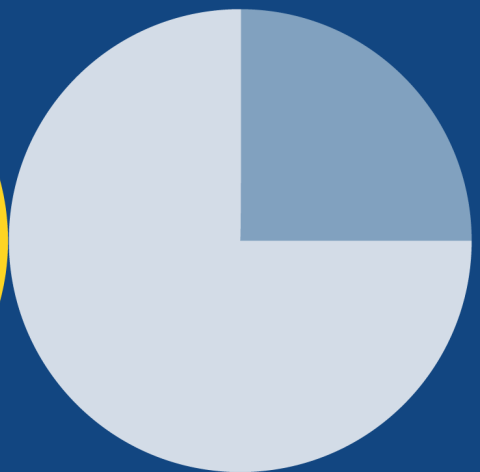
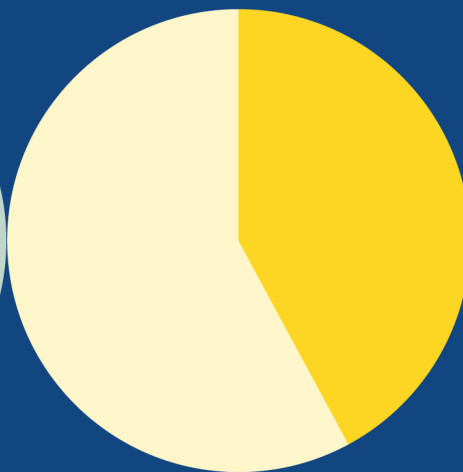
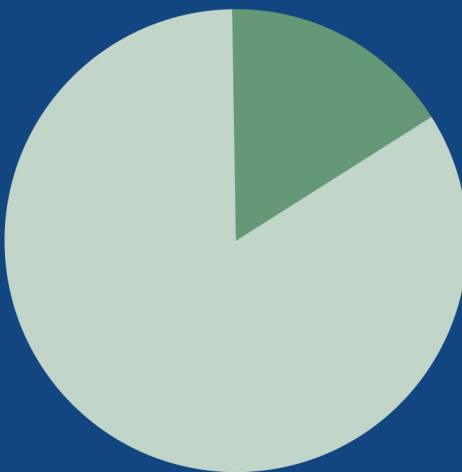


# 2020 | CHARTBOOK

**cost** **health care access** **quality of life** **risk factors**  
**diseases & conditions** **medical procedures**  
**satisfaction** **outcomes** **health behaviors**



## Version Control Log

Date	Version	Revisions
1/31/2023	1.0	Initial version published.

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# OVERVIEW

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## 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. Dually 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, multi-purpose longitudinal survey, representing the population of Medicare beneficiaries aged 65 and over and beneficiaries aged below 65 with certain disabling conditions living 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 conducted continuous data collection since 1991.

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:

- **Special Feature:** selected measures included as a "special feature" in a specific issue of the Chartbook.
- **Trends:** selected trends based on multiple years of data.
- **Section 1: Who Is in the Medicare Population?:** demographic and socioeconomic characteristics of Medicare beneficiaries.

- **Section 2: How Healthy Are Medicare Beneficiaries?:** health status and health behaviors of Medicare beneficiaries.
- **Section 3: What Is the Medicare Population's Access to Care and How Satisfied Are Beneficiaries with Their Care?:** access to and satisfaction with health care services.
- **Section 4: What Health Care Services Do Medicare Beneficiaries Receive and How Much Do These Services Cost?:** health care use by Medicare beneficiaries across ten service categories, including: inpatient hospital services, outpatient hospital services, physician/supplier services, dental services, vision services, hearing services, prescription drugs, Medicare hospice, skilled nursing facility care, and long-term facility care; health care expenditures and all sources of payment across service categories.

The 2020 MCBS Chartbook contains a Special Feature section with selected measures unique to this issue of the Chartbook. The Trends section presents selected measures from the 2016-2020 data years. Estimates using data from the Survey File are found throughout the Chartbook. Estimates using data from the Cost Supplement File are found in Chartbook Section 4. 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 4.1.a and 4.1.b correspond to Exhibit 4.1. 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 1.7 is the last chart exhibit in Section 1, so the supplementary tables for Section 1 begin after Table 1.7, with Table 1.8.

**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.

An accompanying PowerPoint slide deck containing all MCBS Chartbook exhibits, formatted and ready to use in presentations, is available on the CMS website at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables>.

## WHAT'S NEW IN 2020?

The 2020 MCBS Chartbook includes a special feature on telemedicine and internet use. This feature presents telemedicine and internet use by selected beneficiary characteristics including age, race/ethnicity, and metropolitan area resident status.

The 2020 Chartbook excludes Medicare home health utilization and cost data. The 2020 Cost Supplement File Limited Data Set (LDS) does not contain home health data due to the redesign of the Home Health Utilization (HHQ) section. The 2021 Chartbook will re-introduce home health estimates when data from the redesigned HHQ are available in the 2021 Cost Supplement File LDS.

Additionally, Sections 4 and 5 of the Chartbook have been consolidated. In previous Chartbooks, Section 4 included information on the health care services beneficiaries receive and Section 5 included health care expenditures across service categories. This information is now presented in the same section (Section 4). As part of the consolidation effort, two new exhibits were added: 1) total health care expenditures among beneficiaries living only in the community for selected service types and 2) user rates of selected health care services among beneficiaries living only in the community by number of chronic conditions.

To better characterize the type of Medicare coverage of beneficiaries, Exhibit 1.5 now presents type of Medicare coverage by race/ethnicity and income.

2020 Chartbook estimates are based on data collected during the emergence of COVID-19 in the U.S. A decrease in utilization of health care services, most notably Physician/Supplier Services, Hearing Services, and Outpatient Hospital Services, may be attributed to impacts from the pandemic, including the implementation of nationwide public health measures that affected how beneficiaries interact with Medicare and the medical system.<sup>1</sup>

Table 1.0. summarizes 2020 Chartbook measure updates.

Table 1.0. 2020 MCBS Chartbook Summary of Updates to Measures

Measure	Description	Exhibits/Tables
Internet Use	Added as special feature	S.1., S.2.
Telemedicine Use	Added as special feature	S.2.
Area Deprivation Index	Added	S.1., S.2.
Income	Added	1.5

For questions or suggestions on this document or other MCBS data-related questions, please email [MCBS@cms.hhs.gov](mailto:MCBS@cms.hhs.gov).

<sup>1</sup> Centers for Medicare & Medicaid Services. CMS Program Statistics. <https://data.cms.gov/collection/cms-program-statistics>

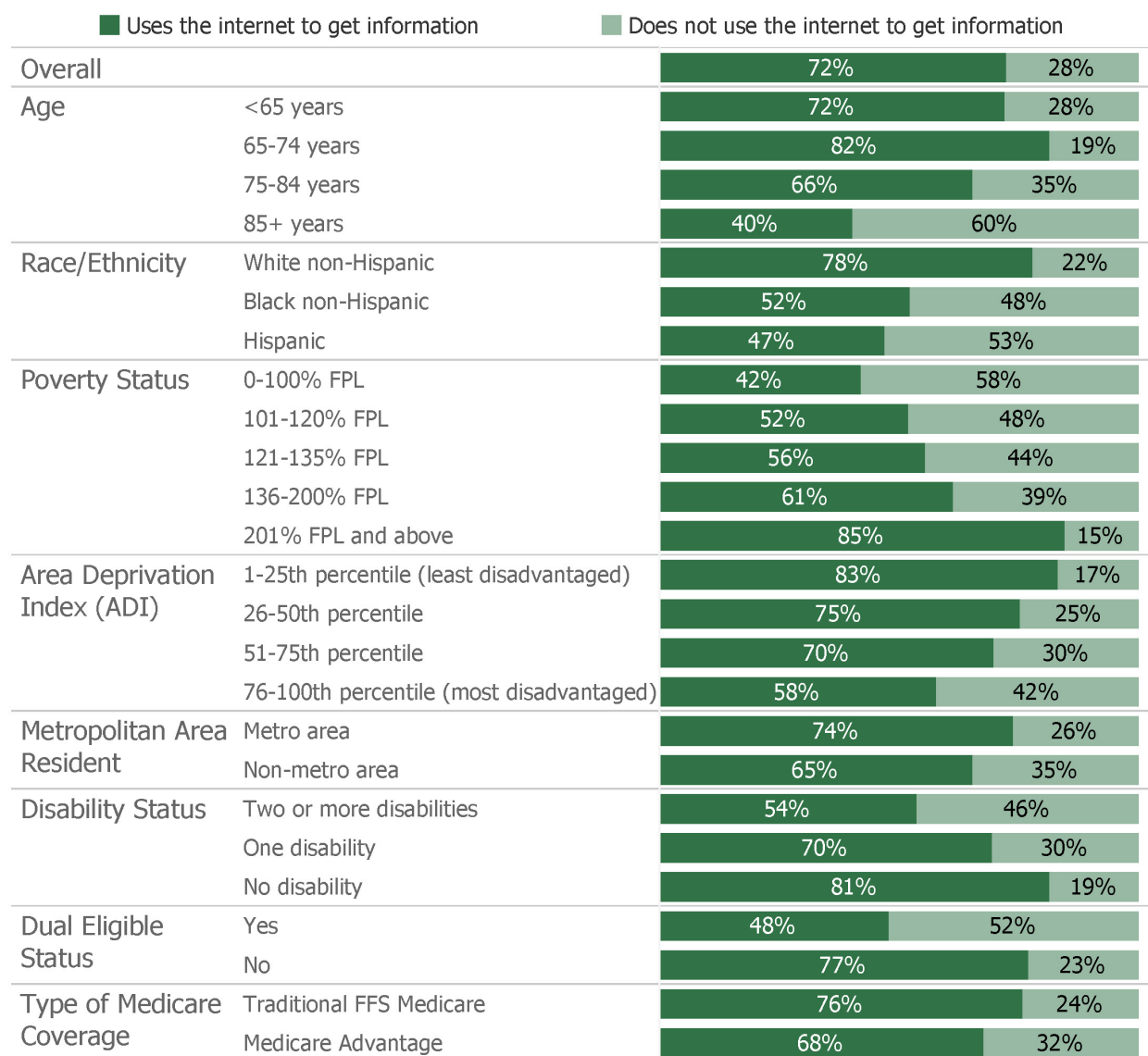
## SPECIAL FEATURE

## SPECIAL FEATURE: TELEMEDICINE AND INTERNET USE

The charts in this section show selected measures included as a "special feature" in this issue of the Chartbook.

Exhibit S.1.

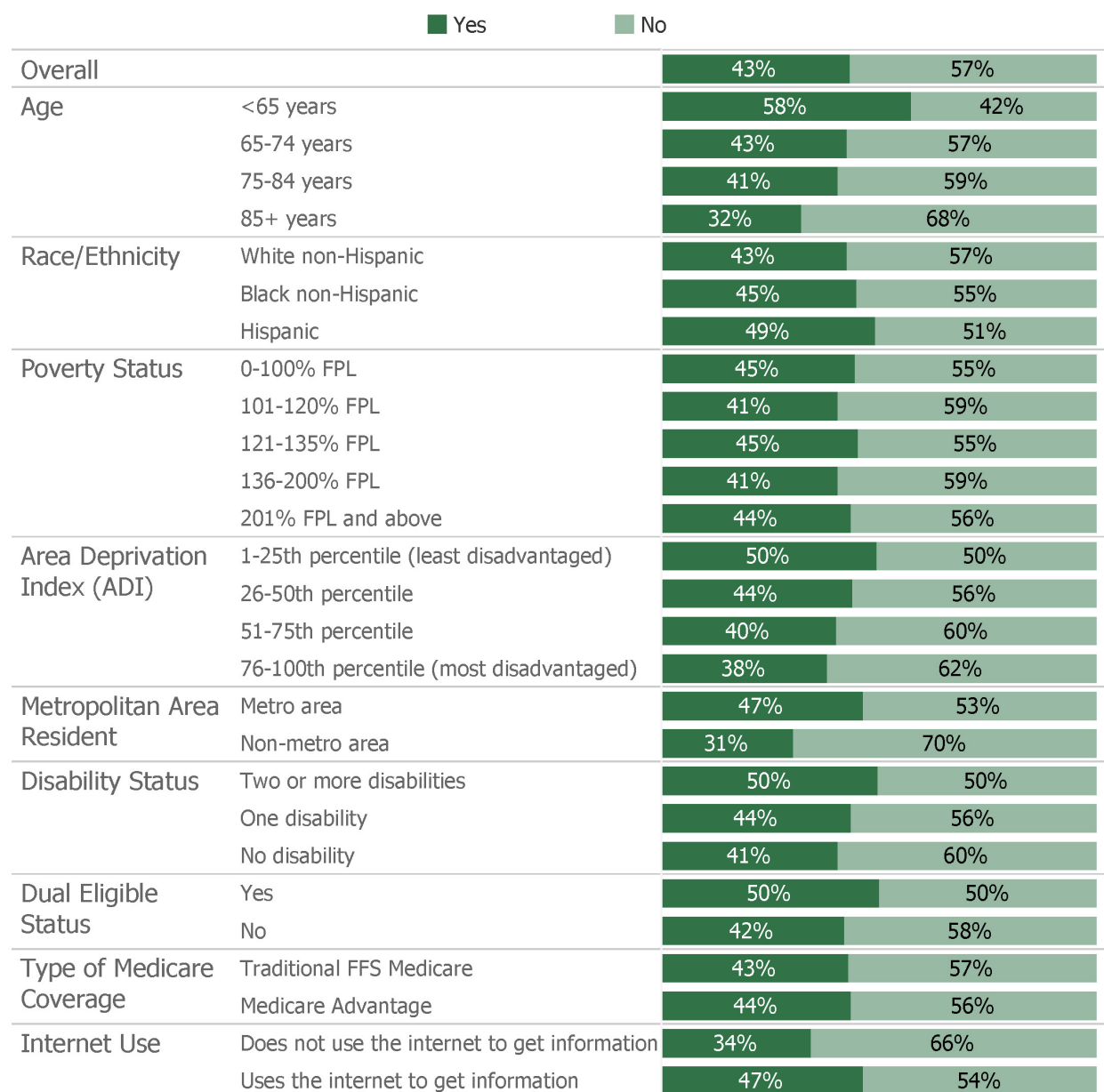
### Internet Use Among Beneficiaries Living in the Community, Overall and by Selected Beneficiary Characteristics, 2020



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. FPL stands for Federal Poverty Level. FFS stands for Fee-for-Service. Estimates are not presented for the "Other Race/Ethnicity" category.

**Exhibit S.2.**  
**Telemedicine Use Among Beneficiaries Living in the Community,**  
**Overall and by Selected Beneficiary Characteristics, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 may differ from those based on administrative data sources, including claims. For more information, see the Telemedicine Use glossary entry. 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. FPL stands for Federal Poverty Level. FFS stands for Fee-for-Service. Estimates are not presented for the "Other Race/Ethnicity" category.

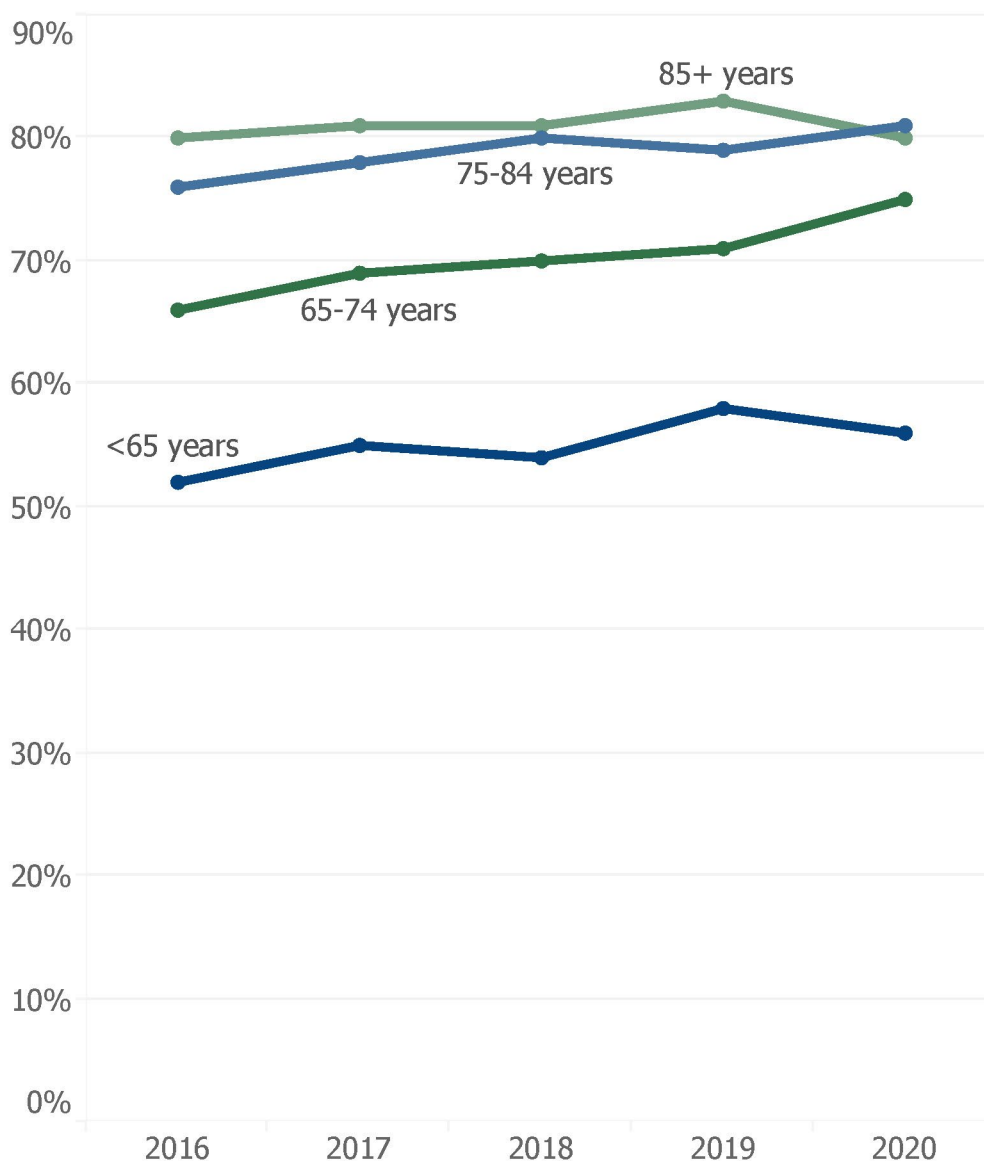
# TRENDS



## TRENDS

The charts in this section show selected trends based on multiple years of data.

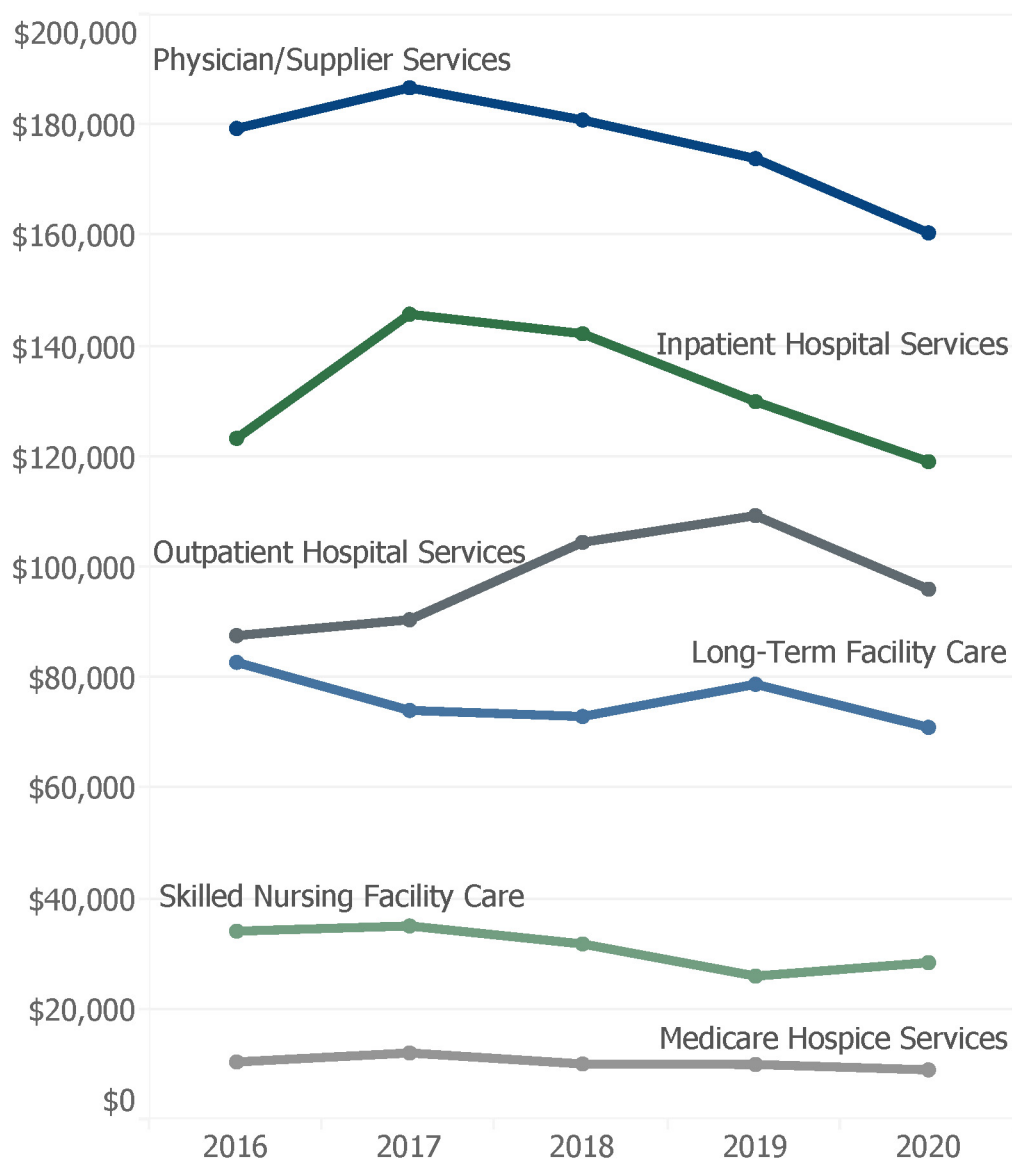
Exhibit T.1.  
**Self-Reported Receipt of Flu Shot Among Medicare Beneficiaries  
 Living Only in the Community by Age, 2016-2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016-2020.

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 only Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates presented are cross-sectional estimates for each data year and do not represent longitudinal trends. Trends are presented for informational purposes only and should not be interpreted as significant population-level changes.

Exhibit T.2.  
**Total Health Care Service Expenditures Among Medicare Beneficiaries with Fee-for-Service Coverage for Selected Service Types, in Millions of 2020 Dollars, 2016-2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2016-2020.

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 only presented for beneficiaries who 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. Estimates for Prescription Drugs, Dental Services, Vision Services, and Hearing Services are not comparable across the full trending time period and are therefore excluded from this Exhibit. Estimates presented are cross-sectional estimates for each data year and do not represent longitudinal trends. Trends are presented for informational purposes only and should not be interpreted as significant population-level changes.

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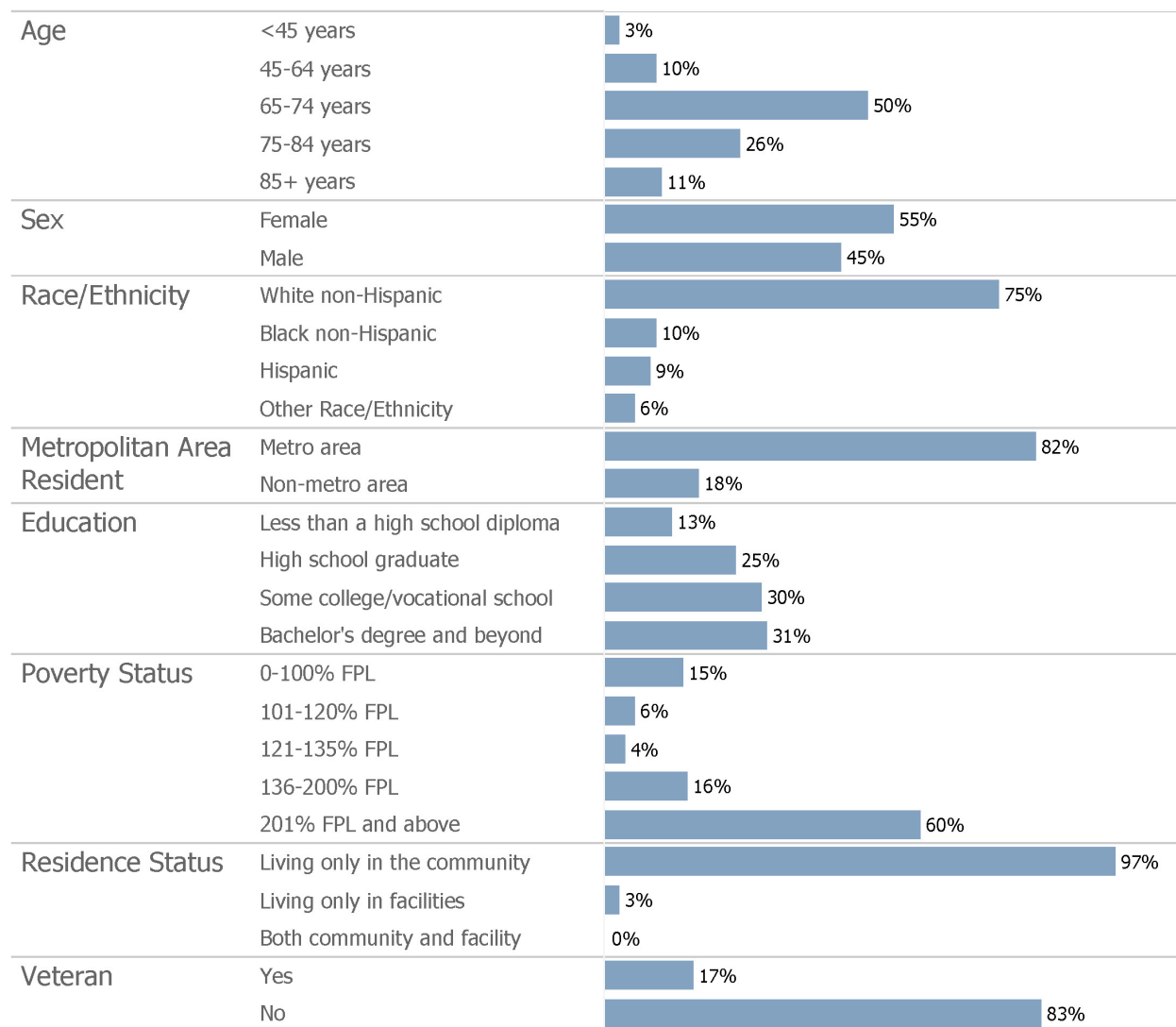
# WHO IS IN THE MEDICARE POPULATION?

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## 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.

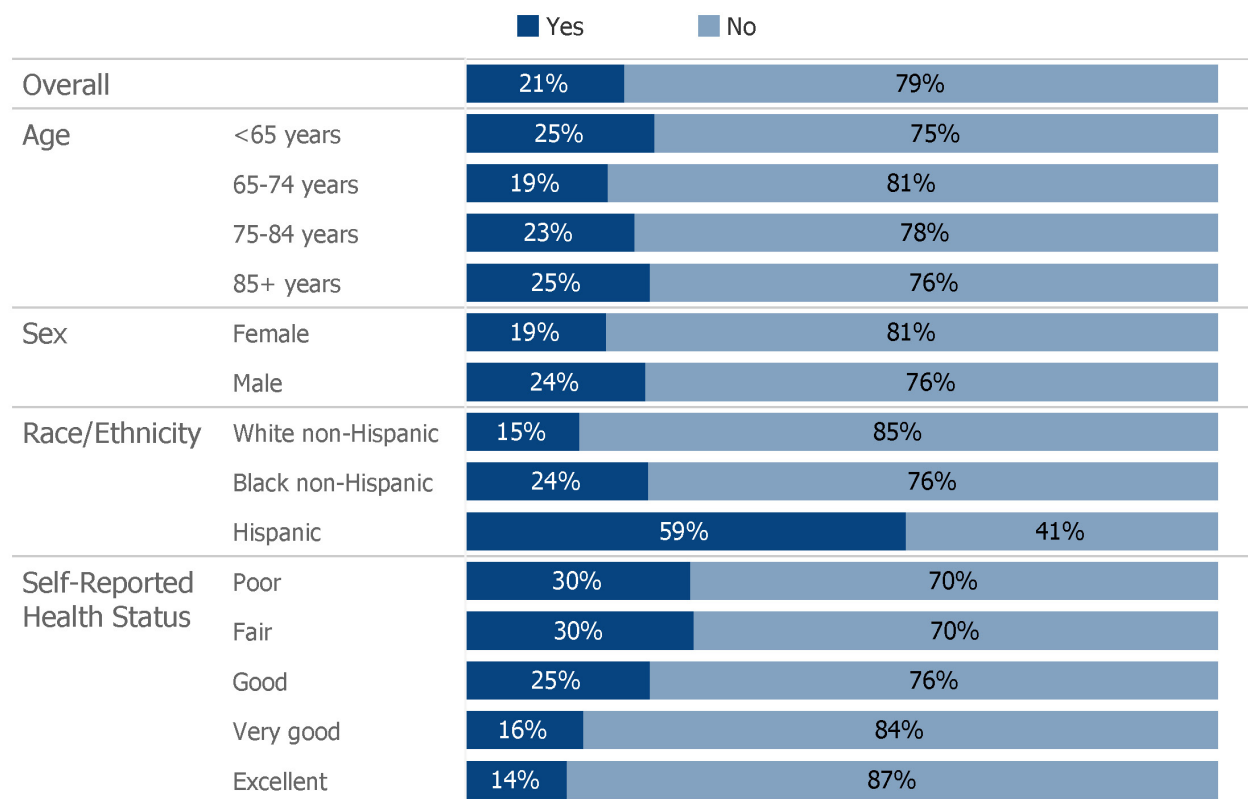
Exhibit 1.1.  
**Demographic and Socioeconomic Characteristics of  
All Medicare Beneficiaries, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. The "Other Race/Ethnicity" category includes other single races not of Hispanic origin or two or more races. See the Glossary entry for race/ethnicity for more information. FPL stands for Federal Poverty Level.

Exhibit 1.2.  
**Self-Reported Limited English Proficiency Among Beneficiaries  
 Living Only in the Community Overall and by Age, Sex,  
 Race/Ethnicity, and Self-Reported Health Status, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 only Community interviews during the year. This excludes beneficiaries for whom any Facility interview was 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.

Exhibit 1.3.  
**Insurance Coverage of All Medicare Beneficiaries, 2020**

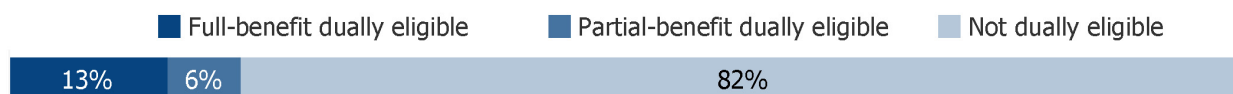
**Type of Medicare Coverage**



**Part D Coverage**



**Dual Eligibility Status**



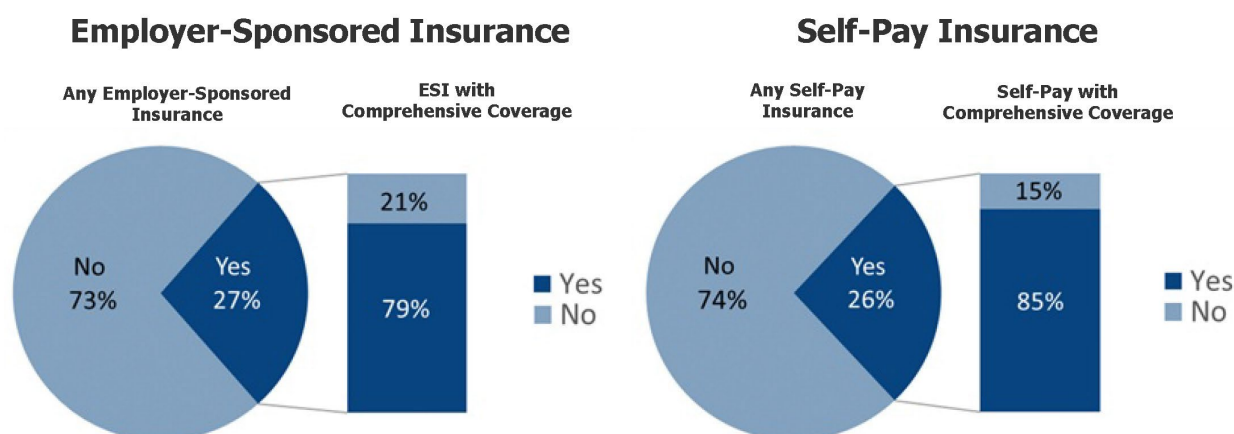
**Any Supplemental Private Insurance**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. FFS stands for Fee-for-Service. MA stands for Medicare Advantage.

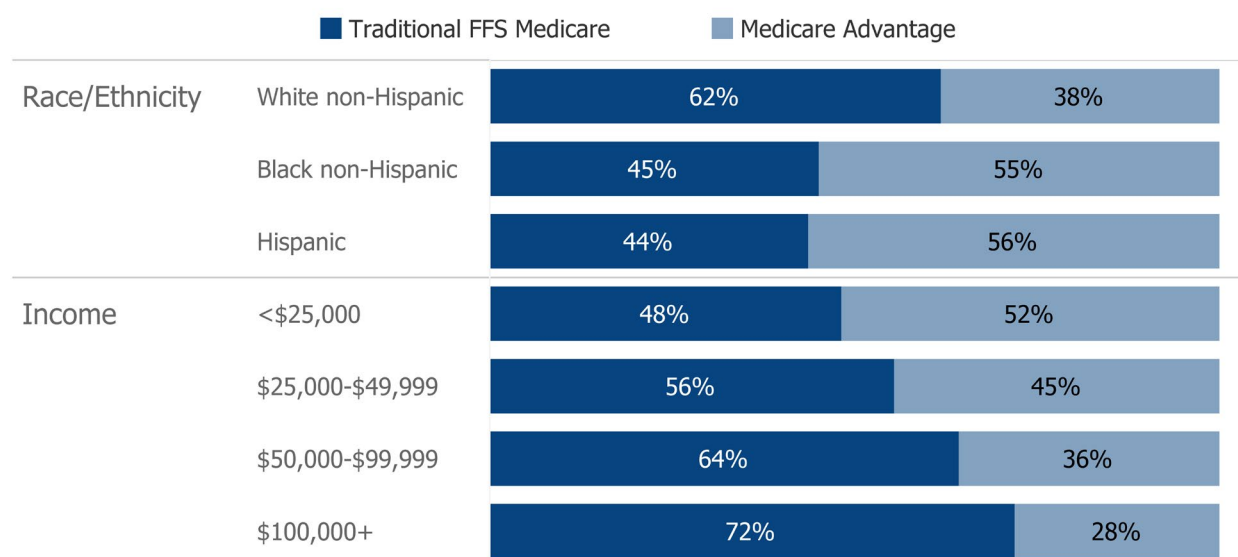
Exhibit 1.4.  
**Supplemental Private Insurance Coverage of Medicare  
 Beneficiaries Living in the Community, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. ESI stands for Employer-Sponsored Insurance.

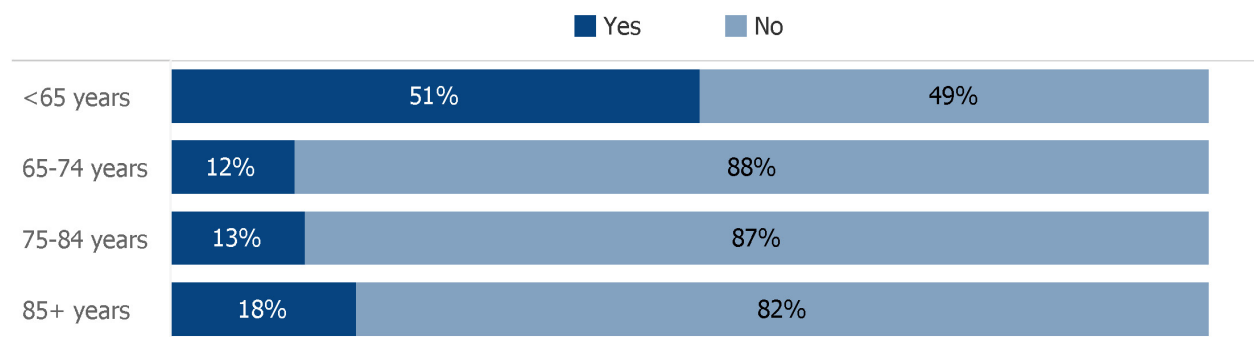
Exhibit 1.5.  
**Type of Medicare Coverage of All Medicare Beneficiaries by  
 Race/Ethnicity and Income, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. Estimates are not presented for the "Other Race/Ethnicity" category.

Exhibit 1.6.  
**Dual Eligibility Status of All Medicare Beneficiaries by Age, 2020**

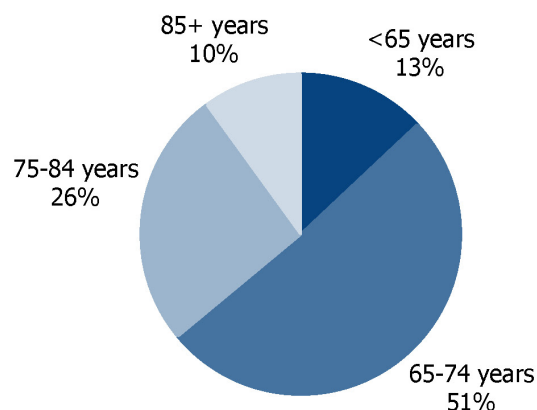


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

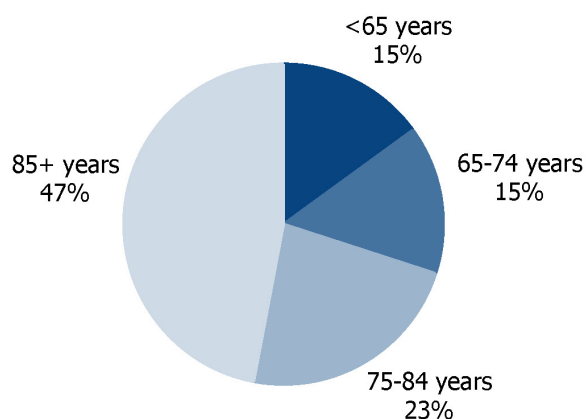
NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. For Dual Eligibility Status, "Yes" includes beneficiaries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

Exhibit 1.7.  
**Residence Status of All Medicare Beneficiaries by Age, 2020**

**Living only in the community**



**Living only in facilities**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. Estimates for the category "Both community and facility" are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.



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# HOW HEALTHY ARE MEDICARE BENEFICIARIES?

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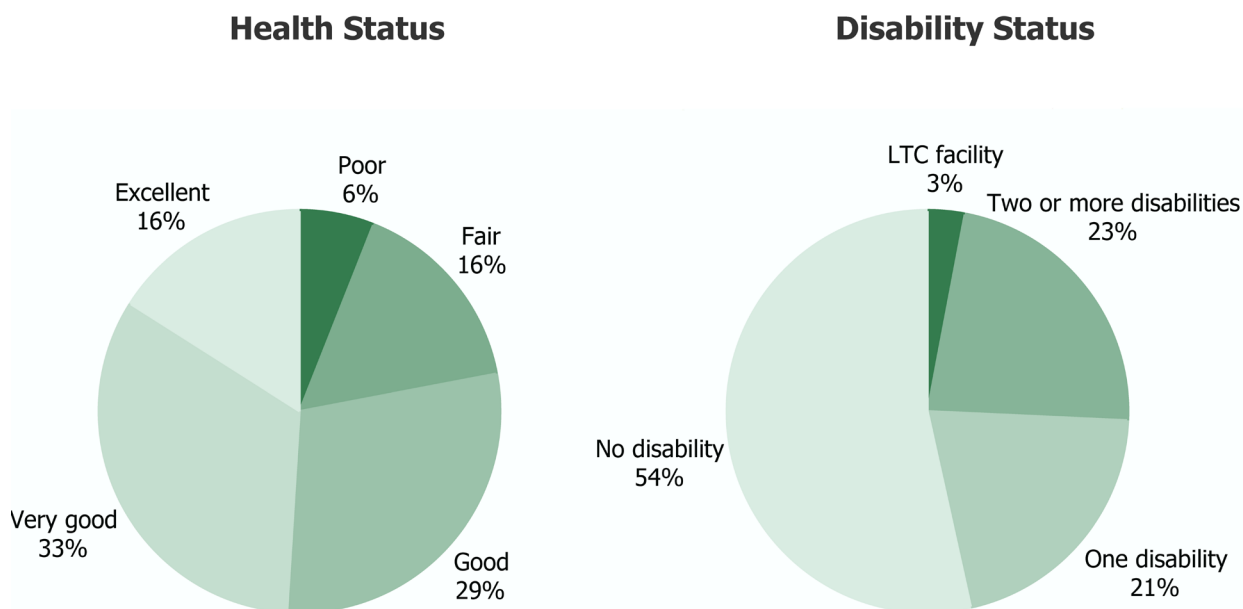
## 2. HOW HEALTHY ARE MEDICARE BENEFICIARIES?

### PERCEIVED HEALTH AND FUNCTIONING

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

Exhibit 2.1.

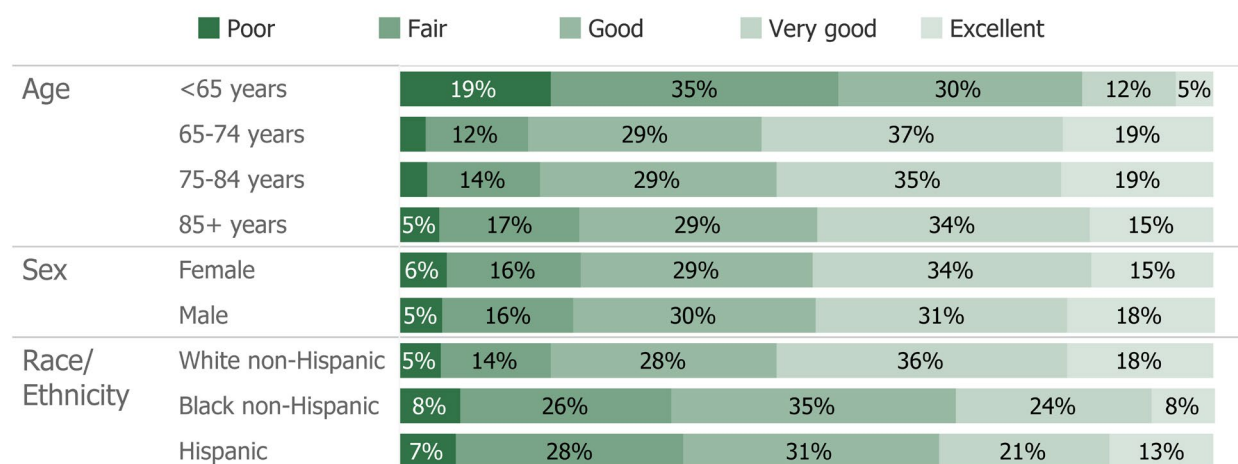
#### Quality of Life Metrics Among All Medicare Beneficiaries, 2020



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living 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.

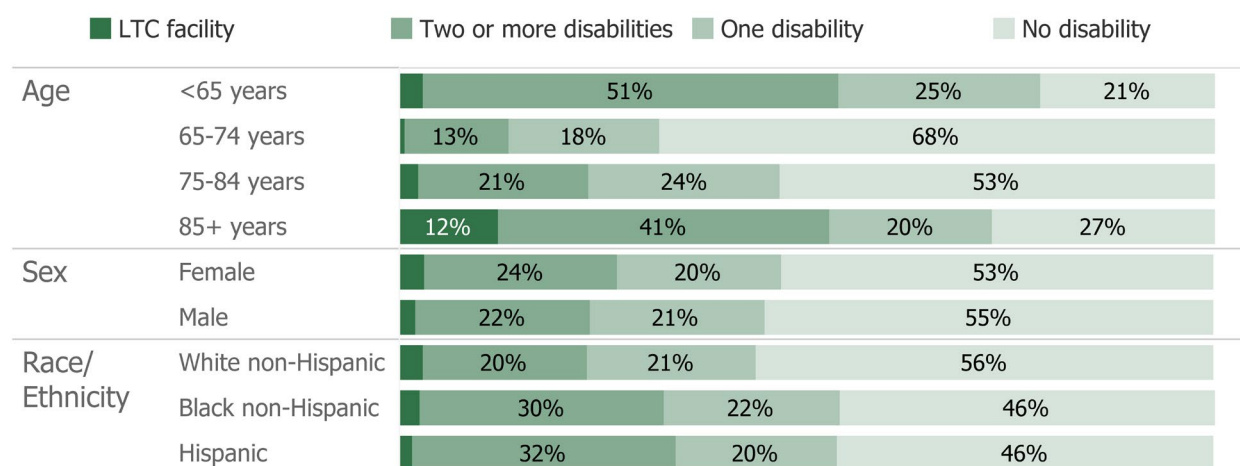
Exhibit 2.2.  
**Health Status Among All Medicare Beneficiaries by Age, Sex, and  
 Race/Ethnicity, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living 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, 2020**



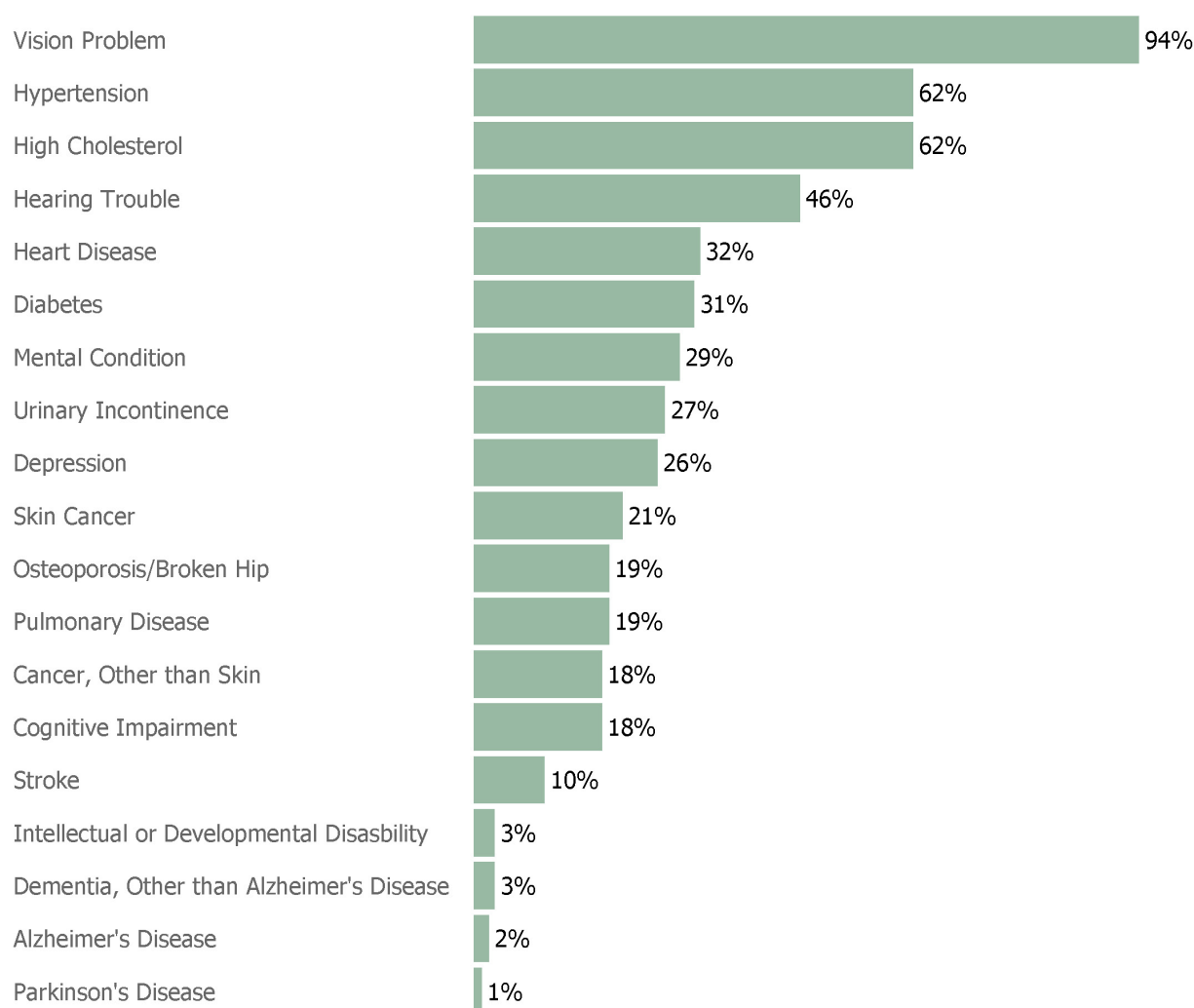
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living 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 reported chronic conditions and other common health conditions of Medicare beneficiaries, as well as the health behavior risk factors of smoking and alcohol use.

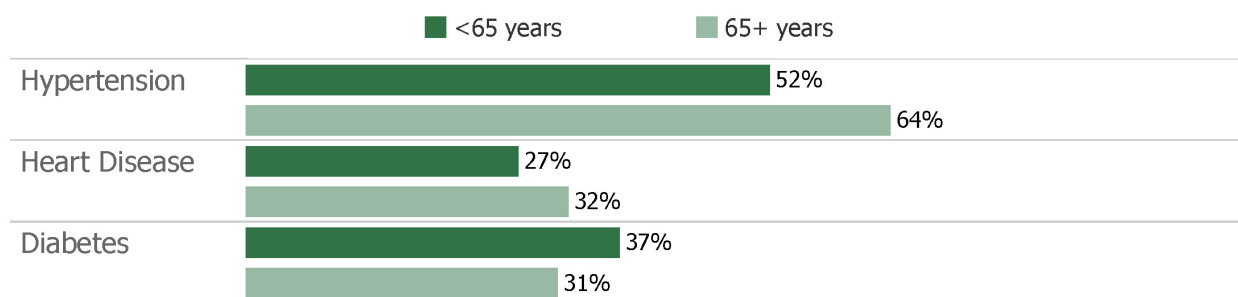
Exhibit 2.4.  
**Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

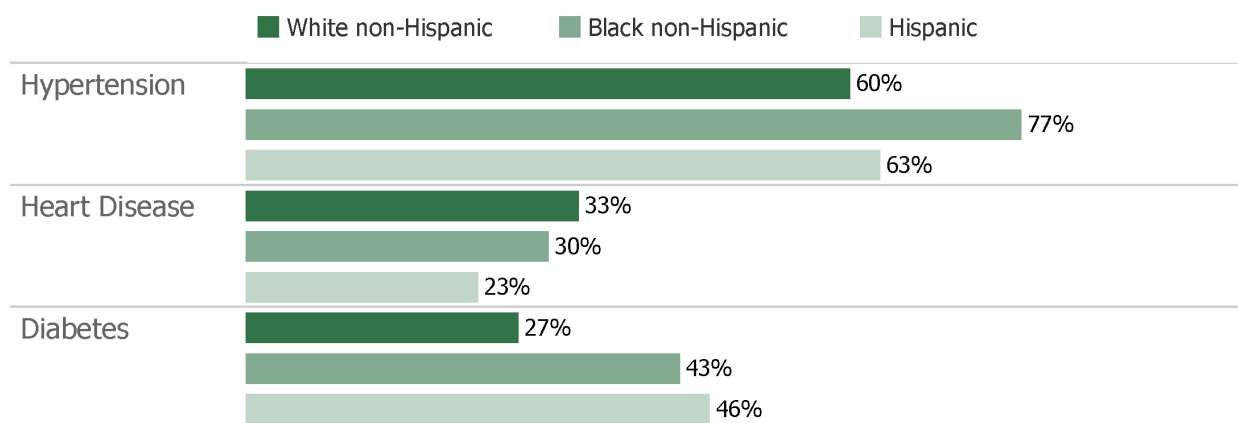
Exhibit 2.5.  
**Selected Reported Chronic Conditions Among All Medicare Beneficiaries by Age, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

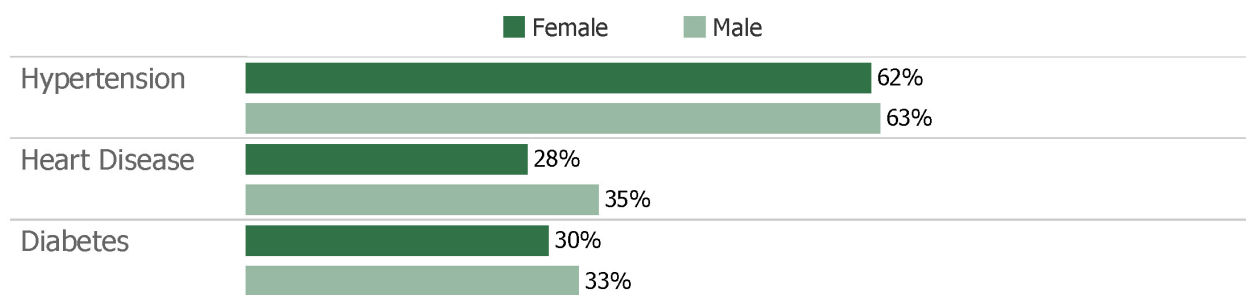
Exhibit 2.6.  
**Selected Reported Chronic Conditions Among All Medicare Beneficiaries by Race/Ethnicity, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living 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.

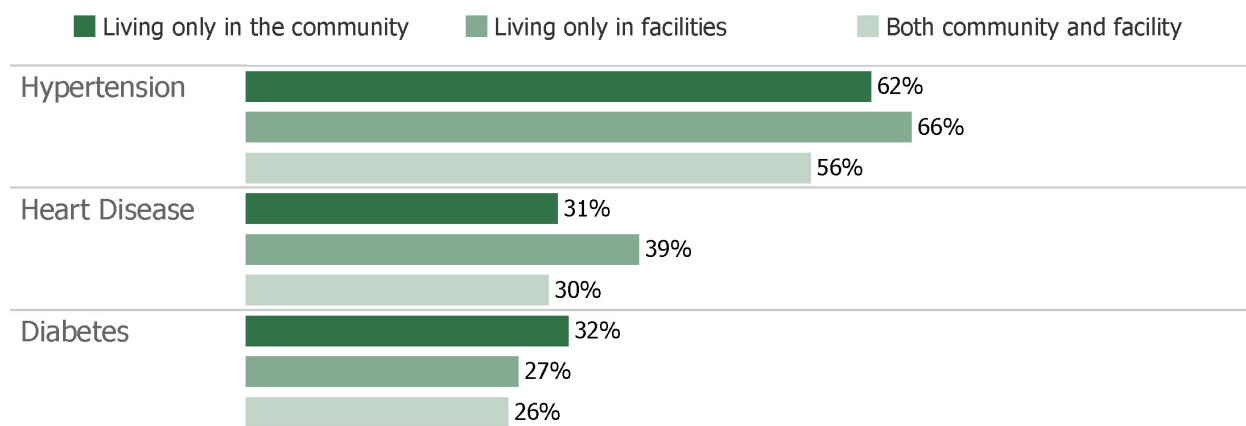
Exhibit 2.7.  
**Selected Reported Chronic Conditions Among All Medicare Beneficiaries by Sex, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

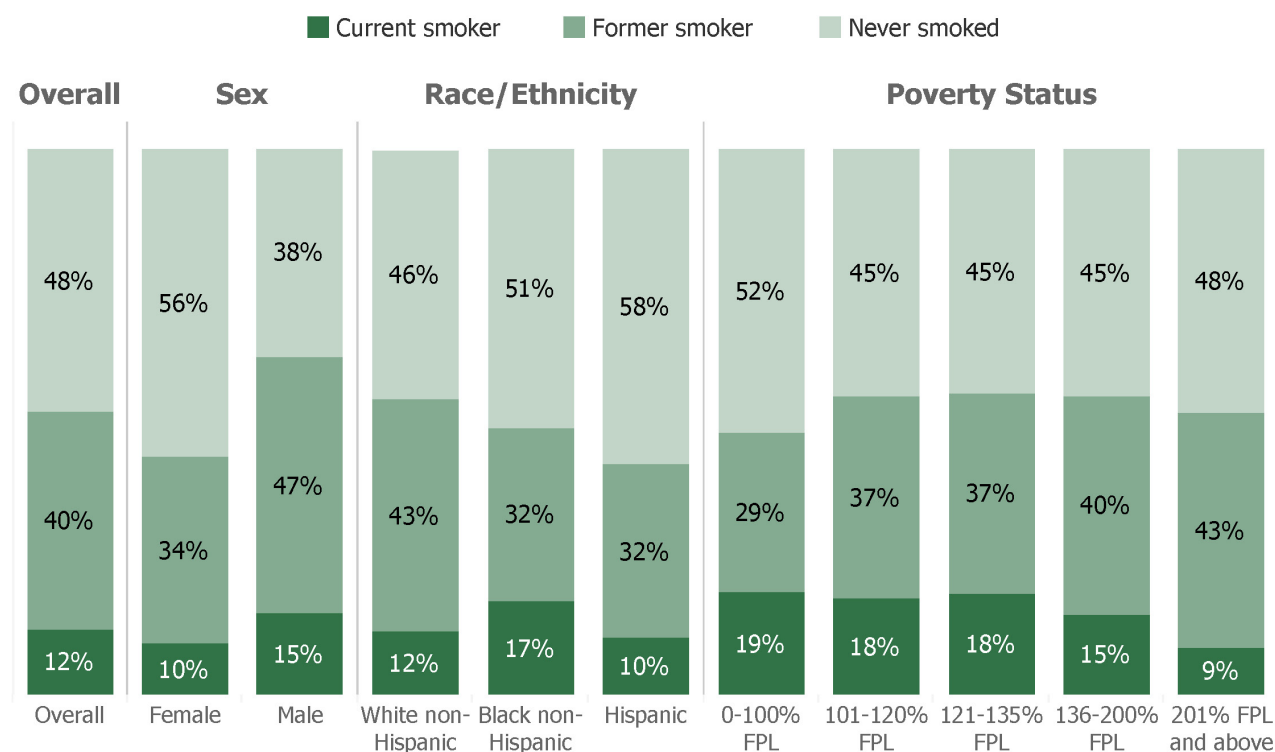
Exhibit 2.8.  
**Selected Reported Chronic Conditions Among All Medicare Beneficiaries by Residence Status, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Exhibit 2.9.  
**Smoking Status Among All Medicare Beneficiaries Overall and by  
 Sex, Race/Ethnicity, and Poverty Status, 2020**



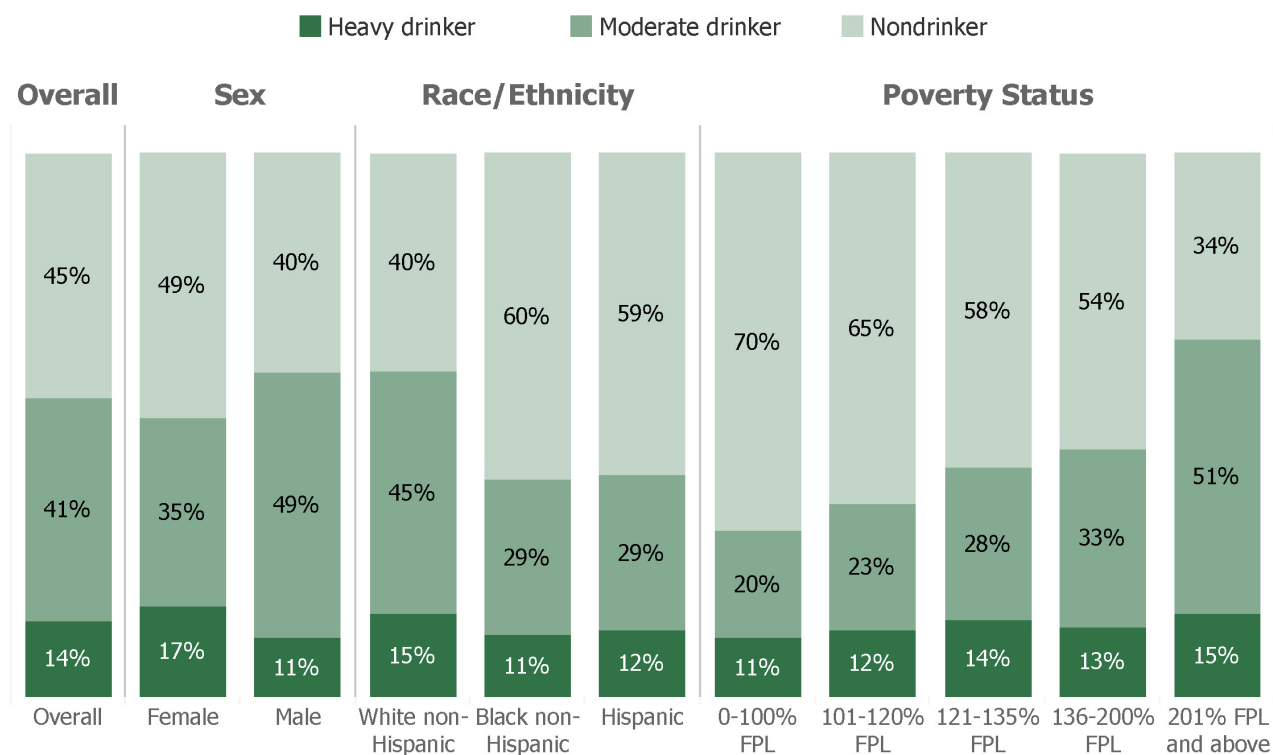
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living 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 Living in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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.

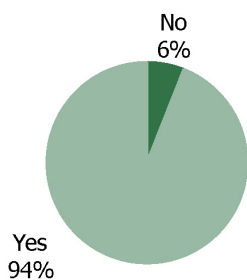
## PREVENTIVE CARE

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.

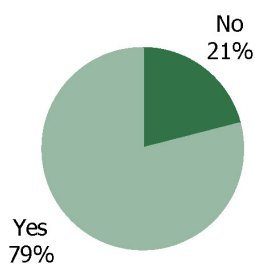
Exhibit 2.11.

### Self-Reported Preventive Health Behaviors Among Medicare Beneficiaries Living Only in the Community, 2020

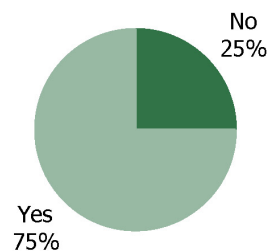
Blood Pressure Screening



Pneumonia Shot



Flu Shot

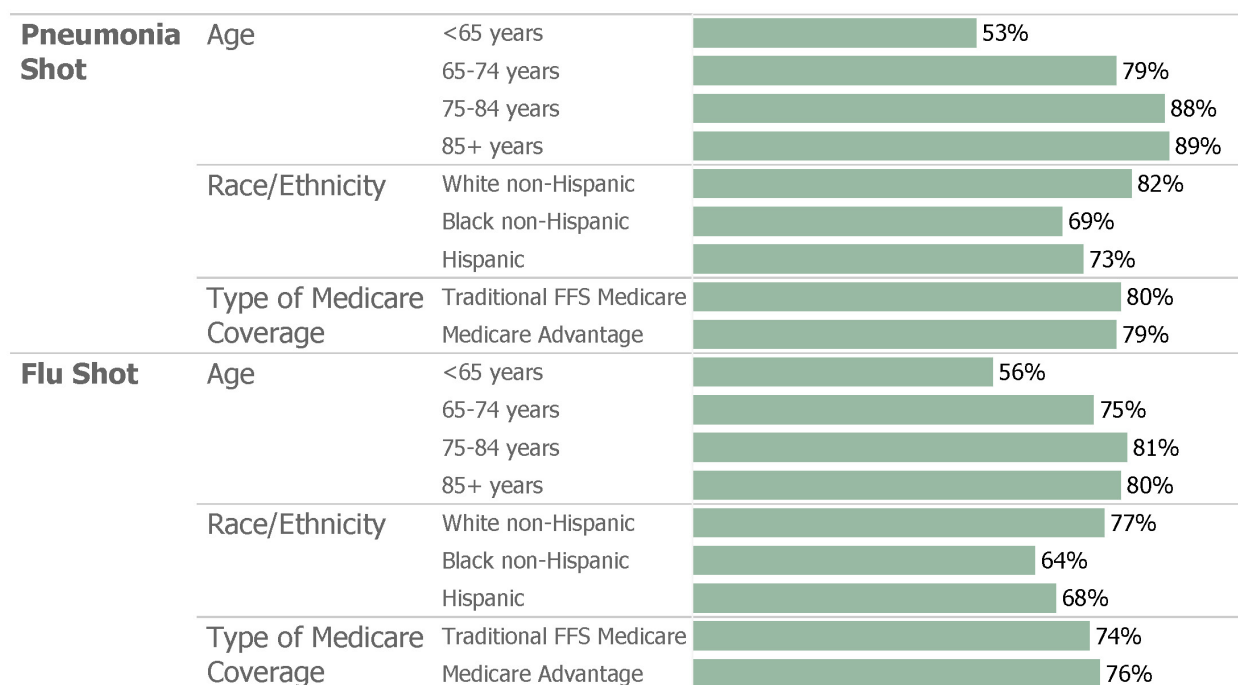


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 2.12.

### Self-Reported Preventive Health Behaviors Among Medicare Beneficiaries Living Only in the Community by Age, Race/Ethnicity, and Type of Medicare Coverage, 2020

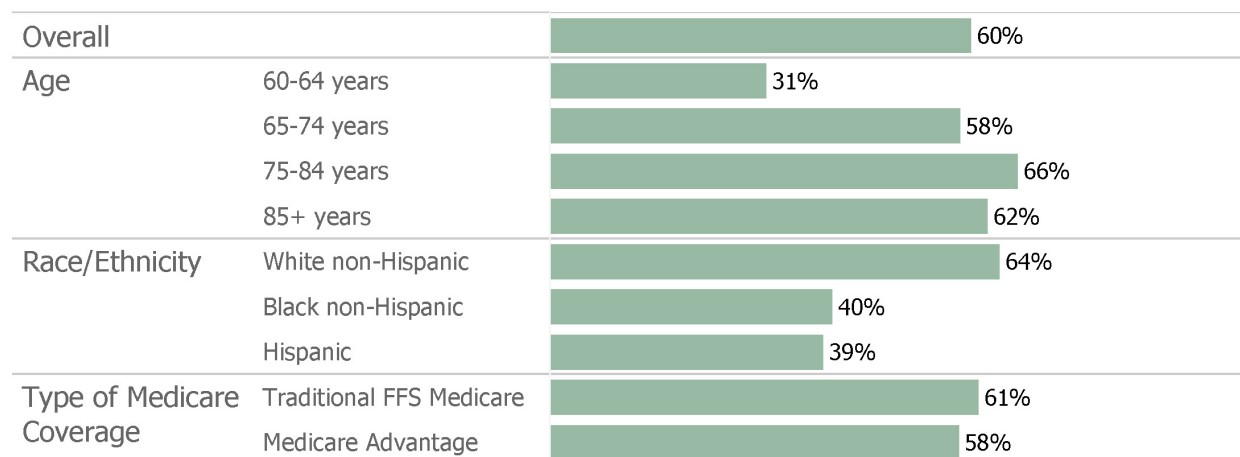


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. FFS stands for Fee-for-Service.

Exhibit 2.13.

**Self-Reported Receipt of Shingles Vaccine Among Medicare Beneficiaries Aged 60 and Over Living Only in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. FFS stands for Fee-for-Service.

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

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

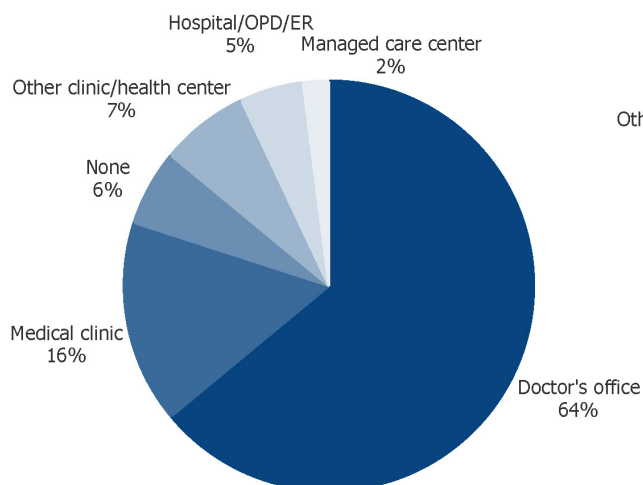
#### ACCESS TO CARE

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.

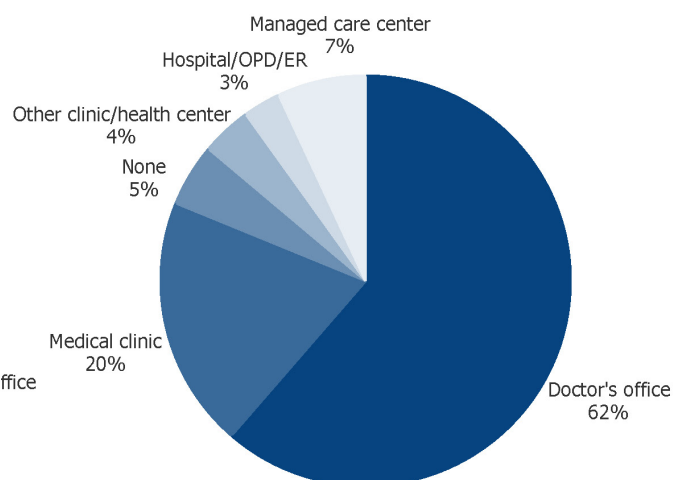
Exhibit 3.1.

#### Usual Source of Care Among Medicare Beneficiaries Living Only in the Community by Type of Medicare Coverage, 2020

##### Traditional FFS Medicare



##### Medicare Advantage



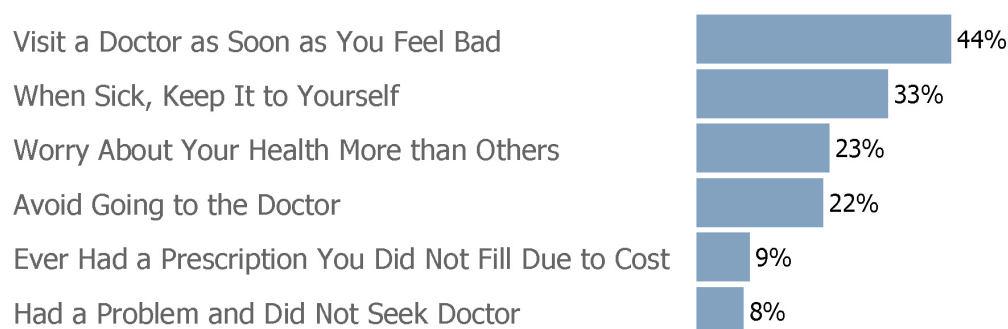
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. ER stands for Emergency Room. FFS stands for Fee-for-Service. OPD stands for Outpatient Department.

## 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 a beneficiary visiting a doctor as soon as they feel bad and worrying about their health more than others, as well as behaviors that decrease this tendency, such as a beneficiary having a problem and not seeking a doctor, having a prescription that they do not fill due to cost, avoiding going to the doctor, and keeping it to themselves when sick.

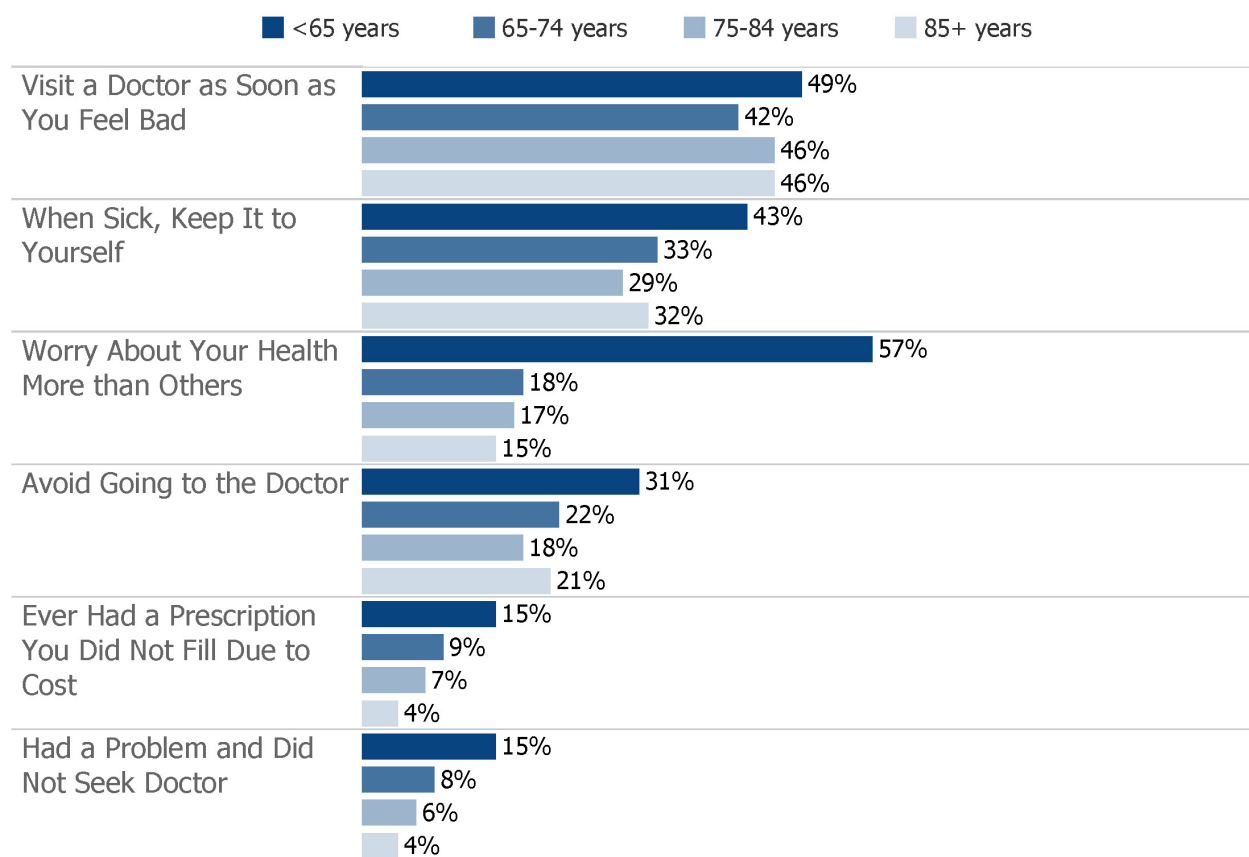
Exhibit 3.2.  
**Indicators of Propensity to Seek Care Among Medicare Beneficiaries Living Only in the Community, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 Living Only in the Community by Age, 2020**

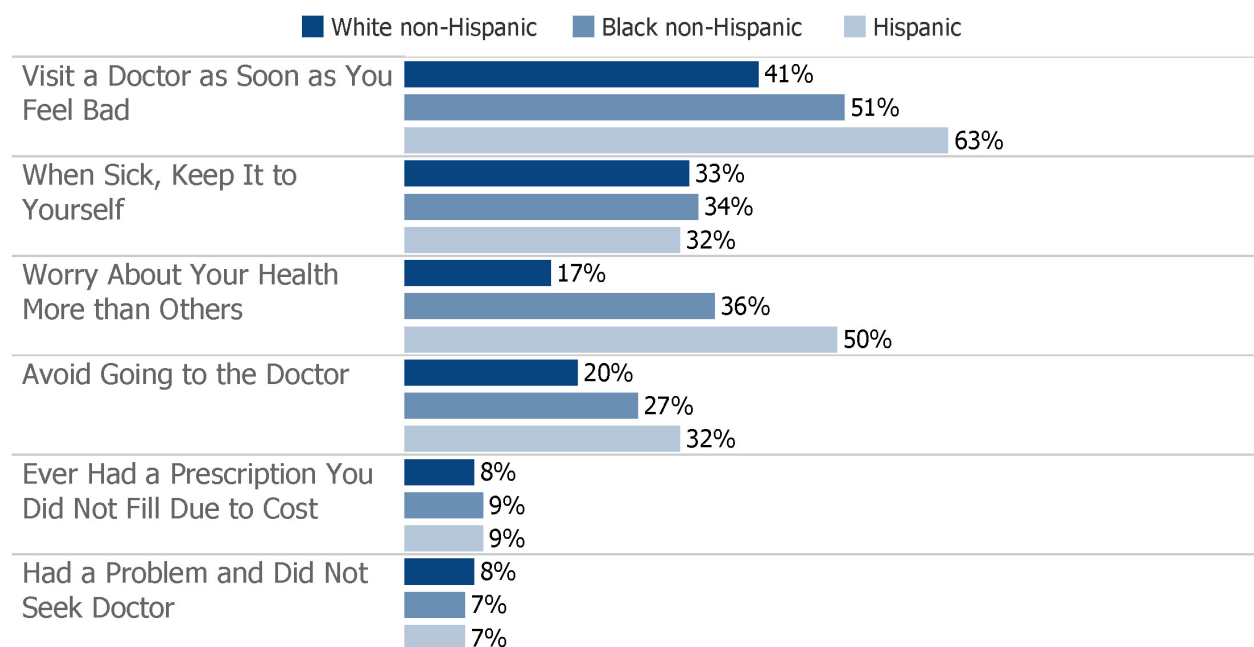


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 Living Only in the Community by Race/Ethnicity,  
 2020**



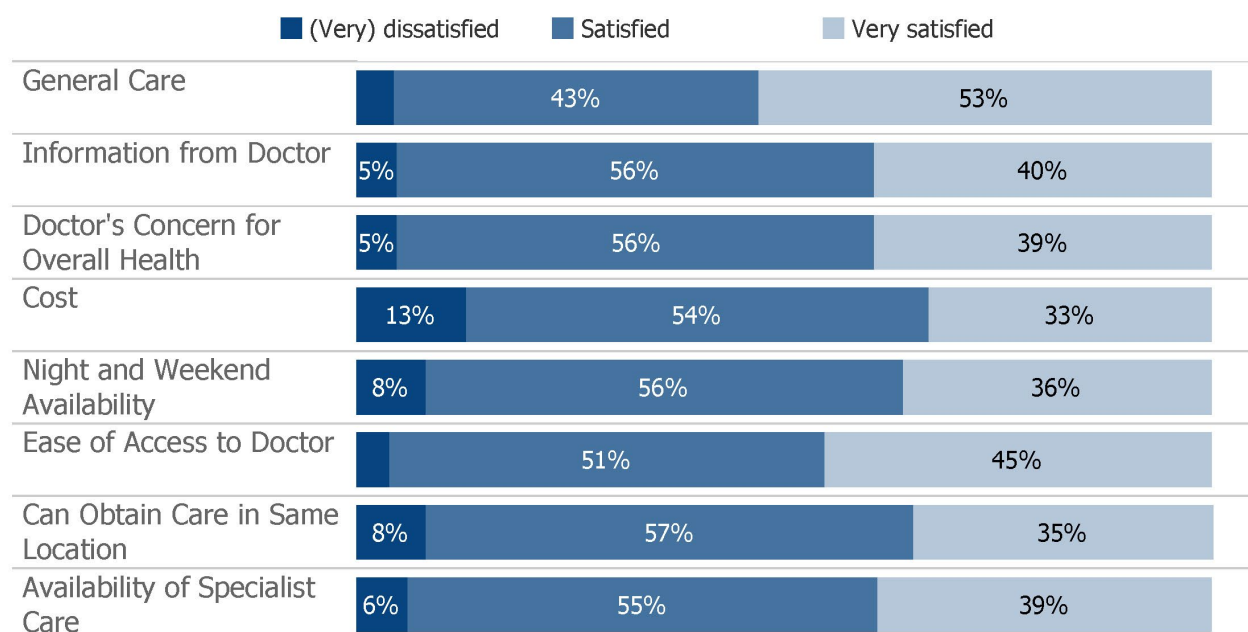
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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.

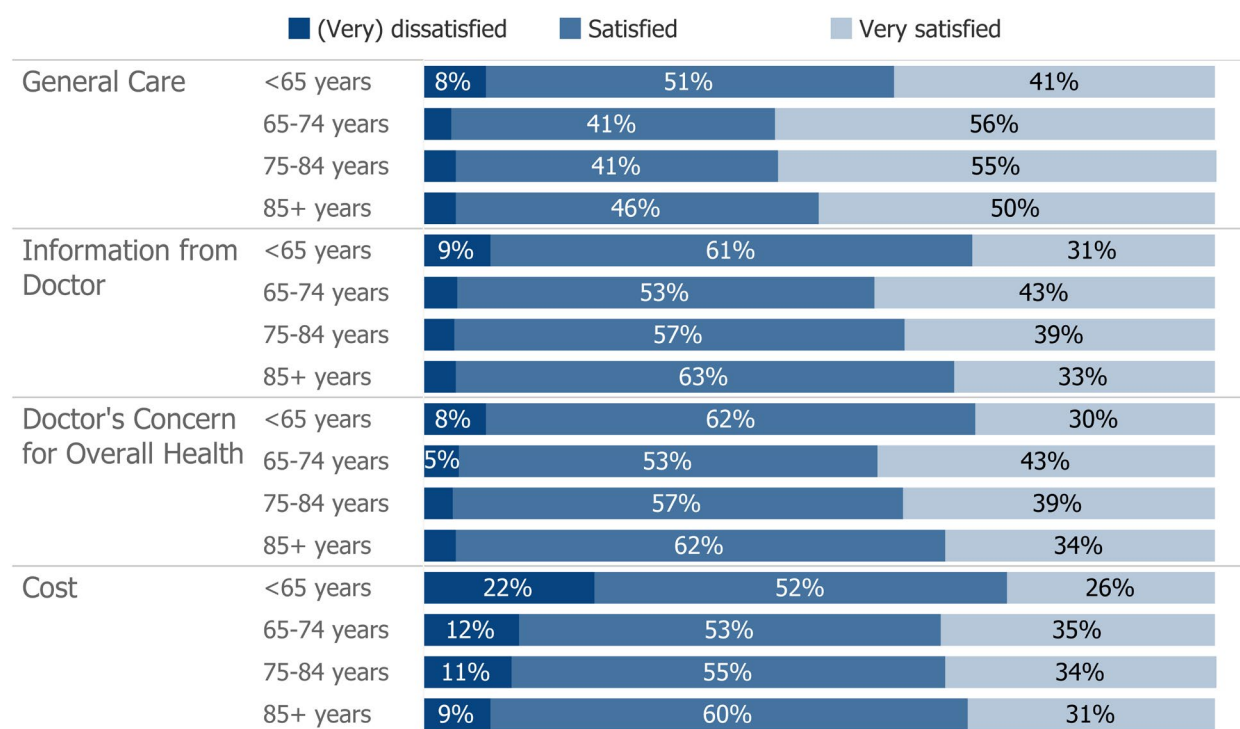
Exhibit 3.5.  
**Indicators of Satisfaction with Care Among Medicare Beneficiaries  
Living Only in the Community, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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."

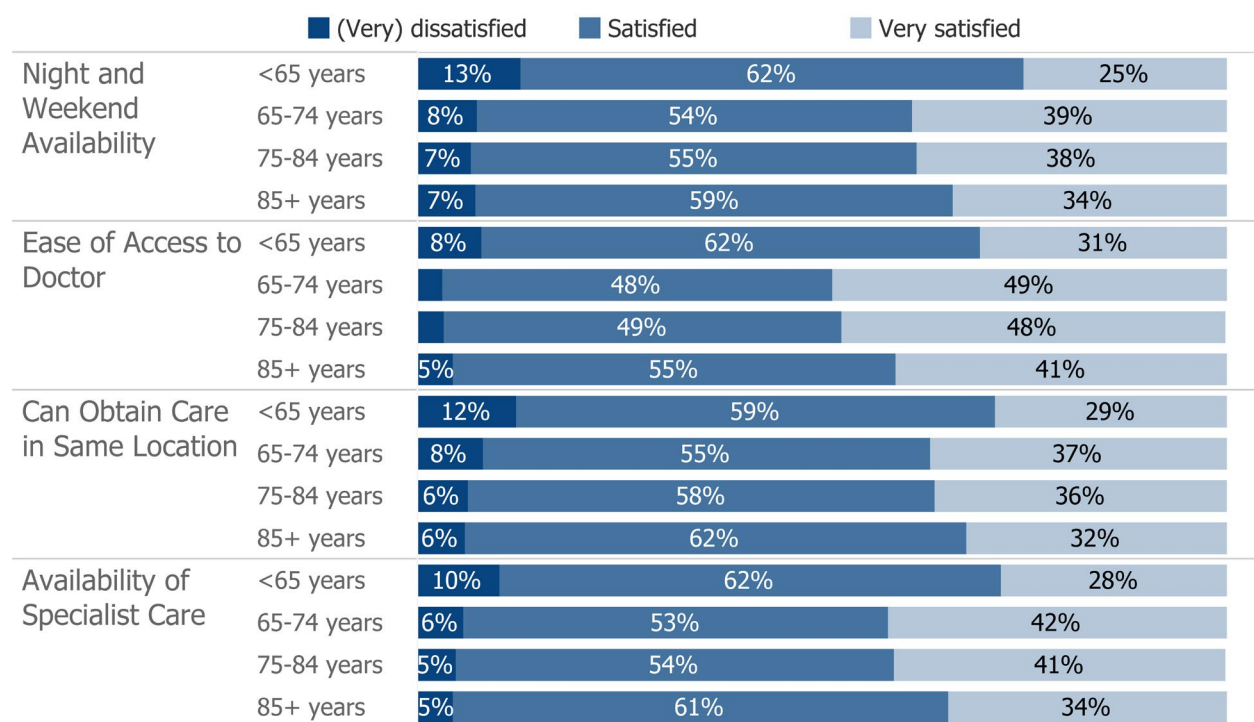
Exhibit 3.6.  
**Satisfaction with Quality and Cost of Care Among Medicare  
 Beneficiaries Living Only in the Community by Age, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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."

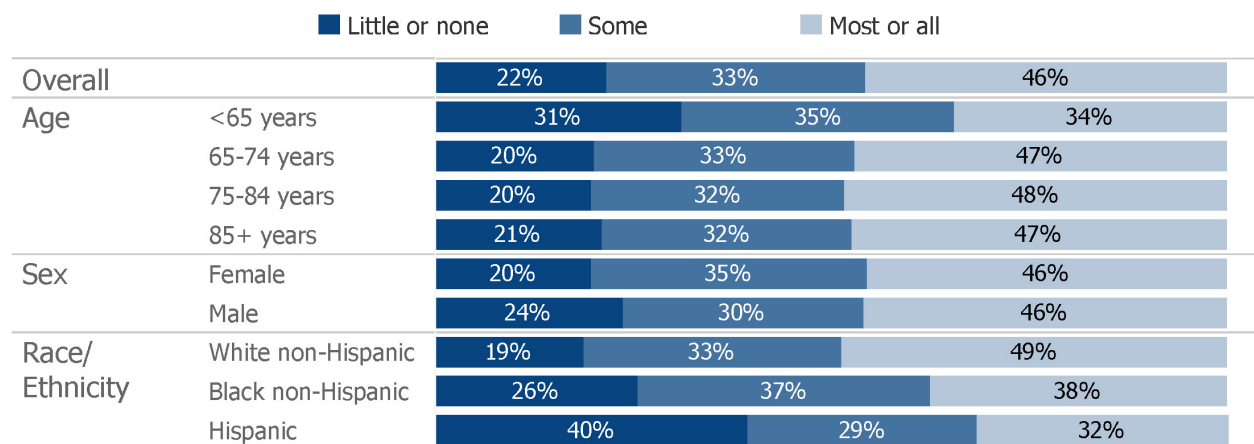
Exhibit 3.7.  
**Satisfaction with Access to Care Among Medicare Beneficiaries  
 Living Only in the Community by Age, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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."

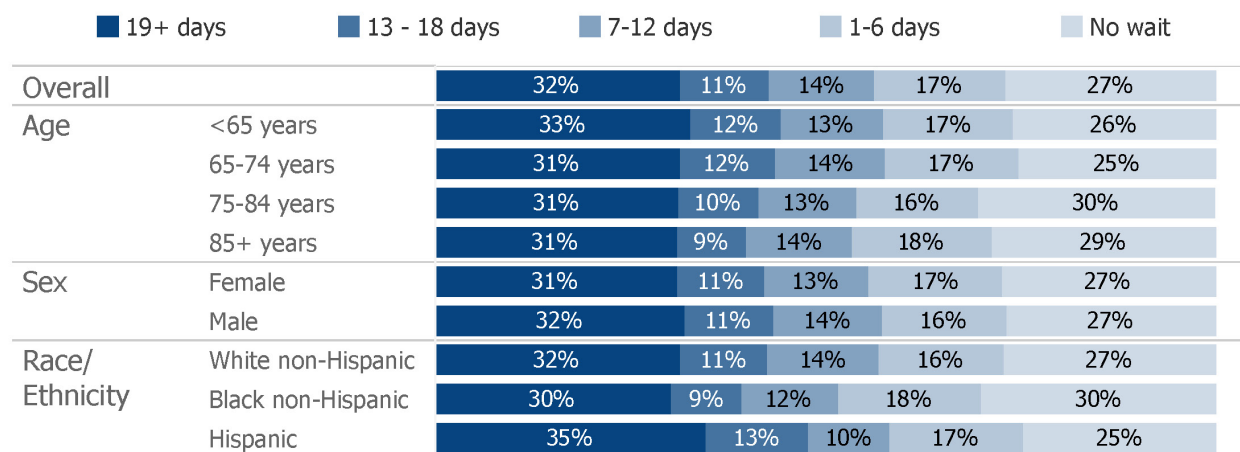
Exhibit 3.8.  
**Perceived Knowledge of the Medicare Program Among Medicare Beneficiaries Living Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 3.9.  
**Self-Reported Physician Appointment Wait Time Among Medicare Beneficiaries Living Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 AND HOW MUCH DO THESE SERVICES COST?

## 4. WHAT HEALTH CARE SERVICES DO MEDICARE BENEFICIARIES RECEIVE AND HOW MUCH DO THESE SERVICES COST?

The charts in Section 4 present information about service utilization as well as expenditures on services and insurance premiums for Medicare beneficiaries. This section presents information about user rates and spending on dental, hearing, vision, inpatient hospital, long-term facility care, Medicare hospice, outpatient hospital, physician/supplier, skilled nursing facility care services, and use of prescription drugs.

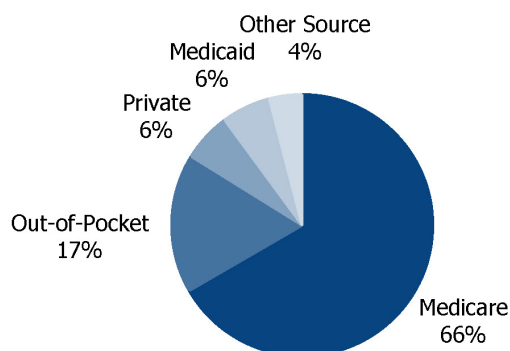
Exhibit 4.1.

### Total Health Care Service Expenditures Among All Medicare Beneficiaries Overall and by Source of Payment, in Millions of Dollars, 2020

#### Total Service Expenditures

**\$989,109**

#### Source of Payment

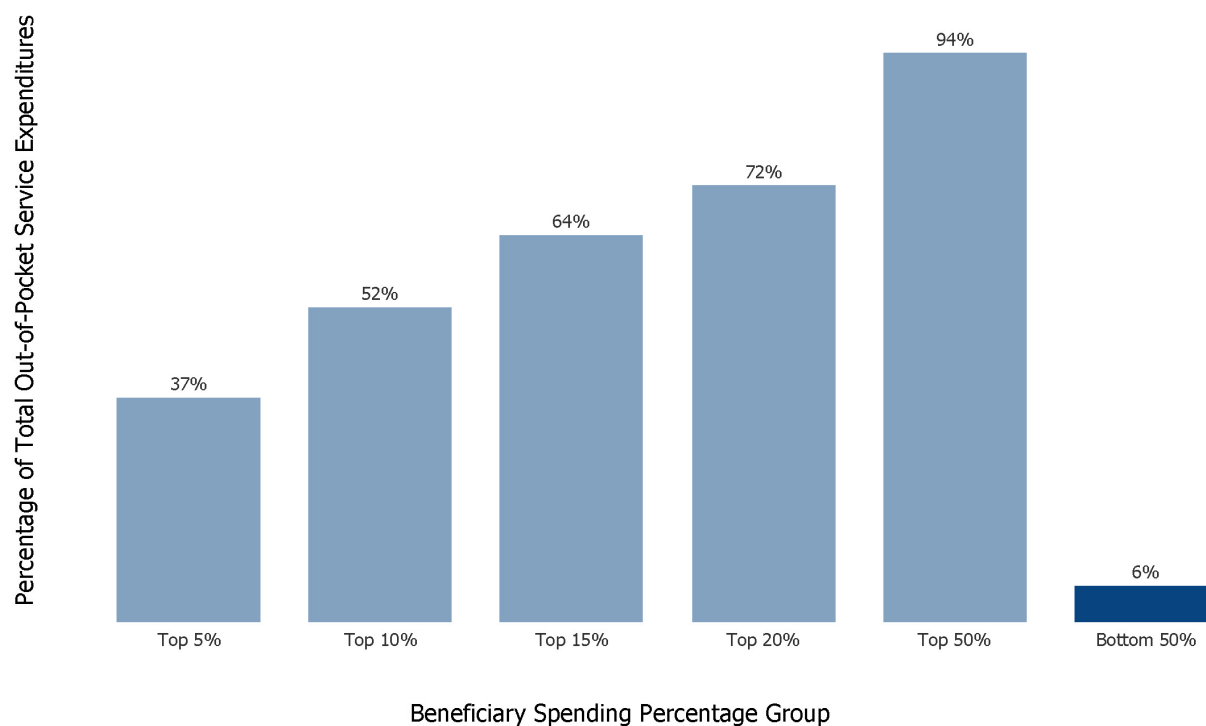


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2020.

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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.



Exhibit 4.2.  
**Distribution of Total Out-of-Pocket Health Care Service Expenditures Among All Medicare Beneficiaries, 2020**

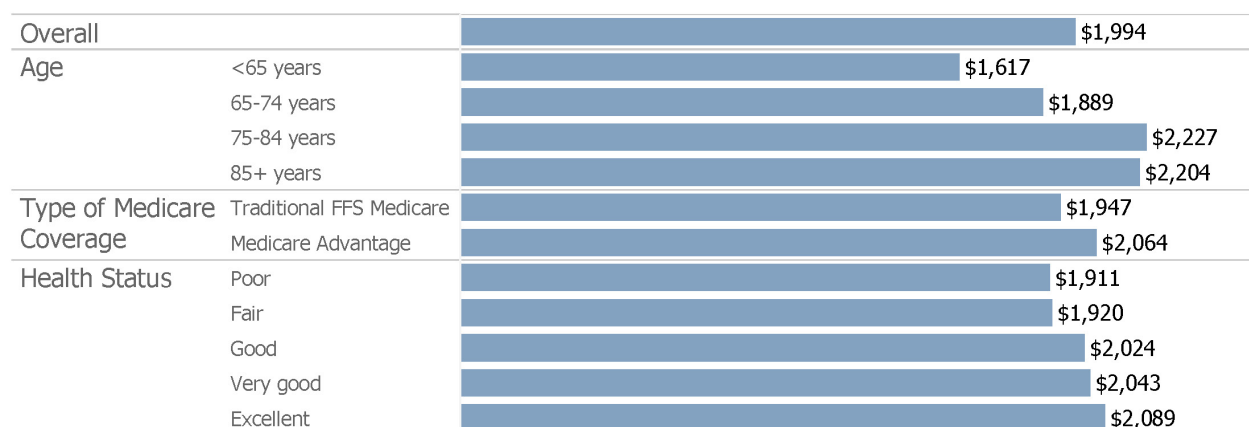


- The 5% of beneficiaries who spend the most out-of-pocket for health care services account for 37% of all out-of-pocket health care service spending.
- The 50% who spend the least account for 6% of total out-of-pocket health care service spending.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2020.

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.

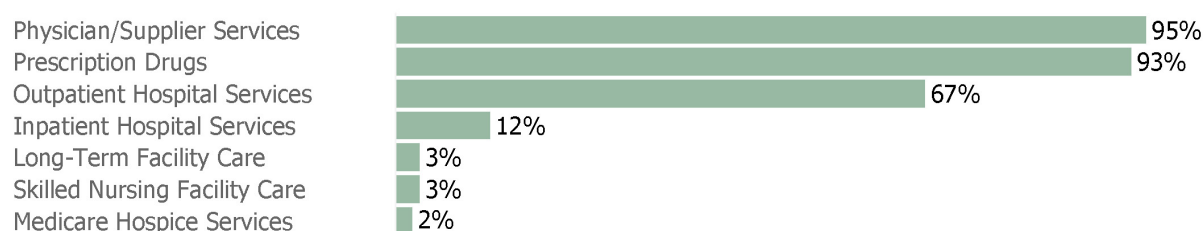
**Exhibit 4.3.**  
**Annual Out-of-Pocket Medicare Premium Expenditures per Capita**  
**Among Medicare Beneficiaries Who Are Not Dually Eligible Overall**  
**and by Age, Type of Medicare Coverage, and Health Status, in**  
**Dollars, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 are not dually eligible for both Medicare and Medicaid. Beneficiaries who are classified as dually eligible can be either partial- or full-benefit dually eligible. 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. FFS stands for Fee-for-Service.

**Exhibit 4.4.**  
**User Rates of Health Care Services Among All Medicare**  
**Beneficiaries, 2020**

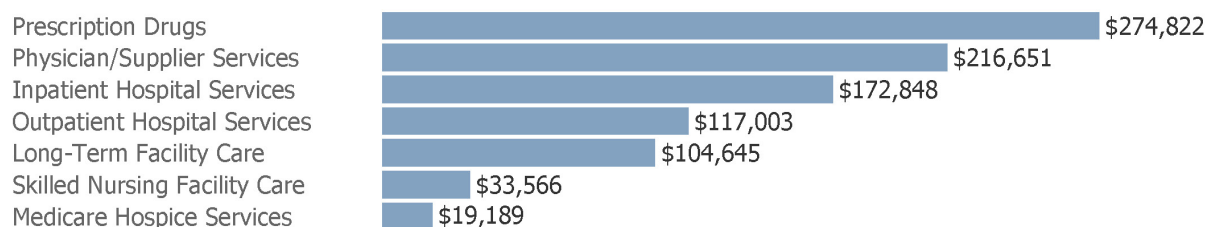


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2020.

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 for Vision Services, Hearing Services, and Dental Services are only presented in the Chartbook for beneficiaries who only completed Community interviews during the year and are therefore excluded from this Exhibit.

Exhibit 4.5.

### Total Health Care Service Expenditures Among All Medicare Beneficiaries by Selected Service Types, in Millions of Dollars, 2020



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources. Estimates for Vision Services, Hearing Services, and Dental Services are only presented in the Chartbook for beneficiaries who only completed Community interviews during the year and are therefore excluded from this Exhibit.

Exhibit 4.6.

### User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community, 2020



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 4.7.

**Total Health Care Expenditures for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Millions of Dollars, 2020**

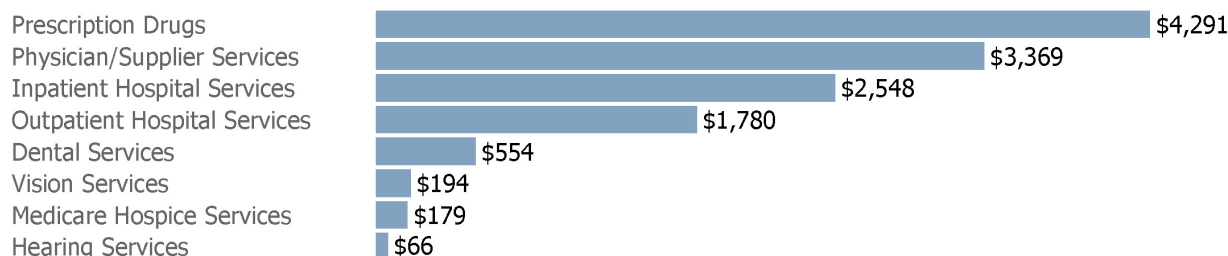


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 4.8.

**Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Dollars, 2020**

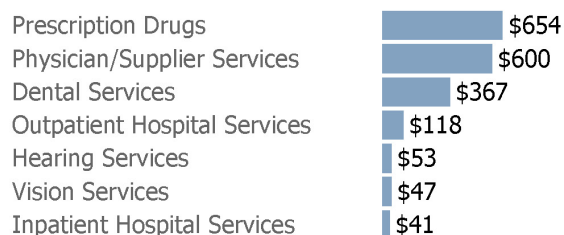


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 4.9.

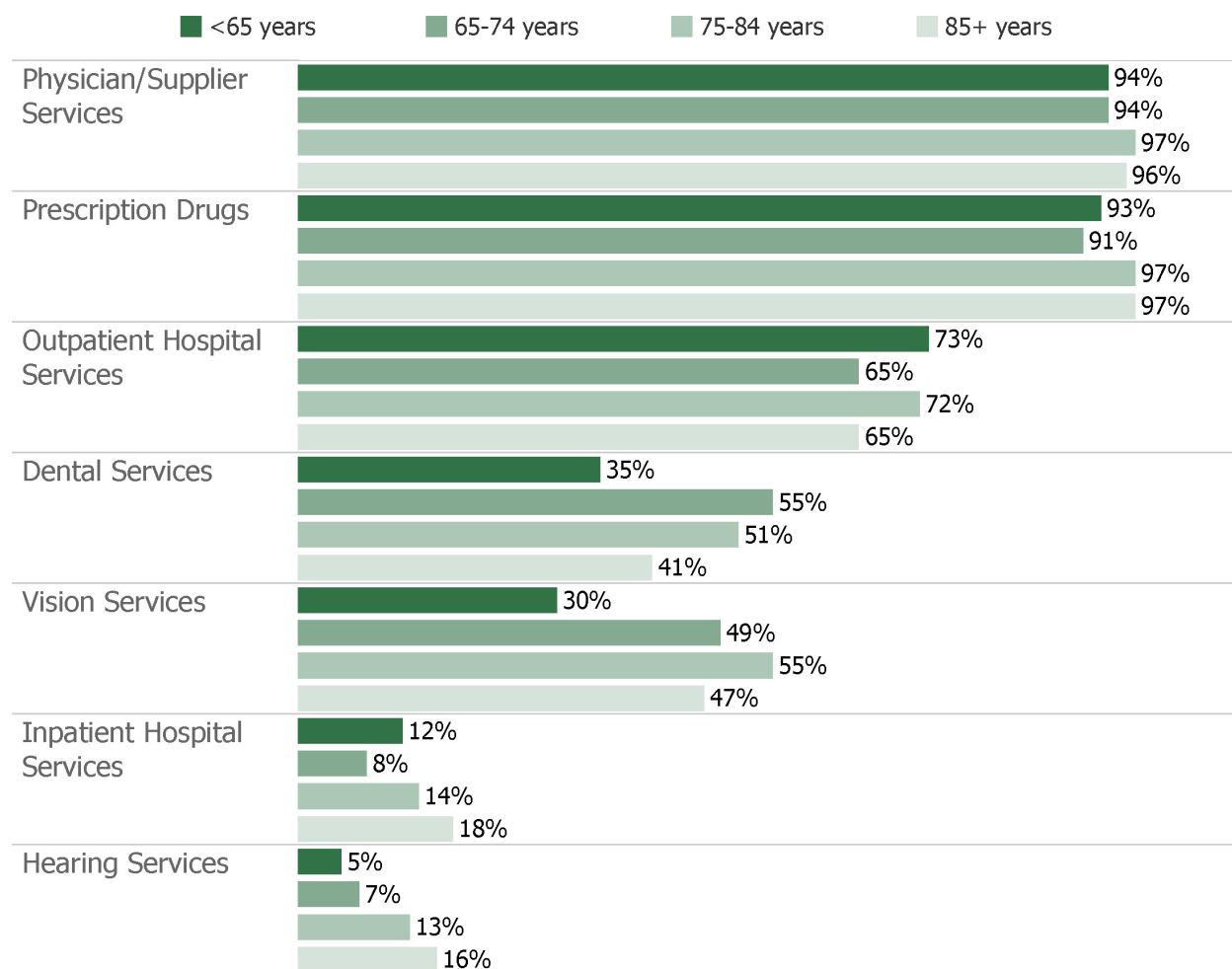
**Total Out-of-Pocket Health Care Service Expenditures per Capita  
for Selected Service Types Among Medicare Beneficiaries Living  
Only in the Community, in Dollars, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

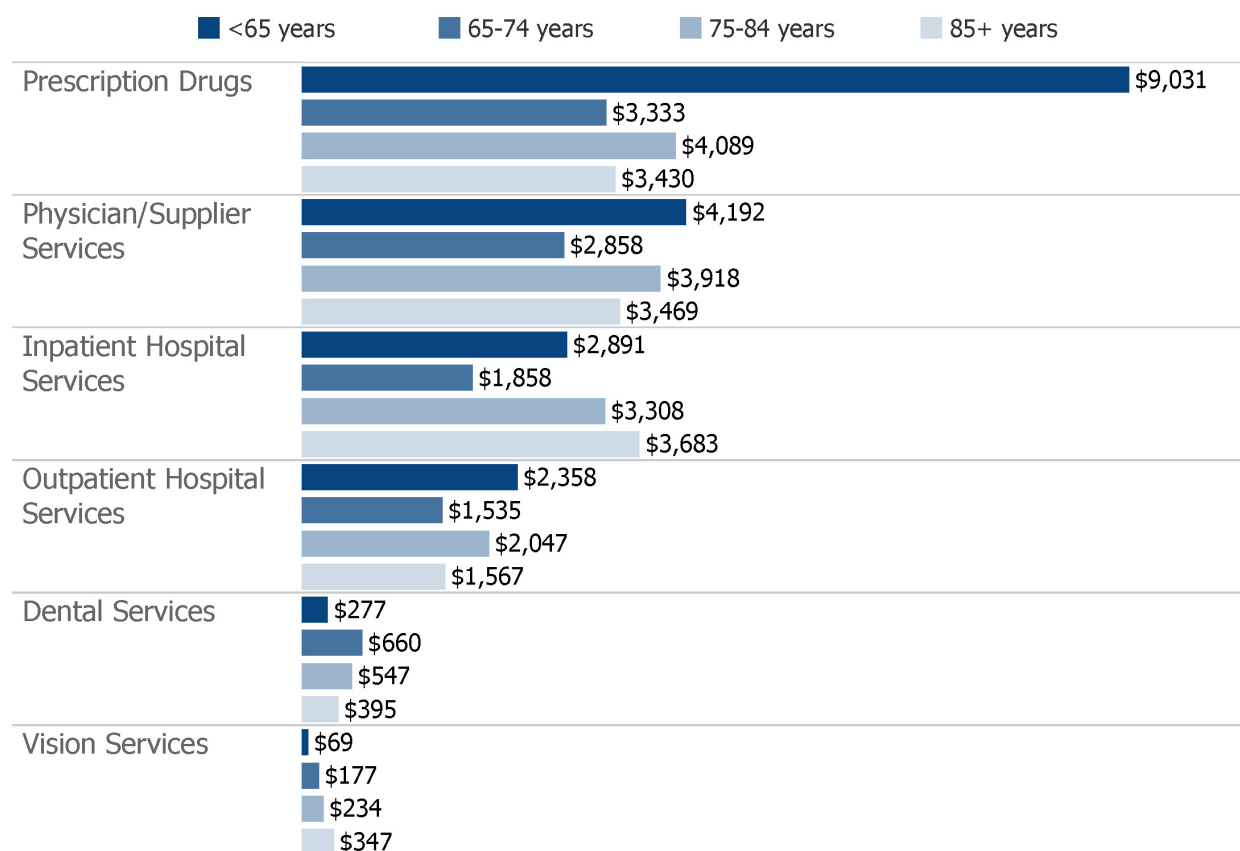
Exhibit 4.10.  
**User Rates of Selected Health Care Services Among Medicare  
 Beneficiaries Living Only in the Community by Age, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

Exhibit 4.11.  
**Total Health Care Service Expenditures per Capita for Selected  
 Service Types Among Medicare Beneficiaries Living Only in the  
 Community by Age, in Dollars, 2020**

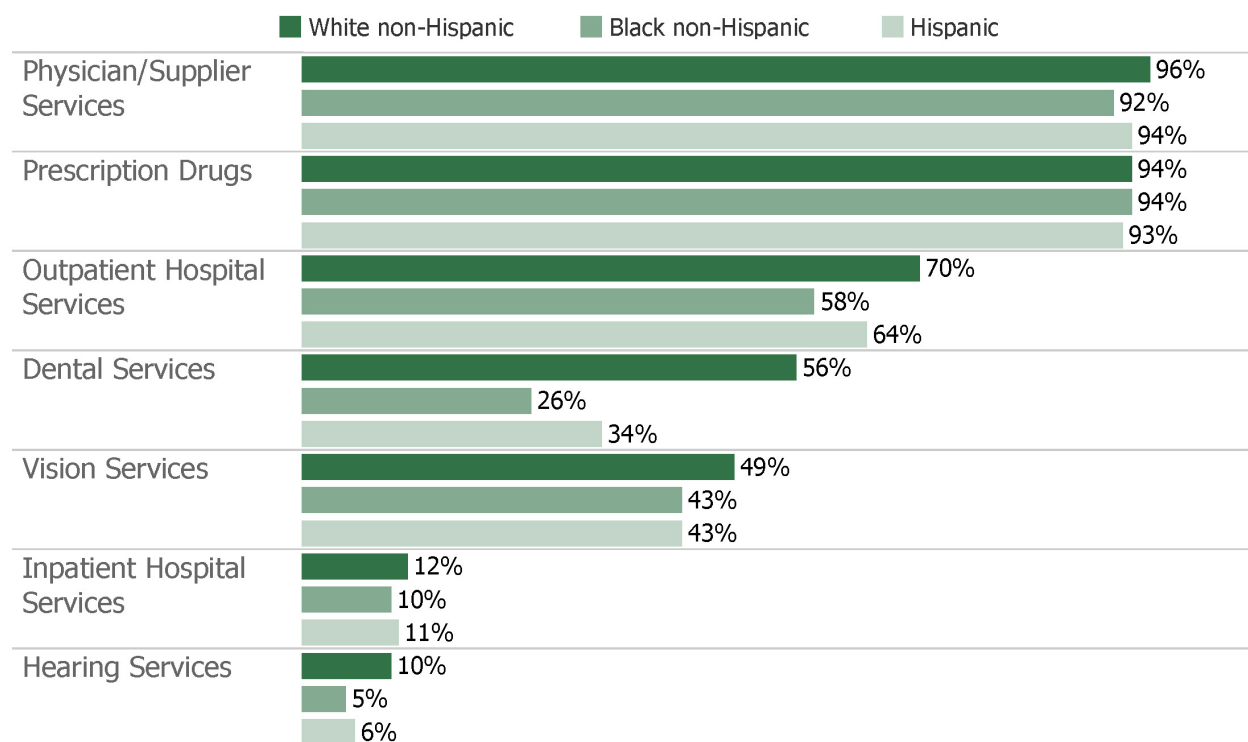


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 for Medicare Hospice Services and Hearing 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 4.12.

**User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community by Race/Ethnicity, 2020**

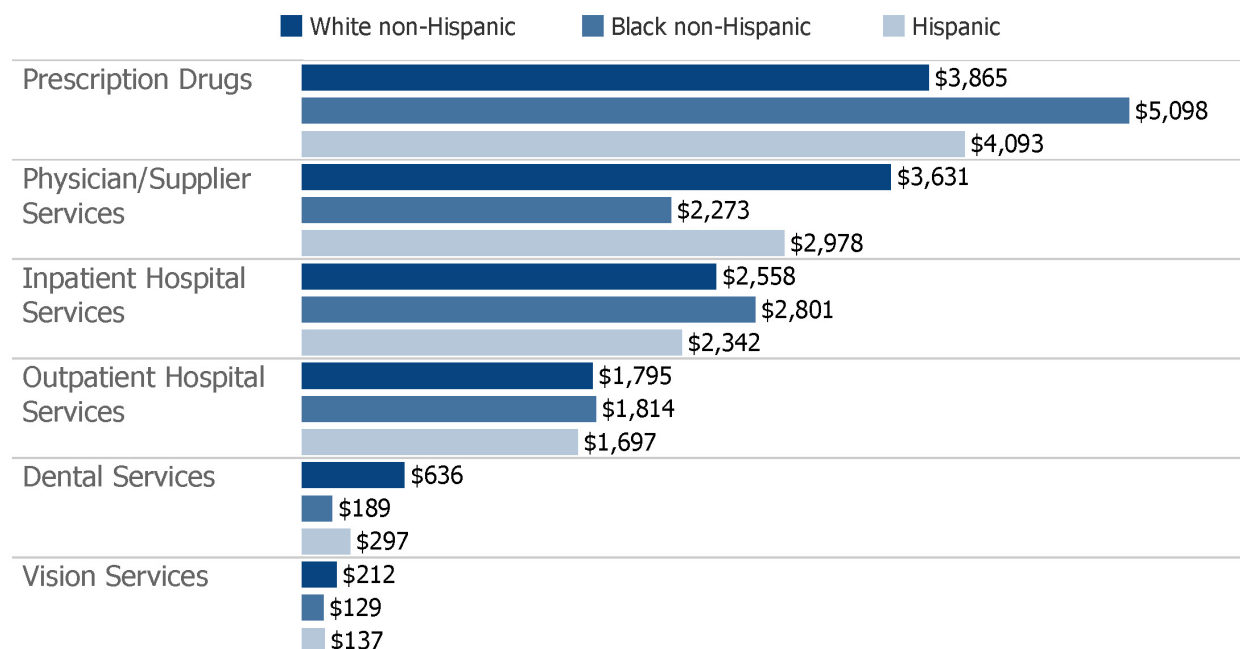


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.



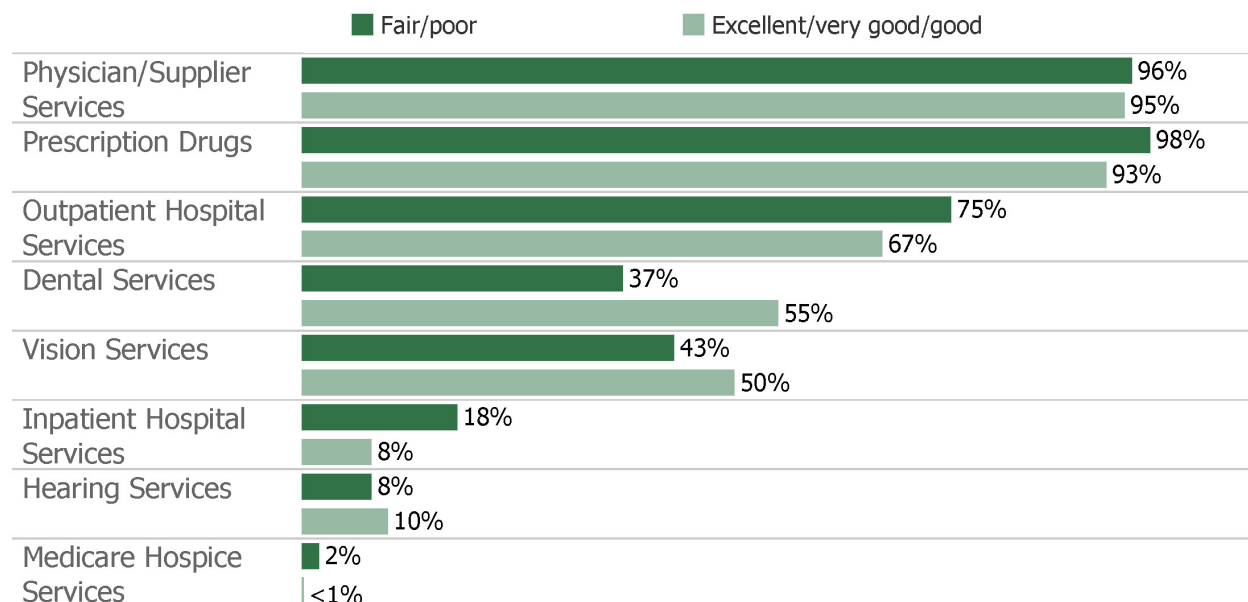
Exhibit 4.13.  
**Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community by Race/Ethnicity, in Dollars, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Estimates for Medicare Hospice Services and Hearing 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 4.14.  
**User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community by Self-Reported Health Status, 2020**

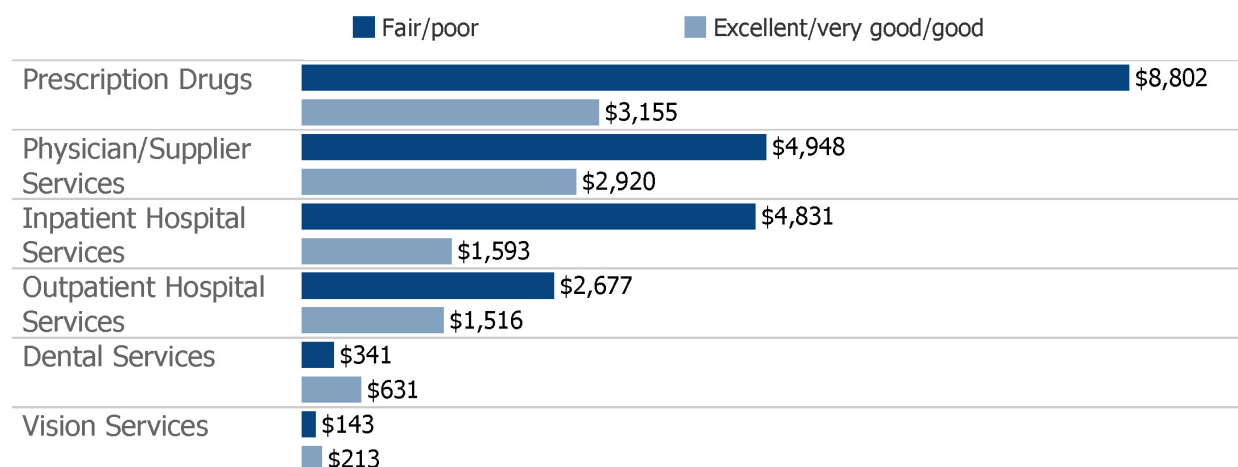


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 4.15.

**Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community by Self-Reported Health Status, in Dollars, 2020**

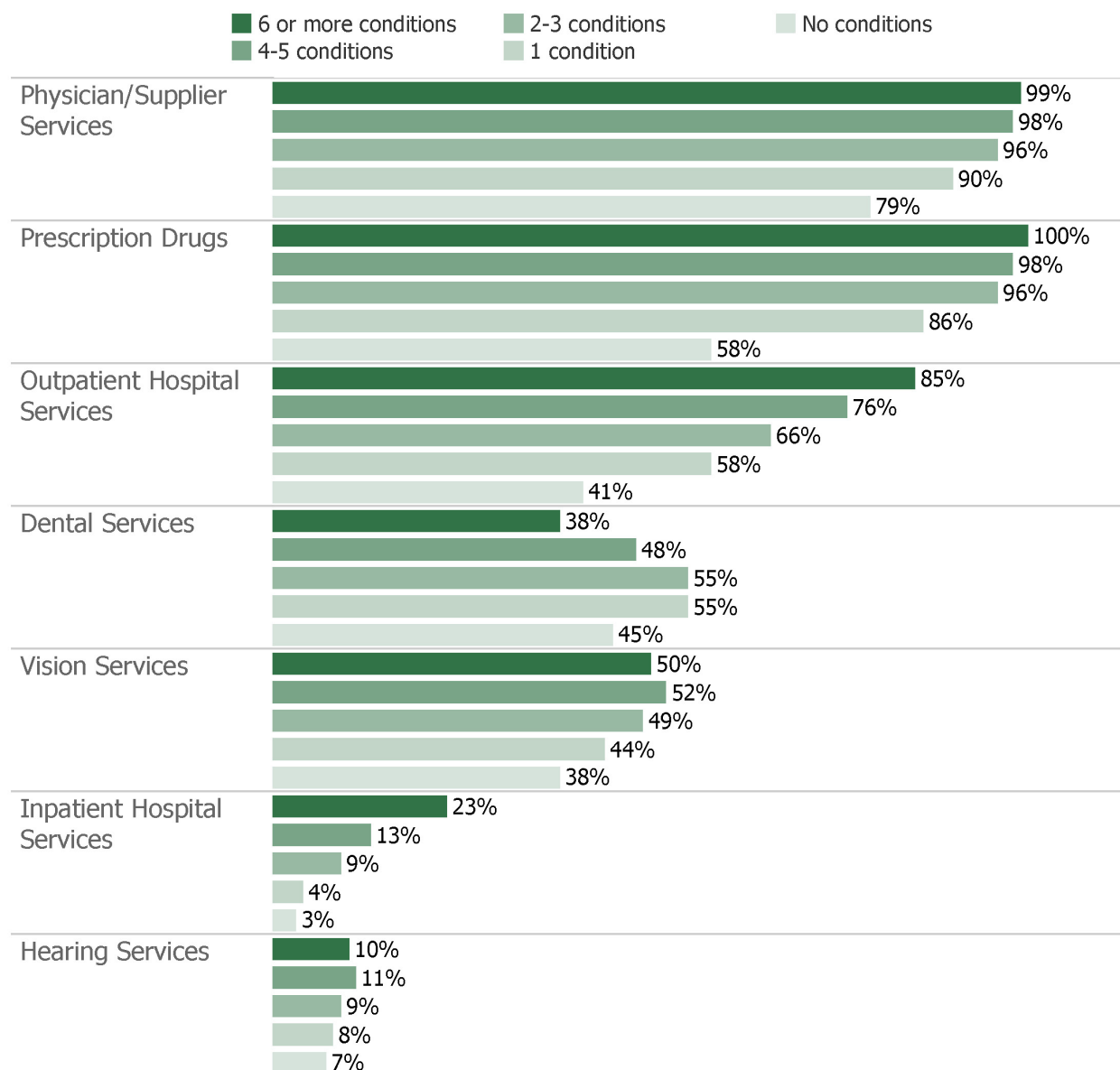


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 for Medicare Hospice Services and Hearing 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 4.16.

**User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community by Number of Chronic Conditions, 2020**

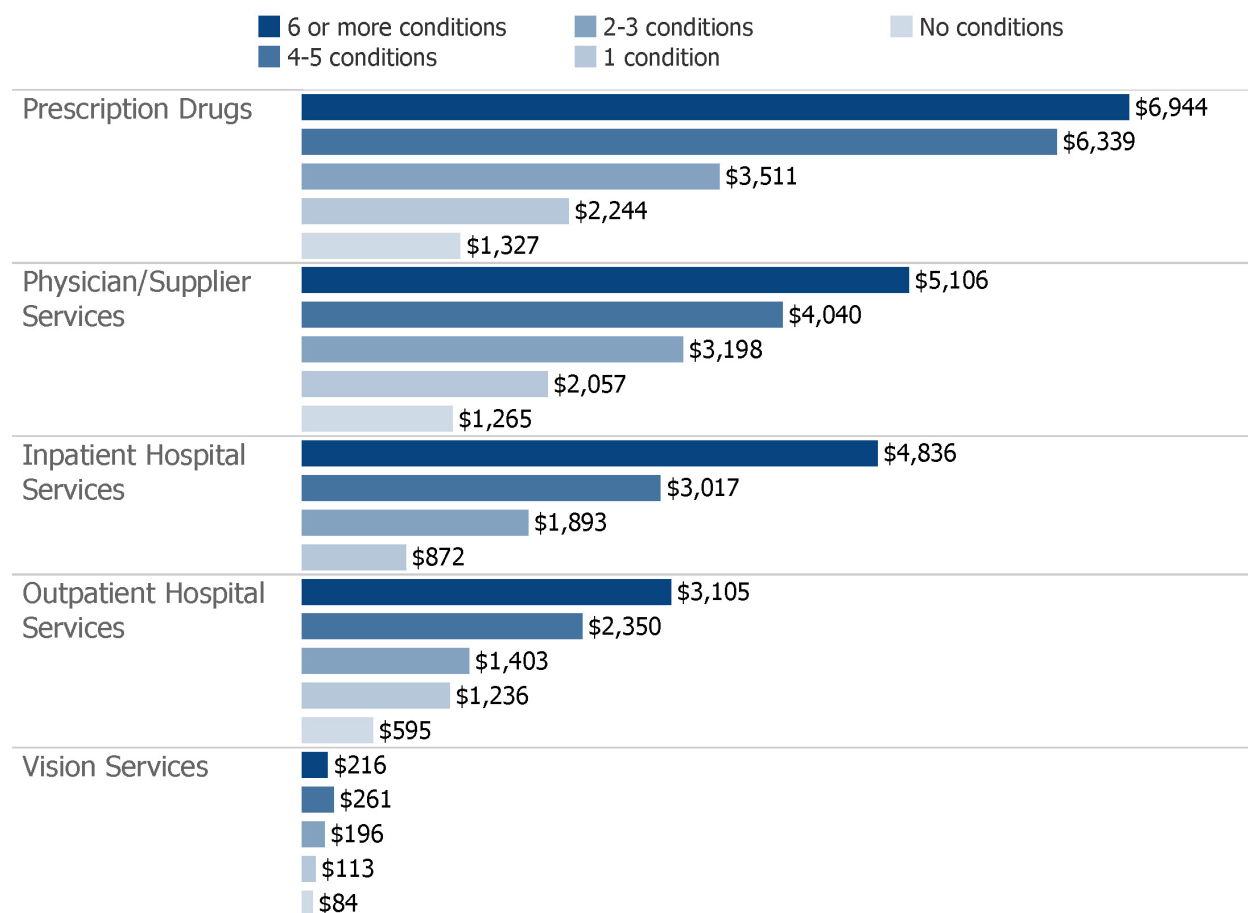


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

Exhibit 4.17.

### Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community by Number of Chronic Conditions, in Dollars, 2020

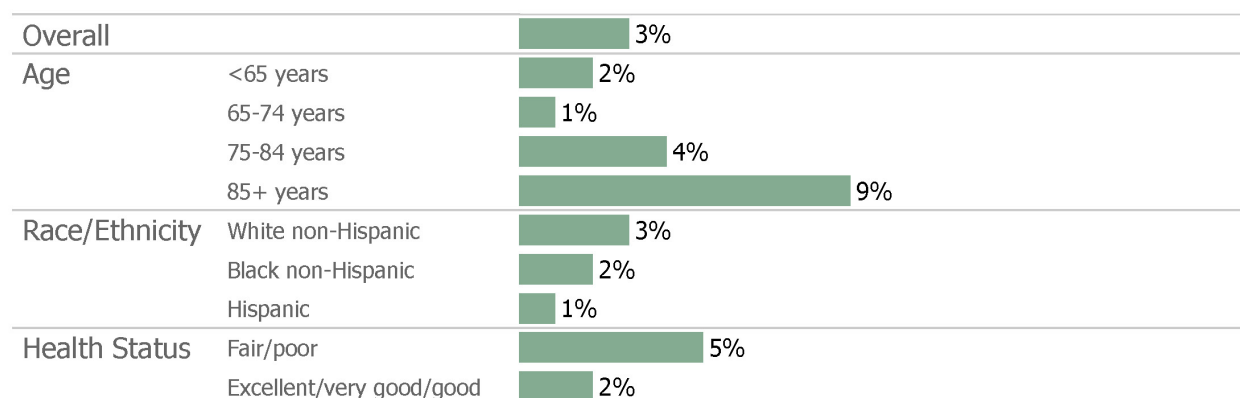


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 for Dental Services, Medicare Hospice Services, and Hearing 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 4.18.

**User Rates of Skilled Nursing Facility Care Among All Medicare Beneficiaries Overall and by Age, Race/Ethnicity, and Health Status, 2020**

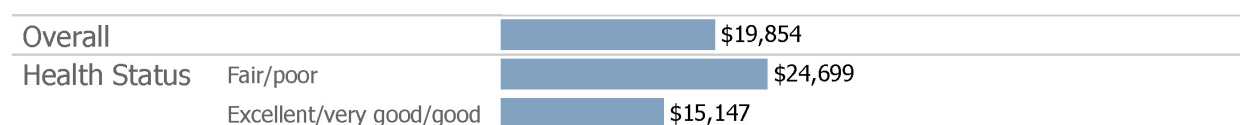


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 4.19.

**Skilled Nursing Facility Care Health Care Service Expenditures per User Overall and by Health Status, in Dollars, 2020**

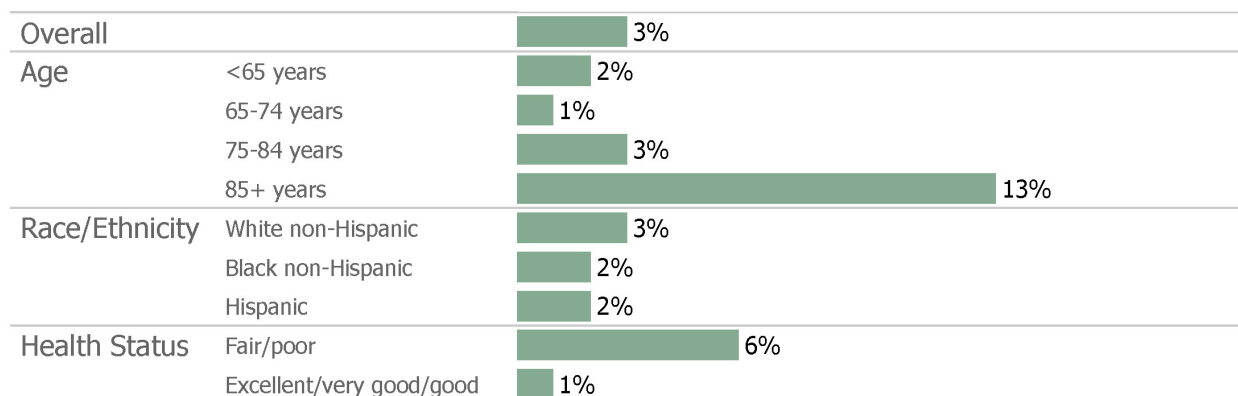


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. 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 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 4.20.

**User Rates of Long-Term Facility Care Among All Medicare Beneficiaries Overall and by Age, Race/Ethnicity, and Health Status, 2020**

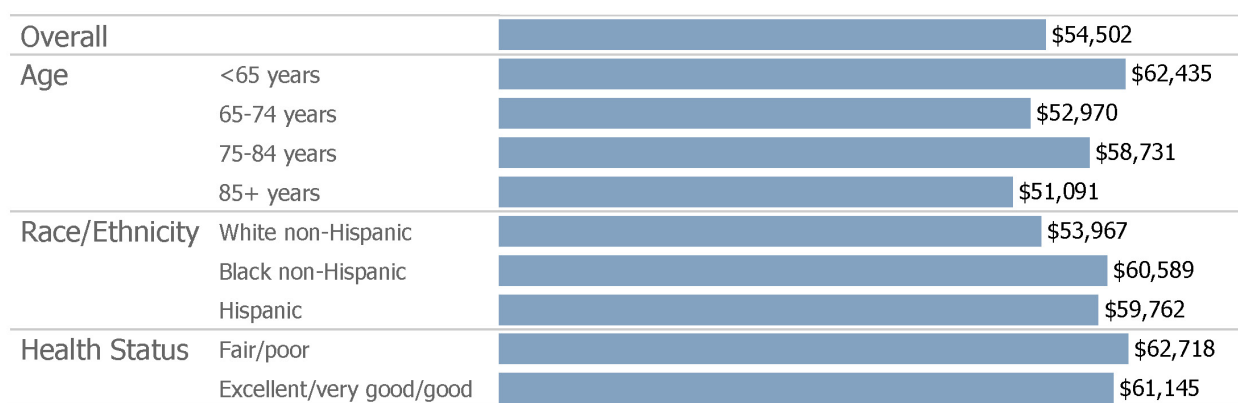


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 4.21.

**Long-Term Facility Care Health Care Service Expenditures per User Overall and by Age, Race/Ethnicity, and Health Status, in Dollars, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. 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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 4.22.

**Total Out-of-Pocket Health Care Service Expenditures per User for  
Long-Term Facility Care and Skilled Nursing Facility Care, in  
Dollars, 2020**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. 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.



## DETAILED TABLES

## DETAILED TABLES

Table S.1. Internet Use Among Beneficiaries Living in the Community, Overall and by Selected Beneficiary Characteristics, 2020

Measure	Measure Category	Estimate - % (St. Error)	
		Uses the internet to get information	Does not use the internet to get information
<b>Overall</b>	--	72.4 (0.7)	27.6 (0.7)
<b>Age</b>	<65 years	72.2 (1.4)	27.8 (1.4)
	65-74 years	81.5 (0.8)	18.5 (0.8)
	75-84 years	65.5 (1.1)	34.5 (1.1)
	85+ years	40.3 (1.7)	59.7 (1.7)
<b>Race/Ethnicity</b>	White non-Hispanic	78.0 (0.8)	22.0 (0.8)
	Black non-Hispanic	52.3 (2.2)	47.7 (2.2)
	Hispanic	47.1 (1.8)	52.9 (1.8)
<b>Poverty Status</b>	0-100% FPL	42.1 (1.6)	57.9 (1.6)
	101-120% FPL	52.2 (2.5)	47.8 (2.5)
	121-135% FPL	55.6 (2.5)	44.4 (2.5)
	136-200% FPL	61.3 (1.3)	38.7 (1.3)
	201% FPL and above	84.7 (0.7)	15.3 (0.7)
<b>Area Deprivation Index (ADI)</b>	1-25th percentile (least disadvantaged)	83.2 (0.9)	16.8 (0.9)
	26-50th percentile	75.4 (1.1)	24.6 (1.1)
	51-75th percentile	69.8 (1.2)	30.2 (1.2)
	76-100th percentile (most disadvantaged)	57.8 (1.8)	42.2 (1.8)
<b>Metropolitan Area Resident</b>	Metro area	74.0 (0.8)	26.0 (0.8)
	Non-metro area	65.3 (1.8)	34.7 (1.8)
<b>Disability Status</b>	Two or more disabilities	53.9 (1.3)	46.1 (1.3)
	One disability	69.6 (1.1)	30.4 (1.1)
	No disability	81.3 (0.7)	18.7 (0.7)
<b>Dual Eligibility Status</b>	Yes	48.1 (1.4)	51.9 (1.4)
	No	77.2 (0.7)	22.8 (0.7)
<b>Type of Medicare Coverage</b>	Traditional FFS Medicare	75.8 (1.0)	24.2 (1.0)
	Medicare Advantage	67.8 (0.8)	32.2 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. FPL stands for Federal Poverty Level. FFS stands for Fee-for-Service. Estimates are not presented for the "Other Race/Ethnicity" category.

Table S.2. Telemedicine Use Among Beneficiaries Living in the Community, Overall and by Selected Beneficiary Characteristics, 2020

Measure	Measure Category	Estimate - % (St. Error)	
		Yes	No
<b>Overall</b>	--	43.3 (1.2)	56.7 (1.2)
<b>Age</b>	<65 years	57.7 (2.5)	42.3 (2.5)
	65-74 years	42.9 (1.7)	57.1 (1.7)
	75-84 years	40.6 (1.5)	59.4 (1.5)
	85+ years	32.3 (1.6)	67.7 (1.6)
<b>Race/Ethnicity</b>	White non-Hispanic	42.8 (1.2)	57.2 (1.2)
	Black non-Hispanic	44.9 (4.2)	55.1 (4.2)
	Hispanic	49.3 (2.7)	50.7 (2.7)
<b>Poverty Status</b>	0-100% FPL	44.8 (2.4)	55.2 (2.4)
	101-120% FPL	40.6 (3.2)	59.4 (3.2)
	121-135% FPL	45.4 (4.1)	54.6 (4.1)
	136-200% FPL	40.7 (2.7)	59.3 (2.7)
	201% FPL and above	43.8 (1.4)	56.2 (1.4)
<b>Area Deprivation Index (ADI)</b>	1-25th percentile (least disadvantaged)	49.7 (1.9)	50.3 (1.9)
	26-50th percentile	44.0 (2.1)	56.0 (2.1)
	51-75th percentile	40.3 (2.0)	59.7 (2.0)
	76-100th percentile (most disadvantaged)	38.1 (2.4)	61.9 (2.4)
<b>Metropolitan Area Resident</b>	Metro area	46.6 (1.3)	53.4 (1.3)
	Non-metro area	30.5 (1.9)	69.5 (1.9)
<b>Disability Status</b>	Two or more disabilities	50.0 (1.8)	50.0 (1.8)
	One disability	43.8 (1.9)	56.2 (1.9)
	No disability	40.5 (1.5)	59.5 (1.5)
<b>Dual Eligibility Status</b>	Yes	50.1 (2.1)	49.9 (2.1)
	No	42.1 (1.3)	57.9 (1.3)
<b>Type of Medicare Coverage</b>	Traditional FFS Medicare	43.1 (1.4)	56.9 (1.4)
	Medicare Advantage	43.6 (1.6)	56.4 (1.6)
<b>Internet Use</b>	Does not use the internet to get information	34.4 (1.4)	65.6 (1.4)
	Uses the internet to get information	46.5 (1.3)	53.5 (1.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 may differ from those based on administrative data sources, including claims. For more information, see the Telemedicine Use glossary entry. 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. FPL stands for Federal Poverty Level. FFS stands for Fee-for-Service. Estimates are not presented for the "Other Race/Ethnicity" category.

Table T.1. Self-Reported Receipt of Flu Shot Among Medicare Beneficiaries Living Only in the Community by Age, 2016-2020

Measure	Measure Category	Estimate - % (St. Error)				
		2016	2017	2018	2019	2020
<b>Age</b>	<65 years	52.4 (1.7)	54.6 (2.0)	53.9 (1.9)	57.8 (1.9)	55.5 (1.8)
	65-74 years	66.2 (0.9)	68.6 (1.0)	70.2 (1.1)	71.1 (0.9)	75.1 (1.0)
	75-84 years	75.7 (0.7)	78.4 (0.7)	80.2 (0.7)	79.4 (0.7)	81.2 (0.7)
	85+ years	79.5 (0.9)	81.2 (0.9)	81.1 (1.1)	82.6 (0.9)	79.6 (1.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016-2020.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed only Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates presented are cross-sectional estimates for each data year and do not represent longitudinal trends. Trends are presented for informational purposes only and should not be interpreted as significant population-level changes.

Table T.2. Total Health Care Service Expenditures Among Medicare Beneficiaries with Fee-for-Service Coverage for Selected Service Types, in Millions of 2020 Dollars, 2016-2020

Measure	Estimate – \$ (St. Error)				
	2016	2017	2018	2019	2020
<b>Physician/Supplier Services</b>	179,463 (5,483)	186,827 (6,138)	180,990 (5,835)	174,010 (6,345)	160,567 (9,940)
<b>Inpatient Hospital Services</b>	123,366 (6,990)	145,841 (8,827)	142,306 (8,968)	130,022 (7,758)	119,151 (7,999)
<b>Outpatient Hospital Services</b>	87,672 (4,732)	90,540 (5,148)	104,548 (6,326)	109,388 (7,138)	96,073 (5,988)
<b>Long-Term Facility Care</b>	82,821 (4,526)	74,124 (4,655)	73,026 (4,478)	78,859 (6,022)	71,062 (4,122)
<b>Skilled Nursing Facility Care</b>	34,170 (3,639)	35,109 (3,802)	31,851 (2,712)	26,039 (2,756)	28,472 (2,423)
<b>Medicare Hospice Services</b>	10,494 (1,031)	12,119 (1,319)	10,129 (1,328)	10,038 (1,122)	9,061 (1,235)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2016-2020.

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 only presented for beneficiaries who 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. Estimates for Prescription Drugs, Dental Services, Vision Services, and Hearing Services are not comparable across the full trending time period and are therefore excluded from this Exhibit. Estimates presented are cross-sectional estimates for each data year and do not represent longitudinal trends. Trends are presented for informational purposes only and should not be interpreted as significant population-level changes.

Table 1.1. Demographic and Socioeconomic Characteristics of All Medicare Beneficiaries, 2020

Measure	Measure Category	Estimate - % (St. Error)
<b>Age</b>	<45 years	2.7 (0.0)
	45-64 years	10.4 (0.0)
	65-74 years	50.1 (0.0)
	75-84 years	25.9 (0.0)
	85+ years	10.9 (0.0)
<b>Sex</b>	Female	54.7 (0.4)
	Male	45.3 (0.4)
<b>Race/Ethnicity</b>	White non-Hispanic	75.1 (0.8)
	Black non-Hispanic	10.2 (0.4)
	Hispanic	8.5 (0.6)
	Other Race/Ethnicity	6.2 (0.5)
<b>Metropolitan Area Resident</b>	Metro area	82.0 (0.8)
	Non-metro area	18.0 (0.8)
<b>Education</b>	Less than a high school diploma	13.2 (0.5)
	High school graduate	25.4 (0.6)
	Some college/vocational school	30.2 (0.6)
	Bachelor's degree and beyond	31.3 (0.9)
<b>Poverty Status</b>	0-100% FPL	15.1 (0.5)
	101-120% FPL	5.8 (0.2)
	121-135% FPL	3.5 (0.2)
	136-200% FPL	16.0 (0.4)
	201% FPL and above	59.5 (0.6)
<b>Residence Status</b>	Living only in the community	97.2 (0.1)
	Living only in facilities	2.5 (0.1)
	Both community and facility	0.3 (0.0)
<b>Veteran</b>	Yes	17.0 (0.5)
	No	83.0 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. The "Other Race/Ethnicity" category includes other single races not of Hispanic origin or two or more races. See the Glossary entry for race/ethnicity for more information. FPL stands for Federal Poverty Level.

Table 1.2. Self-Reported Limited English Proficiency Among Beneficiaries Living Only in the Community Overall and by Age, Sex, Race/Ethnicity, and Self-Reported Health Status, 2020

Measure	Measure Category	Estimate - % (St. Error)	
		Yes	No
<b>Overall</b>	--	21.2 (0.7)	78.8 (0.7)
<b>Age</b>	<65 years	25.1 (1.1)	74.9 (1.1)
	65-74 years	18.9 (0.8)	81.1 (0.8)
	75-84 years	22.5 (0.9)	77.5 (0.9)
	85+ years	24.5 (1.2)	75.5 (1.2)
<b>Sex</b>	Female	18.8 (0.7)	81.2 (0.7)
	Male	24.0 (0.8)	76.0 (0.8)
<b>Race/Ethnicity</b>	White non-Hispanic	15.1 (0.6)	84.9 (0.6)
	Black non-Hispanic	24.3 (2.1)	75.7 (2.1)
	Hispanic	58.6 (2.7)	41.4 (2.7)
<b>Self-Reported Health Status</b>	Poor	30.0 (2.1)	70.0 (2.1)
	Fair	30.3 (1.4)	69.7 (1.4)
	Good	24.5 (1.1)	75.5 (1.1)
	Very good	15.7 (0.8)	84.3 (0.8)
	Excellent	13.5 (0.9)	86.5 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 only Community interviews during the year. This excludes beneficiaries for whom any Facility interview was 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.

Table 1.3 Insurance Coverage of All Medicare Beneficiaries, 2020

Measure	Measure Category	Estimate - % (St. Error)
<b>Type of Medicare Coverage</b>	Traditional FFS Medicare	58.2 (0.5)
	Medicare Advantage	41.8 (0.5)
<b>Part D Coverage</b>	FFS only	20.9 (0.6)
	FFS with Part D	37.3 (0.8)
	MA only	1.0 (0.1)
	MA with Part D	40.8 (0.5)
<b>Dual Eligibility Status</b>	Full-benefit dually eligible	12.5 (0.4)
	Partial-benefit dually eligible	5.6 (0.3)
	Not dually eligible	81.9 (0.4)
<b>Any Supplemental Private Insurance</b>	Yes	48.1 (0.8)
	No	51.9 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. FFS stands for Fee-for-Service. MA stands for Medicare Advantage.

Table 1.4 Supplemental Private Insurance Coverage of Medicare Beneficiaries Living in the Community, 2020

Measure	Measure Category	Estimate - % (St. Error)
<b>Any Employer-Sponsored Insurance</b>	Yes	26.7 (0.7)
	No	73.3 (0.7)
<b>ESI with Comprehensive Coverage</b>	Yes	79.0 (1.1)
	No	21.0 (1.1)
<b>Any Self-Pay Insurance</b>	Yes	26.0 (0.7)
	No	74.0 (0.7)
<b>Self-Pay with Comprehensive Coverage</b>	Yes	85.4 (0.8)
	No	14.6 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. ESI stands for Employer-Sponsored Insurance. Denominator for estimate of ESI with comprehensive coverage is beneficiaries with any ESI. Denominator for estimate of self-pay with comprehensive coverage is among beneficiaries with any self-pay insurance.

Table 1.5. Type of Medicare Coverage of All Medicare Beneficiaries by Race/Ethnicity and Income, 2020

Measure	Measure Category	Estimate - % (St. Error)	
		Traditional FFS Medicare	Medicare Advantage
<b>Race/Ethnicity</b>	White non-Hispanic	61.8 (0.6)	38.2 (0.6)
	Black non-Hispanic	45.1 (2.7)	54.9 (2.7)
	Hispanic	43.7 (1.8)	56.3 (1.8)
<b>Income</b>	<\$25,000	48.2 (1.1)	51.8 (1.1)
	\$25,000-\$49,999	55.5 (1.1)	44.5 (1.1)
	\$50,000-\$99,999	64.4 (1.1)	35.6 (1.1)
	\$100,000+	71.9 (1.4)	28.1 (1.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. Estimates are not presented for the "Other Race/Ethnicity" category.

Table 1.6. Dual Eligibility Status of All Medicare Beneficiaries by Age, 2020

Measure	Measure Category	Estimate - % (St. Error)	
		Yes	No
<b>Age</b>	<65 years	51.3 (1.5)	48.7 (1.5)
	65-74 years	12.2 (0.5)	87.8 (0.5)
	75-84 years	12.9 (0.7)	87.1 (0.7)
	85+ years	17.8 (0.9)	82.2 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 1.7. Residence Status of All Medicare Beneficiaries by Age, 2020

Measure	Measure Category	Estimate - % (St. Error)		
		Living only in the community	Living only in facilities	Both community and facility
<b>Age</b>	<65 years	13.1 (0.0)	15.2 (1.5)	*
	65-74 years	51.1 (0.1)	14.8 (1.9)	*
	75-84 years	25.9 (0.1)	23.2 (1.4)	26.2 (6.4)
	85+ years	9.8 (0.1)	46.9 (2.1)	40.5 (6.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. 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 1.8. Residence Status of All Medicare Beneficiaries by Sex, 2020

Measure	Measure Category	Estimate - % (St. Error)		
		Living only in the community	Living only in facilities	Both community and facility
<b>Sex</b>	Female	54.4 (0.5)	65.6 (1.7)	57.0 (7.5)
	Male	45.6 (0.5)	34.4 (1.7)	43.0 (7.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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.

Table 1.9. Demographic and Socioeconomic Characteristics of All Dually Eligible Medicare Beneficiaries, 2020

Measure	Measure Category	Estimate - % (St. Error)
<b>Age</b>	<65 years	37.2 (1.0)
	65-74 years	33.7 (1.1)
	75-84 years	18.5 (0.8)
	85+ years	10.7 (0.5)
<b>Sex</b>	Female	62.0 (1.0)
	Male	38.0 (1.0)
<b>Race/Ethnicity</b>	White non-Hispanic	49.4 (1.5)
	Black non-Hispanic	21.5 (1.4)
	Hispanic	19.9 (1.3)
<b>Education</b>	Less than a high school diploma	35.5 (1.2)
	High school graduate	33.1 (1.3)
	Some college/vocational school	23.8 (0.9)
	Bachelor's degree and beyond	7.7 (0.7)
<b>Veteran</b>	Yes	5.2 (0.4)
	No	94.8 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. 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, although they are included in the denominator.

Table 1.10. Demographic and Socioeconomic Characteristics of Medicare Beneficiaries Living Only in Facilities, 2020

Measure	Measure Category	Estimate - % (St. Error)
<b>Age</b>	<65 years	15.2 (1.5)
	65-74 years	14.8 (1.9)
	75-84 years	23.2 (1.4)
	85+ years	46.9 (2.1)
<b>Sex</b>	Female	65.6 (1.7)
	Male	34.4 (1.7)
<b>Race/Ethnicity</b>	White non-Hispanic	81.6 (2.1)
	Black non-Hispanic	9.7 (1.7)
	Hispanic	5.3 (1.0)
<b>Education</b>	Less than a high school diploma	23.4 (2.5)
	High school graduate	45.1 (3.0)
	Some college/vocational school	24.7 (2.4)
	Bachelor's degree and beyond	*
<b>Poverty Status</b>	0-100% FPL	37.4 (2.0)
	101-120% FPL	12.1 (1.2)
	121-135% FPL	6.0 (0.9)
	136-200% FPL	14.7 (1.7)
	201% FPL and above	29.8 (1.9)
<b>Veteran</b>	Yes	10.5 (1.3)
	No	89.5 (1.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. 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, 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, 2020

Measure	Measure Category	Estimate - % (St. Error)
<b>Health Status</b>	Poor	5.6 (0.2)
	Fair	16.3 (0.4)
	Good	29.0 (0.4)
	Very good	32.7 (0.5)
	Excellent	16.4 (0.5)
<b>Disability Status</b>	LTC facility	2.6 (0.1)
	Two or more disabilities	22.7 (0.5)
	One disability	20.7 (0.4)
	No disability	53.9 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living 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. Health Status Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2020

Measure	Measure Category	Estimate - % (St. Error)				
		Poor	Fair	Good	Very good	Excellent
<b>Overall</b>	--	5.6 (0.2)	16.3 (0.4)	29.0 (0.4)	32.7 (0.5)	16.4 (0.5)
<b>Age</b>	<65 years	18.6 (1.0)	35.4 (1.3)	29.8 (1.1)	11.5 (0.7)	4.7 (0.5)
	65-74 years	3.4 (0.3)	12.4 (0.5)	28.8 (0.7)	36.9 (0.8)	18.5 (0.8)
	75-84 years	3.5 (0.3)	13.9 (0.5)	29.0 (0.7)	34.8 (0.8)	18.8 (0.7)
	85+ years	4.9 (0.5)	17.3 (0.8)	29.1 (1.0)	33.5 (0.8)	15.2 (0.7)
<b>Sex</b>	Female	5.9 (0.3)	16.4 (0.5)	28.5 (0.5)	34.1 (0.7)	15.1 (0.6)
	Male	5.3 (0.3)	16.2 (0.7)	29.6 (0.6)	31.0 (0.7)	18.0 (0.7)
<b>Race/ Ethnicity</b>	White non-Hispanic	5.1 (0.3)	13.5 (0.4)	27.8 (0.5)	35.6 (0.6)	18.0 (0.6)
	Black non-Hispanic	7.5 (0.8)	25.9 (1.4)	34.9 (1.4)	24.0 (1.4)	7.8 (1.0)
	Hispanic	7.0 (0.7)	28.0 (1.3)	31.3 (1.5)	20.8 (1.6)	12.9 (1.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living 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, 2020

Measure	Measure Category	Estimate - % (St. Error)			
		LTC facility	Two or more disabilities	One disability	No disability
<b>Overall</b>	--	2.6 (0.1)	22.7 (0.5)	20.7 (0.4)	53.9 (0.6)
<b>Age</b>	<65 years	3.0 (0.3)	50.9 (1.6)	24.8 (1.2)	21.4 (1.2)
	65-74 years	0.8 (0.1)	12.7 (0.6)	18.4 (0.6)	68.2 (0.8)
	75-84 years	2.4 (0.2)	20.8 (0.7)	23.6 (0.7)	53.3 (0.9)
	85+ years	12.1 (0.7)	40.7 (1.2)	20.0 (0.8)	27.3 (1.1)
<b>Sex</b>	Female	3.1 (0.1)	23.7 (0.6)	20.2 (0.5)	52.9 (0.7)
	Male	2.0 (0.1)	21.5 (0.6)	21.3 (0.7)	55.2 (0.8)
<b>Race/ Ethnicity</b>	White non-Hispanic	2.9 (0.1)	20.2 (0.6)	20.7 (0.4)	56.2 (0.6)
	Black non-Hispanic	2.5 (0.5)	30.1 (1.5)	21.6 (1.5)	45.9 (1.6)
	Hispanic	1.7 (0.3)	32.3 (1.5)	19.7 (1.1)	46.3 (1.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living 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. Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2020

Measure	Estimate - % (St. Error)
Vision Problem	94.4 (0.3)
Hypertension	62.2 (0.6)
High Cholesterol	61.9 (0.5)
Hearing Trouble	46.2 (0.7)
Heart Disease	31.5 (0.6)
Diabetes	31.4 (0.5)
Mental Condition	28.6 (0.5)
Urinary Incontinence	26.6 (0.5)
Depression	26.4 (0.5)
Skin Cancer	21.0 (0.4)
Osteoporosis/Broken Hip	19.3 (0.4)
Pulmonary Disease	18.9 (0.4)
Cancer, Other than Skin	18.2 (0.4)
Cognitive Impairment	18.1 (0.4)
Stroke	9.7 (0.3)
Intellectual or Developmental Disability	3.2 (0.1)
Dementia, Other than Alzheimer's Disease	3.1 (0.1)
Alzheimer's Disease	1.7 (0.1)
Parkinson's Disease	1.3 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Table 2.5. Selected Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Age, 2020

Measure	Estimate - % (St. Error)		
	Overall	<65 years	65+ years
Hypertension	62.2 (0.6)	52.3 (1.2)	63.8 (0.7)
Heart Disease	31.5 (0.6)	27.0 (1.1)	32.2 (0.6)
Diabetes	31.4 (0.5)	36.6 (1.1)	30.6 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Table 2.6. Selected Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Race/Ethnicity, 2020

Measure	Estimate - % (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
<b>Hypertension</b>	62.2 (0.6)	59.6 (0.7)	77.4 (1.6)	62.5 (1.5)
<b>Heart Disease</b>	31.5 (0.6)	33.2 (0.6)	29.8 (1.5)	23.4 (1.4)
<b>Diabetes</b>	31.4 (0.5)	27.3 (0.5)	42.6 (1.7)	46.2 (1.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living 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 Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Sex, 2020

Measure	Estimate - % (St. Error)		
	Overall	Female	Male
<b>Hypertension</b>	62.2 (0.6)	61.8 (0.8)	62.7 (0.8)
<b>Heart Disease</b>	31.5 (0.6)	28.3 (0.6)	35.4 (0.9)
<b>Diabetes</b>	31.4 (0.5)	30.0 (0.7)	33.2 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Table 2.8. Selected Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Residence Status, 2020

Measure	Estimate - % (St. Error)			
	Overall	Living only in the community	Living only in facilities	Both community and facility
<b>Hypertension</b>	62.2 (0.6)	62.2 (0.7)	65.6 (2.1)	56.4 (7.4)
<b>Heart Disease</b>	31.5 (0.6)	31.3 (0.6)	38.5 (2.1)	30.2 (6.9)
<b>Diabetes</b>	31.4 (0.5)	31.5 (0.5)	27.1 (1.8)	25.5 (6.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Table 2.9. Smoking Status Among All Medicare Beneficiaries Overall and by Sex, Race/Ethnicity, and Poverty Status, 2020

Measure	Measure Category	Estimate - % (St. Error)		
		Never smoked	Former Smoker	Current smoker
<b>Overall</b>	--	48.1 (0.6)	40.0 (0.5)	11.9 (0.4)
<b>Sex</b>	Female	56.3 (0.8)	34.2 (0.7)	9.5 (0.4)
	Male	38.0 (0.8)	47.2 (0.9)	14.8 (0.5)
<b>Race/ Ethnicity</b>	White non-Hispanic	45.6 (0.6)	42.8 (0.6)	11.5 (0.4)
	Black non-Hispanic	51.0 (1.6)	31.8 (1.5)	17.2 (1.2)
	Hispanic	57.6 (1.5)	32.0 (1.3)	10.4 (1.0)
<b>Poverty Status</b>	0-100% FPL	52.0 (1.4)	29.2 (1.0)	18.8 (1.2)
	101-120% FPL	45.3 (1.8)	37.2 (1.9)	17.6 (1.6)
	121-135% FPL	44.8 (2.7)	36.9 (2.4)	18.4 (2.3)
	136-200% FPL	45.3 (1.2)	40.2 (1.2)	14.6 (0.9)
	201% FPL and above	48.3 (0.8)	43.1 (0.7)	8.6 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living 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 Living in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2020

Measure	Measure Category	Estimate - % (St. Error)		
		Nondrinker	Moderate drinker	Heavy drinker
<b>Overall</b>	--	44.9 (0.8)	41.0 (0.6)	14.0 (0.4)
<b>Sex</b>	Female	48.7 (0.9)	34.7 (0.8)	16.6 (0.6)
	Male	40.4 (1.1)	48.7 (0.9)	10.9 (0.5)
<b>Race/ Ethnicity</b>	White non-Hispanic	40.0 (0.9)	44.7 (0.7)	15.2 (0.5)
	Black non-Hispanic	60.2 (2.1)	28.5 (1.9)	11.3 (1.2)
	Hispanic	59.1 (1.7)	28.6 (1.2)	12.3 (1.4)
<b>Poverty Status</b>	0-100% FPL	69.5 (1.4)	19.8 (1.0)	10.7 (0.9)
	101-120% FPL	64.5 (2.1)	23.4 (1.9)	12.1 (1.4)
	121-135% FPL	57.9 (3.0)	28.0 (2.9)	14.1 (2.0)
	136-200% FPL	54.4 (1.4)	32.7 (1.3)	12.8 (1.0)
	201% FPL and above	34.3 (1.0)	50.5 (0.8)	15.3 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. Self-Reported Preventive Health Behaviors Among Medicare Beneficiaries Living Only in the Community, 2020

Measure	Estimate - % (St. Error)	
	Yes	No
<b>Blood Pressure Screening</b>	94.4 (0.3)	5.6 (0.3)
<b>Pneumonia Shot</b>	79.3 (0.7)	20.7 (0.7)
<b>Flu Shot</b>	74.6 (0.6)	25.4 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 2.12. Self-Reported Preventive Health Behaviors Among Medicare Beneficiaries Living Only in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2020

Measure	Measure Category	Estimate - % (St. Error)	
		Pneumonia Shot	Flu Shot
<b>Overall</b>	--	79.3 (0.7)	74.6 (0.6)
<b>Age</b>	<65 years	52.7 (1.4)	55.5 (1.8)
	65-74 years	78.9 (1.1)	75.1 (1.0)
	75-84 years	88.3 (0.6)	81.2 (0.7)
	85+ years	88.7 (0.8)	79.6 (1.1)
<b>Race/ Ethnicity</b>	White non-Hispanic	81.6 (0.7)	77.0 (0.7)
	Black non-Hispanic	69.4 (2.1)	63.8 (2.1)
	Hispanic	72.7 (1.7)	68.1 (2.0)
<b>Type of Medicare Coverage</b>	Traditional FFS Medicare	79.7 (0.8)	73.8 (0.8)
	Medicare Advantage	78.7 (0.9)	75.7 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. FFS stands for Fee-for-Service.

Table 2.13. Self-Reported Receipt of Shingles Vaccine Among Medicare Beneficiaries Aged 60 and Over Living Only in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2020

Measure	Measure Category	Estimate - % (St. Error)
<b>Overall</b>	--	59.7 (1.0)
<b>Age</b>	60-64 years	30.7 (2.7)
	65-74 years	58.3 (1.3)
	75-84 years	66.3 (1.0)
	85+ years	62.0 (1.4)
<b>Race/Ethnicity</b>	White non-Hispanic	63.7 (1.0)
	Black non-Hispanic	40.1 (2.5)
	Hispanic	38.8 (2.6)
<b>Type of Medicare Coverage</b>	Traditional FFS Medicare	60.8 (1.2)
	Medicare Advantage	58.1 (1.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. FFS stands for Fee-for-Service.

Table 2.14. Mobility Limitations Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2020

Measure	Measure Category	Estimate - % (St. Error)		
		Yes, with any disability	Yes, with no disability	No limitation
<b>Overall</b>	--	30.9 (0.5)	10.4 (0.3)	58.7 (0.6)
<b>Age</b>	<65 years	58.1 (1.4)	8.6 (0.7)	33.3 (1.3)
	65-74 years	18.7 (0.7)	10.2 (0.4)	71.1 (0.8)
	75-84 years	30.5 (0.8)	11.9 (0.5)	57.6 (0.8)
	85+ years	57.9 (1.2)	9.9 (0.7)	32.2 (1.2)
<b>Sex</b>	Female	33.9 (0.7)	11.3 (0.4)	54.8 (0.7)
	Male	27.2 (0.7)	9.3 (0.4)	63.5 (0.8)
<b>Race/Ethnicity</b>	White non-Hispanic	28.3 (0.6)	10.5 (0.3)	61.2 (0.7)
	Black non-Hispanic	43.1 (1.7)	13.6 (1.2)	43.3 (1.8)
	Hispanic	36.7 (1.4)	8.2 (1.0)	55.1 (1.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living 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, 2020

Measure	Measure Category	Estimate - % (St. Error)		
		Yes, with any disability	Yes, with no disability	No limitation
<b>Overall</b>	--	26.1 (0.5)	11.4 (0.3)	62.4 (0.6)
<b>Age</b>	<65 years	51.2 (1.5)	8.5 (0.7)	40.3 (1.4)
	65-74 years	16.0 (0.7)	12.5 (0.5)	71.6 (0.8)
	75-84 years	24.8 (0.6)	11.9 (0.4)	63.3 (0.7)
	85+ years	47.8 (1.3)	9.1 (0.7)	43.2 (1.4)
<b>Sex</b>	Female	28.4 (0.7)	12.1 (0.4)	59.5 (0.8)
	Male	23.3 (0.6)	10.7 (0.4)	66.0 (0.7)
<b>Race/Ethnicity</b>	White non-Hispanic	23.6 (0.5)	11.7 (0.3)	64.7 (0.6)
	Black non-Hispanic	36.1 (1.6)	11.3 (1.1)	52.6 (1.8)
	Hispanic	33.6 (1.5)	9.4 (0.9)	56.9 (1.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living 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, 2020

Measure	Measure Category	Estimate - % (St. Error)
<b>Overall</b>	--	4.0 (0.2)
<b>Age</b>	<65 years	1.7 (0.4)
	65-74 years	2.1 (0.2)
	75-84 years	5.0 (0.4)
	85+ years	13.4 (0.8)
<b>Sex</b>	Female	3.5 (0.2)
	Male	4.7 (0.3)
<b>Race/Ethnicity</b>	White non-Hispanic	3.9 (0.2)
	Black non-Hispanic	4.6 (0.7)
	Hispanic	3.6 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. For more information about suppression guidelines, see the Technical Appendix.

Table 2.17. Number of Chronic Conditions Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Type of Medicare Coverage, 2020

Measure	Measure Category	Estimate - % (St. Error)				
		No conditions	1 condition	2-3 conditions	4-5 conditions	6 or more conditions
<b>Overall</b>	--	7.4 (0.3)	15.5 (0.4)	43.3 (0.5)	26.9 (0.6)	6.8 (0.3)
<b>Age</b>	<65 years	8.0 (0.6)	15.1 (0.9)	37.7 (1.2)	29.5 (1.3)	9.7 (0.8)
	65+ years	7.3 (0.3)	15.6 (0.5)	44.2 (0.5)	26.5 (0.6)	6.4 (0.3)
<b>Sex</b>	Female	6.3 (0.4)	15.4 (0.6)	42.0 (0.7)	28.4 (0.7)	8.0 (0.4)
	Male	8.8 (0.5)	15.7 (0.6)	45.0 (0.8)	25.0 (0.7)	5.5 (0.3)
<b>Race/ Ethnicity</b>	White non-Hispanic	7.6 (0.3)	15.9 (0.5)	43.7 (0.5)	26.2 (0.6)	6.5 (0.3)
	Black non-Hispanic	6.4 (0.9)	12.7 (1.3)	42.4 (1.8)	30.8 (1.6)	7.7 (0.8)
	Hispanic	6.8 (0.9)	14.5 (1.3)	42.3 (1.3)	28.1 (1.4)	8.4 (0.9)
<b>Type of Medicare Coverage</b>	Traditional FFS Medicare	7.8 (0.4)	16.3 (0.6)	43.7 (0.8)	25.6 (0.8)	6.7 (0.3)
	Medicare Advantage	6.9 (0.4)	14.4 (0.6)	42.8 (0.7)	28.8 (0.7)	7.1 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 living 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 Living in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2020

Measure	Measure Category	Estimate - % (St. Error)		
		Sedentary	Active	Highly Active
<b>Overall</b>	--	38.7 (0.7)	13.8 (0.4)	47.5 (0.6)
<b>Sex</b>	Female	42.9 (0.9)	14.4 (0.4)	42.7 (0.9)
	Male	33.7 (0.7)	13.0 (0.5)	53.4 (0.7)
<b>Race/ Ethnicity</b>	White non-Hispanic	35.0 (0.7)	13.9 (0.4)	51.1 (0.7)
	Black non-Hispanic	53.3 (1.6)	11.9 (1.0)	34.7 (1.7)
	Hispanic	49.3 (1.8)	13.1 (1.2)	37.6 (1.8)
<b>Poverty Status</b>	0-100% FPL	60.9 (1.5)	10.9 (0.8)	28.2 (1.3)
	101-120% FPL	56.1 (2.0)	11.3 (1.4)	32.6 (1.7)
	121-135% FPL	45.0 (2.8)	15.5 (1.5)	39.6 (3.2)
	136-200% FPL	47.5 (1.4)	14.7 (0.9)	37.9 (1.1)
	201% FPL and above	29.3 (0.7)	14.3 (0.5)	56.4 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 Mammogram Among Female Medicare Beneficiaries Living in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2020

Measure	Measure Category	Estimate - % (St. Error)
<b>Overall</b>	--	41.3 (0.8)
<b>Age</b>	<65 years	37.0 (1.9)
	65-74 years	48.3 (1.3)
	75-84 years	39.3 (1.1)
	85+ years	17.1 (1.0)
<b>Race/Ethnicity</b>	White non-Hispanic	41.1 (0.9)
	Black non-Hispanic	48.6 (2.0)
	Hispanic	37.6 (2.5)
<b>Type of Medicare Coverage</b>	Traditional FFS Medicare	40.5 (1.1)
	Medicare Advantage	42.3 (1.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 3.1. Usual Source of Care Among Medicare Beneficiaries Living Only in the Community Overall and by Type of Medicare Coverage, 2020

Measure	Estimate - % (St. Error)		
	Overall	Traditional FFS Medicare	Medicare Advantage
<b>Doctor's office</b>	63.3 (1.9)	64.4 (2.2)	61.8 (2.2)
<b>Medical clinic</b>	17.8 (1.3)	16.2 (1.2)	19.9 (1.8)
<b>None</b>	5.7 (0.4)	6.4 (0.5)	4.8 (0.5)
<b>Other clinic/health center</b>	5.5 (0.4)	7.0 (0.7)	3.5 (0.4)
<b>Hospital/OPD/ER</b>	4.0 (1.0)	4.5 (1.3)	3.3 (0.7)
<b>Managed care center</b>	3.7 (0.7)	1.5 (0.4)	6.6 (1.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. ER stands for Emergency Room. FFS stands for Fee-for-Service. OPD stands for Outpatient Department.

Table 3.2. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Living Only in the Community, 2020

Measure	Estimate - % (St. Error)
<b>Visit a Doctor as Soon as You Feel Bad</b>	44.3 (0.7)
<b>When Sick, Keep It to Yourself</b>	33.1 (0.6)
<b>Worry About Your Health More than Others</b>	22.7 (0.5)
<b>Avoid Going to the Doctor</b>	21.8 (0.5)
<b>Ever Had a Prescription You Did Not Fill Due to Cost</b>	8.5 (0.5)
<b>Had a Problem and Did Not Seek Doctor</b>	8.0 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 Living Only in the Community Overall and by Age, 2020

Measure	Overall	Estimate - % (St. Error)			
		<65 years	65-74 years	75-84 years	85+ years
<b>Visit a Doctor as Soon as You Feel Bad</b>	44.3 (0.7)	48.6 (1.6)	42.2 (0.8)	45.6 (1.0)	46.4 (1.2)
<b>When Sick, Keep It to Yourself</b>	33.1 (0.6)	43.4 (1.3)	32.7 (0.8)	29.1 (0.8)	31.5 (1.0)
<b>Worry About Your Health More than Others</b>	22.7 (0.5)	56.9 (1.2)	18.4 (0.7)	16.5 (0.6)	15.3 (0.9)
<b>Avoid Going to the Doctor</b>	21.8 (0.5)	30.9 (1.2)	21.5 (0.7)	18.4 (0.7)	20.5 (1.0)
<b>Ever Had a Prescription You Did Not Fill Due to Cost</b>	8.5 (0.5)	15.3 (1.3)	8.5 (0.5)	6.5 (0.6)	4.4 (0.8)
<b>Had a Problem and Did Not Seek Doctor</b>	8.0 (0.4)	14.9 (1.3)	7.8 (0.5)	6.2 (0.5)	3.9 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 Living Only in the Community Overall and by Race/Ethnicity, 2020

Measure	Estimate - % (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
<b>Visit a Doctor as Soon as You Feel Bad</b>	44.3 (0.7)	40.5 (0.7)	50.6 (1.8)	62.9 (1.4)
<b>When Sick, Keep It to Yourself</b>	33.1 (0.6)	33.4 (0.6)	33.7 (1.7)	31.6 (1.7)
<b>Worry About Your Health More than Others</b>	22.7 (0.5)	17.3 (0.5)	36.3 (1.6)	50.2 (1.8)
<b>Avoid Going to the Doctor</b>	21.8 (0.5)	19.6 (0.5)	27.1 (1.9)	31.7 (1.4)
<b>Ever Had a Prescription You Did Not Fill Due to Cost</b>	8.5 (0.5)	8.1 (0.5)	9.4 (1.3)	9.1 (1.2)
<b>Had a Problem and Did Not Seek Doctor</b>	8.0 (0.4)	8.2 (0.4)	6.9 (0.9)	6.7 (1.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 3.5. Indicators of Satisfaction with Care Among Medicare Beneficiaries Living Only in the Community, 2020

Measure	Estimate - % (St. Error)		
	(Very) dissatisfied	Satisfied	Very satisfied
<b>General Care</b>	4.4 (0.2)	42.6 (0.7)	53.0 (0.6)
<b>Information from Doctor</b>	4.8 (0.2)	55.7 (0.7)	39.5 (0.7)
<b>Doctor's Concern for Overall Health</b>	4.7 (0.3)	55.9 (0.7)	39.4 (0.7)
<b>Cost</b>	12.8 (0.4)	54.1 (0.6)	33.1 (0.6)
<b>Night and Weekend Availability</b>	8.1 (0.4)	55.8 (0.6)	36.1 (0.7)
<b>Ease of Access to Doctor</b>	3.9 (0.2)	50.8 (0.7)	45.3 (0.7)
<b>Can Obtain Care in Same Location</b>	8.1 (0.4)	57.1 (0.6)	34.9 (0.7)
<b>Availability of Specialist Care</b>	6.0 (0.3)	55.0 (0.7)	39.0 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 3.6. Satisfaction with Quality and Cost of Care Among Medicare Beneficiaries Living Only in the Community by Age, 2020

Measure	Measure Category	Estimate - % (St. Error)		
		(Very) dissatisfied	Satisfied	Very satisfied
<b>General Care</b>	<65 years	8.0 (0.7)	51.4 (1.3)	40.6 (1.2)
	65-74 years	3.7 (0.3)	40.7 (0.9)	55.6 (0.9)
	75-84 years	4.2 (0.4)	40.7 (1.0)	55.2 (1.0)
	85+ years	4.1 (0.5)	45.9 (1.3)	50.0 (1.3)
<b>Information from Doctor</b>	<65 years	8.6 (0.8)	60.8 (1.2)	30.6 (1.2)
	65-74 years	4.4 (0.3)	52.6 (0.9)	43.0 (0.9)
	75-84 years	3.9 (0.3)	56.9 (1.0)	39.2 (1.1)
	85+ years	4.2 (0.5)	62.9 (1.2)	32.9 (1.2)
<b>Doctor's Concern for Overall Health</b>	<65 years	7.9 (0.7)	61.9 (1.4)	30.2 (1.4)
	65-74 years	4.5 (0.4)	52.9 (1.0)	42.6 (1.0)
	75-84 years	3.8 (0.3)	56.8 (1.0)	39.4 (1.0)
	85+ years	4.1 (0.5)	61.8 (1.2)	34.1 (1.2)
<b>Cost</b>	<65 years	21.7 (1.2)	52.0 (1.2)	26.3 (1.2)
	65-74 years	12.1 (0.6)	53.2 (0.9)	34.6 (0.8)
	75-84 years	11.2 (0.5)	54.7 (1.0)	34.2 (1.0)
	85+ years	8.6 (0.6)	60.2 (1.2)	31.2 (1.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 3.7. Satisfaction with Access to Care Among Medicare Beneficiaries Living Only in the Community by Age, 2020

Measure	Measure Category	Estimate - % (St. Error)		
		(Very) dissatisfied	Satisfied	Very satisfied
<b>Night and Weekend Availability</b>	<65 years	12.9 (1.0)	62.1 (1.6)	25.0 (1.4)
	65-74 years	7.5 (0.6)	53.7 (0.9)	38.8 (0.9)
	75-84 years	6.7 (0.6)	55.0 (1.4)	38.3 (1.3)
	85+ years	7.2 (0.8)	59.1 (1.5)	33.7 (1.6)
<b>Ease of Access to Doctor</b>	<65 years	8.0 (0.7)	61.5 (1.3)	30.5 (1.2)
	65-74 years	3.1 (0.3)	48.2 (1.0)	48.7 (1.0)
	75-84 years	3.3 (0.4)	49.1 (0.9)	47.5 (0.9)
	85+ years	4.5 (0.5)	54.6 (1.2)	41.0 (1.2)
<b>Can Obtain Care in Same Location</b>	<65 years	12.3 (0.9)	59.2 (1.3)	28.6 (1.2)
	65-74 years	8.2 (0.6)	55.3 (1.0)	36.5 (1.0)
	75-84 years	6.3 (0.5)	57.7 (1.1)	36.1 (1.2)
	85+ years	5.9 (0.7)	62.0 (1.2)	32.1 (1.0)
<b>Availability of Specialist Care</b>	<65 years	10.2 (0.8)	61.9 (1.4)	27.9 (1.3)
	65-74 years	5.8 (0.5)	52.5 (0.9)	41.7 (1.0)
	75-84 years	4.8 (0.3)	54.1 (0.9)	41.0 (0.9)
	85+ years	4.5 (0.5)	61.2 (1.2)	34.3 (1.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. Perceived Knowledge of the Medicare Program Among Medicare Beneficiaries Living Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2020

Measure	Measure Category	Estimate - % (St. Error)		
		Little or none	Some	Most or all
<b>Overall</b>	--	21.6 (0.5)	32.7 (0.5)	45.7 (0.6)
<b>Age</b>	<65 years	31.1 (1.5)	34.5 (1.4)	34.3 (1.3)
	65-74 years	20.1 (0.8)	32.9 (0.8)	47.0 (0.9)
	75-84 years	19.8 (0.8)	31.9 (0.7)	48.3 (0.8)
	85+ years	21.1 (1.1)	31.5 (1.4)	47.4 (1.3)
<b>Sex</b>	Female	19.8 (0.6)	34.7 (0.6)	45.5 (0.7)
	Male	23.8 (0.7)	30.3 (0.8)	45.9 (0.9)
<b>Race/Ethnicity</b>	White non-Hispanic	18.8 (0.5)	32.5 (0.6)	48.7 (0.6)
	Black non-Hispanic	25.6 (1.8)	36.9 (1.8)	37.5 (1.7)
	Hispanic	39.5 (1.9)	29.0 (1.6)	31.6 (1.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 3.9. Self-Reported Physician Appointment Wait Time Among Medicare Beneficiaries Living Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2020

Measure	Measure Category	Estimate - % (St. Error)				
		19+ days	13-18 days	7-12 days	1-6 days	No wait
<b>Overall</b>	--	31.5 (1.0)	11.3 (0.5)	13.5 (0.6)	16.7 (0.7)	27.0 (1.5)
<b>Age</b>	<65 years	32.7 (1.8)	11.7 (1.4)	13.0 (1.3)	16.6 (1.3)	26.1 (1.9)
	65-74 years	31.4 (1.2)	12.1 (0.7)	14.2 (0.8)	17.1 (1.0)	25.2 (1.5)
	75-84 years	31.2 (1.5)	10.3 (0.7)	12.5 (0.7)	15.6 (0.8)	30.3 (1.9)
	85+ years	31.0 (1.9)	8.9 (0.9)	13.5 (1.2)	17.9 (1.3)	28.7 (2.2)
<b>Sex</b>	Female	31.1 (1.2)	11.2 (0.5)	13.2 (0.6)	17.3 (0.7)	27.2 (1.6)
	Male	32.0 (1.2)	11.4 (0.7)	13.9 (0.8)	15.9 (0.9)	26.8 (1.6)
<b>Race/ Ethnicity</b>	White non-Hispanic	31.5 (1.1)	11.2 (0.5)	14.2 (0.7)	16.0 (0.7)	27.1 (1.5)
	Black non-Hispanic	30.3 (3.0)	9.1 (1.5)	12.2 (1.5)	18.4 (1.8)	30.0 (3.8)
	Hispanic	34.7 (2.3)	13.1 (1.4)	10.4 (1.3)	17.2 (1.6)	24.6 (2.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Living Only in the Community Overall and by Sex, 2020

Measure	Estimate - % (St. Error)		
	Overall	Female	Male
<b>Visit a Doctor as Soon as You Feel Bad</b>	44.3 (0.7)	43.8 (0.7)	44.9 (0.9)
<b>When Sick, Keep It to Yourself</b>	33.1 (0.6)	35.8 (0.7)	29.8 (0.8)
<b>Worry About Your Health More than Others</b>	22.7 (0.5)	22.4 (0.6)	23.1 (0.8)
<b>Avoid Going to the Doctor</b>	21.8 (0.5)	23.3 (0.6)	20.1 (0.7)
<b>Ever Had a Prescription You Did Not Fill Due to Cost</b>	8.5 (0.5)	9.2 (0.6)	7.6 (0.5)
<b>Had a Problem and Did Not Seek Doctor</b>	8.0 (0.4)	8.3 (0.5)	7.5 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 3.11. Difficulty Obtaining Care and Delayed Care Due to Cost Among Medicare Beneficiaries Living Only in the Community Overall and by Type of Medicare Coverage, 2020

Measure	Measure Category	Estimate - % (St. Error)		
		Overall	Traditional FFS Medicare	Medicare Advantage
<b>Difficulty Obtaining Care</b>	Yes	8.4 (0.3)	8.4 (0.4)	8.4 (0.5)
	No	91.6 (0.3)	91.6 (0.4)	91.6 (0.5)
<b>Delayed Care Due to Cost</b>	Yes	7.2 (0.3)	6.7 (0.4)	7.9 (0.5)
	No	92.8 (0.3)	93.3 (0.4)	92.1 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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 3.12. Indicators of Satisfaction with Care Among Medicare Beneficiaries Living Only in the Community by Type of Medicare Coverage, 2020

Measure	Type of Medicare Coverage	Estimate - % (St. Error)		
		(Very) dissatisfied	Satisfied	Very satisfied
<b>General Care</b>	Traditional FFS Medicare	4.2 (0.3)	40.9 (0.9)	54.9 (0.8)
	Medicare Advantage	4.7 (0.4)	44.9 (0.8)	50.3 (0.8)
<b>Information from Doctor</b>	Traditional FFS Medicare	5.0 (0.3)	53.8 (0.8)	41.2 (0.9)
	Medicare Advantage	4.6 (0.3)	58.4 (0.8)	37.0 (0.8)
<b>Doctor's Concern for Overall Health</b>	Traditional FFS Medicare	5.2 (0.3)	53.8 (1.0)	41.0 (0.9)
	Medicare Advantage	4.1 (0.4)	58.8 (0.9)	37.0 (0.9)
<b>Cost</b>	Traditional FFS Medicare	13.7 (0.5)	51.7 (0.7)	34.6 (0.8)
	Medicare Advantage	11.6 (0.6)	57.4 (0.9)	31.0 (0.8)
<b>Night and Weekend Availability</b>	Traditional FFS Medicare	8.8 (0.5)	53.9 (0.9)	37.3 (1.0)
	Medicare Advantage	7.1 (0.6)	58.4 (0.9)	34.4 (0.9)
<b>Ease of Access to Doctor</b>	Traditional FFS Medicare	4.3 (0.3)	49.0 (1.0)	46.8 (1.0)
	Medicare Advantage	3.5 (0.3)	53.3 (0.8)	43.2 (0.9)
<b>Can Obtain Care in Same Location</b>	Traditional FFS Medicare	9.1 (0.5)	56.3 (0.8)	34.6 (0.9)
	Medicare Advantage	6.7 (0.5)	58.1 (0.9)	35.2 (0.9)
<b>Availability of Specialist Care</b>	Traditional FFS Medicare	6.4 (0.5)	53.1 (0.8)	40.5 (0.8)
	Medicare Advantage	5.4 (0.4)	57.6 (0.9)	37.0 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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." FFS stands for Fee-for-Service.

Table 3.13. Satisfaction with the Availability of Information on the Medicare Program Among Medicare Beneficiaries Living Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2020

Measure	Measure Category	Estimate - % (St. Error)	
		Satisfied	Unsatisfied
<b>Overall</b>	--	90.3 (0.4)	9.7 (0.4)
<b>Age</b>	<65 years	84.0 (1.4)	16.0 (1.4)
	65-74 years	90.5 (0.6)	9.5 (0.6)
	75-84 years	91.6 (0.5)	8.4 (0.5)
	85+ years	94.8 (0.6)	5.2 (0.6)
<b>Sex</b>	Female	90.4 (0.4)	9.6 (0.4)
	Male	90.2 (0.7)	9.8 (0.7)
<b>Race/Ethnicity</b>	White non-Hispanic	90.8 (0.5)	9.2 (0.5)
	Black non-Hispanic	89.6 (1.3)	10.4 (1.3)
	Hispanic	87.9 (1.3)	12.1 (1.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

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.a Total Health Care Service Expenditures Among All Medicare Beneficiaries by Source of Payment, 2020

Measure	Estimate - % (St. Error)
<b>Medicare</b>	66.3 (1.0)
<b>Out-of-Pocket</b>	17.3 (0.6)
<b>Private</b>	6.1 (0.4)
<b>Medicaid</b>	6.1 (0.4)
<b>Other Source</b>	4.1 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2020.

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.



Table 4.1.b Total Health Care Service Expenditures Among All Medicare Beneficiaries Overall, 2020

Measure	Estimate - % (St. Error)
<b>Total Expenditures</b>	989,109 (26,723)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2020.

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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 4.2. Distribution of Total Out-of-Pocket Health Care Service Expenditures Among All Medicare Beneficiaries, 2020

Measure	Measure Category	Estimate - % (St. Error)
<b>Beneficiary Spending Percentage Group</b>	Top 5 percent	37.2 (3.8)
	Top 10 percent	52.4 (3.8)
	Top 15 percent	64.4 (4.0)
	Top 20 percent	72.1 (4.0)
	Top 50 percent	93.9 (4.0)
	Bottom 50 percent	6.1 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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.

Table 4.3. Annual Out-of-Pocket Medicare Premium Expenditures per Capita Among Medicare Beneficiaries Who Are Not Dually Eligible Overall and by Age, Type of Medicare Coverage, and Health Status, in Dollars, 2020

Measure	Measure Category	Estimate - \$ (St. Error)
<b>Overall</b>	--	1,994 (21)
<b>Age</b>	<65 years	1,617 (62)
	65-74 years	1,889 (27)
	75-84 years	2,227 (31)
	85+ years	2,204 (39)
<b>Type of Medicare Coverage</b>	Traditional FFS Medicare	1,947 (31)
	Medicare Advantage	2,064 (25)
<b>Health Status</b>	Poor	1,911 (61)
	Fair	1,920 (39)
	Good	2,024 (29)
	Very good	2,043 (33)
	Excellent	2,089 (59)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who are not dually eligible for both Medicare and Medicaid. Beneficiaries who are classified as dually eligible can be either partial- or full-benefit dually eligible. 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. FFS stands for Fee-for-Service.

Table 4.4. User Rates of Health Care Services Among All Medicare Beneficiaries, 2020

Measure	Estimate - % (St. Error)
<b>Physician/Supplier Services</b>	94.7 (0.4)
<b>Prescription Drugs</b>	93.4 (0.4)
<b>Outpatient Hospital Services</b>	67.4 (0.8)
<b>Inpatient Hospital Services</b>	11.7 (0.4)
<b>Long-Term Facility Care</b>	3.0 (0.1)
<b>Skilled Nursing Facility Care</b>	2.6 (0.2)
<b>Medicare Hospice Services</b>	2.3 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2020.

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 for Vision Services, Hearing Services, and Dental Services are only presented in the Chartbook for beneficiaries who only completed Community interviews during the year and are therefore excluded from this Table.

Table 4.5. Total Health Care Service Expenditures Among All Medicare Beneficiaries by Selected Service Types, in Millions of Dollars, 2020

Measure	Estimate - \$ (St. Error)
<b>Prescription Drugs</b>	274,822 (16,412)
<b>Physician/Supplier Services</b>	216,651 (9,936)
<b>Inpatient Hospital Services</b>	172,848 (8,978)
<b>Outpatient Hospital Services</b>	117,003 (6,047)
<b>Long-Term Facility Care</b>	104,645 (4,943)
<b>Skilled Nursing Facility Care</b>	33,566 (2,582)
<b>Medicare Hospice Services</b>	19,189 (2,224)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2020.

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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources. Estimates for Dental Services, Vision Services, and Hearing Services are only presented in the Chartbook for beneficiaries who only completed Community interviews during the year and are therefore excluded from this Table.

Table 4.6. User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community, 2020

Measure	Estimate - % (St. Error)
<b>Dental Services</b>	50.1 (0.9)
<b>Vision Services</b>	47.8 (0.7)
<b>Hearing Services</b>	9.2 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 4.7. Total Health Care Service Expenditures for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Millions of Dollars, 2020

Measure	Estimate - \$ (St. Error)
<b>Dental Services</b>	34,301 (2,266)
<b>Vision Services</b>	12,016 (890)
<b>Hearing Services</b>	4,057 (557)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 4.8. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Dollars, 2020

Measure	Estimate - \$ (St. Error)
<b>Prescription Drugs</b>	4,291 (265)
<b>Physician/Supplier Services</b>	3,369 (160)
<b>Inpatient Hospital Services</b>	2,548 (138)
<b>Outpatient Hospital Services</b>	1,780 (95)
<b>Dental Services</b>	554 (37)
<b>Vision Services</b>	194 (14)
<b>Medicare Hospice Services</b>	179 (29)
<b>Hearing Services</b>	66 (9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 4.9. Total Out-of-Pocket Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Dollars, 2020

Measure	Estimate - \$ (St. Error)
<b>Prescription Drugs</b>	654 (23)
<b>Physician/Supplier Services</b>	600 (81)
<b>Dental Services</b>	367 (35)
<b>Outpatient Hospital Services</b>	118 (10)
<b>Hearing Services</b>	53 (8)
<b>Vision Services</b>	47 (2)
<b>Inpatient Hospital Services</b>	41 (3)
<b>Medicare Hospice Services</b>	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 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 4.10. User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community Overall and by Age, 2020

Measure	Estimate - % (St. Error)				
	Overall	<65 years	65-74 years	75-84 years	85+ years
<b>Physician/Supplier Services</b>	94.7 (0.4)	93.7 (1.0)	93.9 (0.6)	96.5 (0.4)	95.7 (0.6)
<b>Prescription Drugs</b>	93.7 (0.4)	93.4 (0.8)	91.4 (0.7)	97.1 (0.3)	97.1 (0.5)
<b>Outpatient Hospital Services</b>	67.9 (0.8)	72.8 (1.7)	65.2 (1.3)	71.6 (1.0)	65.1 (1.6)
<b>Dental Services</b>	50.1 (0.9)	34.5 (1.9)	55.3 (1.0)	51.2 (1.4)	41.4 (1.8)
<b>Vision Services</b>	47.8 (0.7)	29.5 (1.7)	49.2 (1.2)	54.6 (1.0)	47.0 (1.7)
<b>Inpatient Hospital Services</b>	11.2 (0.4)	12.0 (1.2)	8.3 (0.5)	14.2 (0.8)	17.5 (1.2)
<b>Hearing Services</b>	9.2 (0.4)	4.8 (1.0)	7.4 (0.6)	12.5 (0.8)	15.8 (1.0)
<b>Medicare Hospice Services</b>	1.5 (0.2)	*	0.6 (0.2)	1.9 (0.3)	7.5 (1.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Some 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 4.11. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community Overall and by Age, in Dollars, 2020

Measure	Estimate - \$ (St. Error)				
	Overall	<65 years	65-74 years	75-84 years	85+ years
<b>Prescription Drugs</b>	4,291 (265)	9,031 (1,615)	3,333 (218)	4,089 (351)	3,430 (315)
<b>Physician/Supplier Services</b>	3,369 (160)	4,192 (1,013)	2,858 (117)	3,918 (179)	3,469 (172)
<b>Inpatient Hospital Services</b>	2,548 (138)	2,891 (430)	1,858 (188)	3,308 (263)	3,683 (351)
<b>Outpatient Hospital Services</b>	1,780 (95)	2,358 (268)	1,535 (142)	2,047 (170)	1,567 (270)
<b>Dental Services</b>	554 (37)	277 (41)	660 (70)	547 (33)	395 (44)
<b>Vision Services</b>	194 (14)	69 (9)	177 (21)	234 (22)	347 (49)
<b>Medicare Hospice Services</b>	179 (29)	*	*	190 (56)	1,007 (185)
<b>Hearing Services</b>	66 (9)	*	51 (12)	89 (13)	124 (20)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Some estimates for Medicare Hospice Services and Hearing 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 4.12. User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community Overall and by Race/Ethnicity, 2020

Measure	Estimate - % (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
<b>Physician/Supplier Services</b>	94.7 (0.4)	95.7 (0.3)	92.4 (1.4)	93.7 (1.0)
<b>Prescription Drugs</b>	93.7 (0.4)	94.0 (0.5)	93.7 (1.2)	92.8 (1.3)
<b>Outpatient Hospital Services</b>	67.9 (0.8)	70.4 (0.8)	57.6 (2.2)	63.7 (2.4)
<b>Dental Services</b>	50.1 (0.9)	55.6 (1.0)	26.1 (2.3)	34.2 (2.3)
<b>Vision Services</b>	47.8 (0.7)	49.4 (0.9)	42.7 (2.2)	43.1 (2.2)
<b>Inpatient Hospital Services</b>	11.2 (0.4)	11.5 (0.5)	10.2 (1.4)	11.0 (1.3)
<b>Hearing Services</b>	9.2 (0.4)	10.4 (0.5)	5.2 (1.1)	6.4 (1.2)
<b>Medicare Hospice Services</b>	1.5 (0.2)	1.6 (0.2)	*	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Some 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 4.13. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community Overall and by Race/Ethnicity, in Dollars, 2020

Measure	Estimate - \$ (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
<b>Prescription Drugs</b>	4,291 (265)	3,865 (222)	5,098 (512)	4,093 (403)
<b>Physician/Supplier Services</b>	3,369 (160)	3,631 (205)	2,273 (189)	2,978 (300)
<b>Inpatient Hospital Services</b>	2,548 (138)	2,558 (169)	2,801 (562)	2,342 (352)
<b>Outpatient Hospital Services</b>	1,780 (95)	1,795 (113)	1,814 (296)	1,697 (355)
<b>Dental Services</b>	554 (37)	636 (48)	189 (25)	297 (44)
<b>Vision Services</b>	194 (14)	212 (18)	129 (14)	137 (19)
<b>Medicare Hospice Services</b>	179 (29)	163 (30)	*	*
<b>Hearing Services</b>	66 (9)	79 (11)	*	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Some estimates for Medicare Hospice Services and Hearing 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 4.14. User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community Overall and by Self-Reported Health Status, 2020

Measure	Estimate - % (St. Error)		
	Overall	Fair/poor	Excellent/very good/good
<b>Physician/Supplier Services</b>	94.7 (0.4)	96.2 (0.6)	94.5 (0.4)
<b>Prescription Drugs</b>	93.7 (0.4)	97.7 (0.3)	92.8 (0.5)
<b>Outpatient Hospital Services</b>	67.9 (0.8)	74.8 (1.5)	66.6 (0.9)
<b>Dental Services</b>	50.1 (0.9)	36.5 (1.5)	55.0 (1.0)
<b>Vision Services</b>	47.8 (0.7)	42.8 (1.3)	50.4 (0.9)
<b>Inpatient Hospital Services</b>	11.2 (0.4)	18.3 (1.3)	8.0 (0.4)
<b>Hearing Services</b>	9.2 (0.4)	8.2 (0.9)	9.8 (0.5)
<b>Medicare Hospice Services</b>	1.5 (0.2)	1.6 (0.3)	0.2 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 4.15. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community Overall and by Self-Reported Health Status, in Dollars, 2020

Measure	Estimate - \$ (St. Error)		
	Overall	Fair/poor	Excellent/very good/good
<b>Prescription Drugs</b>	4,291 (265)	8,802 (1,195)	3,155 (157)
<b>Physician/Supplier Services</b>	3,369 (160)	4,948 (692)	2,920 (92)
<b>Inpatient Hospital Services</b>	2,548 (138)	4,831 (511)	1,593 (104)
<b>Outpatient Hospital Services</b>	1,780 (95)	2,677 (276)	1,516 (104)
<b>Dental Services</b>	554 (37)	341 (32)	631 (49)
<b>Vision Services</b>	194 (14)	143 (14)	213 (18)
<b>Medicare Hospice Services</b>	179 (29)	346 (95)	*
<b>Hearing Services</b>	66 (9)	*	69 (10)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources. Some estimates for Medicare Hospice Services and Hearing 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 4.16. User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community by Number of Chronic Conditions, 2020

Measure	Estimate - \$ (St. Error)				
	No conditions	1 condition	2-3 conditions	4-5 conditions	6 or more conditions
<b>Physician/Supplier Services</b>	78.7 (3.1)	90.2 (1.3)	95.6 (0.4)	97.7 (0.3)	99.1 (0.2)
<b>Prescription Drugs</b>	58.4 (2.9)	86.2 (1.6)	96.4 (0.4)	98.4 (0.3)	99.6 (0.2)
<b>Outpatient Hospital Services</b>	41.2 (3.1)	57.7 (2.2)	66.3 (1.1)	76.4 (1.1)	84.8 (1.6)
<b>Dental Services</b>	44.7 (3.1)	55.3 (2.2)	55.3 (1.2)	47.9 (1.5)	38.0 (2.2)
<b>Vision Services</b>	37.8 (3.1)	43.5 (2.0)	49.4 (1.1)	51.9 (1.2)	50.4 (2.5)
<b>Inpatient Hospital Services</b>	3.2 (0.8)	4.3 (0.9)	8.9 (0.6)	12.6 (0.8)	22.6 (2.2)
<b>Hearing Services</b>	6.9 (1.5)	8.2 (1.0)	8.9 (0.6)	11.0 (0.8)	10.1 (1.3)
<b>Medicare Hospice Services</b>	*	*	0.3 (0.1)	0.7 (0.2)	1.8 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Some 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 4.17. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community by Number of Chronic Conditions, in Dollars, 2020

Measure	Estimate - \$ (St. Error)				
	No conditions	1 condition	2-3 conditions	4-5 conditions	6 or more conditions
<b>Prescription Drugs</b>	1,327 (354)	2,244 (356)	3,511 (270)	6,339 (805)	6,944 (534)
<b>Physician/Supplier Services</b>	1,265 (111)	2,057 (201)	3,198 (342)	4,040 (167)	5,106 (307)
<b>Inpatient Hospital Services</b>	*	872 (220)	1,893 (164)	3,017 (308)	4,836 (660)
<b>Outpatient Hospital Services</b>	595 (161)	1,236 (210)	1,403 (113)	2,350 (239)	3,105 (392)
<b>Dental Services</b>	417 (52)	*	623 (44)	479 (39)	454 (117)
<b>Vision Services</b>	84 (11)	113 (9)	196 (14)	261 (43)	216 (43)
<b>Medicare Hospice Services</b>	*	*	*	*	*
<b>Hearing Services</b>	*	*	72 (16)	69 (10)	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. Some estimates for Dental Services, Medicare Hospice Services, and Hearing 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 4.18. User Rates of Skilled Nursing Facility Care Among All Medicare Beneficiaries Overall and by Age, Race/Ethnicity, and Health Status, 2020

Measure	Measure Category	Estimate - % (St. Error)
<b>Overall</b>	--	2.6 (0.2)
<b>Age</b>	<65 years	1.5 (0.4)
	65-74 years	1.0 (0.2)
	75-84 years	3.9 (0.4)
	85+ years	8.7 (0.9)
<b>Race/Ethnicity</b>	White non-Hispanic	2.9 (0.2)
	Black non-Hispanic	1.7 (0.5)
	Hispanic	1.4 (0.4)
<b>Health Status</b>	Fair/poor	4.8 (0.5)
	Excellent/very good/good	1.5 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 4.19. Skilled Nursing Facility Care Health Care Service Expenditures per User Overall and by Age, Race/Ethnicity, and Health Status, in Dollars, 2020

Measure	Measure Category	Estimate - \$ (St. Error)
<b>Overall</b>	--	19,854 (1,152)
<b>Age</b>	<65 years	*
	65-74 years	*
	75-84 years	18,269 (2,189)
	85+ years	20,881 (1,983)
<b>Race/Ethnicity</b>	White non-Hispanic	20,072 (1,264)
	Black non-Hispanic	*
	Hispanic	*
<b>Health Status</b>	Fair/poor	24,699 (2,537)
	Excellent/very good/good	15,147 (1,688)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. 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. Some 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 4.20. User Rates of Long-Term Facility Care Among All Medicare Beneficiaries Overall and by Age, Race/Ethnicity, and Health Status, 2020

Measure	Measure Category	Estimate - % (St. Error)
<b>Overall</b>	--	3.0 (0.1)
<b>Age</b>	<65 years	2.4 (0.4)
	65-74 years	1.0 (0.1)
	75-84 years	2.9 (0.2)
	85+ years	13.1 (0.8)
<b>Race/Ethnicity</b>	White non-Hispanic	3.4 (0.2)
	Black non-Hispanic	2.0 (0.3)
	Hispanic	1.8 (0.3)
<b>Health Status</b>	Fair/poor	6.0 (0.4)
	Excellent/very good/good	1.3 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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 4.21. Long-Term Facility Care Health Care Service Expenditures per User Overall and by Age, Race/Ethnicity, and Health Status, in Dollars, 2020

Measure	Measure Category	Estimate - \$ (St. Error)
<b>Overall</b>	--	54,502 (1,485)
<b>Age</b>	<65 years	62,435 (5,907)
	65-74 years	52,970 (4,326)
	75-84 years	58,731 (3,663)
	85+ years	51,091 (1,616)
<b>Race/Ethnicity</b>	White non-Hispanic	53,967 (1,542)
	Black non-Hispanic	60,589 (6,865)
	Hispanic	59,762 (6,587)
<b>Health Status</b>	Fair/poor	62,718 (2,355)
	Excellent/very good/good	61,145 (2,923)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. 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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.



Table 4.22. Total Out-of-Pocket Health Care Service Expenditures per User for Long-Term Facility Care and Skilled Nursing Facility Care, in Dollars, 2020

Measure	Estimate - \$ (St. Error)
<b>Long-Term Facility Care</b>	25,284 (1,293)
<b>Skilled Nursing Facility Care</b>	2,096 (186)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.

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. 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.

# 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 respondents 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 consumed more than two alcoholic beverages per day on average were categorized as heavy drinkers. Those who consumed an average of one or two per day were categorized as moderate drinkers, and those who did not drink 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 drink were categorized as nondrinkers. Alcohol use is not recorded in the Facility interview.

**Alzheimer's disease:** Community respondents were asked whether a doctor or other health professional had ever told them that they had Alzheimer's disease. Beneficiaries living in a facility 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.

**Area Deprivation Index:** Area Deprivation Index is an indicator of the socioeconomic disadvantage of geographic areas. National rankings are based on the Census block group for the beneficiary's primary residence address. Area Deprivation Index values in the first percentile are the least disadvantaged, and those in the hundredth are the most disadvantaged.<sup>2</sup>

**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. Beneficiaries must meet at least one of three criteria for Medicare eligibility (is aged 65 years or over, is under age 65 with certain disabilities, or is of any age with End-Stage Renal Disease) and be entitled to health insurance benefits. (Source: <https://www.cms.gov/Medicare/Medicare-General-Information/MedicareGenInfo/index.html>)

**Blood pressure screening:** Blood pressure screening is collected only for beneficiaries who completed only Community interviews during the year. Community respondents 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 received at

<sup>2</sup> University of Wisconsin School of Medicine Public Health. 2018 and 2019 Area Deprivation Index v2.0. <https://www.neighborhoodatlas.medicine.wisc.edu/>

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 respondents 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. Beneficiaries living in a facility 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, depression, mental condition, hypertension, diabetes, osteoporosis/broken hip, pulmonary disease, stroke, high cholesterol, and Parkinson's disease. 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. As the Chartbook definition of mental condition encompasses depression, for the purposes of the number of chronic conditions measure depression and mental condition 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 respondents 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. Beneficiaries living in a facility 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 beneficiary living in a facility 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 beneficiary living in a facility 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 administered for beneficiaries living 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. An interview may be conducted with the beneficiary or a proxy.

**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 respondents 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 respondents 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). Beneficiaries living in a facility 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 respondents were asked whether a doctor or other health professional had ever told them that they had depression. Beneficiaries living in a facility 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 respondents were asked whether a doctor or other health professional had ever told them that they had any type of diabetes. Beneficiaries living in a facility 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 respondents 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 respondents were asked whether they have serious difficulty hearing, seeing, concentrating, remembering, or making decisions, walking or climbing stairs, dressing or bathing, or with errands. Beneficiaries living in the community who had no serious difficulties with these activities were included in the category "No disability." Beneficiaries living in the community who had a serious difficulty in one area were categorized as "One disability" and those who had a serious difficulty in more than one area were categorized as "Two or more disabilities." Beneficiaries living in a facility were included in the category "LTC facility."

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

**End-stage renal disease (ESRD):** ESRD 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 administered for beneficiaries living in facilities, such as long-term care nursing homes or other institutions, during the reference period covered by the MCBS interview. Interviewers conduct the Facility interview 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:** FFS 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 only Community interviews during the year. Community respondents were asked whether they had received a seasonal flu shot in the past year. Receipt of flu shot is not estimated in this Chartbook for beneficiaries living in a facility.

**Health status:** Health status is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents 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 services:** Hearing services are presented in the Chartbook only for beneficiaries who completed only Community interviews during the year. Hearing services include hearing exams, hearing aid fittings, repairs, or purchases, and hearing rehabilitative services. Hearing services data are available for beneficiaries who completed a Community interview. Hearing services utilization and expenditures were reported during a Community interview. Fee-for-Service Medicare does not cover most hearing services, covering only a limited type of hearing exams and rehabilitative services. 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 also obtained from *administrative* data sources.

**Hearing trouble:** Hearing trouble is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents were asked whether they use a hearing aid or if they have at least a little trouble hearing. Beneficiaries living in a facility 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 respondents 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. Beneficiaries living in a facility 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 respondents were asked whether a doctor or other health professional has told them that they have high cholesterol. Beneficiaries living in a facility 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 respondents were asked whether a doctor or other health professional has ever told them that they had hypertension or high blood pressure. Beneficiaries living in a facility 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.

**Income:** Information on income is self-reported by the respondent for the calendar year. Respondents are asked to report the total income the beneficiary and their spouse (if applicable) received from all sources during the year, including Social Security, Railroad Retirement, Supplemental Security Income, the Veteran's Administration, pensions, retirement accounts, interest, banking accounts, businesses, real estate, and jobs, before any taxes or deductions. Income represents the best source or estimate of income received during the year based on the most recent information reported.

**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. Additionally, historic Medicare Advantage (MA) Encounter administrative data was used to estimate aggregate payment amounts for inpatient hospital events not covered by Medicare for beneficiaries with MA coverage living in the community.

### **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. For the purposes of calculating the proportion of beneficiaries with comprehensive coverage, insurance plans that cover doctor's visits and lab work, inpatient stays, and/or stays in a nursing home are considered to be plans with comprehensive coverage.
- **Dual eligibility status:** Annual Medicare-Medicaid dual eligibility is based on the state Medicare Modernization Act (MMA) files. Beneficiaries are considered "dually eligible" and assigned a dual eligibility 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 beneficiaries living in a facility.
- **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 beneficiaries living in a facility.
- Supplemental private insurance: Supplemental private insurance encompasses beneficiaries living in the community 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 beneficiaries living in a facility who have any type of private health insurance. For the purposes of calculating the proportion of beneficiaries with supplemental private insurance (including ESI and self-pay insurance), supplemental private insurance does not include long-term care plans, life insurance plans, or cancer or other disease-specific insurance plans. Supplemental private insurance may include specialty plans or prescription drug-only plans.
- 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 respondents were asked whether a doctor or other health professional had ever told them that they had an intellectual disability. Beneficiaries living in a facility were coded as either having or not having Down syndrome, autism, or an intellectual or developmental disability related to an organic/non-organic condition based on information on active diagnoses provided by Facility staff or as abstracted from medical records. The intellectual or developmental disability 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 an intellectual or developmental disability.

**Internet use:** Information on internet use is collected only for beneficiaries who completed at least one Community interview during the year. Community respondents were asked whether they ever use the internet to get information of any kind. Information on internet use is not recorded in the Facility interview.

**Language other than English spoken at home:** Language other than English spoken at home is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. Community respondents were asked if they speak a language other than English at home. Language other than English spoken at home is not recorded in the Facility interview.

**Long-Term Care Minimum Data Set (MDS):** The Long-Term Care 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 *2020 MCBS Methodology Report* available on the CMS MCBS website.

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

**Medicare beneficiary:** See Beneficiary.

**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 respondents 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. Beneficiaries living in a facility 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, or a psychotic disorder other than schizophrenia 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 respondents 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 respondents were asked whether a doctor or other health profession has ever told them that they had osteoporosis or a broken hip. Beneficiaries living in a facility 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.

**Out-of-pocket Medicare premium expenditures:** Out-of-pocket Medicare premium expenditures are presented in the Chartbook for beneficiaries who are not dually eligible. Medicare premium expenditures encompass annual premium amounts paid by a beneficiary for Medicare Parts A, B, C, and D. Medicare premium expenditures are obtained from *administrative* data sources.

**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. Additionally, historic Medicare Advantage (MA) Encounter administrative data was used to estimate aggregate payment amounts for outpatient hospital events not covered by Medicare for beneficiaries with MA coverage living in the community.

**Parkinson's disease:** Community respondents were asked whether a doctor or other health professional had ever told them that they had Parkinson's disease. Beneficiaries living in a facility 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.

**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 respondents 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.

**Persons who provide assistance communicating with medical provider:** Information regarding persons who provide assistance communicating with medical providers is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. This information is collected during the Community interview for beneficiaries who self-reported limited English proficiency and speak a language other than English at home. These respondents were asked who helps them communicate with medical providers, other than their usual provider, who do not speak the language the beneficiary speaks at home. Assistance communicating with medical provider 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 respondents 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 respondents were also asked how much time they spend in 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 two or fewer hours of moderate activity per week, he/she is categorized as sedentary. If a beneficiary engages in two hours of vigorous activity or three to four hours of moderate activity per week, he/she is categorized as active. If a beneficiary engages in three or more hours of vigorous activity or five 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 (FFS) Medicare, obtained from *administrative* data sources. Physician/supplier services expenditures were reported during a Community interview or, for beneficiaries enrolled in FFS Medicare, obtained from *administrative* data sources. Additionally, historic Medicare Advantage (MA) Encounter administrative data was used to estimate aggregate payment amounts for physician/supplier services not covered by Medicare for beneficiaries with MA coverage living in the community.

**Physician appointment wait time:** Physician appointment wait time is collected only for beneficiaries who completed at least one Community interview during the year. Community respondents 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 appointment 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 only Community interviews during the year. Community respondents were asked if they had ever received the pneumonia shot. Receipt of pneumonia shot is not estimated in this Chartbook for beneficiaries living in a facility.

**Poverty status:** Responses to income and asset questions are self-reported by the respondent. Poverty status is determined using an income-to-poverty ratio (IPR). The IPR is defined as income divided by the appropriate Federal Poverty Level (FPL) threshold. Note that the MCBS IPR is calculated only for household sizes of one (beneficiary living alone or in a facility) or two (beneficiary living with spouse only). Beginning in 2017, the income poverty thresholds presented in the Chartbook reflect the Medicare beneficiary thresholds.

**Preferred language for medical care:** Preferred language for medical care is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. This information is collected during the Community interview for beneficiaries who speak a language other than English at home and have a usual doctor or clinic where they receive medical care. These respondents were asked in which language they prefer to receive medical care. Preferred language for medical care is not recorded in the Facility interview.

**Prescription drugs:** 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 services data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Prescription drug usage and expenditures were reported during a Community interview or, for beneficiaries enrolled in Medicare Part D, obtained from *administrative* data sources.

**Problem understanding a medical situation due to a language barrier:** Problem understanding a medical situation due to a language barrier is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. This information is collected during the Community interview for beneficiaries who self-reported limited English proficiency and speak a language other than English at home. These respondents were asked if they had ever had a problem understanding a medical situation because it was not explained in the language the beneficiary speaks at home. Problem understanding a medical situation is not recorded in the Facility interview.

**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 respondents 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 or 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 living 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 respondents were asked whether a doctor or other health professional had ever told them that they had emphysema, asthma, or chronic obstructive pulmonary disease (COPD). Beneficiaries living in a facility 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:** Hispanic origin and race are two separate and distinct categories. Persons of Hispanic origin may be of any race or combination of races. Hispanic origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. For the MCBS, responses to beneficiary race and ethnicity questions are reported by the respondent. More than one race may be reported. For conciseness, the text, tables, and figures in this document use shorter versions of the terms for race and Hispanic or Latino origin specified in the Office of Management and Budget 1997 Standards for Data on Race and Ethnicity. Beneficiaries reported as White and not of Hispanic origin were coded as White non-Hispanic; beneficiaries reported as Black/African-American and not of Hispanic origin were coded as Black non-Hispanic; beneficiaries reported as Hispanic, Latino/Latina, or of Spanish origin, regardless of their race, were coded as Hispanic. The "Other Race/Ethnicity" category includes other single races not of Hispanic origin (including American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander), or Two or More Races.

**Residence status:** Medicare beneficiaries who only completed Community interviews during the calendar year are categorized as living only in the community. Medicare beneficiaries for whom only Facility interviews were completed during the calendar year are categorized as living 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:** Respondent refers to a 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 (i.e., the Facility respondent).

**Round:** The MCBS data collection period. There are three distinct 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 respondents 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 overall 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.

**Self-reported limited English proficiency:** Self-reported limited English proficiency is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. Community respondents were asked how well they spoke English. A beneficiary was categorized as having limited English proficiency if they spoke English well, not well, or not at all. Beneficiaries who spoke English very well were categorized as not having limited English proficiency. English proficiency is not recorded in the Facility interview.

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

**Shingles vaccine:** Receipt of shingles vaccine is presented in the Chartbook only for beneficiaries who completed only Community interviews during the year. Community respondents 60 years of age and over were asked if they had received the shingles vaccine. Receipt of shingles vaccination is not recorded in the Facility interview.

**Skilled nursing facility (SNF) care:** 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. Additionally, historic Medicare Advantage (MA) Encounter administrative data was used to estimate aggregate payment amounts for SNF events not covered by Medicare for beneficiaries with MA coverage living in the community.

**Skin cancer:** Community respondents were asked whether a doctor or other health professional had ever told them that they had skin cancer. Beneficiaries living in a facility 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 respondents 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 beneficiary living in a facility had ever smoked cigarettes, cigars, or pipe tobacco, and whether the beneficiary currently smokes. Beneficiaries who currently smoked were categorized as a “current smoker.” Beneficiaries living in the community who smoked 100 or more cigarettes or 50 or more cigars, and beneficiaries living in a facility who had ever smoked cigarettes, cigars, or pipe tobacco, but who were not current smokers, were categorized as “former smoker.” Beneficiaries living in the community who did not meet the “current smoker” or “former smoker” criteria who do not smoke or have not smoked, as reported for at least one of the cigar or cigarette use survey questions, were categorized as “never smoked.” Beneficiaries living in a facility who had never smoked were categorized as “never smoked.” Smoking includes the smoking of cigarettes or cigars for beneficiaries living in the community, and cigarettes, cigars, or pipe tobacco for beneficiaries living in a facility, but it does not include the 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 respondents 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. Beneficiaries living in a facility 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.

**Telemedicine use:** Information on telemedicine use is presented only for beneficiaries who completed at least one Community interview during the year. Community respondents who reported a medical provider event were asked whether the event was a telephone or video visit. Some medical provider events were recoded to outpatient events based on information from administrative data sources. Beneficiaries who reported receiving at least one telephone or video visit were categorized as “Yes.” Information on telemedicine use is not presented for beneficiaries who only completed Facility interviews during the year. Estimates of telemedicine use based on administrative data sources, including claims, may not match the estimates presented in this Chartbook due to differences in the definition of telemedicine service and the universe of beneficiaries used to estimate telemedicine use.<sup>3</sup>

<sup>3</sup> Centers for Medicare & Medicaid Services. Medicare Telemedicine Snapshot. <https://www.cms.gov/medicare-telemedicine-snapshot>

**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.<sup>4</sup>
- 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.

<sup>4</sup> 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 respondents 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 at least one of 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 respondents were asked how often they lost urine control in the past year. Beneficiaries living in the community were coded as "yes" if they lost urine control at least once every 2-3 months. Beneficiaries living in a facility 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 respondents 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 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 did have a usual source of care, they were 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 of the United States.

**Vision services:** Vision services are presented in the Chartbook only for beneficiaries who completed only Community interviews during the year. Vision services include vision exams, contact lens fittings or purchases, eye glass frame fittings or purchases, and different kinds of surgeries (e.g., cataract, corneal, etc.). Vision services data are available for beneficiaries who completed a Community interview. Vision services utilization and expenditures were reported during a Community interview. Fee-for-Service Medicare does not cover vision exams for the refractive state and contact lens fittings or purchases or eye glass frame fittings or purchases (except one pair of contact lens or eyeglasses after cataract surgery). 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 also obtained from *administrative* data sources.

**Vision problem:** Vision problem is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents 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. Beneficiaries living in a facility 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 2020 Chartbook. For details about the MCBS sample design, survey operations, and data files, please see the *2020 MCBS Methodology Report* and *2020 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.<sup>5</sup>

### *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, 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 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 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 15,476 beneficiaries from the 2020 Survey File, 9,148 of which have additional information about utilization and spending from the 2020 Cost Supplement File. Chartbook estimates are generally produced using the Survey File or Cost Supplement File ever-enrolled weights, as applicable. The Survey File ever-enrolled weights are used to produce estimates that represent the population that was ever enrolled in Medicare for any period during 2020. 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 2020. This threshold is described in the *2020 MCBS Methodology Report*. Estimates generated using data from Topical segments, which were fielded in the winter and summer rounds following the data year, use the special non-response adjustment weights that are

<sup>5</sup> <https://www.cms.gov/research-statistics-data-and-systems/research/mcbs>

specific to each Topical segment. For more information on Topical segments and weights, please consult the *2020 Data User's Guide*.

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<sup>6</sup>:

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 17.0 percent of all Medicare beneficiaries are veterans. The standard error of this estimate (0.5 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 who are veterans is 17.0 percent plus or minus  $1.96 \times 0.5 = 1.0$  percent, for a 95 percent confidence interval of (16.0, 18.0). 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.

Due to low levels of item non-response and to maintain trends, 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 2020 LDS releases, please consult the *2020 MCBS Methodology Report* available on the CMS MCBS website.

<sup>6</sup> For more information, see Wolter, K. M. (2007). *Introduction to Variance Estimation*. New York, NY: Springer-Verlag.



There are occasions in which certain categories of variables are excluded from a chart by design. 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.<sup>7</sup>

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

### *Trending Dataset Construction*

In developing criteria for Chartbook trend measures, they are first evaluated to ensure they are suitable candidates. Measure data must exist for the full trending time period; be measured annually, at a minimum, for a consistent universe; and utilize variable data that is comparable across the full trending time period. Changes in data collection (for example, a change in the season during which a component is fielded) and/or non-response may negatively affect comparability.

Once measures have been determined suitable for trending, the next step in preparing the data for the Chartbook trending analysis is to extract all of the relevant variables from the LDS files, including survey weights.

Each exhibit in the trending section is a repeated cross-sectional analysis and Survey File and Cost Supplement File ever-enrolled weights from all five data years were utilized. The Survey File ever-enrolled weights represent the population that was ever enrolled in Medicare for any period during the respective data year. 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

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<sup>7</sup> Parker JD, Tali M, Malec DJ, et al. National Center for Health Statistics Data Presentation Standards for Proportions. National Center for Health Statistics. Vital Health Stat 2(175). 2017. Available from: [https://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_175.pdf](https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf)

beneficiaries who have met a minimum threshold of utilization data collection in the respective survey year.

Once all the analytic variables and weights are constructed for each data year, a new master dataset is created by including all the analytic variables for each beneficiary for all data years in the analysis. In total, the analytic dataset contains 48,699 unique beneficiaries from the 2016-2020 Survey Files, 30,105 of which have additional information about utilization and spending from the 2016-2020 Cost Supplement Files.

The Cost-Supplement File also undergoes an additional adjustment. All dollar variable measures are adjusted for inflation to the most recent data year's dollars (e.g., in an analysis of 2016-2020 MCBS data years, 2016, 2017, 2018, and 2019 would be adjusted for inflation to use 2020 dollars). Chartbook expenditure adjustments follow the same methodology used by the Medical Expenditure Panel Survey (MEPS). Total expenditure figures are indexed to the Gross Domestic Product (GDP) price index and out-of-pocket expenditure figures are indexed to the Consumer Price Index (CPI).<sup>8</sup>

Once the master dataset has been constructed, analysis proceeds in a similar fashion as the yearly Chartbook, except survey year is added as an additional cross-tabulation variable in each analysis:

```
proc surveyfreq data = master_analytic_file varmethod = brr (fay=.30);
    table SURVEYR*FLU_SHOT*AGE4;
    weight EEYRSWGT;
    repweights EEYRS001 - EEYRS100;
run;
```

### *Additional Information*

Additional technical questions concerning the MCBS Chartbook may be directed to:  
[MCBS@cms.hhs.gov](mailto: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 *2015-2020 Annual Chartbook and Slides*, please reference the Centers for Medicare and Medicaid Services (CMS) website at <https://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](https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures/Data-Agreements/DUA-NewLDS).

The MCBS Public Use Files (PUFs) are 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>.

<sup>8</sup> [https://meps.ahrq.gov/about\\_meps/Price\\_Index.shtml](https://meps.ahrq.gov/about_meps/Price_Index.shtml)



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Centers for Medicare & Medicaid Services. (2023). 2020 Medicare Current Beneficiary Survey Chartbook Estimates. Retrieved from <http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables>

The MCBS is authorized by section 1875 (42 USC 139511) of the Social Security Act and is conducted by NORC at the University of Chicago for the U.S. Department of Health and Human Services. The OMB Number for this survey is 0938-0568.

## 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 publicly available on the CMS MCBS website.<sup>9</sup> 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 FAQs*, the *Methodology Report*, and the *Questionnaire User Documentation*. These resources are available at <https://www.cms.gov/research-statistics-data-and-systems/research/mcbs>.

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.

### *Universe of Beneficiaries*

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.

<sup>9</sup> <https://www.cms.gov/research-statistics-data-and-systems/research/mcbs>

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

### *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.

For measures that are constructed using multiple variables, if there is data for at least one of the variables, the record should be included in construction of the measure. If data are missing for all variables used in construction, the record should be excluded from construction of the measure.

### *Weighting*

As detailed in the Technical Appendix, Chartbook measure estimates are generally produced using the Survey File or Cost Supplement File ever-enrolled weights, as applicable. Estimates generated using data from Topical segments, which were fielded in the winter and summer rounds following the data year, use the special non-response adjustment weights that are specific to each Topical segment. Topical segments are flagged with a superscript *t* following the segment name in the 'segment(s) used' field in the Measure Construction Appendix below.

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
<b>Age</b>	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	S.1, S.2, T.1, 1.1, 1.2, 1.6, 1.7, 1.9, 1.10, 2.2, 2.3, 2.5, 2.12, 2.13, 2.14, 2.15, 2.16, 2.17, 2.19, 3.3, 3.6, 3.7, 3.8, 3.9, 3.13, 4.3, 4.10, 4.11, 4.18, 4.19, 4.20, 4.21
<b>Alcohol Use</b>	Community and Both	ALCLIFE; ALC12MN; ROSTSEX; ALCDAY;	If ALCLIFE = 2 then "Nondrinker." Else If ALCLIFE = 1 then do If ALC12MN = 0 then "Nondrinker." Else If ROSTSEX = 1 and ALCDAY ≤ 2, or if ROSTSEX = 2 and ALCDAY = 1, then "Moderate drinker." Else If ROSTSEX = 1 and ALCDAY > 2, or if ROSTSEX = 2 and ALCDAY > 1, then "Heavy drinker."	Beneficiaries living in the community who report heavy drinking, moderate drinking, and nondrinking, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	NICOALCO, DEMO	2.10

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Alzheimer's Disease</b>	Community and Both	OCALZMER	If OCALZMER = 1, then "Yes."	Beneficiaries living in the community who have Alzheimer's disease	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	ALZHMR	If ALZHMR $\geq$ 1, then "Yes."	Beneficiaries living in a facility who have Alzheimer's disease	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
<b>Area Deprivation Index</b>	Community	ADINATNL	If ADINATNL $\leq$ 25, then "1 – 25." If $26 \leq$ ADINATNL $\leq$ 50, then "26 – 50." If $51 \leq$ ADINATNL $\leq$ 75, then "51 – 75." If ADINATNL $\geq$ 76, then "76 – 100."	Beneficiaries living in the community who fall in the established percentile ranges of the Area Deprivation Index	All beneficiaries who completed at least one Community interview during the year	Survey File	DEMO	S.1, S.2
<b>Blood Pressure Screening</b>	Community	BPTAKEN	If BPTAKEN $\leq$ 2, then "Yes."	Beneficiaries living in the community who received blood pressure screening	All beneficiaries who only completed Community interviews during the year	Survey File	PREVCARE	2.11

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Cancer, Other than Skin</b>	Community and Both	OCCANCER	If OCCANCER = 1, then "Yes."	Beneficiaries living in the community who have 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 $\geq$ 1, then "Yes."	Beneficiaries living in a facility who have cancer other than skin cancer	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
<b>Cognitive Impairment</b>	Community and Both	DISDECSN; PHQTRCON	If DISDECSN = 1, or if PHQTRCON = 3 or 4, then "Yes."	Beneficiaries living in the community who have cognitive impairment	All beneficiaries who completed at least one Community interview during the year	Survey File	NAGIDIS; MENTHLTH	2.4
	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 $\geq$ 2, or if HCUNCOND $\geq$ 2, or if HCUNDOTH $\geq$ 2, or if APHASIA = 1, or if $0 \leq$ MENTSUM $\leq$ 12, then "Yes."	Beneficiaries living in a facility who have cognitive impairment	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
<b>Delayed Care Due to Cost</b>	Community	HCDELAY	If HCDELAY = 1, then "Yes."	Beneficiaries living only in the community who have delayed care due to cost	All beneficiaries who only completed Community interviews during the year	Survey File	ACCESSCR	3.11

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Dementia, Other than Alzheimer's Disease</b>	Community and Both	OCDEMENT	If OCDEMENT = 1, then "Yes."	Beneficiaries living in the community who have 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 $\geq$ 1, then "Yes."	Beneficiaries living in a facility who have dementia, other than Alzheimer's disease	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
<b>Depression</b>	Community and Both	OCDEPRSS	If OCDEPRSS = 1, then "Yes."	Beneficiaries living in the community who have depression	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	DEPRESS	If DEPRESS $\geq$ 1, then "Yes."	Beneficiaries living in a facility who have depression	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
<b>Diabetes</b>	Community and Both	OCBETES	If OCBETES = 1, then "Yes."	Beneficiaries living in the community who have 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 $\geq$ 1, then "Yes."	Beneficiaries living in a facility who have 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

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Difficulty Obtaining Care</b>	Community	HCTROUBL	If HCTROUBL = 1, then "Yes."	Beneficiaries living only in the community who have had difficulty obtaining care	All beneficiaries who only completed Community interviews during the year	Survey File	ACCESSCR	3.11
<b>Disability Status</b>	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."	Beneficiaries living in the community who have no, one, and two or more disabilities, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	VISHEAR; NAGIDIS	S.1, S.2, 2.1, 2.3
	Facility	INT_TYPE	If INT_TYPE = 'F', then "LTC facility."	All beneficiaries living in a facility	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	DEMO	2.1, 2.3
<b>Dual Eligibility Status</b>	All Medicare beneficiaries	H_OPMDCD	If H_OPMDCD = 2, then "Not dually eligible." If H_OPMDCD = 1, then "Full-benefit dually eligible." If H_OPMDCD = 3 or 4, then "Partial-benefit dually eligible."	Not dually eligible, full-benefit dually eligible, and partial-benefit dually eligible beneficiaries, respectively	All beneficiaries	Survey File	HISUMRY	S.1, S.2, 1.3, 1.6, 1.9



Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Education</b>	All Medicare beneficiaries	SPDEGRCV	If $1 \leq \text{SPDEGRCV} \leq 3$ , then "Less than a high school diploma." If $\text{SPDEGRCV} = 4$ , then "High school graduate." If $5 \leq \text{SPDEGRCV} \leq 7$ , then "Some college/vocational school." If $\text{SPDEGRCV} = 8$ 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, 1.9, 1.10
<b>Employer-Sponsored Insurance</b>	Community and Both	PLANTYPE; S_OTHPLN	For any reported plan for each beneficiary, if $\text{PLANTYPE} = 20$ or $21$ , $\text{S\_OTHPLN}$ does not = 1, 3, or 4, then "Yes."	Beneficiaries living in the community who have any employer-sponsored insurance	All beneficiaries who completed at least one Community interview during the year	Survey File	HITLINE	1.4
<b>Employer-Sponsored Insurance with Comprehensive Coverage</b>	Community and Both (with Any Employer-Sponsored Insurance)	<i>Any Employer-Sponsored Insurance</i> <sup>10</sup> ; S_MSCOV; S_IP; S_COVNH	If <i>Any Employer-Sponsored Insurance</i> = 'Yes', and ( $\text{S\_MSCOV} = 1$ or $\text{S\_IP} = 1$ or $\text{S\_COVNH} = 1$ ), then "Yes."	Beneficiaries with employer-sponsored insurance with comprehensive coverage	All beneficiaries with <i>Any Employer-Sponsored Insurance</i>	Survey File	HITLINE	1.4
<b>Flu Shot</b>	Community	FLUSHOT	If $\text{FLUSHOT} = 1$ , then "Yes."	Beneficiaries living in the community who received a flu shot	All beneficiaries who only completed Community interviews during the year	Survey File	PREVCARE	T.1, 2.11, 2.12

<sup>10</sup> 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
<b>Health Status</b>	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."	Beneficiaries living in the community who have excellent, very good, good, fair, or poor health, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	GENHLTH	1.2, 2.1, 2.2, 4.3, 4.14, 4.15, 4.18, 4.19, 4.20, 4.21
	Facility	SPHEALTH	If SPHEALTH = 0, "Excellent." If SPHEALTH = 1, "Very good." If SPHEALTH = 2, "Good." If SPHEALTH = 3, "Fair." If SPHEALTH = 4, "Poor."	Beneficiaries living in a facility who have 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, 4.3, 4.18, 4.19, 4.20, 4.21
<b>Hearing Trouble</b>	Community and Both	HCHELP; HCTROUB	If HCHELP = 1 or 3, or if HCTROUB ≥ 2, then "Yes."	Beneficiaries living in the community who have 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."	Beneficiaries living in a facility who have hearing trouble	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
<b>Heart Disease</b>	Community and Both	OCMYOCAR; OCCHD; OCCFAIL; OCHRTCND	If OCMYOCAR = 1, or if OCCHD = 1, or if OCCFAIL = 1, or if OCHRTCND = 1, then "Yes."	Beneficiaries living in the community who have 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."	Beneficiaries living in a facility who have 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

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>High Cholesterol</b>	Community and Both	OCCHOLES	If OCCHOLES = 1, then "Yes."	Beneficiaries living in the community who have high cholesterol	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	HYPRLIPI	If HYPRLIPI ≥ 1, then "Yes."	Beneficiaries living in a facility who have high cholesterol	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
<b>Hypertension</b>	Community and Both	OCHBP	If OCHBP = 1, then "Yes."	Beneficiaries living in the community who have 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."	Beneficiaries living in a facility who have 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
<b>Income</b>	All Medicare beneficiaries	INCOME	If INCOME = 1, 2, 3, 4, or 5, then "< \$25,000." If INCOME = 6, 7, or 8, then "\$25,000-\$49,999." If INCOME = 9, 10, or 11, then "\$50,000-\$99,999." If INCOME = 12, 13, or 14, then ">= \$100,000."	Beneficiaries with household incomes of < \$25,000, \$25,000-\$49,999, \$50,000-\$99,999, and >= \$100,000, respectively	All beneficiaries	Survey File	DEMO	1.5

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Intellectual or Developmental Disability</b>	Community and Both	OCMENTAL	If OCMENTAL = 1, then "Yes."	Beneficiaries living in the community who have an intellectual or developmental disability	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	MENTDOWN; MENTAUTI; MENTOTHO; MENTOTHN	If MENTDOWN = 1, or if MENTAUTI = 1, or if MENTOTHO = 1, or if MENTOTHN = 1, then "Yes."	Beneficiaries living in a facility who have an intellectual or developmental disability	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
<b>Internet Use</b>	Community	KNETPERS	If KNETPERS = 1, then "Yes."	Beneficiaries living in the community who use the internet	All beneficiaries who completed at least one Community interview during the year	Survey File	MCREPLNQ	S.1, S.2
<b>Mammogram</b>	Community and Both <sup>11</sup>	MAMMOGRM	If MAMMOGRM = 1, then "Yes."	Beneficiaries living in the community who received a mammogram	All female beneficiaries who completed at least one Community interview during the year	Survey File	PREVCARE	2.19
<b>Mental Condition</b>	Community and Both	OCPSYCHO; OCDEPRSS	If OCPSYCHO = 1, or if OCDEPRSS = 1, then "Yes."	Beneficiaries living in the community who have a mental condition	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4

<sup>11</sup> Only female Community respondents are asked about receipt of mammography 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
	Facility	MANICDEP; SCHIZOPH; DEPRESS; PSYCOTIC; ANXIETY; PTSD; APSYCH; DELUS	If MANICDEP $\geq$ 1, or if SCHIZOPH $\geq$ 1, or if DEPRESS $\geq$ 1, or if PSYCOTIC $\geq$ 1, or if ANXIETY = 1, or if PTSD $\geq$ 1, or if APSYCH = 1, or if DELUS = 1, then "Yes."	Beneficiaries living in a facility who have a mental condition	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
<b>Metropolitan Area Resident</b>	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."	Beneficiaries living in a metro area and non-metro area, respectively	All beneficiaries	Survey File	DEMO	S.1, S.2, 1.1
<b>Mobility Limitations</b>	Community and Both	DIFWALK; <i>Disability Status</i> <sup>12</sup>	If DIFWALK = 1, then "No limitation." If DIFWALK $\geq$ 2 and <i>Disability Status</i> = "No disability", then "Yes, with no disability." If DIFWALK $\geq$ 2 and <i>Disability Status</i> = "1 disability" or "2 or more disabilities", then "Yes, with any disability."	Beneficiaries living in the community who have 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 $\geq$ 1, then "Yes, with any disability."	Beneficiaries living in a facility who have 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
<b>Mortality Rate</b>	All Medicare beneficiaries	H_DOD	If H_DOD is <u>not missing</u> , then Death = "Yes."	Beneficiaries who have died	All beneficiaries	Survey File	DEMO	2.16

<sup>12</sup> 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
<b>Number of Chronic Conditions</b>	All Medicare beneficiaries	<i>Alzheimer's Disease; Dementia, Other than Alzheimer's Disease; Depression; Mental Condition; Heart Disease; Cancer (Other than Skin); Hypertension; Diabetes; Osteoporosis/Broken Hip; Stroke; Pulmonary Disease; High Cholesterol; Parkinson's Disease</i> <sup>13</sup>	For each chronic conditions measure = 'Yes', add 1 to a count of chronic conditions. For beneficiaries for whom <i>Alzheimer's Disease</i> = 'Yes' and <i>Dementia, Other than Alzheimer's Disease</i> = 'Yes', only add 1 to the count of chronic conditions for these two conditions. For beneficiaries for whom <i>Depression</i> = 'Yes' and <i>Mental Condition</i> = 'Yes', only add 1 to the count of chronic conditions for these two conditions.	Medicare beneficiaries, with 0, 1, 2-3, 4-5, and 6 or more chronic conditions, respectively	All beneficiaries	Survey File		2.17, 4.16, 4.17
<b>Osteoporosis/ Broken Hip</b>	Community and Both	OCOSTEOP; OCBRKHIP	If OCOSTEOP = 1, or if OCBRKHIP = 1, then "Yes."	Beneficiaries living in the community who have osteoporosis or a 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."	Beneficiaries living in a facility who have osteoporosis or a broken hip	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4

<sup>13</sup> 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
<b>Parkinson's Disease</b>	Community and Both	OCPARKIN	If OCPARKIN = 1, then "Yes."	Beneficiaries living in the community who have 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."	Beneficiaries living in a facility who have Parkinson's disease	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
<b>Part D Coverage</b>	All Medicare beneficiaries	SRCCOV01-SRCCOV12; COV01-COV12; PLANTYPE; <i>Type of Medicare Coverage</i> <sup>14</sup>	Where XX represents a month 01-12, if SRCCOVXX = 2 or 3 and COVXX = 1 for any value of XX, and PLANTYPE = 4, and <i>Type of Medicare Coverage</i> = 'MA', then "MA with Part D." If SRCCOVXX = 2 or 3 and COVXX = 1 for any value of XX, and PLANTYPE = 4, and <i>Type of Medicare Coverage</i> = '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	1.3

<sup>14</sup> 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 <i>Type of Medicare Coverage</i> = '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 <i>Type of Medicare Coverage</i> = 'Traditional FFS Medicare', then "FFS only."					
<b>Per Capita Expenditures-Dental Services</b>	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	4.8, 4.9, 4.11, 4.13, 4.15, 4.17
<b>Per Capita Expenditures-Hearing Services</b>	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'HU.'	Total hearing services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	4.8, 4.9, 4.11, 4.13, 4.15, 4.17
<b>Per Capita Expenditures-Inpatient Hospital Services</b>	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	4.8, 4.9, 4.11, 4.13, 4.15, 4.17
<b>Per Capita Expenditures-Medicare Hospice Services</b>	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	4.8, 4.9, 4.11, 4.13, 4.15, 4.17



Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Per Capita Expenditures- Outpatient Hospital Services</b>	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	4.8, 4.9, 4.11, 4.13, 4.15, 4.17
<b>Per Capita Expenditures- Physician/ Supplier Services</b>	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	4.8, 4.9, 4.11, 4.13, 4.15, 4.17
<b>Per Capita Expenditures- Prescription Drugs</b>	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	4.8, 4.9, 4.11, 4.13, 4.15, 4.17
<b>Per Capita Expenditures- Vision Services</b>	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'VU.'	Total vision services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	4.8, 4.9, 4.11, 4.13, 4.15, 4.17
<b>Per Capita Out-of-Pocket Medicare Premium Expenditures</b>	All Medicare beneficiaries (who are not dually eligible)	<i>Dual Eligibility Status</i> <sup>15</sup> ; H_PRAPRM; H_PTBPRM; H_CPRM01- H_CPRM12; H_DPRM01- H_DPRM12	For all beneficiaries for whom <i>Dual Eligibility Status</i> = 'Not dually eligible,' total = H_PTAPRM + H_PTBPRM + sum (H_CPRM01 – H_CPRM12) + sum (H_DPRM01 – H_DPRM12).	Total out-of-pocket Medicare premium expenditures	All beneficiaries who are not dually eligible	Survey File	HISUMRY	4.3

<sup>15</sup> 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
<b>Per User Expenditures-Long-Term Facility Care</b>	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	4.21, 4.22
<b>Per User Expenditures-Skilled Nursing Facility Care</b>	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 facility care	All beneficiaries who have used skilled nursing facility care during the year	Cost Supplement File	SS	4.19, 4.22
<b>Perceived Knowledge of the Medicare Program</b>	Community	KCARKNOW	If KCARKNOW ≤ 2, then "Most or all." If KCARKNOW = 3, then "Some." If KCARKNOW ≥ 4, then "Little or none."	Beneficiaries living only in the community 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 <sup>t</sup>	3.8
<b>Physical Activity</b>	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."	Beneficiaries living in the community who are highly active, active, and sedentary, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	NAGIDIS	2.18
<b>Physician Appointment Wait Time</b>	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."	Beneficiaries living only in the community 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 <sup>t</sup>	3.9

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Pneumonia Shot</b>	Community	PNEUSHOT	If PNEUSHOT = 1, then "Yes."	Beneficiaries living in the community who received a pneumonia shot	All beneficiaries who only completed Community interviews during the year	Survey File	PREVCARE	2.11, 2.12
<b>Poverty Status</b>	All Medicare beneficiaries	IPR	If IPR ≤ 1.00, then "0-100% FPL." If 1.00 < IPR ≤ 1.20, then "101-120% FPL." If 1.20 < IPR ≤ 1.35, then "121-135% FPL." If 1.35 < IPR ≤ 2.00, then "136-200% FPL." If IPR > 2.00, then "201% FPL and above."	Beneficiaries at 0-100%, 101-120%, 121-135%, 136-200%, and 201% and above of the Federal Poverty Line (FPL), respectively	All beneficiaries	Survey File	DEMO	S.1, S.2, 1.1, 1.10, 2.9, 2.10, 2.18
<b>Propensity to Seek Care-Avoid Going to the Doctor</b>	Community	MCAVOID	If MCAVOID = 1, then "Yes."	Beneficiaries living only in the community 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, 3.10
<b>Propensity to Seek Care- Ever Had a Prescription You Did Not Fill Due to Cost</b>	Community	NOFILLRX	If NOFILLRX ≤ 2, then "Yes."	Beneficiaries living only in the community 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 <sup>t</sup>	3.2, 3.3, 3.4, 3.10
<b>Propensity to Seek Care-Had a Problem and Did Not Seek Doctor</b>	Community	MCDRNSEE	If MCDRNSEE = 1, then "Yes."	Beneficiaries living only in the community who had a problem and did not seek a doctor	All beneficiaries who only completed Community interviews during the year	Survey File	ACCSSMED <sup>t</sup>	3.2, 3.3, 3.4, 3.10

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Propensity to Seek Care- Visit a Doctor as Soon as You Feel Bad</b>	Community	MCDRSON	If MCDRSON = 1, then "Yes."	Beneficiaries living only in the community 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, 3.10
<b>Propensity to Seek Care- When Sick, Keep It to Yourself</b>	Community	MCSICK	If MCSICK = 1, then "Yes."	Beneficiaries living only in the community 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, 3.10
<b>Propensity to Seek Care- Worry About Your Health More than Others</b>	Community	MCWORRY	If MCWORRY = 1, then "Yes."	Beneficiaries living only in the community 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, 3.10
<b>Pulmonary Disease</b>	Community and Both	OCEMPHYS	If OCEMPHYS = 1, then "Yes."	Beneficiaries living in the community who have 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."	Beneficiaries living in a facility who have pulmonary 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
<b>Race/Ethnicity</b>	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 $5 \leq D\_RACE2 \leq 7$ , then "Other Race/Ethnicity."	Beneficiaries of Hispanic, White non-Hispanic, Black non-Hispanic, and Other Race/Ethnicity, respectively	All beneficiaries	Survey File	DEMO	S.1, S.2, 1.1, 1.2, 1.5, 1.9, 1.10, 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, 3.4, 3.8, 3.9, 3.13, 4.12, 4.13, 4.18, 4.19, 4.20, 4.21
<b>Residence Status</b>	All Medicare beneficiaries	INT_TYPE	If INT_TYPE = 'C', then "Community." If INT_TYPE = 'F', then "Facility." If INT_TYPE = 'B', then "Both."	Beneficiaries living in the community, a facility, or both, respectively	All beneficiaries	Survey File	DEMO	1.1, 1.7, 1.8, 2.8
<b>Satisfaction with the Availability of Information on the Medicare Program</b>	Community	KNFOSATI	If KNFOSATI $\leq 2$ , then "Yes." If KNFOSATI = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community 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 <sup>t</sup>	3.13

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Satisfaction with Care- Availability of Specialist Care</b>	Community	MCSPECAR	If MCSPECAR = 1, then "Very satisfied." If MCSPECAR = 2, then "Satisfied." If MCSPECAR = 3 or 4, then "(Very) dissatisfied." If MCSPECAR = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with the availability of specialist care, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.5, 3.7, 3.12
<b>Satisfaction with Care- Can Obtain Care in Same Location</b>	Community	MCSAMLOC	If MCSAMLOC = 1, then "Very satisfied." If MCSAMLOC = 2, then "Satisfied." If MCSAMLOC = 3 or 4, then "(Very) dissatisfied." If MCSAMLOC = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with their ability to obtain care in the same location, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.5, 3.7, 3.12
<b>Satisfaction with Care- Cost</b>	Community	MCCOSTS	If MCCOSTS = 1, then "Very satisfied." If MCCOSTS = 2, then "Satisfied." If MCCOSTS = 3 or 4, then "(Very) dissatisfied." If MCCOSTS = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with cost, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.5, 3.6, 3.12

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Satisfaction with Care- Doctor's Concern for Overall Health</b>	Community	MCCONCRN	If MCCONCRN = 1, then "Very satisfied." If MCCONCRN = 2, then "Satisfied." If MCCONCRN = 3 or 4, then "(Very) dissatisfied." If MCCONCRN = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with the doctor's concern for overall health, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.5, 3.6, 3.12
<b>Satisfaction with Care- Ease of Access to Doctor</b>	Community	MCEASE	If MCEASE = 1, then "Very satisfied." If MCEASE = 2, then "Satisfied." If MCEASE = 3 or 4, then "(Very) dissatisfied." If MCEASE = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with ease of access to the doctor, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.5, 3.7, 3.12
<b>Satisfaction with Care- General Care</b>	Community	MCQUALTY	If MCQUALTY = 1, then "Very satisfied." If MCQUALTY = 2, then "Satisfied." If MCQUALTY = 3 or 4, then "(Very) dissatisfied." If MCQUALTY = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with general care, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.5, 3.6, 3.12

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Satisfaction with Care- Information from Doctor</b>	Community	MCINFO	If MCINFO = 1, then "Very satisfied." If MCINFO = 2, then "Satisfied." If MCINFO = 3 or 4, then "(Very) dissatisfied." If MCINFO = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with information from the doctor, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.5, 3.6, 3.12
<b>Satisfaction with Care- Night and Weekend Availability</b>	Community	MCAVAIL	If MCAVAIL = 1, then "Very satisfied." If MCAVAIL = 2, then "Satisfied." If MCAVAIL = 3 or 4, then "(Very) dissatisfied." If MCAVAIL = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with night and weekend availability, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.5, 3.7, 3.12
<b>Self-Pay Insurance</b>	Community and Both	PLANTYPE; S_OTHPLN	For any reported plan for each beneficiary, if PLANTYPE = 30 or 31, and S_OTHPLN does not = 1, 3, or 4, then "Yes."	Beneficiaries living in the community who have any self-pay insurance	All beneficiaries who completed at least one Community interview during the year	Survey File	HITLINE	1.4
<b>Self-Pay Insurance with Comprehensive Coverage</b>	Community and Both (with Any Self-Pay Insurance)	<i>Any Self-Pay Insurance</i> <sup>16</sup> ; S_MSCOV; S_IP; S_COVNH	If <i>Any Self-Pay Insurance</i> = 'Yes', and (S_MSCOV = 1 or S_IP = 1 or S_COVNH = 1), then "Yes."	Beneficiaries with self-pay insurance with comprehensive coverage	All beneficiaries with <i>Any Self-Pay Insurance</i>	Survey File	HITLINE	1.4

<sup>16</sup> 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
<b>Self-Reported Limited English Proficiency</b>	Community	ENGWELL	If $2 \leq \text{ENGWELL} \leq 4$ , then "Yes."	Beneficiaries living in the Community who reported Limited English Proficiency	All beneficiaries who only completed Community interviews during the year	Survey File	DEMO	1.2
<b>Sex</b>	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, 1.2, 1.8, 1.9, 1.10, 2.2, 2.3, 2.7, 2.9, 2.10, 2.14, 2.15, 2.16, 2.17, 2.18, 3.8, 3.9, 3.10, 3.13
<b>Shingles Vaccine</b>	Community <sup>17</sup>	SHINGVAC	If SHINGVAC = 1, then "Yes."	Beneficiaries living in the community who received a shingles vaccine	All beneficiaries 60 years of age and over who only completed Community interviews during the year	Survey File	PREVCARE	2.13
<b>Skin Cancer</b>	Community and Both	OCCSKIN	If OCCSKIN = 1, then "Yes."	Beneficiaries living in the community who have 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."	Beneficiaries living in a facility who have skin cancer	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4

<sup>17</sup> Only respondents 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
<b>Smoking Status</b>	Community and Both	CIGNOW; CIGARNOW; CIG100; CIGAR50; CIGARONE	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" and CIG100 = 2 or CIGAR50 = 2 or CIGARONE = 1 or 2, then "Never smoked." If not "Current smoker" or "Former smoker" and CIGNOW = 3 or CIGARNOW = 3, then "Never smoked."	Beneficiaries living in the community who are current smokers, former smokers, and who have never smoked, 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 "Never smoked." If D_SMOKE = 1 and NOWSMOKE does not = 1, then "Former smoker." If NOWSMOKE = 1, then "Current smoker."	Beneficiaries living in a facility 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
<b>Source of Payment</b>	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	4.1.a

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Stroke</b>	Community and Both	OCSTROKE	If OCSTROKE = 1, then "Yes."	Beneficiaries living in the community who have a 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."	Beneficiaries living in a facility who have a history of stroke	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
<b>Supplemental Private Insurance</b>	Community and Both	PLANTYPE; S_OTHPLN	For any reported plan for each beneficiary, if $20 \leq \text{PLANTYPE} \leq 31$ and S_OTHPLN does not = 1, 3, or 4, then "Yes."	Beneficiaries living in the community who have any supplemental private insurance	All beneficiaries who completed at least one Community interview during the year	Survey File	HITLINE	1.3
	Facility	PLANTYPE	For any reported plan for each beneficiary, if PLANTYPE = 70, then "Yes."	Beneficiaries living in a facility who have any supplemental private insurance	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	HITLINE	1.3
<b>Telemedicine Use</b>	Community	TELEHLTH; EVNTNUM; BASEID	For all events on MPE and OPE, if TELEHLTH = 1, then "Yes" for EVNTNUM. If any EVNTNUM = "Yes", then "Yes" for BASEID.	Beneficiaries living in the community who have used telemedicine	All beneficiaries who completed at least one Community interview during the year	Cost Supplement File	MPE, OPE	S.2
<b>Total Expenditures-Dental Services</b>	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'DU.'	Total dental services expenditures	1	Cost Supplement File	SS	4.7
<b>Total Expenditures-Hearing Services</b>	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'HU.'	Total hearing services expenditures	1	Cost Supplement File	SS	4.7

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Total Expenditures-Inpatient Hospital Services</b>	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'IP.'	Total inpatient hospital services expenditures	1	Cost Supplement File	SS	T.2, 4.5
<b>Total Expenditures-Long-Term Facility Care</b>	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'FA.'	Total long-term facility care expenditures	1	Cost Supplement File	SS	T.2, 4.5
<b>Total Expenditures-Medicare Hospice Services</b>	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'HP.'	Total Medicare hospice services expenditures	1	Cost Supplement File	SS	T.2, 4.5
<b>Total Expenditures-Outpatient Hospital Services</b>	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'OP.'	Total outpatient hospital services expenditures	1	Cost Supplement File	SS	T.2, 4.5
<b>Total Expenditures-Physician/Supplier Services</b>	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'MP.'	Total physician/supplier services expenditures	1	Cost Supplement File	SS	T.2, 4.5
<b>Total Expenditures-Prescription Drugs</b>	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'PM.'	Total prescription drugs expenditures	1	Cost Supplement File	SS	4.5
<b>Total Expenditures-Skilled Nursing Facility Care</b>	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'IU.'	Total skilled nursing facility care expenditures	1	Cost Supplement File	SS	T.2, 4.5
<b>Total Expenditures-Vision Services</b>	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'VU.'	Total vision services expenditures	1	Cost Supplement File	SS	4.7

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Type of Medicare Coverage</b>	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	S.1, S.2, 1.3, 1.5, 2.12, 2.13, 2.17, 2.19, 3.1, 3.11, 3.12, 4.3
<b>Upper Extremity Limitations</b>	Community and Both	DIFREACH; DIFWRITE; <i>Disability Status</i> <sup>18</sup>	If DIFREACH = 1 and DIFWRITE = 1, then "No limitation." If DIFREACH ≥ 2 or DIFWRITE ≥ 2, and <i>Disability Status</i> = "No disability", then "Yes, with no disability." If DIFREACH ≥ 2 or DIFWRITE ≥ 2, and <i>Disability Status</i> = "1 disability" or "2 or more disabilities", then "Yes, with any disability."	Beneficiaries living in the community who have 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
	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."	Beneficiaries living in a facility who have 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
<b>Urinary Incontinence</b>	Community and Both	LOSTURIN	If LOSTURIN ≤ 5, then "Yes." If LOSTURIN = 8, assign as missing to exclude from denominator.	Beneficiaries living in the community who have urinary incontinence	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4

<sup>18</sup> 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	CTBLADDC	If CTBLADDC = 2 or 3, then "Yes." If CTBLADDC = 4, assign as missing to exclude from denominator.	Beneficiaries living in a facility who have urinary incontinence	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
<b>User Rates-Dental Services</b>	Community	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'DU' and AEVENTS > 0, then "Yes."	Beneficiaries living in the community who have used dental services	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	4.6, 4.10, 4.12, 4.14, 4.16
<b>User Rates-Hearing Services</b>	Community	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'HU' and AEVENTS > 0, then "Yes."	Beneficiaries living in the community who have used hearing services	All beneficiaries who only completed Community interviews during the year	Cost Supplements File	SS	4.6, 4.10, 4.12, 4.14, 4.16
<b>User Rates-Inpatient Hospital Services</b>	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	4.4, 4.10, 4.12, 4.14, 4.16
<b>User Rates-Long-Term Facility Care</b>	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	4.4, 4.20
<b>User Rates-Medicare Hospice Services</b>	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	4.4, 4.10, 4.12, 4.14, 4.16
<b>User Rates-Outpatient Hospital Services</b>	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	4.4, 4.10, 4.12, 4.14, 4.16

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>User Rates-Physician/Supplier Services</b>	All Medicare beneficiaries	EVNTTYPE; AEVENTS; MDNUM; MHNUMVIS; OPHTHFLG; 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 OPHTHFLG = 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	4.4, 4.10, 4.12, 4.14, 4.16
<b>User Rates-Prescription Drugs</b>	All Medicare beneficiaries	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'PM' and AEVENTS > 0, then "Yes."	Beneficiaries who have used prescription drugs	All beneficiaries	Cost Supplement File	SS	4.4, 4.10, 4.12, 4.14, 4.16
<b>User Rates-Skilled Nursing Facility Care</b>	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 facility care	All beneficiaries	Cost Supplement File	SS	4.4, 4.18
<b>User Rates-Vision Services</b>	Community	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'VU' and AEVENTS > 0, then "Yes."	Beneficiaries living in the community who have used vision services	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	4.6, 4.10, 4.12, 4.14, 4.16
<b>Usual Source of Care</b>	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."	Beneficiaries living only in the community who have 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 <sup>t</sup>	3.1

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
<b>Veteran Status</b>	All Medicare beneficiaries	SPAFEVER	If SPAFEVER = 1, then "Yes."	Veteran beneficiaries	All beneficiaries	Survey File	DEMO	1.1, 1.9, 1.10
<b>Vision Problem</b>	Community and Both	ECHELP; ECTROUB; ECLEGBLI; ECATARAC; EGLAUCOM; ERETINOP; EMACULAR	If ECHHELP = 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."	Beneficiaries living in the community who have 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."	Beneficiaries living in a facility who have a vision problem	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4

<sup>t</sup> This measure is constructed using variables from a Survey File Topical segment and estimates for this measure are therefore weighted using the special non-response adjustment weights that are specific to the Topical segment.