

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2012

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Total Medical Services						
All beneficiaries	\$899,771 (13,683)	64.2 (0.6)	7.3 (0.3)	10.0 (0.5)	15.9 (0.4)	2.6 (0.2)
Beneficiaries 65 years and older	739,588 (13,013)	63.6 (0.7)	6.7 (0.3)	10.4 (0.5)	16.9 (0.4)	2.4 (0.2)
Beneficiaries 64 years and younger	160,183 (6,767)	66.6 (1.5)	10.2 (1.0)	8.1 (1.0)	11.3 (0.7)	3.9 (0.5)
Inpatient Hospital Services						
All beneficiaries	197,148 (6,896)	90.0 (1.2)	1.1 (0.1)	6.5 (0.8)	2.3 (0.5)	*
Beneficiaries 65 years and older	166,285 (6,270)	90.5 (1.3)	0.8 (0.1)	6.6 (0.9)	2.1 (0.6)	*
Beneficiaries 64 years and younger	30,863 (2,347)	87.6 (2.2)	2.9 (0.3)	5.8 (1.6)	*	*
Outpatient Hospital Services						
All beneficiaries	103,517 (3,317)	77.6 (1.3)	2.0 (0.2)	12.7 (1.1)	6.6 (0.5)	1.1 (0.3)
Beneficiaries 65 years and older	82,915 (2,597)	78.2 (1.2)	1.3 (0.1)	12.9 (1.0)	6.8 (0.6)	0.8 (0.2)
Beneficiaries 64 years and younger	20,601 (1,963)	75.2 (3.6)	4.7 (0.6)	12.1 (3.5)	5.8 (0.8)	*
Physician/Supplier Services						
All beneficiaries	213,679 (4,612)	66.7 (1.2)	1.8 (0.1)	14.1 (1.4)	16.2 (0.5)	1.2 (0.2)
Beneficiaries 65 years and older	180,435 (4,517)	66.6 (1.4)	1.3 (0.1)	15.0 (1.6)	16.2 (0.5)	0.9 (0.2)
Beneficiaries 64 years and younger	33,244 (1,611)	67.1 (1.5)	5.0 (0.3)	9.2 (1.0)	15.8 (0.9)	2.8 (0.8)
Dental Services						
All beneficiaries	21,243 (761)	2.8 (0.1)	0.8 (0.2)	17.6 (0.9)	78.2 (1.0)	0.6 (0.1)
Beneficiaries 65 years and older	18,947 (668)	2.7 (0.1)	*	17.5 (0.9)	79.1 (1.0)	*
Beneficiaries 64 years and younger	2,296 (255)	3.8 (0.5)	4.5 (1.3)	17.9 (2.6)	71.6 (3.3)	*
Prescription Medicines						
All beneficiaries	171,700 (3,541)	61.6 (0.9)	0.6 (0.1)	14.7 (0.7)	16.8 (0.4)	6.2 (0.3)
Beneficiaries 65 years and older	121,632 (2,843)	57.1 (1.0)	0.3 (0.0)	16.7 (0.9)	19.5 (0.4)	6.3 (0.4)
Beneficiaries 64 years and younger	50,069 (2,558)	72.6 (1.7)	1.3 (0.2)	9.9 (1.3)	10.4 (0.7)	5.9 (0.6)
Medicare Hospice Services						
All beneficiaries	15,463 (1,490)	100.0 (0.0)	*	*	*	*
Beneficiaries 65 years and older	14,934 (1,464)	100.0 (0.0)	*	*	*	*
Beneficiaries 64 years and younger	*	100.0 (0.0)	*	*	*	*

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2012

All Medicare Beneficiaries

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Medicare Home Health Services						
All beneficiaries	27,160 (1,391)	78.1 (3.3)	*	*	17.1 (3.4)	*
Beneficiaries 65 years and older	24,552 (1,332)	77.6 (3.6)	*	*	18.8 (3.6)	*
Beneficiaries 64 years and younger	2,608 (288)	82.8 (7.6)	*	*	*	*
Skilled Nursing Facility Care¹						
All beneficiaries	45,428 (2,173)	72.5 (1.9)	11.4 (1.5)	6.6 (0.7)	9.1 (1.1)	*
Beneficiaries 65 years and older	41,719 (1,911)	72.6 (1.9)	11.6 (1.6)	6.8 (0.7)	8.6 (1.0)	*
Beneficiaries 64 years and younger	3,710 (765)	70.7 (10.0)	*	*	*	*
Long-Term Nursing Home Care²						
All beneficiaries	104,434 (4,134)	*	48.4 (2.1)	1.5 (0.4)	41.1 (1.8)	8.2 (0.9)
Beneficiaries 65 years and older	88,170 (3,737)	*	44.3 (2.1)	1.8 (0.5)	45.0 (2.0)	8.0 (1.0)
Beneficiaries 64 years and younger	16,264 (2,199)	*	70.7 (4.2)	*	20.1 (3.8)	9.2 (1.9)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: Beginning in CY2009, skilled nursing facility (SNF) care expenditures are separated from expenditures for long-term nursing home care. Expenditures for SNF care, which were reported during a community interview or created through Medicare claims data, were included for Medicare beneficiaries who used SNF care.

2: Expenditures for long-term nursing home care in facilities include facility room and board expenses and charges for ancillary services for beneficiaries who resided in a facility for the full year and for beneficiaries who resided in a facility for part of the year and in the community for part of the year.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012Community-Only Residents¹

Beneficiary Characteristic ²	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	
All Beneficiaries	\$169,365 (6,246)	89.3 (1.3)	1.1 (0.1)	7.3 (0.9)	2.3 (0.6)	*	\$3,433 (126)
Medicare Status³							
Aged							
65 - 74 years	67,816 (4,194)	86.8 (3.0)	0.6 (0.1)	9.7 (2.0)	*	*	2,852 (173)
75 - 84 years	51,725 (2,249)	92.7 (1.0)	0.8 (0.2)	5.2 (0.9)	1.3 (0.3)	*	4,202 (174)
85 years and older	21,408 (1,420)	92.2 (1.2)	0.8 (0.1)	5.8 (1.2)	1.2 (0.2)	*	4,343 (278)
Disabled							
Under 45 years	6,418 (854)	84.7 (6.1)	4.0 (0.6)	*	*	*	3,567 (479)
45 - 64 years	21,999 (2,102)	87.6 (2.6)	2.5 (0.4)	5.6 (1.3)	*	*	3,375 (299)
Gender							
Male	87,476 (5,099)	87.1 (2.4)	0.7 (0.1)	8.7 (1.6)	*	*	3,874 (219)
Female	81,889 (2,867)	91.7 (0.9)	1.4 (0.1)	5.7 (0.9)	1.2 (0.1)	*	3,060 (106)
Living Arrangement							
Alone	48,567 (2,375)	92.0 (1.0)	1.5 (0.3)	4.9 (0.9)	1.6 (0.4)	*	3,424 (160)
With spouse	80,028 (4,086)	85.4 (2.7)	0.3 (0.1)	11.0 (1.8)	*	*	3,204 (162)
With children	23,186 (1,678)	94.2 (0.6)	2.0 (0.3)	2.5 (0.5)	1.0 (0.2)	*	4,420 (331)
With others	16,505 (1,429)	93.1 (1.6)	2.0 (0.3)	*	1.4 (0.4)	*	3,383 (279)
Race/Ethnicity							
White non-Hispanic	120,189 (4,846)	88.9 (1.2)	0.8 (0.1)	7.6 (0.9)	*	*	3,244 (128)
Black non-Hispanic	21,153 (1,873)	91.3 (1.8)	1.8 (0.3)	*	*	*	4,511 (413)
Hispanic	17,365 (1,500)	93.3 (2.4)	1.7 (0.3)	*	0.7 (0.2)	*	3,572 (295)
Other	10,339 (2,145)	82.8 (9.6)	1.9 (0.5)	*	1.3 (0.3)	*	3,969 (785)
Income							
Less than \$10,000	21,008 (1,842)	94.0 (0.8)	3.6 (0.3)	*	*	*	4,160 (361)
\$10,000 - \$19,999	47,229 (3,086)	91.8 (2.3)	1.9 (0.3)	*	1.6 (0.3)	*	4,000 (252)
\$20,000 - \$29,999	30,299 (2,262)	92.6 (1.8)	*	4.2 (0.8)	*	*	3,606 (267)
\$30,000 - \$49,999	32,804 (2,124)	89.3 (1.6)	*	9.0 (1.5)	1.5 (0.3)	*	3,072 (197)
\$50,000 or more	38,025 (2,382)	81.0 (3.1)	*	15.0 (2.5)	*	*	2,837 (167)

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents¹

Beneficiary Characteristic ²	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
All Beneficiaries	\$169,365 (6,246)	89.3 (1.3)	1.1 (0.1)	7.3 (0.9)	2.3 (0.6)	*	\$3,433 (126)
Poverty ⁴							
Under 100% FPL	31,997 (2,163)	94.2 (0.5)	3.3 (0.2)	1.0 (0.3)	*	*	4,053 (268)
100% - 199% FPL	54,959 (3,270)	91.4 (2.2)	1.3 (0.2)	*	*	*	3,941 (242)
200% - 399% FPL	50,377 (2,720)	89.8 (1.4)	*	8.7 (1.3)	1.5 (0.2)	*	3,081 (163)
Over 400% FPL	30,730 (2,171)	79.6 (3.6)	*	16.0 (2.9)	*	*	2,779 (177)
Health Status							
Excellent	17,024 (1,318)	86.8 (3.3)	*	11.1 (3.3)	*	*	2,008 (143)
Very good	35,045 (1,934)	90.2 (1.6)	0.3 (0.1)	7.9 (1.5)	1.6 (0.4)	*	2,446 (138)
Good	49,556 (3,042)	86.6 (4.0)	0.8 (0.1)	8.5 (2.5)	*	*	3,535 (218)
Fair	40,016 (2,864)	92.4 (1.0)	1.4 (0.2)	5.0 (1.0)	1.1 (0.2)	*	4,760 (334)
Poor	26,084 (2,474)	90.0 (2.1)	2.5 (0.5)	*	*	*	6,802 (649)
Functional Limitation							
None	55,875 (2,266)	89.3 (1.6)	0.3 (0.1)	8.8 (1.6)	1.5 (0.3)	*	2,243 (90)
IADL only ⁵	23,505 (2,060)	92.1 (1.0)	1.2 (0.2)	4.6 (0.8)	1.9 (0.5)	*	3,532 (290)
One to two ADLs ⁶	50,120 (3,152)	87.9 (2.1)	1.3 (0.3)	6.5 (1.1)	*	*	4,239 (249)
Three or more ADLs	38,508 (3,033)	89.3 (3.1)	1.7 (0.2)	*	1.2 (0.4)	*	6,643 (498)
Metropolitan Area Resident							
Yes	132,592 (5,337)	88.7 (1.7)	1.1 (0.1)	7.7 (1.1)	2.6 (0.8)	*	3,499 (140)
No	36,773 (3,334)	91.7 (1.1)	1.0 (0.1)	5.7 (1.1)	1.5 (0.3)	*	3,212 (280)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

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Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012Community-Only Residents¹

Beneficiary Characteristic ²	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	
All Beneficiaries	\$94,422 (3,315)	77.1 (1.4)	1.8 (0.2)	13.5 (1.2)	6.4 (0.4)	1.1 (0.3)	\$1,914 (66)
Medicare Status³							
Aged							
65 - 74 years	40,560 (2,053)	74.0 (2.0)	1.1 (0.2)	15.9 (1.6)	7.7 (1.0)	1.3 (0.3)	1,706 (83)
75 - 84 years	25,784 (1,140)	82.0 (1.1)	1.2 (0.2)	11.4 (1.2)	5.1 (0.4)	*	2,095 (93)
85 years and older	8,502 (477)	83.3 (1.0)	1.1 (0.2)	10.0 (0.6)	5.4 (0.8)	*	1,725 (90)
Disabled							
Under 45 years	5,109 (1,397)	83.3 (1.8)	7.2 (0.8)	*	4.2 (0.5)	*	2,839 (758)
45 - 64 years	14,468 (1,341)	71.5 (4.9)	3.7 (0.7)	*	6.5 (1.1)	*	2,220 (197)
Gender							
Male	45,080 (1,979)	76.6 (1.8)	1.4 (0.2)	14.3 (1.7)	6.4 (0.7)	1.3 (0.2)	1,997 (86)
Female	49,342 (2,370)	77.6 (1.6)	2.3 (0.3)	12.7 (1.6)	6.5 (0.7)	*	1,844 (86)
Living Arrangement							
Alone	25,180 (1,293)	81.5 (1.1)	3.3 (0.5)	9.3 (1.3)	4.8 (0.5)	*	1,775 (89)
With spouse	47,522 (2,169)	72.6 (1.9)	0.7 (0.1)	18.4 (1.8)	7.4 (0.8)	0.8 (0.2)	1,903 (83)
With children	12,827 (1,373)	81.5 (2.1)	2.8 (0.7)	8.2 (1.5)	4.9 (0.6)	*	2,445 (259)
With others	8,790 (831)	82.4 (3.0)	2.7 (0.4)	*	*	*	1,802 (164)
Race/Ethnicity							
White non-Hispanic	67,951 (2,816)	74.1 (1.7)	1.1 (0.1)	16.6 (1.6)	7.1 (0.5)	1.1 (0.2)	1,834 (77)
Black non-Hispanic	13,403 (1,634)	84.9 (1.1)	4.1 (0.8)	5.6 (1.0)	5.0 (0.9)	*	2,858 (332)
Hispanic	7,797 (587)	86.7 (2.8)	3.4 (0.7)	4.8 (1.3)	*	*	1,604 (106)
Other	5,140 (662)	81.9 (5.3)	3.2 (0.7)	6.1 (1.2)	3.1 (0.5)	*	1,973 (236)
Income							
Less than \$10,000	10,646 (957)	86.8 (1.7)	6.9 (0.5)	2.2 (0.4)	*	*	2,108 (181)
\$10,000 - \$19,999	23,081 (1,352)	84.4 (1.0)	3.5 (0.5)	6.0 (0.9)	4.9 (0.5)	1.2 (0.3)	1,955 (105)
\$20,000 - \$29,999	16,737 (1,544)	81.4 (1.6)	*	9.5 (1.2)	5.7 (0.6)	*	1,992 (172)
\$30,000 - \$49,999	19,702 (1,417)	73.3 (3.4)	*	18.9 (3.2)	6.5 (0.7)	*	1,845 (134)
\$50,000 or more	24,256 (1,620)	66.1 (2.6)	*	23.9 (2.4)	9.5 (1.4)	0.6 (0.2)	1,810 (119)

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents¹

Beneficiary Characteristic ²	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	
All Beneficiaries	\$94,422 (3,315)	77.1 (1.4)	1.8 (0.2)	13.5 (1.2)	6.4 (0.4)	1.1 (0.3)	\$1,914 (66)
Poverty⁴							
Under 100% FPL	16,590 (1,333)	86.2 (1.3)	7.0 (0.5)	2.2 (0.3)	4.4 (1.3)	*	2,102 (161)
100% - 199% FPL	28,090 (1,855)	82.8 (1.3)	1.8 (0.4)	7.6 (1.0)	5.4 (0.4)	*	2,014 (130)
200% - 399% FPL	30,484 (1,996)	72.1 (2.9)	*	18.8 (2.9)	8.0 (1.1)	0.8 (0.2)	1,864 (120)
Over 400% FPL	19,094 (1,503)	68.8 (2.6)	*	23.3 (2.4)	7.2 (0.9)	0.7 (0.2)	1,727 (134)
Health Status							
Excellent	10,456 (853)	71.4 (3.7)	0.3 (0.1)	19.2 (3.4)	7.4 (2.1)	*	1,234 (97)
Very good	20,592 (1,049)	75.5 (2.3)	0.5 (0.1)	15.2 (2.0)	8.1 (1.0)	0.7 (0.2)	1,437 (74)
Good	25,878 (1,318)	78.5 (1.7)	1.6 (0.2)	11.8 (1.1)	6.4 (1.1)	*	1,846 (85)
Fair	24,724 (2,124)	76.5 (3.2)	2.7 (0.5)	14.5 (3.1)	5.6 (0.6)	*	2,941 (244)
Poor	12,400 (1,509)	82.6 (1.2)	4.1 (0.8)	7.4 (1.3)	4.6 (0.6)	*	3,233 (389)
Functional Limitation							
None	35,606 (1,783)	75.4 (2.6)	0.9 (0.2)	16.4 (2.3)	6.4 (0.7)	*	1,429 (71)
IADL only ⁵	18,138 (2,286)	77.7 (2.2)	2.2 (0.6)	13.2 (2.3)	6.1 (0.8)	*	2,725 (344)
One to two ADLs ⁶	26,056 (1,116)	78.6 (1.7)	2.2 (0.3)	11.4 (1.1)	7.4 (1.1)	0.4 (0.1)	2,204 (83)
Three or more ADLs	14,413 (1,156)	77.9 (2.7)	3.1 (0.5)	10.4 (2.2)	5.4 (1.0)	*	2,486 (191)
Metropolitan Area Resident							
Yes	71,301 (3,077)	77.8 (1.7)	1.8 (0.2)	13.0 (1.5)	6.2 (0.6)	*	1,882 (79)
No	23,122 (1,118)	75.1 (1.9)	1.9 (0.2)	15.0 (1.9)	7.2 (0.6)	0.7 (0.2)	2,020 (112)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents¹

Beneficiary Characteristic ²	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	
All Beneficiaries	\$199,170 (4,627)	66.0 (1.3)	1.7 (0.1)	14.6 (1.4)	16.4 (0.5)	1.2 (0.2)	\$4,037 (92)
Medicare Status ³							
Aged							
65 - 74 years	88,538 (4,378)	62.8 (2.5)	1.1 (0.1)	18.9 (3.0)	15.9 (0.9)	*	3,723 (174)
75 - 84 years	55,676 (1,440)	70.0 (0.7)	1.1 (0.1)	12.0 (0.3)	16.4 (0.7)	0.6 (0.1)	4,523 (103)
85 years and older	23,283 (1,194)	67.6 (1.2)	1.5 (0.3)	11.7 (0.5)	18.8 (1.3)	0.4 (0.1)	4,723 (205)
Disabled							
Under 45 years	6,918 (905)	71.0 (2.7)	8.6 (0.8)	6.0 (1.3)	13.1 (2.2)	1.2 (0.2)	3,844 (498)
45 - 64 years	24,754 (1,338)	65.3 (1.7)	3.9 (0.4)	10.7 (1.4)	16.7 (0.9)	*	3,797 (157)
Gender							
Male	93,013 (3,430)	66.1 (1.2)	1.5 (0.1)	14.7 (1.0)	16.0 (0.6)	1.7 (0.4)	4,119 (143)
Female	106,157 (3,919)	65.9 (2.1)	1.9 (0.1)	14.6 (2.5)	16.8 (0.8)	0.8 (0.2)	3,967 (140)
Living Arrangement							
Alone	52,653 (1,522)	71.0 (0.6)	2.4 (0.1)	9.8 (0.4)	15.6 (0.6)	1.2 (0.2)	3,712 (88)
With spouse	104,848 (4,052)	61.3 (2.2)	0.6 (0.1)	19.2 (2.5)	17.7 (0.7)	*	4,198 (152)
With children	23,776 (1,904)	69.9 (1.7)	3.0 (0.3)	9.0 (0.6)	16.3 (1.7)	*	4,532 (358)
With others	17,734 (1,207)	73.3 (1.8)	4.6 (0.5)	9.3 (1.7)	11.1 (0.8)	*	3,635 (208)
Race/Ethnicity							
White non-Hispanic	151,596 (3,974)	63.7 (1.6)	1.1 (0.1)	16.5 (1.8)	17.5 (0.6)	1.2 (0.3)	4,091 (105)
Black non-Hispanic	20,537 (1,794)	73.8 (1.9)	3.6 (0.4)	9.9 (1.6)	11.9 (1.4)	0.7 (0.2)	4,380 (345)
Hispanic	16,729 (1,026)	77.9 (1.4)	3.7 (0.4)	6.6 (1.1)	10.8 (0.8)	1.0 (0.3)	3,441 (190)
Other	9,956 (819)	64.6 (3.1)	4.3 (0.9)	9.6 (1.4)	18.2 (2.7)	*	3,822 (251)
Income							
Less than \$10,000	19,544 (974)	77.3 (1.1)	8.1 (0.3)	3.1 (0.4)	10.7 (1.1)	0.8 (0.2)	3,870 (174)
\$10,000 - \$19,999	45,277 (2,277)	74.1 (1.0)	3.5 (0.3)	6.7 (0.5)	14.0 (1.0)	*	3,835 (174)
\$20,000 - \$29,999	33,405 (1,497)	69.0 (1.0)	0.7 (0.1)	11.4 (0.5)	16.9 (0.9)	*	3,976 (163)
\$30,000 - \$49,999	44,252 (1,699)	63.8 (2.2)	*	17.1 (1.6)	17.8 (1.0)	1.2 (0.4)	4,145 (136)
\$50,000 or more	56,692 (3,918)	55.5 (3.2)	*	25.0 (4.2)	18.9 (1.3)	0.6 (0.1)	4,230 (270)

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents¹

Beneficiary Characteristic ²	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	
All Beneficiaries	\$199,170 (4,627)	66.0 (1.3)	1.7 (0.1)	14.6 (1.4)	16.4 (0.5)	1.2 (0.2)	\$4,037 (92)
Poverty ⁴							
Under 100% FPL	29,538 (1,207)	77.1 (0.9)	7.5 (0.4)	3.4 (0.4)	11.3 (0.8)	0.8 (0.2)	3,742 (131)
100% - 199% FPL	55,072 (2,197)	71.8 (1.0)	2.0 (0.2)	8.2 (0.4)	15.8 (1.0)	*	3,949 (166)
200% - 399% FPL	70,187 (3,300)	61.1 (3.2)	0.1 (0.0)	20.7 (3.7)	17.0 (1.0)	1.0 (0.2)	4,293 (198)
Over 400% FPL	44,024 (1,937)	59.0 (1.4)	*	20.6 (1.2)	19.6 (0.9)	0.7 (0.2)	3,981 (158)
Health Status							
Excellent	23,321 (1,063)	66.0 (1.1)	0.6 (0.1)	13.8 (0.7)	18.2 (1.0)	*	2,751 (107)
Very good	46,838 (1,363)	66.4 (1.0)	0.8 (0.2)	13.8 (0.6)	18.2 (0.9)	0.7 (0.1)	3,269 (95)
Good	62,374 (4,153)	65.0 (3.3)	1.5 (0.1)	17.6 (4.2)	14.3 (1.1)	*	4,449 (275)
Fair	42,029 (2,110)	66.3 (2.0)	2.6 (0.2)	12.6 (1.5)	17.6 (1.0)	1.0 (0.2)	5,000 (236)
Poor	23,556 (2,003)	66.8 (2.5)	3.9 (0.5)	13.1 (3.0)	14.3 (1.3)	*	6,143 (486)
Functional Limitation							
None	72,690 (1,723)	67.8 (0.8)	0.6 (0.1)	13.7 (0.4)	17.0 (0.7)	0.8 (0.2)	2,918 (66)
IADL only ⁵	29,923 (1,688)	67.2 (1.9)	1.9 (0.2)	13.7 (1.7)	15.4 (1.1)	*	4,496 (221)
One to two ADLs ⁶	60,472 (3,788)	63.5 (3.6)	1.9 (0.2)	18.3 (4.4)	15.2 (1.3)	1.0 (0.2)	5,115 (323)
Three or more ADLs	35,547 (2,351)	65.4 (1.6)	3.6 (0.3)	11.2 (1.1)	18.0 (1.3)	*	6,133 (380)
Metropolitan Area Resident							
Yes	155,356 (4,392)	65.9 (1.6)	1.7 (0.1)	14.9 (1.8)	16.1 (0.6)	1.4 (0.3)	4,100 (114)
No	43,815 (1,146)	66.2 (0.9)	2.0 (0.2)	13.8 (0.4)	17.4 (0.9)	0.6 (0.1)	3,827 (107)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012Community-Only Residents¹

Beneficiary Characteristic ²	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	
All Beneficiaries	\$21,132 (755)	2.7 (0.1)	0.8 (0.2)	17.6 (0.9)	78.4 (1.0)	0.6 (0.1)	\$428 (15)
Medicare Status³							
Aged							
65 - 74 years	11,287 (510)	2.2 (0.1)	*	20.1 (1.2)	77.0 (1.3)	*	475 (21)
75 - 84 years	5,451 (313)	3.1 (0.2)	*	13.6 (1.2)	82.5 (1.3)	*	443 (24)
85 years and older	2,106 (270)	3.3 (0.5)	*	14.1 (2.1)	82.0 (2.5)	*	427 (55)
Disabled							
Under 45 years	344 (35)	2.9 (0.4)	*	15.7 (3.8)	67.1 (5.9)	*	191 (19)
45 - 64 years	1,944 (257)	3.9 (0.6)	*	18.4 (3.0)	72.5 (3.6)	*	298 (38)
Gender							
Male	10,010 (475)	2.6 (0.1)	*	17.9 (1.5)	78.6 (1.6)	*	443 (21)
Female	11,122 (547)	2.8 (0.2)	1.1 (0.3)	17.3 (1.0)	78.2 (1.1)	0.7 (0.2)	416 (20)
Living Arrangement							
Alone	6,133 (387)	2.6 (0.2)	1.4 (0.4)	13.6 (1.4)	81.2 (1.6)	*	432 (25)
With spouse	11,953 (547)	2.4 (0.1)	*	20.4 (1.4)	76.9 (1.5)	*	479 (22)
With children	1,471 (201)	4.6 (0.7)	*	11.2 (2.3)	80.8 (3.2)	*	280 (39)
With others	1,576 (194)	3.7 (0.6)	*	17.2 (2.6)	76.6 (2.5)	*	323 (38)
Race/Ethnicity							
White non-Hispanic	17,466 (673)	2.2 (0.1)	*	18.0 (1.1)	78.8 (1.1)	0.5 (0.1)	471 (18)
Black non-Hispanic	1,198 (269)	5.8 (1.5)	*	15.8 (4.7)	76.9 (5.9)	*	256 (57)
Hispanic	1,687 (250)	5.0 (0.8)	*	13.3 (2.8)	78.9 (3.4)	*	347 (53)
Other	725 (140)	3.8 (0.9)	*	21.1 (4.4)	68.0 (6.4)	*	278 (53)
Income							
Less than \$10,000	1,027 (174)	5.8 (1.2)	*	*	79.8 (4.0)	*	203 (34)
\$10,000 - \$19,999	2,691 (275)	5.9 (0.7)	*	8.7 (1.8)	79.7 (2.6)	*	228 (23)
\$20,000 - \$29,999	2,602 (205)	4.4 (0.4)	*	15.9 (2.4)	79.0 (2.6)	*	310 (24)
\$30,000 - \$49,999	5,017 (316)	2.4 (0.2)	*	15.5 (1.6)	81.7 (1.7)	*	470 (29)
\$50,000 or more	9,796 (546)	1.2 (0.1)	*	22.6 (1.5)	76.0 (1.6)	*	731 (38)

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents¹

Beneficiary Characteristic ²	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	
All Beneficiaries	\$21,132 (755)	2.7 (0.1)	0.8 (0.2)	17.6 (0.9)	78.4 (1.0)	0.6 (0.1)	\$428 (15)
Poverty ⁴							
Under 100% FPL	1,560 (197)	6.0 (0.8)	5.7 (1.5)	8.0 (2.2)	79.5 (2.9)	*	198 (25)
100% - 199% FPL	3,611 (332)	5.5 (0.6)	*	10.3 (1.3)	80.4 (1.9)	*	259 (24)
200% - 399% FPL	7,726 (420)	2.4 (0.2)	*	17.4 (1.6)	79.9 (1.6)	*	473 (26)
Over 400% FPL	8,221 (442)	1.2 (0.1)	*	22.7 (1.6)	75.9 (1.6)	*	743 (36)
Health Status							
Excellent	4,084 (337)	1.9 (0.2)	*	23.6 (2.7)	73.5 (2.8)	*	482 (37)
Very good	7,829 (427)	2.0 (0.1)	*	16.1 (1.1)	81.2 (1.2)	*	546 (29)
Good	5,738 (429)	3.0 (0.2)	0.4 (0.1)	14.9 (1.5)	81.0 (1.7)	*	409 (30)
Fair	2,614 (277)	4.1 (0.5)	*	19.2 (2.4)	74.0 (2.6)	*	311 (31)
Poor	795 (97)	6.4 (1.0)	*	17.0 (3.7)	68.8 (4.9)	*	207 (26)
Functional Limitation							
None	12,667 (615)	2.0 (0.1)	0.2 (0.0)	17.7 (1.2)	79.8 (1.3)	*	508 (25)
IADL only ⁵	2,718 (245)	2.9 (0.3)	*	15.3 (1.8)	79.2 (2.0)	*	408 (34)
One to two ADLs ⁶	4,135 (326)	3.7 (0.3)	*	19.6 (1.8)	74.7 (2.1)	*	350 (27)
Three or more ADLs	1,575 (196)	5.2 (0.7)	*	15.3 (2.5)	74.7 (2.9)	*	272 (32)
Metropolitan Area Resident							
Yes	17,566 (702)	2.8 (0.1)	0.7 (0.2)	18.5 (1.1)	77.4 (1.2)	0.6 (0.2)	464 (19)
No	3,566 (274)	2.3 (0.3)	*	13.1 (1.5)	83.0 (1.8)	*	312 (23)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents¹

Beneficiary Characteristic ²	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	
All Beneficiaries	\$169,397 (3,565)	61.5 (0.8)	0.6 (0.1)	17.2 (2.0)	16.9 (0.4)	6.2 (0.3)	\$3,433 (71)
Medicare Status ³							
Aged							
65 - 74 years	66,521 (2,447)	56.1 (1.6)	0.2 (0.0)	25.1 (5.1)	19.7 (0.6)	6.5 (0.6)	2,797 (100)
75 - 84 years	39,249 (1,276)	58.1 (1.4)	0.5 (0.1)	17.0 (0.8)	19.4 (0.5)	5.8 (0.5)	3,189 (93)
85 years and older	13,742 (959)	57.2 (2.1)	0.3 (0.1)	19.8 (1.8)	19.5 (1.3)	7.3 (0.8)	2,788 (185)
Disabled							
Under 45 years	10,724 (779)	81.1 (1.8)	1.7 (0.3)	3.9 (1.0)	6.5 (0.7)	5.6 (0.8)	5,959 (376)
45 - 64 years	39,160 (2,416)	70.3 (2.1)	1.1 (0.2)	6.7 (1.1)	11.4 (0.8)	6.0 (0.7)	6,008 (353)
Gender							
Male	75,386 (2,679)	59.2 (1.5)	0.5 (0.1)	18.1 (1.7)	17.4 (0.7)	7.4 (0.6)	3,339 (109)
Female	94,011 (2,794)	63.4 (1.1)	0.6 (0.1)	16.5 (3.3)	16.5 (0.4)	5.3 (0.4)	3,513 (99)
Living Arrangement							
Alone	50,924 (2,283)	68.4 (1.1)	0.9 (0.2)	10.1 (0.6)	14.4 (0.6)	6.7 (0.5)	3,590 (141)
With spouse	77,315 (2,653)	49.8 (1.5)	0.1 (0.0)	26.1 (4.2)	21.3 (0.7)	6.0 (0.5)	3,096 (98)
With children	19,721 (1,056)	73.3 (1.6)	0.9 (0.2)	10.9 (1.5)	12.5 (0.7)	5.6 (0.7)	3,759 (192)
With others	21,413 (1,838)	76.8 (1.4)	1.2 (0.3)	7.7 (1.6)	10.5 (0.7)	6.4 (0.9)	4,389 (345)
Race/Ethnicity							
White non-Hispanic	122,603 (3,322)	58.0 (1.0)	0.4 (0.1)	20.4 (2.7)	18.6 (0.4)	6.3 (0.4)	3,309 (86)
Black non-Hispanic	18,616 (1,185)	71.2 (2.3)	1.0 (0.3)	10.9 (2.2)	12.1 (1.4)	5.1 (0.7)	3,970 (233)
Hispanic	18,120 (1,107)	75.6 (1.5)	1.7 (0.3)	6.1 (1.1)	11.8 (0.9)	6.0 (1.0)	3,728 (215)
Other	9,791 (923)	61.4 (4.0)	0.6 (0.1)	9.8 (1.7)	13.3 (1.0)	8.0 (1.8)	3,759 (325)
Income							
Less than \$10,000	22,876 (1,232)	85.4 (1.0)	2.0 (0.3)	2.6 (0.3)	5.4 (0.4)	5.3 (0.5)	4,530 (229)
\$10,000 - \$19,999	48,403 (2,260)	77.5 (1.1)	0.8 (0.2)	6.2 (0.6)	11.2 (0.5)	6.2 (0.5)	4,099 (163)
\$20,000 - \$29,999	27,383 (1,798)	60.5 (2.1)	*	13.9 (1.1)	20.4 (0.8)	6.6 (0.9)	3,259 (203)
\$30,000 - \$49,999	32,482 (1,891)	49.2 (2.7)	*	23.3 (3.1)	22.2 (1.1)	6.7 (0.8)	3,042 (171)
\$50,000 or more	38,254 (2,015)	38.2 (1.7)	*	37.0 (8.2)	23.9 (0.9)	6.1 (0.8)	2,854 (124)

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents¹

Beneficiary Characteristic ²	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	
All Beneficiaries	\$169,397 (3,565)	61.5 (0.8)	0.6 (0.1)	17.2 (2.0)	16.9 (0.4)	6.2 (0.3)	\$3,433 (71)
Poverty ⁴							
Under 100% FPL	36,951 (2,069)	85.3 (0.9)	1.6 (0.2)	2.7 (0.4)	5.9 (0.3)	5.4 (0.5)	4,681 (252)
100% - 199% FPL	52,797 (2,390)	70.8 (1.1)	0.7 (0.1)	8.5 (0.8)	15.1 (0.6)	6.4 (0.4)	3,786 (156)
200% - 399% FPL	48,693 (2,026)	48.8 (2.1)	*	29.8 (6.6)	22.8 (0.8)	6.7 (0.6)	2,978 (120)
Over 400% FPL	30,891 (1,922)	37.2 (1.6)	*	29.4 (2.8)	23.7 (1.0)	6.1 (0.9)	2,793 (138)
Health Status							
Excellent	13,731 (678)	53.3 (2.0)	*	23.5 (2.1)	20.5 (0.8)	6.0 (1.1)	1,620 (75)
Very good	34,926 (1,422)	55.8 (1.7)	*	18.6 (1.0)	20.6 (0.6)	5.4 (0.7)	2,438 (95)
Good	50,185 (1,972)	58.6 (1.5)	0.5 (0.1)	21.8 (6.3)	18.1 (0.6)	5.8 (0.5)	3,580 (116)
Fair	43,611 (2,526)	65.8 (1.7)	0.7 (0.1)	12.1 (1.8)	14.2 (0.8)	7.5 (0.7)	5,188 (281)
Poor	26,203 (2,283)	71.9 (2.2)	1.2 (0.3)	11.8 (3.2)	11.9 (0.8)	6.3 (0.8)	6,833 (514)
Functional Limitation							
None	56,799 (1,752)	56.1 (1.4)	0.3 (0.1)	17.6 (1.0)	20.3 (0.6)	5.7 (0.6)	2,280 (67)
IADL only ⁵	28,380 (2,299)	64.6 (2.6)	0.5 (0.1)	14.4 (2.4)	15.6 (0.9)	5.6 (0.8)	4,264 (316)
One to two ADLs ⁶	52,986 (2,312)	61.5 (1.2)	0.8 (0.2)	20.8 (6.2)	16.2 (0.8)	7.0 (0.5)	4,482 (185)
Three or more ADLs	30,963 (1,933)	68.6 (1.7)	0.9 (0.2)	12.8 (1.9)	12.8 (0.6)	6.6 (0.7)	5,342 (283)
Metropolitan Area Resident							
Yes	132,818 (3,335)	62.1 (1.0)	0.6 (0.1)	17.4 (2.5)	16.5 (0.4)	6.2 (0.4)	3,505 (86)
No	36,579 (1,479)	59.5 (1.5)	0.5 (0.1)	16.5 (1.0)	18.2 (0.6)	6.4 (0.5)	3,195 (121)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.7 Skilled Nursing Facility Care Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Skilled Nursing Facility Users

Beneficiary Characteristic ²	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	
All Beneficiaries	\$37,994 (2,174)	67.1 (2.2)	13.6 (1.7)	7.9 (0.9)	10.9 (1.3)	*	\$15,268 (617)
Medicare Status ³							
Aged							
65 - 74 years	8,130 (1,368)	63.0 (7.4)	*	5.7 (1.6)	9.0 (2.0)	*	14,620 (1,795)
75 - 84 years	13,221 (1,278)	74.5 (2.8)	8.6 (2.1)	8.9 (1.5)	8.0 (1.4)	*	14,208 (948)
85 years and older	14,063 (1,287)	64.2 (3.0)	13.3 (2.6)	8.4 (1.0)	12.7 (2.4)	*	17,384 (1,103)
Disabled							
Under 45 years	*	*	*	*	*	*	*
45 - 64 years	*	*	*	*	*	*	*
Gender							
Male	13,953 (1,530)	64.9 (4.6)	18.0 (4.0)	8.9 (1.7)	7.5 (1.5)	*	14,242 (1,236)
Female	24,041 (1,589)	68.3 (2.1)	11.0 (1.7)	7.3 (0.8)	12.9 (2.0)	*	15,934 (689)
Race/Ethnicity							
White non-Hispanic	31,831 (2,002)	65.3 (2.5)	13.2 (1.7)	8.9 (0.9)	12.0 (1.6)	*	15,428 (686)
Black non-Hispanic	2,847 (697)	69.8 (11.7)	*	*	*	*	16,086 (3,308)
Hispanic	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*
Income							
Less than \$10,000	7,188 (1,207)	64.1 (6.7)	24.0 (6.0)	*	*	*	18,860 (1,987)
\$10,000 - \$19,999	14,633 (1,410)	65.2 (3.3)	15.9 (2.8)	5.6 (0.8)	12.9 (2.0)	*	16,325 (1,257)
\$20,000 - \$29,999	6,470 (1,017)	62.6 (8.1)	*	8.9 (1.6)	11.6 (2.8)	*	15,546 (1,975)
\$30,000 - \$49,999	5,428 (659)	78.7 (3.4)	*	10.7 (1.6)	*	*	11,748 (1,138)
\$50,000 or more	4,275 (626)	70.8 (5.8)	*	18.9 (4.6)	*	*	12,845 (1,522)
Poverty ⁴							
Under 100% FPL	9,762 (1,432)	63.1 (5.7)	23.2 (4.7)	*	*	*	17,465 (1,823)
100% - 199% FPL	14,461 (1,503)	66.1 (3.3)	13.8 (2.8)	6.4 (1.0)	13.0 (2.1)	*	16,098 (1,288)
200% - 399% FPL	9,539 (1,111)	70.9 (5.5)	*	9.6 (1.3)	9.2 (2.1)	*	13,055 (1,248)
Over 400% FPL	4,205 (679)	71.0 (6.0)	*	18.7 (4.7)	*	*	14,093 (1,895)

Table 4.7 Skilled Nursing Facility Care Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Skilled Nursing Facility Users

Beneficiary Characteristic ²	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	
All Beneficiaries	\$37,994 (2,174)	67.1 (2.2)	13.6 (1.7)	7.9 (0.9)	10.9 (1.3)	*	\$15,268 (617)
Health Status							
Excellent	*	*	*	*	*	*	*
Very good	6,484 (919)	71.4 (4.9)	*	10.0 (1.6)	*	*	13,135 (1,430)
Good	9,851 (1,192)	72.2 (4.1)	*	7.9 (1.2)	*	*	14,046 (1,148)
Fair	13,002 (1,415)	64.1 (4.5)	19.3 (4.2)	6.4 (1.3)	10.0 (1.7)	*	18,335 (1,508)
Poor	6,680 (1,046)	59.3 (7.5)	*	9.4 (2.7)	15.6 (3.7)	*	16,144 (1,803)
Functional Limitation							
None	2,391 (352)	83.8 (2.7)	*	12.4 (2.8)	*	*	7,280 (893)
IADL only ⁵	2,789 (562)	71.5 (10.5)	*	*	*	*	11,056 (1,473)
One to two ADLs ⁶	10,969 (1,411)	76.6 (3.0)	*	8.5 (1.5)	8.1 (1.9)	*	14,085 (1,215)
Three or more ADLs	21,656 (1,839)	59.8 (3.3)	19.6 (3.1)	7.3 (1.1)	12.5 (1.6)	*	19,463 (1,147)
Metropolitan Area Resident							
Yes	26,683 (1,827)	71.3 (2.8)	11.8 (2.2)	7.0 (0.9)	9.3 (1.6)	*	14,729 (696)
No	11,311 (1,199)	57.2 (3.4)	17.7 (2.7)	10.0 (1.7)	14.6 (2.3)	*	16,710 (1,346)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

1: Due to missing values for some variables, expenditures for individual categories may not sum to total expenditures for all beneficiaries.

2: Beginning in CY2009, skilled nursing facility (SNF) care expenditures are separated from expenditures for long-term nursing home care. Expenditures for SNF care, which were reported during a community interview or created through Medicare claims data, were included for Medicare beneficiaries who ever used SNF care.

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

4: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.8 Long-Term Nursing Home Care Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Long-Term Care Facility Residents¹

Beneficiary Characteristic ²	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	
All Beneficiaries	\$104,373 (4,138)	*	48.4 (2.1)	1.5 (0.4)	41.1 (1.8)	8.2 (0.9)	\$38,306 (955)
Medicare Status ⁴							
Aged							
65 - 74 years	17,547 (2,344)	*	54.2 (4.7)	*	30.6 (3.9)	11.9 (3.2)	35,965 (2,822)
75 - 84 years	25,557 (1,706)	*	47.5 (3.5)	*	42.4 (3.2)	7.1 (1.4)	37,741 (1,455)
85 years and older	45,005 (2,681)	*	38.6 (2.9)	*	52.1 (2.7)	7.0 (1.0)	38,327 (1,400)
Disabled							
Under 45 years	2,297 (455)	*	66.5 (6.1)	*	17.5 (2.9)	16.0 (4.6)	35,131 (5,400)
45 - 64 years	13,966 (2,142)	*	71.4 (4.9)	*	20.5 (4.4)	8.1 (2.1)	43,640 (4,629)
Gender							
Male	39,906 (2,756)	*	51.0 (3.5)	*	38.5 (3.1)	8.3 (1.4)	36,783 (1,848)
Female	64,466 (3,263)	*	46.8 (2.3)	*	42.7 (2.2)	8.1 (1.1)	39,314 (1,269)
Race/Ethnicity							
White non-Hispanic	86,764 (3,687)	*	44.7 (2.3)	*	45.2 (2.0)	7.9 (0.9)	37,946 (1,055)
Black non-Hispanic	9,015 (1,233)	*	69.0 (4.4)	*	13.5 (1.8)	13.8 (3.7)	39,817 (3,993)
Hispanic	6,693 (1,266)	*	72.6 (6.3)	*	21.8 (5.5)	*	40,171 (4,292)
Other	*	*	*	*	*	*	*
Income							
Less than \$10,000	32,827 (2,683)	*	66.4 (3.5)	*	23.2 (2.8)	8.1 (1.8)	43,128 (2,243)
\$10,000 - \$19,999	39,391 (2,615)	*	53.1 (2.5)	*	36.8 (2.4)	8.4 (1.2)	38,103 (1,589)
\$20,000 - \$29,999	13,117 (1,537)	*	34.4 (4.3)	*	50.6 (5.0)	12.7 (2.5)	33,595 (3,015)
\$30,000 - \$49,999	10,660 (1,632)	*	24.0 (5.4)	*	69.6 (5.0)	*	32,353 (3,182)
\$50,000 or more	8,377 (1,178)	*	*	*	80.4 (5.8)	*	39,928 (3,820)
Poverty ⁵							
Under 100% FPL	37,940 (2,785)	*	65.7 (3.1)	*	23.5 (2.5)	8.4 (1.5)	41,375 (1,942)
100% - 199% FPL	40,350 (2,858)	*	49.1 (2.7)	*	40.1 (2.6)	9.2 (1.4)	38,797 (1,590)
200% - 399% FPL	17,258 (1,282)	*	28.1 (4.0)	*	62.6 (3.8)	7.0 (1.6)	31,565 (1,609)
Over 400% FPL	7,525 (1,449)	*	*	*	86.1 (3.6)	2.9 (0.8)	39,934 (4,715)

Table 4.8 Long-Term Nursing Home Care Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Long-Term Care Facility Residents¹

Beneficiary Characteristic ²	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	
All Beneficiaries	\$104,373 (4,138)	*	48.4 (2.1)	1.5 (0.4)	41.1 (1.8)	8.2 (0.9)	\$38,306 (955)
Health Status							
Excellent	*	*	*	*	*	*	*
Very good	13,422 (1,728)	*	36.0 (5.9)	*	54.2 (5.4)	7.0 (2.0)	34,685 (3,235)
Good	30,186 (2,502)	*	48.1 (3.7)	*	43.2 (3.4)	6.9 (1.3)	37,452 (2,031)
Fair	37,593 (3,032)	*	51.5 (2.5)	*	38.7 (2.4)	7.8 (1.5)	41,935 (1,996)
Poor	18,254 (1,757)	*	52.8 (3.6)	*	32.8 (3.4)	11.4 (2.3)	38,149 (3,061)
Functional Limitation							
None	4,245 (1,029)	*	*	*	51.6 (9.5)	*	27,001 (5,246)
IADL only ⁶	4,434 (704)	*	20.6 (5.8)	*	60.6 (7.5)	16.8 (3.9)	20,946 (2,064)
One to two ADLs ⁷	12,384 (1,317)	*	33.8 (4.9)	*	52.7 (4.4)	8.0 (1.8)	24,515 (1,732)
Three or more ADLs	82,815 (4,039)	*	53.4 (2.1)	*	37.8 (2.0)	7.4 (1.0)	45,181 (1,023)
Metropolitan Area Resident							
Yes	81,435 (3,801)	*	47.7 (2.3)	*	42.2 (2.0)	7.5 (0.9)	39,746 (1,087)
No	22,938 (1,591)	*	51.0 (4.0)	1.1 (0.3)	37.4 (4.1)	10.5 (2.6)	33,941 (2,074)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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 nursing home care include facility room and board expenses and charges for ancillary services for full-year and part-year nursing home residents.

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

5: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

6: *IADL* stands for Instrumental Activity of Daily Living.

7: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.9 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per Beneficiary	\$14,349 (227)	\$8,214 (733)	\$18,719 (666)	\$15,114 (808)	\$14,393 (544)	\$12,935 (1,257)
Medicare Status³						
Aged						
65 - 74 years	12,134 (335)	5,841 (670)	17,192 (1,394)	12,171 (940)	12,631 (847)	13,213 (1,915)
75 - 84 years	16,152 (331)	11,239 (2,445)	19,560 (1,052)	17,756 (1,216)	16,408 (698)	12,798 (1,421)
85 years and older	16,934 (620)	12,196 (2,041)	20,217 (1,579)	15,996 (1,739)	16,579 (988)	*
Disabled						
Under 45 years	16,754 (1,314)	11,357 (2,543)	18,235 (1,594)	*	12,475 (2,905)	*
45 - 64 years	16,406 (685)	9,998 (1,681)	19,633 (1,227)	*	16,142 (1,575)	*
Gender						
Male	14,701 (380)	8,151 (910)	17,859 (1,054)	18,047 (1,629)	15,585 (901)	15,281 (2,578)
Female	14,052 (283)	8,313 (1,077)	19,279 (794)	13,050 (742)	13,316 (733)	10,565 (1,127)
Living Arrangement						
Alone	14,213 (363)	6,746 (694)	19,452 (1,166)	14,197 (1,058)	13,161 (802)	11,817 (1,626)
With spouse	13,665 (314)	8,162 (1,023)	16,995 (1,494)	14,425 (920)	14,608 (706)	13,563 (1,688)
With children	17,323 (791)	10,200 (1,708)	20,570 (1,393)	17,988 (2,352)	17,659 (2,364)	*
With others	14,914 (764)	8,736 (2,285)	17,615 (1,217)	*	12,721 (1,636)	*
Race/Ethnicity						
White non-Hispanic	14,034 (245)	7,520 (710)	19,223 (994)	15,084 (870)	14,522 (572)	12,597 (1,398)
Black non-Hispanic	17,261 (903)	11,451 (3,063)	21,102 (1,793)	*	15,566 (2,270)	*
Hispanic	13,833 (625)	6,791 (1,096)	16,270 (1,054)	*	11,897 (1,705)	*
Other	14,817 (1,209)	*	17,230 (1,839)	*	13,503 (3,499)	*
Income						
Less than \$10,000	16,451 (827)	*	18,608 (1,178)	11,531 (2,417)	*	*
\$10,000 - \$19,999	15,447 (503)	9,222 (1,235)	18,616 (875)	16,357 (1,413)	15,488 (2,234)	*
\$20,000 - \$29,999	14,396 (590)	7,368 (1,092)	18,002 (2,391)	17,846 (2,240)	15,279 (1,170)	*
\$30,000 - \$49,999	13,543 (398)	9,631 (2,089)	24,387 (7,164)	13,991 (1,408)	13,981 (908)	14,939 (3,308)
\$50,000 or more	13,203 (466)	5,954 (969)	*	13,942 (1,280)	14,222 (850)	11,478 (1,463)

Table 4.9 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per Beneficiary	\$14,349 (227)	\$8,214 (733)	\$18,719 (666)	\$15,114 (808)	\$14,393 (544)	\$12,935 (1,257)
Poverty ⁴						
Under 100% FPL	16,151 (600)	9,331 (1,828)	18,367 (860)	11,037 (1,829)	11,709 (1,669)	*
100% - 199% FPL	15,284 (480)	8,030 (818)	19,265 (996)	18,456 (1,919)	15,767 (1,662)	*
200% - 399% FPL	13,667 (373)	7,766 (1,314)	19,996 (4,719)	14,787 (1,113)	14,738 (1,033)	14,457 (2,409)
Over 400% FPL	12,832 (404)	6,317 (1,402)	*	12,900 (1,150)	13,656 (654)	11,080 (1,558)
Health Status						
Excellent	8,688 (330)	3,900 (732)	11,207 (1,355)	9,184 (1,156)	7,684 (515)	8,501 (1,575)
Very good	10,866 (298)	5,964 (1,412)	14,481 (1,283)	11,404 (918)	9,806 (500)	8,853 (933)
Good	14,866 (483)	8,602 (1,367)	16,837 (989)	14,105 (1,089)	16,976 (1,455)	16,460 (2,958)
Fair	19,816 (669)	9,140 (1,275)	19,786 (1,078)	25,377 (3,231)	25,818 (2,151)	*
Poor	25,856 (1,590)	14,828 (2,139)	27,624 (2,338)	42,668 (7,307)	25,810 (3,119)	*
Functional Limitation						
None	9,760 (188)	5,085 (581)	12,466 (1,024)	10,164 (668)	8,917 (303)	9,390 (993)
IADL only ⁵	16,265 (749)	7,749 (1,488)	17,465 (1,712)	18,823 (3,510)	16,561 (1,286)	*
One to two ADLs ⁶	17,648 (597)	8,922 (1,253)	19,737 (1,119)	18,914 (1,571)	20,648 (1,844)	18,114 (3,921)
Three or more ADLs	25,015 (975)	17,353 (2,995)	26,108 (1,526)	31,882 (3,628)	31,140 (3,539)	*
Metropolitan Area Resident						
Yes	14,599 (274)	8,514 (983)	19,274 (817)	15,277 (1,094)	14,727 (642)	12,257 (1,263)
No	13,523 (373)	7,500 (889)	17,054 (1,108)	14,820 (1,115)	13,225 (831)	15,946 (3,844)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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 Advantage plans 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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.10 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Inpatient Hospital Stay in 2012¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$16,283 (648)	\$18,346 (2,676)	\$17,925 (1,150)	\$19,362 (1,352)	\$17,589 (1,091)	*
Medicare Status³						
Aged						
65 - 74 years	16,848 (1,208)	*	22,635 (2,805)	21,959 (2,952)	18,309 (2,007)	*
75 - 84 years	17,235 (843)	*	18,378 (2,296)	19,499 (1,938)	19,642 (1,648)	*
85 years and older	13,993 (929)	*	16,258 (1,974)	13,374 (1,878)	14,903 (1,719)	*
Disabled						
Under 45 years	21,498 (2,633)	*	21,178 (2,868)	*	*	
45 - 64 years	14,170 (1,432)	*	14,098 (1,796)	*	*	*
Gender						
Male	18,858 (1,206)	20,801 (3,738)	19,240 (2,318)	23,129 (2,415)	20,364 (2,089)	*
Female	14,031 (535)	*	17,133 (1,250)	15,682 (1,110)	14,571 (1,010)	*
Living Arrangement						
Alone	15,364 (845)	*	17,537 (1,896)	17,500 (1,639)	15,991 (1,964)	*
With spouse	16,573 (965)	*	16,085 (3,286)	20,504 (2,433)	18,427 (1,517)	*
With children	16,848 (1,300)	*	20,837 (2,039)	*	*	*
With others	15,765 (1,307)	*	17,465 (1,564)	*	*	
Race/Ethnicity						
White non-Hispanic	15,744 (682)	16,146 (2,071)	17,803 (1,674)	19,338 (1,467)	16,848 (980)	*
Black non-Hispanic	20,383 (1,856)	*	20,827 (2,700)	*	*	*
Hispanic	14,275 (1,774)	*	15,891 (2,633)	*	*	*
Other	19,375 (3,676)	*	*	*	*	*
Income						
Less than \$10,000	18,183 (1,656)	*	19,657 (2,084)	*	*	
\$10,000 - \$19,999	15,826 (1,121)	*	16,700 (1,525)	19,863 (2,205)	*	*
\$20,000 - \$29,999	15,246 (1,273)	*	*	19,465 (2,490)	17,076 (2,800)	*
\$30,000 - \$49,999	15,696 (1,153)	*	*	18,902 (2,115)	16,310 (1,576)	*
\$50,000 or more	17,260 (1,066)	*	*	20,151 (3,976)	18,219 (1,205)	*

Table 4.10 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Inpatient Hospital Stay in 2012¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	
Expenditures per User	\$16,283 (648)	\$18,346 (2,676)	\$17,925 (1,150)	\$19,362 (1,352)	\$17,589 (1,091)	*
Poverty⁴						
Under 100% FPL	16,233 (1,148)	*	17,734 (1,507)	*	*	*
100% - 199% FPL	16,158 (1,147)	13,761 (1,718)	17,109 (1,482)	21,341 (2,271)	21,259 (4,886)	*
200% - 399% FPL	15,590 (1,019)	*	*	20,971 (2,925)	15,925 (1,238)	*
Over 400% FPL	16,963 (1,093)	*	*	15,193 (1,818)	18,743 (1,448)	*
Health Status						
Excellent	13,337 (1,097)	*	*	*	*	*
Very good	13,696 (896)	*	13,254 (1,667)	18,256 (1,978)	14,222 (1,621)	*
Good	16,375 (1,222)	*	18,437 (1,965)	16,331 (1,443)	20,094 (2,405)	*
Fair	16,492 (1,386)	*	15,001 (1,974)	22,770 (5,031)	19,146 (2,364)	*
Poor	20,756 (1,891)	*	24,204 (3,358)	*	*	*
Functional Limitation						
None	14,535 (747)	*	14,401 (2,501)	19,379 (2,202)	15,675 (1,139)	*
IADL only ⁵	14,051 (1,288)	*	14,523 (2,371)	*	15,621 (2,523)	*
One to two ADLs ⁶	16,036 (929)	*	16,920 (1,851)	20,036 (2,867)	16,970 (1,619)	*
Three or more ADLs	20,202 (1,402)	*	22,378 (2,714)	20,807 (2,146)	24,388 (4,222)	*
Metropolitan Area Resident						
Yes	16,691 (763)	18,615 (3,439)	18,257 (1,316)	21,401 (2,092)	18,524 (1,341)	*
No	15,171 (1,291)	*	16,948 (2,451)	16,486 (1,429)	14,725 (1,696)	*

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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 Advantage plans 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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.11 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Outpatient Hospital Stay in 2012¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$2,556 (98)	\$1,529 (197)	\$3,041 (278)	\$2,582 (195)	\$2,805 (226)	\$3,016 (868)
Medicare Status³						
Aged						
65 - 74 years	2,400 (128)	1,001 (175)	3,103 (498)	2,390 (257)	2,574 (336)	*
75 - 84 years	2,626 (132)	2,062 (566)	3,288 (428)	2,985 (361)	2,721 (295)	1,336 (222)
85 years and older	2,117 (124)	*	2,289 (323)	1,817 (209)	2,224 (280)	*
Disabled						
Under 45 years	3,825 (1,060)	*	*	*	*	*
45 - 64 years	2,894 (266)	2,054 (507)	2,666 (282)	*	4,838 (1,184)	*
Gender						
Male	2,756 (130)	1,365 (224)	2,845 (266)	3,151 (404)	3,214 (362)	*
Female	2,398 (123)	1,787 (345)	3,162 (390)	2,190 (189)	2,448 (245)	1,262 (194)
Living Arrangement						
Alone	2,295 (133)	1,072 (212)	3,060 (396)	2,274 (247)	2,074 (238)	1,429 (256)
With spouse	2,583 (123)	1,414 (282)	3,199 (406)	2,550 (266)	2,974 (292)	*
With children	3,242 (366)	2,420 (621)	3,325 (928)	2,967 (565)	4,306 (596)	*
With others	2,438 (244)	*	2,583 (378)	*	*	*
Race/Ethnicity						
White non-Hispanic	2,419 (108)	1,153 (139)	2,758 (323)	2,473 (188)	2,844 (265)	*
Black non-Hispanic	3,914 (495)	*	4,498 (1,012)	*	3,243 (670)	*
Hispanic	2,091 (176)	*	2,328 (235)	*	*	*
Other	2,915 (379)	*	2,957 (706)	*	2,034 (505)	*
Income						
Less than \$10,000	2,740 (258)	*	2,897 (371)	*	*	*
\$10,000 - \$19,999	2,561 (146)	1,767 (331)	2,888 (285)	2,579 (373)	2,549 (408)	*
\$20,000 - \$29,999	2,593 (260)	*	*	3,278 (513)	2,426 (244)	*
\$30,000 - \$49,999	2,471 (201)	1,020 (266)	*	2,259 (271)	2,792 (393)	*
\$50,000 or more	2,521 (180)	853 (203)	*	2,288 (315)	3,055 (386)	1,953 (337)

Table 4.11 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Outpatient Hospital Stay in 2012¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$2,556 (98)	\$1,529 (197)	\$3,041 (278)	\$2,582 (195)	\$2,805 (226)	\$3,016 (868)
Poverty⁴						
Under 100% FPL	2,752 (236)	*	2,979 (333)	2,687 (787)	1,198 (219)	*
100% - 199% FPL	2,625 (188)	1,844 (384)	3,055 (528)	3,076 (418)	2,583 (292)	*
200% - 399% FPL	2,490 (175)	1,027 (202)	4,111 (1,190)	2,507 (187)	2,933 (369)	*
Over 400% FPL	2,407 (207)	*	*	2,075 (343)	2,865 (430)	2,041 (393)
Health Status						
Excellent	1,805 (166)	*	*	1,684 (304)	1,801 (306)	*
Very good	1,929 (109)	942 (211)	2,537 (455)	1,985 (232)	1,980 (243)	1,362 (210)
Good	2,373 (122)	1,553 (412)	2,442 (268)	2,576 (404)	2,580 (225)	1,948 (346)
Fair	3,706 (315)	1,534 (287)	3,348 (423)	3,749 (821)	5,868 (1,102)	*
Poor	3,917 (499)	*	4,091 (973)	6,020 (1,347)	3,605 (531)	*
Functional Limitation						
None	2,021 (119)	1,195 (308)	2,592 (355)	2,052 (194)	2,059 (241)	2,463 (565)
IADL only ⁵	3,523 (473)	1,238 (315)	4,075 (1,100)	3,876 (817)	4,093 (1,071)	*
One to two ADLs ⁶	2,712 (110)	1,841 (436)	2,728 (270)	2,719 (305)	3,374 (295)	*
Three or more ADLs	3,032 (247)	2,023 (551)	3,182 (461)	3,622 (764)	3,264 (587)	*
Metropolitan Area Resident						
Yes	2,572 (123)	1,500 (231)	3,203 (373)	2,344 (221)	3,004 (294)	2,339 (450)
No	2,511 (137)	1,591 (388)	2,633 (257)	2,925 (327)	2,228 (245)	*

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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 Advantage plans 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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.12 Physician/Supplier Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Physician/Supplier Service in 2012¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$4,178 (96)	\$2,300 (171)	\$4,351 (162)	\$4,975 (218)	\$5,041 (354)	\$4,290 (339)
Medicare Status³						
Aged						
65 - 74 years	3,887 (186)	1,790 (217)	4,312 (315)	4,443 (331)	4,996 (655)	4,067 (494)
75 - 84 years	4,604 (106)	3,049 (555)	4,403 (216)	5,355 (308)	5,248 (210)	4,596 (355)
85 years and older	4,817 (207)	2,876 (463)	4,834 (523)	5,478 (543)	5,093 (385)	*
Disabled						
Under 45 years	4,112 (531)	*	4,367 (691)	*	*	*
45 - 64 years	3,936 (157)	2,614 (344)	4,205 (230)	*	4,716 (577)	*
Gender						
Male	4,303 (153)	2,151 (225)	4,395 (335)	5,653 (359)	5,276 (449)	4,460 (527)
Female	4,074 (144)	2,519 (284)	4,323 (156)	4,495 (271)	4,830 (539)	4,112 (384)
Living Arrangement						
Alone	3,845 (89)	1,996 (216)	4,263 (215)	4,570 (262)	4,243 (266)	4,031 (453)
With spouse	4,333 (158)	2,555 (283)	4,403 (378)	5,107 (312)	5,210 (502)	4,398 (407)
With children	4,673 (373)	2,375 (497)	4,588 (336)	5,998 (908)	6,703 (1,919)	*
With others	3,811 (218)	1,982 (453)	4,273 (435)	4,563 (818)	4,235 (683)	*
Race/Ethnicity						
White non-Hispanic	4,215 (110)	2,256 (195)	4,283 (199)	5,051 (233)	5,099 (386)	4,112 (349)
Black non-Hispanic	4,631 (361)	2,395 (423)	5,161 (441)	*	6,363 (1,811)	*
Hispanic	3,596 (201)	2,155 (387)	3,863 (424)	*	3,705 (521)	*
Other	3,985 (262)	*	4,279 (409)	*	3,547 (608)	*
Income						
Less than \$10,000	4,103 (183)	*	4,335 (250)	3,853 (589)	*	*
\$10,000 - \$19,999	3,995 (183)	2,419 (304)	4,241 (239)	5,123 (450)	5,133 (1,362)	*
\$20,000 - \$29,999	4,129 (162)	2,160 (294)	4,719 (697)	5,113 (380)	4,924 (430)	*
\$30,000 - \$49,999	4,276 (139)	2,637 (496)	5,489 (1,404)	5,592 (636)	4,999 (478)	3,973 (428)
\$50,000 or more	4,314 (277)	1,878 (343)	*	4,519 (362)	5,108 (614)	4,179 (462)

Table 4.12 Physician/Supplier Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Physician/Supplier Service in 2012¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$4,178 (96)	\$2,300 (171)	\$4,351 (162)	\$4,975 (218)	\$5,041 (354)	\$4,290 (339)
Poverty⁴						
Under 100% FPL	3,954 (144)	2,365 (356)	4,216 (186)	3,689 (448)	4,054 (566)	*
100% - 199% FPL	4,108 (174)	2,399 (240)	4,454 (296)	5,265 (367)	5,156 (899)	*
200% - 399% FPL	4,426 (208)	2,287 (317)	5,616 (1,305)	5,349 (406)	5,488 (733)	4,532 (551)
Over 400% FPL	4,054 (163)	1,635 (351)	*	4,379 (382)	4,599 (300)	3,827 (382)
Health Status						
Excellent	2,889 (116)	1,544 (286)	2,987 (514)	3,660 (438)	2,915 (209)	2,896 (354)
Very good	3,378 (97)	1,854 (329)	3,900 (545)	3,999 (277)	3,509 (180)	3,839 (497)
Good	4,590 (282)	2,149 (298)	3,940 (233)	5,328 (481)	6,505 (1,035)	5,450 (702)
Fair	5,147 (235)	2,692 (324)	4,392 (209)	7,195 (756)	7,679 (949)	*
Poor	6,262 (491)	3,512 (680)	6,050 (525)	8,687 (1,115)	7,991 (2,017)	*
Functional Limitation						
None	3,045 (70)	1,477 (146)	3,054 (250)	3,786 (236)	3,177 (123)	3,561 (383)
IADL only ⁵	4,644 (229)	2,617 (441)	4,138 (442)	6,168 (896)	5,559 (484)	*
One to two ADLs ⁶	5,213 (329)	2,250 (277)	4,571 (310)	5,972 (419)	7,931 (1,381)	6,239 (902)
Three or more ADLs	6,275 (385)	4,768 (821)	5,775 (307)	8,307 (1,225)	8,989 (1,841)	*
Metropolitan Area Resident						
Yes	4,245 (120)	2,205 (193)	4,437 (197)	5,143 (282)	5,250 (441)	4,275 (347)
No	3,957 (111)	2,520 (349)	4,098 (290)	4,673 (357)	4,308 (345)	4,354 (998)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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 Advantage plans 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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.13 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Prescribed Medicine in 2012¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$3,621 (74)	\$2,642 (285)	\$5,915 (239)	\$3,099 (294)	\$3,163 (99)	\$2,724 (293)
Medicare Status³						
Aged						
65 - 74 years	2,991 (107)	1,997 (284)	4,869 (424)	2,434 (234)	2,848 (127)	2,919 (472)
75 - 84 years	3,292 (96)	1,832 (306)	5,110 (276)	2,940 (255)	3,069 (145)	2,585 (252)
85 years and older	2,884 (193)	1,378 (234)	3,587 (304)	3,185 (883)	2,546 (173)	*
Disabled						
Under 45 years	6,558 (414)	4,792 (862)	7,242 (554)	*	4,524 (815)	*
45 - 64 years	6,277 (367)	4,086 (930)	7,704 (613)	*	5,855 (549)	*
Gender						
Male	3,559 (114)	2,534 (300)	5,846 (392)	3,832 (673)	3,200 (143)	2,964 (516)
Female	3,672 (103)	2,807 (618)	5,958 (285)	2,585 (175)	3,130 (143)	2,483 (259)
Living Arrangement						
Alone	3,762 (145)	2,092 (284)	6,763 (479)	2,685 (269)	2,814 (188)	2,877 (329)
With spouse	3,263 (102)	2,605 (330)	4,680 (366)	3,059 (331)	3,331 (136)	2,696 (413)
With children	3,990 (205)	2,212 (339)	5,556 (456)	2,533 (286)	2,909 (292)	*
With others	4,681 (359)	*	5,986 (401)	*	3,105 (484)	*
Race/Ethnicity						
White non-Hispanic	3,494 (90)	2,518 (348)	6,525 (333)	3,093 (320)	3,184 (109)	2,681 (324)
Black non-Hispanic	4,170 (236)	2,561 (433)	5,738 (478)	*	2,652 (341)	*
Hispanic	3,941 (230)	2,761 (563)	5,170 (547)	*	2,927 (547)	*
Other	3,905 (332)	*	4,857 (486)	*	3,983 (733)	*
Income						
Less than \$10,000	4,856 (243)	*	5,813 (339)	2,203 (269)	*	*
\$10,000 - \$19,999	4,334 (171)	3,283 (683)	6,247 (348)	2,791 (255)	2,985 (275)	*
\$20,000 - \$29,999	3,453 (208)	2,417 (352)	4,634 (548)	4,371 (1,104)	3,351 (292)	*
\$30,000 - \$49,999	3,174 (180)	2,256 (297)	5,426 (1,157)	2,832 (252)	2,986 (194)	3,589 (829)
\$50,000 or more	3,001 (129)	2,443 (451)	*	2,752 (445)	3,269 (147)	2,437 (279)

Table 4.13 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Prescribed Medicine in 2012¹

Beneficiary Characteristic	Total ²	Medicare Fee-for-Service Only	Supplemental Health Insurance			
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance
Expenditures per User	\$3,621 (74)	\$2,642 (285)	\$5,915 (239)	\$3,099 (294)	\$3,163 (99)	\$2,724 (293)
Poverty⁴						
Under 100% FPL	5,003 (267)	*	5,918 (323)	1,967 (232)	2,598 (606)	*
100% - 199% FPL	4,003 (160)	2,364 (206)	6,100 (403)	4,278 (833)	3,465 (296)	*
200% - 399% FPL	3,108 (125)	2,286 (262)	4,827 (865)	2,629 (156)	3,025 (156)	3,380 (586)
Over 400% FPL	2,950 (145)	2,402 (548)	*	2,801 (536)	3,245 (173)	2,348 (257)
Health Status						
Excellent	1,797 (83)	1,019 (266)	3,121 (263)	1,331 (131)	1,697 (125)	1,390 (192)
Very good	2,578 (97)	*	4,318 (498)	2,089 (204)	2,432 (127)	1,874 (232)
Good	3,719 (119)	2,761 (497)	5,441 (366)	2,933 (246)	3,554 (231)	3,704 (464)
Fair	5,356 (290)	3,048 (472)	6,731 (487)	5,212 (1,122)	5,166 (459)	*
Poor	7,000 (523)	4,317 (613)	7,997 (686)	*	5,985 (677)	*
Functional Limitation						
None	2,456 (70)	1,855 (324)	4,576 (475)	1,912 (122)	2,273 (95)	2,033 (200)
IADL only ⁵	4,396 (324)	2,082 (325)	5,615 (440)	*	3,708 (308)	*
One to two ADLs ⁶	4,612 (187)	3,655 (805)	6,338 (412)	4,064 (672)	4,201 (256)	3,271 (496)
Three or more ADLs	5,518 (286)	3,504 (522)	7,207 (584)	5,429 (1,186)	5,301 (562)	*
Metropolitan Area Resident						
Yes	3,703 (88)	2,989 (407)	6,021 (285)	3,302 (435)	3,098 (118)	2,399 (215)
No	3,350 (123)	1,858 (169)	5,596 (421)	2,738 (247)	3,391 (163)	*

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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 Advantage plans 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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

5: *IADL* stands for Instrumental Activity of Daily Living.

6: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.14 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Inpatient Hospital Stay in 2012¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$16,283 (648)	\$13,823 (572)	\$243 (21)	\$1,670 (226)	\$534 (143)	*
Medicare Status²						
Aged						
65 - 74 years	16,848 (1,208)	13,512 (930)	157 (32)	2,446 (558)	*	*
75 - 84 years	17,235 (843)	15,505 (792)	184 (45)	1,230 (225)	313 (73)	*
85 years and older	13,993 (929)	12,525 (862)	146 (23)	1,097 (239)	224 (33)	*
Disabled						
Under 45 years	21,498 (2,633)	17,701 (2,136)	999 (120)	*	*	*
45 - 64 years	14,170 (1,432)	11,691 (1,363)	494 (72)	1,109 (259)	*	*
Gender						
Male	18,858 (1,206)	15,564 (972)	189 (22)	2,227 (454)	*	*
Female	14,031 (535)	12,300 (523)	290 (31)	1,183 (192)	246 (30)	*
Living Arrangement						
Alone	16,550 (934)	13,128 (793)	89 (14)	2,571 (448)	*	*
With spouse	14,623 (837)	13,332 (823)	189 (21)	816 (114)	281 (60)	*
With children	16,816 (1,387)	14,829 (1,338)	576 (103)	*	336 (88)	*
With others	17,656 (1,968)	15,955 (1,888)	665 (112)	*	*	*
Race/Ethnicity						
White non-Hispanic	15,744 (682)	13,324 (654)	166 (26)	1,663 (191)	*	*
Black non-Hispanic	20,383 (1,856)	17,915 (1,719)	497 (72)	*	*	*
Hispanic	14,275 (1,774)	12,579 (1,633)	441 (64)	*	166 (41)	*
Other	19,375 (3,676)	15,100 (2,694)	467 (107)	*	316 (72)	*
Income						
Less than \$10,000	18,183 (1,656)	16,716 (1,619)	875 (69)	*	*	*
\$10,000 - \$19,999	15,826 (1,121)	13,988 (917)	435 (74)	*	356 (60)	*
\$20,000 - \$29,999	15,246 (1,273)	13,628 (1,234)	*	923 (173)	*	*
\$30,000 - \$49,999	15,696 (1,153)	13,201 (1,116)	*	2,112 (372)	356 (59)	*
\$50,000 or more	17,260 (1,066)	12,755 (942)	*	3,557 (620)	*	*

Table 4.14 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Inpatient Hospital Stay in 2012¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$16,283 (648)	\$13,823 (572)	\$243 (21)	\$1,670 (226)	\$534 (143)	*
Poverty³						
Under 100% FPL	16,233 (1,148)	14,965 (1,109)	724 (54)	229 (68)	*	*
100% - 199% FPL	16,158 (1,147)	14,153 (914)	290 (56)	*	*	*
200% - 399% FPL	15,590 (1,019)	13,220 (1,018)	*	2,004 (290)	343 (53)	*
Over 400% FPL	16,963 (1,093)	12,220 (762)	*	3,710 (765)	*	*
Health Status						
Excellent	13,337 (1,097)	10,235 (1,079)	*	2,612 (783)	*	*
Very good	13,696 (896)	11,457 (790)	62 (14)	1,807 (372)	370 (78)	*
Good	16,375 (1,222)	13,223 (730)	185 (26)	*	*	*
Fair	16,492 (1,386)	14,849 (1,344)	295 (29)	1,072 (209)	239 (34)	*
Poor	20,756 (1,891)	18,334 (1,796)	612 (126)	*	*	*
Functional Limitation						
None	14,535 (747)	11,824 (737)	85 (24)	2,238 (413)	386 (66)	*
IADL only ⁴	14,051 (1,288)	12,504 (1,251)	225 (43)	892 (152)	373 (93)	*
One to two ADLs ⁵	16,036 (929)	13,414 (793)	282 (57)	1,413 (250)	*	*
Three or more ADLs	20,202 (1,402)	17,621 (1,242)	418 (53)	*	291 (86)	*
Metropolitan Area Resident						
Yes	16,691 (763)	13,894 (635)	261 (28)	1,891 (299)	*	*
No	15,171 (1,291)	13,628 (1,310)	195 (13)	1,068 (182)	277 (49)	*

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.15 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Outpatient Hospital Visit in 2012¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$2,556 (98)	\$1,898 (68)	\$53 (6)	\$387 (43)	\$185 (14)	\$33 (9)
Medicare Status²						
Aged						
65 - 74 years	2,400 (128)	1,692 (91)	30 (7)	433 (53)	211 (30)	35 (8)
75 - 84 years	2,626 (132)	2,085 (98)	35 (6)	341 (46)	154 (12)	11 (3)
85 years and older	2,117 (124)	1,701 (104)	28 (5)	250 (21)	134 (21)	*
Disabled						
Under 45 years	3,825 (1,060)	3,161 (920)	*	192 (55)	168 (48)	*
45 - 64 years	2,894 (266)	2,007 (160)	114 (21)	*	201 (39)	*
Gender						
Male	2,756 (130)	2,028 (99)	43 (5)	446 (61)	198 (22)	41 (6)
Female	2,398 (123)	1,795 (91)	61 (10)	341 (51)	175 (19)	*
Living Arrangement						
Alone	2,591 (125)	1,782 (78)	19 (3)	551 (73)	215 (24)	24 (5)
With spouse	2,306 (115)	1,825 (81)	37 (5)	280 (42)	143 (17)	*
With children	2,776 (241)	2,256 (200)	144 (27)	152 (24)	147 (41)	*
With others	2,581 (532)	2,086 (454)	*	*	198 (52)	*
Race/Ethnicity						
White non-Hispanic	2,419 (108)	1,723 (72)	30 (4)	446 (54)	192 (17)	28 (6)
Black non-Hispanic	3,914 (495)	3,276 (425)	174 (48)	237 (41)	211 (44)	*
Hispanic	2,091 (176)	1,717 (135)	97 (21)	135 (40)	*	*
Other	2,915 (379)	2,315 (372)	107 (30)	202 (41)	103 (16)	*
Income						
Less than \$10,000	2,740 (258)	2,340 (211)	209 (27)	68 (10)	*	*
\$10,000 - \$19,999	2,561 (146)	2,107 (124)	101 (16)	175 (30)	142 (16)	35 (10)
\$20,000 - \$29,999	2,593 (260)	2,035 (223)	*	284 (33)	171 (22)	*
\$30,000 - \$49,999	2,471 (201)	1,724 (99)	*	528 (123)	182 (25)	28 (8)
\$50,000 or more	2,521 (180)	1,585 (142)	*	658 (77)	261 (42)	17 (4)

Table 4.15 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Outpatient Hospital Visit in 2012¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$2,556 (98)	\$1,898 (68)	\$53 (6)	\$387 (43)	\$185 (14)	\$33 (9)
Poverty³						
Under 100% FPL	2,752 (236)	2,332 (198)	214 (26)	66 (9)	*	*
100% - 199% FPL	2,625 (188)	2,103 (159)	54 (13)	232 (33)	164 (15)	*
200% - 399% FPL	2,490 (175)	1,710 (78)	*	526 (108)	225 (34)	22 (5)
Over 400% FPL	2,407 (207)	1,581 (173)	*	616 (71)	191 (26)	18 (5)
Health Status						
Excellent	1,805 (166)	1,190 (86)	6 (2)	413 (93)	*	*
Very good	1,929 (109)	1,376 (76)	12 (2)	343 (54)	183 (25)	15 (4)
Good	2,373 (122)	1,790 (92)	43 (6)	320 (37)	173 (31)	*
Fair	3,706 (315)	2,766 (223)	110 (20)	579 (149)	225 (31)	*
Poor	3,917 (499)	3,197 (434)	169 (44)	307 (41)	191 (36)	*
Functional Limitation						
None	2,021 (119)	1,436 (59)	21 (6)	390 (70)	151 (20)	*
IADL only ⁴	3,523 (473)	2,666 (380)	*	506 (111)	232 (38)	*
One to two ADLs ⁵	2,712 (110)	2,071 (92)	67 (10)	342 (34)	221 (37)	11 (2)
Three or more ADLs	3,032 (247)	2,304 (212)	103 (20)	341 (78)	178 (34)	*
Metropolitan Area Resident						
Yes	2,572 (123)	1,913 (88)	54 (8)	384 (54)	183 (19)	*
No	2,511 (137)	1,855 (87)	51 (6)	395 (66)	190 (16)	20 (5)

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.16 Physician/Supplier Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Physician/Supplier Service in 2012¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$4,178 (96)	\$2,749 (53)	\$73 (4)	\$615 (71)	\$689 (20)	\$52 (9)
Medicare Status²						
Aged						
65 - 74 years	3,887 (186)	2,431 (79)	43 (5)	739 (148)	624 (30)	*
75 - 84 years	4,604 (106)	3,217 (83)	49 (4)	554 (22)	758 (34)	26 (5)
85 years and older	4,817 (207)	3,249 (121)	72 (12)	565 (37)	911 (87)	19 (5)
Disabled						
Under 45 years	4,112 (531)	2,917 (449)	355 (50)	249 (61)	541 (79)	51 (9)
45 - 64 years	3,936 (157)	2,565 (107)	154 (15)	421 (61)	660 (47)	*
Gender						
Male	4,303 (153)	2,836 (105)	67 (7)	634 (56)	691 (31)	75 (17)
Female	4,074 (144)	2,676 (54)	79 (4)	599 (122)	687 (31)	33 (9)
Living Arrangement						
Alone	4,315 (156)	2,639 (67)	32 (4)	829 (132)	769 (31)	*
With spouse	4,356 (174)	3,052 (131)	67 (5)	481 (26)	728 (51)	*
With children	3,799 (150)	2,757 (112)	149 (13)	302 (48)	510 (29)	*
With others	3,548 (267)	2,570 (222)	211 (27)	243 (37)	425 (35)	*
Race/Ethnicity						
White non-Hispanic	4,215 (110)	2,678 (51)	47 (3)	698 (92)	741 (26)	51 (11)
Black non-Hispanic	4,631 (361)	3,414 (289)	169 (15)	459 (91)	556 (64)	34 (8)
Hispanic	3,596 (201)	2,792 (177)	133 (19)	239 (42)	394 (26)	38 (10)
Other	3,985 (262)	2,562 (185)	172 (38)	386 (63)	734 (121)	*
Income						
Less than \$10,000	4,103 (183)	3,165 (149)	334 (21)	127 (16)	444 (51)	33 (6)
\$10,000 - \$19,999	3,995 (183)	2,956 (148)	139 (13)	267 (25)	564 (39)	*
\$20,000 - \$29,999	4,129 (162)	2,843 (125)	29 (5)	474 (32)	704 (41)	*
\$30,000 - \$49,999	4,276 (139)	2,715 (103)	*	737 (82)	765 (51)	*
\$50,000 or more	4,314 (277)	2,389 (87)	*	1,080 (242)	816 (37)	28 (6)

Table 4.16 Physician/Supplier Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Physician/Supplier Service in 2012¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$4,178 (96)	\$2,749 (53)	\$73 (4)	\$615 (71)	\$689 (20)	\$52 (9)
Poverty³						
Under 100% FPL	3,954 (144)	3,039 (117)	300 (17)	135 (16)	450 (39)	30 (6)
100% - 199% FPL	4,108 (174)	2,943 (140)	85 (9)	338 (25)	652 (41)	*
200% - 399% FPL	4,426 (208)	2,693 (70)	7 (2)	922 (204)	759 (40)	45 (11)
Over 400% FPL	4,054 (163)	2,389 (101)	*	838 (69)	797 (43)	29 (7)
Health Status						
Excellent	2,889 (116)	1,892 (85)	19 (3)	406 (28)	535 (31)	*
Very good	3,378 (97)	2,234 (79)	28 (7)	471 (22)	620 (30)	25 (5)
Good	4,590 (282)	2,979 (129)	69 (5)	809 (233)	659 (40)	*
Fair	5,147 (235)	3,407 (128)	133 (10)	649 (96)	907 (77)	50 (10)
Poor	6,262 (491)	4,177 (312)	245 (28)	826 (229)	901 (83)	*
Functional Limitation						
None	3,045 (70)	2,055 (52)	19 (2)	422 (18)	523 (23)	26 (5)
IADL only ⁴	4,644 (229)	3,109 (153)	91 (9)	640 (98)	721 (52)	*
One to two ADLs ⁵	5,213 (329)	3,306 (136)	101 (9)	955 (281)	797 (55)	54 (8)
Three or more ADLs	6,275 (385)	4,097 (280)	224 (21)	701 (96)	1,130 (87)	*
Metropolitan Area Resident						
Yes	4,245 (120)	2,789 (63)	71 (4)	635 (92)	688 (24)	61 (12)
No	3,957 (111)	2,615 (85)	79 (6)	547 (24)	691 (40)	24 (4)

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

3: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.17 Dental Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Dental Service in 2012¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$873 (30)	\$11 (0)	\$7 (1)	\$156 (7)	\$694 (30)	\$5 (1)
Medicare Status²						
Aged						
65 - 74 years	902 (39)	10 (1)	*	183 (11)	703 (37)	*
75 - 84 years	853 (45)	13 (1)	*	117 (9)	715 (45)	*
85 years and older	972 (122)	14 (2)	*	140 (17)	813 (117)	*
Disabled						
Under 45 years	530 (56)	6 (1)	*	*	361 (38)	*
45 - 64 years	782 (96)	11 (2)	*	147 (26)	581 (87)	*
Gender						
Male	935 (41)	12 (1)	*	169 (12)	745 (42)	*
Female	824 (37)	11 (1)	9 (2)	145 (9)	654 (34)	6 (1)
Living Arrangement						
Alone	866 (37)	11 (1)	*	177 (11)	675 (37)	*
With spouse	925 (68)	12 (1)	*	136 (13)	770 (66)	*
With children	796 (75)	13 (1)	*	108 (15)	640 (76)	*
With others	943 (133)	11 (2)	*	123 (26)	759 (126)	*
Race/Ethnicity						
White non-Hispanic	882 (32)	10 (0)	*	160 (9)	703 (31)	5 (1)
Black non-Hispanic	815 (174)	18 (3)	*	134 (27)	651 (176)	*
Hispanic	858 (126)	18 (1)	*	117 (27)	698 (119)	*
Other	826 (147)	8 (1)	*	180 (41)	579 (131)	*
Income						
Less than \$10,000	652 (122)	13 (2)	44 (12)	*	541 (117)	*
\$10,000 - \$19,999	715 (73)	15 (1)	*	65 (14)	593 (69)	*
\$20,000 - \$29,999	738 (50)	13 (1)	*	121 (19)	598 (48)	*
\$30,000 - \$49,999	894 (55)	12 (1)	*	140 (14)	738 (54)	*
\$50,000 or more	1,002 (49)	9 (1)	*	227 (14)	764 (47)	*

Table 4.17 Dental Service Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Dental Service in 2012¹

Beneficiary Characteristic	Total	Source of Payment				Other Source
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	
Expenditures per User	\$873 (30)	\$11 (0)	\$7 (1)	\$156 (7)	\$694 (30)	\$5 (1)
Poverty³						
Under 100% FPL	640 (90)	13 (2)	38 (9)	53 (15)	530 (85)	*
100% - 199% FPL	745 (66)	15 (1)	*	79 (11)	622 (62)	*
200% - 399% FPL	884 (48)	11 (1)	*	155 (13)	714 (47)	*
Over 400% FPL	1,004 (48)	9 (1)	*	229 (15)	764 (46)	*
Health Status						
Excellent	811 (60)	9 (1)	*	193 (23)	601 (56)	*
Very good	963 (49)	11 (1)	*	156 (13)	789 (44)	*
Good	860 (62)	12 (1)	4 (1)	130 (12)	708 (60)	*
Fair	902 (86)	13 (1)	*	178 (26)	686 (74)	*
Poor	579 (67)	14 (2)	*	103 (23)	416 (65)	*
Functional Limitation						
None	897 (42)	10 (1)	2 (0)	160 (9)	722 (41)	*
IADL only ⁴	875 (70)	12 (1)	*	136 (18)	703 (62)	*
One to two ADLs ⁵	845 (58)	13 (1)	*	169 (16)	646 (54)	*
Three or more ADLs	770 (89)	15 (2)	*	122 (24)	596 (77)	*
Metropolitan Area Resident						
Yes	898 (34)	12 (1)	6 (1)	169 (9)	706 (34)	6 (2)
No	768 (56)	7 (1)	*	102 (11)	645 (54)	*

* Cells with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.

Table 4.18 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Prescribed Medicine in 2012¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$3,621 (74)	\$2,226 (65)	\$22 (2)	\$615 (71)	\$611 (13)	\$226 (13)
Medicare Status²						
Aged						
65 - 74 years	2,991 (107)	1,675 (97)	7 (1)	739 (150)	592 (17)	194 (18)
75 - 84 years	3,292 (96)	1,913 (81)	15 (3)	556 (22)	638 (18)	193 (19)
85 years and older	2,884 (193)	1,646 (155)	8 (2)	563 (37)	564 (32)	210 (32)
Disabled						
Under 45 years	6,558 (414)	5,317 (390)	112 (23)	253 (63)	430 (47)	370 (55)
45 - 64 years	6,277 (367)	4,412 (349)	71 (16)	420 (62)	714 (54)	376 (41)
Gender						
Male	3,559 (114)	2,103 (106)	19 (4)	629 (56)	619 (20)	264 (22)
Female	3,672 (103)	2,327 (93)	23 (3)	603 (123)	605 (15)	194 (15)
Living Arrangement						
Alone	3,245 (99)	1,618 (83)	7 (2)	839 (134)	691 (20)	197 (17)
With spouse	3,430 (136)	2,188 (114)	20 (4)	458 (18)	593 (20)	203 (18)
With children	4,579 (290)	3,508 (257)	48 (11)	304 (49)	492 (29)	308 (38)
With others	4,691 (262)	3,678 (239)	71 (18)	243 (37)	397 (37)	316 (53)
Race/Ethnicity						
White non-Hispanic	3,494 (90)	2,024 (79)	13 (2)	708 (93)	651 (13)	220 (14)
Black non-Hispanic	4,170 (236)	2,968 (213)	43 (12)	402 (80)	503 (64)	215 (30)
Hispanic	3,941 (230)	2,977 (198)	67 (15)	236 (43)	466 (39)	237 (41)
Other	3,905 (332)	2,395 (258)	22 (5)	382 (62)	521 (43)	312 (75)
Income						
Less than \$10,000	4,856 (243)	4,148 (225)	96 (13)	126 (16)	262 (17)	257 (26)
\$10,000 - \$19,999	4,334 (171)	3,359 (162)	37 (7)	248 (16)	485 (21)	270 (24)
\$20,000 - \$29,999	3,453 (208)	2,088 (183)	*	475 (32)	705 (30)	228 (30)
\$30,000 - \$49,999	3,174 (180)	1,557 (159)	*	736 (83)	706 (27)	214 (26)
\$50,000 or more	3,001 (129)	1,143 (84)	*	1,106 (249)	717 (27)	183 (25)

Table 4.18 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2012

Community-Only Residents with at Least One Prescribed Medicine in 2012¹

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$3,621 (74)	\$2,226 (65)	\$22 (2)	\$615 (71)	\$611 (13)	\$226 (13)
Poverty³						
Under 100% FPL	5,003 (267)	4,267 (247)	79 (9)	134 (16)	293 (19)	272 (28)
100% - 199% FPL	4,003 (160)	2,835 (145)	26 (6)	321 (19)	605 (24)	257 (19)
200% - 399% FPL	3,108 (125)	1,513 (115)	*	925 (204)	709 (21)	209 (20)
Over 400% FPL	2,950 (145)	1,094 (80)	*	860 (71)	699 (34)	181 (30)
Health Status						
Excellent	1,797 (83)	953 (61)	*	414 (29)	371 (17)	108 (21)
Very good	2,578 (97)	1,434 (85)	*	476 (23)	533 (17)	139 (17)
Good	3,719 (119)	2,177 (103)	20 (3)	794 (234)	675 (23)	216 (18)
Fair	5,356 (290)	3,522 (250)	38 (8)	648 (96)	762 (42)	400 (42)
Poor	7,000 (523)	5,035 (467)	84 (22)	820 (229)	831 (64)	439 (60)
Functional Limitation						
None	2,456 (70)	1,375 (64)	7 (2)	428 (19)	500 (12)	139 (14)
IADL only ⁴	4,396 (324)	2,840 (293)	20 (4)	629 (97)	685 (37)	246 (31)
One to two ADLs ⁵	4,612 (187)	2,838 (148)	38 (8)	958 (283)	749 (38)	324 (27)
Three or more ADLs	5,518 (286)	3,785 (242)	48 (10)	666 (87)	705 (35)	362 (43)
Metropolitan Area Resident						
Yes	3,703 (88)	2,296 (78)	24 (3)	634 (93)	612 (15)	229 (15)
No	3,350 (123)	1,993 (104)	15 (2)	551 (24)	609 (25)	216 (15)

* Cells with a denominator of less than 50 sample persons or a relative standard error of greater than 30% are suppressed and represented by an asterisk.

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: See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

4: *IADL* stands for Instrumental Activity of Daily Living.

5: *ADL* stands for Activity of Daily Living.

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

Source: Statistics derived from Medicare Current Beneficiary Survey (2012 Cost and Use, 2011-2013 Access to Care) and CMS administrative plan data. See Appendix A for details.