Social Security and Medicare Maps

http://perc.tamu.edu/perc/maps/

Social Security Maps

County and ZIP Code Maps: Retired Workers’ Average Benefits, Number of Retired Workers, and Disabled Beneficiaries as a Percent of Adult Beneficiaries

The County and ZIP Code maps are based on the annual publications OASDI Beneficiaries by State and County and OASDI Beneficiaries by State and ZIP Code. The publications are produced by the Social Security Administration, Office of Retirement and Disability Policy, Office of Research Evaluation, and Statistics.

The default County and ZIP Code maps depict county outlines, and by zooming in, the ZIP code (Census Bureau ZIP Code Tabulation Areas- see below) outlines are revealed. The link to the county publication for 2015, (released in August 2016) is

OASDI Beneficiaries by State and County, 2015
http://www.ssa.gov/policy/docs/statcomps/oasdi_sc/2015/index.html,

and the link for the ZIP code level publication for 2014 is

OASDI Beneficiaries by State and ZIP Code, 2015

(The county level publication is released in the summer and the ZIP code level publication is released in the fall.)

The links to the earlier years are also found on these sites.

The default maps depict quintiles in the 2015 distributions of county level retired worker benefits, number of retired workers, and disabled workers as a percent of adult Social Security beneficiaries.¹

Retired Workers’ Average Social Security Benefits

County level data are available from 1999 to 2015. The graphs that appear by scrolling over the counties on the map depict county level average annual benefits from 1999 to 2015 for retired workers, widows and widowers, and disabled workers, along with national average benefits for

¹ In OASDI Beneficiaries by State and County, 2014, the data for Bedford, VA county and city are combined. For purposes of the maps and the time series, 2014 Bedford the county and city values are imputed from the combined amounts in proportion to the respective 2013 shares.
retired workers. County level series are derived from Tables 4 and 5 and the national averages are derived from Tables 1 and 2 in *OASDI Beneficiaries by State and County*.

**Number of Retired Workers – County and ZIP Code**

Scrolling over the counties on the map reveals graphs showing the numbers of retired workers for the years 1999 to 2015 in each county. The numbers of retired workers are from Table 5 in *OASDI Beneficiaries by State and County*.

**Disabled Beneficiaries as a Percent of Adult Beneficiaries – County and ZIP Code**

Scrolling over the counties on the map reveals the graph depicting the county’s percent relative to the national average percent for the years 1999 to 2015.

**ZIP Code Level**

Zooming in on the default county level maps reveals the ZIP Code Tabulations Areas (ZCTAs) outlines based on the Census Bureau’s 2010 ZCTAs. A detailed description of how ZCTAs are related to the United States Postal Service (USPS) ZIP Codes and how ZCTA boundaries are determined is available on the Census Bureau’s website:

http://www.census.gov/geo/reference/zctas.html

The 2010 version of the ZCTAs “shape file” or geographic boundary file leaves gaps in areas that are largely unpopulated. The ZCTA boundaries do not necessarily conform to the delivery areas used by the USPS. A ZCTA is designated by the most frequently occurring USPS ZIP code occurring within the boundary.

The Social Security Administration’s ZIP code (USPS) level data are matched to the 33,120 ZCTAs depicted on the maps. However, about 13 percent of the ZIP codes available in the Social Security Administration’s data are not matched to a Census Bureau ZCAT — typically ZIP codes with few beneficiaries. Also, about 600 ZCATs have no corresponding match in the Social Security Administrations data.

The ZIP code level data are available from 2003 to 2015. The Social Security Administration notes that data are not presented for ZIP codes with fewer than 15 beneficiaries and that beneficiary counts are rounded to numbers divisible by five. The rounding produces noise in the data series for counties with small numbers of beneficiaries. Due to data reporting, average benefits are limited to Retired Workers and Widows/Widowers.
State and Congressional District Maps: Retired Workers’ Average Benefits, Number of Retired Workers, and Disabled Beneficiaries as a Percent of Adult Beneficiaries

The State and Congressional District maps are based on the annual publication OASDI Beneficiaries by State and County and Annual Fact Sheets for the congressional districts in each state. The publications are produced by the Social Security Administration, Office of Retirement and Disability Policy, Office of Research Evaluation, and Statistics.

The default State and Congressional District maps depict states, and by zooming in, the congressional districts in each state. The state data are available from 1999 to the present, as were the county level data. The Congressional Districts data are available from 2002 to 2015. However, the new districts based on the 2010 Census are available for 2012 to 2015. The maps and the graphs depict the most recent year. The Social Security Administration allocates beneficiaries to congressional districts based on the beneficiaries’ ZIP codes.

The state level data for 1999 to 2015 is drawn from the county level documents. The link to the Congressional district data for 2015 is:

Congressional Statistics, December 2015

(The congressional district level publication was released in June 2016.)

The links to the earlier years are also found at this site.

The State and Congressional District maps are organized similarly to the County and ZIP Code maps with the Congressional district outlines revealed by zooming in on the state map. The most recent year’s data are presented for each of the Congressional districts given that the current Congressional boundaries have only been used in producing the 2012-2015 versions of the data files.

Medicare Maps

County level average Medicare Parts A&B Reimbursements, Adjusted Average Medicare Parts A&B Reimbursements, Disproportionate Share Spending as a % of Part A Spending, Average Risk Score, and Disabled Enrollees as a % of All Enrollees. Aged and Disabled beneficiaries are grouped together in the maps.

The county level Medicare Part A and Part B spending amounts for fee-for-service (FFS) patients is available at the Centers for Medicare and Medicaid Services (CMS):

http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html
County level data are available from 1998 to 2015. The data include Parts A and B enrollments, Parts A and B spending, and average county level “risk” scores for the aged and disabled. The data also identify the portion of Part A spending attributable to direct and indirect medical education, (DME and IME); spending associated with disproportionate share payments (DSH) is also identified for each county. The average “risk” scores for the aged and disabled beneficiaries in each county are reported for 2004 to the present. (These data are typically released in April.)

**Average Medicare Parts A&B Reimbursements (Aged and Disabled) - County**

This map depicts the 2015 county level combined average Parts A and B spending identified by quintiles in spending. The averages include both aged and disabled beneficiaries. The amounts depicted in the map and in the accompanying graphs are the sum of the separate Part A and Part B averages. CMS develops the county level data from the National Claims History file. The documentation also notes that the spending may be understated given that the totals must be compiled within 9 months after the end of the year. The county data are based on Part A and B spending for FFS patients only, thus the spending by beneficiaries in Medicare Advantage plans is not included in these averages nor is Part D spending. Because the separate parts’ averages are based on different denominators (Part A enrollees and Part B enrollees) the sum is less than a combined average restricted to beneficiaries who are enrolled in both parts of the program.

There is one caveat related to Medicare Advantage plans in the FFS data files. Beginning with the 2009 FFS data from the CMS, the aged and disabled reimbursements for hospice and cost contracts were reported in separate files. Cost contact plans are not officially Medicare Advantage plans. However, reimbursements associated with these plans were included in the FFS data for the years 1998 to 2008 as part of the total reimbursements, but enrollees in these plans were not included in the denominator. Thus, in counties where cost contract plans are prevalent, the average spending amounts in the FFS data files are biased upwards between 1998 and 2008.

For example, cost contract payments are prevalent in Minnesota where, in 2011, they accounted for more than 15 percent of FFS spending in over 40 percent of the counties. They are also prevalent in Colorado, and in parts of North Dakota, Texas, West Virginia, Wyoming and a few other states. The years in which the averages are biased upwards, 1998-2008, are not reported for 333 counties where cost contracts are prevalent. The time-series graphs for these counties are limited to the years 2009-2015 – the years accurate FFS spending is available.

See the following 2009 GAO report highlighting Medicare Cost Plans:


---

2 The data series for average spending, average adjusted spending, and the disproportionate share percentages are restricted to the years 2009 to 2015 in the counties in which cost contract reimbursements exceed 3% of total reimbursements in any year between 2009 and 2015.
Also, the disproportionate share percentages reported for Maryland are not compatible with those in other states. See the Methodology files and notes at the CMS Medicare Geographic Variation website for a discussion:


**Adjusted Average Medicare Parts A&B Reimbursements (Aged and Disabled) - County**

This map depicts the 2015 county level combined average Parts A (excluding DSH, DME and IME spending) and B spending again identified by quintiles in spending. Excluding DSH, DME, and IME payment results in the Medicare spending that is directly attributable to the beneficiaries’ hospital care.

**Disproportionate Share Spending as a % of Part A Spending (Aged and Disabled) - County**

Quintiles based on the most recent county level disproportionate share percentages are shown in this map. The quintiles are based on the distribution of Part A disproportionate share payments as a percentage of total Part A spending in a county. The intent of disproportionate share payments is to compensate hospitals for treating high volumes of low-income patients. The disproportionate share percentage is described at:

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dsh.html

The Affordable Care Act changes how disproportionate share payments are made beginning in 2014. The link to the above webpage describes those changes. Importantly, beginning in 2014, hospitals’ disproportionate share payments were reduced to 25% of the amounts hospitals previously received. This drop in the disproportionate share percentage in 2014 is evident in the time series graphs for each county. However, the remaining 75% of the amount that would have been spent on disproportionate share payment to hospitals will be available for an additional payment for uncompensated care. The new uncompensated care payment is a function of hospitals’ share of uninsured patients and its relative share of uncompensated care.

**Average Risk Score (Aged and Disabled) - County**

This map presents the quintiles in the distribution of county average risk scores for aged and disabled beneficiaries. The scores are used to adjust payments to managed organizations. The scores are based on a beneficiary’s age, sex, eligibility for Medicaid, and previous diagnoses. The average score is normalized to 1. Consistent county level scores are available from 2004 to the present.
Disabled Enrollees as a % of All Enrollees - County

This map depicts the distribution of disabled enrollees as a percent of all fee-for-service enrollees in the county. The ratio is based on disabled and total Part A enrollees in each count. The map is similar to the corresponding Social Security map, however, differences in distribution of the disabled percentages arise because the sample is limited to Medicare’s fee-for-service enrollees.