

Table 22

**Number of Persons Served and Cost-Sharing Liability for Medicare Beneficiaries, by Type of Liability and Type of Coverage:  
Calendar Year 1999**

Amount of Cost-Sharing Liability Incurred	Total HI and/or SMI Liability	Hospital Insurance (HI)			Supplementary Medical Insurance (SMI)			Balance Billing
		Total	Deductible	Coinsurance	Total	Deductible	Coinsurance	
				Number of Persons Served <sup>1</sup>				
Total	29,211,000	6,787,100	6,718,820	756,660	28,418,260	27,726,820	27,756,480	3,199,880
\$1 - \$499	15,223,380	2,280	1,140	1,140	14,576,420	14,120,820	13,923,460	1,281,400
\$500 - \$999	4,249,540	310,540	307,680	3,220	4,124,860	4,046,960	4,117,020	553,600
\$1,000 - \$1,999	5,094,980	2,855,180	2,846,060	46,280	5,080,020	4,994,240	5,079,220	676,320
\$2,000 - \$4,999	3,563,220	2,726,140	2,703,160	291,620	3,558,980	3,505,040	3,558,840	542,940
\$5,000 - \$9,999	820,640	666,340	646,200	282,000	819,040	804,960	819,000	115,200
\$10,000 - \$14,999	189,560	165,460	160,740	93,840	189,440	186,740	189,440	22,980
More than \$15,000	69,680	61,160	53,840	38,560	69,500	68,060	69,500	7,440
				Liability in Thousands				
Total	\$33,703,136	\$8,957,140	\$6,181,173	\$2,775,967	\$24,745,996	\$2,711,848	\$21,959,148	\$75,000
\$1 - \$499	3,386,931	414	191	223	3,386,517	1,364,416	2,005,352	16,749
\$500 - \$999	3,044,766	237,022	235,868	1,154	2,807,744	400,921	2,394,940	11,884
\$1,000 - \$1,999	7,265,197	2,242,171	2,222,660	19,511	5,023,026	494,838	4,510,794	17,393
\$2,000 - \$4,999	10,629,649	3,137,107	2,745,639	391,468	7,492,541	346,868	7,124,111	21,562
\$5,000 - \$9,999	5,676,634	1,919,784	731,540	1,188,243	3,756,850	79,615	3,671,543	5,692
\$10,000 - \$14,999	2,224,062	825,818	183,955	641,863	1,398,244	18,463	1,378,513	1,268
More than \$15,000	1,475,898	594,825	61,319	533,505	881,074	6,728	873,894	452
				Average Liability per Person Served				
Total	\$1,154	\$1,320	\$920	\$3,669	\$871	\$98	\$791	\$23
\$1 - \$499	222	181	167	195	232	97	144	13
\$500 - \$999	716	763	767	358	681	99	582	21
\$1,000 - \$1,999	1,426	785	781	422	989	99	888	26
\$2,000 - \$4,999	2,983	1,151	1,016	1,342	2,105	99	2,002	40
\$5,000 - \$9,999	6,917	2,881	1,132	4,214	4,587	99	4,483	49
\$10,000 - \$14,999	11,733	4,991	1,144	6,840	7,381	99	7,277	55
More than \$15,000	21,181	9,726	1,139	13,836	12,677	99	12,574	61

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

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