

MEDICARE CURRENT BENEFICIARY SURVEY

Articles published in 2022

AHIP. (2022). *The state of Medicare Supplement coverage: Trends in enrollment and demographics* [Report]. https://ahiporg-production.s3.amazonaws.com/documents/202202-AHIP_MedicareSuppCvg-02_v03.pdf

In this report, the authors examine health insurance coverage and health disparities. The authors use a cross-sectional analysis of data from the 2019 Medicare Current Beneficiary Survey (MCBS) Limited Data Set (LDS) to show Medigap enrollment and associated socio-demographics among Medicare Fee-For-Service (FFS) beneficiaries. The authors find a little more than half of beneficiaries living in the community without any additional coverage had Medigap coverage. Among those beneficiaries with Medigap coverage, about 58 percent were women, 11 percent had household incomes of less than \$20,000, and 25 percent lived in non-metropolitan areas.

Aldridge, M. D., Moreno, J., McKendrick, K., Li, L., Brody, A., & May, P. (2022). Association between hospice enrollment and total health care costs for insurers and families, 2002-2018. *JAMA Health Forum*, 3(2), e215104. <https://doi.org/10.1001/jamahealthforum.2021.5104>

In this journal article, the authors use data from the 2002-2018 MCBS to examine health care cost and utilization. Specifically, the authors study the relationship between hospice use and total and out-of-pocket health care costs among Medicare decedents living in the community. The authors find beneficiaries who used hospice care for the last three days of life, last week of life, last two weeks of life, and last three months of life all had lower total health care expenditures compared to those who did not use hospice care. Additionally, beneficiaries who used hospice care in the last three days of life, last week of life, last two weeks of life, and last month of life all had lower family out-of-pocket expenditures compared to those who did not use hospice.

Alnijadi, A. A. (2021). *The association of antidepressants use with healthcare utilization, patient-reported outcomes, and Alzheimer's disease and related dementias (ADRD) among Medicare beneficiaries with depression* (Publication No. 28967529) [Doctoral dissertation, University of South Carolina]. ProQuest Dissertations & Theses Global. <https://scholarcommons.sc.edu/etd/6561>

In this dissertation, the author uses data from the 2015-2017 MCBS to examine health care utilization. Specifically, the author uses a cross-sectional analysis to study the associations between depression, Alzheimer's disease and related dementias (ADRD), quality of life, and health care utilization, including use and number of antidepressant medications, among Medicare beneficiaries with depression. The author finds that ADRD, emergency room (ER) visits, prescription drug use, health status, and disability status were all associated with depression, and use of atypical antidepressants was associated with ADRD.

Alzheimer's Association. (2022). 2022 Alzheimer's disease facts and figures. *Alzheimer's & Dementia*, 18(4), 700–789. <https://doi.org/10.1002/alz.12638>

In this report, the authors provide a compendium of statistics on Alzheimer's disease. The authors use cross-sectional data from the 2018 MCBS LDS, among other sources, to present metrics related to Alzheimer's disease, including prevalence, mortality, caregiving, and health care cost and utilization, among Medicare beneficiaries aged 65 and over. Among other results, the authors find that total health care and long-term care expenditures per capita were nearly three times greater among Medicare beneficiaries with ADRD compared to those without these conditions. Additionally, beneficiaries with ADRD spent an average of \$9,844 per capita out-of-pocket in 2018.

American Seniors Housing Association. (2022). *Seniors Housing Data Book (2022)*. American Seniors Housing Association. <https://www.ashaliving.org/product/seniors-housing-data-book-2022/>

In this data book, the authors examine residential settings. The authors use a cross-sectional analysis of data from the 2020 MCBS to show demographics and health care utilization among Medicare beneficiaries living in a variety of residential settings. Among other results, the authors find that beneficiaries living in nursing homes were more likely to have cognitive impairment and depression compared to those living in other settings like traditional private housing, independent living facilities, assisted living facilities, and other retirement communities.

*Ankuda, C. K., Covinsky, K., Freedman, V. A., Langa, K., Aldridge, M. D., Yee, C., & Kelley, A. S. (2022). The devil's in the details: Variation in estimates of late-life activity limitations across national cohort studies. *Journal of the American Geriatrics Society*, jgs.18158. <https://doi.org/10.1111/jgs.18158>

In this journal article, the authors use data from the 2016 MCBS, National Health and Aging Trends Study (NHATS), and the Health and Retirement Survey (HRS) to examine methodologies for measuring disability. Specifically, using a cross-sectional analysis, the authors examine differences in the measurement of activities of daily living (ADLs) across the MCBS, NHATS, and HRS by comparing the prevalence of ADL limitations and mortality among respondents aged 70 and over living in the community across the three studies. The authors find that there was wide variation in how the three studies measured ADLs, which resulted in different estimates of ADL limitations.

Arapakis, K. (2022). *Essays in the economics of aging* (Publication No. 30322406) [Doctoral dissertation, University College London]. ProQuest Dissertations & Theses Global. <https://discovery.ucl.ac.uk/id/eprint/10152204/>

In this dissertation, the author uses data from the 1999-2012 HRS linked to Medicare and Medicaid administrative data and the 1996-2017 Medical Expenditure Panel Survey (MEPS) to examine health care cost and health insurance coverage. The author further supplements the analysis with data from the 1996-2010 MCBS LDS to compare Medicare and Medicaid payment estimates across surveys. Specifically, using a cross-sectional analysis, the author studies patterns of medical spending and the impact of public insurance programs like Medicare and Medicaid on medical spending among HRS and MEPS respondents aged 65 and over. The author finds that medical spending increased with age, and that by age 65, households spent an average of \$59,000 out-of-pocket on medical care over the remainder of their lives.

Arapakis, K., French, E., Jones, J., & McCauley, J. (2022). *How redistributive are public health care schemes? Evidence from Medicare and Medicaid in old age* (Working Paper No. 2010–441). Michigan Retirement and Disability Research Center.

<https://mrdrdc.isr.umich.edu/publications/papers/pdf/wp441.pdf>

In this working paper, the authors use data from the HRS and Medicare FFS and Medicaid administrative data to examine policy, supplemented with data from the 1996-2010 MCBS LDS, among other sources, on out-of-pocket health care spending. Specifically, using a cross-sectional analysis, the authors study the relationship between lifetime tax contributions and the benefits received from the Medicare and Medicaid programs among individuals whose household head was aged 65 between 1999 and 2004. The authors find that while all income groups benefitted from the Medicare and Medicaid programs, those in the top and bottom income groups benefitted less than those in the middle income groups.

*Assi, L., Kozhaya, K., Swenor, B. K., & Reed, N. S. (2022). Vision impairment and patient activation among Medicare beneficiaries. *Ophthalmic Epidemiology*.

<https://doi.org/10.1080/09286586.2022.2078495>

In this journal article, the authors use data from the 2016 MCBS to examine patient activation and sensory impairment. Specifically, using a cross-sectional analysis, the authors study the relationship between patient activation and vision impairment among Medicare beneficiaries aged 65 and over without dementia. The authors find those with any vision impairment exhibited lower patient activation. Further, beneficiaries with a lot of vision impairment had lower patient activation compared to those with little or no vision impairment.

Bebo, B., Cintina, I., LaRocca, N., Ritter, L., Talente, B., Hartung, D., Ngorsuraches, S., Wallin, M., & Yang, G. (2022). The economic burden of multiple sclerosis in the United States: Estimate of direct and indirect costs. *Neurology*, *98*(18), e1810–e1817.

<https://doi.org/10.1212/WNL.000000000200150>

In this journal article, the authors use data from the 2018 MCBS LDS, 2017-2019 Medicare Standard Analytical File, and 2017-2019 Optum deidentified Normative Health Information System to examine health care cost. Specifically, using a cross-sectional analysis, the authors estimate the total economic burden of multiple sclerosis (MS) in the United States in 2019 among patients with MS. The authors find the economic burden of MS was \$85 billion; approximately \$63 billion was associated with direct medical costs, while \$22 billion was associated with indirect and non-medical costs.

Better Medicare Alliance. (2022). *Approaches to meet behavioral health needs in Medicare Advantage* [Data Brief]. <https://bettermedicarealliance.org/publication/approaches-to-meet-behavioral-health-needs-in-medicare-advantage/>

In this brief, the authors examine behavioral/mental health and health insurance coverage. The authors use a cross-sectional analysis of data from the 2019 MCBS LDS to show patterns of behavioral health conditions and needs among Medicare beneficiaries, combined with a qualitative analysis of Medicare policy and case studies. From the quantitative analysis, the authors find that over a third of Medicare Advantage (MA) beneficiaries were living with a behavioral health condition in 2019 and Black non-

Hispanic and Hispanic beneficiaries reported higher rates of behavioral health conditions than White non-Hispanic beneficiaries.

Better Medicare Alliance. (2022). *Medicare Advantage outperforms fee-for-service Medicare on cost protections for low-income and diverse populations* [Data Brief].

https://bettermedicarealliance.org/wp-content/uploads/2022/04/BMA-Medicare-Advantage-Cost-Protections-Data-Brief_FINv2.pdf

In this data brief, the authors examine health insurance coverage and health care cost. The authors use a cross-sectional analysis of data from the 2019 MCBS LDS to show the relationship between type of Medicare coverage and beneficiaries' demographics, access to and satisfaction with care, and health care cost among Medicare beneficiaries living in the community. The authors find that a greater share of low-income beneficiaries enrolled in MA compared to their high-income counterparts and a larger share of Black non-Hispanic and Hispanic beneficiaries enrolled in MA compared to Medicare FFS. In addition, MA beneficiaries had lower out-of-pocket costs and premiums than Medicare FFS beneficiaries, while satisfaction with care was similar between MA and Medicare FFS beneficiaries.

Bhagianadh, D., & Arora, K. (2022). COVID-19 vaccine hesitancy among community-dwelling older adults: The role of information sources. *Journal of Applied Gerontology, 41*(1), 4–11.

<https://doi.org/10.1177/07334648211037507>

In this journal article, the authors use data from the MCBS COVID-19 Fall 2020 Supplement Public Use File (PUF) to examine preventive care and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study likelihood of COVID-19 vaccine uptake among Medicare beneficiaries aged 65 and over living in the community. The authors find that beneficiaries who used health care providers, social media, other internet sources, and family/friends as their main source of information about COVID-19 were more likely to be unwilling to get a COVID-19 vaccine than those who used traditional news sources, although the authors recommended caution in interpreting the health care providers finding.

Chang, J. E., Lindenfeld, Z., & Chang, V. W. (2022). Obesity and patient activation: Confidence, communication, and information seeking behavior. *Journal of Primary Care & Community Health, 13*. <https://doi.org/10.1177/21501319221129731>

In this journal article, the authors use data from the 2011-2013 MCBS to examine patient activation across the three domains of confidence, communication, and information seeking. Specifically, using a cross-sectional analysis, the authors study the relationship between obesity and patient activation among Medicare beneficiaries aged 65 and over living in the community. The authors find that compared to non-obese beneficiaries, beneficiaries who were obese reported lower confidence in their ability to manage their health, but higher rates of communication with their physicians.

Chang, M. H., Moonesinghe, R., & Truman, B. I. (2022). Telehealth availability and usage among Medicare beneficiaries during the COVID-19 pandemic, October and November 2020. *Journal of Public Health Management and Practice, 28*(1), 77-85.

<https://doi.org/10.1097/phh.0000000000001448>

In this journal article, the authors use data from the MCBS COVID-19 Fall 2020 Supplement PUF to examine telemedicine and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study telemedicine availability and use among Medicare beneficiaries living in the community with a usual source of care. The authors find telemedicine availability increased during the COVID-19 pandemic; however, various factors such as age, race, income, and language preference were associated with lower availability of telemedicine technology. Additionally, beneficiaries aged below 65, male beneficiaries, and Hispanic beneficiaries reported the highest telemedicine use among beneficiaries whose primary care provider offered telemedicine appointments.

Cheng, Z., & Li, Y. (2022). Racial and ethnic and income disparities in COVID-19 vaccination among Medicare beneficiaries. *Journal of the American Geriatrics Society*, 70(9), 1–8.
<https://doi.org/10.1111/jgs.17920>

In this journal article, the authors use data from the MCBS COVID-19 Winter 2021 Supplement PUF to examine preventive care, health disparities, and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study socio-demographic differences in COVID-19 vaccination rates among Medicare beneficiaries living in the community. The authors find that Hispanic and Black non-Hispanic beneficiaries were less likely to receive a COVID-19 vaccine than White non-Hispanic beneficiaries. Additionally, beneficiaries earning below \$25,000 were less likely to receive a COVID-19 vaccine than those with higher incomes.

Clements, J. M. (2022). Access to care by Medicare beneficiaries in the U.S. with diabetes and multiple chronic conditions during the COVID-19 pandemic. *Journal of Diabetes and Its Complications*, 36(12), 108355. <https://doi.org/10.1016/j.jdiacomp.2022.108355>

In this journal article, the author uses data from the MCBS COVID-19 Summer 2020, Fall 2020, and Winter 2021 Supplement PUFs to examine access to care, health disparities, and COVID-19 impact. Specifically, using a cross-sectional analysis, the author identifies characteristics associated with having difficulty accessing care during the COVID-19 pandemic among Medicare beneficiaries aged 65 and over with diabetes. The author finds that beneficiaries with diabetes and multiple other chronic conditions had more trouble accessing care than those with diabetes alone. Additionally, Hispanic and Black non-Hispanic beneficiaries with diabetes reported having more trouble accessing care than White non-Hispanic beneficiaries with diabetes.

Follette, G. R., & Sheiner, L. (2022). *Retirement security and health costs* (Working Paper No. 2022–19). Wharton Pension Research Council.
https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4192028

In this working paper, the authors use data from the 1996, 2000, 2005, 2009, 2015, and 2016 MCBS, along with income measures from the HRS, to examine health care cost. Specifically, the authors study the impact of the Affordable Care Act (ACA) on out-of-pocket health care spending among Medicare beneficiaries aged 65 and over. The authors find that the ACA reduced out-of-pocket health care spending among older beneficiaries, with out-of-pocket costs increasing with age and for beneficiaries with lower levels of income.

Gangopadhyaya, A., & Garrett, B. (2022). *Capping Medicare beneficiary Part D spending at \$2,000: Who would it help and how much* [Brief]. Urban Institute. <https://www.urban.org/sites/default/files/2022-03/capping-medicare-beneficiary-part-d-spending-at-2000.pdf>

In this report, the authors examine health care cost and Medicare policy. The authors use the MCARE-SIM simulation model, which uses data from the 2015-2018 MCBS LDS, to project the number and characteristics of beneficiaries who would benefit from a prescription drug spending cap among Medicare Part D beneficiaries without the Low-Income Subsidy (LIS). The authors find over 866,000 non-LIS Part D Medicare beneficiaries would benefit from an out-of-pocket spending cap for prescription drugs.

Gangopadhyaya, A., Holahan, J., Garrett, B., & Shartzter, A. (2022). *Adding an out-of-pocket spending limit to traditional Medicare* [Brief]. Urban Institute. <https://www.urban.org/research/publication/adding-out-pocket-spending-limit-traditional-medicare>

In this brief, the authors examine health care cost and Medicare policy. The authors use the MCARE-SIM simulation model, which uses data from the 2015-2018 MCBS LDS, to estimate the impact of a \$5,000 cap on medical spending among Medicare FFS beneficiaries. The authors find the implementation of a \$5,000 cap would increase per capita Medicare FFS spending by approximately \$1,000 and reduce cost sharing for beneficiaries with the greatest health care needs by over 50 percent.

Gangopadhyaya, A., Holahan, J., Shartzter, A., & Garrett, B., (2022). *Analysis of alternative approaches to increasing Part B financial assistance to Medicare beneficiaries with low incomes* [Brief]. Urban Institute. Available at: <https://www.urban.org/sites/default/files/2022-11/Analysis%20of%20Alternative%20Approaches%20to%20Increasing%20Financial%20Assistance%20to%20Medicare%20Beneficiaries%20with%20Low%20Incomes.pdf>

In this brief, the authors examine health care cost and Medicare policy. The authors use the MCARE-SIM simulation model, which uses data from the 2015-2018 MCBS LDS, to predict changes in Medicare Part B spending as a result of alternate cap, cost sharing, and subsidization policies. Specifically, using the simulation model, the authors estimate the effects of three possible approaches for reducing financial burden on low-income beneficiaries, including the share of beneficiaries who would receive financial assistance, their Part B premiums and cost-sharing, and total Medicare spending. For example, under the first approach, which caps premiums at 8.5 percent of income, the authors find that the percentage of beneficiaries earning between 100 and 200 percent of the Federal Poverty Level who would receive financial help in 2023 would increase from 22 percent to 60 percent and beneficiaries at or below 100 percent of the Federal Poverty Level would save an average of \$1,633 on premiums.

Ganguli, I., Orav, E. J., Lii, J., Mehrotra, A., & Ritchie, C. S. (2022). Which Medicare beneficiaries have trouble getting places like the doctor's office, and how do they do it? *Journal of General Internal Medicine*, 38(1), 245–248. <https://doi.org/10.1007/s11606-022-07615-0>

In this journal article, the authors use data from the 2019 MCBS to examine access to care. Specifically, using a cross-sectional analysis, the authors study the association

between transportation barriers and access to care among Medicare beneficiaries aged 65 and over living in the community. The authors find that almost 1 out of 5 beneficiaries had trouble getting to places with differences across sex, age, and income. Further, in comparison to beneficiaries who did not report trouble getting places, those who did were more likely to miss doctor's appointments and rely on other sources of transportation (e.g., being driven by others, using public transportation) to make their appointments.

Haddad, Y. K., Kakara, R., & Marcum, Z. A. (2022). A comparative analysis of selective serotonin reuptake inhibitors and fall risk in older adults. *Journal of the American Geriatrics Society*, 70(5), 1450–1460. <https://doi.org/10.1111/jgs.17686>

In this journal article, the authors use data from the 2010-2017 MCBS LDS to examine health risk. Specifically, using a longitudinal analysis, the authors study the association between selective serotonin reuptake inhibitors (SSRI) use and falls among Medicare Part D beneficiaries aged 65 and over, living in the community, and taking an SSRI. The authors find over a third of beneficiaries who took an SSRI reported a fall the following year and one fifth reported more than one fall, with differences in fall risk across high-dose SSRI medications.

Hamadi, H. Y., Zhao, M., Haley, D. R., Dunn, A., Paryani, S., & Spaulding, A. (2022). Medicare and telehealth: The impact of COVID-19 pandemic. *Journal of Evaluation in Clinical Practice*, 28(1), 43–48. <https://doi.org/10.1111/jep.13634>

In this journal article, the authors use data from the MCBS COVID-19 Fall 2020 Supplement PUF to examine telemedicine and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study telemedicine utilization during the COVID-19 pandemic among beneficiaries living in the community. The authors find a greater share of primary care providers provided telemedicine services than specialist providers. Additionally, fewer than 8 percent of Medicare beneficiaries reported being unable to access care due to the COVID-19 pandemic.

Hauenstein, E. J., Davey, A., Clark, R. S., Daly, S., You, W., & Merwin, E. I. (2022). Self-care capacity and its relationship to age, disability, and perceived well-being in Medicare beneficiaries. *Nursing Research*, 71(1), 21–32. <https://doi.org/10.1097/NNR.0000000000000551>

In this journal article, the authors use data from the 2013 MCBS LDS and the 2018 Area Health Resource File (AHRF) to examine disability and health disparities. Specifically, using a cross-sectional analysis, the authors study the relationship between limitations in ADLs, limitations in instrumental activities of living (IADLs), social activity, and health perceptions among Medicare beneficiaries. The authors find beneficiaries aged below 65 who qualified for Medicare due to a physical disability were more likely to have negative health perceptions as well as report more limitations in ADLs and IADLs compared to other beneficiaries who qualified for Medicare due to other reasons. Additionally, beneficiaries aged below 65 who qualified for Medicare due to a serious mental illness (SMI) were most likely to report severe limitations in IADLs.

Himmelstein, J., Himmelstein, D. U., Woolhandler, S., Dickman, S., Cai, C., & McCormick, D. (2022). COVID-19–related care for Hispanic elderly adults with limited English proficiency. *Annals of Internal Medicine*, 175(1), 143–145. <https://doi.org/10.7326/m21-2900>

In this research letter, the authors use data from the MCBS COVID-19 Fall 2020 Supplement PUF to examine health disparities, preventive care, and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study differences in likelihood of COVID-19 vaccine uptake by English language proficiency among Medicare beneficiaries living in the community. The authors find that Hispanic beneficiaries with limited English proficiency (LEP) were less likely to report they would get vaccinated once a vaccine was available compared to non-Hispanic beneficiaries with English proficiency.

Ho, V. P., Bensken, W. P., Flippin, J. A., Santry, H. P., Claridge, J. A., Towe, C. W., & Koroukian, S. M. (2022). Functional status is key to long-term survival in emergency general surgery conditions. *Journal of Surgical Research*, 283, 224–232. <https://doi.org/10.1016/j.jss.2022.10.034>

In this journal article, the authors use data from the 1992-2013 MCBS LDS to examine disability and health risk. Specifically, using a longitudinal analysis, the authors study predictive factors of long-term mortality among Medicare FFS beneficiaries aged 65 and over living in the community who were admitted to the hospital for emergency general surgery. The authors find that beneficiaries with functional limitations had significantly higher mortality rates. Further, females had higher survival rates than males, with the lowest survival rates seen among males aged 75 and over.

Ho, V. P., Bensken, W. P., Santry, H. P., Towe, C. W., Warner, D. F., Connors, A. F., & Koroukian, S. M. (2022). Health status, frailty, and multimorbidity in patients with emergency general surgery conditions. *Surgery*, 172(1), 446–452. <https://doi.org/10.1016/j.surg.2022.02.011>

In this journal article, the authors use data from the 1991-2013 MCBS LDS to examine health risk. Specifically, using a longitudinal analysis, the authors study the association between baseline health and the presence of emergency general surgery conditions among Medicare FFS beneficiaries aged 65 and over living in the community. The authors find that those with worse health, particularly those with functional limitations, were more likely to develop emergency general surgery conditions.

Ho, V. P., Bensken, W. P., Warner, D. F., Claridge, J. A., Santry, H. P., Robenstine, J. C., Towe, C. W., & Koroukian, S. M. (2022). Association of complex multimorbidity and long-term survival after emergency general surgery in older patients with Medicare. *JAMA Surgery*, 157(6), 499–506. <https://doi.org/10.1001/jamasurg.2022.0811>

In this journal article, the authors use data from the 1992-2013 MCBS LDS to examine health risk. Specifically, using a longitudinal analysis, the authors study the association between multimorbidity and long-term mortality after emergency general surgery among Medicare FFS beneficiaries aged 65 and over living in the community. The authors find that complex multimorbidity combinations that include functional limitations can identify beneficiaries at risk of long-term mortality.

Jain, N. (2022). *Medicare payment for telehealth* [Brief]. Mathematica.
<https://www.mathematica.org/publications/medicare-payment-for-telehealth>

In this issue brief, the author examines telemedicine. The author uses a cross-sectional analysis of data from the MCBS COVID-19 Winter 2021 Supplement PUF to show telemedicine utilization before and after the COVID-19 pandemic began among Medicare beneficiaries living in the community. The author finds that MA beneficiaries were slightly less likely to use telemedicine than Medicare FFS beneficiaries but were slightly more likely to use audio-only services (compared to video-only or both audio and video).

Johnston, K. J., Wen, H., & Pollack, H. A. (2022). Comparison of ambulatory care access and quality for beneficiaries with disabilities covered by Medicare Advantage vs traditional Medicare insurance. *JAMA Health Forum*, 3(1), e214562.
<https://doi.org/10.1001/jamahealthforum.2021.4562>

In this journal article, the authors use data from the 2015-2018 MCBS to examine health insurance coverage, disability, and access to care. Specifically, using a cross-sectional analysis, the authors study differences in access to and quality of ambulatory care among beneficiaries aged 18 to 64 with disability entitlement. The authors find that beneficiaries with disabilities enrolled in MA had better access to a usual source of care compared to their counterparts enrolled in Medicare FFS.

Jonk, Y., O'Connor, H., Burgess, A., & Milkowski, C. (2022). *Patterns of health care use among rural-urban Medicare beneficiaries age 85 and older, 2010-2017* [Policy Brief]. Maine Rural Health Research Center. <https://digitalcommons.usm.maine.edu/insurance/83/>

In this policy brief, the authors examine health care utilization and health disparities. The authors use a cross-sectional analysis of data from the 2010-2017 MCBS LDS to show differences in rural and urban health care use among Medicare beneficiaries aged 85 and over. The authors find that Medicare FFS beneficiaries living in urban and rural areas visited primary care providers at similar rates. However, rural Medicare FFS beneficiaries used more outpatient services and fewer specialty and dental services compared to urban Medicare FFS beneficiaries, and rural Medicare FFS beneficiaries use of the emergency department (ED) increased across the study period from 27 percent in 2010 to 43 percent in 2017, while urban Medicare FFS beneficiaries' ED use remained steady at approximately 30 percent.

Kim, J., Kim, Y., & Li, Y. (2022). Source of information on COVID-19 vaccine and vaccine hesitancy among US Medicare beneficiaries. *Journal of the American Geriatrics Society*, 70, 677–680. <https://doi.org/10.1111/jgs.17619>

In this journal article, the authors use data from the MCBS COVID-19 Fall 2020 Supplement PUF to examine preventive care and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study the association between receiving information on COVID-19 from informal sources and likelihood of COVID-19 vaccine uptake among Medicare beneficiaries living in the community. The authors find that beneficiaries who relied on informal sources for COVID-19 information including social media, internet, and friends/family were less likely to report they would get vaccinated once a vaccine was available than those who used formal sources like news, government guidance, and

health care providers. Additionally, having a greater number of information sources was related to greater likelihood of getting vaccinated once a vaccine was available.

Lama, Y., Davidoff, A. J., Vanderpool, R. C., & Jensen, R. E. (2022). Telehealth availability and use of related technologies among Medicare-enrolled cancer survivors: cross-sectional findings from the onset of the COVID-19 pandemic. *Journal of Medical Internet Research, 24*(1), e34616. <https://doi.org/10.2196/34616>

In this journal article, the authors use data from the MCBS COVID-19 Summer 2020 Supplement to examine health disparities, telemedicine, and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study socio-demographic differences in access and use of the internet, technology, and telemedicine among beneficiaries living in the community with non-skin cancer and a usual source of care. The authors find that 62 percent of beneficiaries with cancer had usual providers that offered telemedicine appointments; however, rural beneficiaries reported significantly less telemedicine availability compared to their urban counterparts.

Lee, R. H., Lee, R. K., & Pasquale, L. R. (2022). Burden of trabeculectomy and glaucoma drainage implantation after laser trabeculoplasty: A two-year follow-up study. *Ophthalmology Glaucoma, 5*(1), 58–66. <https://doi.org/10.1016/j.oqga.2021.07.004>

In this journal article, the authors use data from the 2012-2016 MCBS LDS to examine health care utilization. Specifically, the authors study differences in the need for incisional glaucoma surgery after laser trabeculoplasty (LTP) among Medicare beneficiaries aged 35 and over. The authors find LTP had no effect on the need for subsequent incisional glaucoma surgery; additionally, Black non-Hispanic beneficiaries and beneficiaries with open-angle glaucoma were more like to require surgery.

Lu, M., & Liao, X. (2022). Access to care through telehealth among U.S. Medicare beneficiaries in the wake of the COVID-19 pandemic. *Frontiers in Public Health, 10*. <https://doi.org/10.3389/fpubh.2022.946944>

In this journal article, the authors use data from the COVID-19 Summer 2020, Fall 2020, and Winter 2021 Supplement PUFs to examine access to care, telemedicine, and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study forgone care and access to telemedicine during the COVID-19 pandemic among Medicare beneficiaries living in the community. The authors find that forgone care decreased over the course of the COVID-19 pandemic, while access to telemedicine increased slightly.

*Luo, H., Moss, M. E., Basu, R., & Grant, F. T. (2022). Rural–urban differences in use of dental services and procedures among Medicare beneficiaries in 2018. *Public Health Reports (Washington, D.C.: 1974)*, 333549221128336. <https://doi.org/10.1177/00333549221128336>

In this journal article, the authors use data from the 2018 MCBS LDS to examine health care utilization and health disparities. Specifically, using a cross-sectional analysis, the authors study rural and urban disparities in dental service utilization among Medicare beneficiaries aged 65 and over living in the community. The authors find that overall, urban beneficiaries received higher rates of dental care than their rural counterparts. The authors also find that the type of dental care differed by rurality, where urban

beneficiaries were more likely to receive preventive dental care, while rural beneficiaries were more likely to receive restorative dental care like cavity fillings.

Luo, H., Qu, H., Basu, R., Rafferty, A. P., Patil, S. P., & Cummings, D. M. (2022). Willingness to get a COVID-19 vaccine and reasons for hesitancy among Medicare beneficiaries: Results from a national survey. *Journal of Public Health Management and Practice, 28*(1), 70–76. <https://doi.org/10.1097/PHH.0000000000001394>

In this journal article, the authors use data from the MCBS COVID-19 Fall 2020 Supplement PUF to examine preventive care and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors explore factors associated with likelihood of COVID-19 vaccine uptake and reasons for not getting vaccinated among beneficiaries aged 65 and over living in the community. The authors find 61 percent of Medicare beneficiaries were willing to get vaccinated once a vaccine was available. Of those who were not willing or hesitant, mistrust of the government and side effects were the most common reasons, and Black non-Hispanic or Hispanic beneficiaries, beneficiaries with lower incomes, and beneficiaries who doubted the seriousness of COVID-19 were less willing to get vaccinated once a vaccine was available.

Lv, G., Wang, X., Jiang, X., Li, M., & Lu, K. (2022). Impact of Alzheimer’s disease and related dementias on colorectal cancer screening utilization, knowledge, and associated health disparities. *Frontiers in Pharmacology, 13*. <https://doi.org/10.3389/fphar.2022.872702>

In this journal article, the authors use data from the 2015-2018 MCBS LDS to examine preventive care and health disparities. Specifically, using a cross-sectional analysis, the authors study the socio-demographic differences in the utilization and knowledge of colorectal cancer (CRC) screening among Medicare beneficiaries aged 65 and over with and without ADRD. The authors find that beneficiaries with ADRD were less likely to use CRC screening than those without ADRD. Further, compared to beneficiaries without ADRD, beneficiaries with Alzheimer’s disease were more likely to know of colonoscopy/sigmoidoscopy, but less likely to know that Medicare pays for CRC screening.

Mbah, O. (2022). *Impact of the Affordable Care Act (ACA) on colorectal cancer outcomes among Medicare beneficiaries: The role of race/ethnicity and community-level social risk* (Publication No. 29064108) [Doctoral dissertation, University of North Carolina at Chapel Hill].

In this dissertation, the author uses data from the 2005-2017 MCBS, AHRF, and Medicare claims to examine experiences with care, health disparities, and preventive care. Specifically, the author studies the impact of beneficiaries’ experiences with care and the ACA on inequities in CRC screening among Medicare beneficiaries. The author finds inequitable experiences with care are associated with lower CRC screening among Black non-Hispanic and Hispanic beneficiaries. Further, the ACA did not affect overall CRC screening rates among beneficiaries without supplemental insurance coverage.

Medicare Payment Advisory Commission (U.S.). (2022). *Medicare payment policy: Report to the Congress*. https://www.medpac.gov/wp-content/uploads/2022/03/Mar22_MedPAC_ReportToCongress_v3_SEC.pdf

In this report, the authors review the FFS, MA, and Part D components of the Medicare program, considering financial sustainability, payment policy, and payment adequacy across service types, including in the context of COVID-19. Within the report, the authors use cross-sectional data from the 2018-2019 MCBS LDS, among other sources, to examine topics such as Medicare policy and health insurance coverage among Medicare beneficiaries. Among other results, the authors find that 91 percent of beneficiaries had a usual source of care, 95 percent were satisfied with their ability to access care, and 83 percent were satisfied with their out-of-pocket costs.

Medicare Payment Advisory Commission (U.S.). (2022). *Health care spending and the Medicare program: A data book*. <https://www.medpac.gov/document/july-2022-data-book-health-care-spending-and-the-medicare-program/>

In this report, the authors present a compendium of statistics on Medicare beneficiaries. The authors use cross-sectional data from the 2019 MCBS LDS, among other sources, to present metrics on topics such as beneficiary demographics, health care spending, quality of care, and access to care. Among other results, the authors find that dually eligible beneficiaries account for a disproportionate share of Medicare FFS spending and were more like to be aged below 65 and in poor health than beneficiaries who were not dually eligible. Additionally, the authors also find that supplemental insurance coverage was least common among beneficiaries who were male, qualified for Medicare due to a disabling condition, were aged below 70, lived in rural areas, and reported poor health.

Nekui, F. (2022). *Econometric analysis of airline rivalry and consumer compliance with prescription drugs* (Publication No. 29390380) [Doctoral dissertation, Northeastern University]. <https://repository.library.northeastern.edu/files/neu:4f186p593/fulltext.pdf>

In Chapter 3 of this dissertation, the author uses data from the 2016 MCBS, supplemented with 2006-2015 MCBS data, to examine medication adherence and health care cost. Specifically, using a cross-sectional analysis, the author studies cost-related medication nonadherence among Medicare beneficiaries living in the community. The author finds that cost-related medication nonadherence was higher among beneficiaries aged below 65 with long-term disability, as well as those in worse health. The author secondarily finds that cost-related nonadherence among older beneficiaries was lowest in 2016 compared to 2006-2015.

Ng, B. P., Lu, J., Tiu, G. F., Thiamwong, L., & Zhong, Y. (2022). Bathroom modifications among community-dwelling older adults who experience falls in the United States: A cross-sectional study. *Health & Social Care in the Community*, *30*(1), 253–263. <https://doi.org/10.1111/hsc.13398>

In this journal article, the authors use data from the 2016 MCBS Survey File PUF to examine health disparities and health risk. Specifically, using a cross-sectional analysis, the authors explore bathroom modifications among Medicare beneficiaries aged 65 and over living in the community who had at least one fall. Among the study population, the authors find that 56 percent had bathroom modifications and 50 percent reported repeated falls (two or more). Among beneficiaries who reported repeated falls, 40 percent did not have bathroom modifications. Additionally, Black non-Hispanic and

Hispanic beneficiaries were less likely to have bathroom modifications compared to their White non-Hispanic counterparts.

Ng, B. P., Park, C., Silverman, C. L., Eckhoff, D. O., Guest, J. C., & Díaz, D. A. (2022). Accessibility and utilisation of telehealth services among older adults during COVID-19 pandemic in the United States. *Health & Social Care in the Community*, 30(5). <https://doi.org/10.1111/hsc.13709>

In this journal article, the authors use data from the MCBS COVID-19 Fall 2020 Supplement PUF to examine telemedicine and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors examine access and use of telemedicine among Medicare beneficiaries aged 65 and over living in the community. The authors find that during the COVID-19 pandemic, the percentage of beneficiaries who reported that their provider offered telemedicine appointments increased. However, the authors also find evidence of disparities in accessibility of telemedicine; for example, beneficiaries who reported their providers offered telemedicine appointments were more likely to have access to the internet and access to technology.

Ng, B. P., Peach, B. C., Keith, D., Park, C., & Li, Y. (2022). Factors associated with mental health of Medicare beneficiaries during the COVID-19 pandemic. *Clinical Gerontologist*, 1–10. <https://doi.org/10.1080/07317115.2022.2151962>

In this journal article, the authors use data from the MCBS COVID-19 Fall 2020 Supplement PUF to examine behavioral/mental health and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors examine the relationship between various factors such as social isolation, access to health care, and beneficiary mental health among Medicare beneficiaries aged 65 and over living in the community. The authors find 41 percent of beneficiaries reported increased feelings of stress and anxiety during the COVID-19 pandemic. Further, beneficiaries who reported being unable to get household supplies, being unable to get a doctor's appointment, and feeling more socially isolated were more likely to report increased stress and anxiety.

Ochieng, N., Cubanski, J., Freed, M. & Neuman, T. (2022). *A relatively small share of Medicare beneficiaries compared plans during a recent open enrollment period* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/a-relatively-small-share-of-medicare-beneficiaries-compared-plans-during-a-recent-open-enrollment-period/>

In this issue brief, the authors examine health insurance coverage and decision-making. The authors use a cross-sectional analysis of data from the 2020 MCBS LDS to show characteristics associated with reviewing current coverage and comparing plans during open enrollment among Medicare beneficiaries. The authors find that a third of beneficiaries compared plans during open enrollment. Further, beneficiaries with incomes below \$10,000, Hispanic beneficiaries, and beneficiaries aged below 65 or aged 85 and over were less likely to compare their current plan with other options than beneficiaries with incomes of \$40,000 or above, White non-Hispanic beneficiaries, and beneficiaries aged 65 to 74, respectively.

Park, C., Ng, B. P., & Kim, K. (2022). Inability to access health care due to COVID-19 among Medicare beneficiaries. *The American Journal of Managed Care*, 28(2), 75–80. <https://doi.org/10.37765/ajmc.2022.88823>

In this journal article, the authors use data from the MCBS COVID-19 Summer 2020 and Fall 2020 Supplement PUFs to examine access to care, health disparities, and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study factors associated with forgoing care due to the pandemic among Medicare beneficiaries aged 65 and over living in the community. The authors find approximately 21 percent and 8 percent of beneficiaries were unable to access health care services due to the pandemic in the summer and fall of 2020, respectively. Additionally, beneficiaries with a higher income, beneficiaries who speak English at home, and beneficiaries with at least four chronic conditions were more likely to report forgoing care than their respective counterparts.

Park, J., & Look, K. A. (2022). Five-year impact of Medicare Part D coverage gap reform on drug expenditures and utilization. *Health Services Research, 57*(1), 56–65.

<https://doi.org/10.1111/1475-6773.13660>

In this journal article, the authors use data from the 2008-2015 MCBS LDS to examine health care cost and policy. Specifically, using a longitudinal analysis, the authors explore the impact of the Medicare Part D coverage gap reform on prescription drug utilization and expenditures among continuously enrolled Medicare Part D beneficiaries aged 65 and over. The authors find no significant changes in drug utilization or total spending among beneficiaries after the reform, however the authors note a shift in usage toward brand-name rather than generic drugs and a continued decrease in out-of-pocket costs for beneficiaries who did not receive the LIS compared to those that did.

Park, S. (2022). Effect of Medicare Advantage on health care use and care dissatisfaction in mental illness. *Health Services Research, 57*(4), 820–829. <https://doi.org/10.1111/1475-6773.13945>

In this journal article, the author uses data from the 2012-2016 MCBS to examine health care utilization, satisfaction with care, and health care insurance. Specifically, using a cross-sectional analysis, the author studies the relationship between type of Medicare coverage, health care utilization, and satisfaction with care among Medicare beneficiaries with mental illness. The author finds MA beneficiaries had fewer outpatient hospital visits and medical provider visits compared to Medicare FFS beneficiaries. However, the author did not find any significant differences in prescription drug use or inpatient hospital admissions across type of Medicare coverage.

*Park, S. (2022b). Effects of Medicare Advantage on preventive care use and health behavior. *Health Services Research, 10.1111/1475-6773.14089*. <https://doi.org/10.1111/1475-6773.14089>

In this journal article, the author uses data from the 2012-2016 MCBS among other sources to examine preventive care and health insurance coverage. Specifically, using a cross-sectional analysis, the author investigates the relationship between MA coverage, health behaviors, and use of preventive care among continuously enrolled Medicare beneficiaries aged 65 and over. The author finds that MA beneficiaries were more likely to have blood pressure screenings, cholesterol screenings, and flu shots compared to Medicare FFS beneficiaries. However, these beneficiaries were also less likely to receive a blood sugar test and were more likely to be current smokers.

*Park, S., Chung, W., & Stimpson, J. P. (2022). Access to care and satisfaction with care among fee-for-service Medicare beneficiaries by level of care need. *Disability and Health Journal*, 101402. <https://doi.org/10.1016/j.dhjo.2022.101402>

In this journal article, the authors use data from the 2010-2016 MCBS LDS, supplemented with data from the AHRF and 2017-2019 MCBS Survey File PUF to examine access to care and satisfaction with care. Specifically, using a cross-sectional analysis, the authors investigated access to and satisfaction with care by level of care need among Medicare FFS beneficiaries. The authors find the group of beneficiaries aged below 65 with certain disabling conditions reported less satisfaction with and access to care compared to other groups of beneficiaries (relatively healthy, simple chronic conditions, minor complex chronic conditions, major complex chronic conditions, and frail). Affordability was the leading reason beneficiaries aged below 65 had trouble accessing care.

Park, S., & Coe, N. B. (2022). Insurance coverage and health care spending by state-level Medigap regulations. *The American Journal of Managed Care*, 28(4), 172–179. <https://doi.org/10.37765/ajmc.2022.88860>

In this journal article, the authors use data from the 2010-2016 MCBS to examine health care cost, health care insurance, and policy. Specifically, the authors study how state-level Medigap regulations affect type of Medicare coverage and health care expenditures among Medicare beneficiaries. The authors find enrollment in traditional Medicare FFS was not affected by different regulations, while in states that had additional regulations, MA enrollment was higher and Medigap enrollment was lower compared to states without regulations. Additionally, Medicare FFS beneficiaries with Medigap coverage had higher Medicare spending than those without Medigap coverage.

Park, S., Langellier, B. A., & Meyers, D. J. (2022). Association of health insurance literacy with enrollment in traditional Medicare, Medicare Advantage, and plan characteristics within Medicare Advantage. *JAMA Network Open*, 5(2), e2146792. <https://doi.org/10.1001/jamanetworkopen.2021.46792>

In this journal article, the authors use data from the 2015-2016 MCBS to examine health care insurance decision making. Specifically, using a cross-sectional analysis, the authors study the association between health literacy and type of Medicare coverage among Medicare beneficiaries. The authors find that beneficiaries with higher health literacy were more likely to enroll in MA plans compared to those with low health literacy.

*Poghosyan, H., Dinan, M. A., Tamamyan, G., Nelson, L., & Jeon, S. (2022). Racial and ethnic variation in COVID-19 vaccination uptake among Medicare beneficiaries with cancer history. *Journal of Racial and Ethnic Health Disparities*, 1–9. <https://doi.org/10.1007/s40615-022-01415-2>

In this journal article, the authors use data from the MCBS COVID-19 Winter 2021 Supplement PUF to examine preventive care, health disparities, and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study COVID-19 vaccination rates among Medicare beneficiaries living in the community with non-skin cancer. The authors find that approximately 70 percent of beneficiaries received at least one COVID-19 vaccine dose, and 65 percent received two COVID-19 vaccine doses. Further, White

non-Hispanic beneficiaries had higher rates of COVID-19 vaccine uptake than Black non-Hispanic and Hispanic beneficiaries.

*Poghosyan, H., Ni, Z., Vlahov, D., Nelson, L., & Nam, S. (2022). COVID-19 vaccine hesitancy among Medicare beneficiaries with and without cancer history: A US population-based study. *Journal of Community Health*, 1–10. <https://doi.org/10.1007/s10900-022-01174-5>

In this journal article, the authors use data from the MCBS COVID-19 Winter 2021 Supplement PUF to examine preventive care and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors investigate differences in likelihood of COVID-19 vaccine uptake between beneficiaries with and without a history of cancer among Medicare beneficiaries living in the community. The authors find that overall, 40 percent of beneficiaries were hesitant to get vaccinated and concerns with side effects and safety was the most common reason reported for not getting vaccinated. Additionally, beneficiaries without a history of cancer were less likely to get vaccinated than those with a history of cancer, while those with a history of cancer were more likely to report ongoing health conditions, their doctor not recommending the vaccine, and their doctor recommending against the vaccine as reasons for not getting vaccinated compared to those without a history of cancer.

*Qu, H., Richardson, C. A., Jani, N. N., Kromtit, N., Karassi, B., Vadakkoot, S., & Terrell, J. (2022). Factors associated with Medicare beneficiaries' perceptions of COVID-19 and preventive health behaviors: Results from winter 2021 MCBS survey. *International Journal of Environmental Health Research*, 1–12. <https://doi.org/10.1080/09603123.2022.2108385>

In this journal article, the authors use data from the MCBS COVID-19 Winter 2021 Community Supplement to examine preventive care and COVID-19 impact. Specifically, the authors study the impact of beneficiaries' sources of information on COVID-19 vaccination, perceptions of COVID-19 severity compared to the flu, and use of preventive health behaviors among Medicare beneficiaries living in the community. The authors find that beneficiaries who relied mostly on traditional news, government officials, and health care providers were more likely to get vaccinated for COVID-19 and believe COVID-19 is more severe than the flu compared to those who relied primarily on other sources of information.

Qu, H., Wei, T. R., Islam, S., Barnes, G., Schmidt, K., Knight, J., & Patel, N. (2022). Patient factors associated with the offering of telehealth appointments from primary care physicians among Medicare beneficiaries: Results from a national survey. *International Journal of Medical Informatics*, 165, 104822. <https://doi.org/10.1016/j.ijmedinf.2022.104822>

In this journal article, the authors use data from the MCBS COVID-19 Winter 2021 Community Supplement to examine telemedicine and COVID-19 impact. Specifically, the authors study beneficiary characteristics associated with access to telemedicine from primary care providers among Medicare beneficiaries living in the community. The authors find disparities in access to telemedicine by internet access, device ownership, age, race/ethnicity, income, and geographic location.

Research Institute for Home Care. *Home Care Chartbook 2022*. [Report]. <https://researchinstituteforhomecare.org/wp-content/uploads/RIHC-Home-Care-Chartbook-2022.pdf>

In this report, the authors provide a compendium of statistics on home health care. The authors use cross-sectional data from the 2020 MCBS LDS, among other sources, to examine demographic, socioeconomic, and clinical characteristics associated with home health use among Medicare beneficiaries. Among other results, the authors find that 45 percent of Medicare home health users had five or more chronic conditions. Additionally, 38 percent of Medicare home health users reported having a severe mental illness (SMI) which they defined as depression, bipolar disorder, schizophrenia, and other psychoses.

Roberts, E. T., & Mellor, J. M. (2022). Differences in care between special needs plans and other Medicare coverage for dual eligibles. *Health Affairs*, 41(9), 1238–1247. <https://doi.org/10.1377/hlthaff.2022.00463>

In this journal article, the authors use data from the 2015-2019 MCBS LDS to examine access to care, health care utilization, satisfaction with care, and health insurance coverage among dually eligible beneficiaries living in the community. Specifically, the authors study differences in access to, utilization of, and satisfaction with care between dually eligible beneficiaries enrolled in Dual Eligible Special Needs Plans (D-SNPs) compared to those enrolled in Medicare FFS or MA. The authors find that beneficiaries enrolled in Medicare FFS had greater access to care, use of preventive care, and satisfaction with care compared to those enrolled in D-SNPs.

*Roberts, E. T., Mellor, J. M., McInerney, M. P., & Sabik, L. M. (2022). Effects of a Medicaid dental coverage “cliff” on dental care access among low-income Medicare beneficiaries. *Health Services Research*, 10.1111/1475-6773.13981. <https://doi.org/10.1111/1475-6773.13981>

In this journal article, the authors use data from the 2016-2019 MCBS LDS to examine health insurance coverage, access to care, and health disparities. Specifically, using a pooled cross-sectional analysis, the authors study the relationship between Medicaid dental coverage and access to dental care among low-income (i.e., within 75 percentage points of the Medicaid income threshold in their state) Medicare beneficiaries living in the community. The authors find that low-income beneficiaries with incomes that exceeded the Medicaid eligibility threshold were more likely to have difficulty accessing dental care due to cost or lack of coverage compared to beneficiaries below the income threshold.

Silverman, C., Ng, B.P., Baek, C., & Park, C. (2022). Prescription drug coverage satisfaction and medication nonadherence among Medicare beneficiaries with cancer. *Expert Review of Pharmacoeconomics & Outcomes Research*, 22(6), 971–979. <https://doi.org/10.1080/14737167.2022.2064846>

In this journal article, the authors use data from the 2017 MCBS Survey File PUF to examine medication adherence and satisfaction with care. Specifically, using a cross-sectional analysis, the authors study the association between satisfaction with prescription drug coverage and medication nonadherence among beneficiaries aged 65 and over living in the community with non-skin cancer. The authors find approximately 15 percent of beneficiaries with cancer reported medication nonadherence and beneficiaries with medication nonadherence were more likely to report being dissatisfied with the amount paid for medications and the availability of medications on formulary.

Song, N., Freaan, M., Covington, C. T., Tietschert, M., Ling, E., Bahadurzada, H., Kerrissey, M., Friedberg, M., & Singer, S. J. (2022). Patients' perceptions of integrated care among Medicare beneficiaries by level of need for health services. *Medical Care Research and Review*, 79(5), 640–649. <https://doi.org/10.1177/10775587211067897>

In this journal article, the authors use data from the 2015 MCBS to examine experiences with care. Specifically, using a cross-sectional analysis, the authors study patient perceptions of integrated care among Medicare beneficiaries living in the community. The authors find that Medicare beneficiaries with greater health care needs did not perceive their care to be different than that of healthier beneficiaries. Further, the authors find that beneficiaries aged below 65 perceived significantly better provider support for self-directed care and for medication and home health management than beneficiaries aged 65 and over.

Sonnenfeld, M. (2022). *Vision impairment and health outcomes among older Mexican Americans: Findings from the Hispanic Established Population for the Epidemiologic Study of the Elderly* [Doctoral dissertation, The University of Texas Medical Branch]. <https://utmb-ir.tdl.org/handle/2152.3/11582>

In this dissertation, the author uses data from the Hispanic Established Population for the Epidemiologic Study of the Elderly (HEPESE), supplemented with data from the 2000-2016 MCBS, to examine sensory impairment, health risk, and health care utilization. Specifically, using a longitudinal analysis, the author studies factors associated with vision impairment and health care utilization among older Mexican Americans over time. The author finds that vision impairment was associated with cognitive impairment, frailty, physical disability (including self-reported difficulties with ADLs), falls, and greater use of health care.

Stuart, B., Loh, F. P., Kamal-Bahl, S., Vietri, J., Bakken, D., Puckett, J., & Doshi, J. (2022). Financial incentives tied to Medicare star ratings: Impact on influenza vaccination uptake in Medicare beneficiaries. *The American Journal of Managed Care*, 28(6), 273–280. <https://doi.org/10.37765/ajmc.2022.89154>

In this journal article, the authors use data from the 2007-2015 MCBS to examine policy, health insurance coverage, and preventive care. Specifically, using a pooled cross-sectional analysis, the authors study the impact of MA's adoption of the star rating bonus payment policy in 2012 on annual flu vaccination among Medicare Part D beneficiaries living in the community. The authors find a small increase in flu vaccination rates as a result of the policy and that MA beneficiaries with prescription drug plans had a larger increase in vaccination rates compared to Medicare FFS beneficiaries with prescription drug plans.

Tarazi, W., Welch, W. P., Nguyen, N., Bosworth, A., Sheingold, S., De Lew, N., & Sommers, B. D. (2022). *Medicare beneficiary enrollment trends and demographic characteristics*. [Issue Brief]. Assistant Secretary for Planning and Evaluation Office of Health Policy. <https://aspe.hhs.gov/sites/default/files/documents/f81aafbba0b331c71c6e8bc66512e25d/medicare-beneficiary-enrollment-ib.pdf>

In this issue brief, the authors examine health insurance coverage. The authors use a cross-sectional analysis of data from the 2019 MCBS LDS linked to Medicare administrative data to show demographic characteristics and enrollment trends among Medicare beneficiaries. The authors find 62 percent of Medicare beneficiaries were enrolled in Medicare FFS, while 37 percent were enrolled in MA. Beneficiaries enrolled in Medicare Part A only were more likely to be White non-Hispanic and have higher incomes and a college education, while MA enrollees were disproportionately lower-income, Black non-Hispanic or Hispanic, and dually eligible. Additionally, 74 percent of Medicare beneficiaries were enrolled in Medicare Part D, 16 percent had drug coverage through another type of plan (private or Retiree Drug Subsidy), and 9 percent had no drug coverage.

Tsai, Y., Singleton, J. A., & Razzaghi, H. (2022). Influenza vaccination coverage among Medicare fee-for-service beneficiaries. *American Journal of Preventive Medicine*, 63(5), 790–799. <https://doi.org/10.1016/j.amepre.2022.06.002>

In this journal article, the authors use data from the 2016-2019 MCBS LDS to examine preventive care, health disparities, and methodology. Specifically, using a cross-sectional analysis, the authors study the agreement between self-reported flu vaccination data and claims-based flu vaccination data among Medicare FFS beneficiaries aged 65 and over. The authors find moderate overall agreement between self-reported and claims-based vaccination data. The level of agreement was lower among male beneficiaries, Black non-Hispanic or Hispanic beneficiaries, and beneficiaries living in rural areas.

Tsuzaki, K., & Taira, D. (2022). Forgone health care for non-COVID-19-related needs among Medicare beneficiaries during the COVID-19 pandemic, summer 2020–winter 2021. *Preventing Chronic Disease*, 19, E64. <https://doi.org/10.5888/pcd19.220110>

In this journal article, the authors use data from the MCBS COVID-19 Summer 2020, Fall 2020, and Winter 2021 Supplement PUFs to examine access to care and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study the relationship between forgone care and socio-demographics, chronic conditions, COVID-19 vaccination, and telemedicine availability across the COVID-19 pandemic among continuously enrolled Medicare beneficiaries living in the community. The authors find that rates of forgone care were the highest in Summer 2020 and decreased over the course of the pandemic. Across all three time periods, beneficiaries aged below 65 were more likely to report forgone care compared to those aged 65 and over and beneficiaries whose primary care providers offered telemedicine were more likely to forgo care than those whose primary care providers did not.

Vatter, B. (2022). *Essays in healthcare market regulation* (Publication No. 29164803) [Doctoral dissertation, Northwestern University]. ProQuest Dissertations & Theses Global. https://arch.library.northwestern.edu/concern/generic_works/rr171x70s

In chapter 1 of this dissertation, the author uses 2009-2019 plan-market level data and CMS data on quality of plans (star ratings), supplemented with data from the 2009-2015 MCBS on beneficiary socio-demographics, well-being, and knowledge about the Medicare program. Specifically, using econometric modeling, the author studies the relationship between demand and quality scores across products. The author finds that

quality scores have an impact on consumer demand and thus alter where insurers invest to improve quality.

Williams, E. E., Katz, J. N., Leifer, V. P., Collins, J. E., Neogi, T., Suter, L. G., Levy, B., Farid, A., Safran-Norton, C. E., Paltiel, A. D., & Losina, E. (2022). Cost-effectiveness of arthroscopic partial meniscectomy and physical therapy for degenerative meniscal tear. *ACR Open Rheumatology*, 4(10), 853-862. <https://doi.org/10.1002/acr2.11480>

In this journal article, the authors use the Osteoarthritis Policy Model to examine cost effectiveness, supplemented with data from the 2009 MCBS LDS on the prescription drug costs for the knee osteoarthritis (OA) cohort. Specifically, using a simulation model, the authors compare the cost-effectiveness of different treatment options for concomitant meniscal tear and knee OA among the Meniscal Tear in Osteoarthritis Research (MeTeOR) cohort. The authors find that arthroscopic partial meniscectomy is a valuable treatment option when used in conjunction with physical therapy.

Yi, J. S., Garcia Morales, E. E., Reed, N. S., Willink, A., & Nieman, C. L. (2022). Racial and ethnic differences in hearing aid use among Medicare beneficiaries. *Journal of Aging and Health*, 34(6-8), 1117–1124. <https://doi.org/10.1177/08982643221095716>

In this journal article, the authors use data from the 2016-2018 MCBS to examine health care utilization, health disparities, and sensory impairment. Specifically, using a cross-sectional analysis, the authors study socio-demographic factors associated with hearing aid use among Medicare beneficiaries aged 65 and over living in the community with hearing loss. The authors find that a higher level of education was associated with greater hearing aid use among White non-Hispanic, Black non-Hispanic, and Hispanic beneficiaries. Additionally, living in an urban area was associated with greater hearing aid use among Black non-Hispanic beneficiaries.

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