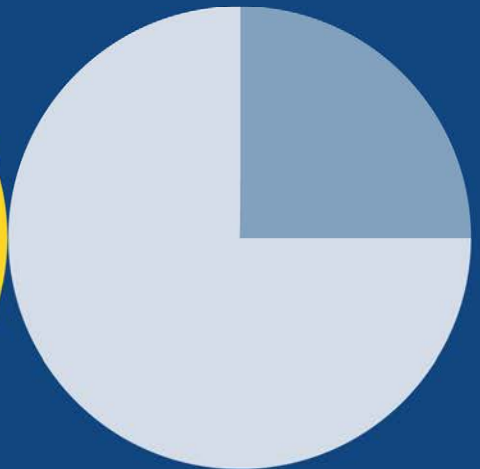
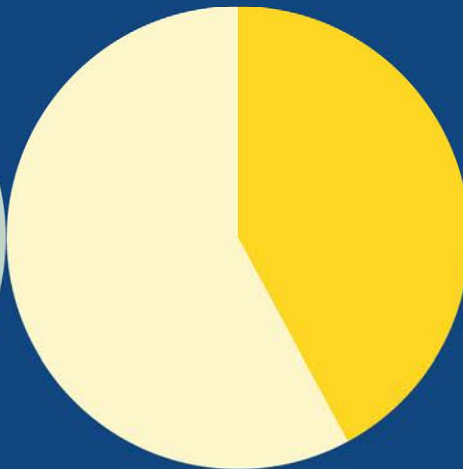
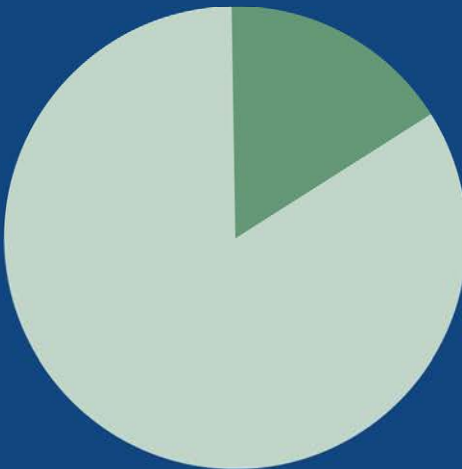


# 2016 | CHARTBOOK

**cost** **health care access** **quality of life** **risk factors**  
**diseases & conditions** **medical procedures**  
**satisfaction** **outcomes** **health behaviors**



## Version Control Log

Date	Version	Revisions
<b>05/29/2019</b>	1.0	Initial version published.
<b>05/15/2020</b>	1.1	<ul style="list-style-type: none"> <li>- Updated footnotes for Exhibit/Table 1.1 to reflect the correct universe for the limited English proficiency (LEP) measure is restricted to Medicare beneficiaries residing in the Community.</li> <li>- Updated footnotes for Exhibit/Table 1.2 to reflect the correct universe for employer-sponsored and self-pay insurance measures is among Medicare beneficiaries residing in the Community.</li> <li>- Updated footnotes for Exhibits/Tables 2.11, 2.12, and 2.13 to reflect the correct universe for the Shingles vaccine measure is restricted to Medicare beneficiaries aged 60 and over.</li> <li>- Updated estimates and standard errors in Table 2.17 to reflect a change in logic in the number of chronic conditions measure.</li> <li>- Updated estimates and standard errors in Table 2.18 to reflect a change in logic in the physical activity measure.</li> </ul>

## TABLE OF CONTENTS

<b>Overview .....</b>	<b>2</b>
What's New in 2016?.....	3
<b>1. Who Is in the Medicare Population?.....</b>	<b>6</b>
<b>2. How Healthy Are Medicare Beneficiaries? .....</b>	<b>11</b>
Perceived Health and Functioning .....	11
Health Conditions and Risk Factors.....	14
Preventive Care .....	19
<b>3. What Is the Medicare Population's Access to Care and How Satisfied Are They with Their Care?.....</b>	<b>23</b>
Access to Care .....	23
Propensity to Seek Care .....	24
Satisfaction with Care.....	28
<b>4. What Health Care Services Do Medicare Beneficiaries Receive? .....</b>	<b>33</b>
<b>5. How Much Do Health Care Services for the Medicare Population Cost?.....</b>	<b>41</b>
<b>Detailed Tables .....</b>	<b>50</b>
<b>Appendices.....</b>	<b>89</b>
Appendix A: Glossary .....	89
Appendix B: Technical Appendix.....	100
Introduction .....	100
Data Sources.....	100
Statistical Reliability .....	102
Additional Information .....	103
Copyright Information.....	103

## LIST OF EXHIBITS

Exhibit 1.1.	Demographic and Socioeconomic Characteristics of All Medicare Beneficiaries, 2016 .....	6
Exhibit 1.2.	Insurance Coverage of All Medicare Beneficiaries, 2016 .....	7
Exhibit 1.3.	Type of Medicare Coverage and Dual Eligible Status of All Medicare Beneficiaries by Age, 2016.....	8
Exhibit 1.4.	Residence Status of All Medicare Beneficiaries by Age, 2016 .....	9
Exhibit 2.1.	Quality of Life Metrics Among All Medicare Beneficiaries, 2016 .....	11
Exhibit 2.2.	Self-Reported Health Status Among All Medicare Beneficiaries by Age, Sex, and Race/Ethnicity, 2016 .....	12
Exhibit 2.3.	Disability Status Among All Medicare Beneficiaries by Age, Sex, and Race/Ethnicity, 2016 .....	13
Exhibit 2.4.	Self-Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2016.....	14
Exhibit 2.5.	Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Age, 2016.....	15
Exhibit 2.6.	Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Race/Ethnicity, 2016 .....	15
Exhibit 2.7.	Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Sex, 2016 .....	16
Exhibit 2.8.	Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Residence Status, 2016 .....	16
Exhibit 2.9.	Self-Reported Smoking Status Among All Medicare Beneficiaries Overall and by Sex, Race/Ethnicity, and Poverty Status, 2016 .....	17
Exhibit 2.10.	Self-Reported Alcohol Use Among Medicare Beneficiaries Residing in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2016 .....	18
Exhibit 2.11.	Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community, 2016.....	19
Exhibit 2.12.	Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community by Age and Race/Ethnicity, 2016 .....	20
Exhibit 2.13.	Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community by Type of Medicare Coverage, 2016.....	21
Exhibit 3.1.	Usual Source of Care Among Medicare Beneficiaries Residing Only in the Community by Type of Medicare Coverage, 2016.....	23

Exhibit 3.2.	Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community, 2016.....	24
Exhibit 3.3.	Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2016 .....	25
Exhibit 3.4.	Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Sex, 2016.....	26
Exhibit 3.5.	Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, 2016 .....	27
Exhibit 3.6.	Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community, 2016.....	28
Exhibit 3.7.	Satisfaction with Quality of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2016.....	29
Exhibit 3.8.	Satisfaction with Access to and Cost of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2016 .....	30
Exhibit 3.9.	Perceived Knowledge of the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2016 .....	31
Exhibit 4.1.	User Rates of Health Care Services Among All Medicare Beneficiaries, 2016 .....	33
Exhibit 4.2.	User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community, 2016 .....	33
Exhibit 4.3.	User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Age, 2016 .....	34
Exhibit 4.4.	User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Sex, 2016 .....	35
Exhibit 4.5.	User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, 2016.....	36
Exhibit 4.6.	User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Self-Reported Health Status, 2016.....	37
Exhibit 4.7.	User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, 2016.....	37
Exhibit 4.8.	User Rates of Skilled Nursing Facilities Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2016 .....	38
Exhibit 4.9.	User Rates of Long-Term Nursing Home Care Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2016.....	38
Exhibit 4.10.	User Rates of Skilled Nursing Facilities and Long-Term Nursing Home Care Among Medicare Beneficiaries with Fee-for-Service Coverage, 2016 .....	39

Exhibit 5.1.	Total Expenditures Among All Medicare Beneficiaries Overall, by Source of Payment, and for Selected Service Types, 2016 .....	41
Exhibit 5.2.	Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, 2016.....	42
Exhibit 5.3.	Total Out-of-Pocket Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, 2016 .....	42
Exhibit 5.4.	Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Age, 2016 .....	43
Exhibit 5.5.	Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Sex, 2016.....	44
Exhibit 5.6.	Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, 2016 .....	45
Exhibit 5.7.	Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Self-Reported Health Status, 2016 .....	46
Exhibit 5.8.	Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, 2016 .....	46
Exhibit 5.9.	Skilled Nursing Facility Expenditures per User Overall and by Sex and Health Status, 2016 .....	47
Exhibit 5.10.	Long-Term Nursing Home Care Expenditures per User Overall and by Age, Sex, and Health Status, 2016 .....	47
Exhibit 5.11.	Total Out-of-Pocket Expenditures per User for Skilled Nursing Facilities and Long-Term Nursing Home Care, 2016.....	48
Exhibit 5.12.	Total Expenditures per User for Skilled Nursing Facilities and Long-Term Nursing Home Care Among Medicare Beneficiaries with Fee-For-Service Coverage, 2016.....	48

## LIST OF TABLES

Table 1.0.	2016 MCBS Chartbook Summary of Updates .....	4
Table 1.1.	Demographic and Socioeconomic Characteristics of All Medicare Beneficiaries, 2016 .....	50
Table 1.2.	Insurance Coverage of All Medicare Beneficiaries, 2016 .....	51
Table 1.3a.	Type of Medicare Coverage of All Medicare Beneficiaries by Age, 2016 .....	51
Table 1.3b.	Dual Eligible Status of All Medicare Beneficiaries by Age, 2016 .....	52
Table 1.4.	Residence Status of All Medicare Beneficiaries Overall and by Age, 2016 .....	52
Table 1.5.	Residence Status of All Medicare Beneficiaries Overall and by Sex, 2016 .....	52
Table 1.6.	Demographic and Socioeconomic Characteristics of All Dual Eligible Medicare Beneficiaries, 2016 .....	53
Table 1.7.	Demographic and Socioeconomic Characteristics of Medicare Beneficiaries Residing Only in Facilities, 2016 .....	54
Table 2.1.	Quality of Life Metrics Among All Medicare Beneficiaries, 2016 .....	55
Table 2.2.	Self-Reported Health Status Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2016 .....	56
Table 2.3.	Disability Status Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2016 .....	57
Table 2.4.	Self-Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2016 .....	58
Table 2.5.	Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Age, 2016 .....	59
Table 2.6.	Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Race/Ethnicity, 2016 .....	59
Table 2.7.	Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Sex, 2016 .....	60
Table 2.8.	Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Residence Status, 2016 .....	60
Table 2.9.	Self-Reported Smoking Status Among All Medicare Beneficiaries Overall and by Sex, Race/Ethnicity, and Poverty Status, 2016 .....	61
Table 2.10.	Self-Reported Alcohol Use Among Medicare Beneficiaries Residing in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2016 .....	62
Table 2.11.	Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community, 2016 .....	62

Table 2.12.	Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community Overall and by Age and Race/Ethnicity, 2016 .....	63
Table 2.13.	Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community Overall and by Type of Medicare Coverage, 2016 .....	63
Table 2.14.	Mobility Limitations Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2016 .....	64
Table 2.15.	Upper Extremity Limitations Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2016 .....	65
Table 2.16.	Mortality Rates Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2016 .....	65
Table 2.17.	Number of Chronic Conditions Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Type of Medicare Coverage, 2016 .....	66
Table 2.18.	Self-Reported Physical Activity Among Medicare Beneficiaries Residing in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2016 .....	67
Table 2.19.	Proportion of Female Medicare Beneficiaries Residing in the Community Who Reported Having a Mammogram Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2016 .....	68
Table 2.20.	Proportion of Female Medicare Beneficiaries Residing in the Community Who Reported Having a Hysterectomy Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2016 .....	68
Table 3.1.	Usual Source of Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Type of Medicare Coverage, 2016 .....	69
Table 3.2.	Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community, 2016 .....	69
Table 3.3.	Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, 2016 .....	70
Table 3.4.	Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Sex, 2016 .....	70
Table 3.5.	Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Race/Ethnicity, 2016 .....	71
Table 3.6.	Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community, 2016 .....	71
Table 3.7.	Satisfaction with Quality of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2016 .....	72
Table 3.8.	Satisfaction with Access to and Cost of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2016 .....	73



Table 3.9.	Perceived Knowledge of the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2016 .....	74
Table 3.10.	Difficulty Obtaining Care and Delayed Care Due to Cost Among Medicare Beneficiaries Residing Only in the Community Overall and by Type of Medicare Coverage, 2016 .....	74
Table 3.11.	Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community by Type of Medicare Coverage, 2016 .....	75
Table 3.12.	Satisfied with the Availability of Information on the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2016 .....	76
Table 4.1.	User Rates of Health Care Services Among All Medicare Beneficiaries, 2016.....	76
Table 4.2.	User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community, 2016 .....	77
Table 4.3.	User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, 2016 .....	77
Table 4.4.	User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Sex, 2016 .....	78
Table 4.5.	User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Race/Ethnicity, 2016.....	78
Table 4.6.	User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Self-Reported Health Status, 2016 .....	79
Table 4.7.	User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, 2016.....	79
Table 4.8.	User Rates of Skilled Nursing Facilities Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2016 .....	80
Table 4.9.	User Rates of Long-Term Nursing Home Care Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2016.....	80
Table 4.10.	User Rates of Skilled Nursing Facilities and Long-Term Nursing Home Care Among Medicare Beneficiaries with Fee-for-Service Coverage, 2016 .....	81
Table 5.1a.	Total Expenditures Among All Medicare Beneficiaries by Source of Payment, 2016 .....	81
Table 5.1b.	Total Expenditures Among All Medicare Beneficiaries Overall and for Selected Service Types, in Dollars (Millions), 2016.....	81
Table 5.2.	Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2016.....	82

Table 5.3.	Total Out-of-Pocket Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2016.....	82
Table 5.4.	Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, in Dollars, 2016 .....	83
Table 5.5.	Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Sex, in Dollars, 2016 .....	83
Table 5.6.	Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Race/Ethnicity, in Dollars, 2016 .....	84
Table 5.7.	Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Self-Reported Health Status, in Dollars, 2016.....	84
Table 5.8.	Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, in Dollars, 2016 .....	85
Table 5.9.	Skilled Nursing Facility Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Health Status, in Dollars, 2016 .....	85
Table 5.10.	Long-Term Nursing Home Care Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Health Status, in Dollars, 2016 .....	86
Table 5.11.	Total Out-of-Pocket Expenditures per User for Skilled Nursing Facilities and Long-Term Nursing Home Care, 2016 .....	86
Table 5.12.	Total Expenditures per User for Skilled Nursing Facilities and Long-Term Nursing Home Care Among Medicare Beneficiaries with Fee-for-Service Coverage, in Dollars, 2016.....	87
Table A.1.	2016 MCBS Data Sources by Chartbook Section .....	100

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# OVERVIEW

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## OVERVIEW

Medicare is the nation's health insurance program for persons aged 65 years and over and for persons younger than 65 years who have a qualifying disability. People under age 65 who receive Social Security Disability Insurance (SSDI) payments generally become eligible for Medicare after a two-year waiting period, while those diagnosed with end-stage renal disease (ESRD) and amyotrophic lateral sclerosis (ALS) become eligible for Medicare with no waiting period. Medicaid is a federal-state health insurance program for low-income Americans. Dual eligible beneficiaries are persons who are eligible for both Medicare and Medicaid.

Since its inception in 1991, the Medicare Current Beneficiary Survey (MCBS) has served as an invaluable source of information for administering, monitoring, and evaluating the Medicare program. A leading source of information on Medicare and its impact on beneficiaries, the MCBS provides important data on beneficiaries that are not available in CMS administrative data and plays an essential role in monitoring and evaluating beneficiaries' health status and health care policy. The MCBS collects comprehensive data on beneficiaries' health insurance coverage, health care utilization and costs, access to care, and satisfaction with care, as well as special interest topics including drug coverage, knowledge about the Medicare program and housing characteristics. Data from the MCBS are used to inform many government programs and analyses, including fiscal projections produced by the Congressional Budget Office and the Medicare Payment Advisory Commission, and are published in a wide array of peer-reviewed journals.

The MCBS is a continuous, in-person, multi-purpose survey of a representative national sample of the Medicare population, including the population of beneficiaries aged 65 and over and beneficiaries aged 64 and below with eligible disabilities, residing in the United States. It is sponsored by the Office of Enterprise Data and Analytics (OEDA) of the Centers for Medicare & Medicaid Services (CMS). In its rotating panel design, each sampled beneficiary is scientifically selected as part of a panel and is interviewed up to three times per year over a four year period. The MCBS has been carried out continuously for more than 25 years, and more than one million interviews have been conducted since its inception.

The MCBS Chartbook provides the public with a collection of charts and tables presenting estimates from both the MCBS Survey File and Cost Supplement File. The Survey File contains data collected directly from respondents and supplemented by administrative items plus facility (non-cost) information and Medicare Fee-for-Service claims. The Cost Supplement File contains both individual event and summary files and can be linked to the Survey File to conduct analyses on health care cost and utilization. Beginning with data year 2015, the MCBS Chartbook is updated annually to publicly disseminate current estimates for the Medicare population. Most of the estimates in the Chartbook were included in the previous two sourcebook (data tables) series: [the Health and Health Care of the Medicare Population, and The Characteristics and Perceptions of the Medicare Population](#). The MCBS Chartbook is organized as follows:

- **Section 1: Who Is in the Medicare Population?:** demographic and socioeconomic characteristics of Medicare beneficiaries.
- **Section 2: How Healthy Are Medicare Beneficiaries?:** self-reported health status and health behaviors of Medicare beneficiaries.

- **Section 3: What Is the Medicare Population's Access to Care and How Satisfied Are They with Their Care?:** access to and satisfaction with health care services.
- **Section 4: What Health Care Services Do Medicare Beneficiaries Receive?:** health care use by Medicare beneficiaries across nine service categories, including: inpatient hospital services, outpatient hospital services, physician/supplier services, dental services, prescription drugs, Medicare hospice, Medicare home health, skilled nursing facility, and long-term nursing home care.
- **Section 5: How Much Do Health Care Services for the Medicare Population Cost?:** health care expenditures and all sources of payment across service categories.

The 2016 MCBS Chartbook contains estimates from the Survey File in Chartbook Sections 1, 2, and 3 and estimates from the Cost Supplement File in Chartbook Sections 4 and 5. The Appendices (Glossary and technical documentation) contain all necessary information for the Chartbook.

The **Detailed Tables** section contains the complete point estimates and standard errors for each exhibit in the Chartbook. The MCBS interviews a sample of Medicare beneficiaries. Therefore, standard errors are reported for all estimates in the Chartbook. The tables are numbered to align with their corresponding chart exhibits. For example, Table 1.1 corresponds to Exhibit 1.1, and Tables 1.3a and 1.3b correspond to Exhibit 1.3. In addition to the tables corresponding to each of the chart exhibits, this section of the Chartbook also contains tables with estimates for the Medicare population that do not appear in chart form in the prior sections of the Chartbook. These supplementary tables are numbered following the tables corresponding to the chart exhibits. For example, Exhibit 1.4 is the last chart exhibit in Section 1, so the supplementary tables for Section 1 begin after Table 1.4, with Table 1.5.

**Appendix A** contains a glossary with definitions of terms and variables. **Appendix B** contains technical documentation regarding the Chartbook.

## WHAT'S NEW IN 2016?

The 2016 MCBS Chartbook features several important updates. Starting with the 2016 Chartbook, two measures have been permanently added to the Chartbook: Limited English Proficiency (LEP) in Section 1 and receipt of the shingles vaccine in Section 2. Additionally, the construction of a number of existing measures in Section 2 has been updated to reflect changes to the MCBS Questionnaire and data products in 2016. Descriptions of measure constructions are included in Appendix A, the Chartbook Glossary. Detailed information about these changes are included in the [2016 MCBS Questionnaire specifications](#), [2016 MCBS Survey File codebooks](#) and [2016 MCBS Cost Supplement File codebooks](#). Lastly, a few measures included in the 2015 Chartbook have been removed from the 2016 Chartbook. These changes are summarized in Table 1.0.

**Table 1.0.** 2016 MCBS Chartbook Summary of Updates

Measure	Description	Exhibits/Tables
Limited English Proficiency (LEP)	Added	1.1
Shingles Vaccine	Added	2.11, 2.12, 2.13
Disability Status	Added	2.1, 2.3, 2.14, 2.15
High Cholesterol	Updated construction	2.4
Depression	Updated construction	2.4
Cognitive Impairment	Updated construction	2.4
Arthritis	Updated construction	2.4, 2.5, 2.6, 2.7, 2.8
Heart Disease	Updated construction	2.4, 2.5, 2.6, 2.7, 2.8
Smoking Status	Updated construction	2.9
Alcohol Use	Updated construction	2.10
Functional Limitations	Removed	2.1, 2.3, 2.14, 2.15
Memory Loss	Removed	2.4
Falls	Removed	2.4

For questions or suggestions on this document or other MCBS data-related questions, please email [MCBS@cms.hhs.gov](mailto:MCBS@cms.hhs.gov).

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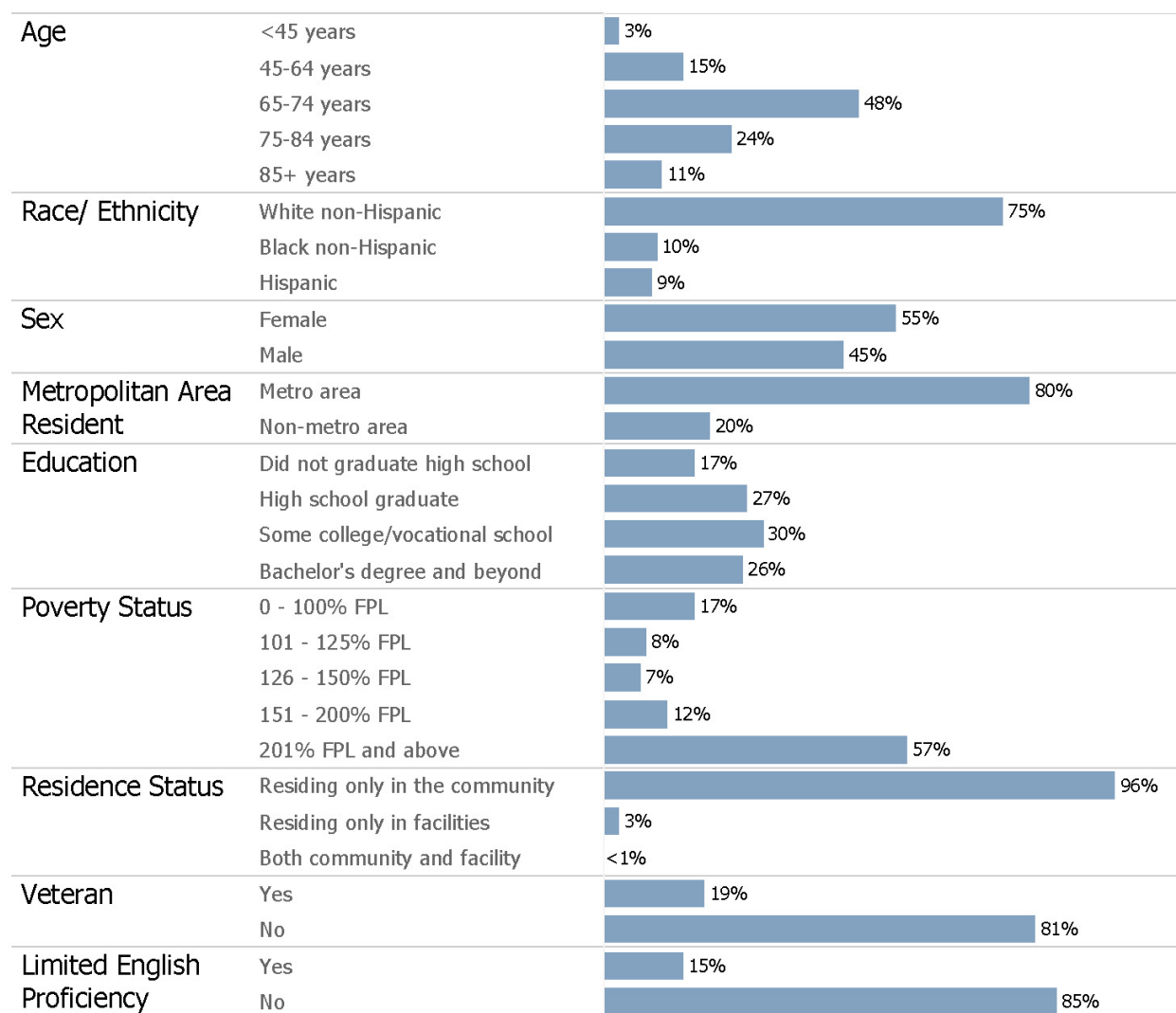
# WHO IS IN THE MEDICARE POPULATION?

---

# 1. WHO IS IN THE MEDICARE POPULATION?

The charts in Section 1 show the demographic and socioeconomic characteristics of Medicare beneficiaries, including supplemental insurance coverage and residence status.

Exhibit 1.1.  
**Demographic and Socioeconomic Characteristics of  
All Medicare Beneficiaries, 2016**

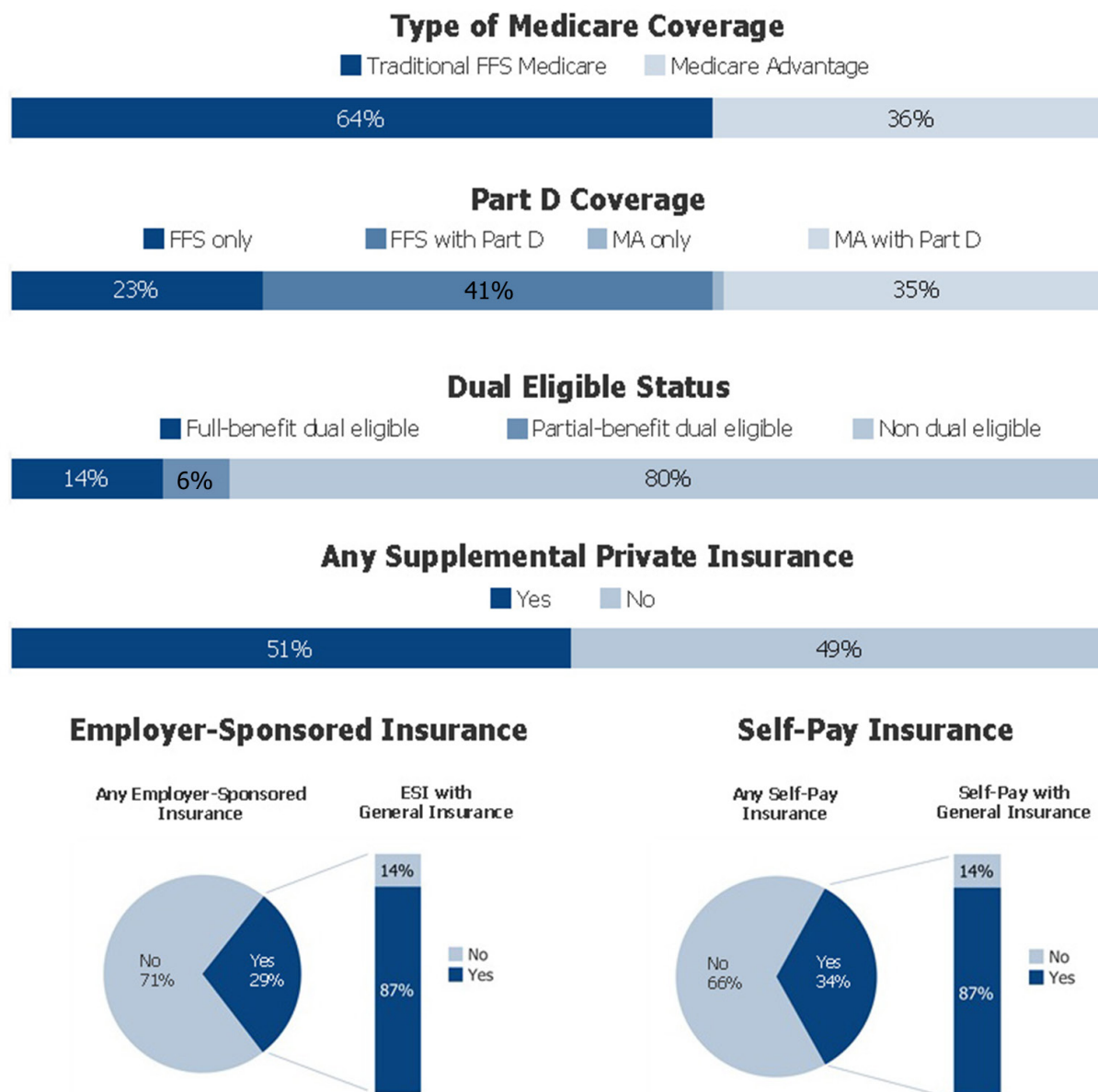


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are not presented for the "other race/ethnicity" category. FPL stands for Federal Poverty Level. Information on Limited English Proficiency is not collected during the Facility interview. As a result, the numerator for the Limited English Proficiency estimate captures only those who completed at least one Community interview in the year, but the denominator includes all beneficiaries.



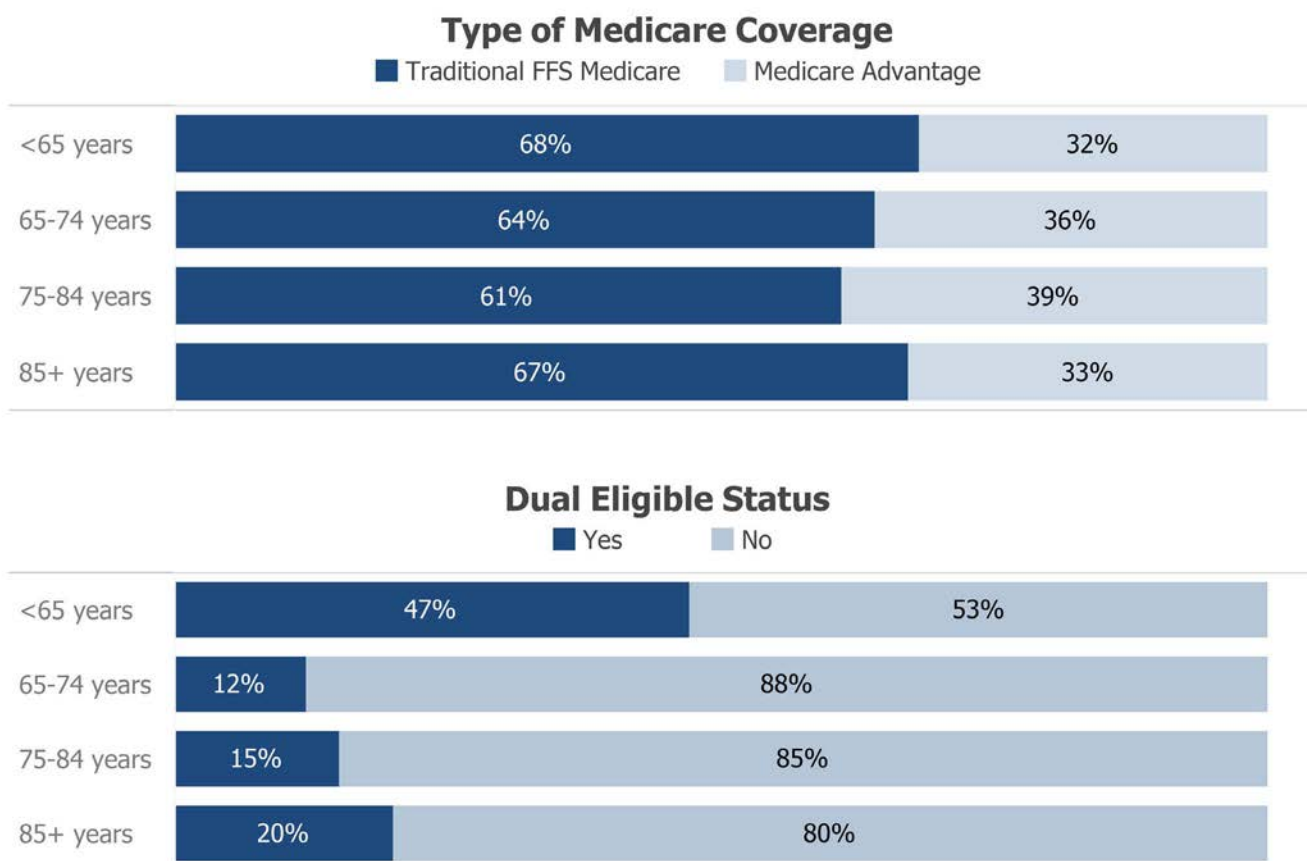
Exhibit 1.2.  
**Insurance Coverage of All Medicare Beneficiaries, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. FFS stands for Fee-for-Service. MA stands for Medicare Advantage. Supplemental private insurance includes beneficiaries who have employer-sponsored insurance, self-pay insurance, or both types of insurance. ESI stands for Employer-Sponsored Insurance. General insurance refers to comprehensive major medical coverage. Information on ESI and self-pay insurance is not collected during the Facility interview. As a result, the numerators for the any ESI and any Self-Pay Insurance estimates capture only those who completed at least one Community interview in the year, but the denominator includes all beneficiaries.

Exhibit 1.3.  
**Type of Medicare Coverage and Dual Eligible Status of  
 All Medicare Beneficiaries by Age, 2016**

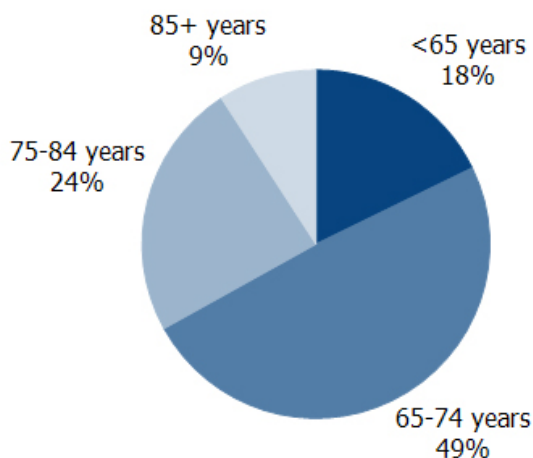


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

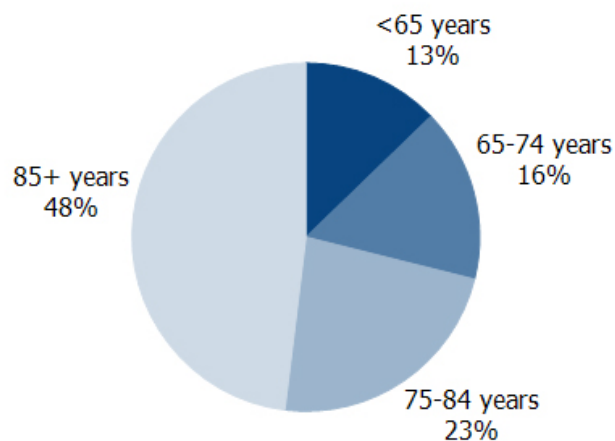
NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. FFS stands for Fee-for-Service. Dual Eligible Status includes beneficiaries with both full-benefit and partial-benefit Medicaid coverage.

Exhibit 1.4.  
**Residence Status of All Medicare Beneficiaries by Age, 2016**

**Residing only in the community**



**Residing only in facilities**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates for the category "Both community and facility" are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

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## **HOW HEALTHY ARE MEDICARE BENEFICIARIES?**

---

## 2. HOW HEALTHY ARE MEDICARE BENEFICIARIES?

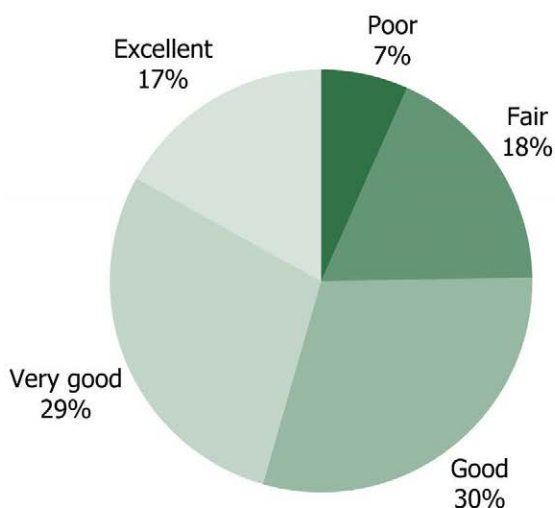
### PERCEIVED HEALTH AND FUNCTIONING

The charts in this section show the self-reported health status and disability status of Medicare beneficiaries.

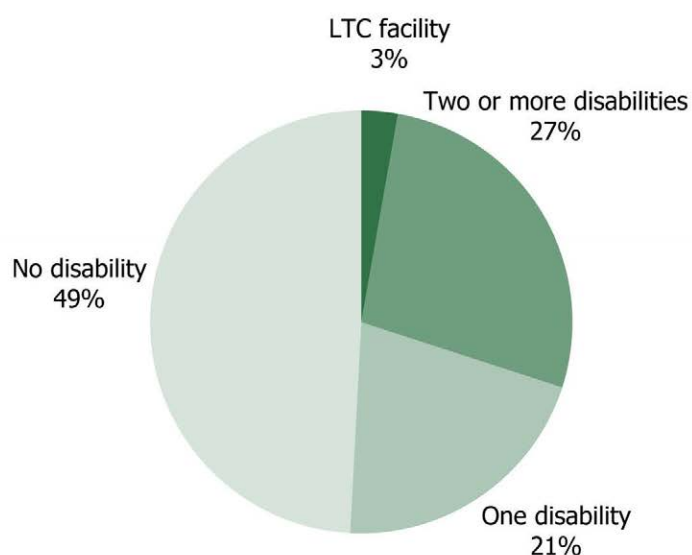
Exhibit 2.1.

#### Quality of Life Metrics Among All Medicare Beneficiaries, 2016

##### Self-Reported Health Status



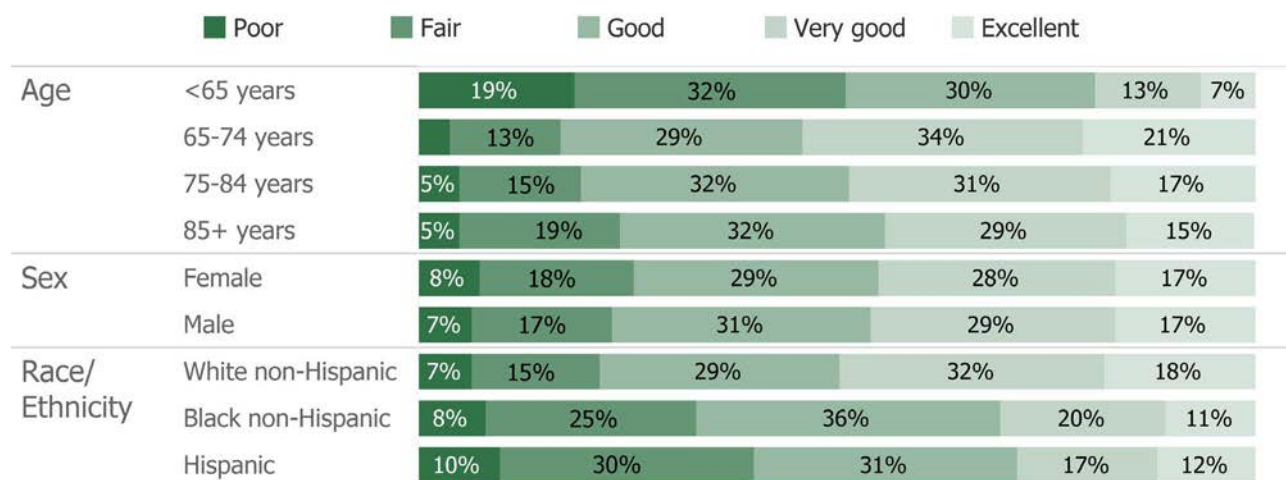
##### Disability Status



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available. LTC stands for Long-Term Care. "LTC facility" includes beneficiaries who only completed Facility interviews during the year.

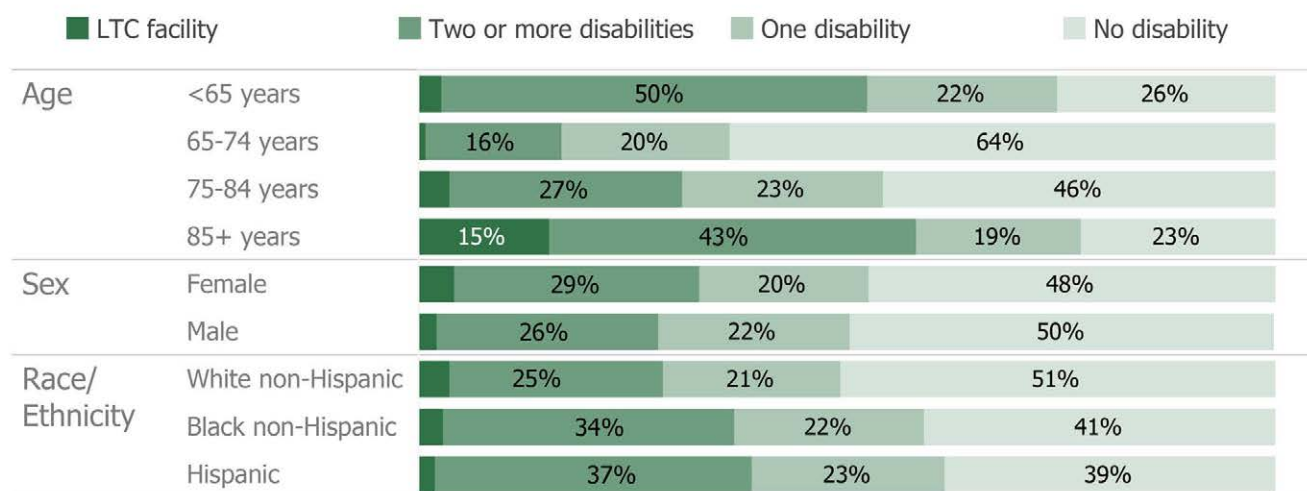
Exhibit 2.2.  
**Self-Reported Health Status Among All Medicare Beneficiaries by  
 Age, Sex, and Race/Ethnicity, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category.

Exhibit 2.3.  
**Disability Status Among All Medicare Beneficiaries by Age, Sex,  
 and Race/Ethnicity, 2016**



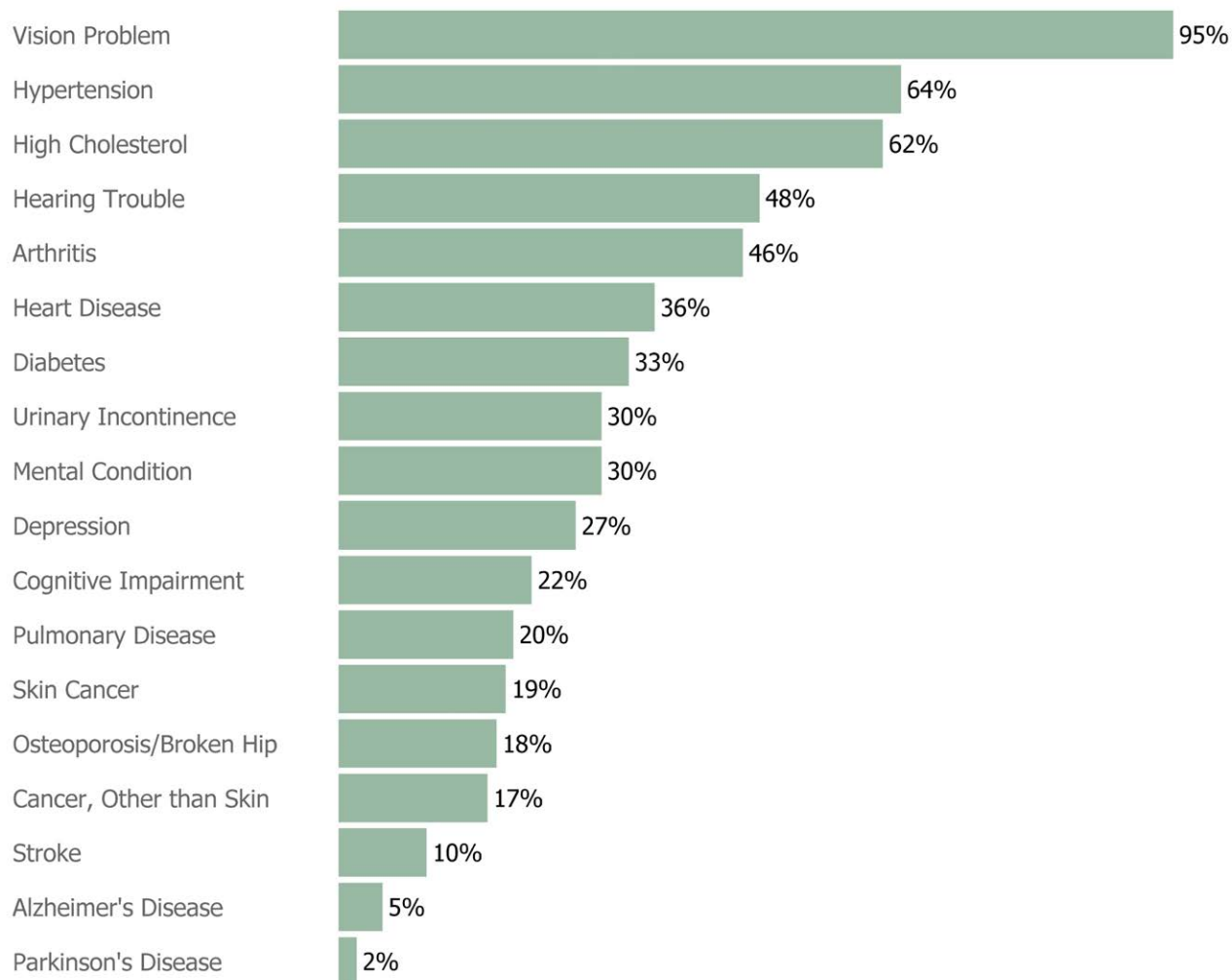
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category. "LTC facility" includes beneficiaries who only completed Facility interviews during the year.

## HEALTH CONDITIONS AND RISK FACTORS

The charts in this section show self-reported chronic conditions and other common health conditions of Medicare beneficiaries, as well as the health behavior risk factors of smoking and alcohol use.

Exhibit 2.4.  
**Self-Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2016**

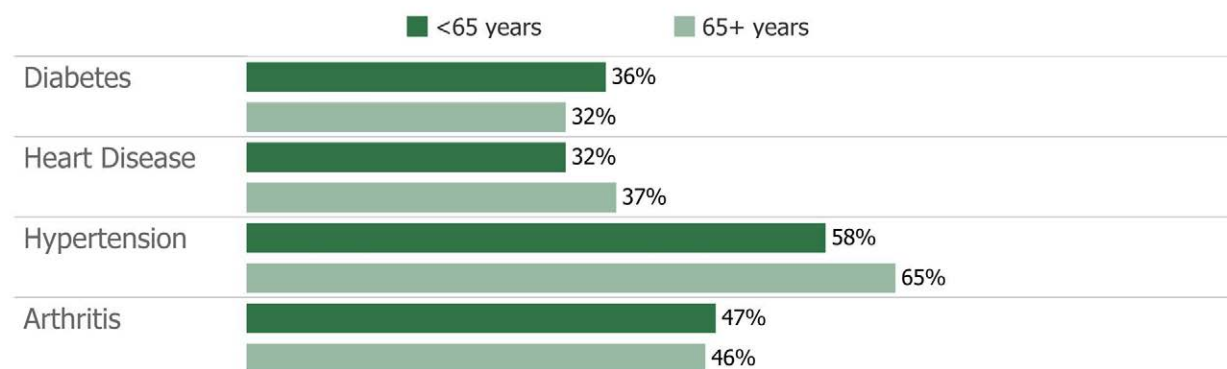


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available.



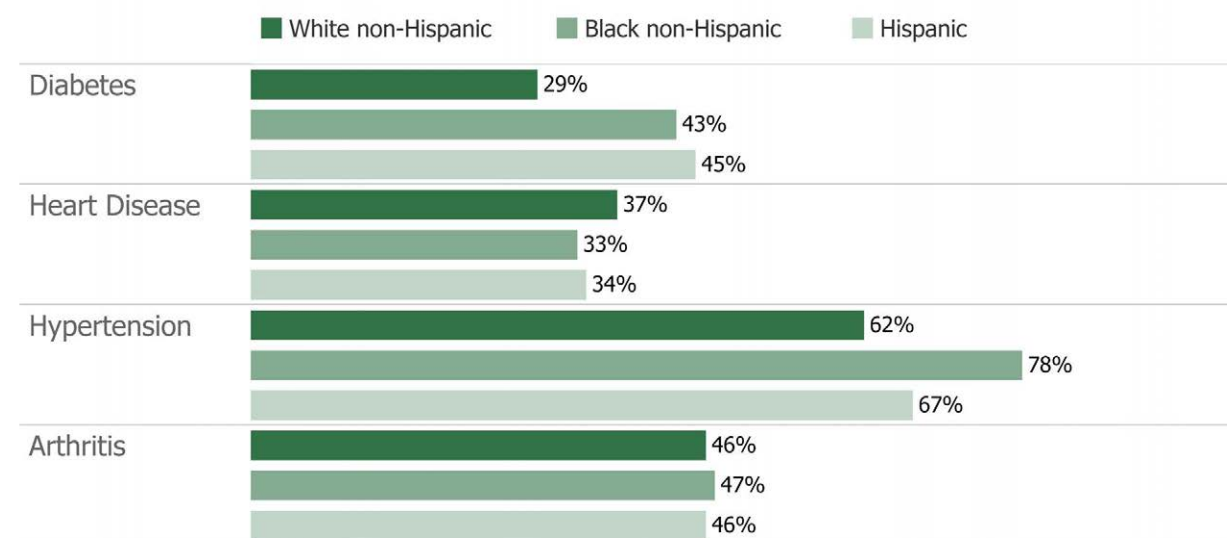
Exhibit 2.5.  
**Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Age, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available.

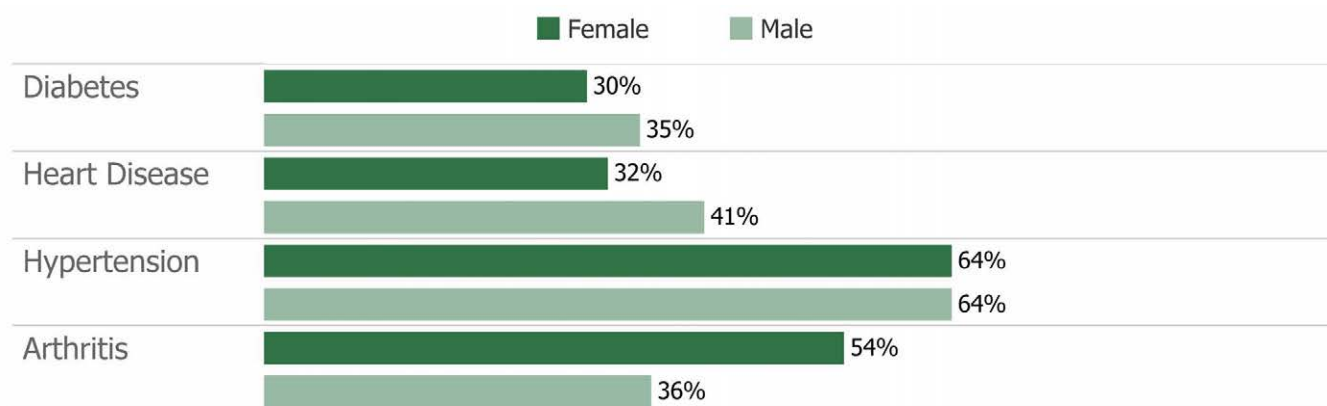
Exhibit 2.6.  
**Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Race/Ethnicity, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category.

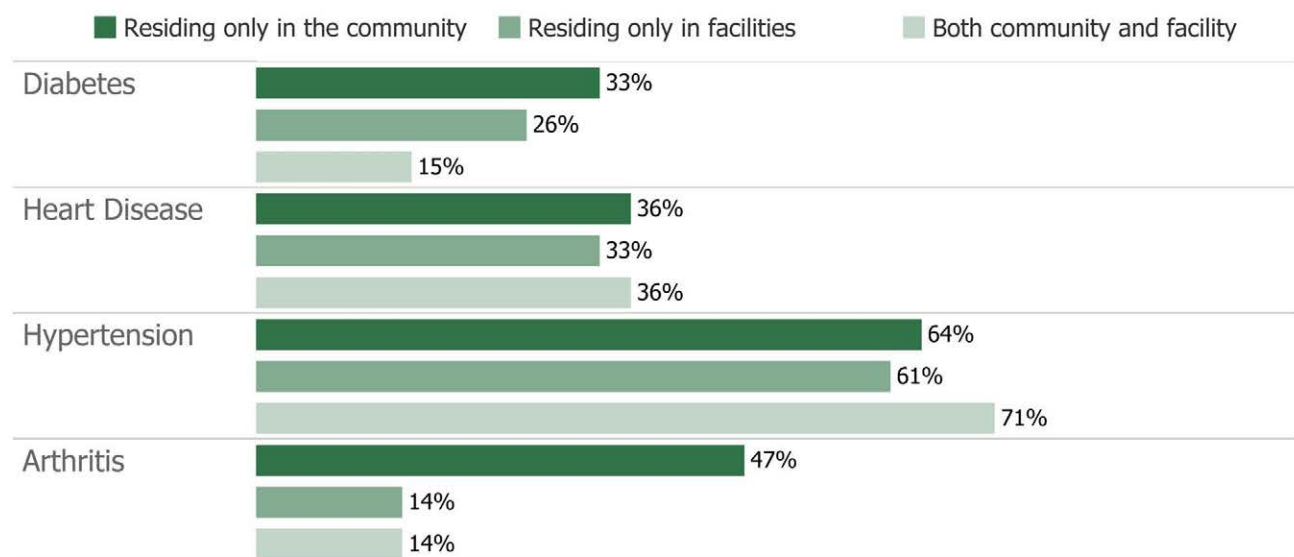
Exhibit 2.7.  
**Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Sex, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available.

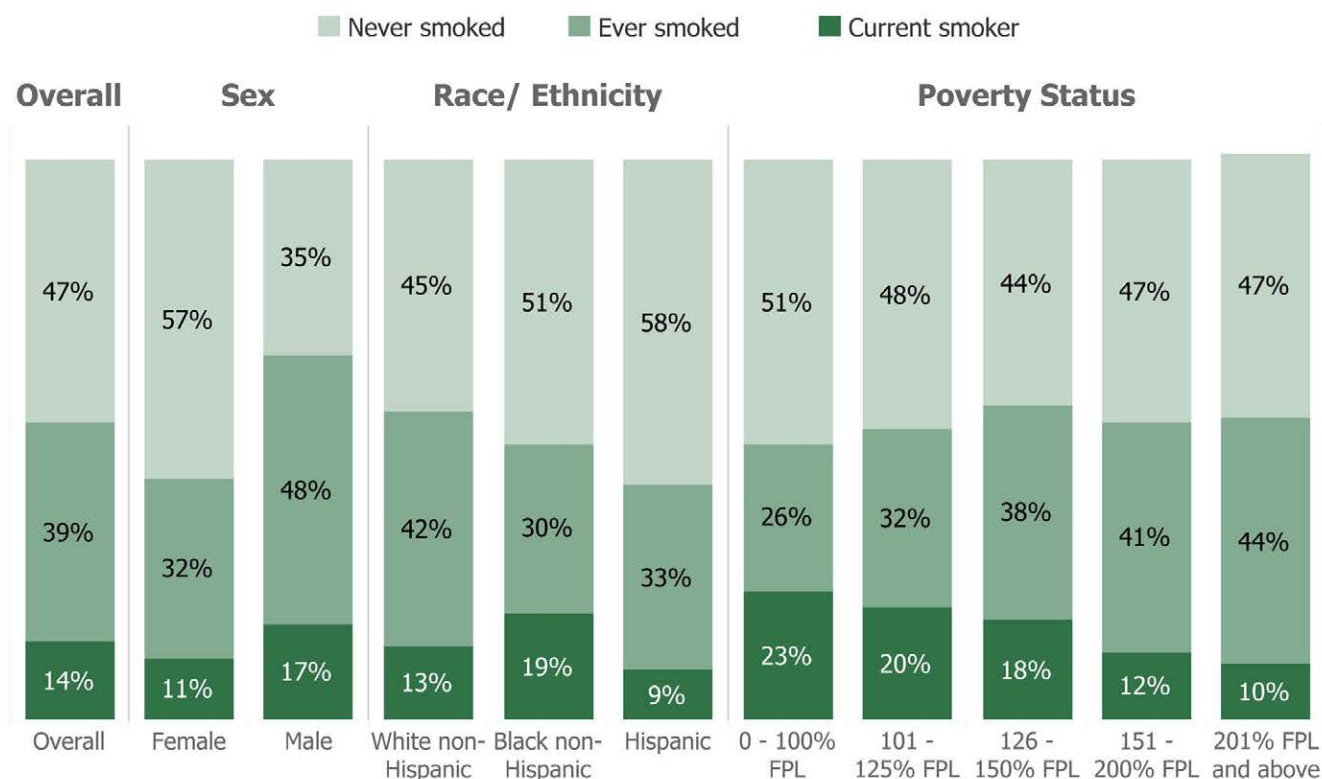
Exhibit 2.8.  
**Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Residence Status, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

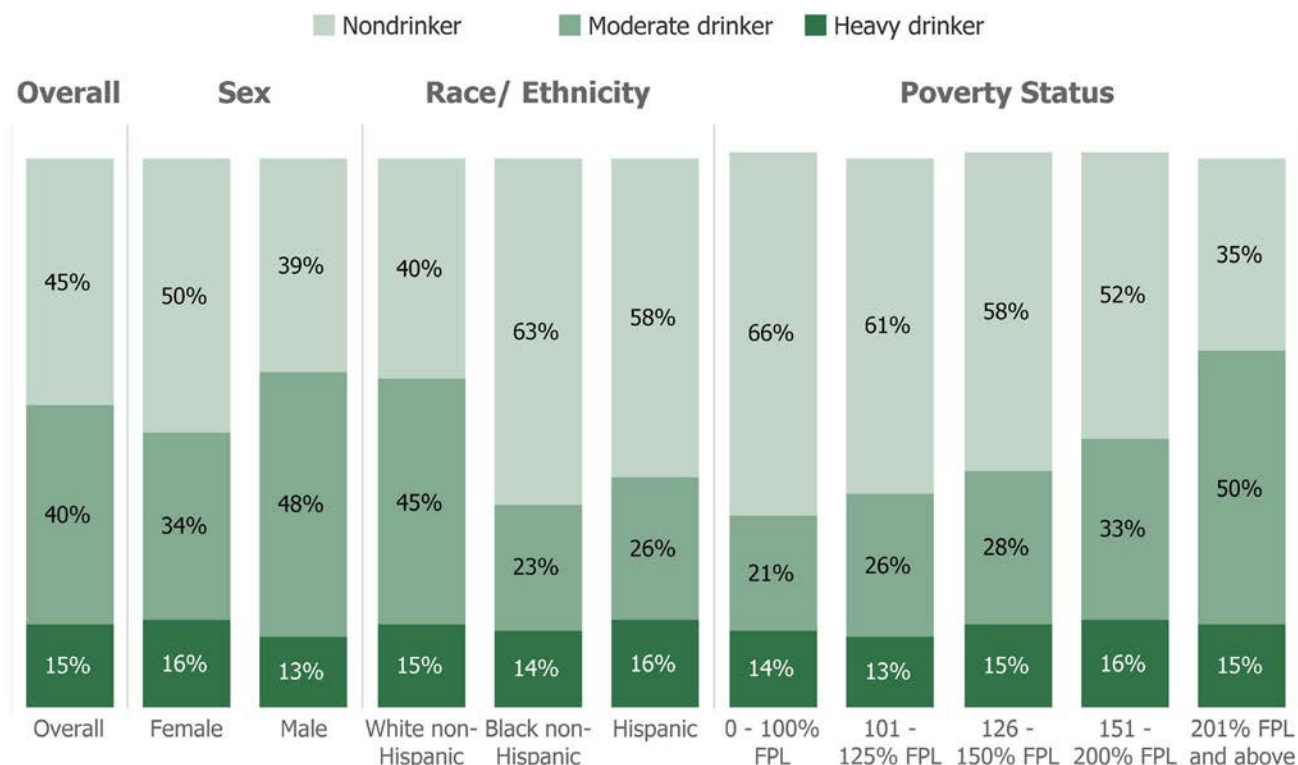
NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available.

Exhibit 2.9.  
**Self-Reported Smoking Status Among All Medicare Beneficiaries  
 Overall and by Sex, Race/Ethnicity, and Poverty Status, 2016**



NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FPL stands for Federal Poverty Level.

Exhibit 2.10.  
**Self-Reported Alcohol Use Among Medicare Beneficiaries Residing  
 in the Community Overall and by Sex, Race/Ethnicity, and Poverty  
 Status, 2016**



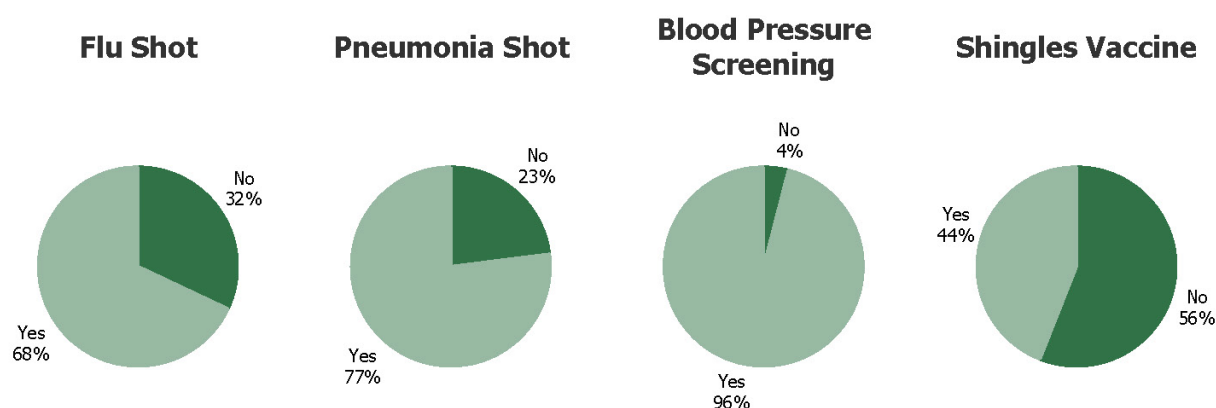
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FPL stands for Federal Poverty Level.

## PREVENTIVE CARE

The charts in this section show self-reported preventive health behaviors of Medicare beneficiaries, including vaccination for the flu, pneumonia, and shingles, and blood pressure screening.

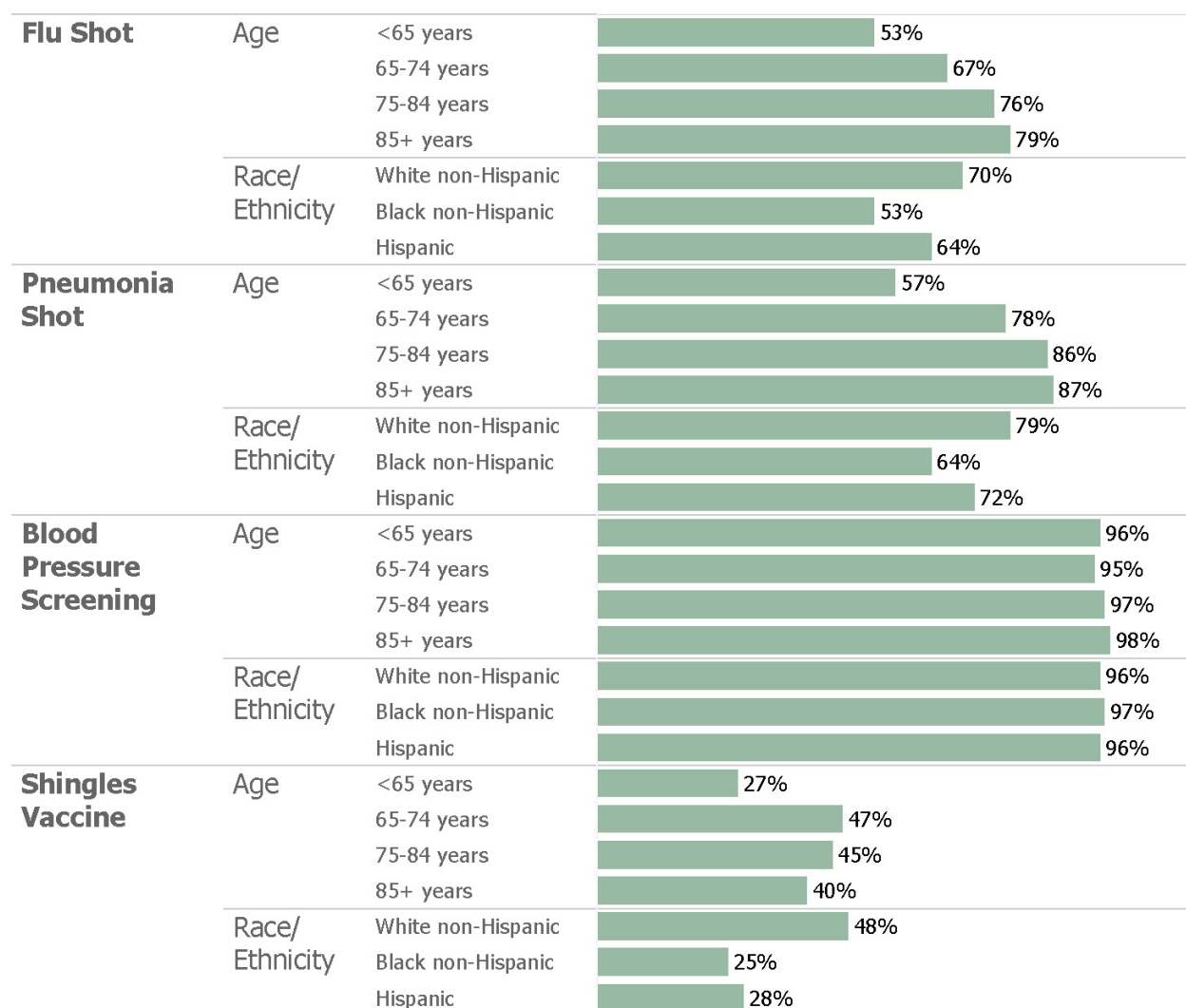
Exhibit 2.11.  
**Preventive Health Behaviors Among Medicare Beneficiaries  
 Residing in the Community, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year. The shingles vaccine measure is coded as "Yes" if it was ever done. Receipt of shingles vaccine is collected only for beneficiaries 60 years of age and over.

Exhibit 2.12.  
**Preventive Health Behaviors Among Medicare Beneficiaries  
Residing in the Community by Age and Race/Ethnicity, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year. The shingles vaccine measure is coded as "Yes" if it was ever done. Receipt of shingles vaccine is collected only for beneficiaries 60 years of age and over.

Exhibit 2.13.

### Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community by Type of Medicare Coverage, 2016

Flu Shot	Traditional FFS Medicare	67%
	Medicare Advantage	69%
Pneumonia Shot	Traditional FFS Medicare	76%
	Medicare Advantage	78%
Blood Pressure Screening	Traditional FFS Medicare	96%
	Medicare Advantage	97%
Shingles Vaccine	Traditional FFS Medicare	45%
	Medicare Advantage	43%

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. FFS stands for Fee-for-Service. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year. The shingles vaccine measure is coded as "Yes" if it was ever done. Receipt of shingles vaccine is collected only for beneficiaries 60 years of age and over.

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# **WHAT IS THE MEDICARE POPULATION'S ACCESS TO CARE AND HOW SATISFIED ARE THEY WITH THEIR CARE?**

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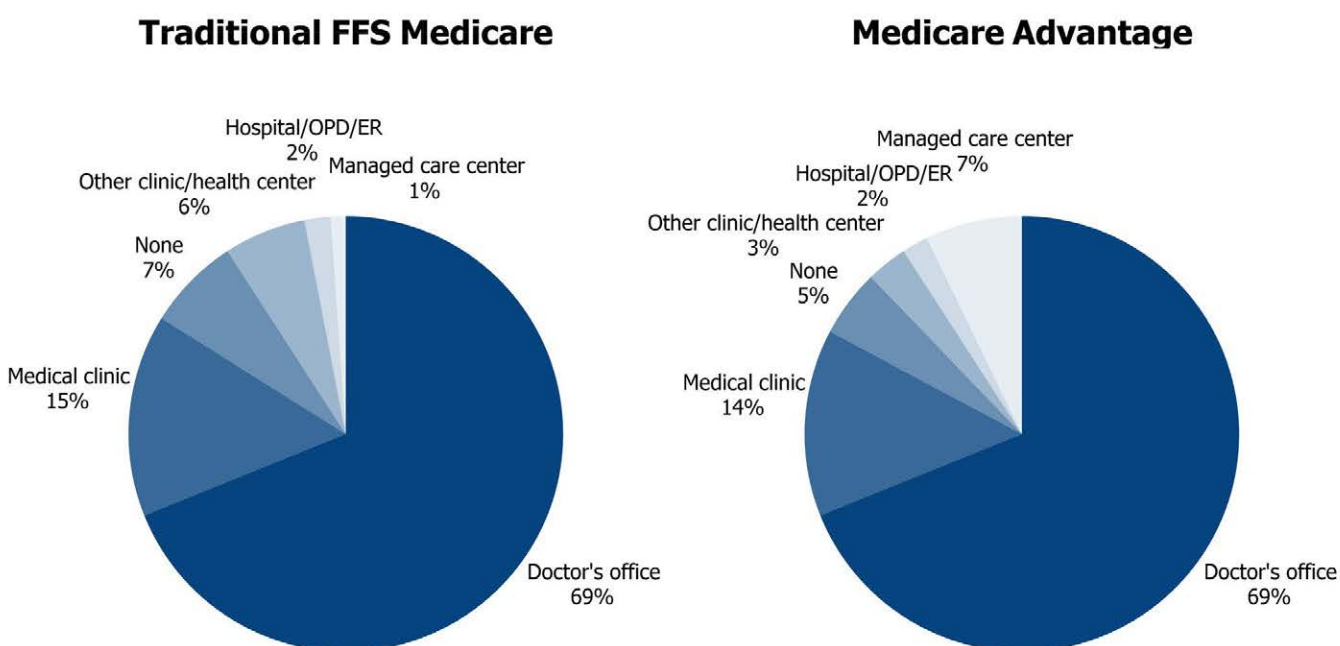
### 3. WHAT IS THE MEDICARE POPULATION'S ACCESS TO CARE AND HOW SATISFIED ARE THEY WITH THEIR CARE?

#### ACCESS TO CARE

The charts in this section show the usual source of care reported by Medicare beneficiaries, as well as their propensity to seek care and satisfaction with care.

Exhibit 3.1.

#### Usual Source of Care Among Medicare Beneficiaries Residing Only in the Community by Type of Medicare Coverage, 2016



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. FFS stands for Fee-for-Service. OPD stands for Outpatient Department. ER stands for Emergency Room.

## PROPENSITY TO SEEK CARE

The charts in this section show Medicare beneficiaries' self-reported care seeking behaviors. This includes behaviors that increase the propensity to seek care, such as visiting a doctor as soon as you feel bad and worrying about your health more than others, as well as behaviors that decrease the propensity for care, such as having a problem and not seeking a doctor, having a prescription that you do not fill, avoiding going to the doctor, and keeping it to oneself when sick.

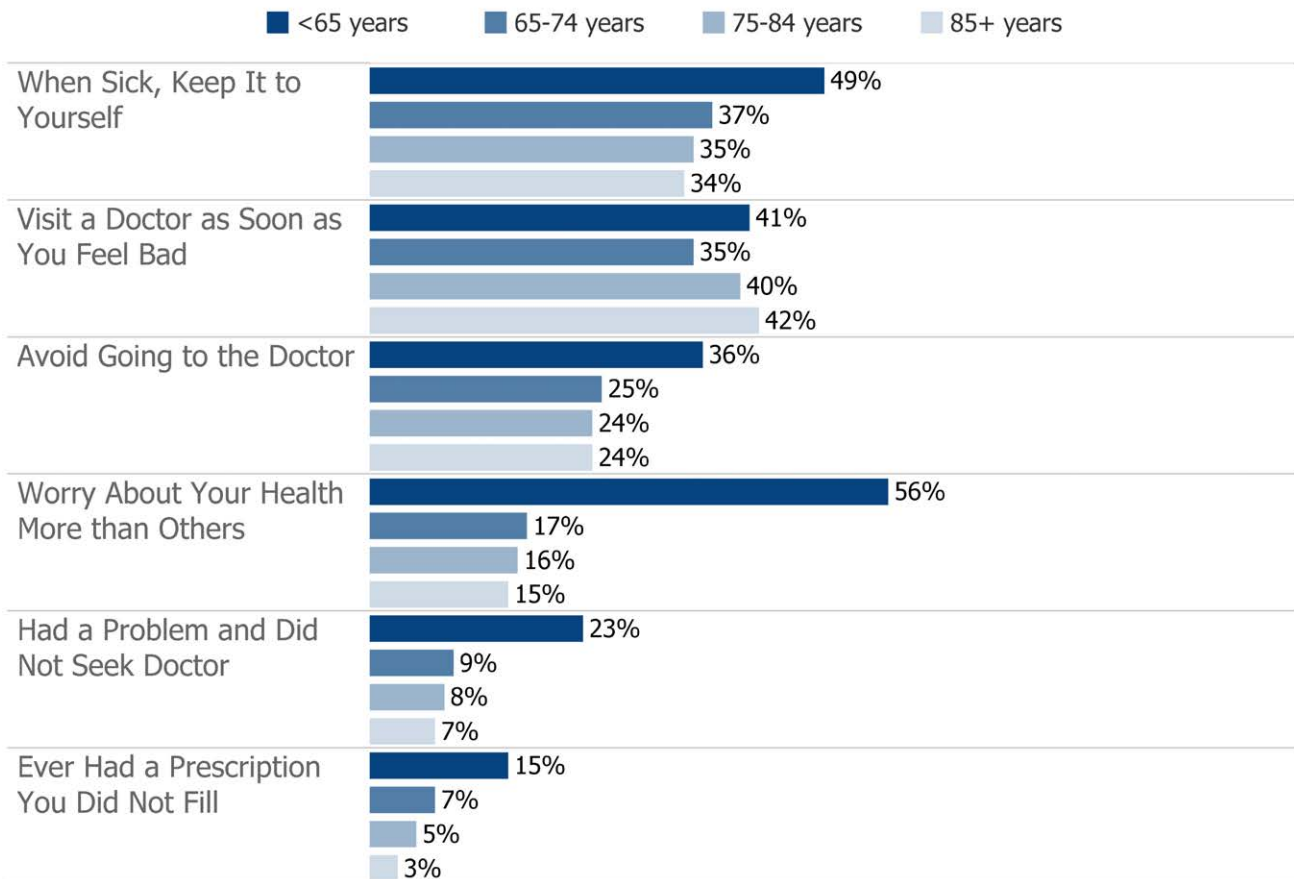
Exhibit 3.2.  
**Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

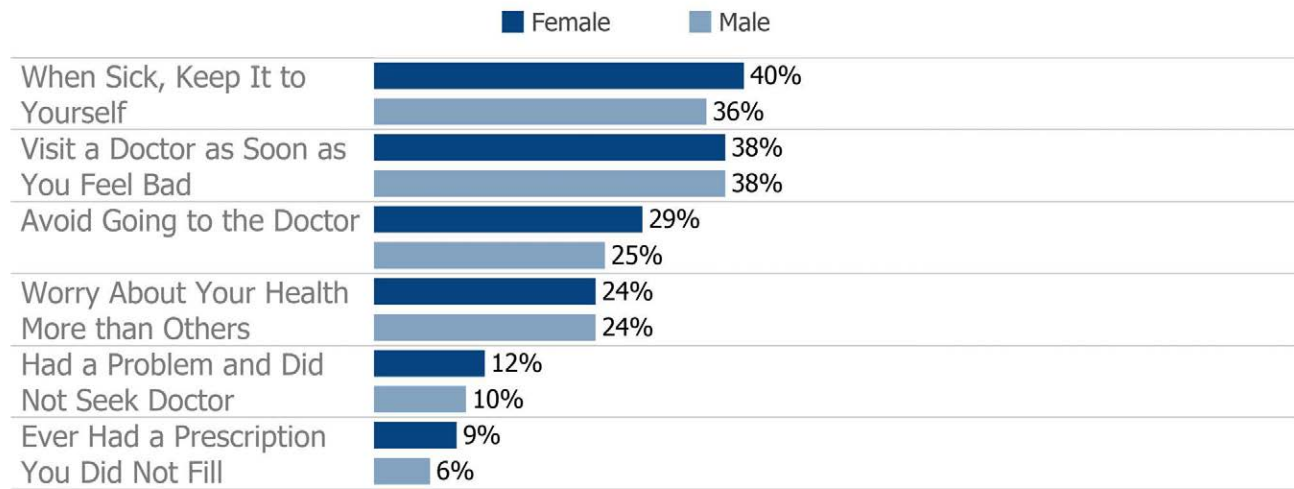
Exhibit 3.3.  
**Indicators of Propensity to Seek Care Among Medicare  
 Beneficiaries Residing Only in the Community by Age, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

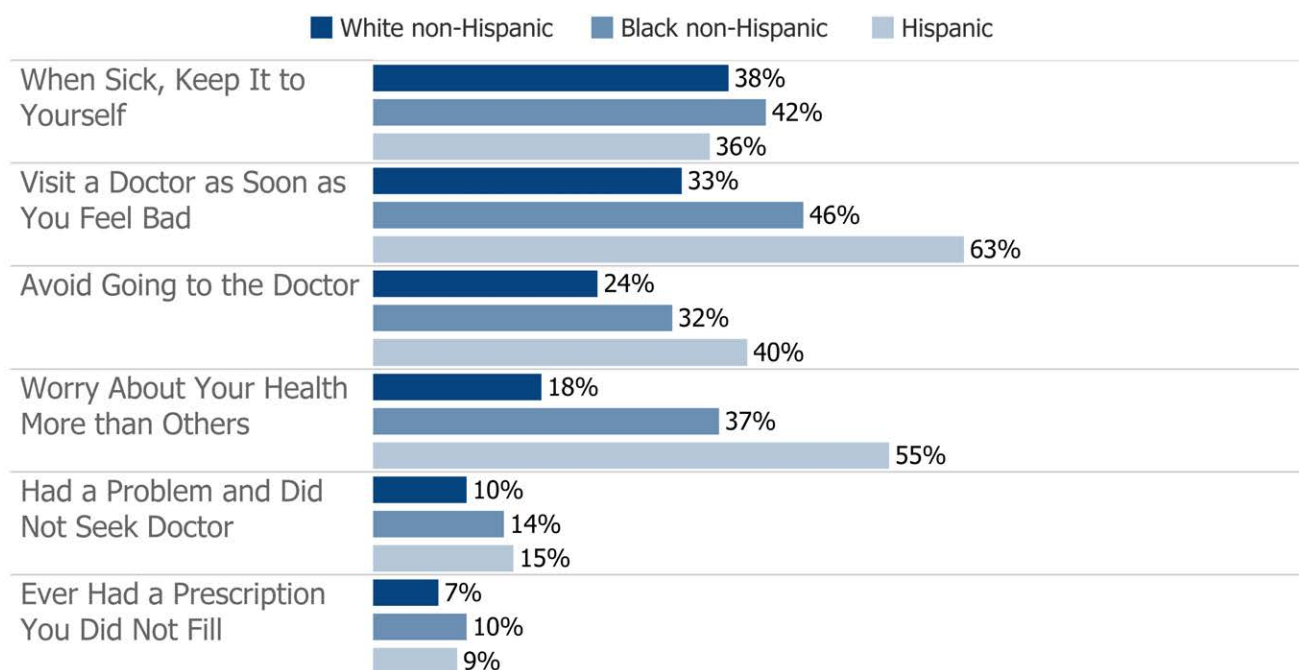
Exhibit 3.4.  
**Indicators of Propensity to Seek Care Among Medicare  
 Beneficiaries Residing Only in the Community by Sex, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

Exhibit 3.5.  
**Indicators of Propensity to Seek Care Among Medicare  
 Beneficiaries Residing Only in the Community by Race/Ethnicity,  
 2016**



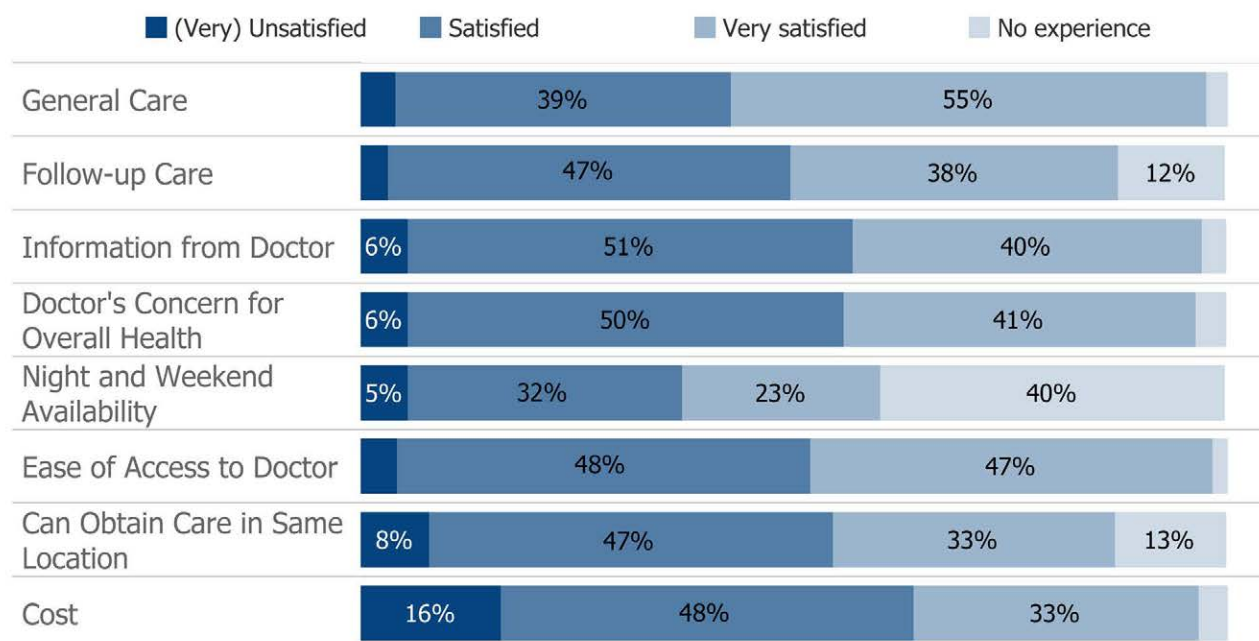
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates are not presented for the "other race/ethnicity" category.

## SATISFACTION WITH CARE

The charts in this section show Medicare beneficiaries' satisfaction with the quality of their health care as well as their satisfaction with access to care and the cost of care. Charts on beneficiaries' knowledge of the Medicare Program and their satisfaction with the availability of information about Medicare are also included.

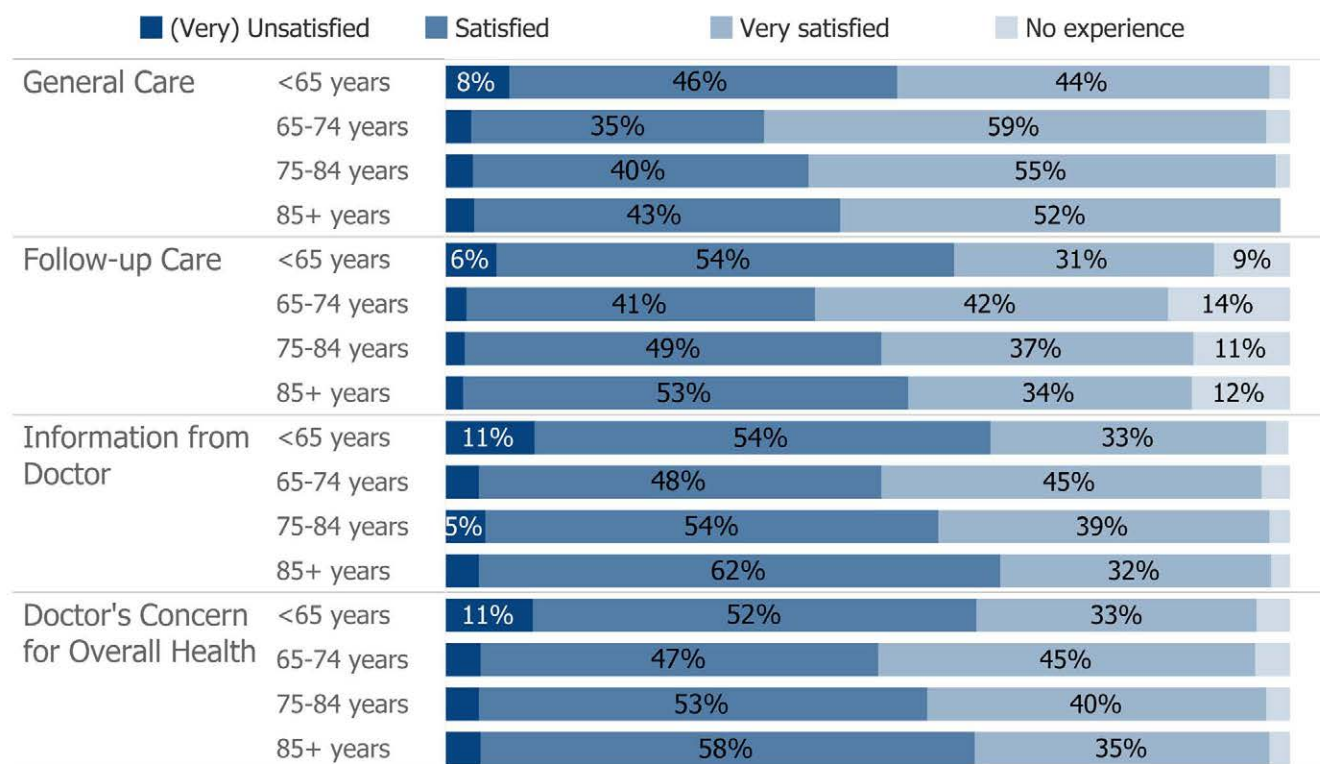
Exhibit 3.6.  
**Indicators of Satisfaction with Care Among Medicare Beneficiaries  
Residing Only in the Community, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied."

Exhibit 3.7.  
**Satisfaction with Quality of Care Among Medicare Beneficiaries  
Residing Only in the Community by Age, 2016**

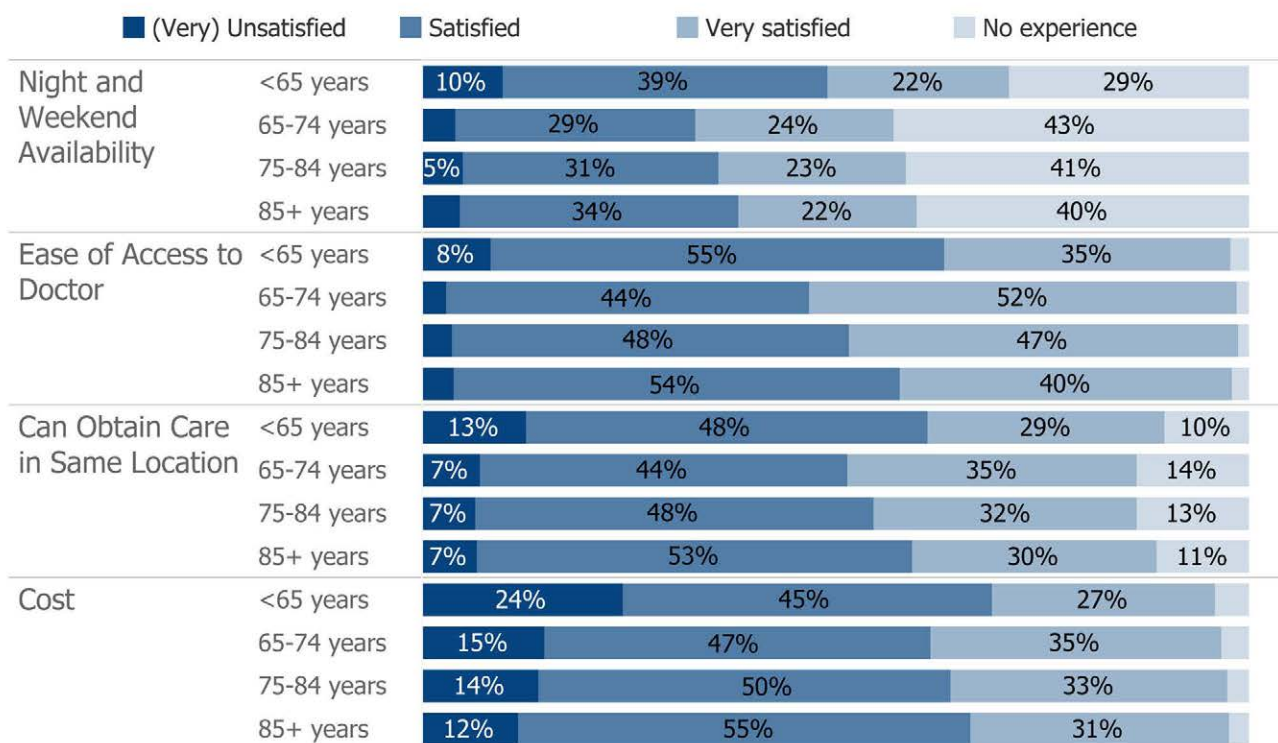


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied."

Exhibit 3.8.

### Satisfaction with Access to and Cost of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2016

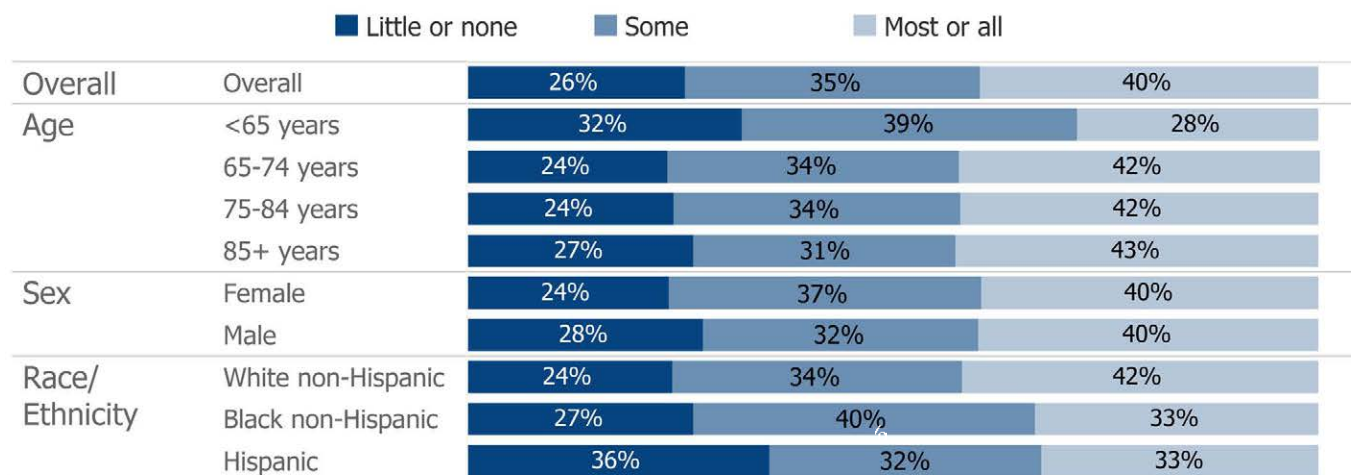


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied."



Exhibit 3.9.  
**Perceived Knowledge of the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates are not presented for the "other race/ethnicity" category.

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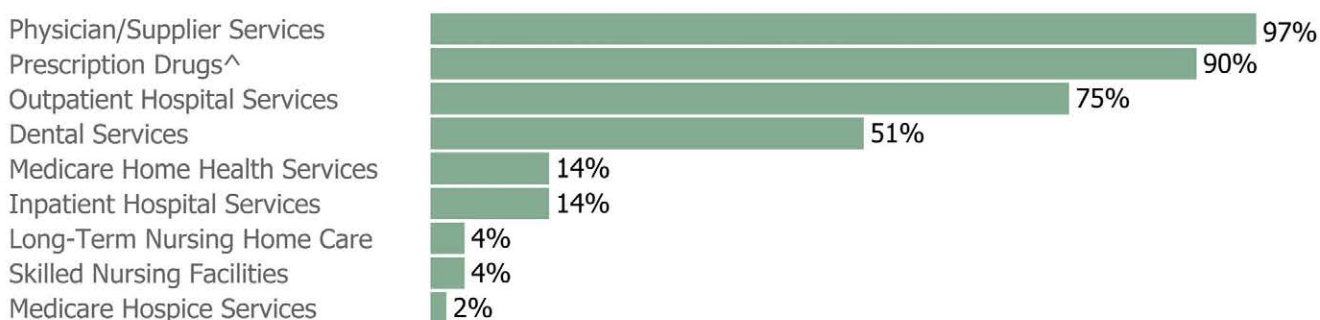
# **WHAT HEALTH CARE SERVICES DO MEDICARE BENEFICIARIES RECEIVE?**

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## 4. WHAT HEALTH CARE SERVICES DO MEDICARE BENEFICIARIES RECEIVE?

The charts in Section 4 present information about service utilization by Medicare beneficiaries. This section presents information about user rates of inpatient hospital, outpatient hospital, physician/supplier, dental, Medicare hospice, Medicare home health, skilled nursing facility, and long-term nursing home care services, as well as use of prescription drugs.

Exhibit 4.1.  
**User Rates of Health Care Services Among All Medicare Beneficiaries, 2016**

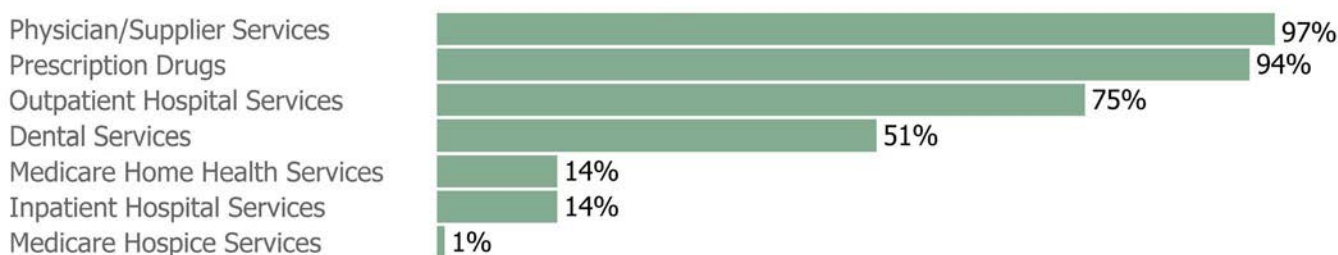


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary.

^This estimate does not capture prescription drug events for Facility beneficiaries. Those events are bundled with Facility stays. As a result, the numerator captures prescription drug events only for those who completed at least one Community interview in the year, but the denominator includes all beneficiaries.

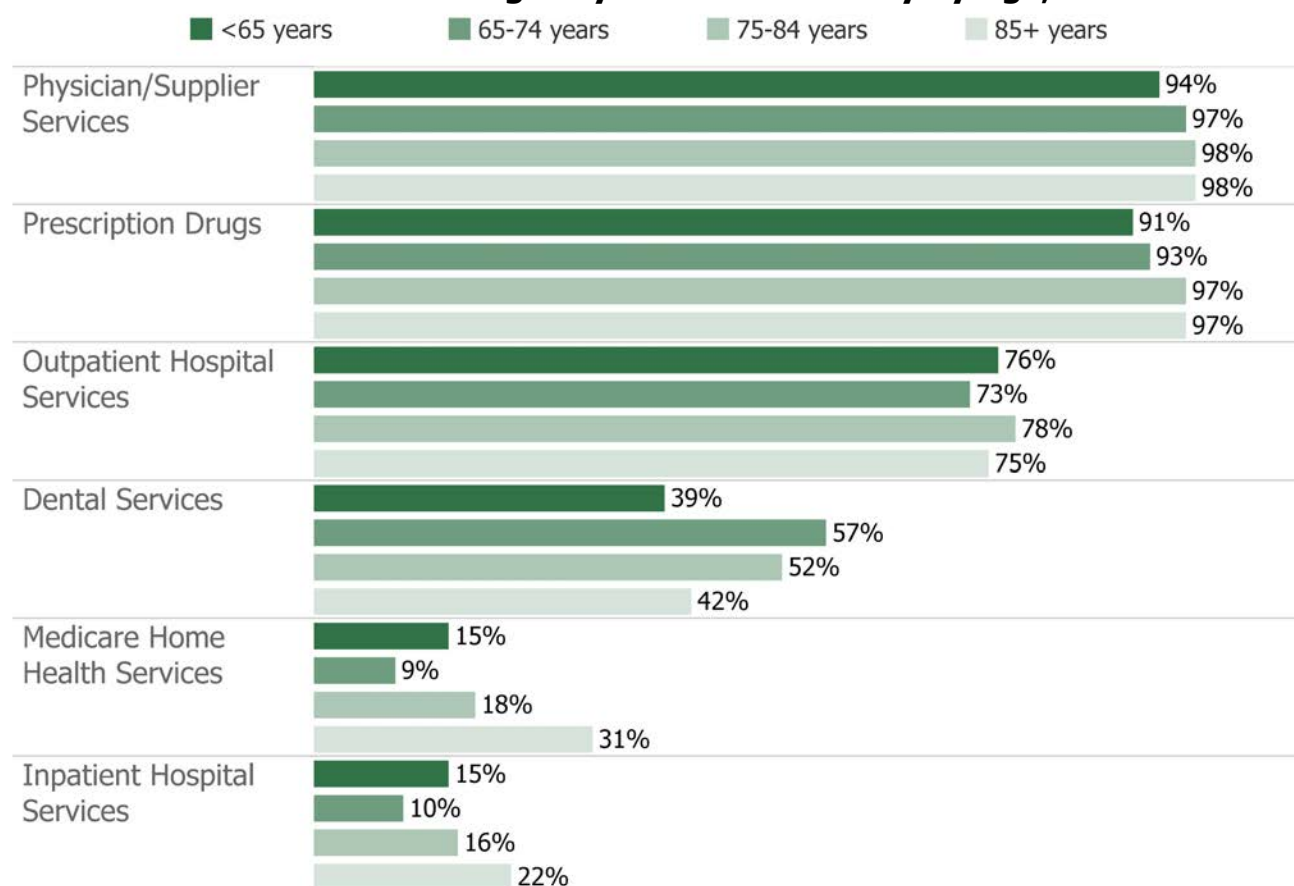
Exhibit 4.2.  
**User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

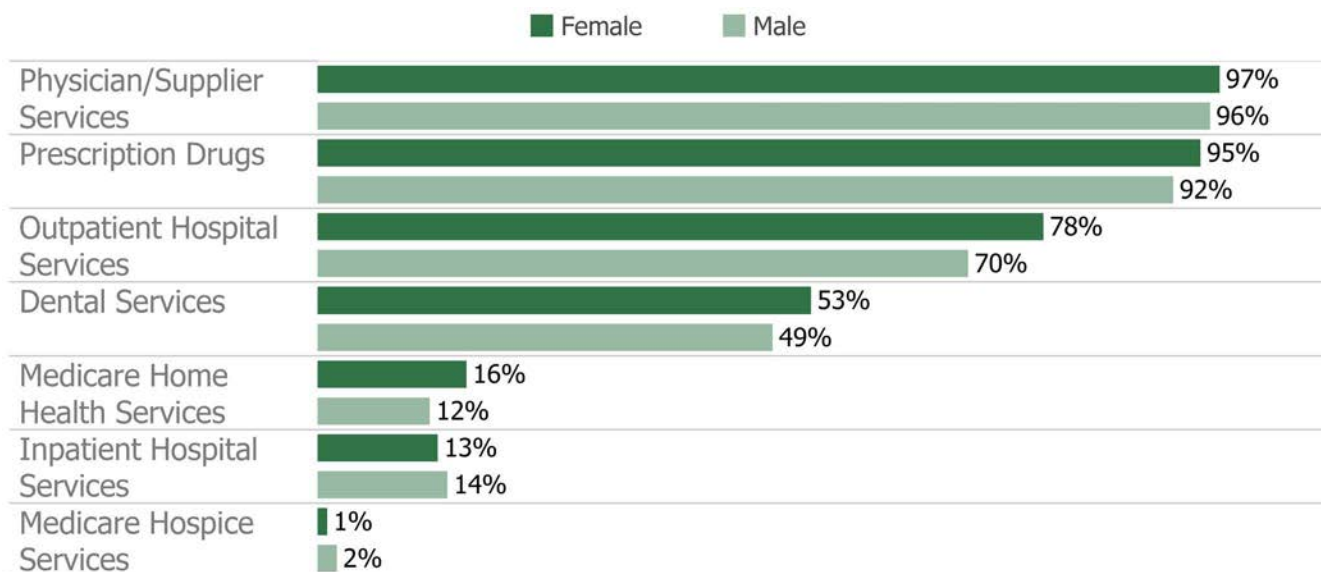
Exhibit 4.3.  
**User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Age, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

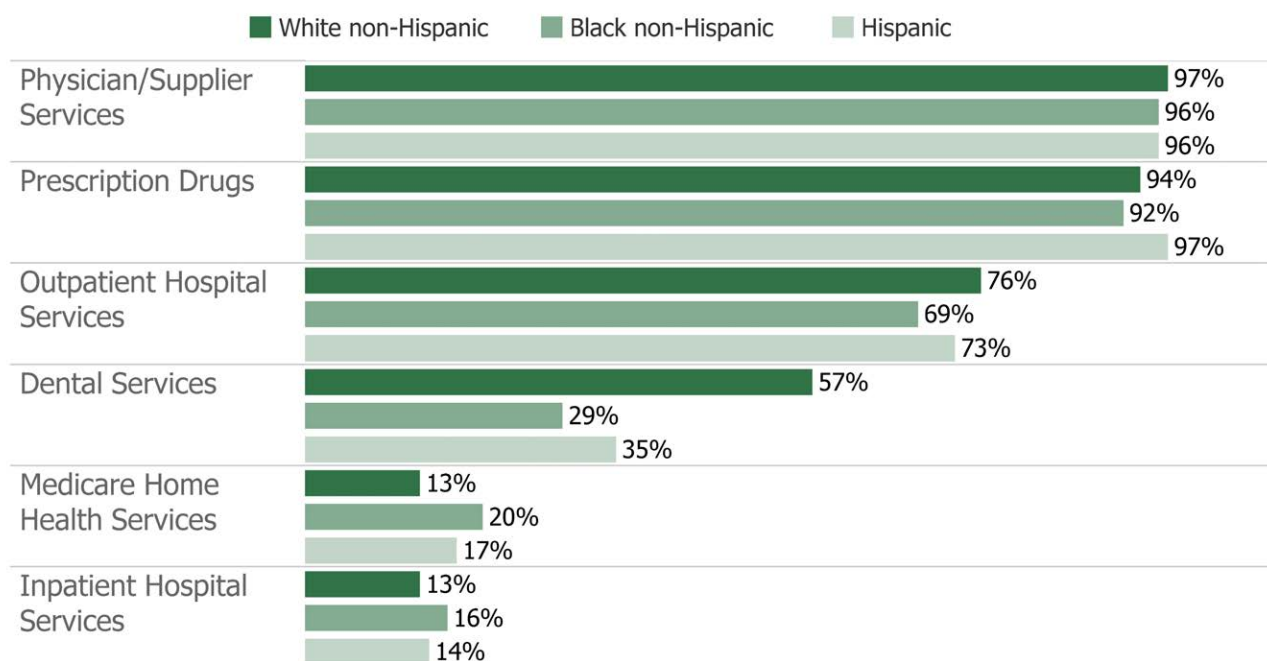
Exhibit 4.4.  
**User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Sex, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

Exhibit 4.5.  
**User Rates of Selected Health Care Services Among Medicare  
 Beneficiaries Residing Only in the Community by Race/Ethnicity,  
 2016**

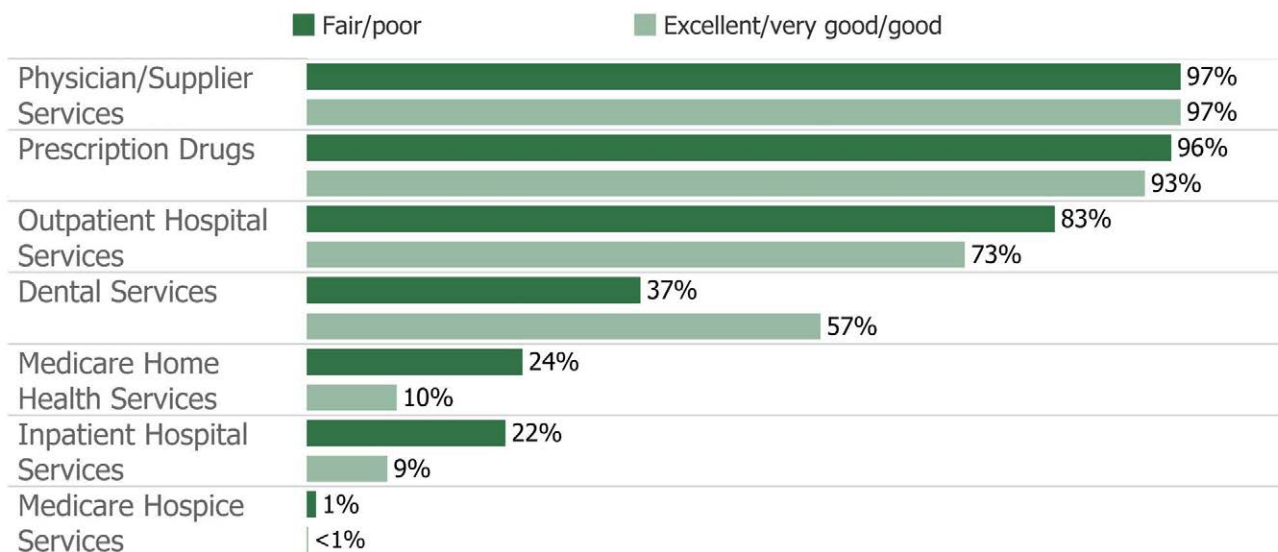


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates are not presented for the "other race/ethnicity" category. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

Exhibit 4.6.

**User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Self-Reported Health Status, 2016**

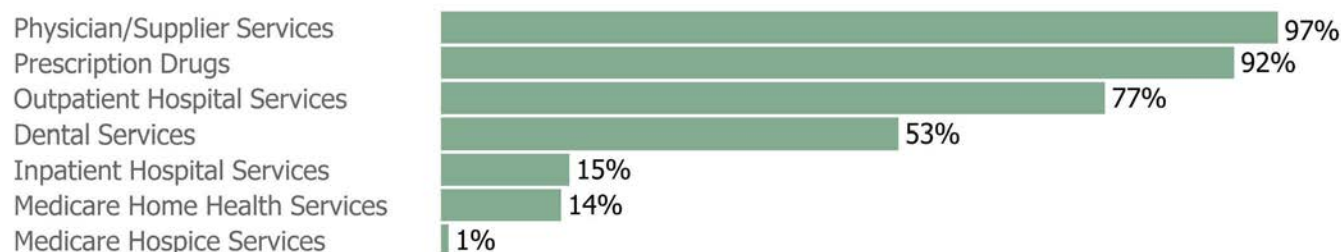


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

Exhibit 4.7.

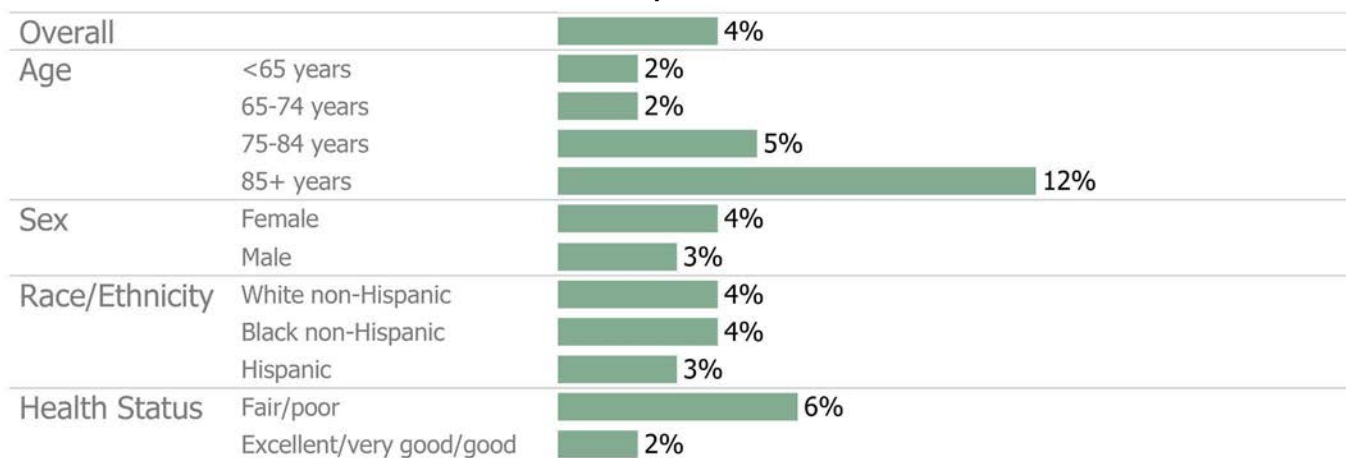
**User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews and had Medicare Fee-for-Service coverage.

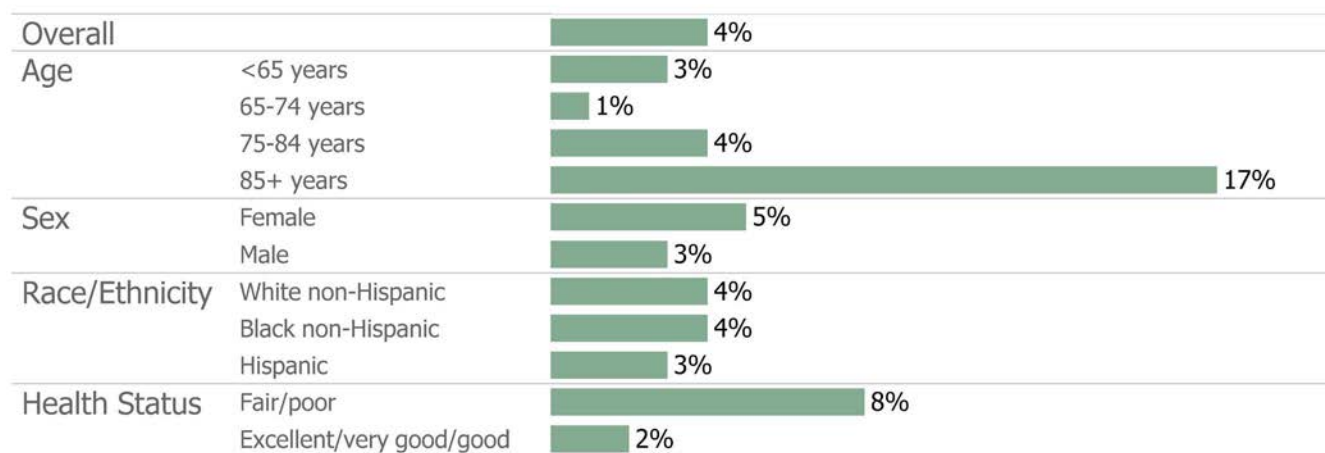
**Exhibit 4.8.**  
**User Rates of Skilled Nursing Facilities Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

**Exhibit 4.9.**  
**User Rates of Long-Term Nursing Home Care Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.



Exhibit 4.10.

**User Rates of Skilled Nursing Facilities and Long-Term Nursing Home Care Among Medicare Beneficiaries with Fee-for-Service Coverage, 2016**

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who had Medicare Fee-for-Service coverage.

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# **HOW MUCH DO HEALTH CARE SERVICES FOR THE MEDICARE POPULATION COST?**

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## 5. HOW MUCH DO HEALTH CARE SERVICES FOR THE MEDICARE POPULATION COST?

The charts in Section 5 present information about expenditures on services for Medicare beneficiaries. This section presents information about overall spending, source of payment, spending per capita, and out-of-pocket spending per capita for inpatient hospital, outpatient hospital, physician/supplier, dental, Medicare hospice, Medicare home health, skilled nursing facility, and long-term nursing home care services, as well as spending on prescription drugs.

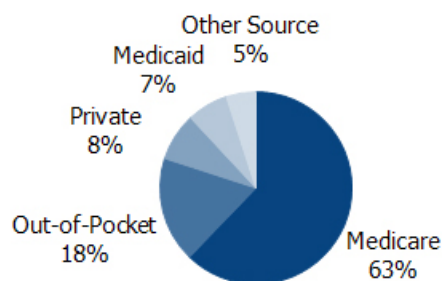
Exhibit 5.1.

### Total Expenditures Among All Medicare Beneficiaries Overall, by Source of Payment, and for Selected Service Types, 2016

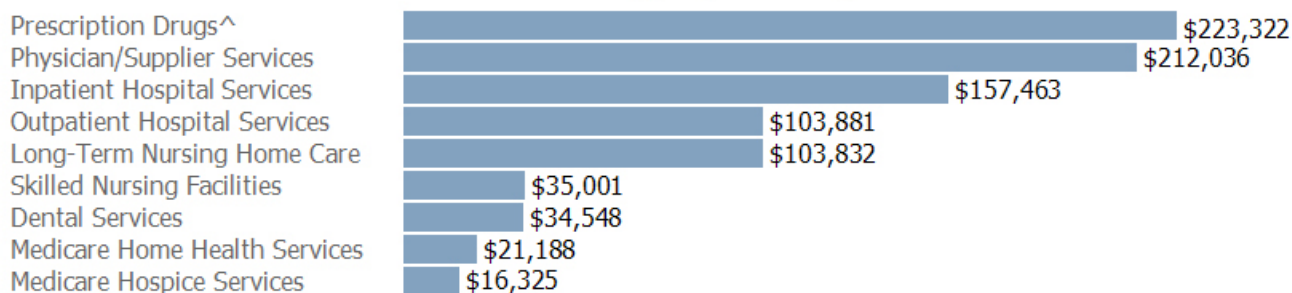
#### Total Expenditures (Millions)

**\$907,595**

#### Source of Payment



#### Service Type (Millions)



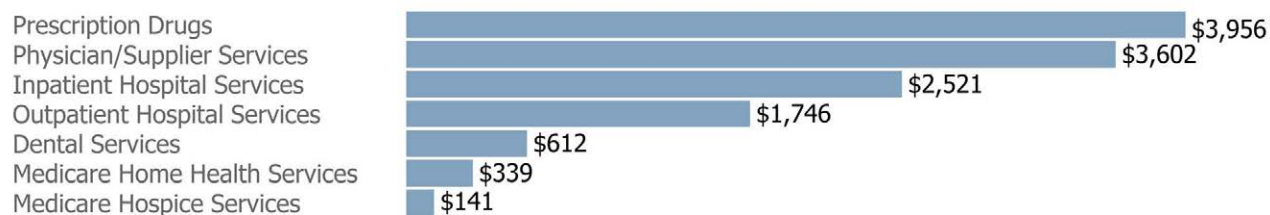
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary.

<sup>^</sup>This estimate does not capture prescription drug events for Facility beneficiaries. Those events are bundled with Facility stays. As a result, the numerator captures prescription drug events only for those who completed at least one Community interview in the year, but the denominator includes all beneficiaries.

Exhibit 5.2.

### Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, 2016



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

Exhibit 5.3.

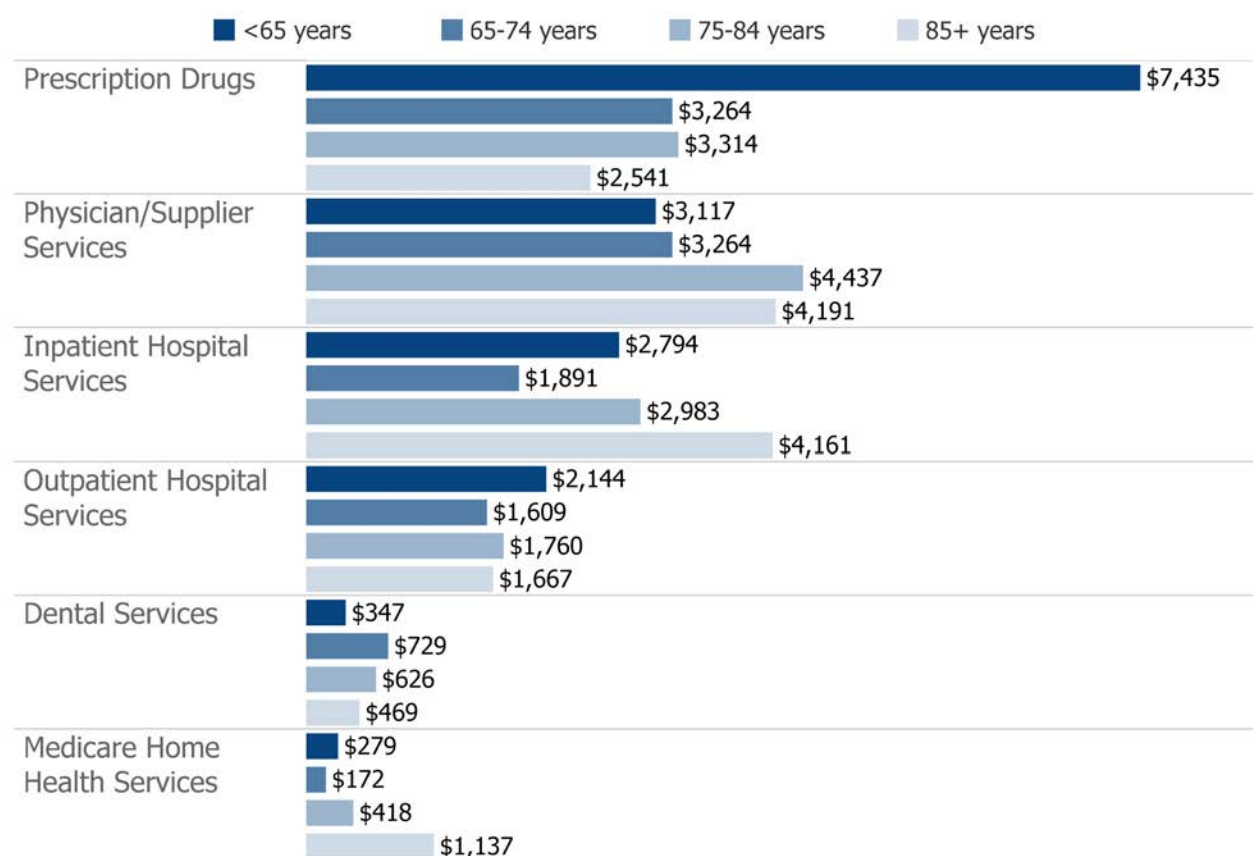
### Total Out-of-Pocket Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, 2016



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Inpatient Hospital Services, Medicare Home Health Services, and Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

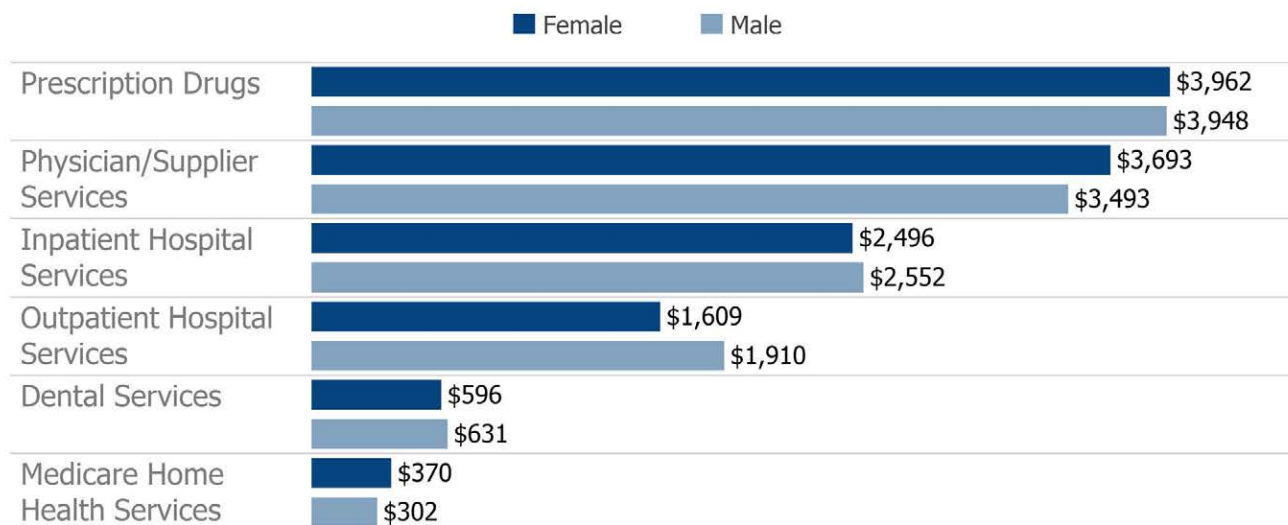
Exhibit 5.4.  
**Total Expenditures per Capita for Selected Service Types Among  
 Medicare Beneficiaries Residing Only in the Community by Age,  
 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

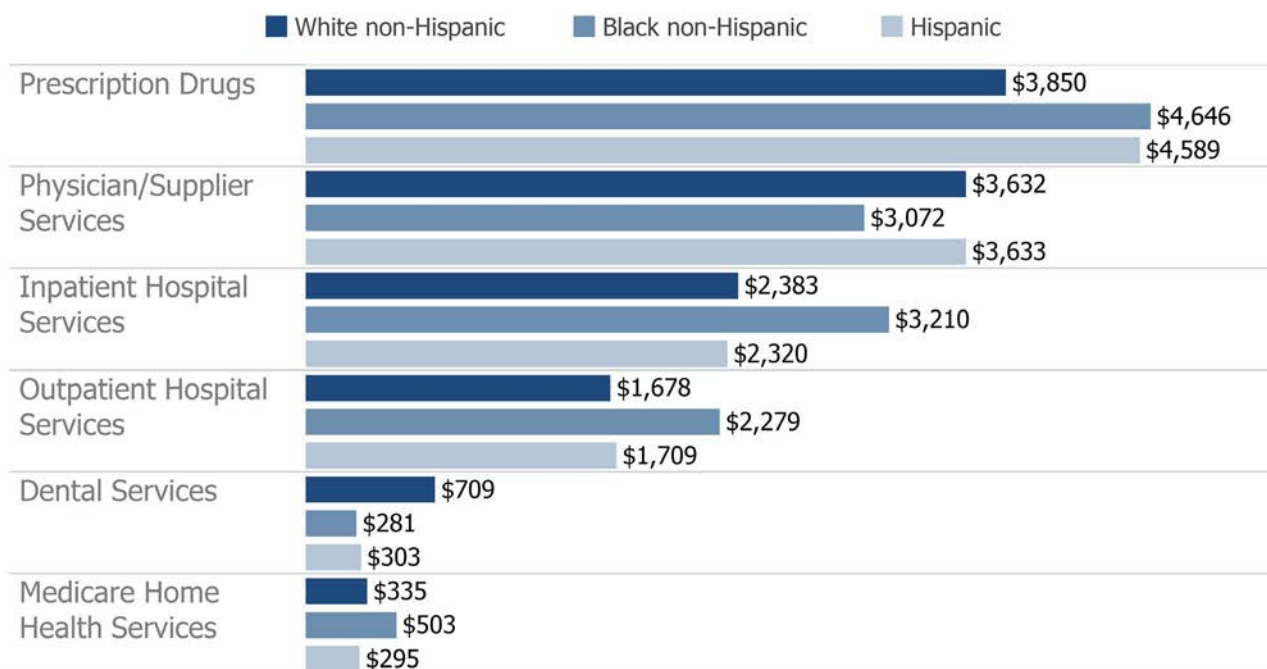
Exhibit 5.5.  
**Total Expenditures per Capita for Selected Service Types Among  
 Medicare Beneficiaries Residing Only in the Community by Sex,  
 2016**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

Exhibit 5.6.  
**Total Expenditures per Capita for Selected Service Types Among  
 Medicare Beneficiaries Residing Only in the Community by  
 Race/Ethnicity, 2016**

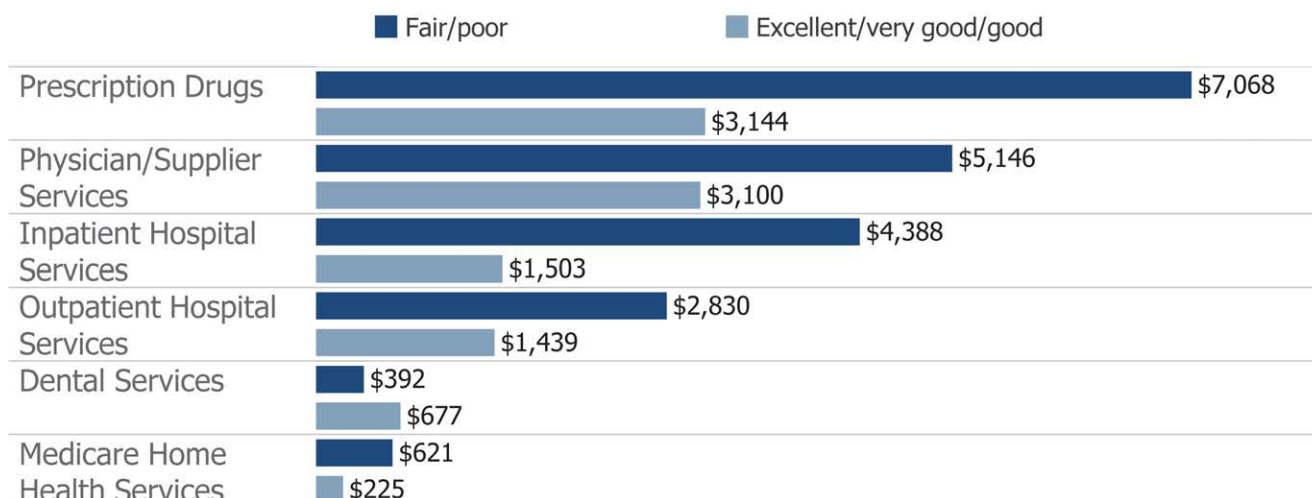


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates are not presented for the "other race/ethnicity" category. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

Exhibit 5.7.

### Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Self-Reported Health Status, 2016

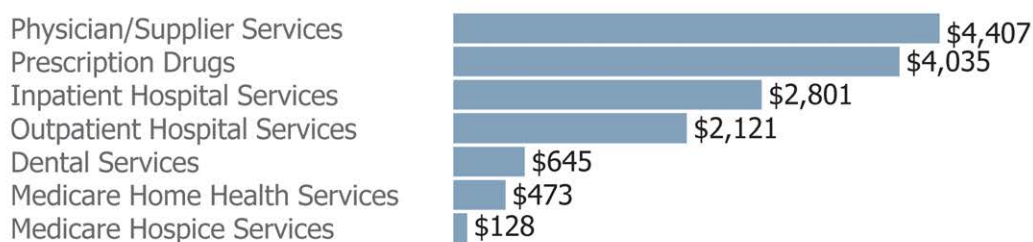


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

Exhibit 5.8.

### Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, 2016



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year and had Medicare Fee-for-Service coverage.



Exhibit 5.9.  
**Skilled Nursing Facility Expenditures per User Overall and by Sex  
 and Health Status, 2016**

Overall		\$16,169
Sex	Female	\$18,084
	Male	\$12,780
Health Status	Fair/poor	\$21,025
	Excellent/very good/good	\$13,849

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented only for beneficiaries who used a given service at least once in the previous year. Estimates for age and race/ethnicity are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

Exhibit 5.10.  
**Long-Term Nursing Home Care Expenditures per User Overall and  
 by Age, Sex, and Health Status, 2016**

Overall		\$45,191
Age	<65 years	\$36,622
	65-74 years	\$48,649
	75-84 years	\$48,449
	85+ years	\$44,786
Sex	Female	\$45,909
	Male	\$43,702
Health Status	Fair/poor	\$54,205
	Excellent/very good/good	\$46,725

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented only for beneficiaries who used a given service at least once in the previous year. Estimates for race/ethnicity are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

Exhibit 5.11.

### Total Out-of-Pocket Expenditures per User for Skilled Nursing Facilities and Long-Term Nursing Home Care, 2016



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented only for beneficiaries who used a given service at least once in the previous year.

Exhibit 5.12.

### Total Expenditures per User for Skilled Nursing Facilities and Long-Term Nursing Home Care Among Medicare Beneficiaries with Fee-For-Service Coverage, 2016



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented only for beneficiaries who used a given service at least once in the previous year and had Medicare Fee-for-Service coverage.

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## DETAILED TABLES

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## DETAILED TABLES

**Table 1.1.** Demographic and Socioeconomic Characteristics of All Medicare Beneficiaries, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)
<b>Age</b>	<45 years	3.3 (0.0)
	45-64 years	14.5 (0.2)
	65-74 years	47.8 (0.3)
	75-84 years	23.7 (0.1)
	85+ years	10.7 (0.1)
<b>Race/Ethnicity</b>	White non-Hispanic	75.4 (0.8)
	Black non-Hispanic	9.8 (0.3)
	Hispanic	8.5 (0.6)
<b>Sex</b>	Female	54.7 (0.4)
	Male	45.3 (0.4)
<b>Metro Area Resident</b>	Metro area	79.7 (0.4)
	Non-metro area	20.3 (0.4)
<b>Education</b>	Did not graduate high school	17.2 (0.6)
	High school graduate	27.1 (0.6)
	Some college/vocational school	29.9 (0.7)
	Bachelor's degree and beyond	25.9 (0.8)
<b>Poverty Status</b>	0 - 100% FPL	16.6 (0.4)
	101 - 125% FPL	7.7 (0.3)
	126 - 150% FPL	6.9 (0.3)
	151 - 200% FPL	11.6 (0.4)
	201% FPL and above	57.2 (0.6)
<b>Residence Status</b>	Residing only in the community	96.4 (0.1)
	Residing only in facilities	3.1 (0.1)
	Both community and facility	0.4 (0.1)
<b>Veteran</b>	Yes	19.2 (0.4)
	No	80.8 (0.4)
<b>Limited English Proficiency<sup>^</sup></b>	Yes	15.2 (0.5)
	No	84.8 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are not presented for the "other race/ethnicity" category. FPL stands for Federal Poverty Level. ^ Information on Limited English Proficiency is not collected during the Facility interview. As a result the numerator for the Limited English Proficiency estimate captures only those who completed at least one Community interview in the year, but the denominator includes all beneficiaries.

**Table 1.2.** Insurance Coverage of All Medicare Beneficiaries, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)
<b>Type of Medicare Coverage</b>	Traditional FFS Medicare	64.2 (0.8)
	Medicare Advantage	35.8 (0.8)
<b>Part D Coverage</b>	FFS only	23.4 (0.6)
	FFS with Part D	40.9 (0.7)
	MA only	1.1 (0.2)
	MA with Part D	34.7 (0.8)
<b>Dual Eligible Status</b>	Full-benefit dual eligible	13.8 (0.5)
	Partial-benefit dual eligible	5.9 (0.3)
	Non dual eligible	80.3 (0.5)
<b>Any Supplemental Private Insurance</b>	Yes	51.1 (0.6)
	No	48.9 (0.6)
<b>Any Employer-Sponsored Insurance<sup>^</sup></b>	Yes	28.8 (0.6)
	No	71.2 (0.6)
<b>ESI with General Insurance</b>	Yes	86.5 (0.7)
	No	13.5 (0.7)
<b>Any Self-Pay Insurance<sup>^</sup></b>	Yes	33.7 (0.6)
	No	66.3 (0.6)
<b>Self-Pay with General Insurance</b>	Yes	86.5 (0.7)
	No	13.5 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. FFS stands for Fee-for-Service. MA stands for Medicare Advantage. Supplemental private insurance includes beneficiaries who have employer-sponsored insurance, self-pay insurance, or both types of insurance. ESI stands for Employer-Sponsored Insurance. General insurance refers to comprehensive major medical coverage. <sup>^</sup> Information on ESI and self-pay insurance is not collected during the Facility interview. As a result, the numerators for the any ESI and any Self-Pay Insurance estimates capture only those who completed at least one Community interview in the year, but the denominator includes all beneficiaries. Denominator for estimate of ESI with general insurance is among beneficiaries with any ESI. Denominator for estimate of self-pay with general insurance is among beneficiaries with any self-pay insurance.

**Table 1.3a.** Type of Medicare Coverage of All Medicare Beneficiaries by Age, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)	
		Traditional FFS Medicare	Medicare Advantage
<b>Overall</b>	--	64.2 (0.8)	35.8 (0.8)
<b>Age</b>	<65 years	68.2 (1.6)	31.8 (1.6)
	65-74 years	63.8 (1.0)	36.2 (1.0)
	75-84 years	61.0 (1.1)	39.0 (1.1)
	85+ years	66.7 (1.3)	33.3 (1.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. FFS stands for Fee-for-Service.

**Table 1.3b.** Dual Eligible Status of All Medicare Beneficiaries by Age, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)	
		Yes	No
Age	<65 years	47.1 (1.5)	52.9 (1.5)
	65-74 years	12.0 (0.7)	88.0 (0.7)
	75-84 years	14.6 (0.7)	85.4 (0.7)
	85+ years	19.8 (0.9)	80.2 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. "Yes" includes beneficiaries with both full-benefit and partial-benefit Medicaid coverage.

**Table 1.4.** Residence Status of All Medicare Beneficiaries Overall and by Age, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Residing only in the community	Residing only in facilities	Both community and facility
Overall	--	96.4 (0.1)	3.1 (0.1)	0.4 (0.1)
Age	<65 years	17.9 (0.3)	13.3 (1.4)	*
	65-74 years	49.1 (0.3)	16.0 (1.6)	*
	75-84 years	23.7 (0.1)	22.9 (1.4)	33.7 (5.3)
	85+ years	9.3 (0.1)	47.8 (2.1)	45.9 (5.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates for the category "Both community and facility" are not presented due to suppression and are represented by an asterisk (\*) in the table. For more information about suppression guidelines, see the Technical Appendix.

**Table 1.5.** Residence Status of All Medicare Beneficiaries Overall and by Sex, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Residing only in the community	Residing only in facilities	Both community and facility
Overall	--	96.4 (0.1)	3.1 (0.1)	0.4 (0.1)
Sex	Female	54.1 (0.5)	69.5 (1.8)	65.6 (5.8)
	Male	45.9 (0.5)	30.5 (1.8)	34.4 (5.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary.

**Table 1.6.** Demographic and Socioeconomic Characteristics of All Dual Eligible Medicare Beneficiaries, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)
<b>Age</b>	<65 years	42.4 (1.1)
	65-74 years	29.2 (1.1)
	75-84 years	17.6 (0.6)
	85+ years	10.7 (0.4)
<b>Race/Ethnicity</b>	White non-Hispanic	53.3 (1.8)
	Black non-Hispanic	18.8 (1.1)
	Hispanic	18.2 (1.5)
<b>Sex</b>	Female	61.8 (0.9)
	Male	38.2 (0.9)
<b>Education</b>	Did not graduate high school	38.4 (1.4)
	High school graduate	31.6 (1.1)
	Some college/vocational school	23.9 (1.0)
	Bachelor's degree or beyond	6.0 (0.5)
<b>Veteran</b>	Yes	6.4 (0.5)
	No	93.6 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries with both full-benefit and partial-benefit Medicaid coverage. Estimates are not presented for the "other race/ethnicity" category.

**Table 1.7.** Demographic and Socioeconomic Characteristics of Medicare Beneficiaries Residing Only in Facilities, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)
<b>Age</b>	<65 years	13.3 (1.4)
	65-74 years	16.0 (1.6)
	75-84 years	22.9 (1.4)
	85+ years	47.8 (2.1)
<b>Race/Ethnicity</b>	White non-Hispanic	82.4 (1.6)
	Black non-Hispanic	10.0 (1.3)
	Hispanic	5.4 (0.8)
<b>Sex</b>	Female	69.5 (1.8)
	Male	30.5 (1.8)
<b>Education</b>	Did not graduate high school	30.5 (2.5)
	High school graduate	36.6 (2.7)
	Some college/vocational school	25.8 (2.2)
	Bachelor's degree and beyond	7.1 (1.2)
<b>Poverty Status</b>	0 - 100% FPL	36.5 (1.9)
	101 - 125% FPL	14.6 (1.3)
	126 - 150% FPL	10.5 (1.2)
	151 - 200% FPL	10.9 (1.0)
	201% FPL and above	27.5 (1.4)
<b>Veteran</b>	Yes	9.9 (1.0)
	No	90.1 (1.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries for whom only Facility interviews were completed during the year. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FPL stands for Federal Poverty Level.



**Table 2.1.** Quality of Life Metrics Among All Medicare Beneficiaries, 2016

Measure	Measure Category	Estimate - % (St. Error)
<b>Self-Reported Health Status</b>	Poor	7.0 (0.3)
	Fair	17.6 (0.5)
	Good	30.0 (0.5)
	Very good	28.7 (0.5)
	Excellent	16.7 (0.5)
<b>Disability Status</b>	LTC facility	3.3 (0.1)
	Two or more disabilities	27.3 (0.5)
	One disability	20.8 (0.4)
	No disability	48.5 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available. LTC stands for Long-Term Care. "LTC facility" includes beneficiaries who only completed Facility interviews during the year.

**Table 2.2.** Self-Reported Health Status Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)				
		Poor	Fair	Good	Very good	Excellent
<b>Overall</b>	--	7.0 (0.3)	17.6 (0.5)	30.0 (0.5)	28.7 (0.5)	16.7 (0.5)
<b>Age</b>	<65 years	18.8 (1.0)	32.4 (1.3)	29.8 (1.3)	12.5 (0.9)	6.5 (0.7)
	65-74 years	3.9 (0.3)	13.3 (0.6)	28.7 (0.8)	33.6 (0.9)	20.5 (0.8)
	75-84 years	5.0 (0.4)	14.5 (0.6)	32.1 (0.9)	31.1 (0.7)	17.3 (0.6)
	85+ years	5.1 (0.4)	19.1 (0.9)	31.7 (1.0)	28.8 (1.0)	15.2 (0.9)
<b>Sex</b>	Female	7.5 (0.4)	18.3 (0.5)	29.2 (0.8)	28.3 (0.7)	16.8 (0.6)
	Male	6.5 (0.4)	16.8 (0.6)	30.9 (0.8)	29.2 (0.8)	16.6 (0.7)
<b>Race/ Ethnicity</b>	White non-Hispanic	6.5 (0.3)	15.2 (0.5)	28.7 (0.6)	31.6 (0.6)	18.1 (0.6)
	Black non-Hispanic	8.2 (1.0)	25.1 (1.7)	36.3 (1.4)	19.7 (1.7)	10.7 (1.3)
	Hispanic	9.8 (1.1)	30.4 (1.9)	31.4 (1.6)	16.7 (1.3)	11.7 (1.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

**Table 2.3.** Disability Status Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)			
		LTC facility	Two or more disabilities	One disability	No disability
<b>Overall</b>	--	3.3 (0.1)	27.3 (0.5)	20.8 (0.4)	48.5 (0.6)
<b>Age</b>	<65 years	2.7 (0.3)	49.7 (1.4)	22.1 (1.2)	25.5 (1.3)
	65-74 years	1.0 (0.1)	15.8 (0.6)	19.5 (0.6)	63.7 (0.9)
	75-84 years	3.6 (0.2)	27.3 (0.7)	23.4 (0.7)	45.7 (0.9)
	85+ years	15.3 (0.8)	42.9 (1.3)	19.1 (0.9)	22.7 (1.0)
<b>Sex</b>	Female	4.2 (0.2)	28.6 (0.6)	19.7 (0.6)	47.5 (0.7)
	Male	2.3 (0.2)	25.8 (0.7)	22.2 (0.6)	49.6 (0.8)
<b>Race/ Ethnicity</b>	White non-Hispanic	3.7 (0.2)	24.9 (0.6)	20.7 (0.5)	50.7 (0.7)
	Black non-Hispanic	3.0 (0.4)	33.9 (1.8)	22.1 (1.4)	41.0 (1.8)
	Hispanic	2.1 (0.3)	36.8 (1.8)	22.5 (1.5)	38.6 (2.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. LTC stands for Long-Term Care. "LTC facility" includes beneficiaries who only completed Facility interviews during the year.

**Table 2.4.** Self-Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2016

Condition	Estimate - % (St. Error)
Vision Problem	95.0 (0.2)
Hypertension	63.8 (0.6)
High Cholesterol	61.9 (0.6)
Hearing Trouble	48.3 (0.6)
Arthritis	45.8 (0.6)
Heart Disease	36.0 (0.5)
Diabetes	32.5 (0.6)
Urinary Incontinence	30.3 (0.5)
Mental Condition	30.2 (0.5)
Depression	27.3 (0.5)
Cognitive Impairment	21.6 (0.5)
Pulmonary Disease	20.4 (0.4)
Skin Cancer	19.0 (0.4)
Osteoporosis/Broken Hip	18.3 (0.3)
Cancer, Other than Skin	17.3 (0.4)
Stroke	9.7 (0.3)
Alzheimer's Disease	5.3 (0.2)
Parkinson's Disease	1.5 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available.

**Table 2.5.** Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Age, 2016

Measure	Estimate - % (St. Error)		
	Overall	<65 years	65+ years
<b>Diabetes</b>	32.5 (0.6)	35.5 (1.2)	31.8 (0.6)
<b>Heart Disease</b>	36.0 (0.5)	32.1 (1.4)	36.8 (0.5)
<b>Hypertension</b>	63.8 (0.6)	57.7 (1.4)	65.1 (0.6)
<b>Arthritis</b>	45.8 (0.6)	46.9 (1.4)	45.5 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available.

**Table 2.6.** Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Race/Ethnicity, 2016

Measure	Estimate - % (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
<b>Diabetes</b>	32.5 (0.6)	29.3 (0.6)	42.8 (1.7)	44.8 (1.5)
<b>Heart Disease</b>	36.0 (0.5)	37.0 (0.7)	32.7 (1.8)	33.5 (1.6)
<b>Hypertension</b>	63.8 (0.6)	61.8 (0.6)	77.9 (1.5)	67.1 (1.3)
<b>Arthritis</b>	45.8 (0.6)	45.7 (0.8)	46.5 (1.4)	45.7 (1.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

**Table 2.7.** Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Sex, 2016

Measure	Estimate - % (St. Error)		
	Overall	Female	Male
<b>Diabetes</b>	32.5 (0.6)	30.3 (0.7)	35.2 (0.8)
<b>Heart Disease</b>	36.0 (0.5)	32.2 (0.6)	40.5 (0.8)
<b>Hypertension</b>	63.8 (0.6)	63.8 (0.8)	63.8 (0.8)
<b>Arthritis</b>	45.8 (0.6)	53.7 (0.7)	36.1 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available.

**Table 2.8.** Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Residence Status, 2016

Measure	Overall	Estimate - % (St. Error)		
		Residing only in the community	Residing only in facilities	Both community and facility
<b>Diabetes</b>	32.5 (0.6)	32.8 (0.6)	26.4 (1.5)	15.1 (3.9)
<b>Heart Disease</b>	36.0 (0.5)	36.0 (0.5)	33.0 (1.8)	35.7 (5.7)
<b>Hypertension</b>	63.8 (0.6)	63.9 (0.6)	60.5 (2.0)	71.1 (5.9)
<b>Arthritis</b>	45.8 (0.6)	46.9 (0.6)	13.6 (1.4)	13.9 (4.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available.

**Table 2.9.** Self-Reported Smoking Status Among All Medicare Beneficiaries Overall and by Sex, Race/Ethnicity, and Poverty Status, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Current smoker	Ever smoked	Never smoked
<b>Overall</b>	--	13.6 (0.4)	39.2 (0.5)	47.2 (0.6)
<b>Sex</b>	Female	11.1 (0.5)	31.6 (0.7)	57.3 (0.9)
	Male	16.7 (0.6)	48.4 (0.8)	35.0 (0.7)
<b>Race/ Ethnicity</b>	White non-Hispanic	13.2 (0.5)	41.7 (0.6)	45.1 (0.7)
	Black non-Hispanic	19.0 (1.2)	30.0 (1.9)	51.0 (1.8)
	Hispanic	9.2 (0.8)	33.1 (1.7)	57.7 (1.7)
<b>Poverty Status</b>	0 - 100% FPL	22.9 (1.1)	26.2 (0.9)	51.0 (1.3)
	101 - 125% FPL	20.1 (1.5)	32.1 (1.7)	47.8 (2.1)
	126 - 150% FPL	17.5 (1.8)	38.3 (1.9)	44.2 (2.1)
	151 - 200% FPL	12.1 (1.1)	41.4 (1.7)	46.5 (1.6)
	201% FPL and above	10.0 (0.5)	43.5 (0.6)	46.5 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FPL stands for Federal Poverty Level.

**Table 2.10.** Self-Reported Alcohol Use Among Medicare Beneficiaries Residing in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Heavy drinker	Moderate drinker	Nondrinker
<b>Overall</b>	--	14.8 (0.5)	40.1 (0.7)	45.1 (0.8)
<b>Sex</b>	Female	16.4 (0.7)	33.7 (0.9)	49.9 (1.0)
	Male	12.9 (0.6)	47.7 (0.8)	39.4 (0.8)
<b>Race/ Ethnicity</b>	White non-Hispanic	14.9 (0.6)	44.8 (0.8)	40.3 (0.9)
	Black non-Hispanic	14.2 (1.1)	22.5 (1.7)	63.3 (1.7)
	Hispanic	16.1 (1.4)	26.3 (1.9)	57.5 (2.0)
<b>Poverty Status</b>	0 - 100% FPL	13.5 (1.0)	20.9 (1.2)	65.7 (1.4)
	101 - 125% FPL	13.2 (1.3)	25.7 (1.7)	61.1 (2.1)
	126 - 150% FPL	14.7 (1.9)	27.5 (2.1)	57.7 (2.0)
	151 - 200% FPL	16.0 (1.4)	32.5 (1.5)	51.5 (1.8)
	201% FPL and above	15.1 (0.6)	50.1 (0.8)	34.9 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FPL stands for Federal Poverty Level.

**Table 2.11.** Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community, 2016

Measure	Estimate - % (St. Error)	
	Yes	No
<b>Flu Shot</b>	67.6 (0.6)	32.4 (0.6)
<b>Pneumonia Shot</b>	76.8 (0.5)	23.2 (0.5)
<b>Blood Pressure Screening</b>	96.2 (0.3)	3.8 (0.3)
<b>Shingles Vaccine<sup>^</sup></b>	44.1 (0.9)	55.9 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year. The shingles vaccine measure is coded as "Yes" if it was ever done. <sup>^</sup> Receipt of shingles vaccine is collected only for beneficiaries 60 years of age and over.



**Table 2.12.** Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community Overall and by Age and Race/Ethnicity, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)			
		Flu Shot	Pneumonia Shot	Blood Pressure Screening	Shingles Vaccine^
<b>Overall</b>	--	67.6 (0.6)	76.8 (0.5)	96.2 (0.3)	44.1 (0.9)
<b>Age</b>	<65 Years	52.8 (1.6)	56.7 (1.5)	96.2 (0.5)	27.0 (2.7)
	65-74 Years	67.2 (0.9)	77.5 (0.8)	95.3 (0.4)	46.8 (1.1)
	75-84 Years	75.8 (0.7)	85.7 (0.6)	97.3 (0.3)	45.0 (1.2)
	85+ Years	78.9 (0.9)	86.9 (0.9)	98.1 (0.3)	39.7 (1.3)
<b>Race/Ethnicity</b>	White non-Hispanic	70.4 (0.7)	79.2 (0.6)	96.3 (0.3)	48.3 (1.0)
	Black non-Hispanic	53.2 (2.3)	64.0 (2.1)	96.6 (0.8)	25.4 (1.9)
	Hispanic	64.3 (2.0)	71.7 (2.1)	95.7 (0.8)	27.6 (2.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year. The shingles vaccine measure is coded as "Yes" if it was ever done. ^ Receipt of shingles vaccine is collected only for beneficiaries 60 years of age and over.

**Table 2.13.** Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community Overall and by Type of Medicare Coverage, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)			
		Flu Shot	Pneumonia Shot	Blood Pressure Screening	Shingles Vaccine^
<b>Overall</b>	--	67.6 (0.6)	76.8 (0.5)	96.2 (0.3)	44.1 (0.9)
<b>Type of Medicare Coverage</b>	Traditional FFS Medicare	67.1 (0.7)	76.0 (0.7)	95.7 (0.3)	45.0 (1.0)
	Medicare Advantage	68.7 (1.1)	78.1 (0.9)	97.1 (0.3)	42.8 (1.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. FFS stands for Fee-for-Service. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year. The shingles vaccine measure is coded as "Yes" if it was ever done. ^ Receipt of shingles vaccine is collected only for beneficiaries 60 years of age and over.

**Table 2.14.** Mobility Limitations Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Yes, with any disability	Yes, with no disability	No limitation
<b>Overall</b>	--	35.7 (0.6)	10.0 (0.3)	54.3 (0.6)
<b>Age</b>	<65 years	54.1 (1.5)	7.3 (0.9)	38.5 (1.4)
	65-74 years	22.2 (0.8)	10.1 (0.4)	67.8 (0.9)
	75-84 years	38.5 (0.8)	12.4 (0.5)	49.1 (0.8)
	85+ years	62.3 (1.2)	8.8 (0.6)	28.9 (1.1)
<b>Sex</b>	Female	39.8 (0.7)	11.2 (0.4)	49.0 (0.7)
	Male	30.7 (0.8)	8.5 (0.5)	60.7 (0.9)
<b>Race/Ethnicity</b>	White non-Hispanic	33.8 (0.7)	10.1 (0.4)	56.1 (0.7)
	Black non-Hispanic	44.9 (1.7)	12.0 (1.1)	43.1 (1.7)
	Hispanic	40.2 (1.8)	7.4 (1.2)	52.3 (1.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

**Table 2.15.** Upper Extremity Limitations Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Yes, with any disability	Yes, with no disability	No limitation
<b>Overall</b>	--	30.1 (0.5)	10.5 (0.3)	59.4 (0.5)
<b>Age</b>	<65 years	47.2 (1.4)	7.8 (0.8)	45.0 (1.2)
	65-74 years	19.2 (0.8)	11.9 (0.5)	68.9 (0.8)
	75-84 years	31.3 (0.8)	10.9 (0.5)	57.8 (0.9)
	85+ years	49.7 (1.1)	7.1 (0.5)	43.2 (1.0)
<b>Sex</b>	Female	32.8 (0.6)	10.6 (0.4)	56.6 (0.7)
	Male	26.8 (0.8)	10.3 (0.5)	62.9 (0.8)
<b>Race/Ethnicity</b>	White non-Hispanic	28.1 (0.6)	11.1 (0.4)	60.7 (0.6)
	Black non-Hispanic	37.8 (1.8)	10.3 (1.0)	51.9 (2.1)
	Hispanic	36.2 (2.0)	6.2 (0.8)	57.6 (2.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

**Table 2.16.** Mortality Rates Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)
<b>Overall</b>	--	3.3 (0.2)
<b>Age</b>	<65 years	1.4 (0.3)
	65-74 years	1.2 (0.2)
	75-84 years	4.6 (0.4)
	85+ years	12.6 (0.7)
<b>Sex</b>	Female	3.1 (0.2)
	Male	3.5 (0.3)
<b>Race/Ethnicity</b>	White non-Hispanic	3.4 (0.2)
	Black non-Hispanic	3.6 (0.7)
	Hispanic	2.6 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

**Table 2.17.** Number of Chronic Conditions Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Type of Medicare Coverage, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)			
		0-1	2-3	4-5	6 or more
<b>Overall</b>	--	20.5 (0.5)	41.1 (0.5)	27.3 (0.5)	11.1 (0.4)
<b>Age</b>	<65 Years	17.8 (1.1)	38.1 (1.4)	29.5 (1.3)	14.6 (1.0)
	65+ Years	21.2 (0.5)	41.8 (0.6)	26.8 (0.6)	10.3 (0.4)
<b>Sex</b>	Female	16.9 (0.6)	38.2 (0.7)	30.5 (0.7)	14.3 (0.6)
	Male	24.9 (0.8)	44.6 (0.8)	23.3 (0.7)	7.2 (0.4)
<b>Race/ Ethnicity</b>	White non-Hispanic	21.0 (0.6)	41.1 (0.6)	27.2 (0.6)	10.7 (0.4)
	Black non-Hispanic	17.4 (1.3)	42.6 (1.5)	28.6 (1.9)	11.4 (1.0)
	Hispanic	16.6 (1.6)	42.0 (1.7)	27.8 (1.4)	13.6 (1.1)
<b>Type of Medicare Coverage</b>	Traditional FFS Medicare	21.4 (0.6)	40.4 (0.7)	27.5 (0.7)	10.7 (0.5)
	Medicare Advantage	19.0 (0.7)	42.4 (0.7)	26.9 (0.8)	11.8 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FFS stands for Fee-for-Service.

**Table 2.18.** Self-Reported Physical Activity Among Medicare Beneficiaries Residing in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Sedentary	Active	Highly Active
<b>Overall</b>	--	43.6 (0.7)	12.8 (0.4)	43.6 (0.6)
<b>Sex</b>	Female	47.2 (0.8)	13.0 (0.5)	39.7 (0.7)
	Male	39.3 (0.8)	12.5 (0.5)	48.2 (0.9)
<b>Race/ Ethnicity</b>	White non-Hispanic	40.7 (0.8)	12.9 (0.4)	46.4 (0.8)
	Black non-Hispanic	55.7 (1.8)	11.6 (1.4)	32.8 (1.7)
	Hispanic	55.5 (1.7)	9.9 (1.1)	34.5 (1.7)
<b>Poverty Status</b>	0 - 100% FPL	61.2 (1.4)	9.8 (0.9)	28.9 (1.2)
	101 - 125% FPL	53.3 (2.2)	11.1 (1.1)	35.6 (2.1)
	126 - 150% FPL	54.5 (2.1)	12.2 (1.2)	33.3 (2.0)
	151 - 200% FPL	49.3 (1.5)	11.2 (1.1)	39.5 (1.6)
	201% FPL and above	35.3 (0.8)	14.2 (0.5)	50.5 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FPL stands for Federal Poverty Level.

**Table 2.19.** Proportion of Female Medicare Beneficiaries Residing in the Community Who Reported Having a Mammogram Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)
<b>Overall</b>	--	40.4 (0.8)
<b>Age</b>	<65 Years	39.0 (1.9)
	65-74 Years	46.8 (1.2)
	75-84 Years	38.8 (1.3)
	85+ Years	15.5 (1.1)
<b>Race/Ethnicity</b>	White non-Hispanic	40.9 (1.0)
	Black non-Hispanic	41.4 (2.4)
	Hispanic	40.3 (2.2)
<b>Type of Medicare Coverage</b>	Traditional FFS Medicare	39.6 (1.0)
	Medicare Advantage	41.8 (1.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FFS stands for Fee-for-Service. The mammogram measure is coded as "Yes" if it was done in the last year.

**Table 2.20.** Proportion of Female Medicare Beneficiaries Residing in the Community Who Reported Having a Hysterectomy Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)
<b>Overall</b>	--	43.2 (0.8)
<b>Age</b>	<65 Years	35.8 (2.5)
	65-74 Years	41.5 (1.2)
	75-84 Years	49.8 (1.2)
	85+ Years	47.7 (1.4)
<b>Race/Ethnicity</b>	White non-Hispanic	43.3 (0.9)
	Black non-Hispanic	46.4 (2.4)
	Hispanic	43.3 (2.8)
<b>Type of Medicare Coverage</b>	Traditional FFS Medicare	42.8 (1.0)
	Medicare Advantage	43.8 (1.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who completed at least one Community interview during the year. This excludes beneficiaries for whom only Facility interviews were completed during the year. Beneficiaries who received a Community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FFS stands for Fee-for-Service.

**Table 3.1.** Usual Source of Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Type of Medicare Coverage, 2016

Measure	Estimate - % (St. Error)		
	Overall	Traditional FFS Medicare	Medicare Advantage
<b>Doctor's office</b>	69.3 (1.6)	69.3 (1.6)	69.3 (2.0)
<b>Medical clinic</b>	14.3 (1.2)	14.6 (1.3)	13.7 (1.5)
<b>None</b>	6.4 (0.4)	7.2 (0.5)	5.1 (0.5)
<b>Other clinic/health center</b>	4.8 (0.3)	5.8 (0.5)	3.0 (0.4)
<b>Hospital/OPD/ER</b>	1.9 (0.3)	2.0 (0.4)	1.7 (0.3)
<b>Managed care center</b>	3.4 (0.4)	1.2 (0.2)	7.2 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. FFS stands for Fee-for-Service. OPD stands for Outpatient Department. ER stands for Emergency Room.

**Table 3.2.** Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community, 2016

Measure	Estimate - % (St. Error)
<b>When Sick, Keep It to Yourself</b>	38.2 (0.6)
<b>Visit a Doctor as Soon as You Feel Bad</b>	37.7 (0.6)
<b>Avoid Going to the Doctor</b>	26.9 (0.6)
<b>Worry About Your Health More than Others</b>	23.8 (0.6)
<b>Had a Problem and Did Not Seek Doctor</b>	11.3 (0.3)
<b>Ever Had a Prescription You Did Not Fill</b>	7.4 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

**Table 3.3.** Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, 2016

Measure	Estimate - % (St. Error)				
	Overall	<65 years	65-74 years	75-84 years	85+ years
<b>When Sick, Keep It to Yourself</b>	38.2 (0.6)	49.4 (1.4)	36.5 (0.9)	34.5 (0.8)	33.6 (1.0)
<b>Visit a Doctor as Soon as You Feel Bad</b>	37.7 (0.6)	40.8 (1.6)	34.7 (0.9)	40.2 (0.9)	41.5 (1.3)
<b>Avoid Going to the Doctor</b>	26.9 (0.6)	36.1 (1.6)	25.4 (0.8)	24.0 (0.7)	24.1 (1.0)
<b>Worry About Your Health More than Others</b>	23.8 (0.6)	55.9 (1.7)	17.2 (0.8)	15.9 (0.7)	14.8 (0.7)
<b>Had a Problem and Did Not Seek Doctor</b>	11.3 (0.3)	22.6 (1.0)	9.2 (0.5)	8.4 (0.4)	7.3 (0.7)
<b>Ever Had a Prescription You Did Not Fill</b>	7.4 (0.3)	15.0 (1.0)	6.8 (0.4)	4.8 (0.4)	2.5 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

**Table 3.4.** Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Sex, 2016

Measure	Estimate - % (St. Error)		
	Overall	Female	Male
<b>When Sick, Keep It to Yourself</b>	38.2 (0.6)	39.9 (0.8)	36.1 (0.8)
<b>Visit a Doctor as Soon as You Feel Bad</b>	37.7 (0.6)	37.5 (0.8)	37.9 (0.9)
<b>Avoid Going to the Doctor</b>	26.9 (0.6)	28.5 (0.6)	25.0 (0.8)
<b>Worry About Your Health More than Others</b>	23.8 (0.6)	23.9 (0.7)	23.6 (0.8)
<b>Had a Problem and Did Not Seek Doctor</b>	11.3 (0.3)	12.2 (0.5)	10.2 (0.5)
<b>Ever Had a Prescription You Did Not Fill</b>	7.4 (0.3)	8.6 (0.5)	6.1 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.



**Table 3.5.** Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community Overall and by Race/Ethnicity, 2016

Measure	Estimate - % (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
<b>When Sick, Keep It to Yourself</b>	38.2 (0.6)	37.9 (0.7)	41.5 (1.8)	35.5 (1.4)
<b>Visit a Doctor as Soon as You Feel Bad</b>	37.7 (0.6)	33.2 (0.6)	46.0 (1.8)	62.7 (1.6)
<b>Avoid Going to the Doctor</b>	26.9 (0.6)	24.4 (0.7)	31.8 (1.6)	40.0 (1.8)
<b>Worry About Your Health More than Others</b>	23.8 (0.6)	18.2 (0.5)	36.5 (1.8)	55.3 (2.3)
<b>Had a Problem and Did Not Seek Doctor</b>	11.3 (0.3)	10.4 (0.4)	13.5 (1.3)	14.8 (1.5)
<b>Ever Had a Prescription You Did Not Fill</b>	7.4 (0.3)	7.0 (0.3)	10.0 (1.0)	8.8 (1.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

**Table 3.6.** Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community, 2016

Measure	Estimate - % (St. Error)			
	(Very) Unsatisfied	Satisfied	Very satisfied	No experience
<b>General Care</b>	4.0 (0.2)	38.7 (0.6)	55.0 (0.6)	2.4 (0.2)
<b>Follow-up Care</b>	3.1 (0.2)	46.5 (0.6)	37.9 (0.7)	12.4 (0.4)
<b>Information from Doctor</b>	5.5 (0.3)	51.4 (0.7)	40.2 (0.6)	2.9 (0.2)
<b>Doctor's Concern for Overall Health</b>	5.5 (0.3)	50.3 (0.7)	40.6 (0.7)	3.6 (0.2)
<b>Night and Weekend Availability</b>	5.4 (0.3)	31.7 (0.6)	23.0 (0.6)	39.8 (0.8)
<b>Ease of Access to Doctor</b>	4.2 (0.2)	47.7 (0.7)	46.5 (0.7)	1.7 (0.1)
<b>Can Obtain Care in Same Location</b>	7.9 (0.4)	46.7 (0.6)	32.6 (0.6)	12.8 (0.5)
<b>Cost</b>	16.2 (0.5)	47.7 (0.6)	32.9 (0.6)	3.3 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied."

**Table 3.7.** Satisfaction with Quality of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2016

Measure	Breakdown	Estimate - % (St. Error)			
		(Very) Unsatisfied	Satisfied	Very satisfied	No experience
<b>General Care</b>	<65 years	7.7 (0.8)	45.9 (1.4)	44.0 (1.4)	2.4 (0.3)
	65-74 years	3.1 (0.3)	34.8 (0.7)	59.4 (0.8)	2.8 (0.3)
	75-84 years	3.4 (0.3)	39.6 (0.9)	55.3 (1.0)	1.8 (0.2)
	85+ years	3.6 (0.5)	43.3 (1.2)	52.0 (1.2)	1.1 (0.2)
<b>Follow-up Care</b>	<65 years	6.2 (0.7)	54.2 (1.3)	30.6 (1.3)	9.1 (1.0)
	65-74 years	2.6 (0.3)	41.3 (0.8)	41.8 (0.9)	14.3 (0.6)
	75-84 years	2.4 (0.3)	49.4 (0.9)	36.9 (0.9)	11.4 (0.5)
	85+ years	2.2 (0.4)	52.7 (1.2)	33.6 (1.2)	11.5 (0.8)
<b>Information from Doctor</b>	<65 years	10.6 (0.9)	54.0 (1.5)	32.7 (1.2)	2.6 (0.4)
	65-74 years	4.2 (0.4)	47.6 (0.9)	44.8 (0.9)	3.4 (0.3)
	75-84 years	4.9 (0.3)	53.6 (1.0)	39.2 (0.9)	2.3 (0.3)
	85+ years	4.2 (0.4)	61.5 (1.2)	32.1 (1.0)	2.2 (0.3)
<b>Doctor's Concern for Overall Health</b>	<65 years	10.5 (0.9)	52.4 (1.6)	33.3 (1.4)	3.8 (0.6)
	65-74 years	4.4 (0.4)	46.9 (0.9)	44.6 (0.9)	4.1 (0.3)
	75-84 years	4.2 (0.3)	53.0 (1.0)	40.1 (1.0)	2.7 (0.3)
	85+ years	4.4 (0.5)	58.3 (1.1)	35.0 (1.0)	2.4 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied."

**Table 3.8.** Satisfaction with Access to and Cost of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2016

Measure	Breakdown	Estimate - % (St. Error)			
		(Very) Unsatisfied	Satisfied	Very satisfied	No experience
<b>Night and Weekend Availability</b>	<65 years	9.8 (1.0)	39.3 (1.3)	21.9 (1.0)	29.0 (1.5)
	65-74 years	4.1 (0.3)	29.0 (0.9)	23.9 (0.9)	43.0 (1.1)
	75-84 years	5.0 (0.4)	30.9 (1.0)	22.7 (0.9)	41.4 (1.1)
	85+ years	4.6 (0.5)	33.7 (1.1)	21.5 (1.1)	40.2 (1.2)
<b>Ease of Access to Doctor</b>	<65 years	8.4 (0.8)	54.7 (1.7)	34.6 (1.5)	2.3 (0.5)
	65-74 years	2.9 (0.3)	43.9 (1.0)	51.7 (1.0)	1.5 (0.2)
	75-84 years	3.8 (0.3)	47.9 (1.1)	46.9 (1.1)	1.4 (0.2)
	85+ years	3.9 (0.5)	53.9 (1.2)	40.1 (1.2)	2.1 (0.3)
<b>Can Obtain Care in Same Location</b>	<65 years	12.7 (1.1)	48.4 (1.6)	28.6 (1.2)	10.3 (1.2)
	65-74 years	7.0 (0.5)	44.4 (0.9)	35.0 (0.8)	13.6 (0.6)
	75-84 years	6.5 (0.4)	48.1 (1.0)	31.9 (0.8)	13.4 (0.8)
	85+ years	6.6 (0.6)	52.7 (1.2)	29.5 (1.1)	11.2 (0.7)
<b>Cost</b>	<65 years	24.3 (1.2)	44.6 (1.4)	27.0 (1.3)	4.1 (0.6)
	65-74 years	14.9 (0.7)	46.6 (0.9)	35.1 (0.8)	3.4 (0.3)
	75-84 years	14.2 (0.6)	49.8 (0.9)	33.4 (0.8)	2.6 (0.3)
	85+ years	11.7 (0.9)	54.7 (1.2)	31.1 (1.2)	2.5 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied."

**Table 3.9.** Perceived Knowledge of the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Little or none	Some	Most or all
<b>Overall</b>	--	25.6 (0.6)	34.6 (0.5)	39.8 (0.7)
<b>Age</b>	<65 years	32.4 (1.6)	39.2 (1.6)	28.4 (1.3)
	65-74 years	23.5 (0.8)	34.2 (0.9)	42.4 (1.0)
	75-84 years	24.4 (0.8)	33.5 (0.7)	42.0 (0.9)
	85+ years	26.6 (1.3)	30.8 (1.2)	42.5 (1.4)
<b>Sex</b>	Female	23.7 (0.7)	36.7 (0.7)	39.6 (0.8)
	Male	27.8 (0.9)	32.2 (0.8)	40.0 (0.9)
<b>Race/Ethnicity</b>	White non-Hispanic	24.2 (0.6)	34.0 (0.7)	41.7 (0.8)
	Black non-Hispanic	26.7 (1.6)	40.1 (1.7)	33.2 (1.7)
	Hispanic	35.5 (2.1)	31.9 (1.7)	32.6 (2.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

**Table 3.10.** Difficulty Obtaining Care and Delayed Care Due to Cost Among Medicare Beneficiaries Residing Only in the Community Overall and by Type of Medicare Coverage, 2016

Measure	Measure Category	Estimate - % (St. Error)		
		Overall	Traditional FFS Medicare	Medicare Advantage
<b>Difficulty Obtaining Care</b>	Yes	7.3 (0.4)	7.1 (0.4)	7.6 (0.6)
	No	92.7 (0.4)	92.9 (0.4)	92.4 (0.6)
<b>Delayed Care Due to Cost</b>	Yes	10.5 (0.3)	9.9 (0.4)	11.5 (0.7)
	No	89.5 (0.3)	90.1 (0.4)	88.5 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. FFS stands for Fee-for-Service.

**Table 3.11.** Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community by Type of Medicare Coverage, 2016

Measure	Type of Medicare Coverage	Estimate - % (St. Error)			
		(Very) Unsatisfied	Satisfied	Very satisfied	No experience
<b>General Care</b>	Traditional FFS Medicare	4.1 (0.3)	37.4 (0.8)	56.0 (0.8)	2.6 (0.2)
	Medicare Advantage	3.9 (0.4)	40.9 (1.0)	53.3 (1.0)	1.9 (0.3)
<b>Follow-up Care</b>	Traditional FFS Medicare	3.3 (0.2)	46.0 (0.7)	39.1 (0.8)	11.6 (0.4)
	Medicare Advantage	2.9 (0.3)	47.4 (1.0)	35.9 (0.9)	13.9 (0.8)
<b>Information from Doctor</b>	Traditional FFS Medicare	5.8 (0.3)	50.2 (0.8)	40.8 (0.8)	3.1 (0.2)
	Medicare Advantage	5.0 (0.4)	53.4 (1.0)	39.2 (1.0)	2.5 (0.3)
<b>Doctor's Concern for Overall Health</b>	Traditional FFS Medicare	5.5 (0.3)	49.0 (0.9)	41.6 (0.9)	3.9 (0.3)
	Medicare Advantage	5.4 (0.4)	52.6 (1.0)	39.0 (1.0)	3.0 (0.3)
<b>Night and Weekend Availability</b>	Traditional FFS Medicare	5.9 (0.3)	31.9 (0.7)	23.4 (0.8)	38.7 (0.8)
	Medicare Advantage	4.5 (0.4)	31.3 (1.0)	22.4 (0.8)	41.8 (1.2)
<b>Ease of Access to Doctor</b>	Traditional FFS Medicare	4.7 (0.3)	47.3 (0.8)	46.2 (0.9)	1.9 (0.2)
	Medicare Advantage	3.3 (0.3)	48.3 (1.0)	47.0 (1.1)	1.3 (0.2)
<b>Can Obtain Care in Same Location</b>	Traditional FFS Medicare	8.4 (0.5)	46.5 (0.8)	31.3 (0.7)	13.8 (0.6)
	Medicare Advantage	7.1 (0.5)	47.0 (1.1)	35.0 (1.0)	10.9 (0.5)
<b>Cost</b>	Traditional FFS Medicare	16.0 (0.6)	46.3 (0.8)	34.6 (0.8)	3.1 (0.3)
	Medicare Advantage	16.5 (0.9)	50.1 (0.9)	29.9 (0.8)	3.5 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. FFS stands for Fee-for-Service. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied."

**Table 3.12.** Satisfied with the Availability of Information on the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)
<b>Overall</b>	--	89.1 (0.4)
<b>Age</b>	<65 years	85.0 (1.1)
	65-74 years	88.9 (0.6)
	75-84 years	91.4 (0.5)
	85+ years	93.0 (0.6)
<b>Sex</b>	Female	89.1 (0.5)
	Male	89.1 (0.6)
<b>Race/Ethnicity</b>	White non-Hispanic	89.4 (0.5)
	Black non-Hispanic	88.3 (1.4)
	Hispanic	89.7 (1.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

**Table 4.1.** User Rates of Health Care Services Among All Medicare Beneficiaries, 2016

Measure	Estimate - % (St. Error)
<b>Physician/Supplier Services</b>	96.8 (0.3)
<b>Prescription Drugs<sup>^</sup></b>	90.4 (0.5)
<b>Outpatient Hospital Services</b>	74.6 (0.6)
<b>Dental Services</b>	51.0 (1.0)
<b>Medicare Home Health Services</b>	14.3 (0.5)
<b>Inpatient Hospital Services</b>	14.2 (0.6)
<b>Long-Term Nursing Home Care</b>	3.9 (0.2)
<b>Skilled Nursing Facilities</b>	3.7 (0.3)
<b>Medicare Hospice Services</b>	2.3 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. <sup>^</sup>This estimate does not capture prescription drug events for Facility beneficiaries. Those events are bundled with Facility stays. As a result, the numerator captures prescription drug events only for those who completed at least one Community interview in the year, but the denominator includes all beneficiaries.

**Table 4.2.** User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community, 2016

Measure	Estimate - % (St. Error)
Physician/Supplier Services	96.7 (0.3)
Prescription Drugs	93.7 (0.4)
Outpatient Hospital Services	74.7 (0.7)
Dental Services	51.4 (1.0)
Medicare Home Health Services	14.2 (0.5)
Inpatient Hospital Services	13.5 (0.6)
Medicare Hospice Services	1.4 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

**Table 4.3.** User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, 2016

Measure	Estimate - % (St. Error)				
	Overall	<65 years	65-74 years	75-84 years	85+ years
Physician/Supplier Services	96.7 (0.3)	94.3 (0.9)	96.8 (0.5)	97.9 (0.4)	97.8 (0.4)
Prescription Drugs	93.7 (0.4)	90.8 (1.0)	92.7 (0.7)	96.5 (0.5)	97.1 (0.5)
Outpatient Hospital Services	74.7 (0.7)	75.7 (1.5)	72.7 (1.1)	77.9 (1.1)	75.4 (1.8)
Dental Services	51.4 (1.0)	38.8 (1.8)	57.3 (1.5)	52.3 (1.2)	42.4 (1.6)
Medicare Home Health Services	14.2 (0.5)	15.4 (1.2)	8.9 (0.6)	17.8 (0.9)	30.7 (1.4)
Inpatient Hospital Services	13.5 (0.6)	14.9 (1.5)	10.0 (0.8)	16.2 (0.8)	21.8 (1.3)
Medicare Hospice Services	1.4 (0.1)	*	0.7 (0.2)	2.2 (0.3)	5.9 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (\*) in the table. For more information about suppression guidelines, see the Technical Appendix.

**Table 4.4.** User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Sex, 2016

Measure	Estimate - % (St. Error)		
	Overall	Female	Male
<b>Physician/Supplier Services</b>	96.7 (0.3)	97.2 (0.4)	96.2 (0.4)
<b>Prescription Drugs</b>	93.7 (0.4)	95.0 (0.6)	92.1 (0.7)
<b>Outpatient Hospital Services</b>	74.7 (0.7)	78.4 (0.9)	70.4 (1.2)
<b>Dental Services</b>	51.4 (1.0)	53.2 (1.2)	49.3 (1.2)
<b>Medicare Home Health Services</b>	14.2 (0.5)	16.4 (0.8)	11.5 (0.6)
<b>Inpatient Hospital Services</b>	13.5 (0.6)	13.3 (0.8)	13.6 (0.7)
<b>Medicare Hospice Services</b>	1.4 (0.1)	1.3 (0.1)	1.6 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

**Table 4.5.** User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Race/Ethnicity, 2016

Measure	Estimate - % (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
<b>Physician/Supplier Services</b>	96.7 (0.3)	97.2 (0.3)	95.7 (0.9)	95.7 (1.1)
<b>Prescription Drugs</b>	93.7 (0.4)	93.7 (0.5)	91.9 (1.1)	97.0 (0.8)
<b>Outpatient Hospital Services</b>	74.7 (0.7)	76.0 (0.8)	69.2 (2.1)	73.1 (1.9)
<b>Dental Services</b>	51.4 (1.0)	57.2 (1.2)	28.7 (2.3)	34.7 (2.5)
<b>Medicare Home Health Services</b>	14.2 (0.5)	13.2 (0.6)	19.8 (1.5)	16.7 (1.8)
<b>Inpatient Hospital Services</b>	13.5 (0.6)	12.9 (0.6)	15.7 (1.6)	14.1 (1.5)
<b>Medicare Hospice Services</b>	1.4 (0.1)	1.4 (0.1)	1.5 (0.5)	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (\*) in the table. For more information about suppression guidelines, see the Technical Appendix.



**Table 4.6.** User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community Overall and by Self-Reported Health Status, 2016

Measure	Estimate - % (St. Error)		
	Overall	Fair/poor	Excellent/very good/good
<b>Physician/Supplier Services</b>	96.7 (0.3)	97.2 (0.6)	96.7 (0.4)
<b>Prescription Drugs</b>	93.7 (0.4)	95.7 (0.7)	93.0 (0.6)
<b>Outpatient Hospital Services</b>	74.7 (0.7)	83.3 (1.2)	72.9 (0.8)
<b>Dental Services</b>	51.4 (1.0)	37.1 (1.7)	57.0 (1.1)
<b>Medicare Home Health Services</b>	14.2 (0.5)	24.3 (1.2)	9.8 (0.5)
<b>Inpatient Hospital Services</b>	13.5 (0.6)	21.7 (1.4)	9.2 (0.5)
<b>Medicare Hospice Services</b>	1.4 (0.1)	1.0 (0.3)	0.3 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

**Table 4.7.** User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, 2016

Measure	Estimate - % (St. Error)
<b>Physician/Supplier Services</b>	97.0 (0.4)
<b>Prescription Drugs</b>	92.3 (0.5)
<b>Outpatient Hospital Services</b>	77.0 (0.9)
<b>Dental Services</b>	52.8 (1.2)
<b>Inpatient Hospital Services</b>	14.6 (0.7)
<b>Medicare Home Health Services</b>	14.4 (0.7)
<b>Medicare Hospice Services</b>	1.3 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year and had Medicare Fee-for-Service coverage.

**Table 4.8.** User Rates of Skilled Nursing Facilities Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)
<b>Overall</b>	--	3.7 (0.3)
<b>Age</b>	<65 years	2.2 (0.6)
	65-74 years	1.9 (0.3)
	75-84 years	4.8 (0.5)
	85+ years	11.5 (1.0)
<b>Sex</b>	Female	4.3 (0.3)
	Male	3.0 (0.3)
<b>Race/Ethnicity</b>	White non-Hispanic	3.8 (0.3)
	Black non-Hispanic	4.0 (0.5)
	Hispanic	2.7 (0.6)
<b>Health Status</b>	Fair/poor	6.4 (0.7)
	Excellent/very good/good	1.8 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

**Table 4.9.** User Rates of Long-Term Nursing Home Care Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2016

Breakdown	Breakdown Category	Estimate - % (St. Error)
<b>Overall</b>	--	3.9 (0.2)
<b>Age</b>	<65 years	2.9 (0.4)
	65-74 years	1.2 (0.2)
	75-84 years	4.0 (0.3)
	85+ years	17.4 (0.9)
<b>Sex</b>	Female	4.8 (0.2)
	Male	2.8 (0.2)
<b>Race/Ethnicity</b>	White non-Hispanic	4.2 (0.2)
	Black non-Hispanic	4.1 (0.7)
	Hispanic	2.5 (0.5)
<b>Health Status</b>	Fair/poor	8.0 (0.5)
	Excellent/very good/good	1.8 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

**Table 4.10.** User Rates of Skilled Nursing Facilities and Long-Term Nursing Home Care Among Medicare Beneficiaries with Fee-for-Service Coverage, 2016

Measure	Estimate - % (St. Error)
<b>Skilled Nursing Facilities</b>	4.4 (0.4)
<b>Long-Term Nursing Home Care</b>	4.6 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who had Medicare Fee-for-Service coverage.

**Table 5.1a.** Total Expenditures Among All Medicare Beneficiaries by Source of Payment, 2016

Measure	Estimate - % (St. Error)
<b>Medicare</b>	62.7 (0.7)
<b>Out-of-Pocket</b>	17.7 (0.4)
<b>Private</b>	7.5 (0.4)
<b>Medicaid</b>	6.9 (0.4)
<b>Other Source</b>	5.2 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2016.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the Glossary.

**Table 5.1b.** Total Expenditures Among All Medicare Beneficiaries Overall and for Selected Service Types, in Dollars (Millions), 2016

Measure	Estimate - \$ (St. Error)
<b>Prescription Drugs<sup>^</sup></b>	223,322 (10,676)
<b>Physician/Supplier Services</b>	212,036 (5,263)
<b>Inpatient Hospital Services</b>	157,463 (8,759)
<b>Outpatient Hospital Services</b>	103,881 (5,299)
<b>Long-Term Nursing Home Care</b>	103,832 (4,760)
<b>Skilled Nursing Facilities</b>	35,001 (3,551)
<b>Dental Services</b>	34,548 (2,218)
<b>Medicare Home Health Services</b>	21,188 (1,585)
<b>Medicare Hospice Services</b>	16,325 (1,784)
<b>Total Expenditures</b>	907,595 (19,668)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2016.

NOTES: For definitions of key terms and information on the construction of measures, see the Glossary. <sup>^</sup>This estimate does not capture prescription drug events for Facility beneficiaries. Those events are bundled with Facility stays. As a result, the numerator captures prescription drug events only for those who completed at least one Community interview in the year, but the denominator includes all beneficiaries.

**Table 5.2.** Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2016

Measure	Estimate - \$ (St. Error)
Prescription Drugs	3,956 (190)
Physician/Supplier Services	3,602 (92)
Inpatient Hospital Services	2,521 (145)
Outpatient Hospital Services	1,746 (94)
Dental Services	612 (39)
Medicare Home Health Services	339 (29)
Medicare Hospice Services	141 (23)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed.

**Table 5.3.** Total Out-of-Pocket Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2016

Measure	Estimate - \$ (St. Error)
Physician/Supplier Services	633 (21)
Prescription Drugs	607 (17)
Dental Services	469 (33)
Outpatient Hospital Services	129 (14)
Inpatient Hospital Services	*
Medicare Home Health Services	*
Medicare Hospice Services	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Inpatient Hospital Services, Medicare Home Health Services, and Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (\*) in the table. For more information about suppression guidelines, see the Technical Appendix.

**Table 5.4.** Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, in Dollars, 2016

Measure	Estimate - \$ (St. Error)				
	Overall	<65 years	65-74 years	75-84 years	85+ years
<b>Prescription Drugs</b>	3,956 (190)	7,435 (809)	3,264 (206)	3,314 (188)	2,541 (115)
<b>Physician/Supplier Services</b>	3,602 (92)	3,117 (229)	3,264 (134)	4,437 (208)	4,191 (187)
<b>Inpatient Hospital Services</b>	2,521 (145)	2,794 (331)	1,891 (215)	2,983 (213)	4,161 (395)
<b>Outpatient Hospital Services</b>	1,746 (94)	2,144 (278)	1,609 (116)	1,760 (143)	1,667 (134)
<b>Dental Services</b>	612 (39)	347 (61)	729 (76)	626 (44)	469 (64)
<b>Medicare Home Health Services</b>	339 (29)	279 (59)	172 (23)	418 (53)	1,137 (217)
<b>Medicare Hospice Services</b>	141 (23)	*	*	269 (70)	576 (127)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (\*) in the table. For more information about suppression guidelines, see the Technical Appendix.

**Table 5.5.** Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Sex, in Dollars, 2016

Measure	Estimate - \$ (St. Error)		
	Overall	Female	Male
<b>Prescription Drugs</b>	3,956 (190)	3,962 (249)	3,948 (263)
<b>Physician/Supplier Services</b>	3,602 (92)	3,693 (116)	3,493 (141)
<b>Inpatient Hospital Services</b>	2,521 (145)	2,496 (184)	2,552 (204)
<b>Outpatient Hospital Services</b>	1,746 (94)	1,609 (116)	1,910 (129)
<b>Dental Services</b>	612 (39)	596 (51)	631 (64)
<b>Medicare Home Health Services</b>	339 (29)	370 (37)	302 (45)
<b>Medicare Hospice Services</b>	141 (23)	140 (23)	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (\*) in the table. For more information about suppression guidelines, see the Technical Appendix.

**Table 5.6.** Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Race/Ethnicity, in Dollars, 2016

Measure	Estimate - \$ (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
<b>Prescription Drugs</b>	3,956 (190)	3,850 (199)	4,646 (674)	4,589 (495)
<b>Physician/Supplier Services</b>	3,602 (92)	3,632 (87)	3,072 (243)	3,633 (441)
<b>Inpatient Hospital Services</b>	2,521 (145)	2,383 (146)	3,210 (521)	2,320 (400)
<b>Outpatient Hospital Services</b>	1,746 (94)	1,678 (86)	2,279 (492)	1,709 (232)
<b>Dental Services</b>	612 (39)	709 (52)	281 (53)	303 (43)
<b>Medicare Home Health Services</b>	339 (29)	335 (35)	503 (86)	295 (63)
<b>Medicare Hospice Services</b>	141 (23)	126 (17)	*	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (\*) in the table. For more information about suppression guidelines, see the Technical Appendix.

**Table 5.7.** Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community Overall and by Self-Reported Health Status, in Dollars, 2016

Measure	Estimate - \$ (St. Error)		
	Overall	Fair/poor	Excellent/very good/good
<b>Prescription Drugs</b>	3,956 (190)	7,068 (541)	3,144 (173)
<b>Physician/Supplier Services</b>	3,602 (92)	5,146 (321)	3,100 (80)
<b>Inpatient Hospital Services</b>	2,521 (145)	4,388 (397)	1,503 (111)
<b>Outpatient Hospital Services</b>	1,746 (94)	2,830 (288)	1,439 (87)
<b>Dental Services</b>	612 (39)	392 (55)	677 (51)
<b>Medicare Home Health Services</b>	339 (29)	621 (63)	225 (35)
<b>Medicare Hospice Services</b>	141 (23)	233 (58)	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (\*) in the table. For more information about suppression guidelines, see the Technical Appendix.

**Table 5.8.** Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, in Dollars, 2016

Measure	Estimate - \$ (St. Error)
Physician/Supplier Services	4,407 (129)
Prescription Drugs	4,035 (244)
Inpatient Hospital Services	2,801 (170)
Outpatient Hospital Services	2,121 (122)
Dental Services	645 (59)
Medicare Home Health Services	473 (39)
Medicare Hospice Services	128 (21)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented for beneficiaries who only completed Community interviews during the year and had Medicare Fee-for-Service coverage.

**Table 5.9.** Skilled Nursing Facility Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Health Status, in Dollars, 2016

Breakdown	Breakdown Category	Estimate - \$ (St. Error)
Overall	--	16,169 (1,097)
Age	<65 years	*
	65-74 years	15,581 (2,698)
	75-84 years	16,467 (1,835)
	85+ years	16,767 (1,318)
Sex	Female	18,084 (1,468)
	Male	12,780 (1,334)
Race/Ethnicity	White non-Hispanic	15,938 (1,097)
	Black non-Hispanic	*
	Hispanic	*
Health Status	Fair/poor	21,025 (1,922)
	Excellent/very good/good	13,849 (1,892)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented only for beneficiaries who used a given service at least once in the previous year. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. Estimates for age and race/ethnicity are not presented due to suppression and are represented by an asterisk (\*) in the table. For more information about suppression guidelines, see the Technical Appendix.

**Table 5.10.** Long-Term Nursing Home Care Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Health Status, in Dollars, 2016

Breakdown	Breakdown Category	Estimate - \$ (St. Error)
<b>Overall</b>	--	45,191 (1,275)
<b>Age</b>	<65 years	36,622 (3,898)
	65-74 years	48,649 (3,675)
	75-84 years	48,449 (2,694)
	85+ years	44,786 (1,638)
<b>Sex</b>	Female	45,909 (1,551)
	Male	43,702 (2,300)
<b>Race/Ethnicity</b>	White non-Hispanic	45,165 (1,340)
	Black non-Hispanic	46,340 (3,601)
	Hispanic	*
<b>Health Status</b>	Fair/poor	54,205 (1,820)
	Excellent/very good/good	46,725 (1,961)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented only for beneficiaries who used a given service at least once in the previous year. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. Estimates for race/ethnicity are not presented due to suppression and are represented by an asterisk (\*) in the table. For more information about suppression guidelines, see the Technical Appendix.

**Table 5.11.** Total Out-of-Pocket Expenditures per User for Skilled Nursing Facilities and Long-Term Nursing Home Care, 2016

Measure	Estimate - \$ (St. Error)
<b>Skilled Nursing Facilities</b>	1,808 (277)
<b>Long-Term Nursing Home Care</b>	20,196 (964)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented only for beneficiaries who used a given service at least once in the previous year.



**Table 5.12.** Total Expenditures per User for Skilled Nursing Facilities and Long-Term Nursing Home Care Among Medicare Beneficiaries with Fee-for-Service Coverage, in Dollars, 2016

Measure	Estimate - \$ (St. Error)
<b>Skilled Nursing Facilities</b>	19,038 (1,310)
<b>Long-Term Nursing Home Care</b>	44,856 (1,464)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016 and Cost Supplement File, 2016.

NOTES: For definitions of key terms and information on the construction of measures, see the Glossary. Estimates are presented only for beneficiaries who used a given service at least once in the previous year and had Medicare Fee-for-Service coverage.

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# APPENDICES

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## APPENDICES

### APPENDIX A: GLOSSARY

In addition to providing definitions of key terms, this Glossary includes information on the construction of the analytic variables used to create the estimates in this Chartbook. These analytic variables may differ from the variables in the MCBS Limited Data Set files (LDS) files themselves, for example, as a result of recoding into new categories or combining multiple variables together to create composite indicators. Unless noted in the Glossary as coming from *administrative* sources, the variables used to create the Chartbook measures come from survey-reported data. For more information about the construction and definitions of the LDS variables, please consult the 2016 MCBS codebooks available on the CMS MCBS website.

**Access to care:** This refers to indicators of having access to health care services and of how access may impact health behaviors, such as a beneficiary's usual source of health care, the length of association with that usual source of care, and whether a beneficiary has delayed health care due to cost or has difficulty obtaining needed care.

**Age:** Age is calculated from date of birth, which is obtained from *administrative* data sources.

**Alcohol use:** The measure for alcohol use is based on sex of the beneficiary. Men who reported consuming more than two alcoholic beverages per day on average were categorized as heavy drinkers. Those who reported consuming an average of one or two per day were categorized as moderate drinkers, and those who did not report any drinking were categorized as nondrinkers. For women, those who consumed two or more drinks per day were categorized as heavy drinkers, those who consumed an average of one per day were considered moderate, and those who did not report drinking were coded as nondrinkers.

**Arthritis:** Community-dwelling beneficiaries were asked whether they had rheumatoid arthritis, osteoarthritis, or any other form of arthritis. Facility-dwelling beneficiaries were coded as having or not having arthritis.

**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.

**Blood pressure screening:** Beneficiaries who completed a Community interview are coded as having a blood pressure screening if they reported having at least one screening in the last 12 months. Receipt of blood pressure screening is not recorded in the Facility interview.

**Brief Interview for Mental Status (BIMS):** The Brief Interview for Mental Status (BIMS) is a short interview used in the Minimum Data Set (MDS) for assessing the mental status of long-term nursing home residents. The interview contains a series of questions related to immediate recall of three words, temporal orientation (to correct month, year, and day), and delayed recall of three words, with a maximum score of 15 across the three components.

**Chronic conditions:** Chronic conditions comprises a group of twelve health conditions: heart disease, cancer (other than skin cancer), Alzheimer's disease/other dementia, mental condition (depression/anxiety disorders), hypertension, diabetes, arthritis, osteoporosis/broken hip, pulmonary disease, stroke, Parkinson's disease, and urinary incontinence.

**Claim-only event:** A claim-only event is a medical service or event known only through the presence of a Medicare fee-for-service claim from *administrative* data. This means that the event represented in the data could not be reconciled with a corresponding survey-reported event.

**Cognitive impairment:** Cognitive impairment is coded differently for beneficiaries residing in the community and those residing in facilities. Cognitive impairment is based on two community interview questions and two separate sets of facility interview questions. The community interview questions include difficulty making decisions and having difficulty concentrating. If a beneficiary had problems with either of these measures of cognitive functioning, the person was counted as cognitively impaired. Facility-dwelling beneficiaries who received a Brief Interview for Mental Status (BIMS) were coded as having a cognitive impairment if receiving a score of 12 or lower. Those who did not receive a BIMS were categorized based on responses to seven facility questions. These include problems with short term or long term memory, recalling current season, recalling location of room, recalling names and faces, recalling he/she is in a nursing home, or making decisions. If a beneficiary had problems with any measures of cognitive functioning, the person was counted as cognitively impaired.

**Community interview:** Survey of beneficiaries residing in the community at the time of the MCBS interview (i.e., not in a long-term care facility such as a nursing home).

**Dental services:** The basic unit measuring use of dental services is a single visit to the dentist, at which time a variety of services, including cleaning, x-rays, and an exam, might be rendered.

**Depression:** A Community-dwelling beneficiary is coded as having depression if he/she reported ever being diagnosed with depression. For Facility-dwelling beneficiaries, a staff member indicates whether the beneficiary has depression.

**Diabetes:** Diabetes is determined by whether a beneficiary has reported ever having diabetes. This encompasses Type I, Type II, prediabetes, and gestational diabetes.

**Disability Status:** Community-dwelling beneficiaries reported whether they have serious difficulty with hearing, seeing, concentrating, remembering, or making decisions, walking or climbing stairs, dressing or bathing, or with errands. Beneficiaries who reported no disabilities were included in the category "No disability." Beneficiaries who reported having a serious difficulty in one area were coded as "One disability" and those who reported having a serious difficulty in more than one area were coded as "Two or more disabilities." Facility-dwelling beneficiaries were coded as "LTC Facility."

**Education:** Education categories are based on the highest school grade completed, as reported by the beneficiary.

**End-stage renal disease (ESRD):** End-stage renal disease is that state of kidney impairment that is irreversible, cannot be controlled by conservative management alone, and requires dialysis or kidney transplantation to maintain life.

**Physical Activity:** Physical activity is based on a beneficiary's self-reported level of physical activity. If a beneficiary reports an hour or less of vigorous activity or 2 or fewer hours of moderate activity per week, he/she is classified as sedentary. If a beneficiary engages in 2 hours of vigorous activity or 3-4 hours of moderate activity per week, he/she is classified as active. If a beneficiary engages in 3 or more hours of vigorous activity or 5 or more hours of moderate activity per week, then the beneficiary is classified as highly active.

**Facility interview:** Survey of beneficiaries residing in facilities, such as long-term care nursing homes or other institutions, at the time of the MCBS interview. Facility interviewers do not conduct the Facility component with the respondent, but with a staff member located at the facility.

**Flu shot:** Receipt of flu shot is obtained differently for beneficiaries who completed a Community interview and those who completed a Facility interview. Beneficiaries who completed a community interview are coded as having a flu shot if they reported having a flu shot in the period between July and December of the previous calendar year. A staff member indicates receipt of flu shot in the past year for beneficiaries for whom a Facility interview was completed.

**Health status:** Health status is obtained differently in Community and Facility interviews. Beneficiaries who completed a Community interview were asked to rate their general health compared to other people of the same age. Beneficiaries who completed a Community interview answered health status questions themselves, unless they were unable to do so. A staff member answered questions about the beneficiary's health status for Facility interviews.

**Hearing trouble:** Hearing trouble is coded differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. For beneficiaries who completed a Community interview, hearing trouble includes reporting use of hearing aids, at least a little trouble hearing, at least a little trouble finding Medicare information due to hearing, or at least a little trouble with communicating with a doctor due to hearing. For beneficiaries for whom a Facility interview was completed, the category includes use of hearing aids or having more than minimal difficulty with hearing.

**Heart disease:** Heart disease is coded differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. For beneficiaries who completed a Community interview, the category heart disease includes myocardial infarction (heart attack), angina pectoris or coronary heart disease, congestive heart failure, or other heart conditions. For beneficiaries for whom a Facility interview was completed, the category includes myocardial infarction (heart attack), coronary artery disease, congestive heart failure, and atrial fibrillation/other dysrhythmias.

**High cholesterol:** High cholesterol is reported differently for beneficiaries residing in the community and those residing in facilities. Community-dwelling beneficiaries report whether a doctor or other health professional has told them that they have high cholesterol. For facility-dwelling beneficiaries, the category includes hypercholesterolemia or hyperlipidemia.

**Inpatient hospital expenses:** Inpatient hospital expenses include charges for an emergency room visit that resulted in an inpatient admission. Inpatient hospital events are included in the Cost Supplement File if the discharge date for the inpatient hospital stay was in the data collection year.

## Insurance coverage:

- Dual eligible status: Annual Medicare-Medicaid dual eligibility is based on the state Medicare Modernization Act (MMA) files. Beneficiaries are considered “dual-eligible” and assigned a dual eligible status if they are enrolled in Medicaid for at least one month. Specific Medicaid eligibility (full, partial, or QMB) is determined by the beneficiary’s status in the last month of the year in which he or she qualified as dually eligible. This information is obtained from *administrative* data sources.
- Employer-sponsored insurance (ESI): Up to five types of supplemental insurance are recorded for each beneficiary. Employer-sponsored private insurance encompasses beneficiaries eligible for Part A and/or Part B Medicare benefits, and who had employer-purchased private insurance plans in any of the (up to five) supplemental insurance types. This category also includes types of insurance the beneficiary reported obtaining through a main insured person’s employer or union, or a deceased spouse’s previous employer or union.
- General insurance: Up to five types of supplemental insurance are recorded for each beneficiary. A beneficiary is coded as having general insurance (also known as comprehensive major medical coverage) if any of the five supplemental insurance types are denoted as being general insurance coverage, as opposed to other governmental programs, dental/vision coverage, long-term care insurance, prescription drug-only coverage, life insurance, or other military coverage.
- Medicare Advantage (MA): Medicare Advantage Plans, sometimes called “Part C” or “MA Plans,” are offered by private companies approved by Medicare. An MA provides, or arranges for the provision of, a comprehensive package of health care services to enrolled persons for a fixed capitation payment. The term “Medicare Advantage” includes all types of MAs that contract with Medicare, encompassing risk MAs, cost MAs, and health care prepayment plans (HCPPs). This information is obtained from *administrative* data sources. Beneficiaries were coded as having Medicare Advantage coverage if they had coverage for one or more months out of the calendar year.
- Part D coverage: Additional, optional coverage for prescription drugs administered by private companies. Coverage status is indicated for records for which *administrative* data are available.
- Self-pay insurance: Up to five types of supplemental insurance are recorded for each beneficiary. Individually-purchased private insurance encompasses beneficiaries eligible for Part A and/or Part B Medicare benefits who had self-purchased private insurance plans, such as “Medigap” insurance, in any of the (up to five) supplemental insurance types. This category includes types of private general insurance and managed care plans obtained directly by the beneficiary or through the American Association of Retired Persons (AARP).
- Supplemental private insurance: Up to five types of supplemental insurance are recorded for each beneficiary. Supplemental private insurance encompasses beneficiaries who reported having employer-sponsored insurance, self-pay insurance, or both employer-sponsored and self-pay across the five recorded insurance types.

- **Traditional Fee-for-Service Medicare:** Traditional Fee-for-Service Medicare encompasses beneficiaries eligible for Part A and/or Part B Medicare benefits, and who were not enrolled in a Medicare Advantage plan at any time during the data collection year. However, beneficiaries may have had Medicaid coverage or other public insurance coverage, such as a state-sponsored prescription drug plan, or may have been eligible for Department of Veterans Affairs health care benefits. Beneficiaries enrolled in traditional fee-for-service coverage may also have supplemental private insurance coverage, as long as they did not have coverage under a Medicare Advantage plan for any month of the calendar year. Coverage status is indicated for records for which *administrative* data are available.

**Limited English Proficiency:** Beneficiaries were asked how well they spoke English. Those who reported speaking English less than “very well” were coded as having limited English proficiency. Otherwise, those who reported speaking English “very well” were coded as not having limited English proficiency.

**Long-term care facility:** A facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. The basic unit measuring use of facility services is a “stay” in a long-term care facility. Stays are measured in terms of days of residence in that facility. If the beneficiary was still in the facility at the end of the year, the stay is not complete, but all data for the data collection year are included. The MCBS definition of facility specifies that a long-term care facility must have three or more long-term care beds, and provide either personal care services to residents, continuous supervision of residents, or long-term care services throughout the facility or in a separately identifiable unit. Types of long-term care facilities include licensed nursing homes, intermediate care facilities, retirement homes, domiciliary or personal care facilities, distinct long-term care units in a hospital complex, mental health facilities and centers, assisted and foster care homes, and institutions for the intellectually and developmentally disabled.

**Long-term nursing home care expenditures:** Expenditures for long-term nursing home care in facilities include facility room and board expenses and charges for ancillary services for beneficiaries for whom at least one Facility interview was completed during the year. Expenditures for long-term nursing home care are not collected through self-reported data in the survey, but rather through a combination of Medicare *administrative* files and imputations. For more information on collection of long-term nursing home care expenditures, see the 2016 MCBS Methodology Report available on the CMS MCBS website.

**Mammogram:** Female beneficiaries are coded as having a mammogram if they reported having a mammogram in the past year.

**Medicare beneficiary:** An individual who meets at least one of three criteria (is aged 65 years or over, is under age 65 with certain disabilities, or is of any age with End-Stage Renal Disease). (Source: <https://www.cms.gov/Medicare/Medicare-General-Information/MedicareGenInfo/index.html>)

**Medicare home health services:** Home health care services are narrowly defined in the MCBS Limited Data Set files (LDS). Home health care is limited to skilled nursing services and other therapeutic services provided by a Medicare participating home health agency. In the MCBS, home health use represents events where medical care, as opposed to personal care and support, was furnished to the beneficiary.

**Medicare hospice services:** Hospice services are narrowly defined in the MCBS Limited Data Set files (LDS). Hospice care is limited to Medicare-covered services for terminally ill individuals who have elected to receive hospice care rather than standard Medicare benefits. Hospice services include medical, nursing, counseling, and other supportive services rendered to terminally ill people and their families. Hospice care is intended to be palliative and to improve quality of life rather than to cure disease or extend life. Almost all services provided to the hospice beneficiary are fully covered by Medicare. Two exceptions are prescribed medicines and inpatient respite care. These two types of services require a small amount of copayment.

**Mental condition:** Among Facility-dwelling beneficiaries, mental condition encompasses manic depression, schizophrenia, and depression. Among Community-dwelling beneficiaries, the category of mental conditions includes depression, mental and psychiatric disorders other than depression, and intellectual disability.

**Metropolitan area resident:** Metropolitan area residence was obtained from the beneficiary's place of residence, which is obtained from *administrative* data sources and verified in the survey.

**Minimum Data Set (MDS):** The Minimum Data Set (MDS) is part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes. For more information, please visit <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/index.html>.

**Mobility limitation:** If the beneficiary had no difficulty at all walking a quarter of a mile, the response was coded as "no." If the beneficiary had a little, some, or a lot of difficulty, or could not walk a quarter of a mile, the response was coded as "yes."

**Mortality rate:** The number of deaths divided by the total number of Medicare beneficiaries. Mortality rate is determined by the date of death, drawn from Medicare - Social Security Administration records.

**Outpatient hospital services:** For a survey-reported event, the basic unit measuring use of outpatient services is a separate visit to any part of an outpatient department or outpatient clinic at a hospital. For Medicare claim-only events, it may represent 1) a single visit; 2) multiple procedures or services within one visit; or 3) multiple visits billed together. Outpatient hospital events include emergency room visits that did not result in an inpatient hospital admission.

**Per capita expenditure:** The per-capita expenditure is the mean expenditure per Medicare beneficiary during the calendar year 2016. Expenditures computed on a per-capita basis include all expenditures divided by the number of all beneficiaries in the Cost Supplement file. Expenditures and number of beneficiaries are weighted with Cost Supplement ever-enrolled weights.

**Per user expenditure:** The per-user expenditure is the mean expenditure per service user during the calendar year 2016. Per user expenditures are only presented for Skilled Nursing Facility users and LTC facility users. Expenditures computed on a per-user basis include all expenditures divided by the number of all beneficiaries in the Cost Supplement file who used the service type at least once. Expenditures and number of beneficiaries are weighted with Cost Supplement ever-enrolled weights.



**Physician/supplier services:** Physician/supplier services include medical doctor, osteopathic doctor, and health practitioner visits; diagnostic laboratory and radiology services; medical and surgical services; durable medical equipment; and nondurable medical supplies. Health practitioners include physicians, audiologists, optometrists, chiropractors, podiatrists, mental health professionals, therapists, nurses, paramedics, and physician's assistants. For survey-reported events, the basic unit measuring use of physician/supplier services is a separate visit, procedure, service, or purchase of a medical supply or medical equipment. For Medicare claim-only events, it may represent 1) single or multiple visits; 2) single or multiple procedures; 3) single or multiple services; or 4) single or multiple supplies, depending on the number of items bundled together on a single bill.

**Pneumonia shot:** Receipt of pneumonia shot is obtained differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Beneficiaries who completed a Community interview are coded as having a pneumonia shot if they reported ever having a shot. A staff member indicates receipt of pneumonia shot for beneficiaries for whom a Facility interview was completed.

**Poverty status:** Poverty is defined by using the annual Federal Poverty Level (FPL) thresholds to measure levels of beneficiary's/family's total income, controlling for the size of the family and the age of the head of the household.

**Prescription drugs:** The basic unit measuring use of prescription drugs is a single purchase of a single drug in a single container. Prescription drug data are included for beneficiaries living in the community; RX drugs administered during an inpatient hospital stay or to beneficiaries living in a facility are not included.

**Propensity to seek care:** This includes questions about behaviors that increase the propensity to seek care, such as visiting a doctor as soon as you feel bad and worrying about your health more than others, as well as behaviors that decrease the propensity for care, such as having a problem and not seeking a doctor, having a prescription that you do not fill, avoiding going to the doctor, and keeping it to oneself when sick.

**Proxy:** Beneficiaries who were too ill, or who could not complete the Community interview for other reasons, were asked to designate a proxy, someone very knowledgeable about the beneficiary's health and living habits. In most cases, the proxy was a close relative such as the spouse, a son or daughter. In a few cases, the proxy was a non-relative like a close friend or caregiver. In addition, a proxy was utilized if a beneficiary had been reported as deceased during the current round's reference period or if a beneficiary who was residing in the community in the previous round had since entered into a long-term care facility. Proxy interviews are only used for the Community interview, as the Facility interview is conducted with a staff member located at the facility (see definition of "Facility interview").

**Pulmonary disease:** The category pulmonary disease includes emphysema, asthma, and cardiopulmonary disease.

**Race/ethnicity:** Responses to race and ethnicity questions are self-reported by the respondent. Respondents who reported they were white and not of 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.

**Residence status:** Medicare beneficiaries who only completed Community interviews during the calendar year are categorized as residing only in the community. Medicare beneficiaries for whom only Facility interviews were completed during the calendar year are categorized as residing only in facilities. Beneficiaries who completed at least one Community interview and for whom at least one Facility interview was conducted during the year are classified as both community and facility. Note that residence status is used in two ways in the Chartbook. First, it is used analytically for one- and two-way contingency tables. Second, it is used to establish analytic universes, which are described in footnotes.

**Respondent:** The person who answers questions for the MCBS; this person can be the beneficiary himself or herself, a proxy, or a staff member located at a facility where the beneficiary resides.

**Round:** The MCBS data collection period. There are three rounds each year: winter (January through April), summer (May through August), and fall (September through December).

**Satisfaction with care:** The questions about satisfaction with care represent the beneficiary's general opinion of all medical care received in the year preceding the interview.

- General care refers to the beneficiary's rating of the over-all quality of medical care received.
- Follow-up care refers to the beneficiary's rating of follow-up care received after an initial treatment or operation.
- Night and weekend availability refers to the beneficiary's rating of the availability of medical care at night and on weekends.
- Ease of access to doctor refers to the beneficiary's rating of the ease and convenience of getting to a doctor from her or his residence.
- Can obtain care in same location refers to the beneficiary's rating of his or her ability to get all medical care needs taken care of at the same location.
- Information from doctor refers to the beneficiary's rating of the information given to the beneficiary about what was wrong with him or her.
- Doctor's concern for overall health refers to the beneficiary's rating of the doctor's concerns for her or his overall health rather than for an isolated symptom or disease.
- Cost refers to the beneficiary's rating of the out-of-pocket costs he or she paid for medical care.

**Sex:** The beneficiary's sex is obtained from *administrative* sources and confirmed during the interview.

**Shingles Vaccine:** Receipt of shingles vaccination is asked of Community-dwelling beneficiaries. These beneficiaries are coded as ever having received a shingles vaccination in their lifetime.

**Skilled nursing facility (SNF):** The basic unit measuring use of SNF services is a “stay” in a skilled nursing facility. SNF events are included in the Cost Supplement File if the discharge date for the stay was in the data collection year. Expenditures for SNF were reported during a Community interview or calculated using Medicare claims data. SNF event data are available for both beneficiaries who completed a Community interview or those for whom a Facility interview was completed, as SNF stays are classified as short-term stays that do not qualify as long-term nursing home care.

**Smoking status:** Beneficiaries who reported that they currently smoked cigarettes or cigars were categorized as “current smoker.” Beneficiaries who reported having smoked 100 or more cigarettes or 50 or more cigars but who were not current smokers were categorized as “ever smoked.” Beneficiaries who reported neither having smoked 100 or more cigarettes nor having smoked 50 or more cigars were categorized as “never smoked.” Smoking includes the smoking of cigarettes or cigars, but it does not include use of other forms of tobacco, such as smokeless tobacco, pipes, or e-cigarettes.

**Survey-reported event:** A survey-reported event is a medical service or event reported by a respondent during an interview. The event may have been matched to a Medicare fee-for-service claim from administrative data, or it may be a survey-only event, in which case it was not matched to a Medicare claim and is only known through the survey.

**Total expenditures:** Total expenditures in this Chartbook equal the sum of expenditures by Medicare, Medicaid, private insurance, out-of-pocket, and other sources, as defined below. These expenditures include only health care goods and services purchased directly by individuals. They exclude public program administration costs, the net cost of private health insurance, research by nonprofit groups and government entities, and the value of new construction put in place for hospitals and nursing homes.

- Medicare expenditures equal Medicare program payments for Fee-for-Service beneficiaries and payments by Medicare Advantage plans to health care providers. For beneficiaries enrolled in Fee-for-Service, Medicare expenditures are based on claims and survey-reported data. For beneficiaries enrolled in Medicare Advantage, Medicare expenditures are based on survey-reported data.<sup>1</sup>
- Medicaid expenditures consist of payments for services made by state Medicaid programs. Medicaid covers coinsurance amounts, copayments, deductibles, and charges for some non-Medicare covered services not paid for by other public or private insurance plans.

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<sup>1</sup> Note that in the previous MCBS Health and Health Care of the Medicare Population (HHC) table package, Medicare expenditures for MA beneficiaries were not based on spending and utilization reported by survey respondents. Instead, it was based on capitation payments by CMS to MA plans. Expenditures by service type for MA beneficiaries were calculated based on “MA capitation ratios” – estimates of proportion of capitation payments allocated to each service type by MA plans – provided by CMS. Since Medicare expenditures for MA beneficiaries relied on data sources outside of the LDS files, the estimates in the HHC table package do not match the estimates in the LDS files.

- Private insurance expenditures consist of payments made by individually-purchased private insurance plans and employer-sponsored private insurance plans, plus payments reported by or imputed for beneficiaries enrolled in private health maintenance organizations. The definition applies to beneficiaries who only completed Community interviews during the year and beneficiaries who completed at least one Community interview and for whom at least one Facility interview was conducted during the year. For beneficiaries for whom a Facility interview was completed, private insurance expenditures consist of payments made by private health insurance plans, whose sources (i.e., individual purchase or employer-sponsored) are unknown. No distinction was made during the collection of the Facility data as to the source of private health insurance plans.
- Out-of-pocket expenditures consist of direct payments to providers made by the beneficiary, or by another person on behalf of the beneficiary. These payments are for coinsurance amounts, copayments, deductibles, balance billings, and charges for non-Medicare covered services not paid for by public or private insurance plans. These expenditures do not include premiums or Part D deductibles. A coinsurance is the percentage of covered hospital or medical expense, after subtraction of any deductible, for which an insured person is responsible. For example, after the annual deductible has been met, Medicare will generally pay 80 percent of approved charges for services and supplies covered under Medicare Part B. The remaining 20 percent of the approved charge is the coinsurance amount, for which the beneficiary is liable. A copayment is a form of cost-sharing whereby the insured pays a specific amount at the point of service or use (e.g., \$10 per doctor visit). A deductible is an initial expense of a specific amount of approved charges for covered services within a given time period (e.g., \$100 per year) payable by an insured person before the insurer assumes liability for any additional costs of covered services. For example, in 2016, Medicare Part A helped to cover hospital, skilled-nursing facility, home health-care, and other services after the beneficiaries paid initial expenses – known as the deductible – of up to \$1,260.
- Other source expenditures consist of payments made by other public health plans and private liability insurance plans. For beneficiaries who completed a Community interview, examples of other public sources of payment include state pharmaceutical assistance programs and payments for beneficiaries who received medical services from the Department of Veterans Affairs. For beneficiaries for whom a Facility interview was conducted, examples of other public sources of payment include payments from state, county, or community departments of mental health, state supplemental assistance and welfare programs, and Black Lung funds.

**Upper extremity limitation:** If the beneficiary had no difficulty at all reaching or extending his or her arms above shoulder level, and had no difficulty writing or handling and grasping small objects, the response was coded as “no.” If the beneficiary had a little, some, or a lot of difficulty with these tasks, or could not do them at all, the response was coded as “yes.” The response reflects whether the beneficiary usually had trouble reaching over her or his head or writing, rather than temporary difficulty, such as from a short-term injury.

**Urinary incontinence:** Urinary incontinence is coded differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Beneficiaries who completed a Community interview who had lost urine beyond his or her control at least once every 2-3 months were coded as “yes.” If the beneficiary was on dialysis or had a catheter, the response was coded as missing. Beneficiaries for whom a Facility interview was completed were coded as “yes” if their frequency of incontinence was reported as “occasional” or more.

**User rate:** A user rate is defined as the percentage of beneficiaries with the given characteristics who used at least one of the relevant services during the data collection year. For example, the dental services user rate for persons aged 85 and over is equal to the number of beneficiaries aged 85 and over who had at least one dental visit in the data collection year, divided by the total number of persons aged 85 and over.

**Usual source of care:** If the beneficiary responded that he or she did not have a particular health care provider or clinic where he or she usually went for care or advice about health, the response was coded as “none.” If the beneficiary responded that he or she did have a usual source of care, the beneficiary was questioned about the type of place. “Managed care center” is a Medicare Advantage managed care plan center. “Other clinic/health center” includes a neighborhood or family health center, a freestanding surgical center, a rural health clinic, a company clinic, any other kind of clinic, a walk-in urgent center, a home visit from a health care provider, and care in a Department of Veterans Affairs facility, a mental health center, or other place not included in the listed categories.

**Veteran:** A beneficiary who reports ever having served in the armed forces.

**Vision problem:** Vision problems are coded differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. For beneficiaries who completed a Community interview, a vision problem includes wearing eyeglasses, reporting having trouble seeing, diagnosed legal blindness, or ever told having cataracts, glaucoma, diabetic retinopathy, or macular degeneration. For beneficiaries for whom a Facility interview was completed, a vision problem includes using a visual appliance or reporting some level of visual impairment.

## APPENDIX B: TECHNICAL APPENDIX

### Introduction

This Technical Appendix provides information about the production of the estimates and standard errors presented in the 2016 Chartbook. For details about the MCBS sample design, survey operations, and data files, please see the 2016 MCBS Methodology Report and 2016 Data User's Guide available on the CMS MCBS website. The MCBS New User Tutorial is also available on the CMS MCBS website.

### Data Sources

The MCBS data are made available to users via two annual Limited Data Set (LDS) files.

1. **Survey File** – demographic information, health insurance coverage, self-reported health status and conditions, and responses regarding access to care and satisfaction with care.
2. **Cost Supplement File** – comprehensive accounting of health care use, expenditures, and sources of payment.

Each of the two LDS releases contain multiple files, called segments, which are easily linkable through a common beneficiary key ID.

The data sources used to create the chart exhibits and detailed tables of estimates in each section in this Chartbook are shown below in Table A.1.

**Table A.1.** 2016 MCBS Data Sources by Chartbook Section

Section	Section Name	LDS File	Segments	Weights
1	Who is in the Medicare Population?	Survey File	DEMO, HISUMRY, HITLINE	Survey File ever-enrolled weights
2	How Healthy are Medicare Beneficiaries?	Survey File	DEMO, NAGIDIS, GENHLTH, CHRNCND, NICOALCO, VISHEAR, PREVCARE, FACASMNT, HISUMRY, MENTHLTH	Survey File ever-enrolled weights
3	What is the Medicare Population's Access to Care and How Satisfied are They with Their Care?	Survey File	DEMO, USCAR, ACCESSCR, SATWCARE, PMUSE, MCREPLNQ, HISUMRY	Survey File ever-enrolled weights
4	What Health Care Services do Medicare Beneficiaries Receive?	Survey File and Cost Supplement File	DEMO, SS, HISUMRY, GENHTLH, FACASMNT	Cost Supplement ever-enrolled weights
5	How Much Do Health Care Services for the Medicare Population cost?	Survey File and Cost Supplement File	DEMO, SS, HISUMRY, GENHTLH, FACASMNT	Cost Supplement ever-enrolled weights

The first step in preparing the data for the Chartbook analysis is to extract all of the relevant variables from the LDS files themselves, including survey weights. The MCBS files contain clean data suitable for analysis, but the Chartbook estimates occasionally require performing additional data-related tasks in order to create the desired presentation. For example, the Chartbook creates age groups for beneficiaries from the age variables in the Survey File, and also combines categories together for demographic variables such as education and race/ethnicity. In addition, some of the measures presented in the Chartbook draw on multiple variables, such as chronic condition measures that are coded based on whether at least one of many possible variable conditions is true. In both of these cases, new variables are generated, referred to as “analytic variables,” rather than overwrite the original LDS file variables. This allows flexibility to develop various chart presentations and allows for tracking all chart and table estimates back to the original source variables. Once all the analytic variables are constructed, a new master dataset is created by including all the analytic variables for each beneficiary. In total, the analytic dataset contains 14,778 beneficiaries from the 2016 Survey File, 8,624 of which have additional information about utilization and spending from the 2016 Cost Supplement File. The Survey File ever-enrolled weights represent the population that was ever enrolled in Medicare for any period during 2016, and they were used in producing all Survey File charts and tables in this Chartbook. The Cost Supplement File ever-enrolled weights represent the same population as the Survey File ever-enrolled weights, but are available for a smaller subset of beneficiaries who have met a minimum threshold of utilization data collection in 2016. This threshold is described in the 2016 MCBS Methodology report. These weights were used in producing all Cost Supplement File charts and tables in this Chartbook.

The MCBS interviews a sample of Medicare beneficiaries. Therefore, estimated standard errors are reported for all estimates in the Chartbook. The standard error is a measure of the statistical precision of an estimate. The standard errors reported in the detailed tables in this Chartbook reflect the complex sample design of the MCBS. The MCBS is based on a stratified, three-stage, probability-proportional-to-size (PPS) sample design (with post-stratified weights). To take into account the complex sample design features of the MCBS, important adjustments to the variance estimates are required (not doing so in the case of the MCBS would tend to underestimate the standard errors and the resulting confidence intervals would tend to be too narrow). Most commercial software packages today (including R, STATA, SUDAAN, and complex survey procedures in SAS) include techniques to accommodate the complex design of the MCBS.

The MCBS includes variables that can be used to obtain weighted estimates and estimated standard errors using two approaches<sup>2</sup>:

1. **Taylor-series linearization method:** the variables SUDSTRAT (sampling strata) and SUDUNIT (primary sampling unit), along with the full-sample weight (CS1YRWGT), are included for variance estimation using this method.
2. **Balanced repeated replication (BRR) method (Fay’s method):** a series of replicate weights (CS1YR001,..., CS1YR100) are included for variance estimation using this method.

This Chartbook uses the BRR method to generate standard errors for estimates, implementing SAS survey procedures. To explain how this process works in practice, we present an example

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<sup>2</sup> For more information, see Wolter, K. M. (2007). Introduction to Variance Estimation. New York, NY: Springer-Verlag.



here using the normal approximation method of computing a confidence interval. Table 1.1 of this Chartbook indicates that 46.7 percent of all Medicare beneficiaries are between the age of 65 and 74. The standard error of this estimate (0.2 percent) can be used to assess its statistical precision by constructing a 95 percent confidence interval, which can be calculated by using the formula

$$P \pm 1.96se(P),$$

Where  $P$  is the estimated (weighted) sample percentage and  $se(P)$  is an estimate of the standard error of  $P$ . Based on this formula, the approximate 95 percent confidence interval for the estimated proportion of Medicare beneficiaries between the age of 65 and 74 is 46.7 percent plus or minus  $1.96 \times 0.2 = 0.4$  percent, for a 95 percent confidence interval of (46.3, 47.1). Theoretically, if we repeated the same survey on 100 samples of the same size we would expect the true population proportion to fall within this confidence interval 95 times out of 100.

All estimates in the Chartbook exclude beneficiaries for whom LDS data are missing for a given measure. Imputations were not performed on the LDS file variables used in the production of the Chartbook, as the LDS variables have already undergone thorough editing, quality control checks, and imputation prior to release. For more detailed information regarding data editing and imputation procedures conducted for the 2016 LDS releases, please consult the 2016 MCBS Methodology Report available on the CMS MCBS website.

There are occasions in which certain categories of variables are excluded from a chart by design, generally because the excluded category is of less interest to researchers. For example, the category “other race/ethnicity” is excluded from charts that present race/ethnicity, which allows the chart to focus on differences between white non-Hispanic, black non-Hispanic, and Hispanic beneficiaries. When figures are presented in charts or tables for these measures, beneficiaries in the excluded categories are not shown in the chart but are still included in the denominator for the estimate, meaning that totals across the categories in the chart may not add up to 100 percent.

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 sample persons or with a numerator of zero sample persons are suppressed in the Chartbook. Some estimates are suppressed because they do not meet minimum criteria for reliability, which are explained below.

### *Statistical Reliability*

We use two different sets of criteria to suppress estimates, depending on the type of estimate. For proportions, the Clopper-Pearson method was used to compute confidence intervals for each estimate. Estimates with a confidence interval whose absolute width is at least 0.30, with a confidence interval whose absolute width is no greater than 0.05, or with a relative confidence interval width of more than 130% of the estimate are suppressed in the Chartbook.<sup>3</sup>

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<sup>3</sup> For more information on NCHS presentation standards for proportions, see [https://www.cdc.gov/nchs/data/series/sr\\_02/sr02\\_175.pdf](https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf)



For other estimates, relative standard errors (RSEs) are calculated as the standard error of the estimate divided by the estimate itself (percentage), and the result is then converted to a percentage value by multiplying the decimal value by 100. Estimates with a relative standard error of greater than 30 percent are suppressed in this Chartbook because they do not meet the standards of reliability or precision.

### *Additional Information*

Additional technical questions concerning the MCBS Chartbook may be directed to:  
[MCBS@cms.hhs.gov](mailto:MCBS@cms.hhs.gov)

To obtain historical copies of the *1994-2013 Characteristics and Perceptions of the Medicare Population* data tables, *1995-2013 Health and Health Care of the Medicare Population* data tables, or the *2016BS Annual Chartbook and Slides*, please reference the Centers for Medicare and Medicaid Services (CMS) website at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables.html>

MCBS Limited Data Sets (LDS) are available to researchers with a data use agreement. Information on ordering MCBS files from CMS can be obtained through CMS' LDS website at [https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA - NewLDS.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA-NewLDS.html).

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

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