkinson's disease	1.40	0.92*	0.36*	1.86*	1.96*	1.22*	0.58*	0.97*	2.01*	3.71*	1.34	1.23*	1.54*	2.75*	2.44*	1.87*
	0.13	0.53	0.17	0.39	0.54	0.17	0.33	0.22	0.37	1.05	0.17	1.26	0.35	0.60	0.76	0.45
Skin cancer	18.13	6.09*	13.55	23.29	24.04	17.78	7.48*	18.86	29.25	30.14	20.96	4.78*	9.89	16.10	19.59	11.23
	0.40	1.45	1.22	1.24	1.41	0.63	1.29	0.86	1.01	2.43	0.60	1.46	1.56	1.52	1.96	0.84
Other type of cancer	17.91	15.25	16.90	22.27	21.71	19.39	13.43	16.63	23.01	23.83	18.38	9.58	13.15	18.54	19.70	14.32
	0.42	2.64	1.21	1.07	1.54	0.72	1.58	0.89	1.10	2.05	0.62	1.46	1.40	1.71	1.92	0.72

Table 2.6a Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2005

Community Residents¹

Self-Reported Health Condition	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 1,000s)	41,524	1,570	4,355	4,372	2,026	12,323	2,526	11,710	6,027	944	21,207	2,337	2,501	1,958	1,068	7,864
	<i>141</i>	<i>96</i>	<i>149</i>	<i>91</i>	<i>74</i>	<i>211</i>	<i>127</i>	<i>205</i>	<i>112</i>	<i>49</i>	<i>196</i>	<i>102</i>	<i>103</i>	<i>78</i>	<i>54</i>	<i>170</i>
Prevalence of Disease/Condition																
Mental Illness/Disorder	25.63	66.42	24.32	21.99	17.27	27.67	56.75	15.49	14.52	15.12	20.11	69.88	20.09	27.36	21.96	36.95
	<i>0.51</i>	<i>2.94</i>	<i>1.40</i>	<i>1.19</i>	<i>1.45</i>	<i>0.82</i>	<i>2.58</i>	<i>0.79</i>	<i>0.99</i>	<i>2.08</i>	<i>0.61</i>	<i>1.99</i>	<i>1.94</i>	<i>1.93</i>	<i>2.13</i>	<i>1.12</i>
Urinary Incontinence	26.14	27.46	22.18	33.59	40.07	29.82	22.88	19.56	26.59	32.74	22.53	20.78	24.65	39.26	47.76	30.31
	<i>0.60</i>	<i>2.93</i>	<i>1.38</i>	<i>1.30</i>	<i>1.90</i>	<i>0.87</i>	<i>2.28</i>	<i>0.83</i>	<i>1.18</i>	<i>2.09</i>	<i>0.72</i>	<i>1.95</i>	<i>1.97</i>	<i>2.31</i>	<i>2.84</i>	<i>1.12</i>
Smokers																
Never smoked	40.48	29.43	37.05	45.49	56.97	42.29	34.58	38.36	37.14	40.17	37.64	39.29	39.52	50.77	63.23	45.43
	<i>0.48</i>	<i>2.81</i>	<i>1.77</i>	<i>1.49</i>	<i>1.84</i>	<i>0.86</i>	<i>2.49</i>	<i>0.90</i>	<i>1.22</i>	<i>2.81</i>	<i>0.71</i>	<i>2.23</i>	<i>2.35</i>	<i>2.27</i>	<i>2.56</i>	<i>1.21</i>
Former smoker	44.91	33.74	43.18	45.53	38.65	42.07	37.17	49.84	57.15	55.45	50.65	21.37	42.12	39.78	31.79	33.97
	<i>0.54</i>	<i>2.89</i>	<i>1.82</i>	<i>1.55</i>	<i>1.94</i>	<i>0.92</i>	<i>2.41</i>	<i>0.96</i>	<i>1.23</i>	<i>2.78</i>	<i>0.76</i>	<i>2.02</i>	<i>2.28</i>	<i>2.37</i>	<i>2.36</i>	<i>1.18</i>
Current smoker	14.61	36.83	19.77	8.99	4.38*	15.64	28.25	11.80	5.71	4.38*	11.71	39.34	18.36	9.45	4.97*	20.60
	<i>0.38</i>	<i>2.92</i>	<i>1.55</i>	<i>0.85</i>	<i>0.69</i>	<i>0.76</i>	<i>2.48</i>	<i>0.73</i>	<i>0.60</i>	<i>1.05</i>	<i>0.51</i>	<i>2.57</i>	<i>1.59</i>	<i>1.47</i>	<i>1.30</i>	<i>1.09</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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.

Table 2.6b Reported Health Conditions and Risk Factors of Institutionalized Medicare Beneficiaries, by Age, 2005Long-Term Care Facility-Only Residents¹

Reported Health Condition ²	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 1,000s)	1,877	292	207	568	810
	73	28	32	39	41
Beneficiaries as a Percentage of Column Total					
Chronic Conditions					
None	2.87*	3.56*	5.23*	3.18*	1.81*
	0.63	1.64	3.95	1.35	0.83
One to two	35.31	73.75	28.90*	30.03	26.83
	1.81	4.50	6.93	3.46	2.14
Three or more	61.81	22.69*	65.87*	66.79	71.36
	1.95	4.40	6.96	3.50	2.15
Prevalence of Disease/Condition					
Disease/Condition					
Heart disease	30.97	7.75*	39.30*	27.24	40.16
	2.01	2.47	6.53	3.13	3.00
Hypertension	43.20	22.91*	39.06*	48.09	48.14
	1.57	4.35	6.64	3.12	2.45
Diabetes	24.40	13.54*	43.36*	27.76	21.12
	1.69	3.13	7.14	2.60	2.45
Arthritis	23.71	5.15*	20.54*	29.07	27.44
	1.45	2.27	4.93	2.95	1.95
Osteoporosis/broken hip	18.36	6.32*	8.12*	18.84*	24.96
	1.55	2.12	3.54	2.69	2.43
Pulmonary disease	14.28	7.27*	27.07*	15.11*	12.97
	1.20	3.13	5.66	2.49	1.87
Stroke	16.66	4.12*	28.35*	18.13*	17.16
	1.41	1.85	6.65	2.41	1.86
Alzheimer's disease	42.35	8.14*	21.58*	50.63	54.15
	2.02	3.45	5.93	3.31	2.34
Parkinson's disease	6.59	0.00	6.13*	10.70*	6.20*
	0.83	0.00	2.99	1.86	1.09
Skin cancer	0.73*	0.00	0.00	0.55*	1.30*
	0.30	0.00	0.00	0.56	0.58
Other type of cancer	5.53*	2.17*	13.62*	4.63*	5.30*
	0.76	1.47	5.03	1.41	1.03

Table 2.6b Reported Health Conditions and Risk Factors of Institutionalized Medicare Beneficiaries, by Age, 2005Long-Term Care Facility-Only Residents¹

Reported Health Condition ²	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 1,000s)	1,877	292	207	568	810
	<i>73</i>	<i>28</i>	<i>32</i>	<i>39</i>	<i>41</i>
	Prevalence of Disease/Condition				
Mental Illness/Disorder	27.46	77.85	41.14*	19.22*	11.54*
	<i>1.64</i>	<i>3.98</i>	<i>6.34</i>	<i>2.19</i>	<i>1.77</i>
Urinary Incontinence	64.10	40.03	60.67*	63.56	74.08
	<i>1.74</i>	<i>5.08</i>	<i>5.86</i>	<i>2.82</i>	<i>2.47</i>
Smokers					
Never smoked	77.83	69.25	50.78*	73.27	92.24
	<i>1.93</i>	<i>4.40</i>	<i>8.26</i>	<i>3.81</i>	<i>1.60</i>
Former smoker	13.51	12.29*	29.10*	18.20*	6.56*
	<i>1.37</i>	<i>3.81</i>	<i>6.81</i>	<i>3.42</i>	<i>1.45</i>
Current smoker	8.66*	18.45*	20.11*	8.53*	1.20*
	<i>1.43</i>	<i>3.66</i>	<i>6.12</i>	<i>2.41</i>	<i>0.69</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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.

Table 2.7 Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2005Community Residents¹

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 1,000s)	41,524	3,945	7,470	8,183	14,285	2,377	5,265
	141	134	156	176	231	110	113
Beneficiaries as a Percentage of Column Total							
Health Status							
Excellent	14.94	13.53	5.59	17.57	16.54	23.08	17.14
	0.44	1.09	0.52	0.96	0.77	1.92	0.99
Very good	26.86	21.54	13.70	32.09	29.87	34.15	29.92
	0.45	1.56	0.86	1.14	0.71	1.97	1.37
Good	31.13	27.03	31.04	31.06	31.89	30.00	32.91
	0.46	1.70	1.05	1.11	0.81	1.76	1.55
Fair	18.66	23.41	32.37	14.83	14.97	9.64	15.69
	0.38	1.59	1.09	0.81	0.69	1.29	1.15
Poor	8.41	14.50	17.30	4.45	6.74	3.13	4.34
	0.39	1.53	1.01	0.48	0.52	0.85	0.78
Functional Limitation							
None	57.90	52.79	36.55	62.47	62.86	70.68	65.66
	0.69	2.70	1.14	1.15	1.00	2.01	1.35
IADL only ³	21.98	23.60	31.77	20.06	19.95	17.21	17.51
	0.49	1.69	1.08	0.95	0.76	1.67	1.21
One to two ADLs ⁴	13.29	16.48	18.05	12.33	11.59	9.73	11.83
	0.37	1.51	0.90	0.73	0.58	1.34	0.84
Three to five ADLs	6.84	7.13	13.62	5.13	5.60	2.38	5.00
	0.31	0.89	0.85	0.60	0.45	0.58	0.67
Long-Term Functional Limitation⁵							
None	67.00	63.95	48.06	71.65	70.74	76.74	73.90
	0.52	2.23	1.06	1.15	0.76	1.69	1.21
IADL only ³	25.19	28.34	36.68	22.46	23.16	19.28	19.28
	0.43	1.90	1.02	1.02	0.73	1.54	1.07
One to two ADLs ⁴	4.68	4.86	8.31	3.53	3.68	2.95	4.80
	0.24	0.95	0.61	0.44	0.36	0.70	0.53
Three to five ADLs	3.12	2.84	6.95	2.37	2.41	1.02	2.02
	0.19	0.45	0.60	0.38	0.30	0.49	0.40

Table 2.7 Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2005

Community Residents¹

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 1,000s)	41,524	3,945	7,470	8,183	14,285	2,377	5,265
	<i>141</i>	<i>134</i>	<i>156</i>	<i>176</i>	<i>231</i>	<i>110</i>	<i>113</i>
Beneficiaries as a Percentage of Column Total							
Upper Extremity Limitation							
No	58.36	56.05	43.25	60.99	61.69	64.21	65.81
	<i>0.77</i>	<i>2.27</i>	<i>1.38</i>	<i>1.22</i>	<i>0.96</i>	<i>2.07</i>	<i>1.49</i>
Yes, no ADL/IADL present	13.91	12.80	11.60	15.14	14.40	17.47	13.21
	<i>0.50</i>	<i>1.42</i>	<i>0.90</i>	<i>0.93</i>	<i>0.73</i>	<i>1.44</i>	<i>0.86</i>
Yes, ADL/IADL present	27.72	31.16	45.14	23.88	23.90	18.32	20.98
	<i>0.62</i>	<i>2.26</i>	<i>1.28</i>	<i>0.98</i>	<i>0.86</i>	<i>1.67</i>	<i>1.22</i>
Mobility Limitation							
No	49.53	45.26	33.07	51.58	54.17	64.16	53.72
	<i>0.64</i>	<i>2.02</i>	<i>1.21</i>	<i>1.23</i>	<i>0.93</i>	<i>2.11</i>	<i>1.57</i>
Yes, no ADL/IADL present	16.50	16.89	14.29	17.43	16.46	16.92	17.83
	<i>0.45</i>	<i>1.77</i>	<i>0.90</i>	<i>0.85</i>	<i>0.60</i>	<i>1.73</i>	<i>1.13</i>
Yes, ADL/IADL present	33.97	37.85	52.64	30.99	29.37	18.92	28.46
	<i>0.62</i>	<i>2.39</i>	<i>1.28</i>	<i>1.14</i>	<i>0.89</i>	<i>1.92</i>	<i>1.22</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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.
- 5 *Long-term functional limitation* is defined as a functional limitation that lasts 90 days or longer.

Table 2.8 Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2005Community Residents¹

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 1,000s)	41,524	3,945	7,470	8,183	14,285	2,377	5,265
	141	134	156	176	231	110	113
Beneficiaries as a Percentage of Column Total							
Chronic Conditions							
None	5.78	9.50	3.38	6.60	5.99	4.64*	5.12
	0.25	1.16	0.40	0.56	0.41	0.96	0.66
One to two	34.25	38.98	28.83	34.05	34.89	37.93	35.35
	0.52	1.68	1.04	1.02	0.86	1.90	1.33
Three or more	59.96	51.51	67.79	59.36	59.12	57.43	59.53
	0.61	1.85	1.15	1.20	0.90	1.83	1.60
Prevalence of Disease/Condition							
Disease/Condition							
Heart disease	40.16	35.71	41.61	41.33	40.26	38.05	40.34
	0.63	1.73	1.28	1.34	1.07	1.74	1.33
Hypertension	62.36	58.44	63.55	61.64	63.24	58.50	64.08
	0.61	1.90	1.16	1.11	1.02	2.04	1.46
Diabetes	21.23	20.45	28.11	17.22	20.90	16.35	21.44
	0.49	1.58	1.17	0.95	0.78	1.57	1.18
Arthritis	60.42	54.28	63.35	61.67	59.86	59.77	60.77
	0.58	2.30	1.26	1.01	0.94	2.09	1.55
Osteoporosis/broken hip	22.24	12.72	22.67	25.41	21.81	28.68	22.08
	0.43	1.06	1.03	0.96	0.77	1.93	1.22
Pulmonary disease	17.16	17.72	24.29	14.39	16.52	14.59	13.80
	0.49	1.23	1.19	0.86	0.67	1.48	1.08
Stroke	11.68	12.12	15.46	10.28	11.57	9.56	9.37
	0.32	1.35	0.83	0.60	0.57	1.30	0.85
Alzheimer's disease	4.03	3.41*	6.36	3.61	3.45	3.76*	3.52
	0.21	0.53	0.68	0.40	0.34	0.82	0.51
Parkinson's disease	1.40	0.61*	1.69*	1.25*	1.48	1.44*	1.60*
	0.13	0.24	0.45	0.21	0.18	0.53	0.38
Skin cancer	18.13	12.17	7.30	22.75	21.10	27.83	18.32
	0.40	1.16	0.79	0.93	0.59	2.31	1.11
Other type of cancer	17.91	12.77	15.36	19.66	18.63	21.48	19.07
	0.42	1.12	0.84	0.91	0.76	1.84	1.26

Table 2.8 Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2005Community Residents¹

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 1,000s)	41,524	3,945	7,470	8,183	14,285	2,377	5,265
	<i>141</i>	<i>134</i>	<i>156</i>	<i>176</i>	<i>231</i>	<i>110</i>	<i>113</i>
Prevalence of Disease/Condition							
Mental Illness/Disorder	25.63	32.46	45.04	19.11	21.15	17.24	19.11
	<i>0.51</i>	<i>1.47</i>	<i>1.25</i>	<i>1.01</i>	<i>0.78</i>	<i>1.60</i>	<i>1.22</i>
Urinary Incontinence	26.14	20.40	29.12	28.62	25.75	28.13	22.58
	<i>0.60</i>	<i>1.76</i>	<i>1.27</i>	<i>1.07</i>	<i>0.97</i>	<i>1.85</i>	<i>1.49</i>
Smokers							
Never smoked	40.48	33.30	42.22	44.81	38.90	40.89	40.75
	<i>0.48</i>	<i>1.82</i>	<i>1.09</i>	<i>1.06</i>	<i>0.88</i>	<i>2.13</i>	<i>1.30</i>
Former smoker	44.91	39.16	33.93	45.86	49.42	50.16	48.69
	<i>0.54</i>	<i>1.87</i>	<i>1.25</i>	<i>1.15</i>	<i>0.86</i>	<i>2.32</i>	<i>1.61</i>
Current smoker	14.61	27.54	23.86	9.34	11.68	8.95*	10.56
	<i>0.38</i>	<i>1.71</i>	<i>1.06</i>	<i>0.79</i>	<i>0.57</i>	<i>1.32</i>	<i>0.99</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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.

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance			Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay						
All Beneficiaries	19.19	16.98	24.89	20.28	18.71	14.58
	0.39	1.37	1.09	0.86	0.70	1.13
Medicare Status³						
Aged						
65 - 74 years	13.77	11.44*	19.71	14.81	13.87	10.48
	0.49	1.59	1.62	1.22	0.78	1.33
75 - 84 years	22.58	19.38*	30.11	23.19	22.08	18.15
	0.71	2.71	2.32	1.42	1.16	1.83
85 years and older	29.68	26.15*	33.98	31.77	31.06	20.24*
	1.20	4.72	3.65	2.85	2.13	2.73
Disabled						
Under 45 years	18.04	9.37*	20.12	28.79*	14.31*	16.12*
	1.37	2.48	1.90	12.08	3.45	9.97
45 - 64 years	23.77	22.19	26.65	13.49*	25.09	17.20*
	1.54	3.33	2.45	4.47	3.47	5.04
Gender						
Male	19.75	17.14	23.63	22.64	19.29	16.63
	0.61	1.79	1.74	1.34	1.01	1.73
Female	18.74	16.73	25.68	18.66	18.19	13.11
	0.48	2.05	1.33	1.14	0.86	1.21
Living Arrangement						
Alone	20.43	13.94*	26.65	20.32	21.00	15.07
	0.77	1.99	2.11	1.56	1.47	1.87
With spouse	17.44	16.08	26.03	19.15	17.21	14.01
	0.68	2.03	2.25	1.25	1.04	1.45
With children	23.89	25.46*	22.83	27.54	25.64	16.90*
	1.14	4.24	1.79	3.28	2.64	3.68
With others	18.99	15.95*	21.64	20.69*	15.94*	14.39*
	1.49	3.84	1.89	4.74	3.21	4.34

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance			Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay						
All Beneficiaries	19.19	16.98	24.89	20.28	18.71	14.58
	0.39	1.37	1.09	0.86	0.70	1.13
Race/Ethnicity						
White non-Hispanic	19.20	16.81	26.26	20.34	19.10	14.49
	0.49	1.52	1.50	0.93	0.79	1.36
Black non-Hispanic	20.81	22.72*	26.97	11.37*	15.86*	17.42*
	1.38	4.39	2.32	3.56	2.35	4.02
Hispanic	17.78	10.08*	21.11	28.21*	16.28*	12.86*
	1.27	3.13	2.49	7.26	3.01	2.86
Other	17.25	9.39*	19.83*	22.80*	16.26*	17.21*
	2.04	3.37	3.20	5.87	4.43	5.06
Income						
Less than \$5,000	19.49	14.13*	21.83*	29.83*	16.26*	9.58*
	2.14	5.19	3.13	7.54	4.40	4.49
\$5,000 - \$9,999	22.31	18.94*	23.57	22.54*	23.09*	13.93*
	1.18	3.25	1.37	3.32	4.60	3.18
\$10,000 - \$14,999	25.35	23.91	30.27	25.99	25.33	15.92*
	1.04	3.11	1.91	2.46	2.65	2.67
\$15,000 - \$19,999	19.46	13.66*	18.67*	22.58	22.15	13.87*
	1.19	2.48	2.98	2.05	2.64	2.83
\$20,000 - \$24,999	19.00	16.31*	18.77*	17.58*	20.25	18.77*
	1.14	3.12	4.52	2.20	2.10	2.61
\$25,000 - \$29,999	19.16	9.78*	22.24*	22.00*	21.01	15.82*
	1.64	3.67	8.94	3.14	2.72	3.51
\$30,000 - \$39,999	16.27	12.13*	37.76*	14.93	18.03	13.26*
	1.04	3.67	12.06	2.13	1.81	2.47
\$40,000 - \$49,999	15.81	15.12*	12.21*	18.36*	15.28	15.08*
	1.21	7.13	12.84	2.74	1.89	3.10
\$50,000 or more	14.45	13.30*	41.71*	17.32	15.21	10.22*
	1.06	8.39	19.41	1.97	1.48	2.61

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance			Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay						
All Beneficiaries	19.19	16.98	24.89	20.28	18.71	14.58
	0.39	1.37	1.09	0.86	0.70	1.13
Health Status						
Excellent	9.77	10.36*	13.35*	9.06*	10.66	8.49*
	0.77	2.74	3.37	1.56	1.34	1.96
Very good	12.49	11.05*	17.21	13.12	12.44	10.19*
	0.67	1.81	2.24	1.19	1.04	1.54
Good	18.31	12.32*	19.77	21.12	19.01	14.55
	0.69	2.10	1.71	1.66	1.22	1.61
Fair	29.60	24.02	28.97	38.75	30.34	20.48*
	1.22	3.59	2.05	2.97	2.39	3.13
Poor	38.63	29.82*	36.69	47.87*	40.34	51.57*
	1.89	4.40	2.84	6.06	4.07	10.10
Functional Limitation						
None	12.83	12.18	16.47	12.95	12.70	11.05
	0.38	1.44	1.28	0.92	0.62	0.97
IADL only ⁴	26.34	25.25	26.19	30.33	26.96	22.10
	1.11	3.55	1.88	2.14	2.07	2.88
One to two ADLs ⁵	26.97	13.83*	32.50	34.40	28.02	15.78*
	1.17	3.24	2.62	2.79	2.60	3.13
Three to five ADLs	37.50	34.14*	36.64	36.23*	40.57	34.73*
	1.80	6.49	3.44	4.77	3.98	7.28

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance			Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay						
All Beneficiaries	19.19	16.98	24.89	20.28	18.71	14.58
	<i>0.39</i>	<i>1.37</i>	<i>1.09</i>	<i>0.86</i>	<i>0.70</i>	<i>1.13</i>
Metropolitan Area Resident						
Yes	18.51	16.11	24.12	19.84	18.25	14.64
	<i>0.46</i>	<i>1.76</i>	<i>1.32</i>	<i>1.13</i>	<i>0.80</i>	<i>1.16</i>
No	21.54	19.05	27.39	21.33	20.27	12.92*
	<i>0.70</i>	<i>2.01</i>	<i>1.98</i>	<i>1.13</i>	<i>1.37</i>	<i>3.26</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents¹

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance			Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit						
All Beneficiaries	71.55	62.93	76.61	75.85	71.35	63.14
	<i>0.65</i>	<i>1.85</i>	<i>0.91</i>	<i>1.24</i>	<i>1.01</i>	<i>1.73</i>
Medicare Status³						
Aged						
65 - 74 years	67.35	54.82	75.22	73.09	66.08	60.14
	<i>0.92</i>	<i>3.06</i>	<i>2.01</i>	<i>1.95</i>	<i>1.41</i>	<i>2.28</i>
75 - 84 years	75.36	64.92	74.91	80.15	76.01	68.66
	<i>0.95</i>	<i>3.08</i>	<i>1.99</i>	<i>1.68</i>	<i>1.80</i>	<i>2.21</i>
85 years and older	71.77	69.43	73.22	74.00	78.10	53.97
	<i>1.05</i>	<i>3.89</i>	<i>3.48</i>	<i>2.13</i>	<i>1.96</i>	<i>3.28</i>
Disabled						
Under 45 years	71.22	54.72	75.82	78.79*	65.35	63.96*
	<i>1.36</i>	<i>4.49</i>	<i>1.56</i>	<i>8.98</i>	<i>5.37</i>	<i>15.44</i>
45 - 64 years	78.02	72.59	81.06	72.13*	81.14	72.96*
	<i>1.52</i>	<i>3.63</i>	<i>2.73</i>	<i>8.61</i>	<i>3.29</i>	<i>8.69</i>
Gender						
Male	68.46	60.24	75.98	72.78	67.49	63.48
	<i>0.84</i>	<i>2.60</i>	<i>1.73</i>	<i>1.93</i>	<i>1.31</i>	<i>2.18</i>
Female	74.06	67.03	77.00	77.95	74.85	62.90
	<i>0.80</i>	<i>2.67</i>	<i>1.22</i>	<i>1.48</i>	<i>1.22</i>	<i>2.29</i>
Living Arrangement						
Alone	71.95	57.69	78.03	75.17	74.05	59.07
	<i>0.90</i>	<i>3.32</i>	<i>1.52</i>	<i>2.23</i>	<i>1.56</i>	<i>3.30</i>
With spouse	70.89	64.94	76.79	75.59	70.30	64.73
	<i>0.84</i>	<i>2.43</i>	<i>2.25</i>	<i>1.46</i>	<i>1.28</i>	<i>2.07</i>
With children	72.81	70.16	75.98	76.92	70.34	62.53
	<i>1.37</i>	<i>4.35</i>	<i>2.17</i>	<i>3.07</i>	<i>3.34</i>	<i>3.98</i>
With others	73.14	61.12	75.31	81.87	75.03	69.46*
	<i>1.85</i>	<i>5.01</i>	<i>2.27</i>	<i>4.15</i>	<i>4.10</i>	<i>5.68</i>

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	71.55	62.93	76.61	75.85	71.35	75.18	63.14
	0.65	1.85	0.91	1.24	1.01	2.08	1.73
Race/Ethnicity							
White non-Hispanic	72.18	64.25	76.84	75.82	72.22	75.50	64.69
	0.73	2.21	1.27	1.27	1.06	2.15	2.05
Black non-Hispanic	70.50	62.05	79.97	75.40	69.27	73.06*	51.62
	1.57	5.55	2.31	6.53	3.17	11.10	4.47
Hispanic	67.15	53.95*	75.12	71.62*	59.21	94.49*	60.36
	1.93	6.33	2.36	5.96	4.22	5.81	4.65
Other	71.48	58.85*	73.43	81.42*	72.82	60.63*	66.34*
	2.59	10.15	3.32	5.65	5.19	13.28	8.14
Income							
Less than \$5,000	66.40	50.66*	67.73	69.92*	71.08	52.85*	74.33*
	2.72	6.92	4.59	7.25	6.84	30.00	7.76
\$5,000 - \$9,999	72.85	57.91	77.28	77.49	71.46	100.00*	51.44*
	1.19	3.75	1.42	4.22	4.80	0.00	7.08
\$10,000 - \$14,999	72.29	66.26	77.39	76.01	72.40	85.36*	58.68
	1.11	3.51	1.94	2.50	2.42	9.15	3.82
\$15,000 - \$19,999	71.43	63.62	76.53	77.54	70.77	83.02*	64.01
	1.63	5.29	3.41	3.20	2.85	8.59	3.52
\$20,000 - \$24,999	72.25	64.65	73.64	77.13	75.89	73.22*	62.46
	1.52	5.44	6.26	2.89	2.14	7.58	4.12
\$25,000 - \$29,999	72.85	60.16*	73.09*	74.13	75.39	87.48	64.25
	1.91	7.55	9.84	3.53	2.86	5.21	4.31
\$30,000 - \$39,999	71.69	60.38	86.73*	78.90	71.53	77.43	61.77
	1.46	6.08	6.85	2.57	2.44	5.08	3.52
\$40,000 - \$49,999	70.79	76.74*	91.44*	74.52	69.64	70.51	66.63
	2.00	8.41	9.08	3.52	2.70	5.32	5.23
\$50,000 or more	69.89	77.97*	66.38*	72.60	68.03	70.27	71.35
	1.33	8.52	20.25	2.44	1.92	3.21	3.91

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance			Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit						
All Beneficiaries	71.55	62.93	76.61	75.85	71.35	63.14
	<i>0.65</i>	<i>1.85</i>	<i>0.91</i>	<i>1.24</i>	<i>1.01</i>	<i>1.73</i>
Health Status						
Excellent	58.78	43.99	64.49	63.22	57.29	61.06
	<i>1.55</i>	<i>5.38</i>	<i>4.74</i>	<i>2.91</i>	<i>2.63</i>	<i>3.71</i>
Very good	68.22	57.06	67.43	73.84	70.06	57.16
	<i>1.14</i>	<i>4.26</i>	<i>2.84</i>	<i>1.77</i>	<i>1.82</i>	<i>2.65</i>
Good	73.71	63.73	76.45	80.28	73.38	63.37
	<i>0.98</i>	<i>3.34</i>	<i>1.83</i>	<i>1.97</i>	<i>1.76</i>	<i>2.59</i>
Fair	79.00	71.42	81.36	82.49	79.82	71.97
	<i>1.03</i>	<i>3.08</i>	<i>1.46</i>	<i>2.42</i>	<i>2.23</i>	<i>3.45</i>
Poor	81.46	76.64	79.95	89.41	84.01	77.86*
	<i>1.64</i>	<i>4.10</i>	<i>2.66</i>	<i>3.18</i>	<i>3.32</i>	<i>8.19</i>
Functional Limitation						
None	67.17	54.33	75.00	72.41	66.73	59.42
	<i>0.81</i>	<i>2.47</i>	<i>1.84</i>	<i>1.52</i>	<i>1.19</i>	<i>2.19</i>
IADL only ⁴	76.75	73.66	76.72	81.27	79.25	62.33
	<i>0.93</i>	<i>3.18</i>	<i>1.94</i>	<i>2.01</i>	<i>1.56</i>	<i>3.42</i>
One to two ADLs ⁵	77.55	70.48	77.67	80.00	78.39	77.74
	<i>1.26</i>	<i>4.21</i>	<i>2.30</i>	<i>2.46</i>	<i>2.82</i>	<i>3.40</i>
Three to five ADLs	82.09	77.73	79.92	86.15	83.67	82.47
	<i>1.69</i>	<i>5.40</i>	<i>2.92</i>	<i>4.07</i>	<i>3.09</i>	<i>5.01</i>

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	71.55	62.93	76.61	75.85	71.35	75.18	63.14
	<i>0.65</i>	<i>1.85</i>	<i>0.91</i>	<i>1.24</i>	<i>1.01</i>	<i>2.08</i>	<i>1.73</i>
Metropolitan Area Resident							
Yes	69.01	59.07	73.88	73.56	68.61	74.42	62.73
	<i>0.80</i>	<i>2.50</i>	<i>1.16</i>	<i>1.63</i>	<i>1.28</i>	<i>2.33</i>	<i>1.79</i>
No	79.90	70.29	84.87	81.14	80.30	78.64	75.03*
	<i>0.93</i>	<i>2.74</i>	<i>1.32</i>	<i>1.70</i>	<i>1.41</i>	<i>4.10</i>	<i>7.00</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents¹

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	94.97	85.15	94.80	96.96	95.99	97.07	95.76
	<i>0.23</i>	<i>1.34</i>	<i>0.54</i>	<i>0.55</i>	<i>0.37</i>	<i>1.10</i>	<i>0.62</i>
Medicare Status³							
Aged							
65 - 74 years	93.70	80.82	94.32	95.61	94.77	94.96	94.37
	<i>0.44</i>	<i>2.23</i>	<i>1.23</i>	<i>0.98</i>	<i>0.65</i>	<i>1.95</i>	<i>0.98</i>
75 - 84 years	97.54	88.82	96.76	98.60	98.25	100.00	97.48
	<i>0.31</i>	<i>2.29</i>	<i>0.99</i>	<i>0.38</i>	<i>0.42</i>	<i>0.00</i>	<i>0.72</i>
85 years and older	97.43	92.48	95.86	97.82	98.92	98.22	97.18
	<i>0.44</i>	<i>2.65</i>	<i>1.40</i>	<i>0.78</i>	<i>0.56</i>	<i>1.81</i>	<i>1.19</i>
Disabled							
Under 45 years	91.40	78.66	93.26	100.00*	92.91	100.00*	94.32*
	<i>1.15</i>	<i>3.82</i>	<i>1.27</i>	<i>0.00</i>	<i>2.50</i>	<i>0.00</i>	<i>5.53</i>
45 - 64 years	92.68	88.08	94.26	92.45*	93.80	100.00*	94.25*
	<i>1.07</i>	<i>3.05</i>	<i>1.46</i>	<i>5.50</i>	<i>2.08</i>	<i>0.00</i>	<i>3.33</i>
Gender							
Male	93.54	81.95	93.56	95.90	95.64	95.77	94.97
	<i>0.44</i>	<i>1.71</i>	<i>1.05</i>	<i>0.87</i>	<i>0.62</i>	<i>1.86</i>	<i>0.84</i>
Female	96.14	90.05	95.57	97.69	96.31	98.14	96.33
	<i>0.27</i>	<i>1.70</i>	<i>0.74</i>	<i>0.65</i>	<i>0.56</i>	<i>1.09</i>	<i>0.77</i>
Living Arrangement							
Alone	94.70	83.97	94.56	96.45	95.96	99.50	96.00
	<i>0.49</i>	<i>2.13</i>	<i>0.92</i>	<i>0.99</i>	<i>0.92</i>	<i>0.50</i>	<i>1.04</i>
With spouse	95.88	88.01	95.98	97.26	96.47	95.75	95.99
	<i>0.34</i>	<i>1.94</i>	<i>1.11</i>	<i>0.63</i>	<i>0.45</i>	<i>1.65</i>	<i>0.85</i>
With children	93.57	83.28	96.22	97.28	92.54	100.00*	92.93
	<i>0.83</i>	<i>3.43</i>	<i>1.15</i>	<i>1.38</i>	<i>2.40</i>	<i>0.00</i>	<i>2.06</i>
With others	92.60	81.79	93.79	96.42	94.61	100.00*	97.66
	<i>1.25</i>	<i>4.93</i>	<i>1.53</i>	<i>2.37</i>	<i>1.91</i>	<i>0.00</i>	<i>1.55</i>

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	94.97	85.15	94.80	96.96	95.99	97.07	95.76
	<i>0.23</i>	<i>1.34</i>	<i>0.54</i>	<i>0.55</i>	<i>0.37</i>	<i>1.10</i>	<i>0.62</i>
Race/Ethnicity							
White non-Hispanic	95.50	85.54	95.08	97.20	96.22	97.12	96.60
	<i>0.25</i>	<i>1.66</i>	<i>0.76</i>	<i>0.57</i>	<i>0.39</i>	<i>1.18</i>	<i>0.67</i>
Black non-Hispanic	93.61	88.89	95.15	93.14	95.72	100.00*	89.74
	<i>0.84</i>	<i>2.89</i>	<i>1.34</i>	<i>3.59</i>	<i>1.35</i>	<i>0.00</i>	<i>3.26</i>
Hispanic	91.50	74.18	93.57	94.62	90.46	100.00*	95.99
	<i>1.34</i>	<i>5.51</i>	<i>1.84</i>	<i>4.03</i>	<i>3.23</i>	<i>0.00</i>	<i>1.89</i>
Other	95.35	84.54*	98.20	95.67	97.89	89.50*	90.70*
	<i>1.00</i>	<i>6.24</i>	<i>0.84</i>	<i>2.98</i>	<i>1.67</i>	<i>9.89</i>	<i>4.45</i>
Income							
Less than \$5,000	91.22	81.14*	94.42	93.62	89.89	100.00*	93.97*
	<i>2.08</i>	<i>6.26</i>	<i>2.51</i>	<i>3.98</i>	<i>6.33</i>	<i>0.00</i>	<i>4.31</i>
\$5,000 - \$9,999	91.50	75.90	93.67	96.39	92.30	100.00*	96.14
	<i>0.92</i>	<i>4.00</i>	<i>0.96</i>	<i>2.05</i>	<i>2.94</i>	<i>0.00</i>	<i>2.14</i>
\$10,000 - \$14,999	95.43	90.12	95.68	98.50	94.84	100.00*	95.58
	<i>0.67</i>	<i>2.40</i>	<i>1.07</i>	<i>0.74</i>	<i>1.56</i>	<i>0.00</i>	<i>1.18</i>
\$15,000 - \$19,999	95.00	84.73	99.27	96.27	96.90	93.02*	95.64
	<i>0.80</i>	<i>3.77</i>	<i>0.57</i>	<i>1.32</i>	<i>1.22</i>	<i>7.14</i>	<i>1.56</i>
\$20,000 - \$24,999	96.11	89.33	92.73	97.64	98.21	100.00*	94.05
	<i>0.72</i>	<i>3.29</i>	<i>4.22</i>	<i>1.18</i>	<i>0.84</i>	<i>0.00</i>	<i>2.03</i>
\$25,000 - \$29,999	94.28	79.07	94.14*	96.41	94.73	100.00	96.89
	<i>1.04</i>	<i>6.09</i>	<i>4.80</i>	<i>1.84</i>	<i>1.47</i>	<i>0.00</i>	<i>1.65</i>
\$30,000 - \$39,999	96.41	90.27	96.27*	97.85	96.99	95.51	95.58
	<i>0.62</i>	<i>3.61</i>	<i>3.62</i>	<i>0.83</i>	<i>0.76</i>	<i>3.05</i>	<i>1.68</i>
\$40,000 - \$49,999	96.07	89.73*	100.00*	95.12	96.40	97.52	96.50
	<i>0.97</i>	<i>6.20</i>	<i>0.00</i>	<i>1.85</i>	<i>1.33</i>	<i>2.62</i>	<i>1.66</i>
\$50,000 or more	96.02	94.85*	100.00*	96.65	95.52	96.20	97.16
	<i>0.64</i>	<i>3.57</i>	<i>0.00</i>	<i>1.29</i>	<i>0.89</i>	<i>2.16</i>	<i>1.78</i>

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	94.97	85.15	94.80	96.96	95.99	97.07	95.76
	<i>0.23</i>	<i>1.34</i>	<i>0.54</i>	<i>0.55</i>	<i>0.37</i>	<i>1.10</i>	<i>0.62</i>
Health Status							
Excellent	90.64	69.46	88.70	93.85	92.81	91.60	92.71
	<i>1.04</i>	<i>4.49</i>	<i>3.00</i>	<i>1.64</i>	<i>1.38</i>	<i>3.98</i>	<i>2.06</i>
Very good	96.00	89.17	93.27	96.82	96.66	98.92	96.76
	<i>0.46</i>	<i>2.70</i>	<i>1.75</i>	<i>0.76</i>	<i>0.63</i>	<i>1.11</i>	<i>0.71</i>
Good	95.65	81.94	95.13	97.53	97.38	98.83	95.97
	<i>0.44</i>	<i>3.16</i>	<i>1.09</i>	<i>0.94</i>	<i>0.67</i>	<i>1.12</i>	<i>1.07</i>
Fair	95.82	89.22	97.44	99.28	94.77	97.03	95.84
	<i>0.49</i>	<i>2.35</i>	<i>0.73</i>	<i>0.42</i>	<i>1.28</i>	<i>2.99</i>	<i>1.48</i>
Poor	95.74	95.33	93.29	99.39	96.83	100.00*	98.75
	<i>0.85</i>	<i>1.86</i>	<i>2.12</i>	<i>0.63</i>	<i>1.24</i>	<i>0.00</i>	<i>1.32</i>
Functional Limitation							
None	94.05	79.62	93.82	95.92	95.63	96.24	94.98
	<i>0.41</i>	<i>2.09</i>	<i>1.10</i>	<i>0.78</i>	<i>0.51</i>	<i>1.50</i>	<i>0.82</i>
IADL only ⁴	96.14	88.93	94.28	98.85	97.67	100.00	97.01
	<i>0.44</i>	<i>2.30</i>	<i>1.33</i>	<i>0.62</i>	<i>0.67</i>	<i>0.00</i>	<i>1.33</i>
One to two ADLs ⁵	96.02	94.44	95.87	99.18	94.37	97.12	96.64
	<i>0.71</i>	<i>2.15</i>	<i>1.27</i>	<i>0.47</i>	<i>1.81</i>	<i>2.84</i>	<i>1.88</i>
Three to five ADLs	97.59	94.89	98.06	96.85	97.54	100.00*	100.00
	<i>0.70</i>	<i>2.56</i>	<i>0.76</i>	<i>2.77</i>	<i>1.23</i>	<i>0.00</i>	<i>0.00</i>

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	94.97	85.15	94.80	96.96	95.99	97.07	95.76
	<i>0.23</i>	<i>1.34</i>	<i>0.54</i>	<i>0.55</i>	<i>0.37</i>	<i>1.10</i>	<i>0.62</i>
Metropolitan Area Resident							
Yes	95.09	83.61	94.66	97.49	96.17	96.76	95.82
	<i>0.26</i>	<i>1.72</i>	<i>0.72</i>	<i>0.59</i>	<i>0.43</i>	<i>1.30</i>	<i>0.64</i>
No	94.84	88.44	95.51	96.30	95.41	98.45	94.12
	<i>0.58</i>	<i>2.17</i>	<i>0.58</i>	<i>1.07</i>	<i>0.86</i>	<i>1.49</i>	<i>2.69</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents¹

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	43.30	20.93	25.33	47.06	51.56	70.69	44.32
	<i>0.54</i>	<i>1.60</i>	<i>1.02</i>	<i>1.20</i>	<i>1.05</i>	<i>1.95</i>	<i>1.83</i>
Medicare Status³							
Aged							
65 - 74 years	46.92	21.29	25.84	48.58	53.47	71.80	46.51
	<i>0.90</i>	<i>2.48</i>	<i>2.01</i>	<i>1.91</i>	<i>1.68</i>	<i>2.97</i>	<i>2.21</i>
75 - 84 years	45.57	18.90*	19.14	49.34	53.53	71.72	43.81
	<i>0.92</i>	<i>2.80</i>	<i>1.63</i>	<i>1.96</i>	<i>1.53</i>	<i>3.17</i>	<i>2.75</i>
85 years and older	35.20	10.30*	14.90*	36.43	45.74	68.12*	32.73
	<i>1.38</i>	<i>3.63</i>	<i>2.83</i>	<i>2.26</i>	<i>2.75</i>	<i>6.37</i>	<i>3.49</i>
Disabled							
Under 45 years	31.71	23.54*	30.45	38.56*	44.83	22.73*	24.95*
	<i>1.67</i>	<i>4.02</i>	<i>1.99</i>	<i>13.06</i>	<i>4.88</i>	<i>21.26</i>	<i>9.78</i>
45 - 64 years	33.75	23.72*	30.08	45.47*	41.21	44.85*	53.33*
	<i>1.68</i>	<i>3.76</i>	<i>2.52</i>	<i>7.50</i>	<i>3.96</i>	<i>19.58</i>	<i>9.33</i>
Gender							
Male	43.18	23.28	25.48	45.79	50.80	74.01	44.67
	<i>0.77</i>	<i>2.14</i>	<i>1.99</i>	<i>1.85</i>	<i>1.47</i>	<i>2.77</i>	<i>2.40</i>
Female	43.40	17.34	25.23	47.94	52.25	67.91	44.07
	<i>0.79</i>	<i>2.15</i>	<i>1.46</i>	<i>1.51</i>	<i>1.46</i>	<i>2.97</i>	<i>2.15</i>
Living Arrangement							
Alone	42.92	24.82	24.45	48.93	52.69	69.07	47.82
	<i>1.10</i>	<i>2.88</i>	<i>2.01</i>	<i>2.00</i>	<i>1.73</i>	<i>3.96</i>	<i>3.02</i>
With spouse	48.65	22.42	27.91	48.21	53.88	72.09	45.93
	<i>0.77</i>	<i>2.81</i>	<i>2.28</i>	<i>1.76</i>	<i>1.33</i>	<i>2.19</i>	<i>2.63</i>
With children	26.12	10.71*	19.91	31.33	33.12	63.76*	29.49*
	<i>1.11</i>	<i>3.69</i>	<i>2.55</i>	<i>2.76</i>	<i>3.06</i>	<i>9.05</i>	<i>3.83</i>
With others	34.57	19.13*	30.30	48.01*	42.02	66.86*	43.68*
	<i>1.76</i>	<i>3.30</i>	<i>2.33</i>	<i>5.44</i>	<i>4.10</i>	<i>12.07</i>	<i>7.01</i>

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005

Community-Only Residents¹

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	43.30	20.93	25.33	47.06	51.56	70.69	44.32
	<i>0.54</i>	<i>1.60</i>	<i>1.02</i>	<i>1.20</i>	<i>1.05</i>	<i>1.95</i>	<i>1.83</i>
Race/Ethnicity							
White non-Hispanic	47.22	22.55	26.14	48.34	54.11	72.09	47.91
	<i>0.61</i>	<i>1.85</i>	<i>1.50</i>	<i>1.06</i>	<i>1.10</i>	<i>1.94</i>	<i>1.85</i>
Black non-Hispanic	22.08	13.51*	18.15	17.37*	31.61	49.14*	23.25*
	<i>1.37</i>	<i>3.91</i>	<i>2.00</i>	<i>5.54</i>	<i>3.77</i>	<i>13.17</i>	<i>3.95</i>
Hispanic	32.70	23.52*	27.69	43.65*	34.79	67.04*	40.03
	<i>1.69</i>	<i>4.91</i>	<i>2.70</i>	<i>6.73</i>	<i>4.64</i>	<i>10.79</i>	<i>3.80</i>
Other	39.39	13.96*	32.54	40.83*	54.29	69.74*	33.44*
	<i>2.74</i>	<i>5.41</i>	<i>4.11</i>	<i>7.61</i>	<i>4.90</i>	<i>10.65</i>	<i>11.06</i>
Income							
Less than \$5,000	21.79	14.64*	14.36*	23.87*	35.02*	61.91*	23.68*
	<i>2.06</i>	<i>6.21</i>	<i>2.75</i>	<i>6.51</i>	<i>5.84</i>	<i>29.63</i>	<i>7.99</i>
\$5,000 - \$9,999	25.21	15.76*	24.76	31.26*	37.66*	33.75*	27.14*
	<i>1.05</i>	<i>3.16</i>	<i>1.42</i>	<i>4.26</i>	<i>4.70</i>	<i>24.60</i>	<i>6.48</i>
\$10,000 - \$14,999	30.88	18.52*	24.49	39.92	34.41	45.67*	36.92
	<i>1.23</i>	<i>2.68</i>	<i>2.11</i>	<i>2.53</i>	<i>2.76</i>	<i>10.50</i>	<i>3.38</i>
\$15,000 - \$19,999	33.63	18.65*	30.07*	33.82	36.86	58.04*	39.42
	<i>1.55</i>	<i>3.32</i>	<i>4.75</i>	<i>3.45</i>	<i>2.70</i>	<i>9.16</i>	<i>4.09</i>
\$20,000 - \$24,999	41.03	11.54*	37.86*	46.60	47.77	59.12*	33.60
	<i>1.38</i>	<i>3.09</i>	<i>6.46</i>	<i>3.52</i>	<i>2.41</i>	<i>9.57</i>	<i>3.30</i>
\$25,000 - \$29,999	48.37	37.48*	25.42*	46.75	49.04	69.01*	48.19
	<i>2.17</i>	<i>7.26</i>	<i>8.81</i>	<i>4.83</i>	<i>3.62</i>	<i>6.32</i>	<i>3.93</i>
\$30,000 - \$39,999	50.01	32.92*	31.21*	51.39	49.55	68.35	49.54
	<i>1.47</i>	<i>7.13</i>	<i>11.54</i>	<i>2.74</i>	<i>1.98</i>	<i>4.17</i>	<i>3.98</i>
\$40,000 - \$49,999	60.07	39.42*	61.56*	58.86	61.19	69.87	54.60
	<i>1.87</i>	<i>10.27</i>	<i>18.85</i>	<i>3.86</i>	<i>2.65</i>	<i>4.69</i>	<i>5.37</i>
\$50,000 or more	66.72	30.85*	50.95*	63.99	65.74	81.78	67.01
	<i>1.23</i>	<i>9.41</i>	<i>19.55</i>	<i>2.98</i>	<i>2.09</i>	<i>2.58</i>	<i>4.72</i>

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	43.30	20.93	25.33	47.06	51.56	70.69	44.32
	<i>0.54</i>	<i>1.60</i>	<i>1.02</i>	<i>1.20</i>	<i>1.05</i>	<i>1.95</i>	<i>1.83</i>
Health Status							
Excellent	50.06	18.74*	25.43*	50.24	55.27	72.21	52.38
	<i>1.32</i>	<i>3.25</i>	<i>3.91</i>	<i>2.28</i>	<i>2.61</i>	<i>4.42</i>	<i>4.78</i>
Very good	51.62	23.74*	29.90	52.93	57.28	75.86	50.59
	<i>1.11</i>	<i>3.08</i>	<i>3.11</i>	<i>1.84</i>	<i>1.74</i>	<i>3.55</i>	<i>2.27</i>
Good	44.23	23.91	28.84	48.94	50.53	68.24	43.33
	<i>0.98</i>	<i>3.67</i>	<i>1.76</i>	<i>2.24</i>	<i>1.57</i>	<i>3.90</i>	<i>2.66</i>
Fair	31.60	19.45*	22.58	32.28	43.59	58.72*	31.90
	<i>1.20</i>	<i>3.36</i>	<i>2.06</i>	<i>2.85</i>	<i>2.49</i>	<i>6.86</i>	<i>3.54</i>
Poor	26.28	16.49*	20.68	29.03*	37.41	58.41*	21.86*
	<i>1.81</i>	<i>4.04</i>	<i>2.97</i>	<i>4.45</i>	<i>3.92</i>	<i>14.08</i>	<i>12.60</i>
Functional Limitation							
None	48.64	19.88	27.53	52.56	55.06	73.80	47.81
	<i>0.71</i>	<i>2.11</i>	<i>1.57</i>	<i>1.57</i>	<i>1.29</i>	<i>1.94</i>	<i>1.93</i>
IADL only ⁴	38.55	25.25	25.64	41.73	48.51	60.25	39.58
	<i>1.07</i>	<i>3.12</i>	<i>1.87</i>	<i>2.61</i>	<i>1.93</i>	<i>4.92</i>	<i>4.22</i>
One to two ADLs ⁵	34.93	21.66*	22.02	37.11	45.09	64.61*	35.54
	<i>1.24</i>	<i>4.13</i>	<i>2.16</i>	<i>3.21</i>	<i>2.69</i>	<i>6.32</i>	<i>4.12</i>
Three to five ADLs	27.14	13.43*	22.45	24.33*	33.10	75.57*	35.44*
	<i>2.03</i>	<i>4.41</i>	<i>3.77</i>	<i>4.02</i>	<i>4.05</i>	<i>12.39</i>	<i>7.54</i>

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	43.30	20.93	25.33	47.06	51.56	70.69	44.32
	<i>0.54</i>	<i>1.60</i>	<i>1.02</i>	<i>1.20</i>	<i>1.05</i>	<i>1.95</i>	<i>1.83</i>
Metropolitan Area Resident							
Yes	46.05	22.80	28.01	50.98	53.43	75.10	44.54
	<i>0.58</i>	<i>1.90</i>	<i>1.24</i>	<i>1.23</i>	<i>1.18</i>	<i>2.20</i>	<i>1.89</i>
No	34.50	17.72	17.76	38.39	45.30	50.61	37.96*
	<i>1.45</i>	<i>2.87</i>	<i>1.64</i>	<i>2.85</i>	<i>2.18</i>	<i>3.14</i>	<i>6.49</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents¹

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	92.43	81.31	92.34	92.34	94.40	96.59	93.82
	<i>0.31</i>	<i>1.44</i>	<i>0.71</i>	<i>0.67</i>	<i>0.48</i>	<i>0.97</i>	<i>0.84</i>
Medicare Status³							
Aged							
65 - 74 years	90.92	75.76	92.66	90.15	92.46	96.39	92.35
	<i>0.52</i>	<i>2.77</i>	<i>1.46</i>	<i>1.07</i>	<i>0.85</i>	<i>1.41</i>	<i>1.32</i>
75 - 84 years	94.93	84.22	94.27	94.41	96.54	98.23	95.81
	<i>0.37</i>	<i>2.48</i>	<i>1.03</i>	<i>0.70</i>	<i>0.55</i>	<i>0.82</i>	<i>1.00</i>
85 years and older	94.18	81.56	92.30	94.63	97.24	98.28	93.50
	<i>0.61</i>	<i>3.46</i>	<i>1.90</i>	<i>1.31</i>	<i>0.85</i>	<i>1.74</i>	<i>1.79</i>
Disabled							
Under 45 years	87.20	77.39	88.13	100.00*	89.71	100.00*	82.55*
	<i>1.35</i>	<i>3.78</i>	<i>1.51</i>	<i>0.00</i>	<i>3.05</i>	<i>0.00</i>	<i>14.02</i>
45 - 64 years	92.29	87.47	92.64	87.78*	96.81	73.00*	95.85*
	<i>1.13</i>	<i>2.75</i>	<i>1.80</i>	<i>6.00</i>	<i>1.55</i>	<i>18.99</i>	<i>2.54</i>
Gender							
Male	90.63	80.31	90.13	91.09	92.58	95.57	93.31
	<i>0.51</i>	<i>1.98</i>	<i>1.20</i>	<i>1.05</i>	<i>0.84</i>	<i>1.44</i>	<i>1.28</i>
Female	93.89	82.83	93.72	93.20	96.04	97.45	94.18
	<i>0.34</i>	<i>2.10</i>	<i>0.80</i>	<i>0.80</i>	<i>0.53</i>	<i>1.28</i>	<i>1.02</i>
Living Arrangement							
Alone	92.17	81.42	92.45	92.07	94.85	98.10	92.32
	<i>0.50</i>	<i>2.19</i>	<i>1.07</i>	<i>1.00</i>	<i>0.84</i>	<i>1.12</i>	<i>1.36</i>
With spouse	92.84	81.30	93.25	91.91	94.35	95.56	93.96
	<i>0.42</i>	<i>2.03</i>	<i>1.56</i>	<i>1.00</i>	<i>0.65</i>	<i>1.36</i>	<i>1.22</i>
With children	92.54	82.23	94.61	93.58	92.77	100.00*	93.91
	<i>0.88</i>	<i>3.39</i>	<i>1.32</i>	<i>1.82</i>	<i>2.32</i>	<i>0.00</i>	<i>1.60</i>
With others	91.01	79.86	89.98	97.16	95.21	100.00*	98.94
	<i>1.18</i>	<i>4.79</i>	<i>1.44</i>	<i>1.37</i>	<i>1.71</i>	<i>0.00</i>	<i>1.17</i>

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005

Community-Only Residents¹

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	92.43	81.31	92.34	92.34	94.40	96.59	93.82
	0.31	1.44	0.71	0.67	0.48	0.97	0.84
Race/Ethnicity							
White non-Hispanic	92.74	82.01	92.61	92.80	94.51	96.20	93.10
	0.32	1.62	0.95	0.67	0.51	1.07	1.18
Black non-Hispanic	90.74	80.52	90.52	87.77	96.20	100.00*	93.70
	1.20	4.24	1.69	4.71	1.53	0.00	1.61
Hispanic	91.36	76.79	93.25	88.49	89.66	100.00*	97.70
	1.23	5.46	1.57	4.82	3.40	0.00	1.40
Other	92.89	80.59*	95.88	85.59*	94.07	100.00*	97.33*
	1.52	6.66	1.92	5.97	1.78	0.00	1.98
Income							
Less than \$5,000	88.87	76.90*	89.87	89.67*	93.48	100.00*	92.63*
	1.89	6.18	3.14	3.88	3.64	0.00	5.00
\$5,000 - \$9,999	88.30	68.84	91.45	90.59	91.33	100.00*	92.22
	0.92	4.02	0.96	2.51	2.88	0.00	2.89
\$10,000 - \$14,999	93.02	87.17	93.26	93.50	95.11	100.00*	93.79
	0.73	2.29	1.35	1.22	1.36	0.00	1.35
\$15,000 - \$19,999	93.42	87.18	97.27	93.30	93.52	90.12*	96.24
	0.92	3.79	1.12	1.67	1.59	7.41	1.30
\$20,000 - \$24,999	92.26	84.95	88.97	93.95	93.34	92.69*	93.33
	0.91	4.38	4.92	2.06	1.24	5.72	2.15
\$25,000 - \$29,999	93.81	81.59	92.17*	95.59	94.63	98.86	94.41
	0.82	4.62	6.40	1.69	1.23	1.17	2.21
\$30,000 - \$39,999	93.79	78.25	93.14*	90.83	96.35	99.39	94.39
	0.73	4.21	4.75	1.86	0.94	0.63	1.79
\$40,000 - \$49,999	93.48	94.92*	100.00*	91.73	93.47	98.65	91.50
	1.09	3.66	0.00	2.10	1.51	1.43	2.99
\$50,000 or more	93.11	77.62*	100.00*	90.58	94.37	95.11	92.92
	0.76	8.60	0.00	1.77	1.05	1.87	3.08

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	92.43	81.31	92.34	92.34	94.40	96.59	93.82
	<i>0.31</i>	<i>1.44</i>	<i>0.71</i>	<i>0.67</i>	<i>0.48</i>	<i>0.97</i>	<i>0.84</i>
Health Status							
Excellent	83.55	60.52	75.89	83.23	86.82	89.08	89.35
	<i>0.88</i>	<i>4.74</i>	<i>3.96</i>	<i>1.94</i>	<i>1.60</i>	<i>3.37</i>	<i>2.32</i>
Very good	91.91	80.70	89.60	90.23	94.11	98.33	92.99
	<i>0.56</i>	<i>3.23</i>	<i>1.95</i>	<i>1.44</i>	<i>0.95</i>	<i>1.40</i>	<i>1.37</i>
Good	94.49	82.62	91.95	95.86	96.69	100.00	94.92
	<i>0.48</i>	<i>3.24</i>	<i>1.18</i>	<i>0.88</i>	<i>0.65</i>	<i>0.00</i>	<i>1.31</i>
Fair	96.07	86.61	96.74	98.99	97.10	100.00	96.85
	<i>0.50</i>	<i>2.50</i>	<i>0.71</i>	<i>0.59</i>	<i>0.81</i>	<i>0.00</i>	<i>1.39</i>
Poor	95.05	91.53	93.16	97.29	98.50	89.46*	98.75
	<i>0.99</i>	<i>2.77</i>	<i>2.26</i>	<i>1.64</i>	<i>0.76</i>	<i>7.85</i>	<i>1.32</i>
Functional Limitation							
None	90.55	74.60	89.96	89.62	93.20	96.28	92.34
	<i>0.44</i>	<i>2.62</i>	<i>1.19</i>	<i>0.97</i>	<i>0.62</i>	<i>1.16</i>	<i>1.10</i>
IADL only ⁴	95.00	90.86	91.71	96.91	97.04	97.30	96.96
	<i>0.56</i>	<i>2.22</i>	<i>1.23</i>	<i>0.73</i>	<i>0.68</i>	<i>2.71</i>	<i>1.06</i>
One to two ADLs ⁵	94.87	86.88	95.98	96.72	95.22	98.78	95.48
	<i>0.73</i>	<i>2.66</i>	<i>1.25</i>	<i>1.07</i>	<i>1.73</i>	<i>1.25</i>	<i>1.75</i>
Three to five ADLs	95.74	86.35	96.39	96.88	97.24	91.18*	98.82
	<i>0.93</i>	<i>4.32</i>	<i>1.49</i>	<i>2.76</i>	<i>1.28</i>	<i>8.67</i>	<i>1.21</i>

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance			Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine						
All Beneficiaries	92.43	81.31	92.34	92.34	94.40	93.82
	<i>0.31</i>	<i>1.44</i>	<i>0.71</i>	<i>0.67</i>	<i>0.48</i>	<i>0.84</i>
Metropolitan Area Resident						
Yes	92.51	79.04	92.13	92.22	94.67	93.86
	<i>0.39</i>	<i>2.05</i>	<i>0.87</i>	<i>0.79</i>	<i>0.57</i>	<i>0.86</i>
No	92.16	85.93	92.82	92.56	93.51	92.65
	<i>0.46</i>	<i>1.54</i>	<i>1.20</i>	<i>1.20</i>	<i>0.88</i>	<i>4.26</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005

All Medicare Beneficiaries

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	8.53	7.03	21.24	4.86
	<i>0.23</i>	<i>0.72</i>	<i>0.79</i>	<i>0.21</i>
Medicare Status³				
Aged				
65 - 74 years	2.71	1.30*	10.46	1.29*
	<i>0.28</i>	<i>0.55</i>	<i>1.21</i>	<i>0.24</i>
75 - 84 years	10.13	12.36*	27.31	6.23
	<i>0.53</i>	<i>2.03</i>	<i>1.70</i>	<i>0.50</i>
85 years and older	29.35	36.39	58.10	19.68
	<i>1.02</i>	<i>4.43</i>	<i>2.39</i>	<i>1.13</i>
Disabled				
Under 45 years	5.80	2.40*	7.98	0.48*
	<i>0.51</i>	<i>0.98</i>	<i>0.71</i>	<i>0.47</i>
45 - 64 years	7.08	1.79*	14.87	1.10*
	<i>0.65</i>	<i>0.77</i>	<i>1.46</i>	<i>0.59</i>
Gender				
Male	6.97	4.55*	19.29	4.18
	<i>0.29</i>	<i>0.80</i>	<i>1.23</i>	<i>0.26</i>
Female	9.76	10.58	22.41	5.42
	<i>0.29</i>	<i>1.26</i>	<i>0.94</i>	<i>0.29</i>
Marital Status				
Married	3.74	4.33*	13.53	2.50
	<i>0.22</i>	<i>1.02</i>	<i>1.49</i>	<i>0.21</i>
Widowed	15.25	16.51	28.77	10.34
	<i>0.60</i>	<i>2.24</i>	<i>1.30</i>	<i>0.60</i>
Divorced/separated	7.97	2.04*	15.79	3.47*
	<i>0.75</i>	<i>0.81</i>	<i>1.67</i>	<i>0.75</i>
Never married	16.65	6.31*	23.32	7.55*
	<i>1.11</i>	<i>1.93</i>	<i>1.77</i>	<i>1.67</i>

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005

All Medicare Beneficiaries

Beneficiary Characteristic	Total ¹	Medicare	Supplemental Health Insurance ²	
		Fee-for-Service Only	Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	8.53	7.03	21.24	4.86
	<i>0.23</i>	<i>0.72</i>	<i>0.79</i>	<i>0.21</i>
Race/Ethnicity				
White non-Hispanic	9.10	8.95	28.89	5.20
	<i>0.26</i>	<i>0.91</i>	<i>1.04</i>	<i>0.23</i>
Black non-Hispanic	8.72	3.09*	16.42	2.78*
	<i>0.83</i>	<i>1.48</i>	<i>1.95</i>	<i>0.88</i>
Hispanic	4.86	0.59*	7.09*	3.12*
	<i>0.71</i>	<i>0.62</i>	<i>1.15</i>	<i>0.93</i>
Other	3.96*	0.00	7.35*	2.05*
	<i>0.80</i>	<i>0.00</i>	<i>1.74</i>	<i>0.97</i>
Income				
Less than \$5,000	11.68	4.02*	20.96	4.33*
	<i>1.35</i>	<i>2.43</i>	<i>3.18</i>	<i>1.49</i>
\$5,000 - \$9,999	15.90	3.15*	20.34	8.69*
	<i>0.75</i>	<i>0.98</i>	<i>1.05</i>	<i>1.58</i>
\$10,000 - \$14,999	12.71	9.16*	21.59	8.64
	<i>0.67</i>	<i>1.60</i>	<i>1.61</i>	<i>0.96</i>
\$15,000 - \$19,999	9.29	6.33*	20.61	7.63
	<i>0.80</i>	<i>1.54</i>	<i>2.64</i>	<i>0.91</i>
\$20,000 - \$24,999	6.66	8.91*	15.29*	5.13
	<i>0.60</i>	<i>2.36</i>	<i>3.56</i>	<i>0.68</i>
\$25,000 - \$29,999	5.91	5.97*	42.16*	4.26*
	<i>0.83</i>	<i>1.97</i>	<i>8.59</i>	<i>0.71</i>
\$30,000 - \$39,999	5.38	10.42*	29.47*	4.36
	<i>0.61</i>	<i>2.92</i>	<i>7.86</i>	<i>0.52</i>
\$40,000 - \$49,999	3.86*	11.07*	49.87*	2.61*
	<i>0.62</i>	<i>4.69</i>	<i>14.22</i>	<i>0.56</i>
\$50,000 or more	3.32	5.68*	49.62*	2.76
	<i>0.42</i>	<i>2.91</i>	<i>21.84</i>	<i>0.36</i>

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005

All Medicare Beneficiaries

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	8.53	7.03	21.24	4.86
	<i>0.23</i>	<i>0.72</i>	<i>0.79</i>	<i>0.21</i>
Health Status				
Excellent	2.43	1.68*	10.35*	1.84*
	<i>0.35</i>	<i>0.86</i>	<i>2.33</i>	<i>0.34</i>
Very good	3.39	3.67*	10.92	2.34
	<i>0.31</i>	<i>1.03</i>	<i>1.54</i>	<i>0.34</i>
Good	7.81	8.73*	16.93	5.04
	<i>0.39</i>	<i>1.59</i>	<i>1.22</i>	<i>0.43</i>
Fair	15.31	8.17*	26.00	9.99
	<i>0.70</i>	<i>1.51</i>	<i>1.34</i>	<i>0.95</i>
Poor	19.62	11.44*	27.73	12.84
	<i>1.25</i>	<i>2.19</i>	<i>2.23</i>	<i>1.45</i>
Functional Limitation				
None	1.92	1.78*	3.88*	1.68
	<i>0.19</i>	<i>0.59</i>	<i>0.72</i>	<i>0.19</i>
IADL only ⁴	6.13	3.04*	7.14	6.22
	<i>0.47</i>	<i>1.00</i>	<i>0.93</i>	<i>0.60</i>
One to two ADLs ⁵	13.34	8.02*	22.42	9.77
	<i>0.75</i>	<i>1.85</i>	<i>1.92</i>	<i>0.77</i>
Three to five ADLs	45.46	41.75	61.37	24.90
	<i>1.60</i>	<i>5.32</i>	<i>2.24</i>	<i>2.38</i>

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005

All Medicare Beneficiaries

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	8.53	7.03	21.24	4.86
	<i>0.23</i>	<i>0.72</i>	<i>0.79</i>	<i>0.21</i>
Metropolitan Area Resident				
Yes	8.30	7.39	20.86	4.76
	<i>0.27</i>	<i>0.95</i>	<i>0.89</i>	<i>0.24</i>
No	9.32	6.46*	22.52	5.19
	<i>0.41</i>	<i>1.20</i>	<i>1.65</i>	<i>0.41</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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 8.53 percent of Medicare beneficiaries with a facility stay differs from the 5.98 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 2005, 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.

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2005

All Medicare Beneficiaries

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	\$610,019	53.23	10.64	15.05	17.61	3.46
	<i>10,234</i>	<i>0.75</i>	<i>0.44</i>	<i>0.53</i>	<i>0.45</i>	<i>0.19</i>
Beneficiaries 65 years and older	503,509	54.34	8.97	15.18	18.60	2.91
	<i>8,867</i>	<i>0.74</i>	<i>0.40</i>	<i>0.50</i>	<i>0.51</i>	<i>0.19</i>
Beneficiaries 64 years and younger	106,510	48.00	18.55	14.43	12.93	6.09
	<i>5,038</i>	<i>1.61</i>	<i>1.26</i>	<i>1.75</i>	<i>0.68</i>	<i>0.72</i>
Inpatient Hospital Services						
All beneficiaries	154,811	84.81	1.38	10.12	2.52	1.18
	<i>5,590</i>	<i>1.36</i>	<i>0.10</i>	<i>1.32</i>	<i>0.25</i>	<i>0.29</i>
Beneficiaries 65 years and older	124,246	87.54	0.90	8.23	2.37	0.96
	<i>4,618</i>	<i>1.27</i>	<i>0.05</i>	<i>1.21</i>	<i>0.24</i>	<i>0.28</i>
Beneficiaries 64 years and younger	30,565	73.71	3.33	17.78	3.10	2.09
	<i>2,664</i>	<i>4.03</i>	<i>0.44</i>	<i>4.34</i>	<i>0.74</i>	<i>0.99</i>
Outpatient Hospital Services						
All beneficiaries	63,992	64.05	3.26	21.03	9.83	1.83
	<i>3,761</i>	<i>2.95</i>	<i>0.35</i>	<i>2.38</i>	<i>1.19</i>	<i>0.39</i>
Beneficiaries 65 years and older	48,138	63.59	1.61	23.14	9.64	2.01
	<i>2,673</i>	<i>3.34</i>	<i>0.20</i>	<i>2.44</i>	<i>1.44</i>	<i>0.52</i>
Beneficiaries 64 years and younger	15,855	65.43	8.27	14.62	10.39	1.29
	<i>1,998</i>	<i>3.08</i>	<i>1.16</i>	<i>2.88</i>	<i>2.32</i>	<i>0.42</i>
Physician/Supplier Services						
All beneficiaries	156,649	66.68	2.46	14.13	16.09	0.64
	<i>3,135</i>	<i>1.00</i>	<i>0.14</i>	<i>0.46</i>	<i>0.70</i>	<i>0.09</i>
Beneficiaries 65 years and older	134,454	67.01	1.61	14.79	16.15	0.45
	<i>3,002</i>	<i>1.14</i>	<i>0.10</i>	<i>0.50</i>	<i>0.79</i>	<i>0.05</i>
Beneficiaries 64 years and younger	22,196	64.70	7.64	10.12	15.73	1.81
	<i>966</i>	<i>1.32</i>	<i>0.73</i>	<i>0.87</i>	<i>0.92</i>	<i>0.58</i>

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2005

All Medicare Beneficiaries

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	\$12,686	1.68	1.41	18.40	76.97	1.54
	493	0.08	0.29	1.19	1.25	0.39
Beneficiaries 65 years and older	11,166	1.74	0.94	18.30	78.47	0.55
	475	0.09	0.31	1.33	1.32	0.12
Beneficiaries 64 years and younger	1,520	1.21	4.86	19.16	65.99	8.78
	139	0.20	1.10	3.00	3.71	2.89
Prescription Medicines						
All beneficiaries	89,645	4.35	14.52	39.08	29.65	12.40
	1,285	0.13	0.54	0.68	0.44	0.60
Beneficiaries 65 years and older	70,036	4.97	9.47	43.15	31.73	10.68
	998	0.14	0.47	0.69	0.44	0.49
Beneficiaries 64 years and younger	19,609	2.13	32.58	24.54	22.23	18.53
	803	0.32	1.81	1.81	1.02	2.16
Medicare Hospice Services						
All beneficiaries	7,477	100.00	0.00	0.00	0.00	0.00
	892	0.00	0.00	0.00	0.00	0.00
Beneficiaries 65 years and older	7,286	100.00	0.00	0.00	0.00	0.00
	886	0.00	0.00	0.00	0.00	0.00
Beneficiaries 64 years and younger	191	100.00	0.00	0.00	0.00	0.00
	74	0.00	0.00	0.00	0.00	0.00
Medicare Home Health Services						
All beneficiaries	16,768	92.10	1.16	1.04	4.95	0.75
	658	1.43	0.35	0.52	1.20	0.45
Beneficiaries 65 years and older	15,093	92.26	0.81	1.14	5.45	0.34
	641	1.52	0.19	0.58	1.34	0.18
Beneficiaries 64 years and younger	1,675	90.63	4.32	0.13	0.46	4.46
	221	3.94	3.17	0.07	0.34	3.02

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2005

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)				Other Source
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	
Long-Term Facility Care¹						
All beneficiaries	\$107,990	19.40	40.24	2.80	32.30	5.26
	<i>4,056</i>	<i>0.99</i>	<i>1.58</i>	<i>0.35</i>	<i>1.27</i>	<i>0.52</i>
Beneficiaries 65 years and older	93,090	20.67	36.80	2.96	34.98	4.59
	<i>3,425</i>	<i>1.03</i>	<i>1.49</i>	<i>0.32</i>	<i>1.44</i>	<i>0.57</i>
Beneficiaries 64 years and younger	14,900	11.50	61.73	1.79	15.56	9.42
	<i>1,644</i>	<i>1.86</i>	<i>4.02</i>	<i>1.61</i>	<i>1.45</i>	<i>2.09</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents¹

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	\$130,638	84.38	1.22	10.44	2.60	1.36	\$3,202
	4,769	1.48	0.11	1.43	0.29	0.34	117
Medicare Status³							
Aged							
65 - 74 years	44,411	85.95	0.67	10.33	1.96	1.09	2,391
	2,073	1.74	0.09	1.54	0.32	0.58	114
75 - 84 years	43,209	87.72	0.67	8.30	1.95	1.37	3,577
	2,645	3.29	0.08	3.30	0.33	0.48	211
85 years and older	16,557	86.87	0.75	7.19	4.78	0.42	4,436
	1,279	1.71	0.12	0.79	1.31	0.25	334
Disabled							
Under 45 years	4,832	74.59	8.83	10.49	5.23	0.87	3,134
	588	6.09	2.14	5.21	3.64	0.61	380
45 - 64 years	21,629	74.77	2.12	17.43	2.97	2.71	4,433
	2,167	4.81	0.28	5.12	0.62	1.37	439
Gender							
Male	62,566	82.49	0.95	10.71	3.20	2.64	3,415
	2,651	2.09	0.14	1.81	0.53	0.71	142
Female	68,072	86.12	1.47	10.19	2.05	0.17	3,028
	3,863	2.14	0.16	2.21	0.30	0.07	169
Living Arrangement							
Alone	39,825	86.05	1.30	8.69	2.29	1.67	3,338
	2,933	3.57	0.16	3.61	0.45	0.78	236
With spouse	62,128	82.53	0.55	13.31	2.41	1.21	2,956
	3,392	2.21	0.07	2.10	0.33	0.34	156
With children	17,570	87.17	1.71	7.78	3.02	0.32	3,975
	1,816	1.89	0.22	1.74	0.94	0.19	384
With others	10,376	83.80	4.19	5.24	3.98	2.79	3,137
	1,067	3.19	1.03	1.38	1.87	2.22	333

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$130,638	84.38	1.22	10.44	2.60	1.36	\$3,202
	4,769	1.48	0.11	1.43	0.29	0.34	117
Race/Ethnicity							
White non-Hispanic	99,337	84.02	0.75	11.33	2.64	1.26	3,129
	4,372	1.60	0.06	1.58	0.34	0.35	132
Black non-Hispanic	15,422	88.86	3.26	2.81	3.25	1.83	4,077
	1,711	2.19	0.73	0.87	0.77	1.55	459
Hispanic	8,976	84.40	2.42	9.15	2.12	1.91	2,836
	922	3.58	0.54	3.26	0.73	1.16	268
Other	5,990	79.20	2.10	17.45	0.64	0.61	3,175
	1,257	11.73	0.43	12.15	0.22	0.45	616
Income							
Less than \$5,000	3,237	92.04	2.71	3.70	1.55	0.00	2,638
	571	1.19	0.51	0.88	0.61	0.00	425
\$5,000 - \$9,999	21,965	89.34	4.24	2.37	3.74	0.31	3,898
	1,859	1.40	0.57	0.61	1.16	0.16	339
\$10,000 - \$14,999	26,977	88.99	1.52	5.21	2.50	1.78	4,128
	1,819	1.52	0.17	1.23	0.40	0.89	272
\$15,000 - \$19,999	14,275	86.57	0.78	7.22	3.48	1.94	3,172
	1,150	2.06	0.27	1.32	0.85	1.06	247
\$20,000 - \$24,999	12,087	83.57	0.26	12.54	2.18	1.45	2,847
	1,147	3.30	0.10	3.09	0.74	0.93	256
\$25,000 - \$29,999	11,491	70.12	0.05	25.72	3.05	1.05	3,542
	2,213	11.21	0.03	11.77	1.33	0.65	643
\$30,000 - \$39,999	14,908	85.81	0.09	9.25	2.42	2.43	2,698
	1,357	2.81	0.07	2.06	0.53	1.90	236
\$40,000 - \$49,999	8,621	75.38	0.03	21.77	1.38	1.44	2,528
	1,157	6.14	0.03	6.25	0.37	0.82	317
\$50,000 or more	17,077	80.91	0.01	16.60	1.53	0.95	2,635
	1,936	4.19	0.01	4.08	0.43	0.38	295

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$130,638	84.38	1.22	10.44	2.60	1.36	\$3,202
	4,769	1.48	0.11	1.43	0.29	0.34	117
Health Status							
Excellent	9,052	84.92	0.42	10.30	1.92	2.44	1,475
	780	3.24	0.12	2.90	0.56	1.38	124
Very good	22,273	88.38	0.53	7.16	2.28	1.65	2,020
	1,511	1.65	0.10	1.07	0.45	1.19	140
Good	38,465	82.89	0.74	13.44	1.99	0.94	3,037
	2,527	2.89	0.11	2.89	0.37	0.38	194
Fair	34,158	87.40	1.67	6.37	3.36	1.20	4,572
	1,949	1.00	0.26	0.70	0.64	0.34	259
Poor	26,391	79.09	2.22	14.11	3.04	1.54	7,909
	3,269	4.98	0.40	5.21	0.93	0.92	904
Functional Limitation							
None	48,345	85.90	0.62	9.33	2.35	1.80	2,022
	1,916	1.88	0.07	1.59	0.57	0.70	73
IADL only ⁴	36,926	83.40	1.57	11.33	2.29	1.41	4,116
	2,714	2.81	0.25	2.69	0.31	0.66	265
One to two ADLs ⁵	23,406	84.26	1.40	10.44	2.83	1.08	4,364
	1,995	2.40	0.18	2.36	0.78	0.43	341
Three to five ADLs	21,761	82.84	1.81	11.29	3.47	0.59	8,760
	2,633	6.28	0.44	6.67	0.87	0.25	994

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$130,638	84.38	1.22	10.44	2.60	1.36	\$3,202
	<i>4,769</i>	<i>1.48</i>	<i>0.11</i>	<i>1.43</i>	<i>0.29</i>	<i>0.34</i>	<i>117</i>
Metropolitan Area Resident							
Yes	100,923	84.27	1.08	10.80	2.55	1.30	3,257
	<i>4,483</i>	<i>1.84</i>	<i>0.12</i>	<i>1.83</i>	<i>0.36</i>	<i>0.39</i>	<i>144</i>
No	29,715	84.76	1.72	9.22	2.76	1.54	3,054
	<i>1,709</i>	<i>1.97</i>	<i>0.26</i>	<i>1.26</i>	<i>0.35</i>	<i>0.84</i>	<i>170</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents¹

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	\$57,580	61.98	3.07	22.79	10.22	1.94	\$1,411
	3,747	3.13	0.38	2.54	1.30	0.44	91
Medicare Status³							
Aged							
65 - 74 years	23,361	55.78	1.27	30.95	10.67	1.34	1,258
	2,565	5.57	0.19	4.08	1.92	0.37	135
75 - 84 years	16,419	66.99	1.62	18.48	9.27	3.64	1,359
	951	2.55	0.50	1.15	2.35	1.42	75
85 years and older	3,852	74.47	1.37	15.67	7.45	1.05	1,032
	219	1.30	0.34	1.06	0.87	0.48	51
Disabled							
Under 45 years	3,408	59.48	17.81	10.28	11.92	0.51	2,211
	593	7.46	4.88	2.79	9.61	0.22	383
45 - 64 years	10,540	64.15	5.17	18.06	11.18	1.44	2,160
	1,588	3.51	1.07	3.94	1.51	0.54	317
Gender							
Male	29,029	55.15	2.89	27.18	11.14	3.65	1,584
	3,154	4.85	0.62	4.19	1.72	0.91	170
Female	28,551	68.93	3.25	18.33	9.29	0.21	1,270
	1,931	1.90	0.52	1.15	1.90	0.05	85
Living Arrangement							
Alone	13,912	68.15	3.62	16.02	9.52	2.70	1,166
	850	2.07	0.61	1.08	1.43	0.69	67
With spouse	31,912	57.87	1.27	29.43	9.45	1.99	1,518
	3,219	4.88	0.33	3.92	1.38	0.75	152
With children	6,264	65.77	3.48	14.73	14.90	1.12	1,417
	814	4.61	0.54	1.98	5.42	0.53	184
With others	5,347	65.91	11.92	10.75	10.73	0.70	1,617
	879	5.43	3.28	2.18	6.31	0.24	262

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$57,580	61.98	3.07	22.79	10.22	1.94	\$1,411
	3,747	3.13	0.38	2.54	1.30	0.44	91
Race/Ethnicity							
White non-Hispanic	42,322	61.94	1.84	24.82	9.72	1.67	1,333
	2,826	3.41	0.32	2.70	1.24	0.33	90
Black non-Hispanic	6,245	68.49	8.05	12.51	10.06	0.89	1,651
	849	4.32	2.19	2.43	2.64	0.39	222
Hispanic	6,035	51.65	5.78	24.55	16.20	1.82	1,907
	1,212	9.36	1.94	8.46	6.00	0.89	366
Other	2,493	78.10	5.17	10.53	5.07	1.13	1,321
	442	2.04	1.00	2.09	1.16	0.47	213
Income							
Less than \$5,000	1,379	73.82	4.97	13.38	5.47	2.35	1,124
	266	2.80	1.35	2.42	1.35	2.02	207
\$5,000 - \$9,999	9,543	73.71	11.04	3.83	9.68	1.74	1,694
	1,408	3.30	1.50	0.80	3.53	0.87	254
\$10,000 - \$14,999	9,391	71.25	3.41	13.28	10.23	1.82	1,437
	781	2.80	0.39	1.43	2.04	0.56	124
\$15,000 - \$19,999	5,660	63.23	4.81	15.83	14.64	1.49	1,258
	637	4.78	2.40	1.93	5.97	0.54	143
\$20,000 - \$24,999	6,163	66.60	0.31	22.91	8.28	1.90	1,452
	802	3.77	0.10	4.23	1.22	1.06	183
\$25,000 - \$29,999	4,781	49.37	0.08	37.22	12.46	0.87	1,474
	1,081	10.09	0.04	7.85	3.26	0.39	315
\$30,000 - \$39,999	6,809	61.19	0.21	26.92	8.19	3.48	1,233
	857	4.39	0.17	3.33	1.50	1.97	145
\$40,000 - \$49,999	3,953	62.24	0.09	28.75	8.11	0.81	1,159
	400	3.02	0.07	2.46	1.57	0.43	101
\$50,000 or more	9,901	43.16	0.12	43.10	11.23	2.39	1,527
	2,214	9.59	0.08	6.61	3.57	1.16	345

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$57,580	61.98	3.07	22.79	10.22	1.94	\$1,411
	3,747	3.13	0.38	2.54	1.30	0.44	91
Health Status							
Excellent	4,333	65.63	0.81	20.85	8.87	3.83	706
	363	2.43	0.15	2.44	1.17	1.21	51
Very good	9,959	62.91	1.66	25.68	8.11	1.64	903
	620	2.13	0.77	1.84	1.05	0.66	52
Good	17,991	64.98	2.31	20.92	9.35	2.43	1,421
	1,680	3.47	0.33	2.01	2.94	1.19	126
Fair	15,113	57.12	4.23	25.63	11.39	1.63	2,023
	2,338	8.48	1.08	6.81	2.49	0.59	313
Poor	9,995	61.40	5.07	19.77	12.76	0.99	2,995
	1,745	6.44	1.37	5.29	3.68	0.32	487
Functional Limitation							
None	24,976	65.71	2.03	21.00	9.18	2.08	1,045
	1,214	1.91	0.38	1.24	1.58	0.47	48
IADL only ⁴	14,785	62.19	4.49	21.81	8.85	2.66	1,648
	1,172	3.84	0.94	3.30	1.40	1.09	124
One to two ADLs ⁵	11,107	50.76	2.24	34.30	11.34	1.36	2,071
	2,642	11.16	0.60	9.27	2.91	0.58	491
Three to five ADLs	6,644	66.31	5.23	12.35	15.29	0.83	2,675
	1,742	4.87	1.90	1.91	5.35	0.34	655

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$57,580	61.98	3.07	22.79	10.22	1.94	\$1,411
	<i>3,747</i>	<i>3.13</i>	<i>0.38</i>	<i>2.54</i>	<i>1.30</i>	<i>0.44</i>	<i>91</i>
Metropolitan Area Resident							
Yes	40,283	64.83	3.36	19.48	10.02	2.31	1,300
	<i>2,003</i>	<i>2.12</i>	<i>0.51</i>	<i>1.45</i>	<i>1.63</i>	<i>0.63</i>	<i>64</i>
No	17,291	55.37	2.38	30.48	10.68	1.09	1,777
	<i>3,029</i>	<i>8.02</i>	<i>0.50</i>	<i>6.78</i>	<i>1.93</i>	<i>0.24</i>	<i>306</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents¹

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	\$144,418	65.67	2.31	14.86	16.49	0.67	\$3,539
	3,168	1.05	0.14	0.48	0.75	0.10	75
Medicare Status³							
Aged							
65 - 74 years	59,707	63.75	1.38	18.00	16.48	0.39	3,215
	2,126	1.67	0.13	1.27	0.85	0.07	111
75 - 84 years	49,939	67.83	1.52	13.42	16.62	0.62	4,134
	1,729	1.36	0.16	0.47	1.68	0.12	129
85 years and older	14,191	69.28	1.30	12.83	16.34	0.25	3,802
	470	0.79	0.15	0.36	0.82	0.05	87
Disabled							
Under 45 years	4,343	61.73	10.43	9.83	16.89	1.12	2,818
	357	3.06	1.23	2.76	1.94	0.40	227
45 - 64 years	16,238	63.99	6.88	10.90	16.11	2.12	3,328
	894	1.69	0.89	1.10	1.15	0.77	173
Gender							
Male	62,669	66.89	1.94	15.10	14.98	1.08	3,421
	1,744	0.75	0.22	0.44	0.65	0.17	93
Female	81,749	64.73	2.59	14.68	17.64	0.35	3,636
	2,451	1.78	0.16	0.76	1.24	0.12	107
Living Arrangement							
Alone	44,989	65.28	3.09	14.46	16.48	0.69	3,771
	2,464	2.24	0.33	1.67	1.20	0.19	189
With spouse	71,699	65.48	1.09	17.01	15.77	0.65	3,411
	1,950	0.70	0.13	0.41	0.59	0.12	82
With children	16,802	66.06	3.26	10.02	20.16	0.51	3,801
	1,088	3.36	0.39	0.87	3.94	0.15	233
With others	10,598	67.92	5.82	10.08	15.21	0.97	3,204
	653	1.58	0.67	1.13	1.29	0.31	187

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$144,418	65.67	2.31	14.86	16.49	0.67	\$3,539
	3,168	1.05	0.14	0.48	0.75	0.10	75
Race/Ethnicity							
White non-Hispanic	111,604	65.71	1.40	15.96	16.29	0.64	3,515
	2,498	0.52	0.12	0.33	0.45	0.11	70
Black non-Hispanic	13,536	65.27	5.10	15.18	14.05	0.40	3,578
	1,421	6.38	0.85	5.59	1.66	0.11	377
Hispanic	13,099	64.38	6.03	7.53	21.09	0.97	4,139
	1,217	4.50	0.98	0.93	5.54	0.53	324
Other	5,635	69.58	5.12	9.55	14.91	0.84	2,988
	478	1.82	0.62	1.35	1.36	0.32	173
Income							
Less than \$5,000	3,513	72.67	4.25	10.73	12.18	0.17	2,863
	392	1.32	0.67	1.36	1.27	0.06	256
\$5,000 - \$9,999	19,551	71.49	10.08	4.63	13.27	0.53	3,470
	896	1.58	0.80	0.74	1.76	0.13	156
\$10,000 - \$14,999	26,002	68.12	3.21	13.49	14.26	0.93	3,979
	1,643	3.64	0.37	3.01	1.07	0.24	258
\$15,000 - \$19,999	16,123	64.82	1.45	11.28	21.54	0.91	3,583
	1,062	3.44	0.26	0.85	4.14	0.36	226
\$20,000 - \$24,999	14,818	67.74	0.53	16.14	14.83	0.76	3,490
	930	1.25	0.15	1.07	1.10	0.14	179
\$25,000 - \$29,999	11,747	61.40	0.07	18.01	19.52	1.00	3,621
	756	1.94	0.02	1.00	1.89	0.56	195
\$30,000 - \$39,999	18,341	66.32	0.11	17.69	15.39	0.49	3,320
	1,019	1.10	0.04	0.77	0.92	0.20	155
\$40,000 - \$49,999	12,306	61.62	0.08	18.99	19.10	0.20	3,608
	1,026	2.51	0.05	0.85	2.26	0.06	250
\$50,000 or more	22,017	59.73	0.15	21.67	17.90	0.55	3,397
	983	1.50	0.14	0.98	0.99	0.16	134

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$144,418	65.67	2.31	14.86	16.49	0.67	\$3,539
	<i>3,168</i>	<i>1.05</i>	<i>0.14</i>	<i>0.48</i>	<i>0.75</i>	<i>0.10</i>	<i>75</i>
Health Status							
Excellent	13,771	65.23	0.79	15.23	18.14	0.61	2,243
	<i>638</i>	<i>1.29</i>	<i>0.28</i>	<i>0.69</i>	<i>1.30</i>	<i>0.18</i>	<i>89</i>
Very good	30,866	65.70	1.22	16.09	16.57	0.43	2,799
	<i>1,065</i>	<i>1.04</i>	<i>0.33</i>	<i>0.59</i>	<i>0.90</i>	<i>0.09</i>	<i>88</i>
Good	46,475	64.73	1.63	16.52	16.75	0.37	3,670
	<i>2,854</i>	<i>3.12</i>	<i>0.19</i>	<i>1.35</i>	<i>2.04</i>	<i>0.07</i>	<i>213</i>
Fair	32,949	68.48	3.59	12.66	14.25	1.02	4,410
	<i>1,398</i>	<i>0.92</i>	<i>0.34</i>	<i>0.57</i>	<i>0.74</i>	<i>0.25</i>	<i>170</i>
Poor	19,810	63.45	4.57	12.47	18.29	1.22	5,937
	<i>1,304</i>	<i>2.02</i>	<i>0.52</i>	<i>1.23</i>	<i>1.81</i>	<i>0.41</i>	<i>304</i>
Functional Limitation							
None	69,627	66.90	1.24	16.68	14.70	0.48	2,912
	<i>2,160</i>	<i>1.46</i>	<i>0.18</i>	<i>1.14</i>	<i>0.60</i>	<i>0.07</i>	<i>78</i>
IADL only ⁴	35,118	67.71	3.02	13.60	15.02	0.66	3,914
	<i>1,381</i>	<i>0.76</i>	<i>0.25</i>	<i>0.48</i>	<i>0.71</i>	<i>0.18</i>	<i>120</i>
One to two ADLs ⁵	23,195	63.41	2.64	15.18	17.88	0.89	4,324
	<i>1,268</i>	<i>1.73</i>	<i>0.29</i>	<i>1.15</i>	<i>1.40</i>	<i>0.30</i>	<i>193</i>
Three to five ADLs	16,151	59.25	4.91	9.33	25.29	1.21	6,502
	<i>1,302</i>	<i>3.41</i>	<i>0.75</i>	<i>0.97</i>	<i>4.37</i>	<i>0.40</i>	<i>438</i>

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$144,418	65.67	2.31	14.86	16.49	0.67	\$3,539
	<i>3,168</i>	<i>1.05</i>	<i>0.14</i>	<i>0.48</i>	<i>0.75</i>	<i>0.10</i>	<i>75</i>
Metropolitan Area Resident							
Yes	115,313	66.30	2.20	14.43	16.43	0.64	3,721
	<i>2,987</i>	<i>1.29</i>	<i>0.16</i>	<i>0.54</i>	<i>0.94</i>	<i>0.12</i>	<i>94</i>
No	29,092	63.17	2.74	16.59	16.70	0.80	2,990
	<i>1,097</i>	<i>1.23</i>	<i>0.32</i>	<i>1.03</i>	<i>0.72</i>	<i>0.17</i>	<i>109</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents¹

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	\$12,607	1.59	1.39	18.50	76.98	1.55	\$309
	492	0.08	0.29	1.20	1.26	0.39	12
Medicare Status³							
Aged							
65 - 74 years	6,651	1.23	1.03	18.77	78.57	0.40	358
	431	0.10	0.44	1.71	1.71	0.14	23
75 - 84 years	3,547	2.15	0.78	18.24	78.54	0.29	294
	189	0.15	0.27	1.78	1.84	0.12	15
85 years and older	896	2.63	0.97	16.25	77.37	2.77	240
	89	0.33	0.95	2.61	2.53	1.84	24
Disabled							
Under 45 years	288	1.46	7.92	13.55	72.89	4.19	187
	35	0.74	3.05	3.12	4.12	2.20	22
45 - 64 years	1,225	1.14	3.89	20.59	64.48	9.91	251
	138	0.19	1.09	3.60	4.50	3.57	28
Gender							
Male	5,846	1.48	1.24	19.16	75.13	2.99	319
	301	0.10	0.50	1.61	1.75	0.86	16
Female	6,761	1.68	1.52	17.93	78.58	0.30	301
	365	0.11	0.42	1.38	1.53	0.12	16
Living Arrangement							
Alone	3,404	1.70	1.81	16.02	78.53	1.94	285
	248	0.13	0.64	1.75	2.23	0.94	19
With spouse	7,619	1.32	0.88	20.85	75.87	1.08	362
	444	0.10	0.35	1.60	1.71	0.38	21
With children	802	3.14	1.58	17.21	77.65	0.41	182
	131	0.52	0.73	2.49	2.41	0.32	30
With others	778	1.95	4.37	7.51	80.58	5.59	235
	129	0.29	1.51	1.77	4.04	3.57	37

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$12,607	1.59	1.39	18.50	76.98	1.55	\$309
	492	0.08	0.29	1.20	1.26	0.39	12
Race/Ethnicity							
White non-Hispanic	10,688	1.31	0.82	18.69	78.02	1.15	337
	497	0.08	0.22	1.29	1.35	0.36	15
Black non-Hispanic	710	3.09	3.16	20.90	71.18	1.66	188
	137	0.65	1.79	4.16	4.66	0.87	37
Hispanic	578	4.88	2.73	15.88	67.71	8.79	183
	102	0.86	1.34	3.30	6.02	5.21	28
Other	583	1.51	8.43	15.07	73.51	1.47	309
	92	0.33	4.05	4.92	5.64	1.13	46
Income							
Less than \$5,000	167	2.70	5.54	8.91	82.21	0.64	136
	35	0.76	5.10	3.63	6.02	0.47	28
\$5,000 - \$9,999	622	3.70	14.64	6.25	73.68	1.72	110
	75	0.61	3.65	2.13	4.25	0.90	12
\$10,000 - \$14,999	1,235	3.29	4.43	11.22	77.25	3.81	189
	134	0.40	1.98	1.97	3.56	2.39	19
\$15,000 - \$19,999	707	3.85	0.86	15.79	77.90	1.60	157
	70	0.41	0.39	2.58	2.85	1.28	15
\$20,000 - \$24,999	1,007	2.42	0.71	14.38	80.76	1.72	237
	91	0.28	0.33	2.31	2.58	1.06	19
\$25,000 - \$29,999	1,339	1.14	0.01	18.65	78.95	1.25	413
	114	0.15	0.01	3.74	4.01	1.19	35
\$30,000 - \$39,999	1,976	1.41	0.34	24.22	71.79	2.24	358
	148	0.15	0.33	2.46	2.78	1.42	25
\$40,000 - \$49,999	1,568	0.92	0.01	20.63	77.16	1.28	460
	169	0.14	0.01	2.42	2.21	0.76	47
\$50,000 or more	3,985	0.56	0.00	20.86	77.91	0.67	615
	407	0.08	0.00	2.29	2.28	0.45	61

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$12,607	1.59	1.39	18.50	76.98	1.55	\$309
	492	0.08	0.29	1.20	1.26	0.39	12
Health Status							
Excellent	2,344	1.40	0.07	17.09	80.09	1.35	382
	303	0.21	0.04	2.39	3.02	1.27	50
Very good	3,960	1.46	0.23	18.47	79.25	0.58	359
	259	0.12	0.17	2.00	2.01	0.30	23
Good	4,111	1.51	2.50	19.42	75.35	1.21	325
	302	0.12	0.79	1.74	1.84	0.39	22
Fair	1,568	2.34	2.82	17.49	73.31	4.04	210
	151	0.25	0.91	2.37	2.85	2.01	20
Poor	599	1.54	2.87	20.41	70.87	4.30	180
	92	0.38	1.27	3.66	4.07	2.79	25
Functional Limitation							
None	7,840	1.56	0.86	18.41	78.38	0.79	328
	413	0.09	0.32	1.36	1.39	0.20	16
IADL only ⁴	2,782	1.39	2.17	18.33	76.01	2.10	310
	225	0.14	0.73	2.05	2.30	1.13	22
One to two ADLs ⁵	1,539	1.60	2.15	18.06	73.57	4.62	287
	242	0.30	1.10	2.74	4.46	2.37	44
Three to five ADLs	427	3.32	3.32	23.06	69.50	0.80	172
	73	0.69	1.26	5.61	5.52	0.64	27

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$12,607	1.59	1.39	18.50	76.98	1.55	\$309
	<i>492</i>	<i>0.08</i>	<i>0.29</i>	<i>1.20</i>	<i>1.26</i>	<i>0.39</i>	<i>12</i>
Metropolitan Area Resident							
Yes	10,737	1.80	1.46	18.55	76.56	1.64	346
	<i>479</i>	<i>0.10</i>	<i>0.33</i>	<i>1.37</i>	<i>1.45</i>	<i>0.45</i>	<i>15</i>
No	1,859	0.34	1.02	18.29	79.32	1.02	191
	<i>124</i>	<i>0.05</i>	<i>0.37</i>	<i>2.14</i>	<i>2.21</i>	<i>0.52</i>	<i>13</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents¹

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	\$88,444	4.14	14.46	39.28	29.69	12.43	\$2,168
	1,278	0.13	0.54	0.70	0.45	0.61	32
Medicare Status³							
Aged							
65 - 74 years	35,234	4.11	9.47	45.72	30.89	9.81	1,897
	760	0.17	0.73	1.02	0.65	0.65	40
75 - 84 years	26,511	5.21	9.46	41.88	32.03	11.42	2,195
	631	0.22	0.78	1.06	0.66	0.62	45
85 years and older	7,239	5.84	8.85	38.03	35.23	12.06	1,939
	272	0.42	0.94	1.30	0.95	1.14	49
Disabled							
Under 45 years	4,325	1.46	47.27	15.98	16.19	19.10	2,806
	243	0.57	3.24	2.35	0.85	3.22	149
45 - 64 years	15,136	2.31	28.15	27.01	23.99	18.55	3,102
	786	0.49	2.09	2.23	1.31	2.62	148
Gender							
Male	37,477	4.16	11.63	39.25	27.95	17.01	2,046
	782	0.24	0.74	1.09	0.57	0.88	40
Female	50,967	4.13	16.54	39.30	30.96	9.06	2,267
	981	0.17	0.77	0.87	0.58	0.85	44
Living Arrangement							
Alone	25,273	4.30	19.09	32.93	29.57	14.12	2,118
	733	0.21	1.13	1.15	0.78	1.05	52
With spouse	44,622	4.19	6.64	48.02	31.22	9.94	2,123
	942	0.20	0.63	0.92	0.62	0.69	41
With children	10,100	4.55	23.36	29.63	28.10	14.37	2,285
	406	0.39	1.69	1.67	1.16	1.61	82
With others	8,285	2.86	31.55	23.36	23.77	18.46	2,505
	490	0.34	2.66	2.39	1.44	3.63	133

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$88,444	4.14	14.46	39.28	29.69	12.43	\$2,168
	1,278	0.13	0.54	0.70	0.45	0.61	32
Race/Ethnicity							
White non-Hispanic	70,853	3.63	10.36	42.48	30.77	12.76	2,232
	1,252	0.14	0.61	0.75	0.51	0.67	35
Black non-Hispanic	7,585	5.26	29.13	29.06	25.12	11.42	2,005
	371	0.50	2.36	1.75	1.26	1.71	83
Hispanic	5,790	8.94	34.87	19.64	25.45	11.11	1,830
	456	0.77	2.40	2.09	1.22	1.96	83
Other	3,924	4.11	30.22	29.54	25.60	10.53	2,080
	384	0.76	2.42	3.19	1.89	2.16	124
Income							
Less than \$5,000	2,054	4.87	33.49	23.08	27.06	11.50	1,674
	217	1.03	3.71	3.42	2.55	2.96	142
\$5,000 - \$9,999	12,825	3.32	54.03	10.31	16.65	15.70	2,276
	543	0.38	2.40	1.10	0.71	2.36	83
\$10,000 - \$14,999	14,348	4.87	22.31	23.18	29.61	20.02	2,195
	627	0.35	1.51	1.52	1.02	1.47	76
\$15,000 - \$19,999	9,771	5.20	12.62	31.84	32.83	17.51	2,171
	457	0.49	2.41	2.09	1.44	1.64	90
\$20,000 - \$24,999	8,806	5.08	5.32	45.83	32.66	11.11	2,074
	395	0.40	1.57	1.69	1.33	1.36	79
\$25,000 - \$29,999	6,881	4.13	1.19	50.51	33.27	10.90	2,121
	416	0.42	0.36	2.17	1.44	1.60	97
\$30,000 - \$39,999	11,841	4.08	1.03	54.80	32.23	7.86	2,143
	455	0.31	0.30	1.49	1.03	1.13	63
\$40,000 - \$49,999	7,792	3.20	0.50	54.67	33.45	8.19	2,285
	480	0.36	0.33	2.43	1.68	2.04	104
\$50,000 or more	14,127	3.29	0.20	58.39	32.00	6.12	2,179
	620	0.43	0.12	1.52	1.03	0.89	90

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$88,444	4.14	14.46	39.28	29.69	12.43	\$2,168
	1,278	0.13	0.54	0.70	0.45	0.61	32
Health Status							
Excellent	7,809	7.08	3.77	45.11	33.32	10.72	1,272
	421	0.52	0.62	1.98	1.20	1.45	53
Very good	19,489	5.26	6.16	46.42	31.50	10.66	1,767
	652	0.32	0.86	1.32	0.78	0.91	49
Good	27,935	4.38	12.90	41.71	30.46	10.56	2,206
	704	0.27	0.88	1.03	0.61	0.91	39
Fair	20,579	3.14	22.04	32.01	28.71	14.10	2,755
	742	0.27	1.36	1.64	1.01	1.13	88
Poor	12,189	1.62	25.63	31.37	24.51	16.87	3,653
	800	0.31	2.12	2.47	1.40	2.70	164
Functional Limitation							
None	42,387	5.41	8.71	43.36	31.07	11.45	1,773
	929	0.22	0.62	0.95	0.52	0.89	35
IADL only ⁴	23,261	2.86	18.72	35.84	28.94	13.63	2,593
	844	0.21	1.26	1.36	0.75	1.22	70
One to two ADLs ⁵	14,844	3.29	17.89	36.67	28.46	13.70	2,767
	720	0.28	1.26	1.66	0.89	1.29	100
Three to five ADLs	7,802	2.68	26.65	32.29	26.64	11.74	3,141
	566	0.37	2.13	2.26	1.84	1.18	146

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$88,444	4.14	14.46	39.28	29.69	12.43	\$2,168
	<i>1,278</i>	<i>0.13</i>	<i>0.54</i>	<i>0.70</i>	<i>0.45</i>	<i>0.61</i>	<i>32</i>
Metropolitan Area Resident							
Yes	66,200	5.32	13.63	39.68	28.94	12.42	2,136
	<i>1,129</i>	<i>0.17</i>	<i>0.62</i>	<i>0.88</i>	<i>0.52</i>	<i>0.75</i>	<i>37</i>
No	22,149	0.64	16.89	38.23	31.94	12.30	2,277
	<i>635</i>	<i>0.12</i>	<i>1.15</i>	<i>0.73</i>	<i>0.91</i>	<i>0.92</i>	<i>66</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Long-Term Care Facility Residents¹

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	\$97,242	12.50	44.55	2.19	34.92	5.84	\$37,459
	4,084	0.82	1.62	0.34	1.39	0.59	978
Medicare Status⁴							
Aged							
65 - 74 years	11,451	18.50	50.43	1.24	25.66	4.17	40,332
	1,688	3.66	5.26	0.63	6.11	1.41	3,004
75 - 84 years	30,244	12.74	43.13	2.29	36.08	5.75	35,708
	2,152	1.22	2.86	0.59	2.67	1.24	1,294
85 years and older	41,337	12.15	37.14	2.54	43.19	4.98	37,080
	1,937	1.01	2.27	0.41	2.07	0.90	1,032
Disabled							
Under 45 years	3,979	3.12	66.82	0.00	15.05	15.01	46,348
	509	1.33	5.66	0.00	3.69	5.04	5,488
45 - 64 years	10,230	10.11	63.39	2.39	16.22	7.89	38,687
	1,533	2.40	4.86	2.30	1.84	2.50	3,694
Gender							
Male	33,799	13.33	42.11	2.25	34.60	7.71	37,903
	2,378	1.16	2.67	0.54	2.84	1.41	1,560
Female	63,443	12.06	45.84	2.16	35.09	4.84	37,226
	2,926	1.13	2.03	0.46	1.68	0.61	1,104
Race/Ethnicity							
White non-Hispanic	80,014	11.66	40.75	2.40	38.57	6.63	36,889
	3,549	0.86	1.75	0.40	1.57	0.71	1,023
Black non-Hispanic	10,617	16.62	64.36	0.71	17.39	0.92	42,227
	1,593	2.43	3.65	0.35	2.55	0.38	2,882
Hispanic	3,489*	16.98*	61.55*	1.46*	14.83*	5.18*	37,334*
	765	6.10	7.90	1.15	3.97	2.03	4,094
Other	2,340*	18.24*	56.21*	3.68*	21.40*	0.47*	43,460*
	589	6.52	10.64	2.14	8.97	0.33	5,704

Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Long-Term Care Facility Residents¹

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	\$97,242	12.50	44.55	2.19	34.92	5.84	\$37,459
	4,084	0.82	1.62	0.34	1.39	0.59	978
Income							
Less than \$5,000	4,040	6.91	66.44	0.44	25.09	1.12	32,975
	732	1.79	5.70	0.44	5.25	0.71	3,378
\$5,000 - \$9,999	32,713	9.94	62.67	0.91	19.93	6.55	38,581
	2,083	0.93	1.93	0.22	1.29	1.38	1,454
\$10,000 - \$14,999	25,827	12.16	48.97	1.98	31.53	5.36	39,559
	1,915	1.51	3.26	0.51	2.35	1.14	1,728
\$15,000 - \$19,999	10,571	12.99	37.30	1.64	42.93	5.14	38,161
	1,169	1.80	3.77	0.56	4.07	1.37	2,359
\$20,000 - \$24,999	6,049	17.56	18.93	2.50	55.17	5.84	35,299
	903	3.98	4.36	1.06	6.04	2.53	2,987
\$25,000 - \$29,999	6,613	17.60	17.88	2.40	56.42	5.70	46,033
	1,526	4.54	5.38	1.03	9.04	1.69	5,561
\$30,000 - \$39,999	4,224	17.38	12.11	3.31	58.17	9.02	26,699
	801	4.25	3.44	1.77	6.06	4.41	2,578
\$40,000 - \$49,999	3,220*	10.39*	17.90*	5.86*	62.24*	3.61*	33,759*
	611	4.57	8.12	2.61	8.70	3.07	3,678
\$50,000 or more	3,983*	20.50*	3.13*	12.31*	55.57*	8.49*	31,361*
	744	4.17	1.84	6.08	7.24	3.62	3,037
Health Status							
Excellent	2,192*	10.02*	18.55*	2.17*	59.94*	9.32*	22,780*
	449	3.25	7.59	1.13	8.02	4.54	3,584
Very good	6,179	12.94	34.61	2.31	45.07	5.07	26,686
	708	2.69	5.03	0.96	5.05	1.95	2,064
Good	24,711	9.27	40.47	2.74	39.67	7.85	35,076
	1,723	1.20	3.17	0.66	2.69	1.85	1,623
Fair	39,667	13.12	49.47	2.61	29.56	5.24	41,225
	2,413	1.32	2.95	0.72	2.25	0.95	1,346
Poor	21,828	16.01	44.23	1.04	34.03	4.70	40,841
	2,378	1.84	2.52	0.28	3.57	1.20	1,984

Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Long-Term Care Facility Residents¹

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	\$97,242	12.50	44.55	2.19	34.92	5.84	\$37,459
	<i>4,084</i>	<i>0.82</i>	<i>1.62</i>	<i>0.34</i>	<i>1.39</i>	<i>0.59</i>	<i>978</i>
Functional Limitation							
None	3,750	22.80	13.90	7.08	39.82	16.41	21,973
	<i>600</i>	<i>4.81</i>	<i>3.35</i>	<i>3.18</i>	<i>5.65</i>	<i>5.21</i>	<i>2,131</i>
IADL only ⁵	5,143	18.52	20.46	2.84	49.46	8.72	20,873
	<i>647</i>	<i>3.32</i>	<i>4.61</i>	<i>0.89</i>	<i>6.27</i>	<i>2.77</i>	<i>1,787</i>
One to two ADLs ⁶	18,302	8.67	39.46	1.68	43.05	7.14	33,841
	<i>1,868</i>	<i>1.56</i>	<i>4.24</i>	<i>0.50</i>	<i>3.75</i>	<i>1.38</i>	<i>2,154</i>
Three to five ADLs	69,949	12.53	49.29	2.02	31.44	4.73	42,934
	<i>3,328</i>	<i>0.93</i>	<i>1.81</i>	<i>0.42</i>	<i>1.60</i>	<i>0.68</i>	<i>1,026</i>
Metropolitan Area Resident							
Yes	73,889	12.45	43.95	2.17	36.01	5.42	38,330
	<i>3,616</i>	<i>1.00</i>	<i>1.73</i>	<i>0.42</i>	<i>1.58</i>	<i>0.64</i>	<i>1,191</i>
No	23,353	12.67	46.43	2.24	31.48	7.19	34,945
	<i>1,688</i>	<i>1.23</i>	<i>3.90</i>	<i>0.54</i>	<i>3.10</i>	<i>1.38</i>	<i>1,597</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents¹

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	\$11,351	\$7,627	\$13,848	\$11,192	\$11,482	\$10,532
	210	586	458	387	450	632
Medicare Status³						
Aged						
65 - 74 years	9,503	4,952	11,793	9,791	9,868	8,424
	248	506	647	644	556	691
75 - 84 years	12,552	7,888	15,115	11,597	12,994	13,718
	355	904	886	549	744	1,402
85 years and older	13,579	12,568	15,468	13,782	12,951	12,822
	474	3,969	1,520	959	666	1,818
Disabled						
Under 45 years	11,481	4,634	12,728	21,064*	9,838	22,980*
	790	657	1,093	5,281	1,944	18,290
45 - 64 years	13,664	10,511	15,360	13,898*	14,688	5,469*
	731	1,433	1,182	3,044	1,735	1,585
Gender						
Male	11,373	7,511	13,471	12,312	11,377	10,881
	298	811	755	648	610	1,014
Female	11,333	7,805	14,083	10,425	11,576	10,241
	279	919	618	462	661	777
Living Arrangement						
Alone	11,599	6,468	13,787	10,937	12,408	12,152
	422	735	774	663	1,011	1,631
With spouse	10,874	8,077	14,456	10,929	10,877	9,337
	287	1,002	851	522	534	708
With children	12,868	9,097	13,934	12,621	14,899	12,795*
	691	2,248	1,288	1,023	1,885	2,458
With others	11,474	7,479	13,092	13,607	9,838	18,243*
	687	1,266	1,089	2,222	1,207	4,456

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$11,351	\$7,627	\$13,848	\$11,192	\$11,482	\$10,532
	210	586	458	387	450	632
Race/Ethnicity						
White non-Hispanic	11,261	7,636	13,958	11,263	11,402	10,754
	234	646	608	408	410	693
Black non-Hispanic	12,357	9,707	15,177	8,787	11,957	9,299*
	835	2,295	1,337	1,856	2,295	1,809
Hispanic	11,639	4,978	12,427	13,017	14,334	7,951*
	806	801	959	3,066	3,401	3,134
Other	10,481	5,127	13,369	10,335	9,013	9,303*
	872	1,040	1,758	1,925	1,774	3,095
Income						
Less than \$5,000	9,496	5,054	10,198	13,086	9,131	4,577*
	882	1,390	1,391	3,149	1,750	901
\$5,000 - \$9,999	12,352	9,946	13,494	9,917	11,488	13,363*
	626	2,230	687	917	1,600	4,451
\$10,000 - \$14,999	12,997	8,000	16,029	13,083	13,648	9,226*
	547	887	1,011	1,076	1,758	2,040
\$15,000 - \$19,999	11,269	6,839	12,987	11,798	11,836	12,892*
	554	1,073	1,109	815	1,485	2,654
\$20,000 - \$24,999	10,665	7,332	10,244	10,493	11,464	12,348*
	475	1,151	1,276	1,102	870	2,851
\$25,000 - \$29,999	11,754	5,580	10,247*	10,262	13,755	11,970
	862	1,316	2,517	1,189	1,795	1,904
\$30,000 - \$39,999	10,427	6,787	15,865*	10,182	10,810	10,724
	502	1,209	4,998	1,039	772	1,149
\$40,000 - \$49,999	10,454	9,705*	12,578*	10,614	10,270	9,273
	557	2,536	4,338	1,234	905	851
\$50,000 or more	10,736	5,813*	23,975*	11,124	10,899	9,980
	597	1,291	8,941	899	951	1,019

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

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	\$11,351	\$7,627	\$13,848	\$11,192	\$11,482	\$10,532
	<i>210</i>	<i>586</i>	<i>458</i>	<i>387</i>	<i>450</i>	<i>632</i>
Health Status						
Excellent	6,368	3,031	7,832	5,733	5,918	6,200
	<i>236</i>	<i>541</i>	<i>944</i>	<i>481</i>	<i>442</i>	<i>627</i>
Very good	8,193	4,586	10,302	7,534	8,029	8,605
	<i>253</i>	<i>548</i>	<i>1,132</i>	<i>429</i>	<i>410</i>	<i>933</i>
Good	11,276	7,041	11,545	11,203	12,112	12,674
	<i>406</i>	<i>1,355</i>	<i>646</i>	<i>597</i>	<i>936</i>	<i>1,263</i>
Fair	15,166	8,972	14,191	20,541	16,748	17,820
	<i>621</i>	<i>982</i>	<i>843</i>	<i>1,549</i>	<i>1,465</i>	<i>2,579</i>
Poor	22,729	15,686	22,318	28,140	26,817	22,034*
	<i>1,354</i>	<i>1,954</i>	<i>1,767</i>	<i>2,860</i>	<i>3,926</i>	<i>9,137</i>
Functional Limitation						
None	8,375	4,543	10,213	7,859	8,209	9,040
	<i>158</i>	<i>403</i>	<i>636</i>	<i>345</i>	<i>348</i>	<i>575</i>
IADL only ⁴	13,304	9,825	13,413	14,334	14,707	11,307
	<i>426</i>	<i>1,139</i>	<i>631</i>	<i>751</i>	<i>903</i>	<i>1,148</i>
One to two ADLs ⁵	15,048	8,193	15,863	16,827	16,901	14,096
	<i>704</i>	<i>1,400</i>	<i>971</i>	<i>1,319</i>	<i>2,163</i>	<i>2,616</i>
Three to five ADLs	24,934	23,013	23,765	26,454	28,025	35,755*
	<i>1,461</i>	<i>4,828</i>	<i>2,207</i>	<i>2,976</i>	<i>3,868</i>	<i>12,891</i>

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			Both Types of Private Insurance
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Expenditures per Beneficiary	\$11,351	\$7,627	\$13,848	\$11,192	\$11,482	\$10,532
	<i>210</i>	<i>586</i>	<i>458</i>	<i>387</i>	<i>450</i>	<i>632</i>
Metropolitan Area Resident						
Yes	11,495	7,554	14,126	11,729	11,474	10,391
	<i>239</i>	<i>760</i>	<i>547</i>	<i>489</i>	<i>507</i>	<i>681</i>
No	10,980	7,883	13,240	10,091	11,572	11,173
	<i>428</i>	<i>886</i>	<i>844</i>	<i>581</i>	<i>946</i>	<i>1,622</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents with at Least One Inpatient Hospital Stay in 2005¹

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	\$14,936	\$15,505	\$16,418	\$15,428	\$16,239	\$13,815
	494	1,696	954	750	1,074	1,331
Medicare Status³						
Aged						
65 - 74 years	15,076	13,613*	15,275	18,041	16,620	13,803*
	584	1,448	1,157	1,626	1,187	2,122
75 - 84 years	13,936	13,289*	15,355	13,941	16,070	14,033
	817	2,107	1,468	834	1,998	2,247
85 years and older	13,550	22,576*	15,523	14,643	11,880	12,694*
	942	11,462	2,416	1,332	1,005	2,560
Disabled						
Under 45 years	16,998	8,371*	18,399	11,926*	17,929*	19,557*
	1,718	1,974	1,840	7,074	7,630	9,497
45 - 64 years	17,806	16,844	17,936	13,122*	19,922	0
	1,647	3,066	2,604	3,901	3,623	0
Gender						
Male	15,736	16,767	17,497	16,806	16,453	15,094
	594	2,702	1,261	1,107	1,158	2,142
Female	14,248	13,531	15,800	14,281	16,034	12,613*
	781	1,631	1,274	970	1,936	1,804
Living Arrangement						
Alone	14,691	16,599*	15,198	15,294	16,121	13,028*
	958	2,571	1,171	1,433	2,529	1,631
With spouse	15,063	15,984	15,382	15,612	16,885	14,356
	628	3,391	1,529	1,004	1,241	2,273
With children	14,943	14,821*	20,059	12,971	14,703	12,072*
	1,436	4,728	3,622	1,453	1,724	1,334
With others	15,098	14,562*	16,118	20,072*	11,932*	15,548*
	1,213	2,694	1,769	4,346	1,804	6,147

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Inpatient Hospital Stay in 2005¹

Beneficiary Characteristic	Total ²	Medicare	Supplemental Health Insurance			
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$14,936	\$15,505	\$16,418	\$15,428	\$16,239	\$13,815
	494	1,696	954	750	1,074	1,331
Race/Ethnicity						
White non-Hispanic	14,737	14,936	15,245	15,420	16,290	13,948
	573	1,802	991	787	1,183	1,424
Black non-Hispanic	17,676	20,770*	20,996	14,764*	14,041*	11,458*
	1,938	6,373	3,137	5,128	1,792	1,364
Hispanic	12,476	6,806*	11,399	18,533*	19,082*	16,628*
	1,334	1,086	1,319	4,486	4,884	9,275
Other	16,392	12,213*	21,080*	12,457*	17,163*	4,400*
	2,523	3,132	3,552	3,675	7,313	0
Income						
Less than \$5,000	12,156	6,932*	11,884*	15,371*	12,633*	0
	1,611	1,441	2,358	4,236	3,458	0
\$5,000 - \$9,999	16,212	23,237*	16,338	12,978*	14,711*	4,848*
	1,150	7,185	1,105	1,882	2,851	97
\$10,000 - \$14,999	14,703	12,546	17,865	14,815	14,324	9,768*
	934	1,813	2,227	1,549	1,629	1,393
\$15,000 - \$19,999	14,027	14,793*	15,111*	16,072	13,419	13,078*
	955	2,589	2,208	1,888	1,758	4,170
\$20,000 - \$24,999	12,904	13,484*	13,172*	11,980*	16,436	13,457*
	994	2,762	3,006	2,078	1,816	1,891
\$25,000 - \$29,999	16,789	13,674*	10,426*	13,744*	21,611	14,950*
	2,938	3,580	3,532	2,447	5,720	2,985
\$30,000 - \$39,999	14,427	19,318*	18,859*	17,872	14,709	14,826*
	1,132	5,669	9,889	2,949	1,473	2,546
\$40,000 - \$49,999	14,269	14,786*	19,942*	13,793*	16,762	10,073*
	1,531	4,937	0	1,854	2,910	2,259
\$50,000 or more	16,585	8,095*	9,766*	19,117	17,276	16,787*
	1,522	3,445	7,629	2,218	2,568	4,010

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Inpatient Hospital Stay in 2005¹

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	\$14,936	\$15,505	\$16,418	\$15,428	\$16,239	\$13,815
	494	1,696	954	750	1,074	1,331
Health Status						
Excellent	11,160	7,127*	12,340*	10,470*	14,061	9,925*
	962	1,463	2,120	1,131	2,070	2,372
Very good	13,131	14,014*	17,634	13,842	12,812	16,364*
	888	2,930	3,735	1,433	1,303	4,097
Good	14,673	22,832*	13,623	14,453	16,907	13,768*
	850	7,706	1,297	1,151	1,574	1,987
Fair	14,447	12,473	14,441	17,006	15,691	13,398*
	716	1,959	1,302	1,486	1,318	2,362
Poor	20,166	17,501*	22,320	21,922*	22,275	12,078*
	2,080	2,403	2,701	3,069	6,143	3,465
Functional Limitation						
None	12,811	11,730	13,540	14,008	14,413	14,121
	447	1,310	1,311	1,024	900	2,006
IADL only ⁴	14,649	15,219	16,224	14,695	16,248	10,808*
	783	2,190	1,538	1,134	1,568	2,083
One to two ADLs ⁵	15,033	18,817*	14,696	15,629	15,642	11,129*
	966	7,524	1,315	1,544	2,451	3,224
Three to five ADLs	22,679	23,482*	23,584	24,104*	24,764	25,556*
	2,522	10,149	3,531	3,951	6,273	6,661

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Inpatient Hospital Stay in 2005¹

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	\$14,936	\$15,505	\$16,418	\$15,428	\$16,239	\$13,815
	<i>494</i>	<i>1,696</i>	<i>954</i>	<i>750</i>	<i>1,074</i>	<i>1,331</i>
Metropolitan Area Resident						
Yes	15,276	16,948	16,449	16,463	17,122	15,094
	<i>633</i>	<i>2,529</i>	<i>1,225</i>	<i>912</i>	<i>1,379</i>	<i>1,610</i>
No	14,005	13,106	16,342	13,356	13,707	9,243*
	<i>605</i>	<i>1,363</i>	<i>1,248</i>	<i>1,357</i>	<i>1,164</i>	<i>1,731</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents with at Least One Outpatient Hospital Visit in 2005¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			Both Types of Private Insurance
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Expenditures per User	\$1,895	\$1,606	\$2,298	\$1,818	\$2,085	\$1,488
	129	390	185	130	317	157
Medicare Status³						
Aged						
65 - 74 years	1,789	1,005	1,869	1,674	2,273	1,400
	205	178	253	130	507	198
75 - 84 years	1,711	1,761	1,765	1,794	1,765	1,653
	96	356	270	165	229	284
85 years and older	1,314	806	1,526	1,503	1,132	1,107*
	67	168	325	164	89	258
Disabled						
Under 45 years	3,092	1,050	3,451	6,523*	1,846	9,731*
	530	183	708	4,373	578	10,441
45 - 64 years	2,749	2,375	2,798	4,937*	2,965	481*
	408	1,085	474	3,145	630	183
Gender						
Male	2,239	1,424	2,606	2,426	2,586	1,776
	253	182	338	299	637	313
Female	1,637	1,856	2,110	1,429	1,676	1,278
	116	861	241	93	206	143
Living Arrangement						
Alone	1,535	1,093	1,980	1,348	1,485	1,727
	90	205	190	103	228	390
With spouse	2,069	2,257	2,528	2,131	2,283	1,351
	216	905	348	212	462	171
With children	1,855	1,383	1,993	1,414	2,692	1,095*
	251	373	324	199	872	389
With others	2,157	1,069	2,985	2,046	1,678	2,843*
	352	295	730	676	390	1,117

Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Outpatient Hospital Visit in 2005¹

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	\$1,895	\$1,606	\$2,298	\$1,818	\$2,085	\$1,488
	129	390	185	130	317	157
Race/Ethnicity						
White non-Hispanic	1,780	1,691	2,290	1,792	1,838	1,526
	124	509	289	141	273	170
Black non-Hispanic	2,238	1,237	2,489	2,150	2,919	993*
	320	305	438	859	966	536
Hispanic	2,692	1,278*	2,063	1,833*	6,554	1,339*
	537	315	184	435	2,840	725
Other	1,765	949*	2,396	2,306*	1,187	1,229*
	292	292	614	1,172	406	432
Income						
Less than \$5,000	1,656	1,378*	1,608	2,888*	1,204	1,120*
	308	633	438	1,325	384	448
\$5,000 - \$9,999	2,253	2,988	2,460	1,489	912	1,279*
	346	1,959	324	247	154	817
\$10,000 - \$14,999	1,879	1,306	2,396	1,679	2,086	1,063*
	165	240	312	180	611	244
\$15,000 - \$19,999	1,667	1,195	2,169	1,688	1,850	1,346*
	194	276	445	201	568	332
\$20,000 - \$24,999	1,916	1,500	1,307	2,869	1,870	1,540*
	255	445	179	881	355	496
\$25,000 - \$29,999	1,953	874*	1,237*	1,393	2,768	983
	427	191	295	211	923	180
\$30,000 - \$39,999	1,638	1,630	1,029*	1,670	1,868	1,214
	191	709	314	244	376	203
\$40,000 - \$49,999	1,578	2,180*	1,069*	1,670	1,552	1,648
	140	744	525	359	197	338
\$50,000 or more	2,143	470*	7,341*	1,760	2,643	1,847
	489	126	5,438	199	940	384

Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Outpatient Hospital Visit in 2005¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			Both Types of Private Insurance
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Expenditures per User	\$1,895	\$1,606	\$2,298	\$1,818	\$2,085	\$1,488
	129	390	185	130	317	157
Health Status						
Excellent	1,091	836	1,458	1,164	972	1,164
	82	219	296	151	116	445
Very good	1,218	889	1,314	1,312	1,237	1,036
	74	167	216	123	135	141
Good	1,852	1,390	2,320	1,653	2,061	1,733
	171	280	395	165	374	203
Fair	2,514	1,486	2,092	3,325	3,411	2,103*
	399	294	246	629	1,322	596
Poor	3,653	3,335	3,573	3,020	4,631	3,363*
	595	1,922	633	651	1,303	2,485
Functional Limitation						
None	1,455	1,161	2,190	1,432	1,401	1,328
	71	179	366	115	133	156
IADL only ⁴	2,092	1,665	2,210	2,048	2,448	1,541
	162	336	220	234	466	311
One to two ADLs ⁵	2,627	1,042	2,277	2,457	4,198	1,818*
	634	209	394	390	2,084	412
Three to five ADLs	3,217	5,059	2,923	3,574	3,236	3,980*
	785	3,942	629	1,506	939	3,313

Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Outpatient Hospital Visit in 2005¹

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	\$1,895	\$1,606	\$2,298	\$1,818	\$2,085	\$1,488
	<i>129</i>	<i>390</i>	<i>185</i>	<i>130</i>	<i>317</i>	<i>157</i>
Metropolitan Area Resident						
Yes	1,781	1,276	2,437	1,800	1,861	1,367
	<i>94</i>	<i>185</i>	<i>244</i>	<i>176</i>	<i>207</i>	<i>177</i>
No	2,217	2,187	1,973	1,854	2,697	2,009
	<i>392</i>	<i>1,001</i>	<i>234</i>	<i>166</i>	<i>997</i>	<i>297</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents with at Least One Physician/Supplier Service in 2005¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			Both Types of Private Insurance
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Expenditures per User	\$3,709	\$2,158	\$4,098	\$4,006	\$3,674	\$3,741
	77	132	126	164	187	265
Medicare Status³						
Aged						
65 - 74 years	3,407	1,817	3,913	3,925	3,375	3,011
	119	172	234	291	244	262
75 - 84 years	4,223	2,389	4,651	4,103	4,274	4,988
	132	261	292	219	272	644
85 years and older	3,895	1,998	4,150	3,897	3,960	3,632
	88	201	298	208	197	368
Disabled						
Under 45 years	3,077	1,445	3,354	5,441*	2,176	3,646*
	246	193	340	2,259	384	2,401
45 - 64 years	3,579	2,583	4,224	4,200*	3,404	2,280*
	177	298	316	1,070	321	928
Gender						
Male	3,637	2,048	3,859	4,363	3,537	3,540
	96	185	220	309	158	353
Female	3,766	2,311	4,243	3,766	3,797	3,905
	112	183	162	149	327	394
Living Arrangement						
Alone	3,964	1,907	4,256	3,897	4,342	4,842
	199	166	231	335	482	919
With spouse	3,542	2,161	4,483	4,027	3,290	3,254
	84	180	231	185	125	233
With children	4,027	2,617	3,863	4,269	5,144	3,184*
	253	493	286	369	995	562
With others	3,453	2,289	3,527	4,055	3,383	5,817*
	193	396	271	567	432	1,477

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Physician/Supplier Service in 2005¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			Both Types of Private Insurance
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Expenditures per User	\$3,709	\$2,158	\$4,098	\$4,006	\$3,674	\$3,741
	77	132	126	164	187	265
Race/Ethnicity						
White non-Hispanic	3,668	2,215	3,947	4,031	3,575	3,801
	71	149	179	179	106	284
Black non-Hispanic	3,780	2,173	3,917	3,585	4,764	2,455*
	400	382	298	827	1,548	449
Hispanic	4,485	2,009	4,825	4,426	5,503	2,662*
	349	515	345	839	1,473	1,256
Other	3,104	1,720*	3,813	3,382	1,982	4,959*
	180	333	398	465	228	1,748
Income						
Less than \$5,000	3,133	1,530*	3,187	4,526	3,024	2,219*
	269	357	383	978	535	913
\$5,000 - \$9,999	3,781	2,435	4,081	3,250	3,745	4,661*
	159	367	197	314	818	1,008
\$10,000 - \$14,999	4,147	2,238	4,495	4,498	4,927	2,825*
	255	249	255	564	1,196	622
\$15,000 - \$19,999	3,744	2,163	3,844	3,873	4,276	4,467*
	234	316	321	282	762	929
\$20,000 - \$24,999	3,602	2,182	2,990	3,995	3,551	4,759*
	183	353	338	430	272	2,179
\$25,000 - \$29,999	3,826	2,264	4,023*	3,682	3,976	4,441
	203	504	1,028	430	344	764
\$30,000 - \$39,999	3,420	1,548	3,864*	3,796	3,242	4,224
	158	227	868	435	167	589
\$40,000 - \$49,999	3,743	2,370*	4,409*	4,179	3,645	3,218
	253	430	1,463	495	424	331
\$50,000 or more	3,530	2,220*	12,240*	4,072	3,303	3,300
	140	464	7,920	262	202	293

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Physician/Supplier Service in 2005¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			Both Types of Private Insurance
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Expenditures per User	\$3,709	\$2,158	\$4,098	\$4,006	\$3,674	\$3,741
	77	132	126	164	187	265
Health Status						
Excellent	2,437	1,466	2,554	2,566	1,977	2,594
	92	271	310	247	127	284
Very good	2,901	1,343	3,352	2,772	2,914	2,844
	91	118	422	124	165	246
Good	3,817	1,844	3,690	4,097	4,035	4,651
	218	203	209	329	519	747
Fair	4,595	2,473	4,098	6,770	4,699	5,807
	171	257	209	558	322	1,020
Poor	6,201	3,814	5,968	8,261	7,321	6,860*
	316	485	463	1,082	817	3,257
Functional Limitation						
None	3,073	1,577	3,291	3,252	2,963	3,231
	82	128	252	186	191	208
IADL only ⁴	4,060	2,579	3,902	4,645	4,315	4,064
	122	241	192	287	248	395
One to two ADLs ⁵	4,490	2,181	4,259	5,305	4,996	5,319
	193	343	247	530	436	1,978
Three to five ADLs	6,662	4,576	6,846	7,497	7,091	9,734*
	448	675	612	855	1,356	4,694

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Physician/Supplier Service in 2005¹

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	\$3,709	\$2,158	\$4,098	\$4,006	\$3,674	\$3,741
	<i>77</i>	<i>132</i>	<i>126</i>	<i>164</i>	<i>187</i>	<i>265</i>
Metropolitan Area Resident						
Yes	3,890	2,178	4,347	4,382	3,834	3,649
	<i>97</i>	<i>169</i>	<i>158</i>	<i>224</i>	<i>243</i>	<i>236</i>
No	3,152	2,157	3,448	3,188	3,185	4,151
	<i>107</i>	<i>199</i>	<i>215</i>	<i>170</i>	<i>191</i>	<i>1,000</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents with at Least One Prescribed Medicine in 2005¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			Both Types of Private Insurance
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Expenditures per User	\$2,340	\$1,765	\$2,860	\$1,848	\$2,657	\$2,702
	34	84	86	64	55	110
Medicare Status³						
Aged						
65 - 74 years	2,081	1,308	2,421	1,587	2,425	2,470
	42	105	106	72	75	132
75 - 84 years	2,307	1,365	2,556	1,932	2,716	3,033
	45	88	115	71	86	179
85 years and older	2,054	1,357	2,177	1,716	2,519	2,604
	52	179	112	81	116	308
Disabled						
Under 45 years	3,215	2,508	3,125	6,182*	3,492	3,575*
	168	406	196	1,753	627	1,311
45 - 64 years	3,360	2,515	3,696	4,581*	3,659	3,640*
	161	227	258	1,237	306	1,684
Gender						
Male	2,252	1,817	2,686	1,848	2,508	2,586
	45	135	125	93	85	159
Female	2,409	1,687	2,965	1,848	2,786	2,798
	46	116	106	73	71	169
Living Arrangement						
Alone	2,292	1,581	2,832	1,916	2,651	2,458
	53	187	128	116	99	192
With spouse	2,282	1,771	2,734	1,780	2,599	2,675
	44	131	150	89	76	133
With children	2,463	2,023	2,609	1,881	3,158	2,944*
	84	275	113	157	196	407
With others	2,750	1,912	3,413	2,111	2,783	4,554*
	142	288	320	221	252	1,229

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Prescribed Medicine in 2005¹

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	\$2,340	\$1,765	\$2,860	\$1,848	\$2,657	\$2,702
	34	84	86	64	55	110
Race/Ethnicity						
White non-Hispanic	2,401	1,821	3,286	1,856	2,721	2,730
	37	97	149	67	59	112
Black non-Hispanic	2,204	1,378	2,522	1,831	2,476	2,538*
	89	216	168	260	130	483
Hispanic	1,996	1,865	2,367	1,672	2,054	1,758*
	88	421	138	329	215	504
Other	2,238	2,142*	2,373	1,791*	2,447	3,191*
	130	383	170	235	242	1,333
Income						
Less than \$5,000	1,881	1,122*	2,281	1,496*	2,273	1,397*
	145	231	203	225	332	483
\$5,000 - \$9,999	2,573	1,786	2,899	1,807	2,609	4,266*
	91	208	126	179	243	1,762
\$10,000 - \$14,999	2,354	1,764	2,803	2,039	2,791	2,742*
	80	194	132	157	193	432
\$15,000 - \$19,999	2,320	1,793	3,142	2,007	2,512	3,100*
	94	208	377	145	149	824
\$20,000 - \$24,999	2,241	1,614	3,185	1,768	2,695	2,940*
	86	154	457	119	124	420
\$25,000 - \$29,999	2,257	1,308	2,412*	1,809	2,766	2,527
	99	236	392	130	191	277
\$30,000 - \$39,999	2,280	1,856	2,674*	1,634	2,791	2,621
	68	259	488	111	124	304
\$40,000 - \$49,999	2,439	3,254*	3,050*	2,016	2,563	2,514
	111	1,176	929	315	155	258
\$50,000 or more	2,337	2,267*	2,661*	1,769	2,575	2,751
	96	648	1,553	143	143	175

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Prescribed Medicine in 2005¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			Both Types of Private Insurance
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Expenditures per User	\$2,340	\$1,765	\$2,860	\$1,848	\$2,657	\$2,702
	34	84	86	64	55	110
Health Status						
Excellent	1,511	1,107	1,675	1,313	1,677	1,914
	65	187	203	107	108	218
Very good	1,916	1,283	2,254	1,502	2,225	2,516
	53	184	170	76	90	147
Good	2,331	1,380	2,573	1,880	2,706	3,042
	41	105	103	95	79	181
Fair	2,866	2,131	2,925	2,484	3,535	3,657
	90	213	121	160	185	765
Poor	3,843	2,921	3,965	3,508	4,596	4,050*
	174	289	327	570	354	742
Functional Limitation						
None	1,951	1,220	2,500	1,468	2,208	2,529
	38	91	166	49	64	119
IADL only ⁴	2,728	2,203	2,924	2,417	3,181	2,966
	72	163	130	164	113	248
One to two ADLs ⁵	2,914	2,319	3,106	2,483	3,575	2,725
	101	243	155	231	207	283
Three to five ADLs	3,279	2,574	3,412	2,405	4,043	6,310*
	152	520	264	183	358	1,329

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Prescribed Medicine in 2005¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			Both Types of Private Insurance
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Expenditures per User	\$2,340	\$1,765	\$2,860	\$1,848	\$2,657	\$2,702
	<i>34</i>	<i>84</i>	<i>86</i>	<i>64</i>	<i>55</i>	<i>110</i>
Metropolitan Area Resident						
Yes	2,303	1,854	2,862	1,847	2,562	2,624
	<i>39</i>	<i>123</i>	<i>102</i>	<i>79</i>	<i>69</i>	<i>114</i>
No	2,470	1,581	2,882	1,861	2,976	3,067
	<i>75</i>	<i>83</i>	<i>161</i>	<i>101</i>	<i>87</i>	<i>301</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents with at Least One Inpatient Hospital Stay in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	
Expenditures per User	\$14,936	\$12,330	\$204	\$1,741	\$434	\$226
	494	428	19	258	48	57
Medicare Status²						
Aged						
65 - 74 years	15,076	12,637	117	1,793	340	189
	584	646	16	261	55	101
75 - 84 years	13,936	11,991	106	1,315	308	217
	817	552	12	568	55	74
85 years and older	13,550	11,588	112	1,074	714	62
	942	912	17	111	198	38
Disabled						
Under 45 years	16,998	12,585	1,533	1,821	908	151
	1,718	1,244	392	983	662	104
45 - 64 years	17,806	13,099	395	3,250	554	506
	1,647	1,430	52	1,055	100	260
Gender						
Male	15,736	12,709	164	1,852	554	457
	594	582	24	329	93	122
Female	14,248	12,005	238	1,646	331	28
	781	577	26	403	50	12
Marital Status						
Married	15,058	12,066	104	2,211	422	255
	591	618	16	354	58	82
Widowed	13,891	12,268	161	978	400	84
	664	628	17	90	87	22
Divorced/separated	15,873	13,271	455	1,274	435	439
	1,349	1,271	86	408	84	275
Never married	17,952	12,619	785	3,544	703	301
	4,209	1,230	213	3,873	470	144

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Inpatient Hospital Stay in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$14,936	\$12,330	\$204	\$1,741	\$434	\$226
	494	428	19	258	48	57
Race/Ethnicity						
White non-Hispanic	14,737	12,132	123	1,846	430	206
	573	454	10	288	57	58
Black non-Hispanic	17,676	15,493	638	550	636	359
	1,938	1,833	147	170	163	302
Hispanic	12,476	9,988	386	1,459	338	304
	1,334	1,176	82	559	131	184
Other	16,392	12,564	387	3,212	117	112
	2,523	1,959	74	2,483	33	76
Income						
Less than \$5,000	12,156	11,079	367	501	210	0
	1,611	1,579	56	121	79	0
\$5,000 - \$9,999	16,212	14,349	741	414	653	55
	1,150	1,141	92	102	206	27
\$10,000 - \$14,999	14,703	12,910	248	848	407	290
	934	861	34	211	64	146
\$15,000 - \$19,999	14,027	11,838	128	1,177	568	317
	955	936	46	218	135	169
\$20,000 - \$24,999	12,904	10,442	39	1,879	326	217
	994	965	14	491	111	141
\$25,000 - \$29,999	16,789	11,265	10	4,756	564	194
	2,938	1,015	6	2,776	227	114
\$30,000 - \$39,999	14,427	12,073	16	1,535	401	403
	1,132	1,102	12	336	87	320
\$40,000 - \$49,999	14,269	10,332	5	3,481	220	231
	1,531	1,311	5	1,112	60	130
\$50,000 or more	16,585	13,103	2	3,027	279	173
	1,522	1,569	2	743	73	65

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Inpatient Hospital Stay in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$14,936	\$12,330	\$204	\$1,741	\$434	\$226
	494	428	19	258	48	57
Health Status						
Excellent	11,160	8,883	63	1,555	290	368
	962	886	18	454	83	213
Very good	13,131	11,253	85	1,157	369	266
	888	858	16	169	70	195
Good	14,673	11,835	122	2,229	330	156
	850	746	17	520	64	63
Fair	14,447	12,501	257	984	519	186
	716	690	40	102	101	51
Poor	20,166	15,885	455	2,888	622	316
	2,080	1,419	76	1,255	180	182
Functional Limitation						
None	12,811	10,590	97	1,471	370	283
	447	493	12	246	90	111
IADL only ³	14,649	12,054	245	1,771	358	221
	783	685	37	460	50	105
One to two ADLs ⁴	15,033	12,487	226	1,689	457	175
	966	875	31	410	123	69
Three to five ADLs	22,679	18,671	422	2,637	811	137
	2,522	1,878	92	1,724	196	59

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Inpatient Hospital Stay in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	
Expenditures per User	\$14,936	\$12,330	\$204	\$1,741	\$434	\$226
	<i>494</i>	<i>428</i>	<i>19</i>	<i>258</i>	<i>48</i>	<i>57</i>
Metropolitan Area Resident						
Yes	15,276	12,507	189	1,900	449	229
	<i>633</i>	<i>534</i>	<i>21</i>	<i>349</i>	<i>64</i>	<i>68</i>
No	14,005	11,844	244	1,307	391	219
	<i>605</i>	<i>642</i>	<i>39</i>	<i>169</i>	<i>52</i>	<i>118</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Outpatient Hospital Visit in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	
Expenditures per User	\$1,895	\$1,145	\$61	\$449	\$202	\$38
	129	54	8	73	36	9
Medicare Status²						
Aged						
65 - 74 years	1,789	963	24	578	199	25
	205	51	3	136	56	7
75 - 84 years	1,711	1,116	29	333	167	66
	96	48	9	25	48	26
85 years and older	1,314	947	20	225	107	15
	67	48	5	20	14	7
Disabled						
Under 45 years	3,092	1,834	553	319	370	16
	530	235	174	78	328	6
45 - 64 years	2,749	1,756	143	500	310	40
	408	296	30	123	64	13
Gender						
Male	2,239	1,201	67	629	258	84
	253	61	14	162	64	20
Female	1,637	1,104	56	314	159	4
	116	80	10	17	39	1
Marital Status						
Married	2,054	1,159	35	615	201	44
	208	70	9	133	46	16
Widowed	1,564	1,025	34	300	183	22
	152	61	4	39	74	6
Divorced/separated	1,708	1,129	126	185	217	51
	162	116	32	20	37	19
Never married	2,482	1,656	283	260	245	38
	464	332	85	48	214	14

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Outpatient Hospital Visit in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$1,895	\$1,145	\$61	\$449	\$202	\$38
	129	54	8	73	36	9
Race/Ethnicity						
White non-Hispanic	1,780	1,077	34	458	180	31
	124	55	6	74	32	6
Black non-Hispanic	2,238	1,500	189	293	235	21
	320	189	56	84	82	8
Hispanic	2,692	1,319	164	697	460	52
	537	118	52	350	221	22
Other	1,765	1,360	96	195	94	21
	292	247	27	43	19	8
Income						
Less than \$5,000	1,656	1,213	84	226	93	40
	308	248	24	60	21	34
\$5,000 - \$9,999	2,253	1,642	257	89	225	40
	346	266	45	13	98	19
\$10,000 - \$14,999	1,879	1,307	68	264	203	36
	165	98	9	42	52	12
\$15,000 - \$19,999	1,667	1,020	85	279	258	26
	194	72	43	32	127	9
\$20,000 - \$24,999	1,916	1,245	6	460	166	38
	255	179	2	102	38	22
\$25,000 - \$29,999	1,953	928	2	753	252	18
	427	82	1	302	105	6
\$30,000 - \$39,999	1,638	971	4	463	141	60
	191	116	3	89	33	35
\$40,000 - \$49,999	1,578	960	1	471	133	13
	140	106	1	55	27	7
\$50,000 or more	2,143	901	3	942	245	52
	489	64	2	350	130	24

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Outpatient Hospital Visit in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	
Expenditures per User	\$1,895	\$1,145	\$61	\$449	\$202	\$38
	129	54	8	73	36	9
Health Status						
Excellent	1,091	678	10	250	107	46
	82	45	2	42	14	15
Very good	1,218	727	22	340	107	22
	74	33	10	37	18	9
Good	1,852	1,177	44	403	180	47
	171	95	8	54	67	24
Fair	2,514	1,416	108	656	292	42
	399	137	25	266	104	15
Poor	3,653	2,234	187	727	469	36
	595	344	58	239	180	13
Functional Limitation						
None	1,455	922	32	327	143	32
	71	38	7	26	28	8
IADL only ³	2,092	1,280	96	468	190	57
	162	83	21	97	39	22
One to two ADLs ⁴	2,627	1,313	60	916	303	36
	634	112	10	451	145	13
Three to five ADLs	3,217	2,119	170	402	498	27
	785	535	72	81	224	14

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Outpatient Hospital Visit in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$1,895	\$1,145	\$61	\$449	\$202	\$38
	<i>129</i>	<i>54</i>	<i>8</i>	<i>73</i>	<i>36</i>	<i>9</i>
Metropolitan Area Resident						
Yes	1,781	1,119	63	367	189	44
	<i>94</i>	<i>58</i>	<i>10</i>	<i>34</i>	<i>37</i>	<i>11</i>
No	2,217	1,225	53	678	238	24
	<i>392</i>	<i>121</i>	<i>12</i>	<i>253</i>	<i>84</i>	<i>5</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents with at Least One Physician/Supplier Service in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	
Expenditures per User	\$3,709	\$2,429	\$86	\$554	\$614	\$25
	77	42	5	26	36	4
Medicare Status²						
Aged						
65 - 74 years	3,407	2,163	47	618	566	13
	119	68	4	58	39	2
75 - 84 years	4,223	2,859	64	569	704	26
	132	74	7	23	85	5
85 years and older	3,895	2,696	51	501	637	10
	88	65	6	20	36	2
Disabled						
Under 45 years	3,077	1,897	322	303	521	34
	246	159	48	93	76	12
45 - 64 years	3,579	2,286	247	391	579	76
	177	137	34	45	44	28
Gender						
Male	3,637	2,426	71	552	548	40
	96	65	8	24	30	6
Female	3,766	2,432	98	555	667	13
	112	46	6	42	63	4
Marital Status						
Married	3,538	2,316	41	602	557	23
	80	56	4	22	24	4
Widowed	4,108	2,634	84	592	780	18
	225	50	8	90	127	4
Divorced/separated	3,779	2,571	231	340	594	44
	215	153	31	39	58	15
Never married	3,260	2,232	228	380	376	44
	289	224	32	66	40	22

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Physician/Supplier Service in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$3,709	\$2,429	\$86	\$554	\$614	\$25
	77	42	5	26	36	4
Race/Ethnicity						
White non-Hispanic	3,668	2,406	51	588	599	24
	71	49	4	18	20	4
Black non-Hispanic	3,780	2,452	195	580	537	15
	400	117	25	271	112	4
Hispanic	4,485	2,874	273	341	954	44
	349	165	41	46	307	24
Other	3,104	2,151	161	299	467	26
	180	138	23	45	50	10
Income						
Less than \$5,000	3,133	2,275	133	337	382	5
	269	211	21	58	41	2
\$5,000 - \$9,999	3,781	2,700	382	176	503	20
	159	110	31	31	76	5
\$10,000 - \$14,999	4,147	2,818	134	562	594	39
	255	116	16	154	71	10
\$15,000 - \$19,999	3,744	2,418	55	425	812	34
	234	85	9	25	200	14
\$20,000 - \$24,999	3,602	2,430	19	586	539	28
	183	131	5	54	45	5
\$25,000 - \$29,999	3,826	2,344	3	692	750	39
	203	132	1	58	84	22
\$30,000 - \$39,999	3,420	2,260	4	609	530	17
	158	118	1	39	33	7
\$40,000 - \$49,999	3,743	2,302	3	713	717	8
	253	161	2	62	106	2
\$50,000 or more	3,530	2,106	5	766	633	20
	140	85	5	53	45	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, 2005Community-Only Residents with at Least One Physician/Supplier Service in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$3,709	\$2,429	\$86	\$554	\$614	\$25
	77	42	5	26	36	4
Health Status						
Excellent	2,437	1,576	19	377	449	15
	92	59	7	23	39	5
Very good	2,901	1,901	36	469	483	12
	91	52	10	25	35	3
Good	3,817	2,464	63	634	643	14
	218	77	6	84	109	3
Fair	4,595	3,144	165	583	656	47
	171	122	15	38	42	12
Poor	6,201	3,934	284	773	1,134	76
	316	231	31	94	126	25
Functional Limitation						
None	3,073	2,048	38	516	455	15
	82	47	6	44	26	2
IADL only ³	4,060	2,745	123	554	611	27
	122	92	10	27	32	7
One to two ADLs ⁴	4,490	2,842	119	684	805	40
	193	127	12	68	74	14
Three to five ADLs	6,662	3,948	327	622	1,685	81
	448	198	49	54	380	25

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Physician/Supplier Service in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$3,709	\$2,429	\$86	\$554	\$614	\$25
	<i>77</i>	<i>42</i>	<i>5</i>	<i>26</i>	<i>36</i>	<i>4</i>
Metropolitan Area Resident						
Yes	3,890	2,572	86	565	643	25
	<i>97</i>	<i>51</i>	<i>6</i>	<i>32</i>	<i>48</i>	<i>5</i>
No	3,152	1,990	87	523	527	25
	<i>107</i>	<i>62</i>	<i>10</i>	<i>42</i>	<i>34</i>	<i>5</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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, 2005Community-Only Residents with at Least One Dental Service in 2005¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$707	\$5	\$10	\$132	\$549	\$11
	25	0	2	9	24	3
Medicare Status²						
Aged						
65 - 74 years	758	4	8	143	600	3
	47	0	3	13	44	1
75 - 84 years	636	6	5	118	506	2
	31	0	2	13	27	1
85 years and older	670	6	7	111	527	19
	60	1	6	21	50	13
Disabled						
Under 45 years	587	7	47	80	429	25
	68	4	18	20	59	13
45 - 64 years	740	5	29	153	480	74
	67	1	8	32	52	28
Gender						
Male	733	5	9	142	555	22
	34	0	4	13	31	6
Female	686	5	11	124	544	2
	36	0	3	10	34	1
Marital Status						
Married	734	5	6	154	560	8
	39	0	2	12	37	3
Widowed	654	6	10	111	520	7
	37	1	5	14	30	6
Divorced/separated	763	6	21	90	607	39
	108	1	6	15	106	19
Never married	564	3	26	63	463	8
	71	1	10	13	68	4

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Dental Service in 2005¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$707	\$5	\$10	\$132	\$549	\$11
	25	0	2	9	24	3
Race/Ethnicity						
White non-Hispanic	708	5	6	133	556	8
	31	0	2	9	29	3
Black non-Hispanic	830	6	27	178	605	14
	156	1	14	49	128	7
Hispanic	542	10	15	89	378	49
	76	1	7	20	58	32
Other	776	4	66	118	577	12
	107	1	33	43	89	9
Income						
Less than \$5,000	613	3	35	56	515	4
	114	1	32	22	110	3
\$5,000 - \$9,999	426	4	64	27	323	8
	46	1	17	9	42	4
\$10,000 - \$14,999	599	8	27	69	473	23
	58	1	12	14	47	15
\$15,000 - \$19,999	457	8	4	74	364	7
	39	1	2	13	36	6
\$20,000 - \$24,999	569	5	4	83	467	10
	43	1	2	15	38	6
\$25,000 - \$29,999	848	5	0	159	674	11
	60	1	0	31	64	10
\$30,000 - \$39,999	710	5	2	173	514	16
	45	1	2	20	40	10
\$40,000 - \$49,999	763	4	0	158	591	10
	77	1	0	19	67	6
\$50,000 or more	920	4	0	192	718	6
	91	0	0	24	82	4

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Dental Service in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	
Expenditures per User	\$707	\$5	\$10	\$132	\$549	\$11
	25	0	2	9	24	3
Health Status						
Excellent	758	6	1	130	611	10
	92	1	0	13	90	10
Very good	691	5	2	128	551	4
	43	0	1	15	40	2
Good	727	5	18	143	553	9
	44	0	6	16	33	3
Fair	655	6	19	116	487	27
	58	1	6	21	47	13
Poor	675	2	20	140	484	29
	91	1	8	34	68	20
Functional Limitation						
None	668	5	6	124	528	5
	32	0	2	10	29	1
IADL only ³	798	5	17	147	611	17
	53	1	6	19	44	9
One to two ADLs ⁴	813	5	18	148	604	38
	129	1	9	27	113	19
Three to five ADLs	622	10	21	146	440	5
	86	3	7	45	65	4

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Dental Service in 2005¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$707	\$5	\$10	\$132	\$549	\$11
	<i>25</i>	<i>0</i>	<i>2</i>	<i>9</i>	<i>24</i>	<i>3</i>
Metropolitan Area Resident						
Yes	745	6	11	140	576	12
	<i>30</i>	<i>0</i>	<i>3</i>	<i>10</i>	<i>29</i>	<i>3</i>
No	553	1	6	101	439	6
	<i>30</i>	<i>0</i>	<i>2</i>	<i>15</i>	<i>23</i>	<i>3</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Prescribed Medicine in 2005¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$2,340	\$92	\$339	\$921	\$696	\$291
	34	3	14	23	11	15
Medicare Status²						
Aged						
65 - 74 years	2,081	80	198	954	645	205
	42	3	16	32	15	15
75 - 84 years	2,307	116	219	968	741	264
	45	4	18	38	16	14
85 years and older	2,054	115	182	783	725	248
	52	8	19	37	23	25
Disabled						
Under 45 years	3,215	44	1,521	514	521	615
	168	19	109	81	34	120
45 - 64 years	3,360	76	946	908	806	624
	161	17	80	90	46	98
Gender						
Male	2,252	89	262	886	631	384
	45	5	17	35	15	21
Female	2,409	95	399	949	748	219
	46	3	20	30	15	22
Marital Status						
Married	2,278	90	164	1,082	711	231
	42	4	15	33	14	15
Widowed	2,336	108	329	868	724	308
	47	4	23	37	15	30
Divorced/separated	2,520	77	806	517	619	500
	115	7	61	50	29	82
Never married	2,606	63	1,056	537	603	346
	135	9	91	54	65	53

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Prescribed Medicine in 2005¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$2,340	\$92	\$339	\$921	\$696	\$291
	34	3	14	23	11	15
Race/Ethnicity						
White non-Hispanic	2,401	82	249	1,022	740	307
	37	3	15	26	12	17
Black non-Hispanic	2,204	110	644	642	555	252
	89	10	62	45	23	43
Hispanic	1,996	172	698	393	510	222
	88	14	51	52	32	43
Other	2,238	90	677	661	573	236
	130	15	69	89	46	49
Income						
Less than \$5,000	1,881	89	631	435	510	217
	145	19	89	74	48	62
\$5,000 - \$9,999	2,573	81	1,393	266	429	405
	91	9	66	28	18	71
\$10,000 - \$14,999	2,354	109	527	547	699	472
	80	7	40	45	22	42
\$15,000 - \$19,999	2,320	117	293	740	763	407
	94	9	62	56	27	44
\$20,000 - \$24,999	2,241	107	120	1,030	734	250
	86	8	37	58	26	33
\$25,000 - \$29,999	2,257	89	27	1,142	752	246
	99	8	8	89	28	37
\$30,000 - \$39,999	2,280	88	23	1,252	737	180
	68	6	7	62	24	25
\$40,000 - \$49,999	2,439	73	12	1,336	818	200
	111	8	8	79	54	52
\$50,000 or more	2,337	73	5	1,367	749	143
	96	11	3	81	25	20

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Prescribed Medicine in 2005¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$2,340	\$92	\$339	\$921	\$696	\$291
	34	3	14	23	11	15
Health Status						
Excellent	1,511	96	57	687	507	163
	65	6	10	49	23	23
Very good	1,916	94	118	893	606	205
	53	5	18	42	12	19
Good	2,331	98	301	974	711	247
	41	7	22	29	15	23
Fair	2,866	89	632	918	823	404
	90	7	43	66	28	35
Poor	3,843	62	985	1,206	942	648
	174	11	85	116	54	115
Functional Limitation						
None	1,951	99	171	849	608	224
	38	4	13	26	10	19
IADL only ³	2,728	76	511	978	790	372
	72	5	35	49	24	37
One to two ADLs ⁴	2,914	93	522	1,070	830	400
	101	8	39	69	31	41
Three to five ADLs	3,279	86	874	1,059	874	385
	152	10	83	98	64	41

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2005Community-Only Residents with at Least One Prescribed Medicine in 2005¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$2,340	\$92	\$339	\$921	\$696	\$291
	<i>34</i>	<i>3</i>	<i>14</i>	<i>23</i>	<i>11</i>	<i>15</i>
Metropolitan Area Resident						
Yes	2,303	117	315	916	668	287
	<i>39</i>	<i>4</i>	<i>15</i>	<i>28</i>	<i>12</i>	<i>19</i>
No	2,470	15	417	944	789	304
	<i>75</i>	<i>3</i>	<i>37</i>	<i>39</i>	<i>24</i>	<i>21</i>

Source: Medicare Current Beneficiary Survey, CY 2005 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 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2005

Community-Only Residents¹

Indicator of Access to Care ²	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 1,000s)	40,805	6,421	18,571	12,080	3,733	3,362	8,574	5,180	1,204	18,321	3,058	9,997	6,900	2,528	22,484
	143	134	171	123	87	103	137	83	50	146	96	137	106	76	143
Beneficiaries as a Percentage of Column Total															
Access to Care															
Usual Source of Care															
None ³	4.84	6.77	5.25	3.53	3.77	8.20	7.29	3.29*	2.60*	6.01	5.19	3.50	3.70	4.33*	3.88
	0.26	0.66	0.40	0.34	0.55	1.02	0.75	0.58	0.70	0.48	0.85	0.44	0.42	0.72	0.27
Doctor's office	75.88	69.03	75.12	79.15	80.85	62.14	71.84	75.83	80.73	71.78	76.62	77.91	81.64	80.90	79.22
	0.75	1.31	1.03	0.96	1.02	2.01	1.40	1.36	1.72	1.07	1.80	1.08	1.08	1.24	0.75
Doctor's clinic	9.92	11.24	10.66	8.89	7.32	11.52	10.61	8.93	8.07*	10.13	10.93	10.71	8.86	6.97	9.75
	0.64	1.05	0.71	0.88	0.84	1.60	0.87	1.22	1.56	0.82	1.26	0.86	0.81	0.87	0.65
HMO ⁴	3.27	2.16*	3.81	3.07	3.09*	2.23*	3.37	2.85*	0.91*	2.85	2.08*	4.19	3.24	4.13*	3.61
	0.21	0.55	0.37	0.33	0.46	0.83	0.60	0.48	0.58	0.35	0.63	0.45	0.46	0.61	0.29
Hospital OPD/ER ⁵	1.92	3.02	1.99	1.41*	1.39*	3.52*	1.50*	1.28*	1.73*	1.82	2.48*	2.41	1.50*	1.22*	2.01
	0.19	0.47	0.30	0.25	0.29	0.61	0.32	0.33	0.58	0.23	0.71	0.42	0.30	0.37	0.25
Other clinic/health center	4.16	7.78	3.17	3.95	3.59	12.39	5.40	7.82	5.96*	7.40	2.71*	1.27*	1.05*	2.45*	1.53
	0.20	0.85	0.28	0.28	0.48	1.54	0.53	0.58	1.14	0.42	0.72	0.24	0.20	0.52	0.17
Difficulty Obtaining Care															
Yes	3.92	11.54	2.71	2.38	1.86*	10.90	2.59*	2.40*	1.24*	3.97	12.26	2.80	2.37*	2.16*	3.88
	0.24	0.92	0.30	0.27	0.35	1.26	0.45	0.36	0.56	0.36	1.41	0.42	0.37	0.44	0.32
No	96.08	88.46	97.29	97.62	98.14	89.10	97.41	97.60	98.76	96.03	87.74	97.20	97.63	97.84	96.12
	0.24	0.92	0.30	0.27	0.35	1.26	0.45	0.36	0.56	0.36	1.41	0.42	0.37	0.44	0.32
Delayed Care Due to Cost															
Yes	7.40	21.24	6.49	3.10	2.14*	18.88	5.13	2.79*	1.72*	6.77	23.85	7.65	3.33	2.34*	7.92
	0.35	1.62	0.43	0.34	0.43	2.14	0.61	0.48	0.57	0.56	1.96	0.59	0.46	0.56	0.39
No	92.60	78.76	93.51	96.90	97.86	81.12	94.87	97.21	98.28	93.23	76.15	92.35	96.67	97.66	92.08
	0.35	1.62	0.43	0.34	0.43	2.14	0.61	0.48	0.57	0.56	1.96	0.59	0.46	0.56	0.39

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2005

Community-Only Residents¹

Indicator of Access to Care ²	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 1,000s)	40,805	6,421	18,571	12,080	3,733	3,362	8,574	5,180	1,204	18,321	3,058	9,997	6,900	2,528	22,484
	<i>143</i>	<i>134</i>	<i>171</i>	<i>123</i>	<i>87</i>	<i>103</i>	<i>137</i>	<i>83</i>	<i>50</i>	<i>146</i>	<i>96</i>	<i>137</i>	<i>106</i>	<i>76</i>	<i>143</i>
Beneficiaries as a Percentage of Column Total															
Continuity of Care															
Length of Association with Usual Source of Care															
No usual source ³	4.87	6.83	5.26	3.56	3.82	8.29	7.30	3.32*	2.62*	6.05	5.22	3.51	3.74	4.41*	3.91
	<i>0.26</i>	<i>0.66</i>	<i>0.40</i>	<i>0.34</i>	<i>0.56</i>	<i>1.04</i>	<i>0.76</i>	<i>0.58</i>	<i>0.71</i>	<i>0.49</i>	<i>0.85</i>	<i>0.44</i>	<i>0.42</i>	<i>0.73</i>	<i>0.28</i>
Less than 1 year	8.95	9.92	9.10	8.01	9.59	9.29	9.81	8.39	8.97*	9.26	10.60	8.49	7.73	9.89	8.70
	<i>0.31</i>	<i>0.91</i>	<i>0.48</i>	<i>0.50</i>	<i>0.89</i>	<i>1.45</i>	<i>0.80</i>	<i>0.79</i>	<i>1.38</i>	<i>0.47</i>	<i>1.28</i>	<i>0.62</i>	<i>0.65</i>	<i>1.13</i>	<i>0.41</i>
1 to less than 3 years	16.20	21.18	15.99	14.37	14.66	20.02	15.55	14.26	13.70	15.88	22.45	16.36	14.46	15.12	16.47
	<i>0.39</i>	<i>1.43</i>	<i>0.61</i>	<i>0.56</i>	<i>0.97</i>	<i>1.88</i>	<i>0.74</i>	<i>0.93</i>	<i>1.50</i>	<i>0.53</i>	<i>1.94</i>	<i>0.85</i>	<i>0.69</i>	<i>1.23</i>	<i>0.56</i>
3 to less than 5 years	16.09	18.37	15.58	16.25	14.25	17.15	14.85	16.38	14.79	15.70	19.71	16.20	16.16	13.99	16.42
	<i>0.41</i>	<i>1.30</i>	<i>0.64</i>	<i>0.74</i>	<i>0.95</i>	<i>1.69</i>	<i>0.86</i>	<i>1.12</i>	<i>1.72</i>	<i>0.64</i>	<i>1.76</i>	<i>0.87</i>	<i>0.92</i>	<i>1.09</i>	<i>0.52</i>
5 years or more	53.88	43.71	54.07	57.80	57.68	45.25	52.48	57.66	59.91	53.12	42.01	55.43	57.91	56.59	54.50
	<i>0.54</i>	<i>1.75</i>	<i>0.84</i>	<i>0.77</i>	<i>1.30</i>	<i>2.39</i>	<i>1.32</i>	<i>1.25</i>	<i>2.25</i>	<i>0.90</i>	<i>2.00</i>	<i>1.03</i>	<i>0.98</i>	<i>1.60</i>	<i>0.57</i>

Source: Medicare Current Beneficiary Survey, CY 2005 Cost and Use Public Use File, CY 2005 Access to Care Public Use File, supplemented by CY 2004 and CY 2006 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2005 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.

- 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.
- Responses for sample persons not interviewed in Round 43 (i.e., the 2005 Access to Care Public Use File) were taken from their Round 40 interview (i.e., the 2004 Access to Care Public Use File) or from their Round 46 interview (i.e., the 2006 Access to Care Public Use File).
- 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.
- HMO* stands for Health Maintenance Organization.
- 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, 2005

Community-Only Residents¹

Measure of Satisfaction ²	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 1,000s)	40,805	6,421	18,571	12,080	3,733	3,362	8,574	5,180	1,204	18,321	3,058	9,997	6,900	2,528	22,484
	143	134	171	123	87	103	137	83	50	146	96	137	106	76	143
Beneficiaries as a Percentage of Column Total³															
Quality of Care															
General Care															
Very satisfied	31.29	23.95	34.52	31.67	26.54	23.76	35.54	33.37	27.91	32.26	24.16	33.65	30.40	25.89	30.50
	1.02	1.68	1.14	1.21	1.24	1.91	1.33	1.67	2.02	1.14	2.31	1.39	1.28	1.52	1.11
(Very) Unsatisfied	3.02	7.03	2.30	2.22	2.31*	7.06	1.84*	2.41*	2.35*	2.99	7.00	2.70	2.08*	2.30*	3.04
	0.17	0.64	0.26	0.25	0.40	0.98	0.31	0.40	0.80	0.25	0.92	0.40	0.33	0.47	0.24
Follow-up Care															
Very satisfied	20.73	17.70	21.70	21.37	18.98	15.44	23.16	22.24	22.52	21.44	20.19	20.45	20.72	17.30	20.14
	0.76	1.32	0.92	0.95	1.23	1.51	1.18	1.38	2.28	0.90	2.15	1.13	0.99	1.33	0.87
(Very) Unsatisfied	2.86	5.31	2.49	2.11	2.93*	5.77	2.25*	1.88*	2.69*	2.82	4.79*	2.70	2.28	3.04*	2.89
	0.19	0.63	0.30	0.22	0.46	0.81	0.38	0.37	0.74	0.26	1.00	0.40	0.32	0.54	0.24
Access/Coordination of Care															
Availability															
Very satisfied	11.70	12.78	11.54	11.67	10.78	12.76	12.25	12.98	11.28	12.48	12.80	10.93	10.69	10.54	11.06
	0.71	1.49	0.77	0.74	0.97	1.50	0.97	1.14	1.56	0.83	2.16	0.90	0.74	1.12	0.78
(Very) Unsatisfied	4.04	8.53	3.58	2.75	2.84*	7.87	3.15	2.77*	3.81*	3.95	9.27	3.95	2.73	2.37*	4.12
	0.25	0.79	0.34	0.36	0.46	1.12	0.52	0.51	0.94	0.36	1.27	0.43	0.39	0.46	0.31
Ease of Access to Doctor															
Very satisfied	21.66	16.68	23.77	22.36	17.47	16.88	24.63	22.82	21.41	22.48	16.46	23.03	22.01	15.57	20.99
	0.87	1.42	1.03	0.98	1.27	1.59	1.32	1.45	1.80	1.04	2.12	1.16	1.06	1.47	0.93
(Very) Unsatisfied	5.35	9.68	4.15	4.94	5.21	9.73	3.51	4.81	6.06*	5.19	9.64	4.69	5.05	4.80*	5.48
	0.27	0.85	0.38	0.44	0.57	1.29	0.43	0.63	1.16	0.39	1.14	0.61	0.55	0.70	0.36
Can Obtain Care in Same Location															
Very satisfied	16.17	14.50	17.21	15.97	14.49	15.04	18.49	16.69	16.11	17.19	13.90	16.11	15.43	13.71	15.33
	0.76	1.35	0.93	0.86	1.02	1.49	1.22	1.26	1.68	0.88	1.89	1.05	0.95	1.26	0.81
(Very) Unsatisfied	4.91	9.03	4.29	4.20	3.23*	8.57	3.39	3.77	2.50*	4.39	9.54	5.05	4.51	3.57*	5.33
	0.26	0.98	0.34	0.36	0.45	1.23	0.42	0.53	0.67	0.32	1.26	0.55	0.48	0.59	0.35

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2005

Community-Only Residents¹

Measure of Satisfaction 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 1,000s)	40,805	6,421	18,571	12,080	3,733	3,362	8,574	5,180	1,204	18,321	3,058	9,997	6,900	2,528	22,484
	<i>143</i>	<i>134</i>	<i>171</i>	<i>123</i>	<i>87</i>	<i>103</i>	<i>137</i>	<i>83</i>	<i>50</i>	<i>146</i>	<i>96</i>	<i>137</i>	<i>106</i>	<i>76</i>	<i>143</i>
Beneficiaries as a Percentage of Column Total³															
Relationship with Primary Doctor															
Information from Doctor															
Very satisfied	20.36	17.36	22.26	20.23	16.50	16.43	24.80	20.73	18.32	21.68	18.37	20.10	19.85	15.63	19.29
	<i>0.84</i>	<i>1.43</i>	<i>0.96</i>	<i>1.03</i>	<i>1.16</i>	<i>1.67</i>	<i>1.23</i>	<i>1.39</i>	<i>1.82</i>	<i>0.97</i>	<i>2.08</i>	<i>1.30</i>	<i>1.11</i>	<i>1.34</i>	<i>0.96</i>
(Very) Unsatisfied	4.76	8.41	4.14	3.86	4.53	7.19	3.61	3.48	4.63*	4.30	9.76	4.59	4.14	4.47*	5.14
	<i>0.23</i>	<i>0.86</i>	<i>0.39</i>	<i>0.35</i>	<i>0.47</i>	<i>1.00</i>	<i>0.49</i>	<i>0.50</i>	<i>1.10</i>	<i>0.32</i>	<i>1.43</i>	<i>0.53</i>	<i>0.46</i>	<i>0.63</i>	<i>0.33</i>
Doctor's Concern for Overall Health															
Very satisfied	22.99	20.27	24.36	22.84	21.29	18.44	26.22	23.49	21.88	23.74	22.28	22.78	22.35	21.01	22.38
	<i>0.80</i>	<i>1.42</i>	<i>0.92</i>	<i>1.02</i>	<i>1.20</i>	<i>1.51</i>	<i>1.19</i>	<i>1.36</i>	<i>1.99</i>	<i>0.90</i>	<i>2.12</i>	<i>1.10</i>	<i>1.09</i>	<i>1.45</i>	<i>0.89</i>
(Very) Unsatisfied	4.72	8.90	4.22	3.60	3.67	7.86	3.62	3.45	3.98*	4.37	10.04	4.74	3.72	3.52*	5.01
	<i>0.24</i>	<i>0.91</i>	<i>0.34</i>	<i>0.32</i>	<i>0.49</i>	<i>1.22</i>	<i>0.48</i>	<i>0.43</i>	<i>0.92</i>	<i>0.34</i>	<i>1.31</i>	<i>0.48</i>	<i>0.45</i>	<i>0.54</i>	<i>0.31</i>
Cost of Care															
Cost															
Very satisfied	18.73	16.65	19.26	19.45	17.33	17.55	20.28	19.90	21.67	19.76	15.67	18.39	19.12	15.25	17.89
	<i>0.80</i>	<i>1.47</i>	<i>0.95</i>	<i>0.95</i>	<i>1.23</i>	<i>1.77</i>	<i>1.21</i>	<i>1.32</i>	<i>1.77</i>	<i>0.93</i>	<i>2.08</i>	<i>1.14</i>	<i>1.10</i>	<i>1.39</i>	<i>0.90</i>
(Very) Unsatisfied	15.33	24.42	14.67	13.27	9.69	23.61	13.33	13.47	8.97*	14.96	25.32	15.81	13.11	10.03	15.62
	<i>0.42</i>	<i>1.38</i>	<i>0.61</i>	<i>0.68</i>	<i>0.92</i>	<i>1.61</i>	<i>0.88</i>	<i>0.78</i>	<i>1.72</i>	<i>0.57</i>	<i>2.10</i>	<i>0.92</i>	<i>0.88</i>	<i>1.03</i>	<i>0.59</i>

Source: Medicare Current Beneficiary Survey, CY 2005 Cost and Use Public Use File, CY 2005 Access to Care Public Use File, supplemented by CY 2004 and CY 2006 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2005 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 43 (i.e., the 2005 Access to Care Public Use File) were taken from their Round 40 interview (i.e., the 2004 Access to Care Public Use File) or from their Round 46 interview (i.e., the 2006 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, 2005

Community-Only Residents¹

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 1,000s)	40,805	4,180	14,414	10,040	3,114	31,748	1,102	1,595	827	258	3,783	715	1,502	726	222	3,165
	143	124	192	140	74	262	57	64	42	22	92	75	109	58	26	205
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ⁴	4.84	6.07	4.95	3.43	3.32*	4.46	6.96*	4.92*	3.86*	5.68*	5.33	10.17*	9.95*	5.57*	5.20*	8.67
	0.26	0.80	0.42	0.39	0.54	0.27	1.19	1.79	1.20	2.32	0.89	3.08	2.04	1.68	4.18	1.27
Doctor's office	75.88	72.29	76.40	80.01	82.25	77.57	67.37	74.06	79.37	72.11	73.13	56.93	66.36	69.63	69.65	65.19
	0.75	1.54	1.20	1.05	1.13	0.87	3.24	3.02	2.60	4.79	1.81	4.85	2.52	3.34	5.34	2.07
Doctor's clinic	9.92	10.23	11.04	9.27	8.12	10.09	13.44	8.14*	5.31*	4.32*	8.81	11.63*	8.14*	9.23*	1.97*	8.76
	0.64	1.18	0.86	0.98	0.95	0.75	2.28	1.68	1.30	2.08	1.01	3.19	1.70	1.86	1.46	1.16
HMO ⁵	3.27	1.52*	3.35	2.57	2.68*	2.80	2.84*	4.70*	3.11*	4.29*	3.78*	2.40*	7.19*	8.54*	8.00*	6.47
	0.21	0.39	0.43	0.33	0.49	0.25	1.09	1.08	0.99	2.08	0.65	1.50	1.51	2.33	3.27	1.06
Hospital OPD/ER ⁶	1.92	2.02*	1.29*	0.93*	0.85*	1.23	2.78*	5.40*	4.01*	7.15*	4.45*	10.59*	3.01*	3.30*	3.07*	4.80*
	0.19	0.45	0.29	0.24	0.25	0.17	0.84	1.46	1.37	2.81	0.77	2.99	1.12	1.09	1.91	1.11
Other clinic/health center	4.16	7.87	2.96	3.79	2.77*	3.85	6.60*	2.78*	4.35*	6.45*	4.49*	8.28*	5.36*	3.73*	12.12*	6.12
	0.20	1.03	0.30	0.31	0.48	0.22	1.64	1.09	1.32	2.37	0.72	2.74	1.44	1.38	3.44	0.99
Difficulty Obtaining Care																
Yes	3.92	11.13	2.44	2.21	1.55*	3.42	9.53*	3.32*	2.96*	1.71*	4.94	17.62*	4.75*	3.47*	0.00	7.04
	0.24	1.15	0.32	0.29	0.33	0.26	1.96	0.97	1.12	1.15	0.75	4.20	1.38	1.42	0.00	1.27
No	96.08	88.87	97.56	97.79	98.45	96.58	90.47	96.68	97.04	98.29	95.06	82.38	95.25	96.53	100.00	92.96
	0.24	1.15	0.32	0.29	0.33	0.26	1.96	0.97	1.12	1.15	0.75	4.20	1.38	1.42	0.00	1.27
Delayed Care Due to Cost																
Yes	7.40	23.56	6.01	2.59	1.94*	6.85	16.36	7.82*	5.48*	2.42*	9.43	19.11*	8.96*	3.42*	2.31*	9.53
	0.35	1.98	0.47	0.32	0.46	0.36	3.20	2.00	1.44	1.75	1.55	3.80	1.58	1.30	1.72	1.10
No	92.60	76.44	93.99	97.41	98.06	93.15	83.64	92.18	94.52	97.58	90.57	80.89	91.04	96.58	97.69	90.47
	0.35	1.98	0.47	0.32	0.46	0.36	3.20	2.00	1.44	1.75	1.55	3.80	1.58	1.30	1.72	1.10

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2005

Community-Only Residents¹

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 1,000s)	40,805	4,180	14,414	10,040	3,114	31,748	1,102	1,595	827	258	3,783	715	1,502	726	222	3,165
	<i>143</i>	<i>124</i>	<i>192</i>	<i>140</i>	<i>74</i>	<i>262</i>	<i>57</i>	<i>64</i>	<i>42</i>	<i>22</i>	<i>92</i>	<i>75</i>	<i>109</i>	<i>58</i>	<i>26</i>	<i>205</i>
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ⁴	4.87	6.10	4.96	3.46	3.37*	4.49	7.07*	4.94*	3.89*	5.90*	5.39	10.31*	9.98*	5.59*	5.20*	8.72
	<i>0.26</i>	<i>0.81</i>	<i>0.42</i>	<i>0.39</i>	<i>0.54</i>	<i>0.27</i>	<i>1.21</i>	<i>1.80</i>	<i>1.21</i>	<i>2.41</i>	<i>0.90</i>	<i>3.11</i>	<i>2.05</i>	<i>1.68</i>	<i>4.18</i>	<i>1.28</i>
Less than 1 year	8.95	9.84	8.52	7.54	9.31	8.46	10.92*	8.78*	8.81*	8.76*	9.40	9.70*	11.24*	10.05*	15.81*	10.94
	<i>0.31</i>	<i>1.10</i>	<i>0.50</i>	<i>0.52</i>	<i>0.95</i>	<i>0.37</i>	<i>2.43</i>	<i>1.63</i>	<i>1.92</i>	<i>3.25</i>	<i>0.99</i>	<i>3.36</i>	<i>1.44</i>	<i>2.39</i>	<i>3.44</i>	<i>1.15</i>
1 to less than 3 years	16.20	21.23	15.63	14.63	14.28	15.92	21.48	16.55	12.35*	14.32*	16.91	18.91*	20.50	12.36*	20.57*	18.28
	<i>0.39</i>	<i>1.69</i>	<i>0.68</i>	<i>0.60</i>	<i>1.09</i>	<i>0.41</i>	<i>3.18</i>	<i>1.86</i>	<i>2.13</i>	<i>3.22</i>	<i>1.12</i>	<i>2.88</i>	<i>2.63</i>	<i>1.63</i>	<i>4.60</i>	<i>1.65</i>
3 to less than 5 years	16.09	16.43	15.46	15.91	14.03	15.59	20.41	15.06	17.91*	17.50*	17.40	24.05*	16.62	19.09*	16.23*	18.83
	<i>0.41</i>	<i>1.60</i>	<i>0.72</i>	<i>0.83</i>	<i>0.95</i>	<i>0.45</i>	<i>2.85</i>	<i>1.76</i>	<i>2.05</i>	<i>3.83</i>	<i>1.23</i>	<i>4.14</i>	<i>2.00</i>	<i>2.40</i>	<i>4.38</i>	<i>1.39</i>
5 years or more	53.88	46.40	55.43	58.45	59.01	55.54	40.12	54.67	57.05	53.51	50.89	37.02	41.66	52.91	42.20*	43.23
	<i>0.54</i>	<i>2.19</i>	<i>0.94</i>	<i>0.91</i>	<i>1.32</i>	<i>0.61</i>	<i>3.45</i>	<i>2.45</i>	<i>2.88</i>	<i>5.31</i>	<i>1.54</i>	<i>4.08</i>	<i>3.29</i>	<i>3.19</i>	<i>5.80</i>	<i>2.21</i>

Source: Medicare Current Beneficiary Survey, CY 2005 Cost and Use Public Use File, CY 2005 Access to Care Public Use File, supplemented by CY 2004 and CY 2006 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2005 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 43 (i.e., the 2005 Access to Care Public Use File) were taken from their Round 40 interview (i.e., the 2004 Access to Care Public Use File) or from their Round 46 interview (i.e., the 2006 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, 2005

Community-Only Residents¹

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 1,000s)	40,805	4,180	14,414	10,040	3,114	31,748	1,102	1,595	827	258	3,783	715	1,502	726	222	3,165
	143	124	192	140	74	262	57	64	42	22	92	75	109	58	26	205
Beneficiaries as a Percentage of Column Total⁴																
Quality of Care																
General Care																
Very satisfied	31.29	25.53	37.66	33.77	27.64	33.86	19.92	19.84	18.91*	16.43*	19.43	16.99*	19.82	19.43*	22.62*	19.28
	1.02	1.94	1.21	1.33	1.33	1.08	2.64	2.39	2.66	4.19	1.57	4.03	2.46	3.07	4.72	2.04
(Very) Unsatisfied	3.02	6.85	2.13	2.00	2.16*	2.71	5.05*	1.84*	2.99*	4.93*	3.24*	10.70*	2.15*	2.84*	1.50*	4.20*
	0.17	0.66	0.26	0.24	0.45	0.18	1.49	0.61	1.14	1.31	0.53	3.75	1.09	1.22	1.50	1.10
Follow-up Care																
Very satisfied	20.73	19.77	23.63	22.33	19.83	22.34	13.10*	11.56*	13.89*	11.92*	12.54	14.83*	13.72*	15.23*	14.08*	14.34
	0.76	1.60	1.05	1.04	1.33	0.82	2.29	2.05	2.39	3.76	1.36	3.49	1.92	2.68	4.24	1.71
(Very) Unsatisfied	2.86	5.00	2.47	2.09	2.73*	2.71	7.89*	2.21*	2.41*	3.40*	4.00*	3.53*	3.00*	2.17*	2.95*	2.92*
	0.19	0.65	0.34	0.24	0.46	0.20	2.40	0.89	1.14	1.48	0.88	1.63	1.15	1.17	2.04	0.83
Access/Coordination of Care																
Availability																
Very satisfied	11.70	12.95	12.31	11.76	10.55	12.05	11.11*	7.46*	9.73*	7.98*	9.05	13.36*	8.99*	10.36*	15.30*	10.72
	0.71	1.60	0.76	0.74	0.99	0.66	2.62	1.66	1.84	3.08	1.16	3.41	1.82	2.22	3.63	1.57
(Very) Unsatisfied	4.04	8.57	3.59	2.92	2.89*	3.96	5.84*	2.41*	1.97*	2.93*	3.36*	12.18*	2.79*	1.72*	2.74*	4.67*
	0.25	0.90	0.40	0.40	0.46	0.27	1.54	0.82	1.05	2.06	0.67	3.59	1.02	0.88	1.97	0.99
Ease of Access to Doctor																
Very satisfied	21.66	17.35	26.38	23.48	18.46	23.50	15.39	11.35*	15.48*	11.30*	13.43	12.55*	15.07	15.08*	14.16*	14.44
	0.87	1.57	1.14	1.02	1.40	0.92	2.70	1.77	2.62	3.01	1.44	3.29	2.24	2.26	3.98	1.52
(Very) Unsatisfied	5.35	9.16	4.05	4.68	4.63	4.98	9.48*	3.29*	6.78*	6.44*	6.07	12.44*	5.67*	5.77*	7.45*	7.35
	0.27	1.01	0.44	0.49	0.62	0.31	1.71	1.27	1.47	2.68	0.82	3.13	1.66	1.38	3.09	1.14
Can Obtain Care in Same Location																
Very satisfied	16.17	15.64	18.53	16.43	14.57	17.10	12.52*	12.66	12.43*	12.32*	12.55	11.42*	11.29*	12.53*	15.15*	11.86
	0.76	1.71	1.04	0.89	1.01	0.80	2.19	1.93	2.14	4.06	1.21	2.83	1.77	2.53	4.60	1.46
(Very) Unsatisfied	4.91	9.63	4.61	4.21	3.17*	5.01	6.61*	2.76*	4.04*	2.03*	4.12*	9.86*	3.56*	3.87*	4.96*	5.15*
	0.26	1.23	0.40	0.40	0.51	0.28	1.68	1.25	1.48	1.48	0.92	2.58	1.20	1.66	2.53	0.90

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2005

Community-Only Residents¹

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 1,000s)	40,805	4,180	14,414	10,040	3,114	31,748	1,102	1,595	827	258	3,783	715	1,502	726	222	3,165
	<i>143</i>	<i>124</i>	<i>192</i>	<i>140</i>	<i>74</i>	<i>262</i>	<i>57</i>	<i>64</i>	<i>42</i>	<i>22</i>	<i>92</i>	<i>75</i>	<i>109</i>	<i>58</i>	<i>26</i>	<i>205</i>
Beneficiaries as a Percentage of Column Total⁴																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	20.36	19.88	23.95	21.13	16.79	21.82	11.22*	11.62*	13.78*	11.11*	11.94	13.34*	15.36	15.51*	19.31*	15.20
	<i>0.84</i>	<i>1.65</i>	<i>1.07</i>	<i>1.09</i>	<i>1.22</i>	<i>0.88</i>	<i>2.00</i>	<i>1.95</i>	<i>2.44</i>	<i>2.90</i>	<i>1.30</i>	<i>3.00</i>	<i>2.15</i>	<i>2.60</i>	<i>4.02</i>	<i>1.55</i>
(Very) Unsatisfied	4.76	9.02	4.02	4.01	4.54	4.72	6.44*	3.05*	2.38*	4.85*	4.02*	6.95*	4.93*	4.01*	4.16*	5.13*
	<i>0.23</i>	<i>1.02</i>	<i>0.42</i>	<i>0.40</i>	<i>0.57</i>	<i>0.25</i>	<i>2.26</i>	<i>1.12</i>	<i>1.06</i>	<i>1.55</i>	<i>0.90</i>	<i>3.10</i>	<i>1.47</i>	<i>1.96</i>	<i>2.29</i>	<i>1.21</i>
Doctor's Concern for Overall Health																
Very satisfied	22.99	22.69	26.46	24.13	21.69	24.76	13.14*	14.60	13.17*	18.46*	14.12	15.91*	14.21	15.69*	19.95*	15.32
	<i>0.80</i>	<i>1.69</i>	<i>1.07</i>	<i>1.09</i>	<i>1.21</i>	<i>0.87</i>	<i>2.31</i>	<i>2.28</i>	<i>2.21</i>	<i>4.23</i>	<i>1.45</i>	<i>3.40</i>	<i>1.72</i>	<i>2.43</i>	<i>4.45</i>	<i>1.42</i>
(Very) Unsatisfied	4.72	9.37	4.12	3.52	3.70*	4.58	7.79*	4.43*	2.67*	4.07*	5.00	6.99*	3.85*	4.47*	2.57*	4.61*
	<i>0.24</i>	<i>1.20</i>	<i>0.39</i>	<i>0.35</i>	<i>0.52</i>	<i>0.26</i>	<i>2.37</i>	<i>1.28</i>	<i>1.10</i>	<i>2.20</i>	<i>0.96</i>	<i>2.83</i>	<i>1.31</i>	<i>1.36</i>	<i>1.94</i>	<i>0.93</i>
Cost of Care																
Cost																
Very satisfied	18.73	17.70	20.70	19.84	17.72	19.74	12.22*	10.54*	13.20*	9.93*	11.57	16.67*	12.68*	15.06*	17.46*	14.45
	<i>0.80</i>	<i>1.64</i>	<i>1.01</i>	<i>1.01</i>	<i>1.32</i>	<i>0.79</i>	<i>2.77</i>	<i>1.65</i>	<i>2.09</i>	<i>3.01</i>	<i>1.33</i>	<i>3.39</i>	<i>2.09</i>	<i>2.81</i>	<i>4.72</i>	<i>1.67</i>
(Very) Unsatisfied	15.33	25.62	14.77	13.10	9.22	15.13	19.98	14.27	14.78*	14.27*	16.05	24.51*	14.68*	11.21*	5.87*	15.51
	<i>0.42</i>	<i>1.57</i>	<i>0.75</i>	<i>0.75</i>	<i>0.95</i>	<i>0.48</i>	<i>2.76</i>	<i>1.98</i>	<i>2.38</i>	<i>4.07</i>	<i>1.06</i>	<i>4.90</i>	<i>2.35</i>	<i>2.38</i>	<i>2.86</i>	<i>1.50</i>

Source: Medicare Current Beneficiary Survey, CY 2005 Cost and Use Public Use File, CY 2005 Access to Care Public Use File, supplemented by CY 2004 and CY 2006 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2005 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 43 (i.e., the 2005 Access to Care Public Use File) were taken from their Round 40 interview (i.e., the 2004 Access to Care Public Use File) or from their Round 46 interview (i.e., the 2006 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, 2005

Community-Only Residents¹

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 1,000s)	40,805	1,559	4,318	4,238	1,815	11,931	2,497	11,687	5,935	900	21,019	2,321	2,483	1,907	1,017	7,728
	143	97	150	90	65	212	122	204	112	48	198	103	104	78	53	172
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ³	4.84	9.34*	7.48	4.42	4.08*	6.12	4.42*	4.42	2.60*	2.11*	3.81	7.57	5.25*	4.39*	4.68*	5.66
	0.26	1.58	0.89	0.57	0.79	0.43	1.03	0.43	0.40	0.80	0.30	1.03	1.02	1.03	1.19	0.54
Doctor's office	75.88	64.03	73.03	80.12	80.39	75.49	73.21	77.46	79.08	81.78	77.59	67.89	67.72	77.24	80.83	71.84
	0.75	2.67	1.68	1.16	1.66	0.96	2.23	1.21	1.42	2.11	0.97	2.22	2.13	1.87	1.99	1.26
Doctor's clinic	9.92	10.07	9.80	7.89	8.17	8.91	11.58	10.59	10.15	8.61*	10.50	11.66	12.52	7.19*	4.67*	9.91
	0.64	1.64	1.17	1.04	1.15	0.82	1.30	0.80	1.18	1.87	0.74	1.79	1.68	1.24	1.05	0.89
HMO ⁴	3.27	3.05*	3.37*	3.13*	3.21*	3.22	2.85*	3.61	2.91	1.94*	3.25	0.81*	5.54*	3.46*	3.88*	3.39
	0.21	1.18	0.68	0.55	0.64	0.33	1.13	0.49	0.44	0.81	0.34	0.31	0.94	0.93	1.13	0.37
Hospital OPD/ER ⁵	1.92	4.18*	2.15*	1.21*	1.45*	1.97	2.44*	1.31*	0.85*	1.55*	1.33	2.88*	4.90*	3.57*	1.13*	3.47
	0.19	0.95	0.57	0.33	0.49	0.28	0.62	0.28	0.27	0.58	0.22	0.74	1.25	0.84	0.60	0.56
Other clinic/health center	4.16	9.33*	4.16*	3.23*	2.70*	4.28	5.49*	2.61	4.41	4.01*	3.52	9.20	4.08*	4.14*	4.81*	5.73
	0.20	1.84	0.78	0.41	0.60	0.41	1.55	0.29	0.47	1.18	0.30	1.20	0.84	0.79	1.13	0.52
Difficulty Obtaining Care																
Yes	3.92	11.16	3.43*	2.33*	1.32*	3.74	9.71	2.27	2.19*	1.99*	3.12	13.78	3.49*	3.07*	2.71*	6.38
	0.24	1.95	0.70	0.45	0.40	0.45	1.24	0.33	0.31	0.81	0.26	1.73	0.90	0.75	0.85	0.66
No	96.08	88.84	96.57	97.67	98.68	96.26	90.29	97.73	97.81	98.01	96.88	86.22	96.51	96.93	97.29	93.62
	0.24	1.95	0.70	0.45	0.40	0.45	1.24	0.33	0.31	0.81	0.26	1.73	0.90	0.75	0.85	0.66
Delayed Care Due to Cost																
Yes	7.40	15.70	9.02	3.20*	2.00*	6.77	22.68	4.93	2.75*	2.12*	6.30	23.43	9.47*	3.95*	2.40*	11.39
	0.35	2.13	1.12	0.53	0.54	0.51	2.22	0.49	0.40	0.73	0.40	2.91	1.30	0.97	0.81	1.12
No	92.60	84.30	90.98	96.80	98.00	93.23	77.32	95.07	97.25	97.88	93.70	76.57	90.53	96.05	97.60	88.61
	0.35	2.13	1.12	0.53	0.54	0.51	2.22	0.49	0.40	0.73	0.40	2.91	1.30	0.97	0.81	1.12

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2005

Community-Only Residents¹

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 1,000s)	40,805	1,559	4,318	4,238	1,815	11,931	2,497	11,687	5,935	900	21,019	2,321	2,483	1,907	1,017	7,728
	<i>143</i>	<i>97</i>	<i>150</i>	<i>90</i>	<i>65</i>	<i>212</i>	<i>122</i>	<i>204</i>	<i>112</i>	<i>48</i>	<i>198</i>	<i>103</i>	<i>104</i>	<i>78</i>	<i>53</i>	<i>172</i>
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ³	4.87	9.43*	7.51	4.48	4.14*	6.18	4.44*	4.43	2.61*	2.14*	3.82	7.68	5.27*	4.48*	4.77*	5.73
	<i>0.26</i>	<i>1.59</i>	<i>0.89</i>	<i>0.58</i>	<i>0.80</i>	<i>0.44</i>	<i>1.04</i>	<i>0.43</i>	<i>0.40</i>	<i>0.81</i>	<i>0.30</i>	<i>1.05</i>	<i>1.02</i>	<i>1.05</i>	<i>1.22</i>	<i>0.55</i>
Less than 1 year	8.95	9.71*	8.23	7.42	9.25	8.29	8.46	8.51	8.45	10.19*	8.56	11.65	13.36	7.94*	9.67*	11.04
	<i>0.31</i>	<i>2.18</i>	<i>0.99</i>	<i>0.83</i>	<i>1.18</i>	<i>0.56</i>	<i>1.31</i>	<i>0.56</i>	<i>0.75</i>	<i>1.66</i>	<i>0.40</i>	<i>1.51</i>	<i>1.50</i>	<i>1.18</i>	<i>1.68</i>	<i>0.77</i>
1 to less than 3 years	16.20	22.74	16.72	15.76	14.86	16.88	19.00	15.38	13.56	11.35*	15.13	22.51	17.57	13.85	17.26	18.10
	<i>0.39</i>	<i>2.48</i>	<i>1.28</i>	<i>1.10</i>	<i>1.53</i>	<i>0.76</i>	<i>2.30</i>	<i>0.74</i>	<i>0.80</i>	<i>1.70</i>	<i>0.54</i>	<i>2.23</i>	<i>1.91</i>	<i>1.42</i>	<i>2.08</i>	<i>1.05</i>
3 to less than 5 years	16.09	19.27	12.94	15.88	12.46	14.73	19.04	15.93	15.79	16.05	16.27	17.03	18.51	18.55	15.87	17.73
	<i>0.41</i>	<i>2.74</i>	<i>1.16</i>	<i>1.16</i>	<i>1.27</i>	<i>0.76</i>	<i>2.26</i>	<i>0.83</i>	<i>1.04</i>	<i>2.17</i>	<i>0.59</i>	<i>1.70</i>	<i>1.72</i>	<i>1.65</i>	<i>1.83</i>	<i>0.83</i>
5 years or more	53.88	38.85	54.60	56.46	59.30	53.91	49.07	55.74	59.58	60.28	56.22	41.13	45.28	55.19	52.43	47.40
	<i>0.54</i>	<i>3.20</i>	<i>1.68</i>	<i>1.28</i>	<i>1.87</i>	<i>0.81</i>	<i>2.83</i>	<i>1.04</i>	<i>1.11</i>	<i>2.64</i>	<i>0.72</i>	<i>2.22</i>	<i>2.33</i>	<i>2.18</i>	<i>2.80</i>	<i>1.30</i>

Source: Medicare Current Beneficiary Survey, CY 2005 Cost and Use Public Use File, CY 2005 Access to Care Public Use File, supplemented by CY 2004 and CY 2006 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2005 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 43 (i.e., the 2005 Access to Care Public Use File) were taken from their Round 40 interview (i.e., the 2004 Access to Care Public Use File) or from their Round 46 interview (i.e., the 2006 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, 2005

Community-Only Residents¹

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 1,000s)	40,805	1,559	4,318	4,238	1,815	11,931	2,497	11,687	5,935	900	21,019	2,321	2,483	1,907	1,017	7,728
	143	97	150	90	65	212	122	204	112	48	198	103	104	78	53	172
Beneficiaries as a Percentage of Column Total³																
Quality of Care																
General Care																
Very satisfied	31.29	21.04	30.98	29.76	25.61	28.43	28.05	38.06	33.87	29.00	35.31	21.50	23.95	29.02	25.99	24.73
	1.02	2.22	1.58	1.54	1.80	1.10	2.59	1.41	1.59	2.44	1.26	2.55	1.75	1.86	2.33	1.25
(Very) Unsatisfied	3.02	7.03*	3.02*	2.13*	2.05*	3.08	7.30*	2.02	2.19*	1.95*	2.69	6.74	2.40*	2.53*	3.11*	3.83
	0.17	1.32	0.65	0.35	0.58	0.35	1.08	0.27	0.38	0.77	0.21	1.23	0.75	0.74	1.04	0.47
Follow-up Care																
Very satisfied	20.73	17.99	20.63	18.80	17.97	19.23	20.83	23.63	23.23	19.67	23.01	14.14	14.38	21.27	20.19	16.76
	0.76	2.43	1.45	1.30	1.63	0.98	2.03	1.20	1.25	2.09	0.96	1.49	1.63	1.65	2.14	0.95
(Very) Unsatisfied	2.86	6.63*	2.97*	2.35*	2.81*	3.21	4.40*	2.38	1.68*	3.90*	2.49	5.39*	2.17*	2.93*	2.27*	3.34
	0.19	1.20	0.58	0.38	0.60	0.33	0.92	0.36	0.29	1.20	0.25	1.28	0.67	0.76	0.86	0.50
Access/Coordination of Care																
Availability																
Very satisfied	11.70	11.20*	9.52	9.55	10.33	9.87	14.37	12.36	12.94	9.71*	12.65	12.13	11.16	12.38	12.54*	11.93
	0.71	1.94	1.00	1.05	1.25	0.76	2.20	0.99	1.01	1.63	0.89	2.16	1.38	1.42	1.75	0.97
(Very) Unsatisfied	4.04	7.18*	4.11*	2.69*	3.64*	3.94	8.61	3.26	2.84	3.20*	3.77	9.37	4.16*	2.55*	1.10*	4.94
	0.25	1.17	0.78	0.43	0.69	0.38	1.17	0.34	0.53	0.98	0.29	1.51	1.16	0.75	0.62	0.63
Ease of Access to Doctor																
Very satisfied	21.66	15.69	21.21	21.36	16.53	19.83	20.07	26.62	24.48	20.94	24.99	13.69	14.67	17.95	16.03	15.36
	0.87	2.32	1.69	1.23	1.74	1.01	2.52	1.28	1.38	2.10	1.12	1.94	1.56	1.63	2.20	1.13
(Very) Unsatisfied	5.35	12.14	5.72	6.44	4.91*	6.70	6.82	3.53	4.06	6.56*	4.20	11.11	4.33*	4.39*	4.54*	6.42
	0.27	1.88	0.87	0.82	0.81	0.49	1.20	0.38	0.55	1.42	0.32	1.56	0.99	0.90	1.13	0.64
Can Obtain Care in Same Location																
Very satisfied	16.17	17.38	16.45	14.34	13.56	15.39	14.84	18.53	16.55	16.49	17.45	12.18	12.24	17.78	14.35	13.87
	0.76	2.48	1.32	1.10	1.47	0.88	2.06	1.25	1.21	1.88	1.00	1.53	1.59	1.35	1.83	0.82
(Very) Unsatisfied	4.91	7.21*	5.14*	4.98	2.96*	5.02	10.43	4.01	3.69	3.38*	4.65	8.75	4.13*	4.04*	3.57*	5.43
	0.26	1.43	0.83	0.65	0.66	0.44	1.55	0.43	0.51	1.05	0.32	1.36	0.77	0.82	1.07	0.53

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2005

Community-Only Residents¹

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 1,000s)	40,805	1,559	4,318	4,238	1,815	11,931	2,497	11,687	5,935	900	21,019	2,321	2,483	1,907	1,017	7,728
	<i>143</i>	<i>97</i>	<i>150</i>	<i>90</i>	<i>65</i>	<i>212</i>	<i>122</i>	<i>204</i>	<i>112</i>	<i>48</i>	<i>198</i>	<i>103</i>	<i>104</i>	<i>78</i>	<i>53</i>	<i>172</i>
Beneficiaries as a Percentage of Column Total³																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	20.36	18.92	20.01	18.74	16.26	18.85	19.21	24.47	21.39	17.58	22.68	14.32	15.70	19.90	15.96	16.35
	<i>0.84</i>	<i>2.46</i>	<i>1.41</i>	<i>1.29</i>	<i>1.45</i>	<i>0.97</i>	<i>2.16</i>	<i>1.27</i>	<i>1.30</i>	<i>2.00</i>	<i>1.04</i>	<i>1.62</i>	<i>1.83</i>	<i>1.64</i>	<i>2.02</i>	<i>1.08</i>
(Very) Unsatisfied	4.76	8.12*	4.60*	4.40	3.94*	4.89	8.08	3.72	3.49	7.10*	4.32	8.97	5.34*	3.82*	3.26*	5.79
	<i>0.23</i>	<i>1.24</i>	<i>0.73</i>	<i>0.52</i>	<i>0.76</i>	<i>0.36</i>	<i>1.29</i>	<i>0.46</i>	<i>0.53</i>	<i>1.32</i>	<i>0.36</i>	<i>1.80</i>	<i>1.16</i>	<i>0.84</i>	<i>0.95</i>	<i>0.72</i>
Doctor's Concern for Overall Health																
Very satisfied	22.99	21.85	21.71	20.77	21.24	21.32	22.45	26.84	24.72	23.08	25.57	16.87	17.11	21.54	19.77	18.48
	<i>0.80</i>	<i>2.43</i>	<i>1.37</i>	<i>1.30</i>	<i>1.61</i>	<i>0.91</i>	<i>2.38</i>	<i>1.24</i>	<i>1.28</i>	<i>2.21</i>	<i>1.06</i>	<i>1.74</i>	<i>1.88</i>	<i>1.73</i>	<i>2.23</i>	<i>0.97</i>
(Very) Unsatisfied	4.72	5.96*	4.99*	5.05	3.56*	4.93	8.72*	3.94	2.78*	4.91*	4.22	11.07	4.25*	2.94*	2.74*	5.80
	<i>0.24</i>	<i>1.03</i>	<i>0.80</i>	<i>0.63</i>	<i>0.70</i>	<i>0.39</i>	<i>1.53</i>	<i>0.45</i>	<i>0.42</i>	<i>1.10</i>	<i>0.34</i>	<i>1.86</i>	<i>0.83</i>	<i>0.79</i>	<i>0.91</i>	<i>0.68</i>
Cost of Care																
Cost																
Very satisfied	18.73	17.74	17.06	18.21	17.23	17.59	15.83	21.14	20.45	19.91	20.27	16.80	14.18	19.09	15.20	16.31
	<i>0.80</i>	<i>2.21</i>	<i>1.44</i>	<i>1.34</i>	<i>1.46</i>	<i>0.88</i>	<i>2.27</i>	<i>1.21</i>	<i>1.27</i>	<i>2.15</i>	<i>1.00</i>	<i>2.18</i>	<i>1.73</i>	<i>1.67</i>	<i>2.25</i>	<i>1.10</i>
(Very) Unsatisfied	15.33	19.07	14.61	11.83	8.33	13.26	30.63	14.27	14.18	10.29*	16.01	21.36	16.67	13.61	11.58*	16.67
	<i>0.42</i>	<i>2.32</i>	<i>1.18</i>	<i>0.94</i>	<i>1.12</i>	<i>0.61</i>	<i>2.26</i>	<i>0.90</i>	<i>0.95</i>	<i>1.57</i>	<i>0.64</i>	<i>2.11</i>	<i>1.70</i>	<i>1.71</i>	<i>1.86</i>	<i>0.91</i>

Source: Medicare Current Beneficiary Survey, CY 2005 Cost and Use Public Use File, CY 2005 Access to Care Public Use File, supplemented by CY 2004 and CY 2006 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2005 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 43 (i.e., the 2005 Access to Care Public Use File) were taken from their Round 40 interview (i.e., the 2004 Access to Care Public Use File) or from their Round 46 interview (i.e., the 2006 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, 2005Community-Only Residents¹

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 1,000s)	40,805	17,165	23,908	13,628	10,807	2,484	1,740
	<i>143</i>	<i>279</i>	<i>303</i>	<i>280</i>	<i>209</i>	<i>120</i>	<i>98</i>
Beneficiaries as a Percentage of Column Total							
Access to Care							
Usual Source of Care							
None ⁶	4.84	6.21	6.00	7.01	3.36	2.33*	1.97*
	<i>0.26</i>	<i>0.42</i>	<i>0.34</i>	<i>0.51</i>	<i>0.42</i>	<i>0.68</i>	<i>0.83</i>
Doctor's office	75.88	75.33	74.97	75.05	76.23	75.16	75.06
	<i>0.75</i>	<i>1.09</i>	<i>0.84</i>	<i>1.12</i>	<i>1.14</i>	<i>2.11</i>	<i>2.69</i>
Doctor's clinic	9.92	9.80	10.07	9.49	8.98	9.51	9.87*
	<i>0.64</i>	<i>0.75</i>	<i>0.67</i>	<i>0.74</i>	<i>0.88</i>	<i>1.71</i>	<i>2.15</i>
HMO ⁷	3.27	3.66	3.58	3.73	2.82	2.92*	2.49*
	<i>0.21</i>	<i>0.39</i>	<i>0.29</i>	<i>0.48</i>	<i>0.38</i>	<i>0.71</i>	<i>0.85</i>
Hospital OPD/ER ⁸	1.92	1.55	1.73	1.51*	2.31	2.73*	2.64*
	<i>0.19</i>	<i>0.23</i>	<i>0.19</i>	<i>0.25</i>	<i>0.42</i>	<i>0.65</i>	<i>0.92</i>
Other clinic/health center	4.16	3.44	3.66	3.20	6.30	7.35	7.97*
	<i>0.20</i>	<i>0.30</i>	<i>0.23</i>	<i>0.28</i>	<i>0.49</i>	<i>1.07</i>	<i>1.28</i>
Difficulty Obtaining Care							
Yes	3.92	2.09	2.15	1.79	8.07	10.04	12.63
	<i>0.24</i>	<i>0.26</i>	<i>0.21</i>	<i>0.27</i>	<i>0.60</i>	<i>1.22</i>	<i>1.62</i>
No	96.08	97.91	97.85	98.21	91.93	89.96	87.37
	<i>0.24</i>	<i>0.26</i>	<i>0.21</i>	<i>0.27</i>	<i>0.60</i>	<i>1.22</i>	<i>1.62</i>
Delayed Care Due to Cost							
Yes	7.40	3.62	4.27	2.96	14.94	14.62	18.42
	<i>0.35</i>	<i>0.33</i>	<i>0.32</i>	<i>0.31</i>	<i>1.00</i>	<i>1.99</i>	<i>2.49</i>
No	92.60	96.38	95.73	97.04	85.06	85.38	81.58
	<i>0.35</i>	<i>0.33</i>	<i>0.32</i>	<i>0.31</i>	<i>1.00</i>	<i>1.99</i>	<i>2.49</i>

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2005Community-Only Residents¹

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 1,000s)	40,805	17,165	23,908	13,628	10,807	2,484	1,740
	<i>143</i>	<i>279</i>	<i>303</i>	<i>280</i>	<i>209</i>	<i>120</i>	<i>98</i>
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ⁶	4.87	6.23	6.02	7.03	3.40	2.36*	1.99*
	<i>0.26</i>	<i>0.42</i>	<i>0.35</i>	<i>0.51</i>	<i>0.43</i>	<i>0.69</i>	<i>0.84</i>
Less than 1 year	8.95	7.48	8.45	7.39	10.28	11.93	11.80
	<i>0.31</i>	<i>0.41</i>	<i>0.35</i>	<i>0.44</i>	<i>0.68</i>	<i>1.43</i>	<i>1.81</i>
1 to less than 3 years	16.20	15.16	15.14	14.77	18.77	18.91	20.04
	<i>0.39</i>	<i>0.57</i>	<i>0.46</i>	<i>0.65</i>	<i>0.85</i>	<i>2.20</i>	<i>2.67</i>
3 to less than 5 years	16.09	16.15	15.84	15.79	17.73	16.93	17.33
	<i>0.41</i>	<i>0.64</i>	<i>0.57</i>	<i>0.81</i>	<i>0.86</i>	<i>1.62</i>	<i>2.02</i>
5 years or more	53.88	54.97	54.55	55.02	49.81	49.87	48.84
	<i>0.54</i>	<i>0.84</i>	<i>0.67</i>	<i>0.96</i>	<i>1.14</i>	<i>2.39</i>	<i>2.90</i>

Source: Medicare Current Beneficiary Survey, CY 2005 Cost and Use Public Use File, CY 2005 Access to Care Public Use File, supplemented by CY 2004 and CY 2006 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2005 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 43 (i.e., the 2005 Access to Care Public Use File) were taken from their Round 40 interview (i.e., the 2004 Access to Care Public Use File) or from their Round 46 interview (i.e., the 2006 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, 2005Community-Only Residents¹

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 1,000s)	40,805	17,165	23,908	13,628	10,807	2,484	1,740
	<i>143</i>	<i>279</i>	<i>303</i>	<i>280</i>	<i>209</i>	<i>120</i>	<i>98</i>
Beneficiaries as a Percentage of Column Total⁶							
Quality of Care							
General Care							
Very satisfied	31.29	40.24	33.79	40.89	21.23	24.51	22.12
	<i>1.02</i>	<i>1.24</i>	<i>1.12</i>	<i>1.33</i>	<i>1.17</i>	<i>1.70</i>	<i>1.99</i>
(Very) Unsatisfied	3.02	1.42	1.95	1.22*	6.20	8.16	9.46*
	<i>0.17</i>	<i>0.18</i>	<i>0.19</i>	<i>0.21</i>	<i>0.45</i>	<i>1.04</i>	<i>1.37</i>
Follow-up Care							
Very satisfied	20.73	25.99	21.67	26.09	15.99	18.70	16.97
	<i>0.76</i>	<i>1.01</i>	<i>0.85</i>	<i>1.08</i>	<i>1.01</i>	<i>1.47</i>	<i>1.84</i>
(Very) Unsatisfied	2.86	1.16	1.69	1.06*	6.25	7.10	8.40*
	<i>0.19</i>	<i>0.19</i>	<i>0.16</i>	<i>0.19</i>	<i>0.49</i>	<i>1.12</i>	<i>1.53</i>
Access/Coordination of Care							
Availability							
Very satisfied	11.70	13.87	11.93	13.90	9.56	12.88	11.78
	<i>0.71</i>	<i>0.94</i>	<i>0.81</i>	<i>0.99</i>	<i>0.84</i>	<i>1.60</i>	<i>1.67</i>
(Very) Unsatisfied	4.04	2.43	2.91	2.31	6.68	8.80	9.93*
	<i>0.25</i>	<i>0.28</i>	<i>0.26</i>	<i>0.32</i>	<i>0.56</i>	<i>1.39</i>	<i>1.72</i>
Ease of Access to Doctor							
Very satisfied	21.66	28.99	24.51	29.62	12.85	14.11	12.78
	<i>0.87</i>	<i>1.08</i>	<i>0.99</i>	<i>1.16</i>	<i>0.89</i>	<i>1.49</i>	<i>1.78</i>
(Very) Unsatisfied	5.35	2.81	3.17	1.99	9.60	12.35	14.81
	<i>0.27</i>	<i>0.29</i>	<i>0.29</i>	<i>0.27</i>	<i>0.60</i>	<i>1.25</i>	<i>1.59</i>
Can Obtain Care in Same Location							
Very satisfied	16.17	21.18	17.54	21.05	11.22	12.65	11.42
	<i>0.76</i>	<i>0.98</i>	<i>0.93</i>	<i>1.07</i>	<i>0.85</i>	<i>1.43</i>	<i>1.55</i>
(Very) Unsatisfied	4.91	2.94	3.38	2.60	7.88	10.90	12.69
	<i>0.26</i>	<i>0.27</i>	<i>0.27</i>	<i>0.33</i>	<i>0.72</i>	<i>1.47</i>	<i>1.81</i>

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2005Community-Only Residents¹

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 1,000s)	40,805	17,165	23,908	13,628	10,807	2,484	1,740
	<i>143</i>	<i>279</i>	<i>303</i>	<i>280</i>	<i>209</i>	<i>120</i>	<i>98</i>
Beneficiaries as a Percentage of Column Total⁶							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	20.36	26.80	22.07	27.03	13.75	19.45	16.97
	<i>0.84</i>	<i>1.03</i>	<i>0.91</i>	<i>1.06</i>	<i>0.92</i>	<i>1.52</i>	<i>1.64</i>
(Very) Unsatisfied	4.76	2.50	3.30	2.17	9.02	8.80	10.07*
	<i>0.23</i>	<i>0.26</i>	<i>0.25</i>	<i>0.31</i>	<i>0.66</i>	<i>1.40</i>	<i>1.81</i>
Doctor's Concern for Overall Health							
Very satisfied	22.99	28.98	24.48	29.28	16.90	21.33	18.48
	<i>0.80</i>	<i>1.07</i>	<i>0.90</i>	<i>1.08</i>	<i>0.93</i>	<i>1.64</i>	<i>1.99</i>
(Very) Unsatisfied	4.72	2.40	3.23	2.37	8.87	8.89	11.07
	<i>0.24</i>	<i>0.23</i>	<i>0.25</i>	<i>0.28</i>	<i>0.59</i>	<i>1.32</i>	<i>1.78</i>
Cost of Care							
Cost							
Very satisfied	18.73	24.04	19.81	24.37	14.12	19.94	17.09
	<i>0.80</i>	<i>1.03</i>	<i>0.93</i>	<i>1.12</i>	<i>0.86</i>	<i>1.72</i>	<i>1.89</i>
(Very) Unsatisfied	15.33	10.61	11.79	9.86	22.53	22.68	28.53
	<i>0.42</i>	<i>0.57</i>	<i>0.52</i>	<i>0.64</i>	<i>0.86</i>	<i>2.01</i>	<i>2.44</i>

Source: Medicare Current Beneficiary Survey, CY 2005 Cost and Use Public Use File, CY 2005 Access to Care Public Use File, supplemented by CY 2004 and CY 2006 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2005 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 43 (i.e., the 2005 Access to Care Public Use File) were taken from their Round 40 interview (i.e., the 2004 Access to Care Public Use File) or from their Round 46 interview (i.e., the 2006 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, 2005Community-Only Residents¹

Indicator of Access to Care ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	40,805	3,905	7,185	8,156	13,986	2,369	5,204
	143	132	154	174	229	110	115
Beneficiaries as a Percentage of Column Total							
Access to Care							
Usual Source of Care							
None ³	4.84	14.06	6.36	4.11	3.69	1.60*	1.56*
	0.26	1.23	0.50	0.51	0.42	0.62	0.43
Doctor's office	75.88	56.35	72.74	81.51	80.89	81.16	70.08
	0.75	1.98	1.34	1.45	0.96	2.09	1.59
Doctor's clinic	9.92	8.76	10.29	11.03	9.50	14.04	7.79
	0.64	0.99	1.02	1.44	0.57	1.82	0.90
HMO ⁴	3.27	0.07*	2.20	0.00	1.73	0.00	17.95
	0.21	0.07	0.42	0.00	0.29	0.00	1.28
Hospital OPD/ER ⁵	1.92	2.68*	4.17	0.74*	1.58	1.42*	1.28*
	0.19	0.56	0.53	0.21	0.27	0.61	0.41
Other clinic/health center	4.16	18.08	4.24	2.62	2.61	1.78*	1.34*
	0.20	1.52	0.55	0.35	0.26	0.62	0.42
Difficulty Obtaining Care							
Yes	3.92	7.87	7.45	2.21*	2.40	2.48*	3.53*
	0.24	1.04	0.68	0.37	0.35	0.86	0.58
No	96.08	92.13	92.55	97.79	97.60	97.52	96.47
	0.24	1.04	0.68	0.37	0.35	0.86	0.58
Delayed Care Due to Cost							
Yes	7.40	21.17	12.13	4.28	4.76	1.86*	5.14
	0.35	1.57	1.22	0.47	0.46	0.63	0.78
No	92.60	78.83	87.87	95.72	95.24	98.14	94.86
	0.35	1.57	1.22	0.47	0.46	0.63	0.78

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2005Community-Only Residents¹

Indicator of Access to Care ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	40,805	3,905	7,185	8,156	13,986	2,369	5,204
	<i>143</i>	<i>132</i>	<i>154</i>	<i>174</i>	<i>229</i>	<i>110</i>	<i>115</i>
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ³	4.87	14.18	6.44	4.14	3.70	1.61*	1.57*
	<i>0.26</i>	<i>1.24</i>	<i>0.51</i>	<i>0.51</i>	<i>0.42</i>	<i>0.62</i>	<i>0.43</i>
Less than 1 year	8.95	7.94	10.87	7.96	8.16	7.93*	11.25
	<i>0.31</i>	<i>0.96</i>	<i>0.97</i>	<i>0.53</i>	<i>0.56</i>	<i>1.13</i>	<i>0.95</i>
1 to less than 3 years	16.20	16.68	20.51	12.91	14.98	16.66	18.23
	<i>0.39</i>	<i>1.48</i>	<i>1.11</i>	<i>0.80</i>	<i>0.59</i>	<i>1.71</i>	<i>1.21</i>
3 to less than 5 years	16.09	13.43	18.27	15.82	14.94	13.78	19.70
	<i>0.41</i>	<i>1.11</i>	<i>1.04</i>	<i>0.85</i>	<i>0.61</i>	<i>1.91</i>	<i>1.18</i>
5 years or more	53.88	47.77	43.92	59.16	58.22	60.02	49.26
	<i>0.54</i>	<i>1.90</i>	<i>1.35</i>	<i>1.12</i>	<i>0.89</i>	<i>2.34</i>	<i>1.56</i>

Source: Medicare Current Beneficiary Survey, CY 2005 Cost and Use Public Use File, CY 2005 Access to Care Public Use File, supplemented by CY 2004 and CY 2006 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2005 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 43 (i.e., the 2005 Access to Care Public Use File) were taken from their Round 40 interview (i.e., the 2004 Access to Care Public Use File) or from their Round 46 interview (i.e., the 2006 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, 2005

Community-Only Residents¹

Measure of Satisfaction ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO ³
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	40,805	3,905	7,185	8,156	13,986	2,369	5,204
	143	132	154	174	229	110	115
Beneficiaries as a Percentage of Column Total⁴							
Quality of Care							
General Care							
Very satisfied	31.29	23.33	22.25	31.86	35.74	39.91	32.87
	1.02	1.44	1.54	1.57	1.15	2.10	1.84
(Very) Unsatisfied	3.02	3.99*	4.91	2.16	2.40	3.02*	2.73*
	0.17	0.69	0.53	0.31	0.27	0.84	0.47
Follow-up Care							
Very satisfied	20.73	12.96	14.81	20.76	24.21	28.23	21.78
	0.76	1.30	1.12	1.29	0.97	2.23	1.16
(Very) Unsatisfied	2.86	3.84*	4.21	2.06*	2.56	2.40*	2.55*
	0.19	0.75	0.55	0.36	0.28	0.74	0.46
Access/Coordination of Care							
Availability							
Very satisfied	11.70	8.70	10.67	11.22	13.03	14.22	11.39
	0.71	1.16	1.27	1.28	0.82	1.58	1.04
(Very) Unsatisfied	4.04	3.91*	5.70	4.38	3.72	3.49*	2.46*
	0.25	0.61	0.61	0.55	0.42	0.81	0.51
Ease of Access to Doctor							
Very satisfied	21.66	14.16	13.78	23.04	24.75	30.24	23.67
	0.87	1.45	1.32	1.49	1.03	2.44	1.38
(Very) Unsatisfied	5.35	8.59	9.01	4.71	3.66	2.17*	4.93
	0.27	1.19	0.77	0.60	0.37	0.67	0.68
Can Obtain Care in Same Location							
Very satisfied	16.17	13.60	12.07	15.20	17.45	19.01	20.49
	0.76	1.24	1.08	1.30	1.02	1.98	1.40
(Very) Unsatisfied	4.91	6.19	5.89	4.02	4.88	6.47*	3.37*
	0.26	0.96	0.59	0.43	0.43	1.33	0.60

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2005Community-Only Residents¹

Measure of Satisfaction ²	Total	Medicare	Supplemental Health Insurance				Medicare HMO ³
		Fee-for-Service Only	Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 1,000s)	40,805	3,905	7,185	8,156	13,986	2,369	5,204
	<i>143</i>	<i>132</i>	<i>154</i>	<i>174</i>	<i>229</i>	<i>110</i>	<i>115</i>
Beneficiaries as a Percentage of Column Total⁴							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	20.36	14.58	14.82	20.46	23.13	27.46	21.41
	<i>0.84</i>	<i>1.38</i>	<i>1.22</i>	<i>1.40</i>	<i>1.06</i>	<i>2.07</i>	<i>1.27</i>
(Very) Unsatisfied	4.76	5.36	6.31	4.15	4.69	3.12*	4.10
	<i>0.23</i>	<i>0.91</i>	<i>0.65</i>	<i>0.42</i>	<i>0.44</i>	<i>0.87</i>	<i>0.52</i>
Doctor's Concern for Overall Health							
Very satisfied	22.99	15.64	17.15	23.23	26.22	29.82	24.26
	<i>0.80</i>	<i>1.23</i>	<i>1.21</i>	<i>1.38</i>	<i>1.07</i>	<i>2.00</i>	<i>1.40</i>
(Very) Unsatisfied	4.72	5.77	5.96	3.93	4.44	3.38*	4.87
	<i>0.24</i>	<i>0.99</i>	<i>0.64</i>	<i>0.42</i>	<i>0.45</i>	<i>0.75</i>	<i>0.67</i>
Cost of Care							
Cost							
Very satisfied	18.73	11.06	19.09	16.81	20.77	25.65	18.35
	<i>0.80</i>	<i>1.20</i>	<i>1.38</i>	<i>1.47</i>	<i>0.99</i>	<i>1.94</i>	<i>1.08</i>
(Very) Unsatisfied	15.33	27.50	12.11	17.39	13.56	12.71	13.39
	<i>0.42</i>	<i>1.44</i>	<i>0.95</i>	<i>0.90</i>	<i>0.71</i>	<i>1.62</i>	<i>1.06</i>

Source: Medicare Current Beneficiary Survey, CY 2005 Cost and Use Public Use File, CY 2005 Access to Care Public Use File, supplemented by CY 2004 and CY 2006 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2005 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 43 (i.e., the 2005 Access to Care Public Use File) were taken from their Round 40 interview (i.e., the 2004 Access to Care Public Use File) or from their Round 46 interview (i.e., the 2006 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.

Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2005

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
All Beneficiaries (in 1,000s)	36,785	40,619	42,869	43,401	1.24	1.33	1.30
	62	112	119	143			
Beneficiaries as a Percentage of Column Total							
Medicare Status							
65 years and older	90.00	86.38	84.80	84.40	-0.47	-0.46	-0.53
	0.10	0.25	0.23	0.31			
64 years and younger	10.00	13.62	15.20	15.60	2.63	2.75	4.10
	0.10	0.25	0.23	0.31			
Gender							
Male	42.92	43.44	44.09	44.27	0.41	0.38	0.16
	0.25	0.28	0.32	0.29			
Female	57.08	56.56	55.91	55.73	-0.32	-0.30	-0.12
	0.25	0.28	0.32	0.29			
Race/Ethnicity							
White Non-Hispanic	84.21	80.09	78.22	78.60	0.49	-0.37	-0.65
	0.55	0.44	0.56	0.57			
All others	15.79	19.91	21.78	21.40	-1.74	1.45	3.06
	0.55	0.44	0.56	0.57			
Functional Limitation							
None	52.13	54.56	55.46	55.59	0.23	0.37	0.59
	0.62	0.47	0.59	0.68			
IADL only ¹	21.96	21.14	21.37	21.28	-0.42	0.13	-0.49
	0.41	0.45	0.44	0.47			
One to two ADLs ²	14.51	13.59	13.50	13.63	0.96	0.06	-0.85
	0.35	0.39	0.36	0.35			
Three to five ADLs	11.40	10.71	9.68	9.50	-1.86	-2.37	-0.81
	0.33	0.26	0.31	0.32			

Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2005

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
All Beneficiaries (in 1,000s)	36,785	40,619	42,869	43,401	1.24	1.33	1.30
	62	112	119	143			
Beneficiaries as a Percentage of Column Total							
Usual Source of Care							
No usual source of care	9.55	5.73	4.20	4.84	15.24	-3.32	-6.43
	0.35	0.26	0.21	0.26			
Has usual source of care	90.45	94.27	95.80	95.16	-0.67	0.19	0.54
	0.35	0.26	0.21	0.26			
Living Arrangement							
Community							
Alone	27.00	29.34	28.93	28.48	-1.56	-0.59	1.09
	0.36	0.54	0.56	0.47			
With spouse	51.17	48.95	48.47	49.01	1.11	0.02	-0.57
	0.39	0.59	0.59	0.47			
With children/others	16.74	16.58	18.21	18.17	-0.22	1.85	-0.12
	0.36	0.38	0.43	0.38			
Long-Term Care Facility	5.09	5.13	4.39	4.34	-1.14	-3.29	0.10
	0.18	0.16	0.15	0.17			
Health Insurance							
Medicare fee-for-service only	11.88	9.93	9.62	9.54	-0.83	-0.80	-2.30
	0.37	0.34	0.29	0.30			
Medicaid	16.27	17.86	20.45	20.29	-0.78	2.58	1.22
	0.45	0.37	0.39	0.36			
Private health insurance	65.82	54.93	57.73	57.86	0.23	1.04	-2.32
	0.59	0.50	0.53	0.44			
Medicare HMO ³	6.03	17.29	12.19	12.31	0.98	-6.57	14.68
	0.30	0.45	0.31	0.26			

Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2005

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
All Beneficiaries (in 1,000s)	36,785	40,619	42,869	43,401	1.24	1.33	1.30
	<i>62</i>	<i>112</i>	<i>119</i>	<i>143</i>			
Beneficiaries as a Percentage of Column Total							
Share of Income							
Lowest income quartile	6.66	6.78	6.66	7.35	10.36	1.63	0.23
	<i>0.22</i>	<i>0.18</i>	<i>0.21</i>	<i>0.22</i>			
Second income quartile	13.29	13.26	13.29	12.49	-6.02	-1.19	-0.03
	<i>0.41</i>	<i>0.36</i>	<i>0.39</i>	<i>0.39</i>			
Third income quartile	24.47	23.24	23.91	23.32	-2.47	0.07	-0.67
	<i>0.66</i>	<i>0.58</i>	<i>0.66</i>	<i>0.70</i>			
Highest income quartile	55.58	56.71	56.15	56.84	1.23	0.05	0.26
	<i>1.05</i>	<i>0.90</i>	<i>1.02</i>	<i>1.12</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files, and Access to Care Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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, 1992-2005
(Total expenditures in millions of nominal dollars)

All Medicare Beneficiaries

Medical Service	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Medical Services							
All beneficiaries	\$247,037	\$419,526	\$564,212	\$610,019	8.12	7.77	7.13
	4,091	7,153	9,539	10,234			
Beneficiaries 65 years and older	213,755	347,894	456,330	503,509	10.34	7.67	6.54
	3,608	6,389	6,542	8,867			
Beneficiaries 64 years and younger	33,282	71,632	107,882	106,510	-1.27	8.26	10.48
	2,029	3,433	7,604	5,038			
Inpatient Hospital Services							
All beneficiaries	81,061	117,972	142,754	154,811	8.45	5.59	5.00
	2,145	3,956	4,466	5,590			
Beneficiaries 65 years and older	71,036	98,406	115,795	124,246	7.30	4.77	4.33
	2,045	3,279	3,607	4,618			
Beneficiaries 64 years and younger	10,025	19,566	26,959	30,565	13.38	9.33	9.08
	788	2,070	2,616	2,664			
Outpatient Hospital Services							
All beneficiaries	19,294	36,668	55,985	63,992	14.30	11.78	8.71
	623	1,208	2,150	3,761			
Beneficiaries 65 years and older	15,756	28,306	40,230	48,138	19.66	11.20	7.91
	534	906	1,188	2,673			
Beneficiaries 64 years and younger	3,538	8,362	15,755	15,855	0.63	13.65	11.83
	286	946	1,776	1,998			
Physician/Supplier Services							
All beneficiaries	57,367	102,888	152,010	156,649	3.05	8.77	7.89
	1,022	1,588	4,712	3,135			
Beneficiaries 65 years and older	51,593	87,835	122,553	134,454	9.71	8.89	7.16
	1,010	1,462	2,263	3,002			
Beneficiaries 64 years and younger	5,774	15,053	29,457	22,196	-24.65	8.08	13.27
	286	741	4,345	966			

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2005
(Total expenditures in millions of nominal dollars)

All Medicare Beneficiaries

Medical Service	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Dental Services							
All beneficiaries	\$4,882	\$9,810	\$12,591	\$12,686	0.75	5.28	9.50
	152	355	578	493			
Beneficiaries 65 years and older	4,469	8,996	10,955	11,166	1.93	4.42	9.52
	138	347	501	475			
Beneficiaries 64 years and younger	413	814	1,636	1,520	-7.09	13.30	9.22
	51	80	195	139			
Prescription Medicines							
All beneficiaries	16,231	44,594	74,716	89,645	19.98	14.99	14.04
	231	639	1,032	1,285			
Beneficiaries 65 years and older	13,934	35,603	58,531	70,036	19.66	14.49	12.97
	229	525	817	998			
Beneficiaries 64 years and younger	2,297	8,990	16,186	19,609	21.15	16.88	19.41
	102	362	721	803			
Medicare Hospice Services							
All beneficiaries	868	2,886	7,143	7,477	4.68	20.97	16.90
	137	357	696	892			
Beneficiaries 65 years and older	831	2,656	6,611	7,286	10.21	22.36	16.31
	135	345	570	886			
Beneficiaries 64 years and younger	37	231	531	191	-64.03	-3.73	26.88
	23	100	326	74			
Medicare Home Health Services							
All beneficiaries	9,189	9,776	15,688	16,768	6.88	11.39	0.81
	638	563	716	658			
Beneficiaries 65 years and older	8,540	8,726	14,179	15,093	6.45	11.58	0.28
	611	527	683	641			
Beneficiaries 64 years and younger	649	1,050	1,509	1,675	11.00	9.79	6.45
	108	183	192	221			

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2005
(Total expenditures in millions of nominal dollars)

All Medicare Beneficiaries

Medical Service	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Long-Term Facility Care¹							
All beneficiaries	\$58,146	\$94,933	\$103,325	\$107,990	4.51	2.61	6.58
	<i>2,909</i>	<i>3,459</i>	<i>3,379</i>	<i>4,056</i>			
Beneficiaries 65 years and older	47,596	77,367	87,476	93,090	6.42	3.77	6.52
	<i>1,916</i>	<i>2,837</i>	<i>3,011</i>	<i>3,425</i>			
Beneficiaries 64 years and younger	10,550	17,566	15,849	14,900	-5.99	-3.24	6.85
	<i>1,634</i>	<i>1,957</i>	<i>1,748</i>	<i>1,644</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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, 1992-2005

All Medicare Beneficiaries

Medical Service	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$419,526	\$564,212	\$610,019	8.12	7.77	7.13
	4,091	7,153	9,539	10,234			
Source of Payment (percent)							
Medicare	53.28	52.35	54.23	53.23	-1.84	0.33	-0.23
	0.83	0.67	0.58	0.75			
Medicaid	13.99	12.21	11.23	10.64	-5.25	-2.72	-1.75
	0.81	0.48	0.45	0.44			
Private insurance	9.88	12.21	12.28	15.05	22.56	4.27	2.79
	0.38	0.38	0.27	0.53			
Out of pocket	19.73	19.36	18.82	17.61	-6.43	-1.88	-0.25
	0.41	0.33	0.65	0.45			
Other source	3.11	3.87	3.44	3.46	0.58	-2.21	2.88
	0.26	0.32	0.18	0.19			
Total Inpatient Hospital Expenditures (millions of \$)	\$81,061	\$117,972	\$142,754	\$154,811	8.45	5.59	5.00
	2,145	3,956	4,466	5,590			
Percentage of Total Health Care Expenditures	32.81	28.12	25.30	25.38	0.32	-2.03	-1.99
	0.66	0.65	0.60	0.69			
Source of Payment (percent)							
Medicare	87.08	86.43	88.40	84.81	-4.06	-0.38	-0.10
	0.85	1.36	0.93	1.36			
Medicaid	1.44	1.13	1.20	1.38	15.00	4.08	-3.10
	0.10	0.08	0.07	0.10			
Private insurance	7.47	8.10	5.85	10.12	72.99	4.55	1.06
	0.79	1.35	0.47	1.32			
Out of pocket	1.93	2.52	3.46	2.52	-27.17	0.00	3.53
	0.23	0.37	0.69	0.25			
Other source	2.07	1.83	1.09	1.18	8.26	-8.40	-1.59
	0.30	0.48	0.36	0.29			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2005

All Medicare Beneficiaries

Medical Service	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$419,526	\$564,212	\$610,019	8.12	7.77	7.13
	4,091	7,153	9,539	10,234			
Total Outpatient Hospital Expenditures (millions of \$)	\$19,294	\$36,668	\$55,985	\$63,992	14.30	11.78	8.71
	623	1,208	2,150	3,761			
Percentage of Total Health Care Expenditures	7.81	8.74	9.92	10.49	5.75	3.72	1.47
	0.22	0.25	0.30	0.56			
Source of Payment (percent)							
Medicare	62.05	61.89	69.20	64.05	-7.44	0.69	-0.03
	0.77	1.29	0.89	2.95			
Medicaid	3.90	3.56	3.65	3.26	-10.68	-1.75	-1.18
	0.28	0.26	0.35	0.35			
Private insurance	20.29	24.21	16.78	21.03	25.33	-2.78	2.32
	0.69	1.47	0.76	2.38			
Out of pocket	9.63	8.51	8.06	9.83	21.96	2.93	-1.59
	0.40	0.47	0.60	1.19			
Other source	4.13	1.83	2.30	1.83	-20.43	0.00	-10.04
	0.41	0.25	0.38	0.39			
Total Physician/Supplier Services Expenditures (millions of \$)	\$57,367	\$102,888	\$152,010	\$156,649	3.05	8.77	7.89
	1,022	1,588	4,712	3,135			
Percentage of Total Health Care Expenditures	23.22	24.52	26.94	25.68	-4.68	0.93	0.71
	0.39	0.30	0.56	0.44			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2005

All Medicare Beneficiaries

Medical Service	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$419,526	\$564,212	\$610,019	8.12	7.77	7.13
	4,091	7,153	9,539	10,234			
Source of Payment (percent)							
Medicare	63.44	66.67	63.91	66.68	4.33	0.00	0.65
	0.40	0.43	1.67	1.00			
Medicaid	2.86	2.47	3.25	2.46	-24.31	-0.08	-1.89
	0.15	0.18	0.53	0.14			
Private insurance	14.87	13.78	12.76	14.13	10.74	0.50	-0.98
	0.35	0.36	0.45	0.46			
Out of pocket	17.79	16.10	19.48	16.09	-17.40	-0.01	-1.29
	0.32	0.36	2.16	0.70			
Other source	1.05	0.98	0.59	0.64	8.47	-8.17	-0.89
	0.11	0.10	0.06	0.09			
Total Dental Services Expenditures (millions of \$)	\$4,882	\$9,810	\$12,591	\$12,686	0.75	5.28	9.50
	152	355	578	493			
Percentage of Total Health Care Expenditures	1.98	2.34	2.23	2.08	-6.73	-2.33	2.20
	0.07	0.10	0.11	0.08			
Source of Payment (percent)							
Medicare	0.11	0.80	1.47	1.68	14.29	16.00	29.43
	0.03	0.04	0.08	0.08			
Medicaid	2.18	1.02	2.44	1.41	-42.21	6.69	-9.40
	0.24	0.16	0.80	0.29			
Private insurance	11.87	15.81	18.60	18.40	-1.08	3.08	3.80
	0.64	0.93	0.99	1.19			
Out of pocket	82.92	80.81	75.63	76.97	1.77	-0.97	-0.33
	0.82	1.00	1.43	1.25			
Other source	2.92	1.56	1.85	1.54	-16.76	-0.26	-7.83
	0.49	0.32	0.41	0.39			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2005

All Medicare Beneficiaries

Medical Service	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$419,526	\$564,212	\$610,019	8.12	7.77	7.13
	4,091	7,153	9,539	10,234			
Total Prescription Medicine Expenditures (millions of \$)	\$16,231	\$44,594	\$74,716	\$89,645	19.98	14.99	14.04
	231	639	1,032	1,285			
Percentage of Total Health Care Expenditures	6.57	10.63	13.24	14.70	11.03	6.70	6.45
	0.13	0.21	0.25	0.27			
Source of Payment (percent)							
Medicare	0.32	4.36	4.45	4.35	-2.25	-0.05	40.43
	0.06	0.12	0.15	0.13			
Medicaid	10.25	12.98	15.68	14.52	-7.40	2.27	3.12
	0.39	0.59	0.69	0.54			
Private insurance	25.45	33.90	36.13	39.08	8.16	2.88	3.80
	0.69	0.69	0.72	0.68			
Out of pocket	57.48	38.66	30.78	29.65	-3.67	-5.17	-5.03
	0.71	0.59	0.35	0.44			
Other source	6.51	10.10	12.97	12.40	-4.39	4.19	5.88
	0.44	0.51	0.54	0.60			
Total Hospice Services Expenditures (millions of \$)	\$868	\$2,886	\$7,143	\$7,477	4.68	20.97	16.90
	137	357	696	892			
Percentage of Total Health Care Expenditures	0.35	0.69	1.27	1.23	-3.15	12.26	9.22
	0.06	0.08	0.12	0.14			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2005

All Medicare Beneficiaries

Medical Service	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$419,526	\$564,212	\$610,019	8.12	7.77	7.13
	4,091	7,153	9,539	10,234			
Source of Payment (percent)							
Medicare	99.98	100.00	100.00	100.00	0.00	0.00	0.00
	0.02	0.00	0.00	0.00			
Medicaid	0.00	0.00	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	0.00	0.00			
Out of pocket	0.02	0.00	0.00	0.00	0.00	0.00	-100.00
	0.02	0.00	0.00	0.00			
Other source	0.00	0.00	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	\$9,776	\$15,688	\$16,768	6.88	11.39	0.81
	638	563	716	658			
Percentage of Total Health Care Expenditures	3.72	2.33	2.78	2.75	-1.08	3.37	-5.90
	0.24	0.13	0.12	0.11			
Source of Payment (percent)							
Medicare	89.94	92.69	92.84	92.10	-0.80	-0.13	0.39
	1.90	1.08	1.07	1.43			
Medicaid	0.96	0.88	1.02	1.16	13.73	5.68	-1.12
	0.32	0.40	0.42	0.35			
Private insurance	1.19	0.63	0.55	1.04	89.09	10.54	-7.94
	0.67	0.24	0.23	0.52			
Out of pocket	5.82	4.94	4.21	4.95	17.58	0.04	-2.11
	1.49	1.05	0.97	1.20			
Other source	2.08	0.86	1.39	0.75	-46.04	-2.70	-10.85
	1.15	0.35	0.57	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, 1992-2005

All Medicare Beneficiaries

Medical Service	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$419,526	\$564,212	\$610,019	8.12	7.77	7.13
	<i>4,091</i>	<i>7,153</i>	<i>9,539</i>	<i>10,234</i>			
Total Long-Term Facility Care¹ Expenditures (millions of \$)	\$58,146	\$94,933	\$103,325	\$107,990	4.51	2.61	6.58
	<i>2,909</i>	<i>3,459</i>	<i>3,379</i>	<i>4,056</i>			
Percentage of Total Health Care Expenditures	23.54	22.63	18.31	17.70	-3.33	-4.80	-0.51
	<i>1.02</i>	<i>0.68</i>	<i>0.58</i>	<i>0.59</i>			
Source of Payment (percent)							
Medicare	6.00	13.04	18.06	19.40	7.42	8.27	10.62
	<i>0.47</i>	<i>0.68</i>	<i>0.78</i>	<i>0.99</i>			
Medicaid	50.14	42.21	41.14	40.24	-2.19	-0.95	-2.21
	<i>2.02</i>	<i>1.33</i>	<i>1.55</i>	<i>1.58</i>			
Private insurance	1.87	1.99	2.63	2.80	6.46	7.07	0.81
	<i>0.30</i>	<i>0.24</i>	<i>0.32</i>	<i>0.35</i>			
Out of pocket	36.46	34.69	32.85	32.30	-1.67	-1.42	-0.64
	<i>1.73</i>	<i>1.16</i>	<i>1.25</i>	<i>1.27</i>			
Other source	5.53	8.06	5.32	5.26	-1.13	-8.18	5.02
	<i>0.90</i>	<i>1.05</i>	<i>0.62</i>	<i>0.52</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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, 1992-2005

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Personal Health Care Expenditures (millions of \$)	\$247,037	\$419,526	\$564,212	\$610,019	8.12	7.77	7.13
	4,091	7,153	9,539	10,234			
Percentage of Personal Health Care Expenditures¹							
Medicare Status							
65 years and older	86.53	82.93	80.88	82.54	2.05	-0.09	-0.55
	0.74	0.74	1.13	0.73			
64 years and younger	13.47	17.07	19.12	17.46	-8.68	0.45	3.13
	0.74	0.74	1.13	0.73			
Race/Ethnicity							
White non-Hispanic	84.51	79.98	76.51	78.01	1.96	-0.50	-0.71
	0.87	0.66	1.15	1.01			
All others	15.49	20.02	23.49	21.99	-6.39	1.89	3.39
	0.87	0.66	1.15	1.01			
Living Arrangement							
Community							
Alone	22.18	24.47	26.93	26.49	-1.63	1.60	1.29
	0.69	0.76	1.15	0.90			
With spouse	38.02	38.27	38.04	39.95	5.02	0.86	0.09
	0.98	0.87	1.05	0.91			
With children/others	16.45	15.12	17.59	16.75	-4.78	2.07	-1.09
	0.90	0.54	0.68	0.64			
Long-Term Care Facility	23.35	22.13	17.44	16.81	-3.61	-5.35	-0.70
	1.06	0.80	0.80	0.78			

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2005

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Personal Health Care Expenditures (millions of \$)	\$247,037	\$419,526	\$564,212	\$610,019	8.12	7.77	7.13
	4,091	7,153	9,539	10,234			
Percentage of Personal Health Care Expenditures¹							
Functional Limitation							
None	25.85	31.72	32.52	34.06	4.74	1.43	2.70
	0.85	0.72	0.81	0.89			
IADL only ²	20.09	20.35	23.34	21.38	-8.40	0.99	0.17
	0.87	0.73	1.05	0.85			
One to two ADLs ³	20.23	17.88	17.86	17.87	0.06	-0.01	-1.59
	0.79	0.68	0.69	0.78			
Three to five ADLs	33.83	30.05	26.28	26.69	1.56	-2.34	-1.53
	0.99	0.85	0.94	0.90			
Health Insurance⁴							
Medicare fee-for-service only	9.15	7.74	6.40	6.44	0.63	-3.61	-2.15
	0.57	0.52	0.38	0.41			
Medicaid	33.83	32.40	34.54	32.39	-6.22	-0.01	-0.56
	1.21	0.93	1.18	0.89			
Private health insurance	51.81	47.72	49.33	50.72	2.82	1.23	-1.06
	1.24	0.98	1.02	0.90			

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2005

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Personal Health Care Expenditures (millions of \$)	\$247,037	\$419,526	\$564,212	\$610,019	8.12	7.77	7.13
	<i>4,091</i>	<i>7,153</i>	<i>9,539</i>	<i>10,234</i>			
Percentage of Personal Health Care Expenditures¹							
Income							
Lowest income quartile	32.60	31.69	31.32	33.02	5.43	0.83	-0.37
	<i>0.98</i>	<i>0.90</i>	<i>0.89</i>	<i>0.92</i>			
Second income quartile	26.57	24.55	26.07	23.82	-8.63	-0.60	-1.02
	<i>0.85</i>	<i>0.75</i>	<i>1.00</i>	<i>0.85</i>			
Third income quartile	22.47	22.05	23.49	22.52	-4.13	0.42	-0.24
	<i>0.75</i>	<i>0.66</i>	<i>0.87</i>	<i>0.96</i>			
Highest income quartile	18.36	21.71	19.12	20.63	7.90	-1.02	2.20
	<i>0.81</i>	<i>0.79</i>	<i>0.67</i>	<i>0.78</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Inpatient Hospital Expenditures (millions of \$)	\$72,063	\$100,972	\$120,463	\$130,638	8.45	5.29	4.48
	2,095	3,546	4,272	4,769			
Percentage of Total Inpatient Hospital Expenditures²							
Medicare Status							
65 years and older	86.92	83.00	80.30	79.75	-0.68	-0.80	-0.60
	1.01	1.65	1.72	1.44			
64 years and younger	13.08	17.00	19.70	20.25	2.79	3.56	3.47
	1.01	1.65	1.72	1.44			
Race/Ethnicity							
White non-Hispanic	82.19	78.15	75.72	76.58	1.14	-0.41	-0.65
	1.59	1.37	1.37	1.60			
All others	17.81	21.85	24.28	23.42	-3.54	1.40	2.69
	1.59	1.37	1.37	1.60			
Functional Limitation							
None	30.60	38.91	36.70	37.06	0.98	-0.97	3.17
	1.43	1.64	1.61	1.56			
IADL only ³	26.22	27.32	29.07	28.31	-2.61	0.71	0.54
	1.59	1.82	1.65	1.81			
One to two ADLs ⁴	23.33	18.18	18.90	17.94	-5.08	-0.27	-3.19
	1.49	1.53	1.39	1.34			
Three to five ADLs	19.84	15.59	15.34	16.68	8.74	1.36	-3.09
	1.39	1.03	1.70	1.70			

Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Inpatient Hospital Expenditures (millions of \$)	\$72,063	\$100,972	\$120,463	\$130,638	8.45	5.29	4.48
	<i>2,095</i>	<i>3,546</i>	<i>4,272</i>	<i>4,769</i>			
Percentage of Total Inpatient Hospital Expenditures²							
Health Insurance⁵							
Medicare fee-for-service only	9.26	9.08	6.87	7.87	14.56	-2.82	-0.25
	<i>0.96</i>	<i>1.15</i>	<i>0.93</i>	<i>1.00</i>			
Medicaid	19.67	20.53	23.76	24.16	1.68	3.31	0.56
	<i>1.58</i>	<i>1.26</i>	<i>1.59</i>	<i>1.52</i>			
Private health insurance	62.81	55.11	57.78	55.76	-3.50	0.23	-1.69
	<i>1.89</i>	<i>1.67</i>	<i>1.58</i>	<i>1.64</i>			
Income							
Lowest income quartile	26.54	26.87	32.58	29.58	-9.21	1.94	0.16
	<i>1.52</i>	<i>1.37</i>	<i>1.81</i>	<i>1.61</i>			
Second income quartile	29.87	24.81	25.29	26.08	3.12	1.00	-2.38
	<i>1.59</i>	<i>1.40</i>	<i>1.78</i>	<i>1.51</i>			
Third income quartile	22.35	26.14	23.33	24.14	3.47	-1.58	2.06
	<i>1.37</i>	<i>1.77</i>	<i>1.63</i>	<i>2.02</i>			
Highest income quartile	21.24	22.18	18.81	20.20	7.39	-1.85	0.56
	<i>1.63</i>	<i>1.75</i>	<i>1.21</i>	<i>1.58</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Outpatient Hospital Expenditures (millions of \$)	\$17,324	\$33,183	\$48,829	\$57,580	17.92	11.65	8.82
	628	1,175	1,617	3,747			
Percentage of Total Outpatient Hospital Expenditures²							
Medicare Status							
65 years and older	81.80	76.80	74.20	75.78	2.13	-0.27	-0.82
	1.32	2.23	1.87	2.38			
64 years and younger	18.20	23.20	25.80	24.22	-6.12	0.86	3.21
	1.32	2.23	1.87	2.38			
Race/Ethnicity							
White non-Hispanic	79.39	72.40	72.02	74.13	2.93	0.47	-1.19
	1.86	2.18	1.90	2.26			
All others	20.61	27.60	27.98	25.87	-7.54	-1.29	3.87
	1.86	2.18	1.90	2.26			
Functional Limitation							
None	41.71	45.87	44.30	43.43	-1.96	-1.09	1.24
	1.86	1.66	1.55	2.77			
IADL only ³	27.74	28.42	28.85	25.71	-10.88	-1.98	0.32
	1.72	2.15	1.81	2.09			
One to two ADLs ⁴	19.30	16.06	18.74	19.31	3.04	3.75	-2.36
	1.48	1.87	1.62	3.73			
Three to five ADLs	11.25	9.65	8.12	11.55	42.24	3.66	-1.97
	1.22	1.00	1.19	2.78			

Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Outpatient Hospital Expenditures (millions of \$)	\$17,324	\$33,183	\$48,829	\$57,580	17.92	11.65	8.82
	<i>628</i>	<i>1,175</i>	<i>1,617</i>	<i>3,747</i>			
Percentage of Total Outpatient Hospital Expenditures²							
Health Insurance⁵							
Medicare fee-for-service only	9.06	6.52	5.21	6.85	31.48	0.99	-4.19
	<i>0.83</i>	<i>0.99</i>	<i>0.50</i>	<i>1.55</i>			
Medicaid	19.50	21.84	25.94	22.58	-12.95	0.67	1.48
	<i>1.76</i>	<i>1.93</i>	<i>1.58</i>	<i>1.79</i>			
Private health insurance	64.90	56.49	58.19	60.27	3.57	1.30	-1.79
	<i>1.95</i>	<i>1.88</i>	<i>1.58</i>	<i>2.62</i>			
Income							
Lowest income quartile	24.72	30.05	33.22	26.89	-19.05	-2.20	2.57
	<i>1.63</i>	<i>2.14</i>	<i>1.58</i>	<i>2.45</i>			
Second income quartile	27.59	23.35	22.41	24.00	7.10	0.55	-2.15
	<i>1.86</i>	<i>1.31</i>	<i>1.20</i>	<i>2.35</i>			
Third income quartile	24.83	22.50	23.40	24.61	5.17	1.81	-1.27
	<i>1.55</i>	<i>1.19</i>	<i>1.09</i>	<i>2.04</i>			
Highest income quartile	22.86	24.10	20.97	24.49	16.79	0.32	0.69
	<i>1.31</i>	<i>1.76</i>	<i>1.48</i>	<i>2.91</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Physician/Supplier Expenditures (millions of \$)	\$52,350	\$94,442	\$134,413	\$144,418	7.44	8.87	7.97
	1,018	1,468	2,702	3,168			
Percentage of Total Physician/Supplier Services Expenditures²							
Medicare Status							
65 years and older	89.68	85.24	83.59	85.75	2.58	0.12	-0.66
	0.53	0.71	1.13	0.65			
64 years and younger	10.32	14.76	16.41	14.25	-13.16	-0.70	4.76
	0.53	0.71	1.13	0.65			
Race/Ethnicity							
White non-Hispanic	83.90	80.14	77.35	77.57	0.28	-0.65	-0.59
	0.86	0.82	1.11	1.38			
All others	16.10	19.86	22.65	22.43	-0.97	2.46	2.77
	0.86	0.82	1.11	1.38			
Functional Limitation							
None	40.49	45.61	44.93	48.32	7.55	1.16	1.56
	1.15	0.78	1.15	1.05			
IADL only ³	26.19	24.81	27.78	24.37	-12.28	-0.36	-0.70
	1.05	0.77	1.23	1.00			
One to two ADLs ⁴	19.31	16.49	16.90	16.10	-4.73	-0.48	-2.03
	0.94	0.74	0.74	0.81			
Three to five ADLs	14.01	13.10	10.39	11.21	7.89	-3.07	-0.87
	0.87	0.72	0.63	0.77			

Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Physician/Supplier Expenditures (millions of \$)	\$52,350 <i>1,018</i>	\$94,442 <i>1,468</i>	\$134,413 <i>2,702</i>	\$144,418 <i>3,168</i>	7.44	8.87	7.97
Percentage of Total Physician/Supplier Services Expenditures²							
Health Insurance⁵							
Medicare fee-for-service only	6.90 <i>0.41</i>	5.93 <i>0.33</i>	4.80 <i>0.28</i>	4.97 <i>0.38</i>	3.54	-3.47	-1.95
Medicaid	15.66 <i>0.85</i>	16.76 <i>0.65</i>	20.67 <i>1.13</i>	19.39 <i>0.69</i>	-6.19	2.96	0.89
Private health insurance	71.57 <i>1.01</i>	60.33 <i>0.81</i>	61.82 <i>1.15</i>	62.05 <i>0.84</i>	0.37	0.56	-2.20
Income							
Lowest income quartile	22.57 <i>0.91</i>	24.24 <i>0.83</i>	27.63 <i>1.14</i>	24.53 <i>0.87</i>	-11.22	0.24	0.93
Second income quartile	27.53 <i>0.96</i>	24.02 <i>0.63</i>	23.65 <i>0.88</i>	26.28 <i>1.46</i>	11.12	1.81	-1.76
Third income quartile	24.59 <i>0.84</i>	25.89 <i>0.74</i>	25.25 <i>1.15</i>	24.98 <i>1.03</i>	-1.07	-0.71	0.67
Highest income quartile	25.31 <i>0.99</i>	25.85 <i>0.91</i>	23.48 <i>0.78</i>	24.22 <i>0.99</i>	3.15	-1.29	0.27

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Prescription Medicine Expenditures (millions of \$)	\$16,070	\$44,094	\$73,705	\$88,444	20.00	14.94	14.02
	228	642	1,024	1,278			
Percentage of Total Prescription Medicine Expenditures²							
Medicare Status							
65 years and older	85.74	79.76	78.23	78.00	-0.29	-0.45	-0.94
	0.62	0.69	0.83	0.74			
64 years and younger	14.26	20.24	21.77	22.00	1.06	1.68	4.66
	0.62	0.69	0.83	0.74			
Race/Ethnicity							
White non-Hispanic	86.25	81.23	78.55	80.38	2.33	-0.21	-0.78
	0.58	0.67	0.83	0.80			
All others	13.75	18.77	21.45	19.62	-8.53	0.89	4.13
	0.58	0.67	0.83	0.80			
Functional Limitation							
None	41.04	46.24	48.36	48.01	-0.72	0.75	1.56
	0.93	0.72	0.87	0.91			
IADL only ³	28.19	27.20	26.33	26.34	0.04	-0.64	-0.46
	0.74	0.74	0.67	0.88			
One to two ADLs ⁴	18.76	16.42	16.68	16.81	0.78	0.47	-1.72
	0.66	0.61	0.61	0.74			
Three to five ADLs	12.01	10.14	8.62	8.84	2.55	-2.71	-2.18
	0.61	0.52	0.42	0.61			

Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Prescription Medicine Expenditures (millions of \$)	\$16,070	\$44,094	\$73,705	\$88,444	20.00	14.94	14.02
	<i>228</i>	<i>642</i>	<i>1,024</i>	<i>1,278</i>			
Percentage of Total Prescription Medicine Expenditures²							
Health Insurance⁵							
Medicare fee-for-service only	8.62	6.98	6.46	6.34	-1.86	-1.91	-2.71
	<i>0.46</i>	<i>0.49</i>	<i>0.38</i>	<i>0.35</i>			
Medicaid	14.75	19.50	21.80	21.49	-1.42	1.96	3.70
	<i>0.59</i>	<i>0.75</i>	<i>0.72</i>	<i>0.67</i>			
Private health insurance	72.75	61.02	62.25	62.38	0.21	0.44	-2.26
	<i>0.73</i>	<i>0.86</i>	<i>0.84</i>	<i>0.76</i>			
Income							
Lowest income quartile	23.47	25.61	27.69	25.75	-7.01	0.11	1.14
	<i>0.73</i>	<i>0.69</i>	<i>0.84</i>	<i>0.64</i>			
Second income quartile	25.64	23.83	23.89	24.32	1.80	0.41	-0.95
	<i>0.75</i>	<i>0.73</i>	<i>0.70</i>	<i>0.64</i>			
Third income quartile	26.64	24.86	24.35	24.61	1.07	-0.20	-0.89
	<i>0.80</i>	<i>0.68</i>	<i>0.67</i>	<i>0.72</i>			
Highest income quartile	24.25	25.70	24.07	25.32	5.19	-0.30	0.76
	<i>0.78</i>	<i>0.86</i>	<i>0.73</i>	<i>0.76</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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, 1992-2005Long-Term Care Facility Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Long-Term Facility Care Expenditures (millions of \$)	\$56,280	\$87,977	\$93,686	\$97,242	3.80	2.02	5.98
	2,903	3,504	3,390	4,084			
Percentage of Total Long-Term Facility Care Expenditures²							
Medicare Status							
65 years and older	81.65	80.33	83.81	85.39	1.89	1.23	-0.21
	2.22	1.88	1.68	1.45			
64 years and younger	18.35	19.67	16.19	14.61	-9.76	-5.77	0.91
	2.22	1.88	1.68	1.45			
Race/Ethnicity							
White non-Hispanic	89.45	83.09	81.84	82.95	1.36	-0.03	-0.95
	1.28	1.61	1.30	1.68			
All others	10.55	16.91	18.16	17.05	-6.11	0.17	6.33
	1.28	1.61	1.30	1.68			
Functional Limitation							
None	2.52*	3.96	3.50	3.86	10.29	-0.51	6.05
	0.67	0.72	0.77	0.60			
IADL only ³	7.05	5.77	5.63	5.29	-6.04	-1.72	-2.57
	1.28	0.85	0.73	0.64			
One to two ADLs ⁴	17.89	18.54	18.57	18.84	1.45	0.32	0.47
	1.48	1.46	1.83	1.70			
Three to five ADLs	72.54	71.73	72.31	72.01	-0.41	0.08	-0.15
	1.97	1.77	1.83	1.69			

Table 6.9 Long-Term Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2005Long-Term Care Facility Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Total Long-Term Facility Care Expenditures (millions of \$)	\$56,280	\$87,977	\$93,686	\$97,242	3.80	2.02	5.98
	<i>2,903</i>	<i>3,504</i>	<i>3,390</i>	<i>4,084</i>			
Percentage of Total Long-Term Facility Care Expenditures²							
Health Insurance⁵							
Medicare fee-for-service only	11.44	9.45	8.71	7.32	-15.96	-4.98	-2.45
	<i>1.27</i>	<i>1.06</i>	<i>0.96</i>	<i>0.95</i>			
Medicaid	73.26	69.09	69.37	69.30	-0.10	0.06	-0.76
	<i>1.95</i>	<i>1.70</i>	<i>1.84</i>	<i>1.62</i>			
Private health insurance	14.55	18.36	18.29	19.04	4.10	0.73	3.07
	<i>1.39</i>	<i>1.42</i>	<i>1.49</i>	<i>1.34</i>			
Income							
Lowest income quartile	56.09	51.68	51.92	55.69	7.26	1.51	-1.06
	<i>1.96</i>	<i>1.94</i>	<i>2.03</i>	<i>1.95</i>			
Second income quartile	23.17	24.64	25.35	22.34	-11.87	-1.94	0.80
	<i>1.58</i>	<i>1.83</i>	<i>1.77</i>	<i>1.51</i>			
Third income quartile	13.26	12.81	16.86	13.78	-18.27	1.47	-0.45
	<i>1.21</i>	<i>1.08</i>	<i>1.63</i>	<i>1.51</i>			
Highest income quartile	7.49	10.88	5.86	8.19	39.76	-5.52	4.97
	<i>1.14</i>	<i>0.92</i>	<i>0.88</i>	<i>0.98</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	17.94	19.22	18.87	19.19	1.70	-0.03	0.90
	0.33	0.38	0.41	0.39			
Medicare Status							
65 years and older	17.70	19.06	18.37	18.59	1.20	-0.50	0.97
	0.37	0.41	0.42	0.41			
64 years and younger	20.15	20.24	21.62	22.39	3.56	2.04	0.06
	0.93	1.04	1.36	1.11			
Race/Ethnicity							
White non-Hispanic	18.07	19.18	18.88	19.20	1.69	0.02	0.78
	0.36	0.43	0.41	0.49			
All others	17.39	19.29	18.80	18.97	0.90	-0.33	1.36
	0.98	0.92	0.97	0.74			
Functional Limitation							
None	11.28	13.09	12.57	12.83	2.07	-0.40	1.95
	0.39	0.42	0.47	0.38			
IADL only ²	22.36	25.10	24.61	26.34	7.03	0.97	1.51
	0.82	0.93	0.98	1.11			
One to two ADLs ³	27.46	26.44	26.53	26.97	1.66	0.40	-0.49
	1.15	1.10	1.14	1.17			
Three to five ADLs	35.75	38.53	41.63	37.50	-9.92	-0.54	0.98
	1.40	1.67	2.03	1.80			
Health Insurance							
Medicare fee-for-service only	16.85	15.52	14.94	16.98	13.65	1.81	-1.06
	1.06	1.20	1.19	1.37			
Medicaid	24.67	25.35	24.51	24.89	1.55	-0.37	0.35
	1.28	0.99	0.85	1.09			
Private health insurance	17.06	19.38	19.09	18.85	-1.26	-0.55	1.67
	0.42	0.48	0.57	0.53			
Medicare HMO ⁴	16.23	15.77	12.97	14.58	12.41	-1.56	-0.37
	1.37	0.91	0.83	1.13			

Table 6.10 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	17.94	19.22	18.87	19.19	1.70	-0.03	0.90
	<i>0.33</i>	<i>0.38</i>	<i>0.41</i>	<i>0.39</i>			
Income							
Lowest income quartile	18.78	21.26	21.87	22.73	3.93	1.35	1.63
	<i>0.67</i>	<i>0.73</i>	<i>0.72</i>	<i>0.94</i>			
Second income quartile	20.95	20.19	20.65	21.43	3.78	1.20	-0.48
	<i>0.88</i>	<i>0.80</i>	<i>0.88</i>	<i>0.73</i>			
Third income quartile	16.47	19.21	16.60	17.58	5.90	-1.76	2.02
	<i>0.64</i>	<i>0.76</i>	<i>0.72</i>	<i>0.79</i>			
Highest income quartile	15.40	16.20	15.99	14.99	-6.25	-1.54	0.66
	<i>0.59</i>	<i>0.77</i>	<i>0.80</i>	<i>0.84</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	57.90	69.84	72.31	71.55	-1.05	0.48	2.47
	0.77	0.52	0.59	0.65			
Medicare Status							
65 years and older	57.40	69.30	71.58	70.64	-1.31	0.38	2.48
	0.81	0.53	0.65	0.72			
64 years and younger	62.48	73.28	76.39	76.39	0.00	0.83	2.09
	1.30	1.27	1.38	1.22			
Race/Ethnicity							
White non-Hispanic	57.81	70.65	73.45	72.18	-1.73	0.43	2.64
	0.86	0.59	0.65	0.73			
All others	58.28	67.14	68.60	69.51	1.33	0.70	1.86
	1.32	1.06	1.25	1.14			
Functional Limitation							
None	52.23	65.28	67.50	67.17	-0.49	0.57	2.94
	0.88	0.70	0.80	0.81			
IADL only ²	62.52	74.44	79.25	76.75	-3.15	0.61	2.29
	1.15	1.03	0.88	0.93			
One to two ADLs ³	66.13	78.22	79.69	77.55	-2.69	-0.17	2.21
	1.22	1.24	1.49	1.26			
Three to five ADLs	70.31	77.76	77.95	82.09	5.31	1.09	1.32
	1.50	1.56	1.64	1.69			
Health Insurance							
Medicare fee-for-service only	50.58	59.57	62.30	62.93	1.01	1.10	2.15
	1.53	1.80	1.78	1.85			
Medicaid	65.89	76.49	75.72	76.61	1.18	0.03	1.96
	1.54	1.02	1.19	0.91			
Private health insurance	57.77	72.16	74.64	73.22	-1.90	0.29	2.93
	0.92	0.67	0.82	0.79			
Medicare HMO ⁴	57.05	62.69	64.15	63.14	-1.57	0.14	1.23
	2.14	1.23	1.51	1.73			

Table 6.11 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	57.90	69.84	72.31	71.55	-1.05	0.48	2.47
	<i>0.77</i>	<i>0.52</i>	<i>0.59</i>	<i>0.65</i>			
Income							
Lowest income quartile	56.64	69.33	71.58	71.65	0.10	0.66	2.66
	<i>1.12</i>	<i>0.86</i>	<i>1.00</i>	<i>0.78</i>			
Second income quartile	59.64	68.74	71.47	72.25	1.09	1.00	1.86
	<i>1.15</i>	<i>0.99</i>	<i>1.14</i>	<i>1.02</i>			
Third income quartile	56.78	71.36	73.97	72.12	-2.50	0.21	3.02
	<i>1.32</i>	<i>1.06</i>	<i>1.02</i>	<i>1.08</i>			
Highest income quartile	58.54	69.94	72.27	70.16	-2.92	0.06	2.34
	<i>1.28</i>	<i>0.86</i>	<i>1.04</i>	<i>1.28</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	92.36	94.89	95.59	94.97	-0.65	0.02	0.35
	<i>0.27</i>	<i>0.24</i>	<i>0.23</i>	<i>0.23</i>			
Medicare Status							
65 years and older	92.69	95.16	95.80	95.46	-0.35	0.06	0.34
	<i>0.26</i>	<i>0.25</i>	<i>0.24</i>	<i>0.27</i>			
64 years and younger	89.34	93.19	94.42	92.38	-2.16	-0.17	0.55
	<i>0.73</i>	<i>0.69</i>	<i>0.63</i>	<i>0.84</i>			
Race/Ethnicity							
White non-Hispanic	92.99	95.43	96.16	95.50	-0.69	0.01	0.34
	<i>0.25</i>	<i>0.25</i>	<i>0.25</i>	<i>0.25</i>			
All others	89.13	93.17	93.66	93.22	-0.47	0.01	0.58
	<i>0.97</i>	<i>0.62</i>	<i>0.62</i>	<i>0.65</i>			
Functional Limitation							
None	90.13	93.60	94.19	94.05	-0.15	0.10	0.49
	<i>0.42</i>	<i>0.37</i>	<i>0.37</i>	<i>0.41</i>			
IADL only ²	94.55	96.10	97.24	96.14	-1.13	0.01	0.21
	<i>0.44</i>	<i>0.39</i>	<i>0.34</i>	<i>0.44</i>			
One to two ADLs ³	95.43	96.98	97.71	96.02	-1.73	-0.20	0.21
	<i>0.54</i>	<i>0.57</i>	<i>0.39</i>	<i>0.71</i>			
Three to five ADLs	96.34	97.97	98.47	97.59	-0.89	-0.08	0.22
	<i>0.52</i>	<i>0.63</i>	<i>0.53</i>	<i>0.70</i>			
Health Insurance							
Medicare fee-for-service only	83.25	84.34	86.53	85.15	-1.59	0.19	0.17
	<i>1.23</i>	<i>1.25</i>	<i>1.35</i>	<i>1.34</i>			
Medicaid	92.42	95.19	95.14	94.80	-0.36	-0.08	0.38
	<i>0.74</i>	<i>0.56</i>	<i>0.58</i>	<i>0.54</i>			
Private health insurance	93.86	96.67	97.19	96.42	-0.79	-0.05	0.38
	<i>0.31</i>	<i>0.28</i>	<i>0.25</i>	<i>0.29</i>			
Medicare HMO ⁴	92.76	94.75	95.51	95.76	0.26	0.21	0.28
	<i>0.97</i>	<i>0.49</i>	<i>0.72</i>	<i>0.62</i>			

Table 6.12 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	92.36	94.89	95.59	94.97	-0.65	0.02	0.35
	<i>0.27</i>	<i>0.24</i>	<i>0.23</i>	<i>0.23</i>			
Income							
Lowest income quartile	88.83	93.01	93.22	93.02	-0.21	0.00	0.60
	<i>0.65</i>	<i>0.57</i>	<i>0.55</i>	<i>0.61</i>			
Second income quartile	93.19	94.44	95.77	95.23	-0.56	0.17	0.17
	<i>0.49</i>	<i>0.54</i>	<i>0.44</i>	<i>0.51</i>			
Third income quartile	92.46	95.96	96.74	95.54	-1.24	-0.09	0.48
	<i>0.52</i>	<i>0.38</i>	<i>0.45</i>	<i>0.54</i>			
Highest income quartile	95.04	96.18	96.93	96.12	-0.84	-0.01	0.16
	<i>0.42</i>	<i>0.42</i>	<i>0.45</i>	<i>0.51</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	85.20	91.06	92.24	92.43	0.21	0.30	0.87
	<i>0.36</i>	<i>0.30</i>	<i>0.31</i>	<i>0.31</i>			
Medicare Status							
65 years and older	85.31	91.25	92.42	92.68	0.28	0.31	0.88
	<i>0.38</i>	<i>0.32</i>	<i>0.35</i>	<i>0.30</i>			
64 years and younger	84.14	89.84	91.28	91.07	-0.23	0.27	0.86
	<i>0.86</i>	<i>0.78</i>	<i>0.85</i>	<i>0.93</i>			
Race/Ethnicity							
White non-Hispanic	85.52	91.50	92.88	92.74	-0.15	0.27	0.88
	<i>0.41</i>	<i>0.33</i>	<i>0.31</i>	<i>0.32</i>			
All others	83.54	89.60	90.20	91.42	1.35	0.40	0.91
	<i>1.00</i>	<i>0.60</i>	<i>0.83</i>	<i>0.77</i>			
Functional Limitation							
None	80.67	88.49	90.44	90.55	0.12	0.46	1.21
	<i>0.59</i>	<i>0.46</i>	<i>0.45</i>	<i>0.44</i>			
IADL only ²	90.33	93.92	94.78	95.00	0.23	0.23	0.51
	<i>0.55</i>	<i>0.46</i>	<i>0.46</i>	<i>0.56</i>			
One to two ADLs ³	91.16	94.96	95.19	94.87	-0.34	-0.02	0.53
	<i>0.64</i>	<i>0.61</i>	<i>0.61</i>	<i>0.73</i>			
Three to five ADLs	91.90	96.18	94.14	95.74	1.70	-0.09	0.59
	<i>0.86</i>	<i>0.67</i>	<i>1.03</i>	<i>0.93</i>			
Health Insurance							
Medicare fee-for-service only	76.58	77.62	78.30	81.31	3.84	0.93	0.18
	<i>1.26</i>	<i>1.53</i>	<i>1.25</i>	<i>1.44</i>			
Medicaid	86.72	91.89	92.28	92.34	0.07	0.10	0.76
	<i>0.91</i>	<i>0.65</i>	<i>0.63</i>	<i>0.71</i>			
Private health insurance	86.39	93.17	94.17	93.93	-0.25	0.16	0.99
	<i>0.46</i>	<i>0.36</i>	<i>0.37</i>	<i>0.34</i>			
Medicare HMO ⁴	85.04	90.96	93.59	93.82	0.25	0.62	0.88
	<i>1.67</i>	<i>0.70</i>	<i>0.90</i>	<i>0.84</i>			

Table 6.13 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	85.20	91.06	92.24	92.43	0.21	0.30	0.87
	<i>0.36</i>	<i>0.30</i>	<i>0.31</i>	<i>0.31</i>			
Income							
Lowest income quartile	82.74	88.16	89.08	89.80	0.81	0.37	0.83
	<i>0.69</i>	<i>0.61</i>	<i>0.69</i>	<i>0.66</i>			
Second income quartile	85.70	91.05	92.46	93.80	1.45	0.60	0.79
	<i>0.70</i>	<i>0.58</i>	<i>0.62</i>	<i>0.58</i>			
Third income quartile	85.51	92.45	93.74	92.81	-0.99	0.08	1.02
	<i>0.78</i>	<i>0.58</i>	<i>0.58</i>	<i>0.55</i>			
Highest income quartile	86.88	92.58	94.08	93.34	-0.79	0.16	0.83
	<i>0.78</i>	<i>0.49</i>	<i>0.50</i>	<i>0.62</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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, 1992-2005

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Percentage of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay							
All Beneficiaries	7.69	9.25	8.63	8.53	-1.16	-1.61	2.43
	0.23	0.23	0.20	0.23			
Medicare Status							
65 years and older	7.58	9.50	8.71	8.85	1.61	-1.41	2.98
	0.23	0.24	0.22	0.26			
64 years and younger	8.67	7.65	8.15	6.78	-16.81	-2.39	-1.61
	0.66	0.54	0.79	0.51			
Race/Ethnicity							
White non-Hispanic	8.02	9.73	9.19	9.10	-0.98	-1.33	2.54
	0.26	0.26	0.24	0.26			
All others	5.47	7.15	6.62	6.36	-3.93	-2.31	3.54
	0.47	0.46	0.46	0.47			
Functional Limitation							
None	0.81	1.75	1.54	1.92	24.68	1.87	10.53
	0.11	0.17	0.15	0.19			
IADL only ¹	3.95	5.60	6.90	6.13	-11.16	1.83	4.64
	0.39	0.44	0.53	0.47			
One to two ADLs ²	11.54	15.75	13.58	13.34	-1.77	-3.27	4.13
	0.84	0.87	0.78	0.75			
Three to five ADLs	41.18	46.50	45.98	45.46	-1.13	-0.45	1.59
	1.31	1.41	1.17	1.60			
Health Insurance							
Medicare fee-for-service only	8.74	9.40	7.69	7.03	-8.58	-5.64	0.95
	0.62	0.67	0.68	0.72			
Medicaid	28.66	25.78	22.31	21.24	-4.80	-3.80	-1.37
	1.06	0.84	0.88	0.79			
Private health insurance	2.77	5.49	4.78	4.86	1.67	-2.41	9.30
	0.16	0.28	0.23	0.21			
Medicare HMO ³	2.73*	4.05	4.63	5.96	28.73	8.03	5.26
	0.56	0.44	0.53	0.53			

Table 6.14 Facility User Rates for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2005

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
Percentage of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay							
All Beneficiaries	7.69	9.25	8.63	8.53	-1.16	-1.61	2.43
	<i>0.23</i>	<i>0.23</i>	<i>0.20</i>	<i>0.23</i>			
Income							
Lowest income quartile	15.48	14.87	15.37	14.79	-3.77	-0.11	-0.52
	<i>0.62</i>	<i>0.49</i>	<i>0.72</i>	<i>0.55</i>			
Second income quartile	7.75	9.93	9.06	9.66	6.62	-0.55	3.27
	<i>0.43</i>	<i>0.49</i>	<i>0.49</i>	<i>0.56</i>			
Third income quartile	4.56	6.86	6.61	5.53	-16.34	-4.22	5.45
	<i>0.34</i>	<i>0.42</i>	<i>0.43</i>	<i>0.40</i>			
Highest income quartile	2.67	5.31	3.40	3.71	9.12	-6.92	9.35
	<i>0.31</i>	<i>0.38</i>	<i>0.32</i>	<i>0.34</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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 Care,¹ by Demographic and Socioeconomic Characteristics, 1992-2005Community-Only Residents²

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
All Beneficiaries	88.24	92.41	93.57	93.59	0.02	0.25	0.60
	<i>0.36</i>	<i>0.27</i>	<i>0.29</i>	<i>0.27</i>			
Medicare Status							
64 years and younger	83.90	89.80	91.93	90.08	-2.01	0.06	0.89
	<i>0.94</i>	<i>0.81</i>	<i>0.74</i>	<i>0.75</i>			
65 years and older	88.70	92.81	93.86	94.25	0.42	0.31	0.59
	<i>0.38</i>	<i>0.31</i>	<i>0.31</i>	<i>0.27</i>			
Gender							
Male	86.43	91.55	92.96	92.52	-0.47	0.21	0.75
	<i>0.49</i>	<i>0.42</i>	<i>0.45</i>	<i>0.44</i>			
Female	89.63	93.08	94.07	94.47	0.43	0.30	0.49
	<i>0.47</i>	<i>0.33</i>	<i>0.35</i>	<i>0.34</i>			
Race/Ethnicity							
White non-Hispanic	88.87	92.50	94.01	94.05	0.04	0.33	0.52
	<i>0.37</i>	<i>0.30</i>	<i>0.30</i>	<i>0.28</i>			
All others	84.92	92.07	92.00	91.95	-0.05	-0.03	1.06
	<i>1.04</i>	<i>0.62</i>	<i>0.79</i>	<i>0.72</i>			
Functional Limitation							
None	87.27	92.39	93.88	93.54	-0.36	0.25	0.74
	<i>0.47</i>	<i>0.36</i>	<i>0.34</i>	<i>0.38</i>			
IADL only ³	90.67	93.91	93.88	94.67	0.84	0.16	0.46
	<i>0.60</i>	<i>0.50</i>	<i>0.53</i>	<i>0.49</i>			
One to two ADLs ⁴	89.83	92.05	92.51	93.37	0.93	0.29	0.32
	<i>0.93</i>	<i>0.76</i>	<i>0.83</i>	<i>0.77</i>			
Three to five ADLs	85.02	88.45	91.71	90.76	-1.04	0.52	0.52
	<i>1.31</i>	<i>1.18</i>	<i>1.17</i>	<i>1.11</i>			

Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care,¹ by Demographic and Socioeconomic Characteristics, 1992-2005Community-Only Residents²

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
All Beneficiaries	88.24	92.41	93.57	93.59	0.02	0.25	0.60
	<i>0.36</i>	<i>0.27</i>	<i>0.29</i>	<i>0.27</i>			
Usual Source of Care							
No usual source of care	55.17	59.68	55.40	53.84	-2.82	-2.04	1.03
	<i>1.77</i>	<i>2.10</i>	<i>2.75</i>	<i>2.53</i>			
Has usual source of care	91.74	94.42	95.23	95.60	0.39	0.25	0.38
	<i>0.30</i>	<i>0.23</i>	<i>0.26</i>	<i>0.21</i>			
Living Arrangement							
Alone	89.16	90.72	93.00	92.81	-0.20	0.46	0.23
	<i>0.59</i>	<i>0.48</i>	<i>0.48</i>	<i>0.50</i>			
With spouse	88.63	93.40	94.48	94.44	-0.04	0.22	0.68
	<i>0.47</i>	<i>0.35</i>	<i>0.38</i>	<i>0.32</i>			
With children/others	85.49	92.41	92.04	92.49	0.49	0.02	1.02
	<i>0.90</i>	<i>0.62</i>	<i>0.63</i>	<i>0.60</i>			
Health Insurance							
Medicare fee-for-service only	76.61	85.15	84.71	84.60	-0.13	-0.13	1.38
	<i>1.23</i>	<i>1.10</i>	<i>1.17</i>	<i>1.40</i>			
Medicaid	87.48	91.04	91.80	92.43	0.69	0.30	0.52
	<i>0.99</i>	<i>0.72</i>	<i>0.82</i>	<i>0.68</i>			
Private health insurance	90.13	93.96	95.36	95.13	-0.24	0.25	0.54
	<i>0.39</i>	<i>0.34</i>	<i>0.32</i>	<i>0.33</i>			
Medicare HMO ⁵	90.41	92.52	94.24	94.69	0.48	0.46	0.30
	<i>1.13</i>	<i>0.52</i>	<i>0.72</i>	<i>0.67</i>			

Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care,¹ by Demographic and Socioeconomic Characteristics, 1992-2005Community-Only Residents²

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
All Beneficiaries	88.24	92.41	93.57	93.59	0.02	0.25	0.60
	<i>0.36</i>	<i>0.27</i>	<i>0.29</i>	<i>0.27</i>			
Income							
Lowest income quartile	85.99	90.58	91.64	91.15	-0.53	0.13	0.68
	<i>0.75</i>	<i>0.63</i>	<i>0.58</i>	<i>0.59</i>			
Second income quartile	87.39	91.14	92.35	93.39	1.13	0.49	0.55
	<i>0.72</i>	<i>0.55</i>	<i>0.60</i>	<i>0.56</i>			
Third income quartile	87.52	93.70	94.85	94.18	-0.71	0.10	0.89
	<i>0.70</i>	<i>0.46</i>	<i>0.44</i>	<i>0.53</i>			
Highest income quartile	92.22	94.24	95.68	95.69	0.01	0.31	0.28
	<i>0.57</i>	<i>0.53</i>	<i>0.55</i>	<i>0.48</i>			

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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 only resided 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 it excludes beneficiaries who only resided 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, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
All Beneficiaries	90.45	94.27	95.80	95.16	-0.67	0.19	0.54
	<i>0.35</i>	<i>0.26</i>	<i>0.21</i>	<i>0.26</i>			
Medicare Status							
64 years and younger	88.46	92.07	94.81	93.23	-1.67	0.25	0.52
	<i>0.79</i>	<i>0.70</i>	<i>0.70</i>	<i>0.66</i>			
65 years and older	90.66	94.61	95.98	95.52	-0.48	0.19	0.56
	<i>0.35</i>	<i>0.27</i>	<i>0.21</i>	<i>0.27</i>			
Gender							
Male	88.14	92.62	94.71	93.99	-0.76	0.29	0.65
	<i>0.52</i>	<i>0.44</i>	<i>0.34</i>	<i>0.48</i>			
Female	92.24	95.57	96.68	96.12	-0.58	0.11	0.46
	<i>0.40</i>	<i>0.32</i>	<i>0.27</i>	<i>0.27</i>			
Race/Ethnicity							
White non-Hispanic	90.96	94.45	96.05	95.54	-0.53	0.23	0.49
	<i>0.35</i>	<i>0.29</i>	<i>0.23</i>	<i>0.27</i>			
All others	87.64	93.58	94.93	93.77	-1.22	0.04	0.86
	<i>0.99</i>	<i>0.55</i>	<i>0.53</i>	<i>0.63</i>			
Functional Limitation							
None	88.36	93.26	94.89	94.00	-0.94	0.16	0.70
	<i>0.52</i>	<i>0.37</i>	<i>0.30</i>	<i>0.34</i>			
IADL only ²	93.03	95.54	96.79	96.70	-0.09	0.24	0.35
	<i>0.51</i>	<i>0.38</i>	<i>0.39</i>	<i>0.39</i>			
One to two ADLs ³	92.95	95.46	97.59	96.57	-1.05	0.23	0.35
	<i>0.57</i>	<i>0.60</i>	<i>0.49</i>	<i>0.58</i>			
Three to five ADLs	93.39	96.56	97.17	97.67	0.51	0.23	0.43
	<i>1.01</i>	<i>0.66</i>	<i>0.54</i>	<i>0.68</i>			

Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries With a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
All Beneficiaries	90.45	94.27	95.80	95.16	-0.67	0.19	0.54
	<i>0.35</i>	<i>0.26</i>	<i>0.21</i>	<i>0.26</i>			
Living Arrangement							
Alone	90.64	93.75	94.93	93.88	-1.11	0.03	0.44
	<i>0.49</i>	<i>0.46</i>	<i>0.45</i>	<i>0.43</i>			
With spouse	90.94	94.87	96.77	96.19	-0.60	0.28	0.55
	<i>0.46</i>	<i>0.30</i>	<i>0.28</i>	<i>0.30</i>			
With children/others	88.59	93.38	94.56	94.34	-0.23	0.20	0.69
	<i>0.72</i>	<i>0.61</i>	<i>0.52</i>	<i>0.54</i>			
Health Insurance							
Medicare fee-for-service only	80.82	85.58	88.86	85.94	-3.29	0.08	0.75
	<i>1.17</i>	<i>1.20</i>	<i>1.01</i>	<i>1.23</i>			
Medicaid	89.61	93.81	94.62	93.64	-1.04	-0.04	0.60
	<i>0.85</i>	<i>0.61</i>	<i>0.52</i>	<i>0.50</i>			
Private health insurance	91.78	95.14	96.74	96.37	-0.38	0.26	0.47
	<i>0.37</i>	<i>0.29</i>	<i>0.21</i>	<i>0.32</i>			
Medicare HMO ⁴	95.18	96.56	98.22	98.44	0.22	0.39	0.19
	<i>0.99</i>	<i>0.50</i>	<i>0.34</i>	<i>0.43</i>			

Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries With a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2005Community-Only Residents¹

Beneficiary Characteristic	1992	2000	2004	2005	Annual Rate of Change 2004-2005 (%)	Annual Rate of Change 2000-2005 (%)	Annual Rate of Change 1992-2000 (%)
All Beneficiaries	90.45 <i>0.35</i>	94.27 <i>0.26</i>	95.80 <i>0.21</i>	95.16 <i>0.26</i>	-0.67	0.19	0.54
Income							
Lowest income quartile	88.61 <i>0.72</i>	92.91 <i>0.52</i>	94.12 <i>0.54</i>	92.70 <i>0.61</i>	-1.51	-0.05	0.62
Second income quartile	90.15 <i>0.58</i>	94.46 <i>0.46</i>	95.55 <i>0.38</i>	95.56 <i>0.47</i>	0.01	0.23	0.61
Third income quartile	91.22 <i>0.54</i>	95.78 <i>0.44</i>	96.11 <i>0.44</i>	95.45 <i>0.47</i>	-0.69	-0.07	0.64
Highest income quartile	91.85 <i>0.63</i>	93.93 <i>0.52</i>	97.66 <i>0.37</i>	96.96 <i>0.40</i>	-0.72	0.64	0.29

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2000, CY 2004, and CY 2005.

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 only resided 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 it excludes beneficiaries who only resided 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 2005, the initial sample included approximately 16,940 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.

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 2005, data were collected from 12,029 beneficiaries for the Cost and Use file. The final sample included 10,956 persons who lived in the community for the entire year, 826 persons who lived in long-term care facilities for the entire year, and 247 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

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 2007, and on cost and use for calendar years 1992 through 2006.

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 2005 Cost and Use file is the fourteenth 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 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 787,907 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 108,261 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 pay-

²Detailed documentation of the CY 2005 Cost and Use file is available from the Centers for Medicare and Medicaid Services, Office of Research, Development, and Information, in Baltimore, Maryland.

ments 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 12,029 sample persons in the 2005 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 2005, 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 43 and 46, who enrolled during 2004 or 2005, were added to the samples from Rounds 34, 37, and 40 to create an ever-enrolled population for calendar year 2005.

The 2005 Cost and Use file, therefore, consists of a composite of persons who were (1) continuously enrolled from January 1, 2004; (2) newly enrolled in 2004; or, (3) newly enrolled in 2005. 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-2004 accretes represent persons who were enrolled in Medicare before 2004 and still living in 2005.

Table A-1 2005 Cost and Use File Sample

Sample Status	Number of Persons
Pre-2004 Accretes (Panels 12, 13, & 14)	11,337
2004 Accretes (Panel 15)	323
2005 Accretes (Panel 16)	369
Total	12,029

Newly enrolled sample persons from Rounds 43 and 46 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 2005 interviews. Thus the sample persons who represent 2004 and 2005 accretes (i.e., beneficiaries who were newly enrolled in Medicare in 2004 or 2005) have incomplete or missing survey data for 2005.

Utilization data for ghosts are included in the 2005 Cost and Use file at the type-of-service and person summary levels, even though they were not interviewed until late 2005 (Round 43) if they were new Medicare enrollees in late 2004, or late 2006 (Round 46) if they were new Medicare enrollees in 2005. 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 2005 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 2005 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.

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.

³ Medicare 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.

Users are cautioned against mixing data from the two types of files to estimate change over time. For example, 2005 Cost and Use file data on health status should not be compared to 2005 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 2005 Cost and Use file originally contained 5,044 beneficiaries from Round 34; 5,345 beneficiaries from Round 37; 5,587 beneficiaries from Round 40; 494 beneficiaries from Round 43, who became eligible for Medicare in 2004; and 470 beneficiaries from Round 46 who became eligible for Medicare in 2005. The beneficiaries from Rounds 34, 37, and 40 all survived until 2005. The overall response rate was 71.0 percent for a final sample of 12,029 persons. Response rates are shown in Table A-2.

Table A-2 2005 Cost and Use File Sample Response Rates

Panel	Sample Size	Respondents	Response Rate
Round 34	5,044	3,452	68.4%
Round 37	5,345	3,693	69.1%
Round 40	5,587	4,192	75.0%
Round 43	494	323	65.4%
Round 46	470	369	78.5%
All	16,940	12,029	71.0%

As in any survey, some respondents did not supply answers to all questions. Item nonresponse rates are low in the 2005 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 2005 Item Nonresponse for Selected Variables

Variable	Missing	Percentage of Total
Race/Ethnicity	32	0.3%
Education	219	1.8%
Marital Status	35	0.3%
Gender	0	0.0%
Age	0	0.0%
General Health	76	0.6%

Since data for most variables are fairly complete, imputations were kept to a minimum in the 2005 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

⁴The technical appendixes in the 2005 Cost and Use file documentation detail the imputation methods used to complete the expenditure data.

COST AND USE FILE STATISTICS

The 2005 Cost and Use file contains a cross-sectional weight for each of the 12,029 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 2005, 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 43.44 percent of all Medicare beneficiaries are between the age of 65 and 74. The standard error of this estimate (0.37 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 43.44 percent plus or minus 0.73 percent. This is a relatively “tight” confidence interval, suggesting that the MCBS data provide a reliable estimate of the true proportion of beneficiaries between the age of 65 and 74. The chances are about 95 in 100 that the true population proportion falls between 42.71 percent and 44.17 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 0.85 percent ($100 \times (0.37/43.44)$). 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 sub-

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

groups 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 sourcebook 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 2005 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

$$\text{Var}(X_0) = \frac{2.04}{100} \sum_{i=1}^{100} (X_i - X_0)^2 .$$

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 2005 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 2004 estimate from the 2005 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 2004 and 2005 estimates, $d0504=c05e - c04e$. Standard errors associated with estimates of $d0504$ 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

$$\text{Var}(D_0) = \frac{2.04}{100} \frac{100}{\sum_{i=1} (D_i - D_0)^2},$$

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 $V(e_1) = \text{Var}(cy05e)$ and $V(e_2) = \text{Var}(cy04e)$. 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 the 1992–2003 *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 Research, Development, and Information, 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 2005 is:

$$\sqrt[13]{2005 / 1992} - 1 .$$

The annual growth rate from 2004 to 2005 is calculated as follows:

$$(2005 / 2004) - 1 .$$

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 consists of heart disease, cancer (other than skin cancer), Alzheimer's disease/other dementias, mental illness/disorder (depression/anxiety disorders), 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. In 2003, cancer (other than skin cancer), Alzheimer's disease/other dementias, and mental

illness/disorder (depression/anxiety disorders) were added to the list of chronic conditions.

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 2005, Medicare Part A paid for all covered services except for the first \$912. The \$912 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 2005. It is for the sample person, or the sample person and spouse if the sample person was married in 2005. 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 2005 cost and use files if the discharge date for the stay was in 2005.

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 2005 Cost and Use files. The annual variables indicate whether a sample person held that type of insurance at some point during 2005. 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 2005, 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 2005. 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 2005, 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 2005.
- **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 2005. Sample persons enrolled in private HMOs, who did not have Medicaid or Medicare HMO coverage at any point during 2005, 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 2005.

- **Medicare HMO** encompasses sample persons enrolled in any type of Medicare HMO, who were not eligible for Medicaid benefits at any point during 2005. 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 2005 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 facili-

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 2005 cost and use files if the discharge date for the stay was in 2005.

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. This definition was expanded to include mental retardation, schizophrenia, and manic depression for facility residents in 1997; and it was further expanded to include depression for community residents in 2000.

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 government 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.

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.

- **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 pharmaceutical 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 2005, 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 2005 (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 10,956 community-only resident sample persons represented in the tables, 6,885 responded they were “satisfied,” and 329 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 10,956 community-only resident sample persons represented in the tables, 7,174 responded they were “satisfied,” and 1,133 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 10,956 community-only resident sample persons represented in the tables, 4,914 responded they were “satisfied,” and 4,222 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 10,956 community-only resident sample persons represented in the tables, 7,716 responded they were “satisfied,” and 239 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 10,956 community-only resident sample persons represented in the tables, 6,996 responded they were “satisfied,” and 1,575 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 10,956 community-only resident sample persons represented in the tables, 7,829 responded they were “satisfied,” and 343 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 10,956 community-only resident sample persons represented in the tables, 7,462 responded they were “satisfied,” and 394 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 10,956 community-only resident sample persons represented in the tables, 6,926 responded they were “satisfied,” and 310 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 reflect 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 2005. 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 2005, 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.