WHO’S COVERED BY MEDICARE - 2018:

60M Americans are enrolled in Medicare

3.8M are new enrollees

WHO THEY ARE

14% are under age 65

11% are age 85 or older

48% are between 65 and 74

26% are between 75 and 84

82% live in an urban metro area

18% are also enrolled in Medicaid

TYPE OF MEDICARE COVERAGE

64% are in the Medicare Fee-For-Service (FFS) program

36% are in the Medicare Advantage (MA) program

74% of Medicare beneficiaries also have Part D coverage

USE OF MEDICARE SERVICES

96% Blood Pressure Screening

93% Prescription(s)

89% Doctor Visit

80% Pneumonia Shot (Ever)

71% Flu Shot (Last Flu Season)

28% Emergency Department Visit

16% Inpatient Hospital Stay

10% Post-Acute Care Services

3% Hospital Readmission
### Average Total Payments (Medicare Payments + Beneficiary Cost Share)

- **Inpatient Hospital Stay**: $13,687 (260 stays per 1,000 enrollees)
- **Doctor Visit**: $96 (13.4 visits per enrollee)
- **Outpatient Emergency Department Visit**: $1,022 (254 visits per 1,000 enrollees)
- **30-Day Prescription**: $69 (52 fills per enrollee)

### Top 10 Chronic Conditions

1. High Blood Pressure: 57%
2. High Cholesterol: 48%
3. Arthritis: 34%
4. Diabetes: 27%
5. Heart Disease: 27%
6. Kidney Disease: 25%
7. Depression: 18%
8. Heart Failure: 14%
9. COPD/Emphysema: 12%
10. Alzheimer’s/Dementia: 11%

### Overall Satisfaction Rates and Access to Care

- **General Care**: 95%
- **Ease of Access to Doctor**: 95%
- **Out-of-Pocket Costs**: 83%
- **Wait Time of Less than One Week for a Doctor’s Appointment**: 41%

### Usual Source of Care

- **Doctor’s Office**: 68%
- **Medical Clinic**: 19%
- **Other Source**: 13%

(*Includes Other Clinic/Healthcare Center, Hospital-Outpatient, ED, Managed Care Center)

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1. Based on the Medicare Current Beneficiary Survey data. The percentage reported for flu shot refers to the 2018-19 flu season.
2. Based on Part D Enrollment and Utilization.
3. Based on Fee-For-Service Enrollment and Utilization.
4. Based on Medicare Payments and Beneficiary Cost Share for Fee-For-Service Beneficiaries with Utilization.
5. Based on Fee-For-Service beneficiaries.
6. Excludes beneficiaries who reported “No Experience”.
7. Among beneficiaries who reported an appointment (that was not a standing appointment) with a doctor within the past year.
8. Among beneficiaries who reported having a usual source of care.