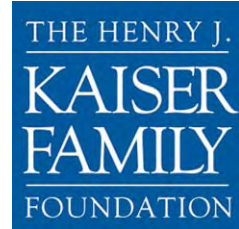

Chartpack



***Examining Sources of Supplemental
Insurance and Prescription Drug
Coverage Among Medicare Beneficiaries:***
Findings from the Medicare Current Beneficiary Survey, 2007

August 2009

*This chartpack was prepared by Juliette Cubanski, Tricia Neuman,
Anthony Damico, and Jennifer Huang.*

CONTENTS

Overview Page 1

Section 1: Supplemental Coverage Page 2

- Exhibit 1.1: Sources of Supplemental Coverage Among Medicare Beneficiaries, 2007
- Exhibit 1.2: Supplemental Coverage Among Medicare Beneficiaries, by Income, 2007
- Exhibit 1.3: Supplemental Coverage Among Medicare Beneficiaries, by Race/Ethnicity, 2007
- Exhibit 1.4: Supplemental Coverage Among Medicare Beneficiaries, by Age, 2007
- Exhibit 1.5: Supplemental Coverage Among Medicare Beneficiaries, by Health Status, 2007
- Exhibit 1.6: Supplemental Coverage Among Medicare Beneficiaries, by Gender and Metro Status, 2007
- Exhibit 1.7: Supplemental Coverage Among Medicare Beneficiaries, by Region, 2007
- Exhibit 1.8: Supplemental Coverage Among Medicare Beneficiaries, by Type of Residence and Cognitive/Mental Impairment, 2007

Section 2: Prescription Drug Coverage Page 8

- Exhibit 2.1: Sources of Prescription Drug Coverage Among Medicare Beneficiaries, 2007
- Exhibit 2.2: Prescription Drug Coverage Among Medicare Beneficiaries, by Income, 2007
- Exhibit 2.3: Prescription Drug Coverage Among Medicare Beneficiaries, by Race/Ethnicity, 2007
- Exhibit 2.4: Prescription Drug Coverage Among Medicare Beneficiaries, by Age, 2007
- Exhibit 2.5: Prescription Drug Coverage Among Medicare Beneficiaries, by Health Status, 2007
- Exhibit 2.6: Prescription Drug Coverage Among Medicare Beneficiaries, by Gender and Metro Status, 2007
- Exhibit 2.7: Prescription Drug Coverage Among Medicare Beneficiaries, by Region, 2007
- Exhibit 2.8: Prescription Drug Coverage Among Medicare Beneficiaries, by Type of Residence and Cognitive/Mental Impairment, 2007
- Exhibit 2.9: Multiple Sources of Supplemental Coverage Among Medicare Private Plan Enrollees, 2007

Section 3: Prescription Drug Coverage and Subsidies Among Low-Income Beneficiaries Page 15

- Exhibit 3.1: Sources of Prescription Drug Coverage Among Low-Income Medicare Beneficiaries, 2007
- Exhibit 3.2: Enrollment in the Low-Income Subsidy Program by Low-Income Medicare Beneficiaries, 2007
- Exhibit 3.3: Sources of Prescription Drug Coverage Among Low-Income Medicare Beneficiaries Not Receiving Low-Income Subsidies, 2007
- Exhibit 3.4: Percent of Low-Income Medicare Beneficiaries Without Low-Income Subsidies, by Selected Characteristics, 2007

Appendix Page 18

Methodology

Data Tables and Statistical Tests

- Table 1: Sources of Supplemental Coverage Among Medicare Beneficiaries, by Characteristic, 2007
- Table 2: Sources of Prescription Drug Coverage Among Medicare Beneficiaries, by Characteristic, 2007
- Table 3: Characteristics of Medicare Beneficiaries, by Source of Supplemental Coverage, 2007
- Table 4: Characteristics of Medicare Beneficiaries, by Source of Prescription Drug Coverage, 2007

OVERVIEW

In addition to the basic benefits provided under Medicare, most beneficiaries have some source of supplemental coverage, such as employer plans or Medigap, to help pay cost-sharing requirements and pay for some services that are not covered by the program. In addition, a majority of beneficiaries have prescription drug coverage from various sources, including Medicare Part D plans that became available in 2006. Sources of supplemental coverage and drug coverage vary widely by income, race/ethnicity, urban/rural area, health status, and other characteristics.

This chartpack presents new information on the sources of supplemental and prescription drug coverage among Medicare beneficiaries in 2007, the most recent year for which national data are available. It provides a detailed look at the characteristics of beneficiaries with various sources of drug coverage in the second year of the Medicare Part D drug benefit. The chartpack also examines prescription drug coverage and low-income drug subsidy status among beneficiaries with low incomes.

The chartpack is organized in three sections:

- **Section 1—Supplemental Coverage.** This section examines the share of Medicare beneficiaries relying on various sources of supplemental coverage in 2007, and the characteristics of beneficiaries with different types of supplemental coverage.
- **Section 2—Prescription Drug Coverage.** This section describes the primary sources of prescription drug coverage among Medicare beneficiaries in 2007, and which groups of beneficiaries were more likely than others to lack drug coverage.
- **Section 3—Prescription Drug Coverage and Subsidies Among Low-Income Beneficiaries.** This section examines sources of drug coverage in 2007 among low-income beneficiaries (defined as beneficiaries having annual income of \$15,000 or less for individuals/\$20,000 or less for couples), their enrollment in the Part D low-income subsidy (LIS) program, and sources of drug coverage for low-income beneficiaries who were not receiving low-income subsidy assistance. This section also identifies characteristics of those individuals who were—and were not—receiving LIS in 2007, which could be helpful in guiding future LIS outreach efforts to certain target populations.

This chartpack is based on Kaiser Family Foundation analysis of data from the Centers for Medicare and Medicaid Services (CMS) Medicare Current Beneficiary Survey (MCBS) Access to Care file, 2007. The Access to Care file contains demographic and health insurance data for a nationally representative sample of 15,806 Medicare beneficiaries, along with information on health and functional status, access to care, and satisfaction with care. More information about the MCBS Access to Care file and methods used in analyzing the data is provided in the Appendix.

SECTION 1: SUPPLEMENTAL COVERAGE

Sources of Supplemental Coverage: Most Medicare beneficiaries (89%) had some form of supplemental health insurance coverage in 2007. More than a third of all beneficiaries (34%) had coverage from an employer-sponsored plan, 22% were in Medicare Advantage plans, 17% purchased supplemental insurance (Medigap) policies, and 15% were covered by Medicaid (generally those with very low incomes and modest assets). Eleven percent had no supplemental coverage. **(Exhibit 1.1)**

Income: Medicaid provided supplemental assistance to just half (51%) of all Medicare beneficiaries in the lowest income group (\$10,000 or less), decreasing to 21% of those with incomes between \$10,000 and \$20,000. By contrast, the share of beneficiaries with employer-sponsored supplemental coverage increased with income, increasing from 7% of beneficiaries with incomes below \$10,000 to more than half (56%) of those with incomes of \$40,000 or more. Roughly one in five beneficiaries with incomes above \$10,000 had a self-purchased Medigap policy to supplement Medicare. The near poor with incomes between \$10,000 and \$20,000 were more likely than all others to lack supplemental coverage from any source. **(Exhibit 1.2)**

Race/Ethnicity: Roughly one-third of African American beneficiaries and more than a quarter of all Hispanic beneficiaries relied on Medicaid to supplement Medicare in 2007. African American and Hispanic beneficiaries were less likely than white beneficiaries to have employer-sponsored supplemental coverage. One in six African American beneficiaries (16%) lacked supplemental coverage in 2007 – a substantially higher share than among all other beneficiaries. **(Exhibit 1.3)**

Age: More than one in five (21%) of Medicare beneficiaries under age 65 with permanent disabilities lacked supplemental coverage from any source in 2007, more than twice the rate reported among beneficiaries age 65 and older. Four in ten of those under age 65 relied on Medicaid to supplement Medicare. Employer plans were the leading source of supplemental coverage among beneficiaries age 65 and older. **(Exhibit 1.4)**

Health Status: Medicaid played a key role for those in fair or poor health, covering 25% of all Medicare beneficiaries in fair health and 31% of beneficiaries in poor health. The share of beneficiaries with employer coverage was higher among those in better health, and lower for those in relatively poor health. Forty percent of beneficiaries reporting excellent or very good health had supplemental coverage from an employer, but just 25% of those in poor health. Medicare Advantage plans covered 21% or more of all beneficiaries in excellent to fair health, but just 17% of those in poor health. **(Exhibit 1.5)**

Gender: Women relied more heavily than men on Medicaid (17% vs. 13%) and were less likely to have employer-sponsored coverage (33% vs. 36%). **(Exhibit 1.6)**

Metro Status: A larger share of beneficiaries living in rural than urban areas had no supplemental coverage from any source in 2007 (15% vs. 10%). A larger share of rural than urban beneficiaries relied on Medicaid (19% vs. 14%) or had self-purchased Medigap coverage (23% vs. 15%), but a substantially smaller share were in Medicare Advantage plans in 2007 (9% vs. 26%). **(Exhibit 1.6)**

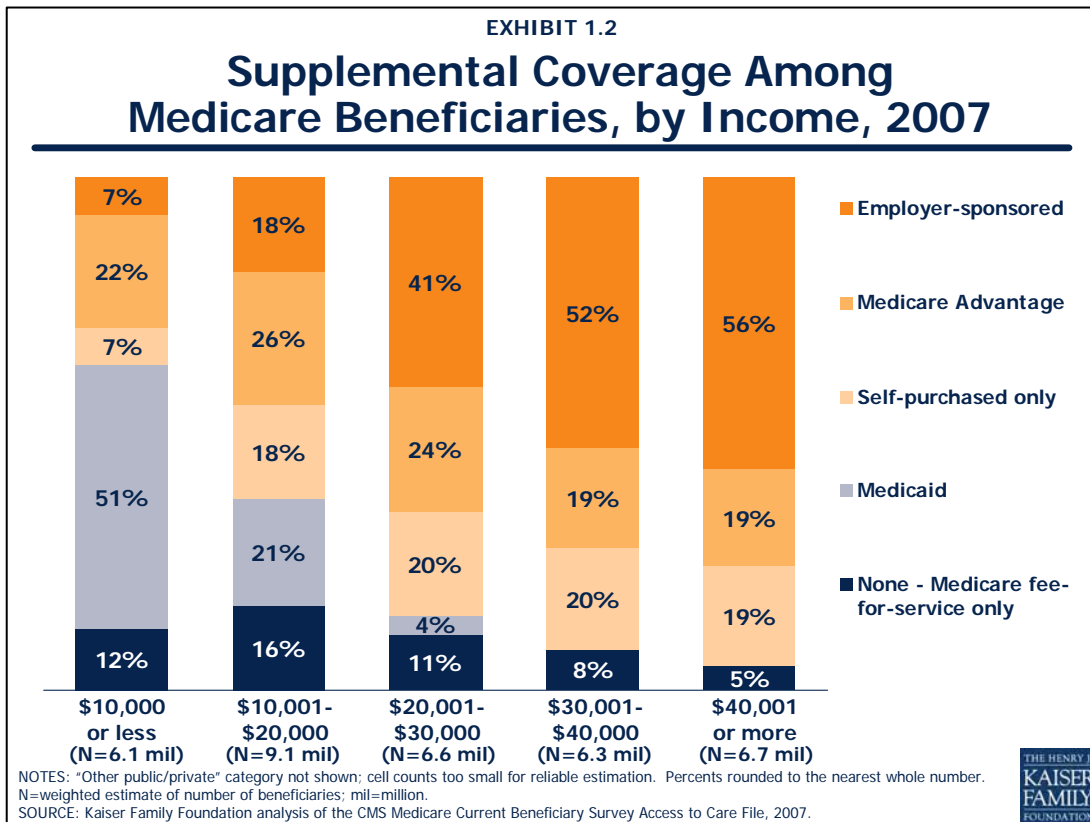
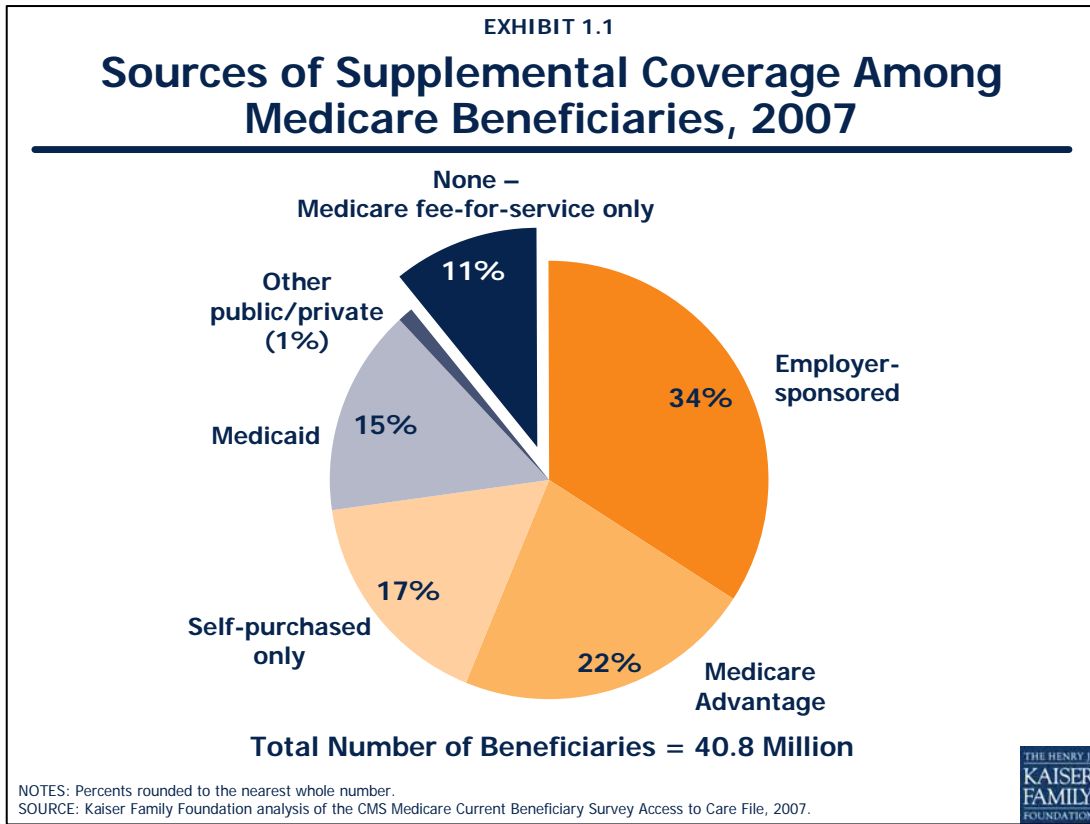
Region: Beneficiaries in the Midwest are more likely to have employer-sponsored coverage than those in other regions (38%), while one-third of beneficiaries in the West were enrolled in a Medicare Advantage plan in 2007, reflecting the high penetration rates of Medicare Advantage in the western states. Beneficiaries living in the South were more likely than others to be without any source of coverage to supplement traditional fee-for-service Medicare. **(Exhibit 1.7)**

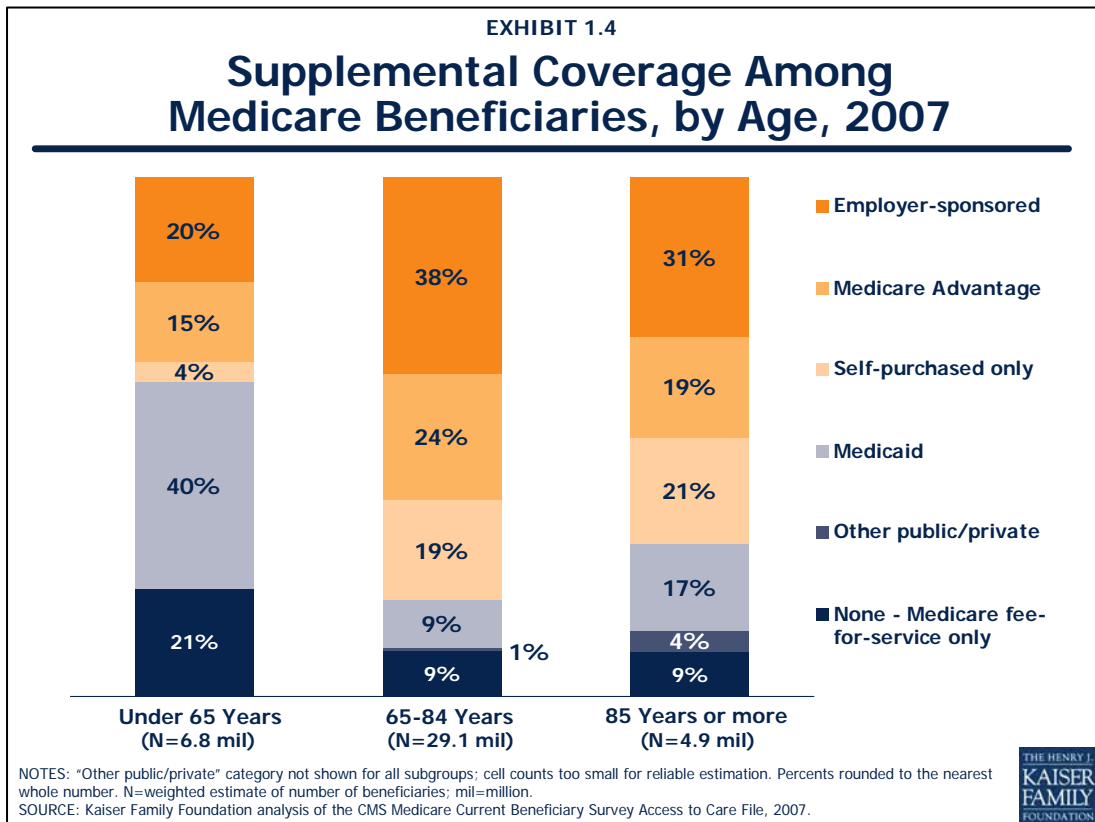
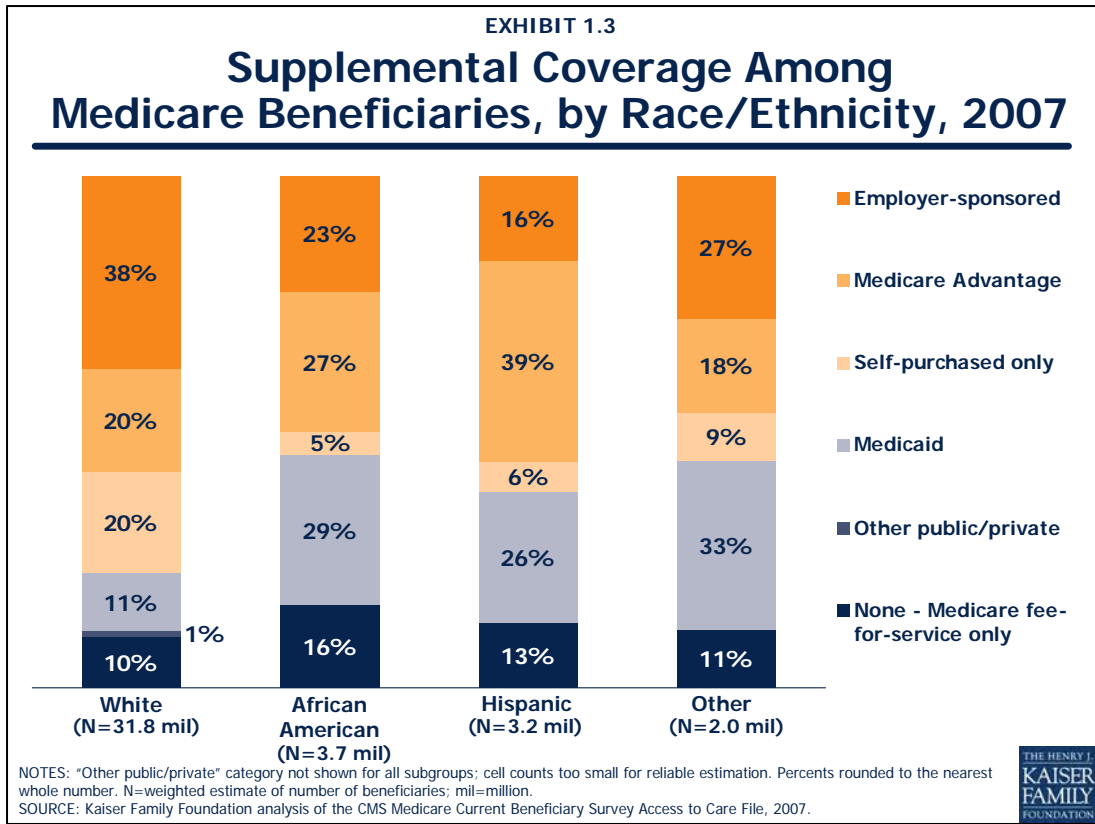
Section 1: Supplemental Coverage

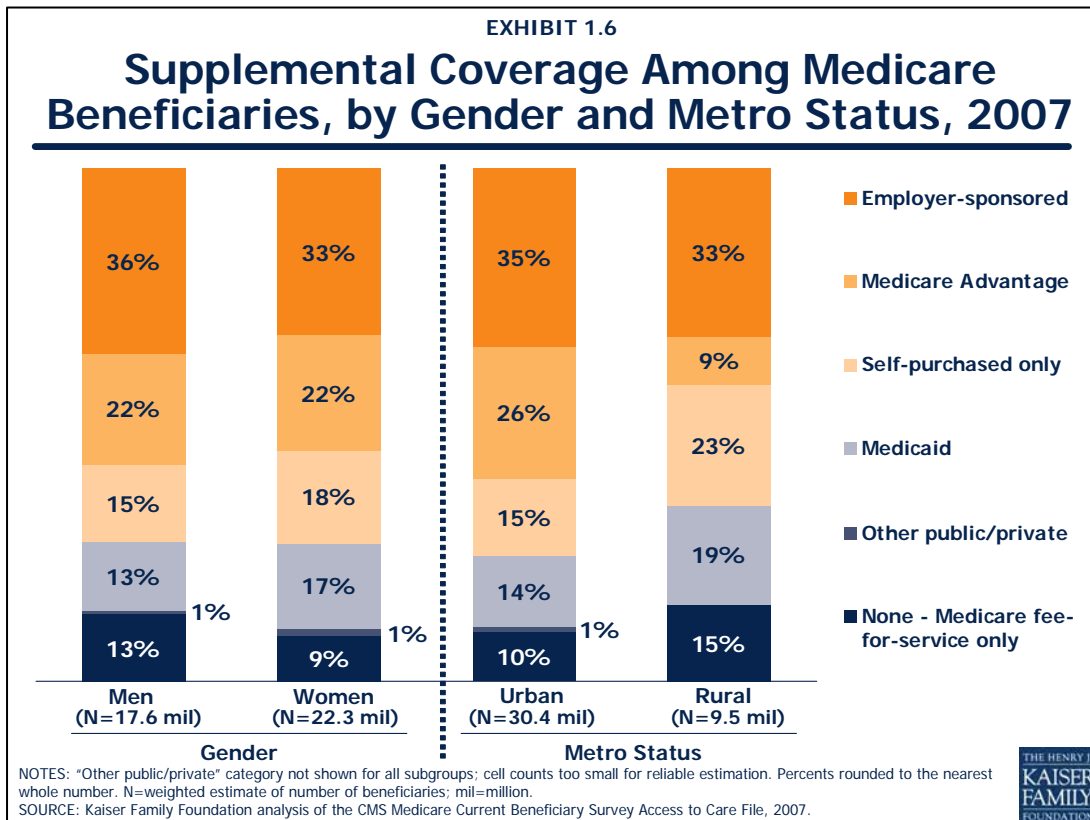
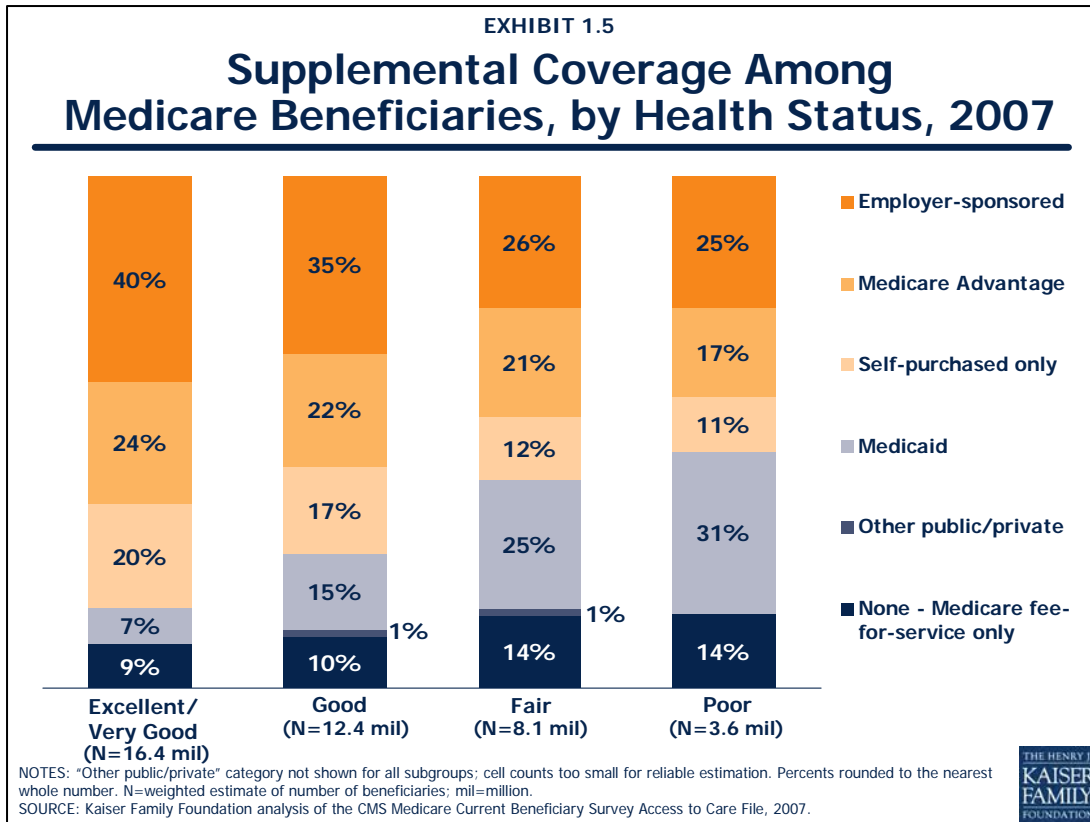
Type of Residence: Because Medicare does not pay for long-term care in nursing homes and other institutions, a large share of Medicare beneficiaries living in institutions rely on Medicaid to help cover these expenses (60%). **(Exhibit 1.8)**

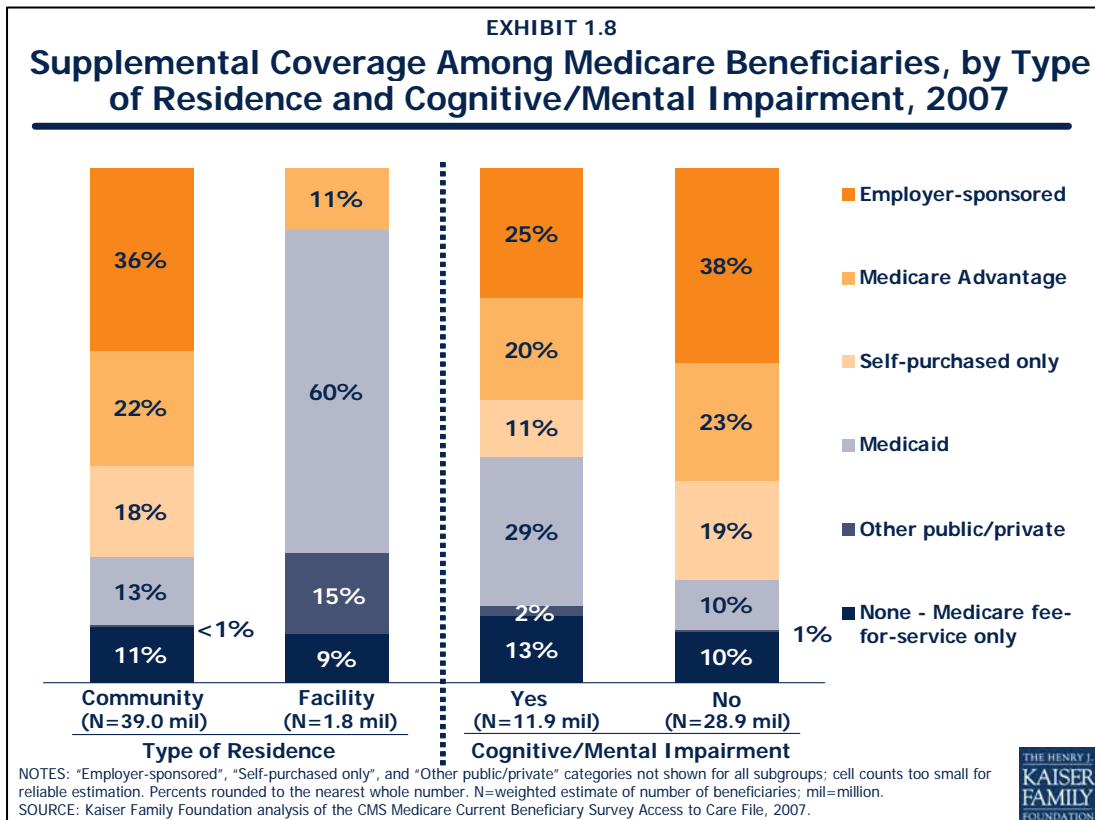
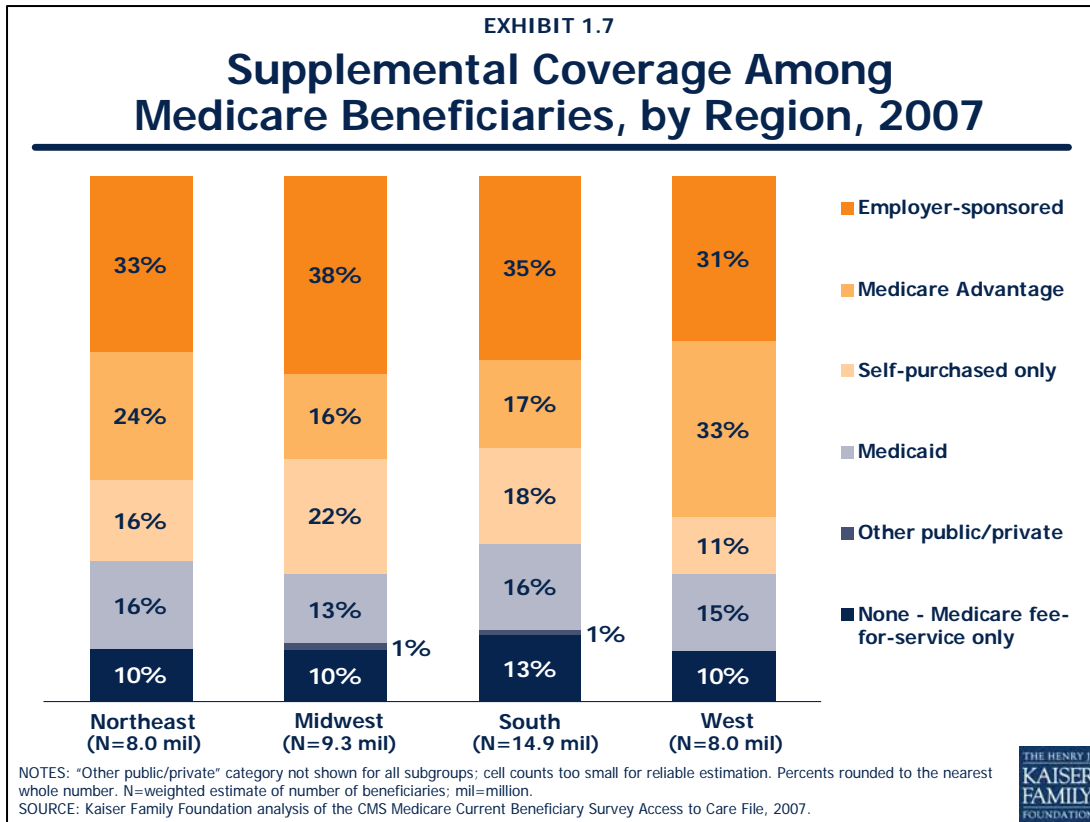
Cognitive/Mental Impairment¹: Compared to beneficiaries without a cognitive or mental impairment, those with such impairments are more likely to have Medicaid coverage (29% vs. 10%). Beneficiaries with a cognitive or mental impairment are also more likely to be without any source of supplemental coverage (13% vs. 10%). **(Exhibit 1.8)**

¹ Cognitive/mental impairment was defined to include any of the following: diagnosis with Alzheimer's Disease, depression, mental disorder, or mental retardation; memory loss that interferes with daily activity; or having problems making decisions that interferes with activities of daily living.









SECTION 2: PRESCRIPTION DRUG COVERAGE

Sources of Prescription Drug Coverage: The vast majority (88%) of all beneficiaries had some source of prescription drug coverage in 2007, including stand-alone Part D prescription drug plans (PDPs), Medicare Advantage plans with Part D coverage, and employer-sponsored drug coverage. In 2007, more than half of all Medicare beneficiaries (57%) received prescription drug coverage through a Part D plan, either a stand-alone PDP (38%) or a Medicare Advantage plan with drug coverage (19%). An additional 30% of beneficiaries had drug coverage through an employer-sponsored plan, while 12% lacked any source of prescription drug coverage. **(Exhibit 2.1)**

Income: A larger share of beneficiaries with lower incomes than higher incomes received prescription drug coverage through Part D plans, mainly PDPs. This is partly a result of many low-income beneficiaries being automatically enrolled in Part D plans because they are dually eligible for Medicare and Medicaid or because they receive low-income subsidies. Beneficiaries with incomes of \$40,000 or more were more likely than those with lower incomes to receive prescription drug coverage through an employer-sponsored plan. In 2007, 50% of beneficiaries with incomes above \$40,000 received drug coverage through their employer, compared to 6% of those with incomes of \$10,000 or less. A larger share of beneficiaries with lower incomes (\$10,001 to \$20,000 and \$20,001 to \$30,000) had no source of drug coverage in 2007, compared to those with incomes of \$40,001 or more (13%, 15%, and 10%, respectively). **(Exhibit 2.2)**

Race/Ethnicity: Compared to whites, African Americans were more likely to receive drug coverage from a stand-alone PDP in 2007 (47% vs. 37%), while Hispanics were more likely than whites to receive drug coverage from a Medicare Advantage drug plan (37% vs. 16%). African Americans, Hispanics, and other racial and ethnic minorities were less likely than non-Hispanic whites to receive prescription drug coverage through an employer-sponsored plan in 2007. **(Exhibit 2.3)**

Age: Medicare beneficiaries under age 65 with disabilities were less likely to have prescription drug coverage than beneficiaries age 65 and older, with 15% of all beneficiaries under 65 lacking any drug coverage in 2007. Across all three age groups, stand-alone PDPs were the leading source of prescription drug coverage. A larger share of beneficiaries age 65 to 84 had employer-sponsored drug coverage than those under age 65 or ages 85 and older (33%, 17% and 26%, respectively). Beneficiaries under age 65 with disabilities were less likely to have Medicare Advantage drug coverage than those ages 65 and older. **(Exhibit 2.4)**

Health Status: Medicare beneficiaries in fair or poor health were more likely to have prescription drug coverage through a stand-alone PDP (47% and 50%, respectively) in 2007 than those in very good or excellent health (30%). A smaller share of beneficiaries in poor health were enrolled in Medicare Advantage drug plans than those in very good or excellent health (15% vs. 20%). Beneficiaries in very good or excellent health were also more likely to receive drug coverage through an employer-sponsored plan than those in fair or poor health (35%, 23%, and 22%, respectively). **(Exhibit 2.5)**

Gender: Among Medicare beneficiaries, men were more likely than women to go without prescription drug coverage in 2007, with 16% of male beneficiaries lacking any source of drug coverage compared to 9% of women. A greater share of women than men on Medicare received drug coverage through a stand-alone PDP (42% vs. 33%), while a greater share of men had employer-sponsored coverage (32% vs. 28% for women). **(Exhibit 2.6)**

Metro Status: A larger share of beneficiaries residing in rural areas than in urban areas went without drug coverage in 2007 (15% vs. 12%). Beneficiaries in urban areas were more likely than rural residents

Section 2: Prescription Drug Coverage

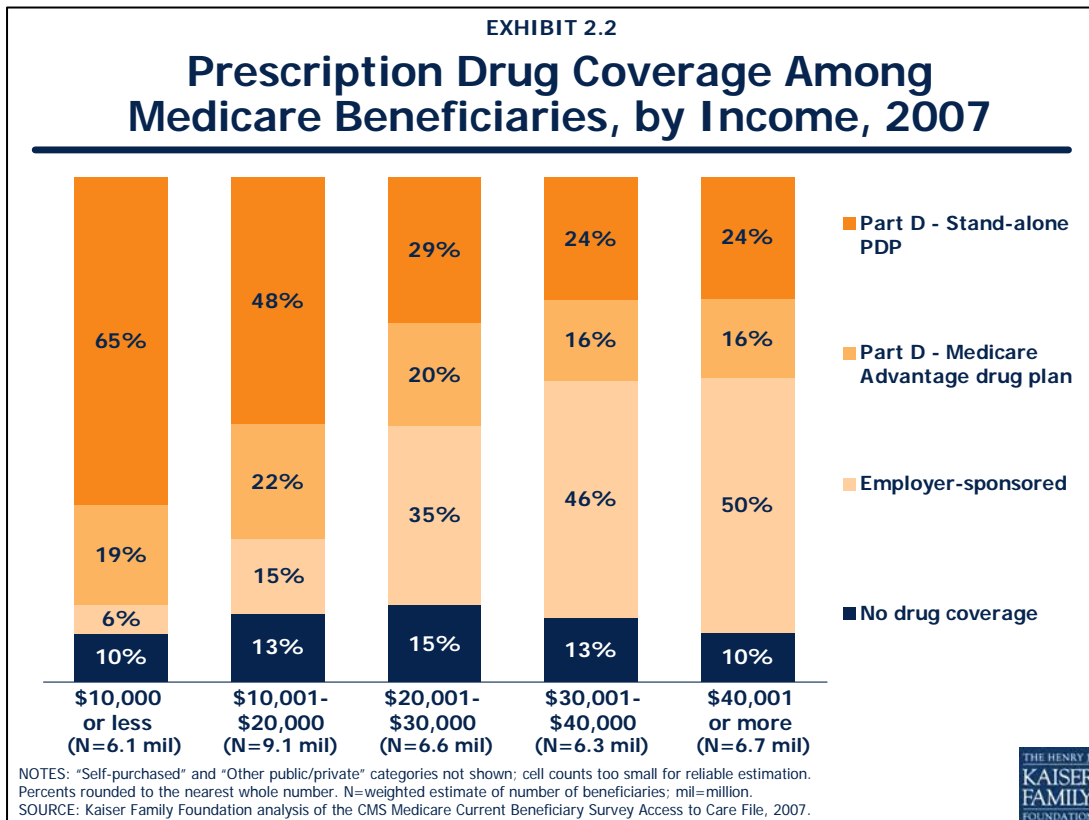
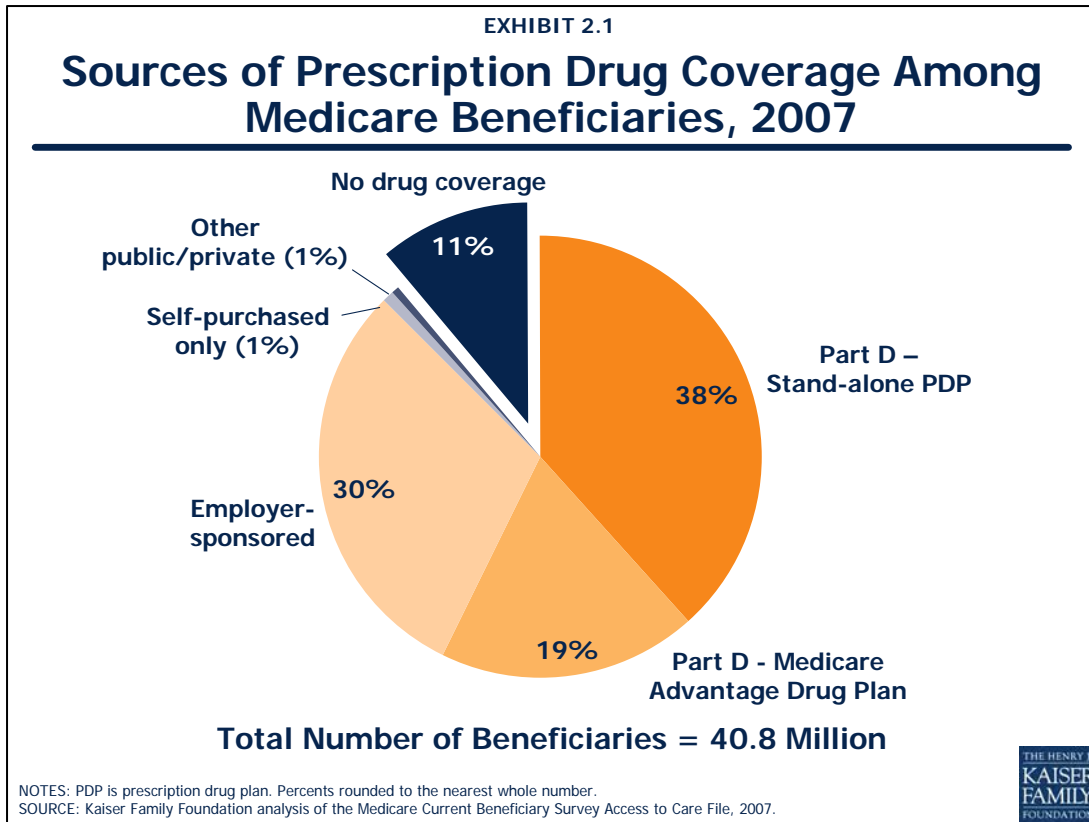
to be enrolled in Medicare Advantage drug plans (23% vs. 6%) and less likely to be enrolled in stand-alone PDPs (34% vs. 50%). **(Exhibit 2.6)**

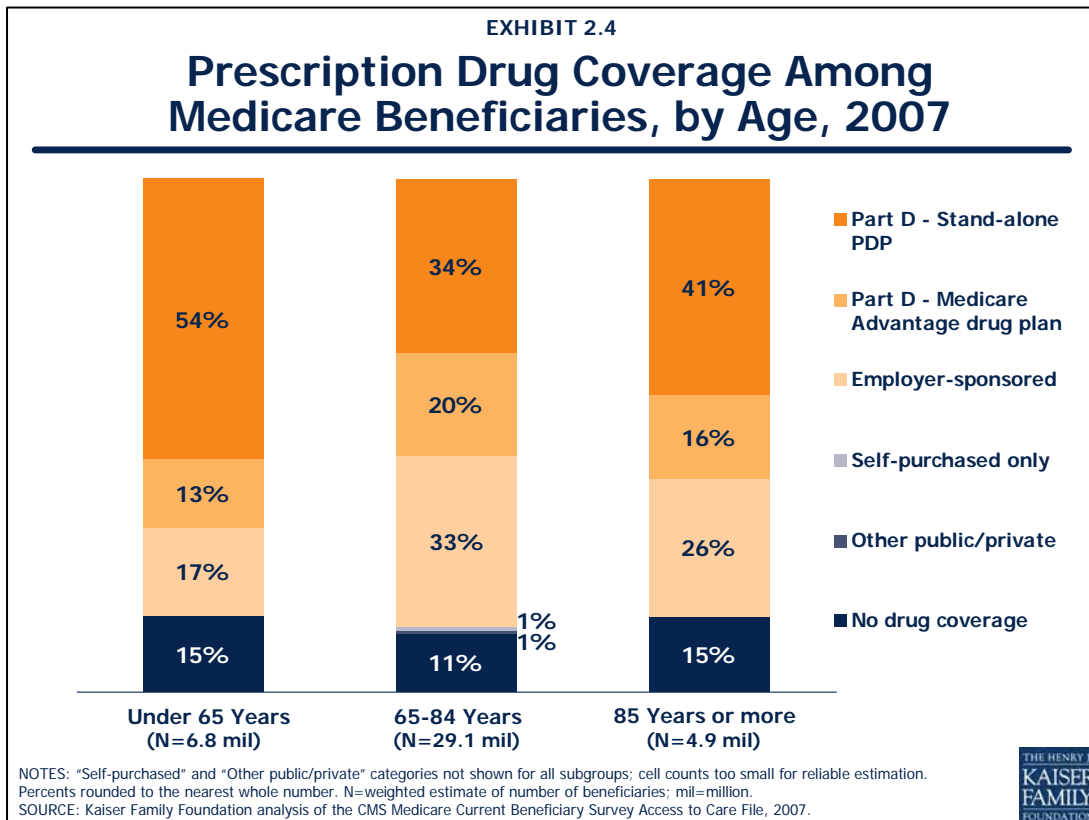
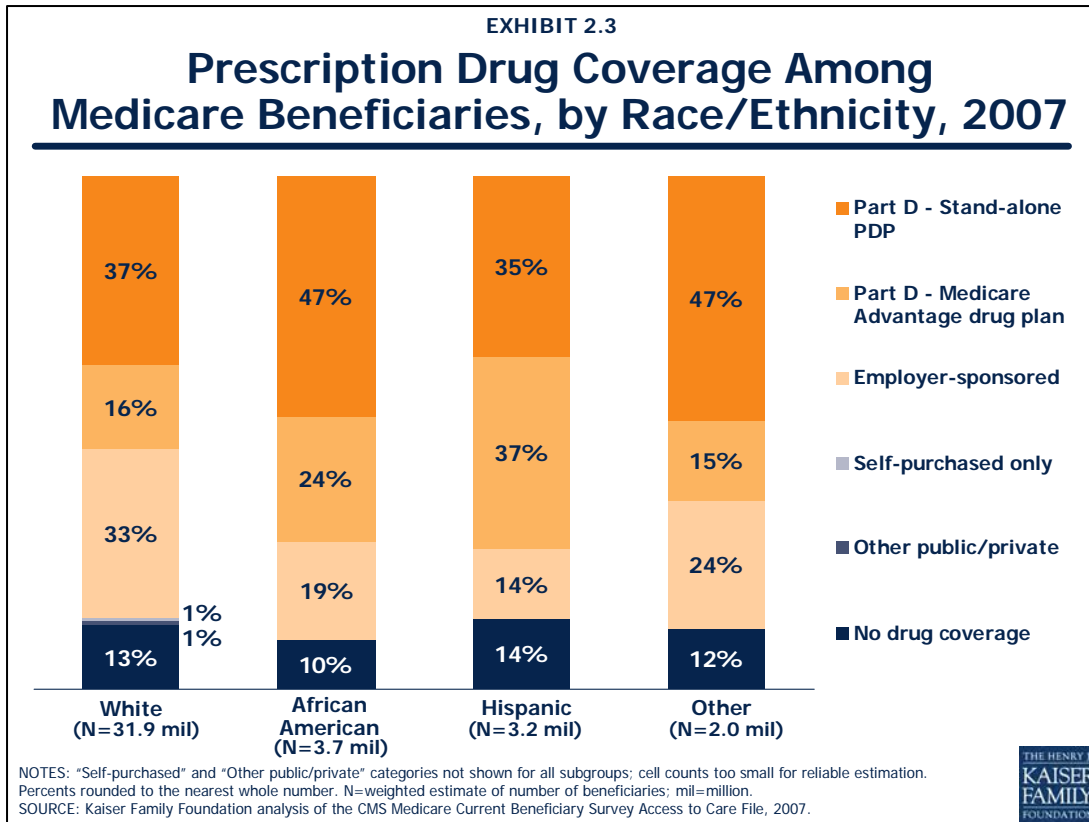
Region: Beneficiaries living in the West were less likely than those in other regions to have drug coverage through a stand-alone Part D plan (30%) and more likely to be enrolled in a Medicare Advantage drug plan (30%). A larger share of beneficiaries in the Midwest had employer-sponsored drug coverage than those in other regions (33%). About four in ten beneficiaries in both the South and the Midwest were enrolled in stand-alone PDPs, while only one in seven beneficiaries in these two regions were enrolled in Medicare Advantage drug plans. A somewhat smaller share of beneficiaries in the Northeast lacked drug coverage in 2007, compared to those in all other regions. **(Exhibit 2.7)**

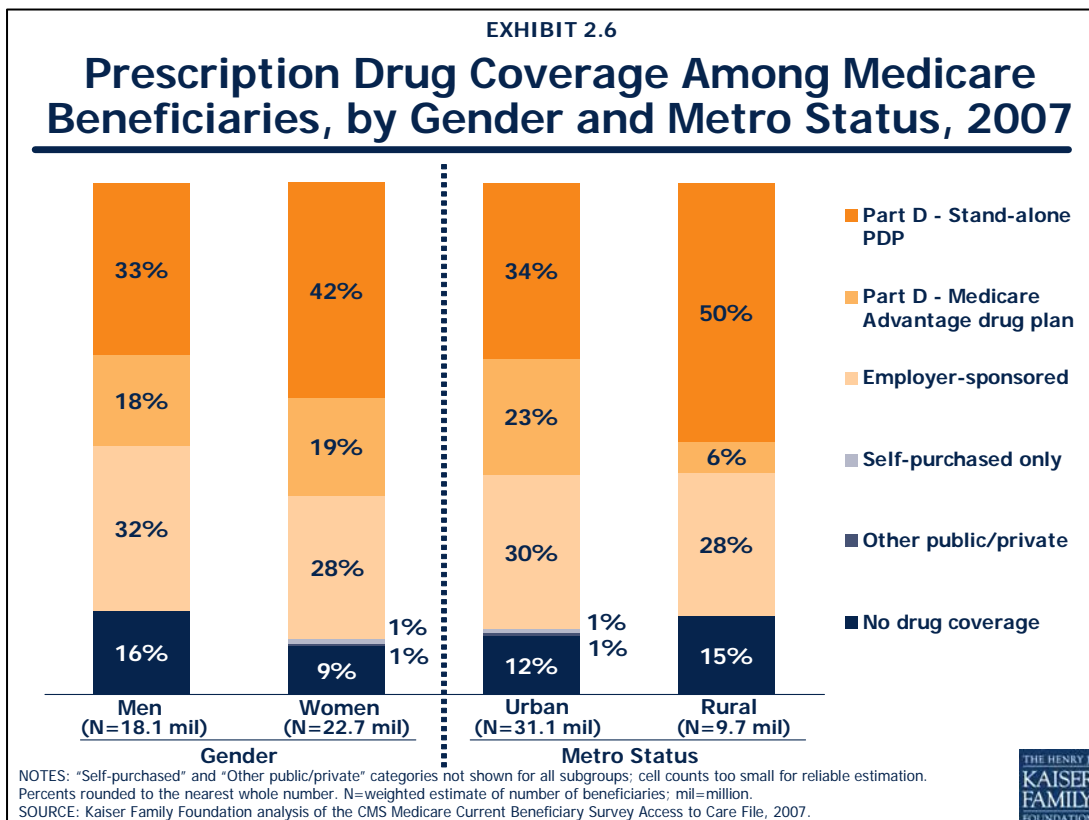
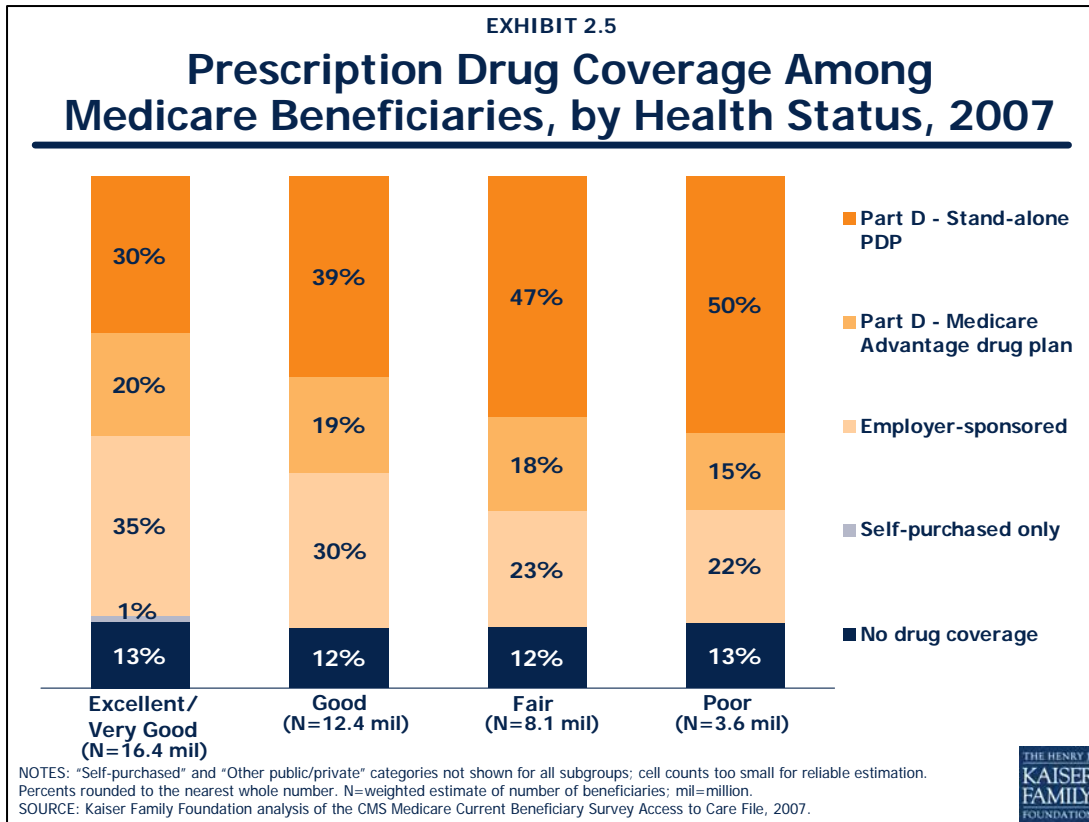
Type of Residence: In 2007, 71% of all beneficiaries residing in a long-term care facility received drug coverage through a stand-alone PDP – nearly twice the rate among beneficiaries living in the community (37%). Facility residents were less likely than those in the community to have drug coverage through a Medicare Advantage plan (10% vs. 19%). **(Exhibit 2.8)**

Cognitive/Mental Impairment: About half (49%) of beneficiaries with cognitive or mental impairments had drug coverage through a stand-alone PDP in 2007, as compared to one-third of those without such impairments. Compared to those without cognitive or mental impairments, a somewhat smaller share of those with such impairments had drug coverage through a Medicare Advantage plan (19% vs. 17%) or went without any source of drug coverage in 2007 (13% vs. 11%). **(Exhibit 2.8)**

Multiple Sources of Supplemental Coverage Among Medicare Private Plan Enrollees: Many beneficiaries have multiple sources of supplemental coverage, piecing plans together to cover benefit gaps and cost-sharing amounts or possibly duplicating coverage inadvertently. In 2007, one-third of Medicare Part D enrollees in stand-alone PDPs (35%) and one in ten Medicare Advantage enrollees (11%) also had a self-purchased Medigap policy. Another one in ten enrollees in each group also had employer-sponsored coverage, while only a small share had both employer-sponsored and self-purchased coverage in addition to their Medicare private plan. A majority of enrollees in both stand-alone PDPs and Medicare Advantage plans had no source of supplemental coverage other than their private Medicare plan in 2007 (51% and 76%, respectively). **(Exhibit 2.9)**







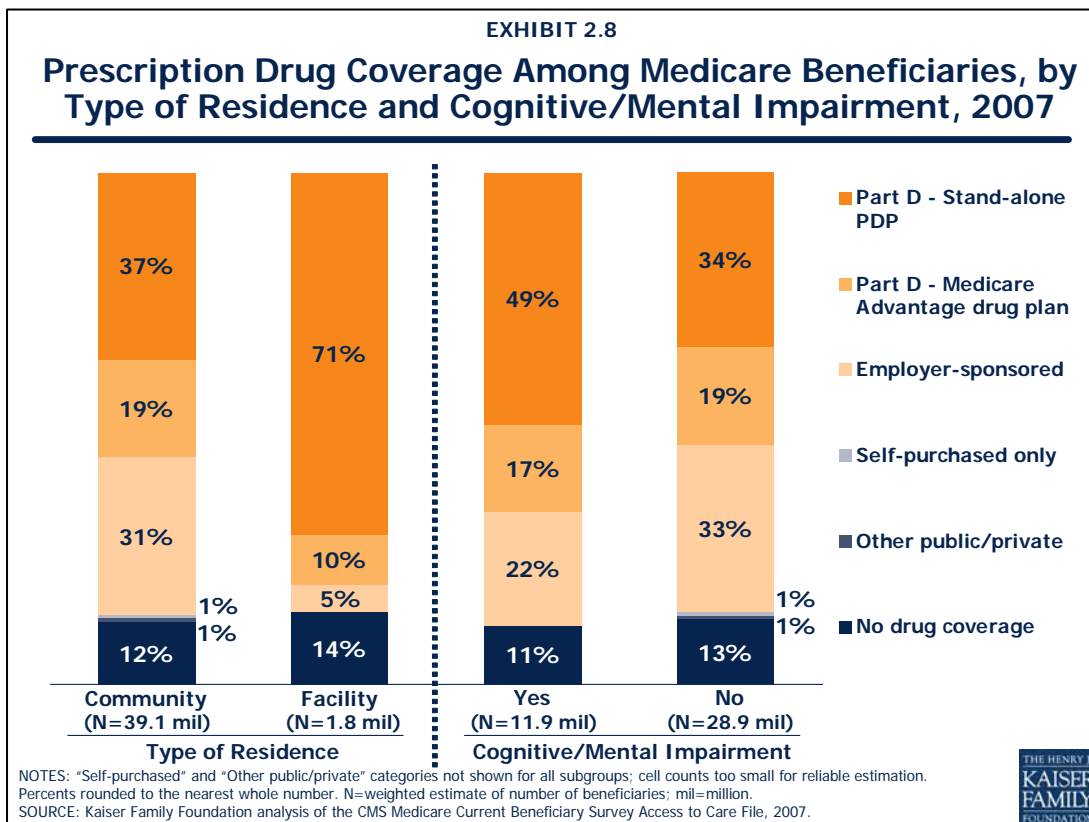
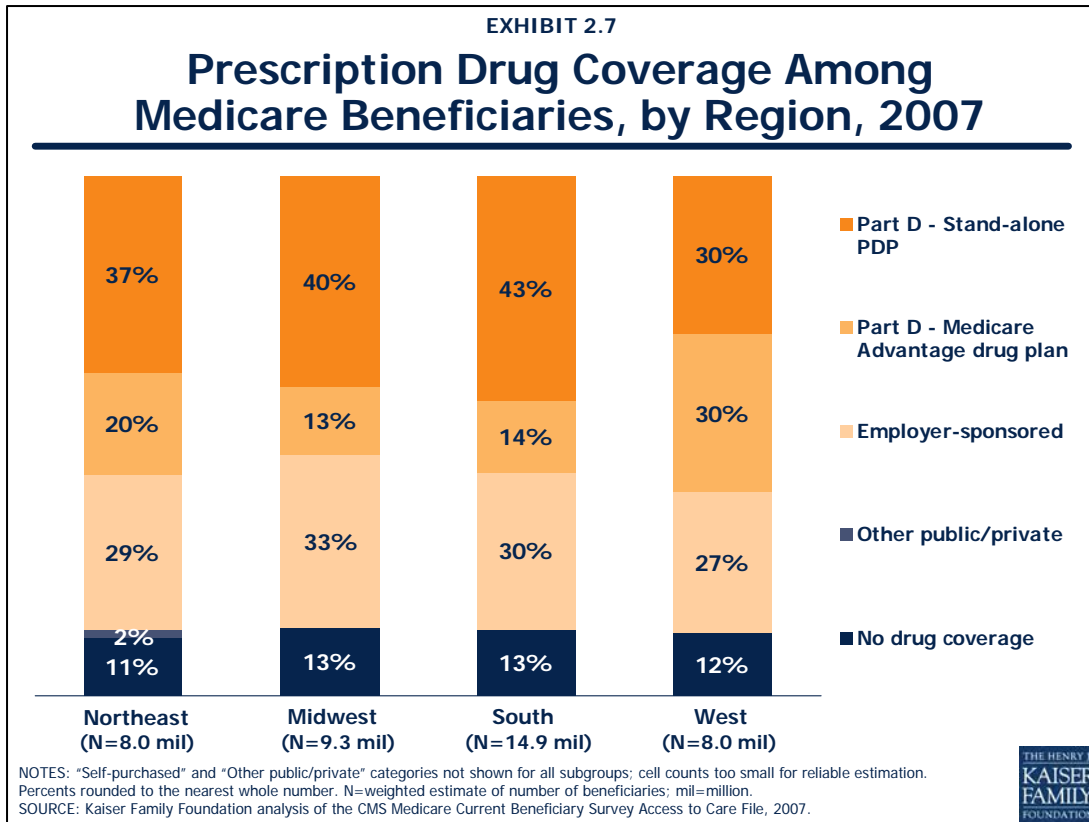
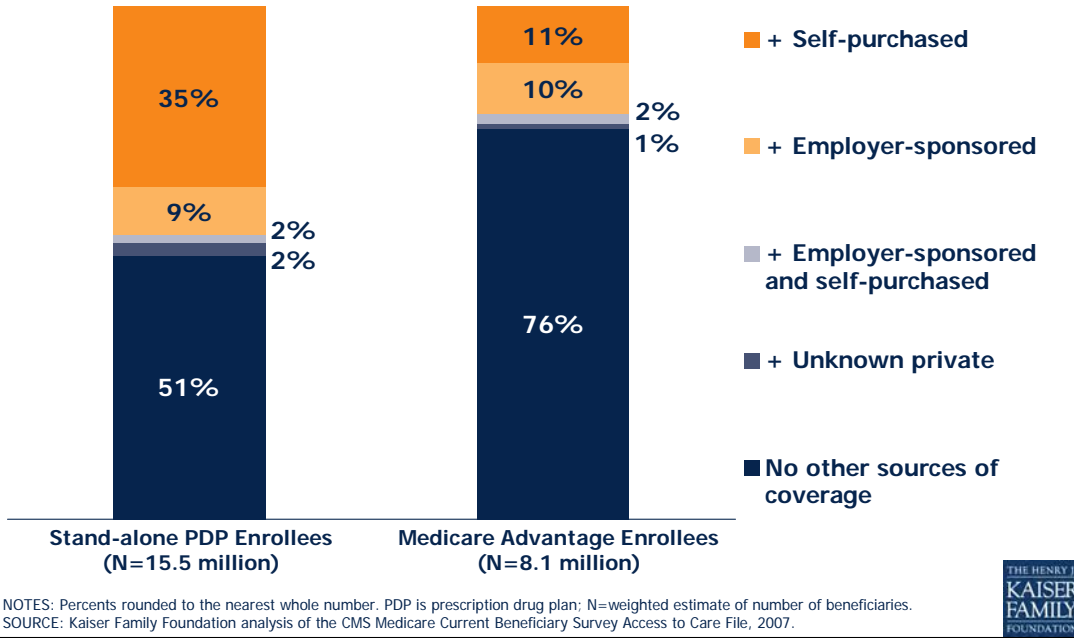


EXHIBIT 2.9

Multiple Sources of Supplemental Coverage Among Medicare Private Plan Enrollees, 2007



SECTION 3: PRESCRIPTION DRUG COVERAGE AND SUBSIDIES AMONG LOW-INCOME BENEFICIARIES

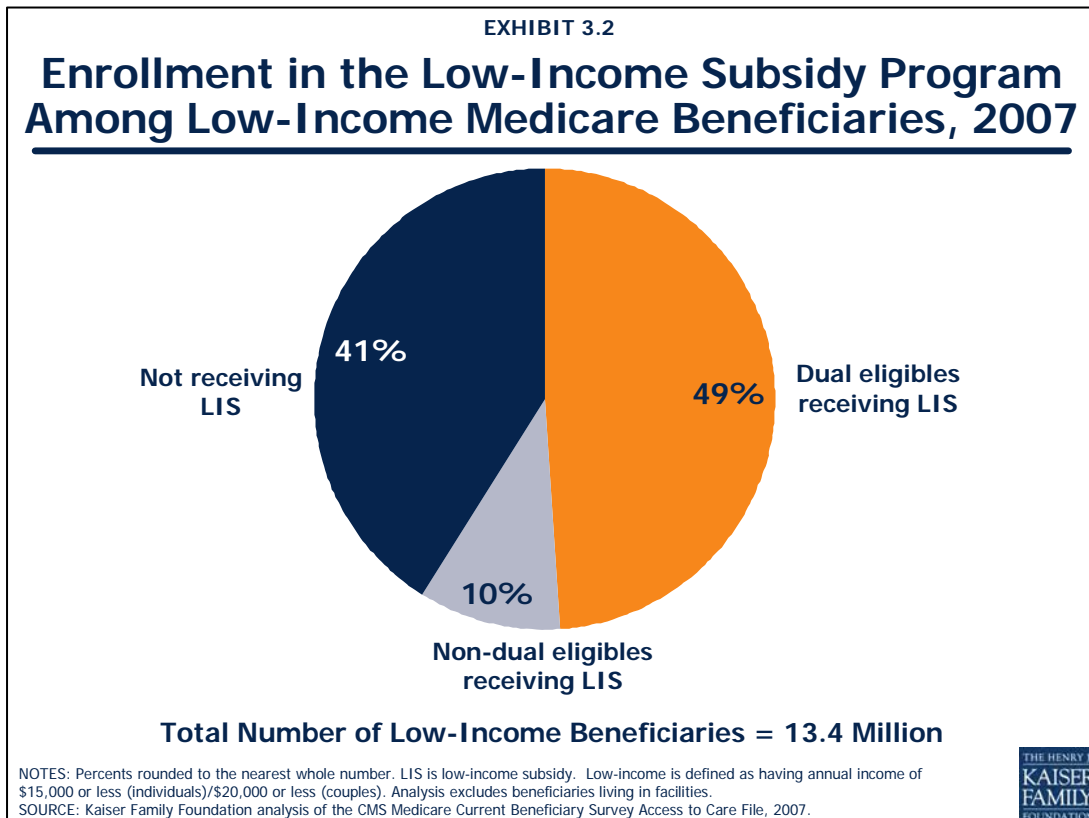
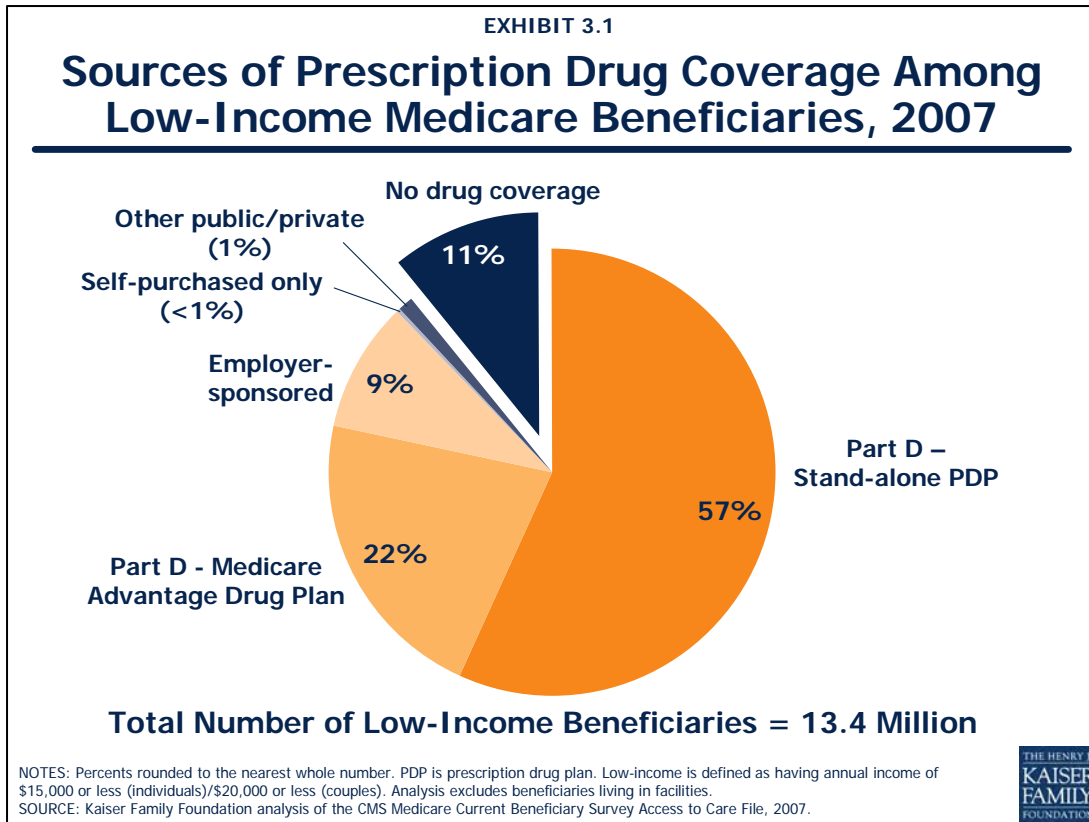
Sources of Prescription Drug Coverage for Low-Income Medicare Beneficiaries: More than 13 million Medicare beneficiaries had low incomes in 2007, defined as beneficiaries having annual income of \$15,000 or less for individuals/\$20,000 or less for couples. The majority (78%) were enrolled in either a Part D stand-alone drug plan (56%) or a Medicare Advantage drug plan (22%). A small share of low-income beneficiaries had drug coverage from an employer plan (9%), and only a fraction received drug coverage through a self-purchased plan like Medigap or another source of private or public drug coverage. While most low-income beneficiaries had drug coverage in 2007, 11% remained without any drug coverage. **(Exhibit 3.1)**

Low-Income Subsidy (LIS) Enrollment: Nearly six in ten (59%) of all Medicare beneficiaries with low incomes received the Part D low-income subsidy in 2007; the vast majority (83%) were dual eligibles who were automatically enrolled in Part D plans and the low-income subsidy. Only 19% of low-income beneficiaries, not dually eligible for Medicaid, signed up for low-income subsidy assistance. More than four in ten low-income Medicare beneficiaries (5.5 million) did not receive the Part D low-income subsidy in 2007. **(Exhibit 3.2)**

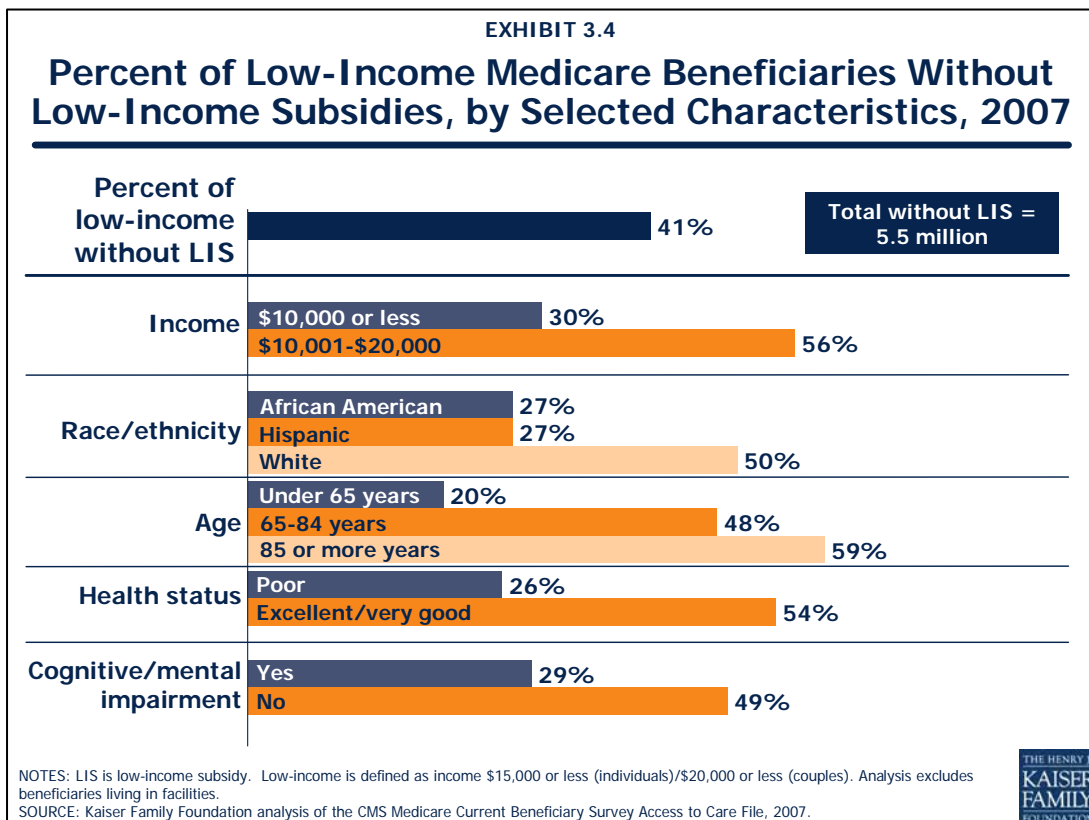
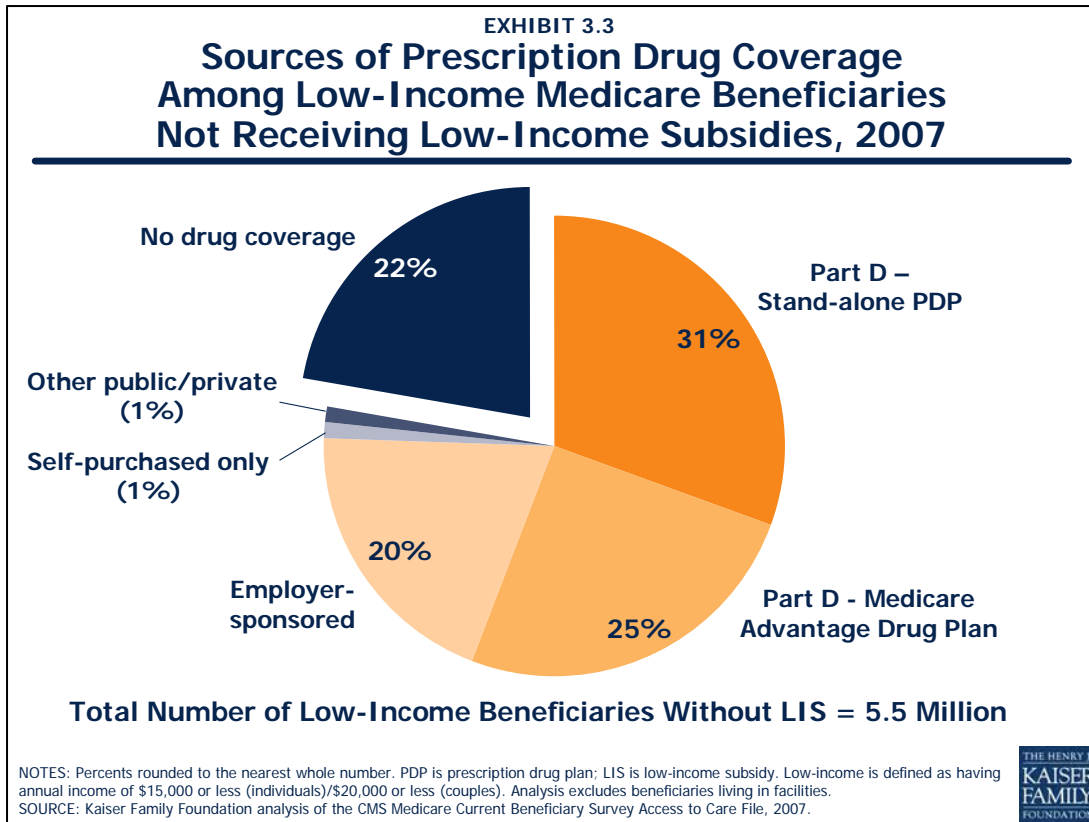
Sources of Prescription Drug Coverage Among Low-Income Medicare Beneficiaries Who Did Not Receive the Low-Income Subsidy: Of the 5.5 million low-income Medicare beneficiaries who did not have low-income subsidy assistance in 2007, over half were enrolled in a Part D plan (31% in a PDP; 25% in a MA-PD). Twenty percent of low-income Medicare beneficiaries who lacked low-income subsidy assistance in 2007 were in employer plans. More than one in five (22%) low-income Medicare beneficiaries without low-income subsidy assistance in 2007 lacked drug coverage altogether. **(Exhibit 3.3)**

Characteristics of Low-Income Beneficiaries Who Received LIS: A number of low-income beneficiaries who are generally considered vulnerable due to their socio-demographic characteristics and health status were helped by Part D low-income assistance in 2007. More than two-thirds of low-income African American (73%) and Hispanic beneficiaries (73%) received low-income subsidy benefits in 2007, either because they were dual eligibles or because they applied on their own – a significantly larger share than low-income whites (50%). Likewise, those with health or physical conditions such as a permanent disability, cognitive or mental impairment, or fair or poor health status were also more likely than healthier low-income beneficiaries to have received low-income subsidies. **(Table 2)**

Characteristics of Low-Income Beneficiaries Who Did Not Receive LIS: Among low-income Medicare beneficiaries, those with annual incomes between \$10,000 and \$20,000 are less likely than those with incomes \$10,000 or less to have received low-income subsidies in 2007. Similarly, beneficiaries age 85 and older were less likely than younger seniors to receive the low-income subsidy in 2007. A greater share of low-income beneficiaries without low-income subsidies in 2007 were living in the Midwest compared to those in other regions. **(Exhibit 3.4; Table 2 and Table 4)**



Section 3: Low-Income Drug Coverage and Subsidies



APPENDIX

Methodology

This chartpack is based on Kaiser Family Foundation analysis of data from the Centers for Medicare and Medicaid Services (CMS) Medicare Current Beneficiary Survey (MCBS) Access to Care file, 2007. The MCBS is a longitudinal, multi-purpose panel survey of a representative sample of the Medicare population, including both aged and disabled enrollees living in the community and in facility settings. Sample persons are interviewed three times a year for a maximum of four years to form a continuous profile of each individual's personal health care experience. The 2007 Access to Care file includes responses from 15,806 Medicare beneficiaries (weighted n=40.8 million). The beneficiaries included in the 2007 Access to Care File consist of a random cross-section of all beneficiaries who were enrolled in Medicare Part A and/or Part B as of January 1, 2007 and were alive and enrolled at the time of interview during the 2007 fall round (September-December) (the "always-enrolled" population). These beneficiaries include those in four separate MCBS panels (the 2004, 2005, 2006, and 2007 panels) and were drawn through the use of a stratified, unequal-probability, multi-stage sample design.

The Access to Care file provides early release of MCBS data related to Medicare beneficiaries' access to care by omitting survey-reported utilization and expenditure data (which are subsequently released in the Cost and Use file). The Access to Care file contains demographic and health insurance data and data on health status and functioning, along with questions concerning access to care, satisfaction with care, and usual source of care. The information collected in the survey is augmented with data on respondents' use and program cost of Medicare services from Medicare claims data.

For this analysis, supplemental insurance coverage and prescription drug coverage were coded in a mutually exclusive, hierarchical fashion using MCBS insurance coverage variables from CMS administrative records and beneficiary self-reports. The hierarchy for assignment of supplemental coverage is: (1) Medicare Advantage, (2) Medicaid, (3) Employer, (4) Self-purchased only, (5) Other public/private coverage, and (6) No supplemental coverage (Medicare fee-for-service only). The hierarchy for assignment of prescription drug coverage is: (1) Part D – stand-alone prescription drug plan, (2) Part D – Medicare Advantage, (3) Employer, (4) Self-purchased only, (5) Other public/private coverage, and (6) No prescription drug coverage. Beneficiaries with multiple sources of coverage were assigned to the coverage type that appears higher up in the hierarchy. For example, Medicare beneficiaries enrolled in both Medicaid ("dual eligibles") and a Medicare Advantage plan would be assigned to Medicare Advantage. Using a different hierarchy would affect the resulting estimates to the extent that beneficiaries with multiple sources of coverage might be assigned to a different coverage type depending on the order of assignment.

For the analysis of prescription drug coverage and subsidies among low-income beneficiaries, "low-income" is defined as having annual income of \$15,000 or less for individuals and \$20,000 or less for couples. This definition corresponds roughly to income eligibility levels for the low-income drug subsidy (LIS). LIS recipients also include dual eligibles, a small share of whom have somewhat higher incomes. LIS eligibility for non-dual eligibles is also determined by asset levels but the MCBS does not report respondents' assets, thus we were unable to factor this additional eligibility requirement into the analysis of low-income subsidy status. The low-income analysis was limited to community-dwelling residents only because valid income information was missing for a large share of beneficiaries living in facilities.

Statistical analysis was conducted in SAS[®] to account for the complex sampling design of the MCBS. Simple t-tests were performed and p-values calculated for each demographic group and coverage type. No tests were performed for unweighted cell counts of less than 50. Detailed statistical results are presented in the Appendix Tables that follow. All differences between groups mentioned in the text below are statistically significant; refer to Appendix Tables for p-values.

Data Tables and Statistical Tests

The following four tables present estimates and statistical test results comparing supplemental coverage and prescription drug coverage rates within and across both demographic groups and coverage types. These estimates are derived from crosstabulations of weighted, stratified frequencies of variables in the 2007 MCBS Access to Care file. Standard errors are presented in parentheses beside the estimates in each cell. Estimates are not shown for unweighted cell counts less than 50.

Table 1 (Sources of Supplemental Coverage Among Medicare Beneficiaries, by Characteristics, 2007) and **Table 2** (Sources of Prescription Drug Coverage Among Medicare Beneficiaries, by Characteristics, 2007) contain percentages that sum to 100% by row. These tables compare differences in beneficiary demographic characteristics within each source of coverage.

Table 3 (Characteristics of Medicare Beneficiaries, by Source of Supplemental Coverage, 2007) and **Table 4** (Characteristics of Medicare Beneficiaries, by Source of Prescription Drug Coverage, 2007) contain percentages that sum to 100% by column. These tables compare differences in sources of coverage within each beneficiary demographic category.

Two statistical tests were conducted on the estimates in Table 1 and Table 2.

1. T-test of each demographic stratum against all others within a source of coverage—noted in Tables 1 and 2 by * ($p < 0.05$) and ** ($p < 0.01$)

This test answers the question: Does the percentage of a demographic stratum with a particular source of coverage differ from the percentage of everyone not in that demographic stratum with that same source of coverage? For example, in Table 1, one can compare the percent of whites enrolled in Medicare Advantage to that of non-whites, or the percent of beneficiaries under age 65 enrolled in Medicaid to that of older beneficiaries. A statistically significant result in Tables 1 and 2 (indicated by * or **) can be interpreted as:

A larger (or smaller) share of Group A is enrolled in Coverage Type X than those not in Group A.

2. T-test of each demographic stratum against a reference group within a source of coverage—noted in Tables 1 and 2 by ^ ($p < 0.05$) and ^^ ($p < 0.01$)

This test answers the question: Does the percentage of a demographic stratum with a particular source of coverage differ from the percentage of the reference group with that same source of coverage? (Reference groups are noted in the label headings for each demographic category.) For example, in Table 1, one can compare the percent of Hispanics enrolled in Medicare Advantage to that of whites (the reference group), or the percent of beneficiaries with incomes of \$10,000 or less enrolled in Medicaid to that of beneficiaries with incomes of \$40,001 or more (the reference group). A statistically significant result in Tables 1 and 2 (indicated by ^ or ^^) can be interpreted as:

A larger (or smaller) share of Group A is enrolled in Coverage Type X than the Reference Group.

One statistical test was conducted on the estimates in Table 3 and Table 4.

3. T-Test of each source of coverage against all other sources within a demographic stratum—noted in Tables 3 and 4 by * ($p < 0.05$) and ** ($p < 0.01$)

This test answers the question: For each demographic stratum, does the percentage of beneficiaries with a particular source of coverage differ from the percentage of beneficiaries with all other coverage types combined? For example, in Table 3, one can compare the percent of Medicare Advantage enrollees who are Hispanic to the percent of other beneficiaries not enrolled in Medicare Advantage who are Hispanic. A statistically significant result in Tables 3 and 4 (indicated by * or **) can be interpreted as:

A larger (or smaller) share of beneficiaries with Coverage Type X are members of Group A compared to those with other Coverage Types.

Table 1: Source of Supplemental Coverage Among Medicare Beneficiaries, by Characteristic, 2007

	Number of Beneficiaries (weighted)	SOURCE OF SUPPLEMENTAL COVERAGE						
		TOTAL	Medicare Advantage	Medicaid	Employer-sponsored	Self-purchased only	Other private/public insurance	None - Medicare Fee-for-service only
<i>N</i>		40,814,514	8,963,890	6,206,159	13,933,493	6,894,799	403,350	4,412,823
<i>% of total</i>		100.0%	22.0%	15.2%	34.1%	16.9%	1.0%	10.8%
Income								
\$10,000 or less	6,108,171	17.5%	21.9 (1.1) ^	51.2 (1.3) ** †	7.3 (0.6) ** ^^	7.2 (0.6) ** ^^	---	12.0 (0.9) ^^
\$10,001-\$20,000	9,115,728	26.1%	25.7 (1.2) ** ^^	20.6 (0.9) ** †	18.1 (0.8) ** ^^	18.3 (0.9) *	---	16.2 (0.9) ** ^^
\$20,001-\$30,000	6,649,330	19.0%	24.1 (1.2) * ^^	3.6 (0.4) ** †	40.5 (1.2) ** ^^	20.2 (1.0) **	---	10.8 (0.9) ^^
\$30,001-\$40,000	6,317,505	18.1%	19.1 (1.2) **	---	52.1 (1.3) ** ^^	19.6 (1.2) **	---	7.8 (0.8) ** ^^
\$40,001 or more (Reference)	6,731,067	19.3%	18.8 (1.0) **	---	56.2 (1.0) **	19.2 (1.0) **	---	4.7 (0.5) **
Race								
White (Reference)	31,860,902	78.1%	19.9 (0.8) **	11.4 (0.5) **	37.7 (0.8) **	19.9 (0.7) **	1.1 (0.1) * †	10.0 (0.4) **
African American	3,733,752	9.1%	27.0 (1.9) ** ^^	29.1 (1.4) ** ^^	22.6 (1.4) ** ^^	4.6 (0.6) ** ^^	---	16.2 (1.2) ** ^^
Hispanic	3,181,321	7.8%	38.9 (1.7) ** ^^	25.6 (1.4) ** ^^	16.4 (1.4) ** ^^	5.8 (0.8) ** ^^	---	12.6 (1.1) ^
Other	2,038,539	5.0%	18.4 (1.9) *	32.7 (2.2) ** ^^	27.4 (2.5) ** ^^	9.1 (1.3) ** ^^	---	11.4 (1.4)
Age								
Under 65 years (disabled)	6,786,816	16.6%	15.3 (1.0) ** ^^	39.6 (1.4) ** ^^	20.0 (1.0) ** ^^	3.9 (0.6) ** ^^	---	20.9 (1.3) ** ^^
65-84 years (Reference)	29,115,889	71.3%	24.0 (0.8) **	9.3 (0.4) **	38.0 (0.8) **	19.3 (0.6) **	0.6 (0.1) **	8.8 (0.4) **
85+ years	4,911,809	12.0%	19.3 (0.9) ** ^^	16.7 (1.0) ^^	30.7 (1.1) ** ^^	20.5 (0.9) **	4.0 (0.4) ** ^^	8.7 (0.5) **
Health Status								
Excellent/very good (Reference)	16,429,090	40.5%	23.5 (0.9) *	6.9 (0.4) **	40.0 (0.9) **	20.4 (0.8) **	---	8.7 (0.5) **
Good	12,357,844	30.5%	22.1 (1.0)	14.9 (0.7) ^^	34.6 (1.0) ^^	17.1 (0.7) ^^	1.1 (0.2) †	10.2 (0.5) ^
Fair	8,121,342	20.0%	21.2 (1.0) ^	25.1 (1.0) ** ^^	25.8 (0.9) ** ^^	12.4 (0.8) ** ^^	1.4 (0.2) * †	14.2 (0.8) ** ^^
Poor	3,647,789	9.0%	17.2 (1.2) ** ^^	31.1 (1.4) ** ^^	25.2 (1.6) ** ^^	10.5 (1.0) ** ^^	---	14.4 (1.1) ** ^^
Gender								
Male (Reference)	18,105,979	44.4%	21.6 (0.9)	13.3 (0.6) **	36.2 (0.8) **	15.1 (0.6) **	0.7 (0.1) **	13.1 (0.6) **
Female	22,708,535	55.6%	22.3 (0.8)	16.7 (0.6) ** ^^	32.5 (0.9) ** ^^	18.4 (0.7) ** ^^	1.2 (0.1) ** ^^	9.0 (0.4) ** ^^
Metro Status								
Urban (Reference)	31,103,051	76.2%	25.9 (0.9) **	14.0 (0.5) **	34.7 (0.8) *	14.9 (0.5) **	1.0 (0.1)	9.6 (0.4) **
Rural	9,711,463	23.8%	9.3 (1.4) ** ^^	19.2 (1.5) ** ^^	32.5 (1.8)	23.3 (1.7) ** ^^	---	14.8 (1.0) ** ^^
Type of Residence								
Community (Reference)	39,050,169	95.7%	22.4 (0.8) **	13.2 (0.5) **	35.5 (0.8) **	17.7 (0.6) † †	0.4 (0.1) **	10.9 (0.4) **
Facility	1,764,345	4.3%	11.3 (1.1) ** ^^	59.9 (1.8) ** ^^	---	---	15.0 (1.3) ** ^^	9.0 (1.0) ^
Cognitive/Mental Impairment								
No (Reference)	28,904,992	70.8%	22.9 (0.8) **	9.5 (0.5) **	37.8 (0.8) **	19.3 (0.7) **	0.6 (0.1) **	9.9 (0.4) **
Yes	11,909,522	29.2%	19.8 (0.8) ** ^^	29.1 (0.8) ** ^^	25.2 (0.9) ** ^^	10.9 (0.6) ** ^^	2.0 (0.2) ** ^^	13.0 (0.6) ** ^^
Region								
Northeast (Reference)	8,005,618	19.9%	24.2 (2.3)	16.2 (0.7)	33.1 (1.4)	15.5 (1.1)	---	10.1 (0.8)
Midwest	9,333,010	23.2%	16.3 (1.1) ** ^^	13.3 (1.2) * ^	37.5 (1.7) ** ^^	21.9 (1.4) ** ^^	1.2 (0.2) †	9.8 (0.7)
South	14,875,732	37.0%	16.7 (1.2) ** ^^	16.3 (0.8) *	35.0 (1.2)	18.3 (0.9) * ^	1.0 (0.1) †	12.7 (0.8) ** ^^
West	8,005,300	19.9%	33.0 (2.2) ** ^^	14.6 (1.2)	31.1 (1.6) *	10.8 (1.4) ** ^^	---	9.5 (0.8) *

NOTES: Standard Error percentages in parentheses. Cells with dashes have less than 50 valid responses and are therefore considered unreliable.
 * Indicates statistical difference from all others at 0.05 level. ** Indicates statistical difference from all others at 0.01 level. † Indicates not performed due to a lack of comparison data.
 ^ Indicates statistical difference from the reference group at 0.05 level. ^^ Indicates statistical difference from the reference group at 0.01 level. ‡ Indicates not performed due to a lack of comparison data.
 SOURCE: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey Access to Care File, 2007.

Table 2: Source of Prescription Drug Coverage Among Medicare Beneficiaries, by Characteristic, 2007

	Number of Beneficiaries (weighted)	SOURCE OF PRESCRIPTION DRUG COVERAGE							LOW-INCOME SUBSIDY (LIS) STATUS AMONG DUAL ELIGIBLES AND BENEFICIARIES WITH LOW INCOMES ¹		
		TOTAL	Part D - Stand-alone PDP	Part D - Medicare Advantage Drug Plan	Employer-sponsored	Self-purchased only	Other private/public	None - Medicare Fee-for-service only	Has LIS (Dual eligible)	Has LIS (Non-dual eligible)	No LIS
<i>N</i>		40,814,514	15,518,324	7,614,311	12,109,000	317,693	215,247	5,039,939	6,563,101	1,334,089	5,538,150
<i>% of total</i>		100.0%	38.0%	18.7%	29.7%	0.8%	0.5%	12.3%	48.8%	9.9%	41.2%
Income											
\$10,000 or less	6,108,171	17.5%	64.6 (1.2) ** ^^	19.4 (1.0) ^^	5.7 (0.5) ** ^^	---	---	9.6 (0.7) **	60.8 (1.5) ** ‡	8.8 (0.8) * ‡	30.4 (1.3) ** ‡
\$10,001-\$20,000	9,115,728	26.1%	48.1 (1.2) ** ^^	22.2 (1.0) ** ^^	14.6 (0.7) ** ^^	---	---	13.3 (0.7) ^^	31.7 (1.4) ** ‡	12.3 (0.8) ** ‡	56.0 (1.5) ** ‡
\$20,001-\$30,000	6,649,330	19.0%	28.6 (1.0) ** ^^	19.8 (1.0) ^^	35.2 (1.1) ** ^^	---	---	15.0 (0.9) ** ^^	100.0 (0.0) ** ‡	N/A	N/A
\$30,001-\$40,000	6,317,505	18.1%	24.0 (1.2) **	15.7 (1.0) **	46.4 (1.3) ** ^	---	---	12.7 (0.8) ^^	---	N/A	N/A
\$40,001 or more (Reference)	6,731,067	19.3%	23.7 (1.2) **	15.6 (1.1) **	49.5 (1.1) **	---	---	9.8 (0.7) **	---	N/A	N/A
Race											
White (Reference)	31,860,902	78.1%	36.7 (0.8) **	16.4 (0.7) **	32.9 (0.8) **	0.9 (0.1) †	0.6 (0.1) †	12.6 (0.4)	39.2 (1.3) **	10.5 (0.8)	50.4 (1.3) **
African American	3,733,752	9.1%	46.7 (1.9) ** ^^	24.2 (1.8) ** ^^	19.0 (1.3) ** ^^	---	---	9.6 (0.9) ** ^^	60.1 (2.0) ** ^^	12.8 (1.3) *	27.1 (1.9) ** ^^
Hispanic	3,181,321	7.8%	35.0 (1.6) *	37.1 (1.7) ** ^^	13.5 (1.3) ** ^^	---	---	13.7 (1.2)	66.4 (1.8) ** ^^	---	26.7 (1.7) ** ^^
Other	2,038,539	5.0%	46.6 (2.6) ** ^^	15.4 (1.9) *	24.4 (2.2) ** ^^	---	---	11.6 (1.3)	73.1 (2.8) ** ^^	---	21.9 (2.7) ** ^^
Age											
Under 65 years (disabled)	6,786,816	16.6%	54.2 (1.6) ** ^^	13.4 (1.0) ** ^^	17.1 (0.9) ** ^^	---	---	14.8 (1.1) ** ^^	69.9 (1.7) ** ^^	10.2 (1.1)	19.8 (1.3) ** ^^
65-84 years (Reference)	29,115,889	71.3%	33.7 (0.8) **	20.3 (0.7) **	33.2 (0.8) **	0.8 (0.1)	0.5 (0.1)	11.4 (0.4) **	41.5 (1.4) **	10.1 (0.7)	48.4 (1.4) **
85+ years	4,911,809	12.0%	41.1 (1.3) ** ^^	16.0 (0.8) ** ^^	26.2 (1.1) ** ^^	---	---	14.5 (0.7) ** ^^	33.0 (1.9) ** ^^	8.4 (1.1)	58.5 (2.0) ** ^^
Health Status											
Excellent/very good (Reference)	16,429,090	40.5%	30.4 (0.9) **	20.0 (0.8) *	35.1 (1.0) **	1.0 (0.1) **	---	13.0 (0.5)	36.1 (1.5) **	10.2 (1.0)	53.7 (1.7) **
Good	12,357,844	30.5%	38.6 (1.0) ^^	18.5 (0.9)	29.6 (1.0) ^^	---	---	11.7 (0.6)	47.2 (1.5) ^^	7.9 (0.8) ** ^	44.9 (1.5) ** ^^
Fair	8,121,342	20.0%	46.7 (1.1) ** ^^	18.3 (0.9)	22.5 (0.8) ** ^^	---	---	11.8 (0.7)	56.9 (1.8) ** ^^	11.3 (0.9) *	31.8 (1.4) ** ^^
Poor	3,647,789	9.0%	49.8 (1.8) ** ^^	14.8 (1.2) ** ^^	22.0 (1.5) ** ^^	---	---	12.7 (0.9)	62.0 (2.5) ** ^^	11.8 (1.4)	26.2 (2.3) ** ^^
Gender											
Male (Reference)	18,105,979	44.4%	33.1 (0.8) **	17.9 (0.7)	31.8 (0.8) **	---	---	16.1 (0.5) **	48.6 (1.5)	9.8 (0.8)	41.6 (1.4)
Female	22,708,535	55.6%	41.9 (0.8) ** ^^	19.2 (0.7)	28.0 (0.8) ** ^^	0.9 (0.1)	0.6 (0.1)	9.4 (0.4) ** ^^	49.0 (1.3)	10.0 (0.7)	40.9 (1.3)
Metro Status											
Urban (Reference)	31,103,051	76.2%	34.3 (0.8) **	22.6 (0.8) **	30.2 (0.8) *	0.7 (0.1) **	0.6 (0.2) † ‡	11.5 (0.4) **	49.9 (1.2) **	8.9 (0.6) **	41.2 (1.2)
Rural	9,711,463	23.8%	49.8 (1.9) ** ^^	5.9 (1.0) ** ^^	27.9 (1.6)	---	---	15.0 (0.7) ** ^^	45.9 (2.6)	12.8 (1.3) * ^^	41.3 (2.4)
Type of Residence											
Community (Reference)	39,050,169	95.7%	36.6 (0.7) **	19.1 (0.7) **	30.8 (0.7) **	0.8 (0.1) † ‡	0.6 (0.1) † ‡	12.3 (0.4) **	48.8 (1.1) † ‡	9.9 (0.6) † ‡	41.2 (1.1) † ‡
Facility	1,764,345	4.3%	70.6 (1.5) ** ^^	9.8 (1.1) ** ^^	5.3 (0.8) ** ^^	---	---	14.3 (1.0) ^	---	---	---
Cognitive/Mental Impairment											
No (Reference)	28,904,992	70.8%	33.5 (0.8) **	19.4 (0.7) **	32.8 (0.8) **	0.9 (0.1) **	0.6 (0.2) † ‡	12.8 (0.4) *	41.4 (1.4) **	9.7 (0.7)	48.9 (1.3) **
Yes	11,909,522	29.2%	49.0 (0.9) ** ^^	16.8 (0.8) ** ^^	22.1 (0.9) ** ^^	---	---	11.4 (0.5) * ^	60.8 (1.3) ** ^^	10.3 (0.7)	28.9 (1.2) ** ^^
Region											
Northeast (Reference)	8,005,618	19.9%	37.4 (1.5)	19.7 (1.6)	29.4 (1.2)	---	1.7 (0.5) **	11.1 (0.5) *	50.0 (2.3)	8.5 (1.3)	41.5 (2.3)
Midwest	9,333,010	23.2%	39.9 (1.9)	13.0 (1.3) ** ^^	32.7 (1.6) * ^	---	---	12.9 (0.7) ^	41.9 (3.4) ** ^	9.9 (1.2)	48.2 (3.3) ** ^
South	14,875,732	37.0%	42.8 (1.3) ** ^^	13.7 (1.0) ** ^^	30.2 (1.4)	---	---	12.5 (0.6) ^	47.3 (1.4)	12.9 (1.0) ** ^^	39.8 (1.2)
West	8,005,300	19.9%	30.0 (1.4) ** ^^	30.2 (2.1) ** ^^	26.6 (1.4) **	---	---	12.1 (1.0)	56.9 (3.6) **	6.7 (1.1) **	36.4 (3.5)

NOTES: ¹ Estimates exclude facility residents. For non-dual eligibles, low income defined as annual income less than \$15,000/individual and \$20,000/couple; N/A - Not Applicable by definition.

Standard Error percentages in parentheses. Cells with dashes have less than 50 respondents and are therefore considered unreliable.

* Indicates statistical difference from all others at 0.05 level. ** Indicates statistical difference from all others at 0.01 level. † Indicates not performed due to a lack of comparison data.

^ Indicates statistical difference from the reference group at 0.05 level. ^^ Indicates statistical difference from the reference group at 0.01 level. ‡ Indicates not performed due to a lack of comparison data.

SOURCE: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey Access to Care File, 2007.

Table 3: Characteristics of Medicare Beneficiaries, by Source of Supplemental Coverage, 2007

	Number of Beneficiaries (weighted)	SOURCE OF SUPPLEMENTAL COVERAGE							All Medicare Fee for-service ¹
		TOTAL	Medicare Advantage	Medicaid	Employer-sponsored	Self-purchased only	Other private/public insurance	None - Medicare Fee-for-service only	
<i>N</i>		40,814,514	8,963,890	6,206,159	13,933,493	6,894,799	403,350	4,412,823	31,850,624
<i>% of total</i>		100.0%	22.0%	15.2%	34.1%	16.9%	1.0%	10.8%	78.0%
Income									
\$10,000 or less	6,108,171	17.5%	17.3 (0.9)	58.3 (1.4) **	3.8 (0.4) **	7.3 (0.6) **	---	19.6 (1.8)	17.6 (0.9)
\$10,001-\$20,000	9,115,728	26.1%	30.2 (1.1) **	34.9 (1.3) **	13.9 (0.6) **	27.9 (1.1) *	---	39.6 (1.6) **	24.9 (1.1) **
\$20,001-\$30,000	6,649,330	19.0%	20.7 (0.8) *	4.5 (0.5) **	22.7 (0.8) **	22.5 (1.0) **	---	19.2 (1.4)	18.6 (0.8) *
\$30,001-\$40,000	6,317,505	18.1%	15.5 (0.9) **	---	27.7 (0.8) **	20.7 (0.9) **	---	13.2 (1.2) **	18.8 (0.9) **
\$40,001 or more	6,731,067	19.3%	16.3 (0.9) **	---	31.9 (1.2) **	21.6 (1.0) *	---	8.4 (0.9) **	20.1 (0.9) **
Race									
White	31,860,902	78.1%	70.7 (1.5) **	58.6 (1.8) **	86.2 (0.9) **	92.2 (0.7) **	84.9 (3.5) *	71.9 (1.9) **	80.1 (1.5) **
African American	3,733,752	9.1%	11.3 (1.1) *	17.5 (1.7) **	6.1 (0.6) **	2.5 (0.4) **	---	13.7 (1.7) **	8.6 (1.1) *
Hispanic	3,181,321	7.8%	13.8 (1.2) **	13.1 (1.3) **	3.7 (0.5) **	2.7 (0.4) **	---	9.1 (0.9)	6.1 (1.2) **
Other	2,038,539	5.0%	4.2 (0.4)	10.7 (1.3) **	4.0 (0.4) **	2.7 (0.4) **	---	5.3 (0.8)	5.2 (0.4)
Age									
Under 65 years (disabled)	6,786,816	16.6%	11.6 (0.8) **	43.3 (1.2) **	9.7 (0.5) **	3.8 (0.5) **	---	32.2 (2.0) **	18.0 (0.8) **
65-84 years	29,115,889	71.3%	77.8 (0.8) **	43.5 (1.1) **	79.4 (0.6) **	81.6 (0.8) **	45.6 (3.7) **	58.1 (1.8) **	69.5 (0.8) **
85+ years	4,911,809	12.0%	10.6 (0.5) **	13.2 (0.6) *	10.8 (0.4) **	14.6 (0.6) **	49.3 (3.9) **	9.7 (0.6) **	12.4 (0.5) **
Health Status									
Excellent/very good	16,429,090	40.5%	43.2 (1.0) **	18.4 (0.8) **	47.4 (0.8) **	48.9 (1.0) **	---	32.8 (1.5) **	39.8 (1.0) **
Good	12,357,844	30.5%	30.5 (0.9)	30.0 (0.9)	30.8 (0.8)	30.8 (1.0)	35.4 (3.0) *	28.8 (1.3)	30.4 (0.9)
Fair	8,121,342	20.0%	19.3 (0.8)	33.2 (1.0) **	15.1 (0.6) **	14.7 (0.8) **	27.7 (3.6) *	26.4 (1.3) **	20.2 (0.8)
Poor	3,647,789	9.0%	7.0 (0.5) **	18.5 (0.8) **	6.6 (0.4) **	5.6 (0.5) **	---	12.0 (0.9) **	9.5 (0.5) **
Gender									
Male	18,105,979	44.4%	43.6 (1.1)	38.9 (1.0) **	47.1 (0.8) **	39.5 (1.0) **	29.6 (3.5) **	53.9 (1.4) **	44.6 (1.1)
Female	22,708,535	55.6%	56.4 (1.1)	61.1 (1.0) **	52.9 (0.8) **	60.5 (1.0) **	70.4 (3.5) **	46.1 (1.4) **	55.4 (1.1)
Metro Status									
Urban	31,103,051	76.2%	90.0 (1.4) **	70.0 (1.5) **	77.4 (1.3)	67.1 (1.8) **	77.9 (3.7)	67.5 (2.1) **	72.3 (1.4) **
Rural	9,711,463	23.8%	10.0 (1.4) **	30.0 (1.5) **	22.6 (1.3)	32.9 (1.8) **	---	32.5 (2.1) **	27.7 (1.4) **
Type of Residence									
Community	39,050,169	95.7%	97.8 (0.2) **	83.0 (0.7) **	99.4 (0.1) **	100.0 (0.0) **	34.3 (4.5) **	96.4 (0.4) *	95.1 (0.2) **
Facility	1,764,345	4.3%	2.2 (0.2) **	17.0 (0.7) **	---	---	65.7 (4.5) **	3.6 (0.4) *	4.9 (0.2) **
Cognitive/Mental Impairment									
No	28,904,992	70.8%	73.8 (0.9) **	44.1 (1.3) **	78.5 (0.7) **	81.1 (0.9) **	39.7 (3.8) **	65.0 (1.4) **	70.0 (0.9) **
Yes	11,909,522	29.2%	26.2 (0.9) **	55.9 (1.3) **	21.5 (0.7) **	18.9 (0.9) **	60.3 (3.8) **	35.0 (1.4) **	30.0 (0.9) **
Region									
Northeast	8,005,618	19.9%	21.6 (1.9)	20.9 (1.0)	19.0 (0.7)	18.0 (1.2)	---	18.3 (1.4)	19.0 (1.9)
Midwest	9,333,010	23.2%	16.9 (1.1) **	20.0 (1.5) *	25.1 (1.3) **	29.6 (1.7) **	27.5 (4.3)	20.8 (1.4)	24.5 (1.1) **
South	14,875,732	37.0%	27.7 (1.7) **	39.1 (2.0)	37.4 (1.5)	39.5 (1.9) *	36.0 (3.9)	42.8 (2.5) **	38.9 (1.7) **
West	8,005,300	19.9%	29.5 (1.4) **	18.9 (1.6)	17.9 (1.5)	12.6 (1.9) **	---	17.2 (2.0)	16.8 (1.4) **

NOTES: ¹ Estimates exclude Medicare Advantage enrollees.

Standard Error percentages in parentheses. Cells with dashes have less than 50 valid responses and are therefore considered unreliable.

* Indicates statistical difference from all others at 0.05 level. ** Indicates statistical difference from all others at 0.01 level.

SOURCE: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey Access to Care File, 2007.

Table 4: Characteristics of Medicare Beneficiaries, by Source of Prescription Drug Coverage, 2007

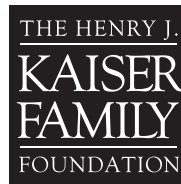
	Number of Beneficiaries (weighted)	SOURCE OF PRESCRIPTION DRUG COVERAGE								LOW-INCOME SUBSIDY (LIS) STATUS AMONG DUAL ELIGIBLES AND BENEFICIARIES WITH LOW INCOME ¹		
		TOTAL	Part D - Stand-alone PDP	Part D - Medicare Advantage Drug Plan	Employer-sponsored	Self-purchased only	Other private/public	None - Medicare Fee-for-service only	Has LIS (Dual eligible)	Has LIS (Non-dual eligible)	No LIS	
<i>N/ % of total</i>		40,814,514 100.0%	15,518,324 38.0%	7,614,311 18.7%	12,109,000 29.7%	317,693 0.8%	215,247 0.5%	5,039,939 12.3%	6,563,101 48.8%	1,334,089 9.9%	5,538,150 41.2%	
Income												
\$10,000 or less	6,108,171	17.5%	29.6 (1.0) **	18.1 (0.9)	3.4 (0.4) **	---	---	13.7 (1.1) **	57.7 (1.4) **	37.0 (2.5) **	30.9 (1.4) **	
\$10,001-\$20,000	9,115,728	26.1%	32.9 (0.8) **	30.7 (1.2) **	13.0 (0.6) **	---	---	28.5 (1.3) *	36.5 (1.4) **	63.0 (2.5) **	69.1 (1.4) **	
\$20,001-\$30,000	6,649,330	19.0%	14.2 (0.5) **	20.1 (0.8)	22.7 (0.9) **	---	---	23.4 (1.2) **	4.0 (0.5) **	N/A	N/A	
\$30,001-\$40,000	6,317,505	18.1%	11.3 (0.6) **	15.1 (0.9) **	28.5 (0.9) **	---	---	18.9 (1.0)	---	N/A	N/A	
\$40,001 or more	6,731,067	19.3%	12.0 (0.7) **	16.0 (1.0) **	32.4 (1.3) **	---	---	15.5 (1.2) **	---	N/A	N/A	
Race												
White	31,860,902	78.1%	75.5 (1.2) **	68.5 (1.6) **	86.5 (0.9) **	87.6 (3.5) **	82.8 (5.9)	79.5 (1.3)	50.2 (1.8) **	65.9 (3.2) **	76.5 (1.4)	
African American	3,733,752	9.1%	11.2 (1.1) **	11.9 (1.2) **	5.9 (0.6) **	---	---	7.1 (0.9) *	19.7 (1.8) **	20.7 (2.8) **	10.5 (1.1)	
Hispanic	3,181,321	7.8%	7.2 (0.7)	15.5 (1.4) **	3.6 (0.5) **	---	---	8.7 (0.8)	19.1 (1.6) **	---	9.1 (0.8)	
Other	2,038,539	5.0%	6.1 (0.7) **	4.1 (0.5)	4.1 (0.4) *	---	---	4.7 (0.7)	10.9 (1.3) **	---	3.9 (0.7) *	
Age												
Under 65 years (disabled)	6,786,816	16.6%	23.7 (0.9) **	11.9 (0.9) **	9.6 (0.6) **	---	---	19.9 (1.4) **	42.4 (1.2) **	30.5 (3.0) **	14.3 (1.0) **	
65-84 years	29,115,889	71.3%	63.3 (0.8) **	77.7 (0.9) **	79.8 (0.6) **	76.5 (4.5)	67.1 (5.9)	66.0 (1.4) **	49.0 (1.1) **	58.6 (3.1) **	67.7 (1.0) **	
85+ years	4,911,809	12.0%	13.0 (0.4) **	10.3 (0.5) **	10.6 (0.4) **	---	---	14.1 (0.8) **	8.6 (0.5) **	10.8 (1.2)	18.1 (0.8) **	
Health Status												
Excellent/very good	16,429,090	40.5%	32.5 (0.8) **	43.2 (1.1) **	47.8 (0.9) **	54.2 (5.4) **	---	42.7 (1.4)	20.2 (0.9) **	27.8 (2.2) **	35.5 (1.2) **	
Good	12,357,844	30.5%	31.0 (0.7)	30.2 (1.0)	30.4 (0.8)	---	---	29.0 (1.1)	31.2 (1.0)	25.7 (2.1) *	35.1 (1.3) **	
Fair	8,121,342	20.0%	24.6 (0.8) **	19.5 (0.9)	15.2 (0.6) **	---	---	19.1 (0.9)	31.6 (1.0) **	30.6 (2.1) **	20.9 (1.1)	
Poor	3,647,789	9.0%	11.8 (0.5) **	7.1 (0.6) **	6.7 (0.5) **	---	---	9.2 (0.7)	17.0 (0.9) **	15.9 (1.7) **	8.5 (0.8)	
Gender												
Male	18,105,979	44.4%	38.7 (0.8) **	42.6 (1.2)	47.5 (0.8) **	---	---	57.9 (1.2) **	38.9 (1.1) **	38.5 (2.4) **	39.5 (1.2) **	
Female	22,708,535	55.6%	61.3 (0.8) **	57.4 (1.2)	52.5 (0.8) **	63.5 (4.6) *	64.1 (5.4)	42.1 (1.2) **	61.1 (1.1) **	61.5 (2.4) **	60.5 (1.2) **	
Metro Status												
Urban	31,103,051	76.2%	68.8 (0.9) **	92.5 (1.2) **	77.6 (1.3)	68.6 (5.0)	87.0 (4.0) **	71.0 (1.5) **	74.4 (1.6)	65.0 (3.1) **	72.8 (1.7) *	
Rural	9,711,463	23.8%	31.2 (0.9) **	7.5 (1.2) **	22.4 (1.3)	---	---	29.0 (1.5) **	25.6 (1.6)	35.0 (3.1) **	27.2 (1.7) *	
Type of Residence												
Community	39,050,169	95.7%	92.0 (0.3) **	97.7 (0.3) **	99.2 (0.1) **	100.0 (0.0) **	100.0 (0.0) **	95.0 (0.4) *	100.0 (0.0) **	100.0 (0.0) **	100.0 (0.0) **	
Facility	1,764,345	4.3%	8.0 (0.3) **	2.3 (0.3) **	0.8 (0.1) **	---	---	5.0 (0.4) *	---	---	---	
Cognitive/Mental Impairment												
No	28,904,992	70.8%	62.4 (0.9) **	73.7 (0.9) **	78.3 (0.7) **	82.8 (3.5) **	81.2 (4.6) *	73.2 (1.2) *	52.3 (1.3) **	60.2 (2.3) **	73.1 (1.0) *	
Yes	11,909,522	29.2%	37.6 (0.9) **	26.3 (0.9) **	21.7 (0.7) **	---	---	26.8 (1.2) *	47.7 (1.3) **	39.8 (2.3) **	26.9 (1.0) *	
Region												
Northeast	8,005,618	19.9%	19.3 (0.8)	20.7 (1.6)	19.5 (0.7)	---	61.9 (11.2) **	17.7 (1.0) *	20.9 (1.2)	17.5 (2.7)	20.6 (1.3)	
Midwest	9,333,010	23.2%	24.0 (1.0)	16.0 (1.4) **	25.2 (1.4) *	---	---	23.9 (1.2)	15.8 (1.4) **	18.4 (2.2) *	21.6 (1.3)	
South	14,875,732	37.0%	41.0 (1.7) **	26.7 (1.7) **	37.2 (1.7)	---	---	37.0 (1.7)	38.6 (2.1)	51.7 (3.6) **	38.4 (1.8)	
West	8,005,300	19.9%	15.5 (1.4) **	31.8 (1.4) **	17.6 (1.5)	---	---	19.2 (1.8)	20.8 (1.6)	12.1 (2.3) **	15.8 (2.0) *	

NOTES: ¹ Estimates exclude facility residents. For non-dual eligibles, low income defined as annual income less than \$15,000/individual and \$20,000/couple; N/A - Not Applicable by definition.

Standard Error percentages in parentheses. Cells with dashes have less than 50 valid responses and are therefore considered unreliable.

* Indicates statistical difference from all others at 0.05 level. ** Indicates statistical difference from all others at 0.01 level.

SOURCE: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey Access to Care File, 2007.



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