Table 4.4

Number of Persons Served and Cost-Sharing Liability for Medicare Beneficiaries, by Type of Liability, and Type of Coverage: Calendar Year 2007

Amount of Cost-Sharing Liability Incurred	Total HI and/or SMI Liability	Hospital Insurance (HI)			Supplementary Medical Insurance (SMI)			
		Total	Deductible	Coinsurance	Total	Deductible	Coinsurance	Balance Billing
		Number of Persons Served[1]						
Total	32,405,060	7,252,580	7,151,920	1,131,280	31,594,920	30,904,640	30,923,320	1,720,380
$1 - $499	13,884,060	1,140	80	1,060	13,229,060	12,737,220	12,568,860	508,880
$500 - $999	5,961,720	130,160	128,200	1,960	5,834,600	5,784,820	5,834,580	389,360
$1,000 - $1,999	5,546,040	1,831,880	1,824,840	19,520	5,529,460	5,447,760	5,519,040	359,440
$2,000 - $4,999	5,039,180	3,639,300	3,611,280	294,500	5,033,260	4,986,400	5,032,360	349,720
$5,000 - $9,999	1,297,220	1,048,580	1,018,740	407,320	1,294,140	1,281,160	1,294,100	81,440
$10,000 - $14,999	471,080	416,680	400,500	277,380	469,400	463,600	469,380	22,220
$15,000 or More	205,760	184,840	168,280	129,540	205,000	203,680	205,000	9,320
		Liability in Thousands						
Total	$50,246,279	$14,394,005	$8,471,339	$5,922,666	$35,852,273	$3,990,453	$31,811,692	$50,129
$1 - $499	3,433,126	276	30	246	3,432,850	1,620,515	1,804,332	8,003
$500 - $999	4,277,186	127,616	126,857	759	4,149,570	754,972	3,384,859	9,740
$1,000 - $1,999	8,107,552	1,832,377	1,822,928	9,449	6,275,176	710,202	5,553,880	11,094
$2,000 - $4,999	15,294,694	4,603,120	4,224,282	378,838	10,691,574	650,536	10,026,589	14,450
$5,000 - $9,999	8,918,340	3,001,398	1,505,393	1,496,005	5,916,943	167,172	5,745,060	4,712
$10,000 - $14,999	5,732,009	2,803,585	538,104	2,265,481	2,928,424	60,478	2,866,372	1,574
$15,000 or More	4,483,372	2,025,635	253,746	1,771,889	2,457,737	26,578	2,430,601	557
		Average Liability per Person Served[1]						
Total	$1,551	$1,985	$1,184	$5,235	$1,135	$129	$1,029	$29
$1 - $499	247	242	446	232	259	127	144	16
$500 - $999	717	980	990	387	711	131	580	25
$1,000 - $1,999	1,462	1,000	999	484	1,135	130	1,006	31
$2,000 - $4,999	3,035	1,265	1,170	1,286	2,124	130	1,992	41
$5,000 - $9,999	6,875	2,862	1,478	3,673	4,572	130	4,439	58
$10,000 - $14,999	12,168	6,728	1,344	8,167	6,239	130	6,107	71
$15,000 or More	21,789	10,959	1,508	13,678	11,989	130	11,857	60

[1]Represents beneficiaries who received covered services under fee-for-service and includes a small number for whom no program payments were reported.

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.