

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2013

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	\$962,376 (13,755)	66.0 (0.7)	6.7 (0.3)	8.5 (0.3)	15.4 (0.4)	3.4 (0.2)
Beneficiaries 65 years and older	781,296 (13,146)	64.8 (0.7)	6.5 (0.3)	8.9 (0.3)	16.6 (0.5)	3.2 (0.2)
Beneficiaries 64 years and younger	181,080 (6,822)	71.3 (1.1)	7.8 (0.8)	6.4 (0.9)	10.5 (0.7)	3.9 (0.5)
Inpatient Hospital Services						
All beneficiaries	218,346 (8,096)	90.9 (0.8)	1.0 (0.1)	6.0 (0.8)	1.7 (0.5)	*
Beneficiaries 65 years and older	176,964 (7,187)	91.4 (0.9)	0.7 (0.1)	6.1 (0.8)	*	*
Beneficiaries 64 years and younger	41,382 (3,815)	88.7 (2.6)	2.4 (0.3)	*	*	*
Outpatient Hospital Services						
All beneficiaries	110,717 (3,109)	81.1 (0.8)	1.7 (0.1)	10.5 (0.7)	6.1 (0.4)	0.7 (0.2)
Beneficiaries 65 years and older	86,874 (2,295)	81.4 (0.8)	1.2 (0.1)	11.2 (0.6)	5.6 (0.3)	0.6 (0.2)
Beneficiaries 64 years and younger	23,843 (2,030)	79.9 (2.0)	3.6 (0.4)	7.8 (2.0)	7.9 (1.0)	*
Physician/Supplier Services						
All beneficiaries	216,763 (3,925)	68.8 (0.9)	2.1 (0.1)	12.6 (0.4)	15.8 (0.7)	0.7 (0.1)
Beneficiaries 65 years and older	180,561 (3,850)	68.6 (1.0)	1.4 (0.1)	13.4 (0.5)	15.9 (0.8)	0.6 (0.1)
Beneficiaries 64 years and younger	36,202 (1,539)	69.8 (1.3)	5.5 (0.4)	8.5 (1.1)	15.2 (0.8)	1.1 (0.2)
Dental Services						
All beneficiaries	22,166 (1,130)	3.5 (0.2)	*	17.9 (1.1)	77.1 (1.2)	0.6 (0.2)
Beneficiaries 65 years and older	19,362 (889)	3.4 (0.2)	0.2 (0.1)	18.2 (1.3)	77.8 (1.3)	0.4 (0.1)
Beneficiaries 64 years and younger	2,804 (474)	4.3 (0.8)	*	15.8 (3.2)	71.7 (4.9)	*
Prescription Medicines						
All beneficiaries	186,154 (3,997)	63.3 (0.9)	0.7 (0.1)	10.7 (0.6)	16.2 (0.4)	9.1 (0.6)
Beneficiaries 65 years and older	133,060 (3,098)	58.7 (0.9)	0.4 (0.1)	12.1 (0.7)	18.9 (0.4)	9.9 (0.7)
Beneficiaries 64 years and younger	53,094 (2,778)	74.8 (1.7)	*	7.0 (1.0)	9.6 (0.7)	7.2 (1.1)
Medicare Hospice Services						
All beneficiaries	15,664 (1,624)	100.0 (0.0)	*	*	*	*
Beneficiaries 65 years and older	15,359 (1,623)	100.0 (0.0)	*	*	*	*
Beneficiaries 64 years and younger	*	100.0 (0.0)	*	*	*	*

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2013

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
Medicare Home Health Services						
All beneficiaries	29,825 (1,683)	77.1 (3.4)	*	*	20.1 (3.5)	*
Beneficiaries 65 years and older	26,380 (1,560)	75.4 (3.8)	*	*	22.4 (3.9)	*
Beneficiaries 64 years and younger	3,446 (423)	90.4 (3.9)	*	*	*	*
Skilled Nursing Facility Care¹						
All beneficiaries	53,591 (3,080)	72.7 (2.3)	11.6 (2.1)	5.2 (0.6)	9.1 (1.3)	*
Beneficiaries 65 years and older	47,889 (2,783)	71.8 (2.1)	11.7 (1.9)	5.8 (0.6)	9.2 (1.3)	*
Beneficiaries 64 years and younger	5,702 (1,086)	80.8 (7.8)	*	*	*	*
Long-Term Nursing Home Care²						
All beneficiaries	109,150 (4,523)	1.8 (0.4)	44.0 (1.9)	2.2 (0.5)	41.8 (1.8)	10.2 (1.3)
Beneficiaries 65 years and older	94,848 (3,913)	1.8 (0.4)	41.4 (2.1)	2.3 (0.6)	45.0 (1.9)	9.5 (1.3)
Beneficiaries 64 years and younger	14,301 (1,935)	*	61.7 (5.1)	*	20.9 (4.0)	15.0 (3.5)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

- 1: Beginning in CY2009, skilled nursing facility (SNF) care expenditures are separated from expenditures for long-term nursing home care. Expenditures for SNF care, which were reported during a community interview or created through Medicare claims data, were included for Medicare beneficiaries who used SNF care.
- 2: Expenditures for long-term nursing home care in facilities include facility room and board expenses and charges for ancillary services for beneficiaries who resided in a facility for the full year and for beneficiaries who resided in a facility for part of the year and in the community for part of the year.

Notes: Standard errors are listed in parentheses. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.
Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013Community-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	\$187,657 (7,343)	90.3 (1.0)	0.9 (0.1)	6.7 (0.9)	*	*	\$3,671 (144)
Medicare Status³							
Aged							
65 - 74 years	76,328 (6,193)	89.2 (1.9)	0.5 (0.1)	7.9 (1.7)	*	*	3,058 (246)
75 - 84 years	52,271 (2,682)	92.4 (1.8)	0.7 (0.1)	*	1.0 (0.3)	*	4,195 (212)
85 years and older	24,720 (1,390)	93.7 (1.0)	0.6 (0.1)	4.4 (0.8)	0.6 (0.1)	*	4,887 (244)
Disabled							
Under 45 years	6,640 (1,128)	83.8 (6.8)	3.9 (0.8)	*	*	*	3,596 (598)
45 - 64 years	27,698 (2,703)	87.8 (3.4)	1.9 (0.3)	*	1.3 (0.3)	*	4,080 (410)
Gender							
Male	88,506 (5,565)	89.9 (1.5)	0.6 (0.1)	7.8 (1.5)	1.1 (0.1)	*	3,752 (230)
Female	99,151 (4,584)	90.7 (1.3)	1.2 (0.1)	5.7 (1.0)	*	*	3,602 (162)
Living Arrangement							
Alone	50,466 (4,286)	93.7 (1.0)	1.2 (0.2)	3.2 (0.6)	*	*	3,716 (309)
With spouse	89,460 (5,788)	88.5 (1.6)	0.3 (0.1)	10.1 (1.6)	1.0 (0.2)	*	3,529 (228)
With children	25,104 (2,309)	94.0 (0.9)	1.4 (0.2)	3.5 (0.9)	1.0 (0.2)	*	4,563 (396)
With others	20,168 (1,873)	87.0 (4.4)	2.1 (0.4)	*	*	*	3,689 (328)
Race/Ethnicity							
White non-Hispanic	130,016 (5,825)	91.7 (0.9)	0.6 (0.1)	6.0 (0.8)	1.1 (0.2)	*	3,424 (153)
Black non-Hispanic	21,370 (2,106)	89.0 (3.0)	2.1 (0.4)	*	*	*	4,391 (409)
Hispanic	25,990 (4,570)	82.9 (5.7)	1.3 (0.3)	*	*	*	4,946 (832)
Other	9,828 (1,428)	93.6 (2.5)	1.8 (0.3)	*	*	*	3,394 (429)
Income							
Less than \$10,000	21,690 (2,237)	94.5 (1.0)	3.2 (0.4)	*	0.4 (0.1)	*	4,169 (427)
\$10,000 - \$19,999	53,964 (4,528)	94.1 (1.1)	1.6 (0.2)	1.7 (0.4)	*	*	4,406 (358)
\$20,000 - \$29,999	30,740 (2,584)	91.7 (2.7)	0.3 (0.1)	3.0 (0.5)	*	*	3,721 (312)
\$30,000 - \$49,999	41,268 (4,652)	91.8 (1.5)	*	6.9 (1.5)	1.1 (0.3)	*	3,594 (389)
\$50,000 or more	39,995 (2,326)	80.3 (3.1)	*	18.6 (3.1)	0.5 (0.1)	*	2,873 (162)

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-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	\$187,657 (7,343)	90.3 (1.0)	0.9 (0.1)	6.7 (0.9)	*	*	\$3,671 (144)
Poverty ⁴							
Under 100% FPL	33,415 (2,566)	93.0 (1.6)	3.0 (0.3)	*	*	*	3,968 (299)
100% - 199% FPL	62,505 (5,256)	92.6 (1.6)	1.0 (0.2)	*	*	*	4,308 (358)
200% - 399% FPL	57,154 (4,974)	91.8 (1.8)	*	7.0 (1.8)	1.0 (0.2)	*	3,542 (301)
Over 400% FPL	33,684 (2,150)	80.9 (3.3)	*	17.9 (3.2)	0.5 (0.1)	*	2,831 (175)
Health Status							
Excellent	15,775 (1,202)	89.1 (3.0)	*	*	*	*	1,827 (128)
Very good	33,519 (1,813)	89.2 (3.2)	0.5 (0.1)	*	0.6 (0.1)	*	2,246 (117)
Good	53,903 (3,127)	90.0 (2.2)	0.6 (0.1)	5.8 (1.2)	*	*	3,801 (222)
Fair	52,749 (5,913)	89.8 (2.5)	1.2 (0.2)	*	1.0 (0.2)	*	5,724 (649)
Poor	30,692 (4,252)	93.7 (1.2)	1.7 (0.3)	*	*	*	7,753 (1,054)
Functional Limitation							
None	59,214 (3,205)	90.7 (1.8)	0.5 (0.1)	6.0 (1.6)	*	*	2,212 (113)
IADL only ⁵	26,195 (1,936)	88.6 (3.4)	0.8 (0.2)	*	*	*	3,730 (270)
One to two ADLs ⁶	58,282 (3,893)	90.1 (2.3)	0.9 (0.1)	7.8 (2.3)	1.1 (0.2)	*	4,916 (326)
Three or more ADLs	43,361 (5,144)	91.1 (1.4)	1.5 (0.2)	6.7 (1.4)	0.6 (0.1)	*	8,026 (915)
Metropolitan Area Resident							
Yes	150,097 (6,866)	89.8 (1.2)	0.8 (0.1)	7.1 (1.0)	*	*	3,793 (174)
No	37,559 (2,769)	92.3 (1.0)	1.2 (0.2)	5.1 (1.0)	1.2 (0.2)	*	3,254 (230)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-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	\$102,091 (3,022)	80.7 (0.8)	1.6 (0.1)	10.9 (0.7)	6.2 (0.4)	0.7 (0.2)	\$1,997 (57)
Medicare Status ³							
Aged							
65 - 74 years	43,209 (2,040)	79.2 (1.1)	1.0 (0.1)	12.6 (0.8)	6.1 (0.6)	*	1,731 (79)
75 - 84 years	26,565 (1,327)	82.1 (1.3)	1.3 (0.3)	11.0 (1.3)	5.4 (0.5)	0.2 (0.1)	2,132 (102)
85 years and older	9,673 (712)	85.9 (0.8)	0.7 (0.2)	8.7 (0.6)	4.3 (0.5)	*	1,912 (129)
Disabled							
Under 45 years	5,049 (857)	79.5 (1.9)	4.4 (0.7)	6.2 (1.4)	8.1 (1.5)	*	2,734 (437)
45 - 64 years	17,595 (1,814)	79.5 (2.7)	3.1 (0.5)	*	8.1 (1.2)	*	2,592 (255)
Gender							
Male	49,474 (2,196)	79.7 (1.1)	1.1 (0.1)	11.1 (1.0)	6.9 (0.6)	1.2 (0.3)	2,098 (94)
Female	52,617 (1,886)	81.6 (1.1)	2.0 (0.2)	10.6 (1.0)	5.6 (0.4)	*	1,911 (67)
Living Arrangement							
Alone	24,596 (1,217)	84.2 (0.7)	2.2 (0.2)	8.1 (0.6)	4.8 (0.5)	*	1,811 (76)
With spouse	53,860 (2,555)	78.1 (1.4)	0.6 (0.1)	13.8 (1.3)	6.9 (0.7)	*	2,125 (99)
With children	12,415 (1,148)	84.9 (1.0)	2.8 (0.5)	5.9 (0.9)	6.1 (1.1)	*	2,257 (190)
With others	9,974 (712)	81.1 (1.8)	3.8 (0.6)	8.1 (1.8)	5.3 (0.6)	*	1,824 (120)
Race/Ethnicity							
White non-Hispanic	72,056 (2,662)	78.9 (1.1)	1.0 (0.1)	12.9 (1.0)	6.6 (0.5)	0.6 (0.2)	1,897 (68)
Black non-Hispanic	13,234 (1,274)	83.4 (1.3)	2.9 (0.5)	7.1 (1.1)	6.3 (1.1)	*	2,719 (249)
Hispanic	11,412 (1,275)	87.8 (1.4)	2.9 (0.5)	4.1 (0.6)	3.8 (0.8)	*	2,172 (208)
Other	5,277 (628)	81.8 (1.3)	3.4 (0.7)	7.6 (1.5)	5.7 (0.9)	*	1,822 (194)
Income							
Less than \$10,000	10,880 (758)	87.3 (1.0)	6.3 (0.6)	2.7 (0.4)	2.6 (0.5)	*	2,091 (140)
\$10,000 - \$19,999	26,282 (1,235)	85.7 (0.7)	3.0 (0.2)	4.7 (0.6)	5.9 (0.5)	*	2,146 (97)
\$20,000 - \$29,999	18,526 (2,050)	82.3 (1.1)	*	9.8 (1.5)	6.4 (1.1)	*	2,243 (230)
\$30,000 - \$49,999	21,581 (1,232)	82.2 (0.7)	*	11.1 (0.7)	6.2 (0.7)	0.3 (0.1)	1,879 (93)
\$50,000 or more	24,822 (1,652)	69.7 (2.4)	*	21.4 (2.2)	8.0 (0.9)	*	1,783 (109)

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-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	\$102,091 (3,022)	80.7 (0.8)	1.6 (0.1)	10.9 (0.7)	6.2 (0.4)	0.7 (0.2)	\$1,997 (57)
Poverty ⁴							
Under 100% FPL	18,424 (917)	86.8 (0.7)	5.9 (0.4)	2.7 (0.4)	3.6 (0.6)	*	2,188 (106)
100% - 199% FPL	30,497 (2,000)	85.0 (0.8)	1.7 (0.2)	6.2 (0.7)	6.6 (0.7)	0.5 (0.1)	2,102 (130)
200% - 399% FPL	31,225 (1,635)	79.1 (1.6)	*	14.2 (1.6)	6.0 (0.6)	0.6 (0.2)	1,935 (96)
Over 400% FPL	21,500 (1,454)	71.5 (2.1)	*	19.7 (1.8)	7.9 (0.9)	*	1,807 (111)
Health Status							
Excellent	10,659 (775)	76.0 (2.8)	*	14.0 (2.1)	7.9 (1.4)	*	1,234 (84)
Very good	19,725 (631)	82.2 (1.0)	0.7 (0.1)	10.7 (0.9)	5.8 (0.6)	*	1,322 (41)
Good	30,486 (1,951)	81.5 (1.2)	1.1 (0.2)	12.1 (1.2)	4.9 (0.4)	*	2,150 (128)
Fair	24,438 (1,307)	80.0 (2.3)	2.3 (0.3)	11.2 (2.0)	5.7 (0.6)	*	2,652 (149)
Poor	16,158 (2,117)	81.8 (1.0)	3.3 (0.6)	5.6 (1.0)	8.7 (1.6)	*	4,082 (515)
Functional Limitation							
None	40,470 (1,866)	79.3 (1.2)	0.7 (0.1)	12.5 (0.9)	6.6 (0.6)	*	1,512 (63)
IADL only ⁵	16,363 (1,284)	79.7 (2.4)	1.4 (0.3)	13.1 (2.5)	5.5 (0.5)	0.3 (0.1)	2,330 (166)
One to two ADLs ⁶	30,150 (2,165)	82.2 (1.2)	1.9 (0.3)	8.8 (1.3)	6.6 (0.9)	*	2,543 (171)
Three or more ADLs	14,784 (1,133)	83.0 (1.0)	3.7 (0.4)	7.5 (0.9)	5.1 (0.8)	*	2,737 (188)
Metropolitan Area Resident							
Yes	76,737 (2,706)	82.1 (0.8)	1.5 (0.1)	9.3 (0.6)	6.3 (0.5)	0.8 (0.2)	1,939 (65)
No	25,354 (1,395)	76.3 (2.3)	2.0 (0.3)	15.4 (2.1)	5.9 (0.7)	*	2,197 (125)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-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	\$201,306 (3,690)	67.9 (1.0)	2.0 (0.1)	13.2 (0.5)	16.2 (0.8)	0.7 (0.1)	\$3,938 (68)
Medicare Status ³							
Aged							
65 - 74 years	88,277 (3,160)	64.8 (1.8)	1.1 (0.1)	15.1 (0.8)	18.2 (1.5)	0.8 (0.2)	3,537 (120)
75 - 84 years	55,173 (1,603)	70.4 (1.0)	1.5 (0.2)	13.4 (0.8)	14.2 (0.7)	0.4 (0.1)	4,428 (111)
85 years and older	24,033 (1,020)	72.0 (0.9)	1.6 (0.5)	11.5 (0.6)	14.5 (0.8)	0.3 (0.1)	4,751 (149)
Disabled							
Under 45 years	7,405 (689)	67.0 (2.1)	7.1 (0.7)	8.2 (1.6)	16.9 (2.2)	*	4,010 (328)
45 - 64 years	26,418 (1,291)	69.6 (1.6)	5.0 (0.6)	9.2 (1.4)	15.0 (1.0)	1.2 (0.3)	3,891 (188)
Gender							
Male	90,133 (2,579)	67.7 (1.0)	1.6 (0.1)	13.8 (0.7)	16.0 (0.7)	1.0 (0.1)	3,821 (98)
Female	111,173 (3,110)	68.1 (1.3)	2.3 (0.2)	12.7 (0.6)	16.4 (1.2)	0.5 (0.1)	4,039 (100)
Living Arrangement							
Alone	52,487 (1,604)	71.7 (0.9)	2.7 (0.2)	10.2 (0.7)	14.4 (0.9)	0.8 (0.2)	3,865 (105)
With spouse	103,067 (3,300)	65.1 (1.4)	0.8 (0.1)	16.1 (0.6)	17.4 (1.4)	0.7 (0.1)	4,066 (123)
With children	22,145 (1,053)	74.5 (1.0)	4.2 (0.6)	7.9 (0.8)	13.0 (0.8)	0.5 (0.1)	4,025 (137)
With others	20,587 (1,245)	67.6 (2.6)	3.8 (0.4)	10.9 (2.2)	17.1 (2.0)	0.6 (0.2)	3,766 (191)
Race/Ethnicity							
White non-Hispanic	152,686 (3,485)	66.2 (1.2)	1.1 (0.1)	14.6 (0.6)	17.4 (0.9)	0.7 (0.1)	4,021 (84)
Black non-Hispanic	19,831 (1,148)	73.3 (1.9)	4.9 (0.7)	8.6 (1.1)	12.7 (1.6)	*	4,075 (192)
Hispanic	18,690 (1,274)	75.3 (2.4)	4.2 (0.7)	7.3 (1.8)	12.0 (1.2)	*	3,557 (174)
Other	9,780 (793)	69.5 (1.9)	5.3 (0.9)	11.1 (1.5)	13.1 (1.6)	1.0 (0.3)	3,377 (196)
Income							
Less than \$10,000	19,697 (1,042)	76.5 (2.3)	7.0 (0.4)	4.9 (0.8)	11.2 (2.7)	*	3,786 (182)
\$10,000 - \$19,999	47,402 (1,550)	76.1 (0.6)	4.4 (0.3)	5.4 (0.3)	13.4 (0.6)	0.7 (0.1)	3,870 (110)
\$20,000 - \$29,999	30,926 (1,230)	70.0 (1.1)	1.5 (0.4)	10.6 (0.7)	16.8 (1.0)	*	3,743 (118)
\$30,000 - \$49,999	49,723 (2,849)	64.9 (2.6)	0.1 (0.0)	14.8 (0.9)	19.3 (2.5)	0.9 (0.2)	4,330 (226)
\$50,000 or more	53,559 (1,960)	59.2 (1.3)	*	23.0 (1.2)	17.2 (0.8)	0.5 (0.1)	3,848 (116)

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-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	\$201,306 (3,690)	67.9 (1.0)	2.0 (0.1)	13.2 (0.5)	16.2 (0.8)	0.7 (0.1)	\$3,938 (68)
Poverty ⁴							
Under 100% FPL	31,631 (1,295)	76.2 (1.6)	7.7 (0.5)	4.0 (0.6)	11.6 (1.7)	0.5 (0.1)	3,757 (142)
100% - 199% FPL	55,410 (1,507)	74.0 (0.8)	2.6 (0.3)	7.5 (0.4)	14.9 (0.7)	0.9 (0.2)	3,819 (92)
200% - 399% FPL	67,252 (2,905)	65.6 (1.9)	0.1 (0.0)	14.6 (0.6)	18.8 (1.9)	0.8 (0.2)	4,168 (169)
Over 400% FPL	46,533 (1,861)	58.3 (1.5)	*	24.1 (1.4)	17.1 (0.9)	0.5 (0.1)	3,910 (133)
Health Status							
Excellent	22,512 (928)	63.9 (1.5)	0.7 (0.1)	16.9 (1.4)	18.1 (1.0)	0.4 (0.1)	2,607 (81)
Very good	46,431 (1,276)	67.8 (1.3)	0.9 (0.1)	14.2 (1.1)	16.5 (1.1)	0.7 (0.1)	3,111 (68)
Good	60,131 (2,515)	66.4 (2.2)	1.3 (0.2)	14.2 (0.9)	17.3 (2.0)	0.8 (0.2)	4,240 (161)
Fair	46,248 (2,356)	70.5 (1.3)	2.9 (0.3)	10.8 (0.9)	14.9 (1.2)	0.9 (0.3)	5,019 (227)
Poor	24,838 (1,747)	71.3 (1.4)	5.1 (0.5)	9.2 (0.9)	13.7 (1.4)	0.7 (0.2)	6,274 (391)
Functional Limitation							
None	77,652 (2,145)	68.7 (1.0)	0.7 (0.1)	14.7 (0.7)	15.4 (0.8)	0.5 (0.1)	2,901 (63)
IADL only ⁵	31,656 (2,126)	64.0 (3.7)	1.8 (0.3)	13.3 (1.2)	20.2 (3.5)	0.7 (0.2)	4,508 (283)
One to two ADLs ⁶	58,947 (2,239)	68.6 (1.2)	2.4 (0.3)	13.0 (1.0)	15.0 (0.8)	1.0 (0.2)	4,972 (160)
Three or more ADLs	32,745 (1,845)	68.8 (1.2)	4.5 (0.5)	9.6 (0.7)	16.4 (1.3)	0.7 (0.2)	6,061 (285)
Metropolitan Area Resident							
Yes	159,123 (3,403)	67.8 (1.2)	2.0 (0.1)	13.3 (0.6)	16.3 (0.9)	0.7 (0.1)	4,021 (80)
No	42,183 (1,614)	68.4 (1.0)	2.1 (0.2)	12.8 (0.5)	15.9 (0.9)	0.8 (0.2)	3,655 (134)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-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	\$22,086 (1,127)	3.4 (0.2)	*	17.9 (1.1)	77.2 (1.2)	0.6 (0.2)	\$432 (22)
Medicare Status ³							
Aged							
65 - 74 years	12,730 (838)	2.5 (0.2)	*	20.2 (1.9)	76.8 (1.9)	*	510 (33)
75 - 84 years	4,859 (266)	4.4 (0.3)	*	15.5 (1.4)	79.2 (1.3)	*	390 (20)
85 years and older	1,701 (146)	5.2 (0.5)	*	11.2 (1.9)	82.9 (2.2)	0.1 (0.0)	336 (29)
Disabled							
Under 45 years	452 (87)	2.8 (0.6)	8.8 (2.6)	16.7 (4.8)	65.9 (5.9)	*	245 (47)
45 - 64 years	2,344 (477)	4.4 (1.0)	*	15.7 (3.7)	73.1 (5.6)	*	345 (72)
Gender							
Male	9,917 (562)	3.4 (0.2)	*	19.7 (1.9)	75.1 (1.9)	*	420 (23)
Female	12,168 (893)	3.4 (0.3)	0.7 (0.2)	16.4 (1.5)	78.9 (1.7)	*	442 (32)
Living Arrangement							
Alone	6,299 (737)	3.4 (0.4)	*	12.2 (1.8)	82.3 (2.5)	*	464 (55)
With spouse	12,621 (677)	2.8 (0.2)	*	21.1 (1.6)	75.3 (1.6)	*	498 (26)
With children	1,370 (139)	6.9 (0.8)	*	11.9 (2.8)	76.8 (2.7)	*	249 (23)
With others	1,522 (165)	5.0 (0.6)	*	16.8 (3.2)	75.4 (3.3)	*	278 (28)
Race/Ethnicity							
White non-Hispanic	18,350 (1,058)	2.7 (0.2)	0.4 (0.1)	16.3 (0.9)	80.1 (1.0)	*	483 (28)
Black non-Hispanic	1,157 (131)	7.7 (0.9)	*	22.4 (4.2)	64.1 (4.4)	*	238 (26)
Hispanic	1,529 (272)	7.3 (1.4)	*	*	63.1 (8.3)	*	291 (49)
Other	974 (189)	3.8 (0.9)	*	*	58.5 (9.0)	*	336 (64)
Income							
Less than \$10,000	753 (83)	11.0 (1.4)	6.0 (1.8)	*	71.6 (3.4)	*	145 (16)
\$10,000 - \$19,999	2,764 (193)	7.5 (0.6)	*	6.7 (1.2)	79.1 (2.7)	*	226 (15)
\$20,000 - \$29,999	2,560 (254)	5.3 (0.6)	*	17.5 (4.1)	75.8 (3.9)	*	310 (30)
\$30,000 - \$49,999	6,225 (769)	2.7 (0.3)	*	13.7 (2.1)	83.2 (2.4)	*	542 (66)
\$50,000 or more	9,784 (566)	1.5 (0.1)	*	24.6 (1.9)	73.6 (1.9)	*	703 (39)

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-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	\$22,086 (1,127)	3.4 (0.2)	*	17.9 (1.1)	77.2 (1.2)	0.6 (0.2)	\$432 (22)
Poverty ⁴							
Under 100% FPL	1,325 (145)	10.2 (1.2)	*	*	68.8 (4.7)	*	157 (17)
100% - 199% FPL	3,827 (301)	6.3 (0.5)	*	12.4 (3.1)	78.7 (2.9)	*	264 (20)
200% - 399% FPL	7,920 (785)	3.0 (0.3)	*	14.2 (1.7)	82.3 (2.0)	*	491 (49)
Over 400% FPL	9,000 (559)	1.4 (0.1)	*	25.2 (2.0)	73.3 (1.9)	*	756 (45)
Health Status							
Excellent	5,675 (794)	1.7 (0.3)	*	19.8 (3.3)	77.4 (3.4)	*	657 (93)
Very good	7,014 (390)	2.7 (0.2)	*	20.0 (2.0)	76.8 (1.9)	*	470 (24)
Good	5,791 (507)	3.7 (0.4)	*	14.5 (1.4)	79.5 (1.8)	*	408 (35)
Fair	2,673 (219)	6.2 (0.7)	1.5 (0.4)	15.8 (2.3)	75.2 (2.4)	*	290 (22)
Poor	906 (91)	8.1 (1.1)	*	18.1 (2.9)	70.2 (3.5)	*	229 (21)
Functional Limitation							
None	13,617 (893)	2.5 (0.2)	*	19.3 (1.5)	77.0 (1.6)	0.4 (0.1)	509 (34)
IADL only ⁵	2,431 (195)	4.5 (0.5)	*	14.5 (2.2)	79.1 (2.3)	*	346 (27)
One to two ADLs ⁶	4,249 (339)	4.7 (0.4)	1.3 (0.4)	17.8 (3.0)	75.5 (3.1)	*	358 (26)
Three or more ADLs	1,785 (343)	5.2 (1.0)	*	12.3 (2.1)	80.3 (2.7)	*	330 (60)
Metropolitan Area Resident							
Yes	19,153 (1,121)	3.3 (0.2)	*	18.6 (1.3)	76.8 (1.4)	0.4 (0.1)	484 (28)
No	2,933 (227)	3.7 (0.3)	1.1 (0.3)	13.4 (1.3)	79.7 (1.5)	*	254 (18)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-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	\$183,213 (3,997)	63.2 (0.9)	0.7 (0.1)	14.5 (0.7)	16.3 (0.4)	9.2 (0.6)	\$3,584 (78)
Medicare Status ³							
Aged							
65 - 74 years	77,688 (2,892)	57.4 (1.4)	*	17.1 (1.3)	18.4 (0.6)	11.4 (1.1)	3,113 (120)
75 - 84 years	38,898 (1,331)	59.8 (1.1)	0.4 (0.1)	19.0 (1.5)	20.2 (0.6)	7.3 (0.5)	3,122 (97)
85 years and older	14,008 (833)	60.7 (1.9)	0.1 (0.0)	19.8 (1.8)	18.9 (0.8)	9.3 (1.2)	2,769 (144)
Disabled							
Under 45 years	10,977 (845)	82.4 (2.1)	1.4 (0.3)	5.5 (1.3)	6.6 (1.0)	6.0 (1.4)	5,945 (447)
45 - 64 years	41,642 (2,737)	72.7 (2.1)	*	5.9 (1.0)	10.5 (0.9)	7.6 (1.4)	6,133 (416)
Gender							
Male	84,008 (2,934)	61.2 (1.4)	0.5 (0.1)	14.8 (1.0)	16.9 (0.6)	10.7 (1.0)	3,562 (117)
Female	99,205 (3,073)	64.8 (1.2)	0.9 (0.2)	14.2 (0.9)	15.8 (0.5)	7.9 (0.8)	3,604 (105)
Living Arrangement							
Alone	46,562 (2,094)	70.4 (1.2)	*	11.6 (1.0)	14.9 (0.7)	6.9 (0.6)	3,429 (135)
With spouse	87,746 (3,325)	54.8 (1.3)	*	18.9 (1.1)	19.7 (0.6)	9.9 (0.9)	3,461 (128)
With children	22,750 (1,962)	71.0 (2.7)	0.7 (0.2)	7.7 (1.1)	11.8 (1.2)	10.3 (2.6)	4,135 (335)
With others	23,267 (1,619)	74.9 (2.0)	0.8 (0.2)	9.6 (2.2)	10.3 (0.7)	7.5 (0.9)	4,256 (266)
Race/Ethnicity							
White non-Hispanic	130,702 (4,116)	59.3 (1.1)	0.3 (0.1)	17.1 (1.0)	18.5 (0.5)	9.6 (0.8)	3,442 (102)
Black non-Hispanic	19,774 (1,193)	73.4 (1.9)	0.7 (0.2)	8.6 (1.3)	11.1 (0.8)	6.7 (1.2)	4,063 (222)
Hispanic	21,710 (1,711)	74.8 (2.1)	*	6.3 (1.6)	9.9 (0.8)	7.5 (1.0)	4,131 (308)
Other	10,848 (1,211)	67.2 (4.2)	*	10.0 (1.8)	11.9 (1.2)	*	3,746 (366)
Income							
Less than \$10,000	23,954 (1,823)	84.7 (1.0)	1.5 (0.3)	4.0 (0.8)	6.3 (0.5)	5.9 (0.7)	4,604 (296)
\$10,000 - \$19,999	54,637 (2,916)	76.9 (1.7)	1.5 (0.4)	4.7 (0.3)	9.5 (0.5)	9.0 (1.5)	4,461 (214)
\$20,000 - \$29,999	25,755 (1,673)	61.5 (1.9)	*	12.7 (1.1)	19.5 (0.9)	9.4 (0.9)	3,118 (169)
\$30,000 - \$49,999	35,645 (2,096)	52.2 (2.0)	*	20.7 (2.0)	23.4 (0.8)	10.2 (1.5)	3,104 (153)
\$50,000 or more	43,222 (2,573)	43.9 (2.0)	*	28.5 (2.5)	22.8 (0.9)	10.3 (1.3)	3,105 (174)

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-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	\$183,213 (3,997)	63.2 (0.9)	0.7 (0.1)	14.5 (0.7)	16.3 (0.4)	9.2 (0.6)	\$3,584 (78)
Poverty ⁴							
Under 100% FPL	40,473 (2,339)	85.2 (0.8)	1.7 (0.4)	3.1 (0.5)	6.0 (0.4)	5.3 (0.5)	4,807 (253)
100% - 199% FPL	55,854 (2,737)	69.5 (1.7)	*	7.4 (0.6)	13.6 (0.6)	10.7 (1.5)	3,850 (170)
200% - 399% FPL	51,321 (2,323)	53.3 (1.6)	*	19.1 (1.4)	22.7 (0.7)	9.6 (1.2)	3,181 (132)
Over 400% FPL	35,204 (1,691)	41.9 (1.8)	*	31.9 (2.9)	23.3 (0.8)	10.7 (1.6)	2,958 (132)
Health Status							
Excellent	15,362 (952)	53.5 (2.4)	*	24.7 (2.7)	22.2 (1.0)	9.5 (2.3)	1,779 (89)
Very good	37,019 (1,899)	55.5 (2.2)	0.2 (0.1)	17.8 (1.7)	20.3 (1.1)	12.5 (2.1)	2,480 (121)
Good	50,383 (1,942)	61.0 (1.6)	*	16.9 (1.7)	16.9 (0.6)	9.4 (1.1)	3,553 (122)
Fair	50,094 (2,708)	67.5 (1.6)	*	10.0 (1.0)	14.0 (0.7)	8.0 (0.7)	5,436 (277)
Poor	29,795 (2,450)	73.9 (2.0)	1.3 (0.3)	7.7 (1.2)	11.1 (0.8)	6.7 (0.9)	7,526 (560)
Functional Limitation							
None	68,174 (2,305)	58.4 (1.3)	*	16.7 (1.0)	19.6 (0.6)	10.3 (1.2)	2,547 (83)
IADL only ⁵	30,573 (2,089)	64.7 (2.1)	0.4 (0.1)	13.7 (1.9)	14.5 (0.7)	9.9 (1.7)	4,354 (268)
One to two ADLs ⁶	52,621 (2,256)	63.4 (1.7)	0.6 (0.1)	14.6 (1.4)	15.4 (0.8)	8.7 (0.8)	4,438 (179)
Three or more ADLs	31,718 (2,264)	71.4 (2.1)	*	9.9 (1.2)	12.6 (0.8)	7.1 (0.8)	5,871 (377)
Metropolitan Area Resident							
Yes	144,379 (3,700)	63.3 (1.0)	0.8 (0.2)	14.6 (0.9)	16.1 (0.5)	9.5 (0.7)	3,648 (92)
No	38,834 (1,581)	62.6 (1.3)	0.5 (0.1)	13.9 (0.7)	17.0 (0.7)	8.1 (0.9)	3,365 (144)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.7 Skilled Nursing Facility Care Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Skilled Nursing Facility Users

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	\$45,046 (3,106)	67.6 (2.6)	13.8 (2.5)	6.2 (0.7)	10.8 (1.6)	*	\$16,196 (864)
Medicare Status ³							
Aged							
65 - 74 years	9,273 (1,600)	72.0 (7.4)	*	5.2 (1.4)	*	*	13,837 (2,121)
75 - 84 years	12,198 (1,306)	69.2 (3.8)	12.4 (2.6)	7.2 (1.3)	7.5 (2.0)	*	14,455 (1,179)
85 years and older	19,204 (2,153)	62.7 (3.8)	*	7.4 (1.1)	15.1 (2.8)	*	20,211 (1,331)
Disabled							
Under 45 years	*	*	*	*	*	*	*
45 - 64 years	*	*	*	*	*	*	*
Gender							
Male	14,701 (1,766)	70.3 (5.2)	*	6.9 (1.5)	7.6 (1.6)	*	14,093 (1,453)
Female	30,346 (2,595)	66.3 (3.3)	13.8 (3.0)	5.9 (0.7)	12.4 (2.1)	*	17,458 (1,107)
Race/Ethnicity							
White non-Hispanic	33,861 (2,416)	65.7 (2.4)	12.5 (2.2)	6.9 (0.8)	13.0 (2.0)	*	15,421 (851)
Black non-Hispanic	5,438 (1,259)	72.4 (11.7)	*	*	*	*	21,906 (3,299)
Hispanic	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*
Income							
Less than \$10,000	9,785 (1,425)	64.5 (7.5)	26.5 (7.5)	*	5.6 (0.9)	*	20,078 (2,257)
\$10,000 - \$19,999	16,311 (1,972)	63.6 (4.8)	*	5.5 (1.4)	13.6 (2.8)	*	17,336 (1,610)
\$20,000 - \$29,999	8,095 (1,140)	66.5 (5.5)	*	8.8 (1.5)	11.8 (3.5)	*	17,237 (2,245)
\$30,000 - \$49,999	7,720 (1,462)	80.5 (3.7)	*	8.3 (1.6)	*	*	14,565 (2,441)
\$50,000 or more	3,136 (618)	69.0 (7.0)	*	12.5 (3.7)	*	*	8,871 (1,466)
Poverty ⁴							
Under 100% FPL	12,751 (1,551)	64.5 (5.7)	23.7 (5.8)	*	6.7 (1.0)	*	18,362 (1,710)
100% - 199% FPL	16,309 (1,912)	64.2 (4.8)	*	5.8 (1.0)	13.7 (3.1)	*	16,539 (1,561)
200% - 399% FPL	12,648 (1,724)	74.4 (4.2)	*	8.4 (1.3)	11.0 (2.6)	*	17,350 (2,111)
Over 400% FPL	3,024 (542)	68.9 (7.0)	*	*	*	*	8,593 (1,367)

Table 4.7 Skilled Nursing Facility Care Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Skilled Nursing Facility Users

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	\$45,046 (3,106)	67.6 (2.6)	13.8 (2.5)	6.2 (0.7)	10.8 (1.6)	*	\$16,196 (864)
Health Status							
Excellent	*	*	*	*	*	*	*
Very good	6,025 (876)	75.8 (4.5)	*	10.2 (2.0)	*	*	12,901 (1,658)
Good	11,133 (1,391)	74.5 (3.7)	*	4.9 (1.0)	*	*	13,819 (1,421)
Fair	17,086 (2,131)	59.8 (6.0)	21.5 (6.2)	5.9 (1.5)	11.3 (2.2)	*	22,328 (2,438)
Poor	7,447 (1,112)	65.5 (6.3)	*	4.3 (1.2)	15.2 (4.3)	*	14,811 (2,109)
Functional Limitation							
None	3,669 (586)	79.0 (4.9)	*	8.1 (2.3)	*	*	8,022 (1,043)
IADL only ⁵	3,462 (621)	74.9 (5.4)	*	11.5 (3.3)	*	*	11,281 (1,719)
One to two ADLs ⁶	11,396 (1,175)	83.5 (1.3)	2.8 (0.7)	8.1 (1.1)	4.7 (0.9)	*	15,113 (1,155)
Three or more ADLs	25,620 (2,520)	57.3 (3.7)	20.8 (3.9)	4.5 (0.9)	15.7 (2.6)	*	20,553 (1,491)
Metropolitan Area Resident							
Yes	33,621 (2,623)	68.4 (3.1)	14.0 (3.1)	6.2 (0.9)	10.5 (1.8)	*	16,025 (989)
No	11,425 (1,784)	65.2 (4.5)	13.3 (3.2)	6.3 (1.0)	11.7 (3.4)	*	16,720 (2,008)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

2: Beginning in CY2009, skilled nursing facility (SNF) care expenditures are separated from expenditures for long-term nursing home care. Expenditures for SNF care, which were reported during a community interview or created through Medicare claims data, were included for Medicare beneficiaries who ever used SNF care.

3: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

4: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.8 Long-Term Nursing Home Care Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Long-Term Care Facility 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	\$109,150 (4,523)	1.8 (0.4)	44.0 (1.9)	2.2 (0.5)	41.8 (1.8)	10.2 (1.3)	\$38,752 (1,174)
Medicare Status ⁴							
Aged							
65 - 74 years	14,286 (1,831)	*	53.0 (5.3)	*	25.1 (3.3)	*	35,583 (3,694)
75 - 84 years	26,797 (2,378)	*	42.9 (3.6)	*	42.0 (3.1)	10.3 (2.2)	36,912 (1,950)
85 years and older	53,765 (3,088)	*	37.6 (2.4)	*	51.7 (2.4)	6.7 (0.9)	41,262 (1,334)
Disabled							
Under 45 years	3,092 (655)	*	67.1 (4.6)	*	17.9 (3.2)	12.2 (3.0)	43,316 (6,046)
45 - 64 years	11,209 (1,765)	*	60.2 (6.1)	*	21.8 (4.9)	15.8 (4.4)	35,614 (4,396)
Gender							
Male	35,875 (2,738)	*	44.7 (2.8)	*	40.8 (2.9)	10.5 (1.6)	35,714 (1,922)
Female	73,274 (3,728)	1.5 (0.4)	43.7 (2.5)	*	42.3 (2.3)	10.1 (1.6)	40,436 (1,317)
Race/Ethnicity							
White non-Hispanic	88,230 (4,565)	1.6 (0.4)	39.3 (2.1)	2.2 (0.6)	47.0 (2.0)	10.0 (1.5)	38,896 (1,326)
Black non-Hispanic	9,716 (1,411)	*	61.3 (4.9)	*	16.9 (2.8)	16.8 (3.8)	39,419 (4,193)
Hispanic	8,403 (1,561)	*	70.3 (4.9)	*	20.1 (4.0)	*	42,586 (4,234)
Other	*	*	*	*	*	*	*
Income							
Less than \$10,000	27,855 (2,400)	*	64.1 (3.5)	*	22.1 (1.9)	10.0 (2.2)	39,872 (2,382)
\$10,000 - \$19,999	45,029 (2,975)	*	50.3 (2.9)	1.3 (0.4)	33.9 (2.9)	11.7 (2.3)	39,885 (1,804)
\$20,000 - \$29,999	15,073 (2,056)	*	32.8 (5.7)	*	52.5 (5.9)	10.7 (2.3)	36,141 (3,671)
\$30,000 - \$49,999	12,436 (1,537)	*	*	*	72.9 (5.6)	7.7 (2.0)	34,303 (3,047)
\$50,000 or more	8,757 (1,331)	*	*	*	82.7 (4.0)	*	41,807 (3,975)
Poverty ⁵							
Under 100% FPL	40,571 (2,670)	*	59.1 (3.1)	*	24.2 (2.1)	13.0 (2.6)	40,635 (2,168)
100% - 199% FPL	39,461 (2,953)	*	49.1 (2.9)	1.4 (0.4)	37.5 (2.8)	9.3 (1.7)	38,445 (1,901)
200% - 399% FPL	19,381 (1,730)	*	20.4 (2.7)	*	66.9 (3.6)	8.5 (1.7)	34,556 (2,110)
Over 400% FPL	9,000 (1,383)	*	*	*	86.2 (3.2)	*	42,604 (4,020)

Table 4.8 Long-Term Nursing Home Care Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Long-Term Care Facility 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	\$109,150 (4,523)	1.8 (0.4)	44.0 (1.9)	2.2 (0.5)	41.8 (1.8)	10.2 (1.3)	\$38,752 (1,174)
Health Status							
Excellent	*	*	*	*	*	*	*
Very good	12,889 (1,568)	*	32.0 (4.9)	*	54.6 (5.3)	*	34,657 (2,906)
Good	28,676 (2,508)	*	44.0 (3.5)	*	40.9 (3.1)	10.3 (2.3)	37,054 (2,259)
Fair	38,688 (2,558)	*	46.8 (3.0)	*	42.1 (2.9)	8.4 (1.6)	41,422 (1,943)
Poor	22,678 (2,433)	*	50.7 (4.4)	*	32.1 (3.7)	13.0 (3.8)	43,474 (2,761)
Functional Limitation							
None	4,039 (767)	*	27.9 (8.3)	*	55.1 (7.8)	*	21,201 (2,868)
IADL only ⁶	7,195 (936)	*	25.4 (7.0)	*	52.8 (7.4)	*	25,558 (2,791)
One to two ADLs ⁷	15,858 (1,641)	*	31.0 (3.9)	*	52.7 (3.6)	11.1 (2.2)	28,927 (1,970)
Three or more ADLs	81,310 (3,974)	1.3 (0.4)	49.1 (2.3)	*	38.2 (2.1)	9.4 (1.5)	45,754 (1,435)
Metropolitan Area Resident							
Yes	85,561 (4,262)	1.8 (0.5)	44.2 (2.1)	*	42.2 (2.1)	9.5 (1.4)	40,834 (1,442)
No	23,589 (1,522)	*	43.3 (4.1)	2.0 (0.4)	40.4 (3.3)	12.8 (3.3)	32,704 (1,868)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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 nursing home care include facility room and board expenses and charges for ancillary services for full-year and part-year nursing home residents.

4: Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

5: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

6: *IADL* stands for Instrumental Activity of Daily Living.

7: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.9 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-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	\$14,732 (227)	\$9,099 (819)	\$20,107 (686)	\$13,664 (623)	\$14,167 (587)	\$13,073 (1,070)
Medicare Status³						
Aged						
65 - 74 years	12,603 (390)	8,216 (1,334)	19,669 (1,806)	11,375 (866)	12,307 (949)	9,599 (1,388)
75 - 84 years	15,765 (386)	8,844 (1,383)	19,784 (1,126)	15,764 (984)	16,130 (980)	15,560 (1,648)
85 years and older	17,826 (572)	11,875 (2,197)	20,622 (1,805)	16,860 (1,761)	17,893 (1,525)	*
Disabled						
Under 45 years	16,910 (1,054)	13,739 (2,470)	17,715 (1,279)	*	12,069 (2,478)	*
45 - 64 years	17,768 (786)	9,575 (1,552)	21,643 (1,321)	*	14,839 (1,828)	*
Gender						
Male	14,629 (357)	9,081 (1,149)	19,424 (1,357)	13,833 (885)	14,294 (678)	13,422 (1,882)
Female	14,821 (266)	9,128 (1,037)	20,574 (698)	13,535 (861)	14,053 (923)	12,742 (1,464)
Living Arrangement						
Alone	14,614 (463)	6,737 (889)	21,711 (1,445)	11,993 (843)	12,398 (786)	13,843 (2,285)
With spouse	14,553 (381)	9,801 (1,260)	21,352 (2,025)	14,576 (921)	14,846 (864)	12,045 (1,384)
With children	17,216 (723)	*	20,073 (1,418)	16,850 (2,264)	14,945 (1,663)	*
With others	14,802 (709)	7,425 (1,220)	17,745 (1,143)	12,804 (1,604)	14,701 (2,181)	*
Race/Ethnicity						
White non-Hispanic	14,300 (266)	9,303 (1,086)	19,540 (830)	13,723 (666)	14,345 (663)	12,264 (929)
Black non-Hispanic	16,810 (679)	12,080 (2,571)	20,957 (1,508)	*	13,017 (1,410)	*
Hispanic	16,383 (1,158)	*	20,647 (2,328)	*	16,194 (3,218)	*
Other	14,116 (932)	7,066 (1,614)	20,039 (2,116)	*	10,208 (1,125)	*
Income						
Less than \$10,000	16,381 (839)	7,576 (1,551)	18,543 (1,077)	*	12,791 (2,572)	*
\$10,000 - \$19,999	16,483 (578)	10,999 (1,916)	20,122 (1,003)	15,307 (1,373)	13,339 (1,167)	*
\$20,000 - \$29,999	14,274 (532)	7,855 (1,052)	25,417 (3,883)	13,163 (1,479)	13,474 (1,043)	*
\$30,000 - \$49,999	14,469 (624)	10,285 (2,319)	17,020 (3,448)	15,495 (1,459)	15,110 (1,629)	15,860 (1,976)
\$50,000 or more	13,064 (356)	5,644 (934)	*	11,808 (1,013)	14,071 (639)	12,363 (1,747)

Table 4.9 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-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	\$14,732 (227)	\$9,099 (819)	\$20,107 (686)	\$13,664 (623)	\$14,167 (587)	\$13,073 (1,070)
Poverty ⁴						
Under 100% FPL	16,211 (642)	7,887 (1,262)	18,507 (752)	11,424 (2,689)	10,458 (1,794)	*
100% - 199% FPL	15,671 (480)	9,983 (1,501)	21,912 (1,379)	15,204 (1,288)	13,317 (930)	*
200% - 399% FPL	14,342 (491)	9,191 (1,718)	22,881 (4,169)	14,371 (1,079)	15,470 (1,324)	13,766 (1,568)
Over 400% FPL	13,051 (380)	6,395 (1,205)	*	11,867 (1,111)	13,596 (672)	13,137 (1,867)
Health Status						
Excellent	8,610 (259)	5,965 (1,146)	10,099 (877)	6,920 (503)	8,139 (613)	7,915 (923)
Very good	10,226 (237)	5,529 (1,004)	14,677 (1,622)	9,158 (477)	8,792 (505)	9,950 (1,683)
Good	15,134 (397)	8,302 (843)	17,580 (902)	16,570 (1,359)	15,521 (1,038)	17,919 (2,485)
Fair	20,972 (1,076)	14,151 (2,861)	20,659 (1,390)	24,687 (2,343)	23,960 (3,108)	*
Poor	28,909 (1,618)	14,451 (2,818)	32,162 (2,809)	30,050 (4,904)	40,359 (4,014)	*
Functional Limitation						
None	10,076 (210)	6,695 (1,195)	12,661 (680)	9,661 (607)	9,074 (437)	8,660 (1,120)
IADL only ⁵	16,088 (597)	11,092 (2,671)	15,782 (1,112)	16,167 (1,501)	17,907 (1,790)	*
One to two ADLs ⁶	18,575 (613)	11,331 (1,693)	23,079 (1,381)	18,173 (1,402)	19,135 (1,136)	16,097 (2,094)
Three or more ADLs	27,505 (1,382)	12,759 (2,331)	30,093 (2,256)	30,840 (4,230)	33,214 (4,726)	*
Metropolitan Area Resident						
Yes	15,049 (250)	10,314 (1,150)	20,517 (844)	13,620 (791)	14,526 (724)	13,110 (1,274)
No	13,645 (531)	6,422 (804)	18,671 (1,113)	13,757 (920)	12,899 (822)	12,876 (1,977)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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 Advantage plans 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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.10 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Inpatient Hospital Stay in 2013¹

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	\$17,436 (908)	\$19,524 (3,433)	\$20,382 (2,047)	\$18,929 (1,114)	\$20,928 (2,092)	*
Medicare Status³						
Aged						
65 - 74 years	17,893 (1,966)	*	23,996 (5,807)	18,373 (2,594)	21,317 (4,482)	*
75 - 84 years	16,606 (1,079)	*	16,870 (1,729)	18,930 (2,039)	22,518 (2,897)	*
85 years and older	16,082 (810)	*	16,380 (2,780)	18,210 (1,782)	17,756 (1,507)	*
Disabled						
Under 45 years	21,278 (4,062)	*	20,600 (4,893)	*	*	*
45 - 64 years	18,336 (1,936)	*	20,455 (3,221)	*	*	*
Gender						
Male	17,992 (1,308)	21,197 (5,037)	23,894 (4,868)	20,987 (1,844)	18,768 (1,467)	*
Female	16,943 (1,058)	*	18,337 (1,810)	17,607 (1,466)	23,326 (3,906)	*
Living Arrangement						
Alone	16,739 (1,814)	*	23,876 (4,796)	14,366 (1,326)	15,973 (1,475)	*
With spouse	18,276 (1,558)	*	20,203 (4,954)	21,033 (1,913)	23,142 (3,375)	*
With children	16,572 (1,659)	*	17,714 (2,087)	*	*	*
With others	16,564 (1,582)	*	17,789 (2,466)	*	*	*
Race/Ethnicity						
White non-Hispanic	16,652 (912)	22,337 (4,832)	16,686 (1,768)	18,537 (1,246)	20,689 (2,214)	*
Black non-Hispanic	18,205 (2,295)	*	21,177 (3,922)	*	*	*
Hispanic	21,647 (4,774)	*	25,992 (7,267)	*	*	*
Other	18,031 (2,548)	*	*	*	*	*
Income						
Less than \$10,000	16,831 (1,988)	*	17,521 (2,410)	*	*	*
\$10,000 - \$19,999	17,076 (1,758)	21,252 (6,326)	19,408 (3,094)	17,634 (2,184)	*	*
\$20,000 - \$29,999	16,778 (1,951)	*	*	*	17,665 (1,674)	*
\$30,000 - \$49,999	17,928 (2,359)	*	*	22,681 (2,560)	23,081 (5,650)	*
\$50,000 or more	18,350 (1,300)	*	*	17,610 (2,291)	22,146 (2,296)	*

Table 4.10 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Inpatient Hospital Stay in 2013¹

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	\$17,436 (908)	\$19,524 (3,433)	\$20,382 (2,047)	\$18,929 (1,114)	\$20,928 (2,092)	*
Poverty ⁴						
Under 100% FPL	16,337 (1,407)	*	16,394 (1,600)	*	*	*
100% - 199% FPL	17,680 (1,884)	21,044 (5,551)	25,179 (4,862)	15,765 (1,386)	16,397 (1,878)	*
200% - 399% FPL	17,635 (1,803)	*	*	21,415 (1,893)	23,677 (4,518)	*
Over 400% FPL	17,840 (1,289)	*	*	17,888 (2,675)	20,210 (1,826)	*
Health Status						
Excellent	13,557 (1,198)	*	*	*	*	*
Very good	13,222 (882)	*	16,516 (4,921)	15,149 (1,676)	14,353 (1,289)	*
Good	16,137 (1,022)	*	18,765 (2,845)	21,200 (2,475)	19,251 (2,017)	*
Fair	19,915 (2,656)	*	18,406 (2,811)	20,223 (1,638)	28,271 (7,588)	*
Poor	22,716 (3,131)	*	27,102 (5,938)	*	*	*
Functional Limitation						
None	13,798 (995)	*	12,100 (1,571)	17,648 (2,186)	16,607 (1,645)	*
IADL only ⁵	17,486 (1,531)	*	19,918 (4,022)	*	24,266 (4,224)	*
One to two ADLs ⁶	17,707 (1,302)	*	22,392 (3,700)	21,325 (2,580)	18,344 (2,080)	*
Three or more ADLs	22,126 (2,741)	*	22,636 (4,513)	*	30,810 (8,384)	*
Metropolitan Area Resident						
Yes	17,909 (1,148)	22,758 (4,589)	20,662 (2,452)	18,420 (1,562)	22,156 (2,607)	*
No	15,953 (1,054)	*	19,421 (3,034)	19,890 (1,515)	16,289 (1,642)	*

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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 Advantage plans 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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.11 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Outpatient Hospital Stay in 2013¹

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	\$2,516 (73)	\$1,906 (314)	\$3,181 (249)	\$2,251 (153)	\$2,600 (191)	\$1,965 (330)
Medicare Status³						
Aged						
65 - 74 years	2,255 (107)	1,523 (338)	2,939 (316)	1,892 (186)	2,642 (327)	1,702 (484)
75 - 84 years	2,542 (129)	1,512 (383)	3,001 (374)	2,607 (326)	2,693 (301)	2,038 (297)
85 years and older	2,342 (174)	*	2,173 (275)	2,434 (395)	2,275 (541)	*
Disabled						
Under 45 years	3,572 (583)	*	3,310 (641)	*	*	*
45 - 64 years	3,179 (329)	*	3,692 (619)	*	2,336 (631)	*
Gender						
Male	2,754 (130)	1,990 (435)	3,276 (520)	2,457 (265)	3,132 (364)	2,297 (613)
Female	2,326 (84)	1,780 (367)	3,122 (234)	2,109 (182)	2,131 (157)	1,643 (247)
Living Arrangement						
Alone	2,234 (94)	1,091 (215)	2,773 (232)	2,100 (273)	2,169 (318)	1,857 (400)
With spouse	2,693 (129)	2,253 (514)	4,447 (1,066)	2,339 (219)	2,813 (275)	2,197 (493)
With children	2,752 (249)	*	3,312 (551)	2,696 (610)	2,374 (403)	*
With others	2,326 (160)	*	2,646 (216)	1,894 (525)	2,196 (442)	*
Race/Ethnicity						
White non-Hispanic	2,389 (86)	1,277 (179)	3,296 (430)	2,178 (159)	2,603 (202)	1,790 (218)
Black non-Hispanic	3,410 (326)	*	3,461 (513)	*	2,515 (562)	*
Hispanic	2,704 (278)	*	2,809 (252)	*	*	*
Other	2,382 (314)	*	2,889 (574)	*	*	*
Income						
Less than \$10,000	2,566 (181)	*	2,831 (246)	*	1,503 (408)	*
\$10,000 - \$19,999	2,686 (132)	3,148 (780)	3,048 (182)	2,103 (246)	2,074 (277)	*
\$20,000 - \$29,999	2,794 (313)	*	*	2,351 (426)	3,575 (766)	*
\$30,000 - \$49,999	2,361 (120)	*	*	2,921 (331)	2,009 (172)	2,165 (617)
\$50,000 or more	2,308 (148)	*	*	1,737 (225)	2,799 (317)	1,806 (383)

Table 4.11 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Outpatient Hospital Stay in 2013¹

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	\$2,516 (73)	\$1,906 (314)	\$3,181 (249)	\$2,251 (153)	\$2,600 (191)	\$1,965 (330)
Poverty⁴						
Under 100% FPL	2,698 (141)	*	2,904 (169)	*	1,413 (296)	*
100% - 199% FPL	2,653 (184)	2,248 (513)	3,453 (570)	2,345 (277)	2,474 (299)	*
200% - 399% FPL	2,429 (122)	1,034 (281)	*	2,545 (262)	2,681 (334)	2,072 (477)
Over 400% FPL	2,325 (151)	*	*	1,808 (256)	2,692 (309)	1,828 (385)
Health Status						
Excellent	1,639 (124)	*	1,542 (351)	1,382 (234)	1,780 (357)	*
Very good	1,684 (56)	*	2,165 (286)	1,377 (141)	1,474 (136)	1,794 (437)
Good	2,648 (162)	*	2,593 (281)	2,884 (374)	3,307 (517)	1,492 (295)
Fair	3,188 (187)	2,647 (684)	3,076 (256)	3,533 (474)	3,677 (613)	*
Poor	4,617 (594)	*	5,348 (1,114)	4,288 (1,147)	4,426 (542)	*
Functional Limitation						
None	1,971 (86)	1,428 (368)	2,365 (334)	1,740 (170)	2,196 (288)	1,637 (293)
IADL only ⁵	2,853 (206)	*	2,670 (350)	2,905 (553)	3,308 (559)	*
One to two ADLs ⁶	3,060 (224)	2,436 (669)	3,786 (640)	2,781 (279)	3,132 (356)	1,545 (321)
Three or more ADLs	3,198 (232)	1,370 (385)	3,719 (324)	3,493 (622)	2,494 (360)	*
Metropolitan Area Resident						
Yes	2,462 (87)	1,980 (392)	3,286 (327)	2,037 (161)	2,425 (196)	1,950 (390)
No	2,687 (135)	1,738 (493)	2,869 (168)	2,667 (312)	3,158 (484)	*

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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 Advantage plans 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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.12 Physician/Supplier Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Physician/Supplier Service in 2013¹

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	\$4,053 (69)	\$2,657 (326)	\$4,400 (148)	\$4,416 (154)	\$4,515 (225)	\$4,409 (341)
Medicare Status ³						
Aged						
65 - 74 years	3,672 (122)	2,454 (518)	4,111 (296)	3,878 (215)	4,327 (391)	3,480 (423)
75 - 84 years	4,490 (111)	2,242 (338)	4,551 (264)	5,239 (315)	5,024 (317)	5,640 (744)
85 years and older	4,837 (155)	*	5,228 (551)	4,652 (426)	5,009 (341)	*
Disabled						
Under 45 years	4,260 (346)	*	4,217 (373)	*	3,584 (867)	*
45 - 64 years	3,983 (193)	2,787 (641)	4,446 (287)	*	3,531 (432)	*
Gender						
Male	3,975 (103)	2,350 (364)	4,260 (277)	4,349 (276)	4,384 (223)	4,133 (459)
Female	4,119 (101)	3,159 (634)	4,494 (167)	4,466 (235)	4,631 (352)	4,667 (512)
Living Arrangement						
Alone	3,977 (110)	2,265 (421)	4,784 (288)	4,234 (304)	3,736 (177)	5,105 (924)
With spouse	4,161 (125)	2,766 (585)	4,206 (320)	4,667 (247)	4,868 (325)	4,213 (392)
With children	4,113 (139)	3,223 (856)	4,580 (283)	4,221 (391)	4,178 (390)	*
With others	3,969 (197)	1,963 (393)	4,101 (318)	3,933 (397)	4,650 (641)	*
Race/Ethnicity						
White non-Hispanic	4,135 (85)	2,865 (447)	4,418 (210)	4,511 (175)	4,656 (260)	4,378 (351)
Black non-Hispanic	4,230 (195)	3,237 (558)	5,068 (429)	*	3,862 (374)	*
Hispanic	3,643 (176)	1,805 (537)	3,847 (300)	*	4,107 (692)	*
Other	3,495 (202)	1,457 (367)	4,273 (367)	*	3,399 (407)	*
Income						
Less than \$10,000	3,913 (186)	1,854 (391)	4,142 (246)	*	4,180 (1,031)	*
\$10,000 - \$19,999	4,025 (115)	2,692 (400)	4,447 (185)	4,421 (306)	4,091 (380)	*
\$20,000 - \$29,999	3,867 (120)	2,394 (457)	5,419 (780)	4,085 (339)	4,044 (347)	*
\$30,000 - \$49,999	4,446 (231)	*	3,770 (504)	5,072 (399)	5,164 (635)	5,260 (785)
\$50,000 or more	3,918 (120)	1,497 (273)	*	4,094 (331)	4,383 (218)	4,189 (453)

Table 4.12 Physician/Supplier Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Physician/Supplier Service in 2013¹

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	\$4,053 (69)	\$2,657 (326)	\$4,400 (148)	\$4,416 (154)	\$4,515 (225)	\$4,409 (341)
Poverty ⁴						
Under 100% FPL	3,885 (144)	1,984 (276)	4,200 (184)	3,711 (758)	3,708 (732)	*
100% - 199% FPL	3,977 (98)	2,725 (382)	4,661 (253)	4,459 (319)	4,108 (295)	*
200% - 399% FPL	4,255 (172)	3,292 (879)	5,416 (1,382)	4,842 (322)	4,818 (461)	4,795 (590)
Over 400% FPL	4,001 (137)	1,485 (297)	*	3,971 (302)	4,459 (248)	4,314 (482)
Health Status						
Excellent	2,724 (85)	1,137 (255)	2,447 (201)	2,652 (184)	2,901 (232)	3,596 (491)
Very good	3,207 (71)	1,831 (422)	3,600 (426)	3,424 (175)	3,277 (176)	3,749 (571)
Good	4,359 (165)	2,280 (239)	3,798 (179)	5,427 (436)	5,365 (570)	5,254 (593)
Fair	5,102 (231)	4,580 (1,120)	4,400 (259)	6,758 (533)	6,065 (649)	*
Poor	6,359 (395)	3,371 (762)	6,740 (536)	7,162 (1,104)	9,496 (1,781)	*
Functional Limitation						
None	3,013 (63)	1,587 (214)	2,928 (244)	3,371 (161)	3,145 (142)	3,426 (390)
IADL only ⁵	4,612 (289)	*	3,555 (232)	5,007 (419)	6,108 (1,168)	*
One to two ADLs ⁶	5,052 (164)	3,323 (587)	5,006 (292)	6,008 (370)	6,293 (489)	5,275 (532)
Three or more ADLs	6,142 (291)	3,695 (1,064)	6,221 (366)	7,587 (1,275)	7,414 (1,045)	*
Metropolitan Area Resident						
Yes	4,132 (81)	2,887 (432)	4,483 (178)	4,557 (203)	4,685 (279)	4,280 (370)
No	3,784 (136)	2,151 (442)	4,110 (244)	4,115 (202)	3,904 (243)	5,091 (1,059)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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 Advantage plans 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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.13 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Prescribed Medicine in 2013¹

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	\$3,737 (82)	\$2,708 (264)	\$6,058 (256)	\$3,006 (247)	\$3,350 (175)	\$3,190 (562)
Medicare Status³						
Aged						
65 - 74 years	3,275 (125)	2,638 (423)	5,443 (424)	3,067 (411)	3,027 (216)	2,232 (280)
75 - 84 years	3,210 (100)	1,942 (359)	4,763 (293)	2,809 (225)	3,163 (237)	3,042 (447)
85 years and older	2,833 (146)	*	3,614 (339)	2,647 (622)	2,548 (177)	*
Disabled						
Under 45 years	6,447 (483)	5,022 (1,217)	7,226 (569)	*	4,304 (775)	*
45 - 64 years	6,359 (434)	2,967 (485)	7,654 (665)	*	6,747 (1,198)	*
Gender						
Male	3,757 (125)	2,896 (390)	5,781 (396)	3,549 (463)	3,362 (278)	*
Female	3,721 (109)	2,411 (279)	6,244 (346)	2,607 (238)	3,340 (206)	2,683 (326)
Living Arrangement						
Alone	3,579 (139)	1,538 (206)	6,380 (434)	2,032 (144)	2,840 (278)	2,696 (371)
With spouse	3,596 (133)	3,285 (543)	5,965 (596)	3,695 (453)	3,537 (251)	2,680 (348)
With children	4,254 (344)	2,636 (335)	5,931 (717)	2,462 (355)	2,869 (384)	*
With others	4,523 (273)	3,374 (589)	6,115 (452)	2,815 (536)	4,047 (731)	*
Race/Ethnicity						
White non-Hispanic	3,593 (105)	2,862 (375)	6,558 (366)	3,068 (272)	3,324 (195)	2,642 (239)
Black non-Hispanic	4,252 (233)	2,826 (518)	5,419 (470)	*	3,280 (553)	*
Hispanic	4,257 (310)	*	5,852 (574)	*	4,256 (1,004)	*
Other	3,902 (371)	2,632 (678)	5,584 (713)	*	3,006 (436)	*
Income						
Less than \$10,000	4,869 (307)	2,448 (666)	5,759 (373)	*	2,223 (345)	*
\$10,000 - \$19,999	4,689 (224)	3,114 (623)	6,320 (373)	3,533 (793)	3,703 (506)	*
\$20,000 - \$29,999	3,251 (172)	1,888 (306)	5,881 (864)	2,724 (661)	2,886 (288)	*
\$30,000 - \$49,999	3,228 (160)	3,199 (693)	4,804 (944)	2,977 (357)	3,200 (272)	*
\$50,000 or more	3,204 (181)	2,763 (695)	*	2,944 (377)	3,568 (293)	2,705 (326)

Table 4.13 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Prescribed Medicine in 2013¹

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	\$3,737 (82)	\$2,708 (264)	\$6,058 (256)	\$3,006 (247)	\$3,350 (175)	\$3,190 (562)
Poverty ⁴						
Under 100% FPL	5,051 (266)	2,189 (332)	6,065 (304)	2,127 (366)	2,054 (252)	*
100% - 199% FPL	4,042 (175)	2,745 (493)	5,964 (398)	3,713 (706)	3,445 (357)	*
200% - 399% FPL	3,299 (137)	2,920 (507)	6,899 (1,995)	2,827 (315)	3,429 (322)	*
Over 400% FPL	3,056 (136)	*	*	2,788 (340)	3,368 (217)	2,683 (309)
Health Status						
Excellent	1,905 (93)	*	3,178 (339)	1,642 (276)	1,969 (225)	1,627 (383)
Very good	2,611 (126)	2,688 (789)	4,831 (885)	2,060 (152)	2,202 (138)	1,880 (218)
Good	3,651 (125)	2,315 (322)	5,686 (428)	2,850 (353)	3,328 (202)	*
Fair	5,580 (285)	2,946 (437)	6,523 (459)	6,580 (1,332)	5,088 (491)	*
Poor	7,709 (563)	4,383 (757)	8,001 (510)	*	12,750 (2,744)	*
Functional Limitation						
None	2,695 (88)	2,470 (487)	4,552 (382)	2,536 (331)	2,371 (132)	2,040 (238)
IADL only ⁵	4,488 (275)	3,442 (658)	5,819 (464)	3,652 (504)	4,398 (845)	*
One to two ADLs ⁶	4,549 (182)	2,499 (347)	6,395 (488)	3,250 (410)	4,531 (380)	3,715 (738)
Three or more ADLs	5,970 (383)	3,405 (835)	7,767 (729)	*	5,840 (791)	*
Metropolitan Area Resident						
Yes	3,804 (97)	3,030 (370)	6,035 (315)	3,177 (348)	3,373 (213)	3,354 (659)
No	3,509 (153)	1,995 (199)	6,138 (405)	2,648 (237)	3,267 (264)	2,300 (288)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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 Advantage plans 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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.14 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Inpatient Hospital Stay in 2013¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$17,436 (908)	\$15,118 (867)	\$217 (16)	\$1,600 (212)	*	*
Medicare Status²						
Aged						
65 - 74 years	17,893 (1,966)	15,170 (1,865)	132 (19)	1,998 (450)	*	*
75 - 84 years	16,606 (1,079)	14,848 (842)	162 (26)	*	235 (59)	*
85 years and older	16,082 (810)	14,740 (787)	123 (23)	953 (184)	129 (20)	*
Disabled						
Under 45 years	21,278 (4,062)	17,308 (3,677)	961 (206)	*	*	*
45 - 64 years	18,336 (1,936)	15,375 (2,006)	471 (60)	*	306 (76)	*
Gender						
Male	17,992 (1,308)	15,558 (1,272)	138 (19)	1,884 (362)	265 (35)	*
Female	16,943 (1,058)	14,727 (981)	287 (23)	1,348 (261)	*	*
Living Arrangement						
Alone	18,329 (1,442)	15,183 (1,408)	76 (12)	2,648 (428)	*	*
With spouse	16,171 (1,235)	14,416 (1,177)	226 (35)	883 (142)	*	*
With children	17,324 (2,556)	16,132 (2,548)	399 (40)	*	204 (36)	*
With others	16,536 (2,028)	14,729 (1,934)	657 (118)	257 (75)	*	*
Race/Ethnicity						
White non-Hispanic	16,652 (912)	14,776 (862)	130 (16)	1,369 (186)	260 (40)	*
Black non-Hispanic	18,205 (2,295)	15,392 (2,255)	537 (83)	*	*	*
Hispanic	21,647 (4,774)	16,459 (4,524)	387 (70)	*	*	*
Other	18,031 (2,548)	16,475 (2,513)	435 (81)	*	*	*
Income						
Less than \$10,000	16,831 (1,988)	15,601 (1,972)	715 (74)	*	94 (26)	*
\$10,000 - \$19,999	17,076 (1,758)	15,705 (1,764)	379 (39)	396 (98)	*	*
\$20,000 - \$29,999	16,778 (1,951)	14,795 (1,789)	83 (21)	713 (119)	*	*
\$30,000 - \$49,999	17,928 (2,359)	15,881 (2,250)	*	1,742 (385)	283 (82)	*
\$50,000 or more	18,350 (1,300)	13,454 (1,205)	*	4,624 (851)	131 (19)	*

Table 4.14 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Inpatient Hospital Stay in 2013¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$17,436 (908)	\$15,118 (867)	\$217 (16)	\$1,600 (212)	*	*
Poverty³						
Under 100% FPL	16,337 (1,407)	14,786 (1,384)	663 (60)	*	*	*
100% - 199% FPL	17,680 (1,884)	15,874 (1,797)	252 (35)	721 (210)	*	*
200% - 399% FPL	17,635 (1,803)	15,619 (1,574)	*	1,715 (488)	252 (59)	*
Over 400% FPL	17,840 (1,289)	13,201 (1,265)	*	4,355 (836)	128 (19)	*
Health Status						
Excellent	13,557 (1,198)	10,503 (1,051)	*	*	*	*
Very good	13,222 (882)	10,770 (673)	109 (24)	*	142 (22)	*
Good	16,137 (1,022)	13,924 (962)	128 (19)	1,271 (272)	*	*
Fair	19,915 (2,656)	17,387 (2,431)	300 (38)	*	251 (56)	*
Poor	22,716 (3,131)	21,079 (3,104)	441 (60)	*	*	*
Functional Limitation						
None	13,798 (995)	11,581 (971)	122 (21)	1,448 (387)	*	*
IADL only ⁴	17,486 (1,531)	14,737 (1,307)	184 (46)	*	*	*
One to two ADLs ⁵	17,707 (1,302)	15,475 (1,144)	208 (29)	*	242 (53)	*
Three or more ADLs	22,126 (2,741)	19,841 (2,655)	390 (46)	1,707 (360)	164 (26)	*
Metropolitan Area Resident						
Yes	17,909 (1,148)	15,335 (1,093)	209 (18)	1,786 (270)	*	*
No	15,953 (1,054)	14,434 (1,038)	244 (36)	1,016 (189)	230 (28)	*

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.15 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Outpatient Hospital Visit in 2013¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$2,516 (73)	\$1,990 (58)	\$43 (3)	\$295 (23)	\$168 (13)	\$19 (5)
Medicare Status²						
Aged						
65 - 74 years	2,255 (107)	1,740 (87)	25 (4)	313 (27)	152 (14)	*
75 - 84 years	2,542 (129)	2,048 (98)	37 (8)	302 (42)	148 (15)	7 (2)
85 years and older	2,342 (174)	1,976 (153)	17 (5)	227 (22)	111 (12)	*
Disabled						
Under 45 years	3,572 (583)	2,824 (480)	160 (15)	227 (48)	*	*
45 - 64 years	3,179 (329)	2,499 (261)	103 (13)	*	268 (60)	*
Gender						
Male	2,754 (130)	2,150 (108)	34 (3)	330 (33)	204 (22)	36 (10)
Female	2,326 (84)	1,862 (65)	51 (5)	267 (30)	140 (12)	*
Living Arrangement						
Alone	2,687 (124)	2,058 (101)	19 (3)	398 (39)	195 (22)	*
With spouse	2,280 (91)	1,875 (75)	35 (4)	228 (24)	132 (12)	*
With children	2,313 (118)	1,922 (103)	86 (12)	159 (22)	113 (12)	*
With others	2,457 (275)	1,977 (227)	135 (26)	115 (20)	195 (55)	*
Race/Ethnicity						
White non-Hispanic	2,389 (86)	1,846 (68)	26 (2)	332 (28)	170 (16)	16 (4)
Black non-Hispanic	3,410 (326)	2,805 (263)	105 (21)	259 (48)	228 (51)	*
Hispanic	2,704 (278)	2,340 (247)	86 (15)	121 (23)	112 (25)	*
Other	2,382 (314)	1,903 (260)	90 (23)	201 (43)	152 (31)	*
Income						
Less than \$10,000	2,566 (181)	2,216 (163)	174 (23)	75 (10)	72 (14)	*
\$10,000 - \$19,999	2,686 (132)	2,266 (110)	88 (8)	140 (17)	172 (19)	*
\$20,000 - \$29,999	2,794 (313)	2,260 (254)	*	297 (51)	192 (46)	*
\$30,000 - \$49,999	2,361 (120)	1,903 (99)	*	286 (20)	159 (20)	9 (2)
\$50,000 or more	2,308 (148)	1,567 (112)	*	525 (68)	196 (23)	*

Table 4.15 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Outpatient Hospital Visit in 2013¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$2,516 (73)	\$1,990 (58)	\$43 (3)	\$295 (23)	\$168 (13)	\$19 (5)
Poverty³						
Under 100% FPL	2,698 (141)	2,317 (122)	170 (15)	79 (12)	104 (19)	*
100% - 199% FPL	2,653 (184)	2,215 (155)	49 (7)	180 (20)	194 (30)	15 (4)
200% - 399% FPL	2,429 (122)	1,880 (86)	*	373 (52)	156 (17)	17 (4)
Over 400% FPL	2,325 (151)	1,620 (128)	*	488 (52)	196 (23)	*
Health Status						
Excellent	1,639 (124)	1,182 (91)	*	266 (47)	151 (31)	*
Very good	1,684 (56)	1,347 (51)	14 (3)	203 (17)	111 (11)	*
Good	2,648 (162)	2,119 (132)	31 (5)	346 (45)	139 (12)	*
Fair	3,188 (187)	2,513 (147)	76 (10)	376 (79)	191 (24)	*
Poor	4,617 (594)	3,748 (480)	159 (24)	269 (37)	415 (115)	*
Functional Limitation						
None	1,971 (86)	1,514 (69)	14 (2)	276 (24)	145 (14)	*
IADL only ⁴	2,853 (206)	2,240 (158)	43 (10)	397 (89)	166 (18)	8 (2)
One to two ADLs ⁵	3,060 (224)	2,480 (183)	63 (8)	286 (43)	214 (38)	*
Three or more ADLs	3,198 (232)	2,628 (200)	123 (17)	252 (35)	171 (26)	*
Metropolitan Area Resident						
Yes	2,462 (87)	1,979 (70)	39 (4)	252 (19)	170 (16)	22 (6)
No	2,687 (135)	2,025 (99)	56 (8)	430 (72)	164 (18)	*

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.16 Physician/Supplier Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Physician/Supplier Service in 2013¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$4,053 (69)	\$2,747 (44)	\$81 (5)	\$536 (24)	\$660 (38)	\$29 (3)
Medicare Status ²						
Aged						
65 - 74 years	3,672 (122)	2,373 (60)	39 (4)	556 (41)	672 (71)	31 (6)
75 - 84 years	4,490 (111)	3,159 (76)	70 (9)	602 (44)	640 (37)	20 (3)
85 years and older	4,837 (155)	3,477 (111)	79 (23)	560 (40)	704 (45)	17 (4)
Disabled						
Under 45 years	4,260 (346)	2,849 (245)	303 (27)	351 (74)	724 (122)	33 (9)
45 - 64 years	3,983 (193)	2,766 (161)	199 (24)	369 (57)	600 (46)	49 (10)
Gender						
Male	3,975 (103)	2,683 (77)	63 (6)	551 (33)	639 (33)	40 (5)
Female	4,119 (101)	2,801 (55)	97 (8)	524 (30)	677 (60)	20 (4)
Living Arrangement						
Alone	4,140 (123)	2,676 (70)	35 (5)	679 (38)	720 (67)	30 (4)
With spouse	4,134 (110)	2,977 (85)	86 (13)	427 (25)	629 (59)	15 (3)
With children	4,009 (158)	2,834 (111)	172 (16)	380 (61)	578 (53)	*
With others	3,379 (176)	2,400 (136)	184 (16)	244 (44)	521 (47)	30 (8)
Race/Ethnicity						
White non-Hispanic	4,135 (85)	2,732 (46)	47 (3)	607 (30)	721 (49)	27 (3)
Black non-Hispanic	4,230 (195)	3,094 (144)	208 (32)	367 (50)	539 (78)	*
Hispanic	3,643 (176)	2,738 (156)	153 (26)	269 (68)	439 (47)	*
Other	3,495 (202)	2,417 (146)	189 (34)	391 (62)	463 (59)	36 (10)
Income						
Less than \$10,000	3,913 (186)	2,987 (143)	278 (19)	193 (35)	441 (113)	14 (4)
\$10,000 - \$19,999	4,025 (115)	3,056 (91)	180 (16)	218 (13)	544 (29)	28 (5)
\$20,000 - \$29,999	3,867 (120)	2,703 (98)	59 (17)	412 (31)	651 (44)	*
\$30,000 - \$49,999	4,446 (231)	2,876 (117)	4 (1)	663 (56)	864 (144)	39 (8)
\$50,000 or more	3,918 (120)	2,315 (75)	*	903 (62)	677 (36)	21 (4)

Table 4.16 Physician/Supplier Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Physician/Supplier Service in 2013¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$4,053 (69)	\$2,747 (44)	\$81 (5)	\$536 (24)	\$660 (38)	\$29 (3)
Poverty ³						
Under 100% FPL	3,885 (144)	2,954 (115)	302 (23)	157 (23)	453 (73)	19 (4)
100% - 199% FPL	3,977 (98)	2,938 (78)	106 (12)	300 (18)	596 (33)	37 (8)
200% - 399% FPL	4,255 (172)	2,786 (93)	5 (1)	624 (38)	804 (103)	35 (7)
Over 400% FPL	4,001 (137)	2,328 (83)	*	967 (76)	685 (40)	19 (4)
Health Status						
Excellent	2,724 (85)	1,731 (57)	18 (3)	464 (44)	499 (33)	11 (3)
Very good	3,207 (71)	2,165 (49)	29 (4)	458 (39)	533 (39)	22 (3)
Good	4,359 (165)	2,888 (87)	58 (7)	621 (54)	758 (105)	34 (7)
Fair	5,102 (231)	3,590 (171)	150 (17)	554 (48)	763 (78)	45 (13)
Poor	6,359 (395)	4,533 (284)	323 (38)	584 (73)	875 (109)	44 (12)
Functional Limitation						
None	3,013 (63)	2,062 (44)	22 (2)	446 (24)	468 (27)	14 (2)
IADL only ⁴	4,612 (289)	2,951 (114)	83 (12)	613 (78)	932 (209)	33 (9)
One to two ADLs ⁵	5,052 (164)	3,459 (117)	120 (14)	660 (60)	761 (48)	52 (12)
Three or more ADLs	6,142 (291)	4,220 (201)	278 (32)	588 (59)	1,011 (99)	45 (10)
Metropolitan Area Resident						
Yes	4,132 (81)	2,795 (50)	82 (6)	550 (29)	676 (48)	29 (4)
No	3,784 (136)	2,585 (93)	81 (6)	486 (30)	602 (41)	31 (7)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.17 Dental Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Dental Service in 2013¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$868 (44)	\$14 (1)	*	\$158 (12)	\$682 (40)	\$6 (2)
Medicare Status ²						
Aged						
65 - 74 years	944 (59)	12 (1)	*	193 (20)	735 (52)	*
75 - 84 years	766 (34)	16 (1)	*	121 (13)	621 (30)	*
85 years and older	763 (63)	15 (1)	*	89 (14)	653 (63)	1 (0)
Disabled						
Under 45 years	686 (130)	8 (1)	61 (13)	*	459 (110)	*
45 - 64 years	851 (182)	13 (1)	*	137 (31)	641 (167)	*
Gender						
Male	869 (49)	13 (1)	*	175 (21)	666 (38)	*
Female	866 (62)	14 (1)	6 (1)	145 (13)	696 (59)	*
Living Arrangement						
Alone	875 (42)	12 (1)	*	191 (18)	665 (34)	*
With spouse	790 (50)	16 (1)	*	107 (17)	660 (45)	*
With children	966 (165)	17 (2)	14 (4)	130 (24)	797 (159)	*
With others	818 (201)	11 (2)	*	90 (18)	*	*
Race/Ethnicity						
White non-Hispanic	903 (52)	13 (1)	3 (1)	149 (9)	734 (47)	*
Black non-Hispanic	690 (75)	15 (1)	*	164 (36)	469 (62)	*
Hispanic	699 (117)	21 (3)	*	*	461 (60)	*
Other	799 (143)	11 (1)	*	*	480 (69)	*
Income						
Less than \$10,000	496 (53)	16 (4)	33 (9)	*	387 (45)	*
\$10,000 - \$19,999	655 (44)	16 (1)	*	46 (9)	546 (40)	*
\$20,000 - \$29,999	742 (64)	15 (1)	*	134 (38)	581 (44)	*
\$30,000 - \$49,999	988 (122)	14 (1)	*	137 (16)	833 (122)	*
\$50,000 or more	971 (53)	11 (1)	*	240 (25)	718 (39)	*

Table 4.17 Dental Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Dental Service in 2013¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$868 (44)	\$14 (1)	*	\$158 (12)	\$682 (40)	\$6 (2)
Poverty ³						
Under 100% FPL	512 (54)	15 (2)	*	*	381 (43)	*
100% - 199% FPL	725 (53)	16 (1)	*	94 (28)	596 (39)	*
200% - 399% FPL	900 (89)	14 (1)	*	129 (11)	751 (89)	*
Over 400% FPL	1,015 (59)	11 (1)	*	257 (28)	746 (43)	*
Health Status						
Excellent	1,114 (153)	11 (1)	*	223 (43)	869 (135)	*
Very good	808 (38)	12 (1)	*	164 (20)	628 (29)	*
Good	854 (75)	14 (1)	*	126 (13)	693 (69)	*
Fair	786 (60)	18 (2)	12 (3)	130 (20)	616 (55)	*
Poor	618 (51)	22 (5)	*	117 (21)	455 (45)	*
Functional Limitation						
None	908 (59)	12 (1)	*	177 (17)	707 (51)	4 (1)
IADL only ⁴	729 (50)	17 (2)	*	109 (17)	590 (46)	*
One to two ADLs ⁵	821 (59)	14 (1)	11 (3)	151 (28)	639 (55)	*
Three or more ADLs	921 (173)	17 (2)	*	118 (29)	766 (154)	*
Metropolitan Area Resident						
Yes	928 (54)	15 (1)	*	176 (14)	726 (48)	4 (1)
No	607 (38)	9 (1)	7 (2)	83 (10)	495 (32)	*

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.18 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Prescribed Medicine in 2013¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$3,737 (82)	\$2,358 (68)	\$26 (5)	\$537 (24)	\$610 (15)	\$344 (24)
Medicare Status²						
Aged						
65 - 74 years	3,275 (125)	1,879 (88)	*	556 (42)	604 (19)	375 (42)
75 - 84 years	3,210 (100)	1,917 (78)	12 (2)	605 (45)	649 (21)	234 (15)
85 years and older	2,833 (146)	1,718 (122)	4 (1)	556 (39)	535 (24)	265 (36)
Disabled						
Under 45 years	6,447 (483)	5,310 (456)	92 (20)	357 (75)	429 (64)	388 (98)
45 - 64 years	6,359 (434)	4,624 (389)	*	372 (58)	665 (56)	482 (92)
Gender						
Male	3,757 (125)	2,296 (105)	18 (4)	551 (34)	637 (22)	402 (39)
Female	3,721 (109)	2,410 (94)	33 (9)	524 (30)	588 (17)	295 (31)
Living Arrangement						
Alone	3,546 (125)	1,930 (97)	*	682 (39)	698 (22)	360 (35)
With spouse	3,284 (137)	2,050 (90)	*	426 (25)	559 (20)	292 (42)
With children	4,483 (234)	3,380 (217)	32 (6)	374 (62)	534 (28)	391 (66)
With others	4,737 (342)	3,909 (316)	51 (15)	249 (45)	343 (29)	292 (52)
Race/Ethnicity						
White non-Hispanic	3,593 (105)	2,130 (81)	10 (2)	608 (31)	666 (18)	346 (28)
Black non-Hispanic	4,252 (233)	3,117 (195)	32 (7)	368 (51)	471 (31)	285 (56)
Hispanic	4,257 (310)	3,182 (274)	*	269 (68)	423 (36)	318 (41)
Other	3,902 (371)	2,622 (273)	*	385 (63)	464 (34)	*
Income						
Less than \$10,000	4,869 (307)	4,123 (280)	72 (13)	196 (35)	306 (24)	285 (38)
\$10,000 - \$19,999	4,689 (224)	3,602 (195)	70 (20)	217 (13)	445 (24)	423 (73)
\$20,000 - \$29,999	3,251 (172)	1,997 (146)	*	404 (29)	636 (28)	305 (32)
\$30,000 - \$49,999	3,228 (160)	1,681 (114)	*	666 (56)	756 (32)	331 (56)
\$50,000 or more	3,204 (181)	1,407 (127)	*	909 (63)	730 (33)	329 (48)

Table 4.18 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2013

Community-Only Residents with at Least One Prescribed Medicine in 2013¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$3,737 (82)	\$2,358 (68)	\$26 (5)	\$537 (24)	\$610 (15)	\$344 (24)
Poverty³						
Under 100% FPL	5,051 (266)	4,304 (235)	87 (18)	157 (23)	302 (21)	268 (27)
100% - 199% FPL	4,042 (175)	2,809 (147)	*	300 (18)	550 (26)	432 (65)
200% - 399% FPL	3,299 (137)	1,755 (102)	*	624 (39)	750 (26)	318 (41)
Over 400% FPL	3,056 (136)	1,279 (84)	*	969 (77)	711 (29)	329 (56)
Health Status						
Excellent	1,905 (93)	1,016 (51)	*	459 (46)	425 (28)	181 (49)
Very good	2,611 (126)	1,446 (100)	5 (1)	463 (40)	532 (23)	327 (62)
Good	3,651 (125)	2,227 (107)	*	616 (54)	619 (24)	345 (43)
Fair	5,580 (285)	3,766 (235)	*	556 (49)	782 (34)	446 (41)
Poor	7,709 (563)	5,693 (504)	98 (23)	590 (73)	857 (64)	513 (72)
Functional Limitation						
None	2,695 (88)	1,571 (65)	*	445 (24)	529 (18)	277 (35)
IADL only ⁴	4,488 (275)	2,903 (204)	17 (4)	616 (79)	649 (32)	443 (87)
One to two ADLs ⁵	4,549 (182)	2,882 (171)	27 (5)	660 (60)	701 (25)	396 (43)
Three or more ADLs	5,970 (383)	4,262 (351)	*	589 (59)	752 (43)	421 (47)
Metropolitan Area Resident						
Yes	3,804 (97)	2,406 (81)	29 (7)	551 (30)	614 (17)	361 (29)
No	3,509 (153)	2,195 (114)	16 (4)	487 (30)	598 (28)	284 (34)

* Cells with a denominator of less than 50 sample persons or a relative standard error of greater than 30% are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2013 Cost and Use, 2012-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.