Medicare Beneficiaries
AT A GLANCE

WHO’S COVERED BY MEDICARE - 2016:

57M
Americans are enrolled in Medicare
3.7M
are new enrollees

WHO THEY ARE

16% are under age 65
48% are between 65 and 74
12% are age 85 or older
25% are between 75 and 84
82% live in an urban metro area
18% are also enrolled in Medicaid

TYPE OF MEDICARE COVERAGE

68% are in the Medicare Fee-For-Service (FFS) program
32% are in the Medicare Advantage (MA) program

72% of Medicare beneficiaries also have Part D coverage

USE OF MEDICARE SERVICES

Blood Pressure Screening1: 96%
Prescription(s)2: 93%
Doctor Visit2: 89%
Pneumonia Shot1 (Ever): 77%
Flu Shot1 (Last Flu Season): 68%
Emergency Department Visit2: 28%
Inpatient Hospital Stay3: 16%
Post-Acute Care Services3: 11%
Hospital Readmission2: 3%
AVERAGE TOTAL PAYMENTS (MEDICARE PAYMENTS + BENEFICIARY COST SHARE)\(^4\)

- **$13,019**
  - Inpatient Hospital Stay
  - (269 stays per 1,000 enrollees)

- **$94**
  - Doctor Visit
  - (13.4 visits per enrollee)

- **$923**
  - Outpatient Emergency Department Visit
  - (256 visits per 1,000 enrollees)

- **$66**
  - 30-Day Prescription
  - (51 fills per enrollee)

OVERALL SATISFACTION RATES AND ACCESS TO CARE

- **96%** General Care\(^6\)
- **83%** Out-of-Pocket Costs\(^6\)
- **96%** Ease of Access to Doctor\(^6\)
- **48%** Wait Time of Less than One Week for a Doctor’s Appointment\(^7\)

TOP 10 CHRONIC CONDITIONS\(^5\)

1. High Blood Pressure 57%
2. High Cholesterol 45%
3. Arthritis 32%
4. Diabetes 27%
5. Heart Disease 27%
6. Kidney Disease 22%
7. Depression 17%
8. Heart Failure 14%
9. COPD/Emphysema 12%
10. Alzheimer’s/Dementia 11%

USUAL SOURCE OF CARE\(^8\)

- **74%** Doctor’s Office
- **15%** Medical Clinic
- **11%** Other Source* (Includes Other Clinic/Healthcare Center, Hospital-Outpatient, ED, Managed Care Center)

1. Based on the Medicare Current Beneficiary Survey data. The percentage reported for flu shot refers to the 2016-17 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 visiting a doctor at least once.
8. Among beneficiaries who reported having a usual source of care.