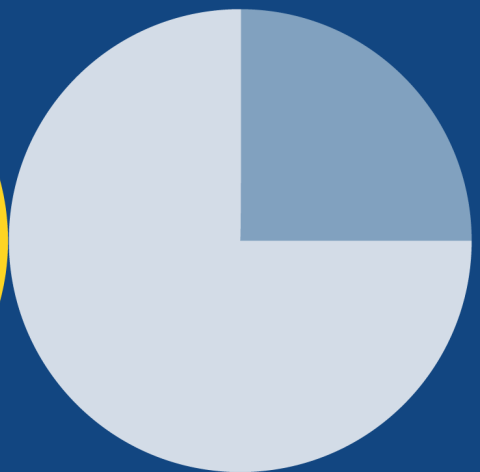
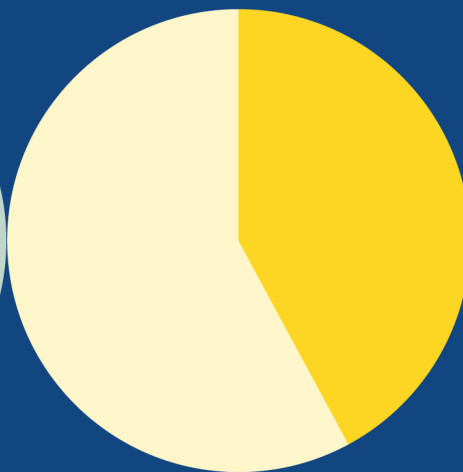
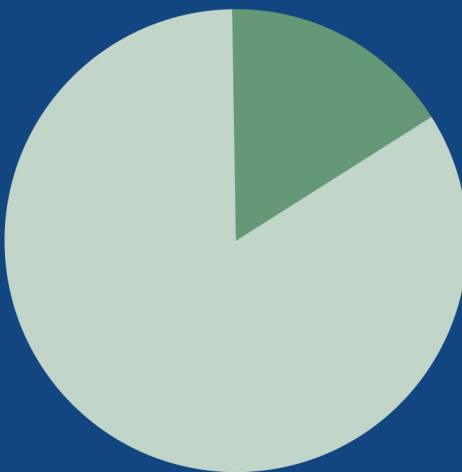


2019 | CHARTBOOK

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



Version Control Log

Date	Version	Revisions
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OVERVIEW

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.

The Medicare Current Beneficiary Survey (MCBS) was implemented in 1991 to serve as a source of information for administering the Medicare program, estimating health care expenditures for beneficiaries, and providing a better understanding of the health and well-being of the Medicare population. 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 beneficiary health status and health care policy. The MCBS collects comprehensive data on beneficiary 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, multi-purpose longitudinal survey. It represents the population of Medicare beneficiaries aged 65 and over and beneficiaries aged 64 and under with certain disabling conditions living in the United States. The MCBS 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 beneficiary is statistically sampled as part of a panel and is interviewed up to three times per year over a four-year period. The MCBS has conducted continuous data collection since 1991.

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:

- **Special Feature:** selected measures included as a "special feature" in a specific issue of the Chartbook.
- **Trends:** selected trends based on multiple years of data.
- **Section 1: Who Is in the Medicare Population?:** demographic and socioeconomic characteristics of Medicare beneficiaries.

- **Section 2: How Healthy Are Medicare Beneficiaries?:** health status and health behaviors of Medicare beneficiaries.
- **Section 3: What Is the Medicare Population's Access to Care and How Satisfied Are Beneficiaries 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 eleven service categories, including: inpatient hospital services, outpatient hospital services, physician/supplier services, dental services, vision services, hearing services, prescription drugs, Medicare hospice, Medicare home health, skilled nursing facility care, and long-term facility 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 2019 MCBS Chartbook contains a Special Feature section with selected measures unique to this issue of the Chartbook. The Trends section presents selected measures from the 2016-2019 data years. Estimates using data from the Survey File are found throughout the Chartbook. Estimates using data from the Cost Supplement File are found in Chartbook Sections 4 and 5. The Appendices (glossary, technical documentation, and measure construction appendix) contain additional 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 1.5.a and 1.5.b correspond to Exhibit 1.5. 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 1.6 is the last chart exhibit in Section 1, so the supplementary tables for Section 1 begin after Table 1.6, with Table 1.7.

Appendix A contains a glossary with definitions of terms and variables. **Appendix B** contains technical documentation regarding the Chartbook. **Appendix C** contains detailed documentation on the construction of measures in the Chartbook.

An accompanying PowerPoint slide deck containing all MCBS Chartbook exhibits, formatted and ready to use in presentations, is available on the CMS website at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables>.

WHAT'S NEW IN 2019?

The 2019 MCBS Chartbook introduces a Trends section. This section includes estimates for selected measures from the 2016-2019 data years, including self-reported flu vaccinations by age among beneficiaries living only in the community and total health care expenditures among beneficiaries with Fee-for-Service coverage.

This year's special feature highlights data collected in the MCBS COVID-19 Rapid Response Community Supplements that were released in the 2019 Survey File LDS, characterizing beneficiaries' experience with forgone care and telemedicine use during the COVID-19 pandemic by disability status.

Additionally, a Medicare Advantage (MA) Encounter data ratio adjustment was introduced for the 2019 Cost Supplement LDS. The MA Encounter data were utilized to improve estimation of medical events and costs for those beneficiaries enrolled in MA and account for unreported MA medical events, resulting in more accurate Chartbook estimates. This adjustment accounts for medical events that were not reported in the survey for beneficiaries who were covered by MA and was applied within the outpatient, inpatient, institutional, and medical procedure LDS segments. With the introduction of this adjustment, caution should be taken when comparing 2019 estimates with prior years. Additional details on the MA Encounter data ratio adjustment can be found in the *2019 MCBS Methodology Report*.

To reflect the introduction and availability of vision and hearing event data in the 2019 Cost Supplement LDS, two new service categories were added to sections 4 and 5 of the 2019 Chartbook: hearing services and vision services.

Guidance on handling missingness in measures that are constructed using multiple variables was added to Appendix C: Measure Construction Appendix (MCA).

Starting with the 2019 Chartbook, the Arthritis measure has been removed. This measure will return in the future when the complete set of variables used to construct the measure are once again available in the Survey File LDS. In addition, the “other race/ethnicity” category was included in Exhibit 1.1 to more accurately present Medicare beneficiary demographics. To facilitate comparison, the “no experience” category was removed from the calculation of satisfaction with care measures, including ease of access to doctor, and availability of specialist care. Lastly, the construction of several measures including alcohol use, comprehensive coverage, intellectual and developmental disability, and mental condition were updated, details of which can be found in the measure’s corresponding MCA entry. These changes are summarized in Table 1.0.

Table 1.0. 2019 MCBS Chartbook Summary of Updates to Measures

Measure	Description	Exhibits/Tables
Experiences with Forgone Care Due to COVID-19 Pandemic	Added as special feature	S.1.
Telemedicine Use	Added as special feature	S.2.
Race/Ethnicity	Added category	1.1
Supplemental Private Insurance	Updated construction	1.3
Employer-Sponsored Insurance	Updated construction	1.4
Employer-Sponsored Insurance with Comprehensive Coverage	Updated construction	1.4
Self-Pay Insurance	Updated construction	1.4
Self-Pay Insurance with Comprehensive Coverage	Updated construction	1.4
Intellectual or Developmental Disability	Updated construction	2.4
Mental Condition	Updated construction	2.4
Arthritis	Removed	2.4, 2.5, 2.6, 2.7, 2.13
Alcohol Use	Updated construction	2.9
Number of Chronic Conditions	Updated construction	2.17, 5.9
Satisfaction with Care – Availability of Specialist Care	Updated construction	3.6, 3.8, 3.12
Satisfaction with Care – Can Obtain Care in Same Location	Updated construction	3.6, 3.8, 3.12
Satisfaction with Care – Ease of Access to Doctor	Updated construction	3.6, 3.8, 3.12
Satisfaction with Care – Night and Weekend Availability	Updated construction	3.6, 3.8, 3.12
Satisfaction with Care – Cost	Updated construction	3.6, 3.7, 3.12
Satisfaction with Care – Doctor's Concern for Overall Health	Updated construction	3.6, 3.7, 3.12
Satisfaction with Care – General Care	Updated construction	3.6, 3.7, 3.12
Satisfaction with Care – Information from Doctor	Updated construction	3.6, 3.7, 3.12
User Rates – Hearing Services	Added	4.2, 4.3, 4.4, 4.5, 4.6
User Rates – Vision Services	Added	4.2, 4.3, 4.4, 4.5, 4.6
Per Capita Expenditures – Hearing Services	Added	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9
Per Capita Expenditures – Vision Services	Added	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9

For questions or suggestions on this document or other MCBS data-related questions, please email MCBS@cms.hhs.gov.

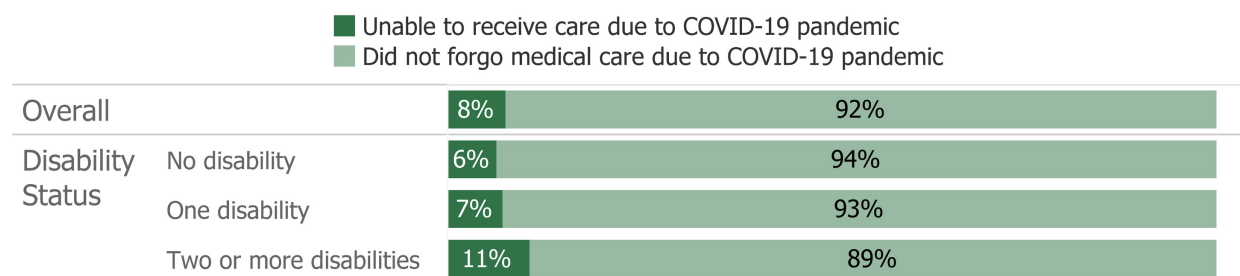
SPECIAL FEATURE

SPECIAL FEATURE: TELEMEDICINE USE AND EXPERIENCES WITH FORGONE CARE DURING THE COVID-19 PANDEMIC

The charts in this section show selected measures included as a "special feature" in this issue of the Chartbook.

With the emergence of COVID-19 in the U.S., CMS was uniquely positioned to quickly collect vital information on how the pandemic was impacting the Medicare population by using the MCBS as a vehicle to collect data. The MCBS COVID-19 Rapid Response Supplements collected data on topics such as the availability of telemedicine visits, deferred medical care, social distancing and other preventive health behaviors, COVID-19 testing and vaccination, and the consequences for social, emotional, and financial well-being. Three COVID-19 Community Supplements were administered as standalone surveys in Summer 2020, Fall 2020, and Winter 2021 for beneficiaries living in the community. To enable researchers to conduct analyses to understand the impact of the pandemic on Medicare beneficiaries, data from the Summer and Fall 2020 COVID-19 Community Supplements were released in the 2019 Survey File LDS. These data were released with the 2019 Survey File LDS because the population administered the Summer and Fall 2020 COVID-19 Community Supplements aligns with the 2019 Survey File population and can be combined with other 2019 Survey File LDS data for analysis. For more information, please consult the *MCBS Data User's Guide: Survey File*.

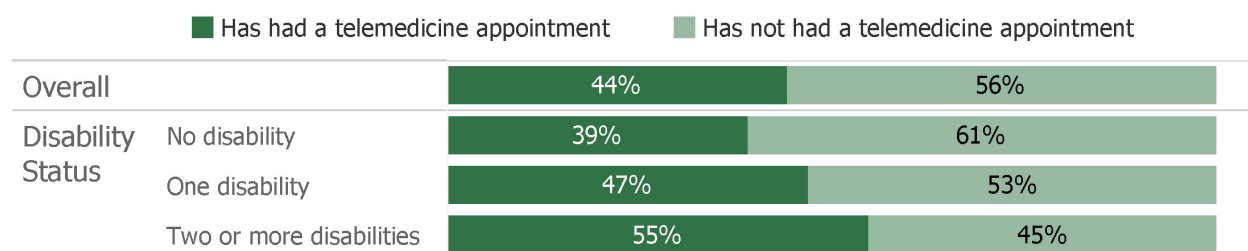
Exhibit S.1. Experiences with Forgone Care Due to the COVID-19 Pandemic in Fall 2020 Among Beneficiaries Living in the Community, Overall and by Disability Status



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who completed a MCBS COVID-19 Fall 2020 Community Supplement interview. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates represent the population of beneficiaries who were continuously enrolled in Medicare from the beginning of 2020 and were alive and living in the community in Fall 2020. Disability status data were collected in Fall 2019 as part of the nationally representative, longitudinal MCBS survey.

Exhibit S.2.
**Telemedicine Use in Fall 2020 Among Beneficiaries Living in the
 Community, Overall and by Disability Status**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

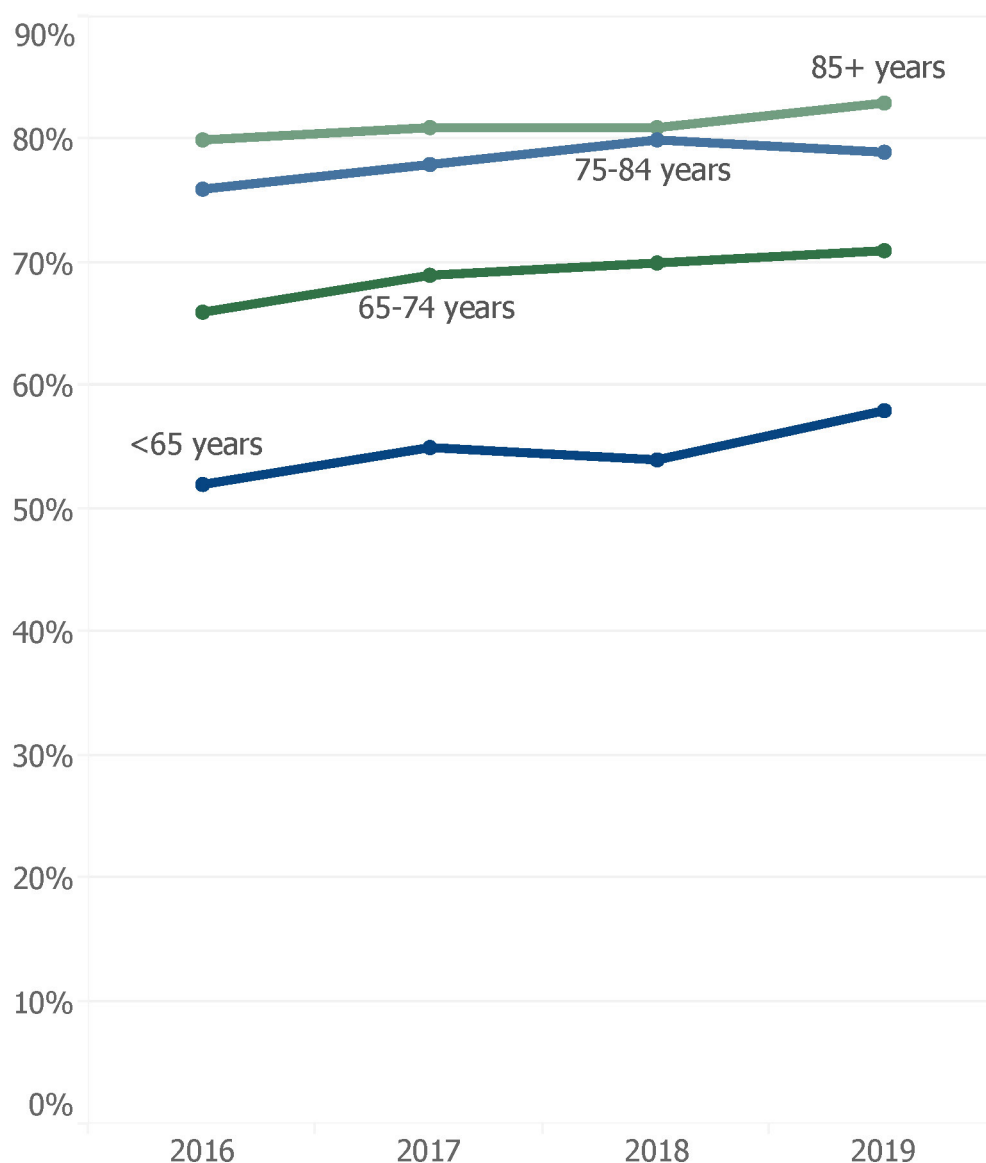
NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed a MCBS COVID-19 Fall 2020 Community Supplement interview. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates represent the population of beneficiaries who were continuously enrolled in Medicare from the beginning of 2020 and were alive and living in the community in Fall 2020. Disability status data were collected in Fall 2019 as part of the nationally representative, longitudinal MCBS survey. Only respondents who reported that they had a usual source of care which offered telemedicine appointments were asked whether they had a telemedicine appointment.

TRENDS

TRENDS

The charts in this section show selected trends based on multiple years of data.

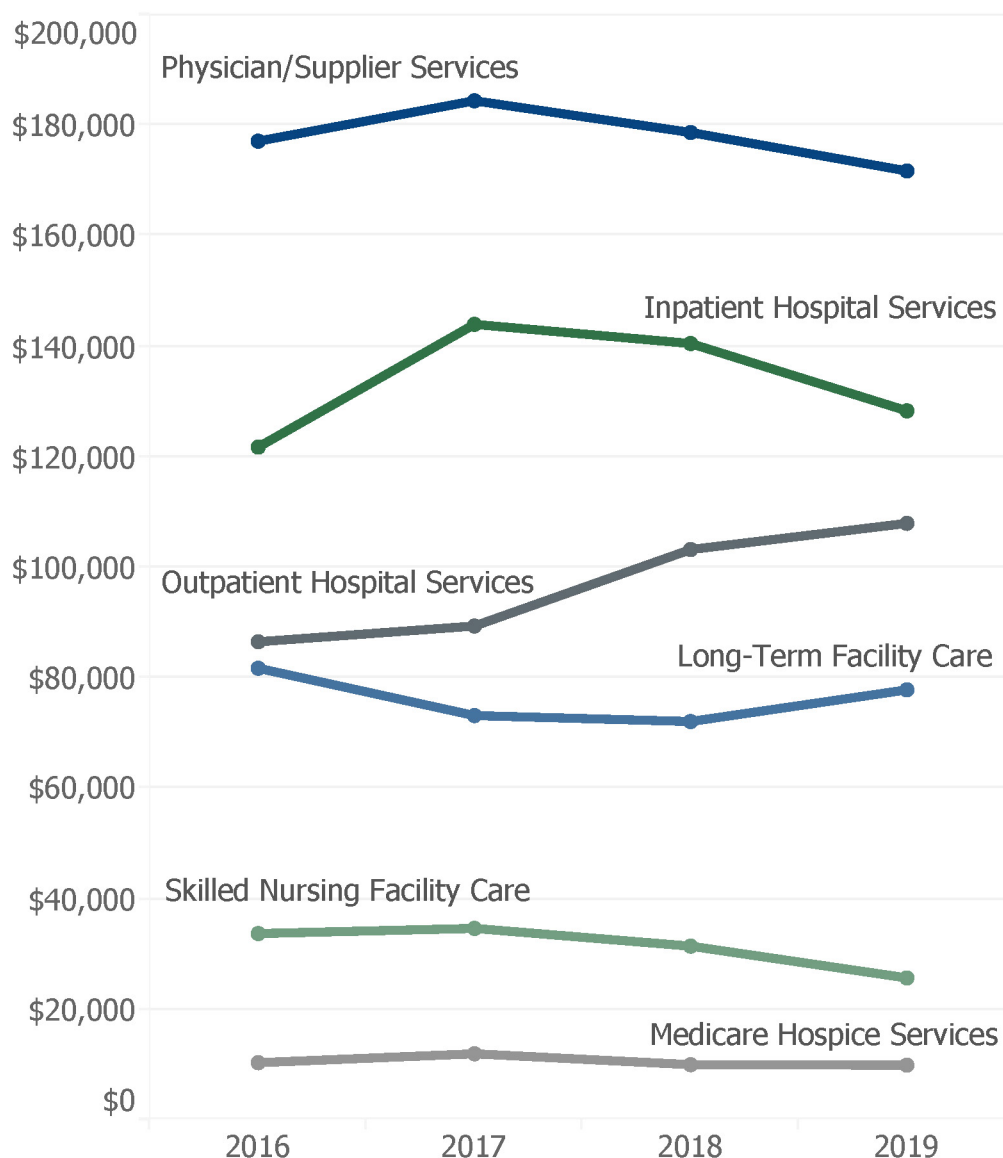
Exhibit T.1.
**Self-Reported Receipt of Flu Shot Among Medicare Beneficiaries
 Living Only in the Community by Age, 2016-2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016-2019.

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 Appendices. Estimates are presented for beneficiaries who completed only Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates presented are cross-sectional estimates for each data year and do not represent longitudinal trends. Trends are presented for informational purposes only and should not be interpreted as significant population-level changes.

Exhibit T.2.
Total Health Care Service Expenditures Among Medicare Beneficiaries with Fee-for-Service Coverage for Selected Service Types, in Millions of 2019 Dollars, 2016-2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2016-2019.

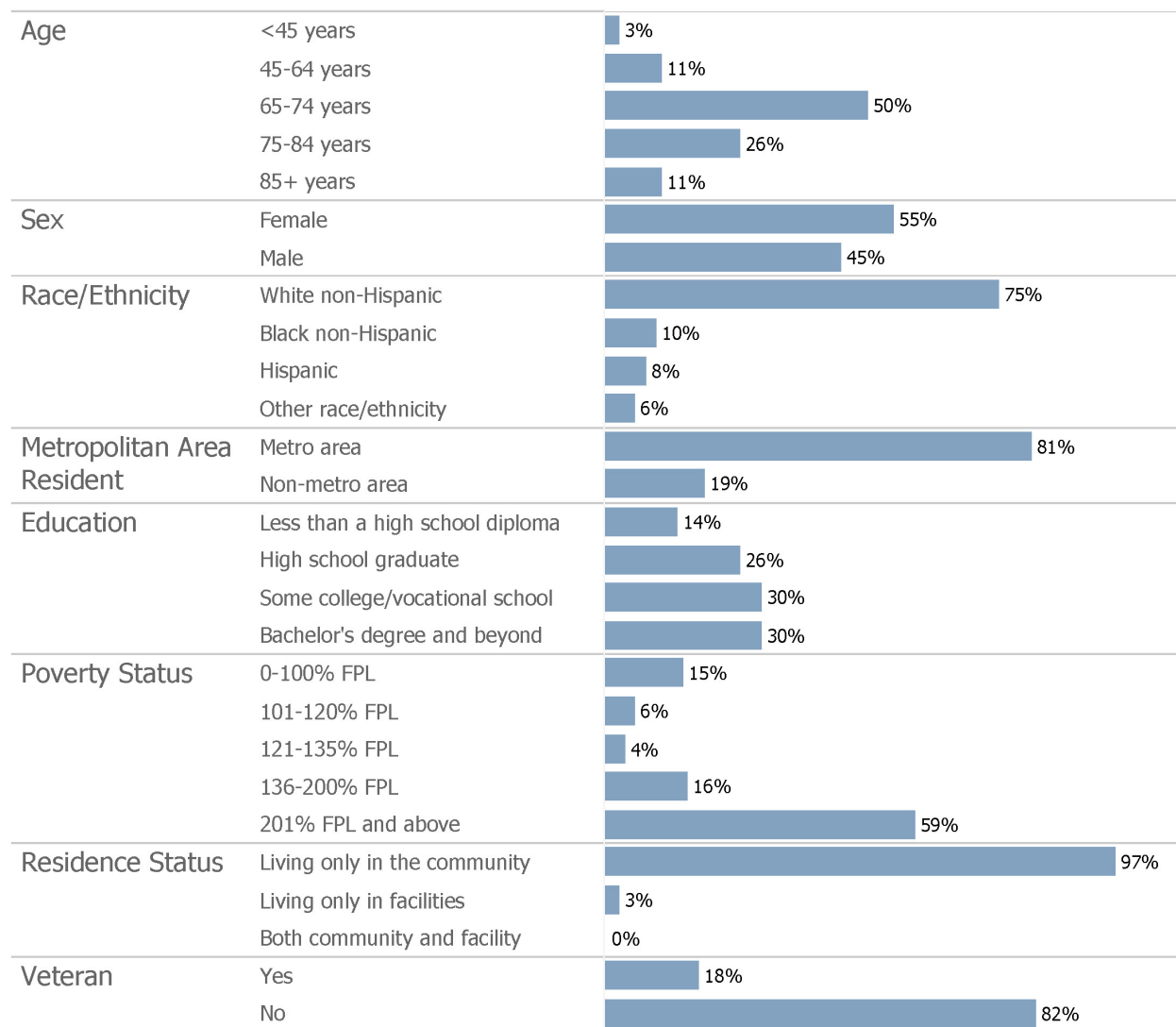
NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are only presented for beneficiaries who had Medicare Fee-for-Service coverage. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources. Estimates for Medicare Home Health Services are only presented in the Chartbook for beneficiaries in each year who completed at least one Community interview during the year and are therefore excluded from this Exhibit. Estimates for Prescription Drugs, Dental Services, Vision Services, and Hearing Services are not comparable across the full trending time period and are therefore excluded from this Exhibit. Estimates presented are cross-sectional estimates for each data year and do not represent longitudinal trends. Trends are presented for informational purposes only and should not be interpreted as significant population-level changes.

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.

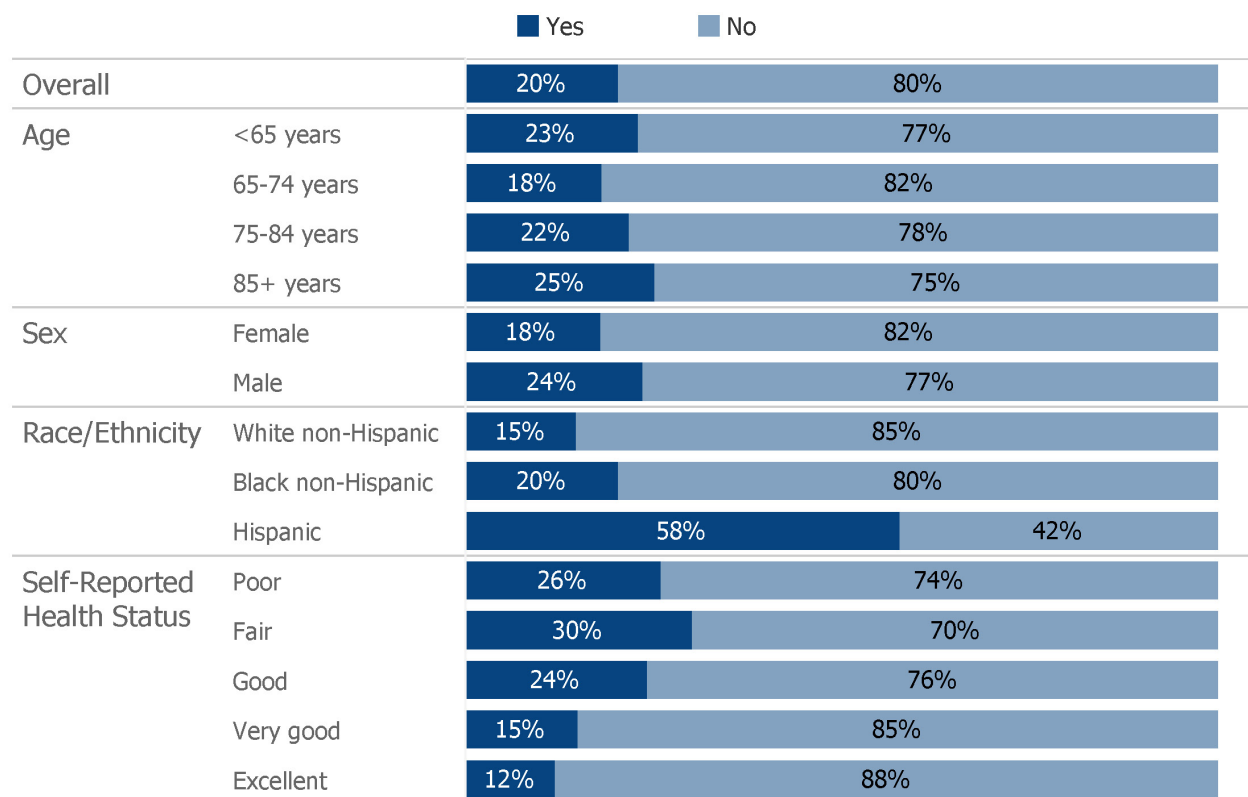
Exhibit 1.1.
**Demographic and Socioeconomic Characteristics of
All Medicare Beneficiaries, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. The "other race/ethnicity" category includes other single races not of Hispanic origin or two or more races. See the Glossary entry for race/ethnicity for more information. FPL stands for Federal Poverty Level.

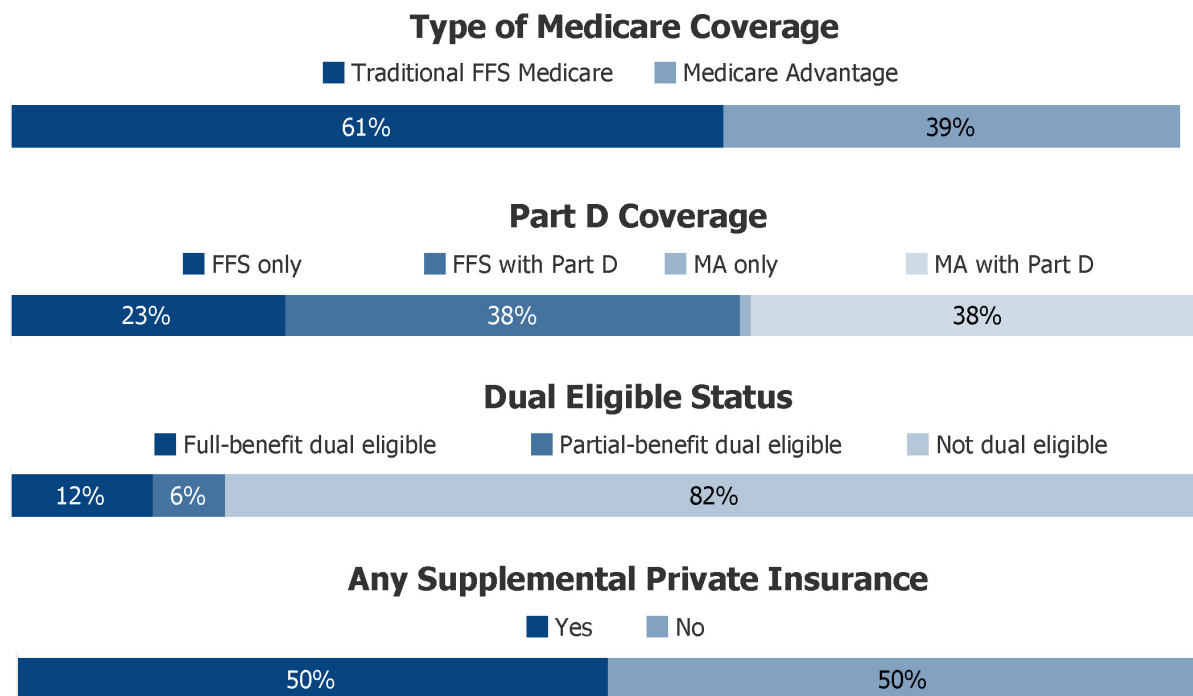
Exhibit 1.2.
**Self-Reported Limited English Proficiency Among Beneficiaries
 Living Only in the Community Overall and by Age, Sex,
 Race/Ethnicity, and Self-Reported Health Status, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who completed only Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

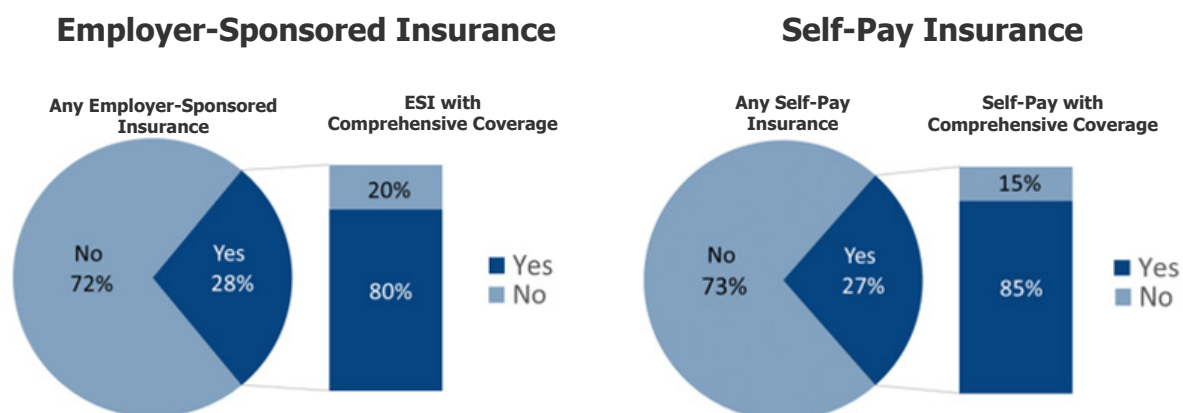
Exhibit 1.3.
Insurance Coverage of All Medicare Beneficiaries, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. FFS stands for Fee-for-Service. MA stands for Medicare Advantage.

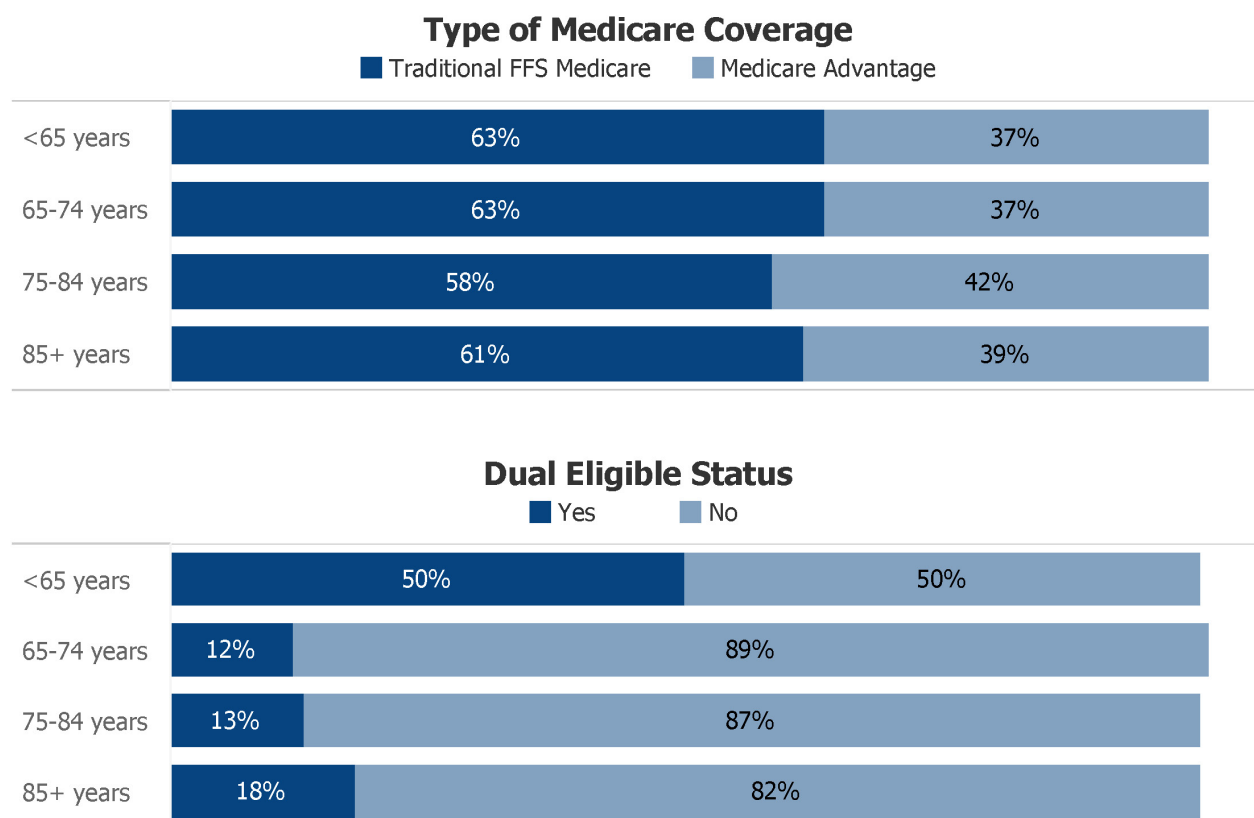
Exhibit 1.4.
**Supplemental Private Insurance Coverage of Medicare
 Beneficiaries Living in the Community, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. 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 or by proxy. ESI stands for Employer-Sponsored Insurance.

Exhibit 1.5.
**Type of Medicare Coverage and Dual Eligible Status of
 All Medicare Beneficiaries by Age, 2019**

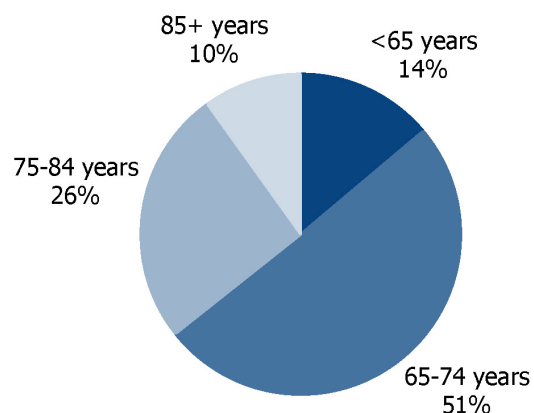


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

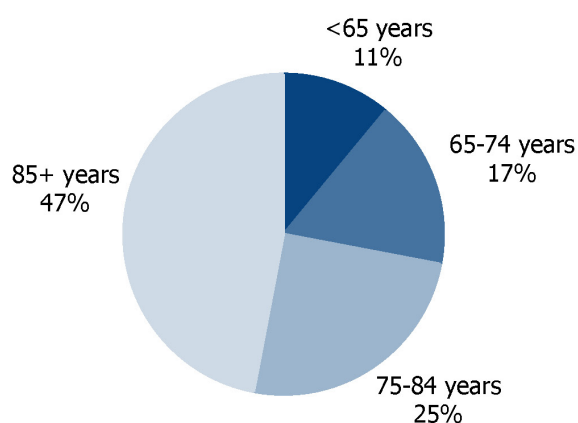
NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. FFS stands for Fee-for-Service. For Dual Eligible Status,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

Exhibit 1.6.
Residence Status of All Medicare Beneficiaries by Age, 2019

Living only in the community



Living only in facilities



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates for the category "Both community and facility" are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

HOW HEALTHY ARE MEDICARE BENEFICIARIES?

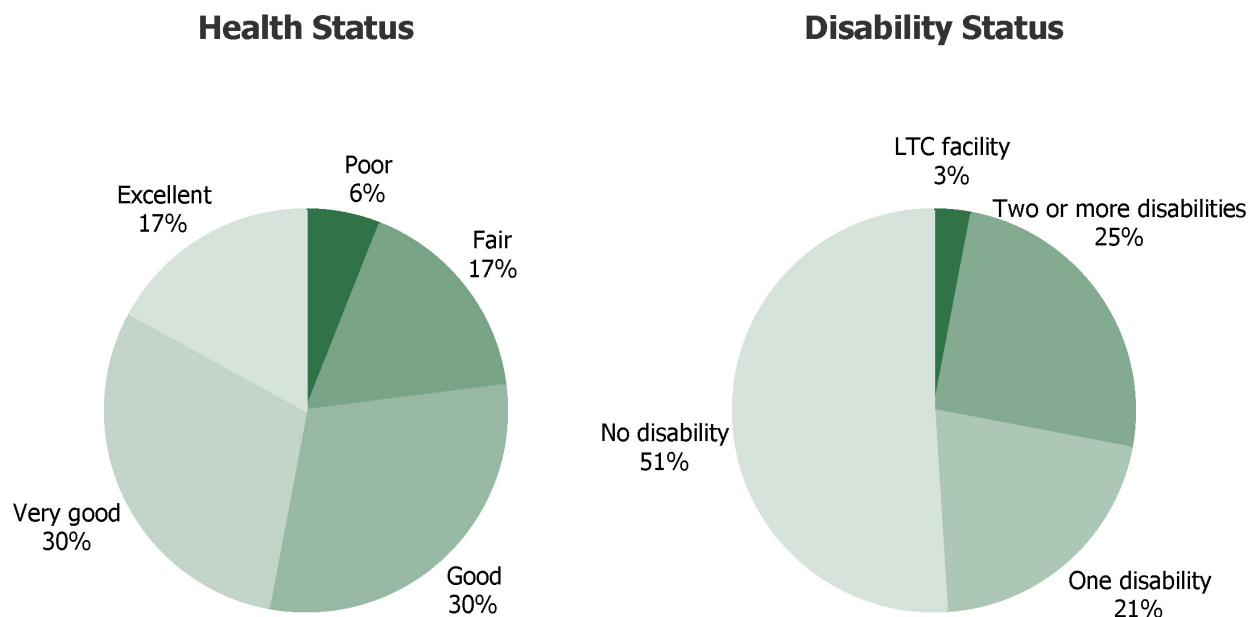
2. HOW HEALTHY ARE MEDICARE BENEFICIARIES?

PERCEIVED HEALTH AND FUNCTIONING

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

Exhibit 2.1.

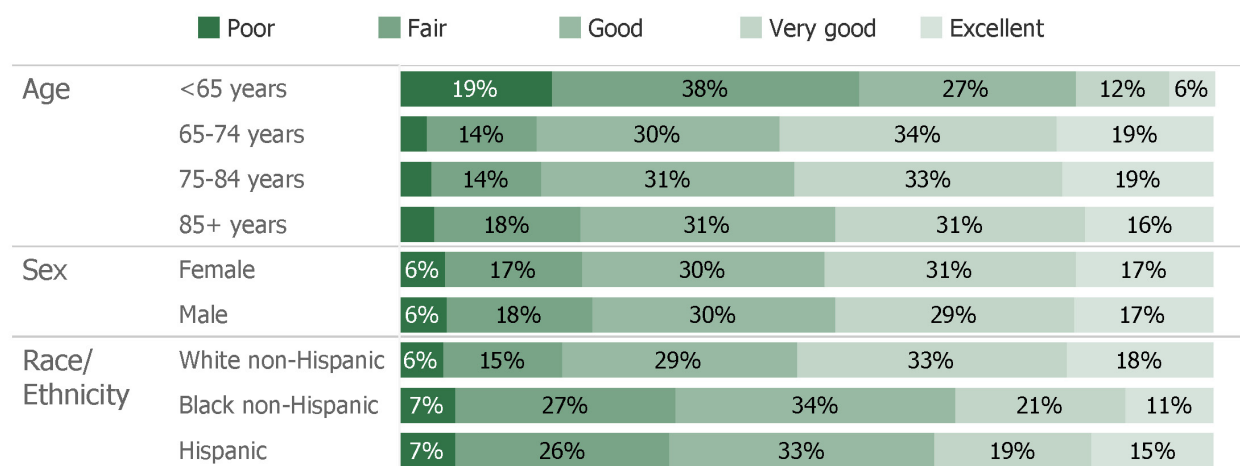
Quality of Life Metrics Among All Medicare Beneficiaries, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted 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.

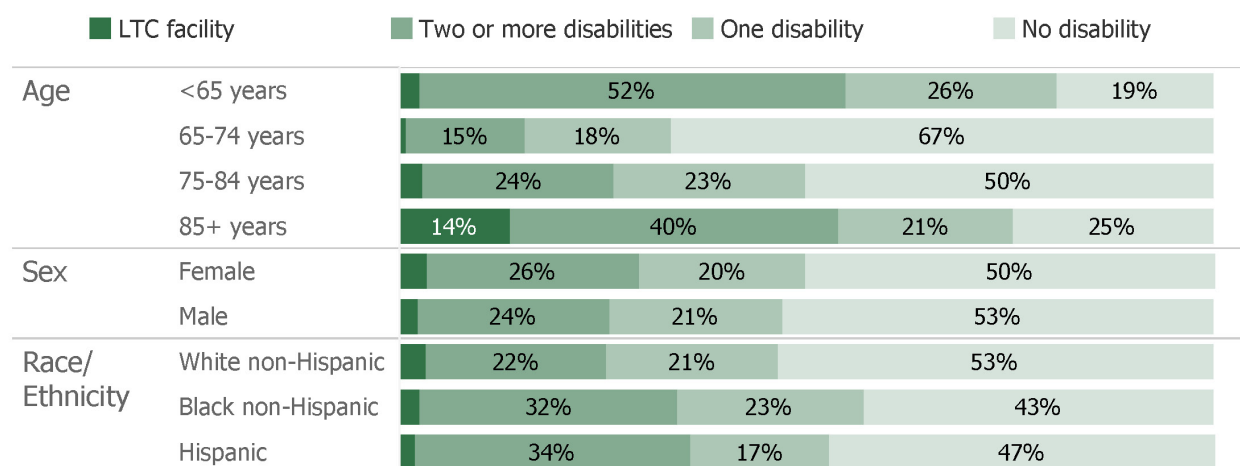
Exhibit 2.2.
**Health Status Among All Medicare Beneficiaries by Age, Sex, and
 Race/Ethnicity, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted 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, 2019**



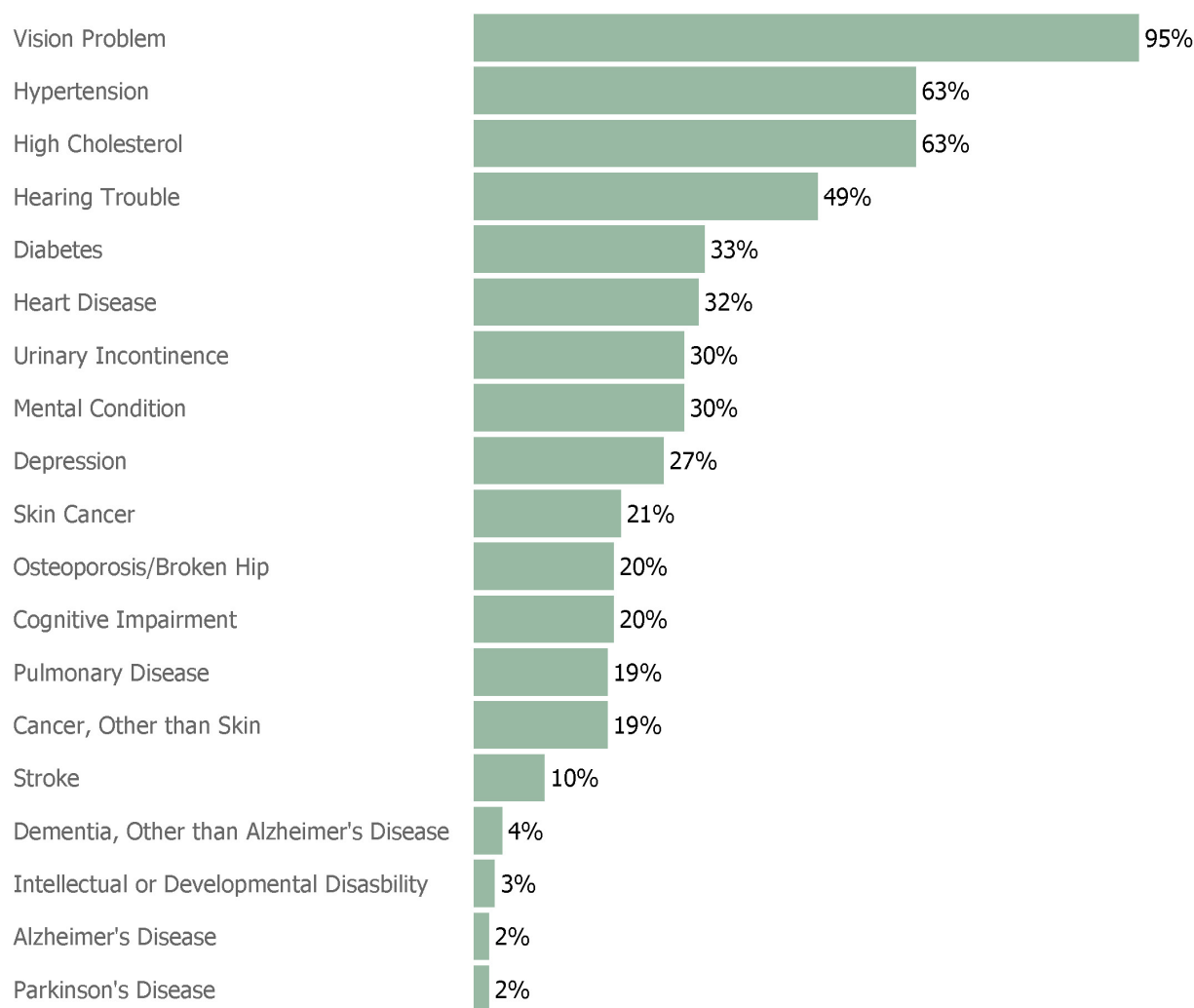
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category. LTC stands for Long-Term Care. "LTC facility" includes beneficiaries who only completed Facility interviews during the year.

HEALTH CONDITIONS AND RISK FACTORS

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

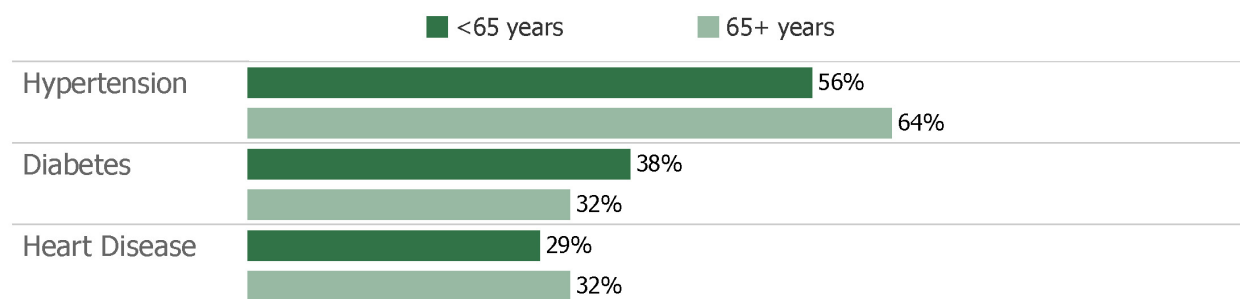
Exhibit 2.4.
Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

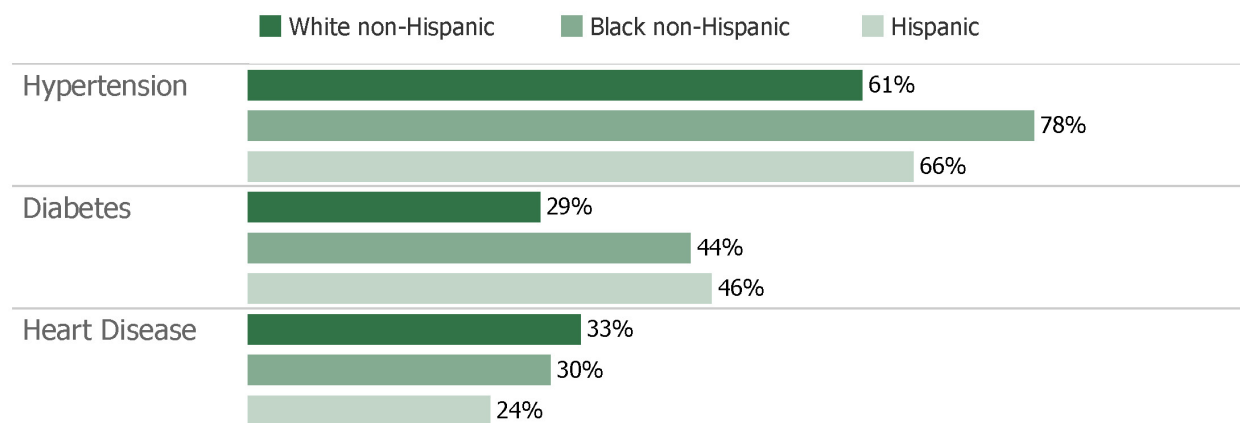
Exhibit 2.5.
Selected Reported Chronic Conditions Among All Medicare Beneficiaries by Age, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

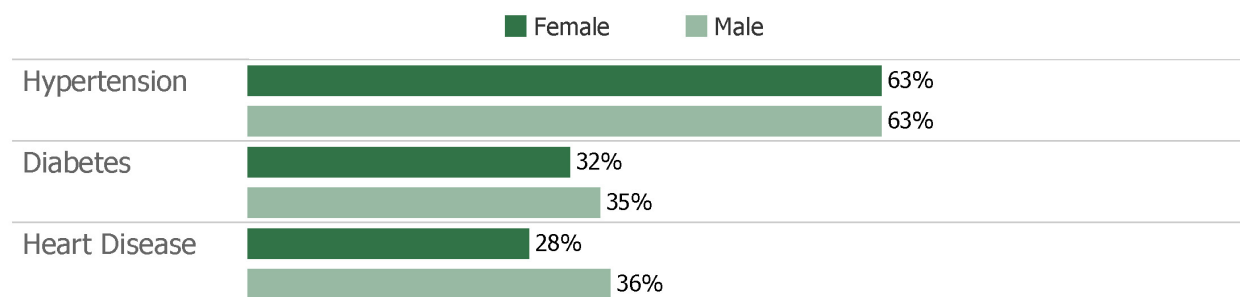
Exhibit 2.6.
Selected Reported Chronic Conditions Among All Medicare Beneficiaries by Race/Ethnicity, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category.

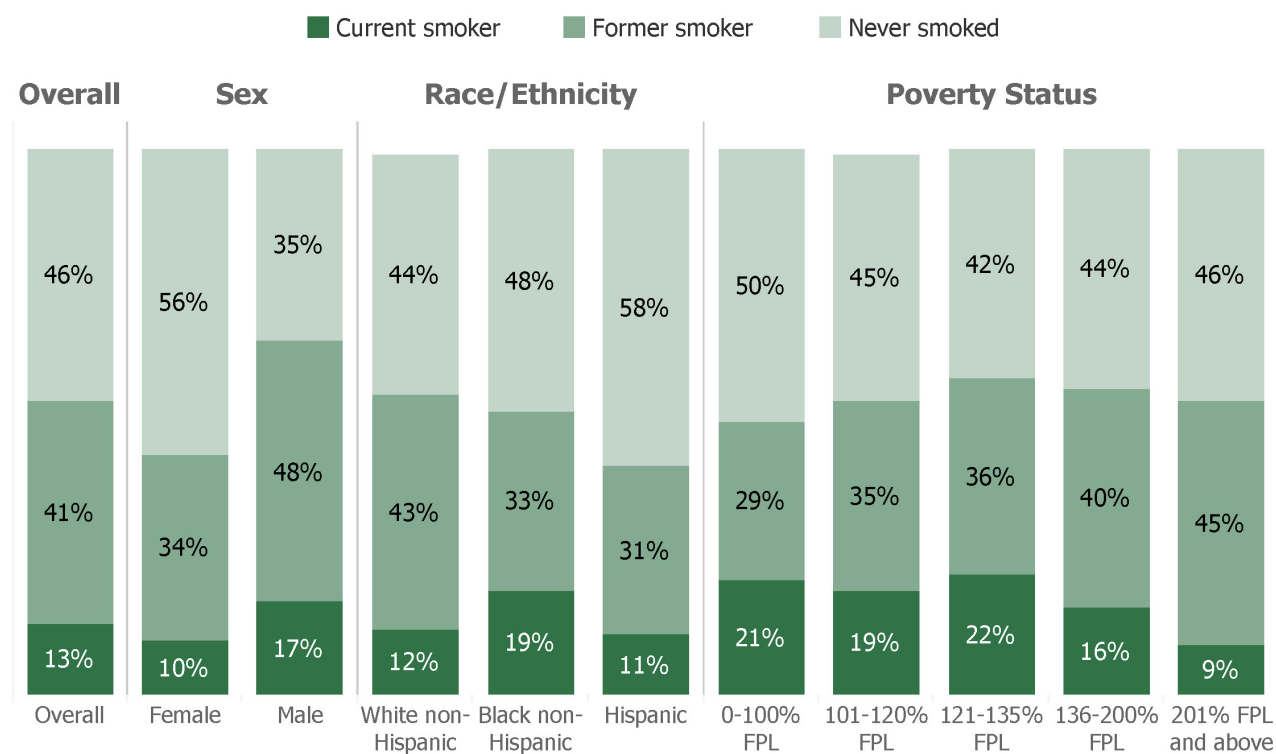
Exhibit 2.7.
**Selected Reported Chronic Conditions Among All Medicare
 Beneficiaries by Sex, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

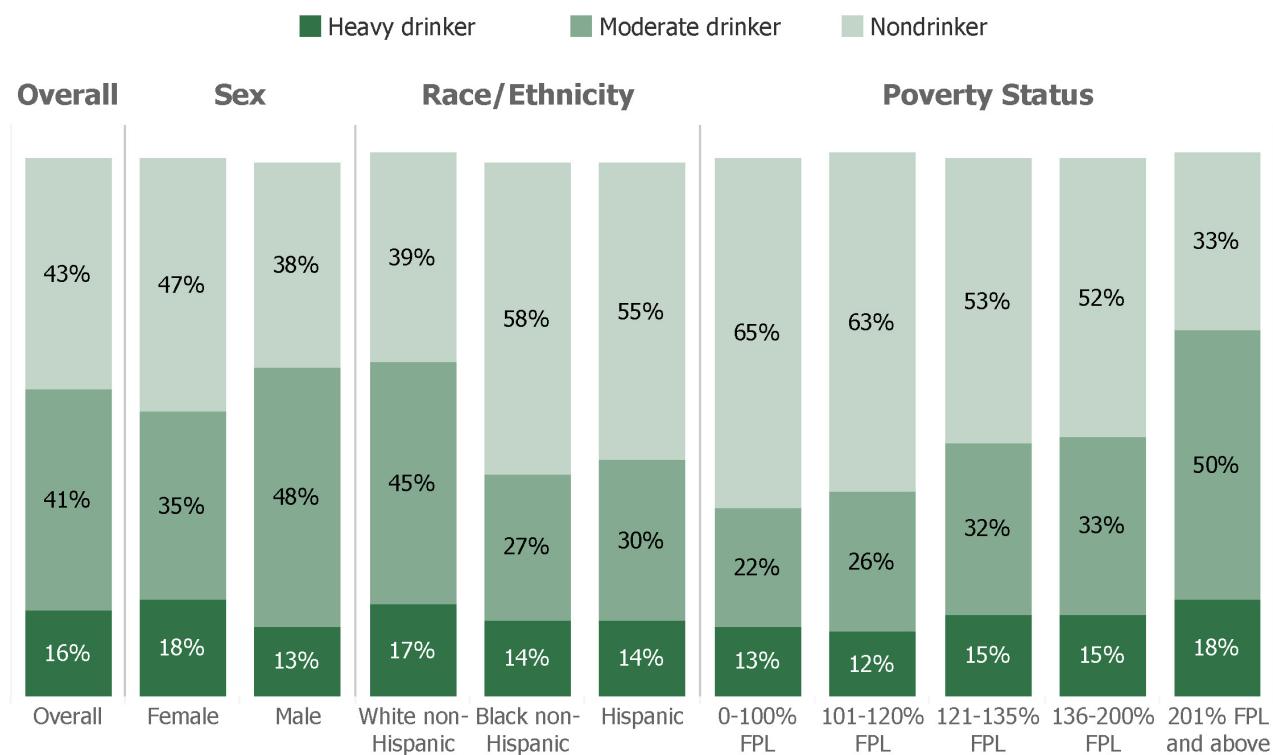
Exhibit 2.8.
**Smoking Status Among All Medicare Beneficiaries Overall and by
 Sex, Race/Ethnicity, and Poverty Status, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category. FPL stands for Federal Poverty Level.

Exhibit 2.9.
Self-Reported Alcohol Use Among Medicare Beneficiaries Living in
the Community Overall and by Sex, Race/Ethnicity, and Poverty
Status, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. 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 or by proxy. Estimates are not presented for the "other race/ethnicity" category. FPL stands for Federal Poverty Level.

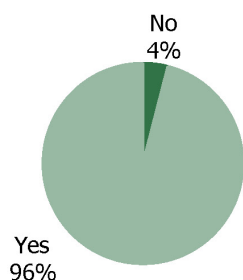
PREVENTIVE CARE

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.

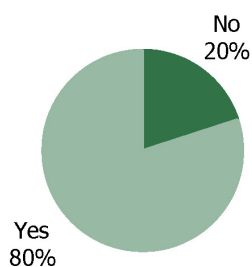
Exhibit 2.10.

Self-Reported Preventive Health Behaviors Among Medicare Beneficiaries Living Only in the Community, 2019

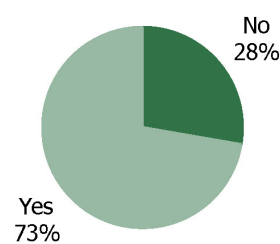
Blood Pressure Screening



Pneumonia Shot



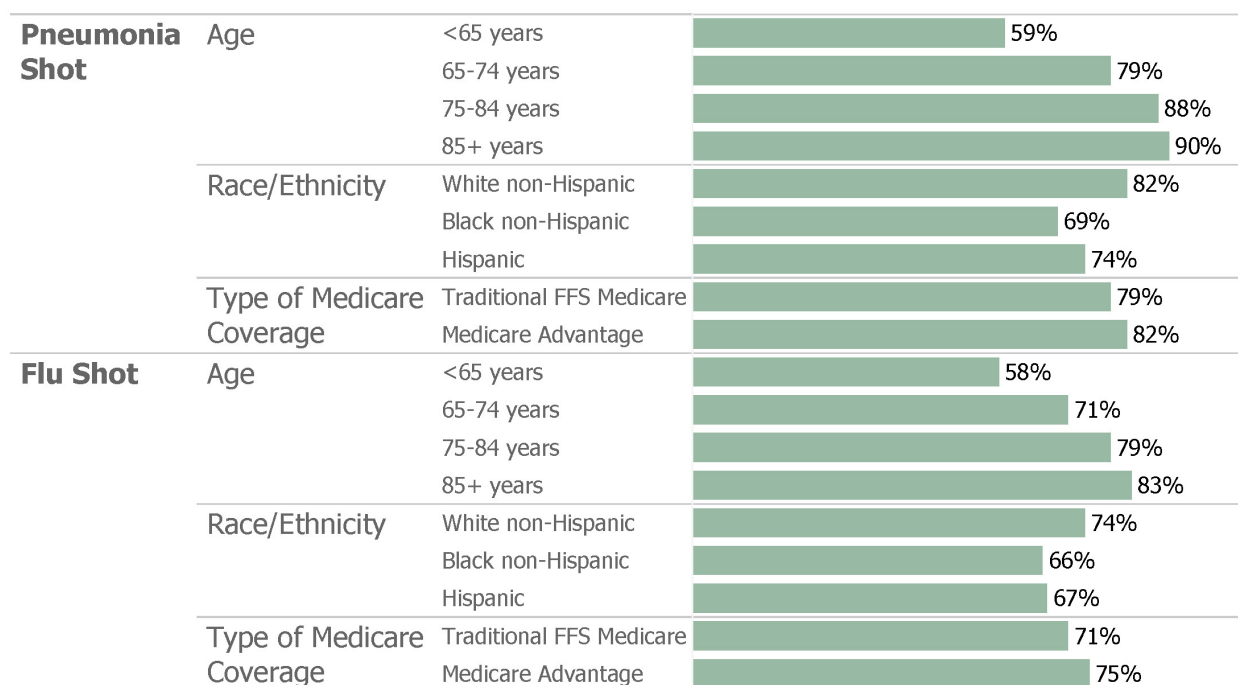
Flu Shot



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

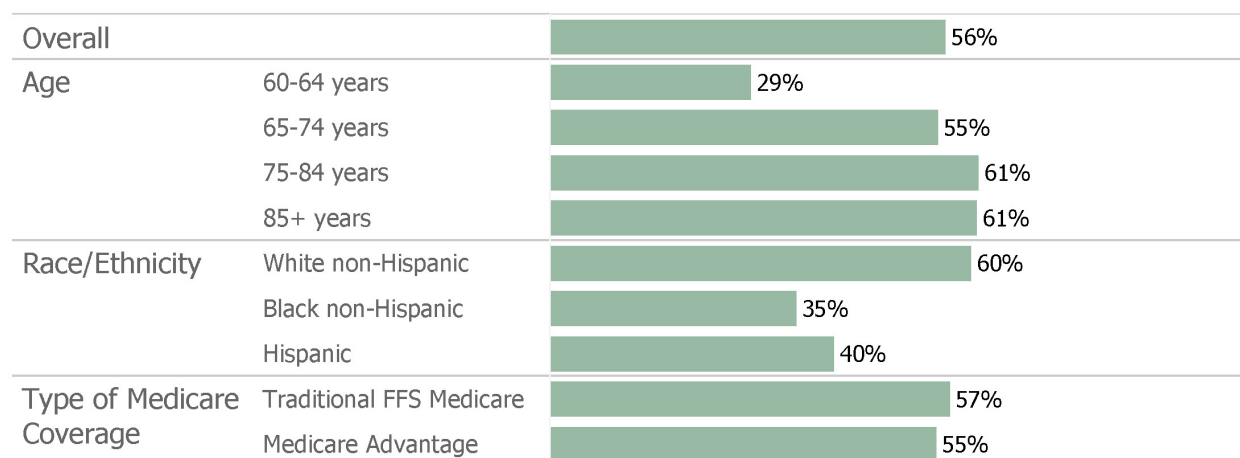
Exhibit 2.11.
**Self-Reported Preventive Health Behaviors Among Medicare
 Beneficiaries Living Only in the Community by Age, Race/Ethnicity,
 and Type of Medicare Coverage, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category. FFS stands for Fee-for-Service.

Exhibit 2.12.
**Self-Reported Receipt of Shingles Vaccine Among Medicare
 Beneficiaries Aged 60 and Over Living Only in the Community
 Overall and by Age, Race/Ethnicity, and Type of Medicare
 Coverage, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category. FFS stands for Fee-for-Service.

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

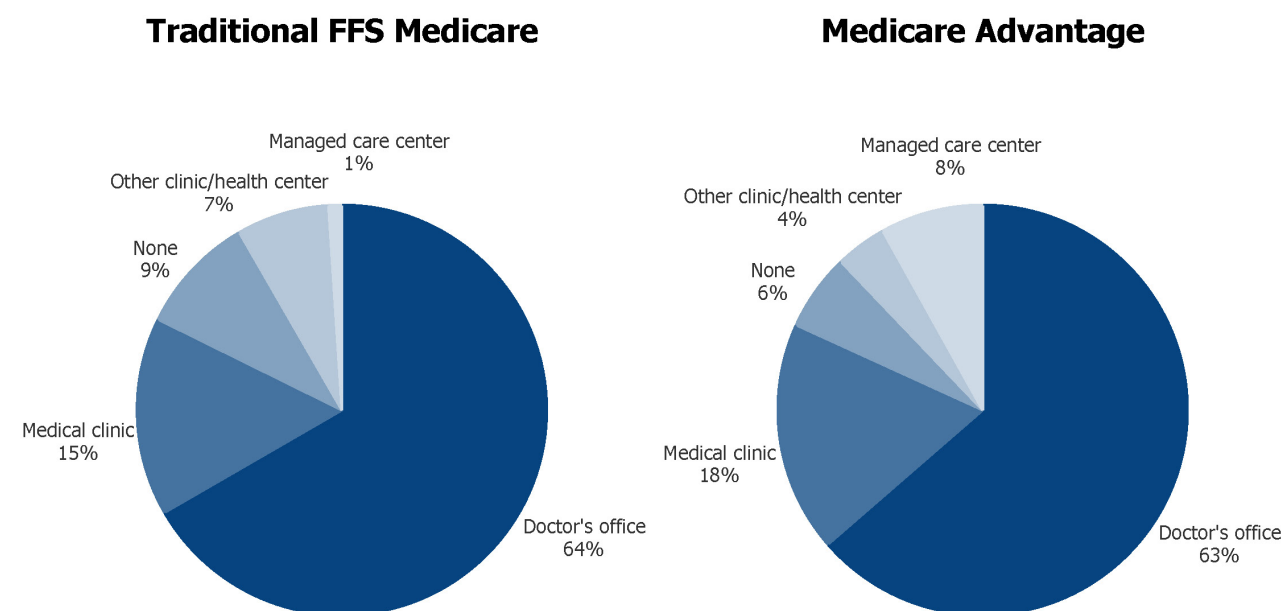
3. WHAT IS THE MEDICARE POPULATION'S ACCESS TO CARE AND HOW SATISFIED ARE BENEFICIARIES WITH THEIR CARE?

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 Living Only in the Community by Type of Medicare Coverage, 2019



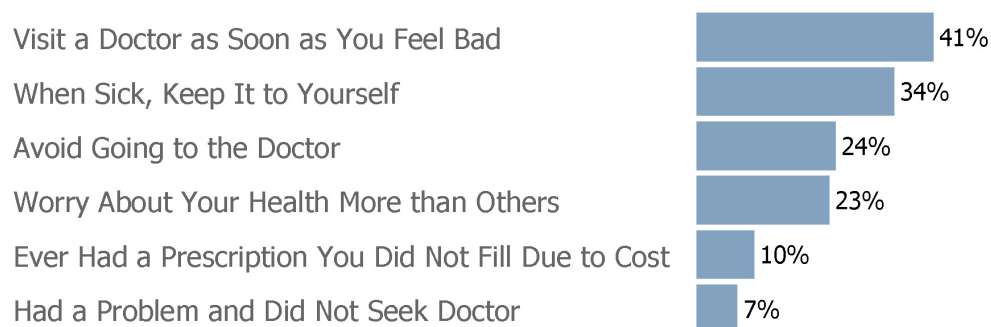
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. ER stands for Emergency Room. FFS stands for Fee-for-Service. OPD stands for Outpatient Department. Estimates for the category "Hospital/OPD/ER" are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

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 a beneficiary visiting a doctor as soon as they feel bad and worrying about their health more than others, as well as behaviors that decrease this tendency, such as a beneficiary having a problem and not seeking a doctor, having a prescription that they do not fill due to cost, avoiding going to the doctor, and keeping it to themselves when sick.

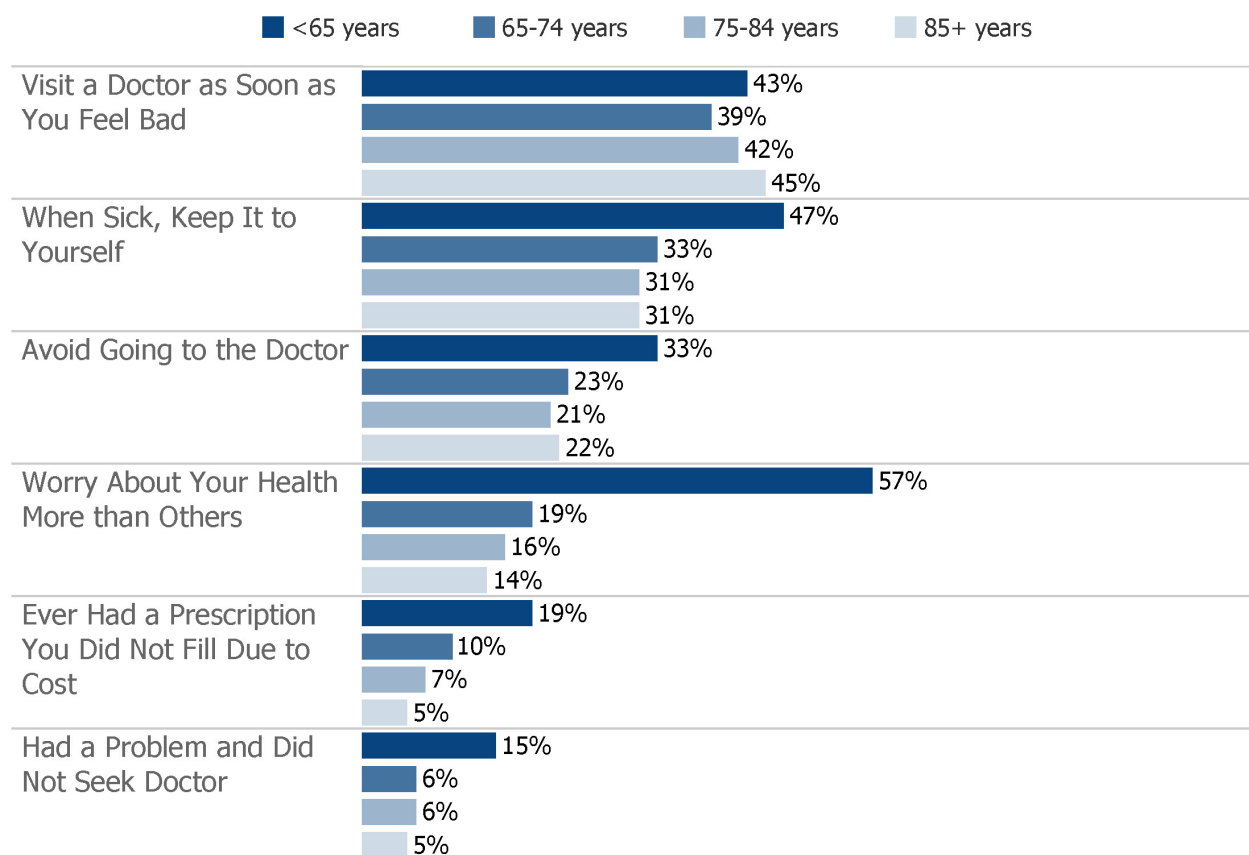
Exhibit 3.2.
Indicators of Propensity to Seek Care Among Medicare Beneficiaries Living Only in the Community, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

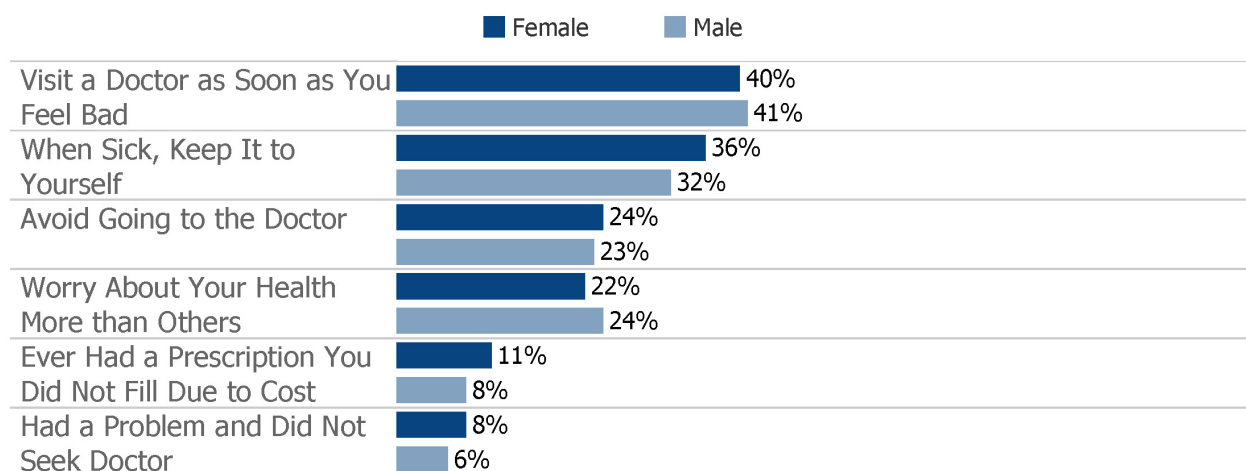
Exhibit 3.3.
**Indicators of Propensity to Seek Care Among Medicare
 Beneficiaries Living Only in the Community by Age, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

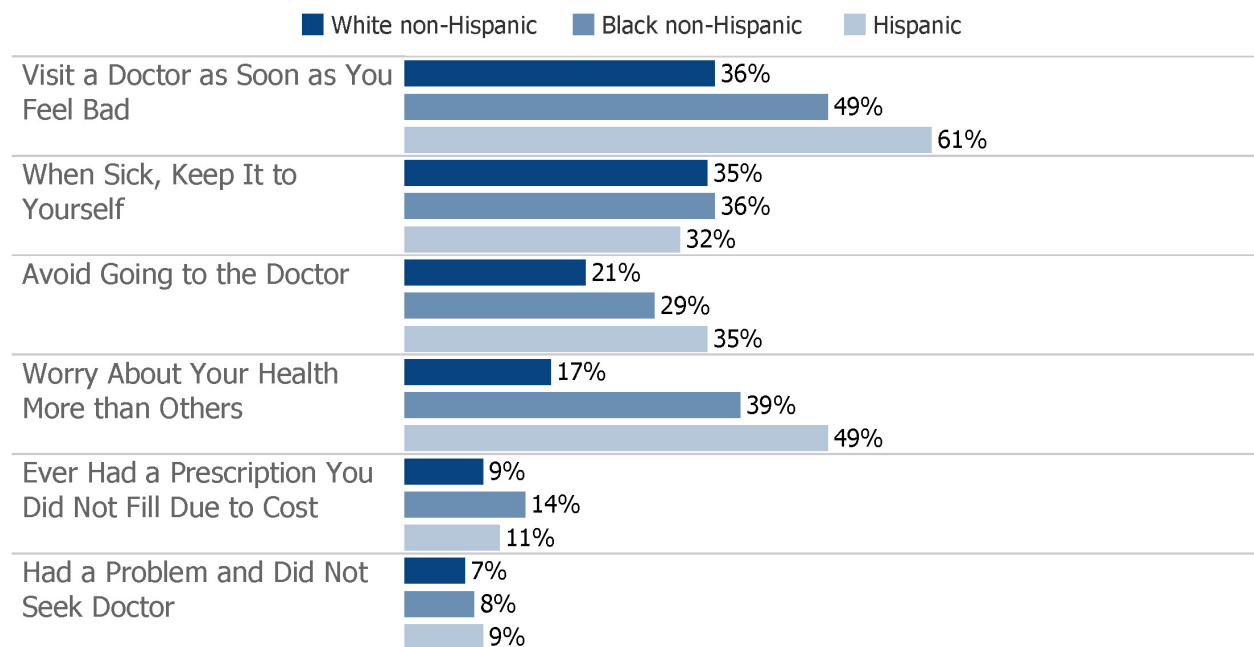
Exhibit 3.4.
**Indicators of Propensity to Seek Care Among Medicare
 Beneficiaries Living Only in the Community by Sex, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Exhibit 3.5.
**Indicators of Propensity to Seek Care Among Medicare
 Beneficiaries Living Only in the Community by Race/Ethnicity,
 2019**



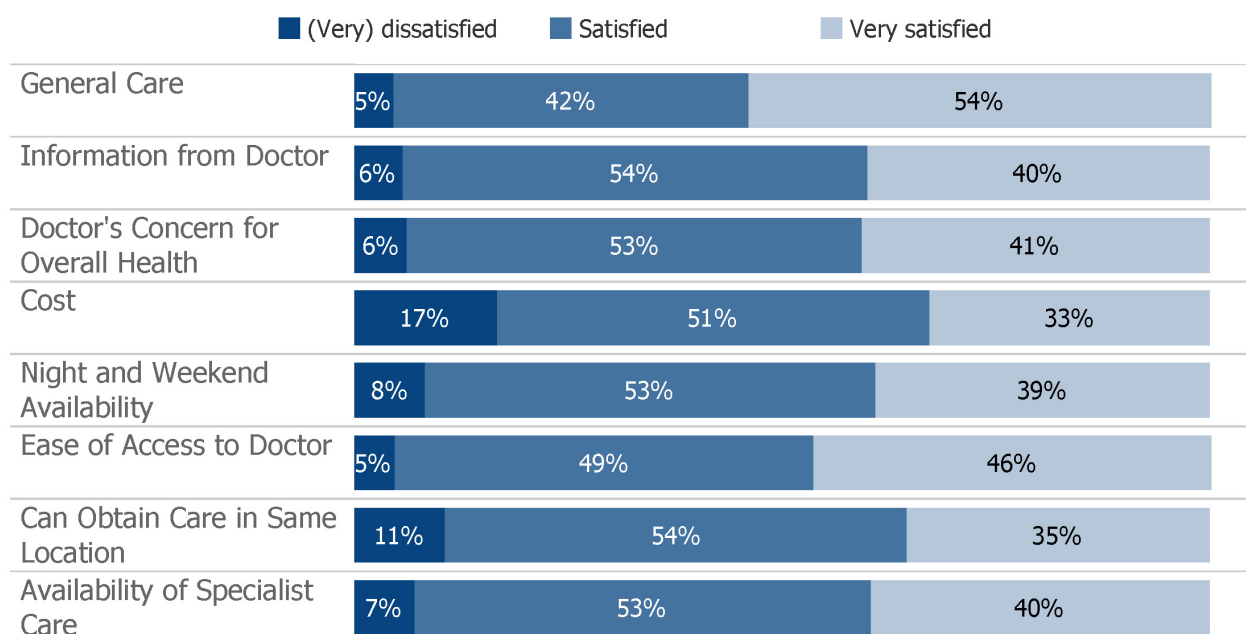
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. 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.

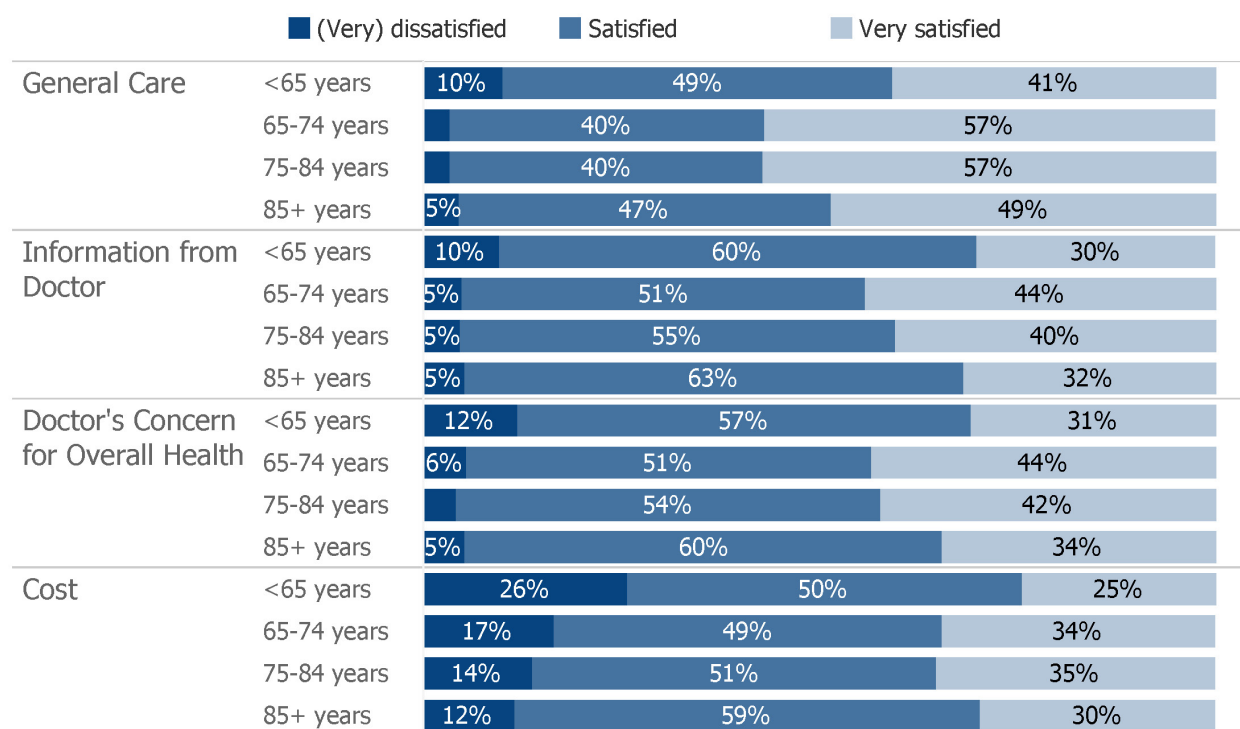
Exhibit 3.6.
**Indicators of Satisfaction with Care Among Medicare Beneficiaries
Living Only in the Community, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied."

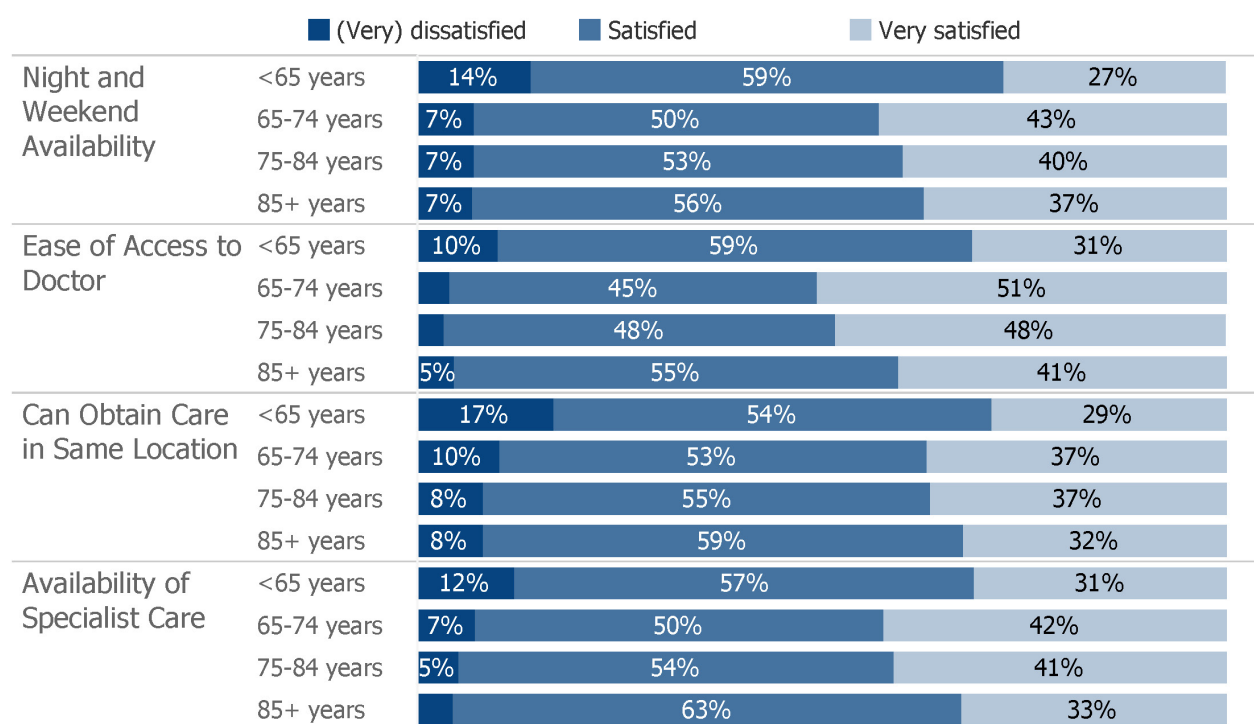
Exhibit 3.7.
**Satisfaction with Quality and Cost of Care Among Medicare
 Beneficiaries Living Only in the Community by Age, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied."

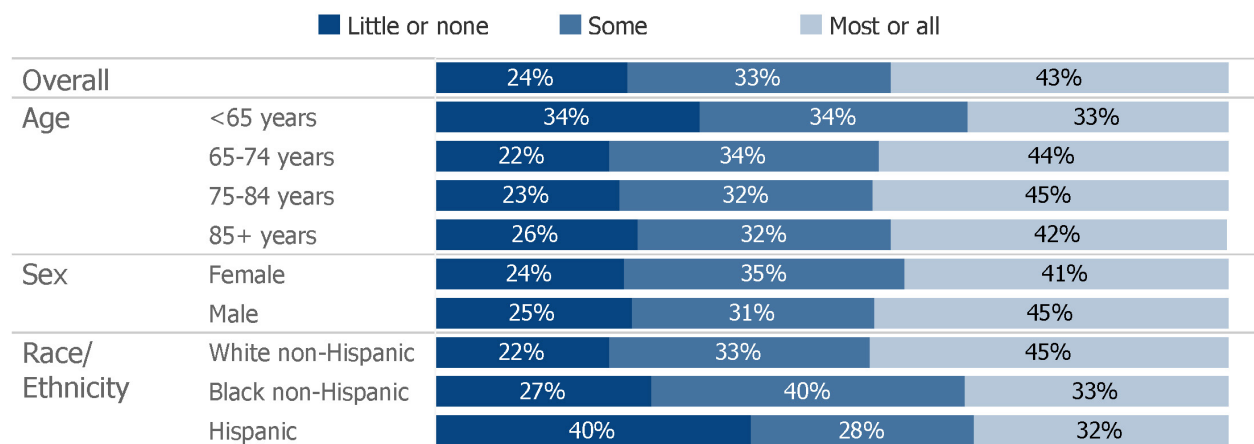
Exhibit 3.8.
Satisfaction with Access to Care Among Medicare Beneficiaries
Living Only in the Community by Age, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied."

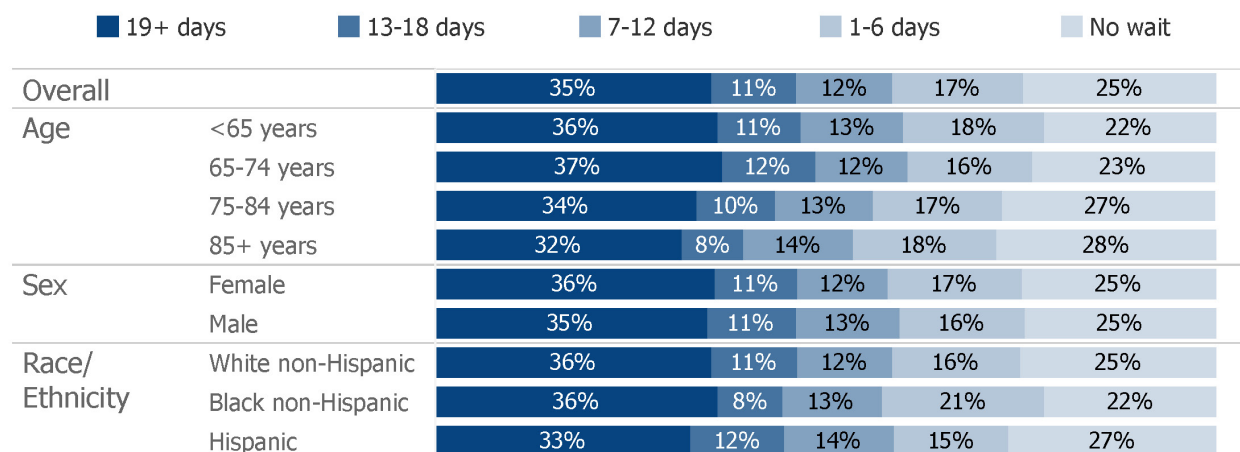
Exhibit 3.9.
Perceived Knowledge of the Medicare Program Among Medicare Beneficiaries Living Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

Exhibit 3.10.
Self-Reported Physician Appointment Wait Time Among Medicare Beneficiaries Living Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

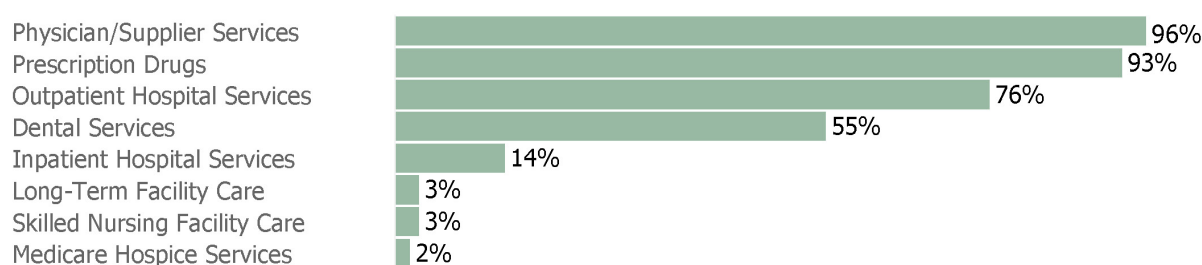
NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only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

WHAT HEALTH CARE SERVICES DO MEDICARE BENEFICIARIES RECEIVE?

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 dental, hearing, vision, inpatient hospital, long-term facility care, Medicare home health, Medicare hospice, outpatient hospital, physician/supplier, and skilled nursing facility care services, as well as use of prescription drugs.

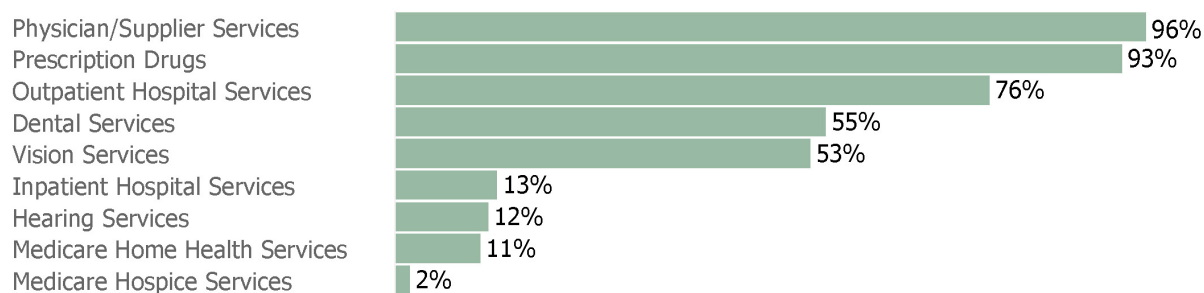
Exhibit 4.1.
User Rates of Health Care Services Among All Medicare Beneficiaries, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates for Vision Services, Hearing Services, and Medicare Home Health Services are only presented in the Chartbook for beneficiaries who only completed Community interviews during the year and are therefore excluded from this Exhibit.

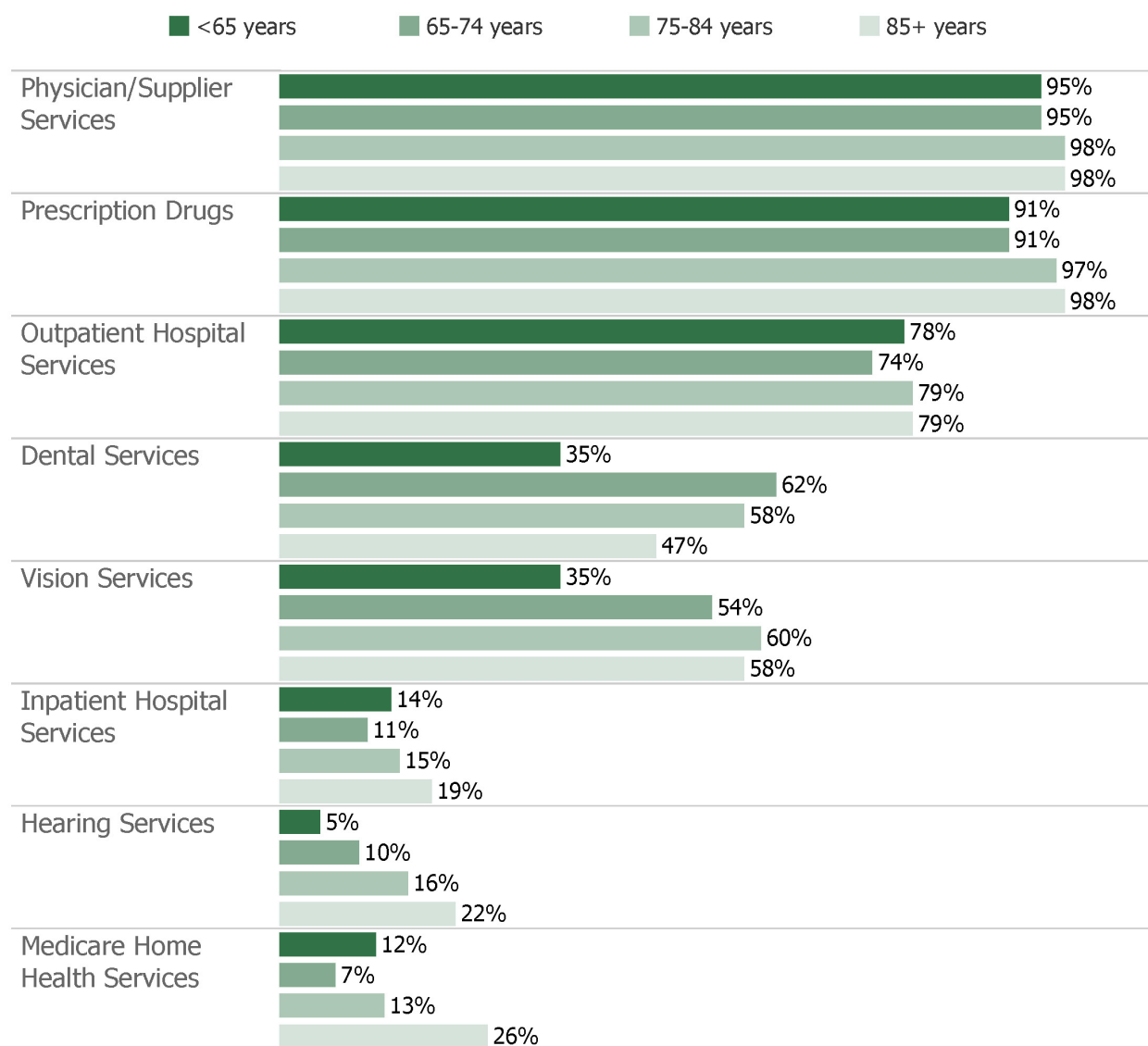
Exhibit 4.2.
**User Rates of Selected Health Care Services Among Medicare
 Beneficiaries Living Only in the Community, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

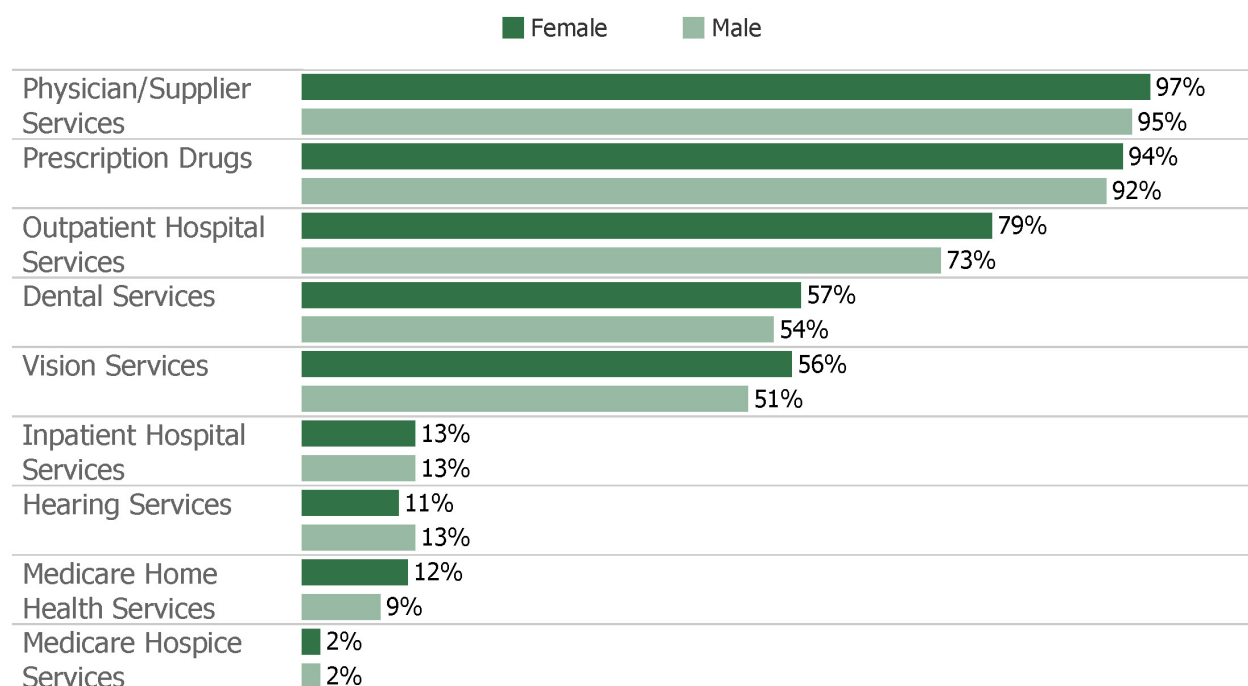
Exhibit 4.3.
**User Rates of Selected Health Care Services Among Medicare
 Beneficiaries Living Only in the Community by Age, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

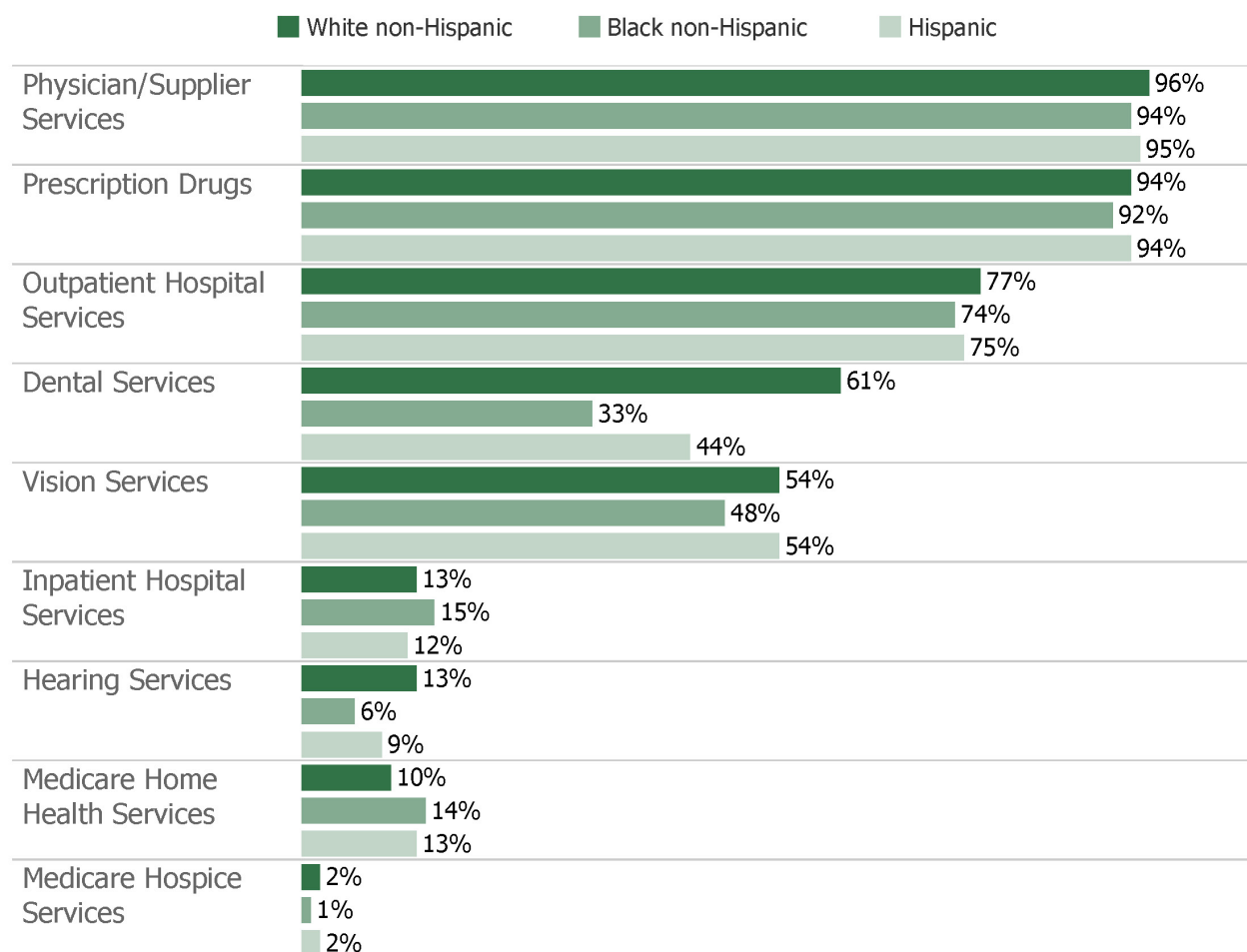
Exhibit 4.4.
**User Rates of Selected Health Care Services Among Medicare
 Beneficiaries Living Only in the Community by Sex, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

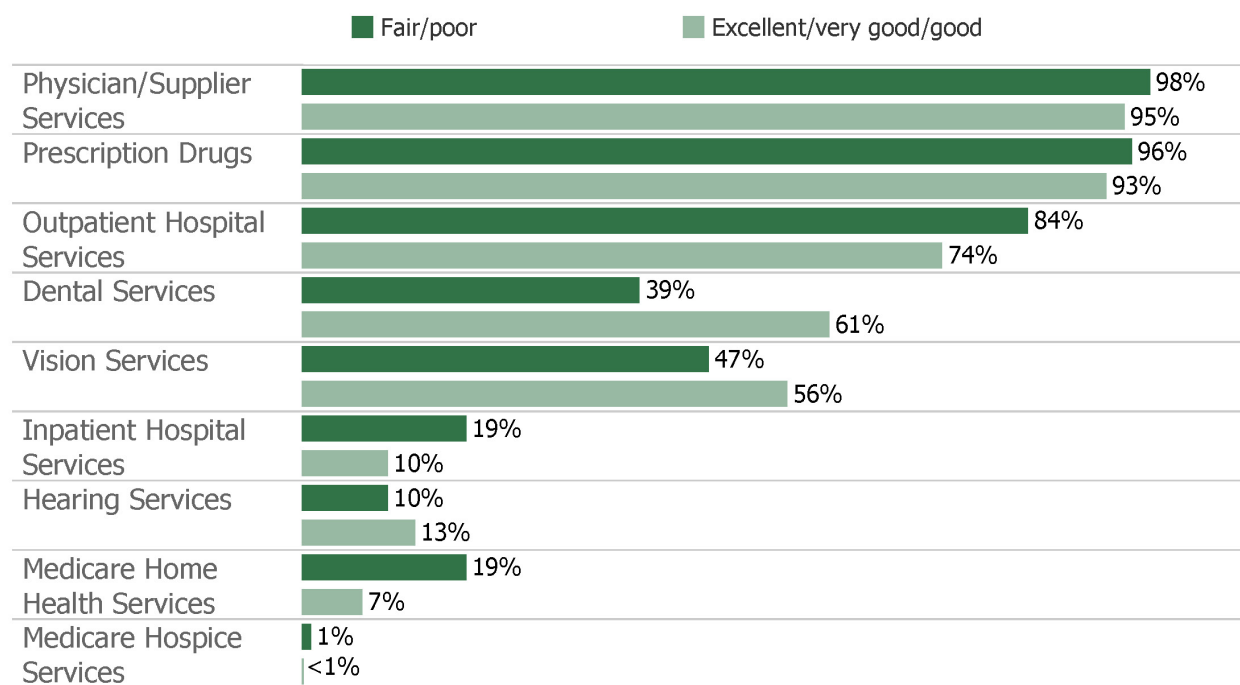
Exhibit 4.5.
**User Rates of Selected Health Care Services Among Medicare
 Beneficiaries Living Only in the Community by Race/Ethnicity,
 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

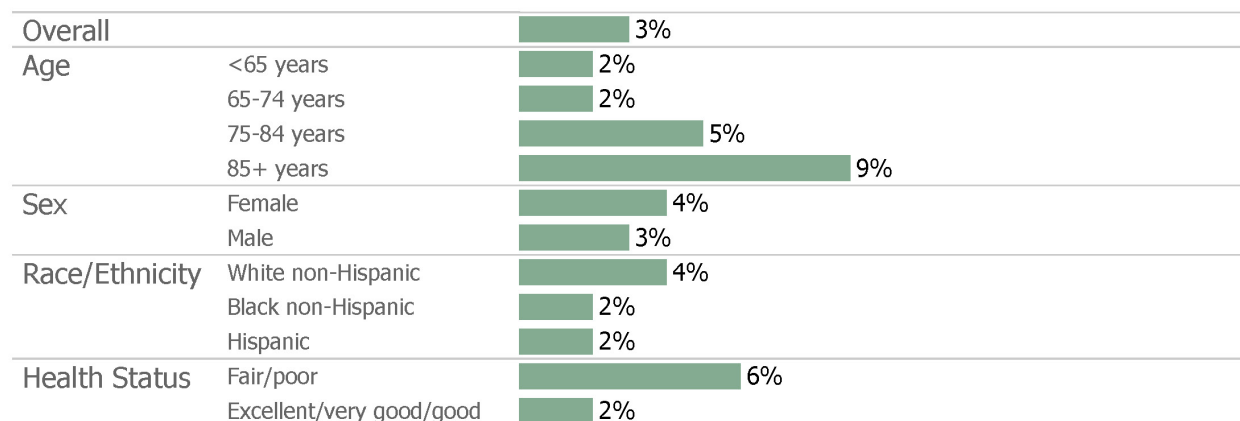
Exhibit 4.6.
User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community by Self-Reported Health Status, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

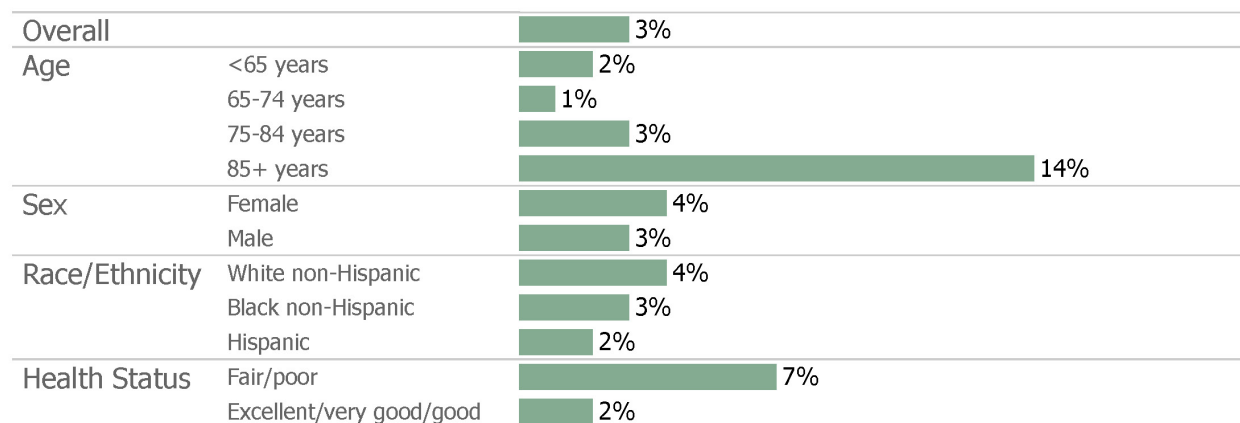
Exhibit 4.7.
User Rates of Skilled Nursing Facility Care Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are not presented for the "other race/ethnicity" category.

Exhibit 4.8.
**User Rates of Long-Term Facility Care Among All Medicare
 Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health
 Status, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are not presented for the "other race/ethnicity" category.

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

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

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

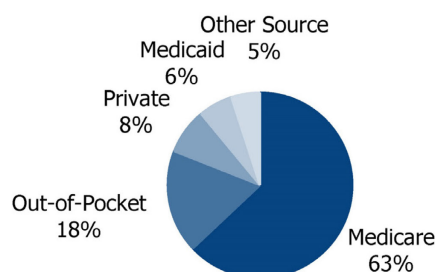
Exhibit 5.1.

Total Health Care Service Expenditures Among All Medicare Beneficiaries Overall, by Source of Payment, and for Selected Service Types, in Millions of Dollars, 2019

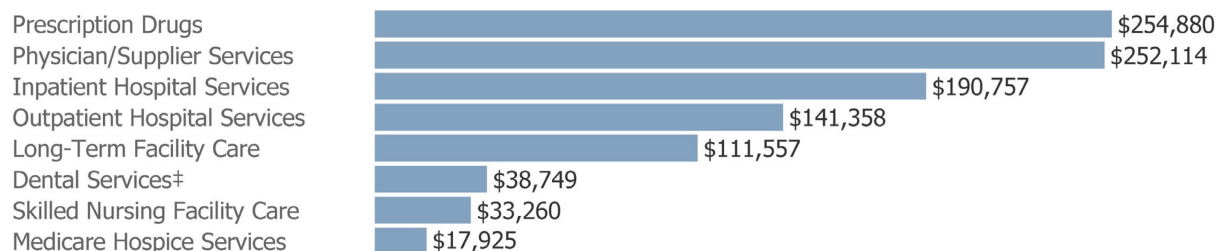
Total Service Expenditures

\$1,079,824

Source of Payment



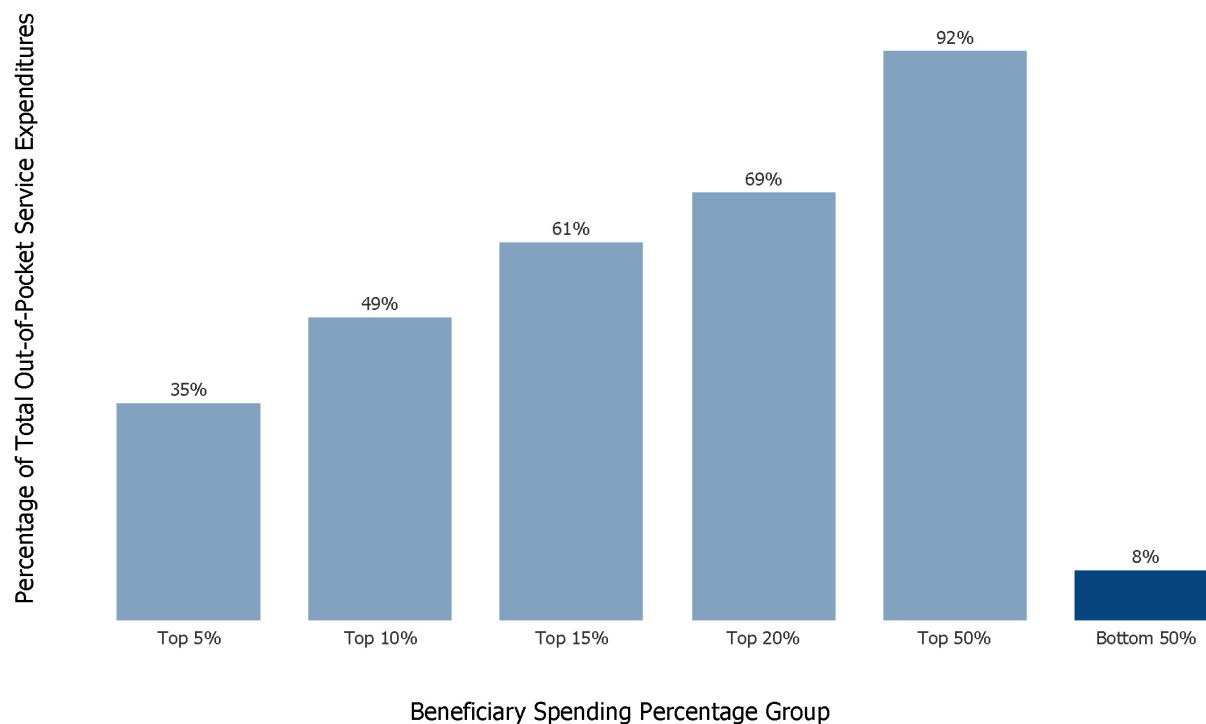
Service Type



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. †Dental services expenditures are only available for those who completed at least one Community interview in the year. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources. Estimates for Vision Services, Hearing Services, and Medicare Home Health Services are only presented in the Chartbook for beneficiaries who only completed Community interviews during the year and are therefore excluded from this Exhibit.

Exhibit 5.2.
Distribution of Total Out-of-Pocket Health Care Service Expenditures Among All Medicare Beneficiaries, 2019

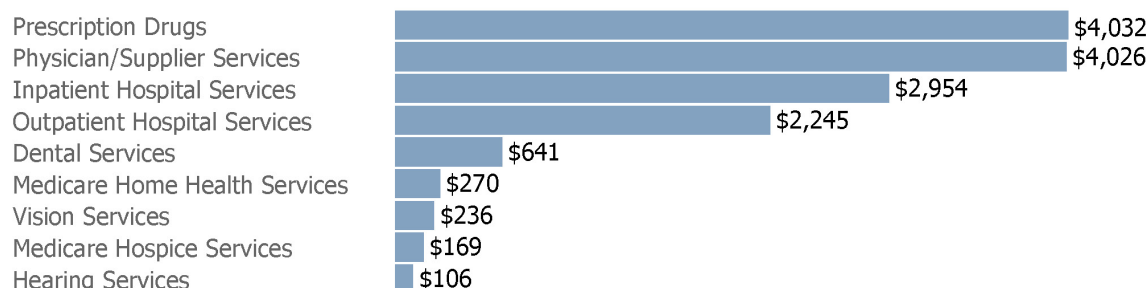


- The 5% of beneficiaries who spend the most out-of-pocket for health care services account for 35% of all out-of-pocket health care service spending.
- The 50% who spend the least account for 8% of total out-of-pocket health care service spending.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews.

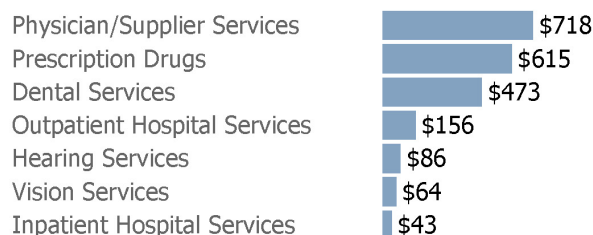
Exhibit 5.3.
Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Dollars, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

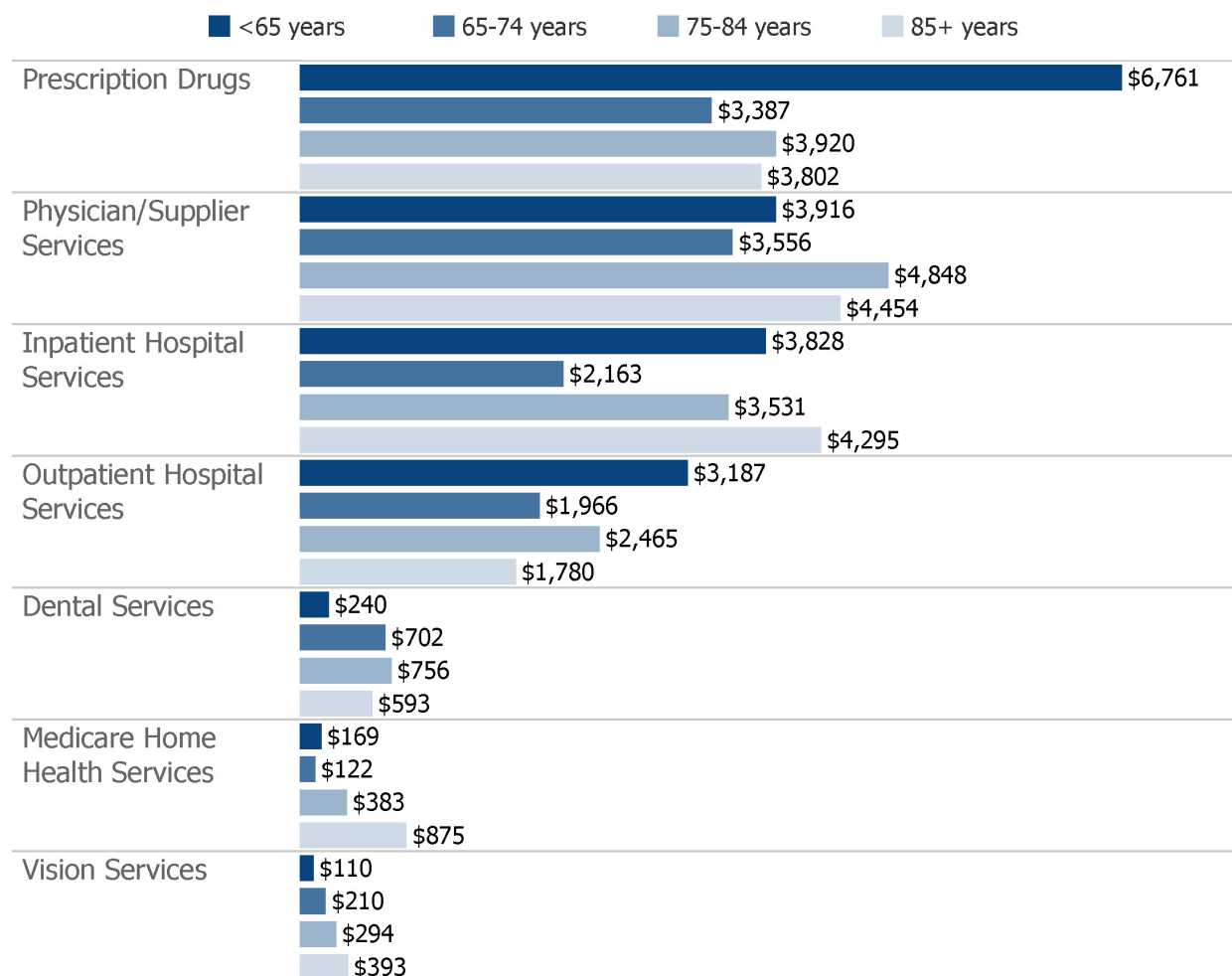
Exhibit 5.4.
Total Out-of-Pocket Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Dollars, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates for Medicare Home Health Services and Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix.

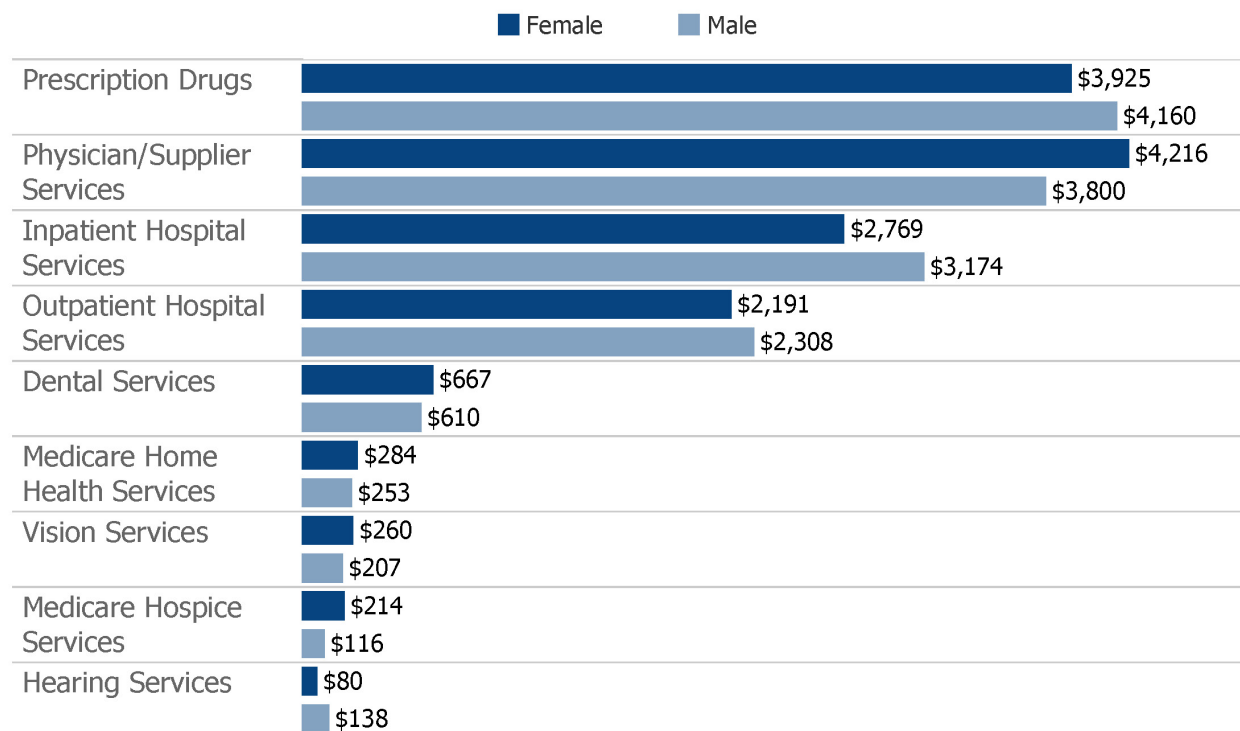
Exhibit 5.5.
**Total Health Care Service Expenditures per Capita for Selected
 Service Types Among Medicare Beneficiaries Living Only in the
 Community by Age, in Dollars, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates for Medicare Hospice Services and Hearing Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

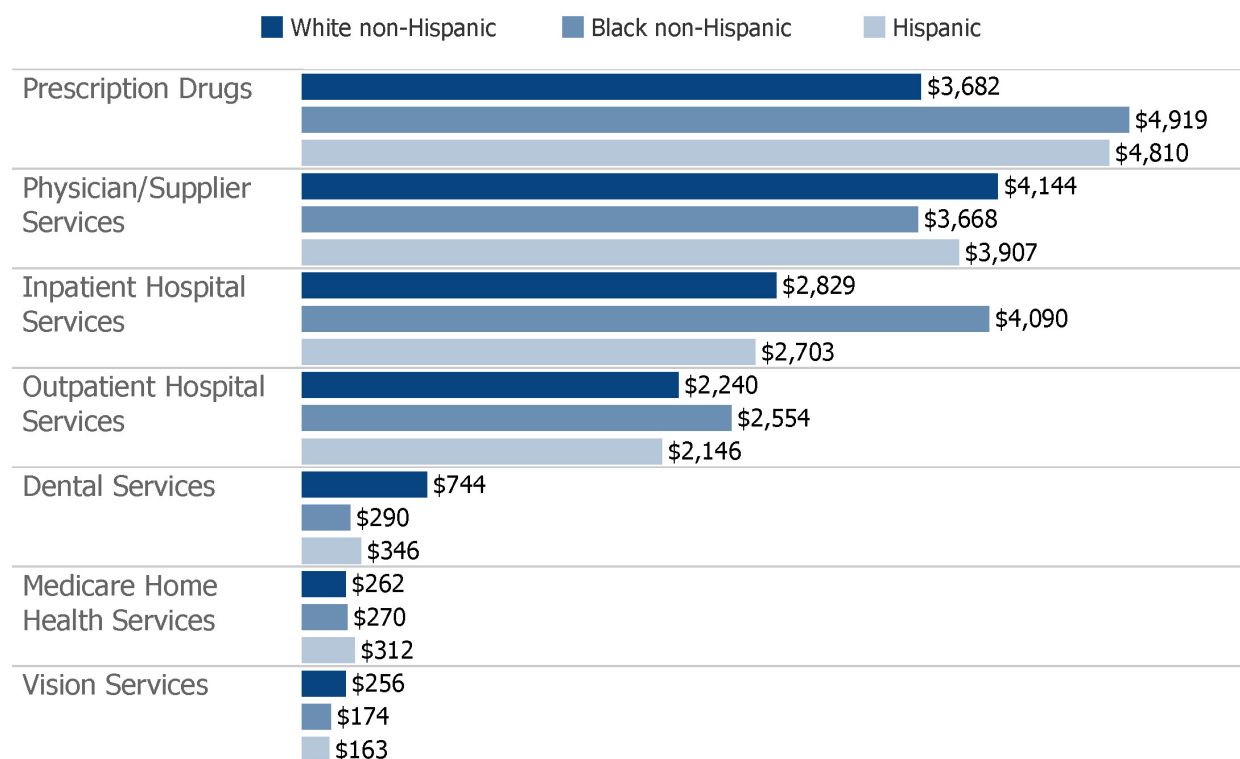
Exhibit 5.6.
**Total Health Care Service Expenditures per Capita for Selected
 Service Types Among Medicare Beneficiaries Living Only in the
 Community by Sex, in Dollars, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

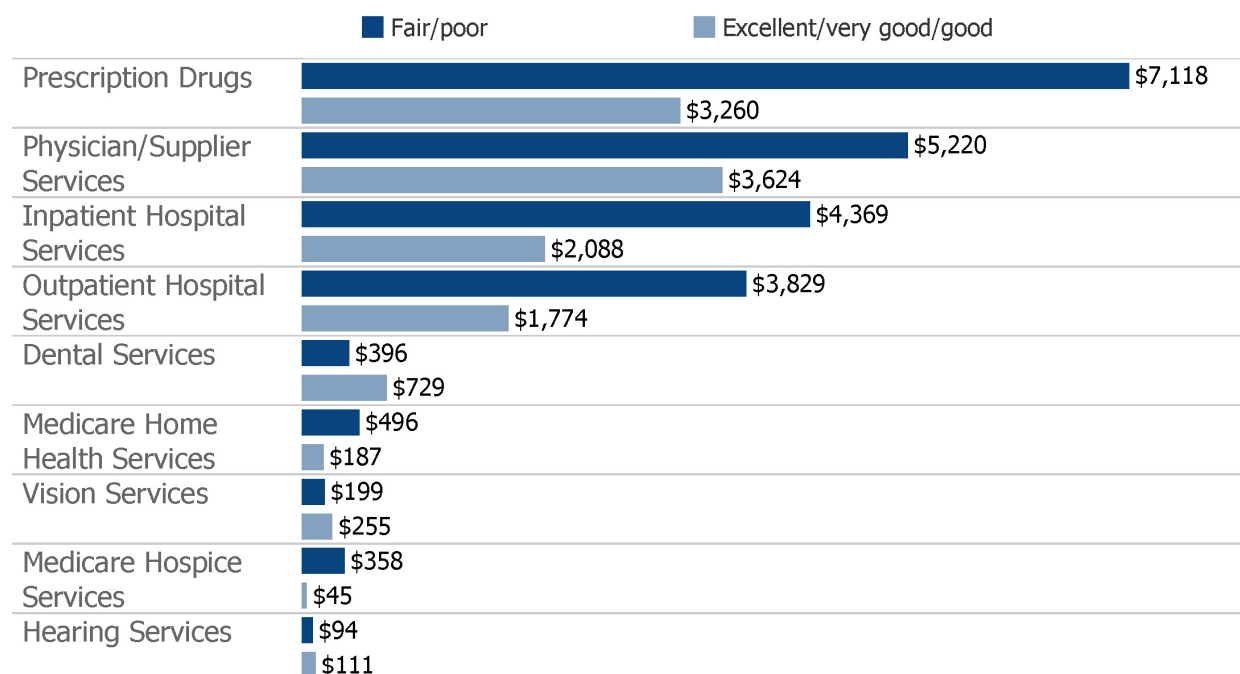
Exhibit 5.7.
**Total Health Care Service Expenditures per Capita for Selected
 Service Types Among Medicare Beneficiaries Living Only in the
 Community by Race/Ethnicity, in Dollars, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category. Estimates for Medicare Hospice Services and Hearing Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

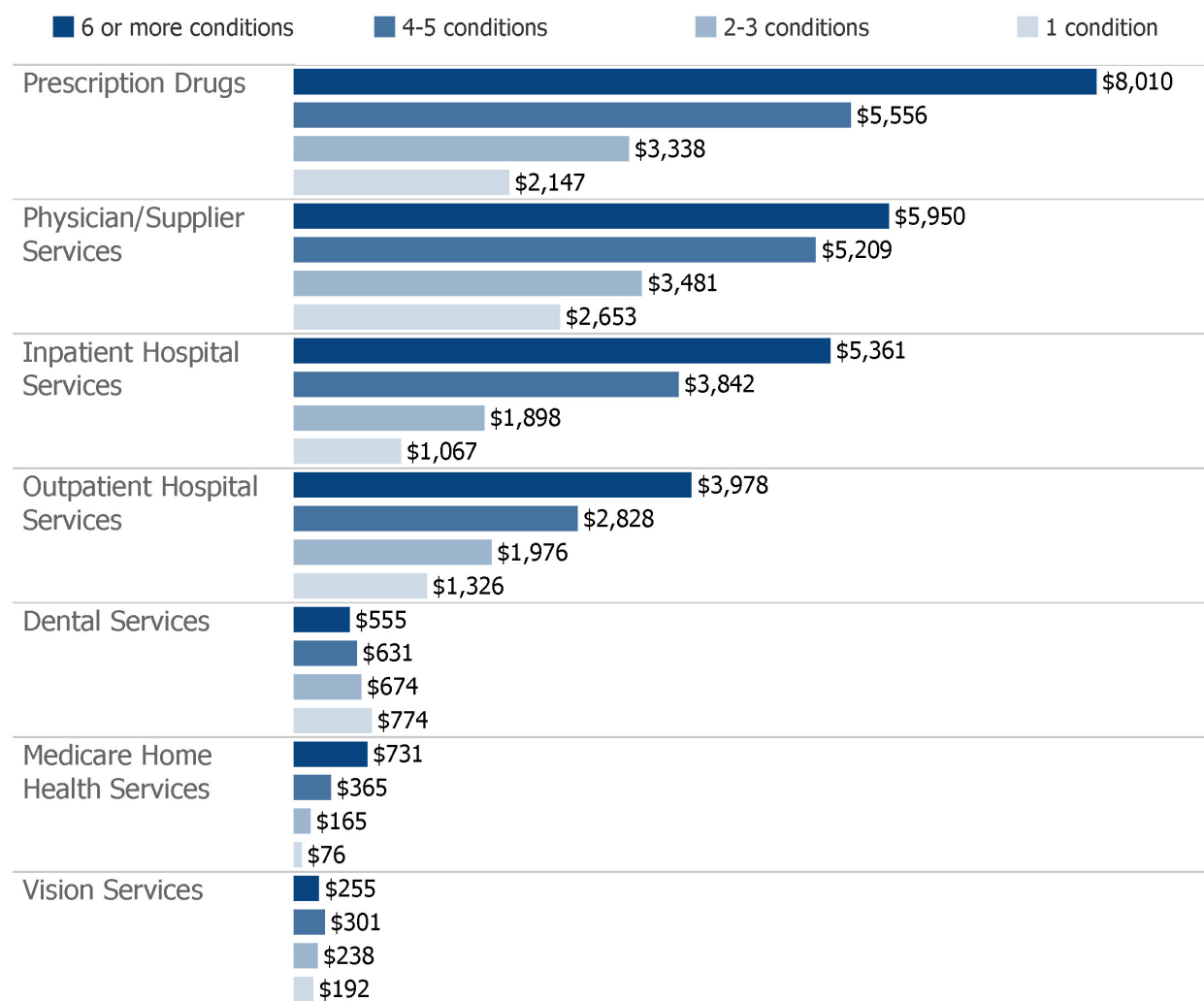
Exhibit 5.8.
**Total Health Care Service Expenditures per Capita for Selected
 Service Types Among Medicare Beneficiaries Living Only in the
 Community by Self-Reported Health Status, in Dollars, 2019**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.9.
Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community with at Least One Chronic Condition by Number of Chronic Conditions, in Dollars, 2019



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates for Medicare Hospice Services and Hearing Services are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.10.

Skilled Nursing Facility Care Health Care Service Expenditures per User Overall and by Sex and Health Status, in Dollars, 2019

Overall		\$16,505
Sex	Female	\$17,913
	Male	\$14,309
Health Status	Fair/poor	\$17,626
	Excellent/very good/good	\$17,614

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates for age and race/ethnicity are not presented due to suppression. For more information about suppression guidelines, see the Technical Appendix. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.11.

Long-Term Facility Care Health Care Service Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Health Status, in Dollars, 2019

Overall		\$52,506
Age	<65 years	\$59,183
	65-74 years	\$59,145
	75-84 years	\$48,716
	85+ years	\$50,308
Sex	Female	\$55,619
	Male	\$46,119
Race/Ethnicity	White non-Hispanic	\$53,232
	Black non-Hispanic	\$50,636
	Hispanic	\$52,883
Health Status	Fair/poor	\$61,927
	Excellent/very good/good	\$55,923

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are not presented for the "other race/ethnicity" category. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.12.

Total Health Care Service Expenditures per User for Long-Term Facility Care and Skilled Nursing Facility Care, in Dollars, 2019

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Exhibit 5.13.

Total Out-of-Pocket Health Care Service Expenditures per User for Long-Term Facility Care and Skilled Nursing Facility Care, in Dollars, 2019

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews.

Exhibit 5.14.
**Annual Out-of-Pocket Medicare Premium Expenditures per Capita
 Among Medicare Beneficiaries Who Are Not Dual Eligible Overall
 and by Age, Type of Medicare Coverage, and Health Status, in
 Dollars, 2019**

Overall		\$1,878
Age	<65 years	\$1,439
	65-74 years	\$1,816
	75-84 years	\$2,072
	85+ years	\$2,033
Type of Medicare Coverage	Traditional FFS Medicare	\$1,806
	Medicare Advantage	\$2,006
Health Status	Poor	\$1,802
	Fair	\$1,821
	Good	\$1,888
	Very good	\$1,928
	Excellent	\$1,948

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who are not dual eligible for both Medicare and Medicaid. Beneficiaries who are classified as dual eligible can be either partial- or full-benefit dual eligible. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. FFS stands for Fee-for-Service.

DETAILED TABLES

DETAILED TABLES

Table S.1. Experiences with Forgone Care Due to the COVID-19 Pandemic in Fall 2020 Among Beneficiaries Living in the Community, Overall and by Disability Status

Measure	Measure Category	Estimate - % (St. Error)	
		Unable to receive care due to COVID-19 pandemic	Did not forgo medical care due to COVID-19 pandemic
Overall	--	7.6 (0.3)	92.4 (0.3)
Disability Status	No disability	6.4 (0.4)	93.6 (0.4)
	One disability	7.3 (0.7)	92.7 (0.7)
	Two or more disabilities	10.7 (0.9)	89.3 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who completed a MCBS COVID-19 Fall 2020 Community Supplement interview. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates represent the population of beneficiaries who were continuously enrolled in Medicare from the beginning of 2020 and were alive and living in the community in Fall 2020. Disability status data were collected in Fall 2019 as part of the nationally representative, longitudinal MCBS survey.

Table S.2. Telemedicine Use in Fall 2020 Among Beneficiaries Living in the Community, Overall and by Disability Status

Measure	Measure Category	Estimate - % (St. Error)	
		Has had a telemedicine appointment	Has not had a telemedicine appointment
Overall	--	44.2 (1.0)	55.8 (1.0)
Disability Status	No disability	39.1 (1.2)	60.9 (1.2)
	One disability	46.9 (2.0)	53.1 (2.0)
	Two or more disabilities	54.7 (1.9)	45.3 (1.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who completed a MCBS COVID-19 Fall 2020 Community Supplement interview. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates represent the population of beneficiaries who were continuously enrolled in Medicare from the beginning of 2020 and were alive and living in the community in Fall 2020. Disability status data were collected in Fall 2019 as part of the nationally representative, longitudinal MCBS survey. Only respondents who reported that they had a usual source of care which offered telemedicine appointments were asked whether they had a telemedicine appointment.

Table T.1. Self-Reported Receipt of Flu Shot Among Medicare Beneficiaries Living Only in the Community by Age, 2016-2019

Measure	Measure Category	Estimate - % (St. Error)			
		2016	2017	2018	2019
Age	<65 years	52.4 (1.7)	54.6 (2.0)	53.9 (1.9)	57.8 (1.9)
	65-74 years	66.2 (0.9)	68.6 (1.0)	70.2 (1.1)	71.1 (0.9)
	75-84 years	75.7 (0.7)	78.4 (0.7)	80.2 (0.7)	79.4 (0.7)
	85+ years	79.5 (0.9)	81.2 (0.9)	81.1 (1.1)	82.6 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2016-2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who completed only Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates presented are cross-sectional estimates for each data year and do not represent longitudinal trends. Trends are presented for informational purposes only and should not be interpreted as significant population-level changes.

Table T.2. Total Health Care Service Expenditures Among Medicare Beneficiaries with Fee-for-Service Coverage for Selected Service Types, in Millions of 2019 Dollars, 2016-2019

Measure	Estimate – \$ (St. Error)			
	2016	2017	2018	2019
Physician/Supplier Services	177,164 (5,412)	184,476 (6,061)	178,733 (5,762)	171,775 (6,264)
Inpatient Hospital Services	121,786 (6,901)	144,006 (8,716)	140,532 (8,856)	128,352 (7,658)
Outpatient Hospital Services	86,549 (4,671)	89,401 (5,083)	103,245 (6,247)	107,983 (7,046)
Long-Term Facility Care	81,760 (4,468)	73,191 (4,597)	72,116 (4,423)	77,846 (5,945)
Skilled Nursing Facility Care	33,732 (3,593)	34,668 (3,754)	31,454 (2,679)	25,705 (2,720)
Medicare Hospice Services	10,359 (1,018)	11,966 (1,303)	10,002 (1,311)	9,909 (1,107)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2016-2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are only presented for beneficiaries who had Medicare Fee-for-Service coverage. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources. Estimates for Medicare Home Health Services are only presented in the Chartbook for beneficiaries in each year who completed at least one Community interview during the year and are therefore excluded from this Exhibit. Estimates for Prescription Drugs, Dental Services, Vision Services, and Hearing Services are not comparable across the full trending time period and are therefore excluded from this Exhibit. Estimates presented are cross-sectional estimates for each data year and do not represent longitudinal trends. Trends are presented for informational purposes only and should not be interpreted as significant population-level changes.

Table 1.1. Demographic and Socioeconomic Characteristics of All Medicare Beneficiaries, 2019

Measure	Measure Category	Estimate - % (St. Error)
Age	<45 years	2.9 (0.0)
	45-64 years	10.9 (0.0)
	65-74 years	49.6 (0.0)
	75-84 years	25.7 (0.0)
	85+ years	11.0 (0.0)
Sex	Female	54.6 (0.4)
	Male	45.4 (0.4)
Race/Ethnicity	White non-Hispanic	75.3 (0.8)
	Black non-Hispanic	10.3 (0.4)
	Hispanic	8.4 (0.6)
	Other race/ethnicity	6.0 (0.4)
Metropolitan Area Resident	Metro area	80.6 (0.4)
	Non-metro area	19.4 (0.4)
Education	Less than a high school diploma	14.2 (0.5)
	High school graduate	25.9 (0.6)
	Some college/vocational school	30.3 (0.6)
	Bachelor's degree and beyond	29.6 (0.9)
Poverty Status	0-100% FPL	15.4 (0.5)
	101-120% FPL	6.0 (0.2)
	121-135% FPL	3.9 (0.2)
	136-200% FPL	15.6 (0.4)
	201% FPL and above	59.1 (0.6)
Residence Status	Living only in the community	96.7 (0.1)
	Living only in facilities	2.9 (0.1)
	Both community and facility	0.4 (0.0)
Veteran	Yes	18.1 (0.4)
	No	81.9 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. The "other race/ethnicity" category includes other single races not of Hispanic origin or two or more races. See the Glossary entry for race/ethnicity for more information. FPL stands for Federal Poverty Level.

Table 1.2. Self-Reported Limited English Proficiency Among Beneficiaries Living Only in the Community Overall and by Age, Sex, Race/Ethnicity, and Self-Reported Health Status, 2019

Measure	Measure Category	Estimate - % (St. Error)	
		Yes	No
Overall	--	20.4 (0.6)	79.6 (0.6)
Age	<65 years	23.0 (1.1)	77.0 (1.1)
	65-74 years	18.1 (0.8)	81.9 (0.8)
	75-84 years	21.7 (0.9)	78.3 (0.9)
	85+ years	25.2 (1.2)	74.8 (1.2)
Sex	Female	17.9 (0.8)	82.1 (0.8)
	Male	23.5 (0.7)	76.5 (0.7)
Race/Ethnicity	White non-Hispanic	14.8 (0.5)	85.2 (0.5)
	Black non-Hispanic	20.4 (1.5)	79.6 (1.5)
	Hispanic	57.8 (2.6)	42.2 (2.6)
Self-Reported Health Status	Poor	25.9 (2.0)	74.1 (2.0)
	Fair	30.1 (1.3)	69.9 (1.3)
	Good	24.1 (0.9)	75.9 (0.9)
	Very good	15.0 (0.8)	85.0 (0.8)
	Excellent	12.0 (1.1)	88.0 (1.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who completed only Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed during the year. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

Table 1.3 Insurance Coverage of All Medicare Beneficiaries, 2019

Measure	Measure Category	Estimate - % (St. Error)
Type of Medicare Coverage	Traditional FFS Medicare	61.4 (0.5)
	Medicare Advantage	38.6 (0.5)
Part D Coverage	FFS only	23.1 (0.6)
	FFS with Part D	38.3 (0.6)
	MA only	1.0 (0.1)
	MA with Part D	37.5 (0.5)
Dual Eligible Status	Full-benefit dual eligible	12.3 (0.4)
	Partial-benefit dual eligible	5.7 (0.3)
	Not dual eligible	82.1 (0.5)
Any Supplemental Private Insurance	Yes	49.8 (0.7)
	No	50.2 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. FFS stands for Fee-for-Service. MA stands for Medicare Advantage.

Table 1.4 Supplemental Private Insurance Coverage of Medicare Beneficiaries Living in the Community, 2019

Measure	Measure Category	Estimate - % (St. Error)
Any Employer-Sponsored Insurance	Yes	27.7 (0.6)
	No	72.3 (0.6)
ESI with Comprehensive Coverage	Yes	79.6 (1.1)
	No	20.4 (1.1)
Any Self-Pay Insurance	Yes	26.9 (0.6)
	No	73.1 (0.6)
Self-Pay with Comprehensive Coverage	Yes	85.4 (0.8)
	No	14.6 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. 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 or by proxy. ESI stands for Employer-Sponsored Insurance. Denominator for estimate of ESI with comprehensive coverage is beneficiaries with any ESI. Denominator for estimate of self-pay with comprehensive coverage is among beneficiaries with any self-pay insurance.

Table 1.5.a. Type of Medicare Coverage of All Medicare Beneficiaries by Age, 2019

Measure	Measure Category	Estimate - % (St. Error)	
		Traditional FFS Medicare	Medicare Advantage
Age	<65 years	63.1 (1.3)	36.9 (1.3)
	65-74 years	63.0 (0.8)	37.0 (0.8)
	75-84 years	57.9 (0.9)	42.1 (0.9)
	85+ years	60.7 (1.0)	39.3 (1.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. FFS stands for Fee-for-Service.

Table 1.5.b. Dual Eligible Status of All Medicare Beneficiaries by Age, 2019

Measure	Measure Category	Estimate - % (St. Error)	
		Yes	No
Age	<65 years	50.3 (1.1)	49.7 (1.1)
	65-74 years	11.5 (0.6)	88.5 (0.6)
	75-84 years	12.9 (0.8)	87.1 (0.8)
	85+ years	18.0 (0.8)	82.0 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. "Yes" includes beneficiaries with both full-benefit and partial-benefit Medicaid coverage.

Table 1.6. Residence Status of All Medicare Beneficiaries by Age, 2019

Measure	Measure Category	Estimate - % (St. Error)		
		Living only in the community	Living only in facilities	Both community and facility
Age	<65 years	13.9 (0.0)	11.2 (1.3)	*
	65-74 years	50.7 (0.1)	17.0 (1.8)	*
	75-84 years	25.6 (0.1)	24.6 (1.4)	*
	85+ years	9.8 (0.1)	47.1 (2.1)	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. 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 1.7. Residence Status of All Medicare Beneficiaries by Sex, 2019

Measure	Measure Category	Estimate - % (St. Error)		
		Living only in the community	Living only in facilities	Both community and facility
Sex	Female	54.2 (0.4)	64.5 (1.6)	67.4 (5.7)
	Male	45.8 (0.4)	35.5 (1.6)	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Some 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 1.8. Demographic and Socioeconomic Characteristics of All Dual Eligible Medicare Beneficiaries, 2019

Measure	Measure Category	Estimate - % (St. Error)
Age	<65 years	38.6 (1.0)
	65-74 years	31.9 (1.0)
	75-84 years	18.5 (0.8)
	85+ years	11.1 (0.5)
Sex	Female	62.0 (0.9)
	Male	38.0 (0.9)
Race/Ethnicity	White non-Hispanic	50.5 (1.6)
	Black non-Hispanic	21.2 (1.2)
	Hispanic	19.4 (1.1)
Education	Less than a high school diploma	38.3 (1.1)
	High school graduate	32.0 (1.0)
	Some college/vocational school	22.9 (0.9)
	Bachelor's degree and beyond	6.8 (0.6)
Veteran	Yes	5.3 (0.5)
	No	94.7 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries with both full-benefit and partial-benefit Medicaid coverage. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are not presented for the "other race/ethnicity" category, although they are included in the denominator.

Table 1.9. Demographic and Socioeconomic Characteristics of Medicare Beneficiaries Living Only in Facilities, 2019

Measure	Measure Category	Estimate - % (St. Error)
Age	<65 years	11.2 (1.3)
	65-74 years	17.0 (1.8)
	75-84 years	24.6 (1.4)
	85+ years	47.1 (2.1)
Sex	Female	64.5 (1.6)
	Male	35.5 (1.6)
Race/Ethnicity	White non-Hispanic	83.4 (1.5)
	Black non-Hispanic	8.4 (1.0)
	Hispanic	5.7 (0.9)
Education	Less than a high school diploma	27.9 (2.7)
	High school graduate	37.8 (2.9)
	Some college/vocational school	25.8 (2.1)
	Bachelor's degree and beyond	*
Poverty Status	0-100% FPL	33.0 (1.6)
	101-120% FPL	12.3 (1.0)
	121-135% FPL	6.6 (0.8)
	136-200% FPL	15.5 (1.3)
	201% FPL and above	32.6 (2.1)
Veteran	Yes	12.3 (1.2)
	No	87.7 (1.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries for whom only Facility interviews were completed during the year. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are not presented for the "other race/ethnicity" category, although they are included in the denominator. FPL stands for Federal Poverty Level. Estimates for the category "Bachelor's degree and beyond" 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 2.1. Quality of Life Metrics Among All Medicare Beneficiaries, 2019

Measure	Measure Category	Estimate - % (St. Error)
Health Status	Poor	5.9 (0.2)
	Fair	17.3 (0.4)
	Good	29.7 (0.5)
	Very good	30.3 (0.5)
	Excellent	16.8 (0.4)
Disability Status	LTC facility	3.0 (0.1)
	Two or more disabilities	24.8 (0.5)
	One disability	20.7 (0.4)
	No disability	51.4 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted 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. Health Status Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2019

Measure	Measure Category	Estimate - % (St. Error)				
		Poor	Fair	Good	Very good	Excellent
Overall	--	5.9 (0.2)	17.3 (0.4)	29.7 (0.5)	30.3 (0.5)	16.8 (0.4)
Age	<65 years	18.8 (0.9)	37.8 (1.2)	26.5 (1.2)	11.5 (1.0)	5.5 (0.6)
	65-74 years	3.5 (0.3)	13.5 (0.6)	29.7 (0.7)	34.0 (0.8)	19.3 (0.8)
	75-84 years	4.1 (0.3)	13.5 (0.5)	31.0 (0.8)	32.8 (0.7)	18.6 (0.6)
	85+ years	4.4 (0.4)	17.9 (0.8)	31.2 (1.1)	30.7 (1.0)	15.8 (0.8)
Sex	Female	5.7 (0.3)	16.9 (0.5)	29.6 (0.7)	30.9 (0.7)	16.8 (0.6)
	Male	6.0 (0.3)	17.8 (0.6)	29.8 (0.7)	29.4 (0.7)	16.9 (0.5)
Race/ Ethnicity	White non-Hispanic	5.6 (0.2)	14.6 (0.4)	28.7 (0.5)	33.1 (0.6)	18.0 (0.5)
	Black non-Hispanic	7.0 (0.8)	27.0 (1.5)	34.3 (1.6)	20.9 (1.3)	10.7 (1.3)
	Hispanic	7.0 (0.8)	26.2 (1.4)	32.5 (1.4)	19.2 (1.3)	15.1 (1.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category.

Table 2.3. Disability Status Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2019

Measure	Measure Category	Estimate - % (St. Error)			
		LTC facility	Two or more disabilities	One disability	No disability
Overall	--	3.0 (0.1)	24.8 (0.5)	20.7 (0.4)	51.4 (0.6)
Age	<65 years	2.5 (0.3)	52.3 (1.3)	25.9 (1.1)	19.3 (1.1)
	65-74 years	1.0 (0.1)	14.6 (0.6)	17.9 (0.6)	66.5 (0.9)
	75-84 years	2.9 (0.2)	23.6 (0.8)	23.3 (0.7)	50.1 (1.0)
	85+ years	13.6 (0.6)	40.4 (1.1)	21.4 (0.8)	24.6 (0.9)
Sex	Female	3.6 (0.2)	25.9 (0.6)	20.4 (0.6)	50.2 (0.7)
	Male	2.4 (0.2)	23.5 (0.6)	21.2 (0.6)	52.9 (0.8)
Race/ Ethnicity	White non-Hispanic	3.3 (0.1)	22.1 (0.6)	21.1 (0.5)	53.4 (0.7)
	Black non-Hispanic	2.5 (0.3)	31.7 (1.8)	22.8 (1.1)	43.0 (1.7)
	Hispanic	2.1 (0.2)	33.7 (1.4)	17.0 (1.4)	47.3 (1.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category. LTC stands for Long-Term Care. "LTC facility" includes beneficiaries who only completed Facility interviews during the year.

Table 2.4. Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2019

Measure	Estimate - % (St. Error)
Vision Problem	94.6 (0.3)
Hypertension	63.1 (0.6)
High Cholesterol	63.0 (0.4)
Hearing Trouble	48.7 (0.6)
Diabetes	33.2 (0.5)
Heart Disease	31.6 (0.5)
Urinary Incontinence	30.1 (0.5)
Mental Condition	29.6 (0.5)
Depression	27.4 (0.5)
Skin Cancer	20.5 (0.5)
Osteoporosis/Broken Hip	19.6 (0.4)
Cognitive Impairment	19.5 (0.3)
Pulmonary Disease	19.0 (0.4)
Cancer, Other than Skin	18.8 (0.4)
Stroke	10.0 (0.3)
Dementia, Other than Alzheimer's Disease	3.7 (0.1)
Intellectual or Developmental Disability	3.1 (0.2)
Alzheimer's Disease	2.0 (0.1)
Parkinson's Disease	1.5 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Table 2.5. Selected Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Age, 2019

Measure	Estimate - % (St. Error)		
	Overall	<65 years	65+ years
Hypertension	63.1 (0.6)	56.2 (1.4)	64.2 (0.6)
Diabetes	33.2 (0.5)	38.4 (1.3)	32.4 (0.6)
Heart Disease	31.6 (0.5)	28.9 (1.4)	32.0 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Table 2.6. Selected Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Race/Ethnicity, 2019

Measure	Estimate - % (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
Hypertension	63.1 (0.6)	60.5 (0.6)	78.2 (1.8)	65.9 (1.8)
Diabetes	33.2 (0.5)	29.4 (0.5)	44.3 (2.0)	45.7 (1.8)
Heart Disease	31.6 (0.5)	32.9 (0.6)	29.9 (1.6)	23.9 (1.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category.

Table 2.7. Selected Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Sex, 2019

Measure	Estimate - % (St. Error)		
	Overall	Female	Male
Hypertension	63.1 (0.6)	63.0 (0.8)	63.2 (0.8)
Diabetes	33.2 (0.5)	31.8 (0.7)	34.9 (0.7)
Heart Disease	31.6 (0.5)	28.3 (0.6)	35.5 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available.

Table 2.8. Smoking Status Among All Medicare Beneficiaries Overall and by Sex, Race/Ethnicity, and Poverty Status, 2019

Measure	Measure Category	Estimate - % (St. Error)		
		Never smoked	Former Smoker	Current smoker
Overall	--	46.4 (0.6)	40.6 (0.5)	13.1 (0.4)
Sex	Female	55.7 (0.8)	34.3 (0.8)	10.0 (0.5)
	Male	35.1 (0.8)	48.1 (0.7)	16.8 (0.6)
Race/ Ethnicity	White non-Hispanic	44.2 (0.6)	43.4 (0.6)	12.4 (0.4)
	Black non-Hispanic	48.3 (1.8)	32.5 (1.9)	19.2 (1.2)
	Hispanic	58.1 (1.7)	31.2 (1.6)	10.7 (1.0)
Poverty Status	0-100% FPL	50.0 (1.3)	28.8 (1.1)	21.2 (0.9)
	101-120% FPL	45.4 (2.1)	35.1 (1.7)	19.4 (1.6)
	121-135% FPL	42.2 (2.4)	35.9 (2.4)	21.9 (2.4)
	136-200% FPL	44.2 (1.1)	39.9 (1.3)	16.0 (1.1)
	201% FPL and above	46.3 (0.8)	44.6 (0.7)	9.0 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category. FPL stands for Federal Poverty Level.

Table 2.9. Self-Reported Alcohol Use Among Medicare Beneficiaries Living in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2019

Measure	Measure Category	Estimate - % (St. Error)		
		Nondrinker	Moderate drinker	Heavy drinker
Overall	--	43.0 (0.9)	40.9 (0.7)	16.1 (0.5)
Sex	Female	47.1 (1.1)	34.6 (0.9)	18.3 (0.6)
	Male	38.1 (1.0)	48.4 (0.9)	13.4 (0.6)
Race/ Ethnicity	White non-Hispanic	38.7 (1.1)	44.5 (0.9)	16.8 (0.6)
	Black non-Hispanic	58.3 (2.3)	27.4 (1.9)	14.2 (1.6)
	Hispanic	55.4 (1.9)	30.3 (1.8)	14.3 (1.2)
Poverty Status	0-100% FPL	65.2 (1.2)	22.2 (1.1)	12.7 (0.8)
	101-120% FPL	62.6 (2.0)	25.6 (1.6)	11.8 (1.4)
	121-135% FPL	53.1 (2.7)	31.9 (2.7)	15.0 (2.4)
	136-200% FPL	51.9 (1.8)	32.7 (1.3)	15.4 (1.2)
	201% FPL and above	32.9 (1.0)	49.5 (0.9)	17.5 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. 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 or by proxy. Estimates are not presented for the "other race/ethnicity" category. FPL stands for Federal Poverty Level.

Table 2.10. Self-Reported Preventive Health Behaviors Among Medicare Beneficiaries Living Only in the Community, 2019

Measure	Estimate - % (St. Error)	
	Yes	No
Blood Pressure Screening	96.4 (0.2)	3.6 (0.2)
Pneumonia Shot	79.8 (0.6)	20.2 (0.6)
Flu Shot	72.5 (0.7)	27.5 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Table 2.11. Self-Reported Preventive Health Behaviors Among Medicare Beneficiaries Living Only in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2019

Measure	Measure Category	Estimate - % (St. Error)	
		Pneumonia Shot	Flu Shot
Overall	--	79.8 (0.6)	72.5 (0.7)
Age	<65 years	58.5 (1.6)	57.8 (1.9)
	65-74 years	78.8 (0.9)	71.1 (0.9)
	75-84 years	88.1 (0.7)	79.4 (0.7)
	85+ years	89.5 (0.8)	82.6 (0.9)
Race/ Ethnicity	White non-Hispanic	81.6 (0.6)	74.2 (0.8)
	Black non-Hispanic	69.4 (2.3)	66.0 (1.9)
	Hispanic	74.3 (1.8)	66.7 (1.9)
Type of Medicare Coverage	Traditional FFS Medicare	78.7 (0.8)	71.1 (0.9)
	Medicare Advantage	81.5 (0.8)	74.8 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category. FFS stands for Fee-for-Service.

Table 2.12. Self-Reported Receipt of Shingles Vaccine Among Medicare Beneficiaries Aged 60 and Over Living Only in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2019

Measure	Measure Category	Estimate - % (St. Error)
Overall	--	56.0 (0.8)
Age	60-64 years	28.6 (2.4)
	65-74 years	55.1 (1.1)
	75-84 years	60.8 (1.1)
	85+ years	60.5 (1.5)
Race/Ethnicity	White non-Hispanic	59.8 (1.0)
	Black non-Hispanic	34.9 (2.3)
	Hispanic	40.3 (2.4)
Type of Medicare Coverage	Traditional FFS Medicare	56.8 (1.0)
	Medicare Advantage	54.7 (1.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category. FFS stands for Fee-for-Service.

Table 2.13. Selected Reported Chronic Conditions Among All Medicare Beneficiaries Overall and by Residence Status, 2019

Measure	Overall	Estimate - % (St. Error)		
		Living only in the community	Living only in facilities	Both community and facility
Hypertension	63.1 (0.6)	63.0 (0.6)	67.1 (1.9)	65.4 (6.6)
Diabetes	33.2 (0.5)	33.4 (0.5)	27.3 (2.2)	*
Heart Disease	31.6 (0.5)	31.5 (0.5)	33.0 (1.7)	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Some 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 2.14. Mobility Limitations Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2019

Measure	Measure Category	Estimate - % (St. Error)		
		Yes, with any disability	Yes, with no disability	No limitation
Overall	--	33.6 (0.5)	10.8 (0.3)	55.6 (0.5)
Age	<65 years	58.6 (1.3)	8.6 (0.8)	32.8 (1.3)
	65-74 years	21.0 (0.7)	10.9 (0.5)	68.1 (0.7)
	75-84 years	34.2 (0.8)	12.5 (0.5)	53.4 (0.9)
	85+ years	60.0 (1.1)	9.2 (0.6)	30.8 (0.9)
Sex	Female	36.9 (0.7)	11.7 (0.4)	51.3 (0.7)
	Male	29.5 (0.7)	9.7 (0.5)	60.9 (0.7)
Race/Ethnicity	White non-Hispanic	31.5 (0.6)	10.9 (0.4)	57.6 (0.6)
	Black non-Hispanic	44.4 (1.9)	11.8 (1.0)	43.8 (1.9)
	Hispanic	35.1 (1.5)	7.8 (1.0)	57.1 (1.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category.

Table 2.15. Upper Extremity Limitations Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2019

Measure	Measure Category	Estimate - % (St. Error)		
		Yes, with any disability	Yes, with no disability	No limitation
Overall	--	28.5 (0.4)	12.3 (0.3)	59.2 (0.5)
Age	<65 years	52.5 (1.1)	8.1 (0.7)	39.3 (1.2)
	65-74 years	18.2 (0.6)	14.5 (0.6)	67.3 (0.8)
	75-84 years	27.8 (0.8)	12.1 (0.5)	60.1 (0.8)
	85+ years	48.3 (1.1)	8.0 (0.6)	43.7 (1.0)
Sex	Female	31.0 (0.6)	12.8 (0.4)	56.2 (0.7)
	Male	25.5 (0.5)	11.8 (0.5)	62.7 (0.6)
Race/Ethnicity	White non-Hispanic	26.3 (0.5)	13.1 (0.4)	60.6 (0.6)
	Black non-Hispanic	36.1 (1.6)	10.9 (1.1)	53.0 (1.6)
	Hispanic	32.4 (1.4)	8.5 (0.9)	59.1 (1.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category.

Table 2.16. Mortality Rates Among All Medicare Beneficiaries Overall and by Age, Sex, and Race/Ethnicity, 2019

Measure	Measure Category	Estimate - % (St. Error)
Overall	--	3.2 (0.1)
Age	<65 years	*
	65-74 years	1.3 (0.2)
	75-84 years	4.2 (0.4)
	85+ years	11.2 (0.7)
Sex	Female	2.9 (0.2)
	Male	3.5 (0.2)
Race/Ethnicity	White non-Hispanic	3.3 (0.2)
	Black non-Hispanic	3.6 (0.6)
	Hispanic	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are not presented for the "other race/ethnicity" category. Estimates for the categories "<65 years" and "Hispanic" 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 2.17. Number of Chronic Conditions Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Type of Medicare Coverage, 2019

Measure	Measure Category	Estimate - % (St. Error)				
		No conditions	1 condition	2-3 conditions	4-5 conditions	6 or more conditions
Overall	--	6.9 (0.3)	14.8 (0.4)	43.4 (0.4)	27.6 (0.4)	7.4 (0.2)
Age	<65 years	7.2 (0.6)	13.6 (0.8)	37.2 (1.0)	31.7 (1.2)	10.3 (0.8)
	65+ years	6.8 (0.3)	15.0 (0.5)	44.4 (0.5)	26.9 (0.4)	6.9 (0.2)
Sex	Female	5.6 (0.3)	14.1 (0.5)	43.0 (0.7)	28.6 (0.7)	8.8 (0.3)
	Male	8.3 (0.5)	15.6 (0.6)	43.9 (0.7)	26.5 (0.5)	5.7 (0.3)
Race/ Ethnicity	White	7.0 (0.3)	15.2 (0.5)	44.1 (0.5)	26.8 (0.5)	6.8 (0.3)
	non-Hispanic					
	Black non-Hispanic	7.2 (1.2)	11.8 (1.1)	41.3 (1.7)	31.1 (1.7)	8.6 (0.9)
	Hispanic	6.0 (1.0)	13.6 (1.3)	41.5 (1.8)	29.3 (1.5)	9.6 (0.9)
Type of Medicare Coverage	Traditional FFS Medicare	7.4 (0.4)	15.8 (0.6)	43.5 (0.6)	26.2 (0.6)	7.0 (0.3)
	Medicare Advantage	5.9 (0.4)	13.1 (0.6)	43.2 (0.7)	29.8 (0.7)	8.0 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Data for beneficiaries living in long-term care facilities were abstracted from the Long-Term Care Minimum Data Set (MDS) 3.0 when available. Estimates are not presented for the "other race/ethnicity" category. FFS stands for Fee-for-Service.

Table 2.18. Self-Reported Physical Activity Among Medicare Beneficiaries Living in the Community Overall and by Sex, Race/Ethnicity, and Poverty Status, 2019

Measure	Measure Category	Estimate - % (St. Error)		
		Sedentary	Active	Highly Active
Overall	--	40.5 (0.8)	13.2 (0.4)	46.2 (0.6)
Sex	Female	44.4 (0.9)	14.0 (0.5)	41.6 (0.9)
	Male	35.9 (0.8)	12.3 (0.4)	51.8 (0.7)
Race/ Ethnicity	White non-Hispanic	37.3 (0.8)	13.6 (0.4)	49.1 (0.7)
	Black non-Hispanic	52.6 (2.1)	13.4 (1.5)	34.0 (1.8)
	Hispanic	48.7 (1.8)	10.1 (0.9)	41.1 (2.0)
Poverty Status	0-100% FPL	58.3 (1.3)	10.3 (0.8)	31.4 (1.3)
	101-120% FPL	58.4 (1.9)	10.1 (1.3)	31.6 (1.7)
	121-135% FPL	56.4 (2.6)	8.6 (1.3)	35.0 (2.5)
	136-200% FPL	49.3 (1.4)	12.3 (0.7)	38.4 (1.3)
	201% FPL and above	31.3 (0.9)	14.8 (0.5)	53.9 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. 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 or by proxy. Estimates are not presented for the "other race/ethnicity" category. FPL stands for Federal Poverty Level.

Table 2.19. Self-Reported Mammogram Among Female Medicare Beneficiaries Living in the Community Overall and by Age, Race/Ethnicity, and Type of Medicare Coverage, 2019

Measure	Measure Category	Estimate - % (St. Error)
Overall	--	46.8 (0.7)
Age	<65 years	48.0 (1.8)
	65-74 years	54.6 (1.0)
	75-84 years	42.0 (1.2)
	85+ years	20.0 (1.3)
Race/Ethnicity	White non-Hispanic	46.0 (0.8)
	Black non-Hispanic	51.9 (2.5)
	Hispanic	52.1 (2.5)
Type of Medicare Coverage	Traditional FFS Medicare	46.1 (1.0)
	Medicare Advantage	47.8 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. 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 or by proxy. Estimates are not presented for the "other race/ethnicity" category.

Table 3.1. Usual Source of Care Among Medicare Beneficiaries Living Only in the Community Overall and by Type of Medicare Coverage, 2019

Measure	Estimate - % (St. Error)		
	Overall	Traditional FFS Medicare	Medicare Advantage
Doctor's office	63.3 (2.1)	63.8 (2.3)	62.5 (2.4)
Medical clinic	16.1 (1.5)	14.9 (1.5)	17.8 (1.8)
None	8.0 (0.4)	9.0 (0.6)	6.4 (0.5)
Other clinic/health center	5.8 (0.5)	7.2 (0.8)	3.6 (0.4)
Managed care center	3.8 (0.6)	1.3 (0.3)	7.5 (1.2)
Hospital/OPD/ER	*	*	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. ER stands for Emergency Room. FFS stands for Fee-for-Service. OPD stands for Outpatient Department. Estimates for the category "Hospital/OPD/ER" 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 3.2. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Living Only in the Community, 2019

Measure	Estimate - % (St. Error)
Visit a Doctor as Soon as You Feel Bad	40.7 (0.7)
When Sick, Keep It to Yourself	34.2 (0.7)
Avoid Going to the Doctor	23.5 (0.6)
Worry About Your Health More than Others	23.1 (0.5)
Ever Had a Prescription You Did Not Fill Due to Cost	9.8 (0.5)
Had a Problem and Did Not Seek Doctor	7.2 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Table 3.3. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Living Only in the Community Overall and by Age, 2019

Measure	Overall	Estimate - % (St. Error)			
		<65 years	65-74 years	75-84 years	85+ years
Visit a Doctor as Soon as You Feel Bad	40.7 (0.7)	42.6 (1.3)	38.7 (1.0)	42.4 (0.9)	44.6 (1.2)
When Sick, Keep It to Yourself	34.2 (0.7)	47.0 (1.5)	32.7 (0.9)	31.4 (0.8)	30.9 (1.1)
Avoid Going to the Doctor	23.5 (0.6)	32.6 (1.2)	22.8 (0.9)	20.6 (0.7)	21.7 (0.8)
Worry About Your Health More than Others	23.1 (0.5)	57.0 (1.3)	18.8 (0.7)	16.4 (0.6)	14.2 (0.9)
Ever Had a Prescription You Did Not Fill Due to Cost	9.8 (0.5)	18.7 (1.6)	9.7 (0.6)	7.0 (0.5)	4.9 (0.7)
Had a Problem and Did Not Seek Doctor	7.2 (0.3)	15.4 (1.3)	6.3 (0.5)	5.6 (0.4)	4.8 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Table 3.4. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Living Only in the Community Overall and by Sex, 2019

Measure	Estimate - % (St. Error)		
	Overall	Female	Male
Visit a Doctor as Soon as You Feel Bad	40.7 (0.7)	40.2 (0.8)	41.3 (0.9)
When Sick, Keep It to Yourself	34.2 (0.7)	36.2 (0.8)	31.8 (0.9)
Avoid Going to the Doctor	23.5 (0.6)	24.1 (0.7)	22.8 (0.8)
Worry About Your Health More than Others	23.1 (0.5)	22.4 (0.7)	23.9 (0.7)
Ever Had a Prescription You Did Not Fill Due to Cost	9.8 (0.5)	11.0 (0.7)	8.3 (0.5)
Had a Problem and Did Not Seek Doctor	7.2 (0.3)	8.0 (0.5)	6.2 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Table 3.5. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Living Only in the Community Overall and by Race/Ethnicity, 2019

Measure	Estimate - % (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
Visit a Doctor as Soon as You Feel Bad	40.7 (0.7)	36.4 (0.7)	49.1 (2.1)	60.8 (1.8)
When Sick, Keep It to Yourself	34.2 (0.7)	34.5 (0.8)	36.3 (2.1)	32.1 (1.6)
Avoid Going to the Doctor	23.5 (0.6)	21.2 (0.7)	29.3 (1.9)	34.6 (1.5)
Worry About Your Health More than Others	23.1 (0.5)	17.3 (0.4)	38.5 (1.4)	49.4 (2.0)
Ever Had a Prescription You Did Not Fill Due to Cost	9.8 (0.5)	9.2 (0.5)	14.0 (1.6)	11.0 (1.3)
Had a Problem and Did Not Seek Doctor	7.2 (0.3)	6.7 (0.4)	7.6 (1.1)	8.7 (1.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

Table 3.6. Indicators of Satisfaction with Care Among Medicare Beneficiaries Living Only in the Community, 2019

Measure	Estimate - % (St. Error)		
	(Very) dissatisfied	Satisfied	Very satisfied
General Care	4.5 (0.2)	41.7 (0.8)	53.9 (0.8)
Information from Doctor	5.6 (0.3)	54.4 (0.7)	40.0 (0.7)
Doctor's Concern for Overall Health	6.1 (0.3)	53.3 (0.7)	40.6 (0.8)
Cost	16.7 (0.5)	50.5 (0.6)	32.8 (0.7)
Night and Weekend Availability	8.2 (0.4)	52.7 (0.8)	39.1 (0.9)
Ease of Access to Doctor	4.8 (0.2)	48.9 (0.7)	46.4 (0.7)
Can Obtain Care in Same Location	10.5 (0.5)	54.2 (0.8)	35.3 (0.8)
Availability of Specialist Care	7.1 (0.3)	53.3 (0.7)	39.6 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied."

Table 3.7. Satisfaction with Quality and Cost of Care Among Medicare Beneficiaries Living Only in the Community by Age, 2019

Measure	Measure Category	Estimate - % (St. Error)		
		(Very) dissatisfied	Satisfied	Very satisfied
General Care	<65 years	10.0 (0.9)	49.3 (1.5)	40.7 (1.6)
	65-74 years	3.5 (0.3)	39.6 (1.0)	56.8 (1.1)
	75-84 years	3.4 (0.3)	39.6 (1.0)	57.0 (1.0)
	85+ years	4.5 (0.4)	46.9 (1.3)	48.6 (1.3)
Information from Doctor	<65 years	9.7 (0.8)	60.1 (1.6)	30.1 (1.6)
	65-74 years	4.9 (0.5)	51.0 (1.0)	44.1 (1.0)
	75-84 years	4.7 (0.3)	54.9 (1.0)	40.4 (0.9)
	85+ years	5.3 (0.5)	62.9 (1.2)	31.8 (1.1)
Doctor's Concern for Overall Health	<65 years	11.9 (1.0)	57.2 (1.4)	30.9 (1.5)
	65-74 years	5.6 (0.4)	50.9 (1.0)	43.5 (1.0)
	75-84 years	4.2 (0.3)	53.5 (1.0)	42.3 (1.0)
	85+ years	5.3 (0.6)	60.3 (1.3)	34.4 (1.2)
Cost	<65 years	25.9 (1.3)	49.6 (1.3)	24.5 (1.3)
	65-74 years	16.6 (0.7)	48.9 (0.9)	34.4 (0.9)
	75-84 years	13.8 (0.6)	50.9 (0.9)	35.2 (0.9)
	85+ years	11.5 (0.8)	58.7 (1.2)	29.7 (1.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied."

Table 3.8. Satisfaction with Access to Care Among Medicare Beneficiaries Living Only in the Community by Age, 2019

Measure	Measure Category	Estimate - % (St. Error)		
		(Very) dissatisfied	Satisfied	Very satisfied
Night and Weekend Availability	<65 years	14.1 (1.0)	58.5 (1.6)	27.3 (1.7)
	65-74 years	7.1 (0.6)	50.1 (1.1)	42.8 (1.2)
	75-84 years	7.1 (0.5)	52.9 (1.2)	40.0 (1.2)
	85+ years	6.8 (0.7)	55.9 (1.6)	37.4 (1.7)
Ease of Access to Doctor	<65 years	10.1 (0.9)	58.5 (1.6)	31.4 (1.4)
	65-74 years	4.1 (0.3)	45.4 (1.0)	50.6 (1.0)
	75-84 years	3.4 (0.3)	48.4 (1.0)	48.1 (1.0)
	85+ years	4.6 (0.5)	54.9 (1.3)	40.5 (1.2)
Can Obtain Care in Same Location	<65 years	16.9 (1.3)	54.2 (1.6)	28.9 (1.4)
	65-74 years	10.3 (0.6)	52.7 (1.0)	37.0 (1.1)
	75-84 years	8.1 (0.5)	55.4 (1.0)	36.5 (1.0)
	85+ years	8.2 (0.7)	59.4 (1.3)	32.4 (1.2)
Availability of Specialist Care	<65 years	12.0 (0.9)	56.9 (1.7)	31.2 (1.8)
	65-74 years	7.3 (0.5)	50.3 (0.9)	42.4 (0.8)
	75-84 years	5.2 (0.4)	53.7 (1.0)	41.1 (1.0)
	85+ years	4.4 (0.5)	63.0 (1.2)	32.6 (1.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied."

Table 3.9. Perceived Knowledge of the Medicare Program Among Medicare Beneficiaries Living Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2019

Measure	Measure Category	Estimate - % (St. Error)		
		Little or none	Some	Most or all
Overall	--	24.3 (0.6)	33.2 (0.6)	42.5 (0.8)
Age	<65 years	33.5 (1.6)	33.8 (1.4)	32.7 (1.5)
	65-74 years	22.1 (0.9)	34.0 (0.9)	43.9 (1.0)
	75-84 years	23.3 (0.9)	32.0 (0.9)	44.7 (1.0)
	85+ years	25.6 (1.1)	31.9 (1.3)	42.4 (1.4)
Sex	Female	23.9 (0.9)	35.4 (0.8)	40.7 (1.0)
	Male	24.8 (0.8)	30.6 (0.9)	44.6 (1.0)
Race/Ethnicity	White non-Hispanic	22.0 (0.7)	32.9 (0.7)	45.1 (0.8)
	Black non-Hispanic	27.3 (1.9)	39.5 (2.1)	33.2 (1.8)
	Hispanic	39.8 (2.4)	28.2 (1.9)	32.0 (2.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

Table 3.10. Self-Reported Physician Appointment Wait Time Among Medicare Beneficiaries Living Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2019

Measure	Measure Category	Estimate - % (St. Error)				
		19+ days	13-18 days	7-12 days	1-6 days	No wait
Overall	--	35.4 (1.2)	10.9 (0.5)	12.4 (0.5)	16.7 (0.7)	24.6 (1.4)
Age	<65 years	36.2 (2.4)	10.7 (1.0)	13.1 (1.2)	18.2 (1.5)	21.8 (2.0)
	65-74 years	36.9 (1.4)	11.8 (0.8)	11.8 (0.7)	16.1 (0.9)	23.3 (1.5)
	75-84 years	33.5 (1.6)	10.0 (0.7)	12.6 (0.7)	16.7 (0.9)	27.1 (1.8)
	85+ years	31.6 (1.5)	7.9 (0.9)	14.1 (1.3)	18.3 (1.2)	28.1 (1.6)
Sex	Female	35.8 (1.2)	10.6 (0.5)	11.7 (0.6)	17.2 (0.9)	24.7 (1.5)
	Male	35.0 (1.4)	11.2 (0.7)	13.3 (0.7)	16.1 (0.8)	24.5 (1.5)
Race/ Ethnicity	White non-Hispanic	35.5 (1.2)	11.0 (0.5)	12.1 (0.5)	16.4 (0.7)	25.0 (1.5)
	Black non-Hispanic	36.2 (2.8)	8.4 (1.4)	12.6 (1.6)	21.0 (2.1)	21.9 (2.4)
	Hispanic	32.7 (2.8)	12.1 (1.8)	14.0 (1.6)	14.6 (1.8)	26.6 (3.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

Table 3.11. Difficulty Obtaining Care and Delayed Care Due to Cost Among Medicare Beneficiaries Living Only in the Community Overall and by Type of Medicare Coverage, 2019

Measure	Measure Category	Estimate - % (St. Error)		
		Overall	Traditional FFS Medicare	Medicare Advantage
Difficulty Obtaining Care	Yes	7.7 (0.3)	7.1 (0.4)	8.7 (0.5)
	No	92.3 (0.3)	92.9 (0.4)	91.3 (0.5)
Delayed Care Due to Cost	Yes	10.1 (0.4)	9.7 (0.5)	10.7 (0.6)
	No	89.9 (0.4)	90.3 (0.5)	89.3 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. FFS stands for Fee-for-Service.

Table 3.12. Indicators of Satisfaction with Care Among Medicare Beneficiaries Living Only in the Community by Type of Medicare Coverage, 2019

Measure	Type of Medicare Coverage	Estimate - % (St. Error)		
		(Very) dissatisfied	Satisfied	Very satisfied
General Care	Traditional FFS Medicare	4.0 (0.2)	40.4 (1.0)	55.5 (1.0)
	Medicare Advantage	5.1 (0.4)	43.6 (0.9)	51.3 (1.0)
Information from Doctor	Traditional FFS Medicare	5.3 (0.4)	53.2 (0.9)	41.5 (0.9)
	Medicare Advantage	6.0 (0.4)	56.2 (0.8)	37.8 (0.8)
Doctor's Concern for Overall Health	Traditional FFS Medicare	6.3 (0.4)	52.2 (0.9)	41.6 (1.0)
	Medicare Advantage	5.7 (0.4)	55.1 (0.7)	39.1 (0.7)
Cost	Traditional FFS Medicare	17.2 (0.6)	48.7 (0.8)	34.0 (0.8)
	Medicare Advantage	15.9 (0.7)	53.1 (0.8)	31.0 (0.9)
Night and Weekend Availability	Traditional FFS Medicare	8.9 (0.6)	52.1 (1.1)	39.1 (1.2)
	Medicare Advantage	7.0 (0.5)	53.7 (0.9)	39.2 (1.0)
Ease of Access to Doctor	Traditional FFS Medicare	5.0 (0.3)	48.7 (0.9)	46.3 (1.0)
	Medicare Advantage	4.4 (0.3)	49.1 (0.8)	46.4 (0.8)
Can Obtain Care in Same Location	Traditional FFS Medicare	11.0 (0.6)	53.9 (0.9)	35.1 (0.9)
	Medicare Advantage	9.7 (0.6)	54.7 (1.0)	35.6 (1.1)
Availability of Specialist Care	Traditional FFS Medicare	6.8 (0.4)	52.1 (0.8)	41.2 (0.9)
	Medicare Advantage	7.7 (0.5)	55.2 (0.9)	37.1 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

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 Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. The category "(Very) dissatisfied" includes beneficiaries whose response to the question was "dissatisfied" or "very dissatisfied." FFS stands for Fee-for-Service.

Table 3.13. Satisfaction with the Availability of Information on the Medicare Program Among Medicare Beneficiaries Living Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2019

Measure	Measure Category	Estimate - % (St. Error)	
		Satisfied	Unsatisfied
Overall	--	89.4 (0.4)	10.6 (0.4)
Age	<65 years	84.1 (1.4)	15.9 (1.4)
	65-74 years	89.5 (0.6)	10.5 (0.6)
	75-84 years	90.7 (0.5)	9.3 (0.5)
	85+ years	92.1 (0.7)	7.9 (0.7)
Sex	Female	88.1 (0.6)	11.9 (0.6)
	Male	90.9 (0.5)	9.1 (0.5)
Race/Ethnicity	White non-Hispanic	89.9 (0.5)	10.1 (0.5)
	Black non-Hispanic	87.1 (2.0)	12.9 (2.0)
	Hispanic	89.0 (1.5)	11.0 (1.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

Table 4.1. User Rates of Health Care Services Among All Medicare Beneficiaries, 2019

Measure	Estimate - % (St. Error)
Physician/Supplier Services	95.8 (0.3)
Prescription Drugs	93.1 (0.4)
Outpatient Hospital Services	75.7 (0.7)
Dental Services	54.8 (0.9)
Inpatient Hospital Services	13.7 (0.4)
Long-Term Facility Care	3.4 (0.1)
Skilled Nursing Facility Care	3.2 (0.2)
Medicare Hospice Services	2.3 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates for Vision Services, Hearing Services, and Medicare Home Health Services are only presented in the Chartbook for beneficiaries who only completed Community interviews during the year and are therefore excluded from this Table.

Table 4.2. User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community, 2019

Measure	Estimate - % (St. Error)
Physician/Supplier Services	95.7 (0.3)
Prescription Drugs	93.2 (0.5)
Outpatient Hospital Services	76.1 (0.8)
Dental Services	55.4 (0.9)
Vision Services	53.2 (0.6)
Inpatient Hospital Services	13.2 (0.4)
Hearing Services	11.8 (0.5)
Medicare Home Health Services	10.8 (0.4)
Medicare Hospice Services	1.6 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Table 4.3. User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community Overall and by Age, 2019

Measure	Estimate - % (St. Error)				
	Overall	<65 years	65-74 years	75-84 years	85+ years
Physician/Supplier Services	95.7 (0.3)	94.5 (0.7)	94.6 (0.6)	97.6 (0.4)	98.4 (0.3)
Prescription Drugs	93.2 (0.5)	91.2 (0.9)	90.9 (0.8)	97.2 (0.4)	97.7 (0.4)
Outpatient Hospital Services	76.1 (0.8)	78.3 (1.6)	73.5 (1.1)	79.1 (0.9)	78.9 (1.3)
Dental Services	55.4 (0.9)	35.4 (2.0)	61.5 (1.2)	57.6 (1.2)	46.8 (1.5)
Vision Services	53.2 (0.6)	35.3 (2.0)	53.7 (1.0)	60.2 (1.0)	57.8 (1.3)
Inpatient Hospital Services	13.2 (0.4)	14.1 (1.2)	10.6 (0.6)	15.4 (0.7)	19.4 (1.3)
Hearing Services	11.8 (0.5)	5.1 (0.9)	9.8 (0.7)	15.7 (0.8)	21.9 (1.2)
Medicare Home Health Services	10.8 (0.4)	11.6 (1.4)	6.5 (0.5)	12.8 (0.7)	26.3 (1.2)
Medicare Hospice Services	1.6 (0.1)	*	0.6 (0.2)	2.1 (0.3)	7.2 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Some 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 Living Only in the Community Overall and by Sex, 2019

Measure	Estimate - % (St. Error)		
	Overall	Female	Male
Physician/Supplier Services	95.7 (0.3)	96.5 (0.4)	94.8 (0.5)
Prescription Drugs	93.2 (0.5)	94.4 (0.5)	91.9 (0.7)
Outpatient Hospital Services	76.1 (0.8)	78.8 (0.9)	72.9 (1.0)
Dental Services	55.4 (0.9)	56.5 (1.0)	54.1 (1.2)
Vision Services	53.2 (0.6)	55.6 (0.9)	50.5 (1.0)
Inpatient Hospital Services	13.2 (0.4)	13.2 (0.6)	13.2 (0.6)
Hearing Services	11.8 (0.5)	10.7 (0.5)	13.2 (0.7)
Medicare Home Health Services	10.8 (0.4)	12.0 (0.5)	9.4 (0.6)
Medicare Hospice Services	1.6 (0.1)	1.7 (0.2)	1.6 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Table 4.5. User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community Overall and by Race/Ethnicity, 2019

Measure	Estimate - % (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
Physician/Supplier Services	95.7 (0.3)	96.4 (0.3)	93.5 (1.1)	94.7 (1.2)
Prescription Drugs	93.2 (0.5)	93.5 (0.5)	91.7 (1.5)	94.3 (1.2)
Outpatient Hospital Services	76.1 (0.8)	77.0 (0.9)	74.1 (1.7)	74.6 (1.8)
Dental Services	55.4 (0.9)	60.6 (1.0)	32.7 (2.8)	43.8 (2.6)
Vision Services	53.2 (0.6)	53.9 (0.8)	48.2 (2.4)	54.3 (2.1)
Inpatient Hospital Services	13.2 (0.4)	13.1 (0.5)	14.7 (1.6)	11.7 (1.4)
Hearing Services	11.8 (0.5)	13.0 (0.6)	6.3 (1.0)	8.6 (1.1)
Medicare Home Health Services	10.8 (0.4)	10.1 (0.5)	14.4 (1.4)	13.0 (1.6)
Medicare Hospice Services	1.6 (0.1)	1.6 (0.2)	1.4 (0.4)	1.7 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category.

Table 4.6. User Rates of Selected Health Care Services Among Medicare Beneficiaries Living Only in the Community Overall and by Self-Reported Health Status, 2019

Measure	Estimate - % (St. Error)		
	Overall	Fair/poor	Excellent/very good/good
Physician/Supplier Services	95.7 (0.3)	97.7 (0.4)	95.4 (0.4)
Prescription Drugs	93.2 (0.5)	96.1 (0.7)	92.5 (0.6)
Outpatient Hospital Services	76.1 (0.8)	83.5 (1.2)	74.2 (0.9)
Dental Services	55.4 (0.9)	38.5 (1.6)	61.3 (1.0)
Vision Services	53.2 (0.6)	47.1 (1.4)	56.0 (0.8)
Inpatient Hospital Services	13.2 (0.4)	19.2 (1.0)	10.4 (0.5)
Hearing Services	11.8 (0.5)	9.5 (0.8)	12.7 (0.6)
Medicare Home Health Services	10.8 (0.4)	19.2 (1.0)	7.3 (0.3)
Medicare Hospice Services	1.6 (0.1)	1.4 (0.3)	0.3 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy.

Table 4.7. User Rates of Skilled Nursing Facility Care Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2019

Measure	Measure Category	Estimate - % (St. Error)
Overall	--	3.2 (0.2)
Age	<65 years	1.7 (0.5)
	65-74 years	1.6 (0.2)
	75-84 years	4.7 (0.3)
	85+ years	9.0 (0.8)
Sex	Female	3.6 (0.3)
	Male	2.8 (0.2)
Race/Ethnicity	White non-Hispanic	3.5 (0.2)
	Black non-Hispanic	2.3 (0.5)
	Hispanic	2.0 (0.5)
Health Status	Fair/poor	6.0 (0.5)
	Excellent/very good/good	1.8 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are not presented for the "other race/ethnicity" category.

Table 4.8. User Rates of Long-Term Facility Care Among All Medicare Beneficiaries Overall and by Age, Sex, Race/Ethnicity, and Health Status, 2019

Measure	Measure Category	Estimate - % (St. Error)
Overall	--	3.4 (0.1)
Age	<65 years	2.4 (0.4)
	65-74 years	1.3 (0.2)
	75-84 years	3.4 (0.3)
	85+ years	13.7 (0.8)
Sex	Female	4.2 (0.2)
	Male	2.5 (0.2)
Race/Ethnicity	White non-Hispanic	3.8 (0.2)
	Black non-Hispanic	2.7 (0.4)
	Hispanic	2.1 (0.3)
Health Status	Fair/poor	7.0 (0.5)
	Excellent/very good/good	1.7 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are not presented for the "other race/ethnicity" category.

Table 5.1.a. Total Health Care Service Expenditures Among All Medicare Beneficiaries by Source of Payment, 2019

Measure	Estimate - % (St. Error)
Medicare	63.2 (0.8)
Out-of-Pocket	17.6 (0.5)
Private	7.6 (0.5)
Medicaid	6.2 (0.5)
Other Source	5.3 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews.

Table 5.1.b. Total Health Care Service Expenditures Among All Medicare Beneficiaries Overall and for Selected Service Types, in Millions of Dollars, 2019

Measure	Estimate - \$ (St. Error)
Prescription Drugs	254,880 (10,770)
Physician/Supplier Services	252,114 (7,238)
Inpatient Hospital Services	190,757 (8,607)
Outpatient Hospital Services	141,358 (7,652)
Long-Term Facility Care	111,557 (6,538)
Dental Services†	38,749 (1,611)
Skilled Nursing Facility Care	33,260 (3,004)
Medicare Hospice Services	17,925 (1,741)
Total Expenditures	1,079,824 (22,503)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. † Dental services expenditures are only available for those who completed at least one Community interview in the year. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources. Estimates for Medicare Home Health Services, Vision Services, and Hearing Services are only presented in the Chartbook for beneficiaries who only completed Community interviews during the year and are therefore excluded from this Table.

Table 5.2. Distribution of Total Out-of-Pocket Health Care Service Expenditures Among All Medicare Beneficiaries, 2019

Measure	Measure Category	Estimate - % (St. Error)
Beneficiary Spending Percentage Group	Top 5 percent	35.3 (2.4)
	Top 10 percent	49.4 (2.5)
	Top 15 percent	61.3 (2.4)
	Top 20 percent	69.4 (2.5)
	Top 50 percent	92.2 (2.6)
	Bottom 50 percent	7.7 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

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 Appendices. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews.

Table 5.3. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Dollars, 2019

Measure	Estimate - \$ (St. Error)
Prescription Drugs	4,032 (176)
Physician/Supplier Services	4,026 (117)
Inpatient Hospital Services	2,954 (140)
Outpatient Hospital Services	2,245 (129)
Dental Services	641 (27)
Medicare Home Health Services	270 (24)
Vision Services	236 (12)
Medicare Hospice Services	169 (24)
Hearing Services	106 (10)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.4. Total Out-of-Pocket Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Dollars, 2019

Measure	Estimate - \$ (St. Error)
Physician/Supplier Services	718 (29)
Prescription Drugs	615 (20)
Dental Services	473 (26)
Outpatient Hospital Services	156 (11)
Hearing Services	86 (9)
Vision Services	64 (5)
Inpatient Hospital Services	43 (6)
Medicare Home Health Services	*
Medicare Hospice Services	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates for 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 5.5. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community Overall and by Age, in Dollars, 2019

Measure	Estimate - \$ (St. Error)				
	Overall	<65 years	65-74 years	75-84 years	85+ years
Prescription Drugs	4,032 (176)	6,761 (548)	3,387 (242)	3,920 (265)	3,802 (458)
Physician/ Supplier Services	4,026 (117)	3,916 (251)	3,556 (146)	4,848 (215)	4,454 (167)
Inpatient Hospital Services	2,954 (140)	3,828 (587)	2,163 (187)	3,531 (217)	4,295 (366)
Outpatient Hospital Services	2,245 (129)	3,187 (622)	1,966 (146)	2,465 (211)	1,780 (156)
Dental Services	641 (27)	240 (25)	702 (45)	756 (56)	593 (51)
Medicare Home Health Services	270 (24)	169 (33)	122 (16)	383 (66)	875 (95)
Vision Services	236 (12)	110 (24)	210 (18)	294 (21)	393 (45)
Medicare Hospice Services	169 (24)	*	*	170 (37)	926 (158)
Hearing Services	106 (10)	*	96 (14)	138 (20)	183 (23)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Some estimates for Medicare Hospice Services and Hearing 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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.6. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community Overall and by Sex, in Dollars, 2019

Measure	Estimate - \$ (St. Error)		
	Overall	Female	Male
Prescription Drugs	4,032 (176)	3,925 (196)	4,160 (294)
Physician/Supplier Services	4,026 (117)	4,216 (156)	3,800 (132)
Inpatient Hospital Services	2,954 (140)	2,769 (159)	3,174 (235)
Outpatient Hospital Services	2,245 (129)	2,191 (145)	2,308 (209)
Dental Services	641 (27)	667 (42)	610 (41)
Medicare Home Health Services	270 (24)	284 (22)	253 (39)
Vision Services	236 (12)	260 (18)	207 (12)
Medicare Hospice Services	169 (24)	214 (36)	116 (23)
Hearing Services	106 (10)	80 (10)	138 (17)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.7. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community Overall and by Race/Ethnicity, in Dollars, 2019

Measure	Estimate - \$ (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
Prescription Drugs	4,032 (176)	3,682 (174)	4,919 (667)	4,810 (386)
Physician/Supplier Services	4,026 (117)	4,144 (120)	3,668 (330)	3,907 (363)
Inpatient Hospital Services	2,954 (140)	2,829 (170)	4,090 (621)	2,703 (470)
Outpatient Hospital Services	2,245 (129)	2,240 (157)	2,554 (393)	2,146 (249)
Dental Services	641 (27)	744 (36)	290 (66)	346 (38)
Medicare Home Health Services	270 (24)	262 (29)	270 (58)	312 (65)
Vision Services	236 (12)	256 (16)	174 (26)	163 (14)
Medicare Hospice Services	169 (24)	172 (32)	*	*
Hearing Services	106 (10)	124 (13)	*	40 (12)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Estimates are not presented for the "other race/ethnicity" category. Some estimates for Medicare Hospice Services and Hearing 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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.8. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community Overall and by Self-Reported Health Status, in Dollars, 2019

Measure	Estimate - \$ (St. Error)		
	Overall	Fair/poor	Excellent/very good/good
Prescription Drugs	4,032 (176)	7,118 (603)	3,260 (157)
Physician/Supplier Services	4,026 (117)	5,220 (225)	3,624 (111)
Inpatient Hospital Services	2,954 (140)	4,369 (354)	2,088 (127)
Outpatient Hospital Services	2,245 (129)	3,829 (489)	1,774 (96)
Dental Services	641 (27)	396 (47)	729 (35)
Medicare Home Health Services	270 (24)	496 (50)	187 (23)
Vision Services	236 (12)	199 (26)	255 (15)
Medicare Hospice Services	169 (24)	358 (82)	45 (13)
Hearing Services	106 (10)	94 (22)	111 (11)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.9. Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community with at Least One Chronic Condition Overall and by Number of Chronic Conditions, in Dollars, 2019

Measure	Estimate - \$ (St. Error)				
	Overall	1 condition	2-3 conditions	4-5 conditions	6 or more conditions
Prescription Drugs	4,032 (176)	2,147 (362)	3,338 (282)	5,556 (303)	8,010 (843)
Physician/Supplier Services	4,026 (117)	2,653 (257)	3,481 (138)	5,209 (211)	5,950 (344)
Inpatient Hospital Services	2,954 (140)	1,067 (238)	1,898 (149)	3,842 (311)	5,361 (670)
Outpatient Hospital Services	2,245 (129)	1,326 (166)	1,976 (224)	2,828 (253)	3,978 (517)
Dental Services	641 (27)	774 (128)	674 (36)	631 (52)	555 (101)
Medicare Home Health Services	270 (24)	76 (17)	165 (21)	365 (63)	731 (95)
Vision Services	236 (12)	192 (24)	238 (19)	301 (30)	255 (32)
Medicare Hospice Services	169 (24)	*	*	212 (56)	*
Hearing Services	106 (10)	119 (26)	114 (18)	103 (13)	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who only completed Community interviews during the year. This excludes beneficiaries for whom any Facility interview was completed. Beneficiaries who received a Community interview answered questions themselves or by proxy. Some estimates for Medicare Hospice Services and Hearing 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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.10. Skilled Nursing Facility Care Health Care Service Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Health Status, in Dollars, 2019

Measure	Measure Category	Estimate - \$ (St. Error)
Overall	--	16,505 (1,301)
Age	<65 years	*
	65-74 years	12,684 (2,104)
	75-84 years	16,875 (1,770)
	85+ years	17,989 (1,648)
Sex	Female	17,913 (1,812)
	Male	14,309 (1,714)
Race/Ethnicity	White non-Hispanic	16,642 (1,546)
	Black non-Hispanic	*
	Hispanic	*
Health Status	Fair/poor	17,626 (1,562)
	Excellent/very good/good	17,614 (2,527)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are not presented for the "other race/ethnicity" category. Some 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. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.11. Long-Term Facility Care Health Care Service Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Health Status, in Dollars, 2019

Measure	Measure Category	Estimate - \$ (St. Error)
Overall	--	52,506 (1,790)
Age	<65 years	59,183 (7,949)
	65-74 years	59,145 (4,939)
	75-84 years	48,716 (2,930)
	85+ years	50,308 (1,875)
Sex	Female	55,619 (2,320)
	Male	46,119 (2,175)
Race/Ethnicity	White non-Hispanic	53,232 (2,027)
	Black non-Hispanic	50,636 (5,609)
	Hispanic	52,883 (7,019)
Health Status	Fair/poor	61,927 (2,563)
	Excellent/very good/good	55,923 (2,579)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Estimates are not presented for the "other race/ethnicity" category. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.12. Total Health Care Service Expenditures per User for Long-Term Facility Care and Skilled Nursing Facility Care, in Dollars, 2019

Measure	Estimate - \$ (St. Error)
Long-Term Facility Care	52,506 (1,790)
Skilled Nursing Facility Care	16,505 (1,301)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. Health care service expenditures presented do not reflect the amount paid by beneficiaries, but rather the amount paid by all sources.

Table 5.13. Total Out-of-Pocket Health Care Service Expenditures per User for Long-Term Facility Care and Skilled Nursing Facility Care, in Dollars, 2019

Measure	Estimate - \$ (St. Error)
Long-Term Facility Care	24,592 (1,406)
Skilled Nursing Facility Care	1,891 (346)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019 and Cost Supplement File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented only for beneficiaries who used a given service at least once in the data collection year. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews.

Table 5.14. Annual Out-of-Pocket Medicare Premium Expenditures per Capita Among Medicare Beneficiaries Who Are Not Dual Eligible Overall and by Age, Type of Medicare Coverage, and Health Status, in Dollars, 2019

Measure	Measure Category	Estimate - \$ (St. Error)
Overall	--	1,878 (20)
Age	<65 years	1,439 (49)
	65-74 years	1,816 (27)
	75-84 years	2,072 (29)
	85+ years	2,033 (31)
Type of Medicare Coverage	Traditional FFS Medicare	1,806 (26)
	Medicare Advantage	2,006 (28)
Health Status	Poor	1,802 (59)
	Fair	1,821 (38)
	Good	1,888 (30)
	Very good	1,928 (31)
	Excellent	1,948 (45)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2019.

NOTES: For definitions of key terms and information on the construction of measures, see the Appendices. Estimates are presented for beneficiaries who are not dual eligible for both Medicare and Medicaid. Beneficiaries who are classified as dual eligible can be either partial- or full-benefit dual eligible. Beneficiaries who received a Community interview answered questions themselves or by proxy. A facility staff member, such as a nurse, always answered questions about the beneficiary for Facility interviews. FFS stands for Fee-for-Service.

APPENDICES

APPENDICES

APPENDIX A: GLOSSARY

This Glossary provides an explanation of key terms and defines the measures for which estimates are presented in this Chartbook. 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 of Chartbook measures, please consult Appendix C: Measure Construction Appendix.

Age: Age is obtained from *administrative* data sources.

Alcohol use: Information on alcohol use is collected only for beneficiaries who completed at least one Community interview during the year. Community respondents were asked how many drinks, on average, they consumed on days that they drank alcoholic beverages in the past 12 months. The level of alcohol use is based on sex of the beneficiary. Men who consumed more than two alcoholic beverages per day on average were categorized as heavy drinkers. Those who consumed an average of one or two per day were categorized as moderate drinkers, and those who did not drink 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 categorized as moderate drinkers, and those who did not drink were categorized as nondrinkers. Alcohol use is not recorded in the Facility interview.

Alzheimer's disease: Community respondents were asked whether a doctor or other health professional had ever told them that they had Alzheimer's disease. Beneficiaries living in a facility were coded as either having or not having Alzheimer's disease based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Beneficiary: Beneficiary refers to a person receiving Medicare services who may or may not be participating in the MCBS. Beneficiary may also refer to an individual selected from the MCBS sample about whom the MCBS collects information. Beneficiaries must meet at least one of three criteria for Medicare eligibility (is aged 65 years or over, is under age 65 with certain disabilities, or is of any age with End-Stage Renal Disease) and be entitled to health insurance benefits. (Source: <https://www.cms.gov/Medicare/Medicare-General-Information/MedicareGenInfo/index.html>)

Blood pressure screening: Blood pressure screening is collected only for beneficiaries who completed only Community interviews during the year. Community respondents were asked when was the most recent time they had a blood pressure screening taken by a doctor or other health professional. Beneficiaries were coded as "yes" for blood pressure screening if they received 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 Long-Term Care Minimum Data Set (MDS) for assessing the mental status of long-term care facility 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. Lower BIMS scores indicate greater cognitive impairment.

Cancer, other than skin cancer: Community respondents were asked whether a doctor or other health professional had ever told them that they had any kind of cancer, malignancy, or tumor other than skin cancer. For beneficiaries living in the community, cancer (other than skin cancer) includes benign or non-malignant tumors or growths. Beneficiaries living in a facility were coded as either having or not having cancer (other than skin cancer) based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Chronic conditions: Chronic conditions comprises a group of 13 Chartbook health conditions measures: heart disease, cancer (other than skin cancer), Alzheimer's disease, dementia other than Alzheimer's disease, depression, mental condition, hypertension, diabetes, osteoporosis/broken hip, pulmonary disease, stroke, high cholesterol, and Parkinson's disease. It is possible for a beneficiary to have "ever" been diagnosed with both Alzheimer's disease and dementia (other than Alzheimer's disease) as previous survey responses are carried forward into subsequent data years. For the purposes of the number of chronic conditions measure, Alzheimer's disease and dementia (other than Alzheimer's disease) are counted as one chronic condition for beneficiaries diagnosed with both conditions. As the Chartbook definition of mental condition encompasses depression, for the purposes of the number of chronic conditions measure depression and mental condition are counted as one chronic condition for beneficiaries diagnosed with both conditions.

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 determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents were asked whether they have serious difficulty concentrating, remembering, or making decisions. If a beneficiary had serious difficulty with any of these measures of cognitive functioning, the person was categorized as cognitively impaired. Beneficiaries living in a facility for whom a Brief Interview for Mental Status (BIMS) was conducted were coded as having a cognitive impairment if they received a score of 12 or lower. A beneficiary living in a facility for whom a BIMS was not conducted was categorized as cognitively impaired if they were reported as having problems with their short term or long term memory, recalling the current season, recalling the location of their room, recalling names and faces, recalling that they are in a nursing home, making decisions, their ability to make themselves understood, and their ability to understand others. In addition, a beneficiary living in a facility was categorized as cognitively impaired if they were indicated to have a diagnosis of aphasia based on information on active diagnoses provided by Facility staff or as abstracted by medical records. The cognitive impairment measure counts the presence of at least one indicator of cognitive impairment. Beneficiaries who have more than one indicator are only counted once for the purposes of calculating the proportion of beneficiaries with cognitive impairment.

Community interview: Survey administered for beneficiaries living in the community (i.e., not in a long-term care facility such as a nursing home) during the reference period covered by the MCBS interview. An interview may be conducted with the beneficiary or a proxy.

Delayed care due to cost: Delayed care due to cost is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. Community respondents were asked if, in the last year, they had delayed seeking medical care because they were worried about the cost. Delayed care due to cost is not recorded in the Facility interview.

Dementia, other than Alzheimer's disease: Community respondents were asked whether a doctor or other health professional had ever told them that they had any type of dementia (other than Alzheimer's disease). Beneficiaries living in a facility were coded as either having or not having dementia (other than Alzheimer's disease) based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Dental services: Dental services encompass services rendered during dental visits in the data collection year, including cleanings, x-rays, and exams. Dental services utilization data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Dental services usage was reported during a Community or Facility interview. Dental services expenditures data are only available for beneficiaries who completed a Community interview. Dental services expenditures were reported during a Community interview. Fee-for-Service Medicare does not cover most dental services, only a limited number of dental services that are received in a hospital setting. For a small number of beneficiaries enrolled in Fee-for-Service Medicare who received one of these covered services during the data collection year, utilization and expenditures data for these services were obtained from *administrative* data sources.

Depression: Community respondents were asked whether a doctor or other health professional had ever told them that they had depression. Beneficiaries living in a facility were coded as either having or not having depression based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Diabetes: Community respondents were asked whether a doctor or other health professional had ever told them that they had any type of diabetes. Beneficiaries living in a facility were coded as either having or not having diabetes based on information on active diagnoses provided by Facility staff or as abstracted from medical records. In this Chartbook, diabetes encompasses Type I, Type II, borderline diabetes, prediabetes, gestational diabetes, and high blood sugar.

Difficulty obtaining care: Difficulty obtaining care is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. Community respondents were asked if, in the last year, they had any trouble getting health care that they wanted or needed. Difficulty obtaining care is not recorded in the Facility interview.

Disability status: Disability status is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents were asked whether they have serious difficulty hearing, seeing, concentrating, remembering, or making decisions, walking or climbing stairs, dressing or bathing, or with errands. Beneficiaries living in the community who had no serious difficulties with these activities were included in the category "No disability." Beneficiaries living in the community who had a

serious difficulty in one area were categorized as “One disability” and those who had a serious difficulty in more than one area were categorized as “Two or more disabilities.” Beneficiaries living in a facility were included in the category “LTC Facility.”

Education: Level of education corresponds to the highest school grade completed, as reported by the respondent, their proxy, or Facility staff.

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

Experiences with forgone care due to COVID-19 pandemic: Experiences with forgone care due to the COVID-19 pandemic is presented in the Chartbook only for beneficiaries who completed a MCBS COVID-19 Fall 2020 Community Supplement interview. Community respondents were asked whether, since July 1, 2020, they needed medical care for something other than coronavirus but did not get it because of the coronavirus outbreak. Experiences with forgone care due to the COVID-19 pandemic are not estimated in this Chartbook for beneficiaries living in a facility. For more information regarding the MCBS COVID-19 Community Supplement data included in the 2019 MCBS Survey File LDS, please consult the *2019 MCBS Data User's Guide: Survey File*.

Facility interview: Survey administered for beneficiaries living in facilities, such as long-term care nursing homes or other institutions, during the reference period covered by the MCBS interview. Interviewers conduct the Facility interview with staff members located at the facility (i.e., facility respondents); beneficiaries are not interviewed if they reside at a facility.

Fee-for-Service (FFS) payment: Fee-for-Service is a method of paying for medical services in which each service delivered by a provider bears a charge. This charge is paid by the patient receiving the service or by an insurer on behalf of the patient.

Flu shot: Receipt of flu shot is presented in the Chartbook only for beneficiaries who completed only Community interviews during the year. Community respondents were asked whether they had received a seasonal flu shot in the past year. Receipt of flu shot is not estimated in this Chartbook for beneficiaries living in a facility.

Health status: Health status is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents 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 Facility staff member answered questions about the beneficiary's health status for Facility interviews.

Hearing services: Hearing services are presented in the Chartbook only for beneficiaries who completed only Community interviews during the year. Hearing services include hearing exams, hearing aid fittings, repairs, or purchases, and hearing rehabilitative services. Hearing services data are available for beneficiaries who completed a Community interview. Hearing services utilization and expenditures were reported during a Community interview. Fee-for-Service Medicare does not cover most hearing services, covering only a limited type of hearing exams and rehabilitative services. For a small number of beneficiaries enrolled in Fee-for-Service Medicare

who received one of these covered services during the data collection year, utilization and expenditures data for these services were also obtained from *administrative* data sources.

Hearing trouble: Hearing trouble is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents were asked whether they use a hearing aid or if they have at least a little trouble hearing. Beneficiaries living in a facility were coded as using or not using a hearing aid, and having or not having more than minimal difficulty with hearing. The hearing trouble measure counts the presence of at least one indicator of hearing trouble. Beneficiaries who have more than one indicator are only counted once for the purposes of calculating the proportion of beneficiaries with hearing trouble.

Heart disease: Heart disease is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents were asked whether a doctor or other health professional had ever told them that they had myocardial infarction (heart attack), angina pectoris or coronary heart disease, congestive heart failure, or any other heart condition. Beneficiaries living in a facility were coded as either having or not having myocardial infarction (heart attack), coronary artery disease, congestive heart failure, aortic stenosis, or atrial fibrillation/other dysrhythmias based on information on active diagnoses provided by Facility staff or as abstracted from medical records. The heart disease measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with heart disease.

High cholesterol: High cholesterol is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents were asked whether a doctor or other health professional has told them that they have high cholesterol. Beneficiaries living in a facility were coded as either having or not having hypercholesterolemia or hyperlipidemia based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Hypertension: Community respondents were asked whether a doctor or other health professional has ever told them that they had hypertension or high blood pressure. Beneficiaries living in a facility were coded as either having or not having hypertension based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Inpatient hospital services: 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. Inpatient hospital services data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Inpatient hospital services usage and expenditures were reported during a Community interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from administrative data sources. Additionally, historic Medicare Advantage (MA) Encounter administrative data was used to estimate aggregate payment amounts for inpatient hospital events not covered by Medicare for beneficiaries with MA coverage living in the community.

Insurance coverage:

- Comprehensive Coverage: Comprehensive health insurance is insurance that provides coverage for a wide range of health care needs. Single service plans, such as dental or vision plans, are not considered to be comprehensive. For the purposes of calculating the proportion of beneficiaries with comprehensive coverage, insurance plans that cover doctor's visits and lab work, inpatient stays, and/or stays in a nursing home are considered to be plans with comprehensive 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): Employer-sponsored private insurance encompasses beneficiaries who reported coverage through the policy holder's employer or union, or deceased spouse's previous employer or union. Information on employer-sponsored insurance coverage is collected only for beneficiaries who completed at least one Community interview during the year. Employer-sponsored insurance coverage is not estimated in this Chartbook for beneficiaries living in a facility.
- 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). Beneficiaries were coded as having Medicare Advantage coverage if they had coverage for one or more months out of the calendar year. This information is obtained from *administrative* data sources.
- Part D coverage: Additional, optional coverage for prescription drugs administered by private companies. Beneficiaries were coded as having Part D coverage if they had coverage for one or more months out of the calendar year. This information is obtained from *administrative* data sources.
- Self-pay insurance: Self-pay insurance encompasses beneficiaries eligible for Part A and/or Part B Medicare benefits who had self-purchased private insurance plans, such as "Medigap" insurance. 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). Information on self-pay insurance coverage is collected only for beneficiaries who completed at least one Community interview during the year. Self-pay insurance coverage is not estimated in this Chartbook for beneficiaries living in a facility.
- Supplemental private insurance: Supplemental private insurance encompasses beneficiaries living in the community who reported coverage provided through an employer or union or coverage purchased directly from an insurance company – either alone or in combination with another type of coverage. It also encompasses beneficiaries living in a facility who have any type of private health insurance. For the purposes of calculating the proportion of beneficiaries with supplemental private insurance (including ESI and self-pay insurance), supplemental private insurance does not include long-term care plans, life insurance plans, or cancer or other disease-specific insurance plans. Supplemental private insurance may include specialty plans or prescription drug-only plans.

- **Traditional Fee-for-Service Medicare:** Traditional Fee-for-Service Medicare encompasses beneficiaries eligible for Part A and/or Part B Medicare benefits at any time during the data collection year, and who were not enrolled in a Medicare Advantage plan at any time during the 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. Coverage status is indicated for records for which *administrative* data are available.

Intellectual or developmental disability: Intellectual or developmental disability is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents were asked whether a doctor or other health professional had ever told them that they had an intellectual disability. Beneficiaries living in a facility were coded as either having or not having Down syndrome, autism, or an intellectual or developmental disability related to an organic/non-organic condition based on information on active diagnoses provided by Facility staff or as abstracted from medical records. The intellectual or developmental disability measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with an intellectual or developmental disability.

Language other than English spoken at home: Language other than English spoken at home is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. Community respondents were asked if they speak a language other than English at home. Language other than English spoken at home is not recorded in the Facility interview.

Long-Term Care Minimum Data Set (MDS): The Long-Term Care 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>.

Long-term facility care: A long-term care facility provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with activities of daily living. 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 facility care stays are included in the Cost Supplement File if a beneficiary had a long-term care facility stay of at least one day during the data collection year. 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. Expenditures for long-term 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 facility care were reported during a Facility interview, and through a combination of Medicare *administrative* data and imputations. For more information

on collection of long-term facility care expenditures, see the *2019 MCBS Methodology Report* available on the CMS MCBS website.

Mammogram: Receipt of mammogram is presented in the Chartbook only for beneficiaries who completed at least one Community interview during the year. Female Community respondents were asked if they received a mammogram or breast X-ray in the past year. Receipt of mammogram is not estimated in this Chartbook for beneficiaries living in a facility.

Medicare beneficiary: See Beneficiary.

Medicare home health services: Medicare home health services are presented in the Chartbook only for beneficiaries who completed only Community interviews during the year. 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 in the data collection year. Medicare home health services usage and expenditures were reported during a Community interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources.

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 in the data collection year. 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 copayment. Medicare hospice services data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Medicare hospice services usage and expenditures were reported during a Community interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources.

Mental condition: Mental condition is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents were asked whether a doctor or other health professional had ever told them that they had depression or a mental or psychiatric disorder other than depression. Beneficiaries living in a facility were coded as either having or not having manic depression (bipolar disorder), schizophrenia, depression, an anxiety disorder, post-traumatic stress disorder (PTSD), atypical psychosis, delusions, or a psychotic disorder other than schizophrenia based on information on active diagnoses provided by Facility staff or as abstracted from medical records. The mental condition measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with a mental condition.

Metropolitan area resident: Metropolitan area residence was obtained from *administrative* data sources and verified in the survey.

Mobility limitation: Community respondents were asked how much difficulty they have walking a quarter of a mile; about two or three blocks. For Facility interviews, a Facility staff member answered questions about the beneficiary's ability to walk a quarter of a mile. 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." The response reflects whether the beneficiary usually had trouble walking a quarter of a mile, rather than temporary difficulty, such as from a short-term injury.

Mortality rate: Mortality rate is defined as the number of deaths divided by the total number of Medicare beneficiaries. Mortality is determined by the date of death, which is obtained from *administrative* data sources.

Osteoporosis/broken hip: Community respondents were asked whether a doctor or other health profession has ever told them that they had osteoporosis or a broken hip. Beneficiaries living in a facility were coded as either having or not having osteoporosis or hip fracture based on information on active diagnoses provided by Facility staff or as abstracted from medical records. The osteoporosis/broken hip measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with osteoporosis/broken hip.

Out-of-pocket Medicare premium expenditures: Out-of-pocket Medicare premium expenditures are presented in the Chartbook for beneficiaries who are not dual eligible. Medicare premium expenditures encompass annual premium amounts paid by a beneficiary for Medicare Parts A, B, C, and D. Medicare premium expenditures are obtained from *administrative* data sources.

Outpatient hospital services: Outpatient hospital services encompass services rendered during visits to any part of an outpatient department or outpatient clinic at a hospital in the data collection year. Outpatient hospital events include emergency room visits that did not result in an inpatient hospital admission. Outpatient hospital services data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Outpatient hospital services usage was reported during a Community or Facility interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources. Outpatient hospital services expenditures were reported during a Community interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources. Additionally, historic Medicare Advantage (MA) Encounter administrative data was used to estimate aggregate payment amounts for outpatient hospital events not covered by Medicare for beneficiaries with MA coverage living in the community.

Parkinson's disease: Community respondents were asked whether a doctor or other health professional had ever told them that they had Parkinson's disease. Beneficiaries living in a facility were coded as either having or not having Parkinson's disease based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Per capita expenditure: Per capita expenditures are presented in the Chartbook for beneficiaries who completed only Community interviews during the year. The per capita expenditure is defined as the mean expenditure per Medicare beneficiary during the data collection year.

Perceived knowledge of the Medicare program: Perceived knowledge of the Medicare program is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. Community respondents were asked how much they think they know about the Medicare program; just about everything they need to know, most of what they need to know, some of what they need to know, a little of what they need to know, of almost none of what they need to know. Perceived knowledge of the Medicare program is not recorded in the Facility interview.

Persons who provide assistance communicating with medical provider: Information regarding persons who provide assistance communicating with medical providers is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. This information is collected during the Community interview for beneficiaries who self-reported limited English proficiency and speak a language other than English at home. These respondents were asked who helps them communicate with medical providers, other than their usual provider, who do not speak the language the beneficiary speaks at home. Assistance communicating with medical provider is not recorded in the Facility interview.

Per user expenditure: Per user expenditures are presented in the Chartbook for skilled nursing facility users and long-term care facility users. The per-user expenditure is defined as the mean expenditure per service user during the data collection year.

Physical activity: Level of physical activity is determined only for beneficiaries who completed at least one Community interview during the year. Physical activity is based on a beneficiary's self-reported level of physical activity in response to two Community interview questions. Community respondents were asked how much time they spend in a typical week doing vigorous activities such as team sports, running, aerobics, heavy house or yard work, or anything else that causes large increases in breathing or heart rate. Community respondents were also asked how much time they spend in a typical week doing moderate activities, such as brisk walking, bicycling, gardening, golf, swimming, vacuuming, or anything else that causes small increases in breathing or heart rate. If a beneficiary reports an hour or less of vigorous activity or two or fewer hours of moderate activity per week, he/she is categorized as sedentary. If a beneficiary engages in two hours of vigorous activity or three to four hours of moderate activity per week, he/she is categorized as active. If a beneficiary engages in three or more hours of vigorous activity or five or more hours of moderate activity per week, then the beneficiary is categorized as highly active. Physical activity is not recorded in the Facility interview.

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 delivered or occurring during the data collection year. Health practitioners include physicians, audiologists, optometrists, chiropractors, podiatrists, mental health professionals, therapists, nurses, paramedics, and physician's assistants. Physician/supplier services data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Physician/supplier services usage was reported during a Community or Facility interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources. Physician/supplier services expenditures were reported during a Community interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources. Additionally, historic Medicare Advantage (MA) Encounter administrative data was

used to estimate aggregate payment amounts for physician/supplier services not covered by Medicare for beneficiaries with MA coverage living in the community.

Physician appointment wait time: Physician appointment wait time is collected only for beneficiaries who completed at least one Community interview during the year. Community respondents were asked the number of days that they had to wait to see a doctor for their most recent appointment that was not at home or at a hospital. Physician appointment wait time is not recorded in the Facility interview.

Pneumonia shot: Receipt of pneumonia shot is presented in the Chartbook only for beneficiaries who completed only Community interviews during the year. Community respondents were asked if they had ever received the pneumonia shot. Receipt of pneumonia shot is not estimated in this Chartbook for beneficiaries living in a facility.

Poverty status: Responses to income and asset questions are self-reported by the respondent. Poverty status is determined using an income-to-poverty ratio (IPR). The IPR is defined as income divided by the appropriate Federal Poverty Level (FPL) threshold. Note that the MCBS IPR is calculated only for household sizes of one (beneficiary living alone or in a facility) or two (beneficiary living with spouse only). Beginning in 2017, the income poverty thresholds presented in the Chartbook reflect the Medicare beneficiary thresholds.

Preferred language for medical care: Preferred language for medical care is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. This information is collected during the Community interview for beneficiaries who speak a language other than English at home and have a usual doctor or clinic where they receive medical care. These respondents were asked in which language they prefer to receive medical care. Preferred language for medical care is not recorded in the Facility interview.

Prescription drugs: Prescription drug services encompass drugs purchased during the data collection year; but prescription drugs administered during an inpatient hospital stay are not included. Prescription drug services data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Prescription drug usage and expenditures were reported during a Community interview or, for beneficiaries enrolled in Medicare Part D, obtained from *administrative* data sources.

Problem understanding a medical situation due to a language barrier: Problem understanding a medical situation due to a language barrier is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. This information is collected during the Community interview for beneficiaries who self-reported limited English proficiency and speak a language other than English at home. These respondents were asked if they had ever had a problem understanding a medical situation because it was not explained in the language the beneficiary speaks at home. Problem understanding a medical situation is not recorded in the Facility interview.

Propensity to seek care: Propensity to seek care is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. The questions about propensity to seek care characterize indicators of a beneficiary's likeliness to seek and access health care services. Community respondents were asked whether they visit a doctor as soon as they feel bad, worry about their health more than others their age, will do just about anything to avoid going to the doctor, had ever had a problem and did not seek a doctor, keep it to themselves when sick, and had ever had a prescription they did not fill due to cost. Propensity to seek care is not recorded in the Facility interview.

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 living 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: Pulmonary disease is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents were asked whether a doctor or other health professional had ever told them that they had emphysema, asthma, or chronic obstructive pulmonary disease (COPD). Beneficiaries living in a facility were coded as either having or not having asthma, COPD, or chronic lung disease based on information on active diagnoses provided by Facility staff or as abstracted from medical records. The pulmonary disease measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with pulmonary disease.

Race/ethnicity: Hispanic origin and race are two separate and distinct categories. Persons of Hispanic origin may be of any race or combination of races. Hispanic origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. For the MCBS, responses to beneficiary race and ethnicity questions are reported by the respondent. More than one race may be reported. For conciseness, the text, tables, and figures in this document use shorter versions of the terms for race and Hispanic or Latino origin specified in the Office of Management and Budget 1997 Standards for Data on Race and Ethnicity. Beneficiaries reported as white and not of Hispanic origin were coded as white non-Hispanic; beneficiaries reported as black/African-American and not of Hispanic origin were coded as black non-Hispanic; beneficiaries reported as Hispanic, Latino/Latina, or of Spanish origin, regardless of their race, were coded as Hispanic. The "other race/ethnicity" category includes other single races not of Hispanic origin (including American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander), or two or more races.

Residence status: Medicare beneficiaries who only completed Community interviews during the calendar year are categorized as living only in the community. Medicare beneficiaries for whom only Facility interviews were completed during the calendar year are categorized as living 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 and titles.

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

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

Satisfaction with care: Satisfaction with care is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. The questions about satisfaction with care represent the beneficiary's general opinion of all medical care received in the year preceding the interview. Community respondents were asked how satisfied or dissatisfied they were with the health care they had received over the past year from doctors and hospitals. Satisfaction with care is not recorded in the Facility interview.

- General care refers to the rating of the overall quality of medical care received by the beneficiary.
- Night and weekend availability refers to the rating of the availability of medical care for the beneficiary at night and on weekends.
- Ease of access to doctor refers to the rating of the ease and convenience of getting to a doctor or other health professional from the beneficiary's residence.
- Can obtain care in same location refers to the rating of the beneficiary's ability to get all medical care needs taken care of at the same location.
- Information from doctor refers to the 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 rating of the doctor's concerns for the beneficiary's overall health rather than for an isolated symptom or disease.
- Cost refers to the rating of the out-of-pocket costs the beneficiary paid for medical care.
- Availability of specialist care refers to the rating of the availability of care for the beneficiary by specialists.

Self-reported limited English proficiency: Self-reported limited English proficiency is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. Community respondents were asked how well they spoke English. A beneficiary was categorized as having limited English proficiency if they spoke English well, not well, or not at all. Beneficiaries who spoke English very well were categorized as not having limited English proficiency. English proficiency is not recorded in the Facility interview.

Sex: A beneficiary's sex is self-reported by the respondent.

Shingles vaccine: Receipt of shingles vaccine is collected only for beneficiaries who completed at least one Community interview during the year. Community respondents 60 years of age and over were asked if they had received the shingles vaccine. Receipt of shingles vaccination is not recorded in the Facility interview.

Skilled nursing facility (SNF): SNF stays are classified as short-term stays that do not qualify for classification as long-term facility care. SNF stays are included in the Cost Supplement File if the discharge date for the stay was in the data collection year. SNF stay data are available for both beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Usage and expenditures for SNF were reported during a Community interview or, for beneficiaries enrolled in Fee-for-Service Medicare, obtained from *administrative* data sources. Additionally, historic Medicare Advantage (MA) Encounter administrative data was used to estimate aggregate payment amounts for SNF events not covered by Medicare for beneficiaries with MA coverage living in the community.

Skin cancer: Community respondents were asked whether a doctor or other health professional had ever told them that they had skin cancer. Beneficiaries living in a facility were coded as either having or not having skin cancer based on information on active diagnoses provided by Facility staff or as abstracted from medical records.

Smoking status: Smoking status is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents were asked whether they had smoked at least 100 cigarettes or 50 cigars in their entire life, and whether they currently smoke. A Facility staff member was asked whether or not a beneficiary living in a facility had ever smoked cigarettes, cigars, or pipe tobacco, and whether the beneficiary currently smokes. Beneficiaries who currently smoked were categorized as a "current smoker." Beneficiaries living in the community who smoked 100 or more cigarettes or 50 or more cigars, and beneficiaries living in a facility who had ever smoked cigarettes, cigars, or pipe tobacco, but who were not current smokers, were categorized as "former smoker." Beneficiaries living in the community who did not meet the "current smoker" or "former smoker" criteria who do not smoke or have not smoked, as reported for at least one of the cigar or cigarette use survey questions, were categorized as "never smoked." Beneficiaries living in a facility who had never smoked were categorized as "never smoked." Smoking includes the smoking of cigarettes or cigars for beneficiaries living in the community, and cigarettes, cigars, or pipe tobacco for beneficiaries living in a facility, but it does not include the use of other forms of tobacco, such as smokeless tobacco, or e-cigarettes.

Stroke: Stroke is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents were asked whether a doctor or other health professional had ever told them that they had a stroke, brain hemorrhage, or cerebrovascular accident, including transient ischemic attack. Beneficiaries living in a facility were coded as having or not having a cerebrovascular accident, transient ischemic attack, or stroke based on information on active diagnoses provided by Facility staff or as abstracted from medical records. The stroke measure counts the presence of at least one of these diagnoses. Beneficiaries who have more than one diagnosis are only counted once for the purposes of calculating the proportion of beneficiaries with history of stroke.

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.

Telemedicine use: Telemedicine use is presented in the Chartbook only for beneficiaries who completed a MCBS COVID-19 Fall 2020 Community Supplement interview. This information was collected during the COVID-19 Community Supplement interview for beneficiaries who reported that they had a usual source of care that offered telemedicine appointments. These respondents were asked whether, since July 1, 2020, they had had a telemedicine visit. Telemedicine use is not estimated in this Chartbook for beneficiaries living in a facility. For more information regarding the MCBS COVID-19 Community Supplement data included in the 2019 MCBS Survey File LDS, please consult the *2019 MCBS Data User's Guide: Survey File*.

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 during the data collection year. 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. Data regarding expenditures is collected in Community and Facility interviews as well as obtained from *administrative* data sources.

- 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.¹
- 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.
- 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.

¹ Note that in previous MCBS Health and Health Care of the Medicare Population (HHC) table packages, released for the 2013 MCBS and earlier data years, Medicare expenditures for MA beneficiaries were not based on spending and utilization reported by survey respondents. Instead, they were 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.

- 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 2017, 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: Community respondents were asked how much difficulty they have reaching or extending their arms above shoulder level, and writing or handling and grasping small objects. For Facility interviews, a Facility staff member answered questions about the beneficiary's ability to reach or extend their arms above shoulder level, and to write or handle and grasp small objects. If the beneficiary had a little, some, or a lot of difficulty with at least one of 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 determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents were asked how often they lost urine control in the past year. Beneficiaries living in the community were coded as "yes" if they lost urine control at least once every 2-3 months. Beneficiaries living in a facility were coded as "yes" if their frequency of incontinence was reported by Facility staff as "occasional" or more. Beneficiaries on dialysis or those with a catheter or urostomy/bladder bag were excluded from the calculation of urinary incontinence.

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.

Usual source of care: Usual source of care is presented in the Chartbook for beneficiaries who completed only Community interviews during the year. Community respondents were asked if

they had a particular doctor or other health professional, or a clinic that they usually go to when they are sick or for advice about their health. If the beneficiary did not have a particular health care provider or clinic where they usually went for care or advice about health, the response was coded as “none.” If the beneficiary did have a usual source of care, they were 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. Usual source of care is not recorded in the Facility interview.

Veteran: A beneficiary reported as ever having served in the armed forces of the United States.

Vision services: Vision services are presented in the Chartbook only for beneficiaries who completed only Community interviews during the year. Vision services include vision exams, contact lens fittings or purchases, eye glass frame fittings or purchases, and different kinds of surgeries (e.g., cataract, corneal, etc.). Vision services data are available for beneficiaries who completed a Community interview. Vision services utilization and expenditures were reported during a Community interview. Fee-for-Service Medicare does not cover vision exams for the refractive state and contact lens fittings or purchases or eye glass frame fittings or purchases (except one pair of contact lens or eyeglasses after cataract surgery). For a small number of beneficiaries enrolled in Fee-for-Service Medicare who received one of these covered services during the data collection year, utilization and expenditures data for these services were also obtained from *administrative* data sources.

Vision problem: Vision problem is determined differently for beneficiaries who completed a Community interview and those for whom a Facility interview was completed. Community respondents were asked whether they wear eyeglasses, have trouble seeing, or whether a doctor or other health professional had ever told them that they were legally blind or had cataracts, glaucoma, diabetic retinopathy, or macular degeneration. Beneficiaries living in a facility were coded as using or not using a visual appliance, or having or not having some level of visual impairment, blindness, cataracts, glaucoma, macular degeneration, or a history of surgery for cataracts based on information on active diagnoses provided by Facility staff or as abstracted from medical records. The vision problem measure counts the presence of at least one of these conditions. Beneficiaries who have more than one condition are only counted once for the purposes of calculating the proportion of beneficiaries with a vision problem.

APPENDIX B: TECHNICAL APPENDIX

Introduction

This Technical Appendix provides information about the production of the estimates and standard errors presented in the 2019 Chartbook. For details about the MCBS sample design, survey operations, and data files, please see the *2019 MCBS Methodology Report* and *2019 Data User's Guide* available on the CMS MCBS website. The *MCBS New User Tutorial*, *Questionnaire User Documentation*, and other resources are also available on the CMS MCBS website.²

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, 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 and weights used to create the chart exhibits and detailed tables of estimates in each section in this Chartbook are shown below in Table B.1.

² <https://www.cms.gov/research-statistics-data-and-systems/research/mcbs>

Table B.1. 2019 MCBS Data Sources and Weights by Chartbook Section

Section	Section Name	LDS File	Weights
Special Feature	Special Feature	Survey File	Survey File ever-enrolled weights
Trends	Trends	Survey File and Cost Supplement File	Survey File ever-enrolled weights and Cost Supplement ever-enrolled weights
1	Who is in the Medicare Population?	Survey File	Survey File ever-enrolled weights
2	How Healthy are Medicare Beneficiaries?	Survey File	Survey File ever-enrolled weights
3	What is the Medicare Population's Access to Care and How Satisfied are Beneficiaries with Their Care?	Survey File	Survey File ever-enrolled weights
4	What Health Care Services do Medicare Beneficiaries Receive?	Survey File and Cost Supplement File	Cost Supplement ever-enrolled weights
5	How Much Do Health Care Services for the Medicare Population cost?	Survey File and Cost Supplement File	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, including survey weights. The MCBS files contain data suitable for analysis, but the Chartbook estimates occasionally require performing additional data-related tasks to create the desired presentation. For example, the Chartbook combines categories 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 15,880 beneficiaries from the 2019 Survey File, 9,883 of which have additional information about utilization and spending from the 2019 Cost Supplement File. The Survey File ever-enrolled weights represent the population that was ever enrolled in Medicare for any period during 2019, 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 2019. This threshold is described in the *2019 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 approaches³:

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, an example is presented here using the normal approximation method of computing a confidence interval. Table 1.1 of this Chartbook indicates that 18.1 percent of all Medicare beneficiaries are veterans. The standard error of this estimate (0.4 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 who are veterans is 18.1 percent plus or minus $1.96 \times 0.4 = 0.8$ percent, for a 95 percent confidence interval of (17.3, 18.9). Theoretically, if the same survey was repeated on 100 samples of the same size, the true population proportion to fall within this confidence interval 95 times out of 100.

Due to low levels of item non-response and to maintain trends, 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 2019 LDS releases, please consult the *2019 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, aside from

³ For more information, see Wolter, K. M. (2007). *Introduction to Variance Estimation*. New York, NY: Springer-Verlag.

Exhibit/Table 1.1, which allows the chart to focus on differences between white non-Hispanic, black non-Hispanic, and Hispanic beneficiaries. When estimates 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

The Chartbook only displays statistics that meet reliability criteria. This reliability is assessed using two different sets of criteria, 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.⁴

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.

Trending Dataset Construction

In developing criteria for Chartbook trend measures, they are first evaluated to ensure they are suitable candidates. Measure data must exist for the full trending time period; be measured annually, at a minimum, for a consistent universe; and utilize variable data that is comparable across the full trending time period. Changes in data collection (for example, a change in the season during which a component is fielded) and/or non-response may negatively affect comparability.

Once measures have been determined suitable for trending, the next step in preparing the data for the Chartbook trending analysis is to extract all of the relevant variables from the LDS files, including survey weights.

Each exhibit in the trending section is a repeated cross-sectional analysis. Therefore, the Survey File and Cost Supplement File ever-enrolled weights from all three data years were utilized. The Survey File ever-enrolled weights represent the population that was ever enrolled in Medicare for any period during the respective data year. The Cost Supplement File ever-enrolled weights represent the same population as the Survey File ever-enrolled weights but are available for a

⁴ Parker JD, Talih M, Malec DJ, et al. National Center for Health Statistics Data Presentation Standards for Proportions. National Center for Health Statistics. Vital Health Stat 2(175). 2017. Available from: https://www.cdc.gov/nchs/data/series/sr_02/sr02_175.pdf

smaller subset of beneficiaries who have met a minimum threshold of utilization data collection in the respective survey year.

Once all the analytic variables and weights are constructed for each data year, a new master dataset is created by including all the analytic variables for each beneficiary for all data years in the analysis. In total, the analytic dataset contains 33,223 unique beneficiaries from the 2016-2019 Survey Files, 20,957 of which have additional information about utilization and spending from the 2016-2019 Cost Supplement Files.

The Cost-Supplement File also undergoes an additional adjustment. All dollar variable measures are adjusted for inflation to the most recent data year's dollars (e.g., in an analysis of 2016, 2017, 2018, and 2019 MCBS data years, 2016, 2017, and 2018 would be adjusted for inflation to use 2019 dollars). Chartbook expenditure adjustments follow the same methodology used by the Medical Expenditure Panel Survey (MEPS). Total expenditure figures are indexed to the Gross Domestic Product (GDP) price index and out-of-pocket expenditure figures are indexed to the Consumer Price Index (CPI).⁵

Once the master dataset has been constructed, analysis proceeds in a similar fashion as the yearly Chartbook, except survey year is added as an additional cross-tabulation variable in each analysis:

```
proc surveyfreq data = master_analytic_file varmethod = brr (fay=.30);
    table SURVEYR*FLU_SHOT*AGE4;
    weight EEYRSWGT;
    repweights EEYRS001 - EEYRS100;
run;
```

Additional Information

Additional technical questions concerning the MCBS Chartbook may be directed to:

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 *2015-2019 Annual Chartbook and Slides*, please reference the Centers for Medicare and Medicaid Services (CMS) website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables>.

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](https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures/Data-Agreements/DUA-NewLDS).

The MCBS Public Use Files (PUFs) are 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>.

⁵ https://meps.ahrq.gov/about_meps/Price_Index.shtml

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The MCBS is authorized by section 1875 (42 USC 139511) of the Social Security Act and is conducted by NORC at the University of Chicago for the U.S. Department of Health and Human Services. The OMB Number for this survey is 0938-0568.

APPENDIX C: MEASURE CONSTRUCTION APPENDIX

Introduction

This Measure Construction Appendix documents how each measure presented in the Chartbook exhibits and tables is constructed to allow data users to replicate the Chartbook measures for their own analyses. The information presented in this appendix applies only to measures used for the Chartbook and can be considered an example of the analytic use of data from the MCBS for research purposes.

This information is intended to be used in conjunction with the Chartbook Glossary and Technical Appendix as well as other MCBS documentation publically available on the CMS MCBS website.⁶ Data users should consult the *MCBS Data User's Guide: Cost Supplement File* and the *MCBS Data User's Guide: Survey File* for information regarding merging Limited Data Set (LDS) segments, applying appropriate survey weighting, and variance estimation, among other analytic guidance. Data users will also need to consult the MCBS codebooks for each data segment to use each variable properly for the Chartbook measure construction. Data users new to the MCBS should review the *MCBS New User Tutorial* before beginning their analyses. Further detailed information regarding the MCBS can be found in the *MCBS FAQs*, the *Methodology Report*, and the *Questionnaire User Documentation*. These resources are available at <https://www.cms.gov/research-statistics-data-and-systems/research/mcbs>.

For each Chartbook measure, this appendix documents:

- Measure name
- Universe of beneficiaries
- Variables used in construction
- Measure construction logic
- Numerator
- Denominator
- LDS release
- Segment(s) used
- Chartbook exhibit/table number

The Chartbook Technical Appendix details the rationale for creating analytic variables. Occasionally, an analytic variable is used in the construction of multiple Chartbook measures. If a measure uses an analytic variable that has already been constructed for a different Chartbook measure, that analytic variable will appear in italics in the 'universe of beneficiaries', 'variables used in construction', 'measure construction logic', and 'denominator' fields. All variables in italics have corresponding entries of their own in the Measure Construction Appendix.

Universe of Beneficiaries

For measures for which the 'universe of beneficiaries' field is not all Medicare beneficiaries, data users will need the INT_TYPE variable, located in the DEMO segment, to subset the denominator by the *Residence Status* measure. The denominator of each of these measures will correspond to the definition of the universe found in the Chartbook Glossary:

- The universe of **Community** (INT_TYPE = 'C') are beneficiaries who only completed Community interviews during the year.

⁶ <https://www.cms.gov/research-statistics-data-and-systems/research/mcbs>

- The universe of **Community and Both** (INT_TYPE = 'C' or 'B') are beneficiaries who completed at least one Community interview during the year.
- The universe of **Facility** (INT_TYPE = 'F') are beneficiaries for whom only Facility interviews were completed during the year.

To account for differences between the Community and Facility questionnaires and data collection protocols, some Chartbook measures that have a universe of all Medicare beneficiaries must be constructed separately for the Community and Facility universes. For these estimates which have been constructed separately by place of residence at the time of interview, data users should combine the measures to obtain an estimate for all Medicare beneficiaries. Rarely a beneficiary has data from both the Community *and* Facility measure constructions. In these instances, the data obtained from Facility interviews is used for that beneficiary for Chartbook measure construction.

Measure Construction

The 'measure construction logic' field contains universal pseudo-code (not specific to any programming language or statistical package) for the construction of each measure's numerator. Data users will also need to construct the appropriate denominator using the information provided in the Measure Construction Appendix and codebooks.

All estimates in the Chartbook exclude beneficiaries for whom LDS data are missing for a given measure. Missing variable data, which encompass "Don't Know", "Not Ascertained", and "Refused" responses, are excluded from both the numerator and denominator in the calculation of each measure. For some measures, additional variable values are excluded. In these cases, data users are instructed in the 'measure construction logic' field to designate specific values as missing.

For measures that are constructed using multiple variables, if there is data for at least one of the variables, the record should be included in construction of the measure. If data are missing for all variables used in construction, the record should be excluded from construction of the measure.

Table C.1. Detailed Measure Constructions

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Age	All Medicare beneficiaries	D_STRAT	If D_STRAT = 1, then "0-44." If D_STRAT = 2, then "45-64." If D_STRAT = 3, then "65-69." If D_STRAT = 4, then "70-74." If D_STRAT = 5, then "75-79." If D_STRAT = 6, then "80-84." If D_STRAT = 7, then "85+."	Beneficiaries of 0-44, 45-64, 65-69, 70-74, 75-79, 80-84, and 85+ years of age, respectively	All beneficiaries	Survey File	DEMO	1.1, 1.2, 1.5.a, 1.5.b, 1.6, 1.8, 1.9, 2.2, 2.3, 2.5, 2.11, 2.12, 2.14, 2.15, 2.16, 2.17, 2.19, 3.3, 3.7, 3.8, 3.9, 3.10, 3.13, 4.3, 4.7, 4.8, 5.5, 5.10, 5.11, 5.14
Alcohol Use	Community and Both	ALCLIFE; ALC12MN; ROSTSEX; ALCDAY;	If ALCLIFE = 2 then "Nondrinker." Else If ALCLIFE = 1 then do If ALC12MN = 0 then "Nondrinker". Else If ROSTSEX = 1 and ALCDAY ≤ 2, or if ROSTSEX = 2 and ALCDAY = 1, then "Moderate." Else If ROSTSEX = 1 and ALCDAY > 2, or if ROSTSEX = 2 and ALCDAY > 1, then "Heavy."	Beneficiaries living in the community who report heavy drinking, moderate drinking, and nondrinking, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	NICOALCO, DEMO	2.9
Alzheimer's Disease	Community and Both	OCALZMER	If OCALZMER = 1, then "Yes."	Beneficiaries living in the community who have Alzheimer's disease	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	ALZHMR	If ALZHMR \geq 1, then "Yes."	Beneficiaries living in a facility who have Alzheimer's disease	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Blood Pressure Screening	Community	BPTAKEN	If BPTAKEN \leq 2, then "Yes."	Beneficiaries living in the community who received blood pressure screening	All beneficiaries who only completed Community interviews during the year	Survey File	PREVCARE	2.10
Cancer, Other than Skin	Community and Both	OCCANCER	If OCCANCER = 1, then "Yes."	Beneficiaries living in the community who have cancer other than skin cancer	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	CANCER	If CANCER \geq 1, then "Yes."	Beneficiaries living in a facility who have cancer other than skin cancer	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Cognitive Impairment	Community and Both	DISDECSN; PHQTRCON	If DISDECSN = 1, or if PHQTRCON = 3 or 4, then "Yes."	Beneficiaries living in the community who have cognitive impairment	All beneficiaries who completed at least one Community interview during the year	Survey File	NAGIDIS; MENTHLTH	2.4

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	CSMEMST; CSMEMLT; CSCURSEA; CSLOCROM; CSNAMFAC; CSINNH; CSDECIS; HCUNCOND; HCUNDOTH; APHASIA; MENTSUM	If CSMEMST = 1, or if CSMEMLT = 1, or if CSCURSEA = 0, or if CSLOCROM = 0, or if CSNAMFAC = 0, or if CSINNH = 0, or if CSDECIS ≥ 2, or if HCUNCOND ≥ 2, or if HCUNDOTH ≥ 2, or if APHASIA = 1, or if 0 ≤ MENTSUM ≤ 12, then "Yes."	Beneficiaries living in a facility who have cognitive impairment	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Delayed Care Due to Cost	Community	HCDELAY	If HCDELAY = 1, then "Yes."	Beneficiaries living only in the community who have delayed care due to cost	All beneficiaries who only completed Community interviews during the year	Survey File	ACCESSCR	3.11
Dementia, Other than Alzheimer's Disease	Community and Both	OCDEMENT	If OCDEMENT = 1, then "Yes."	Beneficiaries living in the community who have dementia, other than Alzheimer's disease	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	DEMENT	If DEMENT ≥ 1, then "Yes."	Beneficiaries living in a facility who have dementia, other than Alzheimer's disease	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Depression	Community and Both	OCDEPRSS	If OCDEPRSS = 1, then "Yes."	Beneficiaries living in the community who have depression	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	DEPRESS	If DEPRESS \geq 1, then "Yes."	Beneficiaries living in a facility who have depression	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Diabetes	Community and Both	OCBETES	If OCBETES = 1, then "Yes."	Beneficiaries living in the community who have diabetes	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4, 2.5, 2.6, 2.7, 2.13
	Facility	DIABMRN	If DIABMRN \geq 1, then "Yes."	Beneficiaries living in a facility who have diabetes	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4, 2.5, 2.6, 2.7, 2.13
Difficulty Obtaining Care	Community	HCTROUBL	If HCTROUBL = 1, then "Yes."	Beneficiaries living only in the community who have had difficulty obtaining care	All beneficiaries who only completed Community interviews during the year	Survey File	ACCESSCR	3.11
Disability Status	Community and Both	DISHEAR; DISSEE; DISDECSN; DISWALK; DISBATH; DISERRND	Count instances of DISHEAR, DISSEE, DISDECSN, DISWALK, DISBATH, or DISERRND = 1. If count = 0, then "No disability." If count = 1, then "One disability." If count \geq 2, then "Two or more disabilities."	Beneficiaries living in the community who have no, one, and two or more disabilities, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	VISHEAR; NAGIDIS	2.1, 2.3
	Facility	INT_TYPE	If INT_TYPE = 'F', then "LTC Facility."	All beneficiaries living in a facility	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	DEMO	2.1, 2.3

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Dual Eligible Status	All Medicare beneficiaries	H_OPMDCD	If H_OPMDCD = 2, then "Non-dual eligible." If H_OPMDCD = 1, then "Full-benefit dual eligible." If H_OPMDCD = 3 or 4, then "Partial-benefit dual eligible."	Non-dual eligible, full-benefit dual eligible, and partial-benefit dual eligible beneficiaries, respectively	All beneficiaries	Survey File	HISUMRY	1.3, 1.5.b, 1.8
Education	All Medicare beneficiaries	SPDEGRCV	If $1 \leq \text{SPDEGRCV} \leq 3$, then "Less than a high school diploma." If SPDEGRCV = 4, then "High school graduate." If $5 \leq \text{SPDEGRCV} \leq 7$, then "Some college/vocational school." If SPDEGRCV = 8 or 9, then "Bachelor's degree and beyond."	Beneficiaries who received less than a high school diploma, graduated high school, attended some college/vocational school, and obtained a bachelor's degree and beyond, respectively	All beneficiaries	Survey File	DEMO	1.1, 1.8, 1.9
Employer-Sponsored Insurance	Community and Both	PLANTYPE; S_OTHPLN	For any reported plan for each beneficiary, if PLANTYPE = 20 or 21, S_OTHPLN does not = 1, 3, or 4, then "Yes."	Beneficiaries living in the community who have any employer-sponsored insurance	All beneficiaries who completed at least one Community interview during the year	Survey File	HITLINE	1.4
Employer-Sponsored Insurance with Comprehensive Coverage	Community and Both (with Any Employer-Sponsored Insurance)	<i>Any Employer-Sponsored Insurance</i> ⁷ ; S_MSCOV; S_IP; S_COVNH	If <i>Any Employer-Sponsored Insurance</i> = 'Yes', and (S_MSCOV = 1 or S_IP = 1 or S_COVNH = 1), then "Yes."	Beneficiaries with employer-sponsored insurance with comprehensive coverage	All beneficiaries with <i>Any Employer-Sponsored Insurance</i>	Survey File	HITLINE	1.4

⁷ Chartbook measures that are also used as intermediate variables in the construction of other Chartbook measures are included in italics in the **Variables Used in Construction**, **Measure Construction Logic**, and **Denominator** fields.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Experiences with Forgone Care Due to COVID-19 Pandemic	Community	COVIDCAR	If COVIDCAR = 1, then "Yes".	Beneficiaries living in the community who were unable to receive care due to the COVID-19 pandemic since July 2020	All beneficiaries who completed a MCBS COVID-19 Fall 2020 Community Supplement interview	Survey File	COVIDFAL	S.1.
Flu Shot	Community	FLUSHOT	If FLUSHOT = 1, then "Yes."	Beneficiaries living in the community who received a flu shot	All beneficiaries who only completed Community interviews during the year	Survey File	PREVCARE	T.1, 2.10, 2.11
Health Status	Community and Both	GENHELTH	If GENHELTH = 1, "Excellent." If GENHELTH = 2, "Very good." If GENHELTH = 3, "Good." If GENHELTH = 4, "Fair." If GENHELTH = 5, "Poor."	Beneficiaries living in the community who have excellent, very good, good, fair, or poor health, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	GENHLTH	1.2, 2.1, 2.2, 4.6, 4.7, 4.8, 5.8, 5.10, 5.11, 5.14
	Facility	SPHEALTH	If SPHEALTH = 0, "Excellent." If SPHEALTH = 1, "Very good." If SPHEALTH = 2, "Good." If SPHEALTH = 3, "Fair." If SPHEALTH = 4, "Poor."	Beneficiaries living in a facility who have excellent, very good, good, fair, or poor health, respectively	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.1, 2.2, 4.7, 4.8, 5.10, 5.11, 5.14
Hearing Trouble	Community and Both	HCHELP; HCTROUB	If HCHELP = 1 or 3, or if HCTROUB ≥ 2, then "Yes."	Beneficiaries living in the community who have hearing trouble	All beneficiaries who completed at least one Community interview during the year	Survey File	VISHEAR	2.4

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	HCHEAID; HCHECOND	If HCHEAID = 1, or if HCHECOND ≥ 1, then "Yes."	Beneficiaries living in a facility who have hearing trouble	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Heart Disease	Community and Both	OCMYOCAR; OCCHD; OCCFAIL; OCHRTCND	If OCMYOCAR = 1, or if OCCHD = 1, or if OCCFAIL = 1, or if OCHRTCND = 1, then "Yes."	Beneficiaries living in the community who have heart disease	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4, 2.5, 2.6, 2.7, 2.13
	Facility	MYOCARD; HARTFAIL; CORARTDS; AOSTEN; AFIBDYS	If MYOCARD ≥ 1, or if HARTFAIL ≥ 1, or if CORARTDS ≥ 1, or if AOSTEN = 1, or if AFIBDYS ≥ 1, then "Yes."	Beneficiaries living in a facility who have heart disease	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4, 2.5, 2.6, 2.7, 2.13
High Cholesterol	Community and Both	OCCHOLES	If OCCHOLES = 1, then "Yes."	Beneficiaries living in the community who have high cholesterol	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	HYPRLIPI	If HYPRLIPI ≥ 1, then "Yes."	Beneficiaries living in a facility who have high cholesterol	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Hypertension	Community and Both	OCHBP	If OCHBP = 1, then "Yes."	Beneficiaries living in the community who have hypertension	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4, 2.5, 2.6, 2.7, 2.13

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	HYPETENS	If HYPETENS \geq 1, then "Yes."	Beneficiaries living in a facility who have hypertension	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4, 2.5, 2.6, 2.7, 2.13
Intellectual or Developmental Disability	Community and Both	OCMENTAL	If OCMENTAL = 1, then "Yes."	Beneficiaries living in the community who have an intellectual or developmental disability	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	MENTDOWN; MENTAUTI; MENTOTHO; MENTOTHN	If MENTDOWN = 1, or if MENTAUTI = 1, or if MENTOTHO = 1, or if MENTOTHN = 1, then "Yes."	Beneficiaries living in a facility who have an intellectual or developmental disability	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Mammogram	Community and Both ⁸	MAMMOGRM	If MAMMOGRM = 1, then "Yes."	Beneficiaries living in the community who received a mammogram	All female beneficiaries who completed at least one Community interview during the year	Survey File	PREVCARE	2.19
Mental Condition	Community and Both	OCPSYCHO; OCDEPRSS	If OCPSYCHO = 1, or if OCDEPRSS = 1, then "Yes."	Beneficiaries living in the community who have a mental condition	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4

⁸ Only female Community respondents are asked about receipt of mammography during the Community interview.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	MANICDEP; SCHIZOPH; DEPRESS; PSYCOTIC; ANXIETY; PTSD; APSYCH; DELUS	If MANICDEP \geq 1, or if SCHIZOPH \geq 1, or if DEPRESS \geq 1, or if PSYCOTIC \geq 1, or if ANXIETY = 1, or if PTSD \geq 1, or if APSYCH = 1, or if DELUS = 1, then "Yes."	Beneficiaries living in a facility who have a mental condition	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Metropolitan Area Resident	All Medicare beneficiaries	H_CBSA	If H_CBSA = "Metro", then "Metro area." If H_CBSA = "Micro", or if H_CBSA = "Non-CBSA", then "Non-metro area."	Beneficiaries living in a metro area and non-metro area, respectively	All beneficiaries	Survey File	DEMO	1.1
Mobility Limitations	Community and Both	DIFWALK; <i>Disability Status</i> ⁹	If DIFWALK = 1, then "No limitation." If DIFWALK \geq 2 and <i>Disability Status</i> = "No disability", then "Yes, with no disability." If DIFWALK \geq 2 and <i>Disability Status</i> = "1 disability" or "2 or more disabilities", then "Yes, with any disability."	Beneficiaries living in the community who have no limitation, mobility limitation and with no disability, and mobility limitation with any disability, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	NAGIDIS	2.14
	Facility	IADWALK	If IADWALK = 0, then "No limitation." If IADWALK \geq 1, then "Yes, with any disability."	Beneficiaries living in a facility who have no limitation, and mobility limitation with any disability, respectively	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.14

⁹ Chartbook measures that are also used as intermediate variables in the construction of other Chartbook measures are included in italics in the **Variables Used in Construction** and **Measure Construction Logic** fields.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Mortality Rate	All Medicare beneficiaries	H_DOD	If H_DOD is <u>not missing</u> , then Death = "Yes."	Beneficiaries who have died	All beneficiaries	Survey File	DEMO	2.16
Number of Chronic Conditions	All Medicare beneficiaries	<i>Alzheimer's Disease; Dementia, Other than Alzheimer's Disease; Depression; Mental Condition; Heart Disease; Cancer (Other than Skin); Hypertension; Diabetes; Osteoporosis/Broken Hip; Stroke; Pulmonary Disease; High Cholesterol; Parkinson's Disease¹⁰</i>	For each chronic conditions measure = 'Yes', add 1 to a count of chronic conditions. For beneficiaries for whom <i>Alzheimer's Disease</i> = 'Yes' and <i>Dementia, Other than Alzheimer's Disease</i> = 'Yes', only add 1 to the count of chronic conditions for these two conditions. For beneficiaries for whom <i>Depression</i> = 'Yes' and <i>Mental Condition</i> = 'Yes', only add 1 to the count of chronic conditions for these two conditions.	Medicare beneficiaries, with 0, 1, 2-3, 4-5, and 6 or more chronic conditions, respectively	All beneficiaries	Survey File		2.17, 5.9
Osteoporosis/ Broken Hip	Community and Both	OCOSTEOP; OCBRKHIP	If OCOSTEOP = 1, or if OCBRKHIP = 1, then "Yes."	Beneficiaries living in the community who have osteoporosis or a broken hip	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	OSTEOP; HIPFRACT	If OSTEOP ≥ 1, or if HIPFRACT ≥ 1, then "Yes."	Beneficiaries living in a facility who have osteoporosis or a broken hip	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4

¹⁰ Chartbook measures that are also used as intermediate variables in the construction of other Chartbook measures are included in italics in the **Variables Used in Construction** and **Measure Construction Logic** fields.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Parkinson's Disease	Community and Both	OCPARKIN	If OCPARKIN = 1, then "Yes."	Beneficiaries living in the community who have Parkinson's disease	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	PARKNSON	If PARKNSON ≥ 1, then "Yes."	Beneficiaries living in a facility who have Parkinson's disease	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Part D Coverage	All Medicare beneficiaries	SRCCOV01-SRCCOV12; COV01-COV12; PLANTYPE; <i>Type of Medicare Coverage</i> ¹¹	Where XX represents a month 01-12, if SRCCOVXX = 2 or 3 and COVXX = 1 for any value of XX, and PLANTYPE = 4, and <i>Type of Medicare Coverage</i> = 'MA', then "MA with Part D." If SRCCOVXX = 2 or 3 and COVXX = 1 for any value of XX, and PLANTYPE = 4, and <i>Type of Medicare Coverage</i> = 'Traditional FFS Medicare', then "FFS with Part D."	Beneficiaries with FFS only, FFS with Part D, MA only, and MA with Part D coverage, respectively	All beneficiaries	Survey File	HITLINE	1.3

¹¹ Chartbook measures that are also used as intermediate variables in the construction of other Chartbook measures are included in italics in the **Variables Used in Construction** and **Measure Construction Logic** fields.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
			If (SRCCOVXX does not = 2 or 3 or COVXX does not = 1 for all values of XX, or PLANTYPE does not = 4), and <i>Type of Medicare Coverage</i> = 'MA', then "MA only." If (SRCCOVXX does not = 2 or 3 or COVXX does not = 1 for all values of XX, or PLANTYPE does not = 4), and <i>Type of Medicare Coverage</i> = 'Traditional FFS Medicare', then "FFS only."					
Per Capita Expenditures-Dental Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'DU.'	Total dental services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9
Per Capita Expenditures-Hearing Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'HU.'	Total hearing services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9
Per Capita Expenditures-Inpatient Hospital Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'IP.'	Total inpatient hospital services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9
Per Capita Expenditures-Medicare Home Health Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'HH.'	Total Medicare home health services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Per Capita Expenditures-Medicare Hospice Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'HP.'	Total Medicare hospice services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9
Per Capita Expenditures-Outpatient Hospital Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'OP.'	Total outpatient hospital services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9
Per Capita Expenditures-Physician/Supplier Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'MP.'	Total physician/supplier services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9
Per Capita Expenditures-Prescription Drugs	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'PM.'	Total prescription drugs expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9
Per Capita Expenditures-Vision Services	Community	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'VU.'	Total vision services expenditures	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Per Capita Out-of-Pocket Medicare Premium Expenditures	All Medicare beneficiaries (who are not dual eligible)	<i>Dual Eligible Status</i> ¹² ; H_PRAPRM; H_PTBPBM; H_CPRM01-H_CPRM12; H_DPRM01-H_DPRM12	For all beneficiaries for whom <i>Dual Eligible Status</i> = 'Not Dual Eligible,' total = H_PTAPRM + H_PTBPBM + sum (H_CPRM01 – H_CPRM12) + sum (H_DPRM01 – H_DPRM12).	Total out-of-pocket Medicare premium expenditures	All beneficiaries who are not dual eligible	Survey File	HISUMRY	5.14
Per User Expenditures-Long-Term Facility Care	All Medicare Beneficiaries	EVNTTYPE; AEVENTS; AAMTTOT	For all beneficiaries for whom EVNTTYPE = 'FA' and AEVENTS > 0, sum AAMTTOT for all events where EVNTTYPE = 'FA.'	Total expenditures for all long-term facility care	All beneficiaries who have used long-term facility care during the year	Cost Supplement File	SS	5.11, 5.12, 5.13
Per User Expenditures-Skilled Nursing Facilities	All Medicare Beneficiaries	EVNTTYPE; AEVENTS; AAMTTOT	For all beneficiaries for whom EVNTTYPE = 'IU' and AEVENTS > 0, sum AAMTTOT for all events where EVNTTYPE = 'IU.'	Total expenditures for all skilled nursing facilities	All beneficiaries who have used skilled nursing facilities during the year	Cost Supplement File	SS	5.10, 5.12 5.13
Perceived Knowledge of the Medicare Program	Community	KCARKNOW	If KCARKNOW ≤ 2, then "Most or all." If KCARKNOW = 3, then "Some." If KCARKNOW ≥ 4, then "Little or none."	Beneficiaries living only in the community with most or all, some, and little or no knowledge of the Medicare program, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	MCREPLNQ	3.9
Physical Activity	Community and Both	D_VIGTIM; D_MODTIM	If D_VIGTIM ≥ 3, or if D_MODTIM ≥ 5, then "Highly Active." If D_VIGTIM = 2, or if D_MODTIM = 3 or 4, then "Active." If D_VIGTIM ≤ 1, or if D_MODTIM ≤ 2, then "Sedentary."	Beneficiaries living in the community who are highly active, active, and sedentary, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	NAGIDIS	2.18

¹² Chartbook measures that are also used as intermediate variables in the construction of other Chartbook measures are included in italics in the **Variables Used in Construction** and **Measure Construction Logic** fields.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Physician Appointment Wait Time	Community	D_MDAPPT	If D_MDAPPT = 0 then "No Wait." If $1 \leq D_MDAPPT \leq 6$ then "1-6 Days." If $7 \leq D_MDAPPT \leq 12$, then "7-12 Days." If $13 \leq D_MDAPPT \leq 18$, then "13-18 Days." If $D_MDAPPT \geq 19$, then "19 + Days."	Beneficiaries living only in the community who waited 1-6 days, 7-12 days, 13-18 days, 19+ days, or had no wait for an appointment, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	ACCSSMED	3.10
Pneumonia Shot	Community	PNEUSHOT	If PNEUSHOT = 1, then "Yes."	Beneficiaries living in the community who received a pneumonia shot	All beneficiaries who only completed Community interviews during the year	Survey File	PREVCARE	2.10, 2.11
Poverty Status	All Medicare beneficiaries	IPR_IND	If IPR_IND = 1, then "0-100% FPL." If IPR_IND = 2, then "101-120% FPL." If IPR_IND = 3, then "121-135% FPL." If IPR_IND = 4, then "136-200% FPL." If IPR_IND = 5, then "201% FPL and above."	Beneficiaries at 0-100%, 101-120%, 121-135%, 136-200%, and 201% and above of the Federal Poverty Line (FPL), respectively	All beneficiaries	Survey File	DEMO	1.1, 1.9, 2.8, 2.9, 2.18
Propensity to Seek Care-Avoid Going to the Doctor	Community	MCAVOID	If MCAVOID = 1, then "Yes."	Beneficiaries living only in the community who avoid going to the doctor	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.2, 3.3, 3.4, 3.5

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Propensity to Seek Care- Ever Had a Prescription You Did Not Fill Due to Cost	Community	NOFILLRX	If NOFILLRX \leq 2, then "Yes."	Beneficiaries living only in the community who ever had a prescription that they did not fill due to cost	All beneficiaries who only completed Community interviews during the year	Survey File	RXMED	3.2, 3.3, 3.4, 3.5
Propensity to Seek Care-Had a Problem and Did Not Seek Doctor	Community	MCDRNSEE	If MCDRNSEE = 1, then "Yes."	Beneficiaries living only in the community who had a problem and did not seek a doctor	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.2, 3.3, 3.4, 3.5
Propensity to Seek Care- Visit a Doctor as Soon as You Feel Bad	Community	MCDRSOON	If MCDRSOON = 1, then "Yes."	Beneficiaries living only in the community who usually go to the doctor as soon as they feel bad	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.2, 3.3, 3.4, 3.5
Propensity to Seek Care- When Sick, Keep It to Yourself	Community	MCSICK	If MCSICK = 1, then "Yes."	Beneficiaries living only in the community who, when sick, try keeping sickness to themselves	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.2, 3.3, 3.4, 3.5
Propensity to Seek Care- Worry About Your Health More than Others	Community	MCWORRY	If MCWORRY = 1, then "Yes."	Beneficiaries living only in the community who worry about their health more than others	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.2, 3.3, 3.4, 3.5
Pulmonary Disease	Community and Both	OCEMPHYS	If OCEMPHYS = 1, then "Yes."	Beneficiaries living in the community who have pulmonary disease	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	ASTHCOPD	If ASTHCOPD \geq 1, then "Yes."	Beneficiaries living in a facility who have pulmonary disease	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Race/Ethnicity	All Medicare beneficiaries	HISPORIG; D_RACE2	If HISPORIG = 1, then "Hispanic." Else if D_RACE2 = 4, then "White non-Hispanic." Else if D_RACE2 = 2, then "Black non-Hispanic." Else if D_RACE2 = 1, or if D_RACE2 = 3, or if 5 \leq D_RACE2 \leq 7, then "Other race/ethnicity."	Beneficiaries of Hispanic, White non-Hispanic, Black non-Hispanic, and other race/ethnicity, respectively	All beneficiaries	Survey File	DEMO	1.1, 1.2, 1.8, 1.9, 2.2, 2.3, 2.6, 2.8, 2.9, 2.11, 2.12, 2.14, 2.15, 2.16, 2.17, 2.18, 2.19, 3.5, 3.9, 3.10, 3.13, 4.5, 4.7, 4.8, 5.7, 5.10, 5.11
Residence Status	All Medicare beneficiaries	INT_TYPE	If INT_TYPE = "C", then "Community." If INT_TYPE = "F", then "Facility." If INT_TYPE = "B", then "Both."	Beneficiaries living in the community, a facility, or both, respectively	All beneficiaries	Survey File	DEMO	1.1, 1.6, 1.7, 2.13
Satisfaction with the Availability of Information on the Medicare Program	Community	KNFOSATI	If KNFOSATI \leq 2, then "Yes." If KNFOSATI = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are satisfied with the availability of information on the Medicare program	All beneficiaries who only completed Community interviews during the year	Survey File	MCREPLNQ	3.13

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Satisfaction with Care- Availability of Specialist Care	Community	MCSPECAR	If MCSPECAR = 1, then "Very Satisfied." If MCSPECAR = 2, then "Satisfied." If MCSPECAR = 3 or 4, then "(Very) Dissatisfied." If MCSPECAR = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with the availability of specialist care, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.8, 3.12
Satisfaction with Care- Can Obtain Care in Same Location	Community	MCSAMLOC	If MCSAMLOC = 1, then "Very Satisfied." If MCSAMLOC = 2, then "Satisfied." If MCSAMLOC = 3 or 4, then "(Very) Dissatisfied." If MCSAMLOC = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with their ability to obtain care in the same location, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.8, 3.12
Satisfaction with Care- Cost	Community	MCCOSTS	If MCCOSTS = 1, then "Very Satisfied." If MCCOSTS = 2, then "Satisfied." If MCCOSTS = 3 or 4, then "(Very) Dissatisfied." If MCCOSTS = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with cost, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.7, 3.12

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Satisfaction with Care- Doctor's Concern for Overall Health	Community	MCCONCRN	If MCCONCRN = 1, then "Very Satisfied." If MCCONCRN = 2, then "Satisfied." If MCCONCRN = 3 or 4, then "(Very) Dissatisfied." If MCCONCRN = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with the doctor's concern for overall health, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.7, 3.12
Satisfaction with Care- Ease of Access to Doctor	Community	MCEASE	If MCEASE = 1, then "Very Satisfied." If MCEASE = 2, then "Satisfied." If MCEASE = 3 or 4, then "(Very) Dissatisfied." If MCEASE = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with ease of access to the doctor, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.8, 3.12
Satisfaction with Care- General Care	Community	MCQUALTY	If MCQUALTY = 1, then "Very Satisfied." If MCQUALTY = 2, then "Satisfied." If MCQUALTY = 3 or 4, then "(Very) Dissatisfied." If MCQUALTY = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with general care, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.7, 3.12

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Satisfaction with Care- Information from Doctor	Community	MCINFO	If MCINFO = 1, then "Very Satisfied." If MCINFO = 2, then "Satisfied." If MCINFO = 3 or 4, then "(Very) Dissatisfied." If MCINFO = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with information from the doctor, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.7, 3.12
Satisfaction with Care- Night and Weekend Availability	Community	MCAVAIL	If MCAVAIL = 1, then "Very Satisfied." If MCAVAIL = 2, then "Satisfied." If MCAVAIL = 3 or 4, then "(Very) Dissatisfied." If MCAVAIL = 5, assign as missing to exclude from denominator.	Beneficiaries living only in the community who are very satisfied, satisfied, and (very) dissatisfied with night and weekend availability, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	SATWCARE	3.6, 3.8, 3.12
Self-Pay Insurance	Community and Both	PLANTYPE; S_OTHPLN	For any reported plan for each beneficiary, if PLANTYPE = 30 or 31, and S_OTHPLN does not = 1, 3, or 4, then "Yes."	Beneficiaries living in the community who have any self-pay insurance	All beneficiaries who completed at least one Community interview during the year	Survey File	HITLINE	1.4
Self-Pay Insurance with Comprehensive Coverage	Community and Both (with Any Self-Pay Insurance)	<i>Any Self-Pay Insurance</i> ¹³ ; S_MSCOV; S_IP; S_COVNH	If <i>Any Self-Pay Insurance</i> = 'Yes', and (S_MSCOV = 1 or S_IP = 1 or S_COVNH = 1), then "Yes."	Beneficiaries with self-pay insurance with comprehensive coverage	All beneficiaries with <i>Any Self-Pay Insurance</i>	Survey File	HITLINE	1.4

¹³ Chartbook measures that are also used as intermediate variables in the construction of other Chartbook measures are included in italics in the **Variables Used in Construction**, **Measure Construction Logic**, and **Denominator** fields.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Self-Reported Limited English Proficiency	Community	ENGWELL	If $2 \leq \text{ENGWELL} \leq 4$, then "Yes."	Beneficiaries living in the Community who reported Limited English Proficiency	All beneficiaries who only completed Community interviews during the year	Survey File	DEMO	1.2
Sex	All Medicare beneficiaries	ROSTSEX	If ROSTSEX = 1, then "Male." If ROSTSEX = 2, then "Female."	Male and female beneficiaries, respectively	All beneficiaries	Survey File	DEMO	1.1, 1.2, 1.7, 1.8, 1.9, 2.2, 2.3, 2.7, 2.8, 2.9, 2.14, 2.15, 2.16, 2.17, 2.18, 3.4, 3.9, 3.10, 3.13, 4.4, 4.7, 4.8, 5.6, 5.10, 5.11
Shingles Vaccine	Community and Both ¹⁴	SHINGVAC	If SHINGVAC = 1, then "Yes."	Beneficiaries living in the community who received a shingles vaccine	All beneficiaries 60 years of age and over who completed at least one Community interview during the year	Survey File	PREVCARE	2.12
Skin Cancer	Community and Both	OCCSKIN	If OCCSKIN = 1, then "Yes."	Beneficiaries living in the community who have skin cancer	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4

¹⁴ Only respondents 60 years of age or over are asked about receipt of the shingles vaccine during the Community interview.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	CNRSKIN	If CNRSKIN = 1, then "Yes."	Beneficiaries living in a facility who have skin cancer	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Smoking Status	Community and Both	CIGNOW; CIGARNOW; CIG100; CIGAR50; CIGARONE	If CIGNOW = 1 or 2, or if CIGARNOW = 1 or 2, then "Current Smoker." If not "Current Smoker" and CIG100 = 1, or CIGAR50 = 1, then "Former Smoker." If not "Current Smoker" or "Former Smoker" and CIG100 = 2 or CIGAR50 = 2 or CIGARONE = 1 or 2, then "Never Smoked." If not "Current Smoker" or "Former Smoker" and CIGNOW = 3 or CIGARNOW = 3, then "Never Smoked."	Beneficiaries living in the community who are current smokers, who have ever smoked, and who have never smoked, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	NICOALCO	2.8
	Facility	D_SMOKE; NOWSMOKE	If D_SMOKE = 0, then "Non-Smoker." If D_SMOKE = 1 and NOWSMOKE does not = 1, then "Former Smoker." If NOWSMOKE = 1, then "Current Smoker."	Beneficiaries living in a facility who are current smokers, former smokers, and non-smokers, respectively	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.8

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Source of Payment	All Medicare Beneficiaries	AAMTCARE; AAMTMADV; AAMTCAID; AAMTPRVE; AAMTPRVI; AAMTPRVU; AAMTHMOP; AAMTOOP; AAMTOTH; AAMTDISC; AAMTTOT	For all events, Medicare expenditures = sum (AAMTCARE, AAMTMADV); Medicaid expenditures = sum (AAMTCAID); private expenditures = sum (AAMTPRVE, AAMTPRVI, AAMTPRVU, AAMTHMOP); out-of-pocket expenditures = sum (AAMTOOP); other source expenditures = sum (AAMTOTH, AAMTDISC); total expenditures = sum AAMTTOT.	Medicare, Medicaid, private, out-of-pocket, and other source expenditures, respectively	Total expenditures	Cost Supplement File	SS	5.1a
Stroke	Community and Both	OCSTROKE	If OCSTROKE = 1, then "Yes."	Beneficiaries living in the community who have a history of stroke	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	CVATIAST	If CVATIAST \geq 1, then "Yes."	Beneficiaries living in a facility who have a history of stroke	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4
Supplemental Private Insurance	Community and Both	PLANTYPE; S_OTHPLN	For any reported plan for each beneficiary, if $20 \leq \text{PLANTYPE} \leq 31$ and S_OTHPLN does not = 1, 3, or 4, then "Yes."	Beneficiaries living in the community who have any supplemental private insurance	All beneficiaries who completed at least one Community interview during the year	Survey File	HITLINE	1.3

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
	Facility	PLANTYPE	For any reported plan for each beneficiary, if PLANTYPE = 70, then "Yes."	Beneficiaries living in a facility who have any supplemental private insurance	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	HITLINE	1.3
Telemedicine Use	Community	TELMEDUS	If TELMEDUS = 1, then "Yes".	Beneficiaries living in the community who have had a telemedicine appointment since July 2020	All beneficiaries who reported that they had a usual source of care that offered telemedicine appointments who completed a MCBS COVID-19 Fall 2020 Community Supplement interview	Survey File	COVIDFAL	S.2
Total Expenditures- Dental Services¹⁵	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'DU.'	Total dental services expenditures	1	Cost Supplement File	SS	5.1b
Total Expenditures- Inpatient Hospital Services	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'IP.'	Total inpatient hospital services expenditures	1	Cost Supplement File	SS	T.2, 5.1b
Total Expenditures- Long-Term Facility Care	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'FA.'	Total long-term facility care expenditures	1	Cost Supplement File	SS	T.2, 5.1b
Total Expenditures- Medicare Hospice Services	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'HP.'	Total Medicare hospice services expenditures	1	Cost Supplement File	SS	T.2, 5.1b

¹⁵ Dental services expenditures are only available for those who completed at least one Community interview in the year.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Total Expenditures- Outpatient Hospital Services	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'OP.'	Total outpatient hospital services expenditures	1	Cost Supplement File	SS	T.2, 5.1b
Total Expenditures- Physician/ Supplier Services	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'MP.'	Total physician/ supplier services expenditures	1	Cost Supplement File	SS	T.2, 5.1b
Total Expenditures- Prescription Drugs	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'PM.'	Total prescription drugs expenditures	1	Cost Supplement File	SS	5.1b
Total Expenditures- Skilled Nursing Facilities	All Medicare Beneficiaries	AAMTTOT; EVNTTYPE	Sum AAMTTOT for all events where EVNTTYPE = 'IU.'	Total skilled nursing facilities expenditures	1	Cost Supplement File	SS	T.2, 5.1b
Type of Medicare Coverage	All Medicare beneficiaries	H_MAFF01- H_MAFF12	Where XX represents a month 01-12, if H_MAFFXX = 'MA' for any value of XX, then "Medicare Advantage". If H_MAFFXX = 'FFS' for any value of XX, then "Traditional FFS Medicare."	Beneficiaries with Medicare Advantage and traditional FFS Medicare coverage, respectively	All beneficiaries	Survey File	HISUMRY	1.3, 1.5.a, 2.11, 2.12, 2.17, 2.19, 3.1, 3.12, 5.14

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Upper Extremity Limitations	Community and Both	DIFREACH; DIFWRITE; <i>Disability Status</i> ¹⁶	If DIFREACH = 1 and DIFWRITE = 1, then "No limitation." If DIFREACH ≥ 2 or DIFWRITE ≥ 2, and <i>Disability Status</i> = "No disability", then "Yes, with no disability." If DIFREACH ≥ 2 or DIFWRITE ≥ 2, and <i>Disability Status</i> = "1 disability" or "2 or more disabilities", then "Yes, with any disability."	Beneficiaries living in the community who have no limitation, upper extremity limitation with no disability, and upper extremity limitation with any disability, respectively	All beneficiaries who completed at least one Community interview during the year	Survey File	NAGIDIS	2.15
	Facility	IADREACH; IADGRASP	If IADREACH = 0 and IADGRASP = 0, then "No limitation." Else if IADREACH ≥ 1, or if IADGRASP ≥ 1, then "Yes, with any disability."	Beneficiaries living in a facility who have no limitation, and upper extremity limitation with any disability, respectively	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.15
Urinary Incontinence	Community and Both	LOSTURIN	If LOSTURIN ≤ 5, then "Yes." If LOSTURIN = 8, assign as missing to exclude from denominator.	Beneficiaries living in the community who have urinary incontinence	All beneficiaries who completed at least one Community interview during the year	Survey File	CHRNCOND	2.4
	Facility	CTBLADDC	If CTBLADDC = 2 or 3, then "Yes." If CTBLADDC = 4, assign as missing to exclude from denominator.	Beneficiaries living in a facility who have urinary incontinence	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4

¹⁶ Chartbook measures that are also used as intermediate variables in the construction of other Chartbook measures are included in italics in the **Variables Used in Construction** and **Measure Construction Logic** fields.

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
User Rates-Dental Services	All Medicare beneficiaries	EVNTTYPE; AEVENTS; DENTNUM	For all events associated with each beneficiary, if EVNTTYPE = 'DU' and AEVENTS > 0, or if DENTNUM ≥ 1, then "Yes."	Beneficiaries who have used dental services	All beneficiaries	Cost Supplement File	SS, FAE	4.1, 4.2, 4.3, 4.4, 4.5, 4.6
User Rates-Hearing Services	Community	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'HU' and AEVENTS > 0, then "Yes."	Beneficiaries living in the community who have used hearing services	All beneficiaries who only completed Community interviews during the year	Cost Supplements File	SS	4.2, 4.3, 4.4, 4.5, 4.6
User Rates-Inpatient Hospital Services	All Medicare beneficiaries	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'IP' and AEVENTS > 0, then "Yes."	Beneficiaries who have used inpatient hospital services	All beneficiaries	Cost Supplement File	SS	4.1, 4.2, 4.3, 4.4, 4.5, 4.6
User Rates-Long-Term Facility Care	All Medicare beneficiaries	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'FA' and AEVENTS > 0, then "Yes."	Beneficiaries who have used long-term facility care	All beneficiaries	Cost Supplement File	SS	4.1, 4.8
User Rates-Medicare Home Health Services	Community	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'HH' and AEVENTS > 0, then "Yes."	Beneficiaries living in the community who have used Medicare home health services	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	4.2, 4.3, 4.4, 4.5, 4.6
User Rates-Medicare Hospice Services	All Medicare beneficiaries	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'HP' and AEVENTS > 0, then "Yes."	Beneficiaries who have used Medicare hospice services	All beneficiaries	Cost Supplement File	SS	4.1, 4.2, 4.4, 4.5, 4.6
User Rates-Outpatient Hospital Services	All Medicare beneficiaries	EVNTTYPE; AEVENTS; OPNUM	For all events associated with each beneficiary, if EVNTTYPE = 'OP' and AEVENTS > 0, or if OPNUM ≥ 1, then "Yes."	Beneficiaries who have used outpatient hospital services	All beneficiaries	Cost Supplement File	SS, FAE	4.1, 4.2, 4.3, 4.4, 4.5, 4.6

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
User Rates-Physician/Supplier Services	All Medicare beneficiaries	EVNTTYPE; AEVENTS; MDNUM; MHNUMVIS; OPHLFLG; OPTOMFLG; PODIAFLG	For all events associated with each beneficiary, if EVNTTYPE = 'MP' and AEVENTS > 0, or if MDNUM ≥ 1, or if MHNUMVIS ≥ 1, or if OPHLFLG = 1, or if OPTOMFLG = 1, or if PODIAFLG = 1, then "Yes."	Beneficiaries who have used physician/supplier services	All beneficiaries	Cost Supplement File	SS, FAE	4.1, 4.2, 4.3, 4.4, 4.5, 4.6
User Rates-Prescription Drugs	All Medicare beneficiaries	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'PM' and AEVENTS > 0, then "Yes."	Beneficiaries who have used prescription drugs	All beneficiaries	Cost Supplement File	SS	4.1, 4.2, 4.3, 4.4, 4.5, 4.6
User Rates-Skilled Nursing Facilities	All Medicare beneficiaries	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'IU' and AEVENTS > 0, then "Yes."	Beneficiaries who have used skilled nursing facilities	All beneficiaries	Cost Supplement File	SS	4.1, 4.7
User Rates-Vision Services	Community	EVNTTYPE; AEVENTS	For all events associated with each beneficiary, if EVNTTYPE = 'VU' and AEVENTS > 0, then "Yes."	Beneficiaries living in the community who have used vision services	All beneficiaries who only completed Community interviews during the year	Cost Supplement File	SS	4.2, 4.3, 4.4, 4.5, 4.6

Measure	Universe of Beneficiaries	Variables Used in Construction	Measure Construction Logic	Numerator	Denominator	LDS Release	Segment(s) Used	Chartbook Exhibit/ Table Numbers
Usual Source of Care	Community	PLACEPAR; PLACEKND	If PLACEPAR = 2, then "None." If PLACEKND = 1, then "Doctor's office." If PLACEKND = 2, then "Medical clinic." If PLACEKND = 3, then "Managed care center." If PLACEKND = 11 or 12, then "Hospital/OPD/ER." If $4 \leq \text{PLACEKND} \leq 10$ or $\text{PLACEKND} \geq 13$, then "Other clinic/health center."	Beneficiaries living only in the community who have no usual source of care, and those usually receiving care through a doctor's office, medical clinic, managed care center, hospital/OPD/ER, and other clinic/health center, respectively	All beneficiaries who only completed Community interviews during the year	Survey File	USCARE	3.1
Veteran Status	All Medicare beneficiaries	SPAFAEVER	If SPAFAEVER = 1, then "Yes."	Veteran beneficiaries	All beneficiaries	Survey File	DEMO	1.1, 1.8, 1.9
Vision Problem	Community and Both	ECHELP; ECTROUB; ECLEGBLI; ECATARAC; EGLAUCOM; ERETINOP; EMACULAR	If ECHHELP = 1 or 3, or if $\text{ECTROUB} \geq 2$, or if $\text{ECLEGBLI} = 1$, or if $\text{ECATARAC} = 1$, or if $\text{EGLAUCOM} = 1$, or if $\text{ERETINOP} = 1$, or if $\text{EMACULAR} = 1$, then "Yes."	Beneficiaries living in the community who have a vision problem	All beneficiaries who completed at least one Community interview during the year	Survey File	VISHEAR	2.4
	Facility	VISAPPL; VISION; BLIND; CATGLAUC; CATAROP	If VISAPPL = 1, or if $\text{VISION} \geq 1$, or if $\text{BLIND} = 1$, or if $\text{CATGLAUC} = 1$, or if $\text{CATAROP} = 1$, then "Yes."	Beneficiaries living in a facility who have a vision problem	All beneficiaries for whom only Facility interviews were completed during the year	Survey File	FACASMNT	2.4