Table 20 Medicare Persons Served and Cost-Sharing Liability, by Demographic Characteristics: Calendar Year 1999

					Cost-SI	naring Liability <sup>2</sup>	
	Pe	rsons Served	$d^1$	Amount		Average per	
Demographic	Number in	Per 1,000		in		Person with	Per
Characteristic	Thousands	Enrollees <sup>3</sup>	Percent	Millions	Percent	Liability <sup>4</sup>	Enrollee
Total	29,211	908	100.0	\$33,703	100.0	\$1,180	\$1,047
Sex							
Male	11,918	859	40.8	14,431	42.8	1,246	1,040
Female	17,293	945	59.2	19,272	57.2	1,135	1,053
Age							
Under 65 Years	3,937	830	13.5	5,161	15.3	1,345	1,089
65-74 Years	12,108	860	41.5	12,139	36.0	1,028	863
75-84 Years	9,487	973	32.5	11,593	34.4	1,245	1,189
85 Years or Over	3,679	1,017	12.6	4,810	14.3	1,335	1,329
Race⁵							
White	25,064	923	85.8	28,027	83.2	1,145	1,032
Other	3,995	825	13.7	5,517	16.4	1,403	1,140
Unknown	151	805	0.5	159	0.5	1,079	848
Type of Entitlemen	nt						
Aged⁰	25,274	921	86.5	28,542	84.7	1,154	1,040
Disabled'	3,937	830	13.5	5,161	15.3	1,345	1,089
MSA Type <sup>8</sup>							
Urban	20,750	883	71.0	24,833	73.7	1,223	1,057
Rural	8,094	933	27.7	8,545	25.4	1,081	985

<sup>&</sup>lt;sup>1</sup>Represents beneficiaries who received covered services under fee-for-service and for whom program payments were made. Includes a small number of Medicare beneficiaries with no cost-sharing liability.

NOTES: Estimates of cost-sharing liability for 1999 are significantly higher than those reported for prior years due to improvements in the methodology used to calculate Part B cost sharing. A small amount of deductible payments can not be accounted for because of missing bills and truncating of cents. MSA is metropolitan statistical area. Numbers may not add to totals because of rounding.

SOURCE: Centers for Medicare & Medicaid Services, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Research, Development, and Information.

<sup>&</sup>lt;sup>2</sup>Includes beneficiary balance billing cost-sharing liability.

<sup>&</sup>lt;sup>3</sup>The July 1 enrollment counts used to calculate fee-for-service persons served and program payments per enrollee do not include Medicare enrollees in managed care plans. The numerators for the ratios of persons served per 1,000 include beneficiaries alive and enrolled in fee-for-service at any point in the year. \*Excludes persons who did not have cost-sharing liability.

<sup>\*</sup>Due to the availability of expanded codes for race, the methodology for calculating data for other race has been revised from earlier years.

<sup>&</sup>lt;sup>6</sup>Includes aged persons with end stage renal disease (ESRD).

 $<sup>^{7}</sup>$ Includes disabled persons with ESRD and persons entitled to Medicare because of ESRD only.

<sup>&</sup>lt;sup>8</sup>Excludes outlying areas.