

Medicare Current Beneficiary Survey COVID-19 Data Snapshot Methodology: Winter 2021

Overview

These preliminary estimates are based on data from the third Medicare Current Beneficiary Survey (MCBS) COVID-19 Rapid Response Community Supplement, a nationally representative, cross-sectional telephone survey of persons who were enrolled in Medicare in 2020 and alive and living in the community and eligible and enrolled in Medicare in Winter 2021. The survey was fielded from March 1, 2021 through April 25, 2021. For most items, the COVID-19 Winter 2021 Community Supplement used a reference period of “since November 1, 2020...”¹ These data are complemented by additional MCBS Community interview data collected in Fall 2020 on beneficiaries’ health status and demographics as part of the in-person, nationally representative, longitudinal MCBS survey.

The first MCBS COVID-19 Community Supplement was administered in Summer 2020 from June 10, 2020 through July 15, 2020. The COVID-19 Summer 2020 Community Supplement used a reference period of “since the coronavirus pandemic began...” for most items. The second MCBS COVID-19 Community Supplement was administered in Fall 2020 from October 5, 2020 through November 15, 2020. The COVID-19 Fall 2020 Community Supplement used a reference period of “since July 1, 2020...” for most items.

The MCBS COVID-19 Summer 2020 Data Snapshot can be found at <https://www.cms.gov/files/document/medicare-current-beneficiary-survey-summer-2020-covid-19-data-snapshot.pdf>. The accompanying methodology document can be found at <https://www.cms.gov/files/document/medicare-current-beneficiary-survey-covid-19-infographic-methodology.pdf>.

The MCBS COVID-19 Fall 2020 Data Snapshot can be found at <https://www.cms.gov/files/document/medicare-current-beneficiary-survey-covid-19-data-snapshot-infographic-fall-2020.pdf>. The accompanying methodology document can be found at <https://www.cms.gov/files/document/medicare-current-beneficiary-survey-covid-19-data-snapshot-methodology-fall-2020.pdf>.

The MCBS COVID-19 Summer 2020, Fall 2020, and Winter 2021 Community Supplement Public Use Files (PUF) and Data User Guides are available to the public as a free download and can be found on the Centers for Medicare & Medicaid Services (CMS) MCBS PUF website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/MCBS-Public-Use-File/index>.

The MCBS is sponsored by CMS and directed by the Office of Enterprise Data and Analytics (OEDA). 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 the MCBS COVID-19 Winter 2021 Community Supplement is 0938-0568.

¹ The vaccine uptake question series used a reference period of “since December 2020...” to reflect the date a COVID-19 vaccine was first available in the U.S. Other items did not use a specific reference period.

Methodology

This section describes the construction of the analytic variables used to create the preliminary estimates presented in the MCBS COVID-19 Winter 2021 Community Supplement Data Snapshot and provides definitions of key terms.

Medicare population: The universe for the COVID-19 Winter 2021 Community Supplement Data Snapshot included all Medicare beneficiaries who were enrolled in Medicare in 2020 and alive and living in the community and eligible and enrolled in Medicare at the time of their COVID-19 Winter 2021 Community Supplement interview. The final dataset included 11,107 beneficiaries (weighted N=57,387,274).

Survey population weights: The data are weighted using preliminary weights derived from nonresponse-adjusted weights among the respondents to the COVID-19 Winter 2021 Community Supplement. First, base weights for the beneficiaries from the 2020 panel were calculated as the inverse of each beneficiary's cumulative probability of selection, and nonresponse-adjusted weights for the 2017, 2018, and 2019 panels were obtained from the Fall 2019 adjustments. These weights were then further adjusted to reflect eligibility and completion of the COVID-19 Winter 2021 Community Supplement. To account for overlap between the panels, the adjusted weights were composited across panels by age group and accretion year.

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

Chronic conditions: Comprises a group of 14 health conditions measured as part of the Fall 2020 Community interview: heart disease, cancer (other than skin cancer), Alzheimer's disease, dementia other than Alzheimer's disease, depression, mental condition, hypertension, diabetes, arthritis, 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 were counted as one chronic condition for beneficiaries diagnosed with both conditions, and depression and mental condition were counted as one chronic condition for beneficiaries diagnosed with both conditions. See the Appendix for details on these estimates.

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.

Coronavirus (COVID-19 or SARS-CoV-2): An illness caused by a new coronavirus that can spread person to person. Symptoms range from mild (or no symptoms) to severe illness.² The virus has been named "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2) and the disease it causes has been named "coronavirus disease 2019" ("COVID-19").

² "Frequently Asked Questions." Centers for Disease Control and Prevention. Last modified May 25, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Basics>.

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COVID-19 Community supplements: These data collections were a supplement to the MCBS annual data collection. The purpose of these supplements was to provide data to better understand beneficiaries' knowledge of the COVID-19 pandemic and understand potential Medicare program changes in response to the pandemic.

Dual eligible status: Annual Medicare-Medicaid dual eligibility was based on the state Medicare Modernization Act (MMA) files. Beneficiaries were considered "dual-eligible" and assigned a dual eligible status if they were enrolled in Medicaid for at least one month. Specific Medicaid eligibility (full, partial, or Qualified Medicare Beneficiary) was determined by the beneficiary's status in the last month of the year in which he or she qualified as dually eligible. This information was obtained from administrative data sources.

Preventive health behaviors: Respondents were asked in the COVID-19 Community Supplement whether they have practiced 15 different behaviors in response to the COVID-19 pandemic. The following behaviors were collapsed into a single behavior:

- "Washed hands for 20 seconds with soap and water" and "Used hand sanitizer"
- "Purchased extra food", "Purchased extra cleaning supplies", and "Purchased or picked up extra prescription medicines beyond usual purchases"

Respondents indicated "Yes" or "No" to most of the behavior items. A third response option, "Unable due to shortages", was offered for the following health behaviors: "Washed hands for 20 seconds or used hand sanitizer" and "Purchased extra food, cleaning supplies, or prescription medicines". This response option has been collapsed under "No or Not Applicable" for these behaviors.

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 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.

Reasons for not getting a COVID-19 vaccine: Respondents were asked in the COVID-19 Winter 2021 Community Supplement why they did not/would not get a COVID-19 vaccine since it became available in December of 2020. This question was only asked of respondents who reported not having received the COVID-19 vaccine as of their COVID-19 Winter 2021 Community Supplement interview. The following combinations of reasons were collapsed into a single reason:

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- “Doesn’t think the vaccine would prevent COVID-19” and “The vaccine could cause COVID-19”
- “Was sick with COVID-19 so doesn’t need the vaccine”, “Had the vaccine before and doesn’t need it again”, and “Didn’t know the vaccine was needed”
- “Doctor did not recommend the vaccine” and “Doctor recommended against getting the vaccine”
- “Couldn’t get to vaccination site”, “Couldn’t find vaccination site”, and “Vaccine wasn’t available”
- “Doesn’t have time to get the vaccine” and “Forgot”
- “Couldn’t afford the vaccine” and “Vaccine is not worth the money”

For respondents who selected “other reason”, verbatim responses were backcoded into existing response options where applicable. Due to a high number of respondents reporting that the beneficiary had an upcoming vaccination appointment, a new response option was added for “Appointment scheduled”.

Respondent: The person who answered Community interview questions for the MCBS; this person could be the beneficiary or a proxy. A proxy is someone very knowledgeable about the beneficiary’s health and living habits who completes the interview on behalf of the beneficiary if the beneficiary is incapacitated or unable to complete the interview.

Telemedicine: Respondents were asked in the COVID-19 Community Supplement whether their usual provider offers telemedicine services and if yes, whether they accessed those services. Telemedicine refers to the use of remote clinical services such as videoconferencing or audio-only appointments for consultations with health professionals.³

Traditional news source: Respondents were asked in the COVID-19 Community Supplement which sources they relied on for information about COVID-19. Traditional news sources include television, radio, websites, and newspapers (as opposed to other sources like social media, government, friends, family, and health care providers).

Type of care: Respondents were asked in the COVID-19 Community Supplement whether they were unable to get 10 types of care because of the pandemic: urgent care for an accident or illness, a surgical procedure, a diagnostic or medical screening test, treatment for an ongoing condition, a regular check-up, prescription drugs or medications, dental care, vision care, hearing care, or mental health care.

Weakened immune system: Respondents were asked in the COVID-19 Community Supplement whether they have taken prescription medication or had any medical treatments since November 1, 2020, that weaken their immune system. Respondents were also asked whether they currently have a health condition that weakens their immune system. These two questions were collapsed into a single item indicating “weakened immune system”.

³ Telehealth Interventions to Improve Chronic Disease.” Centers for Disease Control and Prevention. Last modified May 11, 2020. <https://www.cdc.gov/dhdsp/pubs/telehealth.htm>.

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Appendix

This appendix provides tables of weighted preliminary estimates and standard errors (SE) for all data points presented in the COVID-19 Winter 2021 Community Supplement Data Snapshot, along with estimates of select demographics and self-reported health conditions from the Fall 2020 MCBS Community interview.

Table 1. COVID-19 vaccine uptake in Winter 2021 by select demographic characteristics among Medicare beneficiaries who were living in the community in 2020^{4,5}

Sex, Age, and Race/Ethnicity ⁶	Since December 2020, have you had a Coronavirus vaccination?	
	Yes Weighted % (SE)	No Weighted % (SE)
TOTAL	63.9 (0.9)	36.0 (0.9)
<i>< 65 years</i>	23.5 (1.6)	76.1 (1.6)
<i>65-74 years</i>	67.7 (1.1)	32.2 (1.1)
<i>75-84 years</i>	74.4 (1.0)	25.5 (1.0)
<i>85+ years</i>	72.3 (1.3)	27.5 (1.3)
<i>White non-Hispanic</i>	67.0 (0.8)	32.9 (0.8)
<i>Black non-Hispanic</i>	50.6 (2.2)	49.2 (2.2)
<i>Hispanic</i>	51.5 (2.0)	48.5 (2.0)
FEMALE	63.3 (1.1)	36.6 (1.1)
<i>< 65 years</i>	23.7 (2.2)	76.2 (2.2)
<i>65-74 years</i>	67.8 (1.4)	32.2 (1.4)
<i>75-84 years</i>	71.7 (1.2)	28.2 (1.2)
<i>85+ years</i>	68.7 (1.7)	31.1 (1.8)
<i>White non-Hispanic</i>	66.7 (1.2)	33.2 (1.2)
<i>Black non-Hispanic</i>	51.4 (3.0)	48.5 (3.0)
<i>Hispanic</i>	49.2 (2.5)	50.7 (2.5)
MALE	64.6 (1.0)	35.2 (1.0)
<i>< 65 years</i>	23.3 (2.0)	76.0 (2.0)
<i>65-74 years</i>	67.6 (1.4)	32.2 (1.4)
<i>75-84 years</i>	78.1 (1.3)	21.9 (1.3)
<i>85+ years</i>	77.9 (1.7)	22.1 (1.7)
<i>White non-Hispanic</i>	67.6 (0.9)	32.3 (0.9)
<i>Black non-Hispanic</i>	48.9 (3.1)	50.8 (3.1)
<i>Hispanic</i>	54.0 (2.7)	46.0 (2.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

⁴ Totals may not sum to 100 percent due to rounding and/or missingness. 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 beneficiaries or with a numerator of zero beneficiaries are suppressed and denoted by an asterisk (*).

⁵ All estimates related to COVID-19 vaccination reflect responses at the time of the COVID-19 Winter 2021 Community Supplement interview (occurring between March 1 through April 25, 2021). Given the rapid increase of COVID-19 vaccination across the U.S., it is likely these estimates underestimate Medicare beneficiaries' COVID-19 vaccination uptake and likelihood of getting a COVID-19 vaccine.

⁶ See the Methodology section for race/ethnicity definition. "Other" race/ethnicity has been excluded due to small cell sizes.

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Table 2. Number of COVID-19 vaccine doses received in Winter 2021 by Medicare beneficiaries who were living in the community in 2020^{4,5}

Number of COVID-19 vaccine doses since December 2020 ⁷	Weighted % (SE)
<i>One dose</i>	23.7 (0.6)
<i>Two doses</i>	40.1 (0.9)
<i>Has not received vaccine</i>	36.0 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 3. Month of first COVID-19 vaccine dose for Medicare beneficiaries who were living in the community in 2020 and reported receiving at least one dose during their COVID-19 Winter 2021 Community Supplement interview^{4,5}

Month of first COVID-19 vaccine dose ⁷	Weighted % (SE)
<i>December 2020</i>	1.2 (0.2)
<i>January 2021</i>	27.3 (0.8)
<i>February 2021</i>	49.9 (0.8)
<i>March 2021</i>	20.5 (0.7)
<i>April 2021</i>	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 4. Likelihood of COVID-19 vaccine uptake in Winter 2021 by select demographic characteristics among Medicare beneficiaries who were living in the community in 2020 and have not received a COVID-19 vaccine^{4,5}

Sex, Age, and Race/Ethnicity	If a vaccine that protected you from Coronavirus was available to everyone who wanted it, would you get it? ⁸				
	Definitely Weighted % (SE)	Probably Weighted % (SE)	Not Sure Weighted % (SE)	Probably Not Weighted % (SE)	Definitely Not Weighted % (SE)
TOTAL	45.0 (1.3)	13.7 (0.5)	17.4 (0.9)	8.8 (0.6)	14.9 (0.8)
FEMALE	42.1 (1.7)	13.5 (0.8)	18.0 (1.2)	9.5 (0.8)	16.7 (1.1)
<i>< 65 years</i>	37.4 (2.5)	12.7 (1.9)	20.3 (1.9)	9.6 (1.5)	19.9 (1.9)
<i>65-74 years</i>	44.6 (3.0)	13.6 (1.3)	16.9 (1.9)	9.9 (1.5)	14.9 (1.6)
<i>75-84 years</i>	43.7 (2.3)	13.2 (1.5)	17.5 (2.0)	*	16.9 (1.7)
<i>85+ years</i>	39.9 (3.0)	15.9 (2.1)	17.9 (2.2)	*	*
<i>White non-Hispanic</i>	42.1 (2.2)	12.6 (0.9)	16.2 (1.3)	10.6 (1.1)	18.3 (1.4)
<i>Black non-Hispanic</i>	38.8 (3.1)	*	27.2 (2.9)	*	*
<i>Hispanic</i>	49.7 (3.0)	14.8 (2.3)	15.0 (2.6)	*	*

⁷ In December 2020, two two-dose COVID-19 vaccines were authorized for emergency use. In February 2021, a single-dose COVID-19 vaccine was authorized for emergency use. The MCBS will collect COVID-19 vaccine name beginning in Summer 2021.

⁸ This question was only asked of respondents who reported that the beneficiary had not received a COVID-19 vaccine since December 2020.

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If a vaccine that protected you from Coronavirus was available to everyone who wanted it, would you get it?⁸

Sex, Age, and Race/Ethnicity	Definitely Weighted % (SE)	Probably Weighted % (SE)	Not Sure Weighted % (SE)	Probably Not Weighted % (SE)	Definitely Not Weighted % (SE)
MALE	48.4 (1.5)	14.0 (0.9)	16.6 (1.2)	7.9 (0.8)	12.8 (1.1)
< 65 years	48.0 (2.1)	12.8 (1.6)	18.4 (1.9)	9.5 (1.4)	11.3 (1.5)
65-74 years	48.0 (2.6)	14.8 (1.5)	16.9 (1.6)	*	13.7 (1.7)
75-84 years	51.2 (2.9)	*	*	*	*
85+ years	46.2 (4.2)	*	*	*	*
White non-Hispanic	47.2 (1.9)	13.8 (1.2)	15.5 (1.4)	8.4 (1.0)	15.2 (1.4)
Black non-Hispanic	52.3 (3.9)	*	20.6 (2.9)	*	*
Hispanic	56.7 (3.7)	*	*	*	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 5. Reasons for not getting a COVID-19 vaccine in Winter 2021 among Medicare beneficiaries who were living in the community in 2020 and have not received a COVID-19 vaccine^{4,5}

For what reason did you/would you not get a Coronavirus vaccine? ^{8,9}	Reason(s) Selected Weighted % (SE)
<i>Couldn't get to or find vaccination site/Vaccine wasn't available</i>	40.7 (1.3)
<i>The vaccine could have side effects/is not safe</i>	18.7 (0.9)
<i>Doesn't trust what government says about vaccine</i>	10.8 (0.6)
<i>Not in high risk/priority group</i>	9.8 (0.8)
<i>Ongoing health condition/allergy/medical reason</i>	7.3 (0.4)
<i>Was sick with COVID-19 so doesn't need the vaccine/Already vaccinated/Didn't know vaccine was needed</i>	4.9 (0.5)
<i>Appointment scheduled</i>	4.1 (0.5)
<i>Doesn't think the vaccine would prevent COVID-19/The vaccine could cause COVID-19</i>	3.6 (0.4)
<i>Doctor did not recommend or recommended against the vaccine</i>	3.5 (0.4)
<i>Doesn't like vaccines or needles</i>	2.9 (0.3)
<i>Doesn't have time to get the vaccine/Forgot</i>	2.0 (0.3)
<i>COVID-19 is not serious</i>	*
<i>Couldn't afford the vaccine/Vaccine is not worth the money</i>	*
<i>Other</i>	5.7 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

⁹ Respondents were able to report more than one reason.

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Table 6. Reasons for not getting a COVID-19 vaccine by likelihood of vaccine uptake in Winter 2021 among Medicare beneficiaries who were living in the community in 2020 and have not received a COVID-19 vaccine^{4,5}

For what reason did you/would you not get a Coronavirus vaccine? ^{8,9} :	If a vaccine that protected you from Coronavirus was available to everyone who wanted it, would you get it?		
	Definitely or Probably Weighted % (SE)	Not Sure Weighted % (SE)	Probably Not or Definitely Not Weighted % (SE)
<i>Couldn't get to or find vaccination site/Vaccine wasn't available</i>	63.9 (1.5)	15.9 (1.8)	*
<i>The vaccine could have side effects/is not safe</i>	3.3 (0.4)	36.1 (2.7)	43.6 (2.1)
<i>Doesn't trust what government says about vaccine</i>	*	16.5 (1.8)	29.1 (1.9)
<i>Not in high risk/priority group</i>	13.4 (1.3)	6.3 (1.1)	*
<i>Ongoing health condition/allergy/medical reason</i>	5.4 (0.5)	9.1 (1.3)	10.7 (1.2)
<i>Was sick with COVID-19 so doesn't need the vaccine/Already vaccinated/Didn't know vaccine was needed</i>	3.5 (0.5)	*	8.7 (1.2)
<i>Appointment scheduled</i>	6.8 (0.9)	*	*
<i>Doesn't think the vaccine would prevent COVID-19/The vaccine could cause COVID-19</i>	*	*	10.4 (1.3)
<i>Doctor did not recommend or recommended against the vaccine</i>	2.6 (0.4)	*	*
<i>Doesn't like vaccines or needles</i>	*	*	9.1 (1.2)
<i>Doesn't have time to get the vaccine/Forgot</i>	2.9 (0.4)	*	*
<i>COVID-19 is not serious</i>	*	*	*
<i>Couldn't afford the vaccine/Vaccine is not worth the money</i>	*	*	*
<i>Other</i>	5.4 (0.6)	7.4 (1.2)	5.3 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 7. Perceptions of COVID-19 severity in Winter 2021 among Medicare beneficiaries who were living in the community in 2020⁴

For each statement, rate whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree ^{10,11} :	Agree	Neither Agree Nor Disagree	Disagree
	Weighted % (SE)	Weighted % (SE)	Weighted % (SE)
<i>Coronavirus is more contagious than the flu</i>	79.1 (0.7)	5.3 (0.3)	9.2 (0.4)
<i>Coronavirus is more deadly than the flu</i>	82.3 (0.7)	4.6 (0.3)	8.4 (0.4)
<i>It is important for everyone to take precautions to prevent the spread of the Coronavirus, even if they are not in a high-risk group¹²</i>	96.1 (0.2)	1.5 (0.1)	1.6 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

¹⁰ Only beneficiaries were asked these questions (i.e., not proxy respondents).

¹¹ Questions were sourced from the University of California Irvine COVID-19 Outbreak Study, conducted by NORC at the University of Chicago in March-April 2020 on behalf of Principal Investigators Roxanne Cohen Silver and Alison Holman. Responses of "Strongly Agree" have been collapsed under "Agree", and responses of "Strongly Disagree" have been collapsed under "Disagree".

¹² Examples of high-risk groups include elderly or chronically ill individuals.

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Table 8. COVID-19 preventive health behaviors in Winter 2021 among Medicare beneficiaries who were living in the community in 2020⁴

Since November 1, 2020, have you...	Yes Weighted % (SE)	No or Not Applicable Weighted % (SE)
<i>Washed hands for 20 seconds or used hand sanitizer¹³</i>	98.8 (0.1)	1.1 (0.1)
<i>Worn a face mask in public</i>	98.0 (0.2)	1.9 (0.2)
<i>Avoided contact with sick people</i>	93.9 (0.4)	5.3 (0.3)
<i>Kept a six-foot distance from people outside household</i>	93.4 (0.4)	6.2 (0.4)
<i>Avoided large groups of people</i>	92.7 (0.4)	7.1 (0.4)
<i>Avoided other people as much as possible</i>	87.1 (0.5)	12.5 (0.5)
<i>Coughed/sneezed into tissue or sleeve</i>	84.4 (0.6)	14.6 (0.6)
<i>Left home for essential purposes only (i.e., “sheltering in place”)</i>	76.0 (0.7)	23.7 (0.7)
<i>Cleaned or sterilized commonly-touched surfaces</i>	72.3 (0.6)	27.3 (0.6)
<i>Avoided touching face</i>	69.9 (0.7)	28.4 (0.6)
<i>Purchased extra food, cleaning supplies, or prescription medicines¹³</i>	63.7 (1.0)	35.9 (1.0)
<i>Consulted with a health care provider about coronavirus</i>	32.2 (0.7)	67.5 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 9. Impact of COVID-19 on daily life in Winter 2021 of Medicare beneficiaries who were living in the community in 2020⁴

Since November 1, 2020, have you been able to...	Yes Weighted % (SE)	No Weighted % (SE)	Have Not Needed Weighted % (SE)
<i>Pay rent or mortgage</i>	61.8 (1.0)	1.5 (0.1)	36.3 (1.0)
<i>Get medication</i>	90.7 (0.4)	1.2 (0.1)	7.9 (0.4)
<i>Get doctor’s appointment/other healthcare</i>	85.9 (0.4)	2.4 (0.2)	11.3 (0.4)
<i>Get food</i>	96.5 (0.3)	2.2 (0.2)	1.1 (0.1)
<i>Get household supplies</i>	95.4 (0.3)	2.8 (0.2)	1.6 (0.2)
<i>Get face masks</i>	96.1 (0.3)	0.7 (0.1)	3.0 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 10. Impact of COVID-19 on forgone care in Winter 2021 among Medicare beneficiaries who were living in the community in 2020⁴

Since November 1, 2020, have you needed medical care for something other than coronavirus, but not gotten it because of the pandemic?	
Response	Weighted % (SE)
Yes	6.5 (0.4)
No	92.9 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

¹³ A third response option, “Unable due to shortages”, was offered for this behavior and has been collapsed under “No or Not Applicable”.

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Table 11. Number of types of forgone care in Winter 2021 among Medicare beneficiaries who were living in the community in 2020⁴

Number of types of forgone care since November 1, 2020	Weighted % (SE)
<i>Did not report forgone care</i>	92.9 (0.4)
<i>0¹⁴</i>	*
<i>1</i>	3.1 (0.3)
<i>2</i>	1.5 (0.2)
<i>3</i>	0.8 (0.1)
<i>4+</i>	0.7 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 12. Types of forgone care among Medicare beneficiaries who were living in the community in 2020 and reported forgone care in Winter 2021⁴

Among beneficiaries who reported forgone care since November 1, 2020, the type of care forgone was... ¹⁵	Yes Weighted % (SE)	No ¹⁶ Weighted % (SE)
<i>Dental care</i>	32.0 (2.2)	67.6 (2.2)
<i>Treatment for ongoing condition</i>	32.0 (2.0)	67.7 (2.0)
<i>Diagnostic or medical screening test</i>	29.3 (2.1)	70.2 (2.2)
<i>Regular check-up</i>	28.5 (2.1)	71.0 (2.1)
<i>Vision care</i>	21.9 (1.7)	77.4 (1.7)
<i>Surgical procedure</i>	14.8 (1.8)	85.1 (1.8)
<i>Prescription drugs or medications</i>	8.9 (1.2)	91.1 (1.2)
<i>Urgent care for an accident or illness</i>	*	93.0 (1.2)
<i>Hearing care</i>	*	94.7 (1.0)
<i>Mental health care</i>	*	95.5 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

¹⁴ Respondents who reported forgone care but did not indicate “Yes” to any of the 10 types of care are included under zero.

¹⁵ Respondents were able to select more than one type of forgone care.

¹⁶ Only respondents who reported forgone care were asked about the types of care they were unable to get. Respondents who did not report forgone care have been excluded from this table.

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Table 13. Reasons for forgone care among Medicare beneficiaries who were living in the community in 2020 and reported forgone care in Winter 2021⁴

Among beneficiaries who reported forgone care since November 1, 2020, the reasons were...	Reason(s) Selected Weighted % (SE)
Beneficiary decided¹⁷	
<i>Did not want to be at a medical facility</i>	44.7 (1.9)
<i>Did not want to leave their house</i>	31.9 (1.7)
<i>Other reason</i>	14.4 (1.9)
<i>No access to transportation</i>	8.9 (1.7)
Medical provider decided¹⁸	
<i>Medical office was closed</i>	24.4 (1.9)
<i>Other reason</i>	24.0 (1.9)
<i>Medical office reduced available appointments</i>	23.9 (1.4)
<i>Priority was given to other types of appointments</i>	15.1 (1.5)
<i>Medical provider did not give a reason</i>	12.6 (1.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 14. Availability of telemedicine services to Medicare beneficiaries who were living in the community in 2020 and had a usual medical provider in Winter 2021⁴

Does/did your usual medical provider offer telephone or video appointments... ¹⁹	Yes Weighted % (SE)	No Weighted % (SE)
<i>So that you don't need to physically visit their office or facility</i>	63.4 (1.0)	15.3 (0.7)
<i>Before the coronavirus pandemic</i>	20.5 (0.9)	46.7 (1.1)
<i>To replace a regularly scheduled appointment since November 1, 2020</i>	49.1 (0.8)	49.0 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 15. Availability of telemedicine services by total household income of Medicare beneficiaries who were living in the community in 2020 and had a usual medical provider in Winter 2021⁴

Total household income	Does your usual provider offer telephone or video appointments?	
	Yes Weighted % (SE)	No Weighted % (SE)
<i>< \$25,000</i>	57.6 (1.2)	21.4 (1.0)
<i>\$25,000 or more</i>	66.4 (1.3)	12.5 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

¹⁷ Only respondents who reported forgone care and the beneficiary made the decision themselves or made the decision together with their medical provider were asked this question. Respondents were able to select more than one reason for this decision. Respondents who did not report forgone care have been excluded from this table. Estimates are based on all reasons reported across all types of forgone care.

¹⁸ Only respondents who reported forgone care and either their medical provider made the decision or the beneficiary made the decision together with their medical provider were asked this question. Respondents were able to select more than one reason for this decision. Respondents who did not report forgone care have been excluded from this table. Estimates are based on all reasons reported across all types of forgone care.

¹⁹ The first question in this series asked about current experiences in general with telemedicine, while the second and third questions asked about telemedicine offered specifically before the COVID-19 pandemic and since November 1, 2020 for respondents who reported "Yes" to the first question.

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Table 16. Types of telemedicine services offered to Medicare beneficiaries who were living in the community in 2020 and had a usual medical provider who offers telemedicine appointments in Winter 2021⁴

What type of telemedicine appointment does your provider offer?	Weighted % (SE)
<i>Telephone</i>	18.7 (0.8)
<i>Video</i>	6.9 (0.5)
<i>Both telephone and video</i>	62.4 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 17. Utilization of telemedicine services by Medicare beneficiaries who were living in the community in 2020 and had a usual medical provider who offers telemedicine appointments in Winter 2021⁴

Since November 1, 2020, have you had an appointment with a doctor or other health professional by telephone or video?	Weighted % (SE)
<i>No</i>	54.4 (0.9)
<i>Yes, by telephone</i>	23.6 (0.9)
<i>Yes, by video</i>	13.7 (0.6)
<i>Yes, by telephone and video</i>	7.3 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 18. Internet access in Winter 2021 by total household income among Medicare beneficiaries who were living in the community in 2020⁴

Total household income	Do you have access to the Internet?	
	Yes Weighted % (SE)	No Weighted % (SE)
TOTAL	84.3 (0.6)	15.3 (0.6)
<i>< \$25,000</i>	67.4 (1.2)	31.7 (1.2)
<i>\$25,000 or more</i>	92.3 (0.4)	7.5 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 19. Access to technology in Winter 2021 among Medicare beneficiaries who were living in the community in 2020⁴

Do you own or use any of the following types of computers? ²⁰	Yes Weighted % (SE)	No Weighted % (SE)
<i>Smartphone</i>	71.2 (0.7)	27.9 (0.7)
<i>Desktop or laptop</i>	66.4 (0.7)	33.3 (0.7)
<i>Tablet/portable wireless computer</i>	45.5 (0.8)	54.2 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

²⁰ Respondents were able to select more than one type of technology.

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Table 20. Participation in video or voice calls in Winter 2021 among Medicare beneficiaries who were living in the community in 2020⁴

Response	Since November 1, 2020, have you participated in video or voice calls or conferencing over the Internet?	
	Weighted % (SE)	
Yes	49.5 (0.8)	
No	50.1 (0.8)	

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 21. Sources of information about COVID-19 in Winter 2021 among Medicare beneficiaries who were living in the community in 2020⁴

What sources do you rely on for information about COVID-19?	Yes Weighted % (SE)	No Weighted % (SE)
<i>Traditional news sources</i>	89.2 (0.5)	10.4 (0.5)
<i>Health care providers</i>	68.3 (1.0)	30.9 (1.0)
<i>Comments or guidance from government officials</i>	66.3 (0.8)	32.6 (0.8)
<i>Friends or family members</i>	57.9 (0.8)	41.5 (0.8)
<i>Other webpages/internet</i>	37.2 (0.9)	62.3 (0.9)
<i>Social media</i>	27.5 (0.7)	71.7 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 22. Primary source of information about COVID-19 in Winter 2021 among Medicare beneficiaries who were living in the community in 2020⁴

What source do you rely on most for information about COVID-19?	Weighted % (SE)
<i>Traditional news sources</i>	47.8 (0.8)
<i>Health care providers</i>	18.6 (0.5)
<i>Comments or guidance from government officials</i>	10.5 (0.4)
<i>Friends or family members</i>	9.8 (0.4)
<i>Other webpages/internet</i>	7.7 (0.4)
<i>Social media</i>	1.3 (0.1)
<i>Did not select an information source²¹</i>	1.0 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

²¹ Respondents who did not report relying on any sources of information about COVID-19 were not asked this question and are represented under "Did not select an information source".

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Table 23. Impact of COVID-19 on well-being in Winter 2021 by sex among Medicare beneficiaries who were living in the community in 2020⁴

Since November 1, 2020, have you felt more/less/about the same... ¹⁰	More Weighted % (SE)	Less Weighted % (SE)	About the Same Weighted % (SE)
<i>Stressed or anxious</i>	37.8 (0.6)	4.5 (0.3)	57.1 (0.6)
<i>Female</i>	43.3 (0.8)	4.3 (0.4)	51.9 (0.9)
<i>Male</i>	30.6 (0.8)	4.7 (0.5)	64.0 (0.9)
<i>Lonely or sad</i>	21.5 (0.5)	3.6 (0.2)	74.3 (0.5)
<i>Female</i>	26.7 (0.7)	3.6 (0.3)	69.1 (0.7)
<i>Male</i>	14.3 (0.7)	3.5 (0.3)	81.4 (0.7)
<i>Financially secure</i>	5.5 (0.3)	12.7 (0.4)	81.3 (0.5)
<i>Female</i>	4.4 (0.3)	13.5 (0.5)	81.6 (0.7)
<i>Male</i>	6.9 (0.5)	11.4 (0.6)	81.1 (0.7)
<i>Socially connected to friends and family</i>	9.7 (0.4)	40.1 (0.7)	49.7 (0.6)
<i>Female</i>	9.0 (0.4)	43.2 (0.9)	47.3 (0.8)
<i>Male</i>	10.6 (0.6)	36.2 (1.0)	52.7 (1.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

Table 24. Select demographic and socioeconomic characteristics of Medicare beneficiaries who were living in the community in 2020 and completed a COVID-19 Winter 2021 Community Supplement interview⁴

Demographic characteristic	Category	Weighted % (SE)
<i>Age</i>	< 65 years	13.3 (0.3)
	65-74 years	51.5 (0.5)
	75-84 years	25.8 (0.3)
	85+ years	8.0 (0.2)
<i>Sex</i>	Female	54.0 (0.6)
	Male	44.7 (0.6)
<i>Race/ethnicity</i>	White non-Hispanic	75.8 (0.9)
	Black non-Hispanic	9.6 (0.6)
	Hispanic	8.4 (0.6)
	Other race/ethnicity ²²	5.4 (0.5)
<i>Language spoken at home</i>	English	88.9 (0.7)
	Language other than English	11.1 (0.7)
<i>Total household income</i>	< \$25,000	29.3 (0.7)
	\$25,000 or more	67.4 (0.8)
<i>Dual eligible status</i>	Full-benefit dual eligible	9.5 (0.4)
	Partial-benefit dual eligible	5.3 (0.3)
	Non dual eligible	85.3 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.

²² The "Other" race category includes other single races not of Hispanic origin or two or more races. See the definition for race/ethnicity in the Methodology section for more information.

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Table 25. Self-reported health conditions among Medicare beneficiaries who were living in the community in 2020 and completed a COVID-19 Winter 2021 Community Supplement interview⁴

Health condition	Weighted % (SE)
<i>High cholesterol</i>	62.5 (0.6)
<i>Hypertension</i>	61.8 (0.7)
<i>Diabetes</i>	30.8 (0.5)
<i>Heart disease</i>	30.8 (0.5)
<i>Arthritis</i>	26.6 (0.5)
<i>Depression</i>	25.4 (0.6)
<i>Osteoporosis/broken hip</i>	19.4 (0.5)
<i>Pulmonary disease</i>	18.8 (0.5)
<i>Weakened immune system</i>	16.9 (0.4)
<i>Stroke</i>	9.0 (0.3)
<i>Cancer, other than skin</i>	8.9 (0.3)
<i>Mental condition</i>	3.0 (0.2)
<i>Dementia, other than Alzheimer's</i>	1.8 (0.1)
<i>Alzheimer's disease</i>	1.2 (0.1)
<i>Parkinson's disease</i>	1.1 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2020.