Disparities in Health Care in Medicare Advantage Associated with Dual Eligibility or Eligibility for a Low-Income Subsidy and Disability

MAY 2023

CMS Office of Minority Health in Collaboration with The RAND Corporation

CMS

Preface

This report presents summary information on the performance of Medicare Advantage (MA) plans on specific measures of quality of health care reported in 2021, which corresponds to care received in 2020. Specifically, this report compares the quality of clinical care for four groups of MA enrollees that are defined based on the combination of two characteristics: (1) dual eligibility for both Medicare and Medicaid or eligibility for a Part D Low-Income Subsidy (LIS) and (2) disability. We refer to MA enrollees who are dually eligible for Medicare and Medicaid (DE) or LIS-eligible as *DE/LIS MA enrollees* and to those who are neither DE nor LIS-eligible as *non-DE/LIS MA enrollees*. We also refer to *DE/LIS status*, which indicates whether an MA enrollee is DE or LIS-eligible. For this report, *disability status* is based on an MA enrollee's original reason for Medicare entitlement. Thus, the four groups of MA enrollees that we compare are (1) DE/LIS MA enrollees with disabilities (*DE/LIS with disabilities*), (2) DE/LIS MA enrollees without disabilities (*DE/LIS without disabilities*), (3) non-DE/LIS MA enrollees with disabilities (*non-DE/LIS with disabilities*), and (4) non-DE/LIS MA enrollees without disabilities (*non-DE/LIS without disabilities*).

This research was funded by the Centers for Medicare & Medicaid Services and carried out within the Quality Measurement and Improvement Program in RAND Health Care.

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1776 Main Street
P.O. Box 2138
Santa Monica, CA 90407-2138
(310) 393-0411, ext. 7775
RAND_Health-Care@rand.org

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Introduction

This report presents summary information on the performance of Medicare Advantage (MA) plans on specific measures of quality of health care reported in 2021, which corresponds to care received in 2020. Specifically, this report compares the quality of clinical care for four groups of MA enrollees that are defined based on the combination of two characteristics: (1) dual eligibility for Medicare and Medicaid or eligibility for a Part D Low-Income Subsidy (LIS)[1] and (2) disability. To be dually eligible for Medicare and Medicaid (DE), a person must meet the income requirements of their state's Medicaid program, meaning that they must have income and assets below a certain amount in addition to meeting Medicare eligibility requirements (being age 65 or older or having a qualifying disability, end-stage renal disease, or amyotrophic lateral sclerosis [ALS]). People who qualify for Medicaid are automatically eligible for the LIS. People who are not eligible for Medicaid may qualify for the LIS if they have income and assets below a certain amount. We refer to MA enrollees who are DE or LIS-eligible as *DE/LIS MA enrollees* and to those who are neither DE nor LIS-eligible as *non-DE/LIS MA enrollees*. We also refer to *DE/LIS status*, which indicates whether an MA enrollee is DE or LIS-eligible. For this report, *disability status* is based on an MA enrollee's original reason for Medicare entitlement. In this report, *people with disabilities* refers to those who had disability insurance benefits as their original reason for Medicare entitlement, while *people without disabilities* refers to those who had only old-age and survivors insurance or end-stage renal disease as their original reason for Medicare entitlement. Thus, the four groups of MA enrollees that we compare are (1) DE/LIS MA enrollees with disabilities (*DE/LIS with disabilities*), (2) DE/LIS MA enrollees without disabilities (*DE/LIS without disabilities*), (3) non-DE/LIS MA enrollees with disabilities (*non-DE/LIS with disabilities*), and (4) non-DE/LIS MA enrollees without disabilities (*non-DE/LIS without disabilities*).

In 2021, 12.6 percent of MA enrollees were DE/LIS with disabilities, 12.6 percent were DE/LIS without disabilities, 10.6 percent were non-DE/LIS with disabilities, and 64.2 percent were non-DE/LIS without disabilities.[2]

This report is based on an analysis of Healthcare Effectiveness Data and Information Set (HEDIS) data on the quality of care delivered to people with Medicare who are enrolled in MA plans. HEDIS is composed of information collected from medical records and administrative data on the clinical quality of care that MA enrollees receive for a variety of medical issues, including diabetes, cardiovascular disease, and chronic lung disease. A comprehensive list of the 36 clinical care measures included in this report is presented on pages xiii–xiv.

Given that these data correspond to care received in 2020, they likely reflect the influence of the coronavirus disease 2019 (COVID-19) pandemic. The COVID-19 pandemic had an unprecedented impact on the health care system, in terms of both the influx of patients to hospitals and the strain it put on health care workers. Nursing homes and other institutions that provide care for predominately older patients were at a particularly high risk of outbreaks of COVID-19 (Bagchi et al., 2021).

Disparities in Health Care in MA by DE/LIS and Disability Status

The stacked bar chart on page x shows the number of clinical care measures on which members of each group defined by DE/LIS and disability status had results that were above, similar to, or below the national average for all MA enrollees. Measures are scored on a 0–100 scale. In the stacked bar chart, the focus is on practically significant differences—that is, differences that are statistically significant in

[1] The LIS is available under the Medicare Part D prescription drug program.

[2] This information comes from an analysis of data from the Centers for Medicare & Medicaid Services' (CMS's) Integrated Data Repository (IDR) conducted by the authors of this report.

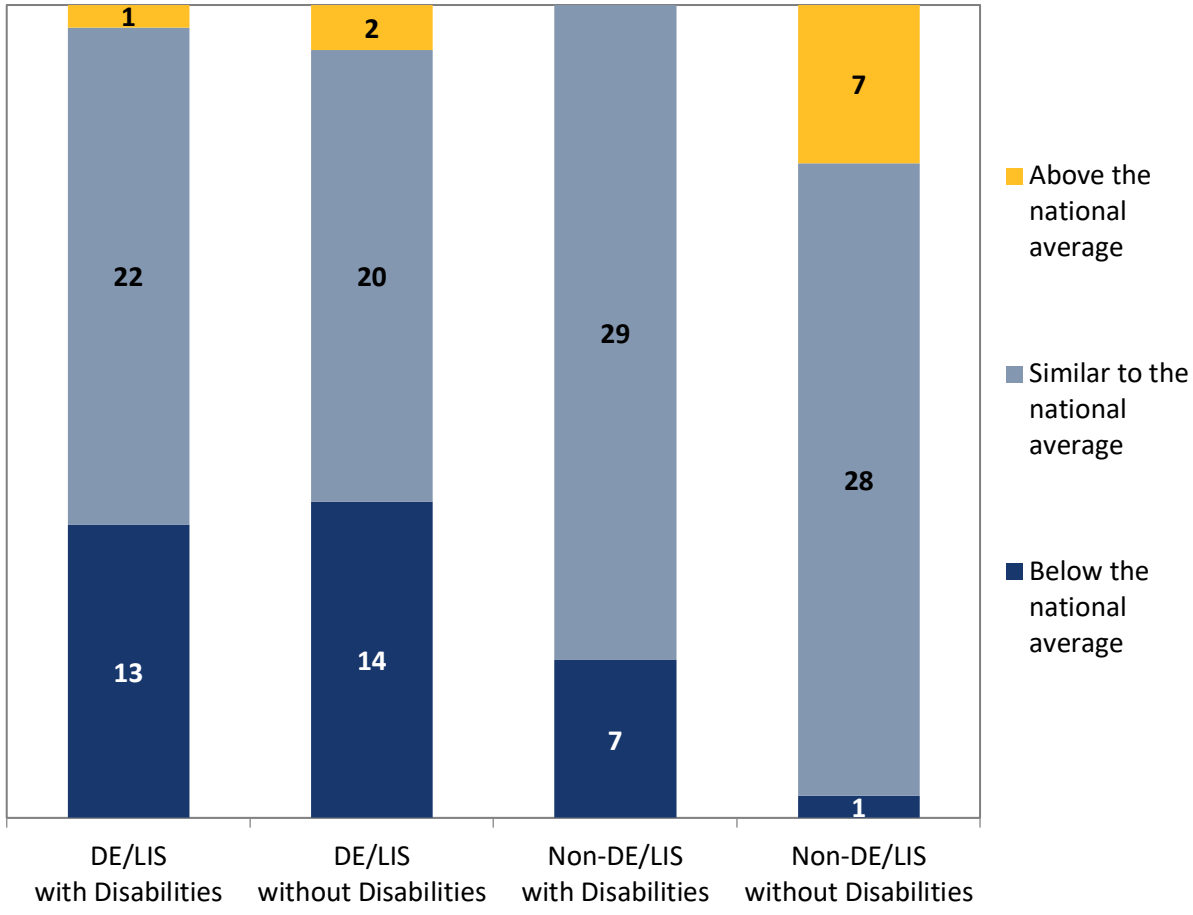
magnitude and meet or exceed a magnitude threshold of 3 points. The 3-point criterion was selected because a difference of this size is considered to be of moderate magnitude (Paddison et al., 2013). As this figure shows, scores for DE/LIS MA enrollees with disabilities were below the national average for 13 measures, similar to the national average for 22 measures, and above the national average for 1 measure. Scores for DE/LIS MA enrollees without disabilities were below the national average for 14 measures, similar to the national average for 20 measures, and above the national average for 2 measures. Scores for non-DE/LIS MA enrollees with disabilities were below the national average for 7 measures and similar to the national average for 29 measures. Scores for non-DE/LIS MA enrollees without disabilities were below the national average on 1 measure, similar to the national average for 28 measures, and above the national average for 7 measures.

Conclusions

Regardless of disability status, DE/LIS MA enrollees had below-average scores on more than one-third of measures examined and above-average scores for only one or two measures relative to all MA enrollees. Disparities for DE/LIS MA enrollees were most commonly observed in the areas of cancer screening, care for mental illness, care coordination, and overuse and appropriate use of medication. In contrast, non-DE/LIS MA enrollees without disabilities had above-average scores much more often than they had below-average scores, and non-DE/LIS MA enrollees with disabilities had results that were in between. It is worth noting, however, that large disparities (greater than 5 percentage points) were most common among MA enrollees with disabilities who did or did not have DE/LIS coverage. Additional research is needed to better understand the mechanisms that drive the disparities reported here. Such research would benefit from the use of a more nuanced measure of disability than the one used for this report (i.e., one that better captures the full conceptual definition of disability).

Disparities in Care by DE/LIS and Disability Status: All Clinical Care Measures

Number of clinical care measures (of 36) for which members of groups defined by DE/LIS and disability status had results that were above, similar to, or below the national average in Reporting Year 2021



SOURCE: This chart summarizes clinical quality (HEDIS) data from MA plans nationwide reported in 2021.

NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Each group is compared with the national average for all MA enrollees.

- **Above the national average** = The group received care that was above the national average. The difference is statistically significant ($p < 0.05$) and equal to or larger than 3 points† on a 0–100 scale.
- **Similar to the national average** = The group received care that was similar to the national average. The difference is less than 3 points on a 0–100 scale or not statistically significant.
- **Below the national average** = The group received care that was below the national average. The difference is statistically significant and equal to or larger than 3 points† on a 0–100 scale.

† A difference that is considered to be of moderate magnitude (Paddison et al., 2013).

Results for DE/LIS MA Enrollees by Disability Status

DE/LIS MA enrollees with disabilities had results that were below the national average

- Breast Cancer Screening
- Testing to Confirm Chronic Obstructive Pulmonary Disease (COPD)
- Medication Adherence for Cardiovascular Disease—Statins
- Diabetes Care—Blood Sugar Controlled
- Osteoporosis Management in Women Who Had a Fracture
- Antidepressant Medication Management—Acute Phase Treatment
- Antidepressant Medication Management—Continuation Phase Treatment
- Transitions of Care—Medication Reconciliation After Inpatient Discharge
- Transitions of Care—Notification of Inpatient Admission
- Transitions of Care—Receipt of Discharge Information
- Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Chronic Renal Failure
- Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Dementia
- Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with a History of Falls

DE/LIS MA enrollees with disabilities had results that were above the national average

- Initiation of Alcohol and Other Drug (AOD) Dependence Treatment

DE/LIS MA enrollees without disabilities had results that were below the national average

- Breast Cancer Screening
- Colorectal Cancer Screening
- Testing to Confirm COPD
- Diabetes Care—Blood Pressure Controlled
- Osteoporosis Management in Women Who Had a Fracture
- Follow-Up After Hospital Stay for Mental Illness (within 30 days of discharge)
- Follow-Up After Emergency Department (ED) Visit for Mental Illness (within 30 days of discharge)
- Initiation of AOD Dependence Treatment
- Transitions of Care—Medication Reconciliation After Inpatient Discharge
- Transitions of Care—Notification of Inpatient Admission
- Follow-Up After ED Visit for People with High-Risk Multiple Chronic Conditions
- Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Chronic Renal Failure
- Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Dementia
- Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with a History of Falls

DE/LIS MA enrollees without disabilities had results that were above the national average

- Pharmacotherapy Management of COPD Exacerbation—Bronchodilator
- Statin Use in Patients with Diabetes

Results for Non-DE/LIS MA Enrollees by Disability Status

Non-DE/LIS MA enrollees with disabilities had results that were below the national average
• Breast Cancer Screening
• Pharmacotherapy Management of COPD Exacerbation—Bronchodilator
• Diabetes Care—Eye Exam
• Statin Use in Patients with Diabetes
• Rheumatoid Arthritis Management
• Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Dementia
• Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with a History of Falls

Non-DE/LIS MA enrollees without disabilities had results that were below the national average
• Initiation of AOD Dependence Treatment

Non-DE/LIS MA enrollees without disabilities had results that were above the national average
• Diabetes Care—Eye Exam
• Diabetes Care—Blood Sugar Controlled
• Antidepressant Medication Management—Acute Phase Treatment
• Follow-Up After Hospital Stay for Mental Illness (within 30 days of discharge)
• Transitions of Care—Medication Reconciliation After Inpatient Discharge
• Transitions of Care—Notification of Inpatient Admission
• Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Dementia

Clinical Care Measures Included in This Report[3]

Prevention and Screening

- Breast Cancer Screening
- Colorectal Cancer Screening

Respiratory Conditions

- Testing to Confirm COPD
- Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid
- Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

Cardiovascular Conditions

- Controlling High Blood Pressure
- Continuous Beta-Blocker Treatment After a Heart Attack
- Statin Use in Patients with Cardiovascular Disease
- Medication Adherence for Cardiovascular Disease—Statins

Diabetes

- Diabetes Care—Blood Sugar Testing
- Diabetes Care—Eye Exam
- Diabetes Care—Kidney Disease Monitoring
- Diabetes Care—Blood Pressure Controlled
- Diabetes Care—Blood Sugar Controlled
- Statin Use in Patients with Diabetes
- Medication Adherence for Diabetes—Statins

Musculoskeletal Conditions

- Rheumatoid Arthritis Management
- Osteoporosis Management in Women Who Had a Fracture

Behavioral Health

- Antidepressant Medication Management—Acute Phase Treatment
- Antidepressant Medication Management—Continuation Phase Treatment
- Follow-Up After Hospital Stay for Mental Illness (within 30 days of discharge)
- Follow-Up After ED Visit for Mental Illness (within 30 days of discharge)
- Follow-Up After ED Visit for AOD Abuse or Dependence (within 30 days of discharge)
- Initiation of AOD Dependence Treatment
- Engagement of AOD Dependence Treatment

[3] This report considers all HEDIS measures that meet the measurement criteria and are not limited to the measures used in the CMS Part C and D Star Ratings program.

Medication Management and Care Coordination

- Transitions of Care—Medication Reconciliation After Inpatient Discharge
- Transitions of Care—Notification of Inpatient Admission
- Transitions of Care—Receipt of Discharge Information
- Transitions of Care—Patient Engagement After Inpatient Discharge
- Follow-Up After ED Visit for People with High-Risk Multiple Chronic Conditions

Overuse and Appropriate Use of Medication

- Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Chronic Renal Failure
- Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Dementia
- Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with a History of Falls
- Avoiding Use of Opioids from Multiple Prescribers
- Avoiding Use of Opioids from Multiple Pharmacies

Access to and Availability of Care

- Older Adults' Access to Preventive and Ambulatory Services

Abbreviations Used in This Report

AMI	acute myocardial infarction
AOD	alcohol and other drug
ASCVD	atherosclerotic cardiovascular disease
CMS	Centers for Medicare & Medicaid Services
COPD	chronic obstructive pulmonary disease
DE	dually eligible for Medicare and Medicaid
DE/LIS	dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy
ED	emergency department
FFS	fee-for-service
HEDIS	Healthcare Effectiveness Data and Information Set
MA	Medicare Advantage
non-DE/LIS	neither dually eligible for Medicare and Medicaid nor eligible for a Low-Income Subsidy
OMH	Office of Minority Health

SECTION I

Overview and Methods

Overview

This report presents summary information on the performance of Medicare Advantage (MA) plans on specific measures of quality of health care reported in 2021 (hereafter, *Reporting Year 2021*), which corresponds to care received in 2020 (also referred to as *Measurement Year 2020*).[4] This report focuses on 36 measures of clinical care, which describe the extent to which patients receive appropriate screening and treatment for specific health conditions.

The Institute of Medicine (now the National Academy of Medicine) has identified the equitable delivery of care as a hallmark of quality (Institute of Medicine, 2001). Assessing equitability in the delivery of care requires making comparisons of quality by personal characteristics of patients, such as socioeconomic status, race, and ethnicity. Since 2015, the Centers for Medicare & Medicaid Services (CMS) Office of Minority Health (OMH) has issued reports highlighting racial and ethnic differences in the quality of health care received by MA enrollees nationwide. In 2017, OMH began issuing reports comparing the quality of health care for male and female MA enrollees nationwide and looking at racial and ethnic differences separately among male and female MA enrollees. In 2018, OMH initiated a series of annual reports comparing the quality of health care for people with Medicare residing in rural versus urban areas nationwide; these reports have also looked at how racial and ethnic differences vary between rural and urban areas and how rural and urban differences vary across racial and ethnic groups. In 2021, OMH published a report comparing the quality of clinical care for MA enrollees who were dually eligible for Medicare and Medicaid (DE) and those eligible for a Part D Low-Income Subsidy (LIS) with the quality of care for MA enrollees who were neither DE nor LIS-eligible. That report also examined how differences by DE/LIS status varied across racial and ethnic groups and between rural and urban areas.

This report compares the quality of clinical care for four groups of MA enrollees that are defined based on the combination of two characteristics: (1) DE/LIS status and (2) disability. To be DE or an LIS recipient, a person must meet the income requirements of their state's Medicaid program, meaning that they must have income and assets below a certain amount in addition to meeting Medicare eligibility requirements (being age 65 or older or having a qualifying disability, end-stage renal disease, or amyotrophic lateral sclerosis [ALS]). In this report, we refer to MA enrollees who are DE[5] or LIS-eligible[6] as *DE/LIS MA enrollees* and to those who are neither DE nor LIS-eligible as *non-DE/LIS MA enrollees*. We also refer to *DE/LIS status*, which indicates whether an MA enrollee is DE or LIS-eligible. For this report, *disability status* is based on an MA enrollee's original reason for Medicare entitlement.[7] In this report, *people with disabilities* refers to those who had disability insurance benefits as their original reason for Medicare entitlement, while *people without disabilities* refers to those who had only old-age and survivors insurance or end-stage renal disease as their original reason for Medicare entitlement. Thus, the four groups of MA enrollees that we compare are (1) DE/LIS MA enrollees with disabilities (*DE/LIS with disabilities*), (2) DE/LIS MA enrollees without disabilities (*DE/LIS without disabilities*), (3) non-DE/LIS

[4] One measure reported here—Breast Cancer Screening—pertains to care received in the past two years.

[5] In this report, all DE individuals (i.e., those who would be considered full-benefit, partial-benefit, and Qualified Medicare Beneficiaries) are included in this group.

[6] In 2022, people with Medicare could qualify for the LIS if their financial resources and income were below $19,320 ($26,130 for married couples living together).

[7] Information about an enrollee's original reason for entitlement is used as a measure of disability status because it is the only such measure that is currently available for all people with Medicare. There are limitations to using this information for this purpose. In particular, information about the original reason for Medicare entitlement does not identify people who developed a disability after age 65 and it does not capture detail about the nature or severity of the disabling condition or conditions.

MA enrollees with disabilities (*non-DE/LIS with disabilities*), and (4) non-DE/LIS MA enrollees without disabilities (*non-DE/LIS without disabilities*).

Although it also is an indicator of high medical need, dual eligibility often is used as a proxy for low socioeconomic position (National Academies of Sciences, Engineering, and Medicine, 2016) and is a known predictor of many health-related processes and outcomes (Office of the Assistant Secretary for Planning and Evaluation, 2016). Research on disability and health care demonstrates that individuals with a disability experience increased barriers to health care access due to persistent systemic factors that limit the participation of many people with disabilities in society. These barriers may exacerbate disparities related to low income and other social determinants of health (Iezzoni et al., 2022; Mitra et al., 2022; National Council on Disability, 2022).

Data Sources

Data on the 36 clinical care measures included in this report were gathered through medical records and insurance claims or encounter data for hospitalizations, medical office visits, and procedures. These data, which are collected each year from MA plans nationwide, are part of the Healthcare Effectiveness Data and Information Set (HEDIS) (detailed information about these data can be found on the National Committee for Quality Assurance's HEDIS webpage [National Committee for Quality Assurance, undated]). In this report, clinical care measures are grouped into nine categories: prevention and screening, respiratory conditions, cardiovascular conditions, diabetes, musculoskeletal conditions, behavioral health, medication management and care coordination, overuse and appropriate use of medication, and access to and availability of care.[8] The 2021 HEDIS data reported here pertain to care received from January to December 2020.

Most of the HEDIS measures presented in this report are available only for those people with Medicare who are enrolled in MA plans. Thus, comparisons are presented only for MA enrollees and not for people with Medicare fee-for-service (FFS) coverage. Table 1 shows the distribution of MA enrollees across groups defined by DE/LIS and disability status in 2021. For comparison, the table also shows that distribution in the Medicare FFS population. In 2021, 42 percent of all people with Medicare were enrolled in MA (Freed et al., 2021). In general, people with DE/LIS coverage or disabilities were more likely to be enrolled in MA than were people with neither DE/LIS coverage nor disabilities.

[8] Other OMH reports on inequities in care have presented data on patient experience measures included in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, in addition to data on clinical care. Because DE/LIS functions as a case-mix adjustor in the official scoring of CAHPS measures, this report is limited to HEDIS measures so that all analyses reflect official scoring of the measures.

Table 1. Distribution of the MA and Medicare FFS Populations by Groups Defined by DE/LIS Status and Disability, Reporting Year 2021

Group	MA (%)	Medicare FFS (%)
DE/LIS and disabled	12.6	10.1
DE/LIS and non-disabled	12.6	7.1
Non-DE/LIS and disabled	10.6	10.4
Non-DE/LIS and non-disabled	64.2	72.4

NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Reportability of Information

Most HEDIS measures are applicable to only a subset of the MA population. Sample size criteria were used to determine whether a score on a measure was reportable for a particular group. Scores based on 400 or more observations across all contracts were considered sufficiently precise for reporting. A sample size of 400 ensures that the margin of error for a dichotomous measure is no greater than 5 percent. All scores presented in this report are based on 400 or more observations.

Disparities in Health Care in MA by DE/LIS and Disability Status

The Detailed Results section of this report presents separate, unstacked bar charts for each clinical care measure. These charts show the percentage (and associated 95-percent confidence interval) of MA enrollees in each DE/LIS by disability status group whose care met the standard called for by the specific measure (e.g., a test or treatment) and indicates how each group's percentage compares with the national average for all MA enrollees. Unlike in the stacked bar chart that appears in the Executive Summary, where the focus is on differences that are statistically significant and meet or exceed a magnitude threshold of 3 percentage points, in the unstacked bar charts, all differences from the national average that are statistically significant (regardless of magnitude) are indicated through the use of symbols.[9] In the bullet-point summaries that appear below these charts, statistically significant differences that are less than 3 points in magnitude are distinguished from statistically significant differences that are 3 points in magnitude or larger.

[9] In some cases, confidence intervals for group averages are very narrow and thus difficult to see on these charts. In those instances, these symbols denoting statistically significant differences can be relied on to tell whether the confidence interval crosses the national average line.

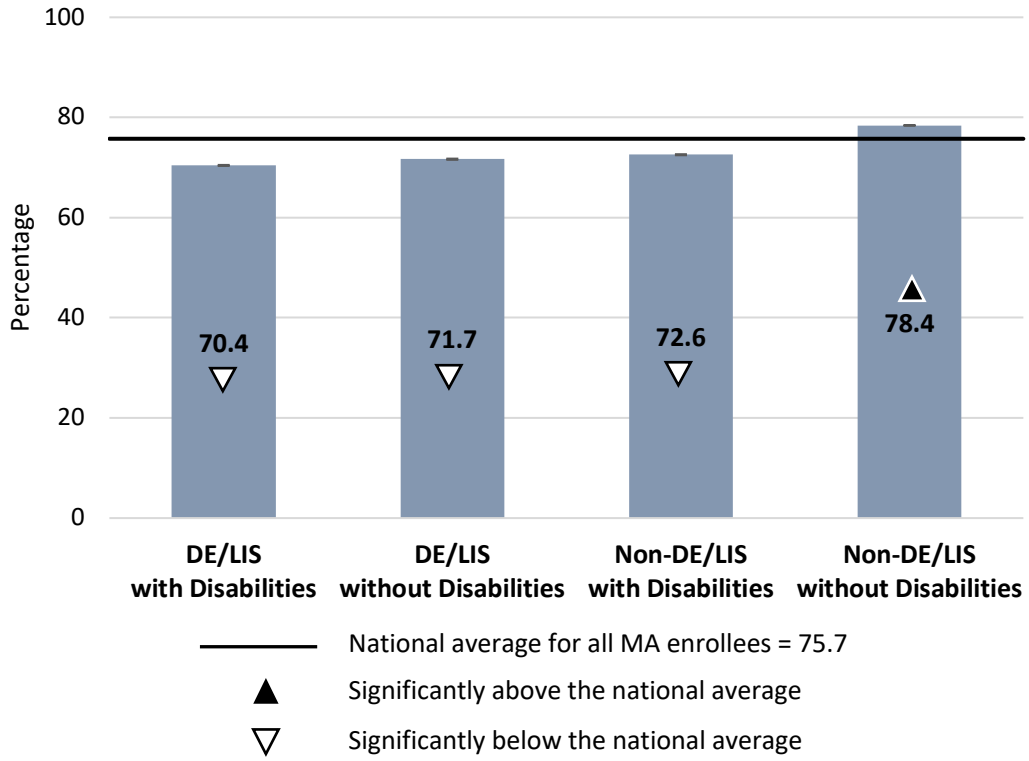
SECTION II

Detailed Results

Prevention and Screening

Breast Cancer Screening

Percentage of female MA enrollees aged 50 to 74 years who had appropriate screening for breast cancer, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

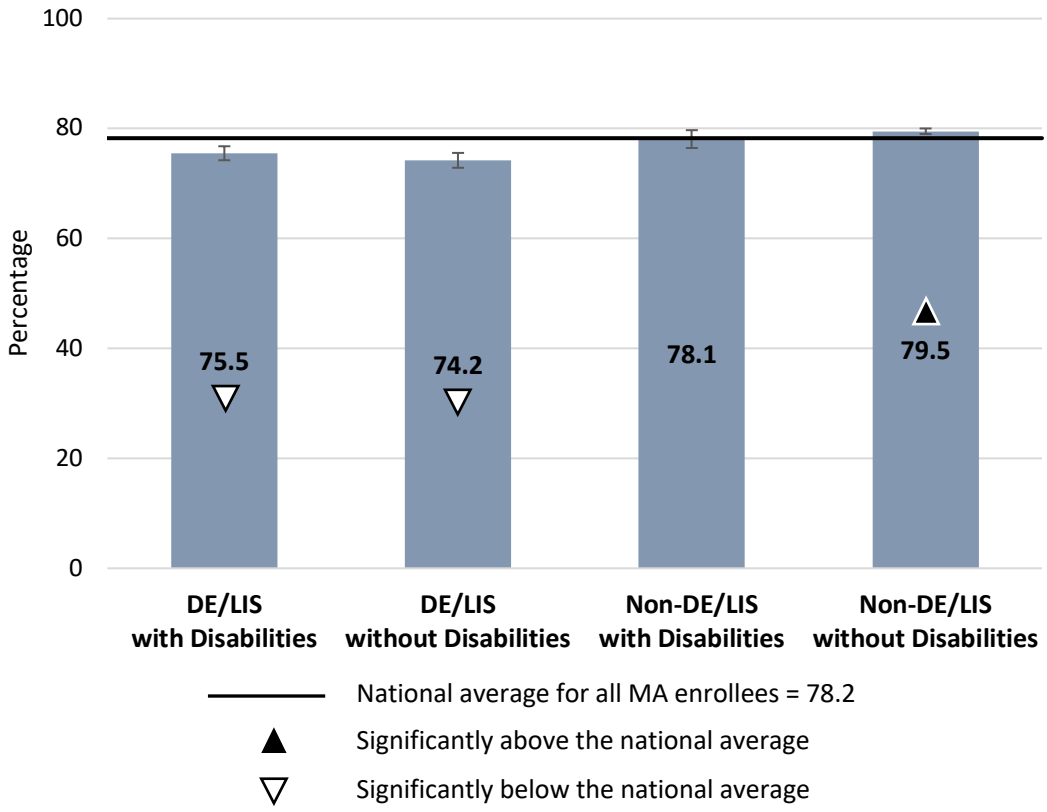
- The percentage of eligible[†] female DE/LIS MA enrollees with disabilities who were appropriately screened for breast cancer was **below**[‡] the national average by more than 3 percentage points.
- The percentage of eligible female DE/LIS MA enrollees without disabilities who were appropriately screened for breast cancer was **below** the national average by more than 3 percentage points.
- The percentage of eligible female non-DE/LIS MA enrollees with disabilities who were appropriately screened for breast cancer was **below** the national average by more than 3 percentage points.
- The percentage of eligible female non-DE/LIS MA enrollees without disabilities who were appropriately screened for breast cancer was **above** the national average by less than 3 percentage points.

[†] In discussing clinical care measures that have criteria for being included in the denominator of the measure, *eligible* is sometimes used to refer to people who meet the inclusion criteria (specified at the top of the corresponding page).

[‡] Unlike in the summary chart presented in the Executive Summary, we describe all statistically significant differences on individual measures as either above or below the national average and note whether those differences are more or less than 3 points.

Colorectal Cancer Screening

Percentage of MA enrollees aged 50 to 75 years who had appropriate screening for colorectal cancer, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

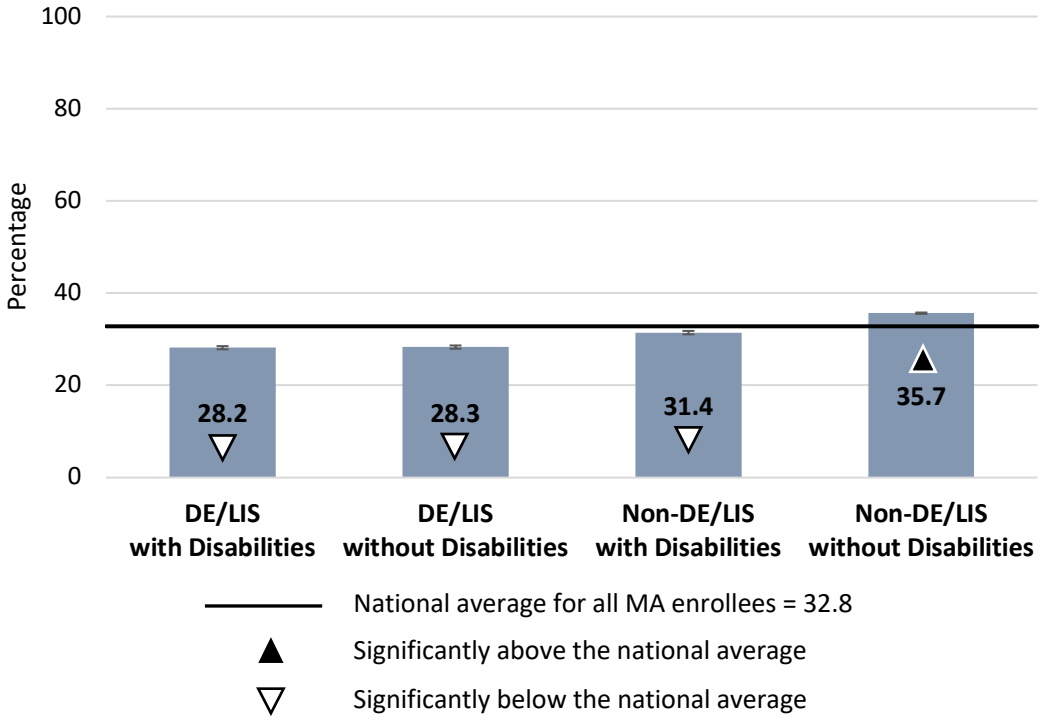
Disparities

- The percentage of eligible DE/LIS MA enrollees with disabilities who were appropriately screened for colorectal cancer was **below** the national average by less than 3 percentage points.
- The percentage of eligible DE/LIS MA enrollees without disabilities who were appropriately screened for colorectal cancer was **below** the national average by more than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees with disabilities who were appropriately screened for colorectal cancer was **similar to** the national average.
- The percentage of eligible non-DE/LIS MA enrollees without disabilities who were appropriately screened for colorectal cancer screening was **above** the national average by less than 3 percentage points.

Respiratory Conditions

Testing to Confirm Chronic Obstructive Pulmonary Disease (COPD)

Percentage of MA enrollees aged 40 years and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis, by DE/LIS and disability status, Reporting Year 2021



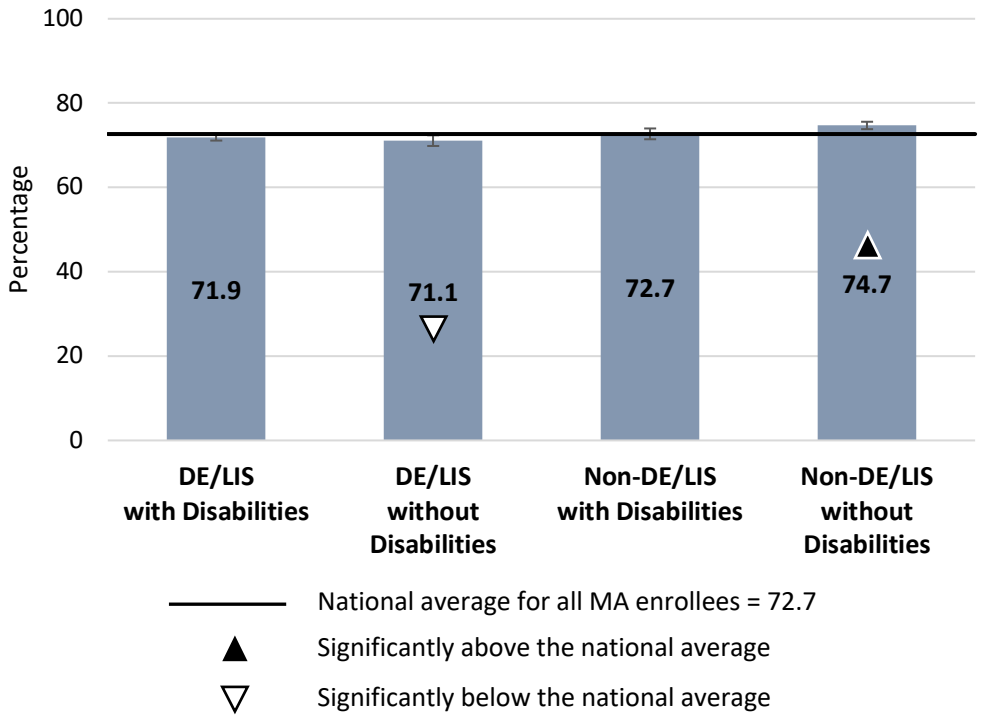
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of eligible DE/LIS MA enrollees with disabilities who received a spirometry test to confirm a diagnosis of COPD was **below** the national average by more than 3 percentage points.
- The percentage of eligible DE/LIS MA enrollees without disabilities who received a spirometry test to confirm a diagnosis of COPD was **below** the national average by more than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees with disabilities who received a spirometry test to confirm a diagnosis of COPD was **below** the national average by less than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees without disabilities who received a spirometry test to confirm a diagnosis of COPD was **above** the national average by less than 3 percentage points.

Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid

Percentage of MA enrollees aged 40 years and older who had an acute inpatient discharge or emergency department (ED) encounter for COPD exacerbation in the past year who were dispensed a systemic corticosteroid within 14 days of the event, by DE/LIS and disability status, Reporting Year 2021



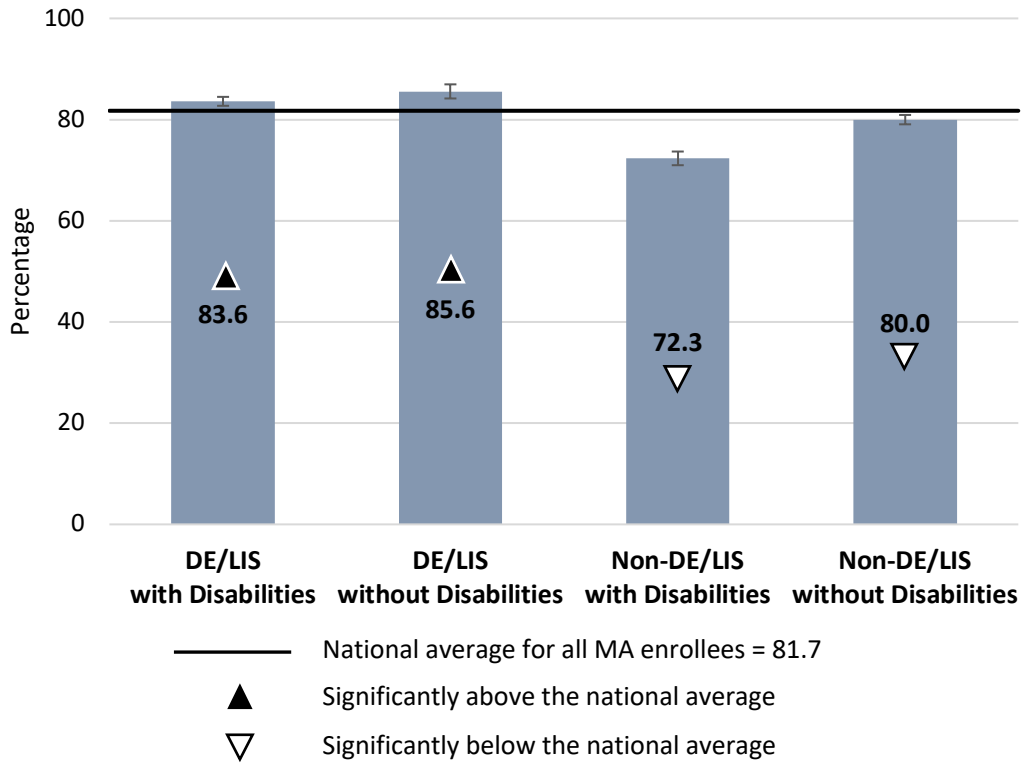
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of eligible DE/LIS MA enrollees with disabilities who were dispensed a systemic corticosteroid within 14 days of a COPD exacerbation was **similar to** the national average.
- The percentage of eligible DE/LIS MA enrollees without disabilities who were dispensed a systemic corticosteroid within 14 days of a COPD exacerbation was **below** the national average by less than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees with disabilities who were dispensed a systemic corticosteroid within 14 days of a COPD exacerbation was **similar to** the national average.
- The percentage of eligible non-DE/LIS MA enrollees without disabilities who were dispensed a systemic corticosteroid within 14 days of a COPD exacerbation was **above** the national average by less than 3 percentage points.

Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

Percentage of MA enrollees aged 40 years and older who had an acute inpatient discharge or ED encounter for COPD exacerbation in the past year who were dispensed a bronchodilator within 30 days of experiencing the event, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

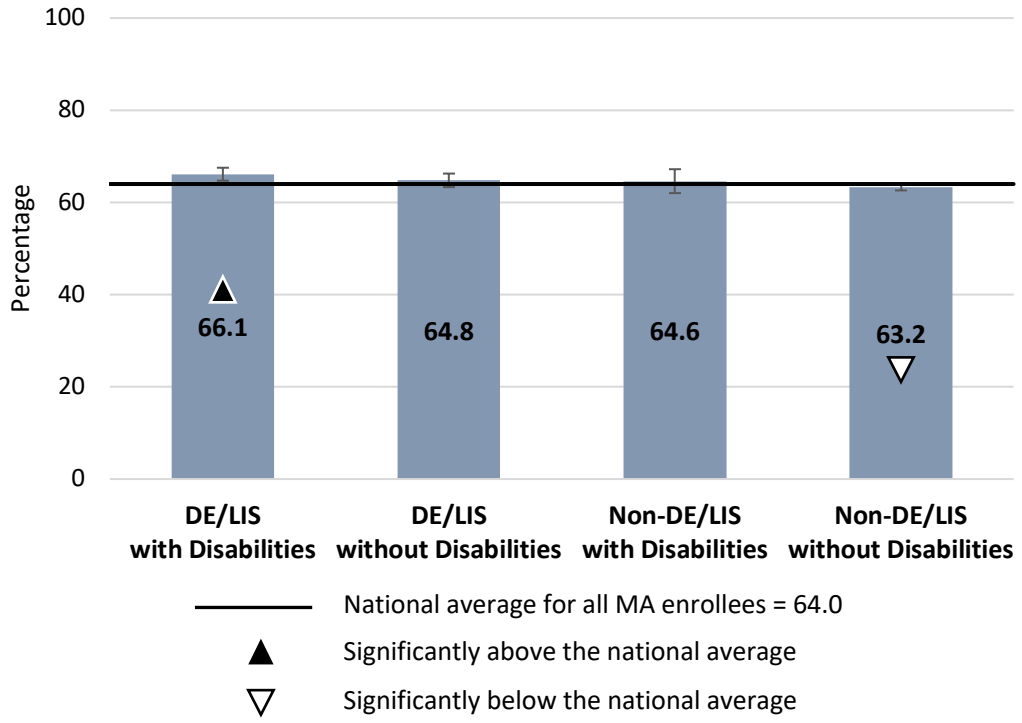
Disparities

- The percentage of eligible DE/LIS MA enrollees with disabilities who were dispensed a bronchodilator within 30 days of a COPD exacerbation was **above** the national average by less than 3 percentage points.
- The percentage of eligible DE/LIS MA enrollees without disabilities who were dispensed a bronchodilator within 30 days of a COPD exacerbation was **above** the national average by more than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees with disabilities who were dispensed a bronchodilator within 30 days of a COPD exacerbation was **below** the national average by more than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees without disabilities who were dispensed a bronchodilator within 30 days of a COPD exacerbation was **below** the national average by less than 3 percentage points.

Cardiovascular Conditions

Controlling High Blood Pressure

Percentage of MA enrollees aged 18 to 85 years with a diagnosis of hypertension whose blood pressure was adequately controlled[†] during the past year, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

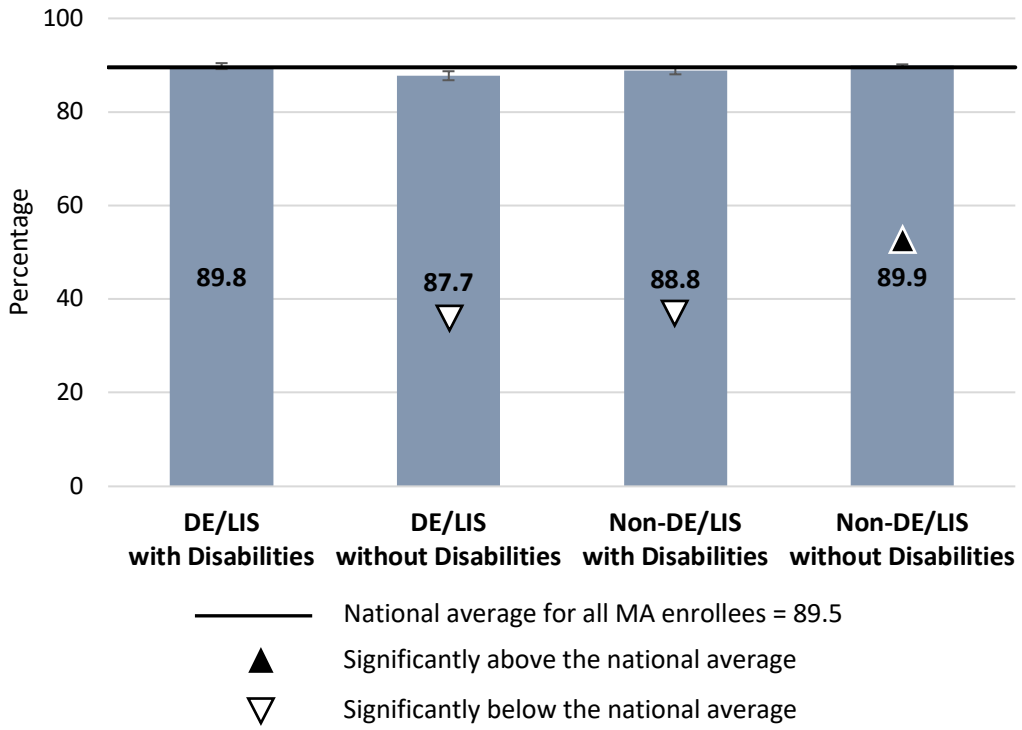
Disparities

- The percentage of eligible DE/LIS MA enrollees with disabilities who had their blood pressure adequately controlled was **above** the national average by less than 3 percentage points.
- The percentage of eligible DE/LIS MA enrollees without disabilities who had their blood pressure adequately controlled was **similar to** the national average.
- The percentage of eligible non-DE/LIS MA enrollees with disabilities who had their blood pressure adequately controlled was **similar to** the national average.
- The percentage of eligible non-DE/LIS MA enrollees without disabilities who had their blood pressure adequately controlled was **below** the national average by less than 3 percentage points.

[†] Less than 140/90 for patients 18 to 59 years of age and for patients 60 to 85 years of age with a diagnosis of diabetes, or less than 150/90 for patients 60 to 85 years of age without a diagnosis of diabetes.

Continuous Beta-Blocker Treatment After a Heart Attack

Percentage of MA enrollees aged 18 years and older who were hospitalized and discharged with a diagnosis of acute myocardial infarction (AMI) who received continuous beta-blocker treatment for six months after discharge, by DE/LIS and disability status, Reporting Year 2021



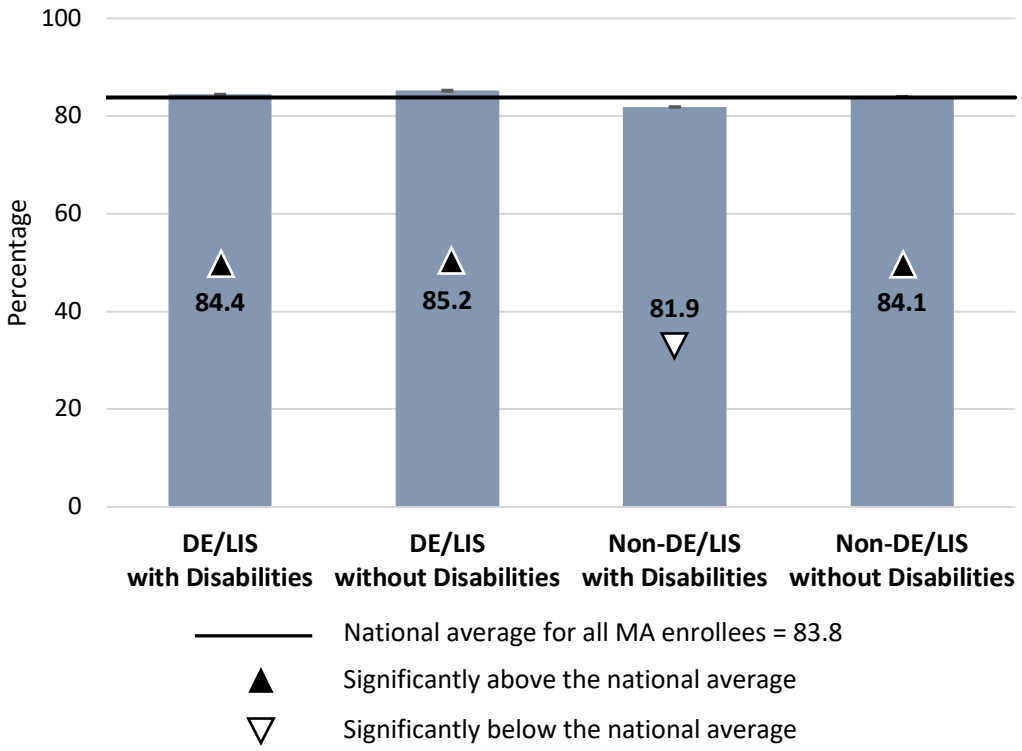
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of eligible DE/LIS MA enrollees with disabilities who received continuous beta-blocker treatment was **similar to** the national average.
- The percentage of eligible DE/LIS MA enrollees without disabilities who received continuous beta-blocker treatment was **below** the national average by less than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees with disabilities who received continuous beta-blocker treatment was **below** the national average by less than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees without disabilities who received continuous beta-blocker treatment was **above** the national average by less than 3 percentage points.

Statin Use in Patients with Cardiovascular Disease

Percentage of male MA enrollees aged 21 to 75 years and female MA enrollees aged 40 to 75 years with clinical atherosclerotic cardiovascular disease (ASCVD) who received statin therapy, by DE/LIS and disability status, Reporting Year 2021



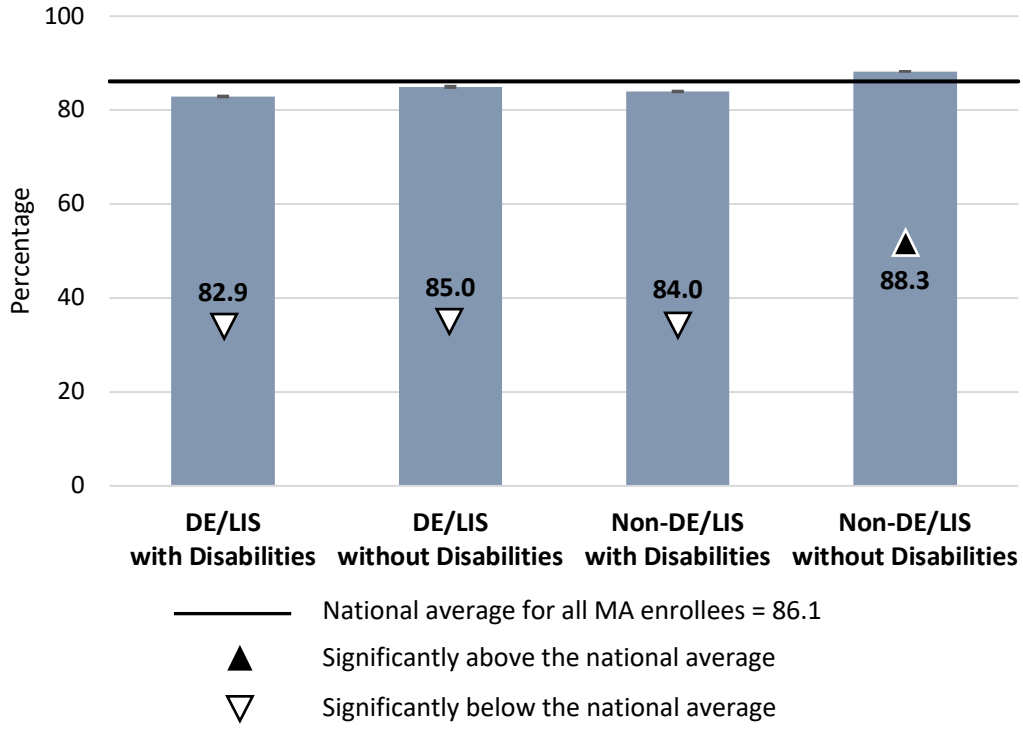
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of DE/LIS MA enrollees with disabilities with clinical ASCVD who received statin therapy was **above** the national average by less than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities with clinical ASCVD who received statin therapy was **above** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities with clinical ASCVD who received statin therapy was **below** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees without disabilities with clinical ASCVD who received statin therapy was **above** the national average by less than 3 percentage points.

Medication Adherence for Cardiovascular Disease—Statins

Percentage of male MA enrollees aged 21 to 75 years and female MA enrollees aged 40 to 75 years with clinical ASCVD who were dispensed a statin medication during the measurement year who remained on the medication for at least 80 percent of the treatment period, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

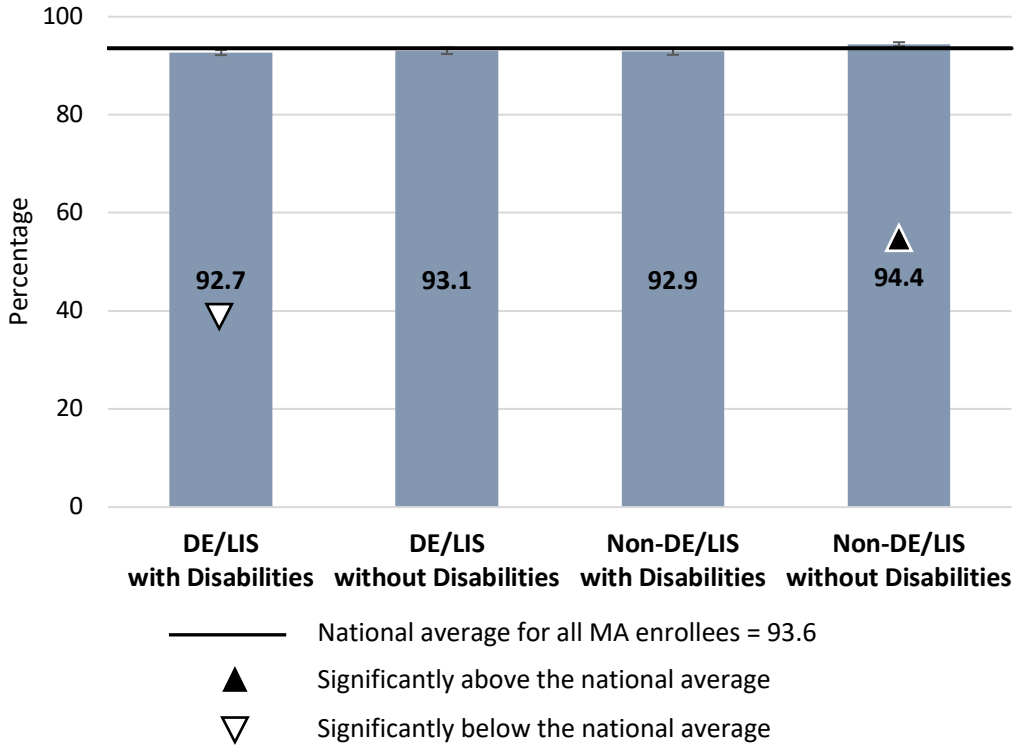
Disparities

- The percentage of DE/LIS MA enrollees with disabilities with clinical ASCVD who had proper statin medication adherence was **below** the national average by more than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities with clinical ASCVD who had proper statin medication adherence was **below** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities with clinical ASCVD who had proper statin medication adherence was **below** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees without disabilities with clinical ASCVD who had proper statin medication adherence was **above** the national average by less than 3 percentage points.

Diabetes

Diabetes Care—Blood Sugar Testing

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) who had one or more HbA1c tests in the past year, by DE/LIS and disability status, Reporting Year 2021



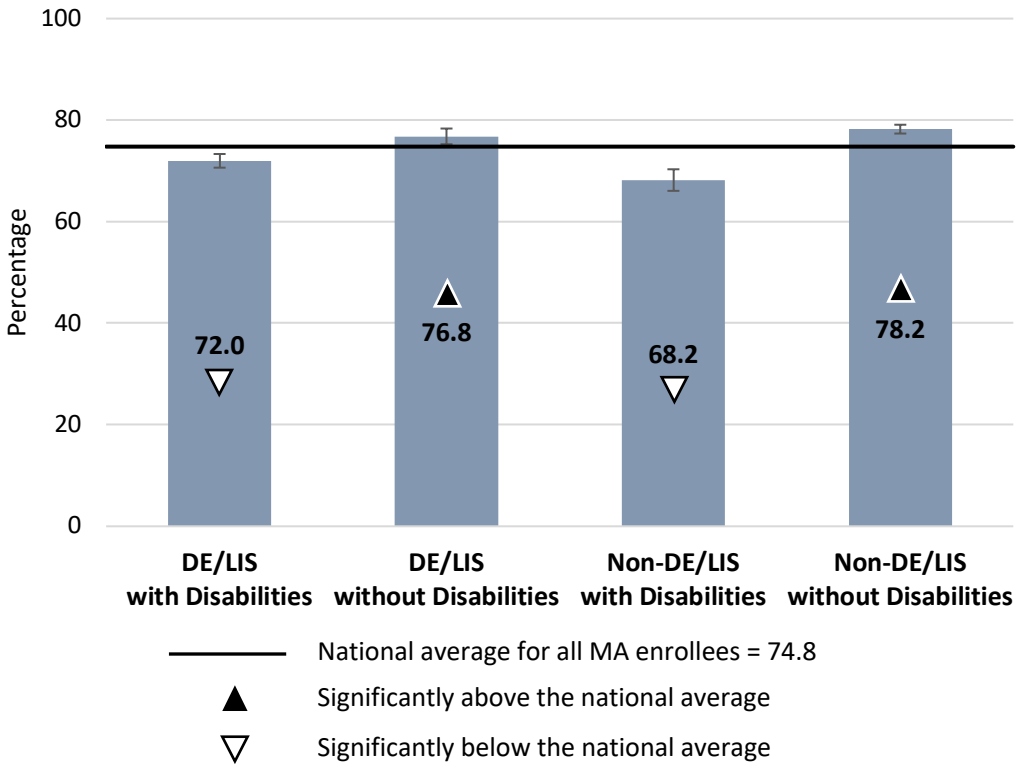
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of DE/LIS MA enrollees with disabilities with diabetes who had their blood sugar tested at least once in the past year was **below** the national average by less than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities with diabetes who had their blood sugar tested at least once in the past year was **similar to** the national average.
- The percentage of non-DE/LIS MA enrollees with disabilities with diabetes who had their blood sugar tested at least once in the past year was **similar to** the national average.
- The percentage of non-DE/LIS MA enrollees without disabilities with diabetes who had their blood sugar tested at least once in the past year was **above** the national average by less than 3 percentage points.

Diabetes Care—Eye Exam

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) who had an eye exam (retinal) in the past year, by DE/LIS and disability status, Reporting Year 2021



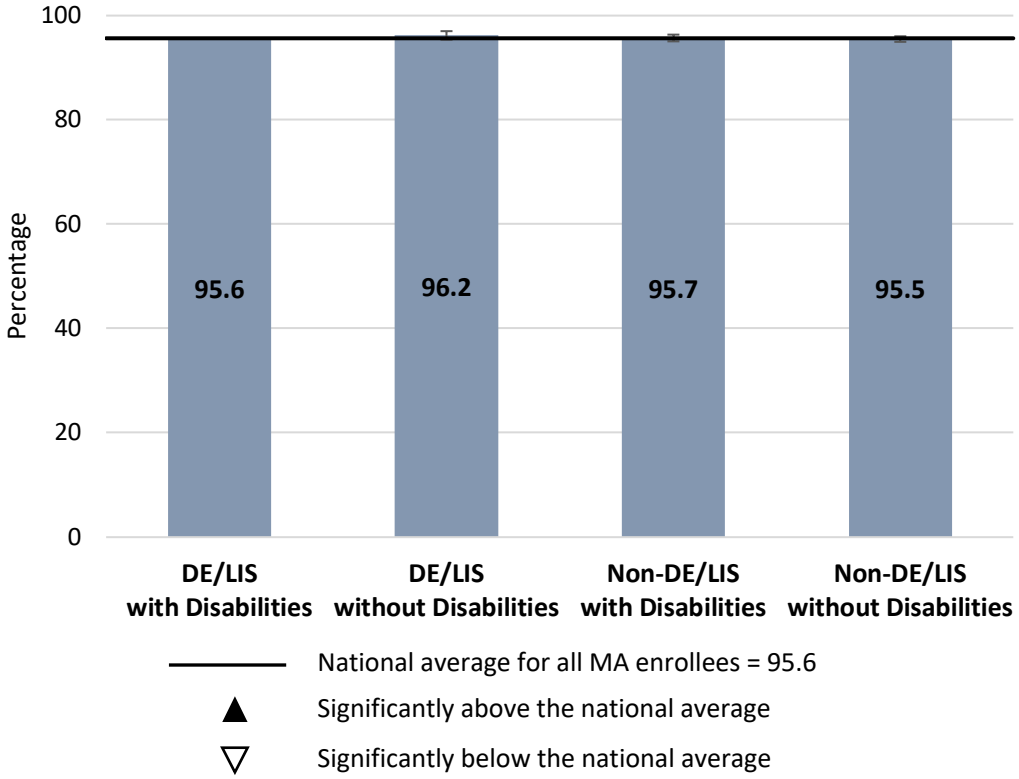
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of DE/LIS MA enrollees with disabilities with diabetes who had an eye exam in the past year was **below** the national average by less than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities with diabetes who had an eye exam in the past year was **above** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities with diabetes who had an eye exam in the past year was **below** the national average by more than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees without disabilities with diabetes who had an eye exam in the past year was **above** the national average by more than 3 percentage points.

Diabetes Care—Kidney Disease Monitoring

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) who had medical attention for nephropathy in the past year, by DE/LIS and disability status, Reporting Year 2021



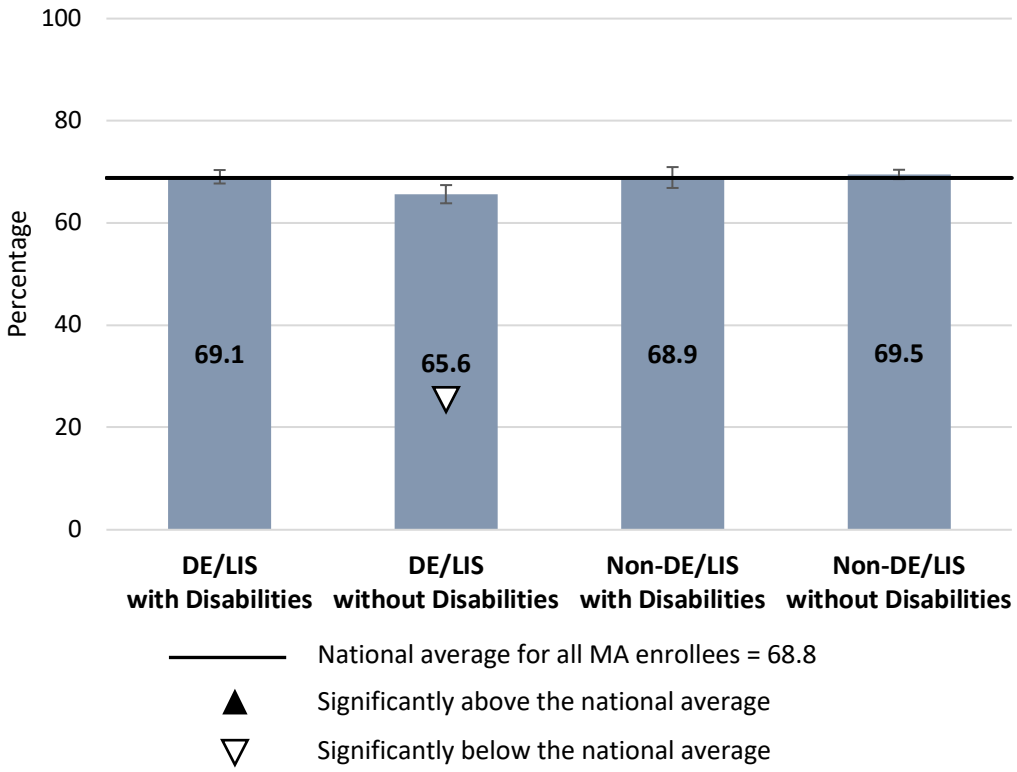
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of DE/LIS MA enrollees with disabilities with diabetes who had medical attention for nephropathy in the past year was **similar to** the national average.
- The percentage of DE/LIS MA enrollees without disabilities with diabetes who had medical attention for nephropathy in the past year was **similar to** the national average.
- The percentage of non-DE/LIS MA enrollees with disabilities with diabetes who had medical attention for nephropathy in the past year was **similar to** the national average.
- The percentage of non-DE/LIS MA enrollees without disabilities with diabetes who had medical attention for nephropathy in the past year was **similar to** the national average.

Diabetes Care—Blood Pressure Controlled

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) whose most recent blood pressure was less than 140/90, by DE/LIS and disability status, Reporting Year 2021



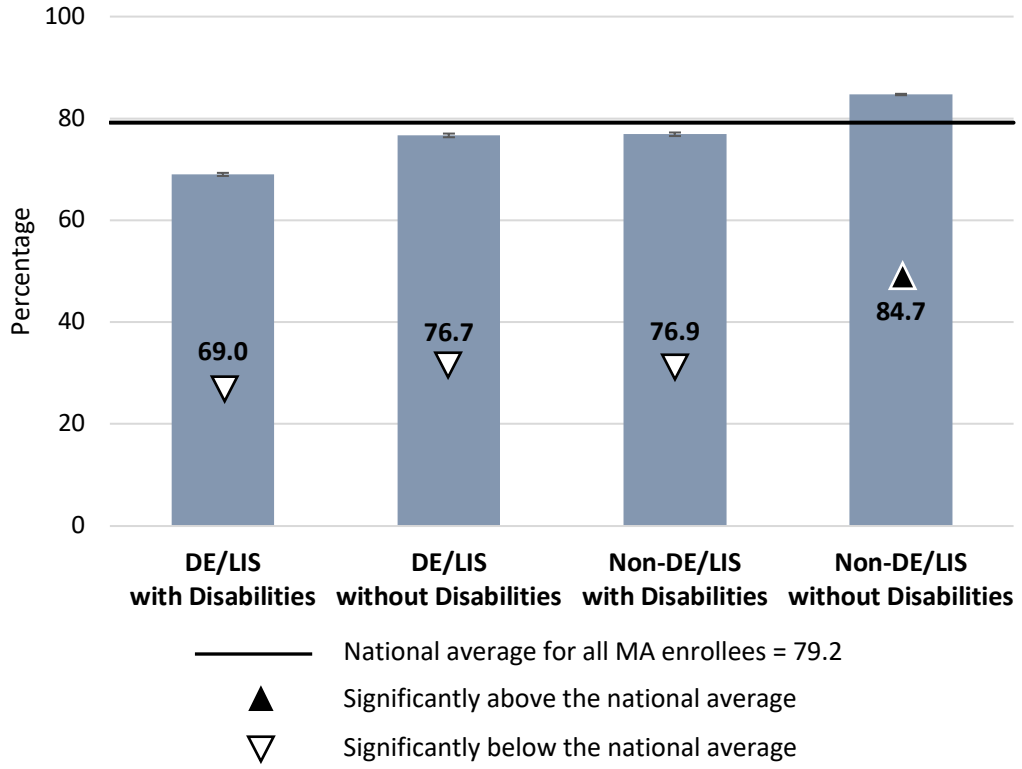
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of DE/LIS MA enrollees with disabilities with diabetes who had their blood pressure under control was **similar to** the national average.
- The percentage of DE/LIS MA enrollees without disabilities with diabetes who had their blood pressure under control was **below** the national average by more than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities with diabetes who had their blood pressure under control was **similar to** the national average.
- The percentage of non-DE/LIS MA enrollees without disabilities with diabetes who had their blood pressure under control was **similar to** the national average.

Diabetes Care—Blood Sugar Controlled

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) whose most recent HbA1c level was 9 percent or less, by DE/LIS and disability status, Reporting Year 2021



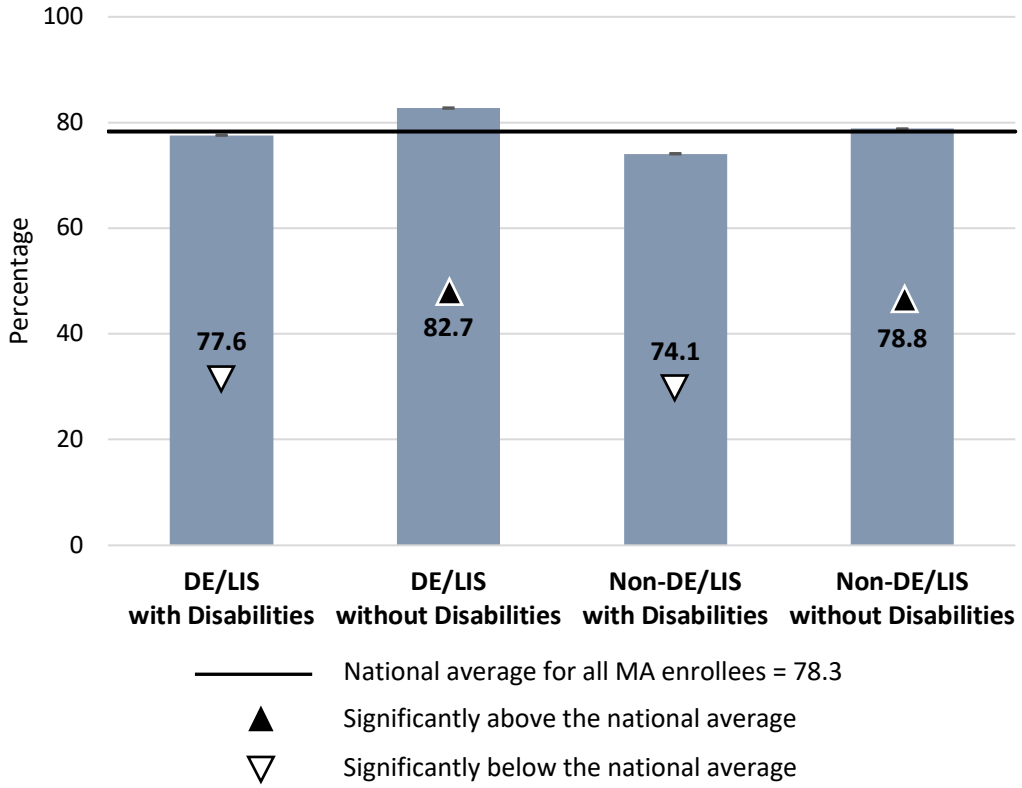
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of DE/LIS MA enrollees with disabilities with diabetes who had their blood sugar level under control was **below** the national average by more than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities with diabetes who had their blood sugar level under control was **below** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities with diabetes who had their blood sugar level under control was **below** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees without disabilities with diabetes who had their blood sugar level under control was **above** the national average by more than 3 percentage points.

Statin Use in Patients with Diabetes

Percentage of MA enrollees aged 40 to 75 years with diabetes (type 1 and type 2)[†] who received statin therapy, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

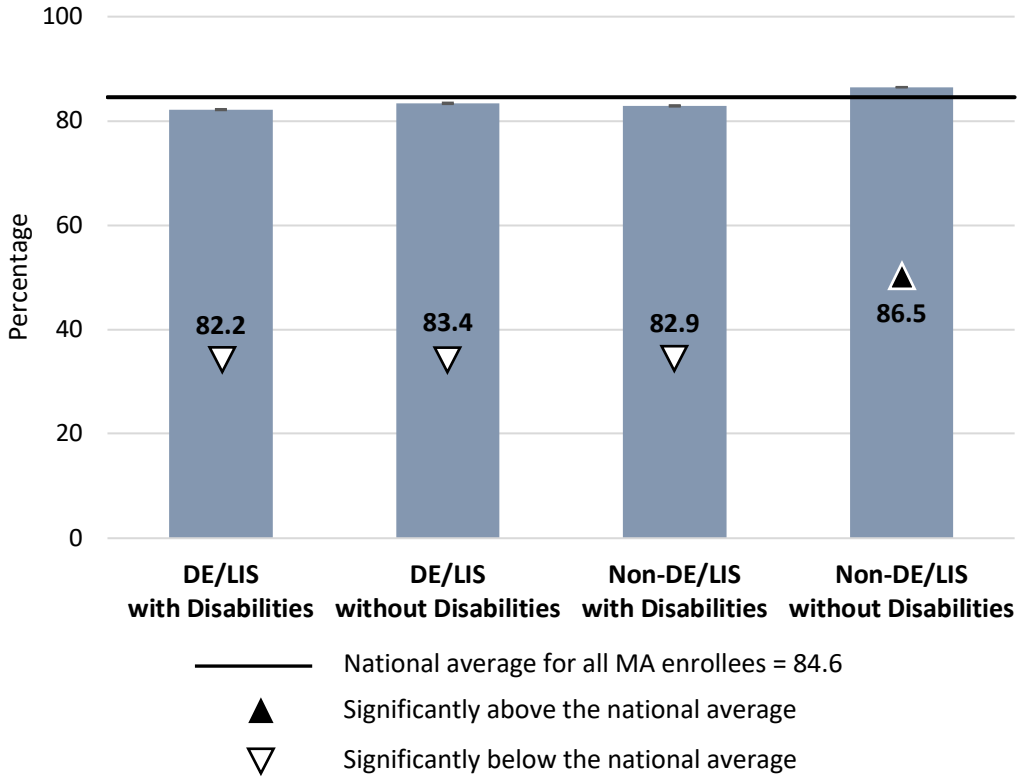
Disparities

- The percentage of DE/LIS MA enrollees with disabilities with diabetes who received statin therapy was **below** the national average by less than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities with diabetes who received statin therapy was **above** the national average by more than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities with diabetes who received statin therapy was **below** the national average by more than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees without disabilities with diabetes who received statin therapy was **above** the national average by less than 3 percentage points.

[†] Excludes those who also have clinical ASCVD.

Medication Adherence for Diabetes—Statins

Percentage of MA enrollees aged 40 to 75 years with diabetes (type 1 and type 2)[†] who were dispensed a statin medication during the measurement year who remained on the medication for at least 80 percent of the treatment period, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

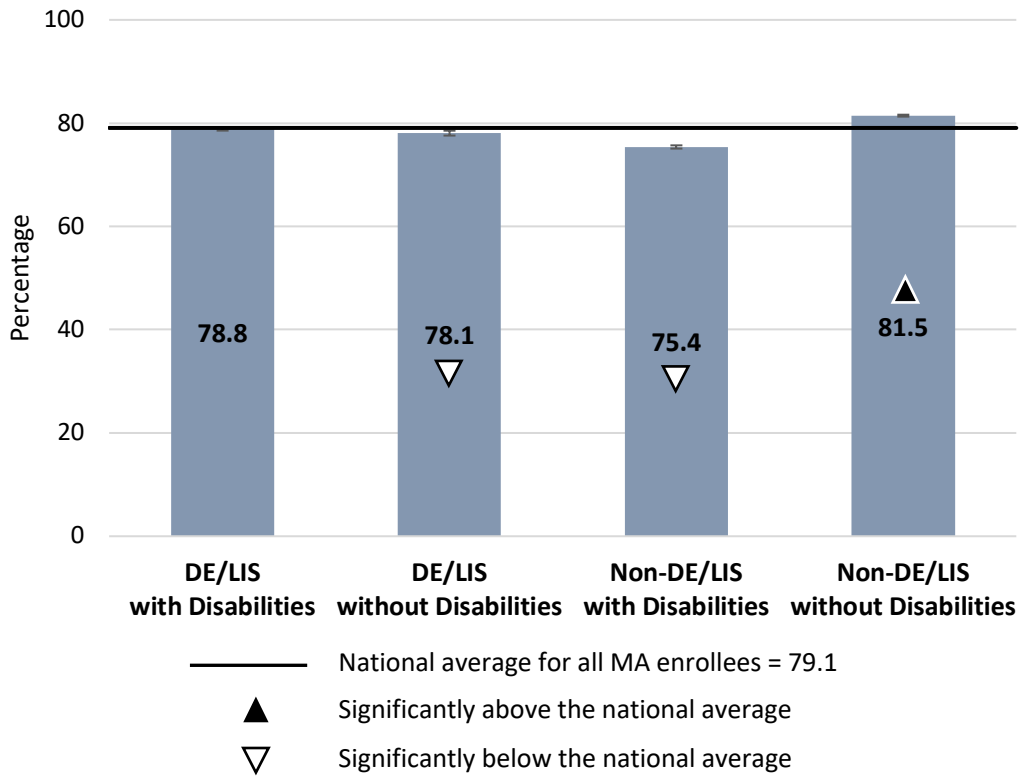
- The percentage of DE/LIS MA enrollees with disabilities with diabetes who had proper statin medication adherence was **below** the national average by less than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities with diabetes who had proper statin medication adherence was **below** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities with diabetes who had proper statin medication adherence was **below** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees without disabilities with diabetes who had proper statin medication adherence was **above** the national average by less than 3 percentage points.

[†] Excludes those who also have clinical ASCVD.

Musculoskeletal Conditions

Rheumatoid Arthritis Management

Percentage of MA enrollees aged 18 years and older who were diagnosed with rheumatoid arthritis during the past year who were dispensed at least one ambulatory prescription for a disease-modifying antirheumatic drug (DMARD), by DE/LIS and disability status, Reporting Year 2021



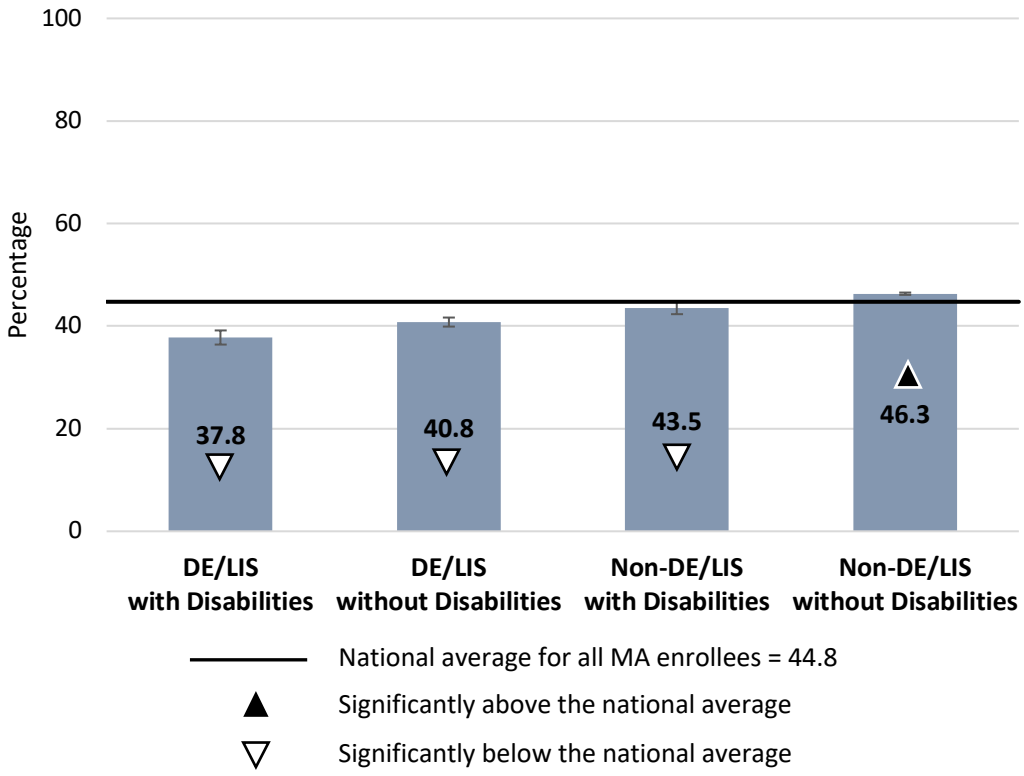
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of eligible DE/LIS MA enrollees with disabilities who were dispensed at least one DMARD was **similar to** the national average.
- The percentage of eligible DE/LIS MA enrollees without disabilities who were dispensed at least one DMARD was **below** the national average by less than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees with disabilities who were dispensed at least one DMARD was **below** the national average by more than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees without disabilities who were dispensed at least one DMARD was **above** the national average by less than 3 percentage points.

Osteoporosis Management in Women Who Had a Fracture

Percentage of female MA enrollees aged 67 to 85 years who suffered a fracture who had either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after the fracture, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

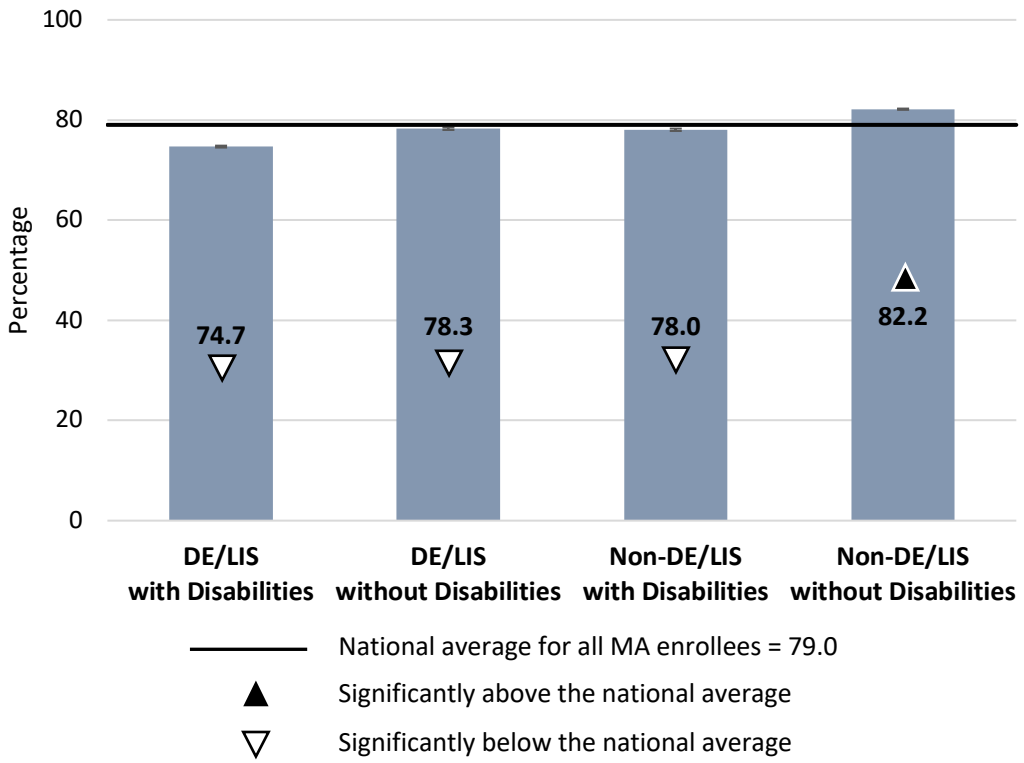
Disparities

- The percentage of eligible female DE/LIS MA enrollees with disabilities who had either a bone mineral density test or a prescription for a drug to treat osteoporosis was **below** the national average by more than 3 percentage points.
- The percentage of eligible female DE/LIS MA enrollees without disabilities who had either a bone mineral density test or a prescription for a drug to treat osteoporosis was **below** the national average by more than 3 percentage points.
- The percentage of eligible female non-DE/LIS MA enrollees with disabilities who had either a bone mineral density test or a prescription for a drug to treat osteoporosis was **below** the national average by less than 3 percentage points.
- The percentage of eligible female non-DE/LIS MA enrollees without disabilities who had either a bone mineral density test or a prescription for a drug to treat osteoporosis was **above** the national average by less than 3 percentage points.

Behavioral Health

Antidepressant Medication Management—Acute Phase Treatment

Percentage of MA enrollees aged 18 years and older with a new diagnosis of major depression who were newly treated with antidepressant medication and remained on the medication for at least 84 days, by DE/LIS and disability status, Reporting Year 2021



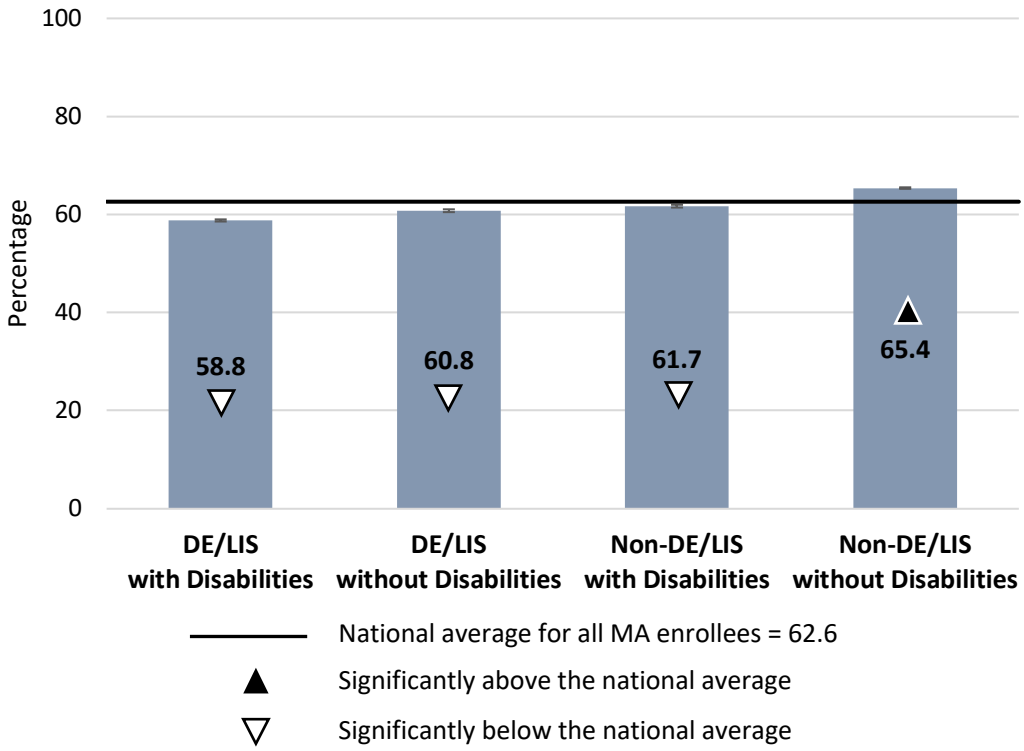
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of eligible DE/LIS MA enrollees with disabilities who were newly treated with antidepressant medication and remained on the medication for at least 84 days was **below** the national average by more than 3 percentage points.
- The percentage of eligible DE/LIS MA enrollees without disabilities who were newly treated with antidepressant medication and remained on the medication for at least 84 days was **below** the national average by less than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees with disabilities who were newly treated with antidepressant medication and remained on the medication for at least 84 days was **below** the national average by less than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees without disabilities who were newly treated with antidepressant medication and remained on the medication for at least 84 days was **above** the national average by more than 3 percentage points.

Antidepressant Medication Management—Continuation Phase Treatment

Percentage of MA enrollees aged 18 years and older with a new diagnosis of major depression who were newly treated with antidepressant medication and remained on antidepressant medication for at least 180 days, by DE/LIS and disability status, Reporting Year 2021



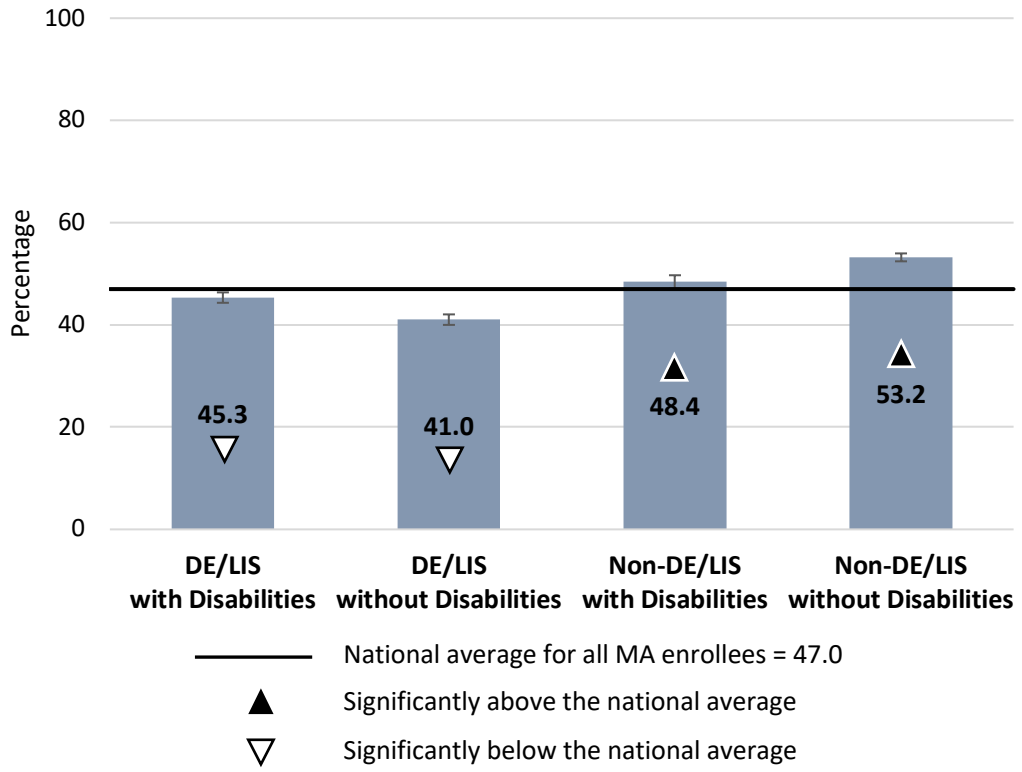
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of eligible DE/LIS MA enrollees with disabilities who were newly treated with antidepressant medication and remained on the medication for at least 180 days was **below** the national average by more than 3 percentage points.
- The percentage of eligible DE/LIS MA enrollees without disabilities who were newly treated with antidepressant medication and remained on the medication for at least 180 days was **below** the national average by less than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees with disabilities who were newly treated with antidepressant medication and remained on the medication for at least 180 days was **below** the national average by less than 3 percentage points.
- The percentage of eligible non-DE/LIS MA enrollees without disabilities who were newly treated with antidepressant medication and remained on the medication for at least 180 days was **above** the national average by less than 3 percentage points.

Follow-Up After Hospital Stay for Mental Illness (within 30 days of discharge)

Percentage of MA enrollees aged 18 years and older[†] who were hospitalized for treatment of selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of discharge, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

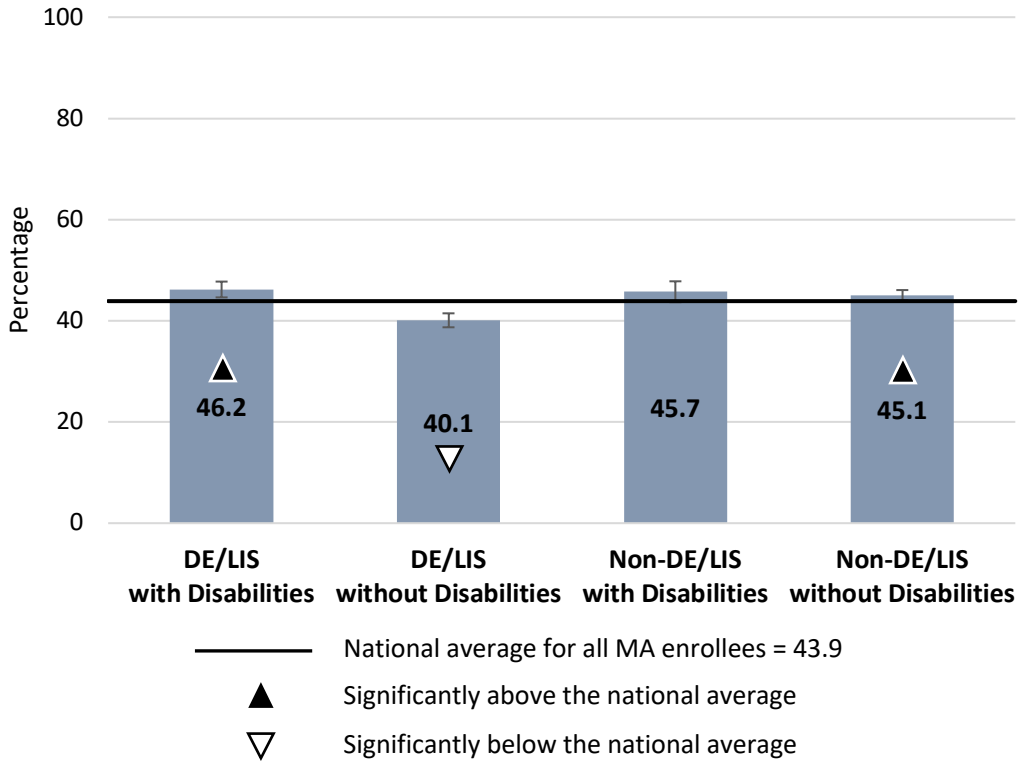
Disparities

- The percentage of DE/LIS MA enrollees with disabilities who were hospitalized for a mental health disorder who had appropriate follow-up care within 30 days of discharge was **below** the national average by less than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities who were hospitalized for a mental health disorder who had appropriate follow-up care within 30 days of discharge was **below** the national average by more than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities who were hospitalized for a mental health disorder who had appropriate follow-up care within 30 days of discharge was **above** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees without disabilities who were hospitalized for a mental health disorder who had appropriate follow-up care within 30 days of discharge was **above** the national average by more than 3 percentage points.

[†] Although the lower-bound age cutoff for this HEDIS measure is six years old, the data used in this report are limited to adults.

Follow-Up After ED Visit for Mental Illness (within 30 days of discharge)

Percentage of MA enrollees aged 18 years and older[†] who had an ED visit for selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of the ED visit, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

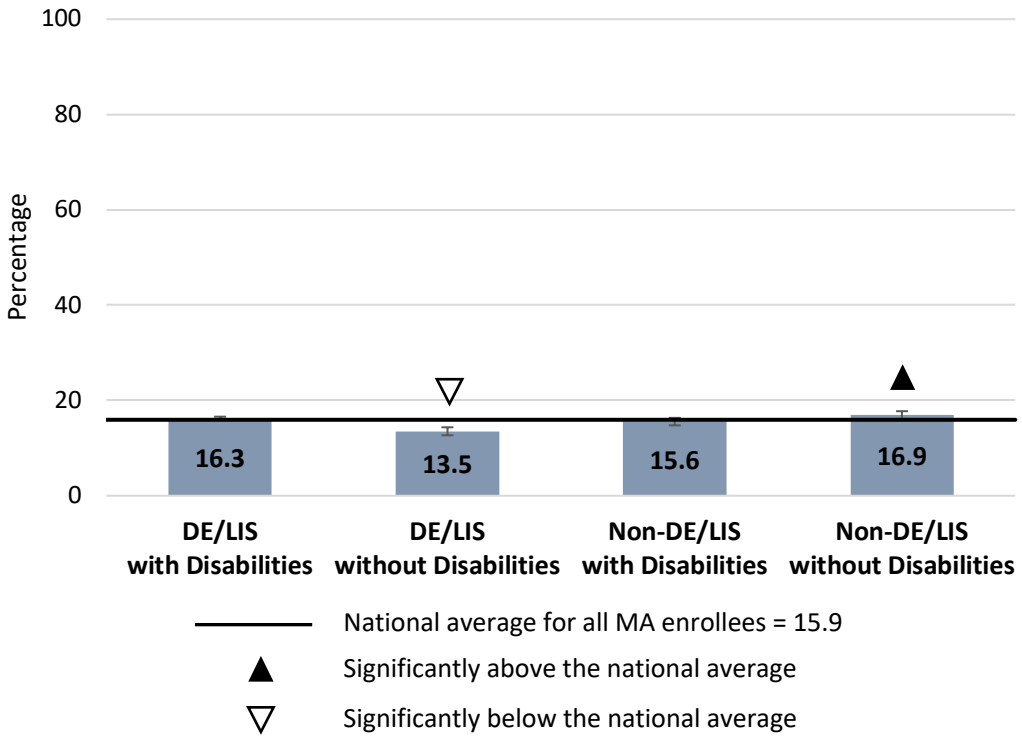
Disparities

- The percentage of DE/LIS MA enrollees with disabilities who had an ED visit for a mental health disorder who had a follow-up visit with a mental health practitioner within 30 days of the ED visit was **above** the national average by less than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities who had an ED visit for a mental health disorder who had a follow-up visit with a mental health practitioner within 30 days of the ED visit was **below** the national average by more than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities who had an ED visit for a mental health disorder who had a follow-up visit with a mental health practitioner within 30 days of the ED visit was **similar to** the national average.
- The percentage of non-DE/LIS MA enrollees without disabilities who had an ED visit for a mental health disorder who had a follow-up visit with a mental health practitioner within 30 days of the ED visit was **above** the national average by less than 3 percentage points.

[†] Although the lower-bound age cutoff for this HEDIS measure is six years old, the data used in this report are limited to adults.

Follow-Up After ED Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (within 30 days of discharge)

Percentage of MA enrollees aged 18 years and older[†] who had an ED visit for AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

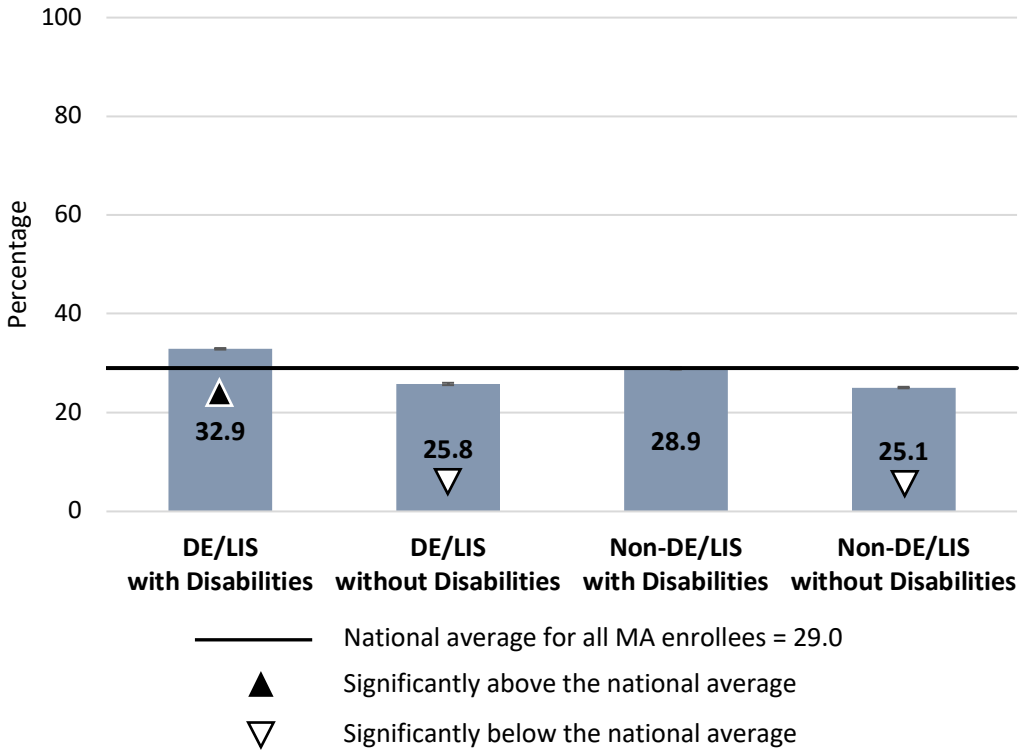
Disparities

- The percentage of DE/LIS MA enrollees with disabilities who had a follow-up visit for AOD abuse or dependence within 30 days of an ED visit for AOD abuse or dependence was **similar to** the national average.
- The percentage of DE/LIS MA enrollees without disabilities who had a follow-up visit for AOD abuse or dependence within 30 days of an ED visit for AOD abuse or dependence was **below** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities who had a follow-up visit for AOD abuse or dependence within 30 days of an ED visit for AOD abuse or dependence was **similar to** the national average.
- The percentage of non-DE/LIS MA enrollees without disabilities who had a follow-up visit for AOD abuse or dependence within 30 days of an ED visit for AOD abuse or dependence was **above** the national average by less than 3 percentage points.

[†] Although the lower-bound age cutoff for this HEDIS measure is 13 years old, the data used in this report are limited to adults.

Initiation of Alcohol and Other Drug Dependence Treatment

Percentage of MA enrollees aged 18 years and older[†] with a new episode of AOD dependence who initiated[‡] treatment within 14 days of the diagnosis, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

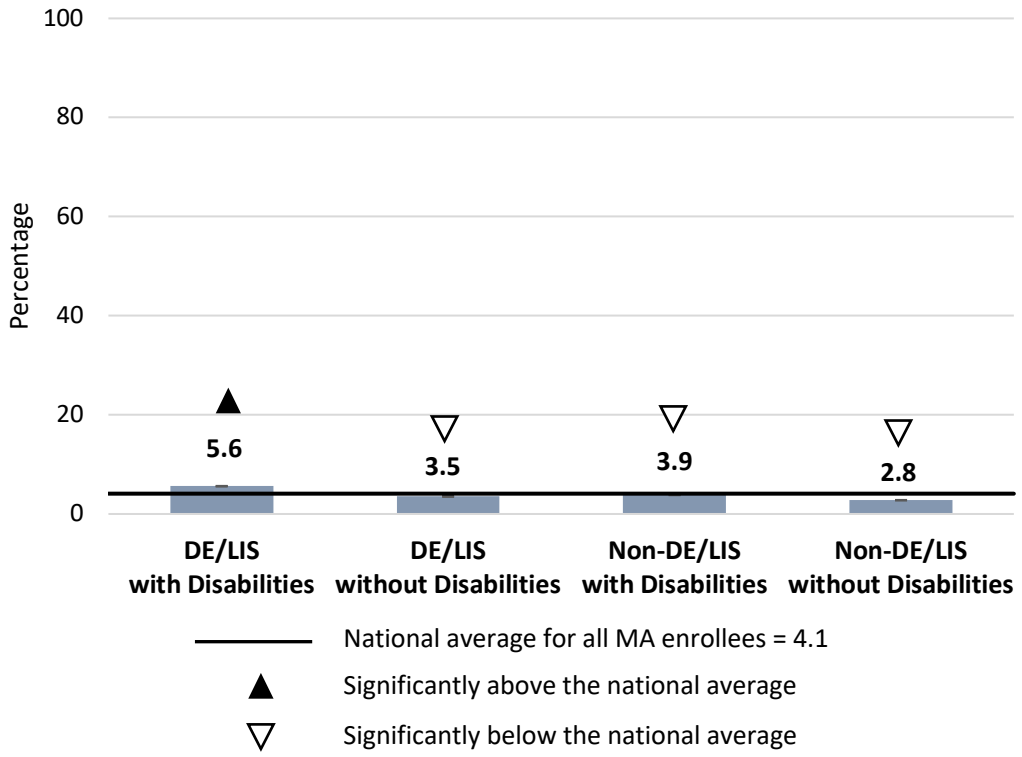
- The percentage of DE/LIS MA enrollees with disabilities who initiated treatment within 14 days of a diagnosis of AOD dependence was **above** the national average by more than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities who initiated treatment within 14 days of a diagnosis of AOD dependence was **below** the national average by more than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities who initiated treatment within 14 days of a diagnosis of AOD dependence was **similar to** the national average.
- The percentage of non-DE/LIS MA enrollees without disabilities who initiated treatment within 14 days of a diagnosis of AOD dependence was **below** the national average by more than 3 percentage points.

[†] Although the lower-bound age cutoff for this HEDIS measure is 13 years old, the data used in this report are limited to adults.

[‡] Initiation might occur through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization.

Engagement of AOD Dependence Treatment

Percentage of MA enrollees aged 18 years and older[†] with a new episode of AOD dependence who initiated treatment who had two or more additional services within 30 days of the initiation visit, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

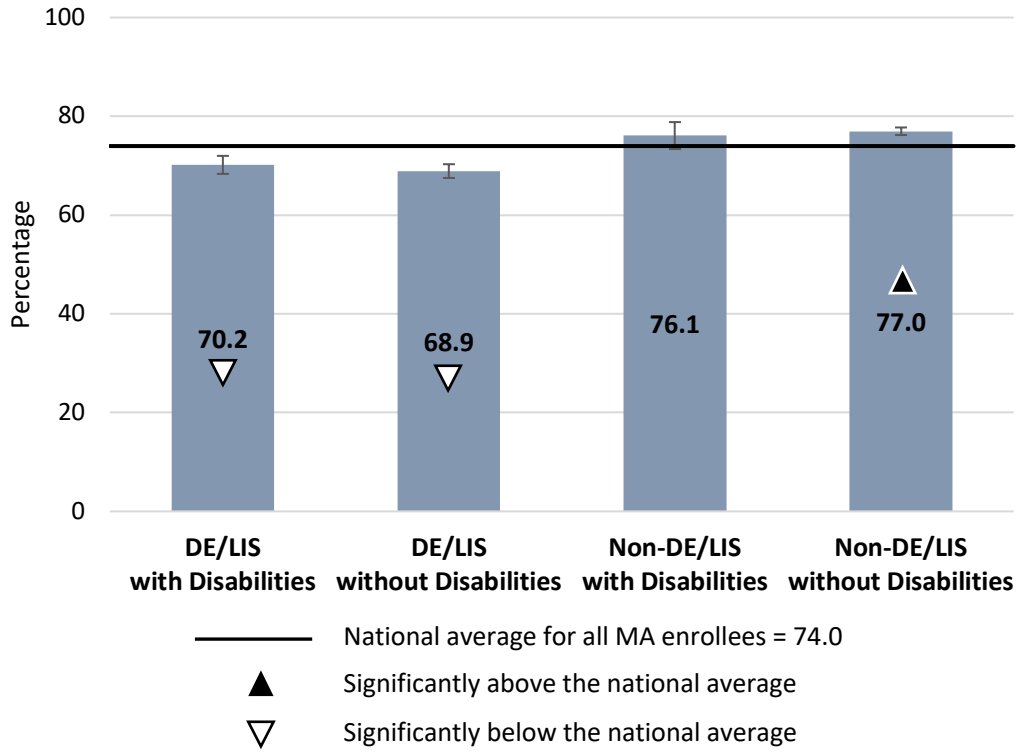
- The percentage of DE/LIS MA enrollees with disabilities with a new episode of AOD dependence who had two or more additional services within 30 days of initiating AOD dependence treatment was **above** the national average by less than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities with a new episode of AOD dependence who had two or more additional services within 30 days of initiating AOD dependence treatment was **below** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities with a new episode of AOD dependence who had two or more additional services within 30 days of initiating AOD dependence treatment was **below** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees without disabilities with a new episode of AOD dependence who had two or more additional services within 30 days of initiating AOD dependence treatment was **below** the national average by less than 3 percentage points.

[†] Although the lower-bound age cutoff for this HEDIS measure is 13 years old, the data used in this report are limited to adults.

Medication Management and Care Coordination

Transitions of Care—Medication Reconciliation After Inpatient Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility for whom medications were reconciled within 30 days of discharge, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

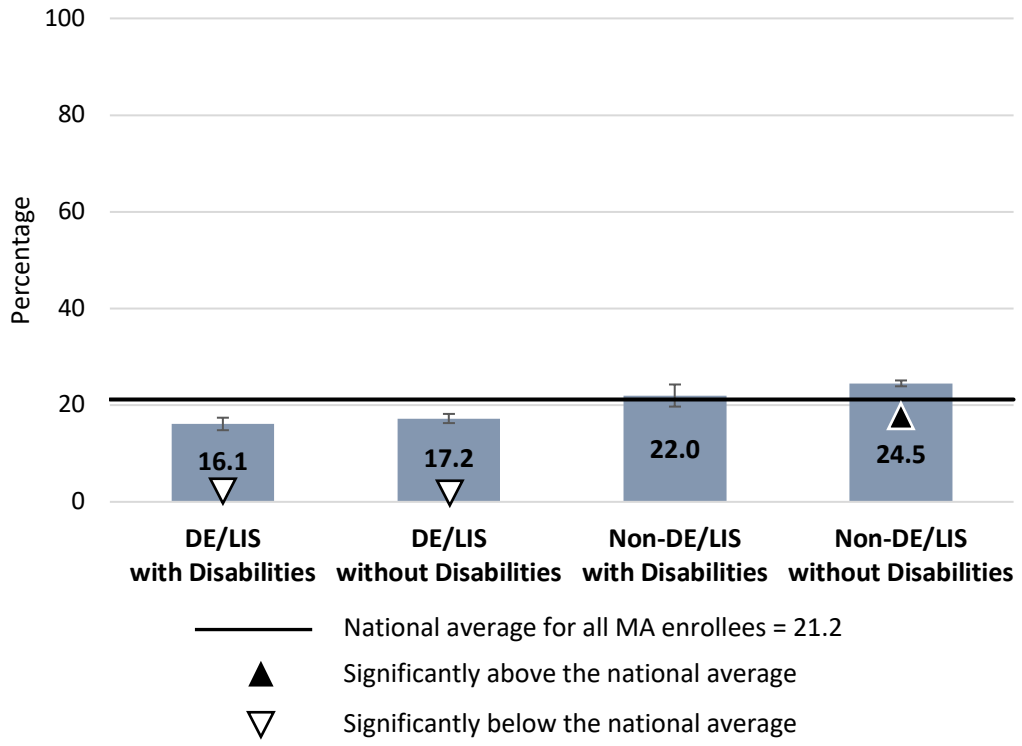
- The percentage of DE/LIS MA enrollees with disabilities who had their medications reconciled within 30 days of discharge from an inpatient facility was **below** the national average by more than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities who had their medications reconciled within 30 days of discharge from an inpatient facility was **below** the national average by more than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities who had their medications reconciled within 30 days of discharge from an inpatient facility was **similar to** the national average.

- The percentage of non-DE/LIS MA enrollees without disabilities who had their medications reconciled within 30 days of discharge from an inpatient facility was **above** the national average by more than 3 percentage points.[†]

[†] Prior to rounding.

Transitions of Care—Notification of Inpatient Admission

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility whose primary or ongoing care providers were notified of the inpatient admission on the day of or the day following admission, by DE/LIS and disability status, Reporting Year 2021



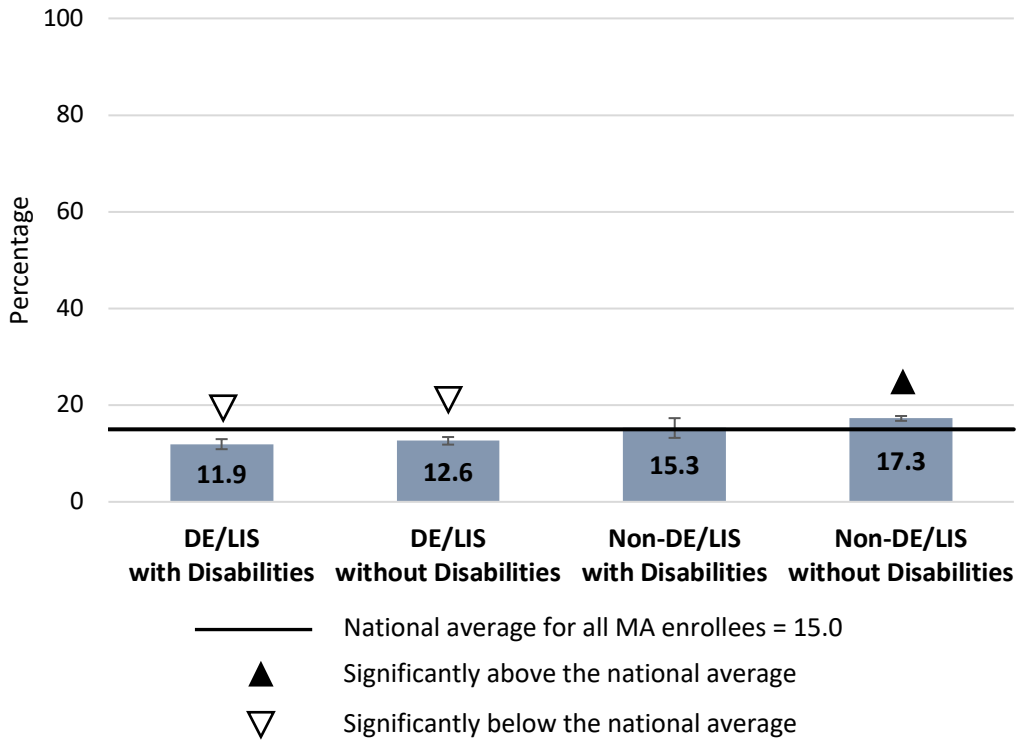
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of DE/LIS MA enrollees with disabilities who were discharged from an inpatient facility whose primary or ongoing care providers were notified of the inpatient admission on the day of or the day following admission was **below** the national average by more than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities who were discharged from an inpatient facility whose primary or ongoing care providers were notified of the inpatient admission on the day of or the day following admission was **below** the national average by more than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities who were discharged from an inpatient facility whose primary or ongoing care providers were notified of the inpatient admission on the day of or the day following admission was **similar to** the national average.
- The percentage of non-DE/LIS MA enrollees without disabilities who were discharged from an inpatient facility whose primary or ongoing care providers were notified of the inpatient admission on the day of or the day following admission was **above** the national average by more than 3 percentage points.

Transitions of Care—Receipt of Discharge Information

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility who received discharge information on the day of or the day following discharge, by DE/LIS and disability status, Reporting Year 2021



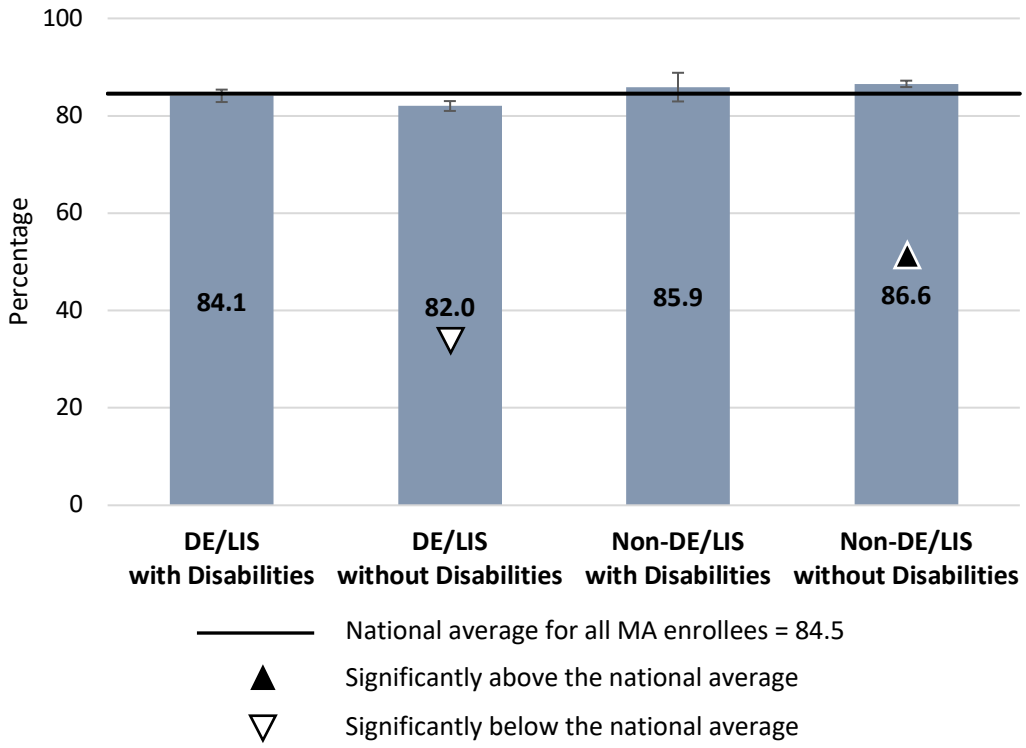
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of DE/LIS MA enrollees with disabilities who received discharge information on the day of or the day following discharge from an inpatient facility was **below** the national average by more than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities who received discharge information on the day of or the day following discharge from an inpatient facility was **below** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities who received discharge information on the day of or the day following discharge from an inpatient facility was **similar to** the national average.
- The percentage of non-DE/LIS MA enrollees without disabilities who received discharge information on the day of or the day following discharge from an inpatient facility was **above** the national average by less than 3 percentage points.

Transitions of Care—Patient Engagement After Inpatient Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility for whom patient engagement (office visit, home visit, telehealth) was provided within 30 days of discharge, by DE/LIS and disability status, Reporting Year 2021



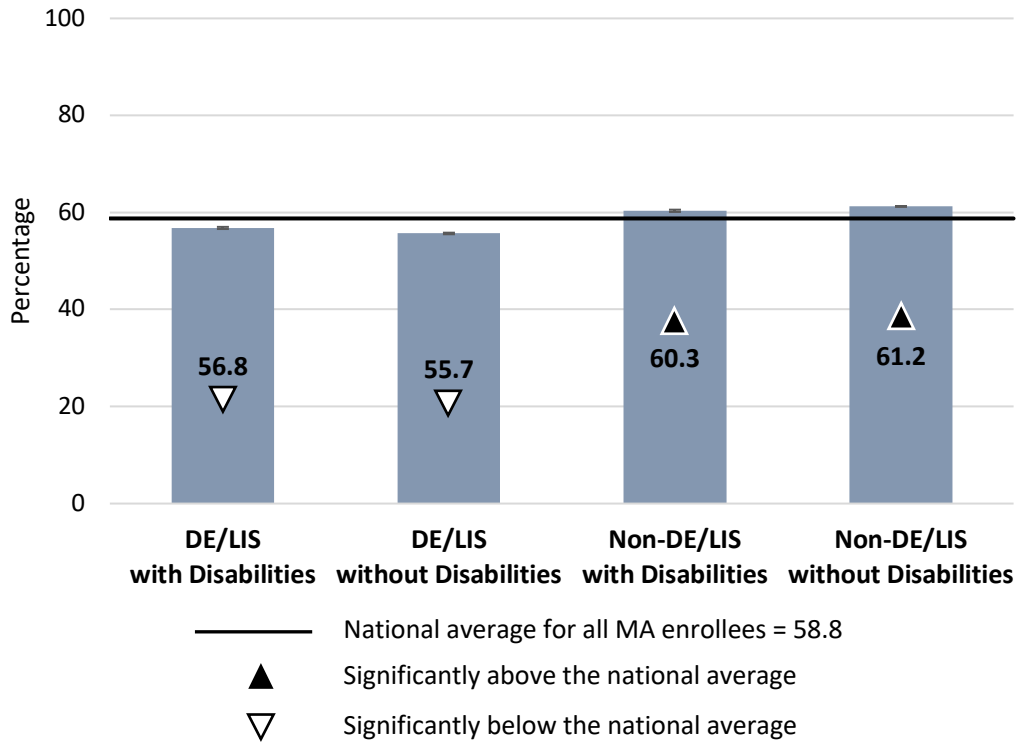
SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of DE/LIS MA enrollees with disabilities who had an office visit, had a home visit, or received telehealth services within 30 days of discharge from an inpatient facility was **similar to** the national average.
- The percentage of DE/LIS MA enrollees without disabilities who had an office visit, had a home visit, or received telehealth services within 30 days of discharge from an inpatient facility was **below** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities who had an office visit, had a home visit, or received telehealth services within 30 days of discharge from an inpatient facility was **similar to** the national average.
- The percentage of non-DE/LIS MA enrollees without disabilities who had an office visit, had a home visit, or received telehealth services within 30 days of discharge from an inpatient facility was **above** the national average by less than 3 percentage points.

Follow-Up After ED Visit for People with High-Risk Multiple Chronic Conditions

Percentage of MA enrollees aged 18 years and older with multiple high-risk chronic conditions[†] who received follow-up care within seven days of an ED visit, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

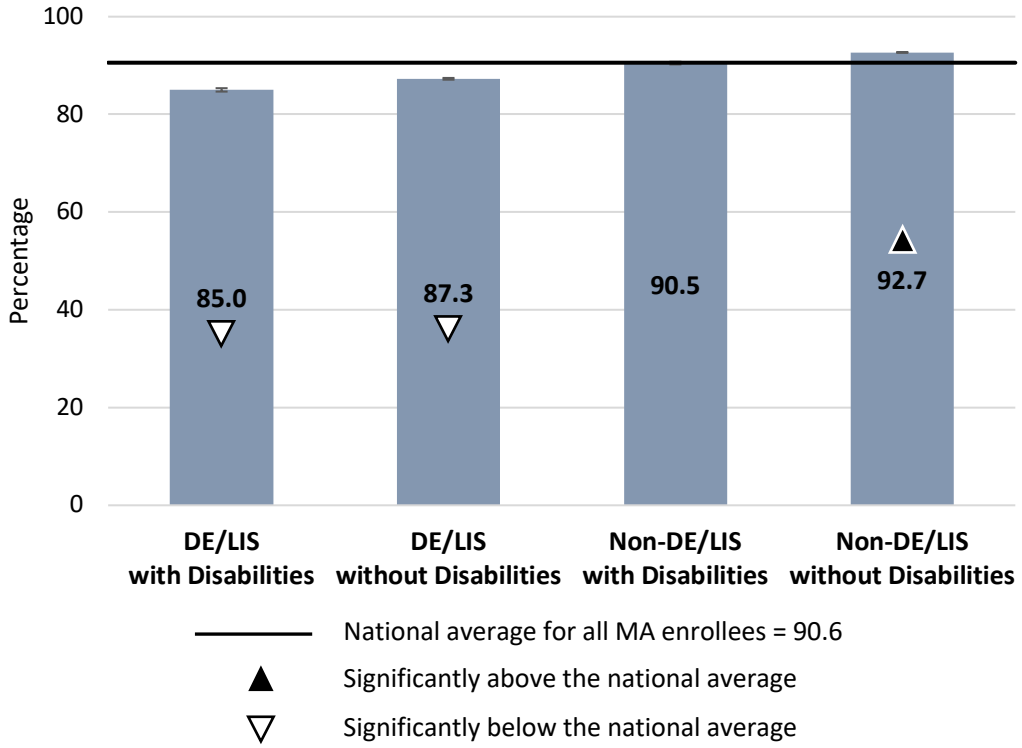
- The percentage of DE/LIS MA enrollees with disabilities with multiple high-risk chronic conditions who received follow-up care within seven days of an ED visit was **below** the national average by less than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities with multiple high-risk chronic conditions who received follow-up care within seven days of an ED visit was **below** the national average by more than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities with multiple high-risk chronic conditions who received follow-up care within seven days of an ED visit was **above** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees without disabilities with multiple high-risk chronic conditions who received follow-up care within seven days of an ED visit was **above** the national average by less than 3 percentage points.

[†] Conditions include COPD and asthma, Alzheimer's disease and related disorders, chronic kidney disease, depression, heart failure, AMI, atrial fibrillation, and stroke and transient ischemic attack.

Overuse and Appropriate Use of Medication

Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Chronic Renal Failure

Percentage of MA enrollees aged 65 years and older with chronic renal failure who were not dispensed a prescription for a potentially harmful medication,[†] by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

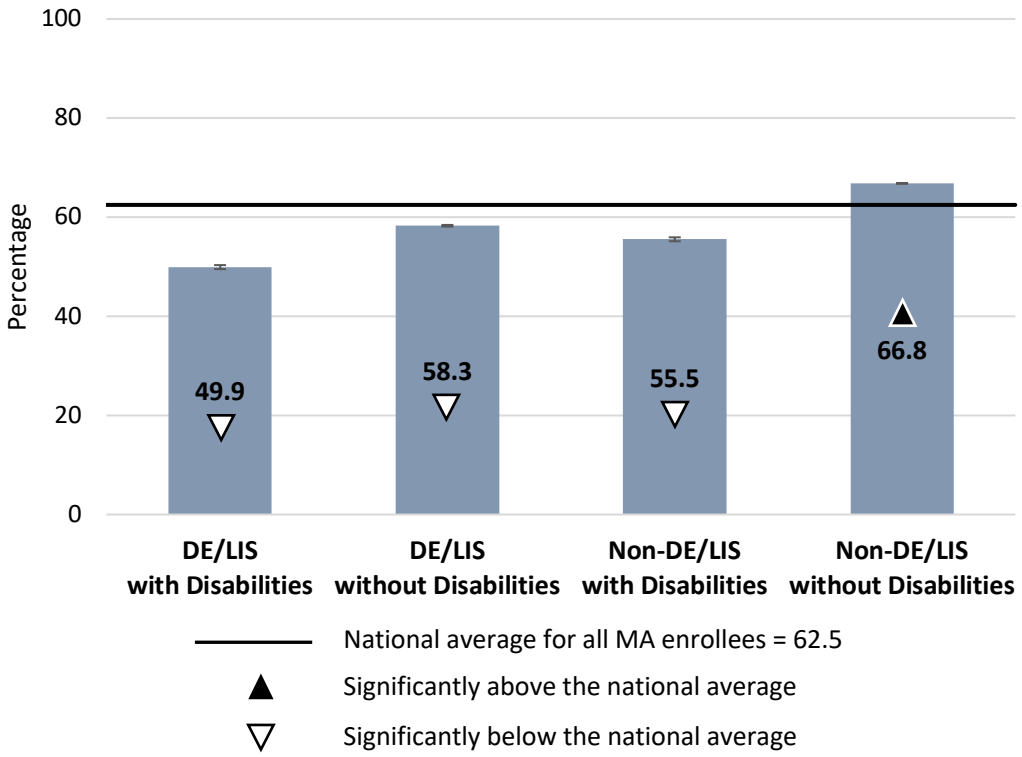
Disparities

- The percentage of elderly DE/LIS MA enrollees with disabilities with chronic renal failure for whom use of potentially harmful medication was avoided was **below** the national average by more than 3 percentage points.
- The percentage of elderly DE/LIS MA enrollees without disabilities with chronic renal failure for whom use of potentially harmful medication was avoided was **below** the national average by more than 3 percentage points.
- The percentage of elderly non-DE/LIS MA enrollees with disabilities with chronic renal failure for whom use of potentially harmful medication was avoided was **similar to** the national average.
- The percentage of elderly non-DE/LIS MA enrollees without disabilities with chronic renal failure for whom use of potentially harmful medication was avoided was **above** the national average by less than 3 percentage points.

[†] This includes cyclooxygenase-2 selective nonsteroidal anti-inflammatory drugs (NSAIDs) or nonaspirin NSAIDs.

Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Dementia

Percentage of MA enrollees aged 65 years and older with dementia who were not dispensed a prescription for a potentially harmful medication,† by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

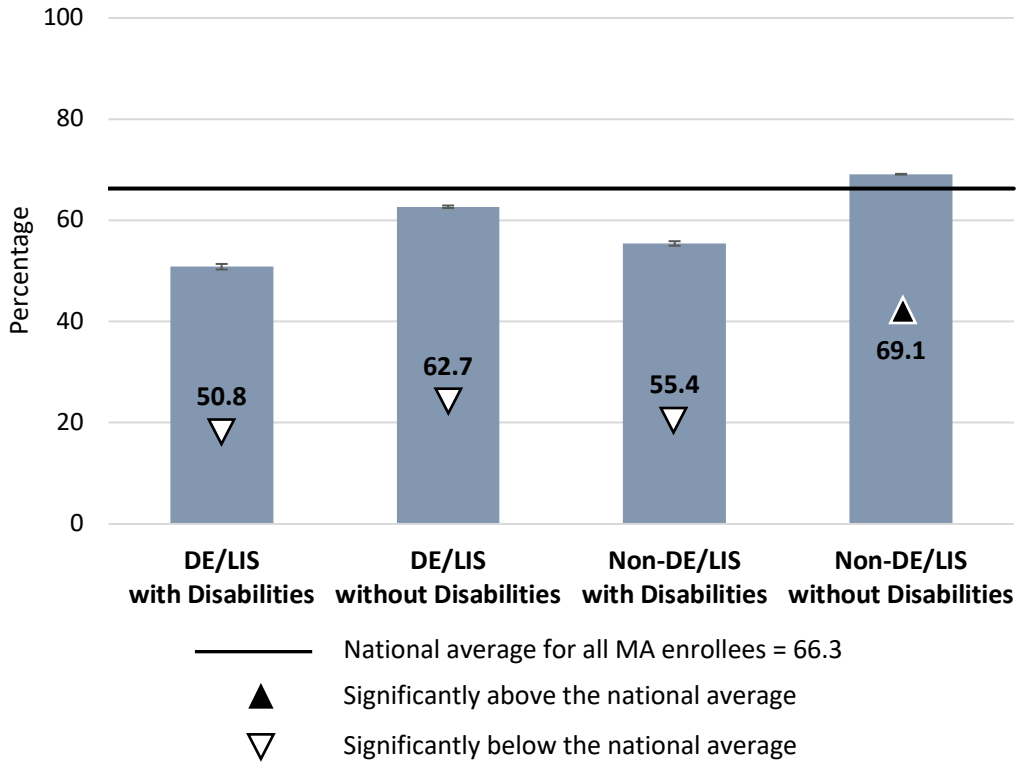
Disparities

- The percentage of elderly DE/LIS MA enrollees with disabilities with dementia for whom use of potentially harmful medication was avoided was **below** the national average by more than 3 percentage points.
- The percentage of elderly DE/LIS MA enrollees without disabilities with dementia for whom use of potentially harmful medication was avoided was **below** the national average by more than 3 percentage points.
- The percentage of elderly non-DE/LIS MA enrollees with disabilities with dementia for whom use of potentially harmful medication was avoided was **below** the national average by more than 3 percentage points.
- The percentage of elderly non-DE/LIS MA enrollees without disabilities with dementia for whom use of potentially harmful medication was avoided was **above** the national average by more than 3 percentage points.

† This includes antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H2 receptor antagonists, nonbenzodiazepine hypnotics, and anticholinergic agents.

Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with a History of Falls

Percentage of MA enrollees aged 65 years and older with a history of falls who were not dispensed a prescription for a potentially harmful medication,† by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

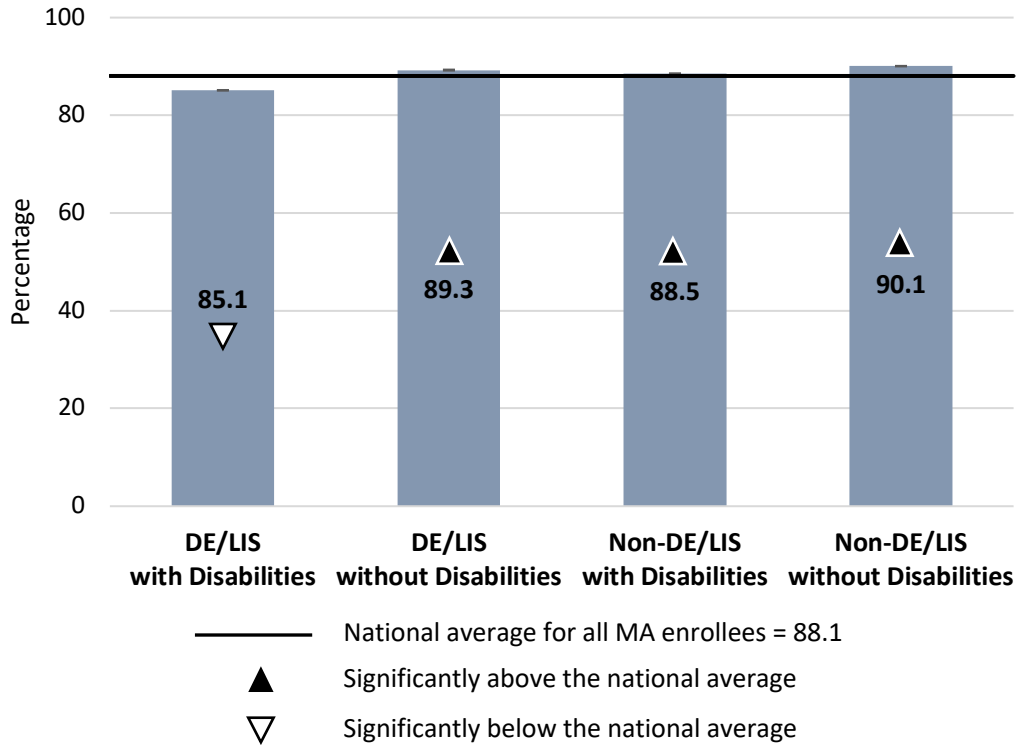
Disparities

- The percentage of elderly DE/LIS MA enrollees with disabilities with a history of falls for whom use of potentially harmful medication was avoided was **below** the national average by more than 3 percentage points.
- The percentage of elderly DE/LIS MA enrollees without disabilities with a history of falls for whom use of potentially harmful medication was avoided was **below** the national average by more than 3 percentage points.
- The percentage of elderly non-DE/LIS MA enrollees with disabilities with a history of falls for whom use of potentially harmful medication was avoided was **below** the national average by more than 3 percentage points.
- The percentage of elderly non-DE/LIS MA enrollees without disabilities with a history of falls for whom use of potentially harmful medication was avoided was **above** the national average by less than 3 percentage points.

† This includes anticonvulsants, nonbenzodiazepine hypnotics, selective serotonin re-uptake inhibitors, antiemetics, antipsychotics, benzodiazepines, and tricyclic antidepressants.

Avoiding Use of Opioids from Multiple Prescribers

Percentage of MA enrollees aged 18 years and older who did not receive prescriptions for opioids from four or more prescribers in the past year, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

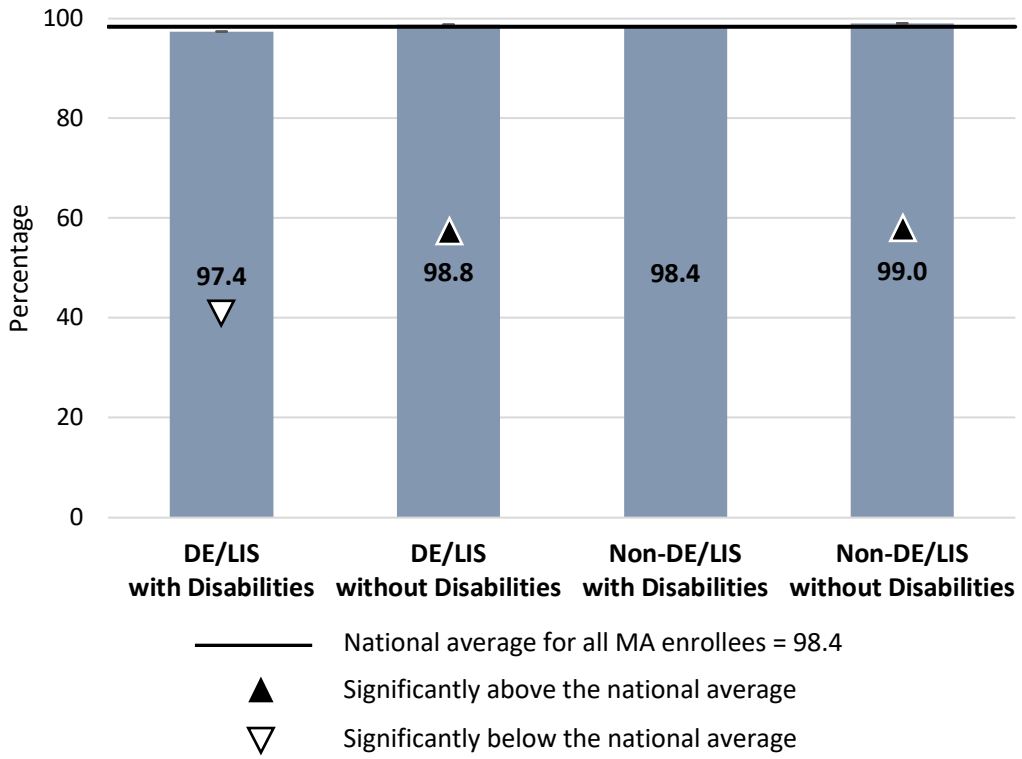
Disparities

- The percentage of DE/LIS MA enrollees with disabilities for whom use of opioids from multiple prescribers was avoided was **below** the national average by less than 3 percentage points.[†]
- The percentage of DE/LIS MA enrollees without disabilities for whom use of opioids from multiple prescribers was avoided was **above** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities for whom use of opioids from multiple prescribers was avoided was **above** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees without disabilities for whom use of opioids from multiple prescribers was avoided was **above** the national average by less than 3 percentage points.

[†] Prior to rounding.

Avoiding Use of Opioids from Multiple Pharmacies

Percentage of MA enrollees aged 18 years and older who did not receive prescriptions for opioids from four or more pharmacies in the past year, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

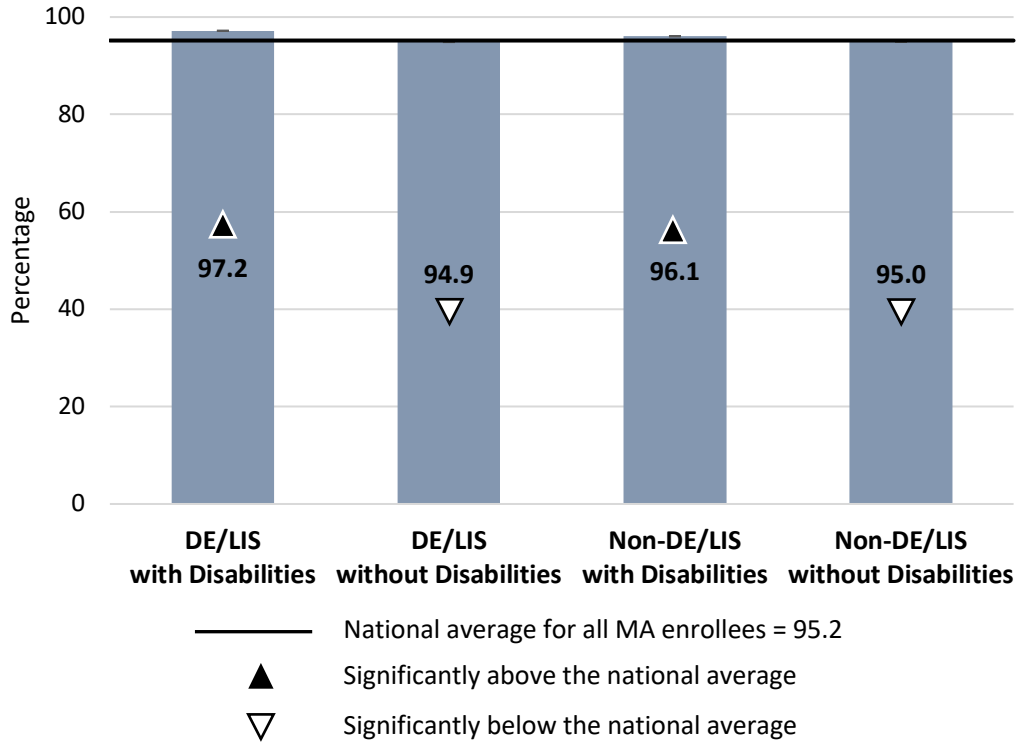
Disparities

- The percentage of DE/LIS MA enrollees with disabilities for whom use of opioids from multiple pharmacies was avoided was **below** the national average by less than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities for whom use of opioids from multiple pharmacies was avoided was **above** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities for whom use of opioids from multiple pharmacies was avoided was **similar to** the national average.
- The percentage of non-DE/LIS MA enrollees without disabilities for whom use of opioids from multiple pharmacies was avoided was **above** the national average by less than 3 percentage points.

Access to and Availability of Care

Older Adults' Access to Preventive and Ambulatory Services

Percentage of MA enrollees aged 65 years and older who had an ambulatory or preventive care visit in the past year, by DE/LIS and disability status, Reporting Year 2021



SOURCE: Clinical quality data from MA plans nationwide reported in 2021.
NOTES: DE/LIS = dually eligible for Medicare and Medicaid or eligible for a Low-Income Subsidy. Disability status is based on an MA enrollee's original reason for Medicare entitlement.

Disparities

- The percentage of DE/LIS MA enrollees with disabilities who had an ambulatory or preventive care visit in the past year was **above** the national average by less than 3 percentage points.
- The percentage of DE/LIS MA enrollees without disabilities who had an ambulatory or preventive care visit in the past year was **below** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees with disabilities who had an ambulatory or preventive care visit in the past year was **above** the national average by less than 3 percentage points.
- The percentage of non-DE/LIS MA enrollees without disabilities who had an ambulatory or preventive care visit in the past year was **below** the national average by less than 3 percentage points.

Appendix: Data Sources and Methods

The Healthcare Effectiveness Data and Information Set

The HEDIS consists of more than 90 measures across six domains of care (National Committee for Quality Assurance, undated). These domains are effectiveness of care, access to and availability of care, experience of care, utilization and risk-adjusted utilization, relative resource use, and health plan descriptive information. HEDIS measures are developed, tested, and validated under the direction of the National Committee for Quality Assurance. HEDIS data are gathered both via surveys and via medical charts and insurance claims or encounter data for hospitalizations, medical office visits, and procedures. In selecting HEDIS measures to include in this report, we excluded measures that underwent a recent change in specification, were similar to reported measures preferred by CMS, or were deemed unsuitable for this application by CMS experts. In Reporting Year 2021, there were 649 MA contracts that supplied the 20,316,339 HEDIS measure records used for this report.

Information on DE/LIS Status and Disability

Information on MA enrollees' DE/LIS and disability status came from CMS administrative data. DE/LIS information in the 2021 HEDIS data file (Reporting Year 2021) represents enrollees' DE/LIS status in March 2021. For this report, all DE individuals (i.e., those who would be considered full-benefit, partial-benefit, and Qualified Medicare Beneficiaries) are included in the DE group. Information on disability status came from the Original Reason for Entitlement Code (OREC) contained in the CMS-maintained Medicare Beneficiary Summary File. CMS obtains information on the reason for Medicare entitlement from the Social Security Administration and Railroad Retirement Board record systems. In this report, *people with disabilities* refers to those who had disability insurance benefits as their original reason for Medicare entitlement, while *people without disabilities* refers to those who had only old-age and survivors insurance or end-stage renal disease as their original reason for Medicare entitlement.

Analytic Approach

HEDIS scores for the four DE/LIS and disability status groups were estimated from logistic regression models. Four logistic regression models were run for each outcome; DE/LIS MA enrollees with disabilities, DE/LIS MA enrollees without disabilities, non-DE/LIS MA enrollees with disabilities, and non-DE/LIS MA enrollees without disabilities successively served as the focal group.

Consistent with official scoring, none of the HEDIS measures reported was case mix–adjusted. That is, the sole predictor in these logistic regression models was an indicator of whether a person belonged to the focal DE/LIS and disability status group in each model. These models yielded estimates of each group's score in the form of a proportion and a statistical test of the difference between that score and the score for all others; the statistical test is mathematically equivalent to the test of the difference of the group's score from the national average for all MA enrollees.[10]

To estimate the confidence interval for the difference between the score for one group and those not in that group, a linear regression that is otherwise similar to the logistic model described above (with the group identifier as the sole predictor) was run, retaining the standard error of the coefficient for the

[10] An alternative would have been to run a single regression for each outcome and to use linear contrasts to assess the difference of each group from the national average; here we run multiple regressions testing each focal group separately for simplicity.

group identifier.[11] This standard error was rescaled to represent the difference between the group and the national average by multiplying it by 1-*p*, where *p* is the proportion of eligible MA enrollees in the focal group for a measure. For example, if there were two groups of equal size and *p* equaled 0.5, each group would be half as far from the national average as it was from one another. The rescaled standard error was then used to construct the confidence interval that corresponds to the difference of the focal group from the national average.

In comparisons of estimated scores with the national average, a difference is denoted as statistically significant if there is less than a 5-percent chance that the difference could have resulted because of sampling error alone. Differences that are statistically significant and 3 percentage points or greater are further denoted as practically significant. In the summary chart that appears in the Executive Summary, the focus is on practically significant differences. In the charts that present results on individual clinical care (HEDIS) measures, the focus is on statistically significant differences. In the bullet-point summaries that appear below these charts, statistically significant differences that are less than 3 points in magnitude are distinguished from statistically and practically significant differences that are 3 points in magnitude or larger. The 3-point criterion was selected because a difference of this size is considered to be of moderate magnitude (Paddison et al., 2013).

[11] The estimates from this linear regression are essentially identical to those from the logistic regression, so the resulting confidence intervals are effectively consistent with the significance tests.

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Suggested Citation

Martino, SC, Mathews, M, Dembosky, JW, Haviland, AM, and Elliott, MN. *Disparities in Health Care in Medicare Advantage Associated with Dual Eligibility or Eligibility for a Low-Income Subsidy and Disability*. Baltimore, MD: CMS Office of Minority Health. 2023.