

Data Table for Figure 2.1.

**Percentage of Medicare FFS Beneficiaries by Number of Inpatient Admissions and Number of Chronic Conditions:
2010**

Number of Chronic Conditions	0 Inpatient admissions	1 Inpatient admission	2 Inpatient admissions	3+ Inpatient admissions
	Percentage			
0 to 1	96	3	<1	<1
2 to 3	87	10	2	1
4 to 5	70	22	6	3
6+	37	31	16	16
All FFS Beneficiaries	79	13	4	3

DATA SOURCE: CMS administrative claims data, January - December 2010, accessed from the Chronic Condition Warehouse (CCW).

STUDY POPULATION: Medicare beneficiaries enrolled in fee-for-service (FFS) coverage of both Parts A and B for the entire year. Decedents are included until their time of death.

NOTES: FFS is fee for service. Inpatient admissions include short stay acute care hospitalizations. Number of chronic conditions is based upon counts from the 15 selected conditions. Conditions are identified using claims data. A complete description of the chronic condition methodology can be found at ccwdata.org. In addition, all values have been rounded to the nearest integer.

Chart book: Chronic Conditions among Medicare Beneficiaries, 2012 Edition

Data Table for Figure 2.2.

Percentage of Medicare FFS Beneficiaries with at Least One Post-Acute Care (PAC) Visit by Number of Chronic Conditions: 2010

Number of Chronic Conditions	0 PAC visits	1 or more PAC visits
	Percentage	
0 to 1	99	1
2 to 3	93	7
4 to 5	81	19
6+	51	49
All FFS Beneficiaries	86	14

DATA SOURCE: CMS administrative claims data, January - December 2010, accessed from the Chronic Condition Warehouse (CCW).

STUDY POPULATION: Medicare beneficiaries enrolled in fee-for-service (FFS) coverage of both Parts A and B for the entire year. Decedents are included until their time of death.

NOTES: FFS is fee for service. Post-acute care settings include long-term care hospitals, inpatient rehabilitation facilities, skilled nursing facilities and home health visits. Number of chronic conditions is based upon counts from the 15 selected conditions. Conditions are identified using claims data. A complete description of the chronic condition methodology can be found at ccwdata.org. In addition, all values have been rounded to the nearest integer.

Chart book: Chronic Conditions among Medicare Beneficiaries, 2012 Edition

Data Table for Figure 2.3.

Percentage of Medicare FFS Beneficiaries by Number of Home Health Visits and Number of Chronic Conditions: 2010

Number of Chronic Conditions	0 Home Health Visits	1 to 12 Home Health Visits	13+ Home Health Visits
	Percentage		
0 to 1	99	1	1
2 to 3	95	2	3
4 to 5	86	5	9
6+	64	9	27
All FFS Beneficiaries	90	3	7

DATA SOURCE: CMS administrative claims data, January - December 2010, accessed from the Chronic Condition Warehouse (CCW).

STUDY POPULATION: Medicare beneficiaries enrolled in fee-for-service (FFS) coverage of both Parts A and B for the entire year. Decedents are included until their time of death.

NOTES: FFS is fee for service. Number of chronic conditions is based upon counts from the 15 selected conditions. Conditions are identified using claims data. A complete description of the chronic condition methodology can be found at ccwdata.org. In addition, all values have been rounded to the nearest integer.

Chart book: Chronic Conditions among Medicare Beneficiaries, 2012 Edition

Data Table for Figure 2.4.

Percentage of Medicare FFS Beneficiaries by Number of Physician Office Visits and Number of Chronic Conditions: 2010

Number of Chronic Conditions	Percentage			
	0 Physician Office Visits	1 to 5 Physician Office Visits	6 to 12 Physician Office Visits	13+ Physician Office Visits
0 to 1	34	46	16	4
2 to 3	7	40	38	15
4 to 5	7	23	40	30
6+	8	18	29	46
All FFS Beneficiaries	16	35	30	19

DATA SOURCE: CMS administrative claims data, January - December 2010, accessed from the Chronic Condition Warehouse (CCW).

STUDY POPULATION: Medicare beneficiaries enrolled in fee-for-service (FFS) coverage of both Parts A and B for the entire year. Decedents are included until their time of death.

NOTES: FFS is fee for service. Physician office visits refer to physician evaluation and management services as defined by the Berenson-Eggers Type of Service (BETOS) classification scheme and include BETOS codes M1A and M1B. Number of chronic conditions is based upon counts from the 15 selected conditions. Conditions are identified using claims data. A complete description of the chronic condition methodology can be found at ccwdata.org. In addition, all values have been rounded to the nearest integer.

Chart book: Chronic Conditions among Medicare Beneficiaries, 2012 Edition

Data Table for Figure 2.5.

Percentage of Medicare FFS Beneficiaries by Number of Emergency Room Visits and Number of Chronic Conditions: 2010

	0 ER visits	1 ER visit	2 ER visits	3+ ER visits
Number of Chronic Conditions	Percentage			
0 to 1	86	10	2	2
2 to 3	75	17	5	4
4 to 5	59	24	9	8
6+	30	26	17	27
All FFS Beneficiaries	68	18	7	7

DATA SOURCE: CMS administrative claims data, January - December 2010, accessed from the Chronic Condition Warehouse (CCW).

STUDY POPULATION: Medicare beneficiaries enrolled in fee-for-service (FFS) coverage of both Parts A and B for the entire year. Decedents are included until their time of death.

NOTES: FFS is fee for service. Number of chronic conditions is based upon counts from the 15 selected conditions. Conditions are identified using claims data. A complete description of the chronic condition methodology can be found at ccwdata.org. In addition, all values have been rounded to the nearest integer.

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Data Table for Figures 2.6a-2.6d.

Percentage of Hospital Admissions with a Readmission within 30 days by Number of Chronic Conditions: 2010

Number of Chronic Conditions	Total Population	Less than 65 years	65+ years	Men	Women	Dual	Non-dual
	Readmission Rate: Percentage						
0 to 1	9	11	7	10	8	12	7
2 to 3	10	16	8	11	9	15	9
4 to 5	14	20	13	15	13	17	13
6+	25	32	24	27	24	28	24

DATA SOURCE: CMS administrative claims data, January - December 2010, accessed from the Chronic Condition Warehous

STUDY POPULATION: Medicare beneficiaries enrolled in fee-for-service (FFS) coverage of both Parts A and B for the entire year. Decedents are included until their time of death.

NOTES: FFS is fee for service. The 30-day readmission rate is defined as the percentage of hospital admissions with a readmission from any cause within 30 days. Number of chronic conditions is based upon counts from the 15 selected conditions. Conditions are identified using claims data. A complete description of the chronic condition methodology can be found at ccwdata.org. In addition, all values have been rounded to the nearest integer.

Chart book: Chronic Conditions among Medicare Beneficiaries, 2012 Edition

Data Table for Figure 2.7.

Distribution of Medicare FFS Beneficiaries by Number of Chronic Conditions and Total Medicare Hospital Readmissions: 2010

Number of chronic conditions	Total Number of Medicare Readmissions	Percent of beneficiaries	Percent of Medicare Hospital Readmissions
0 to 1 condition	33,252	32	2
2 to 3 conditions	153,777	32	8
4 to 5 conditions	385,421	23	20
6+ conditions	1,332,049	14	70
Total	1,904,499		

DATA SOURCE: CMS administrative claims data, January - December 2010, accessed from the Chronic Condition Warehouse (CCW).

STUDY POPULATION: Medicare beneficiaries enrolled in fee-for-service (FFS) coverage of both Parts A and B for the entire year. Decedents are included until their time of death.

NOTES: FFS is fee for service. The 30-day readmission rate is defined as the percentage of hospital admissions with a readmission from any cause within 30 days. Number of chronic conditions is based upon counts from the 15 selected conditions. Conditions are identified using claims data. A complete description of the chronic condition methodology can be found at ccwdata.org. In addition, all values have been rounded to the nearest integer.

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