

**Data Table for Figure 2.1.**  
**Percentage of Medicare FFS Beneficiaries by Number of Inpatient Admissions and Number of Chronic Conditions: 2008**

Number of Chronic Conditions	0 Inpatient admissions	1 Inpatient admission	2 Inpatient admissions	3+ Inpatient admissions
	Percentage			
<b>0 to 1</b>	95.7	3.5	0.5	0.2
<b>2 to 3</b>	85.6	11.5	2.0	0.9
<b>4</b>	72.3	20.6	4.9	2.2
<b>5</b>	59.0	27.5	8.8	4.7
<b>6+</b>	34.2	30.6	17.4	17.8
<b>All FFS Beneficiaries</b>	78.5	13.8	4.4	3.2

DATA SOURCE: CMS administrative claims data, January - December 2008, accessed from the Chronic Condition Warehouse (CCW).

STUDY POPULATION: Medicare beneficiaries enrolled in fee-for-service (FFS) coverage of both Parts A and B for the entire year. Decedents are included until their time of death.

NOTES: FFS is fee for service. Inpatient admissions include short stay acute care hospitalizations. Number of chronic conditions is based upon counts from the 15 selected conditions. Conditions are identified using claims data. A complete description of the chronic condition methodology can be found at [ccwdata.org](http://ccwdata.org).

*Chart book: Chronic Conditions among Medicare Beneficiaries*

**Data Table for Figure 2.2.**

**Percentage of Medicare FFS Beneficiaries with at Least One Post-Acute Care (PAC) Visit by Number of Chronic Conditions: 2008**

Number of Chronic Conditions	0 PAC visits	1 or more PAC visits
	Percentage	
<b>0 to 1</b>	98.4	1.6
<b>2 to 3</b>	92.9	7.1
<b>4</b>	84.7	15.3
<b>5</b>	75.3	24.7
<b>6+</b>	51.5	48.6
<b>All FFS Beneficiaries</b>	87.0	13.0

DATA SOURCE: CMS administrative claims data, January - December 2008, accessed from the Chronic Condition Warehouse (CCW).

STUDY POPULATION: Medicare beneficiaries enrolled in fee-for-service (FFS) coverage of both Parts A and B for the entire year. Decedents are included until their time of death.

NOTES: FFS is fee for service. Post-acute care settings include long-term care hospitals, inpatient rehabilitation facilities, skilled nursing facilities and home health visits. Number of chronic conditions is based upon counts from the 15 selected conditions. Conditions are identified using claims data. A complete description of the chronic condition methodology can be found at [ccwdata.org](http://ccwdata.org).

*Chart book: Chronic Conditions among Medicare Beneficiaries*

Data Table for Figure 2.3.

**Percentage of Medicare FFS Beneficiaries by Number of Home Health Visits and Number of Chronic Conditions: 2008**

	0 Home Health Visits	1 to 12 Home Health Visits	13+ Home Health Visits
Number of Chronic Conditions	Percentage		
<b>0 to 1</b>	98.7	0.6	0.7
<b>2 to 3</b>	94.6	2.3	3.1
<b>4</b>	88.8	4.4	6.9
<b>5</b>	82.1	6.4	11.5
<b>6+</b>	65.4	9.8	24.8
<b>All FFS Beneficiaries</b>	90.5	3.3	6.2

DATA SOURCE: CMS administrative claims data, January - December 2008, accessed from the Chronic Condition Warehouse (CCW).

STUDY POPULATION: Medicare beneficiaries enrolled in fee-for-service (FFS) coverage of both Parts A and B for the entire year. Decedents are included until their time of death.

NOTES: FFS is fee for service. Number of chronic conditions is based upon counts from the 15 selected conditions. Conditions are identified using claims data. A complete description of the chronic condition methodology can be found at [ccwdata.org](http://ccwdata.org).

*Chart book: Chronic Conditions among Medicare Beneficiaries*

**Data Table for Figure 2.4.**

**Percentage of Medicare FFS Beneficiaries by Number of Physician Office Visits and Number of Chronic Conditions: 2008**

Number of Chronic Conditions	Percentage			
	0 Physician Office Visits	1 to 5 Physician Office Visits	6 to 12 Physician Office Visits	13+ Physician Office Visits
<b>0 to 1</b>	33.3	47.2	15.8	3.7
<b>2 to 3</b>	7.5	41.8	37.6	13.1
<b>4</b>	7.1	27.1	42.3	23.5
<b>5</b>	8.0	21.2	38.9	31.9
<b>6+</b>	9.3	19.3	30.0	41.5
<b>All FFS Beneficiaries</b>	16.2	37.1	30.2	16.5

DATA SOURCE: CMS administrative claims data, January - December 2008, accessed from the Chronic Condition Warehouse (CCW).

STUDY POPULATION: Medicare beneficiaries enrolled in fee-for-service (FFS) coverage of both Parts A and B for the entire year. Decedents are included until their time of death.

NOTES: FFS is fee for service. Physician office visits refer to physician evaluation and management services as defined by the Berenson-Eggers Type of Service (BETOS) classification scheme and include BETOS codes M1A and M1B. Number of chronic conditions is based upon counts from the 15 selected conditions. Conditions are identified using claims data. A complete description of the chronic condition methodology can be found at [ccwdata.org](http://ccwdata.org).

*Chart book: Chronic Conditions among Medicare Beneficiaries*

**Data Table for Figure 2.5.**

**Percentage of Medicare FFS Beneficiaries by Number of Emergency Room Visits and Number of Chronic Conditions: 2008**

	0 ER visits	1 ER visit	2 ER visits	3+ ER visits
Number of Chronic Conditions	Percentage			
<b>0 to 1</b>	86.4	9.6	2.3	1.7
<b>2 to 3</b>	74.9	16.9	4.8	3.4
<b>4</b>	62.9	22.8	8.2	6.2
<b>5</b>	51.3	26.6	11.8	10.4
<b>6+</b>	30.2	26.2	17.4	26.3
<b>All FFS Beneficiaries</b>	69.5	17.3	6.6	6.6

DATA SOURCE: CMS administrative claims data, January - December 2008, accessed from the Chronic Condition Warehouse (CCW).

STUDY POPULATION: Medicare beneficiaries enrolled in fee-for-service (FFS) coverage of both Parts A and B for the entire year. Decedents are included until their time of death.

NOTES: FFS is fee for service. Number of chronic conditions is based upon counts from the 15 selected conditions. Conditions are identified using claims data. A complete description of the chronic condition methodology can be found at [ccwdata.org](http://ccwdata.org).

*Chart book: Chronic Conditions among Medicare Beneficiaries*

Data Table for Figures 2.6a-2.6d.

Percentage of Hospital Admissions with a Readmission within 30 days by Number of Chronic Conditions: 2008

Number of Chronic Conditions	Total Population	Less than 65 years	65 to 74 years	75 to 84 years	85+ years	Readmission Rate: Percentage			
						Men	Women	Dual	Non-dual
0 to 1	9.2	11.8	7.7	6.9	5.8	9.9	8.5	12.1	7.6
2 to 3	10.7	16.0	9.4	9.0	8.7	11.9	9.8	14.8	9.4
4	13.1	18.9	11.9	11.6	12.0	14.1	12.2	16.6	11.9
5	16.3	22.1	15.4	14.8	15.3	17.6	15.3	19.2	15.1
6+	26.1	32.2	26.5	25.1	24.0	27.5	25.2	28.9	24.6

DATA SOURCE: CMS administrative claims data, January - December 2008, accessed from the Chronic Condition Warehouse (CCW).

STUDY POPULATION: Medicare beneficiaries enrolled in fee-for-service (FFS) coverage of both Parts A and B for the entire year. Decedents are included until their time of death.

NOTES: FFS is fee for service. The 30-day readmission rate is defined as the percentage of hospital admissions with a readmission from any cause within 30 days. Number of chronic conditions is based upon counts from the 15 selected conditions. Conditions are identified using claims data. A complete description of the chronic condition methodology can be found at [ccwdata.org](http://ccwdata.org).

*Chart book: Chronic Conditions among Medicare Beneficiaries*