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## **DETAILED TABLES FROM THE MEDICARE CURRENT BENEFICIARY SURVEY DATA**

# 3.1

**WHO IS IN THE  
MEDICARE POPULATION?**

**Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2004**

All Medicare Beneficiaries

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Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
<b>Beneficiaries (in 1,000s)</b>	42,869	40,232	1,878	759
	119	134	65	50
<b>Beneficiaries as a Percentage of Column Total</b>				
<b>Medicare Status<sup>1</sup></b>				
<b>Aged</b>				
65 - 74 years	43.82	45.98	8.64	16.76*
	0.27	0.30	1.38	2.89
75 - 84 years	29.81	29.77	28.49	35.52
	0.29	0.30	1.72	3.01
85 years and older	11.16	9.08	45.34	37.00
	0.18	0.20	1.93	2.94
<b>Disabled</b>				
Under 45 years	3.77	3.76	4.74	1.84*
	0.08	0.09	0.49	0.67
45 - 64 years	11.43	11.42	12.79	8.89*
	0.22	0.26	1.55	2.53
<b>Gender by Age</b>				
<b>Male</b>				
	44.09	44.72	32.14	40.42
	0.32	0.34	1.63	2.81
<b>Aged</b>				
65 - 74 years	20.17	21.11	5.16*	7.56*
	0.31	0.33	1.09	1.87
75 - 84 years	12.67	12.78	9.08	15.54*
	0.21	0.22	1.01	2.21
85 years and older	3.36	2.97	7.91	12.71*
	0.10	0.11	0.92	1.85
<b>Disabled</b>				
Under 45 years	2.12	2.07	3.42	1.43*
	0.08	0.08	0.40	0.60
45 - 64 years	5.77	5.79	6.56*	3.17*
	0.18	0.22	1.13	0.83

**Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2004**

All Medicare Beneficiaries

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Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
<b>Beneficiaries (in 1,000s)</b>	42,869	40,232	1,878	759
	119	134	65	50
<b>Beneficiaries as a Percentage of Column Total</b>				
<b>Female</b>	55.91	55.28	67.86	59.58
	0.32	0.34	1.63	2.81
<b>Aged</b>				
65 - 74 years	23.65	24.86	3.47*	9.20*
	0.30	0.31	0.74	2.38
75 - 84 years	17.14	16.98	19.42	19.97*
	0.27	0.29	1.70	2.78
85 years and older	7.80	6.11	37.43	24.28
	0.15	0.17	1.76	2.46
<b>Disabled</b>				
Under 45 years	1.65	1.69	1.32*	0.41*
	0.08	0.09	0.25	0.24
45 - 64 years	5.66	5.63	6.23*	5.72*
	0.18	0.20	1.02	2.44
<b>Race/Ethnicity by Age<sup>2</sup></b>				
<b>White non-Hispanic</b>	78.22	77.90	84.23	80.24
	0.56	0.58	1.33	2.68
<b>Aged</b>				
65 - 74 years	34.19	35.93	6.05*	10.97*
	0.37	0.39	1.10	2.49
75 - 84 years	24.73	24.65	23.74	31.59
	0.34	0.34	1.52	2.89
85 years and older	9.35	7.44	41.26	32.14
	0.17	0.19	2.01	2.85
<b>Disabled</b>				
Under 45 years	2.41	2.40	3.24	1.05*
	0.08	0.08	0.39	0.40
45 - 64 years	7.54	7.48	9.95	4.50*
	0.26	0.28	1.38	1.22



**Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2004**

All Medicare Beneficiaries

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Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
<b>Beneficiaries (in 1,000s)</b>	42,869	40,232	1,878	759
	119	134	65	50
<b>Beneficiaries as a Percentage of Column Total</b>				
<b>Black non-Hispanic</b>	9.52	9.49	9.42	11.36*
	0.21	0.23	1.10	2.60
<b>Aged</b>				
65 - 74 years	3.84	3.98	1.42*	2.36*
	0.14	0.15	0.49	1.17
75 - 84 years	2.04	2.01	2.82*	1.53*
	0.09	0.10	0.59	0.74
85 years and older	0.83	0.73	2.16*	3.02*
	0.07	0.08	0.46	1.06
<b>Disabled</b>				
Under 45 years	0.78	0.78	0.95*	0.00
	0.05	0.06	0.29	0.00
45 - 64 years	2.03	1.98	2.06*	4.45*
	0.13	0.13	0.71	2.30
<b>Hispanic</b>	7.54	7.75	3.79*	5.63*
	0.45	0.46	0.51	1.16
<b>Aged</b>				
65 - 74 years	3.39	3.58	0.47*	0.85*
	0.24	0.26	0.28	0.64
75 - 84 years	1.98	2.00	1.48*	2.30*
	0.16	0.16	0.51	0.78
85 years and older	0.65	0.59	1.48*	2.07*
	0.07	0.06	0.38	0.67

**Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2004**

All Medicare Beneficiaries

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Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
<b>Beneficiaries (in 1,000s)</b>	42,869	40,232	1,878	759
	<i>119</i>	<i>134</i>	<i>65</i>	<i>50</i>
<b>Beneficiaries as a Percentage of Column Total</b>				
<b>Disabled</b>				
Under 45 years	0.36	0.36	0.23*	0.41*
	<i>0.04</i>	<i>0.05</i>	<i>0.10</i>	<i>0.31</i>
45 - 64 years	1.16	1.23	0.13*	0.00
	<i>0.10</i>	<i>0.11</i>	<i>0.13</i>	<i>0.00</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 2 *Race/ethnicity* percentages do not add to 100 percent because the category *other race/ethnicity* is not included as a category in the table, although it is included in the total.

**Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 2004**

All Medicare Beneficiaries

1 of 3

Beneficiary Characteristic	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	42,869	6,516	18,787	12,780	4,785	3,382	8,648	5,431	1,440	18,901	3,134	10,139	7,350	3,345	23,968
	119	100	133	122	79	80	137	86	44	141	79	129	117	68	156
<b>Beneficiaries as a Percentage of Column Total</b>															
<b>Marital Status</b>															
Married	51.26	37.61	64.08	49.45	24.48	38.91	76.64	71.46	52.78	66.60	36.21	53.38	33.21	12.28	39.19
	0.61	1.72	0.99	0.73	1.02	2.13	0.96	1.11	2.07	0.72	2.52	1.48	1.09	0.97	0.85
Widowed	30.10	8.03	20.75	40.55	68.58	3.91*	8.82	19.58	41.97	13.58	12.46	30.91	56.03	80.05	43.09
	0.49	0.97	0.82	0.76	1.01	0.78	0.67	0.90	2.08	0.43	1.72	1.34	1.15	0.98	0.81
Divorced/separated	12.23	29.77	12.17	6.72	3.47	28.79	10.84	6.21	2.73*	12.08	30.82	13.31	7.09	3.79	12.35
	0.32	1.49	0.52	0.40	0.50	2.00	0.82	0.60	0.78	0.52	1.66	0.80	0.56	0.56	0.43
Never married	6.41	24.59	3.00	3.28	3.47	28.39	3.70	2.75*	2.53*	7.74	20.51	2.40	3.67	3.88	5.36
	0.20	1.14	0.26	0.30	0.41	1.44	0.38	0.43	0.66	0.30	1.58	0.33	0.42	0.51	0.29
<b>Living Arrangement</b>															
<b>Community</b>															
Alone	28.93	24.78	23.37	35.15	39.71	24.36	15.74	19.83	28.11	19.40	25.23	29.88	46.48	44.70	36.45
	0.56	1.54	0.80	0.78	1.11	1.67	0.74	0.90	1.86	0.53	2.11	1.23	1.09	1.40	0.82
With spouse	48.47	36.07	61.93	45.76	19.86	36.51	74.61	67.79	45.56	63.61	35.60	51.11	29.49	8.80	36.53
	0.59	1.89	0.96	0.75	0.97	2.35	0.90	1.22	2.18	0.75	2.50	1.44	1.08	0.88	0.83
With children	10.49	11.48	8.12	10.88	17.34	6.44	3.38	5.22	11.41	5.07	16.93	12.17	15.06	19.90	14.76
	0.34	1.07	0.46	0.51	0.96	1.34	0.42	0.55	1.54	0.38	1.49	0.83	0.74	1.23	0.54
With others	7.72	22.61	5.71	4.02	5.28	27.14	5.15	4.03	4.59*	8.72	17.70	6.19	4.01	5.58	6.94
	0.26	1.14	0.39	0.31	0.55	1.68	0.53	0.50	0.91	0.43	1.37	0.55	0.43	0.64	0.32
<b>Long-Term Care Facility</b>	4.39	5.07	0.87	4.19	17.81	5.55	1.13*	3.14	10.33	3.20	4.54	0.65*	4.96	21.02	5.33
	0.15	0.54	0.15	0.29	0.91	0.75	0.24	0.38	1.25	0.21	0.67	0.14	0.44	1.13	0.21
<b>Race/Ethnicity</b>															
White non-Hispanic	78.22	65.59	78.21	82.69	83.39	64.45	79.49	84.01	84.92	78.52	66.82	77.13	81.72	82.74	77.98
	0.56	1.45	0.71	0.71	0.88	1.83	1.01	0.94	1.52	0.78	1.89	0.92	0.91	0.94	0.61
Black non-Hispanic	9.52	18.53	8.79	6.82	7.40	16.96	8.49	5.66	6.82*	9.06	20.22	9.04	7.68	7.65	9.88
	0.21	0.83	0.34	0.31	0.59	0.94	0.46	0.46	0.89	0.29	1.37	0.51	0.51	0.70	0.36
Hispanic	7.54	9.99	7.76	6.63	5.81	11.92	7.51	6.37	5.95*	7.85	7.92	7.97	6.82	5.75	7.30
	0.45	0.78	0.55	0.54	0.60	1.32	0.75	0.72	1.15	0.59	1.02	0.69	0.61	0.54	0.46
Other	4.72	5.89	5.24	3.86	3.40	6.67	4.51	3.96	2.32*	4.57	5.05*	5.86	3.78	3.86	4.83
	0.32	1.15	0.38	0.33	0.45	1.53	0.59	0.48	0.63	0.43	1.18	0.51	0.45	0.57	0.35

**Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 2004**

All Medicare Beneficiaries

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Beneficiary Characteristic	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
<b>Beneficiaries (in 1,000s)</b>	42,869	6,516	18,787	12,780	4,785	3,382	8,648	5,431	1,440	18,901	3,134	10,139	7,350	3,345	23,968
	119	100	133	122	79	80	137	86	44	141	79	129	117	68	156
<b>Beneficiaries as a Percentage of Column Total</b>															
<b>Schooling</b>															
0 - 8 years	13.44	12.21	10.29	14.85	23.94	13.61	10.86	15.55	22.89	13.61	10.70	9.80	14.34	24.40	13.30
	0.35	0.88	0.45	0.62	1.14	1.15	0.74	1.00	1.69	0.54	1.23	0.65	0.77	1.38	0.46
9 - 12 years (No diploma)	15.62	19.13	13.49	16.18	17.83	23.27	13.75	14.09	15.62	15.68	14.66	13.27	17.71	18.81	15.57
	0.37	0.87	0.49	0.62	1.06	1.41	0.67	0.77	1.58	0.51	1.30	0.77	0.92	1.22	0.53
High school graduate	30.32	31.81	30.95	29.75	27.31	31.10	27.20	24.29	23.70	26.79	32.57	34.14	33.79	28.90	33.11
	0.56	1.48	0.82	0.84	1.24	2.01	1.12	1.11	1.96	0.76	1.91	1.17	1.12	1.44	0.71
Some college/vocational school	24.83	28.62	26.48	22.79	18.45	23.31	24.90	22.76	20.21	23.65	34.35	27.83	22.82	17.68	25.76
	0.54	1.50	0.75	0.73	1.05	1.92	1.09	1.17	1.82	0.71	2.17	1.05	1.05	1.17	0.78
Bachelor's degree and beyond	15.79	8.23	18.79	16.42	12.46	8.71	23.29	23.30	17.57	20.27	7.71	14.96	11.34	10.21	12.26
	0.50	1.10	0.78	0.73	0.78	1.66	1.14	1.09	1.50	0.70	1.30	0.86	0.84	0.87	0.53
<b>Income</b>															
Less than \$5,000	3.45	4.95	3.08	2.79	4.64	4.54	2.54	1.48*	4.34*	2.73	5.38	3.53	3.75	4.77	4.01
	0.20	0.64	0.30	0.21	0.52	0.87	0.39	0.27	0.75	0.26	0.88	0.44	0.33	0.65	0.28
\$5,000 - \$9,999	16.20	33.29	10.96	13.17	21.57	32.36	7.63	7.01	9.27	12.00	34.29	13.79	17.73	26.86	19.51
	0.38	1.25	0.53	0.56	0.98	1.65	0.65	0.71	1.13	0.45	1.96	0.84	0.85	1.31	0.60
\$10,000 - \$14,999	17.45	22.26	13.94	18.55	21.77	23.20	10.98	13.64	17.62	14.44	21.24	16.46	22.17	23.56	19.83
	0.34	1.34	0.50	0.63	0.94	1.89	0.66	0.88	1.94	0.52	1.61	0.82	0.92	1.07	0.50
\$15,000 - \$19,999	11.21	10.90	9.52	12.59	14.55	11.89	8.22	11.71	15.93	10.47	9.83	10.63	13.24	13.96	11.79
	0.30	1.07	0.40	0.56	0.96	1.43	0.55	0.78	1.73	0.45	1.33	0.65	0.67	1.04	0.42
\$20,000 - \$24,999	10.45	7.17	10.21	12.21	11.16	7.73	9.98	13.55	11.09	10.69	6.57	10.40	11.22	11.19	10.26
	0.29	0.86	0.47	0.53	0.73	1.13	0.75	0.81	1.37	0.47	1.20	0.72	0.70	0.87	0.44
\$25,000 - \$29,999	7.82	3.72	8.69	9.30	6.04	4.10*	8.69	10.05	8.74*	8.26	3.32*	8.69	8.74	4.88	7.47
	0.28	0.55	0.48	0.52	0.57	0.81	0.61	0.85	1.07	0.42	0.70	0.75	0.61	0.66	0.36
\$30,000 - \$39,999	12.63	7.11	16.07	12.33	7.44	8.14	17.94	15.52	11.10	14.97	5.99	14.47	9.98	5.87	10.78
	0.34	0.76	0.63	0.53	0.66	1.13	0.98	0.89	1.40	0.62	0.83	0.83	0.70	0.67	0.45
\$40,000 - \$49,999	7.30	4.25	9.14	7.12	4.75	2.82*	10.75	8.89	6.01*	8.44	5.79*	7.76	5.81	4.20	6.41
	0.33	0.60	0.54	0.49	0.53	0.55	0.81	0.78	0.99	0.48	1.03	0.65	0.49	0.61	0.36
\$50,000 or more	13.49	6.36	18.40	11.94	8.08	5.22*	23.25	18.14	15.89	18.00	7.58	14.27	7.35	4.71	9.94
	0.37	0.89	0.58	0.69	0.57	1.13	1.01	1.13	1.45	0.62	1.24	0.70	0.65	0.56	0.43

**Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 2004**

All Medicare Beneficiaries

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Beneficiary Characteristic	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	42,869	6,516	18,787	12,780	4,785	3,382	8,648	5,431	1,440	18,901	3,134	10,139	7,350	3,345	23,968
	<i>119</i>	<i>100</i>	<i>133</i>	<i>122</i>	<i>79</i>	<i>80</i>	<i>137</i>	<i>86</i>	<i>44</i>	<i>141</i>	<i>79</i>	<i>129</i>	<i>117</i>	<i>68</i>	<i>156</i>
<b>Beneficiaries as a Percentage of Column Total</b>															
<b>Metropolitan Area Resident</b>															
Yes	76.32	72.76	75.79	78.41	77.61	72.30	75.16	79.16	77.96	76.02	73.25	76.32	77.86	77.46	76.55
	<i>0.24</i>	<i>0.82</i>	<i>0.40</i>	<i>0.44</i>	<i>0.62</i>	<i>1.51</i>	<i>0.93</i>	<i>0.83</i>	<i>1.48</i>	<i>0.51</i>	<i>1.34</i>	<i>0.78</i>	<i>0.75</i>	<i>0.91</i>	<i>0.40</i>
No	23.68	27.24	24.21	21.59	22.39	27.70	24.84	20.84	22.04	23.98	26.75	23.68	22.14	22.54	23.45
	<i>0.24</i>	<i>0.82</i>	<i>0.40</i>	<i>0.44</i>	<i>0.62</i>	<i>1.51</i>	<i>0.93</i>	<i>0.83</i>	<i>1.48</i>	<i>0.51</i>	<i>1.34</i>	<i>0.78</i>	<i>0.75</i>	<i>0.91</i>	<i>0.40</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

**Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 2004**

All Medicare Beneficiaries

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Beneficiary Characteristic	Total <sup>1</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	42,869	4,244	14,585	10,551	3,991	33,370	1,199	1,638	871	354	4,062	647	1,448	846	278	3,218
	119	120	161	141	75	251	55	61	40	30	93	50	103	68	29	192
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Gender</b>																
Male	44.09	50.97	46.66	43.16	30.64	44.19	47.48	44.37	35.25	27.73*	41.89	61.87	44.44	40.81	30.80*	45.81
	0.32	1.25	0.78	0.71	0.91	0.41	2.30	2.04	2.68	3.01	1.33	4.56	3.02	2.91	4.00	1.78
Female	55.91	49.03	53.34	56.84	69.36	55.81	52.52	55.63	64.75	72.27	58.11	38.13	55.56	59.19	69.20	54.19
	0.32	1.25	0.78	0.71	0.91	0.41	2.30	2.04	2.68	3.01	1.33	4.56	3.02	2.91	4.00	1.78
<b>Marital Status</b>																
Married	51.26	39.50	67.43	51.09	25.58	53.72	21.70	39.98	30.17	17.16*	30.49	47.29	58.22	46.38	20.14*	49.60
	0.61	2.03	1.09	0.82	1.10	0.69	2.88	3.27	3.06	3.42	1.88	3.83	2.86	3.22	3.20	1.61
Widowed	30.10	7.06	19.30	39.80	68.09	30.06	11.90*	31.58	50.58	72.19	33.37	6.84*	22.39	40.41	70.23	28.15
	0.49	1.09	0.90	0.87	1.13	0.56	2.49	2.80	3.61	3.69	1.81	2.74	2.52	3.24	3.67	1.52
Divorced/separated	12.23	29.48	10.78	5.89	2.87*	10.66	36.94	21.42	13.87*	6.68*	23.10	22.35	15.12*	10.70*	6.44*	14.66
	0.32	1.74	0.58	0.42	0.47	0.36	4.20	2.40	2.51	2.56	1.78	3.42	2.34	2.12	2.21	1.57
Never married	6.41	23.96	2.49	3.22	3.45	5.56	29.46	7.01*	5.38*	3.98*	13.03	23.52	4.27*	2.52*	3.20*	7.59
	0.20	1.47	0.25	0.34	0.45	0.22	2.70	1.55	1.39	1.48	1.01	2.97	1.40	0.74	1.88	0.86
<b>Living Arrangement</b>																
<b>Community</b>																
Alone	28.93	25.54	23.13	36.16	41.70	29.78	32.14	29.48	37.59	31.66*	32.19	14.37*	20.85	25.84	26.88*	21.38
	0.56	1.91	0.90	0.88	1.18	0.60	3.46	2.76	2.89	3.97	1.85	3.06	2.31	3.29	4.32	1.36
With spouse	48.47	38.08	65.34	47.45	20.49	50.85	20.60	36.67	25.63	16.50*	27.81	43.39	57.02	43.37	15.41*	47.09
	0.59	2.22	1.06	0.81	1.04	0.66	2.80	3.03	2.83	3.36	1.74	3.61	2.83	3.46	3.31	1.52
With children	10.49	9.83	6.20	8.86	14.39	8.48	16.56	17.23	20.80	27.78*	18.71	14.61*	13.86*	21.34	35.14*	17.81
	0.34	1.08	0.45	0.48	0.97	0.33	2.94	2.23	2.56	4.27	1.26	3.31	1.82	2.43	4.31	1.34
With others	7.72	20.77	4.56	3.34	4.19	6.19	26.01	15.00	9.95*	12.65*	16.97	26.58	7.66*	6.21*	12.59*	11.51
	0.26	1.27	0.37	0.34	0.46	0.25	2.86	1.98	2.00	3.33	1.25	3.41	1.84	1.59	3.50	1.21
<b>Long-Term Care Facility</b>	4.39	5.78	0.77*	4.19	19.24	4.70	4.68*	1.62*	6.03*	11.42*	4.32	1.05*	0.61*	3.25*	9.98*	2.20*
	0.15	0.68	0.15	0.29	1.08	0.18	1.29	0.56	1.32	2.66	0.53	0.48	0.37	1.11	2.34	0.29

**Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 2004**

All Medicare Beneficiaries

2 of 3

Beneficiary Characteristic	Total <sup>1</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	42,869	4,244	14,585	10,551	3,991	33,370	1,199	1,638	871	354	4,062	647	1,448	846	278	3,218
	119	120	161	141	75	251	55	61	40	30	93	50	103	68	29	192
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Schooling</b>																
0 - 8 years	13.44	10.47	6.27	10.73	18.19	9.60	10.70*	15.73	28.25	51.80	20.00	27.23	39.71	45.66	57.94	40.33
	0.35	0.96	0.43	0.60	1.14	0.34	1.73	1.70	3.34	4.71	1.20	3.73	2.87	3.12	4.52	1.68
9 - 12 years (No diploma)	15.62	18.37	11.67	15.25	18.21	14.41	25.22	28.70	27.89	23.18*	27.02	18.09*	15.21	13.92*	6.93*	14.74
	0.37	1.21	0.55	0.67	1.15	0.39	2.18	2.26	2.96	3.49	1.25	3.01	2.29	2.27	2.75	1.46
High school graduate	30.32	32.72	32.96	31.84	29.43	32.17	33.55	25.71	20.15*	13.59*	25.81	27.07	21.85	17.46*	18.53*	21.46
	0.56	1.62	1.00	0.98	1.40	0.69	2.84	2.60	2.88	2.88	1.38	4.09	2.29	2.78	3.55	1.66
Some college/vocational school	24.83	29.03	28.33	24.56	21.00	26.37	25.99	20.57	15.03*	4.77*	19.64	23.84*	16.91	13.31*	7.55*	16.55
	0.54	1.71	0.93	0.81	1.14	0.65	3.24	2.27	2.16	2.31	1.49	4.16	2.20	2.32	2.72	1.41
Bachelor's degree and beyond	15.79	9.41	20.77	17.61	13.17	17.45	4.54*	9.30*	8.68*	6.66*	7.53	3.78*	6.32*	9.64*	9.05*	6.92
	0.50	1.43	0.90	0.81	0.90	0.57	0.98	1.80	1.87	2.70	0.93	2.07	1.49	1.93	3.00	0.93
<b>Income</b>																
Less than \$5,000	3.45	4.71	2.43	2.39	4.38	2.94	5.43*	5.23*	4.07*	3.68*	4.91	6.08*	5.96*	5.92*	9.00*	6.24
	0.20	0.86	0.29	0.22	0.55	0.20	1.20	1.15	1.30	1.59	0.74	0.98	1.59	1.45	2.31	1.07
\$5,000 - \$9,999	16.20	30.72	7.51	9.48	16.66	12.18	42.09	25.58	32.67	50.95	34.18	34.00	24.49	29.64	42.77*	29.33
	0.38	1.57	0.46	0.50	1.03	0.36	2.87	2.45	3.50	4.39	1.62	3.35	2.78	2.57	4.95	1.50
\$10,000 - \$14,999	17.45	21.84	12.40	17.53	21.94	16.36	26.54	17.62	23.74	23.21*	22.05	23.75*	22.40	26.06	17.50*	23.21
	0.34	1.58	0.55	0.68	1.07	0.35	2.87	2.20	2.42	3.29	1.38	4.26	2.11	2.60	3.82	1.53
\$15,000 - \$19,999	11.21	11.43	9.41	12.78	15.59	11.47	8.04*	10.34*	11.97*	6.62*	9.69	11.92*	9.57*	10.67*	11.62*	10.51
	0.30	1.37	0.43	0.66	1.04	0.37	1.58	1.47	2.15	1.97	0.90	3.21	1.71	1.82	3.26	0.94
\$20,000 - \$24,999	10.45	6.65	10.48	13.05	12.09	11.00	6.35*	8.88*	8.15*	6.82*	7.80	8.69*	10.20*	8.24*	6.65*	9.07
	0.29	0.96	0.54	0.59	0.77	0.32	1.68	1.78	1.73	2.43	0.86	2.84	1.81	1.54	2.38	1.11
\$25,000 - \$29,999	7.82	4.62	9.00	9.96	6.37	8.43	2.12*	8.74*	6.27*	3.85*	5.83	1.28*	6.86*	4.59*	5.99*	5.07*
	0.28	0.82	0.54	0.62	0.64	0.33	0.94	1.98	1.79	1.60	0.93	0.24	1.70	1.40	2.02	0.79
\$30,000 - \$39,999	12.63	8.14	17.87	13.60	8.53	14.16	4.38*	9.27*	6.07*	0.83*	6.40	6.41*	8.85*	6.60*	2.92*	7.26
	0.34	0.93	0.74	0.59	0.77	0.39	1.64	2.00	1.50	0.85	1.00	2.05	1.69	1.50	1.68	0.87
\$40,000 - \$49,999	7.30	5.11	10.09	7.73	5.31	8.14	2.27*	5.68*	5.30*	1.63*	4.24*	2.63*	5.45*	2.81*	1.67*	3.86*
	0.33	0.83	0.63	0.57	0.62	0.39	1.15	1.68	1.24	1.07	0.76	1.23	1.44	1.24	1.19	0.85
\$50,000 or more	13.49	6.77	20.81	13.48	9.14	15.31	2.79*	8.66*	1.75*	2.41*	4.90*	5.24*	6.23*	5.46*	1.89*	5.45*
	0.37	0.99	0.74	0.80	0.67	0.46	1.10	1.56	0.93	1.41	0.73	2.50	1.30	1.51	1.34	0.86

**Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 2004**

All Medicare Beneficiaries

3 of 3

Beneficiary Characteristic	Total <sup>1</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	42,869	4,244	14,585	10,551	3,991	33,370	1,199	1,638	871	354	4,062	647	1,448	846	278	3,218
	<i>119</i>	<i>120</i>	<i>161</i>	<i>141</i>	<i>75</i>	<i>251</i>	<i>55</i>	<i>61</i>	<i>40</i>	<i>30</i>	<i>93</i>	<i>50</i>	<i>103</i>	<i>68</i>	<i>29</i>	<i>192</i>
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Metropolitan Area Resident</b>																
Yes	76.32	68.39	73.05	76.83	76.06	74.02	81.12	87.24	79.93	78.70	83.12	90.15	89.47	93.21	97.06	91.25
	<i>0.24</i>	<i>1.37</i>	<i>0.46</i>	<i>0.53</i>	<i>0.83</i>	<i>0.35</i>	<i>1.89</i>	<i>1.49</i>	<i>2.35</i>	<i>3.96</i>	<i>1.26</i>	<i>3.05</i>	<i>2.33</i>	<i>1.69</i>	<i>1.67</i>	<i>1.50</i>
No	23.68	31.61	26.95	23.17	23.94	25.98	18.88	12.76	20.07	21.30*	16.88	9.85*	10.53*	6.79*	2.94*	8.75
	<i>0.24</i>	<i>1.37</i>	<i>0.46</i>	<i>0.53</i>	<i>0.83</i>	<i>0.35</i>	<i>1.89</i>	<i>1.49</i>	<i>2.35</i>	<i>3.96</i>	<i>1.26</i>	<i>3.05</i>	<i>2.33</i>	<i>1.69</i>	<i>1.67</i>	<i>1.50</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.  
 Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 Total includes persons named *other race/ethnicity* and persons who did not report their race/ethnicity.



**Table 1.4a Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004**Community Residents<sup>1</sup>

1 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,991	1,609	4,373	4,493	1,899	12,373	2,343	11,585	5,849	950	20,726	2,213	2,588	1,904	1,082	7,787
	127	108	152	108	68	243	131	202	109	51	254	99	108	72	52	186
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Marital Status</b>																
Married	52.95	1.51*	6.45	5.53	5.15*	5.28	98.51	99.71	99.78	99.16	99.57	4.19*	4.34*	6.01*	2.35*	4.43
	0.62	0.59	1.00	0.59	0.87	0.44	0.53	0.11	0.11	0.56	0.09	1.21	0.97	1.01	0.84	0.59
Widowed	29.12	16.40*	53.82	78.18	86.72	62.88	0.38*	0.20*	0.17*	0.84*	0.24*	10.81	56.21	74.12	90.36	52.43
	0.52	2.56	1.82	1.15	1.17	0.97	0.27	0.09	0.10	0.56	0.07	1.69	2.29	1.86	1.49	1.21
Divorced/separated	12.24	53.96	32.02	11.50	4.33*	23.15	1.06*	0.09*	0.05*	0.00	0.18*	43.24	31.95	13.86	5.19*	27.02
	0.33	3.12	1.65	0.94	0.79	0.91	0.45	0.06	0.05	0.00	0.06	2.19	1.93	1.57	1.13	1.13
Never married	5.70	28.13	7.71	4.79	3.80*	8.69	0.05*	0.00	0.00	0.00	0.01*	41.76	7.50*	6.00*	2.10*	16.12
	0.20	2.57	0.79	0.65	0.72	0.47	0.05	0.00	0.00	0.00	0.01	2.30	1.32	1.00	0.78	0.78
<b>Race/Ethnicity</b>																
White non-Hispanic	77.94	67.34	77.65	85.06	87.64	80.54	69.13	82.52	85.77	86.09	82.09	58.86	60.63	67.59	68.55	62.93
	0.58	3.22	1.33	1.04	1.22	0.80	2.28	0.92	0.94	1.56	0.73	2.17	2.19	1.84	2.34	1.20
Black non-Hispanic	9.53	23.94	11.12	7.30	5.87*	10.59	10.57	5.20	3.82	6.11*	5.46	23.13	20.41	14.07	13.15	18.62
	0.23	2.65	0.99	0.66	0.89	0.60	1.30	0.47	0.44	1.30	0.35	1.75	1.70	1.25	1.79	0.81
Hispanic	7.71	5.78*	6.91	4.87	3.91*	5.56	12.00	7.11	6.28	4.48*	7.31	12.07	11.98	12.24	12.19	12.10
	0.46	1.31	0.81	0.83	0.70	0.49	1.44	0.68	0.64	1.14	0.51	1.46	1.53	1.24	1.62	0.95
Other	4.82	2.94*	4.32*	2.78*	2.58*	3.31	8.30*	5.16	4.12	3.31*	5.14	5.93*	6.98*	6.10*	6.11*	6.35
	0.32	0.82	0.66	0.46	0.50	0.31	2.12	0.49	0.57	1.00	0.43	1.31	1.17	1.14	1.25	0.72
<b>Schooling</b>																
0 - 8 years	12.81	11.07	9.97	12.67	16.50	12.09	9.12	8.56	12.84	19.17	10.31	13.56	17.51	23.56	37.56	20.66
	0.34	1.90	0.90	0.83	1.63	0.61	1.33	0.57	0.82	2.10	0.42	1.45	1.51	1.62	2.64	0.84
9 - 12 years (No diploma)	15.40	17.93	14.36	17.74	17.85	16.59	18.08	11.72	12.63	15.32	12.86	20.78	19.75	21.55	18.67	20.33
	0.37	2.20	1.15	1.04	1.55	0.68	1.91	0.59	0.76	2.14	0.43	1.61	1.90	1.74	2.02	0.97
High school graduate	30.42	30.67	30.34	32.94	32.85	31.71	31.98	31.65	27.90	24.62	30.31	32.44	28.96	27.86	21.68	28.66
	0.58	2.75	1.84	1.24	2.10	1.12	2.28	1.08	1.13	2.45	0.74	2.12	2.04	1.90	2.38	1.03
Some college/vocational school	25.26	29.96	27.95	23.35	20.67	25.42	30.76	27.14	24.53	22.85	26.62	27.79	21.37	18.31	13.59	21.36
	0.55	2.80	1.73	1.22	1.58	1.01	2.58	1.00	1.02	2.08	0.66	2.40	1.92	1.34	1.82	1.14
Bachelor's degree and beyond	16.10	10.37*	17.39	13.30	12.13	14.19	10.06*	20.93	22.10	18.03	19.90	5.42*	12.42	8.72*	8.50*	8.99
	0.50	2.15	1.46	1.08	1.18	0.75	2.05	0.93	1.03	1.90	0.67	1.56	1.54	1.21	1.45	0.74

**Table 1.4a Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004**Community Residents<sup>1</sup>

2 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,991	1,609	4,373	4,493	1,899	12,373	2,343	11,585	5,849	950	20,726	2,213	2,588	1,904	1,082	7,787
	<i>127</i>	<i>108</i>	<i>152</i>	<i>108</i>	<i>68</i>	<i>243</i>	<i>131</i>	<i>202</i>	<i>109</i>	<i>51</i>	<i>254</i>	<i>99</i>	<i>108</i>	<i>72</i>	<i>52</i>	<i>186</i>
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Income</b>																
Less than \$5,000	3.35	5.51*	3.36*	2.75*	3.79*	3.48	2.98*	2.41	1.87*	2.59*	2.33	6.56	5.33*	4.77*	7.75*	5.88
	<i>0.20</i>	<i>1.58</i>	<i>0.67</i>	<i>0.40</i>	<i>0.88</i>	<i>0.32</i>	<i>0.80</i>	<i>0.32</i>	<i>0.31</i>	<i>0.87</i>	<i>0.23</i>	<i>1.28</i>	<i>1.13</i>	<i>0.98</i>	<i>1.46</i>	<i>0.67</i>
\$5,000 - \$9,999	15.09	44.63	21.29	17.59	19.29	22.67	7.60	3.21	2.73*	4.39*	3.63	48.13	25.71	28.25	29.84	33.28
	<i>0.37</i>	<i>3.38</i>	<i>1.41</i>	<i>1.15</i>	<i>1.57</i>	<i>0.87</i>	<i>1.23</i>	<i>0.40</i>	<i>0.44</i>	<i>1.17</i>	<i>0.32</i>	<i>2.42</i>	<i>2.17</i>	<i>1.88</i>	<i>2.55</i>	<i>1.20</i>
\$10,000 - \$14,999	17.05	25.85	19.99	24.17	23.26	22.77	16.25	8.95	11.08	11.87*	10.51	26.01	24.63	24.60	26.54	25.28
	<i>0.35</i>	<i>2.46</i>	<i>1.33</i>	<i>1.29</i>	<i>1.46</i>	<i>0.74</i>	<i>1.91</i>	<i>0.65</i>	<i>0.75</i>	<i>1.73</i>	<i>0.50</i>	<i>2.22</i>	<i>1.97</i>	<i>2.11</i>	<i>2.43</i>	<i>1.06</i>
\$15,000 - \$19,999	11.26	9.29*	12.70	14.95	17.66	13.84	12.29	7.87	10.63	12.84*	9.38	11.40	11.64	13.92	13.13	12.34
	<i>0.32</i>	<i>2.09</i>	<i>1.08</i>	<i>0.95</i>	<i>1.40</i>	<i>0.62</i>	<i>1.76</i>	<i>0.51</i>	<i>0.82</i>	<i>1.83</i>	<i>0.46</i>	<i>1.91</i>	<i>1.38</i>	<i>1.50</i>	<i>1.87</i>	<i>0.85</i>
\$20,000 - \$24,999	10.66	6.72*	8.83	11.52	12.05	10.03	12.80	11.21	14.18	16.51	12.47	2.12*	8.15*	10.04	7.12*	6.76
	<i>0.30</i>	<i>1.58</i>	<i>1.05</i>	<i>0.83</i>	<i>1.07</i>	<i>0.54</i>	<i>1.89</i>	<i>0.61</i>	<i>0.88</i>	<i>1.78</i>	<i>0.46</i>	<i>0.58</i>	<i>1.11</i>	<i>1.23</i>	<i>1.36</i>	<i>0.60</i>
\$25,000 - \$29,999	7.99	2.06*	6.89	9.22	5.66*	6.92	7.73*	9.98	10.60	9.29*	9.87	1.12*	6.71*	6.26*	5.09*	4.79
	<i>0.29</i>	<i>0.92</i>	<i>1.05</i>	<i>1.01</i>	<i>0.72</i>	<i>0.50</i>	<i>1.31</i>	<i>0.64</i>	<i>0.76</i>	<i>1.49</i>	<i>0.45</i>	<i>0.38</i>	<i>1.19</i>	<i>1.15</i>	<i>1.26</i>	<i>0.49</i>
\$30,000 - \$39,999	13.05	3.61*	12.49	9.24	7.19	9.34	14.14	19.41	17.79	15.05	18.16	3.34*	8.48*	5.63*	2.74*	5.53
	<i>0.36</i>	<i>0.94</i>	<i>1.32</i>	<i>0.73</i>	<i>0.95</i>	<i>0.61</i>	<i>1.60</i>	<i>0.84</i>	<i>0.95</i>	<i>2.18</i>	<i>0.58</i>	<i>0.92</i>	<i>1.39</i>	<i>0.98</i>	<i>0.77</i>	<i>0.61</i>
\$40,000 - \$49,999	7.55	1.80*	5.95	5.03	4.62*	4.87	9.56	11.65	10.83	8.45*	11.04	0.69*	3.81*	2.50*	2.65*	2.44
	<i>0.35</i>	<i>0.78</i>	<i>0.78</i>	<i>0.61</i>	<i>0.73</i>	<i>0.39</i>	<i>1.52</i>	<i>0.77</i>	<i>0.91</i>	<i>1.59</i>	<i>0.60</i>	<i>0.30</i>	<i>0.93</i>	<i>0.74</i>	<i>0.81</i>	<i>0.37</i>
\$50,000 or more	14.01	0.53*	8.51	5.53	6.51*	6.08	16.66	25.30	20.29	19.02	22.62	0.63*	5.52*	4.02*	5.14*	3.71
	<i>0.38</i>	<i>0.34</i>	<i>0.87</i>	<i>0.74</i>	<i>0.84</i>	<i>0.42</i>	<i>2.24</i>	<i>0.89</i>	<i>1.19</i>	<i>2.11</i>	<i>0.67</i>	<i>0.34</i>	<i>1.04</i>	<i>0.81</i>	<i>1.14</i>	<i>0.45</i>
<b>Metropolitan Area Resident</b>																
Yes	76.34	76.61	74.12	76.05	78.45	75.81	65.78	75.36	79.41	76.36	75.47	75.67	80.06	82.37	80.27	79.41
	<i>0.25</i>	<i>2.35</i>	<i>1.20</i>	<i>1.01</i>	<i>1.43</i>	<i>0.65</i>	<i>2.87</i>	<i>0.66</i>	<i>0.76</i>	<i>2.64</i>	<i>0.55</i>	<i>1.69</i>	<i>1.57</i>	<i>1.91</i>	<i>2.09</i>	<i>0.94</i>
No	23.66	23.39	25.88	23.95	21.55	24.19	34.22	24.64	20.59	23.64	24.53	24.33	19.94	17.63	19.73	20.59
	<i>0.25</i>	<i>2.35</i>	<i>1.20</i>	<i>1.01</i>	<i>1.43</i>	<i>0.65</i>	<i>2.87</i>	<i>0.66</i>	<i>0.76</i>	<i>2.64</i>	<i>0.55</i>	<i>1.69</i>	<i>1.57</i>	<i>1.91</i>	<i>2.09</i>	<i>0.94</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

**Table 1.4b Demographic and Socioeconomic Characteristics of Noninstitutionalized Male Medicare Beneficiaries, by Living Arrangement and Age, 2004**Male Community Residents<sup>1</sup>

1 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	18,298	822	1,355	1,077	404	3,658	1,232	6,424	3,681	655	11,993	1,133	734	502	230	2,599
	145	62	69	55	31	109	91	116	82	37	153	70	59	43	27	116
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Marital Status</b>																
Married	67.99	2.08*	9.42*	9.47*	10.47*	7.92	98.75	99.60	99.73	99.19	99.53	6.00*	5.80*	7.79*	8.72*	6.53*
	0.72	1.00	1.93	1.63	2.33	0.94	0.53	0.18	0.16	0.57	0.12	2.27	1.86	2.59	3.40	1.29
Widowed	13.14	6.76*	33.76	65.01	79.29	42.00	0.30*	0.31*	0.19*	0.81*	0.30*	6.21*	35.23	60.85	85.53	31.98
	0.44	2.34	2.65	2.64	2.99	1.45	0.27	0.16	0.14	0.57	0.10	1.52	4.35	4.22	3.69	1.79
Divorced/separated	11.90	55.58	41.48	18.44	6.18*	33.92	0.95*	0.09*	0.08*	0.00	0.17*	39.45	46.61	23.33*	4.34*	35.25
	0.52	3.78	3.36	2.34	2.23	1.76	0.52	0.09	0.07	0.00	0.07	3.32	4.36	3.89	2.08	2.15
Never married	6.97	35.58	15.35*	7.08*	4.06*	16.16	0.00	0.00	0.00	0.00	0.00	48.34	12.36*	8.03*	1.41*	26.24
	0.31	3.41	1.77	1.45	1.68	1.03	0.00	0.00	0.00	0.00	0.00	3.53	2.96	2.47	1.44	1.78
<b>Race/Ethnicity</b>																
White non-Hispanic	78.53	70.76	76.56	83.26	88.74	78.58	63.00	82.38	85.88	86.73	81.70	60.40	62.65	71.58	68.04	63.88
	0.80	3.64	2.31	2.22	2.38	1.31	3.25	1.26	1.07	1.88	0.91	2.83	4.35	3.55	5.26	2.34
Black non-Hispanic	8.92	19.17*	9.97*	7.77*	5.02*	10.85	11.26*	5.98	4.00*	5.43*	5.89	20.65	25.63*	12.74*	16.48*	20.16
	0.29	2.77	1.61	1.41	1.70	0.92	2.25	0.66	0.54	1.14	0.48	1.88	4.20	2.54	4.04	1.73
Hispanic	7.97	6.13*	9.67*	4.62*	2.51*	6.58	14.54*	7.08	6.01	5.85*	7.45	14.82	7.47*	12.89*	13.16*	12.22
	0.59	1.69	1.67	1.40	1.22	0.70	2.49	0.84	0.75	1.57	0.62	2.29	2.89	2.49	4.01	1.79
Other	4.59	3.94*	3.81*	4.34*	3.73*	3.99*	11.20*	4.56	4.11*	1.98*	4.96	4.12*	4.25*	2.79*	2.32*	3.74*
	0.43	1.28	1.25	1.32	1.53	0.69	3.31	0.66	0.61	0.84	0.51	1.12	1.79	1.28	1.66	0.68
<b>Schooling</b>																
0 - 8 years	13.11	11.40*	12.53*	16.29	17.76*	13.96	13.00*	9.27	13.43	19.17*	11.47	13.56	19.41*	25.06*	36.50*	19.51
	0.56	2.27	2.00	2.09	3.12	1.20	2.25	0.73	1.04	2.23	0.60	1.68	3.30	3.79	5.57	1.47
9 - 12 years (No diploma)	15.60	22.97	14.09*	16.22	17.11*	17.05	22.95	12.32	11.76	15.69*	13.43	23.79	25.94*	23.73*	15.33*	23.63
	0.54	2.74	2.06	2.00	3.31	1.19	2.98	0.77	0.86	2.53	0.58	2.61	3.83	3.47	3.70	1.70
High school graduate	26.71	25.51	25.22	23.19	27.20*	24.91	30.73	27.66	24.43	21.12	26.63	35.78	26.84*	22.34*	24.55*	29.63
	0.79	3.73	2.66	2.00	3.57	1.50	3.31	1.36	1.46	3.04	1.01	2.89	3.06	4.07	5.22	1.61
Some college/vocational school	23.93	28.54	25.56	24.01	21.81*	25.36	23.34	26.21	23.88	22.42	24.99	20.85	11.66*	16.78*	15.50*	16.97
	0.72	3.78	2.38	2.54	3.75	1.41	3.32	1.36	1.41	2.44	0.85	2.82	2.76	2.98	3.72	1.66
Bachelor's degree and beyond	20.65	11.58*	22.60	20.28	16.10*	18.72	9.98*	24.54	26.49	21.60	23.47	6.02*	16.15*	12.09*	8.12*	10.26
	0.73	2.84	2.42	2.33	2.85	1.27	3.00	1.25	1.38	2.48	0.89	2.77	2.99	2.94	3.16	1.44

**Table 1.4b Demographic and Socioeconomic Characteristics of Noninstitutionalized Male Medicare Beneficiaries, by Living Arrangement and Age, 2004**Male Community Residents<sup>1</sup>

2 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	18,298	822	1,355	1,077	404	3,658	1,232	6,424	3,681	655	11,993	1,133	734	502	230	2,599
	<i>145</i>	<i>62</i>	<i>69</i>	<i>55</i>	<i>31</i>	<i>109</i>	<i>91</i>	<i>116</i>	<i>82</i>	<i>37</i>	<i>153</i>	<i>70</i>	<i>59</i>	<i>43</i>	<i>27</i>	<i>116</i>
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Income</b>																
Less than \$5,000	2.65	5.44*	3.60*	1.48*	3.92*	3.42*	3.12*	2.14*	1.38*	3.34*	2.07	5.08*	3.93*	2.26*	5.92*	4.28*
	<i>0.26</i>	<i>2.19</i>	<i>1.08</i>	<i>0.68</i>	<i>1.63</i>	<i>0.59</i>	<i>1.23</i>	<i>0.40</i>	<i>0.34</i>	<i>1.16</i>	<i>0.32</i>	<i>1.85</i>	<i>1.58</i>	<i>1.14</i>	<i>2.84</i>	<i>0.99</i>
\$5,000 - \$9,999	11.19	41.14	19.96	11.17*	9.29*	20.95	9.10*	3.12*	2.69*	2.30*	3.56	46.92	18.88*	22.40*	21.28*	32.00
	<i>0.47</i>	<i>4.47</i>	<i>2.11</i>	<i>1.77</i>	<i>2.28</i>	<i>1.31</i>	<i>1.94</i>	<i>0.51</i>	<i>0.55</i>	<i>0.91</i>	<i>0.40</i>	<i>3.36</i>	<i>3.02</i>	<i>3.85</i>	<i>4.71</i>	<i>1.83</i>
\$10,000 - \$14,999	14.01	26.12	15.35	16.37	20.52*	18.64	17.92	8.37	11.01	11.95*	10.36	26.33	23.35*	21.29*	27.49*	24.62
	<i>0.54</i>	<i>3.21</i>	<i>2.00</i>	<i>2.37</i>	<i>3.37</i>	<i>1.23</i>	<i>2.60</i>	<i>0.80</i>	<i>0.94</i>	<i>2.23</i>	<i>0.65</i>	<i>2.90</i>	<i>3.42</i>	<i>3.67</i>	<i>4.80</i>	<i>1.69</i>
\$15,000 - \$19,999	10.44	11.36*	10.59*	14.33*	21.33*	13.05	12.97*	7.43	10.53	14.01*	9.31	12.55*	10.42*	13.60*	12.67*	12.16
	<i>0.45</i>	<i>2.85</i>	<i>1.62</i>	<i>1.69</i>	<i>3.12</i>	<i>1.06</i>	<i>2.43</i>	<i>0.55</i>	<i>1.02</i>	<i>2.26</i>	<i>0.52</i>	<i>2.78</i>	<i>2.75</i>	<i>2.90</i>	<i>3.69</i>	<i>1.55</i>
\$20,000 - \$24,999	10.83	7.21*	7.89*	15.73	9.62*	10.24	13.53*	10.40	13.09	13.58*	11.72	2.38*	10.12*	14.23*	6.85*	7.25*
	<i>0.48</i>	<i>2.30</i>	<i>1.54</i>	<i>1.85</i>	<i>2.55</i>	<i>0.89</i>	<i>2.46</i>	<i>0.86</i>	<i>1.07</i>	<i>2.12</i>	<i>0.66</i>	<i>0.83</i>	<i>2.68</i>	<i>3.01</i>	<i>2.77</i>	<i>1.07</i>
\$25,000 - \$29,999	8.39	2.09*	8.82*	10.84*	7.16*	7.72	8.68*	8.84	10.27	11.07*	9.39	0.96*	8.75*	8.13*	5.25*	4.92*
	<i>0.43</i>	<i>1.45</i>	<i>1.99</i>	<i>2.05</i>	<i>1.50</i>	<i>0.95</i>	<i>1.94</i>	<i>0.75</i>	<i>0.98</i>	<i>1.95</i>	<i>0.56</i>	<i>0.56</i>	<i>2.38</i>	<i>2.29</i>	<i>2.61</i>	<i>0.76</i>
\$30,000 - \$39,999	15.34	4.65*	14.88	12.91*	9.18*	11.37	15.20*	19.83	17.79	15.19*	18.47	4.40*	9.83*	7.97*	5.63*	6.73
	<i>0.64</i>	<i>1.50</i>	<i>2.08</i>	<i>1.78</i>	<i>2.54</i>	<i>0.98</i>	<i>2.15</i>	<i>1.23</i>	<i>1.20</i>	<i>2.74</i>	<i>0.84</i>	<i>1.59</i>	<i>2.68</i>	<i>2.13</i>	<i>2.52</i>	<i>1.23</i>
\$40,000 - \$49,999	8.64	1.32*	6.36*	7.79*	6.93*	5.71	5.95*	12.59	10.27	6.37*	10.86	0.98*	4.46*	3.56*	3.47*	2.68*
	<i>0.50</i>	<i>0.80</i>	<i>1.47</i>	<i>1.65</i>	<i>1.81</i>	<i>0.71</i>	<i>1.22</i>	<i>1.01</i>	<i>1.02</i>	<i>1.53</i>	<i>0.68</i>	<i>0.53</i>	<i>1.71</i>	<i>1.60</i>	<i>2.02</i>	<i>0.65</i>
\$50,000 or more	18.51	0.65*	12.54*	9.38*	12.04*	8.88	13.53*	27.29	22.97	22.18	24.27	0.40*	10.25*	6.57*	11.44*	5.35*
	<i>0.64</i>	<i>0.49</i>	<i>1.71</i>	<i>1.73</i>	<i>2.44</i>	<i>0.82</i>	<i>2.87</i>	<i>1.22</i>	<i>1.47</i>	<i>2.54</i>	<i>0.89</i>	<i>0.24</i>	<i>2.39</i>	<i>2.26</i>	<i>3.53</i>	<i>0.94</i>
<b>Metropolitan Area Resident</b>																
Yes	75.90	76.51	71.79	78.09	77.79	75.38	66.25	75.67	79.63	77.69	76.04	73.15	76.35	78.41	80.42	75.72
	<i>0.49</i>	<i>2.59</i>	<i>2.20</i>	<i>1.89</i>	<i>2.95</i>	<i>1.23</i>	<i>3.72</i>	<i>0.94</i>	<i>0.95</i>	<i>2.52</i>	<i>0.67</i>	<i>2.49</i>	<i>3.49</i>	<i>3.27</i>	<i>5.36</i>	<i>1.58</i>
No	24.10	23.49	28.21	21.91	22.21*	24.62	33.75	24.33	20.37	22.31	23.96	26.85	23.65*	21.59*	19.58*	24.28
	<i>0.49</i>	<i>2.59</i>	<i>2.20</i>	<i>1.89</i>	<i>2.95</i>	<i>1.23</i>	<i>3.72</i>	<i>0.94</i>	<i>0.95</i>	<i>2.52</i>	<i>0.67</i>	<i>2.49</i>	<i>3.49</i>	<i>3.27</i>	<i>5.36</i>	<i>1.58</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

**Table 1.4c Demographic and Socioeconomic Characteristics of Noninstitutionalized Female Medicare Beneficiaries, by Living Arrangement and Age, 2004**Female Community Residents<sup>1</sup>

1 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	22,694	787	3,018	3,416	1,494	8,715	1,110	5,161	2,167	294	8,733	1,080	1,854	1,402	852	5,187
	157	70	132	92	61	209	85	159	88	31	202	64	98	60	46	152
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Marital Status</b>																
Married	40.83	0.92*	5.12*	4.29*	3.71*	4.18	98.24	99.86	99.87	99.09	99.63	2.29*	3.76*	5.38*	0.63*	3.38
	0.90	0.63	1.14	0.66	0.82	0.51	0.79	0.08	0.13	1.28	0.12	0.83	1.05	1.02	0.47	0.49
Widowed	41.99	26.31*	62.84	82.30	88.74	71.60	0.47*	0.05*	0.13*	0.91*	0.16*	15.63*	64.52	78.88	91.66	62.68
	0.88	4.32	2.20	1.34	1.19	1.13	0.50	0.05	0.13	1.28	0.09	2.82	2.91	1.89	1.50	1.40
Divorced/separated	12.50	52.29	27.77	9.33	3.82*	18.65	1.18*	0.09*	0.00	0.00	0.20*	47.22	26.14	10.47*	5.42*	22.89
	0.46	4.70	1.96	0.95	0.74	1.04	0.58	0.06	0.00	0.00	0.08	3.24	2.46	1.59	1.30	1.25
Never married	4.68	20.48	4.28*	4.07*	3.73*	5.57	0.10*	0.00	0.00	0.00	0.01*	34.86	5.57*	5.27*	2.28*	11.05
	0.27	3.44	0.83	0.71	0.77	0.51	0.10	0.00	0.00	0.00	0.01	2.96	1.41	1.06	0.90	0.86
<b>Race/Ethnicity</b>																
White non-Hispanic	77.48	63.78	78.14	85.62	87.35	81.35	75.93	82.70	85.59	84.65	82.62	57.25	59.83	66.16	68.68	62.46
	0.65	4.43	1.64	1.12	1.36	0.87	2.85	1.22	1.51	3.49	0.98	3.24	2.62	2.28	2.50	1.39
Black non-Hispanic	10.02	28.92*	11.62	7.14	6.10*	10.48	9.79*	4.23	3.52*	7.63*	4.88	25.73	18.34	14.54	12.25*	17.85
	0.39	3.92	1.14	0.72	1.02	0.71	1.93	0.55	0.86	2.86	0.48	2.88	1.76	1.61	1.90	1.00
Hispanic	7.51	5.40*	5.69*	4.95	4.29*	5.13	9.19*	7.15	6.75*	1.44*	7.12	9.19*	13.76	12.00	11.93*	12.04
	0.49	2.26	0.99	0.83	0.78	0.59	1.80	0.84	1.11	0.92	0.61	1.74	1.80	1.47	1.68	1.00
Other	5.00	1.90*	4.55*	2.28*	2.27*	3.03	5.08*	5.91	4.14*	6.28*	5.38	7.83*	8.07*	7.29*	7.14*	7.65
	0.36	0.76	0.73	0.50	0.49	0.31	1.86	0.78	0.89	2.54	0.64	2.30	1.55	1.39	1.53	0.95
<b>Schooling</b>																
0 - 8 years	12.57	10.72*	8.82	11.53	16.15	11.31	4.80*	7.67	11.85	19.19*	8.73	13.55	16.76	23.02	37.85	21.23
	0.44	2.84	1.10	0.96	1.81	0.64	1.44	0.98	1.21	3.63	0.74	2.43	1.88	1.96	2.97	1.17
9 - 12 years (No diploma)	15.25	12.58*	14.48	18.22	18.05	16.39	12.69*	10.97	14.11	14.51*	12.09	17.66	17.30	20.77	19.58	18.69
	0.55	3.11	1.54	1.14	1.77	0.85	2.24	1.02	1.65	2.97	0.78	2.05	2.07	2.05	2.47	1.15
High school graduate	33.42	36.16	32.62	36.01	34.39	34.57	33.37	36.60	33.76	32.36*	35.34	28.98	29.79	29.83	20.89	28.18
	0.74	4.12	2.24	1.54	2.49	1.36	4.01	1.69	2.01	4.33	1.11	2.85	2.53	2.05	2.40	1.34
Some college/vocational school	26.33	31.46	29.01	23.14	20.36	25.45	38.99	28.30	25.62	23.82*	28.85	35.00	25.21	18.86	13.07*	23.54
	0.80	3.83	2.24	1.50	1.65	1.21	3.78	1.54	1.56	4.48	1.13	3.87	2.60	1.77	2.06	1.50
Bachelor's degree and beyond	12.44	9.08*	15.06	11.10	11.04	12.29	10.16*	16.45	14.66	10.12*	14.99	4.81*	10.94*	7.52*	8.61*	8.36
	0.54	2.61	1.64	1.17	1.25	0.77	2.64	1.25	1.30	2.76	0.92	1.27	1.83	1.38	1.61	0.88

**Table 1.4c Demographic and Socioeconomic Characteristics of Noninstitutionalized Female Medicare Beneficiaries, by Living Arrangement and Age, 2004**Female Community Residents<sup>1</sup>

2 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	22,694	787	3,018	3,416	1,494	8,715	1,110	5,161	2,167	294	8,733	1,080	1,854	1,402	852	5,187
	<i>157</i>	<i>70</i>	<i>132</i>	<i>92</i>	<i>61</i>	<i>209</i>	<i>85</i>	<i>159</i>	<i>88</i>	<i>31</i>	<i>202</i>	<i>64</i>	<i>98</i>	<i>60</i>	<i>46</i>	<i>152</i>
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Income</b>																
Less than \$5,000	3.91	5.58*	3.25*	3.15*	3.75*	3.51	2.81*	2.75*	2.71*	0.92*	2.69	8.12*	5.89*	5.67*	8.24*	6.68
	<i>0.28</i>	<i>2.30</i>	<i>0.76</i>	<i>0.46</i>	<i>0.97</i>	<i>0.41</i>	<i>0.98</i>	<i>0.55</i>	<i>0.60</i>	<i>0.90</i>	<i>0.34</i>	<i>1.50</i>	<i>1.42</i>	<i>1.13</i>	<i>1.48</i>	<i>0.78</i>
\$5,000 - \$9,999	18.24	48.27	21.88	19.61	21.99	23.40	5.93*	3.34*	2.80*	9.03*	3.73	49.39	28.41	30.35	32.16	33.92
	<i>0.61</i>	<i>4.77</i>	<i>1.73</i>	<i>1.39</i>	<i>1.92</i>	<i>1.07</i>	<i>1.45</i>	<i>0.59</i>	<i>0.72</i>	<i>2.90</i>	<i>0.44</i>	<i>2.89</i>	<i>2.56</i>	<i>2.27</i>	<i>2.78</i>	<i>1.40</i>
\$10,000 - \$14,999	19.49	25.57	22.07	26.63	24.00	24.51	14.40*	9.66	11.21	11.68*	10.71	25.66	25.14	25.79	26.28	25.61
	<i>0.52</i>	<i>3.99</i>	<i>1.66</i>	<i>1.46</i>	<i>1.56</i>	<i>0.86</i>	<i>2.83</i>	<i>1.05</i>	<i>1.18</i>	<i>3.18</i>	<i>0.79</i>	<i>2.66</i>	<i>2.36</i>	<i>2.57</i>	<i>2.58</i>	<i>1.22</i>
\$15,000 - \$19,999	11.93	7.13*	13.65	15.15	16.66	14.17	11.54*	8.43	10.81	10.22*	9.48	10.20*	12.12	14.03	13.25*	12.42
	<i>0.44</i>	<i>2.56</i>	<i>1.34</i>	<i>1.04</i>	<i>1.47</i>	<i>0.72</i>	<i>2.36</i>	<i>0.96</i>	<i>1.35</i>	<i>2.89</i>	<i>0.78</i>	<i>2.44</i>	<i>1.50</i>	<i>1.65</i>	<i>2.14</i>	<i>0.92</i>
\$20,000 - \$24,999	10.53	6.20*	9.25	10.20	12.70	9.94	11.99*	12.23	16.01	23.03*	13.50	1.85*	7.38*	8.54*	7.20*	6.51
	<i>0.46</i>	<i>2.38</i>	<i>1.35</i>	<i>0.95</i>	<i>1.27</i>	<i>0.67</i>	<i>2.85</i>	<i>1.03</i>	<i>1.40</i>	<i>4.20</i>	<i>0.83</i>	<i>0.82</i>	<i>1.36</i>	<i>1.38</i>	<i>1.46</i>	<i>0.74</i>
\$25,000 - \$29,999	7.66	2.02*	6.02*	8.71	5.25*	6.58	6.67*	11.39	11.16	5.31*	10.52	1.29*	5.91*	5.59*	5.04*	4.72
	<i>0.38</i>	<i>1.01</i>	<i>1.12</i>	<i>1.04</i>	<i>0.93</i>	<i>0.54</i>	<i>1.79</i>	<i>1.23</i>	<i>1.24</i>	<i>1.99</i>	<i>0.76</i>	<i>0.52</i>	<i>1.34</i>	<i>1.20</i>	<i>1.37</i>	<i>0.65</i>
\$30,000 - \$39,999	11.21	2.52*	11.42	8.08	6.65*	8.49	12.96*	18.90	17.78	14.75*	17.73	2.23*	7.95*	4.79*	1.96*	4.92
	<i>0.47</i>	<i>1.12</i>	<i>1.46</i>	<i>0.81</i>	<i>1.07</i>	<i>0.71</i>	<i>2.17</i>	<i>1.18</i>	<i>1.64</i>	<i>3.14</i>	<i>0.87</i>	<i>0.79</i>	<i>1.60</i>	<i>1.05</i>	<i>0.79</i>	<i>0.62</i>
\$40,000 - \$49,999	6.67	2.31*	5.76*	4.16*	3.99*	4.52	13.57*	10.49	11.78	13.07*	11.29	0.39*	3.55*	2.12*	2.43*	2.32*
	<i>0.38</i>	<i>1.38</i>	<i>0.91</i>	<i>0.66</i>	<i>0.78</i>	<i>0.44</i>	<i>2.80</i>	<i>1.00</i>	<i>1.43</i>	<i>3.31</i>	<i>0.87</i>	<i>0.27</i>	<i>1.09</i>	<i>0.72</i>	<i>0.86</i>	<i>0.45</i>
\$50,000 or more	10.38	0.41*	6.70*	4.32*	5.01*	4.91	20.12	22.81	15.74	11.98*	20.35	0.87*	3.65*	3.11*	3.43*	2.89*
	<i>0.46</i>	<i>0.44</i>	<i>0.97</i>	<i>0.73</i>	<i>0.84</i>	<i>0.51</i>	<i>3.01</i>	<i>1.33</i>	<i>1.56</i>	<i>3.13</i>	<i>0.97</i>	<i>0.66</i>	<i>1.08</i>	<i>0.82</i>	<i>1.00</i>	<i>0.53</i>
<b>Metropolitan Area Resident</b>																
Yes	76.70	76.72	75.15	75.41	78.63	75.99	65.27	74.97	79.03	73.40	74.69	78.28	81.53	83.79	80.23	81.25
	<i>0.43</i>	<i>3.46</i>	<i>1.76</i>	<i>1.25</i>	<i>1.75</i>	<i>0.96</i>	<i>3.79</i>	<i>1.18</i>	<i>1.48</i>	<i>4.44</i>	<i>0.98</i>	<i>2.10</i>	<i>1.92</i>	<i>2.05</i>	<i>2.20</i>	<i>1.07</i>
No	23.30	23.28	24.85	24.59	21.37	24.01	34.73	25.03	20.97	26.60*	25.31	21.72	18.47	16.21	19.77	18.75
	<i>0.43</i>	<i>3.46</i>	<i>1.76</i>	<i>1.25</i>	<i>1.75</i>	<i>0.96</i>	<i>3.79</i>	<i>1.18</i>	<i>1.48</i>	<i>4.44</i>	<i>0.98</i>	<i>2.10</i>	<i>1.92</i>	<i>2.05</i>	<i>2.20</i>	<i>1.07</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

<sup>1</sup> The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

**Table 1.5 Demographic and Socioeconomic Characteristics of Institutionalized Medicare Beneficiaries, by Age, 2004**Long-Term Care Facility-Only Residents<sup>1</sup>

1 of 2

Beneficiary Characteristic	Total	Age			
		< 65	65 - 74	75 - 84	85 +
<b>Beneficiaries (in 1,000s)</b>	1,878	329	162	535	851
	65	34	27	38	40
<b>Beneficiaries as a Percentage of Column Total</b>					
<b>Marital Status</b>					
Married	14.10	2.89*	21.68*	21.72*	12.23*
	1.38	1.57	5.30	2.99	1.76
Widowed	51.70	3.08*	32.47*	47.13	76.16
	1.73	1.83	6.84	3.31	2.27
Divorced/separated	12.18	26.05*	26.02*	14.21*	3.25*
	1.35	4.70	5.71	2.37	0.88
Never married	22.03	67.98	19.83*	16.94*	8.36*
	1.49	4.80	5.22	2.55	1.66
<b>Race/Ethnicity</b>					
White non-Hispanic	84.23	77.38	70.30*	83.01	90.16
	1.33	4.69	6.79	2.52	1.62
Black non-Hispanic	9.42	17.69*	16.56*	9.86*	4.72*
	1.10	4.34	5.09	1.96	1.02
Hispanic	3.79*	2.14*	5.48*	5.16*	3.24*
	0.51	1.02	3.33	1.73	0.84
Other	2.56*	2.79*	7.66*	1.97*	1.88*
	0.69	1.50	4.72	0.82	0.73
<b>Schooling</b>					
0 - 8 years	29.42	34.08	31.39*	26.02*	29.38
	1.81	4.42	8.13	3.42	3.01
9 - 12 years (No diploma)	21.21	21.81*	17.98*	23.81*	19.94
	1.61	3.88	5.06	3.32	2.27
High school graduate	27.76	31.87*	28.91*	30.01	24.53
	1.92	5.63	7.26	3.25	2.38
Some college/vocational school	13.75	9.60*	20.28*	13.70*	14.17*
	1.44	3.44	6.88	2.63	2.25
Bachelor's degree and beyond	7.86	2.64*	1.44*	6.46*	11.98*
	1.07	1.61	1.49	2.05	1.67

**Table 1.5 Demographic and Socioeconomic Characteristics of Institutionalized Medicare Beneficiaries, by Age, 2004**Long-Term Care Facility-Only Residents<sup>1</sup>

2 of 2

Beneficiary Characteristic	Total	Age			
		< 65	65 - 74	75 - 84	85 +
<b>Beneficiaries (in 1,000s)</b>	1,878	329	162	535	851
	<i>65</i>	<i>34</i>	<i>27</i>	<i>38</i>	<i>40</i>
<b>Beneficiaries as a Percentage of Column Total</b>					
<b>Income</b>					
Less than \$5,000	5.69	5.71*	8.32*	6.13*	4.89*
	<i>0.94</i>	<i>1.87</i>	<i>3.68</i>	<i>1.97</i>	<i>1.07</i>
\$5,000 - \$9,999	40.30	58.60	42.32*	36.55	35.20
	<i>2.04</i>	<i>5.08</i>	<i>7.96</i>	<i>3.45</i>	<i>2.25</i>
\$10,000 - \$14,999	26.32	23.70*	30.84*	31.39	23.28
	<i>1.64</i>	<i>4.18</i>	<i>6.84</i>	<i>3.61</i>	<i>2.01</i>
\$15,000 - \$19,999	10.00	6.20*	12.06*	9.44*	11.43*
	<i>1.18</i>	<i>2.21</i>	<i>5.41</i>	<i>1.97</i>	<i>1.48</i>
\$20,000 - \$24,999	5.77*	3.81*	1.30*	4.18*	8.38*
	<i>1.03</i>	<i>2.62</i>	<i>1.29</i>	<i>1.40</i>	<i>1.69</i>
\$25,000 - \$29,999	4.22*	1.11*	1.18*	6.55*	4.53*
	<i>0.73</i>	<i>0.89</i>	<i>1.23</i>	<i>1.88</i>	<i>0.82</i>
\$30,000 - \$39,999	3.47*	0.00	2.40*	2.62*	5.55*
	<i>0.84</i>	<i>0.00</i>	<i>2.35</i>	<i>1.39</i>	<i>1.28</i>
\$40,000 - \$49,999	2.00*	0.42*	1.57*	0.57*	3.60*
	<i>0.49</i>	<i>0.42</i>	<i>2.20</i>	<i>0.59</i>	<i>0.92</i>
\$50,000 or more	2.24*	0.44*	0.00	2.57*	3.15*
	<i>0.45</i>	<i>0.46</i>	<i>0.00</i>	<i>1.17</i>	<i>0.82</i>
<b>Metropolitan Area Resident</b>					
Yes	75.82	84.18	78.63*	73.29	73.63
	<i>1.30</i>	<i>3.93</i>	<i>6.33</i>	<i>3.20</i>	<i>1.64</i>
No	24.18	15.82*	21.37*	26.71	26.37
	<i>1.30</i>	<i>3.93</i>	<i>6.33</i>	<i>3.20</i>	<i>1.64</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *long-term care facility-only residents* includes beneficiaries who resided only in a long-term care facility during the year. It includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in the community during the year.



**Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004**Community Residents<sup>1</sup>

1 of 3

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 1,000s)</b>	40,991	3,910	7,420	8,347	13,862	2,289	5,164
	127	120	163	175	206	115	134
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	45.44	39.82	30.35	45.90	52.46	54.72	47.63
	0.30	1.64	1.20	1.05	0.87	2.55	1.13
75 - 84 years	29.87	20.02	21.67	38.18	28.43	34.69	37.42
	0.29	1.51	0.94	0.86	0.66	2.04	1.16
85 years and older	9.60	6.75	8.82	13.46	8.98	5.45*	10.11
	0.21	0.70	0.63	0.60	0.46	0.78	0.67
<b>Disabled</b>							
Under 45 years	3.72	5.64	13.67	0.51*	1.58	0.54*	0.33*
	0.09	0.60	0.47	0.12	0.18	0.23	0.12
45 - 64 years	11.37	27.78	25.49	1.95*	8.54	4.60*	4.51
	0.26	2.01	1.11	0.37	0.64	1.20	0.62
<b>Gender</b>							
Male	44.64	59.73	38.04	40.32	47.80	44.59	41.19
	0.33	1.59	1.24	1.07	0.84	2.12	1.23
Female	55.36	40.27	61.96	59.68	52.20	55.41	58.81
	0.33	1.59	1.24	1.07	0.84	2.12	1.23
<b>Marital Status</b>							
Married	52.95	43.24	25.41	56.37	65.53	66.47	54.43
	0.62	1.73	1.10	1.24	1.01	2.04	1.78
Widowed	29.12	23.77	32.73	33.36	24.71	27.57	33.63
	0.52	1.51	1.12	0.99	0.82	1.95	1.37
Divorced/separated	12.24	24.40	25.27	7.59	6.84	4.10*	9.98
	0.33	1.52	1.11	0.64	0.50	0.77	0.81
Never married	5.70	8.59	16.58	2.68	2.92	1.86*	1.97*
	0.20	1.07	0.75	0.35	0.29	0.51	0.40

**Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004**Community Residents<sup>1</sup>

2 of 3

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 1,000s)</b>	40,991	3,910	7,420	8,347	13,862	2,289	5,164
	127	120	163	175	206	115	134
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Living Arrangement</b>							
Lives alone	30.26	30.44	37.85	34.10	24.47	26.00	30.50
	0.58	1.92	1.22	1.12	0.82	1.82	1.66
With spouse	50.69	40.60	22.80	53.90	63.53	64.85	52.35
	0.60	1.86	1.10	1.24	1.01	2.06	1.73
With children	10.97	13.90	20.32	7.80	7.70	6.37*	11.29
	0.36	1.39	0.99	0.58	0.45	1.23	0.96
With others	8.08	15.07	19.03	4.21	4.29	2.78*	5.86
	0.27	1.30	0.96	0.42	0.32	0.72	0.73
<b>Race/Ethnicity</b>							
White non-Hispanic	77.94	69.78	51.77	91.47	84.47	90.21	76.84
	0.58	1.73	1.32	0.71	0.85	1.38	1.50
Black non-Hispanic	9.53	16.44	21.73	2.77	6.65	4.09*	7.84
	0.23	1.38	0.97	0.39	0.47	0.94	0.94
Hispanic	7.71	8.07	17.08	2.78	4.84	2.77*	11.89
	0.46	1.08	1.01	0.41	0.57	0.83	1.21
Other	4.82	5.71	9.41	2.98	4.04	2.93*	3.44
	0.32	0.91	0.91	0.44	0.40	0.83	0.42
<b>Schooling</b>							
0 - 8 years	12.81	17.77	31.08	9.46	5.95	2.78*	11.39
	0.34	1.34	1.05	0.61	0.43	0.73	0.85
9 - 12 years (No diploma)	15.40	22.01	23.21	14.91	11.53	6.09*	14.63
	0.37	1.65	0.98	0.70	0.57	0.88	0.91
High school graduate	30.42	27.01	24.71	34.58	31.84	27.34	31.99
	0.58	1.62	1.21	1.22	0.92	2.28	1.59
Some college/vocational school	25.26	23.82	15.83	25.24	28.80	31.35	27.59
	0.55	1.72	1.02	1.03	0.94	2.17	1.21
Bachelor's degree and beyond	16.10	9.40	5.18	15.82	21.89	32.45	14.39
	0.50	1.07	0.60	0.93	0.84	2.26	1.19

**Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004**Community Residents<sup>1</sup>

3 of 3

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 1,000s)</b>	40,991	3,910	7,420	8,347	13,862	2,289	5,164
	<i>127</i>	<i>120</i>	<i>163</i>	<i>175</i>	<i>206</i>	<i>115</i>	<i>134</i>
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Income</b>							
Less than \$5,000	3.35	5.79	7.08	2.70	1.51	0.86*	3.20*
	<i>0.20</i>	<i>0.96</i>	<i>0.65</i>	<i>0.34</i>	<i>0.23</i>	<i>0.33</i>	<i>0.51</i>
\$5,000 - \$9,999	15.09	17.11	54.99	7.02	3.49	1.68*	6.41
	<i>0.37</i>	<i>1.43</i>	<i>1.27</i>	<i>0.56</i>	<i>0.36</i>	<i>0.62</i>	<i>0.79</i>
\$10,000 - \$14,999	17.05	28.01	26.13	18.36	10.35	5.92*	16.46
	<i>0.35</i>	<i>1.52</i>	<i>1.04</i>	<i>0.86</i>	<i>0.46</i>	<i>1.15</i>	<i>0.99</i>
\$15,000 - \$19,999	11.26	16.28	6.92	13.58	9.87	8.58*	14.88
	<i>0.32</i>	<i>1.19</i>	<i>0.59</i>	<i>0.79</i>	<i>0.48</i>	<i>1.68</i>	<i>0.97</i>
\$20,000 - \$24,999	10.66	10.45	2.49	13.01	12.21	12.41	13.83
	<i>0.30</i>	<i>1.23</i>	<i>0.51</i>	<i>0.80</i>	<i>0.57</i>	<i>1.18</i>	<i>0.93</i>
\$25,000 - \$29,999	7.99	7.16	1.00*	8.95	9.96	10.32	10.75
	<i>0.29</i>	<i>1.02</i>	<i>0.25</i>	<i>0.59</i>	<i>0.57</i>	<i>1.34</i>	<i>1.04</i>
\$30,000 - \$39,999	13.05	8.49	0.74*	13.96	19.28	16.13	14.63
	<i>0.36</i>	<i>1.01</i>	<i>0.18</i>	<i>0.77</i>	<i>0.71</i>	<i>1.67</i>	<i>0.84</i>
\$40,000 - \$49,999	7.55	2.36*	0.40*	8.32	11.24	14.14	7.64
	<i>0.35</i>	<i>0.45</i>	<i>0.11</i>	<i>0.62</i>	<i>0.70</i>	<i>1.42</i>	<i>0.75</i>
\$50,000 or more	14.01	4.36*	0.25*	14.10	22.08	29.95	12.20
	<i>0.38</i>	<i>0.66</i>	<i>0.10</i>	<i>0.78</i>	<i>0.77</i>	<i>1.70</i>	<i>0.83</i>
<b>Metropolitan Area Resident</b>							
Yes	76.34	65.53	72.99	68.45	77.78	79.56	96.75
	<i>0.25</i>	<i>1.46</i>	<i>0.83</i>	<i>1.00</i>	<i>0.57</i>	<i>1.97</i>	<i>0.68</i>
No	23.66	34.47	27.01	31.55	22.22	20.44	3.25
	<i>0.25</i>	<i>1.46</i>	<i>0.83</i>	<i>1.00</i>	<i>0.57</i>	<i>1.97</i>	<i>0.68</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

2 HMO stands for Health Maintenance Organization.

3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

3.2

## **HOW HEALTHY ARE MEDICARE BENEFICIARIES?**

**Table 2.1 Perceived Health and Functioning of Medicare Beneficiaries, by Age and by Gender and Age, 2004**

All Medicare Beneficiaries

1 of 2

Measure of Perceived Health or Functioning <sup>1</sup>	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	42,869	6,516	18,787	12,780	4,785	3,382	8,648	5,431	1,440	18,901	3,134	10,139	7,350	3,345	23,968
	119	100	133	122	79	80	137	86	44	141	79	129	117	68	156
<b>Beneficiaries as a Percentage of Column Total</b>															
<b>Health Status</b>															
Excellent	14.80	4.08	18.65	15.55	12.22	3.74	20.66	17.32	12.29	16.04	4.44	16.93	14.25	12.19	13.82
	0.43	0.43	0.81	0.61	0.74	0.56	0.97	0.95	1.34	0.55	0.63	1.15	0.84	0.92	0.63
Very good	24.97	9.28	29.26	27.27	23.25	10.66	29.60	27.71	22.50	25.13	7.80	28.98	26.95	23.58	24.84
	0.47	0.74	0.81	0.72	0.86	1.11	1.04	1.05	1.80	0.65	0.98	1.12	1.02	1.05	0.60
Good	31.36	25.55	32.64	32.48	31.21	25.93	30.99	31.19	32.83	30.28	25.13	34.05	33.43	30.52	32.20
	0.51	1.03	0.89	0.75	1.26	1.41	1.03	1.00	2.00	0.53	1.67	1.26	0.99	1.47	0.72
Fair	19.54	34.73	13.78	18.20	25.09	34.79	13.20	17.77	24.58	19.24	34.67	14.28	18.51	25.30	19.77
	0.39	1.30	0.62	0.64	0.91	1.77	0.84	0.97	1.90	0.62	2.11	0.88	0.76	1.17	0.55
Poor	9.34	26.36	5.66	6.50	8.23	24.88	5.54	6.01	7.80*	9.31	27.96	5.77	6.86	8.41	9.37
	0.34	1.49	0.38	0.47	0.69	1.75	0.52	0.59	1.22	0.51	2.31	0.51	0.59	0.82	0.41
<b>Functional Limitation</b>															
None	55.46	29.86	71.58	55.22	27.52	33.67	79.39	63.44	38.88	63.56	25.77	64.92	49.16	22.62	49.07
	0.59	1.46	0.79	0.99	1.17	1.75	0.91	1.34	1.86	0.84	2.11	1.16	1.31	1.32	0.74
IADL only <sup>2</sup>	21.37	35.12	15.80	21.46	24.29	30.48	9.94	17.20	23.58	16.73	40.11	20.81	24.61	24.60	25.03
	0.44	1.30	0.64	0.74	1.03	1.71	0.76	1.09	1.92	0.64	2.16	1.01	0.93	1.16	0.57
One to two ADLs <sup>3</sup>	13.50	21.44	8.78	13.83	20.32	20.04	7.34	11.37	17.91	11.57	22.95	10.01	15.64	21.37	15.01
	0.36	1.11	0.46	0.63	1.05	1.65	0.52	0.78	1.50	0.51	1.56	0.69	0.89	1.30	0.51
Three to five ADLs	9.68	13.58	3.83	9.48	27.86	15.82	3.33	7.99	19.63	8.14	11.17	4.26	10.59	31.42	10.89
	0.31	0.95	0.34	0.53	1.14	1.35	0.44	0.67	1.81	0.40	1.13	0.49	0.64	1.40	0.37
<b>Upper Extremity Limitation</b>															
No	58.20	42.65	68.04	58.05	41.03	46.19	70.98	62.12	48.83	62.33	38.85	65.53	55.04	37.67	54.94
	0.66	1.53	1.01	0.96	1.08	1.98	1.33	1.59	2.03	0.92	2.16	1.33	1.04	1.38	0.76
Yes, no ADL/IADL present	13.36	9.63	14.81	14.57	9.44	10.89	16.01	16.31	12.82	14.94	8.27	13.79	13.28	7.99	12.11
	0.47	1.03	0.72	0.67	0.75	1.31	1.06	1.08	1.51	0.67	1.38	0.83	0.79	0.82	0.51
Yes, ADL/IADL present	28.44	47.72	17.14	27.39	49.53	42.92	13.01	21.57	38.35	22.73	52.88	20.68	31.68	54.34	32.95
	0.59	1.62	0.76	0.79	1.16	1.82	0.78	1.15	2.04	0.73	2.43	1.12	0.98	1.37	0.77

**Table 2.1 Perceived Health and Functioning of Medicare Beneficiaries, by Age and by Gender and Age, 2004**

All Medicare Beneficiaries

2 of 2

Measure of Perceived Health or Functioning <sup>1</sup>	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	42,869	6,516	18,787	12,780	4,785	3,382	8,648	5,431	1,440	18,901	3,134	10,139	7,350	3,345	23,968
	<i>119</i>	<i>100</i>	<i>133</i>	<i>122</i>	<i>79</i>	<i>80</i>	<i>137</i>	<i>86</i>	<i>44</i>	<i>141</i>	<i>79</i>	<i>129</i>	<i>117</i>	<i>68</i>	<i>156</i>
<b>Beneficiaries as a Percentage of Column Total</b>															
<b>Mobility Limitation</b>															
No	49.60	31.57	63.52	48.42	22.46	34.44	69.91	52.65	30.05	55.60	28.48	58.07	45.30	19.20	44.87
	<i>0.56</i>	<i>1.39</i>	<i>0.83</i>	<i>0.91</i>	<i>0.93</i>	<i>1.90</i>	<i>1.09</i>	<i>1.43</i>	<i>2.07</i>	<i>0.85</i>	<i>2.09</i>	<i>1.16</i>	<i>1.15</i>	<i>0.99</i>	<i>0.67</i>
Yes, no ADL/IADL present	14.85	13.10	15.10	15.93	13.36	15.54	15.73	18.11	19.18	16.64	10.47	14.57	14.32	10.87	13.44
	<i>0.41</i>	<i>1.25</i>	<i>0.62</i>	<i>0.55</i>	<i>0.85</i>	<i>1.50</i>	<i>0.95</i>	<i>0.92</i>	<i>1.78</i>	<i>0.57</i>	<i>1.83</i>	<i>0.86</i>	<i>0.75</i>	<i>0.91</i>	<i>0.57</i>
Yes, ADL/IADL present	35.55	55.33	21.38	35.64	64.18	50.02	14.35	29.24	50.77	27.76	61.05	27.36	40.38	69.92	41.69
	<i>0.57</i>	<i>1.66</i>	<i>0.66</i>	<i>0.95</i>	<i>1.15</i>	<i>2.01</i>	<i>0.68</i>	<i>1.31</i>	<i>2.01</i>	<i>0.76</i>	<i>2.49</i>	<i>1.03</i>	<i>1.23</i>	<i>1.37</i>	<i>0.70</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.
- 2 IADL stands for Instrumental Activity of Daily Living.
- 3 ADL stands for Activity of Daily Living.

**Table 2.2 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Age and by Gender and Age, 2004**

All Medicare Beneficiaries

1 of 2

Self-Reported Health Condition <sup>1</sup>	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	42,869	6,516	18,787	12,780	4,785	3,382	8,648	5,431	1,440	18,901	3,134	10,139	7,350	3,345	23,968
	119	100	133	122	79	80	137	86	44	141	79	129	117	68	156
<b>Beneficiaries as a Percentage of Column Total</b>															
<b>Chronic Conditions</b>															
None	6.10	3.62	9.02	4.22	3.02	4.98	11.92	5.13	4.73*	8.18	2.15*	6.55	3.55	2.28*	4.46
	0.28	0.50	0.50	0.35	0.41	0.87	0.89	0.63	0.80	0.53	0.44	0.69	0.38	0.45	0.33
One to two	35.49	36.28	40.06	31.02	28.40	41.58	45.55	36.13	34.14	41.27	30.57	35.38	27.25	25.93	30.94
	0.52	1.58	0.78	0.79	0.93	1.81	1.30	1.40	1.93	0.88	2.32	1.05	1.03	1.14	0.63
Three or more	58.41	60.10	50.92	64.75	68.58	53.45	42.53	58.74	61.13	50.56	67.28	58.07	69.20	71.79	64.60
	0.53	1.55	0.82	0.86	0.98	1.90	1.11	1.62	2.04	0.87	2.28	1.13	1.11	1.20	0.67
<b>Prevalence of Disease/Condition</b>															
<b>Disease/Condition</b>															
Heart disease	39.98	35.45	34.90	46.06	50.06	34.17	37.55	53.32	56.61	42.91	36.84	32.63	40.71	47.23	37.68
	0.50	1.63	0.82	0.84	1.14	1.97	1.11	1.33	1.89	0.74	2.41	1.14	1.20	1.48	0.72
Hypertension	60.65	52.08	60.00	64.56	64.39	52.74	57.15	61.51	57.39	57.63	51.36	62.44	66.81	67.41	63.02
	0.54	1.66	0.71	0.88	1.16	2.20	1.04	1.33	1.92	0.81	2.16	1.13	1.05	1.29	0.65
Diabetes	21.39	24.27	22.46	20.88	14.58	23.12	21.78	22.47	16.16	21.79	25.51	23.05	19.71	13.89	21.07
	0.42	1.21	0.69	0.70	0.82	1.50	0.92	0.95	1.72	0.55	1.93	0.99	0.91	1.01	0.52
Arthritis	58.20	54.37	55.63	63.25	59.99	48.28	45.55	57.01	54.24	49.99	60.96	64.23	67.87	62.46	64.67
	0.53	1.24	0.90	0.94	1.05	1.81	1.37	1.36	2.29	0.80	1.93	1.22	1.13	1.17	0.73
Osteoporosis/broken hip	21.26	17.07	17.64	25.41	30.07	9.36	4.75	8.55	9.45	7.03	25.38	28.63	37.88	38.95	32.48
	0.31	0.96	0.54	0.68	1.04	0.98	0.49	0.68	1.20	0.35	1.77	0.91	0.96	1.32	0.55
Pulmonary disease	15.76	22.72	14.60	15.42	11.74	19.26	13.79	15.75	14.51	15.39	26.44	15.29	15.18	10.54	16.05
	0.41	1.18	0.60	0.61	0.68	1.66	0.92	0.85	1.44	0.62	1.82	0.84	0.81	0.88	0.49
Stroke	12.15	13.84	9.67	12.93	17.54	12.99	10.35	14.64	17.79	12.62	14.76	9.09	11.66	17.43	11.78
	0.29	1.03	0.43	0.52	0.86	1.32	0.64	0.95	1.54	0.46	1.54	0.56	0.64	0.98	0.37
Alzheimer's disease	5.34	2.36*	1.82	6.92	18.98	3.04*	1.87*	6.10	15.22	4.31	1.64*	1.78*	7.53	20.60	6.15
	0.19	0.53	0.20	0.35	0.89	0.91	0.28	0.54	1.38	0.27	0.51	0.29	0.42	1.08	0.27
Parkinson's disease	1.47	0.76*	1.05	1.91	2.95	1.47*	1.12*	2.03*	3.46*	1.62	0.00	0.99*	1.82*	2.73*	1.35
	0.12	0.39	0.15	0.22	0.34	0.76	0.25	0.30	0.80	0.21	0.00	0.17	0.28	0.40	0.13
Skin cancer	17.10	5.62	15.94	23.53	20.15	5.47*	19.16	30.80	29.10	20.81	5.77*	13.19	18.15	16.30	14.18
	0.36	0.59	0.60	0.66	0.93	0.78	0.86	1.18	2.02	0.58	1.07	0.75	0.82	1.00	0.41
Other type of cancer	17.31	12.11	16.40	21.10	17.81	7.75	16.11	21.96	22.25	16.76	16.83	16.64	20.47	15.89	17.74
	0.38	0.81	0.61	0.76	0.96	1.08	0.98	1.12	1.64	0.60	1.46	0.75	0.91	1.12	0.48

**Table 2.2 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Age and by Gender and Age, 2004**

All Medicare Beneficiaries

2 of 2

Self-Reported Health Condition <sup>1</sup>	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	42,869	6,516	18,787	12,780	4,785	3,382	8,648	5,431	1,440	18,901	3,134	10,139	7,350	3,345	23,968
	<i>119</i>	<i>100</i>	<i>133</i>	<i>122</i>	<i>79</i>	<i>80</i>	<i>137</i>	<i>86</i>	<i>44</i>	<i>141</i>	<i>79</i>	<i>129</i>	<i>117</i>	<i>68</i>	<i>156</i>
<b>Prevalence of Disease/Condition</b>															
<b>Mental Illness/Disorder</b>	21.88	58.69	15.97	14.78	13.94	56.52	11.25	11.19	11.49	19.35	61.04	20.01	17.44	15.00	23.87
	<i>0.45</i>	<i>1.38</i>	<i>0.62</i>	<i>0.61</i>	<i>0.88</i>	<i>2.05</i>	<i>0.73</i>	<i>0.88</i>	<i>1.37</i>	<i>0.59</i>	<i>1.62</i>	<i>0.86</i>	<i>0.93</i>	<i>1.07</i>	<i>0.54</i>
<b>Urinary Incontinence</b>	27.56	24.84	21.52	30.83	46.53	16.30	13.92	21.47	33.80	17.99	33.82	27.99	37.69	51.90	35.04
	<i>0.53</i>	<i>1.14</i>	<i>0.62</i>	<i>0.97</i>	<i>1.24</i>	<i>1.51</i>	<i>0.72</i>	<i>1.14</i>	<i>2.37</i>	<i>0.65</i>	<i>1.91</i>	<i>0.96</i>	<i>1.31</i>	<i>1.31</i>	<i>0.69</i>
<b>Smokers</b>															
Never smoked	41.04	35.66	37.71	42.46	58.46	28.30	21.83	20.90	30.16	23.34	43.58	51.25	58.38	70.73	55.04
	<i>0.51</i>	<i>1.35</i>	<i>0.71</i>	<i>0.81</i>	<i>1.28</i>	<i>1.75</i>	<i>1.17</i>	<i>1.12</i>	<i>2.01</i>	<i>0.75</i>	<i>2.00</i>	<i>1.13</i>	<i>1.02</i>	<i>1.44</i>	<i>0.71</i>
Former smoker	44.74	30.79	47.08	50.82	38.14	34.34	59.19	71.01	64.01	58.47	26.98	36.76	35.91	26.93	33.89
	<i>0.51</i>	<i>1.31</i>	<i>0.70</i>	<i>0.89</i>	<i>1.31</i>	<i>1.91</i>	<i>1.27</i>	<i>1.15</i>	<i>2.43</i>	<i>0.80</i>	<i>1.91</i>	<i>1.12</i>	<i>1.17</i>	<i>1.36</i>	<i>0.74</i>
Current smoker	14.22	33.54	15.20	6.72	3.40	37.36	18.98	8.09	5.83*	18.19	29.44	11.99	5.71	2.34*	11.07
	<i>0.31</i>	<i>1.30</i>	<i>0.59</i>	<i>0.43</i>	<i>0.40</i>	<i>1.88</i>	<i>0.94</i>	<i>0.61</i>	<i>1.10</i>	<i>0.56</i>	<i>1.81</i>	<i>0.78</i>	<i>0.56</i>	<i>0.35</i>	<i>0.41</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.



**Table 2.3 Perceived Health and Functioning of Medicare Beneficiaries, by Race/Ethnicity and Age, 2004**

All Medicare Beneficiaries

1 of 2

Measure of Perceived Health or Functioning <sup>1</sup>	Total <sup>2</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	42,869	4,244	14,585	10,551	3,991	33,370	1,199	1,638	871	354	4,062	647	1,448	846	278	3,218
	119	120	161	141	75	251	55	61	40	30	93	50	103	68	29	192
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Health Status</b>																
Excellent	14.80	4.48	19.65	16.27	12.58	15.82	3.22*	11.22*	11.20*	9.19*	8.68	3.67*	17.09*	11.05*	10.42*	12.23
	0.43	0.59	0.91	0.61	0.85	0.49	1.01	1.72	2.04	2.65	0.94	1.44	2.36	2.44	3.18	1.43
Very good	24.97	10.62	31.22	28.63	23.55	26.88	5.87*	19.51	20.01	20.92*	15.71	9.23*	20.84	20.53*	18.15*	18.19
	0.47	1.05	0.91	0.80	0.89	0.56	1.01	2.25	2.79	3.85	1.17	2.18	2.60	2.81	3.44	1.50
Good	31.36	25.76	31.51	32.29	31.17	30.99	27.88	36.63	34.05	30.27*	32.94	24.93	38.47	34.51	30.10*	33.98
	0.51	1.39	1.07	0.83	1.37	0.59	2.74	2.77	2.95	3.94	1.44	3.67	2.81	2.66	5.00	1.73
Fair	19.54	32.11	12.18	16.67	24.55	17.60	37.74	24.93	27.27	31.01*	29.74	40.29	18.25	26.09	31.83*	25.91
	0.39	1.65	0.64	0.57	1.01	0.40	3.33	2.96	3.60	3.43	1.68	3.56	2.19	2.21	4.22	1.31
Poor	9.34	27.03	5.45	6.14	8.14	8.73	25.29	7.71*	7.47*	8.60*	12.93	21.88*	5.35*	7.82*	9.49*	9.68
	0.34	1.91	0.44	0.47	0.72	0.36	2.96	1.45	1.99	2.89	1.35	3.41	1.27	1.77	2.67	1.04
<b>Functional Limitation</b>																
None	55.46	29.95	73.48	55.95	28.43	57.03	32.46	62.00	51.29	29.09*	48.13	24.81	65.17	53.29	15.08*	49.64
	0.59	1.89	0.84	1.08	1.12	0.67	3.09	2.64	3.41	3.98	2.01	3.59	2.58	2.77	3.47	1.64
IADL only <sup>3</sup>	21.37	34.60	15.24	21.67	24.43	20.83	37.71	17.07	17.86*	24.33*	23.95	38.70	18.89	21.31	24.50*	23.98
	0.44	1.80	0.68	0.82	1.11	0.51	3.20	1.80	2.19	3.85	1.35	5.34	2.03	2.19	3.72	1.54
One to two ADLs <sup>4</sup>	13.50	21.46	8.09	13.96	19.99	13.06	20.93	13.12	13.84*	15.72*	15.80	20.68*	10.52*	12.16*	25.16*	14.25
	0.36	1.42	0.49	0.69	1.17	0.43	2.29	1.82	2.30	3.51	1.16	3.05	1.56	2.23	4.14	1.15
Three to five ADLs	9.68	13.99	3.19	8.43	27.15	9.08	8.90*	7.82*	17.01*	30.86*	12.12	15.81*	5.41*	13.25*	35.27*	12.13
	0.31	1.04	0.32	0.56	1.26	0.32	1.71	1.32	2.30	4.24	0.99	4.22	1.22	2.58	4.24	1.14
<b>Upper Extremity Limitation</b>																
No	58.20	42.17	69.05	58.54	41.35	59.01	44.27	57.83	53.46	35.03*	50.92	46.41	69.34	55.80	44.41*	59.06
	0.66	2.00	1.06	1.07	1.19	0.76	2.99	2.67	3.66	4.93	1.99	3.91	2.36	3.16	4.79	1.70
Yes, no ADL/IADL present	13.36	10.69	15.18	15.08	9.94	13.95	9.44*	16.34	12.77*	11.21*	13.09	4.60*	10.24*	12.15*	1.87*	8.90
	0.47	1.35	0.79	0.70	0.85	0.52	2.23	2.03	2.28	2.93	1.29	1.62	1.53	1.95	1.72	1.05
Yes, ADL/IADL present	28.44	47.13	15.77	26.38	48.71	27.04	46.28	25.83	33.77	53.76	35.99	48.99	20.42	32.04	53.72	32.04
	0.59	2.00	0.79	0.89	1.25	0.65	3.10	2.27	3.03	4.40	1.74	4.25	2.27	2.73	4.90	1.64

**Table 2.3 Perceived Health and Functioning of Medicare Beneficiaries, by Race/Ethnicity and Age, 2004**

All Medicare Beneficiaries

2 of 2

Measure of Perceived Health or Functioning <sup>1</sup>	Total <sup>2</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	42,869	4,244	14,585	10,551	3,991	33,370	1,199	1,638	871	354	4,062	647	1,448	846	278	3,218
	<i>119</i>	<i>120</i>	<i>161</i>	<i>141</i>	<i>75</i>	<i>251</i>	<i>55</i>	<i>61</i>	<i>40</i>	<i>30</i>	<i>93</i>	<i>50</i>	<i>103</i>	<i>68</i>	<i>29</i>	<i>192</i>
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Mobility Limitation</b>																
No	49.60	32.16	64.82	49.43	23.31	50.86	30.83	48.57	38.28	18.99*	38.56	34.64	66.89	47.76	19.02*	51.27
	<i>0.56</i>	<i>1.75</i>	<i>0.99</i>	<i>0.99</i>	<i>0.98</i>	<i>0.65</i>	<i>2.82</i>	<i>2.89</i>	<i>3.31</i>	<i>3.30</i>	<i>1.56</i>	<i>5.30</i>	<i>2.25</i>	<i>2.92</i>	<i>3.81</i>	<i>1.86</i>
Yes, no ADL/IADL present	14.85	13.20	15.39	15.96	13.81	15.11	15.14	19.65	19.00*	15.87*	17.85	7.01*	9.35*	15.41*	5.30*	10.12
	<i>0.41</i>	<i>1.61</i>	<i>0.65</i>	<i>0.61</i>	<i>0.82</i>	<i>0.43</i>	<i>2.45</i>	<i>2.46</i>	<i>2.20</i>	<i>3.18</i>	<i>1.36</i>	<i>1.99</i>	<i>1.86</i>	<i>2.22</i>	<i>2.34</i>	<i>1.13</i>
Yes, ADL/IADL present	35.55	54.63	19.78	34.61	62.88	34.03	54.03	31.78	42.72	65.14	43.59	58.35	23.76	36.83	75.68	38.60
	<i>0.57</i>	<i>2.10</i>	<i>0.73</i>	<i>1.00</i>	<i>1.11</i>	<i>0.63</i>	<i>3.43</i>	<i>2.57</i>	<i>3.30</i>	<i>3.66</i>	<i>1.93</i>	<i>5.55</i>	<i>2.27</i>	<i>2.96</i>	<i>4.48</i>	<i>1.70</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.
- Total includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.
- IADL stands for Instrumental Activity of Daily Living.
- ADL stands for Activity of Daily Living.

**Table 2.4 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Race/Ethnicity and Age, 2004**

All Medicare Beneficiaries

1 of 2

Self-Reported Health Condition <sup>1</sup>	Total <sup>2</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	42,869	4,244	14,585	10,551	3,991	33,370	1,199	1,638	871	354	4,062	647	1,448	846	278	3,218
	119	120	161	141	75	251	55	61	40	30	93	50	103	68	29	192
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Chronic Conditions</b>																
None	6.10	4.04	9.25	4.13	3.21	6.25	2.41*	3.58*	4.16*	0.62*	3.10*	3.20*	13.31*	5.93*	3.84*	8.52
	0.28	0.64	0.62	0.37	0.45	0.34	0.73	1.07	1.39	0.63	0.57	1.18	2.46	1.89	1.58	1.27
One to two	35.49	36.79	40.04	30.77	28.51	35.32	37.98	41.95	31.93	27.27*	37.35	37.81	37.28	31.01	21.54*	34.38
	0.52	2.01	0.90	0.88	1.07	0.57	3.06	2.67	2.78	3.61	1.54	4.26	2.79	2.50	4.20	1.85
Three or more	58.41	59.17	50.71	65.10	68.28	58.43	59.61	54.47	63.91	72.12	59.55	58.99	49.42	63.06	74.62	57.10
	0.53	1.92	0.96	0.94	1.10	0.59	3.13	2.92	2.98	3.79	1.65	4.23	2.39	3.12	4.21	1.96
<b>Prevalence of Disease/Condition</b>																
<b>Disease/Condition</b>																
Heart disease	39.98	35.42	36.07	47.83	51.11	41.48	35.76	35.59	35.05	41.01	35.99	31.31	26.10	38.93	49.05	32.50
	0.50	2.06	0.98	0.93	1.25	0.56	3.32	2.64	3.02	3.90	1.52	4.28	2.31	3.07	4.81	1.74
Hypertension	60.65	48.19	58.01	62.85	63.15	58.91	63.28	75.04	76.23	78.19	72.10	51.25	57.05	68.77	63.24	59.50
	0.54	2.20	0.81	0.96	1.24	0.64	2.99	2.64	2.97	3.60	1.62	3.97	2.57	3.63	4.23	1.82
Diabetes	21.39	23.02	20.03	19.39	13.85	19.47	26.28	32.89	32.69	20.35*	29.80	26.47*	33.80	25.79	18.86*	28.93
	0.42	1.46	0.73	0.76	0.85	0.44	2.20	2.61	2.97	3.57	1.57	3.64	3.23	2.87	3.57	1.53
Arthritis	58.20	54.59	56.05	63.41	59.11	58.56	54.14	58.63	66.13	69.44	59.86	51.90	50.09	62.71	61.82	54.79
	0.53	1.62	1.01	1.02	1.16	0.62	3.04	2.60	3.23	4.11	1.60	3.89	2.64	3.34	5.23	2.12
Osteoporosis/broken hip	21.26	18.18	18.35	26.46	31.45	22.46	12.79*	8.65*	13.06*	12.41*	11.15	15.80*	19.20	24.86	36.44*	21.50
	0.31	1.21	0.64	0.73	1.11	0.36	2.15	1.56	2.45	3.11	0.98	2.98	2.35	3.24	5.12	1.70
Pulmonary disease	15.76	25.40	14.88	15.71	11.80	16.11	16.15	14.60	10.01*	9.79*	13.65	17.17*	11.61*	14.13*	14.13*	13.61
	0.41	1.44	0.68	0.69	0.79	0.47	2.15	1.62	1.98	2.14	1.10	3.54	1.71	1.96	2.78	1.41
Stroke	12.15	12.84	9.03	12.53	17.90	11.68	15.13*	13.45	16.19*	17.70*	14.90	12.32*	8.65*	14.09*	13.55*	11.24
	0.29	1.18	0.43	0.56	0.96	0.30	2.22	2.05	2.28	2.86	1.19	2.71	1.47	2.19	3.35	1.22
Alzheimer's disease	5.34	2.37*	1.77	6.66	19.02	5.46	1.11*	2.94*	9.99*	19.96*	5.40	1.34*	1.12*	5.41*	17.70*	3.71*
	0.19	0.68	0.23	0.39	1.00	0.23	0.76	0.77	1.76	2.79	0.59	0.96	0.40	1.31	3.81	0.76
Parkinson's disease	1.47	0.98*	1.06*	2.07	2.92*	1.59	0.40*	0.95*	1.05*	3.72*	1.05*	0.54*	1.08*	1.59*	3.40*	1.30*
	0.12	0.58	0.17	0.23	0.39	0.14	0.40	0.51	0.62	1.59	0.30	0.73	0.39	0.87	1.63	0.39
Skin cancer	17.10	7.57	19.51	27.11	22.89	20.80	0.70*	0.42*	1.65*	0.64*	0.79*	2.32*	4.14*	8.60*	12.28*	5.65
	0.36	0.82	0.72	0.82	1.07	0.43	0.50	0.23	0.79	0.68	0.24	1.12	1.54	1.61	3.47	1.02
Other type of cancer	17.31	12.05	16.74	22.24	18.27	18.07	10.92*	19.52	17.49*	12.38*	15.92	14.00*	11.38*	12.98*	17.36*	12.84
	0.38	1.07	0.65	0.79	0.99	0.41	2.13	2.48	2.33	3.04	1.23	3.66	2.25	2.07	4.09	1.29

**Table 2.4 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Race/Ethnicity and Age, 2004**

All Medicare Beneficiaries

2 of 2

Self-Reported Health Condition <sup>1</sup>	Total <sup>2</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	42,869	4,244	14,585	10,551	3,991	33,370	1,199	1,638	871	354	4,062	647	1,448	846	278	3,218
	<i>119</i>	<i>120</i>	<i>161</i>	<i>141</i>	<i>75</i>	<i>251</i>	<i>55</i>	<i>61</i>	<i>40</i>	<i>30</i>	<i>93</i>	<i>50</i>	<i>103</i>	<i>68</i>	<i>29</i>	<i>192</i>
<b>Prevalence of Disease/Condition</b>																
<b>Mental Illness/Disorder</b>	21.88	60.50	15.94	14.89	13.00	20.91	49.43	10.65*	11.84*	14.10*	22.65	60.73	20.35	17.60*	33.11*	28.84
	<i>0.45</i>	<i>1.64</i>	<i>0.66</i>	<i>0.71</i>	<i>0.92</i>	<i>0.48</i>	<i>2.90</i>	<i>1.79</i>	<i>1.77</i>	<i>3.22</i>	<i>1.39</i>	<i>4.35</i>	<i>2.51</i>	<i>2.02</i>	<i>5.13</i>	<i>1.58</i>
<b>Urinary Incontinence</b>	27.56	25.09	22.31	31.71	46.61	28.51	25.86	19.82	30.65	42.81	25.94	16.63*	16.33	24.09	48.72	21.24
	<i>0.53</i>	<i>1.50</i>	<i>0.73</i>	<i>1.08</i>	<i>1.44</i>	<i>0.58</i>	<i>3.04</i>	<i>2.47</i>	<i>2.72</i>	<i>4.65</i>	<i>1.74</i>	<i>3.68</i>	<i>1.98</i>	<i>3.08</i>	<i>4.18</i>	<i>1.67</i>
<b>Smokers</b>																
Never smoked	41.04	33.12	35.97	40.28	58.48	39.55	38.11	34.88	48.33	56.40	40.53	50.02	48.11	54.09	57.51	50.86
	<i>0.51</i>	<i>1.62</i>	<i>0.83</i>	<i>0.83</i>	<i>1.46</i>	<i>0.54</i>	<i>2.74</i>	<i>2.79</i>	<i>3.25</i>	<i>4.06</i>	<i>1.75</i>	<i>4.77</i>	<i>2.70</i>	<i>3.48</i>	<i>4.55</i>	<i>1.69</i>
Former smoker	44.74	31.13	48.56	52.88	38.13	46.49	31.20	47.83	45.33	40.77	41.79	29.96	38.26	40.14	39.77*	37.20
	<i>0.51</i>	<i>1.87</i>	<i>0.84</i>	<i>0.95</i>	<i>1.46</i>	<i>0.59</i>	<i>2.70</i>	<i>3.02</i>	<i>3.33</i>	<i>4.01</i>	<i>1.80</i>	<i>3.89</i>	<i>2.02</i>	<i>3.42</i>	<i>4.48</i>	<i>1.62</i>
Current smoker	14.22	35.74	15.47	6.84	3.39*	13.97	30.68	17.29	6.34*	2.83*	17.68	20.02*	13.62*	5.76*	2.72*	11.94
	<i>0.31</i>	<i>1.55</i>	<i>0.61</i>	<i>0.51</i>	<i>0.42</i>	<i>0.33</i>	<i>2.84</i>	<i>2.24</i>	<i>1.66</i>	<i>1.62</i>	<i>1.35</i>	<i>4.04</i>	<i>2.30</i>	<i>1.24</i>	<i>1.57</i>	<i>1.56</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 Beneficiaries who were administered a community interview answered questions about diseases or health conditions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's diseases or health conditions for long-term care facility interviews.

2 Total includes persons of other race/ethnicity and persons who did not report their race/ethnicity.

**Table 2.5a Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004**Community Residents<sup>1</sup>

1 of 2

Measure of Perceived Health or Functioning	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,991	1,609	4,373	4,493	1,899	12,373	2,343	11,585	5,849	950	20,726	2,213	2,588	1,904	1,082	7,787
	127	108	152	108	68	243	131	202	109	51	254	99	108	72	52	186
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Health Status</b>																
Excellent	15.31	4.28*	19.29	17.73	14.86	16.10	2.87*	20.92	16.49	11.86*	17.22	4.88	9.06	11.39	14.50	9.19
	0.44	1.10	1.52	1.10	1.18	0.68	0.88	0.99	0.94	1.78	0.65	0.87	1.24	1.56	1.86	0.68
Very good	25.70	9.27*	26.90	27.49	29.79	25.28	7.37*	31.13	30.38	26.32	28.01	11.02	26.59	22.79	19.72	20.27
	0.48	1.73	1.43	1.12	1.40	0.79	1.18	1.02	1.04	2.37	0.71	1.35	2.10	1.82	2.18	1.02
Good	31.55	25.63	33.21	33.27	33.95	32.37	24.14	31.33	31.89	28.88	30.57	26.73	39.18	33.20	31.27	33.08
	0.52	2.51	1.70	1.26	1.69	0.83	2.21	1.14	1.03	2.47	0.76	1.84	2.06	2.19	2.44	1.10
Fair	18.67	31.81	15.39	17.08	18.49	18.60	38.10	11.66	15.67	23.81	16.33	33.31	18.12	23.13	25.65	24.72
	0.41	2.74	1.28	1.05	1.56	0.77	2.57	0.75	0.90	2.25	0.59	2.20	1.50	1.85	2.16	0.91
Poor	8.77	29.01	5.21	4.43	2.91*	7.65	27.52	4.96	5.56	9.13*	7.87	24.06	7.04*	9.50	8.86*	12.74
	0.35	3.46	0.85	0.58	0.64	0.65	2.69	0.46	0.68	1.65	0.48	1.93	1.16	1.45	1.42	0.86
<b>Functional Limitation</b>																
None	57.84	33.60	70.48	56.99	36.44	55.58	29.33	75.37	62.48	40.91	64.96	30.82	61.98	43.49	20.51	42.84
	0.62	3.04	1.61	1.17	1.91	0.89	2.36	1.00	1.40	2.47	0.94	2.08	2.09	2.47	2.00	1.13
IADL only <sup>2</sup>	22.01	37.12	16.31	23.13	31.50	23.81	33.90	14.43	20.83	23.80	18.86	38.15	20.86	23.79	26.97	27.34
	0.46	3.12	1.26	1.08	1.63	0.67	2.38	0.72	1.16	2.57	0.60	1.78	1.65	1.68	2.25	0.86
One to two ADLs <sup>3</sup>	13.20	19.43	9.84	14.99	20.16	14.54	22.80	7.63	11.17	21.09	10.96	20.84	11.53	17.95	21.32	17.10
	0.36	2.38	1.06	0.88	1.76	0.67	1.85	0.57	0.84	2.05	0.54	2.06	1.50	1.65	1.96	0.81
Three to five ADLs	6.95	9.85*	3.36*	4.89	11.90	6.07	13.98	2.57	5.52	14.20	5.22	10.19	5.62*	14.77	31.20	12.71
	0.31	1.91	0.60	0.65	1.23	0.48	1.88	0.33	0.58	2.01	0.34	1.25	1.00	1.66	2.09	0.75
<b>Long-Term Functional Limitation<sup>4</sup></b>																
None	66.63	56.06	81.34	69.26	48.95	68.79	38.00	81.40	69.70	51.15	71.83	38.20	69.32	49.81	23.86	49.53
	0.51	3.11	1.43	1.08	1.95	0.83	2.54	0.89	1.27	2.46	0.89	2.25	1.80	2.50	2.25	1.05
IADL only <sup>2</sup>	25.20	37.92	15.96	26.02	38.72	25.90	42.58	15.21	23.06	30.44	21.20	47.86	23.46	31.74	39.77	34.66
	0.48	3.20	1.32	1.04	1.80	0.84	2.58	0.82	1.19	2.56	0.68	2.17	1.75	1.96	2.61	0.94
One to two ADLs <sup>3</sup>	5.21	3.57*	2.13*	3.89	9.66	4.08	13.41	2.10	4.80	11.06*	4.54	9.32	4.30*	9.99	15.93	8.69
	0.26	1.11	0.50	0.55	1.09	0.35	1.89	0.31	0.65	1.73	0.40	1.50	0.79	1.23	1.69	0.52
Three to five ADLs	2.97	2.45*	0.56*	0.84*	2.67*	1.23*	6.01*	1.30*	2.44*	7.35*	2.42	4.62	2.93*	8.45*	20.44	7.11
	0.19	1.03	0.24	0.23	0.76	0.24	1.22	0.22	0.41	1.45	0.24	0.81	0.74	1.39	1.87	0.54

**Table 2.5a Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004**Community Residents<sup>1</sup>

2 of 2

Measure of Perceived Health or Functioning	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,991	1,609	4,373	4,493	1,899	12,373	2,343	11,585	5,849	950	20,726	2,213	2,588	1,904	1,082	7,787
	<i>127</i>	<i>108</i>	<i>152</i>	<i>108</i>	<i>68</i>	<i>243</i>	<i>131</i>	<i>202</i>	<i>109</i>	<i>51</i>	<i>254</i>	<i>99</i>	<i>108</i>	<i>72</i>	<i>52</i>	<i>186</i>
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Upper Extremity Limitation</b>																
No	59.54	40.53	66.38	58.85	50.19	57.82	36.91	71.07	62.55	49.68	63.83	49.55	60.83	50.33	31.24	50.94
	<i>0.67</i>	<i>3.20</i>	<i>1.42</i>	<i>1.34</i>	<i>2.01</i>	<i>0.88</i>	<i>2.97</i>	<i>1.05</i>	<i>1.43</i>	<i>2.58</i>	<i>0.92</i>	<i>2.01</i>	<i>2.24</i>	<i>2.34</i>	<i>2.24</i>	<i>1.10</i>
Yes, no ADL/IADL present	13.88	11.97	15.87	15.18	11.64	14.47	11.38	14.71	16.28	13.62*	14.73	7.16	14.37	11.25	8.59*	10.75
	<i>0.49</i>	<i>1.98</i>	<i>1.53</i>	<i>0.99</i>	<i>1.43</i>	<i>0.78</i>	<i>1.65</i>	<i>0.81</i>	<i>1.05</i>	<i>1.86</i>	<i>0.60</i>	<i>1.51</i>	<i>1.40</i>	<i>1.29</i>	<i>1.13</i>	<i>0.80</i>
Yes, ADL/IADL present	26.58	47.50	17.75	25.96	38.17	27.71	51.71	14.22	21.17	36.70	21.44	43.29	24.80	38.43	60.17	38.31
	<i>0.60</i>	<i>3.26</i>	<i>1.27</i>	<i>1.17</i>	<i>2.03</i>	<i>0.81</i>	<i>3.02</i>	<i>0.84</i>	<i>1.07</i>	<i>2.61</i>	<i>0.86</i>	<i>2.12</i>	<i>1.83</i>	<i>2.22</i>	<i>2.33</i>	<i>1.09</i>
<b>Mobility Limitation</b>																
No	51.27	34.30	59.30	48.95	29.84	47.80	22.51	68.84	56.18	30.01	58.26	37.43	51.42	34.63	16.38	38.49
	<i>0.58</i>	<i>2.79</i>	<i>1.75</i>	<i>1.29</i>	<i>1.40</i>	<i>0.93</i>	<i>2.22</i>	<i>0.96</i>	<i>1.22</i>	<i>2.57</i>	<i>0.85</i>	<i>2.43</i>	<i>2.15</i>	<i>2.06</i>	<i>1.98</i>	<i>1.03</i>
Yes, no ADL/IADL present	15.43	14.26	17.45	17.32	16.63	16.86	15.30	13.69	15.99	20.06	14.82	11.43	17.92	16.22	11.40*	14.75
	<i>0.43</i>	<i>2.19</i>	<i>1.24</i>	<i>0.81</i>	<i>1.48</i>	<i>0.72</i>	<i>2.28</i>	<i>0.76</i>	<i>0.90</i>	<i>2.26</i>	<i>0.56</i>	<i>1.55</i>	<i>1.58</i>	<i>1.66</i>	<i>1.48</i>	<i>0.87</i>
Yes, ADL/IADL present	33.31	51.44	23.24	33.74	53.53	35.34	62.19	17.46	27.82	49.93	26.93	51.14	30.66	49.14	72.22	46.76
	<i>0.58</i>	<i>3.34</i>	<i>1.48</i>	<i>1.23</i>	<i>1.80</i>	<i>0.85</i>	<i>2.56</i>	<i>0.80</i>	<i>1.27</i>	<i>2.58</i>	<i>0.86</i>	<i>2.48</i>	<i>1.87</i>	<i>2.41</i>	<i>2.36</i>	<i>1.06</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 Long-term functional limitation is defined as a functional limitation that lasts 90 days or longer.

**Table 2.5b Perceived Health and Functioning of Institutionalized Medicare Beneficiaries, by Age, 2004**Long-Term Care Facility-Only Residents<sup>1</sup>

1 of 2

Measure of Perceived Health or Functioning <sup>2</sup>	Age				
	Total	< 65	65 - 74	75 - 84	85 +
<b>Beneficiaries (in 1,000s)</b>	1,878	329	162	535	851
	65	34	27	38	40
<b>Beneficiaries as a Percentage of Column Total</b>					
<b>Health Status</b>					
Excellent	3.32*	6.57*	0.00	1.57*	3.80*
	0.63	1.91	0.00	0.93	1.01
Very good	8.86	11.97*	3.64*	7.21*	9.70*
	1.11	2.37	2.28	1.89	1.73
Good	27.03	28.87	10.91*	29.61	27.73
	1.81	4.76	4.25	3.36	2.71
Fair	38.81	32.25*	45.84*	37.97	40.54
	1.85	5.11	7.43	3.34	2.46
Poor	21.97	20.33*	39.60*	23.65*	18.23
	1.76	4.31	6.18	3.61	1.76
<b>Functional Limitation</b>					
None	3.37*	9.44*	2.76*	2.74*	1.52*
	0.59	2.39	2.42	1.24	0.65
IADL only <sup>3</sup>	7.44	16.02*	4.95*	6.20*	5.36*
	0.85	3.04	2.94	1.64	1.14
One to two ADLs <sup>4</sup>	19.89	26.24*	19.24*	18.47*	18.43
	1.54	4.73	5.91	2.62	1.94
Three to five ADLs	69.30	48.29	73.05*	72.59	74.69
	1.75	5.23	6.38	3.21	2.31
<b>Upper Extremity Limitation</b>					
No	28.41	48.73	11.73*	28.98	23.27
	1.61	5.29	4.35	3.19	2.26
Yes, no ADL/IADL present	1.80*	2.98*	2.85*	2.23*	0.87*
	0.55	1.69	2.49	1.15	0.53
Yes, ADL/IADL present	69.79	48.29	85.42*	68.79	75.87
	1.63	5.31	4.92	3.23	2.36

**Table 2.5b Perceived Health and Functioning of Institutionalized Medicare Beneficiaries, by Age, 2004**Long-Term Care Facility-Only Residents<sup>1</sup>

2 of 2

Measure of Perceived Health or Functioning <sup>2</sup>	Total	Age			
		< 65	65 - 74	75 - 84	85 +
<b>Beneficiaries (in 1,000s)</b>	1,878	329	162	535	851
	<i>65</i>	<i>34</i>	<i>27</i>	<i>38</i>	<i>40</i>
<b>Beneficiaries as a Percentage of Column Total</b>					
<b>Mobility Limitation</b>					
No	13.01	43.88	6.64*	8.13*	5.33*
	<i>1.16</i>	<i>4.99</i>	<i>3.49</i>	<i>1.79</i>	<i>1.11</i>
Yes, no ADL/IADL present	2.17*	3.71*	2.85*	2.74*	1.08*
	<i>0.54</i>	<i>1.80</i>	<i>2.49</i>	<i>1.24</i>	<i>0.57</i>
Yes, ADL/IADL present	84.82	52.41	90.51*	89.13	93.59
	<i>1.20</i>	<i>5.08</i>	<i>4.18</i>	<i>2.02</i>	<i>1.27</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *long-term care facility-only residents* includes beneficiaries who resided only in a long-term care facility during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in the community during the year.
- 2 A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.



**Table 2.6a Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004**Community Residents<sup>1</sup>

1 of 2

Self-Reported Health Condition	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,991	1,609	4,373	4,493	1,899	12,373	2,343	11,585	5,849	950	20,726	2,213	2,588	1,904	1,082	7,787
	127	108	152	108	68	243	131	202	109	51	254	99	108	72	52	186
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Chronic Conditions</b>																
None	6.27	2.44*	8.25	4.13	3.59*	5.28	4.31*	9.80	4.60	4.34*	7.46	3.57*	7.01*	4.17*	1.37*	4.56
	0.28	0.57	1.15	0.58	0.78	0.46	1.05	0.71	0.56	1.12	0.48	0.69	1.31	0.80	0.66	0.51
One to two	35.24	33.42	35.85	29.02	28.52	31.93	27.30	42.84	33.80	29.65	37.92	42.28	34.48	27.40	22.48	33.30
	0.53	3.27	1.63	1.32	1.61	0.71	2.28	1.07	1.35	2.08	0.84	2.53	2.24	1.88	2.05	1.17
Three or more	58.49	64.14	55.90	66.85	67.89	62.79	68.39	47.36	61.60	66.00	54.61	54.15	58.51	68.44	76.15	62.15
	0.54	3.24	1.58	1.32	1.67	0.77	2.48	1.09	1.36	2.37	0.86	2.56	2.38	2.04	2.21	1.18
<b>Prevalence of Disease/Condition</b>																
<b>Disease/Condition</b>																
Heart disease	40.41	34.83	34.27	43.08	48.60	39.73	42.04	35.44	49.64	56.77	41.16	32.87	34.11	45.63	56.36	39.64
	0.51	3.23	1.76	1.43	1.88	1.14	3.17	1.19	1.14	2.39	0.80	2.13	1.95	1.93	2.52	1.07
Hypertension	61.52	53.58	60.36	67.89	68.56	63.47	57.80	58.01	62.73	66.46	59.70	49.22	69.59	67.84	69.56	63.37
	0.56	2.99	1.77	1.19	1.85	0.86	2.85	0.95	1.17	2.68	0.80	2.35	2.06	2.11	2.33	1.11
Diabetes	21.39	25.35	20.38	20.25	11.85	19.67	25.48	21.72	20.63	15.51	21.55	23.39	29.19	22.36	13.98	23.76
	0.44	2.84	1.11	1.06	1.30	0.64	2.32	0.90	0.95	1.85	0.66	1.82	2.09	1.80	1.75	1.08
Arthritis	59.87	63.57	61.00	67.38	69.37	64.93	62.44	53.34	61.94	59.92	57.09	47.29	59.87	67.42	69.92	59.54
	0.55	2.94	1.81	1.39	1.79	0.95	2.44	1.17	1.25	2.80	0.78	2.25	2.25	2.32	2.36	1.08
Osteoporosis/broken hip	21.47	19.32	23.31	31.94	34.64	27.66	20.25	15.35	20.81	17.93	17.56	14.44	19.07	26.63	37.20	22.12
	0.33	2.51	1.27	1.23	1.83	0.78	2.03	0.66	1.06	2.17	0.51	1.50	1.69	1.96	2.78	0.96
Pulmonary disease	15.93	24.67	18.10	14.66	9.79	16.43	25.68	12.56	14.89	13.26*	14.73	21.04	17.54	18.47	13.67	18.22
	0.42	2.53	1.21	0.89	1.09	0.67	2.37	0.69	0.87	2.05	0.62	1.67	1.83	1.77	1.56	0.88
Stroke	11.92	15.82	10.63	11.05	13.86	11.95	14.61	8.52	12.95	19.80	10.97	12.57	11.51	16.17	21.38	14.33
	0.29	2.32	0.94	0.81	1.37	0.54	1.71	0.54	0.86	1.81	0.41	1.39	1.18	1.39	2.08	0.66
Alzheimer's disease	3.70	1.13*	1.34*	2.83*	5.84*	2.55	1.89*	1.70*	4.63	12.97*	3.06	2.97*	1.70*	11.01	22.31	7.19
	0.20	0.65	0.39	0.48	0.94	0.30	0.73	0.25	0.51	1.81	0.26	1.19	0.52	1.23	2.13	0.57
Parkinson's disease	1.34	0.56*	0.44*	1.27*	1.02*	0.85*	0.66*	1.04*	1.73*	3.12*	1.29	1.04*	1.67*	2.49*	5.21*	2.18*
	0.12	0.40	0.18	0.28	0.38	0.14	0.36	0.20	0.29	0.91	0.17	1.06	0.45	0.64	1.12	0.38
Skin cancer	17.87	8.29*	14.25	22.34	24.36	17.97	7.43*	18.07	29.08	32.14	20.62	2.34*	10.05	15.52	18.18	10.32
	0.37	1.86	1.11	1.10	1.42	0.58	1.24	0.78	1.14	2.64	0.60	0.59	1.26	1.47	1.94	0.64
Other type of cancer	17.87	14.53	15.87	20.88	20.48	18.22	13.78	17.24	22.97	23.51	18.75	10.08	13.43	20.29	17.99	14.78
	0.40	1.96	1.23	1.10	1.56	0.76	1.59	0.79	1.18	2.38	0.60	1.40	1.55	1.61	2.00	0.82

**Table 2.6a Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004**Community Residents<sup>1</sup>

2 of 2

Self-Reported Health Condition	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,991	1,609	4,373	4,493	1,899	12,373	2,343	11,585	5,849	950	20,726	2,213	2,588	1,904	1,082	7,787
	<i>127</i>	<i>108</i>	<i>152</i>	<i>108</i>	<i>68</i>	<i>243</i>	<i>131</i>	<i>202</i>	<i>109</i>	<i>51</i>	<i>254</i>	<i>99</i>	<i>108</i>	<i>72</i>	<i>52</i>	<i>186</i>
<b>Prevalence of Disease/Condition</b>																
<b>Mental Illness/Disorder</b>	21.63	59.91	22.17	15.57	14.00	23.40	50.47	12.93	11.67	10.39*	16.70	64.61	17.45	19.60	20.19	31.76
	<i>0.46</i>	<i>2.84</i>	<i>1.26</i>	<i>1.09</i>	<i>1.29</i>	<i>0.79</i>	<i>2.45</i>	<i>0.73</i>	<i>0.90</i>	<i>1.69</i>	<i>0.61</i>	<i>2.29</i>	<i>1.92</i>	<i>1.78</i>	<i>2.00</i>	<i>1.18</i>
<b>Urinary Incontinence</b>	25.86	25.10	22.50	31.90	38.94	28.76	23.07	19.86	25.71	34.61	22.53	23.32	25.13	34.28	48.81	30.12
	<i>0.56</i>	<i>2.74</i>	<i>1.45</i>	<i>1.37</i>	<i>2.03</i>	<i>0.85</i>	<i>2.22</i>	<i>0.85</i>	<i>1.31</i>	<i>2.62</i>	<i>0.81</i>	<i>2.15</i>	<i>2.01</i>	<i>2.13</i>	<i>2.47</i>	<i>1.10</i>
<b>Smokers</b>																
Never smoked	39.73	28.82	37.33	46.49	56.92	42.53	34.02	37.62	35.94	40.88	36.89	37.82	38.07	47.11	58.58	43.02
	<i>0.52</i>	<i>2.76</i>	<i>1.79</i>	<i>1.47</i>	<i>2.18</i>	<i>1.03</i>	<i>2.16</i>	<i>0.97</i>	<i>1.19</i>	<i>2.55</i>	<i>0.68</i>	<i>2.35</i>	<i>2.29</i>	<i>2.23</i>	<i>2.61</i>	<i>1.14</i>
Former smoker	45.78	35.57	42.51	45.24	39.96	42.21	36.28	50.12	59.15	56.29	51.38	24.07	41.86	44.22	35.81	36.52
	<i>0.51</i>	<i>3.05</i>	<i>1.64</i>	<i>1.63</i>	<i>2.11</i>	<i>0.99</i>	<i>2.18</i>	<i>1.03</i>	<i>1.21</i>	<i>2.52</i>	<i>0.70</i>	<i>2.14</i>	<i>2.28</i>	<i>2.41</i>	<i>2.56</i>	<i>1.23</i>
Current smoker	14.49	35.61	20.16	8.27	3.13*	15.26	29.71	12.26	4.91	2.82*	11.73	38.12	20.07	8.67*	5.61*	20.46
	<i>0.32</i>	<i>2.57</i>	<i>1.21</i>	<i>0.80</i>	<i>0.57</i>	<i>0.62</i>	<i>2.45</i>	<i>0.74</i>	<i>0.53</i>	<i>0.81</i>	<i>0.52</i>	<i>2.37</i>	<i>1.88</i>	<i>1.38</i>	<i>1.18</i>	<i>1.13</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

**Table 2.6b Reported Health Conditions and Risk Factors of Institutionalized Medicare Beneficiaries, by Age, 2004**Long-Term Care Facility-Only Residents<sup>1</sup>

1 of 2

Reported Health Condition <sup>2</sup>	Total	Age			
		< 65	65 - 74	75 - 84	85 +
<b>Beneficiaries (in 1,000s)</b>	1,878	329	162	535	851
	65	34	27	38	40
<b>Beneficiaries as a Percentage of Column Total</b>					
<b>Chronic Conditions</b>					
None	2.47*	3.28*	6.11*	1.03*	2.36*
	0.77	1.83	4.67	0.75	0.79
One to two	40.87	76.35	37.34*	30.44	34.38
	1.81	4.51	6.61	3.12	2.32
Three or more	56.66	20.36*	56.55*	68.52	63.25
	1.66	4.24	8.18	3.00	2.23
<b>Prevalence of Disease/Condition</b>					
<b>Disease/Condition</b>					
Heart disease	30.24	8.31*	29.72*	32.61	37.50
	1.64	2.69	6.96	3.68	2.12
Hypertension	41.63	23.81*	42.61*	44.89	46.29
	2.05	5.12	8.06	3.68	2.45
Diabetes	21.35	15.81*	32.24*	23.63*	19.98
	1.37	3.97	7.10	2.69	1.93
Arthritis	21.67	2.64*	12.16*	28.11	26.80
	1.67	1.27	4.77	3.10	2.36
Osteoporosis/broken hip	16.61	2.26*	4.31*	16.59*	24.51
	1.24	1.07	2.34	2.56	2.04
Pulmonary disease	12.13	4.21*	13.39*	16.88*	11.96*
	0.99	1.85	4.07	2.50	1.39
Stroke	17.14	8.16*	30.27*	16.95*	18.24
	1.56	2.82	7.70	2.81	2.12
Alzheimer's disease	41.03	7.93*	22.76*	51.70	50.61
	1.69	3.30	5.64	3.80	2.67
Parkinson's disease	4.44*	0.73*	4.39*	7.13*	4.20*
	0.65	0.74	2.71	1.69	0.93
Skin cancer	0.34*	0.00	0.00	1.19*	0.00
	0.26	0.00	0.00	0.94	0.00
Other type of cancer	5.01*	0.84*	10.42*	5.43*	5.33*
	0.75	0.81	4.67	1.77	1.03

**Table 2.6b Reported Health Conditions and Risk Factors of Institutionalized Medicare Beneficiaries, by Age, 2004**Long-Term Care Facility-Only Residents<sup>1</sup>

2 of 2

Reported Health Condition <sup>2</sup>	Total	Age			
		< 65	65 - 74	75 - 84	85 +
<b>Beneficiaries (in 1,000s)</b>	1,878	329	162	535	851
	<i>65</i>	<i>34</i>	<i>27</i>	<i>38</i>	<i>40</i>
<b>Prevalence of Disease/Condition</b>					
<b>Mental Illness/Disorder</b>	27.26	73.33	32.87*	25.20*	9.70*
	<i>1.65</i>	<i>4.68</i>	<i>6.37</i>	<i>3.17</i>	<i>1.43</i>
<b>Urinary Incontinence</b>	64.40	43.20	58.99*	64.87	73.39
	<i>1.97</i>	<i>5.52</i>	<i>6.92</i>	<i>3.60</i>	<i>2.24</i>
<b>Smokers</b>					
Never smoked	77.44	70.65	61.10*	71.18	87.34
	<i>1.96</i>	<i>4.99</i>	<i>7.79</i>	<i>3.27</i>	<i>1.72</i>
Former smoker	15.96	13.73*	26.12*	22.28*	11.22*
	<i>1.74</i>	<i>4.36</i>	<i>7.48</i>	<i>3.30</i>	<i>1.78</i>
Current smoker	6.60*	15.62*	12.78*	6.55*	1.44*
	<i>1.02</i>	<i>3.33</i>	<i>5.94</i>	<i>1.79</i>	<i>0.64</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *long-term care facility-only residents* includes beneficiaries who resided only in a long-term care facility during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in the community during the year.

2 A proxy, such as a nurse, always answered questions about the beneficiary's diseases or health conditions for long-term care facility interviews.

**Table 2.7 Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004**Community Residents<sup>1</sup>

1 of 2

Measure of Perceived Health or Functioning	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 1,000s)</b>	40,991	3,910	7,420	8,347	13,862	2,289	5,164
	127	120	163	175	206	115	134
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Health Status</b>							
Excellent	15.31	13.74	6.69	18.28	16.79	23.93	16.33
	0.44	1.14	0.53	0.91	0.79	1.81	1.12
Very good	25.70	21.77	13.72	30.05	27.85	33.98	29.36
	0.48	1.56	0.78	0.99	0.90	2.05	1.29
Good	31.55	30.27	27.85	32.57	32.57	28.94	34.61
	0.52	1.75	0.92	1.14	1.00	1.96	1.50
Fair	18.67	22.82	32.29	13.99	15.88	9.69	14.96
	0.41	1.56	1.04	0.78	0.66	1.26	1.01
Poor	8.77	11.40	19.45	5.11	6.90	3.46*	4.73
	0.35	1.29	1.08	0.52	0.56	0.99	0.59
<b>Functional Limitation</b>							
None	57.84	55.59	36.23	62.58	62.85	68.26	64.89
	0.62	1.80	1.21	1.31	1.01	2.00	1.31
IADL only <sup>3</sup>	22.01	22.81	29.17	21.34	20.17	21.32	17.41
	0.46	1.65	1.00	0.96	0.80	1.64	1.13
One to two ADLs <sup>4</sup>	13.20	14.80	20.19	11.27	11.29	8.18	12.44
	0.36	1.35	0.85	0.72	0.63	1.15	1.01
Three to five ADLs	6.95	6.81	14.41	4.82	5.70	2.24*	5.26
	0.31	0.80	0.85	0.44	0.45	0.74	0.66
<b>Long-Term Functional Limitation<sup>5</sup></b>							
None	66.63	65.27	46.74	70.94	71.25	76.24	71.88
	0.51	1.80	1.28	1.13	0.82	1.92	1.15
IADL only <sup>3</sup>	25.20	27.06	36.05	22.74	22.53	20.71	21.68
	0.48	1.66	1.14	1.05	0.75	1.79	1.19
One to two ADLs <sup>4</sup>	5.21	4.75	10.64	4.21	3.80	2.83*	4.39
	0.26	0.72	0.67	0.45	0.35	0.90	0.51
Three to five ADLs	2.97	2.92*	6.56	2.11	2.42	0.22*	2.05*
	0.19	0.59	0.52	0.33	0.27	0.24	0.37

**Table 2.7 Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004**Community Residents<sup>1</sup>

2 of 2

Measure of Perceived Health or Functioning	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 1,000s)</b>	40,991	3,910	7,420	8,347	13,862	2,289	5,164
	<i>127</i>	<i>120</i>	<i>163</i>	<i>175</i>	<i>206</i>	<i>115</i>	<i>134</i>
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Upper Extremity Limitation</b>							
No	59.54	55.33	45.84	63.58	62.39	65.54	65.60
	<i>0.67</i>	<i>1.91</i>	<i>1.29</i>	<i>1.08</i>	<i>1.05</i>	<i>2.19</i>	<i>1.34</i>
Yes, no ADL/IADL present	13.88	15.24	10.80	14.01	14.65	16.59	13.75
	<i>0.49</i>	<i>1.47</i>	<i>0.89</i>	<i>0.70</i>	<i>0.76</i>	<i>1.69</i>	<i>1.21</i>
Yes, ADL/IADL present	26.58	29.43	43.36	22.41	22.96	17.87	20.65
	<i>0.60</i>	<i>1.75</i>	<i>1.28</i>	<i>1.02</i>	<i>0.93</i>	<i>1.86</i>	<i>1.10</i>
<b>Mobility Limitation</b>							
No	51.27	46.63	33.17	54.81	55.76	64.62	57.10
	<i>0.58</i>	<i>1.91</i>	<i>1.28</i>	<i>1.08</i>	<i>1.01</i>	<i>2.37</i>	<i>1.23</i>
Yes, no ADL/IADL present	15.43	17.28	14.24	15.84	15.72	14.35	14.78
	<i>0.43</i>	<i>1.37</i>	<i>0.93</i>	<i>0.77</i>	<i>0.68</i>	<i>1.70</i>	<i>0.87</i>
Yes, ADL/IADL present	33.31	36.09	52.59	29.35	28.52	21.04	28.12
	<i>0.58</i>	<i>1.98</i>	<i>1.42</i>	<i>1.02</i>	<i>0.91</i>	<i>2.02</i>	<i>1.21</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 HMO stands for Health Maintenance Organization.
- 3 IADL stands for Instrumental Activity of Daily Living.
- 4 ADL stands for Activity of Daily Living.
- 5 Long-term functional limitation is defined as a functional limitation that lasts 90 days or longer.

**Table 2.8 Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004**Community Residents<sup>1</sup>

1 of 2

Self-Reported Health Condition	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 1,000s)</b>	40,991	3,910	7,420	8,347	13,862	2,289	5,164
	127	120	163	175	206	115	134
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Chronic Conditions</b>							
None	6.27	10.16	4.19	6.70	6.19	6.21*	5.83
	0.28	1.18	0.43	0.62	0.46	1.17	0.74
One to two	35.24	41.43	29.01	35.24	35.51	38.70	37.30
	0.53	1.74	1.09	1.13	0.89	2.56	1.50
Three or more	58.49	48.41	66.81	58.06	58.30	55.09	56.87
	0.54	1.92	1.14	1.13	0.92	2.56	1.49
<b>Prevalence of Disease/Condition</b>							
<b>Disease/Condition</b>							
Heart disease	40.41	31.91	41.90	42.74	42.38	37.00	37.13
	0.51	1.66	1.27	1.22	0.91	2.02	1.48
Hypertension	61.52	58.05	63.66	61.60	61.32	58.94	62.58
	0.56	2.05	1.12	1.08	1.06	2.18	1.21
Diabetes	21.39	20.36	28.85	16.66	21.39	17.11	20.99
	0.44	1.39	1.02	0.94	0.76	1.49	1.21
Arthritis	59.87	52.42	60.52	62.18	59.35	62.77	60.97
	0.55	1.90	1.46	1.15	1.05	1.99	1.37
Osteoporosis/broken hip	21.47	12.49	22.11	25.63	20.44	24.19	22.19
	0.33	1.16	1.02	0.89	0.69	1.71	1.27
Pulmonary disease	15.93	16.61	22.17	13.27	15.40	13.48	13.21
	0.42	1.14	0.98	0.74	0.67	1.54	1.14
Stroke	11.92	11.34	15.55	10.96	11.74	8.83	10.58
	0.29	1.13	0.85	0.69	0.49	1.15	0.76
Alzheimer's disease	3.70	3.48*	5.59	3.57	3.55	1.69*	2.67*
	0.20	0.65	0.57	0.35	0.33	0.52	0.33
Parkinson's disease	1.34	0.50*	1.92*	1.46*	1.29	1.33*	1.06*
	0.12	0.22	0.40	0.24	0.17	0.45	0.26
Skin cancer	17.87	10.70	7.35	22.76	20.73	27.99	18.35
	0.37	1.00	0.55	0.86	0.74	1.88	1.12
Other type of cancer	17.87	11.25	15.35	18.27	19.76	20.28	19.71
	0.40	1.22	0.87	0.80	0.71	2.23	1.16

**Table 2.8 Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004**Community Residents<sup>1</sup>

2 of 2

Self-Reported Health Condition	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 1,000s)</b>	40,991	3,910	7,420	8,347	13,862	2,289	5,164
	<i>127</i>	<i>120</i>	<i>163</i>	<i>175</i>	<i>206</i>	<i>115</i>	<i>134</i>
<b>Prevalence of Disease/Condition</b>							
<b>Mental Illness/Disorder</b>	21.63	27.15	39.02	15.11	18.02	15.10	15.64
	<i>0.46</i>	<i>1.77</i>	<i>1.07</i>	<i>0.77</i>	<i>0.70</i>	<i>1.57</i>	<i>0.96</i>
<b>Urinary Incontinence</b>	25.86	20.12	30.26	26.69	25.60	22.14	25.00
	<i>0.56</i>	<i>1.31</i>	<i>0.97</i>	<i>0.91</i>	<i>0.96</i>	<i>2.11</i>	<i>1.32</i>
<b>Smokers</b>							
Never smoked	39.73	30.87	43.03	42.13	38.55	40.91	40.47
	<i>0.52</i>	<i>1.91</i>	<i>1.06</i>	<i>1.17</i>	<i>0.90</i>	<i>2.12</i>	<i>1.28</i>
Former smoker	45.78	40.95	33.72	48.39	49.26	50.97	50.82
	<i>0.51</i>	<i>1.65</i>	<i>1.03</i>	<i>1.16</i>	<i>0.97</i>	<i>1.98</i>	<i>1.34</i>
Current smoker	14.49	28.18	23.25	9.48	12.19	8.13*	8.71
	<i>0.32</i>	<i>1.59</i>	<i>0.99</i>	<i>0.73</i>	<i>0.65</i>	<i>1.47</i>	<i>0.78</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.  
 Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

2 *HMO* stands for Health Maintenance Organization.



# 3.3

**WHAT HEALTH  
CARE SERVICES DO MEDICARE  
BENEFICIARIES RECEIVE?**

**Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	18.87	14.94	24.51	19.70	19.38	15.19	12.97
	0.41	1.19	0.85	0.74	0.77	1.63	0.83
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	14.17	10.17*	22.21	14.87	14.50	10.96*	9.20
	0.58	1.76	1.54	1.20	0.98	2.02	1.22
75 - 84 years	21.33	17.48*	28.09	21.14	23.02	18.55*	15.58
	0.68	2.42	2.00	1.40	1.46	2.39	1.65
85 years and older	29.99	26.71*	28.74	32.52	33.90	23.99*	19.87*
	1.28	4.57	2.76	2.32	2.25	6.67	3.07
Disabled							
Under 45 years	17.87	10.81*	20.02	18.68*	12.82*	33.17*	34.75*
	1.27	2.54	1.66	9.16	3.52	20.25	22.86
45 - 64 years	22.85	18.24*	25.44	17.82*	24.85	27.72*	15.12*
	1.75	3.23	2.32	6.01	3.32	12.09	5.27
Gender							
Male	19.23	15.35	23.73	21.16	19.96	18.51	12.70
	0.62	1.75	1.48	1.34	1.04	2.23	1.45
Female	18.57	14.35	24.99	18.71	18.85	12.52*	13.15
	0.48	2.28	1.14	0.89	1.01	2.24	1.06
Living Arrangement							
Alone	18.59	13.54*	22.70	20.15	20.21	12.45*	11.50
	0.65	2.00	1.60	1.23	1.35	2.79	1.32
With spouse	17.29	15.81	22.87	17.14	18.30	15.53	12.71
	0.54	1.74	1.85	0.99	1.05	2.00	1.27
With children	26.13	19.85*	29.54	31.82	25.84	21.96*	18.54*
	1.14	4.36	2.05	3.11	2.60	7.58	2.39
With others	20.10	10.19*	24.76	26.88*	19.01*	18.83*	13.03*
	1.52	2.90	2.31	5.01	3.23	9.65	3.72

**Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	18.87	14.94	24.51	19.70	19.38	15.19	12.97
	0.41	1.19	0.85	0.74	0.77	1.63	0.83
Race/Ethnicity							
White non-Hispanic	18.88	16.71	26.68	19.24	19.20	15.01	13.65
	0.41	1.53	1.32	0.77	0.76	1.62	0.92
Black non-Hispanic	21.23	13.17*	26.64	24.82*	22.30	13.37*	10.81*
	1.35	2.90	1.91	5.99	3.42	7.03	2.78
Hispanic	16.96	3.91*	19.95	25.73*	20.45*	11.46*	11.02*
	1.38	2.15	2.00	5.50	2.76	7.62	2.94
Other	16.99	13.20*	16.69*	24.54*	15.57*	33.36*	10.55*
	2.03	5.01	2.99	6.67	3.96	15.86	4.13
Income							
Less than \$5,000	20.02	10.89*	23.40*	14.74*	30.66*	15.53*	16.00*
	2.20	3.94	3.55	3.80	6.71	15.48	6.21
\$5,000 - \$9,999	22.13	10.16*	24.38	30.67	16.54*	22.90*	11.65*
	1.00	2.12	1.24	4.15	3.73	16.00	3.24
\$10,000 - \$14,999	20.87	16.68*	25.41	20.07	22.67	10.00*	16.71*
	1.07	2.76	1.83	2.19	2.03	4.80	2.33
\$15,000 - \$19,999	22.36	25.90*	27.30*	23.78	23.22	23.78*	12.21*
	1.35	4.05	4.03	2.14	2.53	7.46	1.85
\$20,000 - \$24,999	18.96	9.21*	21.60*	20.50	23.83	4.97*	15.69*
	1.29	2.88	5.82	2.41	2.50	2.33	2.72
\$25,000 - \$29,999	18.11	13.03*	12.87*	20.25*	20.78	13.58*	13.68*
	1.32	4.18	9.04	3.39	2.02	4.47	3.04
\$30,000 - \$39,999	14.40	13.27*	6.13*	14.60*	15.72	17.34*	8.94*
	0.97	3.12	6.74	1.79	1.30	4.64	2.38
\$40,000 - \$49,999	16.30	16.79*	16.98*	18.31*	17.45	11.83*	11.67*
	1.39	7.70	11.97	3.02	2.10	3.48	3.16
\$50,000 or more	15.85	5.58*	35.43*	15.54	16.92	18.54*	10.60*
	1.03	3.55	24.19	1.74	1.65	3.39	2.20

**Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	18.87	14.94	24.51	19.70	19.38	15.19	12.97
	0.41	1.19	0.85	0.74	0.77	1.63	0.83
Health Status							
Excellent	8.50	6.43*	9.45*	9.16*	9.98	8.19*	4.16*
	0.60	1.89	2.22	1.35	1.33	1.84	1.16
Very good	12.29	8.77*	17.33	12.30	11.64	12.85*	12.26*
	0.62	2.01	2.20	1.20	0.91	2.61	1.80
Good	18.47	12.75*	18.69	22.30	20.47	14.80*	12.42
	0.71	2.11	1.65	1.42	1.46	3.41	1.39
Fair	28.22	23.40	29.56	32.41	29.73	27.49*	19.45*
	1.14	3.16	1.97	2.58	1.99	4.97	3.04
Poor	38.83	26.03*	35.22	48.60	45.96	56.32*	32.53*
	1.98	5.60	3.12	5.48	3.69	14.11	6.11
Functional Limitation							
None	12.57	10.45	16.42	13.45	13.13	10.61*	8.96
	0.47	1.43	1.19	0.82	0.83	1.66	1.06
IADL only <sup>4</sup>	24.61	16.11*	25.86	27.02	26.98	22.79*	19.09*
	0.98	2.51	2.02	1.76	1.87	4.20	3.09
One to two ADLs <sup>5</sup>	26.53	22.20*	27.36	29.10	29.89	30.73*	15.60*
	1.14	4.67	2.06	2.04	2.38	6.69	2.78
Three to five ADLs	41.63	33.95*	40.90	46.52	44.57	25.74*	38.74*
	2.03	6.44	3.32	4.36	3.51	14.78	6.85

**Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	18.87	14.94	24.51	19.70	19.38	15.19	12.97
	0.41	1.19	0.85	0.74	0.77	1.63	0.83
Metropolitan Area Resident							
Yes	18.22	12.88	23.15	20.23	19.12	14.70	12.88
	0.49	1.33	1.05	0.94	0.93	1.82	0.84
No	21.14	18.90	28.72	18.64	20.44	17.77*	15.72*
	0.83	2.31	1.48	1.19	1.23	4.05	5.52

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 HMO stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.

**Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	72.31	62.30	75.72	77.50	73.15	73.08	64.15
	0.59	1.78	1.19	0.95	1.04	2.17	1.51
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	68.82	57.50	73.56	75.69	68.12	70.82	62.18
	0.85	2.89	2.13	1.44	1.38	3.41	2.26
75 - 84 years	74.77	62.32	73.40	78.65	77.40	77.92	67.81
	0.77	3.35	2.33	1.22	1.51	2.70	2.36
85 years and older	75.09	62.25	71.13	79.58	80.26	74.07*	64.10
	1.31	5.30	3.31	1.96	2.19	5.66	3.38
Disabled							
Under 45 years	72.47	55.18	75.38	86.21*	72.11	76.60*	92.85*
	1.70	5.56	2.22	6.74	4.53	17.26	7.42
45 - 64 years	77.68	70.63	81.77	81.45*	83.52	61.99*	53.14*
	1.67	3.74	2.20	6.56	3.21	13.38	8.61
Gender							
Male	69.00	64.17	71.62	74.90	69.42	68.18	60.61
	0.85	2.20	1.77	1.55	1.45	3.79	2.32
Female	74.99	59.52	78.26	79.25	76.57	77.02	66.63
	0.71	3.04	1.49	1.13	1.32	2.26	1.74
Living Arrangement							
Alone	73.10	60.25	77.72	76.33	74.85	82.16	61.83
	0.82	3.27	1.79	1.45	1.77	2.70	2.24
With spouse	72.33	68.01	72.05	77.70	72.63	69.14	66.85
	0.81	2.37	2.06	1.37	1.22	2.79	2.36
With children	72.37	50.77	78.22	79.07	75.79	77.32*	62.74
	1.48	4.77	2.12	3.30	3.28	9.57	3.40
With others	69.60	61.25	74.71	81.21	66.23	77.01*	54.40*
	2.16	5.84	2.56	3.97	4.35	12.26	6.62

**Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	72.31	62.30	75.72	77.50	73.15	73.08	64.15
	0.59	1.78	1.19	0.95	1.04	2.17	1.51
Race/Ethnicity							
White non-Hispanic	73.45	64.81	76.59	77.89	73.62	74.53	66.76
	0.65	2.01	1.46	1.01	1.12	2.19	1.79
Black non-Hispanic	70.74	59.78	79.42	77.86	71.90	61.06*	50.77
	1.72	4.99	2.33	5.29	3.33	12.11	4.40
Hispanic	68.21	52.45*	73.14	78.99	70.45	63.35*	60.24
	2.05	8.19	2.97	5.17	4.42	12.01	4.14
Other	65.04	54.10*	69.98	64.29*	66.80	72.89*	52.30*
	2.56	8.27	4.00	6.96	5.38	12.09	5.83
Income							
Less than \$5,000	70.68	41.11*	79.54	70.32*	89.76*	61.11*	60.38*
	2.95	8.30	4.65	5.51	4.22	20.55	8.65
\$5,000 - \$9,999	71.57	59.04	75.76	72.73	64.30	70.09*	54.87
	1.44	4.13	1.67	4.07	4.54	16.27	6.97
\$10,000 - \$14,999	70.58	59.36	76.03	75.53	71.38	64.93*	63.90
	1.16	3.50	2.16	2.21	2.51	9.95	2.96
\$15,000 - \$19,999	72.05	65.74	73.40	76.66	76.46	63.33*	64.14
	1.78	4.37	4.99	2.74	2.76	9.26	3.32
\$20,000 - \$24,999	75.01	70.32	71.72*	82.23	78.09	74.36	60.39
	1.57	5.76	7.02	2.56	2.31	5.56	4.61
\$25,000 - \$29,999	71.34	67.01*	72.46*	77.51	69.29	72.62*	69.50
	1.96	6.99	13.66	3.10	3.31	7.33	4.75
\$30,000 - \$39,999	74.97	73.18	57.21*	79.33	74.57	82.10	67.78
	1.46	6.77	14.55	2.66	2.07	4.94	3.69
\$40,000 - \$49,999	73.09	80.19*	78.35*	81.45	70.64	78.89	60.99
	1.91	9.77	13.83	2.78	2.92	4.66	5.90
\$50,000 or more	71.38	50.83*	74.94*	76.12	71.75	70.03	67.71
	1.24	9.32	23.85	2.44	1.90	3.79	3.54

**Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	72.31	62.30	75.72	77.50	73.15	73.08	64.15
	0.59	1.78	1.19	0.95	1.04	2.17	1.51
Health Status							
Excellent	60.33	48.16	57.94	68.23	60.92	61.92	52.25
	1.43	4.21	4.58	2.80	2.58	4.41	4.56
Very good	67.97	55.68	64.82	74.71	68.82	73.47	60.69
	1.01	4.20	3.00	1.66	1.79	3.64	2.69
Good	74.44	65.37	74.51	79.66	76.54	76.77	66.15
	0.74	3.10	2.16	1.30	1.33	3.23	2.34
Fair	79.88	62.80	80.41	86.96	83.42	83.56	76.57
	1.06	4.19	1.70	1.95	1.71	6.75	3.09
Poor	83.07	82.69	84.06	87.22	81.34	90.55*	75.08*
	1.66	3.73	2.42	3.42	3.59	6.75	5.27
Functional Limitation							
None	67.50	55.20	69.76	73.34	68.96	69.42	59.82
	0.80	2.27	2.04	1.34	1.33	2.95	2.04
IADL only <sup>4</sup>	79.25	69.77	78.91	83.58	82.10	82.97	70.02
	0.88	3.49	1.79	1.51	1.64	2.71	3.00
One to two ADLs <sup>5</sup>	79.69	71.42	81.02	87.82	78.77	83.42*	73.40
	1.49	5.21	2.47	2.10	2.27	6.14	3.72
Three to five ADLs	77.95	76.96	77.61	81.89	77.57	52.84*	80.07
	1.64	5.68	2.87	3.35	3.59	18.03	4.26



**Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	72.31	62.30	75.72	77.50	73.15	73.08	64.15
	0.59	1.78	1.19	0.95	1.04	2.17	1.51
Metropolitan Area Resident							
Yes	69.90	59.09	73.04	75.13	70.71	71.80	63.69
	0.74	2.61	1.51	1.23	1.31	2.55	1.55
No	80.80	69.05	84.13	82.80	82.25	81.14	78.22*
	0.83	2.04	1.56	1.28	1.40	3.22	9.27

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	95.59	86.53	95.14	97.94	96.56	98.20	95.51
	0.23	1.35	0.58	0.36	0.37	0.74	0.72
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	94.23	80.06	94.95	97.27	94.61	97.52	95.03
	0.41	2.71	0.95	0.62	0.67	1.15	1.15
75 - 84 years	97.61	92.68	97.23	98.15	98.77	100.00	95.67
	0.31	1.91	0.88	0.44	0.33	0.00	1.01
85 years and older	97.85	93.75	96.11	99.25	99.03	100.00*	95.40
	0.41	2.62	1.39	0.44	0.47	0.00	1.58
Disabled							
Under 45 years	90.49	82.81	90.50	100.00*	95.09	100.00*	100.00*
	1.08	3.80	1.62	0.00	2.46	0.00	0.00
45 - 64 years	95.72	90.62	95.89	100.00*	99.34	90.35*	99.14*
	0.80	2.76	1.22	0.00	0.46	8.43	0.88
Gender							
Male	94.16	85.79	91.54	98.32	95.48	96.96	94.63
	0.38	1.86	1.11	0.48	0.62	1.37	1.10
Female	96.76	87.64	97.37	97.68	97.56	99.20	96.12
	0.31	2.34	0.53	0.52	0.44	0.74	0.80
Living Arrangement							
Alone	96.50	89.10	96.74	97.76	97.05	100.00	96.82
	0.38	2.31	0.74	0.71	0.83	0.00	0.84
With spouse	95.92	88.14	94.55	98.18	96.48	97.22	95.00
	0.29	1.74	1.27	0.41	0.50	1.12	0.97
With children	94.65	83.39	95.51	96.84	96.66	100.00*	95.56
	0.89	3.73	1.14	1.62	1.29	0.00	1.94
With others	91.49	79.82	92.76	98.13	94.70	100.00*	92.85
	1.18	4.59	1.37	1.77	1.84	0.00	3.88

**Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	95.59	86.53	95.14	97.94	96.56	98.20	95.51
	0.23	1.35	0.58	0.36	0.37	0.74	0.72
Race/Ethnicity							
White non-Hispanic	96.16	88.51	94.86	98.17	96.72	98.38	95.87
	0.25	1.43	0.80	0.36	0.43	0.78	0.75
Black non-Hispanic	92.19	80.57	94.22	89.61	95.98	100.00*	93.95
	1.02	4.03	0.92	5.49	1.52	0.00	3.52
Hispanic	94.45	82.16	96.40	100.00	94.09	94.81*	95.04
	0.99	5.78	1.18	0.00	2.78	5.17	1.65
Other	95.28	86.07	97.72	96.33	96.82	92.55*	92.14*
	1.30	7.79	1.20	2.46	1.62	7.49	3.60
Income							
Less than \$5,000	88.71	55.47*	95.42	90.22	100.00	100.00*	95.07*
	2.38	9.72	1.45	3.72	0.00	0.00	2.96
\$5,000 - \$9,999	93.31	82.88	94.65	98.18	89.80	100.00*	93.46
	0.74	3.82	0.89	1.04	3.60	0.00	3.22
\$10,000 - \$14,999	94.71	86.59	95.88	97.17	95.60	100.00*	95.89
	0.59	2.84	0.93	1.04	1.23	0.00	1.54
\$15,000 - \$19,999	96.80	92.57	94.73	98.43	98.04	94.82*	97.55
	0.62	2.34	2.66	0.73	0.75	4.62	0.96
\$20,000 - \$24,999	96.81	90.79	95.68*	98.03	98.18	100.00	94.12
	0.54	3.10	3.17	0.83	0.80	0.00	2.11
\$25,000 - \$29,999	96.66	91.63	100.00*	97.67	97.10	100.00	94.93
	0.80	4.10	0.00	1.43	1.32	0.00	2.23
\$30,000 - \$39,999	96.36	92.23	96.47*	97.96	95.94	98.15	96.30
	0.70	4.90	3.95	0.92	1.16	1.91	1.46
\$40,000 - \$49,999	96.77	96.71*	100.00*	100.00	96.46	97.26	91.64
	0.83	3.22	0.00	0.00	1.26	2.64	2.91
\$50,000 or more	96.86	83.12*	100.00*	98.65	96.64	97.76	97.24
	0.60	7.10	0.00	0.84	0.90	1.35	1.16

**Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	95.59	86.53	95.14	97.94	96.56	98.20	95.51
	0.23	1.35	0.58	0.36	0.37	0.74	0.72
Health Status							
Excellent	92.41	79.80	87.80	95.46	93.29	94.68	93.54
	0.80	3.99	3.15	1.22	1.33	2.53	2.10
Very good	94.45	78.51	91.51	97.82	95.60	98.86	94.49
	0.56	3.98	1.81	0.59	0.75	1.11	1.25
Good	96.74	90.03	95.63	98.22	97.65	100.00	96.65
	0.40	2.55	0.80	0.55	0.62	0.00	0.92
Fair	97.05	88.65	96.65	100.00	99.62	98.53	95.91
	0.43	2.43	0.84	0.00	0.23	1.59	1.57
Poor	97.46	96.32	97.05	100.00	96.90	100.00*	98.62
	0.63	2.09	1.07	0.00	1.53	0.00	1.43
Functional Limitation							
None	94.19	81.75	92.16	97.01	95.46	97.36	94.68
	0.37	2.23	1.31	0.53	0.54	1.08	0.97
IADL only <sup>4</sup>	97.24	91.10	95.74	99.09	98.99	100.00	96.26
	0.34	2.10	0.87	0.43	0.36	0.00	1.10
One to two ADLs <sup>5</sup>	97.71	93.25	98.30	100.00	97.48	100.00	96.99
	0.39	1.97	0.65	0.00	1.05	0.00	1.56
Three to five ADLs	98.47	96.71	97.53	100.00	98.70	100.00*	100.00
	0.53	1.92	1.00	0.00	0.94	0.00	0.00

**Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	95.59	86.53	95.14	97.94	96.56	98.20	95.51
	0.23	1.35	0.58	0.36	0.37	0.74	0.72
Metropolitan Area Resident							
Yes	95.85	86.42	95.15	97.96	96.96	98.55	95.62
	0.28	1.72	0.70	0.42	0.42	0.75	0.73
No	95.08	87.77	95.19	97.87	95.71	96.75	92.02
	0.38	1.87	0.87	0.68	0.63	2.23	4.25

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 HMO stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 IADL stands for Instrumental Activity of Daily Living.
- 5 ADL stands for Activity of Daily Living.

**Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	44.17	23.12	23.85	48.63	52.49	70.52	46.80
	0.64	1.56	1.09	1.26	0.98	1.99	1.57
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	47.34	19.64	23.21	50.99	53.75	72.77	48.47
	0.99	2.27	2.12	2.22	1.50	2.91	2.91
75 - 84 years	46.35	25.68	16.19	48.88	54.01	70.23	48.82
	0.92	3.04	1.78	1.74	1.50	2.56	2.06
85 years and older	36.45	18.84*	15.35*	39.20	43.57	65.68*	38.97
	1.31	4.02	2.35	2.52	2.23	6.45	4.09
Disabled							
Under 45 years	33.54	22.61*	31.36	34.72*	52.65	66.27*	31.76*
	1.68	3.74	1.83	13.29	4.53	19.78	20.83
45 - 64 years	35.31	27.36	29.38	56.06*	48.36	52.11*	30.27*
	1.75	4.05	2.61	10.26	3.37	13.71	5.62
Gender							
Male	43.08	23.38	26.33	44.25	51.49	68.04	46.21
	0.84	1.97	1.56	1.93	1.41	3.52	2.17
Female	45.04	22.74	22.31	51.58	53.42	72.51	47.21
	0.88	2.00	1.40	1.58	1.26	2.18	2.05
Living Arrangement							
Alone	42.15	21.43	22.89	48.38	50.46	72.78	49.51
	1.03	2.41	1.73	1.93	1.60	3.17	2.49
With spouse	49.74	25.19	26.06	50.30	55.30	69.52	48.49
	0.73	2.68	2.51	1.63	1.28	2.71	1.91
With children	30.99	19.39*	18.99	37.99	41.94	66.78*	35.02
	1.46	4.50	2.05	4.30	3.16	8.50	4.12
With others	34.57	23.69*	28.91	49.77*	41.84	87.50*	38.46*
	1.85	4.41	2.61	4.96	4.20	6.77	6.50

**Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	44.17	23.12	23.85	48.63	52.49	70.52	46.80
	0.64	1.56	1.09	1.26	0.98	1.99	1.57
Race/Ethnicity							
White non-Hispanic	47.49	24.56	24.62	49.86	53.91	71.11	48.22
	0.71	1.85	1.52	1.24	1.05	2.02	1.64
Black non-Hispanic	25.83	13.82*	21.61	20.71*	33.44	72.38*	35.74*
	1.63	3.17	2.34	5.26	3.49	9.43	6.24
Hispanic	36.24	24.90*	23.70	40.64*	50.89	77.25*	45.80
	1.79	6.63	2.03	6.47	3.67	9.48	4.56
Other	39.52	24.96*	26.85	43.79*	58.13	39.11*	42.52*
	2.43	6.57	3.48	7.08	4.36	14.09	6.22
Income							
Less than \$5,000	28.99	11.40*	21.97*	41.63*	35.46*	36.64*	47.98*
	2.32	4.37	3.75	6.47	7.12	19.71	8.54
\$5,000 - \$9,999	26.15	17.66*	23.92	33.25	41.57	64.61*	30.61*
	1.44	3.39	1.60	3.62	5.64	17.38	5.74
\$10,000 - \$14,999	31.18	21.19	22.01	42.24	34.71	41.50*	36.12
	1.31	2.46	2.38	3.20	2.52	9.86	3.34
\$15,000 - \$19,999	38.73	21.97*	30.75*	41.61	44.77	64.59*	36.33
	1.55	4.27	3.77	2.88	3.01	9.19	3.54
\$20,000 - \$24,999	42.80	25.09*	24.92*	36.88	45.97	67.52	48.27
	1.69	5.37	7.95	3.28	3.11	5.74	3.62
\$25,000 - \$29,999	46.50	28.37*	23.65*	46.55	47.95	63.95*	46.95
	1.99	6.61	12.51	3.49	3.44	7.38	5.00
\$30,000 - \$39,999	53.67	38.74*	31.54*	57.43	52.91	69.98	50.29
	1.56	7.28	10.47	3.16	2.27	4.77	3.06
\$40,000 - \$49,999	58.93	29.34*	33.36*	59.13	59.37	75.85	51.74
	1.77	12.13	15.32	3.75	2.76	4.88	5.39
\$50,000 or more	69.50	28.96*	15.05*	69.92	68.67	80.53	73.10
	1.34	6.79	17.46	2.88	2.23	3.68	3.10

**Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	44.17	23.12	23.85	48.63	52.49	70.52	46.80
	0.64	1.56	1.09	1.26	0.98	1.99	1.57
Health Status							
Excellent	53.89	29.85*	27.22	54.71	57.15	77.27	58.25
	1.46	3.85	4.01	2.53	2.60	4.43	3.46
Very good	50.52	19.10*	23.88	54.56	57.51	71.54	50.23
	1.05	2.93	2.66	2.26	1.64	3.52	2.31
Good	45.17	24.26	26.29	48.27	53.73	71.80	44.19
	0.96	2.63	2.27	1.95	1.72	3.71	2.69
Fair	32.00	21.55*	20.69	33.85	41.84	58.32*	39.43
	1.41	3.48	2.12	3.03	2.07	7.33	3.82
Poor	29.63	22.08*	24.01	35.31*	37.96	41.46*	29.33*
	1.89	5.99	2.72	5.19	3.73	12.27	6.48
Functional Limitation							
None	49.13	22.05	22.34	52.24	57.16	73.15	50.99
	0.89	1.91	1.65	1.52	1.29	2.45	2.05
IADL only <sup>4</sup>	41.08	27.59	25.39	47.03	49.26	65.27	41.10
	1.13	4.24	2.00	2.17	2.02	4.33	4.18
One to two ADLs <sup>5</sup>	34.55	18.29*	26.75	39.45	39.95	70.30*	36.69
	1.53	3.70	2.75	3.11	2.81	6.11	4.10
Three to five ADLs	28.32	28.02*	19.76	30.21*	33.64	41.08*	37.83*
	1.59	5.50	2.38	4.71	3.43	15.30	6.88



**Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	44.17	23.12	23.85	48.63	52.49	70.52	46.80
	0.64	1.56	1.09	1.26	0.98	1.99	1.57
Metropolitan Area Resident							
Yes	46.85	25.40	25.59	51.15	54.98	75.44	47.08
	0.73	2.20	1.23	1.43	1.21	2.17	1.58
No	35.78	19.15	18.65	43.43	44.00	54.32	38.22*
	1.36	1.68	2.19	2.52	1.44	4.39	9.07

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	92.24	78.30	92.28	93.25	94.43	95.98	93.59
	0.31	1.25	0.63	0.69	0.42	0.97	0.90
Medicare Status <sup>3</sup>							
Aged							
65 - 74 years	91.31	70.64	91.57	92.55	93.77	96.26	92.43
	0.58	2.49	1.27	1.10	0.71	1.28	1.22
75 - 84 years	93.87	84.44	94.98	93.37	94.57	96.80	94.97
	0.41	2.24	1.02	0.91	0.74	1.02	1.17
85 years and older	93.26	79.58	91.64	95.13	94.79	95.27*	93.50
	0.69	4.66	1.59	1.25	1.14	3.38	1.95
Disabled							
Under 45 years	86.88	76.89	86.76	96.89*	93.83	100.00*	100.00*
	1.38	4.12	1.61	3.11	2.46	0.00	0.00
45 - 64 years	92.73	84.93	94.14	93.66*	97.80	86.87*	94.15*
	1.11	3.25	1.19	4.74	1.16	11.83	2.96
Gender							
Male	89.86	74.53	87.78	91.84	93.66	95.48	91.75
	0.53	2.09	1.27	1.10	0.68	1.72	1.52
Female	94.17	83.91	95.08	94.20	95.14	96.38	94.87
	0.38	2.19	0.66	0.77	0.59	1.11	0.83
Living Arrangement							
Alone	92.57	74.82	93.87	94.32	94.88	97.30	93.81
	0.49	2.53	0.97	0.79	0.85	1.01	1.65
With spouse	92.94	80.82	92.50	92.55	94.52	95.21	94.59
	0.44	2.03	1.59	0.88	0.57	1.46	1.16
With children	91.13	74.99	92.92	93.56	93.87	96.47*	92.62
	1.08	4.63	1.34	2.31	1.55	3.61	2.28
With others	88.49	81.30	88.61	94.91	92.24	100.00*	84.99
	1.36	4.33	1.73	2.36	2.36	0.00	5.46

**Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	92.24	78.30	92.28	93.25	94.43	95.98	93.59
	0.31	1.25	0.63	0.69	0.42	0.97	0.90
Race/Ethnicity							
White non-Hispanic	92.88	81.00	92.09	93.32	94.81	95.49	93.90
	0.31	1.65	0.86	0.69	0.46	1.09	0.96
Black non-Hispanic	89.08	72.67	91.80	89.25	92.80	100.00*	93.73
	1.09	3.83	1.05	4.61	1.97	0.00	3.46
Hispanic	91.43	73.30	93.48	97.38	92.00	100.00*	92.80
	1.32	6.42	1.77	1.78	2.37	0.00	2.32
Other	90.43	71.25*	93.35	93.51	92.62	100.00*	88.50*
	2.08	10.80	2.61	3.72	2.72	0.00	4.15
Income							
Less than \$5,000	84.46	45.82*	93.15	91.42	91.89	84.47*	90.79*
	2.77	9.02	1.92	3.89	4.83	15.48	3.74
\$5,000 - \$9,999	89.63	72.65	91.98	94.90	86.55	100.00*	89.00
	0.83	4.27	1.06	1.82	3.90	0.00	4.27
\$10,000 - \$14,999	90.78	78.24	93.06	94.36	91.40	88.18*	94.92
	0.73	3.00	1.22	1.31	1.52	9.28	1.83
\$15,000 - \$19,999	93.28	86.75	90.97	94.32	94.57	96.90*	95.49
	0.80	2.60	2.98	1.32	1.37	2.27	1.33
\$20,000 - \$24,999	93.37	79.58	87.59*	92.69	97.13	97.91	92.75
	0.77	4.86	4.96	1.41	0.85	1.52	2.52
\$25,000 - \$29,999	91.89	88.92	100.00*	90.21	92.51	93.13	92.73
	1.09	6.33	0.00	2.97	1.54	4.71	3.06
\$30,000 - \$39,999	94.54	87.04	89.94*	93.18	95.04	97.83	96.88
	0.77	5.85	8.08	1.63	0.89	1.58	1.21
\$40,000 - \$49,999	93.40	87.03*	100.00*	91.13	94.90	97.04	89.44
	0.97	6.14	0.00	2.71	1.24	2.06	3.07
\$50,000 or more	94.36	69.02*	100.00*	94.10	95.76	96.04	93.01
	0.67	8.87	0.00	1.14	0.79	1.49	2.67

**Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	92.24	78.30	92.28	93.25	94.43	95.98	93.59
	0.31	1.25	0.63	0.69	0.42	0.97	0.90
Health Status							
Excellent	84.89	61.57	76.30	86.88	87.15	95.61	87.64
	1.15	3.85	4.04	1.93	1.60	1.70	2.66
Very good	91.14	71.67	85.00	91.71	94.63	97.23	93.09
	0.61	3.41	2.27	1.17	0.72	1.50	1.21
Good	94.55	82.76	93.85	95.53	96.61	95.06	96.25
	0.43	2.96	0.97	0.79	0.63	1.50	1.17
Fair	94.75	80.76	96.12	98.33	97.51	93.75	94.29
	0.51	3.05	0.71	0.86	0.64	5.93	1.73
Poor	94.80	93.95	94.40	96.57	94.50	100.00*	94.92
	0.84	2.49	1.42	2.12	1.65	0.00	3.18
Functional Limitation							
None	90.44	71.72	88.43	91.02	93.60	95.91	92.47
	0.45	2.18	1.38	0.96	0.57	1.11	1.08
IADL only <sup>4</sup>	94.78	87.09	93.30	97.24	96.07	97.06	95.77
	0.46	2.46	1.03	0.74	0.77	1.49	1.18
One to two ADLs <sup>5</sup>	95.19	86.58	96.36	97.41	95.66	100.00	94.62
	0.61	3.69	0.99	1.11	1.20	0.00	1.99
Three to five ADLs	94.14	85.14	94.91	95.61	95.61	73.01*	97.95
	1.03	4.23	1.33	2.37	1.69	20.79	2.13

**Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>2</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	92.24	78.30	92.28	93.25	94.43	95.98	93.59
	0.31	1.25	0.63	0.69	0.42	0.97	0.90
Metropolitan Area Resident							
Yes	92.35	77.32	92.18	92.98	94.28	97.39	93.51
	0.35	1.64	0.75	0.80	0.48	0.78	0.93
No	92.27	81.05	92.41	94.08	95.17	93.31	95.95
	0.55	1.92	1.02	1.31	0.79	1.93	2.64

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**

All Medicare Beneficiaries

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Beneficiary Characteristic	Total <sup>1</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance <sup>2</sup>	
			Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	8.63	7.69	22.31	4.78
	0.20	0.68	0.88	0.23
Medicare Status <sup>3</sup>				
Aged				
65 - 74 years	2.88	1.98*	12.79	1.42*
	0.25	0.70	1.36	0.24
75 - 84 years	9.53	13.15*	27.94	5.82
	0.36	2.57	1.80	0.44
85 years and older	29.42	40.98	53.57	19.33
	1.07	2.97	2.56	1.16
Disabled				
Under 45 years	7.67	2.21*	10.27	1.82*
	0.76	0.97	1.02	1.05
45 - 64 years	8.30	1.16*	17.02	1.31*
	0.98	0.32	2.06	0.82
Gender				
Male	6.91	5.22*	20.01	3.83
	0.31	0.93	1.18	0.36
Female	9.98	11.13	23.68	5.55
	0.29	1.26	1.14	0.34
Marital Status				
Married	4.00	4.65*	13.30	2.99
	0.23	0.92	1.49	0.24
Widowed	14.19	15.94	30.07	8.49
	0.50	1.71	1.52	0.56
Divorced/separated	8.14	4.51*	14.73	4.15*
	0.70	1.17	1.62	0.96
Never married	19.89	6.86*	28.06	8.73*
	1.33	2.35	1.81	1.99

**Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**

All Medicare Beneficiaries

2 of 4

Beneficiary Characteristic	Total <sup>1</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance <sup>2</sup>	
			Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	8.63	7.69	22.31	4.78
	0.20	0.68	0.88	0.23
Race/Ethnicity				
White non-Hispanic	9.19	9.89	29.96	5.10
	0.24	0.94	1.33	0.28
Black non-Hispanic	8.85	2.40*	17.00	2.64*
	0.95	1.24	1.82	0.86
Hispanic	5.14	3.53*	8.23	3.74*
	0.51	2.25	1.17	1.02
Other	4.48*	0.00	9.91*	1.31*
	0.86	0.00	2.06	0.75
Income				
Less than \$5,000	11.84	7.67*	20.04	3.20*
	1.58	3.51	3.19	1.30
\$5,000 - \$9,999	16.48	5.63*	20.82	8.06*
	0.87	1.23	1.17	1.20
\$10,000 - \$14,999	11.83	8.68*	23.35	6.95
	0.72	1.50	1.64	0.83
\$15,000 - \$19,999	8.20	6.28*	21.79	6.30
	0.71	1.88	2.48	0.83
\$20,000 - \$24,999	7.19	10.07*	37.40*	4.97
	0.81	2.52	7.09	0.75
\$25,000 - \$29,999	7.01	8.76*	37.14*	5.89*
	0.78	2.67	10.65	0.81
\$30,000 - \$39,999	5.00	5.52*	45.41*	4.44
	0.56	1.94	10.30	0.54
\$40,000 - \$49,999	3.50*	4.13*	14.04*	3.32*
	0.57	3.01	7.95	0.59
\$50,000 or more	2.81	12.54*	26.86*	2.34*
	0.35	3.26	19.80	0.38

**Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**

All Medicare Beneficiaries

3 of 4

Beneficiary Characteristic	Total <sup>1</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance <sup>2</sup>	
			Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	8.63	7.69	22.31	4.78
	0.20	0.68	0.88	0.23
Health Status				
Excellent	3.17	2.86*	13.91*	1.96*
	0.37	1.16	2.56	0.32
Very good	3.79	4.72*	13.92	2.57
	0.37	1.27	1.70	0.33
Good	7.53	7.55*	19.06	4.66
	0.38	1.29	1.39	0.43
Fair	15.74	10.81*	26.62	9.34
	0.71	1.48	1.59	0.77
Poor	18.12	11.32*	26.80	12.41
	1.29	2.32	2.26	1.58
Functional Limitation				
None	1.54	2.01*	4.18*	1.08
	0.15	0.60	0.64	0.14
IADL only <sup>4</sup>	6.90	3.51*	10.80	6.24
	0.53	1.05	1.44	0.66
One to two ADLs <sup>5</sup>	13.58	8.92*	21.50	10.78
	0.78	1.64	1.79	0.94
Three to five ADLs	45.98	46.11	60.25	28.00
	1.17	4.21	1.58	1.95



**Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**

All Medicare Beneficiaries

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Beneficiary Characteristic	Total <sup>1</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance <sup>2</sup>	
			Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	8.63	7.69	22.31	4.78
	0.20	0.68	0.88	0.23
Metropolitan Area Resident				
Yes	8.57	9.07	22.26	4.87
	0.23	0.91	1.09	0.26
No	8.92	5.07*	22.77	4.55
	0.37	1.06	1.02	0.46

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The 8.63 percent of Medicare beneficiaries with a facility stay differs from the 6.15 percent of Medicare beneficiaries who either resided full-year in a long-term care facility or part of the year in a long-term care facility, as shown in Table 1.1. User rates in this table include full-year community residents who had short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported either during a community interview or collected through Medicare claims data. The residence rates in Table 1.1 do not count such people as residing full- or part-year in a long-term care facility.
- 2 Beneficiaries enrolled in Medicare HMOs are not included in individual categories in the table, but are included in the total. Beneficiaries who were not eligible for Medicaid at any time during 2003, but who had individually-purchased private insurance, employer-sponsored private insurance, unknown purchaser for private insurance, or who were enrolled in a private HMO are included in the category *private insurance*.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

# 3.4

**HOW MUCH DOES THE  
MEDICARE POPULATION SPEND  
ON HEALTH CARE AND  
WHO PAYS FOR THEIR CARE?**

**Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2004**

All Medicare Beneficiaries

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Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Total Medical Services</b>						
All beneficiaries	\$564,212	54.23	11.23	12.28	18.82	3.44
	9,539	0.58	0.45	0.27	0.65	0.18
Beneficiaries 65 years and older	456,330	56.15	9.33	12.96	18.78	2.78
	6,542	0.54	0.41	0.22	0.39	0.15
Beneficiaries 64 years and younger	107,882	46.10	19.31	9.38	18.98	6.23
	7,604	1.92	1.67	1.16	2.86	0.81
<b>Inpatient Hospital Services</b>						
All beneficiaries	142,754	88.40	1.20	5.85	3.46	1.09
	4,466	0.93	0.07	0.47	0.69	0.36
Beneficiaries 65 years and older	115,795	90.14	0.88	5.67	2.47	0.84
	3,607	0.65	0.06	0.36	0.30	0.28
Beneficiaries 64 years and younger	26,959	80.91	2.59	6.66	7.68	2.16
	2,616	4.01	0.24	2.40	3.38	1.50
<b>Outpatient Hospital Services</b>						
All beneficiaries	55,985	69.20	3.65	16.78	8.06	2.30
	2,150	0.89	0.35	0.76	0.60	0.38
Beneficiaries 65 years and older	40,230	69.20	1.74	18.44	8.38	2.24
	1,188	0.84	0.16	0.53	0.50	0.46
Beneficiaries 64 years and younger	15,755	69.21	8.53	12.54	7.25	2.47
	1,776	2.71	0.96	2.36	1.62	0.65
<b>Physician/Supplier Services</b>						
All beneficiaries	152,010	63.91	3.25	12.76	19.48	0.59
	4,712	1.67	0.53	0.45	2.16	0.06
Beneficiaries 65 years and older	122,553	68.43	1.69	13.88	15.52	0.48
	2,263	0.75	0.16	0.26	0.76	0.05
Beneficiaries 64 years and younger	29,457	45.13	9.73	8.09	35.97	1.09
	4,345	5.63	2.92	1.46	8.54	0.28

**Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2004**

All Medicare Beneficiaries

2 of 3

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Dental Services						
All beneficiaries	\$12,591	1.47	2.44	18.60	75.63	1.85
	578	0.08	0.80	0.99	1.43	0.41
Beneficiaries 65 years and older	10,955	1.56	0.67	18.84	77.84	1.09
	501	0.09	0.19	1.00	1.12	0.29
Beneficiaries 64 years and younger	1,636	0.86	14.29	17.03	60.84	6.98
	195	0.14	5.43	3.22	6.00	2.38
Prescription Medicines						
All beneficiaries	74,716	4.45	15.68	36.13	30.78	12.97
	1,032	0.15	0.69	0.72	0.35	0.54
Beneficiaries 65 years and older	58,531	5.11	9.67	39.96	33.52	11.74
	817	0.17	0.42	0.75	0.41	0.61
Beneficiaries 64 years and younger	16,186	2.03	37.39	22.29	20.88	17.41
	721	0.31	2.27	1.54	0.86	1.79
Medicare Hospice Services						
All beneficiaries	7,143	100.00	0.00	0.00	0.00	0.00
	696	0.00	0.00	0.00	0.00	0.00
Beneficiaries 65 years and older	6,611	100.00	0.00	0.00	0.00	0.00
	570	0.00	0.00	0.00	0.00	0.00
Beneficiaries 64 years and younger	531	100.00	0.00	0.00	0.00	0.00
	326	0.00	0.00	0.00	0.00	0.00
Medicare Home Health Services						
All beneficiaries	15,688	92.84	1.02	0.55	4.21	1.39
	716	1.07	0.42	0.23	0.97	0.57
Beneficiaries 65 years and older	14,179	93.47	0.75	0.52	4.63	0.63
	683	1.14	0.42	0.25	1.06	0.31
Beneficiaries 64 years and younger	1,509	86.92	3.52	0.80	0.22	8.54
	192	5.08	1.88	0.59	0.12	4.87

**Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2004**

All Medicare Beneficiaries

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Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Long-Term Facility Care<sup>1</sup></b>						
All beneficiaries	\$103,325	18.06	41.14	2.63	32.85	5.32
	<i>3,379</i>	<i>0.78</i>	<i>1.55</i>	<i>0.32</i>	<i>1.25</i>	<i>0.62</i>
Beneficiaries 65 years and older	87,476	19.57	37.64	3.03	36.18	3.58
	<i>3,011</i>	<i>0.86</i>	<i>1.56</i>	<i>0.37</i>	<i>1.31</i>	<i>0.45</i>
Beneficiaries 64 years and younger	15,849	9.73	60.47	0.44	14.44	14.92
	<i>1,748</i>	<i>2.04</i>	<i>3.51</i>	<i>0.27</i>	<i>1.06</i>	<i>3.14</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims. See Appendix B for additional information.

**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

1 of 4

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$120,463	87.58	1.04	6.57	3.56	1.26	\$2,994
	4,272	1.10	0.07	0.56	0.82	0.43	105
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	40,728	88.82	0.84	7.03	2.12	1.19	2,202
	2,466	1.15	0.11	0.70	0.47	0.57	133
75 - 84 years	40,170	91.16	0.65	5.60	2.02	0.56	3,354
	1,841	0.86	0.07	0.63	0.48	0.18	147
85 years and older	15,829	87.67	0.73	6.43	3.72	1.45	4,333
	1,412	2.52	0.18	0.72	1.37	1.31	361
<b>Disabled</b>							
Under 45 years	4,607	83.32	3.64	4.23	7.35	1.46	3,048
	629	3.45	0.48	1.37	2.50	1.17	412
45 - 64 years	19,129	78.34	1.89	8.28	8.81	2.68	4,164
	2,434	5.52	0.25	3.39	4.69	2.11	531
<b>Gender</b>							
Male	58,474	86.54	0.73	6.89	3.71	2.13	3,250
	2,714	1.41	0.09	0.78	0.65	0.81	150
Female	61,988	88.55	1.33	6.26	3.41	0.45	2,787
	3,139	1.74	0.11	0.95	1.53	0.28	137
<b>Living Arrangement</b>							
Alone	36,825	88.81	1.07	6.31	2.23	1.57	3,057
	2,364	1.82	0.11	1.39	0.37	1.06	185
With spouse	55,520	85.74	0.38	8.29	4.65	0.94	2,707
	3,073	1.89	0.05	0.76	1.71	0.42	141
With children	17,289	89.10	2.03	4.28	3.02	1.57	3,962
	1,364	2.33	0.25	0.66	1.20	1.22	281
With others	10,669	90.43	2.74	2.20	3.19	1.43	3,322
	1,191	1.59	0.39	0.31	0.92	0.81	343

**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$120,463	87.58	1.04	6.57	3.56	1.26	\$2,994
	4,272	1.10	0.07	0.56	0.82	0.43	105
<b>Race/Ethnicity</b>							
White non-Hispanic	90,863	87.23	0.65	6.87	3.69	1.56	2,912
	3,343	1.29	0.06	0.48	1.06	0.56	106
Black non-Hispanic	15,912	91.63	2.40	3.68	1.71	0.58	4,186
	1,848	1.12	0.31	0.94	0.46	0.26	480
Hispanic	8,253	84.79	2.08	7.51	5.51	0.11	2,658
	951	6.48	0.36	5.42	2.20	0.08	282
Other	4,977	86.88	2.05	7.42	3.56	0.09	2,560
	863	2.67	0.45	2.67	1.08	0.07	408
<b>Income</b>							
Less than \$5,000	3,795	93.16	1.90	2.85	1.75	0.34	2,828
	523	0.92	0.38	0.50	0.56	0.25	383
\$5,000 - \$9,999	23,525	88.45	3.51	3.57	1.82	2.64	3,908
	2,310	2.76	0.32	2.01	0.42	1.79	346
\$10,000 - \$14,999	21,146	87.48	1.15	3.96	6.80	0.60	3,117
	1,950	3.98	0.16	0.95	4.12	0.23	278
\$15,000 - \$19,999	14,611	90.72	0.64	4.74	2.81	1.09	3,220
	1,559	1.08	0.23	0.75	0.53	0.41	334
\$20,000 - \$24,999	14,621	86.83	0.07	8.55	4.37	0.17	3,400
	1,859	2.22	0.03	1.57	1.60	0.15	413
\$25,000 - \$29,999	9,117	89.50	0.00	6.54	2.76	1.20	2,842
	1,009	2.07	0.00	1.39	0.83	0.54	297
\$30,000 - \$39,999	12,829	87.52	0.00	6.40	3.60	2.48	2,436
	1,179	3.26	0.00	0.81	1.73	1.72	213
\$40,000 - \$49,999	7,788	84.63	0.00	12.14	2.99	0.23	2,534
	970	4.01	0.00	3.75	1.28	0.20	305
\$50,000 or more	13,031	82.30	0.03	13.95	2.72	1.00	2,285
	1,112	2.94	0.03	2.32	0.99	0.83	188

**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

3 of 4

Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$120,463	87.58	1.04	6.57	3.56	1.26	\$2,994
	4,272	1.10	0.07	0.56	0.82	0.43	105
<b>Health Status</b>							
Excellent	9,205	88.88	0.45	8.34	1.89	0.44	1,488
	933	2.29	0.12	2.19	0.66	0.31	155
Very good	18,025	89.40	0.55	7.43	1.49	1.14	1,732
	1,102	1.43	0.09	0.96	0.30	0.62	103
Good	35,952	87.14	0.76	5.77	5.53	0.81	2,823
	1,950	2.67	0.11	0.62	2.63	0.49	158
Fair	31,996	89.64	1.41	5.03	3.18	0.74	4,356
	2,249	1.05	0.15	0.53	0.62	0.31	299
Poor	24,888	83.63	1.53	8.47	3.36	3.01	7,273
	2,544	3.22	0.20	2.48	0.85	1.82	657
<b>Functional Limitation</b>							
None	44,120	86.13	0.64	7.10	5.00	1.13	1,870
	2,017	2.17	0.08	0.66	2.09	0.55	83
IADL only <sup>4</sup>	34,951	89.42	1.21	6.85	1.90	0.62	3,940
	2,388	1.66	0.15	1.43	0.37	0.26	261
One to two ADLs <sup>5</sup>	22,722	88.38	1.33	4.48	3.37	2.44	4,348
	1,938	1.64	0.16	0.58	0.61	1.71	370
Three to five ADLs	18,438	86.47	1.29	7.39	3.49	1.37	7,419
	2,245	3.06	0.19	2.25	1.19	1.14	735



**Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$120,463	87.58	1.04	6.57	3.56	1.26	\$2,994
	<i>4,272</i>	<i>1.10</i>	<i>0.07</i>	<i>0.56</i>	<i>0.82</i>	<i>0.43</i>	<i>105</i>
<b>Metropolitan Area Resident</b>							
Yes	92,327	89.19	0.98	6.24	2.82	0.77	3,013
	<i>3,715</i>	<i>0.94</i>	<i>0.08</i>	<i>0.62</i>	<i>0.39</i>	<i>0.30</i>	<i>121</i>
No	28,120	82.29	1.22	7.64	5.96	2.89	2,969
	<i>2,203</i>	<i>3.59</i>	<i>0.12</i>	<i>1.28</i>	<i>3.28</i>	<i>1.52</i>	<i>226</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$48,829	66.93	3.17	18.73	8.54	2.62	\$1,214
	1,617	0.80	0.33	0.69	0.63	0.43	40
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	18,889	66.26	1.52	20.78	8.87	2.56	1,021
	784	1.27	0.21	0.92	0.89	0.81	43
75 - 84 years	13,933	68.85	1.57	19.26	7.83	2.49	1,163
	672	1.21	0.31	0.97	0.61	0.52	54
85 years and older	3,409	71.93	1.32	16.55	8.48	1.73	933
	205	1.28	0.27	0.96	1.00	0.75	52
<b>Disabled</b>							
Under 45 years	2,623	67.69	15.03	6.96	7.64	2.68	1,735
	312	2.88	3.31	1.37	1.07	0.99	207
45 - 64 years	9,975	63.63	6.05	17.96	9.17	3.19	2,171
	1,147	2.65	1.13	2.99	2.23	0.84	243
<b>Gender</b>							
Male	24,077	65.78	2.78	18.58	8.69	4.16	1,338
	1,137	1.29	0.48	1.04	1.03	0.77	64
Female	24,752	68.05	3.56	18.88	8.40	1.11	1,113
	1,012	1.03	0.49	0.95	0.87	0.28	44
<b>Living Arrangement</b>							
Alone	13,957	69.19	3.41	14.66	9.53	3.22	1,159
	928	1.60	0.32	0.75	1.45	1.14	73
With spouse	24,405	63.29	1.31	24.40	8.56	2.44	1,190
	1,207	1.29	0.36	1.02	0.78	0.42	59
With children	5,647	72.06	7.11	11.76	7.01	2.06	1,294
	580	2.00	1.58	1.26	1.01	0.91	125
With others	4,730	73.32	7.44	9.48	7.30	2.46	1,473
	685	2.07	1.36	1.65	1.47	0.98	207

**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$48,829	66.93	3.17	18.73	8.54	2.62	\$1,214
	1,617	0.80	0.33	0.69	0.63	0.43	40
<b>Race/Ethnicity</b>							
White non-Hispanic	35,069	64.60	1.95	21.41	8.97	3.07	1,124
	1,277	0.99	0.30	0.69	0.58	0.57	40
Black non-Hispanic	7,233	72.90	7.33	9.97	9.04	0.75	1,903
	800	2.62	1.55	1.94	2.91	0.36	209
Hispanic	4,029	73.26	5.65	13.74	4.70	2.64	1,298
	621	3.41	1.12	4.20	0.59	1.05	186
Other	2,362	74.27	4.46	12.54	7.17	1.56	1,215
	407	2.89	0.77	2.69	1.64	0.73	190
<b>Income</b>							
Less than \$5,000	1,352	69.99	4.10	12.54	6.50	6.87	1,008
	169	3.93	0.69	1.70	1.60	3.04	122
\$5,000 - \$9,999	8,878	76.63	10.04	3.33	7.96	2.04	1,475
	937	2.05	0.84	0.50	2.39	0.67	145
\$10,000 - \$14,999	9,282	68.89	3.83	14.24	9.36	3.67	1,368
	736	1.80	0.89	1.25	0.88	1.57	105
\$15,000 - \$19,999	5,459	67.29	3.79	16.39	9.78	2.75	1,203
	453	2.18	1.75	1.52	1.16	0.78	103
\$20,000 - \$24,999	5,146	68.07	0.70	21.48	7.10	2.64	1,197
	431	2.70	0.32	2.21	0.94	1.18	93
\$25,000 - \$29,999	3,525	67.36	0.01	24.56	6.05	2.02	1,099
	369	2.60	0.01	2.40	1.05	0.89	109
\$30,000 - \$39,999	6,119	63.11	0.03	27.23	7.72	1.92	1,162
	628	2.54	0.01	2.39	1.02	0.65	114
\$40,000 - \$49,999	3,672	63.17	0.01	30.10	5.68	1.05	1,195
	617	2.23	0.01	2.08	1.07	0.40	192
\$50,000 or more	5,394	52.01	0.01	31.94	13.25	2.78	946
	418	2.75	0.01	2.18	2.97	0.88	70

**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$48,829	66.93	3.17	18.73	8.54	2.62	\$1,214
	1,617	0.80	0.33	0.69	0.63	0.43	40
<b>Health Status</b>							
Excellent	4,076	61.59	0.71	22.86	8.99	5.85	659
	301	3.42	0.27	1.99	1.39	3.38	44
Very good	7,899	64.35	1.21	20.85	10.52	3.06	759
	438	1.99	0.25	1.38	1.99	0.80	39
Good	14,617	67.12	2.09	21.30	7.74	1.73	1,148
	765	1.32	0.33	1.26	0.61	0.38	59
Fair	12,850	68.13	4.32	17.53	7.57	2.46	1,749
	917	1.85	0.79	1.88	0.70	0.62	118
Poor	9,213	69.48	6.08	12.65	9.33	2.47	2,692
	1,079	2.49	1.21	1.60	2.52	0.85	287
<b>Functional Limitation</b>							
None	21,601	65.65	2.10	21.08	7.98	3.19	916
	926	0.90	0.52	0.87	0.51	0.77	36
IADL only <sup>4</sup>	14,068	66.41	3.78	18.38	9.61	1.82	1,586
	910	1.70	0.70	1.88	1.49	0.48	97
One to two ADLs <sup>5</sup>	9,137	70.69	4.28	14.26	8.78	1.99	1,748
	933	2.21	0.56	1.52	1.98	0.62	170
Three to five ADLs	3,959	67.17	4.36	17.47	7.16	3.84	1,593
	616	3.47	0.92	2.82	1.38	1.47	240

**Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$48,829	66.93	3.17	18.73	8.54	2.62	\$1,214
	<i>1,617</i>	<i>0.80</i>	<i>0.33</i>	<i>0.69</i>	<i>0.63</i>	<i>0.43</i>	<i>40</i>
<b>Metropolitan Area Resident</b>							
Yes	35,951	68.40	3.33	17.38	8.37	2.52	1,173
	<i>1,454</i>	<i>0.92</i>	<i>0.44</i>	<i>0.71</i>	<i>0.82</i>	<i>0.56</i>	<i>47</i>
No	12,874	62.86	2.74	22.52	8.99	2.88	1,359
	<i>729</i>	<i>1.61</i>	<i>0.30</i>	<i>1.61</i>	<i>0.54</i>	<i>0.57</i>	<i>79</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$134,413	65.04	3.33	14.04	16.95	0.63	\$3,341
	2,702	0.84	0.59	0.31	0.96	0.07	65
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	52,894	66.13	1.55	15.45	16.34	0.53	2,859
	1,481	0.80	0.23	0.46	0.81	0.10	79
75 - 84 years	45,799	68.44	1.56	14.40	15.12	0.48	3,824
	1,682	1.80	0.28	0.38	1.95	0.07	130
85 years and older	13,663	69.00	1.70	12.71	16.32	0.27	3,740
	599	1.00	0.27	0.54	0.97	0.06	126
<b>Disabled</b>							
Under 45 years	4,541	53.85	17.72	5.60	18.76	4.07	3,004
	390	3.41	4.99	0.91	3.00	1.57	250
45 - 64 years	17,516	52.64	10.89	12.07	23.64	0.76	3,813
	1,673	3.81	3.89	1.58	4.69	0.16	348
<b>Gender</b>							
Male	59,259	65.25	3.30	14.48	15.97	1.00	3,294
	1,903	1.44	1.18	0.50	1.49	0.12	107
Female	75,154	64.87	3.36	13.69	17.73	0.34	3,379
	1,830	1.18	0.43	0.39	1.30	0.09	77
<b>Living Arrangement</b>							
Alone	41,533	63.63	3.92	12.11	19.75	0.60	3,448
	2,052	2.40	0.66	0.55	2.77	0.12	152
With spouse	67,162	64.71	1.95	17.02	15.78	0.54	3,274
	1,913	0.88	1.01	0.44	0.61	0.06	81
With children	15,320	68.79	5.85	9.37	15.70	0.29	3,511
	812	1.45	1.54	0.58	1.21	0.07	154
With others	10,152	67.32	6.33	9.45	14.98	1.92	3,161
	649	1.42	1.04	0.81	1.14	0.68	168

**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$134,413	65.04	3.33	14.04	16.95	0.63	\$3,341
	2,702	0.84	0.59	0.31	0.96	0.07	65
<b>Race/Ethnicity</b>							
White non-Hispanic	103,676	64.67	2.00	15.73	16.92	0.69	3,323
	2,184	0.87	0.65	0.31	0.92	0.09	65
Black non-Hispanic	13,561	63.70	7.47	7.87	20.68	0.29	3,568
	1,324	4.88	1.94	0.95	5.95	0.08	342
Hispanic	11,121	69.15	9.62	7.76	12.92	0.56	3,582
	1,024	2.21	1.90	0.93	2.48	0.19	271
Other	5,671	67.38	5.73	10.26	16.07	0.56	2,917
	551	2.44	1.63	1.61	2.36	0.16	239
<b>Income</b>							
Less than \$5,000	3,443	71.48	5.59	8.95	12.99	1.00	2,565
	268	1.63	0.87	0.89	1.55	0.47	187
\$5,000 - \$9,999	20,907	67.14	10.53	4.44	17.09	0.81	3,474
	1,623	3.17	1.00	0.50	4.00	0.22	236
\$10,000 - \$14,999	22,350	68.37	5.92	10.16	14.84	0.70	3,295
	1,035	2.14	2.87	0.70	0.89	0.13	149
\$15,000 - \$19,999	16,129	67.08	4.32	12.53	15.53	0.54	3,555
	860	1.69	1.95	0.64	1.06	0.16	180
\$20,000 - \$24,999	13,487	64.81	0.37	16.49	17.99	0.35	3,136
	711	1.85	0.15	0.77	1.92	0.10	128
\$25,000 - \$29,999	11,932	61.04	0.04	16.57	21.87	0.47	3,720
	1,397	5.93	0.02	0.80	6.30	0.14	428
\$30,000 - \$39,999	17,098	65.38	0.03	19.11	14.89	0.59	3,247
	997	1.08	0.01	0.78	0.90	0.21	152
\$40,000 - \$49,999	10,252	62.30	0.02	19.95	16.31	1.42	3,335
	728	1.37	0.01	0.82	1.29	0.65	178
\$50,000 or more	18,815	59.68	0.03	20.36	19.63	0.30	3,299
	966	1.52	0.02	0.88	1.58	0.06	141

**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$134,413	65.04	3.33	14.04	16.95	0.63	\$3,341
	2,702	0.84	0.59	0.31	0.96	0.07	65
<b>Health Status</b>							
Excellent	12,650	67.71	0.81	15.60	15.11	0.77	2,045
	639	1.20	0.20	0.74	0.89	0.22	79
Very good	25,630	67.05	1.01	15.57	15.67	0.70	2,463
	962	0.82	0.15	0.52	0.71	0.14	78
Good	43,618	64.25	1.74	15.42	18.16	0.43	3,424
	1,651	1.71	0.18	0.51	1.95	0.07	126
Fair	31,817	65.66	6.45	12.62	14.74	0.53	4,332
	1,390	1.62	2.18	0.59	0.82	0.10	156
Poor	20,136	61.32	6.46	10.32	20.83	1.07	5,884
	1,830	3.14	1.29	0.98	4.10	0.40	454
<b>Functional Limitation</b>							
None	60,288	68.52	1.52	15.78	13.62	0.56	2,556
	1,477	0.62	0.43	0.35	0.40	0.07	55
IADL only <sup>4</sup>	37,276	61.09	4.22	12.91	21.21	0.56	4,202
	2,072	2.79	1.79	0.65	3.05	0.12	225
One to two ADLs <sup>5</sup>	22,683	63.83	3.99	12.59	18.77	0.81	4,341
	1,096	1.36	0.59	0.68	1.46	0.18	185
Three to five ADLs	13,943	62.34	7.75	11.94	17.13	0.85	5,611
	894	1.47	1.83	1.06	1.11	0.45	270



**Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$134,413	65.04	3.33	14.04	16.95	0.63	\$3,341
	<i>2,702</i>	<i>0.84</i>	<i>0.59</i>	<i>0.31</i>	<i>0.96</i>	<i>0.07</i>	<i>65</i>
<b>Metropolitan Area Resident</b>							
Yes	107,787	65.55	3.46	13.61	16.82	0.57	3,517
	<i>2,522</i>	<i>1.04</i>	<i>0.73</i>	<i>0.35</i>	<i>1.18</i>	<i>0.07</i>	<i>79</i>
No	26,598	63.03	2.83	15.77	17.48	0.89	2,808
	<i>959</i>	<i>0.59</i>	<i>0.38</i>	<i>0.70</i>	<i>0.60</i>	<i>0.18</i>	<i>94</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$12,539	1.36	2.43	18.66	75.69	1.86	\$312
	583	0.08	0.80	1.00	1.45	0.42	14
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	6,422	1.05	0.83	20.11	76.84	1.17	347
	445	0.09	0.32	1.54	1.63	0.44	24
75 - 84 years	3,733	1.89	0.40	17.74	78.90	1.06	312
	187	0.14	0.16	1.56	1.62	0.36	16
85 years and older	751	2.60	0.71	14.34	81.79	0.55	206
	70	0.32	0.45	3.00	3.07	0.34	19
<b>Disabled</b>							
Under 45 years	206	0.66	9.47	14.17	73.54	2.16	137
	27	0.20	2.62	3.49	4.02	1.53	18
45 - 64 years	1,426	0.83	14.85	17.49	59.14	7.69	310
	195	0.15	6.23	3.75	6.77	2.75	40
<b>Gender</b>							
Male	5,302	1.33	1.61	20.41	73.48	3.17	295
	313	0.10	0.38	1.38	1.68	0.95	17
Female	7,237	1.38	3.03	17.39	77.30	0.90	325
	420	0.11	1.35	1.41	2.05	0.24	18
<b>Living Arrangement</b>							
Alone	3,235	1.65	1.26	15.68	80.33	1.09	269
	209	0.15	0.34	1.36	1.49	0.40	17
With spouse	7,590	1.11	0.86	20.62	75.69	1.72	370
	554	0.10	0.43	1.47	1.71	0.55	26
With children	893	2.54	7.98	19.46	67.85	2.18	205
	110	0.42	3.60	3.46	4.40	1.45	24
With others	773	1.27	16.50	10.63	65.42	6.18	241
	121	0.24	9.91	2.99	8.70	4.04	36

**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$12,539	1.36	2.43	18.66	75.69	1.86	\$312
	583	0.08	0.80	1.00	1.45	0.42	14
<b>Race/Ethnicity</b>							
White non-Hispanic	10,473	1.14	1.02	19.35	77.13	1.36	336
	536	0.08	0.40	1.13	1.33	0.40	17
Black non-Hispanic	521	3.30	7.89	16.61	67.55	4.65	137
	63	0.50	3.21	3.57	4.97	2.26	16
Hispanic	749	3.39	6.95	12.29	72.33	5.03	241
	131	0.63	2.66	3.36	5.63	4.04	37
Other	708	1.17	14.77	16.44	64.50	3.13	364
	143	0.31	11.00	4.82	9.61	2.09	70
<b>Income</b>							
Less than \$5,000	255	2.22	2.33	4.76	88.87	1.81	190
	70	0.70	1.57	1.99	3.74	1.25	51
\$5,000 - \$9,999	1,005	1.92	21.08	5.04	70.08	1.88	167
	182	0.39	8.44	1.77	8.39	0.81	29
\$10,000 - \$14,999	1,407	2.19	5.13	7.86	82.81	2.00	207
	112	0.24	2.28	1.92	3.23	1.61	17
\$15,000 - \$19,999	1,065	2.20	1.30	19.94	71.89	4.67	235
	98	0.27	0.52	3.12	3.50	2.22	20
\$20,000 - \$24,999	1,163	1.84	0.09	22.45	74.72	0.90	270
	101	0.23	0.09	3.16	3.02	0.49	20
\$25,000 - \$29,999	816	1.91	0.01	15.17	81.66	1.26	254
	77	0.25	0.01	3.00	2.92	0.83	26
\$30,000 - \$39,999	2,372	1.00	0.00	19.85	76.97	2.19	450
	255	0.13	0.00	2.47	2.83	1.27	46
\$40,000 - \$49,999	1,214	0.86	0.00	24.38	73.10	1.66	395
	116	0.13	0.00	3.24	3.29	1.06	36
\$50,000 or more	3,243	0.62	0.00	24.76	73.42	1.20	569
	343	0.08	0.00	2.20	2.29	0.51	55

**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$12,539	1.36	2.43	18.66	75.69	1.86	\$312
	583	0.08	0.80	1.00	1.45	0.42	14
<b>Health Status</b>							
Excellent	2,403	1.02	0.25	15.63	81.20	1.91	388
	264	0.14	0.15	2.18	2.53	1.06	41
Very good	3,691	1.20	1.05	20.54	75.47	1.74	355
	233	0.10	0.40	1.87	2.07	0.84	22
Good	3,957	1.57	0.57	19.91	76.42	1.52	311
	256	0.11	0.15	1.78	1.83	0.52	19
Fair	1,623	1.77	3.61	17.89	74.06	2.67	221
	169	0.25	1.33	3.18	4.16	1.91	22
Poor	835	1.10	21.42	14.79	60.38	2.30	244
	122	0.26	9.49	3.51	8.50	0.99	35
<b>Functional Limitation</b>							
None	8,256	1.28	0.47	18.45	78.07	1.73	350
	461	0.08	0.12	1.32	1.46	0.55	20
IADL only <sup>4</sup>	2,376	1.43	2.88	21.10	72.89	1.70	268
	217	0.19	0.97	2.29	2.65	0.53	22
One to two ADLs <sup>5</sup>	1,494	1.38	12.22	17.42	66.20	2.77	286
	200	0.22	5.87	2.76	5.77	1.87	37
Three to five ADLs	403	2.50	3.75	13.71	78.02	2.02	162
	64	0.52	1.44	3.67	4.31	0.98	23

**Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$12,539	1.36	2.43	18.66	75.69	1.86	\$312
	<i>583</i>	<i>0.08</i>	<i>0.80</i>	<i>1.00</i>	<i>1.45</i>	<i>0.42</i>	<i>14</i>
<b>Metropolitan Area Resident</b>							
Yes	10,803	1.54	2.22	19.29	75.43	1.52	353
	<i>578</i>	<i>0.10</i>	<i>0.88</i>	<i>1.16</i>	<i>1.61</i>	<i>0.36</i>	<i>19</i>
No	1,733	0.23	3.76	14.78	77.27	3.96	183
	<i>88</i>	<i>0.06</i>	<i>1.83</i>	<i>1.16</i>	<i>2.77</i>	<i>1.99</i>	<i>9</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$73,705	4.14	15.58	36.35	30.88	13.05	\$1,832
	1,024	0.15	0.70	0.73	0.35	0.54	25
<b>Medicare Status<sup>3</sup></b>							
<b>Aged</b>							
65 - 74 years	30,226	3.93	9.63	44.12	32.14	10.18	1,634
	685	0.21	0.64	0.97	0.55	0.69	35
75 - 84 years	21,400	5.65	9.32	36.92	34.12	13.99	1,787
	481	0.28	0.73	1.19	0.69	1.13	37
85 years and older	6,037	5.72	10.40	32.44	39.39	12.05	1,653
	211	0.46	1.11	1.47	1.20	1.08	43
<b>Disabled</b>							
Under 45 years	3,705	1.74	50.79	15.28	16.22	15.97	2,451
	249	1.04	3.11	1.65	1.37	2.76	152
45 - 64 years	12,337	2.01	32.98	24.56	22.42	18.04	2,685
	653	0.27	2.88	1.91	1.20	2.17	141
<b>Gender</b>							
Male	31,352	4.13	11.45	37.17	29.15	18.10	1,743
	788	0.20	0.81	1.19	0.58	1.10	41
Female	42,352	4.15	18.64	35.74	32.16	9.30	1,904
	762	0.21	0.97	0.82	0.50	0.55	32
<b>Living Arrangement</b>							
Alone	22,124	4.20	19.63	30.46	31.43	14.28	1,836
	630	0.26	1.15	1.36	0.75	1.32	39
With spouse	36,565	4.17	6.53	45.05	32.62	11.63	1,782
	873	0.23	0.71	0.92	0.53	0.70	36
With children	8,675	4.44	28.11	25.93	26.86	14.67	1,988
	442	0.44	2.79	1.87	1.20	1.79	76
With others	6,259	3.26	36.71	21.05	24.33	14.64	1,949
	362	0.39	2.33	1.91	1.27	1.81	82

**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
<b>All Beneficiaries</b>	\$73,705	4.14	15.58	36.35	30.88	13.05	\$1,832
	1,024	0.15	0.70	0.73	0.35	0.54	25
<b>Race/Ethnicity</b>							
White non-Hispanic	57,721	3.68	10.63	39.32	32.81	13.56	1,850
	956	0.17	0.61	0.85	0.43	0.63	27
Black non-Hispanic	7,042	4.63	34.04	27.89	22.66	10.77	1,853
	388	0.60	2.99	2.46	1.11	1.70	102
Hispanic	5,236	8.84	34.51	19.06	25.91	11.68	1,686
	387	0.83	3.13	1.64	1.58	1.93	83
Other	3,486	3.84	32.16	29.24	23.53	11.22	1,793
	331	0.67	3.16	3.08	1.76	2.16	106
<b>Income</b>							
Less than \$5,000	2,039	4.93	34.07	14.80	27.29	18.91	1,519
	170	0.76	3.74	2.35	2.32	3.71	97
\$5,000 - \$9,999	11,951	2.98	60.42	7.94	17.40	11.26	1,986
	522	0.26	2.07	0.89	0.84	1.10	65
\$10,000 - \$14,999	12,204	4.47	21.21	22.13	31.16	21.03	1,799
	415	0.35	1.74	1.50	1.02	1.51	53
\$15,000 - \$19,999	7,988	5.64	9.38	31.35	34.72	18.92	1,760
	342	0.46	1.24	1.61	1.25	1.37	53
\$20,000 - \$24,999	8,098	4.85	1.87	41.73	35.10	16.45	1,883
	491	0.52	0.72	2.26	1.46	3.13	88
\$25,000 - \$29,999	5,811	4.49	0.39	48.57	34.73	11.82	1,812
	307	0.48	0.20	2.29	1.51	1.93	74
\$30,000 - \$39,999	9,186	4.37	0.38	52.56	33.53	9.16	1,744
	333	0.32	0.14	1.24	0.99	0.88	50
\$40,000 - \$49,999	5,763	3.26	0.30	56.33	33.37	6.74	1,875
	401	0.41	0.17	1.96	1.41	1.36	100
\$50,000 or more	10,665	3.36	0.03	56.83	34.56	5.23	1,870
	483	0.37	0.03	1.10	1.00	0.60	58

**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$73,705	4.14	15.58	36.35	30.88	13.05	\$1,832
	1,024	0.15	0.70	0.73	0.35	0.54	25
<b>Health Status</b>							
Excellent	7,231	6.31	5.72	43.72	32.43	11.82	1,169
	341	0.58	0.81	2.01	1.15	1.31	44
Very good	14,915	5.18	7.17	42.33	33.98	11.34	1,433
	555	0.28	0.89	1.40	0.91	1.41	47
Good	23,066	4.86	11.60	37.07	33.60	12.87	1,811
	550	0.24	0.76	1.08	0.60	0.92	34
Fair	17,604	2.96	23.29	32.26	28.63	12.85	2,397
	620	0.28	1.64	1.45	0.85	0.95	65
Poor	10,564	1.65	30.07	27.92	23.32	17.05	3,087
	588	0.30	2.42	2.09	1.28	2.03	130
<b>Functional Limitation</b>							
None	35,583	5.22	8.89	40.39	32.38	13.12	1,508
	819	0.22	0.65	0.94	0.58	0.93	31
IADL only <sup>4</sup>	19,369	3.22	20.09	34.06	30.72	11.91	2,183
	547	0.28	1.38	1.29	0.91	0.94	54
One to two ADLs <sup>5</sup>	12,275	3.15	21.86	32.12	28.52	14.35	2,349
	475	0.29	1.83	1.90	1.11	1.35	70
Three to five ADLs	6,344	2.92	27.24	28.81	27.59	13.44	2,553
	332	0.42	2.33	2.20	1.37	1.64	83



**Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$73,705	4.14	15.58	36.35	30.88	13.05	\$1,832
	<i>1,024</i>	<i>0.15</i>	<i>0.70</i>	<i>0.73</i>	<i>0.35</i>	<i>0.54</i>	<i>25</i>
<b>Metropolitan Area Resident</b>							
Yes	55,494	5.35	15.36	37.43	29.80	12.06	1,811
	<i>839</i>	<i>0.20</i>	<i>0.85</i>	<i>0.89</i>	<i>0.42</i>	<i>0.62</i>	<i>27</i>
No	18,157	0.46	16.26	33.14	34.20	15.94	1,917
	<i>653</i>	<i>0.08</i>	<i>1.06</i>	<i>1.02</i>	<i>0.63</i>	<i>1.07</i>	<i>66</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Long-Term Care Facility Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$) <sup>3</sup>	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$93,686	11.24	45.27	2.22	35.45	5.82	\$35,526
	3,390	0.75	1.64	0.32	1.39	0.68	800
<b>Medicare Status<sup>4</sup></b>							
<b>Aged</b>							
65 - 74 years	9,670	14.90	54.45	1.43	24.17	5.04	33,417
	1,275	3.20	4.82	0.74	3.54	1.69	2,323
75 - 84 years	28,625	13.24	45.97	3.44	33.69	3.65	35,571
	1,733	1.29	3.03	0.65	2.70	0.72	1,274
85 years and older	40,219	10.70	35.88	2.35	47.21	3.86	35,520
	1,895	1.04	2.13	0.51	2.01	0.72	968
<b>Disabled</b>							
Under 45 years	4,234	5.97	53.68	0.32	12.44	27.59	41,122
	455	4.34	7.20	0.31	3.07	7.13	3,392
45 - 64 years	10,937	6.80	66.56	0.00	15.70	10.94	35,544
	1,624	1.92	4.10	0.00	1.44	3.22	3,563
<b>Gender</b>							
Male	30,770	12.48	45.23	2.28	30.23	9.78	33,803
	2,245	1.49	2.75	0.49	2.00	1.60	1,437
Female	62,916	10.63	45.29	2.20	38.01	3.88	36,435
	2,581	0.82	1.94	0.39	1.66	0.52	980
<b>Race/Ethnicity</b>							
White non-Hispanic	75,807	11.61	39.56	2.67	39.97	6.19	34,893
	2,883	0.81	1.72	0.40	1.53	0.75	815
Black non-Hispanic	10,344	9.68	71.36	0.19	15.14	3.63	39,648
	1,286	1.88	3.10	0.19	1.94	2.24	3,325
Hispanic	4,280*	13.51*	64.52*	0.89*	14.52*	6.56*	37,859*
	734	5.02	5.11	0.59	3.46	2.17	3,766
Other	2,195*	6.82*	70.90*	0.00*	21.35*	0.93*	32,035*
	495	3.48	7.69	0.00	7.50	0.56	5,211

**Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Long-Term Care Facility Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$) <sup>3</sup>	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$93,686	11.24	45.27	2.22	35.45	5.82	\$35,526
	3,390	0.75	1.64	0.32	1.39	0.68	800
<b>Income</b>							
Less than \$5,000	4,770	6.21	57.76	0.03	31.25	4.74	34,953
	724	2.40	6.30	0.04	5.33	1.23	3,421
\$5,000 - \$9,999	33,784	9.84	62.29	0.72	19.97	7.19	36,528
	2,262	1.09	2.04	0.20	1.19	1.32	1,316
\$10,000 - \$14,999	24,067	11.67	47.90	2.24	33.63	4.56	34,486
	1,821	1.52	2.86	0.59	2.18	1.19	1,711
\$15,000 - \$19,999	9,103	9.91	34.52	2.97	43.03	9.57	34,117
	1,212	2.22	4.73	1.11	3.49	2.72	2,303
\$20,000 - \$24,999	7,191	14.81	29.46	5.80	45.52	4.41	40,084
	1,298	2.78	6.39	2.60	6.05	1.66	3,546
\$25,000 - \$29,999	5,874	18.90	12.92	5.01	60.54	2.64	40,491
	923	3.85	5.16	1.33	5.78	1.27	3,309
\$30,000 - \$39,999	4,781	13.67	17.25	3.16	61.69	4.22	32,182
	801	4.95	5.95	1.24	5.33	2.22	2,972
\$40,000 - \$49,999	1,801*	8.09*	7.65*	2.03*	82.13*	0.09*	31,585*
	457	3.35	4.23	1.10	5.18	0.10	4,556
\$50,000 or more	2,314*	9.68*	4.28*	5.64*	73.93*	6.48*	28,591*
	436	3.75	3.09	3.03	6.11	4.43	3,405
<b>Health Status</b>							
Excellent	3,484	14.01	26.93	3.96	40.47	14.63	26,651
	618	4.92	6.96	2.57	7.45	6.90	3,081
Very good	7,282	9.48	33.92	2.36	45.38	8.86	28,729
	826	2.66	5.25	0.93	4.03	2.52	1,932
Good	23,944	8.20	45.23	1.50	37.37	7.69	36,926
	1,826	1.41	3.01	0.39	2.74	1.55	1,656
Fair	35,813	11.40	47.23	2.35	34.93	4.09	35,973
	2,412	1.24	2.60	0.59	1.92	1.01	1,577
Poor	21,324	14.45	49.09	2.54	29.47	4.45	37,686
	2,083	1.85	2.66	0.64	2.21	1.09	1,577

**Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Long-Term Care Facility Residents<sup>1</sup>

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Beneficiary Characteristic <sup>2</sup>	Total Expenditures (millions of \$) <sup>3</sup>	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
<b>All Beneficiaries</b>	\$93,686	11.24	45.27	2.22	35.45	5.82	\$35,526
	<i>3,390</i>	<i>0.75</i>	<i>1.64</i>	<i>0.32</i>	<i>1.39</i>	<i>0.68</i>	<i>800</i>
<b>Functional Limitation</b>							
None	3,269	31.98	13.57	5.84	37.50	11.10	21,987
	<i>697</i>	<i>6.40</i>	<i>4.43</i>	<i>2.38</i>	<i>6.14</i>	<i>4.58</i>	<i>2,969</i>
IADL only <sup>5</sup>	5,260	11.82	29.16	2.25	39.47	17.30	19,170
	<i>702</i>	<i>2.24</i>	<i>4.30</i>	<i>1.13</i>	<i>5.75</i>	<i>5.34</i>	<i>2,213</i>
One to two ADLs <sup>6</sup>	17,352	9.58	38.48	1.28	39.00	11.67	31,522
	<i>1,895</i>	<i>1.39</i>	<i>3.34</i>	<i>0.30</i>	<i>2.81</i>	<i>2.04</i>	<i>1,737</i>
Three to five ADLs	67,574	10.66	49.95	2.25	33.96	3.18	40,776
	<i>2,984</i>	<i>0.88</i>	<i>1.83</i>	<i>0.39</i>	<i>1.61</i>	<i>0.51</i>	<i>938</i>
<b>Metropolitan Area Resident</b>							
Yes	73,354	11.84	44.43	2.10	35.65	5.98	36,974
	<i>3,343</i>	<i>0.92</i>	<i>1.96</i>	<i>0.36</i>	<i>1.66</i>	<i>0.79</i>	<i>1,000</i>
No	20,332	9.08	48.28	2.68	34.75	5.21	31,130
	<i>1,100</i>	<i>0.90</i>	<i>3.04</i>	<i>0.73</i>	<i>2.27</i>	<i>1.33</i>	<i>1,154</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *long-term care facility residents* includes beneficiaries who resided only in a long-term care facility during the year, and beneficiaries who resided part of the year in a long-term care facility and part of the year in the community. It excludes beneficiaries who resided only in the community during the year.
- 2 Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.
- 3 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year, and facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year. However, in contrast with Table 4.1, facility expenditures in Table 4.7 do not include expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year community residents, which were reported during a community interview or created through Medicare claims data. See Appendix B for additional information.
- 4 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 5 IADL stands for Instrumental Activity of Daily Living.
- 6 ADL stands for Activity of Daily Living.

**Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$10,373	\$6,178	\$13,242	\$9,856	\$10,583	\$10,732
	176	419	566	271	319	708
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	8,450	4,068	11,445	9,068	8,295	8,540
	210	473	660	521	342	810
75 - 84 years	11,341	6,899	12,905	9,923	12,551	13,085
	259	897	786	451	593	1,269
85 years and older	12,787	8,692	14,271	12,281	13,922	11,846*
	513	1,585	2,116	842	930	2,280
<b>Disabled</b>						
Under 45 years	10,630	5,758	11,668	13,464*	9,185	21,818*
	666	1,026	958	3,109	1,426	13,856
45 - 64 years	13,588	8,222	16,186	9,620*	15,290	16,442*
	952	1,193	1,581	2,354	1,885	4,977
<b>Gender</b>						
Male	10,510	6,185	13,167	10,445	10,970	11,443
	272	637	960	452	440	1,161
Female	10,262	6,166	13,289	9,461	10,228	10,159
	210	675	658	391	454	911
<b>Living Arrangement</b>						
Alone	10,598	6,427	13,401	9,537	11,218	10,728
	316	1,052	934	446	665	1,203
With spouse	9,815	6,482	12,040	9,497	10,065	10,524
	248	549	1,043	415	446	927
With children	12,166	5,843	14,752	12,654	12,809	10,298*
	517	1,037	1,070	1,036	1,149	1,642
With others	10,767	4,987	13,011	12,098	10,897	17,552*
	648	942	1,162	1,641	1,140	5,590

**Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$10,373	\$6,178	\$13,242	\$9,856	\$10,583	\$10,732
	176	419	566	271	319	708
<b>Race/Ethnicity</b>						
White non-Hispanic	10,225	6,825	12,883	9,765	10,625	10,646
	176	519	712	297	333	694
Black non-Hispanic	12,504	4,573	17,089	14,401	11,651	8,634*
	883	778	1,896	2,581	1,517	2,237
Hispanic	10,124	4,130	11,318	10,603	10,891	9,182*
	566	962	852	1,622	1,638	2,539
Other	9,292	5,645	10,678	8,142	7,454	21,028*
	720	1,918	1,243	1,466	1,021	9,000
<b>Income</b>						
Less than \$5,000	8,845	3,135	10,444	6,819	12,136	9,298*
	712	867	1,354	1,048	2,164	2,905
\$5,000 - \$9,999	11,942	4,475	13,779	11,077	8,685	20,762*
	634	664	859	1,128	1,440	14,312
\$10,000 - \$14,999	10,544	6,501	12,958	9,714	12,186	7,404*
	473	803	912	715	1,386	1,901
\$15,000 - \$19,999	10,711	9,446	15,188	10,754	10,452	10,514*
	558	1,910	2,075	956	912	2,287
\$20,000 - \$24,999	10,702	5,930	9,824*	10,681	12,731	6,800
	573	1,076	1,541	1,092	1,182	788
\$25,000 - \$29,999	10,401	5,093	7,396*	10,642	11,705	11,414
	604	995	3,739	1,361	1,262	2,370
\$30,000 - \$39,999	9,531	6,115	8,958*	9,153	9,707	11,578
	393	813	2,066	815	577	1,473
\$40,000 - \$49,999	9,891	7,190*	9,348*	9,377	10,279	10,695
	677	3,128	4,987	987	1,086	1,947
\$50,000 or more	9,375	4,336*	13,526*	8,873	9,322	11,884
	330	1,384	6,775	628	489	1,436

**Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$10,373	\$6,178	\$13,242	\$9,856	\$10,583	\$10,732
	176	419	566	271	319	708
<b>Health Status</b>						
Excellent	6,001	2,795	7,536	5,870	5,616	6,598
	222	376	1,067	526	436	602
Very good	7,128	3,128	8,047	6,640	6,938	9,336
	212	424	930	368	298	1,369
Good	10,106	5,354	10,056	10,407	11,221	10,036
	267	578	681	511	643	1,052
Fair	14,153	9,693	14,411	15,277	15,775	17,090
	448	1,505	895	914	968	2,106
Poor	20,957	11,202	22,014	24,825	22,854	41,545*
	1,137	1,747	2,065	2,870	2,138	8,472
<b>Functional Limitation</b>						
None	7,460	3,972	8,970	7,175	7,497	7,785
	152	314	496	269	290	595
IADL only <sup>4</sup>	12,864	7,308	14,107	12,730	14,152	15,285
	423	820	1,269	701	897	1,940
One to two ADLs <sup>5</sup>	14,277	7,945	15,857	13,216	15,824	23,055
	666	1,301	1,377	911	1,076	4,714
Three to five ADLs	20,871	17,803	20,032	24,457	23,605	12,159*
	1,064	4,115	1,411	2,910	2,335	4,228

**Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per Beneficiary</b>	\$10,373	\$6,178	\$13,242	\$9,856	\$10,583	\$10,732
	<i>176</i>	<i>419</i>	<i>566</i>	<i>271</i>	<i>319</i>	<i>708</i>
<b>Metropolitan Area Resident</b>						
Yes	10,586	5,961	13,724	10,588	10,544	10,720
	<i>206</i>	<i>559</i>	<i>691</i>	<i>352</i>	<i>346</i>	<i>836</i>
No	9,799	6,665	12,142	8,321	10,804	11,210
	<i>334</i>	<i>599</i>	<i>956</i>	<i>400</i>	<i>715</i>	<i>1,368</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.



**Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Inpatient Hospital Stay in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$14,317	\$14,336	\$15,686	\$13,528	\$15,777	\$16,668
	430	1,494	1,016	738	788	2,323
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	13,629	11,036*	13,725	15,023	15,166	14,045*
	750	1,650	1,148	1,754	1,389	3,090
75 - 84 years	13,906	14,959*	13,927	12,460	15,866	21,977*
	616	3,039	1,476	883	1,024	4,078
85 years and older	13,279	12,558*	16,842	12,890	14,819	9,791*
	1,100	2,228	5,386	1,296	1,729	2,081
<b>Disabled</b>						
Under 45 years	16,758	13,934*	16,885	12,845*	19,269*	20,038*
	2,081	4,445	2,943	2,955	6,742	14,714
45 - 64 years	17,491	17,176*	18,384	16,977*	18,601	8,778*
	1,694	3,610	2,400	7,329	3,749	1,656
<b>Gender</b>						
Male	15,475	14,917	16,523	14,082	17,234	19,620
	672	2,391	1,514	874	1,207	3,603
Female	13,348	13,411	15,193	13,106	14,360	13,156*
	604	1,194	1,287	1,042	1,193	2,474
<b>Living Arrangement</b>						
Alone	14,751	19,306*	16,612	13,127	15,402	20,917*
	804	4,696	1,706	1,163	1,251	6,347
With spouse	13,993	12,871	13,786	13,951	15,687	15,766
	697	1,600	2,527	1,213	1,153	2,819
With children	13,960	11,450*	15,013	12,957	17,519	10,651*
	806	2,614	1,450	1,208	2,446	2,917
With others	15,446	13,025*	17,135	13,756*	15,779*	23,824*
	1,270	2,537	2,116	2,307	2,394	13,907

**Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Inpatient Hospital Stay in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$14,317	\$14,336	\$15,686	\$13,528	\$15,777	\$16,668
	430	1,494	1,016	738	788	2,323
<b>Race/Ethnicity</b>						
White non-Hispanic	14,037	14,921	14,195	13,520	15,922	16,286
	465	1,807	1,239	783	884	2,235
Black non-Hispanic	18,231	10,889*	21,358	18,126*	18,375	8,721*
	1,848	1,573	2,884	3,722	4,116	4,973
Hispanic	12,274	14,982*	13,014	13,862*	13,469*	18,429*
	1,519	4,941	2,042	4,341	3,642	5,787
Other	13,273	16,268*	14,714*	9,061*	9,236*	25,838*
	2,037	12,895	2,282	1,563	1,847	16,848
<b>Income</b>						
Less than \$5,000	12,613	12,688*	14,198*	10,402*	15,313*	3,378*
	1,474	2,606	2,969	2,957	3,540	0
\$5,000 - \$9,999	16,657	11,826*	17,482	12,168	19,739*	57,417*
	1,267	2,891	1,504	1,205	5,239	43,642
\$10,000 - \$14,999	13,421	13,487*	13,114	13,133	17,777	11,362*
	1,055	2,185	1,076	1,083	3,407	4,428
\$15,000 - \$19,999	12,707	16,671*	15,085*	11,971	12,675	12,676*
	1,157	4,526	3,705	1,431	1,830	3,294
\$20,000 - \$24,999	16,178	12,859*	6,213*	14,853	20,586	13,573*
	1,683	3,119	1,005	2,375	3,310	4,868
\$25,000 - \$29,999	13,980	10,238*	10,996*	16,380*	15,430	15,211*
	1,431	2,619	4,720	4,453	1,620	3,217
\$30,000 - \$39,999	14,710	16,395*	13,287*	14,766*	15,933	14,962*
	1,057	2,828	0	2,319	1,563	3,494
\$40,000 - \$49,999	13,940	22,289*	21,512*	12,367*	13,957	25,495*
	1,363	9,034	8,391	1,699	1,483	9,477
\$50,000 or more	13,003	10,581*	20,369*	14,079	13,151	15,098*
	957	3,305	8,685	2,432	1,169	3,357

**Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Inpatient Hospital Stay in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$14,317	\$14,336	\$15,686	\$13,528	\$15,777	\$16,668
	430	1,494	1,016	738	788	2,323
<b>Health Status</b>						
Excellent	13,774	11,279*	21,449*	13,575*	14,223	14,878*
	1,574	2,146	7,292	1,706	2,682	3,781
Very good	11,569	9,121*	12,493	11,110	12,562	20,309*
	796	2,813	2,126	1,054	1,104	5,968
Good	13,434	12,279*	12,983	13,293	15,995	11,333*
	624	2,395	1,319	1,371	1,315	1,803
Fair	14,607	17,843	14,140	14,058	16,326	12,568*
	839	3,431	1,275	1,399	1,874	1,980
Poor	18,369	14,886*	20,780	17,115	18,757	27,621*
	1,311	1,921	2,839	2,902	2,679	9,396
<b>Functional Limitation</b>						
None	12,304	10,636	15,096	12,172	13,747	12,226*
	536	1,244	1,735	844	1,100	1,759
IADL only <sup>4</sup>	15,016	16,797*	15,452	14,304	16,565	18,866*
	773	2,840	1,575	1,710	1,713	3,753
One to two ADLs <sup>5</sup>	15,334	11,301*	17,681	12,125	16,129	27,687*
	1,168	1,917	2,890	1,266	1,732	8,856
Three to five ADLs	17,319	25,260*	14,794	18,736	20,873	5,870*
	1,404	7,573	1,759	2,991	3,250	2,839

**Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Inpatient Hospital Stay in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$14,317	\$14,336	\$15,686	\$13,528	\$15,777	\$16,668
	<i>430</i>	<i>1,494</i>	<i>1,016</i>	<i>738</i>	<i>788</i>	<i>2,323</i>
<b>Metropolitan Area Resident</b>						
Yes	14,460	16,184	16,492	14,378	15,460	17,583
	<i>506</i>	<i>2,416</i>	<i>1,250</i>	<i>987</i>	<i>867</i>	<i>2,931</i>
No	13,929	12,021	13,894	11,529	16,809	13,721*
	<i>836</i>	<i>1,176</i>	<i>1,678</i>	<i>860</i>	<i>1,849</i>	<i>2,248</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Outpatient Hospital Visit in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,617	\$1,058	\$2,329	\$1,557	\$1,602	\$1,447
	55	98	166	97	105	140
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	1,425	963	1,924	1,699	1,387	1,100
	63	186	252	156	104	126
75 - 84 years	1,476	832	1,761	1,510	1,588	1,414
	71	134	289	131	115	189
85 years and older	1,168	884	1,258	1,211	1,074	1,398*
	66	180	200	130	101	363
<b>Disabled</b>						
Under 45 years	2,387	1,203	2,610	3,294*	1,809	7,269*
	266	317	338	1,710	454	6,251
45 - 64 years	2,760	1,322	3,319	1,149*	3,163	5,717*
	305	180	496	363	770	2,007
<b>Gender</b>						
Male	1,874	1,028	2,987	1,869	1,932	1,441
	91	131	354	187	190	178
Female	1,425	1,106	1,955	1,359	1,327	1,452
	60	143	179	115	93	210
<b>Living Arrangement</b>						
Alone	1,514	856	2,200	1,323	1,535	1,165
	97	101	275	126	153	189
With spouse	1,589	1,200	2,174	1,689	1,627	1,518
	78	192	328	132	147	198
With children	1,718	1,058	2,411	1,416	1,490	1,459*
	167	176	368	266	207	419
With others	2,064	1,033	2,681	2,014	1,814	2,777*
	293	176	515	504	512	1,151

**Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Outpatient Hospital Visit in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,617	\$1,058	\$2,329	\$1,557	\$1,602	\$1,447
	55	98	166	97	105	140
<b>Race/Ethnicity</b>						
White non-Hispanic	1,480	1,009	2,007	1,493	1,522	1,397
	54	87	201	97	103	133
Black non-Hispanic	2,601	1,264	3,475	2,998	2,237	1,661*
	292	372	577	1,082	457	728
Hispanic	1,772	1,190*	1,773	1,396	2,723	427*
	280	254	263	311	1,154	94
Other	1,784	963*	2,361	2,570*	908	3,692*
	283	242	666	961	145	2,222
<b>Income</b>						
Less than \$5,000	1,370	948*	1,332	1,070*	1,763*	2,616*
	154	272	325	297	343	1,111
\$5,000 - \$9,999	2,007	970	2,406	1,454	780	795*
	197	241	267	300	121	367
\$10,000 - \$14,999	1,869	1,026	2,450	1,816	2,125	1,291*
	147	119	367	275	367	426
\$15,000 - \$19,999	1,586	1,494	2,672	1,538	1,483	1,947*
	132	397	677	222	225	635
\$20,000 - \$24,999	1,515	1,084	2,606*	1,592	1,637	1,432
	121	255	899	264	233	319
\$25,000 - \$29,999	1,490	718*	918*	1,870	1,722	1,015*
	157	169	673	469	242	204
\$30,000 - \$39,999	1,487	738	1,437*	1,552	1,632	1,445
	150	135	194	286	273	265
\$40,000 - \$49,999	1,579	794*	518*	1,362	2,019	1,037
	257	403	312	194	529	344
\$50,000 or more	1,286	1,466*	433*	1,267	1,209	1,736
	98	759	256	233	125	360

**Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Outpatient Hospital Visit in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,617	\$1,058	\$2,329	\$1,557	\$1,602	\$1,447
	55	98	166	97	105	140
<b>Health Status</b>						
Excellent	995	502	1107	1,058	1,013	943
	73	116	333	175	139	147
Very good	1,039	703	1,250	1,074	1,069	958
	53	141	322	138	77	131
Good	1,475	940	1,772	1,454	1,586	1,426
	79	100	324	113	141	208
Fair	2,158	1,125	2,531	2,377	2,295	2,202
	150	177	280	381	368	376
Poor	3,216	2,055	3,688	3,840	2,942	5,936*
	339	526	546	896	760	2,120
<b>Functional Limitation</b>						
None	1,278	862	1,983	1,204	1,303	1,061
	52	87	282	80	88	107
IADL only <sup>4</sup>	1,955	1,008	2,563	1,988	1,920	2,202
	120	160	368	212	243	399
One to two ADLs <sup>5</sup>	2,155	1,550	2,598	2,479	2,191	1,530*
	211	506	453	466	322	345
Three to five ADLs	2,014	1,395	2,259	1,432	2,304	5,167*
	299	524	406	299	835	2,768

**Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Outpatient Hospital Visit in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,617	\$1,058	\$2,329	\$1,557	\$1,602	\$1,447
	<i>55</i>	<i>98</i>	<i>166</i>	<i>97</i>	<i>105</i>	<i>140</i>
<b>Metropolitan Area Resident</b>						
Yes	1,595	953	2,478	1,637	1,512	1,291
	<i>67</i>	<i>78</i>	<i>232</i>	<i>134</i>	<i>113</i>	<i>117</i>
No	1,679	1,232	1,982	1,404	1,871	1,987
	<i>97</i>	<i>231</i>	<i>154</i>	<i>110</i>	<i>248</i>	<i>479</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.



**Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Physician/Supplier Service in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$3,479	\$1,929	\$4,137	\$3,616	\$3,382	\$4,072
	69	96	236	113	134	314
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	3,018	1,669	3,850	3,492	2,728	3,508
	83	143	321	216	122	360
75 - 84 years	3,898	1,941	3,820	3,715	4,331	4,483
	133	202	225	154	362	630
85 years and older	3,805	2,273	4,260	3,776	3,776	4,171*
	129	426	544	218	226	941
<b>Disabled</b>						
Under 45 years	3,320	1,776	3,800	3,170*	2,396	6,126*
	273	227	393	1,165	432	2,874
45 - 64 years	3,982	2,198	4,873	3,578*	3,939	7,481*
	361	253	753	986	544	2,185
<b>Gender</b>						
Male	3,480	1,768	4,356	3,929	3,333	4,030
	114	121	548	185	137	531
Female	3,479	2,164	4,009	3,404	3,427	4,105
	83	184	185	141	222	398
<b>Living Arrangement</b>						
Alone	3,561	1,908	4,335	3,362	3,723	3,726
	157	190	457	198	406	309
With spouse	3,396	2,001	4,207	3,634	3,206	4,184
	86	148	527	180	128	469
With children	3,696	1,694	4,231	4,324	3,607	3,609*
	159	224	349	365	266	785
With others	3,436	1,814	3,618	4,210	3,731	6,179*
	176	292	274	530	388	1,625

**Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Physician/Supplier Service in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$3,479	\$1,929	\$4,137	\$3,616	\$3,382	\$4,072
	69	96	236	113	134	314
<b>Race/Ethnicity</b>						
White non-Hispanic	3,442	2,035	3,878	3,585	3,429	4,067
	69	124	255	125	146	330
Black non-Hispanic	3,857	1,538	5,071	5,469	3,108	3,346*
	364	195	864	922	280	984
Hispanic	3,764	1,675	4,220	4,092	3,926	2,611*
	277	312	473	518	768	805
Other	3,038	1,643	3,466	2,621	2,327	8,318*
	250	311	476	434	354	3,064
<b>Income</b>						
Less than \$5,000	2,873	1,656*	2,855	2,795	3,103	4,457*
	210	314	327	469	471	2,115
\$5,000 - \$9,999	3,711	1,496	4,188	3,536	2,669	4,048*
	246	188	357	346	338	1,968
\$10,000 - \$14,999	3,468	2,173	4,234	3,322	3,632	3,360*
	153	226	476	251	278	722
\$15,000 - \$19,999	3,653	2,450	5,402	4,228	3,285	3,510*
	183	328	955	465	214	737
\$20,000 - \$24,999	3,218	1,647	3,333*	3,403	3,393	2,719
	132	338	702	232	258	403
\$25,000 - \$29,999	3,832	1,642	2,413*	3,800	4,226	5,481
	448	258	1,485	399	968	1,990
\$30,000 - \$39,999	3,357	1,697	3,219*	3,840	3,202	3,878
	159	208	888	404	206	501
\$40,000 - \$49,999	3,416	1,953*	2,016*	3,869	3,263	3,928
	180	391	1,040	477	239	697
\$50,000 or more	3,396	1,762*	3,492*	3,294	3,267	4,612
	148	561	1,344	228	235	553

**Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Physician/Supplier Service in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$3,479	\$1,929	\$4,137	\$3,616	\$3,382	\$4,072
	69	96	236	113	134	314
<b>Health Status</b>						
Excellent	2,185	1,217	2,444	2,303	1,896	2,476
	84	146	240	229	131	257
Very good	2,587	1,181	2,461	2,663	2,461	3,216
	79	112	274	158	115	389
Good	3,526	1,707	3,345	3,792	3,756	4,429
	129	163	233	184	320	751
Fair	4,457	2,724	4,418	5,338	4,630	6,639
	162	298	403	347	280	1,209
Poor	6,035	2,877	6,584	7,804	5,797	12,970*
	469	384	956	1,142	648	2,234
<b>Functional Limitation</b>						
None	2,691	1,378	2,711	2,955	2,527	3,299
	59	101	152	135	88	390
IADL only <sup>4</sup>	4,311	2,120	4,751	4,455	4,578	5,132
	232	208	687	236	526	649
One to two ADLs <sup>5</sup>	4,437	2,443	4,529	4,253	5,072	7,513
	191	352	375	293	428	1,329
Three to five ADLs	5,698	4,300	6,197	6,853	5,345	4,334*
	275	578	457	1,017	392	1,339

**Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Physician/Supplier Service in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$3,479	\$1,929	\$4,137	\$3,616	\$3,382	\$4,072
	<i>69</i>	<i>96</i>	<i>236</i>	<i>113</i>	<i>134</i>	<i>314</i>
<b>Metropolitan Area Resident</b>						
Yes	3,649	1,916	4,442	3,958	3,505	4,066
	<i>84</i>	<i>119</i>	<i>304</i>	<i>145</i>	<i>165</i>	<i>367</i>
No	2,952	1,958	3,370	2,888	2,958	4,258
	<i>100</i>	<i>163</i>	<i>293</i>	<i>182</i>	<i>163</i>	<i>649</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

**Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Prescribed Medicine in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,981	\$1,575	\$2,469	\$1,592	\$2,218	\$2,281
	26	85	67	50	51	89
<b>Medicare Status<sup>3</sup></b>						
<b>Aged</b>						
65 - 74 years	1,784	1,126	2,093	1,506	2,050	2,139
	34	88	72	61	63	115
75 - 84 years	1,899	1,264	2,057	1,649	2,233	2,355
	38	127	99	105	66	143
85 years and older	1,767	1,327	1,839	1,572	2,153	1,871*
	44	183	118	60	121	251
<b>Disabled</b>						
Under 45 years	2,821	2,491	2,802	4,680*	2,897	2,713*
	174	456	184	1,473	473	486
45 - 64 years	2,894	2,213	3,259	1,800*	3,094	4,001*
	148	256	234	329	267	1,179
<b>Gender</b>						
Male	1,933	1,695	2,272	1,589	2,151	2,123
	45	132	95	103	78	122
Female	2,018	1,417	2,581	1,594	2,277	2,407
	33	113	98	50	59	139
<b>Living Arrangement</b>						
Alone	1,980	1,351	2,461	1,670	2,253	2,385
	42	148	97	105	85	210
With spouse	1,913	1,736	2,231	1,484	2,184	2,248
	38	174	130	55	65	131
With children	2,176	1,604	2,625	1,752	2,326	2,400*
	82	190	211	146	125	228
With others	2,197	1,537	2,651	2,027	2,348	1,991*
	88	199	153	214	180	463

**Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Prescribed Medicine in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,981	\$1,575	\$2,469	\$1,592	\$2,218	\$2,281
	26	85	67	50	51	89
<b>Race/Ethnicity</b>						
White non-Hispanic	1,988	1,659	2,660	1,601	2,230	2,316
	29	108	89	53	58	96
Black non-Hispanic	2,076	1,152	2,430	1,716	2,233	2,178*
	113	154	192	337	161	385
Hispanic	1,835	1,434	2,214	1,430	1,910	2,040*
	96	301	165	190	148	602
Other	1,976	1,899*	2,134	1,388	2,314	1,872*
	111	422	154	151	251	528
<b>Income</b>						
Less than \$5,000	1,792	839*	2,042	1,559	1,962	2,204*
	97	213	148	186	268	933
\$5,000 - \$9,999	2,211	1,358	2,524	1,447	1,986	2,780*
	68	166	94	98	170	1,107
\$10,000 - \$14,999	1,979	1,613	2,534	1,609	2,280	1,504*
	55	164	135	89	140	227
\$15,000 - \$19,999	1,882	1,611	2,617	1,713	2,162	1,944*
	55	135	205	107	114	269
\$20,000 - \$24,999	2,009	2,293	2,017*	1,922	2,239	1,877
	96	674	321	257	119	225
\$25,000 - \$29,999	1,967	1,366	1,285*	1,567	2,393	2,458
	77	255	355	114	129	294
\$30,000 - \$39,999	1,842	1,664	2,178*	1,357	2,060	2,720
	51	270	413	79	82	281
\$40,000 - \$49,999	2,000	889*	1,659*	1,383	2,390	2,350
	104	205	306	106	188	260
\$50,000 or more	1,978	1,380*	1,654*	1,596	2,225	2,330
	61	213	935	84	100	175

**Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Prescribed Medicine in 2004<sup>1</sup>

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Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,981	\$1,575	\$2,469	\$1,592	\$2,218	\$2,281
	26	85	67	50	51	89
<b>Health Status</b>						
Excellent	1,366	981	2,009	1,109	1,507	1,725
	51	140	182	84	109	140
Very good	1,567	1,083	1,852	1,417	1,754	1,981
	47	105	162	117	68	154
Good	1,912	1,476	2,042	1,670	2,210	2,331
	35	132	85	55	73	113
Fair	2,527	1,905	2,642	1,919	3,032	3,803
	66	182	122	91	147	454
Poor	3,255	2,431	3,358	2,709	3,833	4,504*
	130	452	243	187	235	911
<b>Functional Limitation</b>						
None	1,661	1,401	2,043	1,392	1,863	1,951
	33	148	88	64	52	85
IADL only <sup>4</sup>	2,301	1,760	2,668	1,805	2,648	2,814
	55	142	143	80	106	254
One to two ADLs <sup>5</sup>	2,466	1,684	2,735	1,942	2,911	3,261
	73	155	151	118	142	479
Three to five ADLs	2,708	1,933	2,768	2,304	3,352	3,836*
	87	265	140	199	230	931

**Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Prescribed Medicine in 2004<sup>1</sup>

4 of 4

Beneficiary Characteristic	Total <sup>2</sup>	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
<b>Expenditures per User</b>	\$1,981	\$1,575	\$2,469	\$1,592	\$2,218	\$2,281
	<i>26</i>	<i>85</i>	<i>67</i>	<i>50</i>	<i>51</i>	<i>89</i>
<b>Metropolitan Area Resident</b>						
Yes	1,955	1,480	2,501	1,612	2,165	2,230
	<i>27</i>	<i>84</i>	<i>84</i>	<i>65</i>	<i>50</i>	<i>104</i>
No	2,077	1,751	2,404	1,555	2,412	2,516
	<i>71</i>	<i>184</i>	<i>124</i>	<i>70</i>	<i>144</i>	<i>175</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Expenditures for beneficiaries enrolled in Medicare HMOs are not shown separately in the table, but are included in the total. See entry for *personal health care expenditures* in Appendix B for additional information.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.



**Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Inpatient Hospital Stay in 2004<sup>1</sup>

1 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$14,317	\$12,345	\$165	\$1,042	\$564	\$201
	430	418	11	89	133	69
Medicare Status²						
Aged						
65 - 74 years	13,629	11,891	131	1,092	329	185
	750	707	16	122	72	90
75 - 84 years	13,906	12,516	103	881	317	88
	616	590	11	104	74	29
85 years and older	13,279	11,498	105	929	538	210
	1,100	960	23	129	208	193
Disabled						
Under 45 years	16,758	13,914	620	722	1,253	250
	2,081	1,970	56	222	452	200
45 - 64 years	17,491	13,543	345	1,509	1,605	489
	1,694	1,452	45	609	915	394
Gender						
Male	15,475	13,199	123	1,166	627	360
	672	673	14	126	106	140
Female	13,348	11,630	199	939	512	67
	604	567	17	147	232	42
Marital Status						
Married	13,932	11,747	58	1,264	719	144
	656	611	7	106	265	63
Widowed	13,444	11,770	170	936	408	161
	651	569	21	218	106	93
Divorced/separated	15,563	13,520	414	667	379	583
	1,250	1,149	41	303	68	416
Never married	19,699	17,968	592	541	548	51
	2,013	2,026	87	226	203	34

**Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Inpatient Hospital Stay in 2004<sup>1</sup>

2 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
<b>Expenditures per User</b>	\$14,317	\$12,345	\$165	\$1,042	\$564	\$201
	430	418	11	89	133	69
<b>Race/Ethnicity</b>						
White non-Hispanic	14,037	12,067	101	1,059	570	240
	465	449	9	68	167	87
Black non-Hispanic	18,231	16,580	473	726	337	115
	1,848	1,780	57	190	88	51
Hispanic	12,274	9,891	326	1,177	864	17
	1,519	1,298	41	932	379	13
Other	13,273	11,296	308	1,118	537	14
	2,037	1,953	65	396	152	11
<b>Income</b>						
Less than \$5,000	12,613	11,646	268	403	247	48
	1,474	1,467	49	61	74	36
\$5,000 - \$9,999	16,657	14,617	620	631	322	466
	1,267	1,119	42	370	78	320
\$10,000 - \$14,999	13,421	11,551	172	592	1,016	89
	1,055	806	21	142	657	33
\$15,000 - \$19,999	12,707	11,370	93	683	404	158
	1,157	1,148	33	97	74	59
\$20,000 - \$24,999	16,178	13,816	13	1,533	784	31
	1,683	1,570	6	312	285	28
\$25,000 - \$29,999	13,980	12,332	0	1,026	433	189
	1,431	1,407	0	208	129	82
\$30,000 - \$39,999	14,710	12,600	0	1,083	608	419
	1,057	971	0	126	302	299
\$40,000 - \$49,999	13,940	11,550	0	1,888	465	36
	1,363	1,329	0	608	199	29
\$50,000 or more	13,003	10,453	4	2,010	393	144
	957	939	4	352	145	120

**Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Inpatient Hospital Stay in 2004<sup>1</sup>

3 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$14,317	\$12,345	\$165	\$1,042	\$564	\$201
	430	418	11	89	133	69
Health Status						
Excellent	13,774	11,827	78	1,461	331	77
	1,574	1,463	22	412	110	53
Very good	11,569	10,075	77	1,048	210	160
	796	769	13	141	41	88
Good	13,434	11,468	116	882	845	124
	624	582	17	91	420	74
Fair	14,607	13,009	218	776	490	114
	839	824	21	85	95	46
Poor	18,369	15,304	287	1,586	629	564
	1,311	1,208	32	483	157	344
Functional Limitation						
None	12,304	10,240	96	1,056	744	168
	536	491	13	94	321	80
IADL only <sup>3</sup>	15,016	13,322	194	1,096	304	100
	773	713	22	247	61	41
One to two ADLs <sup>4</sup>	15,334	13,430	218	734	553	400
	1,168	1,036	26	107	95	291
Three to five ADLs	17,319	14,907	229	1,317	622	244
	1,404	1,379	27	391	217	206

**Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Inpatient Hospital Stay in 2004<sup>1</sup>

4 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$14,317	\$12,345	\$165	\$1,042	\$564	\$201
	430	418	11	89	133	69
Metropolitan Area Resident						
Yes	14,460	12,672	162	1,032	466	127
	506	488	13	111	63	49
No	13,929	11,442	171	1,073	838	405
	836	828	18	137	476	221

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

**Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Outpatient Hospital Visit in 2004<sup>1</sup>

1 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$1,617	\$1,062	\$53	\$314	\$143	\$44
	55	39	6	16	11	7
Medicare Status²						
Aged						
65 - 74 years	1,425	924	23	308	132	38
	63	48	3	14	15	12
75 - 84 years	1,476	992	24	300	122	39
	71	51	5	20	11	8
85 years and older	1,168	819	16	206	105	22
	66	48	3	16	14	9
Disabled						
Under 45 years	2,387	1,613	360	167	183	64
	266	188	99	32	20	24
45 - 64 years	2,760	1,744	169	502	256	89
	305	211	33	107	67	22
Gender						
Male	1,874	1,211	54	360	169	81
	91	64	10	28	22	15
Female	1,425	950	53	280	125	17
	60	45	8	17	13	4
Marital Status						
Married	1,598	995	29	394	141	40
	75	50	9	29	13	7
Widowed	1,411	960	41	242	126	42
	77	53	6	15	11	19
Divorced/separated	1,876	1,331	121	161	203	61
	192	151	17	24	67	15
Never married	2,358	1,698	211	262	129	59
	369	314	51	54	27	23

**Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Outpatient Hospital Visit in 2004<sup>1</sup>

2 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$1,617	\$1,062	\$53	\$314	\$143	\$44
	55	39	6	16	11	7
Race/Ethnicity						
White non-Hispanic	1,480	938	30	328	137	47
	54	39	5	15	10	9
Black non-Hispanic	2,601	1,872	197	268	243	20
	292	208	48	60	88	9
Hispanic	1,772	1,263	107	261	89	50
	280	177	17	108	18	17
Other	1,784	1,303	83	234	134	29
	283	246	23	44	31	12
Income						
Less than \$5,000	1,370	942	58	179	93	98
	154	126	12	33	19	45
\$5,000 - \$9,999	2,007	1,526	207	69	164	42
	197	159	25	7	55	12
\$10,000 - \$14,999	1,869	1,265	74	276	182	71
	147	106	20	33	16	31
\$15,000 - \$19,999	1,586	1,039	63	274	163	46
	132	99	32	26	23	12
\$20,000 - \$24,999	1,515	1,006	11	343	113	42
	121	101	5	42	15	19
\$25,000 - \$29,999	1,490	987	0	378	93	31
	157	117	0	59	13	13
\$30,000 - \$39,999	1,487	915	0	422	120	30
	150	87	0	69	16	10
\$40,000 - \$49,999	1,579	977	0	492	93	17
	257	174	0	90	12	6
\$50,000 or more	1,286	650	0	423	176	37
	98	60	0	34	46	12

**Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Outpatient Hospital Visit in 2004<sup>1</sup>

3 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$1,617	\$1,062	\$53	\$314	\$143	\$44
	55	39	6	16	11	7
Health Status						
Excellent	995	576	8	250	98	64
	73	46	3	30	15	39
Very good	1,039	641	14	233	117	34
	53	34	3	17	25	9
Good	1,475	969	32	328	119	27
	79	58	6	26	10	6
Fair	2,158	1,460	95	384	166	54
	150	105	17	56	15	14
Poor	3,216	2,227	197	410	302	80
	339	266	41	66	87	25
Functional Limitation						
None	1,278	812	28	286	108	43
	52	37	7	16	8	10
IADL only <sup>3</sup>	1,955	1,283	76	368	192	36
	120	78	15	46	34	9
One to two ADLs <sup>4</sup>	2,155	1,512	94	313	193	44
	211	169	17	37	45	13
Three to five ADLs	2,014	1,343	89	357	146	79
	299	237	14	75	29	28

**Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Outpatient Hospital Visit in 2004<sup>1</sup>

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Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$1,617	\$1,062	\$53	\$314	\$143	\$44
	55	39	6	16	11	7
Metropolitan Area Resident						
Yes	1,595	1,065	56	292	141	42
	67	50	8	16	15	9
No	1,679	1,054	46	379	151	48
	97	54	5	41	11	11

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.



**Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Physician/Supplier Service in 2004<sup>1</sup>

1 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$3,479	\$2,258	\$117	\$491	\$593	\$22
	69	38	21	13	40	2
Medicare Status <sup>2</sup>						
Aged						
65 - 74 years	3,018	1,990	47	469	496	16
	83	56	7	18	30	3
75 - 84 years	3,898	2,662	61	564	592	19
	133	67	11	25	90	2
85 years and older	3,805	2,620	65	486	624	10
	129	89	11	26	45	2
Disabled						
Under 45 years	3,320	1,787	588	186	623	135
	273	149	196	26	99	51
45 - 64 years	3,982	2,096	434	481	942	30
	361	161	169	58	240	5
Gender						
Male	3,480	2,265	115	507	559	35
	114	65	43	20	63	4
Female	3,479	2,252	117	478	619	12
	83	41	16	15	56	3
Marital Status						
Married	3,421	2,204	78	577	543	18
	82	54	35	19	25	2
Widowed	3,597	2,405	104	454	616	18
	125	51	16	21	91	4
Divorced/separated	3,562	2,288	180	285	783	27
	300	144	17	27	228	8
Never married	3,187	1,884	432	290	509	73
	253	143	124	35	78	32

**Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Physician/Supplier Service in 2004<sup>1</sup>

2 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$3,479	\$2,258	\$117	\$491	\$593	\$22
	69	38	21	13	40	2
Race/Ethnicity						
White non-Hispanic	3,442	2,221	69	543	585	24
	69	43	23	14	37	3
Black non-Hispanic	3,857	2,452	289	304	800	11
	364	150	76	29	293	3
Hispanic	3,764	2,594	365	294	490	21
	277	161	85	36	113	7
Other	3,038	2,039	176	314	492	17
	250	174	51	54	90	5
Income						
Less than \$5,000	2,873	2,048	162	259	376	29
	210	155	26	32	55	14
\$5,000 - \$9,999	3,711	2,487	392	165	636	30
	246	105	41	16	182	8
\$10,000 - \$14,999	3,468	2,367	206	353	516	25
	153	83	106	24	30	5
\$15,000 - \$19,999	3,653	2,444	158	460	570	20
	183	125	75	34	43	6
\$20,000 - \$24,999	3,218	2,078	12	534	583	11
	132	91	5	30	74	3
\$25,000 - \$29,999	3,832	2,333	2	638	842	18
	448	149	1	73	325	5
\$30,000 - \$39,999	3,357	2,191	1	644	502	20
	159	113	0	45	31	7
\$40,000 - \$49,999	3,416	2,116	1	688	562	49
	180	130	0	49	44	22
\$50,000 or more	3,396	2,023	1	693	669	10
	148	83	1	35	74	2

**Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Physician/Supplier Service in 2004<sup>1</sup>

3 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$3,479	\$2,258	\$117	\$491	\$593	\$22
	69	38	21	13	40	2
Health Status						
Excellent	2,185	1,470	18	345	334	17
	84	60	4	22	25	5
Very good	2,587	1,727	26	406	409	18
	79	59	4	18	22	4
Good	3,526	2,260	62	546	643	15
	129	61	6	24	86	2
Fair	4,457	2,924	288	563	658	24
	162	98	105	28	37	5
Poor	6,035	3,699	390	623	1,258	65
	469	219	82	57	320	23
Functional Limitation						
None	2,691	1,837	41	428	370	15
	59	47	11	15	13	2
IADL only <sup>3</sup>	4,311	2,630	183	558	917	24
	232	82	79	30	173	5
One to two ADLs <sup>4</sup>	4,437	2,830	177	559	834	36
	191	126	29	38	78	8
Three to five ADLs	5,698	3,552	441	680	976	49
	275	204	108	69	65	26

**Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Physician/Supplier Service in 2004<sup>1</sup>

4 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$3,479	\$2,258	\$117	\$491	\$593	\$22
	<i>69</i>	<i>38</i>	<i>21</i>	<i>13</i>	<i>40</i>	<i>2</i>
<b>Metropolitan Area Resident</b>						
Yes	3,649	2,385	127	499	617	21
	<i>84</i>	<i>44</i>	<i>27</i>	<i>15</i>	<i>52</i>	<i>3</i>
No	2,952	1,860	84	466	516	26
	<i>100</i>	<i>75</i>	<i>12</i>	<i>21</i>	<i>21</i>	<i>5</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

**Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Dental Service in 2004<sup>1</sup>

1 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$701	\$5	\$17	\$132	\$534	\$13
	31	0	6	7	29	3
<b>Medicare Status<sup>2</sup></b>						
<b>Aged</b>						
65 - 74 years	730	4	6	147	564	9
	50	0	2	13	44	3
75 - 84 years	666	6	3	119	531	7
	32	0	1	11	29	2
85 years and older	555	6	4	81	461	3
	46	1	2	18	43	2
<b>Disabled</b>						
Under 45 years	406	2	39	58	299	9
	51	1	10	18	41	6
45 - 64 years	874	3	131	154	520	68
	100	1	59	30	85	24
<b>Gender</b>						
Male	679	5	11	140	503	22
	39	0	3	11	34	7
Female	717	5	22	126	558	6
	38	0	10	12	34	2
<b>Marital Status</b>						
Married	735	4	7	151	557	16
	48	0	3	11	43	4
Widowed	644	6	8	100	526	4
	41	0	4	10	37	2
Divorced/separated	700	4	97	125	458	15
	75	1	54	20	53	8
Never married	556	3	38	71	429	16
	71	1	12	17	70	7

**Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Dental Service in 2004<sup>1</sup>

2 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
<b>Expenditures per User</b>	\$701	\$5	\$17	\$132	\$534	\$13
	31	0	6	7	29	3
<b>Race/Ethnicity</b>						
White non-Hispanic	703	4	7	137	545	10
	35	0	3	8	32	3
Black non-Hispanic	519	6	42	88	358	25
	54	1	17	21	47	12
Hispanic	653	10	46	82	481	34
	99	1	15	21	93	27
Other	916	5	136	152	595	29
	166	1	112	41	123	18
<b>Income</b>						
Less than \$5,000	648	6	15	31	583	12
	162	1	9	10	162	7
\$5,000 - \$9,999	630	4	135	32	447	12
	101	1	58	9	93	5
\$10,000 - \$14,999	656	6	34	52	551	13
	47	1	16	14	43	11
\$15,000 - \$19,999	598	5	8	121	435	28
	44	1	3	21	37	14
\$20,000 - \$24,999	625	5	1	142	472	6
	42	0	1	22	38	3
\$25,000 - \$29,999	542	5	0	83	447	7
	50	1	0	17	46	5
\$30,000 - \$39,999	835	4	0	167	646	18
	86	1	0	20	80	11
\$40,000 - \$49,999	668	3	0	163	490	11
	60	0	0	26	49	7
\$50,000 or more	817	4	0	203	601	10
	78	0	0	22	67	4

**Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Dental Service in 2004<sup>1</sup>

3 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$701	\$5	\$17	\$132	\$534	\$13
	31	0	6	7	29	3
Health Status						
Excellent	718	4	2	113	585	14
	76	0	1	13	74	8
Very good	698	4	7	144	530	12
	44	0	3	16	37	6
Good	682	5	4	137	526	10
	41	0	1	13	37	4
Fair	683	5	25	124	511	18
	64	0	9	18	65	13
Poor	818	4	177	122	498	19
	106	1	93	29	68	8
Functional Limitation						
None	708	5	3	131	556	12
	39	0	1	10	36	4
IADL only <sup>3</sup>	647	4	19	138	475	11
	50	1	6	16	45	3
One to two ADLs <sup>4</sup>	820	4	101	144	548	23
	94	1	51	23	74	16
Three to five ADLs	564	5	21	79	447	12
	79	1	7	21	76	5

**Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Dental Service in 2004<sup>1</sup>

4 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$701	\$5	\$17	\$132	\$534	\$13
	31	0	6	7	29	3
Metropolitan Area Resident						
Yes	746	5	17	145	568	11
	39	0	7	9	36	3
No	511	1	19	76	395	20
	20	0	9	7	20	10

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.



**Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Prescribed Medicine in 2004<sup>1</sup>

1 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$1,981	\$78	\$309	\$722	\$613	\$259
	26	3	15	17	9	12
Medicare Status <sup>2</sup>						
Aged						
65 - 74 years	1,784	65	172	790	575	182
	34	3	12	25	13	13
75 - 84 years	1,899	103	177	703	650	266
	38	5	15	25	15	24
85 years and older	1,767	96	184	575	698	214
	44	7	20	33	21	21
Disabled						
Under 45 years	2,821	48	1,433	431	458	450
	174	30	121	49	41	89
45 - 64 years	2,894	57	955	711	649	522
	148	8	108	62	33	69
Gender						
Male	1,933	74	222	721	565	351
	45	4	16	28	14	25
Female	2,018	80	377	723	650	188
	33	4	22	20	11	12
Marital Status						
Married	1,917	76	131	856	626	228
	38	4	13	25	14	15
Widowed	1,916	89	302	644	647	234
	33	4	22	28	12	16
Divorced/separated	2,342	72	886	432	556	396
	111	8	81	39	27	60
Never married	2,220	44	874	462	429	410
	130	7	67	71	26	65

**Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Prescribed Medicine in 2004<sup>1</sup>

2 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$1,981	\$78	\$309	\$722	\$613	\$259
	26	3	15	17	9	12
Race/Ethnicity						
White non-Hispanic	1,988	69	212	783	654	270
	29	3	13	20	10	14
Black non-Hispanic	2,076	92	708	580	471	224
	113	11	81	58	20	40
Hispanic	1,835	154	637	352	478	215
	96	14	79	33	21	39
Other	1,976	70	638	580	467	222
	111	12	75	73	37	46
Income						
Less than \$5,000	1,792	82	613	266	491	340
	97	12	74	46	40	74
\$5,000 - \$9,999	2,211	61	1,338	176	385	250
	68	5	73	20	16	24
\$10,000 - \$14,999	1,979	86	420	439	618	417
	55	6	39	32	17	34
\$15,000 - \$19,999	1,882	102	177	592	655	357
	55	7	24	38	22	31
\$20,000 - \$24,999	2,009	90	38	842	708	332
	96	10	15	46	27	74
\$25,000 - \$29,999	1,967	84	8	958	685	233
	77	8	4	61	32	42
\$30,000 - \$39,999	1,842	78	7	970	619	169
	51	6	3	41	18	17
\$40,000 - \$49,999	2,000	58	6	1,131	670	135
	104	6	3	83	33	29
\$50,000 or more	1,978	62	1	1,126	685	104
	61	8	1	45	27	12

**Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Prescribed Medicine in 2004<sup>1</sup>

3 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$1,981	\$78	\$309	\$722	\$613	\$259
	26	3	15	17	9	12
Health Status						
Excellent	1,366	76	79	602	446	163
	51	7	11	42	16	19
Very good	1,567	76	113	666	534	178
	47	4	15	29	15	25
Good	1,912	90	222	710	644	247
	35	5	15	25	14	20
Fair	2,527	73	589	816	724	325
	66	7	45	45	21	26
Poor	3,255	53	979	909	759	555
	130	9	98	78	33	70
Functional Limitation						
None	1,661	81	148	674	540	219
	33	3	11	19	11	18
IADL only <sup>3</sup>	2,301	72	463	785	708	274
	55	6	37	36	19	23
One to two ADLs <sup>4</sup>	2,466	76	539	793	704	354
	73	7	54	54	20	34
Three to five ADLs	2,708	76	739	781	748	364
	87	11	64	72	35	47

**Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2004**Community-Only Residents with at Least One Prescribed Medicine in 2004<sup>1</sup>

4 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$1,981	\$78	\$309	\$722	\$613	\$259
	26	3	15	17	9	12
Metropolitan Area Resident						
Yes	1,955	99	301	734	584	236
	27	4	18	20	9	13
No	2,077	9	338	688	711	331
	71	1	26	26	24	29

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

3.5

**WHAT IS THE MEDICARE  
POPULATION'S ACCESS TO CARE  
AND HOW SATISFIED  
ARE THEY WITH THEIR CARE?**

**Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2004**Community-Only Residents<sup>1</sup>

1 of 2

Indicator of Access to Care <sup>2</sup>	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,232	6,106	18,498	11,976	3,653	3,160	8,494	5,142	1,195	17,991	2,946	10,004	6,833	2,458	22,241
	134	116	133	116	87	91	138	85	46	151	84	125	118	72	156
<b>Beneficiaries as a Percentage of Column Total</b>															
<b>Access to Care</b>															
<b>Usual Source of Care</b>															
None <sup>3</sup>	4.20	5.19	4.69	3.33	2.91*	6.41	6.41	3.16*	3.57*	5.29	3.88*	3.23	3.46	2.59*	3.32
	0.21	0.70	0.34	0.29	0.41	0.97	0.58	0.45	0.82	0.34	0.89	0.43	0.37	0.50	0.27
Doctor's office	77.35	71.26	76.79	79.77	82.35	65.47	72.81	76.34	81.06	73.08	77.47	80.16	82.34	82.98	80.79
	0.88	1.54	1.10	1.14	1.13	2.12	1.28	1.49	1.90	1.03	1.98	1.31	1.19	1.31	0.97
Doctor's clinic	9.73	12.15	10.11	8.68	7.24	11.70	10.37	8.83	7.57*	9.98	12.63	9.88	8.57	7.08	9.53
	0.68	1.05	0.80	0.95	0.92	1.46	0.90	1.24	1.48	0.78	1.31	0.91	0.95	0.86	0.72
HMO <sup>4</sup>	3.36	1.95*	3.64	3.76	2.93*	2.06*	3.68	4.14	1.59*	3.39	1.82*	3.62	3.47	3.58*	3.33
	0.30	0.58	0.46	0.43	0.53	0.90	0.64	0.59	0.64	0.40	0.58	0.49	0.46	0.65	0.32
Hospital OPD/ER <sup>5</sup>	1.85	3.19	1.90	1.27*	1.23*	4.03*	1.86*	1.53*	1.08*	2.09	2.29*	1.94*	1.08*	1.30*	1.65
	0.18	0.44	0.26	0.20	0.31	0.63	0.34	0.37	0.48	0.24	0.60	0.36	0.26	0.42	0.22
Other clinic/health center	3.52	6.26	2.87	3.19	3.34*	10.32	4.88	6.01	5.12*	6.17	1.91*	1.17*	1.07*	2.47*	1.38
	0.22	0.72	0.32	0.34	0.46	1.40	0.52	0.78	0.95	0.44	0.47	0.26	0.22	0.52	0.17
<b>Difficulty Obtaining Care</b>															
Yes	3.86	12.36	2.65	1.94	2.12*	11.62	2.01*	1.76*	1.48*	3.59	13.16	3.18	2.07*	2.42*	4.07
	0.17	0.69	0.26	0.26	0.40	1.09	0.32	0.34	0.56	0.24	1.09	0.36	0.36	0.52	0.25
No	96.14	87.64	97.35	98.06	97.88	88.38	97.99	98.24	98.52	96.41	86.84	96.82	97.93	97.58	95.93
	0.17	0.69	0.26	0.26	0.40	1.09	0.32	0.34	0.56	0.24	1.09	0.36	0.36	0.52	0.25
<b>Delayed Care Due to Cost</b>															
Yes	8.12	24.10	6.61	4.10	2.44*	24.25	5.46	3.78	1.88*	8.02	23.94	7.58	4.34	2.71*	8.20
	0.36	1.52	0.44	0.36	0.41	1.99	0.61	0.57	0.60	0.50	2.10	0.62	0.45	0.54	0.43
No	91.88	75.90	93.39	95.90	97.56	75.75	94.54	96.22	98.12	91.98	76.06	92.42	95.66	97.29	91.80
	0.36	1.52	0.44	0.36	0.41	1.99	0.61	0.57	0.60	0.50	2.10	0.62	0.45	0.54	0.43

**Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2004**Community-Only Residents<sup>1</sup>

2 of 2

Indicator of Access to Care <sup>2</sup>	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,232	6,106	18,498	11,976	3,653	3,160	8,494	5,142	1,195	17,991	2,946	10,004	6,833	2,458	22,241
	<i>134</i>	<i>116</i>	<i>133</i>	<i>116</i>	<i>87</i>	<i>91</i>	<i>138</i>	<i>85</i>	<i>46</i>	<i>151</i>	<i>84</i>	<i>125</i>	<i>118</i>	<i>72</i>	<i>156</i>
<b>Beneficiaries as a Percentage of Column Total</b>															
<b>Continuity of Care</b>															
<b>Length of Association with Usual Source of Care</b>															
No usual source <sup>3</sup>	4.23	5.26	4.71	3.35	2.94*	6.53	6.44	3.18*	3.60*	5.33	3.91*	3.25	3.49	2.62*	3.34
	<i>0.21</i>	<i>0.71</i>	<i>0.35</i>	<i>0.29</i>	<i>0.42</i>	<i>0.99</i>	<i>0.58</i>	<i>0.45</i>	<i>0.82</i>	<i>0.34</i>	<i>0.90</i>	<i>0.43</i>	<i>0.38</i>	<i>0.51</i>	<i>0.28</i>
Less than 1 year	8.49	10.47	8.12	7.53	10.26	11.40	7.93	7.24	8.05*	8.34	9.49	8.28	7.74	11.35	8.61
	<i>0.29</i>	<i>0.91</i>	<i>0.42</i>	<i>0.46</i>	<i>0.76</i>	<i>1.20</i>	<i>0.53</i>	<i>0.69</i>	<i>1.11</i>	<i>0.39</i>	<i>1.17</i>	<i>0.61</i>	<i>0.54</i>	<i>1.00</i>	<i>0.36</i>
1 to less than 3 years	17.92	22.04	17.21	17.11	17.34	23.87	16.24	17.47	13.92	17.76	20.10	18.04	16.84	19.01	18.05
	<i>0.37</i>	<i>1.30</i>	<i>0.63</i>	<i>0.67</i>	<i>0.95</i>	<i>1.80</i>	<i>0.85</i>	<i>1.07</i>	<i>1.61</i>	<i>0.65</i>	<i>1.84</i>	<i>0.89</i>	<i>0.90</i>	<i>1.13</i>	<i>0.54</i>
3 to less than 5 years	18.06	21.71	17.78	17.27	16.02	19.12	17.28	16.65	14.52	17.24	24.45	18.20	17.74	16.76	18.72
	<i>0.40</i>	<i>1.23</i>	<i>0.63</i>	<i>0.65</i>	<i>0.99</i>	<i>1.76</i>	<i>0.96</i>	<i>0.95</i>	<i>1.56</i>	<i>0.60</i>	<i>1.88</i>	<i>0.75</i>	<i>0.85</i>	<i>1.27</i>	<i>0.49</i>
5 years or more	51.30	40.52	52.18	54.73	53.44	39.08	52.11	55.46	59.92	51.34	42.05	52.24	54.19	50.27	51.28
	<i>0.56</i>	<i>1.44</i>	<i>0.90</i>	<i>0.90</i>	<i>1.14</i>	<i>1.93</i>	<i>1.35</i>	<i>1.28</i>	<i>2.22</i>	<i>0.87</i>	<i>1.94</i>	<i>1.22</i>	<i>1.10</i>	<i>1.37</i>	<i>0.77</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 HMO stands for Health Maintenance Organization.
- 5 OPD stands for Outpatient Department; ER stands for Emergency Room.

**Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2004**Community-Only Residents<sup>1</sup>

1 of 2

Measure of Satisfaction <sup>2</sup>	Total	All Medicare Beneficiaries				Male				Total	Female				Total
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
<b>Beneficiaries (in 1,000s)</b>	40,232	6,106	18,498	11,976	3,653	3,160	8,494	5,142	1,195	17,991	2,946	10,004	6,833	2,458	22,241
	134	116	133	116	87	91	138	85	46	151	84	125	118	72	156
<b>Beneficiaries as a Percentage of Column Total<sup>3</sup></b>															
<b>Quality of Care</b>															
<b>General Care</b>															
Very satisfied	31.43	25.49	33.81	32.74	25.00	23.73	35.06	34.20	27.64	32.33	27.40	32.76	31.65	23.72	30.71
	0.65	1.58	0.80	0.97	1.16	2.04	1.27	1.37	2.06	0.95	2.07	1.10	1.15	1.48	0.76
(Very) Unsatisfied	3.41	6.39	2.94	2.63	3.42*	6.70	2.49*	2.18*	4.08*	3.25	6.06	3.32	2.96	3.10*	3.55
	0.22	0.68	0.28	0.31	0.57	0.92	0.38	0.40	0.87	0.26	1.05	0.42	0.37	0.69	0.28
<b>Follow-up Care</b>															
Very satisfied	19.81	16.09	20.98	21.35	15.02	14.96	22.46	22.87	17.26	20.92	17.31	19.72	20.21	13.93	18.91
	0.63	1.22	0.77	1.02	0.98	1.50	0.96	1.33	1.68	0.79	1.66	1.09	1.29	1.25	0.82
(Very) Unsatisfied	2.68	5.97	2.25	1.78	2.36*	6.42	1.95*	1.63*	2.69*	2.69	5.48	2.50	1.90*	2.19*	2.67
	0.17	0.61	0.25	0.26	0.42	0.85	0.33	0.34	0.73	0.24	0.84	0.36	0.36	0.53	0.22
<b>Access/Coordination of Care</b>															
<b>Availability</b>															
Very satisfied	10.63	9.94	11.13	10.53	9.57	10.04	12.27	12.42	10.13*	11.78	9.84	10.17	9.10	9.29	9.70
	0.44	1.08	0.54	0.59	0.89	1.49	0.83	1.01	1.30	0.66	1.42	0.76	0.67	1.08	0.56
(Very) Unsatisfied	3.67	7.30	3.52	2.41	2.52*	7.47	2.56*	2.20*	4.10*	3.42	7.11	4.34	2.57	1.76*	3.87
	0.23	0.72	0.33	0.26	0.41	0.98	0.35	0.42	0.84	0.28	1.10	0.55	0.29	0.51	0.32
<b>Ease of Access to Doctor</b>															
Very satisfied	21.20	15.26	24.12	21.42	15.64	15.10	24.67	22.05	17.95	21.80	15.43	23.64	20.94	14.53	20.72
	0.59	1.16	0.70	0.93	1.10	1.69	1.07	1.23	2.15	0.88	1.69	0.97	1.17	1.25	0.70
(Very) Unsatisfied	5.09	10.29	3.67	4.75	4.77	10.45	3.21	4.27	4.84*	4.89	10.11	4.07	5.11	4.74*	5.26
	0.26	0.76	0.33	0.38	0.58	1.12	0.40	0.55	1.14	0.35	1.19	0.49	0.52	0.69	0.36
<b>Can Obtain Care in Same Location</b>															
Very satisfied	15.35	13.60	16.40	15.76	11.59	13.54	16.87	15.92	12.42	15.72	13.66	16.01	15.63	11.19	15.05
	0.56	1.01	0.67	0.86	0.98	1.38	0.80	1.03	1.62	0.59	1.42	0.95	1.20	1.19	0.74
(Very) Unsatisfied	4.57	9.25	4.03	3.46	3.23*	9.26	3.74	3.84	4.02*	4.75	9.23	4.27	3.17	2.85*	4.43
	0.25	1.12	0.32	0.35	0.44	1.52	0.45	0.69	1.00	0.40	1.16	0.50	0.41	0.58	0.33



**Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2004**Community-Only Residents<sup>1</sup>

2 of 2

Measure of Satisfaction <sup>2</sup>	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,232	6,106	18,498	11,976	3,653	3,160	8,494	5,142	1,195	17,991	2,946	10,004	6,833	2,458	22,241
	134	116	133	116	87	91	138	85	46	151	84	125	118	72	156
<b>Beneficiaries as a Percentage of Column Total<sup>3</sup></b>															
<b>Relationship with Primary Doctor</b>															
<b>Information from Doctor</b>															
Very satisfied	19.07	15.59	21.03	19.52	13.50	14.93	21.29	21.63	16.72	19.97	16.30	20.81	17.93	11.93	18.35
	0.67	1.20	0.89	0.98	0.97	1.56	1.00	1.31	1.88	0.74	1.63	1.25	1.19	1.09	0.86
(Very) Unsatisfied	4.64	9.17	3.87	3.72	3.98	8.83	3.90	3.38	3.67*	4.60	9.54	3.84	3.98	4.14*	4.66
	0.27	0.81	0.36	0.36	0.64	1.12	0.52	0.50	0.96	0.38	1.29	0.43	0.45	0.78	0.35
<b>Doctor's Concern for Overall Health</b>															
Very satisfied	21.61	18.32	23.06	22.34	17.32	17.93	23.74	23.66	20.16	22.46	18.74	22.49	21.35	15.95	20.92
	0.66	1.36	0.74	1.01	1.07	1.68	0.96	1.19	2.01	0.76	1.92	1.02	1.29	1.23	0.80
(Very) Unsatisfied	4.78	10.10	3.96	3.43	4.48	10.78	2.77	2.99*	4.72*	4.36	9.37	4.97	3.76	4.37*	5.11
	0.23	0.89	0.32	0.30	0.66	1.29	0.46	0.42	1.17	0.39	1.37	0.56	0.37	0.82	0.39
<b>Cost of Care</b>															
<b>Cost</b>															
Very satisfied	18.41	16.26	19.15	19.62	14.24	15.24	19.20	21.34	17.54	19.01	17.37	19.10	18.33	12.64	17.92
	0.60	1.17	0.82	0.80	1.07	1.59	0.94	1.16	1.97	0.71	1.67	1.05	0.95	1.21	0.69
(Very) Unsatisfied	14.43	23.69	14.41	10.62	11.73	22.35	12.32	9.08	10.48*	13.03	25.14	16.18	11.77	12.34	15.57
	0.39	1.33	0.56	0.59	0.95	1.65	0.88	0.78	1.55	0.54	2.00	0.81	0.79	1.15	0.57

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

**Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2004**Community-Only Residents<sup>1</sup>

1 of 2

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,232	3,957	14,390	9,870	2,981	31,198	1,109	1,594	807	291	3,801	637	1,432	801	235	3,105
	134	122	162	135	80	257	55	60	42	32	91	50	103	64	25	186
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Access to Care</b>																
<b>Usual Source of Care</b>																
None <sup>4</sup>	4.20	5.34	4.41	3.14	2.57*	3.95	4.95*	4.96*	4.11*	4.53*	4.74	5.39*	6.87*	5.39*	3.95*	5.97*
	0.21	0.97	0.37	0.30	0.40	0.23	1.03	1.42	1.55	1.87	0.77	1.73	1.75	1.90	2.44	0.94
Doctor's office	77.35	73.05	78.19	81.15	84.21	79.05	69.25	73.01	76.77	76.03	72.94	66.78	70.00	66.18	63.99	67.90
	0.88	1.96	1.22	1.35	1.25	1.07	2.39	2.73	2.63	4.65	1.56	6.02	2.61	3.39	4.78	2.13
Doctor's clinic	9.73	12.14	10.11	9.11	7.19	9.77	12.61*	10.15*	6.87*	6.33*	9.89	12.91*	7.89*	7.37*	10.55*	8.98
	0.68	1.27	0.96	1.12	0.95	0.83	2.19	1.97	1.91	2.75	1.25	3.26	1.96	1.92	4.25	1.46
HMO <sup>5</sup>	3.36	1.65*	3.35	3.04	2.62*	2.97	0.68*	3.24*	3.95*	2.77*	2.61*	3.18*	6.28*	11.61*	8.96*	7.23
	0.30	0.53	0.48	0.45	0.57	0.32	0.31	1.35	1.37	1.40	0.70	1.63	1.58	2.34	3.55	1.22
Hospital OPD/ER <sup>6</sup>	1.85	1.59*	1.50*	0.96*	0.72*	1.27	4.88*	4.09*	3.47*	6.63*	4.38*	8.54*	2.34*	3.42*	1.73*	3.84*
	0.18	0.37	0.26	0.19	0.21	0.17	1.48	1.14	1.27	2.61	0.72	2.47	0.97	0.73	1.30	0.69
Other clinic/health center	3.52	6.22	2.44	2.60	2.69*	3.00	7.62*	4.55*	4.82*	3.70*	5.44	3.20*	6.62*	6.03*	10.81*	6.08
	0.22	0.95	0.27	0.34	0.48	0.23	1.67	1.17	1.41	1.83	0.81	1.41	2.03	1.56	3.19	1.08
<b>Difficulty Obtaining Care</b>																
Yes	3.86	13.85	2.31	1.37*	1.99*	3.44	9.04*	3.15*	2.93*	0.97*	4.65	12.17*	4.32*	5.91*	4.42*	6.35
	0.17	1.00	0.27	0.22	0.46	0.20	1.48	0.94	1.36	0.95	0.55	2.10	1.20	1.50	1.70	0.63
No	96.14	86.15	97.69	98.63	98.01	96.56	90.96	96.85	97.07	99.03	95.35	87.83	95.68	94.09	95.58	93.65
	0.17	1.00	0.27	0.22	0.46	0.20	1.48	0.94	1.36	0.95	0.55	2.10	1.20	1.50	1.70	0.63
<b>Delayed Care Due to Cost</b>																
Yes	8.12	27.47	6.25	3.90	2.39*	7.82	16.44	7.35*	5.20*	2.47*	9.17	18.30*	8.59*	5.65*	2.37*	9.36
	0.36	1.96	0.50	0.40	0.45	0.37	2.51	1.47	1.31	1.43	1.14	2.36	1.84	1.50	1.74	1.12
No	91.88	72.53	93.75	96.10	97.61	92.18	83.56	92.65	94.80	97.53	90.83	81.70	91.41	94.35	97.63	90.64
	0.36	1.96	0.50	0.40	0.45	0.37	2.51	1.47	1.31	1.43	1.14	2.36	1.84	1.50	1.74	1.12

**Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2004**Community-Only Residents<sup>1</sup>

2 of 2

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,232	3,957	14,390	9,870	2,981	31,198	1,109	1,594	807	291	3,801	637	1,432	801	235	3,105
	<i>134</i>	<i>122</i>	<i>162</i>	<i>135</i>	<i>80</i>	<i>257</i>	<i>55</i>	<i>60</i>	<i>42</i>	<i>32</i>	<i>91</i>	<i>50</i>	<i>103</i>	<i>64</i>	<i>25</i>	<i>186</i>
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Continuity of Care</b>																
<b>Length of Association with Usual Source of Care</b>																
No usual source <sup>4</sup>	4.23	5.41	4.43	3.15	2.59*	3.97	5.05*	4.99*	4.15*	4.58*	4.80	5.44*	6.89*	5.42*	4.05*	6.00*
	<i>0.21</i>	<i>0.98</i>	<i>0.38</i>	<i>0.30</i>	<i>0.40</i>	<i>0.23</i>	<i>1.06</i>	<i>1.43</i>	<i>1.57</i>	<i>1.89</i>	<i>0.78</i>	<i>1.76</i>	<i>1.76</i>	<i>1.91</i>	<i>2.50</i>	<i>0.95</i>
Less than 1 year	8.49	10.23	7.71	7.62	10.17	8.24	10.03*	6.49*	5.68*	8.28*	7.48	14.08*	13.09*	10.87*	11.90*	12.63
	<i>0.29</i>	<i>1.19</i>	<i>0.48</i>	<i>0.51</i>	<i>0.86</i>	<i>0.31</i>	<i>2.45</i>	<i>1.37</i>	<i>1.71</i>	<i>2.68</i>	<i>1.00</i>	<i>3.60</i>	<i>1.64</i>	<i>2.43</i>	<i>3.77</i>	<i>1.08</i>
1 to less than 3 years	17.92	20.91	16.95	16.60	17.24	17.36	20.02	18.41	16.94*	23.80*	18.98	29.13	18.59	20.11*	14.40*	20.82
	<i>0.37</i>	<i>1.77</i>	<i>0.75</i>	<i>0.73</i>	<i>1.14</i>	<i>0.40</i>	<i>2.46</i>	<i>2.03</i>	<i>2.60</i>	<i>4.04</i>	<i>1.10</i>	<i>3.60</i>	<i>2.12</i>	<i>2.50</i>	<i>3.70</i>	<i>1.47</i>
3 to less than 5 years	18.06	21.58	17.14	17.14	15.31	17.52	25.44	19.80	17.04*	15.82*	20.54	15.51*	20.61	14.40*	24.89*	18.27
	<i>0.40</i>	<i>1.42</i>	<i>0.71</i>	<i>0.71</i>	<i>1.16</i>	<i>0.47</i>	<i>2.93</i>	<i>2.41</i>	<i>2.55</i>	<i>3.46</i>	<i>1.34</i>	<i>2.79</i>	<i>2.00</i>	<i>2.12</i>	<i>4.81</i>	<i>1.15</i>
5 years or more	51.30	41.87	53.76	55.49	54.69	52.90	39.45	50.30	56.20	47.52*	48.19	35.84	40.82	49.20	44.76*	42.27
	<i>0.56</i>	<i>1.76</i>	<i>1.00</i>	<i>0.97</i>	<i>1.24</i>	<i>0.62</i>	<i>2.87</i>	<i>3.13</i>	<i>3.30</i>	<i>5.40</i>	<i>1.74</i>	<i>4.14</i>	<i>2.39</i>	<i>2.85</i>	<i>5.17</i>	<i>1.77</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 *Total* includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.
- 4 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 5 *HMO* stands for Health Maintenance Organization.
- 6 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

**Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2004**Community-Only Residents<sup>1</sup>

1 of 2

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,232	3,957	14,390	9,870	2,981	31,198	1,109	1,594	807	291	3,801	637	1,432	801	235	3,105
	134	122	162	135	80	257	55	60	42	32	91	50	103	64	25	186
<b>Beneficiaries as a Percentage of Column Total<sup>4</sup></b>																
<b>Quality of Care</b>																
<b>General Care</b>																
Very satisfied	31.43	27.69	36.34	34.81	27.02	33.87	21.85	21.18	22.30	14.05*	21.07	16.56*	26.03	21.33	13.81*	21.95
	0.65	2.12	0.96	1.05	1.36	0.77	2.83	2.46	2.92	3.16	1.48	3.35	3.09	3.20	3.75	1.83
(Very) Unsatisfied	3.41	6.52	2.61	2.57	3.26*	3.16	4.83*	4.84*	3.32*	1.76*	4.28*	5.60*	4.14*	2.16*	8.82*	4.27*
	0.22	0.83	0.31	0.34	0.62	0.22	1.68	1.22	1.14	1.13	0.74	2.46	1.51	0.77	3.31	1.10
<b>Follow-up Care</b>																
Very satisfied	19.81	17.27	21.99	22.85	16.55	21.15	16.85	14.54*	11.41*	4.55*	13.80	11.78*	15.32*	13.96*	9.77*	13.82
	0.63	1.69	0.88	1.12	1.22	0.75	2.68	2.09	1.85	2.01	1.35	2.79	2.23	2.78	2.99	1.24
(Very) Unsatisfied	2.68	5.83	2.02	1.69*	2.10*	2.40	4.45*	3.39*	2.35*	1.91*	3.37*	4.49*	3.83*	2.18*	6.67*	3.75*
	0.17	0.82	0.25	0.28	0.45	0.18	1.18	0.90	1.11	1.33	0.67	1.39	1.48	0.79	2.93	0.94
<b>Access/Coordination of Care</b>																
<b>Availability</b>																
Very satisfied	10.63	9.98	11.72	10.93	10.09	11.10	9.88*	6.25*	8.54*	6.83*	7.84	8.38*	10.62*	7.07*	5.64*	8.86
	0.44	1.32	0.58	0.68	1.02	0.49	1.74	1.57	1.74	2.04	0.88	2.63	2.32	1.80	2.43	1.28
(Very) Unsatisfied	3.67	7.79	3.49	2.54	2.74*	3.66	5.34*	3.37*	1.76*	0.00	3.35*	5.67*	3.40*	0.89*	2.37*	3.14*
	0.23	0.95	0.35	0.31	0.46	0.25	2.10	1.18	0.90	0.00	0.89	1.84	1.19	0.66	1.74	0.72
<b>Ease of Access to Doctor</b>																
Very satisfied	21.20	15.06	25.94	22.98	17.06	22.78	15.47	15.69	13.52*	5.68*	14.41	13.21*	14.47*	14.55*	9.80*	13.88
	0.59	1.57	0.84	1.03	1.28	0.68	2.67	2.38	2.41	2.20	1.44	3.25	2.14	2.55	3.17	1.14
(Very) Unsatisfied	5.09	11.07	3.02	4.55	4.01*	4.61	9.36*	6.72*	4.30*	4.80*	6.83	7.93*	6.52*	7.92*	12.08*	7.59
	0.26	1.12	0.31	0.42	0.55	0.27	2.00	1.41	1.65	2.08	0.98	2.10	1.44	1.82	3.47	0.81
<b>Can Obtain Care in Same Location</b>																
Very satisfied	15.35	14.32	17.25	16.70	12.45	16.25	14.49*	10.77*	9.19*	4.80*	11.07	9.56*	14.01*	10.97*	10.14*	12.02
	0.56	1.26	0.78	0.94	1.17	0.65	2.75	1.76	1.99	2.11	1.25	2.55	2.35	2.57	3.24	1.47
(Very) Unsatisfied	4.57	10.34	4.26	3.53	3.10*	4.69	8.08*	2.95*	2.13*	1.93*	4.20*	3.66*	2.33*	4.49*	3.10*	3.22*
	0.25	1.39	0.35	0.38	0.47	0.27	2.15	1.01	0.99	1.32	0.85	1.37	0.98	1.46	2.21	0.50

**Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2004**Community-Only Residents<sup>1</sup>

2 of 2

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,232	3,957	14,390	9,870	2,981	31,198	1,109	1,594	807	291	3,801	637	1,432	801	235	3,105
	<i>134</i>	<i>122</i>	<i>162</i>	<i>135</i>	<i>80</i>	<i>257</i>	<i>55</i>	<i>60</i>	<i>42</i>	<i>32</i>	<i>91</i>	<i>50</i>	<i>103</i>	<i>64</i>	<i>25</i>	<i>186</i>
<b>Beneficiaries as a Percentage of Column Total<sup>4</sup></b>																
<b>Relationship with Primary Doctor</b>																
<b>Information from Doctor</b>																
Very satisfied	19.07	17.55	22.36	20.81	14.80	20.54	13.96	11.52*	11.28*	4.28*	11.63	11.06*	16.07*	14.11*	11.24*	14.16
	<i>0.67</i>	<i>1.64</i>	<i>1.00</i>	<i>1.13</i>	<i>1.15</i>	<i>0.77</i>	<i>2.22</i>	<i>1.77</i>	<i>2.00</i>	<i>1.72</i>	<i>1.11</i>	<i>2.30</i>	<i>2.33</i>	<i>2.52</i>	<i>3.34</i>	<i>1.38</i>
(Very) Unsatisfied	4.64	10.48	3.77	3.74	4.03*	4.63	6.51*	5.37*	2.71*	0.00	4.73	5.50*	3.54*	5.56*	8.89*	4.87*
	<i>0.27</i>	<i>1.09</i>	<i>0.40</i>	<i>0.38</i>	<i>0.71</i>	<i>0.29</i>	<i>1.68</i>	<i>1.25</i>	<i>1.17</i>	<i>0.00</i>	<i>0.85</i>	<i>1.93</i>	<i>1.56</i>	<i>1.74</i>	<i>3.63</i>	<i>1.28</i>
<b>Doctor's Concern for Overall Health</b>																
Very satisfied	21.61	19.53	24.56	24.47	19.03	23.37	19.13	15.61	10.24*	5.59*	14.74	13.45*	17.19	13.45*	11.95*	15.06
	<i>0.66</i>	<i>1.71</i>	<i>0.87</i>	<i>1.12</i>	<i>1.27</i>	<i>0.74</i>	<i>3.53</i>	<i>2.37</i>	<i>1.81</i>	<i>2.12</i>	<i>1.68</i>	<i>2.27</i>	<i>2.42</i>	<i>2.62</i>	<i>3.58</i>	<i>1.41</i>
(Very) Unsatisfied	4.78	11.97	3.86	3.47	4.61	4.83	6.00*	5.13*	3.25*	2.96*	4.82	4.70*	3.04*	2.67*	5.57*	3.48*
	<i>0.23</i>	<i>1.24</i>	<i>0.38</i>	<i>0.35</i>	<i>0.74</i>	<i>0.28</i>	<i>1.54</i>	<i>1.22</i>	<i>1.18</i>	<i>1.54</i>	<i>0.75</i>	<i>1.66</i>	<i>1.27</i>	<i>0.82</i>	<i>2.72</i>	<i>0.83</i>
<b>Cost of Care</b>																
<b>Cost</b>																
Very satisfied	18.41	17.65	20.24	20.52	15.13	19.51	14.24	11.33*	12.25*	6.06*	11.98	11.09*	13.45*	14.49*	9.77*	12.96
	<i>0.60</i>	<i>1.64</i>	<i>0.94</i>	<i>0.91</i>	<i>1.23</i>	<i>0.69</i>	<i>2.68</i>	<i>1.92</i>	<i>2.03</i>	<i>1.99</i>	<i>1.31</i>	<i>2.37</i>	<i>2.12</i>	<i>2.90</i>	<i>3.14</i>	<i>1.37</i>
(Very) Unsatisfied	14.43	25.92	13.64	10.45	11.73	13.99	20.75	21.95	9.24*	5.86*	17.70	13.49*	14.67*	14.68*	16.42*	14.56
	<i>0.39</i>	<i>1.80</i>	<i>0.62</i>	<i>0.59</i>	<i>1.02</i>	<i>0.43</i>	<i>3.10</i>	<i>2.62</i>	<i>2.17</i>	<i>2.29</i>	<i>1.59</i>	<i>3.19</i>	<i>2.01</i>	<i>2.49</i>	<i>4.76</i>	<i>1.47</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 *Total* includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.
- 4 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

**Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004**Community-Only Residents<sup>1</sup>

1 of 2

Indicator of Access to Care <sup>2</sup>	Lives Alone						Lives with Spouse					Lives with Children/Others				
	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,232	1,564	4,327	4,375	1,781	12,047	2,339	11,536	5,757	881	20,513	2,181	2,560	1,844	991	7,575
	134	105	151	108	65	242	131	201	108	51	253	98	108	74	48	186
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Access to Care</b>																
<b>Usual Source of Care</b>																
None <sup>3</sup>	4.20	7.43*	6.57	3.79	2.55*	5.07	2.88*	3.54	2.89*	2.35*	3.23	6.07	6.73*	3.64*	4.06*	5.44
	0.21	1.76	0.91	0.51	0.56	0.45	0.77	0.39	0.39	0.85	0.28	1.04	1.13	0.87	0.97	0.52
Doctor's office	77.35	66.88	74.71	81.17	81.85	77.10	74.81	78.81	78.86	82.81	78.54	70.59	71.18	79.27	82.83	74.50
	0.88	2.95	1.77	1.27	1.64	1.08	2.38	1.22	1.48	2.39	1.06	2.52	2.32	2.05	1.87	1.32
Doctor's clinic	9.73	11.65	9.61	7.47	8.28	8.90	13.16	9.83	9.43	6.67*	9.96	11.43	12.19	9.20	5.90*	10.42
	0.68	1.83	1.28	0.89	1.20	0.75	1.69	0.97	1.33	1.94	0.87	1.65	1.60	1.48	1.37	0.96
HMO <sup>4</sup>	3.36	2.50*	3.54*	4.03	3.01*	3.50	2.91*	3.63	3.84	2.63*	3.56	0.51*	3.87*	2.86*	3.07*	2.55
	0.30	1.13	0.99	0.64	0.73	0.49	1.16	0.43	0.55	0.93	0.38	0.19	0.81	0.77	0.89	0.37
Hospital OPD/ER <sup>5</sup>	1.85	4.37*	2.28*	0.86*	1.66*	1.94	1.93*	1.42*	1.35*	1.40*	1.46	3.71*	3.44*	2.04*	0.31*	2.77
	0.18	1.12	0.64	0.28	0.51	0.32	0.57	0.24	0.30	0.63	0.21	0.88	1.04	0.68	0.32	0.48
Other clinic/health center	3.52	7.18*	3.29*	2.69*	2.66*	3.48	4.31*	2.78	3.62	4.14*	3.25	7.70	2.60*	3.00*	3.84*	4.32
	0.22	1.70	0.71	0.47	0.67	0.40	1.01	0.41	0.51	1.05	0.31	1.30	0.67	0.71	0.93	0.42
<b>Difficulty Obtaining Care</b>																
Yes	3.86	13.34	3.35*	2.12*	1.90*	3.98	11.25	2.27	1.41*	1.34*	3.01	12.85	3.17*	3.16*	3.20*	5.96
	0.17	1.96	0.51	0.40	0.52	0.39	1.32	0.31	0.31	0.67	0.27	1.44	0.73	0.81	1.08	0.47
No	96.14	86.66	96.65	97.88	98.10	96.02	88.75	97.73	98.59	98.66	96.99	87.15	96.83	96.84	96.80	94.04
	0.17	1.96	0.51	0.40	0.52	0.39	1.32	0.31	0.31	0.67	0.27	1.44	0.73	0.81	1.08	0.47
<b>Delayed Care Due to Cost</b>																
Yes	8.12	22.43	8.00	4.98	1.59*	7.81	26.33	5.01	2.98*	1.58*	6.72	22.89	11.42	5.48*	4.72*	12.41
	0.36	2.36	0.83	0.59	0.48	0.43	2.38	0.46	0.44	0.69	0.46	2.78	1.61	1.01	1.16	1.02
No	91.88	77.57	92.00	95.02	98.41	92.19	73.67	94.99	97.02	98.42	93.28	77.11	88.58	94.52	95.28	87.59
	0.36	2.36	0.83	0.59	0.48	0.43	2.38	0.46	0.44	0.69	0.46	2.78	1.61	1.01	1.16	1.02

**Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004**Community-Only Residents<sup>1</sup>

2 of 2

Indicator of Access to Care <sup>2</sup>	Lives Alone						Lives with Spouse					Lives with Children/Others				
	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,232	1,564	4,327	4,375	1,781	12,047	2,339	11,536	5,757	881	20,513	2,181	2,560	1,844	991	7,575
	<i>134</i>	<i>105</i>	<i>151</i>	<i>108</i>	<i>65</i>	<i>242</i>	<i>131</i>	<i>201</i>	<i>108</i>	<i>51</i>	<i>253</i>	<i>98</i>	<i>108</i>	<i>74</i>	<i>48</i>	<i>186</i>
<b>Beneficiaries as a Percentage of Column Total</b>																
<b>Continuity of Care</b>																
<b>Length of Association with Usual Source of Care</b>																
No usual source <sup>3</sup>	4.23	7.66*	6.60	3.82	2.58*	5.13	2.88*	3.55	2.90*	2.36*	3.24	6.14	6.77*	3.67*	4.10*	5.49
	<i>0.21</i>	<i>1.80</i>	<i>0.92</i>	<i>0.52</i>	<i>0.56</i>	<i>0.45</i>	<i>0.77</i>	<i>0.40</i>	<i>0.39</i>	<i>0.86</i>	<i>0.28</i>	<i>1.05</i>	<i>1.14</i>	<i>0.87</i>	<i>0.98</i>	<i>0.53</i>
Less than 1 year	8.49	10.37*	8.27	7.95	10.37	8.73	8.61	7.20	7.37	8.01*	7.44	12.56	12.02	7.02*	12.08*	10.97
	<i>0.29</i>	<i>1.83</i>	<i>0.89</i>	<i>0.67</i>	<i>1.20</i>	<i>0.47</i>	<i>1.36</i>	<i>0.53</i>	<i>0.70</i>	<i>1.53</i>	<i>0.44</i>	<i>1.58</i>	<i>1.41</i>	<i>1.17</i>	<i>1.52</i>	<i>0.73</i>
1 to less than 3 years	17.92	24.60	16.70	17.03	17.02	17.87	20.59	16.81	16.49	16.75	17.15	21.81	19.93	19.28	18.45	20.12
	<i>0.37</i>	<i>2.31</i>	<i>1.33</i>	<i>0.98</i>	<i>1.21</i>	<i>0.71</i>	<i>2.30</i>	<i>0.78</i>	<i>0.82</i>	<i>1.77</i>	<i>0.52</i>	<i>2.08</i>	<i>1.72</i>	<i>1.67</i>	<i>1.77</i>	<i>0.98</i>
3 to less than 5 years	18.06	20.49	19.10	17.86	15.80	18.34	21.98	17.82	16.37	17.53	17.87	22.28	15.36	18.72	15.08	18.12
	<i>0.40</i>	<i>2.57</i>	<i>1.35</i>	<i>1.17</i>	<i>1.29</i>	<i>0.74</i>	<i>2.22</i>	<i>0.88</i>	<i>0.86</i>	<i>2.34</i>	<i>0.66</i>	<i>1.75</i>	<i>1.37</i>	<i>1.72</i>	<i>1.57</i>	<i>0.82</i>
5 years or more	51.30	36.88	49.33	53.34	54.23	49.94	45.93	54.63	56.88	55.35	54.30	37.21	45.91	51.31	50.30	45.30
	<i>0.56</i>	<i>2.80</i>	<i>1.65</i>	<i>1.35</i>	<i>1.78</i>	<i>0.94</i>	<i>2.35</i>	<i>1.15</i>	<i>1.17</i>	<i>2.77</i>	<i>0.84</i>	<i>2.39</i>	<i>2.32</i>	<i>2.30</i>	<i>2.43</i>	<i>1.26</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 *HMO* stands for Health Maintenance Organization.
- 5 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

**Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004**Community-Only Residents<sup>1</sup>

1 of 2

Measure of Satisfaction <sup>2</sup>	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,232	1,564	4,327	4,375	1,781	12,047	2,339	11,536	5,757	881	20,513	2,181	2,560	1,844	991	7,575
	134	105	151	108	65	242	131	201	108	51	253	98	108	74	48	186
<b>Beneficiaries as a Percentage of Column Total<sup>3</sup></b>																
<b>Quality of Care</b>																
<b>General Care</b>																
Very satisfied	31.43	21.73	31.97	31.71	24.27	29.42	27.00	36.10	34.77	27.84	34.34	26.55	26.56	28.88	23.78	26.76
	0.65	2.79	1.75	1.48	1.54	0.95	2.14	0.96	1.37	2.64	0.77	2.67	2.16	2.23	2.61	1.27
(Very) Unsatisfied	3.41	5.13*	3.38*	2.93*	2.69*	3.34	6.28*	2.71	2.11*	1.80*	2.91	7.40	3.26*	3.52*	6.19*	4.90
	0.22	1.18	0.62	0.53	0.79	0.35	1.19	0.36	0.35	0.73	0.25	1.27	0.92	0.85	1.31	0.55
<b>Follow-up Care</b>																
Very satisfied	19.81	14.31	18.88	18.87	13.81	17.55	18.05	22.59	23.53	18.01	22.15	15.26	17.19	20.40	14.48	17.06
	0.63	2.39	1.26	1.27	1.29	0.72	2.04	0.96	1.45	1.86	0.86	1.56	1.89	1.92	1.97	1.09
(Very) Unsatisfied	2.68	6.74*	2.49*	2.24*	2.14*	2.89	6.44*	2.05	1.74*	2.93*	2.50	4.92*	2.74*	0.84*	2.23*	2.84
	0.17	1.32	0.49	0.44	0.62	0.29	1.21	0.33	0.32	0.99	0.24	0.72	0.62	0.40	0.81	0.33
<b>Access/Coordination of Care</b>																
<b>Availability</b>																
Very satisfied	10.63	8.44*	10.09	9.00	8.49	9.25	10.05	12.19	11.97	12.16*	11.88	10.88	8.11*	9.62	9.16*	9.42
	0.44	1.60	1.09	0.78	1.26	0.57	1.82	0.74	0.94	1.69	0.63	1.84	1.26	1.33	1.47	0.81
(Very) Unsatisfied	3.67	6.91*	4.15*	2.43*	2.64*	3.65	7.77*	3.30	2.48*	3.67*	3.59	7.06	3.48*	2.15*	1.30*	3.91
	0.23	1.62	0.85	0.39	0.55	0.38	1.13	0.35	0.43	1.22	0.27	1.08	0.91	0.56	0.60	0.46
<b>Ease of Access to Doctor</b>																
Very satisfied	21.20	12.46	21.93	21.63	15.22	19.60	17.51	26.20	23.28	19.23	24.10	14.86	18.37	15.12	13.19*	15.89
	0.59	1.93	1.71	1.43	1.49	0.81	2.08	0.87	1.04	2.26	0.70	1.52	1.81	1.53	2.05	1.04
(Very) Unsatisfied	5.09	12.62	4.92	5.78	4.01*	6.10	8.01*	2.88	3.78	4.92*	3.80	11.05	5.16*	5.35*	6.00*	7.02
	0.26	2.02	0.62	0.64	0.72	0.50	1.30	0.35	0.55	1.29	0.32	1.50	0.96	1.00	1.25	0.63
<b>Can Obtain Care in Same Location</b>																
Very satisfied	15.35	12.45	16.81	15.64	11.13	14.98	13.26	16.69	16.00	11.40*	15.88	14.77	14.42	15.27	12.60*	14.49
	0.56	2.18	1.25	1.25	1.28	0.77	1.54	0.82	1.00	1.69	0.69	1.52	1.65	1.83	1.82	0.90
(Very) Unsatisfied	4.57	11.70*	4.45*	3.59*	2.38*	4.77	7.14	3.88	3.61	4.56*	4.20	9.74	3.95*	2.66*	3.57*	5.26
	0.25	2.03	0.63	0.54	0.56	0.41	1.22	0.42	0.51	1.13	0.30	1.95	0.86	0.70	1.03	0.68



**Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2004**Community-Only Residents<sup>1</sup>

2 of 2

Measure of Satisfaction <sup>2</sup>	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
<b>Beneficiaries (in 1,000s)</b>	40,232	1,564	4,327	4,375	1,781	12,047	2,339	11,536	5,757	881	20,513	2,181	2,560	1,844	991	7,575
	<i>134</i>	<i>105</i>	<i>151</i>	<i>108</i>	<i>65</i>	<i>242</i>	<i>131</i>	<i>201</i>	<i>108</i>	<i>51</i>	<i>253</i>	<i>98</i>	<i>108</i>	<i>74</i>	<i>48</i>	<i>186</i>
<b>Beneficiaries as a Percentage of Column Total<sup>3</sup></b>																
<b>Relationship with Primary Doctor</b>																
<b>Information from Doctor</b>																
Very satisfied	19.07	14.56	18.86	16.75	13.39	16.73	16.07	22.79	22.47	14.09*	21.57	15.81	16.74	16.86	13.16*	16.03
	<i>0.67</i>	<i>2.59</i>	<i>1.43</i>	<i>1.41</i>	<i>1.35</i>	<i>0.87</i>	<i>1.79</i>	<i>1.05</i>	<i>1.15</i>	<i>2.18</i>	<i>0.83</i>	<i>1.73</i>	<i>1.95</i>	<i>1.62</i>	<i>2.02</i>	<i>1.05</i>
(Very) Unsatisfied	4.64	9.95	4.35*	4.36	4.51*	5.10	9.29	3.66	3.20	3.12*	4.14	8.50	4.03*	3.84*	3.80*	5.24
	<i>0.27</i>	<i>1.53</i>	<i>0.70</i>	<i>0.60</i>	<i>0.84</i>	<i>0.42</i>	<i>1.50</i>	<i>0.47</i>	<i>0.46</i>	<i>1.04</i>	<i>0.37</i>	<i>1.29</i>	<i>0.93</i>	<i>0.92</i>	<i>1.08</i>	<i>0.55</i>
<b>Doctor's Concern for Overall Health</b>																
Very satisfied	21.61	18.05	20.23	19.84	16.36	19.24	18.13	24.78	24.14	19.33	23.62	18.71	20.02	22.66	17.25	19.92
	<i>0.66</i>	<i>2.84</i>	<i>1.28</i>	<i>1.34</i>	<i>1.42</i>	<i>0.82</i>	<i>2.07</i>	<i>0.91</i>	<i>1.17</i>	<i>2.27</i>	<i>0.82</i>	<i>2.16</i>	<i>1.88</i>	<i>2.21</i>	<i>2.04</i>	<i>1.24</i>
(Very) Unsatisfied	4.78	11.89	5.14*	4.47	4.45*	5.66	11.26	3.20	2.96*	5.29*	4.14	7.62	5.40*	2.41*	3.81*	5.11
	<i>0.23</i>	<i>1.75</i>	<i>0.79</i>	<i>0.58</i>	<i>0.84</i>	<i>0.46</i>	<i>1.78</i>	<i>0.37</i>	<i>0.36</i>	<i>1.40</i>	<i>0.32</i>	<i>1.10</i>	<i>1.09</i>	<i>0.72</i>	<i>1.10</i>	<i>0.59</i>
<b>Cost of Care</b>																
<b>Cost</b>																
Very satisfied	18.41	20.18	18.33	18.25	14.05	17.91	11.60	19.87	20.96	14.45*	19.01	18.46	17.27	18.67	14.40	17.58
	<i>0.60</i>	<i>2.66</i>	<i>1.33</i>	<i>1.23</i>	<i>1.57</i>	<i>0.85</i>	<i>1.45</i>	<i>0.99</i>	<i>1.10</i>	<i>1.88</i>	<i>0.79</i>	<i>1.84</i>	<i>1.96</i>	<i>1.63</i>	<i>1.54</i>	<i>0.92</i>
(Very) Unsatisfied	14.43	16.87	14.86	9.82	10.48	12.63	29.92	13.30	10.71	11.78*	14.39	21.87	18.70	12.20	13.91	17.41
	<i>0.39</i>	<i>1.99</i>	<i>1.14</i>	<i>0.80</i>	<i>1.36</i>	<i>0.64</i>	<i>2.13</i>	<i>0.69</i>	<i>0.95</i>	<i>1.71</i>	<i>0.57</i>	<i>2.30</i>	<i>1.95</i>	<i>1.23</i>	<i>1.96</i>	<i>1.02</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

**Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2004**Community-Only Residents<sup>1</sup>

1 of 2

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	Indicators of Good Health <sup>3</sup>			Indicators of Poor Health <sup>3</sup>		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three to Five ADLs <sup>5</sup>	Both Indicators
<b>Beneficiaries (in 1,000s)</b>	40,232	16,592	23,590	13,074	10,767	2,485	1,726
	134	261	259	258	206	114	94
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Access to Care</b>							
<b>Usual Source of Care</b>							
None <sup>6</sup>	4.20	6.00	5.11	6.58	2.87	2.83*	3.24*
	0.21	0.36	0.30	0.43	0.36	0.54	0.69
Doctor's office	77.35	77.15	77.42	77.32	77.29	75.70	76.62
	0.88	0.98	0.97	1.07	1.12	1.95	2.28
Doctor's clinic	9.73	9.36	8.98	8.79	9.82	9.60	8.78*
	0.68	0.68	0.71	0.71	0.89	1.37	1.37
HMO <sup>7</sup>	3.36	3.39	3.53	3.40	2.58	1.91*	1.52*
	0.30	0.45	0.44	0.56	0.40	0.52	0.67
Hospital OPD/ER <sup>8</sup>	1.85	1.40	1.68	1.33*	2.64	2.86*	2.87*
	0.18	0.22	0.21	0.23	0.32	0.46	0.49
Other clinic/health center	3.52	2.70	3.27	2.59	4.81	7.11	6.98*
	0.22	0.29	0.29	0.33	0.41	1.03	1.27
<b>Difficulty Obtaining Care</b>							
Yes	3.86	1.44	2.00	1.21*	8.34	9.70	12.23
	0.17	0.21	0.18	0.22	0.45	1.26	1.79
No	96.14	98.56	98.00	98.79	91.66	90.30	87.77
	0.17	0.21	0.18	0.22	0.45	1.26	1.79
<b>Delayed Care Due to Cost</b>							
Yes	8.12	4.25	4.65	3.69	15.86	19.08	22.26
	0.36	0.37	0.34	0.39	0.94	1.84	2.30
No	91.88	95.75	95.35	96.31	84.14	80.92	77.74
	0.36	0.37	0.34	0.39	0.94	1.84	2.30

**Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2004**Community-Only Residents<sup>1</sup>

2 of 2

Indicator of Access to Care <sup>2</sup>	Total <sup>3</sup>	Indicators of Good Health <sup>3</sup>			Indicators of Poor Health <sup>3</sup>		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three to Five ADLs <sup>5</sup>	Both Indicators
<b>Beneficiaries (in 1,000s)</b>	40,232	16,592	23,590	13,074	10,767	2,485	1,726
	<i>134</i>	<i>261</i>	<i>259</i>	<i>258</i>	<i>206</i>	<i>114</i>	<i>94</i>
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Continuity of Care</b>							
<b>Length of Association with Usual Source of Care</b>							
No usual source <sup>6</sup>	4.23	6.03	5.14	6.61	2.89	2.87*	3.28*
	<i>0.21</i>	<i>0.37</i>	<i>0.30</i>	<i>0.43</i>	<i>0.37</i>	<i>0.54</i>	<i>0.70</i>
Less than 1 year	8.49	7.32	7.59	6.80	10.33	13.86	13.63
	<i>0.29</i>	<i>0.37</i>	<i>0.37</i>	<i>0.39</i>	<i>0.69</i>	<i>1.55</i>	<i>1.73</i>
1 to less than 3 years	17.92	16.53	16.53	15.87	20.68	17.10	17.86
	<i>0.37</i>	<i>0.66</i>	<i>0.53</i>	<i>0.76</i>	<i>0.95</i>	<i>1.52</i>	<i>1.96</i>
3 to less than 5 years	18.06	17.23	18.29	17.53	19.48	17.78	17.27
	<i>0.40</i>	<i>0.64</i>	<i>0.56</i>	<i>0.72</i>	<i>0.81</i>	<i>1.49</i>	<i>1.78</i>
5 years or more	51.30	52.90	52.45	53.19	46.62	48.40	47.95
	<i>0.56</i>	<i>0.80</i>	<i>0.68</i>	<i>0.89</i>	<i>1.06</i>	<i>2.24</i>	<i>2.42</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 *ADL* stands for Activity of Daily Living.
- 6 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 7 *HMO* stands for Health Maintenance Organization.
- 8 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

**Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2004**Community-Only Residents<sup>1</sup>

1 of 2

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	Indicators of Good Health <sup>3</sup>			Indicators of Poor Health <sup>3</sup>		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three to Five ADLs <sup>5</sup>	Both Indicators
<b>Beneficiaries (in 1,000s)</b>	40,232	16,592	23,590	13,074	10,767	2,485	1,726
	134	261	259	258	206	114	94
<b>Beneficiaries as a Percentage of Column Total<sup>6</sup></b>							
<b>Quality of Care</b>							
<b>General Care</b>							
Very satisfied	31.43	39.79	33.51	39.75	22.62	25.35	22.69
	0.65	0.93	0.87	1.01	0.99	1.73	2.08
(Very) Unsatisfied	3.41	1.70	2.10	1.50	6.66	6.75	7.42*
	0.22	0.22	0.20	0.25	0.59	1.02	1.28
<b>Follow-up Care</b>							
Very satisfied	19.81	24.79	21.24	24.98	15.12	16.95	16.04
	0.63	0.89	0.78	0.94	0.79	1.40	1.59
(Very) Unsatisfied	2.68	1.43	1.69	1.11*	5.16	5.30*	6.46*
	0.17	0.19	0.18	0.18	0.42	0.78	1.07
<b>Access/Coordination of Care</b>							
<b>Availability</b>							
Very satisfied	10.63	13.03	11.00	13.16	8.87	10.99	10.51
	0.44	0.71	0.58	0.80	0.66	1.27	1.47
(Very) Unsatisfied	3.67	2.38	2.49	2.07	6.34	7.51*	8.95*
	0.23	0.25	0.24	0.23	0.53	1.35	1.74
<b>Ease of Access to Doctor</b>							
Very satisfied	21.20	28.35	23.89	28.91	13.40	14.29	13.74
	0.59	0.86	0.75	0.96	0.83	1.36	1.76
(Very) Unsatisfied	5.09	2.56	2.74	1.88	9.85	14.16	16.42
	0.26	0.31	0.30	0.29	0.63	1.40	1.81
<b>Can Obtain Care in Same Location</b>							
Very satisfied	15.35	19.88	16.96	20.33	11.26	12.36	11.59
	0.56	0.85	0.65	0.88	0.68	1.31	1.68
(Very) Unsatisfied	4.57	2.82	3.29	2.64	7.42	8.51	9.76
	0.25	0.32	0.31	0.37	0.76	0.99	1.39

**Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2004**Community-Only Residents<sup>1</sup>

2 of 2

Measure of Satisfaction <sup>2</sup>	Total <sup>3</sup>	Indicators of Good Health <sup>3</sup>			Indicators of Poor Health <sup>3</sup>		
		Excellent/Very Good Health	No Functional Limitations <sup>4</sup>	Both Indicators	Fair/Poor Health	Three to Five ADLs <sup>5</sup>	Both Indicators
<b>Beneficiaries (in 1,000s)</b>	40,232	16,592	23,590	13,074	10,767	2,485	1,726
	<i>134</i>	<i>261</i>	<i>259</i>	<i>258</i>	<i>206</i>	<i>114</i>	<i>94</i>
<b>Beneficiaries as a Percentage of Column Total<sup>6</sup></b>							
<b>Relationship with Primary Doctor</b>							
<b>Information from Doctor</b>							
Very satisfied	19.07	24.69	20.86	25.27	13.10	14.42	13.75
	<i>0.67</i>	<i>0.97</i>	<i>0.87</i>	<i>1.10</i>	<i>0.74</i>	<i>1.52</i>	<i>1.68</i>
(Very) Unsatisfied	4.64	2.41	2.78	1.91	8.51	10.07	11.64
	<i>0.27</i>	<i>0.27</i>	<i>0.26</i>	<i>0.28</i>	<i>0.61</i>	<i>1.36</i>	<i>1.92</i>
<b>Doctor's Concern for Overall Health</b>							
Very satisfied	21.61	27.12	23.39	27.62	15.80	17.62	16.39
	<i>0.66</i>	<i>0.92</i>	<i>0.78</i>	<i>1.00</i>	<i>0.88</i>	<i>1.46</i>	<i>1.79</i>
(Very) Unsatisfied	4.78	2.64	2.92	2.16	8.39	10.38	11.75*
	<i>0.23</i>	<i>0.25</i>	<i>0.24</i>	<i>0.26</i>	<i>0.57</i>	<i>1.59</i>	<i>2.06</i>
<b>Cost of Care</b>							
<b>Cost</b>							
Very satisfied	18.41	22.59	19.34	22.64	13.92	18.07	16.68
	<i>0.60</i>	<i>0.86</i>	<i>0.72</i>	<i>0.98</i>	<i>0.82</i>	<i>1.74</i>	<i>1.90</i>
(Very) Unsatisfied	14.43	10.37	11.10	9.55	20.24	23.00	25.89
	<i>0.39</i>	<i>0.54</i>	<i>0.43</i>	<i>0.61</i>	<i>0.87</i>	<i>1.79</i>	<i>2.25</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

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- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 ADL stands for Activity of Daily Living.
- 6 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

**Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004**Community-Only Residents<sup>1</sup>

1 of 2

Indicator of Access to Care <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 1,000s)</b>	40,232	3,862	7,042	8,319	13,620	2,289	5,101
	134	120	162	175	206	115	136
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Access to Care</b>							
<b>Usual Source of Care</b>							
None <sup>3</sup>	4.20	11.14	5.38	4.05	3.16	0.93*	1.78*
	0.21	1.01	0.52	0.45	0.32	0.36	0.34
Doctor's office	77.35	60.29	73.52	82.60	82.63	85.69	69.10
	0.88	2.01	1.31	1.47	1.07	2.20	1.84
Doctor's clinic	9.73	11.18	12.02	10.23	8.48	10.61	7.61
	0.68	1.30	1.16	1.43	0.81	1.45	0.74
HMO <sup>4</sup>	3.36	0.37*	1.75*	0.00	2.00	0.00	18.47
	0.30	0.40	0.30	0.00	0.28	0.00	1.89
Hospital OPD/ER <sup>5</sup>	1.85	2.81*	3.98	0.86*	1.47	1.22*	1.11*
	0.18	0.70	0.47	0.23	0.29	0.50	0.37
Other clinic/health center	3.52	14.21	3.36	2.27	2.26	1.54*	1.95*
	0.22	1.41	0.40	0.31	0.26	0.66	0.54
<b>Difficulty Obtaining Care</b>							
Yes	3.86	9.40	7.80	1.36*	2.22	1.79*	3.62*
	0.17	0.83	0.61	0.24	0.30	0.53	0.62
No	96.14	90.60	92.20	98.64	97.78	98.21	96.38
	0.17	0.83	0.61	0.24	0.30	0.53	0.62
<b>Delayed Care Due to Cost</b>							
Yes	8.12	23.42	13.31	4.37	5.34	2.82*	5.35
	0.36	1.61	0.92	0.54	0.45	0.86	0.66
No	91.88	76.58	86.69	95.63	94.66	97.18	94.65
	0.36	1.61	0.92	0.54	0.45	0.86	0.66

**Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004**Community-Only Residents<sup>1</sup>

2 of 2

Indicator of Access to Care <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 1,000s)</b>	40,232	3,862	7,042	8,319	13,620	2,289	5,101
	<i>134</i>	<i>120</i>	<i>162</i>	<i>175</i>	<i>206</i>	<i>115</i>	<i>136</i>
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Continuity of Care</b>							
<b>Length of Association with Usual Source of Care</b>							
No usual source <sup>3</sup>	4.23	11.23	5.46	4.07	3.18	0.94*	1.79*
	<i>0.21</i>	<i>1.02</i>	<i>0.53</i>	<i>0.45</i>	<i>0.32</i>	<i>0.36</i>	<i>0.34</i>
Less than 1 year	8.49	7.78	11.67	6.48	7.68	7.41*	10.62
	<i>0.29</i>	<i>0.91</i>	<i>0.88</i>	<i>0.70</i>	<i>0.53</i>	<i>1.25</i>	<i>1.01</i>
1 to less than 3 years	17.92	17.70	21.48	15.41	16.29	16.58	22.32
	<i>0.37</i>	<i>1.30</i>	<i>1.07</i>	<i>1.06</i>	<i>0.70</i>	<i>1.96</i>	<i>1.32</i>
3 to less than 5 years	18.06	17.29	21.94	17.97	16.81	14.58	18.41
	<i>0.40</i>	<i>1.42</i>	<i>1.00</i>	<i>0.77</i>	<i>0.73</i>	<i>1.68</i>	<i>1.08</i>
5 years or more	51.30	45.99	39.45	56.07	56.05	60.50	46.87
	<i>0.56</i>	<i>1.84</i>	<i>1.14</i>	<i>1.21</i>	<i>1.07</i>	<i>2.18</i>	<i>1.41</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

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- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 HMO stands for Health Maintenance Organization.
- 5 OPD stands for Outpatient Department; ER stands for Emergency Room.

**Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004**Community-Only Residents<sup>1</sup>

1 of 2

Measure of Satisfaction <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>3</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 1,000s)</b>	40,232	3,862	7,042	8,319	13,620	2,289	5,101
	134	120	162	175	206	115	136
<b>Beneficiaries as a Percentage of Column Total<sup>4</sup></b>							
<b>Quality of Care</b>							
<b>General Care</b>							
Very satisfied	31.43	25.43	23.40	33.27	34.39	41.29	31.70
	0.65	1.64	1.15	1.00	1.06	2.57	1.57
(Very) Unsatisfied	3.41	5.73	5.18	2.48	2.76	1.53*	3.34*
	0.22	0.81	0.64	0.43	0.32	0.58	0.60
<b>Follow-up Care</b>							
Very satisfied	19.81	13.97	14.59	21.38	22.05	25.31	20.37
	0.63	1.19	1.03	1.02	0.94	1.72	1.43
(Very) Unsatisfied	2.68	4.34*	4.11	1.72*	2.06	1.30*	3.32*
	0.17	0.81	0.41	0.29	0.26	0.46	0.58
<b>Access/Coordination of Care</b>							
<b>Availability</b>							
Very satisfied	10.63	8.32	8.23	10.84	12.20	12.69	10.21
	0.44	1.13	0.72	0.92	0.70	1.21	1.01
(Very) Unsatisfied	3.67	4.71	5.11	3.48	3.12	3.80*	2.61*
	0.23	0.78	0.56	0.42	0.35	0.82	0.56
<b>Ease of Access to Doctor</b>							
Very satisfied	21.20	13.65	13.36	22.17	25.58	28.50	21.19
	0.59	1.36	0.92	1.09	1.00	1.92	1.16
(Very) Unsatisfied	5.09	7.98	9.48	3.77	3.43	3.43*	4.24
	0.26	0.94	0.80	0.47	0.30	0.69	0.51
<b>Can Obtain Care in Same Location</b>							
Very satisfied	15.35	12.07	12.08	15.35	16.85	16.76	17.71
	0.56	1.06	0.97	0.97	0.89	2.01	1.21
(Very) Unsatisfied	4.57	5.76	6.00	3.72	4.03	6.03*	3.92
	0.25	0.93	0.83	0.45	0.36	1.08	0.61



**Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2004**Community-Only Residents<sup>1</sup>

2 of 2

Measure of Satisfaction <sup>2</sup>	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO <sup>3</sup>
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
<b>Beneficiaries (in 1,000s)</b>	40,232	3,862	7,042	8,319	13,620	2,289	5,101
	<i>134</i>	<i>120</i>	<i>162</i>	<i>175</i>	<i>206</i>	<i>115</i>	<i>136</i>
<b>Beneficiaries as a Percentage of Column Total<sup>4</sup></b>							
<b>Relationship with Primary Doctor</b>							
<b>Information from Doctor</b>							
Very satisfied	19.07	13.34	13.76	20.27	22.02	24.13	18.60
	<i>0.67</i>	<i>1.21</i>	<i>1.03</i>	<i>1.05</i>	<i>1.16</i>	<i>1.77</i>	<i>1.16</i>
(Very) Unsatisfied	4.64	7.11	6.89	3.63	3.65	3.17*	4.61
	<i>0.27</i>	<i>1.16</i>	<i>0.71</i>	<i>0.47</i>	<i>0.40</i>	<i>0.76</i>	<i>0.63</i>
<b>Doctor's Concern for Overall Health</b>							
Very satisfied	21.61	15.81	15.55	22.78	24.36	25.63	23.25
	<i>0.66</i>	<i>1.46</i>	<i>1.21</i>	<i>0.95</i>	<i>0.98</i>	<i>1.94</i>	<i>1.54</i>
(Very) Unsatisfied	4.78	7.25	7.01	3.45	3.96	2.14*	5.38
	<i>0.23</i>	<i>0.97</i>	<i>0.66</i>	<i>0.43</i>	<i>0.44</i>	<i>0.79</i>	<i>0.78</i>
<b>Cost of Care</b>							
<b>Cost</b>							
Very satisfied	18.41	10.39	20.03	18.04	20.15	24.02	15.68
	<i>0.60</i>	<i>1.01</i>	<i>1.26</i>	<i>1.15</i>	<i>1.02</i>	<i>2.32</i>	<i>1.18</i>
(Very) Unsatisfied	14.43	27.83	12.10	14.27	12.02	11.15	15.71
	<i>0.39</i>	<i>1.92</i>	<i>0.90</i>	<i>0.80</i>	<i>0.69</i>	<i>1.58</i>	<i>1.22</i>

Source: Medicare Current Beneficiary Survey, CY 2004 Cost and Use Public Use File, CY 2004 Access to Care Public Use File, supplemented by CY 2003 and CY 2005 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2004 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Responses for sample persons not interviewed in Round 40 (i.e., the 2004 Access to Care Public Use File) were taken from their Round 37 interview (i.e., the 2003 Access to Care Public Use File) or from their Round 43 interview (i.e., the 2005 Access to Care Public Use File).
- 3 HMO stands for Health Maintenance Organization.
- 4 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

*3.6*

**WHAT HAS CHANGED SINCE 1992?**

**Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2004**

All Medicare Beneficiaries

1 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>All Beneficiaries (in 1,000s)</b>	36,785	42,274	42,869	1.26	1.41	1.23
	62	124	119			
<b>Beneficiaries as a Percentage of Column Total</b>						
<b>Medicare Status</b>						
65 years and older	90.00	85.61	84.80	-0.45	-0.95	-0.47
	0.10	0.22	0.23			
64 years and younger	10.00	14.39	15.20	3.33	5.63	3.41
	0.10	0.22	0.23			
<b>Gender</b>						
Male	42.92	44.02	44.09	0.23	0.16	0.22
	0.25	0.30	0.32			
Female	57.08	55.98	55.91	-0.17	-0.13	-0.17
	0.25	0.30	0.32			
<b>Race/Ethnicity</b>						
White non-Hispanic	84.21	78.42	78.22	-0.64	-0.26	-0.59
	0.55	0.55	0.56			
All others	15.79	21.58	21.78	2.85	0.93	2.61
	0.55	0.55	0.56			
<b>Functional Limitation</b>						
None	52.13	54.69	55.46	0.43	1.41	0.50
	0.62	0.51	0.59			
IADL only <sup>1</sup>	21.96	21.72	21.37	-0.10	-1.61	-0.22
	0.41	0.36	0.44			
One to two ADLs <sup>2</sup>	14.51	13.27	13.50	-0.80	1.73	-0.58
	0.35	0.33	0.36			
Three to five ADLs	11.40	10.32	9.68	-0.89	-6.20	-1.30
	0.33	0.27	0.31			

**Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2004**

All Medicare Beneficiaries

2 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>All Beneficiaries (in 1,000s)</b>	36,785	42,274	42,869	1.26	1.41	1.23
	62	124	119			
<b>Beneficiaries as a Percentage of Column Total</b>						
<b>Usual Source of Care</b>						
No usual source of care	9.55	4.55	4.20	-6.45	-7.69	-6.36
	0.35	0.23	0.21			
Has usual source of care	90.45	95.45	95.80	0.49	0.37	0.46
	0.35	0.23	0.21			
<b>Living Arrangement</b>						
<b>Community</b>						
Alone	27.00	28.85	28.93	0.60	0.28	0.55
	0.36	0.43	0.56			
With spouse	51.17	49.40	48.47	-0.32	-1.88	-0.43
	0.39	0.48	0.59			
With children/others	16.74	17.21	18.21	0.25	5.81	0.68
	0.36	0.37	0.43			
<b>Long-Term Care Facility</b>	5.09	4.55	4.39	-1.00	-3.52	-1.18
	0.18	0.15	0.15			
<b>Health Insurance</b>						
Medicare fee-for-service only	11.88	9.88	9.62	-1.65	-2.63	-1.67
	0.37	0.38	0.29			
Medicaid	16.27	19.29	20.45	1.54	6.01	1.85
	0.45	0.42	0.39			
Private health insurance	65.82	58.82	57.73	-1.01	-1.85	-1.04
	0.59	0.58	0.53			
Medicare HMO <sup>3</sup>	6.03	12.01	12.19	6.40	1.50	5.79
	0.30	0.30	0.31			

**Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2004**

All Medicare Beneficiaries

3 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>All Beneficiaries (in 1,000s)</b>	36,785	42,274	42,869	1.26	1.41	1.23
	<i>62</i>	<i>124</i>	<i>119</i>			
<b>Beneficiaries as a Percentage of Column Total</b>						
<b>Share of Income</b>						
Lowest income quartile	6.66	6.88	6.66	0.29	-3.20	0.00
	<i>0.22</i>	<i>0.16</i>	<i>0.21</i>			
Second income quartile	13.29	14.53	13.29	0.81	-8.53	0.00
	<i>0.41</i>	<i>0.37</i>	<i>0.39</i>			
Third income quartile	24.47	25.88	23.91	0.51	-7.61	-0.19
	<i>0.66</i>	<i>0.59</i>	<i>0.66</i>			
Highest income quartile	55.58	52.70	56.15	-0.48	6.55	0.08
	<i>1.05</i>	<i>0.83</i>	<i>1.02</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files, and Access to Care Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 *IADL* stands for Instrumental Activity of Daily Living.
- 2 *ADL* stands for Activity of Daily Living.
- 3 *HMO* stands for Health Maintenance Organization.

**Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2004**  
**(Total Expenditures in millions of nominal dollars)**

All Medicare Beneficiaries

1 of 3

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Medical Services</b>						
All beneficiaries	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
Beneficiaries 65 years and older	213,755	437,044	456,330	6.65	4.41	6.25
	3,608	7,360	6,542			
Beneficiaries 64 years and younger	33,282	84,248	107,882	8.72	28.05	9.86
	2,029	6,040	7,604			
<b>Inpatient Hospital Services</b>						
All beneficiaries	81,061	141,085	142,754	5.11	1.18	4.63
	2,145	6,438	4,466			
Beneficiaries 65 years and older	71,036	116,415	115,795	4.55	-0.53	3.99
	2,045	3,980	3,607			
Beneficiaries 64 years and younger	10,025	24,670	26,959	8.44	9.28	8.24
	788	4,593	2,616			
<b>Outpatient Hospital Services</b>						
All beneficiaries	19,294	47,541	55,985	8.45	17.76	8.90
	623	1,618	2,150			
Beneficiaries 65 years and older	15,756	38,116	40,230	8.28	5.55	7.79
	534	1,493	1,188			
Beneficiaries 64 years and younger	3,538	9,424	15,755	9.22	67.18	12.69
	286	647	1,776			
<b>Physician/Supplier Services</b>						
All beneficiaries	57,367	136,841	152,010	8.14	11.09	8.11
	1,022	2,620	4,712			
Beneficiaries 65 years and older	51,593	116,446	122,553	7.60	5.24	7.17
	1,010	2,189	2,263			
Beneficiaries 64 years and younger	5,774	20,395	29,457	12.03	44.43	13.92
	286	1,310	4,345			

**Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2004**  
**(Total Expenditures in millions of nominal dollars)**

All Medicare Beneficiaries

2 of 3

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Dental Services</b>						
All beneficiaries	\$4,882	\$11,720	\$12,591	8.20	7.43	7.87
	152	341	578			
Beneficiaries 65 years and older	4,469	10,469	10,955	7.96	4.64	7.44
	138	330	501			
Beneficiaries 64 years and younger	413	1,251	1,636	10.49	30.78	11.64
	51	162	195			
<b>Prescription Medicines</b>						
All beneficiaries	16,231	67,014	74,716	13.61	11.49	12.99
	231	1,076	1,032			
Beneficiaries 65 years and older	13,934	53,287	58,531	12.83	9.84	12.17
	229	877	817			
Beneficiaries 64 years and younger	2,297	13,727	16,186	17.46	17.91	16.91
	102	572	721			
<b>Medicare Hospice Services</b>						
All beneficiaries	868	6,019	7,143	19.04	18.67	18.37
	137	682	696			
Beneficiaries 65 years and older	831	5,784	6,611	19.08	14.30	18.05
	135	656	570			
Beneficiaries 64 years and younger	37	235	531	18.10	125.96	23.75
	23	115	326			
<b>Medicare Home Health Services</b>						
All beneficiaries	9,189	14,881	15,688	4.43	5.42	4.37
	638	1,068	716			
Beneficiaries 65 years and older	8,540	13,633	14,179	4.30	4.00	4.14
	611	1,024	683			
Beneficiaries 64 years and younger	649	1,249	1,509	6.07	20.82	6.98
	108	191	192			

**Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2004**  
**(Total Expenditures in millions of nominal dollars)**

All Medicare Beneficiaries

3 of 3

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Long-Term Facility Care<sup>1</sup></b>						
All beneficiaries	\$58,146	\$96,191	\$103,325	4.63	7.42	4.71
	<i>2,909</i>	<i>2,723</i>	<i>3,379</i>			
Beneficiaries 65 years and older	47,596	82,894	87,476	5.12	5.53	4.99
	<i>1,916</i>	<i>2,633</i>	<i>3,011</i>			
Beneficiaries 64 years and younger	10,550	13,298	15,849	2.11	19.18	3.31
	<i>1,634</i>	<i>1,316</i>	<i>1,748</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims data. See Appendix B for additional information.



**Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2004**

All Medicare Beneficiaries

1 of 6

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
<b>Source of Payment (percent)</b>						
Medicare	53.28	53.73	54.23	0.08	0.93	0.14
	0.83	0.68	0.58			
Medicaid	13.99	10.71	11.23	-2.38	4.86	-1.74
	0.81	0.42	0.45			
Private insurance	9.88	12.84	12.28	2.39	-4.36	1.75
	0.38	0.29	0.27			
Out of pocket	19.73	19.06	18.82	-0.31	-1.26	-0.38
	0.41	0.59	0.65			
Other source	3.11	3.66	3.44	1.48	-6.01	0.81
	0.26	0.22	0.18			
<b>Total Inpatient Hospital Expenditures (millions of \$)</b>	\$81,061	\$141,085	\$142,754	5.11	1.18	4.63
	2,145	6,438	4,466			
<b>Percentage of Total Health Care Expenditures</b>	32.81	27.06	25.30	-1.72	-6.50	-2.06
	0.66	0.78	0.60			
<b>Source of Payment (percent)</b>						
Medicare	87.08	86.22	88.40	-0.09	2.53	0.12
	0.85	1.72	0.93			
Medicaid	1.44	1.19	1.20	-1.70	0.84	-1.45
	0.10	0.08	0.07			
Private insurance	7.47	6.46	5.85	-1.30	-9.44	-1.94
	0.79	0.44	0.47			
Out of pocket	1.93	4.87	3.46	8.69	-28.95	4.78
	0.23	1.79	0.69			
Other source	2.07	1.26	1.09	-4.37	-13.49	-5.00
	0.30	0.29	0.36			

**Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2004**

All Medicare Beneficiaries

2 of 6

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
<b>Total Outpatient Hospital Expenditures (millions of \$)</b>	\$19,294	\$47,541	\$55,985	8.45	17.76	8.90
	623	1,618	2,150			
<b>Percentage of Total Health Care Expenditures</b>	7.81	9.12	9.92	1.41	8.77	1.93
	0.22	0.31	0.30			
<b>Source of Payment (percent)</b>						
Medicare	62.05	65.47	69.20	0.48	5.70	0.88
	0.77	1.10	0.89			
Medicaid	3.90	2.71	3.65	-3.22	34.69	-0.53
	0.28	0.22	0.35			
Private insurance	20.29	19.18	16.78	-0.51	-12.51	-1.51
	0.69	0.84	0.76			
Out of pocket	9.63	10.39	8.06	0.69	-22.43	-1.41
	0.40	0.80	0.60			
Other source	4.13	2.24	2.30	-5.36	2.68	-4.57
	0.41	0.25	0.38			
<b>Total Physician/Supplier Services Expenditures (millions of \$)</b>	\$57,367	\$136,841	\$152,010	8.14	11.09	8.11
	1,022	2,620	4,712			
<b>Percentage of Total Health Care Expenditures</b>	23.22	26.25	26.94	1.11	2.63	1.20
	0.39	0.39	0.56			

**Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2004**

All Medicare Beneficiaries

3 of 6

Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
<b>Source of Payment (percent)</b>						
Medicare	63.44	65.41	63.91	0.28	-2.29	0.06
	0.40	0.73	1.67			
Medicaid	2.86	2.49	3.25	-1.24	30.52	1.03
	0.15	0.15	0.53			
Private insurance	14.87	13.90	12.76	-0.61	-8.20	-1.22
	0.35	0.33	0.45			
Out of pocket	17.79	16.93	19.48	-0.44	15.06	0.73
	0.32	0.66	2.16			
Other source	1.05	1.28	0.59	1.80	-53.91	-4.51
	0.11	0.34	0.06			
<b>Total Dental Services Expenditures (millions of \$)</b>	\$4,882	\$11,720	\$12,591	8.20	7.43	7.87
	152	341	578			
<b>Percentage of Total Health Care Expenditures</b>	1.98	2.25	2.23	1.16	-0.89	0.96
	0.07	0.08	0.11			
<b>Source of Payment (percent)</b>						
Medicare	0.11	1.37	1.47	25.48	7.30	23.05
	0.03	0.07	0.08			
Medicaid	2.18	0.90	2.44	-7.65	171.11	0.91
	0.24	0.14	0.80			
Private insurance	11.87	20.11	18.60	4.86	-7.51	3.66
	0.64	0.97	0.99			
Out of pocket	82.92	76.27	75.63	-0.75	-0.84	-0.73
	0.82	1.02	1.43			
Other source	2.92	1.35	1.85	-6.71	37.04	-3.59
	0.49	0.32	0.41			

**Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2004**

All Medicare Beneficiaries

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Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
<b>Total Prescription Medicine Expenditures (millions of \$)</b>	\$16,231	\$67,014	\$74,716	13.61	11.49	12.99
	231	1,076	1,032			
<b>Percentage of Total Health Care Expenditures</b>	6.57	12.86	13.24	6.23	2.95	5.77
	0.13	0.25	0.25			
<b>Source of Payment (percent)</b>						
Medicare	0.32	4.26	4.45	26.24	4.46	23.44
	0.06	0.15	0.15			
Medicaid	10.25	15.29	15.68	3.66	2.55	3.46
	0.39	0.60	0.69			
Private insurance	25.45	36.13	36.13	3.20	0.00	2.84
	0.69	0.66	0.72			
Out of pocket	57.48	32.58	30.78	-4.98	-5.52	-4.87
	0.71	0.52	0.35			
Other source	6.51	11.74	12.97	5.45	10.48	5.67
	0.44	0.45	0.54			
<b>Total Hospice Services Expenditures (millions of \$)</b>	\$868	\$6,019	\$7,143	19.04	18.67	18.37
	137	682	696			
<b>Percentage of Total Health Care Expenditures</b>	0.35	1.15	1.27	11.30	10.43	10.86
	0.06	0.13	0.12			

**Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2004**

All Medicare Beneficiaries

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Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
<b>Source of Payment (percent)</b>						
Medicare	99.98	100.00	100.00	0.00	0.00	0.00
	0.02	0.00	0.00			
Medicaid	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00			
Private insurance	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00			
Out of pocket	0.02	0.00	0.00	-100.00	0.00	-100.00
	0.02	0.00	0.00			
Other source	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00			
<b>Total Home Health Services Expenditures (millions of \$)</b>	\$9,189	\$14,881	\$15,688	4.43	5.42	4.37
	638	1,068	716			
<b>Percentage of Total Health Care Expenditures</b>	3.72	2.85	2.78	-2.37	-2.46	-2.30
	0.24	0.18	0.12			
<b>Source of Payment (percent)</b>						
Medicare	89.94	84.96	92.84	-0.51	9.27	0.25
	1.90	5.79	1.07			
Medicaid	0.96	1.60	1.02	4.70	-36.25	0.49
	0.32	0.56	0.42			
Private insurance	1.19	4.49	0.55	12.69	-87.75	-5.99
	0.67	3.92	0.23			
Out of pocket	5.82	7.98	4.21	2.88	-47.24	-2.56
	1.49	2.44	0.97			
Other source	2.08	0.97	1.39	-6.64	43.30	-3.17
	1.15	0.32	0.57			

**Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2004**

All Medicare Beneficiaries

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Medical Service	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	<i>4.091</i>	<i>10,729</i>	<i>9,539</i>			
<b>Total Long-Term Facility Care<sup>1</sup> Expenditures (millions of \$)</b>	\$58,146	\$96,191	\$103,325	4.63	7.42	4.71
	<i>2,909</i>	<i>2,723</i>	<i>3,379</i>			
<b>Percentage of Total Health Care Expenditures</b>	23.54	18.45	18.31	-2.17	-0.76	-1.99
	<i>1.02</i>	<i>0.47</i>	<i>0.58</i>			
<b>Source of Payment (percent)</b>						
Medicare	6.00	16.78	18.06	9.70	7.63	9.22
	<i>0.47</i>	<i>0.79</i>	<i>0.78</i>			
Medicaid	50.14	40.41	41.14	-1.92	1.81	-1.57
	<i>2.02</i>	<i>1.49</i>	<i>1.55</i>			
Private insurance	1.87	2.54	2.63	2.79	3.54	2.77
	<i>0.30</i>	<i>0.29</i>	<i>0.32</i>			
Out of pocket	36.46	33.71	32.85	-0.70	-2.55	-0.83
	<i>1.73</i>	<i>1.34</i>	<i>1.25</i>			
Other source	5.53	6.56	5.32	1.55	-18.90	-0.31
	<i>0.90</i>	<i>0.73</i>	<i>0.62</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims data. See Appendix B for additional information.

**Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2004**

All Medicare Beneficiaries

1 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
<b>Percentage of Personal Health Care Expenditures<sup>1</sup></b>						
<b>Medicare Status</b>						
65 years and older	86.53	83.84	80.88	-0.28	-3.53	-0.54
	0.74	0.94	1.13			
64 years and younger	13.47	16.16	19.12	1.65	18.32	2.84
	0.74	0.94	1.13			
<b>Race/Ethnicity</b>						
White non-Hispanic	84.51	78.12	76.51	-0.71	-2.06	-0.79
	0.87	0.89	1.15			
All others	15.49	21.88	23.49	3.16	7.36	3.39
	0.87	0.89	1.15			
<b>Living Arrangement</b>						
<b>Community</b>						
Alone	22.18	26.03	26.93	1.45	3.46	1.56
	0.69	0.78	1.15			
With spouse	38.02	39.55	38.04	0.36	-3.82	0.00
	0.98	0.99	1.05			
With children/others	16.45	16.90	17.59	0.24	4.08	0.54
	0.90	0.92	0.68			
<b>Long-Term Care Facility</b>	23.35	17.51	17.44	-2.56	-0.40	-2.31
	1.06	0.65	0.80			

**Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2004**

All Medicare Beneficiaries

2 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	4,091	10,729	9,539			
<b>Percentage of Personal Health Care Expenditures<sup>1</sup></b>						
<b>Functional Limitation</b>						
None	25.85	32.66	32.52	2.13	-0.43	1.85
	0.85	0.96	0.81			
IADL only <sup>2</sup>	20.09	21.80	23.34	0.74	7.06	1.21
	0.87	0.67	1.05			
One to two ADLs <sup>3</sup>	20.23	17.95	17.86	-1.07	-0.50	-0.99
	0.79	0.72	0.69			
Three to five ADLs	33.83	27.59	26.28	-1.82	-4.75	-2.00
	0.99	0.87	0.94			
<b>Health Insurance<sup>4</sup></b>						
Medicare fee-for-service only	9.15	8.05	6.40	-1.15	-20.50	-2.82
	0.57	0.91	0.38			
Medicaid	33.83	31.71	34.54	-0.58	8.92	0.17
	1.21	1.22	1.18			
Private health insurance	51.81	50.89	49.33	-0.16	-3.07	-0.39
	1.24	1.03	1.02			



**Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2004**

All Medicare Beneficiaries

3 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$521,292	\$564,212	6.95	8.23	6.83
	<i>4,091</i>	<i>10,729</i>	<i>9,539</i>			
<b>Percentage of Personal Health Care Expenditures<sup>1</sup></b>						
<b>Income</b>						
Lowest income quartile	32.60	31.16	31.32	-0.41	0.51	-0.32
	<i>0.98</i>	<i>1.03</i>	<i>0.89</i>			
Second income quartile	26.57	25.29	26.07	-0.44	3.08	-0.15
	<i>0.85</i>	<i>0.89</i>	<i>1.00</i>			
Third income quartile	22.47	24.72	23.49	0.86	-4.98	0.36
	<i>0.75</i>	<i>1.04</i>	<i>0.87</i>			
Highest income quartile	18.36	18.83	19.12	0.23	1.54	0.33
	<i>0.81</i>	<i>0.66</i>	<i>0.67</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.

2 IADL stands for Instrumental Activity of Daily Living.

3 ADL stands for Activity of Daily Living.

4 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

**Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Inpatient Hospital Expenditures (millions of \$)</b>	\$72,063	\$118,576	\$120,463	4.58	1.59	4.20
	2,095	5,272	4,272			
<b>Percentage of Total Inpatient Hospital Expenditures<sup>2</sup></b>						
<b>Medicare Status</b>						
65 years and older	86.92	83.53	80.30	-0.36	-3.87	-0.63
	1.01	2.61	1.72			
64 years and younger	13.08	16.47	19.70	2.10	19.61	3.33
	1.01	2.61	1.72			
<b>Race/Ethnicity</b>						
White non-Hispanic	82.19	74.76	75.72	-0.85	1.28	-0.65
	1.59	1.87	1.37			
All others	17.81	25.24	24.28	3.19	-3.80	2.51
	1.59	1.87	1.37			
<b>Functional Limitation</b>						
None	30.60	39.17	36.70	2.25	-6.31	1.46
	1.43	2.45	1.61			
IADL only <sup>3</sup>	26.22	26.83	29.07	0.21	8.35	0.83
	1.59	1.60	1.65			
One to two ADLs <sup>4</sup>	23.33	17.75	18.90	-2.43	6.48	-1.67
	1.49	1.33	1.39			
Three to five ADLs	19.84	16.25	15.34	-1.78	-5.60	-2.04
	1.39	1.49	1.70			

**Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Inpatient Hospital Expenditures (millions of \$)</b>	\$72,063	\$118,576	\$120,463	4.58	1.59	4.20
	<i>2,095</i>	<i>5,272</i>	<i>4,272</i>			
<b>Percentage of Total Inpatient Hospital Expenditures<sup>2</sup></b>						
<b>Health Insurance<sup>5</sup></b>						
Medicare fee-for-service only	9.26	10.79	6.87	1.39	-36.33	-2.36
	<i>0.96</i>	<i>2.77</i>	<i>0.93</i>			
Medicaid	19.67	23.39	23.76	1.57	1.58	1.52
	<i>1.58</i>	<i>1.92</i>	<i>1.59</i>			
Private health insurance	62.81	55.76	57.78	-1.07	3.62	-0.67
	<i>1.89</i>	<i>2.13</i>	<i>1.58</i>			
<b>Income</b>						
Lowest income quartile	26.54	27.14	32.58	0.20	20.04	1.65
	<i>1.52</i>	<i>1.70</i>	<i>1.81</i>			
Second income quartile	29.87	26.20	25.29	-1.17	-3.47	-1.32
	<i>1.59</i>	<i>1.98</i>	<i>1.78</i>			
Third income quartile	22.35	27.41	23.33	1.85	-14.89	0.34
	<i>1.37</i>	<i>2.68</i>	<i>1.63</i>			
Highest income quartile	21.24	19.24	18.81	-0.89	-2.23	-0.97
	<i>1.63</i>	<i>1.33</i>	<i>1.21</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

**Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Outpatient Hospital Expenditures (millions of \$)</b>	\$17,324	\$44,096	\$48,829	8.77	10.73	8.64
	628	1,529	1,617			
<b>Percentage of Total Outpatient Hospital Expenditures<sup>2</sup></b>						
<b>Medicare Status</b>						
65 years and older	81.80	79.68	74.20	-0.24	-6.88	-0.78
	1.32	1.37	1.87			
64 years and younger	18.20	20.32	25.80	1.00	26.97	2.83
	1.32	1.37	1.87			
<b>Race/Ethnicity</b>						
White non-Hispanic	79.39	73.35	72.02	-0.71	-1.81	-0.78
	1.86	1.76	1.90			
All others	20.61	26.65	27.98	2.34	4.99	2.48
	1.86	1.76	1.90			
<b>Functional Limitation</b>						
None	41.71	46.79	44.30	1.04	-5.32	0.48
	1.86	1.95	1.55			
IADL only <sup>3</sup>	27.74	28.34	28.85	0.19	1.80	0.31
	1.72	1.83	1.81			
One to two ADLs <sup>4</sup>	19.30	14.75	18.74	-2.39	27.05	-0.24
	1.48	1.04	1.62			
Three to five ADLs	11.25	10.12	8.12	-0.95	-19.76	-2.57
	1.22	1.13	1.19			

**Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Outpatient Hospital Expenditures (millions of \$)</b>	\$17,324	\$44,096	\$48,829	8.77	10.73	8.64
	<i>628</i>	<i>1,529</i>	<i>1,617</i>			
<b>Percentage of Total Outpatient Hospital Expenditures<sup>2</sup></b>						
<b>Health Insurance<sup>5</sup></b>						
Medicare fee-for-service only	9.06	7.16	5.21	-2.10	-27.23	-4.33
	<i>0.83</i>	<i>0.66</i>	<i>0.50</i>			
Medicaid	19.50	22.17	25.94	1.16	17.00	2.31
	<i>1.76</i>	<i>1.50</i>	<i>1.58</i>			
Private health insurance	64.90	60.42	58.19	-0.64	-3.69	-0.87
	<i>1.95</i>	<i>1.52</i>	<i>1.58</i>			
<b>Income</b>						
Lowest income quartile	24.72	27.23	33.22	0.87	22.00	2.39
	<i>1.63</i>	<i>1.45</i>	<i>1.58</i>			
Second income quartile	27.59	23.33	22.41	-1.50	-3.94	-1.65
	<i>1.86</i>	<i>1.30</i>	<i>1.20</i>			
Third income quartile	24.83	26.43	23.40	0.56	-11.46	-0.47
	<i>1.55</i>	<i>1.57</i>	<i>1.09</i>			
Highest income quartile	22.86	23.01	20.97	0.06	-8.87	-0.69
	<i>1.31</i>	<i>1.55</i>	<i>1.48</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

**Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Physician/Supplier Expenditures (millions of \$)</b>	\$52,350	\$126,285	\$134,413	8.25	6.44	7.84
	1,018	2,551	2,702			
<b>Percentage of Total Physician/Supplier Services Expenditures<sup>2</sup></b>						
<b>Medicare Status</b>						
65 years and older	89.68	85.08	83.59	-0.47	-1.75	-0.56
	0.53	0.88	1.13			
64 years and younger	10.32	14.92	16.41	3.37	9.99	3.78
	0.53	0.88	1.13			
<b>Race/Ethnicity</b>						
White non-Hispanic	83.90	77.84	77.35	-0.67	-0.63	-0.65
	0.86	1.01	1.11			
All others	16.10	22.16	22.65	2.92	2.21	2.77
	0.86	1.01	1.11			
<b>Functional Limitation</b>						
None	40.49	43.10	44.93	0.56	4.25	0.84
	1.15	1.10	1.15			
IADL only <sup>3</sup>	26.19	27.28	27.78	0.37	1.83	0.47
	1.05	0.97	1.23			
One to two ADLs <sup>4</sup>	19.31	17.33	16.90	-0.97	-2.48	-1.06
	0.94	0.94	0.74			
Three to five ADLs	14.01	12.29	10.39	-1.17	-15.46	-2.36
	0.87	0.72	0.63			

**Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Physician/Supplier Expenditures (millions of \$)</b>	\$52,350	\$126,285	\$134,413	8.25	6.44	7.84
	<i>1,018</i>	<i>2,551</i>	<i>2,702</i>			
<b>Percentage of Total Physician/Supplier Services Expenditures<sup>2</sup></b>						
<b>Health Insurance<sup>5</sup></b>						
Medicare fee-for-service only	6.90	6.61	4.80	-0.39	-27.38	-2.86
	<i>0.41</i>	<i>0.75</i>	<i>0.28</i>			
Medicaid	15.66	18.98	20.67	1.75	8.90	2.25
	<i>0.85</i>	<i>0.83</i>	<i>1.13</i>			
Private health insurance	71.57	62.60	61.82	-1.20	-1.25	-1.16
	<i>1.01</i>	<i>0.92</i>	<i>1.15</i>			
<b>Income</b>						
Lowest income quartile	22.57	24.82	27.63	0.86	11.32	1.63
	<i>0.91</i>	<i>0.80</i>	<i>1.14</i>			
Second income quartile	27.53	24.91	23.65	-0.90	-5.06	-1.21
	<i>0.96</i>	<i>0.87</i>	<i>0.88</i>			
Third income quartile	24.59	26.31	25.25	0.61	-4.03	0.21
	<i>0.84</i>	<i>1.12</i>	<i>1.15</i>			
Highest income quartile	25.31	23.96	23.48	-0.49	-2.00	-0.60
	<i>0.99</i>	<i>0.87</i>	<i>0.78</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

**Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Prescription Medicine Expenditures (millions of \$)</b>	\$16,070	\$66,127	\$73,705	13.58	11.46	12.96
	228	1,066	1,024			
<b>Percentage of Total Prescription Medicine Expenditures<sup>2</sup></b>						
<b>Medicare Status</b>						
65 years and older	85.74	79.40	78.23	-0.69	-1.47	-0.73
	0.62	0.72	0.83			
64 years and younger	14.26	20.60	21.77	3.37	5.68	3.44
	0.62	0.72	0.83			
<b>Race/Ethnicity</b>						
White non-Hispanic	86.25	79.94	78.55	-0.68	-1.74	-0.75
	0.58	0.76	0.83			
All others	13.75	20.06	21.45	3.46	6.93	3.62
	0.58	0.76	0.83			
<b>Functional Limitation</b>						
None	41.04	45.06	48.36	0.84	7.32	1.32
	0.93	0.70	0.87			
IADL only <sup>3</sup>	28.19	27.75	26.33	-0.14	-5.12	-0.54
	0.74	0.63	0.67			
One to two ADLs <sup>4</sup>	18.76	16.62	16.68	-1.08	0.36	-0.94
	0.66	0.61	0.61			
Three to five ADLs	12.01	10.57	8.62	-1.14	-18.45	-2.62
	0.61	0.59	0.42			



**Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Prescription Medicine Expenditures (millions of \$)</b>	\$16,070	\$66,127	\$73,705	13.58	11.46	12.96
	<i>228</i>	<i>1,066</i>	<i>1,024</i>			
<b>Percentage of Total Prescription Medicine Expenditures<sup>2</sup></b>						
<b>Health Insurance<sup>5</sup></b>						
Medicare fee-for-service only	8.62	6.69	6.46	-2.26	-3.44	-2.28
	<i>0.46</i>	<i>0.45</i>	<i>0.38</i>			
Medicaid	14.75	20.50	21.80	3.01	6.34	3.17
	<i>0.59</i>	<i>0.63</i>	<i>0.72</i>			
Private health insurance	72.75	63.20	62.25	-1.26	-1.50	-1.24
	<i>0.73</i>	<i>0.72</i>	<i>0.84</i>			
<b>Income</b>						
Lowest income quartile	23.47	26.28	27.69	1.02	5.37	1.33
	<i>0.73</i>	<i>0.71</i>	<i>0.84</i>			
Second income quartile	25.64	23.11	23.89	-0.93	3.38	-0.56
	<i>0.75</i>	<i>0.66</i>	<i>0.70</i>			
Third income quartile	26.64	26.68	24.35	0.01	-8.73	-0.72
	<i>0.80</i>	<i>0.72</i>	<i>0.67</i>			
Highest income quartile	24.25	23.93	24.07	-0.12	0.59	-0.06
	<i>0.78</i>	<i>0.71</i>	<i>0.73</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

**Table 6.9 Long-Term Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Long-Term Care Facility Residents<sup>1</sup>

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Long-Term Facility Care Expenditures (millions of \$)</b>	\$56,280	\$86,787	\$93,686	3.98	7.95	4.16
	2,903	2,812	3,390			
<b>Percentage of Total Long-Term Facility Care Expenditures<sup>2</sup></b>						
<b>Medicare Status</b>						
65 years and older	81.65	85.57	83.81	0.42	-2.06	0.21
	2.22	1.43	1.68			
64 years and younger	18.35	14.43	16.19	-2.14	12.20	-1.00
	2.22	1.43	1.68			
<b>Race/Ethnicity</b>						
White non-Hispanic	89.45	81.46	81.84	-0.84	0.47	-0.71
	1.28	1.34	1.30			
All others	10.55	18.54	18.16	5.21	-2.05	4.44
	1.28	1.34	1.30			
<b>Functional Limitation</b>						
None	2.52*	4.09	3.50	4.45	-14.43	2.66
	0.67	0.72	0.77			
IADL only <sup>3</sup>	7.05	5.73	5.63	-1.85	-1.75	-1.78
	1.28	0.77	0.73			
One to two ADLs <sup>4</sup>	17.89	19.97	18.57	0.99	-7.01	0.30
	1.48	1.34	1.83			
Three to five ADLs	72.54	70.21	72.31	-0.29	2.99	-0.03
	1.97	1.47	1.83			

**Table 6.9 Long-Term Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Long-Term Care Facility Residents<sup>1</sup>

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Total Long-Term Facility Care Expenditures (millions of \$)</b>	\$56,280	\$86,787	\$93,686	3.98	7.95	4.16
	<i>2,903</i>	<i>2,812</i>	<i>3,390</i>			
<b>Percentage of Total Long-Term Facility Care Expenditures<sup>2</sup></b>						
<b>Health Insurance<sup>5</sup></b>						
Medicare fee-for-service only	11.44	8.54	8.71	-2.60	1.99	-2.16
	<i>1.27</i>	<i>1.17</i>	<i>0.96</i>			
Medicaid	73.26	66.70	69.37	-0.84	4.00	-0.44
	<i>1.95</i>	<i>2.22</i>	<i>1.84</i>			
Private health insurance	14.55	20.94	18.29	3.33	-12.66	1.85
	<i>1.39</i>	<i>1.85</i>	<i>1.49</i>			
<b>Income</b>						
Lowest income quartile	56.09	52.77	51.92	-0.55	-1.61	-0.62
	<i>1.96</i>	<i>1.95</i>	<i>2.03</i>			
Second income quartile	23.17	24.79	25.35	0.61	2.26	0.72
	<i>1.58</i>	<i>1.45</i>	<i>1.77</i>			
Third income quartile	13.26	15.62	16.86	1.49	7.94	1.94
	<i>1.21</i>	<i>1.36</i>	<i>1.63</i>			
Highest income quartile	7.49	6.82	5.86	-0.84	-14.08	-1.94
	<i>1.14</i>	<i>0.92</i>	<i>0.88</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *long-term care facility residents* includes beneficiaries who resided only in a long-term care facility during the year, and beneficiaries who resided part of the year in a long-term care facility and part of the year in the community. It excludes beneficiaries who resided only in the community during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

**Table 6.10 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Percentage of Beneficiaries with at Least One Inpatient Hospital Stay</b>						
<b>All Beneficiaries</b>	17.94	19.43	18.87	0.72	-2.88	0.41
	0.33	0.38	0.41			
<b>Medicare Status</b>						
65 years and older	17.70	19.17	18.37	0.72	-4.17	0.30
	0.37	0.40	0.42			
64 years and younger	20.15	20.98	21.62	0.36	3.05	0.56
	0.93	1.08	1.36			
<b>Race/Ethnicity</b>						
White non-Hispanic	18.07	19.51	18.88	0.69	-3.23	0.35
	0.36	0.40	0.41			
All others	17.39	19.33	18.80	0.96	-2.74	0.63
	0.98	0.89	0.97			
<b>Functional Limitation</b>						
None	11.28	12.77	12.57	1.12	-1.57	0.87
	0.39	0.46	0.47			
IADL only <sup>2</sup>	22.36	26.17	24.61	1.43	-5.96	0.77
	0.82	0.99	0.98			
One to two ADLs <sup>3</sup>	27.46	28.14	26.53	0.22	-5.72	-0.28
	1.15	1.29	1.14			
Three to five ADLs	35.75	36.93	41.63	0.29	12.73	1.23
	1.40	1.67	2.03			
<b>Health Insurance</b>						
Medicare fee-for-service only	16.85	18.99	14.94	1.08	-21.33	-0.96
	1.06	1.26	1.19			
Medicaid	24.67	24.57	24.51	-0.04	-0.24	-0.05
	1.28	1.11	0.85			
Private health insurance	17.06	19.28	19.09	1.11	-0.99	0.90
	0.42	0.51	0.57			
Medicare HMO <sup>4</sup>	16.23	13.73	12.97	-1.49	-5.54	-1.78
	1.37	0.98	0.83			

**Table 6.10 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Percentage of Beneficiaries with at Least One Inpatient Hospital Stay</b>						
<b>All Beneficiaries</b>	17.94	19.43	18.87	0.72	-2.88	0.41
	<i>0.33</i>	<i>0.38</i>	<i>0.41</i>			
<b>Income</b>						
Lowest income quartile	18.78	22.71	21.87	1.72	-3.70	1.23
	<i>0.67</i>	<i>0.79</i>	<i>0.72</i>			
Second income quartile	20.95	19.97	20.65	-0.43	3.41	-0.12
	<i>0.88</i>	<i>0.74</i>	<i>0.88</i>			
Third income quartile	16.47	18.56	16.60	1.08	-10.56	0.06
	<i>0.64</i>	<i>0.75</i>	<i>0.72</i>			
Highest income quartile	15.40	16.37	15.99	0.55	-2.32	0.30
	<i>0.59</i>	<i>0.81</i>	<i>0.80</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 *IADL* stands for Instrumental Activity of Daily Living.

3 *ADL* stands for Activity of Daily Living.

4 *HMO* stands for Health Maintenance Organization.

**Table 6.11 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Percentage of Beneficiaries with at Least One Outpatient Hospital Visit</b>						
<b>All Beneficiaries</b>	57.90	72.90	72.31	2.09	-0.81	1.79
	0.77	0.52	0.59			
<b>Medicare Status</b>						
65 years and older	57.40	72.21	71.58	2.09	-0.87	1.78
	0.81	0.58	0.65			
64 years and younger	62.48	77.02	76.39	1.90	-0.82	1.62
	1.30	1.16	1.38			
<b>Race/Ethnicity</b>						
White non-Hispanic	57.81	73.54	73.45	2.19	-0.12	1.93
	0.86	0.54	0.65			
All others	58.28	70.70	68.60	1.75	-2.97	1.31
	1.32	1.06	1.25			
<b>Functional Limitation</b>						
None	52.23	68.65	67.50	2.49	-1.68	2.07
	0.88	0.72	0.80			
IADL only <sup>2</sup>	62.52	77.85	79.25	1.99	1.80	1.92
	1.15	0.87	0.88			
One to two ADLs <sup>3</sup>	66.13	78.43	79.69	1.55	1.61	1.50
	1.22	1.06	1.49			
Three to five ADLs	70.31	82.07	77.95	1.40	-5.02	0.83
	1.50	1.28	1.64			
<b>Health Insurance</b>						
Medicare fee-for-service only	50.58	66.69	62.30	2.52	-6.58	1.68
	1.53	1.35	1.78			
Medicaid	65.89	78.55	75.72	1.59	-3.60	1.12
	1.54	1.10	1.19			
Private health insurance	57.77	73.92	74.64	2.24	0.97	2.07
	0.92	0.71	0.82			
Medicare HMO <sup>4</sup>	57.05	65.41	64.15	1.24	-1.93	0.94
	2.14	1.34	1.51			

**Table 6.11 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Percentage of Beneficiaries with at Least One Outpatient Hospital Visit</b>						
<b>All Beneficiaries</b>	57.90	72.90	72.31	2.09	-0.81	1.79
	<i>0.77</i>	<i>0.52</i>	<i>0.59</i>			
<b>Income</b>						
Lowest income quartile	56.64	73.66	71.58	2.39	-2.82	1.89
	<i>1.12</i>	<i>0.94</i>	<i>1.00</i>			
Second income quartile	59.64	73.43	71.47	1.89	-2.67	1.46
	<i>1.15</i>	<i>0.84</i>	<i>1.14</i>			
Third income quartile	56.78	72.67	73.97	2.25	1.79	2.14
	<i>1.32</i>	<i>1.03</i>	<i>1.02</i>			
Highest income quartile	58.54	71.81	72.27	1.86	0.64	1.70
	<i>1.28</i>	<i>1.03</i>	<i>1.04</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 *IADL* stands for Instrumental Activity of Daily Living.

3 *ADL* stands for Activity of Daily Living.

4 *HMO* stands for Health Maintenance Organization.

**Table 6.12 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Percentage of Beneficiaries with at Least One Physician/Supplier Service</b>						
<b>All Beneficiaries</b>	92.36	95.99	95.59	0.35	-0.42	0.28
	0.27	0.25	0.23			
<b>Medicare Status</b>						
65 years and older	92.69	96.20	95.80	0.34	-0.42	0.26
	0.26	0.26	0.24			
64 years and younger	89.34	94.74	94.42	0.53	-0.34	0.44
	0.73	0.71	0.63			
<b>Race/Ethnicity</b>						
White non-Hispanic	92.99	96.54	96.16	0.34	-0.39	0.27
	0.25	0.26	0.25			
All others	89.13	94.19	93.66	0.50	-0.56	0.40
	0.97	0.53	0.62			
<b>Functional Limitation</b>						
None	90.13	94.91	94.19	0.47	-0.76	0.35
	0.42	0.33	0.37			
IADL only <sup>2</sup>	94.55	97.64	97.24	0.29	-0.41	0.22
	0.44	0.40	0.34			
One to two ADLs <sup>3</sup>	95.43	97.13	97.71	0.16	0.60	0.19
	0.54	0.45	0.39			
Three to five ADLs	96.34	97.59	98.47	0.12	0.90	0.18
	0.52	0.62	0.53			
<b>Health Insurance</b>						
Medicare fee-for-service only	83.25	90.23	86.53	0.73	-4.10	0.31
	1.23	1.27	1.35			
Medicaid	92.42	95.55	95.14	0.30	-0.43	0.23
	0.74	0.60	0.58			
Private health insurance	93.86	97.12	97.19	0.31	0.07	0.28
	0.31	0.27	0.25			
Medicare HMO <sup>4</sup>	92.76	95.61	95.51	0.27	-0.10	0.23
	0.97	0.60	0.72			



**Table 6.12 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Percentage of Beneficiaries with at Least One Physician/Supplier Service</b>						
<b>All Beneficiaries</b>	92.36	95.99	95.59	0.35	-0.42	0.28
	<i>0.27</i>	<i>0.20</i>	<i>0.25</i>			
<b>Income</b>						
Lowest income quartile	88.83	93.98	93.22	0.51	-0.81	0.39
	<i>0.65</i>	<i>0.53</i>	<i>0.55</i>			
Second income quartile	93.19	95.86	95.77	0.25	-0.09	0.22
	<i>0.49</i>	<i>0.47</i>	<i>0.44</i>			
Third income quartile	92.46	97.15	96.74	0.45	-0.42	0.36
	<i>0.52</i>	<i>0.37</i>	<i>0.45</i>			
Highest income quartile	95.04	96.98	96.93	0.18	-0.05	0.16
	<i>0.42</i>	<i>0.46</i>	<i>0.45</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.

**Table 6.13 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Percentage of Beneficiaries with at Least One Prescribed Medicine</b>						
<b>All Beneficiaries</b>	85.20	92.25	92.24	0.72	-0.01	0.64
	0.36	0.29	0.31			
<b>Medicare Status</b>						
65 years and older	85.31	92.22	92.42	0.70	0.22	0.64
	0.38	0.33	0.35			
64 years and younger	84.14	92.41	91.28	0.85	-1.22	0.65
	0.86	0.78	0.85			
<b>Race/Ethnicity</b>						
White non-Hispanic	85.52	92.73	92.88	0.73	0.16	0.66
	0.41	0.35	0.31			
All others	83.54	90.50	90.20	0.72	-0.33	0.62
	1.00	0.74	0.83			
<b>Functional Limitation</b>						
None	80.67	90.17	90.44	1.01	0.30	0.92
	0.59	0.43	0.45			
IADL only <sup>2</sup>	90.33	94.85	94.78	0.44	-0.07	0.39
	0.55	0.54	0.46			
One to two ADLs <sup>3</sup>	91.16	95.68	95.19	0.44	-0.51	0.35
	0.64	0.57	0.61			
Three to five ADLs	91.90	94.75	94.14	0.28	-0.64	0.19
	0.86	0.90	1.03			
<b>Health Insurance</b>						
Medicare fee-for-service only	76.58	81.82	78.30	0.60	-4.30	0.18
	1.26	1.32	1.25			
Medicaid	86.72	92.88	92.28	0.62	-0.65	0.50
	0.91	0.64	0.63			
Private health insurance	86.39	93.65	94.17	0.73	0.56	0.69
	0.46	0.33	0.37			
Medicare HMO <sup>4</sup>	85.04	92.83	93.59	0.79	0.82	0.77
	1.67	0.80	0.90			

**Table 6.13 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Percentage of Beneficiaries with at Least One Prescribed Medicine</b>						
<b>All Beneficiaries</b>	85.20	92.25	92.24	0.72	-0.01	0.64
	<i>0.36</i>	<i>0.29</i>	<i>0.31</i>			
<b>Income</b>						
Lowest income quartile	82.74	90.74	89.08	0.83	-1.83	0.59
	<i>0.69</i>	<i>0.61</i>	<i>0.69</i>			
Second income quartile	85.70	90.86	92.46	0.53	1.76	0.61
	<i>0.70</i>	<i>0.67</i>	<i>0.62</i>			
Third income quartile	85.51	94.13	93.74	0.87	-0.41	0.74
	<i>0.78</i>	<i>0.52</i>	<i>0.58</i>			
Highest income quartile	86.88	93.24	94.08	0.64	0.90	0.64
	<i>0.78</i>	<i>0.57</i>	<i>0.50</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 *IADL* stands for Instrumental Activity of Daily Living.

3 *ADL* stands for Activity of Daily Living.

4 *HMO* stands for Health Maintenance Organization.

**Table 6.14 Facility User Rates for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**

All Medicare Beneficiaries

1 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Percentage of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay</b>						
<b>All Beneficiaries</b>	7.69	8.80	8.63	1.22	-1.93	0.93
	0.23	0.21	0.20			
<b>Medicare Status</b>						
65 years and older	7.58	8.99	8.71	1.55	-3.11	1.12
	0.23	0.24	0.22			
64 years and younger	8.67	7.66	8.15	-1.11	6.40	-0.49
	0.66	0.62	0.79			
<b>Race/Ethnicity</b>						
White non-Hispanic	8.02	9.28	9.19	1.32	-0.97	1.10
	0.26	0.25	0.24			
All others	5.47	6.90	6.62	2.11	-4.06	1.54
	0.47	0.44	0.46			
<b>Functional Limitation</b>						
None	0.81	1.57	1.54	6.14	-1.91	5.27
	0.11	0.15	0.15			
IADL only <sup>1</sup>	3.95	6.34	6.90	4.35	8.83	4.56
	0.39	0.46	0.53			
One to two ADLs <sup>2</sup>	11.54	16.51	13.58	3.28	-17.75	1.31
	0.84	0.83	0.78			
Three to five ADLs	41.18	42.32	45.98	0.25	8.65	0.89
	1.31	1.31	1.17			
<b>Health Insurance</b>						
Medicare fee-for-service only	8.74	8.53	7.69	-0.22	-9.85	-1.02
	0.62	0.74	0.68			
Medicaid	28.66	22.96	22.31	-1.98	-2.83	-1.98
	1.06	0.81	0.88			
Private health insurance	2.77	4.94	4.78	5.34	-3.24	4.46
	0.16	0.27	0.23			
Medicare HMO <sup>3</sup>	2.73*	5.04	4.63	5.67	-8.13	4.32
	0.56	0.66	0.53			

**Table 6.14 Facility User Rates for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2004**

All Medicare Beneficiaries

2 of 2

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>Percentage of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay</b>						
<b>All Beneficiaries</b>	7.69	8.80	8.63	1.22	-1.93	0.93
	<i>0.23</i>	<i>0.21</i>	<i>0.20</i>			
<b>Income</b>						
Lowest income quartile	15.48	15.59	15.37	0.06	-1.41	-0.06
	<i>0.62</i>	<i>0.59</i>	<i>0.72</i>			
Second income quartile	7.75	9.26	9.06	1.62	-2.16	1.26
	<i>0.43</i>	<i>0.51</i>	<i>0.49</i>			
Third income quartile	4.56	6.16	6.61	2.74	7.31	3.01
	<i>0.34</i>	<i>0.40</i>	<i>0.43</i>			
Highest income quartile	2.67	3.87	3.40	3.40	-12.14	1.95
	<i>0.31</i>	<i>0.38</i>	<i>0.32</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

Values followed by an asterisk (\*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 IADL stands for Instrumental Activity of Daily Living.
- 2 ADL stands for Activity of Daily Living.
- 3 HMO stands for Health Maintenance Organization.

**Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care<sup>1</sup>, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>2</sup>

1 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>All Beneficiaries</b>	88.24	93.29	93.57	0.50	0.30	0.47
	0.36	0.26	0.29			
<b>Medicare Status</b>						
64 years and younger	83.90	90.84	91.93	0.72	1.20	0.73
	0.94	0.82	0.74			
65 years and older	88.70	93.70	93.86	0.49	0.17	0.45
	0.38	0.29	0.31			
<b>Gender</b>						
Male	86.43	92.35	92.96	0.60	0.66	0.58
	0.49	0.45	0.45			
Female	89.63	94.05	94.07	0.43	0.02	0.39
	0.47	0.33	0.35			
<b>Race/Ethnicity</b>						
White non-Hispanic	88.87	93.68	94.01	0.48	0.35	0.45
	0.37	0.29	0.30			
All others	84.92	91.84	92.00	0.71	0.17	0.64
	1.04	0.65	0.79			
<b>Functional Limitation</b>						
None	87.27	93.53	93.88	0.63	0.37	0.59
	0.47	0.35	0.34			
IADL only <sup>3</sup>	90.67	93.68	93.88	0.29	0.21	0.28
	0.60	0.48	0.53			
One to two ADLs <sup>4</sup>	89.83	92.05	92.51	0.22	0.50	0.24
	0.93	0.80	0.83			
Three to five ADLs	85.02	92.46	91.71	0.76	-0.81	0.61
	1.31	0.91	1.17			

**Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care<sup>1</sup>, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>2</sup>

2 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>All Beneficiaries</b>	88.24	93.29	93.57	0.50	0.30	0.47
	0.36	0.26	0.29			
<b>Usual Source of Care</b>						
No usual source of care	55.17	57.69	55.40	0.40	-3.97	0.03
	1.77	2.50	2.75			
Has usual source of care	91.74	95.00	95.23	0.31	0.24	0.30
	0.30	0.22	0.26			
<b>Living Arrangement</b>						
Alone	89.16	92.03	93.00	0.29	1.05	0.34
	0.59	0.52	0.48			
With spouse	88.63	94.30	94.48	0.56	0.19	0.51
	0.47	0.33	0.38			
With children/others	85.49	92.42	92.04	0.70	-0.41	0.59
	0.90	0.63	0.63			
<b>Health Insurance</b>						
Medicare fee-for-service only	76.61	86.45	84.71	1.09	-2.01	0.81
	1.23	1.20	1.17			
Medicaid	87.48	91.75	91.80	0.43	0.05	0.39
	0.99	0.73	0.82			
Private health insurance	90.13	94.79	95.36	0.45	0.60	0.45
	0.39	0.27	0.32			
Medicare HMO <sup>5</sup>	90.41	93.39	94.24	0.29	0.91	0.33
	1.13	0.76	0.72			

**Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care<sup>1</sup>, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>2</sup>

3 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>All Beneficiaries</b>	88.24	93.29	93.57	0.50	0.30	0.47
	<i>0.36</i>	<i>0.26</i>	<i>0.29</i>			
<b>Income</b>						
Lowest income quartile	85.99	90.79	91.64	0.49	0.94	0.51
	<i>0.75</i>	<i>0.59</i>	<i>0.58</i>			
Second income quartile	87.39	92.07	92.35	0.47	0.30	0.44
	<i>0.72</i>	<i>0.68</i>	<i>0.60</i>			
Third income quartile	87.52	94.83	94.85	0.72	0.02	0.65
	<i>0.70</i>	<i>0.50</i>	<i>0.44</i>			
Highest income quartile	92.22	95.49	95.68	0.31	0.20	0.30
	<i>0.57</i>	<i>0.45</i>	<i>0.55</i>			

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 Degree of satisfaction with general health care is measured by the variable, *mcquality*, which asks the beneficiary about satisfaction with the overall quality of medical care received during the year.
- 2 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 *HMO* stands for Health Maintenance Organization.



**Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries with a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

1 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>All Beneficiaries</b>	90.45	95.45	95.80	0.49	0.37	0.46
	0.35	0.23	0.21			
<b>Medicare Status</b>						
64 years and younger	88.46	94.48	94.81	0.59	0.35	0.56
	0.79	0.60	0.70			
65 years and older	90.66	95.61	95.98	0.48	0.39	0.46
	0.35	0.26	0.21			
<b>Gender</b>						
Male	88.14	94.51	94.71	0.63	0.21	0.58
	0.52	0.35	0.34			
Female	92.24	96.21	96.68	0.38	0.49	0.38
	0.40	0.30	0.27			
<b>Race/Ethnicity</b>						
White non-Hispanic	90.96	95.84	96.05	0.47	0.22	0.44
	0.35	0.23	0.23			
All others	87.64	94.05	94.93	0.64	0.94	0.64
	0.99	0.59	0.53			
<b>Functional Limitation</b>						
None	88.36	94.86	94.89	0.64	0.03	0.57
	0.52	0.32	0.30			
IADL only <sup>2</sup>	93.03	96.67	96.79	0.35	0.12	0.32
	0.51	0.36	0.39			
One to two ADLs <sup>3</sup>	92.95	95.59	97.59	0.25	2.09	0.39
	0.57	0.66	0.49			
Three to five ADLs	93.39	96.26	97.17	0.27	0.95	0.32
	1.01	0.66	0.54			

**Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries with a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

2 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>All Beneficiaries</b>	90.45	95.45	95.80	0.49	0.37	0.46
	0.35	0.23	0.21			
<b>Living Arrangement</b>						
Alone	90.64	94.71	94.93	0.40	0.23	0.37
	0.49	0.40	0.45			
With spouse	90.94	96.45	96.77	0.53	0.33	0.50
	0.46	0.28	0.28			
With children/others	88.59	93.76	94.56	0.51	0.85	0.52
	0.72	0.58	0.52			
<b>Health Insurance</b>						
Medicare fee-for-service only	80.82	88.72	88.86	0.84	0.16	0.76
	1.17	1.03	1.01			
Medicaid	89.61	94.00	94.62	0.43	0.66	0.44
	0.85	0.76	0.52			
Private health insurance	91.78	96.27	96.74	0.43	0.49	0.42
	0.37	0.25	0.21			
Medicare HMO <sup>4</sup>	95.18	98.68	98.22	0.33	-0.47	0.25
	0.99	0.30	0.34			

**Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries with a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2004**Community-Only Residents<sup>1</sup>

3 of 3

Beneficiary Characteristic	1992	2003	2004	Annual Rate of Change 1992-2003 (%)	Annual Rate of Change 2003-2004 (%)	Annual Rate of Change 1992-2004 (%)
<b>All Beneficiaries</b>	90.45	95.45	95.80	0.49	0.37	0.46
	<i>0.35</i>	<i>0.23</i>	<i>0.21</i>			
<b>Income</b>						
Lowest income quartile	88.61	93.24	94.12	0.46	0.94	0.48
	<i>0.72</i>	<i>0.60</i>	<i>0.54</i>			
Second income quartile	90.15	95.15	95.55	0.49	0.42	0.47
	<i>0.58</i>	<i>0.40</i>	<i>0.38</i>			
Third income quartile	91.22	96.25	96.11	0.48	-0.15	0.42
	<i>0.54</i>	<i>0.46</i>	<i>0.44</i>			
Highest income quartile	91.85	97.20	97.66	0.51	0.47	0.49
	<i>0.63</i>	<i>0.31</i>	<i>0.37</i>			

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2003, and CY 2004.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.



# TECHNICAL DOCUMENTATION FOR THE MEDICARE CURRENT BENEFICIARY SURVEY

## Overview

The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a nationally representative sample of aged and disabled Medicare beneficiaries sponsored by the Centers for Medicare and Medicaid Services (CMS). In 2004, the initial sample included approximately 17,033 beneficiaries residing in households and long-term care facilities.<sup>1</sup> The survey provides comprehensive data on health and functional status, health care expenditures, and health insurance for Medicare beneficiaries. A key feature of the survey is its longitudinal design. Currently, each sample person is interviewed 3 times a year over 4 years, regardless of whether he or she resides in the community or a facility, or transitions between community and facility settings. (For a description of the MCBS, see G.S. Adler, Summer 1994, A Profile of the Medicare Current Beneficiary Survey, *Health Care Financing Review*, 15(4): 153-163.)

## Sample Design

The target population consists of aged and disabled beneficiaries enrolled in Medicare Part A (hospital insurance), or Part B (medical insurance), or both, and residing in households or long-term care facilities in the United States and Puerto Rico. Sample persons are selected from Medicare enrollment files to be representative of the Medicare population as a whole and the following age groups: under 45, 45 to 64, 65 to 69, 70 to 74, 75 to 79, 80 to 84, and 85 and over. To ensure that annual samples yield enough persons with long-term care facility stays to produce statistically reliable data, disabled persons under age 65 and very old persons age 80 and over are oversampled.

The MCBS was originally designed as a longitudinal survey in which Medicare beneficiaries would be followed indefinitely. Its initial sample (the 1991 panel) was selected by using a stratified, multistage area probability design. Three stages of selection were used in sampling beneficiaries. The first stage was to select a nationally representative

stratified sample of 107 primary sampling units (PSUs) consisting of metropolitan statistical areas or clusters of nonmetropolitan counties. The second stage was to select ZIP code clusters within sample PSUs. The third stage consisted of selecting beneficiaries within the sampled ZIP code clusters.

In 1992 and 1993, the 1991 panel was supplemented during the September-December interview period to compensate for sample attrition (i.e., deaths, disenrollments, and refusals) and to represent newly enrolled beneficiaries. However, in 1994, approximately one-third of the sample was rotated out of the MCBS after the round 12 interviews, and replaced by a supplemental sample of the same size. The change in supplemental sampling reflects a decision to shift from a longitudinal survey to a rotating panel design. In the rotating panel design chosen for MCBS, four overlapping panels of Medicare beneficiaries will be surveyed each year. Each panel contains a nationally representative sample of beneficiaries who will be interviewed 12 times to collect 3 complete years of utilization data. All four panels are included in the Access to Care files, while only three panels are used in the Cost and Use files, since the panel that is being retired during a calendar year is not asked about medical utilization for that year.

## Survey Operations

Field work on the MCBS is conducted for CMS's Office of Strategic Planning by Westat, a survey research firm with offices in Rockville, Maryland. Data collection for Round 1 began in September 1991 and was completed in December 1991. Subsequent rounds of data collection, which involve reinterviewing the same sample persons (or their proxies—see below), begin every 4 months. Interviews are conducted regardless of whether the sample person resides at home or in a long-term care facility, using the version of the questionnaire appropriate to the setting.

<sup>1</sup>Beneficiaries living in households are referred to as community residents in this sourcebook.

In 2004, data were collected from 12,079 beneficiaries for the Cost and Use file. The final sample included 10,992 persons who lived in the community for the entire year, 840 persons who lived in long-term care facilities for the entire year, and 247 persons who lived part of the year in a community and part of the year in a long-term care facility. Interview strategies and survey instruments used to collect data are described below.

**Repeat Interviews.** The MCBS is a longitudinal panel survey, with sample persons interviewed 3 times a year over 4 years to form a continuous profile of their health care experience. The design allows MCBS data users to track change in insurance coverage and other personal circumstances. For example, users can observe processes such as persons moving from their homes to long-term care facilities, or persons in communities spending down their assets on health care.

**The Community Interview.** Sample persons in the community are interviewed through computer-assisted personal interviewing (CAPI) survey instruments. The CAPI program automatically guides the interviewer through questions, records the answers, and compares beneficiary responses to edit specifications for accuracy and relationships to other responses. CAPI improves data collection and lessens the need for after-the-fact editing and corrections. It guides the interviewer through complex skip patterns and inserts followup questions where key data are missing from the previous round. When the interview is completed, CAPI allows the interviewer to transmit the data by telephone to the home office computer.

The interviews yield a time series of data on utilization of health services, medical care expenditures, health insurance coverage, sources of payment for health services, health status and functioning, and beneficiary information such as income, assets, living arrangement, family assistance, and quality of life. To improve the accuracy of the data, respondents are requested to record medical events on calendars provided by the interviewer, and they are also asked to save Explanation

of Benefit forms from Medicare, as well as receipts and statements from private health insurers. To assist in reporting data on prescription medicines, respondents are asked to bring to the interview bottles, tubes, and prescription bags provided by the pharmacy.

An effort is made to interview each sample person directly. However, each sample person is asked to designate a proxy, usually a family member or close acquaintance, in case he or she is physically or mentally unable to do the interview. On average, about 12 percent of the community interviews in each round are conducted by proxy. The following instruments are used in community interviews:

- **The Baseline Questionnaire:** Collects health insurance, household composition, health status, access to and satisfaction with medical care, and demographic and socioeconomic information for supplemental sample beneficiaries living in household units in the community. Selected information from this questionnaire—primarily health status, and access to and satisfaction with care—is updated annually for continuing sample persons living in the community using The Community Supplement to the Core Questionnaire.
- **The Community Core Questionnaire:** Collects detailed health insurance, medical care use, and charge and payment information, and updates household composition. This questionnaire is asked in every round except the initial one. Additional supplemental questions are added to the core questionnaire in selected rounds to gather information about specific topics, including detailed information about the sample person's income and assets in the spring-summer round of data collection.

**The Facility Interview.** MCBS data collectors in long-term care facilities use a similar but shortened version of the community instrument. A long-term care facility is defined as having three or

more beds and providing long-term care services throughout the facility or in a separately identifiable unit. Types of facilities participating in the survey include nursing homes, domiciliary or personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted living and foster care homes, and institutions for the mentally retarded and developmentally disabled.

If an institutionalized person returns to the community, a community interview is conducted. If he or she spends part of the reference period in the community and part in an institution, a separate interview is conducted for each period of time. Hence, a beneficiary can be followed in and out of facilities, and a continuous record is maintained regardless of where the person resides.

Because long-term care facility residents often are in poor health and many facility administrators prefer that patients not be disturbed, the survey collects information about institutionalized patients from proxy respondents affiliated with the facility. Nurses or other primary care givers usually respond to questions about physical functioning and medical treatment of the sample person. Billing office workers usually respond to questions about charges and payments.

The survey instruments used to collect data for persons in long-term care facilities were converted to CAPI in 1997. The following instruments are used in facility stay interviews:

- **The Facility Screener:** Collects information on facility characteristics such as type of facility, size, and ownership. It is used during the initial interview, and in each fall round thereafter.
- **The Baseline Questionnaire:** Collects information on health status, insurance coverage, residence history, and

demographics for supplemental sample beneficiaries in facilities and new admissions from the continuing sample. Selected information from this questionnaire—primarily health status—is updated annually for continuing sample persons residing in facilities using an abbreviated version, The Facility Supplement to the Core Questionnaire.

- **The Facility Core Questionnaire:** Collects facility use data, and charge and payment information. This questionnaire is asked in every round except the initial one.

The conversion of the facility instruments to the CAPI version caused certain disruptions in the trend data for full-year facility residents, because some questions/items are phrased differently in the CAPI version from those in the Paper-and-Pencil version. Variables in the Health Segment affected the most include self-reported health status, functional limitations, and most of the diseases/conditions presented in data tables in Section 2 of Chapter 3. Therefore, caution needs to be exercised in examining the health trend data for full-year facility residents presented in this series of sourcebooks.

## MCBS PUBLIC USE FILES

To date, CMS has released public use files (PUFs) on access to care for calendar years 1991 through 2006, and on cost and use for calendar years 1992 through 2005.

## Access to Care

The Access to Care PUFs provide “snapshot” estimates of the characteristics of the Medicare population who were enrolled on January 1 and were still alive and eligible for the survey in the fall of each year. They contain information on access to and satisfaction with care, health status and functioning, and demographic and economic characteristics of the sample population. Access to Care PUFs

also contain summarized utilization and program payment data from Medicare claims, but they do not include survey-reported information on health care use and expenditures. By omitting the survey-reported information, these PUFs can be produced quicker than cost and use files, which contain complete information on the cost and use of health care services.

## Cost and Use

The 2004 Cost and Use file is the thirteenth in an annual series of files containing comprehensive data on the cost and use of medical services by the Medicare population.<sup>2</sup> It links Medicare claims to survey-reported events, and provides complete expenditure and source of payment data on all health care services, including those not covered by Medicare. Expenditure data were developed through a reconciliation process that combines information from survey respondents and Medicare administrative files. The process produces a comprehensive picture of health services received, amounts paid, and sources of payment. The file can support a broader range of research and policy analyses on the Medicare population than would be possible using either survey data or administrative claims data alone.

The strength of the file stems from the integration of information that can be obtained only from a beneficiary, and Medicare claims data on provider services and covered charges. Survey-reported data include information on the use and cost of all types of medical services, as well as information on supplementary health insurance, living arrangements, income, health status, and physical functioning. Medicare claims data include use and cost information on inpatient hospitalizations, outpatient hospital care, physician services, home health care, durable medical equipment, skilled nursing home services, hospice care, and other medical services.

## File Structure

The Cost and Use file contains information on nine types of services: dental, facility stays, institutional utilization, inpatient hospital stays, outpatient hospital care, physician/supplier services, hospice care, home health care, and prescription drugs. As an aid to file users, the data have been provided at the event-level, the type-of-service level, and the person-level. The hierarchical structure allows analysts to use the appropriate file level for their research, avoiding the need to process all the detailed event records in the file. For example, differences in per capita health spending between men and women can be analyzed directly from person-level summary records. Similarly, differences in hospital stays by race can be analyzed directly from type-of-service summary records. Event-level records would be used for more detailed analyses; e.g., comparisons of average length of long-term facility stays or average reimbursements per prescription drug. The content of each level of data is briefly described below.

**Event-level data.** The event-level data consist of separate files for each of the nine event types in the Cost and Use file, except hospice care and home health care. For each event in a file, cost and sources of payment are shown. Charge and payment data have been edited and imputed, if necessary, to make a complete payment picture for each event. Hospice care and home health care are not shown at the event-level because these two service categories were created from Medicare claims data at the type-of-service level. There are a total of 744,705 records in the seven event-level files.

**Type-of-service summary data.** The type-of-service summary file includes a record for each of the nine service categories in the Cost and Use file. The file contains a summary of all payers, costs, and use for each sample person at the type-of-service level, for a total of 108,711 records. Within each type-of-service record, separate payer amounts are shown for the 11 payer categories in the Cost and Use file. Payer totals are shown two ways: as the sum of event-level payments and

<sup>2</sup>Detailed documentation of the CY 2004 Cost and Use file is available from the Centers for Medicare and Medicaid Services, Office of Research, Development, and Information, in Baltimore, Maryland.



in adjusted form. Adjusted payments are necessary because some sample persons had gaps in their coverage (e.g., a respondent missed an interview during the year). To account for information that was not reported for the gap periods, payer amounts were adjusted for differences in Medicare-covered days and days covered by the interview reference periods. Most of the adjustments were for services not covered by Medicare, since CMS's administrative files have claims for covered services provided to fee-for-service beneficiaries during gap periods.

**Person-level summary data.** The person-level summary file has one record for each of the 12,079 sample persons in the 2004 Cost and Use file. Payments by source have been summarized across service categories to show one total for each type of service and one total for each source of payment. Again, payment amounts are shown as totals from the event-level files and in adjusted form. This sourcebook uses the adjusted amounts.

## The Sample

The original MCBS sample included Medicare beneficiaries who resided in the United States or Puerto Rico on January 1, 1991, and who were enrolled in one or both parts of Medicare at the time of their Round 1 interview. Round 1 was fielded from September through December of 1991. Except for a small number of individuals who died or whose coverage terminated subsequent to their interview, the overwhelming component of this group was the “always-enrolled” 1991 population. This group consisted of persons who had enrolled in Medicare by January 1, 1991, and were still covered by Medicare on December 31, 1991. Selected data on the Round 1 always-enrolled sample were released as the CY 1991 Access to Care file.

The always-enrolled concept also was used to determine the sample populations in the Access to Care releases in subsequent years. Official Medicare program statistics, however, usually cover all persons

entitled to Medicare during the year, including those entitled for all or part of the year, as well as beneficiaries who died during the year. This mix of continuing enrollees, accretions, and terminations is referred to as the “ever-enrolled” population, or everyone who was enrolled in Medicare for any period during the year.

Special steps are taken to expand sample coverage in the Cost and Use files to include all beneficiaries who were ever enrolled during the calendar year. The steps are necessary because Cost and Use files will be used to analyze total and per capita expenditures on health care by the entire Medicare population. Omitting part-year enrollees and persons who died during the year could substantially bias the results of these analyses.

To develop the ever-enrolled population in 2004, supplemental samples were used to add part-year beneficiaries to the Cost and Use file. A supplemental sample is drawn each year to account for growth in the Medicare population and to replace survey persons who died or left the survey during the previous year. Sample replenishment is used primarily to ensure that each calendar year file adequately represents the entire Medicare population, but it also can be used to identify new sample persons who were covered by Medicare in the sample year but were missing from the original sampling list. Beneficiaries from supplemental samples in Rounds 40 and 43, who enrolled during 2003 or 2004, were added to the samples from Rounds 31, 34, and 37 to create an ever-enrolled population for calendar year 2004.

The 2004 Cost and Use file, therefore, consists of a composite of persons who were (1) continuously enrolled from January 1, 2003; (2) newly enrolled in 2003; or, (3) newly enrolled in 2004. The number of persons in each group is shown in Table A-1, where newly enrolled beneficiaries after 1992 are referred to as “accreted.” The pre-2003 accretes represent persons who were enrolled in Medicare before 2003 and still living in 2004.

Table A-1 2004 Cost and Use File Sample

Sample Status	Number of Persons
Pre-2003 Accretes (Panels 11, 12, & 13)	11,383
2003 Accretes (Panel 14)	349
2004 Accretes (Panel 15)	347
<b>Total</b>	<b>12,079</b>

Newly enrolled sample persons from Rounds 40 and 43 are colloquially referred to as “ghosts” because they did not become eligible for Medicare in time to be selected as part of the sample that received all three 2004 interviews. Thus the sample persons who represent 2003 and 2004 accretes (i.e., beneficiaries who were newly enrolled in Medicare in 2003 or 2004) have incomplete or missing survey data for 2004.

Utilization data for ghosts are included in the 2004 Cost and Use file at the type-of-service and person summary levels, even though they were not interviewed until late 2004 (Round 40) if they were new Medicare enrollees in late 2003, or late 2005 (Round 43) if they were new Medicare enrollees in 2004. While survey data on service use and costs were not available for ghosts, complete profiles of Medicare-covered service use by fee-for-service ghosts were available from administrative bill files. To estimate total service use and costs for the entire sample, ghosts were matched to donor beneficiaries in the 2004 file based on common Medicare use profiles. The donor records were used to impute noncovered services for fee-for-service ghosts and all services for Medicare risk HMO ghosts.<sup>3</sup> This imputation process provided estimates of missing cost and use data for the ever-enrolled population in the 2004 Cost and Use summary files.

## Access to Care or Cost and Use Data?

The Cost and Use file is more comprehensive than the previously released Access to Care files because it contains the always-enrolled population, as well as persons entering or leaving the Medicare program during the year. The latter group of beneficiaries is essential in producing accurate estimates of total expenditures because it includes beneficiaries who died during the year. Tabulations of Medicare claims for the MCBS sample, for example, show that persons who died in the year represent less than 5 percent of the Medicare population, but they account for more than 15 percent of Medicare payments. On average, persons who died during the year have spending levels over 4 times higher than persons continuously enrolled for the entire year.

Another difference between the two files relates to the reporting of expenditures on health care. The Access to Care files contain only Medicare-covered service data, even though Medicare has been previously estimated to cover less than one-half of the overall care expenses of its enrollees (D.R. Waldo, S.T. Sonnefeld, D.R. McKusick, et al., Summer 1989, “Health Expenditures by Age Group, 1977 and 1987,” *Health Care Financing Review*, 10(4): 111-120). The Cost and Use file, in contrast, includes expenditures on all health care services, whether or not they are covered by Medicare. Two significant expenditure categories not covered by Medicare are prescription drugs and long-term facility care.

Users whose analyses require the entire Medicare population or all health care services should use the Cost and Use files rather than the Access to Care files. Users who are interested in the continuously enrolled Medicare population or Medicare-covered services only may prefer to use the Access to Care files. In addition, the latter set of files can be used for some types of longitudinal analyses, such as a comparison of change in health status from year to year.

<sup>3</sup>Medicare risk HMO contractors do not submit claims to Medicare. As a result, Medicare does not have a record of covered or noncovered services provided to beneficiaries in these plans.

Users are cautioned against mixing data from the two types of files to estimate change over time. For example, 2004 Cost and Use file data on health status should not be compared to 2004 Access to Care file information since the results will be confounded by differences in the two populations. Unless the two files are subset to a common set of sample persons and appropriate weights are assigned, it would be difficult, if not impossible, to determine whether health status had changed over time.

## Response Rates and Missing Data

The sample for the 2004 Cost and Use file originally contained 5,099 beneficiaries from Round 31; 5,327 beneficiaries from Round 34; 5,649 beneficiaries from Round 37; 459 beneficiaries from Round 40, who became eligible for Medicare in 2003; and 499 beneficiaries from Round 43 who became eligible for Medicare in 2004. The beneficiaries from Rounds 31, 34, and 37 all survived until 2004. The overall response rate was 70.9 percent for a final sample of 12,079 persons. Response rates are shown in Table A-2.

**Table A-2 2004 Cost and Use File Sample Response Rates**

Panel	Sample Size	Respondents	Response Rate
Round 31	5,099	3,402	66.7%
Round 34	5,327	3,815	71.6%
Round 37	5,649	4,166	73.7%
Round 40	459	349	76.0%
Round 43	499	347	69.5%
All	17,033	12,079	70.9%

As in any survey, some respondents did not supply answers to all questions. Item nonresponse rates are low in the 2004 Cost and Use file, but analysts still should be aware of missing data. For example, the

number of missing responses and item nonresponse rates for several variables are shown in Table A-3.

**Table A-3 2004 Item Nonresponse for Selected Variables**

Variable	Missing	Percentage of Total
Race/Ethnicity	26	0.2%
Education	206	1.7%
Marital Status	28	0.2%
Gender	0	0.0%
Age	0	0.0%
General Health	55	0.5%

Since data for most variables are fairly complete, imputations were kept to a minimum in the 2004 Cost and Use file. Each user can decide how to handle missing data. A simple approach is to delete records with missing data, but the cumulative effect of deleting each record with missing data can significantly reduce the data available for analysis. Other approaches would be to create an “unknown” or “missing” category within each variable distribution or to assume the distribution of missing data is the same as that of reported data. The latter approach was often used in creating tables for this sourcebook.

Another alternative for handling cases with missing data is to impute the missing values. This approach was used to create complete information on beneficiary income and expenditures for health care in the Cost and Use file. Imputations were performed on these variables because income and expenditure data are key elements of the file. In imputing the expenditure data, all partial information from survey respondents was preserved to the extent possible, and health insurance data from the survey and Medicare administrative files were used to identify potential payers. Analytic edits and hot-decking methods were used to estimate missing payments and charges.<sup>4</sup>

<sup>4</sup> The technical appendixes in the 2004 Cost and Use file documentation detail the imputation methods used to complete the expenditure data.

## COST AND USE FILE STATISTICS

The 2004 Cost and Use file contains a cross-sectional weight for each of the 12,079 beneficiaries in the data set. These weights reflect the overall selection probability of each sample person and include adjustment for survey nonresponse and post-stratification to control totals based on accretion status, age, sex, race, region, and metropolitan area status. The weights inflate the sample to the ever-enrolled Medicare population in 2004, and were used in producing all tables in this sourcebook. In general, the weights should be used to estimate population totals, percentages, means, and ratios.

## Sampling Error

Sampling error refers to the expected squared difference between a population value (a parameter) and an estimate derived from a sample of the population (a statistic).<sup>5</sup> Because the MCBS is a sample of Medicare beneficiaries, statistics derived from the sample data are subject to sampling error. The error reflects chance differences between estimates of a population parameter that would be derived from different samples of the Medicare population. Nearly any MCBS estimate of a population parameter (e.g., a percentage, mean, ratio, or count of persons or events) would be affected by the sampling error.

Standard errors have been calculated for all statistics reported in the detailed tables in this sourcebook in order to assess the impact of sampling variability on the accuracy of the estimates. Data from Table 1.1 of this sourcebook, for example, indicate that 43.82 percent of all Medicare beneficiaries are between the age of 65 and 74. The standard error of this estimate (0.27 percent) can be used to assess its statistical reliability by constructing a confidence interval that would contain the true value of the population parameter with some given level of confidence.

The confidence interval can be viewed as a measure of the precision of the estimate derived from sample data. For example, an approximate 95 percent confidence interval for statistics in this sourcebook can be calculated by using the formula

$$\pi = P \pm 1.96 \times (\text{estimated standard error}),$$

where  $\pi$  is the unknown population proportion and  $P$  is the calculated (weighted) sample proportion. Based on this formula, the approximate 95 percent confidence interval for the estimated proportion of Medicare beneficiaries between the age of 65 and 74 is 43.82 percent plus or minus 0.53 percent. This is a relatively “tight” confidence interval, suggesting that the MCBS data provide a reliable estimate of the true proportion of beneficiaries between the age of 65 and 74. The chances are about 95 in 100 that the true population proportion falls between 43.29 percent and 44.35 percent.

Another measure of statistical reliability is the relative standard error (RSE) of an estimate. The RSE of an estimate  $x$  is calculated by dividing the standard error of the estimate,  $SE(x)$ , by the estimate, and expressing the quantity as a percent of the estimate, i.e.,

$$RSE = 100 \left( \frac{SE(x)}{x} \right).$$

Using data from the previous example, the RSE of the estimated proportion of Medicare beneficiaries between the age of 65 and 74 is 0.62 percent ( $100 \times (0.27/43.82)$ ). An RSE of less than 10 percent would suggest that the estimate is statistically reliable. Statistical reliability of an estimate decreases as the RSE increases.

Many of the statistics in this sourcebook are presented by subgroup, some of which are based on relatively small sample sizes. Estimates for these small subgroups can be subject to very large sampling errors. Therefore, it may be desirable in some instances to combine such sub-

<sup>5</sup> This discussion ignores errors caused by factors such as imperfect selection; bias in response or estimation; and errors in observation, measurement, or recording.

groups with a similar group for analysis purposes. For example, if  $X_s$  is an estimated total for the small subgroup, and  $X_t$  is the corresponding estimate for the group with which it is combined, then the combined estimate,  $X_c$ , is given by  $X_c = X_s + X_t$ , and the standard error of the combined estimate ( $SE(X_c)$ ) can be approximated as

$$SE(X_c) = \sqrt{[SE(X_s)]^2 + [SE(X_t)]^2},$$

where  $SE(X_s)$  and  $SE(X_t)$  are the standard errors of  $X_s$  and  $X_t$ , respectively.

The above approximation applies to estimated totals and should not be used for combining estimates of means or ratios. For the latter types of estimates, the appropriate formula must include terms representing the proportion of the population that is represented by each of the two component estimates. For example, if  $Y_s$  and  $Y_t$  are the estimated means for the two subgroups to be combined, then the combined estimate,  $Y_c$ , is given by the formula

$$Y_c = P_s Y_s + (1 - P_s) Y_t,$$

and the standard error of  $Y_c$  can be approximated by

$$SE(Y_c) = \sqrt{[P_s SE(Y_s)]^2 + [(1 - P_s) SE(Y_t)]^2},$$

where  $P_s$  is the proportion of the combined group that is included in the subgroups. It should be noted that both forms of the standard error given above are approximations that may understate the true standard error of the combined estimate.

Confidence intervals and relative standard errors can be calculated for all statistics derived from MCBS data (e.g., totals, percentages, means, ratios, and regression coefficients). The following section provides a brief explanation of the method used to compute the standard errors for MCBS estimates.

## Variance Estimation (Using the Replicate Weights)

The standard errors reported in the detailed tables in this sourcebook reflect the complexity of the MCBS sample design. In many statistical packages, the procedures for calculating variances assume that the data were collected in a simple random sample. Procedures of this type are not appropriate for calculating variances for statistics based on a stratified, unequal-probability, multistage sample such as the MCBS. They could produce overestimates or, more likely, underestimates of the true sampling error.

Because the MCBS has a complex design, standard errors in the sourcebook tables were estimated with WesVarPC, a statistical software package that accounts for survey design. Estimates of standard errors from WesVarPC are produced using “replication” methods. The basic idea behind the replication approach is to use variability among selected subsamples, or replicates, to estimate the variance of the “full-sample” statistics. These methods provide estimates of variance and standard errors for complex sample designs that reflect weighting adjustments such as those implemented in the MCBS. Replication techniques can be used where other methods are not easily applied, and they have some advantages even when other methods can be used.

Replicate weights for MCBS data have been computed using Fay’s variant of Balanced Repeated Replication (BRR). BRR is generally used with multistage, stratified sample designs in which two PSUs are sampled within each stratum, possibly with unequal probabilities of selection. The replicate samples are half-samples formed by selecting one of the two PSUs from each stratum. For BRR, the weights for units in the selected PSUs in each half-sample are doubled and the weights for units in the nonselected PSUs are set to zero. Each replicate consists of a different half-sample; however, it is not necessary to form all possible half-sample replicates, since the information from

all possible replicates can be captured by using a smaller number of “balanced” half-samples. Fay’s method is a variant of BRR, in which the sample weights are adjusted by factors between 0 and 2. With a judicious choice of the perturbation factor, Fay’s method provides good estimates of standard errors for a variety of statistics. (For more information on Fay’s method, see D. Judkins, 1990, “Fay’s Method for Variance Estimation,” *Journal of Official Statistics*, 6: 223-240.)

Replicate weights in the 2004 Cost and Use file are named WEIGHT 1,...,WEIGHT100. These replicate weights can be used in WesVarPC to estimate standard errors for MCBS variables. WesVarPC (Version 2) is available at the Westat website—[www.westat.com](http://www.westat.com). Documentation for WesVarPC is also provided there. Alternatively, WesVar Complex Samples, which is an enhanced version of WesVarPC, can be purchased directly from SPSS. Descriptions of both packages are available on the website.

An alternative to WesVar is for the user to write a small custom program using a very simple algorithm. If  $X_0$  is an estimate of a parameter of interest formed using the full-sample weights and  $X_1, \dots, X_{100}$  are estimates (calculated by the user) of the same statistic using the corresponding 100 replicate weights, then the estimated variance of  $X_0$  is

$$\text{Var}(X_0) = \frac{2.04}{100} \sum_{i=1}^{100} (X_i - X_0)^2 .$$

A third option is to use another software package such as SUDAAN (Professional Software for Survey Data Analysis for Multi-stage Sample Designs) to compute population estimates and the associated variance estimates. Two variables, SUDSTRAT and SUDUNIT, have been included in the 2004 Cost and Use file for users of SUDAAN.

## Estimates of Net Change

Estimates of net change from year to year can be obtained simply by computing the difference between two “cross-sectional” estimates, i.e., subtracting the 2003 estimate from the 2004 estimate. Each “cross-sectional” estimate is computed by using weights and sample data from the Cost and Use Data File for a particular year.

Computation of standard error estimates of net change is complicated by the fact that the two samples are not independent. Many sample persons are retained in the MCBS sample from year to year. The sample design for selecting each new supplement also uses the same PSUs and many of the same secondary sampling units (SSUs).

**Direct Methods.** One method for estimating the variances of the differences, when samples are not independent, involves direct estimation of the variances using WesVarPC or SUDAAN. Records from 2 or more years are concatenated into a single file, which retains every record from each of the original files. The user will need to supply instructions to the application to define a variable that represents the difference. The form of these instructions will depend on the particular application package.

In WesVarPC, the “Function” procedure within “Tables” allows a variable to be defined, e.g., net difference between 2003 and 2004 estimates,  $d0403 = cy04e - cy03e$ . Standard errors associated with estimates of  $d0403$  are the required standard errors of the difference.

In SUDAAN, estimates of year-to-year differences can be generated using the CONTRAST option, where the cells to be contrasted are the estimates for each year. This can be accomplished by adding the following statement to the run request:

```
CONTRAST "original file designator" (1, -1)
```



where “original file designator” is the variable that indicates the file in which the record originated (e.g., CY). Standard errors associated with the contrast are the required standard errors of the differences.

For a custom program, the standard errors can be computed using estimate differences for each replicate using the following formula

$$\text{Var}(D_0) = \frac{2.04}{100} \frac{100}{\sum_{i=1} (D_i - D_0)^2},$$

where  $D_0$  is the difference between full-sample estimates for each year, and  $D_1, \dots, D_{100}$  are corresponding differences for each replicate sample.

**Approximations.** For screening purposes, shortcut approximations provide another method for estimating the variances of the differences between two estimates. Shortcut approximations consist of two thresholds, which are based on empirical examination of year-to-year correlations. (R.C. Bailey, A. Chu, and J. O’Connell, 1997, “Considerations for Analysis of the Medicare Current Beneficiary Survey (MCBS) Across Time,” ASA, Proceeding of the Section on Survey Methodology, August, 1997.)

The larger threshold,  $T_L$ , indicates the minimum absolute difference that may be considered to be significant (at the 5% level). This value is defined as

$$T_L = 2 \cdot \sqrt{V(e_1) + V(e_2)},$$

where  $V(e_1) = \text{Var}(\text{cy04e})$  and  $V(e_2) = \text{Var}(\text{cy03e})$ . All differences larger than this in absolute value are considered to be significant.

The smaller threshold,  $T_S$ , indicates the maximum absolute difference that is considered to be not significant (at the 5% level). This value is defined as

$$T_S = 2 \cdot \sqrt{\min(V(e_1), V(e_2))}.$$

All differences smaller than this in absolute value are considered to be not significant. Any difference whose absolute value is between  $T_S$  and  $T_L$  is indeterminate. These differences will need to be examined using the procedures for direct estimation.

Additional technical questions concerning WesVar or other aspects of MCBS data and public use files may be directed to:

**David Ferraro at Westat, telephone (301) 251-4261**

To obtain copies of any of the 1992–2003 *Health and Health Care of the Medicare Population*, send requests to:

**Yuki Jao at Westat, telephone (301) 610-4801**

**email yukijao@westat.com**

To obtain copies of any of the Access to Care Public Use Files or Cost and Use Public Use Files, send requests to:

**Bill Long**

**Office of Research, Development, and Information, C3-17-07**

**Centers for Medicare and Medicaid Services**

**7500 Security Blvd., Baltimore, Maryland 21244-1850**

**telephone (410) 786-7927**



B

## **DEFINITIONS OF TERMS AND VARIABLES**



**Activities of daily living (ADLs):** Activities of daily living are activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, using the toilet, and eating. If a sample person had any difficulty performing an activity by himself/herself and without special equipment, or did not perform the activity at all because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews.

**Arthritis:** The category arthritis includes rheumatoid arthritis, osteoarthritis, and other forms of arthritis.

**Annual rate of change:** The annual rates of change in Tables 6.1 to 6.16 refer to average annual growth rates. The growth rate from one year to the next is the ratio of the figure for the second year to the figure for the first year, minus 1. The growth rate over a 2-year period is the square root of the ratio of the figure for the third year to the figure for the first year, minus 1. The growth rate over a 3-year period is the cube root of the ratio of the figure for the fourth year to the figure for the first year, minus 1, and so on. For example, the figure for annual rate of change from 1992 to 1995 is calculated as follows: the figure for 1995 is divided by the figure for 1992, and then the cube root of the result is calculated. This figure minus 1 is the average annual growth from 1992 to 1995:

$$\sqrt[3]{1995 / 1992} - 1 .$$

Similarly, the formula used to calculate the average annual growth rate from 1992 to 2004 is:

$$\sqrt[12]{2004 / 1992} - 1 .$$

The annual growth rate from 2003 to 2004 is calculated as follows:

$$(2004 / 2003) - 1 .$$

The result is then multiplied by 100 to give the percentage presented in the table. It is not possible to calculate standard errors for the growth rates.

**Balance billing:** In the Medicare program, the practice of billing a Medicare beneficiary in excess of Medicare's allowed charge is known as balance billing. The balance billing amount is the difference between Medicare's allowed charge and the provider's actual charge to the patient.

**Capitation payment:** A capitation payment is a predetermined, per-member, per-month payment from the Medicare program to risk health maintenance organizations (HMOs) (see health maintenance organization). Risk HMOs use the capitation payment to finance all necessary Medicare-covered services provided to Medicare beneficiaries enrolled in the HMO. The amount paid for each Medicare enrollee does not depend on the actual cost of services provided to the individual.

**Chronic conditions:** Chronic conditions consists of heart disease, cancer (other than skin cancer), Alzheimer's disease/other dementias, mental illness/disorder (depression/anxiety disorders), hypertension (high blood pressure), diabetes, arthritis, osteoporosis, broken hip, pulmonary disease, stroke, Parkinson's disease, and urinary incontinence that occurs once a week or more often. In 2003, cancer (other than skin cancer), Alzheimer's disease/other dementias, and mental

illness/disorder (depression/anxiety disorders) were added to the list of chronic conditions.

**Claim-only event:** A claim-only event is a medical service or event known only through the presence of a Medicare claim. The event did not originate from, and was not matched to, an event or service reported by a sample person during an interview.

**Coinsurance:** A coinsurance is the percentage of covered hospital or medical expense, after subtraction of any deductible, for which an insured person is responsible. For example, after the annual deductible has been met, Medicare will generally pay 80 percent of approved charges for services and supplies covered under Medicare Part B. The remaining 20 percent of the approved charge is the coinsurance amount, for which the beneficiary is liable.

**Copayment:** A copayment is a form of cost-sharing whereby the insured pays a specific amount at the point of service or use (e.g., \$10 per doctor visit).

**Cost-sharing liability:** Cost-sharing is the portion of payment to a provider of health care services that is the liability of the patient. Cost-sharing liabilities include deductibles, copayments, coinsurance, and balance billing amounts.

**Deductible:** A deductible is an initial expense of a specific amount of approved charges for covered services within a given time period (e.g., \$100 per year) payable by an insured person before the insurer assumes liability for any additional costs of covered services. For example, from the first day through the 60th day of an inpatient hospital stay in 2004, Medicare Part A paid for all covered services except for the first \$876. The \$876 constituted the inpatient hospital deductible.

**Dental service:** The basic unit measuring use of dental services is a single visit to the dentist, at which time a variety of services, including cleaning, x-rays, and an exam, might be rendered.

**End-stage renal disease (ESRD):** End-stage renal disease is that state of kidney impairment that is irreversible, cannot be controlled by conservative management alone, and requires dialysis or kidney transplantation to maintain life.

**Fee-for-service payment:** Fee-for-service is a method of paying for medical services in which each service delivered by a provider bears a charge. This charge is paid by the patient receiving the service or by an insurer on behalf of the patient.

**Functional limitations:** Sample persons who reported no limitations in any of the activities of daily living (ADLs) or instrumental activities of daily living (IADLs) due to health problems were included in the category “none.” Sample persons with limitations in at least one IADL, but no ADL, were included in the category “IADL only.” Sample persons with ADL limitations were categorized by the number of limitations (1 to 2, 3 to 5) regardless of the presence or number of IADL limitations. Sample persons who were administered a community interview answered questions about their functional limitations themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person’s functional limitations for long-term care facility interviews.

**Health maintenance organization (HMO):** An HMO provides, or arranges for the provision of, a comprehensive package of health care services to enrolled persons for a fixed capitation payment (see capitation payment). The term “Medicare HMO” includes all types of HMOs that contract with Medicare, encompassing risk HMOs, cost HMOs, and health care prepayment plans (HCPPs). Risk HMOs are paid on a capitation basis to provide Part A and Part B services to Medicare enrollees. Cost HMOs are paid by Medicare on a reasonable

cost basis to provide Part A and Part B services to Medicare enrollees. HCPPs are paid by Medicare on a reasonable cost basis to provide Part B services to Medicare enrollees.

**Health status:** A sample person was asked to rate his or her general health compared to other people of the same age. Sample persons who were administered a community interview answered health status questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status for long-term care facility interviews.

**Heart disease:** The category heart disease includes myocardial infarction (heart attack), angina pectoris or coronary heart disease, congestive heart failure, problems with valves in the heart, or problems with rhythm of the heartbeat.

**Income:** Income is for calendar year 2004. It is for the sample person, or the sample person and spouse if the sample person was married in 2004. All sources of income from jobs, pensions, Social Security benefits, Railroad Retirement and other retirement income, Supplemental Security Income (SSI), interest, dividends, and other income sources are included. This sourcebook categorizes the continuous income variable into nine income classes.

**Inpatient hospital stay:** The basic unit measuring use of inpatient hospital services is a single admission. Inpatient hospital expenses include charges for an emergency room visit that resulted in an inpatient admission. Inpatient hospital events are included in the 2004 cost and use files if the discharge date for the stay was in 2004.

**Instrumental activities of daily living (IADLs):** Instrumental activities of daily living are activities related to independent living. They include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone. If a sample person had any difficulty performing an activity by

himself/herself, or did not perform the activity at all, because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews. Facility interviewers did not ask about the sample person's ability to prepare meals or perform light or heavy housework, since they are not applicable to the sample person's situation; however, interviewers did question proxies about the sample person's ability to manage money, shop for groceries or personal items, or use a telephone.

**Insurance coverage:** Insurance categories were derived from annual insurance coverage variables in the 2004 Cost and Use files. The annual variables indicate whether a sample person held that type of insurance at some point during 2004. Insurance categories in this sourcebook were constructed to be mutually exclusive by prioritizing insurance holdings. Medicaid coverage had the highest priority; i.e., if a sample person was eligible for Medicaid benefits at some point during 2004, the person was included in the Medicaid category, regardless of other insurance holdings during the year. Enrollment in a Medicare HMO had the second-highest priority, after Medicaid eligibility. Other public health insurance plans, including Veterans Administration eligibility or a State-sponsored drug plan, are distributed across the insurance categories according to the sample person's highest-priority insurance coverage. For example, a person eligible for Medicaid coverage who was also eligible for a State-sponsored drug plan is categorized under "Medicaid."

The categories defined below apply to community residents. Facility residents have only four insurance categories: Medicare fee-for-service-only, Medicaid, private insurance, and Medicare HMO. No distinction was made during the collection of the facility data as to the source of

a private health insurance plan. The four insurance categories are analogous to those defined below for community residents. For beneficiaries who resided in a long-term care facility for part of the year and in the community for part of the year, community insurance status is shown.

- **Medicare fee-for-service-only** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who did not have Medicaid coverage, private insurance, and who were not enrolled in a private or Medicare HMO at any time during 2004. However, sample persons may have had other public insurance coverage, such as a State-sponsored prescription drug plan, or may have been eligible for Veterans Administration health care benefits.
- **Medicaid** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who were eligible for State Medicaid benefits at some point during 2004, regardless of the person's other insurance holdings.
- **Individually-purchased private insurance** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had self-purchased private insurance plans ("Medigap" insurance), but did not have Medicaid, private or Medicare HMO, or employer-sponsored private insurance coverage at any point during 2004.
- **Employer-sponsored private insurance** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had employer-purchased private insurance plans, but did not have Medicaid, Medicare HMO, or self-purchased private insurance coverage at any point during 2004. Sample persons enrolled in private HMOs, who did not have Medicaid or Medicare HMO coverage at any point during 2004, are also included in this category.

- **Both types of private insurance** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had both employer-sponsored private insurance and self-purchased private insurance, but who did not have Medicaid or Medicare HMO coverage at any point during 2004.
- **Medicare HMO** encompasses sample persons enrolled in any type of Medicare HMO, who were not eligible for Medicaid benefits at any point during 2004. The category includes beneficiaries enrolled in Medicare risk HMOs, Medicare cost HMOs, and health care prepayment plans (see health maintenance organization).

**Living arrangement:** For community residents, sample persons were separated into mutually exclusive categories: 1) beneficiary lives alone, 2) beneficiary lives with a spouse only, or lives with a spouse and other relatives or nonrelatives, 3) beneficiary lives with his or her children, or lives with his or her children and other relatives or nonrelatives, but does not live with a spouse, or 4) beneficiary lives with other relatives or nonrelatives, but not with his or her children or a spouse. For beneficiaries who resided in a long-term care facility for part of the year and in the community for part of the year, community residence status is shown.

**Long-term care facility:** The basic unit measuring use of facility services is a "stay" in a long-term care facility. Stays are measured in terms of days of residence in that facility. If the beneficiary was still in the facility at the end of the year, the stay is not complete, but all data for 2004 are present. To qualify for the survey, a long-term care facility must have three or more long-term care beds, and provide either personal care services to residents, provide continuous supervision of residents, or provide long-term care services throughout the facility or in a separately identifiable unit. Types of long-term care facilities include licensed nursing homes, skilled nursing homes, intermediate care facilities, retirement homes, domiciliary or personal care facilities.

ties, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the mentally retarded and developmentally disabled. If noted in footnotes, long-term care facility use and expenditures in this sourcebook include short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported either during a community interview or created through Medicare claims data. Institutional events are included in the 2004 cost and use files if the discharge date for the stay was in 2004.

**Medicare home health services:** Home health care services are narrowly defined in the MCBS public use files. Home health care is limited to skilled nursing services and other therapeutic services provided by a Medicare participating home health agency. In the MCBS, home health use represents events where medical care, as opposed to personal care and support, was furnished to the sample person. Medicare pays 100 percent of the approved cost of covered home health visits, and 80 percent of the approved cost of durable medical equipment.

**Medicare hospice services:** Hospice services are narrowly defined in the MCBS public use files. Hospice care is limited to Medicare-covered services for terminally ill individuals who have elected to receive hospice care rather than standard Medicare benefits. Hospice services include medical, nursing, counseling, and other supportive services rendered to terminally ill people and their families. Hospice care is intended to be palliative and to improve quality of life rather than to cure disease or extend life. Almost all services provided to the hospice beneficiary are fully covered by Medicare. Two exceptions are prescribed medicines and inpatient respite care. These two types of services require a small amount of copayment.

**Mental illnesses/disorders:** The category mental illnesses/disorders includes mental retardation, depression, and other mental disorders. This definition was expanded to include mental retardation, schizophrenia, and manic depression for facility residents in 1997; and it was further expanded to include depression for community residents in 2000.

**Missing values:** When amounts (e.g., beneficiary counts or expenditures per beneficiary) are displayed in a table in this sourcebook, sample persons with missing responses or who belong to a category of a variable not shown in the table (e.g., “other” for the variable “race/ethnicity”) are excluded from individual categories displayed, but are included in the total. When column or row percentages are displayed in a table, sample persons with missing responses are assumed to be distributed the same as reported data and are included in the percentages. That is, column or row percentages sum to 100 percent of the column or row total.

**Mobility limitation:** If the sample person had no difficulty at all walking a quarter of a mile, the response was coded as “no.” If the sample person had a little, some, or a lot of difficulty, or could not walk a quarter of a mile, the response was coded as “yes.” The response reflects whether the sample person usually had trouble walking, rather than temporary difficulty, such as from a short-term injury. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person’s health status and functioning for long-term care facility interviews.

**Outpatient hospital services:** For a survey-reported event, the basic unit measuring use of outpatient services is a separate visit to any part of an outpatient department or outpatient clinic at a hospital. For Medicare claim-only events, it may represent 1) a single visit; 2) multiple procedures or services within one visit; or 3) multiple visits billed together. Outpatient hospital events include emergency room visits that did not result in an inpatient hospital admission.

**Personal health care expenditures:** Personal health care expenditures consist of health care goods and services purchased directly by individuals. They exclude public program administration costs, the net cost of private health insurance, research by nonprofit groups and government entities, and the value of new construction put in place for hospitals and nursing homes.

- **Total personal health care expenditures** in this source-book equal the sum of expenditures by Medicare, Medicaid, private insurance, out-of-pocket, and other sources, as defined below.
- **Long-term care facility expenditures** include expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported during a community interview or created through Medicare claims data as noted in footnotes.
- **Medicare expenditures** equal Medicare program payments for fee-for-service beneficiaries, annual capitation payments to Medicare HMOs on behalf of enrollees,<sup>1</sup> and pass-through expenses for inpatient hospital services (see definition below). They exclude reported or imputed charges for individual events reported by Medicare HMO enrollees. Capitation payments were allocated across medical service types in the same proportions as Medicare fee-for-service payments for medical service types.

- Medicare expenditures for **inpatient hospital services** include pass-through expenses. Medicare's Prospective Payment System (PPS) for inpatient hospital services pays a fixed, predetermined amount per case. However, this payment excludes some hospital expenses, particularly for capital costs, that are reimbursed on a cost basis (i.e., capital costs are "passed through" for payment). In order to calculate total Medicare program payments (actual PPS case payment plus the prorated share of pass-through costs), estimated pass-through costs were added to charges for inpatient hospital events.
- Medicare expenditures for **long-term care services** consist of payments made by Medicare to long-term care facilities for skilled nursing or skilled rehabilitation services that are not included in any of the other event records.
- **Medicaid expenditures** consist of payments for services made by State Medicaid programs. Medicaid covers coinsurance amounts, copayments, deductibles, and charges for some non-Medicare covered services not paid for by other public or private insurance plans.
- **Private insurance expenditures** consist of payments made by individually-purchased private insurance plans and employer-sponsored private insurance plans, plus payments reported by or imputed for sample persons enrolled in private health maintenance organizations. The definition applies to community residents and part-year community/part-year facility residents. For facility residents, private insurance expenditures consist of payments made by private health insurance plans, whose sources (i.e., individual purchase or employer-sponsored) are unknown. No distinction was made during the collection of the facility data as to the source of private health insurance plans.

<sup>1</sup> In this sourcebook, the following changes were made in calculating total Medicare HMO expenditures: a) administrative cost (about 10 percent of the total annual Medicare HMO capitated payments) was subtracted from the total annual Medicare HMO capitated payments; and b) annual Medicare HMO premiums were added to the total annual Medicare HMO capitated payments.



- **Out-of-pocket expenditures** consist of direct payments to providers made by the sample person, or by another person on behalf of the sample person. These payments are for coinsurance amounts, copayments, deductibles, balance billings, and charges for non-Medicare covered services not paid for by public or private insurance plans.
- **Other source expenditures** consist of payments made by other public health plans and private liability insurance plans. For sample persons who resided in the community, examples of other public sources of payment include State pharmaceutical assistance programs and payments for sample persons who received medical services from the Veterans Administration. For sample persons who resided in a long-term care facility, examples of other public sources of payment include payments from State, county, or community departments of mental health, State supplemental assistance and welfare programs, and Black Lung funds.

**Physician/supplier services:** Physician/supplier services include medical doctor, osteopathic doctor, and health practitioner visits; diagnostic laboratory and radiology services; medical and surgical services; durable medical equipment; and nondurable medical supplies. Health practitioners include audiologists, optometrists, chiropractors, podiatrists, mental health professionals, therapists, nurses, paramedics, and physician's assistants. For survey-reported events, the basic unit measuring use of physician/supplier services is a separate visit, procedure, service, or purchase of a medical supply or medical equipment. For Medicare claim-only events, it may represent 1) single or multiple visits; 2) single or multiple procedures; 3) single or multiple services; or 4) single or multiple supplies, depending on the number of items bundled together on a single bill.

**Prescription medicines:** The basic unit measuring use of prescription medicines is a single purchase of a single drug in a single container. Prescription drug use is collected only for sample persons living in the community, and does not include prescription medicines administered during an inpatient hospital stay.

**Pulmonary disease:** The category pulmonary disease includes emphysema, asthma, and cardiopulmonary disease.

**Race/ethnicity:** Race and ethnic categories were recorded as interpreted by the respondent. Sample persons who reported they were white and not of Hispanic ancestry were coded as white non-Hispanic; those who reported they were black/African American and not of Hispanic ancestry were coded as black non-Hispanic; persons who reported they were of Hispanic ancestry, regardless of their race, were coded as Hispanic; persons who reported they were American Indian, an Asian or Pacific Islander, or other race and not of Hispanic ancestry were coded as other race/ethnicity. Hispanic includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Beginning in calendar year 1998, sample persons with more than one racial background were captured in a separate category and collapsed into the "other" category in the sourcebook.

**Residence status:** Community residents are Medicare beneficiaries who lived solely in household units during 2004, referred to as "community settings" in this sourcebook, and who received community interviews only. Long-term care facility residents are Medicare beneficiaries who lived solely in a long-term care facility during 2004 (see long-term care facility), and who received facility interviews only. Part-year community/part-year facility residents are Medicare beneficiaries who lived part of the year in the community and part of the year in a long-term care facility, and who received both community and facility interviews. When part-year community/part-year facility residents are included in a table, their community status is shown.

**Satisfaction with care:** In section 5 of the detailed tables, “(Very) Unsatisfied” includes a response of either “unsatisfied” or “very unsatisfied.” Sample persons with responses of “satisfied” and “no experience” are not shown in the tables but are included in the total population, which constitutes the denominator for calculating percentages of persons with a given response. The questions about satisfaction with care represent the respondent’s general opinion of all medical care received in the year preceding the interview.

- **General care** refers to the sample person’s rating of the overall quality of medical care received. Of the 10,992 community-only resident sample persons represented in the tables, 6,965 responded they were “satisfied,” and 300 responded they had “no experience.”
- **Follow-up care** refers to the sample person’s rating of follow-up care received after an initial treatment or operation. Of the 10,992 community-only resident sample persons represented in the tables, 7,471 responded they were “satisfied,” and 1,028 responded they had “no experience.”
- **Availability** refers to the sample person’s rating of the availability of medical care at night and on weekends. Of the 10,992 community-only resident sample persons represented in the tables, 5,066 responded they were “satisfied,” and 4,337 responded they had “no experience.”
- **Ease of access to doctor** refers to the sample person’s rating of the ease and convenience of getting to a doctor from her or his residence. Of the 10,992 community-only resident sample persons represented in the tables, 7,891 responded they were “satisfied,” and 242 responded they had “no experience.”
- **Can obtain care in same location** refers to the sample person’s rating of his or her ability to get all medical care needs taken

care of at the same location. Of the 10,992 community-only resident sample persons represented in the tables, 7,353 responded they were “satisfied,” and 1,403 responded they had “no experience.”

- **Information from doctor** refers to the sample person’s rating of the information given to the sample person about what was wrong with him or her. Of the 10,992 community-only resident sample persons represented in the tables, 8,056 responded they were “satisfied,” and 327 responded they had “no experience.”
- **Doctor’s concern for overall health** refers to the sample person’s rating of the doctor’s concerns for her or his overall health rather than for an isolated symptom or disease. Of the 10,992 community-only resident sample persons represented in the tables, 7,707 responded they were “satisfied,” and 379 responded they had “no experience.”
- **Cost** refers to the sample person’s rating of the out-of-pocket costs he or she paid for medical care. Of the 10,992 community-only resident sample persons represented in the tables, 7,026 responded they were “satisfied,” and 384 responded they had “no experience.”

**Schooling:** Schooling categories are based on the highest school grade completed. Before calendar year 1998, education does not specify education or training received in vocational, trade, or business schools outside of the regular school system. Since calendar year 1998, education or training received at these types of institutions are collapsed into “13–15 years” of schooling.

**Smoker:** Smoker categories in this sourcebook are mutually exclusive. Sample persons who had never smoked were categorized as “never smoked.” Sample persons who smoked previously but were not



current smokers were categorized as “former smoker.” Sample persons who reported they currently smoked were categorized as “current smoker.” Smoking includes a period of regular smoking of cigarettes or pipes, but does not include use of other forms of tobacco, such as chewing tobacco.

**Social activity limitation:** If the sample person responded that health had not limited her or his social life in the past month, the response was coded as “no.” If the sample person responded that health had limited her or his social life in the past month some, most, or all of the time, the response was coded as “yes.” Limitations on social life include limitations on visiting with friends or close relatives, and reflect the sample person’s experience over the preceding month, even if that experience was atypical. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person’s health status and functioning for long-term care facility interviews.

**Source of payment:** See personal health care expenditures.

**Survey-reported event:** A survey-reported event is a medical service or event reported by a sample person during an interview. The event may have been matched to a Medicare claim, or it may be a survey-only event, in which case it was not matched to a Medicare claim and is only known through the survey.

**Upper extremity limitation:** If the sample person had no difficulty at all reaching or extending his or her arms above shoulder level, and had no difficulty writing or handling and grasping small objects, the response was coded as “no.” If the sample person had a little, some, or a lot of difficulty with these tasks, or could not do them at all, the response was coded as “yes.” The response reflects whether the sample person usually had trouble reaching over her or his head or writing, rather than temporary difficulty, such as from a short-term injury. Sam-

ple persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person’s health status and functioning for long-term care facility interviews.

**Urinary incontinence:** If the sample person had lost urine beyond his or her control at least once during the past 12 months, the response was coded as “yes.” If the sample person was on dialysis or had a catheter, the response was coded as missing.

**User rate:** A user rate is defined as the percentage of beneficiaries with the given characteristics who used at least one of the relevant services during calendar year 2004. For example, the dental services user rate for persons age 85 or older who had Medicaid coverage is equal to the number of beneficiaries age 85 or older with Medicaid coverage who had at least one dental visit in 2004, divided by the total number of persons age 85 or older with Medicaid coverage.

**Usual source of care:** If the sample person responded that he or she did not have a particular medical person or clinic where he or she usually went for care or advice about health, the response was coded as “none.” If the sample person responded that he or she did have a usual source of care, the sample person was questioned about the type of place. “Other clinic/health center” includes a neighborhood or family health center, a freestanding surgical center, a rural health clinic, a company clinic, any other kind of clinic, a walk-in urgent center, a home visit from a doctor, care in a Veterans Administration facility, a mental health center, or other place not included in the listed categories.