

2019 Medicare Current Beneficiary Survey (MCBS) Report on Dental, Vision, and Hearing Care Services

This report presents key estimates for beneficiaries living in the community who were enrolled in Medicare in 2019.

INTRODUCTION

Using data from the 2019 MCBS Survey File and Cost Supplement File, this Report presents estimates for the use of selected dental, vision, and hearing care services by Medicare beneficiaries living in the community in 2019. It also includes comparisons by gender, race/ethnicity, language spoken at home, income, and dual eligibility for Medicare and Medicaid.

To more effectively capture the occurrence, cost, and sources of payment for vision and hearing events, the MCBS dental cost and utilization section was expanded in Winter 2019 to collect details on two standalone event types, vision and hearing care. This Report includes estimates from the dental, vision, and hearing care questionnaire section.

HIGHLIGHTS

Among Medicare Beneficiaries Living in the Community in 2019



43%
had at least
one dental exam.



52%
had at least
one vision exam



7%
had at least
one hearing exam.

Less than half of Medicare beneficiaries living in the community had at least one dental exam in 2019.

Table 1. Percentage of Medicare Beneficiaries Living Only in the Community Who Had at Least One Dental Exam in 2019^{i,ii}

Measure	Response	Had at Least One Dental Exam Weighted % (SE)
	TOTAL	42.6 (1.0)
Gender	<i>Female</i>	44.0 (1.2)
	<i>Male</i>	40.9 (1.1) ⁺
Race/Ethnicity	<i>White non-Hispanic</i>	47.9 (1.1) ^{***}
	<i>Black non-Hispanic</i>	17.9 (1.8) ^{***}
	<i>Hispanic</i>	33.8 (2.3)
	<i>Other Race/Ethnicity</i>	33.3 (2.8)
Language Spoken at Home	<i>English</i>	44.0 (1.0)
	<i>Language other than English</i>	32.7 (1.8) ^{***}
Income	<i>< \$10,000</i>	21.9 (1.7)
	<i>\$10,000 - \$14,999</i>	19.4 (1.4)
	<i>\$15,000 - \$19,999</i>	21.3 (2.0)
	<i>\$20,000 - \$24,999</i>	25.9 (1.9)
	<i>\$25,000 - \$29,999</i>	30.2 (2.3)
	<i>\$30,000 - \$39,999</i>	41.2 (2.3)
	<i>\$40,000 - \$49,999</i>	46.7 (2.2)
	<i>>= \$50,000</i>	61.0 (1.3) ^{***}
Dual Eligibility Statusⁱⁱⁱ	<i>Full-/partial-benefit dually eligible</i>	19.9 (1.1) ^{***}
	<i>Not dually eligible</i>	47.3 (1.0)

⁺Indicates $p < 0.05$. ^{*}Indicates $p < 0.01$. ^{**}Indicates $p < 0.001$. ^{***}Indicates $p < 0.0001$.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File and Cost Supplement File, 2019.

- Beneficiaries with the following characteristics were less likely to have had a dental exam: being male (compared to female); living in a non-English speaking household (compared to English speaking); and being dually eligible (compared to not dually eligible).
- Black non-Hispanic beneficiaries were less likely than all other races/ethnicities to have had a dental exam, while White non-Hispanic beneficiaries were more likely.
- Beneficiaries with incomes of \$50,000 or more were more likely to have had a dental exam compared to those with lower incomes.

ⁱ Dental exams include general exams, checkups, or consultations.

ⁱⁱ The universe for all estimates presented in this report is all Medicare beneficiaries living only in the community in 2019. The denominator for overall estimates includes all Medicare beneficiaries living only in the community in 2019 with complete cost and utilization data available in the 2019 MCBS Cost Supplement File.

ⁱⁱⁱ Note that some Medicaid beneficiaries also enroll in Medicare Advantage plans, and these plans may offer some dental, vision, and/or hearing coverage.

About half of Medicare beneficiaries living in the community had at least one common dental procedure in 2019.^{iv}

Table 2. Percentage of Medicare Beneficiaries Living Only in the Community Who Had at Least One Common Dental Procedure in 2019^{ii,v}

Measure	Response	Had at Least One Dental Procedure Weighted % (SE)
	TOTAL	51.2 (0.9)
Gender	<i>Female</i>	52.3 (1.1)
	<i>Male</i>	49.8 (1.3)
Race/Ethnicity	<i>White non-Hispanic</i>	56.6 (1.0)**
	<i>Black non-Hispanic</i>	28.4 (2.6)+
	<i>Hispanic</i>	38.3 (2.2)
	<i>Other Race/Ethnicity</i>	42.0 (3.2)
Language Spoken at Home	<i>English</i>	52.8 (1.0)
	<i>Language other than English</i>	39.3 (1.8)***
Income	<i>< \$10,000</i>	27.5 (1.8)
	<i>\$10,000 - \$14,999</i>	21.6 (1.5)
	<i>\$15,000 - \$19,999</i>	29.1 (2.0)
	<i>\$20,000 - \$24,999</i>	34.3 (2.2)
	<i>\$25,000 - \$29,999</i>	34.4 (2.3)
	<i>\$30,000 - \$39,999</i>	48.0 (2.1)
	<i>\$40,000 - \$49,999</i>	55.9 (2.4)
	<i>>= \$50,000</i>	72.9 (1.2)***
Dual Eligibility Statusⁱⁱⁱ	<i>Full-/partial-benefit dually eligible</i>	25.3 (1.3)***
	<i>Not dually eligible</i>	56.5 (0.9)

+Indicates $p < 0.05$. *Indicates $p < 0.01$. **Indicates $p < 0.001$. ***Indicates $p < 0.0001$.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File and Cost Supplement File, 2019.

- Beneficiaries with the following characteristics were less likely to have had a dental procedure: living in a non-English speaking household (compared to English speaking) and being dually eligible (compared to not dually eligible).
- Black non-Hispanic beneficiaries were less likely than all other races/ethnicities to have had a dental procedure while White non-Hispanic beneficiaries were more likely.
- Beneficiaries with incomes of \$50,000 or more were more likely to have had a dental procedure compared to those with lower incomes.

^{iv} Common dental procedures include cleaning, prophylaxis, or polishing; x-rays, radiographs, or bitewings; fillings; crowns or caps; and extraction/tooth pulled. Some common dental procedures may have been administered at dental exams, and therefore, some beneficiaries may be counted in both the common dental procedure and the dental exam measures for the same visit.

^v Note that a beneficiary could have had a common dental procedure without a dental exam in 2019 and vice versa.

About half of Medicare beneficiaries living in the community had at least one vision exam in 2019.

Table 3. Percentage of Medicare Beneficiaries Living Only in the Community Who Had at Least One Vision Exam in 2019ⁱⁱ

Measure	Response	Had at Least One Vision Exam Weighted % (SE)
	TOTAL	51.8 (0.6)
Gender	<i>Female</i>	54.1 (0.9)
	<i>Male</i>	49.1 (1.0)**
Race/Ethnicity	<i>White non-Hispanic</i>	52.5 (0.8)
	<i>Black non-Hispanic</i>	46.5 (2.5)
	<i>Hispanic</i>	51.8 (2.3)
	<i>Other Race/Ethnicity</i>	51.3 (3.8)
Language Spoken at Home	<i>English</i>	51.4 (0.7)
	<i>Language other than English</i>	54.3 (1.9)
Income	<i>< \$10,000</i>	40.4 (2.5)
	<i>\$10,000 - \$14,999</i>	42.6 (1.9)
	<i>\$15,000 - \$19,999</i>	41.4 (2.0)
	<i>\$20,000 - \$24,999</i>	43.5 (2.1)
	<i>\$25,000 - \$29,999</i>	48.1 (2.6)
	<i>\$30,000 - \$39,999</i>	51.1 (2.2)
	<i>\$40,000 - \$49,999</i>	55.9 (2.4)
	<i>>= \$50,000</i>	59.5 (1.1)
Dual Eligibility Statusⁱⁱⁱ	<i>Full-/partial-benefit dually eligible</i>	41.5 (1.6)***
	<i>Not dually eligible</i>	53.9 (0.7)

+Indicates $p < 0.05$. *Indicates $p < 0.01$. **Indicates $p < 0.001$. ***Indicates $p < 0.0001$.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File and Cost Supplement File, 2019.

- Males were less likely than females to have had a vision exam.
- Dually eligible beneficiaries were less likely to have had a vision exam compared to beneficiaries who are not dually eligible.

About one-quarter of Medicare beneficiaries living in the community purchased prescription glasses or contact lenses at least once in 2019.

Table 4. Percentage of Medicare Beneficiaries Living Only in the Community Who Purchased Prescription Glasses or Contact Lenses at Least Once in 2019ⁱⁱ

Measure	Response	Purchased Items at Least Once Weighted % (SE)
	TOTAL	26.0 (0.6)
Gender	<i>Female</i>	26.1 (0.7)
	<i>Male</i>	26.0 (0.9)
Race/Ethnicity	<i>White non-Hispanic</i>	26.9 (0.7)
	<i>Black non-Hispanic</i>	21.5 (1.7)
	<i>Hispanic</i>	23.2 (1.9)
	<i>Other Race/Ethnicity</i>	27.4 (2.6)
Language Spoken at Home	<i>English</i>	26.3 (0.6)
	<i>Language other than English</i>	24.4 (1.8)
Income	<i>< \$10,000</i>	19.6 (1.9)
	<i>\$10,000 - \$14,999</i>	23.1 (1.6)
	<i>\$15,000 - \$19,999</i>	22.0 (1.9)
	<i>\$20,000 - \$24,999</i>	22.9 (2.1)
	<i>\$25,000 - \$29,999</i>	21.0 (1.8)
	<i>\$30,000 - \$39,999</i>	24.8 (1.5)
	<i>\$40,000 - \$49,999</i>	25.1 (1.5)
	<i>>= \$50,000</i>	30.7 (1.0)
Dual Eligibility Statusⁱⁱⁱ	<i>Full-/partial-benefit dually eligible</i>	22.6 (1.2)*
	<i>Not dually eligible</i>	26.8 (0.6)

+Indicates $p < 0.05$. *Indicates $p < 0.01$. **Indicates $p < 0.001$. ***Indicates $p < 0.0001$.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File and Cost Supplement File, 2019.

- Dually eligible beneficiaries were less likely to have purchased these items than beneficiaries who are not dually eligible.

Less than 10 percent of Medicare beneficiaries living in the community had at least one hearing exam in 2019.

Table 5. Percentage of Medicare Beneficiaries Living Only in the Community Who Had at Least One Hearing Exam in 2019ⁱⁱ

Measure	Response	Had at Least One Hearing Exam Weighted % (SE)
	TOTAL	7.1 (0.4)
Gender	<i>Female</i>	6.6 (0.4)
	<i>Male</i>	7.8 (0.6)
Race/Ethnicity	<i>White non-Hispanic</i>	8.1 (0.4)
	<i>Black non-Hispanic</i>	3.4 (0.8)
	<i>Hispanic</i>	4.7 (1.1)
	<i>Other Race/Ethnicity</i>	5.7 (1.1)
Language Spoken at Home	<i>English</i>	7.3 (0.4)
	<i>Language other than English</i>	5.9 (1.0)
Income	<i>< \$10,000</i>	3.1 (0.6)
	<i>\$10,000 - \$14,999</i>	4.0 (0.7)
	<i>\$15,000 - \$19,999</i>	4.5 (0.9)
	<i>\$20,000 - \$24,999</i>	7.8 (1.0)
	<i>\$25,000 - \$29,999</i>	5.7 (0.9)
	<i>\$30,000 - \$39,999</i>	8.3 (0.9)
	<i>\$40,000 - \$49,999</i>	7.4 (1.1)
	<i>>= \$50,000</i>	8.9 (0.6)
Dual Eligibility Statusⁱⁱⁱ	<i>Full-/partial-benefit dually eligible</i>	4.0 (0.5) ^{***}
	<i>Not dually eligible</i>	7.8 (0.4)

+Indicates $p < 0.05$. *Indicates $p < 0.01$. **Indicates $p < 0.001$. ***Indicates $p < 0.0001$.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File and Cost Supplement File, 2019.

- Dually eligible beneficiaries were less likely to have had a hearing exam than beneficiaries who are not dually eligible.

Less than five percent of Medicare beneficiaries living in the community purchased at least one type of hearing aid in 2019.

Table 6. Percentage of Medicare Beneficiaries Living Only in the Community Who Purchased at Least One Type of Hearing Aid in 2019ⁱⁱ

Measure	Response	Purchased at Least One Hearing Aid Weighted % (SE)
	TOTAL	4.0 (0.2)
Gender	<i>Female</i>	3.1 (0.2)
	<i>Male</i>	5.1 (0.4)**
Race/Ethnicity	<i>White non-Hispanic</i>	4.7 (0.3)
	<i>Black non-Hispanic</i>	X ^{vi}
	<i>Hispanic</i>	2.4 (0.6)
	<i>Other Race/Ethnicity</i>	2.7 (0.7)
Language Spoken at Home	<i>English</i>	4.3 (0.3)
	<i>Language other than English</i>	2.1 (0.4)***
Income	<i>< \$10,000</i>	2.0 (0.6)
	<i>\$10,000 - \$14,999</i>	1.7 (0.4)
	<i>\$15,000 - \$19,999</i>	2.3 (0.6)
	<i>\$20,000 - \$24,999</i>	4.8 (0.9)
	<i>\$25,000 - \$29,999</i>	3.9 (0.8)
	<i>\$30,000 - \$39,999</i>	4.9 (0.7)
	<i>\$40,000 - \$49,999</i>	4.4 (0.7)
	<i>>= \$50,000</i>	4.9 (0.4)
Dual Eligibility Statusⁱⁱⁱ	<i>Full-/partial-benefit dually eligible</i>	2.2 (0.4)***
	<i>Not dually eligible</i>	4.4 (0.3)

+Indicates $p < 0.05$. *Indicates $p < 0.01$. **Indicates $p < 0.001$. ***Indicates $p < 0.0001$.

SOURCE: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File and Cost Supplement File, 2019.

- Males were more likely than females to have purchased a hearing aid.
- Beneficiaries living in non-English speaking households were less likely to have purchased a hearing aid compared to those living in English speaking households.
- Dually eligible beneficiaries were less likely to have purchased a hearing aid than beneficiaries who are not dually eligible.

^{vi} Suppression is used in order to protect the confidentiality of Medicare beneficiaries. This estimate is suppressed (denoted by an X) because it does not meet minimum criteria for reliability. For proportions, the Clopper-Pearson method was used to compute confidence intervals for each estimate. Estimates with a confidence interval whose absolute width is at least 0.30, with a confidence interval whose absolute width is no greater than 0.05, or with a relative confidence interval width of more than 130% of the estimate, are suppressed.

DEFINITIONS

In addition to providing definitions of key terms, this section describes the construction of the analytic variables used to create the Report estimates. These analytic variables may differ from the variables in the MCBS Survey File and Cost Supplement File (for example, as a result of recoding into new categories). Analytic variables included in this report were constructed from event-level data. Beneficiaries with more than one event in the data collection year for a given measure were only counted once in that measure for the purposes of calculating the percentage of beneficiaries who had an exam, procedure, or equipment purchase in 2019.

Beneficiary: Beneficiary refers to a person receiving Medicare services who may or may not be participating in the MCBS. Beneficiary may also refer to an individual selected from the MCBS sample about whom the MCBS collects information.^{vii}

Common dental procedures: Common dental procedures include cleanings, x-rays, fillings, crowns, and extractions. Some common dental procedures may have been administered at dental exams, and therefore, some beneficiaries may be counted in both the common dental procedure and the dental exam measures for the same visit.

Community interview: Survey administered for beneficiaries living in the community (i.e., not in a long-term care facility such as a nursing home) during the reference period covered by the MCBS interview. An interview may be conducted with the beneficiary or a proxy.

Dual eligibility status: Annual Medicare-Medicaid dual eligibility was based on the state Medicare Modernization Act (MMA) files. Beneficiaries were considered “dually eligible” and assigned a dual eligibility status if they were enrolled in Medicaid for at least one month. Full-benefit or partial-benefit status was determined by the beneficiary’s status in the last month of the year in which he or she qualified as dually eligible. This information was obtained from administrative data sources.

Gender: A beneficiary’s gender is self-reported by the respondent.

Income: Includes income from all sources, such as pension, Social Security, and retirement benefits, for the beneficiary and spouse. Responses of “<\$5,000” and “\$5,000 - \$9,999” were collapsed into a single “<\$10,000” category.

^{vii} <https://www.cms.gov/Medicare/Medicare-General-Information/MedicareGenInfo/index.html>.

Race/ethnicity: Hispanic origin and race are two separate and distinct categories. Persons of Hispanic origin may be of any race or combination of races. Hispanic origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origin. For the MCBS, responses to beneficiary race and ethnicity questions are reported by the respondent. More than one race may be reported. For conciseness, the text, tables, and figures in this document use shorter versions of the terms for race and Hispanic or Latino origin specified in the Office of Management and Budget 1997 Standards for Data on Race and Ethnicity. Beneficiaries reported as White and not of Hispanic origin were coded as White non-Hispanic; beneficiaries reported as Black/African-American and not of Hispanic origin were coded as Black non-Hispanic; beneficiaries reported as Hispanic, Latino/Latina, or of Spanish origin, regardless of their race, were coded as Hispanic. The “Other Race/Ethnicity” category includes other single races not of Hispanic origin (including American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander), or Two or More Races.

Respondent: Respondent refers to a person who answers questions for the MCBS; for Community interviews, this person can be the beneficiary or a proxy.

DATA AND METHODS

These estimates are based on data from the 2019 MCBS, a nationally representative, longitudinal survey of Medicare beneficiaries sponsored by the Centers for Medicare & Medicaid Services (CMS) and directed by the Office of Enterprise Data and Analytics (OEDA). The MCBS is the most comprehensive and complete survey available on the Medicare population and is essential in capturing data not otherwise collected through operations and administration of the Medicare program.

MCBS Limited Data Sets (LDS) are available to researchers with a data use agreement. Information on ordering MCBS files from CMS can be obtained through CMS’ LDS website at https://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/Data-Disclosures-Data-Agreements/DUA_-_NewLDS. MCBS Public Use Files (PUFs) are available to the public as free downloads and can be found through CMS’ PUF website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/MCBS-Public-Use-File/index>.

For details about the MCBS sample design, survey operations, and data files, please see the most recent *MCBS Methodology Report* and *Data User’s Guides* available on the CMS MCBS website at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCBS/index>.

The universe for the 2019 MCBS Report on Dental, Vision, and Hearing Care Services included all Medicare beneficiaries living in the community who completed only Community interviews during the year and had complete cost and utilization data for the year. The final dataset included 8,992 beneficiaries (weighted N=60,352,014). Balanced repeated replication survey weights were used to account for the complex sample design. A survey weighted least-squares regression model was used to test for significance. P-values for multi-category measures were further adjusted using the Bonferroni correction to account for multiple testing effects. All significant findings cited in the text are statistically significant at the $p < 0.05$ level or less.

A category was considered significant if it was found to be significantly different from all other categories for that measure (e.g., in Table 1 the “>= \$50,000” category was statistically significant when tested against all seven other income groups). For measures that were two-category, a significant finding indicates both categories are significant. For simplicity, the option with the largest absolute difference from the overall percentage was marked as significant.

The MCBS is authorized by section 1875 (42 USC 139511) of the Social Security Act and is conducted by NORC for the U.S. Department of Health and Human Services. The OMB Number for this survey is 0938-0568.

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