

MEDICARE CURRENT BENEFICIARY SURVEY

Articles published in 2024

AHIP. (2024a). *Medicare Advantage demographics* [Report]. https://ahiporg-production.s3.amazonaws.com/documents/202312-AHIP_MA-Demographics-Report-v05.pdf

In this report, the authors examined health insurance coverage and health disparities. The authors used a cross-sectional analysis of data from the 2021 Medicare Current Beneficiary Survey (MCBS) Limited Data Set (LDS) to show differences in Medicare enrollment by beneficiary demographics among Medicare beneficiaries living in the community. The authors found that 60 more likely to be Hispanic percent of Medicare beneficiaries dually eligible for Medicaid and 38 percent of beneficiaries with annual incomes below \$25,000 had Medicare Advantage (MA) coverage. Additionally, 59 percent of Hispanic beneficiaries, 57 percent of Black non-Hispanic beneficiaries, and 43 percent of Asian beneficiaries had MA coverage.

AHIP. (2024b). *The state of Medicare Supplement coverage: Trends in enrollment and demographics* [Report]. https://ahiporg-production.s3.amazonaws.com/documents/202402-AHIP_MedicareSuppCvg-v05.pdf

In this report, the authors examined health insurance coverage and health disparities. The authors used a cross-sectional analysis of data from the 2021 MCBS LDS, 2022 National Association of Insurance Commissioners (NAIC) data, and 2022 California Department of Manage Health Care data to show Medigap enrollment trends and associated beneficiary demographics among Medicare Fee-for-Service (FFS) beneficiaries. The authors found that among Medicare FFS beneficiaries living in the community without another type of insurance coverage (e.g., Medicaid, employer-provided), 57 percent had Medigap coverage. Among beneficiaries with Medigap coverage, 41 percent were aged 75 and over, 21 percent had incomes below \$30,000, and 24 percent lived in non-metropolitan areas.

Alzheimer's Association. (2024). 2024 Alzheimer's disease facts and figures. *Alzheimer's & Dementia*, 20(5), 3708–3821. <https://doi.org/10.1002/alz.13809>

In this report, the authors provided a compendium of statistics on Alzheimer's disease and related dementias (ADRD). The authors used cross-sectional data from the 2018 MCBS LDS, among other sources, to present metrics related to ADRD among Medicare beneficiaries aged 65 and over, including prevalence, caregiving, and health care cost and utilization. Among other results, the authors found that total health care and long-term care expenditures per capita were nearly three times greater among Medicare beneficiaries with ADRD compared to beneficiaries without ADRD. Additionally, beneficiaries with ADRD spent an average of \$10,289 out-of-pocket (OOP) annually (in 2023 dollars) for health care and long-term care services (compared to \$2,529 OOP annually for beneficiaries without ADRD).

Assi, S., Garcia Morales, E. E., Du, E. Y., Martinez-Amezcu, P., & Reed, N. S. (2024). Association of single and dual sensory impairment with falls among Medicare beneficiaries. *Journal of Aging and Health*, 36(5–6), 390–399. <https://doi.org/10.1177/08982643231190983>

In this journal article, the authors used data from the 2019 MCBS Survey File Microdata Public Use File (PUF) to examine sensory impairment. Specifically, using a cross-

sectional analysis, the authors studied the association between hearing and vision impairment and history of falls and fear of falling among Medicare beneficiaries aged 65 and over living in the community. The authors found that beneficiaries with dual sensory impairment (concurrent hearing and vision impairment) had greater prevalence of falls and higher odds of fear of falling compared to beneficiaries with single sensory impairment (hearing impairment or vision impairment only) or no sensory impairment.

ATI Advisory. (2024a). *Chartbook of dual eligible individuals with behavioral health needs* [Chartbook]. <https://atiadvisory.com/resources/dual-eligible-individuals-with-behavioral-health-needs/>

In this report, the authors used data from the 2017-2020 MCBS LDS to examine behavioral/mental health and health insurance coverage. Specifically, using a cross-sectional analysis, the authors compared behavioral health needs among Medicare beneficiaries dually eligible for Medicaid and Medicare-only beneficiaries. The authors found that dually eligible beneficiaries with behavioral health needs differed from dually eligible beneficiaries without behavioral health needs and non-dually eligible beneficiaries with behavioral health needs. Specifically, dually eligible beneficiaries with behavioral health needs were more likely to be younger, unmarried, have worse health status and more functional limitations, and have more difficulty getting care compared to dually eligible beneficiaries without behavioral health needs and non-dually eligible beneficiaries with behavioral health needs.

ATI Advisory. (2024b). *Opportunities for improving access to palliative care for dual eligible individuals with serious illness* [Report]. Center to Advance Palliative Care. https://atiadvisory.com/resources/wp-content/uploads/2024/06/CAPC-ATI_Palliative-Care-Report_June-2024-Final.pdf

In this report, the authors examined access to care and Medicare policy. The authors used a cross-sectional analysis of data from the MCBS, supplemented with qualitative data, to explore barriers to accessing palliative care among Medicare beneficiaries dually eligible for Medicaid with and without serious illness to identify opportunities to improve access. The authors found that dually eligible beneficiaries with serious illness (defined as having cancer other than skin cancer, end-stage renal disease, or congestive heart failure with pain that limits daily function) experienced more barriers than dually eligible beneficiaries without serious illness.

Bessen, S. Y., Garcia Morales, E. E., Lin, F. R., & Reed, N. S. (2024). Use of hearing services in traditional Medicare and Medicare Advantage. *JAMA Health Forum*, 5(10), e243619. <https://doi.org/10.1001/jamahealthforum.2024.3619>

In this journal article, the authors used data from the 2019-2021 MCBS LDS to examine sensory impairment, health care utilization, and health insurance coverage. Specifically, using a pooled cross-sectional analysis, the authors compared the use of different types of hearing services among Medicare beneficiaries aged 65 and over by type of Medicare coverage. The authors found that hearing service use was similar between MA and Medicare FFS beneficiaries. However, among beneficiaries with hearing loss, MA beneficiaries received routine hearing exams more frequently than Medicare FFS beneficiaries.

Better Medicare Alliance. (2024). *Medicare beneficiary spending 2024* [Report]. <https://bettermedicarealliance.org/wp-content/uploads/2024/06/BMA-Medicare-Beneficiary-Spending-2024-FIN.pdf>

In this report, the authors examined health care cost, health insurance coverage, and health disparities. The authors used a cross-sectional analysis of data from the 2019-2021 MCBS LDS to study health care spending among Medicare beneficiaries living in the community by type of Medicare coverage, income, race/ethnicity, and number of chronic conditions. Among other results, the authors found that compared to Medicare FFS beneficiaries, MA beneficiaries had lower OOP and premium costs, lower average income, and lower levels of cost burden. Despite these differences, satisfaction with access to care and quality of care was similar among Medicare FFS beneficiaries and MA beneficiaries.

Borders, T. F. (2024). Satisfaction with care among cancer survivors with Medicare coverage: Are there rural versus urban inequities? *Journal of Primary Care & Community Health, 15*. <https://doi.org/10.1177/21501319241240342>

In this journal article, the authors used data from the 2020 MCBS Survey File Microdata PUF to examine satisfaction with care and health disparities. Specifically, using a cross-sectional analysis, the authors studied differences in satisfaction with care by metropolitan residence status among Medicare beneficiaries aged 65 and over living in the community with a history of cancer. The authors found that beneficiaries living in non-metropolitan areas were less satisfied with the ease and convenience of accessing health care than beneficiaries living in metropolitan areas. Additionally, beneficiaries living in non-metropolitan areas were less satisfied with having all their health care needs addressed at one location.

Bromley, M. I., Gain, E. P., Ajoku, M., Ray, M. A., Mzayek, F., Kedia, S. K., & Yu, X. (2024). Burden of chronic and heavy opioid use among elderly community dwellers in the U.S. *AJPM Focus, 3*(2), 100175. <https://doi.org/10.1016/j.focus.2023.100175>

In this journal article, the authors used data from the 2006-2019 MCBS LDS to examine health care utilization and chronic pain. Specifically, using a repeated cross-sectional analysis, the authors studied trends in opioid use among Medicare beneficiaries aged 65 and over living in the community. The authors found opioid prescriptions and use increased from 2006 to 2013 but decreased from 2013 to 2019. Further, women were more likely than men to be considered chronic users (defined as receiving six or more opioid prescriptions within a year or being on an opioid medication for three or more months).

Burton, R., Gerhardt, G., O'Donnell, B., & Tabor, L. (2024). *Assessing payment adequacy and updating payments: Physician and other health professional services* [Presentation]. https://www.medpac.gov/wp-content/uploads/2023/10/Tab-C-Physician-payment-adequacy-December-2024_SEC-1.pdf

In this presentation, the authors examined Medicare policy, health insurance coverage, and health care cost. Within the presentation, the authors used cross-sectional data from the 2022 MCBS, among other sources, to assess the adequacy of current payment rates for physicians and other health professionals serving Medicare beneficiaries. Among other results, the authors found that most beneficiaries waited two weeks or less

for an appointment with a provider. The authors also found that Low-Income Subsidy (LIS) beneficiaries had more trouble accessing care than all other beneficiaries.

Burton, R., O'Neill Hayes, T., Feinberg, L., Mejia, P., & Stensland, J. (2024, September 5). *Context for Medicare payment policy* [Presentation]. Medicare Payment Advisory Committee. https://www.medpac.gov/wp-content/uploads/2023/10/Tab-C-Context_Sept-2024-FINAL.pdf

In this presentation, the authors examined Medicare policy, health insurance coverage, and health care cost. Within the presentation, the authors used cross-sectional data from the 2021 MCBS, among other sources, to explore patterns in health care spending and health insurance enrollment among Medicare beneficiaries. Among other results, the authors found that White non-Hispanic beneficiaries were more likely to have Medicare FFS and supplemental insurance than their Hispanic and Black non-Hispanic counterparts. Additionally, Hispanic and Black non-Hispanic beneficiaries were more likely to enroll in MA, be dually eligible for Medicaid, or receive LIS.

Chandrashekar, P., Rodriguez, J. A., & Ganguli, I. (2024). Association of limited English proficiency status and visit accompaniment with quality of care in the primary care setting. *Journal of General Internal Medicine*, 39(12), 2358–2361. <https://doi.org/10.1007/s11606-024-08828-1>

In this journal article, the authors used data from the 2019 MCBS to examine experiences with care, health disparities, and preventive care. Specifically, using a cross-sectional analysis, the authors studied the relationship between English proficiency and use of preventive care among Medicare beneficiaries aged 65 and over living in the community who had a usual source of care. The authors found that beneficiaries with limited English proficiency (LEP) received preventive care at similar rates as beneficiaries with English proficiency, but they had poorer experiences with care. However, beneficiaries with LEP had better experiences with care if someone accompanied them to their appointments.

Chant, E. D., Ritchie, C. S., Orav, E. J., & Ganguli, I. (2024). Healthcare contact days among older adults living with dementia. *Journal of the American Geriatrics Society*, 72(5), 1476–1482. <https://doi.org/10.1111/jgs.18744>

In this journal article, the authors used data from the 2019 MCBS LDS to examine health care utilization. Specifically, using a cross-sectional analysis, the authors estimated the number of days spent accessing care outside of the home (i.e., contact days) among Medicare FFS beneficiaries aged 65 and over living in the community with dementia. The authors found that beneficiaries spent an average of 31 days receiving care outside the home, including both institutional and ambulatory care. The authors also found that beneficiaries who spent more days accessing ambulatory care were more likely to be younger, have a higher income, and have less functional impairment compared to beneficiaries who spent fewer days accessing ambulatory care.

Choi, J., Kim, G., Choi, S., & Chang, J. E. (2024). A year after implementation of the telehealth waiver: Being offered and utilizing video-specific telehealth among dual-eligible Medicare recipients during the COVID-19 pandemic. *Journal of Public Health Management and Practice*, 30(2), 255–266. <https://doi.org/10.1097/PHH.0000000000001845>

In this journal article, the authors used data from the MCBS COVID-19 Winter 2021 Supplement Microdata PUF to examine telemedicine and health insurance coverage. Specifically, using a cross-sectional analysis, the authors studied patterns of telemedicine access and utilization among Medicare beneficiaries living in the community after the implementation of Medicare's temporary telehealth waiver. The authors found that beneficiaries who were younger, had more chronic conditions, and had greater access to technology were more likely to have been offered and to have used telemedicine compared to beneficiaries who were older, had fewer chronic conditions, and had less access to technology. Additionally, beneficiaries living in non-metropolitan areas were less likely to have been offered or to have used telemedicine compared to beneficiaries living in metropolitan areas.

Comperchio, E., Reimer, B., Juliano, T., Mayfield, A., & Wishart, M. (2024). Exploring the impacts of neighborhood disadvantage on Medicare beneficiaries' early COVID-19 vaccine uptake. *Health & Place*, 86, 103221. <https://doi.org/10.1016/j.healthplace.2024.103221>

In this journal article, the authors used MCBS COVID-19 Winter 2021 Supplement data from the 2020 MCBS LDS to examine COVID-19 impact, preventive care, and the environment. Specifically, using a cross-sectional analysis, the authors studied the association between neighborhood disadvantage and COVID-19 vaccine uptake among Medicare beneficiaries living in the community. The authors found that after accounting for individual-level characteristics, there was no difference in COVID-19 vaccine uptake by neighborhood disadvantage. However, when considering urbanicity, the authors found that beneficiaries who lived in disadvantaged urban areas had the lowest likelihood of COVID-19 vaccine uptake.

Congressional Budget Office. (2024). *How would authorizing Medicare to cover anti-obesity medications affect the federal budget* [Report]? <http://www.cbo.gov/publication/60441>

In this report, the authors used data from the 2015-2019 and 2021 MCBS, among other sources, to examine Medicare policy and health care cost. Specifically, using cross-sectional analyses, the authors studied the budgetary impacts of a proposed Medicare policy covering anti-obesity medications (AOMs) starting in January 2026 on Medicare beneficiaries. Among other results, the authors found that between 2026 and 2034, total federal spending would increase by \$35 billion, and the federal cost per user of covering AOMs would exceed the reductions in cost per user that would come from the health benefits of using AOMs.

Cottrill, A., Biniak, J. F., Neuman, T., & Cubanski, J. (2024). *What to know about the Medicare open enrollment period and Medicare coverage options* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/what-to-know-about-the-medicare-open-enrollment-period-and-medicare-coverage-options/>

In this issue brief, the authors examined health insurance coverage and health insurance decision-making. The authors used a cross-sectional analysis of data from the 2022 MCBS LDS and Medicare claims data to describe key components of the Medicare open enrollment period, including the proportion of beneficiaries who compare coverage options during open enrollment among Medicare beneficiaries living in the community. The authors found that approximately 69 percent of Medicare beneficiaries living in the community did not compare Medicare coverage options during open enrollment. This

proportion was higher among beneficiaries who were aged 85 and over, Hispanic, dually eligible for Medicaid, low income, and living with cognitive impairment.

Defever, K., Reimer, B., Trierweiler, M., & Comperchio, E. (2024). Improving self-reported prescription medicine data quality with a commercial database lookup tool and claims matching. *Field Methods*, 36(1), 37–51. <https://doi.org/10.1177/1525822X231173815>

In this journal article, the authors used data from the 2016-2018 MCBS LDS to examine prescription medicine data collection methodology. Specifically, using a cross-sectional analysis, the authors studied how implementing a prescription medicine lookup (PMLU) tool and linking self-reported prescription medicine data to administrative claims can improve data quality of the MCBS. The authors found that the PMLU improved the accuracy of self-reported prescription medicine data among Medicare beneficiaries living in the community. The authors also found that linking survey data to administrative claims data led to an increase in medicines reported; this effect was strongest among beneficiaries with more chronic conditions.

Dickson, M. C., & Skrepnek, G. H. (2024). Association between priority conditions and access to care, treatment of an ongoing condition, and ability to obtain prescription medications among Medicare beneficiaries during the COVID-19 pandemic. *COVID*, 4(1), 13–22. <https://doi.org/10.3390/covid4010002>

In this journal article, the authors used data from the MCBS COVID-19 Summer 2020, Fall 2020, and Winter 2021 Supplement Microdata PUFs to examine COVID-19 impact and access to care. Specifically, using a cross-sectional analysis, the authors studied the association between access to care during the COVID-19 pandemic and the presence of a CMS-designated priority disease among Medicare beneficiaries living in the community. The authors found that beneficiaries with a CMS-designated priority condition (including immune disorders, cancer, and depression, among others) had significantly more trouble accessing care than beneficiaries without a CMS-designated priority condition.

Ding, Q., Lamberts, J., Konieczny, A. M., Bringedahl, T. B., & Garcia, K. Y. T. (2024). Association of autoimmune disorders and disease-modifying antirheumatic drugs: (DMARDs) with the risk of Alzheimer's and/or dementia: A population study using Medicare beneficiary data. *Current Alzheimer Research*, 20(10), 725–737. <https://doi.org/10.2174/0115672050289966240110041616>

In this journal article, the authors used data from the 2017-2018 MCBS LDS to examine health risk and health care utilization. Specifically, using a cross-sectional analysis, the authors compared the prevalence of ADRD by use of a disease-modifying antirheumatic drug (DMARD) among Medicare beneficiaries with an autoimmune disorder. Among other results, the authors found that the prevalence of ADRD was higher among beneficiaries with an autoimmune disorder, older beneficiaries, Black non-Hispanic or Hispanic beneficiaries, and beneficiaries who had a history of stroke or depression. Additionally, the authors found that beneficiaries using DMARDs had lower rates of ADRD compared to beneficiaries not using DMARDs.

Feyman, Y. (2024). *Medicare Advantage: Provider networks, payment, and value* (Publication No. 30688864) [Doctoral dissertation, Boston University]. ProQuest Dissertations & Theses Global.

In Chapter 4 of this dissertation, the author used Centers for Medicare & Medicaid Services (CMS) administrative data on MA, among other sources, to examine health insurance coverage, supplemented with data from the MCBS on OOP costs and health care utilization. Specifically, using a longitudinal analysis, the author studied the relationship between payments to MA insurers and premiums, advertising efforts, and benefit generosity. The author found that reductions in Medicare payments to health plans were associated with reduced benefit generosity and higher premiums. The author did not find significant changes in spending on advertising or network restrictions.

Feyman, Y., Ruhter, J., Finegold, K., Buchmueller, T., De Lew, N., Zuckerman, R., & Sheingold, S. (2024). *Medicare enrollees and the Part D drug benefit: Improving financial protection through the Low-Income Subsidy* [Issue Brief]. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/sites/default/files/documents/1b1f69ae062bac6482241b17a6a7f17e/lis-issue-brief.pdf>

In this issue brief, the authors examined health insurance coverage and Medicare policy. The authors used a cross-sectional analysis of data from the 2020 MCBS LDS, the Common Medicare Environment, and the Medicare Beneficiary Summary File to describe enrollment in the LIS program among Medicare beneficiaries. Among other results, the authors found that beneficiaries who were partially or fully enrolled in LIS had higher health care utilization than other Medicare beneficiaries. Additionally, compared to Medicare beneficiaries who were enrolled in LIS, beneficiaries who were eligible but not enrolled were more likely to be older, White non-Hispanic, and live in rural areas.

Ford, E. (2024). *Does personal care assistance for the elderly effect health care utilization and satisfaction? A study of the elderly with activity of daily living or instrumental activity of daily living need* (Publication No. 31142778) [Doctoral dissertation, Georgetown University]. ProQuest Dissertations & Theses Global.

In this master's thesis, the author used data from the 2019 MCBS Survey File Microdata PUF to examine access to care, satisfaction with care, and health care utilization. Specifically, using a cross-sectional analysis, the author studied how receiving personal care assistance influenced use of and satisfaction with health care services among Medicare beneficiaries aged 65 and over with at least one Activity of Daily Living (ADL) or Instrumental Activity of Daily Living (IADL) need. The author found mixed results regarding the association between receiving personal care assistance and use of and satisfaction with medical services. However, there was evidence of a strong relationship between beneficiaries' chronic conditions and their emergency department (ED) visits and between beneficiaries' demographic characteristics and satisfaction with care.

Freed, M., Cubanski, J., Long, M., Ochieng, N., Neuman, T., & Salganicoff, A. (2024). *10 key facts about women with Medicare* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/10-key-facts-about-women-with-medicare/>

In this brief, the authors examined health disparities. The authors used a cross-sectional analysis of data from the 2021 MCBS LDS, supplemented by 2023 income and assets projections from the Urban Institute's Dynamic Simulation of Income Model (DYNASIM4), to describe the population of female Medicare beneficiaries living in the community. Among other results, the authors found that compared to male beneficiaries, female beneficiaries were more likely to live alone or in a facility, be

enrolled in MA, and have lower incomes and savings. Additionally, the authors found health disparities among female beneficiaries by age and race/ethnicity. Female beneficiaries aged 85 and over and Black non-Hispanic and Hispanic female beneficiaries were more likely to have worse self-reported health, functional impairment, and cognitive impairment than female beneficiaries aged 65 to 84 and White non-Hispanic female beneficiaries, respectively.

Freed, M., Cubanski, J., Long, M., Ochieng, N., & Salganicoff, A. (2024). *Coverage of sexual and reproductive health services in Medicare* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/coverage-of-sexual-and-reproductive-health-services-in-medicare/#>

In this brief, the authors examined health insurance coverage and health disparities. The authors used a cross-sectional analysis of data from the 2021 MCBS LDS, among other sources, to describe coverage of sexual and reproductive health services for female Medicare beneficiaries. The authors found that female beneficiaries of reproductive age were more likely to be dually eligible for Medicaid compared to their older counterparts. The authors also found that reproductive-age female beneficiaries were more likely to be Black non-Hispanic or Hispanic, have lower incomes, and be in worse health than their older counterparts.

Freed, M., Ochieng, N., Cubanski, J., & Neuman, T. (2024). *Key facts about Medigap enrollment and premiums for Medicare beneficiaries* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/report-section/key-facts-about-medigap-enrollment-and-premiums-for-medicare-beneficiaries-issue-brief/>

In this issue brief, the authors examined Medicare policy and health insurance coverage. The authors used a cross-sectional analysis of 2023 NAIC and 2022 MCBS LDS data to describe Medigap coverage, including beneficiary characteristics, enrollment differences, and premium costs among Medicare beneficiaries. The authors found that approximately 40 percent of Medicare FFS beneficiaries had Medigap. Medicare FFS beneficiaries with Medigap coverage were more likely to identify as White non-Hispanic, have higher incomes, and report better health. Additionally, authors found that Medigap enrollment varied by state, ranging from 9 percent (Hawaii) to 67 percent (Iowa). In terms of premium cost, the authors found that in 2023, the average Medigap policy cost \$2,604 for a full year of coverage, or about \$217 per month.

Gain, E. P., Yu, X., Kedia, S. K., Naser, A. M., Bromley, M. I., Ajoku, M., & Mou, X. (2024). Discontinuation of antidepressants and the risk of medication resumption among community-dwelling older adults with depression in the US. *International Journal of Environmental Research and Public Health*, 21(9), 1209. <https://doi.org/10.3390/ijerph21091209>

In this journal article, the authors used data from the 2015-2019 MCBS LDS to examine behavioral/mental health, health care utilization, and health risk. Specifically, using a longitudinal analysis, the authors studied the risk of antidepressant discontinuation and resumption among Medicare beneficiaries aged 65 and over living in the community with depression who recently started an antidepressant. The authors found that although the median duration of continuous medication was 90 days, approximately 30 percent of beneficiaries had a continuous medication duration of only 30 days or less. Additionally, beneficiaries with a continuous medication duration of 30 days or less were less likely to resume their medication compared to beneficiaries with longer medication durations.

Ganguli, I., Chant, E. D., Orav, E. J., Mehrotra, A., & Ritchie, C. S. (2024). Health care contact days among older adults in traditional Medicare: A cross-sectional study. *Annals of Internal Medicine*, 177(2), 125–133. <https://doi.org/10.7326/M23-2331>

In this journal article, the authors used data from the 2019 MCBS LDS to examine health care utilization. Specifically, using a cross-sectional analysis, the authors studied factors associated with health care contact days among Medicare FFS beneficiaries aged 65 and over living in the community. The authors found that beneficiaries averaged 21 total contact days and 17 ambulatory contact days. The authors also found that beneficiaries who were aged 64 and below, female, or White non-Hispanic were more likely to have more ambulatory contact days. Similarly, higher educational attainment, higher incomes, living in metropolitan areas, more care-seeking behaviors, and more chronic conditions were associated with more ambulatory contact days.

Garmo, V., Zhao, X., Ng, C. D., Near, A., Banerji, T., Wada, K., Oderda, G., Brixner, D., Biskupiak, J., Ali, F. S., Khanani, A. M., Menezes, A., & Abbass, I. M. (2024). The association of retinal disease with vision impairment and functional status in Medicare patients. *Journal of Health Economics and Outcomes Research*, 11(1), 94–102. <https://doi.org/10.36469/001c.93022>

In this journal article, the authors used data from the 2006-2013 and 2015-2018 MCBS LDS to examine sensory impairment. Specifically, using a pooled cross-sectional analysis, the authors studied the relationship between functional status and vision-threatening retinal diseases (VTRDs) among Medicare beneficiaries living in the community. The authors found that beneficiaries with neovascular age-related macular degeneration were more likely to have diagnosed vision loss and difficulties performing IADLs than beneficiaries without VTRDs. After adjusting for covariates such as age, sex, race/ethnicity, comorbidities, and poverty, there was no association between having neovascular age-related macular degeneration, diabetic macular edema, or retinal vein occlusion and experiencing anxiety/depression, fractures, or falls.

Gettel, C. J., Salah, W., Rothenberg, C., Liang, Y., Schwartz, H., Scott, K. W., Hwang, U., Hastings, S. N., & Venkatesh, A. K. (2024). Total and out-of-pocket costs surrounding emergency department care among older adults enrolled in traditional Medicare and Medicare Advantage. *Annals of Emergency Medicine*, 84(3), 285–294. <https://doi.org/10.1016/j.annemergmed.2024.04.023>

In this journal article, the authors used data from the 2015-2020 MCBS LDS to examine health care cost and health insurance coverage. Specifically, using a repeated cross-sectional analysis, the authors studied health care costs associated with treat-and-release ED visits among Medicare beneficiaries aged 65 and over. The authors found that beneficiaries enrolled in MA had lower total health care costs but similar OOP costs for emergency care compared to Medicare FFS beneficiaries.

Gettel, C. J., Song, Y., Rothenberg, C., Kitchen, C., Gilmore-Bykovskiy, A., Fried, T. R., Brody, A. A., Nothelle, S., Wolff, J. L., & Venkatesh, A. K. (2024). Emergency department visits among patients with dementia before and after diagnosis. *JAMA Network Open*, 7(10), e2439421. <https://doi.org/10.1001/jamanetworkopen.2024.39421>

In this journal article, the authors used data from the 2015-2021 MCBS LDS to examine health care utilization. Specifically, using a longitudinal analysis, the authors studied how

dementia diagnoses affected ED use among Medicare beneficiaries aged 65 and over. The authors found that beneficiaries with dementia were 40 percent more likely to visit the ED compared to beneficiaries without dementia. Additionally, in the month leading up to a dementia diagnosis, 13 percent of beneficiaries with dementia visited the ED compared to 3 percent of beneficiaries without dementia.

Gupta, A. (2024). *Dental, vision, and hearing supplemental beneficiaries in Medicare Advantage plan selection, value, and equity* (Publication No. 30819736) [Doctoral dissertation, New York University]. ProQuest Dissertations & Theses Global.

In this dissertation, the author used data from the 2018-2020 MCBS LDS and MA plan data to examine health insurance coverage and health care cost. Specifically, using a cross-sectional analysis, the author studied enrollment trends and the relationship between comprehensive vision, dental, and hearing coverage in MA plans and financial protection among underserved MA beneficiaries. The author found that even though underserved MA beneficiaries were more likely to enroll in MA plans with dental or vision benefits, these beneficiaries still paid 50 percent of the costs for these services OOP. Additionally, the author found that beneficiaries with lower incomes were more likely to have cost-related unmet health needs.

Gupta, A., Chant, E. D., Mohile, S., Vogel, R. I., Parsons, H. M., Blaes, A. H., Booth, C. M., Rocque, G. B., Dusetzina, S. B., & Ganguli, I. (2024). Health care contact days among older cancer survivors. *JCO Oncology Practice*, 20(7), 943–952. <https://doi.org/10.1200/OP.23.00590>

In this journal article, the authors used data from the 2019 MCBS LDS to examine health care utilization. Specifically, using a cross-sectional analysis, the authors studied trends and characteristics associated with health care contact days among continuously enrolled Medicare FFS beneficiaries living in the community with a history of cancer. The authors found that beneficiaries had an average of 28 health care contact days, and the majority were spent receiving ambulatory care for a single service. The authors also found that beneficiaries who were aged 64 and below, had lower incomes, had poorer self-rated health, had more comorbidities, or were more likely to seek care as soon as they felt sick were more likely to have more contact days.

Gupta, A., Johnston, K. J., Silver, D., Meyers, D. J., Glied, S. A., & Pagán, J. A. (2024). Cost-associated unmet dental, vision, and hearing needs among low-income Medicare Advantage beneficiaries. *Health Affairs*, 43(10), 1392–1399. <https://doi.org/10.1377/hlthaff.2024.00210>

In this journal article, the authors used data from the 2018-2019 MCBS LDS linked to MA plan benefit and Star Ratings data to examine financial barriers to care and health disparities. Specifically, using a cross-sectional analysis, the authors studied differences in unmet dental, vision, or hearing needs due to cost by income and differences in income-related disparities in unmet needs by plan rating among continuously enrolled MA beneficiaries living in the community. The authors found that low-income beneficiaries were more likely to report unmet needs due to cost for all three service types compared to high-income beneficiaries. Additionally, compared to enrollment in low star-rated plans, enrollment in high and the highest star-rated plans was associated with lower unmet dental service need. Enrollment in the highest star-rated plans was also associated with lower income-related disparity in unmet dental service need.

Gupta, A., Silver, D., Meyers, D. J., Murray, G., Glied, S., & Pagán, J. A. (2024). Enrollment patterns of Medicare Advantage beneficiaries by dental, vision, and hearing benefits. *JAMA Health Forum*, 5(1), e234936. <https://doi.org/10.1001/jamahealthforum.2023.4936>

In this journal article, the authors used data from the 2018-2020 MCBS LDS and MA data on health insurance plan characteristics to examine health insurance decision-making. Specifically, using a cross-sectional analysis, the authors studied whether the inclusion of dental, vision, and hearing supplemental benefits influence health insurance decisions among MA beneficiaries aged 65 and over. The authors found that Black non-Hispanic beneficiaries were more likely to enroll in plans with dental or vision benefits compared to White non-Hispanic beneficiaries. Additionally, beneficiaries with lower incomes and beneficiaries without a college degree were more likely to choose plans with comprehensive dental benefits compared to their respective counterparts.

Haddad, Y. K., Miller, G. F., Kakara, R., Florence, C., Bergen, G., Burns, E. R., & Atherly, A. (2024). Healthcare spending for non-fatal falls among older adults, USA. *Injury Prevention*, 30(4), 272–276. <https://doi.org/10.1136/ip-2023-045023>

In this journal article, the authors used data from the 2017, 2019, and 2021 MCBS LDS to examine health care cost. Specifically, using a cross-sectional analysis, the authors estimated the share of health care spending attributable to non-fatal falls among Medicare beneficiaries aged 65 and over living in the community. The authors found that the total health care expenditures for non-fatal falls in 2020 was approximately \$80 billion. This included \$53.3 billion covered by Medicare, \$3.5 billion covered by Medicaid, and \$23.2 billion covered by private sources, OOP payments, or other funding.

Hames, A. G., Tipirneni, R., Switzer, G. E., Ayanian, J. Z., Kullgren, J. T., Solway, E., & Roberts, E. T. (2024). Racial/ethnic disparities in cost-related barriers to care among near-poor beneficiaries in Medicare Advantage vs traditional Medicare. *The American Journal of Managed Care*, 30(10), e297–e304. <https://doi.org/10.37765/ajmc.2024.89622>

In this journal article, the authors used data from the 2015-2019 MCBS LDS to examine financial barriers to care, health insurance coverage, and health disparities. Specifically, using a cross-sectional analysis, the authors studied racial/ethnic differences in cost-related barriers to care by type of Medicare coverage among beneficiaries living in the community with incomes between 101 to 250 percent of the Federal Poverty Level. The authors found that Black non-Hispanic beneficiaries were more likely to report cost-related barriers to medical and dental services than White non-Hispanic beneficiaries, regardless of type of Medicare coverage. However, only MA enrollment was linked to reduced cost-related disparities in medical care between Hispanic and White non-Hispanic beneficiaries.

*Harrison, J. M., Friedman, E. M., Edgington, S., Ghosh-Dastidar, B., Siconolfi, D., & Shih, R. A. (2024). Outcomes of Medicaid rebalancing may differ across enrollee populations. *Journal of Applied Gerontology*. <https://doi.org/10.1177/07334648241282700>

In this journal article, the authors used data from the 2008-2019 MCBS LDS to examine residential settings, policy, and access to care. Specifically, using a longitudinal analysis, the authors studied the relationship between exposure to Medicaid's Balancing Incentive Program (BIP) and long-term institutionalization (LTI) among Medicare beneficiaries aged 65 and over living in the community who were dually eligible for Medicaid. The

authors found that beneficiaries exposed to BIP were more likely to be younger, White non-Hispanic, live in a metropolitan area, and have higher levels of education. Among White non-Hispanic beneficiaries, being exposed to BIP was associated with increased risk of LTI compared to beneficiaries who were not exposed. In contrast, among Hispanic beneficiaries, being exposed to BIP was associated with a reduced risk of LTI compared to beneficiaries who were not exposed.

Karimi, M., Samson, L. W., Couture, S. J., Beleche, T., Lamont, H., Marton, W., Lew, N. D., & Buchmueller, T. (2024). *Trends and disparities in pandemic telehealth use among people with disabilities* [Issue Brief]. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/sites/default/files/documents/d70dae84a7988837d3819529988d4919/telehealth-disability-ib.pdf>

In this issue brief, the authors examined telemedicine, access to care, and disability. The authors used a cross-sectional analysis of data from the MCBS COVID-19 Winter 2021 Supplement Microdata PUF, Household Pulse Survey (HPS), and Assistant Secretary for Planning and Evaluation (ASPE) Medicare Telehealth Trends Dashboard to show the relationship between disability and telemedicine access and use among Medicare beneficiaries. The authors found that beneficiaries with multiple disabilities used telemedicine services at the highest rate, followed by beneficiaries with one disability and then beneficiaries with no disabilities.

Ketcham, J. D., Kuminoff, N. V., & Saha, N. (2024). *The value of statistical life for seniors* (Working Paper Series No. 33165). National Bureau of Economic Research. <https://www.nber.org/papers/w33165>

In this working paper, the authors used data from the 2005-2011 MCBS LDS linked to CMS administrative and expenditure data to examine value of care. Specifically, the authors created a framework to estimate the value of statistical life (VSL) that considers how willingness to spend on medical care to reduce mortality risk changes after age 65 among Medicare beneficiaries aged 66 and over who were retired or not employed. The authors found that the average VSL is \$1 million at age 67, decreasing with age and increasing with income, education, health, and remaining life expectancy.

Kim, J., Kim, Y., & Li, Y. (2024). Trends in forgone medical care and unmet needs among Medicare beneficiaries with a history of depression during the COVID-19 pandemic: A national, repeated cross-sectional study. *BMJ Open*, 14(1), e078223. <https://doi.org/10.1136/bmjopen-2023-078223>

In this journal article, the authors used data from the MCBS COVID-19 Summer 2020, Fall 2020, and Winter 2021 Supplement Microdata PUFs to examine COVID-19 impact, behavioral/mental health, and access to care. Specifically, using a repeated cross-sectional analysis, the authors studied differences in forgone care, disruptions to basic health, and financial needs, preventive behaviors, and perceptions of COVID-19 severity by history of depression among Medicare beneficiaries living in the community. The authors found that beneficiaries with a history of depression were more likely to experience disruptions to basic needs, face financial and mental health challenges, and forgo medical care during the COVID-19 pandemic compared to beneficiaries without a history of depression.

Liang, Z. (2024). *Risk adjustment, selection, and plan design in Medicare Advantage* [Job Market Paper]. <https://zhuliang.io/jmp.pdf>

In this job market paper, the author used data from the 2016-2018 MCBS LDS and CMS MA plan-level data to examine Medicare policy and health insurance decision-making. Specifically, the author studied how risk adjustment mechanisms, self-selection, and plan design interact in MA among beneficiaries aged 65 and over living in the community. The author found that private health information influences beneficiaries' choice between MA plans and Medicare FFS. Additionally, beneficiaries with better self-reported health were more likely to choose MA plans and have lower health care costs compared to beneficiaries with negative health perceptions. These beneficiaries were also more likely to choose MA plans with lower premiums and less coverage. The author found that a well-designed risk adjustment policy could address this selection effect and improve the efficiency of the MA market and recommended an additional capitation adjustment based on coverage.

Liu, X., Li, P., Marella, R. K., & Niswanger, R. (2024). *Telemedicine utilization among older adults during COVID-19: Associations with vaccination uptake and mental status* [Proceedings Paper]. Americas Conference on Information Systems, Salt Lake City, UT. https://aisel.aisnet.org/amcis2024/health_it/health_it/23

In this proceedings paper, the authors used data from the MCBS COVID-19 Winter 2021 Supplement Microdata PUF to examine COVID-19 impact, telemedicine, preventive care, and behavioral/mental health. Specifically, using a cross-sectional analysis, the authors studied how telemedicine use relates to mental health and use of preventive care among Medicare beneficiaries living in the community. The authors found that beneficiaries who used telemedicine had similar vaccination uptake as beneficiaries who had in-person visits but experienced more stress and anxiety.

Loh, F. E., Stuart, B. C., Hunt, R. J., & Negari, M. (2024). Medicare Part D low-income subsidies expanded in January 2024, but more needs to be done to ensure that eligible beneficiaries enroll. *Journal of Managed Care & Specialty Pharmacy*, 30(3), 279–289. <https://doi.org/10.18553/jmcp.2024.23174>

In this journal article, the authors used data from the 2019 MCBS LDS to examine health insurance coverage. Specifically, using a cross-sectional analysis, the authors studied factors related to not enrolling in Medicare Part D among Medicare beneficiaries living in the community who were eligible for subsidies under the LIS program. The authors found that 68 percent of beneficiaries who were eligible for LIS were enrolled in LIS. Non-enrollees were more likely to be older, White non-Hispanic, married, have higher incomes, and have better overall health compared to LIS enrollees.

Marr, J., & Polsky, D. (2024). Traditional Medicare supplemental insurance and the rise of Medicare Advantage. *The American Journal of Managed Care*, 30(5), 218–223. <https://doi.org/10.37765/ajmc.2024.89539>

In this journal article, the authors used data from the 2005-2019 MCBS LDS to examine health insurance coverage. Specifically, using a repeated cross-sectional analysis, the authors studied trends in Medicare supplemental insurance coverage and the growth of MA coverage plans among Medicare beneficiaries aged 65 and over. The authors found that from 2005 to 2019, the percentage of beneficiaries enrolled in MA increased from

13 percent to 35 percent. In comparison, the percentage of beneficiaries enrolled in Medicare FFS and supplemental insurance provided by their employer decreased from 32 percent to 16 percent.

Martin, T., & Gasoyan, H. (2024). Evaluating pandemic telehealth access: Funding and policy implications. *Management in Healthcare*, 8(2), 175–181.

<https://www.henrystewartpublications.com/mih/v8>

In this journal article, the authors used MCBS COVID-19 Winter 2021 Supplement data from the MCBS 2020 LDS to examine COVID-19 impact and telemedicine. Specifically, using a cross-sectional analysis, the authors studied telemedicine use during the COVID-19 pandemic among beneficiaries living in the community. The authors found that beneficiaries living in urban areas and in the northern and western regions of the U.S. had higher telemedicine utilization during the pandemic. Further, beneficiaries who were not White non-Hispanic, beneficiaries dually eligible for Medicaid, and low-income beneficiaries had higher rates of utilization of telemedicine services.

Medicare Payment Advisory Commission. (2024). *A data book: Health care spending and the Medicare program*. https://www.medpac.gov/wp-content/uploads/2024/07/July2024_MedPAC_DataBook_SEC.pdf

https://www.medpac.gov/wp-content/uploads/2024/07/July2024_MedPAC_DataBook_SEC.pdf

In this report, the authors presented a compendium of statistics on Medicare beneficiaries. The authors used cross-sectional data from the 2021 MCBS LDS, among other sources, to present topics such as health care spending, beneficiary demographics, quality of care, and supplemental insurance coverage. Among other results, the authors found that the proportion of Medicare FFS beneficiaries with supplemental coverage increased in 2021. Additionally, beneficiaries who reported being in poor health, beneficiaries aged below 65, and beneficiaries dually eligible for Medicaid accounted for a disproportionate share of Medicare spending relative to their share of the Medicare population.

Neuman, T., Burns, A., & Rudowitz, R. (2024). *Vice President Harris' proposal to broaden Medicare coverage of home care* [Issue Brief]. Henry J. Kaiser Family Foundation.

<https://www.kff.org/medicare/issue-brief/vice-president-harris-proposal-to-broaden-medicare-coverage-of-home-care/>

In this research brief, the authors examined Medicare policy. The authors conducted a policy analysis, supplemented with a cross-sectional analysis of data from the 2022 MCBS LDS on the number of Medicare beneficiaries who would potentially be eligible for former Vice President Harris' proposed home care benefit among Medicare beneficiaries living in the community. The authors found that 14.7 million (about 23 percent) Medicare beneficiaries living in the community would potentially be eligible for the proposed benefit.

Ng, B. P., Hawkins, G. T., Massey, M., LaManna, J. B., & Park, C. (2024). Digital divide among Medicare beneficiaries and the Diabetes Prevention Program. *American Journal of Preventive Medicine*, 67(5), 746–752. <https://doi.org/10.1016/j.amepre.2024.06.019>

In this journal article, the authors used data from the 2020 MCBS Survey File Microdata PUF to examine access to care and preventive care. Specifically, using a cross-sectional analysis, the authors studied differences in internet access and use among Medicare

beneficiaries aged 65 and over living in the community at risk for type 2 diabetes. The authors found that 15 percent of beneficiaries did not have digital access, and 14 percent of beneficiaries had partial digital access. The authors also found that Hispanic and Black non-Hispanic beneficiaries were less likely to have full digital access compared to White non-Hispanic beneficiaries. Additionally, beneficiaries who were aged 75 and over, had incomes below \$25,000, had less than a high school degree, and had ADL limitations were less likely to have full digital access compared to their respective counterparts.

Ochieng, N., Cubanski, J., Freed, M., & Neuman, T. (2024). *Nearly 7 in 10 Medicare beneficiaries did not compare plans during Medicare's open enrollment period* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/nearly-7-in-10-medicare-beneficiaries-did-not-compare-plans-during-medicare-open-enrollment-period/>

In this issue brief, the authors used data from the 2022 MCBS LDS to examine health insurance decision-making. Specifically, using a cross-sectional analysis, the authors studied how beneficiaries approached their coverage decisions during open enrollment, including the use of official Medicare resources and differences, among Medicare beneficiaries living in the community. The authors found that 31 percent of beneficiaries compared their coverage with other Medicare options. Additionally, most beneficiaries enrolled in prescription drug plans did not compare coverage options, and less than half of beneficiaries referenced official Medicare resources.

Ochieng, N., Cubanski, J., & Neuman, T. (2024). *A snapshot of sources of coverage among Medicare beneficiaries* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/a-snapshot-of-sources-of-coverage-among-medicare-beneficiaries/>

In this issue brief, the authors used data from the 2022 MCBS LDS to examine health insurance coverage. Specifically, using a cross-sectional analysis, the authors studied Medicare coverage options and demographic differences across types of coverage among Medicare beneficiaries. The authors found that Medicare FFS and MA had an equal share of beneficiary enrollment in 2022, and about nine in 10 Medicare FFS beneficiaries had supplemental coverage. Additionally, the authors found that MA beneficiaries were more likely to be Hispanic or Black non-Hispanic, have lower incomes, have lower educational attainment, be in poorer health, and be dually eligible for Medicaid compared to Medicare FFS beneficiaries.

Parente, S. (2024). *Health & economy Medicare Market Choice estimates* [Report]. American Action Forum. Center for Health and Economy. <https://www.americanactionforum.org/research/health-economy-medicare-market-choice-estimates/>

In this report, the author examined health care cost and Medicare policy. The author used the Medicare Adjusted Risk Choice and Outcomes Legislative Assessment (MARCOLA) microsimulation, which used data from the MCBS, among other sources, to estimate the impact of a Market Choice reform that treats Medicare FFS as a distinct option with a premium determined by the market. The author found that implementing this policy from 2023 to 2033 could lead to savings of almost \$1 trillion, with estimated 2033 annual federal budget savings of \$74 billion. However, the authors found that

Medicare FFS beneficiaries would pay higher monthly premiums, with increases ranging from \$271 to \$446 over this decade.

Park, C. M., McCarthy, E. P., Jang, J., Sison, S. D. M., & Kim, D. H. (2024). Validation of claims-based frailty index for identifying moderate-to-severe dementia in Medicare beneficiaries. *Journal of the American Medical Directors Association, 25*(10), 105176.
<https://doi.org/10.1016/j.jamda.2024.105176>

In this journal article, the authors used data from the 2016-2020 MCBS to examine methodology and health risk. Specifically, using a longitudinal analysis, the authors aimed to validate previous National Health and Aging Trends Study (NHATS) research that found that a claims-based frailty index (CFI) was a potentially effective tool to detect moderate-to-severe dementia in Medicare claims data among Medicare FFS beneficiaries aged 65 and over living in the community with dementia. The authors found that their results were consistent with the previous research, reinforcing that CFI could serve as a valuable indicator of moderate-to-severe dementia in Medicare claims data.

Park, J.-H., Kim, K., Medina, M., Ng, B. P., Smith, M. L., Edafetanure-Ibeh, O. M., & Chang, J. (2024). Hypertension medication and Medicare beneficiaries: Prescription drug coverage satisfaction and medication non-adherence among older adults. *Healthcare, 12*(7), 722.
<https://doi.org/10.3390/healthcare12070722>

In this journal article, the authors used data from the 2020 MCBS Survey File Microdata PUF to examine medication adherence and satisfaction with care. Specifically, using a cross-sectional analysis, the authors studied the association between medication nonadherence and socio-demographic and health characteristics among Medicare beneficiaries aged 65 and over living in the community. The authors found that beneficiaries aged 65 to 75 and beneficiaries who reported more chronic conditions had higher medication nonadherence. Additional factors associated with higher nonadherence were dissatisfaction with the medications on the insurance formulary and difficulty finding a pharmacy that accepted their medication coverage.

*Park, S., Meyers, D. J., Park, Y., & Trivedi, A. N. (2024). Financial burden of care greatest among rural beneficiaries in Medicare Advantage. *Health Services Research, 59*(1), 14393.
<https://doi.org/10.1111/1475-6773.14393>

In this journal article, the authors used data from the 2017-2021 MCBS Survey File PUF, plan-level MA landscape data, and plan-level Plan Benefit Package data to examine financial barriers to care, residential settings, and health disparities. Specifically, using a cross-sectional analysis, the authors studied disparities in financial strain and access to care by metropolitan residence status and type of Medicare coverage among beneficiaries living in the community. The authors also assessed variations in MA benefits based on metropolitan residence status. The authors found that MA beneficiaries living in non-metropolitan areas were more likely to delay care due to costs and have difficulty paying medical bills compared to MA beneficiaries living in metropolitan areas, Medicare FFS beneficiaries living in metropolitan areas, and Medicare FFS beneficiaries living in non-metropolitan areas.

Parker, E. D., Lin, J., Mahoney, T., Ume, N., Yang, G., Gabbay, R. A., ElSayed, N. A., & Bannuru, R. R. (2024). Economic costs of diabetes in the U.S. in 2022. *Diabetes Care*, 47(1), 26–43. <https://doi.org/10.2337/dci23-0085>

In this journal article, the authors used data from the 2019 MCBS, among other sources, to examine health care cost. Specifically, using the Cost of Diabetes Economic Model, the authors studied the economic burden of diabetes among the U.S. population in 2022. The authors used the MCBS to estimate the prevalence of diabetes by age, sex, and race/ethnicity for individuals living in facilities. The authors found that the total estimated cost of diabetes in the U.S. in 2022 was approximately \$413 billion, which includes \$307 billion in direct medical costs and \$106 billion in indirect costs.

Petroski, J., Strachan, K., Schluterman, N., & Doss, W. (2024). Non-cost-related sources of medication nonadherence in the Medicare population. *Health Affairs Scholar*, 2(12), qxae152. <https://doi.org/10.1093/haschl/qxae152>

In this journal article, the authors used data from the 2022 MCBS LDS to examine medication adherence and financial barriers to care. Specifically, using a cross-sectional analysis, the authors studied self-reported sources of medication nonadherence among Medicare beneficiaries living in the community. The authors found about 14 percent of beneficiaries had some type of medication nonadherence. About 8 percent of beneficiaries cited cost-related reasons for nonadherence and 6 percent cited non-cost-related reasons (e.g., beneficiary preferences or beliefs).

Raver, E., Xu, W. Y., Jung, J., & Lee, S. (2024). Breast cancer screening among Medicare Advantage enrollees with dementia. *BMC Health Services Research*, 24(1), 283. <https://doi.org/10.1186/s12913-024-10740-7>

In this journal article, the authors used data from the 2012-2019 MCBS LDS to examine preventive care and health insurance coverage. Specifically, using a pooled cross-sectional analysis, the authors studied breast cancer screening among female Medicare beneficiaries aged 65 to 74 living in the community with ADRD or cognitive impairment. The authors found that MA beneficiaries had a 16 percent greater utilization of mammogram services compared to Medicare FFS beneficiaries. This differential increased among beneficiaries dually eligible for Medicaid and beneficiaries living in urban areas.

Reckrey, J. M., McKendrick, K., Morrison, R. S., Osakwe, Z. T., Ornstein, K. A., & Aldridge, M. (2024). Variation in hospice aide care by residential setting. *Journal of Palliative Medicine*, 27(8), 1018–1025. <https://doi.org/10.1089/jpm.2023.0585>

In this journal article, the authors used data from the 2010-2019 MCBS LDS to examine health care utilization and residential settings. Specifically, the authors studied differences in hospice aide utilization across residential settings among Medicare beneficiaries who died between 2010 and 2019. The authors found that hospice aide utilization was lowest in community settings compared to assisted living and nursing home settings but found few differences in the factors associated with use across residential settings.

Reimer, B., Comperchio, E., Mayfield, A., Titus, J., & Ryan, S. (2024). *Improving estimates of opioid prescriptions filled in the Medicare population using self reports and Part D claims matching* (Working Paper Series No. WP-2024-06). NORC at the University of Chicago. <https://www.norc.org/content/dam/norc-org/pdf2024/reimer%20et.al-2024-WPS-estimating-opioid-use.pdf>

In this working paper, the authors used data from the 2019 MCBS LDS to examine methodology. Specifically, using a cross-sectional analysis, the authors studied methodologies for reporting opioid use and associated sources of error. The authors found that beneficiaries with Medicare Part D coverage filled more non-opioid prescriptions compared to beneficiaries without coverage. Additionally, in comparing methodologies, the authors found that 22 percent of beneficiaries had an opioid prescription filled based on survey-reported data alone compared to 28 percent of beneficiaries when using combined survey-reported and claims data.

Ring, B. (2024). *Exploration of associations between asthma and depression in older American adults: A pooled cross-sectional analysis of Medicare recipients*. [Doctoral dissertation, Northern Illinois University]. <https://huskiecommons.lib.niu.edu/allgraduate-thesesdissertations/7922>

In this dissertation, the author used data from the 2018-2020 MCBS LDS to examine health risk. Specifically, using a cross-sectional analysis, the author studied the association between asthma and depression among Medicare beneficiaries aged 65 and over. The author found that asthma alone was not associated with higher rates of depression. However, about four in 10 beneficiaries with asthma reported some symptoms of clinical depression.

Roberts, E. T., Ruggiero, D. A., Stefanescu, A., Patel, S., Hames, A. G., & Tipirneni, R. (2024). Racial and ethnic disparities in satisfaction with healthcare access and affordability in Medicare Advantage vs. traditional Medicare. *Journal of General Internal Medicine*, 39(12), 2368–2371. <https://doi.org/10.1007/s11606-024-08892-7>

In this journal article, the authors used data from the 2015-2019 MCBS LDS to examine health disparities, health insurance coverage, health care cost, access to care, and satisfaction with care. Specifically, using a cross-sectional analysis, the authors studied differences in satisfaction with care, OOP costs, and access to specialist care by type of Medicare coverage among Medicare beneficiaries living in the community. The authors found smaller disparities in satisfaction with OOP costs between non-dually eligible Hispanic and non-dually eligible White non-Hispanic beneficiaries in MA compared to FFS. Additionally, the authors found smaller disparities in satisfaction with access to specialist care between dually eligible Black non-Hispanic and dually eligible White non-Hispanic beneficiaries in MA compared to FFS.

Shartz, A., Pugazhendhi, A., & Garrett, B. (2024). *Quality bonus payments in Medicare Advantage: How access to highly rated plans varies across enrollees and counties* [Brief]. Urban Institute. <https://www.urban.org/sites/default/files/2024-07/Quality%20Bonus%20Payments%20in%20Medicare%20Advantage.pdf>

In this data brief, the authors examined health insurance coverage and health disparities. The authors used a cross-sectional analysis of data from the 2015-2020 MCBS LDS and CMS MA Star Ratings data to show differences in the characteristics of beneficiaries enrolled in high- and low-quality plans among MA beneficiaries. The

authors found low-income beneficiaries had less access to high-scoring MA plans compared to higher-income beneficiaries. Further, Black non-Hispanic and Hispanic beneficiaries had less access to high-scoring MA plans compared to White non-Hispanic beneficiaries.

Stuart, B. C., Loh, F. E., & Dougherty, J. S. (2024). Affordability and adherence gains for Medicare Part D low-income subsidy recipients when low-income subsidy benefits expanded in 2024. *Journal of Managed Care & Specialty Pharmacy*, 30(7), 728–735.
<https://doi.org/10.18553/jmcp.2024.30.7.728>

In this journal article, the authors used data from the 2019 MCBS to examine health insurance coverage, medication adherence, and financial barriers to care. Specifically, using a cross-sectional analysis, the authors studied differences in cost-related nonadherence based on LIS receipt among Medicare Part D beneficiaries living in the community. The authors found that beneficiaries who received partial LIS reported higher levels of cost-related nonadherence in comparison to beneficiaries receiving full LIS. Further, the differences between these subsidy groups were larger for female beneficiaries and non-White beneficiaries.

Sullivan, M., Tripp, A., He, Y., Frazier, L., & Le, C. (2024). *IRA negotiation impact on Part B beneficiary OOP costs* [Insight]. Avalere. <https://avalere.com/insights/ira-negotiation-impact-on-part-b-beneficiary-oop-costs>

In this report, the authors examined Medicare policy and health care cost. The authors used a cross-sectional analysis of 2020-2021 MCBS LDS data to estimate both the proportion of Medicare FFS beneficiaries with supplemental coverage and the utilization of the first 10 Part B drugs likely to be negotiated under the Medicare Drug Price Negotiation Program (MDPNP). The authors found that 88 and 89 percent of Medicare FFS beneficiaries had some supplemental coverage in 2020 and 2021, respectively. Additionally, less than 1 percent of beneficiaries in 2020 and about 2 percent of beneficiaries in 2021 used any of the first 10 Part B drugs likely to be included in the MDPNP. The authors concluded that between 0.003 and 0.1 percent of Medicare FFS beneficiaries would have lower OOP costs based on the first 10 drugs likely to be included in the MDPNP.

Sutton, J. P., Jacobson, G., & Leonard, F. (2024). *The health care experiences of people dually eligible for Medicare and Medicaid* [Chartpack]. The Commonwealth Fund.
<https://doi.org/10.26099/48jr-7755>,
<https://www.commonwealthfund.org/publications/2024/jun/health-care-experiences-people-dually-eligible-medicare-medicaid>

In this chartpack, the authors examined health insurance coverage and experiences with care. The authors used a cross-sectional analysis of 2020 MCBS data and 2016-2022 MA enrollment data to show differences in experiences with care based on type of Medicare coverage among Medicare beneficiaries dually eligible for Medicaid aged 65 and over. Among other results, the authors found similar rates of satisfaction and levels of health care access, regardless of type of Medicare coverage.

Videon, T. M., & Rosati, R. J. (2024). *Health service utilization by Medicare plan type enrollment* [Research Briefing]. Research Institute for Home Care. https://researchinstituteforhomecare.org/wp-content/uploads/RIHC_Research_OnePager_HSU-FINAL-AUGUST-2024.pdf

In this research brief, the authors examined health care utilization and health insurance coverage. The authors used a cross-sectional analysis of data from the 2019 MCBS LDS to explore patterns of health care utilization among Medicare beneficiaries aged 65 and over by type of Medicare coverage. Among other results, the authors found that Medicare FFS beneficiaries used outpatient, inpatient, and home health care services at higher rates than MA beneficiaries. Additionally, MA beneficiaries without a monthly premium used dental, hearing, and vision services at lower rates than other Medicare beneficiaries. However, utilization of dental and hearing services was similar among MA beneficiaries with a monthly premium compared to Medicare FFS beneficiaries.

Wallace, L. G., Menon, K. N., Garcia Morales, E. E., Shin, J. J., Kolberg, E. R., Myers, C., Deal, J. A., & Reed, N. S. (2024). Perceptions of health care provider interactions among Medicare beneficiaries with hearing trouble and the role of an accompanying companion. *Journal of Gerontological Nursing*, 50(11), 29–35. <https://doi.org/10.3928/00989134-20240918-02>

In this journal article, the authors used data from the 2016 MCBS to examine experiences with care and sensory impairment. Specifically, using a cross-sectional analysis, the authors studied how hearing trouble affects beneficiaries' perceptions of provider interactions and if appointment accompaniment (i.e., having someone accompany the beneficiary to appointments) modifies these perceptions among Medicare beneficiaries. The authors found that beneficiaries with hearing trouble were more likely to have negative perceptions of provider interactions compared to beneficiaries without hearing trouble. Further, appointment accompaniment did not affect beneficiaries' perceptions of the interactions.

Wang, N., Seale, M., & Chen, J. (2024). Availability and use of telehealth services among patients with ADRD enrolled in traditional Medicare vs. Medicare Advantage during the COVID-19 pandemic. *Frontiers in Public Health*, 12, 1346293. <https://doi.org/10.3389/fpubh.2024.1346293>

In this journal article, the authors used data from the MCBS COVID-19 Fall 2020 and Winter 2021 Supplement Microdata PUFs to examine COVID-19 impact, telemedicine, and health insurance coverage. Specifically, using a cross-sectional analysis, the authors studied the availability and utilization of telemedicine by ADRD status and type of Medicare coverage among Medicare beneficiaries living in the community whose provider offered telemedicine. The authors found that beneficiaries with higher incomes, internet access, and access to technology had greater telemedicine availability during the COVID-19 pandemic. In comparison, Black non-Hispanic beneficiaries and beneficiaries living in non-metropolitan areas had lower telemedicine availability. The authors also found that while telemedicine services were more available to MA beneficiaries prior to COVID-19 than Medicare FFS beneficiaries, availability and utilization of telemedicine services was similar between Medicare FFS beneficiaries and MA beneficiaries during the COVID-19 pandemic.

Yang, H. Y., Song, Z. S., Collins, J. E., & Losina, E. (2024). Impact of depressive symptoms on direct medical cost among Medicare recipients with knee osteoarthritis. *Osteoarthritis and Cartilage*, 32(7), 922–930. <https://doi.org/10.1016/j.joca.2023.12.011>

In this journal article, the authors used data from the 2003, 2006, 2009, 2011, 2013, 2016, and 2019 MCBS LDS to examine behavioral/mental health and health care cost. Specifically, using a cross-sectional analysis, the authors studied differences in medical costs by self-reported depressive symptoms among Medicare beneficiaries aged 65 and over living in the community with knee osteoarthritis. The authors found that beneficiaries with self-reported depressive symptoms and billable services had the highest direct medical costs, followed by beneficiaries with self-reported depressive symptoms and no billable services. Beneficiaries with no self-reported depressive symptoms had the lowest direct medical costs, comparatively.

Yu, X., Gain, E. P., & Kedia, S. K. (2024). Bidirectional associations between alcohol drinking and depressive symptom scores among US older adults. *Journal of Affective Disorders*, 349, 48–53. <https://doi.org/10.1016/j.jad.2024.01.004>

In this journal article, the authors used data from the 2016-2019 MCBS to examine behavioral/mental health and health behaviors. Specifically, using a longitudinal analysis, the authors studied the associations between alcohol use and depression among Medicare beneficiaries living in the community. The authors found that a prior increase in the beneficiary's Patient Health Questionnaire (PHQ) score was significantly associated with a decrease in the number of drinks reported at the subsequent interview.

*Article has an Epub and publication date (in bibliographic database) of 2024 but has not yet appeared in its intended journal.