

## Medicare Telehealth Trends

### Data Dictionary

Variable Name	Term Name	Definition
Year	Year	Identifies the data year from which the Part B Medicare claims were pulled.
Quarter	Quarter	Identifies the data quarter from which the Part B claims were pulled. Quarter 1 is for months January through March; Quarter 2 is for months April through June; Quarter 3 is for months July through September; and Quarter 4 is for months October through December.
Bene_Geo_Desc	Geography Description	The data is aggregated to the 50 States, the District of Columbia, Puerto Rico, US Virgin Islands, and a "Territories" category (all other outlying areas of the US). The state of the beneficiary is based on mailing address. If a beneficiary's state of residence is unknown, the beneficiary is assigned to the "Missing Data" category. Data aggregated at the National level are identified by "National".
Bene_Mdcd_Mdcr_Enrl_Stus	Beneficiary Medicare Enrollment Description	A beneficiary can be eligible for Medicare and/or Medicaid. Beneficiaries enrolled in both Medicare and Medicaid simultaneously at any time during the trend time period are considered Dual Medicare and Medicaid. A beneficiary enrolled in Medicare alone is Medicare Only. Please note that for beneficiaries enrolled in both Medicare and Medicaid, only claims and encounters covered by Medicare are included in this reporting.
Bene_Race_Desc	Beneficiary Race/ Ethnicity Description	In the data, a beneficiary's race/ ethnicity is created by taking the beneficiary race code that has historically been used by the Social Security Administration (and is in turn used in CMS's enrollment database) and applying an algorithm that improves the race/ethnicity classification, particularly for those who are Hispanic or Asian/Pacific Islander. This algorithm, developed by the Research Triangle Institute (RTI) and is thus often referred to as the "RTI race code", uses Census surname lists for Hispanic and Asian/Pacific Islander origin as well as geography. The race/ethnicity classifications are: American Indian/Alaska Native (AI/AN), White, Black/African American, Asian/ Pacific Islander, Hispanic, and Other/Unknown. For more information on the RTI race algorithm, see <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4195038/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4195038/</a> .
Bene_Sex_Desc	Beneficiary Sex Description	A beneficiary's sex is available from the CMS enrollment database and is classified as Male/Female.
Bene_Mdcr_Entlmt_Stus	Beneficiary Medicare Entitlement Status	Medicare entitlement is available to three basic groups of "insured individuals" - the Aged, the Disabled, and those with end stage renal disease (ESRD). Medicare entitlement can change over time for beneficiaries that were initially entitled to Medicare because of disability or ESRD before the age of 65. For purposes of this reporting, beneficiaries who at any time during the time period had ESRD, were Aged with ESRD or were Disabled with ESRD are classified as ESRD; otherwise beneficiaries are classified as Disabled or Aged.
Bene_Age_Desc	Beneficiary Age Description	A beneficiary's age is measured at the end of the data year.
Bene_RUCA_Desc	Beneficiary Rural/Urban Status	Rural/Urban status is defined using the beneficiary's mailing ZIP code and the Rural Urban Commuting Area Crosswalk (RUCA). The RUCA crosswalk relies on commuting data from the US Census, as well as ZIP Codes to define Rural and Urban locations. This definition of rural/urban is different from how Medicare defined rural geographic areas when determining eligibility for payment of telehealth services prior to the pandemic. Telehealth services used to be limited to sites located in either a rural health professional shortage area (HPSA) or counties outside of a Metropolitan Statistical Area (MSA). The Health Resources and Services Administration (HRSA) classified HPSAs and the Census Bureau classified MSAs.
Total_Bene_TH_Elig	Total Telehealth Eligible Users	Number of unique Medicare beneficiaries who received telehealth eligible services (via Telehealth or non-telehealth). We identify telehealth eligible codes from the CMS list of covered telehealth services, effective July 2022. The count may exceed the number of beneficiaries enrolled in Medicare Part B because of methodology. Persons with utilization are counted as a whole person; enrollees are counted using a person-year or person-quarter methodology.
Total_PartB_Enrl	Total Medicare Part B Enrollment	The total Medicare population with Part B Fee-for-Service (FFS) Insurance. Medicare Part B enrollment counts are determined using a person-year or person-quarter methodology, depending on timeframe of data. For each calendar year, total person-quarter counts are determined by summing the total number of months that each beneficiary is enrolled in Part B during the quarter and dividing by 3. Person-year counts are determined by summing the total number of months that each beneficiary is enrolled in Part B during the year and dividing by 12.
Total_Bene_Telehealth	Total Telehealth Users	Number of unique Medicare beneficiaries with telehealth visit (including audio-only telehealth). We only include those users where the line payment amount was greater than \$0.

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Pct_Telehealth	Percentage of Medicare Users with a Telehealth Service	The number of unique Medicare Part B beneficiaries who received at least one telehealth service divided by the number of unique beneficiaries who received at least one telehealth eligible service (either in-person or via a telecommunication device). To calculate this measure, we divide Total Telehealth Users by Total Telehealth Eligible Users.