

Table 18
Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage and
Type of Cost-Sharing Liability: Calendar Years 1977-2000

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability				Supplementary Medical Insurance (SMI) Liability			Balance Billing ³
		Total	Inpatient Hospital Copayments		Skilled Nursing Facility Coinsurance	Total	Deductible ^{1,2}	Coinsurance ²	
			Deductible	Coinsurance					
Amount in Millions									
1977	\$4,489	\$1,091	\$844	\$171	\$76	\$3,398	\$1,049	\$1,545	\$804
1978	5,046	1,311	1,019	210	82	3,735	1,102	1,723	910
1979	5,898	1,512	1,168	257	87	4,386	1,157	2,072	1,157
1980	7,074	1,807	1,395	312	100	5,267	1,207	2,519	1,541
1981	8,433	2,080	1,615	355	110	6,353	1,358	3,042	1,953
1982	10,388	2,804	2,131	524	149	7,584	1,574	3,730	2,280
1983	11,448	3,250	2,504	561	185	8,198	1,453	4,260	2,485
1984	11,802	3,403	2,775	415	212	8,399	1,532	4,607	2,260
1985	13,145	3,461	2,867	381	213	9,684	1,651	5,363	2,670
1986	14,643	4,206	3,584	409	213	10,436	1,711	6,022	2,703
1987	15,655	4,586	3,818	568	200	11,069	1,796	7,073	2,201
1988	16,315	5,006	4,004	671	332	11,309	1,864	7,649	1,795
1989 ⁴	16,891	3,903	3,607	60	236	12,988	1,943	8,942	2,104
1990	19,955	5,980	4,519	569	892	13,975	2,021	9,728	2,226
1991	23,855	6,770	4,934	868	968	17,085	2,444	12,762	1,879
1992	24,767	7,108	5,115	864	1,129	17,659	2,666	14,120	873
1993	25,880	7,665	5,394	817	1,454	18,215	2,801	14,902	512
1994 ⁵	27,706	8,076	5,574	773	1,730	19,630	2,670	16,721	239
1995 ⁵	29,763	8,411	5,766	685	1,960	21,352	2,754	18,411	187
1996 ⁵	31,177	8,957	5,978	631	2,348	22,220	2,790	19,312	118
1997 ⁵	32,786	9,264	6,147	648	2,469	23,522	3,163	20,260	99
1998 ⁵	33,056	8,944	6,071	613	2,259	24,112	2,723	21,308	81
1999 ⁵	33,703	8,957	6,181	637	2,139	24,746	2,712	21,959	75
2000 ⁵	35,587	9,278	6,327	712	2,239	26,308	2,773	23,464	71

See footnotes at end of table.

Table 18—Continued
Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage and
Type of Cost-Sharing Liability: Calendar Years 1977-2000

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability				Supplementary Medical Insurance (SMI) Liability			Balance Billing ³
		Total	Deductible	Coinsurance	Skilled Nursing Facility Coinsurance	Total	Deductible ^{1,2}	Coinsurance ⁷	
1977	\$174	\$42	\$32	\$7	\$3	\$132	\$42	\$58	\$32
1978	192	49	38	8	3	143	42	66	35
1979	219	55	43	9	3	164	43	78	43
1980	256	64	50	11	4	192	44	92	56
1981	301	73	56	12	4	228	49	109	70
1982	364	96	73	18	5	268	56	32	80
1983	381	110	85	19	6	283	50	147	86
1984	388	113	93	14	7	286	52	157	77
1985	423	113	94	12	7	323	55	179	89
1986	461	135	115	13	7	341	56	197	88
1987	483	144	120	18	6	355	58	227	71
1988	495	154	124	21	10	358	59	242	57
1989 ⁴	503	118	109	2	7	405	61	279	66
1990	583	177	134	17	26	428	62	298	68
1991	684	197	143	25	28	514	74	384	57
1992	696	202	145	25	32	520	79	416	26
1993	712	213	150	23	40	526	81	430	15
1994 ⁵	813	240	165	23	51	608	83	518	7
1995 ⁵	874	250	171	20	58	663	86	572	6
1996 ⁵	925	269	180	19	71	699	88	608	4
1997 ⁵	993	284	188	20	76	758	102	653	3
1998 ⁵	1,022	280	190	19	71	796	90	703	3
1999 ⁵	1,047	282	195	20	67	823	90	730	2
2000 ⁵	1,087	287	196	22	69	863	91	770	2

Table 18--Continued
Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage and
Type of Cost-Sharing Liability: Calendar Years 1977-2000

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability					Supplementary Medical Insurance (SMI) Liability			Balance Billing ³
		Total	Deductible	Copayments	Coinsurance	Skilled Nursing Facility	Total	Deductible ^{1,2}	Coinsurance ²	
1977	100	24.3	18.8	3.8	1.7	75.7	23.4	34.4	17.9	
1978	100	26.0	20.2	4.2	1.6	74.0	21.8	34.1	18.0	
1979	100	25.6	19.8	4.4	1.5	74.4	19.6	35.1	19.6	
1980	100	25.5	19.7	4.4	1.4	74.5	17.1	35.6	21.8	
1981	100	24.7	19.2	4.2	1.3	75.3	16.1	36.1	23.2	
1982	100	27.0	20.5	5.0	1.4	73.0	15.2	35.9	21.9	
1983	100	28.4	21.9	4.9	1.6	71.6	12.7	37.2	21.7	
1984	100	28.8	23.5	3.5	1.8	71.2	13.0	39.0	19.1	
1985	100	26.3	21.8	2.9	1.6	73.7	12.6	40.8	20.3	
1986	100	28.7	24.5	2.8	1.5	71.3	11.7	41.1	18.5	
1987	100	29.3	24.4	3.6	1.3	70.7	11.5	45.2	14.1	
1988	100	30.7	24.5	4.1	2.0	69.3	11.4	46.9	11.0	
1988 ⁴	100	23.1	21.4	0.4	1.4	76.9	11.5	52.9	12.5	
1990	100	30.0	22.6	2.9	4.5	70.0	10.1	48.7	11.2	
1991	100	28.4	20.7	3.6	4.1	71.6	10.2	53.5	7.9	
1992	100	28.7	20.7	3.5	4.6	71.3	10.8	57.0	3.5	
1993	100	29.6	20.8	3.2	5.6	70.4	10.8	57.6	2.0	
1994 ⁵	100	29.1	20.1	2.8	6.2	70.9	9.6	60.4	0.9	
1995 ⁵	100	28.3	19.4	2.3	6.6	71.7	9.3	61.9	0.6	
1996 ⁵	100	28.7	19.2	2.0	7.5	71.3	8.9	61.9	0.4	
1997 ⁵	100	28.3	18.7	2.0	7.5	71.7	9.6	61.8	0.3	
1998 ⁵	100	27.1	18.4	1.9	6.8	72.9	8.2	64.5	0.2	
1999 ⁵	100	26.6	18.3	1.9	6.3	73.4	8.0	65.2	0.2	
2000 ⁵	100	26.1	17.8	2.0	6.3	73.9	7.8	65.9	0.2	

¹The Omnibus Budget Reconciliation Act (OBRA) of 1981 raised the annual SMI deductible amount from \$60 to \$75 effective January 1, 1982. OBRA 1990 raised the deductible to \$100 effective January 1, 1991.

²In previous editions of the Statistical Supplement, the cost-sharing liability amounts for SMI were understated. Estimates of cost-sharing liability beginning in 1990 are significantly higher than those reported for prior years due to improvements in the methodology used to calculate Part B cost sharing. The amounts shown for SMI deductible and coinsurance for calendar years 1991-1998 are actuarial estimates and represent revisions. Data for years prior to 1991 are not available.

³Balance billing on unassigned claims is the difference between the charge submitted by the physician and the charge allowed by Medicare; the beneficiary is liable for this difference, in addition to the 20 percent coinsurance set by law. The Medicare Physician Payment Reform Act established a limit that a physician can charge Medicare beneficiaries on unassigned claims; in 1998 a physician could not charge more than 115 percent of the amount listed in the Medicare Physician Fee Schedule for non-participating physicians.

⁴Under the Medicare Catastrophic Coverage Act (MCCA) of 1988, Medicare coverage for inpatient hospital care for calendar year 1989 was extended to an unlimited number of days, and beneficiaries paid only one hospital deductible and no inpatient hospital coinsurance. Skilled nursing facility (SNF) care under MCCA paid for 150 SNF covered days of care for calendar year 1989 at 100 percent of covered charges, except for \$25.50 a day coinsurance for days 1-8 of the SNF stay. The MCCA cost-sharing changes for Part B coverage were not scheduled to be implemented until January 1, 1990. However, the MCCA was repealed effective January 1, 1990.

⁵Beginning 1994, managed care enrollees are excluded when the average cost-sharing liability per enrollee is computed. The enrollment populations used to calculate the liability per enrollee are the fee-for-service populations with the appropriate coverage; that is, the HI and/or SMI population for total liability, HI population for HI liability, and SMI population for SMI liability. Because of the use of different denominators, the total will not equal the sum of the parts.

NOTES: Medicare cost-sharing liability represent cost sharing for fee-for-service care only. Numbers may not add to totals because of rounding.
 SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services; Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 19
Total Medicare Expenditures, Medicare Payments, and Beneficiary Cost-Sharing Liability, by Type of Coverage: Calendar Years 1977, 1983, and 2000

Type of Coverage	Total		Medicare Payments		Beneficiary Cost-Sharing Liability ¹	
	Medicare Expenditures		Amount		Amount	
	in Billions	Percent	in Billions	Percent	in Billions	Percent
2000 Total	\$209.9	100.0	\$174.3	83.0	\$35.6	17.0
Hospital Insurance	111.0	100.0	101.7	91.6	9.3	8.4
Supplementary Medical Insurance	98.9	100.0	72.6	73.4	26.3	26.6
1983 Total	\$64.8	100.0	\$53.4	82.4	\$11.4	17.6
Hospital Insurance	39.6	100.0	36.3	91.7	3.3	8.3
Supplementary Medical Insurance	25.3	100.0	17.1	67.6	8.2	32.4
1977 Total	\$25.0	100.0	\$20.5	82.0	\$4.5	18.0
Hospital Insurance	15.8	100.0	14.7	93.0	1.1	7.0
Supplementary Medical Insurance	9.2	100.0	5.8	63.0	3.4	37.0

¹Includes Part B balance billing beneficiary liability.

NOTES: Total Medicare expenditures represent the sum of Medicare Program payments and the potential beneficiary liability for cost sharing for fee-for-service care. Payments and cost sharing for managed care are excluded. Estimates of cost-sharing liability beginning in 1999 are significantly higher than those reported for prior years due to improvements in the methodology used to calculate Part B cost sharing. A small amount of deductible payments can not be accounted for because of missing bills and truncating of cents. Data for earlier years have not been revised. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 20
Medicare Persons Served and Cost-Sharing Liability, by Demographic Characteristics:
Calendar Year 2000

Demographic Characteristic	Persons Served ¹			Cost-Sharing Liability ²			
	Number in Thousands	Per 1,000 Enrollees ³	Percent	Amount in Millions	Percent	Average per Person with Liability ⁴	Per Enrollee ³
Total	29,583	904	100.0	\$35,587	100.0	\$1,228	\$1,087
Sex							
Male	12,109	853	40.9	15,209	42.7	1,288	1,071
Female	17,473	942	59.1	20,378	57.3	1,186	1,099
Age							
Under 65 Years	4,096	835	13.8	5,515	15.5	1,379	1,124
65-74 Years	12,128	852	41.0	12,693	35.7	1,070	892
75-84 Years	9,620	970	32.5	12,309	34.6	1,301	1,241
85 Years or Over	3,738	1,015	12.6	5,070	14.2	1,385	1,376
Race⁵							
White	25,534	916	86.3	29,863	83.9	1,195	1,072
Other	3,953	826	13.4	5,614	15.8	1,442	1,173
Unknown	95	98	0.3	109	0.3	1,173	1,145
Type of Entitlement							
Aged ⁶	25,486	916	86.2	30,071	84.5	1,204	1,080
Disabled ⁷	4,096	835	13.8	5,515	15.5	1,379	1,124
MSA Type⁸							
Urban	21,009	909	71.0	26,063	73.2	1,266	1,128
Rural	8,174	930	27.6	9,145	25.7	1,142	1,040

¹Represents beneficiaries who received covered services under fee-for-service and for whom program payments were made. Includes a small number of Medicare beneficiaries with no cost-sharing liability.

²Includes beneficiary balance billing cost-sharing liability.

³Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments. The numerators for the ratios of persons served per 1,000 include beneficiaries alive and enrolled in fee-for-service at any point in the year.

⁴Excludes persons who did not have cost-sharing liability.

⁵Due to the availability of expanded codes for race, the methodology for calculating data for other race has been revised from earlier years.

⁶Includes aged persons with end stage renal disease (ESRD).

⁷Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

⁸Excludes outlying areas.

NOTES: A small amount of deductible payments can not be accounted for because of missing bills and truncating of cents. MSA is metropolitan statistical area. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 21
Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2000

Area of Residence ¹	Enrollees		Managed Care as	Persons Served		Cos Cost-Sharing Liability			
	Total	Managed Care	Percent of Total	Number in Thousands	Per-cent	Amount in Millions	Per-cent	Average per Person with Liability ²	Per Enrollee ³
All Areas ⁴	39,632,060	6,891,720	17.4	29,583	100.0	\$35,587	100.0	\$1,228	1,087
United States	38,782,220	6,886,940	17.8	29,182	98.6	35,209	98.9	1,231	1,104
Northeast	8,119,820	1,662,420	20.5	5,836	19.7	7,458	21.0	1,301	1,155
Midwest	9,207,560	931,840	10.1	7,692	26.0	8,738	24.6	1,163	1,056
South	13,887,820	1,730,060	12.5	11,213	37.9	13,814	38.8	1,254	1,136
West	7,567,020	2,562,620	33.9	4,442	15.0	5,199	14.6	1,202	1,039
New England	2,122,880	403,560	19.0	1,540	5.2	1,868	5.2	1,235	1,086
Connecticut	517,520	105,120	20.3	379	1.3	473	1.3	1,271	1,147
Maine	216,300	2,020	0.9	195	0.7	206	0.6	1,073	961
Massachusetts	961,100	237,080	24.7	637	2.2	829	2.3	1,322	1,145
New Hampshire	168,600	2,780	1.6	147	0.5	155	0.4	1,072	935
Rhode Island	170,300	56,340	33.1	99	0.3	121	0.3	1,262	1,062
Vermont	89,060	220	0.2	81	0.3	83	0.2	1,046	934
Middle Atlantic	5,996,940	1,258,860	21.0	4,296	14.5	5,590	15.7	1,325	1,180
New Jersey	1,211,800	171,960	14.2	938	3.2	1,228	3.5	1,326	1,181
New York	2,694,640	493,680	18.3	1,978	6.7	2,625	7.4	1,351	1,193
Pennsylvania	2,090,500	593,220	28.4	1,380	4.7	1,737	4.9	1,286	1,160
East North Central	6,358,020	651,320	10.2	5,274	17.8	6,160	17.3	1,194	1,079
Illinois	1,626,340	190,060	11.7	1,309	4.4	1,540	4.3	1,204	1,072
Indiana	847,600	34,940	4.1	753	2.5	907	2.5	1,231	1,116
Michigan	1,402,040	82,160	5.9	1,224	4.1	1,514	4.3	1,260	1,147
Ohio	1,706,340	297,360	17.4	1,305	4.4	1,510	4.2	1,184	1,072
Wisconsin	775,700	46,800	6.0	683	2.3	690	1.9	1,037	947

See footnotes at end of table.

Table 21—Continued
Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2000

Area of Residence ¹	Enrollees		Managed Care as	Persons Served		Cos Cost-Sharing Liability			
	Total	Managed Care	Percent of Total	Number in Thousands	Per-cent	Amount in Millions	Per-cent	Average per Person with Liability ²	Per Enrollee ³
West North Central	2,849,540	280,520	9.8	2,419	8.2	\$2,578	7.2	\$1,093	1,003
Iowa	475,180	17,400	3.7	442	1.5	440	1.2	1,017	961
Kansas	386,300	30,660	7.9	338	1.1	401	1.1	1,207	1,128
Minnesota	655,220	87,000	13.3	545	1.8	514	1.4	983	905
Missouri	858,880	133,680	15.6	664	2.2	775	2.2	1,191	1,069
Nebraska	254,120	10,620	4.2	227	0.8	252	0.7	1,136	1,035
North Dakota	101,540	720	0.7	95	0.3	91	0.3	976	903
South Dakota	118,300	440	0.4	107	0.4	105	0.3	999	891
South Atlantic	7,526,680	1,006,980	13.4	6,037	20.4	7,420	20.9	1,249	1,138
Delaware	114,900	5,580	4.9	100	0.3	118	0.3	1,191	1,079
District of Columbia	75,400	6,960	9.2	55	0.2	75	0.2	1,403	1,096
Florida	2,827,120	757,460	26.8	1,953	6.6	2,665	7.5	1,390	1,288
Georgia	928,040	57,440	6.2	794	2.7	937	2.6	1,197	1,076
Maryland	645,820	69,840	10.8	512	1.7	584	1.6	1,161	1,014
North Carolina	1,131,060	47,520	4.2	1,013	3.4	1,191	3.3	1,193	1,099
South Carolina	570,140	1,620	0.3	526	1.8	658	1.8	1,267	1,157
Virginia	896,440	35,340	3.9	785	2.7	870	2.4	1,128	1,010
West Virginia	337,760	25,220	7.5	299	1.0	321	0.9	1,094	1,027
East South Central	2,553,040	149,120	5.8	2,210	7.5	2,780	7.8	1,280	1,156
Alabama	685,960	59,640	8.7	576	1.9	751	2.1	1,321	1,199
Kentucky	618,360	34,300	5.5	538	1.8	644	1.8	1,222	1,103
Mississippi	418,840	6,080	1.5	378	1.3	471	1.3	1,265	1,141
Tennessee	829,880	49,100	5.9	717	2.4	914	2.6	1,298	1,171
West South Central	3,808,100	573,960	15.1	2,967	10.0	3,614	10.2	1,242	1,117
Arkansas	433,640	18,540	4.3	382	1.3	419	1.2	1,118	1,009
Louisiana	599,740	107,500	17.9	451	1.5	601	1.7	1,354	1,221
Oklahoma	507,100	54,200	10.7	418	1.4	461	1.3	1,130	1,018
Texas	2,267,620	393,720	17.4	1,716	5.8	2,133	6.0	1,268	1,138

See footnotes at end of table.

Table 21—Continued
Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2000

Area of Residence ¹	Enrollees		Managed Care as	Persons Served		Cos Cost-Sharing Liability			
	Total	Managed Care	Percent of Total	Number in Thousands	Per-cent	Amount in Millions	Per-cent	Average per Person with Liability ²	Per Enrollee ³
Mountain	2,204,020	555,780	25.2	1,484	5.0	\$1,544	4.3	\$1,072	937
Arizona	675,520	241,660	35.8	383	1.3	413	1.2	1,115	952
Colorado	470,340	162,040	34.5	288	1.0	301	0.8	1,086	976
Idaho	166,760	17,220	10.3	144	0.5	150	0.4	1,070	1,003
Montana	136,920	480	0.4	125	0.4	122	0.3	1,005	894
Nevada	246,280	81,500	33.1	138	0.5	162	0.5	1,203	983
New Mexico	233,680	44,320	19.0	163	0.6	160	0.4	1,000	845
Utah	208,660	6,880	3.3	186	0.6	176	0.5	974	872
Wyoming	65,860	1,680	2.6	58	0.2	60	0.2	1,082	935
Pacific	5,363,000	2,006,840	37.4	2,957	10.0	3,655	10.3	1,267	1,089
Alaska	41,960	300	0.7	35	0.1	37	0.1	1,067	888
California	3,922,000	1,584,280	40.4	2,023	6.8	2,759	7.8	1,395	1,180
Hawaii	167,680	53,800	32.1	105	0.4	93	0.3	906	817
Oregon	495,760	185,920	37.5	302	1.0	266	0.7	924	859
Washington	735,600	182,540	24.8	493	1.7	500	1.4	1,038	904
Outlying Areas ⁵	849,840	4,780	0.6	400	1.4	378	1.1	957	447

¹Based on the area of residence of the beneficiary.

²Does not reflect beneficiaries who received covered services, but for whom no cost-sharing liability was reported during the year.

³Medicare enrollees in managed care plans are not included in the denominator used to calculate the average payments.

⁴Includes 50 States, District of Columbia, and outlying areas.

⁵Includes Puerto Rico, Guam, Virgin Islands, residence unknown, and all other outlying areas not shown separately.

NOTES: A small amount of deductible payments can not be accounted for because of missing bills and truncating of cents. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

Table 22
Number of Persons Served and Cost-Sharing Liability for Medicare Beneficiaries, by Type of Liability and Type of Coverage:
Calendar Year 2000

Amount of Cost-Sharing Liability Incurred	Total HI and/or SMI Liability	Hospital Insurance (HI)			Supplementary Medical Insurance (SMI)			Balance Billing
		Total	Deductible	Coinsurance	Total	Deductible	Coinsurance	
Total	29,582,600	6,870,720	6,799,920	782,720	28,848,260	28,128,280	28,315,100	2,875,900
\$1 - \$499	14,710,600	1,720	820	900	14,112,920	13,599,860	13,585,320	1,055,120
\$500 - \$999	4,590,440	260,920	258,300	3,080	4,473,840	4,397,500	4,468,880	523,440
\$1,000 - \$1,999	5,328,380	2,761,880	2,752,680	43,200	5,314,420	5,234,740	5,313,960	630,380
\$2,000 - \$4,999	3,814,120	2,903,580	2,880,120	295,000	3,810,040	3,771,160	3,809,940	523,180
\$5,000 - \$9,999	856,020	692,400	671,720	291,560	854,300	844,560	854,280	113,020
\$10,000 - \$14,999	210,120	185,460	179,440	105,100	210,020	208,240	210,020	23,520
\$15,000 or More	72,920	64,760	56,840	43,880	72,720	72,220	72,700	7,240
Liability in Thousands								
Total	\$35,586,589	\$9,278,381	\$6,327,251	\$2,951,130	\$26,308,208	\$2,772,796	\$23,464,043	\$71,369
\$1 - \$499	3,366,163	304	134	171	3,365,858	1,324,368	2,027,133	14,357
\$500 - \$999	3,281,364	201,091	199,989	1,101	3,080,273	438,257	2,630,632	11,384
\$1,000 - \$1,999	7,631,006	2,183,912	2,165,155	18,757	5,447,094	521,928	4,908,728	16,438
\$2,000 - \$4,999	11,376,147	3,303,372	2,916,939	386,433	8,072,775	376,045	7,675,776	20,955
\$5,000 - \$9,999	5,898,866	1,968,112	771,927	1,196,185	3,930,754	84,229	3,840,316	6,209
\$10,000 - \$14,999	2,463,233	926,582	208,162	718,420	1,536,652	20,770	1,514,384	1,498
\$15,000 or More	1,569,810	695,008	64,945	630,063	874,802	7,199	867,076	527
Average Liability per Person Served								
Total	\$1,203	\$1,350	\$930	\$3,770	\$912	\$99	\$829	\$25
\$1 - \$499	229	177	163	190	238	97	149	14
\$500 - \$999	715	771	774	358	689	100	589	22
\$1,000 - \$1,999	1,432	791	787	434	1,025	100	924	26
\$2,000 - \$4,999	2,983	1,138	1,013	1,310	2,119	100	2,015	40
\$5,000 - \$9,999	6,891	2,842	1,149	4,103	4,601	100	4,495	55
\$10,000 - \$14,999	11,723	4,996	1,160	6,836	7,317	100	7,211	64
\$15,000 or More	21,528	10,732	1,143	14,359	12,030	100	11,927	73

¹Represents beneficiaries who received covered services under fee-for-service and for whom program payments were made. Includes a small number of beneficiaries with no cost-sharing liability.

NOTES: While the overall levels of potential liability are more accurate, the number of persons falling into certain categories and levels of cost sharing are slightly understated. This in part is due to changes during the year in some beneficiaries' health insurance claim number (HIC). Most changes to the HIC involved the beneficiary identification code (BIC), which identifies the beneficiary's relationship to the primary wage earner; for example, a wife being converted to a widow. These changes were accounted through what is known as an equitable BIC routine which was performed on the input file. Other changes involved changes in the beneficiary claim account number portion of the HIC, for example, a wife acquiring enough quarters of credit to get benefits under her own account. No cross-referencing was done to get all claims for the small number of individuals who either enter or exit the 5-percent sample. In addition, managed care people who leave managed care during the calendar year are credited with prorated shares of an estimated amount of the annual Part B deductible, based on the amount of time in managed care and estimated time for most beneficiaries to reach the Part B deductible under fee-for-service. No estimating was done to attribute such amounts to individuals. It should also be noted that certain services are not subject to deductible and/or coinsurance. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.