

Table 18
Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage and
Type of Cost-Sharing Liability: Calendar Years 1977-2002

| Year | Total Hospital Insurance and/or Supplementary Medical Insurance Liability | Hospital Insurance (HI) Liability | | | | | | | Supplementary Medical Insurance (SMI) Liability | |
|-------------------|--|-----------------------------------|----------------------------------|------------------|---|---------|---------------------------|-------------------------------|--|--------------------|
| | | Total | Inpatient Hospital Copayments | | Skilled Nursing Facility Coinsurance | Total | Deductible ^{1,2} | Coinsur- ance ² | Balance Billing ³ | |
| | | | Deductible | Coinsur- ance | | | | | | |
| | | | | | | | | | | 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 | 27,706 | 8,076 | 5,574 | 773 | 1,730 | 19,630 | 2,670 | 16,721 | 239 | |
| 1995 | 29,763 | 8,411 | 5,766 | 685 | 1,960 | 21,352 | 2,754 | 18,411 | 187 | |
| 1996 | 31,177 | 8,957 | 5,978 | 631 | 2,348 | 22,220 | 2,790 | 19,312 | 118 | |
| 1997 | 32,786 | 9,264 | 6,147 | 648 | 2,469 | 23,522 | 3,163 | 20,260 | 99 | |
| 1998 | 33,056 | 8,944 | 6,071 | 613 | 2,259 | 24,112 | 2,723 | 21,308 | 81 | |
| 1999 | 33,703 | 8,957 | 6,181 | 637 | 2,139 | 24,746 | 2,712 | 21,959 | 75 | |
| 2000 | 35,587 | 9,278 | 6,327 | 712 | 2,239 | 26,308 | 2,773 | 23,464 | 71 | |
| 2001 ⁵ | 38,037 | 9,965 | 6,711 | 762 | 2,492 | 28,072 | 2,877 | 25,124 | 71 | |
| 2002 | 40,251 | 10,945 | 7,094 | 836 | 3,015 | 29,306 | 2,997 | 26,246 | 63 | |

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 1977-2002

| Year | Total Hospital Insurance and/or Supplementary Medical Insurance Liability | Hospital Insurance (HI) Liability | | | | Supplementary Medical Insurance (SMI) Liability | | | |
|-----------------------------------|---|-----------------------------------|-------------------------------|--------------------------------------|-------------|---|---------------------------|--------------------------|------------------------------|
| | | Total | Inpatient Hospital Copayments | Skilled Nursing Facility Coinsurance | Coinsurance | Total | Deductible ^{1,2} | Coinsurance ² | Balance Billing ³ |
| Dollars per Enrollee ⁶ | | | | | | | | | |
| 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 | 813 | 240 | 165 | 23 | 51 | 608 | 83 | 518 | 7 |
| 1995 | 874 | 250 | 171 | 20 | 58 | 663 | 86 | 572 | 6 |
| 1996 | 925 | 269 | 180 | 19 | 71 | 699 | 88 | 608 | 4 |
| 1997 | 993 | 284 | 188 | 20 | 76 | 758 | 102 | 653 | 3 |
| 1998 | 1,022 | 280 | 190 | 19 | 71 | 796 | 90 | 703 | 3 |
| 1999 | 1,047 | 282 | 195 | 20 | 67 | 823 | 90 | 730 | 2 |
| 2000 | 1,087 | 287 | 196 | 22 | 69 | 863 | 91 | 770 | 2 |
| 2001 ⁵ | 1,123 | 298 | 201 | 23 | 75 | 891 | 91 | 797 | 2 |
| 2002 | 1,151 | 317 | 205 | 24 | 87 | 900 | 92 | 806 | 2 |

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 1977-2002

| Year | Total Hospital Insurance and/or Supplementary Medical Insurance Liability | Hospital Insurance (HI) Liability | | | | Supplementary Medical Insurance (SMI) Liability | | | |
|----------------------|---|-----------------------------------|------------|-------------------------------|--------------------------|---|---------------------------|--------------------------|------------------------------|
| | | Total | Deductible | Inpatient Hospital Copayments | Skilled Nursing Facility | Total | Deductible ^{1,2} | Coinsurance ² | Balance Billing ³ |
| Percent Distribution | | | | | | | | | |
| 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 |
| 1989 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 | 100 | 29.1 | 20.1 | 2.8 | 6.2 | 70.9 | 9.6 | 60.4 | 0.9 |
| 1995 | 100 | 28.3 | 19.4 | 2.3 | 6.6 | 71.7 | 9.3 | 61.9 | 0.6 |
| 1996 | 100 | 28.7 | 19.2 | 2.0 | 7.5 | 71.3 | 8.9 | 61.9 | 0.4 |
| 1997 | 100 | 28.3 | 18.7 | 2.0 | 7.5 | 71.7 | 9.6 | 61.8 | 0.3 |
| 1998 | 100 | 27.1 | 18.4 | 1.9 | 6.8 | 72.9 | 8.2 | 64.5 | 0.2 |
| 1999 | 100 | 26.6 | 18.3 | 1.9 | 6.3 | 73.4 | 8.0 | 65.2 | 0.2 |
| 2000 | 100 | 26.1 | 17.8 | 2.0 | 6.3 | 73.9 | 7.8 | 65.9 | 0.2 |
| 2001 ⁵ | 100 | 26.2 | 17.6 | 2.0 | 6.6 | 73.8 | 7.6 | 66.1 | 0.2 |
| 2002 | 100 | 27.2 | 17.6 | 2.1 | 7.5 | 72.8 | 7.4 | 65.2 | 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 1999 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 2002 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

⁵Data for 2001 were estimated using other sources that involve alternative estimation algorithms and should be used with caution with data for other years.

⁶Beginning 1994, managed care enrollees are excluded when calculating the average cost-sharing liability per enrollee.

NOTES: Medicare cost-sharing liability represent cost sharing for fee-for-service care only. Numbers may not add to totals because of rounding.

SOURCES: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Data Extract System; Office of the Actuary; 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 2002

| Type of Coverage | Total Medicare Expenditures | | Medicare Payments | | Beneficiary Cost-Sharing Liability ¹ | |
|---------------------------------|-----------------------------|---------|--------------------|---------|---|---------|
| | Amount in Billions | Percent | Amount in Billions | Percent | Amount in Billions | Percent |
| 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 |
| 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 |
| 2002 Total | \$255.7 | 100.0 | \$215.4 | 84.2 | \$40.3 | 15.8 |
| Hospital Insurance | 133.9 | 100.0 | 123.0 | 91.9 | 10.9 | 8.1 |
| Supplementary Medical Insurance | 121.7 | 100.0 | 92.4 | 75.9 | 29.3 | 24.1 |

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 Data Extract System; data development by the Office of Research, Development, and Information.

Table 20
Medicare Persons Served and Cost-Sharing Liability, by Demographic Characteristics:
Calendar Year 2002

| 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 | 31,754 | 908 | 100.0 | \$40,251 | 100.0 | \$1,292 | \$1,151 |
| Sex | | | | | | | |
| Male | 13,158 | 859 | 41.4 | 17,257 | 42.9 | 1,344 | 1,127 |
| Female | 18,597 | 946 | 58.6 | 22,994 | 57.1 | 1,256 | 1,169 |
| Age | | | | | | | |
| Under 65 Years | 4,650 | 853 | 14.6 | 6,539 | 16.2 | 1,437 | 1,200 |
| 65-74 Years | 12,921 | 855 | 40.7 | 14,063 | 34.9 | 1,111 | 931 |
| 75-84 Years | 10,236 | 972 | 32.2 | 13,865 | 34.4 | 1,377 | 1,316 |
| 85 Years or Over | 3,948 | 1,015 | 12.4 | 5,784 | 14.4 | 1,496 | 1,487 |
| Race⁵ | | | | | | | |
| White | 27,276 | 921 | 85.9 | 33,543 | 83.3 | 1,255 | 1,133 |
| Other | 4,420 | 836 | 13.9 | 6,630 | 16.5 | 1,521 | 1,253 |
| Unknown | 57 | 693 | 0.2 | 78 | 0.2 | 1,383 | 948 |
| Type of Entitlement | | | | | | | |
| Aged ⁶ | 27,117 | 918 | 85.4 | 33,727 | 83.8 | 1,268 | 1,142 |
| Disabled ⁷ | 4,637 | 851 | 14.6 | 6,524 | 16.2 | 1,437 | 1,197 |
| MSA Type⁸ | | | | | | | |
| Urban | 22,815 | 880 | 71.8 | 29,667 | 73.7 | 1,326 | 1,144 |
| Rural | 8,512 | 940 | 26.8 | 10,151 | 25.2 | 1,215 | 1,121 |

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 Data Extract System; 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 2002

| Area of Residence ¹ | Enrollees | | Managed Care as Percent of Total | Persons Served | | Cost-Sharing Liability | | | |
|--------------------------------|------------|--------------|----------------------------------|---------------------|----------|------------------------|----------|--|---------------------------|
| | Total | Managed Care | | Number in Thousands | Per-cent | Amount in Millions | Per-cent | Average per Person With Liability ² | Per Enrollee ³ |
| All Areas ⁴ | 40,503,080 | 5,525,600 | 13.6 | 31,754 | 100.0 | \$40,251 | 100.0 | \$1,292 | 1,151 |
| United States | 39,597,440 | 5,511,740 | 13.9 | 31,328 | 98.7 | 39,818 | 98.9 | 1,296 | 1,168 |
| Northeast | 8,175,880 | 1,376,580 | 16.8 | 6,148 | 19.4 | 8,339 | 20.7 | 1,380 | 1,226 |
| Midwest | 9,311,300 | 692,600 | 7.4 | 8,082 | 25.5 | 9,812 | 24.4 | 1,240 | 1,138 |
| South | 14,308,960 | 1,171,040 | 8.2 | 12,160 | 38.3 | 15,801 | 39.3 | 1,320 | 1,203 |
| West | 7,801,300 | 2,271,520 | 29.1 | 4,938 | 15.6 | 5,865 | 14.6 | 1,221 | 1,061 |
| New England | 2,136,880 | 299,260 | 14.0 | 1,653 | 5.2 | 2,128 | 5.3 | 1,309 | 1,158 |
| Connecticut | 519,800 | 32,460 | 6.2 | 449 | 1.4 | 609 | 1.5 | 1,379 | 1,250 |
| Maine | 222,940 | 240 | 0.1 | 203 | 0.6 | 226 | 0.6 | 1,129 | 1,015 |
| Massachusetts | 957,520 | 208,360 | 21.8 | 664 | 2.1 | 907 | 2.3 | 1,389 | 1,211 |
| New Hampshire | 174,720 | 1,840 | 1.1 | 155 | 0.5 | 171 | 0.4 | 1,126 | 989 |
| Rhode Island | 170,100 | 56,320 | 33.1 | 99 | 0.3 | 124 | 0.3 | 1,285 | 1,090 |
| Vermont | 91,800 | 40 | (6) | 84 | 0.3 | 91 | 0.2 | 1,105 | 992 |
| Middle Atlantic | 6,039,000 | 1,077,320 | 17.8 | 4,495 | 14.2 | 6,211 | 15.4 | 1,406 | 1,252 |
| New Jersey | 1,219,380 | 108,480 | 8.9 | 1,007 | 3.2 | 1,413 | 3.5 | 1,421 | 1,272 |
| New York | 2,721,920 | 465,840 | 17.1 | 2,031 | 6.4 | 2,907 | 7.2 | 1,456 | 1,289 |
| Pennsylvania | 2,097,700 | 503,000 | 24.0 | 1,457 | 4.6 | 1,891 | 4.7 | 1,326 | 1,186 |
| East North Central | 6,426,420 | 430,980 | 6.7 | 5,585 | 17.6 | 6,976 | 17.3 | 1,275 | 1,164 |
| Illinois | 1,641,440 | 101,480 | 6.2 | 1,405 | 4.4 | 1,748 | 4.3 | 1,270 | 1,135 |
| Indiana | 858,380 | 23,600 | 2.7 | 784 | 2.5 | 1,021 | 2.5 | 1,328 | 1,223 |
| Michigan | 1,420,420 | 34,420 | 2.4 | 1,301 | 4.1 | 1,711 | 4.3 | 1,338 | 1,234 |
| Ohio | 1,718,500 | 246,480 | 14.3 | 1,374 | 4.3 | 1,706 | 4.2 | 1,267 | 1,159 |
| Wisconsin | 787,680 | 25,000 | 3.2 | 720 | 2.3 | 791 | 2.0 | 1,127 | 1,037 |

See footnotes at end of table.

Table 21—Continued

Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2002

| Area of Residence ¹ | Enrollees | | Managed Care as Percent of Total | Persons Served | | Cost-Sharing Liability | | | |
|--------------------------------|-----------|--------------|----------------------------------|---------------------|----------|------------------------|----------|--|---------------------------|
| | Total | Managed Care | | Number in Thousands | Per-cent | Amount in Millions | Per-cent | Average per Person With Liability ² | Per Enrollee ³ |
| West North Central | 2,884,880 | 261,620 | 9.1 | 2,497 | 7.9 | \$2,837 | 7.0 | \$1,163 | 1,081 |
| Iowa | 476,800 | 17,140 | 3.6 | 449 | 1.4 | 476 | 1.2 | 1,084 | 1,036 |
| Kansas | 387,000 | 23,460 | 6.1 | 347 | 1.1 | 423 | 1.1 | 1,240 | 1,164 |
| Minnesota | 667,120 | 85,180 | 12.8 | 568 | 1.8 | 600 | 1.5 | 1,096 | 1,031 |
| Missouri | 874,520 | 123,840 | 14.2 | 695 | 2.2 | 841 | 2.1 | 1,233 | 1,120 |
| Nebraska | 257,760 | 9,920 | 3.8 | 233 | 0.7 | 283 | 0.7 | 1,242 | 1,142 |
| North Dakota | 102,780 | 580 | 0.6 | 96 | 0.3 | 100 | 0.2 | 1,053 | 978 |
| South Dakota | 118,900 | 1500 | 1.3 | 109 | 0.3 | 115 | 0.3 | 1,076 | 980 |
| South Atlantic | 7,765,780 | 739,600 | 9.5 | 6,524 | 20.5 | 8,459 | 21.0 | 1,316 | 1,204 |
| Delaware | 120,460 | 1,280 | 1.1 | 109 | 0.3 | 140 | 0.3 | 1,305 | 1,175 |
| District of Columbia | 74,780 | 4,940 | 6.6 | 55 | 0.2 | 85 | 0.2 | 1,571 | 1,217 |
| Florida | 2,899,760 | 576,360 | 19.9 | 2,180 | 6.9 | 3,044 | 7.6 | 1,420 | 1,310 |
| Georgia | 962,600 | 40,100 | 4.2 | 849 | 2.7 | 1,035 | 2.6 | 1,236 | 1,122 |
| Maryland | 664,760 | 20,700 | 3.1 | 575 | 1.8 | 745 | 1.9 | 1,314 | 1,157 |
| North Carolina | 1,180,100 | 51,580 | 4.4 | 1,063 | 3.3 | 1,365 | 3.4 | 1,302 | 1,210 |
| South Carolina | 592,180 | 1,720 | 0.3 | 554 | 1.7 | 736 | 1.8 | 1,344 | 1,246 |
| Virginia | 929,000 | 18,760 | 2.0 | 833 | 2.6 | 958 | 2.4 | 1,168 | 1,052 |
| West Virginia | 342,140 | 24,160 | 7.1 | 307 | 1.0 | 352 | 0.9 | 1,164 | 1,107 |
| East South Central | 2,634,560 | 123,000 | 4.7 | 2,341 | 7.4 | 3,132 | 7.8 | 1,358 | 1,247 |
| Alabama | 708,700 | 47,840 | 6.8 | 616 | 1.9 | 827 | 2.1 | 1,358 | 1,251 |
| Kentucky | 636,620 | 20,160 | 3.2 | 576 | 1.8 | 751 | 1.9 | 1,330 | 1,218 |
| Mississippi | 428,300 | 3,100 | 0.7 | 396 | 1.2 | 513 | 1.3 | 1,313 | 1,206 |
| Tennessee | 860,940 | 51,900 | 6.0 | 753 | 2.4 | 1,042 | 2.6 | 1,403 | 1,288 |
| West South Central | 3,908,620 | 308,440 | 7.9 | 3,295 | 10.4 | 4,210 | 10.5 | 1,302 | 1,169 |
| Arkansas | 437,960 | 2,260 | 0.5 | 402 | 1.3 | 464 | 1.2 | 1,172 | 1,065 |
| Louisiana | 612,200 | 74,520 | 12.2 | 488 | 1.5 | 675 | 1.7 | 1,408 | 1,255 |
| Oklahoma | 516,860 | 42,740 | 8.3 | 437 | 1.4 | 517 | 1.3 | 1,210 | 1,090 |
| Texas | 2,341,600 | 188,920 | 8.1 | 1,968 | 6.2 | 2,554 | 6.3 | 1,322 | 1,186 |

See footnotes at end of table.

Table 21—Continued
Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2002

| Area of Residence ¹ | Enrollees | | Managed Care as Percent of Total | Persons Served | | Cost-Sharing Liability | | | |
|--------------------------------|-----------|--------------|----------------------------------|---------------------|----------|------------------------|----------|--|---------------------------|
| | Total | Managed Care | | Number in Thousands | Per-cent | Amount in Millions | Per-cent | Average per Person With Liability ² | Per Enrollee ³ |
| Mountain | 2,303,320 | 494,940 | 21.5 | 1,641 | 5.2 | \$1,797 | 4.5 | \$1,130 | 994 |
| Arizona | 706,920 | 211,360 | 29.9 | 442 | 1.4 | 497 | 1.2 | 1,165 | 1,003 |
| Colorado | 486,940 | 138,640 | 28.5 | 324 | 1.0 | 355 | 0.9 | 1,139 | 1,019 |
| Idaho | 174,340 | 16,160 | 9.3 | 153 | 0.5 | 172 | 0.4 | 1,156 | 1,087 |
| Montana | 140,180 | 740 | 0.5 | 130 | 0.4 | 135 | 0.3 | 1,064 | 968 |
| Nevada | 268,540 | 82,920 | 30.9 | 156 | 0.5 | 194 | 0.5 | 1,279 | 1,045 |
| New Mexico | 243,020 | 37,000 | 15.2 | 180 | 0.6 | 181 | 0.4 | 1,031 | 879 |
| Utah | 215,740 | 6,960 | 3.2 | 195 | 0.6 | 198 | 0.5 | 1,040 | 948 |
| Wyoming | 67,640 | 1,160 | 1.7 | 61 | 0.2 | 67 | 0.2 | 1,119 | 1,008 |
| Pacific | 5,497,980 | 1,776,580 | 32.3 | 3,297 | 10.4 | 4,068 | 10.1 | 1,265 | 1,093 |
| Alaska | 45,300 | 260 | 0.6 | 38 | 0.1 | 44 | 0.1 | 1,187 | 977 |
| California | 4,003,700 | 1,406,080 | 35.1 | 2,259 | 7.1 | 2,992 | 7.4 | 1,355 | 1,152 |
| Hawaii | 174,460 | 59,080 | 33.9 | 111 | 0.3 | 101 | 0.3 | 941 | 875 |
| Oregon | 512,420 | 175,540 | 34.3 | 332 | 1.0 | 314 | 0.8 | 985 | 932 |
| Washington | 762,100 | 135,620 | 17.8 | 557 | 1.8 | 617 | 1.5 | 1,135 | 985 |
| Outlying Areas ⁵ | 905,640 | 13,860 | 1.5 | 427 | 1.3 | 433 | 1.1 | 1,030 | 486 |

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.

⁶Less than 0.05 percent.

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 Data Extract System; 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 2002**

| 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 | |
| Number of Persons Served | | | | | | | | |
| Total | 31,754,380 | 7,365,780 | 7,284,740 | 928,860 | 31,028,980 | 30,372,280 | 30,478,100 | 2,597,780 |
| \$1 - \$499 | 15,145,880 | 880 | 40 | 840 | 14,539,920 | 14,090,660 | 13,998,380 | 910,940 |
| \$500 - \$999 | 5,233,580 | 193,260 | 190,240 | 3,260 | 5,135,440 | 5,064,760 | 5,126,940 | 529,080 |
| \$1,000 - \$1,999 | 5,806,220 | 2,792,460 | 2,783,440 | 39,680 | 5,792,560 | 5,713,640 | 5,791,840 | 565,980 |
| \$2,000 - \$4,999 | 4,237,320 | 3,252,740 | 3,226,560 | 324,120 | 4,232,720 | 4,189,460 | 4,232,620 | 465,940 |
| \$5,000 - \$9,999 | 956,440 | 788,120 | 764,420 | 339,720 | 954,000 | 942,740 | 953,980 | 95,760 |
| \$10,000 - \$14,999 | 282,840 | 253,860 | 246,040 | 162,700 | 282,600 | 279,940 | 282,600 | 23,260 |
| \$15,000 or More | 92,100 | 84,460 | 74,000 | 58,540 | 91,740 | 91,080 | 91,740 | 6,820 |
| Liability in Thousands: | | | | | | | | |
| Total | \$40,251,003 | \$10,944,970 | \$7,093,558 | \$3,851,412 | \$29,306,034 | \$2,997,404 | \$26,245,652 | \$62,978 |
| \$1 - \$499 | 3,566,878 | 198 | 13 | 185 | 3,566,680 | 1,375,465 | 2,178,144 | 13,071 |
| \$500 - \$999 | 3,735,094 | 155,317 | 154,113 | 1,204 | 3,579,777 | 504,458 | 3,063,643 | 11,676 |
| \$1,000 - \$1,999 | 8,368,570 | 2,299,384 | 2,282,465 | 16,919 | 6,069,186 | 569,170 | 5,485,274 | 14,742 |
| \$2,000 - \$4,999 | 12,663,916 | 3,780,959 | 3,352,390 | 428,569 | 8,882,957 | 417,434 | 8,448,412 | 17,112 |
| \$5,000 - \$9,999 | 6,590,519 | 2,302,179 | 927,041 | 1,375,139 | 4,288,339 | 93,900 | 4,189,482 | 4,958 |
| \$10,000 - \$14,999 | 3,336,179 | 1,467,817 | 285,990 | 1,181,827 | 1,868,362 | 27,905 | 1,839,384 | 1,073 |
| \$15,000 or More | 1,989,847 | 939,115 | 91,546 | 847,569 | 1,050,732 | 9,072 | 1,041,314 | 347 |
| Average Liability per Person Served | | | | | | | | |
| Total | \$1,268 | \$1,486 | \$974 | \$4,146 | \$944 | \$99 | \$861 | \$24 |
| \$1 - \$499 | 236 | 225 | 328 | 220 | 245 | 98 | 156 | 14 |
| \$500 - \$999 | 714 | 804 | 810 | 369 | 697 | 100 | 598 | 22 |
| \$1,000 - \$1,999 | 1,441 | 823 | 820 | 426 | 1,048 | 100 | 947 | 26 |
| \$2,000 - \$4,999 | 2,989 | 1,162 | 1,039 | 1,322 | 2,099 | 100 | 1,996 | 37 |
| \$5,000 - \$9,999 | 6,891 | 2,921 | 1,213 | 4,048 | 4,495 | 100 | 4,392 | 52 |
| \$10,000 - \$14,999 | 11,795 | 5,782 | 1,162 | 7,264 | 6,611 | 100 | 6,509 | 46 |
| \$15,000 or More | 21,605 | 11,119 | 1,237 | 14,478 | 11,453 | 100 | 11,351 | 51 |

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 equatable 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 Data Extract System; data development by the Office of Research, Development, and Information.