



2003



HEALTH & HEALTH CARE OF THE MEDICARE POPULATION

Data from the 2003 Medicare Current Beneficiary Survey

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INTRODUCTION AND HIGHLIGHTS OF FINDINGS

Health and Health Care of the Medicare Population: Data from the 2003 Medicare Current Beneficiary Survey is the twelfth in a series of Medicare beneficiary sourcebooks. The information presented here is drawn from the Medicare Current Beneficiary Survey (MCBS), a rotating panel survey of a nationally representative sample of aged and disabled Medicare beneficiaries. The MCBS is sponsored by the Centers for Medicare and Medicaid Services (CMS), under the general direction of its Office of Research, Development, and Information. Westat, a survey research organization with offices in Rockville, Maryland, has been collecting and disseminating data for the MCBS for more than 10 years of the survey.

The MCBS is a comprehensive source of information on the health status, health care service use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of aged and disabled Medicare beneficiaries. Survey data are collected three times each year over 4 years, regardless of whether the beneficiary lives in a household or a long-term care facility. The resulting data are disseminated in annual public use files (PUFs) that contain a cross-section of all persons entitled to Medicare during the year. The 2003 MCBS, for example, includes beneficiaries who were entitled to Medicare for all or part of the year, as well as beneficiaries who died in 2003. These data can be used for cross-sectional analyses, or linked to PUFs from previous years for longitudinal analyses of the Medicare population.

One of the strengths of the MCBS is its scope of information on personal health care utilization and expenditures. Respondents are asked about expenditures on Medicare-covered services and health services not typically covered by the Medicare program. Services such as dental care, hearing aids, eyeglasses, and long-term care facility services are typically not covered by Medicare. The MCBS also collects information on out-of-pocket (OOP) payments, third party payers, and use of health care services provided by such agencies as the Veterans Administration to more fully understand the financ-

ing of services not covered by Medicare. This information is used in conjunction with Medicare claims data to determine the amounts paid by Medicare, Medicaid, other public programs, private insurance, and households for each medical service reported by a beneficiary.

Annual data from the MCBS are released to the public in two different PUFs. The Access to Care PUFs, available for calendar years 1991 through 2005, contain information on beneficiaries' access to medical providers, satisfaction with health care, health status and functioning, and demographic and financial characteristics. The files include Medicare claims data for beneficiaries who were enrolled in Medicare for the entire calendar year and were community residents.¹ They provide a snapshot of the "always enrolled" Medicare population, and can be used to analyze characteristics of beneficiaries who were potential or actual users of Medicare-covered services during the entire 12-month period.

The Cost and Use PUFs, available for calendar years 1992 through 2004, are more comprehensive than the Access to Care PUFs. The Cost and Use PUFs include information on services not covered by Medicare, and the samples are chosen to represent all beneficiaries who were ever enrolled in Medicare at any time during a calendar year. The Cost and Use PUFs also contain detailed information on health insurance coverage, as well as health status and functional capacity. The data can be used to analyze total and per capita health care spending by the entire Medicare population, including part-year enrollees and persons who died during the year.

The MCBS sourcebooks include information from both sets of PUFs. The 2003 sourcebook also uses data from previous PUFs. Chapter 2 contains information on emerging trends and patterns between 1992 and 2003. It has sections on the Medicare population, personal health care expenditures (PHCE) by Medicare beneficiaries, vulnerable populations, funding sources, PHCE by service category, and health

¹ Beneficiaries who did not live in long-term care facilities for the entire year are referred to as community residents in the sourcebook.

insurance status of the Medicare population. Sections 1-5 in Chapter 3 contain the same set of the cross-sectional data from the Access to Care and Cost and Use PUFs as previous sourcebooks. Section 6 data tables highlight emerging trends in health and health care utilization between 1992 and 2003.

Appendix A provides a description of the sample design, survey operations, response rates, and structure of the MCBS PUFs. It also includes a discussion of procedures to calculate standard errors for cross-sectional statistics and estimates of net change over time. Appendix B contains a glossary of terms and variables used in the detailed tables. Appendix C contains references.

HIGHLIGHTS OF FINDINGS

The Medicare Population

■ The total number of Medicare beneficiaries grew to an ever-enrolled population of 42.3 million people in 2003. The growth rate of the population (1 percent) remained low. Aged beneficiaries made up 86 percent of the Medicare population and disabled beneficiaries (beneficiaries under age 65) made up the remaining 14 percent.

■ In the past decade, the growth of racial and ethnic minorities (annual growth rate of 4.2 percent) significantly outpaced White beneficiaries (annual growth rate of 0.6 percent). The growth rate of Hispanic beneficiaries ranked highest at a 5.2 percent annualized rate since 1992.

Personal Health Care Expenditures

■ Personal health care expenditures (PHCE) by Medicare beneficiaries reached \$521 billion, representing a moderate annual growth of 4 percent. Per capita PHCE for the Medicare population amounted to \$12,331, a growth of 3 percent compared with 2002.

■ The Medicare population consumed health care resources in amounts disproportionate to their numbers in the U.S. population. Medicare beneficiaries, who constituted 14 percent of the U.S. population, spent 36 percent of total U.S. PHCE.

Funding Sources

■ Public funding, mainly Medicare and Medicaid payments, covered 64 percent of PHCE by the Medicare population, and private funding covered 32 percent. The annual growth rate of public funding slowed down in 2003 to 4 percent and private funding also slowed to 5 percent.

■ Total Medicare payments, amounting to \$280 billion, slowed down to a 6 percent growth over 2002. The per capita Medicare payment, \$6,626, grew by 5 percent. The deceleration in Medicare spending growth was evident across major covered service types, except for physician services. Medicare spent 43 percent of its funding on inpatient care and 37 percent on ambulatory care.

■ Medicaid spending on Medicare beneficiaries amounted to \$56 billion in 2003. This represented a 2 percent decrease from 2002, in spite of the fact that the dually eligible (DE) population grew steadily to become one in every five Medicare beneficiaries. Per capita Medicaid payment for a DE was \$6,847, declining by 3.6 percent. The bulk of Medicaid expenditures concentrated on long-term nursing home care (69 percent) and prescription medicines (PMs) (18 percent) for the DE population.

■ Private health insurance (PHI) spending by Medicare beneficiaries showed no growth from 2002. This reversed the trend of fast growth up until 2002. However, PHI spending on PM and skilled nursing facility (SNF) increased by 14 and 22 percent, respectively, over 2002.

■ Growth in Medicare beneficiaries' out-of-pocket (OOP) payment outpaced growth in other payment sources at 7 percent. Per capita OOP was estimated at \$2,350. The ratio of average OOP to average income for noninstitutionalized Medicare beneficiaries increased substantially since 1992, in particular for the vulnerable subgroups.

PHCE by Service Category

■ Medicare beneficiaries' PHCE shares of major service types underwent a gradual shift in the past decade. In 2003, ambulatory and PM care consisted of much larger shares of PHCE, respectively, 35 and 13 percent.

■ The utilization level of inpatient services showed a perceptible decrease from 2002, reflected in lower user rates and lower total hospital stays. However, unit cost for inpatient stays increased by 11 percent. As a result, total inpatient spending grew by 4 percent, amounting to \$141 billion.

■ Both utilization and expenditure levels of ambulatory care showed moderate growth from 2002. User rates of physician and outpatient services increased to 96 and 73 percent, respectively. Average visits per user of either service also increased. The overall spending level climbed up by 8 percent to \$184 billion.

■ PM spending grew by 13 percent from the 2002 level, reaching \$67 billion. PHI payments, ever rising, covered 36 percent of the total PM spending; whereas OOP payments declined to 33 percent. PM utilization also maintained a steady growth. Among the noninstitutionalized beneficiaries, PM user rates rose to 92 percent, and the average number of PMs filled by users rose to 31.

■ For both long-term facility and SNF care, decreases were observed in the number of users, total stays, aggregate spending, and unit cost per stay. The number of long-term facility residents dropped by 7 percent, to 2.6 million. Total facility stays decreased by 6 percent to 2.9 million. Aggregate spending showed a 9 percent reduction from 2002 and dropped to the 1999 spending level, \$76 billion. SNF utilization and spending also experienced decreases on all these measures. The largest reduction was in aggregate SNF spending, a drop of 5 percent.

Insurance Status

■ In 2003, the rate of employer-sponsored PHI coverage among noninstitutionalized Medicare beneficiaries continued to increase to 36 percent; whereas the rate of individually-purchased PHI fell to 30 percent of the population.

■ Enrollment in Medicare+Choice (M+C) plans continued on a steep decline, which began in 2000. In 2003, the 5.6 million enrollees consisted of 13.8 percent of the noninstitutionalized Medicare population, compared with 7.5 million beneficiaries in 2000.

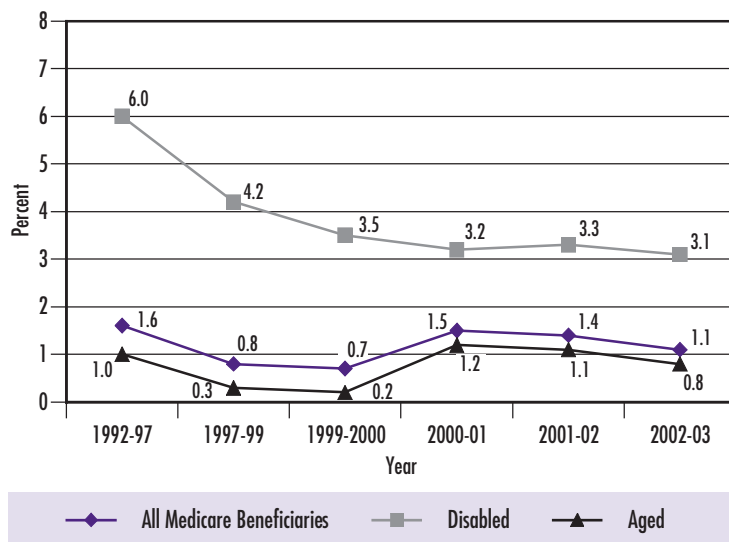


TRENDS IN THE MCBS: 1992-2003

The Medicare Population

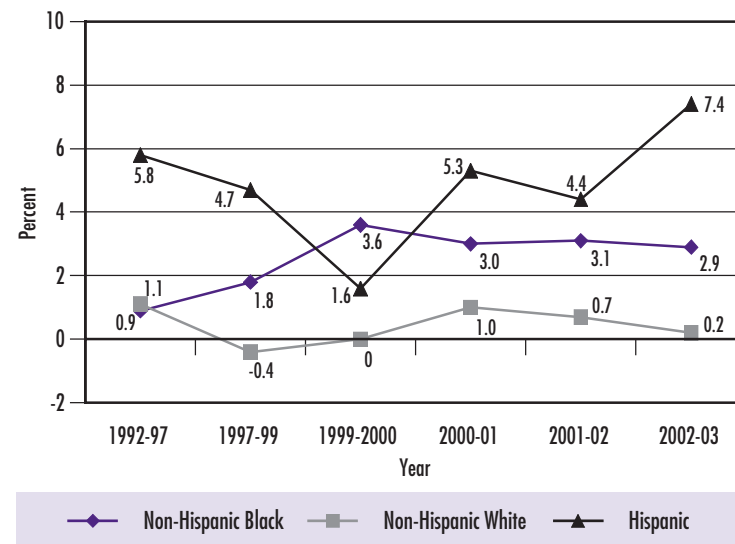
The Medicare population grew to an estimated 42.3 million in 2003. Aged beneficiaries (age 65 years old or older) totaled 36.2 million, which was 86 percent of the Medicare population, while disabled beneficiaries (under age 65) totaled 6.1 million (14 percent). The overall growth of the Medicare population remained low at around 1 percent (Figure 2-1), consistent with the trend in the past decade. The disabled subgroup continued to increase much faster than the aged, tripling their growth.

Figure 2-1. Annual Growth in Medicare Population by Medicare Status, 1992-2003



In the past decade, the growth of racial and ethnic minorities significantly outpaced growth of the White beneficiaries (Figure 2-2). Compared with the White beneficiaries, who showed little growth in the past decade, Black non-Hispanic beneficiaries continued to grow at around 3 percent. Hispanic beneficiaries had the highest growth rates in 2003, with increases of 7.4 percent compared with 2002.

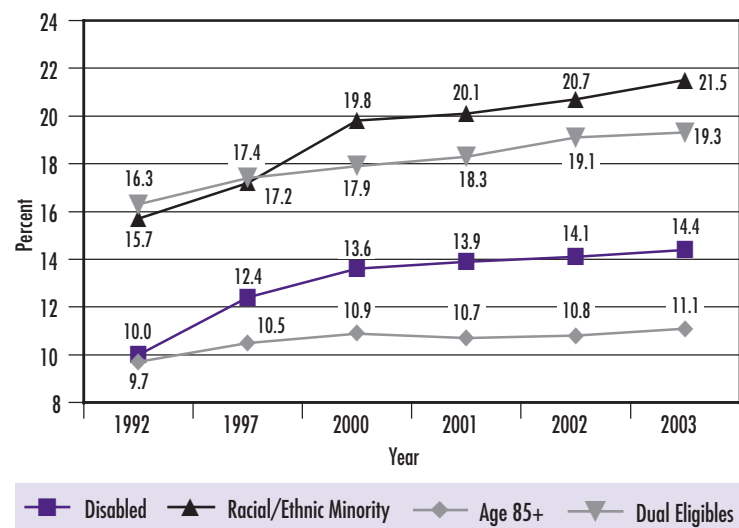
Figure 2-2. Annual Growth in Medicare Population by Race and Ethnicity, 1992-2003



Consequently, the racial/ethnic composition of the Medicare population became increasingly diverse (Figure 2-3). In 2003, the proportion of racial and ethnic minorities had increased to 22 percent whereas the White beneficiaries had declined to 78 percent. Hispanic beneficiaries, representing 3.3 million beneficiaries (8 percent of the population), could soon be expected to become the largest ethnic minority among the Medicare population, if it maintains the present growth rate.

In 2003, other vulnerable subgroups that grew more rapidly than the Medicare population included the oldest old beneficiaries (age 85 years old and over), increasing by 4.2 percent, and Medicare and Medicaid dually eligibles (DE), increasing by 2 percent. Reflecting their relatively faster growth rates, the shares of these subgroups increased slightly (Figure 2-3).

Figure 2-3. Proportion of Selected Groups in the Medicare Population, 1992-2003



Personal Health Care Expenditures

Personal health care expenditures (PHCE) represent direct consumption of health care goods and services provided by hospitals, physicians, and other sources of medical care and equipment. The Medicare Current Beneficiary Survey (MCBS) provides estimates of expenditures for Medicare-covered services as well as some relatively expensive services not typically covered by Medicare, for example, nursing home (NH) care and prescription medicines (PM). Information on noncovered services fills a large gap in knowledge about beneficiary health care spending. The Centers for Medicare and Medicaid Services (CMS), the primary source of Medicare program data, has claims information for only those services covered under Medicare Part A and Part B.

Estimates of national health expenditures (NHE) are produced annually by CMS.¹ The NHE estimates identify all health care goods and services produced in the U.S. health care market and determine the amount spent on them. The NHE presents a comprehensive picture of national health care spending and provides information

on sources of funding and services consumed by all U.S. residents. Total health care spending by the Medicare population is included in the NHE. The NHE report serves as a valuable frame of reference for policymakers to track trends in the health care industry.

In 2003, the NHE amounted to \$1.7 trillion, marking a growth of 7.7 percent from 2002 (Smith et al., 2005). Increases in the NHE continued to outpace overall economic growth in 2003 by nearly 3 percentage points (Smith et al., 2005). Consequently, NHE's share of gross domestic product (GDP) rose to a new high of 15.3 percent. Even though the growth was comparatively brisk, the rate of growth was lower than that from 2000 to 2002 (Strunk and Ginsburg, 2004; Smith et al., 2005). The deceleration in NHE's growth was mostly driven by a slowdown in public spending growth, due to "financial constraints on the Medicaid program and the expiration of supplemental funding provisions for Medicare services" (Smith et al., 2005).

In 2003, PHCE by Medicare beneficiaries amounted to \$521 billion, while the non-Medicare population spent close to \$920 billion (Figure 2-4).² Medicare beneficiaries are high-cost users of health care resources. Although the Medicare population consisted of 14.3 percent of the total U.S. population, it consumed 36.2 percent of national health care resources. Per capita PHCE for the Medicare population amounted to \$12,331 in 2003, more than 3 times the amount for the non-Medicare population (Figure 2-5). After spikes between 1999 and 2001, annual growth in Medicare beneficiaries' aggregate PHCE and per capita PHCE showed decelerations in 2003 for the second year (Figure 2-6). Growth in aggregate PHCE slowed down to a moderate 4 percent, approximately half of that in 2002. Growth in per capita PHCE also decelerated to 3 percent.

In 2003, the vulnerable populations continued to consume disproportionate shares of health care resources, in particular the full-year NH residents,³ the oldest old, the DEs, and the disabled.⁴ These beneficiaries incurred significantly higher than average health care cost (Figure 2-7). On the other hand, racial and ethnic minorities, Hispanics and non-Hispanic Blacks in particular, were showing slightly higher per capita PHCE.

¹ National health expenditures include personal health care expenditures, administrative costs, public health spending, and research/construction expenses.

² U.S. national health expenditure and population estimates for 2003 were calculated based on the data published in Smith et al., 2005.

³ The room and board expenses considerably increase the average PHCE for NH residents.

⁴ The subgroups presented in the figure are not mutually exclusive.

Figure 2-4. National Personal Health Care Spending, 1992-2003

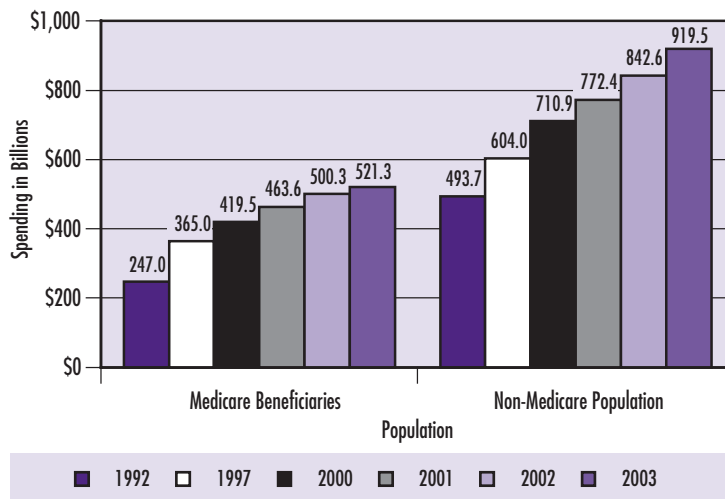
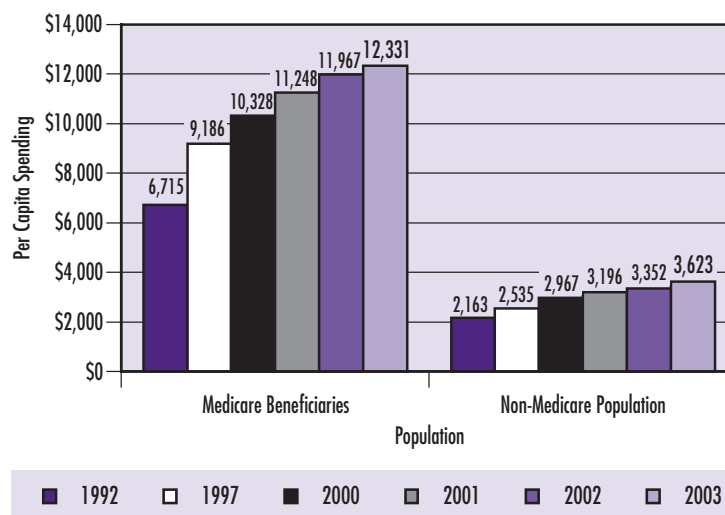


Figure 2-5. Per Capita Spending on Personal Health Care, 1992-2003

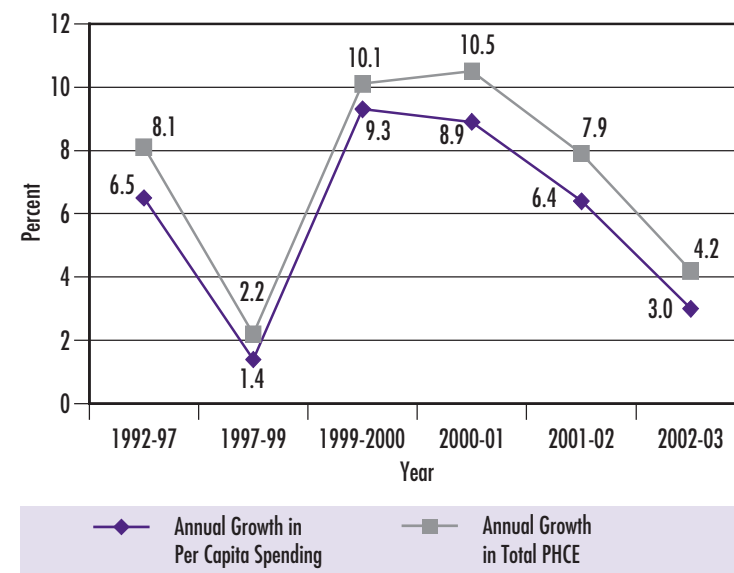


⁵ To achieve comparability between the Medicare and non-Medicare populations, other private payments in NHE was collapsed with other public to become payments from other sources.

⁶ In this sourcebook, discussions on private sources are limited to PHI and OOP payments.

⁷ Discussions on public sources are limited to Medicare and Medicaid payments.

Figure 2-6. Annual Growth in Aggregate and Per Capita Spending on Personal Health Care by Medicare Beneficiaries, 1992-2003



Funding Sources

Compared with other Americans, the Medicare population relies heavily on public resources for their health care needs. Figure 2-8 presents two distinctive funding patterns of PHCE for the non-Medicare and the Medicare population.⁵ The bulk of the PHCE by the non-Medicare population was financed by private sources, including primarily private health insurance (PHI) (51 percent) and out-of-pocket (OOP) payments (13 percent).⁶ Public funds,⁷ mainly from Medicaid, consisted of 20 percent. In contrast, nearly two-thirds of Medicare beneficiaries' PHCE (64 percent) was financed by public sources, mostly Medicare and Medicaid. In 2003, Medicare funded 54 percent of Medicare beneficiaries' PHCE and Medicaid funded 11 percent. The remainder was covered by OOP payments (19 percent), PHI (13 percent), and other sources (4 percent).

Figure 2-7. Per Capita Spending on Personal Health Care by Selected Groups of Medicare Beneficiaries, 2003

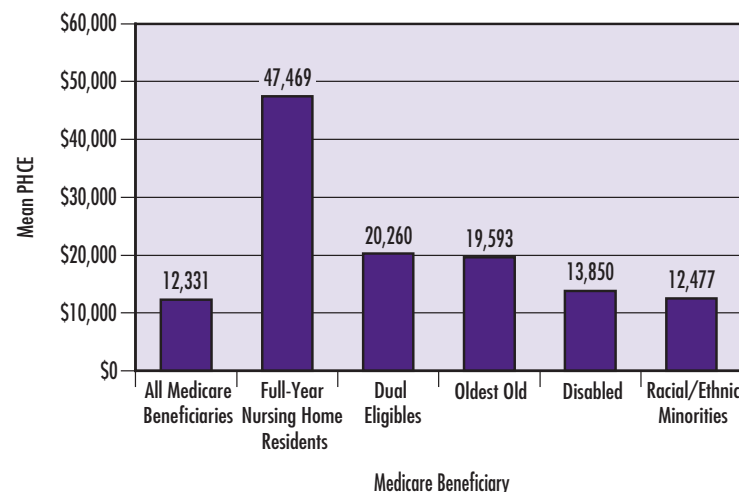
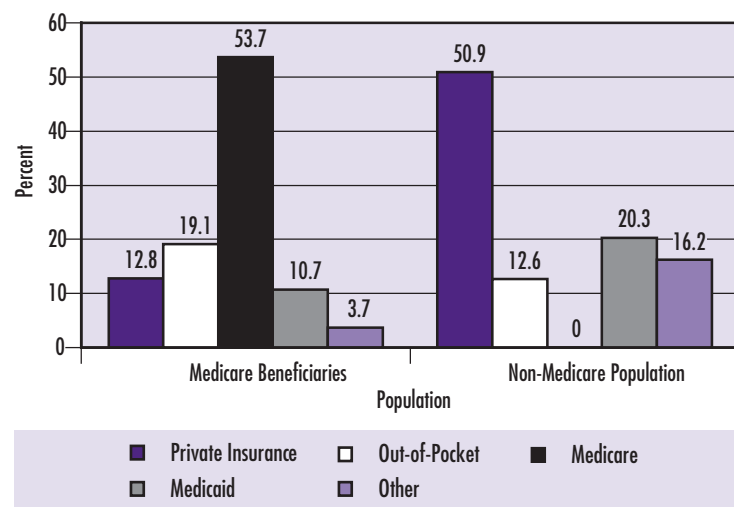
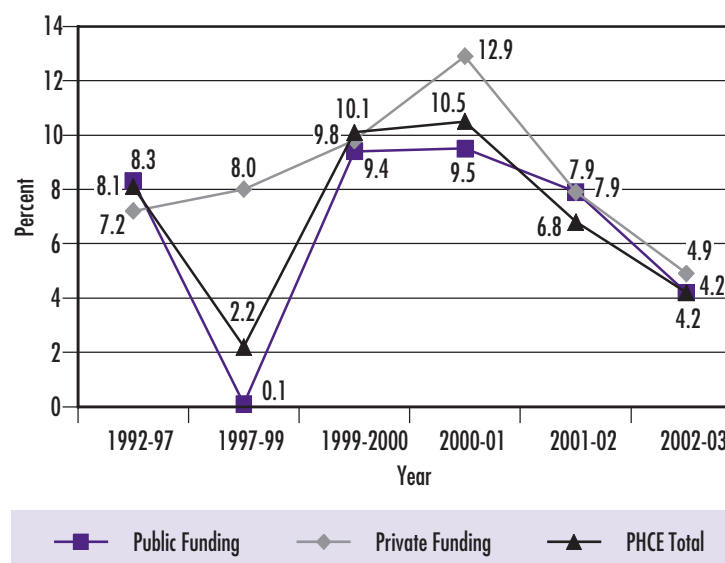


Figure 2-8. Sources of Funds for Personal Health Care Expenditures by Medicare Beneficiaries and the Non-Medicare Population, 2003



In 2003, growth in public as well as private funding for Medicare beneficiaries slowed down to half of that in 2002 (Figure 2-9), consistent with the decelerations seen in the NHE accounts (Smith et al., 2005). Total Medicare payments in 2003 amounted to \$280 billion, a 6 percent increase over 2002. Per capita Medicare payment, \$6,626, grew 5 percent from 2002. This marked a slowdown in the growth of Medicare expenditures, compared with the past 3 years.

Figure 2-9. Annual Growth Rates of Personal Health Care Expenditures by Medicare Beneficiaries by Funding Source, 1992-2003



In 2003, the deceleration in Medicare spending growth was evident across major covered service types, except for physician services (Table 2-1). Medicare spending on skilled nursing facility (SNF) care declined by 5 percent compared with 2002, showing a net decrease of \$718 million. Medicare spending on inpatient care, the largest share of payment by Medicare (43 percent), increased at half of the growth rate of total Medicare expenditures (3 percent versus 6 percent), showing a net increase of \$3.5 billion. Growth in Medicare spending on outpatient (a net increase of \$2.7 billion) and home health services

(a net increase of \$1.1 billion) also decelerated compared with 2002, though still at a brisk pace of 9 to 10 percent. Compared with other service types, physician/supplier services did not show a slowdown in the growth of Medicare payments in 2003, with a net increase of \$7.4 billion.

Table 2-1. Annual Growth Rates of Medicare Expenditures by Medicare Beneficiaries, 1992-2003

Selected Service Type	1992-97 (%)	1997-99 (%)	1999-2000 (%)	2000-01 (%)	2001-02 (%)	2002-03 (%)
Inpatient Hospital	5.7	1.3	6.4	6.2	9.2	3.0
Physician/Supplier	9.0	5.5	9.9	12.2	6.7	9.0
Outpatient Hospital	11.2	1.6	8.0	12.5	11.5	9.3
Home Health	14.5	-30.0	13.7	7.7	18.0	9.8
Skilled Nursing Facility	31.8	-7.3	1.8	32.6	9.5	-4.9

The rises and falls in annual growth rates of Medicare beneficiaries' health care spending presented in Figure 2-9 were largely attributed to the pendulum effects of public health care policies. While the Balanced Budget Act (BBA) of 1997 dramatically curbed the growth of health care spending by Medicare beneficiaries during the late 1990s, the Balanced Budget Refinement Act (BBRA) and the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) spurred the growth again between 2000 and 2002 by relaxing the stringent measures of BBA (Smith et al., 2005; Cowan et al., 2004). In 2003, as some of the provisions of the BBRA and BIPA that provided for additional payments expired, significant decelerations of Medicare expenditures were observed. Since these laws primarily affected Medicare payments to hospitals, nursing homes, and home health agencies (CMS Press Release, 2003), considerable fluctuations were seen in the annual growth rates of these service types (Table 2-1).

Over the years, the distribution of Medicare spending on different service types shifted from inpatient hospital to ambulatory services, i.e., physician and outpatient services (Table 2-2). In 1992, Medicare spent 54 percent of its funding on inpatient care. By 2003, this share shrunk to 43 percent. On the other hand, shares of Medicare spending on ambulatory services, at 37 percent in 1992, gradually expanded to equal inpatient services in 2003.

Table 2-2. Shares of Medicare Expenditures on Selected Service Types, 1992-2003

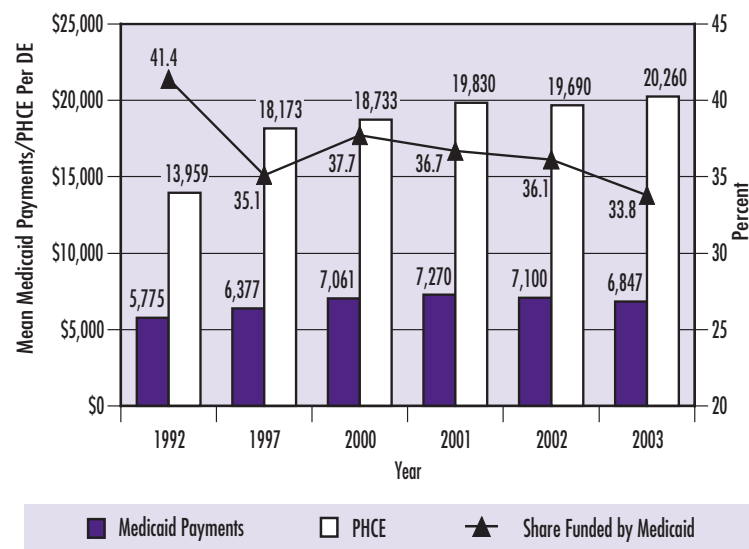
Selected Service Type	1992 (%)	1997 (%)	2000 (%)	2001 (%)	2002 (%)	2003 (%)
Inpatient Hospital	53.6	45.9	46.4	44.8	44.9	43.4
Ambulatory	36.7	37.6	41.6	42.4	42.0	43.1
Physician/Supplier	27.6	27.6	31.2	31.8	31.2	32.0
Outpatient Hospital	9.1	10.0	10.3	10.6	10.8	11.1
Home Health	6.3	8.0	4.1	4.0	4.4	4.5
Skilled Nursing Facility	2.2	5.7	4.6	5.5	5.5	5.0

Medicaid funding is the other component of public funding for Medicare beneficiaries who are eligible for Medicaid. In 2003, almost one in five Medicare beneficiaries was eligible for Medicaid services, representing 8.2 million beneficiaries. The growth rates of the DE population often outpaced that of the Medicare population (MCBS, 2006). Consequently, the proportion of the DE population had gradually yet steadily increased from 16.3 percent in 1992 to 19.3 percent of Medicare beneficiaries in 2003.

In contrast to the sharp increases in the beginning years of this decade, total Medicaid payments in 2003 for this population dropped to \$55.8 billion, representing a decrease of 1.8 percent from the previous year. Per capita Medicaid payments for the DEs were \$6,847, declining by 3.6 percent (Figure 2-10). This was the first time since 1999 that the annual difference was negative. Although the DE population continued to incur significantly higher health care costs than other Medicare beneficiaries, the Medicaid portion of their total PHCE gradually de-

creased over the past few years. In 2003, close to 34 percent of their PHCE was funded by Medicaid, compared with 41 percent in 1992 (Figure 2-10).

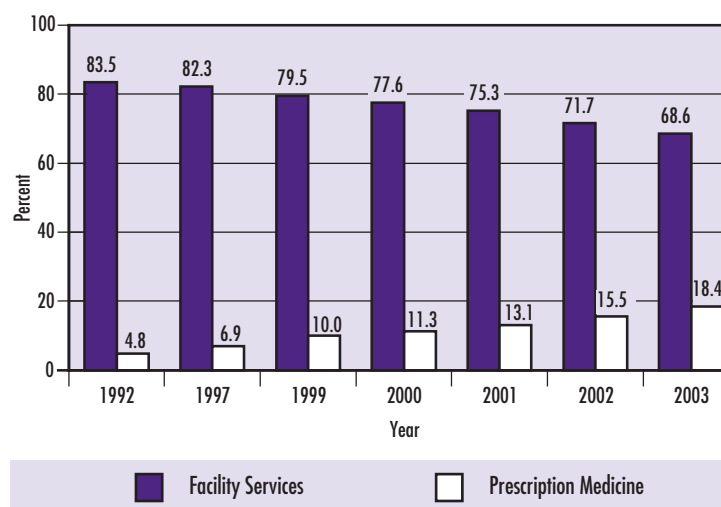
Figure 2-10. Medicare and Medicaid Dually Eligibles: Mean PHCE, Mean Medicaid Payments, and Proportion of PHCE Funded by Medicaid, 1992-2003



Similar to what happened in the Medicare arena, Medicaid expenditures for Medicare beneficiaries also underwent a series of roller-coaster rides, mostly in response to the changes in Medicare and Medicaid policies (Holahan and Ghosh, 2005). Medicaid expenditures continued to exert pressure on state budgets, exceeding 21 percent of all state spending. To control Medicaid spending, most states implemented a series of cost control measures (National Governors Association, 2004).⁸ Medicaid also implemented other cost saving programs, such as the three Medicaid home and community-based services programs,⁹ which intended to shift long-term care settings from more costly facilities to community (Kitchener et al., 2005). These measures seemed to be effective in decreasing Medicaid long-term facility care spending.

Medicaid resources are mainly used by DEs to cover health care services that are not covered by Medicare, in particular, nursing home services and PMs. In 2003, the bulk of Medicaid expenditures concentrated on long-term nursing home care (\$38.3 billion out of a total Medicaid spending of \$55.8 billion) and PMs (\$10.2 billion) for the DE population. Reflecting the gradual shifting from facility to community care, opposite trends were apparent in the proportions of facility versus PM services in total Medicaid spending over the years (Figure 2-11). The proportion of Medicaid spending on facility services reduced from 84 percent in 1992 to 69 percent in 2003; whereas portions spent on PMs expanded from 5 percent to 18 percent. Compared with 2002, total Medicaid spending on PMs grew by 16 percent, yet decreased by 6 percent for long-term facility care in 2003.

Figure 2-11. Proportion of Total Medicaid Payments on Long-Term Facility Services and Prescription Medicine by Medicare Beneficiaries Eligible for Medicaid, 1992-2003



⁸ These cost control measures included reducing or freezing provider payments, tightening eligibility requirements, restricting benefits, increasing co-payments, and requiring prior authorization for PMs or enforcing preferred drug lists (National Governors Association, 2004).

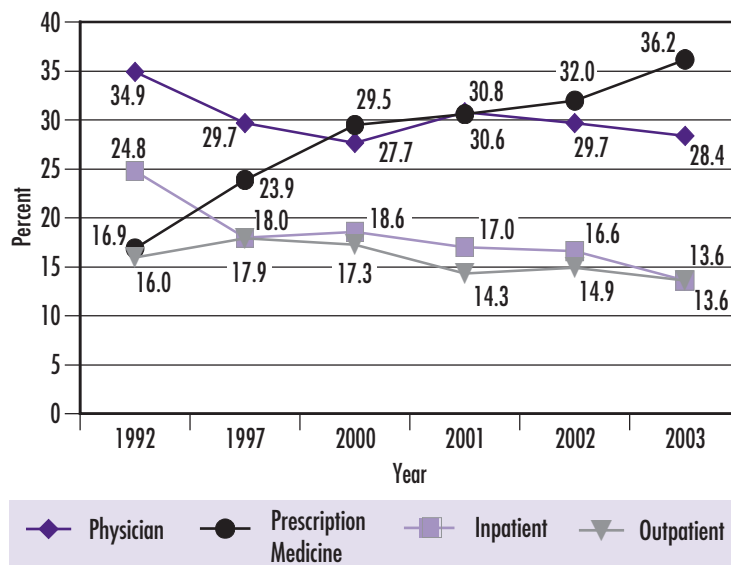
⁹ The three Medicaid home and community-based services programs are the Waivers program, the Home Health program, and the State-Plan Personal Care program.

In the private sector, PHI spending by Medicare beneficiaries reached \$67 billion in 2003, showing little growth from 2002. This reversed the trend of fast growth till 2002. Consistent with the decelerating PHI

trends observed across the nation (Strunk and Ginsburg, 2004), the deceleration of PHI spending by Medicare beneficiaries spread across several major service types, including inpatient hospital, outpatient hospital, and physician services. However, PHI spending on PM and SNF moved in the opposite direction, increasing by 14 and 22 percent, respectively, over 2002.

PHI expenditures by Medicare beneficiaries continued to exhibit shifting spending patterns, partly reflecting the changing service mix in the past decade (Figure 2-12). In 1992, the bulk of PHI money was spent on physician (35 percent) and inpatient care (25 percent). By 2003, spending on PM (\$24.2 billion) gradually increased to 36 percent of total PHI; whereas shares on physician care (\$19 billion), inpatient care, and outpatient care (\$9 billion each) declined to 28 percent and 14 percent, respectively.

Figure 2-12. Proportion of Medicare Beneficiaries' Private Health Insurance Expenditures on Selected Service Types, 1992-2003

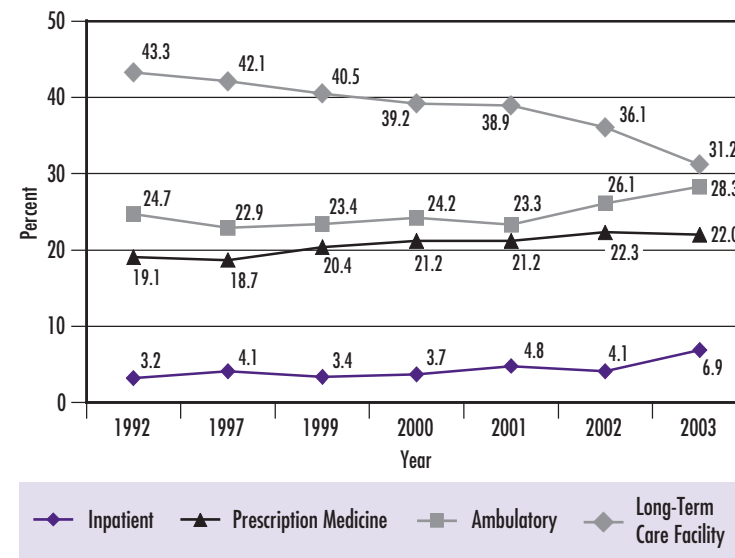


¹⁰ The Medicare Part A deductible for inpatient hospital care rose by \$28 to \$840 in 2003. This represented the highest annual raise in almost a decade.

OOP payments consist of the other source of private funding. In 2003, growth in Medicare beneficiaries' OOP payment outpaced growths in other payment sources, at 7 percent (a net increase of \$6.4 billion). Per capita OOP payments were estimated at \$2,350. Increases of OOP spending spread across major service types, with the exception of long-term facility care, where a decrease of 8 percent was observed.

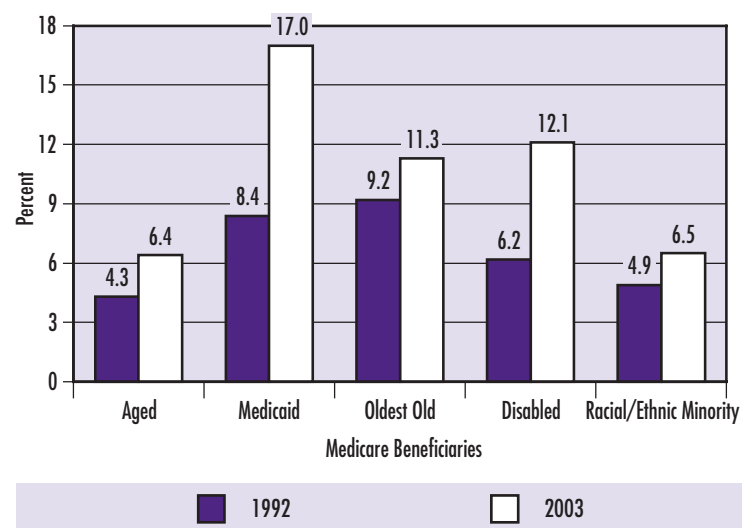
Reflecting the annual changes, shares of OOP on selected service types also shifted over the years (Figure 2-13). The bulk of OOP payments was spent on long-term facility care, followed in share size by ambulatory care and PMs. OOP payments on long-term care, though remaining to be the top ticket item, declined steadily over the years to 31 percent from 43 percent in 1992; whereas shares for ambulatory and PM climbed up to 28 and 22 percent respectively. Shares for inpatient care, relatively small in 1992 (3 percent), more than doubled in size in 2003 (7 percent). These spikes may be partially explained by the rise of Medicare Part A deductible¹⁰ and the sharp increase in the unit cost for inpatient hospital care.

Figure 2-13. Proportion of Medicare Beneficiaries' Out-of-Pocket Payment on Selected Service Types, 1992-2003



Over the years, health care demands have strained public resources and become more burdensome for Medicare beneficiaries. Figure 2-14 presents the ratio of average OOP to average income for noninstitutionalized Medicare beneficiaries. This ratio increased substantially for all the subgroups.¹¹ The OOP burdens are much more taxing for the vulnerable subgroups.

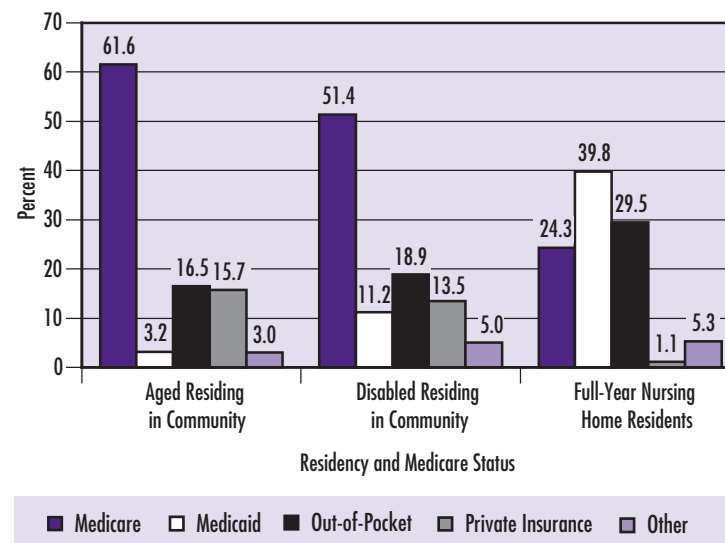
Figure 2-14. Ratio of Mean Out-of-Pocket Payments to Mean Income for Noninstitutionalized Medicare Beneficiaries, 1992 and 2003



Aged and disabled community residents showed distinctive patterns of funding sources compared with full-year nursing home residents (Figure 2-15). For aged community residents, Medicare financed 62 percent of total PHCE, while OOP (17 percent) and PHI (16 percent) payments contributed much of the remainder. Disabled community residents also funded their PHCE primarily with Medicare payments (51 percent), along with sizeable contributions from OOP (19 percent) and PHI (14 percent) payments. For full-year nursing home residents, Medicaid and OOP payments financed larger shares of their PHCE, at 40 and 30 percent respectively; whereas Medicare funded 24 percent. The financing structure underlying sources of payment remained basi-

cally stable for all subgroups compared with previous years. Notably, the share of OOP in total PHCE for the disabled living in community increased significantly from 15 percent in 2002.

Figure 2-15. Sources of Funds for Medicare Beneficiaries' Personal Health Care Expenditures by Residency and Medicare Status, 2003



PHCE by Service Category

The decelerations in PHCE growth rates by Medicare beneficiaries were evident across major service types in 2003 (Table 2-3), although there were still considerable increases for all service types, with the exception of nursing home care. In 2003, annual growth rates for PMs ranked the top, at 13 percent, followed by home health care (9 percent), and ambulatory services (8 percent). Growth in inpatient hospital care slowed down to half of that in 2002 (4 percent). Nursing home care was the only service type where spending showed a significant decrease of 8 percent, compared with 2002.

¹¹ These subgroups are not mutually exclusive.

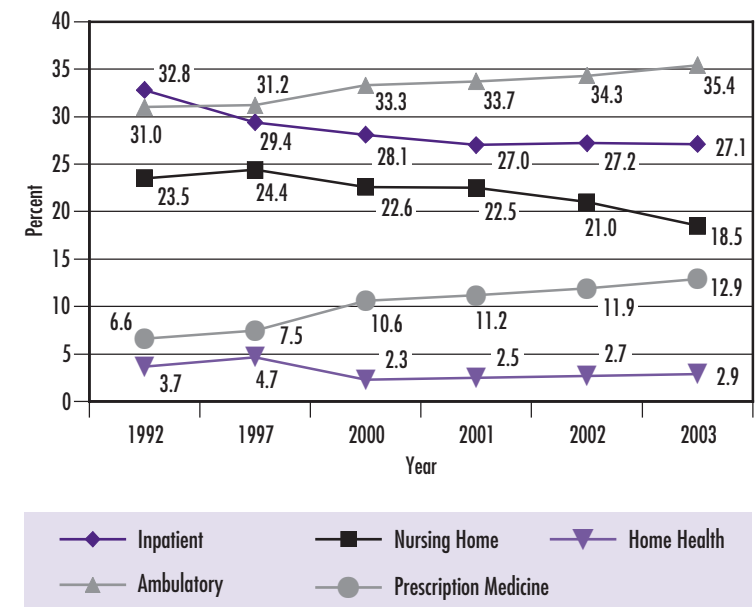
Table 2-3. Annual Growth Rates of Personal Health Care Expenditures by Medicare Beneficiaries by Selected Type, 1992-2003

	1992-97 (%)	1997-99 (%)	1999-2000 (%)	2000-01 (%)	2001-02 (%)	2002-03 (%)
Inpatient Hospital	5.8	1.0	6.7	6.1	8.8	3.6
Ambulatory	8.2	3.4	10.7	11.9	9.8	7.5
Physician/Supplier	7.4	3.3	13.8	12.6	8.9	8.5
Outpatient Hospital	10.5	3.8	2.7	9.8	12.7	4.8
Prescription Medicine	11.0	11.0	18.8	16.8	14.2	12.7
Home Health	13.5	-20.1	11.7	17.6	18.6	9.2
Nursing Home	8.9	-1.0	9.8	9.8	0.6	-8.3
Long-term Care	6.4	-0.1	11.7	6.8	-1.9	-8.9
Skilled Nursing Facility	30.5	-5.9	-1.0	29.7	14.0	-5.4

Over the past decade, proportions of PHCE by Medicare beneficiaries on major service types underwent a gradual shift (Figure 2-16). Medicare beneficiaries were shifting away from hospital and institutional care to ambulatory and PM care in community. Compared with 2002, Medicare beneficiaries were spending larger shares of PHCE on ambulatory care (35 percent) and prescription medicines (13 percent), and smaller proportions on inpatient (27 percent) and nursing home care (19 percent).

In 2003, the utilization level of inpatient services showed a perceptible decrease from the previous year. This marked the first deceleration in hospital utilization growth since 1998. The number of inpatient care users declined by 3 percent and number of inpatient hospital stays by 5 percent, compared with 2002 (Figure 2-17). Reflecting these changes, the inpatient user rate also decreased by 1 percent to 21 percent. “The deceleration reflected actions in many states that froze payments to hospitals and tightened eligibility requirements as states wrestled with budget shortfalls. Medicare spending growth also slowed as supplemental funding provisions expired,” (Smith et al., 2005). However, even while hospital utilization rates decreased, hospital costs continued to grow at a fast rate. In 2003, unit cost for hospital stays grew by 11 percent to a mean cost of \$8,592 (Figure 2-17). As a result, total inpatient

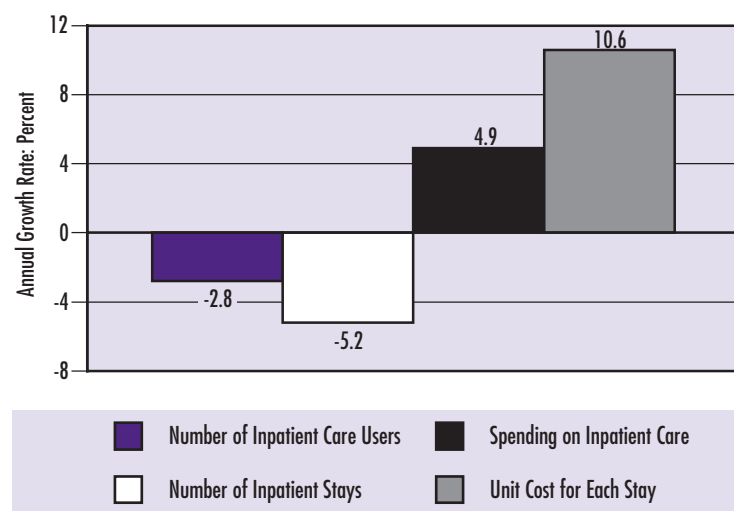
spending still increased by 4 percent, amounting to \$141 billion. The increase in unit cost was the main driver of the overall increase in inpatient spending (Strunk and Ginsburg, 2004).

Figure 2-16. Proportion of Personal Health Care Spending by Medicare Beneficiaries by Selected Type of Service, 1992-2003

In 2003, utilization levels of ambulatory services by Medicare beneficiaries grew at a relatively moderate rate compared with 2002. User rates of physician services maintained a steady upward though modest trend in the past decade, from 93 percent in 1992 to 96 percent in 2003 (Figure 2-18). On the other hand, user rates of outpatient care showed the fastest increase of any other services over the past decade, from 59 percent in 1992 to 73 percent in 2003—an increase of 14 percentage points. Increased utilization also was reflected in average visits per user (Figure 2-19), where steady rises were observed in mean physician visits as well as mean outpatient visits. The growth in user rates, compounded with increases in usage per user, led to moderate

growth in ambulatory spending by Medicare beneficiaries. The overall spending level climbed up by 8 percent to \$184 billion, representing a net increase of \$13 billion compared with 2002.

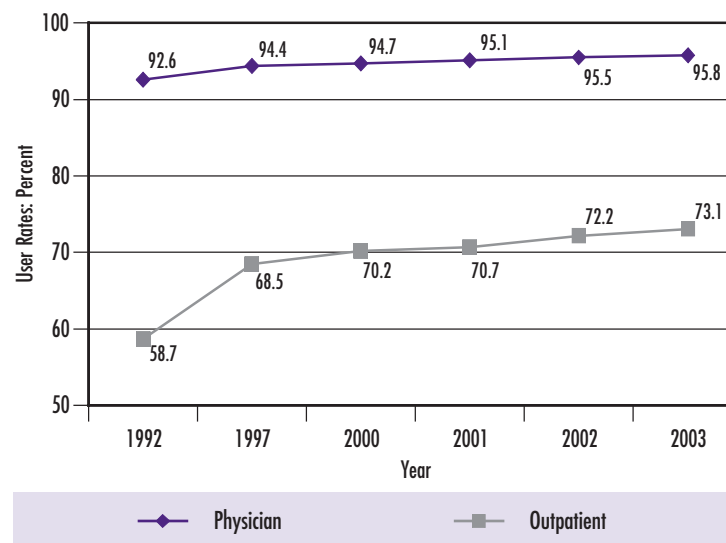
Figure 2-17. Annual Growth Rates of Inpatient Hospital Service Utilization and Spending by Medicare Beneficiaries, 2002-2003



In 2003, growth in PM spending, though decelerated, still considerably outpaced other service types. Total spending on PMs reached \$67 billion, representing a 13 percent increase from 2002 (a net increase of \$7.5 billion). PM's share of Medicare beneficiaries' PHCE increased steadily over the years to 13 percent (Figure 2-16), doubling in size since 1992. Double-digit growth in prescription drug spending in the past decade was attributed to a number of trends, such as increased third-party coverage and continued new drug introduction. Since PHI and OOP are the major sources of payment of PM expenditures (covering nearly 70 to 80 percent of PM spending), greater coverage of prescription drugs through third-party insurers and the resulting reduction in consumers' OOP expenses on PMs were likely to induce greater consumer demand (Levit et al., 2003). Data on noninstitutionalized Medicare beneficiaries indicated that from 1992 to 2003, OOP's share

of total PM spending declined from 58 percent to 33 percent. On the other hand, PHI's share increased from 25 percent to 36 percent. Medicaid's share of PM expanded steadily to 15 percent from 10 percent in 1992 (Figure 2-20).

Figure 2-18. User Rates of Ambulatory Services by Medicare Beneficiaries, 1992-2003



Unlike the perceptible deceleration trend observed in the general U.S. population, PM utilization among the Medicare population maintained the momentum, reflected by increased user rates and greater intensity of use (Figure 2-21). PM user rates among noninstitutionalized Medicare beneficiaries increased steadily from 85 percent in 1992 to 92 percent in 2003. The average number of PMs filled by users also rose from 19.5 in 1992 to 31.4 in 2003. Continuing its rise since 1992, average prescription drug spending per user more than tripled in the past 10 years, reaching \$1,793 in 2003.

Figure 2-19. Mean Use of Ambulatory Services by Medicare Beneficiaries, 1992-2003

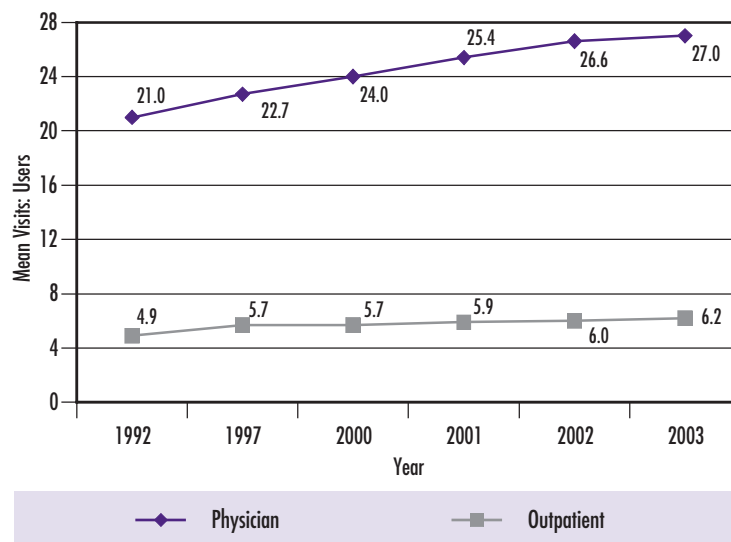


Figure 2-20. Major Sources of Payment for Prescription Medicine Expenditures by Noninstitutionalized Medicare Beneficiaries, 1992-2003

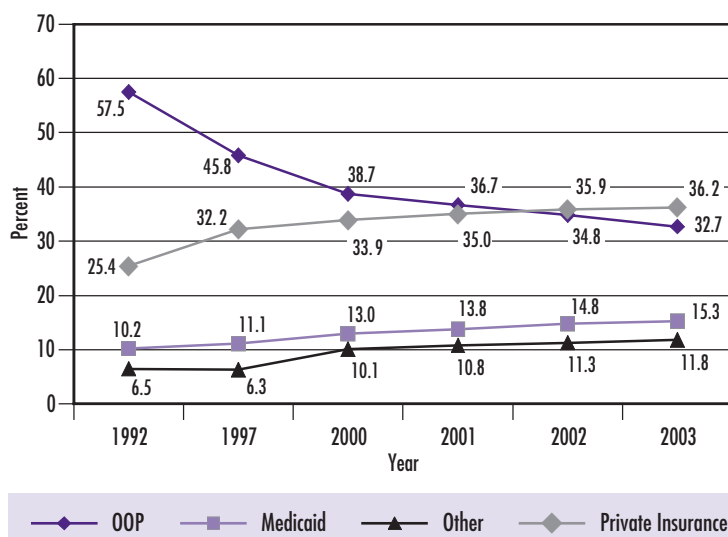
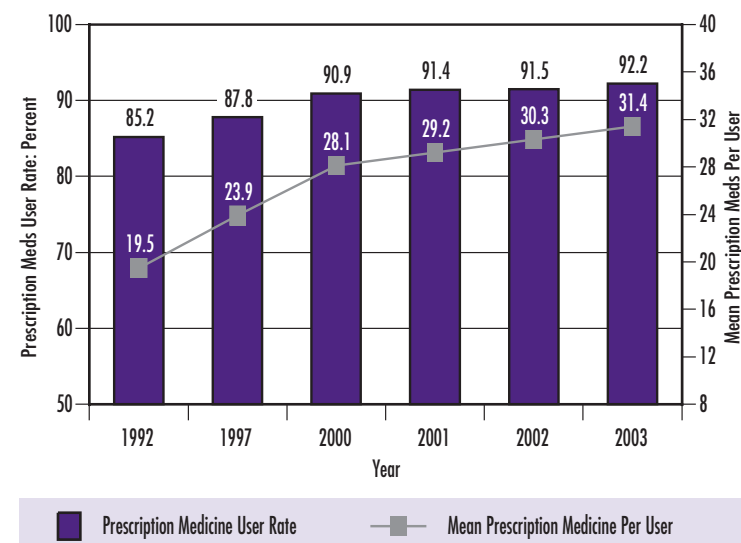


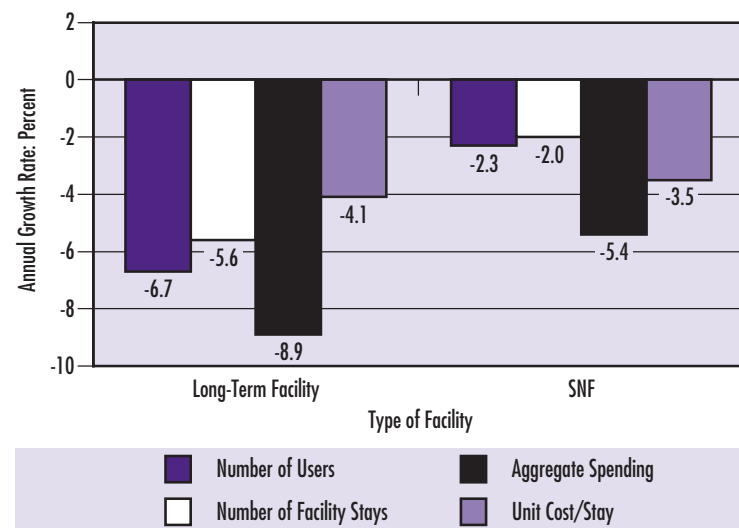
Figure 2-21. Prescription Medicine Utilization by Noninstitutionalized Medicare Beneficiaries, 1992-2003



Medicare beneficiaries' expenditures on long-term facility and SNF care consisted of nearly one-fifth of their overall health care spending (Figure 2-16). Apparently, changes in Medicare policies are the predominant drivers of the growth or decrease in facility utilization and spending. In 1999, BBA mandated a conversion from a cost-based reimbursement system to a prospectively determined payment system for Medicare SNFs, leading to major declines in Medicare payments to providers. Starting in 2000, the BBRA and BIPA modified the BBA limitations with an interim payment system and substantially raised Medicare payments to nursing homes (Levit et al., 2003). Medicare's more generous payments apparently spurred higher levels of utilization of SNF services for 2 to 3 years afterward. By 2003, as some of the BBRA and BIPA provisions expired, lower Medicare payment rates were in effect. At the same time, Medicaid, which is the largest public payment source of facility care, decreased upper payment limits

(UPLs) to nursing homes (Smith et al., 2005). To further contain the escalating cost of the Medicaid program, Medicaid implemented other cost saving programs to shift long-term care settings from more costly facilities to community (c.f., Footnote 9; Kitchener et al., 2005).

Figure 2-22. Annual Growth Rate of Facility Utilization and Spending by Medicare Beneficiaries, 2002-2003

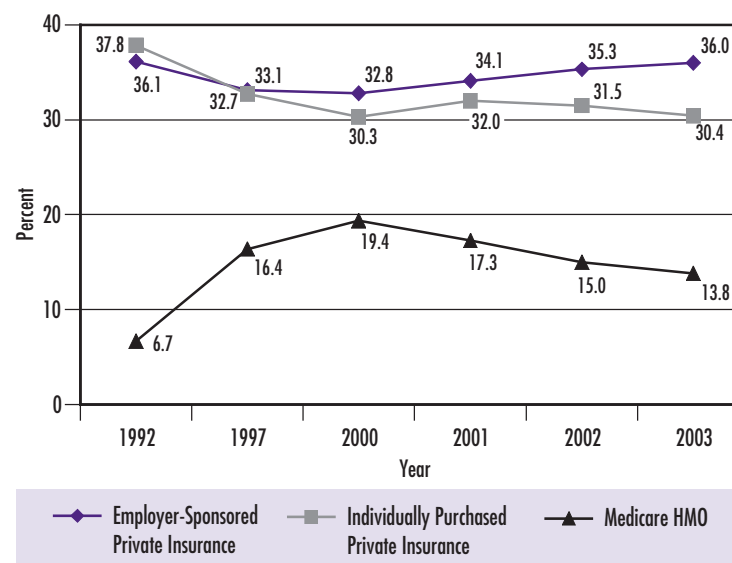


The net effect of these policy changes can be seen in Figure 2-22, which presents the annual changes in facility utilization and spending by Medicare beneficiaries between 2002 and 2003. For both long-term facility and SNF care, decreases were observed in the number of users, total stays, aggregate spending, and unit cost per stay. Compared with 2002, long-term facility residents dropped by 7 percent to 2.6 million. Total facility stays decreased by 6 percent to 2.9 million. Aggregate spending showed a 9 percent reduction from 2002 and dropped to the 1999 spending level, \$76 billion. Similarly, SNF utilization and spending also experienced decreases on all these measures. The largest reduction again was in aggregate SNF spending, a drop of 5 percent.

Insurance Status

In 2003, the rate of employer-sponsored PHI coverage among noninstitutionalized Medicare beneficiaries continued to increase to 36 percent; whereas the rate of individually-purchased PHI fell to 30 percent of the population (Figure 2-23). In spite of the rising cost of premiums and greater cost-sharing, the generosity of PHI plans increased since 1997 (Gabel et al., 2006). This rising trend of retaining or acquiring PHI by Medicare beneficiaries may also reflect the broader national shift from tightly managed, lower cost health maintenance organization plans toward plans that allow greater access to providers, even at a higher expense (Levit et al., 2003). Therefore, in spite of the greater out-of-pocket expense involved, a rising proportion of Medicare beneficiaries have opted to retain private supplemental policies, compared with the late 1990s.

Figure 2-23. Private Health Insurance and Medicare HMO Coverage for Noninstitutionalized Medicare Beneficiaries, 1992-2003



Coincidental to the gradual rise of PHI rate, enrollment in Medicare+Choice (M+C) plans continued on a steep decline since 2000 (Figure 2-23). The 5.6 million of enrollees in 2003 consisted of 13.8 percent of the noninstitutionalized Medicare population, compared with 7.5 million beneficiaries in 2000.¹² The Medicare + Choice program was established by Congress in 1997 to reduce Medicare program costs by fostering competition among private plans and to expand the types of plans available to Medicare beneficiaries. Over the years, the private plans faced challenges such as modest annual increases in Medicare payments, which prompted many plans to either withdraw from selected service areas or terminate their Medicare contracts entirely. As a result, Medicare HMO enrollees were often troubled by issues such as program instability, geographic inequalities, dwindling benefits, and rising cost-sharing responsibilities (Biles et al., 2004; Dallek et al., 2003; Gold and Archman, 2003). Apparently, these factors contributed to the recent declines in Medicare M+C enrollment.

Summary

In 2003, the overall growth rate of the Medicare population remained low. However, certain vulnerable subgroups, in particular, racial and ethnic minorities, disabled beneficiaries, and the DEs, increased at a significantly faster pace than the general population. Consequently, the Medicare population has become increasingly diverse.

Year 2003 witnessed the first major deceleration in the growth of aggregate and per capita PHCE by the Medicare population. The growth rates of public as well as private funding slowed to half of that in 2002. Predominant factors attributing to the decelerations included the lower Medicare payment rates in effect due to the expiration of the BBRA and BIPA provisions, and more stringent Medicaid policies and other cost-saving Medicaid programs and practices.

Another ongoing trend was the shifting service mix used by Medicare beneficiaries. Beneficiaries are using increasingly more ambulatory and PM services, and less of the costly inpatient and facility services. In 2003, ambulatory services consumed the largest share of total PHCE; whereas the share of PM services in PHCE escalated over the years, doubling its share since 1992.

Over the past 11 years, Medicare policy changes had been the predominant drivers of beneficiaries' PHCE level and distribution. In November 2003, Congress passed the Medicare Prescription Drug, Improvement, and Modernization Act (MMA). The MMA intends to provide PM coverage to all Medicare beneficiaries through private plans—Prescription Drug Plans (PDPs) or Medicare Advantage (MA), a new name for M+C.¹³ While it is too early to speculate on the impact of the MMA, it will become another driver of health care cost, due to expanded coverage for Medicare beneficiaries. Policymakers will continue to implement old as well as new approaches to contain the cost, including government price-setting and managed care, consumer-directed health plans, pay-for-performance, and chronic care management (Zuckerman and McFeeters, 2006).

Other important factors affecting Medicare beneficiaries' PHCE will continue to include the overall economy, the ever-changing health care market, and the contracting of Medicare managed care. These factors are likely to further change the way Medicare beneficiaries use health care services.

¹² In 2003, the total number of M+C enrollees was estimated at 5.7 million among all Medicare beneficiaries (13.6 percent), including long-term facility residents.

¹³ Other important aspects of the MMA include new incentives, e.g., sizable payment increases to private MA plans to expand their role in covering acute care services.



3

DETAILED TABLES FROM THE MEDICARE CURRENT BENEFICIARY SURVEY DATA

3.1

**WHO IS IN THE
MEDICARE POPULATION?**

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2003

All Medicare Beneficiaries

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Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
Beneficiaries (in 000s)	42,274	39,668	1,921	685
	<i>124</i>	<i>142</i>	<i>61</i>	<i>52</i>
Beneficiaries as a Percentage of Column Total				
Medicare Status¹				
Aged				
65 - 74 years	44.29	46.48	9.42	15.22*
	<i>0.33</i>	<i>0.35</i>	<i>1.19</i>	<i>2.90</i>
75 - 84 years	30.21	30.14	31.97	29.45
	<i>0.30</i>	<i>0.31</i>	<i>1.64</i>	<i>3.26</i>
85 years and older	11.12	8.97	43.09	45.51
	<i>0.17</i>	<i>0.19</i>	<i>1.69</i>	<i>3.51</i>
Disabled				
Under 45 years	3.74	3.71	5.17	1.60*
	<i>0.07</i>	<i>0.08</i>	<i>0.57</i>	<i>0.56</i>
45 - 64 years	10.65	10.71	10.35	8.23*
	<i>0.22</i>	<i>0.26</i>	<i>1.24</i>	<i>1.89</i>
Gender by Age				
Male				
	44.02	44.84	30.52	34.09
	<i>0.30</i>	<i>0.31</i>	<i>1.56</i>	<i>3.27</i>
Aged				
65 - 74 years	20.35	21.35	4.63*	6.49*
	<i>0.26</i>	<i>0.27</i>	<i>0.87</i>	<i>1.93</i>
75 - 84 years	12.59	12.70	10.76	11.02*
	<i>0.21</i>	<i>0.22</i>	<i>0.95</i>	<i>2.02</i>
85 years and older	3.40	3.09	7.38	10.70*
	<i>0.10</i>	<i>0.11</i>	<i>0.89</i>	<i>1.96</i>
Disabled				
Under 45 years	2.08	2.03	3.47	0.94*
	<i>0.08</i>	<i>0.09</i>	<i>0.41</i>	<i>0.46</i>
45 - 64 years	5.60	5.67	4.28*	4.94*
	<i>0.19</i>	<i>0.21</i>	<i>0.76</i>	<i>1.49</i>

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2003

All Medicare Beneficiaries

2 of 4

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
Beneficiaries (in 000s)	42,274	39,668	1,921	685
	<i>124</i>	<i>142</i>	<i>61</i>	<i>52</i>
Beneficiaries as a Percentage of Column Total				
Female	55.98	55.16	69.48	65.91
	<i>0.30</i>	<i>0.31</i>	<i>1.56</i>	<i>3.27</i>
Aged				
65 - 74 years	23.93	25.12	4.79*	8.73*
	<i>0.27</i>	<i>0.30</i>	<i>0.74</i>	<i>2.10</i>
75 - 84 years	17.62	17.44	21.21	18.43*
	<i>0.24</i>	<i>0.26</i>	<i>1.60</i>	<i>2.77</i>
85 years and older	7.71	5.89	35.71	34.82
	<i>0.16</i>	<i>0.16</i>	<i>1.45</i>	<i>3.17</i>
Disabled				
Under 45 years	1.66	1.68	1.70*	0.66*
	<i>0.07</i>	<i>0.08</i>	<i>0.36</i>	<i>0.34</i>
45 - 64 years	5.05	5.03	6.07*	3.28*
	<i>0.17</i>	<i>0.19</i>	<i>0.94</i>	<i>1.30</i>
Race/Ethnicity by Age²				
White non-Hispanic	78.42	78.05	82.43	88.98
	<i>0.55</i>	<i>0.57</i>	<i>1.22</i>	<i>2.35</i>
Aged				
65 - 74 years	34.68	36.42	6.48*	12.06*
	<i>0.37</i>	<i>0.39</i>	<i>1.00</i>	<i>2.60</i>
75 - 84 years	25.05	24.96	26.48	26.44
	<i>0.32</i>	<i>0.34</i>	<i>1.42</i>	<i>3.08</i>
85 years and older	9.28	7.38	37.23	41.67
	<i>0.16</i>	<i>0.18</i>	<i>1.61</i>	<i>3.37</i>
Disabled				
Under 45 years	2.35	2.30	3.65	1.61*
	<i>0.08</i>	<i>0.08</i>	<i>0.46</i>	<i>0.56</i>
45 - 64 years	7.06	6.99	8.59	7.20*
	<i>0.26</i>	<i>0.28</i>	<i>1.13</i>	<i>1.92</i>

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2003

All Medicare Beneficiaries

3 of 4

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/ Part-Year Facility
Beneficiaries (in 000s)	42,274	39,668	1,921	685
	<i>124</i>	<i>142</i>	<i>61</i>	<i>52</i>
Beneficiaries as a Percentage of Column Total				
Black non-Hispanic	9.56	9.51	11.40	7.52*
	<i>0.22</i>	<i>0.24</i>	<i>1.15</i>	<i>1.74</i>
Aged				
65 - 74 years	3.88	4.03	1.52*	1.67*
	<i>0.16</i>	<i>0.16</i>	<i>0.52</i>	<i>0.96</i>
75 - 84 years	2.15	2.06	3.71*	2.78*
	<i>0.11</i>	<i>0.12</i>	<i>0.66</i>	<i>1.21</i>
85 years and older	0.84	0.68	3.73*	2.37*
	<i>0.06</i>	<i>0.06</i>	<i>0.57</i>	<i>0.92</i>
Disabled				
Under 45 years	0.76	0.76	0.89*	0.00
	<i>0.05</i>	<i>0.06</i>	<i>0.26</i>	<i>0.00</i>
45 - 64 years	1.93	1.97	1.56*	0.70*
	<i>0.13</i>	<i>0.14</i>	<i>0.51</i>	<i>0.51</i>
Hispanic	7.88	8.16	4.37*	1.37*
	<i>0.46</i>	<i>0.47</i>	<i>0.62</i>	<i>0.88</i>
Aged				
65 - 74 years	3.60	3.80	0.63*	0.00
	<i>0.26</i>	<i>0.28</i>	<i>0.33</i>	<i>0.00</i>
75 - 84 years	2.08	2.16	1.32*	0.00
	<i>0.16</i>	<i>0.16</i>	<i>0.51</i>	<i>0.00</i>
85 years and older	0.68	0.62	1.89*	0.98*
	<i>0.06</i>	<i>0.06</i>	<i>0.46</i>	<i>0.58</i>

Table 1.1 Age, Gender, and Race/Ethnicity of Medicare Beneficiaries, by Residence Status, 2003

All Medicare Beneficiaries

4 of 4

Beneficiary Characteristic	Total	Residence		
		Community Only	Long-Term Care Facility Only	Part-Year Community/Part-Year Facility
Beneficiaries (in 000s)	42,274	39,668	1,921	685
	<i>124</i>	<i>142</i>	<i>61</i>	<i>52</i>
Beneficiaries as a Percentage of Column Total				
Disabled				
Under 45 years	0.40	0.41	0.24*	0.00
	<i>0.04</i>	<i>0.05</i>	<i>0.11</i>	<i>0.00</i>
45 - 64 years	1.11	1.16	0.30*	0.39*
	<i>0.10</i>	<i>0.11</i>	<i>0.22</i>	<i>0.41</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.
 Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 2 *Race/ethnicity* percentages do not add to 100 percent because the category *other race/ethnicity* is not included as a category in the table, although it is included in the total.

Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 2003

All Medicare Beneficiaries

1 of 3

Beneficiary Characteristic	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	6,083	18,721	12,770	4,699	3,244	8,604	5,320	1,439	18,608	2,839	10,117	7,450	3,260	23,666
	124	97	151	122	76	84	111	90	42	138	72	123	100	70	143
Beneficiaries as a Percentage of Column Total															
Marital Status															
Married	51.84	40.04	64.70	48.57	24.84	42.01	77.35	70.80	54.84	67.58	37.79	53.95	32.72	11.61	39.48
	0.47	1.48	0.74	0.77	0.94	2.13	0.88	0.97	1.73	0.57	2.02	1.13	1.05	0.89	0.61
Widowed	30.15	6.60	20.75	41.34	67.42	3.28*	8.50	20.18	38.79	13.29	10.38	31.15	56.44	80.05	43.38
	0.39	0.77	0.66	0.78	1.09	0.70	0.71	0.93	1.69	0.42	1.39	1.02	1.13	1.17	0.56
Divorced/separated	11.41	28.66	11.12	6.56	3.50	27.01	10.07	5.66	3.36*	11.23	30.53	12.02	7.20	3.56*	11.55
	0.36	1.41	0.48	0.41	0.44	1.85	0.76	0.57	0.73	0.51	1.83	0.64	0.54	0.49	0.46
Never married	6.60	24.71	3.43	3.52	4.24	27.69	4.09	3.36	3.01*	7.90	21.30	2.88	3.64	4.78	5.59
	0.21	1.00	0.28	0.30	0.49	1.45	0.45	0.50	0.74	0.37	1.53	0.37	0.40	0.58	0.28
Living Arrangement															
Community															
Alone	28.85	23.66	23.20	35.21	40.65	23.53	15.12	20.74	27.45	19.15	23.81	30.08	45.55	46.48	36.46
	0.43	1.35	0.70	0.70	1.14	1.53	0.76	0.96	1.87	0.50	1.93	1.03	1.00	1.37	0.65
With spouse	49.40	37.89	62.89	45.45	21.34	39.95	75.51	67.08	48.23	64.81	35.56	52.15	30.01	9.46	37.29
	0.48	1.53	0.77	0.77	0.93	2.20	0.92	1.03	1.86	0.60	1.98	1.19	1.04	0.91	0.63
With children	9.79	10.81	7.92	10.22	14.72	5.73	3.47	4.84	9.53	4.72	16.58	11.71	14.05	17.01	13.77
	0.30	0.94	0.41	0.49	0.90	1.00	0.42	0.55	1.34	0.32	1.61	0.72	0.74	1.11	0.47
With others	7.42	22.71	5.02	4.31	5.67	26.17	4.87	3.45	4.93*	8.16	18.79	5.15	4.92	6.00	6.83
	0.23	1.10	0.34	0.30	0.55	1.78	0.56	0.45	0.86	0.46	1.55	0.44	0.38	0.75	0.31
Long-Term Care Facility	4.55	4.92	0.97	4.81	17.63	4.62	1.04*	3.88	9.86	3.16	5.26	0.91*	5.47	21.06	5.65
	0.15	0.49	0.13	0.29	0.82	0.55	0.20	0.35	1.23	0.18	0.76	0.15	0.46	1.02	0.23
Race/Ethnicity															
White non-Hispanic	78.42	65.59	78.45	82.68	83.23	65.14	80.42	83.55	84.41	78.97	66.10	76.79	82.06	82.71	77.99
	0.55	1.66	0.73	0.62	0.89	1.80	0.91	0.79	1.48	0.66	2.30	0.89	0.82	1.00	0.60
Black non-Hispanic	9.56	18.71	8.78	7.09	7.56	17.15	8.53	6.50	6.99*	9.33	20.48	8.99	7.52	7.81	9.74
	0.22	0.90	0.35	0.33	0.52	1.18	0.54	0.54	0.87	0.31	1.42	0.49	0.40	0.65	0.31
Hispanic	7.88	10.52	8.14	6.88	6.14	12.47	7.46	6.75	6.03*	8.02	8.29	8.72	6.97	6.19	7.77
	0.46	0.79	0.57	0.53	0.56	1.33	0.64	0.65	0.95	0.53	1.04	0.75	0.72	0.63	0.50
Other	4.14	5.19	4.62	3.34	3.07	5.23	3.58	3.21	2.57*	3.68	5.13*	5.50	3.44	3.29*	4.50
	0.31	1.16	0.36	0.29	0.44	1.18	0.42	0.40	0.65	0.32	1.38	0.53	0.46	0.53	0.40

Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 2003

All Medicare Beneficiaries

2 of 3

Beneficiary Characteristic	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	6,083	18,721	12,770	4,699	3,244	8,604	5,320	1,439	18,608	2,839	10,117	7,450	3,260	23,666
	<i>124</i>	<i>97</i>	<i>151</i>	<i>122</i>	<i>76</i>	<i>84</i>	<i>111</i>	<i>90</i>	<i>42</i>	<i>138</i>	<i>72</i>	<i>123</i>	<i>100</i>	<i>70</i>	<i>143</i>
Beneficiaries as a Percentage of Column Total															
Schooling															
0 - 8 years	14.39	14.54	10.90	15.56	25.18	16.07	11.94	17.15	25.18	15.16	12.81	10.03	14.43	25.18	13.78
	<i>0.37</i>	<i>0.98</i>	<i>0.54</i>	<i>0.60</i>	<i>1.03</i>	<i>1.27</i>	<i>0.79</i>	<i>0.95</i>	<i>1.84</i>	<i>0.48</i>	<i>1.53</i>	<i>0.75</i>	<i>0.83</i>	<i>1.31</i>	<i>0.54</i>
9 - 12 years (No diploma)	16.05	18.36	14.34	17.16	16.91	22.20	13.28	16.53	14.92	15.87	14.00	15.23	17.62	17.80	16.18
	<i>0.41</i>	<i>0.86</i>	<i>0.62</i>	<i>0.71</i>	<i>0.90</i>	<i>1.45</i>	<i>0.81</i>	<i>1.07</i>	<i>1.51</i>	<i>0.58</i>	<i>1.23</i>	<i>0.85</i>	<i>0.88</i>	<i>1.05</i>	<i>0.53</i>
High school graduate	30.43	32.15	31.19	29.37	27.95	30.71	26.95	23.71	25.06	26.52	33.77	34.79	33.42	29.26	33.50
	<i>0.52</i>	<i>1.28</i>	<i>0.80</i>	<i>0.77</i>	<i>0.99</i>	<i>1.83</i>	<i>1.14</i>	<i>0.92</i>	<i>1.81</i>	<i>0.72</i>	<i>1.81</i>	<i>1.11</i>	<i>1.09</i>	<i>1.15</i>	<i>0.65</i>
Some college/vocational school	24.18	27.28	25.47	23.18	17.57	22.67	24.53	22.32	18.52	23.11	32.51	26.28	23.79	17.14	25.01
	<i>0.48</i>	<i>1.31</i>	<i>0.79</i>	<i>0.70</i>	<i>0.97</i>	<i>1.78</i>	<i>1.08</i>	<i>1.16</i>	<i>1.66</i>	<i>0.58</i>	<i>1.91</i>	<i>1.01</i>	<i>0.89</i>	<i>1.06</i>	<i>0.60</i>
Bachelor's degree and beyond	14.97	7.68	18.09	14.72	12.40	8.35	23.31	20.28	16.32	19.33	6.91	13.67	10.75	10.62	11.53
	<i>0.43</i>	<i>0.92</i>	<i>0.74</i>	<i>0.58</i>	<i>0.81</i>	<i>1.47</i>	<i>1.10</i>	<i>1.07</i>	<i>1.51</i>	<i>0.67</i>	<i>1.13</i>	<i>0.81</i>	<i>0.69</i>	<i>0.88</i>	<i>0.47</i>
Income															
Less than \$5,000	3.67	5.62	3.18	3.36	3.98	5.92	2.77	1.81*	2.12*	3.00	5.28	3.52	4.47	4.81	4.21
	<i>0.19</i>	<i>0.56</i>	<i>0.31</i>	<i>0.31</i>	<i>0.43</i>	<i>0.83</i>	<i>0.44</i>	<i>0.35</i>	<i>0.59</i>	<i>0.28</i>	<i>0.72</i>	<i>0.41</i>	<i>0.44</i>	<i>0.55</i>	<i>0.26</i>
\$5,000 - \$9,999	16.43	33.62	11.46	13.03	23.23	31.54	8.08	7.63	13.10	12.43	35.98	14.33	16.89	27.70	19.57
	<i>0.34</i>	<i>1.07</i>	<i>0.54</i>	<i>0.56</i>	<i>1.11</i>	<i>1.47</i>	<i>0.70</i>	<i>0.65</i>	<i>1.41</i>	<i>0.44</i>	<i>1.87</i>	<i>0.74</i>	<i>0.83</i>	<i>1.36</i>	<i>0.50</i>
\$10,000 - \$14,999	17.07	21.91	13.09	19.02	21.31	23.63	10.47	15.31	16.35	14.60	19.95	15.32	21.67	23.50	19.00
	<i>0.33</i>	<i>1.23</i>	<i>0.47</i>	<i>0.66</i>	<i>1.02</i>	<i>1.72</i>	<i>0.67</i>	<i>0.89</i>	<i>1.43</i>	<i>0.49</i>	<i>1.72</i>	<i>0.74</i>	<i>0.94</i>	<i>1.23</i>	<i>0.45</i>
\$15,000 - \$19,999	12.20	9.08	11.33	14.00	14.81	10.34	10.01	13.89	15.90	11.63	7.63	12.46	14.07	14.33	12.65
	<i>0.37</i>	<i>0.93</i>	<i>0.51</i>	<i>0.56</i>	<i>0.98</i>	<i>1.38</i>	<i>0.68</i>	<i>0.81</i>	<i>1.52</i>	<i>0.51</i>	<i>1.10</i>	<i>0.70</i>	<i>0.72</i>	<i>1.10</i>	<i>0.45</i>
\$20,000 - \$24,999	10.09	6.18	10.32	11.75	9.65	6.39	9.51	11.93	11.39	9.80	5.94	11.01	11.63	8.89	10.31
	<i>0.32</i>	<i>0.64</i>	<i>0.47</i>	<i>0.54</i>	<i>0.77</i>	<i>0.93</i>	<i>0.68</i>	<i>0.79</i>	<i>1.45</i>	<i>0.45</i>	<i>0.90</i>	<i>0.67</i>	<i>0.78</i>	<i>0.84</i>	<i>0.44</i>
\$25,000 - \$29,999	7.96	5.58	8.56	8.58	6.93	5.84*	8.75	9.53	10.20	8.58	5.27*	8.40	7.90	5.49	7.47
	<i>0.28</i>	<i>0.79</i>	<i>0.42</i>	<i>0.47</i>	<i>0.59</i>	<i>0.99</i>	<i>0.69</i>	<i>0.64</i>	<i>1.23</i>	<i>0.39</i>	<i>0.99</i>	<i>0.65</i>	<i>0.60</i>	<i>0.69</i>	<i>0.40</i>
\$30,000 - \$39,999	12.97	7.58	15.93	12.68	8.90	7.62	17.63	15.22	12.42	14.79	7.53	14.49	10.87	7.34	11.53
	<i>0.35</i>	<i>0.79</i>	<i>0.59</i>	<i>0.63</i>	<i>0.63</i>	<i>1.17</i>	<i>0.85</i>	<i>0.95</i>	<i>1.31</i>	<i>0.59</i>	<i>1.07</i>	<i>0.88</i>	<i>0.76</i>	<i>0.73</i>	<i>0.49</i>
\$40,000 - \$49,999	6.66	4.18	8.60	5.76	4.55	3.48*	9.42	7.35	5.95*	7.52	4.98*	7.91	4.62	3.93	5.98
	<i>0.25</i>	<i>0.52</i>	<i>0.46</i>	<i>0.37</i>	<i>0.44</i>	<i>0.72</i>	<i>0.67</i>	<i>0.59</i>	<i>0.96</i>	<i>0.42</i>	<i>0.97</i>	<i>0.60</i>	<i>0.46</i>	<i>0.46</i>	<i>0.32</i>
\$50,000 or more	12.97	6.27	17.52	11.82	6.63	5.24*	23.36	17.33	12.56	17.64	7.44	12.54	7.89	4.01	9.29
	<i>0.38</i>	<i>0.62</i>	<i>0.68</i>	<i>0.58</i>	<i>0.56</i>	<i>0.87</i>	<i>1.09</i>	<i>1.07</i>	<i>1.26</i>	<i>0.60</i>	<i>0.95</i>	<i>0.78</i>	<i>0.62</i>	<i>0.59</i>	<i>0.45</i>

Table 1.2 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Age and by Gender and Age, 2003

All Medicare Beneficiaries

3 of 3

Beneficiary Characteristic	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	6,083	18,721	12,770	4,699	3,244	8,604	5,320	1,439	18,608	2,839	10,117	7,450	3,260	23,666
	<i>124</i>	<i>97</i>	<i>151</i>	<i>122</i>	<i>76</i>	<i>84</i>	<i>111</i>	<i>90</i>	<i>42</i>	<i>138</i>	<i>72</i>	<i>123</i>	<i>100</i>	<i>70</i>	<i>143</i>
Beneficiaries as a Percentage of Column Total															
Metropolitan Area Resident															
Yes	76.50	73.45	76.38	77.87	77.18	72.89	75.30	77.78	75.98	75.64	74.09	77.31	77.94	77.71	77.18
	<i>0.23</i>	<i>0.82</i>	<i>0.41</i>	<i>0.48</i>	<i>0.59</i>	<i>1.03</i>	<i>0.81</i>	<i>0.71</i>	<i>1.45</i>	<i>0.40</i>	<i>1.70</i>	<i>0.79</i>	<i>0.81</i>	<i>0.96</i>	<i>0.50</i>
No	23.50	26.55	23.62	22.13	22.82	27.11	24.70	22.22	24.02	24.36	25.91	22.69	22.06	22.29	22.82
	<i>0.23</i>	<i>0.82</i>	<i>0.41</i>	<i>0.48</i>	<i>0.59</i>	<i>1.03</i>	<i>0.81</i>	<i>0.71</i>	<i>1.45</i>	<i>0.40</i>	<i>1.70</i>	<i>0.79</i>	<i>0.81</i>	<i>0.96</i>	<i>0.50</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.
 Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 2003

All Medicare Beneficiaries

1 of 3

Beneficiary Characteristic	Total ¹	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	3,965	14,599	10,545	3,905	33,014	1,131	1,634	905	355	4,024	636	1,515	877	288	3,316
	124	124	163	128	70	247	58	67	45	26	95	49	109	67	27	192
Beneficiaries as a Percentage of Column Total																
Gender																
Male	44.02	52.89	47.00	42.10	31.11	44.26	48.83	44.55	38.15	28.36*	42.89	63.17	42.01	40.87	30.10*	44.73
	0.30	1.25	0.58	0.67	0.90	0.36	2.73	2.14	2.42	3.24	1.19	4.40	2.49	3.24	3.74	1.55
Female	55.98	47.11	53.00	57.90	68.89	55.74	51.17	55.45	61.85	71.64	57.11	36.83	57.99	59.13	69.90	55.27
	0.30	1.25	0.58	0.67	0.90	0.36	2.73	2.14	2.42	3.24	1.19	4.40	2.49	3.24	3.74	1.55
Marital Status																
Married	51.84	42.63	67.46	50.43	26.19	54.16	23.30	41.38	30.77	13.38*	31.45	52.16	62.30	46.17	19.25*	52.33
	0.47	1.85	0.89	0.84	1.09	0.56	2.68	2.90	2.40	2.63	1.68	4.54	2.37	2.81	3.53	1.74
Widowed	30.15	5.86	20.08	40.61	66.71	30.44	11.64*	30.62	49.51	77.34	33.64	2.02*	17.60	40.39	68.69	25.10
	0.39	0.93	0.72	0.86	1.28	0.47	2.41	2.80	2.42	3.21	1.64	0.98	2.02	2.93	3.84	1.48
Divorced/separated	11.41	27.27	9.57	5.54	2.99*	9.63	35.38	21.32	14.50*	5.48*	22.35	24.89	14.87	9.88*	7.80*	14.86
	0.36	1.65	0.53	0.41	0.47	0.37	3.64	2.19	1.97	1.86	1.63	4.02	1.79	1.98	2.64	1.24
Never married	6.60	24.24	2.89	3.41	4.11	5.76	29.67	6.68*	5.22*	3.81*	12.56	20.93	5.23*	3.57*	4.26*	7.72
	0.21	1.25	0.29	0.31	0.55	0.23	2.71	1.67	1.40	1.20	1.06	2.49	1.43	1.43	2.30	0.92
Living Arrangement																
Community																
Alone	28.85	23.40	22.73	35.60	43.00	29.32	32.81	30.48	39.64	27.50*	32.93	11.59*	21.88	27.84	28.31*	22.05
	0.43	1.48	0.77	0.77	1.28	0.49	3.26	3.06	2.98	4.21	1.77	2.77	2.31	2.69	4.25	1.62
With spouse	49.40	40.78	66.17	47.58	22.42	52.01	20.96	36.78	26.12	11.59*	27.72	48.10	59.49	43.67	16.01*	49.32
	0.48	1.92	0.92	0.88	1.06	0.57	2.47	2.76	2.53	2.64	1.57	4.18	2.51	2.81	2.95	1.76
With children	9.79	8.50	6.50	8.67	12.10	8.10	17.45	16.30	15.68*	27.89*	17.51	13.05*	11.53*	19.63	31.84*	15.74
	0.30	0.97	0.43	0.50	0.86	0.31	2.71	2.02	2.25	4.11	1.22	3.49	1.61	2.34	4.47	1.31
With others	7.42	21.46	3.75	3.39	4.41	5.84	24.68	14.68	10.79*	13.12*	16.48	25.65	6.31*	6.01*	11.44*	10.39
	0.23	1.29	0.28	0.27	0.51	0.21	2.62	2.27	1.89	3.18	1.39	2.98	1.43	1.88	3.22	0.96
Long-Term Care Facility	4.55	5.86	0.84*	4.76	18.07	4.73	4.10*	1.76*	7.77*	19.90*	5.37	1.62*	0.79*	2.84*	12.40*	2.50*
	0.15	0.64	0.13	0.29	0.91	0.17	1.03	0.60	1.51	3.14	0.60	0.70	0.42	1.08	2.86	0.36

Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 2003

All Medicare Beneficiaries

2 of 3

Beneficiary Characteristic	Total ¹	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	3,965	14,599	10,545	3,905	33,014	1,131	1,634	905	355	4,024	636	1,515	877	288	3,316
	124	124	163	128	70	247	58	67	45	26	95	49	109	67	27	192
Beneficiaries as a Percentage of Column Total																
Schooling																
0 - 8 years	14.39	12.47	6.60	11.01	19.39	10.18	13.27	18.16	33.08	52.79	23.13	29.17	40.52	47.21	58.56	41.69
	0.37	1.06	0.43	0.56	1.00	0.31	2.10	1.97	3.32	4.44	1.43	3.96	3.23	3.53	4.93	2.16
9 - 12 years (No diploma)	16.05	16.70	12.39	16.28	16.89	14.67	26.07	29.75	28.82	22.65*	27.89	18.69*	16.49	15.33*	12.68*	16.27
	0.41	1.23	0.72	0.77	1.00	0.46	1.93	2.20	2.56	3.65	1.16	3.26	1.97	2.37	3.16	1.34
High school graduate	30.43	33.80	33.74	31.29	30.40	32.58	30.06	21.10	19.46	15.17*	22.74	27.35	19.81	18.12*	13.23*	20.23
	0.52	1.53	0.93	0.89	1.05	0.61	2.83	2.31	2.67	2.75	1.16	3.86	2.50	2.59	3.30	1.63
Some college/vocational school	24.18	27.49	27.34	25.24	19.87	25.83	26.40	20.81	12.40*	3.81*	19.03	22.11*	15.59	10.89*	5.62*	14.72
	0.48	1.54	0.86	0.77	1.03	0.52	2.95	2.55	1.78	1.52	1.34	3.22	2.41	2.20	2.67	1.39
Bachelor's degree and beyond	14.97	9.55	19.93	16.18	13.44	16.74	4.21*	10.19*	6.24*	5.58*	7.23	2.68*	7.59*	8.45*	9.91*	7.08
	0.43	1.41	0.86	0.67	0.89	0.50	1.20	1.89	1.50	2.44	0.95	0.74	1.80	1.78	2.65	0.91
Income																
Less than \$5,000	3.67	5.38	2.77	2.52	3.11	3.04	4.65*	4.68*	6.05*	6.40*	5.13	10.83*	5.94*	7.94*	14.16*	8.12
	0.19	0.74	0.33	0.30	0.44	0.20	1.17	1.39	1.27	1.99	0.76	2.50	1.22	1.17	2.17	0.92
\$5,000 - \$9,999	16.43	29.30	8.08	9.45	18.39	12.28	46.05	30.22	37.38	52.02	38.20	33.83	20.73	27.74	45.22	27.22
	0.34	1.32	0.54	0.51	1.05	0.33	3.07	1.92	2.73	4.67	1.39	3.81	2.59	3.04	4.49	1.61
\$10,000 - \$14,999	17.07	22.45	11.50	18.06	21.23	16.06	24.40	18.05	21.17	22.62*	20.94	17.73*	19.35	25.95	19.69*	20.82
	0.33	1.45	0.51	0.73	1.06	0.36	2.54	2.22	2.51	3.76	1.45	3.06	1.97	2.68	4.15	1.40
\$15,000 - \$19,999	12.20	10.02	11.07	14.07	15.76	12.45	4.94*	8.33*	15.93*	7.01*	8.97	11.26*	15.55	12.47*	8.62*	13.31
	0.37	1.14	0.60	0.60	1.03	0.44	1.35	1.81	2.30	2.71	0.93	2.75	1.99	2.01	2.25	1.16
\$20,000 - \$24,999	10.09	5.25	10.48	12.52	10.64	10.52	9.41*	9.58*	6.88*	6.77*	8.68	6.02*	12.20*	9.47*	4.28*	9.61
	0.32	0.69	0.46	0.60	0.91	0.32	2.27	1.53	1.78	2.16	1.03	1.66	2.09	1.83	1.49	1.34
\$25,000 - \$29,999	7.96	5.54	9.13	9.48	7.93	8.67	3.58*	5.67*	4.11*	0.71*	4.29*	8.62*	7.40*	3.48*	2.76*	6.19
	0.28	1.03	0.53	0.57	0.69	0.33	1.14	1.36	1.20	0.55	0.64	2.35	1.37	0.93	1.53	0.88
\$30,000 - \$39,999	12.97	9.35	17.20	13.94	10.24	14.39	3.30*	11.03*	4.07*	2.27*	6.52	4.15*	11.00*	7.08*	1.15*	7.80
	0.35	1.03	0.70	0.71	0.73	0.42	1.36	1.65	1.15	1.34	0.84	1.67	1.90	1.42	1.12	0.99
\$40,000 - \$49,999	6.66	5.29	9.88	6.47	5.26	7.69	1.50*	3.76*	2.71*	1.07*	2.65*	1.99*	2.77*	1.54*	0.72*	2.12*
	0.25	0.72	0.51	0.46	0.52	0.30	0.78	1.30	1.08	0.79	0.68	1.00	1.17	0.75	1.02	0.65
\$50,000 or more	12.97	7.43	19.90	13.49	7.44	14.88	2.16*	8.68*	1.70*	1.13*	4.61*	5.56*	5.05*	4.34*	3.40*	4.82*
	0.38	0.88	0.81	0.66	0.63	0.43	0.74	1.73	0.83	0.75	0.74	2.29	1.33	1.26	1.72	0.87

Table 1.3 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, by Race/Ethnicity and Age, 2003

All Medicare Beneficiaries

3 of 3

Beneficiary Characteristic	Total ¹	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	3,965	14,599	10,545	3,905	33,014	1,131	1,634	905	355	4,024	636	1,515	877	288	3,316
	<i>124</i>	<i>124</i>	<i>163</i>	<i>128</i>	<i>70</i>	<i>247</i>	<i>58</i>	<i>67</i>	<i>45</i>	<i>26</i>	<i>95</i>	<i>49</i>	<i>109</i>	<i>67</i>	<i>27</i>	<i>192</i>
Beneficiaries as a Percentage of Column Total																
Metropolitan Area Resident																
Yes	76.50	68.77	73.76	76.41	76.08	74.28	83.34	84.91	80.95	75.46	82.73	90.56	91.33	92.55	93.79	91.72
	<i>0.23</i>	<i>1.53</i>	<i>0.58</i>	<i>0.59</i>	<i>0.80</i>	<i>0.43</i>	<i>2.01</i>	<i>1.82</i>	<i>2.70</i>	<i>5.17</i>	<i>1.60</i>	<i>2.30</i>	<i>2.37</i>	<i>2.74</i>	<i>3.31</i>	<i>2.20</i>
No	23.50	31.23	26.24	23.59	23.92	25.72	16.66	15.09	19.05	24.54*	17.27	9.44*	8.67*	7.45*	6.21*	8.28
	<i>0.23</i>	<i>1.53</i>	<i>0.58</i>	<i>0.59</i>	<i>0.80</i>	<i>0.43</i>	<i>2.01</i>	<i>1.82</i>	<i>2.70</i>	<i>5.17</i>	<i>1.60</i>	<i>2.30</i>	<i>2.37</i>	<i>2.74</i>	<i>3.31</i>	<i>2.20</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

¹ Total includes persons named *other race/ethnicity* and persons who did not report their race/ethnicity.

Table 1.4a Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2003Community Residents¹

1 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	40,353	1,433	4,331	4,497	1,909	12,171	2,295	11,739	5,805	1,002	20,841	2,031	2,416	1,855	958	7,259
	138	87	145	95	62	190	104	151	120	47	203	83	91	67	51	159
Beneficiaries as a Percentage of Column Total																
Marital Status																
Married	53.54	3.04*	3.54*	3.51	1.99*	3.23	99.58	99.98	99.87	99.77	99.89	3.68*	5.41*	5.64*	3.55*	4.74
	0.49	0.90	0.67	0.48	0.42	0.31	0.30	0.03	0.09	0.23	0.05	0.89	1.22	1.06	1.00	0.58
Widowed	29.12	11.90*	57.19	79.63	88.48	65.05	0.00	0.00	0.00	0.00	0.00	10.36	56.25	76.19	86.77	52.53
	0.40	2.05	1.45	1.09	1.17	0.84	0.00	0.00	0.00	0.00	0.00	1.43	2.25	2.01	1.71	1.10
Divorced/separated	11.43	56.82	30.33	11.22	4.54*	22.35	0.42*	0.02*	0.13*	0.23*	0.11*	41.93	29.89	13.12	4.81*	25.67
	0.37	2.80	1.58	0.87	0.75	0.92	0.30	0.03	0.09	0.23	0.05	1.84	2.03	1.56	0.98	0.98
Never married	5.91	28.23	8.94	5.64	4.99*	9.37	0.00	0.00	0.00	0.00	0.00	44.03	8.44*	5.05*	4.87*	17.06
	0.21	2.20	0.90	0.64	0.81	0.46	0.00	0.00	0.00	0.00	0.00	1.98	1.48	0.93	1.18	0.85
Race/Ethnicity																
White non-Hispanic	78.23	64.65	77.17	83.56	87.98	79.76	70.48	82.44	86.58	87.29	82.51	58.66	61.96	68.60	67.44	63.46
	0.57	2.73	1.46	1.04	1.34	0.78	2.33	0.90	0.84	1.68	0.74	2.33	2.07	1.73	2.25	1.21
Black non-Hispanic	9.47	25.89	11.58	7.98	5.11*	10.92	10.34	5.13	4.08	4.10*	5.36	23.56	20.95	12.92	15.22	18.87
	0.24	2.44	1.18	0.75	0.87	0.57	1.32	0.44	0.47	0.98	0.36	1.62	1.65	1.11	1.81	0.80
Hispanic	8.04	5.14*	7.67	5.44	4.28*	6.01	13.34	7.66	6.61	4.60*	7.84	12.16	11.14	12.13	13.05	11.93
	0.47	1.30	0.93	0.61	0.76	0.54	1.45	0.65	0.65	0.95	0.55	1.46	1.57	1.44	1.52	0.96
Other	4.25	4.32*	3.58*	3.02*	2.63*	3.31	5.84*	4.78	2.73*	4.01*	4.29	5.61*	5.95*	6.36*	4.29*	5.74
	0.32	1.11	0.55	0.43	0.57	0.34	1.68	0.49	0.43	0.95	0.39	1.44	1.14	0.93	1.13	0.75
Schooling																
0 - 8 years	13.69	12.44	11.19	14.56	19.21	13.84	10.88	9.32	13.35	16.43	10.95	17.17	16.70	22.69	39.64	21.36
	0.35	2.00	0.94	0.98	1.38	0.58	1.17	0.63	0.86	1.83	0.47	1.92	1.61	1.66	2.82	0.94
9 - 12 years (No diploma)	15.94	17.83	16.09	18.35	15.56	17.05	16.06	12.08	15.19	16.48	13.60	20.69	21.92	20.50	18.64	20.79
	0.42	2.19	1.11	1.13	1.39	0.67	1.83	0.72	1.04	1.82	0.59	1.77	1.85	1.88	1.90	0.95
High school graduate	30.50	31.93	29.93	32.35	32.79	31.50	34.65	32.07	26.57	26.28	30.55	30.10	29.19	29.87	22.00	28.68
	0.53	2.50	1.60	1.32	1.94	1.04	2.28	0.97	1.03	2.10	0.69	2.17	2.13	2.21	2.17	1.01
Some college/vocational school	24.54	29.84	26.78	22.46	21.09	24.65	27.00	26.21	24.85	20.33	25.63	28.00	20.26	20.45	10.45*	21.18
	0.49	2.46	1.75	1.38	1.79	0.93	2.30	1.00	1.06	1.91	0.66	2.23	2.01	1.70	1.62	1.01
Bachelor's degree and beyond	15.34	7.96*	16.01	12.28	11.35	12.96	11.41	20.32	20.03	20.47	19.26	4.04*	11.93	6.48*	9.27*	7.99
	0.45	1.49	1.29	1.01	1.21	0.63	1.82	0.92	1.00	1.95	0.62	0.89	1.46	1.06	1.65	0.63

Table 1.4a Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2003Community Residents¹

2 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	40,353	1,433	4,331	4,497	1,909	12,171	2,295	11,739	5,805	1,002	20,841	2,031	2,416	1,855	958	7,259
	<i>138</i>	<i>87</i>	<i>145</i>	<i>95</i>	<i>62</i>	<i>190</i>	<i>104</i>	<i>151</i>	<i>120</i>	<i>47</i>	<i>203</i>	<i>83</i>	<i>91</i>	<i>67</i>	<i>51</i>	<i>159</i>
Beneficiaries as a Percentage of Column Total																
Income																
Less than \$5,000	3.52	4.86*	4.42*	3.71	3.13*	4.01	4.29*	2.44	1.74*	1.24*	2.39	7.38	3.94*	6.41*	6.69*	5.90
	<i>0.20</i>	<i>1.03</i>	<i>0.71</i>	<i>0.46</i>	<i>0.58</i>	<i>0.35</i>	<i>0.97</i>	<i>0.37</i>	<i>0.34</i>	<i>0.56</i>	<i>0.26</i>	<i>1.04</i>	<i>0.88</i>	<i>0.94</i>	<i>1.13</i>	<i>0.51</i>
\$5,000 - \$9,999	15.38	47.06	20.91	17.90	21.18	22.92	8.15	3.81	3.08	6.20*	4.20	49.66	28.79	26.54	33.68	34.70
	<i>0.33</i>	<i>3.06</i>	<i>1.42</i>	<i>1.11</i>	<i>1.63</i>	<i>0.80</i>	<i>1.22</i>	<i>0.44</i>	<i>0.39</i>	<i>1.14</i>	<i>0.31</i>	<i>2.34</i>	<i>1.89</i>	<i>2.02</i>	<i>2.61</i>	<i>1.04</i>
\$10,000 - \$14,999	16.77	25.94	18.97	25.78	23.71	23.05	15.64	8.88	10.87	10.73*	10.27	26.00	22.14	26.78	24.93	24.77
	<i>0.35</i>	<i>2.49</i>	<i>1.30</i>	<i>1.23</i>	<i>1.52</i>	<i>0.69</i>	<i>2.00</i>	<i>0.56</i>	<i>0.76</i>	<i>1.62</i>	<i>0.45</i>	<i>1.99</i>	<i>1.84</i>	<i>2.01</i>	<i>2.23</i>	<i>1.03</i>
\$15,000 - \$19,999	12.27	7.70*	14.93	14.51	16.05	14.10	12.81	9.86	13.42	16.18	11.48	6.28*	12.26	14.77	14.99	11.59
	<i>0.39</i>	<i>1.74</i>	<i>1.19</i>	<i>0.91</i>	<i>1.35</i>	<i>0.65</i>	<i>1.69</i>	<i>0.67</i>	<i>0.86</i>	<i>1.83</i>	<i>0.51</i>	<i>1.21</i>	<i>1.25</i>	<i>1.67</i>	<i>1.98</i>	<i>0.73</i>
\$20,000 - \$24,999	10.29	4.80*	9.84	12.18	10.37	10.20	9.68	11.05	13.01	13.07	11.55	3.96*	8.18	8.91	6.59*	6.98
	<i>0.32</i>	<i>1.21</i>	<i>0.99</i>	<i>1.01</i>	<i>1.19</i>	<i>0.58</i>	<i>1.30</i>	<i>0.64</i>	<i>0.88</i>	<i>1.86</i>	<i>0.49</i>	<i>0.96</i>	<i>1.21</i>	<i>1.23</i>	<i>1.39</i>	<i>0.59</i>
\$25,000 - \$29,999	8.14	2.92*	8.26	7.15	7.67	7.13	9.80	9.27	11.02	9.51*	9.83	2.80*	6.26*	5.05*	5.43*	4.87
	<i>0.29</i>	<i>1.51</i>	<i>0.88</i>	<i>0.82</i>	<i>1.08</i>	<i>0.47</i>	<i>1.63</i>	<i>0.55</i>	<i>0.87</i>	<i>1.49</i>	<i>0.45</i>	<i>0.85</i>	<i>1.00</i>	<i>0.88</i>	<i>1.05</i>	<i>0.51</i>
\$30,000 - \$39,999	13.33	4.10*	10.75	9.14	8.14	8.96	16.38	19.16	18.23	16.66	18.47	1.25*	10.34	5.89*	4.66*	5.91
	<i>0.36</i>	<i>1.47</i>	<i>0.92</i>	<i>0.90</i>	<i>0.95</i>	<i>0.51</i>	<i>1.79</i>	<i>0.89</i>	<i>1.05</i>	<i>1.72</i>	<i>0.65</i>	<i>0.43</i>	<i>1.43</i>	<i>1.00</i>	<i>1.13</i>	<i>0.59</i>
\$40,000 - \$49,999	6.84	1.05*	5.30	3.56	4.86*	4.09	8.50	10.93	9.01	7.71*	9.97	2.04*	3.76*	1.69*	1.36*	2.44*
	<i>0.27</i>	<i>0.50</i>	<i>0.77</i>	<i>0.50</i>	<i>0.74</i>	<i>0.36</i>	<i>1.34</i>	<i>0.63</i>	<i>0.66</i>	<i>1.33</i>	<i>0.44</i>	<i>0.72</i>	<i>1.01</i>	<i>0.61</i>	<i>0.59</i>	<i>0.41</i>
\$50,000 or more	13.47	1.56*	6.62	6.06	4.89*	5.55	14.74	24.60	19.62	18.70	21.84	0.63*	4.32*	3.96*	1.68*	2.85
	<i>0.39</i>	<i>1.02</i>	<i>0.84</i>	<i>0.67</i>	<i>0.79</i>	<i>0.45</i>	<i>1.43</i>	<i>1.03</i>	<i>1.06</i>	<i>1.97</i>	<i>0.61</i>	<i>0.29</i>	<i>0.92</i>	<i>0.91</i>	<i>0.72</i>	<i>0.38</i>
Metropolitan Area Resident																
Yes	76.52	73.15	76.96	76.54	76.52	76.29	68.95	75.46	78.06	78.26	75.60	77.20	80.08	81.19	79.96	79.55
	<i>0.26</i>	<i>2.52</i>	<i>1.33</i>	<i>1.03</i>	<i>1.43</i>	<i>0.77</i>	<i>1.98</i>	<i>0.52</i>	<i>0.80</i>	<i>2.02</i>	<i>0.37</i>	<i>1.50</i>	<i>1.60</i>	<i>1.37</i>	<i>1.73</i>	<i>0.78</i>
No	23.48	26.85	23.04	23.46	23.48	23.71	31.05	24.54	21.94	21.74	24.40	22.80	19.92	18.81	20.04	20.45
	<i>0.26</i>	<i>2.52</i>	<i>1.33</i>	<i>1.03</i>	<i>1.43</i>	<i>0.77</i>	<i>1.98</i>	<i>0.52</i>	<i>0.80</i>	<i>2.02</i>	<i>0.37</i>	<i>1.50</i>	<i>1.60</i>	<i>1.37</i>	<i>1.73</i>	<i>0.78</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

Table 1.4b Demographic and Socioeconomic Characteristics of Noninstitutionalized Male Medicare Beneficiaries, by Living Arrangement and Age, 2003Male Community Residents¹

1 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	18,021	758	1,297	1,103	395	3,553	1,286	6,479	3,569	694	12,028	1,027	715	442	208	2,392
	141	53	69	54	31	98	87	109	83	32	136	57	51	36	21	95
Beneficiaries as a Percentage of Column Total																
Marital Status																
Married	68.89	3.02*	3.81*	7.27*	6.28*	4.99	99.25	99.96	99.91	100.00	99.87	4.87*	9.74*	10.39*	10.55*	7.84
	0.60	1.20	1.08	1.43	1.60	0.70	0.53	0.05	0.09	0.00	0.07	1.72	2.44	3.12	3.67	1.22
Widowed	12.80	6.64*	37.45	66.15	80.75	44.59	0.00	0.00	0.00	0.00	0.00	4.92*	32.52	63.65	74.98	30.05
	0.44	2.20	2.92	2.80	2.89	1.64	0.00	0.00	0.00	0.00	0.00	1.48	4.54	4.52	5.07	1.78
Divorced/separated	11.16	57.30	41.88	17.35	6.57*	33.64	0.75*	0.04*	0.09*	0.00	0.13*	38.37	42.31	18.98*	8.52*	33.40
	0.53	3.54	3.45	2.17	2.25	1.86	0.53	0.05	0.09	0.00	0.07	3.11	4.61	3.76	3.06	2.20
Never married	7.14	33.04	16.86	9.22*	6.40*	16.78	0.00	0.00	0.00	0.00	0.00	51.84	15.43*	6.97*	5.96*	28.72
	0.37	2.94	1.96	1.70	2.10	1.16	0.00	0.00	0.00	0.00	0.00	3.12	3.56	2.27	2.72	1.83
Race/Ethnicity																
White non-Hispanic	78.98	63.92	78.27	79.74	87.72	76.71	68.63	83.19	85.93	86.98	82.66	60.39	60.80	74.52	68.10	63.80
	0.68	3.59	2.49	2.22	2.52	1.43	2.91	1.02	0.93	1.85	0.79	2.67	4.32	3.64	5.12	1.99
Black non-Hispanic	9.11	23.95	12.04*	10.07*	5.83*	13.28	9.11*	5.79	4.36	3.53*	5.59	22.06	25.30*	10.64*	19.14*	20.67
	0.33	3.09	2.17	1.67	1.90	1.05	1.94	0.60	0.57	0.93	0.45	2.09	4.04	2.41	3.71	1.70
Hispanic	8.16	6.04*	6.81*	6.33*	5.06*	6.30	15.30	7.30	7.03	5.62*	7.98	14.77	10.19*	8.19*	10.48*	11.81
	0.55	1.83	1.29	1.29	1.51	0.71	2.10	0.69	0.74	1.23	0.57	2.24	2.51	2.08	3.86	1.54
Other	3.75	6.09*	2.88*	3.85*	1.39*	3.71*	6.97*	3.72	2.68*	3.86*	3.77	2.78*	3.71*	6.65*	2.28*	3.73*
	0.33	1.75	0.97	1.16	1.02	0.63	2.35	0.52	0.49	1.05	0.41	0.79	1.55	2.07	1.97	0.69
Schooling																
0 - 8 years	14.70	12.25*	17.14	21.73	24.79*	18.39	14.09	9.94	14.51	17.99	12.20	18.34	18.18*	24.63*	46.51*	21.92
	0.48	2.03	2.31	2.17	3.34	1.18	1.75	0.75	1.00	2.15	0.53	2.54	2.92	4.11	5.71	1.71
9 - 12 years (No diploma)	15.80	21.14	16.78	20.16	11.47*	18.16	20.72	11.15	14.81	16.78*	13.59	24.08	25.96*	20.87*	16.76*	23.41
	0.60	2.95	2.07	2.55	2.47	1.30	2.59	0.87	1.10	2.25	0.68	2.80	3.61	3.72	4.25	1.86
High school graduate	26.45	27.41	23.04	23.11	29.19*	24.67	31.47	28.14	22.59	23.79	26.60	33.35	23.78*	27.72*	21.37*	28.37
	0.72	3.53	2.36	2.13	3.62	1.34	3.34	1.38	1.23	2.57	0.93	2.95	3.36	4.12	4.60	1.62
Some college/vocational school	23.38	30.86	21.97	19.97	21.39*	23.16	21.12	25.92	23.80	19.63	24.41	20.24	16.80*	21.18*	8.96*	18.40
	0.58	3.75	2.50	2.33	3.68	1.43	3.08	1.26	1.34	2.31	0.70	2.15	3.18	3.65	3.05	1.51
Bachelor's degree and beyond	19.67	8.35*	21.08	15.03*	13.16*	15.62	12.61*	24.84	24.29	21.81	23.19	4.00*	15.29*	5.59*	6.40*	7.90
	0.70	2.20	2.40	1.95	2.75	1.17	2.98	1.28	1.46	2.37	0.87	1.14	3.09	1.71	2.76	1.27

Table 1.4b Demographic and Socioeconomic Characteristics of Noninstitutionalized Male Medicare Beneficiaries, by Living Arrangement and Age, 2003Male Community Residents¹

2 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	18,021	758	1,297	1,103	395	3,553	1,286	6,479	3,569	694	12,028	1,027	715	442	208	2,392
	<i>141</i>	<i>53</i>	<i>69</i>	<i>54</i>	<i>31</i>	<i>98</i>	<i>87</i>	<i>109</i>	<i>83</i>	<i>32</i>	<i>136</i>	<i>57</i>	<i>51</i>	<i>36</i>	<i>21</i>	<i>95</i>
Beneficiaries as a Percentage of Column Total																
Income																
Less than \$5,000	2.93	6.13*	5.53*	3.17*	2.47*	4.58*	4.24*	2.10*	1.38*	0.70*	2.03	7.32*	3.17*	1.20*	4.99*	4.75
	<i>0.28</i>	<i>1.73</i>	<i>1.56</i>	<i>0.91</i>	<i>1.13</i>	<i>0.70</i>	<i>1.51</i>	<i>0.45</i>	<i>0.36</i>	<i>0.51</i>	<i>0.33</i>	<i>1.25</i>	<i>1.39</i>	<i>0.86</i>	<i>2.53</i>	<i>0.64</i>
\$5,000 - \$9,999	11.55	47.47	20.41	14.00	10.15*	23.05	6.61*	3.32	2.47*	6.19*	3.58	46.66	23.34*	23.90*	30.59*	34.09
	<i>0.42</i>	<i>4.02</i>	<i>2.60</i>	<i>1.81</i>	<i>2.35</i>	<i>1.42</i>	<i>1.25</i>	<i>0.52</i>	<i>0.46</i>	<i>1.41</i>	<i>0.37</i>	<i>2.96</i>	<i>3.26</i>	<i>3.75</i>	<i>5.36</i>	<i>1.75</i>
\$10,000 - \$14,999	14.32	22.74	14.96	21.00	20.30*	19.09	19.79	8.18	12.29	9.93*	10.74	29.76	20.77*	22.48*	23.58*	25.19
	<i>0.53</i>	<i>3.65</i>	<i>2.13</i>	<i>2.11</i>	<i>3.16</i>	<i>1.31</i>	<i>2.98</i>	<i>0.73</i>	<i>1.10</i>	<i>1.70</i>	<i>0.61</i>	<i>2.71</i>	<i>3.26</i>	<i>3.66</i>	<i>4.96</i>	<i>1.64</i>
\$15,000 - \$19,999	11.71	10.05*	12.98*	15.46	19.64*	13.87	14.63*	9.09	13.00	18.19	11.37	6.13*	12.38*	16.82*	10.27*	10.33
	<i>0.52</i>	<i>2.86</i>	<i>2.17</i>	<i>2.00</i>	<i>3.11</i>	<i>1.31</i>	<i>2.48</i>	<i>0.84</i>	<i>1.05</i>	<i>2.06</i>	<i>0.63</i>	<i>1.73</i>	<i>2.17</i>	<i>3.26</i>	<i>3.10</i>	<i>1.16</i>
\$20,000 - \$24,999	9.99	6.17*	9.52*	13.43*	11.27*	10.21	9.98*	9.87	12.34	13.07*	10.80	3.04*	7.78*	8.61*	6.24*	5.76*
	<i>0.46</i>	<i>2.09</i>	<i>1.53</i>	<i>1.59</i>	<i>2.73</i>	<i>0.81</i>	<i>2.00</i>	<i>0.79</i>	<i>1.15</i>	<i>2.29</i>	<i>0.65</i>	<i>1.10</i>	<i>2.02</i>	<i>2.38</i>	<i>2.73</i>	<i>0.92</i>
\$25,000 - \$29,999	8.68	2.61*	8.28*	6.98*	14.31*	7.34	9.93*	9.09	10.54	9.79*	9.65	3.06*	7.13*	6.45*	8.83*	5.40*
	<i>0.41</i>	<i>2.48</i>	<i>1.63</i>	<i>1.50</i>	<i>2.70</i>	<i>0.90</i>	<i>1.99</i>	<i>0.81</i>	<i>0.99</i>	<i>1.73</i>	<i>0.55</i>	<i>1.44</i>	<i>2.00</i>	<i>2.53</i>	<i>3.38</i>	<i>1.02</i>
\$30,000 - \$39,999	15.06	3.56*	12.51*	11.59*	7.96*	9.81	16.17	19.40	17.26	15.96*	18.22	1.12*	12.68*	11.31*	10.78*	7.30
	<i>0.59</i>	<i>1.49</i>	<i>1.77</i>	<i>1.80</i>	<i>1.99</i>	<i>0.86</i>	<i>2.53</i>	<i>1.02</i>	<i>1.31</i>	<i>1.93</i>	<i>0.81</i>	<i>0.55</i>	<i>2.78</i>	<i>3.00</i>	<i>3.49</i>	<i>1.13</i>
\$40,000 - \$49,999	7.65	1.07*	7.31*	5.02*	4.85*	5.00	6.56*	10.32	8.84	6.89*	9.28	1.98*	6.56*	2.18*	3.56*	3.52*
	<i>0.43</i>	<i>0.75</i>	<i>1.55</i>	<i>1.09</i>	<i>1.80</i>	<i>0.75</i>	<i>1.61</i>	<i>0.80</i>	<i>0.74</i>	<i>1.69</i>	<i>0.55</i>	<i>0.82</i>	<i>2.48</i>	<i>1.31</i>	<i>2.04</i>	<i>0.93</i>
\$50,000 or more	18.11	0.20*	8.50*	9.36*	9.05*	7.06	12.09*	28.64	21.88	19.28	24.33	0.93*	6.18*	7.05*	1.16*	3.65*
	<i>0.63</i>	<i>0.20</i>	<i>1.47</i>	<i>1.79</i>	<i>2.54</i>	<i>0.83</i>	<i>2.10</i>	<i>1.38</i>	<i>1.43</i>	<i>2.23</i>	<i>0.86</i>	<i>0.50</i>	<i>1.86</i>	<i>2.64</i>	<i>1.65</i>	<i>0.77</i>
Metropolitan Area Resident																
Yes	75.60	70.29	76.30	77.33	76.16	75.35	70.17	74.88	78.21	77.82	75.54	76.57	77.95	75.63	71.87	76.40
	<i>0.42</i>	<i>2.99</i>	<i>1.81</i>	<i>2.16</i>	<i>2.78</i>	<i>1.26</i>	<i>2.80</i>	<i>0.92</i>	<i>0.93</i>	<i>2.42</i>	<i>0.53</i>	<i>2.04</i>	<i>2.28</i>	<i>3.17</i>	<i>5.13</i>	<i>1.40</i>
No	24.40	29.71	23.70	22.67	23.84*	24.65	29.83	25.12	21.79	22.18	24.46	23.43	22.05*	24.37*	28.13*	23.60
	<i>0.42</i>	<i>2.99</i>	<i>1.81</i>	<i>2.16</i>	<i>2.78</i>	<i>1.26</i>	<i>2.80</i>	<i>0.92</i>	<i>0.93</i>	<i>2.42</i>	<i>0.53</i>	<i>2.04</i>	<i>2.28</i>	<i>3.17</i>	<i>5.13</i>	<i>1.40</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

Table 1.4c Demographic and Socioeconomic Characteristics of Noninstitutionalized Female Medicare Beneficiaries, by Living Arrangement and Age, 2003Female Community Residents¹

1 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	22,331	675	3,034	3,394	1,514	8,617	1,009	5,261	2,236	308	8,813	1,004	1,701	1,413	749	4,867
	152	56	117	89	54	168	60	122	81	31	145	67	86	61	47	134
Beneficiaries as a Percentage of Column Total																
Marital Status																
Married	41.17	3.06*	3.43*	2.29*	0.87*	2.50	100.00	100.00	99.81	99.25	99.93	2.46*	3.59*	4.17*	1.61*	3.22*
	0.66	1.32	0.87	0.44	0.39	0.35	0.00	0.00	0.19	0.75	0.05	0.77	1.35	0.96	0.69	0.55
Widowed	42.27	17.81*	65.61	84.01	90.48	73.48	0.00	0.00	0.00	0.00	0.00	15.93*	66.23	80.07	90.04	63.57
	0.60	3.38	1.64	1.11	1.09	0.89	0.00	0.00	0.00	0.00	0.00	2.46	2.46	2.07	1.52	1.30
Divorced/separated	11.64	56.29	25.40	9.23	4.02*	17.70	0.00	0.00	0.19*	0.75*	0.07*	45.59	24.67	11.30*	3.79*	21.87
	0.47	4.31	1.61	0.84	0.65	0.91	0.00	0.00	0.19	0.75	0.05	3.04	2.12	1.60	1.02	1.23
Never married	4.92	22.84	5.56*	4.47*	4.63*	6.32	0.00	0.00	0.00	0.00	0.00	36.01	5.51*	4.46*	4.56*	11.33
	0.27	3.18	1.04	0.65	0.74	0.49	0.00	0.00	0.00	0.00	0.00	3.19	1.32	1.10	1.28	0.90
Race/Ethnicity																
White non-Hispanic	77.63	65.47	76.70	84.81	88.04	81.01	72.84	81.51	87.62	87.99	82.30	56.90	62.45	66.75	67.25	63.29
	0.63	3.71	1.71	1.05	1.41	0.83	3.08	1.31	1.24	2.99	1.05	3.83	2.41	1.98	2.34	1.41
Black non-Hispanic	9.76	28.06	11.39	7.30	4.93*	9.95	11.92*	4.31	3.63*	5.38*	5.05	25.09	19.12	13.63	14.13*	17.98
	0.33	3.67	1.19	0.71	0.93	0.62	2.18	0.56	0.74	2.27	0.46	2.62	1.72	1.38	2.02	0.86
Hispanic	7.95	4.13*	8.04	5.15	4.07*	5.89	10.84*	8.09	5.95*	2.31*	7.66	9.50*	11.54*	13.36	13.77*	11.99
	0.53	1.91	1.22	0.79	0.81	0.66	1.75	0.94	0.99	1.28	0.74	1.86	1.78	1.69	1.60	1.01
Other	4.66	2.35*	3.87*	2.74*	2.96*	3.15	4.39*	6.08	2.80*	4.33*	5.00	8.51*	6.90*	6.27*	4.85*	6.73
	0.41	0.96	0.65	0.49	0.66	0.36	1.55	0.83	0.71	1.83	0.68	2.60	1.51	1.24	1.32	1.03
Schooling																
0 - 8 years	12.87	12.66*	8.65	12.23	17.74	11.96	6.79*	8.55	11.51	12.93*	9.25	15.99	16.08	22.09	37.72	21.09
	0.51	3.27	0.96	1.07	1.57	0.68	1.43	0.99	1.17	3.73	0.72	2.77	2.04	2.06	3.11	1.17
9 - 12 years (No diploma)	16.05	14.08*	15.79	17.76	16.64	16.59	10.11*	13.22	15.80	15.81*	13.61	17.26	20.24	20.39	19.16	19.51
	0.55	2.98	1.34	1.19	1.64	0.78	1.97	1.14	1.81	2.77	0.91	1.99	2.22	2.08	2.19	1.10
High school graduate	33.76	37.05	32.87	35.36	33.74	34.33	38.71	36.90	32.94	31.89*	35.93	26.83	31.45	30.55	22.18	28.83
	0.69	3.85	1.95	1.48	2.12	1.22	3.70	1.37	1.95	4.20	0.97	2.86	2.55	2.44	2.47	1.23
Some college/vocational school	25.47	28.69	28.84	23.27	21.01	25.26	34.50	26.56	26.53	21.90*	27.30	35.84	21.70	20.22	10.87*	22.54
	0.62	3.06	2.29	1.54	1.81	1.11	3.40	1.37	1.79	3.90	1.06	3.56	2.44	2.02	1.98	1.31
Bachelor's degree and beyond	11.84	7.52*	13.85	11.39	10.87	11.87	9.88*	14.76	13.22	17.46*	13.91	4.08*	10.52*	6.75*	10.07*	8.04
	0.49	1.91	1.41	1.09	1.22	0.68	2.52	1.15	1.48	3.19	0.85	1.35	1.85	1.24	1.96	0.81

Table 1.4c Demographic and Socioeconomic Characteristics of Noninstitutionalized Female Medicare Beneficiaries, by Living Arrangement and Age, 2003Female Community Residents¹

2 of 2

Beneficiary Characteristic	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	22,331	675	3,034	3,394	1,514	8,617	1,009	5,261	2,236	308	8,813	1,004	1,701	1,413	749	4,867
	<i>152</i>	<i>56</i>	<i>117</i>	<i>89</i>	<i>54</i>	<i>168</i>	<i>60</i>	<i>122</i>	<i>81</i>	<i>31</i>	<i>145</i>	<i>67</i>	<i>86</i>	<i>61</i>	<i>47</i>	<i>134</i>
Beneficiaries as a Percentage of Column Total																
Income																
Less than \$5,000	4.00	3.43*	3.94*	3.88*	3.31*	3.77	4.36*	2.85*	2.32*	2.45*	2.88	7.43*	4.27*	8.04*	7.16*	6.46
	<i>0.26</i>	<i>1.26</i>	<i>0.75</i>	<i>0.63</i>	<i>0.70</i>	<i>0.39</i>	<i>1.36</i>	<i>0.55</i>	<i>0.59</i>	<i>1.44</i>	<i>0.39</i>	<i>1.47</i>	<i>1.07</i>	<i>1.15</i>	<i>1.23</i>	<i>0.62</i>
\$5,000 - \$9,999	18.46	46.60	21.13	19.17	24.05	22.87	10.12*	4.41*	4.04*	6.22*	5.03	52.72	31.09	27.36	34.54	35.00
	<i>0.50</i>	<i>4.14</i>	<i>1.58</i>	<i>1.34</i>	<i>1.88</i>	<i>0.92</i>	<i>2.45</i>	<i>0.71</i>	<i>0.80</i>	<i>1.95</i>	<i>0.52</i>	<i>3.70</i>	<i>2.40</i>	<i>2.27</i>	<i>2.83</i>	<i>1.38</i>
\$10,000 - \$14,999	18.74	29.53	20.68	27.33	24.60	24.68	10.35*	9.75	8.61	12.53*	9.62	22.15	22.72	28.12	25.30	24.57
	<i>0.47</i>	<i>3.33</i>	<i>1.61</i>	<i>1.55</i>	<i>1.63</i>	<i>0.84</i>	<i>2.18</i>	<i>0.90</i>	<i>0.99</i>	<i>3.00</i>	<i>0.68</i>	<i>3.04</i>	<i>2.07</i>	<i>2.28</i>	<i>2.47</i>	<i>1.27</i>
\$15,000 - \$19,999	12.73	5.07*	15.77	14.21	15.12	14.20	10.49*	10.80	14.08	11.66*	11.62	6.43*	12.21*	14.13	16.30*	12.21
	<i>0.47</i>	<i>1.71</i>	<i>1.67</i>	<i>1.05</i>	<i>1.55</i>	<i>0.83</i>	<i>2.05</i>	<i>0.99</i>	<i>1.48</i>	<i>2.89</i>	<i>0.77</i>	<i>1.73</i>	<i>1.60</i>	<i>1.73</i>	<i>2.26</i>	<i>0.90</i>
\$20,000 - \$24,999	10.54	3.28*	9.98	11.78	10.13	10.19	9.29*	12.52	14.09	13.06*	12.57	4.90*	8.35*	9.01*	6.69*	7.57
	<i>0.46</i>	<i>1.34</i>	<i>1.26</i>	<i>1.22</i>	<i>1.29</i>	<i>0.75</i>	<i>1.93</i>	<i>0.94</i>	<i>1.36</i>	<i>2.62</i>	<i>0.78</i>	<i>1.66</i>	<i>1.58</i>	<i>1.41</i>	<i>1.58</i>	<i>0.78</i>
\$25,000 - \$29,999	7.70	3.27*	8.25	7.21	5.94*	7.04	9.64*	9.50	11.80	8.90*	10.08	2.55*	5.89*	4.61*	4.49*	4.61
	<i>0.42</i>	<i>1.44</i>	<i>1.13</i>	<i>0.89</i>	<i>1.08</i>	<i>0.62</i>	<i>2.34</i>	<i>0.96</i>	<i>1.23</i>	<i>2.85</i>	<i>0.72</i>	<i>0.92</i>	<i>1.25</i>	<i>0.87</i>	<i>1.25</i>	<i>0.57</i>
\$30,000 - \$39,999	11.92	4.71*	10.00	8.34	8.19*	8.61	16.65*	18.86	19.77	18.24*	18.82	1.38*	9.35*	4.19*	2.96*	5.23
	<i>0.52</i>	<i>2.29</i>	<i>1.14</i>	<i>1.00</i>	<i>1.14</i>	<i>0.67</i>	<i>2.74</i>	<i>1.43</i>	<i>1.55</i>	<i>3.49</i>	<i>1.02</i>	<i>0.68</i>	<i>1.71</i>	<i>0.97</i>	<i>0.99</i>	<i>0.68</i>
\$40,000 - \$49,999	6.19	1.03*	4.44*	3.09*	4.86*	3.71	10.98*	11.69	9.29	9.54*	10.92	2.11*	2.58*	1.54*	0.75*	1.90*
	<i>0.33</i>	<i>0.69</i>	<i>0.88</i>	<i>0.54</i>	<i>0.85</i>	<i>0.40</i>	<i>2.55</i>	<i>0.93</i>	<i>1.24</i>	<i>2.22</i>	<i>0.70</i>	<i>1.33</i>	<i>1.04</i>	<i>0.63</i>	<i>0.52</i>	<i>0.48</i>
\$50,000 or more	9.72	3.09*	5.82*	4.99*	3.81*	4.93	18.12	19.63	16.01	17.39*	18.46	0.32*	3.54*	3.00*	1.82*	2.45*
	<i>0.47</i>	<i>2.15</i>	<i>1.01</i>	<i>0.69</i>	<i>0.73</i>	<i>0.56</i>	<i>2.19</i>	<i>1.31</i>	<i>1.48</i>	<i>3.86</i>	<i>0.89</i>	<i>0.31</i>	<i>1.03</i>	<i>0.90</i>	<i>0.79</i>	<i>0.45</i>
Metropolitan Area Resident																
Yes	77.26	76.30	77.25	76.29	76.62	76.68	67.39	76.17	77.82	79.24	75.69	77.86	80.98	82.92	82.20	81.09
	<i>0.53</i>	<i>3.37</i>	<i>1.71</i>	<i>1.39</i>	<i>1.69</i>	<i>1.10</i>	<i>3.06</i>	<i>0.79</i>	<i>1.32</i>	<i>5.08</i>	<i>0.66</i>	<i>2.76</i>	<i>2.06</i>	<i>1.57</i>	<i>2.04</i>	<i>1.05</i>
No	22.74	23.70	22.75	23.71	23.38	23.32	32.61	23.83	22.18	20.76*	24.31	22.14	19.02	17.08	17.80	18.91
	<i>0.53</i>	<i>3.37</i>	<i>1.71</i>	<i>1.39</i>	<i>1.69</i>	<i>1.10</i>	<i>3.06</i>	<i>0.79</i>	<i>1.32</i>	<i>5.08</i>	<i>0.66</i>	<i>2.76</i>	<i>2.06</i>	<i>1.57</i>	<i>2.04</i>	<i>1.05</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

Table 1.5 Demographic and Socioeconomic Characteristics of Institutionalized Medicare Beneficiaries, by Age, 2003Long-Term Care Facility-Only Residents¹

1 of 2

Beneficiary Characteristic	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,921	298	181	614	828
	<i>61</i>	<i>28</i>	<i>25</i>	<i>37</i>	<i>39</i>
Beneficiaries as a Percentage of Column Total					
Marital Status					
Married	15.61	6.61*	26.73*	22.68	11.39*
	<i>1.05</i>	<i>2.02</i>	<i>6.49</i>	<i>2.21</i>	<i>1.45</i>
Widowed	51.99	6.43*	20.92*	46.84	78.14
	<i>1.87</i>	<i>3.12</i>	<i>5.90</i>	<i>3.19</i>	<i>2.20</i>
Divorced/separated	11.01	20.40*	22.35*	13.57*	3.53*
	<i>1.18</i>	<i>4.14</i>	<i>5.53</i>	<i>2.12</i>	<i>0.89</i>
Never married	21.39	66.56	30.00*	16.90*	6.94*
	<i>1.41</i>	<i>4.18</i>	<i>6.88</i>	<i>2.53</i>	<i>1.51</i>
Race/Ethnicity					
White non-Hispanic	82.43	79.17	74.24*	81.97	85.57
	<i>1.22</i>	<i>3.84</i>	<i>6.52</i>	<i>2.52</i>	<i>1.56</i>
Black non-Hispanic	11.40	15.81*	17.43*	11.49*	8.57*
	<i>1.15</i>	<i>3.55</i>	<i>5.49</i>	<i>1.94</i>	<i>1.31</i>
Hispanic	4.37*	3.52*	7.18*	4.08*	4.33*
	<i>0.62</i>	<i>1.52</i>	<i>3.83</i>	<i>1.51</i>	<i>1.04</i>
Other	1.79*	1.49*	1.15*	2.46*	1.53*
	<i>0.49</i>	<i>0.92</i>	<i>1.24</i>	<i>1.05</i>	<i>0.60</i>
Schooling					
0 - 8 years	31.52	38.65	35.32*	23.32*	34.41
	<i>1.88</i>	<i>4.81</i>	<i>7.97</i>	<i>3.01</i>	<i>2.62</i>
9 - 12 years (No diploma)	18.73	23.01*	18.49*	17.00*	18.52
	<i>1.64</i>	<i>4.60</i>	<i>4.50</i>	<i>2.94</i>	<i>2.31</i>
High school graduate	28.62	27.41*	31.26*	32.82	25.36
	<i>1.60</i>	<i>4.86</i>	<i>7.63</i>	<i>2.89</i>	<i>2.17</i>
Some college/vocational school	15.29	9.74*	13.27*	20.49*	13.75*
	<i>1.36</i>	<i>3.55</i>	<i>5.36</i>	<i>3.02</i>	<i>1.83</i>
Bachelor's degree and beyond	5.84*	1.19*	1.65*	6.36*	7.95*
	<i>0.73</i>	<i>1.26</i>	<i>2.30</i>	<i>1.44</i>	<i>1.38</i>

Table 1.5 Demographic and Socioeconomic Characteristics of Institutionalized Medicare Beneficiaries, by Age, 2003Long-Term Care Facility-Only Residents¹

2 of 2

Beneficiary Characteristic	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,921	298	181	614	828
	<i>61</i>	<i>28</i>	<i>25</i>	<i>37</i>	<i>39</i>
Beneficiaries as a Percentage of Column Total					
Income					
Less than \$5,000	6.93	7.96*	8.75*	6.96*	6.15*
	<i>0.96</i>	<i>2.11</i>	<i>3.55</i>	<i>1.81</i>	<i>1.27</i>
\$5,000 - \$9,999	38.54	55.00	47.38*	30.62	36.56
	<i>1.90</i>	<i>5.25</i>	<i>6.55</i>	<i>2.91</i>	<i>2.75</i>
\$10,000 - \$14,999	23.33	23.30*	20.09*	23.15	24.19
	<i>1.57</i>	<i>4.28</i>	<i>5.26</i>	<i>2.87</i>	<i>2.45</i>
\$15,000 - \$19,999	10.65	5.91*	11.71*	13.33*	10.14*
	<i>1.05</i>	<i>2.16</i>	<i>4.91</i>	<i>1.82</i>	<i>1.49</i>
\$20,000 - \$24,999	5.71	1.51*	6.15*	5.28*	7.45*
	<i>1.06</i>	<i>1.23</i>	<i>3.64</i>	<i>1.56</i>	<i>1.31</i>
\$25,000 - \$29,999	4.15*	2.51*	0.00	6.55*	3.87*
	<i>0.74</i>	<i>1.47</i>	<i>0.00</i>	<i>1.90</i>	<i>1.01</i>
\$30,000 - \$39,999	5.42*	0.29*	5.93*	6.77*	6.16*
	<i>0.92</i>	<i>0.29</i>	<i>3.42</i>	<i>1.87</i>	<i>1.11</i>
\$40,000 - \$49,999	2.80*	0.91*	0.00	3.32*	3.72*
	<i>0.54</i>	<i>0.89</i>	<i>0.00</i>	<i>0.96</i>	<i>0.94</i>
\$50,000 or more	2.45*	2.62*	0.00	4.02*	1.77*
	<i>0.72</i>	<i>2.36</i>	<i>0.00</i>	<i>1.67</i>	<i>0.57</i>
Metropolitan Area Resident					
Yes	76.12	84.90	72.03*	75.78	74.11
	<i>1.27</i>	<i>3.41</i>	<i>6.16</i>	<i>2.61</i>	<i>1.51</i>
No	23.88	15.10*	27.97*	24.22	25.89
	<i>1.27</i>	<i>3.41</i>	<i>6.16</i>	<i>2.61</i>	<i>1.51</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *long-term care facility-only residents* includes beneficiaries who resided only in a long-term care facility during the year. It includes 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 the community during the year.

Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2003Community Residents¹

1 of 3

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	40,353	3,946	6,830	8,378	14,039	2,155	5,004
	<i>138</i>	<i>159</i>	<i>160</i>	<i>196</i>	<i>221</i>	<i>105</i>	<i>128</i>
Beneficiaries as a Percentage of Column Total							
Medicare Status³							
Aged							
65 - 74 years	45.95	41.21	31.67	44.24	53.38	52.56	48.33
	<i>0.35</i>	<i>1.82</i>	<i>1.05</i>	<i>1.06</i>	<i>0.74</i>	<i>2.58</i>	<i>1.17</i>
75 - 84 years	30.12	21.61	21.15	39.28	28.49	35.52	36.00
	<i>0.31</i>	<i>1.55</i>	<i>0.76</i>	<i>0.85</i>	<i>0.71</i>	<i>2.48</i>	<i>1.02</i>
85 years and older	9.59	6.85	8.72	13.99	8.14	8.49	10.15
	<i>0.19</i>	<i>0.66</i>	<i>0.59</i>	<i>0.56</i>	<i>0.35</i>	<i>1.15</i>	<i>0.68</i>
Disabled							
Under 45 years	3.67	4.91	14.36	0.38*	1.75	0.21*	0.50*
	<i>0.08</i>	<i>0.48</i>	<i>0.55</i>	<i>0.10</i>	<i>0.15</i>	<i>0.13</i>	<i>0.15</i>
45 - 64 years	10.66	25.42	24.10	2.11*	8.24	3.22*	5.02
	<i>0.25</i>	<i>1.84</i>	<i>1.14</i>	<i>0.38</i>	<i>0.52</i>	<i>1.02</i>	<i>0.74</i>
Gender							
Male	44.66	60.45	37.76	38.36	48.42	43.95	41.91
	<i>0.32</i>	<i>1.57</i>	<i>1.09</i>	<i>0.99</i>	<i>0.79</i>	<i>2.66</i>	<i>1.30</i>
Female	55.34	39.55	62.24	61.64	51.58	56.05	58.09
	<i>0.32</i>	<i>1.57</i>	<i>1.09</i>	<i>0.99</i>	<i>0.79</i>	<i>2.66</i>	<i>1.30</i>
Marital Status							
Married	53.54	45.10	25.16	54.14	66.85	63.36	56.05
	<i>0.49</i>	<i>1.56</i>	<i>1.00</i>	<i>1.21</i>	<i>0.77</i>	<i>1.85</i>	<i>1.37</i>
Widowed	29.12	23.44	32.18	36.72	23.42	29.19	32.68
	<i>0.40</i>	<i>1.31</i>	<i>1.00</i>	<i>1.14</i>	<i>0.71</i>	<i>1.96</i>	<i>1.06</i>
Divorced/separated	11.43	22.64	25.24	6.33	6.40	4.88*	9.37
	<i>0.37</i>	<i>1.51</i>	<i>1.06</i>	<i>0.56</i>	<i>0.47</i>	<i>1.05</i>	<i>0.85</i>
Never married	5.91	8.82	17.42	2.81	3.33	2.58*	1.89*
	<i>0.21</i>	<i>1.02</i>	<i>0.71</i>	<i>0.36</i>	<i>0.30</i>	<i>0.62</i>	<i>0.41</i>

Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2003Community Residents¹

2 of 3

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	40,353	3,946	6,830	8,378	14,039	2,155	5,004
	<i>138</i>	<i>159</i>	<i>160</i>	<i>196</i>	<i>221</i>	<i>105</i>	<i>128</i>
Beneficiaries as a Percentage of Column Total							
Living Arrangement							
Lives alone	30.22	30.36	37.89	35.66	23.57	28.26	30.13
	<i>0.44</i>	<i>1.44</i>	<i>1.28</i>	<i>1.11</i>	<i>0.64</i>	<i>1.69</i>	<i>1.37</i>
With spouse	51.75	42.65	23.18	52.26	65.26	62.75	54.12
	<i>0.51</i>	<i>1.44</i>	<i>1.01</i>	<i>1.26</i>	<i>0.82</i>	<i>1.94</i>	<i>1.45</i>
With children	10.26	11.74	20.16	8.13	7.00	5.08*	10.59
	<i>0.32</i>	<i>1.13</i>	<i>1.01</i>	<i>0.58</i>	<i>0.45</i>	<i>0.82</i>	<i>0.85</i>
With others	7.77	15.25	18.77	3.95	4.16	3.91*	5.16
	<i>0.24</i>	<i>1.24</i>	<i>0.87</i>	<i>0.41</i>	<i>0.31</i>	<i>0.67</i>	<i>0.62</i>
Race/Ethnicity							
White non-Hispanic	78.23	68.56	50.40	91.00	84.92	92.63	77.22
	<i>0.57</i>	<i>1.84</i>	<i>1.52</i>	<i>0.64</i>	<i>0.86</i>	<i>1.10</i>	<i>1.49</i>
Black non-Hispanic	9.47	15.69	22.98	2.79	6.87	2.62*	7.70
	<i>0.24</i>	<i>1.40</i>	<i>0.98</i>	<i>0.32</i>	<i>0.52</i>	<i>0.64</i>	<i>0.94</i>
Hispanic	8.04	11.60	17.72	3.31	5.05	2.02*	11.05
	<i>0.47</i>	<i>1.19</i>	<i>1.13</i>	<i>0.47</i>	<i>0.63</i>	<i>0.66</i>	<i>1.09</i>
Other	4.25	4.15*	8.90	2.90	3.16	2.72*	4.03
	<i>0.32</i>	<i>0.92</i>	<i>0.82</i>	<i>0.43</i>	<i>0.40</i>	<i>0.76</i>	<i>0.54</i>
Schooling							
0 - 8 years	13.69	21.27	33.20	10.67	6.29	2.78*	11.94
	<i>0.35</i>	<i>1.29</i>	<i>1.11</i>	<i>0.65</i>	<i>0.40</i>	<i>0.76</i>	<i>0.93</i>
9 - 12 years (No diploma)	15.94	22.82	23.27	15.17	12.68	7.18*	14.82
	<i>0.42</i>	<i>1.36</i>	<i>0.81</i>	<i>0.82</i>	<i>0.64</i>	<i>1.07</i>	<i>0.91</i>
High school graduate	30.50	26.61	24.05	33.82	32.09	27.66	33.43
	<i>0.53</i>	<i>1.64</i>	<i>1.12</i>	<i>1.15</i>	<i>0.82</i>	<i>2.17</i>	<i>1.68</i>
Some college/vocational school	24.54	20.52	14.95	25.53	28.59	29.68	25.40
	<i>0.49</i>	<i>1.50</i>	<i>0.90</i>	<i>0.98</i>	<i>0.81</i>	<i>2.38</i>	<i>1.34</i>
Bachelor's degree and beyond	15.34	8.78	4.52	14.80	20.35	32.71	14.41
	<i>0.45</i>	<i>0.96</i>	<i>0.62</i>	<i>0.76</i>	<i>0.72</i>	<i>2.19</i>	<i>1.11</i>

Table 1.6 Demographic and Socioeconomic Characteristics of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2003Community Residents¹

3 of 3

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	40,353	3,946	6,830	8,378	14,039	2,155	5,004
	<i>138</i>	<i>159</i>	<i>160</i>	<i>196</i>	<i>221</i>	<i>105</i>	<i>128</i>
Beneficiaries as a Percentage of Column Total							
Income							
Less than \$5,000	3.52	5.85	7.83	2.23	2.37	1.47*	2.06*
	<i>0.20</i>	<i>0.84</i>	<i>0.68</i>	<i>0.34</i>	<i>0.28</i>	<i>0.36</i>	<i>0.37</i>
\$5,000 - \$9,999	15.38	17.25	58.76	7.24	3.32	2.32*	7.73
	<i>0.33</i>	<i>1.13</i>	<i>1.21</i>	<i>0.53</i>	<i>0.32</i>	<i>0.72</i>	<i>0.94</i>
\$10,000 - \$14,999	16.77	29.61	22.28	18.92	9.62	7.38*	19.61
	<i>0.35</i>	<i>1.54</i>	<i>0.98</i>	<i>0.91</i>	<i>0.46</i>	<i>0.98</i>	<i>0.99</i>
\$15,000 - \$19,999	12.27	18.67	6.43	15.72	11.37	9.04	13.35
	<i>0.39</i>	<i>1.06</i>	<i>0.63</i>	<i>0.78</i>	<i>0.54</i>	<i>1.20</i>	<i>1.01</i>
\$20,000 - \$24,999	10.29	8.51	1.83*	12.91	12.28	10.36	13.26
	<i>0.32</i>	<i>0.92</i>	<i>0.34</i>	<i>0.77</i>	<i>0.54</i>	<i>1.20</i>	<i>0.98</i>
\$25,000 - \$29,999	8.14	5.99	0.99*	9.13	10.52	9.26	10.78
	<i>0.29</i>	<i>0.88</i>	<i>0.23</i>	<i>0.59</i>	<i>0.53</i>	<i>1.46</i>	<i>0.88</i>
\$30,000 - \$39,999	13.33	8.74	0.81*	14.31	18.22	21.32	15.21
	<i>0.36</i>	<i>0.98</i>	<i>0.21</i>	<i>0.83</i>	<i>0.70</i>	<i>1.90</i>	<i>1.06</i>
\$40,000 - \$49,999	6.84	2.56*	0.38*	7.29	10.11	10.17	7.67
	<i>0.27</i>	<i>0.56</i>	<i>0.12</i>	<i>0.57</i>	<i>0.49</i>	<i>1.51</i>	<i>0.74</i>
\$50,000 or more	13.47	2.82*	0.68*	12.25	22.19	28.68	10.33
	<i>0.39</i>	<i>0.53</i>	<i>0.22</i>	<i>0.81</i>	<i>0.74</i>	<i>1.96</i>	<i>0.90</i>
Metropolitan Area Resident							
Yes	76.52	65.99	73.31	67.59	78.96	79.75	95.88
	<i>0.26</i>	<i>1.97</i>	<i>0.86</i>	<i>1.08</i>	<i>0.63</i>	<i>2.10</i>	<i>0.70</i>
No	23.48	34.01	26.69	32.41	21.04	20.25	4.12
	<i>0.26</i>	<i>1.97</i>	<i>0.86</i>	<i>1.08</i>	<i>0.63</i>	<i>2.10</i>	<i>0.70</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.

3.2

**HOW HEALTHY ARE
MEDICARE BENEFICIARIES?**

Table 2.1 Perceived Health and Functioning of Medicare Beneficiaries, by Age and by Gender and Age, 2003

All Medicare Beneficiaries

1 of 2

Measure of Perceived Health of Functioning ¹	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	6,083	18,721	12,770	4,699	3,244	8,604	5,320	1,439	18,608	2,839	10,117	7,450	3,260	23,666
	124	97	151	122	76	84	111	90	42	138	72	123	100	70	143
Beneficiaries as a Percentage of Column Total															
Health Status															
Excellent	13.96	3.98	17.44	13.94	13.11	3.63	20.51	15.02	12.15	15.36	4.38*	14.82	13.16	13.53	12.87
	0.44	0.49	0.71	0.63	0.99	0.62	1.02	1.03	1.62	0.64	0.78	0.84	0.76	1.03	0.50
Very good	25.31	9.36	30.68	26.16	22.21	9.75	30.93	25.41	23.55	25.10	8.91	30.46	26.69	21.62	25.47
	0.39	0.68	0.70	0.66	0.96	0.95	1.07	0.96	1.82	0.57	1.04	0.92	0.96	1.17	0.51
Good	31.31	24.83	31.24	34.50	31.29	26.32	30.56	34.59	31.91	31.08	23.12	31.82	34.44	31.02	31.49
	0.52	1.24	0.82	0.82	1.31	1.63	1.22	1.17	2.09	0.79	1.77	1.01	1.07	1.49	0.63
Fair	19.98	33.48	15.35	18.56	24.86	32.93	13.27	19.03	24.93	19.24	34.11	17.11	18.23	24.83	20.57
	0.33	1.18	0.54	0.55	1.02	1.67	0.82	0.91	1.62	0.61	1.74	0.80	0.77	1.31	0.48
Poor	9.44	28.35	5.30	6.84	8.53	27.37	4.72	5.94	7.46*	9.22	29.47	5.79	7.48	9.00	9.61
	0.28	1.33	0.36	0.42	0.57	1.71	0.48	0.59	0.84	0.40	2.00	0.51	0.56	0.72	0.36
Functional Limitation															
None	54.69	28.35	70.80	54.21	25.91	34.03	78.47	63.13	35.79	63.04	21.88	64.27	47.84	21.54	48.12
	0.51	1.42	0.72	0.95	1.01	1.84	0.85	1.24	1.89	0.68	1.58	1.05	1.20	1.19	0.65
IADL only ²	21.72	36.81	15.93	21.77	25.12	30.59	10.30	15.97	27.32	16.77	43.88	20.72	25.91	24.14	25.61
	0.36	1.23	0.54	0.78	0.99	1.81	0.62	0.92	1.66	0.54	2.04	0.82	1.07	1.22	0.51
One to two ADLs ³	13.27	19.62	8.84	13.59	21.79	20.78	7.28	12.46	18.23	11.96	18.29	10.17	14.39	23.36	14.29
	0.33	1.06	0.42	0.66	0.90	1.73	0.55	0.94	1.54	0.49	1.60	0.65	0.84	1.19	0.46
Three to five ADLs	10.32	15.23	4.42	10.43	27.18	14.60	3.94	8.44	18.66	8.22	15.95	4.84	11.85	30.96	11.98
	0.27	1.01	0.32	0.50	0.99	1.30	0.41	0.66	1.54	0.39	1.62	0.45	0.67	1.20	0.38
Upper Extremity Limitation															
No	58.42	44.24	68.23	57.75	39.48	49.30	72.12	62.31	44.50	63.21	38.48	64.91	54.50	37.26	54.66
	0.50	1.60	0.74	0.87	1.20	2.12	1.03	1.15	2.22	0.74	2.05	1.12	1.15	1.51	0.62
Yes, no ADL/IADL present	12.55	8.38	13.83	14.26	8.17	9.55	15.25	16.30	10.51	14.19	7.06	12.61	12.80	7.14	11.25
	0.34	0.80	0.59	0.66	0.60	1.18	0.84	0.95	1.15	0.54	0.97	0.85	0.72	0.74	0.41
Yes, ADL/IADL present	29.03	47.38	17.95	27.99	52.35	41.15	12.62	21.39	44.99	22.59	54.46	22.48	32.70	55.61	34.09
	0.42	1.61	0.58	0.79	1.27	2.10	0.65	0.99	2.21	0.59	2.04	0.87	1.07	1.53	0.54

Table 2.1 Perceived Health and Functioning of Medicare Beneficiaries, by Age and by Gender and Age, 2003

All Medicare Beneficiaries

2 of 2

Measure of Perceived Health of Functioning ¹	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	6,083	18,721	12,770	4,699	3,244	8,604	5,320	1,439	18,608	2,839	10,117	7,450	3,260	23,666
	<i>124</i>	<i>97</i>	<i>151</i>	<i>122</i>	<i>76</i>	<i>84</i>	<i>111</i>	<i>90</i>	<i>42</i>	<i>138</i>	<i>72</i>	<i>123</i>	<i>100</i>	<i>70</i>	<i>143</i>
Beneficiaries as a Percentage of Column Total															
Mobility Limitation															
No	49.62	32.50	63.32	47.49	22.86	35.04	69.16	53.73	30.57	55.83	29.62	58.36	43.04	19.44	44.74
	<i>0.52</i>	<i>1.27</i>	<i>0.76</i>	<i>0.82</i>	<i>0.99</i>	<i>1.79</i>	<i>1.12</i>	<i>1.25</i>	<i>1.87</i>	<i>0.78</i>	<i>1.75</i>	<i>0.97</i>	<i>1.00</i>	<i>1.26</i>	<i>0.61</i>
Yes, no ADL/IADL present	14.31	11.86	14.81	15.66	11.82	15.17	14.45	17.49	15.41	15.52	8.11	15.12	14.35	10.23	13.36
	<i>0.38</i>	<i>1.08</i>	<i>0.56</i>	<i>0.71</i>	<i>0.72</i>	<i>1.62</i>	<i>0.76</i>	<i>1.07</i>	<i>1.56</i>	<i>0.55</i>	<i>1.21</i>	<i>0.76</i>	<i>0.83</i>	<i>0.84</i>	<i>0.46</i>
Yes, ADL/IADL present	36.07	55.63	21.87	36.85	65.32	49.79	16.40	28.78	54.02	28.65	62.27	26.52	42.61	70.32	41.89
	<i>0.51</i>	<i>1.56</i>	<i>0.67</i>	<i>0.90</i>	<i>1.19</i>	<i>2.21</i>	<i>0.79</i>	<i>1.19</i>	<i>2.16</i>	<i>0.74</i>	<i>1.88</i>	<i>0.96</i>	<i>1.09</i>	<i>1.35</i>	<i>0.59</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.
- 2 IADL stands for Instrumental Activity of Daily Living.
- 3 ADL stands for Activity of Daily Living.

Table 2.2 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Age and by Gender and Age, 2003

All Medicare Beneficiaries

1 of 2

Self-Reported Health Condition ¹	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	6,083	18,721	12,770	4,699	3,244	8,604	5,320	1,439	18,608	2,839	10,117	7,450	3,260	23,666
	124	97	151	122	76	84	111	90	42	138	72	123	100	70	143
Beneficiaries as a Percentage of Column Total															
Chronic Conditions															
None	6.21	3.93	8.72	4.66	3.39	5.10	12.24	6.22	4.96*	8.71	2.59*	5.72	3.55	2.69*	4.24
	0.26	0.57	0.44	0.37	0.41	0.84	0.84	0.62	0.89	0.49	0.67	0.48	0.40	0.45	0.29
One to two	37.08	38.00	42.32	32.53	27.41	43.42	47.66	37.03	30.61	42.56	31.80	37.78	29.32	26.00	32.77
	0.52	1.49	0.85	0.80	0.91	1.79	1.28	1.43	1.98	0.82	1.98	1.04	1.04	1.24	0.64
Three or more	56.71	58.08	48.96	62.81	69.20	51.48	40.10	56.76	64.43	48.73	65.62	56.50	67.14	71.30	62.98
	0.52	1.45	0.84	0.85	0.93	1.77	1.31	1.57	2.05	0.90	1.93	1.06	1.09	1.18	0.64
Prevalence of Disease/Condition															
Disease/Condition															
Heart disease	40.50	35.78	35.83	46.47	49.14	35.28	37.59	54.37	57.19	43.49	36.34	34.33	40.82	45.57	38.15
	0.53	1.44	0.77	0.90	1.19	1.75	1.14	1.37	2.03	0.71	2.18	0.96	1.18	1.44	0.71
Hypertension	58.91	52.22	57.65	63.09	61.20	51.51	54.34	59.60	55.49	55.44	53.05	60.47	65.58	63.72	61.64
	0.47	1.49	0.77	0.73	1.10	1.89	1.17	1.27	2.23	0.75	2.21	1.03	1.02	1.32	0.55
Diabetes	20.62	23.42	21.50	19.78	15.80	23.95	20.93	21.72	19.43	21.57	22.81	21.99	18.40	14.19	19.88
	0.40	1.49	0.70	0.68	0.77	1.73	0.97	0.94	1.59	0.60	2.06	0.90	0.86	0.82	0.54
Arthritis	57.83	54.19	55.06	62.17	61.75	46.33	45.76	53.47	59.86	49.15	63.16	62.96	68.39	62.58	64.64
	0.50	1.22	0.78	0.71	1.06	1.84	1.42	1.35	2.07	0.89	1.63	0.97	0.84	1.27	0.60
Osteoporosis/broken hip	20.83	16.67	17.37	24.29	30.59	9.22	4.39	7.44	10.54	6.58	25.18	28.41	36.33	39.44	32.03
	0.36	1.07	0.60	0.68	0.96	0.99	0.47	0.69	1.17	0.30	1.93	1.17	0.97	1.29	0.63
Pulmonary disease	15.33	21.73	14.78	14.63	11.09	19.42	14.17	14.72	14.53	15.27	24.38	15.30	14.57	9.57	15.37
	0.32	1.09	0.55	0.48	0.65	1.39	0.85	0.87	1.32	0.50	1.79	0.79	0.65	0.89	0.47
Stroke	12.08	11.85	9.15	14.42	17.69	12.00	9.39	15.55	20.10	12.43	11.67	8.94	13.61	16.62	11.80
	0.31	0.91	0.43	0.47	0.89	1.19	0.64	0.88	1.67	0.47	1.23	0.57	0.69	0.99	0.39
Alzheimer's disease	5.21	1.91*	1.61	7.27	18.28	1.97*	1.89*	6.48	15.51	4.27	1.85*	1.37*	7.83	19.50	5.96
	0.18	0.48	0.18	0.40	0.80	0.81	0.30	0.53	1.55	0.31	0.47	0.22	0.56	1.00	0.23
Parkinson's disease	1.64	0.94*	1.11	2.36	2.75	1.72*	1.39*	3.03	3.45*	2.08	0.04*	0.87*	1.88*	2.44*	1.30
	0.14	0.46	0.18	0.23	0.38	0.86	0.28	0.40	0.75	0.24	0.05	0.20	0.29	0.41	0.12
Skin cancer	17.01	5.46	16.13	22.55	20.48	5.86	19.07	29.08	31.07	20.56	5.00*	13.62	17.89	15.80	14.23
	0.35	0.56	0.57	0.65	1.00	0.81	0.82	0.98	1.79	0.51	0.97	0.73	0.79	1.16	0.44
Other type of cancer	17.30	11.93	16.94	20.54	16.83	7.48	16.05	21.12	21.78	16.45	17.02	17.71	20.12	14.64	17.96
	0.36	0.87	0.60	0.56	0.87	1.08	0.85	1.01	1.72	0.54	1.47	0.82	0.81	0.97	0.46

Table 2.2 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Age and by Gender and Age, 2003

All Medicare Beneficiaries

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Self-Reported Health Condition ¹	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	6,083	18,721	12,770	4,699	3,244	8,604	5,320	1,439	18,608	2,839	10,117	7,450	3,260	23,666
	<i>124</i>	<i>97</i>	<i>151</i>	<i>122</i>	<i>76</i>	<i>84</i>	<i>111</i>	<i>90</i>	<i>42</i>	<i>138</i>	<i>72</i>	<i>123</i>	<i>100</i>	<i>70</i>	<i>143</i>
Prevalence of Disease/Condition															
Mental Illness/Disorder	20.54	57.23	15.27	13.65	12.80	55.72	10.76	11.91	9.80	18.85	58.96	19.10	14.89	14.12	21.87
	<i>0.40</i>	<i>1.30</i>	<i>0.61</i>	<i>0.57</i>	<i>0.80</i>	<i>1.96</i>	<i>0.58</i>	<i>0.95</i>	<i>1.41</i>	<i>0.46</i>	<i>1.81</i>	<i>0.87</i>	<i>0.75</i>	<i>0.97</i>	<i>0.52</i>
Urinary Incontinence	26.97	24.98	21.43	29.88	43.86	16.69	12.57	19.53	28.38	16.48	34.20	28.95	37.21	50.66	35.14
	<i>0.49</i>	<i>1.24</i>	<i>0.68</i>	<i>0.80</i>	<i>1.12</i>	<i>1.35</i>	<i>0.81</i>	<i>1.20</i>	<i>1.75</i>	<i>0.59</i>	<i>1.84</i>	<i>0.98</i>	<i>1.01</i>	<i>1.47</i>	<i>0.65</i>
Smokers															
Never smoked	40.35	34.03	37.20	41.77	58.10	27.51	21.79	20.36	28.50	22.89	41.49	50.31	57.12	71.64	54.18
	<i>0.51</i>	<i>1.17</i>	<i>0.76</i>	<i>0.88</i>	<i>1.21</i>	<i>1.34</i>	<i>1.02</i>	<i>1.05</i>	<i>2.05</i>	<i>0.58</i>	<i>1.81</i>	<i>1.00</i>	<i>1.16</i>	<i>1.32</i>	<i>0.68</i>
Former smoker	45.20	30.17	48.31	50.63	37.19	33.32	61.57	70.09	63.54	59.21	26.58	37.02	36.69	25.12	34.09
	<i>0.52</i>	<i>1.17</i>	<i>0.80</i>	<i>0.95</i>	<i>1.11</i>	<i>1.69</i>	<i>1.14</i>	<i>1.22</i>	<i>2.14</i>	<i>0.68</i>	<i>1.60</i>	<i>0.97</i>	<i>1.18</i>	<i>1.20</i>	<i>0.63</i>
Current smoker	14.45	35.79	14.49	7.60	4.72	39.17	16.64	9.55	7.96*	17.90	31.93	12.66	6.20	3.23*	11.72
	<i>0.39</i>	<i>1.43</i>	<i>0.63</i>	<i>0.43</i>	<i>0.49</i>	<i>1.80</i>	<i>0.90</i>	<i>0.69</i>	<i>1.22</i>	<i>0.56</i>	<i>2.02</i>	<i>0.76</i>	<i>0.51</i>	<i>0.52</i>	<i>0.46</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.

Table 2.3 Perceived Health and Functioning of Medicare Beneficiaries, by Race/Ethnicity and Age, 2003

All Medicare Beneficiaries

1 of 2

Measure of Perceived Health or Functioning ¹	Total ²	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	3,965	14,599	10,545	3,905	33,014	1,131	1,634	905	355	4,024	636	1,515	877	288	3,316
	124	124	163	128	70	247	58	67	45	26	95	49	109	67	27	192
Beneficiaries as a Percentage of Column Total																
Health Status																
Excellent	13.96	4.06	18.76	14.76	13.13	15.06	3.16*	9.30*	8.64*	9.50*	7.44	4.93*	14.11*	10.23*	14.73*	11.38
	0.44	0.62	0.79	0.68	1.08	0.47	1.01	1.46	1.85	2.73	0.79	1.87	2.02	1.81	3.29	1.33
Very good	25.31	10.51	32.79	27.03	23.82	27.22	8.05*	20.85	17.81	17.44*	16.27	7.96*	22.20	24.76	6.00*	18.74
	0.39	0.91	0.82	0.71	1.03	0.44	1.33	2.46	2.46	2.92	1.20	2.16	2.44	3.07	2.30	1.36
Good	31.31	24.14	30.31	34.14	31.01	30.87	26.19	32.71	37.10	33.40	31.92	27.60	35.82	35.44	30.43*	33.67
	0.52	1.41	0.93	0.91	1.30	0.54	2.93	2.76	3.26	3.94	1.78	3.53	2.67	3.06	5.06	1.46
Fair	19.98	30.73	13.21	17.70	23.98	18.02	40.02	29.27	27.68	28.56*	31.88	41.71	22.10	21.34	35.29*	26.80
	0.33	1.34	0.62	0.59	1.04	0.40	3.21	2.54	2.97	3.65	1.62	4.57	2.14	2.25	4.20	1.26
Poor	9.44	30.56	4.93	6.37	8.06	8.84	22.58	7.87*	8.77*	11.10*	12.50	17.81*	5.78*	8.23*	13.55*	9.41
	0.28	1.74	0.40	0.43	0.62	0.33	2.60	1.43	1.63	2.76	1.11	2.88	1.35	1.93	3.20	0.97
Functional Limitation																
None	54.69	26.13	72.31	55.26	27.00	55.96	35.27	62.92	44.30	22.70*	47.42	27.16	63.35	52.56	16.07*	49.46
	0.51	1.76	0.84	1.18	1.17	0.66	3.08	2.49	2.98	3.34	1.84	4.38	2.49	3.03	4.19	1.72
IADL only ³	21.72	38.11	15.59	21.65	25.64	21.42	34.37	18.85	23.43	20.81*	24.41	37.78	18.40	21.71	23.21*	23.42
	0.36	1.64	0.59	0.90	1.09	0.44	2.78	2.03	2.43	2.93	1.29	4.93	1.92	2.94	3.57	1.48
One to two ADLs ⁴	13.27	20.42	8.47	13.65	21.78	13.13	19.47	11.90	14.02*	23.08*	15.49	15.80*	8.76*	13.44*	22.80*	12.56
	0.33	1.40	0.44	0.71	0.99	0.37	2.58	1.62	1.52	3.52	1.15	2.79	1.51	2.04	3.77	1.17
Three to five ADLs	10.32	15.35	3.63	9.45	25.58	9.49	10.89*	6.32*	18.26	33.40	12.67	19.25*	9.49*	12.29*	37.92*	14.56
	0.27	1.25	0.36	0.47	1.14	0.31	2.00	1.15	2.25	3.50	0.87	4.18	1.40	3.21	4.31	1.09
Upper Extremity Limitation																
No	58.42	44.12	69.27	57.97	40.26	59.22	43.16	61.88	52.51	32.94*	51.96	50.33	68.67	59.87	37.26*	60.10
	0.50	2.10	0.81	0.96	1.34	0.58	3.13	2.87	3.24	3.89	2.05	4.01	2.53	2.91	4.30	1.77
Yes, no ADL/IADL present	12.55	8.24	14.31	14.72	8.54	13.03	11.19*	14.06	11.70*	9.30*	12.31	3.88*	7.75*	12.30*	1.78*	7.70
	0.34	1.06	0.70	0.75	0.69	0.40	1.88	1.66	1.80	2.20	0.87	1.63	1.53	2.08	1.24	0.95
Yes, ADL/IADL present	29.03	47.65	16.43	27.31	51.19	27.75	45.65	24.05	35.79	57.75	35.73	45.79	23.58	27.83	60.96	32.21
	0.42	2.12	0.59	0.87	1.48	0.51	3.46	2.27	2.80	3.87	1.87	3.92	2.45	2.57	4.47	1.64

Table 2.3 Perceived Health and Functioning of Medicare Beneficiaries, by Race/Ethnicity and Age, 2003

All Medicare Beneficiaries

2 of 2

Measure of Perceived Health or Functioning ¹	Total ²	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	3,965	14,599	10,545	3,905	33,014	1,131	1,634	905	355	4,024	636	1,515	877	288	3,316
	<i>124</i>	<i>124</i>	<i>163</i>	<i>128</i>	<i>70</i>	<i>247</i>	<i>58</i>	<i>67</i>	<i>45</i>	<i>26</i>	<i>95</i>	<i>49</i>	<i>109</i>	<i>67</i>	<i>27</i>	<i>192</i>
Beneficiaries as a Percentage of Column Total																
Mobility Limitation																
No	49.62	32.44	65.02	48.21	23.51	50.84	33.01	49.20	37.39	18.09*	39.25	35.14	60.96	50.63	19.93*	49.76
	<i>0.52</i>	<i>1.69</i>	<i>0.94</i>	<i>1.01</i>	<i>1.10</i>	<i>0.63</i>	<i>2.70</i>	<i>2.71</i>	<i>3.10</i>	<i>3.15</i>	<i>1.46</i>	<i>3.41</i>	<i>2.56</i>	<i>3.49</i>	<i>4.51</i>	<i>1.71</i>
Yes, no ADL/IADL present	14.31	10.98	14.31	15.85	12.21	14.16	15.92	20.94	16.72*	13.31*	17.91	6.96*	13.75*	12.19*	3.45*	11.15
	<i>0.38</i>	<i>1.27</i>	<i>0.60</i>	<i>0.80</i>	<i>0.82</i>	<i>0.42</i>	<i>2.88</i>	<i>2.06</i>	<i>2.23</i>	<i>2.59</i>	<i>1.35</i>	<i>2.63</i>	<i>1.87</i>	<i>2.18</i>	<i>1.70</i>	<i>1.17</i>
Yes, ADL/IADL present	36.07	56.58	20.67	35.94	64.28	35.00	51.07	29.87	45.89	68.60	42.85	57.90	25.29	37.18	76.62	39.09
	<i>0.51</i>	<i>1.98</i>	<i>0.79</i>	<i>1.08</i>	<i>1.38</i>	<i>0.64</i>	<i>3.19</i>	<i>2.48</i>	<i>3.05</i>	<i>3.58</i>	<i>1.78</i>	<i>4.27</i>	<i>2.40</i>	<i>3.21</i>	<i>5.13</i>	<i>1.78</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 Beneficiaries who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.
- 2 Total includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.
- 3 IADL stands for Instrumental Activity of Daily Living.
- 4 ADL stands for Activity of Daily Living.

Table 2.4 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Race/Ethnicity and Age, 2003

All Medicare Beneficiaries

1 of 2

Self-Reported Health Condition ¹	Total ²	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	3,965	14,599	10,545	3,905	33,014	1,131	1,634	905	355	4,024	636	1,515	877	288	3,316
	124	124	163	128	70	247	58	67	45	26	95	49	109	67	27	192
Beneficiaries as a Percentage of Column Total																
Chronic Conditions																
None	6.21	3.87	8.93	4.61	3.62	6.31	3.75*	5.32*	4.73*	2.09*	4.46	5.34*	9.87*	5.73*	2.52*	7.27
	0.26	0.70	0.47	0.40	0.43	0.27	1.20	1.33	1.07	1.61	0.76	1.49	1.67	1.68	1.44	0.95
One to two	37.08	37.75	42.44	32.16	27.95	36.88	39.97	39.31	31.51	24.30*	36.42	35.46	43.86	35.91	20.74*	38.14
	0.52	1.97	0.96	0.91	1.02	0.56	3.13	2.54	2.72	2.91	1.52	5.43	2.36	2.86	4.69	1.76
Three or more	56.71	58.38	48.64	63.23	68.43	56.81	56.28	55.37	63.75	73.62	59.12	59.20	46.27	58.36	76.74	54.59
	0.52	1.97	0.98	0.95	1.06	0.58	3.00	2.49	3.00	3.35	1.62	5.50	2.22	3.10	4.78	1.78
Prevalence of Disease/Condition																
Disease/Condition																
Heart disease	40.50	37.04	37.13	47.38	49.81	41.88	29.08	34.63	42.36	40.62	35.32	33.54	28.01	39.49	47.13	33.76
	0.53	1.99	0.91	0.99	1.32	0.61	2.65	2.61	2.79	3.71	1.48	4.27	2.61	2.87	4.35	1.65
Hypertension	58.91	48.39	55.81	61.55	59.90	57.23	62.62	76.25	76.90	74.94	72.45	58.29	52.82	65.36	60.20	57.83
	0.47	1.79	0.94	0.83	1.23	0.54	2.59	2.39	2.48	3.27	1.32	4.44	2.54	2.76	4.55	1.80
Diabetes	20.62	21.44	19.49	18.00	14.03	18.60	26.82	31.58	33.72	20.28*	29.73	30.32	31.96	25.06	32.37*	29.85
	0.40	1.80	0.80	0.73	0.78	0.43	2.71	2.47	2.83	3.46	1.48	4.22	3.07	2.78	4.12	1.64
Arthritis	57.83	54.49	55.08	62.66	61.23	58.16	58.12	59.21	64.39	65.49	60.62	46.41	53.37	59.30	64.41	54.56
	0.50	1.65	0.82	0.75	1.06	0.54	2.53	2.30	2.99	4.25	1.52	5.05	2.53	3.24	4.57	1.82
Osteoporosis/broken hip	20.83	17.72	18.05	25.86	32.16	22.17	12.85*	7.53*	10.25*	15.12*	10.30	14.17*	19.40	21.71	32.48*	20.14
	0.36	1.32	0.63	0.75	1.00	0.38	2.22	1.28	1.87	2.83	0.86	3.63	2.43	3.27	5.66	1.73
Pulmonary disease	15.33	23.94	14.90	14.84	10.44	15.44	15.21	13.82	13.26*	9.93*	13.74	16.98*	14.36	13.32*	18.34*	14.93
	0.32	1.38	0.64	0.57	0.71	0.35	2.30	1.70	2.29	2.38	1.24	3.28	1.69	1.81	2.80	1.27
Stroke	12.08	11.13	8.89	14.20	17.80	11.91	12.67*	12.08	18.87	15.96*	14.11	12.70*	7.25*	13.13*	18.99*	10.87
	0.31	1.17	0.46	0.52	0.97	0.33	1.73	1.89	2.17	2.32	1.14	2.48	1.17	2.44	3.69	1.08
Alzheimer's disease	5.21	1.84*	1.51	7.25	17.17	5.23	0.30*	2.10*	9.47*	29.00*	5.62	2.53*	1.86*	3.48*	20.53*	4.03*
	0.18	0.68	0.20	0.42	0.89	0.22	0.30	0.67	1.99	3.38	0.66	0.66	0.56	1.12	3.71	0.56
Parkinson's disease	1.64	1.19*	1.17*	2.54	2.54*	1.77	0.65*	1.27*	2.06*	4.06*	1.52*	0.20*	0.59*	1.28*	5.33*	1.11*
	0.14	0.68	0.22	0.26	0.41	0.17	0.55	0.49	0.71	1.58	0.34	0.21	0.33	0.85	2.01	0.29
Skin cancer	17.01	7.58	19.55	26.21	23.26	20.68	0.34*	0.97*	0.85*	1.16*	0.78*	2.16*	4.34*	7.62*	12.87*	5.53
	0.35	0.79	0.67	0.73	1.08	0.42	0.35	0.48	0.50	0.85	0.29	1.09	1.12	1.73	4.06	0.90
Other type of cancer	17.30	12.18	17.59	21.77	17.36	18.25	11.65*	19.30	15.33*	15.50*	15.92	11.29*	10.78*	15.34*	12.44*	12.23
	0.36	1.06	0.66	0.63	0.96	0.42	2.31	2.47	2.36	3.16	1.42	2.98	1.88	2.41	3.01	1.19

Table 2.4 Self-Reported Health Conditions and Risk Factors of Medicare Beneficiaries, by Race/Ethnicity and Age, 2003

All Medicare Beneficiaries

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Self-Reported Health Condition ¹	Total ²	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	42,274	3,965	14,599	10,545	3,905	33,014	1,131	1,634	905	355	4,024	636	1,515	877	288	3,316
	<i>124</i>	<i>124</i>	<i>163</i>	<i>128</i>	<i>70</i>	<i>247</i>	<i>58</i>	<i>67</i>	<i>45</i>	<i>26</i>	<i>95</i>	<i>49</i>	<i>109</i>	<i>67</i>	<i>27</i>	<i>192</i>
Prevalence of Disease/Condition																
Mental Illness/Disorder	20.54	59.44	15.37	13.95	12.08	19.82	46.12	11.27	8.49*	13.40*	20.62	59.42	19.30	17.61*	25.51*	27.08
	<i>0.40</i>	<i>1.46</i>	<i>0.70</i>	<i>0.66</i>	<i>0.85</i>	<i>0.49</i>	<i>3.10</i>	<i>1.69</i>	<i>1.43</i>	<i>2.92</i>	<i>1.23</i>	<i>4.67</i>	<i>2.46</i>	<i>2.51</i>	<i>5.12</i>	<i>1.82</i>
Urinary Incontinence	26.97	26.47	21.58	30.01	43.32	27.41	24.60	18.13	29.23	44.19	24.72	16.26*	20.51	27.27	48.26	23.92
	<i>0.49</i>	<i>1.65</i>	<i>0.76</i>	<i>0.95</i>	<i>1.36</i>	<i>0.54</i>	<i>3.11</i>	<i>2.42</i>	<i>2.27</i>	<i>5.05</i>	<i>1.43</i>	<i>2.59</i>	<i>2.55</i>	<i>2.73</i>	<i>4.55</i>	<i>1.61</i>
Smokers																
Never smoked	40.35	32.19	35.61	40.29	57.59	39.17	37.13	36.53	42.32	60.18	39.99	44.38	45.21	52.72	59.71	48.29
	<i>0.51</i>	<i>1.45</i>	<i>0.80</i>	<i>0.96</i>	<i>1.37</i>	<i>0.57</i>	<i>2.71</i>	<i>2.93</i>	<i>2.93</i>	<i>4.05</i>	<i>1.81</i>	<i>4.31</i>	<i>2.80</i>	<i>3.49</i>	<i>5.21</i>	<i>1.69</i>
Former smoker	45.20	30.32	50.26	52.23	37.88	47.08	28.60	43.02	47.44	32.94*	39.07	32.62	41.72	39.65	35.18*	38.87
	<i>0.52</i>	<i>1.49</i>	<i>0.87</i>	<i>1.04</i>	<i>1.20</i>	<i>0.59</i>	<i>2.87</i>	<i>2.93</i>	<i>3.23</i>	<i>4.06</i>	<i>1.79</i>	<i>4.06</i>	<i>2.78</i>	<i>3.70</i>	<i>4.61</i>	<i>1.44</i>
Current smoker	14.45	37.49	14.14	7.47	4.52	13.74	34.27	20.45	10.24*	6.88*	20.94	23.00	13.07*	7.63*	5.11*	12.84
	<i>0.39</i>	<i>1.75</i>	<i>0.57</i>	<i>0.47</i>	<i>0.55</i>	<i>0.39</i>	<i>2.63</i>	<i>2.67</i>	<i>1.64</i>	<i>2.26</i>	<i>1.44</i>	<i>3.68</i>	<i>2.69</i>	<i>1.85</i>	<i>1.96</i>	<i>1.77</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 Beneficiaries who were administered a community interview answered questions about diseases or health conditions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the beneficiary's diseases or health conditions for long-term care facility interviews.

2 Total includes persons of other race/ethnicity and persons who did not report their race/ethnicity.

Table 2.5a Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2003Community Residents¹

1 of 2

Measure of Perceived Health or Functioning	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	40,353	1,433	4,331	4,497	1,909	12,171	2,295	11,739	5,805	1,002	20,841	2,031	2,416	1,855	958	7,259
	<i>138</i>	<i>87</i>	<i>145</i>	<i>95</i>	<i>62</i>	<i>190</i>	<i>104</i>	<i>151</i>	<i>120</i>	<i>47</i>	<i>203</i>	<i>83</i>	<i>91</i>	<i>67</i>	<i>51</i>	<i>159</i>
Beneficiaries as a Percentage of Column Total																
Health Status																
Excellent	14.46	4.10*	17.55	14.60	16.81	14.77	2.55*	19.21	15.93	10.94*	16.06	4.80	10.03	9.85	16.55	9.38
	<i>0.46</i>	<i>1.11</i>	<i>1.41</i>	<i>1.02</i>	<i>1.68</i>	<i>0.65</i>	<i>0.87</i>	<i>0.93</i>	<i>0.86</i>	<i>1.59</i>	<i>0.66</i>	<i>0.85</i>	<i>1.32</i>	<i>1.26</i>	<i>2.18</i>	<i>0.74</i>
Very good	26.04	8.38	28.58	27.11	27.37	25.49	5.99*	32.58	27.76	24.55	27.92	13.02	26.71	25.42	19.16	21.54
	<i>0.41</i>	<i>1.79</i>	<i>1.57</i>	<i>1.18</i>	<i>1.66</i>	<i>0.86</i>	<i>0.82</i>	<i>0.95</i>	<i>0.96</i>	<i>2.49</i>	<i>0.59</i>	<i>1.15</i>	<i>1.94</i>	<i>1.84</i>	<i>2.00</i>	<i>0.94</i>
Good	31.53	24.87	32.53	35.42	31.21	32.50	22.11	30.56	34.13	33.95	30.79	26.66	33.21	35.39	32.15	31.79
	<i>0.54</i>	<i>2.52</i>	<i>1.78</i>	<i>1.44</i>	<i>1.70</i>	<i>1.00</i>	<i>2.07</i>	<i>1.08</i>	<i>1.18</i>	<i>2.57</i>	<i>0.72</i>	<i>2.03</i>	<i>2.19</i>	<i>2.01</i>	<i>2.64</i>	<i>1.18</i>
Fair	19.01	34.29	15.67	17.47	19.71	19.15	34.92	13.56	16.44	21.86	17.12	32.49	21.33	20.37	22.88	24.43
	<i>0.35</i>	<i>2.58</i>	<i>1.23</i>	<i>0.90</i>	<i>1.46</i>	<i>0.64</i>	<i>2.71</i>	<i>0.67</i>	<i>0.77</i>	<i>1.83</i>	<i>0.54</i>	<i>2.31</i>	<i>1.70</i>	<i>1.67</i>	<i>2.07</i>	<i>0.86</i>
Poor	8.97	28.35	5.67	5.40	4.89*	8.10	34.44	4.09	5.73	8.69*	8.11	23.03	8.72	8.97	9.26*	12.87
	<i>0.28</i>	<i>2.47</i>	<i>0.71</i>	<i>0.64</i>	<i>0.80</i>	<i>0.48</i>	<i>2.51</i>	<i>0.42</i>	<i>0.53</i>	<i>1.34</i>	<i>0.41</i>	<i>1.99</i>	<i>1.20</i>	<i>1.30</i>	<i>1.28</i>	<i>0.72</i>
Functional Limitation																
None	57.06	33.27	70.03	54.81	33.15	54.30	25.24	74.96	61.31	38.21	63.92	29.47	56.71	47.29	19.49	41.76
	<i>0.55</i>	<i>2.46</i>	<i>1.33</i>	<i>1.63</i>	<i>1.80</i>	<i>0.93</i>	<i>2.32</i>	<i>0.91</i>	<i>1.13</i>	<i>2.04</i>	<i>0.69</i>	<i>1.98</i>	<i>2.41</i>	<i>2.03</i>	<i>2.16</i>	<i>1.13</i>
IADL only ²	22.41	34.53	17.02	24.91	31.51	24.27	37.72	14.06	20.10	27.12	18.98	40.71	24.37	24.32	28.11	29.43
	<i>0.38</i>	<i>2.30</i>	<i>1.17</i>	<i>1.41</i>	<i>1.69</i>	<i>0.85</i>	<i>2.13</i>	<i>0.72</i>	<i>0.89</i>	<i>2.12</i>	<i>0.54</i>	<i>2.38</i>	<i>1.68</i>	<i>1.86</i>	<i>2.41</i>	<i>0.98</i>
One to two ADLs ³	12.88	17.61	9.80	14.92	23.73	14.79	21.27	7.78	11.74	18.22	10.87	18.11	10.93	14.54	23.61	15.54
	<i>0.35</i>	<i>2.26</i>	<i>0.82</i>	<i>0.95</i>	<i>1.66</i>	<i>0.61</i>	<i>1.97</i>	<i>0.49</i>	<i>0.95</i>	<i>1.99</i>	<i>0.42</i>	<i>1.64</i>	<i>1.29</i>	<i>1.55</i>	<i>1.94</i>	<i>0.77</i>
Three to five ADLs	7.64	14.58	3.15*	5.36	11.61	6.64	15.77	3.20	6.86	16.44	6.24	11.70	7.99*	13.85	28.78	13.27
	<i>0.27</i>	<i>2.08</i>	<i>0.58</i>	<i>0.52</i>	<i>0.99</i>	<i>0.43</i>	<i>1.73</i>	<i>0.30</i>	<i>0.59</i>	<i>1.86</i>	<i>0.32</i>	<i>1.25</i>	<i>1.19</i>	<i>1.48</i>	<i>2.46</i>	<i>0.75</i>
Upper Extremity Limitation																
No	59.96	43.32	65.57	59.98	44.95	57.67	38.06	71.30	61.16	48.26	63.71	50.22	61.57	53.31	37.67	53.12
	<i>0.52</i>	<i>2.87</i>	<i>1.48</i>	<i>1.40</i>	<i>1.79</i>	<i>0.86</i>	<i>2.64</i>	<i>0.94</i>	<i>1.28</i>	<i>2.38</i>	<i>0.74</i>	<i>1.96</i>	<i>2.35</i>	<i>2.04</i>	<i>2.92</i>	<i>1.28</i>
Yes, no ADL/IADL present	13.11	10.24*	15.01	13.67	11.14	13.35	8.67	14.05	16.29	9.73*	13.88	7.50	11.17	13.63	7.33*	10.27
	<i>0.36</i>	<i>1.48</i>	<i>1.11</i>	<i>1.01</i>	<i>1.21</i>	<i>0.60</i>	<i>1.41</i>	<i>0.72</i>	<i>1.02</i>	<i>1.47</i>	<i>0.53</i>	<i>1.07</i>	<i>1.28</i>	<i>1.39</i>	<i>1.46</i>	<i>0.69</i>
Yes, ADL/IADL present	26.93	46.44	19.42	26.36	43.91	28.98	53.27	14.64	22.55	42.02	22.41	42.28	27.26	33.05	55.00	36.61
	<i>0.43</i>	<i>3.14</i>	<i>1.24</i>	<i>1.29</i>	<i>1.89</i>	<i>0.81</i>	<i>2.59</i>	<i>0.68</i>	<i>0.97</i>	<i>2.39</i>	<i>0.59</i>	<i>1.94</i>	<i>2.09</i>	<i>1.88</i>	<i>2.97</i>	<i>1.18</i>

Table 2.5a Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2003Community Residents¹

2 of 2

Measure of Perceived Health or Functioning	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	40,353	1,433	4,331	4,497	1,909	12,171	2,295	11,739	5,805	1,002	20,841	2,031	2,416	1,855	958	7,259
	<i>138</i>	<i>87</i>	<i>145</i>	<i>95</i>	<i>62</i>	<i>190</i>	<i>104</i>	<i>151</i>	<i>120</i>	<i>47</i>	<i>203</i>	<i>83</i>	<i>91</i>	<i>67</i>	<i>51</i>	<i>159</i>
Beneficiaries as a Percentage of Column Total																
Mobility Limitation																
No	51.29	34.14	59.39	47.51	28.60	47.22	23.49	68.68	54.60	31.05	57.97	39.21	48.73	37.62	16.48	38.97
	<i>0.55</i>	<i>2.41</i>	<i>1.81</i>	<i>1.28</i>	<i>1.75</i>	<i>0.83</i>	<i>2.02</i>	<i>1.10</i>	<i>1.21</i>	<i>2.18</i>	<i>0.75</i>	<i>2.27</i>	<i>2.43</i>	<i>1.96</i>	<i>1.99</i>	<i>1.12</i>
Yes, no ADL/IADL present	14.88	12.91	16.40	16.27	14.22	15.60	13.26	13.78	16.07	16.32	14.48	9.99	17.49	17.43	11.50*	14.59
	<i>0.39</i>	<i>1.92</i>	<i>1.37</i>	<i>1.05</i>	<i>1.28</i>	<i>0.63</i>	<i>1.89</i>	<i>0.71</i>	<i>1.13</i>	<i>1.77</i>	<i>0.51</i>	<i>1.55</i>	<i>1.91</i>	<i>1.61</i>	<i>1.63</i>	<i>0.96</i>
Yes, ADL/IADL present	33.83	52.95	24.21	36.23	57.17	37.18	63.26	17.54	29.33	52.63	27.55	50.80	33.78	44.95	72.02	46.44
	<i>0.53</i>	<i>2.73</i>	<i>1.42</i>	<i>1.41</i>	<i>1.97</i>	<i>0.76</i>	<i>2.36</i>	<i>0.86</i>	<i>1.14</i>	<i>2.19</i>	<i>0.74</i>	<i>2.23</i>	<i>2.18</i>	<i>2.01</i>	<i>2.48</i>	<i>1.11</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.

Table 2.5b Perceived Health and Functioning of Institutionalized Medicare Beneficiaries, by Age, 2003Long-Term Care Facility-Only Residents¹

1 of 2

Measure of Perceived Health or Functioning ²	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,921	298	181	614	828
	<i>61</i>	<i>28</i>	<i>25</i>	<i>37</i>	<i>39</i>
Beneficiaries as a Percentage of Column Total					
Health Status					
Excellent	3.60*	9.16*	0.00	2.48*	3.20*
	<i>0.71</i>	<i>2.52</i>	<i>0.00</i>	<i>1.07</i>	<i>1.04</i>
Very good	9.77	15.71*	5.90*	6.24*	11.08*
	<i>1.04</i>	<i>2.94</i>	<i>3.51</i>	<i>1.68</i>	<i>1.76</i>
Good	26.71	27.00	18.17*	28.62	27.04
	<i>1.63</i>	<i>3.46</i>	<i>4.73</i>	<i>3.84</i>	<i>2.47</i>
Fair	40.48	28.32*	47.75*	41.20	42.78
	<i>2.03</i>	<i>5.23</i>	<i>6.17</i>	<i>3.21</i>	<i>2.82</i>
Poor	19.44	19.82*	28.18*	21.46	15.90
	<i>1.61</i>	<i>3.83</i>	<i>7.42</i>	<i>2.72</i>	<i>1.94</i>
Functional Limitation					
None	4.94*	16.21*	4.75*	3.75*	1.80*
	<i>0.70</i>	<i>4.22</i>	<i>3.39</i>	<i>0.90</i>	<i>0.71</i>
IADL only ³	7.18	17.29*	3.15*	6.98*	4.56*
	<i>0.96</i>	<i>3.00</i>	<i>2.12</i>	<i>1.92</i>	<i>1.18</i>
One to two ADLs ⁴	21.27	27.62*	29.58*	18.41*	19.29
	<i>1.48</i>	<i>4.07</i>	<i>5.28</i>	<i>2.60</i>	<i>1.88</i>
Three to five ADLs	66.61	38.88	62.51*	70.85	74.35
	<i>1.61</i>	<i>4.49</i>	<i>6.54</i>	<i>2.85</i>	<i>2.36</i>
Upper Extremity Limitation					
No	25.94	53.31	27.83*	22.11*	18.39
	<i>1.54</i>	<i>4.98</i>	<i>6.82</i>	<i>3.37</i>	<i>2.11</i>
Yes, no ADL/IADL present	0.71*	1.22*	0.00	1.01*	0.47*
	<i>0.27</i>	<i>1.00</i>	<i>0.00</i>	<i>0.59</i>	<i>0.33</i>
Yes, ADL/IADL present	73.35	45.47	72.17*	76.88	81.14
	<i>1.53</i>	<i>4.83</i>	<i>6.82</i>	<i>3.38</i>	<i>2.13</i>

Table 2.5b Perceived Health and Functioning of Institutionalized Medicare Beneficiaries, by Age, 2003Long-Term Care Facility-Only Residents¹

2 of 2

Measure of Perceived Health or Functioning ²	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,921	298	181	614	828
	<i>61</i>	<i>28</i>	<i>25</i>	<i>37</i>	<i>39</i>
Beneficiaries as a Percentage of Column Total					
Mobility Limitation					
No	14.61	46.92	10.01*	10.25*	7.17*
	<i>1.16</i>	<i>5.07</i>	<i>4.36</i>	<i>1.85</i>	<i>1.31</i>
Yes, no ADL/IADL present	2.36*	6.17*	2.25*	2.00*	1.26*
	<i>0.64</i>	<i>3.05</i>	<i>2.19</i>	<i>0.90</i>	<i>0.58</i>
Yes, ADL/IADL present	83.03	46.91	87.74	87.75	91.56
	<i>1.34</i>	<i>5.32</i>	<i>4.77</i>	<i>1.96</i>	<i>1.41</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *long-term care facility-only residents* includes beneficiaries who resided only in a long-term care facility 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 the community during the year.
- 2 A proxy, such as a nurse, always answered questions about the beneficiary's health status and functioning for long-term care facility interviews.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

Table 2.6a Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2003Community Residents¹

1 of 2

Self-Reported Health Condition	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	40,353	1,433	4,331	4,497	1,909	12,171	2,295	11,739	5,805	1,002	20,841	2,031	2,416	1,855	958	7,259
	<i>138</i>	<i>87</i>	<i>145</i>	<i>95</i>	<i>62</i>	<i>190</i>	<i>104</i>	<i>151</i>	<i>120</i>	<i>47</i>	<i>203</i>	<i>83</i>	<i>91</i>	<i>67</i>	<i>51</i>	<i>159</i>
Beneficiaries as a Percentage of Column Total																
Chronic Conditions																
None	6.38	1.72*	6.59	4.92	3.79*	4.96	4.56*	9.98	4.91	4.57*	7.71	5.14*	6.58*	4.00*	1.79*	4.89
	<i>0.28</i>	<i>0.54</i>	<i>0.89</i>	<i>0.60</i>	<i>0.75</i>	<i>0.37</i>	<i>1.15</i>	<i>0.61</i>	<i>0.56</i>	<i>0.99</i>	<i>0.42</i>	<i>1.00</i>	<i>1.29</i>	<i>0.86</i>	<i>0.71</i>	<i>0.61</i>
One to two	36.94	35.26	38.92	32.35	29.02	34.51	29.89	45.22	34.37	27.08	39.64	42.35	34.25	27.32	21.73	33.10
	<i>0.54</i>	<i>3.16</i>	<i>1.65</i>	<i>1.34</i>	<i>1.62</i>	<i>0.87</i>	<i>2.39</i>	<i>1.02</i>	<i>1.35</i>	<i>1.85</i>	<i>0.71</i>	<i>2.16</i>	<i>2.07</i>	<i>2.00</i>	<i>2.16</i>	<i>1.14</i>
Three or more	56.68	63.02	54.49	62.73	67.19	60.53	65.55	44.80	60.71	68.35	52.65	52.50	59.17	68.68	76.48	62.02
	<i>0.53</i>	<i>3.13</i>	<i>1.71</i>	<i>1.36</i>	<i>1.75</i>	<i>0.88</i>	<i>2.45</i>	<i>1.04</i>	<i>1.37</i>	<i>1.98</i>	<i>0.74</i>	<i>2.12</i>	<i>2.41</i>	<i>2.07</i>	<i>2.21</i>	<i>1.20</i>
Prevalence of Disease/Condition																
Disease/Condition																
Heart disease	41.04	35.65	35.47	44.82	50.63	41.32	44.73	36.03	49.44	52.79	41.53	30.00	36.55	46.46	52.54	39.36
	<i>0.54</i>	<i>3.01</i>	<i>1.52</i>	<i>1.36</i>	<i>2.07</i>	<i>0.86</i>	<i>2.52</i>	<i>1.11</i>	<i>1.24</i>	<i>2.39</i>	<i>0.77</i>	<i>2.27</i>	<i>2.18</i>	<i>2.25</i>	<i>2.42</i>	<i>1.09</i>
Hypertension	59.87	58.51	59.01	64.99	65.77	62.22	57.37	55.25	62.44	59.90	57.71	47.74	68.76	66.61	68.60	62.30
	<i>0.49</i>	<i>2.79</i>	<i>1.74</i>	<i>1.37</i>	<i>1.66</i>	<i>0.78</i>	<i>2.86</i>	<i>0.99</i>	<i>1.16</i>	<i>2.58</i>	<i>0.77</i>	<i>2.27</i>	<i>2.04</i>	<i>2.43</i>	<i>2.31</i>	<i>1.25</i>
Diabetes	20.69	26.14	21.50	17.84	14.76	19.64	25.01	19.92	19.19	15.09	20.05	21.66	29.14	25.13	17.23	24.45
	<i>0.44</i>	<i>3.15</i>	<i>1.36</i>	<i>1.10</i>	<i>1.25</i>	<i>0.71</i>	<i>2.21</i>	<i>0.90</i>	<i>1.02</i>	<i>1.69</i>	<i>0.62</i>	<i>2.01</i>	<i>1.87</i>	<i>1.86</i>	<i>1.64</i>	<i>0.98</i>
Arthritis	59.54	61.42	61.38	66.50	70.08	64.64	63.10	52.69	61.84	63.99	56.93	47.11	58.24	66.27	70.69	58.84
	<i>0.51</i>	<i>2.54</i>	<i>1.70</i>	<i>1.38</i>	<i>1.62</i>	<i>0.82</i>	<i>2.46</i>	<i>1.05</i>	<i>1.22</i>	<i>2.52</i>	<i>0.74</i>	<i>2.14</i>	<i>2.24</i>	<i>1.99</i>	<i>2.55</i>	<i>1.14</i>
Osteoporosis/broken hip	21.01	19.53	23.82	31.50	34.74	27.86	17.24	14.85	18.67	22.98	16.57	15.99	18.58	27.20	35.37	22.27
	<i>0.39</i>	<i>2.42</i>	<i>1.48</i>	<i>1.34</i>	<i>1.71</i>	<i>0.78</i>	<i>1.77</i>	<i>0.71</i>	<i>0.94</i>	<i>2.01</i>	<i>0.50</i>	<i>1.60</i>	<i>1.74</i>	<i>1.94</i>	<i>2.63</i>	<i>0.85</i>
Pulmonary disease	15.56	25.76	16.02	15.86	8.58	15.94	24.67	13.21	13.53	14.75	14.64	17.40	20.64	15.10	14.41	17.50
	<i>0.33</i>	<i>2.38</i>	<i>1.20</i>	<i>0.94</i>	<i>0.96</i>	<i>0.61</i>	<i>2.33</i>	<i>0.66</i>	<i>0.81</i>	<i>1.79</i>	<i>0.44</i>	<i>1.97</i>	<i>1.82</i>	<i>1.33</i>	<i>1.78</i>	<i>0.91</i>
Stroke	11.77	10.71	10.64	11.86	14.20	11.66	12.57	7.98	15.15	18.66	11.00	12.54	11.01	16.18	21.68	14.17
	<i>0.31</i>	<i>1.34</i>	<i>1.05</i>	<i>0.79</i>	<i>1.26</i>	<i>0.57</i>	<i>1.38</i>	<i>0.46</i>	<i>0.74</i>	<i>2.00</i>	<i>0.37</i>	<i>1.81</i>	<i>1.31</i>	<i>1.51</i>	<i>2.20</i>	<i>0.84</i>
Alzheimer's disease	3.49	0.69*	1.22*	3.03*	7.58	2.82	2.33*	1.43*	4.91	10.53*	2.93	1.62*	1.26*	10.77	19.73	6.23
	<i>0.17</i>	<i>0.36</i>	<i>0.31</i>	<i>0.44</i>	<i>1.03</i>	<i>0.25</i>	<i>1.14</i>	<i>0.22</i>	<i>0.54</i>	<i>1.58</i>	<i>0.25</i>	<i>0.56</i>	<i>0.52</i>	<i>1.41</i>	<i>1.90</i>	<i>0.50</i>
Parkinson's disease	1.43	0.42*	0.73*	1.29*	1.32*	0.99*	2.12*	1.06*	2.18*	2.77*	1.57	0.12*	1.48*	2.87*	3.76*	1.76*
	<i>0.13</i>	<i>0.42</i>	<i>0.24</i>	<i>0.31</i>	<i>0.42</i>	<i>0.16</i>	<i>1.19</i>	<i>0.21</i>	<i>0.37</i>	<i>0.85</i>	<i>0.22</i>	<i>0.09</i>	<i>0.47</i>	<i>0.64</i>	<i>1.08</i>	<i>0.29</i>
Skin cancer	17.75	6.23*	15.37	21.88	22.31	17.79	7.20*	17.49	27.57	32.96	19.91	3.60*	11.65	15.64	19.70	11.48
	<i>0.37</i>	<i>1.27</i>	<i>1.08</i>	<i>0.90</i>	<i>1.66</i>	<i>0.65</i>	<i>1.31</i>	<i>0.73</i>	<i>1.11</i>	<i>2.10</i>	<i>0.56</i>	<i>1.01</i>	<i>1.42</i>	<i>1.58</i>	<i>2.09</i>	<i>0.66</i>
Other type of cancer	17.90	13.86	17.22	19.38	18.84	17.87	13.51	16.96	23.44	23.01	18.67	10.25	17.26	19.57	16.83	15.83
	<i>0.37</i>	<i>1.90</i>	<i>1.25</i>	<i>0.94</i>	<i>1.43</i>	<i>0.72</i>	<i>1.59</i>	<i>0.78</i>	<i>0.98</i>	<i>2.27</i>	<i>0.55</i>	<i>1.57</i>	<i>1.83</i>	<i>1.68</i>	<i>1.85</i>	<i>1.01</i>

Table 2.6a Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2003Community Residents¹

2 of 2

Self-Reported Health Condition	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	40,353	1,433	4,331	4,497	1,909	12,171	2,295	11,739	5,805	1,002	20,841	2,031	2,416	1,855	958	7,259
	<i>138</i>	<i>87</i>	<i>145</i>	<i>95</i>	<i>62</i>	<i>190</i>	<i>104</i>	<i>151</i>	<i>120</i>	<i>47</i>	<i>203</i>	<i>83</i>	<i>91</i>	<i>67</i>	<i>51</i>	<i>159</i>
Prevalence of Disease/Condition																
Mental Illness/Disorder	20.27	60.66	20.69	14.40	12.80	21.84	47.31	12.13	11.87	9.25*	15.79	62.96	19.43	14.87	19.10	30.40
	<i>0.41</i>	<i>2.68</i>	<i>1.58</i>	<i>0.94</i>	<i>1.22</i>	<i>0.82</i>	<i>2.43</i>	<i>0.60</i>	<i>0.87</i>	<i>1.30</i>	<i>0.45</i>	<i>2.15</i>	<i>1.87</i>	<i>1.62</i>	<i>2.17</i>	<i>1.02</i>
Urinary Incontinence	25.14	26.12	24.50	28.51	36.76	28.09	24.68	18.95	25.24	33.37	22.01	22.44	24.97	34.84	43.38	29.22
	<i>0.51</i>	<i>2.76</i>	<i>1.37</i>	<i>1.20</i>	<i>1.73</i>	<i>0.77</i>	<i>2.30</i>	<i>0.92</i>	<i>1.05</i>	<i>2.38</i>	<i>0.70</i>	<i>2.02</i>	<i>1.90</i>	<i>1.98</i>	<i>2.49</i>	<i>1.00</i>
Smokers																
Never smoked	38.94	24.86	39.06	45.34	57.50	42.58	33.13	36.85	35.21	37.17	36.00	37.37	33.94	45.79	60.99	41.47
	<i>0.52</i>	<i>2.33</i>	<i>1.72</i>	<i>1.58</i>	<i>2.00</i>	<i>1.09</i>	<i>2.00</i>	<i>0.98</i>	<i>1.31</i>	<i>2.80</i>	<i>0.64</i>	<i>2.06</i>	<i>2.32</i>	<i>2.37</i>	<i>2.62</i>	<i>1.30</i>
Former smoker	46.40	34.19	42.48	44.92	37.37	41.61	36.54	51.15	59.04	57.86	52.06	22.99	46.92	45.96	32.73	38.10
	<i>0.54</i>	<i>2.89</i>	<i>1.68</i>	<i>1.72</i>	<i>1.80</i>	<i>1.08</i>	<i>1.87</i>	<i>1.00</i>	<i>1.34</i>	<i>2.77</i>	<i>0.67</i>	<i>2.13</i>	<i>2.40</i>	<i>2.30</i>	<i>2.51</i>	<i>1.36</i>
Current smoker	14.66	40.95	18.46	9.75	5.13*	15.81	30.33	12.00	5.75	4.97*	11.94	39.65	19.14	8.26*	6.28*	20.43
	<i>0.40</i>	<i>2.94</i>	<i>1.18</i>	<i>0.88</i>	<i>0.86</i>	<i>0.61</i>	<i>2.10</i>	<i>0.75</i>	<i>0.53</i>	<i>1.03</i>	<i>0.52</i>	<i>2.22</i>	<i>1.80</i>	<i>1.28</i>	<i>1.17</i>	<i>1.00</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

Table 2.6b Reported Health Conditions and Risk Factors of Institutionalized Medicare Beneficiaries, by Age, 2003Long-Term Care Facility-Only Residents¹

1 of 2

Reported Health Condition ²	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,921	298	181	614	828
	<i>61</i>	<i>28</i>	<i>25</i>	<i>37</i>	<i>39</i>
Beneficiaries as a Percentage of Column Total					
Chronic Conditions					
None	2.64*	1.77*	5.33*	2.32*	2.60*
	<i>0.74</i>	<i>1.26</i>	<i>3.31</i>	<i>0.95</i>	<i>0.83</i>
One to two	40.10	81.22	42.00*	32.16	30.76
	<i>1.83</i>	<i>3.53</i>	<i>5.46</i>	<i>3.37</i>	<i>2.61</i>
Three or more	57.26	17.01*	52.67*	65.52	66.64
	<i>1.72</i>	<i>3.41</i>	<i>6.07</i>	<i>3.44</i>	<i>2.51</i>
Prevalence of Disease/Condition					
Disease/Condition					
Heart disease	28.51	4.62*	25.66*	29.62	36.76
	<i>1.48</i>	<i>2.05</i>	<i>5.37</i>	<i>3.04</i>	<i>2.70</i>
Hypertension	38.81	14.78*	34.94*	44.78	43.88
	<i>1.79</i>	<i>4.33</i>	<i>6.67</i>	<i>3.37</i>	<i>2.71</i>
Diabetes	19.15	9.51*	28.36*	23.43	17.43
	<i>1.38</i>	<i>2.87</i>	<i>5.85</i>	<i>2.93</i>	<i>1.92</i>
Arthritis	21.89	2.93*	19.67*	21.24	29.69
	<i>1.50</i>	<i>1.29</i>	<i>5.58</i>	<i>2.38</i>	<i>2.19</i>
Osteoporosis/broken hip	17.10	4.62*	6.98*	15.76*	24.81
	<i>1.29</i>	<i>1.98</i>	<i>3.66</i>	<i>2.42</i>	<i>2.04</i>
Pulmonary disease	10.53	7.56*	10.30*	14.60*	8.62*
	<i>1.05</i>	<i>2.62</i>	<i>3.63</i>	<i>2.26</i>	<i>1.37</i>
Stroke	18.48	8.11*	20.78*	20.81	19.99
	<i>1.41</i>	<i>2.75</i>	<i>6.12</i>	<i>2.29</i>	<i>2.06</i>
Alzheimer's disease	41.51	6.68*	28.15*	49.98	50.70
	<i>1.61</i>	<i>2.06</i>	<i>5.36</i>	<i>3.36</i>	<i>2.07</i>
Parkinson's disease	6.22	0.00	8.88*	10.29*	4.85*
	<i>0.83</i>	<i>0.00</i>	<i>4.02</i>	<i>1.98</i>	<i>1.04</i>
Skin cancer	1.65*	1.47*	2.51*	0.88*	2.11*
	<i>0.57</i>	<i>2.09</i>	<i>2.58</i>	<i>0.63</i>	<i>0.79</i>
Other type of cancer	4.56*	2.99*	6.18*	4.59*	4.75*
	<i>0.86</i>	<i>2.58</i>	<i>2.89</i>	<i>1.44</i>	<i>1.05</i>

Table 2.6b Reported Health Conditions and Risk Factors of Institutionalized Medicare Beneficiaries, by Age, 2003Long-Term Care Facility-Only Residents¹

2 of 2

Reported Health Condition ²	Total	Age			
		< 65	65 - 74	75 - 84	85 +
Beneficiaries (in 000s)	1,921	298	181	614	828
	<i>61</i>	<i>28</i>	<i>25</i>	<i>37</i>	<i>39</i>
Prevalence of Disease/Condition					
Mental Illness/Disorder	26.28	77.20	35.37*	21.30*	9.84*
	<i>1.63</i>	<i>4.03</i>	<i>6.47</i>	<i>2.78</i>	<i>1.53</i>
Urinary Incontinence	64.71	40.83	54.59*	68.27	72.94
	<i>1.66</i>	<i>4.96</i>	<i>7.12</i>	<i>3.24</i>	<i>2.34</i>
Smokers					
Never smoked	79.03	64.52	72.97*	75.64	89.00
	<i>1.88</i>	<i>5.38</i>	<i>7.06</i>	<i>3.62</i>	<i>1.73</i>
Former smoker	12.24	11.32*	7.81*	17.06*	10.32*
	<i>1.58</i>	<i>3.59</i>	<i>3.96</i>	<i>3.70</i>	<i>1.58</i>
Current smoker	8.73	24.16*	19.22*	7.30*	0.68*
	<i>1.35</i>	<i>4.59</i>	<i>6.33</i>	<i>2.36</i>	<i>0.46</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *long-term care facility-only residents* includes beneficiaries who resided only in a long-term care facility 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 the community during the year.

2 A proxy, such as a nurse, always answered questions about the beneficiary's diseases or health conditions for long-term care facility interviews.

Table 2.7 Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2003Community Residents¹

1 of 2

Measure of Perceived Health or Functioning	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	40,353	3,946	6,830	8,378	14,039	2,155	5,004
	<i>138</i>	<i>159</i>	<i>160</i>	<i>196</i>	<i>221</i>	<i>105</i>	<i>128</i>
Beneficiaries as a Percentage of Column Total							
Health Status							
Excellent	14.46	13.74	5.94	15.46	16.40	22.14	16.24
	<i>0.46</i>	<i>1.23</i>	<i>0.49</i>	<i>0.88</i>	<i>0.79</i>	<i>1.99</i>	<i>0.87</i>
Very good	26.04	20.46	14.24	29.47	28.25	36.95	30.00
	<i>0.41</i>	<i>1.21</i>	<i>0.87</i>	<i>1.14</i>	<i>0.89</i>	<i>2.20</i>	<i>1.32</i>
Good	31.53	27.32	29.13	35.25	31.24	27.54	34.41
	<i>0.54</i>	<i>1.53</i>	<i>1.30</i>	<i>1.16</i>	<i>0.96</i>	<i>2.10</i>	<i>1.38</i>
Fair	19.01	24.05	30.91	14.89	17.40	10.22	13.93
	<i>0.35</i>	<i>1.36</i>	<i>1.06</i>	<i>0.73</i>	<i>0.69</i>	<i>1.29</i>	<i>1.03</i>
Poor	8.97	14.42	19.78	4.93	6.72	3.16*	5.42
	<i>0.28</i>	<i>1.25</i>	<i>1.12</i>	<i>0.55</i>	<i>0.49</i>	<i>0.70</i>	<i>0.72</i>
Functional Limitation							
None	57.06	52.71	35.63	61.55	61.78	68.78	64.01
	<i>0.55</i>	<i>1.85</i>	<i>1.21</i>	<i>1.01</i>	<i>0.92</i>	<i>2.17</i>	<i>1.51</i>
IADL only ³	22.41	23.63	30.10	21.75	20.36	17.20	20.05
	<i>0.38</i>	<i>1.56</i>	<i>1.10</i>	<i>0.87</i>	<i>0.70</i>	<i>1.59</i>	<i>1.14</i>
One to two ADLs ⁴	12.88	14.74	18.03	12.02	11.78	9.69	10.29
	<i>0.35</i>	<i>1.22</i>	<i>0.85</i>	<i>0.74</i>	<i>0.53</i>	<i>1.25</i>	<i>0.80</i>
Three to five ADLs	7.64	8.92	16.24	4.68	6.08	4.34*	5.64
	<i>0.27</i>	<i>0.92</i>	<i>0.87</i>	<i>0.37</i>	<i>0.44</i>	<i>0.84</i>	<i>0.60</i>
Upper Extremity Limitation							
No	59.96	55.66	46.51	62.00	63.14	66.96	66.38
	<i>0.52</i>	<i>2.04</i>	<i>1.22</i>	<i>1.03</i>	<i>0.85</i>	<i>2.34</i>	<i>1.42</i>
Yes, no ADL/IADL present	13.11	14.56	10.07	14.26	13.14	16.32	12.72
	<i>0.36</i>	<i>1.17</i>	<i>0.77</i>	<i>0.84</i>	<i>0.56</i>	<i>1.95</i>	<i>1.04</i>
Yes, ADL/IADL present	26.93	29.78	43.43	23.75	23.72	16.71	20.90
	<i>0.43</i>	<i>1.73</i>	<i>1.24</i>	<i>0.80</i>	<i>0.78</i>	<i>1.72</i>	<i>1.29</i>

Table 2.7 Perceived Health and Functioning of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2003Community Residents¹

2 of 2

Measure of Perceived Health or Functioning	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	40,353	3,946	6,830	8,378	14,039	2,155	5,004
	<i>138</i>	<i>159</i>	<i>160</i>	<i>196</i>	<i>221</i>	<i>105</i>	<i>128</i>
Beneficiaries as a Percentage of Column Total							
Mobility Limitation							
No	51.29	43.96	31.67	54.41	56.75	64.77	57.49
	<i>0.55</i>	<i>1.84</i>	<i>1.12</i>	<i>1.06</i>	<i>1.03</i>	<i>2.30</i>	<i>1.41</i>
Yes, no ADL/IADL present	14.88	17.55	15.04	15.73	13.81	13.77	14.63
	<i>0.39</i>	<i>1.48</i>	<i>0.85</i>	<i>0.79</i>	<i>0.59</i>	<i>1.72</i>	<i>0.90</i>
Yes, ADL/IADL present	33.83	38.49	53.29	29.87	29.44	21.46	27.88
	<i>0.53</i>	<i>1.78</i>	<i>1.29</i>	<i>0.82</i>	<i>0.94</i>	<i>1.94</i>	<i>1.32</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.
- 2 *HMO* stands for Health Maintenance Organization.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

Table 2.8 Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2003Community Residents¹

1 of 2

Self-Reported Health Condition	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	40,353	3,946	6,830	8,378	14,039	2,155	5,004
	<i>138</i>	<i>159</i>	<i>160</i>	<i>196</i>	<i>221</i>	<i>105</i>	<i>128</i>
Beneficiaries as a Percentage of Column Total							
Chronic Conditions							
None	6.38	10.87	3.26	6.38	6.72	7.38*	5.72
	<i>0.28</i>	<i>1.19</i>	<i>0.40</i>	<i>0.54</i>	<i>0.44</i>	<i>1.28</i>	<i>0.63</i>
One to two	36.94	37.25	30.60	36.42	37.95	40.42	41.87
	<i>0.54</i>	<i>1.65</i>	<i>1.09</i>	<i>1.06</i>	<i>0.96</i>	<i>2.12</i>	<i>1.54</i>
Three or more	56.68	51.88	66.14	57.20	55.33	52.20	52.40
	<i>0.53</i>	<i>1.78</i>	<i>1.18</i>	<i>1.07</i>	<i>1.00</i>	<i>2.34</i>	<i>1.31</i>
Prevalence of Disease/Condition							
Disease/Condition							
Heart disease	41.04	35.96	41.47	43.97	42.61	39.73	35.69
	<i>0.54</i>	<i>1.86</i>	<i>1.16</i>	<i>1.28</i>	<i>0.97</i>	<i>2.25</i>	<i>1.31</i>
Hypertension	59.87	58.54	63.92	59.60	59.53	57.04	58.00
	<i>0.49</i>	<i>1.60</i>	<i>1.19</i>	<i>1.23</i>	<i>0.92</i>	<i>2.33</i>	<i>1.23</i>
Diabetes	20.69	22.45	29.01	15.84	20.15	15.41	19.89
	<i>0.44</i>	<i>1.70</i>	<i>1.13</i>	<i>0.76</i>	<i>0.82</i>	<i>1.90</i>	<i>1.05</i>
Arthritis	59.54	52.54	61.91	61.64	59.33	60.88	58.29
	<i>0.51</i>	<i>1.80</i>	<i>1.32</i>	<i>1.15</i>	<i>0.88</i>	<i>2.04</i>	<i>1.37</i>
Osteoporosis/broken hip	21.01	12.74	21.42	25.86	19.56	22.67	22.19
	<i>0.39</i>	<i>1.16</i>	<i>1.06</i>	<i>0.98</i>	<i>0.74</i>	<i>1.67</i>	<i>1.33</i>
Pulmonary disease	15.56	18.47	22.25	13.85	13.80	12.12	13.39
	<i>0.33</i>	<i>1.22</i>	<i>1.05</i>	<i>0.72</i>	<i>0.59</i>	<i>1.28</i>	<i>0.90</i>
Stroke	11.77	14.07	14.57	10.69	12.02	7.54*	9.10
	<i>0.31</i>	<i>1.11</i>	<i>0.78</i>	<i>0.71</i>	<i>0.48</i>	<i>1.24</i>	<i>0.81</i>
Alzheimer's disease	3.49	3.12*	5.78	2.84	3.20	1.78*	3.27
	<i>0.17</i>	<i>0.52</i>	<i>0.63</i>	<i>0.34</i>	<i>0.27</i>	<i>0.40</i>	<i>0.50</i>
Parkinson's disease	1.43	1.54*	2.26*	1.35*	1.18	1.10*	1.14*
	<i>0.13</i>	<i>0.41</i>	<i>0.46</i>	<i>0.24</i>	<i>0.20</i>	<i>0.46</i>	<i>0.27</i>
Skin cancer	17.75	10.70	7.44	23.25	19.83	25.85	18.83
	<i>0.37</i>	<i>0.84</i>	<i>0.68</i>	<i>0.85</i>	<i>0.64</i>	<i>1.81</i>	<i>1.02</i>
Other type of cancer	17.90	11.08	14.36	19.45	18.95	21.04	21.23
	<i>0.37</i>	<i>0.92</i>	<i>0.91</i>	<i>0.79</i>	<i>0.73</i>	<i>1.94</i>	<i>1.23</i>

Table 2.8 Self-Reported Health Conditions and Risk Factors of Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2003Community Residents¹

2 of 2

Self-Reported Health Condition	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	40,353	3,946	6,830	8,378	14,039	2,155	5,004
	<i>138</i>	<i>159</i>	<i>160</i>	<i>196</i>	<i>221</i>	<i>105</i>	<i>128</i>
Prevalence of Disease/Condition							
Mental Illness/Disorder	20.27	24.28	37.91	13.81	17.64	11.71	14.89
	<i>0.41</i>	<i>1.47</i>	<i>1.13</i>	<i>0.72</i>	<i>0.62</i>	<i>1.22</i>	<i>1.04</i>
Urinary Incontinence	25.14	20.49	32.12	26.44	23.23	23.53	23.37
	<i>0.51</i>	<i>1.11</i>	<i>1.08</i>	<i>0.85</i>	<i>0.92</i>	<i>2.06</i>	<i>1.24</i>
Smokers							
Never smoked	38.94	33.38	41.11	41.98	37.25	40.91	39.17
	<i>0.52</i>	<i>1.80</i>	<i>1.17</i>	<i>1.15</i>	<i>0.80</i>	<i>2.31</i>	<i>1.35</i>
Former smoker	46.40	41.11	34.01	48.33	50.71	50.73	50.20
	<i>0.54</i>	<i>1.69</i>	<i>1.08</i>	<i>1.16</i>	<i>0.89</i>	<i>2.35</i>	<i>1.32</i>
Current smoker	14.66	25.51	24.88	9.69	12.05	8.36*	10.63
	<i>0.40</i>	<i>1.65</i>	<i>0.96</i>	<i>0.66</i>	<i>0.66</i>	<i>1.29</i>	<i>0.91</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *community residents* includes beneficiaries who resided only in the community during the year, and it includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. It excludes beneficiaries who resided only in a long-term care facility during the year.

2 HMO stands for Health Maintenance Organization.

3.3

**WHAT HEALTH
CARE SERVICES DO MEDICARE
BENEFICIARIES RECEIVE?**

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

1 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	19.43	18.99	24.57	20.84	19.29	13.12	13.73
	0.38	1.26	1.11	0.83	0.74	1.41	0.98
Medicare Status ³							
Aged							
65 - 74 years	15.52	16.37	23.73	15.25	15.56	10.71*	10.31
	0.60	2.06	1.85	1.27	0.96	1.97	1.36
75 - 84 years	22.73	25.49	28.34	23.81	23.45	15.39*	16.72
	0.69	2.85	1.98	1.51	1.29	2.31	1.65
85 years and older	26.09	23.95*	28.96	29.70	26.83	15.98*	17.62*
	1.08	3.31	3.81	2.20	2.53	4.12	3.24
Disabled							
Under 45 years	18.10	11.66*	20.99	18.21*	12.37*	24.36*	11.12*
	1.49	3.11	1.98	10.21	3.08	26.46	8.60
45 - 64 years	21.97	17.89*	23.29	24.91*	24.23	19.33*	18.25*
	1.37	3.12	1.97	6.64	3.35	9.67	6.82
Gender							
Male	20.28	19.72	23.37	22.16	20.81	14.67*	15.17
	0.64	1.79	1.63	1.27	1.14	2.38	1.85
Female	18.73	17.88	25.31	20.02	17.85	11.91*	12.69
	0.51	2.17	1.57	1.27	0.92	1.85	1.11
Living Arrangement							
Alone	19.68	18.87	26.18	20.41	18.82	13.25*	12.74
	0.67	2.05	1.89	1.67	1.27	2.45	1.50
With spouse	18.31	19.30	20.60	19.88	19.17	12.63	13.75
	0.49	2.18	1.91	0.94	0.90	1.73	1.39
With children	23.00	20.31*	27.19	25.99	22.28	7.91*	15.34*
	1.24	3.78	2.16	3.06	2.69	4.16	2.53
With others	21.42	17.80*	23.54	26.78*	18.94*	26.77*	16.65*
	1.64	3.47	2.60	4.42	3.41	8.88	4.02

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

2 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased	Employer-Sponsored	Both Types of	
				Private Insurance	Private Insurance	Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	19.43	18.99	24.57	20.84	19.29	13.12	13.73
	0.38	1.26	1.11	0.83	0.74	1.41	0.98
Race/Ethnicity							
White non-Hispanic	19.51	19.81	26.64	20.73	19.29	13.31	14.83
	0.40	1.47	1.63	0.88	0.75	1.48	1.13
Black non-Hispanic	22.53	19.12*	24.92	27.60*	25.01	8.67*	11.39*
	1.48	2.49	2.48	4.90	3.00	6.75	2.55
Hispanic	16.74	14.77*	19.93	24.93*	14.88*	9.74*	10.19*
	1.43	4.18	2.34	5.82	2.99	9.42	3.20
Other	17.18	19.66*	22.48*	13.60*	15.36*	16.42*	8.05*
	1.93	5.53	4.05	4.42	3.84	9.06	3.54
Income							
Less than \$5,000	17.30	9.27*	20.93*	15.25*	21.49*	9.89*	8.91*
	1.77	3.95	3.11	4.76	4.64	10.03	5.27
\$5,000 - \$9,999	24.78	21.23*	26.15	25.27	22.28*	18.43*	20.29*
	0.93	3.02	1.33	3.08	4.10	12.52	4.21
\$10,000 - \$14,999	20.68	18.65	21.68	21.29	24.20	16.06*	16.66*
	1.03	2.38	2.13	2.16	2.42	3.87	2.77
\$15,000 - \$19,999	19.38	17.14*	22.86*	22.85	21.13	11.84*	11.00*
	1.00	3.01	3.96	2.16	2.02	4.77	2.11
\$20,000 - \$24,999	21.13	21.47*	42.52*	22.33	22.95	11.43*	13.92*
	1.39	4.81	8.77	2.49	2.15	4.00	2.58
\$25,000 - \$29,999	18.49	25.28*	34.83*	20.30*	18.78	18.20*	10.40*
	1.36	4.75	11.07	3.53	1.92	5.34	2.80
\$30,000 - \$39,999	15.96	18.03*	12.68*	19.46	17.47	8.33*	9.31*
	1.02	4.80	10.11	2.08	1.79	2.51	2.18
\$40,000 - \$49,999	16.73	12.32*	6.88*	19.78*	16.43	14.26*	16.19*
	1.40	6.44	6.89	3.03	2.07	3.77	2.87
\$50,000 or more	16.62	29.81*	6.24*	17.05	16.67	14.62*	15.86*
	1.19	7.62	7.08	2.36	1.47	3.01	3.20

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

3 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased	Employer-Sponsored	Both Types of	
				Private Insurance	Private Insurance	Private Insurance	
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	19.43	18.99	24.57	20.84	19.29	13.12	13.73
	0.38	1.26	1.11	0.83	0.74	1.41	0.98
Health Status							
Excellent	8.56	7.20*	11.34*	7.44*	8.63	8.85*	9.55*
	0.77	1.78	2.87	1.19	1.27	2.66	1.89
Very good	12.25	14.24*	10.35*	13.58	13.00	8.45*	10.19*
	0.59	2.64	1.83	1.16	1.11	2.09	1.49
Good	20.18	17.67	24.24	23.59	21.19	14.35*	10.80
	0.78	2.27	2.23	1.70	1.62	2.77	1.36
Fair	27.69	23.01	26.25	32.19	29.28	24.67*	25.71
	1.12	2.93	1.91	2.50	1.94	5.12	3.77
Poor	38.73	32.14*	36.93	54.33	39.10	39.08*	36.22*
	1.42	4.27	2.21	5.13	3.22	11.14	6.30
Functional Limitation							
None	12.77	13.73	14.66	13.37	13.15	9.91*	10.06
	0.46	1.69	1.40	0.86	0.84	1.79	1.24
IADL only ⁴	26.17	20.82	27.83	31.23	26.38	18.78*	20.75
	0.99	2.68	2.34	2.49	1.66	4.19	2.52
One to two ADLs ⁵	28.14	27.95*	27.32	31.77	31.17	19.20*	17.19*
	1.29	3.92	2.07	2.53	2.50	5.40	3.54
Three to five ADLs	36.93	29.42*	39.15	45.01	38.71	23.05*	26.14*
	1.67	4.79	2.91	5.09	3.90	8.39	5.17

Table 3.1 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

4 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percentage of Beneficiaries with at Least One Inpatient Hospital Stay				
All Beneficiaries	19.43	18.99	24.57	20.84	19.29	13.12	13.73
	0.38	1.26	1.11	0.83	0.74	1.41	0.98
Metropolitan Area Resident							
Yes	19.18	20.67	23.63	21.39	19.22	12.16	13.73
	0.48	1.77	1.25	1.04	0.88	1.59	1.00
No	20.37	16.13	27.28	19.70	19.75	17.18*	13.90*
	0.55	1.49	2.48	1.41	1.16	3.62	5.34

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

1 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	72.90	66.69	78.55	76.33	72.74	72.10	65.41
	0.52	1.35	1.10	0.86	0.94	2.28	1.34
Medicare Status ³							
Aged							
65 - 74 years	69.58	61.00	79.12	74.21	68.87	67.68	62.96
	0.81	2.46	1.89	1.45	1.29	3.56	2.18
75 - 84 years	76.54	71.45	77.15	79.63	77.94	77.84	69.26
	0.85	2.52	2.36	1.27	1.38	2.81	1.96
85 years and older	71.26	61.90	74.27	73.57	75.99	65.71*	59.58
	1.35	5.38	3.07	2.13	1.99	5.74	3.42
Disabled							
Under 45 years	72.20	62.37	75.99	78.82*	60.79	100.00*	100.00*
	1.50	5.32	1.63	8.42	5.85	0.00	0.00
45 - 64 years	78.70	73.93	81.88	76.75*	79.88	95.46*	68.86*
	1.44	2.99	2.21	7.39	2.87	4.75	7.83
Gender							
Male	70.49	66.41	74.92	73.49	70.89	68.16	65.04
	0.73	1.66	1.85	1.49	1.26	3.06	2.29
Female	74.86	67.11	80.78	78.09	74.50	75.19	65.67
	0.65	2.47	1.26	1.11	1.16	3.09	1.78
Living Arrangement							
Alone	73.83	63.68	80.27	76.25	74.74	71.54	65.54
	0.98	3.21	2.02	1.48	1.45	4.35	3.09
With spouse	72.65	67.87	77.65	76.80	72.71	70.56	66.84
	0.70	2.12	2.33	1.30	1.20	2.85	1.64
With children	73.45	66.96	80.91	74.26	72.71	79.43*	59.34
	1.55	4.53	2.25	3.39	3.04	7.46	4.23
With others	70.86	69.66	74.70	74.90	62.01	91.30*	63.15*
	1.97	5.04	2.23	5.15	4.39	6.71	7.55

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	72.90	66.69	78.55	76.33	72.74	72.10	65.41
	0.52	1.35	1.10	0.86	0.94	2.28	1.34
Race/Ethnicity							
White non-Hispanic	73.54	67.69	81.03	76.66	73.16	72.24	67.11
	0.54	1.77	1.45	0.89	0.95	2.12	1.43
Black non-Hispanic	72.01	65.44	78.65	74.94	70.65	65.12*	58.93
	1.39	4.07	1.97	5.99	2.92	15.04	5.09
Hispanic	68.50	58.33	73.50	77.17	69.42	83.77*	59.24
	2.01	4.12	3.06	4.86	4.05	10.53	4.45
Other	72.00	78.40*	77.68	65.64*	69.50	81.95*	60.25*
	2.17	6.59	3.42	5.99	5.03	11.68	6.54
Income							
Less than \$5,000	67.08	54.71*	68.95	82.08*	62.69	73.12*	70.27*
	2.36	7.78	4.46	4.35	5.55	16.48	7.76
\$5,000 - \$9,999	75.58	60.42	80.14	76.58	76.90	87.30*	52.04
	1.14	3.89	1.26	3.47	4.60	8.84	5.92
\$10,000 - \$14,999	73.37	70.16	81.87	72.48	73.79	74.73*	65.16
	1.11	2.83	2.13	2.25	2.64	8.67	3.01
\$15,000 - \$19,999	73.00	71.55	70.36	78.63	73.97	72.09*	63.15
	1.41	3.30	4.56	2.08	2.59	6.45	3.46
\$20,000 - \$24,999	74.61	69.39	82.91*	78.85	76.44	73.77*	64.38
	1.50	7.25	7.22	2.23	2.55	6.33	3.21
\$25,000 - \$29,999	74.96	74.21*	70.75*	75.90	76.00	78.44*	70.30
	1.60	6.61	12.81	3.29	2.49	5.36	4.29
\$30,000 - \$39,999	69.81	60.05	50.35*	78.91	70.13	63.76	63.79
	1.24	6.39	18.10	2.15	2.01	4.74	3.23
\$40,000 - \$49,999	70.36	58.03*	60.22*	73.59	67.29	84.99*	71.99
	2.08	12.85	17.17	4.06	3.15	5.36	4.95
\$50,000 or more	72.60	65.80*	65.79*	74.37	73.21	69.13	71.60
	1.25	7.60	14.08	2.79	1.99	3.78	3.74

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	72.90	66.69	78.55	76.33	72.74	72.10	65.41
	0.52	1.35	1.10	0.86	0.94	2.28	1.34
Health Status							
Excellent	61.14	46.72	65.50	64.92	63.30	60.37	57.01
	1.34	3.41	5.38	2.41	2.29	5.49	3.47
Very good	68.09	58.85	65.98	72.69	68.75	71.57	63.24
	1.12	4.04	2.52	1.89	1.67	3.72	3.04
Good	75.16	68.10	78.72	80.94	75.36	74.52	65.32
	0.86	2.95	1.89	1.48	1.59	3.44	1.96
Fair	80.18	77.24	82.61	81.69	79.26	89.08	74.64
	0.98	2.39	1.97	2.22	1.50	4.74	3.22
Poor	83.35	77.02	85.38	87.48	83.56	90.52*	78.01
	1.28	3.76	1.80	3.60	2.53	6.59	5.47
Functional Limitation							
None	68.65	61.29	72.04	73.20	69.59	67.34	61.62
	0.72	1.99	2.19	1.32	1.21	2.62	1.97
IADL only ⁴	77.85	72.65	81.47	80.87	75.84	84.69	73.11
	0.87	3.45	1.76	2.29	1.51	3.66	2.40
One to two ADLs ⁵	78.43	76.63	82.02	81.30	78.34	78.31*	66.72
	1.06	3.63	2.37	2.17	1.98	6.30	3.94
Three to five ADLs	82.07	65.65	84.79	84.06	84.92	89.80*	79.47
	1.28	5.96	2.21	3.54	2.38	5.97	4.62

Table 3.2 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percentage of Beneficiaries with at Least One Outpatient Hospital Visit				
All Beneficiaries	72.90	66.69	78.55	76.33	72.74	72.10	65.41
	0.52	1.35	1.10	0.86	0.94	2.28	1.34
Metropolitan Area Resident							
Yes	71.01	65.86	76.63	73.68	71.32	70.46	64.46
	0.63	1.87	1.39	1.16	1.07	2.66	1.40
No	79.42	69.60	84.08	81.82	78.53	77.97	87.87
	0.74	1.88	1.56	1.05	1.86	4.80	3.24

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

1 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	95.99	90.23	95.55	97.72	96.48	98.90	95.61
	0.25	1.27	0.60	0.36	0.42	0.51	0.60
Medicare Status ³							
Aged							
65 - 74 years	95.08	87.27	94.59	97.54	94.92	98.29	95.99
	0.39	2.11	1.19	0.57	0.64	0.89	0.81
75 - 84 years	97.49	93.73	97.61	97.72	98.64	99.45	95.45
	0.29	1.52	0.80	0.46	0.38	0.56	0.97
85 years and older	97.67	93.80	96.55	98.31	99.73	100.00	94.08
	0.43	2.51	1.27	0.59	0.27	0.00	1.90
Disabled							
Under 45 years	91.88	86.09	93.24	97.09*	89.45	100.00*	100.00*
	1.11	4.32	1.07	3.05	3.14	0.00	0.00
45 - 64 years	95.73	91.94	96.17	98.04*	97.86	100.00*	95.49
	0.84	2.19	1.11	2.12	1.32	0.00	2.48
Gender							
Male	95.01	90.21	93.24	97.52	95.50	98.32	95.65
	0.41	1.62	1.03	0.53	0.66	1.02	0.79
Female	96.79	90.27	96.97	97.85	97.40	99.36	95.57
	0.28	1.87	0.71	0.45	0.43	0.46	0.88
Living Arrangement							
Alone	96.21	90.55	97.18	97.39	96.28	99.31	95.33
	0.41	2.15	0.67	0.56	0.87	0.69	1.13
With spouse	96.41	90.29	95.49	97.94	96.65	98.56	96.37
	0.34	1.65	1.35	0.50	0.51	0.74	0.72
With children	95.87	93.09	95.83	97.07	97.44	100.00*	93.18
	0.61	2.63	1.17	1.42	1.07	0.00	2.23
With others	92.77	87.03	92.85	99.22	93.24	100.00*	93.94
	1.14	3.81	1.52	0.78	2.28	0.00	2.61

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	95.99	90.23	95.55	97.72	96.48	98.90	95.61
	0.25	1.27	0.60	0.36	0.42	0.51	0.60
Race/Ethnicity							
White non-Hispanic	96.54	91.69	95.89	97.95	96.68	98.81	96.05
	0.26	1.44	0.79	0.36	0.42	0.56	0.61
Black non-Hispanic	92.82	84.19	95.17	93.12	92.75	100.00*	96.30
	0.96	3.65	1.00	2.66	2.67	0.00	1.80
Hispanic	94.53	87.14	94.72	97.54	98.22	100.00*	93.53
	0.82	4.21	1.37	1.84	0.93	0.00	1.88
Other	96.56	96.54*	97.85	95.39	95.94	100.00*	94.53
	0.87	2.33	1.01	2.72	2.79	0.00	3.12
Income							
Less than \$5,000	89.74	76.42	88.91	98.31	94.82	100.00*	89.33*
	1.83	7.11	2.73	1.55	2.77	0.00	6.43
\$5,000 - \$9,999	94.54	85.73	95.94	98.10	93.10	100.00*	91.47
	0.64	2.81	0.80	1.11	3.55	0.00	2.35
\$10,000 - \$14,999	96.26	93.64	96.62	97.33	95.85	100.00*	97.03
	0.50	1.46	1.17	0.83	1.31	0.00	1.03
\$15,000 - \$19,999	95.13	90.83	95.64	96.46	96.38	100.00	92.60
	0.75	2.78	2.11	1.21	1.10	0.00	1.97
\$20,000 - \$24,999	96.67	88.88	100.00*	98.04	96.61	96.54	97.96
	0.70	4.99	0.00	0.85	1.09	2.61	1.05
\$25,000 - \$29,999	97.21	96.32	94.97*	97.86	97.25	100.00	95.75
	0.74	2.73	5.25	1.00	1.14	0.00	1.59
\$30,000 - \$39,999	97.21	93.95	100.00*	97.95	96.92	100.00	96.60
	0.50	3.34	0.00	1.01	0.76	0.00	1.22
\$40,000 - \$49,999	97.51	87.80*	96.01*	97.50	98.88	100.00	93.64
	0.83	11.47	3.69	1.26	0.53	0.00	2.76
\$50,000 or more	96.47	88.77*	90.52*	99.05	95.54	97.43	97.97
	0.65	6.06	7.59	0.55	1.05	1.54	1.24

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	95.99	90.23	95.55	97.72	96.48	98.90	95.61
	0.25	1.27	0.60	0.36	0.42	0.51	0.60
Health Status							
Excellent	93.36	79.24	89.51	94.64	95.43	97.97	94.14
	0.70	4.00	3.23	1.42	1.03	1.49	1.64
Very good	94.67	85.91	89.51	98.07	95.07	98.22	94.17
	0.60	3.56	2.09	0.49	0.88	1.07	1.28
Good	96.86	91.51	97.90	97.95	96.67	100.00	96.59
	0.32	2.15	0.56	0.57	0.65	0.00	0.85
Fair	98.10	96.23	96.89	99.79	98.93	100.00	97.74
	0.34	1.02	0.86	0.19	0.47	0.00	0.95
Poor	96.96	94.98	96.69	99.20	97.67	100.00*	95.82
	0.69	2.37	1.26	0.76	1.53	0.00	2.15
Functional Limitation							
None	94.91	86.74	93.12	96.87	95.49	98.63	95.13
	0.33	1.88	1.21	0.49	0.54	0.71	0.74
IADL only ⁴	97.64	95.16	96.39	99.27	97.93	100.00	97.80
	0.40	1.77	0.80	0.40	0.61	0.00	0.78
One to two ADLs ⁵	97.13	94.18	97.77	98.66	97.73	98.30	93.61
	0.45	2.24	0.58	0.70	1.01	1.65	2.11
Three to five ADLs	97.59	91.18	97.20	100.00	99.72	100.00*	96.79
	0.62	3.89	1.11	0.00	0.32	0.00	1.83

Table 3.3 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

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Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percentage of Beneficiaries with at Least One Physician/Supplier Service				
All Beneficiaries	95.99	90.23	95.55	97.72	96.48	98.90	95.61
	0.25	1.27	0.60	0.36	0.42	0.51	0.60
Metropolitan Area Resident							
Yes	96.28	90.26	95.97	97.92	96.86	98.82	95.70
	0.26	1.43	0.71	0.41	0.41	0.62	0.62
No	95.37	91.47	94.37	97.32	95.49	99.19	93.47
	0.56	2.19	1.13	0.69	1.13	0.79	2.18

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

1 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	43.73	23.18	23.08	47.99	52.99	69.26	43.22
	0.66	1.56	1.09	1.10	0.96	1.95	1.60
Medicare Status ³							
Aged							
65 - 74 years	46.63	23.49	20.10	50.75	54.39	71.96	43.17
	0.93	2.36	1.88	1.78	1.36	3.06	2.39
75 - 84 years	46.93	22.99	22.30	47.26	55.73	71.02	46.97
	0.85	2.64	2.23	1.69	1.43	2.61	2.20
85 years and older	35.10	13.89*	10.17*	39.47	42.67	54.55*	38.49
	1.28	3.26	2.20	2.58	2.62	6.03	3.74
Disabled							
Under 45 years	35.17	27.23*	32.67	54.84*	47.53	43.20*	45.48*
	1.72	4.09	2.01	14.43	4.59	32.15	14.89
45 - 64 years	32.32	24.46	25.82	58.33*	44.84	45.21*	25.38*
	1.86	3.74	2.51	8.48	3.52	17.23	6.46
Gender							
Male	42.67	23.54	23.30	44.66	51.58	68.94	43.96
	0.85	2.03	1.47	1.65	1.31	2.82	2.37
Female	44.59	22.62	22.94	50.07	54.33	69.51	42.67
	0.83	2.50	1.53	1.53	1.45	2.33	1.77
Living Arrangement							
Alone	42.01	23.19	22.45	48.69	51.39	64.73	46.03
	0.90	2.28	1.64	1.87	1.62	3.16	2.74
With spouse	48.92	23.83	22.86	49.34	55.60	73.40	43.86
	0.92	2.29	2.15	1.51	1.25	2.70	2.35
With children	29.83	22.71*	18.68	34.86	38.87	59.88*	35.30
	1.46	4.97	2.26	3.47	3.35	7.34	4.37
With others	33.84	22.22*	28.86	50.96	43.45	47.90*	36.41*
	1.68	3.53	2.55	6.03	3.90	12.03	5.77

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

2 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	43.73	23.18	23.08	47.99	52.99	69.26	43.22
	0.66	1.56	1.09	1.10	0.96	1.95	1.60
Race/Ethnicity							
White non-Hispanic	47.59	23.93	23.44	49.29	55.18	70.64	45.65
	0.68	1.85	1.47	1.07	1.02	1.90	1.87
Black non-Hispanic	24.47	15.51*	18.08	25.31*	37.17	54.73*	27.85*
	1.73	3.09	2.17	8.00	3.89	11.81	4.05
Hispanic	32.42	25.31*	27.50	41.96*	36.58	61.31*	36.60
	1.97	5.00	2.69	6.20	4.02	15.65	3.89
Other	36.60	31.41*	24.15*	34.54*	52.83	50.09*	40.92*
	2.45	8.20	3.68	6.24	5.19	15.13	8.44
Income							
Less than \$5,000	31.11	16.60*	23.52*	36.86*	40.43*	59.28*	55.47*
	2.43	4.52	3.99	5.64	4.69	19.81	11.17
\$5,000 - \$9,999	22.10	16.04*	21.62	31.48	24.03*	29.29*	19.67*
	1.19	2.74	1.29	3.75	4.16	16.30	4.14
\$10,000 - \$14,999	29.68	22.41	24.29	31.59	35.28	38.96*	34.34
	1.25	2.62	2.31	2.09	2.96	9.15	3.24
\$15,000 - \$19,999	38.34	22.10*	26.56*	42.81	42.82	67.87*	35.73
	1.48	3.30	4.58	2.66	2.70	5.33	4.17
\$20,000 - \$24,999	43.50	29.42*	22.77*	46.29	47.78	56.70*	33.94
	1.65	5.70	7.06	2.73	2.47	5.89	3.38
\$25,000 - \$29,999	50.08	25.96*	26.35*	51.68	51.63	63.44*	51.85
	1.88	5.95	11.41	3.55	2.69	6.76	4.64
\$30,000 - \$39,999	53.27	30.94*	40.37*	56.00	54.40	70.28	45.88
	1.61	6.21	14.21	2.72	2.32	4.24	4.19
\$40,000 - \$49,999	65.19	32.32*	40.79*	68.39	63.63	81.26*	66.74
	1.93	12.09	15.94	3.69	2.79	4.28	5.23
\$50,000 or more	69.18	39.32*	38.62*	69.25	68.48	82.48	66.36
	1.25	7.26	14.48	3.13	1.58	3.54	4.85

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

3 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	43.73	23.18	23.08	47.99	52.99	69.26	43.22
	0.66	1.56	1.09	1.10	0.96	1.95	1.60
Health Status							
Excellent	54.37	25.72*	31.86*	60.47	57.66	67.57	57.72
	1.59	4.15	5.02	2.72	2.39	5.02	3.95
Very good	50.95	21.75	23.34	51.67	59.63	76.85	46.49
	1.11	3.26	2.95	2.02	1.50	3.08	2.34
Good	43.86	26.66	23.73	46.52	53.93	66.05	39.48
	0.97	2.77	1.75	1.71	1.62	3.77	2.51
Fair	34.17	21.80	24.51	36.71	43.44	59.71*	35.04
	1.10	2.76	2.21	2.36	1.82	7.56	3.97
Poor	24.26	17.93*	17.42	31.05*	32.98	45.54*	25.27*
	1.70	4.23	2.23	4.97	3.51	12.33	4.94
Functional Limitation							
None	49.39	25.84	23.64	51.92	57.71	73.47	46.43
	0.80	2.24	1.56	1.29	1.20	2.27	2.11
IADL only ⁴	38.30	22.05	24.05	44.93	46.45	60.83	38.66
	1.18	3.07	1.89	2.57	2.03	5.54	2.79
One to two ADLs ⁵	36.66	18.45*	26.82	42.03	44.43	52.30*	39.17
	1.30	3.72	2.97	2.69	2.34	6.32	4.45
Three to five ADLs	26.90	18.42*	15.26	24.75*	40.75	68.25*	29.71*
	2.00	4.86	2.68	4.48	3.29	8.88	5.76

Table 3.4 Dental Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

4 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased	Employer-Sponsored	Both Types of	
				Private Insurance	Private Insurance	Private Insurance	
Percentage of Beneficiaries with at Least One Dental Service							
All Beneficiaries	43.73	23.18	23.08	47.99	52.99	69.26	43.22
	0.66	1.56	1.09	1.10	0.96	1.95	1.60
Metropolitan Area Resident							
Yes	46.40	24.82	25.33	51.89	55.24	71.88	43.44
	0.77	2.08	1.23	1.39	1.13	2.23	1.62
No	35.22	20.24	16.97	39.88	45.05	58.26	37.83*
	1.16	2.34	1.96	1.72	2.01	4.52	5.73

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

1 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	92.25	81.82	92.88	92.16	94.12	96.37	92.83
	0.29	1.32	0.64	0.58	0.46	0.88	0.80
Medicare Status ³							
Aged							
65 - 74 years	90.82	77.69	91.65	90.24	92.76	95.41	91.67
	0.52	2.33	1.51	1.03	0.74	1.32	1.36
75 - 84 years	94.10	85.94	96.25	92.86	95.54	97.73	93.91
	0.47	2.20	1.08	0.92	0.75	1.17	1.13
85 years and older	93.15	75.62	90.56	95.53	95.98	95.16	92.86
	0.73	4.18	1.91	1.04	1.07	2.85	1.90
Disabled							
Under 45 years	86.88	74.82	88.09	93.13*	89.20	100.00*	100.00*
	1.48	4.48	1.57	5.16	3.31	0.00	0.00
45 - 64 years	94.33	88.00	95.25	97.27*	97.51	100.00*	95.56
	0.82	2.62	0.83	2.32	1.08	0.00	2.45
Gender							
Male	91.01	83.38	90.13	90.59	93.02	96.41	92.53
	0.46	1.56	1.09	0.87	0.74	1.25	1.19
Female	93.25	79.43	94.56	93.14	95.17	96.34	93.05
	0.34	2.48	0.75	0.77	0.62	1.23	0.99
Living Arrangement							
Alone	92.07	78.93	94.47	92.22	94.14	96.48	92.09
	0.50	2.31	0.86	0.94	0.77	1.56	1.54
With spouse	93.01	86.41	92.15	91.62	94.47	95.80	93.50
	0.35	1.71	1.58	0.90	0.55	1.18	1.14
With children	91.69	75.77	93.59	94.00	94.37	100.00*	91.37
	0.81	3.74	1.35	1.81	1.57	0.00	2.49
With others	88.57	78.97	90.14	94.99	87.98	100.00*	92.75
	1.45	4.86	1.47	2.60	2.72	0.00	3.34

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

2 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	92.25	81.82	92.88	92.16	94.12	96.37	92.83
	0.29	1.32	0.64	0.58	0.46	0.88	0.80
Race/Ethnicity							
White non-Hispanic	92.73	83.69	93.16	92.40	94.14	96.50	93.09
	0.35	1.49	0.92	0.66	0.50	0.91	0.94
Black non-Hispanic	90.61	76.50	93.01	87.56	94.69	100.00*	94.09
	1.15	3.95	1.22	4.78	1.25	0.00	2.08
Hispanic	90.05	75.01	91.88	93.16	92.73	91.24*	93.46
	1.06	4.75	1.73	3.37	1.82	8.26	2.14
Other	91.14	87.81*	93.70	87.92	94.20	91.61*	83.39*
	1.36	4.87	1.80	4.30	2.07	7.84	5.54
Income							
Less than \$5,000	86.69	71.97*	87.68	95.70	88.36	100.00*	89.27*
	2.27	7.07	3.10	2.32	4.57	0.00	6.72
\$5,000 - \$9,999	91.30	74.95	93.60	93.49	97.51	100.00*	85.44
	0.73	3.37	0.70	2.13	1.47	0.00	4.14
\$10,000 - \$14,999	91.94	84.54	94.43	92.87	92.38	100.00*	93.71
	0.76	2.50	1.17	1.44	1.46	0.00	1.56
\$15,000 - \$19,999	89.46	82.65	86.94	90.27	91.45	95.88	90.47
	1.02	3.22	3.26	1.68	1.96	2.82	2.56
\$20,000 - \$24,999	93.42	80.06	90.83*	93.63	95.28	95.86	94.55
	0.96	5.99	5.77	1.72	1.05	2.97	1.74
\$25,000 - \$29,999	95.04	93.31	94.97*	93.64	96.71	95.57	93.04
	0.81	3.17	5.25	1.42	0.96	2.70	2.52
\$30,000 - \$39,999	93.43	88.32	100.00*	91.14	93.85	96.71	95.56
	0.71	3.38	0.00	1.63	1.00	1.87	2.00
\$40,000 - \$49,999	92.74	67.34*	100.00*	92.91	93.46	95.81	94.12
	1.25	13.20	0.00	1.94	1.58	2.31	2.13
\$50,000 or more	93.65	84.18*	86.82*	90.14	94.98	95.54	93.02
	0.76	6.19	10.39	2.06	0.94	1.90	2.14

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

3 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	92.25	81.82	92.88	92.16	94.12	96.37	92.83
	0.29	1.32	0.64	0.58	0.46	0.88	0.80
Health Status							
Excellent	85.70	65.77	79.34	84.37	89.90	93.76	87.69
	0.98	4.32	4.26	2.08	1.40	2.83	2.65
Very good	89.95	76.18	84.36	89.79	92.08	96.81	91.94
	0.65	3.42	2.48	1.26	0.99	1.27	1.64
Good	94.13	84.22	94.73	95.61	95.11	98.47	93.20
	0.42	2.64	0.90	0.72	0.67	1.12	1.25
Fair	96.33	91.40	95.98	96.20	98.29	93.28	98.63
	0.47	1.88	0.91	1.16	0.58	3.31	0.65
Poor	94.75	84.24	95.89	96.68	98.19	100.00*	95.47
	0.84	3.83	1.04	1.90	0.81	0.00	2.33
Functional Limitation							
None	90.17	78.38	89.74	89.27	92.37	96.00	90.96
	0.43	2.05	1.30	0.75	0.66	1.11	1.16
IADL only ⁴	94.85	88.48	93.06	95.72	96.47	95.62	97.95
	0.54	2.69	1.04	1.01	0.79	1.94	0.72
One to two ADLs ⁵	95.68	84.79	96.67	97.91	97.68	100.00	93.57
	0.57	2.94	1.02	0.85	0.64	0.00	1.76
Three to five ADLs	94.75	79.17	95.72	99.38	97.91	96.55*	94.80
	0.90	5.81	1.35	0.60	0.92	3.43	2.10

Table 3.5 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

4 of 4

Beneficiary Characteristic	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ²
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
			Percentage of Beneficiaries with at Least One Prescribed Medicine				
All Beneficiaries	92.25	81.82	92.88	92.16	94.12	96.37	92.83
	0.29	1.32	0.64	0.58	0.46	0.88	0.80
Metropolitan Area Resident							
Yes	92.57	80.18	93.25	92.37	94.64	96.57	92.69
	0.33	1.80	0.73	0.64	0.49	0.97	0.82
No	91.36	86.13	91.97	91.72	92.12	95.52	96.12
	0.57	1.74	1.14	1.19	1.12	2.12	2.16

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 *HMO* stands for Health Maintenance Organization.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003

All Medicare Beneficiaries

1 of 4

Beneficiary Characteristic	Total ¹	Medicare Fee-for-Service Only	Supplemental Health Insurance ²	
			Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	8.80	8.53	22.96	4.94
	0.21	0.74	0.81	0.27
Medicare Status ³				
Aged				
65 - 74 years	3.02	2.68*	10.22	1.95
	0.26	0.69	1.21	0.28
75 - 84 years	10.33	13.80*	32.66	6.15
	0.46	2.27	1.82	0.43
85 years and older	29.10	36.82	59.24	17.08
	0.96	3.69	2.11	1.11
Disabled				
Under 45 years	7.36	2.57*	10.20	0.65*
	0.80	1.37	1.16	0.39
45 - 64 years	7.77	3.73*	14.51	2.27*
	0.77	1.17	1.65	0.79
Gender				
Male	6.71	5.86	19.69	3.87
	0.32	0.82	1.08	0.37
Female	10.44	12.39	24.87	5.80
	0.31	1.36	1.04	0.37
Marital Status				
Married	4.10	5.02*	13.45	3.02
	0.22	0.77	1.02	0.27
Widowed	14.46	17.60	31.89	8.59
	0.54	2.20	1.37	0.63
Divorced/separated	8.52	3.44*	15.42	4.78*
	0.78	1.35	1.80	1.05
Never married	19.47	9.66*	27.55	9.64*
	1.34	2.45	1.89	1.98

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003

All Medicare Beneficiaries

2 of 4

Beneficiary Characteristic	Total ¹	Medicare Fee-for-Service Only	Supplemental Health Insurance ²	
			Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	8.80	8.53	22.96	4.94
	0.21	0.74	0.81	0.27
Race/Ethnicity				
White non-Hispanic	9.28	10.34	31.78	5.16
	0.25	1.00	1.22	0.30
Black non-Hispanic	9.35	3.65*	16.72	4.19*
	0.86	1.33	1.71	1.11
Hispanic	4.46	5.81*	7.83*	1.24*
	0.55	1.98	1.11	0.79
Other	5.91*	0.00	9.95*	5.05*
	1.04	0.00	2.42	1.61
Income				
Less than \$5,000	11.33	4.77*	19.87	5.71*
	1.24	2.08	2.73	1.67
\$5,000 - \$9,999	16.32	7.18*	20.68	6.82*
	0.71	1.36	0.96	1.17
\$10,000 - \$14,999	12.02	8.58*	25.30	7.07
	0.70	1.32	1.60	0.89
\$15,000 - \$19,999	8.41	6.65*	26.83	6.54
	0.68	1.73	3.01	0.78
\$20,000 - \$24,999	7.98	13.32*	42.66*	5.67
	0.76	3.52	6.08	0.80
\$25,000 - \$29,999	6.18	10.75*	35.03*	4.91*
	0.74	4.00	7.52	0.72
\$30,000 - \$39,999	4.20	9.13*	44.84*	3.26
	0.50	2.87	11.23	0.44
\$40,000 - \$49,999	4.81	10.34*	34.16*	4.02*
	0.69	5.53	12.81	0.85
\$50,000 or more	3.55	12.83*	12.83*	3.44
	0.51	4.57	9.58	0.54

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003

All Medicare Beneficiaries

3 of 4

Beneficiary Characteristic	Total ¹	Medicare Fee-for-Service Only	Supplemental Health Insurance ²	
			Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	8.80	8.53	22.96	4.94
	0.21	0.74	0.81	0.27
Health Status				
Excellent	2.65	3.97*	13.51*	1.29*
	0.37	1.64	2.88	0.31
Very good	3.67	6.34*	13.53	2.08
	0.34	1.61	1.88	0.32
Good	8.32	7.00*	21.96	5.26
	0.37	1.14	1.54	0.47
Fair	15.48	12.24	26.37	10.07
	0.65	1.74	1.68	0.89
Poor	18.60	10.80*	27.58	13.16
	1.04	2.10	2.15	1.63
Functional Limitation				
None	1.57	1.79*	4.24*	1.25
	0.15	0.48	0.63	0.20
IADL only ⁴	6.34	4.92*	9.64	5.28
	0.46	1.29	1.24	0.62
One to two ADLs ⁵	16.51	14.50*	26.20	12.38
	0.83	2.38	1.99	1.10
Three to five ADLs	42.32	35.91	57.35	26.91
	1.31	3.47	1.99	1.93

Table 3.6 Facility User Rates for Medicare Beneficiaries, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003

All Medicare Beneficiaries

4 of 4

Beneficiary Characteristic	Total ¹	Medicare Fee-for-Service Only	Supplemental Health Insurance ²	
			Medicaid	Private Insurance
Percentage of Beneficiaries with at Least One Short- or Long-Term Facility Stay				
All Beneficiaries	8.80	8.53	22.96	4.94
	0.21	0.74	0.81	0.27
Metropolitan Area Resident				
Yes	8.96	10.84	23.23	5.18
	0.24	0.93	1.02	0.32
No	8.34	4.03*	22.32	4.26
	0.46	0.96	1.20	0.43

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The 8.80 percent of Medicare beneficiaries with a facility stay differs from the 6.16 percent of Medicare beneficiaries who either resided full-year in a long-term care facility or part of the year in a long-term care facility, as shown in Table 1.1. User rates in this table include full-year community residents who had short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported either during a community interview or collected through Medicare claims data. The residence rates in Table 1.1 do not count such people as residing full- or part-year in a long-term care facility.
- 2 Beneficiaries enrolled in Medicare HMOs are not included in individual categories in the table, but are included in the total. Beneficiaries who were not eligible for Medicaid at any time during 2003, but who had individually-purchased private insurance, employer-sponsored private insurance, unknown purchaser for private insurance, or who were enrolled in a private HMO are included in the category *private insurance*.
- 3 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

3.4

**HOW MUCH DOES THE
MEDICARE POPULATION SPEND
ON HEALTH CARE AND
WHO PAYS FOR THEIR CARE?**

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2003

All Medicare Beneficiaries

1 of 3

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	\$521,292	53.73	10.71	12.84	19.06	3.66
	10,729	0.68	0.42	0.29	0.59	0.22
Beneficiaries 65 years and older	437,044	55.20	9.35	13.16	19.24	3.05
	7,360	0.66	0.40	0.28	0.47	0.20
Beneficiaries 64 years and younger	84,248	46.10	17.78	11.19	18.12	6.82
	6,040	2.74	1.71	1.15	2.61	0.72
Inpatient Hospital Services						
All beneficiaries	141,085	86.22	1.19	6.46	4.87	1.26
	6,438	1.72	0.08	0.44	1.79	0.29
Beneficiaries 65 years and older	116,415	88.60	0.93	6.03	3.03	1.41
	3,980	0.71	0.07	0.40	0.47	0.35
Beneficiaries 64 years and younger	24,670	75.02	2.39	8.50	13.58	0.52
	4,593	8.73	0.46	2.43	9.33	0.20
Outpatient Hospital Services						
All beneficiaries	47,541	65.47	2.71	19.18	10.39	2.24
	1,618	1.10	0.22	0.84	0.80	0.25
Beneficiaries 65 years and older	38,116	64.91	1.69	20.62	10.37	2.41
	1,493	1.30	0.17	0.92	0.90	0.32
Beneficiaries 64 years and younger	9,424	67.77	6.85	13.37	10.49	1.52
	647	2.13	0.77	1.51	1.94	0.27
Physician/Supplier Services						
All beneficiaries	136,841	65.41	2.49	13.90	16.93	1.28
	2,620	0.73	0.15	0.33	0.66	0.34
Beneficiaries 65 years and older	116,446	67.04	1.73	14.38	16.02	0.84
	2,189	0.73	0.11	0.34	0.66	0.11
Beneficiaries 64 years and younger	20,395	56.08	6.86	11.13	22.11	3.83
	1,310	2.08	0.82	1.15	2.04	2.08

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2003

All Medicare Beneficiaries

2 of 3

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Dental Services						
All beneficiaries	\$11,720	1.37	0.90	20.11	76.27	1.35
	341	0.07	0.14	0.97	1.02	0.32
Beneficiaries 65 years and older	10,469	1.43	0.46	20.23	76.81	1.06
	330	0.07	0.13	1.06	1.08	0.30
Beneficiaries 64 years and younger	1,251	0.89	4.57	19.07	71.67	3.81
	162	0.14	0.95	2.24	3.14	1.29
Prescription Medicines						
All beneficiaries	67,014	4.26	15.29	36.13	32.58	11.74
	1,076	0.15	0.60	0.66	0.52	0.45
Beneficiaries 65 years and older	53,287	4.91	10.01	39.15	34.83	11.10
	877	0.17	0.45	0.65	0.58	0.50
Beneficiaries 64 years and younger	13,727	1.74	35.80	24.42	23.84	14.19
	572	0.26	2.05	1.91	1.01	1.10
Medicare Hospice Services						
All beneficiaries	6,019	100.00	0.00	0.00	0.00	0.00
	682	0.00	0.00	0.00	0.00	0.00
Beneficiaries 65 years and older	5,784	100.00	0.00	0.00	0.00	0.00
	656	0.00	0.00	0.00	0.00	0.00
Beneficiaries 64 years and younger	235	100.00	0.00	0.00	0.00	0.00
	115	0.00	0.00	0.00	0.00	0.00
Medicare Home Health Services						
All beneficiaries	14,881	84.96	1.60	4.49	7.98	0.97
	1,068	5.79	0.56	3.92	2.44	0.32
Beneficiaries 65 years and older	13,633	85.04	0.98	4.86	8.61	0.50
	1,024	6.29	0.34	4.26	2.63	0.17
Beneficiaries 64 years and younger	1,249	84.04	8.36	0.48	1.00	6.12
	191	6.62	4.71	0.33	0.67	3.25

Table 4.1 Personal Health Care Expenditures for Medicare Beneficiaries, by Source of Payment and Type of Medical Service, 2003

All Medicare Beneficiaries

3 of 3

Medical Service	Total Expenditures (millions of \$)	Source of Payment (as a percentage of row total)				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Long-Term Facility Care¹						
All beneficiaries	\$96,191	16.78	40.41	2.54	33.71	6.56
	<i>2,723</i>	<i>0.79</i>	<i>1.49</i>	<i>0.29</i>	<i>1.34</i>	<i>0.73</i>
Beneficiaries 65 years and older	82,894	18.30	38.11	2.71	36.42	4.46
	<i>2,633</i>	<i>0.89</i>	<i>1.52</i>	<i>0.30</i>	<i>1.44</i>	<i>0.62</i>
Beneficiaries 64 years and younger	13,298	7.30	54.69	1.51	16.80	19.70
	<i>1,316</i>	<i>1.57</i>	<i>4.11</i>	<i>0.92</i>	<i>1.92</i>	<i>3.43</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

- 1 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims. See Appendix B for additional information.

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

1 of 4

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	\$118,576	87.49	1.07	7.26	2.72	1.45	\$2,989
	<i>5,272</i>	<i>0.77</i>	<i>0.08</i>	<i>0.49</i>	<i>0.32</i>	<i>0.34</i>	<i>133</i>
Medicare Status³							
Aged							
65 - 74 years	43,654	86.28	0.99	7.65	2.62	2.46	2,368
	<i>2,196</i>	<i>1.35</i>	<i>0.11</i>	<i>0.84</i>	<i>0.49</i>	<i>0.88</i>	<i>119</i>
75 - 84 years	42,069	89.55	0.65	6.06	2.62	1.12	3,519
	<i>2,285</i>	<i>0.77</i>	<i>0.08</i>	<i>0.61</i>	<i>0.47</i>	<i>0.38</i>	<i>185</i>
85 years and older	13,326	92.01	0.69	4.73	2.10	0.47	3,743
	<i>1,308</i>	<i>0.75</i>	<i>0.13</i>	<i>0.59</i>	<i>0.41</i>	<i>0.21</i>	<i>366</i>
Disabled							
Under 45 years	4,110	80.82	4.65	7.28	5.98	1.27	2,794
	<i>525</i>	<i>6.13</i>	<i>0.62</i>	<i>3.13</i>	<i>3.55</i>	<i>0.99</i>	<i>349</i>
45 - 64 years	15,417	83.17	1.84	11.61	2.97	0.41	3,630
	<i>3,760</i>	<i>4.78</i>	<i>0.49</i>	<i>3.92</i>	<i>0.88</i>	<i>0.15</i>	<i>870</i>
Gender							
Male	57,970	85.97	0.76	8.31	3.13	1.83	3,259
	<i>4,628</i>	<i>1.31</i>	<i>0.09</i>	<i>0.90</i>	<i>0.46</i>	<i>0.41</i>	<i>262</i>
Female	60,606	88.94	1.37	6.26	2.33	1.09	2,770
	<i>2,696</i>	<i>0.94</i>	<i>0.11</i>	<i>0.56</i>	<i>0.40</i>	<i>0.58</i>	<i>123</i>
Living Arrangement							
Alone	33,980	90.17	1.37	5.03	2.58	0.84	2,874
	<i>1,751</i>	<i>0.94</i>	<i>0.12</i>	<i>0.57</i>	<i>0.52</i>	<i>0.37</i>	<i>141</i>
With spouse	60,072	85.11	0.35	9.84	2.80	1.90	2,903
	<i>4,512</i>	<i>1.42</i>	<i>0.06</i>	<i>0.95</i>	<i>0.50</i>	<i>0.61</i>	<i>212</i>
With children	14,815	91.06	2.23	3.62	2.59	0.50	3,673
	<i>1,458</i>	<i>0.80</i>	<i>0.23</i>	<i>0.72</i>	<i>0.49</i>	<i>0.22</i>	<i>330</i>
With others	9,511	87.28	2.68	4.77	2.92	2.34	3,116
	<i>1,065</i>	<i>2.05</i>	<i>0.41</i>	<i>0.89</i>	<i>0.65</i>	<i>1.79</i>	<i>334</i>

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

2 of 4

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	\$118,576	87.49	1.07	7.26	2.72	1.45	\$2,989
	<i>5,272</i>	<i>0.77</i>	<i>0.08</i>	<i>0.49</i>	<i>0.32</i>	<i>0.34</i>	<i>133</i>
Race/Ethnicity							
White non-Hispanic	88,492	86.79	0.66	8.00	3.01	1.54	2,869
	<i>4,678</i>	<i>1.06</i>	<i>0.08</i>	<i>0.70</i>	<i>0.39</i>	<i>0.41</i>	<i>151</i>
Black non-Hispanic	14,729	87.95	2.35	6.41	2.63	0.65	3,920
	<i>1,777</i>	<i>1.98</i>	<i>0.24</i>	<i>1.69</i>	<i>0.71</i>	<i>0.30</i>	<i>463</i>
Hispanic	9,048	91.34	2.34	2.79	1.08	2.45	2,806
	<i>1,168</i>	<i>2.07</i>	<i>0.30</i>	<i>0.92</i>	<i>0.27</i>	<i>1.84</i>	<i>338</i>
Other	6,104	90.70	2.04	5.47	1.13	0.65	3,600
	<i>1,173</i>	<i>3.50</i>	<i>0.50</i>	<i>2.91</i>	<i>0.39</i>	<i>0.47</i>	<i>685</i>
Income							
Less than \$5,000	2,849	81.20	2.96	9.78	2.19	3.87	2,026
	<i>358</i>	<i>4.40</i>	<i>0.52</i>	<i>3.50</i>	<i>0.89</i>	<i>3.34</i>	<i>248</i>
\$5,000 - \$9,999	21,319	88.74	4.05	2.49	4.12	0.60	3,552
	<i>1,577</i>	<i>1.58</i>	<i>0.29</i>	<i>0.75</i>	<i>0.99</i>	<i>0.23</i>	<i>256</i>
\$10,000 - \$14,999	21,868	88.27	0.96	7.14	2.36	1.28	3,313
	<i>1,930</i>	<i>1.78</i>	<i>0.13</i>	<i>1.69</i>	<i>0.43</i>	<i>0.80</i>	<i>276</i>
\$15,000 - \$19,999	14,285	92.43	0.46	4.44	2.22	0.45	2,941
	<i>1,560</i>	<i>0.92</i>	<i>0.15</i>	<i>0.58</i>	<i>0.54</i>	<i>0.22</i>	<i>295</i>
\$20,000 - \$24,999	13,040	85.71	0.19	8.42	3.62	2.06	3,191
	<i>14,881</i>	<i>2.39</i>	<i>0.07</i>	<i>1.83</i>	<i>1.02</i>	<i>1.01</i>	<i>297</i>
\$25,000 - \$29,999	9,014	87.74	0.16	8.74	3.11	0.24	2,775
	<i>885</i>	<i>2.28</i>	<i>0.07</i>	<i>2.02</i>	<i>0.97</i>	<i>0.15</i>	<i>269</i>
\$30,000 - \$39,999	17,476	88.37	0.04	7.57	1.54	2.48	3,273
	<i>3,888</i>	<i>3.26</i>	<i>0.02</i>	<i>2.13</i>	<i>0.62</i>	<i>1.82</i>	<i>691</i>
\$40,000 - \$49,999	6,177	87.50	0.02	8.25	1.22	3.01	2,257
	<i>651</i>	<i>2.41</i>	<i>0.02</i>	<i>1.56</i>	<i>0.46</i>	<i>1.48</i>	<i>227</i>
\$50,000 or more	12,548	80.24	0.02	15.05	2.86	1.84	2,328
	<i>1,141</i>	<i>2.51</i>	<i>0.02</i>	<i>2.16</i>	<i>0.79</i>	<i>0.96</i>	<i>193</i>

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

3 of 4

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	\$118,576	87.49	1.07	7.26	2.72	1.45	\$2,989
	<i>5,272</i>	<i>0.77</i>	<i>0.08</i>	<i>0.49</i>	<i>0.32</i>	<i>0.34</i>	<i>133</i>
Health Status							
Excellent	6,119	84.21	0.66	11.00	2.42	1.72	1,061
	<i>569</i>	<i>2.70</i>	<i>0.22</i>	<i>2.57</i>	<i>0.92</i>	<i>0.98</i>	<i>90</i>
Very good	16,231	88.11	0.33	7.17	2.69	1.71	1,564
	<i>991</i>	<i>1.40</i>	<i>0.07</i>	<i>0.94</i>	<i>0.56</i>	<i>0.77</i>	<i>94</i>
Good	36,198	86.19	1.04	8.65	2.56	1.56	2,907
	<i>2,179</i>	<i>1.40</i>	<i>0.15</i>	<i>1.28</i>	<i>0.46</i>	<i>0.61</i>	<i>168</i>
Fair	32,538	87.61	1.25	6.76	3.24	1.13	4,399
	<i>2,370</i>	<i>1.50</i>	<i>0.12</i>	<i>0.97</i>	<i>0.73</i>	<i>0.43</i>	<i>310</i>
Poor	26,319	89.60	1.48	5.31	2.05	1.55	7,608
	<i>3,443</i>	<i>1.85</i>	<i>0.25</i>	<i>1.09</i>	<i>0.50</i>	<i>1.14</i>	<i>998</i>
Functional Limitation							
None	46,015	87.14	0.61	8.33	2.65	1.26	2,009
	<i>4,275</i>	<i>1.33</i>	<i>0.10</i>	<i>1.06</i>	<i>0.48</i>	<i>0.34</i>	<i>184</i>
IADL only ⁴	31,523	84.81	1.21	7.85	3.22	2.91	3,542
	<i>1,720</i>	<i>1.80</i>	<i>0.12</i>	<i>1.07</i>	<i>0.69</i>	<i>1.17</i>	<i>203</i>
One to two ADLs ⁵	20,856	91.08	1.22	5.38	2.23	0.07	4,173
	<i>1,644</i>	<i>0.84</i>	<i>0.15</i>	<i>0.63</i>	<i>0.47</i>	<i>0.03</i>	<i>308</i>
Three to five ADLs	19,092	88.85	1.85	6.11	2.09	1.10	6,890
	<i>1,874</i>	<i>1.43</i>	<i>0.21</i>	<i>1.36</i>	<i>0.43</i>	<i>0.52</i>	<i>614</i>

Table 4.2 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

4 of 4

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	\$118,576	87.49	1.07	7.26	2.72	1.45	\$2,989
	<i>5,272</i>	<i>0.77</i>	<i>0.08</i>	<i>0.49</i>	<i>0.32</i>	<i>0.34</i>	<i>133</i>
Metropolitan Area Resident							
Yes	95,028	88.15	1.02	6.97	2.56	1.30	3,136
	<i>5,171</i>	<i>0.90</i>	<i>0.09</i>	<i>0.60</i>	<i>0.36</i>	<i>0.40</i>	<i>172</i>
No	23,548	84.80	1.31	8.44	3.38	2.07	2,534
	<i>1,157</i>	<i>1.18</i>	<i>0.15</i>	<i>0.70</i>	<i>0.64</i>	<i>0.63</i>	<i>116</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

1 of 4

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	\$44,096	64.31	2.60	20.00	10.72	2.36	\$1,112
	<i>1,529</i>	<i>1.17</i>	<i>0.23</i>	<i>0.88</i>	<i>0.86</i>	<i>0.27</i>	<i>38</i>
Medicare Status³							
Aged							
65 - 74 years	19,185	62.15	1.89	23.57	10.43	1.96	1,041
	<i>1,084</i>	<i>1.83</i>	<i>0.28</i>	<i>1.77</i>	<i>1.25</i>	<i>0.36</i>	<i>59</i>
75 - 84 years	13,047	64.25	1.17	19.51	11.39	3.68	1,091
	<i>656</i>	<i>2.01</i>	<i>0.17</i>	<i>0.70</i>	<i>2.09</i>	<i>0.69</i>	<i>54</i>
85 years and older	2,903	70.96	1.22	17.37	8.99	1.47	816
	<i>176</i>	<i>1.29</i>	<i>0.22</i>	<i>1.04</i>	<i>1.17</i>	<i>0.46</i>	<i>44</i>
Disabled							
Under 45 years	2,032	65.66	12.33	10.67	10.22	1.12	1,381
	<i>222</i>	<i>4.16</i>	<i>2.31</i>	<i>2.74</i>	<i>3.88</i>	<i>0.36</i>	<i>152</i>
45 - 64 years	6,929	67.27	4.96	14.89	11.16	1.72	1,632
	<i>633</i>	<i>2.59</i>	<i>0.59</i>	<i>1.83</i>	<i>2.38</i>	<i>0.37</i>	<i>151</i>
Gender							
Male	21,974	60.38	2.23	20.30	13.00	4.10	1,235
	<i>1,210</i>	<i>2.08</i>	<i>0.29</i>	<i>1.43</i>	<i>1.55</i>	<i>0.53</i>	<i>68</i>
Female	22,121	68.22	2.97	19.71	8.46	0.64	1,011
	<i>863</i>	<i>1.05</i>	<i>0.29</i>	<i>1.10</i>	<i>0.64</i>	<i>0.10</i>	<i>39</i>
Living Arrangement							
Alone	12,420	68.02	3.55	16.92	9.74	1.78	1,051
	<i>894</i>	<i>1.81</i>	<i>0.42</i>	<i>1.74</i>	<i>1.05</i>	<i>0.54</i>	<i>72</i>
With spouse	23,450	60.48	1.17	24.25	11.34	2.75	1,133
	<i>1,150</i>	<i>1.83</i>	<i>0.19</i>	<i>1.18</i>	<i>1.40</i>	<i>0.51</i>	<i>56</i>
With children	4,210	71.54	5.51	14.15	7.41	1.40	1,044
	<i>341</i>	<i>1.58</i>	<i>0.81</i>	<i>1.31</i>	<i>0.93</i>	<i>0.48</i>	<i>78</i>
With others	3,986	67.65	5.01	10.96	13.48	2.90	1,306
	<i>449</i>	<i>3.59</i>	<i>1.18</i>	<i>1.39</i>	<i>3.48</i>	<i>0.76</i>	<i>136</i>

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

2 of 4

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	\$44,096	64.31	2.60	20.00	10.72	2.36	\$1,112
	1,529	1.17	0.23	0.88	0.86	0.27	38
Race/Ethnicity							
White non-Hispanic	32,306	61.08	1.50	24.16	10.79	2.47	1,047
	1,226	1.20	0.23	1.17	0.95	0.28	39
Black non-Hispanic	5,976	75.02	5.61	7.95	9.98	1.45	1,591
	565	2.47	0.74	1.19	2.41	0.65	155
Hispanic	3,488	71.57	5.42	8.33	13.19	1.50	1,082
	568	5.10	1.02	1.55	5.92	0.59	163
Other	2,271	71.11	6.11	10.64	7.67	4.47	1,339
	378	3.53	0.94	2.74	1.92	1.84	213
Income							
Less than \$5,000	1,169	74.14	6.08	11.39	7.01	1.38	831
	194	1.93	1.36	1.91	1.56	0.57	129
\$5,000 - \$9,999	7,372	72.74	8.78	5.26	11.87	1.35	1,228
	587	2.43	0.54	0.71	2.87	0.34	91
\$10,000 - \$14,999	7,814	66.16	3.52	13.31	14.16	2.85	1,184
	644	2.76	0.66	1.44	2.72	0.74	94
\$15,000 - \$19,999	4,706	66.03	2.09	17.96	10.57	3.34	969
	351	1.83	0.64	1.15	1.47	1.13	67
\$20,000 - \$24,999	5,497	59.36	0.58	23.12	14.07	2.87	1,345
	14,881	3.98	0.39	1.55	3.80	1.07	165
\$25,000 - \$29,999	3,782	61.68	0.32	27.69	9.22	1.09	1,164
	403	3.54	0.27	2.65	1.93	0.40	116
\$30,000 - \$39,999	4,800	66.87	0.14	23.37	7.27	2.35	899
	428	1.78	0.09	1.48	0.82	0.68	75
\$40,000 - \$49,999	2,764	64.65	0.06	25.88	7.98	1.43	1,010
	425	3.19	0.04	2.20	2.05	0.48	155
\$50,000 or more	6,191	52.66	0.03	36.50	7.67	3.14	1,149
	622	4.18	0.02	4.37	1.08	1.19	118

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

3 of 4

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	\$44,096	64.31	2.60	20.00	10.72	2.36	\$1,112
	<i>1,529</i>	<i>1.17</i>	<i>0.23</i>	<i>0.88</i>	<i>0.86</i>	<i>0.27</i>	<i>38</i>
Health Status							
Excellent	3,081	64.39	1.28	19.40	8.83	6.10	534
	<i>223</i>	<i>2.00</i>	<i>0.44</i>	<i>1.55</i>	<i>1.32</i>	<i>2.12</i>	<i>34</i>
Very good	8,060	57.58	0.90	24.92	13.73	2.87	777
	<i>445</i>	<i>2.89</i>	<i>0.16</i>	<i>2.62</i>	<i>3.21</i>	<i>0.62</i>	<i>44</i>
Good	13,819	64.95	2.46	22.00	8.93	1.67	1,110
	<i>884</i>	<i>1.91</i>	<i>0.40</i>	<i>1.91</i>	<i>0.92</i>	<i>0.40</i>	<i>68</i>
Fair	11,848	65.24	3.07	16.64	13.08	1.96	1,602
	<i>813</i>	<i>2.36</i>	<i>0.32</i>	<i>1.14</i>	<i>2.20</i>	<i>0.61</i>	<i>113</i>
Poor	6,964	68.88	4.72	16.40	7.72	2.28	2,013
	<i>587</i>	<i>2.19</i>	<i>0.80</i>	<i>1.92</i>	<i>0.84</i>	<i>0.70</i>	<i>152</i>
Functional Limitation							
None	20,607	62.63	1.85	22.82	9.95	2.75	900
	<i>1,166</i>	<i>1.74</i>	<i>0.31</i>	<i>1.71</i>	<i>1.21</i>	<i>0.38</i>	<i>48</i>
IADL only ⁴	12,481	65.22	2.85	19.45	10.77	1.72	1,403
	<i>884</i>	<i>2.29</i>	<i>0.36</i>	<i>1.30</i>	<i>1.87</i>	<i>0.47</i>	<i>99</i>
One to two ADLs ⁵	6,495	67.63	2.90	16.47	10.90	2.10	1,300
	<i>453</i>	<i>1.38</i>	<i>0.42</i>	<i>1.12</i>	<i>1.17</i>	<i>0.68</i>	<i>84</i>
Three to five ADLs	4,455	64.78	4.99	13.74	13.75	2.74	1,608
	<i>545</i>	<i>3.94</i>	<i>0.77</i>	<i>2.17</i>	<i>4.37</i>	<i>1.09</i>	<i>185</i>

Table 4.3 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

4 of 4

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	\$44,096	64.31	2.60	20.00	10.72	2.36	\$1,112
	<i>1,529</i>	<i>1.17</i>	<i>0.23</i>	<i>0.88</i>	<i>0.86</i>	<i>0.27</i>	<i>38</i>
Metropolitan Area Resident							
Yes	32,056	67.57	2.74	18.87	9.13	1.70	1,058
	<i>1,301</i>	<i>1.46</i>	<i>0.31</i>	<i>1.10</i>	<i>0.93</i>	<i>0.25</i>	<i>43</i>
No	12,018	55.68	2.23	22.96	14.99	4.14	1,293
	<i>741</i>	<i>1.90</i>	<i>0.26</i>	<i>1.33</i>	<i>1.95</i>	<i>0.66</i>	<i>78</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

1 of 4

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	\$126,285	64.27	2.36	14.66	17.35	1.36	\$3,184
	<i>2,551</i>	<i>0.76</i>	<i>0.16</i>	<i>0.35</i>	<i>0.69</i>	<i>0.37</i>	<i>64</i>
Medicare Status³							
Aged							
65 - 74 years	53,178	63.92	1.62	16.76	16.75	0.95	2,884
	<i>1,796</i>	<i>1.28</i>	<i>0.16</i>	<i>0.64</i>	<i>1.17</i>	<i>0.16</i>	<i>96</i>
75 - 84 years	42,233	68.42	1.54	13.65	15.51	0.88	3,533
	<i>1,202</i>	<i>0.69</i>	<i>0.20</i>	<i>0.32</i>	<i>0.72</i>	<i>0.19</i>	<i>91</i>
85 years and older	12,032	67.08	1.58	13.14	17.61	0.58	3,380
	<i>465</i>	<i>0.81</i>	<i>0.19</i>	<i>0.51</i>	<i>0.84</i>	<i>0.16</i>	<i>111</i>
Disabled							
Under 45 years	3,918	53.06	11.77	12.38	21.46	1.33	2,664
	<i>312</i>	<i>3.90</i>	<i>2.11</i>	<i>3.45</i>	<i>3.32</i>	<i>0.36</i>	<i>215</i>
45 - 64 years	14,923	54.44	5.45	11.87	23.38	4.86	3,514
	<i>1,260</i>	<i>2.66</i>	<i>0.76</i>	<i>1.43</i>	<i>2.63</i>	<i>2.75</i>	<i>272</i>
Gender							
Male	54,996	64.24	2.11	14.69	16.57	2.38	3,092
	<i>1,492</i>	<i>0.88</i>	<i>0.23</i>	<i>0.59</i>	<i>0.74</i>	<i>0.82</i>	<i>83</i>
Female	71,289	64.29	2.55	14.64	17.94	0.58	3,258
	<i>1,967</i>	<i>1.10</i>	<i>0.20</i>	<i>0.44</i>	<i>1.07</i>	<i>0.10</i>	<i>92</i>
Living Arrangement							
Alone	37,446	65.42	3.21	13.23	17.18	0.95	3,167
	<i>1,358</i>	<i>1.62</i>	<i>0.35</i>	<i>0.75</i>	<i>1.63</i>	<i>0.19</i>	<i>106</i>
With spouse	65,170	63.01	0.97	17.11	17.22	1.69	3,150
	<i>2,000</i>	<i>1.08</i>	<i>0.12</i>	<i>0.51</i>	<i>0.87</i>	<i>0.69</i>	<i>90</i>
With children	14,529	66.34	3.96	10.48	18.41	0.81	3,602
	<i>853</i>	<i>1.47</i>	<i>0.36</i>	<i>1.03</i>	<i>1.63</i>	<i>0.21</i>	<i>180</i>
With others	9,042	64.99	6.29	9.81	17.34	1.57	2,962
	<i>571</i>	<i>1.49</i>	<i>1.06</i>	<i>0.68</i>	<i>1.31</i>	<i>0.74</i>	<i>160</i>

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

2 of 4

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	\$126,285	64.27	2.36	14.66	17.35	1.36	\$3,184
	<i>2,551</i>	<i>0.76</i>	<i>0.16</i>	<i>0.35</i>	<i>0.69</i>	<i>0.37</i>	<i>64</i>
Race/Ethnicity							
White non-Hispanic	98,146	63.55	1.29	15.94	17.75	1.47	3,182
	<i>2,235</i>	<i>0.81</i>	<i>0.13</i>	<i>0.31</i>	<i>0.75</i>	<i>0.47</i>	<i>65</i>
Black non-Hispanic	12,170	66.40	6.53	11.29	14.97	0.81	3,239
	<i>787</i>	<i>1.91</i>	<i>0.74</i>	<i>1.98</i>	<i>1.72</i>	<i>0.20</i>	<i>203</i>
Hispanic	10,249	68.62	5.68	9.29	15.53	0.88	3,179
	<i>927</i>	<i>3.63</i>	<i>0.92</i>	<i>1.78</i>	<i>2.53</i>	<i>0.46</i>	<i>247</i>
Other	5,515	64.28	6.06	9.27	18.86	1.53	3,253
	<i>687</i>	<i>4.49</i>	<i>1.50</i>	<i>1.35</i>	<i>5.22</i>	<i>0.45</i>	<i>273</i>
Income							
Less than \$5,000	3,983	59.73	4.47	15.65	19.20	0.96	2,832
	<i>435</i>	<i>3.40</i>	<i>0.75</i>	<i>3.56</i>	<i>2.44</i>	<i>0.44</i>	<i>283</i>
\$5,000 - \$9,999	20,207	70.29	9.45	5.43	14.16	0.66	3,367
	<i>875</i>	<i>1.42</i>	<i>0.61</i>	<i>0.62</i>	<i>1.74</i>	<i>0.33</i>	<i>143</i>
\$10,000 - \$14,999	20,540	67.60	3.06	11.38	16.66	1.31	3,111
	<i>947</i>	<i>1.29</i>	<i>0.52</i>	<i>1.17</i>	<i>0.96</i>	<i>0.25</i>	<i>136</i>
\$15,000 - \$19,999	15,356	65.48	0.96	13.89	18.58	1.08	3,161
	<i>845</i>	<i>1.75</i>	<i>0.13</i>	<i>0.73</i>	<i>1.95</i>	<i>0.25</i>	<i>138</i>
\$20,000 - \$24,999	13,065	65.07	0.40	16.83	16.80	0.90	3,197
	<i>14,881</i>	<i>1.31</i>	<i>0.17</i>	<i>0.87</i>	<i>1.23</i>	<i>0.19</i>	<i>145</i>
\$25,000 - \$29,999	10,932	60.45	0.20	17.42	21.29	0.64	3,366
	<i>1,119</i>	<i>4.87</i>	<i>0.07</i>	<i>1.11</i>	<i>4.62</i>	<i>0.24</i>	<i>316</i>
\$30,000 - \$39,999	16,419	61.69	0.13	17.11	17.15	3.92	3,075
	<i>1,190</i>	<i>2.20</i>	<i>0.10</i>	<i>1.21</i>	<i>1.86</i>	<i>2.53</i>	<i>180</i>
\$40,000 - \$49,999	8,110	64.62	0.02	20.33	14.05	0.98	2,963
	<i>508</i>	<i>1.27</i>	<i>0.01</i>	<i>1.10</i>	<i>0.82</i>	<i>0.32</i>	<i>156</i>
\$50,000 or more	17,673	57.48	0.11	21.29	19.96	1.16	3,279
	<i>1,095</i>	<i>1.61</i>	<i>0.07</i>	<i>0.67</i>	<i>1.38</i>	<i>0.39</i>	<i>184</i>

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

3 of 4

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	\$126,285	64.27	2.36	14.66	17.35	1.36	\$3,184
	<i>2,551</i>	<i>0.76</i>	<i>0.16</i>	<i>0.35</i>	<i>0.69</i>	<i>0.37</i>	<i>64</i>
Health Status							
Excellent	11,178	62.05	0.62	15.12	20.91	1.30	1,938
	<i>580</i>	<i>1.72</i>	<i>0.11</i>	<i>0.81</i>	<i>1.68</i>	<i>0.48</i>	<i>79</i>
Very good	23,319	65.91	0.78	15.90	16.41	1.00	2,248
	<i>687</i>	<i>0.79</i>	<i>0.11</i>	<i>0.51</i>	<i>0.70</i>	<i>0.20</i>	<i>57</i>
Good	39,824	63.96	2.32	15.34	17.22	1.15	3,199
	<i>1,297</i>	<i>1.37</i>	<i>0.30</i>	<i>0.58</i>	<i>1.52</i>	<i>0.25</i>	<i>98</i>
Fair	31,554	65.83	3.36	13.85	16.02	0.94	4,266
	<i>1,473</i>	<i>1.39</i>	<i>0.36</i>	<i>0.70</i>	<i>1.29</i>	<i>0.15</i>	<i>202</i>
Poor	19,596	61.64	3.69	13.02	18.66	2.99	5,664
	<i>1,209</i>	<i>2.39</i>	<i>0.39</i>	<i>1.42</i>	<i>1.84</i>	<i>2.15</i>	<i>329</i>
Functional Limitation							
None	54,271	65.96	1.28	15.43	15.45	1.88	2,369
	<i>1,513</i>	<i>0.92</i>	<i>0.13</i>	<i>0.42</i>	<i>0.66</i>	<i>0.82</i>	<i>58</i>
IADL only ⁴	34,350	63.73	2.50	15.46	17.51	0.80	3,860
	<i>1,538</i>	<i>1.67</i>	<i>0.25</i>	<i>0.67</i>	<i>1.86</i>	<i>0.15</i>	<i>177</i>
One to two ADLs ⁵	21,828	62.42	3.02	13.19	19.97	1.40	4,367
	<i>1,275</i>	<i>1.88</i>	<i>0.49</i>	<i>0.82</i>	<i>1.71</i>	<i>0.42</i>	<i>212</i>
Three to five ADLs	15,481	62.11	4.95	12.34	19.80	0.80	5,587
	<i>992</i>	<i>1.83</i>	<i>0.58</i>	<i>1.63</i>	<i>1.51</i>	<i>0.17</i>	<i>284</i>

Table 4.4 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

4 of 4

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	\$126,285	64.27	2.36	14.66	17.35	1.36	\$3,184
	<i>2,551</i>	<i>0.76</i>	<i>0.16</i>	<i>0.35</i>	<i>0.69</i>	<i>0.37</i>	<i>64</i>
Metropolitan Area Resident							
Yes	101,138	65.56	2.35	14.12	16.51	1.46	3,338
	<i>2,402</i>	<i>0.87</i>	<i>0.20</i>	<i>0.41</i>	<i>0.74</i>	<i>0.46</i>	<i>79</i>
No	25,117	59.14	2.36	16.84	20.70	0.97	2,702
	<i>1,055</i>	<i>1.53</i>	<i>0.14</i>	<i>0.65</i>	<i>1.74</i>	<i>0.18</i>	<i>112</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

1 of 4

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	\$11,662	1.28	0.87	20.17	76.31	1.36	\$294
	342	0.06	0.14	0.97	1.01	0.32	9
Medicare Status³							
Aged							
65 - 74 years	5,959	1.06	0.51	21.79	75.38	1.26	323
	270	0.07	0.17	1.44	1.42	0.51	14
75 - 84 years	3,639	1.59	0.37	18.77	78.33	0.93	304
	189	0.11	0.17	1.60	1.60	0.29	15
85 years and older	818	2.19	0.23	16.14	81.21	0.23	230
	83	0.31	0.12	2.84	2.92	0.17	23
Disabled							
Under 45 years	210	0.52	11.42	20.57	62.89	4.60	143
	26	0.13	2.26	5.52	5.17	1.63	18
45 - 64 years	1,037	0.90	3.11	18.84	73.49	3.66	244
	165	0.18	0.95	2.81	3.66	1.46	38
Gender							
Male	5,451	1.18	0.87	20.96	75.24	1.74	306
	244	0.09	0.20	1.30	1.48	0.64	14
Female	6,212	1.37	0.88	19.47	77.25	1.02	284
	259	0.09	0.21	1.23	1.24	0.26	11
Living Arrangement							
Alone	3,383	1.41	0.91	17.96	78.60	1.12	286
	191	0.13	0.29	1.85	1.95	0.73	16
With spouse	6,916	1.11	0.40	22.45	74.88	1.17	334
	281	0.07	0.12	1.16	1.26	0.28	13
With children	717	2.30	3.13	18.89	72.42	3.26	178
	73	0.29	1.11	4.04	3.84	1.38	17
With others	631	1.31	3.32	8.96	83.76	2.65	207
	75	0.20	0.90	2.15	2.84	1.36	25

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

2 of 4

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	\$11,662	1.28	0.87	20.17	76.31	1.36	\$294
	342	0.06	0.14	0.97	1.01	0.32	9
Race/Ethnicity							
White non-Hispanic	10,113	1.08	0.42	20.20	77.21	1.09	328
	277	0.06	0.10	0.97	1.02	0.29	9
Black non-Hispanic	482	2.74	4.52	19.44	70.12	3.19	128
	84	0.58	1.72	4.41	5.80	1.97	22
Hispanic	560	3.42	3.84	18.75	72.74	1.26	174
	98	0.74	1.44	4.73	5.00	0.81	29
Other	457	1.61	3.48	22.80	66.47	5.64	269
	86	0.42	1.60	5.32	5.75	2.36	50
Income							
Less than \$5,000	316	1.13	3.39	12.13	73.99	9.37	224
	84	0.35	1.79	5.77	9.38	7.35	59
\$5,000 - \$9,999	591	2.80	8.12	8.41	76.90	3.78	98
	84	0.50	2.02	2.86	4.17	1.64	13
\$10,000 - \$14,999	1,106	2.70	2.03	13.57	80.15	1.55	168
	95	0.32	0.65	2.51	2.55	0.74	14
\$15,000 - \$19,999	1,143	1.73	1.61	18.45	76.93	1.27	235
	123	0.23	0.67	2.58	2.68	0.73	25
\$20,000 - \$24,999	1,105	1.72	0.11	19.79	77.42	0.97	270
	14,881	0.23	0.07	3.06	3.14	0.70	23
\$25,000 - \$29,999	1,270	1.24	0.00	17.99	80.65	0.11	391
	159	0.21	0.00	2.19	2.19	0.07	46
\$30,000 - \$39,999	1,852	1.01	0.07	25.81	72.34	0.76	347
	136	0.11	0.05	3.03	2.98	0.30	25
\$40,000 - \$49,999	1,256	0.88	0.00	22.76	76.18	0.17	459
	143	0.14	0.00	2.76	2.80	0.18	48
\$50,000 or more	3,024	0.51	0.00	22.88	75.07	1.54	561
	172	0.07	0.00	1.90	2.04	0.54	30

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

3 of 4

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	\$11,662	1.28	0.87	20.17	76.31	1.36	\$294
	342	0.06	0.14	0.97	1.01	0.32	9
Health Status							
Excellent	1,914	1.21	0.20	21.20	76.52	0.88	332
	140	0.12	0.12	2.90	2.82	0.59	23
Very good	3,619	1.10	0.46	22.62	75.04	0.78	349
	183	0.08	0.17	1.81	1.77	0.31	18
Good	3,614	1.42	0.69	20.06	76.91	0.92	290
	245	0.12	0.21	1.78	1.85	0.30	19
Fair	1,856	1.30	2.12	16.19	77.02	3.37	251
	152	0.16	0.56	1.93	2.17	1.48	20
Poor	501	2.01	3.43	15.32	75.72	3.53	145
	61	0.43	1.17	3.08	3.35	1.60	17
Functional Limitation							
None	7,524	1.19	0.53	21.05	76.38	0.85	328
	251	0.07	0.15	1.23	1.23	0.23	11
IADL only ⁴	2,178	1.47	1.75	16.13	77.90	2.75	245
	183	0.17	0.46	1.82	2.27	1.24	21
One to two ADLs ⁵	1,311	1.36	1.26	22.87	73.40	1.11	262
	123	0.18	0.41	2.55	2.56	0.48	25
Three to five ADLs	551	1.82	1.38	16.93	76.18	3.69	199
	78	0.37	0.55	3.30	3.59	1.59	27

Table 4.5 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

4 of 4

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	\$11,662	1.28	0.87	20.17	76.31	1.36	\$294
	<i>342</i>	<i>0.06</i>	<i>0.14</i>	<i>0.97</i>	<i>1.01</i>	<i>0.32</i>	<i>9</i>
Metropolitan Area Resident							
Yes	10,016	1.44	0.86	20.44	75.87	1.39	331
	<i>320</i>	<i>0.08</i>	<i>0.16</i>	<i>0.99</i>	<i>1.04</i>	<i>0.37</i>	<i>11</i>
No	1,641	0.30	0.97	18.37	79.16	1.19	177
	<i>123</i>	<i>0.07</i>	<i>0.32</i>	<i>3.24</i>	<i>3.44</i>	<i>0.40</i>	<i>13</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

1 of 4

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	\$66,127	4.01	15.26	36.35	32.67	11.71	\$1,667
	<i>1,066</i>	<i>0.15</i>	<i>0.61</i>	<i>0.67</i>	<i>0.52</i>	<i>0.47</i>	<i>26</i>
Medicare Status³							
Aged							
65 - 74 years	27,945	3.89	9.99	42.66	33.20	10.26	1,516
	<i>668</i>	<i>0.21</i>	<i>0.68</i>	<i>0.90</i>	<i>0.73</i>	<i>0.64</i>	<i>34</i>
75 - 84 years	19,199	5.32	10.03	36.82	35.67	12.16	1,606
	<i>418</i>	<i>0.21</i>	<i>0.79</i>	<i>1.09</i>	<i>0.82</i>	<i>0.74</i>	<i>33</i>
85 years and older	5,360	5.86	9.65	31.60	41.36	11.53	1,506
	<i>180</i>	<i>0.44</i>	<i>1.11</i>	<i>1.45</i>	<i>1.07</i>	<i>1.31</i>	<i>42</i>
Disabled							
Under 45 years	3,297	1.79	48.03	20.13	16.02	14.03	2,241
	<i>226</i>	<i>0.73</i>	<i>3.96</i>	<i>2.90</i>	<i>1.08</i>	<i>2.50</i>	<i>139</i>
45 - 64 years	10,326	1.64	31.69	26.03	26.47	14.17	2,432
	<i>500</i>	<i>0.27</i>	<i>2.63</i>	<i>2.34</i>	<i>1.38</i>	<i>1.39</i>	<i>105</i>
Gender							
Male	27,694	4.22	11.50	37.78	30.91	15.60	1,557
	<i>672</i>	<i>0.23</i>	<i>0.73</i>	<i>1.02</i>	<i>0.57</i>	<i>0.84</i>	<i>37</i>
Female	38,433	3.86	17.97	35.32	33.95	8.91	1,757
	<i>742</i>	<i>0.19</i>	<i>0.83</i>	<i>0.84</i>	<i>0.71</i>	<i>0.56</i>	<i>32</i>
Living Arrangement							
Alone	19,886	3.93	20.16	29.93	33.08	12.90	1,682
	<i>515</i>	<i>0.23</i>	<i>1.19</i>	<i>1.03</i>	<i>0.74</i>	<i>1.01</i>	<i>35</i>
With spouse	33,409	4.14	6.56	45.05	33.76	10.49	1,615
	<i>777</i>	<i>0.21</i>	<i>0.58</i>	<i>0.85</i>	<i>0.64</i>	<i>0.61</i>	<i>36</i>
With children	7,261	4.19	28.23	24.80	30.56	12.22	1,800
	<i>350</i>	<i>0.34</i>	<i>2.14</i>	<i>1.78</i>	<i>1.25</i>	<i>1.32</i>	<i>57</i>
With others	5,531	3.09	33.18	22.24	27.34	14.15	1,812
	<i>314</i>	<i>0.57</i>	<i>2.80</i>	<i>1.89</i>	<i>2.12</i>	<i>1.60</i>	<i>92</i>

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

2 of 4

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	\$66,127	4.01	15.26	36.35	32.67	11.71	\$1,667
	<i>1,066</i>	<i>0.15</i>	<i>0.61</i>	<i>0.67</i>	<i>0.52</i>	<i>0.47</i>	<i>26</i>
Race/Ethnicity							
White non-Hispanic	52,709	3.58	10.09	39.77	34.41	12.16	1,709
	<i>1,035</i>	<i>0.17</i>	<i>0.56</i>	<i>0.70</i>	<i>0.61</i>	<i>0.52</i>	<i>29</i>
Black non-Hispanic	6,034	4.24	34.95	25.11	24.21	11.49	1,606
	<i>282</i>	<i>0.48</i>	<i>2.23</i>	<i>1.71</i>	<i>1.22</i>	<i>1.61</i>	<i>64</i>
Hispanic	4,311	8.01	36.15	18.26	29.06	8.52	1,337
	<i>277</i>	<i>0.73</i>	<i>2.28</i>	<i>1.57</i>	<i>1.74</i>	<i>1.09</i>	<i>57</i>
Other	2,880	5.32	37.44	24.07	24.18	8.99	1,699
	<i>317</i>	<i>1.24</i>	<i>4.30</i>	<i>3.41</i>	<i>1.88</i>	<i>1.41</i>	<i>119</i>
Income							
Less than \$5,000	2,312	2.76	32.96	25.28	26.45	12.55	1,643
	<i>185</i>	<i>0.43</i>	<i>4.08</i>	<i>3.57</i>	<i>1.96</i>	<i>2.51</i>	<i>105</i>
\$5,000 - \$9,999	11,035	2.88	60.18	8.52	17.70	10.73	1,839
	<i>364</i>	<i>0.34</i>	<i>1.62</i>	<i>0.85</i>	<i>0.84</i>	<i>1.05</i>	<i>53</i>
\$10,000 - \$14,999	10,321	5.10	17.70	19.76	37.44	20.00	1,563
	<i>358</i>	<i>0.33</i>	<i>1.58</i>	<i>1.14</i>	<i>1.47</i>	<i>1.24</i>	<i>51</i>
\$15,000 - \$19,999	7,488	4.51	7.96	33.73	37.68	16.12	1,541
	<i>364</i>	<i>0.41</i>	<i>1.17</i>	<i>1.81</i>	<i>1.28</i>	<i>1.62</i>	<i>51</i>
\$20,000 - \$24,999	6,897	4.86	1.54	44.87	37.62	11.12	1,688
	<i>14,881</i>	<i>0.52</i>	<i>0.56</i>	<i>1.84</i>	<i>1.27</i>	<i>1.01</i>	<i>66</i>
\$25,000 - \$29,999	5,648	4.69	1.30	47.90	36.88	9.24	1,739
	<i>344</i>	<i>0.54</i>	<i>0.53</i>	<i>2.06</i>	<i>1.49</i>	<i>1.25</i>	<i>72</i>
\$30,000 - \$39,999	8,627	3.96	0.67	50.09	34.98	10.29	1,616
	<i>426</i>	<i>0.37</i>	<i>0.30</i>	<i>1.77</i>	<i>1.10</i>	<i>1.31</i>	<i>64</i>
\$40,000 - \$49,999	4,728	3.89	0.17	55.67	33.10	7.17	1,728
	<i>278</i>	<i>0.46</i>	<i>0.13</i>	<i>2.13</i>	<i>1.40</i>	<i>1.57</i>	<i>82</i>
\$50,000 or more	9,071	3.08	0.22	57.24	34.11	5.34	1,683
	<i>353</i>	<i>0.35</i>	<i>0.12</i>	<i>1.25</i>	<i>1.00</i>	<i>0.53</i>	<i>58</i>

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

3 of 4

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	\$66,127	4.01	15.26	36.35	32.67	11.71	\$1,667
	<i>1,066</i>	<i>0.15</i>	<i>0.61</i>	<i>0.67</i>	<i>0.52</i>	<i>0.47</i>	<i>26</i>
Health Status							
Excellent	5,616	6.89	6.60	40.74	35.90	9.87	974
	<i>267</i>	<i>0.50</i>	<i>1.37</i>	<i>1.66</i>	<i>1.14</i>	<i>1.17</i>	<i>33</i>
Very good	13,440	5.24	7.20	42.29	35.76	9.51	1,295
	<i>461</i>	<i>0.33</i>	<i>0.82</i>	<i>1.40</i>	<i>0.99</i>	<i>0.98</i>	<i>38</i>
Good	20,564	4.55	12.15	37.33	33.87	12.11	1,652
	<i>499</i>	<i>0.28</i>	<i>0.90</i>	<i>1.13</i>	<i>0.72</i>	<i>0.76</i>	<i>34</i>
Fair	16,438	2.57	20.45	33.60	29.87	13.51	2,222
	<i>536</i>	<i>0.25</i>	<i>1.10</i>	<i>1.28</i>	<i>0.86</i>	<i>1.05</i>	<i>53</i>
Poor	9,568	1.91	29.95	28.03	27.95	12.15	2,766
	<i>472</i>	<i>0.33</i>	<i>2.72</i>	<i>2.08</i>	<i>1.27</i>	<i>1.59</i>	<i>103</i>
Functional Limitation							
None	29,719	5.37	8.93	40.08	34.88	10.75	1,297
	<i>583</i>	<i>0.24</i>	<i>0.55</i>	<i>0.82</i>	<i>0.60</i>	<i>0.60</i>	<i>25</i>
IADL only ⁴	18,304	3.15	18.97	34.60	31.58	11.70	2,057
	<i>456</i>	<i>0.22</i>	<i>1.18</i>	<i>1.20</i>	<i>0.87</i>	<i>0.86</i>	<i>39</i>
One to two ADLs ⁵	10,964	2.67	18.58	33.59	31.51	13.65	2,194
	<i>457</i>	<i>0.27</i>	<i>1.86</i>	<i>1.71</i>	<i>1.49</i>	<i>1.19</i>	<i>66</i>
Three to five ADLs	6,972	2.59	27.57	29.07	28.01	12.76	2,516
	<i>448</i>	<i>0.40</i>	<i>2.35</i>	<i>2.36</i>	<i>1.46</i>	<i>1.54</i>	<i>118</i>

Table 4.6 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

4 of 4

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	\$66,127	4.01	15.26	36.35	32.67	11.71	\$1,667
	<i>1,066</i>	<i>0.15</i>	<i>0.61</i>	<i>0.67</i>	<i>0.52</i>	<i>0.47</i>	<i>26</i>
Metropolitan Area Resident							
Yes	50,637	4.99	14.41	37.53	31.71	11.36	1,671
	<i>928</i>	<i>0.20</i>	<i>0.73</i>	<i>0.80</i>	<i>0.57</i>	<i>0.56</i>	<i>30</i>
No	15,467	0.80	18.06	32.47	35.81	12.86	1,664
	<i>606</i>	<i>0.07</i>	<i>1.25</i>	<i>1.19</i>	<i>1.26</i>	<i>0.84</i>	<i>58</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Long-Term Care Facility Residents¹

1 of 3

Beneficiary Characteristic ²	Total Expenditures (millions of \$) ³	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source	
All Beneficiaries	\$86,787	9.71	44.67	1.82	36.60	7.21	\$33,306
	<i>2,812</i>	<i>0.60</i>	<i>1.59</i>	<i>0.24</i>	<i>1.44</i>	<i>0.80</i>	<i>603</i>
Medicare Status⁴							
Aged							
65 - 74 years	9,012	14.44	47.56	3.04	30.28	4.69	31,596
	<i>1,092</i>	<i>2.94</i>	<i>4.78</i>	<i>1.19</i>	<i>4.49</i>	<i>1.56</i>	<i>2,372</i>
75 - 84 years	28,303	11.77	42.75	2.47	38.81	4.20	34,696
	<i>1,737</i>	<i>1.27</i>	<i>2.93</i>	<i>0.54</i>	<i>2.68</i>	<i>1.21</i>	<i>1,225</i>
85 years and older	36,948	8.92	40.92	1.58	43.07	5.52	32,426
	<i>1,815</i>	<i>0.71</i>	<i>1.87</i>	<i>0.29</i>	<i>1.83</i>	<i>0.94</i>	<i>894</i>
Disabled							
Under 45 years	4,083	0.86	55.93	0.00	14.60	28.61	37,048
	<i>531</i>	<i>0.62</i>	<i>6.22</i>	<i>0.00</i>	<i>2.79</i>	<i>5.52</i>	<i>3,590</i>
45 - 64 years	8,440	5.47	59.03	0.25	18.21	17.04	33,084
	<i>1,176</i>	<i>2.16</i>	<i>5.41</i>	<i>0.25</i>	<i>2.64</i>	<i>5.30</i>	<i>3,541</i>
Gender							
Male	26,415	9.43	46.64	2.06	31.01	10.85	32,226
	<i>1,836</i>	<i>0.91</i>	<i>3.08</i>	<i>0.49</i>	<i>1.98</i>	<i>2.24</i>	<i>1,241</i>
Female	60,372	9.83	43.81	1.71	39.04	5.62	33,801
	<i>2,435</i>	<i>0.78</i>	<i>1.67</i>	<i>0.28</i>	<i>1.70</i>	<i>0.74</i>	<i>737</i>
Race/Ethnicity							
White non-Hispanic	70,071	9.82	39.80	1.98	41.22	7.19	32,345
	<i>2,621</i>	<i>0.69</i>	<i>1.74</i>	<i>0.27</i>	<i>1.62</i>	<i>0.91</i>	<i>641</i>
Black non-Hispanic	10,395	10.86	67.09	0.93	13.88	7.24	38,916
	<i>1,237</i>	<i>1.78</i>	<i>3.64</i>	<i>0.54</i>	<i>2.02</i>	<i>2.60</i>	<i>2,657</i>
Hispanic	3,586*	8.06*	64.04*	0.00*	21.11*	6.78*	38,910*
	<i>607</i>	<i>3.05</i>	<i>5.58</i>	<i>0.00</i>	<i>5.71</i>	<i>2.76</i>	<i>3,339</i>
Other	1,970*	5.02*	68.69*	4.77*	15.28*	6.23*	40,684*
	<i>465</i>	<i>2.55</i>	<i>9.29</i>	<i>3.90</i>	<i>4.90</i>	<i>4.85</i>	<i>3,945</i>

Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Long-Term Care Facility Residents¹

2 of 3

Beneficiary Characteristic ²	Total Expenditures (millions of \$) ³	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	\$86,787	9.71	44.67	1.82	36.60	7.21	\$33,306
	<i>2,812</i>	<i>0.60</i>	<i>1.59</i>	<i>0.24</i>	<i>1.44</i>	<i>0.80</i>	<i>603</i>
Income							
Less than \$5,000	5,678	3.81	52.15	0.98	31.39	11.67	38,797
	<i>876</i>	<i>1.31</i>	<i>5.71</i>	<i>0.53</i>	<i>5.62</i>	<i>4.19</i>	<i>3,048</i>
\$5,000 - \$9,999	32,241	9.29	61.00	0.69	21.13	7.89	34,182
	<i>1,925</i>	<i>0.93</i>	<i>1.99</i>	<i>0.21</i>	<i>1.48</i>	<i>1.22</i>	<i>1,207</i>
\$10,000 - \$14,999	19,515	9.10	45.48	2.13	38.10	5.20	31,835
	<i>1,468</i>	<i>1.34</i>	<i>2.91</i>	<i>0.60</i>	<i>2.72</i>	<i>1.20</i>	<i>1,297</i>
\$15,000 - \$19,999	9,057	13.82	38.18	2.18	43.09	2.73	30,292
	<i>969</i>	<i>2.13</i>	<i>4.16</i>	<i>0.63</i>	<i>3.81</i>	<i>1.23</i>	<i>1,919</i>
\$20,000 - \$24,999	5,908	12.31	26.74	1.93	54.59	4.44	33,355
	<i>987</i>	<i>2.62</i>	<i>7.03</i>	<i>0.77</i>	<i>6.33</i>	<i>1.77</i>	<i>3,268</i>
\$25,000 - \$29,999	4,520*	9.34*	17.29*	3.87*	50.92*	18.58*	39,069*
	<i>932</i>	<i>2.82</i>	<i>6.18</i>	<i>1.59</i>	<i>6.93</i>	<i>8.22</i>	<i>4,824</i>
\$30,000 - \$39,999	5,446	12.84	21.80	4.59	53.05	7.71	38,414
	<i>912</i>	<i>3.59</i>	<i>6.57</i>	<i>2.05</i>	<i>6.84</i>	<i>3.52</i>	<i>3,326</i>
\$40,000 - \$49,999	2,167*	3.81*	11.69*	3.55*	75.68*	5.27*	28,070*
	<i>482</i>	<i>1.77</i>	<i>6.17</i>	<i>3.46</i>	<i>7.72</i>	<i>2.97</i>	<i>4,336</i>
\$50,000 or more	2,254*	11.23*	0.28*	3.15*	78.63*	6.72*	24,397*
	<i>485</i>	<i>3.08</i>	<i>0.29</i>	<i>1.61</i>	<i>5.64</i>	<i>4.57</i>	<i>3,483</i>
Health Status							
Excellent	2,772	8.49	38.62	0.99	38.27	13.63	27,015
	<i>536</i>	<i>2.87</i>	<i>7.90</i>	<i>0.98</i>	<i>6.88</i>	<i>6.30</i>	<i>3,007</i>
Very good	7,588	8.51	30.12	3.22	47.63	10.52	29,104
	<i>962</i>	<i>1.87</i>	<i>5.20</i>	<i>1.20</i>	<i>5.05</i>	<i>2.46</i>	<i>2,258</i>
Good	23,980	8.56	45.09	2.30	37.72	6.33	33,850
	<i>1,573</i>	<i>1.23</i>	<i>3.30</i>	<i>0.47</i>	<i>2.95</i>	<i>1.20</i>	<i>1,314</i>
Fair	34,115	9.45	46.22	1.31	36.22	6.80	34,029
	<i>1,932</i>	<i>0.94</i>	<i>2.37</i>	<i>0.29</i>	<i>2.21</i>	<i>1.30</i>	<i>987</i>
Poor	17,740	11.97	49.14	1.71	30.35	6.82	34,888
	<i>1,568</i>	<i>1.57</i>	<i>3.49</i>	<i>0.62</i>	<i>2.35</i>	<i>3.05</i>	<i>1,876</i>

Table 4.7 Long-Term Care Facility Expenditures for Medicare Beneficiaries, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Long-Term Care Facility Residents¹

3 of 3

Beneficiary Characteristic ²	Total Expenditures (millions of \$) ³	Source of Payment (as a percentage of row total)					Expenditures Per Beneficiary
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source	
All Beneficiaries	\$86,787	9.71	44.67	1.82	36.60	7.21	\$33,306
	<i>2,812</i>	<i>0.60</i>	<i>1.59</i>	<i>0.24</i>	<i>1.44</i>	<i>0.80</i>	<i>603</i>
Functional Limitation							
None	3,545	12.77	21.04	2.22	34.83	29.14	22,198
	<i>636</i>	<i>4.03</i>	<i>6.65</i>	<i>1.17</i>	<i>4.95</i>	<i>8.45</i>	<i>3,435</i>
IADL only ⁵	4,968	11.80	20.43	0.75	44.33	22.69	18,906
	<i>686</i>	<i>2.50</i>	<i>3.87</i>	<i>0.32</i>	<i>5.55</i>	<i>5.74</i>	<i>1,601</i>
One to two ADLs ⁶	17,311	10.02	37.12	2.08	43.13	7.65	28,971
	<i>1,249</i>	<i>1.42</i>	<i>2.96</i>	<i>0.50</i>	<i>2.84</i>	<i>1.26</i>	<i>951</i>
Three to five ADLs	60,861	9.28	50.25	1.81	34.10	4.55	38,432
	<i>2,416</i>	<i>0.72</i>	<i>1.72</i>	<i>0.30</i>	<i>1.59</i>	<i>0.69</i>	<i>761</i>
Metropolitan Area Resident							
Yes	67,883	9.91	42.91	1.91	37.64	7.63	34,234
	<i>2,588</i>	<i>0.74</i>	<i>1.80</i>	<i>0.30</i>	<i>1.62</i>	<i>0.90</i>	<i>721</i>
No	18,904	8.96	51.00	1.49	32.86	5.69	30,350
	<i>979</i>	<i>0.78</i>	<i>2.98</i>	<i>0.32</i>	<i>3.33</i>	<i>1.40</i>	<i>875</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *long-term care facility residents* includes beneficiaries who resided only in a long-term care facility during the year, and beneficiaries who resided part of the year in a long-term care facility and part of the year in the community. It excludes beneficiaries who resided only in the community during the year.
- 2 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 care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year, and facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year. However, in contrast with Table 4.1, facility expenditures in Table 4.7 do not include expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year community residents, which were reported during a community interview or created through Medicare claims data. See Appendix B for additional information.
- 4 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 5 IADL stands for Instrumental Activity of Daily Living.
- 6 ADL stands for Activity of Daily Living.

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

1 of 4

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	\$9,921	\$8,043	\$12,620	\$9,376	\$10,022	\$9,370
	216	1,186	557	357	295	794
Medicare Status³						
Aged						
65 - 74 years	8,513	5,857	12,641	7,631	8,734	8,334
	220	611	996	367	400	1,014
75 - 84 years	10,995	9,197	14,233	10,970	11,105	9,930
	305	1,073	1,399	695	419	1,353
85 years and older	11,510	6,959	15,212	10,400	12,848	8,886
	490	821	2,368	854	782	1,399
Disabled						
Under 45 years	9,325	4,871	9,719	10,454*	10,839	43,302*
	549	966	648	2,668	1,887	39,873
45 - 64 years	11,890	11,501	12,184	9,389*	12,051	19,082*
	1,153	4,473	832	1,665	1,201	4,668
Gender						
Male	9,986	8,482	12,364	9,279	10,315	9,389
	388	1,942	856	415	441	849
Female	9,869	7,369	12,778	9,437	9,745	9,354
	214	646	732	509	355	1,202
Living Arrangement						
Alone	9,894	7,160	13,021	8,726	10,389	8,973
	239	849	759	481	587	1,079
With spouse	9,631	9,613	12,541	9,100	9,823	8,789
	330	2,710	1,257	481	363	793
With children	11,513	6,946	14,242	11,736	11,146	6,989*
	561	1,080	1,453	1,348	857	1,089
With others	9,984	6,409	10,344	14,000	9,310	24,624*
	549	908	710	1,958	1,122	11,480

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

2 of 4

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	\$9,921	\$8,043	\$12,620	\$9,376	\$10,022	\$9,370
	216	1,186	557	357	295	794
Race/Ethnicity						
White non-Hispanic	9,801	8,862	11,663	9,377	10,133	9,387
	225	1,711	529	384	303	821
Black non-Hispanic	11,329	7,101	14,532	11,169	10,359	7,672*
	774	1,255	1,576	2,069	1,095	2,329
Hispanic	9,117	5,219	11,707	10,121	8,373	3,922*
	616	995	1,233	1,842	1,353	908
Other	10,941	7,041*	15,243	6,929	9,307	16,267*
	967	1,564	2,708	1,276	1,583	7,140
Income						
Less than \$5,000	8,079	5,861	8,202	7,034	9,751	5,944*
	546	1,920	927	1,225	1,228	1,990
\$5,000 - \$9,999	10,971	5,984	12,237	9,708	9,211	21,667*
	409	761	531	1,104	1,313	18,160
\$10,000 - \$14,999	10,177	7,749	13,870	9,185	10,812	7,602*
	459	864	1,474	679	868	1,225
\$15,000 - \$19,999	9,493	6,566	15,237	9,964	10,035	6,102
	446	914	3,205	799	978	1,220
\$20,000 - \$24,999	10,432	7,231	24,207*	9,524	11,528	8,052
	538	1,272	8,294	866	1,041	1,211
\$25,000 - \$29,999	9,937	6,611	15,071*	8,301	11,352	9,592
	447	1,158	4,130	822	771	1,691
\$30,000 - \$39,999	9,700	19,592	11,223*	9,799	9,283	6,868
	926	12,537	5,707	1,097	596	770
\$40,000 - \$49,999	8,839	4,259*	5,956*	9,405	8,966	9,323
	436	1,637	1,669	1,041	705	1,221
\$50,000 or more	9,679	10,985*	6,772*	9,284	9,463	12,295
	469	2,446	1,579	1,215	511	1,685

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

3 of 4

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	\$9,921	\$8,043	\$12,620	\$9,376	\$10,022	\$9,370
	216	1,186	557	357	295	794
Health Status						
Excellent	5,051	2,748	6,223	4,209	4,834	5,378
	156	344	1,179	341	247	917
Very good	6,539	4,371	6,027	6,288	6,680	7,056
	177	483	583	330	302	884
Good	9,704	5,681	11,315	10,137	10,155	8,613
	260	595	1,093	598	486	750
Fair	13,732	9,656	14,077	13,965	15,509	19,230
	529	1,109	1,036	1,033	886	3,253
Poor	20,517	19,531	19,118	25,457	22,120	38,225*
	1,394	7,913	1,299	3,103	1,509	14,340
Functional Limitation						
None	7,118	6,724	8,000	6,464	7,171	6,701
	259	2,194	629	282	303	543
IADL only ⁴	11,752	7,560	11,788	12,918	12,790	13,732
	380	692	791	910	686	2,187
One to two ADLs ⁵	13,543	11,003	14,822	12,574	14,986	15,395
	537	1,641	1,142	805	1,061	4,581
Three to five ADLs	20,327	11,697	23,294	23,890	21,243	17,981*
	1,001	1,194	2,266	3,084	1,755	3,662

Table 4.8 Personal Health Care Expenditures per Noninstitutionalized Medicare Beneficiary, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents¹

4 of 4

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	\$9,921	\$8,043	\$12,620	\$9,376	\$10,022	\$9,370
	<i>216</i>	<i>1,186</i>	<i>557</i>	<i>357</i>	<i>295</i>	<i>794</i>
Metropolitan Area Resident						
Yes	10,296	9,172	13,335	10,158	10,068	9,797
	<i>274</i>	<i>1,806</i>	<i>714</i>	<i>471</i>	<i>337</i>	<i>988</i>
No	8,767	6,019	10,687	7,749	9,943	7,813
	<i>258</i>	<i>438</i>	<i>716</i>	<i>443</i>	<i>618</i>	<i>920</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 HMOs 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Inpatient Hospital Stay in 2003¹

1 of 4

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	\$14,086	\$17,146	\$16,635	\$14,021	\$14,054	\$15,572
	584	4,471	1,095	817	554	2,486
Medicare Status³						
Aged						
65 - 74 years	13,781	14,203	17,789	13,867	14,030	14,363*
	566	2,062	2,224	1,230	887	1,949
75 - 84 years	14,029	14,923	17,588	15,013	14,289	16,845*
	672	1,985	2,752	1,067	865	5,781
85 years and older	13,002	8,599*	18,389	12,425	14,528	10,095*
	1,193	1,320	6,283	1,880	1,368	2,036
Disabled						
Under 45 years	15,141	6,591*	14,994	12,865*	20,869*	104,223*
	1,543	1,491	1,616	4,713	10,860	0
45 - 64 years	15,961	28,485*	14,310	10,992*	12,191	19,536*
	3,790	18,313	1,693	2,643	2,227	13,064
Gender						
Male	14,902	18,533	17,719	14,314	14,810	17,557*
	1,163	7,194	2,028	988	744	2,601
Female	13,367	14,794	16,020	13,820	13,219	13,655*
	552	2,189	1,365	1,139	914	4,001
Living Arrangement						
Alone	13,236	14,931	14,972	12,878	14,400	10,763*
	590	2,509	1,403	1,326	1,095	2,204
With spouse	14,525	22,551	20,612	14,241	14,174	15,216
	1,024	10,104	3,880	1,060	722	2,119
With children	14,655	10,502*	18,630	13,620	13,487	14,543*
	1,153	1,104	2,963	1,990	1,321	4,413
With others	13,755	11,255*	13,469	20,483*	11,285*	35,865*
	1,150	3,295	1,156	3,245	1,951	23,626

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Inpatient Hospital Stay in 2003¹

2 of 4

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	\$14,086	\$17,146	\$16,635	\$14,021	\$14,054	\$15,572
	584	4,471	1,095	817	554	2,486
Race/Ethnicity						
White non-Hispanic	13,524	18,970	12,813	13,839	14,370	14,606
	716	6,324	931	860	648	2,384
Black non-Hispanic	16,230	13,652*	20,889	15,681*	12,727	16,873*
	1,612	3,623	2,879	2,912	1,544	9,993
Hispanic	14,270	9,689*	19,144	18,088*	10,278*	3,040*
	1,593	1,644	3,022	4,091	1,499	0
Other	19,110	15,519*	24,347*	11,002*	14,094*	46,987*
	3,469	3,546	7,558	2,708	2,503	29,234
Income						
Less than \$5,000	10,633	17,192*	9,670*	10,153*	11,147*	11,976*
	1,037	9,056	1,251	2,595	1,887	0
\$5,000 - \$9,999	13,583	12,200*	14,592	12,020	10,816*	63,975*
	889	2,286	1,013	2,127	3,146	54,261
\$10,000 - \$14,999	14,516	12,885	20,738	14,130	15,218	6,903*
	1,008	2,048	3,222	1,472	1,517	976
\$15,000 - \$19,999	13,808	13,935*	25,908*	13,528	13,221	8,565*
	1,370	3,492	10,392	1,710	1,964	3,098
\$20,000 - \$24,999	13,710	11,102*	30,264*	13,131	14,635	11,273*
	1,187	1,955	13,833	1,455	1,817	2,341
\$25,000 - \$29,999	13,286	9,499*	16,433*	13,666*	15,605	11,932*
	1,008	2,812	7,394	1,757	1,659	4,678
\$30,000 - \$39,999	18,850	67,465*	30,867*	18,440	14,908	11,124*
	4,089	44,952	12,071	3,346	1,588	2,122
\$40,000 - \$49,999	11,921	11,258*	5,400*	16,560*	12,097	10,839*
	1,225	5,515	0	3,527	1,213	4,104
\$50,000 or more	12,964	13,007*	2,345*	10,933	13,778	21,160*
	903	2,900	0	1,422	1,217	3,826

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Inpatient Hospital Stay in 2003¹

3 of 4

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	\$14,086	\$17,146	\$16,635	\$14,021	\$14,054	\$15,572
	584	4,471	1,095	817	554	2,486
Health Status						
Excellent	9,002	5,277*	9,852*	11,365*	10,370	11,499*
	799	1,387	2,348	1,862	1,320	2,233
Very good	10,435	9,432*	8,963*	11,474	11,468	16,455*
	600	1,228	1,499	1,088	824	5,383
Good	12,987	10,381	15,783	14,304	12,854	11,809*
	686	1,592	2,083	1,203	1,053	2,280
Fair	15,285	15,429	17,308	14,641	16,791	12,898*
	881	2,343	2,280	1,922	1,471	2,578
Poor	19,266	32,806*	18,961	17,032	16,506	41,616*
	2,431	17,741	2,273	2,276	1,558	20,004
Functional Limitation						
None	13,546	21,720	14,827	14,225	13,226	13,699*
	1,362	11,559	2,770	1,355	872	1,978
IADL only ⁴	12,684	13,016	13,126	14,938	13,111	11,539*
	555	1,476	1,248	1,366	1,052	2,273
One to two ADLs ⁵	14,011	17,152*	15,807	12,172	14,220	21,220*
	869	3,894	2,010	873	1,468	13,861
Three to five ADLs	18,173	10,916*	24,340	13,678	17,910	19,832*
	1,320	1,713	3,240	1,948	1,619	8,893

Table 4.9 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Inpatient Hospital Stay in 2003¹

4 of 4

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	\$14,086	\$17,146	\$16,635	\$14,021	\$14,054	\$15,572
	<i>584</i>	<i>4,471</i>	<i>1,095</i>	<i>817</i>	<i>554</i>	<i>2,486</i>
Metropolitan Area Resident						
Yes	14,675	18,781	18,495	14,941	14,388	17,638
	<i>755</i>	<i>6,245</i>	<i>1,518</i>	<i>970</i>	<i>679</i>	<i>3,314</i>
No	12,276	13,100	12,181	11,946	12,833	9,796*
	<i>464</i>	<i>1,494</i>	<i>1,002</i>	<i>1,488</i>	<i>722</i>	<i>1,994</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 HMOs 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Outpatient Hospital Visit in 2003¹

1 of 4

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	\$1,473	\$1,206	\$1,878	\$1,261	\$1,666	\$1,241
	51	116	130	64	107	131
Medicare Status³						
Aged						
65 - 74 years	1,446	1,170	1,951	1,301	1,656	987
	82	150	279	118	158	120
75 - 84 years	1,367	1,040	1,496	1,342	1,544	1,283
	70	129	287	95	156	210
85 years and older	1,053	900	983	821	1,280	1,142*
	56	181	129	70	160	321
Disabled						
Under 45 years	1,907	1,439	1,936	2,082*	2,194	6,267*
	205	659	258	868	681	5,536
45 - 64 years	2,052	1,418	2,311	1,466*	2,357	3,630*
	187	315	319	530	416	1,637
Gender						
Male	1,701	1,341	2,480	1,468	1,881	1,217
	91	165	296	106	185	182
Female	1,299	999	1,536	1,139	1,472	1,259
	53	116	139	79	129	186
Living Arrangement						
Alone	1,372	1,063	2,008	1,025	1,481	1,206
	96	157	249	76	256	307
With spouse	1,512	1,376	1,960	1,355	1,705	1,253
	76	215	289	100	125	145
With children	1,348	739	1,534	1,395	1,571	822*
	102	126	210	229	278	178
With others	1,800	1,361	1,929	1,864	2,358	1,771*
	190	386	301	436	758	625

Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Outpatient Hospital Visit in 2003¹

2 of 4

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	\$1,473	\$1,206	\$1,878	\$1,261	\$1,666	\$1,241
	<i>51</i>	<i>116</i>	<i>130</i>	<i>64</i>	<i>107</i>	<i>131</i>
Race/Ethnicity						
White non-Hispanic	1,380	1,115	1,385	1,235	1,658	1,297
	<i>50</i>	<i>106</i>	<i>120</i>	<i>63</i>	<i>116</i>	<i>140</i>
Black non-Hispanic	2,146	1,798	2,652	2,032	1,992	277*
	<i>212</i>	<i>567</i>	<i>416</i>	<i>870</i>	<i>497</i>	<i>84</i>
Hispanic	1,475	826	1,872	968	1,849	152*
	<i>235</i>	<i>136</i>	<i>358</i>	<i>179</i>	<i>780</i>	<i>67</i>
Other	1,795	1,554*	2,704	1,758*	1,001	1,143*
	<i>301</i>	<i>430</i>	<i>743</i>	<i>433</i>	<i>274</i>	<i>528</i>
Income						
Less than \$5,000	1,208	755*	1,387	782*	1,680	538*
	<i>196</i>	<i>210</i>	<i>285</i>	<i>162</i>	<i>746</i>	<i>195</i>
\$5,000 - \$9,999	1,576	987	1,699	1,103	2,211	1,019*
	<i>121</i>	<i>268</i>	<i>156</i>	<i>190</i>	<i>719</i>	<i>501</i>
\$10,000 - \$14,999	1,550	1,504	2,356	1,224	1,492	804*
	<i>126</i>	<i>300</i>	<i>412</i>	<i>140</i>	<i>223</i>	<i>262</i>
\$15,000 - \$19,999	1,274	1,064	2,336	1,371	1,185	658*
	<i>86</i>	<i>143</i>	<i>745</i>	<i>138</i>	<i>107</i>	<i>109</i>
\$20,000 - \$24,999	1,743	1,247	2,063*	1,452	2,331	813*
	<i>217</i>	<i>227</i>	<i>846</i>	<i>193</i>	<i>492</i>	<i>188</i>
\$25,000 - \$29,999	1,499	809*	2,656*	1,119	1,991	1,151*
	<i>155</i>	<i>174</i>	<i>1,921</i>	<i>144</i>	<i>314</i>	<i>325</i>
\$30,000 - \$39,999	1,229	1,607	1,590*	1,273	1,293	943
	<i>106</i>	<i>573</i>	<i>678</i>	<i>189</i>	<i>170</i>	<i>187</i>
\$40,000 - \$49,999	1,395	715*	1,605*	1,237	1,547	1,736*
	<i>217</i>	<i>220</i>	<i>340</i>	<i>199</i>	<i>421</i>	<i>428</i>
\$50,000 or more	1,551	960*	1,710*	1,251	1,702	1,798
	<i>162</i>	<i>235</i>	<i>776</i>	<i>244</i>	<i>242</i>	<i>390</i>

Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Outpatient Hospital Visit in 2003¹

3 of 4

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	\$1,473	\$1,206	\$1,878	\$1,261	\$1,666	\$1,241
	51	116	130	64	107	131
Health Status						
Excellent	788	1,184	1427	615	716	567
	53	271	527	65	48	91
Very good	1,075	957	1,476	888	1,182	1,103
	64	186	406	72	118	195
Good	1,422	788	1,682	1,342	1,707	1,034
	87	93	279	109	211	143
Fair	1,973	1,374	2,121	1,610	2,461	2,466
	139	271	239	213	335	654
Poor	2,395	1,861	2,129	3,194	3,054	1,792*
	183	439	310	631	452	495
Functional Limitation						
None	1,246	1,206	1,679	1,015	1,430	927
	69	184	263	71	150	92
IADL only ⁴	1,764	951	1,992	1,614	2,162	2,117
	125	96	264	173	259	533
One to two ADLs ⁵	1,618	1,319	1,698	1,311	2,056	1,224*
	104	418	218	139	321	220
Three to five ADLs	1,934	1,770	2,289	2,460	1,502	1,774*
	225	394	467	593	230	582

Table 4.10 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Outpatient Hospital Visit in 2003¹

4 of 4

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	\$1,473	\$1,206	\$1,878	\$1,261	\$1,666	\$1,241
	<i>51</i>	<i>116</i>	<i>130</i>	<i>64</i>	<i>107</i>	<i>131</i>
Metropolitan Area Resident						
Yes	1,422	1,094	2,001	1,240	1,529	1,195
	<i>58</i>	<i>138</i>	<i>179</i>	<i>86</i>	<i>119</i>	<i>155</i>
No	1,626	1,410	1,564	1,299	2,137	1,406
	<i>92</i>	<i>191</i>	<i>113</i>	<i>83</i>	<i>244</i>	<i>240</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 HMOs 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Physician/Supplier Service in 2003¹

1 of 4

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	\$3,303	\$2,356	\$3,840	\$3,286	\$3,354	\$3,616
	67	252	155	113	119	416
Medicare Status³						
Aged						
65 - 74 years	3,023	1,865	4,024	2,822	3,099	3,508
	99	193	243	122	181	669
75 - 84 years	3,607	2,320	4,324	3,804	3,581	3,522
	93	214	436	204	119	444
85 years and older	3,434	1,821	3,819	3,328	3,777	2,888
	112	214	356	221	174	379
Disabled						
Under 45 years	2,892	1,376	2,847	2,874*	4,243	7,613*
	226	360	206	735	1,088	5,874
45 - 64 years	3,664	3,462	3,771	3,159*	3,622	7,999*
	280	946	280	700	500	1,878
Gender						
Male	3,241	2,439	3,780	3,193	3,344	3,416
	86	420	275	134	121	398
Female	3,353	2,230	3,875	3,344	3,362	3,772
	96	161	190	168	195	656
Living Arrangement						
Alone	3,278	1,916	4,035	3,104	3,456	3,157
	110	175	242	155	321	454
With spouse	3,257	2,882	3,756	3,190	3,301	3,587
	92	579	269	141	134	521
With children	3,729	2,189	4,269	4,124	3,679	2,271*
	186	454	399	548	329	351
With others	3,181	1,934	3,103	4,455	3,071	9,123*
	161	188	231	679	306	4,025

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Physician/Supplier Service in 2003¹

2 of 4

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	\$3,303	\$2,356	\$3,840	\$3,286	\$3,354	\$3,616
	67	252	155	113	119	416
Race/Ethnicity						
White non-Hispanic	3,285	2,529	3,626	3,303	3,330	3,697
	69	364	187	122	117	439
Black non-Hispanic	3,476	2,100	4,173	3,555	3,370	3,311*
	222	279	416	465	418	1,333
Hispanic	3,334	2,130	3,862	3,365	3,653	1,922*
	257	394	381	552	791	578
Other	3,351	1,404*	4,238	2,421	3,557	3,234*
	276	316	539	459	825	827
Income						
Less than \$5,000	3,133	3,450	2,754	2,665	3,861	1,816*
	316	1,654	321	495	531	475
\$5,000 - \$9,999	3,548	1,566	3,890	3,409	2,854	7,427*
	149	171	179	475	328	6,270
\$10,000 - \$14,999	3,220	2,349	4,044	3,168	3,393	3,306*
	139	224	379	201	335	890
\$15,000 - \$19,999	3,298	2,073	4,023	3,664	3,662	2,102
	147	261	617	273	371	350
\$20,000 - \$24,999	3,302	2,157	4,602*	3,438	3,348	3,628
	152	420	977	341	251	784
\$25,000 - \$29,999	3,442	1,602	3,886*	2,729	4,179	3,506
	322	286	754	230	702	651
\$30,000 - \$39,999	3,151	4,160	2,567*	3,345	3,159	2,354
	189	2,385	1,235	279	224	255
\$40,000 - \$49,999	3,027	1,128*	1,944*	3,351	2,903	3,589
	155	272	572	430	183	625
\$50,000 or more	3,393	4,537*	3,625*	3,179	3,179	4,963
	189	1,654	1,194	224	180	1,133

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Physician/Supplier Service in 2003¹

3 of 4

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	\$3,303	\$2,356	\$3,840	\$3,286	\$3,354	\$3,616
	67	252	155	113	119	416
Health Status						
Excellent	2,055	1,391	2,258	1,861	1,911	2,443
	86	155	586	206	82	604
Very good	2,354	1,405	2,219	2,411	2,304	2,522
	61	193	168	136	95	272
Good	3,291	1,882	3,371	3,482	3,544	3,068
	100	249	302	186	234	330
Fair	4,344	2,695	4,253	4,755	4,727	8,868
	204	430	273	331	348	2,826
Poor	5,829	4,571	5,416	7,064	6,773	12,140*
	339	1,452	345	746	665	5,318
Functional Limitation						
None	2,481	2,105	2,644	2,386	2,469	2,499
	60	469	171	84	84	255
IADL only ⁴	3,944	2,271	3,480	4,361	4,386	6,183
	180	380	223	294	393	1,656
One to two ADLs ⁵	4,479	2,642	4,877	4,297	5,075	6,417
	220	283	442	256	432	1,745
Three to five ADLs	5,720	3,518	6,173	7,508	5,670	4,845*
	292	489	533	1,027	502	869

Table 4.11 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Physician/Supplier Service in 2003¹

4 of 4

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	\$3,303	\$2,356	\$3,840	\$3,286	\$3,354	\$3,616
	<i>67</i>	<i>252</i>	<i>155</i>	<i>113</i>	<i>119</i>	<i>416</i>
Metropolitan Area Resident						
Yes	3,450	2,672	4,076	3,579	3,385	3,891
	<i>82</i>	<i>373</i>	<i>195</i>	<i>145</i>	<i>130</i>	<i>521</i>
No	2,831	1,766	3,184	2,673	3,251	2,590
	<i>118</i>	<i>167</i>	<i>234</i>	<i>167</i>	<i>287</i>	<i>294</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 HMOs 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Prescribed Medicine in 2003¹

1 of 4

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	\$1,803	\$1,377	\$2,237	\$1,464	\$2,052	\$1,898
	27	72	56	34	47	77
Medicare Status³						
Aged						
65 - 74 years	1,665	1,082	2,068	1,417	1,916	1,783
	36	73	101	46	64	113
75 - 84 years	1,702	1,067	1,964	1,478	1,988	2,022
	33	86	85	54	60	135
85 years and older	1,611	1,141	1,702	1,469	1,932	1,668
	41	114	111	71	83	157
Disabled						
Under 45 years	2,579	2,544	2,427	3,396*	3,206	2,119*
	161	562	139	1,617	525	460
45 - 64 years	2,576	1,916	2,739	1,766*	2,973	2,882*
	111	184	177	384	239	395
Gender						
Male	1,706	1,390	1,977	1,435	1,931	1,730
	38	98	74	56	64	90
Female	1,880	1,357	2,389	1,482	2,164	2,029
	33	91	69	40	64	122
Living Arrangement						
Alone	1,822	1,273	2,310	1,543	1,998	2,339
	37	116	98	57	62	220
With spouse	1,733	1,359	2,158	1,342	2,040	1,690
	36	110	122	44	58	74
With children	1,957	1,356	2,232	1,742	2,233	1,887*
	60	154	107	146	160	276
With others	2,043	1,670	2,247	1,769	2,253	2,008*
	89	269	160	240	125	430

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Prescribed Medicine in 2003¹

2 of 4

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	\$1,803	\$1,377	\$2,237	\$1,464	\$2,052	\$1,898
	27	72	56	34	47	77
Race/Ethnicity						
White non-Hispanic	1,839	1,482	2,497	1,478	2,097	1,905
	28	92	70	35	51	83
Black non-Hispanic	1,769	1,133	2,003	1,592	1,877	1,980*
	69	117	111	285	114	506
Hispanic	1,479	1,095	1,849	1,195	1,535	1,480*
	61	147	112	131	131	226
Other	1,856	1,287*	2,336	1,228	1,987	2,040*
	127	182	276	125	293	457
Income						
Less than \$5,000	1,890	1,103*	2,024	1,537	2,142	2,083*
	117	195	201	196	249	454
\$5,000 - \$9,999	2,010	1,184	2,308	1,400	1,877	1,029*
	58	143	79	123	146	339
\$10,000 - \$14,999	1,696	1,400	2,113	1,520	1,921	1,871*
	52	110	140	84	136	279
\$15,000 - \$19,999	1,718	1,272	2,391	1,664	2,043	1,411
	55	165	227	109	109	174
\$20,000 - \$24,999	1,802	1,477	2,137*	1,368	2,197	2,046
	65	224	368	85	135	203
\$25,000 - \$29,999	1,824	1,342	2,363*	1,379	2,105	2,354
	74	244	451	92	120	444
\$30,000 - \$39,999	1,726	1,720	1,859*	1,388	2,003	1,926
	67	313	614	72	110	225
\$40,000 - \$49,999	1,858	1,925*	2,235*	1,270	2,251	2,032
	81	986	576	100	117	158
\$50,000 or more	1,794	1,658*	1,723*	1,526	1,972	1,852
	62	344	735	88	97	146

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Prescribed Medicine in 2003¹

3 of 4

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	\$1,803	\$1,377	\$2,237	\$1,464	\$2,052	\$1,898
	27	72	56	34	47	77
Health Status						
Excellent	1,125	588	1,693	936	1,322	1,096
	36	72	237	69	56	92
Very good	1,435	946	1,658	1,304	1,625	1,691
	39	92	140	66	66	126
Good	1,751	1,290	1,899	1,478	2,050	2,179
	36	91	85	49	74	130
Fair	2,307	1,774	2,364	1,994	2,718	3,067
	53	180	104	92	97	358
Poor	2,917	2,012	3,050	2,142	3,681	3,761*
	104	295	153	198	294	1,070
Functional Limitation						
None	1,433	1,085	1,732	1,210	1,641	1,615
	25	89	79	34	39	79
IADL only ⁴	2,167	1,493	2,480	1,785	2,578	2,495
	39	134	98	81	74	281
One to two ADLs ⁵	2,290	1,528	2,484	1,900	2,716	2,523
	66	196	145	99	149	244
Three to five ADLs	2,654	2,553	2,638	1,968	3,145	2,749*
	121	344	174	159	271	393

Table 4.12 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Insurance Coverage, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Prescribed Medicine in 2003¹

4 of 4

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	\$1,803	\$1,377	\$2,237	\$1,464	\$2,052	\$1,898
	<i>27</i>	<i>72</i>	<i>56</i>	<i>34</i>	<i>47</i>	<i>77</i>
Metropolitan Area Resident						
Yes	1,800	1,440	2,181	1,509	2,036	1,876
	<i>30</i>	<i>103</i>	<i>65</i>	<i>47</i>	<i>53</i>	<i>89</i>
No	1,821	1,271	2,398	1,370	2,130	2,020
	<i>58</i>	<i>78</i>	<i>122</i>	<i>51</i>	<i>107</i>	<i>149</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 HMOs 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 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Inpatient Hospital Stay in 2003¹

1 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$14,086	\$12,161	\$165	\$1,117	\$419	\$224
	584	554	11	81	47	53
Medicare Status²						
Aged						
65 - 74 years	13,781	11,688	151	1,168	400	375
	566	569	18	130	73	133
75 - 84 years	14,029	12,410	101	938	406	173
	672	648	13	91	72	60
85 years and older	13,002	11,856	99	679	301	67
	1,193	1,164	17	59	64	30
Disabled						
Under 45 years	15,141	12,181	717	1,124	923	196
	1,543	1,226	73	533	600	149
45 - 64 years	15,961	13,181	304	1,918	490	68
	3,790	3,785	34	462	76	33
Gender						
Male	14,902	12,647	123	1,335	503	294
	1,163	1,104	12	149	66	68
Female	13,367	11,732	203	925	345	162
	552	539	17	80	58	86
Marital Status						
Married	14,509	12,143	62	1,568	438	297
	978	929	8	146	73	92
Widowed	13,777	12,365	183	710	439	79
	659	633	22	71	75	44
Divorced/separated	13,242	11,753	414	576	319	180
	981	949	31	128	46	87
Never married	13,713	12,072	465	396	341	439
	1,334	1,303	62	80	118	392

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Inpatient Hospital Stay in 2003¹

2 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$14,086	\$12,161	\$165	\$1,117	\$419	\$224
	584	554	11	81	47	53
Race/Ethnicity						
White non-Hispanic	13,524	11,581	97	1,176	443	227
	716	701	9	98	52	61
Black non-Hispanic	16,230	14,133	409	1,115	458	114
	1,612	1,563	50	272	129	51
Hispanic	14,270	12,818	393	468	181	411
	1,593	1,564	46	138	45	308
Other	19,110	17,161	428	1,147	237	137
	3,469	3,618	77	541	69	88
Income						
Less than \$5,000	10,633	8,433	346	1,145	256	454
	1,037	917	60	410	97	412
\$5,000 - \$9,999	13,583	11,969	581	356	591	86
	889	816	35	114	147	33
\$10,000 - \$14,999	14,516	12,636	154	1,144	377	205
	1,008	947	25	283	70	126
\$15,000 - \$19,999	13,808	12,659	70	674	337	68
	1,370	1,354	22	72	79	33
\$20,000 - \$24,999	13,710	11,553	29	1,271	546	311
	1,187	1,113	12	295	151	151
\$25,000 - \$29,999	13,286	11,447	24	1,312	467	36
	1,008	1,015	11	309	143	22
\$30,000 - \$39,999	18,850	16,464	8	1,552	317	509
	4,089	4,094	6	250	105	356
\$40,000 - \$49,999	11,921	10,235	3	1,112	165	406
	1,225	1,223	3	186	62	199
\$50,000 or more	12,964	10,196	2	2,108	400	257
	903	918	2	298	105	131

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Inpatient Hospital Stay in 2003¹

3 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$14,086	\$12,161	\$165	\$1,117	\$419	\$224
	584	554	11	81	47	53
Health Status						
Excellent	9,002	7,045	82	1,363	300	213
	799	665	27	353	119	120
Very good	10,435	8,916	42	916	343	219
	600	599	9	117	67	99
Good	12,987	10,998	150	1,246	368	224
	686	617	21	201	65	88
Fair	15,285	13,317	199	1,075	515	179
	881	853	18	151	118	69
Poor	19,266	17,223	292	1,043	403	305
	2,431	2,400	34	168	82	226
Functional Limitation						
None	13,546	11,524	97	1,311	417	198
	1,362	1,312	12	165	65	54
IADL only ³	12,684	10,628	164	1,063	436	394
	555	517	15	152	97	160
One to two ADLs ⁴	14,011	12,689	182	799	331	11
	869	860	22	87	67	5
Three to five ADLs	18,173	16,094	345	1,139	390	206
	1,320	1,278	50	246	84	93

Table 4.13 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Inpatient Hospital Stay in 2003¹

4 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$14,086	\$12,161	\$165	\$1,117	\$419	\$224
	<i>584</i>	<i>554</i>	<i>11</i>	<i>81</i>	<i>47</i>	<i>53</i>
Metropolitan Area Resident						
Yes	14,675	12,739	166	1,139	419	213
	<i>755</i>	<i>713</i>	<i>13</i>	<i>106</i>	<i>56</i>	<i>65</i>
No	12,276	10,386	163	1,050	420	257
	<i>464</i>	<i>450</i>	<i>18</i>	<i>76</i>	<i>79</i>	<i>83</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Outpatient Hospital Visit in 2003¹

1 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$1,473	\$929	\$40	\$305	\$163	\$36
	51	32	4	17	16	4
Medicare Status ²						
Aged						
65 - 74 years	1,446	880	28	353	156	29
	82	56	4	35	20	5
75 - 84 years	1,367	857	17	278	162	52
	70	41	3	14	35	10
85 years and older	1,053	721	14	199	103	17
	56	43	3	15	14	5
Disabled						
Under 45 years	1,907	1,250	236	204	195	22
	205	155	51	53	79	7
45 - 64 years	2,052	1,373	103	309	231	36
	187	148	14	38	56	7
Gender						
Male	1,701	1,007	39	356	228	72
	91	51	5	34	35	10
Female	1,299	870	40	266	114	9
	53	40	4	18	9	1
Marital Status						
Married	1,530	914	21	376	177	42
	73	40	3	27	27	8
Widowed	1,250	814	31	249	129	27
	79	52	5	31	17	7
Divorced/separated	1,373	989	97	139	114	35
	125	109	12	17	15	9
Never married	2,345	1,580	152	259	323	31
	342	257	36	63	108	9

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Outpatient Hospital Visit in 2003¹

2 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$1,473	\$929	\$40	\$305	\$163	\$36
	51	32	4	17	16	4
Race/Ethnicity						
White non-Hispanic	1,380	826	21	344	154	35
	50	32	3	22	15	4
Black non-Hispanic	2,146	1,595	124	175	220	32
	212	171	17	29	59	14
Hispanic	1,475	1,026	86	131	208	24
	235	167	17	35	103	8
Other	1,795	1,258	114	198	143	83
	301	258	33	45	32	33
Income						
Less than \$5,000	1,208	887	75	141	87	17
	196	156	17	36	18	7
\$5,000 - \$9,999	1,576	1,133	143	85	193	22
	121	96	13	9	51	5
\$10,000 - \$14,999	1,550	1,004	57	215	229	46
	126	94	12	22	51	12
\$15,000 - \$19,999	1,274	823	28	238	140	44
	86	59	9	18	22	16
\$20,000 - \$24,999	1,743	1,010	10	417	254	52
	217	140	7	49	82	19
\$25,000 - \$29,999	1,499	904	5	430	143	17
	155	116	4	52	34	6
\$30,000 - \$39,999	1,229	803	2	301	94	30
	106	81	1	25	12	9
\$40,000 - \$49,999	1,395	888	1	372	115	21
	217	173	1	50	27	6
\$50,000 or more	1,551	802	0	578	121	50
	162	81	0	111	17	19

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Outpatient Hospital Visit in 2003¹

3 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$1,473	\$929	\$40	\$305	\$163	\$36
	51	32	4	17	16	4
Health Status						
Excellent	788	477	11	170	77	53
	53	37	4	14	14	19
Very good	1,075	591	10	284	157	33
	64	28	2	37	41	7
Good	1,422	905	36	325	132	25
	87	63	6	37	12	6
Fair	1,973	1,279	61	333	261	39
	139	91	6	29	54	13
Poor	2,395	1,644	114	396	186	55
	183	146	20	56	22	16
Functional Limitation						
None	1,246	756	24	299	130	36
	69	49	4	28	17	5
IADL only ³	1,764	1,137	51	350	194	31
	125	84	6	28	42	9
One to two ADLs ⁴	1,618	1,081	48	273	181	35
	104	75	7	22	25	11
Three to five ADLs	1,934	1,244	98	269	269	54
	225	158	20	42	99	21

Table 4.14 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Outpatient Hospital Visit in 2003¹

4 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$1,473	\$929	\$40	\$305	\$163	\$36
	51	32	4	17	16	4
Metropolitan Area Resident						
Yes	1,422	938	41	281	136	25
	58	38	5	22	16	4
No	1,626	904	36	374	244	67
	92	47	4	25	41	12

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Physician/Supplier Service in 2003¹

1 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$3,303	\$2,118	\$78	\$486	\$575	\$45
	67	42	5	16	28	13
Medicare Status²						
Aged						
65 - 74 years	3,023	1,929	49	508	508	29
	99	57	5	28	44	5
75 - 84 years	3,607	2,463	56	495	562	32
	93	61	7	18	33	7
85 years and older	3,434	2,294	55	455	610	20
	112	77	7	23	37	5
Disabled						
Under 45 years	2,892	1,531	341	359	622	38
	226	82	64	115	123	10
45 - 64 years	3,664	1,992	200	436	858	178
	280	140	26	48	127	108
Gender						
Male	3,241	2,077	69	478	539	78
	86	48	7	23	30	28
Female	3,353	2,150	86	493	604	19
	96	59	7	22	45	3
Marital Status						
Married	3,288	2,074	34	558	566	55
	90	55	4	22	35	22
Widowed	3,462	2,286	81	454	619	23
	118	59	9	32	67	6
Divorced/separated	3,212	2,082	209	332	544	44
	154	110	24	40	59	10
Never married	2,844	1,754	235	274	515	66
	193	109	44	38	117	32

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Physician/Supplier Service in 2003¹

2 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$3,303	\$2,118	\$78	\$486	\$575	\$45
	67	42	5	16	28	13
Race/Ethnicity						
White non-Hispanic	3,285	2,083	42	525	585	48
	69	43	4	15	30	16
Black non-Hispanic	3,476	2,303	228	394	522	28
	222	142	29	76	75	7
Hispanic	3,334	2,278	191	312	522	30
	257	153	36	73	107	15
Other	3,351	2,148	204	312	635	51
	276	151	55	44	208	15
Income						
Less than \$5,000	3,133	1,863	141	494	606	30
	316	216	21	123	106	13
\$5,000 - \$9,999	3,548	2,490	337	194	504	24
	149	96	24	25	71	12
\$10,000 - \$14,999	3,220	2,173	99	368	538	42
	139	96	18	43	39	8
\$15,000 - \$19,999	3,298	2,151	32	462	618	36
	147	84	4	32	81	8
\$20,000 - \$24,999	3,302	2,147	13	557	556	30
	152	100	6	42	48	6
\$25,000 - \$29,999	3,442	2,072	7	603	737	22
	322	99	2	75	220	7
\$30,000 - \$39,999	3,151	1,939	4	541	543	124
	189	82	3	38	70	85
\$40,000 - \$49,999	3,027	1,952	1	618	427	30
	155	115	0	48	24	10
\$50,000 or more	3,393	1,947	4	724	678	39
	189	114	3	52	60	13

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Physician/Supplier Service in 2003¹

3 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$3,303	\$2,118	\$78	\$486	\$575	\$45
	67	42	5	16	28	13
Health Status						
Excellent	2,055	1,267	13	314	434	27
	86	52	2	20	46	10
Very good	2,354	1,545	19	377	389	24
	61	40	2	17	20	5
Good	3,291	2,101	76	507	569	38
	100	56	10	25	60	8
Fair	4,344	2,858	146	602	697	41
	204	122	16	49	74	6
Poor	5,829	3,588	216	761	1,090	174
	339	157	18	92	142	131
Functional Limitation						
None	2,481	1,631	32	385	386	47
	60	31	3	13	21	21
IADL only ³	3,944	2,510	99	611	692	31
	180	108	9	41	90	6
One to two ADLs ⁴	4,479	2,789	136	593	898	63
	220	118	24	51	105	19
Three to five ADLs	5,720	3,550	283	707	1,134	46
	292	208	34	103	102	9

Table 4.15 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Physician/Supplier Service in 2003¹

4 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$3,303	\$2,118	\$78	\$486	\$575	\$45
	67	42	5	16	28	13
Metropolitan Area Resident						
Yes	3,450	2,256	81	489	572	51
	82	52	7	19	31	16
No	2,831	1,673	67	477	586	27
	118	52	5	28	68	5

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Dental Service in 2003¹

1 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$668	\$4	\$6	\$136	\$513	\$9
	18	0	1	8	16	2
Medicare Status²						
Aged						
65 - 74 years	689	4	4	151	523	9
	28	0	1	12	23	4
75 - 84 years	643	5	2	122	508	6
	29	0	1	13	22	2
85 years and older	646	5	2	106	532	1
	59	1	1	20	54	1
Disabled						
Under 45 years	405	1	46	83	255	19
	45	0	9	24	38	7
45 - 64 years	751	3	23	142	555	28
	112	1	6	26	99	10
Gender						
Male	714	4	6	151	540	13
	30	0	1	12	27	4
Female	632	4	6	124	492	7
	22	0	1	9	19	2
Marital Status						
Married	674	4	3	151	509	8
	25	0	1	10	20	2
Widowed	644	5	5	119	510	4
	33	0	2	13	29	2
Divorced/separated	761	4	15	119	601	22
	75	1	4	22	65	15
Never married	547	1	31	70	423	21
	74	0	8	18	69	10

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Dental Service in 2003¹

2 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$668	\$4	\$6	\$136	\$513	\$9
	18	0	1	8	16	2
Race/Ethnicity						
White non-Hispanic	685	4	3	139	532	7
	18	0	1	8	16	2
Black non-Hispanic	514	4	24	102	368	17
	83	1	8	18	84	10
Hispanic	524	7	21	100	390	7
	81	1	7	31	67	4
Other	730	6	26	168	489	42
	120	1	11	44	98	18
Income						
Less than \$5,000	717	4	24	87	534	68
	176	1	11	37	164	54
\$5,000 - \$9,999	436	3	36	37	343	17
	55	1	8	13	54	7
\$10,000 - \$14,999	556	6	11	77	453	9
	41	1	3	16	36	4
\$15,000 - \$19,999	607	4	10	113	472	8
	54	1	4	18	48	4
\$20,000 - \$24,999	615	4	1	123	481	6
	46	1	0	22	40	4
\$25,000 - \$29,999	776	5	0	141	630	1
	86	1	0	23	72	1
\$30,000 - \$39,999	648	3	0	168	471	5
	44	0	0	25	32	2
\$40,000 - \$49,999	702	4	0	160	536	1
	71	1	0	27	56	1
\$50,000 or more	810	3	0	186	609	13
	40	0	0	19	32	4

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Dental Service in 2003¹

3 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$668	\$4	\$6	\$136	\$513	\$9
	18	0	1	8	16	2
Health Status						
Excellent	607	4	1	129	467	5
	40	0	1	22	31	4
Very good	681	4	3	155	514	5
	33	0	1	15	27	2
Good	657	4	5	133	509	6
	42	0	1	14	35	2
Fair	729	4	16	119	566	25
	47	1	4	14	43	11
Poor	587	3	20	91	452	21
	57	1	7	21	48	10
Functional Limitation						
None	661	4	3	140	508	6
	20	0	1	10	17	2
IADL only ³	633	4	11	103	498	18
	49	0	3	12	45	8
One to two ADLs ⁴	710	5	9	164	525	8
	68	1	3	26	52	4
Three to five ADLs	729	3	10	125	563	27
	78	1	4	25	72	12

Table 4.16 Dental Services Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Dental Service in 2003¹

4 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$668	\$4	\$6	\$136	\$513	\$9
	18	0	1	8	16	2
Metropolitan Area Resident						
Yes	707	5	6	146	540	10
	22	0	1	8	19	3
No	500	1	5	92	397	6
	29	0	2	21	16	2

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Prescribed Medicine in 2003¹

1 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$1,803	\$68	\$276	\$657	\$590	\$212
	27	2	11	18	10	9
Medicare Status²						
Aged						
65 - 74 years	1,665	61	167	712	554	171
	36	3	12	25	12	12
75 - 84 years	1,702	86	171	628	609	207
	33	4	14	25	16	13
85 years and older	1,611	89	156	511	669	186
	41	7	19	27	20	23
Disabled						
Under 45 years	2,579	46	1,239	519	413	362
	161	19	103	88	29	78
45 - 64 years	2,576	40	817	671	682	365
	111	7	78	76	33	36
Gender						
Male	1,706	68	197	646	529	267
	38	3	12	26	12	16
Female	1,880	69	338	665	639	168
	33	3	17	23	13	12
Marital Status						
Married	1,742	69	123	776	587	188
	35	3	11	25	12	12
Widowed	1,800	76	262	588	660	215
	36	3	20	24	16	14
Divorced/separated	1,998	59	770	376	519	274
	66	8	55	28	23	34
Never married	2,065	35	883	427	409	311
	102	5	68	55	41	50

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Prescribed Medicine in 2003¹

2 of 4

Beneficiary Characteristic	Total	Source of Payment				
		Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$1,639	\$47	\$243	\$591	\$572	\$185
	23	2	12	15	8	8
Race/Ethnicity						
White non-Hispanic	1,839	62	186	733	634	224
	28	3	11	20	12	10
Black non-Hispanic	1,769	72	619	445	429	204
	69	8	47	37	17	32
Hispanic	1,479	113	537	271	431	127
	61	10	47	26	24	17
Other	1,856	92	698	448	451	168
	127	22	100	73	33	29
Income						
Less than \$5,000	1,890	47	625	479	501	238
	117	8	84	85	33	51
\$5,000 - \$9,999	2,010	54	1,212	172	356	216
	58	7	53	17	15	23
\$10,000 - \$14,999	1,696	82	301	336	637	340
	52	5	30	22	27	26
\$15,000 - \$19,999	1,718	73	137	581	649	278
	55	6	21	39	23	31
\$20,000 - \$24,999	1,802	83	28	811	680	201
	65	8	10	53	27	19
\$25,000 - \$29,999	1,824	81	24	876	675	169
	74	9	10	62	29	23
\$30,000 - \$39,999	1,726	66	12	866	605	178
	67	5	5	54	19	24
\$40,000 - \$49,999	1,858	68	3	1,037	617	134
	81	8	2	69	27	30
\$50,000 or more	1,794	52	4	1,029	613	96
	62	6	2	47	23	11

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Prescribed Medicine in 2003¹

3 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of-Pocket	Other Source
Expenditures per User	\$1,639	\$47	\$243	\$591	\$572	\$185
	23	2	12	15	8	8
Health Status						
Excellent	1,125	67	75	463	408	112
	36	5	16	26	14	14
Very good	1,435	71	104	609	515	137
	39	4	12	30	15	15
Good	1,751	76	213	655	594	213
	36	5	15	30	12	14
Fair	2,307	59	472	775	689	312
	53	5	27	37	18	28
Poor	2,917	54	874	818	816	355
	104	10	82	74	42	48
Functional Limitation						
None	1,433	72	128	577	502	155
	25	3	8	17	9	10
IADL only ³	2,167	66	411	750	685	254
	39	5	27	32	19	19
One to two ADLs ⁴	2,290	58	426	770	722	313
	66	6	42	51	38	29
Three to five ADLs	2,654	67	732	772	744	339
	121	10	72	86	33	41

Table 4.17 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries per User, by Source of Payment, and by Demographic, Socioeconomic, and Health Characteristics, 2003Community-Only Residents with at Least One Prescribed Medicine in 2003¹

4 of 4

Beneficiary Characteristic	Source of Payment					
	Total	Medicare	Medicaid	Private Insurance	Out-of- Pocket	Other Source
Expenditures per User	\$1,639	\$47	\$243	\$591	\$572	\$185
	23	2	12	15	8	8
Metropolitan Area Resident						
Yes	1,800	85	260	677	572	205
	30	3	13	22	12	11
No	1,821	14	329	592	652	234
	58	1	24	33	19	21

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Medicare beneficiaries with end-stage renal disease (ESRD) are included within the subgroups of *aged* and *disabled*.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.

3.5

**WHAT IS THE MEDICARE
POPULATION'S ACCESS TO CARE
AND HOW SATISFIED
ARE THEY WITH THEIR CARE?**

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2003Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,668	5,718	18,436	11,955	3,560	3,055	8,471	5,038	1,224	17,788	2,663	9,965	6,916	2,336	21,880
	142	108	150	122	77	90	107	87	44	140	78	124	100	66	144
Beneficiaries as a Percentage of Column Total															
Access to Care															
Usual Source of Care															
None ³	4.55	5.52	5.09	3.55	3.58*	6.51	6.83	3.14*	3.39*	5.49	4.40*	3.61	3.85	3.69*	3.79
	0.23	0.60	0.33	0.35	0.50	0.79	0.58	0.40	0.77	0.35	0.85	0.45	0.50	0.62	0.30
Doctor's office	76.67	70.58	76.59	78.61	80.35	63.77	72.93	76.92	80.66	73.03	78.33	79.71	79.84	80.19	79.63
	0.72	1.47	0.94	0.83	1.22	1.98	1.27	1.15	1.67	0.90	1.80	1.05	1.02	1.64	0.78
Doctor's clinic	9.12	11.56	9.48	8.08	6.81	12.97	9.34	7.52	6.16*	9.22	9.96	9.60	8.49	7.15	9.03
	0.63	1.00	0.71	0.80	1.00	1.51	0.87	1.09	1.20	0.73	1.14	0.85	0.81	1.15	0.67
HMO ⁴	4.19	2.65	4.46	4.58	3.99	3.07*	4.43	4.69	3.14*	4.18	2.18*	4.49	4.50	4.43*	4.20
	0.23	0.57	0.41	0.39	0.57	0.94	0.63	0.51	0.82	0.31	0.50	0.52	0.49	0.74	0.30
Hospital OPD/ER ⁵	1.99	3.73	1.83	1.58	1.36*	4.69	1.66*	1.48*	1.21*	2.10	2.63*	1.98*	1.66*	1.44*	1.90
	0.18	0.54	0.29	0.23	0.33	0.82	0.35	0.33	0.49	0.26	0.64	0.37	0.32	0.40	0.22
Other clinic/health center	3.48	5.96	2.54	3.60	3.91	8.99	4.82	6.25	5.43*	5.98	2.52*	0.61*	1.67*	3.11*	1.44
	0.23	0.71	0.26	0.41	0.55	1.14	0.52	0.70	1.05	0.40	0.75	0.14	0.40	0.59	0.19
Difficulty Obtaining Care															
Yes	4.13	14.85	2.53	2.28	1.52*	13.65	2.36*	2.13*	2.31*	4.21	16.20	2.67	2.39*	1.10*	4.07
	0.21	0.97	0.24	0.27	0.34	1.35	0.34	0.41	0.68	0.31	1.56	0.35	0.32	0.32	0.28
No	95.87	85.15	97.47	97.72	98.48	86.35	97.64	97.87	97.69	95.79	83.80	97.33	97.61	98.90	95.93
	0.21	0.97	0.24	0.27	0.34	1.35	0.34	0.41	0.68	0.31	1.56	0.35	0.32	0.32	0.28
Delayed Care Due to Cost															
Yes	7.92	23.40	6.57	4.18	2.68*	20.68	4.91	3.01*	3.73*	6.98	26.49	7.99	5.04	2.13*	8.69
	0.31	1.49	0.31	0.32	0.39	1.72	0.43	0.43	0.70	0.38	2.14	0.54	0.44	0.42	0.43
No	92.08	76.60	93.43	95.82	97.32	79.32	95.09	96.99	96.27	93.02	73.51	92.01	94.96	97.87	91.31
	0.31	1.49	0.31	0.32	0.39	1.72	0.43	0.43	0.70	0.38	2.14	0.54	0.44	0.42	0.43

Table 5.1 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2003Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total	All Medicare Beneficiaries				Male					Female				
		< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,668	5,718	18,436	11,955	3,560	3,055	8,471	5,038	1,224	17,788	2,663	9,965	6,916	2,336	21,880
	<i>142</i>	<i>108</i>	<i>150</i>	<i>122</i>	<i>77</i>	<i>90</i>	<i>107</i>	<i>87</i>	<i>44</i>	<i>140</i>	<i>78</i>	<i>124</i>	<i>100</i>	<i>66</i>	<i>144</i>
Beneficiaries as a Percentage of Column Total															
Continuity of Care															
Length of Association with Usual Source of Care															
No usual source ³	4.58	5.57	5.12	3.57	3.64*	6.58	6.88	3.16*	3.41*	5.53	4.43*	3.63	3.87	3.75*	3.81
	<i>0.23</i>	<i>0.61</i>	<i>0.33</i>	<i>0.35</i>	<i>0.51</i>	<i>0.80</i>	<i>0.59</i>	<i>0.40</i>	<i>0.78</i>	<i>0.35</i>	<i>0.85</i>	<i>0.45</i>	<i>0.50</i>	<i>0.63</i>	<i>0.30</i>
Less than 1 year	8.48	10.50	7.93	8.17	9.15	10.47	7.43	7.62	6.60*	7.94	10.53	8.35	8.57	10.51	8.91
	<i>0.29</i>	<i>0.82</i>	<i>0.41</i>	<i>0.47</i>	<i>0.80</i>	<i>1.10</i>	<i>0.67</i>	<i>0.73</i>	<i>1.01</i>	<i>0.44</i>	<i>1.10</i>	<i>0.60</i>	<i>0.63</i>	<i>1.10</i>	<i>0.36</i>
1 to less than 3 years	18.63	21.72	18.27	17.86	18.13	21.38	17.39	17.71	16.90	18.13	22.12	19.01	17.97	18.79	19.04
	<i>0.44</i>	<i>1.39</i>	<i>0.72</i>	<i>0.61</i>	<i>1.18</i>	<i>1.75</i>	<i>0.98</i>	<i>0.90</i>	<i>1.86</i>	<i>0.60</i>	<i>1.73</i>	<i>0.90</i>	<i>0.86</i>	<i>1.32</i>	<i>0.58</i>
3 to less than 5 years	16.24	20.70	16.15	14.83	14.30	20.53	15.74	13.67	12.74	15.76	20.90	16.49	15.68	15.13	16.63
	<i>0.39</i>	<i>1.36</i>	<i>0.57</i>	<i>0.62</i>	<i>1.00</i>	<i>1.88</i>	<i>0.83</i>	<i>0.78</i>	<i>1.65</i>	<i>0.60</i>	<i>1.76</i>	<i>0.79</i>	<i>0.84</i>	<i>1.15</i>	<i>0.53</i>
5 years or more	52.07	41.51	52.54	55.56	54.78	41.05	52.56	57.84	60.35	52.64	42.02	52.52	53.90	51.82	51.61
	<i>0.54</i>	<i>1.46</i>	<i>0.84</i>	<i>0.92</i>	<i>1.28</i>	<i>1.82</i>	<i>1.34</i>	<i>1.31</i>	<i>2.46</i>	<i>0.82</i>	<i>1.95</i>	<i>0.93</i>	<i>1.21</i>	<i>1.57</i>	<i>0.65</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File, CY 2003 Access to Care Public Use File, supplemented by CY 2002 and CY 2004 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2003 file.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 Responses for sample persons not interviewed in Round 37 (i.e., the 2003 Access to Care Public Use File) were taken from their Round 34 interview (i.e., the 2002 Access to Care Public Use File) or from their Round 40 interview (i.e., the 2004 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 *HMO* stands for Health Maintenance Organization.
- 5 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2003Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,668	5,718	18,436	11,955	3,560	3,055	8,471	5,038	1,224	17,788	2,663	9,965	6,916	2,336	21,880
	142	108	150	122	77	90	107	87	44	140	78	124	100	66	144
Beneficiaries as a Percentage of Column Total³															
Quality of Care															
General Care															
Very satisfied	28.69	23.59	31.68	28.12	23.32	21.04	33.86	28.23	22.52	29.29	26.50	29.83	28.04	23.73	28.21
	0.80	1.47	0.98	0.88	1.36	1.89	1.30	1.15	2.12	0.94	2.13	1.27	1.23	1.49	0.97
(Very) Unsatisfied	3.54	6.76	2.91	3.21	2.77*	6.16	2.63	3.19	2.88*	3.41	7.45	3.14	3.23	2.71*	3.65
	0.20	0.74	0.30	0.28	0.52	1.07	0.41	0.45	0.81	0.26	1.11	0.43	0.42	0.58	0.28
Follow-up Care															
Very satisfied	18.19	14.94	20.58	17.59	13.03	12.97	20.97	18.52	12.60	18.33	17.18	20.24	16.91	13.26	18.07
	0.66	1.34	0.86	0.79	1.05	1.64	1.13	1.12	1.68	0.72	1.88	1.10	0.96	1.18	0.81
(Very) Unsatisfied	2.88	5.23	2.53	2.46	2.33*	5.65	1.99*	2.21*	2.28*	2.70	4.77*	2.98	2.63	2.35*	3.02
	0.18	0.57	0.27	0.26	0.42	0.88	0.31	0.37	0.66	0.23	0.85	0.42	0.36	0.47	0.26
Access/Coordination of Care															
Availability															
Very satisfied	9.32	9.47	9.83	8.43	9.43	8.12	10.99	8.37	9.32*	9.64	11.01	8.84	8.47	9.48	9.06
	0.53	1.10	0.63	0.59	0.89	1.24	0.95	0.81	1.45	0.67	1.74	0.72	0.78	1.03	0.61
(Very) Unsatisfied	3.41	6.73	2.85	2.93	2.65*	5.83	2.26*	2.88*	3.25*	3.11	7.75	3.35	2.97	2.34*	3.66
	0.23	0.70	0.32	0.29	0.45	1.00	0.31	0.45	0.82	0.29	0.94	0.51	0.37	0.55	0.34
Ease of Access to Doctor															
Very satisfied	19.35	14.26	22.21	19.07	13.64	11.50	22.90	19.44	15.94	19.49	17.41	21.64	18.80	12.43	19.24
	0.78	1.34	0.95	0.96	1.19	1.39	1.26	1.25	2.06	0.87	2.26	0.98	1.04	1.22	0.85
(Very) Unsatisfied	5.18	10.91	3.77	4.61	5.21	8.46	3.26	3.85	5.26*	4.46	13.70	4.20	5.17	5.18*	5.77
	0.24	0.97	0.36	0.37	0.67	1.18	0.39	0.65	1.02	0.34	1.27	0.53	0.52	0.79	0.32
Can Obtain Care in Same Location															
Very satisfied	14.23	12.18	15.72	13.63	11.79	11.64	16.59	13.77	11.66	14.61	12.78	14.97	13.52	11.86	13.92
	0.67	1.22	0.82	0.78	1.07	1.49	1.00	0.95	1.66	0.69	1.79	0.98	0.93	1.26	0.78
(Very) Unsatisfied	5.12	10.08	4.65	4.05	3.18*	9.34	4.18	4.55	3.13*	5.09	10.93	5.04	3.69	3.21*	5.14
	0.30	1.06	0.42	0.40	0.50	1.41	0.56	0.58	0.72	0.39	1.18	0.53	0.46	0.60	0.33

Table 5.2 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Age and by Gender and Age, 2003Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	All Medicare Beneficiaries					Male					Female				
	Total	< 65	65 - 74	75 - 84	85 +	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,668	5,718	18,436	11,955	3,560	3,055	8,471	5,038	1,224	17,788	2,663	9,965	6,916	2,336	21,880
	<i>142</i>	<i>108</i>	<i>150</i>	<i>122</i>	<i>77</i>	<i>90</i>	<i>107</i>	<i>87</i>	<i>44</i>	<i>140</i>	<i>78</i>	<i>124</i>	<i>100</i>	<i>66</i>	<i>144</i>
Beneficiaries as a Percentage of Column Total³															
Relationship with Primary Doctor															
Information from Doctor															
Very satisfied	17.72	14.80	20.73	16.02	12.50	12.99	21.72	16.61	11.20	18.06	16.86	19.89	15.60	13.18	17.45
	<i>0.67</i>	<i>1.30</i>	<i>0.87</i>	<i>0.88</i>	<i>0.93</i>	<i>1.69</i>	<i>1.20</i>	<i>1.24</i>	<i>1.55</i>	<i>0.77</i>	<i>1.85</i>	<i>1.01</i>	<i>0.98</i>	<i>1.14</i>	<i>0.78</i>
(Very) Unsatisfied	4.56	9.16	3.39	4.32	4.10	7.27	3.18	3.69	3.41*	4.04	11.31	3.57	4.78	4.46*	4.98
	<i>0.25</i>	<i>0.91</i>	<i>0.32</i>	<i>0.35</i>	<i>0.75</i>	<i>0.91</i>	<i>0.45</i>	<i>0.46</i>	<i>0.91</i>	<i>0.33</i>	<i>1.60</i>	<i>0.38</i>	<i>0.48</i>	<i>0.86</i>	<i>0.34</i>
Doctor's Concern for Overall Health															
Very satisfied	20.07	17.54	22.03	19.47	15.86	16.50	22.21	19.38	16.23	20.02	18.73	21.87	19.54	15.67	20.10
	<i>0.71</i>	<i>1.31</i>	<i>0.91</i>	<i>0.95</i>	<i>1.16</i>	<i>1.59</i>	<i>1.14</i>	<i>1.17</i>	<i>1.92</i>	<i>0.73</i>	<i>2.06</i>	<i>1.16</i>	<i>1.15</i>	<i>1.28</i>	<i>0.90</i>
(Very) Unsatisfied	4.92	10.11	3.86	4.20	4.48	9.36	3.04	3.92	4.56*	4.47	10.97	4.56	4.41	4.44*	5.28
	<i>0.24</i>	<i>1.06</i>	<i>0.31</i>	<i>0.34</i>	<i>0.64</i>	<i>1.36</i>	<i>0.42</i>	<i>0.51</i>	<i>1.00</i>	<i>0.32</i>	<i>1.54</i>	<i>0.49</i>	<i>0.51</i>	<i>0.74</i>	<i>0.34</i>
Cost of Care															
Cost															
Very satisfied	15.38	13.15	16.61	15.58	11.88	11.33	17.82	16.63	14.22	16.13	15.23	15.58	14.81	10.65	14.77
	<i>0.57</i>	<i>1.20</i>	<i>0.75</i>	<i>0.71</i>	<i>0.95</i>	<i>1.21</i>	<i>1.02</i>	<i>1.05</i>	<i>1.74</i>	<i>0.74</i>	<i>1.92</i>	<i>0.86</i>	<i>0.85</i>	<i>1.16</i>	<i>0.64</i>
(Very) Unsatisfied	15.37	24.81	15.03	12.50	11.62	22.21	13.34	11.38	12.76	14.26	27.77	16.48	13.31	11.02	16.28
	<i>0.43</i>	<i>1.41</i>	<i>0.55</i>	<i>0.56</i>	<i>0.90</i>	<i>1.68</i>	<i>0.80</i>	<i>0.82</i>	<i>1.51</i>	<i>0.53</i>	<i>2.09</i>	<i>0.80</i>	<i>0.79</i>	<i>1.14</i>	<i>0.58</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File, CY 2003 Access to Care Public Use File, supplemented by CY 2002 and CY 2004 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2003 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.
Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 Responses for sample persons not interviewed in Round 37 (i.e., the 2003 Access to Care Public Use File) were taken from their Round 34 interview (i.e., the 2002 Access to Care Public Use File) or from their Round 40 interview (i.e., the 2004 Access to Care Public Use File).
- 3 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2003Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,668	3,673	14,394	9,864	2,916	30,847	1,080	1,594	816	268	3,757	623	1,503	852	246	3,224
	142	126	162	130	75	245	58	65	46	26	98	47	110	65	25	188
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ⁴	4.55	5.46	4.63	3.21	3.41*	4.16	5.76*	5.91*	2.48*	4.85*	5.05	4.70*	8.58*	7.46*	4.89*	7.25
	0.23	0.79	0.41	0.34	0.53	0.23	1.20	1.64	0.98	2.24	0.90	1.19	1.53	1.74	2.22	0.97
Doctor's office	76.67	75.41	78.27	80.61	82.00	79.03	60.04	74.01	75.60	78.18	70.64	66.17	63.97	61.50	62.73	63.65
	0.72	1.68	1.09	0.95	1.18	0.84	3.47	2.57	3.05	4.95	1.73	4.30	2.62	3.12	5.51	1.90
Doctor's clinic	9.12	9.86	9.66	8.68	6.71	9.09	17.46	10.02*	5.94*	5.01*	10.91	8.10*	7.91*	5.40*	8.43*	7.32
	0.63	1.14	0.91	0.95	1.10	0.78	2.85	1.74	1.41	2.34	1.14	2.50	1.99	1.25	2.68	1.37
HMO ⁵	4.19	2.20*	3.62	3.63	3.48*	3.44	1.46*	4.78*	5.95*	2.64*	3.93*	5.39*	11.79*	11.87*	12.42*	10.62
	0.23	0.68	0.40	0.35	0.53	0.26	0.61	1.56	1.48	1.49	0.82	1.77	2.15	2.38	3.84	1.44
Hospital OPD/ER ⁶	1.99	1.87*	1.42*	1.11*	1.12*	1.35	7.62*	3.20*	2.98*	4.26*	4.50	9.40*	4.57*	6.21*	0.82*	5.65
	0.18	0.49	0.31	0.18	0.33	0.19	1.82	1.03	1.05	2.06	0.79	2.12	1.29	1.86	0.81	0.83
Other clinic/health center	3.48	5.21	2.40	2.76	3.27*	2.93	7.65*	2.08*	7.05*	5.06*	4.98	6.24*	3.18*	7.56*	10.71*	5.51
	0.23	0.89	0.27	0.32	0.56	0.21	1.73	0.66	1.70	2.22	0.72	2.02	0.74	2.42	3.11	0.82
Difficulty Obtaining Care																
Yes	4.13	16.19	2.18	2.01	1.48*	3.73	11.88*	4.15*	3.47*	0.00	5.92	10.33*	3.20*	3.98*	3.53*	4.81
	0.21	1.18	0.25	0.23	0.40	0.20	2.23	1.14	1.22	0.00	0.89	1.85	0.88	1.42	0.40	0.75
No	95.87	83.81	97.82	97.99	98.52	96.27	88.12	95.85	96.53	100.00	94.08	89.67	96.80	96.02	96.47	95.19
	0.21	1.18	0.25	0.23	0.40	0.20	2.23	1.14	1.22	0.00	0.89	1.85	0.88	1.42	0.40	0.75
Delayed Care Due to Cost																
Yes	7.92	25.71	6.25	3.93	2.84*	7.50	16.44	7.11*	6.46*	2.79*	9.34	21.03*	8.49*	5.05*	0.00	9.37
	0.31	1.75	0.38	0.33	0.44	0.32	3.05	1.24	1.61	1.63	1.17	2.96	1.41	1.49	0.00	0.90
No	92.08	74.29	93.75	96.07	97.16	92.50	83.56	92.89	93.54	97.21	90.66	78.97	91.51	94.95	100.00	90.63
	0.31	1.75	0.38	0.33	0.44	0.32	3.05	1.24	1.61	1.63	1.17	2.96	1.41	1.49	0.00	0.90

Table 5.3 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2003Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,004	3,604	14,527	9,712	2,742	30,585	964	1,531	890	284	3,669	590	1,395	731	246	2,961
	<i>127</i>	<i>124</i>	<i>156</i>	<i>130</i>	<i>63</i>	<i>206</i>	<i>47</i>	<i>57</i>	<i>40</i>	<i>21</i>	<i>72</i>	<i>60</i>	<i>91</i>	<i>52</i>	<i>26</i>	<i>155</i>
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ⁴	4.58	5.52	4.65	3.23	3.45*	4.18	5.80*	5.94*	2.50*	4.89*	5.08	4.74*	8.65*	7.59*	5.07*	7.34
	<i>0.23</i>	<i>0.79</i>	<i>0.41</i>	<i>0.34</i>	<i>0.54</i>	<i>0.23</i>	<i>1.21</i>	<i>1.64</i>	<i>0.99</i>	<i>2.26</i>	<i>0.90</i>	<i>1.19</i>	<i>1.54</i>	<i>1.76</i>	<i>2.30</i>	<i>0.98</i>
Less than 1 year	8.48	9.23	7.15	7.84	8.92	7.78	11.48*	7.25*	10.29*	10.02*	9.32	12.53*	13.78*	8.52*	13.85*	12.16
	<i>0.29</i>	<i>1.03</i>	<i>0.45</i>	<i>0.48</i>	<i>0.83</i>	<i>0.31</i>	<i>2.11</i>	<i>1.54</i>	<i>1.97</i>	<i>2.87</i>	<i>0.90</i>	<i>2.65</i>	<i>1.81</i>	<i>1.73</i>	<i>3.05</i>	<i>1.12</i>
1 to less than 3 years	18.63	22.31	17.77	17.79	17.65	18.30	20.68	16.47	17.86*	16.75*	18.00	22.31*	23.92	20.73	22.63*	22.67
	<i>0.44</i>	<i>1.81</i>	<i>0.77</i>	<i>0.67</i>	<i>1.31</i>	<i>0.49</i>	<i>2.77</i>	<i>1.91</i>	<i>2.33</i>	<i>3.06</i>	<i>1.15</i>	<i>3.66</i>	<i>2.50</i>	<i>3.46</i>	<i>4.41</i>	<i>1.35</i>
3 to less than 5 years	16.24	21.44	15.94	14.24	13.71	15.84	19.24	17.42	19.60	17.71*	18.44	20.73*	16.25	16.10*	16.52*	17.11
	<i>0.39</i>	<i>1.82</i>	<i>0.65</i>	<i>0.63</i>	<i>1.02</i>	<i>0.42</i>	<i>2.41</i>	<i>1.86</i>	<i>2.86</i>	<i>3.07</i>	<i>1.11</i>	<i>3.61</i>	<i>1.96</i>	<i>2.44</i>	<i>4.29</i>	<i>1.45</i>
5 years or more	52.07	41.50	54.49	56.91	56.26	53.89	42.80	52.91	49.75	50.62	49.16	39.69	37.39	47.06	41.93*	40.73
	<i>0.54</i>	<i>1.77</i>	<i>0.95</i>	<i>0.99</i>	<i>1.44</i>	<i>0.63</i>	<i>2.88</i>	<i>2.53</i>	<i>2.69</i>	<i>4.41</i>	<i>1.40</i>	<i>4.47</i>	<i>2.21</i>	<i>3.27</i>	<i>4.68</i>	<i>1.45</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File, CY 2003 Access to Care Public Use File, supplemented by CY 2002 and CY 2004 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2003 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

1 The term *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 Responses for sample persons not interviewed in Round 37 (i.e., the 2003 Access to Care Public Use File) were taken from their Round 34 interview (i.e., the 2002 Access to Care Public Use File) or from their Round 40 interview (i.e., the 2004 Access to Care Public Use File).

3 *Total* includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.

4 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.

5 *HMO* stands for Health Maintenance Organization.

6 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2003Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,668	3,673	14,394	9,864	2,916	30,847	1,080	1,594	816	268	3,757	623	1,503	852	246	3,224
	142	126	162	130	75	245	58	65	46	26	98	47	110	65	25	188
Beneficiaries as a Percentage of Column Total⁴																
Quality of Care																
General Care																
Very satisfied	28.69	25.23	34.75	30.15	25.54	31.28	17.25	18.70	15.74*	13.01*	17.24	23.04*	20.77	19.05*	11.65*	20.06
	0.80	1.80	1.14	0.98	1.47	0.93	2.67	2.13	2.19	3.39	1.38	3.93	2.07	2.89	2.25	1.56
(Very) Unsatisfied	3.54	6.25	2.90	3.10	3.15*	3.39	5.99*	2.96*	3.29*	0.00	3.69*	8.34*	3.91*	3.91*	1.82*	4.61*
	0.20	0.80	0.35	0.31	0.62	0.24	1.70	0.95	1.12	0.00	0.68	2.23	1.46	1.27	0.32	0.74
Follow-up Care																
Very satisfied	18.19	16.69	22.18	18.39	13.80	19.53	13.60*	11.59*	13.27*	7.45*	12.24	12.29*	14.51*	14.26*	11.63*	13.79
	0.66	1.85	1.02	0.92	1.22	0.80	2.22	1.74	1.85	3.01	1.15	2.71	1.92	2.54	3.28	1.41
(Very) Unsatisfied	2.88	5.21	2.41	2.23	2.59*	2.70	3.14*	2.61*	2.59*	0.00	2.57*	3.89*	3.70*	4.97*	2.10*	3.94*
	0.18	0.71	0.30	0.28	0.48	0.19	0.95	1.06	0.94	0.00	0.53	2.00	1.25	1.46	1.50	0.66
Access/Coordination of Care																
Availability																
Very satisfied	9.32	10.68	10.77	8.62	10.04	10.00	6.66*	4.96*	6.08*	7.23*	5.85	8.29*	6.69*	8.17*	7.05*	7.41
	0.53	1.49	0.76	0.66	1.03	0.63	1.80	1.15	1.35	2.35	0.77	2.68	1.44	1.78	2.53	1.00
(Very) Unsatisfied	3.41	6.78	2.88	3.11	3.08*	3.43	5.44*	1.85*	2.71*	0.00	2.93*	6.41*	2.31*	1.55*	0.96*	2.81*
	0.23	0.94	0.36	0.31	0.52	0.25	1.39	0.56	1.01	0.00	0.54	1.67	0.86	0.79	1.01	0.54
Ease of Access to Doctor																
Very satisfied	19.35	15.69	24.47	20.13	14.48	21.10	12.66*	11.82*	12.05*	9.64*	11.96	13.03*	13.35*	13.82*	7.07*	12.93
	0.78	1.68	1.18	1.06	1.28	0.90	2.61	2.17	2.19	2.84	1.38	2.99	1.51	2.46	2.30	1.24
(Very) Unsatisfied	5.18	11.52	3.04	4.30	4.70	4.61	6.09*	5.22*	5.77*	2.72*	5.41	11.75*	9.06*	7.67*	12.08*	9.45
	0.24	1.46	0.37	0.39	0.70	0.25	1.33	1.22	1.50	1.94	0.74	2.54	1.33	2.32	3.21	1.24
Can Obtain Care in Same Location																
Very satisfied	14.23	12.60	17.21	13.98	12.45	15.18	11.15*	6.97*	10.04*	7.50*	8.88	12.50*	13.00*	11.67*	10.64*	12.37
	0.67	1.55	0.96	0.90	1.19	0.78	2.24	1.35	1.79	2.41	1.07	3.57	1.79	2.68	2.84	1.32
(Very) Unsatisfied	5.12	11.80	4.82	4.20	3.26*	5.31	5.05*	2.79*	2.13*	1.06*	3.17*	6.48*	5.45*	4.28*	5.23*	5.33
	0.30	1.42	0.50	0.45	0.56	0.34	1.25	0.80	0.87	1.04	0.60	1.20	1.03	1.56	2.10	0.71

Table 5.4 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Race/Ethnicity and Age, 2003Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total ³	White non-Hispanic					Black non-Hispanic					Hispanic				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,668	3,673	14,394	9,864	2,916	30,847	1,080	1,594	816	268	3,757	623	1,503	852	246	3,224
	<i>142</i>	<i>126</i>	<i>162</i>	<i>130</i>	<i>75</i>	<i>245</i>	<i>58</i>	<i>65</i>	<i>46</i>	<i>26</i>	<i>98</i>	<i>47</i>	<i>110</i>	<i>65</i>	<i>25</i>	<i>188</i>
Beneficiaries as a Percentage of Column Total⁴																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	17.72	16.69	22.40	16.85	13.41	19.11	11.61*	12.29*	10.63*	4.49*	11.19	13.25*	13.46*	12.82*	10.63*	13.03
	<i>0.67</i>	<i>1.67</i>	<i>1.02</i>	<i>1.01</i>	<i>1.10</i>	<i>0.79</i>	<i>2.03</i>	<i>1.70</i>	<i>1.95</i>	<i>1.89</i>	<i>1.07</i>	<i>3.22</i>	<i>1.79</i>	<i>2.64</i>	<i>2.59</i>	<i>1.24</i>
(Very) Unsatisfied	4.56	9.22	3.34	4.34	4.84	4.50	6.90*	3.46*	3.78*	0.00	4.28*	7.98*	3.13*	4.74*	1.97*	4.40*
	<i>0.25</i>	<i>1.17</i>	<i>0.38</i>	<i>0.40</i>	<i>0.87</i>	<i>0.28</i>	<i>1.84</i>	<i>1.27</i>	<i>1.17</i>	<i>0.00</i>	<i>0.78</i>	<i>1.20</i>	<i>0.94</i>	<i>1.47</i>	<i>1.41</i>	<i>0.59</i>
Doctor's Concern for Overall Health																
Very satisfied	20.07	20.36	24.21	20.50	16.77	21.87	14.17*	12.21*	12.64*	7.49*	12.54	12.51*	13.23*	15.64*	14.96*	13.85
	<i>0.71</i>	<i>1.79</i>	<i>1.11</i>	<i>1.05</i>	<i>1.32</i>	<i>0.84</i>	<i>2.49</i>	<i>1.70</i>	<i>2.07</i>	<i>2.76</i>	<i>1.11</i>	<i>2.69</i>	<i>1.74</i>	<i>2.81</i>	<i>2.74</i>	<i>1.27</i>
(Very) Unsatisfied	4.92	11.54	3.90	4.16	4.90	4.98	5.89*	3.19*	4.63*	0.63*	4.10*	6.03*	3.96*	5.21*	4.97*	4.77*
	<i>0.24</i>	<i>1.47</i>	<i>0.35</i>	<i>0.38</i>	<i>0.71</i>	<i>0.28</i>	<i>1.12</i>	<i>1.23</i>	<i>1.33</i>	<i>0.64</i>	<i>0.66</i>	<i>1.72</i>	<i>1.27</i>	<i>2.03</i>	<i>1.71</i>	<i>0.83</i>
Cost of Care																
Cost																
Very satisfied	15.38	14.06	17.75	15.89	12.51	16.22	11.66*	7.97*	10.02*	6.50*	9.37	13.08*	11.74*	13.89*	9.37*	12.38
	<i>0.57</i>	<i>1.66</i>	<i>0.86</i>	<i>0.79</i>	<i>1.06</i>	<i>0.69</i>	<i>2.12</i>	<i>1.46</i>	<i>2.18</i>	<i>2.37</i>	<i>0.85</i>	<i>3.70</i>	<i>1.55</i>	<i>2.56</i>	<i>2.67</i>	<i>1.30</i>
(Very) Unsatisfied	15.37	26.23	14.33	12.57	11.25	14.90	21.44	18.62	13.66*	12.79*	17.94	16.30*	18.32	12.97*	12.98*	16.11
	<i>0.43</i>	<i>1.68</i>	<i>0.64</i>	<i>0.61</i>	<i>0.90</i>	<i>0.46</i>	<i>2.97</i>	<i>2.19</i>	<i>2.25</i>	<i>3.70</i>	<i>1.50</i>	<i>3.22</i>	<i>1.84</i>	<i>2.24</i>	<i>3.59</i>	<i>1.31</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File, CY 2003 Access to Care Public Use File, supplemented by CY 2002 and CY 2004 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2003 file.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 Responses for sample persons not interviewed in Round 37 (i.e., the 2003 Access to Care Public Use File) were taken from their Round 34 interview (i.e., the 2002 Access to Care Public Use File) or from their Round 40 interview (i.e., the 2004 Access to Care Public Use File).
- 3 *Total* includes persons of *other race/ethnicity* and persons who did not report their race/ethnicity.
- 4 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2003Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Lives Alone						Lives with Spouse					Lives with Children/Others				
	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,668	1,403	4,291	4,394	1,734	11,822	2,295	11,701	5,755	939	20,690	1,998	2,395	1,806	887	7,086
	142	85	145	91	59	192	104	150	120	46	203	84	90	67	49	157
Beneficiaries as a Percentage of Column Total																
Access to Care																
Usual Source of Care																
None ³	4.55	7.36*	6.49	4.07	3.73*	5.29	2.64*	4.19	2.87*	2.10*	3.55	7.53	6.99*	4.48*	4.88*	6.24
	0.23	1.58	0.88	0.57	0.81	0.40	0.65	0.39	0.46	0.66	0.28	0.90	1.19	1.02	1.28	0.58
Doctor's office	76.67	62.42	75.19	79.37	80.32	75.99	76.86	78.13	79.14	81.24	78.41	69.08	71.58	75.06	79.47	72.74
	0.72	2.66	1.66	1.19	1.72	0.90	1.98	1.08	1.14	1.90	0.88	2.36	2.26	1.76	2.41	1.25
Doctor's clinic	9.12	14.77	9.00	7.67	7.89	9.03	9.83	9.66	8.31	6.83*	9.18	11.30	9.45*	8.34*	4.66*	9.09
	0.63	2.12	1.09	0.94	1.42	0.74	1.41	0.87	1.02	1.50	0.73	1.55	1.41	1.21	1.35	0.89
HMO ⁴	4.19	3.51*	4.28*	4.13	3.58*	4.03	2.36*	4.37	4.98	3.89*	4.30	2.39*	5.24*	4.39*	4.89*	4.17
	0.23	1.53	0.83	0.60	0.76	0.39	0.70	0.47	0.48	1.05	0.33	0.60	1.00	0.94	1.17	0.52
Hospital OPD/ER ⁵	1.99	5.05*	2.44*	1.26*	1.27*	2.14	3.21*	1.42*	1.22*	1.46*	1.57	3.39*	2.76*	3.52*	1.44*	2.97
	0.18	1.22	0.61	0.39	0.45	0.32	0.87	0.32	0.31	0.62	0.23	0.65	0.94	0.77	0.61	0.44
Other clinic/health center	3.48	6.89*	2.60*	3.50*	3.21*	3.53	5.09*	2.23	3.48	4.48*	3.00	6.30*	3.98*	4.21*	4.67*	4.78
	0.23	1.47	0.51	0.56	0.73	0.35	1.14	0.29	0.46	0.95	0.26	1.16	0.74	1.02	1.13	0.48
Difficulty Obtaining Care																
Yes	4.13	15.51	2.64*	2.04*	1.05*	3.70	13.86	2.14	2.22*	1.46*	3.43	15.52	4.19*	3.07*	2.50*	6.89
	0.21	2.39	0.50	0.38	0.40	0.41	1.53	0.26	0.38	0.64	0.25	1.71	0.91	0.83	0.94	0.58
No	95.87	84.49	97.36	97.96	98.95	96.30	86.14	97.86	97.78	98.54	96.57	84.48	95.81	96.93	97.50	93.11
	0.21	2.39	0.50	0.38	0.40	0.41	1.53	0.26	0.38	0.64	0.25	1.71	0.91	0.83	0.94	0.58
Delayed Care Due to Cost																
Yes	7.92	23.11	9.24	4.52	2.50*	8.14	26.31	5.02	3.44	2.94*	6.85	20.26	9.40	5.73*	2.77*	10.70
	0.31	2.48	1.00	0.51	0.56	0.52	2.25	0.44	0.39	0.73	0.40	2.29	1.25	1.00	0.89	0.88
No	92.08	76.89	90.76	95.48	97.50	91.86	73.69	94.98	96.56	97.06	93.15	79.74	90.60	94.27	97.23	89.30
	0.31	2.48	1.00	0.51	0.56	0.52	2.25	0.44	0.39	0.73	0.40	2.29	1.25	1.00	0.89	0.88

Table 5.5 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2003Community-Only Residents¹

2 of 2

	Lives Alone						Lives with Spouse					Lives with Children/Others				
Indicator of Access to Care ²	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,004	1,378	4,441	4,363	1,719	11,901	2,179	11,674	5,703	821	20,376	1,916	2,193	1,688	849	6,647
	127	82	128	94	61	208	103	145	118	43	203	84	96	64	47	165
Beneficiaries as a Percentage of Column Total																
Continuity of Care																
Length of Association with Usual Source of Care																
No usual source ³	4.58	7.51*	6.53	4.09	3.77*	5.33	2.65*	4.21	2.88*	2.11*	3.57	7.60	7.07*	4.52*	5.03*	6.32
	0.23	1.60	0.89	0.57	0.82	0.40	0.65	0.39	0.47	0.66	0.28	0.91	1.20	1.03	1.31	0.59
Less than 1 year	8.48	9.37*	8.24	7.16	10.07	8.24	10.78	7.96	8.07	8.38*	8.33	10.96	7.17*	10.97	8.16*	9.34
	0.29	1.90	0.96	0.75	1.17	0.49	1.38	0.55	0.65	1.50	0.43	1.34	1.25	1.36	1.70	0.74
1 to less than 3 years	18.63	20.62	17.46	18.74	17.21	18.27	20.91	17.15	15.99	15.90	17.19	23.43	25.21	21.72	22.41	23.47
	0.44	2.45	1.31	1.02	1.46	0.67	2.39	0.80	0.79	2.11	0.62	1.95	2.04	1.63	2.20	1.07
3 to less than 5 years	16.24	22.42	15.87	15.32	14.80	16.28	20.59	16.29	14.42	12.94	16.10	19.65	15.94	14.97	14.77	16.60
	0.39	2.89	0.99	1.10	1.36	0.60	2.27	0.76	0.86	1.78	0.58	1.83	1.73	1.53	1.88	0.93
5 years or more	52.07	40.08	51.90	54.69	54.14	51.88	45.07	54.39	58.63	60.66	54.82	38.36	44.60	47.82	49.63	44.27
	0.54	2.69	1.53	1.57	1.85	0.88	2.47	1.09	1.17	2.67	0.79	2.26	2.32	2.20	2.76	1.16

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File, CY 2003 Access to Care Public Use File, supplemented by CY 2002 and CY 2004 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2003 file.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 Responses for sample persons not interviewed in Round 37 (i.e., the 2003 Access to Care Public Use File) were taken from their Round 34 interview (i.e., the 2002 Access to Care Public Use File) or from their Round 40 interview (i.e., the 2004 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 HMO stands for Health Maintenance Organization.
- 5 OPD stands for Outpatient Department; ER stands for Emergency Room.

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2003Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total	Lives Alone					Lives with Spouse					Lives with Children/Others				
		< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total	< 65	65 - 74	75 - 84	85 +	Total
Beneficiaries (in 000s)	39,668	1,403	4,291	4,394	1,734	11,822	2,295	11,701	5,755	939	20,690	1,998	2,395	1,806	887	7,086
	142	85	145	91	59	192	104	150	120	46	203	84	90	67	49	157
Beneficiaries as a Percentage of Column Total³																
Quality of Care																
General Care																
Very satisfied	28.69	23.10	29.22	25.87	24.76	26.60	23.62	33.38	30.88	23.59	31.16	23.90	27.78	24.76	20.21	24.97
	0.80	2.47	1.72	1.30	1.86	1.07	2.23	1.22	1.23	2.02	0.96	1.89	1.78	2.06	2.05	1.07
(Very) Unsatisfied	3.54	7.81*	2.93*	3.97	3.17*	3.93	6.45*	2.67	2.60*	1.95*	3.03	6.40	4.05*	3.36*	2.86*	4.39
	0.20	1.46	0.51	0.59	0.71	0.36	0.97	0.33	0.35	0.74	0.22	1.15	0.81	0.76	0.99	0.43
Follow-up Care																
Very satisfied	18.19	12.02	18.67	15.89	14.91	16.30	18.76	22.46	18.96	12.44*	20.63	12.59	14.73	17.39	9.97*	14.21
	0.66	2.05	1.38	1.20	1.51	0.85	2.25	1.11	1.07	1.57	0.83	1.62	1.65	1.69	1.57	0.94
(Very) Unsatisfied	2.88	5.82*	3.13*	3.02*	2.87*	3.37	5.44*	2.20	2.02*	1.28*	2.47	4.59*	3.06*	2.45*	2.39*	3.25
	0.18	1.51	0.62	0.48	0.62	0.35	0.85	0.32	0.38	0.57	0.22	0.85	0.72	0.69	0.94	0.45
Access/Coordination of Care																
Availability																
Very satisfied	9.32	8.17*	8.37	7.63	8.70	8.12	10.08	10.80	8.52	9.63*	10.03	9.68	7.70*	10.11	10.63*	9.24
	0.53	1.56	0.97	0.80	1.13	0.65	1.76	0.78	0.85	1.51	0.67	1.38	1.27	1.31	1.81	0.79
(Very) Unsatisfied	3.41	6.74*	2.39*	2.89*	1.55*	2.97	8.98	3.01	3.16	3.70*	3.75	4.13*	2.86*	2.32*	3.70*	3.19
	0.23	1.08	0.60	0.44	0.51	0.34	1.21	0.41	0.41	1.21	0.33	0.95	0.62	0.62	1.23	0.43
Ease of Access to Doctor																
Very satisfied	19.35	11.57	20.25	17.27	13.73	17.16	17.18	23.46	21.39	15.25	21.81	12.79	19.66	16.06	11.74*	15.81
	0.78	1.66	1.55	1.27	1.70	0.95	1.99	1.16	1.24	1.87	0.91	1.89	1.79	1.61	1.83	1.15
(Very) Unsatisfied	5.18	13.77	4.42*	6.22	5.32*	6.32	9.05	3.08	3.12	4.12*	3.80	11.05	6.00*	5.48*	6.15*	7.31
	0.24	1.85	0.69	0.66	0.98	0.48	1.51	0.42	0.48	1.06	0.28	1.28	1.14	1.05	1.29	0.66
Can Obtain Care in Same Location																
Very satisfied	14.23	12.43	15.91	12.00	12.34	13.52	11.97	15.95	14.32	12.43*	14.89	12.24	14.25	15.38	10.03*	13.44
	0.67	2.49	1.14	1.06	1.64	0.77	1.83	1.03	0.97	1.64	0.85	1.64	1.60	1.76	1.85	0.99
(Very) Unsatisfied	5.12	10.26*	4.31*	3.25*	2.96*	4.42	11.34	4.60	4.70	3.93*	5.35	8.52	5.46*	3.96*	2.82*	5.61
	0.30	1.56	0.68	0.48	0.67	0.38	1.79	0.52	0.62	0.95	0.44	1.34	1.00	0.79	0.99	0.59

Table 5.6 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Living Arrangement and Age, 2003Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total	Lives Alone				Total	Lives with Spouse				Total	Lives with Children/Others				Total
		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +		< 65	65 - 74	75 - 84	85 +	
Beneficiaries (in 000s)	39,668	1,403	4,291	4,394	1,734	11,822	2,295	11,701	5,755	939	20,690	1,998	2,395	1,806	887	7,086
	<i>142</i>	<i>85</i>	<i>145</i>	<i>91</i>	<i>59</i>	<i>192</i>	<i>104</i>	<i>150</i>	<i>120</i>	<i>46</i>	<i>203</i>	<i>84</i>	<i>90</i>	<i>67</i>	<i>49</i>	<i>157</i>
Beneficiaries as a Percentage of Column Total³																
Relationship with Primary Doctor																
Information from Doctor																
Very satisfied	17.72	12.15	17.42	14.65	13.73	15.22	18.20	22.63	16.91	11.77*	20.06	12.74	17.38	16.57	10.84*	15.06
	<i>0.67</i>	<i>1.85</i>	<i>1.34</i>	<i>1.15</i>	<i>1.47</i>	<i>0.93</i>	<i>2.13</i>	<i>1.16</i>	<i>1.11</i>	<i>1.54</i>	<i>0.82</i>	<i>1.69</i>	<i>1.55</i>	<i>1.77</i>	<i>1.68</i>	<i>0.91</i>
(Very) Unsatisfied	4.56	8.03*	3.34*	5.29	4.59*	4.80	8.56	3.33	3.63	3.05*	3.98	10.63	3.75*	4.13*	4.24*	5.84
	<i>0.25</i>	<i>1.57</i>	<i>0.56</i>	<i>0.66</i>	<i>0.98</i>	<i>0.43</i>	<i>1.25</i>	<i>0.39</i>	<i>0.47</i>	<i>1.07</i>	<i>0.28</i>	<i>1.48</i>	<i>0.75</i>	<i>0.88</i>	<i>1.49</i>	<i>0.56</i>
Doctor's Concern for Overall Health																
Very satisfied	20.07	16.38	19.98	18.28	16.35	18.40	20.89	23.91	20.59	15.99	22.30	14.45	16.50	18.80	14.77*	16.29
	<i>0.71</i>	<i>2.49</i>	<i>1.53</i>	<i>1.41</i>	<i>1.75</i>	<i>1.05</i>	<i>2.08</i>	<i>1.10</i>	<i>1.11</i>	<i>1.77</i>	<i>0.86</i>	<i>1.85</i>	<i>1.67</i>	<i>1.77</i>	<i>2.09</i>	<i>0.92</i>
(Very) Unsatisfied	4.92	10.29*	4.20*	5.06	4.60*	5.30	11.39	3.61	3.58	4.57*	4.51	8.49	4.49*	4.10*	4.14*	5.47
	<i>0.24</i>	<i>1.99</i>	<i>0.67</i>	<i>0.64</i>	<i>0.86</i>	<i>0.41</i>	<i>1.52</i>	<i>0.41</i>	<i>0.47</i>	<i>1.16</i>	<i>0.31</i>	<i>1.07</i>	<i>0.95</i>	<i>0.86</i>	<i>1.39</i>	<i>0.55</i>
Cost of Care																
Cost																
Very satisfied	15.38	15.20	15.38	13.63	12.13	14.24	10.33	17.83	16.59	14.01	16.48	14.98	12.82	17.09	9.12*	14.06
	<i>0.57</i>	<i>2.21</i>	<i>1.15</i>	<i>0.98</i>	<i>1.42</i>	<i>0.72</i>	<i>1.61</i>	<i>1.05</i>	<i>0.95</i>	<i>1.74</i>	<i>0.82</i>	<i>1.73</i>	<i>1.35</i>	<i>1.94</i>	<i>1.59</i>	<i>0.93</i>
(Very) Unsatisfied	15.37	21.25	16.26	11.05	11.42	14.21	30.40	13.51	13.62	12.77*	15.39	20.86	20.32	12.42	10.79*	17.27
	<i>0.43</i>	<i>2.57</i>	<i>1.20</i>	<i>0.78</i>	<i>1.21</i>	<i>0.72</i>	<i>2.31</i>	<i>0.69</i>	<i>0.97</i>	<i>1.73</i>	<i>0.53</i>	<i>1.98</i>	<i>1.81</i>	<i>1.58</i>	<i>1.75</i>	<i>1.05</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File, CY 2003 Access to Care Public Use File, supplemented by CY 2002 and CY 2004 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2003 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables.
Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 Responses for sample persons not interviewed in Round 37 (i.e., the 2003 Access to Care Public Use File) were taken from their Round 34 interview (i.e., the 2002 Access to Care Public Use File) or from their Round 40 interview (i.e., the 2004 Access to Care Public Use File).
- 3 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2003Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	39,668	16,143	22,908	12,830	10,856	2,771	1,983
	142	232	214	217	176	110	96
Beneficiaries as a Percentage of Column Total							
Access to Care							
Usual Source of Care							
None ⁶	4.55	6.16	5.14	6.40	3.49	3.74*	4.25*
	0.23	0.42	0.32	0.50	0.37	0.66	0.97
Doctor's office	76.67	75.97	76.42	75.69	77.33	74.40	74.88
	0.72	0.89	0.89	0.97	0.91	1.65	2.01
Doctor's clinic	9.12	9.33	9.05	9.31	8.95	7.17	6.92*
	0.63	0.81	0.77	0.85	0.68	0.88	1.02
HMO ⁷	4.19	4.40	4.67	4.70	3.06	4.41*	3.77*
	0.23	0.47	0.35	0.50	0.34	0.64	0.72
Hospital OPD/ER ⁸	1.99	1.45	1.73	1.29*	2.28	3.03*	3.12*
	0.18	0.28	0.24	0.28	0.28	0.53	0.80
Other clinic/health center	3.48	2.69	2.99	2.60	4.89	7.25	7.07*
	0.23	0.28	0.24	0.29	0.42	0.86	1.03
Difficulty Obtaining Care							
Yes	4.13	1.65	2.13	1.40	9.37	12.23	15.78
	0.21	0.21	0.21	0.21	0.59	1.37	1.82
No	95.87	98.35	97.87	98.60	90.63	87.77	84.22
	0.21	0.21	0.21	0.21	0.59	1.37	1.82
Delayed Care Due to Cost							
Yes	7.92	4.10	4.86	3.24	15.16	16.03	17.94
	0.31	0.30	0.32	0.35	0.87	1.49	1.81
No	92.08	95.90	95.14	96.76	84.84	83.97	82.06
	0.31	0.30	0.32	0.35	0.87	1.49	1.81

Table 5.7 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2003Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	39,668	16,143	22,908	12,830	10,856	2,771	1,983
	<i>142</i>	<i>232</i>	<i>214</i>	<i>217</i>	<i>176</i>	<i>110</i>	<i>96</i>
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ⁶	4.58	6.20	5.17	6.44	3.52	3.79*	4.29*
	<i>0.23</i>	<i>0.42</i>	<i>0.32</i>	<i>0.51</i>	<i>0.37</i>	<i>0.67</i>	<i>0.98</i>
Less than 1 year	8.48	8.00	8.20	7.87	9.62	10.14	10.17
	<i>0.29</i>	<i>0.41</i>	<i>0.38</i>	<i>0.49</i>	<i>0.61</i>	<i>1.09</i>	<i>1.27</i>
1 to less than 3 years	18.63	16.97	17.06	16.31	21.95	22.20	23.93
	<i>0.44</i>	<i>0.65</i>	<i>0.55</i>	<i>0.69</i>	<i>0.70</i>	<i>1.36</i>	<i>1.71</i>
3 to less than 5 years	16.24	15.11	15.92	15.22	17.74	15.91	15.95
	<i>0.39</i>	<i>0.57</i>	<i>0.51</i>	<i>0.64</i>	<i>0.75</i>	<i>1.40</i>	<i>1.80</i>
5 years or more	52.07	53.73	53.65	54.16	47.18	47.96	45.66
	<i>0.54</i>	<i>0.79</i>	<i>0.77</i>	<i>0.89</i>	<i>0.99</i>	<i>1.66</i>	<i>2.17</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File, CY 2003 Access to Care Public Use File, supplemented by CY 2002 and CY 2004 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2003 file.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 Responses for sample persons not interviewed in Round 37 (i.e., the 2003 Access to Care Public Use File) were taken from their Round 34 interview (i.e., the 2002 Access to Care Public Use File) or from their Round 40 interview (i.e., the 2004 Access to Care Public Use File).
- 3 *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 *ADL* stands for Activity of Daily Living.
- 6 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 7 *HMO* stands for Health Maintenance Organization.
- 8 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2003Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	39,668	16,143	22,908	12,830	10,856	2,771	1,983
	142	232	214	217	176	110	96
Beneficiaries as a Percentage of Column Total⁶							
Quality of Care							
General Care							
Very satisfied	28.69	36.99	30.82	37.04	20.73	22.97	22.04
	0.80	1.11	0.97	1.23	0.95	1.73	2.28
(Very) Unsatisfied	3.54	2.06	2.29	1.56	6.28	6.07	6.51*
	0.20	0.20	0.20	0.21	0.47	0.84	1.08
Follow-up Care							
Very satisfied	18.19	22.70	19.44	23.02	12.73	15.04	13.62
	0.66	0.89	0.79	1.01	0.91	1.63	1.74
(Very) Unsatisfied	2.88	1.58	1.78	1.15*	5.75	6.82	8.15*
	0.18	0.21	0.19	0.18	0.43	0.94	1.20
Access/Coordination of Care							
Availability							
Very satisfied	9.32	10.30	8.96	9.99	8.87	11.10	11.66
	0.53	0.63	0.63	0.72	0.79	1.40	1.70
(Very) Unsatisfied	3.41	2.05	2.21	1.86	5.99	7.26	8.11
	0.23	0.23	0.24	0.26	0.49	0.88	1.16
Ease of Access to Doctor							
Very satisfied	19.35	25.43	21.63	25.89	13.03	13.41	12.70
	0.78	1.04	0.89	1.12	0.90	1.55	1.64
(Very) Unsatisfied	5.18	2.75	2.98	2.01	9.62	14.11	16.11
	0.24	0.32	0.24	0.32	0.66	1.35	1.75
Can Obtain Care in Same Location							
Very satisfied	14.23	18.31	15.20	18.41	9.77	10.69	10.89
	0.67	0.88	0.79	0.95	0.79	1.32	1.64
(Very) Unsatisfied	5.12	3.50	3.77	3.30	8.75	11.23	13.58
	0.30	0.36	0.32	0.43	0.70	1.21	1.55

Table 5.8 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Health Status, 2003Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total ³	Indicators of Good Health ³			Indicators of Poor Health ³		
		Excellent/Very Good Health	No Functional Limitations ⁴	Both Indicators	Fair/Poor Health	Three to Five ADLs ⁵	Both Indicators
Beneficiaries (in 000s)	39,668	16,143	22,908	12,830	10,856	2,771	1,983
	<i>142</i>	<i>232</i>	<i>214</i>	<i>217</i>	<i>176</i>	<i>110</i>	<i>96</i>
Beneficiaries as a Percentage of Column Total⁶							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	17.72	23.41	19.52	23.80	11.86	13.61	12.96
	<i>0.67</i>	<i>0.90</i>	<i>0.83</i>	<i>1.02</i>	<i>0.82</i>	<i>1.34</i>	<i>1.61</i>
(Very) Unsatisfied	4.56	2.38	2.57	1.88	8.67	10.88	12.71
	<i>0.25</i>	<i>0.28</i>	<i>0.24</i>	<i>0.26</i>	<i>0.62</i>	<i>1.01</i>	<i>1.37</i>
Doctor's Concern for Overall Health							
Very satisfied	20.07	25.38	21.43	25.53	14.32	16.42	14.54
	<i>0.71</i>	<i>0.96</i>	<i>0.87</i>	<i>1.08</i>	<i>0.90</i>	<i>1.55</i>	<i>1.78</i>
(Very) Unsatisfied	4.92	2.65	3.15	2.16	8.97	10.18	12.03
	<i>0.24</i>	<i>0.26</i>	<i>0.24</i>	<i>0.27</i>	<i>0.66</i>	<i>1.20</i>	<i>1.53</i>
Cost of Care							
Cost							
Very satisfied	15.38	19.61	16.20	19.64	11.02	12.49	11.18
	<i>0.57</i>	<i>0.81</i>	<i>0.70</i>	<i>0.96</i>	<i>0.74</i>	<i>1.20</i>	<i>1.41</i>
(Very) Unsatisfied	15.37	10.44	11.76	9.47	22.56	23.99	27.49
	<i>0.43</i>	<i>0.41</i>	<i>0.42</i>	<i>0.44</i>	<i>0.87</i>	<i>1.58</i>	<i>2.08</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File, CY 2003 Access to Care Public Use File, supplemented by CY 2002 and CY 2004 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2003 file.

Notes: Standard errors are shaded and italic. See Appendix A for additional information on standard errors. See Appendix B for definitions of terms and variables. Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 Responses for sample persons not interviewed in Round 37 (i.e., the 2003 Access to Care Public Use File) were taken from their Round 34 interview (i.e., the 2002 Access to Care Public Use File) or from their Round 40 interview (i.e., the 2004 Access to Care Public Use File).
- 3 *Indicators of good health* and *indicators of poor health* do not contain mutually exclusive categories. Therefore, beneficiary counts sum to more than the total number of Medicare beneficiaries.
- 4 *No functional limitations* means that the beneficiary did not report limitations in any instrumental activities of daily living (IADLs) or activities of daily living (ADLs). See Appendix B for definitions of IADL and ADL.
- 5 *ADL* stands for Activity of Daily Living.
- 6 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2003Community-Only Residents¹

1 of 2

Indicator of Access to Care ²	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,668	3,928	6,521	8,351	13,767	2,150	4,951
	<i>142</i>	<i>159</i>	<i>155</i>	<i>196</i>	<i>221</i>	<i>104</i>	<i>134</i>
Beneficiaries as a Percentage of Column Total							
Access to Care							
Usual Source of Care							
None ³	4.55	11.28	6.00	4.71	3.23	3.14*	1.32*
	<i>0.23</i>	<i>1.03</i>	<i>0.76</i>	<i>0.43</i>	<i>0.31</i>	<i>1.05</i>	<i>0.30</i>
Doctor's office	76.67	64.29	71.69	81.88	81.85	84.08	66.61
	<i>0.72</i>	<i>1.76</i>	<i>1.22</i>	<i>1.57</i>	<i>0.87</i>	<i>1.80</i>	<i>1.68</i>
Doctor's clinic	9.12	9.21	11.20	10.63	8.46	7.87*	6.14
	<i>0.63</i>	<i>1.02</i>	<i>0.89</i>	<i>1.67</i>	<i>0.68</i>	<i>1.16</i>	<i>0.70</i>
HMO ⁴	4.19	0.37*	2.46	0.00	2.25	0.14*	23.73
	<i>0.23</i>	<i>0.27</i>	<i>0.36</i>	<i>0.00</i>	<i>0.35</i>	<i>0.15</i>	<i>1.58</i>
Hospital OPD/ER ⁵	1.99	1.94*	4.54	0.83*	1.81	2.41*	0.94*
	<i>0.18</i>	<i>0.53</i>	<i>0.54</i>	<i>0.23</i>	<i>0.35</i>	<i>0.63</i>	<i>0.31</i>
Other clinic/health center	3.48	12.91	4.11	1.95	2.39	2.35*	1.25*
	<i>0.23</i>	<i>1.27</i>	<i>0.55</i>	<i>0.30</i>	<i>0.26</i>	<i>0.70</i>	<i>0.34</i>
Difficulty Obtaining Care							
Yes	4.13	9.31	9.03	1.60*	2.42	0.96*	4.02
	<i>0.21</i>	<i>1.10</i>	<i>0.71</i>	<i>0.30</i>	<i>0.29</i>	<i>0.44</i>	<i>0.47</i>
No	95.87	90.69	90.97	98.40	97.58	99.04	95.98
	<i>0.21</i>	<i>1.10</i>	<i>0.71</i>	<i>0.30</i>	<i>0.29</i>	<i>0.44</i>	<i>0.47</i>
Delayed Care Due to Cost							
Yes	7.92	23.04	12.80	4.42	5.20	4.20*	4.67
	<i>0.31</i>	<i>1.60</i>	<i>0.88</i>	<i>0.45</i>	<i>0.40</i>	<i>0.81</i>	<i>0.48</i>
No	92.08	76.96	87.20	95.58	94.80	95.80	95.33
	<i>0.31</i>	<i>1.60</i>	<i>0.88</i>	<i>0.45</i>	<i>0.40</i>	<i>0.81</i>	<i>0.48</i>

Table 5.9 Indicators of Access to Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2003Community-Only Residents¹

2 of 2

Indicator of Access to Care ²	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,668	3,928	6,521	8,351	13,767	2,150	4,951
	<i>142</i>	<i>159</i>	<i>155</i>	<i>196</i>	<i>221</i>	<i>104</i>	<i>134</i>
Beneficiaries as a Percentage of Column Total							
Continuity of Care							
Length of Association with Usual Source of Care							
No usual source ³	4.58	11.41	6.08	4.75	3.25	3.15*	1.33*
	<i>0.23</i>	<i>1.03</i>	<i>0.77</i>	<i>0.43</i>	<i>0.32</i>	<i>1.05</i>	<i>0.30</i>
Less than 1 year	8.48	8.09	11.87	7.04	7.03	7.46*	11.29
	<i>0.29</i>	<i>0.88</i>	<i>0.79</i>	<i>0.56</i>	<i>0.47</i>	<i>1.28</i>	<i>1.06</i>
1 to less than 3 years	18.63	20.11	23.81	15.35	16.14	19.65	22.73
	<i>0.44</i>	<i>1.34</i>	<i>1.03</i>	<i>0.92</i>	<i>0.76</i>	<i>1.95</i>	<i>1.04</i>
3 to less than 5 years	16.24	18.45	18.24	15.51	15.75	10.22	17.09
	<i>0.39</i>	<i>1.48</i>	<i>1.03</i>	<i>0.72</i>	<i>0.75</i>	<i>1.39</i>	<i>1.02</i>
5 years or more	52.07	41.94	40.00	57.35	57.83	59.51	47.56
	<i>0.54</i>	<i>1.79</i>	<i>1.15</i>	<i>1.25</i>	<i>0.99</i>	<i>2.49</i>	<i>1.15</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File, CY 2003 Access to Care Public Use File, supplemented by CY 2002 and CY 2004 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2003 file.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 Responses for sample persons not interviewed in Round 37 (i.e., the 2003 Access to Care Public Use File) were taken from their Round 34 interview (i.e., the 2002 Access to Care Public Use File) or from their Round 40 interview (i.e., the 2004 Access to Care Public Use File).
- 3 The percentage of responses for *none* under *usual source of care* differs from the percentage of responses for *no usual source* under *length of association with usual source of care* because of differences in the number of missing responses for the two variables. See the entry *missing values* in Appendix B for further explanation.
- 4 *HMO* stands for Health Maintenance Organization.
- 5 *OPD* stands for Outpatient Department; *ER* stands for Emergency Room.

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2003Community-Only Residents¹

1 of 2

Measure of Satisfaction ²	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ³
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,668	3,928	6,521	8,351	13,767	2,150	4,951
	142	159	155	196	221	104	134
Beneficiaries as a Percentage of Column Total⁴							
Quality of Care							
General Care							
Very satisfied	28.69	20.62	21.13	29.19	32.24	37.67	30.40
	0.80	1.71	1.20	1.46	1.02	1.88	1.49
(Very) Unsatisfied	3.54	5.22	5.14	3.09	2.67	1.35*	4.28
	0.20	0.79	0.59	0.47	0.27	0.59	0.62
Follow-up Care							
Very satisfied	18.19	11.30	13.03	18.03	22.20	23.25	17.30
	0.66	1.23	0.96	1.18	0.91	1.67	1.20
(Very) Unsatisfied	2.88	3.86*	3.97	2.01*	2.64	1.46*	3.39*
	0.18	0.52	0.53	0.29	0.31	0.53	0.50
Access/Coordination of Care							
Availability							
Very satisfied	9.32	7.04	8.76	8.93	10.71	9.94	8.38
	0.53	0.95	0.94	0.83	0.66	1.32	0.80
(Very) Unsatisfied	3.41	3.85*	4.16	3.41	3.20	3.62*	2.59*
	0.23	0.60	0.56	0.50	0.34	1.01	0.53
Ease of Access to Doctor							
Very satisfied	19.35	13.44	12.14	20.91	22.17	25.45	20.39
	0.78	1.46	1.08	1.40	1.02	2.09	1.03
(Very) Unsatisfied	5.18	7.50	10.04	3.48	3.95	4.17*	3.71
	0.24	1.03	1.03	0.40	0.31	1.06	0.56
Can Obtain Care in Same Location							
Very satisfied	14.23	9.20	11.47	13.79	15.98	16.00	16.89
	0.67	1.10	0.99	1.28	0.89	1.40	1.19
(Very) Unsatisfied	5.12	5.36	6.90	4.11	5.17	4.41*	4.44
	0.30	0.82	0.96	0.43	0.53	1.07	0.70

Table 5.10 Measures of Satisfaction with Care for Noninstitutionalized Medicare Beneficiaries, by Insurance Coverage, 2003Community-Only Residents¹

2 of 2

Measure of Satisfaction ²	Total	Medicare Fee-for-Service Only	Supplemental Health Insurance				Medicare HMO ³
			Medicaid	Individually-Purchased Private Insurance	Employer-Sponsored Private Insurance	Both Types of Private Insurance	
Beneficiaries (in 000s)	39,668	3,928	6,521	8,351	13,767	2,150	4,951
	<i>142</i>	<i>159</i>	<i>155</i>	<i>196</i>	<i>221</i>	<i>104</i>	<i>134</i>
Beneficiaries as a Percentage of Column Total⁴							
Relationship with Primary Doctor							
Information from Doctor							
Very satisfied	17.72	11.64	12.49	16.71	21.41	23.23	18.41
	<i>0.67</i>	<i>1.19</i>	<i>1.00</i>	<i>1.25</i>	<i>0.93</i>	<i>1.56</i>	<i>1.01</i>
(Very) Unsatisfied	4.56	6.26	6.62	3.53	3.99	1.46*	5.17
	<i>0.25</i>	<i>0.82</i>	<i>0.63</i>	<i>0.46</i>	<i>0.35</i>	<i>0.55</i>	<i>0.63</i>
Doctor's Concern for Overall Health							
Very satisfied	20.07	14.02	13.24	20.51	23.68	25.10	20.74
	<i>0.71</i>	<i>1.36</i>	<i>1.09</i>	<i>1.42</i>	<i>0.95</i>	<i>1.85</i>	<i>1.33</i>
(Very) Unsatisfied	4.92	5.50	7.33	3.61	4.25	2.98*	6.21
	<i>0.24</i>	<i>0.82</i>	<i>0.72</i>	<i>0.46</i>	<i>0.40</i>	<i>0.75</i>	<i>0.63</i>
Cost of Care							
Cost							
Very satisfied	15.38	6.57	16.14	14.43	18.12	18.80	13.82
	<i>0.57</i>	<i>0.81</i>	<i>0.99</i>	<i>1.15</i>	<i>0.80</i>	<i>1.78</i>	<i>0.95</i>
(Very) Unsatisfied	15.37	29.68	13.24	15.36	12.39	11.14	17.02
	<i>0.43</i>	<i>1.80</i>	<i>0.90</i>	<i>0.78</i>	<i>0.65</i>	<i>1.62</i>	<i>1.15</i>

Source: Medicare Current Beneficiary Survey, CY 2003 Cost and Use Public Use File, CY 2003 Access to Care Public Use File, supplemented by CY 2002 and CY 2004 Access to Care Public Use Files as needed to fill in missing data for sample persons not in the CY 2003 file.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *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 Responses for sample persons not interviewed in Round 37 (i.e., the 2003 Access to Care Public Use File) were taken from their Round 34 interview (i.e., the 2002 Access to Care Public Use File) or from their Round 40 interview (i.e., the 2004 Access to Care Public Use File).
- 3 HMO stands for Health Maintenance Organization.
- 4 Column percentages do not sum to 100 percent because the responses of *satisfied* and *no experience* are excluded from the table for all satisfaction variables.

3.6

WHAT HAS CHANGED SINCE 1992?

Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2003

All Medicare Beneficiaries

1 of 3

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
All Beneficiaries (in 000s)	36,785	41,808	42,274	1.29	1.11	1.26
	<i>62</i>	<i>117</i>	<i>124</i>			
Beneficiaries as a Percentage of Column Total						
Medicare Status						
65 years and older	90.00	85.89	85.61	-0.47	-0.33	-0.45
	<i>0.10</i>	<i>0.27</i>	<i>0.22</i>			
64 years and younger	10.00	14.11	14.39	3.50	1.98	3.33
	<i>0.10</i>	<i>0.27</i>	<i>0.22</i>			
Gender						
Male	42.92	43.93	44.02	0.23	0.20	0.23
	<i>0.25</i>	<i>0.27</i>	<i>0.30</i>			
Female	57.08	56.07	55.98	-0.18	-0.16	-0.17
	<i>0.25</i>	<i>0.27</i>	<i>0.30</i>			
Race/Ethnicity						
White non-Hispanic	84.21	79.18	78.42	-0.61	-0.96	-0.64
	<i>0.55</i>	<i>0.44</i>	<i>0.55</i>			
All others	15.79	20.82	21.58	2.80	3.65	2.85
	<i>0.55</i>	<i>0.44</i>	<i>0.55</i>			
Functional Limitation						
None	52.13	53.08	54.69	0.18	3.03	0.43
	<i>0.62</i>	<i>0.53</i>	<i>0.51</i>			
IADL only ¹	21.96	22.21	21.72	0.11	-2.21	-0.10
	<i>0.41</i>	<i>0.47</i>	<i>0.36</i>			
One to two ADLs ²	14.51	13.80	13.27	-0.50	-3.84	-0.80
	<i>0.35</i>	<i>0.36</i>	<i>0.33</i>			
Three to five ADLs	11.40	10.91	10.32	-0.44	-5.41	-0.89
	<i>0.33</i>	<i>0.30</i>	<i>0.27</i>			

Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2003

All Medicare Beneficiaries

2 of 3

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
All Beneficiaries (in 000s)	36,785	41,808	42,274	1.29	1.11	1.26
	<i>62</i>	<i>117</i>	<i>124</i>			
Beneficiaries as a Percentage of Column Total						
Usual Source of Care						
No usual source of care	9.55	4.80	4.55	-6.65	-5.21	-6.45
	<i>0.35</i>	<i>0.24</i>	<i>0.23</i>			
Has usual source of care	90.45	95.20	95.45	0.51	0.26	0.49
	<i>0.35</i>	<i>0.24</i>	<i>0.23</i>			
Living Arrangement						
Community						
Alone	27.00	29.40	28.85	0.86	-1.87	0.60
	<i>0.36</i>	<i>0.48</i>	<i>0.43</i>			
With spouse	51.17	49.28	49.40	-0.38	0.24	-0.32
	<i>0.39</i>	<i>0.49</i>	<i>0.48</i>			
With children/others	16.74	16.46	17.21	-0.17	4.56	0.25
	<i>0.36</i>	<i>0.38</i>	<i>0.37</i>			
Long-Term Care Facility	5.09	4.87	4.55	-0.44	-6.57	-1.00
	<i>0.18</i>	<i>0.17</i>	<i>0.15</i>			
Health Insurance						
Medicare fee-for-service only	11.88	9.44	9.88	-2.27	4.66	-1.65
	<i>0.37</i>	<i>0.31</i>	<i>0.38</i>			
Medicaid	16.27	19.13	19.29	1.63	0.84	1.54
	<i>0.45</i>	<i>0.39</i>	<i>0.42</i>			
Private health insurance	65.82	58.42	58.82	-1.19	0.68	-1.01
	<i>0.59</i>	<i>0.62</i>	<i>0.58</i>			
Medicare HMO ³	6.03	13.01	12.01	7.99	-7.69	6.40
	<i>0.30</i>	<i>0.36</i>	<i>0.30</i>			

Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2003

All Medicare Beneficiaries

3 of 3

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
All Beneficiaries (in 000s)	36,785	41,808	42,274	1.29	1.11	1.26
	<i>62</i>	<i>117</i>	<i>124</i>			
Beneficiaries as a Percentage of Column Total						
Share of Income						
Lowest income quartile	6.66	6.47	6.88	-0.29	6.34	0.29
	<i>0.22</i>	<i>0.19</i>	<i>0.16</i>			
Second income quartile	13.29	13.90	14.53	0.45	4.53	0.81
	<i>0.41</i>	<i>0.44</i>	<i>0.37</i>			
Third income quartile	24.47	21.93	25.88	-1.09	18.01	0.51
	<i>0.66</i>	<i>0.71</i>	<i>0.59</i>			
Highest income quartile	55.58	57.69	52.70	0.37	-8.65	-0.48
	<i>1.05</i>	<i>1.22</i>	<i>0.83</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files, and Access to Care Public Use Files: CY 1992, CY 2002, and CY 2003.

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

- 1 *IADL* stands for Instrumental Activity of Daily Living.
- 2 *ADL* stands for Activity of Daily Living.
- 3 *HMO* stands for Health Maintenance Organization.

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2003
(Total Expenditures in millions of nominal dollars)

All Medicare Beneficiaries

1 of 3

Medical Service	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Medical Services						
All beneficiaries	\$247,037	\$500,298	\$521,292	7.31	4.20	6.95
	4,091	8,667	10,729			
Beneficiaries 65 years and older	213,755	419,324	437,044	6.97	4.23	6.65
	3,608	7,542	7,360			
Beneficiaries 64 years and younger	33,282	80,975	84,248	9.30	4.04	8.72
	2,029	3,856	6,040			
Inpatient Hospital Services						
All beneficiaries	81,061	136,159	141,085	5.32	3.62	5.11
	2,145	5,089	6,438			
Beneficiaries 65 years and older	71,036	114,422	116,415	4.88	1.74	4.55
	2,045	3,923	3,980			
Beneficiaries 64 years and younger	10,025	21,737	24,670	8.05	13.49	8.44
	788	2,534	4,593			
Outpatient Hospital Services						
All beneficiaries	19,294	45,363	47,541	8.93	4.80	8.45
	623	1,235	1,618			
Beneficiaries 65 years and older	15,756	35,586	38,116	8.49	7.11	8.28
	534	1,108	1,493			
Beneficiaries 64 years and younger	3,538	9,777	9,424	10.70	-3.61	9.22
	286	828	647			
Physician/Supplier Services						
All beneficiaries	57,367	126,142	136,841	8.20	8.48	8.14
	1,022	2,580	2,620			
Beneficiaries 65 years and older	51,593	108,068	116,446	7.67	7.75	7.60
	1,010	2,306	2,189			
Beneficiaries 64 years and younger	5,774	18,074	20,395	12.09	12.84	12.03
	286	988	1,310			

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2003
(Total Expenditures in millions of nominal dollars)

All Medicare Beneficiaries

2 of 3

Medical Service	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Dental Services						
All beneficiaries	\$4,882	\$10,117	\$11,720	7.56	15.84	8.20
	152	310	341			
Beneficiaries 65 years and older	4,469	9,073	10,469	7.34	15.39	7.96
	138	291	330			
Beneficiaries 64 years and younger	413	1,044	1,251	9.72	19.83	10.49
	51	112	162			
Prescription Medicines						
All beneficiaries	16,231	59,469	67,014	13.87	12.69	13.61
	231	827	1,076			
Beneficiaries 65 years and older	13,934	47,029	53,287	12.94	13.31	12.83
	229	643	877			
Beneficiaries 64 years and younger	2,297	12,440	13,727	18.40	10.35	17.46
	102	622	572			
Medicare Hospice Services						
All beneficiaries	868	4,541	6,019	17.99	32.55	19.04
	137	532	682			
Beneficiaries 65 years and older	831	4,476	5,784	18.34	29.22	19.08
	135	530	656			
Beneficiaries 64 years and younger	37	65	235	5.80	261.54	18.10
	23	37	115			
Medicare Home Health Services						
All beneficiaries	9,189	13,631	14,881	4.02	9.17	4.43
	638	957	1,068			
Beneficiaries 65 years and older	8,540	12,485	13,633	3.87	9.20	4.30
	611	905	1,024			
Beneficiaries 64 years and younger	649	1,146	1,249	5.85	8.99	6.07
	108	172	191			

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2003
(Total Expenditures in millions of nominal dollars)

All Medicare Beneficiaries

3 of 3

Medical Service	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Long-Term Facility Care¹						
All beneficiaries	\$58,146	\$104,878	\$96,191	6.08	-8.28	4.63
	<i>2,909</i>	<i>3,687</i>	<i>2,723</i>			
Beneficiaries 65 years and older	47,596	88,185	82,894	6.36	-6.00	5.12
	<i>1,916</i>	<i>2,939</i>	<i>2,633</i>			
Beneficiaries 64 years and younger	10,550	16,693	13,298	4.70	-20.34	2.11
	<i>1,634</i>	<i>1,935</i>	<i>1,316</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2002, and CY 2003.

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

- ¹ Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims data. See Appendix B for additional information.

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2003

All Medicare Beneficiaries

1 of 6

Medical Service	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$500,298	\$521,292	7.31	4.20	6.95
	<i>4,091</i>	<i>8,667</i>	<i>10,729</i>			
Source of Payment (percent)						
Medicare	53.28	52.65	53.73	-0.12	2.05	0.08
	<i>0.83</i>	<i>0.62</i>	<i>0.68</i>			
Medicaid	13.99	11.35	10.71	-2.07	-5.64	-2.38
	<i>0.81</i>	<i>0.49</i>	<i>0.42</i>			
Private insurance	9.88	13.33	12.84	3.04	-3.68	2.39
	<i>0.38</i>	<i>0.55</i>	<i>0.29</i>			
Out of pocket	19.73	18.58	19.06	-0.60	2.58	-0.31
	<i>0.41</i>	<i>0.36</i>	<i>0.59</i>			
Other source	3.11	4.09	3.66	2.78	-10.51	1.48
	<i>0.26</i>	<i>0.36</i>	<i>0.22</i>			
Total Inpatient Hospital Expenditures (millions of \$)	\$81,061	\$136,159	\$141,085	5.32	3.62	5.11
	<i>2,145</i>	<i>5,089</i>	<i>6,438</i>			
Percentage of Total Health Care Expenditures	32.81	27.22	27.06	-1.85	-0.59	-1.72
	<i>0.66</i>	<i>0.67</i>	<i>0.78</i>			
Source of Payment (percent)						
Medicare	87.08	86.78	86.22	-0.03	-0.65	-0.09
	<i>0.85</i>	<i>1.32</i>	<i>1.72</i>			
Medicaid	1.44	1.17	1.19	-2.05	1.71	-1.70
	<i>0.10</i>	<i>0.07</i>	<i>0.08</i>			
Private insurance	7.47	8.15	6.46	0.88	-20.74	-1.30
	<i>0.79</i>	<i>1.41</i>	<i>0.44</i>			
Out of pocket	1.93	2.81	4.87	3.83	73.31	8.69
	<i>0.23</i>	<i>0.29</i>	<i>1.79</i>			
Other source	2.07	1.10	1.26	-6.13	14.55	-4.37
	<i>0.30</i>	<i>0.21</i>	<i>0.29</i>			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2003

All Medicare Beneficiaries

2 of 6

Medical Service	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$500,298	\$521,292	7.31	4.20	6.95
	4,091	8,667	10,729			
Total Outpatient Hospital Expenditures (millions of \$)	\$19,294	\$45,363	\$47,541	8.93	4.80	8.45
	623	1,235	1,618			
Percentage of Total Health Care Expenditures	7.81	9.07	9.12	1.51	0.55	1.41
	0.22	0.23	0.31			
Source of Payment (percent)						
Medicare	62.05	62.77	65.47	0.12	4.30	0.48
	0.77	1.06	1.10			
Medicaid	3.90	2.53	2.71	-4.24	7.11	-3.22
	0.28	0.20	0.22			
Private insurance	20.29	21.90	19.18	0.77	-12.42	-0.51
	0.69	1.10	0.84			
Out of pocket	9.63	9.93	10.39	0.31	4.63	0.69
	0.40	0.70	0.80			
Other source	4.13	2.86	2.24	-3.61	-21.68	-5.36
	0.41	0.38	0.25			
Total Physician/Supplier Services Expenditures (millions of \$)	\$57,367	\$126,142	\$136,841	8.20	8.48	8.14
	1,022	2,580	2,620			
Percentage of Total Health Care Expenditures	23.22	25.21	26.25	0.83	4.13	1.11
	0.39	0.45	0.39			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2003

All Medicare Beneficiaries

3 of 6

Medical Service	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$500,298	\$521,292	7.31	4.20	6.95
	4,091	8,667	10,729			
Source of Payment (percent)						
Medicare	63.44	65.09	65.41	0.26	0.49	0.28
	0.40	0.97	0.73			
Medicaid	2.86	2.52	2.49	-1.26	-1.19	-1.24
	0.15	0.16	0.15			
Private insurance	14.87	15.68	13.90	0.53	-11.35	-0.61
	0.35	1.17	0.33			
Out of pocket	17.79	15.70	16.93	-1.24	7.83	-0.44
	0.32	0.44	0.66			
Other source	1.05	1.01	1.28	-0.39	26.73	1.80
	0.11	0.09	0.34			
Total Dental Services Expenditures (millions of \$)	\$4,882	\$10,117	\$11,720	7.56	15.84	8.20
	152	310	341			
Percentage of Total Health Care Expenditures	1.98	2.02	2.25	0.20	11.39	1.16
	0.07	0.07	0.08			
Source of Payment (percent)						
Medicare	0.11	0.81	1.37	22.10	69.14	25.48
	0.03	0.06	0.07			
Medicaid	2.18	1.22	0.90	-5.64	-26.23	-7.65
	0.24	0.25	0.14			
Private insurance	11.87	17.84	20.11	4.16	12.72	4.86
	0.64	0.85	0.97			
Out of pocket	82.92	78.05	76.27	-0.60	-2.28	-0.75
	0.82	0.94	1.02			
Other source	2.92	2.08	1.35	-3.34	-35.10	-6.71
	0.49	0.41	0.32			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2003

All Medicare Beneficiaries

4 of 6

Medical Service	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$500,298	\$521,292	7.31	4.20	6.95
	4,091	8,667	10,729			
Total Prescription Medicine Expenditures (millions of \$)	\$16,231	\$59,469	\$67,014	13.87	12.69	13.61
	231	827	1,076			
Percentage of Total Health Care Expenditures	6.57	11.89	12.86	6.11	8.16	6.23
	0.13	0.22	0.25			
Source of Payment (percent)						
Medicare	0.32	3.27	4.26	26.17	30.28	26.24
	0.06	0.13	0.15			
Medicaid	10.25	14.80	15.29	3.74	3.31	3.66
	0.39	0.65	0.60			
Private insurance	25.45	35.87	36.13	3.49	0.72	3.20
	0.69	0.70	0.66			
Out of pocket	57.48	34.78	32.58	-4.90	-6.33	-4.98
	0.71	0.55	0.52			
Other source	6.51	11.27	11.74	5.64	4.17	5.45
	0.44	0.45	0.45			
Total Hospice Services Expenditures (millions of \$)	\$868	\$4,541	\$6,019	17.99	32.55	19.04
	137	532	682			
Percentage of Total Health Care Expenditures	0.35	0.91	1.15	10.03	26.37	11.30
	0.06	0.10	0.13			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2003

All Medicare Beneficiaries

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Medical Service	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$500,298	\$521,292	7.31	4.20	6.95
	4,091	8,667	10,729			
Source of Payment (percent)						
Medicare	99.98	100.00	100.00	0.00	0.00	0.00
	0.02	0.00	0.00			
Medicaid	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00			
Private insurance	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00			
Out of pocket	0.02	0.00	0.00	-100.00	0.00	-100.00
	0.02	0.00	0.00			
Other source	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00			
Total Home Health Services Expenditures (millions of \$)	\$9,189	\$13,631	\$14,881	4.02	9.17	4.43
	638	957	1,068			
Percentage of Total Health Care Expenditures	3.72	2.72	2.85	-3.08	4.78	-2.37
	0.24	0.18	0.18			
Source of Payment (percent)						
Medicare	89.94	84.48	84.96	-0.62	0.57	-0.51
	1.90	4.79	5.79			
Medicaid	0.96	1.95	1.60	7.34	-17.95	4.70
	0.32	0.70	0.56			
Private insurance	1.19	4.41	4.49	14.00	1.81	12.69
	0.67	3.62	3.92			
Out of pocket	5.82	7.77	7.98	2.93	2.70	2.88
	1.49	1.80	2.44			
Other source	2.08	1.39	0.97	-3.95	-30.22	-6.64
	1.15	0.46	0.32			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2003

All Medicare Beneficiaries

6 of 6

Medical Service	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$500,298	\$521,292	7.31	4.20	6.95
	<i>4,091</i>	<i>8,667</i>	<i>10,729</i>			
Total Long-Term Facility Care¹ Expenditures (millions of \$)	\$58,146	\$104,878	\$96,191	6.08	-8.28	4.63
	<i>2,909</i>	<i>3,687</i>	<i>2,723</i>			
Percentage of Total Health Care Expenditures	23.54	22.49	20.96	-1.15	-11.98	-2.17
	<i>1.02</i>	<i>0.70</i>	<i>0.66</i>			
Source of Payment (percent)						
Medicare	6.00	15.82	16.78	10.18	6.07	9.70
	<i>0.47</i>	<i>0.84</i>	<i>0.79</i>			
Medicaid	50.14	39.72	40.41	-2.30	1.74	-1.92
	<i>2.02</i>	<i>1.60</i>	<i>1.49</i>			
Private insurance	1.87	2.03	2.54	0.82	25.12	2.79
	<i>0.30</i>	<i>0.28</i>	<i>0.29</i>			
Out of pocket	36.46	33.55	33.71	-0.83	0.48	-0.70
	<i>1.73</i>	<i>1.35</i>	<i>1.34</i>			
Other source	5.53	8.87	6.56	4.84	-26.04	1.55
	<i>0.90</i>	<i>1.56</i>	<i>0.73</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2002, and CY 2003.

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

- 1 Expenditures for long-term care in facilities include facility room and board expenses for beneficiaries who resided in a facility for the full year; facility room and board expenses for beneficiaries who resided in a facility for part of the year and in the community for part of the year; and expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, for full-year or part-year community residents, which were reported during a community interview or created through Medicare claims data. See Appendix B for additional information.

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2003

All Medicare Beneficiaries

1 of 3

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Personal Health Care Expenditures (millions of \$)	\$247,037	\$500,298	\$521,292	7.31	4.20	6.95
	<i>4.091</i>	<i>8.667</i>	<i>10.729</i>			
Percentage of Personal Health Care Expenditures¹						
Medicare Status						
65 years and older	86.53	83.81	83.84	-0.32	0.04	-0.28
	<i>0.74</i>	<i>0.68</i>	<i>0.94</i>			
64 years and younger	13.47	16.19	16.16	1.86	-0.19	1.65
	<i>0.74</i>	<i>0.68</i>	<i>0.94</i>			
Race/Ethnicity						
White non-Hispanic	84.51	78.77	78.12	-0.70	-0.83	-0.71
	<i>0.87</i>	<i>0.98</i>	<i>0.89</i>			
All others	15.49	21.23	21.88	3.20	3.06	3.16
	<i>0.87</i>	<i>0.98</i>	<i>0.89</i>			
Living Arrangement						
Community						
Alone	22.18	25.03	26.03	1.22	4.00	1.45
	<i>0.69</i>	<i>0.79</i>	<i>0.78</i>			
With spouse	38.02	39.74	39.55	0.44	-0.48	0.36
	<i>0.98</i>	<i>0.92</i>	<i>0.99</i>			
With children/others	16.45	15.75	16.90	-0.43	7.30	0.24
	<i>0.90</i>	<i>0.63</i>	<i>0.92</i>			
Long-Term Care Facility						
	23.35	19.49	17.51	-1.79	-10.16	-2.56
	<i>1.06</i>	<i>0.87</i>	<i>0.65</i>			

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2003

All Medicare Beneficiaries

2 of 3

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Personal Health Care Expenditures (millions of \$)	\$247,037	\$500,298	\$521,292	7.31	4.20	6.95
	<i>4.091</i>	<i>8.667</i>	<i>10.729</i>			
Percentage of Personal Health Care Expenditures¹						
Functional Limitation						
None	25.85	30.43	32.66	1.64	7.33	2.13
	<i>0.85</i>	<i>0.85</i>	<i>0.96</i>			
IADL only ²	20.09	22.87	21.80	1.30	-4.68	0.74
	<i>0.87</i>	<i>0.92</i>	<i>0.67</i>			
One to two ADLs ³	20.23	17.96	17.95	-1.18	-0.06	-1.07
	<i>0.79</i>	<i>0.70</i>	<i>0.72</i>			
Three to five ADLs	33.83	28.74	27.59	-1.62	-4.00	-1.82
	<i>0.99</i>	<i>0.89</i>	<i>0.87</i>			
Health Insurance⁴						
Medicare fee-for-service only	9.15	7.30	8.05	-2.23	10.27	-1.15
	<i>0.57</i>	<i>0.57</i>	<i>0.91</i>			
Medicaid	33.83	31.47	31.71	-0.72	0.76	-0.58
	<i>1.21</i>	<i>0.83</i>	<i>1.22</i>			
Private health insurance	51.81	51.49	50.89	-0.06	-1.17	-0.16
	<i>1.24</i>	<i>1.00</i>	<i>1.03</i>			

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2003

All Medicare Beneficiaries

3 of 3

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Personal Health Care Expenditures (millions of \$)	\$247,037	\$500,298	\$521,292	7.31	4.20	6.95
	<i>4,091</i>	<i>8,667</i>	<i>10,729</i>			
Percentage of Personal Health Care Expenditures¹						
Income						
Lowest income quartile	32.60	31.57	31.16	-0.32	-1.30	-0.41
	<i>0.98</i>	<i>1.02</i>	<i>1.03</i>			
Second income quartile	26.57	25.26	25.29	-0.50	0.12	-0.44
	<i>0.85</i>	<i>0.75</i>	<i>0.89</i>			
Third income quartile	22.47	21.74	24.72	-0.33	13.71	0.86
	<i>0.75</i>	<i>0.71</i>	<i>1.04</i>			
Highest income quartile	18.36	21.43	18.83	1.56	-12.13	0.23
	<i>0.81</i>	<i>0.78</i>	<i>0.66</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2002, and CY 2003.

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

- 1 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 2 IADL stands for Instrumental Activity of Daily Living.
- 3 ADL stands for Activity of Daily Living.
- 4 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Inpatient Hospital Expenditures (millions of \$)	\$72,063	\$116,613	\$118,576	4.93	1.68	4.58
	<i>2,095</i>	<i>4,455</i>	<i>5,272</i>			
Percentage of Total Inpatient Hospital Expenditures²						
Medicare Status						
65 years and older	86.92	83.63	83.53	-0.39	-0.12	-0.36
	<i>1.01</i>	<i>1.76</i>	<i>2.61</i>			
64 years and younger	13.08	16.37	16.47	2.27	0.61	2.10
	<i>1.01</i>	<i>1.76</i>	<i>2.61</i>			
Race/Ethnicity						
White non-Hispanic	82.19	76.71	74.76	-0.69	-2.54	-0.85
	<i>1.59</i>	<i>1.70</i>	<i>1.87</i>			
All others	17.81	23.29	25.24	2.72	8.37	3.19
	<i>1.59</i>	<i>1.70</i>	<i>1.87</i>			
Functional Limitation						
None	30.60	35.51	39.17	1.50	10.31	2.25
	<i>1.43</i>	<i>1.65</i>	<i>2.45</i>			
IADL only ³	26.22	30.76	26.83	1.61	-12.78	0.21
	<i>1.59</i>	<i>2.04</i>	<i>1.60</i>			
One to two ADLs ⁴	23.33	20.50	17.75	-1.28	-13.41	-2.43
	<i>1.49</i>	<i>1.40</i>	<i>1.33</i>			
Three to five ADLs	19.84	13.23	16.25	-3.97	22.83	-1.78
	<i>1.39</i>	<i>1.07</i>	<i>1.49</i>			

Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Inpatient Hospital Expenditures (millions of \$)	\$72,063 <i>2,095</i>	\$116,613 <i>4,455</i>	\$118,576 <i>5,272</i>	4.93	1.68	4.58
Percentage of Total Inpatient Hospital Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	9.26 <i>0.96</i>	7.91 <i>1.00</i>	10.79 <i>2.77</i>	-1.56	36.41	1.39
Medicaid	19.67 <i>1.58</i>	20.96 <i>1.26</i>	23.39 <i>1.92</i>	0.64	11.59	1.57
Private health insurance	62.81 <i>1.89</i>	58.44 <i>1.72</i>	55.76 <i>2.13</i>	-0.72	-4.59	-1.07
Income						
Lowest income quartile	26.54 <i>1.52</i>	29.53 <i>1.97</i>	27.14 <i>1.70</i>	1.07	-8.09	0.20
Second income quartile	29.87 <i>1.59</i>	23.74 <i>1.47</i>	26.20 <i>1.98</i>	-2.27	10.36	-1.17
Third income quartile	22.35 <i>1.37</i>	25.47 <i>1.46</i>	27.41 <i>2.68</i>	1.32	7.62	1.85
Highest income quartile	21.24 <i>1.63</i>	21.27 <i>1.85</i>	19.24 <i>1.33</i>	0.01	-9.54	-0.89

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2002, and CY 2003.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 IADL stands for Instrumental Activity of Daily Living.
- 4 ADL stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Outpatient Hospital Expenditures (millions of \$)	\$17,324	\$41,361	\$44,096	9.09	6.61	8.77
	628	1,226	1,529			
Percentage of Total Outpatient Hospital Expenditures²						
Medicare Status						
65 years and older	81.80	77.74	79.68	-0.51	2.50	-0.24
	1.32	1.78	1.37			
64 years and younger	18.20	22.26	20.32	2.03	-8.72	1.00
	1.32	1.78	1.37			
Race/Ethnicity						
White non-Hispanic	79.39	74.78	73.35	-0.60	-1.91	-0.71
	1.86	1.79	1.76			
All others	20.61	25.22	26.65	2.04	5.67	2.34
	1.86	1.79	1.76			
Functional Limitation						
None	41.71	45.93	46.79	0.97	1.87	1.04
	1.86	1.64	1.95			
IADL only ³	27.74	27.69	28.34	-0.02	2.35	0.19
	1.72	1.56	1.83			
One to two ADLs ⁴	19.30	18.09	14.75	-0.65	-18.46	-2.39
	1.48	1.44	1.04			
Three to five ADLs	11.25	8.29	10.12	-3.01	22.07	-0.95
	1.22	0.91	1.13			

Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Outpatient Hospital Expenditures (millions of \$)	\$17,324	\$41,361	\$44,096	9.09	6.61	8.77
	<i>628</i>	<i>1,226</i>	<i>1,529</i>			
Percentage of Total Outpatient Hospital Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	9.06	6.98	7.16	-2.57	2.58	-2.10
	<i>0.83</i>	<i>0.86</i>	<i>0.66</i>			
Medicaid	19.50	18.45	22.17	-0.55	20.16	1.16
	<i>1.76</i>	<i>1.61</i>	<i>1.50</i>			
Private health insurance	64.90	63.02	60.42	-0.29	-4.13	-0.64
	<i>1.95</i>	<i>1.71</i>	<i>1.52</i>			
Income						
Lowest income quartile	24.72	26.02	27.23	0.51	4.65	0.87
	<i>1.63</i>	<i>1.61</i>	<i>1.45</i>			
Second income quartile	27.59	24.93	23.33	-1.01	-6.42	-1.50
	<i>1.86</i>	<i>1.41</i>	<i>1.30</i>			
Third income quartile	24.83	24.73	26.43	-0.04	6.87	0.56
	<i>1.55</i>	<i>1.46</i>	<i>1.57</i>			
Highest income quartile	22.86	24.31	23.01	0.62	-5.35	0.06
	<i>1.31</i>	<i>1.47</i>	<i>1.55</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2002, and CY 2003.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Physician/Supplier Expenditures (millions of \$)	\$52,350	\$115,757	\$126,285	8.26	9.09	8.25
	<i>1,018</i>	<i>2,589</i>	<i>2,551</i>			
Percentage of Total Physician/Supplier Services Expenditures²						
Medicare Status						
65 years and older	89.68	85.42	85.08	-0.49	-0.40	-0.47
	<i>0.53</i>	<i>0.77</i>	<i>0.88</i>			
64 years and younger	10.32	14.58	14.92	3.52	2.33	3.37
	<i>0.53</i>	<i>0.77</i>	<i>0.88</i>			
Race/Ethnicity						
White non-Hispanic	83.90	78.23	77.84	-0.70	-0.50	-0.67
	<i>0.86</i>	<i>1.47</i>	<i>1.01</i>			
All others	16.10	21.77	22.16	3.06	1.79	2.92
	<i>0.86</i>	<i>1.47</i>	<i>1.01</i>			
Functional Limitation						
None	40.49	42.76	43.10	0.55	0.80	0.56
	<i>1.15</i>	<i>1.30</i>	<i>1.10</i>			
IADL only ³	26.19	28.79	27.28	0.95	-5.24	0.37
	<i>1.05</i>	<i>1.37</i>	<i>0.97</i>			
One to two ADLs ⁴	19.31	17.41	17.33	-1.03	-0.46	-0.97
	<i>0.94</i>	<i>0.88</i>	<i>0.94</i>			
Three to five ADLs	14.01	11.05	12.29	-2.35	11.22	-1.17
	<i>0.87</i>	<i>0.58</i>	<i>0.72</i>			

Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Physician/Supplier Expenditures (millions of \$)	\$52,350	\$115,757	\$126,285	8.26	9.09	8.25
	<i>1.018</i>	<i>2.589</i>	<i>2.551</i>			
Percentage of Total Physician/Supplier Services Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	6.90	5.64	6.61	-2.00	17.20	-0.39
	<i>0.41</i>	<i>0.44</i>	<i>0.75</i>			
Medicaid	15.66	17.47	18.98	1.10	8.64	1.75
	<i>0.85</i>	<i>0.76</i>	<i>0.83</i>			
Private health insurance	71.57	63.97	62.60	-1.12	-2.14	-1.20
	<i>1.01</i>	<i>1.02</i>	<i>0.92</i>			
Income						
Lowest income quartile	22.57	25.10	24.82	1.07	-1.12	0.86
	<i>0.91</i>	<i>1.53</i>	<i>0.80</i>			
Second income quartile	27.53	24.20	24.91	-1.28	2.93	-0.90
	<i>0.96</i>	<i>0.82</i>	<i>0.87</i>			
Third income quartile	24.59	26.32	26.31	0.68	-0.04	0.61
	<i>0.84</i>	<i>1.08</i>	<i>1.12</i>			
Highest income quartile	25.31	24.39	23.96	-0.37	-1.76	-0.49
	<i>0.99</i>	<i>0.95</i>	<i>0.87</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2002, and CY 2003.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Prescription Medicine Expenditures (millions of \$)	\$16,070	\$58,655	\$66,127	13.82	12.74	13.58
	<i>228</i>	<i>828</i>	<i>1,066</i>			
Percentage of Total Prescription Medicine Expenditures²						
Medicare Status						
65 years and older	85.74	78.95	79.40	-0.82	0.57	-0.69
	<i>0.62</i>	<i>0.89</i>	<i>0.72</i>			
64 years and younger	14.26	21.05	20.60	3.97	-2.14	3.37
	<i>0.62</i>	<i>0.89</i>	<i>0.72</i>			
Race/Ethnicity						
White non-Hispanic	86.25	80.59	79.94	-0.68	-0.81	-0.68
	<i>0.58</i>	<i>0.69</i>	<i>0.76</i>			
All others	13.75	19.41	20.06	3.51	3.35	3.46
	<i>0.58</i>	<i>0.69</i>	<i>0.76</i>			
Functional Limitation						
None	41.04	44.97	45.06	0.92	0.20	0.84
	<i>0.93</i>	<i>0.87</i>	<i>0.70</i>			
IADL only ³	28.19	28.45	27.75	0.09	-2.46	-0.14
	<i>0.74</i>	<i>0.86</i>	<i>0.63</i>			
One to two ADLs ⁴	18.76	16.83	16.62	-1.08	-1.25	-1.08
	<i>0.66</i>	<i>0.71</i>	<i>0.61</i>			
Three to five ADLs	12.01	9.74	10.57	-2.07	8.52	-1.14
	<i>0.61</i>	<i>0.61</i>	<i>0.59</i>			

Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Prescription Medicine Expenditures (millions of \$)	\$16,070	\$58,655	\$66,127	13.82	12.74	13.58
	<i>228</i>	<i>828</i>	<i>1,066</i>			
Percentage of Total Prescription Medicine Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	8.62	5.42	6.69	-4.53	23.43	-2.26
	<i>0.46</i>	<i>0.37</i>	<i>0.45</i>			
Medicaid	14.75	20.75	20.50	3.47	-1.20	3.01
	<i>0.59</i>	<i>0.76</i>	<i>0.63</i>			
Private health insurance	72.75	64.65	63.20	-1.17	-2.24	-1.26
	<i>0.73</i>	<i>0.86</i>	<i>0.72</i>			
Income						
Lowest income quartile	23.47	26.53	26.28	1.23	-0.94	1.02
	<i>0.73</i>	<i>0.79</i>	<i>0.71</i>			
Second income quartile	25.64	23.70	23.11	-0.78	-2.49	-0.93
	<i>0.75</i>	<i>0.68</i>	<i>0.66</i>			
Third income quartile	26.64	25.91	26.68	-0.28	2.97	0.01
	<i>0.80</i>	<i>0.78</i>	<i>0.72</i>			
Highest income quartile	24.25	23.86	23.93	-0.16	0.29	-0.12
	<i>0.78</i>	<i>0.69</i>	<i>0.71</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2002, and CY 2003.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.9 Long-Term Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Long-Term Care Facility Residents¹

1 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Long-Term Facility Care Expenditures (millions of \$)	\$56,280	\$96,297	\$86,787	5.52	-9.88	3.98
	<i>2,903</i>	<i>3,762</i>	<i>2,812</i>			
Percentage of Total Long-Term Facility Care Expenditures²						
Medicare Status						
65 years and older	81.65	83.07	85.57	0.17	3.01	0.42
	<i>2.22</i>	<i>1.71</i>	<i>1.43</i>			
64 years and younger	18.35	16.93	14.43	-0.80	-14.77	-2.14
	<i>2.22</i>	<i>1.71</i>	<i>1.43</i>			
Race/Ethnicity						
White non-Hispanic	89.45	82.76	81.46	-0.77	-1.57	-0.84
	<i>1.28</i>	<i>1.52</i>	<i>1.34</i>			
All others	10.55	17.24	18.54	5.03	7.54	5.21
	<i>1.28</i>	<i>1.52</i>	<i>1.34</i>			
Functional Limitation						
None	2.52*	4.00	4.09	4.73	2.25	4.45
	<i>0.67</i>	<i>0.68</i>	<i>0.72</i>			
IADL only ³	7.05	6.85	5.73	-0.29	-16.35	-1.85
	<i>1.28</i>	<i>1.53</i>	<i>0.77</i>			
One to two ADLs ⁴	17.89	15.60	19.97	-1.36	28.01	0.99
	<i>1.48</i>	<i>1.32</i>	<i>1.34</i>			
Three to five ADLs	72.54	73.55	70.21	0.14	-4.54	-0.29
	<i>1.97</i>	<i>1.86</i>	<i>1.47</i>			

Table 6.9 Long-Term Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Long-Term Care Facility Residents¹

2 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Total Long-Term Facility Care Expenditures (millions of \$)	\$56,280	\$96,297	\$86,787	5.52	-9.88	3.98
	<i>2,903</i>	<i>3,762</i>	<i>2,812</i>			
Percentage of Total Long-Term Facility Care Expenditures²						
Health Insurance⁵						
Medicare fee-for-service only	11.44	9.92	8.54	-1.42	-13.91	-2.60
	<i>1.27</i>	<i>1.55</i>	<i>1.17</i>			
Medicaid	73.26	66.24	66.70	-1.00	0.69	-0.84
	<i>1.95</i>	<i>1.96</i>	<i>2.22</i>			
Private health insurance	14.55	21.03	20.94	3.75	-0.43	3.33
	<i>1.39</i>	<i>1.55</i>	<i>1.85</i>			
Income						
Lowest income quartile	56.09	49.66	52.77	-1.21	6.26	-0.55
	<i>1.96</i>	<i>2.07</i>	<i>1.95</i>			
Second income quartile	23.17	26.54	24.79	1.37	-6.59	0.61
	<i>1.58</i>	<i>1.44</i>	<i>1.45</i>			
Third income quartile	13.26	13.43	15.62	0.13	16.31	1.49
	<i>1.21</i>	<i>1.30</i>	<i>1.36</i>			
Highest income quartile	7.49	10.36	6.82	3.30	-34.17	-0.84
	<i>1.14</i>	<i>1.62</i>	<i>0.92</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2002, and CY 2003.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 The term *long-term care facility residents* includes beneficiaries who resided only in a long-term care facility during the year, and beneficiaries who resided part of the year in a long-term care facility and part of the year in the community. It excludes beneficiaries who resided only in the community during the year.
- 2 Column percentages in longitudinal tables add up to 100 percent because expenditures for survey persons with missing values are assumed to be distributed the same as expenditures for those with nonmissing values.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 Health insurance will not add up to 100 percent because beneficiaries with Medicare Health Maintenance Organization coverage are not included.

Table 6.10 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay						
All Beneficiaries	17.94	20.15	19.43	1.17	-3.57	0.72
	0.33	0.43	0.38			
Medicare Status						
65 years and older	17.70	19.99	19.17	1.22	-4.10	0.72
	0.37	0.41	0.40			
64 years and younger	20.15	21.09	20.98	0.46	-0.52	0.36
	0.93	1.16	1.08			
Race/Ethnicity						
White non-Hispanic	18.07	20.24	19.51	1.14	-3.61	0.69
	0.36	0.50	0.40			
All others	17.39	19.59	19.33	1.20	-1.33	0.96
	0.98	0.87	0.89			
Functional Limitation						
None	11.28	13.63	12.77	1.91	-6.31	1.12
	0.39	0.51	0.46			
IADL only ²	22.36	24.87	26.17	1.07	5.23	1.43
	0.82	0.90	0.99			
One to two ADLs ³	27.46	30.54	28.14	1.07	-7.86	0.22
	1.15	1.37	1.29			
Three to five ADLs	35.75	36.73	36.93	0.27	0.54	0.29
	1.40	1.71	1.67			
Health Insurance						
Medicare fee-for-service only	16.85	18.72	18.99	1.06	1.44	1.08
	1.06	1.51	1.26			
Medicaid	24.67	24.12	24.57	-0.23	1.87	-0.04
	1.28	1.06	1.11			
Private health insurance	17.06	20.01	19.28	1.61	-3.65	1.11
	0.42	0.49	0.51			
Medicare HMO ⁴	16.23	17.03	13.73	0.48	-19.38	-1.49
	1.37	1.06	0.98			

Table 6.10 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay						
All Beneficiaries	17.94	20.15	19.43	1.17	-3.57	0.72
	<i>0.33</i>	<i>0.43</i>	<i>0.38</i>			
Income						
Lowest income quartile	18.78	21.75	22.71	1.48	4.41	1.72
	<i>0.67</i>	<i>0.89</i>	<i>0.79</i>			
Second income quartile	20.95	21.76	19.97	0.38	-8.23	-0.43
	<i>0.88</i>	<i>0.88</i>	<i>0.74</i>			
Third income quartile	16.47	19.71	18.56	1.81	-5.83	1.08
	<i>0.64</i>	<i>0.84</i>	<i>0.75</i>			
Highest income quartile	15.40	17.23	16.37	1.13	-4.99	0.55
	<i>0.59</i>	<i>0.79</i>	<i>0.81</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2002, and CY 2003.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.

Table 6.11 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit						
All Beneficiaries	57.90	71.71	72.90	2.16	1.66	2.09
	0.77	0.44	0.52			
Medicare Status						
65 years and older	57.40	71.23	72.21	2.18	1.38	2.09
	0.81	0.49	0.58			
64 years and younger	62.48	74.63	77.02	1.79	3.20	1.90
	1.30	1.12	1.16			
Race/Ethnicity						
White non-Hispanic	57.81	72.79	73.54	2.33	1.03	2.19
	0.86	0.50	0.54			
All others	58.28	67.99	70.70	1.55	3.99	1.75
	1.32	0.93	1.06			
Functional Limitation						
None	52.23	67.68	68.65	2.63	1.43	2.49
	0.88	0.67	0.72			
IADL only ²	62.52	76.72	77.85	2.07	1.47	1.99
	1.15	0.93	0.87			
One to two ADLs ³	66.13	76.68	78.43	1.49	2.28	1.55
	1.22	1.08	1.06			
Three to five ADLs	70.31	78.17	82.07	1.07	4.99	1.40
	1.50	1.43	1.28			
Health Insurance						
Medicare fee-for-service only	50.58	64.79	66.69	2.51	2.93	2.52
	1.53	1.44	1.35			
Medicaid	65.89	76.29	78.55	1.48	2.96	1.59
	1.54	1.21	1.10			
Private health insurance	57.77	74.12	73.92	2.52	-0.27	2.24
	0.92	0.67	0.71			
Medicare HMO ⁴	57.05	60.25	65.41	0.55	8.56	1.24
	2.14	1.18	1.34			

Table 6.11 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit						
All Beneficiaries	57.90	71.71	72.90	2.16	1.66	2.09
	<i>0.77</i>	<i>0.44</i>	<i>0.52</i>			
Income						
Lowest income quartile	56.64	73.06	73.66	2.58	0.82	2.39
	<i>1.12</i>	<i>0.86</i>	<i>0.94</i>			
Second income quartile	59.64	71.78	73.43	1.87	2.30	1.89
	<i>1.15</i>	<i>1.00</i>	<i>0.84</i>			
Third income quartile	56.78	70.63	72.67	2.21	2.89	2.25
	<i>1.32</i>	<i>0.89</i>	<i>1.03</i>			
Highest income quartile	58.54	71.42	71.81	2.01	0.55	1.86
	<i>1.28</i>	<i>1.02</i>	<i>1.03</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2002, and CY 2003.

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

1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

2 *IADL* stands for Instrumental Activity of Daily Living.

3 *ADL* stands for Activity of Daily Living.

4 *HMO* stands for Health Maintenance Organization.

Table 6.12 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Percentage of Beneficiaries with at Least One Physician/Supplier Service						
All Beneficiaries	92.36	95.58	95.99	0.34	0.43	0.35
	<i>0.27</i>	<i>0.20</i>	<i>0.25</i>			
Medicare Status						
65 years and older	92.69	95.94	96.20	0.35	0.27	0.34
	<i>0.26</i>	<i>0.23</i>	<i>0.26</i>			
64 years and younger	89.34	93.38	94.74	0.44	1.46	0.53
	<i>0.73</i>	<i>0.64</i>	<i>0.71</i>			
Race/Ethnicity						
White non-Hispanic	92.99	96.50	96.54	0.37	0.04	0.34
	<i>0.25</i>	<i>0.20</i>	<i>0.26</i>			
All others	89.13	92.36	94.19	0.36	1.98	0.50
	<i>0.97</i>	<i>0.74</i>	<i>0.53</i>			
Functional Limitation						
None	90.13	94.62	94.91	0.49	0.31	0.47
	<i>0.42</i>	<i>0.31</i>	<i>0.33</i>			
IADL only ²	94.55	96.61	97.64	0.22	1.07	0.29
	<i>0.44</i>	<i>0.38</i>	<i>0.40</i>			
One to two ADLs ³	95.43	96.92	97.13	0.16	0.22	0.16
	<i>0.54</i>	<i>0.53</i>	<i>0.45</i>			
Three to five ADLs	96.34	97.21	97.59	0.09	0.39	0.12
	<i>0.52</i>	<i>0.62</i>	<i>0.62</i>			
Health Insurance						
Medicare fee-for-service only	83.25	88.79	90.23	0.65	1.62	0.73
	<i>1.23</i>	<i>1.00</i>	<i>1.27</i>			
Medicaid	92.42	94.47	95.55	0.22	1.14	0.30
	<i>0.74</i>	<i>0.67</i>	<i>0.60</i>			
Private health insurance	93.86	96.69	97.12	0.30	0.44	0.31
	<i>0.31</i>	<i>0.24</i>	<i>0.27</i>			
Medicare HMO ⁴	92.76	96.53	95.61	0.40	-0.95	0.27
	<i>0.97</i>	<i>0.47</i>	<i>0.60</i>			

Table 6.12 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Percentage of Beneficiaries with at Least One Physician/Supplier Service						
All Beneficiaries	92.36	95.58	95.99	0.34	0.43	0.35
	<i>0.27</i>	<i>0.20</i>	<i>0.25</i>			
Income						
Lowest income quartile	88.83	93.63	93.98	0.53	0.37	0.51
	<i>0.65</i>	<i>0.45</i>	<i>0.53</i>			
Second income quartile	93.19	95.27	95.86	0.22	0.62	0.25
	<i>0.49</i>	<i>0.49</i>	<i>0.47</i>			
Third income quartile	92.46	96.06	97.15	0.38	1.13	0.45
	<i>0.52</i>	<i>0.46</i>	<i>0.37</i>			
Highest income quartile	95.04	97.42	96.98	0.25	-0.45	0.18
	<i>0.42</i>	<i>0.40</i>	<i>0.46</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2002, and CY 2003.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.

Table 6.13 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

1 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Percentage of Beneficiaries with at Least One Prescribed Medicine						
All Beneficiaries	85.20	91.58	92.25	0.72	0.73	0.72
	0.36	0.29	0.29			
Medicare Status						
65 years and older	85.31	91.63	92.22	0.72	0.64	0.70
	0.38	0.32	0.33			
64 years and younger	84.14	91.24	92.41	0.81	1.28	0.85
	0.86	0.82	0.78			
Race/Ethnicity						
White non-Hispanic	85.52	92.21	92.73	0.76	0.56	0.73
	0.41	0.32	0.35			
All others	83.54	89.23	90.50	0.66	1.42	0.72
	1.00	0.81	0.74			
Functional Limitation						
None	80.67	89.12	90.17	1.00	1.18	1.01
	0.59	0.41	0.43			
IADL only ²	90.33	94.29	94.85	0.43	0.59	0.44
	0.55	0.50	0.54			
One to two ADLs ³	91.16	95.21	95.68	0.44	0.49	0.44
	0.64	0.57	0.57			
Three to five ADLs	91.90	95.51	94.75	0.39	-0.80	0.28
	0.86	0.82	0.90			
Health Insurance						
Medicare fee-for-service only	76.58	80.68	81.82	0.52	1.41	0.60
	1.26	1.28	1.32			
Medicaid	86.72	91.48	92.88	0.54	1.53	0.62
	0.91	0.68	0.64			
Private health insurance	86.39	93.15	93.65	0.76	0.54	0.73
	0.46	0.36	0.33			
Medicare HMO ⁴	85.04	92.12	92.83	0.80	0.77	0.79
	1.67	0.63	0.80			

Table 6.13 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

2 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Percentage of Beneficiaries with at Least One Prescribed Medicine						
All Beneficiaries	85.20	91.58	92.25	0.72	0.73	0.72
	<i>0.36</i>	<i>0.29</i>	<i>0.29</i>			
Income						
Lowest income quartile	82.74	90.24	90.74	0.87	0.55	0.83
	<i>0.69</i>	<i>0.55</i>	<i>0.61</i>			
Second income quartile	85.70	91.68	90.86	0.68	-0.89	0.53
	<i>0.70</i>	<i>0.62</i>	<i>0.67</i>			
Third income quartile	85.51	91.24	94.13	0.65	3.17	0.87
	<i>0.78</i>	<i>0.61</i>	<i>0.52</i>			
Highest income quartile	86.88	93.27	93.24	0.71	-0.03	0.64
	<i>0.78</i>	<i>0.59</i>	<i>0.57</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2002, and CY 2003.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.

Table 6.14 Facility User Rates for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003

All Medicare Beneficiaries

1 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Percentage of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay						
All Beneficiaries	7.69	9.46	8.80	2.09	-6.98	1.22
	0.23	0.22	0.21			
Medicare Status						
65 years and older	7.58	9.71	8.99	2.51	-7.42	1.55
	0.23	0.25	0.24			
64 years and younger	8.67	7.90	7.66	-0.93	-3.04	-1.11
	0.66	0.60	0.62			
Race/Ethnicity						
White non-Hispanic	8.02	10.19	9.28	2.42	-8.93	1.32
	0.26	0.26	0.25			
All others	5.47	6.65	6.90	1.97	3.76	2.11
	0.47	0.43	0.44			
Functional Limitation						
None	0.81	1.80	1.57	8.31	-12.78	6.14
	0.11	0.15	0.15			
IADL only ¹	3.95	6.17	6.34	4.56	2.76	4.35
	0.39	0.43	0.46			
One to two ADLs ²	11.54	14.38	16.51	2.22	14.81	3.28
	0.84	0.81	0.83			
Three to five ADLs	41.18	47.28	42.32	1.39	-10.49	0.25
	1.31	1.32	1.31			
Health Insurance						
Medicare fee-for-service only	8.74	9.99	8.53	1.35	-14.61	-0.22
	0.62	0.94	0.74			
Medicaid	28.66	24.33	22.96	-1.62	-5.63	-1.98
	1.06	0.83	0.81			
Private health insurance	2.77	5.44	4.94	6.98	-9.19	5.34
	0.16	0.26	0.27			
Medicare HMO ³	2.73*	5.24	5.04	6.74	-3.82	5.67
	0.56	0.51	0.66			

Table 6.14 Facility User Rates for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2003

All Medicare Beneficiaries

2 of 2

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
Percentage of Beneficiaries with at Least One Short- or Long-Term Care Facility Stay						
All Beneficiaries	7.69	9.46	8.80	2.09	-6.98	1.22
	<i>0.23</i>	<i>0.22</i>	<i>0.21</i>			
Income						
Lowest income quartile	15.48	15.50	15.59	0.01	0.58	0.06
	<i>0.62</i>	<i>0.53</i>	<i>0.59</i>			
Second income quartile	7.75	10.75	9.26	3.33	-13.86	1.62
	<i>0.43</i>	<i>0.51</i>	<i>0.51</i>			
Third income quartile	4.56	6.64	6.16	3.83	-7.23	2.74
	<i>0.34</i>	<i>0.47</i>	<i>0.40</i>			
Highest income quartile	2.67	4.76	3.87	5.95	-18.70	3.40
	<i>0.31</i>	<i>0.41</i>	<i>0.38</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2002, and CY 2003.

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

Values followed by an asterisk (*) indicate that the estimates are based on cell counts of less than 50 sample persons.

- 1 IADL stands for Instrumental Activity of Daily Living.
- 2 ADL stands for Activity of Daily Living.
- 3 HMO stands for Health Maintenance Organization.

Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care¹, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents²

1 of 3

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
All Beneficiaries	88.24	93.25	93.29	0.55	0.04	0.50
	<i>0.36</i>	<i>0.30</i>	<i>0.26</i>			
Medicare Status						
64 years and younger	83.90	89.34	90.84	0.63	1.68	0.72
	<i>0.94</i>	<i>1.02</i>	<i>0.82</i>			
65 years and older	88.70	93.88	93.70	0.57	-0.19	0.49
	<i>0.38</i>	<i>0.31</i>	<i>0.29</i>			
Gender						
Male	86.43	92.26	92.35	0.65	0.10	0.60
	<i>0.49</i>	<i>0.49</i>	<i>0.45</i>			
Female	89.63	94.04	94.05	0.48	0.01	0.43
	<i>0.47</i>	<i>0.36</i>	<i>0.33</i>			
Race/Ethnicity						
White non-Hispanic	88.87	93.61	93.68	0.52	0.07	0.48
	<i>0.37</i>	<i>0.32</i>	<i>0.29</i>			
All others	84.92	91.88	91.84	0.79	-0.04	0.71
	<i>1.04</i>	<i>0.65</i>	<i>0.65</i>			
Functional Limitation						
None	87.27	93.78	93.53	0.72	-0.27	0.63
	<i>0.47</i>	<i>0.37</i>	<i>0.35</i>			
IADL only ³	90.67	93.90	93.68	0.35	-0.23	0.29
	<i>0.60</i>	<i>0.50</i>	<i>0.48</i>			
One to two ADLs ⁴	89.83	92.09	92.05	0.25	-0.04	0.22
	<i>0.93</i>	<i>0.78</i>	<i>0.80</i>			
Three to five ADLs	85.02	88.95	92.46	0.45	3.95	0.76
	<i>1.31</i>	<i>1.41</i>	<i>0.91</i>			

Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care¹, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents²

2 of 3

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
All Beneficiaries	88.24	93.25	93.29	0.55	0.04	0.50
	<i>0.36</i>	<i>0.30</i>	<i>0.26</i>			
Usual Source of Care						
No usual source of care	55.17	56.44	57.69	0.23	2.21	0.40
	<i>1.77</i>	<i>2.59</i>	<i>2.50</i>			
Has usual source of care	91.74	95.11	95.00	0.36	-0.12	0.31
	<i>0.30</i>	<i>0.24</i>	<i>0.22</i>			
Living Arrangement						
Alone	89.16	92.76	92.03	0.40	-0.79	0.29
	<i>0.59</i>	<i>0.53</i>	<i>0.52</i>			
With spouse	88.63	94.06	94.30	0.60	0.26	0.56
	<i>0.47</i>	<i>0.36</i>	<i>0.33</i>			
With children/others	85.49	91.62	92.42	0.69	0.87	0.70
	<i>0.90</i>	<i>0.65</i>	<i>0.63</i>			
Health Insurance						
Medicare fee-for-service only	76.61	84.92	86.45	1.04	1.80	1.09
	<i>1.23</i>	<i>1.36</i>	<i>1.20</i>			
Medicaid	87.48	90.00	91.75	0.28	1.94	0.43
	<i>0.99</i>	<i>0.85</i>	<i>0.73</i>			
Private health insurance	90.13	95.07	94.79	0.54	-0.29	0.45
	<i>0.39</i>	<i>0.29</i>	<i>0.27</i>			
Medicare HMO ⁵	90.41	94.61	93.39	0.46	-1.29	0.29
	<i>1.13</i>	<i>0.55</i>	<i>0.76</i>			

Table 6.15 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care¹, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents²

3 of 3

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
All Beneficiaries	88.24	93.25	93.29	0.55	0.04	0.50
	<i>0.36</i>	<i>0.30</i>	<i>0.26</i>			
Income						
Lowest income quartile	85.99	90.41	90.79	0.50	0.42	0.49
	<i>0.75</i>	<i>0.61</i>	<i>0.59</i>			
Second income quartile	87.39	92.87	92.07	0.61	-0.86	0.47
	<i>0.72</i>	<i>0.53</i>	<i>0.68</i>			
Third income quartile	87.52	93.58	94.83	0.67	1.34	0.72
	<i>0.70</i>	<i>0.52</i>	<i>0.50</i>			
Highest income quartile	92.22	96.27	95.49	0.43	-0.81	0.31
	<i>0.57</i>	<i>0.34</i>	<i>0.45</i>			

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2002, and CY 2003.

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

- 1 Degree of satisfaction with general health care is measured by the variable, *mcquality*, which asks the beneficiary about satisfaction with the overall quality of medical care received during the year.
- 2 The term *community-only residents* includes beneficiaries who 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.
- 3 *IADL* stands for Instrumental Activity of Daily Living.
- 4 *ADL* stands for Activity of Daily Living.
- 5 *HMO* stands for Health Maintenance Organization.

Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries with a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

1 of 3

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
All Beneficiaries	90.45	95.20	95.45	0.51	0.26	0.49
	<i>0.35</i>	<i>0.24</i>	<i>0.23</i>			
Medicare Status						
64 years and younger	88.46	92.97	94.48	0.50	1.62	0.59
	<i>0.79</i>	<i>0.65</i>	<i>0.60</i>			
65 years and older	90.66	95.56	95.61	0.53	0.05	0.48
	<i>0.35</i>	<i>0.26</i>	<i>0.26</i>			
Gender						
Male	88.14	94.32	94.51	0.68	0.20	0.63
	<i>0.52</i>	<i>0.37</i>	<i>0.35</i>			
Female	92.24	95.90	96.21	0.39	0.32	0.38
	<i>0.40</i>	<i>0.27</i>	<i>0.30</i>			
Race/Ethnicity						
White non-Hispanic	90.96	95.52	95.84	0.49	0.34	0.47
	<i>0.35</i>	<i>0.25</i>	<i>0.23</i>			
All others	87.64	94.02	94.05	0.71	0.03	0.64
	<i>0.99</i>	<i>0.58</i>	<i>0.59</i>			
Functional Limitation						
None	88.36	94.63	94.86	0.69	0.24	0.64
	<i>0.52</i>	<i>0.32</i>	<i>0.32</i>			
IADL only ²	93.03	96.37	96.67	0.35	0.31	0.35
	<i>0.51</i>	<i>0.40</i>	<i>0.36</i>			
One to two ADLs ³	92.95	95.07	95.59	0.23	0.55	0.25
	<i>0.57</i>	<i>0.62</i>	<i>0.66</i>			
Three to five ADLs	93.39	96.22	96.26	0.30	0.04	0.27
	<i>1.01</i>	<i>0.72</i>	<i>0.66</i>			

Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries with a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

2 of 3

Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
All Beneficiaries	90.45	95.20	95.45	0.51	0.26	0.49
	<i>0.35</i>	<i>0.24</i>	<i>0.23</i>			
Living Arrangement						
Alone	90.64	94.35	94.71	0.40	0.38	0.40
	<i>0.49</i>	<i>0.46</i>	<i>0.40</i>			
With spouse	90.94	96.25	96.45	0.57	0.21	0.53
	<i>0.46</i>	<i>0.31</i>	<i>0.28</i>			
With children/others	88.59	93.48	93.76	0.54	0.30	0.51
	<i>0.72</i>	<i>0.58</i>	<i>0.58</i>			
Health Insurance						
Medicare fee-for-service only	80.82	89.85	88.72	1.06	-1.26	0.84
	<i>1.17</i>	<i>0.93</i>	<i>1.03</i>			
Medicaid	89.61	92.84	94.00	0.35	1.25	0.43
	<i>0.85</i>	<i>0.72</i>	<i>0.76</i>			
Private health insurance	91.78	96.12	96.27	0.46	0.16	0.43
	<i>0.37</i>	<i>0.30</i>	<i>0.25</i>			
Medicare HMO ⁴	95.18	97.52	98.68	0.24	1.19	0.33
	<i>0.99</i>	<i>0.44</i>	<i>0.30</i>			

Table 6.16 Percentage of Noninstitutionalized Medicare Beneficiaries with a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2003Community-Only Residents¹

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Beneficiary Characteristic	1992	2002	2003	Annual Rate of Change 1992-2002 (%)	Annual Rate of Change 2002-2003 (%)	Annual Rate of Change 1992-2003 (%)
All Beneficiaries	90.45	95.20	95.45	0.51	0.26	0.49
	<i>0.35</i>	<i>0.24</i>	<i>0.23</i>			
Income						
Lowest income quartile	88.61	92.83	93.24	0.47	0.44	0.46
	<i>0.72</i>	<i>0.52</i>	<i>0.60</i>			
Second income quartile	90.15	95.31	95.15	0.56	-0.17	0.49
	<i>0.58</i>	<i>0.44</i>	<i>0.40</i>			
Third income quartile	91.22	95.83	96.25	0.49	0.44	0.48
	<i>0.54</i>	<i>0.44</i>	<i>0.46</i>			
Highest income quartile	91.85	96.88	97.20	0.53	0.33	0.51
	<i>0.63</i>	<i>0.35</i>	<i>0.31</i>			

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2002, and CY 2003.

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

- 1 The term *community-only residents* includes beneficiaries who resided only in the community during the year. It excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.
- 2 *IADL* stands for Instrumental Activity of Daily Living.
- 3 *ADL* stands for Activity of Daily Living.
- 4 *HMO* stands for Health Maintenance Organization.



TECHNICAL DOCUMENTATION FOR THE MEDICARE CURRENT BENEFICIARY SURVEY

Overview

The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a nationally representative sample of aged and disabled Medicare beneficiaries sponsored by the Centers for Medicare and Medicaid Services (CMS). In 2003, the initial sample included approximately 17,967 beneficiaries residing in households and long-term care facilities.¹ The survey provides comprehensive data on health and functional status, health care expenditures, and health insurance for Medicare beneficiaries. A key feature of the survey is its longitudinal design. Currently, each sample person is interviewed 3 times a year over 4 years, regardless of whether he or she resides in the community or a facility, or transitions between community and facility settings. (For a description of the MCBS, see G.S. Adler, Summer 1994, A Profile of the Medicare Current Beneficiary Survey, *Health Care Financing Review*, 15(4): 153-163.)

Sample Design

The target population consists of aged and disabled beneficiaries enrolled in Medicare Part A (hospital insurance), or Part B (medical insurance), or both, and residing in households or long-term care facilities in the United States and Puerto Rico. Sample persons are selected from Medicare enrollment files to be representative of the Medicare population as a whole and the following age groups: under 45, 45 to 64, 65 to 69, 70 to 74, 75 to 79, 80 to 84, and 85 and over. To ensure that annual samples yield enough persons with long-term care facility stays to produce statistically reliable data, disabled persons under age 65 and very old persons age 80 and over are oversampled.

The MCBS was originally designed as a longitudinal survey in which Medicare beneficiaries would be followed indefinitely. Its initial sample (the 1991 panel) was selected by using a stratified, multistage area probability design. Three stages of selection were used in sampling beneficiaries. The first stage was to select a nationally representative

stratified sample of 107 primary sampling units (PSUs) consisting of metropolitan statistical areas or clusters of nonmetropolitan counties. The second stage was to select ZIP code clusters within sample PSUs. The third stage consisted of selecting beneficiaries within the sampled ZIP code clusters.

In 1992 and 1993, the 1991 panel was supplemented during the September-December interview period to compensate for sample attrition (i.e., deaths, disenrollments, and refusals) and to represent newly enrolled beneficiaries. However, in 1994, approximately one-third of the sample was rotated out of the MCBS after the round 12 interviews, and replaced by a supplemental sample of the same size. The change in supplemental sampling reflects a decision to shift from a longitudinal survey to a rotating panel design. In the rotating panel design chosen for MCBS, four overlapping panels of Medicare beneficiaries will be surveyed each year. Each panel contains a nationally representative sample of beneficiaries who will be interviewed 12 times to collect 3 complete years of utilization data. All four panels are included in the Access to Care files, while only three panels are used in the Cost and Use files, since the panel that is being retired during a calendar year is not asked about medical utilization for that year.

Survey Operations

Field work on the MCBS is conducted for CMS's Office of Strategic Planning by Westat, a survey research firm with offices in Rockville, Maryland. Data collection for Round 1 began in September 1991 and was completed in December 1991. Subsequent rounds of data collection, which involve reinterviewing the same sample persons (or their proxies—see below), begin every 4 months. Interviews are conducted regardless of whether the sample person resides at home or in a long-term care facility, using the version of the questionnaire appropriate to the setting.

¹Beneficiaries living in households are referred to as community residents in this sourcebook.

In 2003, data were collected from 12,486 beneficiaries for the Cost and Use file. The final sample included 11,367 persons who lived in the community for the entire year, 872 persons who lived in long-term care facilities for the entire year, and 247 persons who lived part of the year in a community and part of the year in a long-term care facility. Interview strategies and survey instruments used to collect data are described below.

Repeat Interviews. The MCBS is a longitudinal panel survey, with sample persons interviewed 3 times a year over 4 years to form a continuous profile of their health care experience. The design allows MCBS data users to track change in insurance coverage and other personal circumstances. For example, users can observe processes such as persons moving from their homes to long-term care facilities, or persons in communities spending down their assets on health care.

The Community Interview. Sample persons in the community are interviewed through computer-assisted personal interviewing (CAPI) survey instruments. The CAPI program automatically guides the interviewer through questions, records the answers, and compares beneficiary responses to edit specifications for accuracy and relationships to other responses. CAPI improves data collection and lessens the need for after-the-fact editing and corrections. It guides the interviewer through complex skip patterns and inserts followup questions where key data are missing from the previous round. When the interview is completed, CAPI allows the interviewer to transmit the data by telephone to the home office computer.

The interviews yield a time series of data on utilization of health services, medical care expenditures, health insurance coverage, sources of payment for health services, health status and functioning, and beneficiary information such as income, assets, living arrangement, family assistance, and quality of life. To improve the accuracy of the data, respondents are requested to record medical events on calendars provided by the interviewer, and they are also asked to save Explanation

of Benefit forms from Medicare, as well as receipts and statements from private health insurers. To assist in reporting data on prescription medicines, respondents are asked to bring to the interview bottles, tubes, and prescription bags provided by the pharmacy.

An effort is made to interview each sample person directly. However, each sample person is asked to designate a proxy, usually a family member or close acquaintance, in case he or she is physically or mentally unable to do the interview. On average, about 12 percent of the community interviews in each round are conducted by proxy. The following instruments are used in community interviews:

- ***The Baseline Questionnaire:*** Collects health insurance, household composition, health status, access to and satisfaction with medical care, and demographic and socioeconomic information for supplemental sample beneficiaries living in household units in the community. Selected information from this questionnaire—primarily health status, and access to and satisfaction with care—is updated annually for continuing sample persons living in the community using The Community Supplement to the Core Questionnaire.
- ***The Community Core Questionnaire:*** Collects detailed health insurance, medical care use, and charge and payment information, and updates household composition. This questionnaire is asked in every round except the initial one. Additional supplemental questions are added to the core questionnaire in selected rounds to gather information about specific topics, including detailed information about the sample person's income and assets in the spring-summer round of data collection.

The Facility Interview. MCBS data collectors in long-term care facilities use a similar but shortened version of the community instrument. A long-term care facility is defined as having three or

more beds and providing long-term care services throughout the facility or in a separately identifiable unit. Types of facilities participating in the survey include nursing homes, domiciliary or personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted living and foster care homes, and institutions for the mentally retarded and developmentally disabled.

If an institutionalized person returns to the community, a community interview is conducted. If he or she spends part of the reference period in the community and part in an institution, a separate interview is conducted for each period of time. Hence, a beneficiary can be followed in and out of facilities, and a continuous record is maintained regardless of where the person resides.

Because long-term care facility residents often are in poor health and many facility administrators prefer that patients not be disturbed, the survey collects information about institutionalized patients from proxy respondents affiliated with the facility. Nurses or other primary care givers usually respond to questions about physical functioning and medical treatment of the sample person. Billing office workers usually respond to questions about charges and payments.

The survey instruments used to collect data for persons in long-term care facilities were converted to CAPI in 1997. The following instruments are used in facility stay interviews:

- **The Facility Screener:** Collects information on facility characteristics such as type of facility, size, and ownership. It is used during the initial interview, and in each fall round thereafter.
- **The Baseline Questionnaire:** Collects information on health status, insurance coverage, residence history, and

demographics for supplemental sample beneficiaries in facilities and new admissions from the continuing sample. Selected information from this questionnaire—primarily health status—is updated annually for continuing sample persons residing in facilities using an abbreviated version, The Facility Supplement to the Core Questionnaire.

- **The Facility Core Questionnaire:** Collects facility use data, and charge and payment information. This questionnaire is asked in every round except the initial one.

The conversion of the facility instruments to the CAPI version caused certain disruptions in the trend data for full-year facility residents, because some questions/items are phrased differently in the CAPI version from those in the Paper-and-Pencil version. Variables in the Health Segment affected the most include self-reported health status, functional limitations, and most of the diseases/conditions presented in data tables in Section 2 of Chapter 3. Therefore, caution needs to be exercised in examining the health trend data for full-year facility residents presented in this series of sourcebooks.

MCBS PUBLIC USE FILES

To date, CMS has released public use files (PUFs) on access to care for calendar years 1991 through 2005, and on cost and use for calendar years 1992 through 2004.

Access to Care

The Access to Care PUFs provide “snapshot” estimates of the characteristics of the Medicare population who were enrolled on January 1 and were still alive and eligible for the survey in the fall of each year. They contain information on access to and satisfaction with care, health status and functioning, and demographic and economic characteristics of the sample population. Access to Care PUFs

also contain summarized utilization and program payment data from Medicare claims, but they do not include survey-reported information on health care use and expenditures. By omitting the survey-reported information, these PUFs can be produced quicker than cost and use files, which contain complete information on the cost and use of health care services.

Cost and Use

The 2003 Cost and Use file is the twelfth in an annual series of files containing comprehensive data on the cost and use of medical services by the Medicare population.² It links Medicare claims to survey-reported events, and provides complete expenditure and source of payment data on all health care services, including those not covered by Medicare. Expenditure data were developed through a reconciliation process that combines information from survey respondents and Medicare administrative files. The process produces a comprehensive picture of health services received, amounts paid, and sources of payment. The file can support a broader range of research and policy analyses on the Medicare population than would be possible using either survey data or administrative claims data alone.

The strength of the file stems from the integration of information that can be obtained only from a beneficiary, and Medicare claims data on provider services and covered charges. Survey-reported data include information on the use and cost of all types of medical services, as well as information on supplementary health insurance, living arrangements, income, health status, and physical functioning. Medicare claims data include use and cost information on inpatient hospitalizations, outpatient hospital care, physician services, home health care, durable medical equipment, skilled nursing home services, hospice care, and other medical services.

File Structure

The Cost and Use file contains information on nine types of services: dental, facility stays, institutional utilization, inpatient hospital stays, outpatient hospital care, physician/supplier services, hospice care, home health care, and prescription drugs. As an aid to file users, the data have been provided at the event-level, the type-of-service level, and the person-level. The hierarchical structure allows analysts to use the appropriate file level for their research, avoiding the need to process all the detailed event records in the file. For example, differences in per capita health spending between men and women can be analyzed directly from person-level summary records. Similarly, differences in hospital stays by race can be analyzed directly from type-of-service summary records. Event-level records would be used for more detailed analyses; e.g., comparisons of average length of long-term facility stays or average reimbursements per prescription drug. The content of each level of data is briefly described below.

Event-level data. The event-level data consist of separate files for each of the nine event types in the Cost and Use file, except hospice care and home health care. For each event in a file, cost and sources of payment are shown. Charge and payment data have been edited and imputed, if necessary, to make a complete payment picture for each event. Hospice care and home health care are not shown at the event-level because these two service categories were created from Medicare claims data at the type-of-service level. There are a total of 757,151 records in the seven event-level files.

Type-of-service summary data. The type-of-service summary file includes a record for each of the nine service categories in the Cost and Use file. The file contains a summary of all payers, costs, and use for each sample person at the type-of-service level, for a total of 112,374 records. Within each type-of-service record, separate payer amounts are shown for the 11 payer categories in the Cost and Use file. Payer totals are shown two ways: as the sum of event-level payments and

²Detailed documentation of the CY 2003 Cost and Use file is available from the Centers for Medicare and Medicaid Services, Office of Research, Development, and Information, in Baltimore, Maryland.

in adjusted form. Adjusted payments are necessary because some sample persons had gaps in their coverage (e.g., a respondent missed an interview during the year). To account for information that was not reported for the gap periods, payer amounts were adjusted for differences in Medicare-covered days and days covered by the interview reference periods. Most of the adjustments were for services not covered by Medicare, since CMS's administrative files have claims for covered services provided to fee-for-service beneficiaries during gap periods.

Person-level summary data. The person-level summary file has one record for each of the 12,486 sample persons in the 2003 Cost and Use file. Payments by source have been summarized across service categories to show one total for each type of service and one total for each source of payment. Again, payment amounts are shown as totals from the event-level files and in adjusted form. This sourcebook uses the adjusted amounts.

The Sample

The original MCBS sample included Medicare beneficiaries who resided in the United States or Puerto Rico on January 1, 1991, and who were enrolled in one or both parts of Medicare at the time of their Round 1 interview. Round 1 was fielded from September through December of 1991. Except for a small number of individuals who died or whose coverage terminated subsequent to their interview, the overwhelming component of this group was the “always-enrolled” 1991 population. This group consisted of persons who had enrolled in Medicare by January 1, 1991, and were still covered by Medicare on December 31, 1991. Selected data on the Round 1 always-enrolled sample were released as the CY 1991 Access to Care file.

The always-enrolled concept also was used to determine the sample populations in the Access to Care releases in subsequent years. Official Medicare program statistics, however, usually cover all persons

entitled to Medicare during the year, including those entitled for all or part of the year, as well as beneficiaries who died during the year. This mix of continuing enrollees, accretions, and terminations is referred to as the “ever-enrolled” population, or everyone who was enrolled in Medicare for any period during the year.

Special steps are taken to expand sample coverage in the Cost and Use files to include all beneficiaries who were ever enrolled during the calendar year. The steps are necessary because Cost and Use files will be used to analyze total and per capita expenditures on health care by the entire Medicare population. Omitting part-year enrollees and persons who died during the year could substantially bias the results of these analyses.

To develop the ever-enrolled population in 2003, supplemental samples were used to add part-year beneficiaries to the Cost and Use file. A supplemental sample is drawn each year to account for growth in the Medicare population and to replace survey persons who died or left the survey during the previous year. Sample replenishment is used primarily to ensure that each calendar year file adequately represents the entire Medicare population, but it also can be used to identify new sample persons who were covered by Medicare in the sample year but were missing from the original sampling list. Beneficiaries from supplemental samples in Rounds 37 and 40, who enrolled during 2002 or 2003, were added to the samples from Rounds 28, 31, and 34 to create an ever-enrolled population for calendar year 2003.

The 2003 Cost and Use file, therefore, consists of a composite of persons who were (1) continuously enrolled from January 1, 2002; (2) newly enrolled in 2002; or, (3) newly enrolled in 2003. The number of persons in each group is shown in Table A-1, where newly enrolled beneficiaries after 1992 are referred to as “accreted.” The pre-2002 accretes represent persons who were enrolled in Medicare before 2002 and still living in 2003.

Table A-1 2003 Cost and Use File Sample

Sample Status	Number of Persons
Pre-2002 Accretes (Panels 10, 11, & 12)	11,764
2002 Accretes (Panel 13)	348
2003 Accretes (Panel 14)	374
Total	12,486

Newly enrolled sample persons from Rounds 37 and 40 are colloquially referred to as “ghosts” because they did not become eligible for Medicare in time to be selected as part of the sample that received all three 2003 interviews. Thus the sample persons who represent 2002 and 2003 accretes (i.e., beneficiaries who were newly enrolled in Medicare in 2002 or 2003) have incomplete or missing survey data for 2003.

Utilization data for ghosts are included in the 2003 Cost and Use file at the type-of-service and person summary levels, even though they were not interviewed until late 2003 (Round 37) if they were new Medicare enrollees in late 2002, or late 2004 (Round 40) if they were new Medicare enrollees in 2003. While survey data on service use and costs were not available for ghosts, complete profiles of Medicare-covered service use by fee-for-service ghosts were available from administrative bill files. To estimate total service use and costs for the entire sample, ghosts were matched to donor beneficiaries in the 2003 file based on common Medicare use profiles. The donor records were used to impute noncovered services for fee-for-service ghosts and all services for Medicare risk HMO ghosts.³ This imputation process provided estimates of missing cost and use data for the ever-enrolled population in the 2003 Cost and Use summary files.

Access to Care or Cost and Use Data?

The Cost and Use file is more comprehensive than the previously released Access to Care files because it contains the always-enrolled population, as well as persons entering or leaving the Medicare program during the year. The latter group of beneficiaries is essential in producing accurate estimates of total expenditures because it includes beneficiaries who died during the year. Tabulations of Medicare claims for the MCBS sample, for example, show that persons who died in the year represent less than 5 percent of the Medicare population, but they account for more than 15 percent of Medicare payments. On average, persons who died during the year have spending levels over 4 times higher than persons continuously enrolled for the entire year.

Another difference between the two files relates to the reporting of expenditures on health care. The Access to Care files contain only Medicare-covered service data, even though Medicare has been previously estimated to cover less than one-half of the overall care expenses of its enrollees (D.R. Waldo, S.T. Sonnefeld, D.R. McKusick, et al., Summer 1989, “Health Expenditures by Age Group, 1977 and 1987,” *Health Care Financing Review*, 10(4): 111-120). The Cost and Use file, in contrast, includes expenditures on all health care services, whether or not they are covered by Medicare. Two significant expenditure categories not covered by Medicare are prescription drugs and long-term facility care.

Users whose analyses require the entire Medicare population or all health care services should use the Cost and Use files rather than the Access to Care files. Users who are interested in the continuously enrolled Medicare population or Medicare-covered services only may prefer to use the Access to Care files. In addition, the latter set of files can be used for some types of longitudinal analyses, such as a comparison of change in health status from year to year.

³Medicare risk HMO contractors do not submit claims to Medicare. As a result, Medicare does not have a record of covered or noncovered services provided to beneficiaries in these plans.

Users are cautioned against mixing data from the two types of files to estimate change over time. For example, 2003 Cost and Use file data on health status should not be compared to 2003 Access to Care file information since the results will be confounded by differences in the two populations. Unless the two files are subset to a common set of sample persons and appropriate weights are assigned, it would be difficult, if not impossible, to determine whether health status had changed over time.

Response Rates and Missing Data

The sample for the 2003 Cost and Use file originally contained 5,400 beneficiaries from Round 28; 5,658 beneficiaries from Round 31; 5,976 beneficiaries from Round 34; 470 beneficiaries from Round 37, who became eligible for Medicare in 2002; and 463 beneficiaries from Round 40 who became eligible for Medicare in 2003. The beneficiaries from Rounds 28, 31, and 34 all survived until 2003. The overall response rate was 69.5 percent for a final sample of 12,486 persons. Response rates are shown in Table A-2.

Table A-2 2003 Cost and Use File Sample Response Rates

Panel	Sample Size	Respondents	Response Rate
Round 28	5,400	3,615	66.9%
Round 31	5,658	3,812	67.4%
Round 34	5,976	4,337	72.6%
Round 37	470	348	74.0%
Round 40	463	374	80.6%
All	17,967	12,486	69.5%

As in any survey, some respondents did not supply answers to all questions. Item nonresponse rates are low in the 2003 Cost and Use file, but analysts still should be aware of missing data. For example, the

number of missing responses and item nonresponse rates for several variables are shown in Table A-3.

Table A-3 2003 Item Nonresponse for Selected Variables

Variable	Missing	Percentage of Total
Race/Ethnicity	24	0.2%
Education	204	1.6%
Marital Status	31	0.2%
Gender	0	0.0%
Age	0	0.0%
General Health	69	0.6%

Since data for most variables are fairly complete, imputations were kept to a minimum in the 2003 Cost and Use file. Each user can decide how to handle missing data. A simple approach is to delete records with missing data, but the cumulative effect of deleting each record with missing data can significantly reduce the data available for analysis. Other approaches would be to create an “unknown” or “missing” category within each variable distribution or to assume the distribution of missing data is the same as that of reported data. The latter approach was often used in creating tables for this sourcebook.

Another alternative for handling cases with missing data is to impute the missing values. This approach was used to create complete information on beneficiary income and expenditures for health care in the Cost and Use file. Imputations were performed on these variables because income and expenditure data are key elements of the file. In imputing the expenditure data, all partial information from survey respondents was preserved to the extent possible, and health insurance data from the survey and Medicare administrative files were used to identify potential payers. Analytic edits and hot-decking methods were used to estimate missing payments and charges.⁴

⁴ The technical appendixes in the 2003 Cost and Use file documentation detail the imputation methods used to complete the expenditure data.

COST AND USE FILE STATISTICS

The 2003 Cost and Use file contains a cross-sectional weight for each of the 12,486 beneficiaries in the data set. These weights reflect the overall selection probability of each sample person and include adjustment for survey nonresponse and post-stratification to control totals based on accretion status, age, sex, race, region, and metropolitan area status. The weights inflate the sample to the ever-enrolled Medicare population in 2003, and were used in producing all tables in this sourcebook. In general, the weights should be used to estimate population totals, percentages, means, and ratios.

Sampling Error

Sampling error refers to the expected squared difference between a population value (a parameter) and an estimate derived from a sample of the population (a statistic).⁵ Because the MCBS is a sample of Medicare beneficiaries, statistics derived from the sample data are subject to sampling error. The error reflects chance differences between estimates of a population parameter that would be derived from different samples of the Medicare population. Nearly any MCBS estimate of a population parameter (e.g., a percentage, mean, ratio, or count of persons or events) would be affected by the sampling error.

Standard errors have been calculated for all statistics reported in the detailed tables in this sourcebook in order to assess the impact of sampling variability on the accuracy of the estimates. Data from Table 1.1 of this sourcebook, for example, indicate that 44.29 percent of all Medicare beneficiaries are between the age of 65 and 74. The standard error of this estimate (0.33 percent) can be used to assess its statistical reliability by constructing a confidence interval that would contain the true value of the population parameter with some given level of confidence.

The confidence interval can be viewed as a measure of the precision of the estimate derived from sample data. For example, an approximate 95 percent confidence interval for statistics in this sourcebook can be calculated by using the formula

$$\pi = P \pm 1.96 \times (\text{estimated standard error}),$$

where π is the unknown population proportion and P is the calculated (weighted) sample proportion. Based on this formula, the approximate 95 percent confidence interval for the estimated proportion of Medicare beneficiaries between the age of 65 and 74 is 44.29 percent plus or minus 0.65 percent. This is a relatively “tight” confidence interval, suggesting that the MCBS data provide a reliable estimate of the true proportion of beneficiaries between the age of 65 and 74. The chances are about 95 in 100 that the true population proportion falls between 43.64 percent and 44.94 percent.

Another measure of statistical reliability is the relative standard error (RSE) of an estimate. The RSE of an estimate x is calculated by dividing the standard error of the estimate, $SE(x)$, by the estimate, and expressing the quantity as a percent of the estimate, i.e.,

$$RSE = 100 \left(\frac{SE(x)}{x} \right).$$

Using data from the previous example, the RSE of the estimated proportion of Medicare beneficiaries between the age of 65 and 74 is 0.75 percent ($100 \times (0.33/44.29)$). An RSE of less than 10 percent would suggest that the estimate is statistically reliable. Statistical reliability of an estimate decreases as the RSE increases.

Many of the statistics in this sourcebook are presented by subgroup, some of which are based on relatively small sample sizes. Estimates for these small subgroups can be subject to very large sampling errors. Therefore, it may be desirable in some instances to combine such sub-

⁵ This discussion ignores errors caused by factors such as imperfect selection; bias in response or estimation; and errors in observation, measurement, or recording.

groups with a similar group for analysis purposes. For example, if X_s is an estimated total for the small subgroup, and X_t is the corresponding estimate for the group with which it is combined, then the combined estimate, X_c , is given by $X_c = X_s + X_t$, and the standard error of the combined estimate ($SE(X_c)$) can be approximated as

$$SE(X_c) = \sqrt{[SE(X_s)]^2 + [SE(X_t)]^2},$$

where $SE(X_s)$ and $SE(X_t)$ are the standard errors of X_s and X_t , respectively.

The above approximation applies to estimated totals and should not be used for combining estimates of means or ratios. For the latter types of estimates, the appropriate formula must include terms representing the proportion of the population that is represented by each of the two component estimates. For example, if Y_s and Y_t are the estimated means for the two subgroups to be combined, then the combined estimate, Y_c , is given by the formula

$$Y_c = P_s Y_s + (1 - P_s) Y_t,$$

and the standard error of Y_c can be approximated by

$$SE(Y_c) = \sqrt{[P_s SE(Y_s)]^2 + [(1 - P_s) SE(Y_t)]^2},$$

where P_s is the proportion of the combined group that is included in the subgroups. It should be noted that both forms of the standard error given above are approximations that may understate the true standard error of the combined estimate.

Confidence intervals and relative standard errors can be calculated for all statistics derived from MCBS data (e.g., totals, percentages, means, ratios, and regression coefficients). The following section provides a brief explanation of the method used to compute the standard errors

for MCBS estimates.

Variance Estimation (Using the Replicate Weights)

The standard errors reported in the detailed tables in this sourcebook reflect the complexity of the MCBS sample design. In many statistical packages, the procedures for calculating variances assume that the data were collected in a simple random sample. Procedures of this type are not appropriate for calculating variances for statistics based on a stratified, unequal-probability, multistage sample such as the MCBS. They could produce overestimates or, more likely, underestimates of the true sampling error.

Because the MCBS has a complex design, standard errors in the sourcebook tables were estimated with WesVarPC, a statistical software package that accounts for survey design. Estimates of standard errors from WesVarPC are produced using “replication” methods. The basic idea behind the replication approach is to use variability among selected subsamples, or replicates, to estimate the variance of the “full-sample” statistics. These methods provide estimates of variance and standard errors for complex sample designs that reflect weighting adjustments such as those implemented in the MCBS. Replication techniques can be used where other methods are not easily applied, and they have some advantages even when other methods can be used.

Replicate weights for MCBS data have been computed using Fay’s variant of Balanced Repeated Replication (BRR). BRR is generally used with multistage, stratified sample designs in which two PSUs are sampled within each stratum, possibly with unequal probabilities of selection. The replicate samples are half-samples formed by selecting one of the two PSUs from each stratum. For BRR, the weights for units in the selected PSUs in each half-sample are doubled and the weights for units in the nonselected PSUs are set to zero. Each replicate consists of a different half-sample; however, it is not necessary

to form all possible half-sample replicates, since the information from all possible replicates can be captured by using a smaller number of “balanced” half-samples. Fay’s method is a variant of BRR, in which the sample weights are adjusted by factors between 0 and 2. With a judicious choice of the perturbation factor, Fay’s method provides good estimates of standard errors for a variety of statistics. (For more information on Fay’s method, see D. Judkins, 1990, “Fay’s Method for Variance Estimation,” *Journal of Official Statistics*, 6: 223-240.)

Replicate weights in the 2003 Cost and Use file are named WEIGHT 1,...,WEIGHT100. These replicate weights can be used in WesVarPC to estimate standard errors for MCBS variables. WesVarPC (Version 2) is available at the Westat website—www.westat.com. Documentation for WesVarPC is also provided there. Alternatively, WesVar Complex Samples, which is an enhanced version of WesVarPC, can be purchased directly from SPSS. Descriptions of both packages are available on the website.

An alternative to WesVar is for the user to write a small custom program using a very simple algorithm. If X_0 is an estimate of a parameter of interest formed using the full-sample weights and X_1, \dots, X_{100} are estimates (calculated by the user) of the same statistic using the corresponding 100 replicate weights, then the estimated variance of X_0 is

$$\text{Var}(X_0) = \frac{2.04}{100} \sum_{i=1}^{100} (X_i - X_0)^2 .$$

A third option is to use another software package such as SUDAAN (Professional Software for Survey Data Analysis for Multi-stage Sample Designs) to compute population estimates and the associated variance estimates. Two variables, SUDSTRAT and SUDUNIT, have been included in the 2003 Cost and Use file for users of SUDAAN.

Estimates of Net Change

Estimates of net change from year to year can be obtained simply by computing the difference between two “cross-sectional” estimates, i.e., subtracting the 2002 estimate from the 2003 estimate. Each “cross-sectional” estimate is computed by using weights and sample data from the Cost and Use Data File for a particular year.

Computation of standard error estimates of net change is complicated by the fact that the two samples are not independent. Many sample persons are retained in the MCBS sample from year to year. The sample design for selecting each new supplement also uses the same PSUs and many of the same secondary sampling units (SSUs).

Direct Methods. One method for estimating the variances of the differences, when samples are not independent, involves direct estimation of the variances using WesVarPC or SUDAAN. Records from 2 or more years are concatenated into a single file, which retains every record from each of the original files. The user will need to supply instructions to the application to define a variable that represents the difference. The form of these instructions will depend on the particular application package.

In WesVarPC, the “Function” procedure within “Tables” allows a variable to be defined, e.g., net difference between 2002 and 2003 estimates, $d0302 = cy03e - cy02e$. Standard errors associated with estimates of $d0302$ are the required standard errors of the difference.

In SUDAAN, estimates of year-to-year differences can be generated using the CONTRAST option, where the cells to be contrasted are the estimates for each year. This can be accomplished by adding the following statement to the run request:

```
CONTRAST "original file designator" (1, -1)
```


where “original file designator” is the variable that indicates the file in which the record originated (e.g., CY). Standard errors associated with the contrast are the required standard errors of the differences.

For a custom program, the standard errors can be computed using estimate differences for each replicate using the following formula

$$Var(D_0) = \frac{2.04}{100} \sum_{i=1}^{100} (D_i - D_0)^2 ,$$

where D_0 is the difference between full-sample estimates for each year, and D_1, \dots, D_{100} are corresponding differences for each replicate sample.

Approximations. For screening purposes, shortcut approximations provide another method for estimating the variances of the differences between two estimates. Shortcut approximations consist of two thresholds, which are based on empirical examination of year-to-year correlations. (R.C. Bailey, A. Chu, and J. O’Connell, 1997, “Considerations for Analysis of the Medicare Current Beneficiary Survey (MCBS) Across Time,” ASA, Proceeding of the Section on Survey Methodology, August, 1997.)

The larger threshold, T_L , indicates the minimum absolute difference that may be considered to be significant (at the 5% level). This value is defined as

$$T_L = 2 \cdot \sqrt{V(e_1) + V(e_2)} ,$$

where $V(e_1) = \text{Var}(\text{cy03e})$ and $V(e_2) = \text{Var}(\text{cy02e})$. All differences larger than this in absolute value are considered to be significant.

The smaller threshold, T_S , indicates the maximum absolute difference that is considered to be not significant (at the 5% level). This value is defined as

$$T_S = 2 \cdot \sqrt{\min(V(e_1), V(e_2))} .$$

All differences smaller than this in absolute value are considered to be not significant. Any difference whose absolute value is between T_S and T_L is indeterminate. These differences will need to be examined using the procedures for direct estimation.

Additional technical questions concerning WesVar or other aspects of MCBS data and public use files may be directed to:

David Ferraro at Westat, telephone (301) 251-4261

To obtain copies of any of 1992–2003 Health and Health Care of the Medicare Population, send requests to:

Yuki Jao at Westat, telephone (301) 610-4801
email yukijao@westat.com

To obtain copies of any of the Access to Care Public Use Files or Cost and Use Public Use Files, send requests to:

Bill Long
Office of Research, Development, and Information, C3-17-07
Centers for Medicare and Medicaid Services
7500 Security Blvd., Baltimore, Maryland 21244-1850
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B

DEFINITIONS OF TERMS AND VARIABLES

Activities of daily living (ADLs): Activities of daily living are activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, using the toilet, and eating. If a sample person had any difficulty performing an activity by himself/herself and without special equipment, or did not perform the activity at all because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews.

Arthritis: The category arthritis includes rheumatoid arthritis, osteoarthritis, and other forms of arthritis.

Annual rate of change: The annual rates of change in Tables 6.1 to 6.16 refer to average annual growth rates. The growth rate from one year to the next is the ratio of the figure for the second year to the figure for the first year, minus 1. The growth rate over a 2-year period is the square root of the ratio of the figure for the third year to the figure for the first year, minus 1. The growth rate over a 3-year period is the cube root of the ratio of the figure for the fourth year to the figure for the first year, minus 1, and so on. For example, the figure for annual rate of change from 1992 to 1995 is calculated as follows: the figure for 1995 is divided by the figure for 1992, and then the cube root of the result is calculated. This figure minus 1 is the average annual growth from 1992 to 1995:

$$\sqrt[3]{1995 / 1992} - 1 .$$

Similarly, the formula used to calculate the average annual growth rate from 1992 to 2003 is:

$$\sqrt[11]{2003 / 1992} - 1 .$$

The annual growth rate from 2002 to 2003 is calculated as follows:

$$(2003 / 2002) - 1 .$$

The result is then multiplied by 100 to give the percentage presented in the table. It is not possible to calculate standard errors for the growth rates.

Balance billing: In the Medicare program, the practice of billing a Medicare beneficiary in excess of Medicare's allowed charge is known as balance billing. The balance billing amount is the difference between Medicare's allowed charge and the provider's actual charge to the patient.

Capitation payment: A capitation payment is a predetermined, per-member, per-month payment from the Medicare program to risk health maintenance organizations (HMOs) (see health maintenance organization). Risk HMOs use the capitation payment to finance all necessary Medicare-covered services provided to Medicare beneficiaries enrolled in the HMO. The amount paid for each Medicare enrollee does not depend on the actual cost of services provided to the individual.

Chronic conditions: Chronic conditions consists of heart disease, cancer (other than skin cancer), Alzheimer's disease/other dementias, mental illness/disorder (depression/anxiety disorders), hypertension (high blood pressure), diabetes, arthritis, osteoporosis, broken hip, pulmonary disease, stroke, Parkinson's disease, and urinary incontinence that occurs once a week or more often. In 2003, cancer (other than skin cancer), Alzheimer's disease/other dementias, and mental

illness/disorder (depression/anxiety disorders) were added to the list of chronic conditions.

Claim-only event: A claim-only event is a medical service or event known only through the presence of a Medicare claim. The event did not originate from, and was not matched to, an event or service reported by a sample person during an interview.

Coinsurance: A coinsurance is the percentage of covered hospital or medical expense, after subtraction of any deductible, for which an insured person is responsible. For example, after the annual deductible has been met, Medicare will generally pay 80 percent of approved charges for services and supplies covered under Medicare Part B. The remaining 20 percent of the approved charge is the coinsurance amount, for which the beneficiary is liable.

Copayment: A copayment is a form of cost-sharing whereby the insured pays a specific amount at the point of service or use (e.g., \$10 per doctor visit).

Cost-sharing liability: Cost-sharing is the portion of payment to a provider of health care services that is the liability of the patient. Cost-sharing liabilities include deductibles, copayments, coinsurance, and balance billing amounts.

Deductible: A deductible is an initial expense of a specific amount of approved charges for covered services within a given time period (e.g., \$100 per year) payable by an insured person before the insurer assumes liability for any additional costs of covered services. For example, from the first day through the 60th day of an inpatient hospital stay in 2003, Medicare Part A paid for all covered services except for the first \$840. The \$840 constituted the inpatient hospital deductible.

Dental service: The basic unit measuring use of dental services is a single visit to the dentist, at which time a variety of services, including cleaning, x-rays, and an exam, might be rendered.

End-stage renal disease (ESRD): End-stage renal disease is that state of kidney impairment that is irreversible, cannot be controlled by conservative management alone, and requires dialysis or kidney transplantation to maintain life.

Fee-for-service payment: Fee-for-service is a method of paying for medical services in which each service delivered by a provider bears a charge. This charge is paid by the patient receiving the service or by an insurer on behalf of the patient.

Functional limitations: Sample persons who reported no limitations in any of the activities of daily living (ADLs) or instrumental activities of daily living (IADLs) due to health problems were included in the category “none.” Sample persons with limitations in at least one IADL, but no ADL, were included in the category “IADL only.” Sample persons with ADL limitations were categorized by the number of limitations (1 to 2, 3 to 5) regardless of the presence or number of IADL limitations. Sample persons who were administered a community interview answered questions about their functional limitations themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person’s functional limitations for long-term care facility interviews.

Health maintenance organization (HMO): An HMO provides, or arranges for the provision of, a comprehensive package of health care services to enrolled persons for a fixed capitation payment (see capitation payment). The term “Medicare HMO” includes all types of HMOs that contract with Medicare, encompassing risk HMOs, cost HMOs, and health care prepayment plans (HCCPs). Risk HMOs are paid on a capitation basis to provide Part A and Part B services to Medicare enrollees. Cost HMOs are paid by Medicare on a reasonable

cost basis to provide Part A and Part B services to Medicare enrollees. HCPPs are paid by Medicare on a reasonable cost basis to provide Part B services to Medicare enrollees.

Health status: A sample person was asked to rate his or her general health compared to other people of the same age. Sample persons who were administered a community interview answered health status questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status for long-term care facility interviews.

Heart disease: The category heart disease includes myocardial infarction (heart attack), angina pectoris or coronary heart disease, congestive heart failure, problems with valves in the heart, or problems with rhythm of the heartbeat.

Income: Income is for calendar year 2003. It is for the sample person, or the sample person and spouse if the sample person was married in 2003. All sources of income from jobs, pensions, Social Security benefits, Railroad Retirement and other retirement income, Supplemental Security Income (SSI), interest, dividends, and other income sources are included. This sourcebook categorizes the continuous income variable into nine income classes.

Inpatient hospital stay: The basic unit measuring use of inpatient hospital services is a single admission. Inpatient hospital expenses include charges for an emergency room visit that resulted in an inpatient admission. Inpatient hospital events are included in the 2003 cost and use files if the discharge date for the stay was in 2003.

Instrumental activities of daily living (IADLs): Instrumental activities of daily living are activities related to independent living. They include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone. If a sample person had any difficulty performing an activity by

himself/herself, or did not perform the activity at all, because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person's health status and functioning for long-term care facility interviews. Facility interviewers did not ask about the sample person's ability to prepare meals or perform light or heavy housework, since they are not applicable to the sample person's situation; however, interviewers did question proxies about the sample person's ability to manage money, shop for groceries or personal items, or use a telephone.

Insurance coverage: Insurance categories were derived from annual insurance coverage variables in the 2003 Cost and Use files. The annual variables indicate whether a sample person held that type of insurance at some point during 2003. Insurance categories in this sourcebook were constructed to be mutually exclusive by prioritizing insurance holdings. Medicaid coverage had the highest priority; i.e., if a sample person was eligible for Medicaid benefits at some point during 2003, the person was included in the Medicaid category, regardless of other insurance holdings during the year. Enrollment in a Medicare HMO had the second-highest priority, after Medicaid eligibility. Other public health insurance plans, including Veterans Administration eligibility or a State-sponsored drug plan, are distributed across the insurance categories according to the sample person's highest-priority insurance coverage. For example, a person eligible for Medicaid coverage who was also eligible for a State-sponsored drug plan is categorized under "Medicaid."

The categories defined below apply to community residents. Facility residents have only four insurance categories: Medicare fee-for-service-only, Medicaid, private insurance, and Medicare HMO. No distinction was made during the collection of the facility data as to the

source of a private health insurance plan. The four insurance categories are analogous to those defined below for community residents. For beneficiaries who resided in a long-term care facility for part of the year and in the community for part of the year, community insurance status is shown.

- **Medicare fee-for-service-only** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who did not have Medicaid coverage, private insurance, and who were not enrolled in a private or Medicare HMO at any time during 2003. However, sample persons may have had other public insurance coverage, such as a State-sponsored prescription drug plan, or may have been eligible for Veterans Administration health care benefits.
- **Medicaid** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who were eligible for State Medicaid benefits at some point during 2003, regardless of the person's other insurance holdings.
- **Individually-purchased private insurance** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had self-purchased private insurance plans ("Medigap" insurance), but did not have Medicaid, private or Medicare HMO, or employer-sponsored private insurance coverage at any point during 2003.
- **Employer-sponsored private insurance** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had employer-purchased private insurance plans, but did not have Medicaid, Medicare HMO, or self-purchased private insurance coverage at any point during 2003. Sample persons enrolled in private HMOs, who did not have Medicaid or Medicare HMO coverage at any point during 2003, are also included in this category.

- **Both types of private insurance** encompasses sample persons eligible for Part A and/or Part B Medicare benefits, and who had both employer-sponsored private insurance and self-purchased private insurance, but who did not have Medicaid or Medicare HMO coverage at any point during 2003.

- **Medicare HMO** encompasses sample persons enrolled in any type of Medicare HMO, who were not eligible for Medicaid benefits at any point during 2003. The category includes beneficiaries enrolled in Medicare risk HMOs, Medicare cost HMOs, and health care prepayment plans (see health maintenance organization).

Living arrangement: For community residents, sample persons were separated into mutually exclusive categories: 1) beneficiary lives alone, 2) beneficiary lives with a spouse only, or lives with a spouse and other relatives or nonrelatives, 3) beneficiary lives with his or her children, or lives with his or her children and other relatives or nonrelatives, but does not live with a spouse, or 4) beneficiary lives with other relatives or nonrelatives, but not with his or her children or a spouse. For beneficiaries who resided in a long-term care facility for part of the year and in the community for part of the year, community residence status is shown.

Long-term care facility: The basic unit measuring use of facility services is a "stay" in a long-term care facility. Stays are measured in terms of days of residence in that facility. If the beneficiary was still in the facility at the end of the year, the stay is not complete, but all data for 2003 are present. To qualify for the survey, a long-term care facility must have three or more long-term care beds, and provide either personal care services to residents, provide continuous supervision of residents, or provide long-term care services throughout the facility or in a separately identifiable unit. Types of long-term care facilities include licensed nursing homes, skilled nursing homes, intermediate care facilities, retirement homes, domiciliary or personal care facili-

ties, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the mentally retarded and developmentally disabled. If noted in footnotes, long-term care facility use and expenditures in this sourcebook include short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported either during a community interview or created through Medicare claims data. Institutional events are included in the 2003 cost and use files if the discharge date for the stay was in 2003.

Medicare home health services: Home health care services are narrowly defined in the MCBS public use files. Home health care is limited to skilled nursing services and other therapeutic services provided by a Medicare participating home health agency. In the MCBS, home health use represents events where medical care, as opposed to personal care and support, was furnished to the sample person. Medicare pays 100 percent of the approved cost of covered home health visits, and 80 percent of the approved cost of durable medical equipment.

Medicare hospice services: Hospice services are narrowly defined in the MCBS public use files. Hospice care is limited to Medicare-covered services for terminally ill individuals who have elected to receive hospice care rather than standard Medicare benefits. Hospice services include medical, nursing, counseling, and other supportive services rendered to terminally ill people and their families. Hospice care is intended to be palliative and to improve quality of life rather than to cure disease or extend life. Almost all services provided to the hospice beneficiary are fully covered by Medicare. Two exceptions are prescribed medicines and inpatient respite care. These two types of services require a small amount of copayment.

Mental illnesses/disorders: The category mental illnesses/disorders includes mental retardation, depression, and other mental disorders. This definition was expanded to include mental retardation, schizophrenia, and manic depression for facility residents in 1997; and it was further expanded to include depression for community residents in 2000.

Missing values: When amounts (e.g., beneficiary counts or expenditures per beneficiary) are displayed in a table in this sourcebook, sample persons with missing responses or who belong to a category of a variable not shown in the table (e.g., “other” for the variable “race/ethnicity”) are excluded from individual categories displayed, but are included in the total. When column or row percentages are displayed in a table, sample persons with missing responses are assumed to be distributed the same as reported data and are included in the percentages. That is, column or row percentages sum to 100 percent of the column or row total.

Mobility limitation: If the sample person had no difficulty at all walking a quarter of a mile, the response was coded as “no.” If the sample person had a little, some, or a lot of difficulty, or could not walk a quarter of a mile, the response was coded as “yes.” The response reflects whether the sample person usually had trouble walking, rather than temporary difficulty, such as from a short-term injury. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person’s health status and functioning for long-term care facility interviews.

Outpatient hospital services: For a survey-reported event, the basic unit measuring use of outpatient services is a separate visit to any part of an outpatient department or outpatient clinic at a hospital. For Medicare claim-only events, it may represent 1) a single visit; 2) multiple procedures or services within one visit; or 3) multiple visits billed together. Outpatient hospital events include emergency room visits that did not result in an inpatient hospital admission.

Personal health care expenditures: Personal health care expenditures consist of health care goods and services purchased directly by individuals. They exclude public program administration costs, the net cost of private health insurance, research by nonprofit groups and government entities, and the value of new construction put in place for hospitals and nursing homes.

- **Total personal health care expenditures** in this source-book equal the sum of expenditures by Medicare, Medicaid, private insurance, out-of-pocket, and other sources, as defined below.
- **Long-term care facility expenditures** include expenditures for short-term facility stays (institutional events), primarily in skilled nursing facilities, that were reported during a community interview or created through Medicare claims data as noted in footnotes.
- **Medicare expenditures** equal Medicare program payments for fee-for-service beneficiaries, annual capitation payments to Medicare HMOs on behalf of enrollees,¹ and pass-through expenses for inpatient hospital services (see definition below). They exclude reported or imputed charges for individual events reported by Medicare HMO enrollees. Capitation payments were allocated across medical service types in the same proportions as Medicare fee-for-service payments for medical service types.

- Medicare expenditures for **inpatient hospital services** include pass-through expenses. Medicare's Prospective Payment System (PPS) for inpatient hospital services pays a fixed, predetermined amount per case. However, this payment excludes some hospital expenses, particularly for capital costs, that are reimbursed on a cost basis (i.e., capital costs are "passed through" for payment). In order to calculate total Medicare program payments (actual PPS case payment plus the prorated share of pass-through costs), estimated pass-through costs were added to charges for inpatient hospital events.

- Medicare expenditures for **long-term care services** consist of payments made by Medicare to long-term care facilities for skilled nursing or skilled rehabilitation services that are not included in any of the other event records.

- **Medicaid expenditures** consist of payments for services made by State Medicaid programs. Medicaid covers coinsurance amounts, copayments, deductibles, and charges for some non-Medicare covered services not paid for by other public or private insurance plans.

- **Private insurance expenditures** consist of payments made by individually-purchased private insurance plans and employer-sponsored private insurance plans, plus payments reported by or imputed for sample persons enrolled in private health maintenance organizations. The definition applies to community residents and part-year community/part-year facility residents. For facility residents, private insurance expenditures consist of payments made by private health insurance plans, whose sources (i.e., individual purchase or employer-sponsored) are unknown. No distinction was made during the collection of the facility data as to the source of private health insurance plans.

¹ In this sourcebook, the following changes were made in calculating total Medicare HMO expenditures: a) administrative cost (about 10 percent of the total annual Medicare HMO capitated payments) was subtracted from the total annual Medicare HMO capitated payments; and b) annual Medicare HMO premiums were added to the total annual Medicare HMO capitated payments.

- **Out-of-pocket expenditures** consist of direct payments to providers made by the sample person, or by another person on behalf of the sample person. These payments are for coinsurance amounts, copayments, deductibles, balance billings, and charges for non-Medicare covered services not paid for by public or private insurance plans.
- **Other source expenditures** consist of payments made by other public health plans and private liability insurance plans. For sample persons who resided in the community, examples of other public sources of payment include State pharmaceutical assistance programs and payments for sample persons who received medical services from the Veterans Administration. For sample persons who resided in a long-term care facility, examples of other public sources of payment include payments from State, county, or community departments of mental health, State supplemental assistance and welfare programs, and Black Lung funds.

Physician/supplier services: Physician/supplier services include medical doctor, osteopathic doctor, and health practitioner visits; diagnostic laboratory and radiology services; medical and surgical services; durable medical equipment; and nondurable medical supplies. Health practitioners include audiologists, optometrists, chiropractors, podiatrists, mental health professionals, therapists, nurses, paramedics, and physician's assistants. For survey-reported events, the basic unit measuring use of physician/supplier services is a separate visit, procedure, service, or purchase of a medical supply or medical equipment. For Medicare claim-only events, it may represent 1) single or multiple visits; 2) single or multiple procedures; 3) single or multiple services; or 4) single or multiple supplies, depending on the number of items bundled together on a single bill.

Prescription medicines: The basic unit measuring use of prescription medicines is a single purchase of a single drug in a single container. Prescription drug use is collected only for sample persons living in the community, and does not include prescription medicines administered during an inpatient hospital stay.

Pulmonary disease: The category pulmonary disease includes emphysema, asthma, and cardiopulmonary disease.

Race/ethnicity: Race and ethnic categories were recorded as interpreted by the respondent. Sample persons who reported they were white and not of Hispanic ancestry were coded as white non-Hispanic; those who reported they were black/African American and not of Hispanic ancestry were coded as black non-Hispanic; persons who reported they were of Hispanic ancestry, regardless of their race, were coded as Hispanic; persons who reported they were American Indian, an Asian or Pacific Islander, or other race and not of Hispanic ancestry were coded as other race/ethnicity. Hispanic includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Beginning in calendar year 1998, sample persons with more than one racial background were captured in a separate category and collapsed into the "other" category in the sourcebook.

Residence status: Community residents are Medicare beneficiaries who lived solely in household units during 2003, referred to as "community settings" in this sourcebook, and who received community interviews only. Long-term care facility residents are Medicare beneficiaries who lived solely in a long-term care facility during 2003 (see long-term care facility), and who received facility interviews only. Part-year community/part-year facility residents are Medicare beneficiaries who lived part of the year in the community and part of the year in a long-term care facility, and who received both community and facility interviews. When part-year community/part-year facility residents are included in a table, their community status is shown.

Satisfaction with care: In section 5 of the detailed tables, “(Very) Unsatisfied” includes a response of either “unsatisfied” or “very unsatisfied.” Sample persons with responses of “satisfied” and “no experience” are not shown in the tables but are included in the total population, which constitutes the denominator for calculating percentages of persons with a given response. The questions about satisfaction with care represent the respondent’s general opinion of all medical care received in the year preceding the interview.

- **General care** refers to the sample person’s rating of the overall quality of medical care received. Of the 11,367 community-only resident sample persons represented in the tables, 7,476 responded they were “satisfied,” and 328 responded they had “no experience.”
- **Follow-up care** refers to the sample person’s rating of follow-up care received after an initial treatment or operation. Of the 11,367 community-only resident sample persons represented in the tables, 7,934 responded they were “satisfied,” and 1,070 responded they had “no experience.”
- **Availability** refers to the sample person’s rating of the availability of medical care at night and on weekends. Of the 11,367 community-only resident sample persons represented in the tables, 5,286 responded they were “satisfied,” and 4,569 responded they had “no experience.”
- **Ease of access to doctor** refers to the sample person’s rating of the ease and convenience of getting to a doctor from her or his residence. Of the 11,367 community-only resident sample persons represented in the tables, 8,364 responded they were “satisfied,” and 278 responded they had “no experience.”
- **Can obtain care in same location** refers to the sample person’s rating of his or her ability to get all medical care needs taken

care of at the same location. Of the 11,367 community-only resident sample persons represented in the tables, 7,850 responded they were “satisfied,” and 1,313 responded they had “no experience.”

- **Information from doctor** refers to the sample person’s rating of the information given to the sample person about what was wrong with him or her. Of the 11,367 community-only resident sample persons represented in the tables, 8,484 responded they were “satisfied,” and 363 responded they had “no experience.”
- **Doctor’s concern for overall health** refers to the sample person’s rating of the doctor’s concerns for her or his overall health rather than for an isolated symptom or disease. Of the 11,367 community-only resident sample persons represented in the tables, 8,096 responded they were “satisfied,” and 436 responded they had “no experience.”
- **Cost** refers to the sample person’s rating of the out-of-pocket costs he or she paid for medical care. Of the 11,367 community-only resident sample persons represented in the tables, 7,449 responded they were “satisfied,” and 435 responded they had “no experience.”

Schooling: Schooling categories are based on the highest school grade completed. Before calendar year 1998, education does not specify education or training received in vocational, trade, or business schools outside of the regular school system. Since calendar year 1998, education or training received at these types of institutions are collapsed into “13–15 years” of schooling.

Smoker: Smoker categories in this sourcebook are mutually exclusive. Sample persons who had never smoked were categorized as “never smoked.” Sample persons who smoked previously but were not cur-

rent smokers were categorized as “former smoker.” Sample persons who reported they currently smoked were categorized as “current smoker.” Smoking includes a period of regular smoking of cigarettes or pipes, but does not include use of other forms of tobacco, such as chewing tobacco.

Social activity limitation: If the sample person responded that health had not limited her or his social life in the past month, the response was coded as “no.” If the sample person responded that health had limited her or his social life in the past month some, most, or all of the time, the response was coded as “yes.” Limitations on social life include limitations on visiting with friends or close relatives, and reflect the sample person’s experience over the preceding month, even if that experience was atypical. Sample persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person’s health status and functioning for long-term care facility interviews.

Source of payment: See personal health care expenditures.

Survey-reported event: A survey-reported event is a medical service or event reported by a sample person during an interview. The event may have been matched to a Medicare claim, or it may be a survey-only event, in which case it was not matched to a Medicare claim and is only known through the survey.

Upper extremity limitation: If the sample person had no difficulty at all reaching or extending his or her arms above shoulder level, and had no difficulty writing or handling and grasping small objects, the response was coded as “no.” If the sample person had a little, some, or a lot of difficulty with these tasks, or could not do them at all, the response was coded as “yes.” The response reflects whether the sample person usually had trouble reaching over her or his head or writing, rather than temporary difficulty, such as from a short-term injury. Sam-

ple persons who were administered a community interview answered health status and functioning questions themselves, unless they were unable to do so. A proxy, such as a nurse, always answered questions about the sample person’s health status and functioning for long-term care facility interviews.

Urinary incontinence: If the sample person had lost urine beyond his or her control at least once during the past 12 months, the response was coded as “yes.” If the sample person was on dialysis or had a catheter, the response was coded as missing.

User rate: A user rate is defined as the percentage of beneficiaries with the given characteristics who used at least one of the relevant services during calendar year 2003. For example, the dental services user rate for persons age 85 or older who had Medicaid coverage is equal to the number of beneficiaries age 85 or older with Medicaid coverage who had at least one dental visit in 2003, divided by the total number of persons age 85 or older with Medicaid coverage.

Usual source of care: If the sample person responded that he or she did not have a particular medical person or clinic where he or she usually went for care or advice about health, the response was coded as “none.” If the sample person responded that he or she did have a usual source of care, the sample person was questioned about the type of place. “Other clinic/health center” includes a neighborhood or family health center, a freestanding surgical center, a rural health clinic, a company clinic, any other kind of clinic, a walk-in urgent center, a home visit from a doctor, care in a Veterans Administration facility, a mental health center, or other place not included in the listed categories.



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