

**Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2008**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>All Beneficiaries (in 1,000s)</b>	36,785	42,274	44,982	46,048	2.37	1.72	1.26
	62	124	121	150			
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Medicare Status</b>							
65 years and older	90.00	85.61	83.95	83.95	0.00	-0.39	-0.45
	0.10	0.22	0.33	0.31			
64 years and younger	10.00	14.39	16.05	16.05	0.00	2.21	3.33
	0.10	0.22	0.33	0.31			
<b>Gender</b>							
Male	42.92	44.02	44.64	44.95	0.69	0.42	0.23
	0.25	0.30	0.31	0.34			
Female	57.08	55.98	55.36	55.05	-0.56	-0.33	-0.17
	0.25	0.30	0.31	0.34			
<b>Race/Ethnicity</b>							
White Non-Hispanic	84.21	78.42	78.42	78.13	-0.37	-0.07	-0.64
	0.55	0.55	0.48	0.45			
All others	15.79	21.58	21.58	21.87	1.34	0.27	2.85
	0.55	0.55	0.48	0.45			
<b>Functional Limitation</b>							
None	52.13	54.69	55.11	56.90	3.25	0.80	0.43
	0.62	0.51	0.66	0.54			
IADL only <sup>1</sup>	21.96	21.72	22.51	20.85	-7.37	-0.81	-0.10
	0.41	0.36	0.45	0.46			
One to two ADLs <sup>2</sup>	14.51	13.27	12.94	12.79	-1.16	-0.73	-0.80
	0.35	0.33	0.38	0.39			
Three to five ADLs	11.40	10.32	9.43	9.47	0.42	-1.70	-0.89
	0.33	0.27	0.33	0.31			

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<b>All Beneficiaries (in 1,000s)</b>	36,785	42,274	44,982	46,048	2.37	1.72	1.26
	62	124	121	150			
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Usual Source of Care</b>							
No usual source of care	9.55	4.55	4.75	5.07	6.74	2.19	-6.45
	0.35	0.23	0.25	0.25			
Has usual source of care	90.45	95.45	95.25	94.93	-0.34	-0.11	0.49
	0.35	0.23	0.25	0.25			
<b>Living Arrangement</b>							
<b>Community</b>							
Alone	27.00	28.85	28.67	28.96	1.01	0.08	0.60
	0.36	0.43	0.47	0.55			
With spouse	51.17	49.40	49.25	49.13	-0.24	-0.11	-0.32
	0.39	0.48	0.42	0.54			
With children/others	16.74	17.21	17.79	17.78	-0.06	0.65	0.25
	0.36	0.37	0.40	0.43			
<b>Long-Term Care Facility</b>	5.09	4.55	4.29	4.13	-3.73	-1.92	-1.00
	0.18	0.15	0.16	0.15			
<b>Health Insurance</b>							
Medicare fee-for-service only	11.88	9.88	8.25	7.93	-3.88	-4.30	-1.65
	0.37	0.38	0.31	0.30			
Medicaid	16.27	19.29	20.06	20.30	1.20	1.03	1.54
	0.45	0.42	0.40	0.39			
Private health insurance	65.82	58.81	53.30	51.76	-2.89	-2.52	-1.01
	0.59	0.58	0.64	0.63			
Medicare HMO <sup>3</sup>	6.03	12.02	18.39	20.02	8.86	10.74	6.41
	0.30	0.30	0.50	0.47			

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All Medicare Beneficiaries

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>All Beneficiaries (in 1,000s)</b>	36,785	42,274	44,982	46,048	2.37	1.72	1.26
	<i>62</i>	<i>124</i>	<i>121</i>	<i>150</i>			
<b>Beneficiaries as a Percentage of Column Total</b>							
<b>Share of Income</b>							
Lowest income quartile	6.66	6.88	5.98	6.49	8.53	-1.16	0.29
	<i>0.22</i>	<i>0.16</i>	<i>0.34</i>	<i>0.24</i>			
Second income quartile	13.29	14.53	13.30	12.97	-2.48	-2.25	0.81
	<i>0.41</i>	<i>0.37</i>	<i>0.84</i>	<i>0.50</i>			
Third income quartile	24.47	25.88	21.10	22.22	5.31	-3.00	0.51
	<i>0.66</i>	<i>0.59</i>	<i>1.33</i>	<i>0.81</i>			
Highest income quartile	55.58	52.70	59.62	58.32	-2.18	2.05	-0.48
	<i>1.05</i>	<i>0.83</i>	<i>2.40</i>	<i>1.41</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files, and Access to Care Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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, 1992-2008**  
**(Total expenditures in millions of nominal dollars)**

All Medicare Beneficiaries

Medical Service	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Medical Services</b>							
All beneficiaries	\$247,037	\$521,292	\$693,385	\$727,190	4.88	6.88	6.95
	4,091	10,729	8,638	12,583			
Beneficiaries 65 years and older	213,755	437,044	569,957	592,680	3.99	6.28	6.65
	3,608	7,360	7,942	10,068			
Beneficiaries 64 years and younger	33,282	84,248	123,429	134,510	8.98	9.81	8.72
	2,029	6,040	5,524	5,815			
<b>Inpatient Hospital Services</b>							
All beneficiaries	81,061	141,085	161,711	174,254	7.76	4.31	5.11
	2,145	6,438	4,253	6,054			
Beneficiaries 65 years and older	71,036	116,415	132,998	141,155	6.13	3.93	4.55
	2,045	3,980	4,091	4,613			
Beneficiaries 64 years and younger	10,025	24,670	28,713	33,100	15.28	6.06	8.44
	788	4,593	2,139	3,618			
<b>Outpatient Hospital Services</b>							
All beneficiaries	19,294	47,541	67,597	69,626	3.00	7.93	8.45
	623	1,618	2,501	2,222			
Beneficiaries 65 years and older	15,756	38,116	54,518	53,279	-2.27	6.93	8.28
	534	1,493	2,224	1,713			
Beneficiaries 64 years and younger	3,538	9,424	13,079	16,347	24.99	11.65	9.22
	286	647	1,081	1,277			
<b>Physician/Supplier Services</b>							
All beneficiaries	57,367	136,841	171,693	185,878	8.26	6.32	8.14
	1,022	2,620	2,636	4,075			
Beneficiaries 65 years and older	51,593	116,446	145,842	157,804	8.20	6.27	7.60
	1,010	2,189	2,622	3,775			
Beneficiaries 64 years and younger	5,774	20,395	25,851	28,073	8.60	6.60	12.03
	286	1,310	1,376	1,650			

**Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2008**  
**(Total expenditures in millions of nominal dollars)**

All Medicare Beneficiaries

Medical Service	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Dental Services</b>							
All beneficiaries	\$4,882	\$11,720	\$15,077	\$16,720	10.90	7.36	8.20
	152	341	571	671			
Beneficiaries 65 years and older	4,469	10,469	13,779	14,627	6.15	6.92	7.96
	138	330	536	566			
Beneficiaries 64 years and younger	413	1,251	1,298	2,093	61.25	10.84	10.49
	51	162	127	363			
<b>Prescription Medicines</b>							
All beneficiaries	16,231	67,014	119,151	129,653	8.81	14.11	13.61
	231	1,076	1,418	1,790			
Beneficiaries 65 years and older	13,934	53,287	88,212	95,517	8.28	12.38	12.83
	229	877	1,194	1,289			
Beneficiaries 64 years and younger	2,297	13,727	30,939	34,136	10.33	19.99	17.46
	102	572	1,233	1,385			
<b>Medicare Hospice Services</b>							
All beneficiaries	868	6,019	8,795	10,550	19.95	11.88	19.04
	137	682	792	873			
Beneficiaries 65 years and older	831	5,784	8,203	10,032	22.30	11.64	19.08
	135	656	760	865			
Beneficiaries 64 years and younger	37	235	592	518	-12.50	17.13	18.10
	23	115	283	192			
<b>Medicare Home Health Services</b>							
All beneficiaries	9,189	14,881	20,856	22,784	9.24	8.89	4.43
	638	1,068	1,171	1,265			
Beneficiaries 65 years and older	8,540	13,633	18,632	20,782	11.54	8.80	4.30
	611	1,024	1,120	1,203			
Beneficiaries 64 years and younger	649	1,249	2,224	2,002	-9.98	9.90	6.07
	108	191	349	287			

**Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2008**  
**(Total expenditures in millions of nominal dollars)**

All Medicare Beneficiaries

Medical Service	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Long-Term Facility Care<sup>1</sup></b>							
All beneficiaries	\$58,146	\$96,191	\$128,505	\$117,725	-8.39	4.12	4.63
	<i>2,909</i>	<i>2,723</i>	<i>4,801</i>	<i>4,115</i>			
Beneficiaries 65 years and older	47,596	82,894	107,772	99,484	-7.69	3.72	5.12
	<i>1,916</i>	<i>2,633</i>	<i>3,696</i>	<i>3,365</i>			
Beneficiaries 64 years and younger	10,550	13,298	20,732	18,242	-12.01	6.53	2.11
	<i>1,634</i>	<i>1,316</i>	<i>2,624</i>	<i>2,335</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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, 1992-2008**

All Medicare Beneficiaries

Medical Service	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037 4,091	\$521,292 10,729	\$693,385 8,638	\$727,190 12,583	4.88	6.88	6.95
<b>Source of Payment (percent)</b>							
Medicare	53.28 0.83	53.73 0.68	61.05 0.66	62.24 0.63	1.95	2.98	0.08
Medicaid	13.99 0.81	10.71 0.42	8.28 0.36	8.24 0.40	-0.48	-5.11	-2.38
Private insurance	9.88 0.38	12.84 0.29	11.35 0.35	11.45 0.45	0.88	-2.27	2.39
Out of pocket	19.73 0.41	19.06 0.59	16.66 0.42	15.66 0.41	-6.00	-3.85	-0.31
Other source	3.11 0.26	3.66 0.22	2.66 0.19	2.40 0.15	-9.77	-8.09	1.48
<b>Total Inpatient Hospital Expenditures (millions of \$)</b>	\$81,061 2,145	\$141,085 6,438	\$161,711 4,253	\$174,254 6,054	7.76	4.31	5.11
<b>Percentage of Total Health Care Expenditures</b>	32.81 0.66	27.06 0.78	23.32 0.46	23.96 0.55	2.74	-2.40	-1.72
<b>Source of Payment (percent)</b>							
Medicare	87.08 0.85	86.22 1.72	88.15 0.78	85.15 1.28	-3.40	-0.25	-0.09
Medicaid	1.44 0.10	1.19 0.08	1.20 0.07	1.37 0.23	14.17	2.86	-1.70
Private insurance	7.47 0.79	6.46 0.44	7.13 0.60	8.99 1.26	26.09	6.83	-1.30
Out of pocket	1.93 0.23	4.87 1.79	2.81 0.38	3.28 0.35	16.73	-7.60	8.69
Other source	2.07 0.30	1.26 0.29	0.70 0.28	1.21 0.27	72.86	-0.81	-4.37

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All Medicare Beneficiaries

Medical Service	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037 4,091	\$521,292 10,729	\$693,385 8,638	\$727,190 12,583	4.88	6.88	6.95
<b>Total Outpatient Hospital Expenditures (millions of \$)</b>	\$19,294 623	\$47,541 1,618	\$67,597 2,501	\$69,626 2,222	3.00	7.93	8.45
<b>Percentage of Total Health Care Expenditures</b>	7.81 0.22	9.12 0.31	9.75 0.34	9.57 0.25	-1.85	0.97	1.41
<b>Source of Payment (percent)</b>							
Medicare	62.05 0.77	65.47 1.10	68.56 2.33	72.65 1.20	5.97	2.10	0.48
Medicaid	3.90 0.28	2.71 0.22	2.15 0.19	4.44 1.03	106.51	10.38	-3.22
Private insurance	20.29 0.69	19.18 0.84	18.23 2.06	14.30 0.61	-21.56	-5.70	-0.51
Out of pocket	9.63 0.40	10.39 0.80	9.75 1.48	7.07 0.66	-27.49	-7.41	0.69
Other source	4.13 0.41	2.24 0.25	1.31 0.27	1.54 0.43	17.56	-7.22	-5.36
<b>Total Physician/Supplier Services Expenditures (millions of \$)</b>	\$57,367 1,022	\$136,841 2,620	\$171,693 2,636	\$185,878 4,075	8.26	6.32	8.14
<b>Percentage of Total Health Care Expenditures</b>	23.22 0.39	26.25 0.39	24.76 0.35	25.56 0.35	3.23	-0.53	1.11



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<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037 4,091	\$521,292 10,729	\$693,385 8,638	\$727,190 12,583	4.88	6.88	6.95
<b>Source of Payment (percent)</b>							
Medicare	63.44 0.40	65.41 0.73	68.15 0.66	66.82 1.03	-1.95	0.43	0.28
Medicaid	2.86 0.15	2.49 0.15	2.18 0.14	2.49 0.31	14.22	0.00	-1.24
Private insurance	14.87 0.35	13.90 0.33	12.88 0.24	13.32 0.64	3.42	-0.85	-0.61
Out of pocket	17.79 0.32	16.93 0.66	16.22 0.64	16.61 0.96	2.40	-0.38	-0.44
Other source	1.05 0.11	1.28 0.34	0.56 0.06	0.76 0.12	35.71	-9.90	1.80
<b>Total Dental Services Expenditures (millions of \$)</b>	\$4,882 152	\$11,720 341	\$15,077 571	\$16,720 671	10.90	7.36	8.20
<b>Percentage of Total Health Care Expenditures</b>	1.98 0.07	2.25 0.08	2.17 0.08	2.30 0.10	5.99	0.44	1.16
<b>Source of Payment (percent)</b>							
Medicare	0.11 0.03	1.37 0.07	2.01 0.10	2.18 0.12	8.46	9.74	25.48
Medicaid	2.18 0.24	0.90 0.14	0.94 0.17	1.00 0.21	6.38	2.13	-7.65
Private insurance	11.87 0.64	20.11 0.97	18.87 1.04	19.51 1.09	3.39	-0.60	4.86
Out of pocket	82.92 0.82	76.27 1.02	77.47 1.10	76.28 1.10	-1.54	0.00	-0.75
Other source	2.92 0.49	1.35 0.32	0.71 0.17	1.03 0.19	45.07	-5.27	-6.71

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All Medicare Beneficiaries

Medical Service	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037 4,091	\$521,292 10,729	\$693,385 8,638	\$727,190 12,583	4.88	6.88	6.95
<b>Total Prescription Medicine Expenditures (millions of \$)</b>	\$16,231 231	\$67,014 1,076	\$119,151 1,418	\$129,653 1,790	8.81	14.11	13.61
<b>Percentage of Total Health Care Expenditures</b>	6.57 0.13	12.86 0.25	17.18 0.24	17.83 0.31	3.78	6.75	6.23
<b>Source of Payment (percent)</b>							
Medicare	0.32 0.06	4.26 0.15	52.76 0.79	55.55 0.72	5.29	67.13	26.24
Medicaid	10.25 0.39	15.29 0.60	0.64 0.08	0.88 0.12	37.50	-43.50	3.66
Private insurance	25.45 0.69	36.13 0.66	21.03 0.61	19.53 0.61	-7.13	-11.58	3.20
Out of pocket	57.48 0.71	32.58 0.52	19.61 0.24	18.34 0.27	-6.48	-10.86	-4.98
Other source	6.51 0.44	11.74 0.45	5.97 0.32	5.69 0.37	-4.69	-13.49	5.45
<b>Total Hospice Services Expenditures (millions of \$)</b>	\$868 137	\$6,019 682	\$8,795 792	\$10,550 873	19.95	11.88	19.04
<b>Percentage of Total Health Care Expenditures</b>	0.35 0.06	1.15 0.13	1.27 0.12	1.45 0.12	14.17	4.75	11.30

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All Medicare Beneficiaries

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<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037 4,091	\$521,292 10,729	\$693,385 8,638	\$727,190 12,583	4.88	6.88	6.95
<b>Source of Payment (percent)</b>							
Medicare	99.98 0.02	100.00 0.00	100.00 0.00	100.00 0.00	0.00	0.00	0.00
Medicaid	0.00 0.00	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	0.00	0.00
Out of pocket	0.02 0.02	0.00 0.00	0.00 0.00	0.00 0.00	0.00	0.00	-100.00
Other source	0.00 0.00	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>	\$9,189 638	\$14,881 1,068	\$20,856 1,171	\$22,784 1,265	9.24	8.89	4.43
<b>Percentage of Total Health Care Expenditures</b>	3.72 0.24	2.85 0.18	3.01 0.16	3.13 0.15	3.99	1.89	-2.37
<b>Source of Payment (percent)</b>							
Medicare	89.94 1.90	84.96 5.79	92.09 2.33	94.09 1.59	2.17	2.06	-0.51
Medicaid	0.96 0.32	1.60 0.56	0.77 0.12	1.13 0.47	46.75	-6.72	4.70
Private insurance	1.19 0.67	4.49 3.92	0.48 0.16	1.12 0.85	133.33	-24.25	12.69
Out of pocket	5.82 1.49	7.98 2.44	6.53 2.41	3.37 1.35	-48.39	-15.84	2.88
Other source	2.08 1.15	0.97 0.32	0.14 0.06	0.28 0.11	100.00	-22.00	-6.64

**Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2008**

All Medicare Beneficiaries

Medical Service	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Personal Health Care Expenditures (millions of \$)</b>	\$247,037 <i>4,091</i>	\$521,292 <i>10,729</i>	\$693,385 <i>8,638</i>	\$727,190 <i>12,583</i>	4.88	6.88	6.95
<b>Total Long-Term Facility Care<sup>1</sup> Expenditures (millions of \$)</b>	\$58,146 <i>2,909</i>	\$96,191 <i>2,723</i>	\$128,505 <i>4,801</i>	\$117,725 <i>4,115</i>	-8.39	4.12	4.63
<b>Percentage of Total Health Care Expenditures</b>	23.54 <i>1.02</i>	18.45 <i>0.47</i>	18.53 <i>0.59</i>	16.19 <i>0.52</i>	-12.63	-2.58	-2.17
<b>Source of Payment (percent)</b>							
Medicare	6.00 <i>0.47</i>	16.78 <i>0.79</i>	20.41 <i>1.05</i>	21.31 <i>0.99</i>	4.41	4.90	9.70
Medicaid	50.14 <i>2.02</i>	40.41 <i>1.49</i>	38.28 <i>1.43</i>	41.01 <i>1.64</i>	7.13	0.30	-1.92
Private insurance	1.87 <i>0.30</i>	2.54 <i>0.29</i>	3.69 <i>0.42</i>	3.45 <i>0.39</i>	-6.50	6.32	2.79
Out of pocket	36.46 <i>1.73</i>	33.71 <i>1.34</i>	31.23 <i>1.25</i>	29.76 <i>1.49</i>	-4.71	-2.46	-0.70
Other source	5.53 <i>0.90</i>	6.56 <i>0.73</i>	6.39 <i>0.77</i>	4.46 <i>0.65</i>	-30.20	-7.43	1.55

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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.

<sup>1</sup> 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, 1992-2008**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Personal Health Care Expenditures (millions of \$)</b>	\$247,037 4,091	\$521,292 10,729	\$693,385 8,638	\$727,190 12,583	4.88	6.88	6.95
<b>Percentage of Personal Health Care Expenditures<sup>1</sup></b>							
<b>Medicare Status</b>							
65 years and older	86.53 0.74	83.84 0.94	82.20 0.73	81.50 0.65	-0.85	-0.56	-0.28
64 years and younger	13.47 0.74	16.16 0.94	17.80 0.73	18.50 0.65	3.93	2.74	1.65
<b>Race/Ethnicity</b>							
White non-Hispanic	84.51 0.87	78.12 0.89	77.46 0.74	76.86 0.75	-0.77	-0.32	-0.71
All others	15.49 0.87	21.88 0.89	22.54 0.74	23.14 0.75	2.66	1.13	3.16
<b>Living Arrangement</b>							
<b>Community</b>							
Alone	22.18 0.69	26.03 0.78	26.58 0.73	26.86 0.95	1.05	0.63	1.45
With spouse	38.02 0.98	39.55 0.99	38.99 0.70	38.96 0.95	-0.08	-0.30	0.36
With children/others	16.45 0.90	16.90 0.92	17.94 0.63	18.56 0.82	3.46	1.89	0.24
<b>Long-Term Care Facility</b>	23.35 1.06	17.51 0.65	16.49 0.71	15.62 0.69	-5.28	-2.26	-2.56

**Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2008**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Personal Health Care Expenditures (millions of \$)</b>	\$247,037 4,091	\$521,292 10,729	\$693,385 8,638	\$727,190 12,583	4.88	6.88	6.95
<b>Percentage of Personal Health Care Expenditures<sup>1</sup></b>							
<b>Functional Limitation</b>							
None	25.85 0.85	32.66 0.96	33.87 0.78	35.19 0.89	3.90	1.50	2.13
IADL only <sup>2</sup>	20.09 0.87	21.80 0.67	23.20 0.78	22.85 0.75	-1.51	0.95	0.74
One to two ADLs <sup>3</sup>	20.23 0.79	17.95 0.72	17.29 0.73	16.38 0.75	-5.26	-1.81	-1.07
Three to five ADLs	33.83 0.99	27.59 0.87	25.65 0.84	25.57 0.89	-0.31	-1.51	-1.82
<b>Health Insurance<sup>4</sup></b>							
Medicare fee-for-service only	9.15 0.57	8.05 0.91	5.37 0.40	5.41 0.40	0.74	-7.64	-1.15
Medicaid	33.83 1.21	31.69 1.22	32.65 0.91	32.43 0.84	-0.67	0.46	-0.59
Private health insurance	51.81 1.24	50.86 1.03	47.44 0.91	45.54 0.97	-4.01	-2.19	-0.17

**Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2008**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Personal Health Care Expenditures (millions of \$)</b>	\$247,037	\$521,292	\$693,385	\$727,190	4.88	6.88	6.95
	<i>4,091</i>	<i>10,729</i>	<i>8,638</i>	<i>12,583</i>			
<b>Percentage of Personal Health Care Expenditures<sup>1</sup></b>							
<b>Income</b>							
Lowest income quartile	32.60	31.16	32.72	32.02	-2.14	0.55	-0.41
	<i>0.98</i>	<i>1.03</i>	<i>0.80</i>	<i>0.88</i>			
Second income quartile	26.57	25.29	27.60	25.11	-9.02	-0.14	-0.44
	<i>0.85</i>	<i>0.89</i>	<i>0.80</i>	<i>0.80</i>			
Third income quartile	22.47	24.72	20.30	22.98	13.20	-1.45	0.86
	<i>0.75</i>	<i>1.04</i>	<i>0.78</i>	<i>0.77</i>			
Highest income quartile	18.36	18.83	19.38	19.90	2.68	1.11	0.23
	<i>0.81</i>	<i>0.66</i>	<i>0.72</i>	<i>0.75</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Inpatient Hospital Expenditures (millions of \$)</b>	\$72,063	\$118,576	\$140,312	\$153,907	9.69	5.35	4.58
	2,095	5,272	3,842	5,967			
<b>Percentage of Total Inpatient Hospital Expenditures<sup>2</sup></b>							
<b>Medicare Status</b>							
65 years and older	86.92	83.53	81.35	79.58	-2.18	-0.96	-0.36
	1.01	2.61	1.37	1.87			
64 years and younger	13.08	16.47	18.65	20.42	9.49	4.39	2.10
	1.01	2.61	1.37	1.87			
<b>Race/Ethnicity</b>							
White non-Hispanic	82.19	74.76	74.81	74.63	-0.24	-0.03	-0.85
	1.59	1.87	1.43	1.89			
All others	17.81	25.24	25.19	25.37	0.71	0.10	3.19
	1.59	1.87	1.43	1.89			
<b>Functional Limitation</b>							
None	30.60	39.17	38.02	37.84	-0.47	-0.69	2.25
	1.43	2.45	1.49	1.84			
IADL only <sup>3</sup>	26.22	26.83	27.61	28.97	4.93	1.55	0.21
	1.59	1.60	1.31	1.84			
One to two ADLs <sup>4</sup>	23.33	17.75	19.84	17.77	-10.43	0.02	-2.43
	1.49	1.33	1.60	1.58			
Three to five ADLs	19.84	16.25	14.53	15.43	6.19	-1.03	-1.78
	1.39	1.49	1.32	1.85			



**Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Inpatient Hospital Expenditures (millions of \$)</b>	\$72,063	\$118,576	\$140,312	\$153,907	9.69	5.35	4.58
	<i>2,095</i>	<i>5,272</i>	<i>3,842</i>	<i>5,967</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	5.23	6.33	21.03	-10.12	1.39
	<i>0.96</i>	<i>2.77</i>	<i>0.70</i>	<i>0.96</i>			
Medicaid	19.67	23.39	25.18	24.26	-3.65	0.73	1.57
	<i>1.58</i>	<i>1.92</i>	<i>1.50</i>	<i>1.75</i>			
Private health insurance	62.81	55.76	53.04	51.27	-3.34	-1.67	-1.07
	<i>1.89</i>	<i>2.13</i>	<i>1.66</i>	<i>1.99</i>			
<b>Income</b>							
Lowest income quartile	26.54	27.14	32.79	30.25	-7.75	2.19	0.20
	<i>1.52</i>	<i>1.70</i>	<i>1.46</i>	<i>1.69</i>			
Second income quartile	29.87	26.20	26.43	27.46	3.90	0.94	-1.17
	<i>1.59</i>	<i>1.98</i>	<i>1.39</i>	<i>1.81</i>			
Third income quartile	22.35	27.41	21.02	24.88	18.36	-1.92	1.85
	<i>1.37</i>	<i>2.68</i>	<i>1.50</i>	<i>1.83</i>			
Highest income quartile	21.24	19.24	19.76	17.41	-11.89	-1.98	-0.89
	<i>1.63</i>	<i>1.33</i>	<i>1.37</i>	<i>1.29</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Outpatient Hospital Expenditures (millions of \$)</b>	\$17,324	\$44,096	\$61,324	\$64,786	5.65	8.00	8.77
	628	1,529	2,500	2,139			
<b>Percentage of Total Outpatient Hospital Expenditures<sup>2</sup></b>							
<b>Medicare Status</b>							
65 years and older	81.80	79.68	79.98	76.07	-4.89	-0.92	-0.24
	1.32	1.37	1.48	1.52			
64 years and younger	18.20	20.32	20.02	23.93	19.53	3.32	1.00
	1.32	1.37	1.48	1.52			
<b>Race/Ethnicity</b>							
White non-Hispanic	79.39	73.35	72.67	73.18	0.70	-0.05	-0.71
	1.86	1.76	3.05	1.39			
All others	20.61	26.65	27.33	26.82	-1.87	0.13	2.34
	1.86	1.76	3.05	1.39			
<b>Functional Limitation</b>							
None	41.71	46.79	45.78	46.47	1.51	-0.14	1.04
	1.86	1.95	2.29	1.93			
IADL only <sup>3</sup>	27.74	28.34	27.57	26.36	-4.39	-1.44	0.19
	1.72	1.83	1.95	1.44			
One to two ADLs <sup>4</sup>	19.30	14.75	18.25	16.48	-9.70	2.24	-2.39
	1.48	1.04	2.97	1.26			
Three to five ADLs	11.25	10.12	8.40	10.70	27.38	1.12	-0.95
	1.22	1.13	1.00	1.55			

**Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Outpatient Hospital Expenditures (millions of \$)</b>	\$17,324	\$44,096	\$61,324	\$64,786	5.65	8.00	8.77
	628	1,529	2,500	2,139			
<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	5.77	6.13	6.24	-3.06	-2.10
	0.83	0.66	0.72	0.98			
Medicaid	19.50	22.17	20.79	25.58	23.04	2.90	1.16
	1.76	1.50	1.47	1.56			
Private health insurance	64.90	60.42	58.24	52.06	-10.61	-2.93	-0.64
	1.95	1.52	1.92	1.61			
<b>Income</b>							
Lowest income quartile	24.72	27.23	26.25	28.73	9.45	1.08	0.87
	1.63	1.45	1.55	1.56			
Second income quartile	27.59	23.33	25.80	23.86	-7.52	0.45	-1.50
	1.86	1.30	1.65	1.34			
Third income quartile	24.83	26.43	25.62	26.14	2.03	-0.22	0.56
	1.55	1.57	2.57	1.81			
Highest income quartile	22.86	23.01	22.33	21.26	-4.79	-1.57	0.06
	1.31	1.55	1.36	1.19			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Physician/Supplier Expenditures (millions of \$)</b>	\$52,350 <i>1,018</i>	\$126,285 <i>2,551</i>	\$159,567 <i>2,588</i>	\$174,080 <i>3,995</i>	9.10	6.63	8.25
<b>Percentage of Total Physician/Supplier Services Expenditures<sup>2</sup></b>							
<b>Medicare Status</b>							
65 years and older	89.68 <i>0.53</i>	85.08 <i>0.88</i>	84.85 <i>0.80</i>	84.68 <i>0.87</i>	-0.20	-0.09	-0.47
64 years and younger	10.32 <i>0.53</i>	14.92 <i>0.88</i>	15.15 <i>0.80</i>	15.32 <i>0.87</i>	1.12	0.53	3.37
<b>Race/Ethnicity</b>							
White non-Hispanic	83.90 <i>0.86</i>	77.84 <i>1.01</i>	77.99 <i>0.85</i>	78.64 <i>0.99</i>	0.83	0.20	-0.67
All others	16.10 <i>0.86</i>	22.16 <i>1.01</i>	22.01 <i>0.85</i>	21.36 <i>0.99</i>	-2.95	-0.73	2.92
<b>Functional Limitation</b>							
None	40.49 <i>1.15</i>	43.10 <i>1.10</i>	46.29 <i>0.94</i>	46.65 <i>1.33</i>	0.78	1.60	0.56
IADL only <sup>3</sup>	26.19 <i>1.05</i>	27.28 <i>0.97</i>	27.06 <i>0.91</i>	26.99 <i>1.19</i>	-0.26	-0.21	0.37
One to two ADLs <sup>4</sup>	19.31 <i>0.94</i>	17.33 <i>0.94</i>	16.92 <i>0.82</i>	15.81 <i>0.83</i>	-6.56	-1.82	-0.97
Three to five ADLs	14.01 <i>0.87</i>	12.29 <i>0.72</i>	9.73 <i>0.61</i>	10.55 <i>0.91</i>	8.43	-3.01	-1.17

**Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Physician/Supplier Expenditures (millions of \$)</b>	\$52,350	\$126,285	\$159,567	\$174,080	9.10	6.63	8.25
	<i>1,018</i>	<i>2,551</i>	<i>2,588</i>	<i>3,995</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	4.38	4.79	9.36	-6.24	-0.39
	<i>0.41</i>	<i>0.75</i>	<i>0.34</i>	<i>0.74</i>			
Medicaid	15.66	18.98	18.69	18.87	0.96	-0.12	1.75
	<i>0.85</i>	<i>0.83</i>	<i>0.67</i>	<i>0.89</i>			
Private health insurance	71.57	62.60	58.78	55.87	-4.95	-2.25	-1.20
	<i>1.01</i>	<i>0.92</i>	<i>0.98</i>	<i>1.32</i>			
<b>Income</b>							
Lowest income quartile	22.57	24.82	25.37	24.84	-2.09	0.02	0.86
	<i>0.91</i>	<i>0.80</i>	<i>0.73</i>	<i>0.85</i>			
Second income quartile	27.53	24.91	25.35	24.59	-3.00	-0.26	-0.90
	<i>0.96</i>	<i>0.87</i>	<i>0.94</i>	<i>0.99</i>			
Third income quartile	24.59	26.31	23.94	25.80	7.77	-0.39	0.61
	<i>0.84</i>	<i>1.12</i>	<i>0.86</i>	<i>1.14</i>			
Highest income quartile	25.31	23.96	25.34	24.77	-2.25	0.67	-0.49
	<i>0.99</i>	<i>0.87</i>	<i>1.05</i>	<i>1.09</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Prescription Medicine Expenditures (millions of \$)</b>	\$16,070	\$66,127	\$117,416	\$128,174	9.16	14.15	13.58
	228	1,066	1,404	1,765			
<b>Percentage of Total Prescription Medicine Expenditures<sup>2</sup></b>							
<b>Medicare Status</b>							
65 years and older	85.74	79.40	73.99	73.46	-0.72	-1.54	-0.69
	0.62	0.72	0.88	0.87			
64 years and younger	14.26	20.60	26.01	26.54	2.04	5.20	3.37
	0.62	0.72	0.88	0.87			
<b>Race/Ethnicity</b>							
White non-Hispanic	86.25	79.94	75.96	75.29	-0.88	-1.19	-0.68
	0.58	0.76	0.78	0.79			
All others	13.75	20.06	24.04	24.71	2.79	4.26	3.46
	0.58	0.76	0.78	0.79			
<b>Functional Limitation</b>							
None	41.04	45.06	45.50	48.40	6.37	1.44	0.84
	0.93	0.70	1.04	1.00			
IADL only <sup>3</sup>	28.19	27.75	29.65	26.19	-11.67	-1.15	-0.14
	0.74	0.63	0.84	0.84			
One to two ADLs <sup>4</sup>	18.76	16.62	16.21	15.64	-3.52	-1.21	-1.08
	0.66	0.61	0.71	0.81			
Three to five ADLs	12.01	10.57	8.64	9.77	13.08	-1.56	-1.14
	0.61	0.59	0.58	0.52			

**Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Prescription Medicine Expenditures (millions of \$)</b>	\$16,070	\$66,127	\$117,416	\$128,174	9.16	14.15	13.58
	228	1,066	1,404	1,765			
<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	5.63	5.71	1.42	-3.12	-2.26
	0.46	0.45	0.43	0.55			
Medicaid	14.75	20.50	28.36	29.61	4.41	7.63	3.01
	0.59	0.63	1.02	0.91			
Private health insurance	72.75	63.20	47.89	44.96	-6.12	-6.58	-1.26
	0.73	0.72	0.96	1.01			
<b>Income</b>							
Lowest income quartile	23.47	26.28	32.25	32.42	0.53	4.29	1.02
	0.73	0.71	0.88	0.89			
Second income quartile	25.64	23.11	24.13	23.33	-3.32	0.19	-0.93
	0.75	0.66	0.82	0.74			
Third income quartile	26.64	26.68	22.45	22.56	0.49	-3.30	0.01
	0.80	0.72	0.80	0.67			
Highest income quartile	24.25	23.93	21.17	21.69	2.46	-1.95	-0.12
	0.78	0.71	0.71	0.73			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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, 1992-2008**Long-Term Care Facility Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Long-Term Facility Care Expenditures (millions of \$)</b>	\$56,280	\$86,787	\$110,301	\$100,406	-8.97	2.96	3.98
	2,903	2,812	4,799	4,075			
<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	82.67	83.92	1.51	-0.39	0.42
	2.22	1.43	1.94	1.97			
64 years and younger	18.35	14.43	17.33	16.08	-7.21	2.19	-2.14
	2.22	1.43	1.94	1.97			
<b>Race/Ethnicity</b>							
White non-Hispanic	89.45	81.46	83.44	80.42	-3.62	-0.26	-0.84
	1.28	1.34	1.44	1.69			
All others	10.55	18.54	16.56	19.58	18.24	1.10	5.21
	1.28	1.34	1.44	1.69			
<b>Functional Limitation</b>							
None	2.52*	4.09	3.48*	2.25*	-35.34	-11.27	4.45
	0.67	0.72	0.77	0.61			
IADL only <sup>3</sup>	7.05	5.73	6.02	5.27	-12.46	-1.66	-1.85
	1.28	0.77	0.87	0.77			
One to two ADLs <sup>4</sup>	17.89	19.97	15.61	14.30	-8.39	-6.46	0.99
	1.48	1.34	1.39	1.34			
Three to five ADLs	72.54	70.21	74.89	78.17	4.38	2.17	-0.29
	1.97	1.47	1.77	1.48			



**Table 6.9 Long-Term Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2008**Long-Term Care Facility Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Total Long-Term Facility Care Expenditures (millions of \$)</b>	\$56,280	\$86,787	\$110,301	\$100,406	-8.97	2.96	3.98
	<i>2,903</i>	<i>2,812</i>	<i>4,799</i>	<i>4,075</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	8.52	6.99	5.28	-24.46	-9.13	-2.62
	<i>1.27</i>	<i>1.17</i>	<i>1.13</i>	<i>1.04</i>			
Medicaid	73.26	66.50	68.49	69.98	2.18	1.03	-0.87
	<i>1.95</i>	<i>2.22</i>	<i>1.90</i>	<i>2.23</i>			
Private health insurance	14.55	20.87	19.93	18.67	-6.32	-2.20	3.30
	<i>1.39</i>	<i>1.85</i>	<i>1.54</i>	<i>1.56</i>			
<b>Income</b>							
Lowest income quartile	56.09	52.77	53.64	53.21	-0.80	0.17	-0.55
	<i>1.96</i>	<i>1.95</i>	<i>2.35</i>	<i>2.32</i>			
Second income quartile	23.17	24.79	27.26	25.67	-5.83	0.70	0.61
	<i>1.58</i>	<i>1.45</i>	<i>2.05</i>	<i>1.97</i>			
Third income quartile	13.26	15.62	10.87	12.55	15.46	-4.28	1.49
	<i>1.21</i>	<i>1.36</i>	<i>1.27</i>	<i>1.49</i>			
Highest income quartile	7.49	6.82	8.23	8.57	4.13	4.67	-0.84
	<i>1.14</i>	<i>0.92</i>	<i>1.08</i>	<i>1.36</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Percentage of Beneficiaries with at Least One Inpatient Hospital Stay</b>							
<b>All Beneficiaries</b>	17.94	19.43	18.66	18.44	-1.18	-1.04	0.72
	0.33	0.38	0.36	0.44			
<b>Medicare Status</b>							
65 years and older	17.70	19.17	18.28	17.97	-1.70	-1.28	0.72
	0.37	0.40	0.41	0.43			
64 years and younger	20.15	20.98	20.64	20.90	1.26	-0.08	0.36
	0.93	1.08	1.06	1.40			
<b>Race/Ethnicity</b>							
White non-Hispanic	18.07	19.51	18.72	18.77	0.27	-0.77	0.69
	0.36	0.40	0.41	0.46			
All others	17.39	19.33	18.53	17.35	-6.37	-2.14	0.96
	0.98	0.89	0.83	0.96			
<b>Functional Limitation</b>							
None	11.28	12.77	13.18	12.38	-6.07	-0.62	1.12
	0.39	0.46	0.46	0.42			
IADL only <sup>2</sup>	22.36	26.17	22.56	24.73	9.62	-1.13	1.43
	0.82	0.99	0.84	0.93			
One to two ADLs <sup>3</sup>	27.46	28.14	28.29	26.96	-4.70	-0.85	0.22
	1.15	1.29	1.32	1.40			
Three to five ADLs	35.75	36.93	36.19	37.30	3.07	0.20	0.29
	1.40	1.67	1.95	2.49			
<b>Health Insurance</b>							
Medicare fee-for-service only	16.85	18.99	14.18	15.65	10.37	-3.79	1.08
	1.06	1.26	1.48	1.38			
Medicaid	24.67	24.57	24.61	22.59	-8.21	-1.67	-0.04
	1.28	1.11	1.08	1.24			
Private health insurance	17.06	19.28	19.21	18.98	-1.20	-0.31	1.11
	0.42	0.51	0.52	0.55			
Medicare HMO <sup>4</sup>	16.23	13.73	13.58	14.59	7.44	1.22	-1.49
	1.37	0.98	0.84	0.82			

**Table 6.10 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Percentage of Beneficiaries with at Least One Inpatient Hospital Stay</b>							
<b>All Beneficiaries</b>	17.94	19.43	18.66	18.44	-1.18	-1.04	0.72
	<i>0.33</i>	<i>0.38</i>	<i>0.36</i>	<i>0.44</i>			
<b>Income</b>							
Lowest income quartile	18.78	22.71	22.81	22.07	-3.24	-0.57	1.72
	<i>0.67</i>	<i>0.79</i>	<i>0.78</i>	<i>0.94</i>			
Second income quartile	20.95	19.97	19.87	19.42	-2.26	-0.56	-0.43
	<i>0.88</i>	<i>0.74</i>	<i>0.66</i>	<i>0.89</i>			
Third income quartile	16.47	18.56	16.31	17.42	6.81	-1.26	1.08
	<i>0.64</i>	<i>0.75</i>	<i>0.79</i>	<i>0.83</i>			
Highest income quartile	15.40	16.37	15.58	14.82	-4.88	-1.97	0.55
	<i>0.59</i>	<i>0.81</i>	<i>0.66</i>	<i>0.62</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Percentage of Beneficiaries with at Least One Outpatient Hospital Visit</b>							
<b>All Beneficiaries</b>	57.90	72.90	71.30	70.37	-1.30	-0.70	2.09
	0.77	0.52	0.62	0.64			
<b>Medicare Status</b>							
65 years and older	57.40	72.21	70.06	69.60	-0.66	-0.73	2.09
	0.81	0.58	0.68	0.65			
64 years and younger	62.48	77.02	77.76	74.39	-4.33	-0.69	1.90
	1.30	1.16	1.32	1.39			
<b>Race/Ethnicity</b>							
White non-Hispanic	57.81	73.54	72.13	71.29	-1.16	-0.62	2.19
	0.86	0.54	0.64	0.71			
All others	58.28	70.70	68.38	67.48	-1.32	-0.93	1.75
	1.32	1.06	1.35	1.16			
<b>Functional Limitation</b>							
None	52.23	68.65	67.03	66.54	-0.73	-0.62	2.49
	0.88	0.72	0.85	0.77			
IADL only <sup>2</sup>	62.52	77.85	76.72	75.49	-1.60	-0.61	1.99
	1.15	0.87	1.02	1.12			
One to two ADLs <sup>3</sup>	66.13	78.43	77.91	76.37	-1.98	-0.53	1.55
	1.22	1.06	1.21	1.54			
Three to five ADLs	70.31	82.07	76.84	78.17	1.73	-0.97	1.40
	1.50	1.28	2.15	1.73			
<b>Health Insurance</b>							
Medicare fee-for-service only	50.58	66.69	61.96	59.66	-3.71	-2.20	2.52
	1.53	1.35	2.23	2.16			
Medicaid	65.89	78.55	76.04	75.67	-0.49	-0.74	1.59
	1.54	1.10	1.19	1.00			
Private health insurance	57.77	73.92	74.56	73.33	-1.65	-0.16	2.24
	0.92	0.71	0.78	0.81			
Medicare HMO <sup>4</sup>	57.05	65.41	61.57	62.30	1.19	-0.97	1.24
	2.14	1.34	1.69	1.22			

**Table 6.11 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Percentage of Beneficiaries with at Least One Outpatient Hospital Visit</b>							
<b>All Beneficiaries</b>	57.90	72.90	71.30	70.37	-1.30	-0.70	2.09
	<i>0.77</i>	<i>0.52</i>	<i>0.62</i>	<i>0.64</i>			
<b>Income</b>							
Lowest income quartile	56.64	73.66	70.56	71.97	2.00	-0.46	2.39
	<i>1.12</i>	<i>0.94</i>	<i>1.00</i>	<i>1.03</i>			
Second income quartile	59.64	73.43	70.98	68.53	-3.45	-1.37	1.89
	<i>1.15</i>	<i>0.84</i>	<i>1.02</i>	<i>1.11</i>			
Third income quartile	56.78	72.67	71.64	71.64	0.00	-0.29	2.25
	<i>1.32</i>	<i>1.03</i>	<i>1.07</i>	<i>1.19</i>			
Highest income quartile	58.54	71.81	72.03	69.30	-3.79	-0.71	1.86
	<i>1.28</i>	<i>1.03</i>	<i>1.14</i>	<i>1.20</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Percentage of Beneficiaries with at Least One Physician/Supplier Service</b>							
<b>All Beneficiaries</b>	92.36	95.99	96.02	95.35	-0.70	-0.13	0.35
	0.27	0.25	0.23	0.27			
<b>Medicare Status</b>							
65 years and older	92.69	96.20	96.32	95.71	-0.63	-0.10	0.34
	0.26	0.26	0.25	0.29			
64 years and younger	89.34	94.74	94.44	93.45	-1.05	-0.27	0.53
	0.73	0.71	0.63	0.75			
<b>Race/Ethnicity</b>							
White non-Hispanic	92.99	96.54	96.47	96.15	-0.33	-0.08	0.34
	0.25	0.26	0.24	0.26			
All others	89.13	94.19	94.44	92.55	-2.00	-0.35	0.50
	0.97	0.53	0.54	0.74			
<b>Functional Limitation</b>							
None	90.13	94.91	95.43	94.38	-1.10	-0.11	0.47
	0.42	0.33	0.35	0.41			
IADL only <sup>2</sup>	94.55	97.64	96.88	96.82	-0.06	-0.17	0.29
	0.44	0.40	0.39	0.46			
One to two ADLs <sup>3</sup>	95.43	97.13	97.15	96.43	-0.74	-0.14	0.16
	0.54	0.45	0.56	0.63			
Three to five ADLs	96.34	97.59	96.08	97.62	1.60	0.01	0.12
	0.52	0.62	1.13	0.70			
<b>Health Insurance</b>							
Medicare fee-for-service only	83.25	90.23	85.79	83.96	-2.13	-1.43	0.73
	1.23	1.27	1.50	1.48			
Medicaid	92.42	95.55	94.88	94.81	-0.07	-0.16	0.30
	0.74	0.60	0.56	0.57			
Private health insurance	93.86	97.12	97.63	97.23	-0.41	0.02	0.31
	0.31	0.27	0.25	0.31			
Medicare HMO <sup>4</sup>	92.76	95.61	96.79	95.31	-1.53	-0.06	0.27
	0.97	0.60	0.45	0.46			

**Table 6.12 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
<b>All Beneficiaries</b>	92.36	95.99	96.02	95.35	-0.70	-0.13	0.35
	<i>0.27</i>	<i>0.25</i>	<i>0.23</i>	<i>0.27</i>			
<b>Income</b>							
Lowest income quartile	88.83	93.98	93.85	93.77	-0.09	-0.04	0.51
	<i>0.65</i>	<i>0.53</i>	<i>0.54</i>	<i>0.55</i>			
Second income quartile	93.19	95.86	95.99	94.14	-1.93	-0.36	0.25
	<i>0.49</i>	<i>0.47</i>	<i>0.49</i>	<i>0.60</i>			
Third income quartile	92.46	97.15	96.88	96.30	-0.60	-0.18	0.45
	<i>0.52</i>	<i>0.37</i>	<i>0.47</i>	<i>0.48</i>			
Highest income quartile	95.04	96.98	97.41	97.18	-0.24	0.04	0.18
	<i>0.42</i>	<i>0.46</i>	<i>0.47</i>	<i>0.42</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Percentage of Beneficiaries with at Least One Prescribed Medicine</b>							
<b>All Beneficiaries</b>	85.20	92.25	93.93	93.79	-0.15	0.33	0.72
	0.36	0.29	0.28	0.30			
<b>Medicare Status</b>							
65 years and older	85.31	92.22	94.11	94.02	-0.10	0.39	0.70
	0.38	0.33	0.29	0.32			
64 years and younger	84.14	92.41	92.99	92.62	-0.40	0.05	0.85
	0.86	0.78	0.80	0.83			
<b>Race/Ethnicity</b>							
White non-Hispanic	85.52	92.73	94.03	94.13	0.11	0.30	0.73
	0.41	0.35	0.32	0.31			
All others	83.54	90.50	93.57	92.72	-0.91	0.49	0.72
	1.00	0.74	0.64	0.72			
<b>Functional Limitation</b>							
None	80.67	90.17	92.14	92.26	0.13	0.46	1.01
	0.59	0.43	0.38	0.43			
IADL only <sup>2</sup>	90.33	94.85	96.83	95.95	-0.91	0.23	0.44
	0.55	0.54	0.35	0.53			
One to two ADLs <sup>3</sup>	91.16	95.68	96.63	95.84	-0.82	0.03	0.44
	0.64	0.57	0.62	0.62			
Three to five ADLs	91.90	94.75	94.45	97.10	2.81	0.49	0.28
	0.86	0.90	1.16	1.11			
<b>Health Insurance</b>							
Medicare fee-for-service only	76.58	81.82	81.76	82.44	0.83	0.15	0.60
	1.26	1.32	1.49	1.72			
Medicaid	86.72	92.88	94.14	94.91	0.82	0.43	0.62
	0.91	0.64	0.63	0.58			
Private health insurance	86.39	93.65	95.11	94.44	-0.70	0.17	0.73
	0.46	0.33	0.35	0.40			
Medicare HMO <sup>4</sup>	85.04	92.83	95.55	95.53	-0.02	0.58	0.79
	1.67	0.80	0.53	0.51			



**Table 6.13 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Percentage of Beneficiaries with at Least One Prescribed Medicine</b>							
<b>All Beneficiaries</b>	85.20	92.25	93.93	93.79	-0.15	0.33	0.72
	<i>0.36</i>	<i>0.29</i>	<i>0.28</i>	<i>0.30</i>			
<b>Income</b>							
Lowest income quartile	82.74	90.74	93.03	92.29	-0.80	0.34	0.83
	<i>0.69</i>	<i>0.61</i>	<i>0.57</i>	<i>0.66</i>			
Second income quartile	85.70	90.86	93.07	93.16	0.10	0.50	0.53
	<i>0.70</i>	<i>0.67</i>	<i>0.55</i>	<i>0.56</i>			
Third income quartile	85.51	94.13	94.45	94.95	0.53	0.17	0.87
	<i>0.78</i>	<i>0.52</i>	<i>0.59</i>	<i>0.53</i>			
Highest income quartile	86.88	93.24	95.17	94.78	-0.41	0.33	0.64
	<i>0.78</i>	<i>0.57</i>	<i>0.44</i>	<i>0.59</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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, 1992-2008**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Percentage of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay</b>							
<b>All Beneficiaries</b>	7.69	8.80	9.03	8.40	-6.98	-0.93	1.22
	0.23	0.21	0.25	0.22			
<b>Medicare Status</b>							
65 years and older	7.58	8.99	9.34	8.56	-8.35	-0.98	1.55
	0.23	0.24	0.29	0.22			
64 years and younger	8.67	7.66	7.37	7.54	2.31	-0.32	-1.11
	0.66	0.62	0.55	0.67			
<b>Race/Ethnicity</b>							
White non-Hispanic	8.02	9.28	9.73	8.90	-8.53	-0.83	1.32
	0.26	0.25	0.29	0.24			
All others	5.47	6.90	6.52	6.68	2.45	-0.65	2.11
	0.47	0.44	0.46	0.48			
<b>Functional Limitation</b>							
None	0.81	1.57	1.87	1.81	-3.21	2.89	6.14
	0.11	0.15	0.16	0.20			
IADL only <sup>1</sup>	3.95	6.34	6.83	6.02	-11.86	-1.03	4.35
	0.39	0.46	0.49	0.45			
One to two ADLs <sup>2</sup>	11.54	16.51	15.31	13.12	-14.30	-4.49	3.28
	0.84	0.83	1.00	0.86			
Three to five ADLs	41.18	42.32	47.55	46.90	-1.37	2.08	0.25
	1.31	1.31	1.57	1.55			
<b>Health Insurance</b>							
Medicare fee-for-service only	8.74	8.53	8.48	6.54	-22.88	-5.17	-0.22
	0.62	0.74	0.89	0.78			
Medicaid	28.66	22.96	22.07	20.40	-7.57	-2.34	-1.98
	1.06	0.81	0.81	0.79			
Private health insurance	2.77	4.94	5.80	5.34	-7.93	1.57	5.34
	0.16	0.27	0.26	0.25			
Medicare HMO <sup>3</sup>	2.73*	5.13	4.40	4.85	10.23	-1.12	5.84
	0.56	0.67	0.43	0.43			

**Table 6.14 Facility User Rates for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2008**

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>Percentage of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay</b>							
<b>All Beneficiaries</b>	7.69	8.80	9.03	8.40	-6.98	-0.93	1.22
	<i>0.23</i>	<i>0.21</i>	<i>0.25</i>	<i>0.22</i>			
<b>Income</b>							
Lowest income quartile	15.48	15.59	15.90	14.50	-8.81	-1.44	0.06
	<i>0.62</i>	<i>0.59</i>	<i>0.63</i>	<i>0.66</i>			
Second income quartile	7.75	9.26	10.02	9.36	-6.59	0.22	1.62
	<i>0.43</i>	<i>0.51</i>	<i>0.49</i>	<i>0.51</i>			
Third income quartile	4.56	6.16	5.73	5.95	3.84	-0.69	2.74
	<i>0.34</i>	<i>0.40</i>	<i>0.44</i>	<i>0.43</i>			
Highest income quartile	2.67	3.87	4.09	3.72	-9.05	-0.79	3.40
	<i>0.31</i>	<i>0.38</i>	<i>0.33</i>	<i>0.37</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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, 1992-2008**Community-Only Residents<sup>2</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>All Beneficiaries</b>	88.24	93.29	94.07	94.21	0.15	0.20	0.50
	0.36	0.26	0.26	0.30			
<b>Medicare Status</b>							
64 years and younger	83.90	90.84	90.95	91.18	0.25	0.07	0.72
	0.94	0.82	0.79	0.79			
65 years and older	88.70	93.70	94.67	94.79	0.13	0.23	0.49
	0.38	0.29	0.26	0.30			
<b>Gender</b>							
Male	86.43	92.35	93.32	93.56	0.26	0.26	0.60
	0.49	0.45	0.39	0.46			
Female	89.63	94.05	94.70	94.76	0.06	0.15	0.43
	0.47	0.33	0.33	0.39			
<b>Race/Ethnicity</b>							
White non-Hispanic	88.87	93.68	94.28	94.49	0.22	0.17	0.48
	0.37	0.29	0.29	0.32			
All others	84.92	91.84	93.26	93.22	-0.04	0.30	0.71
	1.04	0.65	0.58	0.59			
<b>Functional Limitation</b>							
None	87.27	93.53	94.50	94.46	-0.04	0.20	0.63
	0.47	0.35	0.31	0.38			
IADL only <sup>3</sup>	90.67	93.68	93.86	94.19	0.35	0.11	0.29
	0.60	0.48	0.48	0.54			
One to two ADLs <sup>4</sup>	89.83	92.05	93.97	94.01	0.04	0.42	0.22
	0.93	0.80	0.81	0.70			
Three to five ADLs	85.02	92.46	90.82	92.43	1.77	-0.01	0.76
	1.31	0.91	1.27	1.41			

**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, 1992-2008**Community-Only Residents<sup>2</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>All Beneficiaries</b>	88.24	93.29	94.07	94.21	0.15	0.20	0.50
	0.36	0.26	0.26	0.30			
<b>Usual Source of Care</b>							
No usual source of care	55.17	57.69	57.63	60.39	4.79	0.92	0.40
	1.77	2.50	3.05	2.45			
Has usual source of care	91.74	95.00	95.89	96.02	0.14	0.21	0.31
	0.30	0.22	0.20	0.25			
<b>Living Arrangement</b>							
Alone	89.16	92.03	93.07	93.68	0.66	0.36	0.29
	0.59	0.52	0.55	0.52			
With spouse	88.63	94.30	95.09	95.04	-0.05	0.16	0.56
	0.47	0.33	0.37	0.40			
With children/others	85.49	92.42	92.82	92.75	-0.08	0.07	0.70
	0.90	0.63	0.62	0.69			
<b>Health Insurance</b>							
Medicare fee-for-service only	76.61	86.45	86.37	85.23	-1.32	-0.28	1.09
	1.23	1.20	1.35	1.27			
Medicaid	87.48	91.75	91.47	92.34	0.95	0.13	0.43
	0.99	0.73	0.69	0.70			
Private health insurance	90.13	94.79	95.66	95.69	0.03	0.19	0.45
	0.39	0.27	0.35	0.35			
Medicare HMO <sup>5</sup>	90.41	93.39	95.12	95.42	0.32	0.43	0.29
	1.13	0.76	0.49	0.46			

**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, 1992-2008****Community-Only Residents<sup>2</sup>**

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>All Beneficiaries</b>	88.24	93.29	94.07	94.21	0.15	0.20	0.50
	<i>0.36</i>	<i>0.26</i>	<i>0.26</i>	<i>0.30</i>			
<b>Income</b>							
Lowest income quartile	85.99	90.79	92.29	92.00	-0.31	0.27	0.49
	<i>0.75</i>	<i>0.59</i>	<i>0.58</i>	<i>0.62</i>			
Second income quartile	87.39	92.07	92.67	93.89	1.32	0.39	0.47
	<i>0.72</i>	<i>0.68</i>	<i>0.61</i>	<i>0.54</i>			
Third income quartile	87.52	94.83	95.28	95.03	-0.26	0.04	0.72
	<i>0.70</i>	<i>0.50</i>	<i>0.48</i>	<i>0.48</i>			
Highest income quartile	92.22	95.49	96.05	95.93	-0.12	0.09	0.31
	<i>0.57</i>	<i>0.45</i>	<i>0.48</i>	<i>0.47</i>			

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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 only resided 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 it excludes beneficiaries who only resided 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, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>All Beneficiaries</b>	90.45	95.45	95.25	94.93	-0.34	-0.11	0.49
	0.35	0.23	0.25	0.25			
<b>Medicare Status</b>							
64 years and younger	88.46	94.48	92.55	92.32	-0.25	-0.46	0.59
	0.79	0.60	0.81	0.72			
65 years and older	90.66	95.61	95.77	95.43	-0.36	-0.04	0.48
	0.35	0.26	0.25	0.27			
<b>Gender</b>							
Male	88.14	94.51	94.22	93.86	-0.38	-0.14	0.63
	0.52	0.35	0.38	0.40			
Female	92.24	96.21	96.12	95.83	-0.30	-0.08	0.38
	0.40	0.30	0.33	0.30			
<b>Race/Ethnicity</b>							
White non-Hispanic	90.96	95.84	95.30	95.36	0.06	-0.10	0.47
	0.35	0.23	0.30	0.28			
All others	87.64	94.05	95.06	93.33	-1.82	-0.15	0.64
	0.99	0.59	0.48	0.63			
<b>Functional Limitation</b>							
None	88.36	94.86	94.75	94.02	-0.77	-0.18	0.64
	0.52	0.32	0.34	0.37			
IADL only <sup>2</sup>	93.03	96.67	95.88	96.29	0.43	-0.08	0.35
	0.51	0.36	0.47	0.45			
One to two ADLs <sup>3</sup>	92.95	95.59	96.35	95.86	-0.51	0.06	0.25
	0.57	0.66	0.55	0.47			
Three to five ADLs	93.39	96.26	95.47	97.15	1.76	0.18	0.27
	1.01	0.66	1.01	0.64			

**Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries With a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>All Beneficiaries</b>	90.45	95.45	95.25	94.93	-0.34	-0.11	0.49
	0.35	0.23	0.25	0.25			
<b>Living Arrangement</b>							
Alone	90.64	94.71	94.19	94.73	0.57	0.00	0.40
	0.49	0.40	0.51	0.47			
With spouse	90.94	96.45	96.30	95.71	-0.61	-0.15	0.53
	0.46	0.28	0.35	0.35			
With children/others	88.59	93.76	94.03	93.08	-1.01	-0.15	0.51
	0.72	0.58	0.59	0.57			
<b>Health Insurance</b>							
Medicare fee-for-service only	80.82	88.72	87.76	85.05	-3.09	-0.84	0.84
	1.17	1.03	1.46	1.30			
Medicaid	89.61	94.00	93.68	93.88	0.21	-0.03	0.43
	0.85	0.76	0.65	0.55			
Private health insurance	91.78	96.27	96.08	95.78	-0.31	-0.10	0.43
	0.37	0.25	0.30	0.34			
Medicare HMO <sup>4</sup>	95.18	98.68	97.52	97.42	-0.10	-0.26	0.33
	0.99	0.30	0.40	0.40			



**Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries With a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2008**Community-Only Residents<sup>1</sup>

Beneficiary Characteristic	1992	2003	2007	2008	Annual Rate of Change 2007-2008 (%)	Annual Rate of Change 2003-2008 (%)	Annual Rate of Change 1992-2003 (%)
<b>All Beneficiaries</b>	90.45 <i>0.35</i>	95.45 <i>0.23</i>	95.25 <i>0.25</i>	94.93 <i>0.25</i>	-0.34	-0.11	0.49
<b>Income</b>							
Lowest income quartile	88.61 <i>0.72</i>	93.24 <i>0.60</i>	93.57 <i>0.51</i>	93.18 <i>0.56</i>	-0.42	-0.01	0.46
Second income quartile	90.15 <i>0.58</i>	95.15 <i>0.40</i>	94.47 <i>0.60</i>	94.81 <i>0.54</i>	0.36	-0.07	0.49
Third income quartile	91.22 <i>0.54</i>	96.25 <i>0.46</i>	96.62 <i>0.43</i>	95.86 <i>0.53</i>	-0.79	-0.08	0.48
Highest income quartile	91.85 <i>0.63</i>	97.20 <i>0.31</i>	96.37 <i>0.43</i>	95.87 <i>0.44</i>	-0.52	-0.28	0.51

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2003, CY 2007, and CY 2008.

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 only resided 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 it excludes beneficiaries who only resided 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.