

Table 4.1

**Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage and
Type of Cost-Sharing Liability: Calendar Years 1977-2004**

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability							
	Total	Inpatient Hospital		Skilled		Supplementary			
		Copayments		Nursing		Medical Insurance (SMI) Liability			
		Deductible	Coinsur- ance	Facility Coinsurance	Total	Deductible ^{1,2}	Coinsur- ance ²	Balance Billing ³	
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
2003	42,906	11,755	7,474	856	3,425	31,151	3,085	28,003	63
2004	46,524	12,673	7,887	935	3,852	33,851	3,143	30,645	62

See footnotes at end of table.

Table 4.1—Continued

**Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage and
Type of Cost-Sharing Liability: Calendar Years 1977-2004**

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	Medical Insurance (SMI) Liability		Balance Billing ³	
		Deductible	Coinsur- ance			Deductible ^{1,2}	Coinsur- ance ²		
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
2003	1,198	332	211	24	97	935	93	840	2
2004	1,280	352	219	26	107	1,004	93	909	2

See footnotes at end of table.

Table 4.1—Continued

**Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage and
Type of Cost-Sharing Liability: Calendar Years 1977-2004**

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability							
		Inpatient Hospital Copayments				Skilled Nursing Facility Coinsurance	Supplementary Medical Insurance (SMI) Liability		
		Total	Deductible	Coinsurance	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
2003	100	27.4	17.4	2.0	8.0	72.6	7.2	65.3	0.1
2004	100	27.2	17.0	2.0	8.3	72.8	6.8	65.9	0.1

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 2004 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 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 total 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 4.2
Medicare Persons Served and Cost-Sharing Liability, by Demographic Characteristics:
Calendar Year 2004

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	33,015	908	100.0	\$46,524	100.0	\$1,432	\$1,280
Sex							
Male	13,811	861	41.8	19,957	42.9	1,474	1,244
Female	19,205	946	58.2	26,567	57.1	1,402	1,308
Age							
Under 65 Years	5,177	858	15.7	8,101	17.4	1,591	1,342
65-74 Years	13,277	855	40.2	15,904	34.2	1,217	1,024
75-84 Years	10,464	973	31.7	15,812	34.0	1,533	1,470
85 Years or Over	4,097	1,018	12.4	6,707	14.4	1,673	1,666
Race⁵							
White	28,203	921	85.4	38,602	83.0	1,392	1,260
Other	4,762	846	14.4	7,851	16.9	1,670	1,394
Type of Entitlement							
Aged ⁶	27,851	919	84.4	38,444	82.6	1,403	1,268
Disabled ⁷	5,164	856	15.6	8,080	17.4	1,591	1,339
MSA Type⁸							
Urban	23,831	882	72.2	34,400	73.9	1,468	1,273
Rural	8,752	939	26.5	11,663	25.1	1,354	1,252

¹Represents beneficiaries who received covered services under fee-for-service (FFS) 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 FFS at any point in the year. Essentially every FFS enrollee over 85 alive at some point during the year has used a covered reimbursed service, rates over 1,000 may be seen

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

⁵Excludes unknown race. Due 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 4.3
Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2004

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	41,729,214	5,384,210	12.9	33,015	100.0	\$46,524	100.0	\$1,432	1,280
United States	40,784,276	5,322,324	13.0	32,582	98.7	46,063	99.0	1,437	1,299
Northeast	8,266,998	1,351,340	16.3	6,237	18.9	9,309	20.3	1,513	1,346
Midwest	9,526,737	652,343	6.8	8,315	25.2	11,387	24.4	1,393	1,283
South	14,873,770	1,136,720	7.6	12,753	38.6	18,424	39.6	1,464	1,341
West	8,116,771	2,181,921	26.9	5,277	16.0	6,944	14.8	1,349	1,170
New England	2,171,282	249,969	11.5	1,731	5.2	2,460	5.3	1,440	1,280
Connecticut	522,578	28,876	5.5	458	1.4	681	1.5	1,507	1,379
Maine	231,185	361	0.2	209	0.6	253	0.5	1,227	1,096
Massachusetts	964,555	161,375	16.7	715	2.2	1,064	2.3	1,507	1,325
New Hampshire	186,447	1,846	1.0	163	0.5	213	0.4	1,323	1,154
Rhode Island	172,208	57,363	33.3	99	0.3	144	0.3	1,471	1,254
Vermont	94,309	148	0.2	87	0.3	106	0.2	1,230	1,126
Middle Atlantic	6,095,716	1,101,371	18.1	4,506	13.6	6,849	15.0	1,541	1,371
New Jersey	1,219,861	92,743	7.6	1,028	3.1	1,609	3.5	1,580	1,428
New York	2,758,590	495,810	18.0	2,025	6.1	3,194	7.0	1,598	1,412
Pennsylvania	2,117,265	512,818	24.2	1,454	4.4	2,047	4.5	1,433	1,276
East North Central	6,575,626	397,119	6.0	5,752	17.4	8,101	17.4	1,432	1,311
Illinois	1,672,557	84,816	5.1	1,451	4.4	2,061	4.4	1,441	1,298
Indiana	889,402	19,388	2.2	811	2.5	1,202	2.6	1,507	1,382
Michigan	1,461,646	22,101	1.5	1,346	4.1	1,940	4.1	1,463	1,348
Ohio	1,737,938	223,607	12.9	1,424	4.3	2,016	4.3	1,438	1,331
Wisconsin	814,083	47,207	5.8	720	2.2	882	1.9	1,254	1,150

See footnotes at end of table.

Table 4.3—Continued

Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2004

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	2,951,111	255,224	8.6	2,563	7.8	\$3,286	7.1	\$1,307	1,219
Iowa	485,330	20,277	4.2	450	1.4	517	1.1	1,173	1,112
Kansas	397,554	13,645	3.4	360	1.1	509	1.1	1,437	1,326
Minnesota	685,842	98,368	14.3	579	1.8	670	1.4	1,193	1,140
Missouri	896,886	111,148	12.4	731	2.2	1,012	2.2	1,407	1,288
Nebraska	258,875	10,379	4.0	235	0.7	331	0.7	1,431	1,332
North Dakota	103,322	1047	1.0	96	0.3	117	0.3	1,227	1,144
South Dakota	123,302	360	0.3	112	0.3	129	0.3	1,172	1,049
South Atlantic	8,061,120	705,698	8.8	6,851	20.8	9,929	21.3	1,468	1,350
Delaware	123,462	831	0.7	116	0.4	170	0.4	1,480	1,386
District of Columbia	72,818	4,789	6.6	57	0.2	91	0.2	1,627	1,338
Florida	2,996,722	554,242	18.5	2,296	7.0	3,659	7.9	1,617	1,498
Georgia	1,000,098	18,702	1.9	911	2.8	1,222	2.6	1,360	1,245
Maryland	683,314	26,597	3.9	590	1.8	841	1.8	1,441	1,281
North Carolina	1,240,008	55,877	4.5	1,115	3.4	1,618	3.5	1,466	1,366
South Carolina	627,304	2,040	0.3	581	1.8	833	1.8	1,448	1,332
Virginia	966,976	19,616	2.0	873	2.6	1,100	2.4	1,276	1,161
West Virginia	350,418	23,004	6.6	312	0.9	394	0.8	1,282	1,203
East South Central	2,735,938	143,602	5.2	2,418	7.3	3,529	7.6	1,479	1,361
Alabama	734,470	54,054	7.4	636	1.9	925	2.0	1,470	1,359
Kentucky	660,863	18,956	2.9	599	1.8	857	1.8	1,455	1,335
Mississippi	446,410	1,676	0.4	413	1.3	595	1.3	1,457	1,338
Tennessee	894,195	68,916	7.7	770	2.3	1,152	2.5	1,517	1,396
West South Central	4,076,712	287,420	7.1	3,485	10.6	4,966	10.7	1,447	1,311
Arkansas	460,532	2,058	0.4	414	1.3	532	1.1	1,298	1,160
Louisiana	628,178	69,517	11.1	508	1.5	768	1.7	1,536	1,375
Oklahoma	530,142	41,550	7.8	456	1.4	593	1.3	1,329	1,214
Texas	2,457,860	174,295	7.1	2,107	6.4	3,072	6.6	1,481	1,345

See footnotes at end of table.

Table 4.3—Continued
Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 2004

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	2,442,901	495,301	20.3	1,762	5.3	\$2,162	4.6	\$1,261	1,110
Arizona	763,464	206,658	27.1	488	1.5	610	1.3	1,284	1,096
Colorado	506,600	136,216	26.9	350	1.1	438	0.9	1,299	1,183
Idaho	185,195	18,676	10.1	157	0.5	187	0.4	1,221	1,123
Montana	145,138	608	0.4	135	0.4	161	0.3	1,220	1,114
Nevada	287,482	82,789	28.8	177	0.5	239	0.5	1,390	1,168
New Mexico	257,539	41,582	16.1	188	0.6	214	0.5	1,163	991
Utah	227,958	7,573	3.3	204	0.6	234	0.5	1,177	1,062
Wyoming	69,525	1,199	1.7	64	0.2	78	0.2	1,258	1,142
Pacific	5,673,870	1,686,620	29.7	3,515	10.6	4,782	10.3	1,393	1,199
Alaska	49,645	216	0.4	42	0.1	60	0.1	1,464	1,214
California	4,122,332	1,328,174	32.2	2,415	7.3	3,500	7.5	1,480	1,253
Hawaii	177,674	59,362	33.4	111	0.3	114	0.2	1,055	964
Oregon	526,795	171,219	32.5	352	1.1	379	0.8	1,125	1,066
Washington	797,424	127,649	16.0	594	1.8	728	1.6	1,250	1,087
Outlying Areas ⁵	944,938	61,886	6.5	433	1.3	461	1.0	1,081	522

¹Based on the area of residence of the beneficiary.

²Does not reflect beneficiaries who received covered services and program payments, 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 cost-sharing liability per enrollee.

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

Table 4.4

**Number of Persons Served and Cost-Sharing Liability for Medicare Beneficiaries, by Type of Liability and Type of Coverage:
Calendar Year 2004**

Amount of Cost-Sharing Liability Incurred	Total HI and/or SMI Liability	Calendar Year 2001						
		Hospital Insurance (HI)			Supplementary Medical Insurance (SMI)			Balance Billing
		Total	Deductible	Coinsurance	Total	Deductible	Coinsurance	
Number of Persons Served								
Total	33,015,740	7,603,360	7,511,420	1,042,660	32,349,480	31,770,320	31,841,180	2,302,300
\$1 - \$499	14,771,980	1,080	20	1,060	14,236,200	13,835,980	13,738,480	737,800
\$500 - \$999	5,786,980	150,120	147,160	3,140	5,680,260	5,625,760	5,670,560	493,540
\$1,000 - \$1,999	5,956,060	2,438,260	2,428,680	31,360	5,941,860	5,872,060	5,941,140	501,560
\$2,000 - \$4,999	4,827,220	3,605,720	3,578,360	317,260	4,821,820	4,782,800	4,821,680	440,000
\$5,000 - \$9,999	1,131,680	926,360	896,660	375,540	1,128,380	1,117,420	1,128,360	94,680
\$10,000 - \$14,999	396,940	353,460	342,540	231,620	396,420	392,580	396,420	25,200
\$15,000 or More	144,880	128,360	118,000	82,680	144,540	143,720	144,540	9,520
Liability in Thousands								
Total	\$46,523,814	\$12,673,130	\$7,886,819	\$4,786,311	\$33,850,684	\$3,143,367	\$30,644,908	\$62,410
\$1 - \$499	3,574,719	229	6	224	3,574,490	1,356,086	2,207,519	10,885
\$500 - \$999	4,135,125	129,561	128,426	1,135	4,005,563	560,731	3,433,508	11,324
\$1,000 - \$1,999	8,649,948	2,157,203	2,142,874	14,329	6,492,745	585,085	5,893,475	14,185
\$2,000 - \$4,999	14,528,042	4,272,555	3,860,597	411,958	10,255,488	476,672	9,761,426	17,390
\$5,000 - \$9,999	7,762,165	2,611,345	1,184,745	1,426,600	5,150,820	111,327	5,033,603	5,892
\$10,000 - \$14,999	4,729,823	2,200,169	413,439	1,786,730	2,529,654	39,156	2,488,444	2,055
\$15,000 or More	3,143,992	1,302,067	156,732	1,145,335	1,841,924	14,312	1,826,933	680
Average Liability per Person Served ¹								
Total	\$1,409	\$1,667	\$1,050	\$4,590	\$1,046	\$99	\$962	\$27
\$1 - \$499	242	212	292	211	251	98	161	15
\$500 - \$999	715	863	873	361	705	100	605	23
\$1,000 - \$1,999	1,452	885	882	457	1,093	100	992	28
\$2,000 - \$4,999	3,010	1,185	1,079	1,298	2,127	100	2,024	40
\$5,000 - \$9,999	6,859	2,819	1,321	3,799	4,565	100	4,461	62
\$10,000 - \$14,999	11,916	6,225	1,207	7,714	6,381	100	6,277	82
\$15,000 or More	21,701	10,144	1,328	13,853	12,743	100	12,640	71

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.