Table 4.2

Medicare Persons Served and Cost-Sharing Liability, by Demographic Characteristics: Calendar Year 2006

Demographic Characteristic	Persons Served[1]			Cost-Sharing Liability[2]			
	Number in Thousands	Per 1,000 Enrollees[3]	Percent	Amount in Millions	Percent	Average per Person With Liability[4]	Per Enrollee[3]
Total	33,063	922	100.0	$49,238	100.0	$1,519	$1,374
Sex							
Male	13,945	874	42.2	21,265	43.2	1,561	1,333
Female	19,118	961	57.8	27,973	56.8	1,488	1,406
Age							
Under 65 Years	5,477	880	16.6	8,840	18.0	1,646	1,420
65-74 Years	13,114	864	39.7	16,484	33.5	1,282	1,086
75-84 Years	10,196	990	30.8	16,359	33.2	1,632	1,589
85 Years or Over	4,277	1,032	12.9	7,555	15.3	1,815	1,822
Race[5]							
White	28,115	933	85.0	40,700	82.7	1,477	1,351
Other	4,905	867	14.8	8,469	17.2	1,757	1,498
Type of Entitlement							
Aged[6]	27,602	932	83.5	40,419	82.1	1,494	1,364
Disabled[7]	5,461	877	16.5	8,819	17.9	1,647	1,417
CBSA Type[8]							
Urban	24,812	973	75.0	37,554	76.3	1,544	1,365
Rural	7,979	957	24.1	11,425	23.2	1,458	1,370

[1]Represents beneficiaries who received covered services under fee-for-service (FFS) and for whom program payments were made. Includes a small number of Medicare beneficiaries with no cost-sharing liability.

[2]Includes beneficiary balance billing cost-sharing liability.

[3]Medicare enrollees in managed care plans are not included in the denominator used to calculate utilization rates and average payments. The numerators for the ratios of persons served per 1,000 include beneficiaries alive and enrolled in FFS at any point in the year. Essentially every FFS enrollee over 85 alive at some point during the year has used a covered reimbursed service, rates over 1,000 may be seen.

[4]Excludes persons who did not have cost-sharing liability.

[5]Excludes unknown race. Because of the availability of expanded codes for race, the methodology for calculating data for other race has been revised from earlier years.

[6]Includes aged persons with end stage renal disease (ESRD).

[7]Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

[8]Excludes outlying areas.

NOTES: A small amount of deductible payments can not be accounted for because of missing bills and truncating of cents. CBSA is core-based statistical areas. Numbers may not add to totals because of rounding.

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