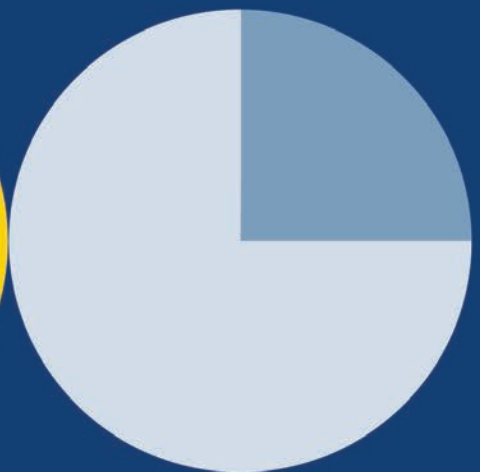
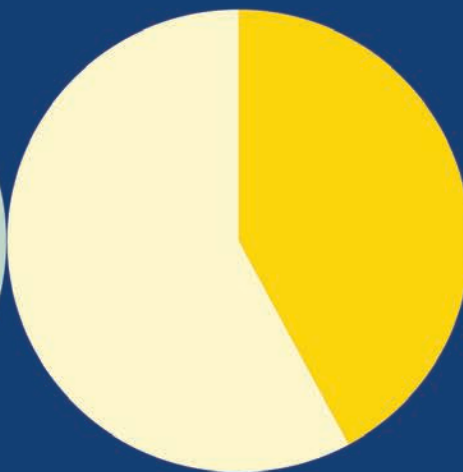
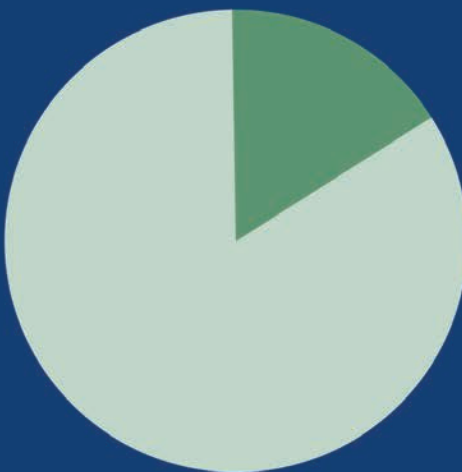


2015 | CHARTBOOK

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



Version Control Log

Date	Version	Revisions
03/26/2018	1.0	Initial version published.
04/10/2018	1.1	Updated estimates and standard errors in Table 1.2 for any employer-sponsored insurance (ESI), ESI with general insurance, and any self-pay insurance, and edited table footnotes.
12/21/2018	2.0	<p>Full version published, including new estimates from the Cost Supplement File in Sections 4 and 5 and the following updates to estimates from the Survey File in Sections 1, 2, and 3.</p> <ul style="list-style-type: none"> - Updated estimates in Exhibit/Table 1.2 for ESI and self-pay insurance to incorporate new data for private insurance coverage and method of obtaining coverage available in a May 2018 re-release of the 2015 Survey File LDS. - Updated estimates in Exhibit/Table 2.1 and 2.2 for self-reported health, estimates in Exhibit/Table 2.4 for mental condition, and estimates in Table 2.18 for number of chronic conditions. - Updated title and footnotes for Exhibit/Table 2.4 to reflect the correct universe for estimates of high cholesterol and falls is among Medicare beneficiaries residing in the community. - Deleted Exhibit/Table 2.9 and renumbered subsequent exhibits and tables. - Updated title and footnotes for Exhibit/Table 2.10 to reflect the correct universe for estimates of self-reported alcohol use is among Medicare beneficiaries residing in the community. - Updated title and footnotes for Table 2.19 to reflect the correct universe for estimates of self-reported exercise is among Medicare beneficiaries residing in the community. - Updated label in Exhibit/Table 3.1 from "Doctor's Clinic" to "Medical Clinic" to reflect a format correction available in a June 2018 update to the 2015 Survey File LDS. - Revisions to technical appendix: updated the list of segments used in sections 2, 3, 4, and 5 and added detail regarding the confidence interval calculation example.
06/12/2019	2.1	Updated Exhibit/Table 2.4 to reflect the correct universe for the estimate of depression is among Medicare beneficiaries residing in the community.
05/15/2020	2.2	<ul style="list-style-type: none"> - Updated footnotes for Exhibit/Table 1.2 to reflect the correct universe for employer-sponsored and self-pay insurance measures is among Medicare beneficiaries residing in the community. - Updated estimates and standard errors in Table 2.17 to reflect a change in logic in the construction of the number of chronic conditions measure. - Updated estimates and standard errors in Table 2.18 to reflect a change in logic in the construction of the physical activity measure.

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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) is a representative national sample of the Medicare population sponsored by the Centers for Medicare & Medicaid Services (CMS). The MCBS is designed to aid CMS in administering, monitoring, and evaluating Medicare programs. A leading source of information on Medicare and its impact on beneficiaries, the MCBS provides important information on beneficiaries that is not available in CMS administrative data and plays an essential role in monitoring and evaluating beneficiary health status and health care policy.

The MCBS is a continuous, in-person, multi-purpose longitudinal survey covering a representative national sample of the Medicare population, including the population of beneficiaries aged 65 and over and beneficiaries aged 64 and below with disabilities, residing in the United States and Puerto Rico. Fieldwork for the first round of data collection began in September 1991; since then, it has continued to collect and provide essential data on the health status and health care costs and utilization of Medicare beneficiaries. Recently celebrating its 25th anniversary of continuous data collection, the MCBS has completed more than one million interviews provided by thousands of respondents.

The MCBS primarily focuses on economic and beneficiary topics including health care use and health care access barriers, health care expenditures, and factors that affect health care utilization. As a part of this focus, the MCBS collects a variety of information about the beneficiary, including demographic characteristics, health status and functioning, access to care, insurance coverage and out of pocket expenses, financial resources, and potential family support. The MCBS collects this information in three data collection periods, or rounds, per year. Over the years, data from the MCBS have been used to inform many advancements, including the creation of new benefits such as Medicare's Part D prescription drug benefit.

The 2015 MCBS Chartbook is a new data product designed to provide 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 will be updated annually to publicly disseminate current estimates for the Medicare population. Most of the estimates in the newly developed 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 2015 MCBS Chartbook is organized as follows:

- **Section 1: Who is in the Medicare Population?:** demographic and socioeconomic characteristics of Medicare beneficiaries.
- **Section 2: How Healthy are Medicare Beneficiaries?:** self-reported health status and health behaviors of Medicare beneficiaries.
- **Section 3: What is the Medicare Population's Access to Care and How Satisfied Are They with Their Care?:** access to and satisfaction with health care services.

- **Section 4: What Health Care Services Do Medicare Beneficiaries Receive?:** health care use by Medicare beneficiaries across nine service categories, including: inpatient hospital services, outpatient hospital services, physician/supplier services, dental services, prescription drugs, Medicare hospice, Medicare home health, skilled nursing facility, and long-term nursing home care.
- **Section 5: How Much Does the Medicare Population Spend on Health Care and Who Pays for Their Care?:** health care expenditures and all sources of payment across service categories.

The 2015 MCBS Chartbook contains estimates from the Survey File in Chartbook Sections 1, 2, and 3, and Sections 4 and 5 have been updated with estimates from the Cost Supplement File.

The section of **Detailed Tables** 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, Table 1.2 corresponds to Exhibit 1.2, and Tables 1.3a and 1.3b correspond to Exhibit 1.3. In addition to the tables corresponding to each of the chart exhibits, this section of the Chartbook also contains tables with estimates for the Medicare population that do not appear in chart form in the prior sections of the Chartbook. These supplementary tables are numbered following the tables corresponding to the chart exhibits. For example, Exhibit 1.4 is the last chart exhibit in Section 1, so the supplementary tables for Section 1 begin after Table 1.4, with Table 1.5.

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

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

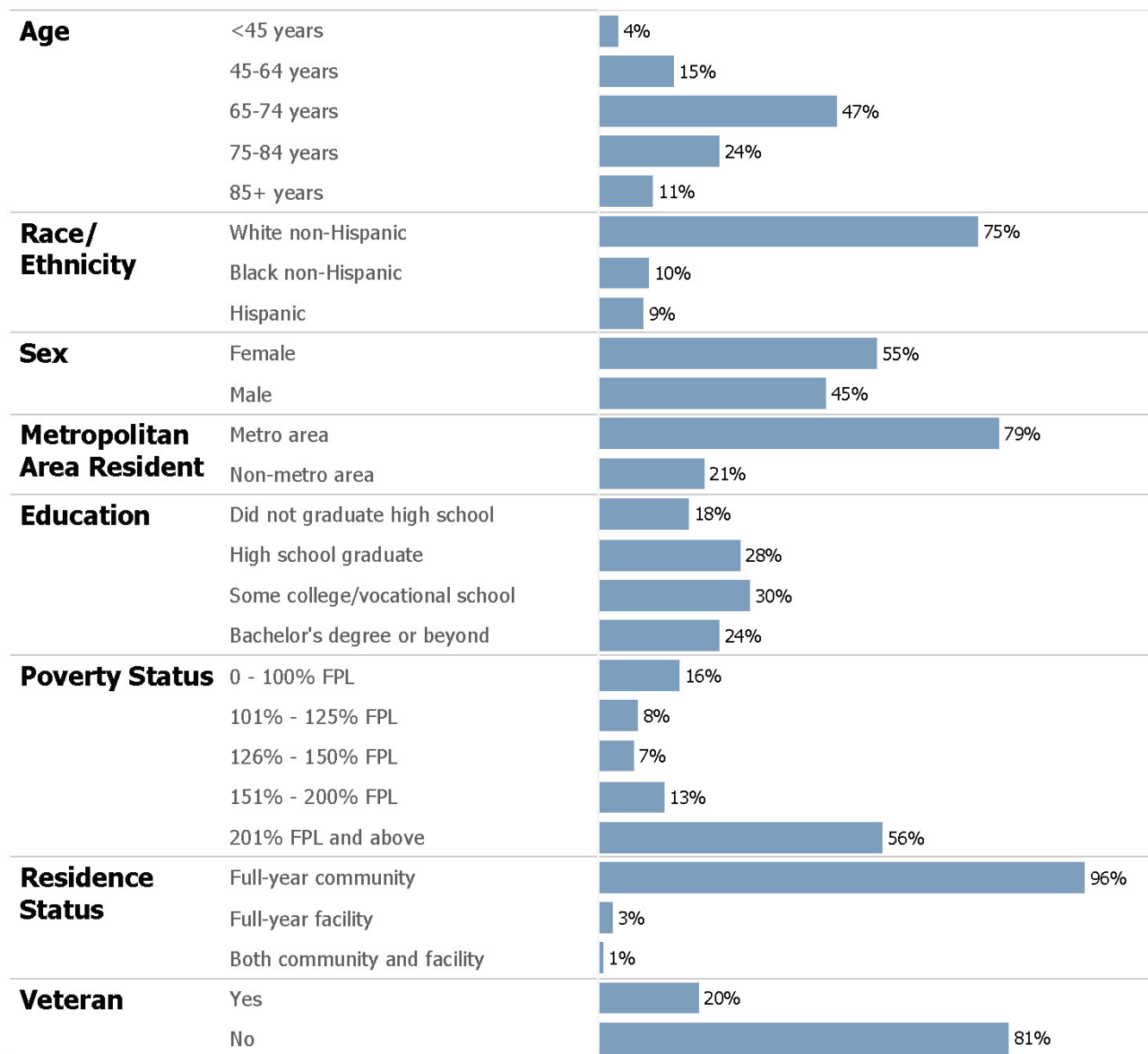
WHO IS IN THE MEDICARE POPULATION?

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, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Exhibit 1.2. Insurance Coverage of All Medicare Beneficiaries, 2015

Type of Medicare Coverage

■ Traditional FFS Medicare ■ Medicare Advantage



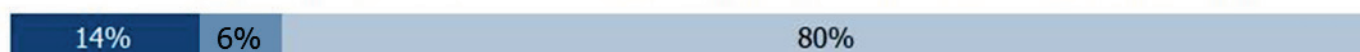
Part D Coverage

■ FFS only ■ FFS with Part D ■ MA only ■ MA with Part D



Dual Eligible Status

■ Full-benefit dual eligible ■ Partial-benefit dual eligible ■ Non dual eligible



Any Supplemental Private Insurance

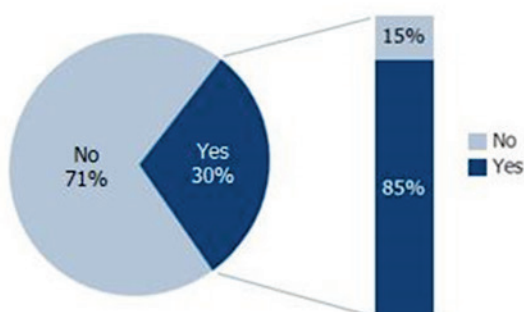
■ Yes ■ No



Employer-Sponsored Insurance

Any Employer-Sponsored Insurance

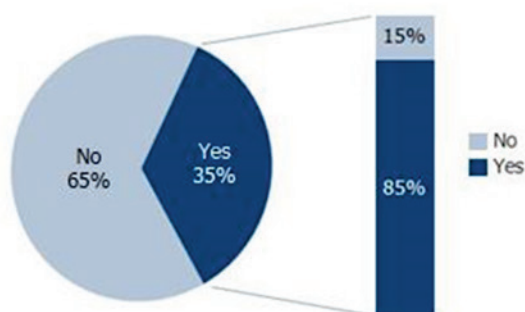
ESI with General Insurance



Self-Pay Insurance

Any Self-Pay Insurance

Self-Pay with General Insurance

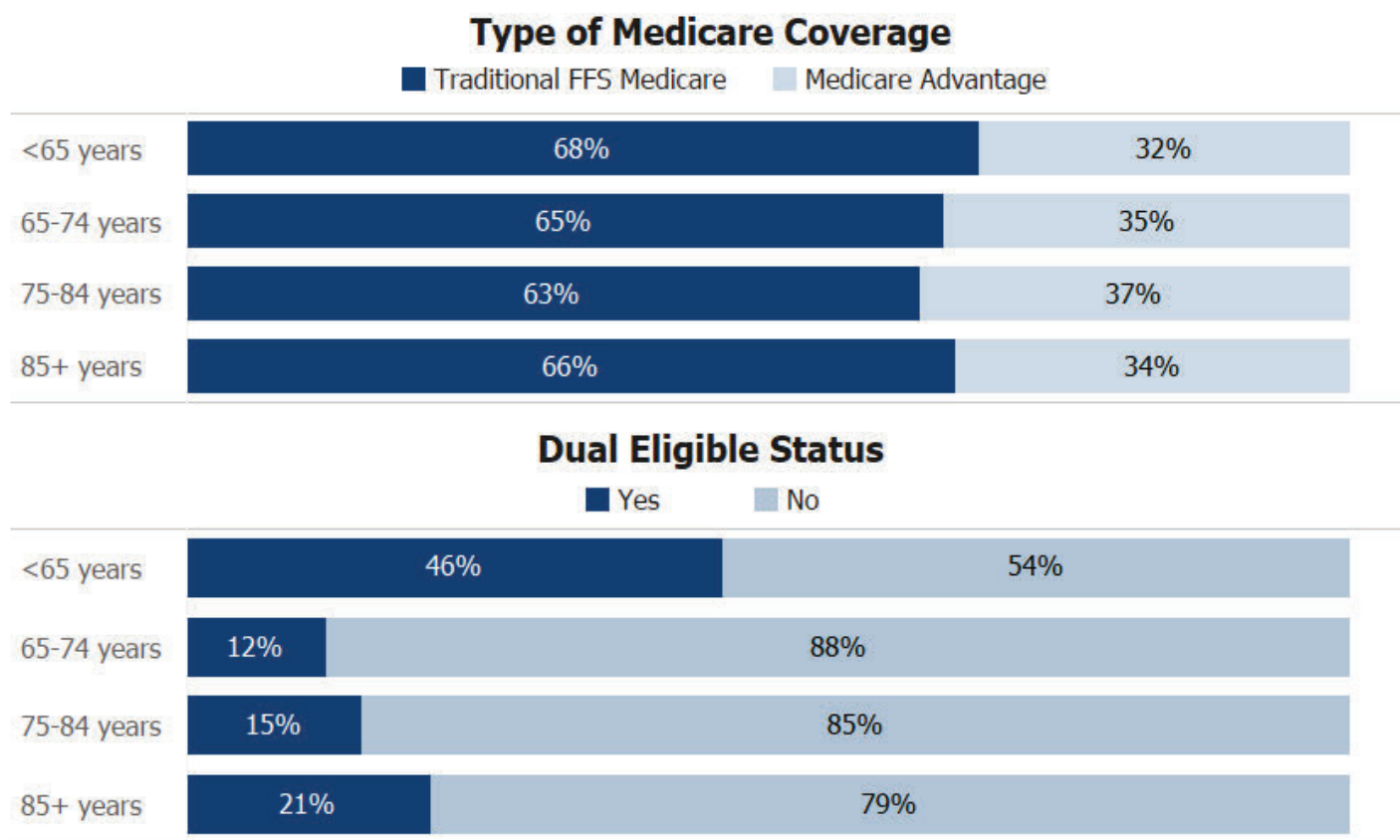


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Exhibit 1.3.

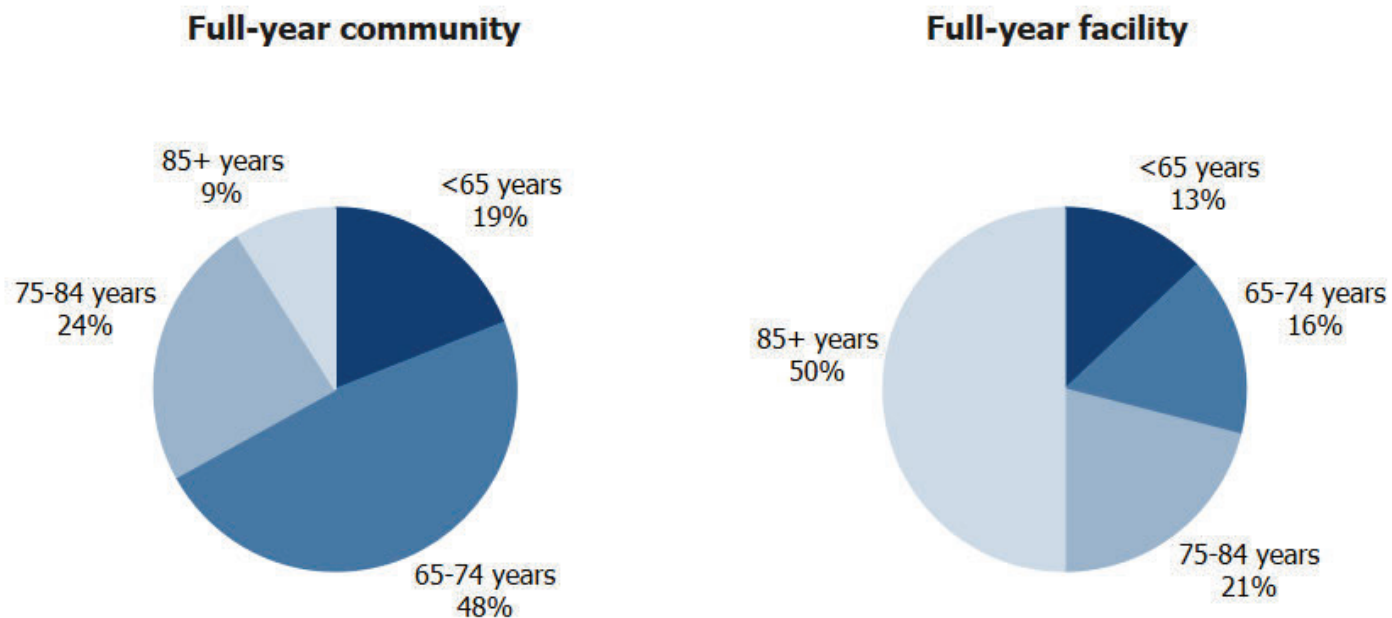
Type of Medicare Coverage and Dual Eligible Status of All Medicare Beneficiaries by Age, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Exhibit 1.4.
**Residence Status of All Medicare Beneficiaries by
Age, 2015**



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

HOW HEALTHY ARE MEDICARE BENEFICIARIES?

2. HOW HEALTHY ARE MEDICARE BENEFICIARIES?

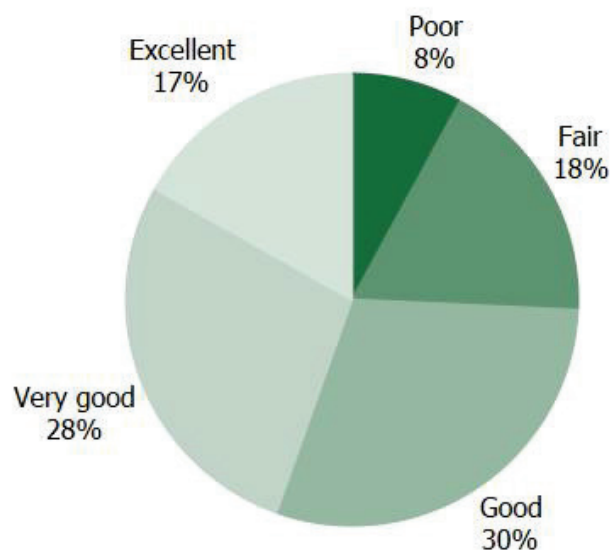
Perceived Health and Functioning

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

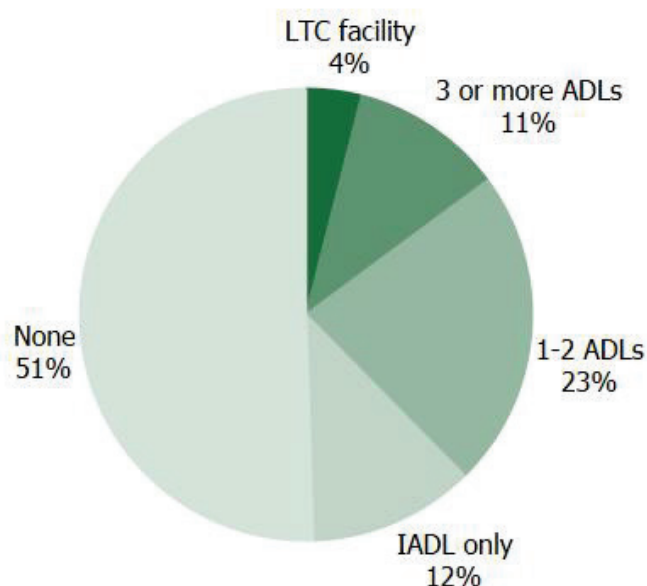
Exhibit 2.1.

Quality of Life Metrics Among All Medicare Beneficiaries, 2015

Self-Reported Health Status



Functional Limitations

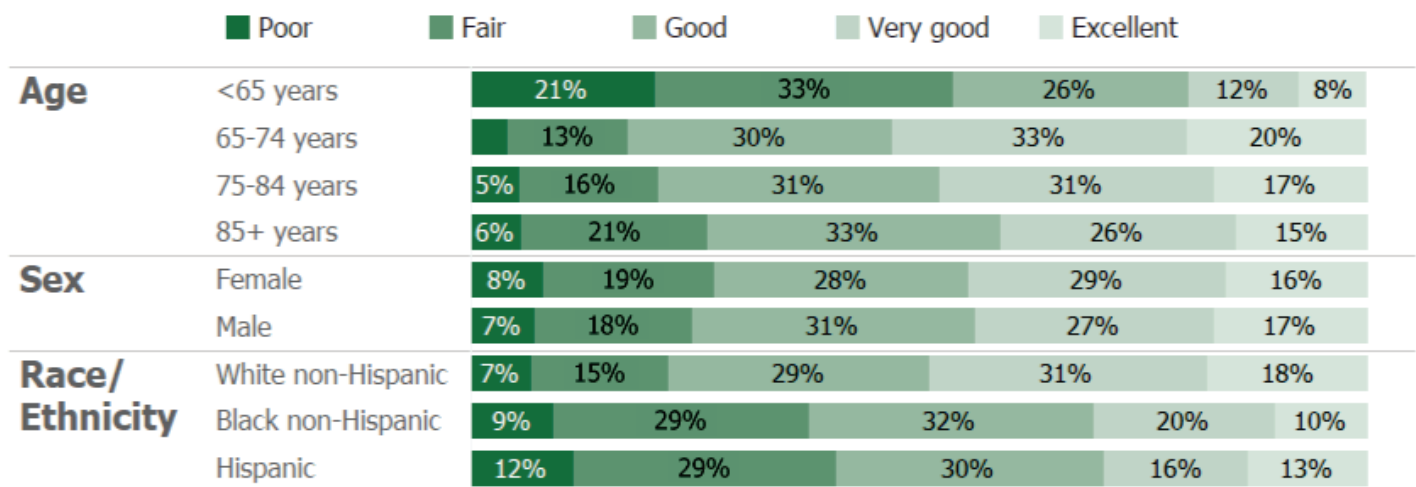


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Exhibit 2.2.

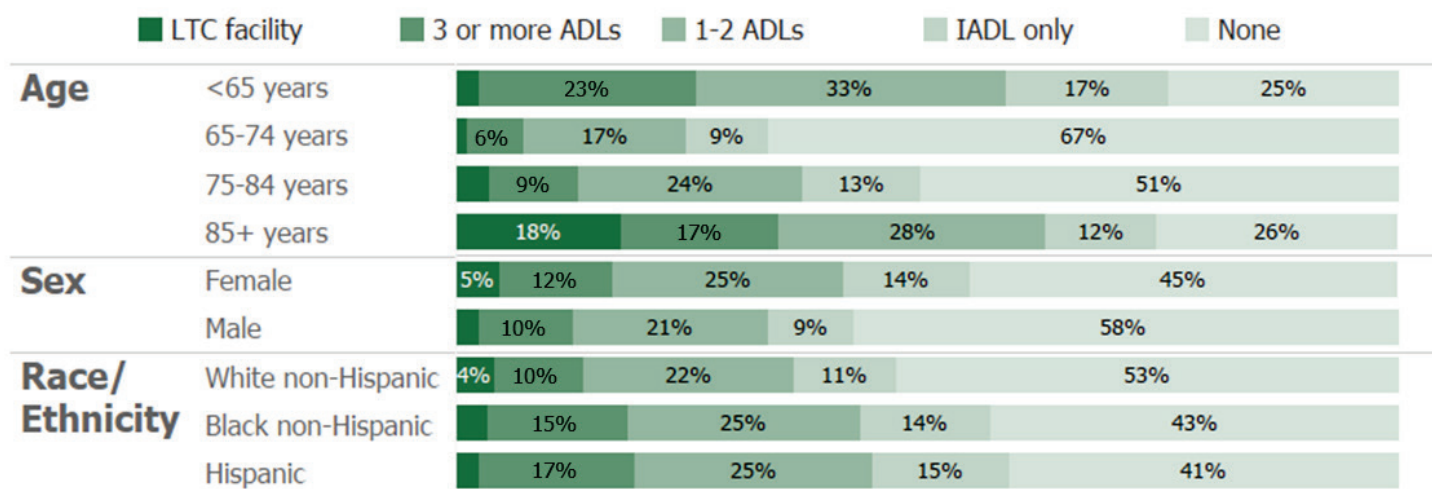
Self-Reported Health Status Among All Medicare Beneficiaries by Age, Sex, and Race/Ethnicity, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Exhibit 2.3.
Functional Limitations Among All Medicare Beneficiaries by Age, Sex, and Race/Ethnicity, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

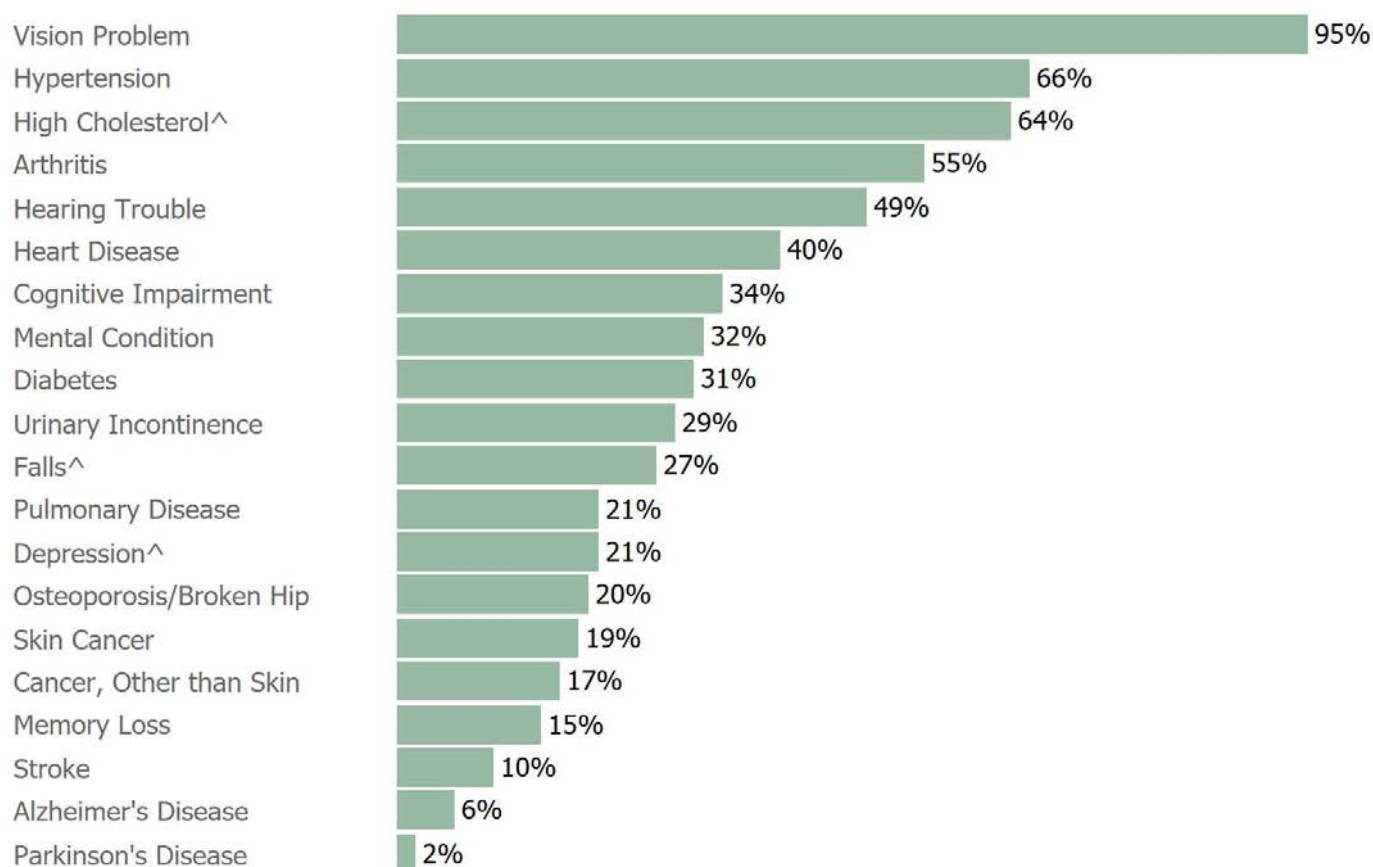
NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Beneficiaries who were administered a community interview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

Health Conditions and Risk Factors

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

Exhibit 2.4.

Self-Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2015

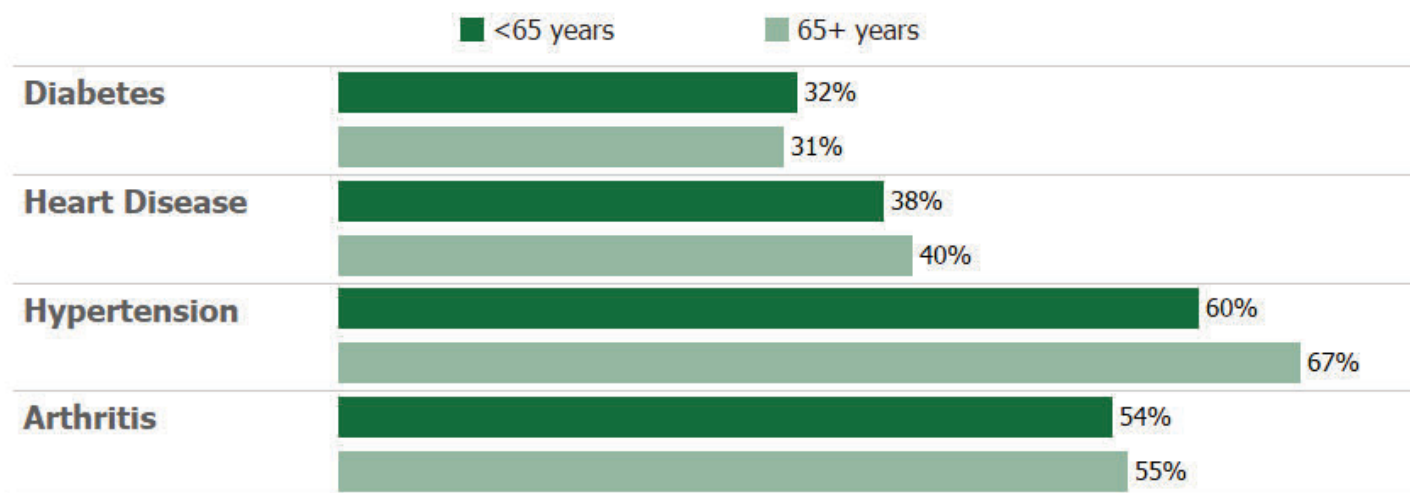


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Exhibit 2.5.

Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Age, 2015

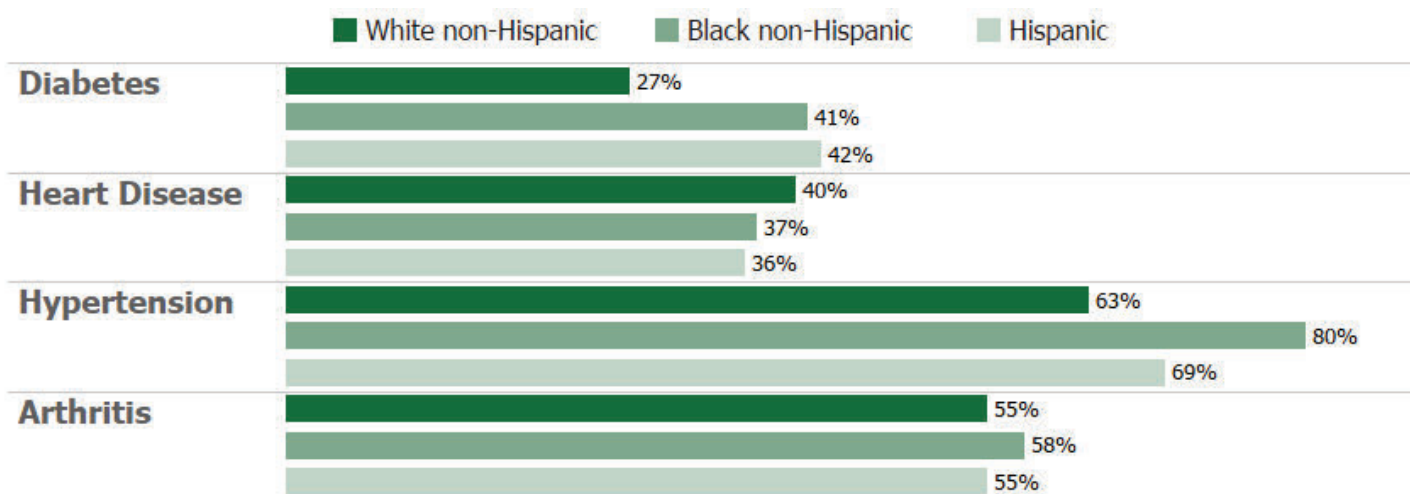


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Exhibit 2.6.

Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Race/Ethnicity, 2015

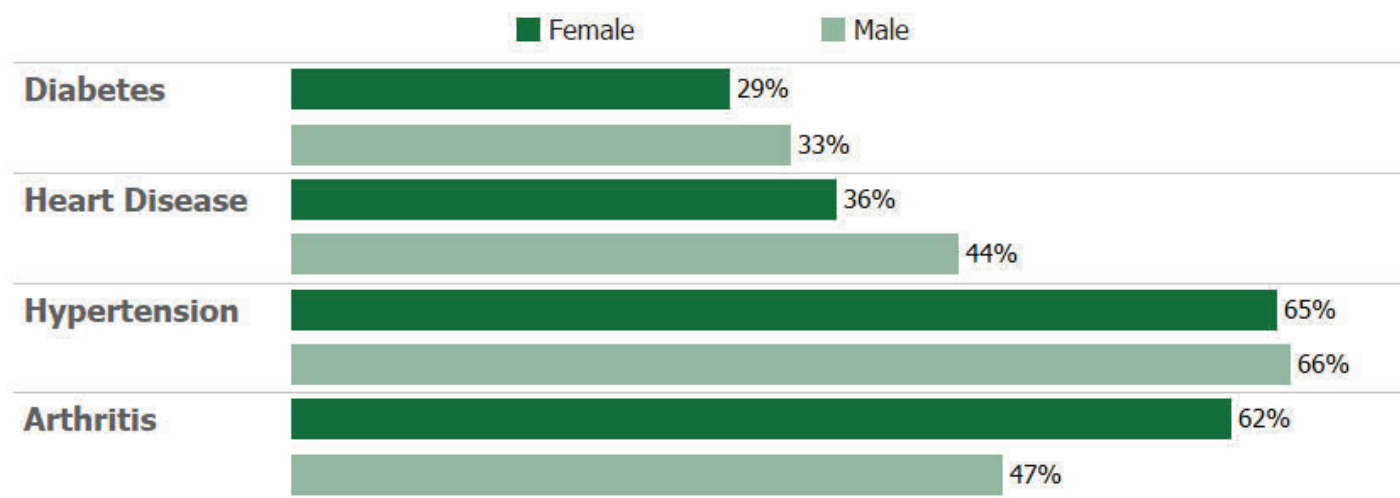


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Exhibit 2.7.

Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Sex, 2015

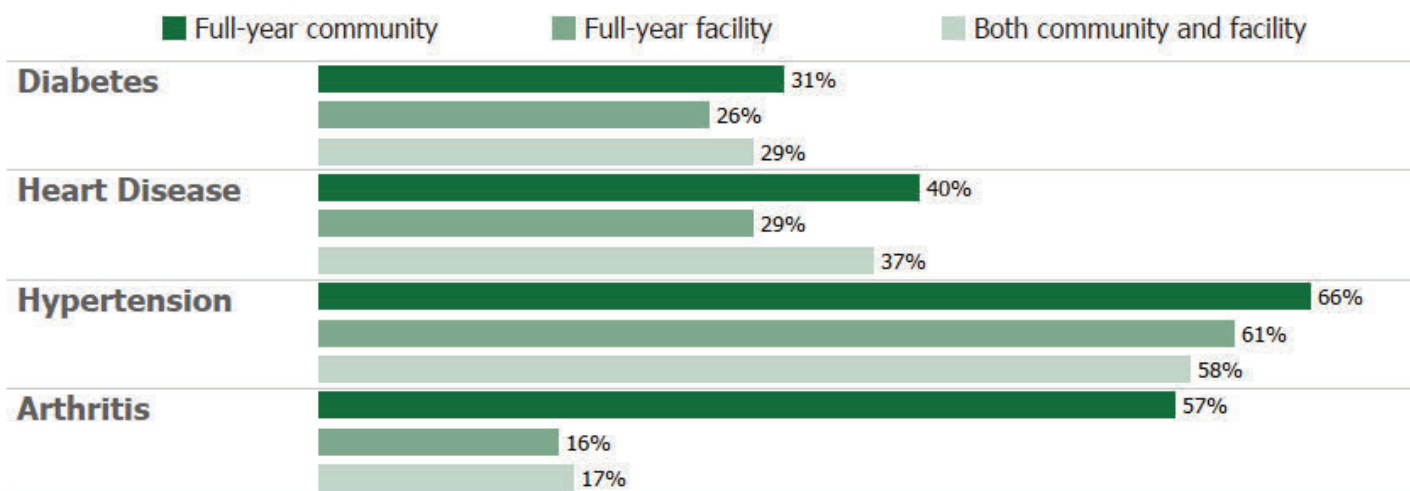


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Exhibit 2.8.

Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Residence Status, 2015

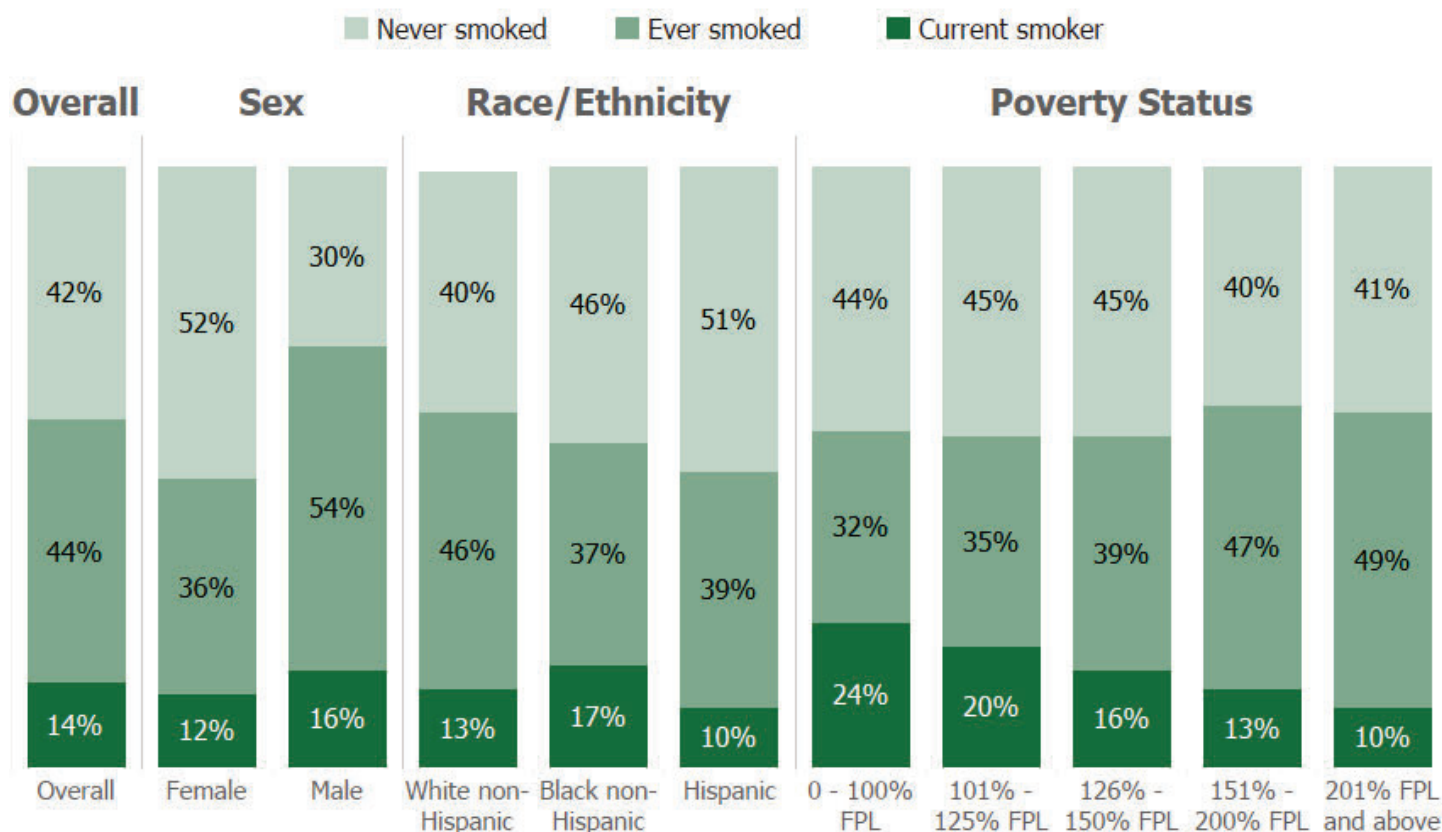


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Exhibit 2.9.

Self-Reported Smoking Status Among All Medicare Beneficiaries by Sex, Race/Ethnicity, and Poverty Status, 2015

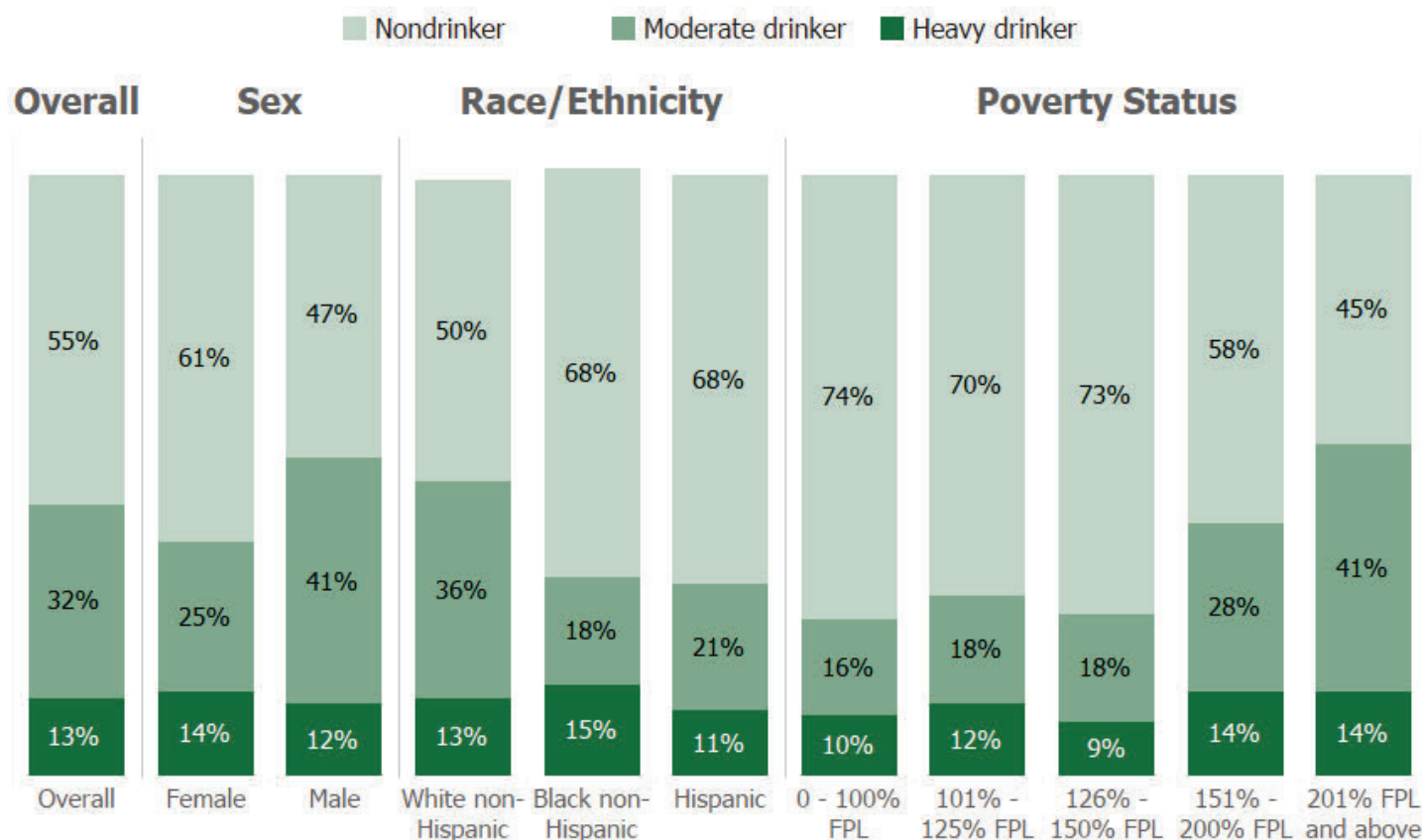


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Exhibit 2.10.

Self-Reported Alcohol Use Among Medicare Beneficiaries Residing in the Community by Sex, Race/Ethnicity, and Poverty Status, 2015



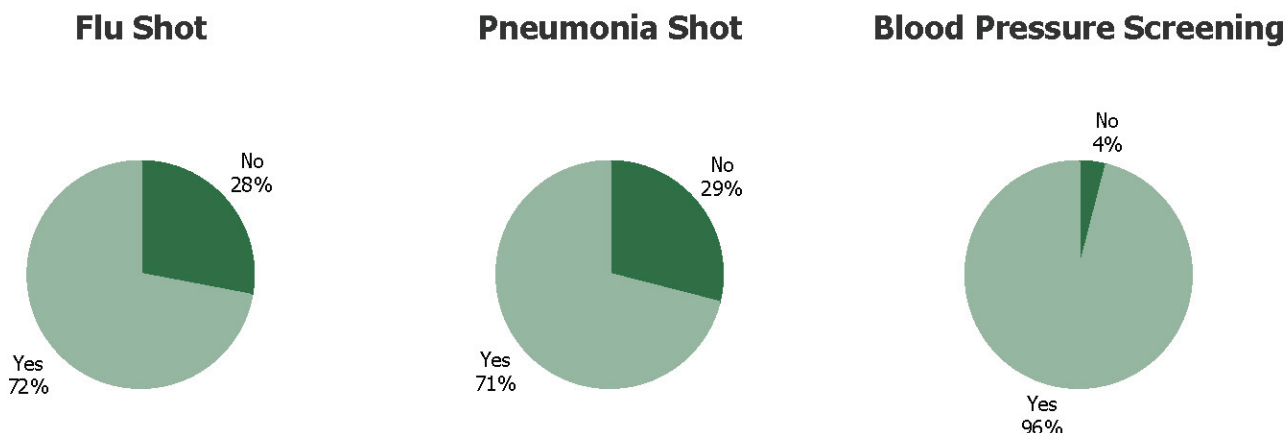
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year, and includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. This excludes beneficiaries who resided only in a long-term care facility during the year. Beneficiaries who were administered a community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FPL stands for Federal Poverty Level.

Preventive Care

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

Exhibit 2.11. Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community, 2015

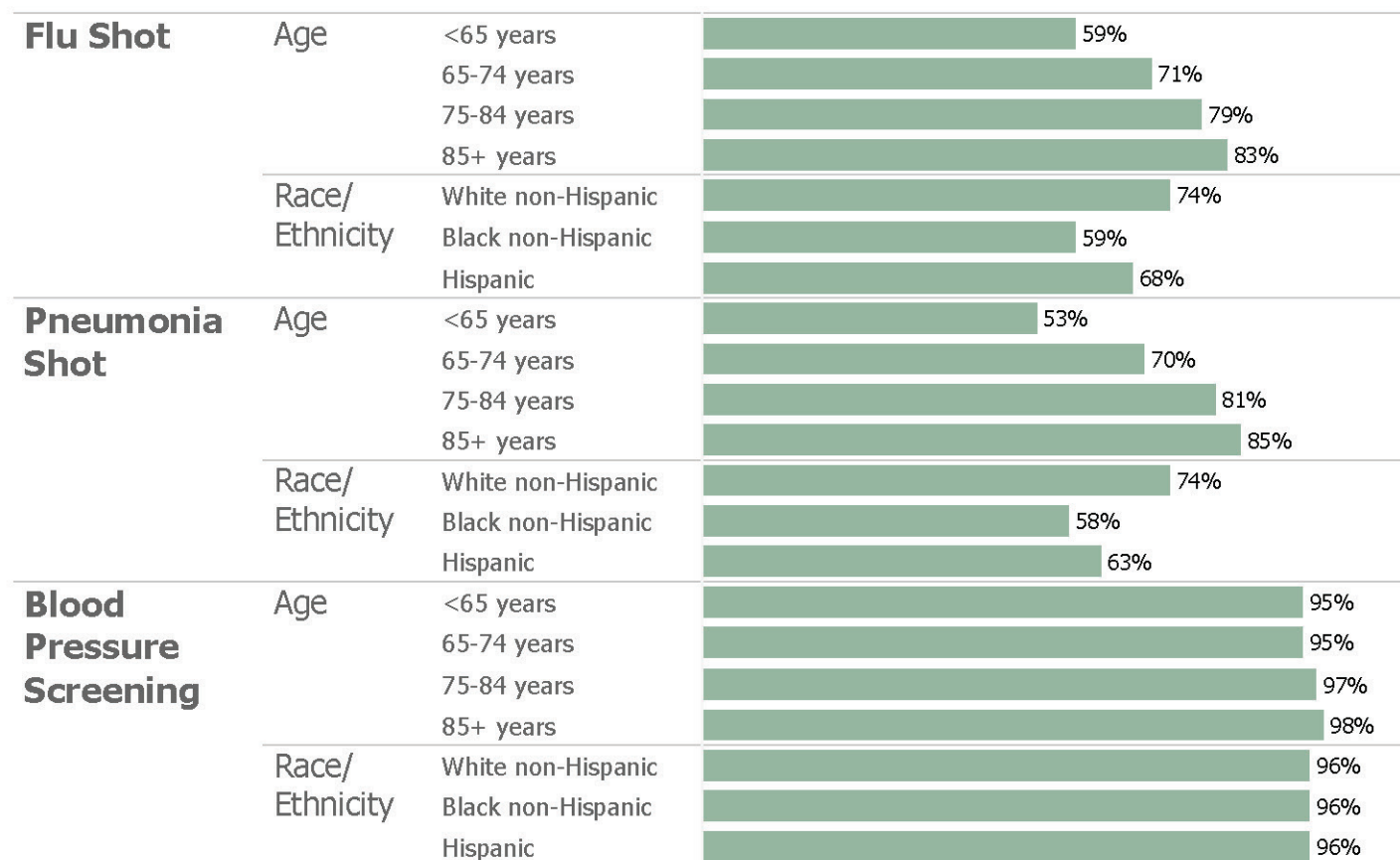


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year, and includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. This excludes beneficiaries who resided only in a long-term care facility during the year. Beneficiaries who were administered a community interview answered questions themselves, unless they were unable to do so. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year.

Exhibit 2.12.

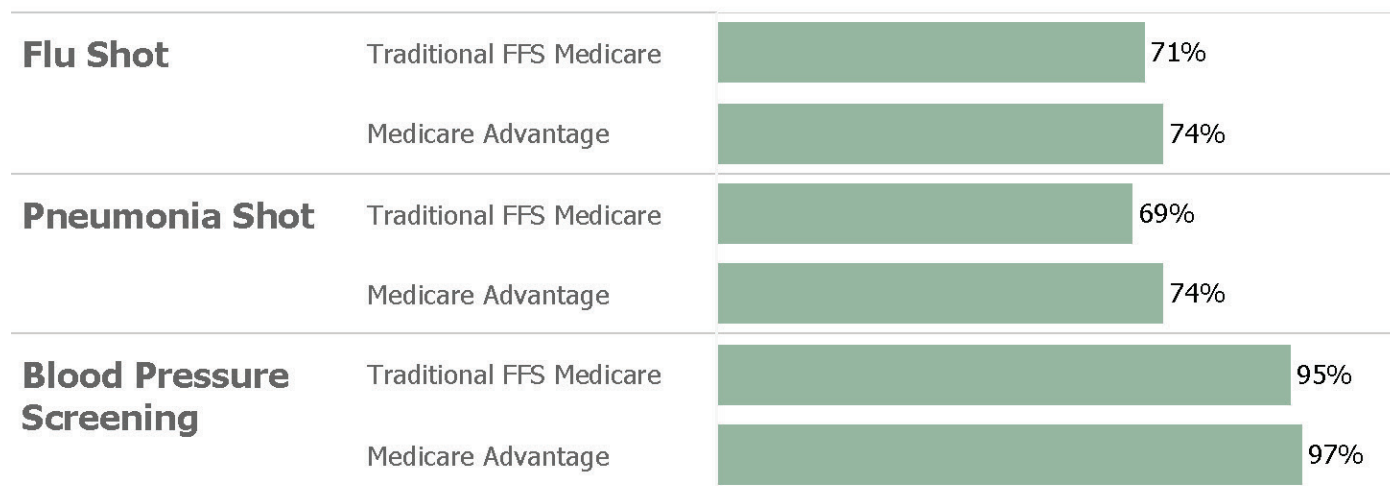
Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community by Age and Race/Ethnicity, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year, and includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. This excludes beneficiaries who resided only in a long-term care facility during the year. Beneficiaries who were administered a community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year.

Exhibit 2.13.
Preventive Health Behaviors Among Medicare
Beneficiaries Residing in the Community by Type of
Medicare Coverage, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year, and includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. This excludes beneficiaries who resided only in a long-term care facility during the year. Beneficiaries who were administered a community interview answered questions themselves, unless they were unable to do so. FFS stands for Fee-for-Service. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year.

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

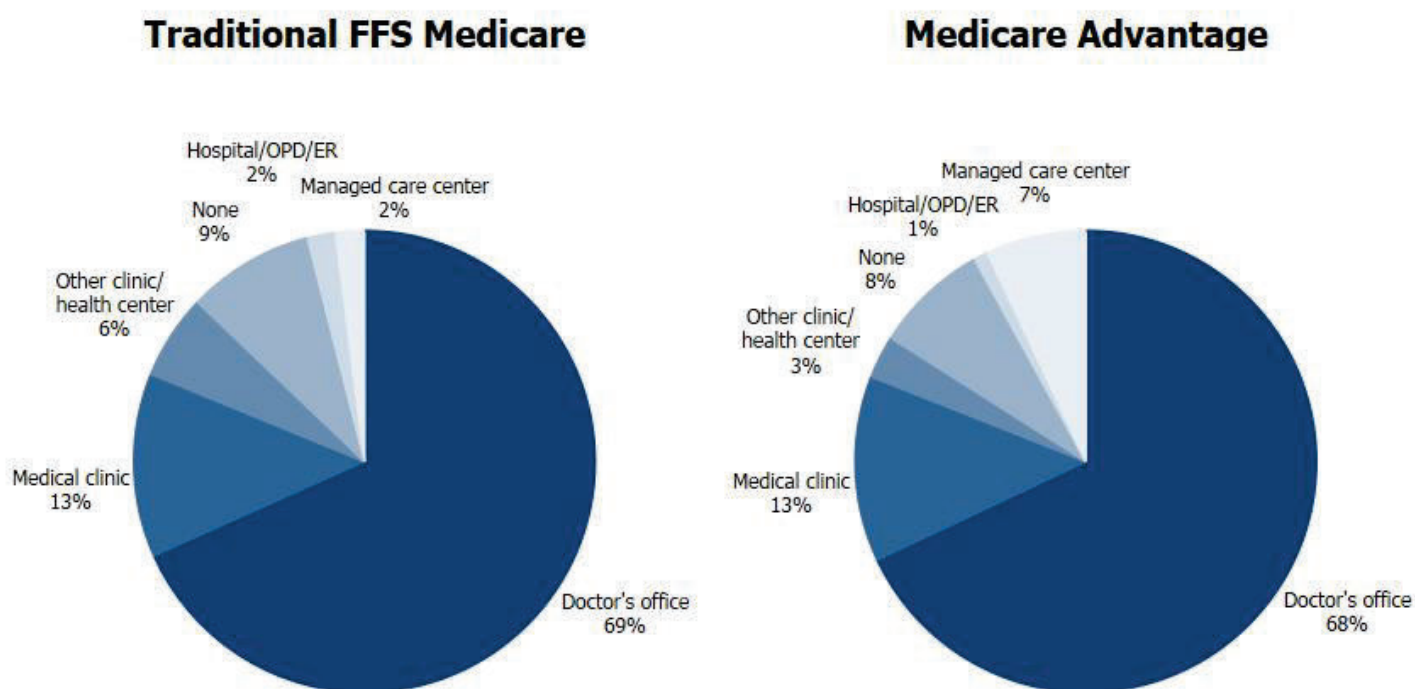
3. WHAT IS THE MEDICARE POPULATION'S ACCESS TO CARE AND HOW SATISFIED ARE THEY WITH THEIR CARE?

Access to Care

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

Exhibit 3.1.

Usual Source of Care Among Medicare Beneficiaries Residing Only in the Community by Type of Medicare Coverage, 2015



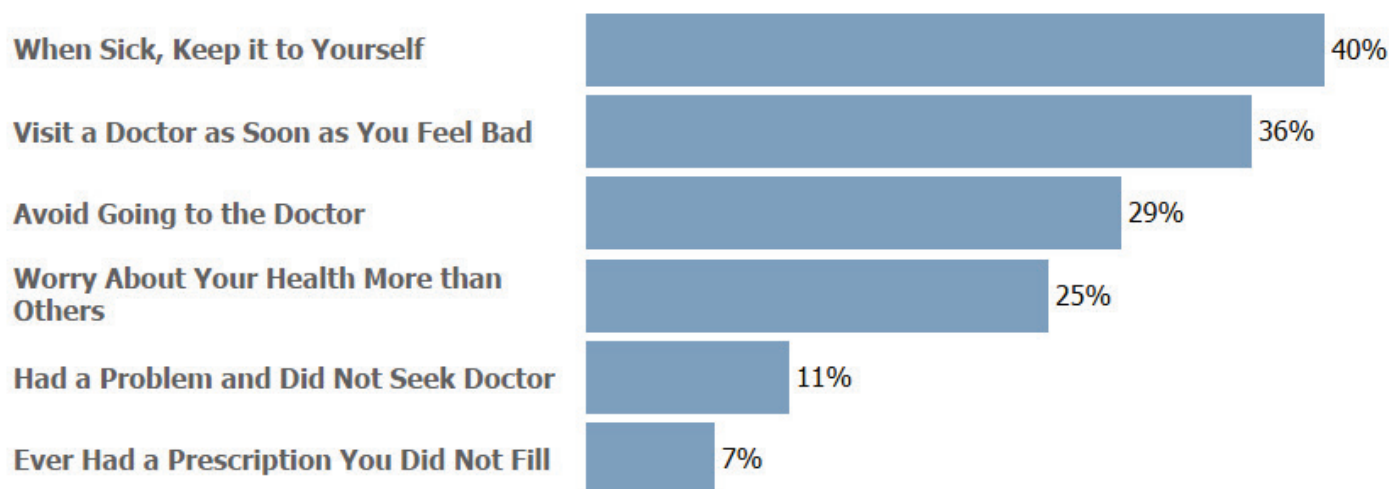
SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. FFS stands for Fee-for-Service. OPD stands for Outpatient Department. ER stands for Emergency Room.

Propensity to Seek Care

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

Exhibit 3.2. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community, 2015

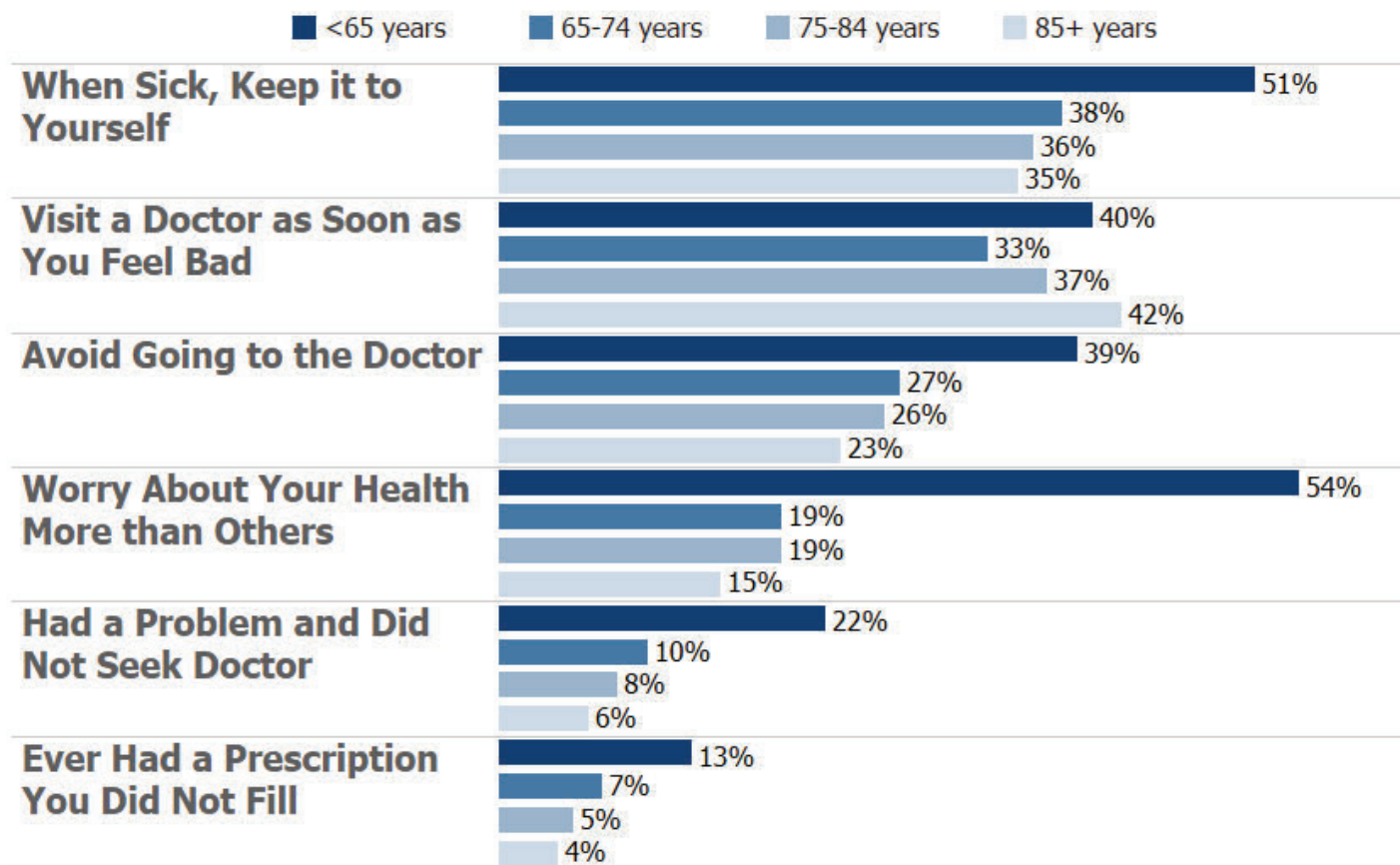


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Exhibit 3.3.

Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2015

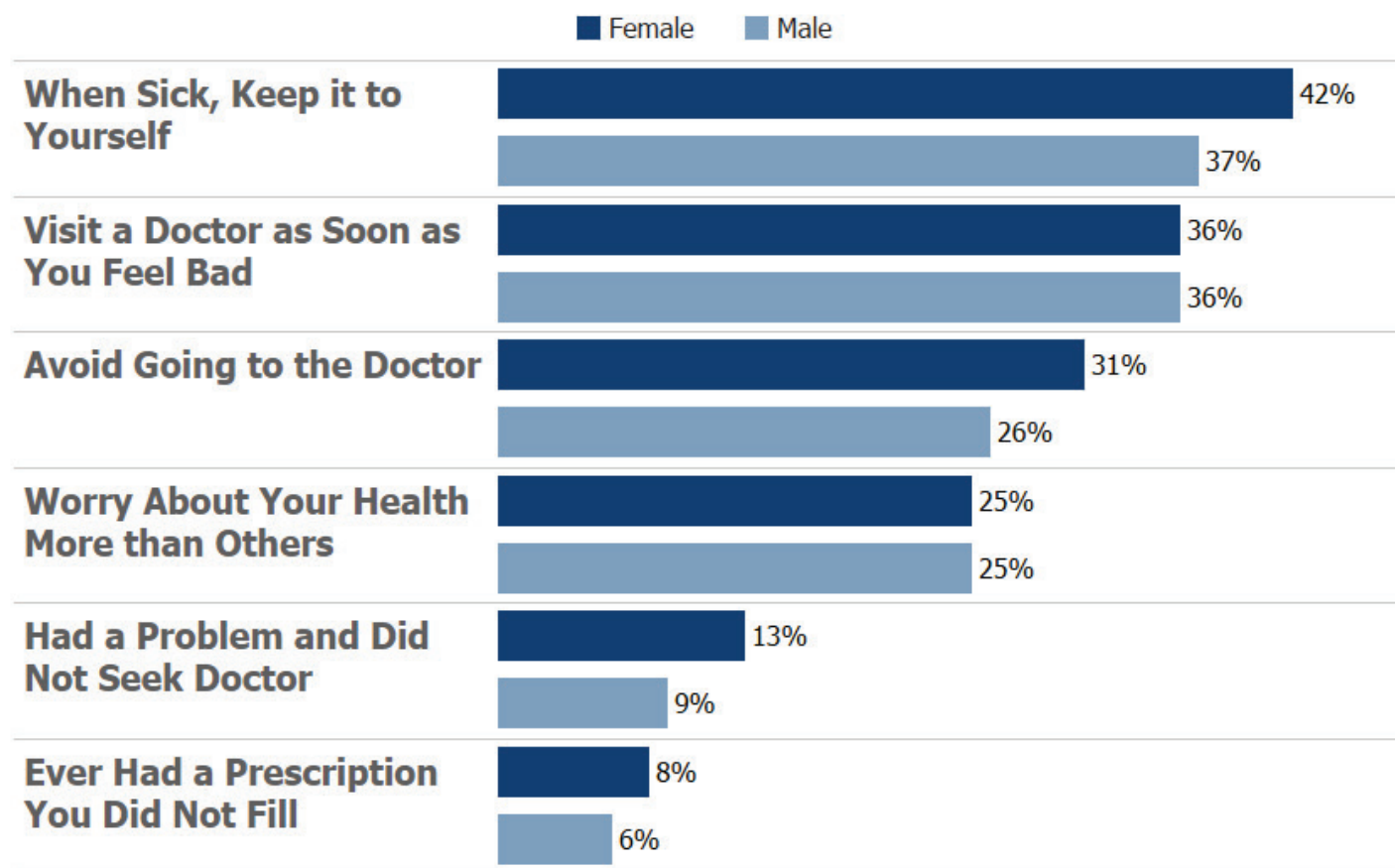


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Exhibit 3.4.

Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Sex, 2015

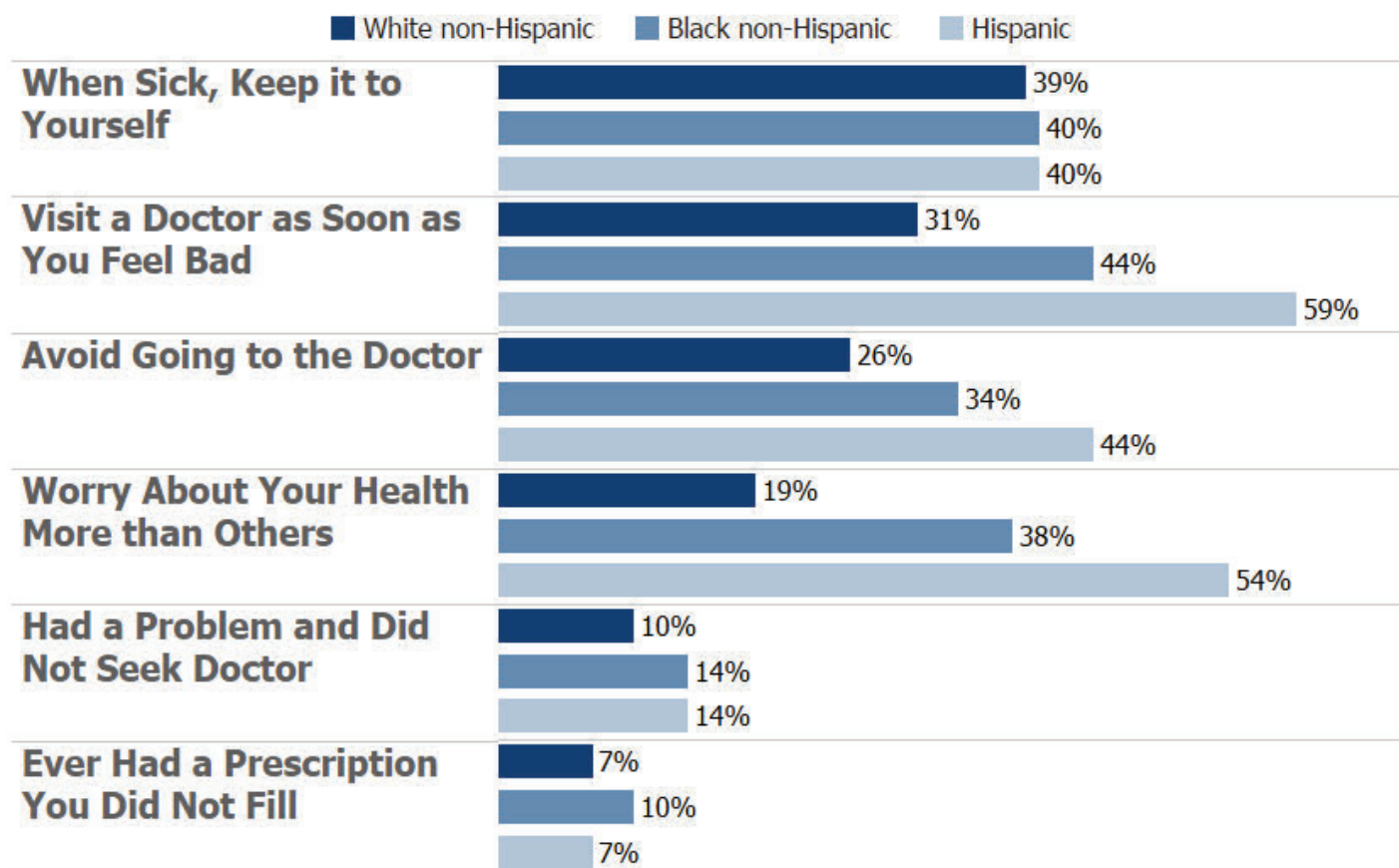


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Exhibit 3.5.

Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

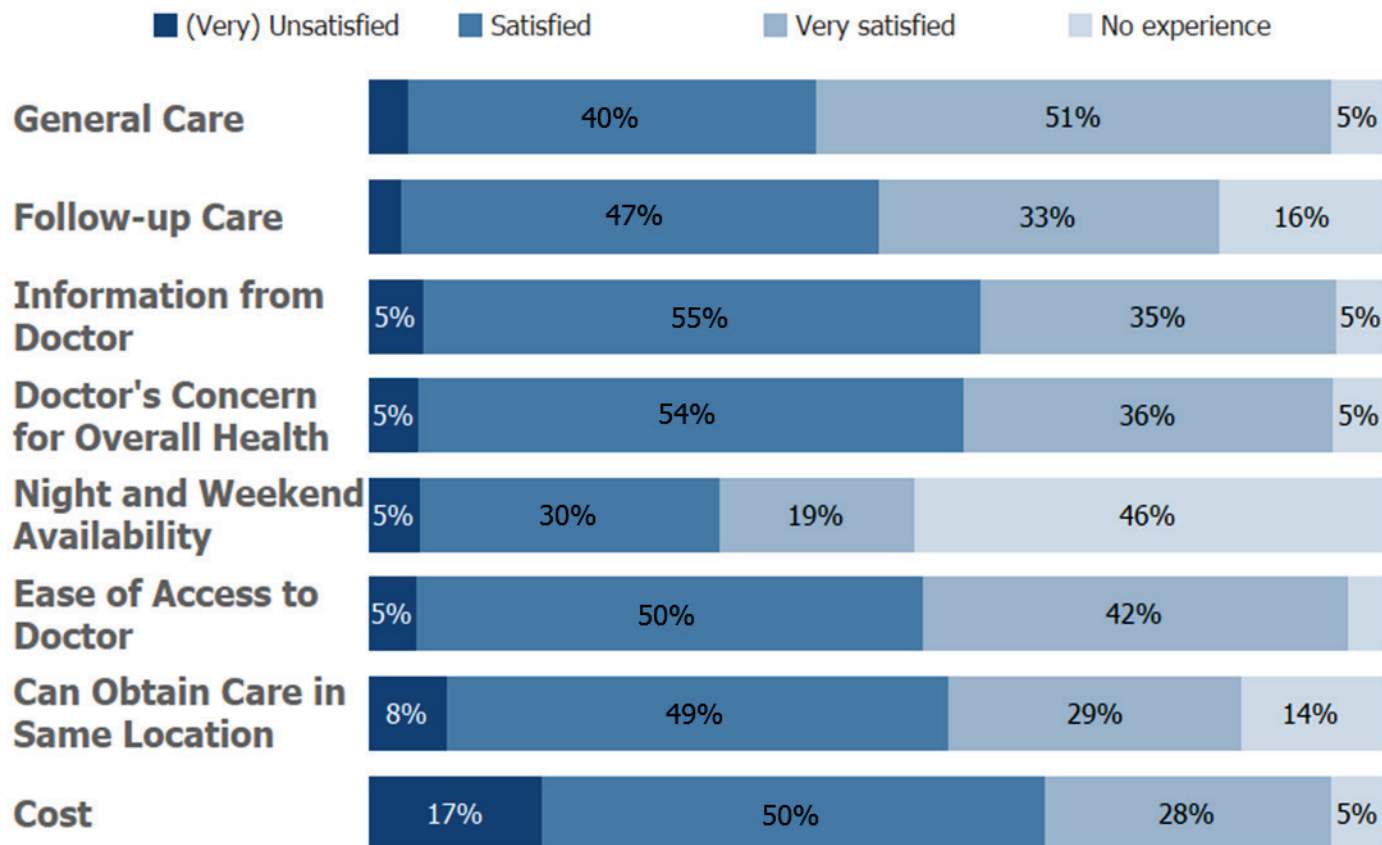
NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates are not presented for the "other race/ethnicity" category.

Satisfaction with Care

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

Exhibit 3.6.

Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community, 2015

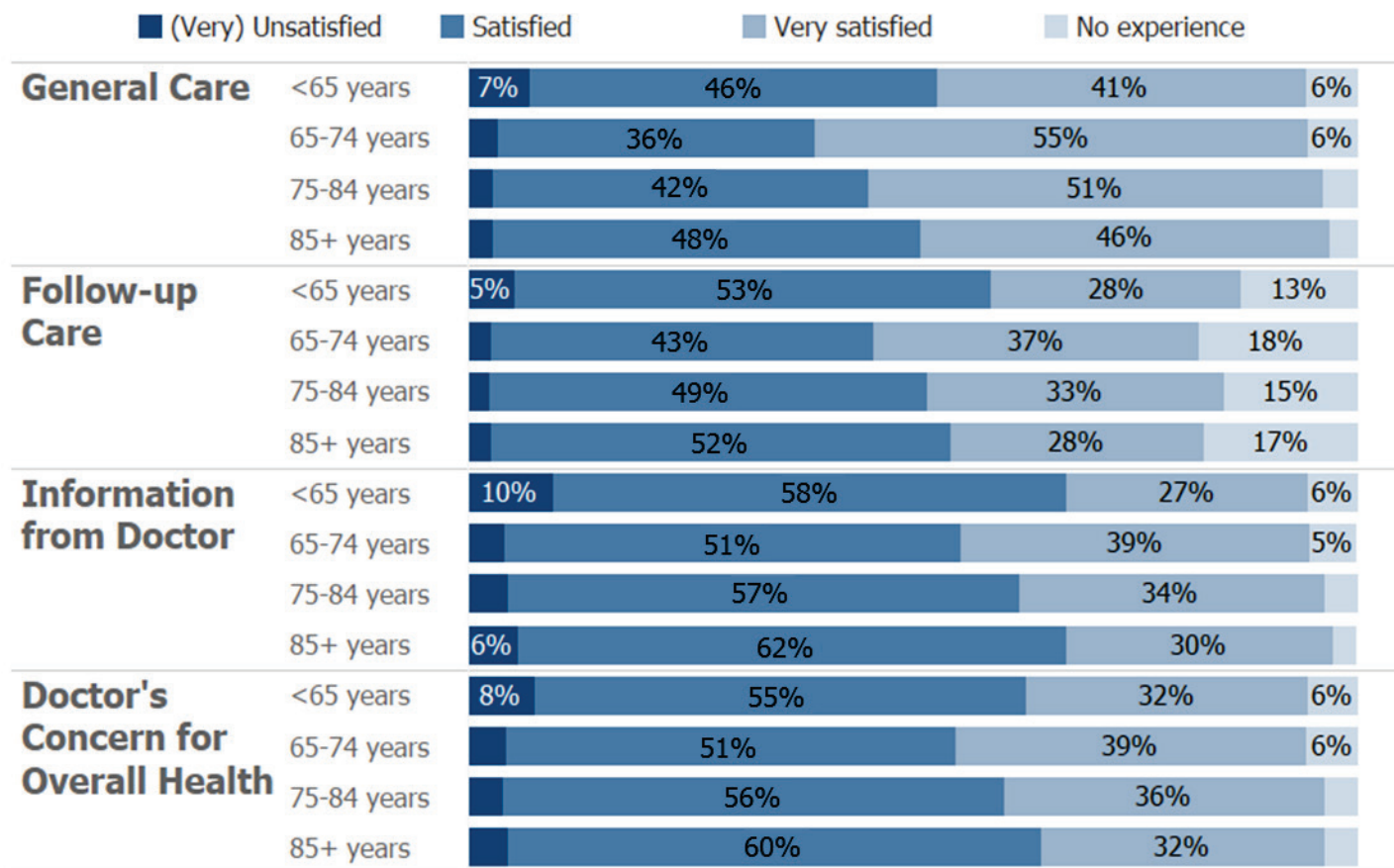


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied".

Exhibit 3.7.

Satisfaction with Quality of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2015

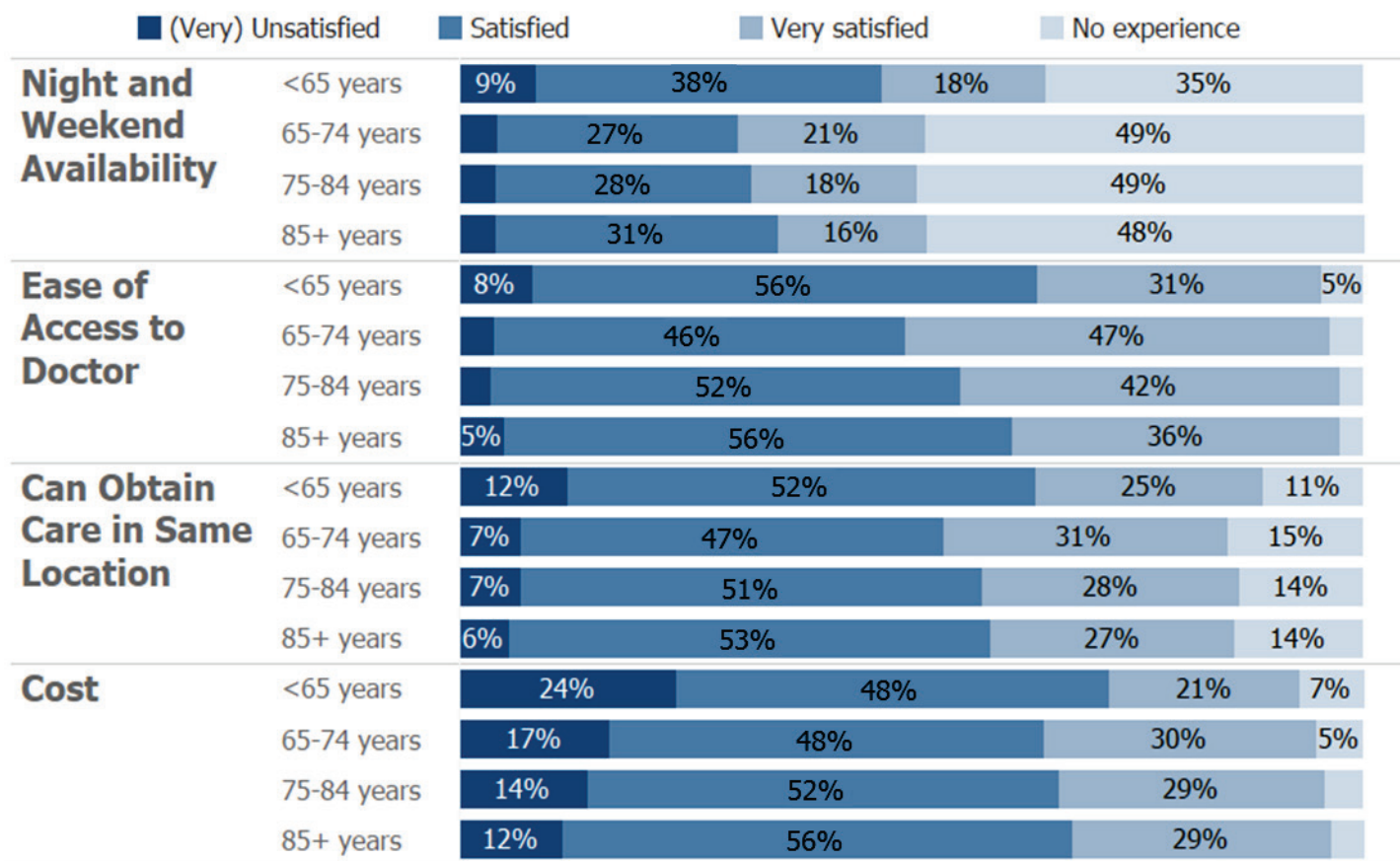


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied".

Exhibit 3.8.

Satisfaction with Access to and Cost of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2015

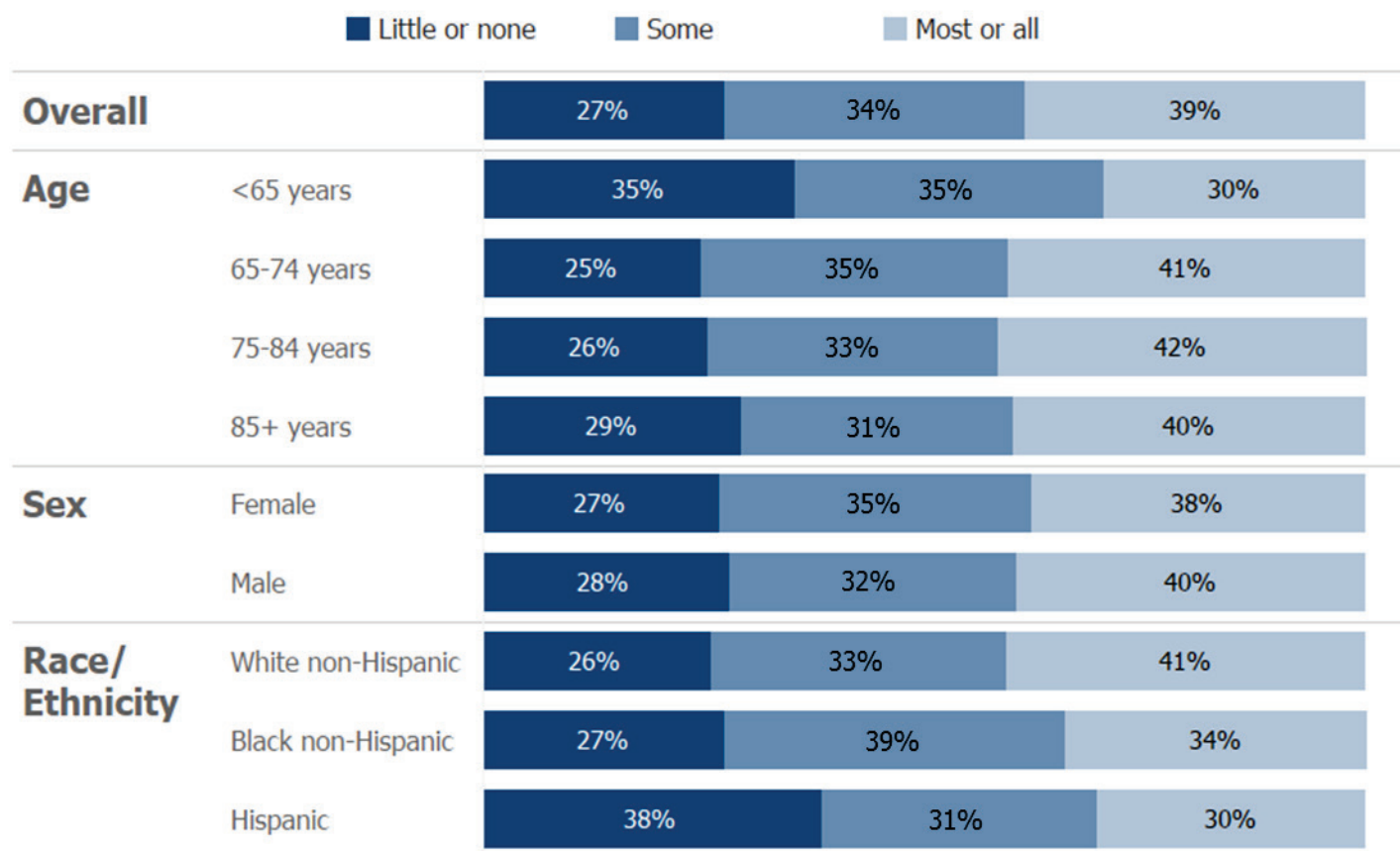


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied".

Exhibit 3.9.

Level of Knowledge of the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates are not presented for the "other race/ethnicity" category.

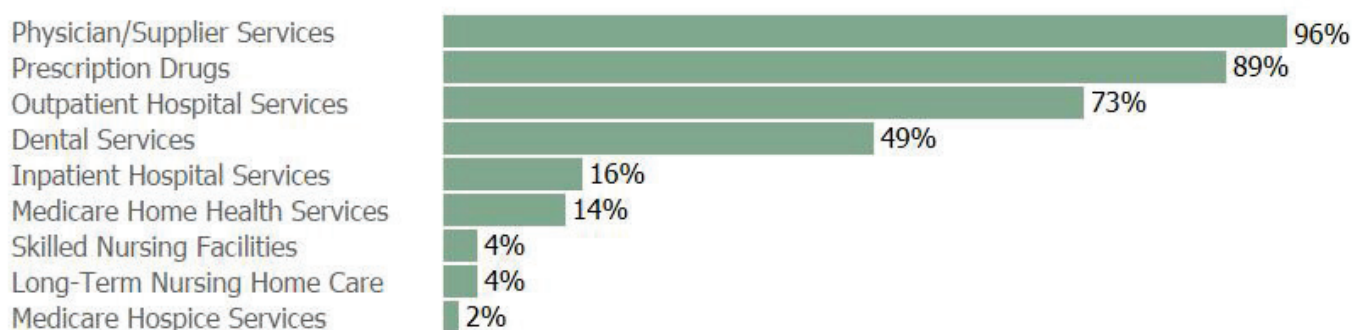
WHAT HEALTH CARE SERVICES DO MEDICARE BENEFICIARIES RECEIVE?

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

Exhibit 4.1.

User Rates of Health Care Services Among All Medicare Beneficiaries, 2015

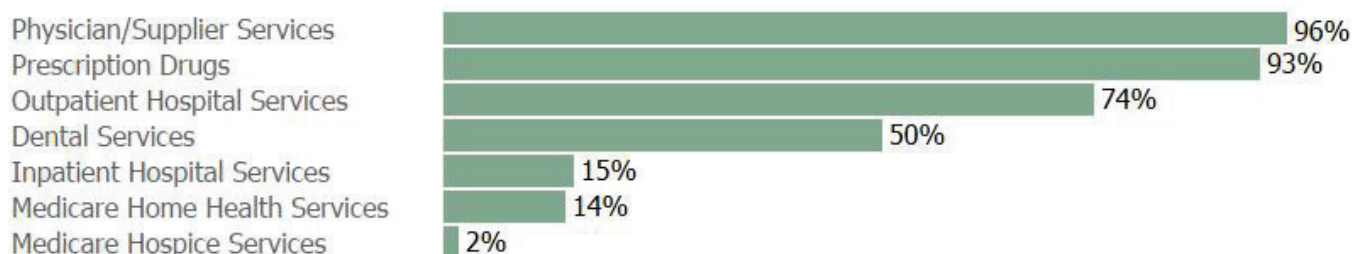


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2015.

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

Exhibit 4.2.

User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community, 2015

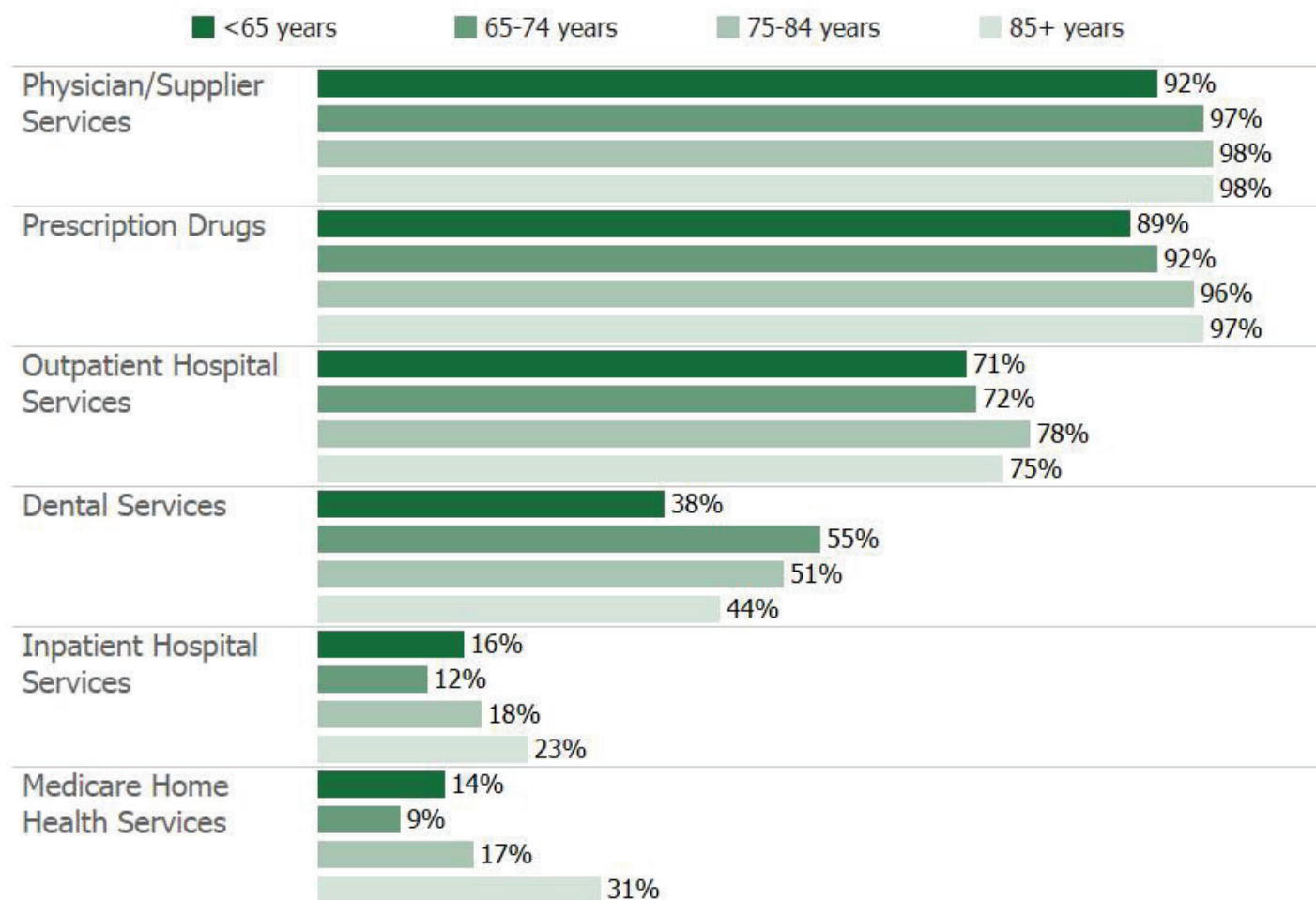


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Exhibit 4.3.

User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Age, 2015

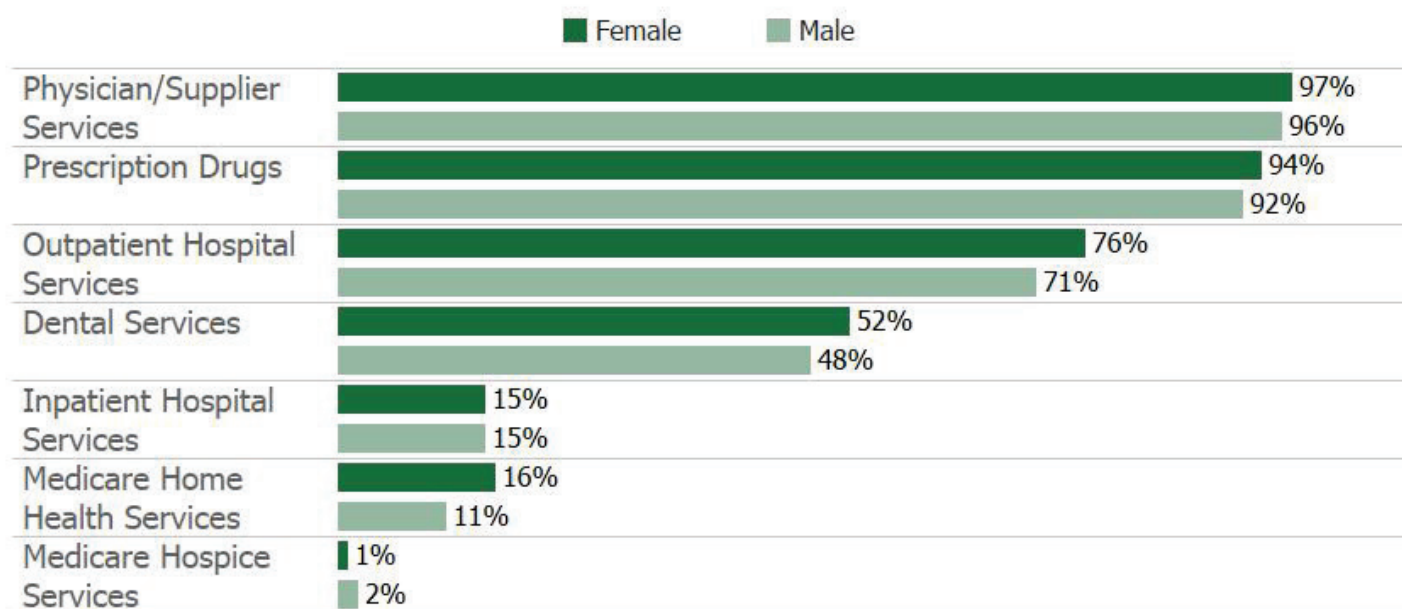


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the technical appendix.

Exhibit 4.4.

User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Sex, 2015

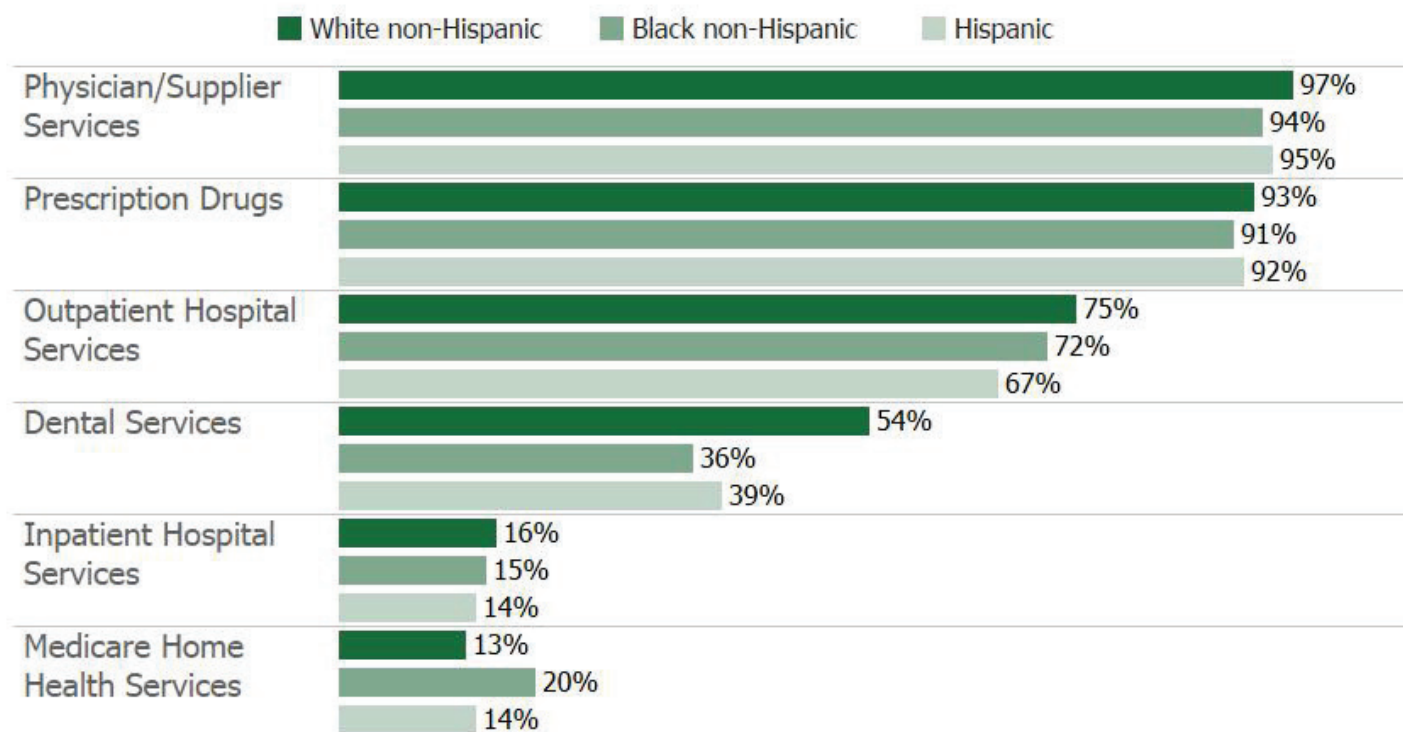


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Exhibit 4.5.

User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, 2015

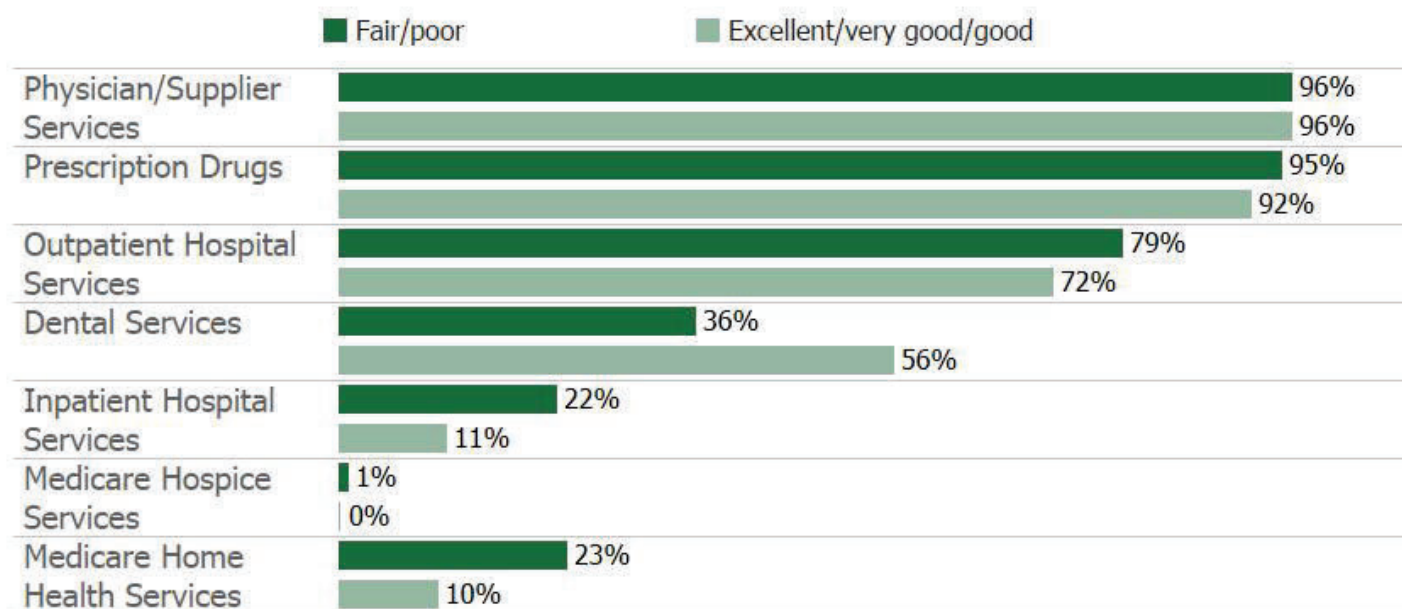


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates are not presented for the "other race/ethnicity" category. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the technical appendix.

Exhibit 4.6.

User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Self-Reported Health Status, 2015

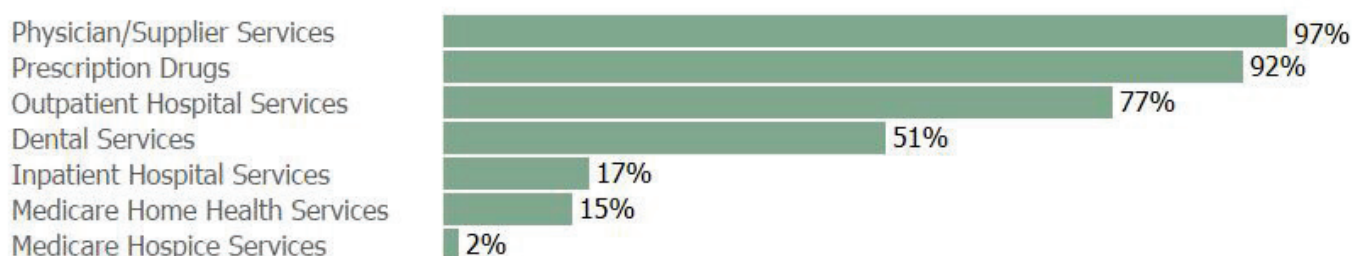


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Exhibit 4.7.

User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, 2015

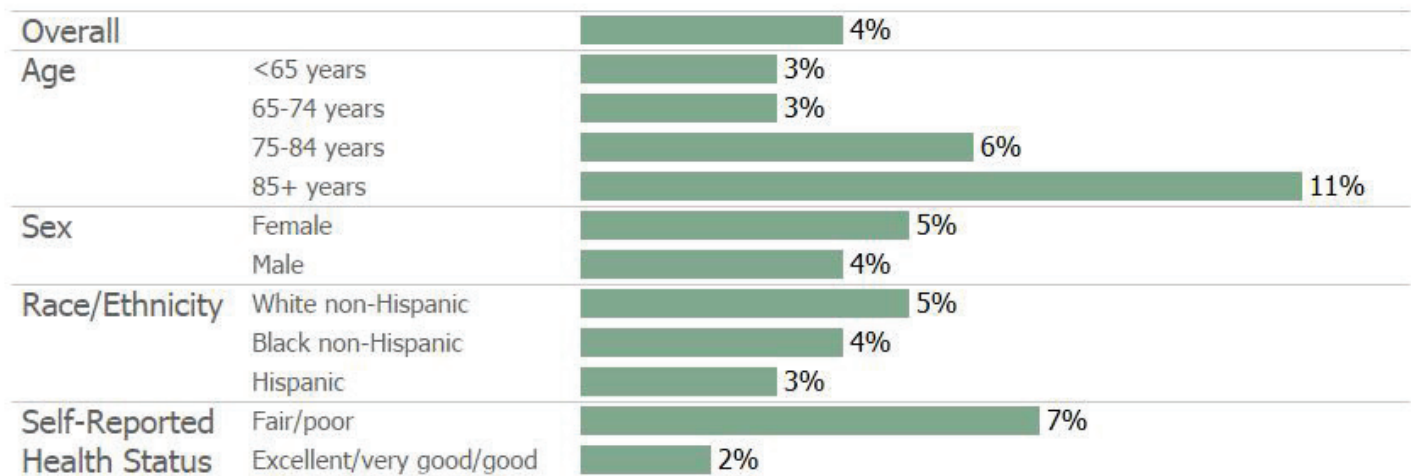


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

Exhibit 4.8.

User Rates of Skilled Nursing Facilities Among All Medicare Beneficiaries, Overall and by Age, Sex, Race/Ethnicity, and Self-Reported Health Status, 2015

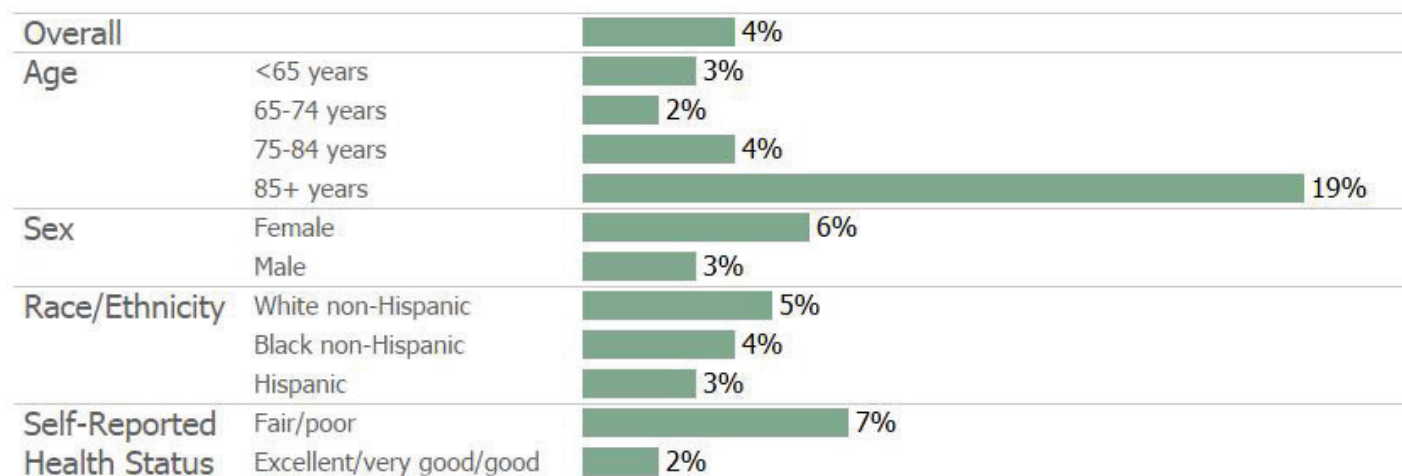


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

Exhibit 4.9.

User Rates of Long-Term Nursing Home Care Among All Medicare Beneficiaries, Overall and by Age, Sex, Race/Ethnicity, and Self-Reported Health Status, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

Exhibit 4.10.

User Rates of Skilled Nursing Facilities and Long-Term Nursing Home Care Among Medicare Beneficiaries with Fee-for-Service Coverage, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

HOW MUCH DOES THE MEDICARE POPULATION SPEND ON HEALTH CARE AND WHO PAYS FOR THEIR CARE?

5. HOW MUCH DOES THE MEDICARE POPULATION SPEND ON HEALTH CARE AND WHO PAYS FOR THEIR CARE?

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

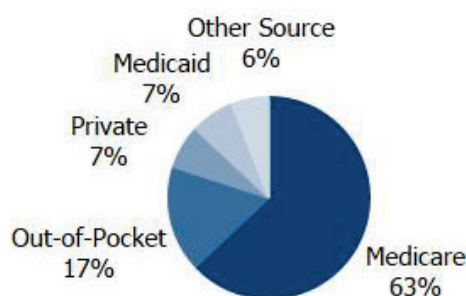
Exhibit 5.1.

Total Expenditures Among All Medicare Beneficiaries Overall, by Source of Payment, and for Selected Service Types, 2015

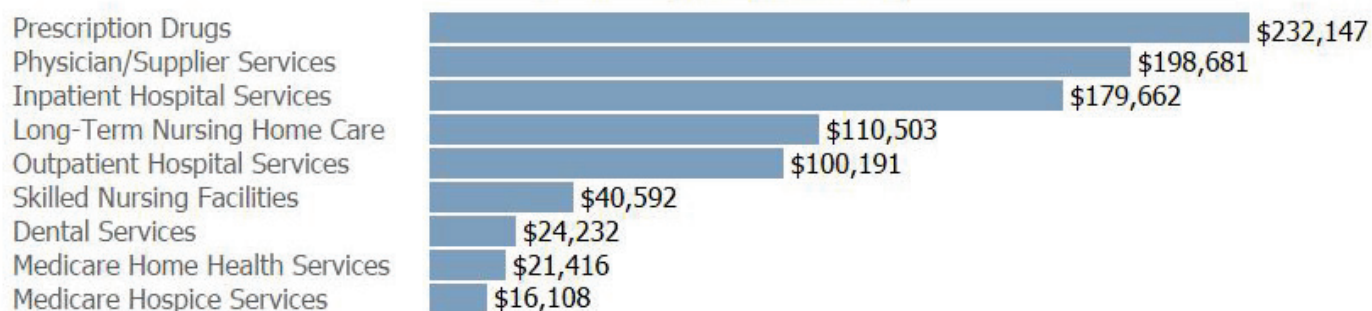
Total Expenditures (Millions):

\$923,532

Source of Payment (%)



Service Type (Millions)

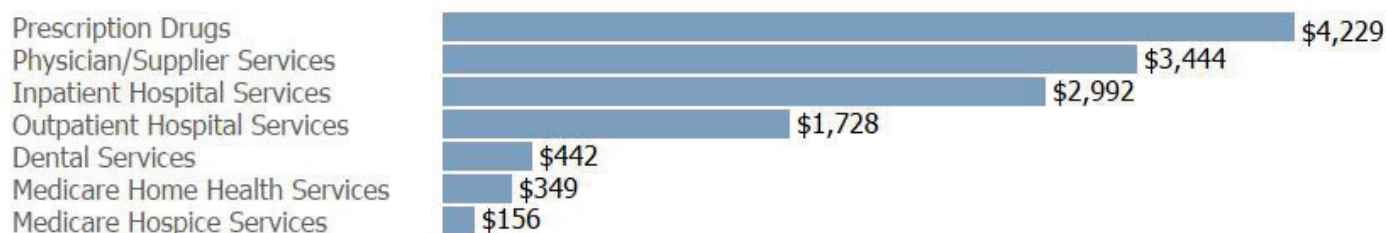


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2015.

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

Exhibit 5.2.

Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2015.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Exhibit 5.3.

Total Out-of-Pocket Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2015.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. 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 5.4.
Total Expenditures per Capita for Selected Service
Types Among Medicare Beneficiaries Residing Only
in the Community by Age, 2015

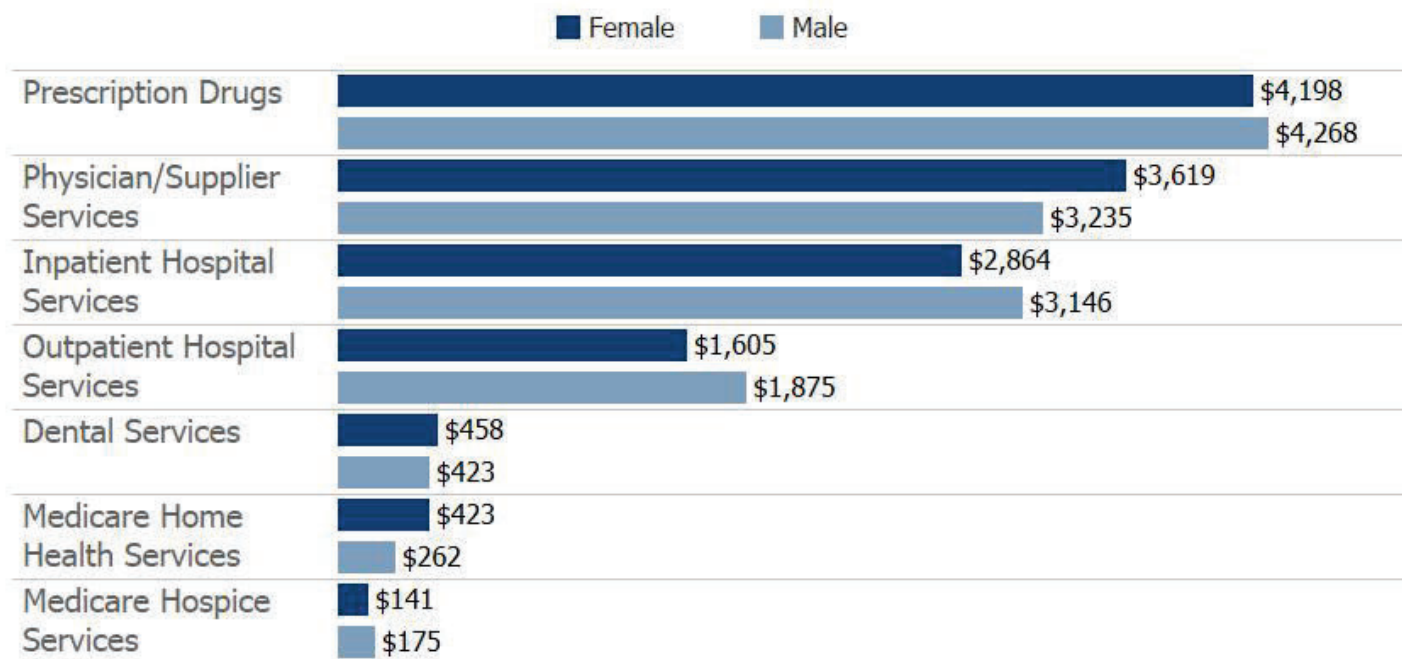


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2015.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the technical appendix.

Exhibit 5.5.

Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Sex, 2015

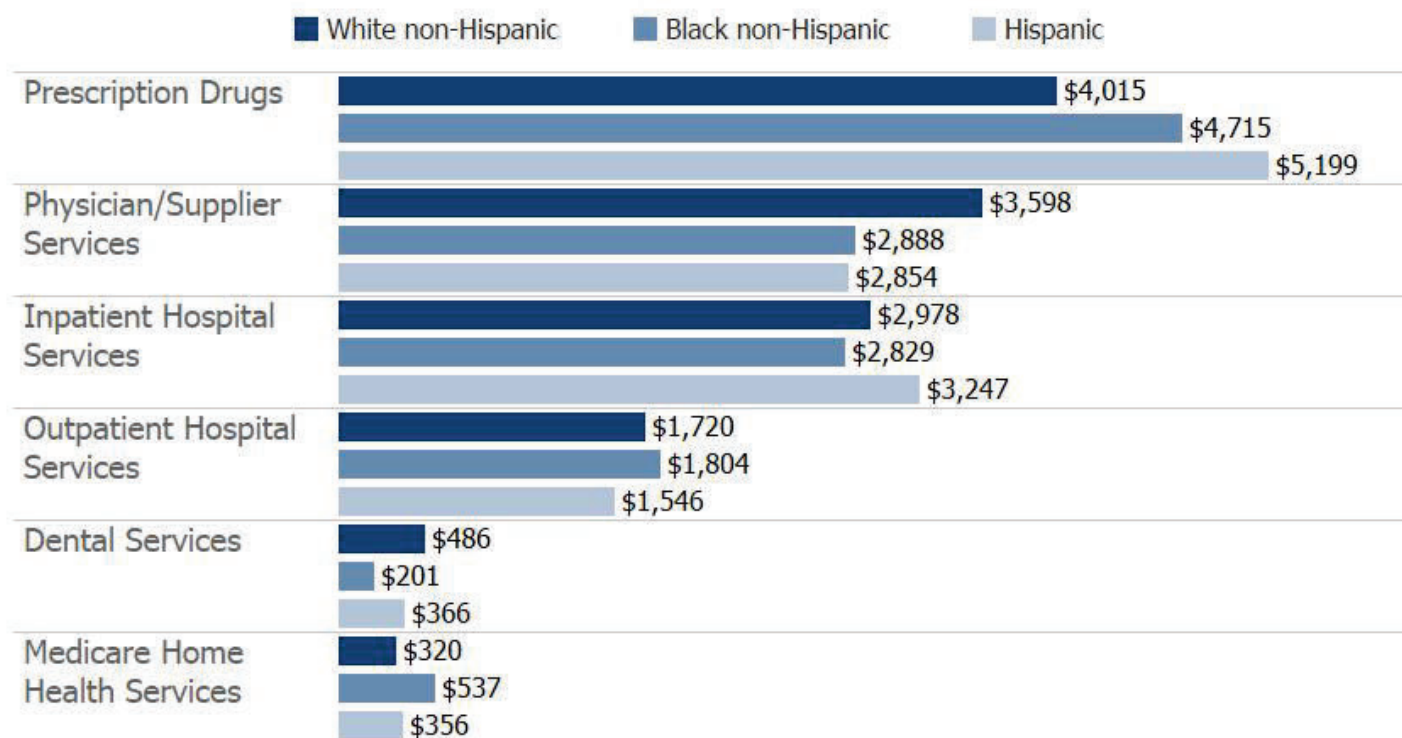


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2015.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Exhibit 5.6.

Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates are not presented for the "other race/ethnicity" category. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the technical appendix.

Exhibit 5.7.

Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Self-Reported Health Status, 2015

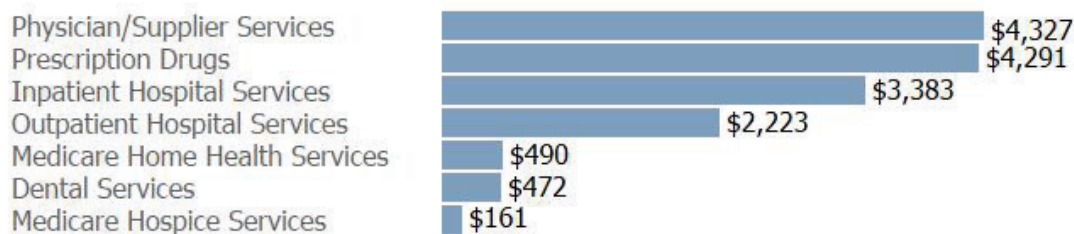


SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates for Medicare Hospice Services are not presented due to suppression. For more information about suppression guidelines, see the technical appendix.

Exhibit 5.8.

Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

Exhibit 5.9.

Skilled Nursing Facility Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Self-Reported Health Status, 2015

Overall		\$16,255
Sex	Female	\$17,770
	Male	\$13,807
Self-Reported Health Status	Fair/poor	\$20,475
	Excellent/very good/good	\$12,210

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

Exhibit 5.10.

Long-Term Nursing Home Care Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Self-Reported Health Status, 2015

Overall		\$43,906
Age	<65 years	\$39,860
	65-74 years	\$45,778
	75-84 years	\$44,493
	85+ years	\$44,011
Sex	Female	\$43,932
	Male	\$43,848
Race/Ethnicity	White non-Hispanic	\$43,211
	Black non-Hispanic	\$52,943
	Hispanic	\$51,285
Self-Reported Health Status	Fair/poor	\$53,487
	Excellent/very good/good	\$46,036

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: See the Detailed Tables for complete point estimates and standard errors in the Exhibit. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented only for beneficiaries who used a given service at least once in the previous year. Estimates are not presented for the "other race/ethnicity" category.

Exhibit 5.11.

Total Out-of-Pocket Expenditures per User for Skilled Nursing Facilities and Long-Term Nursing Home Care, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

Exhibit 5.12.

Total Expenditures per User for Skilled Nursing Facilities and Long-Term Nursing Home Care Among Medicare Beneficiaries with Fee-For-Service Coverage, 2015



SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

DETAILED TABLES

DETAILED TABLES

Table 1.1. Demographic and Socioeconomic Characteristics of All Medicare Beneficiaries, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)
Age	<45 years	3.5 (0.1)
	45-64 years	14.8 (0.2)
	65-74 years	46.7 (0.2)
	75-84 years	23.8 (0.1)
	85+ years	11.1 (0.1)
Race/Ethnicity	White non-Hispanic	74.8 (0.7)
	Black non-Hispanic	9.6 (0.3)
	Hispanic	9.2 (0.5)
Sex	Female	55.2 (0.5)
	Male	44.8 (0.5)
Metro Area Resident	Metro area	79.4 (0.6)
	Non-metro area	20.6 (0.6)
Education	Did not graduate high school	17.8 (0.6)
	High school graduate	28.2 (0.6)
	Some college/vocational school	30.4 (0.6)
	Bachelor's degree or beyond	23.6 (0.6)
Poverty Status	0 - 100% FPL	16.1 (0.4)
	101% - 125% FPL	8.4 (0.3)
	126% - 150% FPL	6.5 (0.3)
	151% - 200% FPL	12.8 (0.4)
	201% FPL and above	56.2 (0.6)
Residence Status	Full-year community	96.0 (0.1)
	Full-year facility	3.4 (0.1)
	Both community and facility	0.6 (0.1)
Veteran	Yes	19.5 (0.4)
	No	80.5 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are not presented for the "other race/ethnicity" category. FPL stands for Federal Poverty Level.

Table 1.2. Insurance Coverage of All Medicare Beneficiaries, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)
Type of Medicare Coverage	Traditional FFS Medicare	65.2 (0.7)
	Medicare Advantage	34.8 (0.7)
Part D Coverage	FFS only	23.6 (0.5)
	FFS with Part D	41.7 (0.6)
	MA only	1.2 (0.2)
	MA with Part D	33.6 (0.7)
Dual Eligible Status	Full-benefit dual eligible	14.2 (0.4)
	Partial-benefit dual eligible	6.1 (0.3)
	Non dual eligible	79.8 (0.5)
Any Supplemental Private Insurance	Yes	52.3 (0.7)
	No	47.7 (0.7)
Any Employer-Sponsored Insurance	Yes	29.5 (0.7)
	No	70.5 (0.7)
ESI with General Insurance	Yes	84.7 (0.9)
	No	15.3 (0.9)
Any Self-Pay Insurance	Yes	34.7 (0.7)
	No	65.3 (0.7)
Self-Pay with General Insurance	Yes	84.7 (0.8)
	No	15.3 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 1.3a. Type of Medicare Coverage of All Medicare Beneficiaries by Age, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)	
		Traditional FFS Medicare	Medicare Advantage
Age	<65 years	68.0 (1.4)	32.0 (1.4)
	65-74 years	65.2 (1.0)	34.8 (1.0)
	75-84 years	62.7 (1.1)	37.3 (1.1)
	85+ years	66.3 (1.1)	33.7 (1.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 1.3b. Dual Eligible Status of All Medicare Beneficiaries by Age, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)	
		Yes	No
Age	<65 years	46.3 (1.4)	53.7 (1.4)
	65-74 years	12.4 (0.6)	87.6 (0.6)
	75-84 years	15.4 (0.6)	84.6 (0.6)
	85+ years	20.6 (1.0)	79.4 (1.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 1.4. Residence Status of All Medicare Beneficiaries by Age, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Full-year community	Full-year facility	Both community and facility
Overall	--	96.0 (0.1)	3.4 (0.1)	0.6 (0.1)
Age	<65 years	18.6 (0.2)	13.4 (1.5)	*
	65-74 years	48.1 (0.3)	15.6 (1.5)	15.3 (3.5)
	75-84 years	23.9 (0.2)	21.0 (1.4)	30.6 (5.2)
	85+ years	9.4 (0.1)	50.0 (1.8)	47.1 (5.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates for "<65 years" for the category "Both the community and facility" are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the technical appendix.

Table 1.5. Residence Status of All Medicare Beneficiaries by Sex, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Full-year community	Facility	Both Community and Facility
Overall	--	96.0 (0.1)	3.4 (0.1)	0.6 (0.1)
Sex	Female	54.7 (0.5)	68.7 (1.8)	70.1 (4.8)
	Male	45.3 (0.5)	31.3 (1.8)	29.9 (4.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 1.6. Demographic and Socioeconomic Characteristics of All Dual Eligible Medicare Beneficiaries, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)
Age	<65 years	41.9 (1.0)
	65-74 years	28.6 (1.0)
	75-84 years	18.1 (0.6)
	85+ years	11.3 (0.5)
Race/Ethnicity	White non-Hispanic	53.8 (1.4)
	Black non-Hispanic	18.7 (0.9)
	Hispanic	17.5 (1.1)
Sex	Female	61.0 (1.0)
	Male	39.0 (1.0)
Education	Did not graduate high school	39.8 (1.4)
	High school graduate	32.6 (1.2)
	Some college/vocational school	22.0 (1.0)
	Bachelor's degree or beyond	5.5 (0.6)
Veteran	Yes	6.5 (0.5)
	No	93.5 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 1.7. Demographic and Socioeconomic Characteristics of Medicare Beneficiaries Residing in Facilities for the Full Year, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)
Age	<65 years	13.4 (1.5)
	65-74 years	15.6 (1.5)
	75-84 years	21.0 (1.4)
	85+ years	50.0 (1.8)
Race/Ethnicity	White non-Hispanic	81.6 (1.5)
	Black non-Hispanic	8.7 (1.2)
	Hispanic	5.8 (0.9)
Sex	Female	68.7 (1.8)
	Male	31.3 (1.8)
Education	Did not graduate high school	29.6 (2.0)
	High school graduate	38.7 (2.0)
	Some college/vocational school	25.1 (1.8)
	Bachelor's degree or beyond	6.6 (1.1)
Poverty Status	0 - 100% FPL	33.1 (2.0)
	101% - 125% FPL	15.0 (1.2)
	126% - 150% FPL	10.2 (1.0)
	151% - 200% FPL	12.2 (1.1)
	201% FPL and above	29.6 (1.9)
Veteran	Yes	9.1 (1.1)
	No	90.9 (1.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in a long-term care facility during the year. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FPL stands for Federal Poverty Level.

Table 2.1. Quality of Life Metrics Among All Medicare Beneficiaries, 2015

Measure	Measure Category	Estimate - % (St. Error)
Self-Reported Health Status	Poor	7.7 (0.3)
	Fair	18.3 (0.5)
	Good	29.6 (0.5)
	Very good	27.8 (0.5)
	Excellent	16.5 (0.4)
Functional Limitations	LTC facility	3.7 (0.1)
	3 or more ADLs	11.1 (0.4)
	1-2 ADLs	22.8 (0.6)
	IADL only	11.5 (0.3)
	None	50.9 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 2.2. Self-Reported Health Status Among All Medicare Beneficiaries by Age, Sex, and Race/Ethnicity, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)				
		Poor	Fair	Good	Very good	Excellent
Overall	--	7.7 (0.3)	18.3 (0.5)	29.6 (0.5)	27.8 (0.5)	16.5 (0.4)
Age	<65 years	20.6 (1.1)	33.2 (1.4)	26.3 (1.2)	12.1 (0.9)	7.7 (0.7)
	65-74 years	4.2 (0.4)	13.3 (0.7)	29.5 (0.9)	32.9 (0.8)	20.0 (0.8)
	75-84 years	5.4 (0.4)	15.5 (0.6)	31.4 (0.7)	30.6 (0.8)	17.1 (0.6)
	85+ years	5.6 (0.4)	20.9 (0.9)	32.5 (1.0)	26.3 (0.9)	14.8 (0.7)
Sex	Female	8.2 (0.5)	18.9 (0.7)	28.3 (0.7)	28.8 (0.7)	15.9 (0.6)
	Male	7.2 (0.5)	17.6 (0.6)	31.4 (0.9)	26.6 (0.7)	17.2 (0.7)
Race/ Ethnicity	White non-Hispanic	6.8 (0.4)	15.3 (0.5)	29.1 (0.6)	30.8 (0.6)	18.1 (0.6)
	Black non-Hispanic	9.3 (1.1)	28.5 (1.9)	31.6 (1.7)	20.2 (1.4)	10.4 (1.0)
	Hispanic	11.5 (1.6)	29.3 (1.8)	29.7 (1.7)	16.2 (1.3)	13.3 (1.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 2.3. Functional Limitations Among All Medicare Beneficiaries by Age, Sex, and Race/Ethnicity, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)				
		LTC Facility	3 or more ADLs	1-2 ADLs	IADL only	None
Overall	--	3.7 (0.1)	11.1 (0.4)	22.8 (0.6)	11.5 (0.3)	50.9 (0.7)
Age	<65 years	2.6 (0.3)	23.0 (1.3)	32.7 (1.4)	17.2 (1.1)	24.5 (1.3)
	65-74 years	1.3 (0.1)	5.9 (0.5)	17.2 (0.7)	8.8 (0.5)	66.8 (1.0)
	75-84 years	3.6 (0.3)	9.4 (0.5)	23.8 (0.7)	12.5 (0.5)	50.8 (0.8)
	85+ years	17.5 (0.7)	16.7 (0.9)	28.4 (1.1)	11.7 (0.8)	25.6 (1.1)
Sex	Female	4.7 (0.2)	11.9 (0.5)	24.5 (0.7)	13.5 (0.5)	45.3 (0.9)
	Male	2.5 (0.2)	10.0 (0.6)	20.7 (0.7)	9.1 (0.4)	57.7 (0.8)
Race/ Ethnicity	White non-Hispanic	4.1 (0.2)	9.5 (0.4)	22.3 (0.7)	10.9 (0.4)	53.2 (0.8)
	Black non-Hispanic	3.5 (0.5)	14.8 (1.5)	24.7 (1.5)	13.7 (1.2)	43.4 (1.7)
	Hispanic	2.5 (0.3)	16.5 (1.4)	25.3 (1.6)	14.5 (1.3)	41.2 (2.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 2.4. Self-Reported Chronic and Other Health Conditions Among All Medicare Beneficiaries, 2015

Condition	Estimate - % (St. Error)
Vision Problem	94.6 (0.3)
Hypertension	65.6 (0.6)
High Cholesterol [^]	63.9 (0.7)
Arthritis	55.1 (0.6)
Hearing Trouble	48.7 (0.7)
Heart Disease	39.7 (0.6)
Cognitive Impairment	33.7 (0.6)
Mental Condition	32.2 (0.5)
Diabetes	30.9 (0.5)
Urinary Incontinence	29.1 (0.6)
Falls [^]	26.7 (0.5)
Pulmonary Disease	20.9 (0.5)
Depression [^]	20.5 (0.5)
Osteoporosis/Broken Hip	19.7 (0.4)
Skin Cancer	19.1 (0.5)
Cancer, Other than Skin	16.8 (0.4)
Memory Loss	14.6 (0.4)
Stroke	10.4 (0.3)
Alzheimer's Disease	5.8 (0.2)
Parkinson's Disease	1.5 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates designated with an “^” are presented for beneficiaries who resided only in the community during the year, and includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. This excludes beneficiaries who resided only in a long-term care facility during the year. Beneficiaries who were administered a community interview answered questions themselves, unless they were unable to do so. A facility staff member, such as a nurse, always answered questions about the beneficiary for long-term care facility interviews. Data for beneficiaries residing in long-term care facilities were drawn from the Long Term Care Minimum Data Set (MDS) 3.0 when available.

Table 2.5. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Age, 2015

Measure	Estimate - % (St. Error)		
	Overall	<65 years	65+ years
Diabetes	30.9 (0.5)	32.1 (1.4)	30.6 (0.6)
Heart Disease	39.7 (0.6)	38.4 (1.6)	40.0 (0.6)
Hypertension	65.6 (0.6)	60.2 (1.6)	66.8 (0.6)
Arthritis	55.1 (0.6)	53.6 (1.4)	55.4 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 2.6. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Race/Ethnicity, 2015

Measure	Estimate - % (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
Diabetes	30.9 (0.5)	27.4 (0.6)	40.7 (1.7)	41.9 (1.7)
Heart Disease	39.7 (0.6)	40.4 (0.6)	36.5 (2.1)	36.4 (1.9)
Hypertension	65.6 (0.6)	63.0 (0.7)	80.0 (1.2)	69.3 (1.8)
Arthritis	55.1 (0.6)	55.0 (0.7)	57.7 (1.7)	54.6 (2.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 2.7. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Sex, 2015

Measure	Estimate - % (St. Error)		
	Overall	Female	Male
Diabetes	30.9 (0.5)	29.0 (0.7)	33.3 (0.9)
Heart Disease	39.7 (0.6)	36.1 (0.7)	44.3 (0.9)
Hypertension	65.6 (0.6)	65.1 (0.8)	66.1 (0.9)
Arthritis	55.1 (0.6)	61.8 (0.8)	46.7 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 2.8. Selected Self-Reported Chronic Conditions Among All Medicare Beneficiaries by Residence Status, 2015

Measure	Estimate - % (St. Error)			
	Overall	Full-year community	Full-year facility	Both community and facility
Diabetes	30.9 (0.5)	31.1 (0.6)	25.7 (1.7)	28.5 (5.4)
Heart Disease	39.7 (0.6)	40.1 (0.6)	29.0 (1.5)	36.8 (5.3)
Hypertension	65.6 (0.6)	65.8 (0.6)	60.8 (1.7)	57.8 (5.9)
Arthritis	55.1 (0.6)	56.6 (0.6)	15.6 (1.3)	17.0 (4.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 2.9. Self-Reported Smoking Status Among All Medicare Beneficiaries by Sex, Race/Ethnicity, and Poverty Status, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Current smoker	Ever smoked	Never smoked
Overall	--	13.7 (0.4)	44.1 (0.6)	42.2 (0.6)
Sex	Female	11.6 (0.6)	36.1 (0.8)	52.4 (0.9)
	Male	16.2 (0.7)	54.1 (0.9)	29.7 (0.9)
Race/ Ethnicity	White non-Hispanic	13.2 (0.5)	46.4 (0.7)	40.4 (0.7)
	Black non-Hispanic	17.4 (1.3)	37.0 (1.6)	45.6 (1.9)
	Hispanic	10.1 (1.3)	39.0 (2.1)	50.9 (2.0)
Poverty Status	0 - 100% FPL	24.3 (1.2)	31.8 (1.3)	44.0 (1.4)
	101% - 125% FPL	20.0 (2.1)	34.7 (1.7)	45.2 (2.2)
	126% - 150% FPL	16.1 (1.7)	38.8 (1.8)	45.2 (2.2)
	151% - 200% FPL	12.9 (1.4)	46.8 (1.5)	40.3 (1.8)
	201% FPL and above	9.7 (0.5)	49.0 (0.9)	41.4 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 2.10. Self-Reported Alcohol Use Among Medicare Beneficiaries Residing in the Community by Sex, Race/Ethnicity, and Poverty Status, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Heavy drinker	Moderate drinker	Nondrinker
Overall	--	13.0 (0.5)	32.2 (0.7)	54.8 (0.8)
Sex	Female	13.8 (0.7)	25.2 (0.8)	61.0 (1.0)
	Male	12.2 (0.7)	40.7 (1.0)	47.2 (1.0)
Race/ Ethnicity	White non-Hispanic	13.3 (0.6)	36.3 (0.9)	50.4 (1.0)
	Black non-Hispanic	14.5 (1.4)	17.9 (1.6)	67.6 (1.8)
	Hispanic	10.9 (1.1)	21.3 (1.7)	67.8 (1.8)
Poverty Status	0 - 100% FPL	10.1 (0.9)	16.3 (1.1)	73.6 (1.4)
	101% - 125% FPL	12.0 (1.9)	18.0 (1.6)	69.9 (2.2)
	126% - 150% FPL	9.2 (1.2)	17.7 (1.5)	73.1 (1.7)
	151% - 200% FPL	13.5 (1.5)	28.3 (1.6)	58.2 (1.9)
	201% FPL and above	14.3 (0.7)	40.8 (1.0)	44.9 (1.0)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year, and includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. This excludes beneficiaries who resided only in a long-term care facility during the year. Beneficiaries who were administered a community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FPL stands for Federal Poverty Level.

Table 2.11. Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community, 2015

Measure	Estimate - % (St. Error)	
	Yes	No
Flu Shot	71.9 (0.6)	28.1 (0.6)
Pneumonia Shot	70.9 (0.6)	29.1 (0.6)
Blood Pressure Screening	95.8 (0.3)	4.2 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year, and includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. This excludes beneficiaries who resided only in a long-term care facility during the year. Beneficiaries who were administered a community interview answered questions themselves, unless they were unable to do so. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year.

Table 2.12. Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community by Age and Race/Ethnicity, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Flu Shot	Pneumonia Shot	Blood Pressure Screening
Overall	--	71.9 (0.6)	70.9 (0.6)	95.8 (0.3)
Age	<65 Years	59.4 (1.4)	53.0 (1.4)	95.0 (0.7)
	65-74 Years	71.2 (0.8)	70.2 (1.0)	95.3 (0.5)
	75-84 Years	79.0 (0.6)	81.0 (0.6)	96.8 (0.3)
	85+ Years	83.1 (0.9)	84.8 (0.8)	98.1 (0.4)
Race/Ethnicity	White non-Hispanic	74.3 (0.6)	73.9 (0.7)	95.9 (0.3)
	Black non-Hispanic	58.7 (2.2)	58.1 (1.6)	95.8 (0.7)
	Hispanic	68.2 (1.8)	63.3 (1.9)	96.0 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year, and includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. This excludes beneficiaries who resided only in a long-term care facility during the year. Beneficiaries who were administered a community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year.

Table 2.13. Preventive Health Behaviors Among Medicare Beneficiaries Residing in the Community by Type of Medicare Coverage, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Flu Shot	Pneumonia Shot	Blood Pressure Screening
Overall	--	71.9 (0.6)	70.9 (0.6)	95.8 (0.3)
Type of Medicare Coverage	Traditional FFS Medicare	70.8 (0.8)	69.3 (0.8)	95.4 (0.3)
	Medicare Advantage	73.9 (0.9)	73.7 (0.7)	96.6 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year, and includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. This excludes beneficiaries who resided only in a long-term care facility during the year. Beneficiaries who were administered a community interview answered questions themselves, unless they were unable to do so. FFS stands for Fee-for-Service. The flu shot measure is coded as "Yes" if it was done in the last year. The pneumonia shot measure is coded as "Yes" if it was ever done. The blood pressure screening measure is coded as "Yes" if it was done in the last year.

Table 2.14. Mobility Limitations Among All Medicare Beneficiaries by Age, Sex, and Race/Ethnicity, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Yes, with ADL/IADL difficulty	Yes, no ADL/IADL difficulty	No Limitation
Overall	--	38.4 (0.5)	8.8 (0.4)	52.7 (0.6)
Age	<65 Years	60.4 (1.5)	4.9 (0.5)	34.7 (1.4)
	65-74 Years	23.7 (0.8)	9.2 (0.6)	67.1 (1.0)
	75-84 Years	39.9 (0.8)	11.0 (0.6)	49.1 (0.9)
	85+ Years	64.0 (1.2)	9.4 (0.8)	26.6 (1.0)
Sex	Female	43.7 (0.8)	8.9 (0.5)	47.4 (0.8)
	Male	32.0 (0.7)	8.8 (0.5)	59.3 (0.9)
Race/Ethnicity	White non-Hispanic	36.5 (0.7)	8.6 (0.4)	55.0 (0.7)
	Black non-Hispanic	46.9 (1.7)	11.6 (1.1)	41.5 (1.7)
	Hispanic	44.5 (1.9)	7.1 (1.1)	48.3 (1.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 2.15. Upper Extremity Limitations Among All Medicare Beneficiaries by Age, Sex, and Race/Ethnicity, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Yes, with ADL/IADL difficulty	Yes, no ADL/IADL difficulty	No Limitation
Overall	--	32.6 (0.6)	10.6 (0.4)	56.8 (0.5)
Age	<65 Years	54.7 (1.4)	6.1 (0.8)	39.1 (1.3)
	65-74 Years	20.7 (0.9)	12.0 (0.6)	67.4 (0.9)
	75-84 Years	30.7 (0.7)	12.3 (0.6)	57.0 (0.7)
	85+ Years	52.9 (1.2)	8.4 (0.6)	38.7 (1.2)
Sex	Female	36.9 (0.8)	9.8 (0.5)	53.3 (0.8)
	Male	27.2 (0.7)	11.6 (0.5)	61.2 (0.7)
Race/Ethnicity	White non-Hispanic	30.6 (0.7)	11.0 (0.4)	58.5 (0.7)
	Black non-Hispanic	40.6 (1.7)	10.0 (1.1)	49.4 (1.9)
	Hispanic	37.8 (1.8)	7.8 (0.9)	54.4 (1.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 2.16. Mortality Rates Among All Medicare Beneficiaries by Age, Sex, and Race/Ethnicity, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)
Overall	--	4.0 (0.2)
Age	<65 Years	1.8 (0.4)
	65-74 Years	2.0 (0.2)
	75-84 Years	4.6 (0.3)
	85+ Years	14.6 (0.9)
Sex	Female	3.7 (0.2)
	Male	4.4 (0.3)
Race/Ethnicity	White non-Hispanic	4.3 (0.2)
	Black non-Hispanic	3.2 (0.6)
	Hispanic	3.0 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 2.17. Number of Chronic Conditions Among All Medicare Beneficiaries by Age, Sex, Race/Ethnicity, and Type of Medicare Coverage, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)			
		0-1	2-3	4-5	6 or more
Overall	--	18.1 (0.5)	39.8 (0.7)	29.9 (0.6)	12.2 (0.4)
Age	<65 Years	18.3 (1.0)	33.3 (1.6)	32.0 (1.5)	16.5 (1.4)
	65+ Years	18.0 (0.6)	41.3 (0.7)	29.4 (0.6)	11.3 (0.4)
Sex	Female	15.6 (0.6)	36.6 (0.8)	32.2 (0.8)	15.7 (0.6)
	Male	21.2 (0.8)	43.9 (1.0)	27.0 (0.7)	8.0 (0.5)
Race/ Ethnicity	White non-Hispanic	18.6 (0.6)	40.0 (0.7)	29.9 (0.7)	11.5 (0.5)
	Black non-Hispanic	15.4 (1.3)	42.4 (1.9)	29.5 (1.8)	12.8 (1.1)
	Hispanic	17.7 (1.7)	37.5 (1.8)	27.9 (1.6)	16.9 (1.5)
Type of Medicare Coverage	Traditional FFS Medicare	18.5 (0.6)	40.0 (0.8)	29.7 (0.6)	11.9 (0.5)
	Medicare Advantage	17.3 (0.8)	39.6 (1.1)	30.2 (1.0)	12.9 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

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

Table 2.18. Self-Reported Exercise Among Medicare Beneficiaries Residing in the Community by Sex, Race/Ethnicity, and Poverty Status, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Sedentary	Active	Highly Active
Overall	--	45.3 (0.7)	11.8 (0.4)	42.8 (0.6)
Sex	Female	50.4 (0.9)	11.5 (0.5)	38.1 (0.8)
	Male	39.1 (0.9)	12.3 (0.6)	48.6 (0.9)
Race/ Ethnicity	White non-Hispanic	41.9 (0.8)	12.0 (0.5)	46.0 (0.7)
	Black non-Hispanic	60.7 (1.8)	10.9 (1.5)	28.4 (1.5)
	Hispanic	53.4 (2.1)	11.2 (1.2)	35.4 (2.1)
Poverty Status	0 - 100% FPL	61.7 (1.6)	9.2 (0.8)	29.0 (1.4)
	101% - 125% FPL	62.0 (2.2)	10.6 (1.6)	27.4 (1.6)
	126% - 150% FPL	53.0 (2.1)	12.0 (1.4)	35.0 (2.2)
	151% - 200% FPL	51.0 (1.7)	9.6 (1.1)	39.4 (1.6)
	201% FPL and above	36.6 (0.8)	13.2 (0.6)	50.3 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year, and includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. This excludes beneficiaries who resided only in a long-term care facility during the year. Beneficiaries who were administered a community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FPL stands for Federal Poverty Level.

Table 2.19. Proportion of Female Medicare Beneficiaries Residing in the Community Who Reported Having a Mammogram by Age, Race/Ethnicity, and Type of Medicare Coverage, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)
Overall	--	48.7 (0.9)
Age	<65 Years	47.8 (2.3)
	65-74 Years	56.7 (1.4)
	75-84 Years	44.2 (1.2)
	85+ Years	23.8 (1.2)
Race/Ethnicity	White non-Hispanic	49.3 (1.1)
	Black non-Hispanic	47.9 (3.2)
	Hispanic	48.3 (2.3)
Type of Medicare Coverage	Traditional FFS Medicare	47.3 (1.2)
	Medicare Advantage	51.1 (1.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year, and includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. This excludes beneficiaries who resided only in a long-term care facility during the year. Beneficiaries who were administered a community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FFS stands for Fee-for-Service. The mammogram measure is coded as "Yes" if it was done in the last year.

Table 2.20. Proportion of Female Medicare Beneficiaries Residing in the Community Who Reported Having a Hysterectomy by Age, Race/Ethnicity, and Type of Medicare Coverage, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)
Overall	--	43.0 (0.7)
Age	<65 Years	38.6 (1.9)
	65-74 Years	40.5 (1.3)
	75-84 Years	49.5 (1.1)
	85+ Years	46.9 (1.6)
Race/Ethnicity	White non-Hispanic	43.8 (0.8)
	Black non-Hispanic	45.0 (2.8)
	Hispanic	37.8 (2.4)
Type of Medicare Coverage	Traditional FFS Medicare	43.2 (1.0)
	Medicare Advantage	42.7 (1.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year, and includes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility. This excludes beneficiaries who resided only in a long-term care facility during the year. Beneficiaries who were administered a community interview answered questions themselves, unless they were unable to do so. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. FFS stands for Fee-for-Service.

Table 3.1. Usual Source of Care Among Medicare Beneficiaries Residing Only in the Community by Type of Medicare Coverage, 2015

Measure	Estimate - % (St. Error)		
	Overall	Traditional FFS Medicare	Medicare Advantage
Doctor's office	68.6 (1.2)	68.9 (1.2)	68.1 (1.7)
Medical clinic	12.6 (0.9)	12.6 (0.9)	12.7 (1.2)
Other clinic/health center	4.8 (0.3)	5.7 (0.4)	3.3 (0.3)
None	8.7 (0.5)	9.2 (0.6)	7.8 (0.7)
Hospital/OPD/ER	1.9 (0.3)	2.2 (0.4)	1.3 (0.3)
Managed care center	3.4 (0.4)	1.5 (0.3)	6.8 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. FFS stands for Fee-for-Service. OPD stands for Outpatient Department. ER stands for Emergency Room.

Table 3.2. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community, 2015

Measure	Estimate - % (St. Error)
When Sick, Keep it to Yourself	39.7 (0.7)
Visit a Doctor as Soon as You Feel Bad	35.9 (0.7)
Avoid Going to the Doctor	28.8 (0.6)
Worry About Your Health More than Others	25.1 (0.6)
Had a Problem and Did Not Seek Doctor	11.3 (0.4)
Ever Had a Prescription You Did Not Fill	7.3 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Table 3.3. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2015

Measure	Estimate - % (St. Error)				
	Overall	<65 years	65-74 years	75-84 years	85+ years
When Sick, Keep it to Yourself	39.7 (0.7)	50.5 (1.6)	38.2 (1.0)	36.1 (0.9)	34.5 (1.0)
Visit a Doctor as Soon as You Feel Bad	35.9 (0.7)	40.0 (1.6)	32.8 (0.9)	36.7 (1.0)	42.0 (1.6)
Avoid Going to the Doctor	28.8 (0.6)	39.2 (1.6)	27.1 (1.0)	26.0 (0.7)	23.4 (1.1)
Worry About Your Health More than Others	25.1 (0.6)	54.2 (1.5)	18.9 (0.8)	18.5 (0.6)	15.3 (1.0)
Had a Problem and Did Not Seek Doctor	11.3 (0.4)	21.9 (1.3)	9.6 (0.6)	8.2 (0.4)	6.2 (0.6)
Ever Had a Prescription You Did Not Fill	7.3 (0.4)	13.3 (1.0)	6.9 (0.6)	4.7 (0.4)	3.6 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Table 3.4. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Sex, 2015

Measure	Estimate - % (St. Error)		
	Overall	Female	Male
When Sick, Keep it to Yourself	39.7 (0.7)	41.8 (0.8)	37.2 (1.0)
Visit a Doctor as Soon as You Feel Bad	35.9 (0.7)	35.7 (0.8)	36.1 (1.1)
Avoid Going to the Doctor	28.8 (0.6)	31.0 (0.8)	26.2 (0.8)
Worry About Your Health More than Others	25.1 (0.6)	24.9 (0.8)	25.4 (0.8)
Had a Problem and Did Not Seek Doctor	11.3 (0.4)	12.9 (0.5)	9.4 (0.5)
Ever Had a Prescription You Did Not Fill	7.3 (0.4)	8.4 (0.5)	6.0 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Table 3.5. Indicators of Propensity to Seek Care Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, 2015

Measure	Estimate - % (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
When Sick, Keep it to Yourself	39.7 (0.7)	39.4 (0.8)	40.0 (1.9)	40.1 (1.8)
Visit a Doctor as Soon as You Feel Bad	35.9 (0.7)	31.0 (0.7)	43.9 (1.9)	59.0 (2.4)
Avoid Going to the Doctor	28.8 (0.6)	25.7 (0.7)	33.9 (2.0)	44.2 (2.1)
Worry About Your Health More than Others	25.1 (0.6)	19.2 (0.6)	37.7 (1.7)	54.3 (2.0)
Had a Problem and Did Not Seek Doctor	11.3 (0.4)	10.2 (0.4)	14.4 (1.4)	13.6 (1.3)
Ever Had a Prescription You Did Not Fill	7.3 (0.4)	7.1 (0.5)	9.5 (1.2)	7.0 (0.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

Table 3.6. Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community, 2015

Measure	Estimate - % (St. Error)			
	(Very) Unsatisfied	Satisfied	Very satisfied	No experience
General Care	3.8 (0.2)	40.2 (0.8)	50.8 (0.9)	5.1 (0.3)
Follow-up Care	3.1 (0.3)	47.2 (0.7)	33.4 (0.7)	16.3 (0.5)
Information from Doctor	5.4 (0.3)	54.8 (0.7)	35.0 (0.7)	4.8 (0.3)
Doctor's Concern for Overall Health	4.9 (0.2)	53.6 (0.7)	36.4 (0.7)	5.2 (0.3)
Night and Weekend Availability	5.0 (0.3)	29.6 (0.6)	19.2 (0.7)	46.2 (0.9)
Ease of Access to Doctor	4.7 (0.3)	49.9 (0.8)	41.9 (0.7)	3.5 (0.2)
Can Obtain Care in Same Location	7.7 (0.4)	49.3 (0.7)	29.0 (0.7)	13.9 (0.6)
Cost	17.0 (0.5)	49.6 (0.7)	28.1 (0.6)	5.2 (0.3)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied".

Table 3.7. Satisfaction with Quality of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2015

Measure	Age	Estimate - % (St. Error)			
		(Very) Unsatisfied	Satisfied	Very satisfied	No experience
General Care	<65 years	7.0 (0.8)	45.8 (1.5)	41.3 (1.5)	6.0 (0.8)
	65-74 years	3.3 (0.3)	35.7 (1.2)	55.3 (1.3)	5.7 (0.4)
	75-84 years	2.9 (0.2)	42.1 (0.9)	51.0 (0.8)	4.0 (0.4)
	85+ years	2.8 (0.4)	48.0 (1.3)	46.0 (1.3)	3.2 (0.6)
Follow-up Care	<65 years	5.3 (0.8)	53.4 (1.6)	28.2 (1.5)	13.2 (1.0)
	65-74 years	2.7 (0.4)	42.9 (1.0)	36.5 (1.1)	17.9 (0.8)
	75-84 years	2.5 (0.3)	49.2 (1.0)	33.3 (0.8)	15.0 (0.7)
	85+ years	2.6 (0.4)	51.7 (1.3)	28.3 (1.2)	17.4 (1.1)
Information from Doctor	<65 years	9.6 (0.9)	57.6 (1.6)	27.2 (1.3)	5.6 (0.8)
	65-74 years	4.1 (0.4)	51.2 (1.1)	39.3 (1.2)	5.3 (0.5)
	75-84 years	4.6 (0.3)	57.3 (0.9)	34.3 (0.8)	3.8 (0.3)
	85+ years	5.6 (0.6)	61.7 (1.2)	29.9 (1.2)	2.7 (0.4)
Doctor's Concern for Overall Health	<65 years	7.6 (0.7)	55.2 (1.7)	31.6 (1.5)	5.6 (0.8)
	65-74 years	4.3 (0.4)	50.5 (0.9)	39.3 (1.0)	5.9 (0.5)
	75-84 years	4.0 (0.3)	56.3 (1.0)	36.0 (1.0)	3.8 (0.4)
	85+ years	4.6 (0.5)	59.9 (1.3)	31.8 (1.2)	3.7 (0.6)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied".

Table 3.8. Satisfaction with Access to and Cost of Care Among Medicare Beneficiaries Residing Only in the Community by Age, 2015

Measure	Age	Estimate - % (St. Error)			
		(Very) Unsatisfied	Satisfied	Very satisfied	No experience
Night and Weekend Availability	<65 years	8.5 (0.8)	38.3 (1.6)	18.0 (1.3)	35.1 (1.6)
	65-74 years	4.3 (0.5)	26.6 (1.0)	20.6 (1.0)	48.6 (1.2)
	75-84 years	4.1 (0.4)	28.3 (0.8)	18.3 (0.7)	49.3 (1.0)
	85+ years	4.1 (0.5)	31.2 (1.3)	16.4 (1.0)	48.4 (1.6)
Ease of Access to Doctor	<65 years	8.2 (0.8)	55.8 (1.7)	31.3 (1.5)	4.7 (0.7)
	65-74 years	3.8 (0.5)	45.6 (1.1)	46.9 (1.1)	3.7 (0.4)
	75-84 years	3.6 (0.3)	51.8 (1.0)	42.0 (1.0)	2.6 (0.3)
	85+ years	4.9 (0.5)	56.2 (1.3)	36.3 (1.3)	2.6 (0.4)
Can Obtain Care in Same Location	<65 years	12.0 (1.0)	51.8 (1.7)	25.1 (1.4)	11.1 (1.0)
	65-74 years	6.8 (0.6)	46.8 (1.1)	31.3 (1.2)	15.1 (1.0)
	75-84 years	6.9 (0.5)	51.0 (1.1)	28.4 (0.8)	13.7 (0.8)
	85+ years	5.5 (0.7)	53.3 (1.2)	26.9 (1.1)	14.2 (0.9)
Cost	<65 years	24.1 (1.4)	47.7 (1.3)	21.2 (1.1)	7.1 (0.8)
	65-74 years	16.6 (0.8)	48.1 (1.0)	30.1 (1.0)	5.2 (0.5)
	75-84 years	14.2 (0.6)	52.1 (0.9)	29.4 (0.9)	4.3 (0.4)
	85+ years	11.5 (0.8)	56.2 (1.1)	28.7 (1.0)	3.7 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied".

Table 3.9. Level of Knowledge of the Medicare Program Among Medicare Beneficiaries Residing Only in the Community Overall and by Age, Sex, and Race/Ethnicity, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)		
		Little or none	Some	Most or all
Overall	--	27.3 (0.6)	34.0 (0.6)	38.7 (0.6)
Age	<65 years	35.4 (1.6)	34.9 (1.7)	29.7 (1.4)
	65-74 years	24.8 (1.1)	34.7 (1.1)	40.5 (1.1)
	75-84 years	25.5 (0.7)	32.9 (0.9)	41.7 (0.9)
	85+ years	29.3 (1.2)	30.8 (1.5)	39.9 (1.5)
Sex	Female	26.8 (0.9)	35.3 (0.9)	37.9 (0.9)
	Male	28.0 (0.9)	32.4 (0.8)	39.6 (1.0)
Race/Ethnicity	White non-Hispanic	25.9 (0.7)	33.4 (0.7)	40.6 (0.7)
	Black non-Hispanic	27.3 (2.1)	38.6 (1.8)	34.2 (2.3)
	Hispanic	38.4 (1.8)	31.2 (1.8)	30.4 (1.9)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

Table 3.10. Difficulty Obtaining Care and Delayed Care Due to Cost Among Medicare Beneficiaries Residing Only in the Community by Type of Medicare Coverage, 2015

Measure	Measure Values	Estimate - % (St. Error)		
		Overall	Traditional FFS Medicare	Medicare Advantage
Difficulty Obtaining Care	Yes	7.3 (0.3)	7.0 (0.4)	7.7 (0.6)
	No	92.7 (0.3)	93.0 (0.4)	92.3 (0.6)
Delayed Care Due to Cost	Yes	10.0 (0.4)	9.5 (0.5)	10.8 (0.7)
	No	90.0 (0.4)	90.5 (0.5)	89.2 (0.7)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. FFS stands for Fee-for-Service.

Table 3.11. Indicators of Satisfaction with Care Among Medicare Beneficiaries Residing Only in the Community by Type of Medicare Coverage, 2015

Measure	Type of Medicare Coverage	Estimate - % (St. Error)			
		(Very) Unsatisfied	Satisfied	Very satisfied	No experience
General Care	Traditional FFS Medicare	3.9 (0.3)	39.4 (1.0)	51.1 (1.1)	5.6 (0.4)
	Medicare Advantage	3.7 (0.3)	41.7 (1.0)	50.2 (1.1)	4.4 (0.4)
Follow-up Care	Traditional FFS Medicare	3.3 (0.3)	46.7 (0.8)	34.7 (1.0)	15.3 (0.6)
	Medicare Advantage	2.7 (0.4)	48.1 (1.1)	31.1 (0.9)	18.1 (0.8)
Information from Doctor	Traditional FFS Medicare	5.5 (0.4)	54.4 (1.0)	35.3 (1.0)	4.9 (0.3)
	Medicare Advantage	5.3 (0.4)	55.6 (1.1)	34.5 (1.1)	4.7 (0.5)
Doctor's Concern for Overall Health	Traditional FFS Medicare	4.9 (0.3)	53.1 (0.9)	36.5 (0.9)	5.6 (0.4)
	Medicare Advantage	5.0 (0.5)	54.5 (1.0)	36.1 (1.0)	4.4 (0.4)
Night and Weekend Availability	Traditional FFS Medicare	5.5 (0.5)	30.0 (0.8)	19.1 (0.8)	45.4 (0.9)
	Medicare Advantage	4.2 (0.4)	28.9 (0.9)	19.3 (0.9)	47.6 (1.3)
Ease of Access to Doctor	Traditional FFS Medicare	4.9 (0.3)	49.0 (1.0)	42.1 (0.8)	4.0 (0.3)
	Medicare Advantage	4.2 (0.4)	51.7 (0.9)	41.4 (1.0)	2.7 (0.3)
Can Obtain Care in Same Location	Traditional FFS Medicare	8.1 (0.6)	48.4 (0.8)	28.3 (0.9)	15.2 (0.7)
	Medicare Advantage	7.0 (0.6)	51.1 (0.9)	30.4 (1.0)	11.5 (0.7)
Cost	Traditional FFS Medicare	16.9 (0.7)	48.0 (0.8)	29.8 (0.8)	5.3 (0.4)
	Medicare Advantage	17.1 (0.8)	52.6 (1.1)	25.1 (0.9)	5.1 (0.5)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. FFS stands for Fee-for-Service. The category "(Very) Unsatisfied" includes beneficiaries whose response to the question was "unsatisfied" or "very unsatisfied".

Table 3.12. Satisfied with the Availability of Information on the Medicare Program Among Medicare Beneficiaries Residing Only in the Community by Age, Sex, and Race/Ethnicity, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)
Overall	--	88.8 (0.5)
Age	<65 years	82.6 (1.2)
	65-74 years	89.1 (0.8)
	75-84 years	91.5 (0.5)
	85+ years	92.9 (0.7)
Sex	Female	88.1 (0.6)
	Male	89.6 (0.7)
Race/Ethnicity	White non-Hispanic	89.0 (0.5)
	Black non-Hispanic	87.7 (1.3)
	Hispanic	89.4 (1.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

Table 4.1. User Rates of Health Care Services Among All Medicare Beneficiaries, 2015

Measure	Estimate - % (St. Error)
Physician/Supplier Services	96.1 (0.3)
Prescription Drugs	89.2 (0.4)
Outpatient Hospital Services	73.4 (0.6)
Dental Services	49.2 (0.7)
Inpatient Hospital Services	16.0 (0.4)
Medicare Home Health Services	14.1 (0.5)
Skilled Nursing Facilities	4.4 (0.2)
Long-Term Nursing Home Care	4.4 (0.2)
Medicare Hospice Services	2.4 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2015.

NOTES: For definitions of key terms and information on the construction of measures, see the glossary.

Table 4.2. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community, 2015

Measure	Estimate - % (St. Error)
Physician/Supplier Services	96.1 (0.3)
Prescription Drugs	92.8 (0.4)
Outpatient Hospital Services	73.6 (0.6)
Dental Services	49.9 (0.8)
Inpatient Hospital Services	15.2 (0.4)
Medicare Home Health Services	13.9 (0.5)
Medicare Hospice Services	1.6 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Table 4.3. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Age, 2015

Measure	Estimate - % (St. Error)				
	Overall	<65 years	65-74 years	75-84 years	85+ years
Physician/Supplier Services	96.1 (0.3)	91.9 (1.0)	96.5 (0.5)	97.9 (0.3)	98.1 (0.5)
Prescription Drugs	92.8 (0.4)	88.6 (1.2)	92.0 (0.6)	96.2 (0.4)	96.5 (0.7)
Outpatient Hospital Services	73.6 (0.6)	70.7 (1.4)	72.4 (1.0)	77.5 (0.9)	75.3 (1.5)
Dental Services	49.9 (0.8)	37.5 (1.7)	55.2 (1.1)	51.2 (1.1)	43.8 (1.6)
Inpatient Hospital Services	15.2 (0.4)	15.5 (1.2)	12.3 (0.7)	17.8 (0.7)	23.0 (1.3)
Medicare Home Health Services	13.9 (0.5)	14.1 (1.1)	8.9 (0.6)	17.0 (0.8)	31.0 (1.5)
Medicare Hospice Services	1.6 (0.1)	*	1.0 (0.2)	2.0 (0.3)	6.3 (0.8)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the technical appendix.

Table 4.4. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Sex, 2015

Measure	Estimate - % (St. Error)		
	Overall	Female	Male
Physician/Supplier Services	96.1 (0.3)	96.7 (0.4)	95.5 (0.5)
Prescription Drugs	92.8 (0.4)	93.7 (0.6)	91.6 (0.7)
Outpatient Hospital Services	73.6 (0.6)	75.9 (0.8)	70.8 (0.9)
Dental Services	49.9 (0.8)	51.7 (1.0)	47.7 (1.0)
Inpatient Hospital Services	15.2 (0.4)	15.2 (0.6)	15.3 (0.6)
Medicare Home Health Services	13.9 (0.5)	16.2 (0.7)	11.2 (0.5)
Medicare Hospice Services	1.6 (0.1)	1.3 (0.2)	1.9 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Table 4.5. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, 2015

Measure	Estimate - % (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
Physician/Supplier Services	96.1 (0.3)	96.6 (0.4)	93.8 (1.0)	95.3 (0.9)
Prescription Drugs	92.8 (0.4)	92.9 (0.5)	91.3 (1.4)	92.4 (1.3)
Outpatient Hospital Services	73.6 (0.6)	75.0 (0.7)	72.2 (1.8)	66.9 (2.4)
Dental Services	49.9 (0.8)	53.9 (0.9)	35.9 (1.9)	38.5 (2.0)
Inpatient Hospital Services	15.2 (0.4)	15.5 (0.5)	15.2 (1.2)	14.3 (1.5)
Medicare Home Health Services	13.9 (0.5)	12.9 (0.5)	19.9 (1.6)	14.4 (1.5)
Medicare Hospice Services	1.6 (0.1)	1.6 (0.2)	*	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the technical appendix.

Table 4.6. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community by Self-Reported Health Status, 2015

Measure	Estimate - % (St. Error)		
	Overall	Fair/poor	Excellent/very good/good
Physician/Supplier Services	96.1 (0.3)	96.1 (0.6)	96.4 (0.4)
Prescription Drugs	92.8 (0.4)	94.8 (0.8)	92.4 (0.5)
Outpatient Hospital Services	73.6 (0.6)	78.8 (1.1)	72.0 (0.8)
Dental Services	49.9 (0.8)	35.9 (1.2)	56.1 (0.9)
Inpatient Hospital Services	15.2 (0.4)	21.5 (1.1)	11.4 (0.5)
Medicare Home Health Services	13.9 (0.5)	23.1 (1.1)	9.5 (0.5)
Medicare Hospice Services	1.6 (0.1)	1.0 (0.2)	0.2 (0.1)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: Percentages may not sum to 100 percent due to rounding. For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Table 4.7. User Rates of Selected Health Care Services Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, 2015

Measure	Estimate - % (St. Error)
Physician/Supplier Services	96.6 (0.3)
Prescription Drugs	91.9 (0.5)
Outpatient Hospital Services	76.6 (0.8)
Dental Services	51.0 (1.0)
Inpatient Hospital Services	16.9 (0.6)
Medicare Home Health Services	14.9 (0.7)
Medicare Hospice Services	1.6 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

Table 4.8. User Rates of Skilled Nursing Facilities Among All Medicare Beneficiaries, Overall and by Age, Sex, Race/Ethnicity, and Self-Reported Health Status, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)
Overall	--	4.4 (0.2)
Age	<65 years	2.5 (0.4)
	65-74 years	2.5 (0.3)
	75-84 years	6.2 (0.4)
	85+ years	11.4 (0.9)
Sex	Female	4.9 (0.3)
	Male	3.7 (0.3)
Race/Ethnicity	White non-Hispanic	4.7 (0.3)
	Black non-Hispanic	3.6 (0.6)
	Hispanic	2.9 (0.7)
Self-Reported Health Status	Fair/poor	7.2 (0.6)
	Excellent/very good/good	2.3 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

Table 4.9. User Rates of Long-Term Nursing Home Care Among All Medicare Beneficiaries, Overall and by Age, Sex, Race/Ethnicity, and Self-Reported Health Status, 2015

Breakdown	Breakdown Category	Estimate - % (St. Error)
Overall	--	4.4 (0.2)
Age	<65 years	2.9 (0.4)
	65-74 years	1.5 (0.2)
	75-84 years	4.3 (0.3)
	85+ years	19.1 (0.8)
Sex	Female	5.5 (0.2)
	Male	3.1 (0.2)
Race/Ethnicity	White non-Hispanic	4.8 (0.2)
	Black non-Hispanic	3.6 (0.6)
	Hispanic	2.9 (0.4)
Self-Reported Health Status	Fair/poor	7.4 (0.5)
	Excellent/very good/good	2.1 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

Table 4.10. User Rates of Skilled Nursing Facility and Long-Term Nursing Home Care Services Among Medicare Beneficiaries with Fee-for-Service Coverage, 2015

Measure	Estimate - % (St. Error)
Skilled Nursing Facilities	4.9 (0.3)
Long-Term Nursing Home Care	5.0 (0.2)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

Table 5.1a. Total Expenditures Among All Medicare Beneficiaries Overall and for Selected Service Types, in Dollars (Millions), 2015

Measure	Estimate - \$ (St. Error)
Total Expenditures	923,532 (17,178)
Prescription Drugs	232,147 (7,849)
Physician/Supplier Services	198,681 (4,056)
Inpatient Hospital Services	179,662 (7,404)
Long-Term Nursing Home Care	110,503 (5,008)
Outpatient Hospital Services	100,191 (4,282)
Skilled Nursing Facilities	40,592 (3,025)
Dental Services	24,232 (687)
Medicare Home Health Services	21,416 (1,245)
Medicare Hospice Services	16,108 (1,510)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2015.

NOTES: For definitions of key terms and information on the construction of measures, see the glossary.

Table 5.1b. Total Expenditures Among All Medicare Beneficiaries by Source of Payment, 2015

Measure	Estimate - % (St. Error)
Medicare	62.8 (0.6)
Out-of-Pocket	17.3 (0.4)
Private	6.7 (0.2)
Medicaid	7.4 (0.4)
Other Source	5.9 (0.4)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2015.

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

Table 5.2. Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2015

Measure	Estimate - \$ (St. Error)
Prescription Drugs	4,229 (143)
Physician/Supplier Services	3,444 (73)
Inpatient Hospital Services	2,992 (138)
Outpatient Hospital Services	1,728 (78)
Dental Services	442 (13)
Medicare Home Health Services	349 (23)
Medicare Hospice Services	156 (19)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2015.

NOTES: For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Table 5.3. Total Out-of-Pocket Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community, in Dollars, 2015

Measure	Estimate - \$ (St. Error)
Prescription Drugs	727 (21)
Physician/Supplier Services	680 (21)
Dental Services	328 (10)
Outpatient Hospital Services	131 (7)
Inpatient Hospital Services	52 (9)
Medicare Home Health Services	*
Medicare Hospice Services	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Cost Supplement File, 2015.

NOTES: For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. 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 5.4. Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Age, in Dollars, 2015

Measure	Estimate - \$ (St. Error)				
	Overall	<65 years	65-74 years	75-84 years	85+ years
Prescription Drugs	4,229 (143)	7,865 (578)	3,340 (180)	3,686 (170)	2,980 (182)
Physician/Supplier Services	3,444 (73)	3,297 (182)	3,156 (116)	3,856 (118)	4,139 (189)
Inpatient Hospital Services	2,992 (138)	3,135 (321)	2,440 (193)	3,526 (246)	4,147 (479)
Outpatient Hospital Services	1,728 (78)	2,128 (180)	1,479 (87)	1,961 (150)	1,614 (122)
Dental Services	442 (13)	265 (25)	509 (20)	467 (26)	384 (38)
Medicare Home Health Services	349 (23)	250 (48)	179 (20)	485 (46)	1,061 (111)
Medicare Hospice Services	156 (19)	*	64 (19)	149 (30)	813 (136)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the technical appendix.

Table 5.5. Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Sex, in Dollars, 2015

Measure	Estimate - \$ (St. Error)		
	Overall	Female	Male
Prescription Drugs	4,229 (143)	4,198 (179)	4,268 (202)
Physician/Supplier Services	3,444 (73)	3,619 (104)	3,235 (100)
Inpatient Hospital Services	2,992 (138)	2,864 (198)	3,146 (192)
Outpatient Hospital Services	1,728 (78)	1,605 (92)	1,875 (109)
Dental Services	442 (13)	458 (17)	423 (22)
Medicare Home Health Services	349 (23)	423 (32)	262 (26)
Medicare Hospice Services	156 (19)	141 (24)	175 (33)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year.

Table 5.6. Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Race/Ethnicity, in Dollars, 2015

Measure	Estimate - \$ (St. Error)			
	Overall	White non-Hispanic	Black non-Hispanic	Hispanic
Prescription Drugs	4,229 (143)	4,015 (148)	4,715 (453)	5,199 (639)
Physician/Supplier Services	3,444 (73)	3,598 (91)	2,888 (194)	2,854 (183)
Inpatient Hospital Services	2,992 (138)	2,978 (153)	2,829 (426)	3,247 (545)
Outpatient Hospital Services	1,728 (78)	1,720 (94)	1,804 (208)	1,546 (176)
Dental Services	442 (13)	486 (17)	201 (24)	366 (34)
Medicare Home Health Services	349 (23)	320 (22)	537 (86)	356 (70)
Medicare Hospice Services	156 (19)	147 (18)	*	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the technical appendix.

Table 5.7. Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community by Self-Reported Health Status, in Dollars, 2015

Measure	Estimate - \$ (St. Error)		
	Overall	Fair/poor	Excellent/very good/good
Prescription Drugs	4,229 (143)	7,665 (468)	3,175 (131)
Physician/Supplier Services	3,444 (73)	4,581 (185)	2,974 (85)
Inpatient Hospital Services	2,992 (138)	4,153 (317)	2,017 (136)
Outpatient Hospital Services	1,728 (78)	2,701 (212)	1,397 (91)
Dental Services	442 (13)	313 (22)	505 (17)
Medicare Home Health Services	349 (23)	655 (61)	210 (21)
Medicare Hospice Services	156 (19)	210 (62)	*

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year. This excludes beneficiaries who resided part of the year in the community and part of the year in a long-term care facility, and beneficiaries who resided only in a long-term care facility during the year. Estimates for Medicare Hospice Services are not presented due to suppression and are represented by an asterisk (*) in the table. For more information about suppression guidelines, see the technical appendix.

Table 5.8. Total Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Residing Only in the Community with Fee-for-Service Coverage, in Dollars, 2015

Measure	Estimate - \$ (St. Error)
Physician/Supplier Services	4,327 (100)
Prescription Drugs	4,291 (173)
Inpatient Hospital Services	3,383 (180)
Outpatient Hospital Services	2,223 (115)
Medicare Home Health Services	490 (34)
Dental Services	472 (17)
Medicare Hospice Services	161 (27)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented for beneficiaries who resided only in the community during the year and had Medicare Fee-for-Service coverage.

Table 5.9. Skilled Nursing Facility Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Self-Reported Health Status, in Dollars, 2015

Breakdown	Breakdown Category	Estimate - \$ (St. Error)
Overall	--	16,255 (852)
Age	<65 years	*
	65-74 years	12,748 (1,334)
	75-84 years	17,154 (1,382)
	85+ years	19,145 (1,523)
Sex	Female	17,770 (1,206)
	Male	13,807 (1,218)
Race/Ethnicity	White non-Hispanic	16,231 (911)
	Black non-Hispanic	*
	Hispanic	*
Self-Reported Health Status	Fair/poor	20,475 (1,519)
	Excellent/very good/good	12,210 (1,438)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

Table 5.10. Long-Term Nursing Home Care Expenditures per User Overall and by Age, Sex, Race/Ethnicity, and Self-Reported Health Status, in Dollars, 2015

Breakdown	Breakdown Category	Estimate - \$ (St. Error)
Overall	--	43,906 (1,280)
Age	<65 years	39,860 (4,823)
	65-74 years	45,778 (3,405)
	75-84 years	44,493 (2,023)
	85+ years	44,011 (1,858)
Sex	Female	43,932 (1,467)
	Male	43,848 (2,750)
Race/Ethnicity	White non-Hispanic	43,211 (1,435)
	Black non-Hispanic	52,943 (5,295)
	Hispanic	51,285 (4,762)
Self-Reported Health Status	Fair/poor	53,487 (2,054)
	Excellent/very good/good	46,036 (2,250)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

NOTES: For definitions of key terms and information on the construction of measures, see the glossary. Estimates are presented only for beneficiaries who used a given service at least once in the previous year. Estimates are not presented for the "other race/ethnicity" category, although they are included in the total.

Table 5.11. Total Out-of-Pocket Expenditures per User for Skilled Nursing Facilities and Long-Term Nursing Home Care, 2015

Measure	Estimate - \$ (St. Error)
Skilled Nursing Facilities	1,996 (305)
Long-Term Nursing Home Care	18,318 (910)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

Table 5.12. Total Expenditures per User for Skilled Nursing Facilities and Long-Term Nursing Home Care Among Medicare Beneficiaries with Fee-for-Service Coverage, in Dollars, 2015

Measure	Estimate - \$ (St. Error)
Skilled Nursing Facilities	18,822 (1,078)
Long-Term Nursing Home Care	44,447 (1,595)

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2015 and Cost Supplement File, 2015.

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

APPENDICES

APPENDICES

Appendix A: Glossary

In addition to providing definitions of key terms, this glossary includes information on the construction of the analytic variables used to create the estimates in this Chartbook. These analytic variables may differ from the variables in the MCBS Limited Data Set files (LDS) files themselves, for example, as a result of recoding into new categories or combining multiple variables together to create composite indicators. Unless otherwise noted in the glossary, the variables used to create the Chartbook measures come from survey-reported data. For more information about the construction and definitions of the LDS variables, please consult the 2015 MCBS codebooks available on the CMS MCBS website.

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

Activities of daily living (ADLs): Activities of daily living are activities related to personal care. They include bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating. If a Community-dwelling beneficiary had any difficulty performing an activity by himself/herself and without special equipment, or did not perform the activity at all because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey.

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

Alcohol use: The measure for alcohol use is constructed in a multi-step pattern and is based on sex of the beneficiary. If a beneficiary of either sex reported zero days a month of drinking, he/she is categorized as a nondrinker. For men who reported a positive number of days a month of drinking, if the beneficiary reported two or fewer drinks per day, he is categorized as a moderate drinker, and if he reports drinking more than two per day, he is categorized as a heavy drinker. For women who reported a positive number of days a month of drinking, if a beneficiary reports drinking one drink per day, she is categorized as a moderate drinker, and if she reports drinking more than one per day, she is categorized as a heavy drinker.

Arthritis: The category arthritis includes rheumatoid arthritis, osteoarthritis (for Community-dwelling beneficiaries), and other forms of arthritis.

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

Blood pressure screening: Community-dwelling beneficiaries are coded as having a blood pressure screening if they reported having at least one screening in the last 12 months. Receipt of blood pressure screening is not recorded in the Facility Component.

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

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

Claim-only event: A claim-only event is a medical service or event known only through the presence of a Medicare fee-for-service claim from *administrative* data. The event represented in the data did not originate from an event or service reported by a respondent during an interview.

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

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

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

Depression: A beneficiary is coded as having depression if he/she answers "all of the time" or "most of the time" to the question "In the past 12 months, how much of the time did you feel sad, blue, or depressed? Would you say you were sad or depressed all of the time, most of the time, some of the time, a little of the time, or none of the time?" and/or answers "yes" to the question "In the past 12 months, have you had 2 weeks or more when you lost interest or pleasure in things that you usually cared about or enjoyed?"

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

Dual eligibility: 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 in the year in which he or she qualified as dually eligible.

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

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

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

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

Falls: Falls are only coded for a beneficiary if a beneficiary reported a fall in the last 12 months that resulted in an injury. Falls that did not result in an injury are not included in this measure.

Flu shot: Receipt of flu shot is obtained differently for beneficiaries residing in the community and those residing in facilities. Community-dwelling beneficiaries are coded as having a flu shot if they reported having a flu shot in the period between September and December of the previous calendar year. A staff member indicates receipt of flu shot in the past year for beneficiaries residing in facilities.

Functional limitations: Beneficiaries who reported no limitations in any of the activities of daily living (ADLs) or instrumental activities of daily living (IADLs) due to health problems were included in the category “none.” Otherwise, beneficiaries with one or more ADL limitations or one or more IADL limitations were categorized as having a functional limitation.

Health status: Health status is obtained differently for community- and facility-dwelling beneficiaries. Community-dwelling beneficiaries were asked to rate their general health compared to other people of the same age. Beneficiaries who were administered a community interview answered health status questions themselves, unless they were unable to do so. A staff member answered questions about the beneficiary's health status for long-term care facility interviews.

Hearing trouble: Hearing trouble is coded differently for beneficiaries residing in the community and those residing in facilities. For community-dwelling beneficiaries, hearing trouble includes reporting use of hearing aids, at least a little trouble hearing, at least a little trouble finding Medicare information due to hearing, or at least a little trouble with communicating with a doctor due to hearing. For facility-dwelling beneficiaries, the category includes use of hearing aids or having more than minimal difficulty with hearing.

Heart disease: Heart disease is coded differently for beneficiaries residing in the community and those residing in facilities. For community-dwelling beneficiaries, the category heart disease includes myocardial infarction (heart attack), angina pectoris or coronary heart disease, congestive heart failure, problems with valves in the heart, or problems with rhythm of the heartbeat. For facility-dwelling beneficiaries, the category includes myocardial infarction (heart attack), coronary artery disease, congestive heart failure, and atrial fibrillation/other dysrhythmias.

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

Instrumental activities of daily living (IADLs): Instrumental activities of daily living are activities related to independent living. They include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone. If a community-dwelling beneficiary had any difficulty performing an activity by himself/herself, or did not perform the activity at all, because of health problems, the person was deemed to have a limitation in that activity. The limitation may have been temporary or chronic at the time of the survey.

Insurance coverage:

- Dual eligible status: Dual eligible includes both partial-benefit and full-benefit eligibility for Medicaid. This information is obtained from *administrative* data sources.
- Employer-sponsored insurance (ESI): Up to five types of supplemental insurance are recorded for each beneficiary. Employer-sponsored private insurance encompasses beneficiaries eligible for Part A and/or Part B Medicare benefits, and who had employer-purchased private insurance plans in any of the (up to five) supplemental insurance types. This category also includes types of insurance the beneficiary reported obtaining through a main insured person's employer or union, or a deceased spouse's previous employer or union.
- General Insurance: Up to five types of supplemental insurance are recorded for each beneficiary. A beneficiary is coded as having general insurance (also known as major medical coverage) if any of the five supplemental insurance types are denoted as being general insurance coverage, as opposed to other governmental programs, dental/vision coverage, long-term care insurance, prescription drug-only coverage, life insurance, or other military coverage.
- Medicare Advantage (MA): Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare. An MA provides, or arranges for the provision of, a comprehensive package of health care services to enrolled persons for a fixed capitation payment. The term "Medicare Advantage" includes all types of MAs that contract with Medicare, encompassing risk MAs, cost MAs, and health care prepayment plans (HCPPs). This information is obtained from *administrative* data sources. Beneficiaries were coded as having Medicare Advantage coverage if they had coverage for one or more months out of the calendar year.
- Part D Coverage: Additional, optional coverage for prescription drugs administered by private companies. Coverage status is indicated for records for which *administrative* data are available.
- Self-pay insurance: Up to five types of supplemental insurance are recorded for each beneficiary. Individually-purchased private insurance encompasses beneficiaries eligible for Part A and/or Part B Medicare benefits who had self-purchased private insurance plans, such as "Medigap" insurance, in any of the (up to five) supplemental insurance types. This category includes types of private general insurance and managed care plans obtained directly by the beneficiary or through the American Association of Retired Persons (AARP).
- Supplemental private insurance: Up to five types of supplemental insurance are recorded for each beneficiary. Supplemental private insurance encompasses beneficiaries who reported having employer-sponsored insurance, self-pay insurance, or both employer-sponsored and self-pay across the five recorded insurance types.
- Traditional Fee-for-Service Medicare: Traditional Fee-for-Service Medicare encompasses beneficiaries eligible for Part A and/or Part B Medicare benefits, and who were not enrolled in a Medicare Advantage plan at any time during the data collection year. However, beneficiaries may have had Medicaid coverage or other public insurance coverage, such as a state-sponsored prescription drug plan, or may have been eligible for Department of Veterans Affairs health care benefits. Beneficiaries enrolled in traditional fee-for-service coverage may also have supplemental private insurance coverage, as long as they did not have coverage under a Medicare Advantage plan for any month of the calendar year. Coverage status is indicated for records for which *administrative* data are available.

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

mental health facilities and centers, assisted and foster care homes, and institutions for the intellectually and developmentally disabled.

Long-term nursing home care expenditures: Expenditures for long-term nursing home care in facilities include facility room and board expenses and charges for ancillary services for beneficiaries who resided in a facility for the full year and for beneficiaries who resided in a facility for part of the year and in the community for part of the year. Expenditures for long-term nursing home care are not collected through self-reported data in the survey, but rather through a combination of Medicare *administrative* files and imputations. For more information on collection of long-term nursing home care expenditures, see the 2015 MCBS Methodology Report available on the CMS MCBS website.

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

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

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

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

Memory loss: Memory loss is coded differently for beneficiaries residing in the community and those residing in facilities. For community-dwelling beneficiaries, memory loss refers to those who reported having memory loss interfering with daily activity. Facility-dwelling beneficiaries are coded as having memory loss if long- or short-term memory loss was reported.

Mental condition: The category of mental conditions includes depression, mental and psychiatric disorders other than depression, and intellectual disability.

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

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

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

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

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

Per capita expenditure: The per-capita expenditure is the mean expenditure per Medicare beneficiary during the calendar year 2015. Expenditures computed on a per-capita basis include all expenditures divided by the number of all beneficiaries in the Cost Supplement file. Expenditures and number of beneficiaries are weighted with Cost Supplement ever-enrolled weights.

Per user expenditure: The per-user expenditure is the mean expenditure per service user during the calendar year 2015. Expenditures computed on a per-user basis include all expenditures divided by the number of all beneficiaries in the Cost Supplement file who used the service type at least once. Expenditures and number of beneficiaries are weighted with Cost Supplement ever-enrolled weights.

Personal health care expenditures: Personal health care expenditures consist of health care goods and services purchased directly by individuals. They exclude public program administration costs, the net cost of private health insurance, research by nonprofit groups and government entities, and the value of new construction put in place for hospitals and nursing homes.

- Total expenditures in this Chartbook equal the sum of expenditures by Medicare, Medicaid, private insurance, out-of-pocket, and other sources, as defined below.
- 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 community residents and part-year community/part-year facility residents. For facility residents, private insurance expenditures consist of payments made by private health insurance plans, whose sources (i.e., individual purchase or employer-sponsored) are unknown. No distinction was made during the collection of the facility data as to the source of private health insurance plans.
- Out-of-pocket expenditures consist of direct payments to providers made by the beneficiary, or by another person on behalf of the beneficiary. These payments are for coinsurance amounts, copayments, deductibles, balance billings, and charges for non-Medicare covered services not paid for by public or private insurance plans. 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

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

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 2015, 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 resided in the community, 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 who resided in a long-term care facility, 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.

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

Pneumonia shot: Receipt of pneumonia shot is obtained differently for beneficiaries residing in the community and those residing in facilities. Community-dwelling beneficiaries are coded as having a pneumonia shot if they reported ever having a shot. For facility beneficiaries, receipt of pneumonia shot is collected as part of the Facility Component.

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

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

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

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

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

Race/ethnicity: Responses to race and ethnicity questions are self-reported by the respondent. Respondents who reported they were white and not of Hispanic origin were coded as white non-Hispanic; those who reported they were black/African-American and not of Hispanic origin were coded as black non-Hispanic; persons who reported they were Hispanic, Latino/Latina, or of Spanish origin, regardless of their race, were coded as Hispanic; persons who reported they were American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, two or more races, or other race and not of Hispanic origin were coded as other race/ethnicity.

Residence status: Full-year community residents are Medicare beneficiaries who only completed Community-administered survey instruments during the data collection year. Full-year facility residents are Medicare beneficiaries for whom only Facility-administered interviews were conducted during the data collection year. Beneficiaries who were interviewed at least once in the community and for whom at least one Facility interview was conducted during the data collection year are classified as such. Note that in this Chartbook the term “full-year community” does not always mean the beneficiary resided in the community for 365 days. For instance, beneficiaries who first enrolled in Medicare mid-year and those who were deceased mid-year may be categorized as “full-year community” if they did not reside in a long-term care facility and received community interviews only during the period when they were enrolled in Medicare.

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

Round: The MCBS data collection period. There are three rounds each year, with small numbers of cases overlapping at the round boundaries; winter (January through April); summer (May through August); and fall (September through December).

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

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

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

Smoker: Beneficiaries who reported they had never smoked were categorized as “never smoked.” Beneficiaries who smoked previously but were not current smokers were categorized as “ever smoked.” Beneficiaries who reported they currently smoked were categorized as “current smoker.” Smoking includes a period of regular smoking of cigarettes or pipes, but does not include use of other forms of tobacco, such as chewing tobacco.

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.

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

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

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

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

Veteran: A beneficiary is coded as a veteran if he/she reported ever having served in the armed forces.

Vision problem: Vision problems are coded differently for beneficiaries residing in the community and those residing in facilities. For community beneficiaries, a vision problem includes wearing eyeglasses, reporting having trouble seeing, diagnosed legal blindness, or ever told having cataracts, glaucoma, diabetic retinopathy, or macular degeneration. For facility beneficiaries, a vision problem includes using a visual appliance or reporting some level of visual impairment.

Appendix B: Technical Appendix

Introduction

This technical appendix provides information about the production of the estimates and standard errors presented in the 2015 Chartbook. For details about the MCBS sample design, survey operations, and data files, please see the 2015 MCBS Methodology Report and 2015 Data User's Guide available on the CMS MCBS website. The MCBS New User Tutorial is also available on the CMS MCBS website.

Data Sources

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

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

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

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

Table A.1. 2015 MCBS Data Sources by Chartbook Section

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

The first step in preparing the data for the Chartbook analysis is to extract all of the relevant variables from the LDS files themselves, including survey weights. The MCBS files contain clean data suitable for analysis, but the Chartbook estimates occasionally require performing additional data-related tasks in order to create the

desired presentation. For example, the Chartbook creates age groups for beneficiaries from the age variables in the Survey File, and also combines categories together for demographic variables such as education and race/ethnicity. In addition, some of the measures presented in the Chartbook draw on multiple variables, such as chronic condition measures that are coded based on whether at least one of many possible variable conditions is true. In both of these cases, new variables are generated, referred to as “analytic variables,” rather than overwrite the original LDS file variables. This allows flexibility to develop various chart presentations and allows for tracking all chart and table estimates back to the original source variables. Once all the analytic variables are constructed, a new master dataset is created by including all the analytic variables for each beneficiary. In total, the analytic dataset contains 14,068 beneficiaries from the 2015 Survey File, 9,979 of which have additional information about utilization and spending from the 2015 Cost Supplement File. The Survey File ever-enrolled weights represent the population that was ever enrolled in Medicare for any period during 2015, 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 2015. This threshold is described in the 2015 MCBS Methodology report. These weights were used in producing all Cost Supplement File charts and tables in this Chartbook.

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

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

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

This Chartbook uses the BRR method to generate standard errors for estimates, implementing SAS survey procedures. To explain how this process works in practice, we present an example here using the normal approximation method of computing a confidence interval. Table 1.1 of this Chartbook indicates that 46.7 percent of all Medicare beneficiaries are between the age of 65 and 74. The standard error of this estimate (0.2 percent) can be used to assess its statistical precision by constructing a 95 percent confidence interval, which can be calculated by using the formula

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

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

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

of the same size we would expect the true population proportion to fall within this confidence interval 95 times out of 100.

All estimates in the Chartbook exclude beneficiaries for whom LDS data are missing for a given measure. Imputations were not performed on the LDS file variables used in the production of the Chartbook, as the LDS variables have already undergone thorough editing, quality control checks, and imputation prior to release. For more detailed information regarding data editing and imputation procedures conducted for the 2015 LDS releases, please consult the 2015 MCBS Methodology Report available on the CMS MCBS website.

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

Suppression is used in order to protect the confidentiality of Medicare beneficiaries by avoiding the release of information that can be used to identify individual beneficiaries. Estimates with a denominator of less than 50 sample persons, a numerator of zero sample persons, or a relative standard error of greater than 30 percent are suppressed in the Chartbook.

Statistical Reliability

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

Additional Information

Additional technical questions concerning the MCBS Chartbook may be directed to: MCBS@cms.hhs.gov

To obtain historical copies of any of the *1992–2013 Health and Health Care of the Medicare Population*, please reference the Centers for Medicare and Medicaid Services (CMS) website at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/Data-Tables.html>

For additional information on data access, data users can visit the CMS’ LDS website at [https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures/Data-Agreements/DUA - NewLDS.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures/Data-Agreements/DUA-NewLDS.html)

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