MEDICARE CURRENT BENEFICIARY SURVEY

Articles published in 2023

AHIP. (2023). The state of Medicare Supplement coverage: Trends in enrollment and demographics [Report]. https://www.ahip.org/documents/202301-AHIP_MedicareSuppCvg-v03.pdf

> In this report, the authors examined health insurance coverage and health disparities. The authors used a cross-sectional analysis of data from the 2020 Medicare Current Beneficiary Survey (MCBS) Limited Data Set (LDS), 2021 National Association of Insurance Commissioners (NAIC) data, and 2021 California Department of Manage Health Care data to show Medigap coverage options, enrollment trends, and enrollee demographics among Medicare Fee-for-Service (FFS) beneficiaries. The authors found that 54 percent of beneficiaries living in the community without any other additional insurance coverage had Medigap coverage. Among beneficiaries with Medigap coverage, approximately 57 percent were women, 25 percent lived in non-metropolitan areas, and 11 percent had household incomes of less than $20,000. Additionally, the authors found that the beneficiaries with Medigap coverage were three times less likely to experience difficulties in paying medical bills compared to those without Medigap coverage.

Aldridge, M. D., Hunt, L. J., Harrison, K. L., McKendrick, K., Li, L., & Morrison, R. S. (2023). Health care costs associated with hospice use for people with dementia in the US. *Health Affairs*, *42*(9), 1250–1259. https://doi.org/10.1377/hlthaff.2023.00036

> In this journal article, the authors used data from the 2002-2019 MCBS LDS to examine health care cost and health care utilization. Specifically, the authors studied hospice use and health care cost among Medicare decedents aged 65 and over with dementia who died between 2002 and 2019. The authors found that among beneficiaries with dementia living in the community, health care costs were lower among those who used hospice compared to those who did not. While this same relationship was observed among beneficiaries with dementia living in facilities, differences in cost were less pronounced among those living in a facility versus those living in the community.

Alhussein, M., Patel, B., & Liu, X. (2023). Closing the gap: Technology access and telehealth use among older adults in the U.S. Medicare beneficiaries. *Telematics and Informatics Reports 12*, p. 100103. https://doi.org/10.1016/j.teler.2023.100103

> In this journal article, the authors used data from the MCBS COVID-19 Winter 2021 Supplement Public Use File (PUF) to examine telemedicine and health disparities. Specifically, using a cross-sectional analysis, the authors studied use of digital health technology and access to telemedicine among Medicare beneficiaries aged 65 and over living in the community. The authors found that computer use and internet access were lower among Black non-Hispanic and Hispanic beneficiaries compared to White non-Hispanic beneficiaries. The authors also found that beneficiaries with lower incomes and beneficiaries living in non-metropolitan areas were less likely to use computers or have internet access compared to those with higher incomes or in metropolitan areas, respectively. Additionally, beneficiaries with access to digital technology and the internet were more likely to have primary care providers who offered video visits or both telephone and video visits than ones who just offered telephone visits.

Alzheimer's Association. (2023). 2023 Alzheimer's disease facts and figures. *Alzheimer's & Dementia*, *19*(4), 1598–1695. https://doi.org/10.1002/alz.13016

> In this report, the authors provide a compendium of statistics on Alzheimer's disease and related dementias (ADRD). The authors use cross-sectional data from the 2018 MCBS LDS, among other sources, to present metrics related to ADRD, including prevalence, caregiving, and health care cost and utilization, among Medicare beneficiaries aged 65 and over. 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 those without these conditions. Additionally, beneficiaries with ADRD spent an average of $10,241 per capita out-of-pocket (in 2022 dollars).

Arapakis, K., French, E., Jones, J. B., & McCauley, J. (2023). *Insurance purchases of older Americans* (Working Paper MRDRC WP 2023-463). Michigan Retirement and Disability Research Center. https://mrdrc.isr.umich.edu/publications/papers/pdf/wp463.pdf

> In this working paper, the authors used data from the 1999-2012 Health and Retirement Study (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 decision-making. The authors further supplemented the analysis with data from the 1996-2010 MCBS LDS to compare health care expenditures, including out-of-pocket spending, across data sources. Specifically, using a cross-sectional analysis, the authors studied Medigap insurance purchasing among HRS and MEPS respondents aged 65 and over. The authors found that beneficiaries who purchased Medigap insurance had higher total medical spending and were healthier on average than beneficiaries without Medigap coverage, indicating no evidence of adverse selection. The authors also found that estimates of medical spending were greater in the HRS overall than the MCBS. However, estimates of total income, out-of-pocket medical spending, and the proportion of Medicare beneficiaries receiving Medicaid were similar across the HRS AHEAD cohort and the MCBS (among single beneficiaries who met the HRS AHEAD cohort age criteria).

Assi, L., Kozhaya, K., Swenor, B. K., & Reed, N. S. (2023). Vision impairment and patient activation among Medicare beneficiaries. *Ophthalmic Epidemiology*, *30*(2), 159–165. https://doi.org/10.1080/09286586.2022.2078495

> In this journal article, the authors used data from the 2016 MCBS LDS to examine sensory impairment and patient activation. Specifically, using a cross-sectional analysis, the authors studied the relationship between the level of vision impairment and patient activation among non-proxy Medicare beneficiaries aged 65 and over living in the community. The authors found that beneficiaries who reported any level of vision impairment were more likely to report lower levels of patient activation. Specifically, compared to beneficiaries without vision impairment, those with a little vision impairment were 20 percent less likely to have higher patient activation and those with a lot of vision impairment were 26 percent less likely to have higher patient activation.

*Assi, S., Garcia Morales, E. E., Du, E. Y., Martinez-Amezcua, P., & Reed, N. S. (2023). Association of single and dual sensory impairment with falls among Medicare beneficiaries. *Journal of Aging and Health*. https://doi.org/10.1177/08982643231190983

In this journal article, the authors used data from the 2019 MCBS Survey File PUF to examine sensory impairment. Specifically, using a cross-sectional analysis, the authors studied the association between hearing and vision impairment and falls among Medicare beneficiaries aged 65 and over living in the community. The authors found that 19 percent of beneficiaries reported both hearing and vision impairment, and fall rate and fear of falling were greater among beneficiaries with both hearing and vision impairment compared to those with neither or only one sensory impairment.

Atherly, A., Feldman, R., Van den Broek-Altenburg, E. M. & Dowd, B. (2023). Understanding factors associated with increases in Medicare Advantage enrollment, 2007-2018. *The American Journal of Managed Care, 29*(4), e111–e116. https://doi.org/10.37765/ajmc.2023.89351

In this journal article, the authors used data from the 2007-2018 MCBS LDS, supplemented with Centers for Medicare & Medicaid Services (CMS) administrative data on Medicare Advantage (MA) and Medicare Part D, and NAIC data on Medigap premiums to examine health insurance decision-making. Specifically, using a cross-sectional analysis, the authors studied reasons for the rapid growth in MA enrollment among Medicare beneficiaries aged 65 and over, excluding those who were currently employed, were eligible for Medicare due to end-stage renal disease (ESRD), were dually eligible for Medicaid, or had supplemental insurance coverage. The authors found that increases in Medicare Part D premiums were the most significant driving factor of MA enrollment growth over the time period, particularly between 2007 and 2012.

ATI Advisory. (2023a). *Characteristics of Medicare fee-for-service beneficiaries and providers impacted by proposed CY2024 HCC Model* [Chartbook]. https://atiadvisory.com/resources/wp-content/uploads/2023/03/ATI_APG_CY2024-HCC-ATI_APG_Proposed-Model-Impact-Analysis.pdf

In this report, the authors used data from the 2018-2020 MCBS LDS to examine health care cost and Medicare policy. Specifically, the authors used data for Medicare FFS beneficiaries to explore the characteristics of beneficiaries who are most likely to be affected by proposed changes to an MA policy to restructure the Hierarchical Condition Category (HCC) model, a risk-adjustment model that estimates health care costs. Among other results, the authors found that Medicare FFS beneficiaries whose HCC coefficients changed significantly differed from the overall Medicare FFS population along several socio-demographic and health characteristics. For example, beneficiaries with diabetes who would leave an HCC group or whose HCC coefficient would decrease were more likely to be Black non-Hispanic or Hispanic, have lower incomes, and have lower levels of education compared to those whose HCC coefficient would increase. Beneficiaries with diabetes, heart disease, kidney disease, and musculoskeletal conditions who would leave an HCC group or whose HCC coefficient would decrease were more likely to be dually eligible for Medicaid compared to those whose HCC coefficient would increase.

ATI Advisory. (2023b). *Comparing Medicare Advantage and FFS Medicare across race and ethnicity* [Databook]. https://atiadvisory.com/resources/wp-content/uploads/2023/08/ATI_BMA-Chartbook-Comparing-MA-and-FFS-Across-Race-and-Ethnicity.pdf

In this databook, the authors examined health insurance coverage, experiences with care, health disparities, and health care cost. The authors used a pooled cross-sectional analysis of data from the 2017-2020 MCBS, among other sources, to show differences in

race/ethnicity by health insurance coverage among Medicare beneficiaries. The authors found that MA beneficiaries were more likely to be Black non-Hispanic or Hispanic, reside in counties that are more socially vulnerable, and spend less on health care premiums and out-of-pocket costs compared to Medicare FFS beneficiaries.

ATI Advisory. (2023c). *Disparities among Medicare beneficiaries experiencing difficulty with activities of daily living* [Databook]. https://atiadvisory.com/resources/wp-content/uploads/2023/09/Disparities-Among-Medicare-Beneficiaries-Experiencing-Difficulty-with-Activities-of-Daily-Living.pdf

In this databook, the authors examined disability, health disparities, and financial barriers to care. The authors used a pooled cross-sectional analysis of data from the 2017-2020 MCBS to show barriers to obtaining long-term services and supports (LTSS) among Medicare beneficiaries living in the community who reported difficulties with two or more activities of daily living (ADLs). The authors found that, compared to their White non-Hispanic counterparts, Black non-Hispanic and Hispanic beneficiaries reported greater difficulty with most ADLs and were more likely to report poor social determinants of health (SDOH), such as low incomes, food insecurity, and low educational attainment. Black non-Hispanic and Hispanic beneficiaries were also more likely to receive assistance with ADLs. While race/ethnicity did not affect the use of health care services among the study population, Black non-Hispanic beneficiaries reported more difficulty paying medical bills compared to White non-Hispanic beneficiaries.

Beeson, A. C. (2023). *The patient experience: Medicare payor type and beneficiary satisfaction* (Publication No. 304199903) [Master's thesis, Georgetown University]. ProQuest Dissertations & Theses Global.

In this Master's thesis, the author used data from the MCBS 2019 Survey File PUF to examine satisfaction with care and health insurance coverage. Specifically, using a cross-sectional analysis, the author studied the relationship between type of Medicare coverage and satisfaction with care among Medicare beneficiaries living in the community. Compared to Medicare FFS beneficiaries, the author found that MA beneficiaries reported lower satisfaction with four aspects of care received: (1) the information they received about what was wrong with them, (2) the specialty care they received, (3) the quality of care they received, and (4) their doctor's concern for their health.

Better Medicare Alliance. (2023a). *Medicare Advantage beneficiaries spend less on health care premiums and out-of-pocket costs than fee-for-service beneficiaries* [Data Brief]. https://atiadvisory.com/resources/wp-content/uploads/2023/03/MA-Cost-Protections-Data-Brief-2023.pdf

In this data brief, the authors used data from the 2020 MCBS LDS to examine health care cost and health insurance coverage. Specifically, using a cross-sectional analysis, the authors to compare socio-demographic characteristics and health care costs by Medicare coverage among Medicare beneficiaries. The authors found that beneficiaries with lower incomes were more likely to enroll in MA than those with higher incomes, and Black non-Hispanic and Hispanic beneficiaries were more likely to enroll in MA than White non-Hispanic beneficiaries. Additionally, among beneficiaries living in the

community, MA beneficiaries spent less out-of-pocket and on premiums and experienced lower financial burden than Medicare FFS beneficiaries.

Better Medicare Alliance. (2023b). *Medicare Advantage provides high-quality care and cost protections to cancer patients and survivors* [Data Brief]. https://bettermedicarealliance.org/publication/ati-advisory-cancer-care-and-coverage-in-medicare-advantage-data-brief/

> In this data brief, the authors examined health insurance coverage, experiences with care, preventive care, and health care cost. The authors used a cross-sectional analysis of data from the 2019 MCBS LDS and Medicare Part A and B claims to show differences in socio-demographics, preventive care utilization, and health care costs by type of Medicare coverage among Medicare beneficiaries living in the community. The authors found that regardless of type of Medicare coverage, beneficiaries had similar rates of cancer and accessed preventive care services at similarly high rates. However, among beneficiaries with cancer, MA beneficiaries reported experiencing more socioeconomic difficulties such as low incomes and food insecurity compared to Medicare FFS beneficiaries. The authors also found that overall, MA beneficiaries had lower health care costs than Medicare FFS beneficiaries.

Biddell, C. B. (2023). *Impact of financial barriers to care on adverse healthcare events among cancer patients and survivors* (Publication No. 30420637) [Doctoral dissertation, University of North Carolina at Chapel Hill]. ProQuest Dissertations & Theses Global.

> In this dissertation, the author used data from the 2011-2017 MCBS LDS, supplemented with qualitative interview data, to examine financial barriers to care and health care utilization. Specifically, using a longitudinal analysis, the author studied the relationship between financial barriers to care and poor health outcomes and the effectiveness of a cost-reducing intervention among Medicare beneficiaries with a history of cancer. Among other results, the author found that Black non-Hispanic beneficiaries who experienced financial barriers to care had lower rates of hospitalization in the following year.

*Biddell, C. B., Spees, L. P., Trogdon, J. G., Kent, E. E., Rosenstein, D. L., Angove, R. S. M., & Wheeler, S. B. (2023). Association of patient-reported financial barriers with healthcare utilization among Medicare beneficiaries with a history of cancer. *Journal of Cancer Survivorship.* https://doi.org/10.1007/s11764-023-01409-x

> In this journal article, the authors used data from the 2011-2017 MCBS LDS to examine financial barriers to care and health care utilization. Specifically, using a longitudinal analysis, the authors studied characteristics associated with financial barriers to care and poor health outcomes among Medicare beneficiaries with a history of non-skin cancer. The authors found that 11 percent of beneficiaries reported financial barriers to care, and beneficiaries aged 64 and below and those with an annual income below $25,000 were more likely to experience financial barriers to care compared to those aged 65 and over and those who earn $25,000 or more, respectively.

Bromley, M. (2023). The shifting paradigm of pain management among U.S. elderly community dwellers (Publication No. 30419962) [Doctoral dissertation, The University of Memphis.] https://digitalcommons.memphis.edu/etd/3072/

In this dissertation, the author used data from the 2006-2019 MCBS LDS to examine health care utilization and chronic pain. Specifically, using repeated cross-sectional and longitudinal analyses, the author studied the relationship between opioid use and health care utilization among Medicare Part D beneficiaries aged 65 and over living in the community. The author found that chronic opioid use among beneficiaries was associated with increased emergency room (ER) visits, and heavy opioid use was associated with higher rates of both ER visits and hospitalizations.

Brown, J., & Goda, G. S. (2023). *Improving health care access for low-income Medicare beneficiaries* [Policy Proposal]. Brookings Institution. The Hamilton Project. https://www.hamiltonproject.org/wp-content/uploads/2023/10/20231026_THP_BrownGoda_Proposal.pdf

In this policy proposal, the authors examine health insurance coverage and propose policy recommendations to enhance the ability of Medicare Savings Programs (MSPs) to support low-income Medicare beneficiaries. Within the policy proposal, the authors used cross-sectional data from the 2017-2019 MCBS to show income, dual eligibility for Medicaid, and difficulty paying for care among Medicare beneficiaries. Among other results, the authors found that approximately half of beneficiaries with incomes below 100 percent of the federal poverty level (FPL) received full Medicaid benefits. However, 30 percent of beneficiaries with incomes below 100 percent of the FPL received neither full nor partial Medicaid benefits, despite likely being eligible for some benefits. Additionally, among beneficiaries with incomes below 100 percent of the FPL who did not receive any Medicaid benefits, over 20 percent reported difficulty paying for health care.

*Choi, J., Kim, G., Choi, S., & Chang, J. E. (2023). 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*. https://doi.org/10.1097/PHH.0000000000001845

In this journal article, the authors used data from the MCBS COVID-19 Winter 2021 Supplement PUF to examine telemedicine. Specifically, using a cross-sectional analysis, the authors compared access to and utilization of telemedicine one year after implementation of the Medicare telemedicine waiver among Medicare beneficiaries living in the community. The authors found no differences in availability or use of telemedicine by dual eligibility status but did find that beneficiaries who were dually eligible for Medicaid were more likely to have used video telemedicine compared to non-dually eligible beneficiaries. Additionally, beneficiaries were more likely to have been offered or have used telemedicine if they had greater access to technology, were eligible for Medicare due to a disability, had more chronic conditions, or lived in a metropolitan area.

Chou, C., McDaniel, C. C., Lai, T. C., McDonald, C. P., Rockwell, D., & Loh, F. (2023). Reproducibility of the medical cost estimation from the Medicare Current Beneficiary Survey: Comparing claims and survey. *Health Science Reports, 6*(4), e1193. https://doi.org/10.1002/hsr2.1193

In this journal article, the authors used data from the 2006-2012 MCBS LDS to examine methodology and health care cost. The authors used a cross-sectional analysis to

compare MCBS survey-reported data and Medicare claims data on medical expenditures among continuously enrolled Medicare FFS beneficiaries aged 65 and over living in the community with cancer. The authors found that, regardless of disease complexity, there were significant differences in cost estimates between survey-reported and claims data, where cost estimates from claims data were generally higher than those from survey-reported data.

Elevance Health. (2023). *Connecting with Medicare beneficiaries to lessen social isolation* [Report]. Elevance Health Public Policy Institute. https://www.elevancehealth.com/public-policy-institute/connecting-with-medicare-beneficiaries-to-lessen-social-isolation

In this report, the authors examined behavioral/mental health. Within the report on Elevance Health's Member Connect program, a clinical program to improve older adults' social connectedness and mental well-being, the authors used a cross-sectional analysis of data from the 2018 MCBS to examine the mental health of Medicare beneficiaries. The authors found that 28 percent of beneficiaries reported being diagnosed with a mental health condition. About 25 percent of beneficiaries reported having a co-morbidity of depression and another mental health condition. Overall, beneficiaries with a mental health diagnosis experienced more social isolation, including higher rates of living alone and limiting social activities due to their health status.

Fairbrook, S. (2023). *The relationship between Medicare plan type and financial strain among low income older adults* (Publication No. 30418887) [Master's Thesis, Georgetown University]. ProQuest Dissertations & Theses Global. http://hdl.handle.net/10822/1082737

In this Master's thesis, the author used data from the MCBS 2019 Survey File PUF to examine health care cost, financial barriers to care, and health insurance coverage. Specifically, using a cross-sectional analysis, the author compared satisfaction with out-of-pocket medical costs by type of Medicare coverage among Medicare beneficiaries living in the community with incomes below 200 percent of the FPL. The author found that MA beneficiaries who were not dually eligible for Medicaid were more likely to be satisfied with their out-of-pocket medical costs compared to Medicare FFS beneficiaries.

Gangopadhyaya, A., Garrett, B., & Holahan, J. (2023). *Estimating the cost and effects of adding a dental benefit to Medicare Part B* [Brief]. Urban Institute. https://www.urban.org/research/publication/estimating-cost-and-effects-adding-dental-benefit-medicare-part-b

In this brief, the authors examined health care cost and Medicare policy. The authors used the MCARE-SIM simulation model, which uses data from the 2015-2018 MCBS LDS, to examine the implications of expanding Medicare Part B coverage to include comprehensive dental benefits among Medicare beneficiaries. The authors found that this policy change would increase spending on dental services by about $60 billion or 33 percent. Select subgroups would observe increased spending on dental services in particular, such as beneficiaries with lower incomes and Black non-Hispanic and Hispanic beneficiaries, although differences by income and race/ethnicity would continue to exist.

Gangopadhyaya, A., Holahan, J., Garrett, B., & Shartzer, A. (2023). *Applying a premium cap in Medicare Part B and Part D* [Brief]. Urban Institute. https://www.urban.org/research/publication/applying-premium-cap-medicare-part-b-and-part-d

In this brief, the authors examined health care cost and Medicare policy. The authors used the MCARE-SIM simulation model, which uses data from the 2015-2018 MCBS LDS, to estimate the impact of two proposed policies to reduce the financial burdens of Medicare Part B and Part D premiums for Medicare beneficiaries with low incomes. The authors found that the first policy, which would cap Part B and Part D premiums at 8.5 percent of income, would decrease the financial burden for beneficiaries with incomes below the FPL as well as those between 100 and 200 percent of the FPL without impacting Medicare spending. The second policy, which would cap Part B and Part D premiums according to the Inflation Reduction Act (IRA), would reduce the financial burden for all beneficiaries with incomes below 200 percent of the FPL and increase Medicare spending by approximately 8 percent.

Gangopadhyaya, A., Zuckerman, S., & Rao, N. (2023). Assessing the difference in racial and ethnic disparities in access to and use of care between traditional Medicare and Medicare Advantage. *Health Services Research, 58*(4), 914-923. https://doi.org/10.1111/1475-6773.14150

In this journal article, the authors used data from the 2015-2018 MCBS to examine access to care, preventive care, health disparities, and health insurance coverage. Specifically, using a cross-sectional analysis, the authors study differences in access to and use of preventive care by race/ethnicity and type of Medicare coverage among Medicare beneficiaries. The authors found that Black non-Hispanic beneficiaries had worse access to care compared to their White non-Hispanic counterparts, regardless of whether they were enrolled in Medicare FFS or MA. Further, among those enrolled in Medicare FFS, Hispanic beneficiaries had worse access to care compared to White non-Hispanic beneficiaries. However, there were no differences in access to care between Hispanic and White non-Hispanic beneficiaries enrolled in MA.

Ganguli, I., Orav, E. J., Chant, E., Lii, J., Mehrotra, A., & Ritchie, C. (2023). *Health care contact days as a patient-centered care measure for Medicare beneficiaries* [Abstract]. AcademyHealth Annual Research Meeting, Seattle, WA. https://academyhealth.confex.com/academyhealth/2023arm/meetingapp.cgi/Paper/58983

In this AcademyHealth Annual Research Meeting abstract, the authors used data from the 2019 MCBS LDS to examine access to care. Specifically, using a cross-sectional analysis, the authors evaluated differences in contact days (i.e., days spent obtaining health care outside of the home) among Medicare FFS beneficiaries aged 65 and over living in the community. The authors found that beneficiaries reported an average of 12 contact days. Most contact days consisted of ambulatory care such as primary care visits, specialty care visits, and tests. Further, the number of contact days varied by beneficiaries' demographic and health factors; for example, female beneficiaries, White beneficiaries, non-Hispanic beneficiaries, urban beneficiaries, and beneficiaries with more chronic conditions reported more contact days.

Ganguli, I., Orav, E. J., Hailu, R., Lii, J., Rosenthal, M. B., Ritchie, C. S., & Mehrotra, A. (2023). Patient characteristics associated with being offered or choosing telephone vs video virtual visits among Medicare beneficiaries. *JAMA Network Open, 6*(3), e235242. https://doi.org/10.1001/jamanetworkopen.2023.5242

In this journal article, the authors used 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 studied characteristics associated with access to and use of telephone and video health care visits among Medicare beneficiaries living in the community with a usual source of care that offered telemedicine. Among beneficiaries whose providers offered video and telephone visits, the authors found that, both being offered and having telephone-only visits were associated with having more limited access to technology. The authors also found that beneficiaries were more likely to be offered telephone-only visits compared to video visits if they were Hispanic or had limited English proficiency.

Garrett, B. (2023). *Post-acute care and Medicare solvency: Reducing excessive PAC payments can promote financial sustainability* [Brief]. Urban Institute. https://www.urban.org/sites/default/files/2023-10/Post-Acute%20Care%20and%20Medical%20Solvency.pdf

In this brief, the author examined health care cost and Medicare policy. The author used the MCARE-SIM simulation model, which uses data from the 2015-2018 MCBS LDS, to project health care spending on post-acute care services in 2023 among Medicare FFS beneficiaries. The author found that Medicare beneficiaries who utilized post-acute care services incurred significantly higher total and out-of-pocket health care costs than beneficiaries who did not use either service. Medicare spending was 10 times higher among beneficiaries who used skilled nursing facility care and seven times higher among those who used home health services compared to beneficiaries who did not use either service.

*He, Q., Hawkins, G. T., Park, C., Han, S., LaManna, J. B., & Ng, B. P. (2023). Patient attitudes, experiences, and satisfaction with healthcare and office visit utilization among Medicare beneficiaries with type 2 diabetes. *Chronic Illness.* https://doi.org/10.1177/17423953231158139

In this journal article, the authors used data from the 2019 MCBS Survey File PUF and administrative claims to examine health care utilization and satisfaction with care. Specifically, using a cross-sectional analysis, the authors studied the relationship between use of doctor's office visits and beneficiaries' attitudes towards, experiences with, and satisfaction with health care among Medicare beneficiaries aged 65 and over living in the community with type 2 diabetes. The authors found that beneficiaries who were male, Hispanic, divorced or separated, and living in a non-metropolitan area were less likely to have more visits. Additionally, beneficiaries who reported greater dissatisfaction with transportation to providers and beneficiaries who were more likely to keep being sick to themselves were also less likely to more visits.

He, Q., Keith, D., Eckhoff, D. O., Park, C., & Ng, B. P. (2023). Accessibility and utilization of telehealth services during the COVID-19 pandemic among Medicare beneficiaries by diabetes status. *Research in Gerontological Nursing*, *16*(3), 134–146. https://doi.org/10.3928/19404921-20230301-01

In this journal article, the authors used data from the MCBS COVID-19 Supplement PUF to examine telemedicine and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors studied factors related to the availability and use of telemedicine services and diabetes among Medicare beneficiaries aged 65 and over living in the

community. The authors found that beneficiaries preferred telemedicine visits over the telephone as opposed to over video. For all beneficiaries, regardless of diabetes status, lack of previous participation in video or telephone calls was an associated barrier to telemedicine use.

Hockenberry, J. M., Wen, H., Druss, B. G., Loux, T., & Johnston, K. J. (2023). No improvement in mental health treatment or patient-reported outcomes at Medicare ACOs for depression and anxiety disorders. *Health Affairs*, *42*(11), 1478–1487. https://doi.org/10.1377/hlthaff.2023.00345

> In this journal article, the authors used data from the 2016-2019 MCBS LDS to examine behavioral/mental health and care delivery models. Specifically, using a longitudinal analysis, the authors studied the impact of accountable care organizations (ACOs) on depression and anxiety care among Medicare FFS beneficiaries living in the community with these conditions. The authors found that among beneficiaries who were not enrolled in ACOs at baseline, those who enrolled in ACOs at a later point experienced little improvement in their symptoms after 12 months and were less likely to be treated for depression or anxiety compared to beneficiaries who remained unenrolled in ACOs.

Johnston, K. J., Loux, T., & Joynt Maddox, K. E. (2023). Risk selection and care fragmentation at Medicare accountable care organizations for patients with dementia. *Medical Care*, *61*(8), 570–578. https://doi.org/10.1097/MLR.0000000000001876

> In this journal article, the authors used data from the 2015-2019 MCBS to examine care delivery models. Specifically, using a cross-sectional analysis, the authors studied how enrollment in ACOs differed based on beneficiary risk profile and dementia status among Medicare FFS beneficiaries aged 65 and over. The authors found that beneficiaries without dementia were more likely to be enrolled in ACOs. Among beneficiaries with dementia, those enrolled in an ACO were more likely to have supplemental private insurance, live above 200 percent of the FPL, and have higher educational attainment compared to those not enrolled in an ACO.

*Kim, Y., Kim, J., & Li, Y. (2023). Association of sources of COVID-19 information with vaccine uptake, preventive behaviors, and perceived severity of COVID-19. *Journal of the American Medical Directors Association, 24*(8), 1143-1150. DOI: 10.1016/j.jamda.2023.05.024

> In this journal article, the authors used 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 studied the relationship between sources of COVID-19 information and preventive behaviors such as COVID-19 vaccine uptake and testing among Medicare beneficiaries living in the community. The authors found that beneficiaries who reported receiving COVID-19 information from informal sources (defined as social media, Internet, or friends and family) engaged in fewer preventive behaviors, believed COVID-19 to be less serious, and were less likely to have received a COVID-19 vaccine compared to those who received information from formal sources (defined as traditional news, government, or health care providers).

*Kim, Y., Kim, J., & Li, Y. (2023). Racial disparity in disruption to basic needs among Medicare beneficiaries during the COVID-19 pandemic. *Journal of the American Medical Directors Association*, *24*(6), 921-923.e1. DOI: 10.1016/j.jamda.2023.03.026

In this research letter, the authors used data from the MCBS COVID-19 Fall 2020 Supplement PUF to examine health disparities and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors studied racial/ethnic disparities in the ability to pay rent/mortgage, access household supplies, and meet other basic needs due to the COVID-19 pandemic among Medicare beneficiaries living in the community. The authors found that Black non-Hispanic beneficiaries were more likely to have unmet basic needs compared to White non-Hispanic beneficiaries.

Koma, J. W., Fuglesten Biniek, J., Cubanski, J., & Neuman, T. (2023). Access problems and cost concerns of younger Medicare beneficiaries exceeded those of older beneficiaries in 2019. *Health Affairs*, *42*(4), 470–478. https://doi.org/10.1377/hlthaff.2022.00501

In this journal article, the authors used data from the 2019 MCBS LDS to examine access to care, financial barriers to care, satisfaction with care, and disability. Specifically, using a cross-sectional analysis, the authors studied multiple measures of access to care, cost, and satisfaction with care among Medicare beneficiaries living in the community. The authors found that beneficiaries aged below 65 reported lower access to and satisfaction with care as well as greater concern with the cost of care compared to beneficiaries aged 65 and over. Specifically, 18 percent of beneficiaries aged below 65 reported trouble accessing health care in the past year compared to 6 percent of beneficiaries aged 65 and over. Additionally, almost one in four (24 percent) beneficiaries aged below 65 reported cost-related concerns compared to 16 percent of beneficiaries aged 65 and over.

Li, L., Zhan, S., Mckendrick, K., Yang, C., Mazumdar, M., Kelley, A. S., & Aldridge, M. D. (2023). Examining annual transitions in healthcare spending among U.S. Medicare beneficiaries using multistate Markov models: Analysis of Medicare Current Beneficiary Survey data, 2003-2019. *Preventive Medicine Reports*, *32*, 102171. https://doi.org/10.1016/j.pmedr.2023.102171

In this journal article, the authors used data from the 2003-2019 MCBS LDS to examine health care cost. Specifically, using a longitudinal analysis, the authors studied factors associated with changes in health care spending among Medicare beneficiaries aged 65 and over. The authors found that most beneficiaries maintained similar annual health care spending across the study period. However, beneficiaries who significantly increased their annual health care spending across the study period were more likely to be aged 75 and over, live in a long-term care facility, have more functional limitations, not receive seasonal flu shots, and have a serious illness.

Li, M., Donkor, I. K., Shao, R., Hsieh, S., Jiang, X., Hong, L., & Lu, Z. K. (2023). Effects of Alzheimer's disease and related dementias on dental care usage and economic burden in older adults: A cross-sectional study. *BMJ Open*, *13*(6), e068944. https://doi.org/10.1136/bmjopen-2022-068944

In this journal article, the authors used data from the 2016 MCBS LDS to examine health care cost and health care utilization. Specifically, using a cross-sectional analysis, the authors studied differences in dental care use and costs by beneficiary dementia status among Medicare beneficiaries aged 65 and over living in the community. The authors found no difference in dental care utilization rates between beneficiaries without ADRD and those with Alzheimer's disease. However, beneficiaries with related dementias

reported less dental care utilization compared to beneficiaries without ADRD. Having Alzheimer's disease was also linked to both higher total and out-of-pocket costs.

Li, M., Yuan, J., & Lu, K. (2023). Estimates of insulin out-of-pocket cap-associated prescription satisfaction, adherence, and affordability among Medicare beneficiaries. *JAMA Network Open*, *6*(1), e2251208. https://doi.org/10.1001/jamanetworkopen.2022.51208

> In this research letter, the authors used data from the 2006-2019 MCBS LDS to examine medication adherence, health care cost, financial barriers to care, and Medicare policy. Specifically, the authors studied the effect of the proposed IRA, which includes a $35 out-of-pocket cap on insulin, on satisfaction with cost, adherence, and affordability among Medicare Part D beneficiaries who used insulin. The authors found that having insulin out-of-pocket costs of $35 or more per month was associated with a lower odds of medication cost satisfaction (83 percent), adherence (61 percent), and affordability (50 percent).

Liao, C. Y., Ford, J. H., II, Mott, D. A., Hayney, M. S., & Look, K. A. (2023). Characteristics of U.S. older adult Medicare beneficiaries receiving the influenza vaccination at retail pharmacies. *Exploratory Research in Clinical and Social Pharmacy*, *9*, 100220. https://doi.org/10.1016/j.rcsop.2023.100220

> In this journal article, the authors used data from the 2009 and 2015 MCBS LDS to examine preventive care and access to care. Specifically, using a cross-sectional analysis, the authors studied changes over time in beneficiary characteristics associated with use of retail pharmacy flu shots among Medicare beneficiaries aged 65 and over living in the community. The authors found that pharmacy-provided flu shots can decrease barriers to access to care among specific portions of the Medicare population. From 2009 to 2015, the percentage of beneficiaries who were Black non-Hispanic, lacked secondary private insurance coverage, and lived in a non-metropolitan area who used pharmacy-provided flu shots increased.

Lu, M., & Liao, X. (2023). Telehealth utilization in U.S. Medicare beneficiaries aged 65 years and older during the COVID-19 pandemic. *BMC Public Health*, *23*, 368. https://doi.org/10.1186/s12889-023-15263-0

> In this journal article, the authors used data from the MCBS COVID-19 Winter 2021 Supplement PUF to examine telemedicine and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors studied the availability of telemedicine and internet access among Medicare beneficiaries aged 65 and over living in the community. The authors found that eight in ten primary care providers offered telemedicine services, and about 85 percent of beneficiaries had access to the internet.

*Massey, M., Stewart, M. P., LaManna, J. B., Park, C., & Ng, B. P. (2023). Food insecurity and glycemic goals among Medicare beneficiaries with type 2 diabetes. *Chronic Illness*. https://doi.org/10.1177/17423953231217346

> In this journal article, the authors used data from the 2019 MCBS Survey File PUF to examine food insecurity. Specifically, using a cross-sectional analysis, the authors studied the relationship between reaching glycemic targets and food insecurity among Medicare beneficiaries aged 65 and over living in the community with type 2 diabetes.

The authors found that, compared to Medicare beneficiaries who did not report experiencing food insecurity, beneficiaries with food insecurity were 14 percent less likely to reach their glycemic goals. Additionally, the authors found that female beneficiaries, younger beneficiaries, beneficiaries with functional disabilities, and beneficiaries with less than a high school education were less likely meet their glycemic goals compared to their counterparts.

Massey, M., Zhong, Y., LaManna, J. B., & Ng, B. P. (2023). Food insecurity among Medicare beneficiaries with type 2 diabetes: Implications for diabetes care and education specialists. *The Science of Diabetes Self-Management and Care, 49*(4), 291-302. https://doi.org/10.1177/26350106231173674

> In this journal article, the authors used data from the 2019 MCBS Survey File PUF to examine food insecurity and health disparities. Specifically, using a cross-sectional analysis, the authors studied socio-demographic and health factors related to food insecurity among Medicare beneficiaries aged 65 and over living in the community with type 2 diabetes. The authors found that 12 percent of beneficiaries with type 2 diabetes reported experiencing food insecurity. Compared to White non-Hispanic beneficiaries, Black non-Hispanic beneficiaries were more likely to report food insecurity. Additionally, the authors found that beneficiaries were more likely to report food insecurity if their income was less than $25,000, they were enrolled in MA, they were dually eligible for Medicaid, and they reported instrumental ADL (IADL) or ADL limitations compared to their respective counterparts.

Medicare Payment Advisory Commission (U.S.). (2023a). *A data book: Health care spending and the Medicare program*. https://www.medpac.gov/wp-content/uploads/2023/07/July2023_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 2020 MCBS LDS, among other sources, to present topics such as health care spending, beneficiary demographics, access to care, and prescription drug coverage. Among other results, the authors found that beneficiaries aged 65 and over who did not have ESRD constituted the largest proportion of both the Medicare population and the program's expenditures. Additionally, relative to their share of the Medicare population, beneficiaries aged 64 and below, beneficiaries with poor health, and beneficiaries dually eligible for Medicaid disproportionately contributed to overall Medicare spending.

Medicare Payment Advisory Commission (U.S.). (2023b). *Report to the Congress: Medicare payment policy*. https://www.medpac.gov/document/march-2023-report-to-the-congress-medicare-payment-policy/

> In this report, the authors reviewed the FFS, MA, and Part D components of the Medicare program in the context of financial sustainability, payment policy, payment adequacy across service types, and COVID-19. Within the report, the authors used cross-sectional data from the 2019-2020 MCBS LDS, among other sources, to examine topics such as health insurance coverage, health care cost, Medicare policy, and COVID-19 impact among Medicare beneficiaries. Among other results, the authors found that certain health services could not be provided through telemedicine during the first few months of the COVID-19 pandemic, and 21 percent of beneficiaries reported forgoing

care during this time. The authors also found that most beneficiaries were either enrolled in MA or had supplemental insurance coverage, low-income beneficiaries reported more access to care barriers, and 79 percent of beneficiaries expressed overall satisfaction with Medicare Part D.

Miller, K., Petrin, A., Town, R., & Chernew, M. (2023). *The Optimal Geographic Distribution of Managed Competition Subsidies*. https://www.keatonmiller.org/s/2023-01-20-Optimal_Managed_Competition_Subsidies-paper.pdf

> In this working paper, the authors used data from the 2008-2017 MCBS and public CMS administrative files, supplemented by the Area Health Resources Files (AHRF), to examine health insurance coverage and Medicare policy. While accounting for differences in Medicare beneficiaries' preferences, the authors developed a framework for determining the optimal market-level subsidy schedule for MA plans. The authors found that the 2017 MA subsidy schedule differed greatly from the optimal subsidy schedule, which would result in an increase from an average of $110 in consumer welfare per beneficiary per year to an average of $234 in consumer welfare per beneficiary per year, driven by the opportunities to switch from Medicare FFS to MA and improve benefits for current MA beneficiaries.

Min, E. E., & Thomas, J. (2023). Urinary incontinence prevalence and factors associated with patients talking with doctors about urine control. *Journal of Family Medicine and Primary Care*, *12*(8), 1555–1570. https://doi.org/10.4103/jfmpc.jfmpc_1955_22

> In this journal article, the authors used data from the 2016 MCBS to examine experiences with care. Specifically, using a cross-sectional analysis, the authors studied the relationship between urinary incontinence (UI) and beneficiary demographics, perception of their provider, and willingness to discuss UI with their provider among Medicare beneficiaries aged 65 and over living in the community. The authors found about a quarter of beneficiaries reported UI. Additionally, beneficiaries were more likely to speak with their provider about UI if they had a more favorable perception of their provider compared to those with a less favorable perception.

Ng, B. P., Stewart, M. P., Kwon, S., Hawkins, G. T., & Park, C. (2023). Dissatisfaction of out-of-pocket costs and problems paying medical bills among Medicare beneficiaries with type 2 diabetes. *The Science of Diabetes Self-Management and Care*, *49*(2), 126–135. https://doi.org/10.1177/26350106231163516

> In this journal article, the authors used data from the 2019 MCBS Survey File PUF to examine financial barriers to care. Specifically, using a cross-sectional analysis, the authors studied problems paying medical bills and satisfaction with out-of-pocket costs among Medicare beneficiaries living in the community with type 2 diabetes. The authors found that over one-tenth of Medicare beneficiaries with type 2 diabetes reported problems paying medical bills and beneficiaries aged between 65 and 74, beneficiaries with lower incomes, beneficiaries with multiple comorbidities, and beneficiaries with functional limitations were more likely to report problems paying medical bills than their respective counterparts. Additionally, the authors found that beneficiaries who were dissatisfied with out-of-pocket costs were more likely to report problems paying medical bills than those who were satisfied.

Ng, B. P., Thiamwong, L., He, Q., Towne, S. D., Jr., & Li, Y. (2023). Discrepancies between perceived and physiological fall risks and repeated falls among community-dwelling Medicare beneficiaries aged 65 years and older. *Clinical Gerontologist, 46*(5), 704-716. https://doi.org/10.1080/07317115.2020.1833267

> In this journal article, the authors used data from the 2016 MCBS Survey File PUF to examine health risk. Specifically, using a cross-sectional analysis, the authors studied the relationship between recurrent falls and physiological or perceived fall risks among Medicare beneficiaries aged 65 and over living the community who reported one or more fall. The authors found that regardless their fear of falling, a greater proportion of beneficiaries with a high physiological risk of falling reported repeated falls and having serious health conditions. Additionally, beneficiaries with both a high fear of falling and a high physiological risk of falling were more likely to fall repeatedly than those with low fear and low physiological risk. The authors found that physiological risk factors for repeated falls included osteoporosis, depression, rheumatoid arthritis, and UI.

Ochieng, N., Clerveau, G., Cubanski, J., & Neuman, T. (2023). *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 2020 MCBS LDS to examine health insurance coverage. Specifically, using a cross-sectional analysis, the authors studied differences in type of Medicare coverage by socio-demographics among Medicare beneficiaries. The authors found that most beneficiaries had either MA coverage or a supplemental source of coverage in addition to Medicare FFS, both of which can limit high out-of-pocket costs. The authors also found that beneficiaries who did not have this coverage were more likely to be male, aged 64 and below, and have lower incomes compared to those with this coverage.

Park, C., Chang, C. A., Ng, B. P., & Young, G. J. (2023). Cost-related medication nonadherence among Medicare beneficiaries with cardiovascular disease risk factors: The role of comprehension of the Medicare programme and its prescription drug benefits. *Journal of Evaluation in Clinical Practice*, *29*(1), 136–145. https://doi.org/10.1111/jep.13745

> In this journal article, the authors used data from the 2017 MCBS Survey File PUF to examine medication adherence, financial barriers to care, and health literacy. Specifically, using a cross-sectional analysis, the authors studied how cost-related medication nonadherence (CRN) is related to understanding of Medicare and its prescription drug benefits among Medicare beneficiaries aged 65 and over at risk of cardiovascular disease (CVD). The authors found that beneficiaries with CVD risk factors who had trouble understanding Medicare and its prescription drug benefits were more likely to report CRN compared to beneficiaries who found it easy to understand Medicare and its prescription drug benefits.

Park, S. (2023). Effects of Medicare Advantage on preventive care use and health behavior. *Health Services Research*, *58*(3), 569–578. https://doi.org/10.1111/1475-6773.14089

> In this journal article, the author used data from the 2012-2016 MCBS, among other sources, to examine health insurance coverage, preventive care, and health risk.

Specifically, using a cross-sectional analysis, the author studied the relationship between type of Medicare coverage, preventive care, and health behaviors among continuously enrolled Medicare beneficiaries aged 65 and over. The author found that, compared to Medicare FFS enrollment, MA enrollment was associated with a higher likelihood of receiving a flu shot, cholesterol screening, and blood pressure screening and a lower likelihood of receiving an HbA1c blood sugar test. Although MA beneficiaries were more likely to be current smokers, they were also more likely to engage in physical activity or muscle strengthening activities compared to Medicare FFS beneficiaries.

*Park, S., & Nguyen, A. (2023). Determinants and effectiveness of annual wellness visits among Medicare beneficiaries in 2020. *Family Practice*. https://doi.org/10.1093/fampra/cmad108

> In this journal article, the authors used data from the 2020 MCBS Survey File PUF to examine preventive care, access to care, and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors studied factors contributing to the likelihood of receiving an annual wellness visit among Medicare beneficiaries living in the community. The authors found that 49 percent of beneficiaries received an annual wellness visit, and these beneficiaries were more likely to be enrolled in MA and have a usual source of care. The authors also found notable differences in beneficiaries' receipt of annual wellness visits across race/ethnicity.

*Park, S., & Stimpson, J. P. (2023). Unmet need for medical care among Medicare beneficiaries by health insurance literacy and disability. *Disability and Health Journal*, 101548. https://doi.org/10.1016/j.dhjo.2023.101548

> In this journal article, the authors used data from the 2010-2016 MCBS LDS and 2017-2019 MCBS Survey File PUF to examine access to care, disability, and health literacy. Specifically, using a pooled cross-sectional analysis, the authors studied the relationships between disability status, health insurance literacy, and unmet medical need among continuously enrolled Medicare beneficiaries. The authors found that beneficiaries with disabilities, especially those with limited health insurance literacy, experienced greater unmet medical need. Over time, unmet medical need increased among Medicare beneficiaries with disabilities, and this trend was stronger among beneficiaries with both limited health insurance literacy and disabilities.

Park, S., & Stimpson, J. P. (2023). Unmet need for medical care among fee-for-service Medicare beneficiaries with high and low need. *Journal of General Internal Medicine, 38*(9), 2059-2068. https://doi.org/10.1007/s11606-023-08145-z

> In this journal article, the authors used data from the 2010-2016 MCBS LDS, supplemented with the AHRF, to examine access to care. Specifically, using a repeated cross-sectional analysis, the authors studied unmet need for medical care among continuously enrolled Medicare FFS beneficiaries categorized into six groups by level of care need. The authors found that the group of beneficiaries aged below 65 who were eligible for Medicare due to ESRD or disability reported the highest rates of unmet need for medical care and most commonly cited high costs as their reason for not seeing a doctor. However, the other five groups of beneficiaries reported relatively low rates of unmet need and most commonly cited that the issue was not too serious as their reason for not seeing a doctor.

Peña, M. T., Mohamed, M., Burns, A., Biniek, J. F., Ochieng, N., & Chidambaram, P. (2023). *A profile of Medicare-Medicaid enrollees (dual eligibles)* [Issue Brief]. Henry J. Kaiser Family Foundation. https://www.kff.org/medicare/issue-brief/a-profile-of-medicare-medicaid-enrollees-dual-eligibles/

> In this issue brief, the author examined health disparities and health insurance coverage. The author used a cross-sectional analysis of data from the 2020 MCBS LDS to show the demographic, socioeconomic, and health characteristics of Medicare beneficiaries dually eligible for Medicaid and Medicare-only beneficiaries. The author found that, compared to non-dually eligible beneficiaries, dually eligible beneficiaries were more likely to be Black non-Hispanic, Hispanic, or belong to other ethnic groups. Additionally, dually eligible beneficiaries reported having lower incomes and were more likely to have greater heath care needs and poorer health compared to non-dually eligible beneficiaries.

Poghosyan, H., Margaryan, Y., Jeon, S., Edelman, E. J., & Yu, J. B. (2023). Association between social connectedness and stress or anxiety among older cancer survivors during the 2020-2021 winter surge of the COVID-19 pandemic. *Journal of Geriatric Oncology*, *14*(1), 101390. https://doi.org/10.1016/j.jgo.2022.10.005

> In this journal article, the authors used data from the MCBS COVID-19 Winter 2021 Supplement PUF to examine behavioral/mental health and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors studied social connectedness and feelings of anxiety/stress during the COVID-19 pandemic among Medicare beneficiaries aged 65 and over living in the community with self-reported cancer other than skin cancer. The authors found that 43 percent of beneficiaries reported decreased social connectedness and 38 percent of beneficiaries reported increased feelings of stress or anxiety during the COVID-19 pandemic. Hispanic beneficiaries, female beneficiaries, and those who reported depression were more likely to report feelings of anxiety/stress.

Raver, E., Jung, J., & Xu, W. Y. (2023). Medicare Advantage disenrollment patterns among beneficiaries with multiple chronic conditions. *JAMA*, *330*(2), 185-187. https://doi.org/10.1001/jama.2023.10369

> In this research letter, the authors used data from the 2009-2019 MCBS to examine health insurance decision-making. Specifically, using a repeated cross-sectional analysis, the authors studied the impact of chronic conditions on MA disenrollment among Medicare beneficiaries aged 65 and over living in the community. Despite concerns regarding potential access to care restrictions under MA, the authors found that beneficiaries with multiple chronic conditions were not more likely to switch from MA to Medicare FFS coverage during the 10-year period of rapid MA growth.

Research Institute for Home Care. (2023). *Home Care Chartbook 2023* [Report]. https://researchinstituteforhomecare.org/wp-content/uploads/Final-RIHC-Chartbook-2023-1.pdf

> In this report, the authors provided a compendium of statistics on home health care. The authors used cross-sectional data from the 2021 MCBS LDS, among other sources, to examine the demographic, socioeconomic, and clinical characteristics associated with home health use among Medicare beneficiaries. Among other results, the authors found

that while Black non-Hispanic beneficiaries comprise approximately 10 percent of the Medicare population, 19 percent of MA home health users and 8 percent of Medicare FFS home health users were Black non-Hispanic. Further, 41 percent of Medicare FFS home health users and 45 percent of MA home health users reported having five or more chronic conditions compared to just 21 percent of all Medicare beneficiaries.

Sarkar, S., Arakelyan, S., Choa, E., & Poghosyan, H. (2023). The role of financial security in loneliness or sadness among Medicare-enrolled cancer survivors during the COVID-19 pandemic. *Journal of Geriatric Oncology*, *14*(5), 101507. https://doi.org/10.1016/j.jgo.2023.101507

> In this journal article, the authors used data from the MCBS COVID-19 Winter 2021 Supplement PUF to examine COVID-19 impact and behavioral/mental health. Specifically, using a cross-sectional analysis, the authors studied the association between loneliness or sadness and financial security among non-proxy Medicare beneficiaries living in the community aged 65 and over with cancer. The authors found that 19 percent of beneficiaries felt more sad or lonely, and 11 percent felt less financially secure during the COVID-19 pandemic. Beneficiaries who felt less financially secure had a 93 percent greater likelihood of feeling more lonely or sad compared to those who reported feeling no change or more financial security.

Sawyer, J., Stoff, L., Goetsch, C., Passero, M., Linman, S., & Schluterman, N. (2023). *Access to care among Medicare beneficiaries aged 65 and over living with high-impact chronic pain* [Data Highlight]. Centers for Medicare & Medicaid Services. https://www.cms.gov/files/document/access-care-among-medicare-beneficiaries-aged-65-and-over-living-high-impact-chronic-pain.pdf

> In this data highlight, the authors used data from the 2018-2020 MCBS LDS to examine access to care, health disparities, and chronic pain. Specifically, using a cross-sectional analysis, the authors studied the relationship between chronic pain and barriers to care among Medicare beneficiaries aged 65 and over living in the community. The authors found that beneficiaries' experiences with chronic pain varied across socio-demographic factors and beneficiaries with chronic pain had poorer access to care. Specifically, among beneficiaries who reported high-impact chronic pain, 12 percent reported difficulty receiving needed health care.

Van Parys, J., & Brown, Z. (2023). *Broadband internet access and health outcomes: patient and provider responses in Medicare* (Working Paper Series No. 31579). National Bureau of Economic Research. https://www.nber.org/papers/w31579

> In this working paper, the authors used high-speed internet data from the Federal Communications Commission (FCC) and Medicare claims data to examine access to care and telemedicine, supplemented with data from the 1999-2008 MCBS on beneficiaries' use of the internet. Specifically, using a cross-sectional analysis, the authors studied how quality of care and beneficiary demand for care were affected by broadband internet access among Medicare beneficiaries. The authors found that beneficiaries' use of the internet grew by 40 percentage points between 1999 to 2008, and there was a significant relationship between internet use and high-speed internet availability. Additionally, the authors found that access to broadband internet led to improved health

outcomes for beneficiaries, and beneficiaries tended to receive services from higher quality providers.

Wang, N. (2023). *Patterns of health care utilization among patients with Alzheimer's disease and related dementias before and during COVID-19* (Publication No. 30422177) [Doctoral dissertation, University of Maryland]. ProQuest Dissertations & Theses Global. https://doi.org/10.13016/dspace/5b6t-n2bi

> In Chapter 5 of this dissertation, the author used data from the MCBS COVID-19 Fall 2020 and Winter 2021 Supplement PUFs to study telemedicine and COVID-19 impact. Specifically, using a cross-sectional analysis, the author studied differences in the use of telemedicine services between beneficiaries with and without ADRD and the impact of MA enrollment on telemedicine use among Medicare beneficiaries. The author found no difference in access to and utilization of telemedicine between beneficiaries with and without ADRD. Additionally, the author did not observe a notable difference in telemedicine use by type of Medicare coverage. While MA beneficiaries had greater access to telemedicine before the pandemic, there was no difference in access to telemedicine during the pandemic.

Ward, A. S., Tysinger, B., Nguyen, P., Goldman, D., & Lakdawalla, D. (2023). *Benefits of Medicare coverage for weight loss drugs* (Schaeffer Center White Paper Series) [White Paper]. University of Southern California. Leonard D. Schaeffer Center for Health Policy & Economics. https://healthpolicy.usc.edu/research/benefits-of-medicare-coverage-for-weight-loss-drugs/

> In this working paper, the authors used data from the 2007-2010 MCBS LDS, among other sources, to examine Medicare policy and health insurance coverage. Specifically, using the Future Adult Model (FAM) simulation, the authors projected the potential medical cost savings and social benefits associated with the Treat and Reduce Obesity Act among adults aged 25 and over in the U.S. The authors found that increasing access to weight-loss medications would save the Medicare program $175 billion to $245 billion in the first 10 years alone, and the social benefits would contribute to about $100 billion each year.

Xiong, X. (2023). *Prevalence, disparities, and health outcomes in patients with Alzheimer's disease, dementia, and mild cognitive impairment* (Publication No. 30527275) [Doctoral dissertation, University of South Carolina]. ProQuest Dissertations & Theses Global. https://scholarcommons.sc.edu/etd/7402/

> In Aim 2 of this dissertation, the author used data from the 2016 MCBS to examine medication adherence and health disparities. Specifically, using a cross-sectional analysis, the author studied differences in the utilization of anti-dementia medications by gender among Medicare beneficiaries with ADRD. The author found that a gender discrepancy exists in the use of anti-dementia medications, as female beneficiaries with ADRD were almost twice as likely to use anti-dementia medications compared to male beneficiaries.

Zhu, Y., & Stearns, S. C. (2023). Hospital safety-net status and postdischarge outcomes: The impact of socioeconomic status and Medicare post-acute care types. *Journal of Evaluation in Clinical Practice, 29*(6), 955–963. https://doi.org/10.1111/jep.13815

In this journal article, the authors used data from the 2006-2011 MCBS LDS, supplemented with data from the AHRF and CMS Cost Report, to examine health disparities and health risk. Specifically, using a cross-sectional analysis, the authors studied the association of type of post-acute care location and beneficiary socioeconomic status on post-discharge outcomes among Medicare FFS beneficiaries aged 65.5 and over. The authors found that, compared to other hospitals, safety-net hospitals had lower death and hospice rates and higher readmission rates. Additionally, socioeconomically disadvantaged beneficiaries discharged from safety-net hospitals had similar readmission rates and lower hospice and death rates to those discharged from other types of hospitals.

Zuckerman, R., Xu, L., & Sheingold, S. (2023). *Self-reported, administrative, and area-level measures of social risk in Medicare enrollees: Who are we missing when we use dual enrollment as a proxy for need* [Abstract]? AcademyHealth Annual Research Meeting, Seattle, WA. https://academyhealth.confex.com/academyhealth/2023arm/meetingapp.cgi/Paper/58464

In this AcademyHealth Annual Research Meeting abstract, the authors used data from the 2015-2019 MCBS, among other sources, to examine health disparities and methodology. Specifically, using a cross-sectional analysis, the authors compared the sensitivity, accuracy, and positive predictive value (PPV) of administrative data and area-level SDOH indices in identifying Medicare beneficiaries with social needs against survey-reported responses from the MCBS. The authors found that, although administrative data for dual enrollment (DE) were not accurate in identifying beneficiaries with many social needs, the administrative DE measure served as an appropriate proxy for financial risk. Additionally, the authors found that area-level indices were overall accurate compared to MCBS data, but using the area-level data to identify individuals with social needs may underestimate this population.

*Article has an Epub and publication date (in bibliographic database) of 2023 but has not yet appeared in its intended journal.