

Table 18
Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage and
Type of Cost-Sharing Liability: Calendar Years 1977-1999

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	Balance Billing ³	
			Deductible	Coinsurance						
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 [†]	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	

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 1977-1999

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability				Supplementary Medical Insurance (SMI) Liability			
		Total	Deductible	Coinsurance	Skilled Nursing Facility Coinsurance	Total	Deductible ^{1,2}	Coinsurance ²	Balance Billing ³
Dollars per Enrollee ⁵									
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 ^a	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 ^b	813	240	165	23	51	608	83	518	7
1995 ^b	874	250	171	20	58	663	86	572	6
1996 ^b	925	269	180	19	71	699	88	608	4
1997 ^b	993	284	188	20	76	758	102	653	3
1998 ^b	1,022	280	190	19	71	796	90	703	3
1999 ^b	1,047	282	195	20	67	823	90	730	2

Table 18—Continued
Amount of Cost-Sharing Liability for Medicare Beneficiaries, by Type of Coverage and
Type of Cost-Sharing Liability: Calendar Years 1977-1999

Year	Total Hospital Insurance and/or Supplementary Medical Insurance Liability	Hospital Insurance (HI) Liability					Total	Supplementary Medical Insurance (SMI) Liability		Balance Billing ³
		Total	Inpatient Hospital Copayments		Skilled Nursing Facility Coinsurance	Total		Deductible ^{1,2}	Coinsurance ²	
			Deductible	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 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	

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 SMI cost-sharing liability for 1999 are significantly higher than those reported for prior years due to improvements in the methodology. 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 1999

Type of Coverage	Total				Beneficiary	
	Medicare Expenditures		Medicare Payments		Cost-Sharing Liability ¹	
	Amount in Billions	Percent	Amount in Billions	Percent	Amount in Billions	Percent
1999 Total	\$200.4	100.0	\$166.7	83.2	\$33.7	16.8
Hospital Insurance	107.8	100.0	98.8	91.7	9.0	8.3
Supplementary Medical Insurance	92.5	100.0	67.8	73.3	24.7	26.7
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 beneficiary liability for Part B balance billing.

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 for 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 1999**

Demographic Characteristic	Persons Served ¹			Cost-Sharing Liability ²			
	Number in Thousands	Per 1,000 Enrollees ³	Percent	Amount in Millions	Average per Person with Percent	Liability ⁴	Per Enrollee ³
Total	29,211	908	100.0	\$33,703	100.0	\$1,180	\$1,047
Sex							
Male	11,918	859	40.8	14,431	42.8	1,246	1,040
Female	17,293	945	59.2	19,272	57.2	1,135	1,053
Age							
Under 65 Years	3,937	830	13.5	5,161	15.3	1,345	1,089
65-74 Years	12,108	860	41.5	12,139	36.0	1,028	863
75-84 Years	9,487	973	32.5	11,593	34.4	1,245	1,189
85 Years or Over	3,679	1,017	12.6	4,810	14.3	1,335	1,329
Race⁵							
White	25,064	923	85.8	28,027	83.2	1,145	1,032
Other	3,995	825	13.7	5,517	16.4	1,403	1,140
Unknown	151	805	0.5	159	0.5	1,079	848
Type of Entitlement							
Aged ⁶	25,274	921	86.5	28,542	84.7	1,154	1,040
Disabled ⁷	3,937	830	13.5	5,161	15.3	1,345	1,089
MSA Type⁸							
Urban	20,750	883	71.0	24,833	73.7	1,223	1,057
Rural	8,094	933	27.7	8,545	25.4	1,081	985

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.

³The July 1 enrollment counts used to calculate fee-for-service persons served and program payments per enrollee do not include Medicare enrollees in managed care plans. 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: Estimates of cost-sharing liability for 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. 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 1999

Area of Residence ¹	Managed Care as			Persons Served		Cost-Sharing Liability			
	Enrollees		Percent of Total	Number in Thousands	Per-cent	Amount in Millions	Per-cent	Average per Person with Liability ²	Per Enrollee ³
	Total	Managed Care							
All Areas ⁴	39,150,020	6,971,020	17.8	29,211	100.0	\$33,703	100.0	\$1,180	1,047
United States	38,318,620	6,965,780	18.2	28,844	98.7	33,377	99.0	1,183	1,065
Northeast	8,059,680	1,688,940	21.0	5,812	19.9	7,086	21.0	1,243	1,112
Midwest	9,143,400	916,040	10.0	7,688	26.3	8,297	24.6	1,107	1,008
South	13,682,360	1,781,880	13.0	10,975	37.6	13,025	38.6	1,210	1,094
West	7,433,180	2,578,920	34.7	4,369	15.0	4,969	14.7	1,171	1,024
New England	2,103,180	424,500	20.2	1,515	5.2	1,760	5.2	1,185	1,048
Connecticut	515,080	107,580	20.9	372	1.3	443	1.3	1,212	1,087
Maine	214,380	1,480	0.7	194	0.7	192	0.6	1,007	902
Massachusetts	952,280	240,860	25.3	637	2.2	807	2.4	1,288	1,134
New Hampshire	165,020	16,120	9.8	134	0.5	130	0.4	996	873
Rhode Island	168,380	56,560	33.6	98	0.3	115	0.3	1,205	1,028
Vermont	88,040	1,900	2.2	80	0.3	74	0.2	949	859
Middle Atlantic	5,956,500	1,264,440	21.2	4,297	14.7	5,325	15.8	1,264	1,135
New Jersey	1,200,700	197,760	16.5	914	3.1	1,131	3.4	1,254	1,128
New York	2,673,800	495,020	18.5	1,981	6.8	2,471	7.3	1,272	1,134
Pennsylvania	2,082,000	571,660	27.5	1,402	4.8	1,724	5.1	1,259	1,141
East North Central	6,311,320	640,460	10.1	5,273	18.1	5,876	17.4	1,143	1,036
Illinois	1,621,520	187,560	11.6	1,311	4.5	1,523	4.5	1,193	1,062
Indiana	838,260	34,160	4.1	748	2.6	841	2.5	1,155	1,046
Michigan	1,384,980	74,140	5.4	1,220	4.2	1,433	4.3	1,199	1,093
Ohio	1,696,920	301,580	17.8	1,312	4.5	1,425	4.2	1,113	1,021
Wisconsin	769,640	43,020	5.6	682	2.3	654	1.9	988	900

See footnotes at end of table.

Table 21—Continued

Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 1999

Area of Residence ¹	Managed Care as			Persons Served		Cost-Sharing Liability			
	Enrollees		Percent of Total	Number in Thousands	Per-cent	Amount in Millions	Per-cent	Average per Person with Liability ²	Per Enrollee ³
	Total	Managed Care							
West North Central	2,832,080	275,580	9.7	2,416	8.3	\$2,421	7.2	\$1,031	947
Iowa	475,200	18,540	3.9	445	1.5	397	1.2	921	869
Kansas	384,700	28,940	7.5	339	1.2	384	1.1	1,157	1,079
Minnesota	647,160	89,120	13.8	535	1.8	471	1.4	916	844
Missouri	852,140	123,920	14.5	671	2.3	746	2.2	1,137	1,024
Nebraska	253,280	14,160	5.6	223	0.8	234	0.7	1,079	979
North Dakota	101,820	700	0.7	95	0.3	88	0.3	941	870
South Dakota	117,780	200	0.2	108	0.4	101	0.3	961	859
South Atlantic	7,408,100	1,070,600	14.5	5,879	20.1	6,930	20.6	1,200	1,093
Delaware	111,820	5,080	4.5	98	0.3	104	0.3	1,080	974
District of Columbia	76,420	8,260	10.8	55	0.2	79	0.2	1,452	1,159
Florida	2,793,240	789,400	28.3	1,892	6.5	2,522	7.5	1,359	1,259
Georgia	909,620	56,280	6.2	778	2.7	890	2.6	1,162	1,043
Maryland	635,220	88,080	13.9	487	1.7	523	1.6	1,094	956
North Carolina	1,111,960	46,320	4.2	998	3.4	1,106	3.3	1,127	1,038
South Carolina	556,140	2,940	0.5	512	1.8	600	1.8	1,190	1,085
Virginia	877,920	48,900	5.6	759	2.6	797	2.4	1,070	961
West Virginia	335,760	25,340	7.5	301	1.0	309	0.9	1,049	995
East South Central	2,519,040	138,200	5.5	2,187	7.5	2,649	7.9	1,234	1,113
Alabama	677,940	54,480	8.0	571	2.0	731	2.2	1,298	1,172
Kentucky	612,240	34,560	5.6	536	1.8	623	1.8	1,190	1,078
Mississippi	414,100	4,920	1.2	373	1.3	435	1.3	1,187	1,063
Tennessee	814,760	44,240	5.4	707	2.4	859	2.5	1,239	1,115
West South Central	3,755,220	573,080	15.3	2,909	10.0	3,446	10.2	1,211	1,083
Arkansas	431,220	18,600	4.3	380	1.3	397	1.2	1,069	962
Louisiana	595,340	116,780	19.6	436	1.5	560	1.7	1,310	1,170
Oklahoma	502,540	50,200	10.0	419	1.4	441	1.3	1,082	975
Texas	2,226,120	387,500	17.4	1,674	5.7	2,048	6.1	1,250	1,114

See footnotes at end of table.

Table 21—Continued

Medicare Enrollees, Persons Served, and Beneficiary Cost-Sharing Liability, by Area of Residence: Calendar Year 1999

Area of Residence ¹	Enrollees		Managed	Persons Served		Cost-Sharing Liability			
	Total	Managed Care	Percent of Total	Number in Thousands	Percent	Amount in Millions	Percent	Average per Person with Liability ²	Per Enrollee ³
Mountain	2,154,000	577,840	26.8	1,441	4.9	\$1,411	4.2	\$1,015	895
Arizona	661,280	261,100	39.5	361	1.2	364	1.1	1,050	910
Colorado	461,640	163,960	35.5	283	1.0	284	0.8	1,043	954
Idaho	163,400	16,040	9.8	143	0.5	137	0.4	989	930
Montana	135,480	3,800	2.8	124	0.4	107	0.3	890	813
Nevada	234,640	78,640	33.5	131	0.4	149	0.4	1,172	955
New Mexico	229,780	46,000	20.0	159	0.5	158	0.5	1,014	860
Utah	204,120	6,820	3.3	182	0.6	157	0.5	896	796
Wyoming	63,660	1,480	2.3	57	0.2	55	0.2	1,008	885
Pacific	5,279,180	2,001,080	37.9	2,928	10.0	3,558	10.6	1,247	1,085
Alaska	40,280	360	0.9	34	0.1	35	0.1	1,059	877
California	3,861,080	1,570,220	40.7	2,001	6.9	2,730	8.1	1,393	1,192
Hawaii	163,620	53,960	33.0	103	0.4	88	0.3	873	802
Oregon	489,900	186,120	38.0	307	1.1	243	0.7	831	800
Washington	724,300	190,420	26.3	483	1.7	463	1.4	986	867
Outlying Areas ⁵	831,400	5,240	0.6	367	1.3	326	1.0	902	395

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.

³Rate is based only on enrollees eligible to receive care under fee-for-service; that is, it excludes managed care enrollees.

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: Estimates of cost-sharing liability for 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. 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 1999**

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	29,211,000	6,787,100	6,718,820	756,660	28,418,260	27,726,820	27,756,480	3,199,880
\$1 - \$499	15,223,380	2,280	1,140	1,140	14,576,420	14,120,820	13,923,460	1,281,400
\$500 - \$999	4,249,540	310,540	307,680	3,220	4,124,860	4,046,960	4,117,020	553,600
\$1,000 - \$1,999	5,094,980	2,855,180	2,846,060	46,280	5,080,020	4,994,240	5,079,220	676,320
\$2,000 - \$4,999	3,563,220	2,726,140	2,703,160	291,620	3,558,980	3,505,040	3,558,840	542,940
\$5,000 - \$9,999	820,640	666,340	646,200	282,000	819,040	804,960	819,000	115,200
\$10,000 - \$14,999	189,560	165,460	160,740	93,840	189,440	186,740	189,440	22,980
More than \$15,000	69,680	61,160	53,840	38,560	69,500	68,060	69,500	7,440
				Liability in Thousands				
Total	\$33,703,136	\$8,957,140	\$6,181,173	\$2,775,967	\$24,745,996	\$2,711,848	\$21,959,148	\$75,000
\$1 - \$499	3,386,931	414	191	223	3,386,517	1,364,416	2,005,352	16,749
\$500 - \$999	3,044,766	237,022	235,868	1,154	2,807,744	400,921	2,394,940	11,884
\$1,000 - \$1,999	7,265,197	2,242,171	2,222,660	19,511	5,023,026	494,838	4,510,794	17,393
\$2,000 - \$4,999	10,629,649	3,137,107	2,745,639	391,468	7,492,541	346,868	7,124,111	21,562
\$5,000 - \$9,999	5,676,634	1,919,784	731,540	1,188,243	3,756,850	79,615	3,671,543	5,692
\$10,000 - \$14,999	2,224,062	825,818	183,955	641,863	1,398,244	18,463	1,378,513	1,268
More than \$15,000	1,475,898	594,825	61,319	533,505	881,074	6,728	873,894	452
				Average Liability per Person Served				
Total	\$1,154	\$1,320	\$920	\$3,669	\$871	\$98	\$791	\$23
\$1 - \$499	222	181	167	195	232	97	144	13
\$500 - \$999	716	763	767	358	681	99	582	21
\$1,000 - \$1,999	1,426	785	781	422	989	99	888	26
\$2,000 - \$4,999	2,983	1,151	1,016	1,342	2,105	99	2,002	40
\$5,000 - \$9,999	6,917	2,881	1,132	4,214	4,587	99	4,483	49
\$10,000 - \$14,999	11,733	4,991	1,144	6,840	7,381	99	7,277	55
More than \$15,000	21,181	9,726	1,139	13,836	12,677	99	12,574	61

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: Estimates of cost-sharing liability for 1999 are significantly higher than those reported for prior years due to improvements in the methodology used to calculate Part B cost-sharing liability. 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 Decision Support Access Facility; data development by the Office of Research, Development, and Information.