

Table 6.1 Demographic and Socioeconomic Characteristics of Medicare Beneficiaries, 1992-2009

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
All Beneficiaries (in 1,000s)	36,785	42,869	46,048	47,177	2.45	1.93	1.23
	62	119	150	130			
Beneficiaries as a Percentage of Column Total							
Medicare Status							
65 years and older	90.00	84.80	83.95	84.03	0.10	-0.18	-0.47
	0.10	0.23	0.31	0.29			
64 years and younger	10.00	15.20	16.05	15.97	-0.50	0.99	3.41
	0.10	0.23	0.31	0.29			
Gender							
Male	42.92	44.09	44.95	45.10	0.33	0.45	0.22
	0.25	0.32	0.34	0.36			
Female	57.08	55.91	55.05	54.90	-0.27	-0.36	-0.17
	0.25	0.32	0.34	0.36			
Race/Ethnicity							
White Non-Hispanic	84.21	78.22	78.13	77.49	-0.82	-0.19	-0.59
	0.55	0.56	0.45	0.52			
All others	15.79	21.78	21.87	22.51	2.93	0.66	2.61
	0.55	0.56	0.45	0.52			
Functional Limitation							
None	48.72	52.08	53.35	52.84	-0.96	0.29	0.53
	0.62	0.61	0.54	0.54			
IADL only ¹	15.07	15.08	13.75	14.51	5.53	-0.77	0.01
	0.35	0.38	0.37	0.39			
One to two ADLs ²	21.05	20.05	20.40	19.90	-2.45	-0.15	-0.39
	0.44	0.39	0.47	0.46			
Three or more ADLs	15.16	12.79	12.49	12.75	2.08	-0.06	-1.35
	0.37	0.39	0.33	0.35			

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	62	119	150	130			
Beneficiaries as a Percentage of Column Total							
Usual Source of Care							
No usual source of care	9.55	4.20	5.07	4.39	-13.41	0.89	-6.36
	0.35	0.21	0.25	0.24			
Has usual source of care	90.45	95.80	94.93	95.61	0.72	-0.04	0.46
	0.35	0.21	0.25	0.24			
Living Arrangement							
Community							
Alone	27.00	28.93	28.96	29.09	0.45	0.11	0.55
	0.36	0.56	0.55	0.51			
With spouse	51.17	48.47	49.13	48.79	-0.69	0.13	-0.43
	0.39	0.59	0.54	0.54			
With children/others	16.74	18.21	17.78	18.17	2.19	-0.04	0.68
	0.36	0.43	0.43	0.40			
Long-Term Care Facility	5.09	4.39	4.13	3.95	-4.36	-2.09	-1.18
	0.18	0.15	0.15	0.15			
Health Insurance							
Medicare fee-for-service only	11.88	9.62	7.93	7.50	-5.42	-4.86	-1.67
	0.37	0.29	0.30	0.35			
Medicaid	16.27	20.45	20.30	20.45	0.74	0.00	1.85
	0.45	0.39	0.39	0.41			
Private health insurance	65.82	57.73	51.76	51.11	-1.26	-2.41	-1.04
	0.59	0.53	0.63	0.52			
Medicare Advantage/HMO ³	6.03	12.19	20.02	20.93	4.55	11.42	5.79
	0.30	0.31	0.47	0.52			

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All Beneficiaries (in 1,000s)	36,785	42,869	46,048	47,177	2.45	1.93	1.23
	<i>62</i>	<i>119</i>	<i>150</i>	<i>130</i>			
Beneficiaries as a Percentage of Column Total							
Poverty⁴							
Under 100% FPL	22.13	19.13	18.59	17.44	-6.19	-1.83	-1.16
	<i>0.65</i>	<i>0.40</i>	<i>0.40</i>	<i>0.49</i>			
100% - 199% FPL	35.42	32.11	29.83	30.28	1.51	-1.17	-0.78
	<i>0.60</i>	<i>0.40</i>	<i>0.47</i>	<i>0.42</i>			
200% - 399% FPL	28.95	32.17	34.11	34.00	-0.32	1.11	0.85
	<i>0.53</i>	<i>0.50</i>	<i>0.51</i>	<i>0.50</i>			
Over 400% FPL	13.51	16.59	17.48	18.28	4.58	1.96	1.66
	<i>0.45</i>	<i>0.39</i>	<i>0.45</i>	<i>0.47</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files, and Access to Care Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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.
- 4 See Appendix B for the definition of *poverty*. *FPL* stands for Federal Poverty Level.

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2009
 (Total expenditures in millions of nominal dollars)

All Medicare Beneficiaries

Medical Service	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Total Medical Services							
All beneficiaries	\$247,037	\$564,212	\$727,190	\$754,842	3.80	5.99	6.83
	4,091	9,539	12,583	13,742			
Beneficiaries 65 years and older	213,755	456,330	592,680	620,072	4.62	6.32	6.25
	3,608	6,542	10,068	10,764			
Beneficiaries 64 years and younger	33,282	107,882	134,510	134,770	0.19	4.55	9.86
	2,029	7,604	5,815	7,028			
Inpatient Hospital Services							
All beneficiaries	81,061	142,754	174,254	169,211	-2.89	3.46	4.63
	2,145	4,466	6,054	6,908			
Beneficiaries 65 years and older	71,036	115,795	141,155	141,999	0.60	4.16	3.99
	2,045	3,607	4,613	4,718			
Beneficiaries 64 years and younger	10,025	26,959	33,100	27,212	-17.79	0.19	8.24
	788	2,616	3,618	3,570			
Outpatient Hospital Services							
All beneficiaries	19,294	55,985	69,626	77,030	10.63	6.59	8.90
	623	2,150	2,222	2,304			
Beneficiaries 65 years and older	15,756	40,230	53,279	60,156	12.91	8.38	7.79
	534	1,188	1,713	1,779			
Beneficiaries 64 years and younger	3,538	15,755	16,347	16,874	3.22	1.38	12.69
	286	1,776	1,277	1,298			
Physician/Supplier Services							
All beneficiaries	57,367	152,010	185,878	193,870	4.30	4.99	8.11
	1,022	4,712	4,075	3,821			
Beneficiaries 65 years and older	51,593	122,553	157,804	162,473	2.96	5.80	7.17
	1,010	2,263	3,775	3,034			
Beneficiaries 64 years and younger	5,774	29,457	28,073	31,397	11.84	1.28	13.92
	286	4,345	1,650	2,371			

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2009
(Total expenditures in millions of nominal dollars)

All Medicare Beneficiaries

Medical Service	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Dental Services							
All beneficiaries	\$4,882	\$12,591	\$16,720	\$16,546	-1.04	5.62	7.87
	152	578	671	681			
Beneficiaries 65 years and older	4,469	10,955	14,627	14,562	-0.44	5.86	7.44
	138	501	566	635			
Beneficiaries 64 years and younger	413	1,636	2,093	1,984	-5.21	3.93	11.64
	51	195	363	257			
Prescription Medicines							
All beneficiaries	16,231	74,716	129,653	143,606	10.76	13.96	12.99
	231	1,032	1,790	2,241			
Beneficiaries 65 years and older	13,934	58,531	95,517	106,126	11.11	12.64	12.17
	229	817	1,289	1,924			
Beneficiaries 64 years and younger	2,297	16,186	34,136	37,480	9.80	18.29	16.91
	102	721	1,385	1,591			
Medicare Hospice Services							
All beneficiaries	868	7,143	10,550	10,806	2.43	8.63	18.37
	137	696	873	906			
Beneficiaries 65 years and older	831	6,611	10,032	10,424	3.91	9.54	18.05
	135	570	865	904			
Beneficiaries 64 years and younger	37	531	518	381	-26.45	-6.42	23.75
	23	326	192	162			
Medicare Home Health Services							
All beneficiaries	9,189	15,688	22,784	24,608	8.01	9.42	4.37
	638	716	1,265	1,499			
Beneficiaries 65 years and older	8,540	14,179	20,782	21,851	5.14	9.03	4.14
	611	683	1,203	1,392			
Beneficiaries 64 years and younger	649	1,509	2,002	2,757	37.71	12.81	6.98
	108	192	287	440			

Table 6.2 Personal Health Care Expenditures for Medicare Beneficiaries by Type of Medical Service, 1992-2009
(Total expenditures in millions of nominal dollars)

All Medicare Beneficiaries

Medical Service	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Skilled Nursing Facility Care¹							
All beneficiaries	\$4,053	\$20,344	\$24,963	\$26,790	7.32	5.66	13.78
	<i>337</i>	<i>1,094</i>	<i>1,343</i>	<i>1,699</i>			
Beneficiaries 65 years and older	3,771	18,848	22,841	25,196	10.31	5.98	13.74
	<i>327</i>	<i>1,069</i>	<i>1,256</i>	<i>1,628</i>			
Beneficiaries 64 years and younger	283	1,496	2,122	1,594	-24.88	1.28	14.25
	<i>78</i>	<i>327</i>	<i>528</i>	<i>413</i>			
Long-Term Nursing Home Care²							
All beneficiaries	54,092	82,981	92,763	92,376	-0.42	2.17	3.48
	<i>2,840</i>	<i>3,096</i>	<i>3,883</i>	<i>4,007</i>			
Beneficiaries 65 years and older	43,826	68,628	76,643	77,284	0.84	2.40	3.65
	<i>1,793</i>	<i>2,725</i>	<i>3,077</i>	<i>3,512</i>			
Beneficiaries 64 years and younger	10,267	14,353	16,120	15,092	-6.38	1.01	2.72
	<i>1,617</i>	<i>1,662</i>	<i>2,175</i>	<i>1,903</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 Beginning in CY2009, skilled nursing facility (SNF) care expenditures are separated from expenditures for long-term nursing home care. Expenditures for SNF care, which were reported during a community interview or created through Medicare claims data, were included for Medicare beneficiaries who ever used SNF care.
- 2 Expenditures for long-term nursing home care in facilities include facility room and board expenses and charges for ancillary services for beneficiaries who resided in a facility for the full year and for beneficiaries who resided in a facility for part of the year and in the community for part of the year.

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2009

All Medicare Beneficiaries

Medical Service	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$564,212	\$727,190	\$754,842	3.80	5.99	6.83
	4,091	9,539	12,583	13,742			
Source of Payment (percent)							
Medicare	53.28	54.23	62.24	64.47	3.58	3.52	0.14
	0.83	0.58	0.63	0.61			
Medicaid	13.99	11.23	8.24	7.24	-12.14	-8.41	-1.74
	0.81	0.45	0.40	0.33			
Private insurance	9.88	12.28	11.45	10.25	-10.48	-3.55	1.75
	0.38	0.27	0.45	0.31			
Out of pocket	19.73	18.82	15.66	15.40	-1.66	-3.93	-0.38
	0.41	0.65	0.41	0.43			
Other source	3.11	3.44	2.40	2.64	10.00	-5.16	0.81
	0.26	0.18	0.15	0.19			
Total Inpatient Hospital Expenditures (millions of \$)	\$81,061	\$142,754	\$174,254	\$169,211	-2.89	3.46	4.63
	2,145	4,466	6,054	6,908			
Percentage of Total Health Care Expenditures	32.81	25.30	23.96	22.42	-6.43	-2.39	-2.06
	0.66	0.60	0.55	0.63			
Source of Payment (percent)							
Medicare	87.08	88.40	85.15	89.95	5.64	0.35	0.12
	0.85	0.93	1.28	0.67			
Medicaid	1.44	1.20	1.37	1.21	-11.68	0.17	-1.45
	0.10	0.07	0.23	0.11			
Private insurance	7.47	5.85	8.99	5.42	-39.71	-1.52	-1.94
	0.79	0.47	1.26	0.58			
Out of pocket	1.93	3.46	3.28	2.70	-17.68	-4.84	4.78
	0.23	0.69	0.35	0.26			
Other source	2.07	1.09	1.21	0.72	-40.50	-7.96	-5.00
	0.30	0.36	0.27	0.18			
Total Outpatient Hospital Expenditures (millions of \$)	\$19,294	\$55,985	\$69,626	\$77,030	10.63	6.59	8.90
	623	2,150	2,222	2,304			
Percentage of Total Health Care Expenditures	7.81	9.92	9.57	10.20	6.58	0.56	1.93
	0.22	0.30	0.25	0.26			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2009

All Medicare Beneficiaries

Medical Service	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$564,212	\$727,190	\$754,842	3.80	5.99	6.83
	4,091	9,539	12,583	13,742			
Source of Payment (percent)							
Medicare	62.05	69.20	72.65	76.42	5.19	2.00	0.88
	0.77	0.89	1.20	0.70			
Medicaid	3.90	3.65	4.44	2.47	-44.37	-7.51	-0.53
	0.28	0.35	1.03	0.24			
Private insurance	20.29	16.78	14.30	13.08	-8.53	-4.86	-1.51
	0.69	0.76	0.61	0.73			
Out of pocket	9.63	8.06	7.07	6.62	-6.36	-3.86	-1.41
	0.40	0.60	0.66	0.38			
Other source	4.13	2.30	1.54	1.42	-7.79	-9.19	-4.57
	0.41	0.38	0.43	0.24			
Total Physician/Supplier Services Expenditures (millions of \$)	\$57,367	\$152,010	\$185,878	\$193,870	4.30	4.99	8.11
	1,022	4,712	4,075	3,821			
Percentage of Total Health Care Expenditures	23.22	26.94	25.56	25.68	0.47	-0.95	1.20
	0.39	0.56	0.35	0.37			
Source of Payment (percent)							
Medicare	63.44	63.91	66.82	69.04	3.32	1.56	0.06
	0.40	1.67	1.03	0.99			
Medicaid	2.86	3.25	2.49	1.90	-23.69	-10.18	1.03
	0.15	0.53	0.31	0.11			
Private insurance	14.87	12.76	13.32	12.31	-7.58	-0.72	-1.22
	0.35	0.45	0.64	0.37			
Out of pocket	17.79	19.48	16.61	15.40	-7.28	-4.59	0.73
	0.32	2.16	0.96	0.96			
Other source	1.05	0.59	0.76	1.36	78.95	18.18	-4.51
	0.11	0.06	0.12	0.53			
Total Dental Services Expenditures (millions of \$)	\$4,882	\$12,591	\$16,720	\$16,546	-1.04	5.62	7.87
	152	578	671	681			
Percentage of Total Health Care Expenditures	1.98	2.23	2.30	2.19	-4.78	-0.36	0.96
	0.07	0.11	0.10	0.10			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2009

All Medicare Beneficiaries

Medical Service	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$564,212	\$727,190	\$754,842	3.80	5.99	6.83
	4,091	9,539	12,583	13,742			
Source of Payment (percent)							
Medicare	0.11	1.47	2.18	2.65	21.56	12.51	23.05
	0.03	0.08	0.12	0.14			
Medicaid	2.18	2.44	1.00	1.13	13.00	-14.27	0.91
	0.24	0.80	0.21	0.21			
Private insurance	11.87	18.60	19.51	17.60	-9.79	-1.10	3.66
	0.64	0.99	1.09	0.94			
Out of pocket	82.92	75.63	76.28	77.80	1.99	0.57	-0.73
	0.82	1.43	1.10	1.03			
Other source	2.92	1.85	1.03	0.82	-20.39	-15.02	-3.59
	0.49	0.41	0.19	0.15			
Total Prescription Medicine Expenditures (millions of \$)	\$16,231	\$74,716	\$129,653	\$143,606	10.76	13.96	12.99
	231	1,032	1,790	2,241			
Percentage of Total Health Care Expenditures	6.57	13.24	17.83	19.02	6.67	7.51	5.77
	0.13	0.25	0.31	0.37			
Source of Payment (percent)							
Medicare	0.32	4.45	55.55	56.02	0.85	65.96	23.44
	0.06	0.15	0.72	0.83			
Medicaid	10.25	15.68	0.88	0.89	1.14	-43.66	3.46
	0.39	0.69	0.12	0.10			
Private insurance	25.45	36.13	19.53	19.31	-1.13	-11.78	2.84
	0.69	0.72	0.61	0.71			
Out of pocket	57.48	30.78	18.34	17.82	-2.84	-10.35	-4.87
	0.71	0.35	0.27	0.29			
Other source	6.51	12.97	5.69	5.96	4.75	-14.40	5.67
	0.44	0.54	0.37	0.32			
Total Hospice Services Expenditures (millions of \$)	\$868	\$7,143	\$10,550	\$10,806	2.43	8.63	18.37
	137	696	873	906			
Percentage of Total Health Care Expenditures	0.35	1.27	1.45	1.43	-1.38	2.40	10.86
	0.06	0.12	0.12	0.12			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2009

All Medicare Beneficiaries

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Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$564,212	\$727,190	\$754,842	3.80	5.99	6.83
	4,091	9,539	12,583	13,742			
Source of Payment (percent)							
Medicare	99.98	100.00	100.00	100.00	0.00	0.00	0.00
	0.02	0.00	0.00	0.00			
Medicaid	0.00	0.00	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	0.00	0.00			
Out of pocket	0.02	0.00	0.00	0.00	0.00	0.00	-100.00
	0.02	0.00	0.00	0.00			
Other source	0.00	0.00	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	\$15,688	\$22,784	\$24,608	8.01	9.42	4.37
	638	716	1,265	1,499			
Percentage of Total Health Care Expenditures	3.72	2.78	3.13	3.26	4.15	3.24	-2.30
	0.24	0.12	0.15	0.19			
Source of Payment (percent)							
Medicare	89.94	92.84	94.09	88.92	-5.49	-0.86	0.25
	1.90	1.07	1.59	4.30			
Medicaid	0.96	1.02	1.13	1.22	7.96	3.65	0.49
	0.32	0.42	0.47	0.46			
Private insurance	1.19	0.55	1.12	0.49	-56.25	-2.28	-5.99
	0.67	0.23	0.85	0.23			
Out of pocket	5.82	4.21	3.37	9.04	168.25	16.51	-2.56
	1.49	0.97	1.35	4.31			
Other source	2.08	1.39	0.28	0.33	17.86	-24.99	-3.17
	1.15	0.57	0.11	0.18			
Total Skilled Nursing Facility Care¹ Expenditures (millions of \$)	\$4,053	\$20,344	\$24,963	\$26,790	7.32	5.66	13.78
	337	1,094	1,343	1,699			
Percentage of Total Health Care Expenditures	1.64	3.61	3.43	3.55	3.50	-0.33	6.52
	0.13	0.19	0.17	0.20			

Table 6.3 Personal Health Care Expenditures, Share of Personal Health Care Expenditures, and Payer Sources for Medicare Beneficiaries by Type of Medical Service, 1992-2009

All Medicare Beneficiaries

Medical Service	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Total Personal Health Care Expenditures (millions of \$)	\$247,037	\$564,212	\$727,190	\$754,842	3.80	5.99	6.83
	<i>4,091</i>	<i>9,539</i>	<i>12,583</i>	<i>13,742</i>			
Source of Payment (percent)							
Medicare	71.37	78.00	80.42	81.83	1.75	0.96	0.71
	<i>1.82</i>	<i>1.20</i>	<i>0.99</i>	<i>0.91</i>			
Medicaid	7.45	4.20	2.11	2.24	6.16	-11.81	-4.48
	<i>1.33</i>	<i>0.95</i>	<i>0.31</i>	<i>0.27</i>			
Private insurance	18.29	8.16	9.13	7.51	-17.74	-1.65	-6.25
	<i>1.83</i>	<i>0.68</i>	<i>0.75</i>	<i>0.66</i>			
Out of pocket	2.52	9.34	8.34	8.42	0.96	-2.05	11.05
	<i>0.69</i>	<i>0.92</i>	<i>0.94</i>	<i>0.90</i>			
Other source	0.37	0.32	0.01	0.00	-100.00	-100.00	-1.15
	<i>0.17</i>	<i>0.16</i>	<i>0.01</i>	<i>0.00</i>			
Total Long-Term Nursing Home Care² Expenditures (millions of \$)	\$54,092	\$82,981	\$92,763	\$92,376	-0.42	2.17	3.48
	<i>2,840</i>	<i>3,096</i>	<i>3,883</i>	<i>4,007</i>			
Percentage of Total Health Care Expenditures	21.90	14.71	12.76	12.24	-4.08	-3.61	-3.13
	<i>1.02</i>	<i>0.55</i>	<i>0.52</i>	<i>0.47</i>			
Source of Payment (percent)							
Medicare	1.10	3.36	5.41	6.74	24.58	14.94	9.34
	<i>0.31</i>	<i>0.30</i>	<i>0.24</i>	<i>0.37</i>			
Medicaid	53.34	50.20	51.48	48.32	-6.14	-0.76	-0.48
	<i>2.04</i>	<i>1.72</i>	<i>1.91</i>	<i>1.62</i>			
Private insurance	0.64	1.28	1.93	1.60	-17.10	4.56	5.70
	<i>0.21</i>	<i>0.26</i>	<i>0.43</i>	<i>0.32</i>			
Out of pocket	39.00	38.61	35.53	36.61	3.04	-1.06	-0.08
	<i>1.96</i>	<i>1.58</i>	<i>1.80</i>	<i>1.55</i>			
Other source	5.91	6.55	5.65	6.74	19.29	0.57	0.83
	<i>0.96</i>	<i>0.77</i>	<i>0.83</i>	<i>0.84</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 Beginning in CY2009, skilled nursing facility (SNF) care expenditures are separated from expenditures for long-term nursing home care. Expenditures for SNF care, which were reported during a community interview or created through Medicare claims data, were included for Medicare beneficiaries who ever used SNF care.
- 2 Expenditures for long-term nursing home care in facilities include facility room and board expenses and charges for ancillary services for beneficiaries who resided in a facility for the full year and for beneficiaries who resided in a facility for part of the year and in the community for part of the year.

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2009

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2004	2008	2009	<u>Annual Rate of Change (Percent)</u>		
					2008-2009	2004-2009	1992-2004
Personal Health Care Expenditures (millions of \$)	\$247,037	\$564,212	\$727,190	\$754,842	3.80	5.99	6.83
	4,091	9,539	12,583	13,742			
Percentage of Personal Health Care Expenditures¹							
Medicare Status							
65 years and older	86.53	80.88	81.50	82.15	0.80	0.31	-0.54
	0.74	1.13	0.65	0.77			
64 years and younger	13.47	19.12	18.50	17.85	-3.51	-1.37	2.84
	0.74	1.13	0.65	0.77			
Race/Ethnicity							
White non-Hispanic	84.51	76.51	76.86	76.78	-0.10	0.07	-0.79
	0.87	1.15	0.75	0.90			
All others	15.49	23.49	23.14	23.22	0.35	-0.23	3.39
	0.87	1.15	0.75	0.90			
Living Arrangement							
Community							
Alone	22.18	26.93	26.86	26.42	-1.64	-0.38	1.56
	0.69	1.15	0.95	0.77			
With spouse	38.02	38.04	38.96	40.19	3.16	1.11	0.00
	0.98	1.05	0.95	0.80			
With children/others	16.45	17.59	18.56	18.50	-0.32	1.01	0.54
	0.90	0.68	0.82	0.66			
Long-Term Care Facility	23.35	17.44	15.62	14.88	-4.74	-3.13	-2.31
	1.06	0.80	0.69	0.62			

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2009

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Personal Health Care Expenditures (millions of \$)	\$247,037	\$564,212	\$727,190	\$754,842	3.80	5.99	6.83
	<i>4.091</i>	<i>9.539</i>	<i>12.583</i>	<i>13.742</i>			
	Percentage of Personal Health Care Expenditures¹						
Functional Limitation							
None	22.92	30.12	32.03	31.00	-3.22	0.58	2.21
	<i>0.75</i>	<i>0.80</i>	<i>0.85</i>	<i>0.88</i>			
IADL only ²	13.37	15.18	14.60	15.23	4.32	0.07	1.02
	<i>0.68</i>	<i>1.07</i>	<i>0.65</i>	<i>0.66</i>			
One to two ADLs ³	23.35	23.90	22.82	23.48	2.89	-0.35	0.19
	<i>0.84</i>	<i>0.98</i>	<i>0.75</i>	<i>0.99</i>			
Three or more ADLs	40.35	30.80	30.55	30.29	-0.85	-0.33	-2.14
	<i>1.02</i>	<i>1.04</i>	<i>0.85</i>	<i>0.89</i>			
Health Insurance							
Medicare fee-for-service only	9.15	6.40	5.41	4.95	-8.50	-5.01	-2.82
	<i>0.57</i>	<i>0.38</i>	<i>0.40</i>	<i>0.39</i>			
Medicaid	33.83	34.54	32.43	32.74	0.96	-1.06	0.17
	<i>1.21</i>	<i>1.18</i>	<i>0.84</i>	<i>1.11</i>			
Private health insurance	51.81	49.33	45.54	45.06	-1.05	-1.79	-0.39
	<i>1.24</i>	<i>1.02</i>	<i>0.97</i>	<i>0.90</i>			
Medicare Advantage/HMO ⁴	5.22	9.74	16.62	17.26	3.85	12.12	5.12
	<i>0.39</i>	<i>0.35</i>	<i>0.64</i>	<i>0.64</i>			

Table 6.4 Personal Health Care Expenditures for Medicare Beneficiaries by Demographic and Socioeconomic Characteristics, 1992-2009

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2004	2008	2009	<u>Annual Rate of Change (Percent)</u>		
					2008-2009	2004-2009	1992-2004
Personal Health Care Expenditures (millions of \$)	\$247,037	\$564,212	\$727,190	\$754,842	3.80	5.99	6.83
	<i>4.091</i>	<i>9.539</i>	<i>12.583</i>	<i>13.742</i>			
Percentage of Personal Health Care Expenditures¹							
Poverty							
Under 100% FPL	28.44	24.10	23.35	22.20	-4.93	-1.63	-1.32
	<i>0.96</i>	<i>0.92</i>	<i>0.89</i>	<i>0.88</i>			
100% - 199% FPL	36.70	34.36	32.41	32.48	0.22	-1.12	-0.53
	<i>1.13</i>	<i>0.98</i>	<i>0.87</i>	<i>0.65</i>			
200% - 399% FPL	24.39	28.84	30.52	30.07	-1.47	0.84	1.35
	<i>0.88</i>	<i>0.86</i>	<i>0.78</i>	<i>0.84</i>			
Over 400% FPL	10.47	12.70	13.72	15.25	11.15	3.73	1.56
	<i>0.60</i>	<i>0.47</i>	<i>0.64</i>	<i>0.64</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 *HMO* stands for Health Maintenance Organization.

Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Total Inpatient Hospital Expenditures (millions of \$)	\$72,063	\$120,463	\$153,907	\$148,151	-3.74	4.22	4.20
	2,095	4,272	5,967	6,303			
Percentage of Total Inpatient Hospital Expenditures²							
Medicare Status							
65 years and older	86.92	80.30	79.58	82.71	3.93	0.59	-0.63
	1.01	1.72	1.87	1.85			
64 years and younger	13.08	19.70	20.42	17.29	-15.33	-2.58	3.33
	1.01	1.72	1.87	1.85			
Race/Ethnicity							
White non-Hispanic	82.19	75.72	74.63	75.17	0.72	-0.15	-0.65
	1.59	1.37	1.89	1.98			
All others	17.81	24.28	25.37	24.83	-2.13	0.45	2.51
	1.59	1.37	1.89	1.98			
Functional Limitation							
None	27.44	33.97	33.95	33.12	-2.44	-0.51	1.72
	1.36	1.59	1.75	1.90			
IADL only ³	16.89	16.77	18.82	16.78	-10.84	0.01	-0.06
	1.26	1.34	1.82	1.17			
One to two ADLs ⁴	28.54	29.17	25.79	28.33	9.85	-0.58	0.17
	1.52	1.70	1.26	2.15			
Three or more ADLs	27.13	20.08	21.44	21.78	1.59	1.64	-2.38
	1.55	1.82	1.90	1.38			

Table 6.5 Inpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Total Inpatient Hospital Expenditures (millions of \$)	\$72,063	\$120,463	\$153,907	\$148,151	-3.74	4.22	4.20
	<i>2,095</i>	<i>4,272</i>	<i>5,967</i>	<i>6,303</i>			
Percentage of Total Inpatient Hospital Expenditures²							
Health Insurance							
Medicare fee-for-service only	9.26	6.87	6.33	5.04	-20.38	-6.01	-2.36
	<i>0.96</i>	<i>0.93</i>	<i>0.96</i>	<i>0.84</i>			
Medicaid	19.67	23.76	24.26	26.92	10.96	2.53	1.52
	<i>1.58</i>	<i>1.59</i>	<i>1.75</i>	<i>2.56</i>			
Private health insurance	62.81	57.78	51.27	47.65	-7.06	-3.78	-0.67
	<i>1.89</i>	<i>1.58</i>	<i>1.99</i>	<i>1.99</i>			
Medicare Advantage/HMO ⁵	8.26	11.59	18.14	20.38	12.35	11.95	2.75
	<i>0.70</i>	<i>0.63</i>	<i>0.92</i>	<i>1.09</i>			
Poverty							
Under 100% FPL	21.81	22.98	19.31	19.77	2.38	-2.96	0.42
	<i>1.45</i>	<i>1.81</i>	<i>1.54</i>	<i>1.89</i>			
100% - 199% FPL	39.58	33.71	36.84	33.70	-8.52	-0.01	-1.28
	<i>1.85</i>	<i>1.91</i>	<i>2.01</i>	<i>1.23</i>			
200% - 399% FPL	28.28	30.09	31.40	31.28	-0.38	0.78	0.50
	<i>1.80</i>	<i>1.69</i>	<i>1.75</i>	<i>1.71</i>			
Over 400% FPL	10.33	13.22	12.45	15.26	22.57	2.91	1.99
	<i>1.04</i>	<i>0.96</i>	<i>1.17</i>	<i>1.21</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 *HMO* stands for Health Maintenance Organization.

Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	<u>Annual Rate of Change (Percent)</u>		
					2008-2009	2004-2009	1992-2004
Total Outpatient Hospital Expenditures (millions of \$)	\$17,324	\$48,829	\$64,786	\$71,297	10.05	7.86	8.64
	628	1,617	2,139	2,291			
Percentage of Total Outpatient Hospital Expenditures²							
Medicare Status							
65 years and older	81.80	74.20	76.07	77.45	1.81	0.86	-0.78
	1.32	1.87	1.52	1.42			
64 years and younger	18.20	25.80	23.93	22.55	-5.77	-2.66	2.83
	1.32	1.87	1.52	1.42			
Race/Ethnicity							
White non-Hispanic	79.39	72.02	73.18	71.98	-1.64	-0.01	-0.78
	1.86	1.90	1.39	1.60			
All others	20.61	27.98	26.82	28.02	4.47	0.03	2.48
	1.86	1.90	1.39	1.60			
Functional Limitation							
None	38.04	41.35	42.73	38.40	-10.13	-1.47	0.67
	1.76	1.51	1.92	1.64			
IADL only ³	16.29	18.37	17.66	18.33	3.79	-0.04	0.97
	1.28	1.29	1.18	1.39			
One to two ADLs ⁴	28.27	28.40	23.87	26.99	13.07	-1.01	0.04
	1.68	1.97	1.44	1.72			
Three or more ADLs	17.39	11.88	15.74	16.28	3.43	6.50	-3.00
	1.42	1.36	1.61	1.38			

Table 6.6 Outpatient Hospital Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Total Outpatient Hospital Expenditures (millions of \$)	\$17,324	\$48,829	\$64,786	\$71,297	10.05	7.86	8.64
	<i>628</i>	<i>1,617</i>	<i>2,139</i>	<i>2,291</i>			
Percentage of Total Outpatient Hospital Expenditures²							
Health Insurance							
Medicare fee-for-service only	9.06	5.21	6.13	5.40	-11.91	0.72	-4.33
	<i>0.83</i>	<i>0.50</i>	<i>0.98</i>	<i>0.70</i>			
Medicaid	19.50	25.94	25.58	26.75	4.57	0.62	2.31
	<i>1.76</i>	<i>1.58</i>	<i>1.56</i>	<i>1.74</i>			
Private health insurance	64.90	58.19	52.06	51.17	-1.71	-2.54	-0.87
	<i>1.95</i>	<i>1.58</i>	<i>1.61</i>	<i>1.67</i>			
Medicare Advantage/HMO ⁵	6.54	10.65	16.24	16.68	2.71	9.39	3.98
	<i>0.85</i>	<i>0.47</i>	<i>0.78</i>	<i>0.76</i>			
Poverty							
Under 100% FPL	21.17	20.82	19.66	17.79	-9.51	-3.10	-0.13
	<i>1.63</i>	<i>1.59</i>	<i>1.37</i>	<i>1.21</i>			
100% - 199% FPL	37.36	33.82	30.88	32.03	3.72	-1.08	-0.79
	<i>1.86</i>	<i>1.53</i>	<i>1.59</i>	<i>1.24</i>			
200% - 399% FPL	28.37	31.71	33.91	33.82	-0.27	1.30	0.89
	<i>1.45</i>	<i>1.51</i>	<i>1.77</i>	<i>1.40</i>			
Over 400% FPL	13.10	13.65	15.55	16.35	5.14	3.68	0.33
	<i>0.98</i>	<i>0.88</i>	<i>0.99</i>	<i>1.29</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 *HMO* stands for Health Maintenance Organization.

Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Total Physician/Supplier Expenditures (millions of \$)	\$52,350	\$134,413	\$174,080	\$181,335	4.17	6.17	7.84
	<i>1,018</i>	<i>2,702</i>	<i>3,995</i>	<i>3,625</i>			
Percentage of Total Physician/Supplier Services Expenditures²							
Medicare Status							
65 years and older	89.68	83.59	84.68	83.42	-1.49	-0.04	-0.56
	<i>0.53</i>	<i>1.13</i>	<i>0.87</i>	<i>1.13</i>			
64 years and younger	10.32	16.41	15.32	16.58	8.22	0.21	3.78
	<i>0.53</i>	<i>1.13</i>	<i>0.87</i>	<i>1.13</i>			
Race/Ethnicity							
White non-Hispanic	83.90	77.35	78.64	78.83	0.24	0.38	-0.65
	<i>0.86</i>	<i>1.11</i>	<i>0.99</i>	<i>0.90</i>			
All others	16.10	22.65	21.36	21.17	-0.89	-1.34	2.77
	<i>0.86</i>	<i>1.11</i>	<i>0.99</i>	<i>0.90</i>			
Functional Limitation							
None	36.77	41.65	42.45	41.79	-1.55	0.07	1.00
	<i>1.10</i>	<i>1.14</i>	<i>1.28</i>	<i>1.15</i>			
IADL only ³	16.85	16.43	16.89	16.52	-2.19	0.11	-0.20
	<i>0.86</i>	<i>0.84</i>	<i>1.01</i>	<i>0.81</i>			
One to two ADLs ⁴	26.51	27.15	25.35	24.85	-1.97	-1.75	0.19
	<i>1.01</i>	<i>1.31</i>	<i>1.21</i>	<i>1.16</i>			
Three or more ADLs	19.86	14.77	15.31	16.84	9.99	2.66	-2.34
	<i>1.03</i>	<i>0.81</i>	<i>0.98</i>	<i>1.15</i>			

Table 6.7 Physician/Supplier Services Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Total Physician/Supplier Expenditures (millions of \$)	\$52,350	\$134,413	\$174,080	\$181,335	4.17	6.17	7.84
	<i>1,018</i>	<i>2,702</i>	<i>3,995</i>	<i>3,625</i>			
Percentage of Total Physician/Supplier Services Expenditures²							
Health Insurance							
Medicare fee-for-service only	6.90	4.80	4.79	4.42	-7.72	-1.64	-2.86
	<i>0.41</i>	<i>0.28</i>	<i>0.74</i>	<i>0.41</i>			
Medicaid	15.66	20.67	18.87	19.55	3.60	-1.11	2.25
	<i>0.85</i>	<i>1.13</i>	<i>0.89</i>	<i>0.97</i>			
Private health insurance	71.57	61.82	55.87	54.35	-2.72	-2.54	-1.16
	<i>1.01</i>	<i>1.15</i>	<i>1.32</i>	<i>0.92</i>			
Medicare Advantage/HMO ⁵	5.86	12.72	20.48	21.68	5.86	11.25	6.40
	<i>0.40</i>	<i>0.51</i>	<i>0.79</i>	<i>0.83</i>			
Poverty							
Under 100% FPL	17.97	18.17	16.35	15.37	-5.99	-3.29	0.09
	<i>0.84</i>	<i>1.17</i>	<i>0.66</i>	<i>0.97</i>			
100% - 199% FPL	37.27	31.21	30.48	30.17	-1.02	-0.68	-1.41
	<i>1.13</i>	<i>0.87</i>	<i>1.06</i>	<i>0.86</i>			
200% - 399% FPL	30.24	33.41	35.12	34.89	-0.65	0.87	0.80
	<i>0.99</i>	<i>1.15</i>	<i>1.16</i>	<i>1.01</i>			
Over 400% FPL	14.52	17.21	18.05	19.57	8.42	2.60	1.37
	<i>0.83</i>	<i>0.69</i>	<i>1.00</i>	<i>1.01</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 *HMO* stands for Health Maintenance Organization.

Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Total Prescription Medicine Expenditures (millions of \$)	\$16,070	\$73,705	\$128,174	\$141,809	10.64	13.98	12.96
	228	1,024	1,765	2,196			
Percentage of Total Prescription Medicine Expenditures²							
Medicare Status							
65 years and older	85.74	78.23	73.46	73.79	0.45	-1.16	-0.73
	0.62	0.83	0.87	0.96			
64 years and younger	14.26	21.77	26.54	26.21	-1.24	3.78	3.44
	0.62	0.83	0.87	0.96			
Race/Ethnicity							
White non-Hispanic	86.25	78.55	75.29	73.87	-1.89	-1.22	-0.75
	0.58	0.83	0.79	0.97			
All others	13.75	21.45	24.71	26.13	5.75	4.03	3.62
	0.58	0.83	0.79	0.97			
Functional Limitation							
None	37.47	44.61	44.49	41.10	-7.62	-1.63	1.41
	0.85	0.85	0.98	0.95			
IADL only ³	18.31	17.87	16.73	18.82	12.49	1.04	-0.19
	0.68	0.63	0.73	0.93			
One to two ADLs ⁴	27.00	24.70	24.78	24.57	-0.85	-0.11	-0.71
	0.87	0.68	0.80	1.11			
Three or more ADLs	17.23	12.82	13.99	15.51	10.86	3.88	-2.34
	0.79	0.57	0.58	0.79			

Table 6.8 Prescription Medicine Expenditures for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Total Prescription Medicine Expenditures (millions of \$)	\$16,070	\$73,705	\$128,174	\$141,809	10.64	13.98	12.96
	<i>228</i>	<i>1,024</i>	<i>1,765</i>	<i>2,196</i>			
Percentage of Total Prescription Medicine Expenditures²							
Health Insurance							
Medicare fee-for-service only	8.62	6.46	5.71	5.60	-1.93	-2.82	-2.28
	<i>0.46</i>	<i>0.38</i>	<i>0.55</i>	<i>0.55</i>			
Medicaid	14.75	21.80	29.61	29.59	-0.07	6.30	3.17
	<i>0.59</i>	<i>0.72</i>	<i>0.91</i>	<i>0.94</i>			
Private health insurance	72.75	62.25	44.96	43.95	-2.25	-6.73	-1.24
	<i>0.73</i>	<i>0.84</i>	<i>1.01</i>	<i>0.94</i>			
Medicare Advantage/HMO ⁵	3.88	9.49	19.72	20.87	5.83	17.07	7.42
	<i>0.32</i>	<i>0.52</i>	<i>0.71</i>	<i>0.81</i>			
Poverty							
Under 100% FPL	18.68	19.04	23.25	20.25	-12.90	1.24	0.15
	<i>0.76</i>	<i>0.74</i>	<i>0.80</i>	<i>0.78</i>			
100% - 199% FPL	36.27	30.71	30.18	31.89	5.67	0.76	-1.32
	<i>0.99</i>	<i>0.66</i>	<i>0.82</i>	<i>0.87</i>			
200% - 399% FPL	31.00	32.43	31.58	30.90	-2.15	-0.96	0.36
	<i>0.76</i>	<i>0.76</i>	<i>0.72</i>	<i>0.81</i>			
Over 400% FPL	14.05	17.82	14.99	16.96	13.14	-0.98	1.92
	<i>0.61</i>	<i>0.59</i>	<i>0.62</i>	<i>0.85</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 *HMO* stands for Health Maintenance Organization.

Table 6.9 Skilled Nursing Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

Skilled Nursing Facility Users

Beneficiary Characteristic	1992	2004	2008	2009	<u>Annual Rate of Change (Percent)</u>		
					2008-2009	2004-2009	1992-2004
Total Skilled Nursing Facility Care Expenditures (millions of \$)¹	\$3,859	\$20,344	\$24,963	\$26,790	7.32	5.66	14.22
	336	1,094	1,343	1,699			
Percentage of Total Skilled Nursing Facility Care Expenditures²							
Medicare Status							
65 years and older	92.87	92.65	91.50	94.05	2.79	0.30	-0.02
	1.99	1.56	2.00	1.48			
64 years and younger	7.13*	7.35	8.50*	5.95*	-30.00	-4.14	0.24
	1.99	1.56	2.00	1.48			
Race/Ethnicity							
White non-Hispanic	89.35	83.97	84.51	83.56	-1.12	-0.10	-0.50
	2.33	1.91	2.09	2.37			
All others	10.65*	16.03	15.49	16.44	6.13	0.51	3.33
	2.33	1.91	2.09	2.37			
Functional Limitation							
None	5.15*	12.23	9.68	8.62	-10.95	-6.76	7.16
	1.68	2.18	1.89	1.55			
IADL only ³	5.35*	7.81	9.73	9.84	1.13	4.73	3.07
	1.27	1.54	1.42	1.38			
One to two ADLs ⁴	20.65	21.87	22.82	24.19	6.00	2.04	0.46
	3.26	2.50	2.37	2.71			
Three or more ADLs	68.85	58.08	57.77	57.35	-0.73	-0.25	-1.35
	3.70	2.91	3.06	3.45			

Table 6.9 Skilled Nursing Facility Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

Skilled Nursing Facility Users

Beneficiary Characteristic	1992	2004	2008	2009	<u>Annual Rate of Change (Percent)</u>		
					2008-2009	2004-2009	1992-2004
Total Skilled Nursing Facility Care Expenditures (millions of \$)¹	\$3,859	\$20,344	\$24,963	\$26,790	7.32	5.66	14.22
	<i>336</i>	<i>1,094</i>	<i>1,343</i>	<i>1,699</i>			
Percentage of Total Skilled Nursing Facility Care Expenditures²							
Health Insurance							
Medicare fee-for-service only	8.02*	7.78*	3.93*	5.44*	38.42	-6.91	-0.24
	<i>1.80</i>	<i>1.72</i>	<i>0.94</i>	<i>1.40</i>			
Medicaid	42.75	44.19	40.49	38.72	-4.37	-2.61	0.27
	<i>4.03</i>	<i>2.95</i>	<i>2.73</i>	<i>3.17</i>			
Private health insurance	46.90	45.42	50.70	53.85	6.21	3.46	-0.26
	<i>4.17</i>	<i>2.40</i>	<i>2.48</i>	<i>3.47</i>			
Medicare Advantage/HMO ⁵	2.34*	2.61*	4.88	1.99	-59.22	-5.28	0.88
	<i>1.28</i>	<i>0.68</i>	<i>1.04</i>	<i>0.48</i>			
Poverty							
Under 100% FPL	28.74	25.49	25.23	26.45	4.84	0.74	-0.96
	<i>3.44</i>	<i>2.49</i>	<i>2.30</i>	<i>2.99</i>			
100% - 199% FPL	39.78	38.63	38.55	37.02	-3.97	-0.85	-0.23
	<i>4.10</i>	<i>3.28</i>	<i>2.54</i>	<i>2.57</i>			
200% - 399% FPL	27.57	30.33	27.56	26.08	-5.37	-2.97	0.77
	<i>3.67</i>	<i>2.31</i>	<i>2.52</i>	<i>2.74</i>			
Over 400% FPL	3.90*	5.54	8.66	10.45	20.67	13.53	2.85
	<i>1.25</i>	<i>1.15</i>	<i>1.61</i>	<i>1.65</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 Beginning in CY2009, skilled nursing facility (SNF) care expenditures are separated from expenditures for long-term nursing home care. Expenditures for SNF care, which were reported during a community interview or created through Medicare claims data, were included for Medicare beneficiaries who ever used SNF care.
- 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 *HMO* stands for Health Maintenance Organization.

Table 6.10 Long-Term Nursing Home Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009Long-Term Care Facility Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	<u>Annual Rate of Change (Percent)</u>		
					2008-2009	2004-2009	1992-2004
Total Long-Term Nursing Home Care Expenditures (millions of \$)²	\$54,052	\$80,900	\$88,297	\$87,113	-1.34	1.49	3.28
	2,841	3,104	3,857	4,023			
	Percentage of Total Long-Term Nursing Home Care Expenditures³						
Medicare Status							
65 years and older	81.01	82.45	82.32	83.42	1.34	0.23	0.14
	2.27	1.84	2.09	1.96			
64 years and younger	18.99	17.55	17.68	16.58	-6.22	-1.13	-0.63
	2.27	1.84	2.09	1.96			
Race/Ethnicity							
White non-Hispanic	89.41	81.19	80.03	79.61	-0.52	-0.39	-0.77
	1.31	1.41	1.84	1.83			
All others	10.59	18.81	19.97	20.39	2.10	1.63	4.70
	1.31	1.41	1.84	1.83			
Functional Limitation							
None	0.18*	2.50	2.30*	2.68*	16.52	1.40	23.43
	0.08	0.52	0.67	0.57			
IADL only ⁴	6.85	5.30	4.28	7.07	65.19	5.93	-2.03
	1.34	0.65	0.74	1.16			
One to two ADLs ⁵	14.01	15.37	11.93	12.81	7.38	-3.58	0.74
	1.42	1.71	1.28	1.44			
Three or more ADLs	78.96	76.83	81.49	77.45	-4.96	0.16	-0.22
	1.82	1.78	1.43	1.73			

Table 6.10 Long-Term Nursing Home Care Expenditures for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

Long-Term Care Facility Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Total Long-Term Nursing Home Care Expenditures (millions of \$)²	\$54,052	\$80,900	\$88,297	\$87,113	-1.34	1.49	3.28
	<i>2,841</i>	<i>3,104</i>	<i>3,857</i>	<i>4,023</i>			
Percentage of Total Long-Term Nursing Home Care Expenditures³							
Health Insurance							
Medicare fee-for-service only	11.72	8.67	5.64	5.58	-1.06	-8.44	-2.38
	<i>1.31</i>	<i>0.91</i>	<i>1.15</i>	<i>0.89</i>			
Medicaid	74.02	71.01	71.27	69.61	-2.33	-0.40	-0.33
	<i>1.94</i>	<i>1.85</i>	<i>2.24</i>	<i>2.08</i>			
Private health insurance	13.48	16.27	16.52	19.88	20.34	4.09	1.52
	<i>1.37</i>	<i>1.49</i>	<i>1.43</i>	<i>1.84</i>			
Medicare Advantage/HMO ⁶	0.77*	4.05	6.57	4.93*	-24.96	4.01	14.20
	<i>0.28</i>	<i>0.81</i>	<i>1.56</i>	<i>0.91</i>			
Poverty							
Under 100% FPL	49.54	38.10	41.22	41.55	0.80	1.75	-2.08
	<i>2.09</i>	<i>2.13</i>	<i>2.72</i>	<i>2.67</i>			
100% - 199% FPL	32.32	39.24	34.42	34.37	-0.15	-2.62	1.56
	<i>1.79</i>	<i>1.91</i>	<i>2.49</i>	<i>2.02</i>			
200% - 399% FPL	12.37	18.32	17.84	17.80	-0.22	-0.57	3.19
	<i>1.22</i>	<i>1.69</i>	<i>1.80</i>	<i>1.92</i>			
Over 400% FPL	5.77	4.34	6.51	6.28	-3.53	7.67	-2.25
	<i>1.09</i>	<i>0.68</i>	<i>1.20</i>	<i>1.00</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 Expenditures for long-term nursing home care include facility room and board expenses and charges for ancillary services for full-year and part-year nursing home residents.
- 3 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.
- 4 *IADL* stands for Instrumental Activity of Daily Living.
- 5 *ADL* stands for Activity of Daily Living.
- 6 *HMO* stands for Health Maintenance Organization.

Table 6.11 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	17.94	18.87	18.44	17.13	-7.10	-1.92	0.41
	0.33	0.41	0.44	0.41			
Medicare Status							
65 years and older	17.70	18.37	17.97	16.91	-5.90	-1.64	0.30
	0.37	0.42	0.43	0.43			
64 years and younger	20.15	21.62	20.90	18.26	-12.63	-3.32	0.56
	0.93	1.36	1.40	1.35			
Race/Ethnicity							
White non-Hispanic	18.07	18.88	18.77	17.26	-8.04	-1.78	0.35
	0.36	0.41	0.46	0.45			
All others	17.39	18.80	17.35	16.70	-3.75	-2.34	0.63
	0.98	0.97	0.96	0.86			
Functional Limitation							
None	10.71	12.17	11.82	11.15	-5.67	-1.74	1.03
	0.39	0.44	0.42	0.42			
IADL only ²	20.72	21.86	23.46	19.83	-15.47	-1.93	0.43
	1.01	1.19	1.21	1.02			
One to two ADLs ³	24.84	26.81	25.24	22.77	-9.79	-3.21	0.61
	0.87	0.93	0.78	1.09			
Three or more ADLs	34.61	36.26	35.50	35.06	-1.24	-0.67	0.37
	1.04	1.73	2.13	1.78			
Health Insurance							
Medicare fee-for-service only	16.85	14.94	15.65	13.98	-10.67	-1.32	-0.96
	1.06	1.19	1.38	1.53			
Medicaid	24.67	24.51	22.59	21.47	-4.96	-2.61	-0.05
	1.28	0.85	1.24	1.20			
Private health insurance	17.06	19.09	18.98	17.74	-6.53	-1.46	0.90
	0.42	0.57	0.55	0.53			
Medicare Advantage/HMO ⁴	16.23	12.97	14.59	13.13	-10.01	0.25	-1.78
	1.37	0.83	0.82	0.88			

Table 6.11 Inpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Percentage of Beneficiaries with at Least One Inpatient Hospital Stay							
All Beneficiaries	17.94	18.87	18.44	17.13	-7.10	-1.92	0.41
	<i>0.33</i>	<i>0.41</i>	<i>0.44</i>	<i>0.41</i>			
Poverty							
Under 100% FPL	18.43	21.94	21.26	18.35	-13.69	-3.51	1.40
	<i>0.74</i>	<i>0.90</i>	<i>1.13</i>	<i>1.07</i>			
100% - 199% FPL	20.18	21.02	20.11	19.63	-2.39	-1.36	0.33
	<i>0.72</i>	<i>0.79</i>	<i>0.84</i>	<i>0.61</i>			
200% - 399% FPL	16.35	16.71	17.81	15.87	-10.89	-1.03	0.17
	<i>0.55</i>	<i>0.68</i>	<i>0.73</i>	<i>0.66</i>			
Over 400% FPL	14.98	15.85	14.23	14.42	1.34	-1.87	0.45
	<i>0.82</i>	<i>0.88</i>	<i>0.82</i>	<i>0.85</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	57.90	72.31	70.37	70.48	0.16	-0.51	1.79
	<i>0.77</i>	<i>0.59</i>	<i>0.64</i>	<i>0.66</i>			
Medicare Status							
65 years and older	57.40	71.58	69.60	69.79	0.27	-0.51	1.78
	<i>0.81</i>	<i>0.65</i>	<i>0.65</i>	<i>0.70</i>			
64 years and younger	62.48	76.39	74.39	74.10	-0.39	-0.61	1.62
	<i>1.30</i>	<i>1.38</i>	<i>1.39</i>	<i>1.39</i>			
Race/Ethnicity							
White non-Hispanic	57.81	73.45	71.29	71.17	-0.17	-0.63	1.93
	<i>0.86</i>	<i>0.65</i>	<i>0.71</i>	<i>0.72</i>			
All others	58.28	68.60	67.48	68.26	1.16	-0.10	1.31
	<i>1.32</i>	<i>1.25</i>	<i>1.16</i>	<i>1.38</i>			
Functional Limitation							
None	51.59	67.05	65.88	65.78	-0.15	-0.38	2.12
	<i>0.90</i>	<i>0.83</i>	<i>0.80</i>	<i>0.83</i>			
IADL only ²	61.81	78.97	76.43	75.89	-0.71	-0.79	1.98
	<i>1.43</i>	<i>1.05</i>	<i>1.33</i>	<i>1.23</i>			
One to two ADLs ³	63.98	79.11	75.40	75.64	0.32	-0.89	1.71
	<i>1.11</i>	<i>1.19</i>	<i>1.17</i>	<i>1.24</i>			
Three or more ADLs	70.19	77.90	77.69	78.31	0.80	0.11	0.84
	<i>1.34</i>	<i>1.30</i>	<i>1.60</i>	<i>1.48</i>			
Health Insurance							
Medicare fee-for-service only	50.58	62.30	59.66	61.70	3.42	-0.19	1.68
	<i>1.53</i>	<i>1.78</i>	<i>2.16</i>	<i>2.29</i>			
Medicaid	65.89	75.72	75.67	75.78	0.15	0.02	1.12
	<i>1.54</i>	<i>1.19</i>	<i>1.00</i>	<i>1.11</i>			
Private health insurance	57.77	74.64	73.33	72.85	-0.65	-0.48	2.07
	<i>0.92</i>	<i>0.82</i>	<i>0.81</i>	<i>0.91</i>			
Medicare Advantage/HMO ⁴	57.05	64.15	62.30	63.39	1.75	-0.24	0.94
	<i>2.14</i>	<i>1.51</i>	<i>1.22</i>	<i>1.27</i>			

Table 6.12 Outpatient Hospital User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Percentage of Beneficiaries with at Least One Outpatient Hospital Visit							
All Beneficiaries	57.90	72.31	70.37	70.48	0.16	-0.51	1.79
	<i>0.77</i>	<i>0.59</i>	<i>0.64</i>	<i>0.66</i>			
Poverty							
Under 100% FPL	55.41	71.51	71.40	73.06	2.32	0.43	2.06
	<i>1.07</i>	<i>1.26</i>	<i>1.09</i>	<i>1.52</i>			
100% - 199% FPL	60.23	71.92	69.81	70.56	1.07	-0.38	1.43
	<i>1.09</i>	<i>0.96</i>	<i>1.08</i>	<i>0.96</i>			
200% - 399% FPL	57.26	73.35	71.60	70.10	-2.09	-0.90	2.00
	<i>1.25</i>	<i>0.99</i>	<i>1.04</i>	<i>1.03</i>			
Over 400% FPL	57.01	71.89	67.92	68.84	1.35	-0.86	1.87
	<i>1.54</i>	<i>1.11</i>	<i>1.30</i>	<i>1.27</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	92.36	95.59	95.35	95.54	0.20	-0.01	0.28
	<i>0.27</i>	<i>0.23</i>	<i>0.27</i>	<i>0.26</i>			
Medicare Status							
65 years and older	92.69	95.80	95.71	95.92	0.22	0.03	0.26
	<i>0.26</i>	<i>0.24</i>	<i>0.29</i>	<i>0.28</i>			
64 years and younger	89.34	94.42	93.45	93.56	0.12	-0.18	0.44
	<i>0.73</i>	<i>0.63</i>	<i>0.75</i>	<i>0.82</i>			
Race/Ethnicity							
White non-Hispanic	92.99	96.16	96.15	96.02	-0.14	-0.03	0.27
	<i>0.25</i>	<i>0.25</i>	<i>0.26</i>	<i>0.27</i>			
All others	89.13	93.66	92.55	93.88	1.44	0.05	0.40
	<i>0.97</i>	<i>0.62</i>	<i>0.74</i>	<i>0.66</i>			
Functional Limitation							
None	89.76	94.22	94.27	94.55	0.30	0.07	0.39
	<i>0.44</i>	<i>0.39</i>	<i>0.41</i>	<i>0.39</i>			
IADL only ²	94.13	96.87	96.67	96.22	-0.47	-0.13	0.23
	<i>0.60</i>	<i>0.45</i>	<i>0.54</i>	<i>0.61</i>			
One to two ADLs ³	95.26	97.15	96.40	96.75	0.36	-0.08	0.16
	<i>0.45</i>	<i>0.44</i>	<i>0.51</i>	<i>0.53</i>			
Three or more ADLs	96.41	98.21	97.66	97.53	-0.13	-0.14	0.15
	<i>0.44</i>	<i>0.47</i>	<i>0.56</i>	<i>0.63</i>			
Health Insurance							
Medicare fee-for-service only	83.25	86.53	83.96	85.95	2.37	-0.13	0.31
	<i>1.23</i>	<i>1.35</i>	<i>1.48</i>	<i>1.61</i>			
Medicaid	92.42	95.14	94.81	95.07	0.27	-0.01	0.23
	<i>0.74</i>	<i>0.58</i>	<i>0.57</i>	<i>0.53</i>			
Private health insurance	93.86	97.19	97.23	96.79	-0.45	-0.08	0.28
	<i>0.31</i>	<i>0.25</i>	<i>0.31</i>	<i>0.33</i>			
Medicare Advantage/HMO ⁴	92.76	95.51	95.31	96.25	0.99	0.15	0.23
	<i>0.97</i>	<i>0.72</i>	<i>0.46</i>	<i>0.53</i>			

Table 6.13 Physician/Supplier Services User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Percentage of Beneficiaries with at Least One Physician/Supplier Service							
All Beneficiaries	92.36	95.59	95.35	95.54	0.20	-0.01	0.28
	<i>0.27</i>	<i>0.23</i>	<i>0.27</i>	<i>0.26</i>			
Poverty							
Under 100% FPL	88.08	92.30	93.17	93.48	0.33	0.25	0.38
	<i>0.71</i>	<i>0.75</i>	<i>0.66</i>	<i>0.79</i>			
100% - 199% FPL	92.94	95.70	94.53	94.49	-0.04	-0.25	0.23
	<i>0.43</i>	<i>0.38</i>	<i>0.50</i>	<i>0.52</i>			
200% - 399% FPL	93.48	96.56	96.32	96.40	0.08	-0.03	0.26
	<i>0.45</i>	<i>0.35</i>	<i>0.42</i>	<i>0.38</i>			
Over 400% FPL	94.73	96.99	96.90	97.40	0.52	0.08	0.19
	<i>0.54</i>	<i>0.54</i>	<i>0.52</i>	<i>0.49</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	85.20	92.24	93.79	94.34	0.59	0.45	0.64
	<i>0.36</i>	<i>0.31</i>	<i>0.30</i>	<i>0.28</i>			
Medicare Status							
65 years and older	85.31	92.42	94.02	94.39	0.39	0.42	0.64
	<i>0.38</i>	<i>0.35</i>	<i>0.32</i>	<i>0.32</i>			
64 years and younger	84.14	91.28	92.62	94.08	1.58	0.61	0.65
	<i>0.86</i>	<i>0.85</i>	<i>0.83</i>	<i>0.63</i>			
Race/Ethnicity							
White non-Hispanic	85.52	92.88	94.13	94.42	0.31	0.33	0.66
	<i>0.41</i>	<i>0.31</i>	<i>0.31</i>	<i>0.29</i>			
All others	83.54	90.20	92.72	94.02	1.40	0.83	0.62
	<i>1.00</i>	<i>0.83</i>	<i>0.72</i>	<i>0.69</i>			
Functional Limitation							
None	80.20	90.26	91.96	92.76	0.87	0.55	0.95
	<i>0.60</i>	<i>0.47</i>	<i>0.46</i>	<i>0.44</i>			
IADL only ²	89.46	94.33	95.82	95.38	-0.46	0.22	0.42
	<i>0.82</i>	<i>0.59</i>	<i>0.64</i>	<i>0.65</i>			
One to two ADLs ³	90.79	95.15	96.07	96.44	0.39	0.27	0.38
	<i>0.55</i>	<i>0.56</i>	<i>0.56</i>	<i>0.55</i>			
Three or more ADLs	91.91	94.27	96.88	97.53	0.67	0.68	0.20
	<i>0.73</i>	<i>0.83</i>	<i>0.89</i>	<i>0.52</i>			
Health Insurance							
Medicare fee-for-service only	76.58	78.30	82.44	82.61	0.21	1.08	0.18
	<i>1.26</i>	<i>1.25</i>	<i>1.72</i>	<i>1.57</i>			
Medicaid	86.72	92.28	94.91	95.14	0.24	0.61	0.50
	<i>0.91</i>	<i>0.63</i>	<i>0.58</i>	<i>0.55</i>			
Private health insurance	86.39	94.17	94.44	95.11	0.71	0.20	0.69
	<i>0.46</i>	<i>0.37</i>	<i>0.40</i>	<i>0.39</i>			
Medicare Advantage/HMO ⁴	85.04	93.59	95.53	95.90	0.39	0.49	0.77
	<i>1.67</i>	<i>0.90</i>	<i>0.51</i>	<i>0.50</i>			

Table 6.14 Prescription Medicine User Rates for Noninstitutionalized Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Percentage of Beneficiaries with at Least One Prescribed Medicine							
All Beneficiaries	85.20	92.24	93.79	94.34	0.59	0.45	0.64
	<i>0.36</i>	<i>0.31</i>	<i>0.30</i>	<i>0.28</i>			
Poverty							
Under 100% FPL	81.98	88.37	91.95	93.39	1.57	1.11	0.60
	<i>0.82</i>	<i>0.91</i>	<i>0.75</i>	<i>0.80</i>			
100% - 199% FPL	85.81	92.09	92.94	94.09	1.24	0.43	0.57
	<i>0.58</i>	<i>0.47</i>	<i>0.54</i>	<i>0.43</i>			
200% - 399% FPL	86.23	93.54	95.06	94.77	-0.31	0.26	0.65
	<i>0.63</i>	<i>0.55</i>	<i>0.42</i>	<i>0.49</i>			
Over 400% FPL	86.08	94.09	94.52	94.78	0.28	0.15	0.71
	<i>1.02</i>	<i>0.61</i>	<i>0.72</i>	<i>0.55</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 6.15 Skilled Nursing Facility User Rates¹ for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Percentage of Beneficiaries with at Least One Skilled Nursing Facility Stay							
All Beneficiaries	2.24	4.35	4.66	4.55	-2.36	0.90	5.45
	0.13	0.17	0.20	0.22			
Medicare Status							
65 years and older	2.32	4.58	4.92	4.93	0.20	1.48	5.59
	0.14	0.18	0.19	0.25			
64 years and younger	1.52*	3.07	3.33*	2.57*	-22.82	-3.49	5.78
	0.27	0.49	0.58	0.47			
Race/Ethnicity							
White non-Hispanic	2.35	4.71	5.01	4.91	-2.00	0.84	5.72
	0.14	0.21	0.20	0.27			
All others	1.56*	3.14	3.47	3.35	-3.46	1.30	5.76
	0.25	0.34	0.40	0.40			
Functional Limitation							
None	0.29*	1.07	1.47	1.32	-10.20	4.29	11.01
	0.07	0.13	0.20	0.16			
IADL only ²	1.13*	3.89	3.82	4.29	12.30	1.98	10.40
	0.22	0.57	0.48	0.56			
One to two ADLs ³	2.67	5.97	5.66	5.86	3.53	-0.37	6.65
	0.30	0.51	0.51	0.53			
Three or more ADLs	8.95	15.62	17.60	16.28	-7.50	0.83	4.56
	0.66	0.78	1.12	1.11			
Health Insurance							
Medicare fee-for-service only	1.86*	3.30*	2.75*	3.12*	13.45	-1.12	4.69
	0.32	0.49	0.50	0.68			
Medicaid	5.26	8.20	7.99	8.14	1.88	-0.15	3.62
	0.59	0.59	0.58	0.61			
Private health insurance	1.64	3.55	4.17	4.32	3.60	4.00	6.37
	0.12	0.22	0.23	0.29			
Medicare Advantage/HMO ⁴	1.34*	2.51*	3.31	2.12	-35.95	-3.32	5.15
	0.46	0.41	0.40	0.32			

Table 6.15 Skilled Nursing Facility User Rates¹ for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Percentage of Beneficiaries with at Least One Skilled Nursing Facility Stay							
All Beneficiaries	2.24	4.35	4.66	4.55	-2.36	0.90	5.45
	<i>0.13</i>	<i>0.17</i>	<i>0.20</i>	<i>0.22</i>			
Poverty							
Under 100% FPL	3.34	6.06	5.67	6.69	17.99	2.00	4.88
	<i>0.35</i>	<i>0.55</i>	<i>0.51</i>	<i>0.67</i>			
100% - 199% FPL	2.53	5.04	6.03	5.61	-6.97	2.17	5.67
	<i>0.24</i>	<i>0.36</i>	<i>0.43</i>	<i>0.41</i>			
200% - 399% FPL	1.65	3.86	3.96	3.67	-7.32	-1.00	7.04
	<i>0.20</i>	<i>0.25</i>	<i>0.30</i>	<i>0.32</i>			
Over 400% FPL	0.93*	2.00	2.62	2.40	-8.40	3.71	6.32
	<i>0.25</i>	<i>0.30</i>	<i>0.39</i>	<i>0.34</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 Skilled nursing facility user rates are added to Section 6 in CY2009 data tables. See Appendix B for the definition of user rates.
- 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 6.16 Long-Term Nursing Home User Rates¹ for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Percentage of Beneficiaries with at Least One Long-Term Nursing Home Stay							
All Beneficiaries	6.53	6.10	5.26	5.13	-2.47	-3.40	-0.54
	<i>0.19</i>	<i>0.17</i>	<i>0.15</i>	<i>0.18</i>			
Medicare Status							
65 years and older	6.43	6.07	5.31	5.17	-2.64	-3.16	-0.46
	<i>0.19</i>	<i>0.19</i>	<i>0.18</i>	<i>0.21</i>			
64 years and younger	7.42	6.30	5.03	4.90	-2.58	-4.90	-1.30
	<i>0.60</i>	<i>0.66</i>	<i>0.47</i>	<i>0.43</i>			
Race/Ethnicity							
White non-Hispanic	6.81	6.47	5.55	5.41	-2.52	-3.52	-0.41
	<i>0.22</i>	<i>0.19</i>	<i>0.18</i>	<i>0.21</i>			
All others	4.54	4.73	4.27	4.21	-1.41	-2.30	0.33
	<i>0.43</i>	<i>0.35</i>	<i>0.32</i>	<i>0.37</i>			
Functional Limitation							
None	0.15*	0.62	0.33*	0.40*	21.21	-8.39	12.02
	<i>0.04</i>	<i>0.10</i>	<i>0.08</i>	<i>0.07</i>			
IADL only ²	3.39	3.53	2.51	3.17	26.29	-2.13	0.32
	<i>0.42</i>	<i>0.40</i>	<i>0.38</i>	<i>0.34</i>			
One to two ADLs ³	4.80	5.67	4.01	4.39	9.48	-4.99	1.34
	<i>0.43</i>	<i>0.47</i>	<i>0.36</i>	<i>0.38</i>			
Three or more ADLs	31.44	32.10	31.56	28.38	-10.08	-2.43	0.17
	<i>1.01</i>	<i>1.08</i>	<i>0.93</i>	<i>1.10</i>			
Health Insurance							
Medicare fee-for-service only	7.64	6.31	4.85	4.74	-2.27	-5.56	-1.52
	<i>0.62</i>	<i>0.58</i>	<i>0.69</i>	<i>0.66</i>			
Medicaid	27.01	19.52	17.02	16.10	-5.41	-3.78	-2.56
	<i>0.95</i>	<i>0.72</i>	<i>0.67</i>	<i>0.70</i>			
Private health insurance	1.74	2.09	2.01	2.31	14.93	2.02	1.48
	<i>0.12</i>	<i>0.15</i>	<i>0.17</i>	<i>0.17</i>			
Medicare Advantage/HMO ⁴	1.39*	2.43	1.91	1.42*	-25.65	-10.19	4.57
	<i>0.38</i>	<i>0.35</i>	<i>0.30</i>	<i>0.20</i>			

Table 6.16 Long-Term Nursing Home User Rates¹ for Medicare Beneficiaries, by Demographic and Socioeconomic Characteristics, 1992-2009

All Medicare Beneficiaries

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
Percentage of Beneficiaries with at Least One Long-Term Nursing Home Stay							
All Beneficiaries	6.53	6.10	5.26	5.13	-2.47	-3.40	-0.54
	<i>0.19</i>	<i>0.17</i>	<i>0.15</i>	<i>0.18</i>			
Poverty							
Under 100% FPL	13.67	11.46	11.28	11.67	3.46	0.36	-1.40
	<i>0.55</i>	<i>0.61</i>	<i>0.62</i>	<i>0.75</i>			
100% - 199% FPL	6.25	7.66	5.94	5.85	-1.52	-5.25	1.64
	<i>0.35</i>	<i>0.37</i>	<i>0.30</i>	<i>0.36</i>			
200% - 399% FPL	3.15	3.60	2.98	2.87	-3.69	-4.43	1.07
	<i>0.31</i>	<i>0.29</i>	<i>0.27</i>	<i>0.28</i>			
Over 400% FPL	2.80	1.77	2.16	1.89	-12.50	1.32	-3.60
	<i>0.40</i>	<i>0.23</i>	<i>0.29</i>	<i>0.23</i>			

Source: Medicare Current Beneficiary Survey, Cost and Use Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 Beginning in CY2009, user rates in this table include Medicare beneficiaries who ever used long-term nursing home services and they excluded skilled nursing facility users.
- 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 6.17 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care,¹ by Demographic and Socioeconomic Characteristics, 1992-2009Community-Only Residents²

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
All Beneficiaries	88.24	93.57	94.21	94.13	-0.08	0.12	0.47
	<i>0.36</i>	<i>0.29</i>	<i>0.30</i>	<i>0.28</i>			
Medicare Status							
64 years and younger	83.90	91.93	91.18	91.12	-0.07	-0.18	0.73
	<i>0.94</i>	<i>0.74</i>	<i>0.79</i>	<i>0.77</i>			
65 years and older	88.70	93.86	94.79	94.70	-0.09	0.18	0.45
	<i>0.38</i>	<i>0.31</i>	<i>0.30</i>	<i>0.29</i>			
Gender							
Male	86.43	92.96	93.56	93.58	0.02	0.13	0.58
	<i>0.49</i>	<i>0.45</i>	<i>0.46</i>	<i>0.40</i>			
Female	89.63	94.07	94.76	94.59	-0.18	0.11	0.39
	<i>0.47</i>	<i>0.35</i>	<i>0.39</i>	<i>0.41</i>			
Race/Ethnicity							
White non-Hispanic	88.87	94.01	94.49	94.67	0.19	0.14	0.45
	<i>0.37</i>	<i>0.30</i>	<i>0.32</i>	<i>0.33</i>			
All others	84.92	92.00	93.22	92.47	-0.80	0.10	0.64
	<i>1.04</i>	<i>0.79</i>	<i>0.59</i>	<i>0.75</i>			
Functional Limitation							
None	87.36	93.89	94.50	94.16	-0.36	0.06	0.58
	<i>0.49</i>	<i>0.35</i>	<i>0.39</i>	<i>0.37</i>			
IADL only ³	91.19	94.35	93.79	93.99	0.21	-0.08	0.27
	<i>0.69</i>	<i>0.63</i>	<i>0.70</i>	<i>0.66</i>			
One to two ADLs ⁴	89.00	92.71	94.21	95.09	0.93	0.51	0.33
	<i>0.73</i>	<i>0.69</i>	<i>0.49</i>	<i>0.54</i>			
Three or more ADLs	86.76	92.18	93.21	92.14	-1.15	-0.01	0.49
	<i>1.11</i>	<i>0.91</i>	<i>1.07</i>	<i>1.13</i>			

Table 6.17 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care,¹ by Demographic and Socioeconomic Characteristics, 1992-2009

Community-Only Residents²

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
All Beneficiaries	88.24	93.57	94.21	94.13	-0.08	0.12	0.47
	<i>0.36</i>	<i>0.29</i>	<i>0.30</i>	<i>0.28</i>			
Usual Source of Care							
No usual source of care	55.17	55.40	60.39	58.98	-2.33	1.26	0.03
	<i>1.77</i>	<i>2.75</i>	<i>2.45</i>	<i>2.84</i>			
Has usual source of care	91.74	95.23	96.02	95.77	-0.26	0.11	0.30
	<i>0.30</i>	<i>0.26</i>	<i>0.25</i>	<i>0.25</i>			
Living Arrangement							
Alone	89.16	93.00	93.68	93.29	-0.42	0.06	0.34
	<i>0.59</i>	<i>0.48</i>	<i>0.52</i>	<i>0.50</i>			
With spouse	88.63	94.48	95.04	95.33	0.31	0.18	0.51
	<i>0.47</i>	<i>0.38</i>	<i>0.40</i>	<i>0.37</i>			
With children/others	85.49	92.04	92.75	92.19	-0.60	0.03	0.59
	<i>0.90</i>	<i>0.63</i>	<i>0.69</i>	<i>0.68</i>			
Health Insurance							
Medicare fee-for-service only	76.61	84.71	85.23	86.27	1.22	0.37	0.81
	<i>1.23</i>	<i>1.17</i>	<i>1.27</i>	<i>1.43</i>			
Medicaid	87.48	91.80	92.34	92.42	0.09	0.13	0.39
	<i>0.99</i>	<i>0.82</i>	<i>0.70</i>	<i>0.67</i>			
Private health insurance	90.13	95.36	95.69	95.32	-0.39	-0.01	0.45
	<i>0.39</i>	<i>0.32</i>	<i>0.35</i>	<i>0.39</i>			
Medicare Advantage/HMO ⁵	90.41	94.24	95.42	95.38	-0.04	0.24	0.33
	<i>1.13</i>	<i>0.72</i>	<i>0.46</i>	<i>0.51</i>			

Table 6.17 Percentage of Noninstitutionalized Medicare Beneficiaries Satisfied or Very Satisfied with Their General Health Care,¹ by Demographic and Socioeconomic Characteristics, 1992-2009

Community-Only Residents²

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
All Beneficiaries	88.24	93.57	94.21	94.13	-0.08	0.12	0.47
	<i>0.36</i>	<i>0.29</i>	<i>0.30</i>	<i>0.28</i>			
Poverty							
Under 100% FPL	86.08	91.79	91.82	91.99	0.19	0.04	0.52
	<i>0.73</i>	<i>0.69</i>	<i>0.76</i>	<i>0.67</i>			
100% - 199% FPL	86.96	92.40	93.51	92.82	-0.74	0.09	0.49
	<i>0.67</i>	<i>0.53</i>	<i>0.55</i>	<i>0.63</i>			
200% - 399% FPL	89.18	94.32	95.21	95.24	0.03	0.19	0.45
	<i>0.63</i>	<i>0.38</i>	<i>0.45</i>	<i>0.45</i>			
Over 400% FPL	92.56	96.13	95.72	96.00	0.29	-0.03	0.30
	<i>0.67</i>	<i>0.59</i>	<i>0.59</i>	<i>0.60</i>			

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 only resided 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 it excludes beneficiaries who only resided 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 6.18 Percentage of Noninstitutionalized Medicare Beneficiaries With a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2009

Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
All Beneficiaries	90.45	95.80	94.93	95.61	0.72	-0.04	0.46
	<i>0.35</i>	<i>0.21</i>	<i>0.25</i>	<i>0.24</i>			
Medicare Status							
64 years and younger	88.46	94.81	92.32	93.34	1.10	-0.31	0.56
	<i>0.79</i>	<i>0.70</i>	<i>0.72</i>	<i>0.64</i>			
65 years and older	90.66	95.98	95.43	96.04	0.64	0.01	0.46
	<i>0.35</i>	<i>0.21</i>	<i>0.27</i>	<i>0.29</i>			
Gender							
Male	88.14	94.71	93.86	94.79	0.99	0.02	0.58
	<i>0.52</i>	<i>0.34</i>	<i>0.40</i>	<i>0.32</i>			
Female	92.24	96.68	95.83	96.29	0.48	-0.08	0.38
	<i>0.40</i>	<i>0.27</i>	<i>0.30</i>	<i>0.33</i>			
Race/Ethnicity							
White non-Hispanic	90.96	96.05	95.36	95.96	0.63	-0.02	0.44
	<i>0.35</i>	<i>0.23</i>	<i>0.28</i>	<i>0.26</i>			
All others	87.64	94.93	93.33	94.35	1.09	-0.12	0.64
	<i>0.99</i>	<i>0.53</i>	<i>0.63</i>	<i>0.59</i>			
Functional Limitation							
None	88.08	94.71	93.80	94.62	0.87	-0.02	0.58
	<i>0.51</i>	<i>0.32</i>	<i>0.39</i>	<i>0.38</i>			
IADL only ²	92.52	96.56	96.04	95.85	-0.20	-0.15	0.34
	<i>0.66</i>	<i>0.50</i>	<i>0.57</i>	<i>0.50</i>			
One to two ADLs ³	93.02	97.45	96.78	97.42	0.66	-0.01	0.37
	<i>0.57</i>	<i>0.32</i>	<i>0.45</i>	<i>0.49</i>			
Three or more ADLs	93.66	97.44	95.98	97.15	1.22	-0.06	0.32
	<i>0.80</i>	<i>0.51</i>	<i>0.67</i>	<i>0.57</i>			

Table 6.18 Percentage of Noninstitutionalized Medicare Beneficiaries With a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2009Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
All Beneficiaries	90.45	95.80	94.93	95.61	0.72	-0.04	0.46
	<i>0.35</i>	<i>0.21</i>	<i>0.25</i>	<i>0.24</i>			
Living Arrangement							
Alone	90.64	94.93	94.73	94.43	-0.32	-0.11	0.37
	<i>0.49</i>	<i>0.45</i>	<i>0.47</i>	<i>0.49</i>			
With spouse	90.94	96.77	95.71	96.98	1.33	0.04	0.50
	<i>0.46</i>	<i>0.28</i>	<i>0.35</i>	<i>0.28</i>			
With children/others	88.59	94.56	93.08	93.74	0.71	-0.17	0.52
	<i>0.72</i>	<i>0.52</i>	<i>0.57</i>	<i>0.53</i>			
Health Insurance							
Medicare fee-for-service only	80.82	88.86	85.05	87.31	2.66	-0.35	0.76
	<i>1.17</i>	<i>1.01</i>	<i>1.30</i>	<i>1.59</i>			
Medicaid	89.61	94.62	93.88	93.74	-0.15	-0.19	0.44
	<i>0.85</i>	<i>0.52</i>	<i>0.55</i>	<i>0.58</i>			
Private health insurance	91.78	96.74	95.78	96.66	0.92	-0.02	0.42
	<i>0.37</i>	<i>0.21</i>	<i>0.34</i>	<i>0.33</i>			
Medicare Advantage/HMO ⁴	95.18	98.22	97.42	97.48	0.06	-0.15	0.25
	<i>0.99</i>	<i>0.34</i>	<i>0.40</i>	<i>0.41</i>			

Table 6.18 Percentage of Noninstitutionalized Medicare Beneficiaries With a Usual Source of Health Care, by Demographic and Socioeconomic Characteristics, 1992-2009Community-Only Residents¹

Beneficiary Characteristic	1992	2004	2008	2009	Annual Rate of Change (Percent)		
					2008-2009	2004-2009	1992-2004
All Beneficiaries	90.45	95.80	94.93	95.61	0.72	-0.04	0.46
	<i>0.35</i>	<i>0.21</i>	<i>0.25</i>	<i>0.24</i>			
Poverty							
Under 100% FPL	88.93	94.24	93.27	92.95	-0.34	-0.28	0.47
	<i>0.74</i>	<i>0.70</i>	<i>0.68</i>	<i>0.74</i>			
100% - 199% FPL	90.32	95.26	94.23	94.56	0.35	-0.15	0.43
	<i>0.59</i>	<i>0.38</i>	<i>0.48</i>	<i>0.53</i>			
200% - 399% FPL	91.29	96.09	96.17	97.08	0.95	0.21	0.41
	<i>0.44</i>	<i>0.36</i>	<i>0.40</i>	<i>0.35</i>			
Over 400% FPL	91.15	97.85	95.28	96.82	1.62	-0.21	0.57
	<i>0.91</i>	<i>0.43</i>	<i>0.60</i>	<i>0.50</i>			

Source: Medicare Current Beneficiary Survey, Access to Care Public Use Files: CY 1992, CY 2004, CY 2008, and CY 2009.

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 only resided 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 it excludes beneficiaries who only resided 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.