MCBS
Medicare Current Beneficiary Survey

2017 | CHARTBOOK

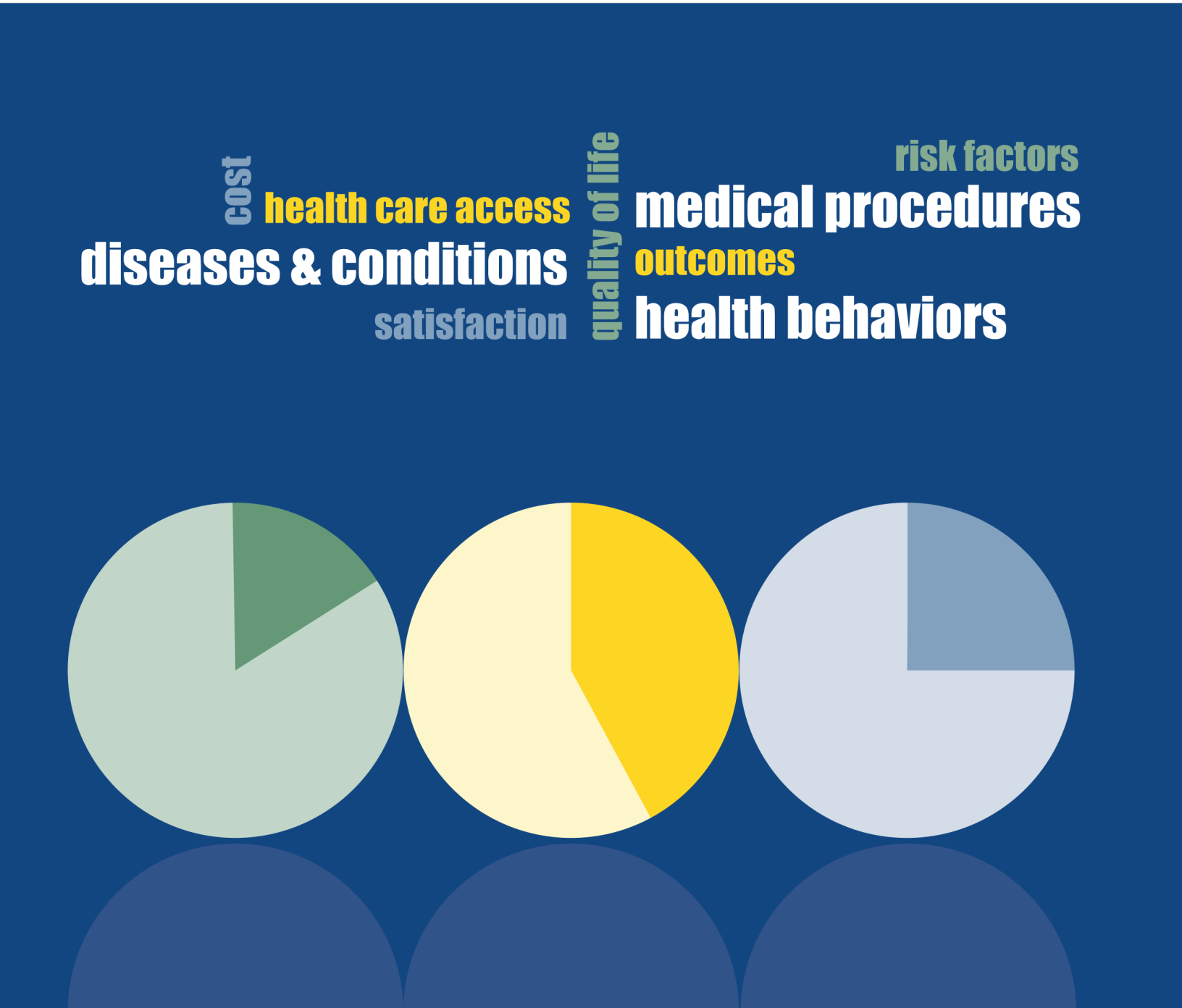

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TABLE OF CONTENTS

Overview **2**

What's New in 2017? 3

1. Who Is in the Medicare Population? **8**

2. How Healthy Are Medicare Beneficiaries? **14**

Perceived Health and Functioning 14

Health Conditions and Risk Factors 17

Preventive Care 22

3. What Is the Medicare Population's Access to Care and How Satisfied Are They with Their Care? **26**

Access to Care 26

Propensity to Seek Care 27

Satisfaction with Care 31

Special Feature: Perceptions of Patient-Centered Care 36

4. What Health Care Services Do Medicare Beneficiaries Receive? **39**

5. How Much Do Health Care Services for the Medicare Population Cost? **47**

Detailed Tables **59**

Appendices **102**

Appendix A: Glossary 102

Appendix B: Technical Appendix 117

Appendix C: Measure Construction Appendix 121

LIST OF EXHIBITS

Exhibit 1.1. Demographic and Socioeconomic Characteristics of All Medicare Beneficiaries, 2017 8

Exhibit 1.2.a. Insurance Coverage of All Medicare Beneficiaries, 2017 9

Exhibit 1.2.b. Supplemental Private Insurance Coverage Among Medicare Beneficiaries Residing in the Community, 2017 10

Exhibit 1.3. Type of Medicare Coverage and Dual Eligible Status of All Medicare Beneficiaries by Age, 2017 11

Exhibit 1.4. Residence Status of All Medicare Beneficiaries by Age, 2017 12

Exhibit 2.1. Quality of Life Metrics Among All Medicare Beneficiaries, 2017 14

Exhibit 2.2. Self-Reported Health Status Among All Medicare Beneficiaries by Age, Sex, and Race/Ethnicity, 2017 15

Exhibit 2.3. Disability Status Among All Medicare Beneficiaries by Age, Sex, and Race/Ethnicity, 2017 16

Exhibit 2.4. Self-Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2017 17

Exhibit 2.5. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Age, 2017 18

Exhibit 2.6. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Race/Ethnicity, 2017 18

Exhibit 2.7. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Sex, 2017 19

Exhibit 2.8. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Residence Status, 2017 19

Exhibit 2.9. Self-Reported Smoking Status Among All Medicare Beneficiaries Overall and by Sex, Race/Ethnicity, and Poverty Status, 2017 20

Exhibit 2.10. Self-Reported Alcohol Use Among Medicare Beneficiaries Residing in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2017 21

Exhibit 2.11. Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community, 2017 22

Exhibit 2.12. Self-Reported Preventive Health Behaviors Among All Medicare Beneficiaries Residing in the Community by Age, Race/Ethnicity, and Type of Medicare Coverage, 2017 23

Exhibit 2.13. Self-Reported Receipt of Shingles Vaccine Among Medicare Beneficiaries Aged 60 and Over Residing in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2017 24

Exhibit 3.1. Usual Source of Care Among Medicare Beneficiaries Residing Only in the Community by Type of Medicare Coverage, 2017 26

Exhibit 3.2. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community, 2017 27

Exhibit 3.3. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2017 28

Exhibit 3.4. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Sex, 2017 29

Exhibit 3.5. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, 2017 30

Exhibit 3.6. Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community, 2017 31

Exhibit 3.7. Satisfaction with Quality and Cost of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2017 32

Exhibit 3.8. Satisfaction with Access to Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2017 33

Exhibit 3.9. Perceived Knowledge of the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017 34

Exhibit 3.10. Self-Reported Physician Wait Time Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017 35

Exhibit 3.11. Patient Perceptions of Care Among Medicare Beneficiaries Residing Only in the Community, 2017 36

Exhibit 3.12. Patient Perception of Whether their Usual Provider Asks About Things in Life that Impact their Health Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017 37

Exhibit 4.1. User Rates of Health Care Services Among All Medicare Beneficiaries, 2017 39

Exhibit 4.2. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community, 2017 39

Exhibit 4.3. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Age, 2017 40

Exhibit 4.4. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Sex, 2017 41

Exhibit 4.5. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, 2017 42

Exhibit 4.6. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Self-Reported Health Status, 2017 43

Exhibit 4.7. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, 2017 43

Exhibit 4.8. User Rates of Skilled Nursing Facilities Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2017 44

Exhibit 4.9. User Rates of Long-Term Facility Care Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2017 44

Exhibit 4.10. User Rates of Skilled Nursing Facilities and Long-Term Facility Care Among Medicare Beneficiaries with Fee-for-Service Coverage, 2017 45

Exhibit 5.1. Total Health Care Service Expenditures Among All Medicare Beneficiaries Overall, by Source of Payment, and for Selected Service Types, in Millions of Dollars, 2017 47

Exhibit 5.2. Distribution of Total Out-of-Pocket Health Care Service Expenditures Among All Medicare Beneficiaries, 2017 48

Exhibit 5.3. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2017 49

Exhibit 5.4. Total Out-of-Pocket Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2017 49

Exhibit 5.5. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Age, in Dollars, 2017 50

Exhibit 5.6. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Sex, in Dollars, 2017 51

Exhibit 5.7. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, in Dollars, 2017 52

Exhibit 5.8. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Self-Reported Health Status, in Dollars, 2017 53

Exhibit 5.9. Total Out-of-Pocket Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with at Least One Chronic Condition by Number of Chronic Conditions, in Dollars, 2017 54

Exhibit 5.10. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, in Dollars, 2017 55

Exhibit 5.11. Skilled Nursing Facility Health Care Service Expenditures per User Overall and by Sex and Health Status, in Dollars, 2017 56

Exhibit 5.12. Long-Term Facility Care Health Care Service Expenditures per User Overall and by Age, Sex, and Health Status, in Dollars, 2017 56

Exhibit 5.13. Total Out-of-Pocket Health Care Service Expenditures per User for Long-Term Facility Care and Skilled Nursing Facilities, in Dollars, 2017 57

Exhibit 5.14. Total Health Care Service Expenditures per User for Long-Term Facility Care and Skilled Nursing Facilities Among Medicare Beneficiaries with Fee-For-Service Coverage, in Dollars, 2017 57

LIST OF TABLES

Table 1.0. 2017 MCBS Chartbook Summary of Updates to Measures 5

Table 1.1. Demographic and Socioeconomic Characteristics of All Medicare Beneficiaries, 2017 59

Table 1.2.a. Insurance Coverage of All Medicare Beneficiaries, 2017 60

Table 1.2.b. Private Insurance Coverage Among Medicare Beneficiaries Residing in the Community, 2017 60

Table 1.3.a. Type of Medicare Coverage of All Medicare Beneficiaries by Age, 2017 61

Table 1.3.b. Dual Eligible Status of All Medicare Beneficiaries by Age, 2017 61

Table 1.4. Residence Status of All Medicare Beneficiaries by Age, 2017 61

Table 1.5. Residence Status of All Medicare Beneficiaries by Sex, 2017 62

Table 1.6. Demographic and Socioeconomic Characteristics of All Dual Eligible Medicare Beneficiaries, 2017 62

Table 1.7. Demographic and Socioeconomic Characteristics of Medicare Beneficiaries Residing Only in Facilities, 2017 63

Table 2.1. Quality of Life Metrics Among All Medicare Beneficiaries, 2017 64

Table 2.2. Self-Reported Health Status Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2017 64

Table 2.3. Disability Status Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2017 65

Table 2.4. Self-Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2017 66

Table 2.5. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Age, 2017 67

Table 2.6. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Race/Ethnicity, 2017 67

Table 2.7. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Sex, 2017 68

Table 2.8. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Residence Status, 2017 68

Table 2.9. Self-Reported Smoking Status Among All Medicare Beneficiaries Overall and by Sex, Race/Ethnicity, and Poverty Status, 2017 69

Table 2.10. Self-Reported Alcohol Use Among Medicare Beneficiaries Residing in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2017 70

Table 2.11. Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community, 2017 70

Table 2.12. Self-Reported Preventive Health Behaviors Among All Medicare Beneficiaries Residing in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2017 71

Table 2.13. Self-Reported Receipt of Shingles Vaccine Among Medicare Beneficiaries Aged 60 and Over Residing in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2017 72

Table 2.14. Mobility Limitations Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2017 72

Table 2.15. Upper Extremity Limitations Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2017 73

Table 2.16. Mortality Rates Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2017 73

Table 2.17. Number of Chronic Conditions Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Type of Medicare Coverage, 2017 74

Table 2.18. Self-Reported Physical Activity Among Medicare Beneficiaries Residing in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2017 75

Table 2.19. Self-Reported Receipt of Mammography Among Female Medicare Beneficiaries Residing in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2017 75

Table 2.20. Self-Reported Receipt of Hysterectomy Among Female Medicare Beneficiaries Residing in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2017 76

Table 3.1. Usual Source of Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Type of Medicare Coverage, 2017 76

Table 3.2. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community, 2017 77

Table 3.3. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, 2017 77

Table 3.4. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Sex, 2017 78

Table 3.5. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Race/Ethnicity, 2017 78

Table 3.6. Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community, 2017 79

Table 3.7. Satisfaction with Quality and Cost of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2017 80

Table 3.8. Satisfaction with Access to Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2017 81

Table 3.9. Perceived Knowledge of the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017 82

Table 3.10. Self-Reported Physician Wait Time Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017 83

Table 3.11. Special Feature: Patient Perceptions of Care Among Medicare Beneficiaries Residing Only in the Community, 2017 83

Table 3.12. Special Feature: Patient Perception of Whether their Usual Provider Asks About Things in Life that Impact their Health Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017 84

Table 3.13. Difficulty Obtaining Care and Delayed Care Due to Cost Among Medicare Beneficiaries Residing Only in the Community Overall and by Type of Medicare Coverage, 2017 84

Table 3.14. Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community by Type of Medicare Coverage, 2017 85

Table 3.15. Satisfaction with the Availability of Information on the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017 86

Table 4.1. User Rates of Health Care Services Among All Medicare Beneficiaries, 2017 86

Table 4.2. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community, 2017 87

Table 4.3. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, 2017 87

Table 4.4. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Sex, 2017 88

Table 4.5. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Race/Ethnicity, 2017 88

Table 4.6. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Self-Reported Health Status, 2017 89

Table 4.7. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, 2017 89

Table 4.8. User Rates of Skilled Nursing Facilities Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2017 90

Table 4.9. User Rates of Long-Term Facility Care Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2017 91

Table 4.10. User Rates of Skilled Nursing Facilities and Long-Term Facility Care Among Medicare Beneficiaries with Fee-for-Service Coverage, 2017 91

Table 5.1.a. Total Health Care Service Expenditures Among All Medicare Beneficiaries by Source of Payment, 2017....92

Table 5.1.b. Total Health Care Service Expenditures Among All Medicare Beneficiaries Overall and for Selected Service Types, in Millions of Dollars, 2017 92

Table 5.2. Distribution of Total Out-of-Pocket Health Care Service Expenditures Among All Medicare Beneficiaries, 2017....93

Table 5.3. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2017 93

Table 5.4. Total Out-of-Pocket Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2017....94

Table 5.5. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, in Dollars, 2017 94

Table 5.6. Total Service Health Care Service per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Sex, in Dollars, 2017 95

Table 5.7. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Race/Ethnicity, in Dollars, 2017....95

Table 5.8. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Self-Reported Health Status, in Dollars, 2017....96

Table 5.9. Total Out-of-Pocket Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with at Least One Chronic Condition by Number of Chronic Conditions, in Dollars, 2017 97

Table 5.10. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, in Dollars, 2017 97

Table 5.11. Skilled Nursing Facility Health Care Service Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Health Status, in Dollars, 2017....98

Table 5.12. Long-Term Facility Care Health Care Service Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Health Status, in Dollars, 2017....99

Table 5.13. Total Out-of-Pocket Health Care Service Expenditures per User for Long-Term Facility Care and Skilled Nursing Facilities, in Dollars, 2017....99

Table 5.14. Total Health Care Service Expenditures per User for Long-Term Facility Care and Skilled Nursing Facilities Among Medicare Beneficiaries with Fee-for-Service Coverage, in Dollars, 2017 100

Table B.1. 2017 MCBS Data Sources and Weights by Chartbook Section 117

Table C.1. Detailed Measure Constructions 123

OVERVIEW

OVERVIEW

Medicare is the nation's health insurance program for persons aged 65 years and over and for persons younger than 65 years who have a qualifying disability. People under age 65 who receive Social Security Disability Insurance (SSDI) payments generally become eligible for Medicare after a two-year waiting period, while those diagnosed with end-stage renal disease (ESRD) and amyotrophic lateral sclerosis (ALS) become eligible for Medicare with no waiting period. Medicaid is a federal-state health insurance program for low-income Americans. Dual eligible beneficiaries are persons who are eligible for both Medicare and Medicaid.

The Medicare Current Beneficiary Survey (MCBS) was implemented in 1991 to serve as a source of information for administering the Medicare program, estimating health care expenditures for beneficiaries, and providing a better understanding of the health and well-being of the Medicare population. A leading source of information on Medicare and its impact on beneficiaries, the MCBS provides important data on beneficiaries that are not available in CMS administrative data and plays an essential role in monitoring and evaluating beneficiary health status and health care policy. The MCBS collects comprehensive data on beneficiary health insurance coverage, health care utilization and costs, access to care, and satisfaction with care, as well as special interest topics including drug coverage, knowledge about the Medicare program and housing characteristics. Data from the MCBS are used to inform many government programs and analyses, including fiscal projections produced by the Congressional Budget Office and the Medicare Payment Advisory Commission, and are published in a wide array of peer-reviewed journals.

The MCBS is a continuous, in-person, multi-purpose longitudinal survey. It represents the population of Medicare beneficiaries aged 65 and over and beneficiaries aged 64 and below with disabilities, residing in the United States. The MCBS is sponsored by the Office of Enterprise Data and Analytics (OEDA) of the Centers for Medicare & Medicaid Services (CMS). In its rotating panel design, each beneficiary is statistically sampled as part of a panel and is interviewed up to three times per year over a four year period. The MCBS has been carried out continuously for more than 25 years, and more than one million interviews have been conducted since its inception.

The MCBS Chartbook provides the public with a collection of charts and tables presenting estimates from both the MCBS Survey File and Cost Supplement File. The Survey File contains data collected directly from respondents and supplemented by administrative items plus facility (non-cost) information and Medicare Fee-for-Service claims. The Cost Supplement File contains both individual event and summary files and can be linked to the Survey File to conduct analyses on health care cost and utilization. Beginning with data year 2015, the MCBS Chartbook is updated annually to publicly disseminate current estimates for the Medicare population. Most of the estimates in the Chartbook were included in the previous two sourcebook (data tables) series: the Health and Health Care of the Medicare Population, and the Characteristics and Perceptions of the Medicare Population. The MCBS Chartbook is organized as follows:

- **Section 1: Who Is in the Medicare Population?:** demographic and socioeconomic characteristics of Medicare beneficiaries.
- **Section 2: How Healthy Are Medicare Beneficiaries?:** self-reported health status and health behaviors of Medicare beneficiaries.

- **Section 3: What Is the Medicare Population's Access to Care and How Satisfied Are They with Their Care?:** access to and satisfaction with health care services.
- **Section 4: What Health Care Services Do Medicare Beneficiaries Receive?:** health care use by Medicare beneficiaries across nine service categories, including: inpatient hospital services, outpatient hospital services, physician/supplier services, dental services, prescription drugs, Medicare hospice, Medicare home health, skilled nursing facility, and long-term facility care.
- **Section 5: How Much Do Health Care Services for the Medicare Population Cost?:** health care expenditures and all sources of payment across service categories.

The 2017 MCBS Chartbook contains estimates from the Survey File in Chartbook Sections 1, 2, and 3 and estimates from the Cost Supplement File in Chartbook Sections 4 and 5. The Appendices (glossary, technical documentation, and measure construction appendix) contain additional information for the Chartbook.

The **Detailed Tables** section contains the complete point estimates and standard errors for each exhibit in the Chartbook. The MCBS interviews a sample of Medicare beneficiaries. Therefore, standard errors are reported for all estimates in the Chartbook. The tables are numbered to align with their corresponding chart exhibits. For example, Table 1.1 corresponds to Exhibit 1.1, and Tables 1.3a and 1.3b correspond to Exhibit 1.3. In addition to the tables corresponding to each of the chart exhibits, this section of the Chartbook also contains tables with estimates for the Medicare population that do not appear in chart form in the prior sections of the Chartbook. These supplementary tables are numbered following the tables corresponding to the chart exhibits. For example, Exhibit 1.4 is the last chart exhibit in Section 1, so the supplementary tables for Section 1 begin after Table 1.4, with Table 1.5.

Appendix A contains a glossary with definitions of terms and variables. **Appendix B** contains technical documentation regarding the Chartbook. **Appendix C** contains detailed documentation on the construction of measures in the Chartbook.

WHAT'S NEW IN 2017?

The 2017 MCBS Chartbook features several important updates. Starting with the 2017 Chartbook, four measures have been permanently added to the Chartbook: 1) dementia, other than Alzheimer's disease, and 2) intellectual or developmental disability in Section 2, and 3) physician wait time and 4) satisfaction with the availability of specialist care in Section 3.

Additionally, the 2017 MCBS Chartbook introduces "special features." These are measures that are selected for inclusion in a specific issue of the Chartbook. The 2017 MCBS Chartbook includes a special feature on patient perceptions of care. This feature includes five measures characterizing beneficiary experience with patient-centered care, including: how often a beneficiary's usual provider listens to them, respects what they say, spends enough time with them, explains things clearly to them, and asks about things that impact their health.

Section 5 of the 2017 MCBS Chartbook includes two new exhibits that further characterize the distribution of out-of-pocket spending among Medicare beneficiaries. Exhibit 5.2 presents the distribution of total out-of-pocket health care service expenditures among all Medicare beneficiaries, and Exhibit 5.9 presents total out-of-pocket health care service expenditures for selected service types among community residing beneficiaries with at least one chronic condition.

Also, the construction of a number of existing measures have been updated to reflect changes to the MCBS Questionnaire and data products in 2017. Further information about these changes is included in the 2017 MCBS Questionnaire specifications, 2017 MCBS Survey File codebooks and 2017 MCBS Cost Supplement File codebooks. Lastly, two measures included in the 2016 Chartbook, limited English proficiency (LEP) and satisfaction with follow-up care, have been removed from the 2017 Chartbook. Limited English proficiency, only collected for beneficiaries residing in the community, was removed due to a difference in universe with other demographic and socioeconomic measures presented in the Chartbook. Satisfaction with follow-up care was removed from the MCBS questionnaire in 2017. These changes are summarized in Table 1.0.

Table 1.0. 2017 MCBS Chartbook Summary of Updates to Measures

Measure	Description	Exhibits/Tables
Dementia, Other than Alzheimer's Disease	Added	2.4
Intellectual or Developmental Disability	Added	2.4
Availability of Specialist Care	Added	3.6, 3.8
Physician Wait Time	Added	3.10
Patient Perceptions of Care- Usual Provider Listens to You	Added as special feature	3.11
Patient Perceptions of Care- Usual Provider Respects what You Say	Added as special feature	3.11
Patient Perceptions of Care- Usual Provider Spends Enough Time with You	Added as special feature	3.11
Patient Perceptions of Care- Usual Provider Explains Things Clearly to You	Added as special feature	3.11
Patient Perceptions of Care- Usual Provider Asks about Things in Life that Impact Your Health	Added as special feature	3.11, 3.12
Metropolitan Area Resident	Updated construction	1.1
Poverty Status	Updated construction	1.1, 1.7, 2.9, 2.10, 2.18
Age	Updated construction	1.1, 1.3a, 1.3b, 1.4, 1.6, 1.7, 2.2, 2.3, 2.5, 2.12, 2.13, 2.14, 2.15, 2.16, 2.17, 2.19, 2.20, 3.3, 3.7, 3.8, 3.9, 3.10, 3.12, 3.15, 4.3, 4.8, 4.9, 5.5, 5.12
Supplemental Private Insurance	Updated construction	1.2
Any Employer-Sponsored Insurance (ESI)	Updated construction	1.2.b
ESI with Comprehensive Coverage	Updated construction	1.2.b
Any Self-Pay Insurance	Updated construction	1.2.b
Self-Pay with Comprehensive Coverage	Updated construction	1.2.b
Alzheimer's Disease	Updated construction	2.4
Mental Condition	Updated construction	2.4
Cognitive Impairment	Updated construction	2.4
Hearing Trouble	Updated construction	2.4
Vision Problem	Updated construction	2.4
Heart Disease	Updated construction	2.4, 2.5, 2.6, 2.7, 2.8
Arthritis	Updated construction	2.4, 2.5, 2.6, 2.7, 2.8, 2.17
Number of Chronic Conditions	Updated construction	2.17, 5.9
Physical Activity	Updated construction	2.18
Limited English Proficiency (LEP)	Removed	1.1
Satisfaction with Care- Follow-up Care	Removed	3.6, 3.7, 3.11

The 2017 MCBS Chartbook also includes a new Chartbook Measure Construction Appendix, found in **Appendix C**. This new appendix documents how each measure presented in the Chartbook exhibits and tables is constructed to allow data users to replicate the Chartbook measures for their own analyses.

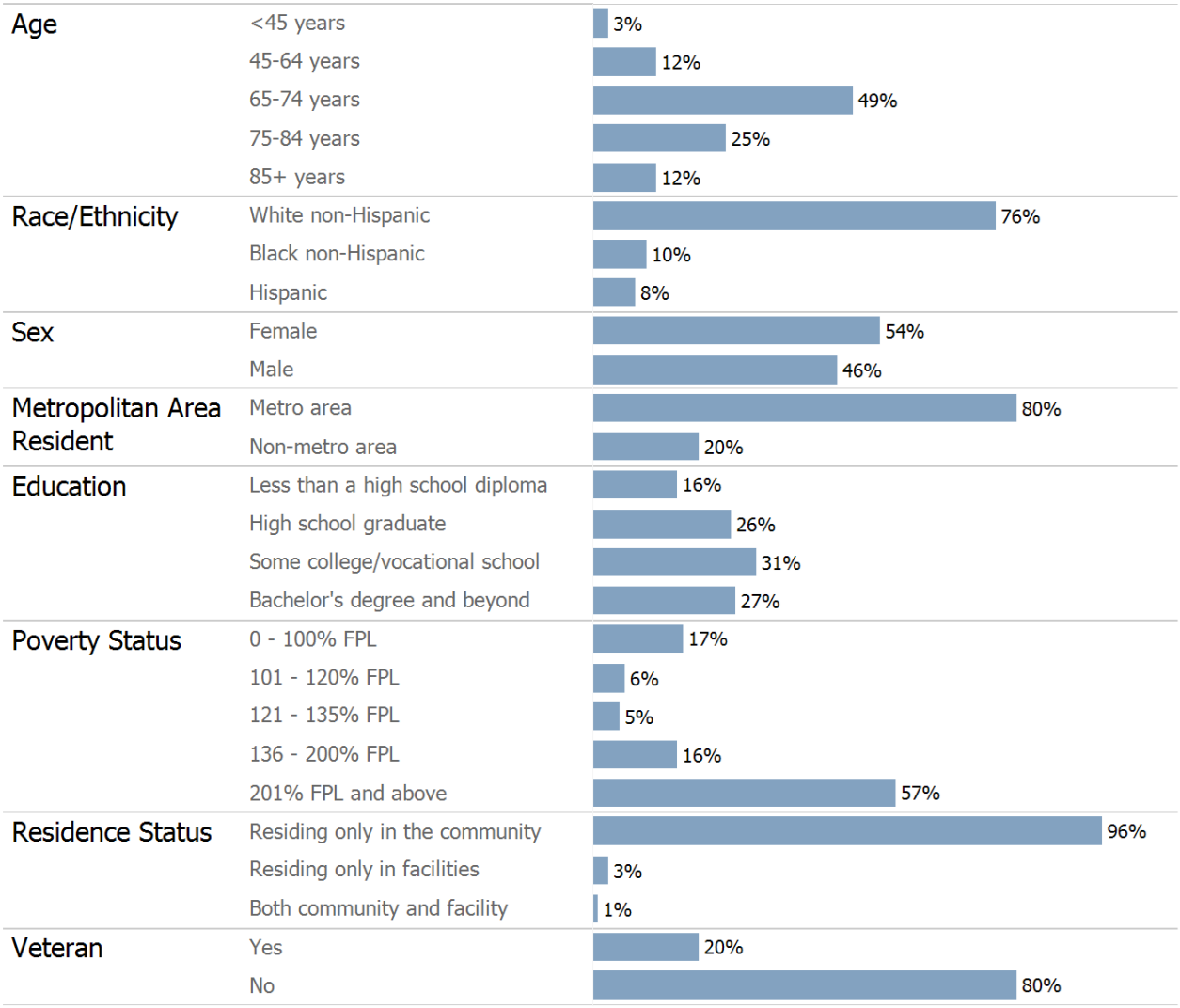
For questions or suggestions on this document or other MCBS data-related questions, please email MCBS@cms.hhs.gov.

WHO IS IN THE MEDICARE POPULATION?

1. WHO IS IN THE MEDICARE POPULATION?

The charts in Section 1 show the demographic and socioeconomic characteristics of Medicare beneficiaries, including supplemental insurance coverage and residence status.

Exhibit 1.1.
Demographic and Socioeconomic Characteristics of All Medicare Beneficiaries, 2017

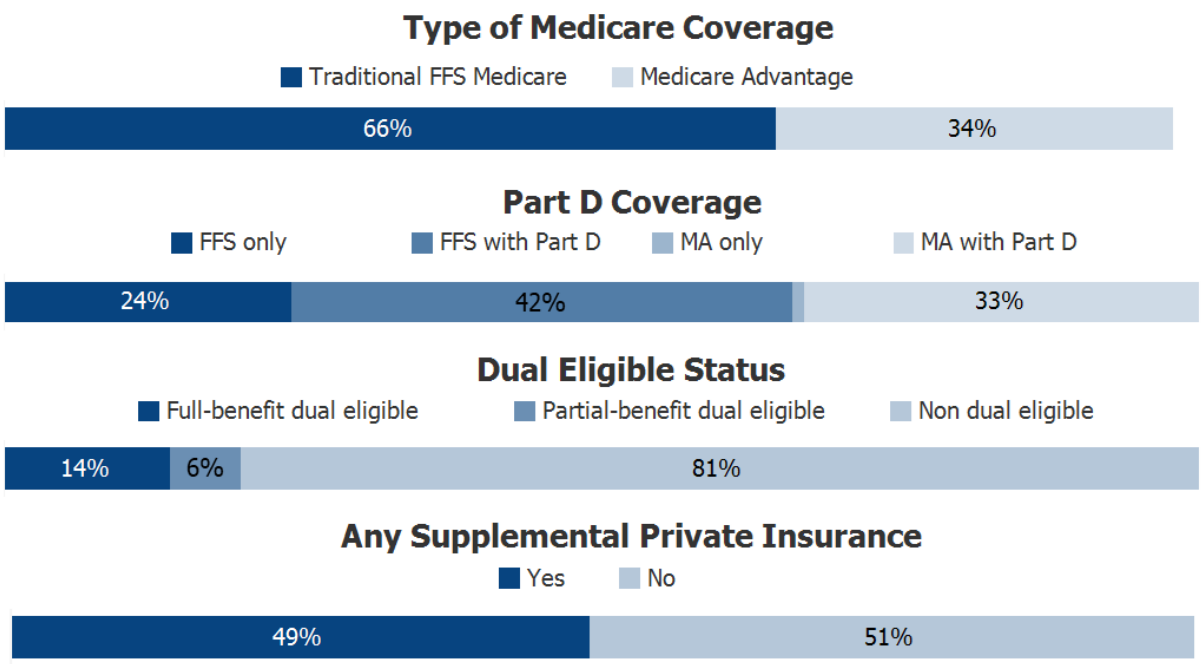


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are not presented for the "other race/ethnicity" category, although they are included in the denominator. FPL stands for Federal Poverty Level.

Exhibit 1.2.a.

Insurance Coverage of All Medicare Beneficiaries, 2017

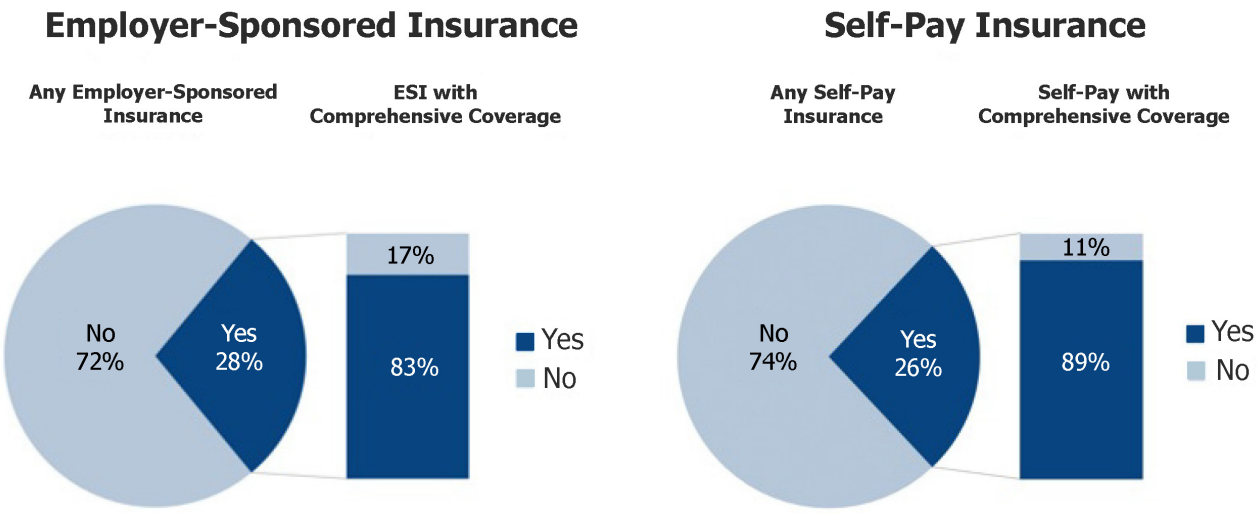


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. FFS stands for Fee-for-Service. MA stands for Medicare Advantage.

Exhibit 1.2.b.

Supplemental Private Insurance Coverage Among Medicare Beneficiaries Residing in the Community, 2017

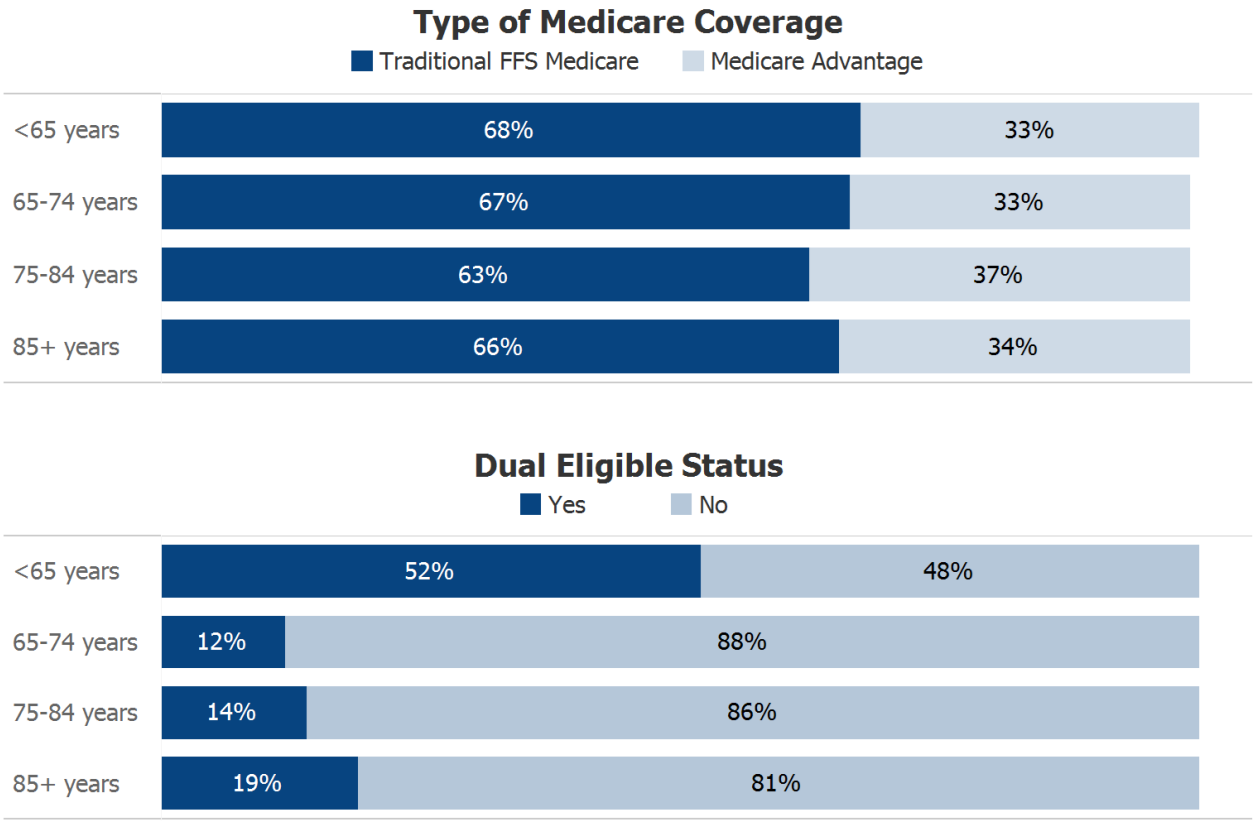


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. ESI stands for Employer-Sponsored Insurance.

Exhibit 1.3.

Type of Medicare Coverage and Dual Eligible Status of All Medicare Beneficiaries by Age, 2017

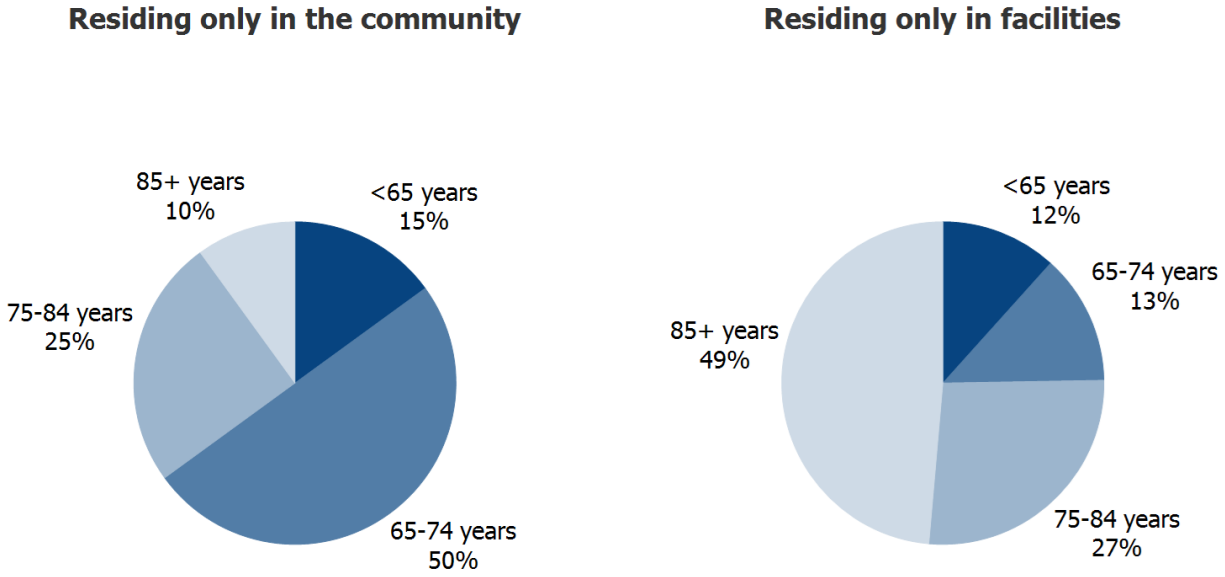


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. FFS stands for Fee-for-Service. Dual Eligible Status includes beneficiaries with both full-benefit and partial-benefit Medicaid coverage.

Exhibit 1.4.

Residence Status of All Medicare Beneficiaries by Age, 2017



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates for the category "Both community and facility" are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

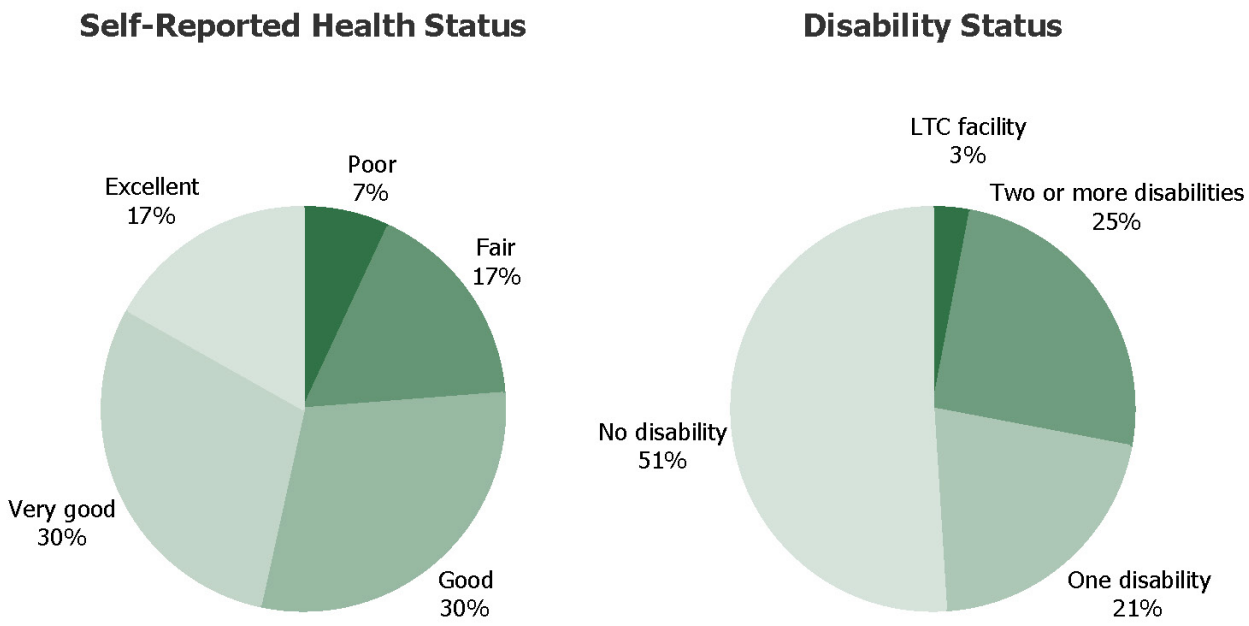
HOW HEALTHY ARE MEDICARE BENEFICIARIES?

2. HOW HEALTHY ARE MEDICARE BENEFICIARIES?

PERCEIVED HEALTH AND FUNCTIONING

The charts in this section show the self-reported health status and disability status of Medicare beneficiaries.

Exhibit 2.1.
Quality of Life Metrics Among All Medicare Beneficiaries, 2017

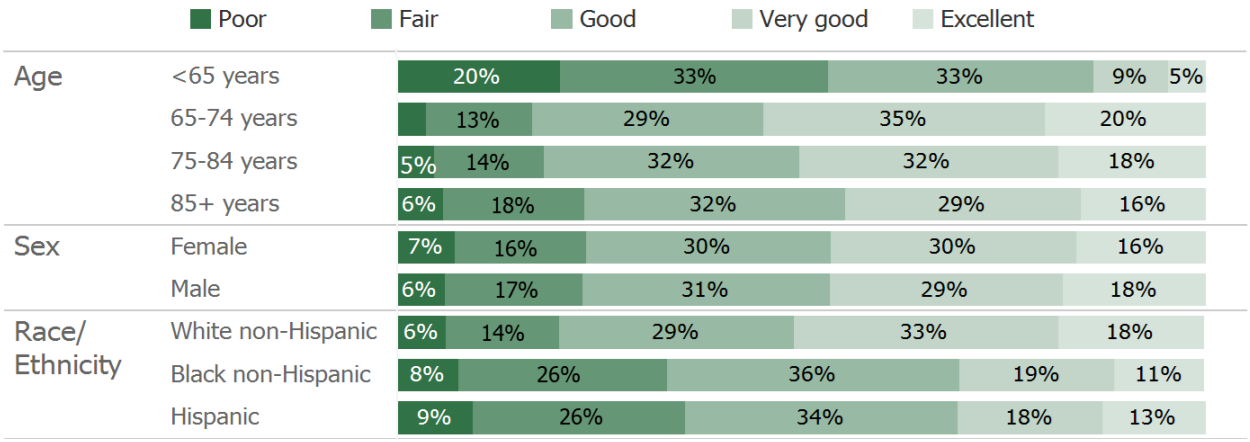


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. LTC stands for Long-Term Care. "LTC facility" includes beneficiaries who only completed Facility interviews during the year.

Exhibit 2.2.

Self-Reported Health Status Among All Medicare Beneficiaries by Age, Sex, and Race/Ethnicity, 2017

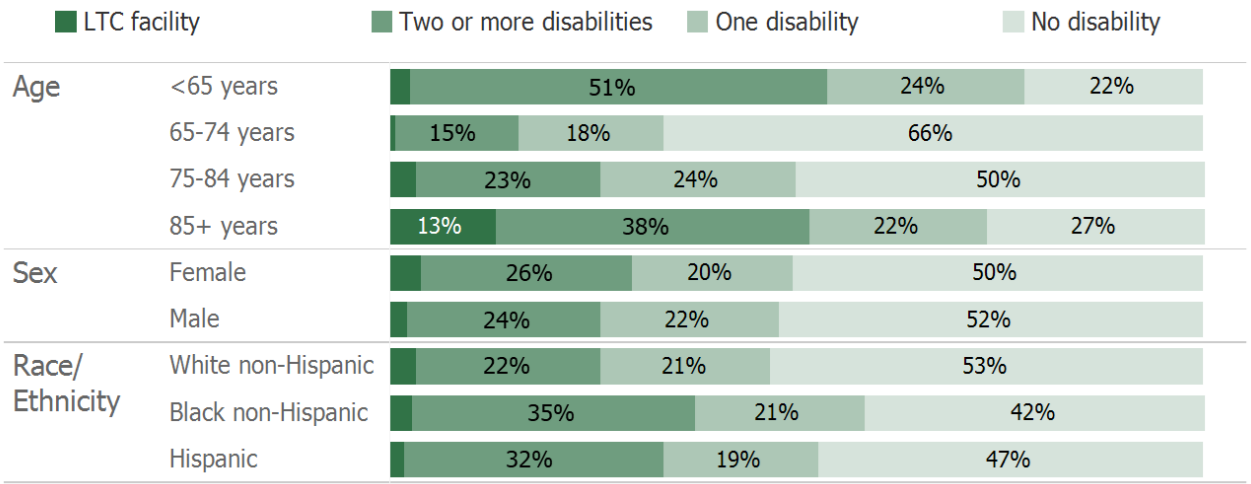


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category.

Exhibit 2.3.

Disability Status Among All Medicare Beneficiaries by Age, Sex, and Race/Ethnicity, 2017



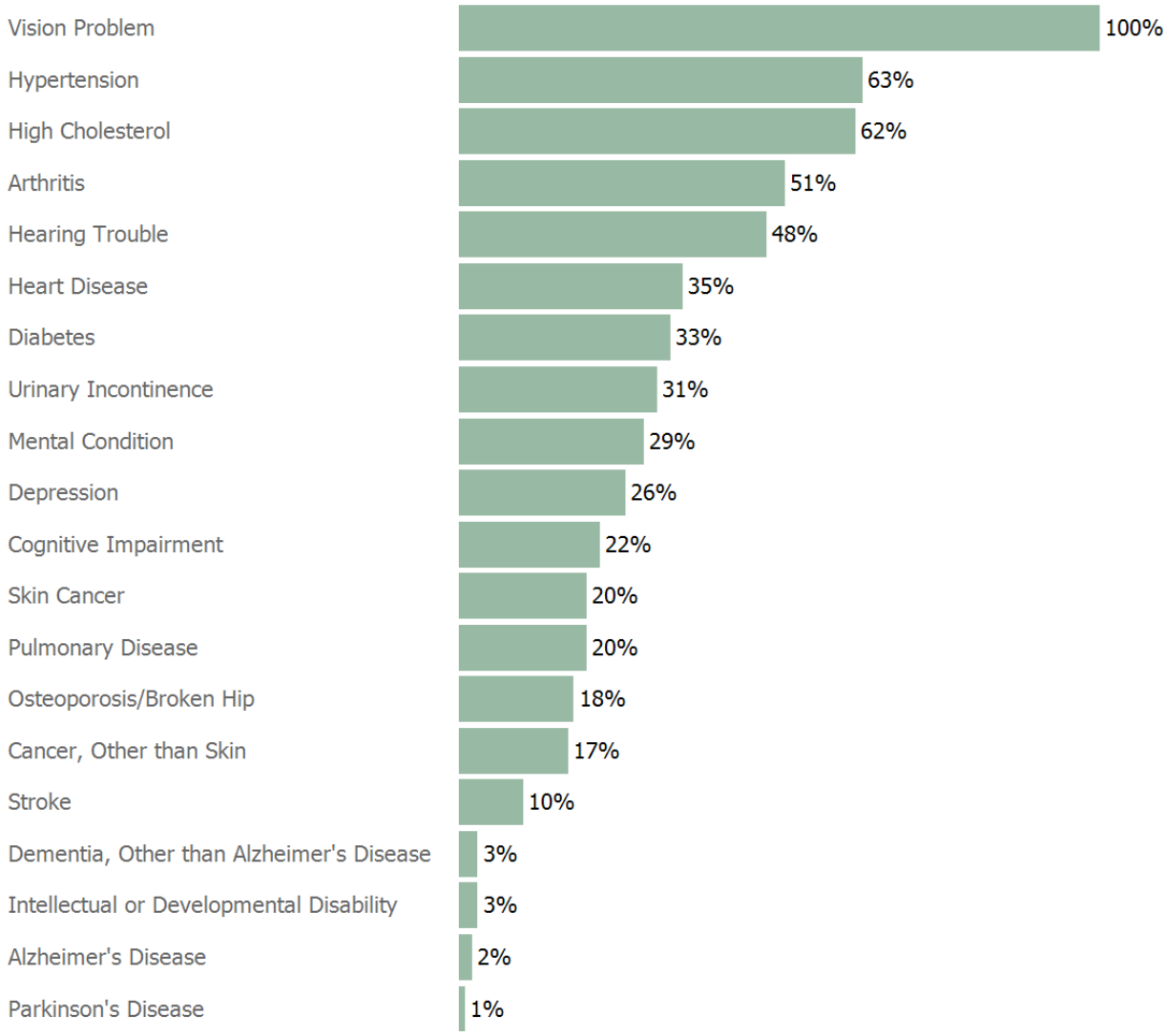
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category. LTC stands for Long-Term Care. "LTC facility" includes beneficiaries who only completed Facility interviews during the year.

HEALTH CONDITIONS AND RISK FACTORS

The charts in this section show self-reported chronic conditions and other common health conditions of Medicare beneficiaries, as well as the health behavior risk factors of smoking and alcohol use.

Exhibit 2.4.
Self-Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2017

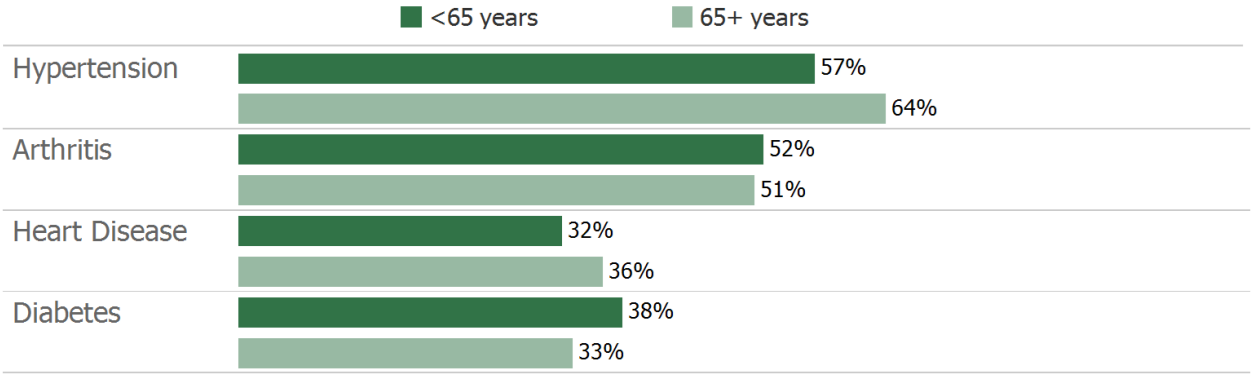


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Exhibit 2.5.

Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Age, 2017

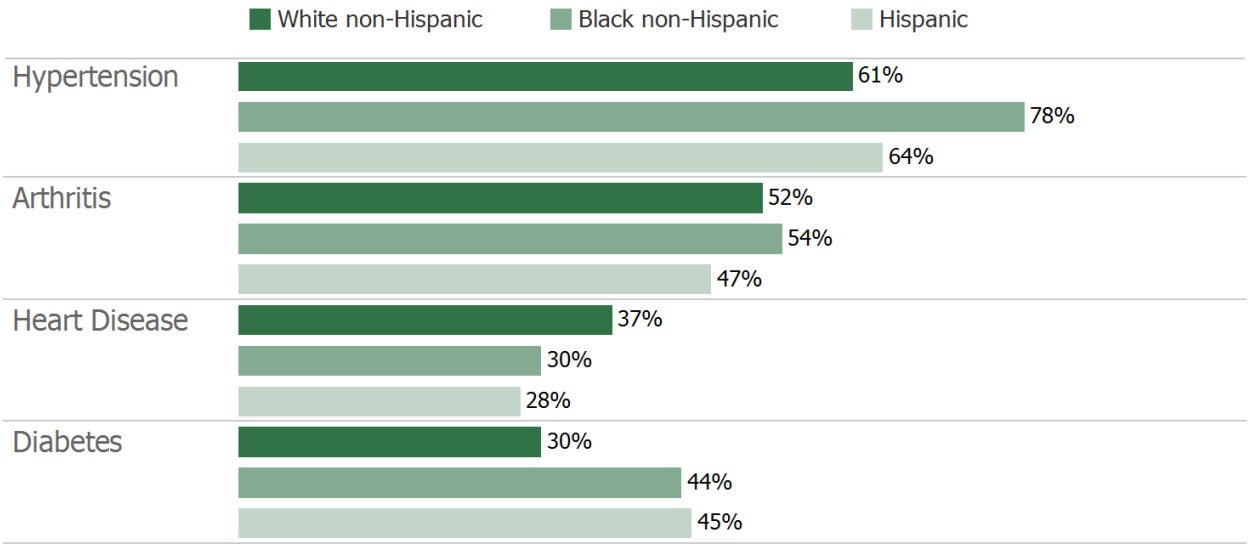


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Exhibit 2.6.

Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Race/Ethnicity, 2017

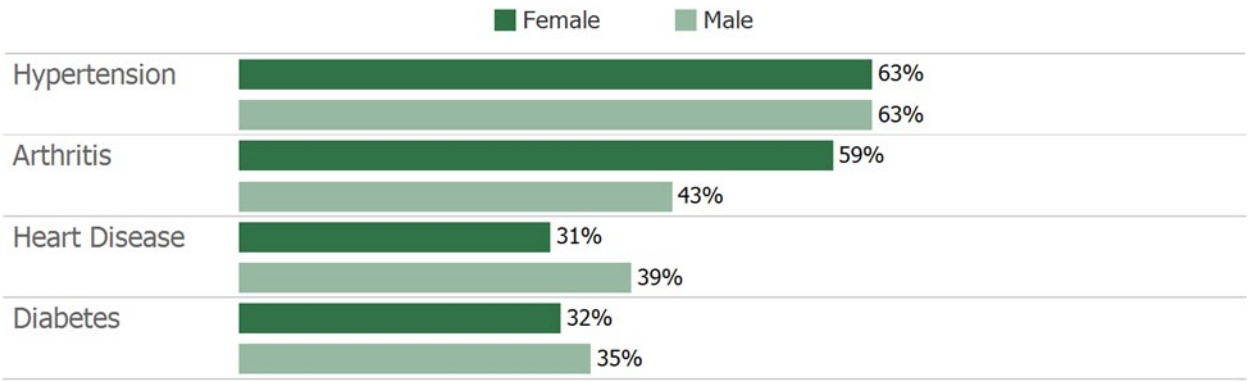


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category.

Exhibit 2.7.

Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Sex, 2017

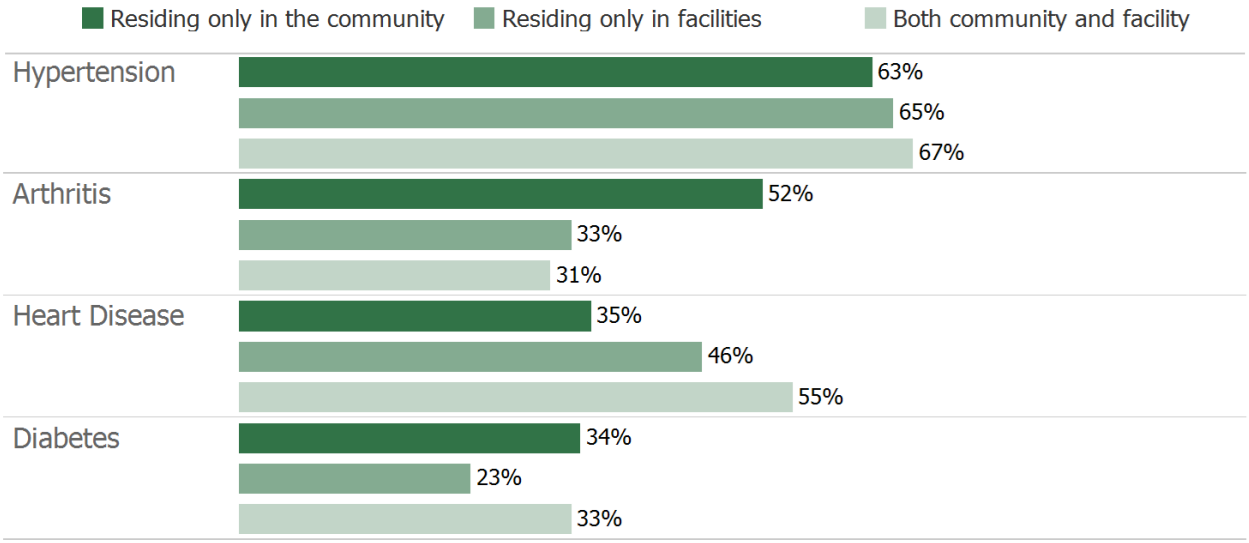


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Exhibit 2.8.

Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Residence Status, 2017

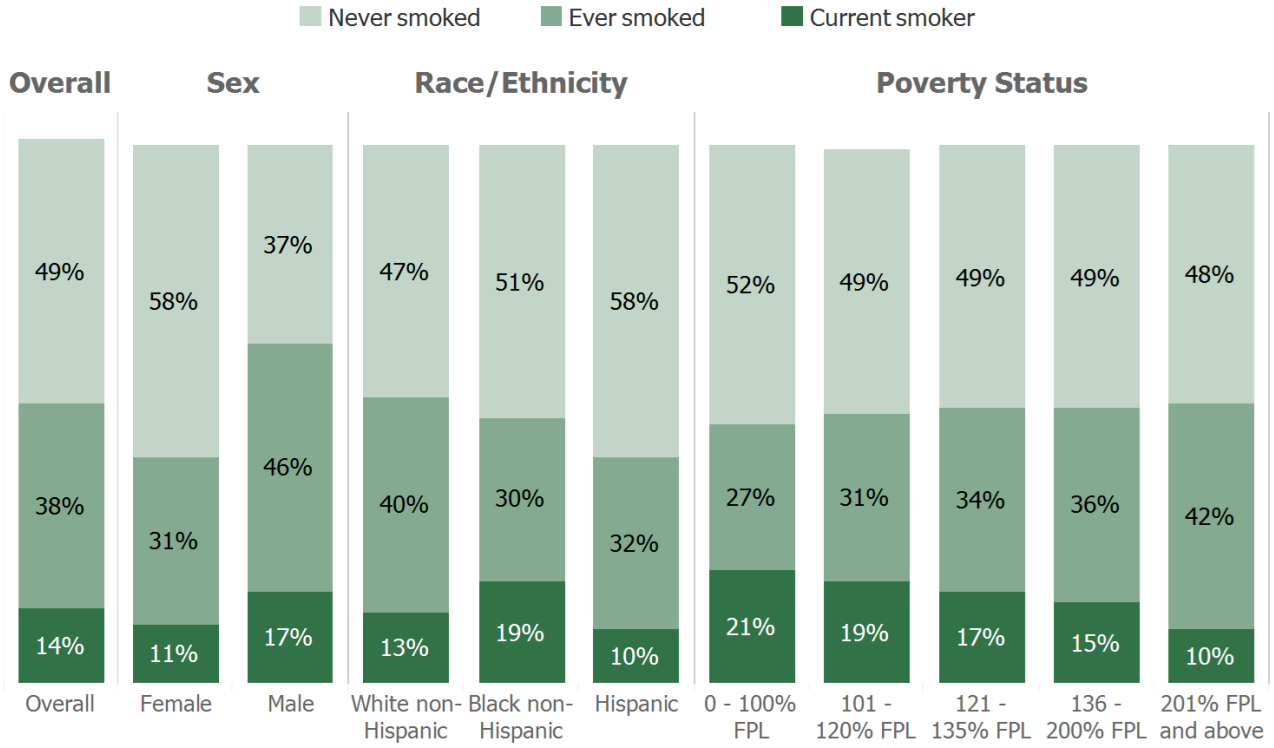


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Exhibit 2.9.

Self-Reported Smoking Status Among All Medicare Beneficiaries Overall and by Sex, Race/Ethnicity, and Poverty Status, 2017

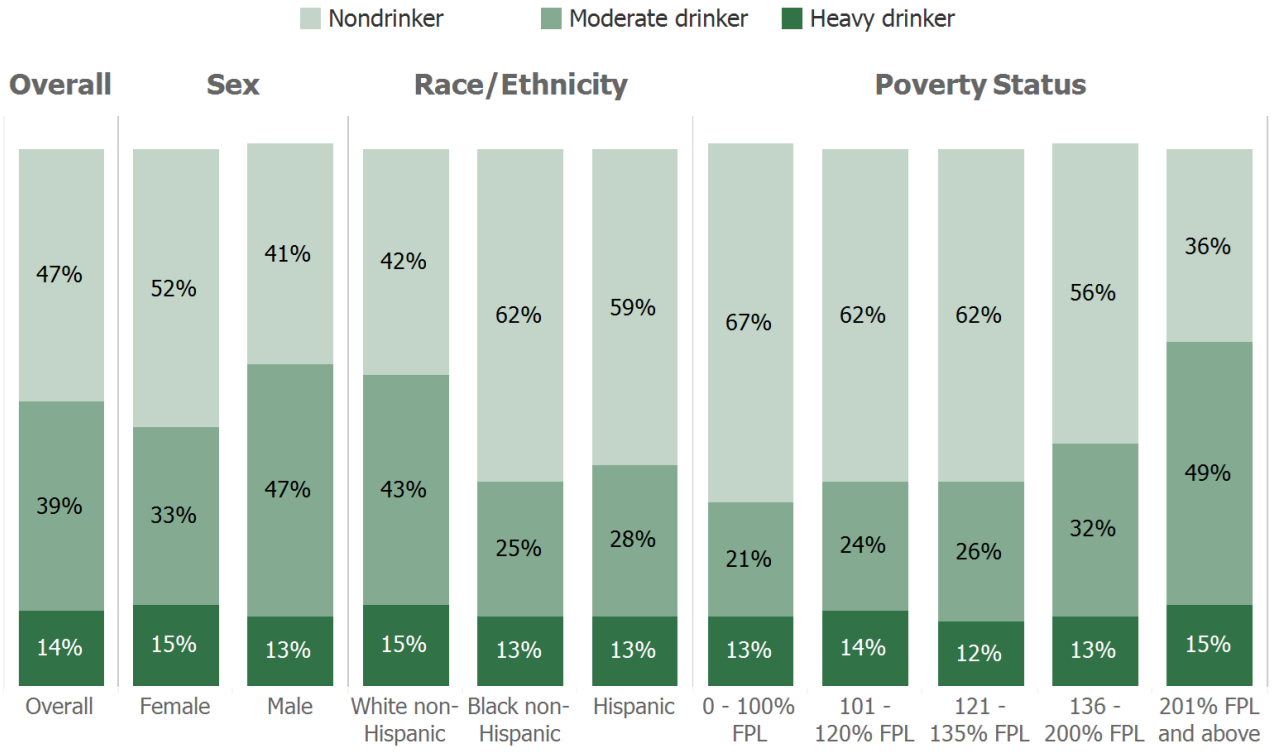


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category. FPL stands for Federal Poverty Level.

Exhibit 2.10.

Self-Reported Alcohol Use Among Medicare Beneficiaries Residing in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2017



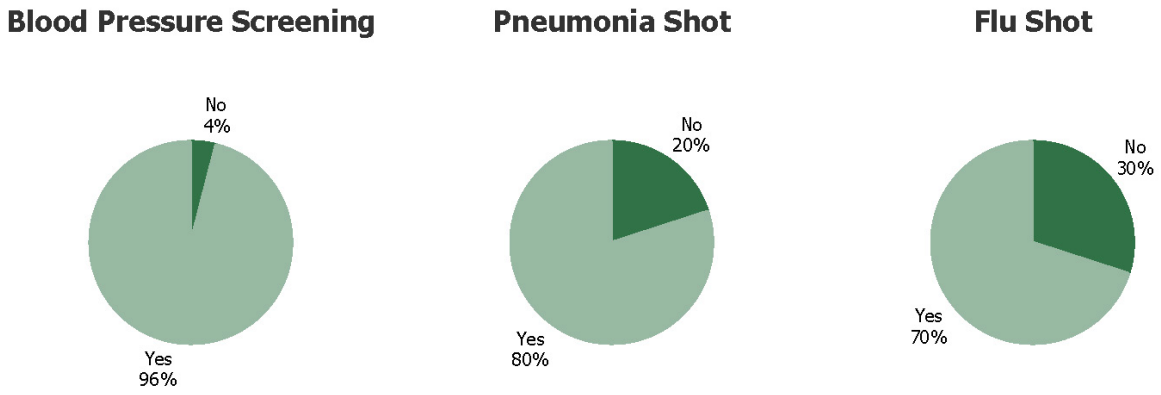
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category. FPL stands for Federal Poverty Level.

PREVENTIVE CARE

The charts in this section show self-reported preventive health behaviors of Medicare beneficiaries, including vaccination for the flu, pneumonia, and shingles, and blood pressure screening.

Exhibit 2.11.
Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community, 2017

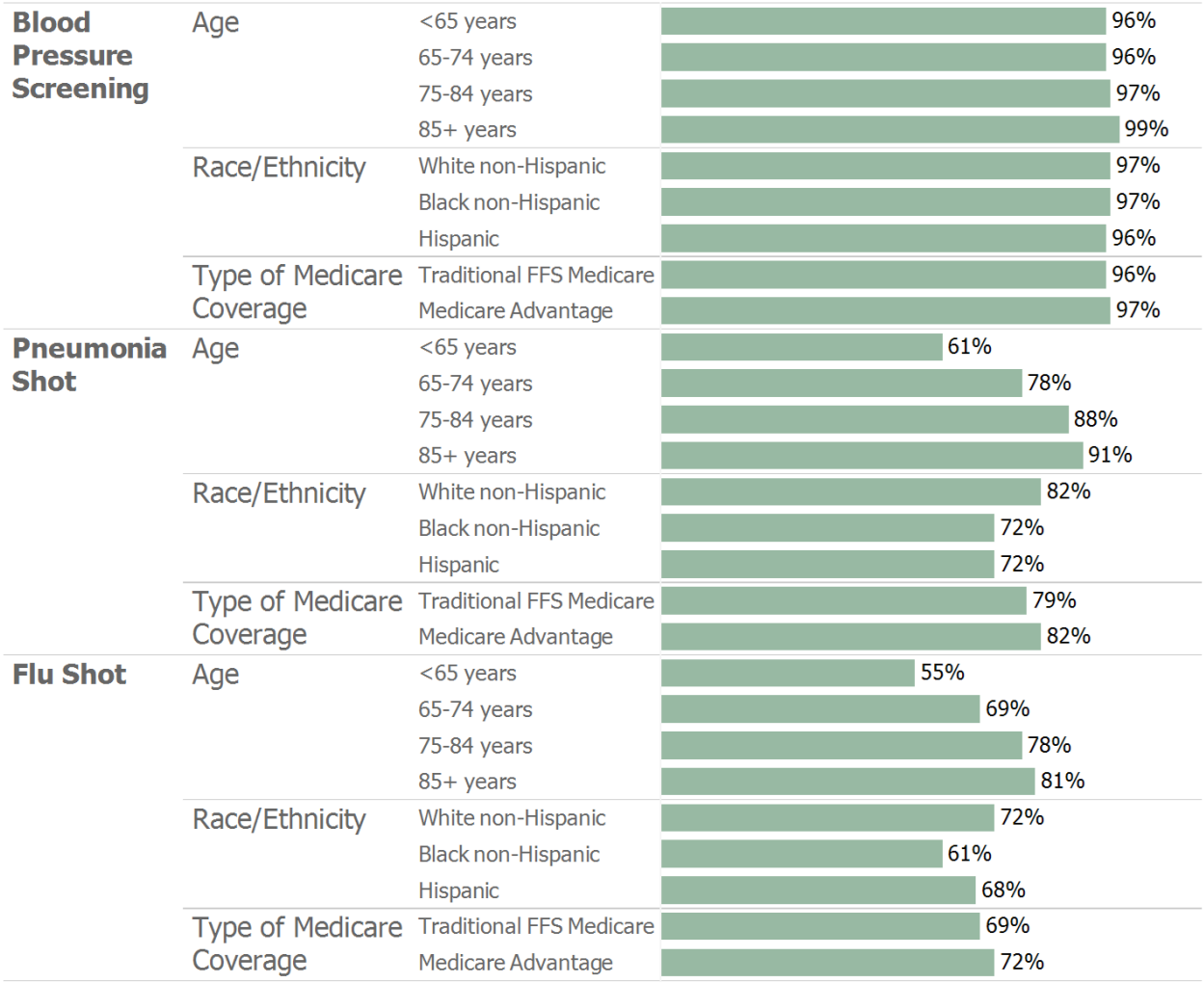


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year.

Exhibit 2.12.

Self-Reported Preventive Health Behaviors Among All Medicare Beneficiaries Residing in the Community by Age, Race/Ethnicity, and Type of Medicare Coverage, 2017

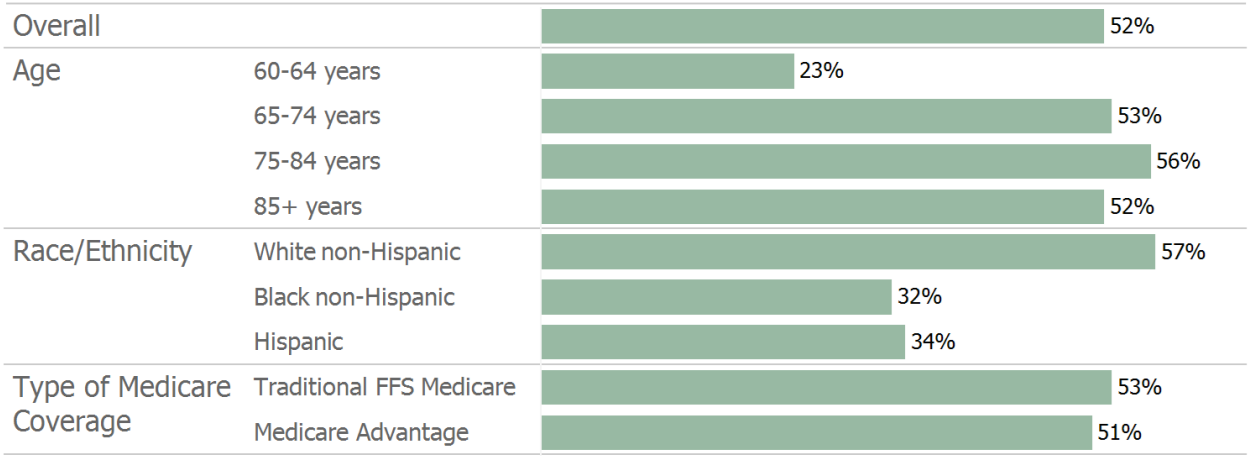


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category. FFS stands for Fee-for-Service. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year.

Exhibit 2.13.

Self-Reported Receipt of Shingles Vaccine Among Medicare Beneficiaries Aged 60 and Over Residing in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2017



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category. FFS stands for Fee-for-Service.

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

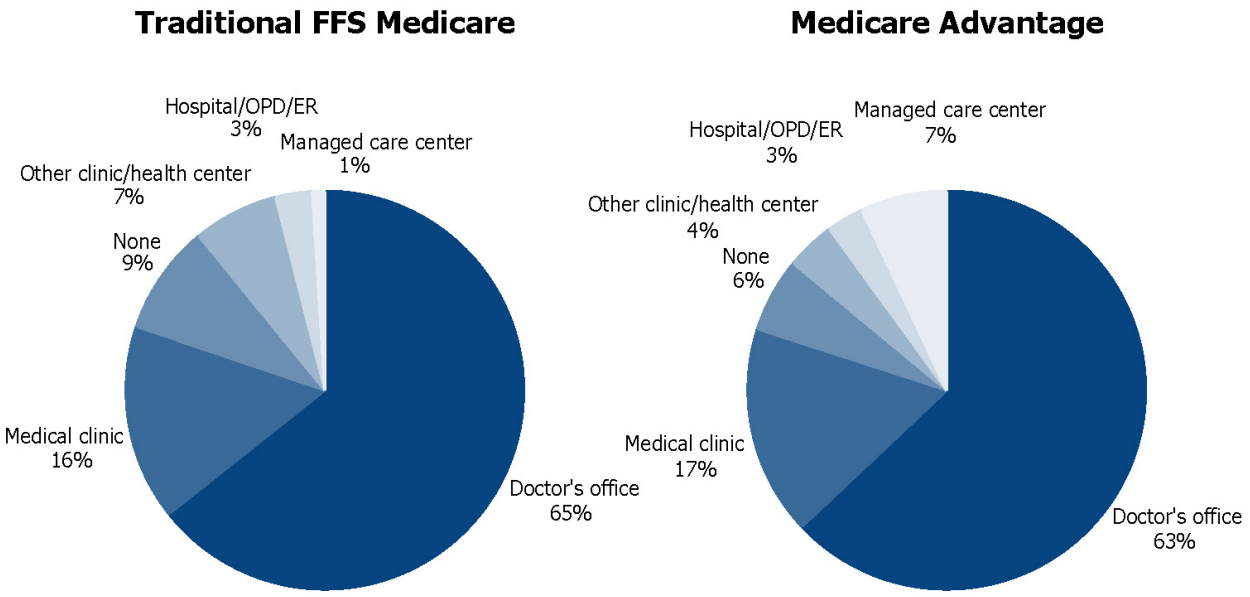
3. WHAT IS THE MEDICARE POPULATION'S ACCESS TO CARE AND HOW SATISFIED ARE THEY WITH THEIR CARE?

ACCESS TO CARE

The charts in this section show the usual source of care reported by Medicare beneficiaries, as well as their propensity to seek care and satisfaction with care.

Exhibit 3.1.

Usual Source of Care Among Medicare Beneficiaries Residing Only in the Community by Type of Medicare Coverage, 2017



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

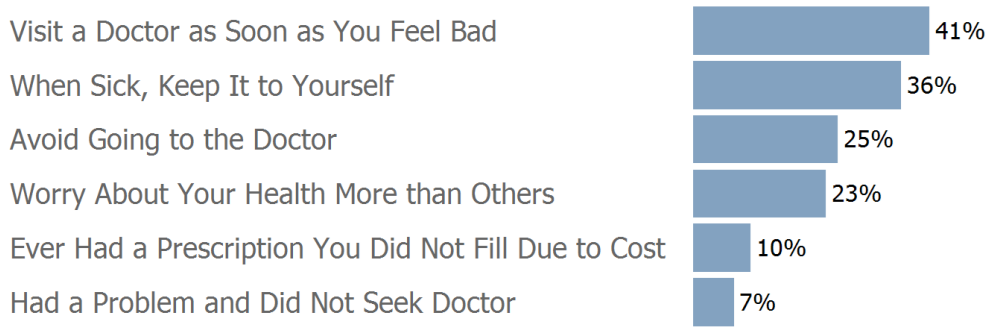
NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. FFS stands for Fee-for-Service. OPD stands for Outpatient Department. ER stands for Emergency Room.

PROPENSITY TO SEEK CARE

The charts in this section show Medicare beneficiaries' self-reported care seeking behaviors. This includes behaviors that increase the propensity to seek care, such as visiting a doctor as soon as you feel bad and worrying about your health more than others, as well as behaviors that decrease this tendency, such as having a problem and not seeking a doctor, having a prescription that you do not fill due to cost, avoiding going to the doctor, and keeping it to oneself when sick.

Exhibit 3.2.

Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community, 2017

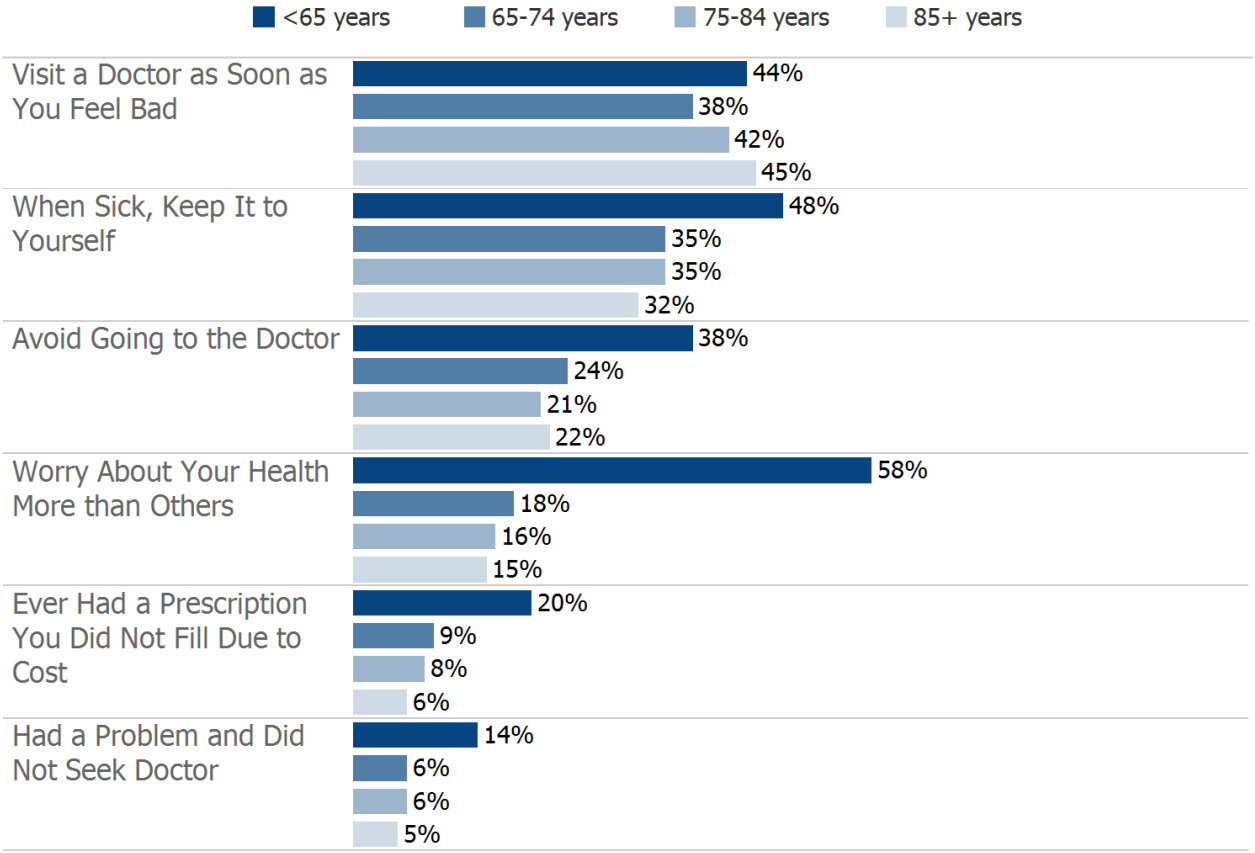


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Exhibit 3.3.

Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2017

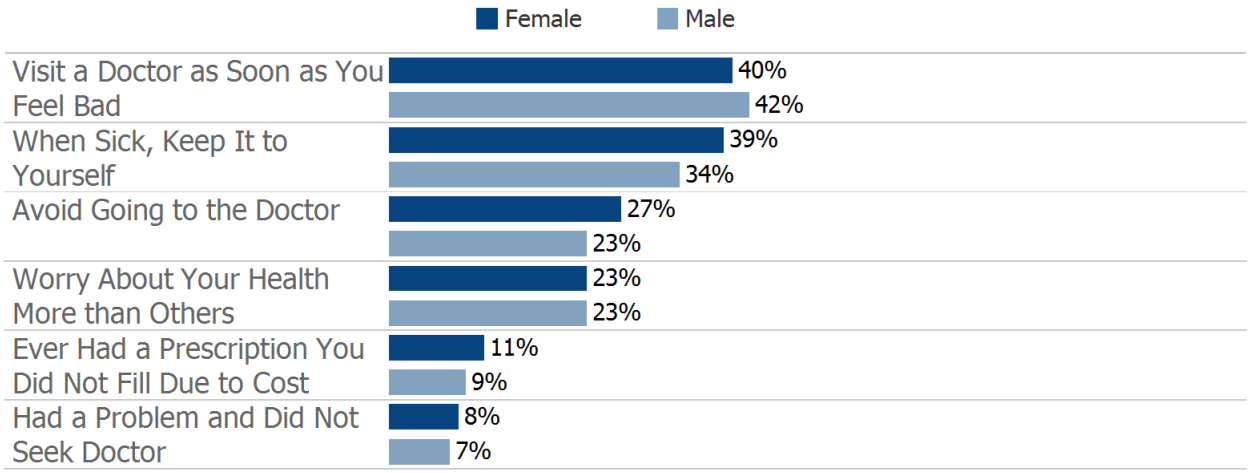


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Exhibit 3.4.

Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Sex, 2017

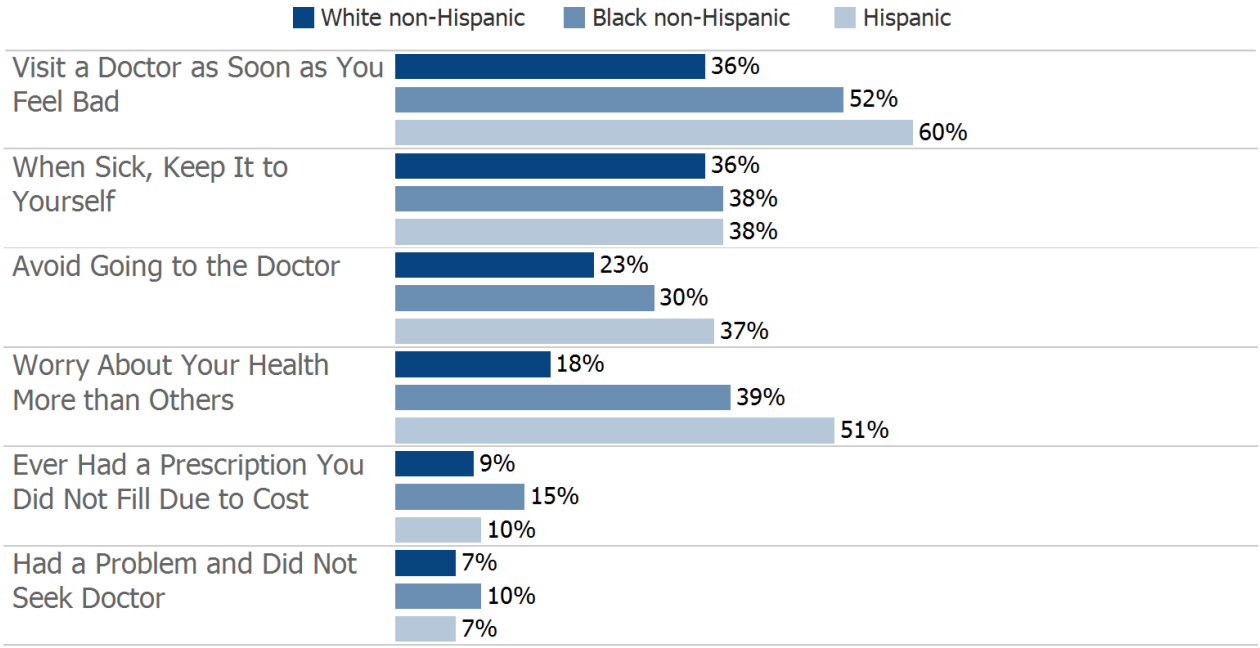


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Exhibit 3.5.

Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, 2017



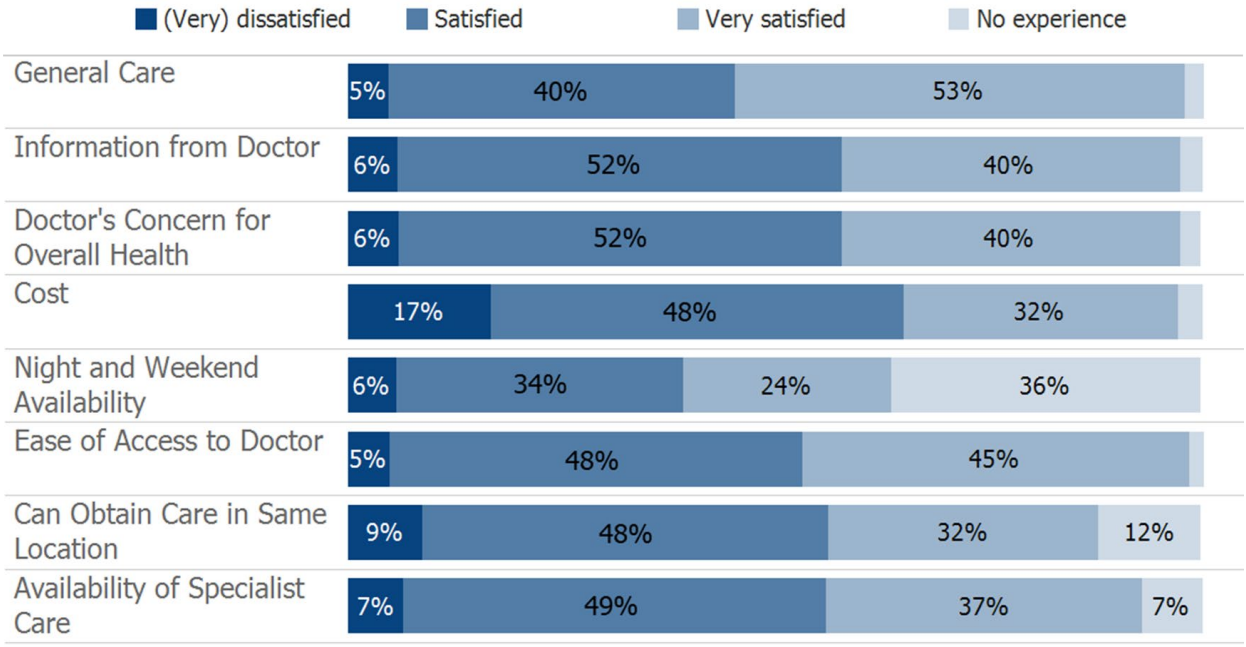
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

SATISFACTION WITH CARE

The charts in this section show Medicare beneficiaries' satisfaction with the quality of their health care as well as their satisfaction with access to care and the cost of care. Charts on beneficiaries' knowledge of the Medicare Program and their satisfaction with the availability of information about Medicare are also included.

Exhibit 3.6.
Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community, 2017

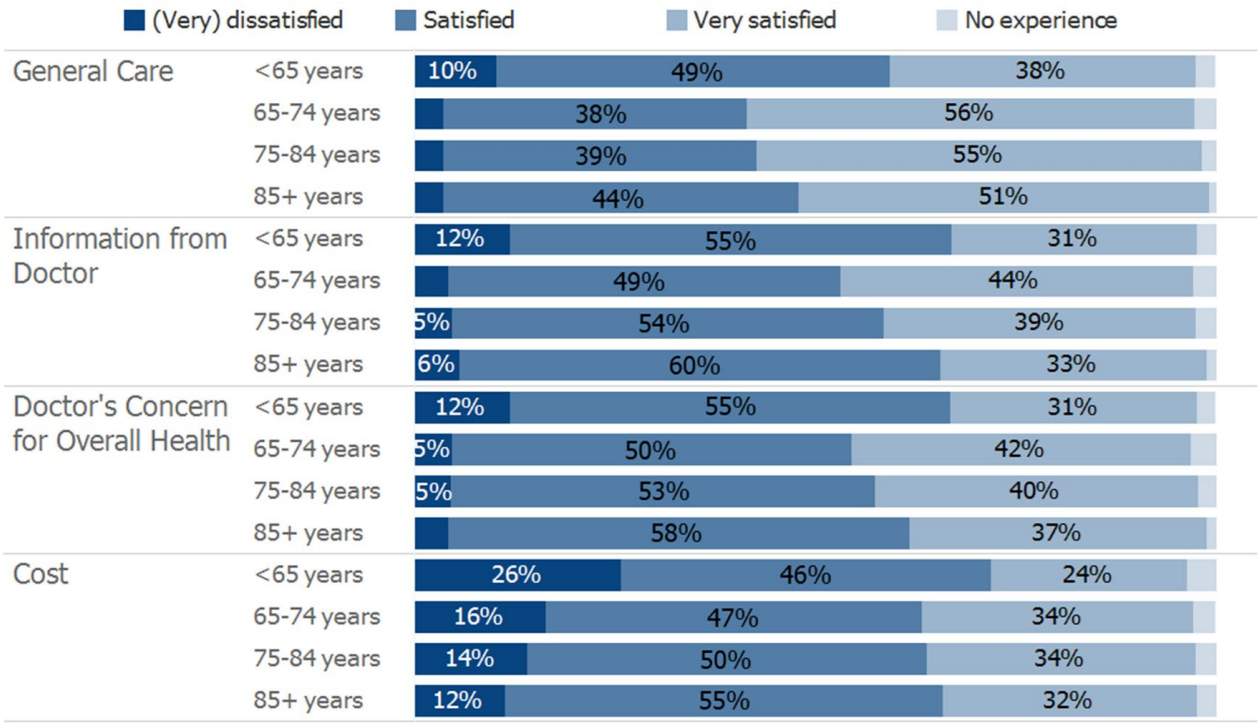


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied."

Exhibit 3.7.

Satisfaction with Quality and Cost of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2017

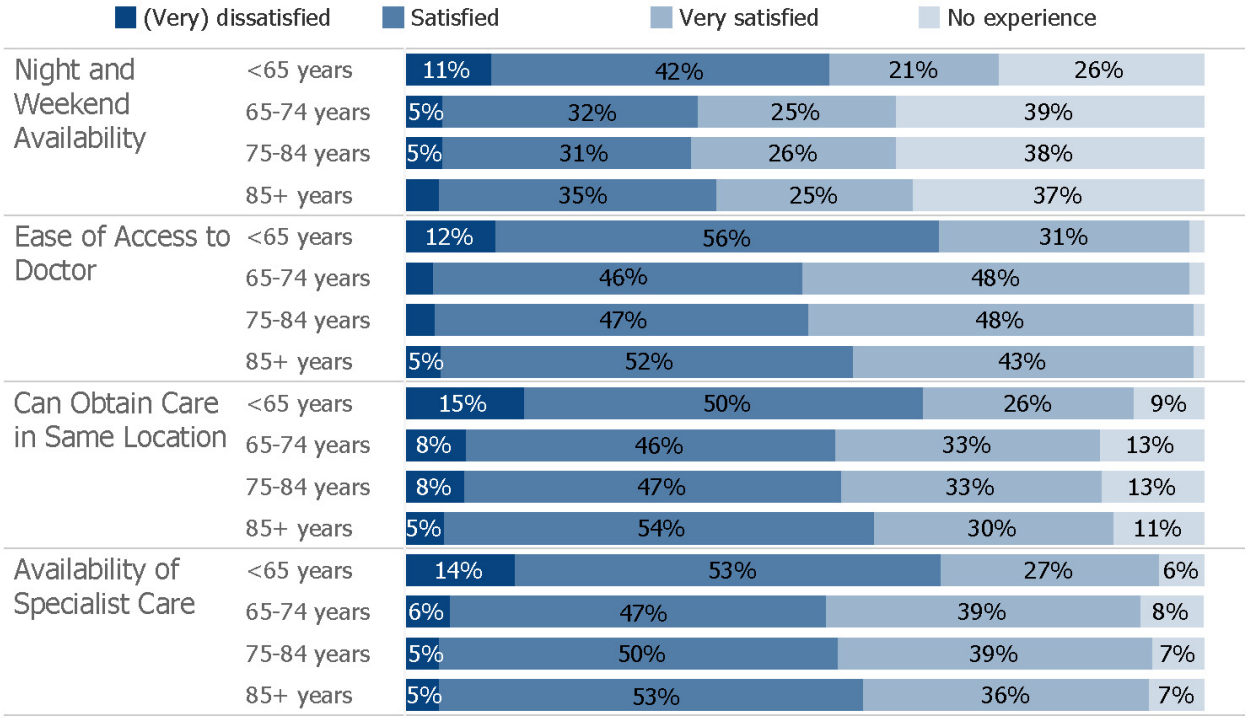


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied."

Exhibit 3.8.

Satisfaction with Access to Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2017

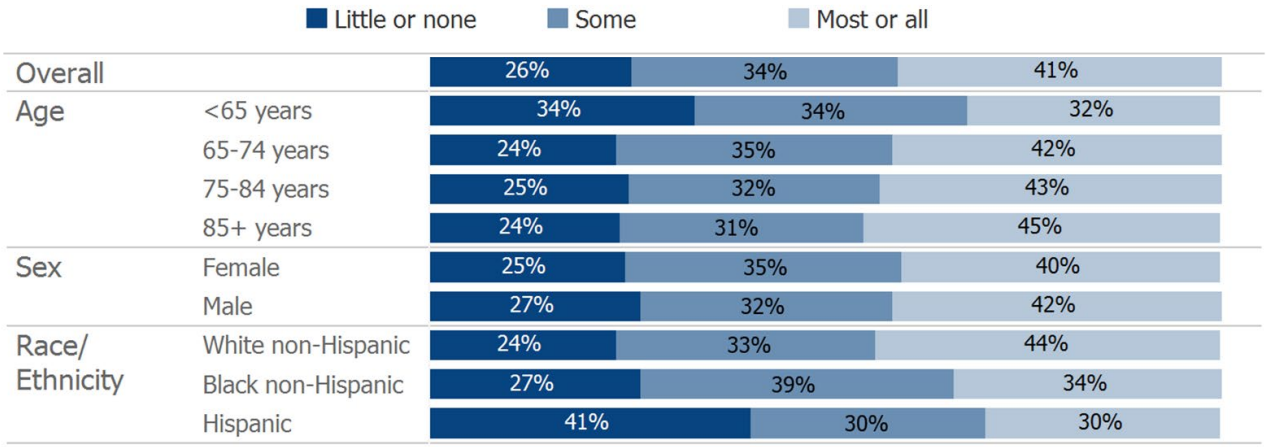


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied."

Exhibit 3.9.

Perceived Knowledge of the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017

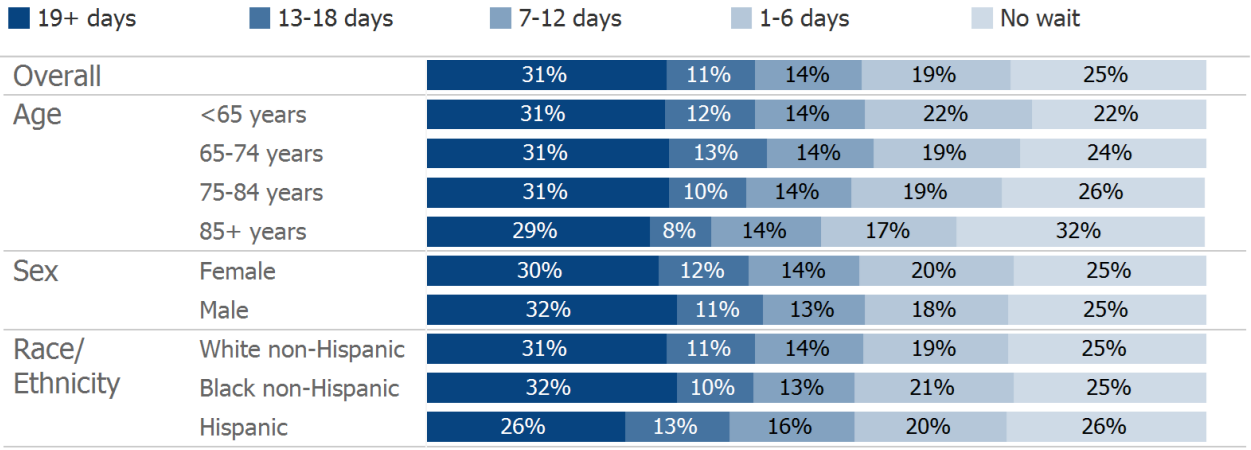


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

Exhibit 3.10.

Self-Reported Physician Wait Time Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017



		19+ days	13-18 days	7-12 days	1-6 days	No wait
Overall		31%	11%	14%	19%	25%
Age	<65 years	31%	12%	14%	22%	22%
	65-74 years	31%	13%	14%	19%	24%
	75-84 years	31%	10%	14%	19%	26%
	85+ years	29%	8%	14%	17%	32%
Sex	Female	30%	12%	14%	20%	25%
	Male	32%	11%	13%	18%	25%
Race/ Ethnicity	White non-Hispanic	31%	11%	14%	19%	25%
	Black non-Hispanic	32%	10%	13%	21%	25%
	Hispanic	26%	13%	16%	20%	26%

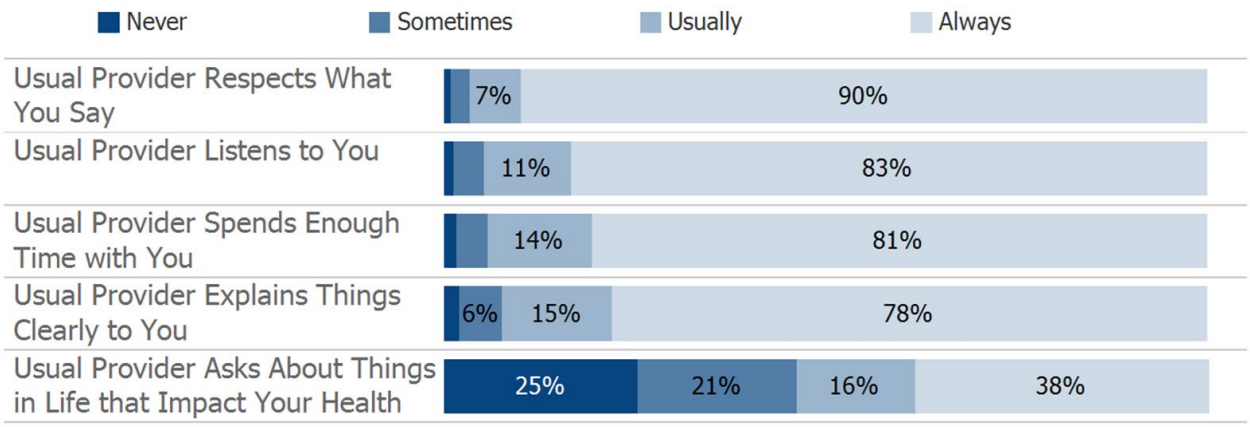
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

SPECIAL FEATURE: PERCEPTIONS OF PATIENT-CENTERED CARE

The charts in this section show Medicare beneficiaries' perceptions of patient-centered care. This is a special addition for 2017.

Exhibit 3.11.
Patient Perceptions of Care Among Medicare Beneficiaries Residing Only in the Community, 2017

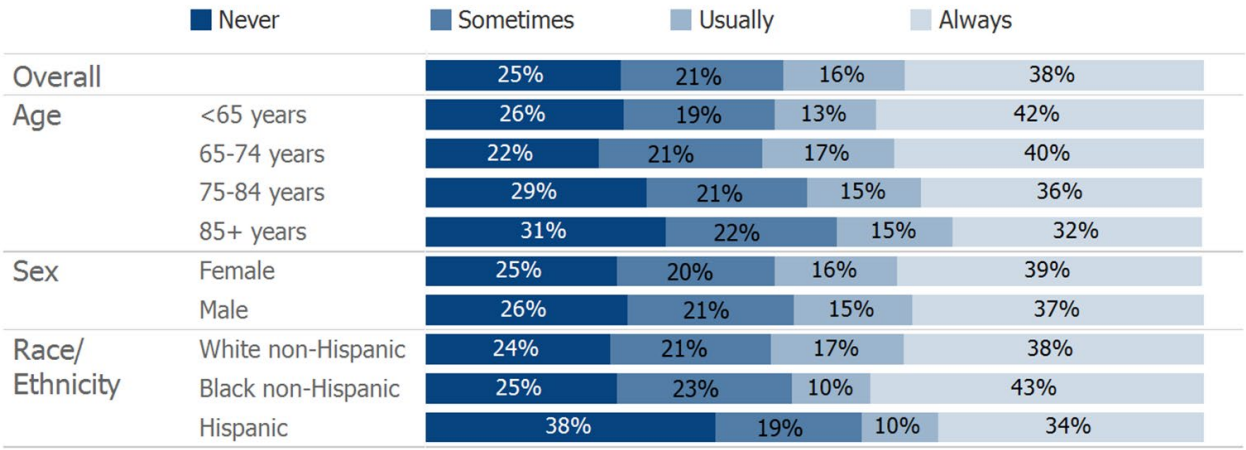


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Exhibit 3.12.

Patient Perception of Whether their Usual Provider Asks About Things in Life that Impact their Health Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

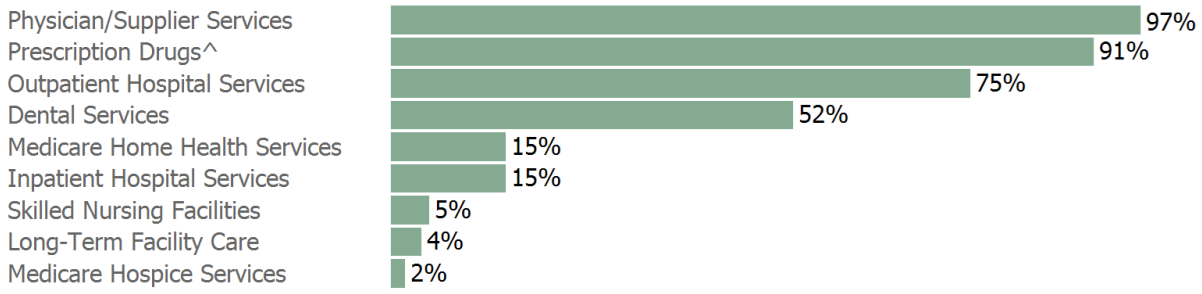
NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

WHAT HEALTH CARE SERVICES DO MEDICARE BENEFICIARIES RECEIVE?

4. WHAT HEALTH CARE SERVICES DO MEDICARE BENEFICIARIES RECEIVE?

The charts in Section 4 present information about service utilization by Medicare beneficiaries. This section presents information about user rates of inpatient hospital, outpatient hospital, physician/supplier, dental, Medicare hospice, Medicare home health, skilled nursing facility, and long-term facility care services, as well as use of prescription drugs.

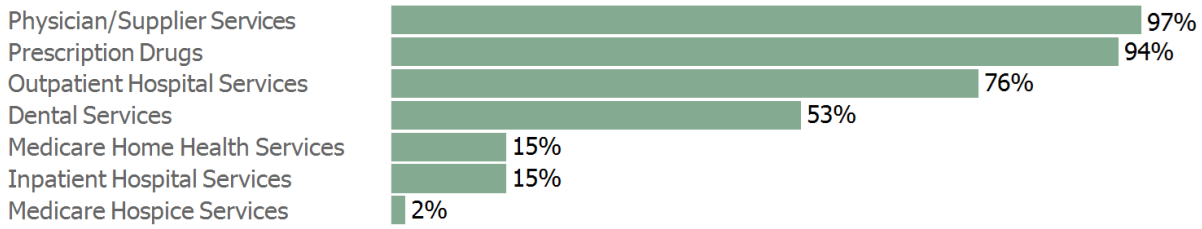
Exhibit 4.1.
User Rates of Health Care Services Among All Medicare Beneficiaries, 2017



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. ^This estimate does not capture prescription drug events for Facility-residing beneficiaries. As a result, the numerator captures prescription drug events only for those who completed at least one Community interview in the year, but the denominator includes all beneficiaries.

Exhibit 4.2.
User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community, 2017

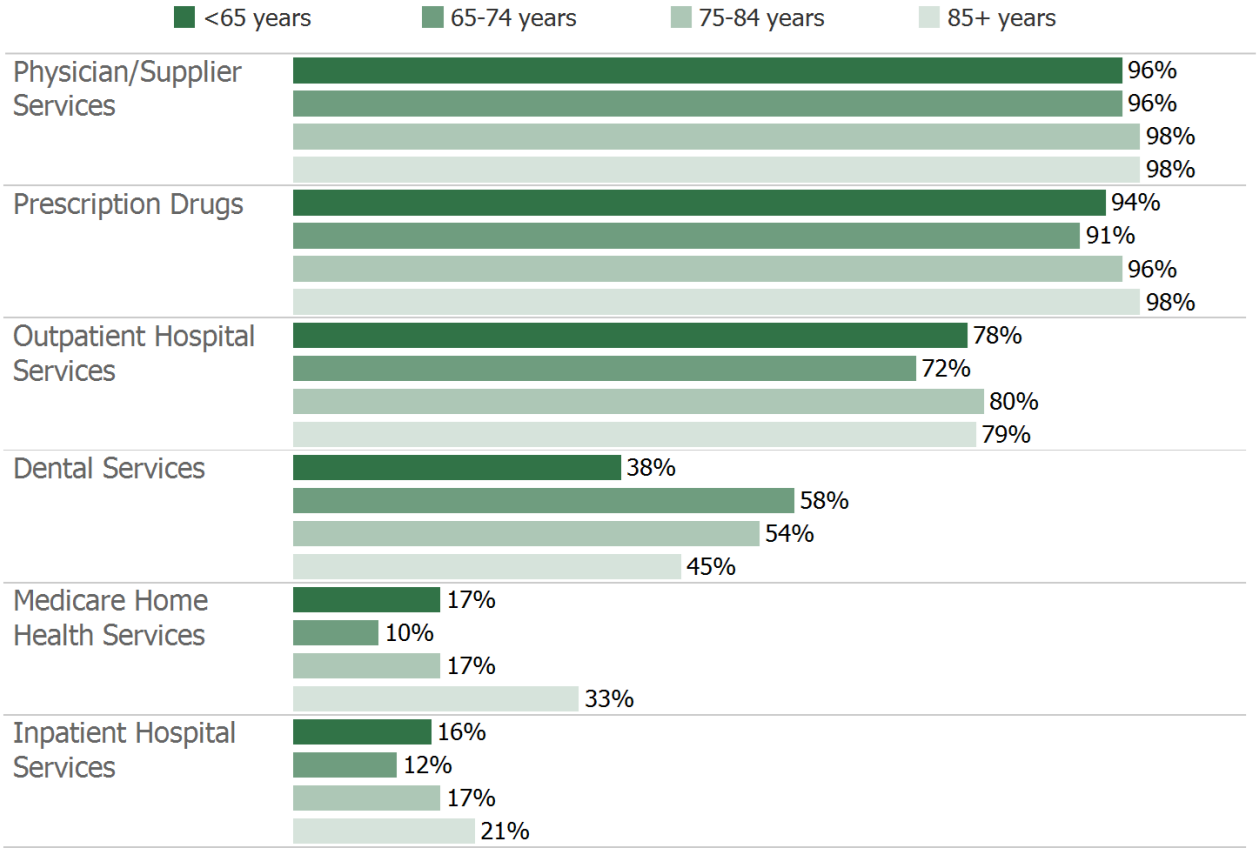


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

Exhibit 4.3.

User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Age, 2017

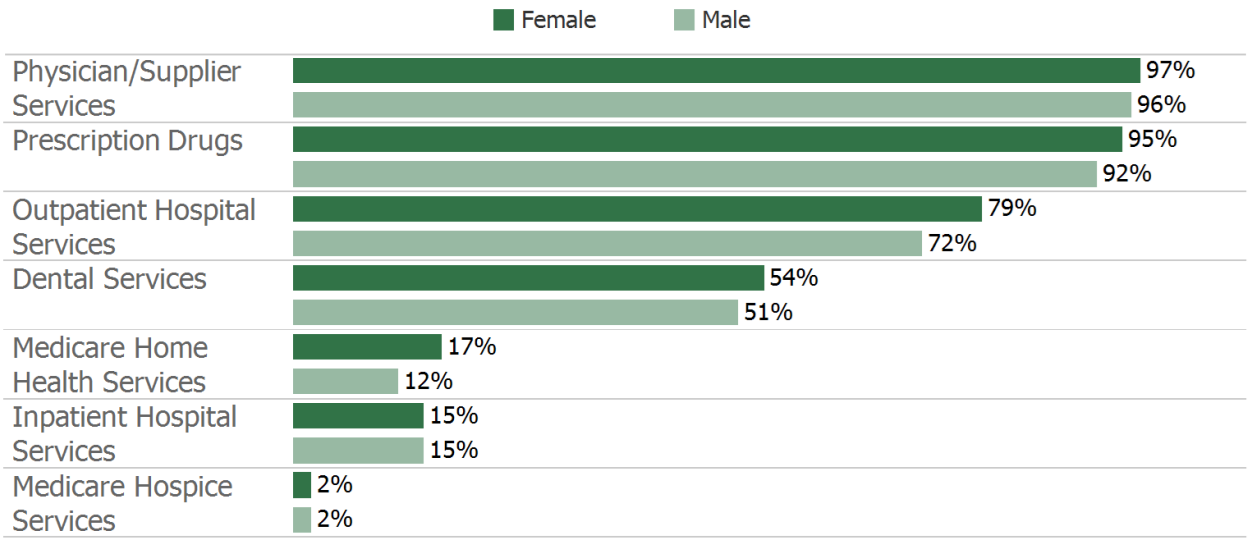


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

Exhibit 4.4.

User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Sex, 2017

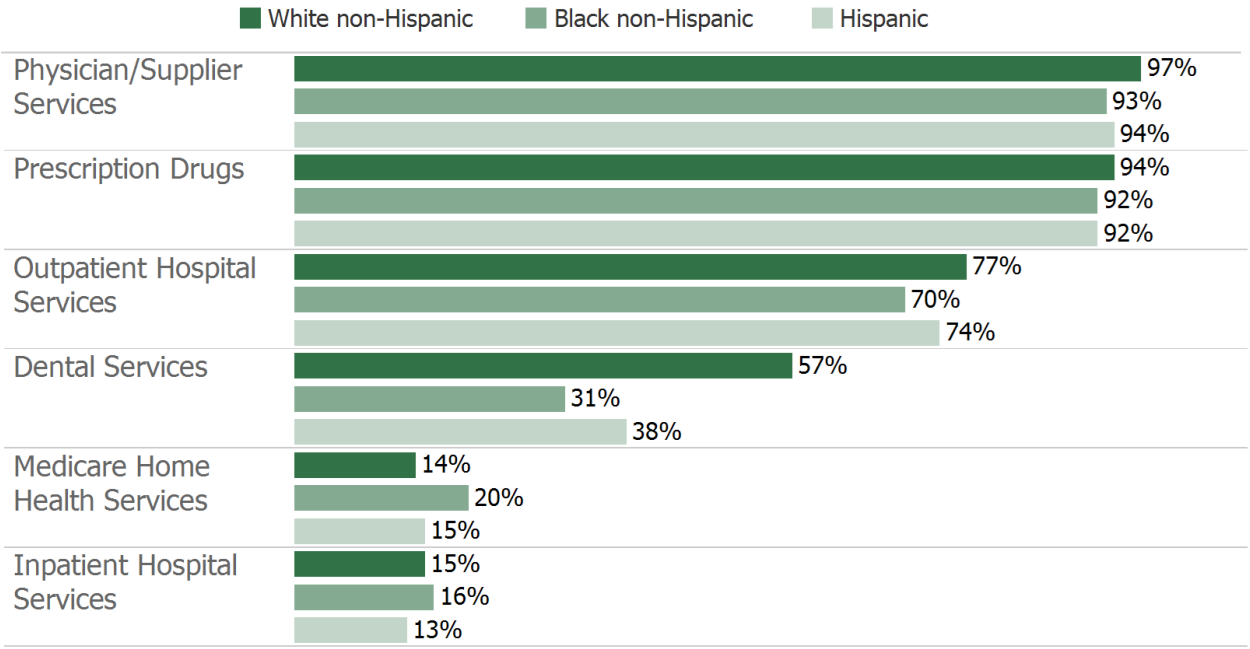


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

Exhibit 4.5.

User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, 2017

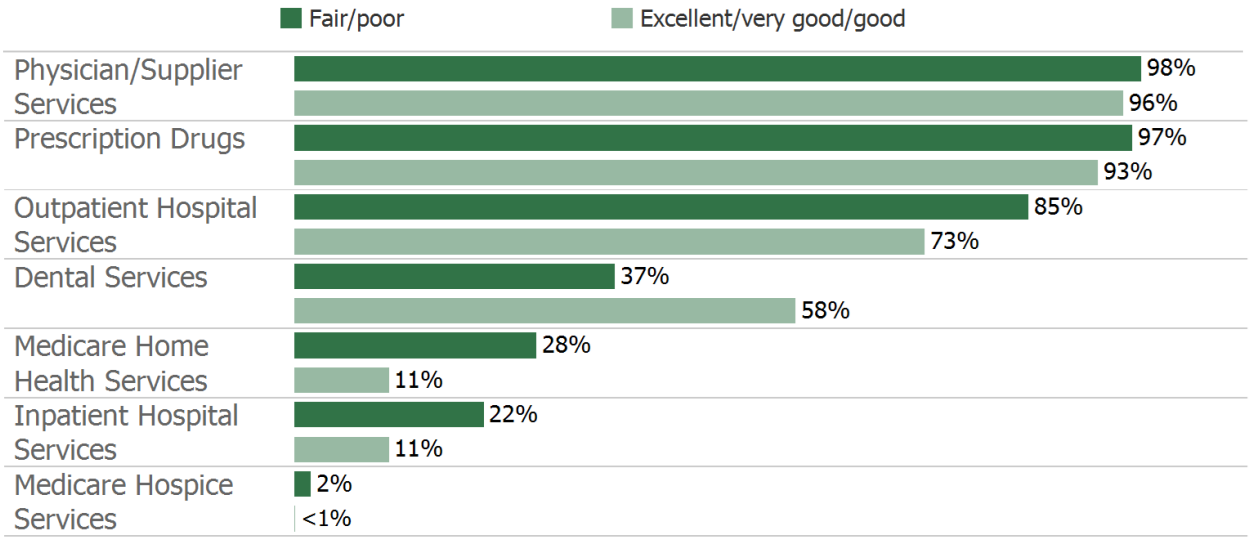


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates are not presented for the "other race/ethnicity" category. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

Exhibit 4.6.

User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Self-Reported Health Status, 2017

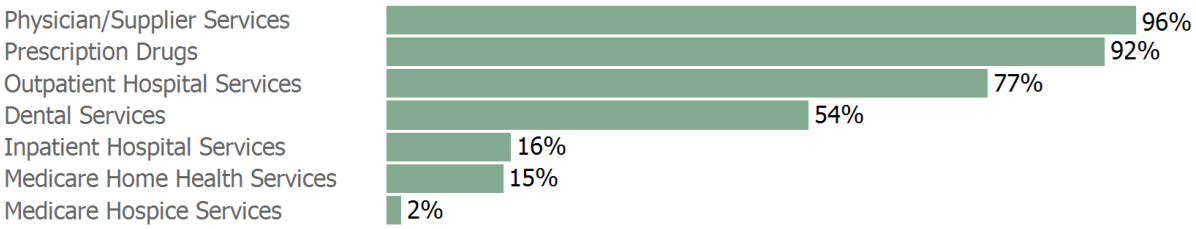


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

Exhibit 4.7.

User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, 2017

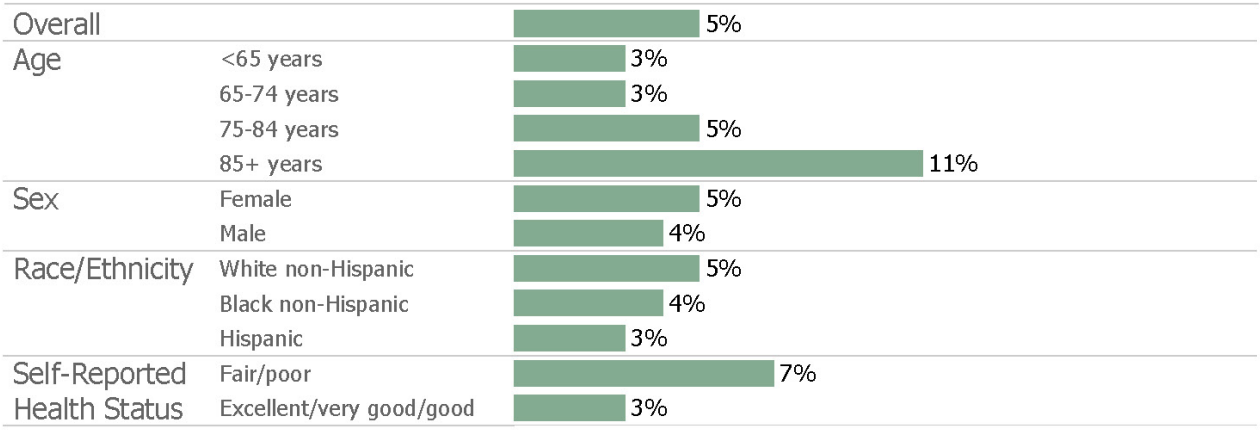


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews and had Medicare Fee-for-Service coverage.

Exhibit 4.8.

User Rates of Skilled Nursing Facilities Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2017

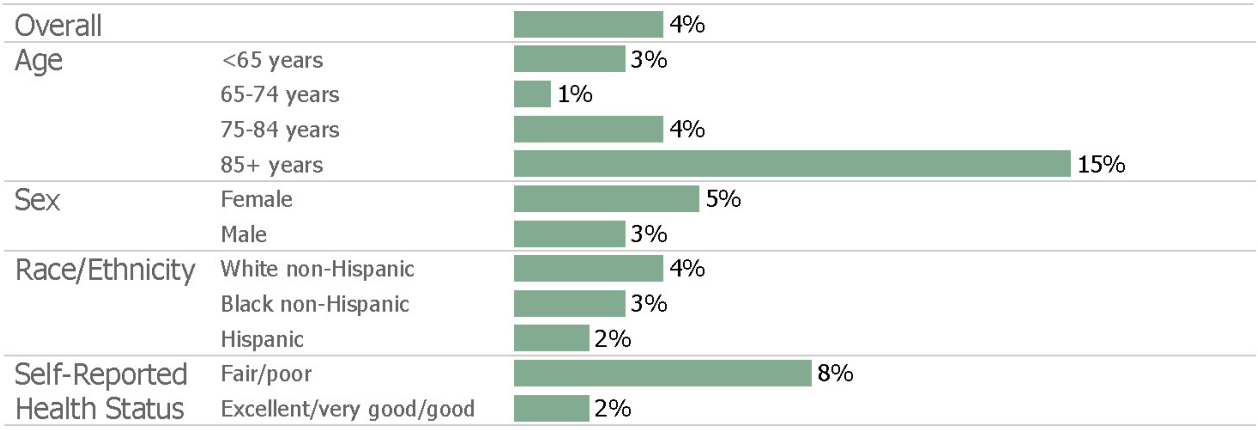


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are not presented for the "other race/ethnicity" category.

Exhibit 4.9.

User Rates of Long-Term Facility Care Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2017



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are not presented for the "other race/ethnicity" category.

Exhibit 4.10.

User Rates of Skilled Nursing Facilities and Long-Term Facility Care Among Medicare Beneficiaries with Fee-for-Service Coverage, 2017

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who had Medicare Fee-for-Service coverage.

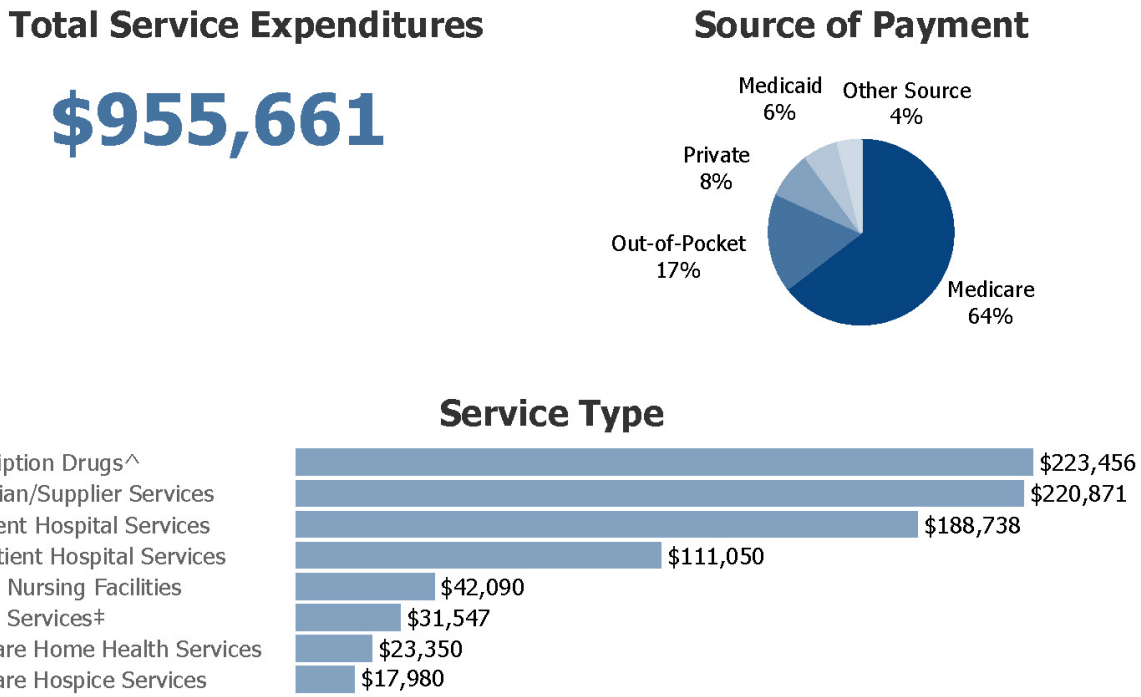
HOW MUCH DO HEALTH CARE SERVICES FOR THE MEDICARE POPULATION COST?

5. HOW MUCH DO HEALTH CARE SERVICES FOR THE MEDICARE POPULATION COST?

The charts in Section 5 present information about expenditures on services and insurance premiums for Medicare beneficiaries. This section presents information about overall spending, source of payment, spending per capita, and out-of-pocket spending per capita for inpatient hospital, outpatient hospital, physician/supplier, dental, Medicare hospice, Medicare home health, skilled nursing facility, and long-term facility care services, as well as spending on prescription drugs.

Exhibit 5.1.

Total Health Care Service Expenditures Among All Medicare Beneficiaries Overall, by Source of Payment, and for Selected Service Types, in Millions of Dollars, 2017

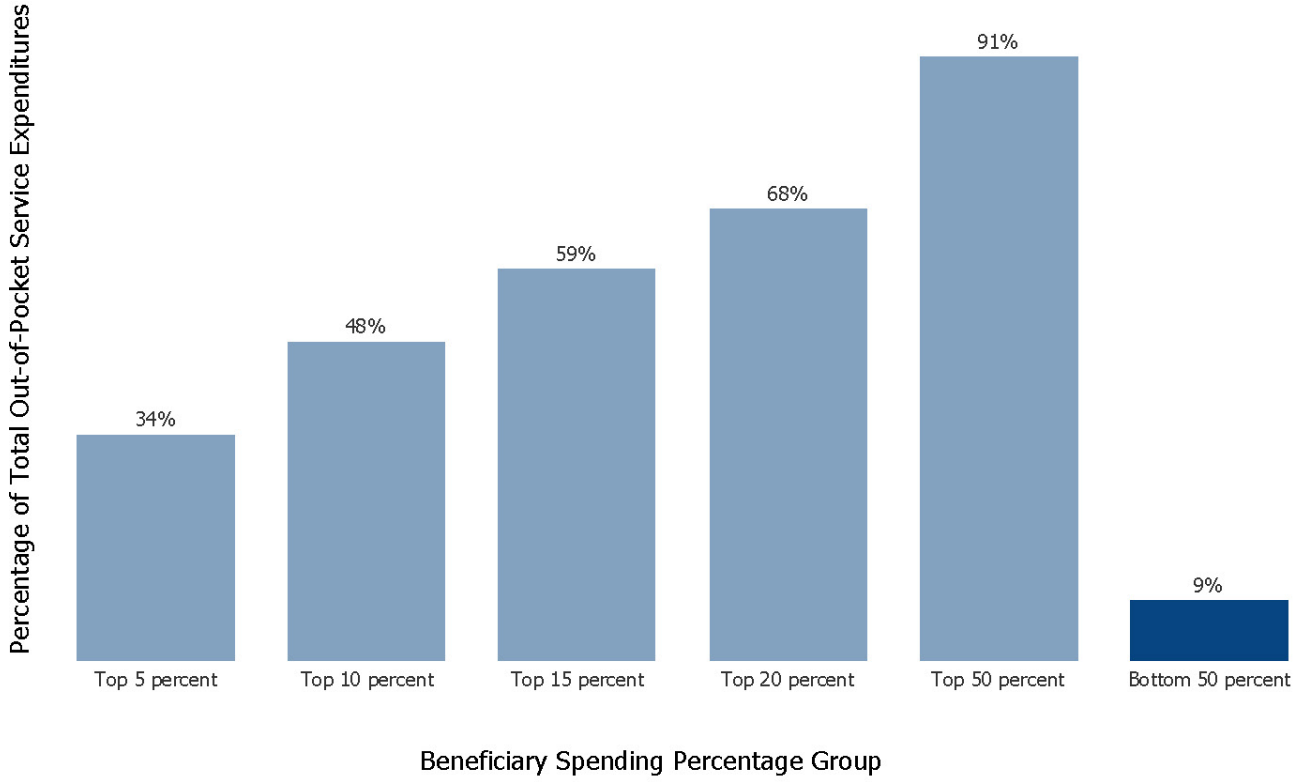


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. ^This estimate does not capture prescription drug events for Facility-residing beneficiaries. As a result, this estimate captures prescription drug events only for those who completed at least one Community interview in the year. ‡Dental services expenditures are only available for those who completed at least one Community interview in the year. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.2.

Distribution of Total Out-of-Pocket Health Care Service Expenditures Among All Medicare Beneficiaries, 2017



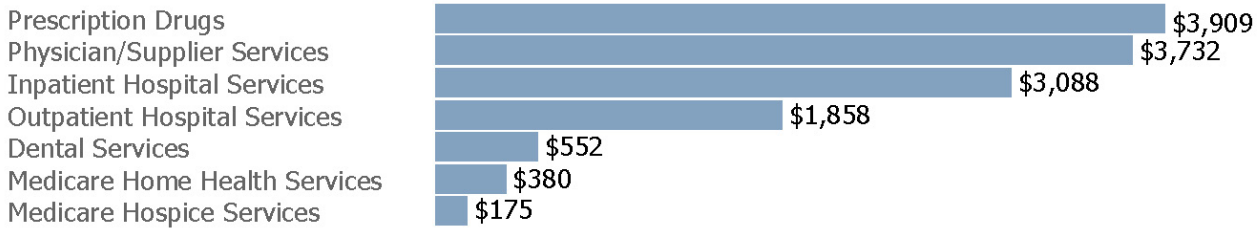
- The 5% of beneficiaries who spend the most out-of-pocket for health care services account for 34% of all out-of-pocket health care service spending.
- The 50% who spend the least account for 9% of total out-of-pocket health care service spending.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices.

Exhibit 5.3.

Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2017

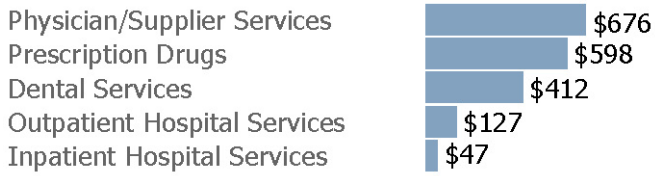


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.4.

Total Out-of-Pocket Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2017

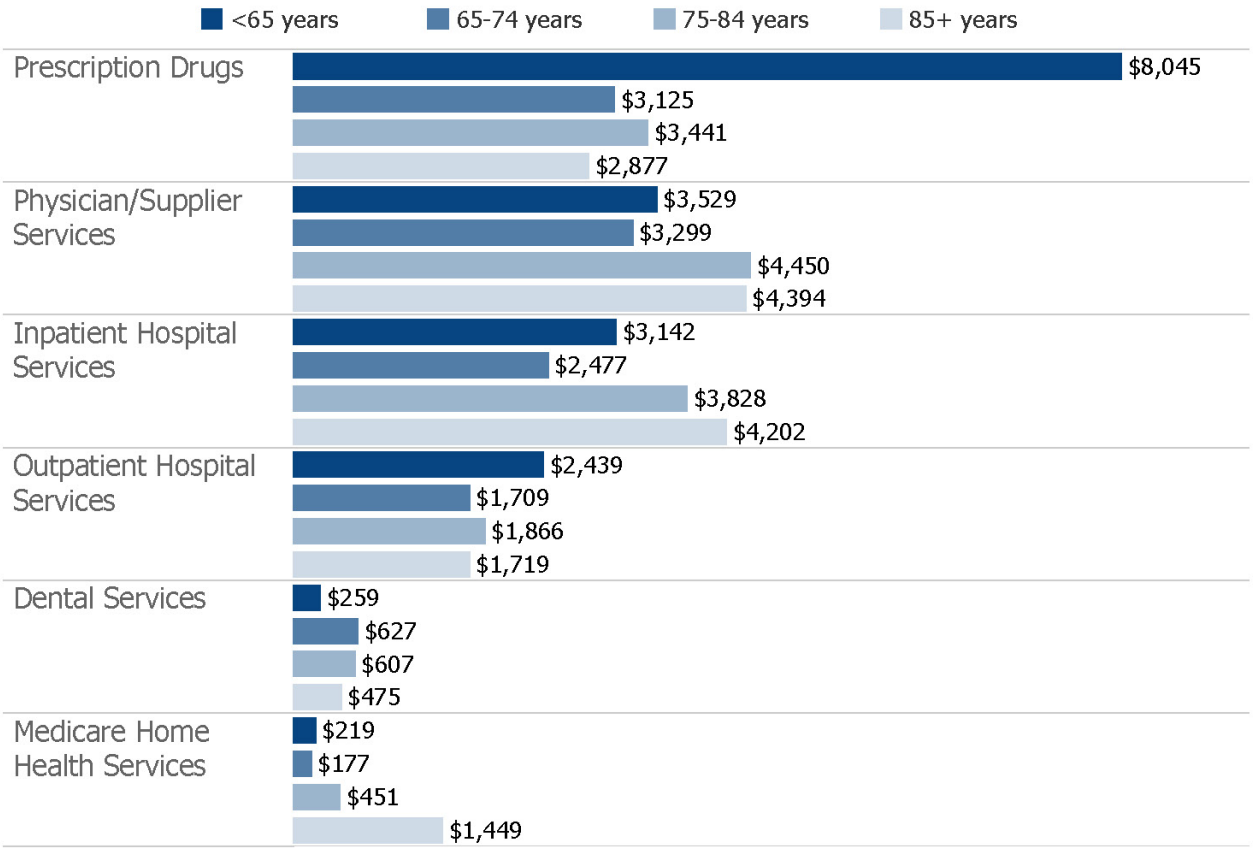


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Home Health Services and Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

Exhibit 5.5.

Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Age, in Dollars, 2017

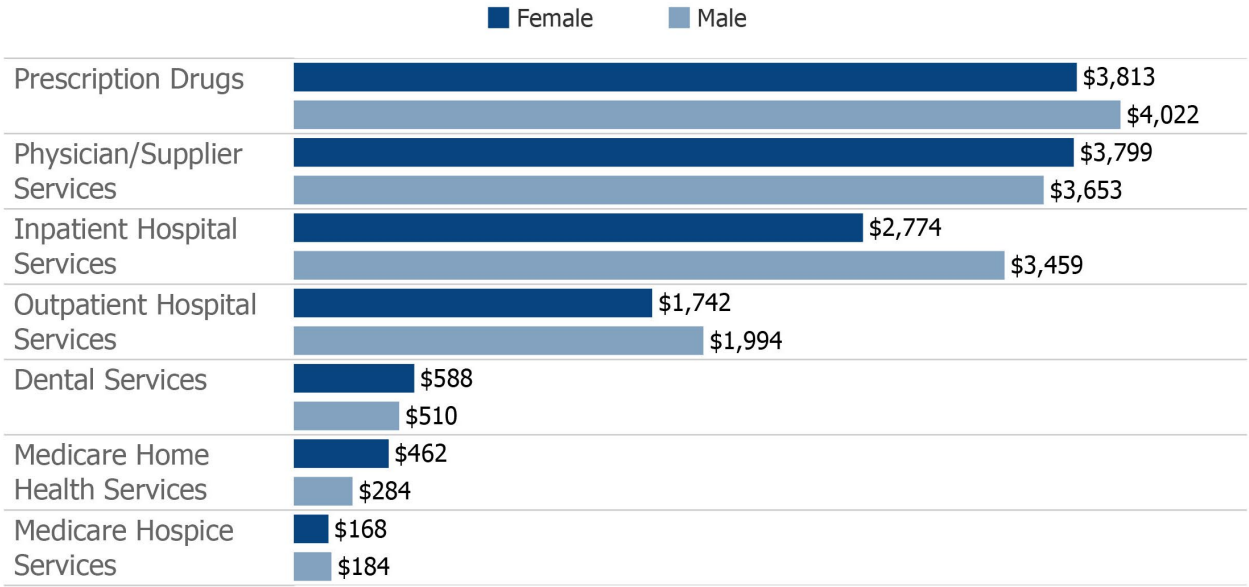


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.6.

Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Sex, in Dollars, 2017

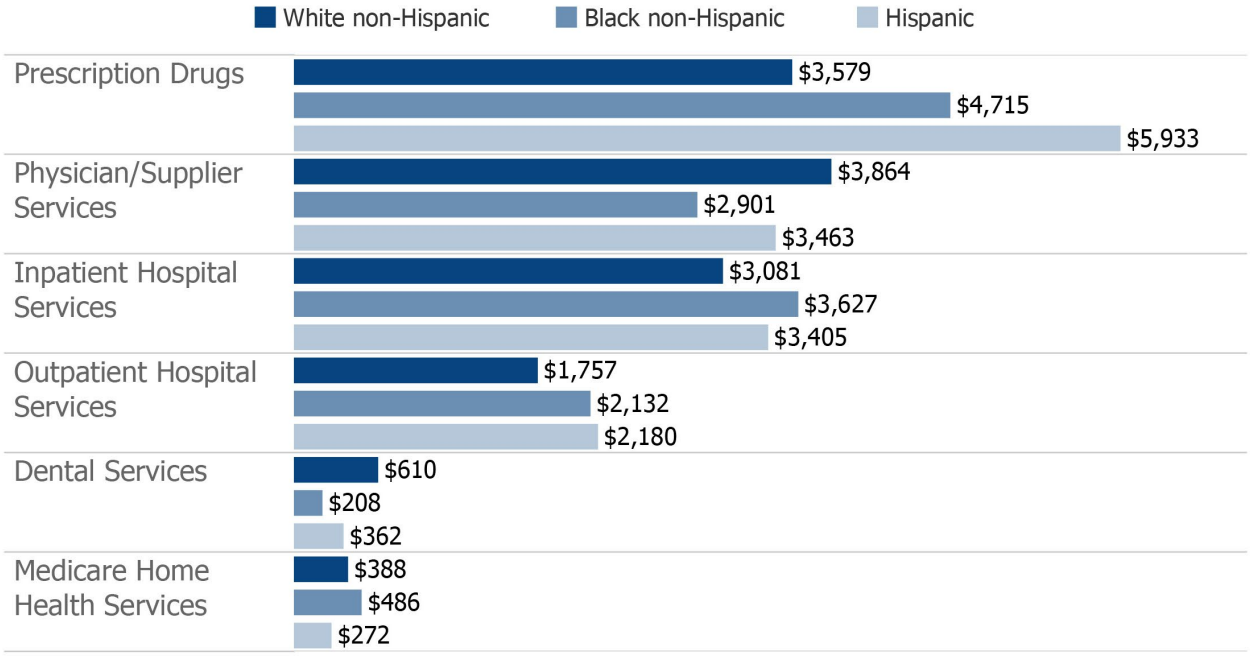


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.7.

Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, in Dollars, 2017

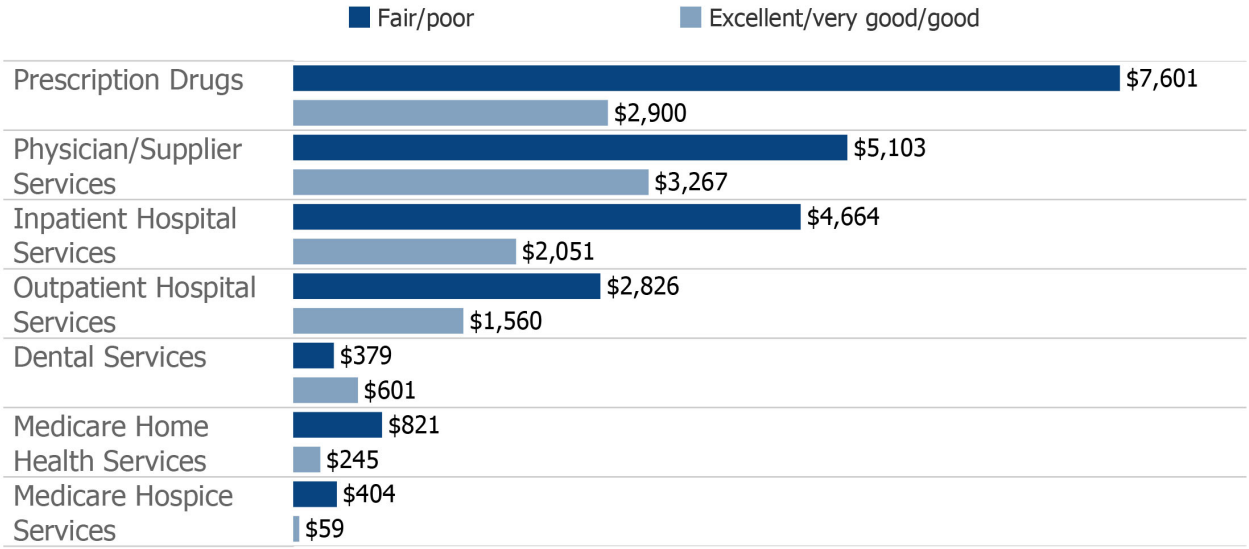


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates are not presented for the "other race/ethnicity" category. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.8.

Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Self-Reported Health Status, in Dollars, 2017

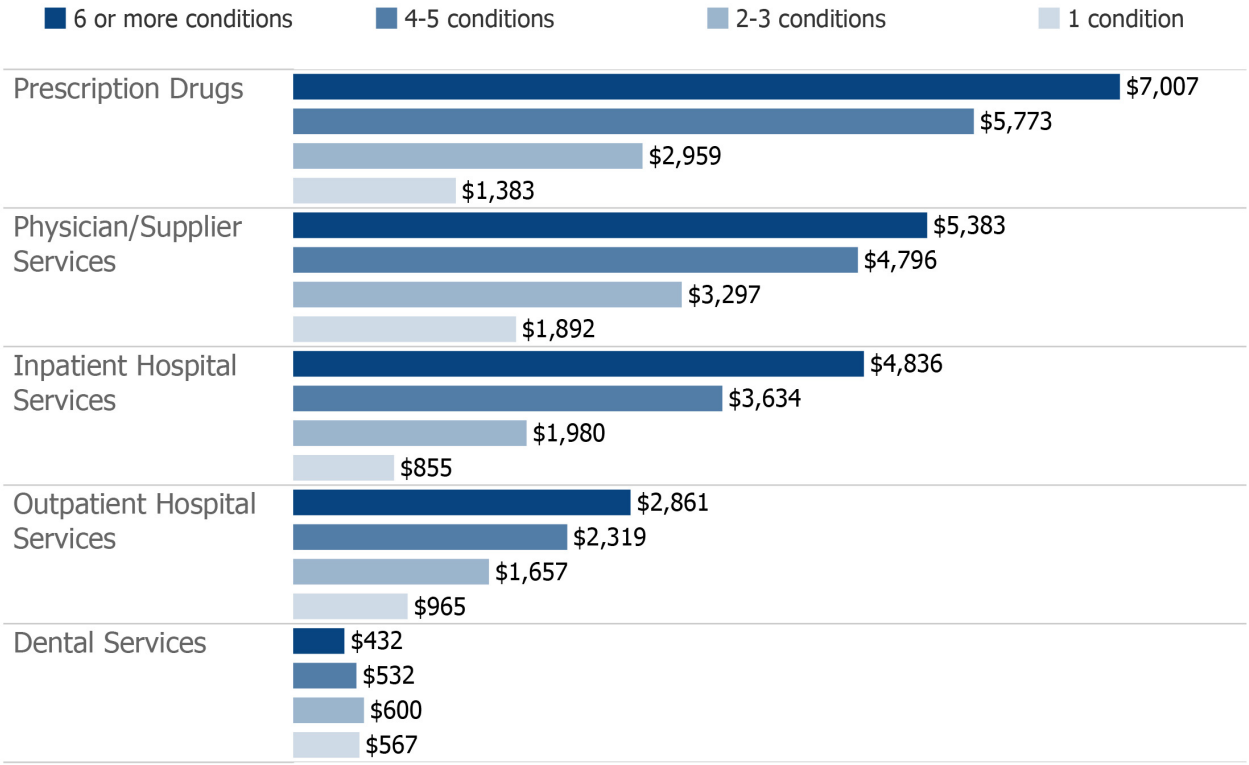


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.9.

Total Out-of-Pocket Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with at Least One Chronic Condition by Number of Chronic Conditions, in Dollars, 2017

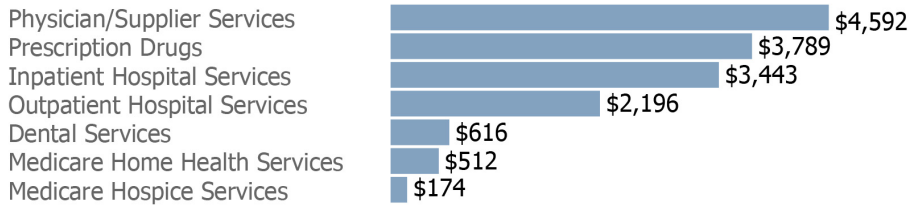


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Home Health Services and Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

Exhibit 5.10.

Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, in Dollars, 2017

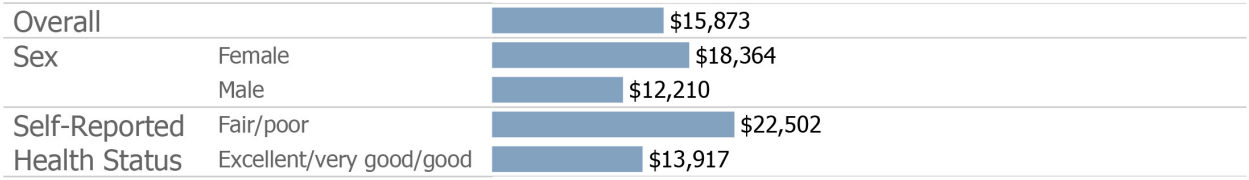


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year and had Medicare Fee-for-Service coverage. This excludes beneficiaries for whom any Facility interview was completed. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.11.

Skilled Nursing Facility Health Care Service Expenditures per User Overall and by Sex and Health Status, in Dollars, 2017

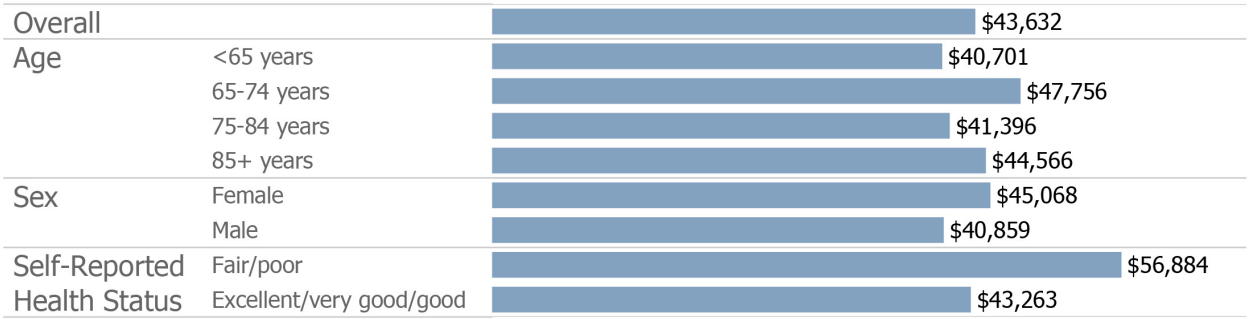


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year. Estimates for age and race/ethnicity are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.12.

Long-Term Facility Care Health Care Service Expenditures per User Overall and by Age, Sex, and Health Status, in Dollars, 2017



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year. Estimates for race/ethnicity are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.13.

Total Out-of-Pocket Health Care Service Expenditures per User for Long-Term Facility Care and Skilled Nursing Facilities, in Dollars, 2017

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year.

Exhibit 5.14.

Total Health Care Service Expenditures per User for Long-Term Facility Care and Skilled Nursing Facilities Among Medicare Beneficiaries with Fee-For-Service Coverage, in Dollars, 2017

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year and had Medicare Fee-for-Service coverage. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

DETAILED TABLES

DETAILED TABLES

Table 1.1. Demographic and Socioeconomic Characteristics of All Medicare Beneficiaries, 2017

Measure	Measure Category	Estimate - % (St. Error)
Age	<45 years	3.1 (0.0)
	45-64 years	11.7 (0.0)
	65-74 years	48.7 (0.1)
	75-84 years	25.1 (0.1)
	85+ years	11.5 (0.0)
Race/Ethnicity	White non-Hispanic	75.6 (0.8)
	Black non-Hispanic	9.6 (0.4)
	Hispanic	8.4 (0.7)
Sex	Female	54.3 (0.4)
	Male	45.7 (0.4)
Metropolitan Area Resident	Metro area	79.9 (0.4)
	Non-metro area	20.1 (0.4)
Education	Less than a high school diploma	15.8 (0.6)
	High school graduate	26.3 (0.7)
	Some college/vocational school	30.7 (0.6)
	Bachelor's degree and beyond	27.1 (0.9)
Poverty Status	0 - 100% FPL	16.9 (0.5)
	101 - 120% FPL	5.8 (0.3)
	121 - 135% FPL	4.6 (0.2)
	136 - 200% FPL	15.9 (0.4)
	201% FPL and above	56.8 (0.6)
Residence Status	Both community and facility	0.5 (0.1)
	Residing only in facilities	3.1 (0.1)
	Residing only in the community	96.4 (0.1)
Veteran	Yes	19.6 (0.4)
	No	80.4 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are not presented for the "other race/ethnicity" category, although they are included in the denominator. FPL stands for Federal Poverty Level.

Table 1.2.a. Insurance Coverage of All Medicare Beneficiaries, 2017

Measure	Measure Category	Estimate - % (St. Error)
Type of Medicare Coverage	Traditional FFS Medicare	65.8 (0.3)
	Medicare Advantage	34.2 (0.3)
Part D Coverage	FFS only	24.2 (0.6)
	FFS with Part D	41.6 (0.6)
	MA only	0.9 (0.1)
	MA with Part D	33.3 (0.3)
Dual Eligible Status	Full-benefit dual eligible	13.5 (0.5)
	Partial-benefit dual eligible	5.8 (0.3)
	Non dual eligible	80.7 (0.5)
Any Supplemental Private Insurance	Yes	49.2 (0.6)
	No	50.8 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. FFS stands for Fee-for-Service. MA stands for Medicare Advantage.

Table 1.2.b. Private Insurance Coverage Among Medicare Beneficiaries Residing in the Community, 2017

Measure	Measure Category	Estimate - % (St. Error)
Any Employer-Sponsored Insurance	Yes	27.7 (0.6)
	No	72.3 (0.6)
ESI with Comprehensive Coverage	Yes	82.9 (1.0)
	No	17.1 (1.0)
Any Self-Pay Insurance	Yes	26.2 (0.6)
	No	73.8 (0.6)
Self-Pay with Comprehensive Coverage	Yes	88.9 (0.7)
	No	11.1 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. ESI stands for Employer-Sponsored Insurance. Denominator for estimate of ESI with comprehensive coverage is among beneficiaries with any ESI. Denominator for estimate of self-pay with comprehensive coverage is among beneficiaries with any self-pay insurance.

Table 1.3.a. Type of Medicare Coverage of All Medicare Beneficiaries by Age, 2017

Measure	Measure Category	Estimate - % (St. Error)	
		Traditional FFS Medicare	Medicare Advantage
Overall	--	65.8 (0.3)	34.2 (0.3)
Age	<65 years	67.5 (1.4)	32.5 (1.4)
	65-74 years	66.7 (0.6)	33.3 (0.6)
	75-84 years	62.8 (0.7)	37.2 (0.7)
	85+ years	66.2 (0.9)	33.8 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. FFS stands for Fee-for-Service.

Table 1.3.b. Dual Eligible Status of All Medicare Beneficiaries by Age, 2017

Measure	Measure Category	Estimate - % (St. Error)	
		Yes	No
Age	<65 years	52.1 (1.7)	47.9 (1.7)
	65-74 years	12.0 (0.6)	88.0 (0.6)
	75-84 years	14.1 (0.7)	85.9 (0.7)
	85+ years	19.3 (1.1)	80.7 (1.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. "Yes" includes beneficiaries with both full-benefit and partial-benefit Medicaid coverage.

Table 1.4. Residence Status of All Medicare Beneficiaries by Age, 2017

Measure	Measure Category	Estimate - % (St. Error)		
		Residing only in the community	Residing only in facilities	Both community and facility
Age	<65 years	15.0 (0.1)	11.8 (1.3)	*
	65-74 years	50.0 (0.1)	13.0 (1.7)	*
	75-84 years	24.9 (0.1)	26.7 (1.6)	38.2 (5.3)
	85+ years	10.1 (0.1)	48.6 (2.1)	43.1 (6.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Some estimates for the category "Both community and facility" are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the Technical Appendix.

Table 1.5. Residence Status of All Medicare Beneficiaries by Sex, 2017

Measure	Measure Category	Estimate - % (St. Error)		
		Residing only in the community	Residing only in facilities	Both community and facility
Sex	Female	53.9 (0.4)	67.6 (1.9)	51.1 (6.1)
	Male	46.1 (0.4)	32.4 (1.9)	48.9 (6.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices.

Table 1.6. Demographic and Socioeconomic Characteristics of All Dual Eligible Medicare Beneficiaries, 2017

Measure	Measure Category	Estimate - % (St. Error)
Age	<65 years	40.0 (1.2)
	65-74 years	30.3 (1.1)
	75-84 years	18.3 (0.6)
	85+ years	11.5 (0.6)
Race/Ethnicity	White non-Hispanic	52.2 (1.7)
	Black non-Hispanic	19.4 (1.2)
	Hispanic	19.0 (1.4)
Sex	Female	61.5 (0.9)
	Male	38.5 (0.9)
Education	Less than a high school diploma	39.1 (1.5)
	High school graduate	30.2 (1.2)
	Some college/vocational school	23.8 (1.0)
	Bachelor's degree and beyond	7.0 (0.7)
Veteran	Yes	6.7 (0.5)
	No	93.3 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries with both full-benefit and partial-benefit Medicaid coverage. Estimates are not presented for the "other race/ethnicity" category, although they are included in the denominator.

Table 1.7. Demographic and Socioeconomic Characteristics of Medicare Beneficiaries Residing Only in Facilities, 2017

Measure	Measure Category	Estimate - % (St. Error)
Age	<65 years	11.8 (1.3)
	65-74 years	13.0 (1.7)
	75-84 years	26.7 (1.6)
	85+ years	48.6 (2.1)
Race/Ethnicity	White non-Hispanic	84.0 (1.9)
	Black non-Hispanic	8.6 (1.4)
	Hispanic	4.8 (0.9)
Sex	Female	67.6 (1.9)
	Male	32.4 (1.9)
Education	Less than a high school diploma	28.8 (2.4)
	High school graduate	41.4 (3.0)
	Some college/vocational school	23.1 (1.8)
	Bachelor's degree and beyond	*
Poverty Status	0 - 100% FPL	38.1 (1.7)
	101 - 120% FPL	9.3 (1.0)
	121 - 135% FPL	6.8 (1.0)
	136 - 200% FPL	16.3 (1.4)
	201% FPL and above	29.5 (1.7)
Veteran	Yes	12.6 (1.2)
	No	87.4 (1.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries for whom only Facility interviews were completed during the year. Estimates are not presented for the "other race/ethnicity" category, although they are included in the denominator. FPL stands for Federal Poverty Level. Estimates for the category "Bachelor's degree and beyond" are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the Technical Appendix.

Table 2.1. Quality of Life Metrics Among All Medicare Beneficiaries, 2017

Measure	Measure Category	Estimate - % (St. Error)
Self-Reported Health Status	Poor	6.6 (0.3)
	Fair	16.6 (0.4)
	Good	30.4 (0.5)
	Very good	29.6 (0.5)
	Excellent	16.7 (0.5)
Disability Status	LTC facility	3.1 (0.1)
	Two or more disabilities	25.0 (0.4)
	One disability	20.7 (0.4)
	No disability	51.2 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. LTC stands for Long-Term Care. "LTC facility" includes beneficiaries who only completed Facility interviews during the year.

Table 2.2. Self-Reported Health Status Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2017

		Estimate - % (St. Error)				
Measure	**Measure Category**	**Poor**	**Fair**	**Good**	**Very good**	**Excellent**
Overall	--	6.6 (0.3)	16.6 (0.4)	30.4 (0.5)	29.6 (0.5)	16.7 (0.5)
Age	<65 years	20.2 (1.1)	33.2 (1.5)	32.7 (1.7)	9.3 (0.7)	4.6 (0.6)
	65-74 years	3.7 (0.3)	13.0 (0.6)	28.7 (0.7)	34.7 (0.9)	19.9 (0.8)
	75-84 years	4.6 (0.3)	13.7 (0.6)	31.6 (0.7)	31.9 (0.7)	18.2 (0.7)
	85+ years	5.8 (0.5)	17.5 (0.8)	32.1 (1.0)	29.2 (0.9)	15.5 (0.8)
Sex	Female	7.2 (0.4)	16.2 (0.5)	30.3 (0.7)	30.3 (0.7)	16.0 (0.6)
	Male	5.9 (0.3)	17.2 (0.5)	30.5 (0.7)	28.8 (0.6)	17.6 (0.7)
Race/ Ethnicity	White non-Hispanic	6.1 (0.3)	14.0 (0.4)	29.1 (0.5)	32.6 (0.6)	18.1 (0.5)
	Black non-Hispanic	7.7 (0.7)	25.7 (1.5)	36.1 (1.4)	19.3 (1.3)	11.1 (0.9)
	Hispanic	9.4 (1.2)	26.4 (1.5)	33.5 (2.1)	17.9 (1.5)	12.8 (1.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category.

Table 2.3. Disability Status Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2017

Measure	Measure Category	Estimate - % (St. Error)			
		LTC facility	Two or more disabilities	One disability	No disability
Overall	--	3.1 (0.1)	25.0 (0.4)	20.7 (0.4)	51.2 (0.6)
Age	<65 years	2.5 (0.3)	51.2 (1.6)	24.2 (1.2)	22.1 (1.3)
	65-74 years	0.8 (0.1)	15.1 (0.6)	17.7 (0.7)	66.4 (1.0)
	75-84 years	3.3 (0.2)	22.5 (0.8)	24.0 (0.7)	50.3 (1.0)
	85+ years	13.1 (0.7)	38.4 (1.1)	21.9 (1.0)	26.7 (0.9)
Sex	Female	3.8 (0.2)	26.0 (0.6)	19.7 (0.5)	50.4 (0.8)
	Male	2.2 (0.2)	23.7 (0.6)	21.9 (0.7)	52.2 (0.8)
Race/ Ethnicity	White non-Hispanic	3.4 (0.1)	22.4 (0.5)	21.0 (0.5)	53.2 (0.6)
	Black non-Hispanic	2.8 (0.5)	34.7 (1.3)	20.8 (1.1)	41.8 (1.4)
	Hispanic	1.8 (0.3)	31.9 (1.7)	19.0 (1.7)	47.3 (2.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category. LTC stands for Long-Term Care. "LTC facility" includes beneficiaries who only completed Facility interviews during the year.

Table 2.4. Self-Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2017

Measure	Estimate - % (St. Error)
Vision Problem	99.6 (0.0)
Hypertension	63.0 (0.6)
High Cholesterol	62.4 (0.6)
Arthritis	51.3 (0.6)
Hearing Trouble	48.4 (0.6)
Heart Disease	35.0 (0.4)
Diabetes	33.3 (0.5)
Urinary Incontinence	30.8 (0.5)
Mental Condition	28.9 (0.5)
Depression	26.3 (0.5)
Cognitive Impairment	22.4 (0.5)
Skin Cancer	20.2 (0.5)
Pulmonary Disease	19.9 (0.5)
Osteoporosis/Broken Hip	17.6 (0.4)
Cancer, Other than Skin	17.3 (0.4)
Stroke	10.0 (0.3)
Dementia, Other than Alzheimer's Disease	3.3 (0.1)
Intellectual or Developmental Disability	2.9 (0.2)
Alzheimer's Disease	2.2 (0.1)
Parkinson's Disease	1.4 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Table 2.5. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Age, 2017

	Estimate - % (St. Error)		
Measure	**Overall**	**<65 years**	**65+ years**
Hypertension	63.0 (0.6)	56.7 (1.5)	64.1 (0.6)
Arthritis	51.3 (0.6)	52.2 (1.6)	51.1 (0.7)
Heart Disease	35.0 (0.4)	31.7 (1.3)	35.5 (0.5)
Diabetes	33.3 (0.5)	37.5 (1.3)	32.5 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Table 2.6. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Race/Ethnicity, 2017

	Estimate - % (St. Error)			
Measure	**Overall**	**White non-Hispanic**	**Black non-Hispanic**	**Hispanic**
Hypertension	63.0 (0.6)	61.2 (0.6)	77.9 (1.2)	64.2 (2.2)
Arthritis	51.3 (0.6)	51.8 (0.8)	53.8 (1.5)	46.7 (1.9)
Heart Disease	35.0 (0.4)	36.5 (0.6)	30.3 (1.7)	27.5 (1.7)
Diabetes	33.3 (0.5)	29.8 (0.6)	44.2 (1.4)	44.8 (1.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category.

Table 2.7. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Sex, 2017

	Estimate - % (St. Error)		
Measure	**Overall**	**Female**	**Male**
Hypertension	63.0 (0.6)	62.9 (0.8)	63.2 (0.9)
Arthritis	51.3 (0.6)	58.9 (0.8)	42.5 (0.9)
Heart Disease	35.0 (0.4)	31.2 (0.6)	39.4 (0.8)
Diabetes	33.3 (0.5)	31.6 (0.7)	35.3 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Table 2.8. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Residence Status, 2017

	Estimate - % (St. Error)			
Measure	**Overall**	**Residing only in the community**	**Residing only in facilities**	**Both community and facility**
Hypertension	63.0 (0.6)	63.0 (0.6)	65.0 (1.6)	67.0 (4.8)
Arthritis	51.3 (0.6)	51.7 (0.6)	32.5 (2.2)	31.1 (7.1)
Heart Disease	35.0 (0.4)	34.7 (0.4)	45.8 (2.5)	55.4 (6.7)
Diabetes	33.3 (0.5)	33.6 (0.5)	22.8 (1.5)	32.8 (6.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Table 2.9. Self-Reported Smoking Status Among All Medicare Beneficiaries Overall and by Sex, Race/Ethnicity, and Poverty Status, 2017

		Estimate - % (St. Error)		
Measure	**Measure Category**	**Never smoked**	**Ever smoked**	**Current smoker**
Overall	--	48.7 (0.6)	37.6 (0.5)	13.6 (0.4)
Sex	Female	58.4 (0.8)	30.9 (0.7)	10.6 (0.5)
	Male	37.2 (0.7)	45.6 (0.7)	17.2 (0.7)
Race/ Ethnicity	White non-Hispanic	47.2 (0.6)	39.8 (0.6)	13.0 (0.5)
	Black non-Hispanic	50.8 (1.6)	30.4 (1.4)	18.7 (1.2)
	Hispanic	58.4 (1.8)	31.5 (1.6)	10.1 (1.3)
Poverty Status	0 - 100% FPL	52.3 (1.1)	26.8 (1.1)	20.9 (1.2)
	101 - 120% FPL	49.2 (1.9)	31.4 (1.8)	19.4 (1.6)
	121 - 135% FPL	48.8 (2.3)	34.0 (2.3)	17.2 (1.7)
	136 - 200% FPL	49.2 (1.4)	35.9 (1.3)	14.9 (1.1)
	201% FPL and above	47.5 (0.8)	42.3 (0.6)	10.2 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category. FPL stands for Federal Poverty Level.

Table 2.10. Self-Reported Alcohol Use Among Medicare Beneficiaries Residing in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2017

		Estimate - % (St. Error)		
Measure	**Measure Category**	**Nondrinker**	**Moderate drinker**	**Heavy drinker**
Overall	--	46.8 (0.9)	39.2 (0.7)	14.0 (0.5)
Sex	Female	51.9 (1.2)	32.9 (0.9)	15.2 (0.6)
	Male	40.8 (0.9)	46.6 (0.9)	12.6 (0.6)
Race/ Ethnicity	White non-Hispanic	42.2 (1.0)	43.3 (0.8)	14.6 (0.6)
	Black non-Hispanic	62.1 (2.2)	24.6 (1.8)	13.3 (1.3)
	Hispanic	59.4 (2.1)	27.8 (1.7)	12.8 (1.3)
Poverty Status	0 - 100% FPL	66.5 (1.3)	21.0 (1.1)	12.5 (0.8)
	101 - 120% FPL	61.7 (2.0)	24.4 (2.0)	14.0 (1.5)
	121 - 135% FPL	61.8 (2.5)	25.7 (1.9)	12.4 (1.6)
	136 - 200% FPL	55.6 (1.6)	31.7 (1.3)	12.7 (1.1)
	201% FPL and above	36.1 (0.9)	48.9 (0.8)	15.0 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category. FPL stands for Federal Poverty Level.

Table 2.11. Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community, 2017

	Estimate - % (St. Error)	
Measure	**Yes**	**No**
Blood Pressure Screening	96.3 (0.2)	3.7 (0.2)
Pneumonia Shot	79.7 (0.6)	20.3 (0.6)
Flu Shot	70.2 (0.7)	29.8 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year.

Table 2.12. Self-Reported Preventive Health Behaviors Among All Medicare Beneficiaries Residing in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2017

		Estimate - % (St. Error)		
Measure	**Measure Category**	**Blood Pressure Screening**	**Pneumonia Shot**	**Flu Shot**
Overall	--	96.3 (0.2)	79.7 (0.6)	70.2 (0.7)
Age	<65 Years	95.9 (0.5)	61.0 (1.6)	54.6 (2.0)
	65-74 Years	95.6 (0.4)	78.2 (0.8)	68.6 (1.0)
	75-84 Years	97.1 (0.3)	88.0 (0.6)	78.3 (0.7)
	85+ Years	98.8 (0.3)	91.1 (0.8)	81.2 (0.9)
Race/ Ethnicity	White non-Hispanic	96.5 (0.3)	81.7 (0.6)	71.9 (0.8)
	Black non-Hispanic	96.9 (0.6)	71.9 (2.1)	60.8 (2.0)
	Hispanic	95.7 (0.9)	71.6 (2.1)	67.8 (2.3)
Type of Medicare Coverage	Traditional FFS Medicare	95.8 (0.3)	78.6 (0.7)	69.2 (0.8)
	Medicare Advantage	97.3 (0.3)	81.7 (0.9)	71.9 (1.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category. FFS stands for Fee-for-Service. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year.

Table 2.13. Self-Reported Receipt of Shingles Vaccine Among Medicare Beneficiaries Aged 60 and Over Residing in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2017

Measure	Measure Category	Estimate - % (St. Error)
Overall	--	51.9 (1.1)
Age	60-64 years	23.4 (2.6)
	65-74 Years	52.5 (1.3)
	75-84 Years	56.1 (1.2)
	85+ Years	51.8 (1.6)
Race/Ethnicity	White non-Hispanic	56.5 (1.2)
	Black non-Hispanic	32.4 (2.2)
	Hispanic	33.6 (3.7)
Type of Medicare Coverage	Traditional FFS Medicare	52.5 (1.1)
	Medicare Advantage	50.8 (1.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category. FFS stands for Fee-for-Service.

Table 2.14. Mobility Limitations Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2017

		Estimate - % (St. Error)		
Measure	**Measure Category**	**Yes, with any disability**	**Yes, with no disability**	**No limitation**
Overall	--	34.7 (0.5)	10.8 (0.4)	54.5 (0.6)
Age	<65 years	59.4 (1.5)	8.9 (1.1)	31.7 (1.3)
	65-74 years	20.9 (0.7)	10.7 (0.6)	68.4 (0.8)
	75-84 years	36.3 (0.8)	12.6 (0.5)	51.1 (0.9)
	85+ years	60.8 (1.2)	9.9 (0.7)	29.3 (1.1)
Sex	Female	38.5 (0.8)	12.0 (0.5)	49.5 (0.9)
	Male	30.2 (0.7)	9.5 (0.5)	60.4 (0.7)
Race/Ethnicity	White non-Hispanic	32.4 (0.6)	11.1 (0.4)	56.5 (0.7)
	Black non-Hispanic	46.5 (1.6)	13.7 (1.1)	39.8 (1.8)
	Hispanic	38.4 (2.2)	7.4 (1.2)	54.2 (2.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category.

Table 2.15. Upper Extremity Limitations Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2017

Measure	Measure Category	Estimate - % (St. Error)		
		Yes, with any disability	Yes, with no disability	No limitation
Overall	--	28.8 (0.5)	11.3 (0.3)	59.9 (0.5)
Age	<65 years	50.3 (1.5)	8.6 (0.9)	41.1 (1.2)
	65-74 years	18.5 (0.7)	13.0 (0.6)	68.5 (0.8)
	75-84 years	28.2 (0.7)	11.3 (0.5)	60.5 (0.8)
	85+ years	48.2 (0.9)	7.1 (0.6)	44.8 (1.1)
Sex	Female	31.9 (0.7)	11.9 (0.5)	56.2 (0.8)
	Male	25.1 (0.7)	10.6 (0.5)	64.3 (0.6)
Race/Ethnicity	White non-Hispanic	26.7 (0.5)	11.4 (0.3)	61.9 (0.5)
	Black non-Hispanic	38.3 (1.6)	11.3 (1.0)	50.4 (1.7)
	Hispanic	32.3 (2.1)	9.9 (1.7)	57.8 (2.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category.

Table 2.16. Mortality Rates Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2017

Measure	Measure Category	Estimate - % (St. Error)
Overall	--	3.7 (0.1)
Age	<65 years	2.1 (0.5)
	65-74 years	1.8 (0.2)
	75-84 years	4.1 (0.3)
	85+ years	13.2 (0.8)
Sex	Female	3.6 (0.2)
	Male	3.8 (0.2)
Race/Ethnicity	White non-Hispanic	4.0 (0.2)
	Black non-Hispanic	3.3 (0.5)
	Hispanic	2.5 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are not presented for the "other race/ethnicity" category.

Table 2.17. Number of Chronic Conditions Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Type of Medicare Coverage, 2017

Measure	Measure Category	Estimate - % (St. Error)			
		0-1 condition	2-3 conditions	4-5 conditions	6 or more conditions
Overall	--	21.5 (0.5)	41.0 (0.5)	28.0 (0.5)	9.6 (0.3)
Age	<65 Years	18.8 (1.1)	36.2 (1.4)	32.6 (1.5)	12.5 (1.1)
	65+ Years	22.0 (0.5)	41.8 (0.6)	27.1 (0.6)	9.0 (0.3)
Sex	Female	17.9 (0.6)	38.8 (0.7)	30.4 (0.7)	12.9 (0.5)
	Male	25.8 (0.7)	43.6 (0.7)	25.1 (0.7)	5.6 (0.3)
Race/ Ethnicity	White non-Hispanic	21.3 (0.5)	41.2 (0.6)	28.2 (0.6)	9.2 (0.3)
	Black non-Hispanic	19.6 (1.3)	41.1 (1.6)	28.0 (1.6)	11.3 (1.0)
	Hispanic	22.4 (2.0)	41.9 (1.8)	26.4 (1.9)	9.3 (0.9)
Type of Medicare Coverage	Traditional FFS Medicare	22.8 (0.6)	40.5 (0.7)	27.4 (0.6)	9.2 (0.4)
	Medicare Advantage	19.0 (0.7)	41.9 (0.9)	29.0 (0.9)	10.1 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category. FFS stands for Fee-for-Service.

Table 2.18. Self-Reported Physical Activity Among Medicare Beneficiaries Residing in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2017

		Estimate - % (St. Error)		
Measure	**Measure Category**	**Sedentary**	**Active**	**Highly Active**
Overall	--	42.4 (0.8)	12.9 (0.4)	44.7 (0.7)
Sex	Female	46.6 (1.1)	13.7 (0.5)	39.6 (0.9)
	Male	37.5 (0.8)	11.9 (0.5)	50.6 (0.9)
Race/ Ethnicity	White non-Hispanic	39.4 (0.8)	13.4 (0.4)	47.2 (0.8)
	Black non-Hispanic	54.2 (1.8)	10.6 (1.3)	35.3 (1.5)
	Hispanic	52.6 (2.4)	10.4 (1.1)	37.0 (2.0)
Poverty Status	0 - 100% FPL	58.4 (1.4)	9.6 (0.8)	32.0 (1.2)
	101 - 120% FPL	53.4 (2.3)	11.8 (1.5)	34.7 (2.1)
	121 - 135% FPL	58.8 (2.8)	8.7 (1.4)	32.5 (2.2)
	136 - 200% FPL	48.1 (1.3)	11.7 (0.7)	40.3 (1.3)
	201% FPL and above	34.2 (0.9)	14.5 (0.5)	51.3 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category. FPL stands for Federal Poverty Level.

Table 2.19. Self-Reported Receipt of Mammography Among Female Medicare Beneficiaries Residing in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2017

Measure	**Measure Category**	**Estimate - % (St. Error)**
Overall	--	42.9 (0.7)
Age	<65 Years	43.0 (2.1)
	65-74 Years	50.8 (1.1)
	75-84 Years	38.3 (1.1)
	85+ Years	17.2 (1.1)
Race/Ethnicity	White non-Hispanic	41.7 (0.7)
	Black non-Hispanic	48.3 (2.0)
	Hispanic	51.0 (2.7)
Type of Medicare Coverage	Traditional FFS Medicare	42.3 (0.8)
	Medicare Advantage	44.1 (1.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category, although they are included in the denominator.

Table 2.20. Self-Reported Receipt of Hysterectomy Among Female Medicare Beneficiaries Residing in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2017

Measure	Measure Category	Estimate - % (St. Error)
Overall	--	41.8 (0.8)
Age	<65 Years	35.6 (2.3)
	65-74 Years	38.0 (1.2)
	75-84 Years	49.3 (1.1)
	85+ Years	48.4 (1.3)
Race/Ethnicity	White non-Hispanic	41.8 (0.9)
	Black non-Hispanic	45.7 (2.3)
	Hispanic	36.7 (2.2)
Type of Medicare Coverage	Traditional FFS Medicare	41.1 (0.9)
	Medicare Advantage	43.0 (1.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category, although they are included in the denominator. FFS stands for Fee-for-Service.

Table 3.1. Usual Source of Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Type of Medicare Coverage, 2017

	Estimate - % (St. Error)		
Measure	**Overall**	**Traditional FFS Medicare**	**Medicare Advantage**
Doctor's office	64.1 (1.8)	64.6 (1.8)	63.0 (2.2)
Medical clinic	16.3 (1.5)	16.0 (1.5)	17.0 (1.9)
None	7.9 (0.5)	8.7 (0.6)	6.4 (0.7)
Other clinic/health center	5.5 (0.5)	6.5 (0.6)	3.8 (0.4)
Hospital/OPD/ER	2.9 (0.7)	3.1 (0.8)	2.5 (0.5)
Managed care center	3.3 (0.5)	1.2 (0.2)	7.2 (1.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. FFS stands for Fee-for-Service. OPD stands for Outpatient Department. ER stands for Emergency Room.

Table 3.2. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community, 2017

Measure	Estimate - % (St. Error)
Visit a Doctor as Soon as You Feel Bad	40.6 (0.9)
When Sick, Keep It to Yourself	36.4 (0.6)
Avoid Going to the Doctor	25.0 (0.6)
Worry About Your Health More than Others	23.0 (0.5)
Ever Had a Prescription You Did Not Fill Due to Cost	10.1 (0.4)
Had a Problem and Did Not Seek Doctor	7.3 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Table 3.3. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, 2017

	Estimate - % (St. Error)				
Measure	**Overall**	**<65 years**	**65-74 years**	**75-84 years**	**85+ years**
Visit a Doctor as Soon as You Feel Bad	40.6 (0.9)	43.5 (1.6)	38.1 (1.2)	42.1 (1.0)	45.2 (1.2)
When Sick, Keep It to Yourself	36.4 (0.6)	47.6 (1.9)	34.8 (0.9)	34.5 (0.8)	32.3 (1.2)
Avoid Going to the Doctor	25.0 (0.6)	37.6 (1.6)	23.7 (0.7)	21.4 (0.7)	22.0 (0.9)
Worry About Your Health More than Others	23.0 (0.5)	58.2 (1.3)	17.5 (0.8)	16.0 (0.7)	15.0 (0.8)
Ever Had a Prescription You Did Not Fill Due to Cost	10.1 (0.4)	20.3 (1.6)	8.9 (0.6)	7.9 (0.6)	5.5 (0.7)
Had a Problem and Did Not Seek Doctor	7.3 (0.4)	14.4 (1.4)	6.3 (0.5)	6.3 (0.6)	5.1 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Table 3.4. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Sex, 2017

	Estimate - % (St. Error)		
Measure	**Overall**	**Female**	**Male**
Visit a Doctor as Soon as You Feel Bad	40.6 (0.9)	39.6 (1.0)	41.7 (1.0)
When Sick, Keep It to Yourself	36.4 (0.6)	38.9 (0.8)	33.5 (0.9)
Avoid Going to the Doctor	25.0 (0.6)	27.1 (0.8)	22.7 (0.7)
Worry About Your Health More than Others	23.0 (0.5)	22.8 (0.8)	23.2 (0.7)
Ever Had a Prescription You Did Not Fill Due to Cost	10.1 (0.4)	11.0 (0.6)	9.1 (0.6)
Had a Problem and Did Not Seek Doctor	7.3 (0.4)	7.8 (0.5)	6.7 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Table 3.5. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Race/Ethnicity, 2017

	Estimate - % (St. Error)			
Measure	**Overall**	**White non-Hispanic**	**Black non-Hispanic**	**Hispanic**
Visit a Doctor as Soon as You Feel Bad	40.6 (0.9)	36.2 (0.8)	51.8 (1.8)	59.9 (2.4)
When Sick, Keep It to Yourself	36.4 (0.6)	35.9 (0.7)	38.3 (1.6)	38.2 (2.1)
Avoid Going to the Doctor	25.0 (0.6)	22.9 (0.7)	29.5 (1.8)	37.3 (1.9)
Worry About Your Health More than Others	23.0 (0.5)	17.6 (0.5)	39.2 (1.7)	51.0 (2.5)
Ever Had a Prescription You Did Not Fill Due to Cost	10.1 (0.4)	9.3 (0.4)	14.8 (1.4)	10.2 (1.7)
Had a Problem and Did Not Seek Doctor	7.3 (0.4)	6.8 (0.4)	9.7 (1.4)	7.2 (1.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category, although they are included in the denominator.

Table 3.6. Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community, 2017

Measure	Estimate - % (St. Error) (Very) dissatisfied	Satisfied	Very satisfied	No experience
General Care	4.8 (0.3)	40.4 (0.7)	52.6 (0.7)	2.3 (0.2)
Information from Doctor	5.8 (0.3)	52.0 (0.7)	39.5 (0.7)	2.7 (0.2)
Doctor's Concern for Overall Health	5.9 (0.2)	51.9 (0.7)	39.5 (0.6)	2.6 (0.2)
Cost	16.8 (0.6)	48.2 (0.6)	32.1 (0.7)	2.9 (0.2)
Night and Weekend Availability	5.7 (0.3)	33.5 (0.6)	24.4 (0.7)	36.3 (1.0)
Ease of Access to Doctor	5.0 (0.3)	48.2 (0.6)	45.2 (0.7)	1.7 (0.2)
Can Obtain Care in Same Location	8.6 (0.4)	47.6 (0.7)	31.7 (0.6)	12.0 (0.7)
Availability of Specialist Care	6.5 (0.3)	49.4 (0.7)	37.1 (0.7)	7.0 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied."

Table 3.7. Satisfaction with Quality and Cost of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2017

Measure	Measure Category	Estimate - % (St. Error) (Very) dissatisfied	Satisfied	Very satisfied	No experience
General Care	<65 years	10.3 (1.0)	49.1 (1.5)	38.0 (1.4)	2.5 (0.5)
	65-74 years	3.8 (0.4)	37.8 (1.0)	55.7 (1.0)	2.7 (0.3)
	75-84 years	3.8 (0.4)	39.0 (0.9)	55.4 (0.9)	1.8 (0.2)
	85+ years	3.8 (0.5)	44.1 (1.0)	51.3 (1.1)	0.9 (0.2)
Information from Doctor	<65 years	11.9 (1.2)	55.2 (1.6)	30.5 (1.5)	2.4 (0.4)
	65-74 years	4.4 (0.4)	48.9 (1.0)	43.7 (1.0)	3.1 (0.3)
	75-84 years	4.9 (0.4)	53.7 (0.9)	38.9 (0.9)	2.5 (0.3)
	85+ years	5.9 (0.5)	59.6 (1.1)	33.2 (1.1)	1.3 (0.3)
Doctor's Concern for Overall Health	<65 years	12.0 (1.1)	54.8 (1.4)	30.8 (1.3)	2.3 (0.5)
	65-74 years	4.9 (0.4)	49.6 (0.9)	42.3 (0.9)	3.2 (0.3)
	75-84 years	4.7 (0.4)	52.9 (0.9)	40.2 (0.9)	2.2 (0.3)
	85+ years	4.4 (0.4)	57.5 (1.1)	36.8 (1.1)	1.3 (0.3)
Cost	<65 years	25.8 (1.3)	46.1 (1.4)	24.4 (1.5)	3.8 (0.5)
	65-74 years	16.4 (0.8)	46.9 (0.8)	33.7 (0.9)	2.9 (0.3)
	75-84 years	14.2 (0.6)	49.7 (0.8)	33.6 (0.8)	2.6 (0.3)
	85+ years	11.5 (0.7)	54.5 (1.4)	31.7 (1.2)	2.3 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied."

Table 3.8. Satisfaction with Access to Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2017

Measure	Measure Category	Estimate - % (St. Error) (Very) dissatisfied	Satisfied	Very satisfied	No experience
Night and Weekend Availability	<65 years	10.9 (0.9)	42.3 (1.5)	21.3 (1.0)	25.5 (1.6)
	65-74 years	4.9 (0.4)	31.9 (0.8)	24.7 (0.9)	38.5 (1.2)
	75-84 years	4.9 (0.4)	31.0 (0.8)	25.7 (0.9)	38.4 (1.2)
	85+ years	4.4 (0.4)	34.6 (1.2)	24.6 (1.0)	36.5 (1.3)
Ease of Access to Doctor	<65 years	11.5 (0.9)	55.5 (1.4)	31.3 (1.4)	1.8 (0.4)
	65-74 years	3.7 (0.4)	46.2 (0.9)	48.3 (1.0)	1.8 (0.3)
	75-84 years	3.9 (0.3)	46.7 (1.0)	48.1 (1.0)	1.4 (0.2)
	85+ years	4.6 (0.4)	51.6 (1.2)	42.6 (1.0)	1.2 (0.3)
Can Obtain Care in Same Location	<65 years	15.0 (1.1)	49.9 (1.6)	26.4 (1.4)	8.7 (0.9)
	65-74 years	7.9 (0.5)	46.0 (1.1)	33.2 (1.0)	12.9 (0.8)
	75-84 years	7.6 (0.6)	47.1 (1.1)	32.6 (0.8)	12.7 (0.8)
	85+ years	5.0 (0.5)	53.8 (1.2)	30.0 (1.0)	11.2 (1.1)
Availability of Specialist Care	<65 years	13.9 (1.1)	53.3 (1.7)	27.3 (1.3)	5.5 (0.7)
	65-74 years	5.7 (0.4)	47.2 (1.0)	39.2 (1.0)	7.8 (0.5)
	75-84 years	4.5 (0.4)	49.9 (1.0)	39.1 (0.8)	6.6 (0.5)
	85+ years	4.5 (0.4)	53.0 (1.0)	35.7 (1.2)	6.9 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied."

Table 3.9. Perceived Knowledge of the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017

		Estimate - % (St. Error)		
Measure	**Measure Category**	**Little or none**	**Some**	**Most or all**
Overall	--	25.7 (0.6)	33.5 (0.6)	40.8 (0.7)
Age	<65 years	33.6 (1.3)	34.3 (1.6)	32.0 (1.7)
	65-74 years	23.8 (0.9)	34.7 (1.0)	41.5 (0.9)
	75-84 years	25.2 (0.8)	31.8 (0.7)	43.0 (1.0)
	85+ years	24.2 (1.1)	30.6 (1.3)	45.1 (1.4)
Sex	Female	24.8 (0.7)	34.9 (0.8)	40.2 (0.8)
	Male	26.7 (0.8)	31.8 (0.9)	41.5 (0.9)
Race/Ethnicity	White non-Hispanic	23.7 (0.7)	32.6 (0.7)	43.6 (0.8)
	Black non-Hispanic	26.8 (2.2)	39.4 (1.9)	33.8 (1.9)
	Hispanic	40.7 (2.4)	29.6 (1.8)	29.6 (2.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

Table 3.10. Self-Reported Physician Wait Time Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017

Measure	Measure Category	Estimate - % (St. Error)				
		19+ days	13-18 days	7-12 days	1-6 days	No wait
Overall	--	30.9 (1.0)	11.3 (0.5)	13.8 (0.6)	19.1 (0.7)	24.9 (1.1)
Age	<65 years	30.7 (2.0)	11.5 (1.3)	14.1 (1.3)	21.5 (1.8)	22.2 (1.9)
	65-74 years	31.2 (1.1)	12.6 (0.8)	13.7 (0.8)	18.7 (0.8)	23.8 (1.4)
	75-84 years	31.3 (1.3)	9.8 (0.7)	13.5 (0.8)	19.2 (1.0)	26.1 (1.4)
	85+ years	28.8 (2.1)	7.9 (0.8)	14.1 (0.9)	17.3 (1.1)	31.8 (1.9)
Sex	Female	29.9 (1.1)	11.5 (0.7)	14.2 (0.7)	19.8 (0.9)	24.6 (1.3)
	Male	32.2 (1.2)	11.0 (0.8)	13.2 (0.7)	18.3 (0.9)	25.4 (1.4)
Race/Ethnicity	White non-Hispanic	30.9 (1.1)	11.4 (0.6)	13.9 (0.6)	18.5 (0.7)	25.3 (1.3)
	Black non-Hispanic	32.3 (2.3)	9.8 (1.2)	12.8 (1.5)	20.6 (2.0)	24.6 (2.9)
	Hispanic	25.6 (2.8)	13.4 (2.2)	15.9 (1.7)	19.5 (2.8)	25.6 (2.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

Table 3.11. Special Feature: Patient Perceptions of Care Among Medicare Beneficiaries Residing Only in the Community, 2017

Measure	Estimate - % (St. Error)			
	Never	Sometimes	Usually	Always
Usual Provider Respects What You Say	0.7 (0.1)	2.7 (0.2)	6.7 (0.4)	89.9 (0.4)
Usual Provider Listens to You	1.2 (0.2)	4.0 (0.3)	11.4 (0.4)	83.4 (0.5)
Usual Provider Spends Enough Time with You	1.5 (0.1)	4.2 (0.2)	13.6 (0.5)	80.6 (0.5)
Usual Provider Explains Things Clearly to You	1.9 (0.1)	5.5 (0.4)	14.5 (0.4)	78.1 (0.5)
Usual Provider Asks About Things in Life that Impact Your Health	25.3 (0.6)	20.8 (0.7)	15.6 (0.5)	38.4 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Table 3.12. Special Feature: Patient Perception of Whether their Usual Provider Asks About Things in Life that Impact their Health Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017

Measure	Measure Category	Estimate - % (St. Error) Never	Sometimes	Usually	Always
Overall	--	25.3 (0.6)	20.8 (0.7)	15.6 (0.5)	38.4 (0.6)
Age	<65 years	25.7 (1.7)	19.3 (1.5)	13.1 (1.2)	41.9 (1.8)
	65-74 years	22.3 (0.8)	21.1 (1.0)	16.9 (0.8)	39.8 (0.9)
	75-84 years	28.6 (0.9)	20.5 (0.8)	14.8 (0.7)	36.0 (1.0)
	85+ years	31.1 (1.4)	21.9 (1.2)	14.8 (0.9)	32.1 (1.2)
Sex	Female	24.7 (0.8)	20.2 (0.9)	15.9 (0.7)	39.1 (0.8)
	Male	26.0 (0.7)	21.4 (0.8)	15.2 (0.6)	37.4 (0.8)
Race/ Ethnicity	White non-Hispanic	23.9 (0.7)	20.7 (0.7)	17.0 (0.5)	38.4 (0.7)
	Black non-Hispanic	24.6 (1.9)	22.7 (1.9)	10.0 (1.4)	42.7 (2.0)
	Hispanic	37.5 (2.0)	18.7 (1.8)	9.7 (1.3)	34.2 (2.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

Table 3.13. Difficulty Obtaining Care and Delayed Care Due to Cost Among Medicare Beneficiaries Residing Only in the Community Overall and by Type of Medicare Coverage, 2017

Measure	Measure Category	Estimate - % (St. Error) Overall	Traditional FFS Medicare	Medicare Advantage
Difficulty Obtaining Care	Yes	7.5 (0.3)	6.7 (0.3)	9.1 (0.6)
	No	92.5 (0.3)	93.3 (0.3)	90.9 (0.6)
Delayed Care Due to Cost	Yes	11.1 (0.4)	10.3 (0.5)	12.7 (0.7)
	No	88.9 (0.4)	89.7 (0.5)	87.3 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. FFS stands for Fee-for-Service.

Table 3.14. Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community by Type of Medicare Coverage, 2017

Measure	Type of Medicare Coverage	Estimate - % (St. Error)			
		(Very) dissatisfied	Satisfied	Very satisfied	No experience
General Care	Traditional FFS Medicare	4.7 (0.4)	39.3 (0.8)	53.4 (0.9)	2.6 (0.2)
	Medicare Advantage	4.9 (0.4)	42.5 (0.9)	51.0 (0.9)	1.6 (0.2)
Information from Doctor	Traditional FFS Medicare	5.6 (0.3)	51.6 (0.9)	39.8 (0.9)	3.0 (0.2)
	Medicare Advantage	6.2 (0.4)	52.9 (1.0)	38.8 (0.9)	2.1 (0.2)
Doctor's Concern for Overall Health	Traditional FFS Medicare	5.8 (0.3)	51.1 (0.8)	40.3 (0.9)	2.8 (0.3)
	Medicare Advantage	5.9 (0.4)	53.6 (0.9)	38.1 (0.9)	2.3 (0.3)
Cost	Traditional FFS Medicare	17.0 (0.7)	46.3 (0.7)	33.8 (0.9)	2.9 (0.3)
	Medicare Advantage	16.4 (0.8)	51.8 (0.9)	28.8 (0.8)	3.0 (0.3)
Night and Weekend Availability	Traditional FFS Medicare	6.1 (0.3)	33.0 (0.7)	24.4 (0.8)	36.5 (1.1)
	Medicare Advantage	5.0 (0.4)	34.5 (0.9)	24.4 (0.8)	36.0 (1.2)
Ease of Access to Doctor	Traditional FFS Medicare	5.3 (0.3)	47.8 (0.8)	45.0 (0.9)	2.0 (0.2)
	Medicare Advantage	4.5 (0.4)	49.0 (0.9)	45.5 (0.9)	1.0 (0.2)
Can Obtain Care in Same Location	Traditional FFS Medicare	9.0 (0.5)	47.2 (0.9)	30.8 (0.8)	13.0 (0.8)
	Medicare Advantage	7.9 (0.5)	48.4 (1.0)	33.5 (0.8)	10.2 (0.8)
Availability of Specialist Care	Traditional FFS Medicare	6.5 (0.4)	48.3 (0.9)	37.8 (0.9)	7.3 (0.4)
	Medicare Advantage	6.5 (0.5)	51.4 (1.1)	35.6 (1.1)	6.5 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. FFS stands for Fee-for-Service. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied."

Table 3.15. Satisfaction with the Availability of Information on the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2017

Measure	Measure Category	Estimate - % (St. Error)
Overall	--	89.3 (0.4)
Age	<65 years	85.3 (1.2)
	65-74 years	89.0 (0.6)
	75-84 years	90.9 (0.5)
	85+ years	92.6 (0.7)
Sex	Female	88.7 (0.6)
	Male	89.9 (0.5)
Race/Ethnicity	White non-Hispanic	89.8 (0.5)
	Black non-Hispanic	88.2 (1.3)
	Hispanic	88.8 (1.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

Table 4.1. User Rates of Health Care Services Among All Medicare Beneficiaries, 2017

Measure	Estimate - % (St. Error)
Physician/Supplier Services	96.5 (0.3)
Prescription Drugs^	90.5 (0.4)
Outpatient Hospital Services	75.2 (0.7)
Dental Services	51.9 (0.8)
Medicare Home Health Services	15.0 (0.4)
Inpatient Hospital Services	15.1 (0.4)
Skilled Nursing Facilities	4.5 (0.3)
Long-Term Facility Care	3.7 (0.2)
Medicare Hospice Services	2.4 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. ^This estimate does not capture prescription drug events for Facility-residing beneficiaries. As a result, the numerator captures prescription drug events only for those who completed at least one Community interview in the year, but the denominator includes all beneficiaries.

Table 4.2. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community, 2017

Measure	Estimate - % (St. Error)
Physician/Supplier Services	96.6 (0.3)
Prescription Drugs	93.6 (0.4)
Outpatient Hospital Services	75.6 (0.7)
Dental Services	52.5 (0.8)
Medicare Home Health Services	14.9 (0.4)
Inpatient Hospital Services	14.6 (0.4)
Medicare Hospice Services	1.6 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

Table 4.3. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, 2017

	Estimate - % (St. Error)				
Measure	**Overall**	**<65 years**	**65-74 years**	**75-84 years**	**85+ years**
Physician/Supplier Services	96.6 (0.3)	96.0 (0.6)	95.7 (0.5)	97.8 (0.4)	98.4 (0.4)
Prescription Drugs	93.6 (0.4)	93.7 (1.2)	91.4 (0.7)	96.1 (0.5)	98.2 (0.4)
Outpatient Hospital Services	75.6 (0.7)	78.2 (1.6)	72.3 (1.0)	79.5 (1.1)	78.6 (1.1)
Dental Services	52.5 (0.8)	38.2 (2.0)	57.8 (1.1)	53.5 (1.4)	45.2 (1.5)
Medicare Home Health Services	14.9 (0.4)	17.0 (1.5)	9.6 (0.6)	17.2 (0.8)	32.8 (1.4)
Inpatient Hospital Services	14.6 (0.4)	15.5 (1.5)	11.9 (0.6)	16.9 (0.7)	21.1 (1.0)
Medicare Hospice Services	1.6 (0.1)	*	0.7 (0.2)	1.8 (0.2)	6.9 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the Technical Appendix.

Table 4.4. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Sex, 2017

	Estimate - % (St. Error)		
Measure	**Overall**	**Female**	**Male**
Physician/Supplier Services	96.6 (0.3)	97.3 (0.3)	95.7 (0.5)
Prescription Drugs	93.6 (0.4)	95.0 (0.4)	91.9 (0.6)
Outpatient Hospital Services	75.6 (0.7)	78.5 (0.9)	72.2 (1.0)
Dental Services	52.5 (0.8)	54.1 (1.0)	50.8 (1.1)
Medicare Home Health Services	14.9 (0.4)	17.1 (0.6)	12.3 (0.5)
Inpatient Hospital Services	14.6 (0.4)	14.5 (0.6)	14.7 (0.7)
Medicare Hospice Services	1.6 (0.1)	1.5 (0.2)	1.6 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

Table 4.5. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Race/Ethnicity, 2017

	Estimate - % (St. Error)			
Measure	**Overall**	**White non-Hispanic**	**Black non-Hispanic**	**Hispanic**
Physician/Supplier Services	96.6 (0.3)	97.4 (0.3)	93.0 (1.5)	93.8 (1.4)
Prescription Drugs	93.6 (0.4)	94.3 (0.4)	92.0 (1.6)	91.7 (1.5)
Outpatient Hospital Services	75.6 (0.7)	77.2 (0.8)	70.0 (1.9)	74.4 (2.3)
Dental Services	52.5 (0.8)	57.0 (1.1)	30.7 (2.4)	38.3 (2.5)
Medicare Home Health Services	14.9 (0.4)	14.4 (0.4)	19.6 (1.4)	14.9 (1.5)
Inpatient Hospital Services	14.6 (0.4)	14.8 (0.5)	16.4 (1.4)	12.6 (1.8)
Medicare Hospice Services	1.6 (0.1)	1.6 (0.2)	*	1.5 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates are not presented for the "other race/ethnicity" category. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the Technical Appendix.

Table 4.6. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Self-Reported Health Status, 2017

	Estimate - % (St. Error)		
Measure	**Overall**	**Fair/poor**	**Excellent/very good/good**
Physician/Supplier Services	96.6 (0.3)	98.0 (0.4)	96.2 (0.4)
Prescription Drugs	93.6 (0.4)	97.1 (0.6)	92.5 (0.5)
Outpatient Hospital Services	75.6 (0.7)	84.8 (1.2)	73.3 (0.8)
Dental Services	52.5 (0.8)	37.3 (1.6)	58.0 (0.8)
Medicare Home Health Services	14.9 (0.4)	27.5 (1.3)	10.5 (0.4)
Inpatient Hospital Services	14.6 (0.4)	22.3 (1.3)	11.0 (0.5)
Medicare Hospice Services	1.6 (0.1)	1.6 (0.3)	0.4 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

Table 4.7. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, 2017

Measure	**Estimate - % (St. Error)**
Physician/Supplier Services	96.2 (0.4)
Prescription Drugs	92.1 (0.5)
Outpatient Hospital Services	77.0 (0.9)
Dental Services	54.4 (1.1)
Inpatient Hospital Services	15.9 (0.5)
Medicare Home Health Services	15.4 (0.5)
Medicare Hospice Services	1.6 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year and had Medicare Fee-for-Service coverage.

Table 4.8. User Rates of Skilled Nursing Facilities Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2017

Measure	Measure Category	Estimate - % (St. Error)
Overall	--	4.5 (0.3)
Age	<65 years	3.2 (0.7)
	65-74 years	2.9 (0.3)
	75-84 years	5.1 (0.4)
	85+ years	11.4 (0.8)
Sex	Female	4.9 (0.4)
	Male	4.0 (0.3)
Race/Ethnicity	White non-Hispanic	4.9 (0.3)
	Black non-Hispanic	3.7 (0.6)
	Hispanic	2.5 (0.6)
Health Status	Fair/poor	6.6 (0.8)
	Excellent/very good/good	2.7 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are not presented for the "other race/ethnicity" category.

Table 4.9. User Rates of Long-Term Facility Care Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2017

Measure	Measure Category	Estimate - % (St. Error)
Overall	--	3.7 (0.2)
Age	<65 years	3.2 (0.5)
	65-74 years	1.0 (0.1)
	75-84 years	4.0 (0.3)
	85+ years	15.4 (0.8)
Sex	Female	4.5 (0.2)
	Male	2.8 (0.3)
Race/Ethnicity	White non-Hispanic	4.0 (0.2)
	Black non-Hispanic	3.4 (0.6)
	Hispanic	2.2 (0.4)
Health Status	Fair/poor	7.5 (0.5)
	Excellent/very good/good	1.7 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are not presented for the "other race/ethnicity" category. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews.

Table 4.10. User Rates of Skilled Nursing Facilities and Long-Term Facility Care Among Medicare Beneficiaries with Fee-for-Service Coverage, 2017

Measure	Estimate - % (St. Error)
Skilled Nursing Facilities	4.7 (0.3)
Long-Term Facility Care	4.2 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who had Medicare Fee-for-Service coverage.

Table 5.1.a. Total Health Care Service Expenditures Among All Medicare Beneficiaries by Source of Payment, 2017

Measure	Estimate - % (St. Error)
Medicare	64.3 (0.8)
Out-of-Pocket	16.9 (0.4)
Private	8.2 (0.5)
Medicaid	6.3 (0.4)
Other Source	4.3 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices.

Table 5.1.b. Total Health Care Service Expenditures Among All Medicare Beneficiaries Overall and for Selected Service Types, in Millions of Dollars, 2017

Measure	Estimate - $ (St. Error)
Prescription Drugs^	223,456 (10,300)
Physician/Supplier Services	220,871 (5,804)
Inpatient Hospital Services	188,738 (9,215)
Outpatient Hospital Services	111,050 (5,102)
Long-Term Facility Care	96,579 (5,190)
Skilled Nursing Facilities	42,090 (4,101)
Dental Services‡	31,547 (1,390)
Medicare Home Health Services	23,350 (2,425)
Medicare Hospice Services	17,980 (1,664)
Total Expenditures	955,661 (19,754)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices.

^ This estimate does not capture prescription drug events for Facility-residing beneficiaries. As a result, this estimate captures prescription drug events only for those who completed at least one Community interview in the year. ‡ Dental services expenditures are only available for those who completed at least one Community interview in the year. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.2. Distribution of Total Out-of-Pocket Health Care Service Expenditures Among All Medicare Beneficiaries, 2017

Measure	Measure Category	Estimate - % (St. Error)
Beneficiary Spending Percentage Group	Top 5 percent	34.0 (2.2)
	Top 10 percent	47.8 (2.5)
	Top 15 percent	59.1 (2.8)
	Top 20 percent	67.6 (2.8)
	Top 50 percent	91.4 (2.9)
	Bottom 50 percent	8.6 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Appendices.

Table 5.3. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2017

Measure	Estimate - $ (St. Error)
Prescription Drugs	3,909 (180)
Physician/Supplier Services	3,732 (100)
Inpatient Hospital Services	3,088 (159)
Outpatient Hospital Services	1,858 (88)
Dental Services	552 (24)
Medicare Home Health Services	380 (43)
Medicare Hospice Services	175 (25)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.4. Total Out-of-Pocket Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2017

Measure	Estimate - $ (St. Error)
Physician/Supplier Services	676 (25)
Prescription Drugs	598 (17)
Dental Services	412 (20)
Outpatient Hospital Services	127 (7)
Inpatient Hospital Services	47 (6)
Medicare Home Health Services	*
Medicare Hospice Services	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Home Health Services and Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the Technical Appendix.

Table 5.5. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, in Dollars, 2017

	Estimate - $ (St. Error)				
Measure	**Overall**	**<65 years**	**65-74 years**	**75-84 years**	**85+ years**
Prescription Drugs	3,909 (180)	8,045 (993)	3,125 (170)	3,441 (250)	2,877 (160)
Physician/ Supplier Services	3,732 (100)	3,529 (209)	3,299 (136)	4,450 (208)	4,394 (193)
Inpatient Hospital Services	3,088 (159)	3,142 (457)	2,477 (232)	3,828 (380)	4,202 (337)
Outpatient Hospital Services	1,858 (88)	2,439 (321)	1,709 (119)	1,866 (116)	1,719 (113)
Dental Services	552 (24)	259 (36)	627 (48)	607 (44)	475 (51)
Medicare Home Health Services	380 (43)	219 (50)	177 (25)	451 (71)	1,449 (301)
Medicare Hospice Services	175 (25)	*	*	242 (65)	835 (141)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the Technical Appendix. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.6. Total Health Care Service per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Sex, in Dollars, 2017

	Estimate - $ (St. Error)		
Measure	**Overall**	**Female**	**Male**
Prescription Drugs	3,909 (180)	3,813 (188)	4,022 (312)
Physician/Supplier Services	3,732 (100)	3,799 (137)	3,653 (141)
Inpatient Hospital Services	3,088 (159)	2,774 (187)	3,459 (311)
Outpatient Hospital Services	1,858 (88)	1,742 (89)	1,994 (141)
Dental Services	552 (24)	588 (36)	510 (32)
Medicare Home Health Services	380 (43)	462 (71)	284 (40)
Medicare Hospice Services	175 (25)	168 (28)	184 (38)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.7. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Race/Ethnicity, in Dollars, 2017

	Estimate - $ (St. Error)			
Measure	**Overall**	**White non-Hispanic**	**Black non-Hispanic**	**Hispanic**
Prescription Drugs	3,909 (180)	3,579 (153)	4,715 (729)	5,933 (1,306)
Physician/Supplier Services	3,732 (100)	3,864 (112)	2,901 (198)	3,463 (605)
Inpatient Hospital Services	3,088 (159)	3,081 (181)	3,627 (537)	3,405 (962)
Outpatient Hospital Services	1,858 (88)	1,757 (80)	2,132 (392)	2,180 (325)
Dental Services	552 (24)	610 (29)	208 (30)	362 (43)
Medicare Home Health Services	380 (43)	388 (51)	486 (82)	272 (73)
Medicare Hospice Services	175 (25)	171 (26)	*	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates are not presented for the "other race/ethnicity" category. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the Technical Appendix. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.8. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Self-Reported Health Status, in Dollars, 2017

	Estimate - $ (St. Error)		
Measure	**Overall**	**Fair/poor**	**Excellent/very good/good**
Prescription Drugs	3,909 (180)	7,601 (772)	2,900 (132)
Physician/Supplier Services	3,732 (100)	5,103 (352)	3,267 (86)
Inpatient Hospital Services	3,088 (159)	4,664 (445)	2,051 (155)
Outpatient Hospital Services	1,858 (88)	2,826 (230)	1,560 (96)
Dental Services	552 (24)	379 (49)	601 (26)
Medicare Home Health Services	380 (43)	821 (138)	245 (43)
Medicare Hospice Services	175 (25)	404 (101)	59 (14)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.9. Total Out-of-Pocket Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with at Least One Chronic Condition by Number of Chronic Conditions, in Dollars, 2017

	Estimate - $ (St. Error)				
Measure	**Overall**	**1 condition**	**2-3 conditions**	**4-5 conditions**	**6 or more conditions**
Prescription Drugs	3,909 (180)	1,383 (186)	2,959 (206)	5,773 (570)	7,007 (585)
Physician/Supplier Services	3,732 (100)	1,892 (129)	3,297 (158)	4,796 (219)	5,383 (247)
Inpatient Hospital Services	3,088 (159)	855 (190)	1,980 (147)	3,634 (241)	4,836 (535)
Outpatient Hospital Services	1,858 (88)	965 (131)	1,657 (165)	2,319 (170)	2,861 (245)
Dental Services	552 (24)	567 (62)	600 (36)	532 (43)	432 (59)
Medicare Home Health Services	380 (43)	*	260 (51)	435 (68)	1,143 (245)
Medicare Hospice Services	175 (25)	*	*	262 (66)	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Home Health Services and Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the Technical Appendix.

Table 5.10. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, in Dollars, 2017

Measure	**Estimate - $ (St. Error)**
Physician/Supplier Services	4,592 (146)
Prescription Drugs	3,789 (231)
Inpatient Hospital Services	3,443 (223)
Outpatient Hospital Services	2,196 (128)
Dental Services	616 (34)
Medicare Home Health Services	512 (52)
Medicare Hospice Services	174 (28)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year and had Medicare Fee-for-Service coverage. This excludes beneficiaries for whom any Facility interview was completed. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.11. Skilled Nursing Facility Health Care Service Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Health Status, in Dollars, 2017

Measure	Measure Category	Estimate - $ (St. Error)
Overall	--	15,873 (1,244)
Age	<65 years	*
	65-74 years	13,384 (3,108)
	75-84 years	15,849 (1,588)
	85+ years	18,570 (1,140)
Sex	Female	18,364 (1,767)
	Male	12,210 (1,230)
Race/Ethnicity	White non-Hispanic	16,373 (1,386)
	Black non-Hispanic	*
	Hispanic	*
Health Status	Fair/poor	22,502 (2,958)
	Excellent/very good/good	13,917 (1,260)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year. Estimates are not presented for the "other race/ethnicity" category. Estimates for age and race/ethnicity are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the Technical Appendix. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.12. Long-Term Facility Care Health Care Service Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Health Status, in Dollars, 2017

Measure	Measure Category	Estimate - $ (St. Error)
Overall	--	43,632 (1,429)
Age	<65 years	40,701 (6,150)
	65-74 years	47,756 (4,290)
	75-84 years	41,396 (2,386)
	85+ years	44,566 (1,738)
Sex	Female	45,068 (1,752)
	Male	40,859 (2,098)
Race/Ethnicity	White non-Hispanic	43,560 (1,572)
	Black non-Hispanic	48,326 (4,630)
	Hispanic	*
Health Status	Fair/poor	56,884 (2,412)
	Excellent/very good/good	43,263 (1,949)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year. Estimates are not presented for the "other race/ethnicity" category. Estimates for race/ethnicity are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the Technical Appendix. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.13. Total Out-of-Pocket Health Care Service Expenditures per User for Long-Term Facility Care and Skilled Nursing Facilities, in Dollars, 2017

Measure	Estimate - $ (St. Error)
Long-Term Facility Care	20,772 (975)
Skilled Nursing Facilities	1,739 (271)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year.

Table 5.14. Total Health Care Service Expenditures per User for Long-Term Facility Care and Skilled Nursing Facilities Among Medicare Beneficiaries with Fee-for-Service Coverage, in Dollars, 2017

Measure	Estimate - $ (St. Error)
Long-Term Facility Care	43,194 (1,587)
Skilled Nursing Facilities	18,442 (1,647)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2017 and Cost Supplement File, 2017.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year and had Medicare Fee-for-Service coverage. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

APPENDICES

APPENDICES

APPENDIX A: GLOSSARY

This Glossary provides an explanation of key terms and defines the measures for which estimates are presented in this Chartbook. Unless noted in the Glossary as coming from *administrative* sources, the variables used to create the Chartbook measures come from survey-reported data. For more information about the construction of Chartbook measures, please consult Appendix C: Measure Construction Appendix.

Age: Age is obtained from *administrative* data sources.

Alcohol use: Information on alcohol use is collected only for beneficiaries who completed at least one Community interview during the year. Community-residing beneficiaries were asked how many drinks, on average, they consumed on days that they drank alcoholic beverages in the past 12 months. The level of alcohol use is based on sex of the beneficiary. Men who reported consuming more than two alcoholic beverages per day on average were categorized as heavy drinkers. Those who reported consuming an average of one or two per day were categorized as moderate drinkers, and those who did not report any drinking were categorized as nondrinkers. For women, those who consumed two or more drinks per day were categorized as heavy drinkers, those who consumed an average of one per day were categorized as moderate drinkers, and those who did not report drinking were categorized as nondrinkers. Alcohol use is not recorded in the Facility interview.

Alzheimer's disease: Community-residing beneficiaries were asked whether a doctor or other health professional had ever told them that they had Alzheimer's disease. Facility-residing beneficiaries were coded as either having or not having Alzheimer's disease based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Arthritis: Arthritis is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked whether a doctor or other health professional had ever told them that they had rheumatoid arthritis, osteoarthritis, or any other form of arthritis. Facility-residing beneficiaries were coded as either having or not having arthritis, osteoarthritis, or gout based on information on active diagnoses provided by Facility staff or as abstracted from medical records. The arthritis measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with arthritis.

Beneficiary: Beneficiary refers to a person receiving Medicare services who may or may not be participating in the MCBS. Beneficiary may also refer to an individual selected from the MCBS sample about whom the MCBS collects information.

Blood pressure screening: Blood pressure screening is collected only for beneficiaries who completed at least one Community interview during the year. Community-residing beneficiaries were asked when was the most recent time they had a blood pressure screening taken by a doctor or other health professional. Beneficiaries were coded as "yes" for blood pressure screening

if they reported receiving at least one screening in the last 12 months. Receipt of blood pressure screening is not recorded in the Facility interview.

Brief Interview for Mental Status (BIMS): The Brief Interview for Mental Status (BIMS) is a short interview used in the Long-Term Care Minimum Data Set (MDS) for assessing the mental status of long-term care facility residents. The interview contains a series of questions related to immediate recall of three words, temporal orientation (to correct month, year, and day), and delayed recall of three words, with a maximum score of 15 across the three components. Lower BIMS scores indicate greater cognitive impairment.

Cancer, other than skin cancer: Community-residing beneficiaries were asked whether a doctor or other health professional had ever told them that they had any kind of cancer, malignancy, or tumor other than skin cancer. For Community-residing beneficiaries, cancer, other than skin cancer includes benign or non-malignant tumors or growths. Facility-residing beneficiaries were coded as either having or not having cancer, other than skin cancer based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Chronic conditions: Chronic conditions comprises a group of 13 Chartbook health conditions measures: heart disease, cancer (other than skin cancer), Alzheimer's disease, dementia other than Alzheimer's disease, mental condition, hypertension, diabetes, arthritis, osteoporosis/broken hip, pulmonary disease, stroke, Parkinson's disease, and urinary incontinence. It is possible for a beneficiary to have "ever" been diagnosed with both Alzheimer's disease and dementia other than Alzheimer's disease as previous survey responses are carried forward into subsequent data years. For the purposes of the number of chronic conditions measure, Alzheimer's disease and dementia other than Alzheimer's disease are counted as one chronic condition for beneficiaries diagnosed with both conditions.

Claim-only event: A claim-only event is a medical service or event known only through the presence of a Medicare Fee-for-Service claim from *administrative* data. This means that the event represented in the data could not be reconciled with a corresponding survey-reported event.

Cognitive impairment: Cognitive impairment is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked whether they have serious difficulty concentrating, remembering, or making decisions. If a beneficiary had serious difficulty with any of these measures of cognitive functioning, the person was categorized as cognitively impaired. Facility-residing beneficiaries for whom a Brief Interview for Mental Status (BIMS) was conducted were coded as having a cognitive impairment if they received a score of 12 or lower. A Facility-residing beneficiary for whom a BIMS was not conducted was categorized as cognitively impaired if they were reported as having problems with their short term or long term memory, recalling the current season, recalling the location of their room, recalling names and faces, recalling that they are in a nursing home, making decisions, their ability to make themselves understood, and their ability to understand others. In addition, a Facility-residing beneficiary was categorized as cognitively impaired if they were indicated to have a diagnosis of aphasia based on information on active diagnoses provided by Facility staff or as abstracted by medical records. The cognitive impairment measure counts the presence of at least one indicator of cognitive impairment. Beneficiaries who have more than one indicator are only counted once for the purposes of calculating the proportion of beneficiaries with cognitive impairment.

Community interview: Survey of beneficiaries residing in the community (i.e., not in a long-term care facility such as a nursing home) during the reference period covered by the MCBS interview.

Delayed care due to cost: Delayed care due to cost is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. Community-residing beneficiaries were asked if, in the last year, they had delayed seeking medical care because they were worried about the cost. Delayed care due to cost is not recorded in the Facility interview.

Dementia, other than Alzheimer's disease: Community-residing beneficiaries were asked whether a doctor or other health professional had ever told them that they had any type of dementia, other than Alzheimer's disease. Facility-residing beneficiaries were coded as either having or not having dementia, other than Alzheimer's disease based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Dental services: Dental services encompass services rendered during dental visits in the data collection year, including cleanings, x-rays, and exams. Dental services utilization data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Dental services usage was reported during a Community or Facility interview. Dental services expenditures data are only available for beneficiaries who completed a Community interview. Dental services expenditures were reported during a Community interview. Fee-for-Service Medicare does not cover most dental services, only a limited number of dental services that are received in a hospital setting. For a small number of beneficiaries enrolled in Fee-for-Service Medicare who received one of these covered services during the data collection year, utilization and expenditures data for these services were obtained from *administrative* data sources.

Depression: Community-residing beneficiaries were asked whether a doctor or other health professional had ever told them that they had depression. Facility-residing beneficiaries were coded as either having or not having depression based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Diabetes: Community-residing beneficiaries were asked whether a doctor or other health professional had ever told them that they had any type of diabetes. Facility-residing beneficiaries were coded as either having or not having diabetes based on information on active diagnoses provided by Facility staff or as abstracted from medical records. In this Chartbook, diabetes encompasses Type I, Type II, borderline diabetes, prediabetes, gestational diabetes and high blood sugar.

Difficulty obtaining care: Difficulty obtaining care is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. Community-residing beneficiaries were asked if, in the last year, they had any trouble getting health care that they wanted or needed. Difficulty obtaining care is not recorded in the Facility interview.

Disability status: Disability status is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked whether they have serious difficulty hearing, seeing, concentrating, remembering, or making decisions, walking or climbing stairs, dressing or bathing, or with errands. Community-residing beneficiaries who reported no serious difficulties with these activities

were included in the category "No disability." Community-residing beneficiaries who reported having a serious difficulty in one area were categorized as "One disability" and those who reported having a serious difficulty in more than one area were categorized as "Two or more disabilities." Facility-residing beneficiaries were included in the category "LTC Facility."

Education: Level of education corresponds to the highest school grade completed, as reported by the beneficiary, their proxy, or Facility staff.

End-stage renal disease (ESRD): End-stage renal disease is the state of kidney impairment that is irreversible, cannot be controlled by conservative management alone, and requires dialysis or kidney transplantation to maintain life.

Facility interview: Survey of respondents residing in facilities, such as long-term care nursing homes or other institutions, at the time of the MCBS interview. Interviewers conduct the Facility component with staff members located at the facility (i.e., facility respondents); beneficiaries are not interviewed if they reside at a facility.

Fee-for-Service (FFS) payment: Fee-for-Service is a method of paying for medical services in which each service delivered by a provider bears a charge. This charge is paid by the patient receiving the service or by an insurer on behalf of the patient.

Flu shot: Receipt of flu shot is presented in the Chartbook only for beneficiaries who completed at least one Community interview during the year. Community-residing beneficiaries were asked whether they had received a flu shot in the period between July and December of the previous calendar year. Receipt of flu shot is not estimated in this Chartbook for Facility-residing beneficiaries.

Health status: Health status is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked to rate their general health compared to other people of the same age. Beneficiaries who completed a Community interview answered health status questions themselves, unless they were unable to do so. A Facility staff member answered questions about the beneficiary's health status for Facility interviews.

Hearing trouble: Hearing trouble is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked whether they use a hearing aid or if they have at least a little trouble hearing. Facility-residing beneficiaries were coded as using or not using a hearing aid, and having or not having more than minimal difficulty with hearing. The hearing trouble measure counts the presence of at least one indicator of hearing trouble. Beneficiaries who have more than one indicator are only counted once for the purposes of calculating the proportion of beneficiaries with hearing trouble.

Heart disease: Heart disease is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked whether a doctor or other health professional had ever told them that they had myocardial infarction (heart attack), angina pectoris or coronary heart disease, congestive heart failure, or any other heart condition. Facility-residing beneficiaries were coded as either having or not having myocardial infarction (heart attack), coronary artery disease, congestive heart failure, aortic stenosis, or atrial fibrillation/other dysrhythmias based on

information on active diagnoses provided by Facility staff or as abstracted from medical records. The heart disease measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with heart disease.

High cholesterol: High cholesterol is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked whether a doctor or other health professional has told them that they have high cholesterol. Facility-residing beneficiaries were coded as either having or not having hypercholesterolemia or hyperlipidemia based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Hypertension: Community-residing beneficiaries were asked whether a doctor or other health professional has ever told them that they had hypertension or high blood pressure. Facility-residing beneficiaries were coded as either having or not having hypertension based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Hysterectomy: Receipt of hysterectomy is presented in the Chartbook only for beneficiaries who completed at least one Community interview during the year. Community-residing female beneficiaries were asked if they had ever received a hysterectomy. Receipt of hysterectomy is not estimated in this Chartbook for Facility-residing beneficiaries.

Inpatient hospital services: Inpatient hospital expenses include charges for an emergency room visit that resulted in an inpatient admission. Inpatient hospital events are included in the Cost Supplement File if the discharge date for the inpatient hospital stay was in the data collection year. Inpatient hospital services data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Inpatient hospital services usage and expenditures were reported during a Community interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources.

Insurance coverage:

- Comprehensive Coverage: Comprehensive health insurance is insurance that provides coverage for a wide range of health care needs. Single service plans, such as dental or vision plans, are not considered to be comprehensive.
- Dual eligible status: Annual Medicare-Medicaid dual eligibility is based on the state Medicare Modernization Act (MMA) files. Beneficiaries are considered "dual-eligible" and assigned a dual eligible status if they are enrolled in Medicaid for at least one month. Specific Medicaid eligibility (full, partial, or QMB) is determined by the beneficiary's status in the last month of the year in which he or she qualified as dually eligible. This information is obtained from *administrative* data sources.
- Employer-sponsored insurance (ESI): Employer-sponsored private insurance encompasses beneficiaries who reported coverage through the policy holder's employer or union, or deceased spouse's previous employer or union. Information on employer-sponsored insurance coverage is collected only for beneficiaries who completed at least one Community interview during the year. Employer-sponsored insurance coverage is not estimated in this Chartbook for Facility-residing beneficiaries.

- Medicare Advantage (MA): Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare. An MA provides, or arranges for the provision of, a comprehensive package of health care services to enrolled persons for a fixed capitation payment. The term "Medicare Advantage" includes all types of MAs that contract with Medicare, encompassing risk MAs, cost MAs, and health care prepayment plans (HCPPs). Beneficiaries were coded as having Medicare Advantage coverage if they had coverage for one or more months out of the calendar year. This information is obtained from *administrative* data sources.
- Part D coverage: Additional, optional coverage for prescription drugs administered by private companies. Beneficiaries were coded as having Part D coverage if they had coverage for one or more months out of the calendar year. This information is obtained from *administrative* data sources.
- Self-pay insurance: Self-pay insurance encompasses beneficiaries eligible for Part A and/or Part B Medicare benefits who had self-purchased private insurance plans, such as "Medigap" insurance. This category includes types of private general insurance and managed care plans obtained directly by the beneficiary or through the American Association of Retired Persons (AARP). Information on self-pay insurance coverage is collected only for beneficiaries who completed at least one Community interview during the year. Self-pay insurance coverage is not estimated in this Chartbook for Facility-residing beneficiaries.
- Supplemental private insurance: Supplemental private insurance encompasses Community-residing beneficiaries who reported coverage provided through an employer or union or coverage purchased directly from an insurance company – either alone or in combination with another type of coverage. It also encompasses Facility-residing beneficiaries with any type of private health insurance.
- Traditional Fee-for-Service Medicare: Traditional Fee-for-Service Medicare encompasses beneficiaries eligible for Part A and/or Part B Medicare benefits at any time during the data collection year, and who were not enrolled in a Medicare Advantage plan at any time during the year. However, beneficiaries may have had Medicaid coverage or other public insurance coverage, such as a state-sponsored prescription drug plan, or may have been eligible for Department of Veterans Affairs health care benefits. Beneficiaries enrolled in traditional Fee-for-Service coverage may also have supplemental private insurance coverage. Coverage status is indicated for records for which *administrative* data are available.

Intellectual or developmental disability: Intellectual or developmental disability is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked whether a doctor or other health professional had ever told them that they had an intellectual disability. Facility-residing beneficiaries were coded as either having or not having Down syndrome based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Long-Term Care Minimum Data Set (MDS): The Long-Term Care Minimum Data Set (MDS) is part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes. For more information, please visit https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/index.html.

Long-term facility care: A long-term care facility provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. The MCBS definition of facility specifies that a long-term care facility must have three or more long-term care beds, and provide either personal care services to residents, continuous supervision of residents, or long-term care services throughout the facility or in a separately identifiable unit. Types of long-term care facilities include licensed nursing homes, intermediate care facilities, retirement homes, domiciliary or personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the intellectually and developmentally disabled. Long-term facility care stays are included in the Cost Supplement File if a beneficiary had a long-term care facility stay of at least one day during the data collection year. If the beneficiary was still in the facility at the end of the year, the stay is not complete, but all data for the data collection year are included. Expenditures for long-term care in facilities include facility room and board expenses and charges for ancillary services for beneficiaries for whom at least one Facility interview was completed during the year. Expenditures for long-term facility care were reported during a Facility interview, and through a combination of Medicare *administrative* data and imputations. For more information on collection of long-term facility care expenditures, see the *2017 MCBS Methodology Report* available on the CMS MCBS website.

Mammogram: Receipt of mammography is presented in the Chartbook only for beneficiaries who completed at least one Community interview during the year. Community-residing female beneficiaries were asked if they received a mammogram or breast X-ray in the past year. Receipt of mammography is not estimated in this Chartbook for Facility-residing beneficiaries.

Medicare beneficiary: An individual who meets at least one of three criteria (is aged 65 years or over, is under age 65 with certain disabilities, or is of any age with End-Stage Renal Disease) and is entitled to health insurance benefits. (Source: https://www.cms.gov/Medicare/Medicare-General-Information/MedicareGenInfo/index.html)

Medicare home health services: Home health care services are narrowly defined in the MCBS Limited Data Set files (LDS). Home health care is limited to skilled nursing services and other therapeutic services provided by a Medicare participating home health agency. In the MCBS, home health use represents events where medical care, as opposed to personal care and support, was furnished to the beneficiary in the data collection year. Medicare home health services data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Medicare home health services usage and expenditures were reported during a Community interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources.

Medicare hospice services: Hospice services are narrowly defined in the MCBS Limited Data Set files (LDS). Hospice care is limited to Medicare-covered services for terminally ill individuals who have elected to receive hospice care rather than standard Medicare benefits. Hospice services include medical, nursing, counseling, and other supportive services rendered to terminally ill people and their families in the data collection year. Hospice care is intended to be palliative and to improve quality of life rather than to cure disease or extend life. Almost all services provided to the hospice beneficiary are fully covered by Medicare. Two exceptions are prescribed medicines and inpatient respite care. These two types of services require a small copayment. Medicare hospice services data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Medicare hospice services usage and

expenditures were reported during a Community interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources.

Mental condition: Mental condition is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked whether a doctor or other health professional had ever told them that they had depression or a mental or psychiatric disorder other than depression. Facility-residing beneficiaries were coded as either having or not having manic depression (bipolar disorder), schizophrenia, depression, an anxiety disorder, post-traumatic stress disorder (PTSD), atypical psychosis, delusions, a psychotic disorder other than schizophrenia, or a previous history of mental illness based on information on active diagnoses provided by Facility staff or as abstracted from medical records. The mental condition measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with a mental condition.

Metropolitan area resident: Metropolitan area residence was obtained from *administrative* data sources and verified in the survey.

Mobility limitation: Community-residing beneficiaries were asked how much difficulty they have walking a quarter of a mile; about two or three blocks. For Facility interviews, a Facility staff member answered questions about the beneficiary's ability to walk a quarter of a mile. If the beneficiary had a little, some, or a lot of difficulty, or could not walk a quarter of a mile, the response was coded as "yes." The response reflects whether the beneficiary usually had trouble walking a quarter of a mile, rather than temporary difficulty, such as from a short-term injury.

Mortality rate: Mortality rate is defined as the number of deaths divided by the total number of Medicare beneficiaries. Mortality is determined by the date of death, which is obtained from *administrative* data sources.

Osteoporosis/broken hip: Community-residing beneficiaries were asked whether a doctor or other health profession has ever told them that they had osteoporosis or a broken hip. Facility-residing beneficiaries were coded as either having or not having osteoporosis or hip fracture based on information on active diagnoses provided by Facility staff or as abstracted from medical records. The osteoporosis/broken hip measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with osteoporosis/broken hip.

Outpatient hospital services: Outpatient hospital services encompass services rendered during visits to any part of an outpatient department or outpatient clinic at a hospital in the data collection year. Outpatient hospital events include emergency room visits that did not result in an inpatient hospital admission. Outpatient hospital services data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Outpatient hospital services usage was reported during a Community or Facility interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources. Outpatient hospital services expenditures were reported during a Community interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources.

Parkinson's disease: Community-residing beneficiaries were asked whether a doctor or other health professional had ever told them that they had Parkinson's disease. Facility-residing

beneficiaries were coded as either having or not having Parkinson's disease based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Patient perceptions of care: Patient perceptions of care is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. The questions about patient perceptions of care characterize the beneficiary's perception of their experiences with patient-centered health care. Community-residing beneficiaries were asked how often they believe their usual provider listens to them, respects them, spends enough time with them, explains things clearly, and asks about the impact of the beneficiary's life and work on their health. Perception of care is not recorded in the Facility interview.

Per capita expenditure: Per capita expenditures are presented in the Chartbook for beneficiaries who completed only Community interviews during the year. The per-capita expenditure is defined as the mean expenditure per Medicare beneficiary during the data collection year.

Perceived knowledge of the Medicare program: Perceived knowledge of the Medicare program is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. Community-residing beneficiaries were asked how much they think they know about the Medicare program; just about everything they need to know, most of what they need to know, some of what they need to know, a little of what they need to know, of almost none of what they need to know. Perceived knowledge of the Medicare program is not recorded in the Facility interview.

Per user expenditure: Per user expenditures are presented in the Chartbook for Skilled Nursing Facility users and long-term care facility users. The per-user expenditure is defined as the mean expenditure per service user during the data collection year.

Physical activity: Level of physical activity is determined only for beneficiaries who completed at least one Community interview during the year. Physical activity is based on a beneficiary's self-reported level of physical activity in response to two Community interview questions. Community-residing beneficiaries were asked how much time they spend in a typical week doing vigorous activities such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate. Community-residing beneficiaries were also asked how much time they spend it a typical week doing moderate activities, such as brisk walking, bicycling, gardening, golf, swimming, vacuuming, or anything else that causes small increases in breathing or heart rate. If a beneficiary reports an hour or less of vigorous activity or 2 or fewer hours of moderate activity per week, he/she is categorized as sedentary. If a beneficiary engages in 2 hours of vigorous activity or 3-4 hours of moderate activity per week, he/she is categorized as active. If a beneficiary engages in 3 or more hours of vigorous activity or 5 or more hours of moderate activity per week, then the beneficiary is categorized as highly active. Physical activity is not recorded in the Facility interview.

Physician/supplier services: Physician/supplier services include medical doctor, osteopathic doctor, and health practitioner visits; diagnostic laboratory and radiology services; medical and surgical services; durable medical equipment; and nondurable medical supplies delivered or occurring during the data collection year. Health practitioners include physicians, audiologists, optometrists, chiropractors, podiatrists, mental health professionals, therapists, nurses, paramedics, and physician's assistants. Physician/supplier services data are available for both

beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Physician/supplier services usage was reported during a Community or Facility interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources. Physician/supplier services expenditures were reported during a Community interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources.

Physician wait time: Physician wait time is collected only for beneficiaries who completed at least one Community interview during the year. Community-residing beneficiaries were asked the number of days that they had to wait to see a doctor for their most recent appointment that was not at home or at a hospital. Physician wait time is not recorded in the Facility interview.

Pneumonia shot: Receipt of pneumonia shot is presented in the Chartbook only for beneficiaries who completed at least one Community interview during the year. Community-residing beneficiaries were asked if they had ever received the pneumonia shot. Receipt of pneumonia shot is not estimated in this Chartbook for Facility-residing beneficiaries.

Poverty status: Poverty status is defined using the annual Federal Poverty Level (FPL) thresholds to measure levels of beneficiary's/family's total income, controlling for the size of the family and the age of the head of the household. Beginning in 2017, the income poverty thresholds presented in the Chartbook reflect the Medicare beneficiary thresholds.

Prescription drugs: Prescription drug usage and expenditures are presented in the Chartbook only for beneficiaries who completed at least one Community interview during the year. Prescription drug services encompass drugs purchased during the data collection year; but prescription drugs administered during an inpatient hospital stay are not included. Prescription drug usage and expenditures were reported during a Community interview or, for beneficiaries enrolled in Medicare Part D, obtained from *administrative* data sources.

Propensity to seek care: Propensity to seek care is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. The questions about propensity to seek care characterize indicators of a beneficiary's likeliness to seek and access health care services. Community-residing beneficiaries were asked whether they visit a doctor as soon as they feel bad, worry about their health more than others their age, will do just about anything to avoid going to the doctor, had ever had a problem and did not seek a doctor, keep it to themselves when sick, and had ever had a prescription they did not fill due to cost. Propensity to seek care is not recorded in the Facility interview.

Proxy: Beneficiaries who were too ill, or who could not complete the Community interview for other reasons, were asked to designate a proxy, someone very knowledgeable about the beneficiary's health and living habits. In most cases, the proxy was a close relative such as the spouse, a son or daughter. In a few cases, the proxy was a non-relative like a close friend or caregiver. In addition, a proxy was utilized if a beneficiary had been reported as deceased during the current round's reference period or if a beneficiary who was residing in the community in the previous round had since entered into a long-term care facility. Proxy interviews are only used for the Community interview, as the Facility interview is conducted with a staff member located at the facility (see definition of "Facility interview").

Pulmonary disease: Pulmonary disease is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked whether a doctor or other health professional had ever told them that they had emphysema, asthma, or chronic obstructive pulmonary disease (COPD). Facility-residing beneficiaries were coded as either having or not having asthma, COPD, or chronic lung disease based on information on active diagnoses provided by Facility staff or as abstracted from medical records. The pulmonary disease measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with pulmonary disease.

Race/ethnicity: Responses to race and ethnicity questions are self-reported by the respondent. Respondents who reported they were white and not of Hispanic origin were coded as white non-Hispanic; those who reported they were black/African-American and not of Hispanic origin were coded as black non-Hispanic; persons who reported they were Hispanic, Latino/Latina, or of Spanish origin, regardless of their race, were coded as Hispanic; persons who reported they were American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, or two or more races and not of Hispanic origin were coded as other race/ethnicity.

Residence status: Medicare beneficiaries who only completed Community interviews during the calendar year are categorized as residing only in the community. Medicare beneficiaries for whom only Facility interviews were completed during the calendar year are categorized as residing only in facilities. Beneficiaries who completed at least one Community interview and for whom at least one Facility interview was conducted during the year are classified as both community and facility. Note that residence status is used in two ways in the Chartbook. First, it is used analytically for one- and two-way contingency tables. Second, it is used to establish analytic universes, which are described in footnotes and titles.

Respondent: The person who answers questions for the MCBS; this person can be the beneficiary, a proxy, or a staff member located at a facility where the beneficiary resides.

Round: The MCBS data collection period. There are three rounds each year: winter (January through April), summer (May through August), and fall (September through December).

Satisfaction with care: Satisfaction with care is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. The questions about satisfaction with care represent the beneficiary's general opinion of all medical care received in the year preceding the interview. Community-residing beneficiaries were asked how satisfied or dissatisfied they were with the health care they had received over the past year from doctors and hospitals. Satisfaction with care is not recorded in the Facility interview.

- General care refers to the rating of the over-all quality of medical care received by the beneficiary.
- Night and weekend availability refers to the rating of the availability of medical care for the beneficiary at night and on weekends.
- Ease of access to doctor refers to the rating of the ease and convenience of getting to a doctor or other health professional from the beneficiary's residence.
- Can obtain care in same location refers to the rating of the beneficiary's ability to get all medical care needs taken care of at the same location.

- Information from doctor refers to the rating of the information given to the beneficiary about what was wrong with him or her.
- Doctor's concern for overall health refers to the rating of the doctor's concerns for the beneficiary's overall health rather than for an isolated symptom or disease.
- Cost refers to the rating of the out-of-pocket costs the beneficiary paid for medical care.
- Availability of specialist care refers to the rating of the availability of care for the beneficiary by specialists.

Sex: A beneficiary's sex is self-reported by the respondent.

Shingles Vaccine: Receipt of shingles vaccine is collected only for beneficiaries who completed at least one Community interview during the year. Community-residing beneficiaries 60 years of age and over were asked if they had ever received the shingles vaccine. Receipt of shingles vaccination is not recorded in the Facility interview.

Skilled nursing facility (SNF): SNF-stays are classified as short-term stays that do not qualify for classification as long-term facility care. SNF stays are included in the Cost Supplement File if the discharge date for the stay was in the data collection year. SNF stay data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Usage and expenditures for SNF were reported during a Community interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources.

Skin cancer: Community-residing beneficiaries were asked whether a doctor or other health professional had ever told them that they had skin cancer. Facility-residing beneficiaries were coded as either having or not having skin cancer based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Smoking status: Smoking status is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked whether they had smoked at least 100 cigarettes or 50 cigars in their entire life, and whether they currently smoke. A Facility staff member was asked whether or not a Facility-residing beneficiary had ever smoked cigarettes, cigars, or pipe tobacco, and whether the beneficiary currently smokes. Beneficiaries who reported that they currently smoked were categorized as a "current smoker." Community-residing beneficiaries who reported having smoked 100 or more cigarettes or 50 or more cigars, and Facility-residing beneficiaries who had ever smoked cigarettes, cigars, or pipe tobacco, but who were not current smokers, were categorized as "ever smoked." Community-residing beneficiaries who reported neither having smoked 100 or more cigarettes nor having smoked 50 or more cigars, and facility-residing beneficiaries who had never smoked, were categorized as "never smoked." Smoking includes the smoking of cigarettes or cigars for Community-residing beneficiaries, and cigarettes, cigars, or pipe tobacco for Facility-residing beneficiaries, but it does not include use of other forms of tobacco, such as smokeless tobacco, or e-cigarettes.

Stroke: Stroke is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked whether a doctor or other health professional had ever told them that they had a stroke, brain hemorrhage, or cerebrovascular accident, including transient ischemic attack. Facility-residing beneficiaries were coded as having or not having a cerebrovascular accident, transient ischemic attack, or stroke based on information on active diagnoses provided by Facility staff or as

abstracted from medical records. The stroke measure counts the presence of at least one of these diagnoses. Beneficiaries who have more than one diagnosis are only counted once for the purposes of calculating the proportion of beneficiaries with history of stroke.

Survey-reported event: A survey-reported event is a medical service or event reported by a respondent during an interview. The event may have been matched to a Medicare Fee-for-Service claim from administrative data, or it may be a survey-only event, in which case it was not matched to a Medicare claim and is only known through the survey.

Total expenditures: Total expenditures in this Chartbook equal the sum of expenditures by Medicare, Medicaid, private insurance, out-of-pocket, and other sources, as defined below. These expenditures include only health care goods and services purchased directly by individuals during the data collection year. They exclude public program administration costs, the net cost of private health insurance, research by nonprofit groups and government entities, and the value of new construction put in place for hospitals and nursing homes. Data regarding expenditures is collected in Community and Facility interviews as well as obtained from *administrative* data sources.

- Medicare expenditures equal Medicare program payments for Fee-for-Service beneficiaries and payments by Medicare Advantage plans to health care providers. For beneficiaries enrolled in Fee-for-Service, Medicare expenditures are based on claims and survey-reported data. For beneficiaries enrolled in Medicare Advantage, Medicare expenditures are based on survey-reported data.[1]
- Medicaid expenditures consist of payments for services made by state Medicaid programs. Medicaid covers coinsurance amounts, copayments, deductibles, and charges for some non-Medicare covered services not paid for by other public or private insurance plans.
- Private insurance expenditures consist of payments made by individually-purchased private insurance plans and employer-sponsored private insurance plans, plus payments reported by or imputed for beneficiaries enrolled in private health maintenance organizations. The definition applies to beneficiaries who only completed Community interviews during the year and beneficiaries who completed at least one Community interview and for whom at least one Facility interview was conducted during the year. For beneficiaries for whom a Facility interview was completed, private insurance expenditures consist of payments made by private health insurance plans, whose sources (i.e., individual purchase or employer-sponsored) are unknown. No distinction was made during the collection of the Facility data as to the source of private health insurance plans.

[1] Note that in previous MCBS Health and Health Care of the Medicare Population (HHC) table packages, released for the 2013 MCBS and earlier data years, Medicare expenditures for MA beneficiaries were not based on spending and utilization reported by survey respondents. Instead, they were based on capitation payments by CMS to MA plans. Expenditures by service type for MA beneficiaries were calculated based on "MA capitation ratios" – estimates of proportion of capitation payments allocated to each service type by MA plans – provided by CMS. Since Medicare expenditures for MA beneficiaries relied on data sources outside of the LDS files, the estimates in the HHC table package do not match the estimates in the LDS files.

- Out-of-pocket expenditures consist of direct payments to providers made by the beneficiary, or by another person on behalf of the beneficiary. These payments are for coinsurance amounts, copayments, deductibles, balance billings, and charges for non-Medicare covered services not paid for by public or private insurance plans. These expenditures do not include premiums or Part D deductibles. A coinsurance is the percentage of covered hospital or medical expense, after subtraction of any deductible, for which an insured person is responsible. For example, after the annual deductible has been met, Medicare will generally pay 80 percent of approved charges for services and supplies covered under Medicare Part B. The remaining 20 percent of the approved charge is the coinsurance amount, for which the beneficiary is liable. A copayment is a form of cost-sharing whereby the insured pays a specific amount at the point of service or use (e.g., $10 per doctor visit). A deductible is an initial expense of a specific amount of approved charges for covered services within a given time period (e.g., $100 per year) payable by an insured person before the insurer assumes liability for any additional costs of covered services. For example, in 2017, Medicare Part A helped to cover hospital, skilled-nursing facility, home health-care, and other services after the beneficiaries paid initial expenses – known as the deductible – of up to $1,260.
- Other source expenditures consist of payments made by other public health plans and private liability insurance plans. For beneficiaries who completed a Community interview, examples of other public sources of payment include state pharmaceutical assistance programs and payments for beneficiaries who received medical services from the Department of Veterans Affairs. For beneficiaries for whom a Facility interview was conducted, examples of other public sources of payment include payments from state, county, or community departments of mental health, state supplemental assistance and welfare programs, and Black Lung funds.

Upper extremity limitation: Community-residing beneficiaries were asked how much difficulty they have reaching or extending their arms above shoulder level, and writing or handling and grasping small objects. For Facility interviews, a Facility staff member answered questions about the beneficiary's ability to reach or extend their arms above shoulder level, and to write or handle and grasp small objects. If the beneficiary had a little, some, or a lot of difficulty with these tasks, or could not do them at all, the response was coded as "yes." The response reflects whether the beneficiary usually had trouble reaching over her or his head or writing, rather than temporary difficulty, such as from a short-term injury.

Urinary incontinence: Urinary incontinence is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked how often they lost urine control in the past year. Community-residing beneficiaries who reported losing urine control at least once every 2-3 months were coded as "yes." Facility-residing beneficiaries were coded as "yes" if their frequency of incontinence was reported by Facility staff as "occasional" or more. Beneficiaries on dialysis or those with a catheter or urostomy/bladder bag were excluded from the calculation of urinary incontinence.

User rate: A user rate is defined as the percentage of beneficiaries with the given characteristics who used at least one of the relevant services during the data collection year.

Usual source of care: Usual source of care is presented in the Chartbook for beneficiaries who completed only Community Interviews during the year. Community-residing beneficiaries were

asked if they had a particular doctor or other health professional, or a clinic that they usually go to when they are sick or for advice about their health. If the beneficiary responded that they did not have a particular health care provider or clinic where they usually went for care or advice about health, the response was coded as "none." If the beneficiary responded that he or she did have a usual source of care, the beneficiary was questioned about the type of place. "Managed care center" is a Medicare Advantage managed care plan center. "Other clinic/health center" includes a neighborhood or family health center, a freestanding surgical center, a rural health clinic, a company clinic, any other kind of clinic, a walk-in urgent center, a home visit from a health care provider, and care in a Department of Veterans Affairs facility, a mental health center, or other place not included in the listed categories. Usual source of care is not recorded in the Facility interview.

Veteran: A beneficiary reported as ever having served in the armed forces.

Vision problem: Vision problem is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community-residing beneficiaries were asked whether they wear eyeglasses, have trouble seeing, or whether a doctor or other health professional had ever told them that they were legally blind or had cataracts, glaucoma, diabetic retinopathy, or macular degeneration. Facility-residing beneficiaries were coded as using or not using a visual appliance, or having or not having some level of visual impairment, blindness, cataracts, glaucoma, macular degeneration, or a history of surgery for cataracts based on information on active diagnoses provided by Facility staff or as abstracted from medical records. The vision problem measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with a vision problem.

APPENDIX B: TECHNICAL APPENDIX

Introduction

This Technical Appendix provides information about the production of the estimates and standard errors presented in the 2017 Chartbook. For details about the MCBS sample design, survey operations, and data files, please see the *2017 MCBS Methodology Report* and *2017 Data User's Guide* available on the CMS MCBS website. The *MCBS New User Tutorial*, *Questionnaire User Documentation,* and other resources are also available on the CMS MCBS website.[2]

Data Sources

The MCBS data are made available to users via two annual Limited Data Set (LDS) files.

1. **Survey File** – demographic information, health insurance coverage, self-reported health status and conditions, and responses regarding access to care and satisfaction with care.
2. **Cost Supplement File** – comprehensive accounting of health care use, expenditures, and sources of payment.

Each of the two LDS releases contain multiple files, called segments, which are easily linkable through a common beneficiary key ID.

The data sources and weights used to create the chart exhibits and detailed tables of estimates in each section in this Chartbook are shown below in Table B.1.

Table B.1. 2017 MCBS Data Sources and Weights by Chartbook Section

Section	Section Name	LDS File	Weights
1	Who is in the Medicare Population?	Survey File	Survey File ever-enrolled weights
2	How Healthy are Medicare Beneficiaries?	Survey File	Survey File ever-enrolled weights
3	What is the Medicare Population's Access to Care and How Satisfied are They with Their Care?	Survey File	Survey File ever-enrolled weights
4	What Health Care Services do Medicare Beneficiaries Receive?	Survey File and Cost Supplement File	Cost Supplement ever-enrolled weights
5	How Much Do Health Care Services for the Medicare Population cost?	Survey File and Cost Supplement File	Cost Supplement ever-enrolled weights

The first step in preparing the data for the Chartbook analysis is to extract all of the relevant variables from the LDS files, including survey weights. The MCBS files contain data suitable for

[2] https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index

analysis, but the Chartbook estimates occasionally require performing additional data-related tasks to create the desired presentation. For example, the Chartbook combines categories for demographic variables such as education and race/ethnicity. In addition, some of the measures presented in the Chartbook draw on multiple variables, such as chronic condition measures that are coded based on whether at least one of many possible variable conditions is true. In both of these cases, new variables are generated, referred to as "analytic variables," rather than overwrite the original LDS file variables. This allows flexibility to develop various chart presentations and allows for tracking all chart and table estimates back to the original source variables.

Once all the analytic variables are constructed, a new master dataset is created by including all the analytic variables for each beneficiary. In total, the analytic dataset contains 14,567 beneficiaries from the 2017 Survey File, 9,211 of which have additional information about utilization and spending from the 2017 Cost Supplement File. The Survey File ever-enrolled weights represent the population that was ever enrolled in Medicare for any period during 2017, and they were used in producing all Survey File charts and tables in this Chartbook. The Cost Supplement File ever-enrolled weights represent the same population as the Survey File ever-enrolled weights, but are available for a smaller subset of beneficiaries who have met a minimum threshold of utilization data collection in 2017. This threshold is described in the *2017 MCBS Methodology Report*. These weights were used in producing all Cost Supplement File charts and tables in this Chartbook.

The MCBS interviews a sample of Medicare beneficiaries. Therefore, estimated standard errors are reported for all estimates in the Chartbook. The standard error is a measure of the statistical precision of an estimate. The standard errors reported in the detailed tables in this Chartbook reflect the complex sample design of the MCBS. The MCBS is based on a stratified, three-stage, probability-proportional-to-size (PPS) sample design (with post-stratified weights). To take into account the complex sample design features of the MCBS, important adjustments to the variance estimates are required (not doing so in the case of the MCBS would tend to underestimate the standard errors and the resulting confidence intervals would tend to be too narrow). Most commercial software packages today (including R, STATA, SUDAAN, and complex survey procedures in SAS) include techniques to accommodate the complex design of the MCBS.

The MCBS includes variables that can be used to obtain weighted estimates and estimated standard errors using two approaches[3]:

1. **Taylor-series linearization method**: the variables SUDSTRAT (sampling strata) and SUDUNIT (primary sampling unit), along with the full-sample weight (CS1YRWGT), are included for variance estimation using this method.
2. **Balanced repeated replication (BRR) method (Fay's method)**: a series of replicate weights (CS1YR001,…, CS1YR100) are included for variance estimation using this method.

This Chartbook uses the BRR method to generate standard errors for estimates, implementing SAS survey procedures. To explain how this process works in practice, an example is presented here using the normal approximation method of computing a confidence interval. Table 1.1 of this Chartbook indicates that 48.7 percent of all Medicare beneficiaries are between the age of 65 and

[3] For more information, see Wolter, K. M. (2007). Introduction to Variance Estimation. New York, NY: Springer-Verlag.

74. The standard error of this estimate (0.1 percent) can be used to assess its statistical precision by constructing a 95 percent confidence interval, which can be calculated by using the formula

$$P \pm 1.96se(P),$$

Where *P* is the estimated (weighted) sample percentage and *se*(*P*) is an estimate of the standard error of *P*. Based on this formula, the approximate 95 percent confidence interval for the estimated proportion of Medicare beneficiaries between the age of 65 and 74 is 48.7 percent plus or minus 1.96*0.1=0.2 percent, for a 95 percent confidence interval of (48.5, 48.9). Theoretically, if the same survey was repeated on 100 samples of the same size, the true population proportion to fall within this confidence interval 95 times out of 100.

All estimates in the Chartbook exclude beneficiaries for whom LDS data are missing for a given measure. Imputations were not performed on the LDS file variables used in the production of the Chartbook, as the LDS variables have already undergone thorough editing, quality control checks, and imputation prior to release. For more detailed information regarding data editing and imputation procedures conducted for the 2017 LDS releases, please consult the *2017 MCBS Methodology Report* available on the CMS MCBS website.

There are occasions in which certain categories of variables are excluded from a chart by design, generally because the excluded category is of less interest to researchers. For example, the category "other race/ethnicity" is excluded from charts that present race/ethnicity, which allows the chart to focus on differences between white non-Hispanic, black non-Hispanic, and Hispanic beneficiaries. When estimates are presented in charts or tables for these measures, beneficiaries in the excluded categories are not shown in the chart but are still included in the denominator for the estimate, meaning that totals across the categories in the chart may not add up to 100 percent.

Suppression is used in order to protect the confidentiality of Medicare beneficiaries by avoiding the release of information that can be used to identify individual beneficiaries. Estimates with a denominator of less than 50 sample persons or with a numerator of zero sample persons are suppressed in the Chartbook. Some estimates are suppressed because they do not meet minimum criteria for reliability, which are explained below.

Statistical Reliability

The Chartbook only displays statistics that meet reliability criteria. This reliability is assessed using two different sets of criteria, depending on the type of estimate. For proportions, the Clopper-Pearson method was used to compute confidence intervals for each estimate. Estimates with a confidence interval whose absolute width is at least 0.30, with a confidence interval whose absolute width is no greater than 0.05, or with a relative confidence interval width of more than 130% of the estimate are suppressed in the Chartbook.[4]

For other estimates, relative standard errors (RSEs) are calculated as the standard error of the estimate divided by the estimate itself (percentage), and the result is then converted to a percentage value by multiplying the decimal value by 100. Estimates with a relative standard error

[4] For more information on NCHS presentation standards for proportions, see https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf

of greater than 30 percent are suppressed in this Chartbook because they do not meet the standards of reliability or precision.

Additional Information

Additional technical questions concerning the MCBS Chartbook may be directed to: MCBS@cms.hhs.gov

To obtain historical copies of the *1994-2013 Characteristics and Perceptions of the Medicare Population* data tables, *1995–2013 Health and Health Care of the Medicare Population* data tables, or the 2017*BS Annual Chartbook and Slides*, please reference the Centers for Medicare and Medicaid Services (CMS) website at http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables

MCBS Limited Data Sets (LDS) are available to researchers with a data use agreement. Information on ordering MCBS files from CMS can be obtained through CMS' LDS website at https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA_-_NewLDS

The MCBS Public Use File (PUF) is available to the public as a free download and can be found through CMS' PUF website at https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/MCBS-Public-Use-File/index

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APPENDIX C: MEASURE CONSTRUCTION APPENDIX

Introduction

This Measure Construction Appendix documents how each measure presented in the Chartbook exhibits and tables is constructed to allow data users to replicate the Chartbook measures for their own analyses. The information presented in this appendix applies only to measures used for the Chartbook and can be considered an example of the analytic use of data from the MCBS for research purposes.

This information is intended to be used in conjunction with the Chartbook Glossary and Technical Appendix as well as other MCBS documentation publically available on the CMS MCBS website[5]. Data users should consult the *MCBS Data User's Guide: Cost Supplement File* and the *MCBS Data User's Guide: Survey File* for information regarding merging Limited Data Set (LDS) segments, applying appropriate survey weighting, and variance estimation, among other analytic guidance. Data users will also need to consult the MCBS codebooks for each data segment to use each variable properly for the Chartbook measure construction. Data users new to the MCBS should review the *MCBS New User Tutorial* before beginning their analyses. Further detailed information regarding the MCBS can be found in the *MCBS FAQ*s, the *Methodology Report,* and the *Questionnaire User Documentation*. These resources are available at https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index

For each Chartbook measure, this appendix documents:

- Measure name
- Universe of beneficiaries
- Variables used in construction
- Measure construction logic
- Numerator
- Denominator
- LDS release
- Segment(s) used
- Chartbook exhibit/table number

The Chartbook Technical Appendix details the rationale for creating analytic variables. Occasionally, an analytic variable is used in the construction of multiple Chartbook measures. If a measure uses an analytic variable that has already been constructed for a different Chartbook measure, that analytic variable will appear in italics in the 'universe of beneficiaries', 'variables used in construction', 'measure construction logic', and 'denominator' fields. All variables in italics have corresponding entries of their own in the Measure Construction Appendix.

For measures for which the 'universe of beneficiaries' field is not all Medicare beneficiaries, data users will need the INT_TYPE variable, located in the DEMO segment, to subset the denominator by the *Residence Status* measure. The denominator of each of these measures will correspond to the definition of the universe found in the Chartbook Glossary:

- The universe of **Community** (INT_TYPE = 'C') are beneficiaries who only completed Community interviews during the year.
- The universe of **Community and Both** (INT_TYPE = 'C' or 'B') are beneficiaries who completed at least one Community interview during the year.

[5] https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index

- The universe of **Facility** (INT_TYPE = 'F') are beneficiaries for whom only Facility interviews were completed during the year.

To account for differences between the Community and Facility questionnaires and data collection protocols, some Chartbook measures that have a universe of all Medicare beneficiaries must be constructed separately for the Community and Facility universes. For these estimates which have been constructed separately by place of residence at the time of interview, data users should combine the measures to obtain an estimate for all Medicare beneficiaries. Rarely a beneficiary has data from both the Community *and* Facility measure constructions. In these instances, the data obtained from Facility interviews is used for that beneficiary for Chartbook measure construction.

The 'measure construction logic' field contains universal pseudo-code (not specific to any programming language or statistical package) for the construction of each measure's numerator. Data users will also need to construct the appropriate denominator using the information provided in the Measure Construction Appendix and codebooks.

All estimates in the Chartbook exclude beneficiaries for whom LDS data are missing for a given measure. Missing variable data, which encompass "Don't Know", "Not Ascertained", and "Refused" responses, are excluded from both the numerator and denominator in the calculation of each measure. For some measures, additional variable values are excluded. In these cases, data users are instructed in the 'measure construction logic' field to designate specific values as missing.

Table C.1. Detailed Measure Constructions

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Age	All Medicare beneficiaries	D_STRAT	If D_STRAT = 1, then "0-44". If D_STRAT = 2, then "45-64." If D_STRAT = 3, then "65-69." If D_STRAT = 4, then "70-74." If D_STRAT = 5, then "75-79." If D_STRAT = 6, then "80-84." If D_STRAT = 7, then "85+."	Beneficiaries of 0-44, 45-64, 65-69, 70-74, 75-79, 80-84,and 85+ years of age, respectively	All beneficiaries	Survey File	DEMO	1.1, 1.3a, 1.3b, 1.4, 1.6, 1.7, 2.2, 2.3, 2.5, 2.12, 2.13, 2.14, 2.15, 2.16, 2.17, 2.19, 2.20, 3.3, 3.7, 3.8, 3.9, 3.10, 3.12, 3.15, 4.3, 4.8, 4.9, 5.5, 5.12
Alcohol Use	Community and Both	ROSTSEX; ALCDAY	If ROSTSEX = 1 and ALCDAY ≤ 2, or if ROSTSEX = 2 and ALCDAY = 1, then "Moderate." If ROSTSEX = 1 and ALCDAY > 2, or if ROSTSEX = 2 and ALCDAY > 1, then "Heavy." If ALCDAY = 0, then "Nondrinker."	Heavy drinking, moderate drinking, and nondrinking Community-residing beneficiaries, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	NICOALCO, DEMO	2.10
Alzheimer's Disease	Community and Both	OCALZMER	If OCALZMER = 1, then "Yes."	Community residing beneficiaries with Alzheimer's disease	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	ALZHMR	If ALZHMR ≥ 1, then "Yes."	Facility residing beneficiaries with Alzheimer's disease	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Arthritis	Community and Both	OCARTHRH; OCOSARTH; OCARTHOT	If OCARTHRH = 1, or if OCOSARTH = 1, or if OCARTHOT = 1, then "Yes."	Community residing beneficiaries with arthritis	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4, 2.5, 2.6, 2.7, 2.8
	Facility	ARTHRIT; OSARTH; GOUT	If ARTHRIT = 1, or if OSARTH = 1, or if GOUT = 1, then "Yes."	Facility residing beneficiaries with arthritis	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4, 2.5, 2.6, 2.7, 2.8
Blood Pressure Screening	Community and Both	BPTAKEN	If BPTAKEN ≤ 2, then "Yes."	Community-residing beneficiaries receiving blood pressure screening	All beneficiaries who completed at least one Community interview during the year	Survey File	PREVCARE	2.11, 2.12
Cancer, Other than Skin	Community and Both	OCCANCER	If OCCANCER = 1, then "Yes."	Community-residing beneficiaries with cancer other than skin cancer	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	CANCER	If CANCER ≥ 1, then "Yes."	Facility-residing beneficiaries with cancer other than skin cancer	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Cognitive Impairment	Community and Both	DISDECSN; PHQTRCON	If DISDECSN = 1, or if PHQTRCON = 3 or 4, then "Yes."	Community residing beneficiaries with cognitive impairment	All beneficiaries who completed at least one Community interview during the year	Survey File	NAGIDIS; MENTHLTH	2.4

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	CSMEMST; CSMEMLT; CSCURSEA; CSLOCROM; CSNAMFAC; CSINNH; CSDECIS; HCUNCOND; HCUNDOTH; APHASIA; MENTSUM	If CSMEMST = 1, or if CSMEMLT = 1, or if CSCURSEA = 0, or if CSLOCROM = 0, or if CSNAMFAC = 0, or if CSINNH = 0, or if CSDECIS ≥2, or if HCUNCOND ≥ 2, or if HCUNDOTH ≥ 2, or if APHASIA = 1, or if 0 ≤ MENTSUM ≤ 12, then "Yes."	Facility residing beneficiaries with cognitive impairment	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Delayed Care Due to Cost	Community	HCDELAY	If HCDELAY = 1, then "Yes."	Community-residing beneficiaries who have delayed care due to cost	All beneficiaries who only completed Community interviews during the year	Survey File	ACCESSCR	3.13
Dementia, Other than Alzheimer's Disease	Community and Both	OCDEMENT	If OCDEMENT = 1, then "Yes."	Community residing beneficiaries with Dementia, Other than Alzheimer's Disease	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	DEMENT	If DEMENT ≥ 1, then "Yes."	Facility residing beneficiaries with Dementia, Other than Alzheimer's Disease	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Depression	Community and Both	OCDEPRSS	If OCDEPRSS = 1, then "Yes."	Community-residing beneficiaries with depression	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	DEPRESS	If DEPRESS ≥ 1, then "Yes."	Facility-residing beneficiaries with depression	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Diabetes	Community and Both	OCBETES	If OCBETES = 1, then "Yes."	Community-residing beneficiaries with diabetes	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4, 2.5, 2.6, 2.7, 2.8
	Facility	DIABMRN	If DIABMRN ≥ 1, then "Yes."	Facility-residing beneficiaries with diabetes	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4, 2.5, 2.6, 2.7, 2.8
Difficulty Obtaining Care	Community	HCTROUBL	If HCTROUBL = 1, then "Yes."	Community-residing beneficiaries who have had difficulty obtaining care	All beneficiaries who only completed Community interviews during the year	Survey File	ACCESSCR	3.13
Disability Status	Community and Both	DISHEAR; DISSEE; DISDECSN; DISWALK; DISBATH; DISERRND	Count instances of DISHEAR, DISSEE, DISDECSN, DISWALK, DISBATH, or DISERRND = 1. If count = 0, then "No disability." If count = 1, then "One disability." If count ≥ 2, then "Two or more disabilities."	Community-residing beneficiaries with No, One, and Two or more disabilities, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	VISHEAR; NAGIDIS	2.1, 2.3
	Facility	INT_TYPE	If INT_TYPE = 'F', then "LTC Facility."	All Facility-residing beneficiaries	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	DEMO	2.1, 2.3

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Dual Eligible Status	All Medicare beneficiaries	H_OPMDCD	If H_OPMDCD = 2, then "Non-dual eligible." If H_OPMDCD = 1, then "Full-benefit dual eligible." If H_OPMDCD = 3 or 4, then "Partial-benefit dual eligible."	Non-dual eligible, full-benefit dual eligible, and partial-benefit dual eligible beneficiaries, respectively	All beneficiaries	Survey File	HISUMRY	1.2, 1.3b, 1.6
Education	All Medicare beneficiaries	SPDEGRCV	If 1 ≤ SPDEGRCV ≤ 3, then "Less than a high school diploma." If SPDEGRCV = 4, then "High school graduate." If 5 ≤ SPDEGRCV ≤ 7, then "Some college/vocational school." If SPDEGRCV = 8 or 9, then "Bachelor's degree and beyond."	Beneficiaries who received less than a high school diploma, graduated high school, attended some college/ vocational school, and obtained a bachelor's degree and beyond, respectively	All beneficiaries	Survey File	DEMO	1.1, 1.6, 1.7
Employer-Sponsored Insurance	Community and Both	PLANTYPE; S_INS	For any reported plan for each beneficiary, if PLANTYPE = 20 or 21, and (1 ≤ S_INS ≤ 3 or S_INS = 5 or 6), then "Yes."	Beneficiaries with any employer-sponsored insurance	All beneficiaries who completed at least one Community interview during the year	Survey File	HITLINE	1.2
Employer-Sponsored Insurance with Comprehensive Coverage	Community and Both (with Any Employer-Sponsored Insurance)	*Any Employer-Sponsored Insurance* [6]; S_INS	If *Any Employer-Sponsored Insurance* = 'Yes', and S_INS = 1, then "Yes."	Beneficiaries with employer-sponsored insurance with comprehensive coverage	Beneficiaries with *Any Employer-Sponsored Insurance*	Survey File	HITLINE	1.2

[6] Chartbook measures that are also used as intermediate variables in the construction of other Chartbook measures are included in italics in the **Variables Used in Construction, Measure Construction Logic,** and **Denominator** fields.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Flu Shot	Community and Both	FLUSHOT	If FLUSHOT = 1, then "Yes."	Community-residing beneficiaries receiving a flu shot	All beneficiaries who completed at least one Community interview during the year	Survey File	PREVCARE	2.11, 2.12
Hearing Trouble	Community and Both	HCHELP; HCTROUB	If HCHELP = 1 or 3, or if HCTROUB ≥ 2, then "Yes."	Community residing beneficiaries with hearing trouble	All beneficiaries who completed at least one Community interview during the year	Survey File	VISHEAR	2.4
	Facility	HCHEAID; HCHECOND	If HCHEAID = 1, or if HCHECOND ≥ 1, then "Yes."	Facility-residing beneficiaries with hearing trouble	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Heart Disease	Community and Both	OCMYOCAR; OCCHD; OCCFAIL; OCHRTCND	If OCMYOCAR = 1, or if OCCHD = 1, or if OCCFAIL = 1, or if OCHRTCND = 1, then "Yes."	Community residing beneficiaries with heart disease	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4, 2.5, 2.6, 2.7, 2.8
	Facility	MYOCARD; HARTFAIL; CORARTDS; AOSTEN; AFIBDYS	If MYOCARD ≥ 1, or if HARTFAIL ≥ 1, or if CORARTDS ≥ 1, or if AOSTEN = 1, or if AFIBDYS ≥ 1, then "Yes."	Facility residing beneficiaries with heart disease	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4, 2.5, 2.6, 2.7, 2.8
High Cholesterol	Community and Both	OCCHOLES	If OCCHOLES = 1, then "Yes."	Community-residing beneficiaries with high cholesterol	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	HYPRLIPI	If HYPRLIPI ≥ 1, then "Yes."	Facility-residing beneficiaries with high cholesterol	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Hypertension	Community and Both	OCHBP	If OCHBP = 1, then "Yes."	Community-residing beneficiaries with hypertension	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4, 2.5, 2.6, 2.7, 2.8
	Facility	HYPETENS	If HYPETENS ≥ 1, then "Yes."	Facility-residing beneficiaries with hypertension	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4, 2.5, 2.6, 2.7, 2.8
Hysterectomy	Community and Both	HYSTEREC	If HYSTEREC = 1, then "Yes."	Community-residing beneficiaries who have received a hysterectomy	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.20
Intellectual or Developmental Disability	Community and Both	OCMENTAL	If OCMENTAL = 1, then "Yes."	Community residing beneficiaries with an intellectual or developmental disability	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	DOWNS	If DOWNS ≥ 1, then "Yes."	Facility residing beneficiaries with an intellectual or developmental disability	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Mammogram	Community and Both	MAMMOGRM	If MAMMOGRM = 1, then "Yes."	Community-residing beneficiaries receiving mammography	All beneficiaries who completed at least one Community interview during the year	Survey File	PREVCARE	2.19
Mental Condition	Community and Both	OCPSYCHO; OCDEPRSS	If OCPSYCHO = 1, or if OCDEPRSS = 1, then "Yes."	Community residing beneficiaries with a mental condition	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	MANICDEP; SCHIZOPH; DEPRESS; PSYCOTIC; ANXIETY; PTSD; D_MENTAL; APSYCH; DELUS	If MANICDEP ≥ 1, or if SCHIZOPH ≥ 1, or if DEPRESS ≥ 1, or if PSYCOTIC ≥ 1, or if ANXIETY = 1, or if PTSD ≥ 1, or if D_MENTAL = 1, or if APSYCH = 1, or if DELUS = 1, then "Yes."	Facility residing beneficiaries with a mental condition	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Metropolitan Area Resident	All Medicare beneficiaries	H_CBSA	If H_CBSA = "Metro", then "Metro area." If H_CBSA = "Micro", or if H_CBSA = "Non-CBSA", then "Non-metro area."	Metro area and Non-metro area Medicare beneficiaries, respectively	All Medicare beneficiaries	Survey File	DEMO	1.1

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Mobility Limitations	Community and Both	DIFWALK; *Disability Status* [7]	If DIFWALK = 1, then "No limitation." If DIFWALK ≥ 2 and *Disability Status* = "No disability", then "Yes, with no disability." If DIFWALK ≥ 2 and *Disability Status* = "1 disability" or "2 or more disabilities", then "Yes, with any disability."	Community-residing beneficiaries with no limitation, mobility limitation and with no disability, and mobility limitation with any disability, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	NAGIDIS	2.14
	Facility	IADWALK	If IADWALK = 0, then "No limitation." If IADWALK ≥ 1, then "Yes, with any disability."	Facility-residing beneficiaries with no limitation, and mobility limitation with any disability, respectively	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.14
Mortality Rate	All Medicare beneficiaries	H_DOD	If H_DOD is not missing, then Death = "Yes."	Beneficiaries who have died	All beneficiaries	Survey File	DEMO	2.16

[7] Chartbook measures that are also used as intermediate variables in the construction of other Chartbook measures are included in italics in the **Variables Used in Construction** and **Measure Construction Logic** fields.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Number of Chronic Conditions	All Medicare beneficiaries	*Alzheimer's Disease; Dementia, Other than Alzheimer's Disease; Mental Condition; Heart Disease; Cancer (Other than Skin); Hypertension; Diabetes; Arthritis; Osteoporosis/Broken Hip; Stroke; Pulmonary Disease; Parkinson's Disease; Urinary Incontinence* [8]	For each chronic conditions measure = 'Yes', add 1 to a count of chronic conditions. For beneficiaries for whom *Alzheimer's Disease* = 'Yes' and *Dementia, Other than Alzheimer's Disease* = 'Yes', only add 1 to the count of chronic conditions for these two conditions.	Medicare beneficiaries, by count of chronic conditions	All Medicare beneficiaries	Survey File		2.17, 5.9
Osteoporosis/ Broken Hip	Community and Both	OCOSTEOP; OCBRKHIP	If OCOSTEOP = 1, or if OCBRKHIP = 1, then "Yes."	Community-residing beneficiaries with osteoporosis or broken hip	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	OSTEOP; HIPFRACT	If OSTEOP ≥ 1, or if HIPFRACT ≥ 1, then "Yes."	Facility-residing beneficiaries with osteoporosis or broken hip	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4

[8] Chartbook measures that are also used as intermediate variables in the construction of other Chartbook measures are included in italics in the **Variables Used in Construction** and **Measure Construction Logic** fields.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Parkinson's Disease	Community and Both	OCPARKIN	If OCPARKIN = 1, then "Yes."	Community-residing beneficiaries with Parkinson's disease	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	PARKNSON	If PARKNSON ≥ 1, then "Yes."	Facility-residing beneficiaries with Parkinson's disease	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Part D Coverage	All Medicare beneficiaries	SRCCOV01-SRCCOV12; COV01-COV12; PLANTYPE; *Type of Medicare Coverage* [9]	Where XX represents a month 01-12, if SRCCOVXX = 2 or 3 and COVXX = 1 for any value of XX, and PLANTYPE = 4, and *Type of Medicare Coverage* = 'MA', then "MA with Part D." If SRCCOVXX = 2 or 3 and COVXX = 1 for any value of XX, and PLANTYPE = 4, and *Type of Medicare Coverage* = 'Traditional FFS Medicare', then "FFS with Part D."	Beneficiaries with FFS only, FFS with Part D, MA only, and MA with Part D coverage, respectively	All beneficiaries	Survey File	HITLINE	1.2

[9] Chartbook measures that are also used as intermediate variables in the construction of other Chartbook measures are included in italics in the **Variables Used in Construction** and **Measure Construction Logic** fields.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
			If (SRCCOVXX does not = 2 or 3 or COVXX does not = 1 for all values of XX, or PLANTYPE does not = 4), and *Type of Medicare Coverage* = 'MA', then "MA only." If (SRCCOVXX does not = 2 or 3 or COVXX does not = 1 for all values of XX, or PLANTYPE does not = 4), and *Type of Medicare Coverage* = 'Traditional FFS Medicare', then "FFS only."					
Patient Perceptions of Care- Usual Provider Asks About Things in Life that Impact Your Health	Community	DOCHLTH	If DOCHLTH = 1 then "Never." If DOCHLTH = 2 then "Sometimes." If DOCHLTH = 3 then "Usually." If DOCHLTH = 4 then "Always."	Community residing beneficiaries that indicated that their provider never, sometimes, usually, or always asks about things in their life that impact their health, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	USCARE	3.11, 3.12
Patient Perceptions of Care- Usual Provider Explains Things Clearly to You	Community	DOCEASY	If DOCEASY = 1 then "Never." If DOCEASY = 2 then "Sometimes." If DOCEASY = 3 then "Usually." If DOCEASY = 4 then "Always."	Community residing beneficiaries that indicated their provider never, sometimes, usually, or always explains things clearly, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	USCARE	3.11

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Patient Perceptions of Care- Usual Provider Listens to You	Community	DOCLSTN	If DOCLSTN = 1 then "Never." If DOCLSTN = 2 then "Sometimes." If DOCLSTN = 3 then "Usually." If DOCLSTN = 4 then "Always."	Community residing beneficiaries that indicated they feel never, sometimes, usually, or always listened to by their provider, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	USCARE	3.11
Patient Perceptions of Care- Usual Provider Respects What You Say	Community	DOCRSPCT	If DOCRSPCT = 1 then "Never." If DOCRSPCT = 2 then "Sometimes." If DOCRSPCT = 3 then "Usually." If DOCRSPCT = 4 then "Always."	Community residing beneficiaries that indicated they never, sometimes, usually, or always feel respected by their provider, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	USCARE	3.11
Patient Perceptions of Care- Usual Provider Spends Enough Time with You	Community	ENUFTIME	If ENUFTIME = 1 then "Never." If ENUFTIME = 2 then "Sometimes." If ENUFTIME = 3 then "Usually." If ENUFTIME = 4 then "Always."	Community residing beneficiaries that indicated they never, sometimes, usually, or always feel their provider spends enough time with them, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	USCARE	3.11

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Per Capita Expenditures-Dental Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'DU.'	Total dental services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 5.10
Per Capita Expenditures-Inpatient Hospital Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'IP.'	Total inpatient hospital services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 5.10
Per Capita Expenditures-Medicare Home Health Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'HH.'	Total Medicare home health services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.5, 5.6, 5.7, 5.8, 5.10
Per Capita Expenditures-Medicare Hospice Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'HP.'	Total Medicare hospice services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.6, 5.8, 5.10
Per Capita Expenditures-Outpatient Hospital Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'OP.'	Total outpatient hospital services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 5.10
Per Capita Expenditures-Physician/ Supplier Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'MP.'	Total physician/ supplier services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 5.10

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Per Capita Expenditures-Prescription Drugs	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'PM.'	Total prescription drugs expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 5.10
Per User Expenditures-Long-Term Facility Care	All Medicare Beneficiaries	EVNTTYPE; AEVENTS; AAMTTOT	For all beneficiaries for whom EVNTTYPE = 'FA' and AEVENTS > 0, sum AAMTTOT for all events where EVNTTYPE = 'FA.'	Total expenditures for all long-term facility care	All beneficiaries who have used long-term facility care during the year	Cost Supplement File	SS	5.12, 5.13, 5.14
Per User Expenditures-Skilled Nursing Facilities	All Medicare Beneficiaries	EVNTTYPE; AEVENTS; AAMTTOT	For all beneficiaries for whom EVNTTYPE = 'IU' and AEVENTS > 0, sum AAMTTOT for all events where EVNTTYPE = 'IU.'	Total expenditures for all skilled nursing facilities	All beneficiaries who have used skilled nursing facilities during the year	Cost Supplement File	SS	5.11, 5.13, 5.14
Perceived Knowledge of the Medicare Program	Community	KCARKNOW	If KCARKNOW ≤ 2, then "Most or all." If KCARKNOW = 3, then "Some." If KCARKNOW ≥ 4, then "Little or none."	Community-residing beneficiaries with most or all, some, and little or no knowledge of the Medicare program, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	MCREPLNQ	3.9
Physical Activity	Community and Both	D_VIGTIM; D_MODTIM	If D_VIGTIM ≥ 3, or if D_MODTIM ≥ 5, then "Highly Active." If D_VIGTIM = 2, or if D_MODTIM = 3 or 4, then "Active." If D_VIGTIM ≤ 1, or if D_MODTIM ≤ 2, then "Sedentary."	Highly active, active, and sedentary community residing beneficiaries, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	NAGIDIS	2.18

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Physician Wait Time	Community	D_MDAPPT	If D_MDAPPT = 0 then "No Wait." If 1 ≤ D_MDAPPT ≤ 6 then "1-6 Days." If 7 ≤ D_MDAPPT ≤ 12, then "7-12 Days." If 13 ≤ D_MDAPPT ≤ 18, then "13-18 Days." If D_MDAPPT ≥ 19, then "19 + Days."	Community residing beneficiaries who waited 1-6 days, 7-12 days, 13-18 days, 19+ days, or had no wait for an appointment, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	ACCSSMED	3.10
Pneumonia Shot	Community and Both	PNEUSHOT	If PNEUSHOT = 1, then "Yes."	Community-residing beneficiaries receiving a pneumonia shot	All beneficiaries who completed at least one Community interview during the year	Survey File	PREVCARE	2.11, 2.12
Poverty Status	All Medicare beneficiaries	IPR_IND	If IPR_IND = 1, then "0-100% FPL." If IPR_IND = 2, then "101-120% FPL." If IPR_IND = 3, then "121-135% FPL." If IPR_IND = 4, then "136-200% FPL." If IPR_IND = 5, then "201% FPL and above."	Medicare beneficiaries at 0-100%, 101-120%, 121-135%, 136-200%, and 201% and above of the Federal Poverty Line (FPL), respectively	All Medicare beneficiaries	Survey File	DEMO	1.1, 1.7, 2.9, 2.10, 2.18
Propensity to Seek Care-Avoid Going to the Doctor	Community	MCAVOID	If MCAVOID = 1, then "Yes."	Community-residing beneficiaries who avoid going to the doctor	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.2, 3.3, 3.4, 3.5

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Propensity to Seek Care- Ever Had a Prescription You Did Not Fill Due to Cost	Community	NOFILLRX	If NOFILLRX ≤ 2, then "Yes."	Community-residing beneficiaries who ever had a prescription that they did not fill due to cost	All beneficiaries who only completed Community interviews during the year	Survey File	RXMED	3.2, 3.3, 3.4, 3.5
Propensity to Seek Care-Had a Problem and Did Not Seek Doctor	Community	MCDRNSEE	If MCDRNSEE = 1, then "Yes."	Community-residing beneficiaries who had a problem and did not seek a doctor	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.2, 3.3, 3.4, 3.5
Propensity to Seek Care- Visit a Doctor as Soon as You Feel Bad	Community	MCDRSOON	If MCDRSOON = 1, then "Yes."	Community-residing beneficiaries who usually go to the doctor as soon as they feel bad	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.2, 3.3, 3.4, 3.5
Propensity to Seek Care- When Sick, Keep It to Yourself	Community	MCSICK	If MCSICK = 1, then "Yes."	Community-residing beneficiaries who, when sick, try keeping sickness to themselves	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.2, 3.3, 3.4, 3.5
Propensity to Seek Care- Worry About Your Health More than Others	Community	MCWORRY	If MCWORRY = 1, then "Yes."	Community-residing beneficiaries who worry about their health more than others	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.2, 3.3, 3.4, 3.5

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Pulmonary Disease	Community and Both	OCEMPHYS	If OCEMPHYS = 1, then "Yes."	Community-residing beneficiaries with pulmonary disease	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	ASTHCOPD	If ASTHCOPD ≥ 1, then "Yes."	Facility-residing beneficiaries with pulmonary disease	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Race/Ethnicity	All Medicare beneficiaries	HISPORIG; D_RACE2	If HISPORIG = 1, then "Hispanic." Else if D_RACE2 = 4, then "White non-Hispanic." Else if D_RACE2 = 2, then "Black non-Hispanic." Else if D_RACE2 = 1, or if D_RACE2 = 3, or if 5 ≤ D_RACE2 ≤ 7, then "Other Race/Ethnicity."	Beneficiaries of Hispanic, White non-Hispanic, Black non-Hispanic, and other race/ethnicity, respectively	All beneficiaries	Survey File	DEMO	1.1, 1.6, 1.7, 2.2, 2.3, 2.6, 2.9, 2.10, 2.12, 2.13, 2.14, 2.15, 2.16, 2.17, 2.18, 2.19, 2.20, 3.5, 3.9, 3.10, 3.12, 3.15, 4.5, 4.8, 4.9, 5.7
Residence Status	All Medicare beneficiaries	INT_TYPE	If INT_TYPE = "C", then "Community." If INT_TYPE = "F", then "Facility." If INT_TYPE = "B", then "Both."	Beneficiaries residing in the Community, a Facility, or Both, respectively	All beneficiaries	Survey File	DEMO	1.1, 1.4, 1.5, 2.8
Satisfaction with the Availability of Information on the Medicare Program	Community	KNFOSATI	If KNFOSATI ≤ 2, then "Yes." If KNFOSATI = 5, assign as missing to exclude from denominator.	Community-residing beneficiaries who are satisfied with the availability of information on the Medicare program	All beneficiaries who only completed Community interviews during the year	Survey File	MCREPLNQ	3.15

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Satisfaction with Care- Availability of Specialist Care	Community	MCSPECAR	If MCSPECAR = 1, then "Very Satisfied." If MCSPECAR = 2, then "Satisfied." If MCSPECAR = 3 or 4, then "(Very) Dissatisfied." If MCSPECAR = 5, then "No Experience."	Community residing beneficiaries who are Very Satisfied, Satisfied, (Very) Dissatisfied, and report having No Experience with Availability of Specialist Care, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.8, 3.14
Satisfaction with Care- Can Obtain Care in Same Location	Community	MCSAMLOC	If MCSAMLOC = 1, then "Very Satisfied." If MCSAMLOC = 2, then "Satisfied." If MCSAMLOC = 3 or 4, then "(Very) Dissatisfied." If MCSAMLOC = 5, then "No Experience."	Community-residing beneficiaries who are very satisfied, satisfied, (very) dissatisfied, and report having no experience with their ability to obtain care in the same location, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.8, 3.14
Satisfaction with Care- Cost	Community	MCCOSTS	If MCCOSTS = 1, then "Very Satisfied." If MCCOSTS = 2, then "Satisfied." If MCCOSTS = 3 or 4, then "(Very) Dissatisfied." If MCCOSTS = 5, then "No Experience."	Community-residing beneficiaries who are very satisfied, satisfied, (very) dissatisfied, and report having no experience with cost, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.7, 3.14

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Satisfaction with Care- Doctor's Concern for Overall Health	Community	MCCONCRN	If MCCONCRN = 1, then "Very Satisfied." If MCCONCRN = 2, then "Satisfied." If MCCONCRN = 3 or 4, then "(Very) Dissatisfied." If MCCONCRN = 5, then "No Experience."	Community-residing beneficiaries who are very satisfied, satisfied, (very) dissatisfied, and report having no experience with the doctor's concern for overall health, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.7, 3.14
Satisfaction with Care- Ease of Access to Doctor	Community	MCEASE	If MCEASE = 1, then "Very Satisfied." If MCEASE = 2, then "Satisfied." If MCEASE = 3 or 4, then "(Very) Dissatisfied." If MCEASE = 5, then "No Experience."	Community-residing beneficiaries who are very satisfied, satisfied, (very) dissatisfied, and report having no experience with ease of access to the doctor, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.8, 3.14
Satisfaction with Care- General Care	Community	MCQUALTY	If MCQUALTY = 1, then "Very Satisfied." If MCQUALTY = 2, then "Satisfied." If MCQUALTY = 3 or 4, then "(Very) Dissatisfied." If MCQUALTY = 5, then "No Experience."	Community-residing beneficiaries who are very satisfied, satisfied, (very) dissatisfied, and report having no experience with general care, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.7, 3.14

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Satisfaction with Care- Information from Doctor	Community	MCINFO	If MCINFO = 1, then "Very Satisfied." If MCINFO = 2, then "Satisfied." If MCINFO = 3 or 4, then "(Very) Dissatisfied." If MCINFO = 5, then "No Experience."	Community-residing beneficiaries who are very satisfied, satisfied, (very) dissatisfied, and report having no experience with information from the doctor, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.7, 3.14
Satisfaction with Care- Night and Weekend Availability	Community	MCAVAIL	If MCAVAIL = 1, then "Very Satisfied." If MCAVAIL = 2, then "Satisfied." If MCAVAIL = 3 or 4, then "(Very) Dissatisfied." If MCAVAIL = 5, then "No Experience."	Community-residing beneficiaries who are very satisfied, satisfied, (very) dissatisfied, and report having no experience with night and weekend availability, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.8, 3.14
Self-Pay Insurance	Community and Both	PLANTYPE; S_INS	For any reported plan for each beneficiary, if PLANTYPE = 30 or 31, and (1 ≤ S_INS ≤ 3 or S_INS = 5 or 6), then "Yes."	Beneficiaries with any self-pay insurance	All beneficiaries who completed at least one Community interview during the year	Survey File	HITLINE	1.2

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Self-Pay Insurance with Comprehensive Coverage	Community and Both (with Any Self-Pay Insurance)	*Any Self-Pay Insurance* [10]; S_INS	If *Any Self-Pay Insurance* = 'Yes', and S_INS = 1, then "Yes."	Beneficiaries with self-pay insurance with comprehensive coverage	Beneficiaries with *Any Self-Pay Insurance*	Survey File	HITLINE	1.2
Self-Reported Health Status	Community and Both	GENHELTH	If GENHELTH = 1, "Excellent." If GENHELTH = 2, "Very good." If GENHELTH = 3, "Good." If GENHELTH = 4, "Fair." If GENHELTH = 5, "Poor."	Community-residing beneficiaries with excellent, very good, good, fair, or poor health, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	GENHLTH	2.1, 2.2, 4.6, 4.8, 4.9, 5.8, 5.11, 5.12
	Facility	SPHEALTH	If SPHEALTH = 0, "Excellent." If SPHEALTH = 1, "Very good." If SPHEALTH = 2, "Good." If SPHEALTH = 3, "Fair." If SPHEALTH = 4, "Poor."	Facility-residing beneficiaries with excellent, very good, good, fair, or poor health, respectively	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.1, 2.2, 4.8, 4.9, 5.11, 5.12
Sex	All Medicare beneficiaries	ROSTSEX	If ROSTSEX = 1, then "Male." If ROSTSEX = 2, then "Female."	Male and female beneficiaries, respectively	All beneficiaries	Survey File	DEMO	1.1, 1.5, 1.6, 1.7, 2.2, 2.3, 2.7, 2.9, 2.10, 2.14, 2.15, 2.16, 2.17, 2.18, 3.4, 3.9, 3.12, 3.15, 4.4, 4.8, 4.9, 5.6, 5.11, 5.12

[10] Chartbook measures that are also used as intermediate variables in the construction of other Chartbook measures are included in italics in the **Variables Used in Construction, Measure Construction Logic,** and **Denominator** fields.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Shingles Vaccine	Community and Both[11]	SHINGVAC	If SHINGVAC = 1, then "Yes."	Community-residing beneficiaries receiving a shingles vaccine	All beneficiaries 60 years of age and over who completed at least one Community interview during the year	Survey File	PREVCARE	2.13
Skin Cancer	Community and Both	OCCSKIN	If OCCSKIN = 1, then "Yes."	Community-residing beneficiaries with skin cancer	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	CNRSKIN	If CNRSKIN = 1, then "Yes."	Facility-residing beneficiaries with skin cancer	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Smoking Status	Community and Both	CIGNOW; CIGARNOW; CIG100; CIGAR50	If CIGNOW = 1 or 2, or if CIGARNOW = 1 or 2, then "Current Smoker." If not "Current Smoker" and CIG100 = 1, or CIGAR50 = 1, then "Former Smoker." If not "Current Smoker" or "Former Smoker", then "Non-smoker."	Community-residing beneficiaries who are current smokers, former smokers, and non-smokers, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	NICOALCO	2.9
	Facility	D_SMOKE; NOWSMOKE	If D_SMOKE = 0, then "Non-Smoker." If D_SMOKE = 1 and NOWSMOKE does not = 1, then "Former Smoker." If NOWSMOKE = 1, then "Current Smoker."	Facility-residing beneficiaries who are current smokers, former smokers, and non-smokers, respectively	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.9

[11] Only beneficiaries 60 years of age or over are asked about receipt of the shingles vaccine during the Community interview.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Source of Payment	All Medicare Beneficiaries	AAMTCARE; AAMTMADV; AAMTCAID; AAMTPRVE; AAMTPRVI; AAMTPRVU; AAMTHMOP; AAMTOOP; AAMTOTH; AAMTDISC; AAMTTOT	For all events, Medicare expenditures = sum (AAMTCARE, AAMTMADV); Medicaid expenditures = sum (AAMTCAID); private expenditures = sum (AAMTPRVE, AAMTPRVI, AAMTPRVU, AAMTHMOP); out-of-pocket expenditures = sum (AAMTOOP); other source expenditures = sum (AAMTOTH, AAMTDISC); total expenditures = sum AAMTTOT.	Medicare, Medicaid, private, out-of-pocket, and other source expenditures, respectively	Total expenditures	Cost Supplement File	SS	5.1a
Stroke	Community and Both	OCSTROKE	If OCSTROKE = 1, then "Yes."	Community-residing beneficiaries with history of stroke	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	CVATIAST	If CVATIAST ≥ 1, then "Yes."	Facility-residing beneficiaries with history of stroke	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Supplemental Private Insurance	Community and Both	PLANTYPE; S_INS	For any reported plan for each beneficiary, if 20 ≤ PLANTYPE ≤ 31 and (1 ≤ S_INS ≤ 3 or S_INS = 5 or 6), then "Yes."	Community-residing beneficiaries with any supplemental private insurance	All beneficiaries who completed at least one Community interview during the year	Survey File	HITLINE	1.2

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	PLANTYPE	For any reported plan for each beneficiary, if PLANTYPE = 70, then "Yes."	Facility-residing beneficiaries with any supplemental private insurance	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	HITLINE	1.2
Total Expenditures-Dental Services[12]	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'DU.'	Total dental services expenditures	1	Cost Supplement File	SS	5.1b
Total Expenditures-Inpatient Hospital Services	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'IP.'	Total inpatient hospital services expenditures	1	Cost Supplement File	SS	5.1b
Total Expenditures-Long-Term Facility Care	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'FA.'	Total long-term facility care expenditures	1	Cost Supplement File	SS	5.1b
Total Expenditures-Medicare Home Health Services	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'HH.'	Total Medicare home health services expenditures	1	Cost Supplement File	SS	5.1b
Total Expenditures-Medicare Hospice Services	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'HP.'	Total Medicare hospice services expenditures	1	Cost Supplement File	SS	5.1b
Total Expenditures-Outpatient Hospital Services	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'OP.'	Total outpatient hospital services expenditures	1	Cost Supplement File	SS	5.1b

[12] Dental services expenditures are only available for those who completed at least one Community interview in the year.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Total Expenditures- Physician/ Supplier Services	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'MP.'	Total physician/ supplier services expenditures	1	Cost Supplement File	SS	5.1b
Total Expenditures- Prescription Drugs[13]	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'PM.'	Total prescription drugs expenditures	1	Cost Supplement File	SS	5.1b
Total Expenditures- Skilled Nursing Facilities	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'IU.'	Total skilled nursing facilities expenditures	1	Cost Supplement File	SS	5.1b
Type of Medicare Coverage	All Medicare beneficiaries	H_MAFF01-H_MAFF12	Where XX represents a month 01-12, if H_MAFFXX = 'MA' for any value of XX, then "Medicare Advantage". If H_MAFFXX = 'FFS' for any value of XX, then "Traditional FFS Medicare."	Beneficiaries with Medicare Advantage and traditional FFS Medicare coverage, respectively	All beneficiaries	Survey File	HISUMRY	1.2, 1.3a, 2.12, 2.13, 2.17, 2.19, 2.20, 3.1, 3.13, 3.14
Upper Extremity Limitations	Community and Both	DIFREACH; DIFWRITE; *Disability Status* [14]	If DIFREACH = 1 and DIFWRITE = 1, then "No limitation." If DIFWALK ≥ 2 or DIFWRITE ≥ 2, and *Disability Status* = "No disability", then "Yes, with no disability." If DIFWALK ≥ 2 or DIFWRITE ≥ 2, and *Disability Status* = "1 disability" or "2 or more disabilities", then "Yes, with any disability."	Community-residing beneficiaries with no limitation, upper extremity limitation with no disability, and upper extremity limitation with any disability, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	NAGIDIS	2.15

[13] The Total Expenditures- Prescription Drugs measure does not capture prescription drug spending for Facility beneficiaries. As a result, this measure captures prescription drug events only for those who completed at least one Community interview in the year.

[14] Chartbook measures that are also used as intermediate variables in the construction of other Chartbook measures are included in italics in the **Variables Used in Construction** and **Measure Construction Logic** fields.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	IADREACH; IADGRASP	If IADREACH = 0 and IADGRASP = 0, then "No limitation." Else if IADREACH ≥1, or if IADGRASP ≥1, then "Yes, with any disability."	Facility-residing beneficiaries with no limitation, and upper extremity limitation with any disability, respectively	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.15
User Rates-Dental Services	All Medicare beneficiaries	EVNTTYPE; AEVENTS; DENTNUM	For all events associated with each beneficiary, if EVNTTYPE = 'DU' and AEVENTS > 0, or if DENTNUM ≥ 1, then "Yes."	Beneficiaries who have used dental services	All beneficiaries	Cost Supplement File	SS, FAE	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7
User Rates-Inpatient Hospital Services	All Medicare beneficiaries	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'IP' and AEVENTS > 0, then "Yes."	Beneficiaries who have used inpatient hospital services	All beneficiaries	Cost Supplement File	SS	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7
User Rates-Long-Term Facility Care	All Medicare beneficiaries	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'FA' and AEVENTS > 0, then "Yes."	Beneficiaries who have used long-term facility care	All beneficiaries	Cost Supplement File	SS	4.1, 4.9, 4.10
User Rates-Medicare Home Health Services	All Medicare beneficiaries	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'HH' and AEVENTS > 0, then "Yes."	Beneficiaries who have used Medicare home health services	All beneficiaries	Cost Supplement File	SS	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7
User Rates-Medicare Hospice Services	All Medicare beneficiaries	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'HP' and AEVENTS > 0, then "Yes."	Beneficiaries who have used Medicare hospice services	All beneficiaries	Cost Supplement File	SS	4.1, 4.2, 4.4, 4.6, 4.7
User Rates-Outpatient Hospital Services	All Medicare beneficiaries	EVNTTYPE; AEVENTS; OPNUM	For all events associated with each beneficiary, if EVNTTYPE = 'OP' and AEVENTS > 0, or if OPNUM ≥ 1, then "Yes."	Beneficiaries who have used outpatient hospital services	All beneficiaries	Cost Supplement File	SS, FAE	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
User Rates- Physician/ Supplier Services	All Medicare beneficiaries	EVNTTYPE; AEVENTS; MDNUM; MHNUMVIS; OPTHLFLG; OPTOMFLG; PODIAFLG	For all events associated with each beneficiary, if EVNTTYPE = 'MP' and AEVENTS > 0, or if MDNUM ≥ 1, or if MHNUMVIS ≥ 1, or if OPTHLFLG = 1, or if OPTOMFLG = 1, or if PODIAFLG = 1, then "Yes."	Beneficiaries who have used physician/ supplier services	All beneficiaries	Cost Supplement File	SS, FAE	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7
User Rates- Prescription Drugs [15]	All Medicare beneficiaries	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'PM' and AEVENTS > 0, then "Yes."	Community-residing beneficiaries who have used prescription drugs	All beneficiaries	Cost Supplement File	SS	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7
User Rates- Skilled Nursing Facilities	All Medicare beneficiaries	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'IU' and AEVENTS > 0, then "Yes."	Beneficiaries who have used skilled nursing facilities	All beneficiaries	Cost Supplement File	SS	4.1, 4.8, 4.10
Usual Source of Care	Community	PLACEPAR; PLACEKND	If PLACEPAR = 2, then "None." If PLACEKND = 1, then "Doctor's office." If PLACEKND = 2, then "Medical clinic." If PLACEKND = 3, then "Managed care center." If PLACEKND = 11 or 12, then "Hospital/OPD/ER." If 4 ≤ PLACEKND ≤ 10 or PLACEKND ≥ 13, then "Other clinic/health center."	Community-residing beneficiaries with no usual source of care, and those usually receiving care through a doctor's office, medical clinic, managed care center, hospital/OPD/ ER, and other clinic/health center, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	USCARE	3.1

[15] The User Rates- Prescription Drugs measure does not capture prescription drug events for Facility beneficiaries. As a result, the numerator captures prescription drug events only for those who completed at least one Community interview in the year, but the denominator includes all beneficiaries.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Urinary Incontinence	Community and Both	LOSTURIN	If LOSTURIN ≤ 5, then "Yes." If LOSTURIN = 8, assign as missing to exclude from denominator.	Community-residing beneficiaries with urinary incontinence	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	CTBLADDC	If CTBLADDC = 2 or 3, then "Yes." If CTBLADDC = 4, assign as missing to exclude from denominator.	Facility-residing beneficiaries with urinary incontinence	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Veteran Status	All Medicare beneficiaries	SPAFEVER	If SPAFEVER = 1, then "Yes."	Veteran beneficiaries	All beneficiaries	Survey File	DEMO	1.1, 1.6, 1.7
Vision Problem	Community and Both	ECHELP; ECTROUB; ECLEGBLI; ECATARAC; EGLAUCOM; ERETINOP; EMACULAR	If ECHELP = 1 or 3, or if ECTROUB ≥ 2, or if ECLEGBLI = 1, or if ECATARAC = 1, or if EGLAUCOM = 1, or if ERETINOP = 1, or if EMACULAR = 1, then "Yes."	Community residing beneficiaries with a vision problem	All beneficiaries who completed at least one Community interview during the year	Survey File	VISHEAR	2.4
	Facility	VISAPPL; VISION; BLIND; CATGLAUC; CATAROP	If VISAPPL = 1, or if VISION ≥ 1, or if BLIND = 1, or if CATGLAUC = 1, or if CATAROP = 1, then "Yes."	Facility residing beneficiaries with a vision problem	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4