

### Overview

These preliminary estimates are based on data from the Medicare Current Beneficiary Survey (MCBS) COVID-19 Summer 2020 Supplement, a nationally representative, cross-sectional telephone survey of persons who were continuously enrolled in Medicare from the beginning of 2020 and alive and living in the community in Summer 2020, fielded from June 10, 2020 through July 15, 2020. These data are complemented by additional MCBS Community interview data collected in Fall 2019 on beneficiaries' health status and demographics as part of the in-person, nationally representative, longitudinal MCBS survey. The MCBS is sponsored by the Centers for Medicare & Medicaid Services (CMS) and directed by the Office of Enterprise Data and Analytics (OEDA).

The MCBS 2020 COVID-19 Summer Supplement Public Use File (PUF) is available to the public as a free download and can be found through CMS' MCBS PUF website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/MCBS-Public-Use-File/index>.

For details about the MCBS Community interview and COVID-19 Summer 2020 Supplement sample design, survey operations, and data files, please see the MCBS 2020 COVID-19 Summer Supplement PUF Data User Guide available on the CMS MCBS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/MCBS-Public-Use-File/index>.

### Methodology

In addition to providing definitions of key terms, this section describes the construction of the analytic variables used to create the preliminary estimates presented in the Medicare Current Beneficiary Survey (MCBS) COVID-19 Rapid Response Summer 2020 Supplement (COVID-19 Summer 2020 Supplement) infographic.

**Medicare Population:** The universe for the COVID-19 Summer 2020 Supplement infographic included all Medicare beneficiaries who were continuously enrolled in Medicare from the beginning of 2020 and alive and living in the community in Summer 2020 who responded (either themselves or via a proxy respondent) to the COVID-19 Summer 2020 Supplement. The final dataset included 11,114 beneficiaries (weighted N=56,094,955).

**Survey Population Weights:** The data are weighted using preliminary weights derived from nonresponse-adjusted weights among the respondents to the COVID-19 Summer 2020 Supplement. First, base weights for the beneficiaries from the 2019 panel were calculated as the inverse of each beneficiary's cumulative probability of selection, and nonresponse-adjusted weights for the 2016, 2017, and 2018 panels were obtained from the Fall 2018 adjustments. These weights were then further adjusted to reflect eligibility and completion of the COVID-19 Summer 2020 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 2019

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 of 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.

**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.<sup>1</sup> 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").

**COVID-19 Summer 2020 Supplement:** This data collection was a supplement to the MCBS annual data collection. The purpose of this supplement 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. The data were collected via telephone in Summer 2020 from persons who were eligible and enrolled in Medicare in 2019 and continued to be eligible and enrolled in Summer 2020.

**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:** Beneficiaries were asked in the COVID-19 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"

Beneficiaries 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:** Responses to race and ethnicity questions were self-reported in the Fall 2019 Community interview by the respondent. Respondents who reported they were white and not of

<sup>1</sup> "What you should know about COVID-19 to protect yourself and others." Centers for Disease Control and Prevention. Last modified April 15, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>.

Hispanic origin were coded as white non-Hispanic; those who reported they were black/African-American and not of Hispanic origin were coded as black non-Hispanic; persons who reported they were Hispanic, Latino/Latina, or of Spanish origin, regardless of their race, were coded as Hispanic; persons who reported they were American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, or two or more races and not of Hispanic origin were coded as other race/ethnicity.

**Respondent:** The person who answers Community interview questions for the MCBS; this person can be the beneficiary or a proxy.

**Telemedicine:** The use of remote clinical services, such as videoconferencing for consultations with health professionals.<sup>2</sup>

**Traditional news source:** Beneficiaries were asked 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:** Beneficiaries were asked in the COVID-19 Supplement whether they were unable to get nine 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, or hearing care.

**Weakened immune system:** Beneficiaries were asked in the COVID-19 Supplement whether a health professional has ever told them they had a weakened immune system caused by either 1) a chronic illness or 2) medicines or treatment for a chronic illness. These two questions were collapsed into a single item indicating “weakened immune system.”

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<sup>2</sup> “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>.

## Appendix

This appendix provides tables of weighted preliminary estimates and standard errors (SE) for all data points presented in the COVID-19 Summer 2020 Supplement infographic, along with estimates of select demographics and self-reported health conditions from the Fall 2019 MCBS Community interview.

**Table 1. COVID-19 preventive health behaviors in Summer 2020 among Medicare beneficiaries who were living in the community in 2019<sup>3</sup>**

In response to the coronavirus pandemic, have you...	Yes Weighted % (SE)	No or Not Applicable Weighted % (SE)
<i>Washed hands for 20 seconds or used hand sanitizer<sup>4</sup></i>	98.3 (0.1)	1.6 (0.1)
<i>Kept a six-foot distance from people outside household</i>	92.8 (0.4)	6.8 (0.4)
<i>Wore a facemask in public</i>	93.2 (0.3)	6.5 (0.3)
<i>Avoided contact with sick people</i>	91.6 (0.4)	7.8 (0.4)
<i>Avoided gatherings with groups of 10 or more people</i>	90.4 (0.4)	9.4 (0.4)
<i>Avoided other people as much as possible</i>	89.5 (0.4)	10.1 (0.4)
<i>Left home for essential purposes only (i.e., “sheltering in place”)</i>	84.6 (0.6)	15.2 (0.6)
<i>Coughed/sneezed into tissue or sleeve</i>	76.9 (0.6)	22.2 (0.6)
<i>Cleaned or sterilized commonly-touched surfaces</i>	74.3 (0.5)	25.3 (0.5)
<i>Avoided touching face</i>	73.4 (0.5)	25.3 (0.5)
<i>Purchased extra food, cleaning supplies, or prescription medicines<sup>4</sup></i>	68.3 (0.6)	31.3 (0.6)
<i>Consulted with a health care provider about coronavirus</i>	18.7 (0.6)	80.9 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

**Table 2. Impact of COVID-19 on daily life in Summer 2020 among Medicare beneficiaries who were living in the community in 2019<sup>3</sup>**

Since the coronavirus pandemic began, have you been able to...	Yes Weighted % (SE)	No Weighted % (SE)	Have Not Needed Weighted % (SE)
<i>Pay rent or mortgage</i>	59.7 (0.9)	1.5 (0.2)	38.4 (0.9)
<i>Get medication</i>	87.0 (0.4)	1.9 (0.2)	10.9 (0.4)
<i>Get doctor’s appointment/other healthcare</i>	63.9 (0.7)	8.5 (0.4)	27.1 (0.6)
<i>Get food</i>	93.1 (0.3)	4.8 (0.3)	1.9 (0.1)
<i>Get household supplies</i>	83.7 (0.6)	12.2 (0.5)	4.0 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

<sup>3</sup>Totals may not sum to 100 percent due to rounding and/or missingness.

<sup>4</sup>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 3. Impact of COVID-19 on foregone care in Summer 2020 among Medicare beneficiaries who were living in the community in 2019<sup>3</sup>**

		Since the coronavirus pandemic began, have you needed medical care for something other than coronavirus, but not gotten it because of the pandemic?
Response		Weighted % (SE)
Yes		20.8 (0.8)
No		78.8 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

**Table 4. Number of types of foregone care during the COVID-19 pandemic in Summer 2020 among Medicare beneficiaries who were living in the community in 2019<sup>3</sup>**

Number of types of foregone care	Weighted % (SE)
<i>Did not report foregone care</i>	79.2 (0.8)
0 <sup>5</sup>	1.2 (0.1)
1	7.4 (0.4)
2	5.6 (0.4)
3	3.7 (0.3)
4+	2.8 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

**Table 5. Types of foregone care during the COVID-19 pandemic among Medicare beneficiaries who were living in the community in 2019 and reported foregone care in Summer 2020<sup>3,6</sup>**

Among beneficiaries who reported foregone care, the type of care foregone was...	Yes Weighted % (SE)	No <sup>7</sup> Weighted % (SE)
<i>Dental care</i>	43.3 (1.2)	56.0 (1.2)
<i>Regular check-up</i>	36.1 (1.1)	63.6 (1.1)
<i>Treatment for ongoing condition</i>	35.9 (1.4)	63.6 (1.4)
<i>Diagnostic or medical screening test</i>	31.6 (1.3)	67.7 (1.3)
<i>Vision care</i>	24.2 (1.2)	75.1 (1.2)
<i>Surgical procedure</i>	16.6 (1.1)	83.1 (1.1)
<i>Prescription drugs or medications</i>	8.1 (0.8)	91.9 (0.8)
<i>Hearing care</i>	5.5 (0.4)	94.0 (0.5)
<i>Urgent care for an accident or illness</i>	4.8 (0.6)	95.0 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

<sup>5</sup> Beneficiaries who reported foregone care but did not indicate "Yes" to any of the nine types of care are included under zero.

<sup>6</sup> Beneficiaries were able to select more than one type of foregone care.

<sup>7</sup> Only beneficiaries who reported foregone care were asked about the types of care they were unable to get. Beneficiaries who did not report foregone care have been excluded from this table.

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**Table 6. Reasons for foregone care during the COVID-19 pandemic among Medicare beneficiaries who were living in the community in 2019 and reported foregone care in Summer 2020<sup>3</sup>**

Among beneficiaries who reported foregone care, the reasons were...	Reason(s) Selected Weighted % (SE)
<b>Beneficiary decided<sup>8</sup></b>	
<i>Did not want to be at a medical facility</i>	45.3 (1.0)
<i>Did not want to leave their house</i>	35.4 (0.9)
<i>Other reason</i>	12.6 (1.1)
<i>No access to transportation</i>	6.8 (0.8)
<b>Medical provider decided<sup>9</sup></b>	
<i>Medical office was closed</i>	38.4 (1.0)
<i>Medical office reduced available appointments</i>	27.0 (0.7)
<i>Priority was given to other types of appointments</i>	18.7 (0.9)
<i>Other reason</i>	9.2 (0.7)
<i>Medical provider did not give a reason</i>	6.7 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

**Table 7. Availability of telemedicine services among Medicare beneficiaries who were living in the community in 2019 and had a usual medical provider in Summer 2020<sup>3</sup>**

Does/did your usual medical provider offer telephone or video appointments... <sup>10</sup>	Yes Weighted % (SE)	No Weighted % (SE)
<i>So that you don't need to physically visit their office or facility Before the coronavirus outbreak</i>	60.1 (0.8)	14.7 (0.6)
<i>To replace a regularly scheduled appointment during the coronavirus outbreak</i>	21.6 (1.0)	53.1 (1.1)
<i>To replace a regularly scheduled appointment during the coronavirus outbreak</i>	56.7 (0.8)	40.6 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

**Table 8. Availability of telemedicine services by total household income of Medicare beneficiaries who were living in the community in 2019 and had a usual medical provider in Summer 2020<sup>3</sup>**

Total household income	Does your usual provider offer telephone or video appointments?	
	Yes Weighted % (SE)	No Weighted % (SE)
<i>&lt; \$25,000</i>	54.2 (1.1)	21.6 (0.9)
<i>\$25,000 or more</i>	63.3 (0.9)	11.3 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

<sup>8</sup> Only respondents who reported foregone 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 foregone care have been excluded from this table.

<sup>9</sup> Only respondents who reported foregone 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 foregone care have been excluded from this table.

<sup>10</sup> 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 and during the COVID-19 outbreak for respondents who reported "Yes" to the first question.

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**Table 9. Type of telemedicine services of Medicare beneficiaries who were living in the community in 2019 and had a usual medical provider who offers telemedicine appointments in Summer 2020<sup>3</sup>**

What type of telemedicine appointment does your provider offer?	Weighted % (SE)
<i>Telephone</i>	23.2 (0.9)
<i>Video</i>	7.1 (0.5)
<i>Both telephone and video</i>	57.5 (1.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

**Table 10. Internet access in Summer 2020 by total household income among Medicare beneficiaries who were living in the community in 2019<sup>3</sup>**

Total Household Income	Do you have access to the Internet?	
	Yes Weighted % (SE)	No Weighted % (SE)
<b>TOTAL</b>	<b>82.4 (0.6)</b>	<b>17.2 (0.6)</b>
< \$25,000	64.5 (1.0)	34.9 (1.0)
\$25,000 or more	91.5 (0.4)	8.3 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

**Table 11. Access to technology in Summer 2020 among Medicare beneficiaries who were living in the community in 2019<sup>3</sup>**

Do you own or use any of the following types of computers? <sup>11</sup>	Yes Weighted % (SE)	No Weighted % (SE)
<i>Smartphone</i>	67.9 (0.7)	31.1 (0.7)
<i>Desktop or laptop</i>	65.1 (0.7)	34.6 (0.7)
<i>Tablet/portable wireless computer</i>	43.6 (0.8)	56.2 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

**Table 12. Participation in video or voice calls in Summer 2020 among Medicare beneficiaries who were living in the community in 2019<sup>3</sup>**

Response	Have you ever participated in video or voice calls or conferencing over the internet?	
	Weighted % (SE)	
<b>Yes</b>	<b>52.1 (0.8)</b>	
<b>No</b>	<b>47.5 (0.8)</b>	

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

**Table 13. Sources of information about COVID-19 in Summer 2020 among Medicare beneficiaries who were living in the community in 2019<sup>3</sup>**

What sources do you rely on for information about COVID-19?	Yes Weighted % (SE)	No Weighted % (SE)
<i>Traditional news sources</i>	91.0 (0.4)	8.7 (0.4)
<i>Comments or guidance from government officials</i>	64.5 (0.8)	34.2 (0.7)
<i>Friends or family members</i>	54.9 (0.7)	44.6 (0.7)
<i>Health care providers</i>	49.0 (0.7)	50.3 (0.7)
<i>Other webpages/internet</i>	45.5 (0.9)	53.8 (0.9)
<i>Social media</i>	30.5 (0.8)	68.7 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

<sup>11</sup> Respondents were able to select more than one type of technology.

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**Table 14. Primary source of information about COVID-19 in Summer 2020 among Medicare beneficiaries who were living in the community in 2019<sup>3</sup>**

What source do you rely on most for information about COVID-19?	Weighted % (SE)
<i>Traditional news sources</i>	56.0 (0.6)
<i>Health care providers</i>	11.1 (0.4)
<i>Comments or guidance from government officials</i>	9.8 (0.4)
<i>Friends or family members</i>	9.2 (0.3)
<i>Other webpages/internet</i>	8.4 (0.4)
<i>Social media</i>	1.6 (0.1)
<i>Did not select an information source<sup>12</sup></i>	1.2 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

**Table 15. Impact of COVID-19 on well-being in Summer 2020 by sex among Medicare beneficiaries who were living in the community in 2019<sup>3</sup>**

Since the coronavirus outbreak began, have you felt more/less/about the same... <sup>13</sup>	More Weighted % (SE)	Less Weighted % (SE)	About the Same Weighted % (SE)
<i>Stressed or anxious</i>	45.6 (0.7)	2.5 (0.2)	51.4 (0.7)
<i>Female</i>	51.1 (1.0)	2.4 (0.2)	46.0 (1.0)
<i>Male</i>	38.5 (0.8)	2.5 (0.3)	58.6 (0.9)
<i>Lonely or sad</i>	23.0 (0.5)	2.7 (0.2)	73.8 (0.5)
<i>Female</i>	28.5 (0.7)	2.9 (0.3)	68.0 (0.8)
<i>Male</i>	15.9 (0.8)	2.6 (0.3)	81.2 (0.8)
<i>Financially secure</i>	3.7 (0.2)	18.4 (0.6)	77.4 (0.6)
<i>Female</i>	3.3 (0.3)	18.9 (0.7)	77.3 (0.8)
<i>Male</i>	4.3 (0.4)	17.4 (0.9)	78.0 (1.0)
<i>Socially connected to friends and family</i>	11.9 (0.5)	36.7 (0.7)	51.1 (0.7)
<i>Female</i>	10.8 (0.6)	40.9 (0.8)	47.9 (0.8)
<i>Male</i>	13.2 (0.7)	31.3 (0.8)	55.3 (1.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

**Table 16. Select demographic and socioeconomic characteristics of Medicare beneficiaries who were living in the community in 2019 and completed a COVID-19 Summer 2020 Supplement interview<sup>3</sup>**

Demographic Characteristic	Category	Weighted % (SE)
<i>Age</i>	< 65 years	14.2 (0.4)
	65-74 years	51.3 (0.5)
	75-84 years	25.0 (0.4)
	85+ years	7.6 (0.2)
<i>Sex</i>	Female	53.8 (0.5)
	Male	44.2 (0.5)
<i>Race/Ethnicity</i>	White non-Hispanic	75.7 (0.8)
	Black non-Hispanic	9.9 (0.7)
	Hispanic	8.0 (0.6)
	Other race/ethnicity	5.6 (0.4)
<i>Language Spoken at Home</i>	English	88.9 (0.7)
	Language other than English	11.0 (0.7)
<i>Total Household Income</i>	< \$25,000	30.6 (0.7)
	\$25,000 or more	65.6 (0.7)
<i>Dual Eligible Status</i>	Full-benefit dual eligible	9.6 (0.4)
	Partial-benefit dual eligible	5.3 (0.3)
	Non dual eligible	85.0 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.

<sup>12</sup> 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".

<sup>13</sup> Only beneficiaries were asked these questions (i.e., not proxy respondents).

**Table 17. Self-reported health conditions among Medicare beneficiaries living in the community in 2019 and completed a COVID-19 Summer 2020 Supplement interview <sup>3</sup>**

Health Condition	Weighted % (SE)
<i>High Cholesterol</i>	63.4 (0.5)
<i>Hypertension</i>	61.4 (0.7)
<i>Arthritis</i>	36.3 (0.7)
<i>Diabetes</i>	32.8 (0.6)
<i>Heart Disease</i>	31.3 (0.5)
<i>Depression</i>	26.4 (0.6)
<i>Osteoporosis/Broken Hip</i>	19.7 (0.4)
<i>Cancer, Other than Skin</i>	19.1 (0.5)
<i>Pulmonary Disease</i>	18.8 (0.5)
<i>Weakened Immune System</i>	18.7 (0.6)
<i>Stroke</i>	9.4 (0.3)
<i>Mental Condition</i>	3.1 (0.2)
<i>Dementia, Other than Alzheimer's</i>	2.2 (0.1)
<i>Alzheimer's Disease</i>	1.3 (0.1)
<i>Parkinson's Disease</i>	1.3 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Preliminary Data from the Survey File, 2019.