

Table 4.1
Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage, and
Type of Cost-Sharing Liability: Calendar Years 1977-2009

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	Total	Deductible ^{1,2}	Coinsurance 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
2005	48,858	13,509	8,299	965	4,246	35,349	3,500	31,789	60
2006	49,238	13,916	8,368	1,001	4,547	35,322	3,855	31,411	55
2007	50,246	14,394	8,471	1,051	4,872	35,852	3,990	31,812	50
2008	51,409	14,801	8,534	1,121	5,146	36,608	4,067	32,495	46
2009	52,774	14,994	8,653	1,073	5,268	37,781	4,045	33,690	45

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 1977-2009

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	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
2003	1,198	332	211	24	97	935	93	840	2
2004	1,280	352	219	26	107	1,004	93	909	2
2005	1,332	372	229	27	117	1,042	103	937	2
2006	1,374	392	236	28	128	1,073	117	955	2
2007	1,416	410	241	30	139	1,109	123	984	2
2008	1,456	423	244	32	147	1,147	127	1018	1
2009	1,492	428	247	31	150	1,188	127	1059	1

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 1977-2009

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	Coinsurance	Total	Deductible ^{1,2}	Coinsurance ²	Coinsurance	
					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	
2005	100	27.6	17.0	2.0	8.7	72.4	7.2	65.1	0.1	
2006	100	28.3	17.0	2.0	9.2	71.7	7.8	63.8	0.1	
2007	100	28.6	16.9	2.1	9.7	71.4	7.9	63.3	0.1	
2008	100	28.8	16.6	2.2	10.0	71.2	7.9	63.2	0.1	
2009	100	28.4	16.4	2.0	10.0	71.6	7.7	63.8	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. At present the deductible is \$135.

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 because of 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 2007 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 Standard Analytical Files; 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 2009

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	31,922	903	100.0	\$52,774	100.0	\$1,691	\$1,492
Sex							
Male	13,606	852	42.6	22,748	43.1	1,716	1,425
Female	18,315	944	57.4	30,026	56.9	1,673	1,548
Age							
Under 65 Years	5,685	884	17.8	10,257	19.4	1,842	1,594
65-74 Years	12,743	831	39.9	17,664	33.5	1,415	1,152
75-84 Years	9,133	978	28.6	16,206	30.7	1,811	1,736
85 Years or Over	4,361	1,025	13.7	8,647	16.4	2,055	2,033
Race⁵							
White	26,949	914	84.4	43,376	82.2	1,646	1,471
Other	4,925	848	15.4	9,319	17.7	1,936	1,604
Type of Entitlement							
Aged ⁶	26,250	908	82.2	42,544	80.6	1,658	1,471
Disabled ⁷	5,672	881	17.8	10,230	19.4	1,842	1,590
CBSA Type⁸							
Urban	24,172	906	75.7	40,385	76.5	1,711	1,514
Rural	7,584	944	23.8	12,185	23.1	1,636	1,517

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. Because of 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. CBSA is core-based statistical areas. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Standard Analytical Files; 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 2009

Area of Residence ¹	Enrollees		Managed Care as Percent of Total	Persons Served		Cost-Sharing Liability			
	Total	Managed Care		Number in Thousands	Percent	Amount in Millions	Percent	Average per Person with Liability ²	Per Enrollee ³
All Areas ⁴	46,520,716	11,160,745	24.0	31,922	100.0	\$52,774	100.0	\$1,691	1,492
United States	45,466,997	10,756,385	23.7	31,756	99.5	52,570	99.6	1,693	1,515
Northeast	8,855,424	2,291,500	25.9	5,849	18.3	10,175	19.3	1,776	1,550
Midwest	10,375,395	2,139,470	20.6	7,748	24.3	12,814	24.3	1,691	1,556
South	16,926,100	3,263,713	19.3	12,694	39.8	21,137	40.1	1,696	1,547
West	9,310,078	3,061,702	32.9	5,465	17.1	8,444	16.0	1,599	1,351
New England	2,362,057	409,090	17.3	1,742	5.5	2,940	5.6	1,717	1,505
Connecticut	558,107	95,168	17.1	420	1.3	739	1.4	1,787	1,596
Maine	259,090	27,707	10.7	208	0.7	312	0.6	1,523	1,348
Massachusetts	1,039,299	200,878	19.3	745	2.3	1,302	2.5	1,777	1,553
New Hampshire	217,378	15,525	7.1	175	0.5	284	0.5	1,646	1,407
Rhode Island	180,233	65,209	36.2	98	0.3	158	0.3	1,667	1,374
Vermont	107,950	4,603	4.3	95	0.3	145	0.3	1,546	1,403
Middle Atlantic	6,493,367	1,882,410	29.0	4,107	12.9	7,234	13.7	1,801	1,569
New Jersey	1,304,311	160,086	12.3	1,028	3.2	1,924	3.6	1,895	1,681
New York	2,937,045	855,159	29.1	1,822	5.7	3,232	6.1	1,805	1,552
Pennsylvania	2,252,011	867,165	38.5	1,257	3.9	2,079	3.9	1,714	1,501
East North Central	7,168,120	1,489,325	20.8	5,287	16.6	8,983	17.0	1,737	1,582
Illinois	1,806,475	180,720	10.0	1,487	4.7	2,607	4.9	1,787	1,604
Indiana	985,107	151,417	15.4	777	2.4	1,314	2.5	1,722	1,576
Michigan	1,614,512	408,047	25.3	1,137	3.6	1,977	3.7	1,779	1,639
Ohio	1,870,284	503,204	26.9	1,279	4.0	2,181	4.1	1,746	1,595
Wisconsin	891,742	245,937	27.6	606	1.9	905	1.7	1,531	1,401
West North Central	3,207,275	650,145	20.3	2,462	7.7	3,831	7.3	1,592	1,498
Iowa	511,615	66,508	13.0	424	1.3	636	1.2	1,527	1,429
Kansas	425,444	46,549	10.9	351	1.1	563	1.1	1,631	1,486
Minnesota	766,806	286,305	37.3	519	1.6	713	1.4	1,436	1,484
Missouri	985,325	199,077	20.2	731	2.3	1,230	2.3	1,714	1,564
Nebraska	275,617	32,528	11.8	229	0.7	381	0.7	1,690	1,567
North Dakota	107,998	8,830	8.2	95	0.3	135	0.3	1,447	1,361
South Dakota	134,470	10,348	7.7	113	0.4	173	0.3	1,558	1,394
South Atlantic	9,152,655	1,826,196	20.0	6,831	21.4	11,419	21.6	1,701	1,559
Delaware	145,065	7,298	5.0	129	0.4	205	0.4	1,615	1,488
District of Columbia	76,694	8,074	10.5	56	0.2	105	0.2	1,894	1,530
Florida	3,289,117	951,827	28.9	2,183	6.8	4,110	7.8	1,923	1,758
Georgia	1,193,887	181,856	15.2	945	3.0	1,482	2.8	1,593	1,464
Maryland	764,123	58,929	7.7	634	2.0	1,141	2.2	1,826	1,618
North Carolina	1,447,965	257,180	17.8	1,128	3.5	1,737	3.3	1,562	1,459
South Carolina	748,651	113,759	15.2	600	1.9	922	1.7	1,562	1,452
Virginia	1,109,909	157,352	14.2	879	2.8	1,296	2.5	1,496	1,361
West Virginia	377,244	89,921	23.8	277	0.9	422	0.8	1,555	1,469

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 2009

Area of Residence ¹	Enrollees		Managed Care as Percent of Total	Persons Served		Cost-Sharing Liability			
	Total	Managed Care		Number in Thousands	Percent	Amount in Millions	Percent	Average per Person with Liability ²	Per Enrollee ³
East South Central	3,090,194	581,503	18.8	2,358	7.4	\$3,801	7.2	\$1,642	1,515
Alabama	827,594	183,077	22.1	606	1.9	933	1.8	1,573	1,448
Kentucky	743,418	114,522	15.4	592	1.9	959	1.8	1,652	1,525
Mississippi	487,978	47,133	9.7	409	1.3	702	1.3	1,740	1,592
Tennessee	1,031,204	236,771	23.0	751	2.4	1,207	2.3	1,638	1,519
West South Central	4,683,251	856,014	18.3	3,505	11.0	5,916	11.2	1,722	1,546
Arkansas	520,377	72,564	13.9	404	1.3	616	1.2	1,547	1,376
Louisiana	671,294	153,712	22.9	475	1.5	842	1.6	1,810	1,627
Oklahoma	591,793	87,154	14.7	464	1.5	714	1.4	1,573	1,415
Texas	2,899,787	542,584	18.7	2,162	6.8	3,744	7.1	1,768	1,588
Mountain	2,887,012	894,900	31.0	1,790	5.6	2,598	4.9	1,504	1,304
Arizona	899,487	330,587	36.8	512	1.6	751	1.4	1,534	1,320
Colorado	601,992	201,178	33.4	374	1.2	551	1.0	1,534	1,375
Idaho	221,962	62,258	28.0	146	0.5	204	0.4	1,443	1,277
Montana	164,635	28,856	17.5	127	0.4	179	0.3	1,442	1,318
Nevada	343,026	105,244	30.7	201	0.6	332	0.6	1,703	1,396
New Mexico	303,827	75,142	24.7	197	0.6	259	0.5	1,346	1,133
Utah	273,860	86,830	31.7	166	0.5	229	0.4	1,428	1,224
Wyoming	78,223	4,805	6.1	67	0.2	93	0.2	1,412	1,267
Pacific	6,423,066	2,166,802	33.7	3,675	11.5	5,847	11.1	1,645	1,374
Alaska	62,707	958	1.5	51	0.2	77	0.1	1,541	1,247
California	4,619,642	1,606,365	34.8	2,579	8.1	4,347	8.2	1,740	1,443
Hawaii	200,305	79,590	39.7	111	0.3	121	0.2	1,144	1,002
Oregon	602,246	251,455	41.8	311	1.0	396	0.8	1,345	1,129
Washington	938,166	228,434	24.3	622	1.9	905	1.7	1,497	1,275
Outlying Areas ⁵	1,053,719	404,360	38.4	165	0.5	204	0.4	1,340	314

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 Standard Analytical Files; 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 2009

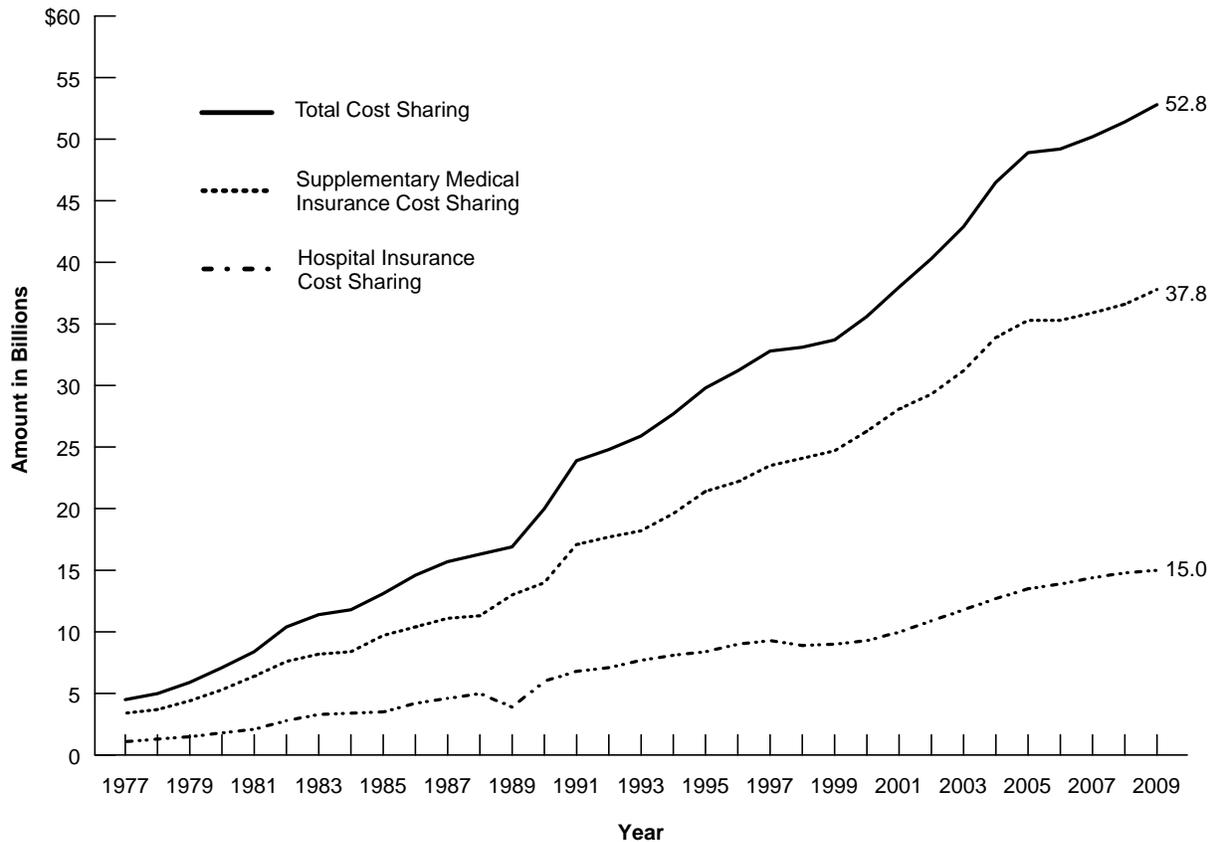
Amount of Cost-Sharing Liability Incurred	Total HI and/or SMI Liability	Hospital Insurance (HI)			Supplementary Medical Insurance (SMI)			Balance Billing
		Total	Deductible	Coinsurance	Total	Deductible	Coinsurance	
Number of Persons Served ¹								
Total	31,927,480	6,894,220	6,785,080	1,140,740	31,053,980	30,390,020	30,424,440	1,450,180
\$1 - \$499	13,291,620	1,600	0	1,600	12,570,680	12,105,060	11,949,520	408,400
\$500 - \$999	5,922,360	3,060	280	2,780	5,921,480	5,872,900	5,921,440	330,060
\$1,000 - \$1,999	5,342,600	1,494,480	1,486,740	15,260	5,220,060	5,145,040	5,212,280	301,540
\$2,000 - \$4,999	5,189,540	3,593,800	3,566,320	261,520	5,167,220	5,117,140	5,166,680	301,980
\$5,000 - \$9,999	1,422,960	1,132,000	1,099,060	412,900	1,419,060	1,403,380	1,419,040	78,200
\$10,000 - \$14,999	485,220	424,020	406,080	269,440	483,040	476,460	483,040	19,640
\$15,000 or More	273,180	245,260	226,600	177,240	272,440	270,040	272,440	10,360
Liability in Thousands								
Total	\$52,774,472	\$14,993,625	\$8,652,500	\$6,341,125	\$37,780,847	\$4,045,159	\$33,690,377	\$45,311
\$1 - \$499	3,338,362	391	0	391	3,337,971	1,586,769	1,744,528	6,674
\$500 - \$999	4,215,391	1,580	182	1,399	4,213,811	790,044	3,415,158	8,608
\$1,000 - \$1,999	7,754,247	1,595,436	1,586,098	9,337	6,158,811	691,264	5,457,896	9,652
\$2,000 - \$4,999	15,826,019	4,715,202	4,385,335	329,867	11,110,817	688,049	10,409,625	13,143
\$5,000 - \$9,999	9,780,324	3,187,822	1,731,773	1,456,049	6,592,502	188,680	6,399,291	4,532
\$10,000 - \$14,999	5,971,642	2,790,706	589,906	2,200,800	3,180,935	64,059	3,114,928	1,949
\$15,000 or More	5,888,488	2,702,489	359,207	2,343,282	3,185,999	36,295	3,148,950	754
Average Liability per Person Served ¹								
Total	\$1,653	\$2,175	\$1,275	\$5,559	\$1,217	\$133	\$1,107	\$31
\$1 - \$499	251	244	0	244	266	131	146	16
\$500 - \$999	712	516	650	503	712	135	577	26
\$1,000 - \$1,999	1,451	1,068	1,067	612	1,180	134	1,047	32
\$2,000 - \$4,999	3,050	1,312	1,230	1,261	2,150	134	2,015	44
\$5,000 - \$9,999	6,873	2,816	1,576	3,526	4,646	134	4,510	58
\$10,000 - \$14,999	12,307	6,582	1,453	8,168	6,585	134	6,449	99
\$15,000 or More	21,555	11,019	1,585	13,221	11,694	134	11,558	73

¹Represents beneficiaries who received covered services under fee-for-service and includes a small number for whom no program payments were reported.

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 because of 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 Standard Analytical Files; data development by the Office of Research, Development, and Information.

Figure 4.1 Trends in Medicare Cost-Sharing Liability: Calendar Years 1977-2009

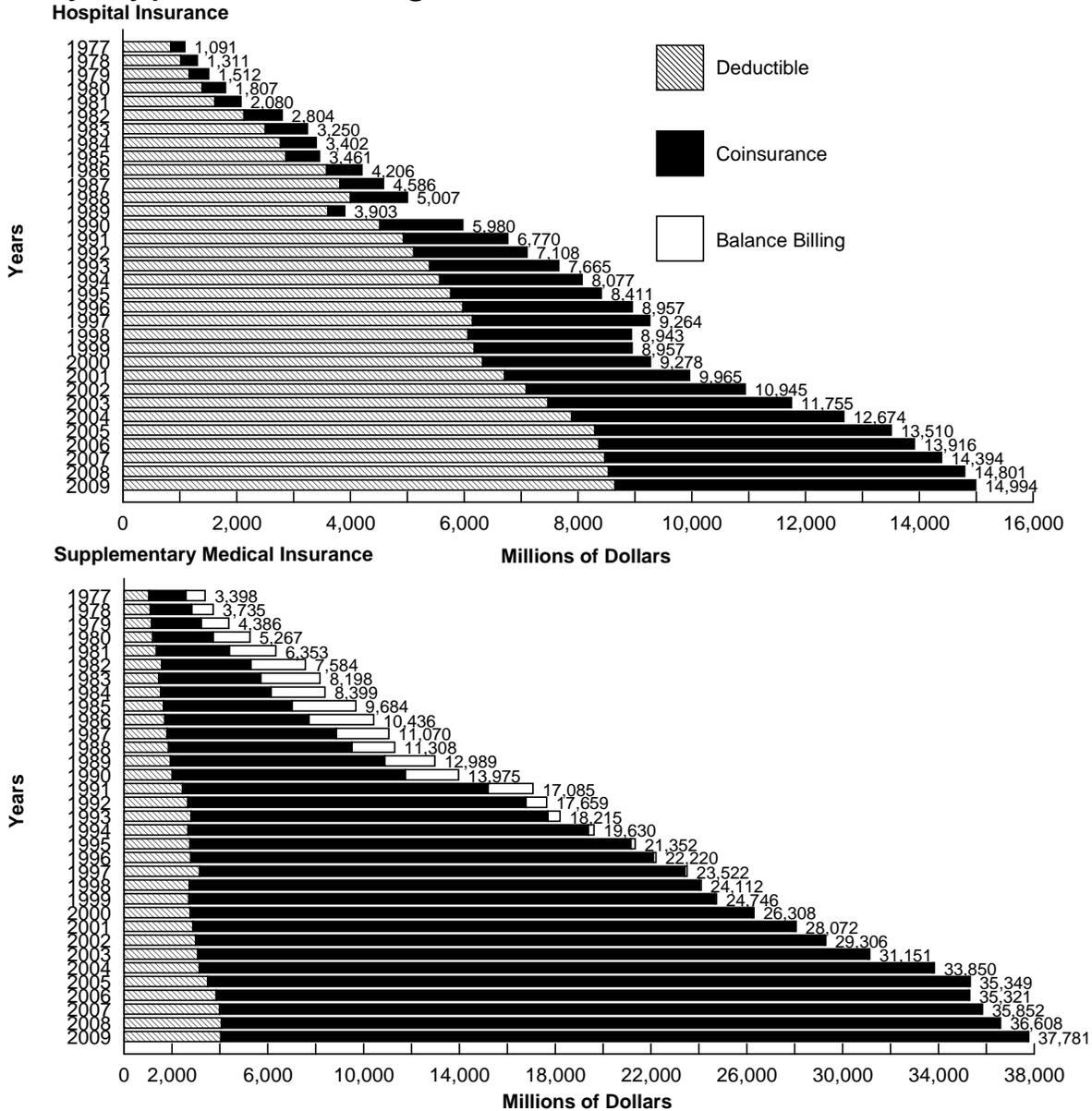


NOTES: The temporary decline in hospital insurance cost sharing in 1989 was because of the one-year impact of the Medicare Catastrophic Coverage Act of 1988 which was repealed, effective January 1, 1990. Estimates of cost-sharing liability beginning in 1999 are significantly higher than those reported for prior years because of improvements in the methodology used to calculate Part B cost sharing. The amounts shown for supplementary medical insurance for calendar years 1991-1998 are actuarial estimates and represent revisions. Data for earlier years have not been revised. Calendar year 2001 data are estimates using other sources that involve alternative estimation algorithms and should be used with caution with data for other years.

SOURCES: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Standard Analytical Files; Office of the Actuary; data development by the Office of Research, Development, and Information.

Figure 4.2

Total Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage: Calendar Years 1977-2009

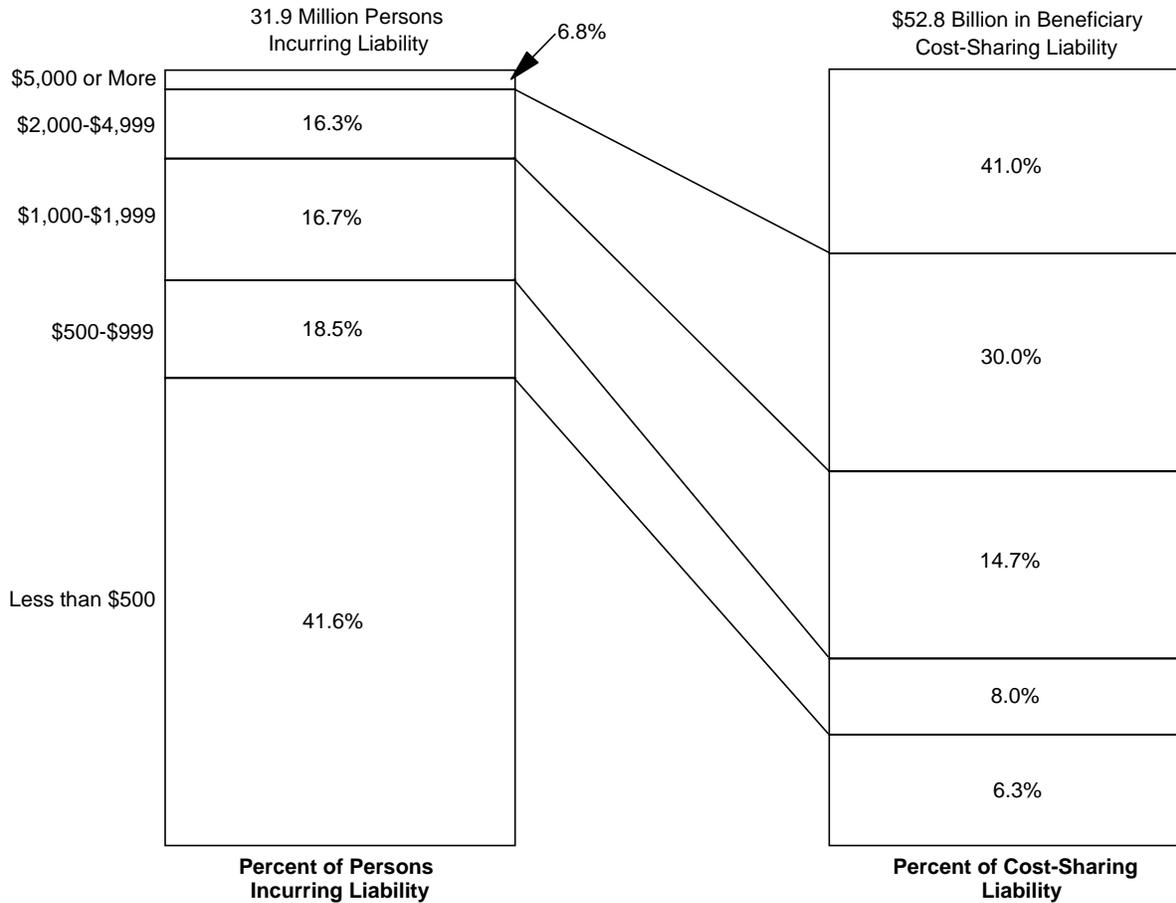


NOTES: The temporary decline in hospital insurance cost sharing in 1989 was because of the one-year impact of the Medicare Catastrophic Coverage Act of 1988 which was repealed, effective January 1, 1990. Estimates of cost-sharing liability beginning in 1999 are significantly higher than those reported for prior years because of improvements in the methodology used to calculate Part B cost sharing. The amounts shown for supplementary medical insurance for calendar years 1991-1998 are actuarial estimates and represent revisions. Data for earlier years have not been revised. Calendar year 2001 data are estimates using other sources that involve alternative estimation algorithms and should be used with caution with data for other years.

SOURCES: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Standard Analytical Files; Office of the Actuary; data development by the Office of Research, Development, and Information.

Figure 4.3

Distribution of Medicare Persons Served and Amount of Cost-Sharing Liability: Calendar Year 2009



NOTE: Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Standard Analytical Files; data development by the Office of Research, Development, and Information.