

MEDICARE CURRENT BENEFICIARY SURVEY

Articles published in 2021

AHIP. (2021). *The state of Medicare Supplement coverage: Trends in enrollment and demographics* [Report]. https://www.ahip.org/documents/AHIP_IB-Medicare-Supp-Cvg-Report.pdf

In this data brief, the authors examine health insurance coverage. The authors use cross-sectional data from the 2018 Medicare Current Beneficiary Survey (MCBS) Survey File Public Use File (PUF), 2019 National Association of Insurance Commissioners (NAIC), and 2019 California Department of Managed Health Care (DMHC) to show Medigap demographic and enrollment trends among Medicare beneficiaries. Among Medicare Fee-for-Service (FFS) beneficiaries without additional coverage, the authors find 50 percent had Medigap coverage, and beneficiaries with Medigap coverage were less likely to have issues paying medical bills.

Aldridge, M., Brody, A., May, P., Moreno, J., McKendrick, K., & Li, L. (2021). *Hospice saves costs for families: Evidence from 16 years of Medicare survey data* [Abstract]. AcademyHealth Annual Research Meeting, Washington, DC. <https://academyhealth.confex.com/academyhealth/2021arm/meetingapp.cgi/Paper/47993>

In this AcademyHealth abstract, the authors use data from the 2002-2018 MCBS to examine health care utilization and health care cost. Specifically, using a pooled cross-sectional analysis, the authors study the association between hospice use and out-of-pocket (OOP) and total health care spending among Medicare decedents. The authors find decedents in hospice care had lower OOP and total health care costs than those not in hospice care.

Aldridge, M. D., Ornstein, K. A., McKendrick, K., & Reckrey, J. (2021). Service availability in assisted living and other community-based residential settings at the end of life. *Journal of Palliative Medicine*, 24(11), 1682-1688. <https://doi.org/10.1089/jpm.2020.0625>

In this journal article, the authors use data from the 2002-2018 MCBS to examine access to care and residential settings. Specifically, using a pooled cross-sectional analysis, the authors study the relationship between hospice use, location of death, and the availability of clinical services among Medicare decedents aged 65 and older living in the community. The authors find 52 percent of decedents lived in settings without built-in clinical services. Additionally, a majority of these decedents died at home and less than half died with hospice care.

Alliance for Home Health Quality and Innovation. (2021). *AHHQI Home Health Chartbook, 2021* [Report]. https://ahhqi.org/images/uploads/AHHQI_2021_Home_Health_Chartbook_FINAL.pdf

In this report, the authors provide a compendium of statistics on home health care. The authors use cross-sectional data from the 2018 MCBS Limited Data Set (LDS), among other sources, to present various metrics, including sociodemographics, clinical conditions, and post-acute and home health care utilization and outcomes among Medicare home health users, supplemented with data from the 2012-2017 MCBS for trending. Among other results, the authors find that in 2018, 82 percent of Medicare

home health users had three or more chronic conditions, 58 percent had incomes under 200 percent of the federal poverty level, and 37 percent had a serious mental illness.

Alnijadi, A. A., Yuan, J., Wu, J., Li, M., & Lu, Z. K. (2021). Cost-related medication nonadherence (CRN) on healthcare utilization and patient-reported outcomes: Considerations in managing Medicare beneficiaries on antidepressants. *Frontiers in Pharmacology, 12*, 764697. <https://doi.org/10.3389/fphar.2021.764697>

In this journal article, the authors use data from the 2017 MCBS LDS to examine medication adherence, financial barriers to care, and health care utilization. Specifically, using a cross-sectional analysis, the authors study associations between cost-related medication nonadherence (CRN), health care utilization, and health outcomes among Medicare beneficiaries aged 65 and over on antidepressants. The authors find 17 percent of beneficiaries reported CRN and females reported CRN more frequently than males. Additionally, CRN was significantly related to outpatient visits, but not to emergency room (ER) visits.

Alzheimer's Association. (2021). 2021 Alzheimer's disease facts and figures. *Alzheimer's & Dementia, 17*(3), 327-406. <https://doi.org/10.1002/alz.12328>

In this report, the authors provide a compendium of statistics on Alzheimer's disease. The authors use cross-sectional data from the 2011 MCBS LDS, among other sources, to present metrics related to Alzheimer's disease, including prevalence, mortality, caregiving, utilization, cost, and racial/ethnic disparities, among Medicare beneficiaries aged 65 and older. Among other results, the authors find that beneficiaries with Alzheimer's disease or other dementias spent over three times more on total health care and long-term care per capita than other Medicare beneficiaries.

*Ankuda, C. K., Moreno, J., Teno, J. M., & Aldridge, M. D. (2021). Transitions from home health to hospice: The role of agency affiliation. *Journal of Palliative Medicine. https://doi.org/10.1089/jpm.2021.0390*

In this journal article, the authors use data from the 2002-2017 MCBS linked to Medicare Provider of Service (POS) files to examine health care utilization and residential settings. Specifically, the authors study differences in hospice use and whether home health agencies (HHAs) are affiliated with hospice agencies among Medicare decedents aged 65 and older who received home health services in the last year of life. The authors find that decedents who used a HHA affiliated with a hospice agency were better educated, had higher incomes, were more likely to reside in the Midwest or Northeast, and were more likely to enroll in hospice care than those who used HHAs not affiliated with a hospice agency.

Assi, L., Reed, N. S., Nieman, C. L., & Willink, A. (2021). Factors associated with hearing aid use among Medicare beneficiaries. *Innovation in Aging, 5*(3), igab021. <https://doi.org/10.1093/geroni/igab021>

In this journal article, the authors use data from the 2017 MCBS to examine sensory impairment. Specifically, using a cross-sectional analysis, the authors study factors associated with hearing aid use among Medicare beneficiaries with self-reported hearing loss. The authors find that 27 percent of beneficiaries with self-reported hearing loss

used hearing aids. Additionally, among other factors, older beneficiaries, male beneficiaries, White beneficiaries, college-educated beneficiaries, beneficiaries with access to a personal computer, beneficiaries with higher incomes, and beneficiaries with a usual source of care were more likely to use hearing aids.

Balasuriya, L., Quinton, J. K., Canavan, M. E., Holland, M. L., Edelman, E. J., Druss, B. G., & Ross, J. S. (2021). The association between history of depression and access to care among Medicare beneficiaries during the COVID-19 pandemic. *Journal of General Internal Medicine*, 36(12), 3778-3785. <https://doi.org/10.1007/s11606-021-06990-4>

In this journal article, the authors use data from the MCBS COVID-19 Summer 2020 Supplement PUF to examine access to care, behavioral/mental health, and coronavirus disease 2019 (COVID-19) impact. Specifically, using a cross-sectional analysis, the authors study differences in the impact of the COVID-19 pandemic on access to care, socioeconomic needs, and well-being by depression history among Medicare beneficiaries living in the community. The authors find beneficiaries with a history of depression were more likely to report forgone care, felt more socially isolated, had lower financial security, and felt more stressed or anxious during the pandemic.

*Basu, R., & Liu, H. (2021). Financial burdens of out-of-pocket spending among Medicare fee-for-service beneficiaries: Role of the "big four" chronic health conditions. *Medical Care Research and Review*. <https://doi.org/10.1177/10775587211032837>

In this journal article, the authors use data from the 2016-2018 MCBS LDS to examine health care cost. Specifically, using a repeated cross-sectional analysis, the authors study OOP expenditures for cardiovascular disease, cancer, diabetes, and chronic lung disease among Medicare FFS beneficiaries aged 65 and older living in the community. The authors find that beneficiaries with any one of those conditions spent significantly more than beneficiaries without them. Specifically, on average, beneficiaries with any one of the conditions spent \$637 more OOP.

Basu, R., Wu, B., & Luo, H. (2021). Caregiving relationship and the healthcare utilization for care recipients: Does spousal caregiving matter? *International Journal of Applied Economics*, 18(1), 1-16. <https://conferencenow.info/yhsing/applied-economics-journals/IJAE/2021/IJAE%20MARCH%202021%20BASU%20WU%20LUO%203-12-2021%20RV.pdf>

In this journal article, the authors use data from the 2016-2018 MCBS LDS to examine health care utilization. Specifically, using a repeated cross-sectional analysis, the authors study how caregiving was related to health care utilization among continuously enrolled Medicare beneficiaries aged 65 and older living in the community who received assistance with activities of daily living (ADLs). The authors find beneficiaries with spousal caregivers were less likely to use home health, inpatient, and ER services compared to those with non-spousal caregivers.

Benjenk, I. (2021). *Mental health and mental health services during the COVID-19 pandemic*. (Publication No. 28643080) [Doctoral dissertation, University of Maryland]. ProQuest Dissertations & Theses Global. <https://doi.org/10.13016/ihph-cchn>

In this dissertation, the author uses data from the MCBS COVID-19 Supplements to examine behavioral/mental health, telemedicine, and COVID-19 impact. Specifically, using a cross-sectional analysis, the author studies mental health and types of telemedicine used during the COVID-19 pandemic among Medicare beneficiaries living in the community. The author finds high use of audio-only telemedicine appointments during the pandemic and improvements in mental health since the COVID-19 vaccines were approved.

Benjenk, I., Franzini, L., Roby, D., & Chen, J. (2021). Disparities in audio-only telemedicine use among Medicare beneficiaries during the coronavirus disease 2019 pandemic. *Medical Care*, 59(11), 1014-1022. <https://doi.org/10.1097/MLR.0000000000001631>

In this journal article, the authors use data from the MCBS COVID-19 Summer and Fall 2020 Supplement PUFs to examine telemedicine and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study the use of audio-only telemedicine appointments during the COVID-19 pandemic among Medicare beneficiaries living in the community with a usual source of care. The authors find that 35 percent of beneficiaries were exclusively offered audio-only telemedicine appointments, of whom two-thirds had a smartphone or tablet. Accounting for access to technology, beneficiaries who were Hispanic, dually eligible, non-English speaking, and reside in non-metropolitan areas were more likely to be offered audio-only appointments.

Better Medicare Alliance. (2021). *Dual eligible beneficiaries receive better access to care and cost protections when enrolled in Medicare Advantage* [Data Brief]. <https://bettermedicarealliance.org/wp-content/uploads/2021/12/BMA-Q4-Brief-2021.pdf>

In this data brief, the authors examine health insurance coverage, access to care, and health care cost. The authors use cross-sectional data from the 2018 MCBS LDS to show differences by type of Medicare coverage and dual eligible status, including in sociodemographics, access to care, and spending, among Medicare beneficiaries. The authors find dual eligible beneficiaries were more likely to enroll in Medicare Advantage (MA), and dual eligible MA beneficiaries spent less OOP and on premiums and reported greater access to care than dual eligible Medicare FFS beneficiaries.

Better Medicare Alliance. (2021). *Medicare Advantage offers high quality care and cost protections to racially and ethnically diverse beneficiaries* [Data Brief]. <https://bettermedicarealliance.org/publication/data-brief-medicare-advantage-offers-high-quality-care-and-cost-protections-to-racially-and-ethnically-diverse-beneficiaries/>

In this data brief, the authors examine health insurance coverage and health disparities. The authors use cross-sectional data from the 2018 MCBS LDS to show differences by type of Medicare coverage, including in sociodemographics, social determinants of health, utilization of routine and preventive care, and spending, among Medicare beneficiaries. The authors find MA covered a large percentage of Black, Hispanic, and lower-income beneficiaries, and MA beneficiaries reported more negative social determinants of health, utilized more preventive care, and experienced lower OOP costs and premiums than their FFS counterparts.

Better Medicare Alliance. (2021). *Medicare Advantage outperforms traditional Medicare on cost protections for low- and modest-income populations* [Data Brief]. <https://bettermedicarealliance.org/wp-content/uploads/2021/03/BMA-Data-Brief-March-2021-FIN.pdf>

In this data brief, the authors examine health insurance coverage, health care cost, and satisfaction with care. The authors use cross-sectional data from the 2018 MCBS LDS to show differences by type of Medicare coverage, including in sociodemographics, clinical and functional health profiles, OOP spending, satisfaction with care, and having a usual source of care, among Medicare beneficiaries. The authors find that low-income Medicare beneficiaries enrolled in MA more than Medicare FFS. Additionally, MA beneficiaries experienced lower OOP costs and premiums and reported similar satisfaction with care than their FFS counterparts.

Better Medicare Alliance. (2021). *Medicare Advantage sees fewer COVID-19 hospitalizations in beneficiaries and offers greater access to in-person and telehealth non-COVID care during pandemic* [Data Brief]. <https://bettermedicarealliance.org/wp-content/uploads/2021/10/BMA-Q3-Data-Brief-FIN-1.pdf>

In this data brief, the authors examine health insurance coverage, health care utilization, access to care, and COVID-19 impact. The authors use cross-sectional data from the MCBS COVID-19 Fall 2020 Supplement PUF, 2020 Medicare FFS claims data, and the Center for Medicare & Medicaid Services' (CMS) "Preliminary Medicare COVID-19 Data Snapshot" to show differences in COVID-19 hospitalization and mortality, forgone care, telemedicine, and preventive behaviors by type of Medicare coverage among Medicare beneficiaries. The authors find MA beneficiaries had lower COVID-19 hospitalization and mortality, less forgone care, and greater access to telemedicine during the COVID-19 pandemic.

Biniek, J. F., Ochieng, N., Cubanski, J., & Neuman, T. (2021). *Cost-related problems are less common among beneficiaries in traditional Medicare than in Medicare Advantage, mainly due to supplemental coverage* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/cost-related-problems-are-less-common-among-beneficiaries-in-traditional-medicare-than-in-medicare-advantage-mainly-due-to-supplemental-coverage/>

In this issue brief, the authors examine health insurance coverage and financial barriers to care. The authors use cross-sectional data from the 2018 MCBS LDS to show cost-related problems to getting health care among Medicare beneficiaries living in the community. The authors find 17 percent of beneficiaries reported a cost-related problem, with differences across type of Medicare coverage and race/ethnicity.

Committee for a Responsible Federal Budget. (2021). *Reducing Medicare Advantage overpayments* [Policy Brief]. <https://www.crfb.org/papers/reducing-medicare-advantage-overpayments>

In this policy brief and its accompanying methodology, the authors examine methodology, policy, and health insurance coverage. The authors use a variety of data sources, including supplemental data from the 2011-2018 MCBS on residence status, to show differences between the Demographic Estimate of Coding Intensity (DECI) and

Medicare Payment Advisory Commission (MedPAC) methods of adjusting payments for the differential coding intensity between Medicare FFS and MA. The authors find that regardless the method used, the current coding intensity adjustment is too small, which contributes to overpayments to MA plans.

De Nardi, M., French, E., Jones, J. B., & McGee, R. (2021). *Why do couples and singles save during retirement* (Working Paper Series No. 28828)? National Bureau of Economic Research. <https://www.nber.org/papers/w28828>

In this working paper, the authors use AHEAD data from the National Retirement Study to examine savings and health care cost, supplemented with data from the MCBS on Medicaid payments. Specifically, the authors study differences in how single individuals and couples save. The authors find that while medical expenses were a prominent factor in how middle-income singles save, bequest motives were an important factor for couples and high-income singles.

Deng, Y., & Benítez-Silva, H. (2021). An empirical model of Medicare costs: The role of health insurance, employment, and delays in Medicare enrollment. *Econometrics*, 9(2), 25. <https://doi.org/10.3390/econometrics9020025>

In this journal article, the authors use data from the 1999-2010 MCBS LDS to examine health insurance coverage and health care spending. Specifically, using a cross-sectional analysis, the authors study the relationship between Medicare spending and employer-sponsored insurance, employment, and delayed Medicare enrollment among Medicare beneficiaries. The authors find employment and having Medicare as a secondary payer were associated with lower Medicare spending.

Dieleman, J. L., Chen, C., Crosby, S. W., Liu, A., McCracken, D., Pollock, I. A., Sahu, M., Tsakalos, G., Dwyer-Lindgren, L., Haakenstad, A., Mokdad, A. H., Roth, G. A., Woody Scott, K., & Murray, C. J. L. (2021). US health care spending by race and ethnicity, 2002-2016. *JAMA*, 326(7), 649-659. <https://doi.org/10.1001/jama.2021.9937>

In this journal article, the authors use data from the 2006-2016 Medical Expenditure Panel Survey (MEPS), 2002-2012 MCBS LDS, 2002-2016 National Health Interview Survey (NHIS), and 1996-2016 Disease Expenditure project to examine health care cost and health disparities. Specifically, the authors study differences in health care spending from 2002 through 2016 among race/ethnicity groups. The authors find multiple statistically significant differences in spending across race and ethnicity. For example, White individuals spent more on ambulatory care, while Black individuals spent more on ER, inpatient, and nursing facility care.

Floyd, W. (2021). *Healthcare access for elderly African American type 2 diabetics on Medicare* (Publication No. 10492) [Doctoral dissertation, Walden University]. Walden Dissertations and Doctoral Studies. <https://scholarworks.waldenu.edu/dissertations/10492/>

In this dissertation, the author uses data from the 2016 MCBS Survey File PUF to examine experiences with care, satisfaction with care, and health disparities. Specifically, using a cross-sectional analysis, the author studies the relationship between race/ethnicity and satisfaction and quality of care among Medicare beneficiaries aged 65 and older with Type 2 diabetes. The author finds sociodemographic differences in

satisfaction with care and receipt of indifferent care, and no sociodemographic differences in receipt of compassionate care.

Freed, M., Cubanski, J., Sroczynski, N., Ochieng, N., & Neuman, T. (2021). *Dental, hearing, and vision costs and coverage among Medicare beneficiaries in traditional Medicare and Medicare Advantage* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/health-costs/issue-brief/dental-hearing-and-vision-costs-and-coverage-among-medicare-beneficiaries-in-traditional-medicare-and-medicare-advantage/>

In this issue brief, the authors examine health insurance coverage, health care spending, and financial barriers to care. The authors use cross-sectional data from the 2018-2019 MCBS LDS and 2021 MA Enrollment and Benefit files to show cost and use of dental, hearing, and vision services among ever enrolled Medicare beneficiaries. The authors find dental services were the most used, followed by vision services and then hearing services. Additionally, among beneficiaries who were unable to get dental, hearing, or vision services, 70 percent had a cost-related problem.

Freed, M., Ochieng, N., Sroczynski, N., Damico, A., & Amin, K. (2021). *Medicare and dental coverage: A closer look* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/medicare-and-dental-coverage-a-closer-look/>

In this issue brief, the authors examine health insurance coverage, health care utilization, and health care spending. The authors use cross-sectional data from the 2018-2019 MCBS LDS, among other sources, to show dental coverage, use, and spending among Medicare beneficiaries. The authors find about half of beneficiaries did not have dental coverage or a dental visit within the past year, with differences across race/ethnicity, income, and health status. Among beneficiaries who had dental services, the average OOP spending was \$874.

Gangopadhyaya, A., Shartzter, A., Garrett, B., & Holahan, J. (2021). *Are vision and hearing benefits needed in Medicare* [Brief]? Urban Institute. <https://www.urban.org/sites/default/files/publication/105115/are-vision-and-hearing-benefits-needed-in-medicare.pdf>

In this issue brief, the authors examine health care utilization and health care cost. The authors use the MCARE-SIM simulation model, which primarily uses data from the 2015 MCBS LDS, to project future cost and use of vision and hearing services among Medicare beneficiaries. Specifically, using the simulation model, the authors estimate that beneficiaries spent about \$14 billion on routine vision and hearing services in 2020. About one-third of beneficiaries used routine vision services, while only 7 percent used routine hearing services.

Ganguli, I., McGlave, C., & Rosenthal, M. B. (2021). National trends and outcomes associated with presence and type of usual clinician among older adults with multimorbidity. *JAMA Network Open*, 4(11), Article e2134798. <https://doi.org/10.1001/jamanetworkopen.2021.34798>

In this journal article, the authors use data from the 2010, 2013, and 2016 MCBS LDS to examine experiences with care and preventive care. Specifically, using a repeated cross-sectional analysis, the authors study the relationship between having a usual source of care and preventive care among continuously enrolled Medicare beneficiaries living in

the community with at least two chronic conditions. The authors find Black beneficiaries and those enrolled in Medicare FFS were less likely to have a usual provider, while higher income beneficiaries and female beneficiaries were more likely. Additionally, the proportion of older beneficiaries with multiple chronic conditions with a usual provider decreased over time.

García, J. L., Bennis, F. H., Leaf, D. E., & Heckman, J. J. (2021). *The dynastic benefits of early childhood education* (Working Paper Series No. 29004). National Bureau of Economic Research. <https://www.nber.org/papers/w29004>

In this working paper, the authors use project data and the Future Adult Model (FAM)/Future Elderly Model (FEM) simulations, which include 2007-2010 MCBS LDS data on health care costs, to examine education. Specifically, using the simulation models, the authors study the benefits, including the health outcomes, of an early childhood education program, the Perry Preschool Project (PPP), among PPP participants. The authors find substantial positive impact on original participants and their children; however, these benefits may not last the life cycle.

He, Q., Silverman, C. L., Park, C., Tiu, G. F., & Ng, B. P. (2021). Prescription drug coverage satisfaction, cost-reducing behavior, and medication nonadherence among Medicare beneficiaries with type 2 diabetes. *Journal of Managed Care + Specialty Pharmacy*, 27(6), 696-705. <https://doi.org/10.18553/JMCP.2021.27.6.696>

In this journal article, the authors use data from the 2016 MCBS Survey File PUF to study medication adherence and financial barriers to care. Specifically, using a cross-sectional analysis, the authors study the relationship between satisfaction with drug coverage and cost-reducing behaviors on medication nonadherence among Medicare beneficiaries aged 65 and older living in the community with Type 2 diabetes. The authors find medication nonadherence was associated with dissatisfaction with the cost of medication and cost-reducing behaviors.

Henning-Smith, C., Hernandez, A., Neprash, H., & Lahr, M. (2021). Differences by rurality in satisfaction with care among Medicare beneficiaries. *Journal of Rural Health*, 37(1), 114-123. <https://doi.org/10.1111/jrh.12423>

In this journal article, the authors use data from the 2016 MCBS to examine satisfaction with care and health disparities. Specifically, using a cross-sectional analysis, the authors study differences in satisfaction with care by rurality among MCBS beneficiaries aged 65 and older living in the community. The authors find that rural Medicare beneficiaries experienced lower satisfaction with care compared to their urban counterparts across several indicators, including after adjusting for sociodemographics and health factors.

Holaday, L. W., Balasuriya, L., Roy, B., Ross, J. S., & Oladele, C. R. (2021). Medicare beneficiaries' plans for the COVID-19 vaccine in Fall 2020, and why some planned to decline. *Journal of the American Geriatrics Society*, 69(9), 2434-2437. <https://doi.org/10.1111/jgs.17285>

In this research letter, the authors examine preventive care and COVID-19 impact. The authors use cross-sectional data from the MCBS COVID-19 Fall 2020 Supplement to examine likelihood of COVID-19 vaccine uptake among Medicare beneficiaries living in the community. The authors find that only 59 percent of beneficiaries planned to get the

vaccine when available. Additionally, beneficiaries aged 64 and under, female beneficiaries, Black beneficiaries, and Hispanic beneficiaries were less likely to get vaccinated than their counterparts.

*Holaday, L. W., Oladele, C. R., Miller, S., Dueñas, M., Roy, B., & Ross, J. S. (2021). Loneliness, sadness, and feelings of social disconnection in older adults during the COVID-19 pandemic. *Journal of the American Geriatrics Society*. <https://doi.org/10.1111/jgs.17599>

In this journal article, the authors use data from the MCBS COVID-19 Summer 2020 Supplement PUF to examine behavioral/mental health, health disparities, and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study differences in social connectivity across race/ethnicity among Medicare beneficiaries aged 65 and older living in the community. The authors find 23 percent of beneficiaries were lonely or sad and 37 percent felt socially disconnected during the pandemic, with differences across race/ethnicity, Internet access, and access to primary care.

Hsieh, S., Yuan, J., Lu, Z. K., & Li, M. (2021). Deprescribing antipsychotics based on real-world evidence to inform clinical practice: Safety considerations in managing older adults with dementia. *Frontiers in Pharmacology*, 12, 706750. <https://doi.org/10.3389/fphar.2021.706750>

In this journal article, the authors use data from the 2015-2017 MCBS LDS to examine health care utilization and health care cost. Specifically, the authors study antipsychotic use among Medicare beneficiaries aged 65 and older living in the community with dementia. The authors find Medicare beneficiaries with antipsychotic use had higher use of inpatient services and higher total, Medicare, and OOP costs; additionally, as cumulative days of antipsychotic use increased, clinical and economic burdens decreased.

*Huizinga, J., Stanley, E., Sullivan, J. K., Song, S., Hunter, D. J., Paltiel, A., Neogi, T., Edwards, R. R., Katz, J. N., & Losina, E. (2021). Societal cost of opioid use in symptomatic knee osteoarthritis patients in the United States. *Arthritis Care & Research*. <https://doi.org/10.1002/acr.24581>

In this journal article, the authors use the Osteoarthritis Policy Model (OAPoI) simulation to examine social cost, supplemented with data from the MCBS on opioid use disorder prevalence. Specifically, using the simulation model, the authors study the cost of opioid use among a simulated cohort of symptomatic knee osteoarthritis (SKOA) patients in the U.S. The authors estimate that total opioid-related costs among the SKOA population amounted to \$14 billion, approximately half of which come from costs related to work productivity, diversion, and criminal justice.

Izurieta, H. S., Wu, X., Forshee, R., Lu, Y., Sung, H. M., Agger, P. E., Chillarige, Y., Link-Gelles, R., Lufkin, B., Wernecke, M., MaCurdy, T. E., Kelman, J., & Dooling, K. (2021). Recombinant zoster vaccine (Shingrix): Real-world effectiveness in the first 2 years post-licensure. *Clinical Infectious Diseases*, 73(6), 941-948. <https://doi.org/10.1093/cid/ciab125>

In this journal article, the authors use Medicare Part A, B, and D claims and enrollment data to examine preventive care, supplemented with data from the 2017-2019 MCBS on health-seeking behaviors and frailty. Specifically, the authors study the effectiveness of the Shingrix vaccine among Medicare Part D beneficiaries aged 65 and older living in the

community. The authors find a 70 percent effectiveness of two Shingrix doses and 57 percent effectiveness of one Shingrix dose.

Jacobs, M., & Ellis, C. (2021). Social connectivity during the COVID-19 pandemic: Disparities among Medicare beneficiaries. *Journal of Primary Care & Community Health, 12*, 1-8. 21501327211030135. <https://doi.org/10.1177/21501327211030135>

In this journal article, the authors use data from the MCBS COVID-19 Summer and Fall 2020 Supplement PUFs to examine behavioral/mental health and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study social connectivity among Medicare beneficiaries living in the community. The authors find that Black non-Hispanic beneficiaries, males, those living in rural areas, those without access to the internet or technology, and those with low incomes were more likely to feel socially disconnected during the pandemic.

Jacobs, M., & Ellis, C. (2021). Telemedicine disparities during COVID-19: Provider offering and individual technology availability. *Journal of the American Geriatrics Society, 69*(9), 2432-2434. <https://doi.org/10.1111/jgs.17280>

In this research letter, the authors examine telemedicine, health disparities, and COVID-19 impact. The authors use cross-sectional data from the MCBS COVID-19 Summer and Fall 2020 Supplement PUFs to examine racial/ethnic differences in routine and preventive care use among Medicare beneficiaries living in the community. The authors find that despite increases in the overall availability of telemedicine for Medicare beneficiaries, Black beneficiaries experienced the smallest increase in availability of telemedicine during the pandemic and were less likely to have the necessary technology for telemedicine in their homes.

Jacobson, G., Cicchiello, A., Sutton, J. P., & Shah, A. (2021). *Medicare Advantage vs. traditional Medicare: How do beneficiaries' characteristics and experiences differ* [Issue Brief]? The Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2021/oct/medicare-advantage-vs-traditional-medicare-beneficiaries-differ>

In this issue brief, the authors examine health insurance coverage and experiences with care. The authors use cross-sectional data from the 2018 MCBS and 2021 International Health Policy Survey of Older Adults to examine differences in demographics and experiences with care (e.g., access to care, care management, self-management) by type of Medicare coverage among Medicare beneficiaries. Excluding beneficiaries enrolled in Special Needs Plans (SNPs), the authors do not find significant differences between Medicare FFS and MA beneficiaries.

Johnston, K. J., Hammond, G., Meyers, D. J., & Joynt Maddox, K. E. (2021). Association of race and ethnicity and Medicare program type with ambulatory care access and quality measures. *JAMA, 326*(7), 628. <https://doi.org/10.1001/jama.2021.10413>

In this journal article, the authors use data from the 2015-2018 MCBS to examine access to care, health insurance coverage, and health disparities. Specifically, using a cross-sectional analysis, the authors study racial/ethnic differences in type of Medicare coverage and access to and quality of ambulatory care among beneficiaries living in the community. The authors find, among minority (i.e., Black, Hispanic, Native American, or

Asian/Pacific Islander) beneficiaries, those in MA had greater access to a primary care provider and preventive care such as vaccinations and cancer screenings. However, across both types of Medicare coverage, minority beneficiaries had less access to primary, specialist, and preventive care compared to White or multiracial beneficiaries.

Johnston, K. J., Wen, H., Joynt Maddox, K. E., & Pollack, H. A. (2021). Ambulatory care access and emergency department use for Medicare beneficiaries with and without disabilities: Study examines ambulatory care access and emergency department use among beneficiaries with disabilities. *Health Affairs*, 40(6), 910-919. <https://doi.org/10.1377/hlthaff.2020.01891>

In this journal article, the authors use data from the 2015-2017 MCBS to examine access to care, health care utilization, and disability. Specifically, using a cross-sectional analysis, the authors compare access to and use of ambulatory care by disability status among Medicare beneficiaries aged 21 and older living in the community. The authors find beneficiaries aged 21-64 with disabilities were more than twice as likely to have difficulty accessing care, were less likely to have annual evaluation and management visits, and were more likely to have all-cause, non-emergent, and preventable ER visits than beneficiaries without disabilities.

Johnston, K., Wen, H., & Pollack, H. (2021). *Medicare beneficiaries with disabilities who enrolled in Medicare Advantage had better ambulatory care access and quality than their peers in the traditional fee-for-service program* [Abstract]. AcademyHealth Annual Research Meeting, Washington, DC. <https://academyhealth.confex.com/academyhealth/2021arm/meetingapp.cgi/Paper/44941>

In this AcademyHealth abstract, the authors use data from the 2015-2018 MCBS to examine health insurance coverage and disability. Specifically, the authors study differences in enrollment, risk profiles, and ambulatory care access and quality by type of Medicare coverage for beneficiaries aged 18-64 living in the community with disabilities. The authors find beneficiaries with disabilities were less likely to enroll in MA than those without disabilities. Additionally, MA beneficiaries with disabilities had greater access to ambulatory care and higher quality preventive care than their Medicare FFS counterparts.

Kabiri, M., Sexton Ward, A., Ramasamy, A., Kee, R., Ganguly, R., Smolarz, B. G., Zvenyach, T., Baumgardner, J. R., & Goldman, D. P. (2021). Simulating the fiscal impact of anti-obesity medications as an obesity reduction strategy. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 58. <https://doi.org/10.1177/0046958021990516>

In this journal article, the authors use The Health Economics Medical Innovation Simulation (THEMIS) simulation model, which includes 2007-2010 MCBS LDS data on health care costs, to examine health care cost. Specifically, using the simulation model, the authors study the impact of anti-obesity medications (AOMs) on Medicare and Medicaid spending among Americans aged 25 and older. The authors find use of AOMs would result in large Medicare and Medicaid savings.

Keane, M., Ketcham, J., Kuminoff, N., & Neal, T. (2021). Evaluating consumers' choices of Medicare Part D plans: A study in behavioral welfare economics. *Journal of Econometrics*, 222(1, Part A), 107-140. <https://doi.org/10.1016/j.jeconom.2020.07.029>

In this journal article, the authors use Medicare administrative data and the 2006-2010 MCBS to examine health insurance coverage and decision-making and methodology. Specifically, the authors develop a new welfare analysis approach to study consumer prescription drug insurance choices among Medicare Part D beneficiaries aged 65 and older. The authors find that policies that simplify choices have mixed results, welfare losses from bad choices were small on average, and beneficiaries with dementia and depression experienced larger welfare losses.

Kerrissey, M. J., Freaan, M., Traboulsi, A. A. R., & Singer, S. J. (2021). Higher Medicare expenditures are associated with better integrated care as perceived by patients. *Medical Care*, 59(7), 565-571. <https://doi.org/10.1097/MLR.0000000000001558>

In this journal article, the authors use data from the 2015 MCBS to examine experiences with care and health care cost. Specifically, using a cross-sectional analysis, the authors study the impact of integrated care on health care spending among continuously enrolled Medicare FFS beneficiaries living in the community. Among seven domains of patient perceptions of integrated care (PPIC), the authors find that only staff knowledge of the patient's medical history and home health costs was significantly associated with lower costs.

Koma, W., Cubanski, J., & Neuman, T. (2021). *A snapshot of sources of coverage among Medicare beneficiaries in 2018* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/a-snapshot-of-sources-of-coverage-among-medicare-beneficiaries-in-2018/>

In this issue brief, the authors examine health insurance coverage. The authors use cross-sectional data from the 2018 MCBS LDS to examine insurance coverage and the associated demographic characteristics among Medicare beneficiaries. The authors find that about half of Medicare beneficiaries had Medicare FFS with supplemental coverage (e.g., Medigap) and 39 percent had MA.

Koma, W., Cubanski, J., & Neuman, T. (2021). *Medicare and telehealth: Coverage and use during the COVID-19 pandemic and options for the future* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/medicare-and-telehealth-coverage-and-use-during-the-covid-19-pandemic-and-options-for-the-future/>

In this issue brief, the authors examine telemedicine and COVID-19 impact. The authors use cross-sectional data from the MCBS COVID-19 Fall 2020 Supplement PUF to study telemedicine utilization during the COVID-19 pandemic among Medicare beneficiaries living in the community with a usual source of care. Among beneficiaries with a usual source of care, the authors find that two-thirds were offered telemedicine appointments and almost half had a telemedicine appointment from summer to fall 2020.

Koma, W., Freed, M., Cubanski, J., & Neuman, T. (2021). *Seven in ten Medicare beneficiaries did not compare plans during past open enrollment period* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/seven-in-ten-medicare-beneficiaries-did-not-compare-plans-during-past-open-enrollment-period/>

In this issue brief, the authors examine health insurance coverage and decision-making. The authors use cross-sectional data from the 2019 MCBS LDS to examine whether ever

enrolled Medicare beneficiaries compare Medicare plans and drug plans. The authors find 71 percent of Medicare beneficiaries did not compare Medicare plans during the 2018 open enrollment period and beneficiaries enrolled in Medicare FFS were less likely to compare plans than their MA counterparts. Additionally, most beneficiaries in MA drug plans and stand-alone drug plans did not compare their coverage to other drug plans in 2019.

*Li, L., Hu, L., Ji, J., McKendrick, K., Moreno, J., Kelley, A. S., Mazumdar, M., & Aldridge, M. D. (2021). Determinants of total end-of-life healthcare costs of Medicare beneficiaries: A quantile regression forests analysis. *The Journals of Gerontology: Series A*, glab176. <https://doi.org/10.1093/gerona/glab176>

In this journal article, the authors use data from the 2002-2017 MCBS to examine health care cost and methodology. Specifically, using a cross-sectional analysis, the authors use a machine learning approach to examine factors associated with health care costs at the end-of-life among Medicare decedents. Among decedents with low total end-of-life costs, the authors find both Black non-Hispanic and Hispanic beneficiaries had lower costs; among decedents with high total end-of-life costs, the authors likewise find Black non-Hispanic and Hispanic beneficiaries had higher costs.

Li, M., & Bounthavong, M. (2021). Cancer history, insurance coverage, and cost-related medication nonadherence in Medicare beneficiaries, 2013-2018. *Journal of Managed Care & Specialty Pharmacy*, 27(12), 1750-1756. <https://doi.org/10.18553/jmcp.2021.27.12.1750>

In this research brief, the authors use data from the 2013-2018 MCBS Survey File PUF to examine medication adherence, financial barriers to care, and health insurance coverage. Specifically, using a cross-sectional analysis, the authors study the relationship between cancer, CRN, and type of Medicare coverage among Medicare beneficiaries living in the community. The authors find that about 17 percent of beneficiaries reported CRN, with higher rates among beneficiaries with cancer, Medicare FFS beneficiaries, and beneficiaries with unsubsidized Medicare Part D coverage.

Li, M., Yuan, J., Dezfuli, C., & Lu, Z. K. (2021). Impact of Medicare prescription drug (Part D) coverage expansion on utilisation and financial burden of benzodiazepines among older adults: An interrupted time series analysis. *BMJ Open*, 11(12), Article e053717. <https://doi.org/10.1136/bmjopen-2021-053717>

In this journal article, the authors use data from the 2006-2017 MCBS LDS to examine health insurance coverage, health care utilization, and health care cost. Specifically, using an interrupted time series analysis, the authors study the impact of the Medicare Part D coverage expansion on utilization and cost of benzodiazepines among Medicare beneficiaries aged 65 and older. The authors find that after the Medicare Part D expansion there was an initial increase in the annual prescription rate of benzodiazepines; however, in the following years, this prescription rate decreased.

Liao, C., Mott, D. A., Ford, J. H., II, Look, K. A., & Hayney, M. S. (2021). Influenza vaccination rates and location for receiving the influenza vaccination among older adult Medicare beneficiaries. *Journal of the American Pharmacists Association*, 61(4), 432-441.e432. <https://doi.org/10.1016/j.japh.2021.02.015>

In this journal article, the authors use data from the 2009-2017 MCBS to examine preventive care. Specifically, using a cross-sectional analysis, the authors study flu vaccination rates and locations among Medicare beneficiaries aged 65 and older living in the community. While the authors find an overall decrease in vaccination rates at physician offices or clinics, they find an increase in vaccination rates at community pharmacies, concluding that these are key points of access for older beneficiaries.

Lin, H. H., Willink, A., Jilla, A. M., Weinreich, H. M., Oh, E. S., Robertson, M., Ward, H. V., & Reed, N. S. (2021). Healthcare-seeking behaviors among Medicare beneficiaries by functional hearing status. *Journal of Aging and Health, 33*(9), 764-771. <https://doi.org/10.1177/08982643211011799>

In this journal article, the authors use data from the 2016 MCBS Survey File PUF to examine sensory impairment and health care decision-making. Specifically, using a pooled cross-sectional analysis, the authors study the relationship between hearing status and health care-seeking behaviors among Medicare beneficiaries living in the community. The authors find while trouble hearing was not related to concern with health status, beneficiaries with trouble hearing were at higher risk of avoiding or delaying care.

Ling, E. J., Frea, M., So, J., Tietschert, M., Song, N., Covington, C., Bahadurazada, H., Khurana, S., Garcia, L., & Singer, S. J. (2021). Differences in patient perceptions of integrated care among Black, Hispanic, and White Medicare beneficiaries. *Health Services Research, 56*(3), 507-516. <https://doi.org/10.1111/1475-6773.13637>

In this journal article, the authors use data from the 2015 MCBS to examine experiences with care, health disparities, and methodology. Specifically, using a cross-sectional analysis, the authors study racial/ethnic differences in PPIC and consider whether methodological differences affect the measurement of disparities among continuously enrolled Medicare beneficiaries living in the community. The authors find that Black non-Hispanic and Hispanic beneficiaries perceived greater integrated care than White non-Hispanic beneficiaries on support for self-care, knowledge of past medical history, and integrated medication and home health management; the authors also note potential bias in using beneficiary-measured metrics to evaluate PPIC.

*Losina, E., Song, S., Bensen, G. P., & Katz, J. N. (2021). Opioid use among Medicare beneficiaries with knee osteoarthritis: Prevalence and correlates of chronic use. *Arthritis Care & Research. <https://doi.org/10.1002/acr.24844>*

In this journal article, the authors use data from the 2003, 2006, 2009, 2011, 2013, 2015, and 2016 MCBS LDS to examine health risk and health care utilization. Specifically, using a cross-sectional analysis, the authors study the prevalence of and risk factors for opioid use among Medicare beneficiaries living in the community with knee osteoarthritis. The authors find an initial increase in the proportion of beneficiaries with any opioid use and chronic opioid use between 2003-2013, followed by a decrease between 2013 and 2016. Additionally, risk factors of chronic use included non-Hispanic ethnicity, divorce, Medicaid eligibility, depression, chronic obstructive pulmonary disease (COPD), and difficulty walking.

Lu, Z. K., Xiong, X., Wang, X., & Wu, J. (2021). Gender disparities in anti-dementia medication use among older adults: Health equity considerations and management of Alzheimer's disease and related dementias. *Frontiers in Pharmacology*, *12*, 706762. <https://doi.org/10.3389/fphar.2021.706762>

In this journal article, the authors use data from the 2016 MCBS LDS to examine health care utilization and health disparities. Specifically, using a cross-sectional analysis, the authors study differences in the receipt of anti-dementia medications by gender among Medicare beneficiaries aged 65 years or older with Alzheimer's disease and related dementias (ADRD). The authors find female beneficiaries with ADRD were almost two times more likely to receive anti-dementia medications than their male counterparts.

*Luo, H., Basu, R., Bell, R. A., Rafferty, A. P., Zeng, X., Qu, H., & Dove, C. (2021). Rural-urban differences in uptake of diabetes self-management education among Medicare beneficiaries: Results from the 2016 to 2018 Medicare Current Beneficiary Survey. *Journal of Rural Health*, *1-8*. <https://doi.org/10.1111/jrh.12588>

In this journal article, the authors use data from the 2016-2018 MCBS to examine preventive care and health disparities. Specifically, using a cross-sectional analysis, the authors explore rural-urban differences in participation in diabetes self-management education among Medicare beneficiaries aged 65 and older with Type 2 diabetes. The authors find a majority of beneficiaries did not participate in diabetes self-management education, and beneficiaries residing in rural areas, older beneficiaries, beneficiaries with less education, and beneficiaries with lower incomes were less likely to participate.

Madden, J. M., Bayapureddy, S., Briesacher, B. A., Zhang, F., Ross-Degnan, D., Soumerai, S. B., Gurwitz, J. H., & Galbraith, A. A. (2021). Affordability of medical care among Medicare enrollees. *JAMA Health Forum*, *2*(12), Article e214104. <https://doi.org/10.1001/jamahealthforum.2021.4104>

In this journal article, the authors use data from the 2017 MCBS to examine financial barriers to care. Specifically, using a cross-sectional analysis, the authors study the affordability of care among Medicare beneficiaries living in the community. The authors find 11 percent of beneficiaries delayed care due to cost and 11 percent also reported difficulties paying medical bills, with differences across income, health status, and age.

McDaniel, C., Loh, F. E., Rockwell, D., McDonald, C., & Chou, C. (2021). Economic burden of diabetes among Medicare beneficiaries with cancer. *Journal of Pharmaceutical Health Services Research*, *12*(2), 142-151. <https://doi.org/10.1093/jphsr/rmab002>

In this journal article, the authors use data from the 2006-2012 MCBS LDS to examine health care cost. Specifically, using a serial cross-sectional analysis, the authors study the economic burden of diabetes among continuously enrolled Medicare beneficiaries aged 65 and older living in the community who were currently or previously diagnosed with cancer. The authors find that diabetes was significantly associated with higher total annual spending among Medicare beneficiaries with cancer in 2007, 2011, and 2012.

McGee, B. T., Parikh, R., & Phillips, V. (2021). Cost implications of patient spending on heart failure medications in the US Medicare program. *Journal of Pharmaceutical Health Services Research*, *12*(2), 101-108. <https://doi.org/10.1093/jphsr/rmaa018>

In this journal article, the authors use data from the 2010-2011 MCBS LDS to examine health care cost. Specifically, using a pooled cross-sectional analysis, the authors examine the relationship between spending on heart failure medication and inpatient and total expenditures by Medicare and all payers among Medicare Part D beneficiaries living in the community with heart failure. The authors find no significant relationship between drug expenditures and inpatient or all-payer expenditures and a modest relationship between drug expenditures and Medicare expenditures.

Medicare Payment Advisory Commission (U.S.). (2021). *Health care spending and the Medicare program: A data book*. https://www.medpac.gov/document/http-medpac-gov-docs-default-source-data-book-july2021_medpac_databook_sec-pdf/

In this report, the authors present a compendium of statistics on Medicare beneficiaries. The authors use cross-sectional data from the 2018 MCBS LDS, among other sources, to present metrics on topics such as total and per capita health care spending, supplemental insurance coverage, demographics, and sources of payment. Among other results, the authors find that dual eligible Medicare FFS beneficiaries accounted for a disproportionate share of Medicare FFS spending (30 percent), had twice as high Medicare FFS per capita spending, and were more likely to use all types of services (inpatient, physician, outpatient, home health, skilled nursing facility (SNF), hospice, and prescribed medicine) than non-dual eligible Medicare FFS beneficiaries.

Medicare Payment Advisory Commission (U.S.). (2021). *Medicare and the healthcare delivery system: Report to the Congress*. <https://www.medpac.gov/document/june-2021-report-to-the-congress-medicare-and-the-health-care-delivery-system/>

In Chapter 5 of this report, the authors provide an interim report on access to care and health disparities. The authors use cross-sectional data from the 2018 MCBS, MedPAC's annual survey, and Medicare claims to examine rural-urban differences in sociodemographics and access to care among Medicare beneficiaries. Among other results, the authors find few differences in access to care between rural and urban beneficiaries; however, differences increase with rurality.

Medicare Payment Advisory Commission (U.S.). (2021). *Medicare payment policy: Report to the Congress*. <https://www.medpac.gov/document/march-2021-report-to-the-congress-medicare-payment-policy/>

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 2017-2018 MCBS LDS, among other sources, to examine topics such as supplemental insurance coverage, satisfaction with care, and access to care among Medicare beneficiaries. Among other results, the authors find that only 11 percent of beneficiaries had Medicare FFS coverage only in 2017, 93 percent of beneficiaries were (very) satisfied with overall quality of care in 2018, and 27 percent of beneficiaries aged 64 and under delayed care due to cost in 2018.

Nekui, F., Galbraith, A. A., Briesacher, B. A., Zhang, F., Soumerai, S. B., Ross-Degnan, D., Gurwitz, J. H., & Madden, J. M. (2021). Cost-related medication nonadherence and its risk factors among Medicare beneficiaries. *Medical Care*, 59(1), 13-21. <https://doi.org/10.1097/MLR.0000000000001458>

In this journal article, the authors use data from the 2016 MCBS to examine medication adherence and financial barriers to care, supplemented with data from the 2006-2015 MCBS. Specifically, using a cross-sectional analysis, the authors study CRN among Medicare beneficiaries living in the community. The authors find that older beneficiaries (i.e., beneficiaries aged 65 and older) with incomes between \$15,000-\$25,000 were more likely to experience CRN than older beneficiaries making more than \$50,000. However, older beneficiaries with incomes lower than \$15,000 were not significantly more likely to experience CRN, potentially reflecting the impact of the Medicare Part D Low-Income Subsidy (LIS).

Ng, B. P., & Park, C. (2021). Accessibility of telehealth services during the COVID-19 pandemic: A cross-sectional survey of Medicare beneficiaries. *Preventing Chronic Disease*, 18, 1-11. <https://doi.org/10.5888/PCD18.210056>

In this journal article, the authors use data from the MCBS COVID-19 Summer 2020 PUF to examine telemedicine and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study access to telemedicine during the COVID-19 pandemic among beneficiaries aged 65 years and older living in the community. The authors find 81 percent of beneficiaries reported their usual provider offered telemedicine during the pandemic. However, beneficiaries who reported internet access and prior experience with video, voice, or conference calls were more likely to report having telemedicine access compared to those without internet or prior experience.

Ng, B.P., & Park, C. (2021). The role of media sources for COVID-19 information on engaging in recommended preventive behaviors among Medicare beneficiaries aged \geq 65 years. *The Journals of Gerontology, Series B*, gbab083. <https://doi.org/10.1093/geronb/gbab083>

In this journal article, the authors use data from the MCBS COVID-19 Fall 2020 Supplement PUF to examine COVID-19 impact. Specifically, using a cross-sectional analysis, the authors explore the primary sources of COVID-19 information and the relationship between these sources and preventive behaviors among Medicare beneficiaries living in the community. The authors find almost 90 percent of beneficiaries engaged in mask wearing, social distancing, and handwashing and 59 percent of beneficiaries relied mostly on traditional news sources for information. Additionally, compared to traditional news sources, beneficiaries that relied more on government guidance were more likely to engage in those preventative behaviors, while those who relied more on family and friends were less likely to engage in preventative behaviors.

*Nili, M., Adelman, M., Madhavan, S. S., LeMasters, T., Dwibedi, N., & Sambamoorthi, U. (2021). Asthma-chronic obstructive pulmonary disease overlap and cost-related medication non-adherence among older adults in the United States. *Journal of Asthma*, 1-15. <https://doi.org/10.1080/02770903.2020.1868497>

In this journal article, the authors use data from the 2006-2013 MCBS LDS to examine medication adherence and financial barriers to care. Specifically, using a pooled cross-

sectional analysis, the authors study the relationship between asthma-COPD overlap (ACO) and CRN among continuously enrolled Medicare FFS beneficiaries aged 65 and older living in the community. The authors find that beneficiaries with ACO were more likely to experience CRN than those without ACO, and the number of medications, comorbidities, and cost of therapies impacted CRN.

Nili, M., Adelman, M., Madhavan, S. S., LeMasters, T., Dwibedi, N., & Sambamoorthi, U. (2021). Economic burden of asthma-chronic obstructive pulmonary disease overlap among older adults in the United States. *COPD: Journal of Chronic Obstructive Pulmonary Disease*, 18(3), 357-366. <https://doi.org/10.1080/15412555.2021.1909549>

In this journal article, the authors use data from the 2006-2013 MCBS LDS to examine health care cost. Specifically, using a cross-sectional analysis, the authors explore the economic burden of ACO among continuously enrolled Medicare FFS beneficiaries aged 65 and older living in the community. The authors find total and OOP spending was higher among those with ACO compared to those without asthma and COPD. Further, compared to beneficiaries with either asthma or COPD, beneficiaries with ACO also had higher expenditures.

Noel-Miller, C. (2021). *Medicare Beneficiaries' Out-of-Pocket Spending for Health Care* [Report]. AARP Public Policy Institute. <https://www.aarp.org/ppi/info-2021/medicare-beneficiaries-out-of-pocket-spending-for-health-care.html>

In this report, the author examines health care cost. The author uses cross-sectional data from the 2018 MCBS to examine OOP health care spending, including differences by income, among Medicare FFS beneficiaries. Among other results, the author finds that beneficiaries spent an average of \$6,168 on premiums and services and one in 10 beneficiaries spent at least 52 percent of their income on health care.

Ochieng, N., Biniiek, J. F., Schwartz, K., & Neuman, T. (2021). *Medicare-covered older adults are satisfied with their coverage, have similar access to care as privately-insured adults ages 50 to 64, and fewer report cost-related problems* [Issue Brief]. Henry J. Kaiser Family Foundation. <https://www.kff.org/report-section/medicare-covered-older-adults-are-satisfied-with-their-coverage-have-similar-access-to-care-as-privately-insured-adults-ages-50-to-64-issue-brief/>

In this issue brief, the authors examine health insurance coverage, satisfaction with care, and financial barriers to care. The authors use cross-sectional data from the 2018 MCBS LDS and 2019 NHIS to show differences in satisfaction with care and cost-related challenges to accessing care among Medicare beneficiaries aged 65 and older living in the community compared to privately insured adults aged 50 to 64. The authors find that most Medicare beneficiaries are satisfied with the quality of care, Medicare beneficiaries have comparable access to care, and Medicare beneficiaries report fewer cost-related problems than privately insured adults.

Park, J., Zhang, P., Wang, Y., Zhou, X., Look, K. A., & Bigman, E. T. (2021). High out-of-pocket health care cost burden among Medicare beneficiaries with diabetes, 1999-2017. *Diabetes Care*, 44(8), 1797-1804. <https://doi.org/10.2337/dc20-2708>

In this journal article, the authors use data from the 1999-2017 MCBS LDS to examine health care cost. Specifically, using a cross-sectional analysis, the authors explore the

burden of OOP spending for beneficiaries with diabetes compared to those without diabetes among Medicare beneficiaries aged 65 and older. The authors find beneficiaries with diabetes had higher OOP costs and were more likely to have a high OOP burden than those without diabetes. Additionally, White non-Hispanic beneficiaries had the highest OOP costs and prevalence of high OOP burden.

Park, S., Jung, J., & Larson, E. (2021). Preventable health behaviors, COVID-19 severity perceptions, and vaccine uptake in traditional Medicare and Medicare Advantage: A survey-based study. *Journal of General Internal Medicine*, 36(6), 1837-1840.
<https://doi.org/10.1007/s11606-021-06801-w>

In this journal article, the authors use data from the MCBS COVID-19 Fall 2020 Supplement PUF to examine health insurance coverage, preventive care, and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study differences in preventive behaviors, perceptions of COVID-19 severity, and likelihood of COVID-19 vaccine uptake by type of Medicare coverage among Medicare beneficiaries aged 65 and older living in the community. The authors find that there were little to no differences in preventive behaviors, perceptions of severity, and likelihood of vaccine uptake between Medicare FFS and MA beneficiaries.

Park, S., & Langellier, B. A. (2021). Care for food-insecure enrollees in Medicare Advantage vs traditional Medicare. *American Journal of Managed Care*, 27(7), e234-e241.
<https://doi.org/10.37765/ajmc.2021.88707>

In this journal article, the authors use data from the 2015-2016 MCBS to examine health insurance coverage, health care utilization, and health care cost. Specifically, the authors study differences in food insecurity status among continuously enrolled Medicare beneficiaries aged 65 and older. The authors find no differences in food insecurity status across type of Medicare coverage. However, among food-insecure beneficiaries, those in MA had significantly lower health care utilization and OOP spending and burden than those in Medicare FFS.

Park, S., Massey, P. M., & Stimpson, J. P. (2021). Primary source of information about COVID-19 as a determinant of perception of COVID-19 severity and vaccine uptake: Source of information and COVID-19. *Journal of General Internal Medicine*, 36(10), 3088-3095.
<https://doi.org/10.1007/s11606-021-07080-1>

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 relationship between sources of COVID-19 information and perceptions of COVID-19 severity and likelihood of COVID-19 vaccine uptake among Medicare beneficiaries living in the community. The authors find traditional news sources were the most common source of information, while social media was the least common. Additionally, beneficiaries who relied more on sources other than traditional news or government guidance were more likely to have lower perceptions of severity and lower likelihood of vaccine uptake.

Park, S., Meyers, D. J., & Langellier, B. A. (2021). Rural enrollees in Medicare Advantage have substantial rates of switching to traditional Medicare. *Health Affairs*, 40(3), 469-477.
<https://doi.org/10.1377/hlthaff.2020.01435>

In this journal article, the authors use data from the 2010-2016 MCBS LDS to examine health insurance coverage and decision-making, health disparities, and satisfaction with care. Specifically, using a longitudinal analysis, the authors study differences in switching between MA and Medicare FFS coverage by rurality and how that is related to satisfaction with access, quality, and cost of care among continuously enrolled Medicare beneficiaries aged 65 and older. The authors find that switching from Medicare FFS to MA was uncommon among both rural and non-rural beneficiaries, while switching from MA to Medicare FFS was more common among both, and especially for rural beneficiaries and rural high-need, high-cost beneficiaries. Additionally, among rural beneficiaries, dissatisfaction with access to care was associated with switching from MA to Medicare FFS, but not dissatisfaction with quality or cost.

*Park, S., Meyers, D. J., & Rivera-Hernandez, M. (2021). Enrollment in supplemental insurance coverage among Medicare beneficiaries by race/ethnicity. *Journal of Racial and Ethnic Health Disparities*. <https://doi.org/10.1007/s40615-021-01138-w>

In this journal article, the authors use data from the 2010-2016 MCBS LDS to examine health insurance coverage and health disparities. Specifically, using a longitudinal analysis, the authors examine racial/ethnic differences in supplemental insurance coverage among continuously enrolled Medicare beneficiaries aged 65 and older. The authors find minority beneficiaries were more often enrolled in Medicaid, but less often enrolled in Medigap compared to their White counterparts.

Park, S., & Stimpson, J. P. (2021). Trends in self-reported forgone medical care among Medicare beneficiaries during the COVID-19 pandemic. *JAMA Health Forum*, 2(12), e214299. <https://doi.org/10.1001/jamahealthforum.2021.4299>

In this journal article, the authors use data from the MCBS COVID-19 Summer and 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 forgone care during the COVID-19 pandemic among Medicare beneficiaries living in the community. The authors find forgone care decreased over time, was more common among beneficiaries with mental health issues, and was mostly due to provider-related reasons.

Pittman, C. A., Willink, A., & Nieman, C. L. (2021). Hearing loss and home health: An unmet need and an opportunity for action. *Home Healthcare Now*, 39(2), 72-80. <https://doi.org/10.1097/NHH.0000000000000938>

In this journal article, the authors use data from the 2017 MCBS LDS to examine sensory impairment. Specifically, using a cross-sectional analysis, the authors study unmet hearing care needs among Medicare beneficiaries aged 65 and older living in the community who were enrolled in home health services in 2017. The authors find that only 16 percent of beneficiaries with trouble hearing reported using a hearing aid and there were discrepancies between self-reported hearing status and provider-reported hearing status.

*Reckrey, J. M., Ornstein, K. A., McKendrick, K., Tsui, E.K., Morrison, R. S., & Aldridge, M. (2021). Receipt of hospice aide visits among Medicare beneficiaries receiving home hospice care. *Journal of Pain Symptom Management*. <https://doi.org/10.1016/j.jpainsymman.2021.12.019>

In this journal article, the authors use data from the 2010-2018 MCBS to examine health care utilization. Specifically, using a longitudinal analysis, the authors study the prevalence and frequency of hospice aide visits among Medicare decedents. The authors find 64 percent of decedents received hospice aide visits, with an average frequency of one a week, which did not increase as death approached.

Reed, N. S., Assi, L., Horiuchi, W., Hoover-Fong, J. E., Lin, F. R., Ferrante, L. E., Inouye, S. K., Miller, E. R., III, Boss, E. F., Oh, E. S., & Willink, A. (2021). Medicare beneficiaries with self-reported functional hearing difficulty have unmet health care needs. *Health Affairs*, 40(5), 786-794. <https://doi.org/10.1377/hlthaff.2020.02371>

In this journal article, the authors use data from the 2016 MCBS to examine sensory impairment, experiences with care, and health care decision-making. Specifically, using a cross-sectional analysis, the authors explore health care needs and functional hearing difficulty among beneficiaries aged 65 and older living in the community. The authors find those with a lot of trouble hearing were more likely to not have a usual source of care compared to those with no trouble hearing. Additionally, those with a lot of trouble hearing were more likely to report not having obtained medical care despite thinking it was needed as well as not filling a prescription compared to those with no trouble hearing and with a little trouble hearing.

Reed, N. S., Boss, E. F., Lin, F. R., Oh, E. S., & Willink, A. (2021). Satisfaction with quality of health care among Medicare beneficiaries with functional hearing loss. *Medical Care*, 59(1), 22-28. <https://doi.org/10.1097/MLR.0000000000001419>

In this journal article, the authors use data from the 2015 MCBS Survey File PUF to examine satisfaction with care and sensory impairment. Specifically, using a cross-sectional analysis, the authors study functional hearing loss and satisfaction with quality of care among Medicare beneficiaries living in the community. The authors find that Medicare beneficiaries with hearing loss were more likely to report dissatisfaction with the quality of care than their counterparts without hearing loss.

Reed, N. S., Stolnicki, W., Gami, A., Myers, C., Kohn, C., & Willink, A. (2021). Association of self-reported trouble hearing and patient-provider communication with hospitalizations among Medicare beneficiaries. *Seminars in Hearing*, 42(1), 26-36. <https://doi.org/10.1055/s-0041-1725998>

In this journal article, the authors use data from the 2016 MCBS LDS to examine experiences with care, health risk, and sensory impairment. Specifically, using a cross-sectional analysis, the authors study how patient-provider communication is associated with hospitalization among Medicare beneficiaries with hearing loss. The authors find that Medicare beneficiaries who had trouble communicating with their physician due to hearing trouble were more likely to be hospitalized and have a higher hospitalization rate.

Shartzter, A., Gangopadhyaya, A., Holahan, J., Garrett, B., and Rao, N. (2021). *Is a dental benefit needed in Medicare? Patterns of dental care spending and use* [Brief]. Washington, D.C: Urban Institute. Available at: <https://www.urban.org/sites/default/files/publication/104756/is-a-dental-benefit-needed-in-medicare.pdf>

In this policy brief, the authors examine health care utilization and health care cost. The authors use MEPS data, supplemented with 2015 MCBS data in the MCARE-SIM simulation model, to show dental care utilization among people of all ages and Medicare beneficiaries. The authors find total and OOP dental care spending and utilization increase with age. Additionally, spending is higher for Medicare FFS beneficiaries compared to their MA counterparts.

Shukla, A., Cudjoe, T. K. M., Lin, F. R., & Reed, N. S. (2021). Functional hearing loss and social engagement among Medicare beneficiaries. *The Journals of Gerontology: Series B*, 76(1), 195-200. <https://doi.org/10.1093/geronb/gbz094>

In this journal article, the authors use data from the 2015 MCBS Survey File PUF to examine social engagement and sensory impairment. Specifically, using a cross-sectional analysis, the authors study how functional hearing loss is related to social engagement among Medicare beneficiaries living in the community. The authors find that Medicare beneficiaries with hearing trouble were less likely to be socially engaged than those without hearing trouble, concluding that hearing trouble may lead to negative health consequences, regardless other health conditions.

Stuart, B. C., Timmons, V., Loh, F. H. E., Dai, M., & Xu, J. (2021). Can one or two simple questions predict poor medication adherence? *Journal of Evaluation in Clinical Practice*, 27(1), 75-83. <https://doi.org/10.1111/jep.13389>

In this journal article, the authors use data from the 2009 MCBS to examine medication adherence and health risk. Specifically, using a cross-sectional analysis, the authors study whether a 2-item patient activation status measure can predict risk of poor medication adherence among Medicare Part D beneficiaries with Type 2 diabetes. The authors find that the item on taking medication lists to doctor visits may identify beneficiary subgroups at risk for poor adherence.

Talcott, W., Yu, J., Gross, C., & Park, H. (2021). Social connectedness among Medicare beneficiaries following the onset of the COVID-19 pandemic. *JAMA Internal Medicine*, 181(9), 1245-1248. doi:10.1001/jamainternmed.2021.2348

In this journal article, the authors use data from the MCBS COVID-19 Summer 2020 PUF to examine mental/behavioral health and COVID-19 impact. Specifically, using a cross-sectional analysis, the authors study whether social distancing due to the COVID-19 pandemic affected feelings of social connectivity among Medicare beneficiaries living in the community. The authors find about one-third of beneficiaries felt socially disconnected, with higher rates among females and White non-Hispanic beneficiaries.

Thai, A., & Megwalu, U. C. (2021). Association of self-reported hearing loss severity and healthcare utilization outcomes among Medicare beneficiaries. *American Journal of Otolaryngology*, 42(4), 102943. <https://doi.org/10.1016/j.amjoto.2021.102943>

In this journal article, the authors use data from the 2017 MCBS Survey File PUF to examine health care utilization, experiences with care, and sensory impairment. Specifically, using a cross-sectional analysis, the authors study hearing status and health care utilization among Medicare beneficiaries aged 65 and older without hearing aids.

The authors find that hearing loss is associated with difficulty accessing care, avoiding doctor visits, and increased use of the ER.

Toth, M., Palmer, L., Bercaw, L., Voltmer, H., & Karon, S. L. (2021). Trends in the use of residential settings among older adults. *The Journals of Gerontology, Series B, 20*(20), gbab092. <https://doi.org/10.1093/geronb/gbab092>

In this journal article, the authors use data from the 2008 and 2013 MCBS LDS, 2008 and 2014 Health Retirement Study, and 2011 and 2015 National Health and Aging Trends Study to examine residential settings. Specifically, using a cross-sectional analysis, the authors explore the distribution of individuals across traditional housing, community-based residential facilities, and nursing facilities and their health characteristics among older adults aged 65 and older. The authors find the percentage of older adults living in traditional housing was increasing while the percentage living in nursing homes was decreasing. Additionally, the prevalence of dementia and other functional limitations has increased among those in traditional housing.

Tysinger, B. (2021). *Design, validation, and an application of the future adult model: A dynamic microsimulation model of health-related outcomes in the United States* (Publication No. RGSD-A1439-1) [Doctoral dissertation, Rand Pardee Rand Graduate School]. Rand Corporation. https://www.rand.org/content/dam/rand/pubs/rgs_dissertations/RGSDA1400/RGSDA1439-1/RAND_RGSDA1439-1.pdf

In this dissertation, the author uses data from the 2007-2010 MCBS LDS to examine methodology, health care cost, and policy. Specifically, using the FAM simulation model, the author predicts health outcomes and the cost savings of health innovation among adults in the U.S. The author finds that while preventing chronic diseases, especially hypertension, would result in large fiscal savings, these savings would not fix entitlement program solvency challenges.

*Weaver, F. P., & Temple, A. P. (2021). State Medicaid home and community-based services policies and health expenditures by payer. *Journal of Aging & Social Policy, 1*-21. <https://doi.org/10.1080/08959420.2021.1938484>

In this journal article, the authors use data from the 2008-2013 MCBS and state-level Medicaid home and community-based services (HCBS) data to examine health care cost and policy. Specifically, using a cross-sectional analysis, the authors explore how state Medicaid HCBS policies impact individual health care expenditures among Medicare beneficiaries. The authors find that beneficiaries in states with more generous HCBS policies had lower Medicare expenditures.

Willink, A., Assi, L., Nieman, C., McMahon, C., Lin, F. R., & Reed, N. S. (2021). Alternative pathways for hearing care may address disparities in access. *Frontiers in Digital Health, 3*, 740323. <https://doi.org/10.3389/fdgth.2021.740323>

In this journal article, the authors use data from the 2017 MCBS LDS to examine health care utilization, health disparities, and sensory impairment. Specifically, using a cross-sectional analysis the authors study health care utilization among Medicare beneficiaries with trouble hearing and/or hearing aid use. The authors find the most common services used by beneficiaries with hearing trouble were prescription drugs, medical provider

services, and outpatient services. Additionally, among beneficiaries with hearing trouble, women, non-White non-Hispanic beneficiaries, and beneficiaries with low incomes were less likely to use hearing aids than their counterparts.

Zhang, W., Lv, G., Xiong, X., & Li, M. (2021). Effect of cost-related medication non-adherence among older adults with medication therapy management. *Frontiers in Medicine, 8*, 670034. <https://doi.org/10.3389/fmed.2021.670034>

In this journal article, the authors use data from the 2012 MCBS to examine medication adherence and financial barriers to care. Specifically, using a cross-sectional analysis, the authors explore the relationship between medication therapy management (MTM) and CRN among Medicare Part D beneficiaries with at least two chronic conditions. The authors find a significant relationship between MTM-eligibility and CRN; health status and LIS status were also associated with CRN.

*Zhu, Y., Stearns, S. C., & Holmes, G. M. (2021). The contributions of survey-based versus administrative measures of socioeconomic status in predicting type of post-acute care for hospitalized Medicare beneficiaries. *Journal of Evaluation in Clinical Practice, 27*(1), 136-142. <https://doi.org/10.1111/jep.13647>

In this journal article, the authors use data from the 2006-2011 MCBS LDS to examine methodology, health disparities, and health care utilization. Specifically, using a cross-sectional analysis, the authors compare claims and self-report data sources and study the relationship between socioeconomic status and post-acute care among Medicare FFS beneficiaries aged 65 and older. The authors find low-income and dual eligible beneficiaries were more likely to use SNFs while those living in deprived areas were more likely to use self-care at home; the authors also find evidence that it may be important to include both individual- and area-level measures and administrative claims-based measures may be sufficient.

**Article has an Epub and publication date (in bibliographic database) of 2021 but has not yet appeared in its intended journal.*