

Table 4.4
Number of Persons Served and Cost-Sharing Liability for Medicare Beneficiaries, by Type of Liability and Type of Coverage:
Calendar Year 2006

Amount of Cost-Sharing Liability Incurred	Total HI and/or SMI Liability	Calendar Year 2009						
		Hospital Insurance (HI)			Supplementary Medical Insurance (SMI)			
		Total	Deductible	Coinsurance	Total	Deductible	Coinsurance	Balance Billing
Number of Persons Served ¹								
Total	33,064,160	7,447,280	7,348,900	1,112,280	32,275,240	31,577,380	31,517,540	1,887,180
\$1 - \$499	14,535,100	1,060	20	1,040	13,885,680	13,392,400	13,138,960	574,440
\$500 - \$999	5,909,180	122,280	119,540	2,760	5,794,940	5,738,960	5,794,560	413,040
\$1,000 - \$1,999	5,742,260	2,084,160	2,075,620	24,060	5,727,640	5,648,580	5,717,780	405,700
\$2,000 - \$4,999	5,002,700	3,667,320	3,639,940	304,660	4,997,020	4,948,040	4,996,360	377,140
\$5,000 - \$9,999	1,238,860	1,009,680	979,560	403,300	1,235,900	1,222,900	1,235,860	86,060
\$10,000 - \$14,999	451,340	398,300	384,540	264,480	449,880	444,000	449,840	22,140
\$15,000 or More	184,720	164,480	149,680	111,980	184,180	182,500	184,180	8,660
Liability in Thousands								
Total	\$49,237,872	\$13,916,225	\$8,368,023	\$5,548,203	\$35,321,647	\$3,855,337	\$31,410,940	\$55,370
\$1 - \$499	3,501,152	242	9	233	3,500,909	1,609,907	1,882,112	8,890
\$500 - \$999	4,234,773	114,607	113,464	1,143	4,120,166	708,909	3,401,198	10,059
\$1,000 - \$1,999	8,373,813	1,998,687	1,987,329	11,359	6,375,126	697,072	5,665,533	12,521
\$2,000 - \$4,999	15,121,312	4,542,192	4,151,488	390,703	10,579,120	611,061	9,951,613	16,446
\$5,000 - \$9,999	8,509,672	2,886,964	1,398,784	1,488,180	5,622,708	151,054	5,466,407	5,247
\$10,000 - \$14,999	5,465,079	2,624,113	500,426	2,123,687	2,840,966	54,793	2,784,669	1,504
\$15,000 or More	4,032,071	1,749,419	216,521	1,532,898	2,282,652	22,542	2,259,407	703
Average Liability per Person Served ¹								
Total	\$1,489	\$1,869	\$1,139	\$4,988	\$1,094	\$122	\$997	\$29
\$1 - \$499	241	228	446	224	252	120	143	15
\$500 - \$999	717	937	949	414	711	124	587	24
\$1,000 - \$1,999	1,458	959	957	472	1,113	123	991	31
\$2,000 - \$4,999	3,023	1,239	1,141	1,282	2,117	123	1,992	44
\$5,000 - \$9,999	6,869	2,859	1,428	3,690	4,549	124	4,423	61
\$10,000 - \$14,999	12,109	6,588	1,301	8,030	6,315	123	6,190	68
\$15,000 or More	21,828	10,636	1,447	13,689	12,394	124	12,267	81

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

NOTES: While the overall levels of potential liability are more accurate, the number of persons falling into certain categories and levels of cost sharing are slightly understated. This in part is because of changes during the year in some beneficiaries' health insurance claim number (HIC). Most changes to the HIC involved the beneficiary identification code (BIC), which identifies the beneficiary's relationship to the primary wage earner; for example, a wife being converted to a widow. These changes were accounted through what is known as an equatable BIC routine which was performed on the input file. Other changes involved changes in the beneficiary claim account number portion of the HIC, for example, a wife acquiring enough quarters of credit to get benefits under her own account. No cross-referencing was done to get all claims for the small number of individuals who either enter or exit the 5-percent sample. In addition, managed care people who leave managed care during the calendar year are credited with prorated shares of an estimated amount of the annual Part B deductible, based on the amount of time in managed care and estimated time for most beneficiaries to reach the Part B deductible under fee-for-service. No estimating was done to attribute such amounts to individuals. It should also be noted that certain services are not subject to deductible and/or coinsurance. Numbers may not add to totals because of rounding.

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