

Program Information

*on Medicare, Medicaid, SCHIP,
and other programs of the*

Centers for Medicare & Medicaid Services



Office of Research, Development, and Information

June 2002 Edition



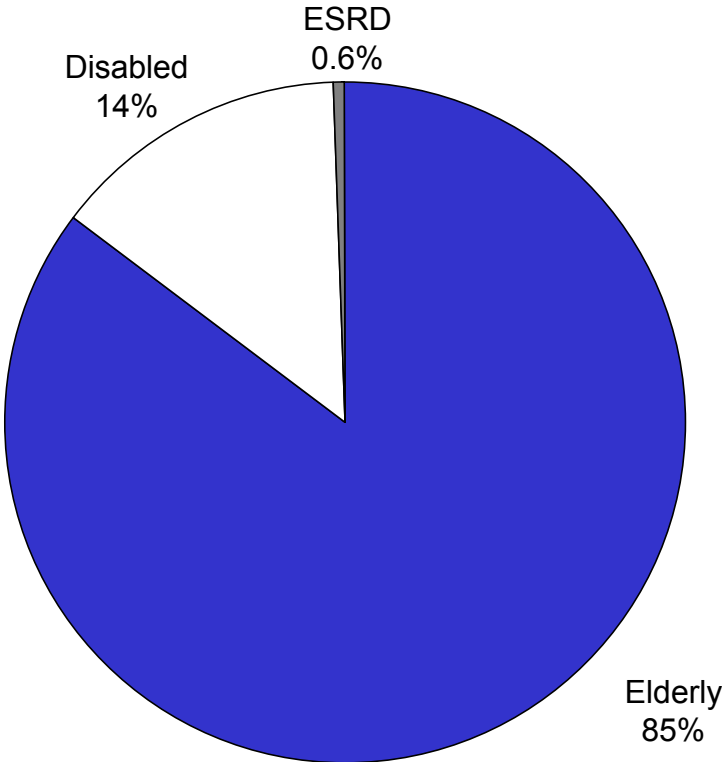
III. Medicare Program Information

B. Profile of Medicare Beneficiaries

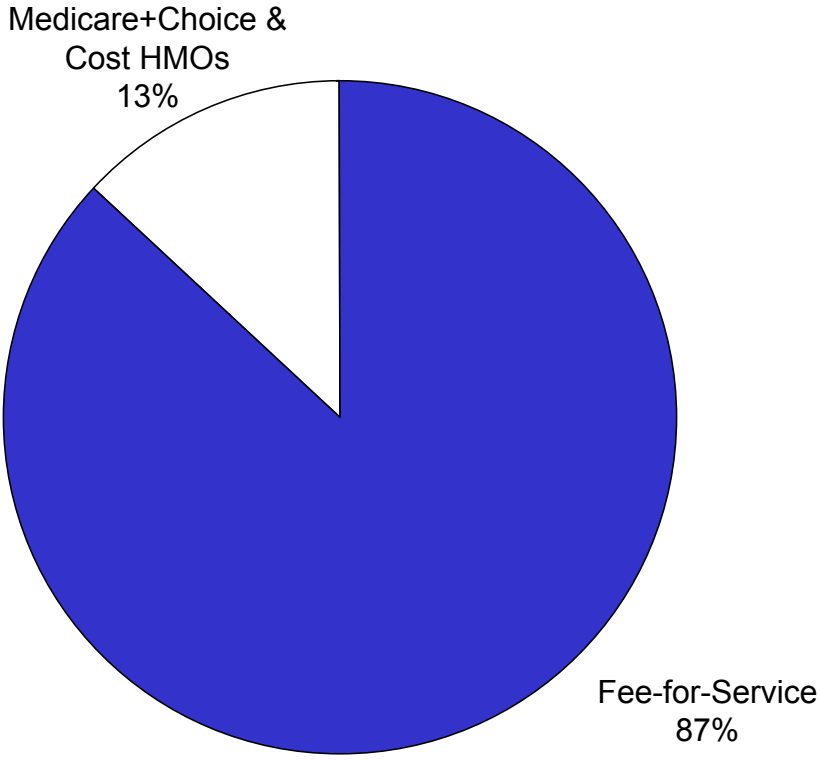
1. Beneficiary Demographic Information

Medicare Beneficiaries: Source of Eligibility and Coverage, 2002

Source of Eligibility



Source of Coverage



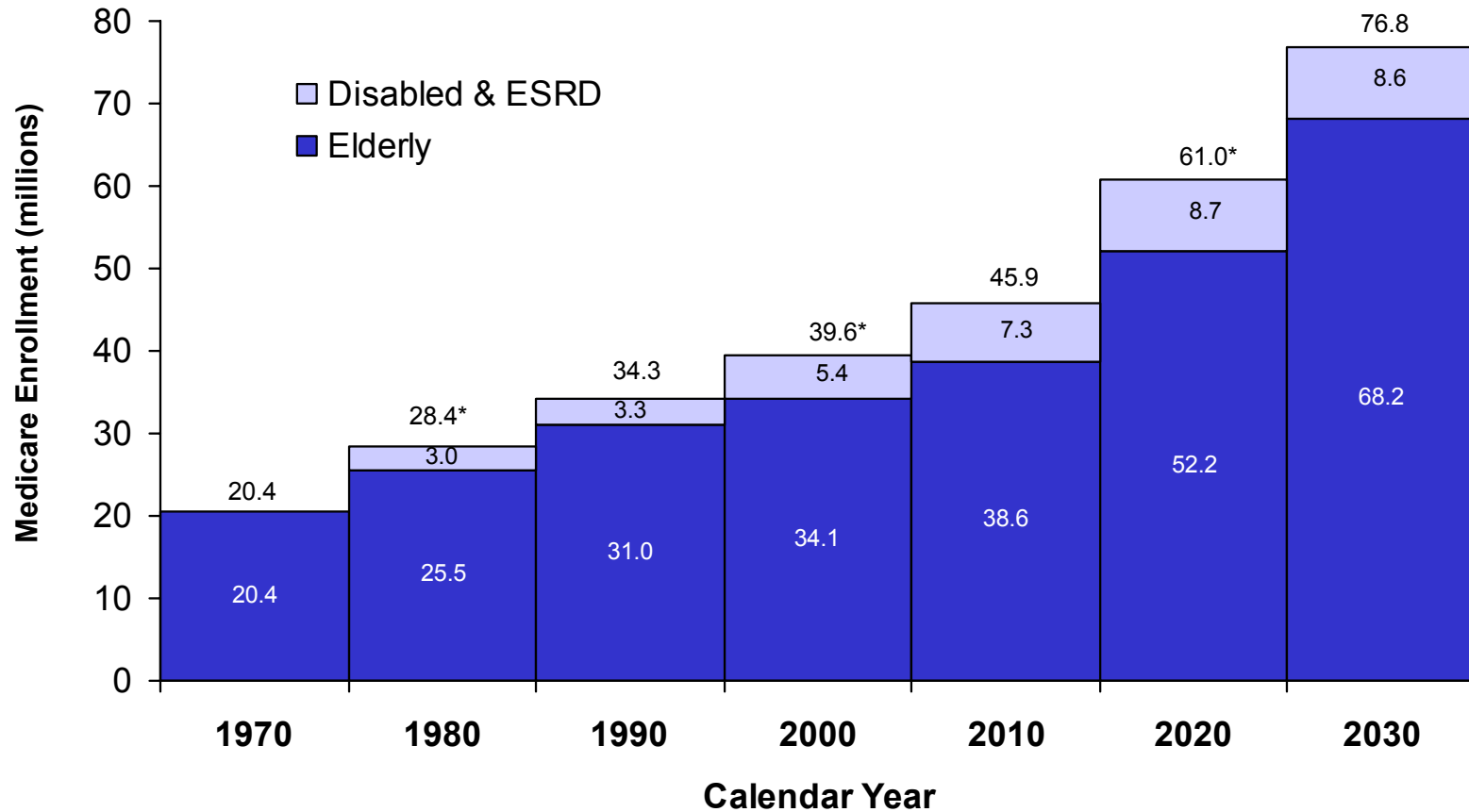
Beneficiaries = 40 million

Notes: 1) Totals may not sum due to rounding; 2) ESRD refers to beneficiaries under age 65 with End-Stage Renal Disease; 3) the Disabled category refers to beneficiaries under age 65 without ESRD.

Source: Elderly, disabled, and ESRD data from CMS's Office of the Actuary; Medicare+Choice and cost plan data from CMS's Medicare Managed Care Contract Report, March 2002.

Number of Medicare Beneficiaries

The number of people Medicare serves will nearly double by 2030.

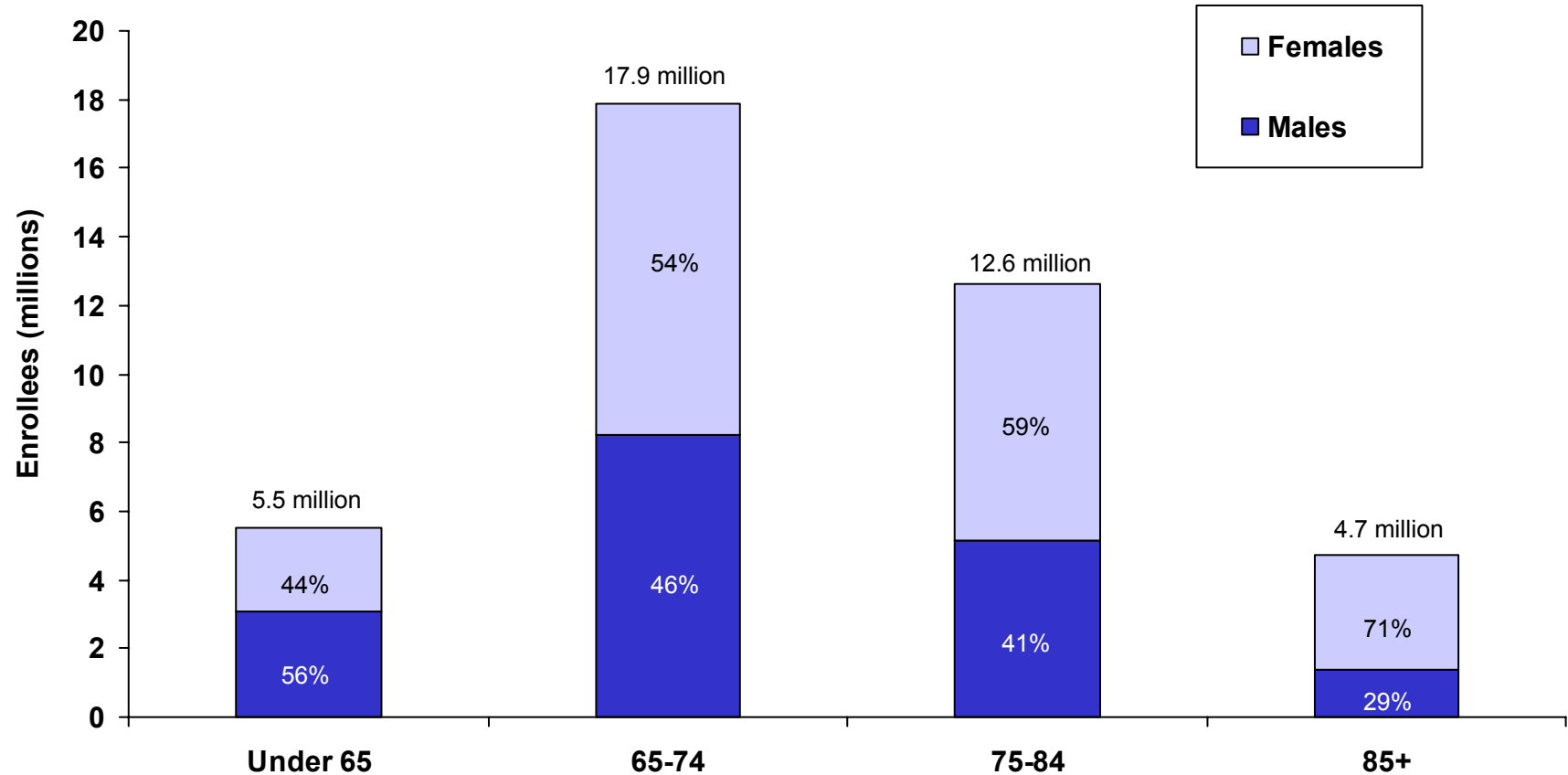


* Numbers may not sum due to rounding.

Source: CMS, Office of the Actuary.

Age and Gender of the Medicare Population, 2000

The proportion of women increases as the population grows older.

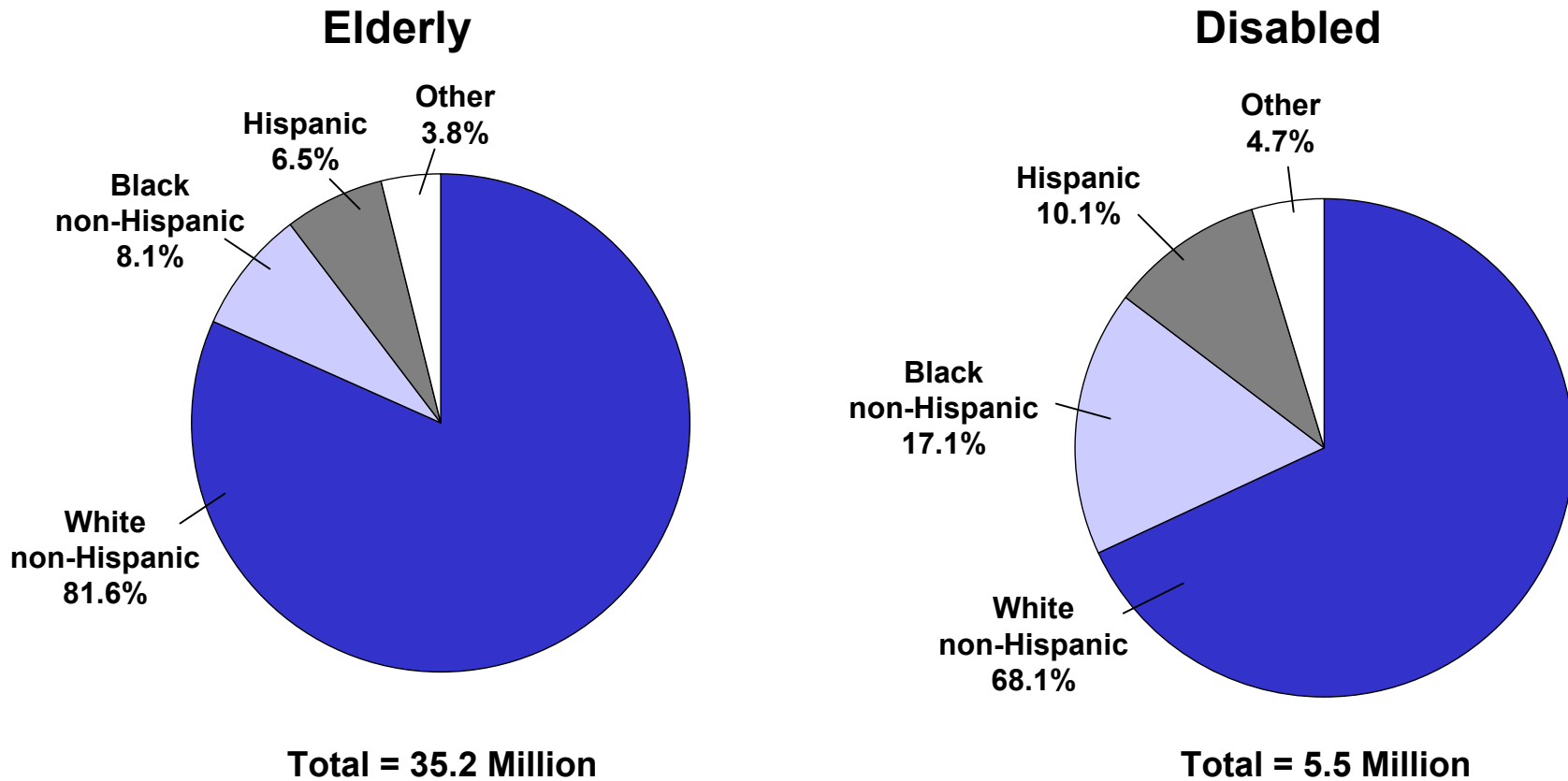


Note: Fifty-six percent (23 million) of all Medicare beneficiaries are female; 44% (18 million) are males. Data reflect Medicare beneficiaries ever enrolled in the program during the year.

Source: CMS, Office of Research, Development, and Information: data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Race/Ethnicity Distribution of Medicare Beneficiaries, 2000

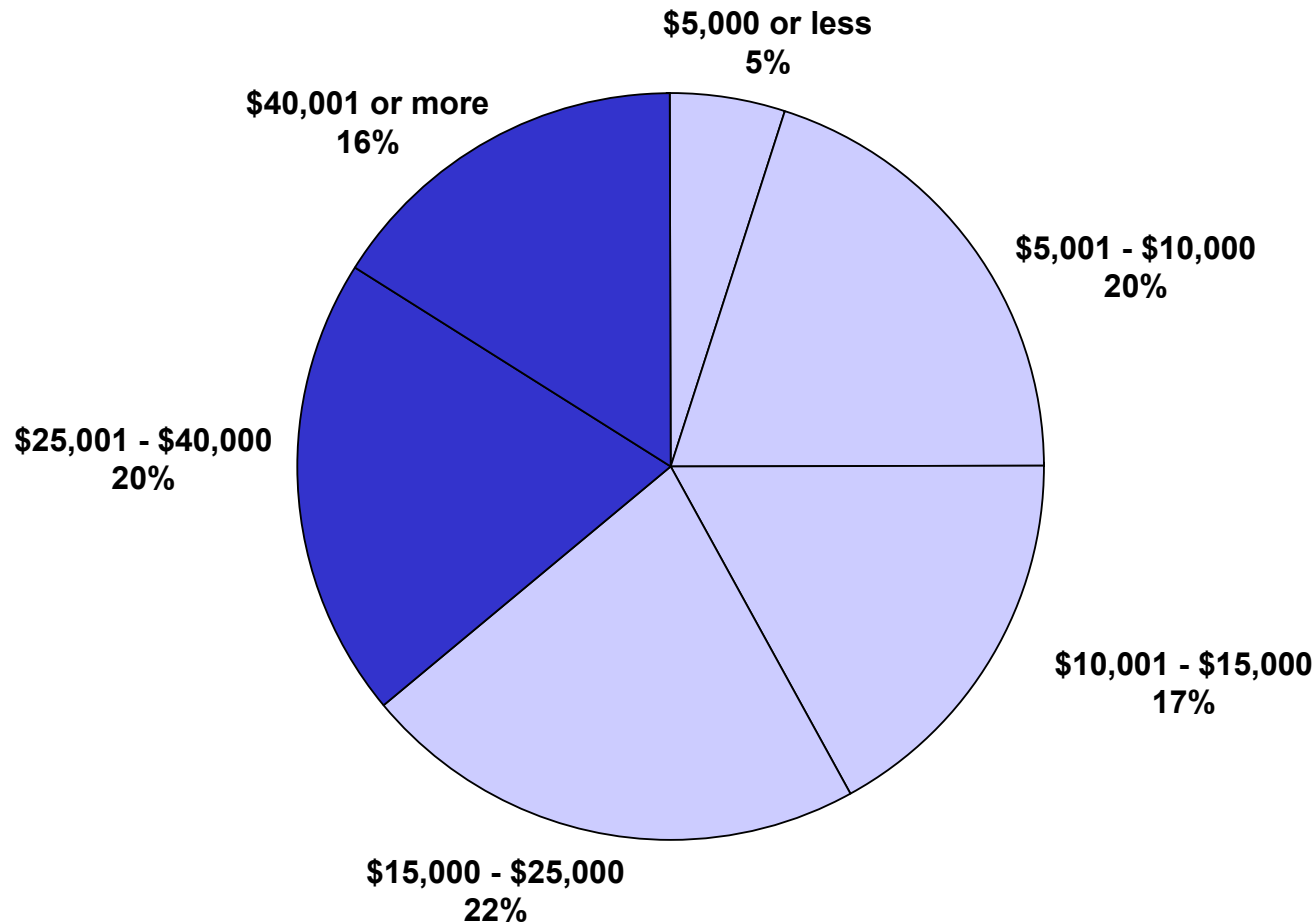
Minority beneficiaries are disproportionately represented among the disabled.



Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care Files.

Income Distribution of Medicare Beneficiaries, 2000

Nearly 65 percent of Medicare beneficiaries have annual incomes below \$25,000.

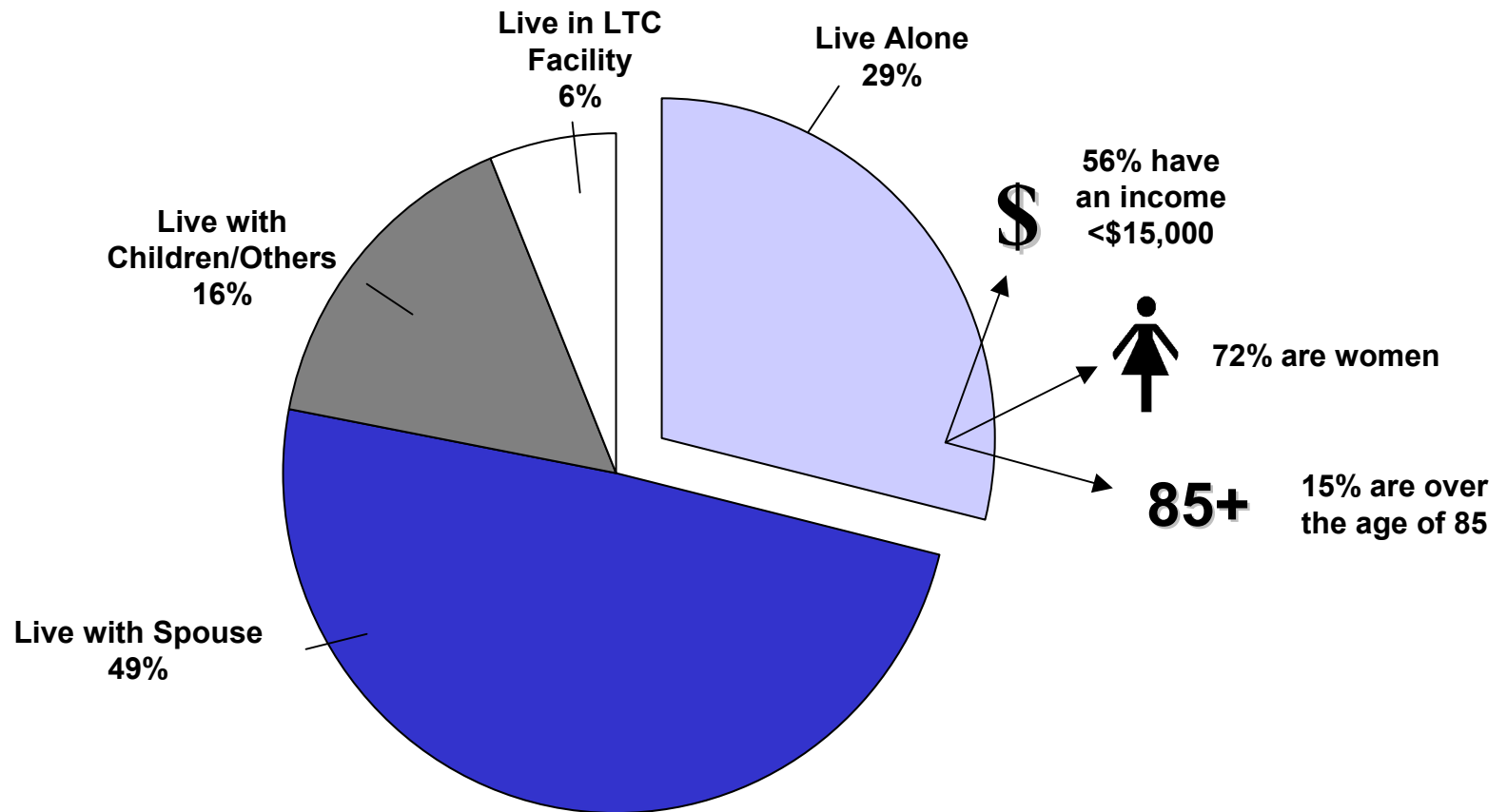


Notes: 1) Numbers may not sum due to rounding; 2) annual income figures are for calendar year 2000.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Living Arrangements of Medicare Beneficiaries, 2000

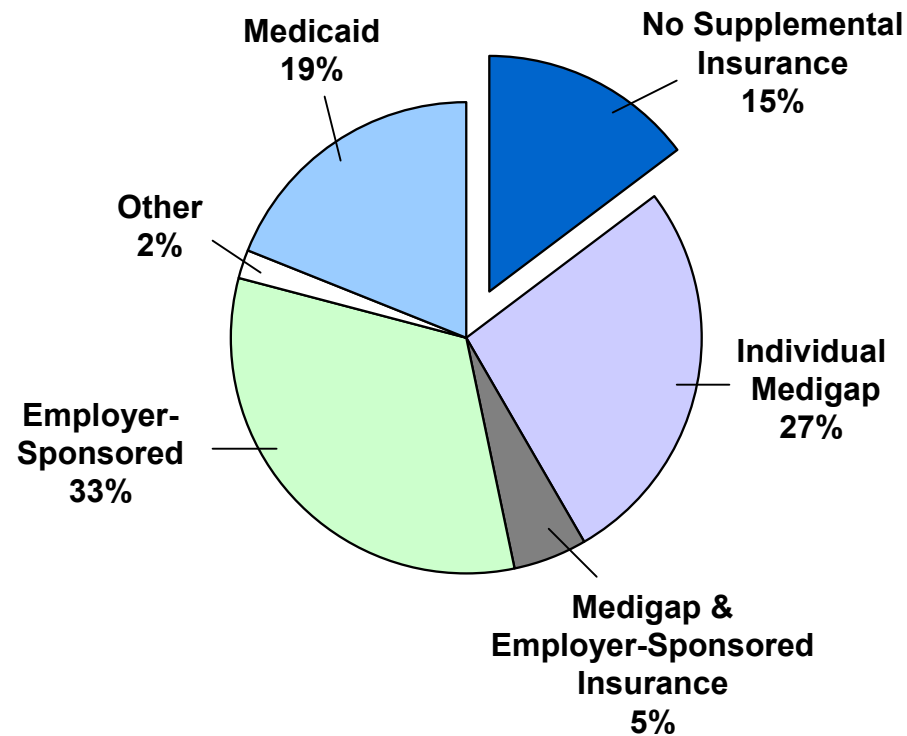
Among the nearly 30 percent of beneficiaries living alone, a large proportion are women and have low incomes.



Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Types of Supplemental Health Insurance Held by Fee-for-Service Medicare Beneficiaries, 2000

Most beneficiaries using fee-for-service Medicare have private, supplemental health plans.



Note: Medicaid (shown above) includes both Qualified Medicare Beneficiaries (QMBs) and Specified Low-Income Medicare Beneficiaries (SLMBs).

Source: CMS, Office of Research, Development, and Information: Data From the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

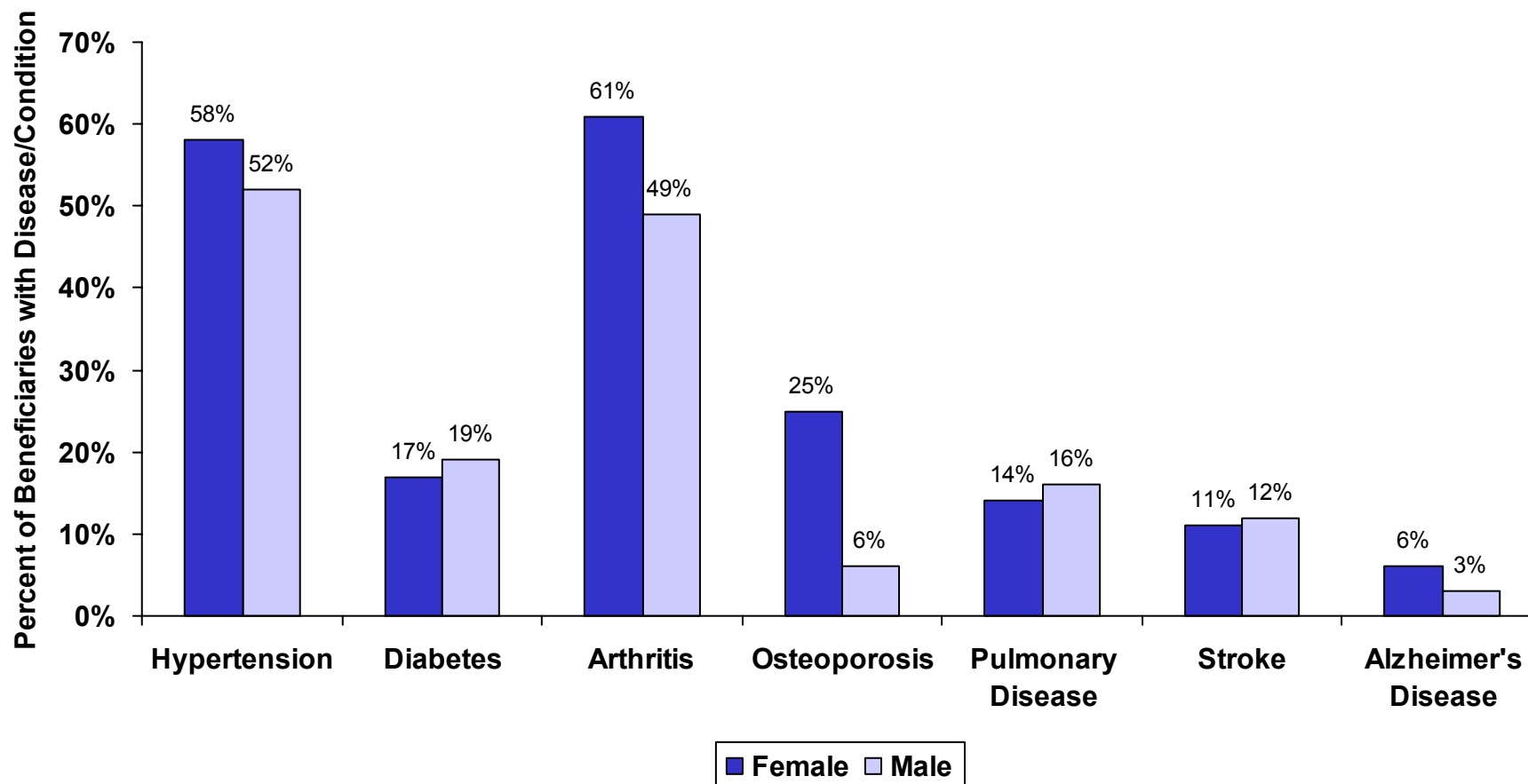
III. Medicare Program Information

B. Profile of Medicare Beneficiaries

2. Beneficiary Health Status/Functional Limitations

Medicare Beneficiaries' Self-Reported Diseases and Chronic Conditions, by Gender, 2000

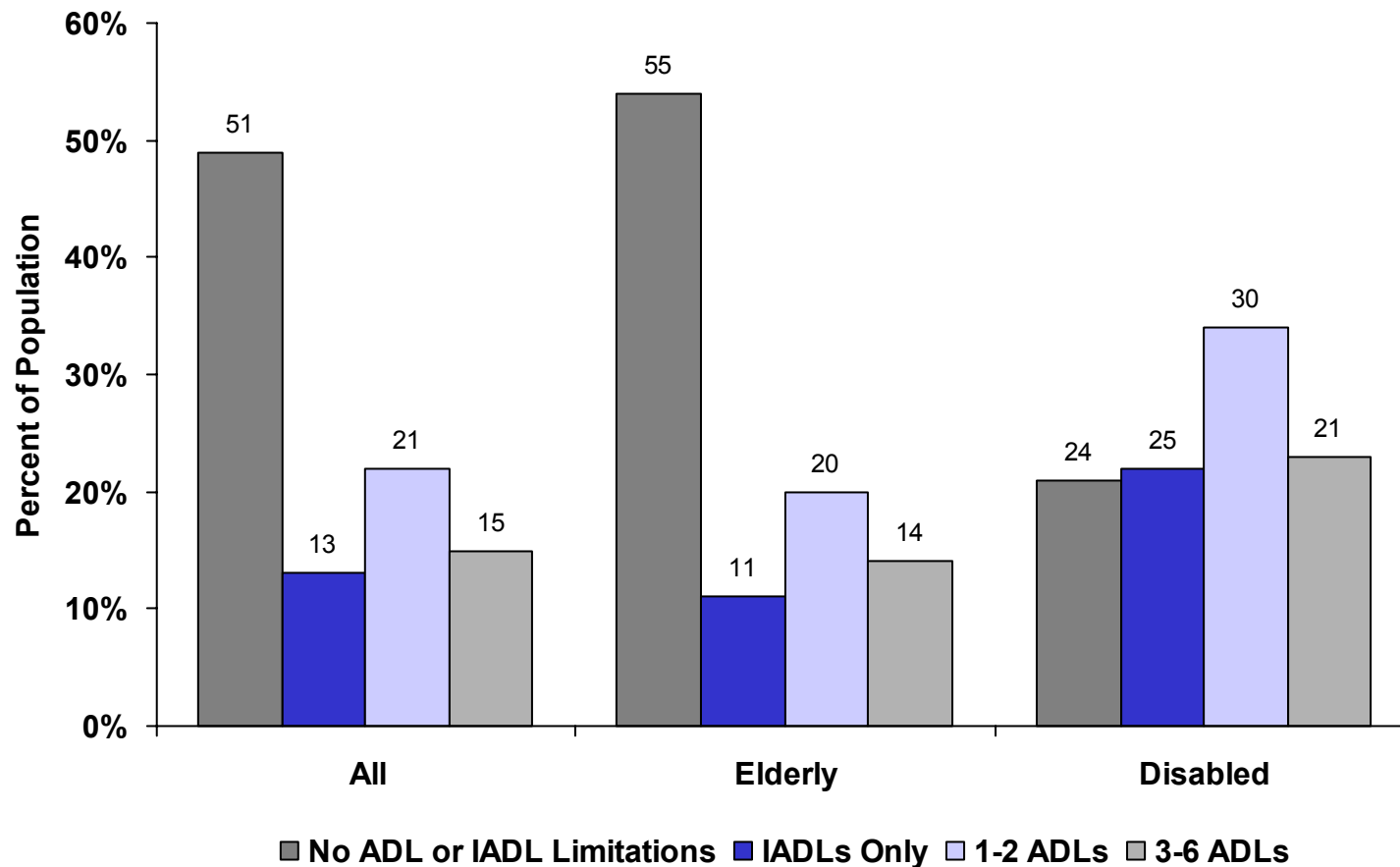
Female beneficiaries are more likely to have hypertension, arthritis, osteoporosis, and Alzheimer's disease.



Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Distribution of Medicare Enrollees, by Functional Status, 2000

More than one-third of the Medicare population needs assistance with at least one “activity of daily living.”

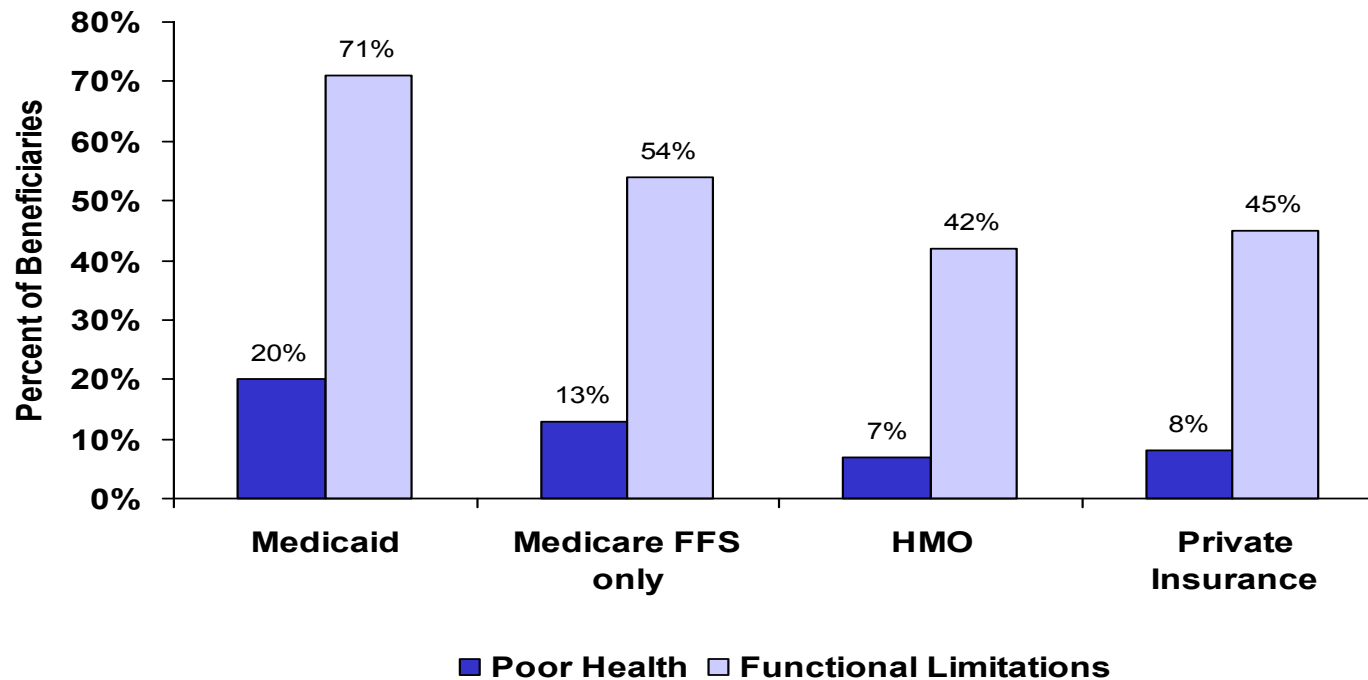


Note: ADLs are activities of daily living (e.g., eating, bathing); IADLs are instrumental activities of daily living (e.g., shopping, use of phone, cleaning).

Source: CMS, Office of Research, Development, and Information: Data from Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Beneficiaries with Poor Health and Functional Limitations, by Insurance Status, 2000

Medicare beneficiaries in poor health or with functional limitations are more likely to receive Medicaid assistance or to have no supplemental insurance.



Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

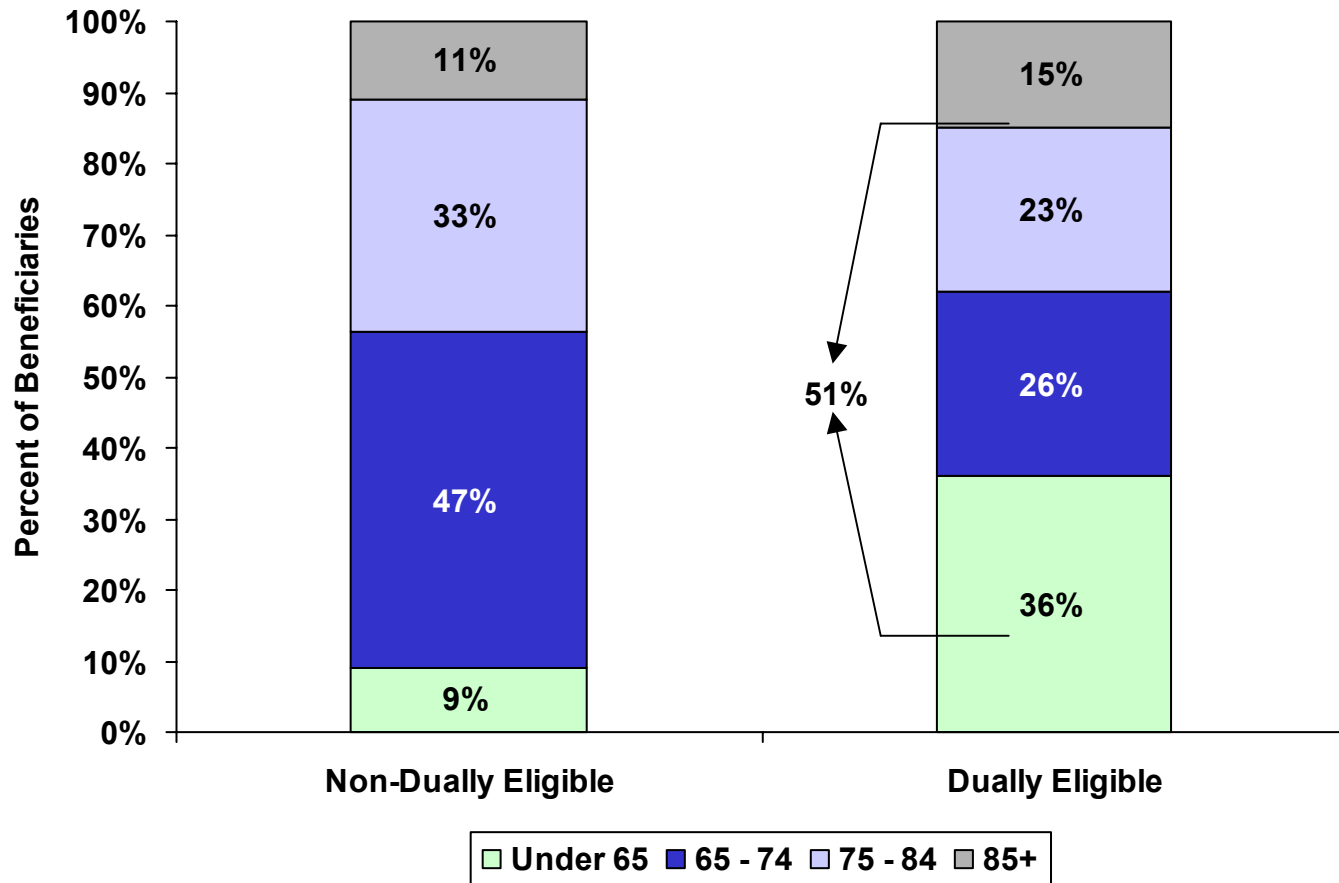
III. Medicare Program Information

B. Profile of Medicare Beneficiaries

3. Dually Eligible Beneficiaries

Proportion of Medicare Dually Eligible and Non-Dually Eligible Beneficiaries, by Age, 2000

Over half of the dually eligible population are under age 65 or over 85.

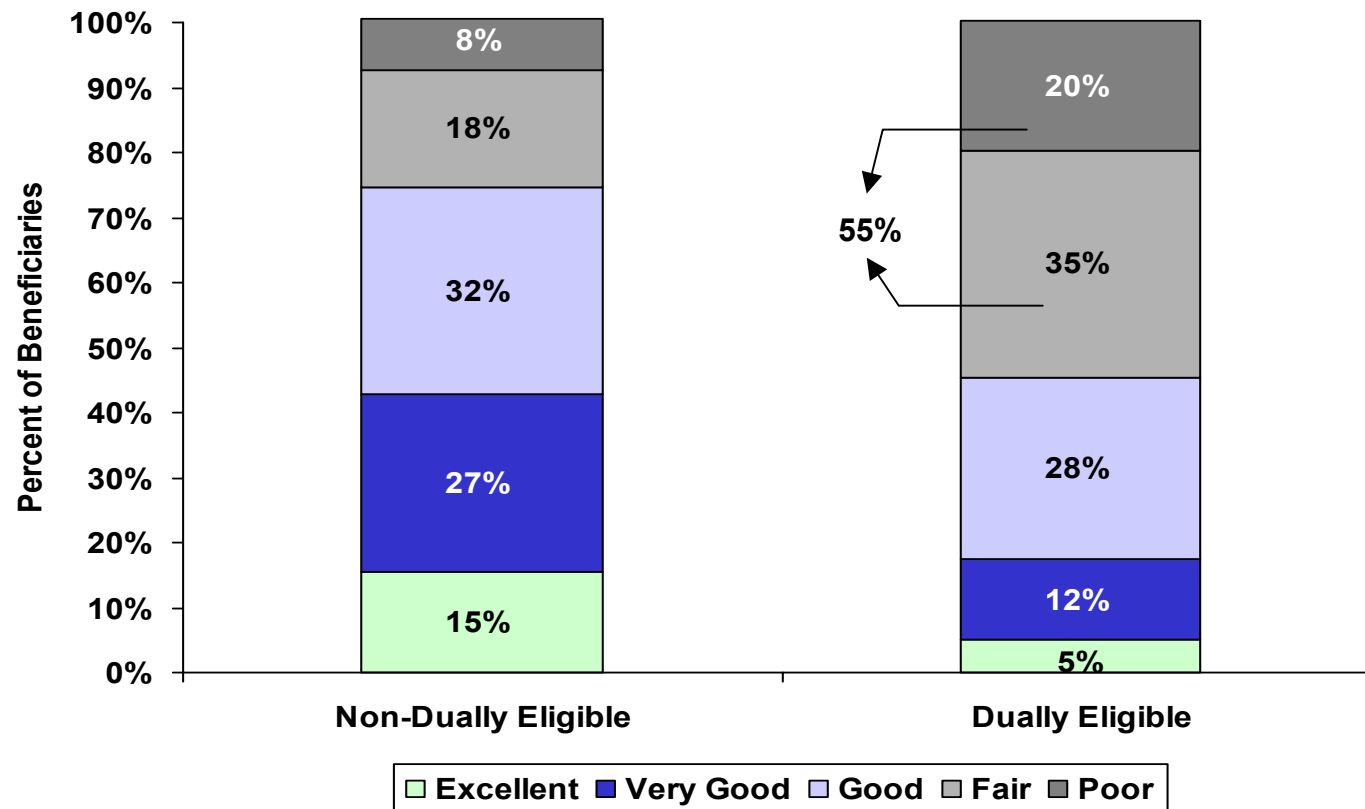


Note: Dually eligible beneficiaries are Medicare beneficiaries that also receive Medicaid coverage.

Source: CMS, Office of Research, Development, Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Self-Reported Health Status of Dually Eligible and Non-Dually Eligible Beneficiaries, 2000

Over half of the dually eligible population is in poor or fair health.

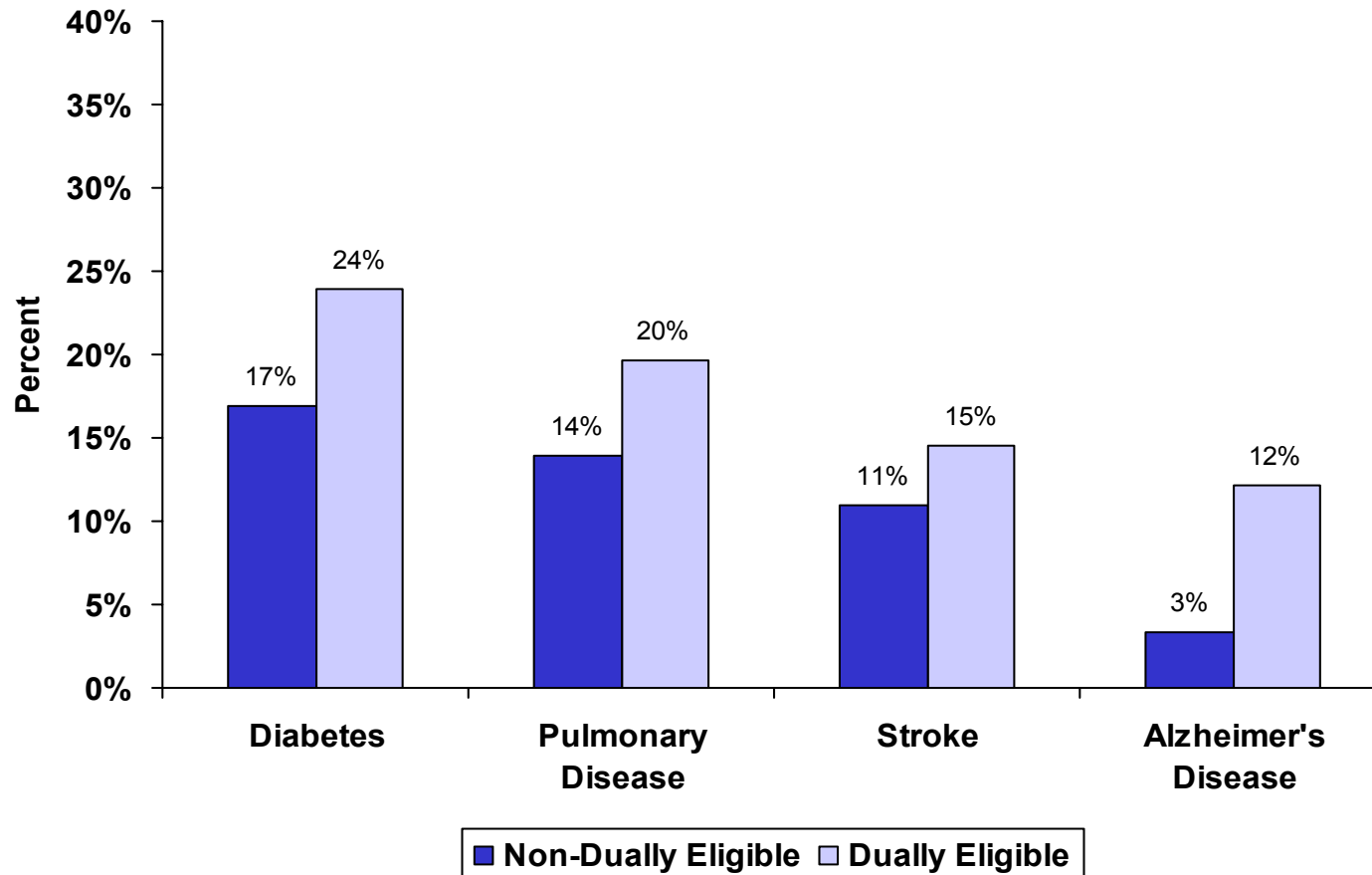


Note: Dually eligible beneficiaries are Medicare beneficiaries that also receive Medicaid coverage.

Source: CMS, Office of Research, Development, Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Percent of Non-Dually Eligible and Dually Eligible Beneficiaries with Selected Diseases and Chronic Conditions, 2000

The dually eligible population has higher rates of debilitating diseases and conditions such as pulmonary disorders and Alzheimer's disease.

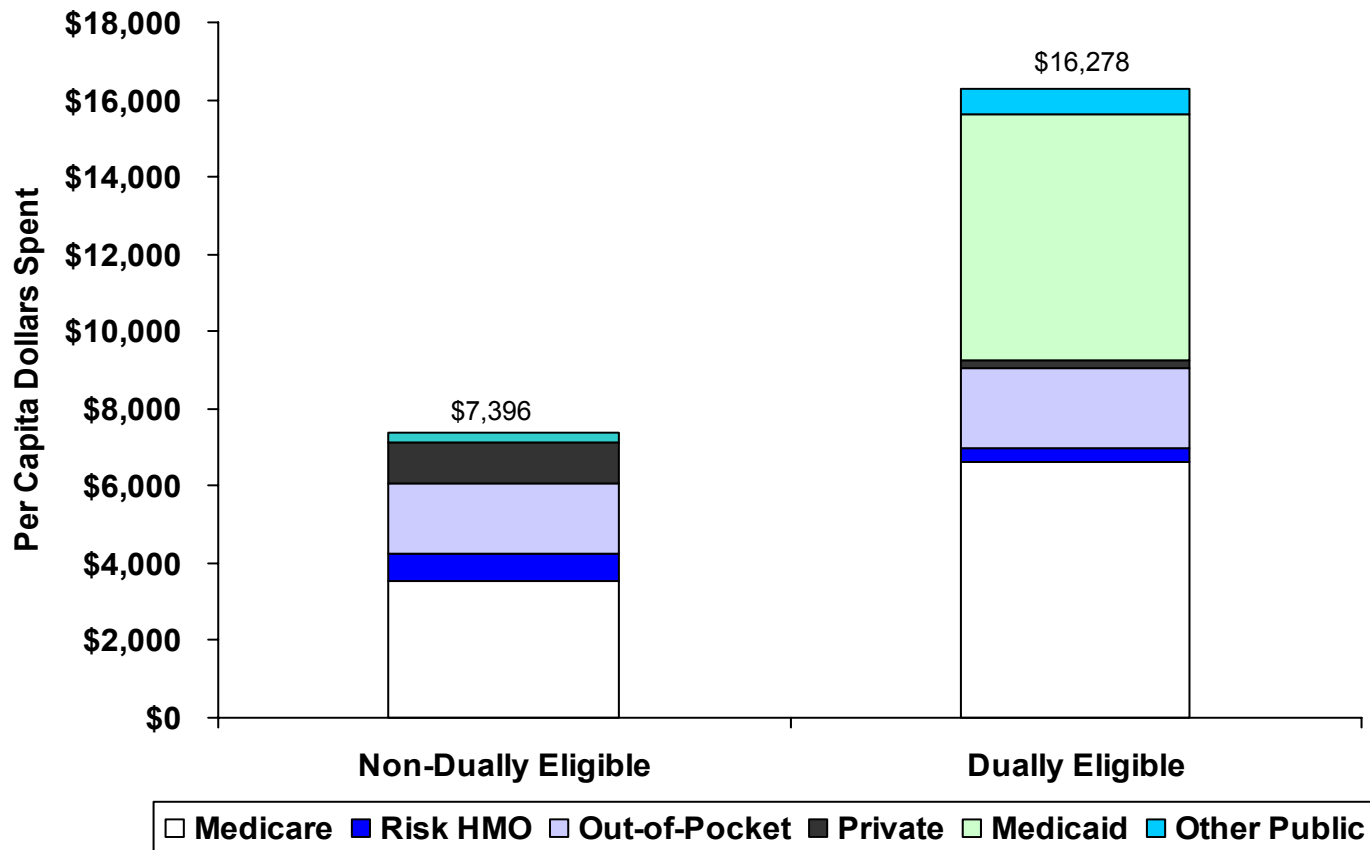


Note: Dually eligible beneficiaries are Medicare beneficiaries that also receive Medicaid coverage.

Source: CMS, Office of Research, Development, Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Total Health Expenditures by Payer for Dually Eligible and Non-Dually Eligible Beneficiaries, 1999

Health expenditures for the dually eligible population were more than double that of the non-dually eligible.



Note: Out-of-Pocket does not include premium payments. Payers will not sum to total due to some small categories being omitted. "Other Public" includes VA, DOD, and state-based pharmaceutical assistance programs.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 1999 Cost and UseFile.

III. Medicare Program Information

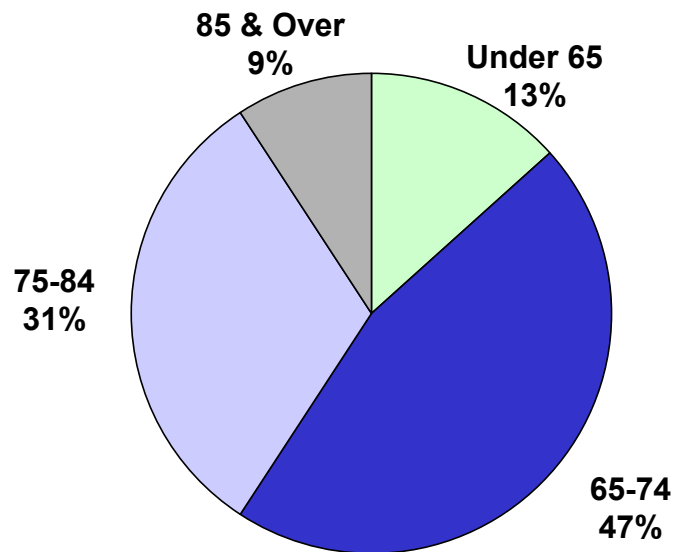
B. Profile of Medicare Beneficiaries

4. Beneficiaries Living in Long-Term Care Facilities

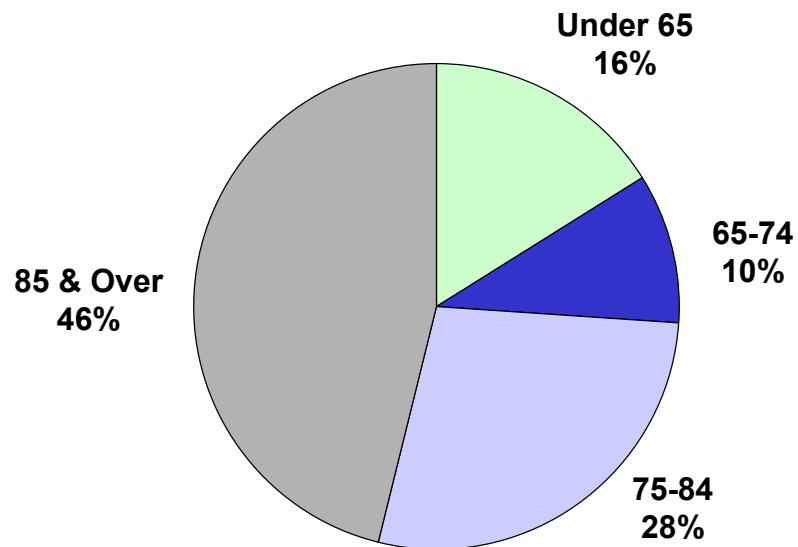
Age of Medicare Beneficiaries Living in the Community and Long-Term Care Facilities, 2000

Beneficiaries over age 85 make up nearly half of beneficiaries in long-term care facilities.

Beneficiaries Living in the Community



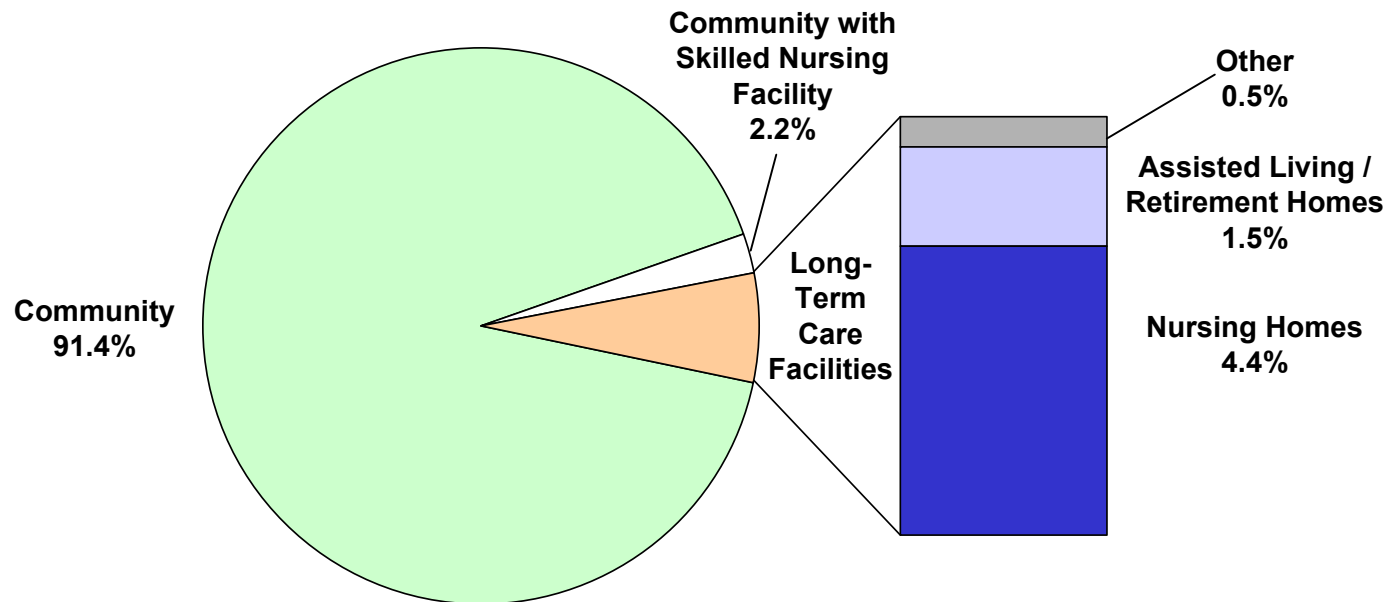
Beneficiaries in Long-Term Care Facilities



Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Medicare Beneficiaries Living in the Community and in Long-Term Care Facilities, 1999

For the six percent of beneficiaries living in long-term care facilities, most live in nursing homes but some live in assisted living/retirement homes or other facilities.

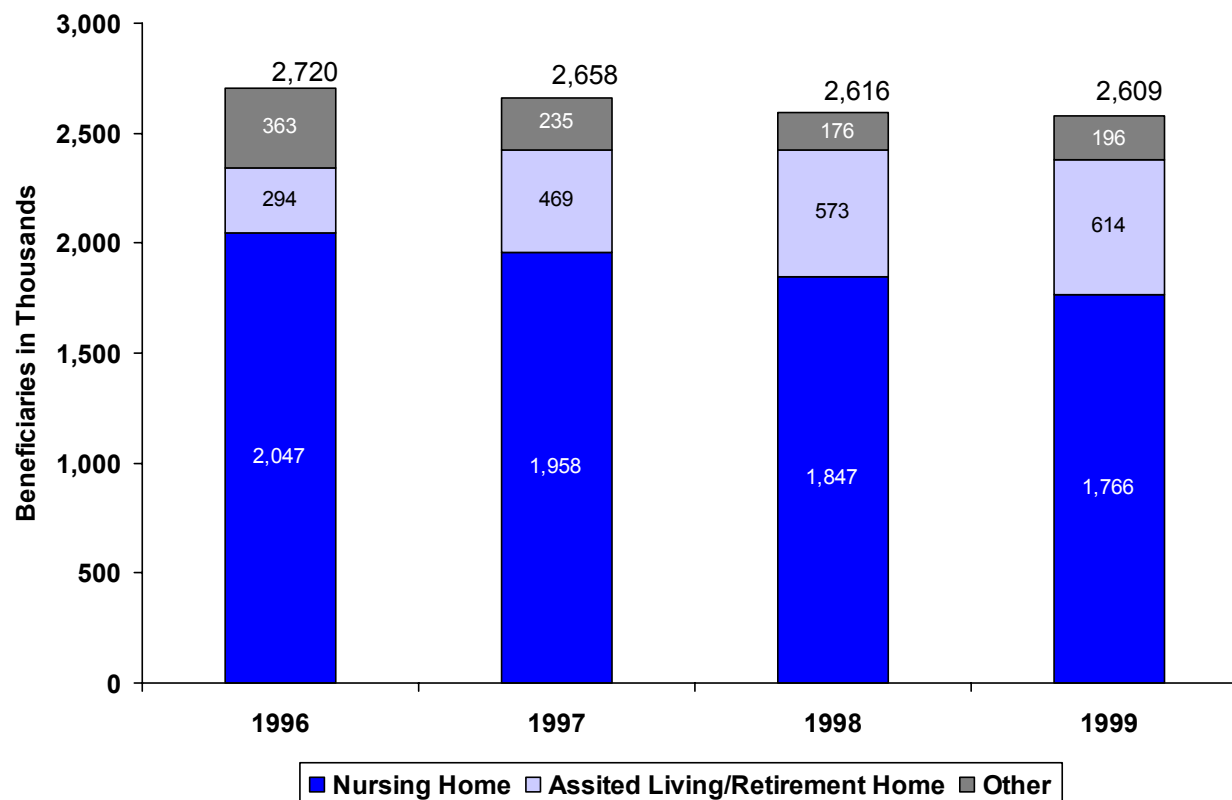


Note: Assisted Living/Retirement Home also includes Domiciliary Care Homes, Board and Care Homes, and Independent Living Units. All of these arrangements offer some level of assistance to the beneficiary. "Other" includes mental health facilities, mentally retarded/mentally disabled facilities and other unclassified facilities.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 1999 Cost and Use File.

Beneficiaries Living in Long-Term Care Facilities, by Type of Facility, 1999

Since 1996, the number of beneficiaries living in traditional nursing homes and other facilities has declined, while use of other types of assisted living arrangements has increased.

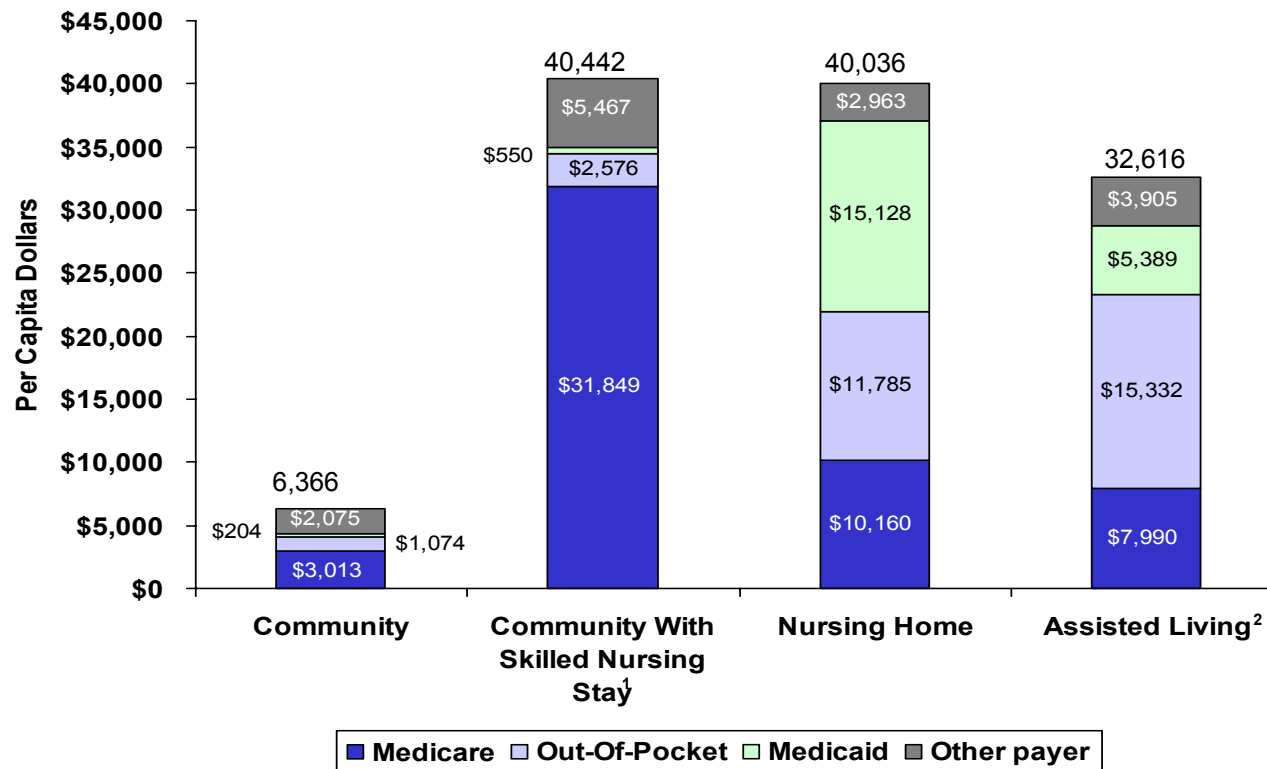


Note: Assisted Living/Retirement Home also includes Domiciliary Care Homes, Board and Care Homes, and Independent Living Units. All of these arrangements offer some level of assistance to the beneficiary. "Other" includes mental health facilities, mentally retarded/mentally disabled facilities and other unclassified facilities.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 1996-1999 Cost and Use Files.

Per Capita Total Health Care Expenses, by Payer, for Beneficiaries Living in Long-Term Care Facilities and the Community, 1999

Beneficiaries in assisted living facilities have lower total expenses than those in nursing homes, but higher out-of-pocket costs.

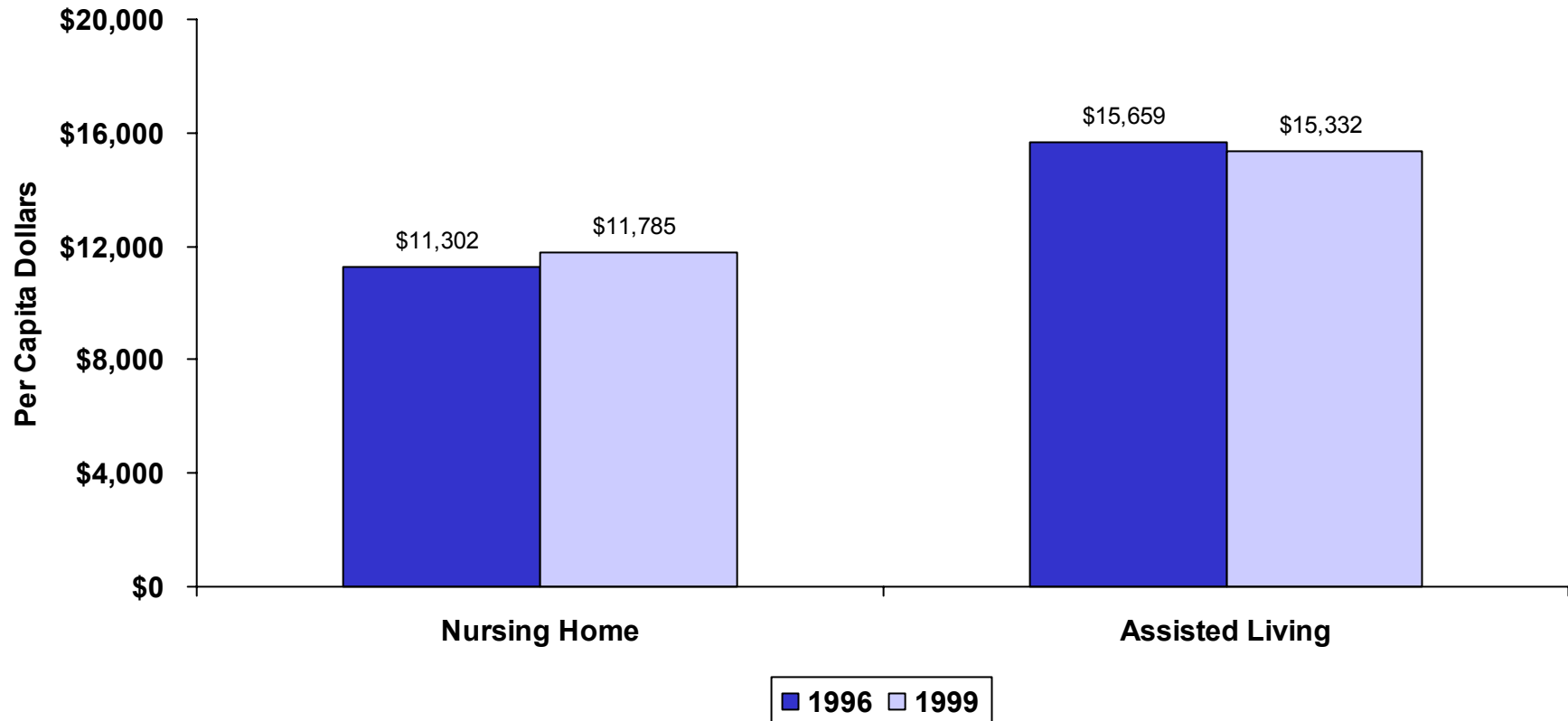


Notes: 1) Because a Skilled Nursing Facility stay is a Medicare covered benefit, Medicare covers a large portion of the expenses for beneficiaries in this group. 2) Assisted Living/Retirement Home also includes Domiciliary Care Homes, Board and Care Homes, and Independent Living Units. All of these arrangements offer some level of assistance to the beneficiary.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 1999 Cost and Use File.

Per Capita Out-of-Pocket Expenses for Beneficiaries Living in Long-Term Care Facilities, 1996 and 1999

Out-of-pocket expenses remained relatively flat between 1996 and 1999.



Note: Assisted Living/Retirement Home also includes Domiciliary Care Homes, Board and Care Homes, and Independent Living Units. All of these arrangements offer some level of assistance to the beneficiary.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 1996 and 1999 Cost and Use Files.

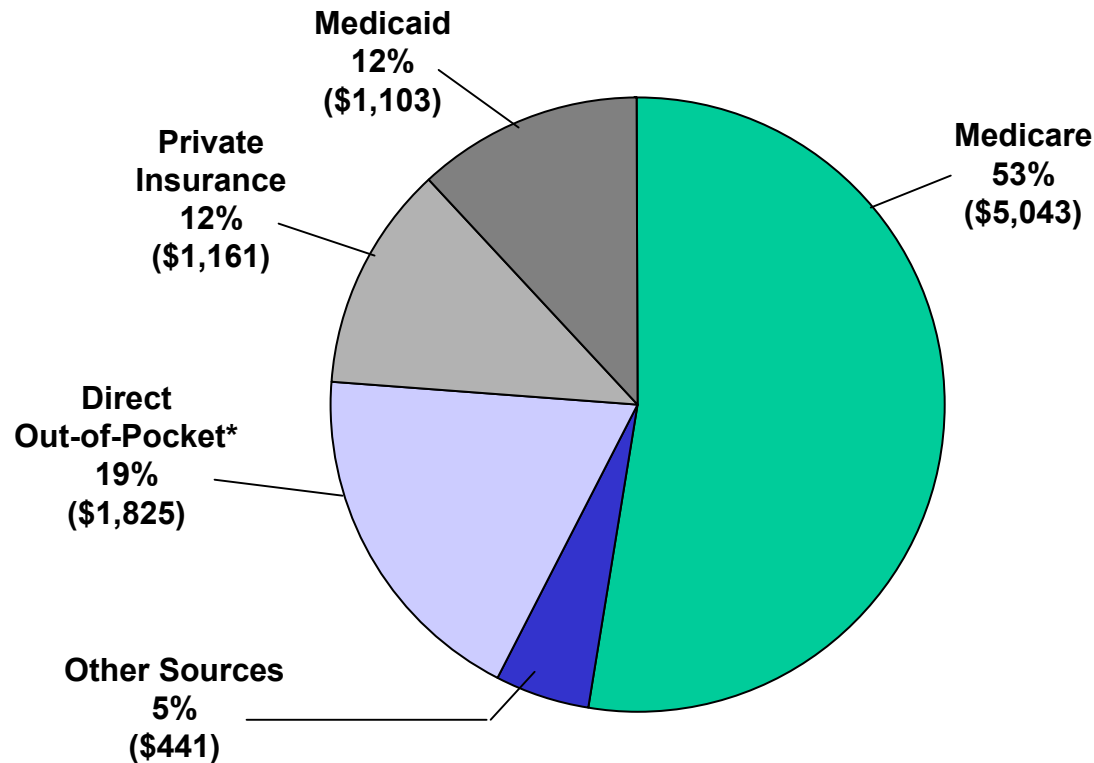
III. Medicare Program Information

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5. Beneficiary Health Spending

Sources of Payment for Medicare Beneficiaries' Medical Services, 1999

Medicare pays a little more than half of the total cost of beneficiaries' medical care.



Overall Medical Expenses per Medicare Beneficiary = \$9,573

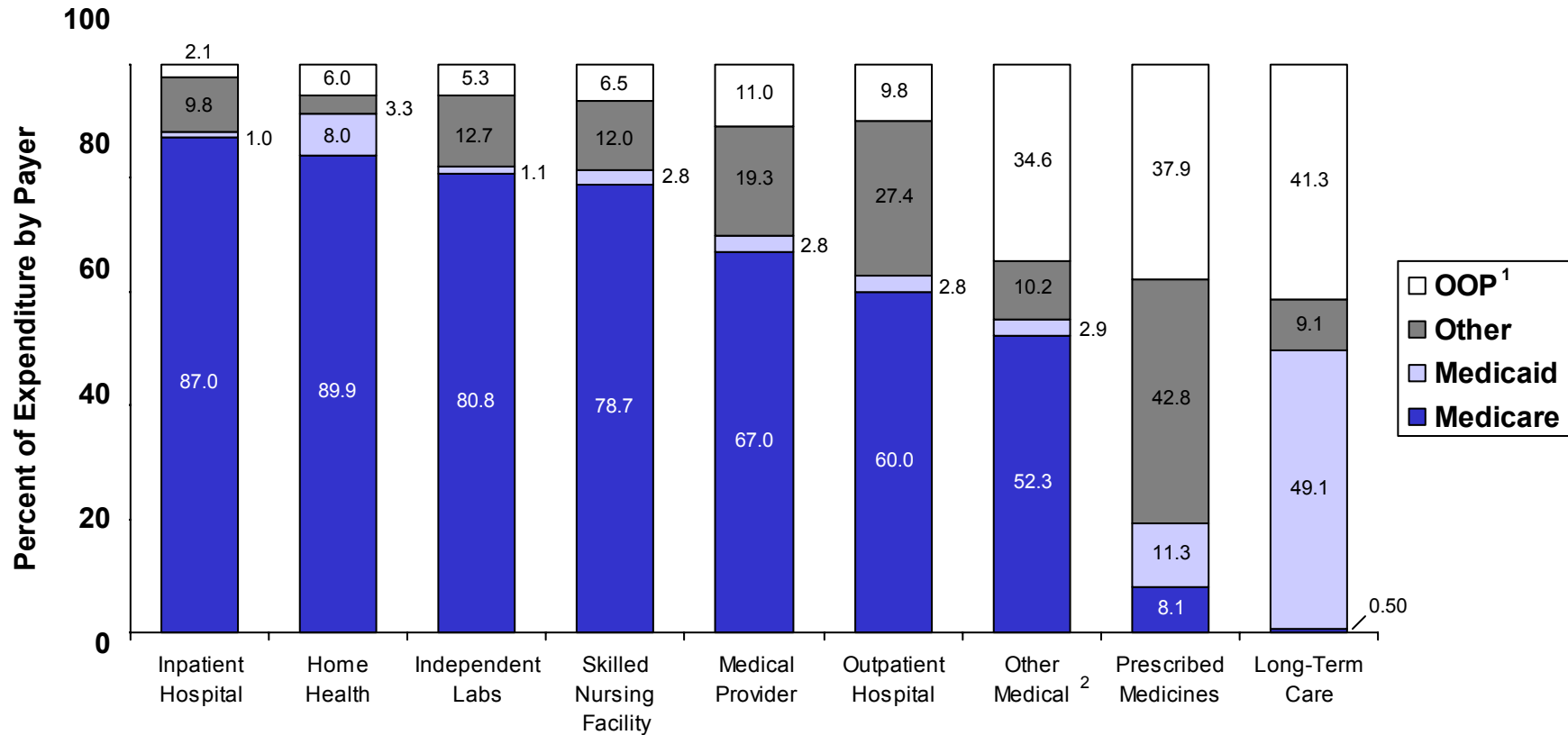
*Beneficiary out-of-pocket spending does not include their payments for Medicare Part B premiums, private insurance premiums, or HMO premiums.

Note: Data are for all beneficiaries, both fee-for-service and Medicare+Choice enrollees.

Source: CMS, Office of Research, Development, and Information: Data From the Medicare Current Beneficiary Survey (MCBS) 1999 Cost and Use File.

Sources of Payment for Medicare Beneficiaries, by Type of Service, 1999

Medicare pays a large proportion of the total expenses of services it covers.



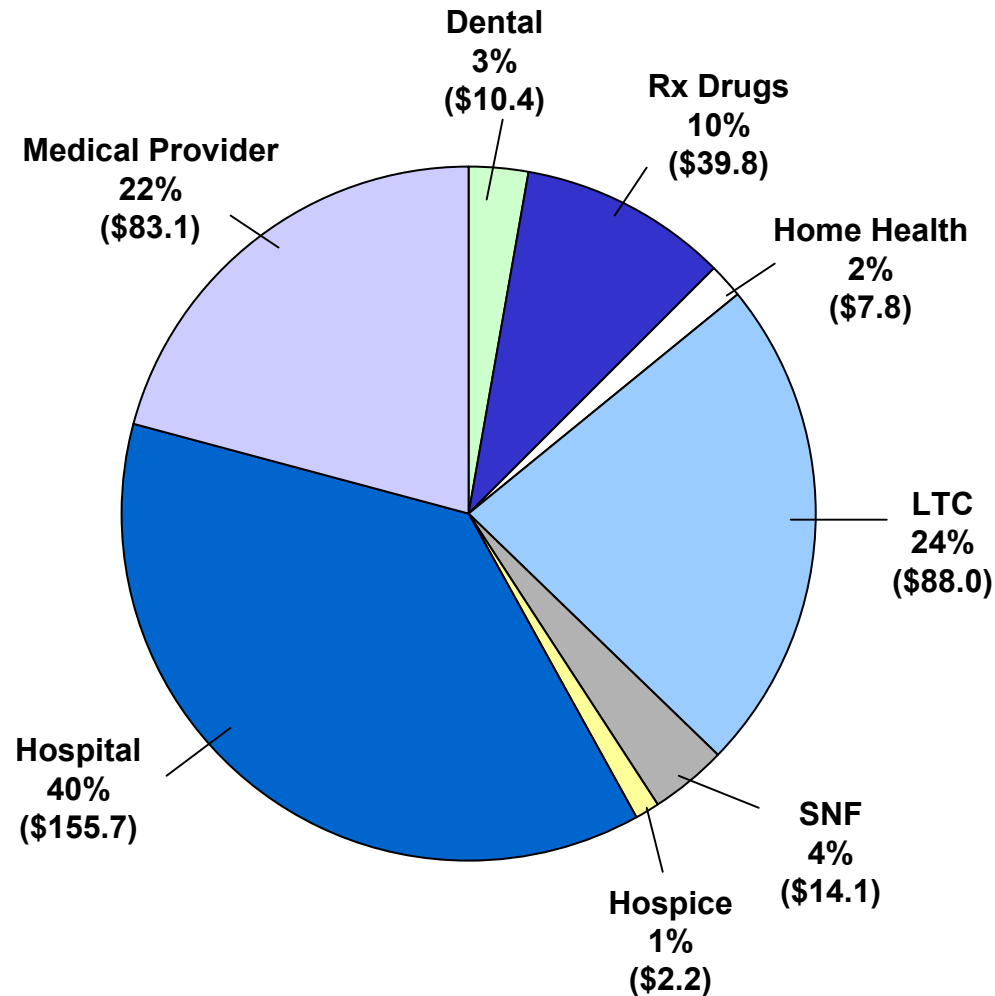
¹ OOP is out-of-pocket.

² Other Medical includes things such as hospice and durable medical equipment.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS), 1999 Cost and Use File.

Total Health Care Expenditures for Medicare Beneficiaries, 1999

Total Health Care Expenditures = \$385.2 Billion

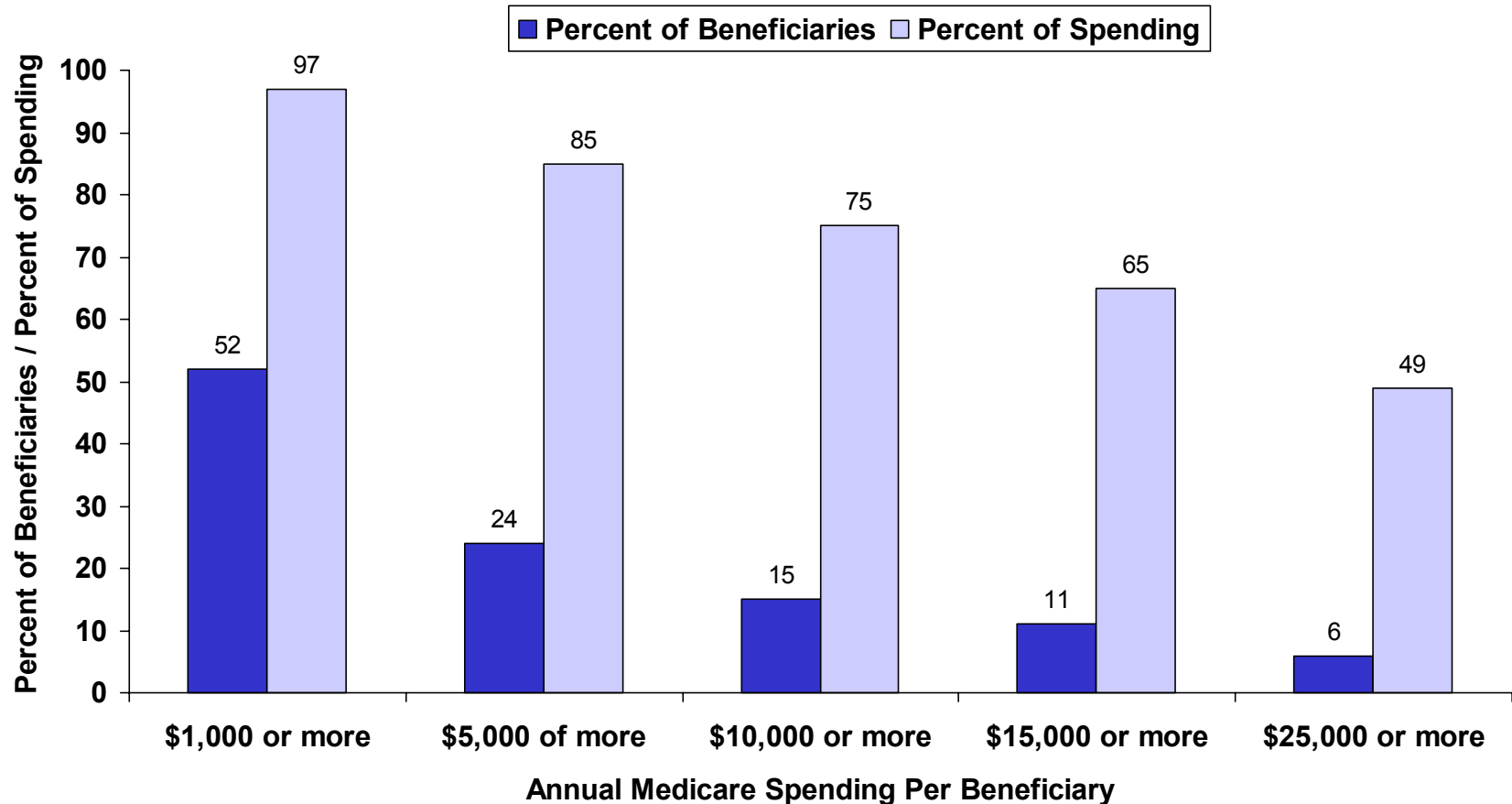


Note: Premium payments are excluded. LTC is long-term care. SNF is skilled nursing facility.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 1999 Cost and Use File.

Cumulative Distribution of Medicare Spending for Fee-for-Service Beneficiaries, 1999

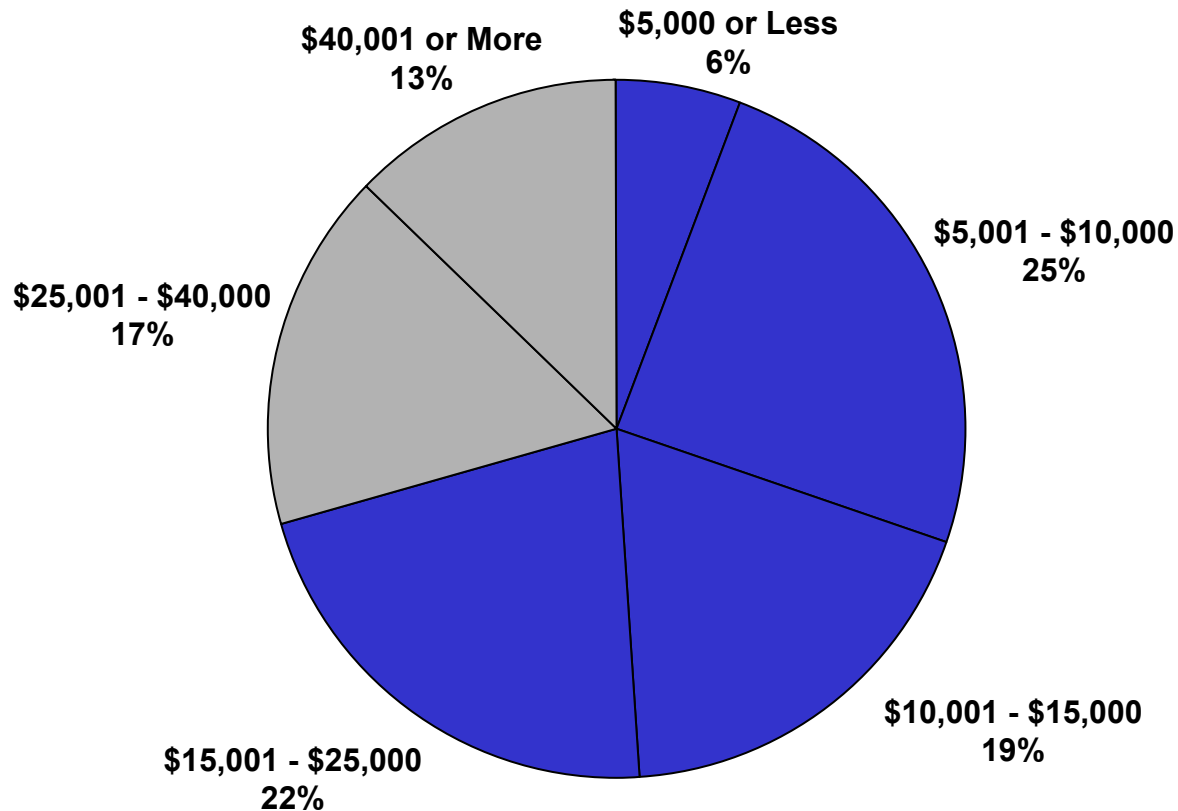
Six percent of beneficiaries account for nearly fifty percent of program spending.



Source: CMS, Office of Information Services: Data from the Medicare Decision Support Access Facility; data development by the Office of Strategic Planning.

Medicare Spending for Fee-for-Service Beneficiaries, by Income, 2000

About seventy percent of Medicare expenditures are on behalf of individuals with annual incomes of \$25,000 or less.

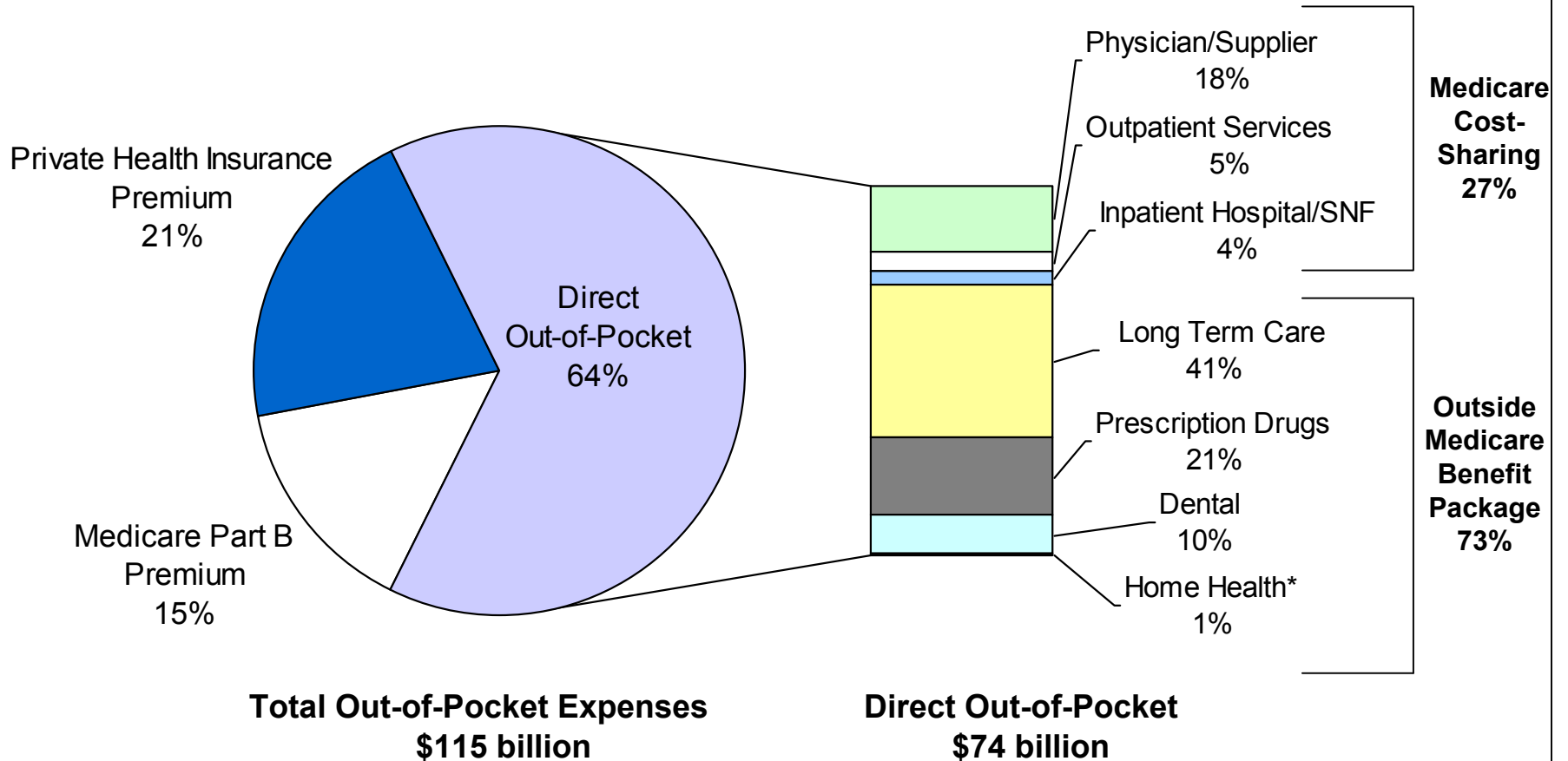


Note: Data may not sum due to rounding.

Source: CMS, Office of Research, Development, and Information: Data From the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Medicare Beneficiary Out-of-Pocket Spending, 1999

The majority of beneficiary out-of-pocket spending is for Medicare cost-sharing and payment for non-covered services.



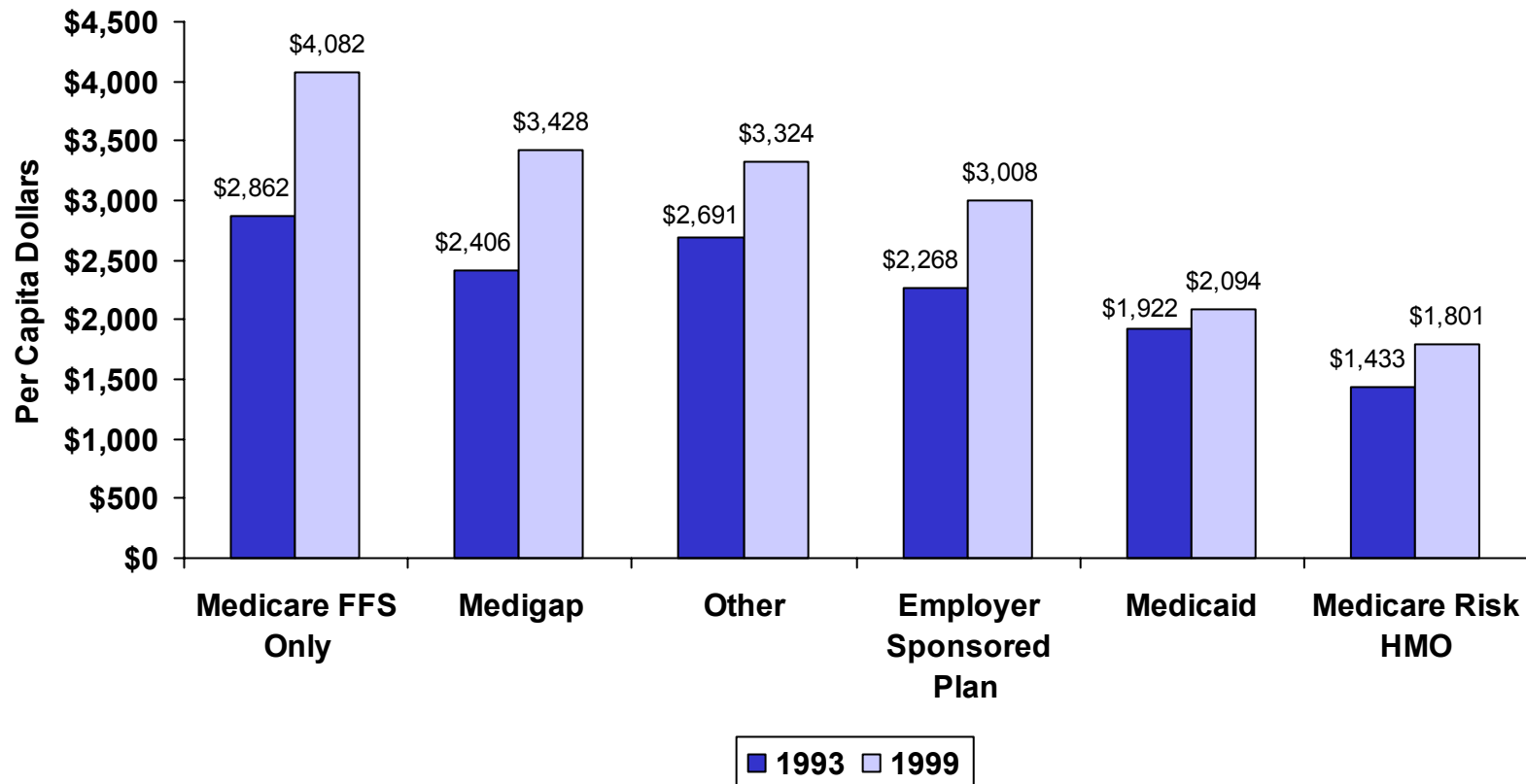
*These are for home health services not covered by Medicare.

Note: 1) Data are for all beneficiaries, both fee-for-service and Medicare+Choice enrollees. 2) Total per capita direct out-of-pocket spending is \$1,825.

Source: CMS, Research, Development, and Income, Medicare Current Beneficiary Survey (MCBS) 1999 Cost and Use File.

Per Capita Out-of-Pocket Expenses for Medicare Beneficiaries, by Type of Insurance Coverage

Beneficiaries without supplemental insurance and those with Medigap coverage had the largest increase in per capita out-of-pocket spending between 1993 and 1999.

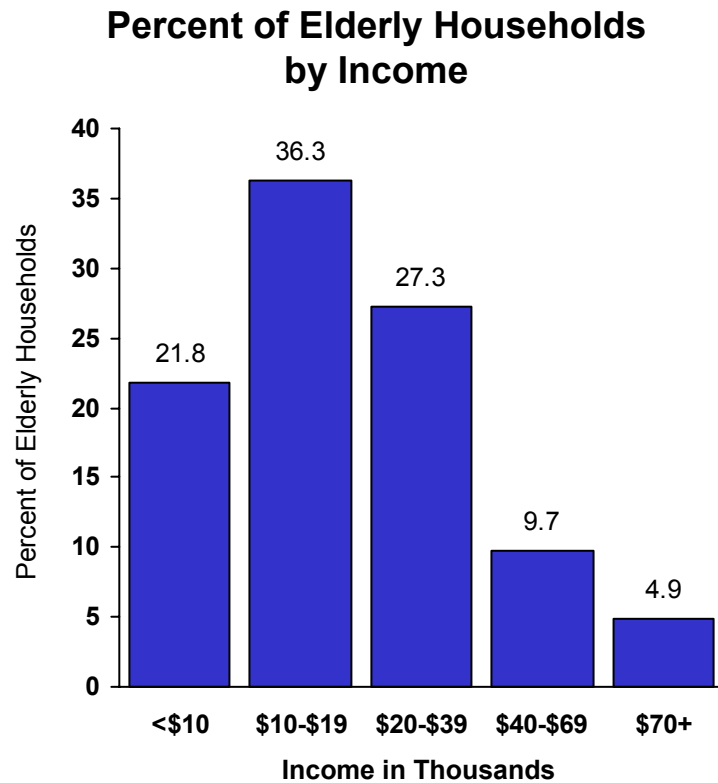


Note: Premium payments are included.

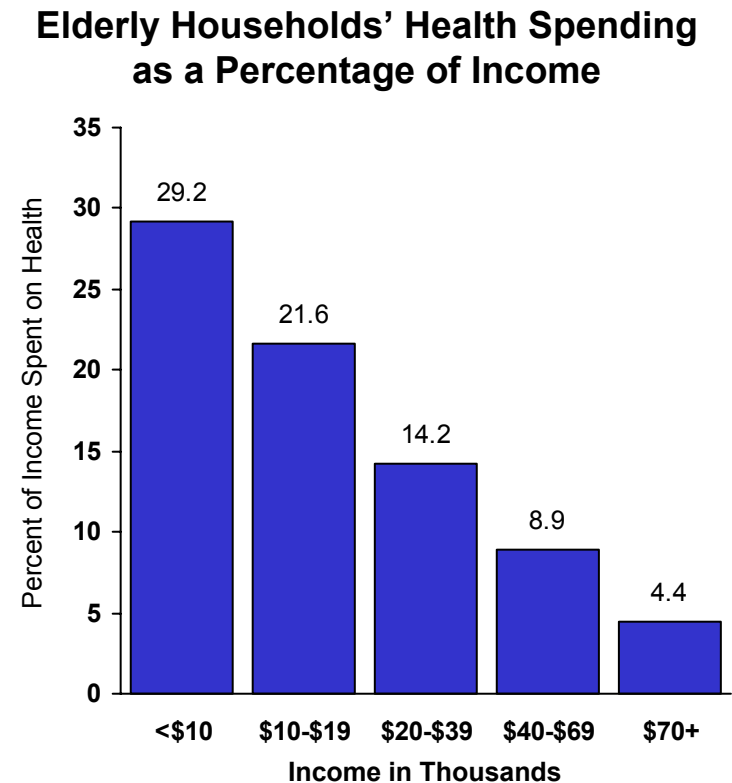
Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS), 1993 and 1999 Cost and Use Files.

Elderly Health Spending as a Percentage of Income, 2000

Most elderly households have incomes below \$40,000 and spend a high percentage of their income on health care.



Most Elderly Households Have Incomes Below \$40,000



The Elderly Poor Spend a Greater Portion of Their Income on Health

Source: CMS, Office of the Actuary: data from the Bureau of Labor Statistics, Consumer Expenditure Survey, 1999-2000.

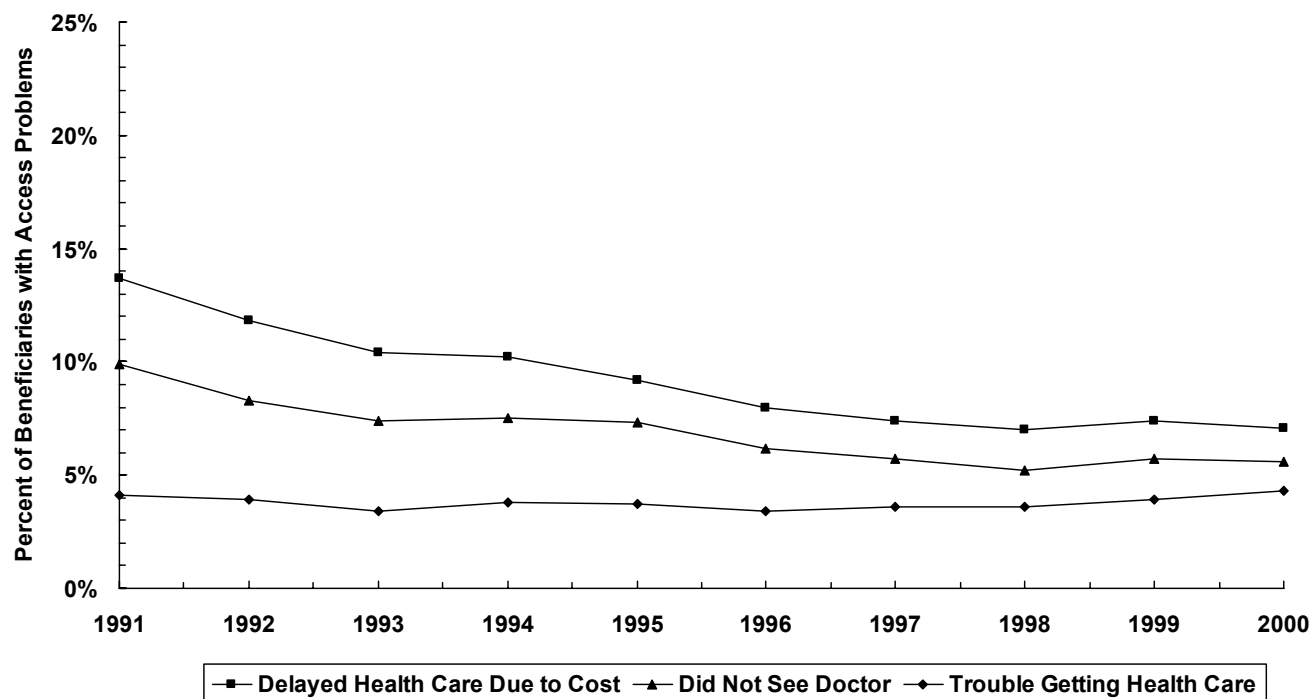
III. Medicare Program Information

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6. Beneficiary Access to Care and Satisfaction

Reported Trouble Getting Health Care, Delaying Health Care, or Not Seeing a Doctor for a Medical Condition, 1991-2000

The percent of beneficiaries delaying care due to cost or not seeing a doctor declined between 1991 and 2000.

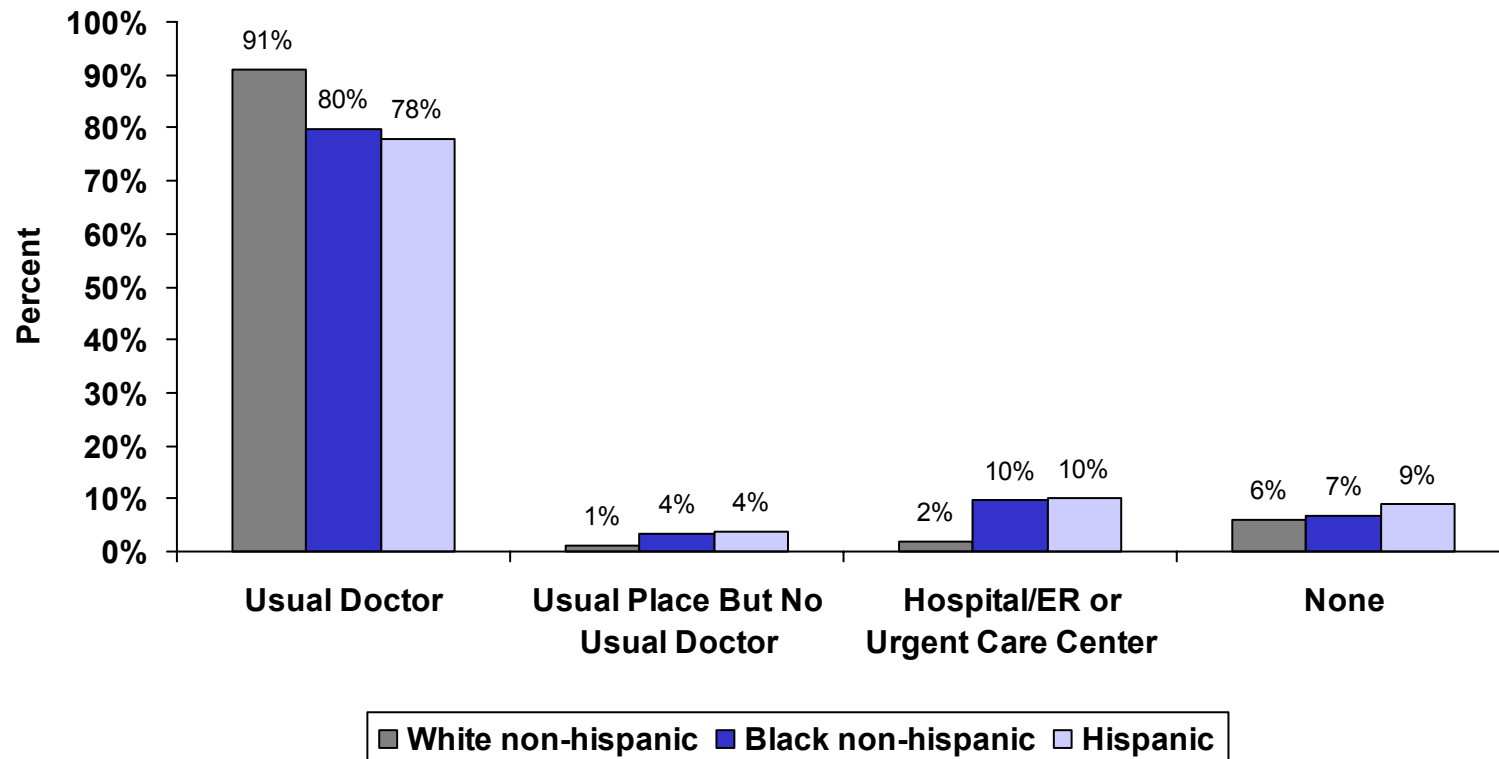


Note: Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 1991-2000 Access to Care Files.

Beneficiary Usual Source of Care, by Race, 2000

Minority beneficiaries were less likely to have a usual doctor for their care; however, the majority of beneficiaries have a usual doctor.

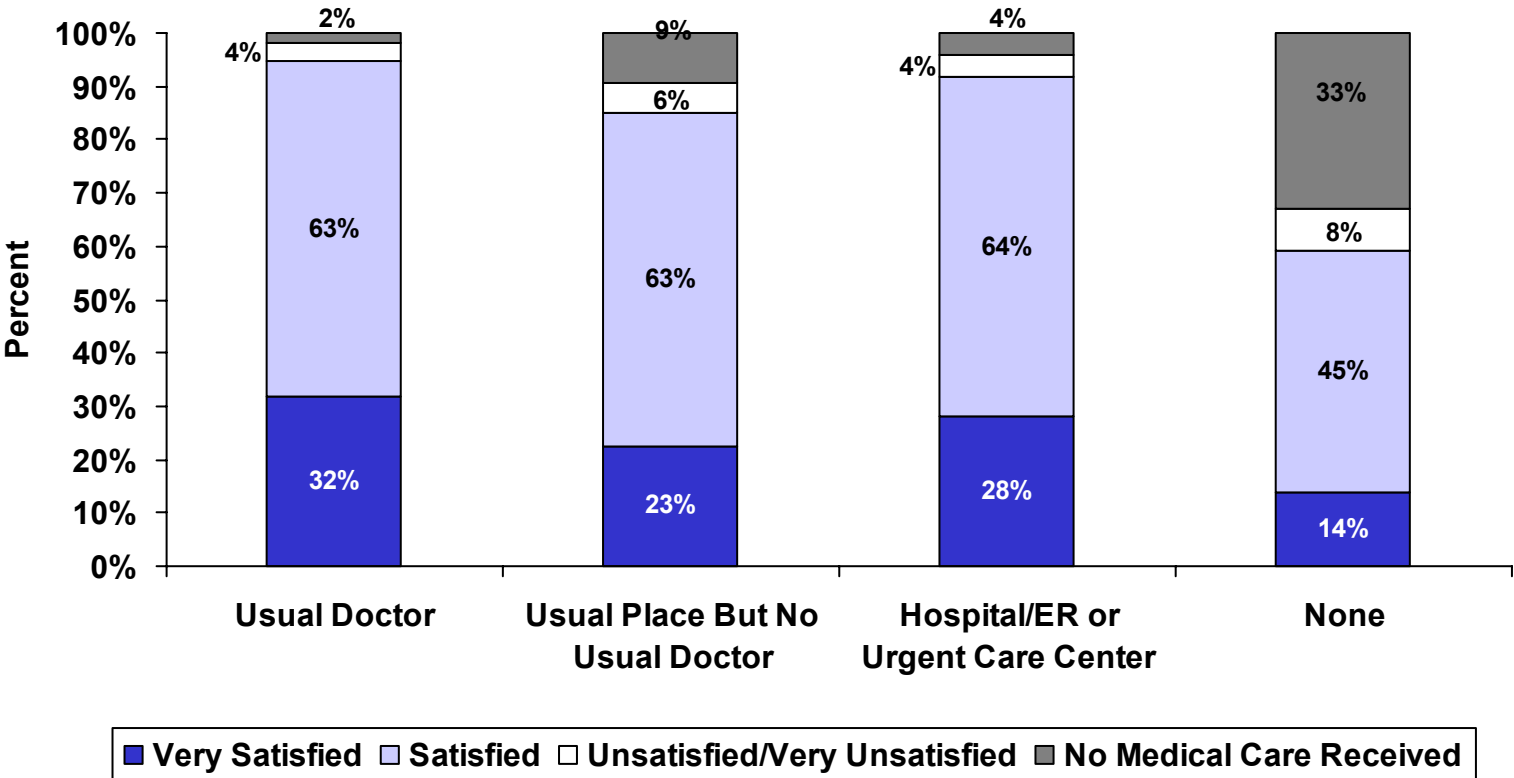


Note: Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Beneficiary Satisfaction with Medical Care, by Usual Source of Care, 2000

Beneficiaries with a usual source of care were more satisfied with the quality of their care than were those without any usual source of care.



Note: Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

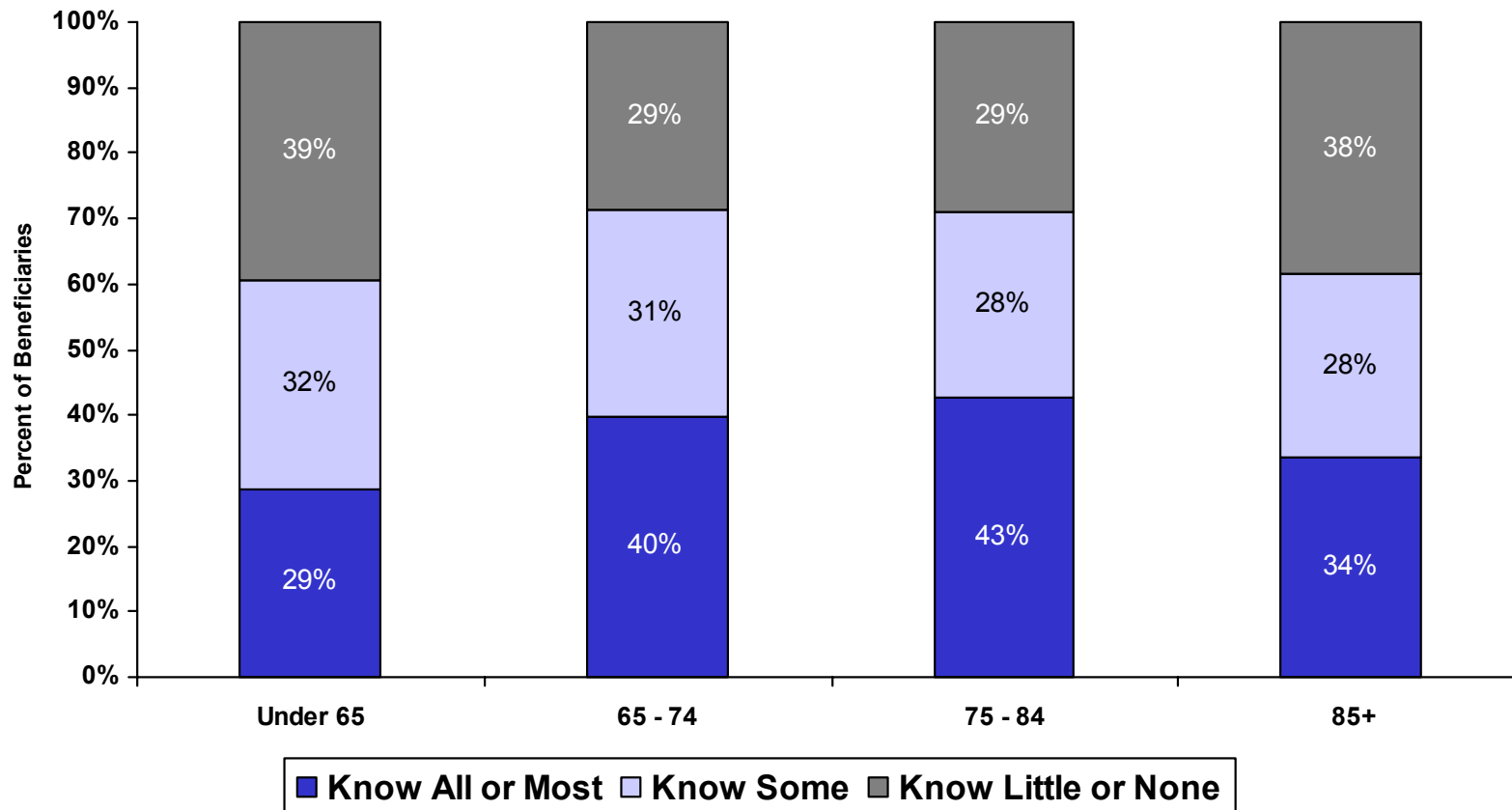
III. Medicare Program Information

B. Profile of Medicare Beneficiaries

7. Beneficiary Knowledge

Beneficiary Knowledge About the Medicare Program, by Age, 2000

Beneficiaries under age 65 and over 85 reported the biggest knowledge gap about Medicare-covered services.

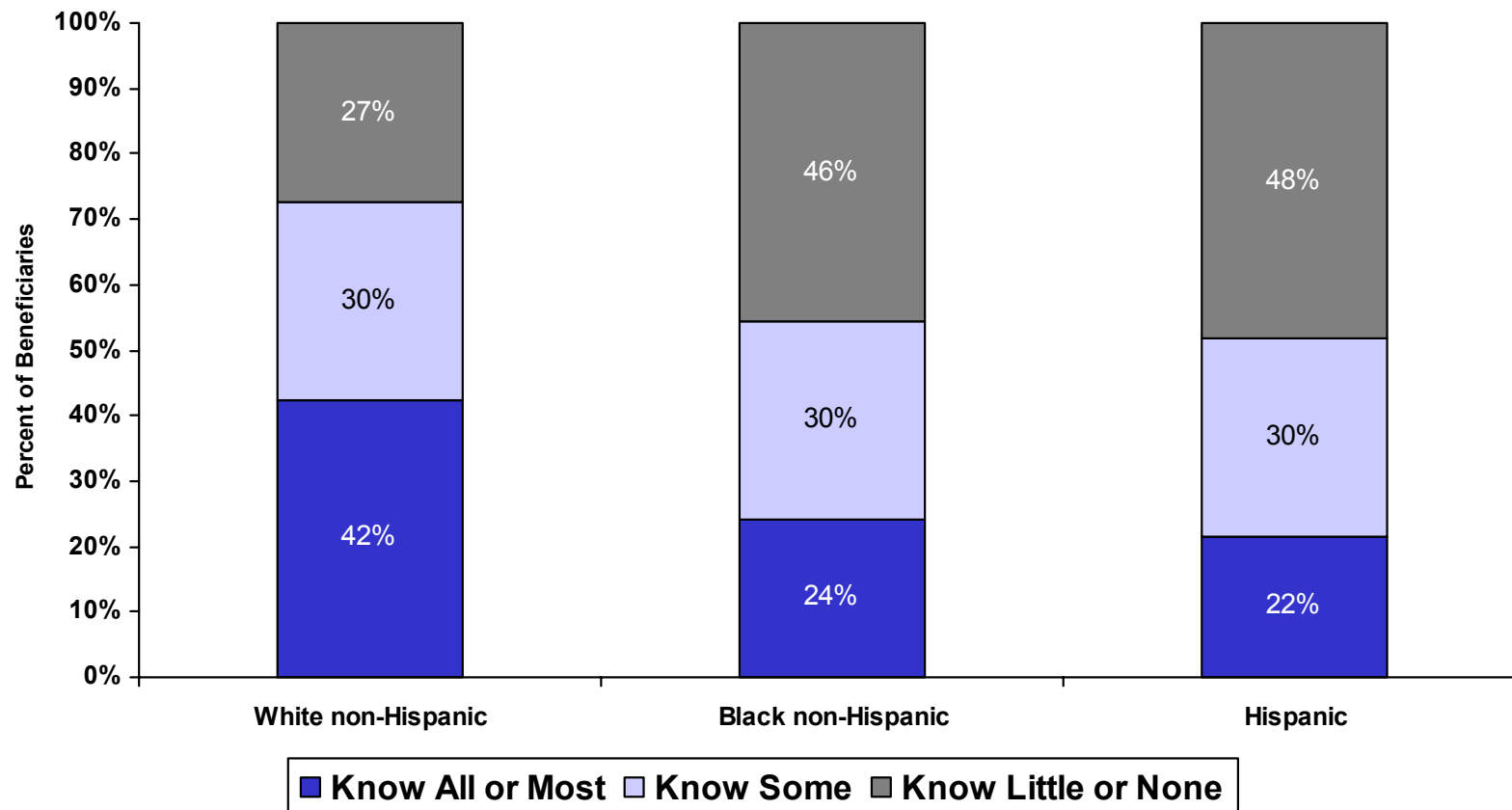


Note: Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Beneficiary Knowledge About the Medicare Program, by Race, 2000

Minority beneficiaries are more likely than white beneficiaries to report knowledge gaps about the Medicare program.

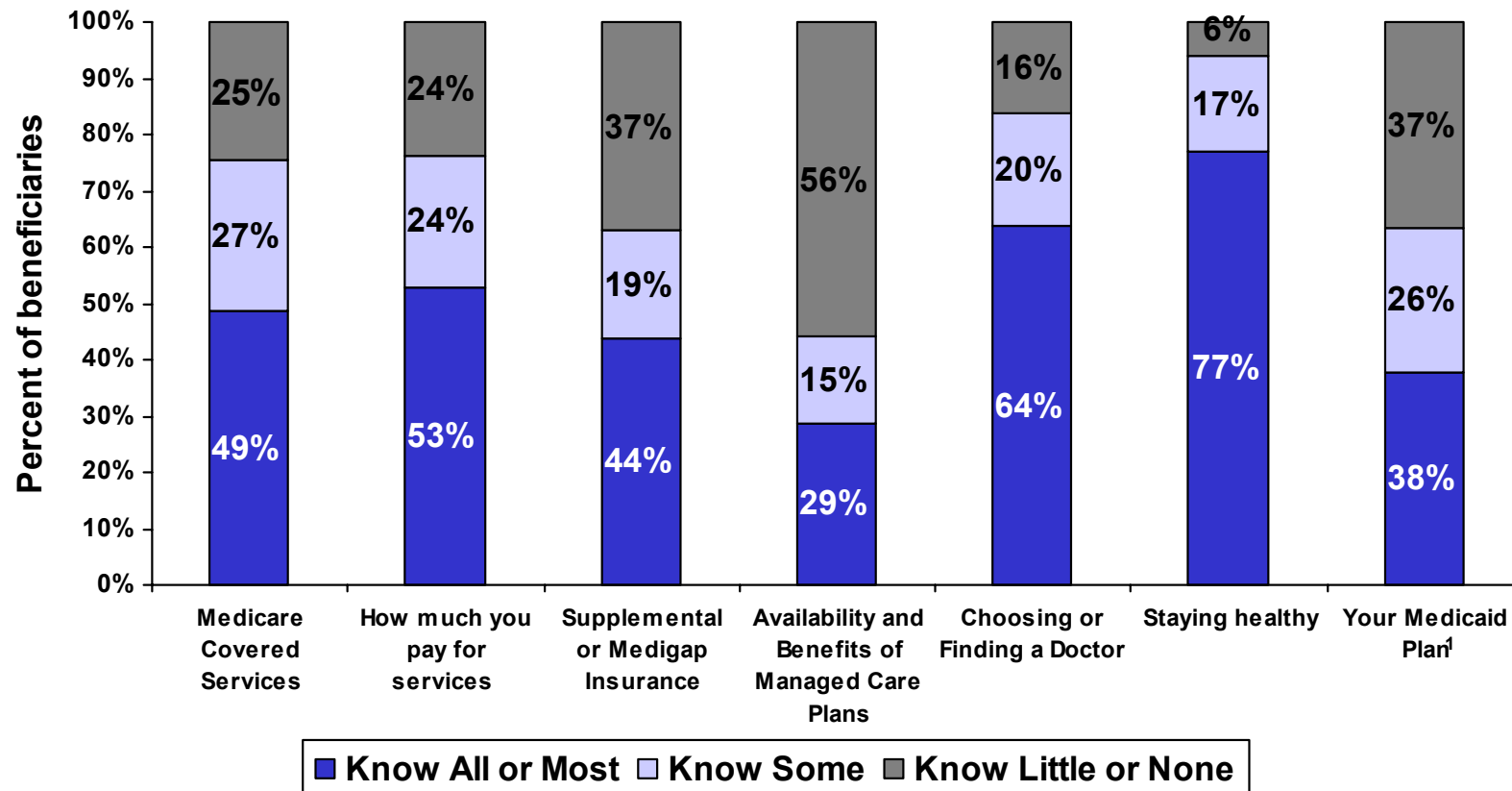


Note: Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Beneficiaries' Self-Reported Knowledge of the Medicare Program and Other Health Care Issues, 2000

Beneficiaries reported being less knowledgeable about availability and benefits of managed care plans.

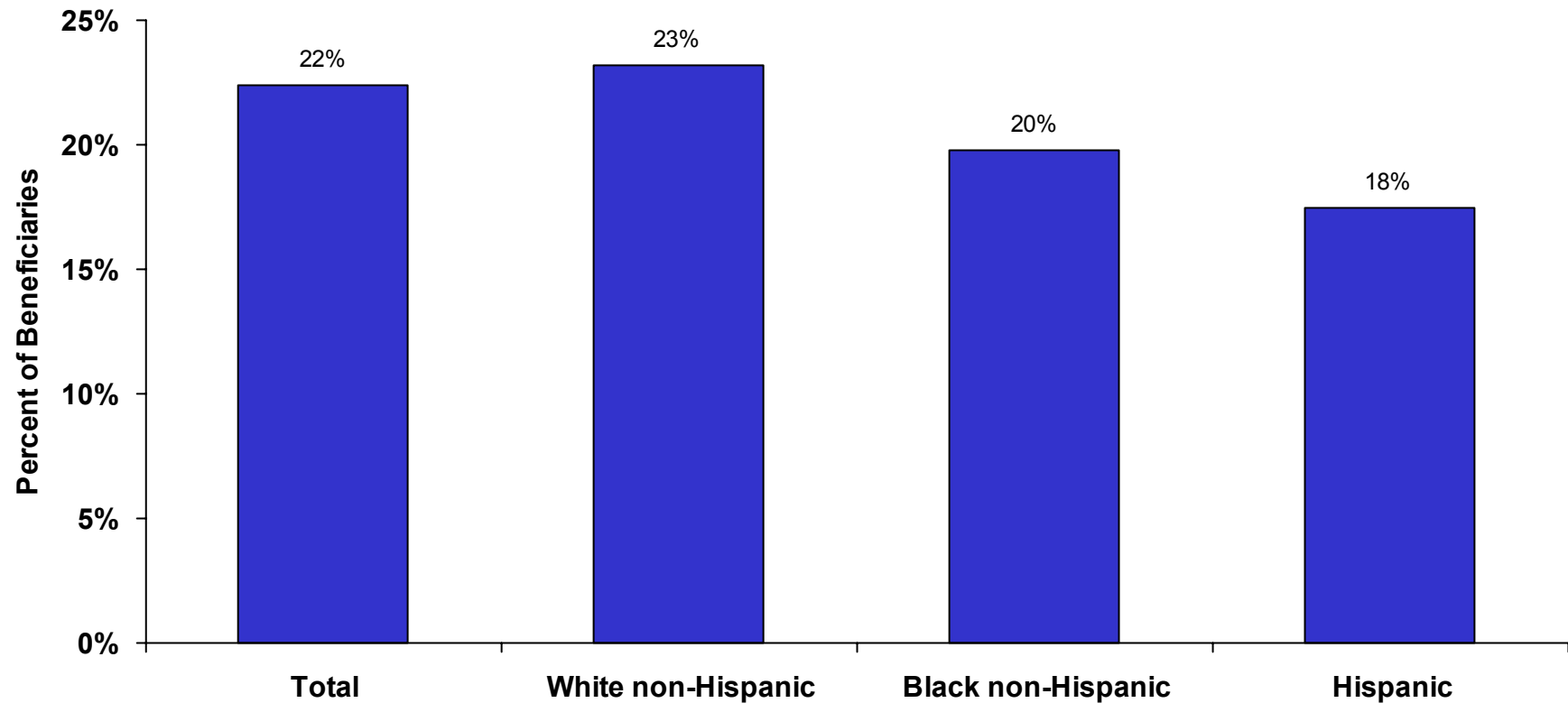


Notes: 1) Asked only of Medicaid beneficiaries. 2) Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Percent of Medicare Beneficiaries Seeking Medicare/Health Insurance Information, by Race, 2000

Less than one-quarter of beneficiaries reported seeking information relating to the program.

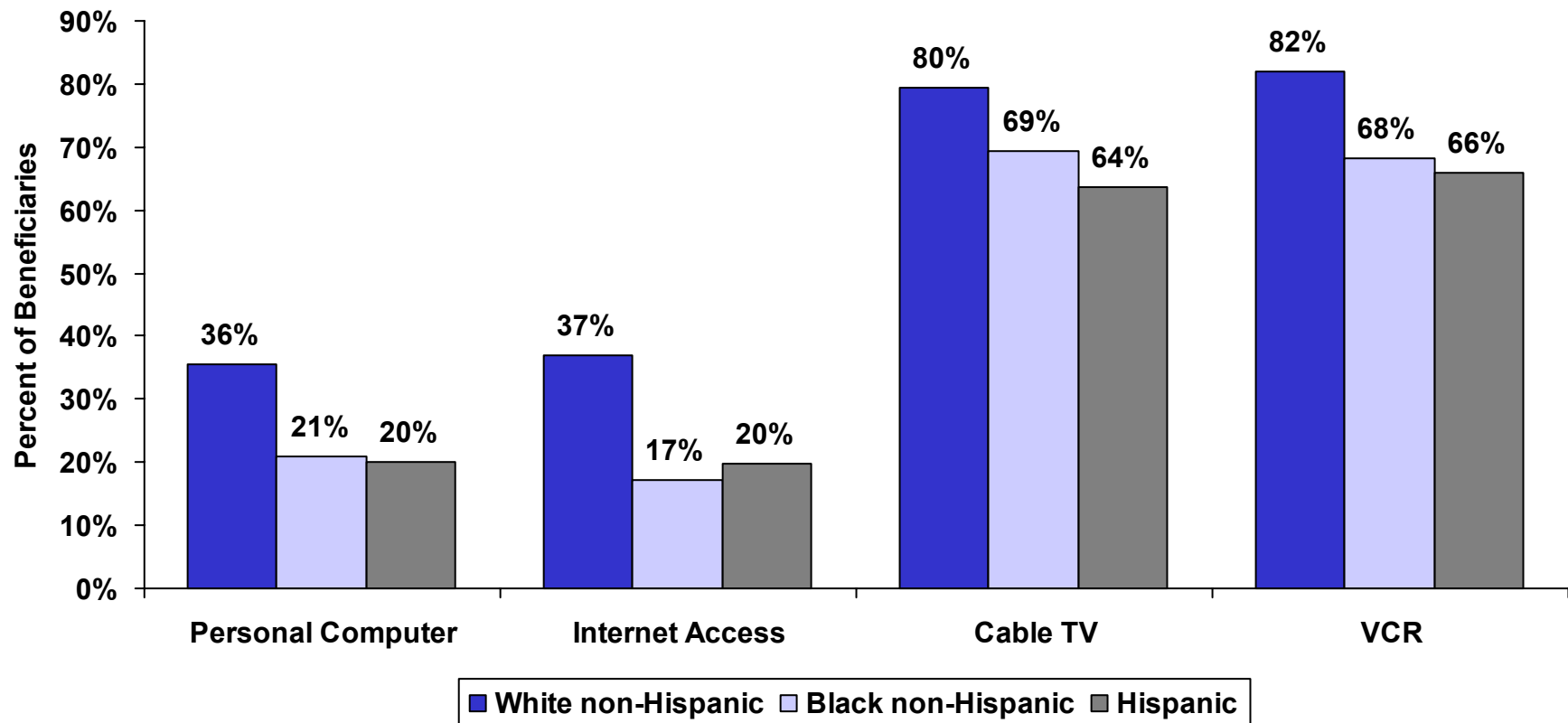


Note: Does not include beneficiaries in facility care.

Source: CMS, Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Technologies Beneficiaries Have Available in Their Homes, by Race, 2000

The majority of beneficiaries have cable television and a VCR in their home. In early 2001 less than one-third have PCs or Internet access.

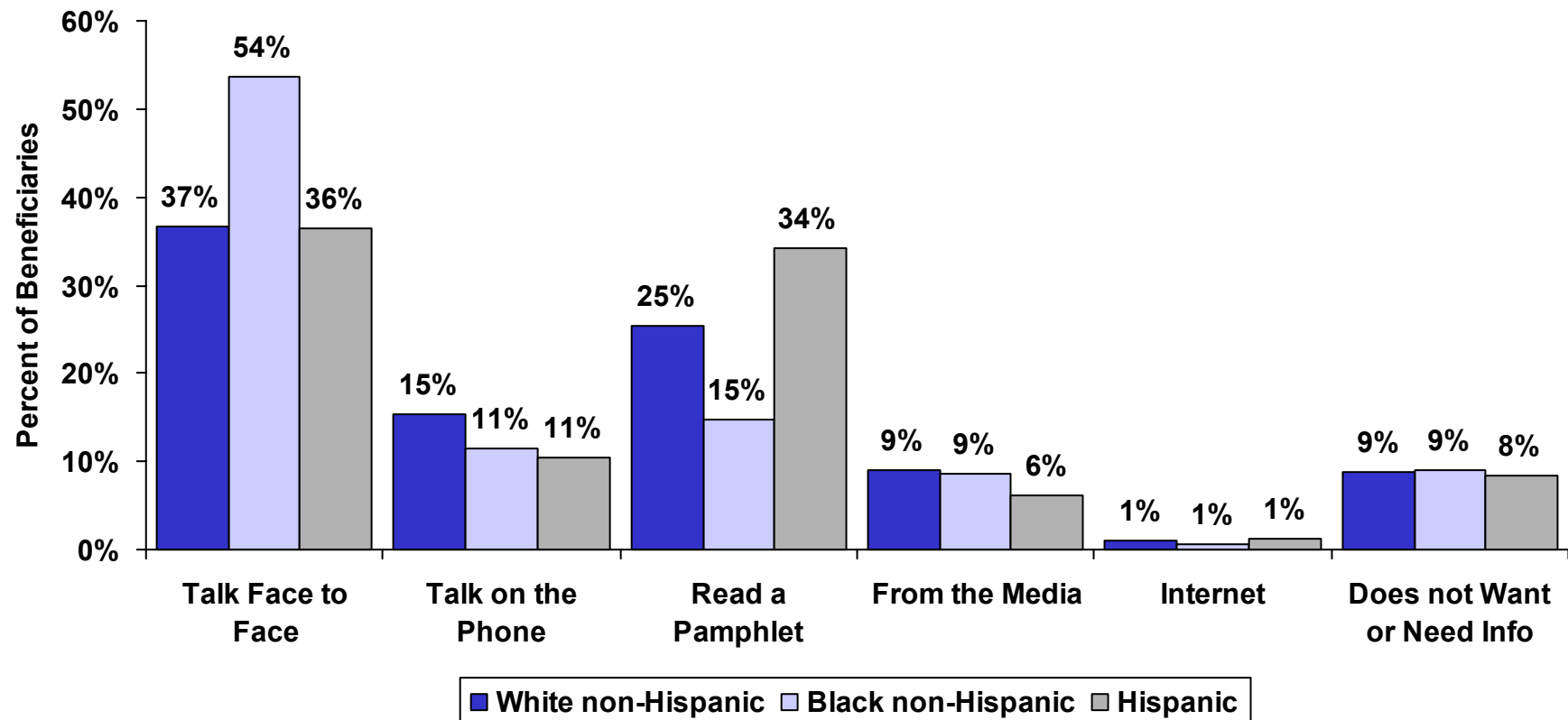


Note: Does not include beneficiaries in facility care. Beneficiaries were asked this question between January and April 2001.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

Beneficiary Preferences for Keeping Up With Program Changes, by Race, 2000

The preferred way of receiving Medicare information is by talking with someone face to face.



Note: Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

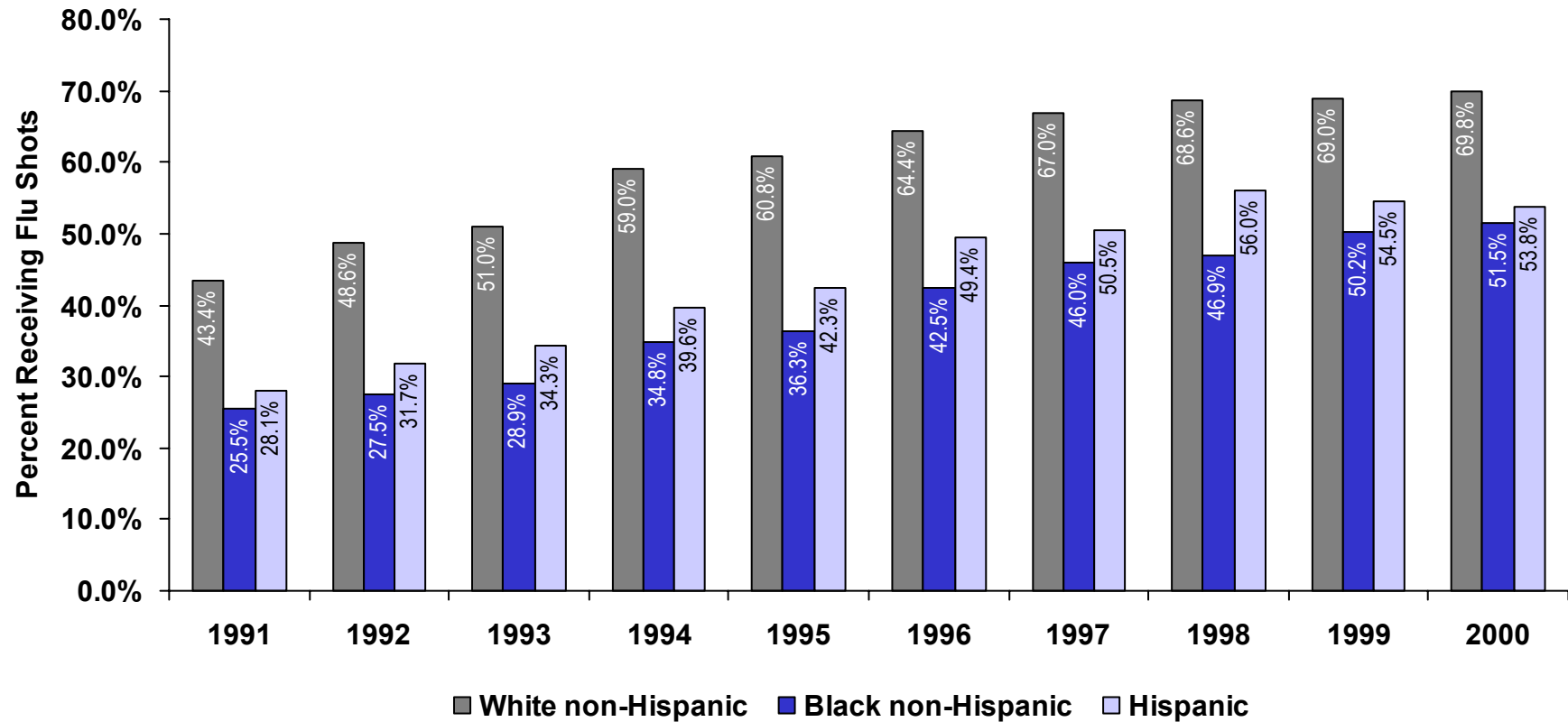
III. Medicare Program Information

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8. Prevention

Medicare Beneficiaries Who Received Flu Shots, by Race

Utilization of flu shots was higher for white non-Hispanic beneficiaries than other racial groups, but rates for all groups increased over the decade.

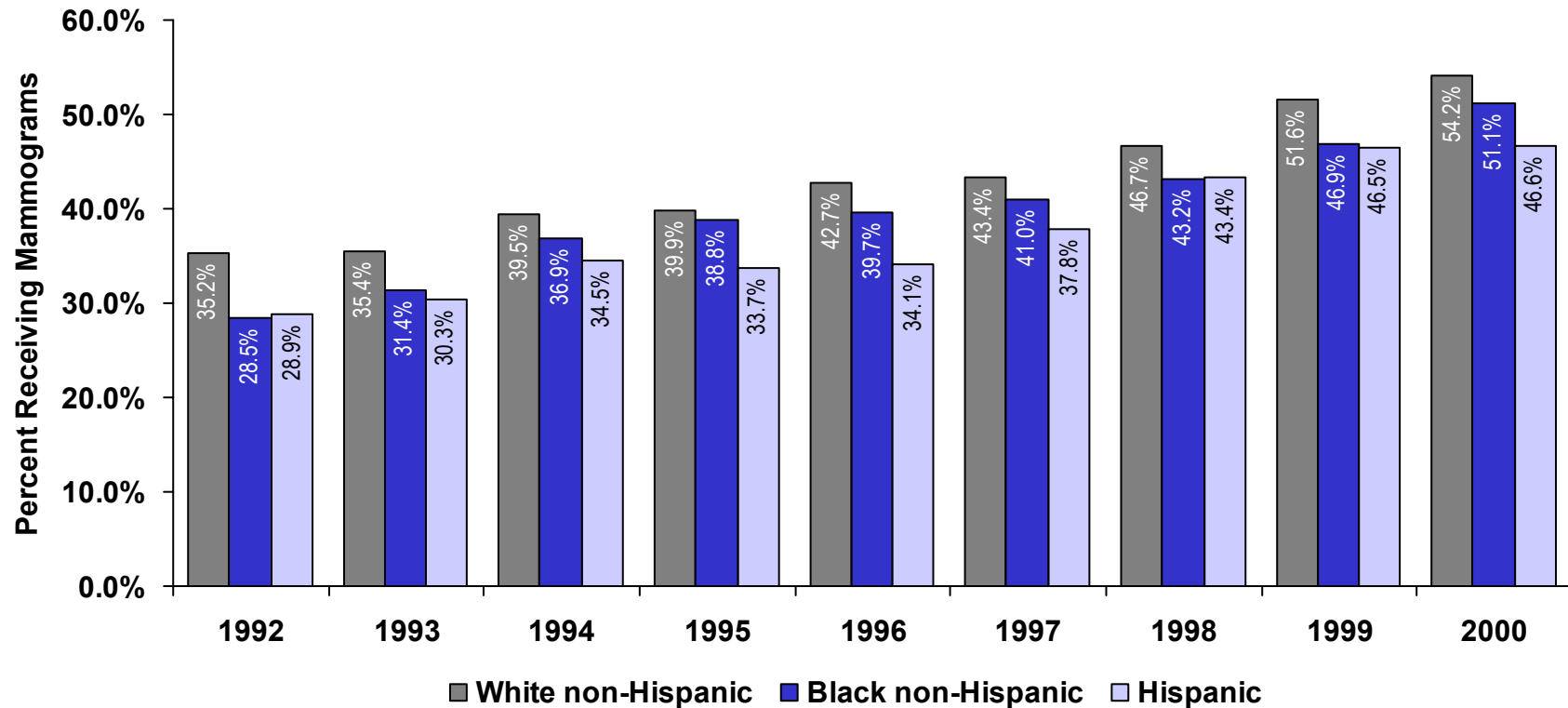


Note: Data reflect beneficiaries who report receiving flu shots. MCBS survey includes fee-for-service and managed care enrollees as well as aged and disabled beneficiaries. Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from Medicare Current Beneficiary Survey (MCBS) 1991-2000 Access to Care Files.

Female Medicare Beneficiaries Who Received Mammograms, by Race

Mammograms were more common for white non-Hispanic beneficiaries than other racial groups, but rates for all groups increased over the decade.

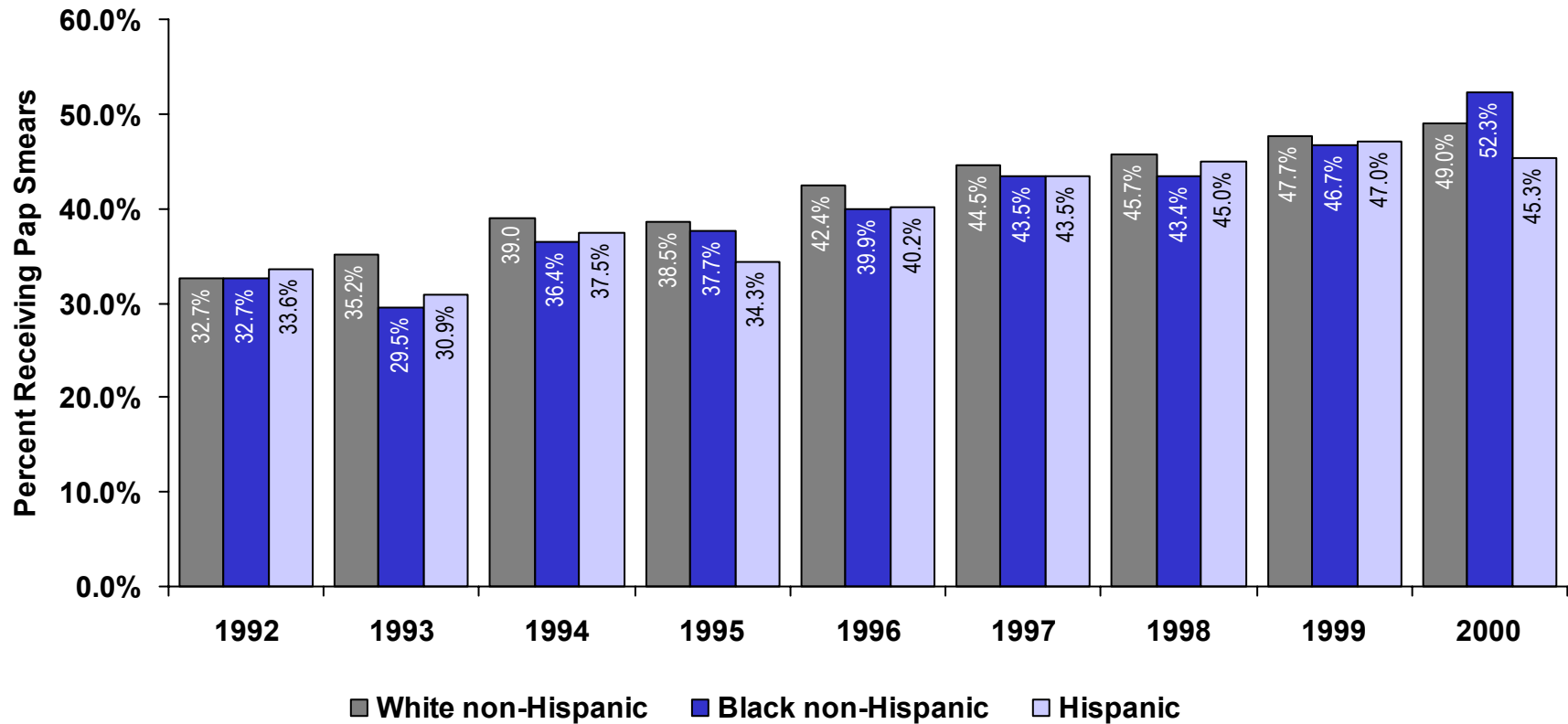


Note: Data reflect female beneficiaries who reported receiving mammograms in the past year, and include both preventive and diagnostic services. MCBS survey includes fee-for-service and managed care enrollees as well as aged and disabled beneficiaries. Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from Medicare Current Beneficiary Survey (MCBS) 1992-2000 Access to Care Files.

Female Medicare Beneficiaries Who Received Pap Smears, by Race

Utilization of Pap smears has increased over the decade.

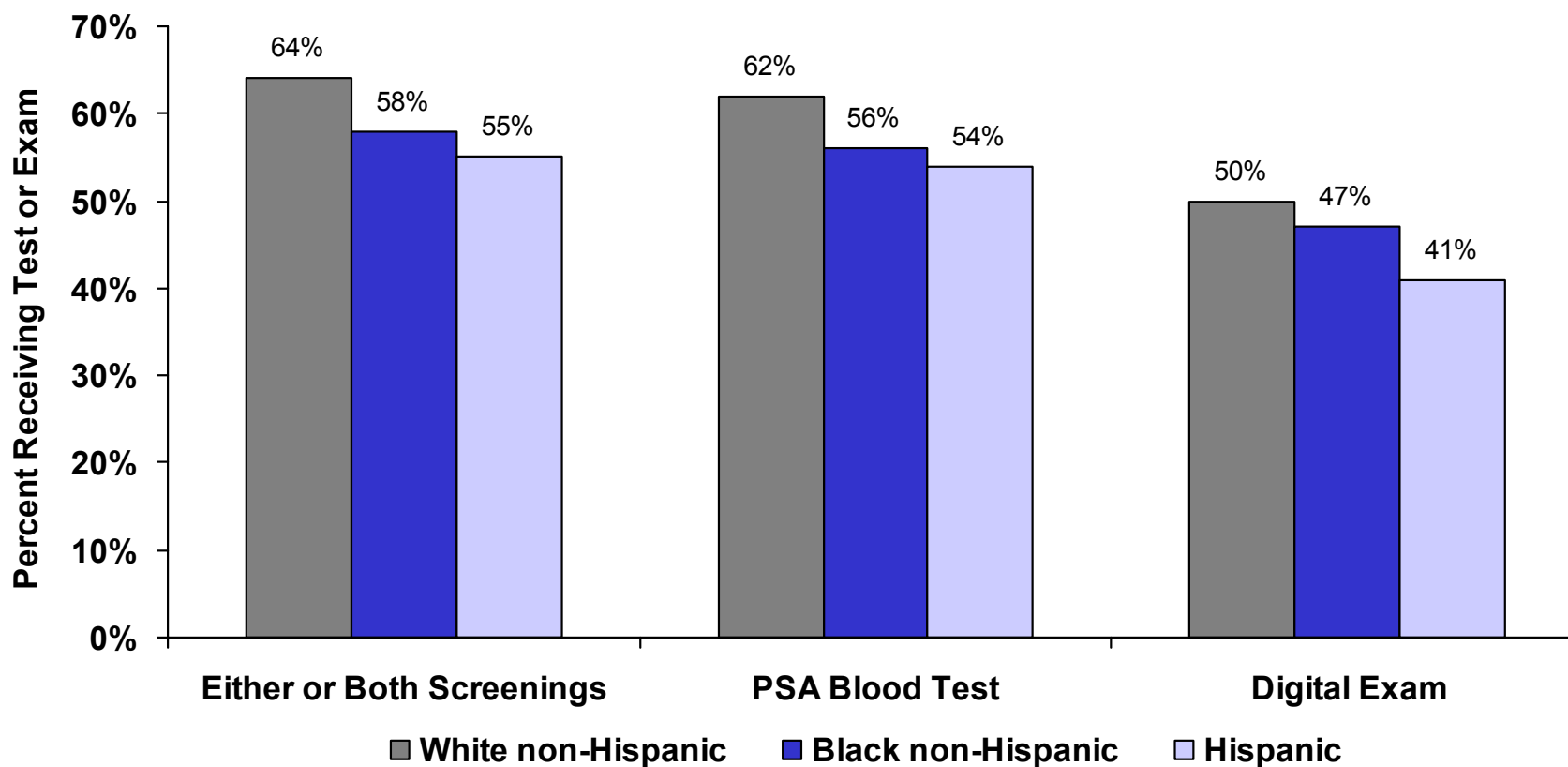


Note: Data reflect female beneficiaries who reported receiving a Pap smear in the past year. The MCBS Survey includes fee-for-service and managed care enrollees as well as aged and disabled beneficiaries. Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from Medicare Current Beneficiary Survey (MCBS) 1992-2000 Access to Care Files.

Male Medicare Beneficiaries Screened for Prostate Cancer, by Race, 2000

Hispanic male beneficiaries were least likely to receive either type of screening.



Note: Data reflect male beneficiaries who reported receiving prostate screenings.

Source: CMS, Office of Research, Development, and Information: Data from Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care File.

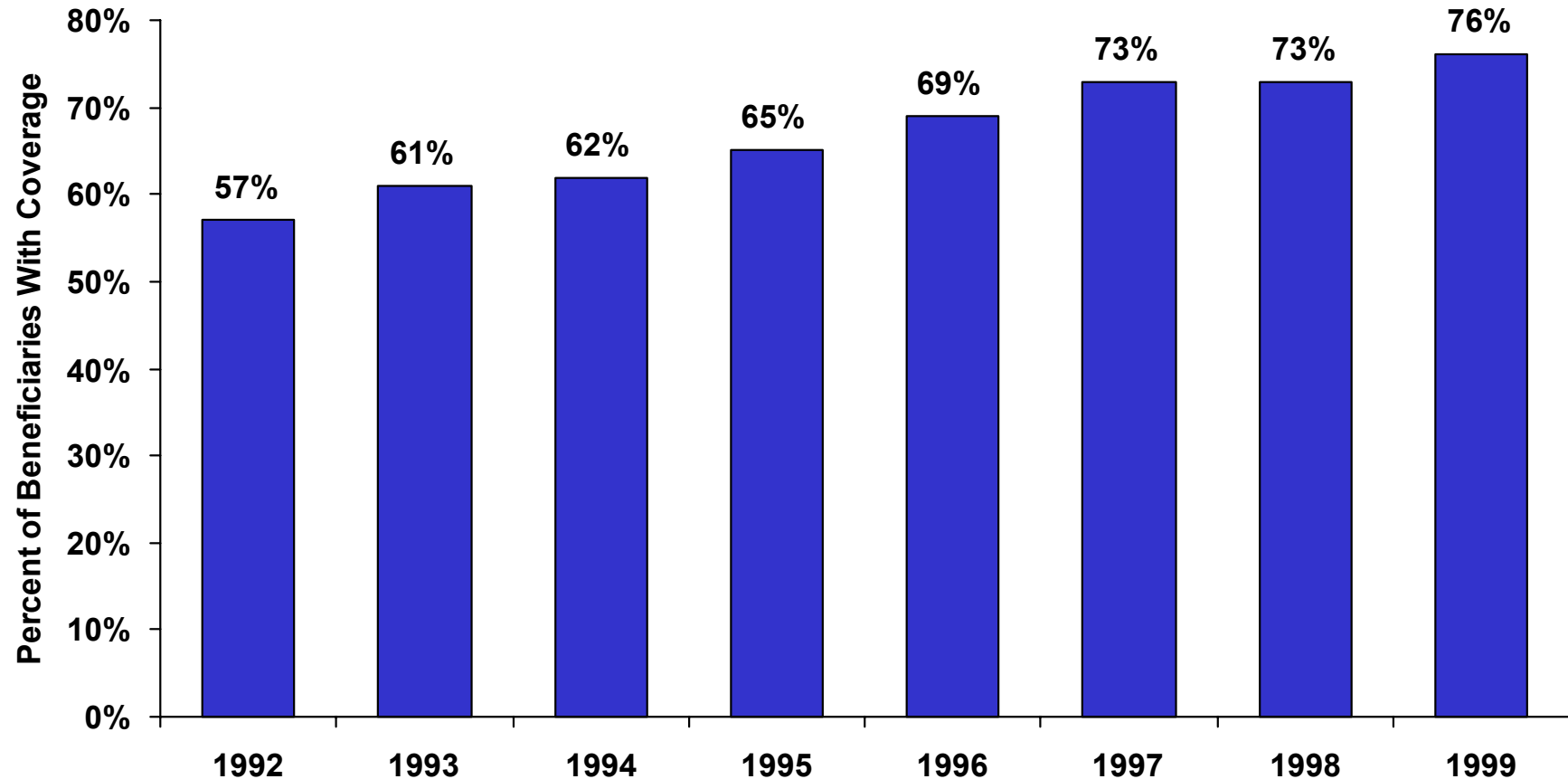
III. Medicare Program Information

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9. Prescription Drug Coverage

Percent of Medicare Beneficiaries with Prescription Drug Coverage, 1992-1999

About three-quarters of Medicare beneficiaries had prescription drug coverage at some point in 1999.

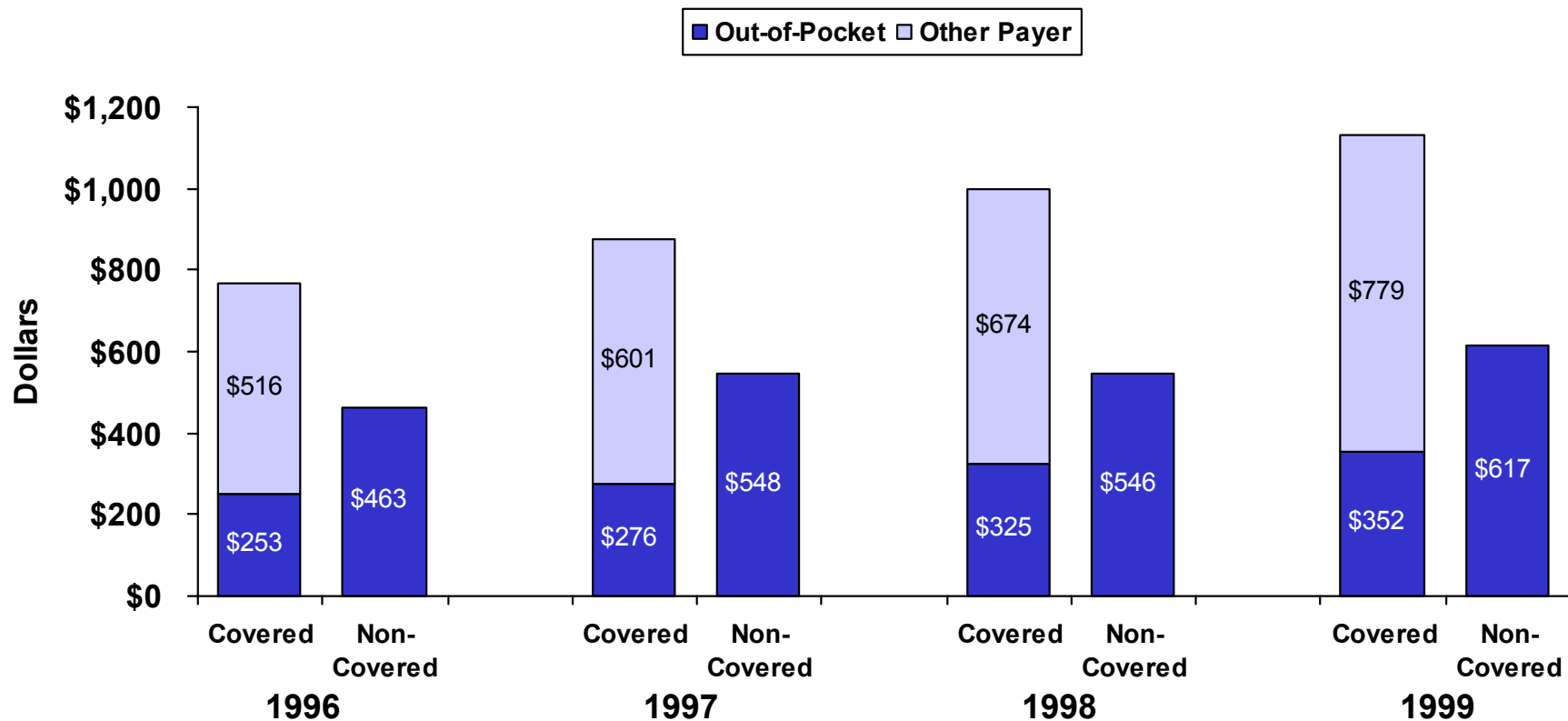


Note: This includes beneficiaries who had some type of drug coverage at any point during the year. Does not include beneficiaries in facility care.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 1992-1999 Cost and Use Files.

Total Spending for Prescription Drugs for All Medicare Beneficiaries, 1996-1999

Total spending for drugs was higher for beneficiaries with drug coverage than without; however, non-covered beneficiaries pay substantially more out-of-pocket costs.

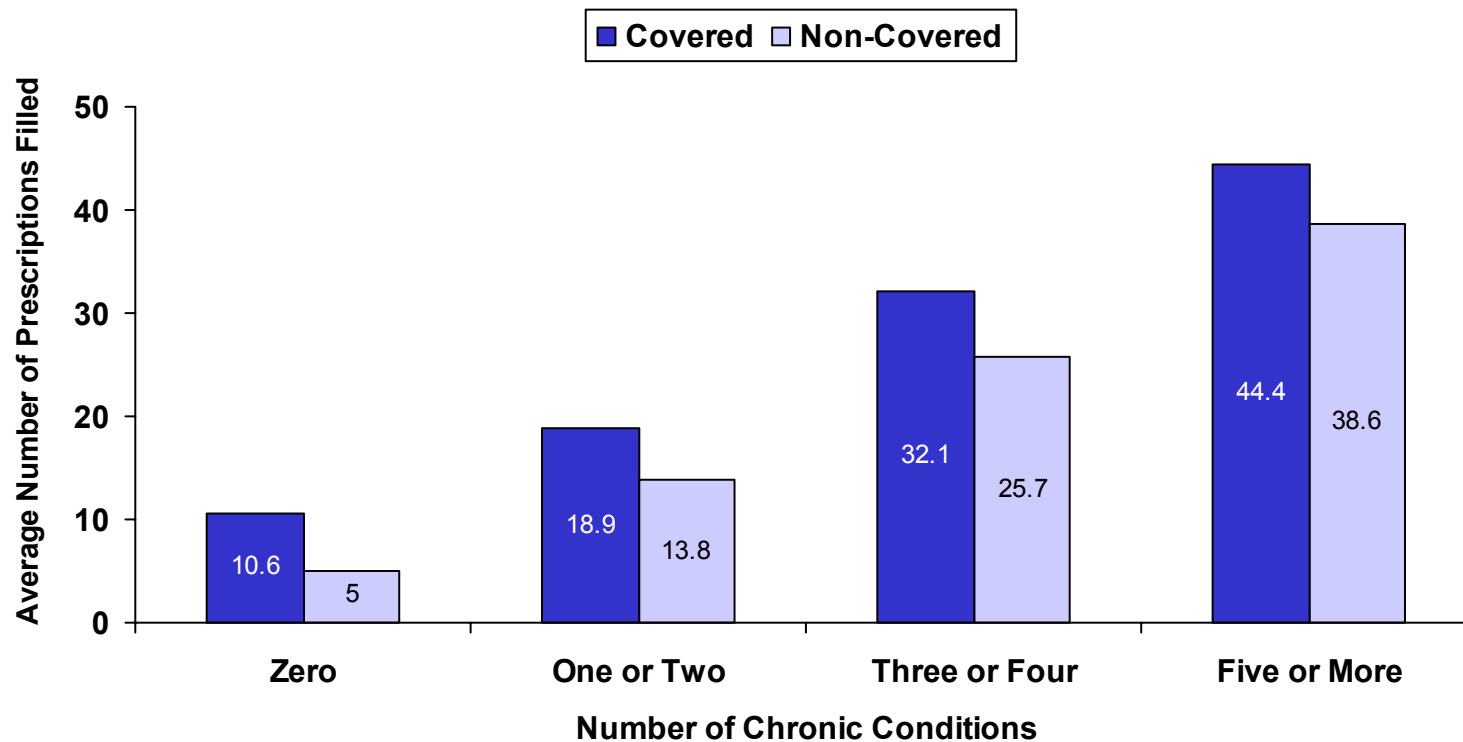


Note: Does not include beneficiaries in facility care. Does not adjust for underreporting of prescription drugs.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 1996-1999 Cost and Use Files.

Average Number of Prescriptions Filled for Beneficiaries With and Without Drug Coverage, by Number of Chronic Conditions, 1999

Beneficiaries with prescription drug coverage fill more prescriptions than those without drug coverage, regardless of the number of chronic conditions they have.

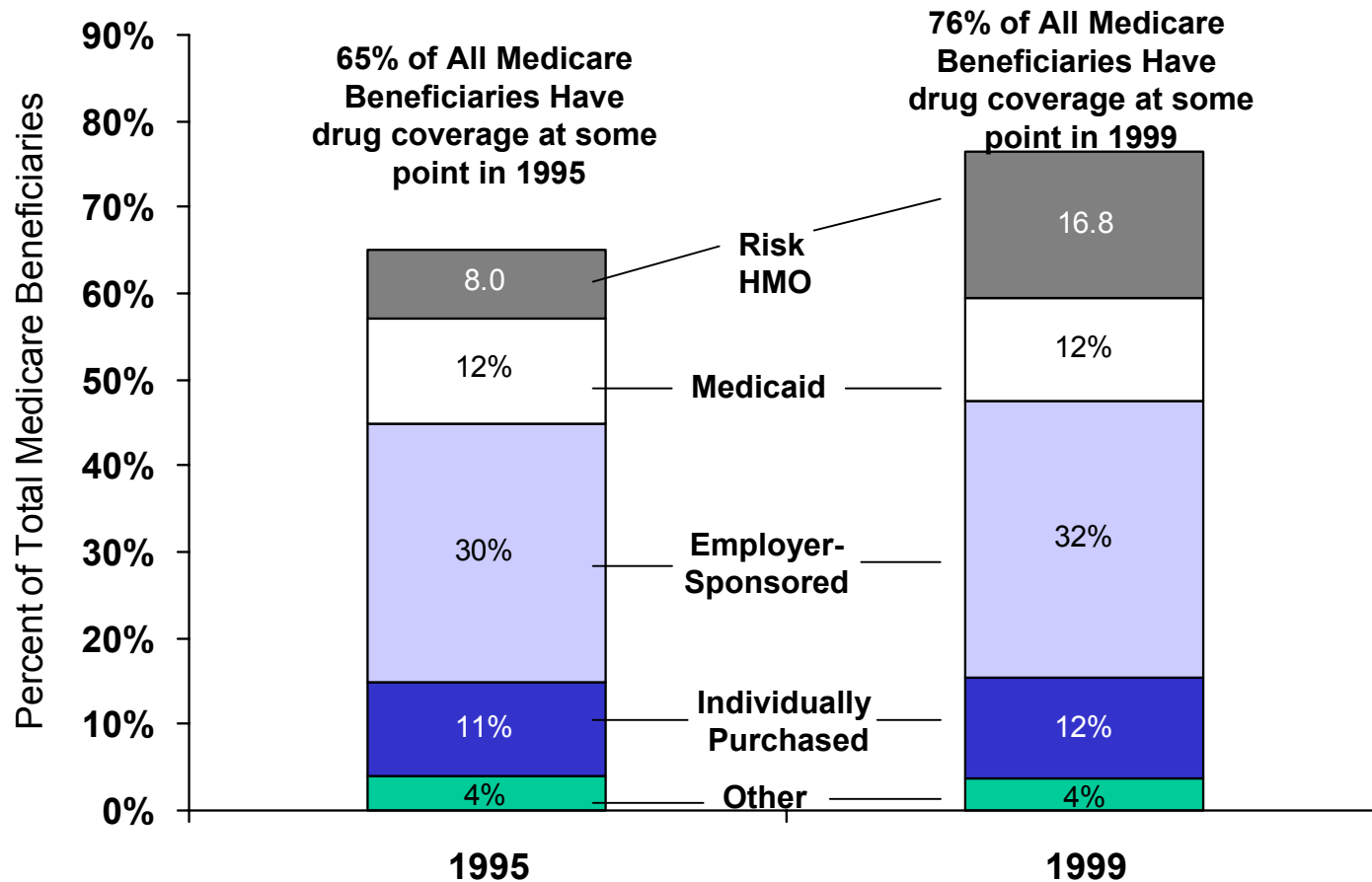


Note: There were 2.4 million covered and 1.1 million non-covered beneficiaries with no chronic conditions. There were 13.4 million covered and 4.5 million non-covered beneficiaries with 1 or 2 chronic conditions. There were 11.3 million covered and 2.9 million non-covered beneficiaries with 3 or 4 chronic conditions. There were 2.0 million covered and 0.4 million non-covered beneficiaries with 5 or more chronic conditions. Does not include beneficiaries in facility care. Does not adjust for underreporting of prescription drugs.

Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 1999 Cost and Use File.

Medicare Beneficiaries With Drug Coverage, by Primary Source of Supplemental Coverage, 1995 and 1998

A larger proportion of beneficiaries obtained supplemental drug coverage from a managed care plan between 1995 and 1999.



Note: Does not include beneficiaries in facility care. Percentages shown in bars are Medicare beneficiaries with drug coverage as a percent of total Medicare beneficiaries. Beneficiaries do not necessarily get drug coverage from their primary sources of supplemental insurance.

Source: CMS, Office of Research, Development, and Information. Data are from the Medicare Current Beneficiary Survey (MCBS) 1995 and 1999 Cost and Use Files.