CMS OFFICE OF MINORITY HEALTH IN COLLABORATION WITH THE RAND CORPORATION

RACIAL, ETHNIC, & GENDER DISPARITIES IN HEALTH CARE IN MEDICARE ADVANTAGE

APRIL 2021

Preface

This report presents summary information on the quality of health care received by Medicare Advantage (MA) beneficiaries nationwide (34 percent of all Medicare beneficiaries in 2019). The report highlights (1) racial and ethnic differences in health care experiences and clinical care, (2) gender differences in health care experiences and clinical care, and (3) how racial and ethnic differences in quality of care vary between women and men.

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EXECUTIVE SUMMARY

Racial, Ethnic, and Gender Disparities in Health Care in Medicare Advantage

Introduction

This report presents summary information on the quality of health care received by Medicare Advantage (MA) beneficiaries nationwide (34 percent of all Medicare beneficiaries in 2019). The report highlights (1) racial and ethnic differences in health care experiences and clinical care, (2) gender differences in health care experiences and clinical care, and (3) how racial and ethnic differences in quality of care vary between women and men.

The report is based on an analysis of two sources of information. The first source is the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, which is conducted annually by the Centers for Medicare & Medicaid Services (CMS) and focuses on the health care experiences (e.g., ease of getting needed care, how well providers communicate, getting needed prescription drugs) of Medicare beneficiaries across the nation. The second source of information is the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is composed of information collected from medical records and administrative data on the clinical quality of care that Medicare beneficiaries receive for a variety of medical issues, including diabetes, cardiovascular disease, and chronic lung disease. A comprehensive list of the seven patient experience and 39 clinical care measures included in this report is provided in the section titled "Patient Experience and Clinical Care Measures Included in This Report." Scores on CAHPS measures are case mix–adjusted, as described in the appendix. HEDIS measures are not case mix–adjusted.

The report uses data collected in 2019. The CAHPS data pertain to care experiences reported on the 2019 Medicare CAHPS survey, which was fielded from March to May 2019. Beneficiaries were asked about care received in the six months prior to the survey. The 2019 HEDIS data pertain to care received from January to December 2018.

Distribution of Race, Ethnicity, and Gender Among Medicare Advantage Beneficiaries

The 2019 MA population included 69.5 percent White beneficiaries, 12.8 percent Hispanic beneficiaries, 11.0 percent Black beneficiaries, 4.0 percent Asian or Pacific Islander (API) beneficiaries, 2.3 percent multiracial beneficiaries (the multiracial group is not included in this report because it is a heterogeneous and therefore difficult-to-interpret population), and 0.4 percent American Indian or Alaska Native (AI/AN) beneficiaries. The 2019 MA population also included 56.5 percent female beneficiaries and 43.5 percent male beneficiaries.

Racial and Ethnic Disparities in Health Care in Medicare Advantage

With just one exception, racial and ethnic minority beneficiaries reported experiences with care that were either worse than or similar to the experiences reported by White beneficiaries (see Figure 1). Compared with White beneficiaries, AI/AN beneficiaries and Black beneficiaries reported worse experiences on one measure and similar experiences on six measures.[1] API beneficiaries reported worse experiences than White beneficiaries on six measures and better experiences on one measure. Hispanic beneficiaries reported worse experiences than White beneficiaries on three measures and similar experiences on four measures.

[1] Here, we use *worse* and *better* to characterize differences that are statistically significant and exceed a magnitude threshold, as described in the appendix. We use *similar* to characterize differences that are not statistically significant, fall below a magnitude threshold, or both.

Racial and ethnic differences were more variable for the 39 clinical care measures presented in this report than for the patient experience measures (see Figure 2). API beneficiaries had worse results than White beneficiaries on six clinical care measures, similar results on 23 measures, and better results on 11 measures. Black beneficiaries had worse results than White beneficiaries on 14 clinical care measures, similar results on 20 measures, and better results on five measures. Hispanic beneficiaries had worse results than White beneficiaries on 16 clinical care measures, similar results on 17 measures, and better results on six measures.[2]

Gender Disparities in Health Care in Medicare Advantage

Women and men reported similar experiences with care for all measures of patient experience (see Figure 3). Women and men had similar results on 26 of 35 clinical care measures.[3] For the nine remaining measures, women had worse results than men on four measures, and they had better results on five measures (see Figure 4).

Racial and Ethnic Disparities by Gender in Health Care in Medicare Advantage

Patterns of racial and ethnic differences (compared with White beneficiaries) in patient experience varied between women and men, compared with the differences that were observed among both groups combined (see Figure 5). AI/AN men reported worse experiences with getting needed prescription drugs than did White men, whereas AI/AN women and White women reported similar experiences. For all other measures, AI/AN beneficiaries reported experiences that were similar to those reported by White beneficiaries, regardless of gender. Among both women and men, API beneficiaries reported worse experiences than White beneficiaries with getting needed care, getting appointments and care quickly, customer service, doctor communication, care coordination, and getting needed patient drugs, and they also had higher rates of vaccination for the flu than White beneficiaries. Among both women and men, Black beneficiaries had lower rates of vaccination for the flu than White beneficiaries. For all other measures, Black beneficiaries reported experiences that were similar to those reported by White beneficiaries, regardless of gender. Among both men and women, Hispanic beneficiaries reported worse experiences with getting appointments and care quickly than White beneficiaries. Among men only, Hispanic beneficiaries reported worse experiences with getting needed care and care coordination than White beneficiaries. For all other measures, Hispanic beneficiaries reported experiences that were similar to those reported by White beneficiaries, regardless of gender.

Patterns of racial and ethnic differences (compared with White beneficiaries) in clinical care among women and men largely parallel the differences observed among both groups combined (see Figure 6). API women had worse results than White women on three measures; API men had worse results than White men on those same three measures plus two additional measures. API women had better results than White women on eight measures, whereas API men had better results than White men on ten measures; of those eight or ten measures, six were the same for women and men. Black women had worse results than White women on 14 measures; Black men had worse results than White men on 11

[2] For reporting HEDIS data stratified by race and ethnicity, racial and ethnic group membership is estimated using a methodology that combines information from CMS administrative data, surname, and residential location. Estimates of membership in the AI/AN group are less accurate than for other racial and ethnic groups; thus, this report does not show scores for AI/AN beneficiaries on the clinical care measures.

[3] Two clinical care measures, Breast Cancer Screening and Osteoporosis Management in Women Who Had a Fracture, pertained only to women and so were not eligible for stratified reporting by gender. Two other measures, Statin Use for Cardiovascular Disease and Medication Adherence for Cardiovascular Disease—Statins, were defined differently for men and women and also were not eligible for stratified reporting by gender.

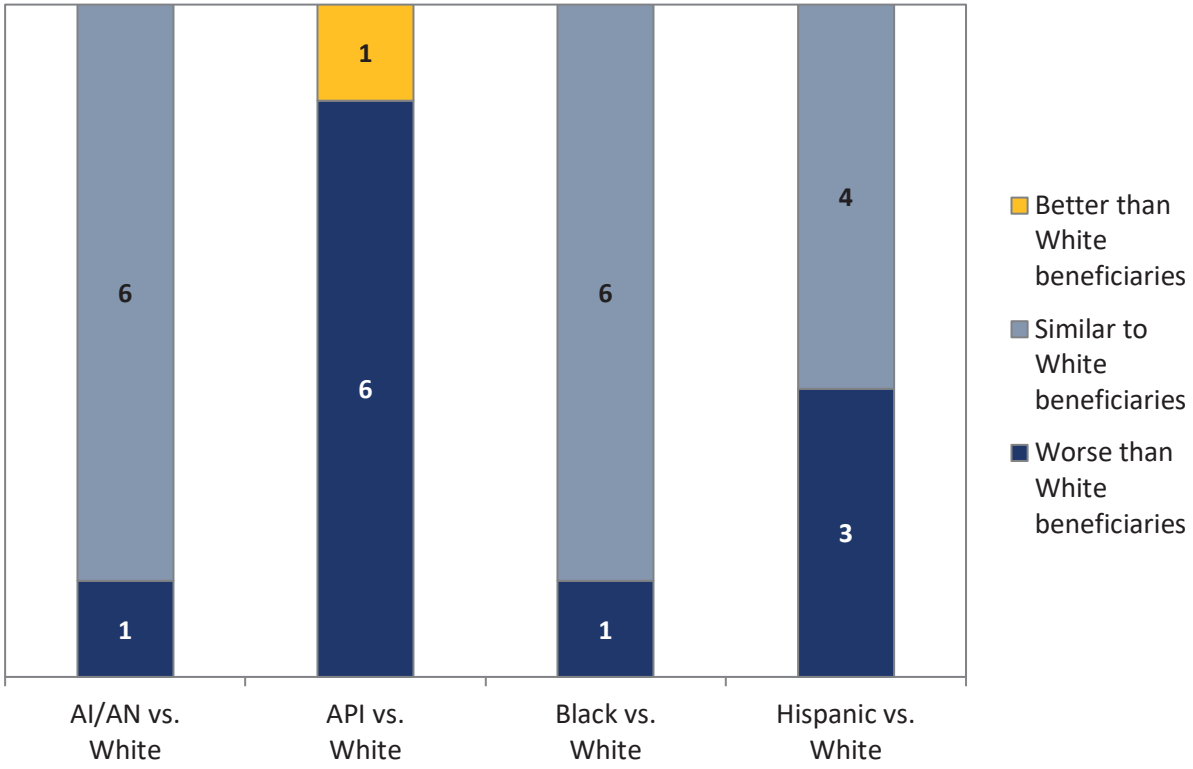
of those 14 measures plus an additional five measures. Black women had better results than White women on two measures; Black men had better results than White men on those same two measures plus two additional measures. Hispanic women had worse results than White women on 15 measures; Hispanic men had worse results than White men on 14 of those 15 measures plus an additional two measures. Hispanic women had better results than White women on seven measures, whereas Hispanic men had better results than White men on five measures; of those five or seven measures, four were the same for women and men.

Conclusion

This report focuses on racial, ethnic, and gender differences in patient experience and clinical quality of care that exist at the national level. Although this analysis generally revealed few gender differences in care, it did reveal patterns in which (1) Black and Hispanic beneficiaries had worse results than White beneficiaries on a large portion of the clinical care measures examined and (2) API beneficiaries reported worse patient experiences than White beneficiaries on a majority of the measures of patient experience. The results presented in this report suggest that quality improvement efforts should focus on enhancing clinical care for Black and Hispanic beneficiaries and investigating the drivers of differences between the reported experiences of API beneficiaries compared with those of White beneficiaries (Mayer et al., 2016). This information might be of interest to MA organizations and Medicare Part D sponsors as they consider strategies to improve the quality of care received by racial and ethnic minorities and to reduce disparities.

Figure 1. Racial and Ethnic Disparities in Care: All Patient Experience Measures

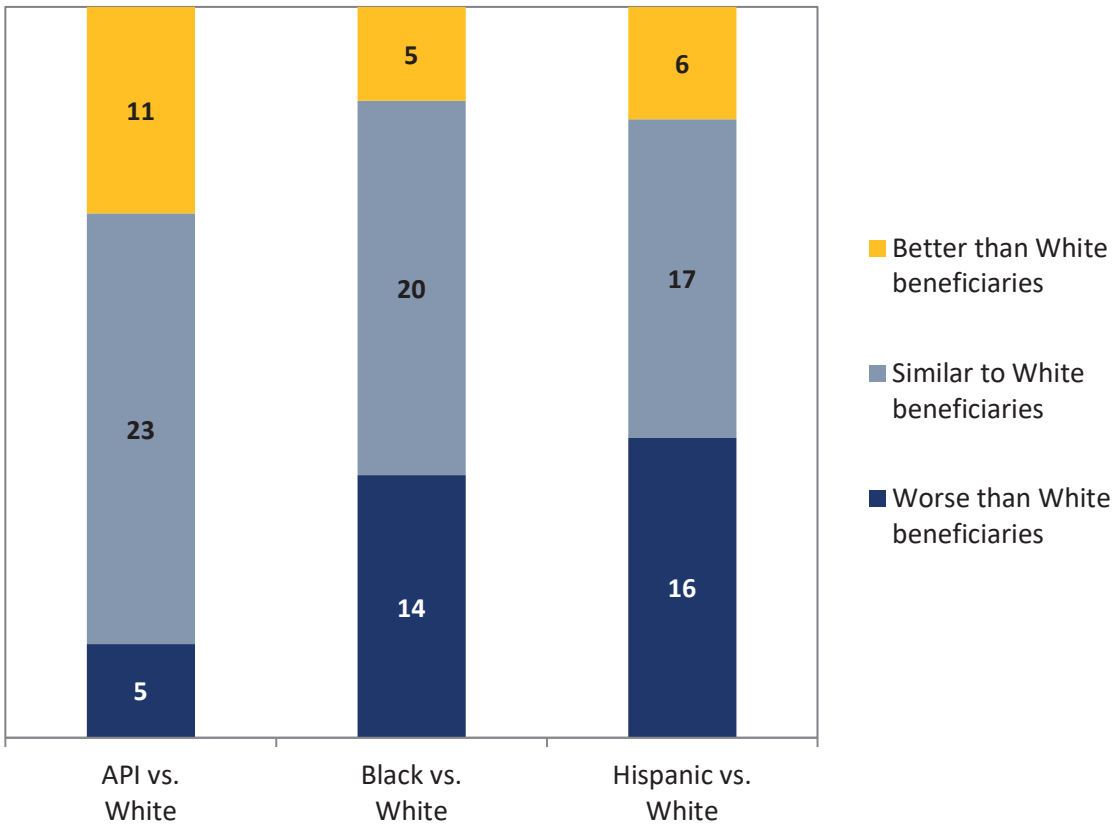
Number of patient experience measures (out of 7) for which members of selected groups reported experiences that were worse than, similar to, or better than the experiences reported by White beneficiaries in 2019



SOURCE: This chart summarizes data from all MA beneficiaries nationwide who participated in the 2019 Medicare CAHPS survey.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

Figure 2. Racial and Ethnic Disparities in Care: All Clinical Care Measures

Number of clinical care measures (out of 39) for which members of selected groups had results that were worse than, similar to, or better than results for White beneficiaries in 2019

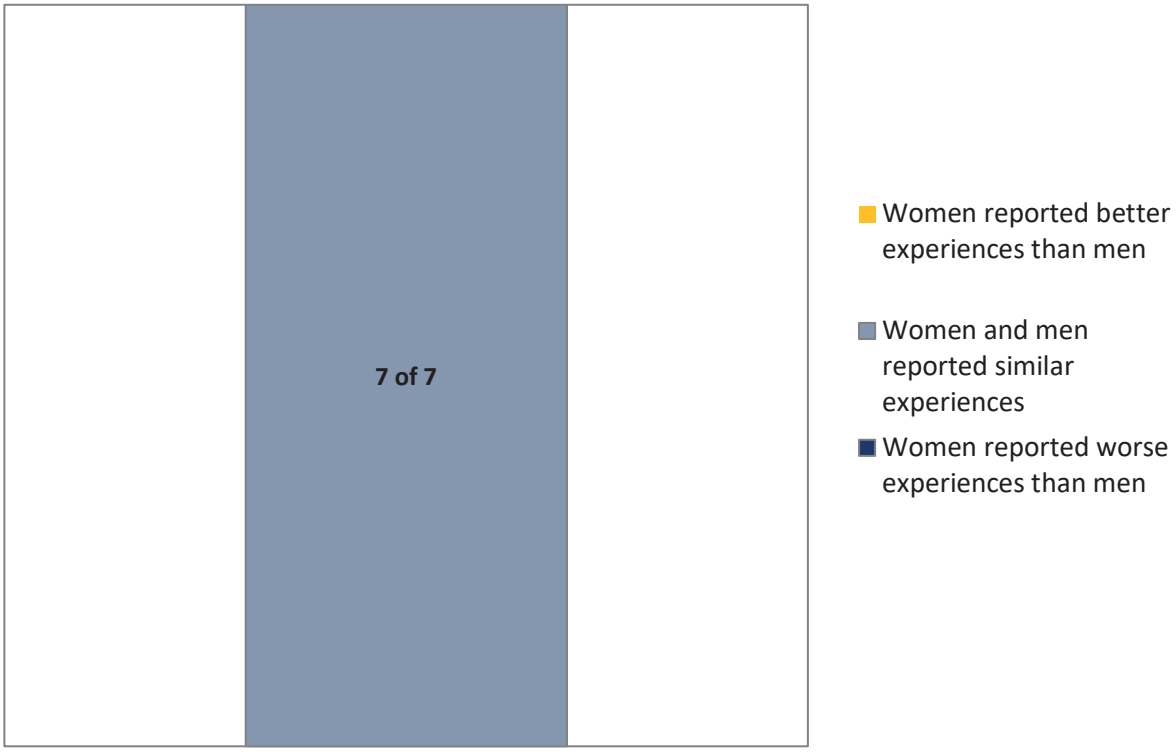


SOURCE: This chart summarizes clinical quality (HEDIS) data collected in 2019 from MA plans nationwide.

NOTES: API = Asian or Pacific Islander. For reporting clinical care (HEDIS) data stratified by race and ethnicity, racial and ethnic group membership is estimated using a methodology that combines information from CMS administrative data, surname, and residential location. Estimates of membership in the AI/AN group are less accurate than for other racial and ethnic groups; thus, this report does not show scores for AI/AN beneficiaries on the clinical care measures. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Figure 3. Gender Disparities in Care: All Patient Experience Measures

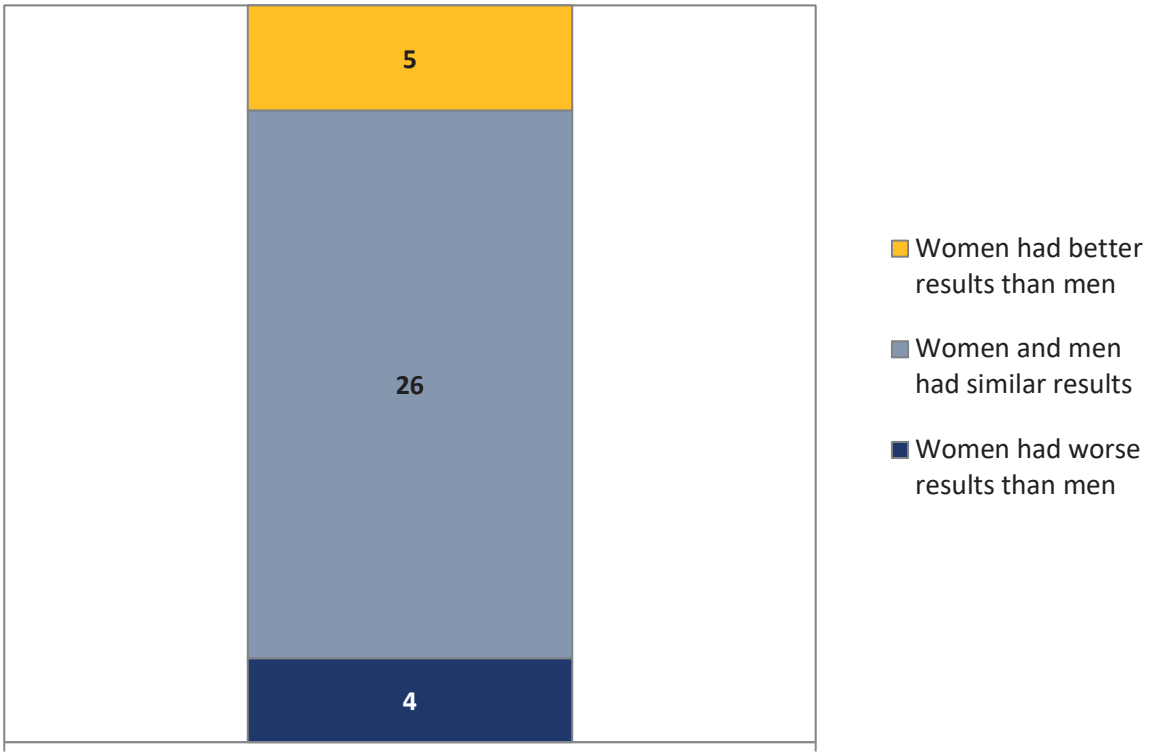
Number of patient experience measures (out of 7) for which women reported experiences that were worse than, similar to, or better than the experiences reported by men in 2019



SOURCE: This chart summarizes data from all MA beneficiaries nationwide who participated in the 2019 Medicare CAHPS survey.

Figure 4. Gender Disparities in Care: All Clinical Care Measures

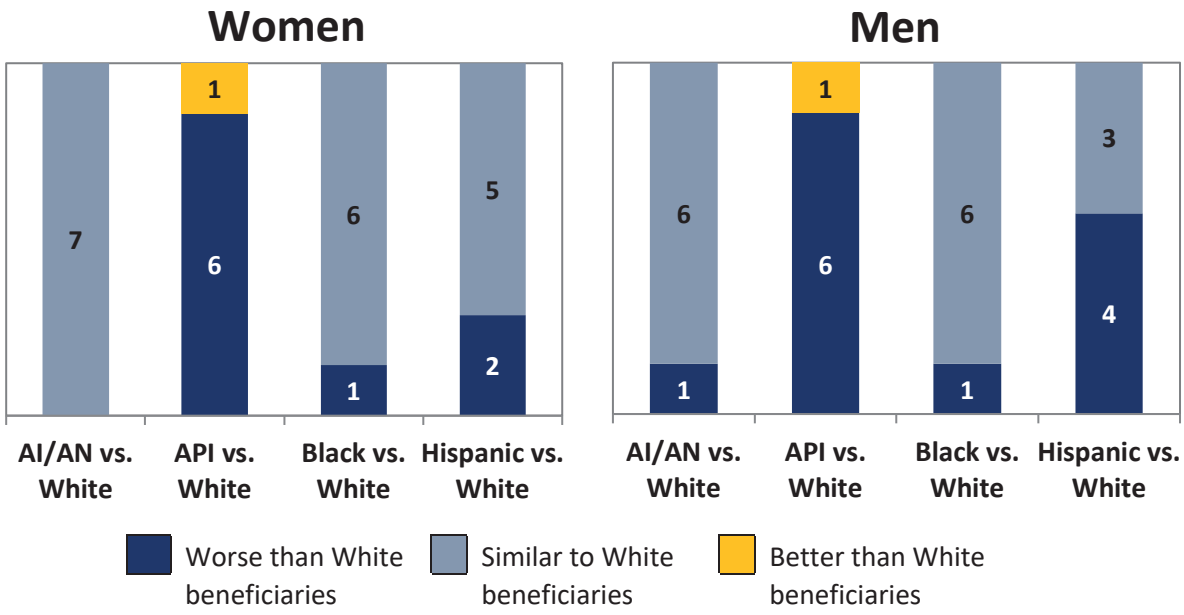
Number of clinical care measures (out of 35) for which women had results that were worse than, similar to, or better than results for men in 2019



SOURCE: This chart summarizes clinical quality (HEDIS) data collected in 2019 from MA plans nationwide.

Figure 5. Racial and Ethnic Disparities in Care by Gender: All Patient Experience Measures

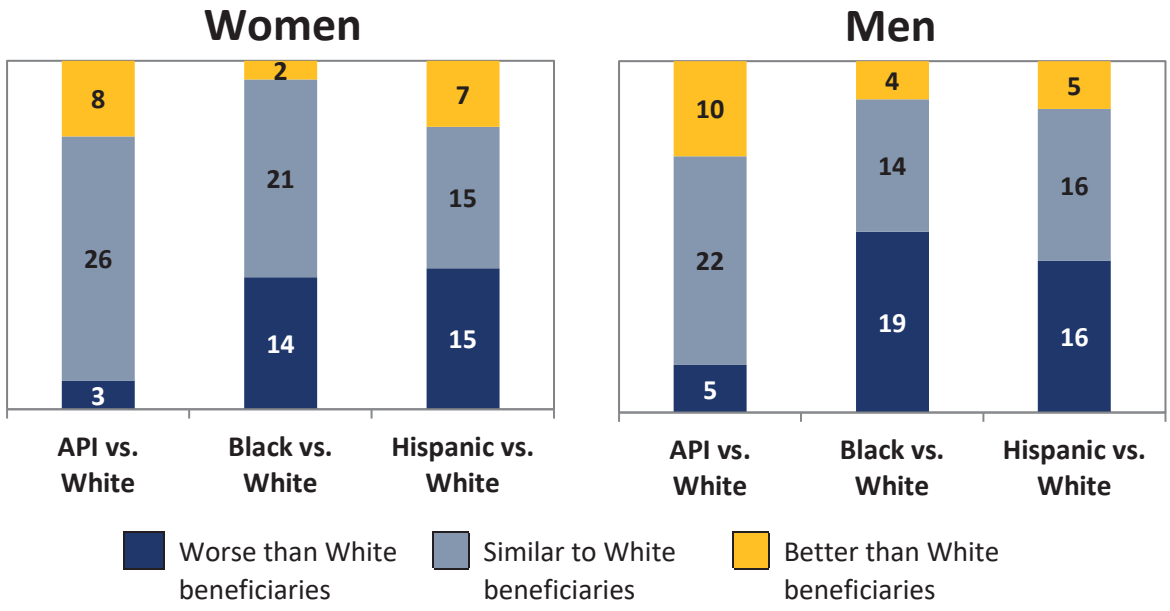
Number of patient experience measures (out of 7) for which women or men of selected racial and ethnic minority groups reported experiences that were worse than, similar to, or better than the experiences reported by White women or men in 2019



SOURCE: This chart summarizes data from all MA beneficiaries nationwide who participated in the 2019 Medicare CAHPS survey.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

Figure 6. Racial and Ethnic Disparities in Care by Gender: All Clinical Care Measures

Number of clinical care measures (out of 37) for which women or men of selected racial and ethnic minority groups had results that were worse than, similar to, or better than results for White women or men in 2019



SOURCE: This chart summarizes clinical quality (HEDIS) data collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. For reporting clinical care (HEDIS) data stratified by race and ethnicity, racial and ethnic group membership is estimated using a methodology that combines information from CMS administrative data, surname, and residential location. Estimates of membership in the AI/AN group are less accurate than for other racial and ethnic groups; thus, this report does not show scores for AI/AN beneficiaries on the clinical care measures. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Patient Experience and Clinical Care Measures Included in This Report

Patient Experience Measures

- Getting Needed Care
- Getting Appointments and Care Quickly
- Customer Service
- Doctors Who Communicate Well
- Care Coordination
- Getting Needed Prescription Drugs
- Annual Flu Vaccine

Clinical Care Measures

Prevention and Screening

- Adult Body Mass Index (BMI) Assessment
- Breast Cancer Screening*
- Colorectal Cancer Screening

Respiratory Conditions

- Testing to Confirm Chronic Obstructive Pulmonary Disease (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 Emergency Department (ED) Visit for Mental Illness (within 30 days of discharge)
- Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (within 30 days of discharge)
- Initiation of Alcohol and Other Drug Dependence Treatment
- Engagement of Alcohol and Other Drug Dependence Treatment

Medication Management and Care Coordination

- Medication Reconciliation After Hospital 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/Appropriate Use

- 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 High-Risk Medications in the Elderly
- Avoiding Use of Opioids at High Dosage
- Avoiding Use of Opioids from Multiple Prescribers
- Avoiding Use of Opioids from Multiple Pharmacies

Access/Availability of Care

- Older Adults' Access to Preventive/Ambulatory Services

* These measures are specific to women and are thus not included in the set of comparisons by gender.

† These measures are defined differently for men and women and thus are not included in the set of comparisons by gender. They are, however, included in the set of comparisons by race and ethnicity within gender.

Abbreviations Used in This Report

AI/AN	American Indian or Alaska Native
AMI	acute myocardial infarction
AOD	alcohol or other drug
API	Asian or Pacific Islander
ASCVD	atherosclerotic cardiovascular disease
BMI	body mass index
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CMS	Centers for Medicare and Medicaid Services
COPD	chronic obstructive pulmonary disease
DMARD	disease-modifying antirheumatic drug
ED	emergency department
FFS	fee-for-service
HEDIS	Healthcare Effectiveness Data and Information Set
MA	Medicare Advantage
NSAID	nonsteroidal anti-inflammatory drug
PDP	prescription drug plan

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OVERVIEW AND METHODS

Overview

This report presents summary information on the quality of health care received in 2019 by Medicare beneficiaries enrolled in Medicare Advantage (MA) plans nationwide. Two types of quality of care data are presented: (1) measures of patient experience, which describe how well the care that patients receive meets their needs for such things as timely appointments, respectful care, clear communication, and access to information; and (2) measures of clinical care, which describe the extent to which patients receive appropriate screening and treatment for specific health conditions. In 2019, 34 percent of all Medicare beneficiaries were enrolled in MA.

The data presented in this report were collected in 2019. Previous versions of this report presented information on the quality of health care received by Medicare beneficiaries enrolled in MA plans nationwide based on data collected in 2016, 2017, and 2018.

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 gender, race, and ethnicity. Three sets of such comparisons are presented in this report. In the first set, quality of care for racial and ethnic minority beneficiaries is compared with quality of care for White beneficiaries. In the second, quality of care for women is compared with quality of care for men. In the third, quality of care for racial and ethnic minority beneficiaries is compared with quality of care for White beneficiaries of the same gender. The choice of reference groups was based on concerns raised by the Institute of Medicine about whether racial and ethnic minority patients receive care that is as good as care for White patients and whether care for women is as consistently good as care for men (Institute of Medicine, 2001). As in the 2018–2020 reports, which are available at Centers for Medicare & Medicaid Services, 2020a, the three sets of comparisons just described—which might be of interest to Medicare beneficiaries, MA organizations, Medicare Part D sponsors, and federal policymakers—are being presented in a single report to provide a more-comprehensive understanding of the ways in which care differs by race and ethnicity, gender, and the intersection of these two characteristics. The focus of this report is on differences that exist at the national level. Interested readers can find information about health care quality for specific Medicare plans at Medicare.gov (Medicare.gov, undated) and information about racial and ethnic differences in health care quality within Medicare plans on the Stratified Reporting page at CMS.gov (Centers for Medicare & Medicaid Services, 2020a).

Data Sources

In all, this report provides data regarding seven patient experience measures and 39 clinical care measures. The set of patient experience measures presented in this report is the same as the set reported on in the 2018–2020 reports (reporting 2016–2018 data). To minimize redundancy among the clinical care measures, five measures that were included in the 2020 report are excluded from this report. The five excluded measures are Follow-Up After Hospital Stay for Mental Illness (within seven days of discharge), Follow-Up After Emergency Department (ED) Visit for Mental Illness (within seven days of discharge), Follow-Up After ED Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (within seven days of discharge), Transitions of Care: Medication Reconciliation After Hospital Discharge, and Avoiding Use of Opioids from Multiple Prescribers and Pharmacies.[4]

[4] This report presents data on (1) versions of each of the first three measures that pertain to follow-up received within 30 days of discharge, (2) a separate but similar measure on medication reconciliation after hospital

Patient experience data were collected from a national survey of Medicare beneficiaries, known as the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. This survey is administered each year; the data in this report are from the 2019 Medicare CAHPS survey (detailed information about this survey can be found on the MA and Prescription Drug Plan CAHPS page at CMS.gov, Centers for Medicare & Medicaid Services, 2020b). The 2019 Medicare CAHPS survey was fielded from March to May 2019. In the survey, beneficiaries were asked about care received in the six months prior to the survey. Examples of patient experience measures include how easy it is to get needed care, how well doctors communicate with beneficiaries, and how easy it is for beneficiaries to get the prescription drugs they need.

Clinical care data 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 a). 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 appropriateness, and access and availability of care. Although the annual flu vaccination measure is a HEDIS measure, it is collected via the Medicare CAHPS survey and so is included with the patient experience measures in this report. Two of the clinical care measures presented in this report, one of which pertains to breast cancer screening and the other to management of osteoporosis, are specific to women. Thus, the set of comparisons by gender and the set of comparisons by race and ethnicity within gender exclude these two measures. Two other clinical care measures, both dealing with statin therapy for patients with cardiovascular disease, are defined differently for men and women and thus are excluded from the set of comparisons by gender. The HEDIS data reported here were collected in 2019. The 2019 HEDIS data pertain to care received from January to December 2018. Whereas all patient experience measures are applicable to beneficiaries aged 18 years and older, certain HEDIS measures apply to beneficiaries in a more-limited age range, as noted throughout the report.

Table 1 shows the distribution of race, ethnicity, and gender in the 2019 MA population compared with the Medicare fee-for-service (FFS) population. Outside the parentheses are column percentages. Inside the parentheses are row percentages. In general, racial and ethnic minority beneficiaries were more likely to be enrolled in MA than were White beneficiaries, and women were more likely to be enrolled in MA than were men.

discharge, and (3) a pair of measures that pertain separately to avoiding use of opioids from multiple prescribers and avoiding use of opioids from multiple pharmacies.

Table 1. Distribution of the 2019 Medicare Advantage Population

Beneficiary Characteristic	Medicare Advantage, 2019 (%)	Medicare Fee-for-Service, 2019 (%)
Race or ethnicity		
American Indian or Alaska Native (AI/AN)	0.4 (22.3)	0.7 (77.7)
Asian or Pacific Islander (API)	4.0 (37.8)	3.6 (62.2)
Black	11.0 (40.8)	8.6 (59.3)
Hispanic	12.8 (53.0)	6.1 (47.0)
White	69.5 (32.0)	79.1 (68.0)
Multiracial*	2.3 (37.8)	2.0 (62.2)
Gender		
Female	56.5 (37.1)	52.2 (62.9)
Male	43.5 (33.2)	47.8 (66.8)

* The multiracial group is not included in this report because it is a heterogeneous and therefore difficult-to-interpret group.

For the racial and ethnic group comparisons that combine data from women and men, scores on patient experience measures are provided for all racial and ethnic groups except for those who were multiracial. These racial and ethnic groups were chosen because enough information was available to describe the experiences of beneficiaries in these groups. Scores on clinical care measures are provided for the same groups except for AI/AN beneficiaries because the clinical care data lack information that allows us to reliably determine whether a beneficiary is in this group.

Reportability of Information

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 were considered sufficiently precise for reporting. Scores based on more than 99 but fewer than 400 observations were considered low in precision and were flagged as such. In this report, flagged scores—which should be regarded as tentative information—are shown unbolded with a superscript symbol appended; the symbol links to a note at the bottom of the chart that cautions about the precision of the score. Scores based on 99 or fewer observations are suppressed (i.e., not reported). When a score is suppressed for a particular group, a note appears at the bottom of the relevant chart saying that there were not enough data from that group to make a racial and ethnic comparison on the measure.

Racial and Ethnic Disparities in Health Care in Medicare Advantage

Section I of the report begins with a stacked bar chart showing the number of patient experience measures (out of 7) for which members of each racial and ethnic minority group reported experiences of care that were worse than, similar to, or better than the experiences reported by White beneficiaries.[5] Following this stacked bar chart are separate, unstacked bar charts for each patient experience measure. These charts show the average score for each racial and ethnic group on a 0–100 scale. The average score represents the percentage of the best possible score for a given demographic group for that measure. For example, consider a measure for which the best possible score is 4 and the worst possible score is 1. If a

[5] In the stacked bar charts presented in this report, *similar* is used to characterize differences that are not statistically significant, fall below a magnitude threshold of 3 points, or both, as described in the appendix. *Worse* and *better* are used to characterize differences that are statistically significant and exceed the magnitude threshold.

given group's score on that measure is 3.5, then that group's score on a 0–100 scale is ([3.5−1]/[4−1])*100 = 83.3. In the unstacked bar charts, differences that are not statistically significant or are statistically significant but less than 3 points in magnitude are distinguished (through the use of symbols and labeling) from differences that are both statistically significant and 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). After the patient experience measures, Section I presents a stacked bar chart showing the number of clinical care measures (out of 39) for which members of each racial and ethnic minority group experienced care that was worse than, similar to, or better than the care experienced by White beneficiaries. Following this stacked bar chart are separate, unstacked bar charts for each clinical care measure that show the percentage of beneficiaries in each racial and ethnic group whose care met the standard called for by the specific measure (e.g., a test or treatment).

Gender Disparities in Health Care in Medicare Advantage

Section II of the report begins with a stacked bar chart showing the number of patient experience measures (out of 7) for which women reported experiences of care that were worse than, similar to, or better than the experiences reported by men. Following this stacked bar chart are separate, unstacked bar charts for each patient experience measure. After the patient experience measures, Section II presents a stacked bar chart showing the number of clinical care measures (out of 35) for which women experienced care that was worse than, similar to, or better than the care experienced by men. Following this stacked bar chart are separate, unstacked bar charts for each clinical care measure.

Racial and Ethnic Disparities by Gender in Health Care in Medicare Advantage

Section III of the report begins with a pair of stacked bar charts that show, separately for women and men, the number of patient experience measures (out of 7) for which members of each racial and ethnic minority group reported experiences of care that were worse than, similar to, or better than the experiences reported by White beneficiaries. Following these stacked bar charts are separate, unstacked bar charts for each patient experience measure. These charts show, separately for men and women, the average score for each racial and ethnic group on a 0–100 scale. After the patient experience measures, Section III presents a pair of stacked bar charts that show, separately for men and women, the number of clinical care measures (out of 37) for which members of each racial and ethnic minority group experienced care that was worse than, similar to, or better than the care experienced by White beneficiaries. Following these stacked bar charts are separate, unstacked bar charts for each clinical care measure that show, separately for men and women, the percentage of beneficiaries in each racial and ethnic group whose care met the standard called for by the specific measure.

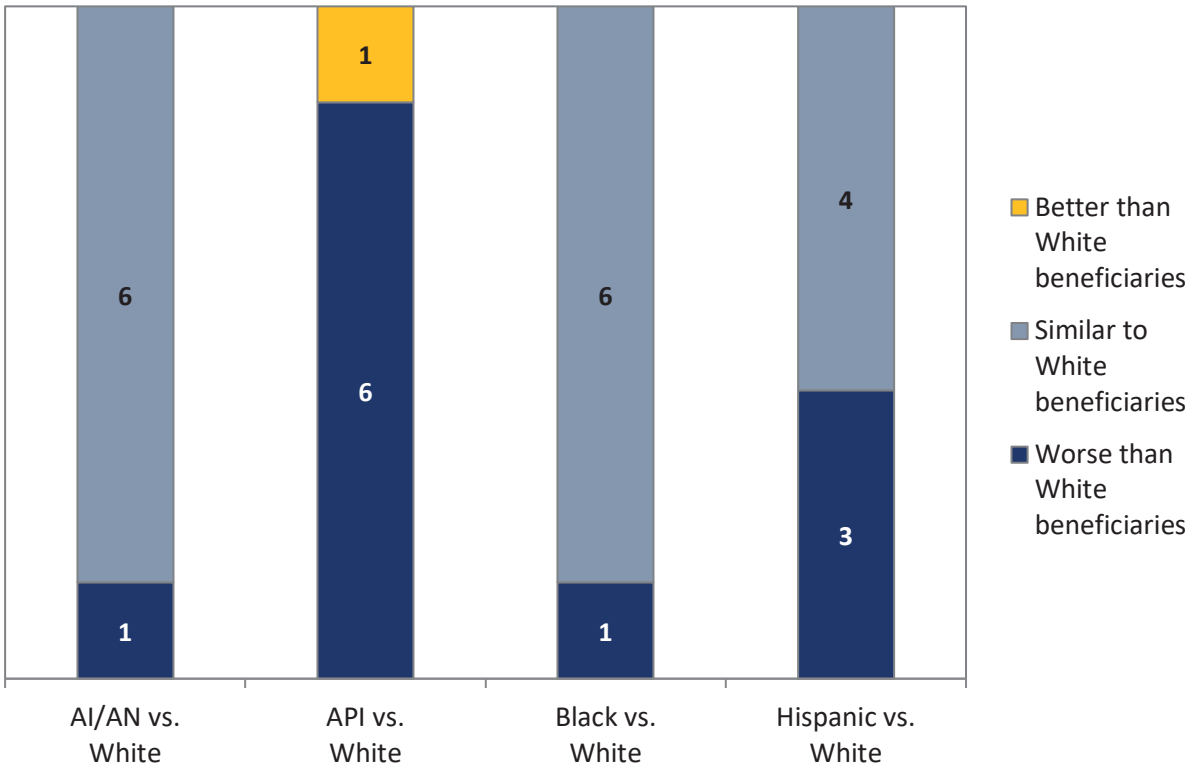
For detailed information on data sources and analytic methods, see the appendix.

SECTION I:

Racial and Ethnic Disparities in Health Care in Medicare Advantage

Disparities in Care: All Patient Experience Measures

Number of patient experience measures (out of 7) for which members of selected groups reported experiences that were worse than, similar to, or better than the experiences reported by White beneficiaries in 2019



SOURCE: This chart summarizes data from all MA beneficiaries nationwide who participated in the 2019 Medicare CAHPS survey.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

The relative difference between a selected group and White beneficiaries is used to assess disparities.

- **Better** = Population received better care than White beneficiaries. Differences are statistically significant ($p < 0.05$), are equal to or larger than 3 points[†] on a 0–100 scale, and favor the racial or ethnic minority group.
- **Similar** = Population and White beneficiaries received care of similar quality. Differences are less than 3 points on a 0–100 scale (differences greater than 3 points were always statistically significant). Differences may be statistically significant.
- **Worse** = Population received worse care than White beneficiaries. Differences are statistically significant, are equal to or larger than 3 points on a 0–100 scale, and favor White beneficiaries.

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

AI/AN beneficiaries had worse results than White beneficiaries

- Getting needed prescription drugs

API beneficiaries had worse results than White beneficiaries

- Getting needed care
- Getting appointments and care quickly
- Customer service
- Doctors who communicate well
- Care coordination
- Getting needed prescription drugs

API beneficiaries had better results than White beneficiaries

- Annual flu vaccine

Black beneficiaries had worse results than White beneficiaries

- Annual flu vaccine

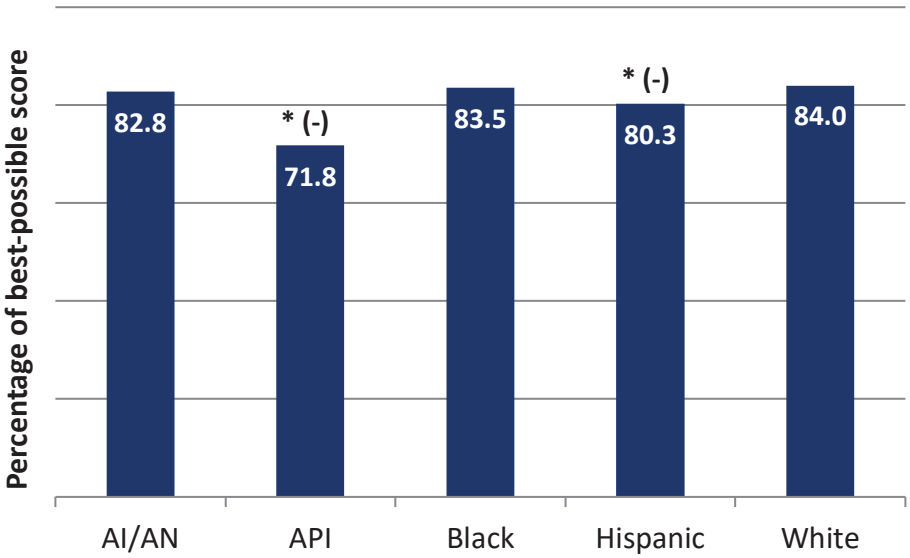
Hispanic beneficiaries had worse results than White beneficiaries

- Getting needed care
- Getting appointments and care quickly
- Annual flu vaccine

Patient Experience

Getting Needed Care

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is for patients to get needed care,† by race and ethnicity, 2019



SOURCE: Data are from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

Disparities

- AI/AN beneficiaries and Black beneficiaries reported experiences getting needed care that were similar to the experiences reported by White beneficiaries.
- API beneficiaries and Hispanic beneficiaries reported worse‡ experiences getting needed care than White beneficiaries. The difference between each of these groups and White beneficiaries was greater than 3 points on a 0–100 scale.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are used when applicable:

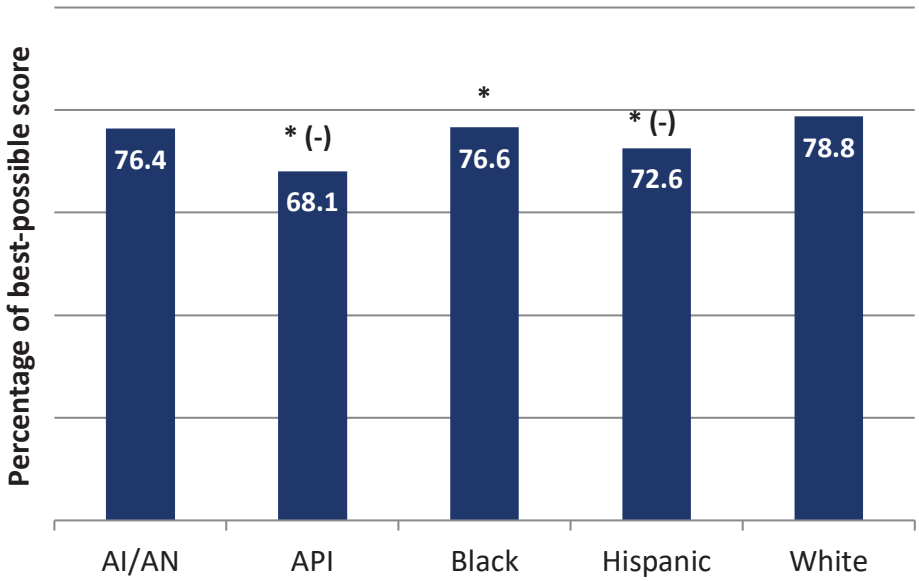
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† This includes how often in the last six months patients got appointments with specialists as soon as they needed them and how easy it was to get needed care, tests, or treatment.

‡ Unlike on the previous two pages, we use the terms *better* or *worse* to describe all statistically significant differences on individual patient experience measures.

Getting Appointments and Care Quickly

Percentage of the best possible score (on a 0–100 scale) earned on how quickly patients get appointments and care,† by race and ethnicity, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

Disparities

- AI/AN beneficiaries reported experiences with getting appointments and care quickly that were similar to the experiences reported by White beneficiaries.
- API, Black, and Hispanic beneficiaries reported worse experiences with getting appointments and care quickly than White beneficiaries. The difference between API beneficiaries and White beneficiaries was greater than 3 points on a 0–100 scale, as was the difference between Hispanic beneficiaries and White beneficiaries. The difference between Black beneficiaries and White beneficiaries was less than 3 points on a 0–100 scale.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

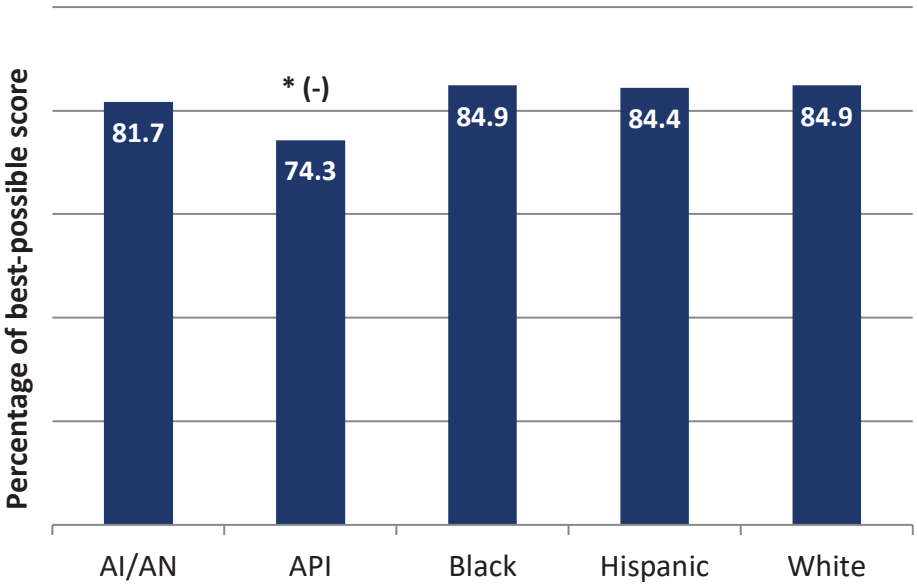
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† This includes how often in the last six months patients got care that was needed right away, as well as how easy it was to get appointments for checkups and routine care.

Customer Service

Percentage of the best possible score (on a 0–100 scale) earned on three aspects of customer service,† by race and ethnicity, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

Disparities

- AI/AN, Black, and Hispanic beneficiaries reported experiences with customer service that were similar to the experiences that White beneficiaries reported.
- API beneficiaries reported worse experiences with customer service than White beneficiaries reported. The difference between API beneficiaries and White beneficiaries was greater than 3 points on a 0–100 scale.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

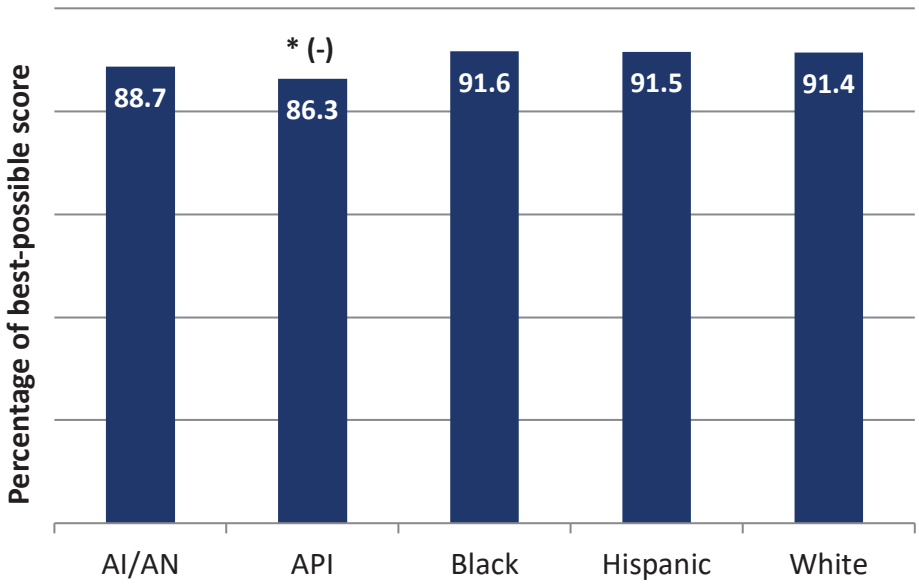
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† This includes how often in the last six months health plan customer service staff provided the information or the help that beneficiaries needed, how often beneficiaries were treated with courtesy and respect, and how often forms from the health plan were easy to fill out.

Doctors Who Communicate Well

Percentage of the best possible score (on a 0–100 scale) earned on how well doctors communicate with patients,† by race and ethnicity, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

Disparities

- AI/AN, Black, and Hispanic beneficiaries reported experiences with doctor communication that were similar to the experiences reported by White beneficiaries.
- API beneficiaries reported worse experiences with doctor communication than White beneficiaries reported. The difference between these groups was greater than 3 points on a 0–100 scale.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

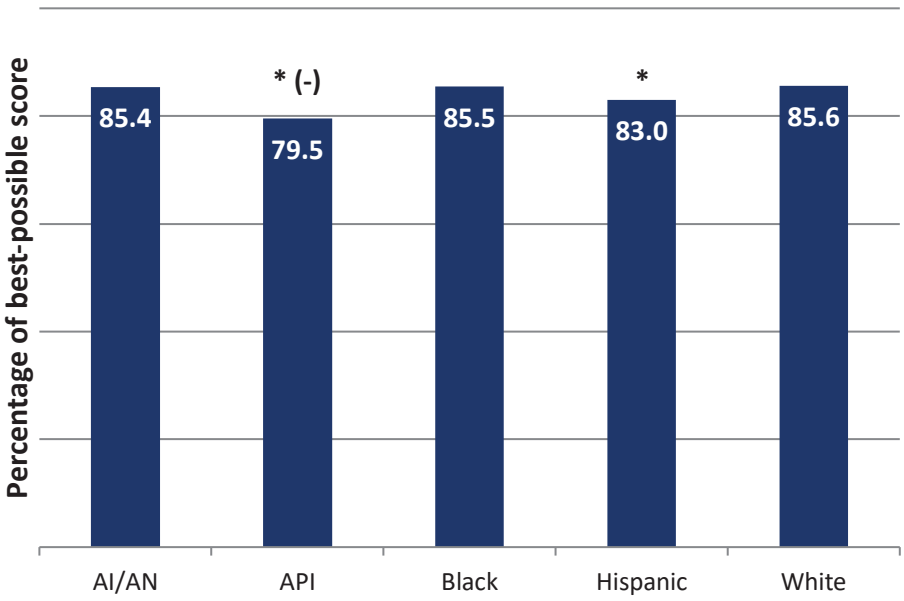
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† This includes how often in the last six months doctors explained things in a way that was easy to understand, listened carefully, showed respect for what patients had to say, and spent time with patients.

Care Coordination

Percentage of the best possible score (on a 0–100 scale) earned on how well patients' care was coordinated,† by race and ethnicity, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

Disparities

- AI/AN and Black beneficiaries reported experiences with care coordination that were similar to the experiences reported by White beneficiaries.
- API beneficiaries reported worse experiences with care coordination than White beneficiaries reported. The difference between API and White beneficiaries was greater than 3 points on a 0–100 scale.
- Hispanic beneficiaries reported worse experiences with care coordination than White beneficiaries reported. The difference between Hispanic and White beneficiaries was less than 3 points on a 0–100 scale.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

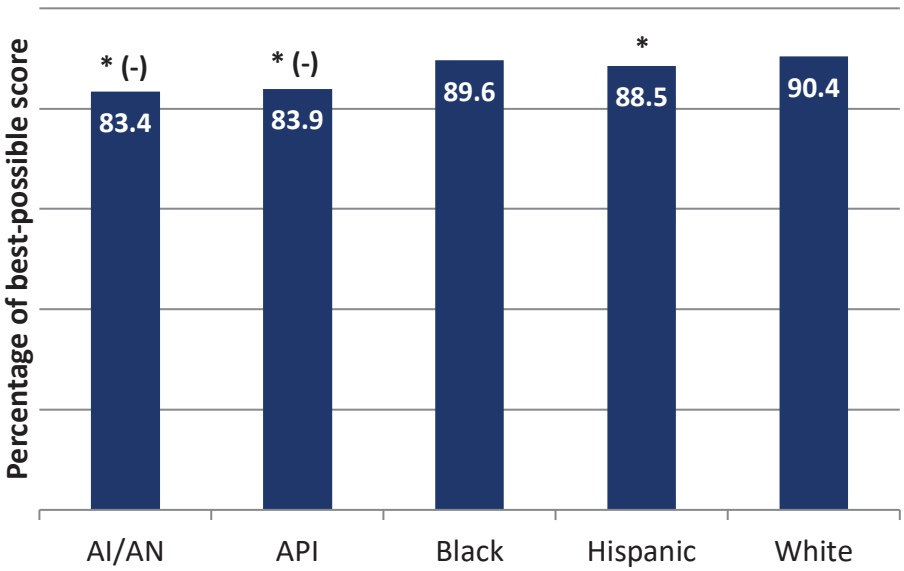
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† This includes how often in the last six months doctors had medical records and other information about patients' care at patients' scheduled appointments and how quickly patients received their test results.

Getting Needed Prescription Drugs

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is for beneficiaries to get the prescription drugs they need using their plan,† by race and ethnicity, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

Disparities

- AI/AN and API beneficiaries reported worse experiences with getting needed prescription drugs than White beneficiaries. The difference between each of these groups and White beneficiaries was greater than 3 points on a 0–100 scale.
- Black beneficiaries reported experiences with getting needed prescription drugs that were similar to the experiences that White beneficiaries reported.
- Hispanic beneficiaries reported worse experiences getting needed prescription drugs than White beneficiaries. The difference between Hispanic beneficiaries and White beneficiaries was less than 3 points on a 0–100 scale.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

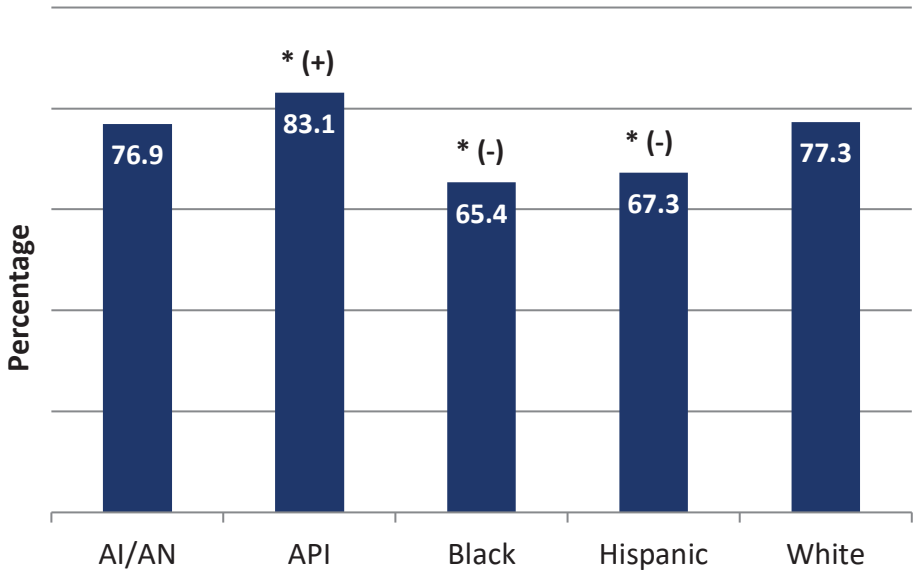
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† This includes how often in the last six months it was easy to use the plan to get prescribed medications and how easy it was to fill prescriptions at a pharmacy or by mail.

Annual Flu Vaccine

Percentage of MA enrollees who got a vaccine (flu shot), by race and ethnicity, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

Disparities

- AI/AN beneficiaries were about as likely as White beneficiaries to have received the flu vaccine.
- API beneficiaries were more likely than White beneficiaries to have received the flu vaccine. The difference between API beneficiaries and White beneficiaries was greater than 3 percentage points.
- Black and Hispanic beneficiaries were less likely than White beneficiaries to have received the flu vaccine. The difference between each of these groups and White beneficiaries was greater than 3 percentage points.

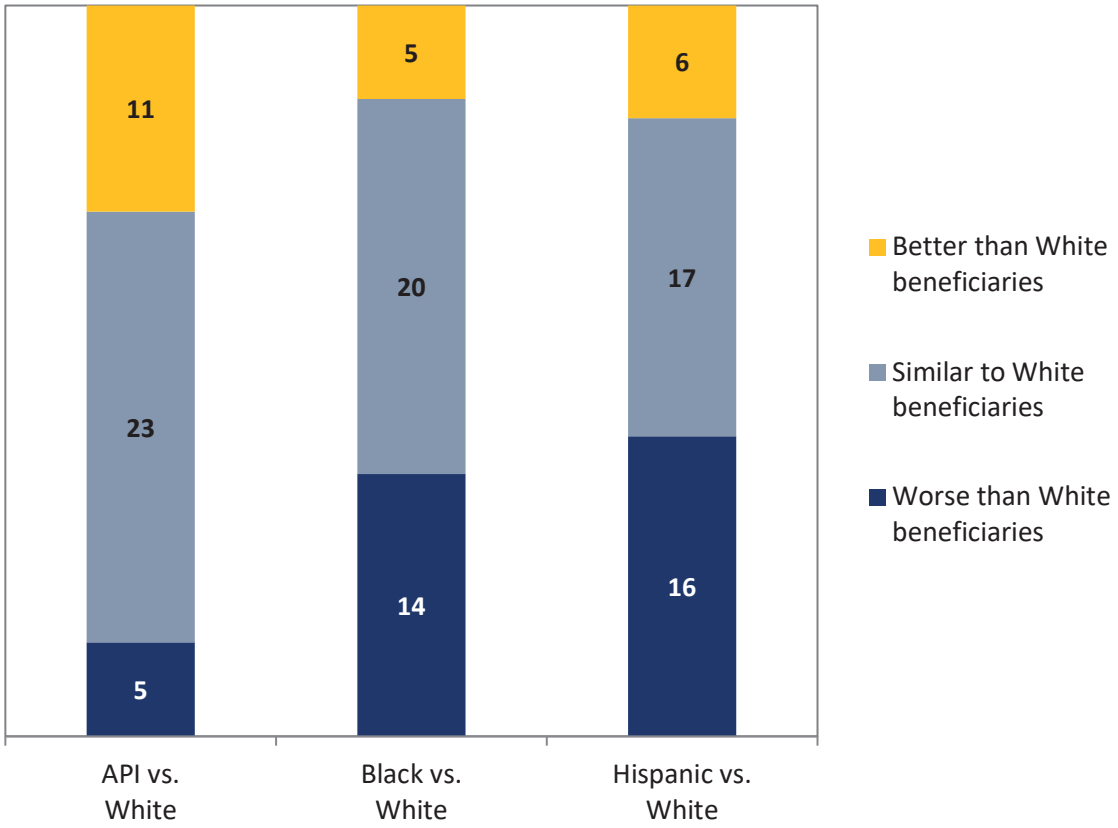
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Disparities in Care: All Clinical Care Measures

Number of clinical care measures (out of 39) for which members of selected groups had results that were worse than, similar to, or better than results for White beneficiaries in 2019



SOURCE: This chart summarizes clinical quality (HEDIS) data collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

The relative difference between a selected group and White beneficiaries is used to assess disparities.

- **Better** = Population received better care than White beneficiaries. Differences are statistically significant ($p < 0.05$), are equal to or larger than 3 points[†] on a 0–100 scale, and favor the racial or ethnic minority group.
- **Similar** = Population and White beneficiaries received care of similar quality. Differences are less than 3 points on a 0–100 scale (differences greater than 3 points were always statistically significant). Differences may be statistically significant.
- **Worse** = Population received worse care than White beneficiaries. Differences are statistically significant, are equal to or larger than 3 points on a 0–100 scale, and favor White beneficiaries.

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

API beneficiaries had worse results than White beneficiaries

- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Follow-up after ED visit for AOD abuse or dependence (within 30 days of discharge)
- Initiation of AOD dependence treatment
- Medication reconciliation after hospital discharge

API beneficiaries had better results than White beneficiaries

- Pharmacotherapy management of chronic obstructive pulmonary disorder (COPD) exacerbation—use of bronchodilators
- Controlling high blood pressure
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Statin use in patients with diabetes
- Osteoporosis management in women who had a fracture
- 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 high-risk medications in the elderly
- Avoiding use of opioids at high dosage

Black beneficiaries had worse results than White beneficiaries

- Controlling high blood pressure
- Continuous beta-blocker treatment after a heart attack
- Medication adherence for cardiovascular disease—statins
- Diabetes care—blood pressure controlled
- Medication adherence for diabetes—statins
- 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)
- Transitions of care—notification of inpatient admission
- Transitions of care—receipt of discharge information
- 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

Black beneficiaries had better results than White beneficiaries

- Breast cancer screening
- Colorectal cancer screening
- Diabetes care—eye exam
- 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

Hispanic beneficiaries had worse results than White beneficiaries

- Pharmacotherapy management of COPD exacerbation—systemic corticosteroid
- Continuous beta-blocker treatment after a heart attack
- Medication adherence for cardiovascular disease—statins
- Diabetes care—blood sugar controlled
- Medication adherence for diabetes—statins
- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Follow-up after ED visit for mental illness (within 30 days of discharge)
- Initiation of AOD dependence treatment
- Medication reconciliation after hospital discharge
- Transitions of care—notification of inpatient admission
- Transitions of care—receipt of discharge information
- 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 use of opioids from multiple pharmacies

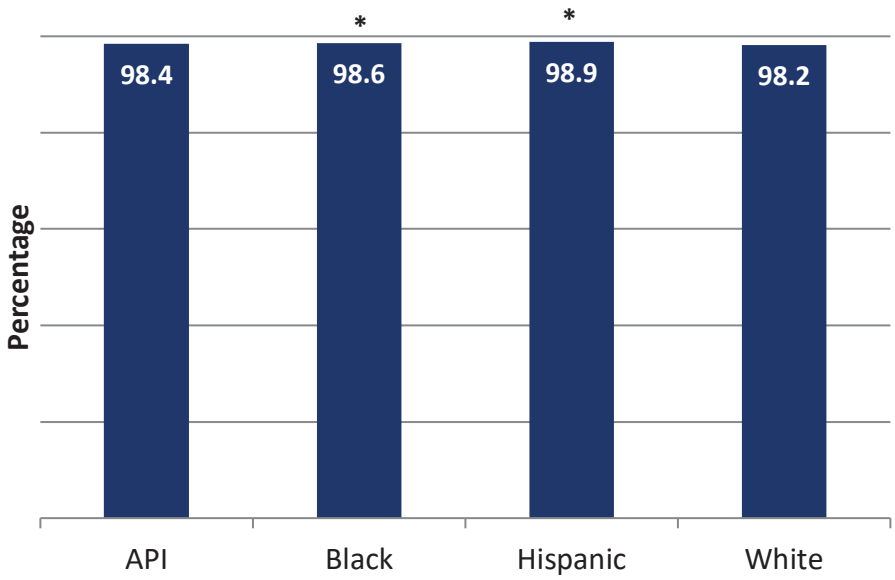
Hispanic beneficiaries had better results than White beneficiaries

- Breast cancer screening
- Controlling high blood pressure
- Diabetes care—eye exam
- Statin use in patients with diabetes
- Osteoporosis management in women who had a fracture
- Follow-up after hospital stay for mental illness (within 30 days of discharge)

Clinical Care: Prevention and Screening

Adult Body Mass Index (BMI) Assessment

Percentage of Medicare enrollees aged 18–74 years who had an outpatient visit whose BMI was documented in the past two years, by race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API beneficiaries were about as likely as White beneficiaries to have had their BMI documented.
- Black beneficiaries and Hispanic beneficiaries were more likely than White beneficiaries to have had their BMI documented. The difference between each of these groups and White beneficiaries was less than 3 percentage points.

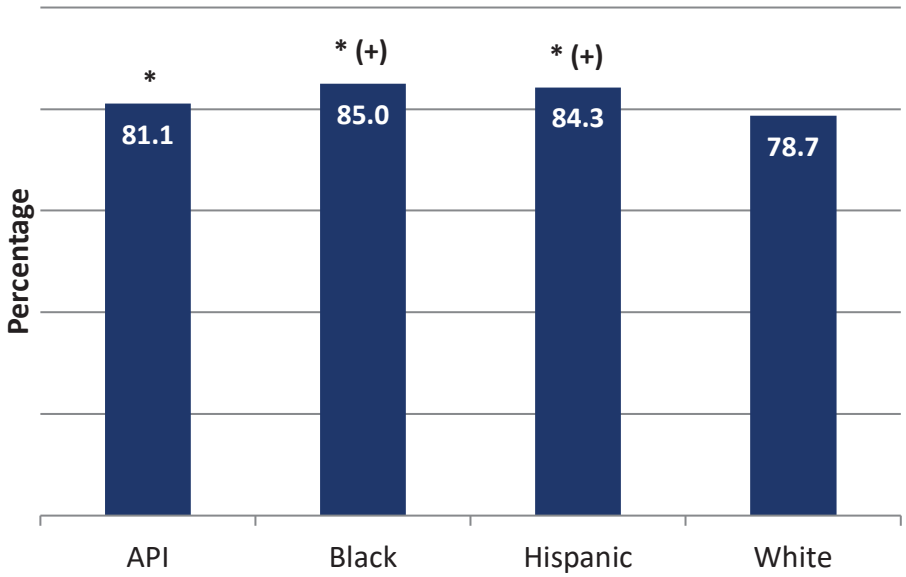
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Breast Cancer Screening

Percentage of MA enrollees (women) aged 50 to 74 years who had appropriate screening for breast cancer, by race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic women were more likely than White women to have been appropriately screened for breast cancer. The difference between API women and White women was less than 3 percentage points. The difference between Black women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women.

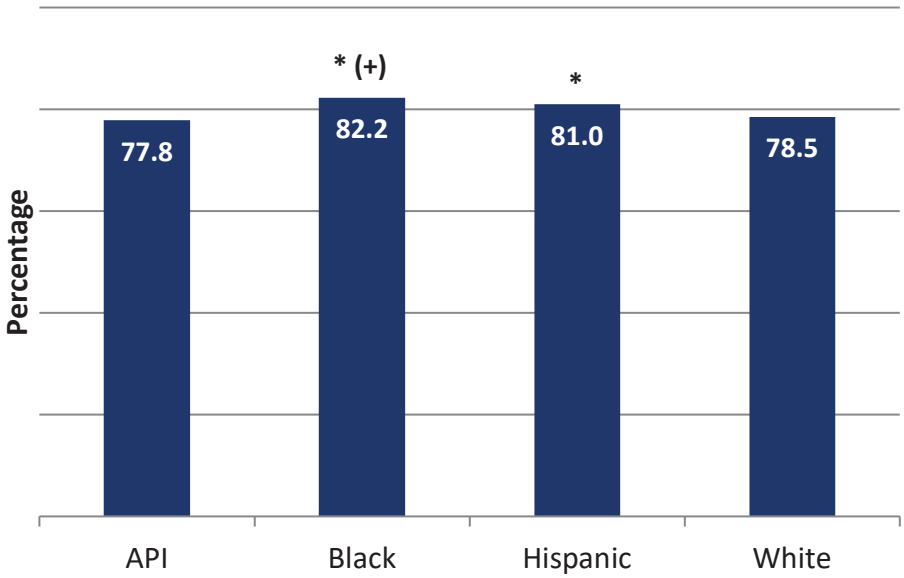
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Colorectal Cancer Screening

Percentage of MA enrollees aged 50 to 75 years who had appropriate screening for colorectal cancer, by race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API beneficiaries were about as likely as White beneficiaries to have been appropriately screened for colorectal cancer.
- Black and Hispanic beneficiaries were more likely than White beneficiaries to have been appropriately screened for colorectal cancer. The difference between Black beneficiaries and White beneficiaries was greater than 3 percentage points. The difference between Hispanic beneficiaries and White beneficiaries was less than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

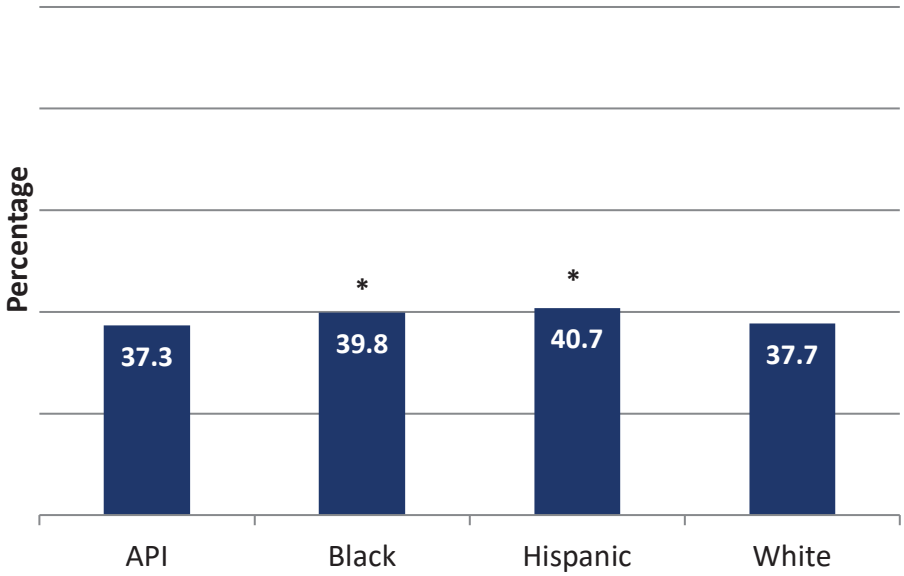
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Clinical Care: Respiratory Conditions

Testing to Confirm 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API beneficiaries with a new diagnosis of COPD or newly active COPD were about as likely as White beneficiaries with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis.
- Black and Hispanic beneficiaries with a new diagnosis of COPD or newly active COPD were more likely than White beneficiaries with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis. The difference between each of these groups and White beneficiaries was less than 3 percentage points.[†]

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

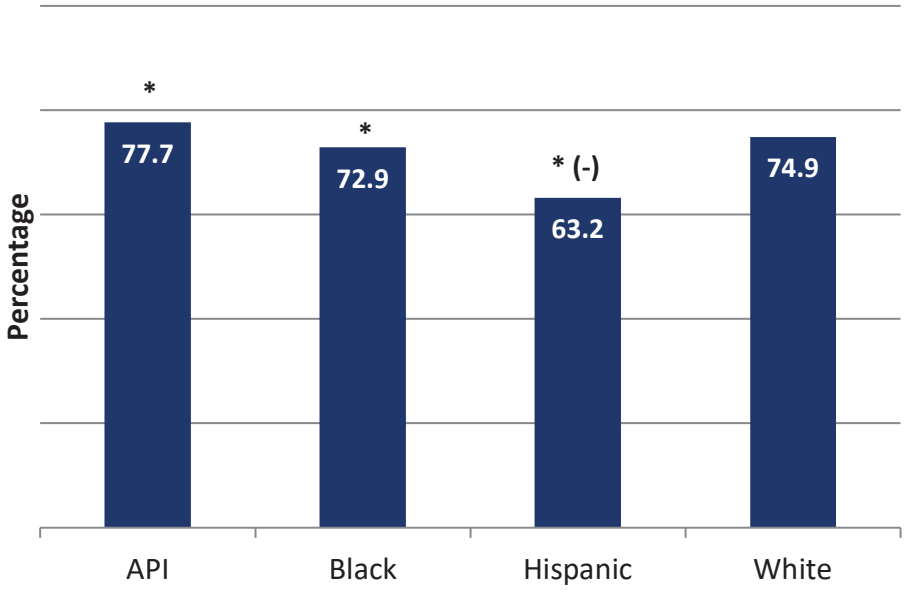
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

[†] Prior to rounding.

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 encounter for COPD exacerbation in the past year who were dispensed a systemic corticosteroid within 14 days of the event, by race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API beneficiaries who experienced a COPD exacerbation were more likely than White beneficiaries who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event. The difference between API beneficiaries and White beneficiaries was less than 3 percentage points.
- Black and Hispanic beneficiaries who experienced a COPD exacerbation were less likely than White beneficiaries who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event. The difference between Black beneficiaries and White beneficiaries was less than 3 percentage points. The difference between Hispanic beneficiaries and White beneficiaries was greater than 3 percentage points.

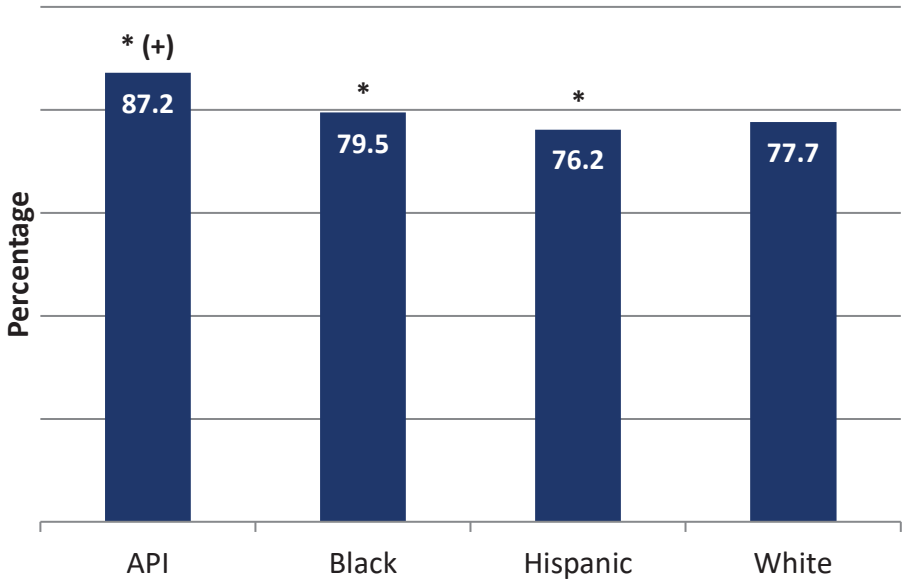
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

Percentage of MA enrollees aged 40 years and older who had an acute inpatient discharge or emergency department encounter for COPD exacerbation in the past year who were dispensed a bronchodilator within 30 days of experiencing the event, by race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API beneficiaries who experienced a COPD exacerbation were more likely than White beneficiaries who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event. The difference between API beneficiaries and White beneficiaries was greater than 3 percentage points.
- Black beneficiaries who experienced a COPD exacerbation were more likely than White beneficiaries who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event. The difference between Black beneficiaries and White beneficiaries was less than 3 percentage points.
- Hispanic beneficiaries who experienced a COPD exacerbation were less likely than White beneficiaries who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event. The difference between Hispanic beneficiaries and White beneficiaries was less than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

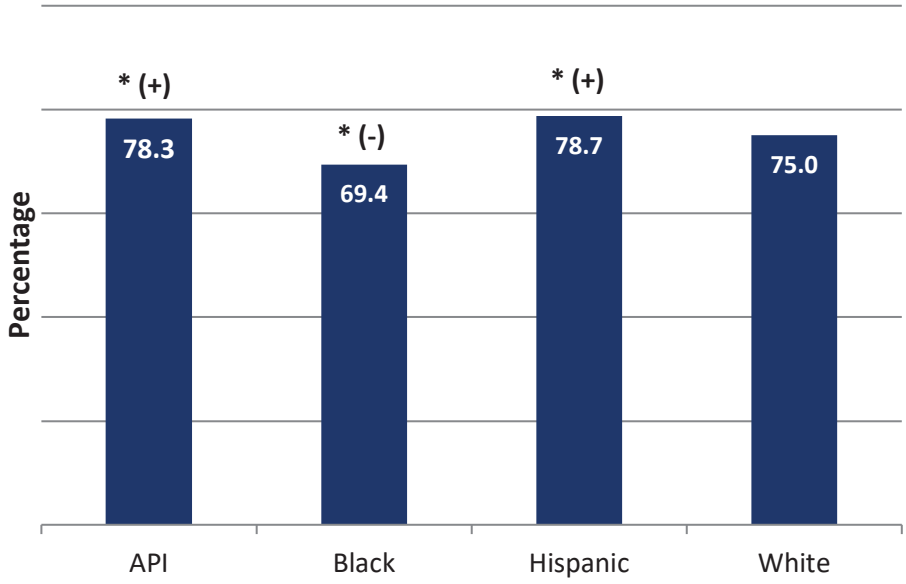
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Clinical Care: 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic beneficiaries who had a diagnosis of hypertension were more likely than White beneficiaries who had a diagnosis of hypertension to have had their blood pressure adequately controlled. The difference between each of these groups and White beneficiaries was greater than 3 percentage points.
- Black beneficiaries who had a diagnosis of hypertension were less likely than White beneficiaries who had a diagnosis of hypertension to have had their blood pressure adequately controlled. The difference between Black beneficiaries and White beneficiaries was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

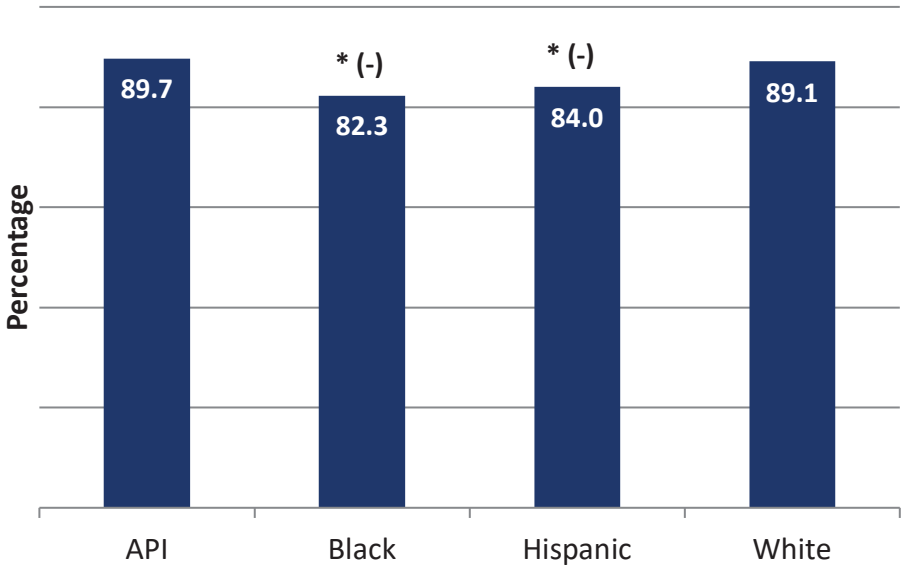
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

[†] Less than 140/90 for enrollees 18 to 59 years of age and for enrollees 60 to 85 years of age with a diagnosis of diabetes, or less than 150/90 for members 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API beneficiaries who were hospitalized for a heart attack were about as likely as White beneficiaries who were hospitalized for a heart attack to have received continuous beta-blocker treatment.
- Black and Hispanic beneficiaries who were hospitalized for a heart attack were less likely than White beneficiaries who were hospitalized for a heart attack to have received continuous beta-blocker treatment. The difference between each of these groups and White beneficiaries was greater than 3 percentage points.

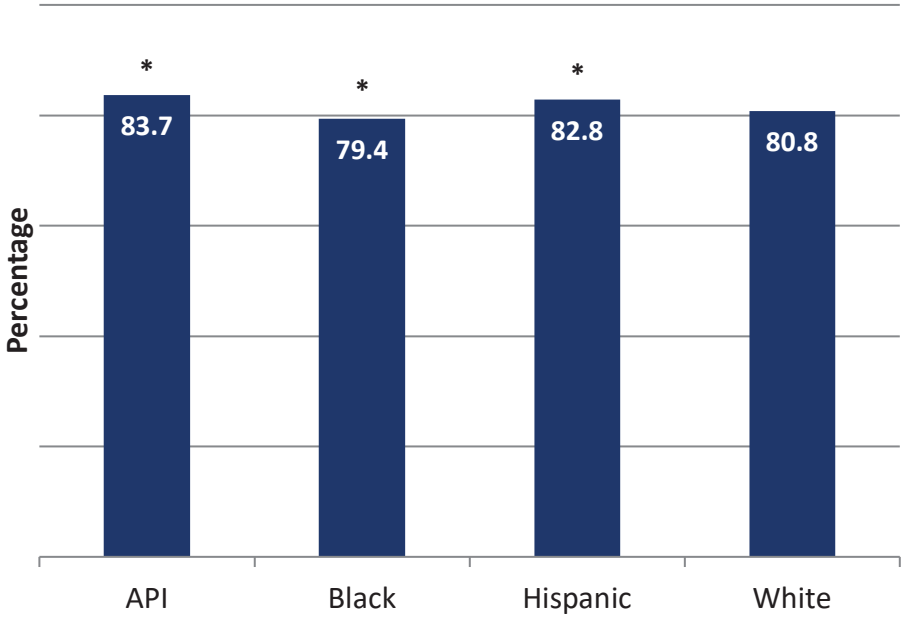
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic beneficiaries with ASCVD were more likely than White beneficiaries with ASCVD to have received statin therapy. The difference between each of these groups and White beneficiaries was less than 3 percentage points.
- Black beneficiaries with ASCVD were less likely than White beneficiaries with ASCVD to have received statin therapy. The difference between Black beneficiaries and White beneficiaries was less than 3 percentage points.

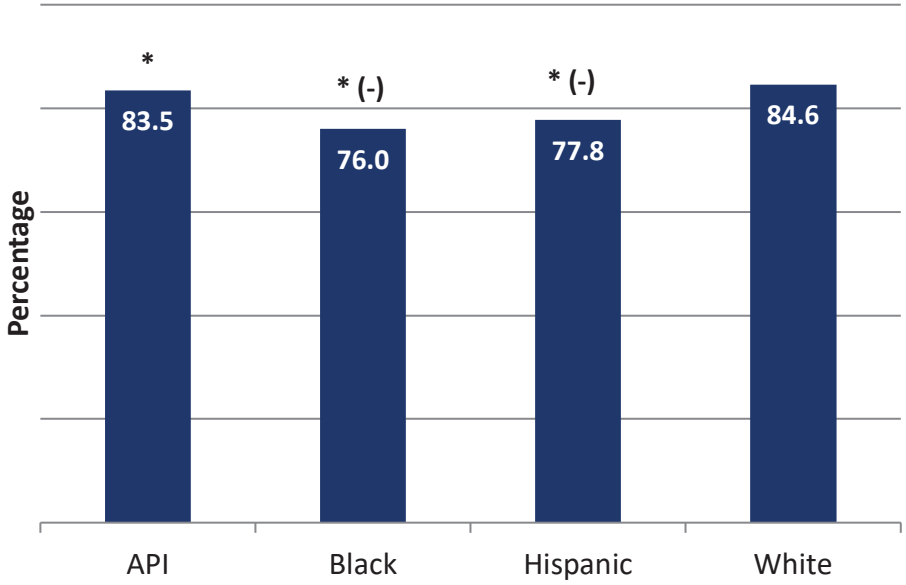
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 atherosclerotic cardiovascular disease (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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic beneficiaries with ASCVD were less likely than White beneficiaries with ASCVD to have had proper statin medication adherence. The difference between API beneficiaries and White beneficiaries was less than 3 percentage points. The difference between Black beneficiaries and White beneficiaries was greater than 3 percentage points, as was the difference between Hispanic beneficiaries and White beneficiaries.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

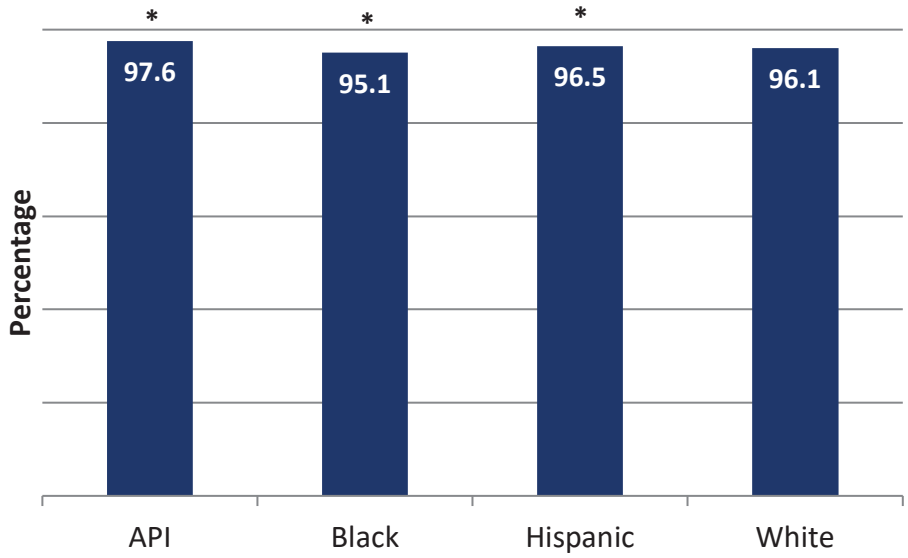
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Clinical Care: 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic beneficiaries with diabetes were more likely than White beneficiaries with diabetes to have had their blood sugar tested at least once in the past year. The difference between each of these groups and White beneficiaries was less than 3 percentage points.
- Black beneficiaries with diabetes were less likely than White beneficiaries with diabetes to have had their blood sugar tested at least once in the past year. The difference between Black beneficiaries and White beneficiaries was less than 3 percentage points.

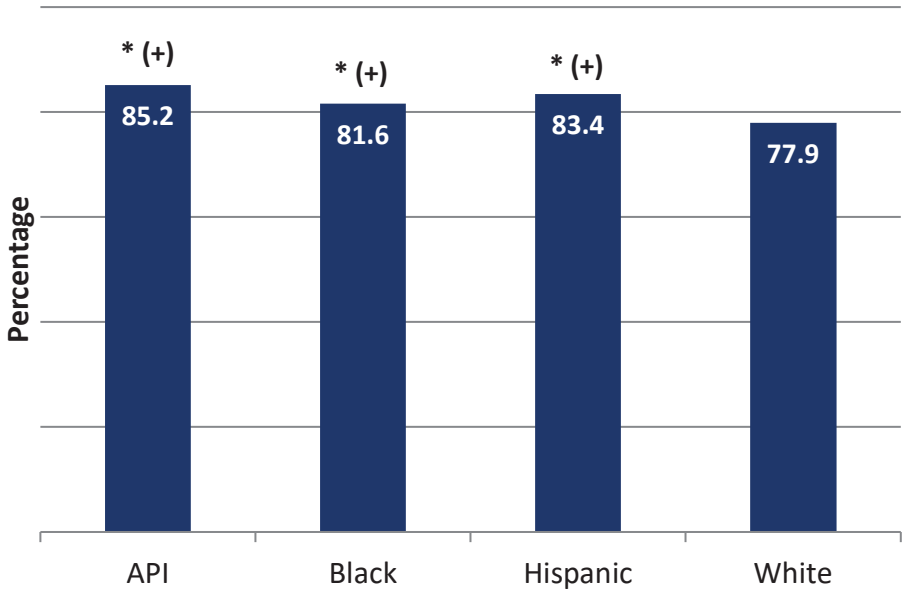
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic beneficiaries with diabetes were more likely than White beneficiaries with diabetes to have had an eye exam in the past year. The difference between each of these groups and White beneficiaries was greater than 3 percentage points.

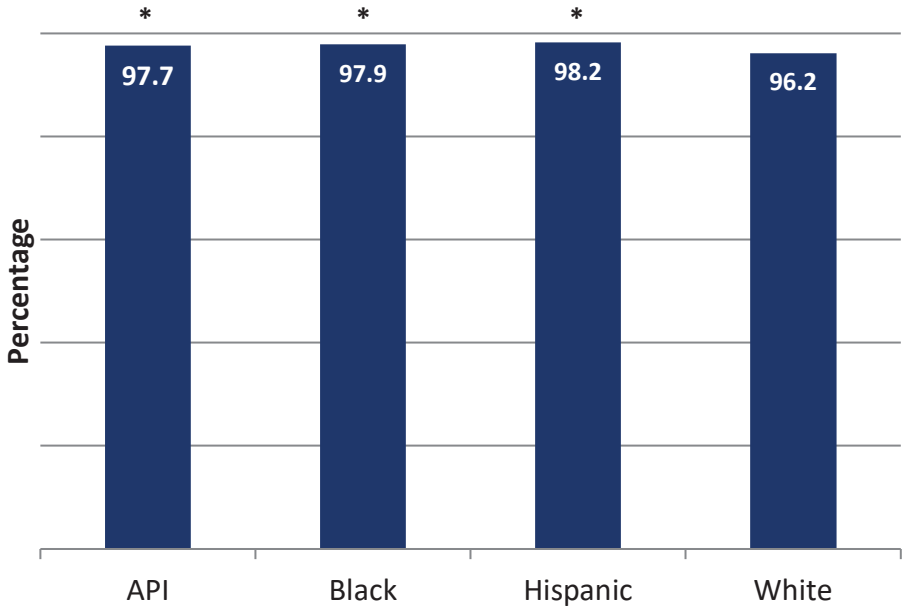
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic beneficiaries with diabetes were more likely than White beneficiaries with diabetes to have had medical attention for nephropathy in the past year. The difference between each of these groups and White beneficiaries was less than 3 percentage points.

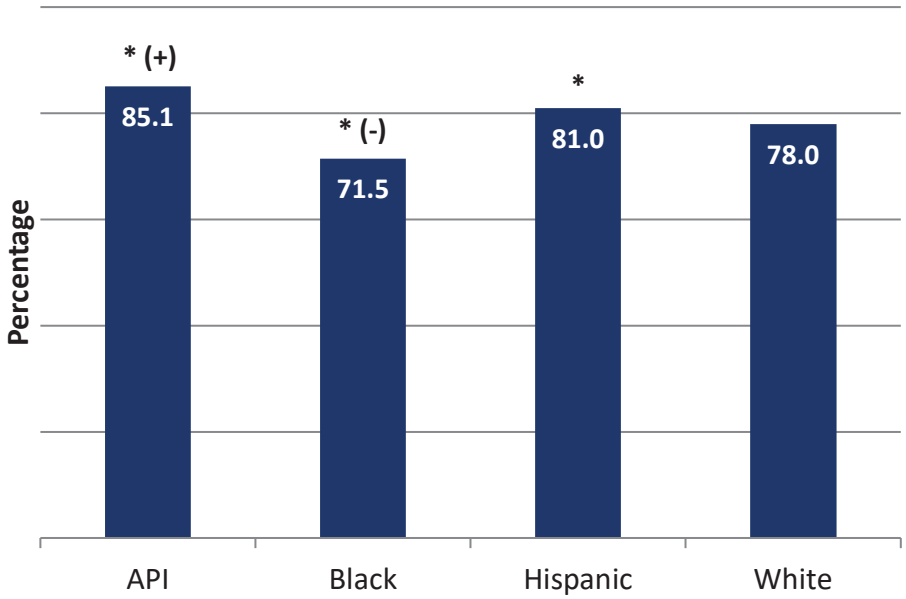
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic beneficiaries with diabetes were more likely than White beneficiaries with diabetes to have their blood pressure under control. The difference between API beneficiaries and White beneficiaries was greater than 3 percentage points. The difference between Hispanic beneficiaries and White beneficiaries was less than 3 percentage points.[†]
- Black beneficiaries with diabetes were less likely than White beneficiaries with diabetes to have their blood pressure under control. The difference between Black beneficiaries and White beneficiaries was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

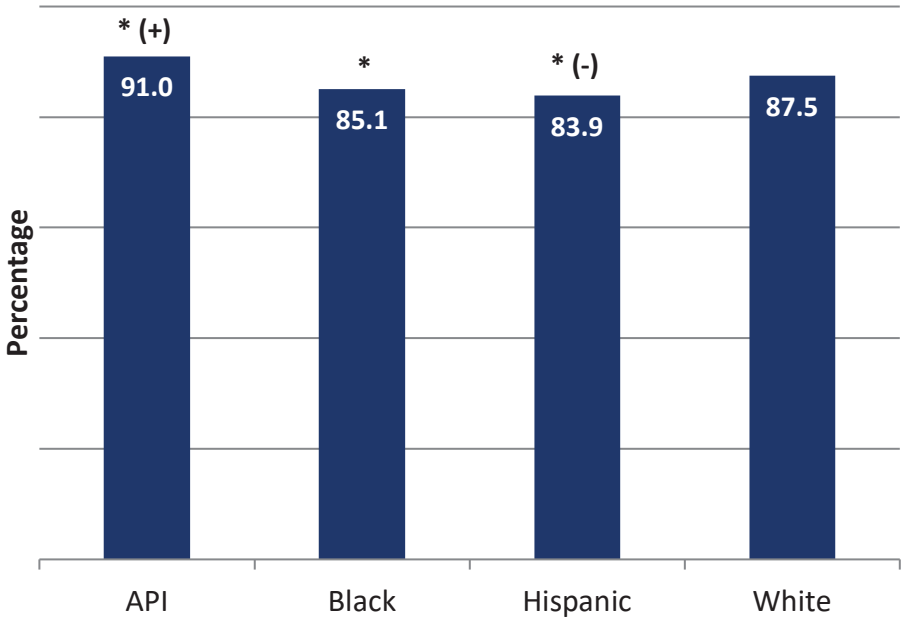
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

[†] Prior to rounding.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API beneficiaries with diabetes were more likely than White beneficiaries with diabetes to have their blood sugar level under control. The difference between API beneficiaries and White beneficiaries was greater than 3 percentage points.
- Black and Hispanic beneficiaries with diabetes were less likely than White beneficiaries with diabetes to have their blood sugar level under control. The difference between Black beneficiaries and White beneficiaries was less than 3 percentage points. The difference between Hispanic beneficiaries and White beneficiaries was greater than 3 percentage points.

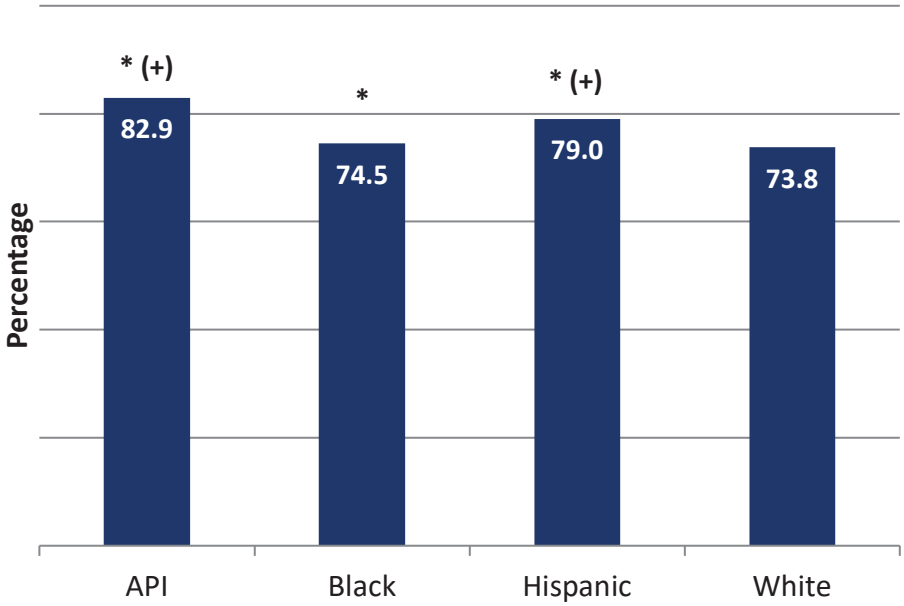
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic beneficiaries with diabetes were more likely than White beneficiaries with diabetes to have received statin therapy. The difference between API beneficiaries and White beneficiaries was greater than 3 percentage points, as was the difference between Hispanic beneficiaries and White beneficiaries. The difference between Black beneficiaries and White beneficiaries was less than 3 percentage points.

[†] Excludes those who also have clinical ASCVD.

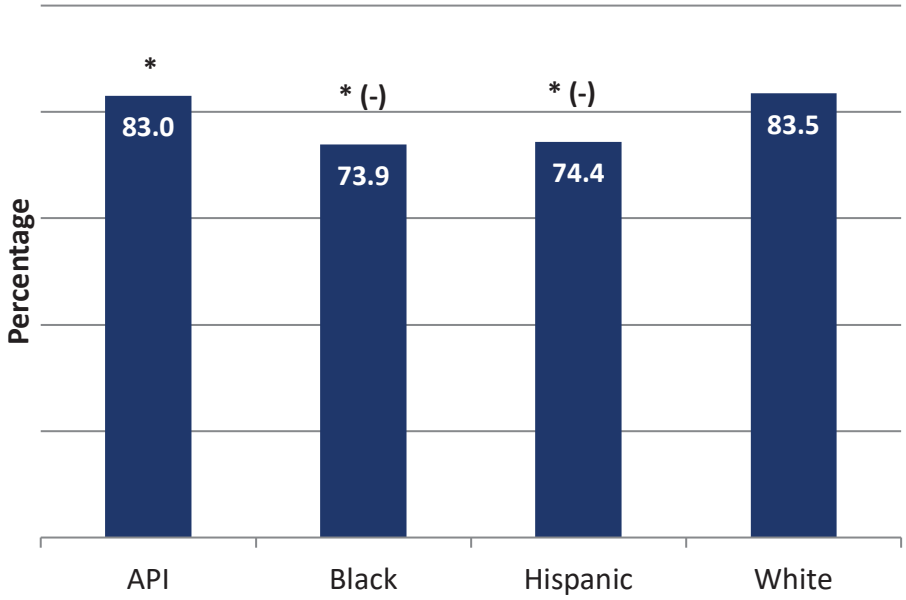
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic beneficiaries with diabetes were less likely than White beneficiaries with diabetes to have had proper statin medication adherence. The difference between API beneficiaries and White beneficiaries was less than 3 percentage points. The difference between Black beneficiaries and White beneficiaries was greater than 3 percentage points, as was the difference between Hispanic beneficiaries and White beneficiaries.

[†] Excludes those who also have clinical ASCVD

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

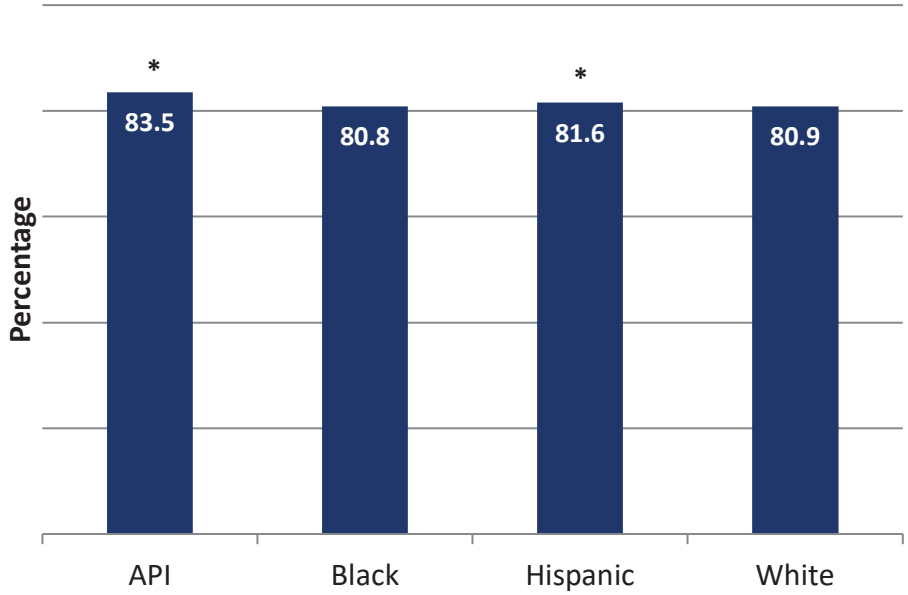
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Clinical Care: 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic beneficiaries who were diagnosed with rheumatoid arthritis were more likely than White beneficiaries who were diagnosed with rheumatoid arthritis to have been dispensed at least one DMARD. The difference between each of these groups and White beneficiaries was less than 3 percentage points.
- Black beneficiaries who were diagnosed with rheumatoid arthritis were about as likely as White beneficiaries who were diagnosed with rheumatoid arthritis to have been dispensed at least one DMARD.

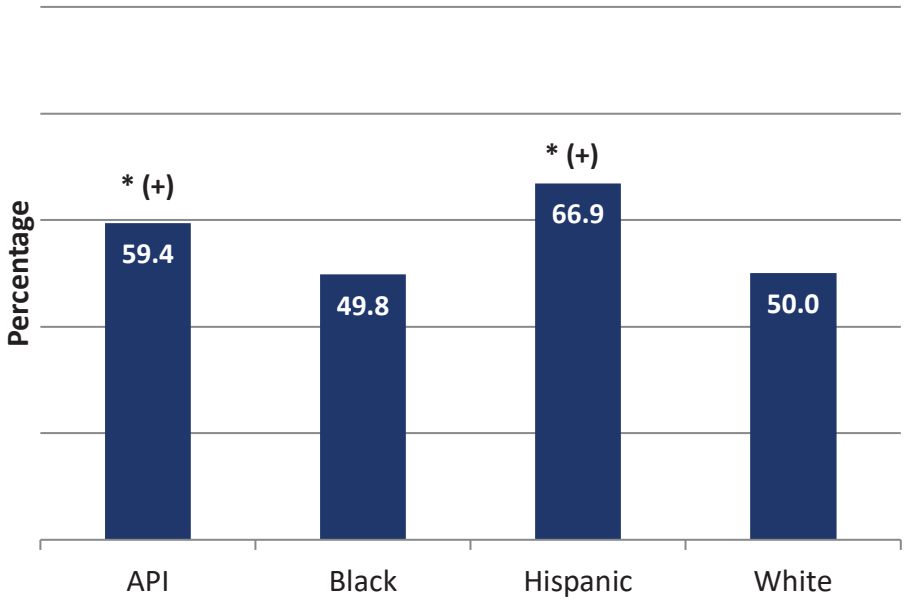
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Osteoporosis Management in Women Who Had a Fracture

Percentage of MA enrollees (women) 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women and Hispanic women who suffered a fracture were more likely than White women who suffered a fracture to have had either a bone mineral density test or a prescription for a drug to treat osteoporosis. The difference between each of these groups and White women was greater than 3 percentage points.
- Black women who suffered a fracture were about as likely as White women who suffered a fracture to have had either a bone mineral density test or a prescription for a drug to treat osteoporosis.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

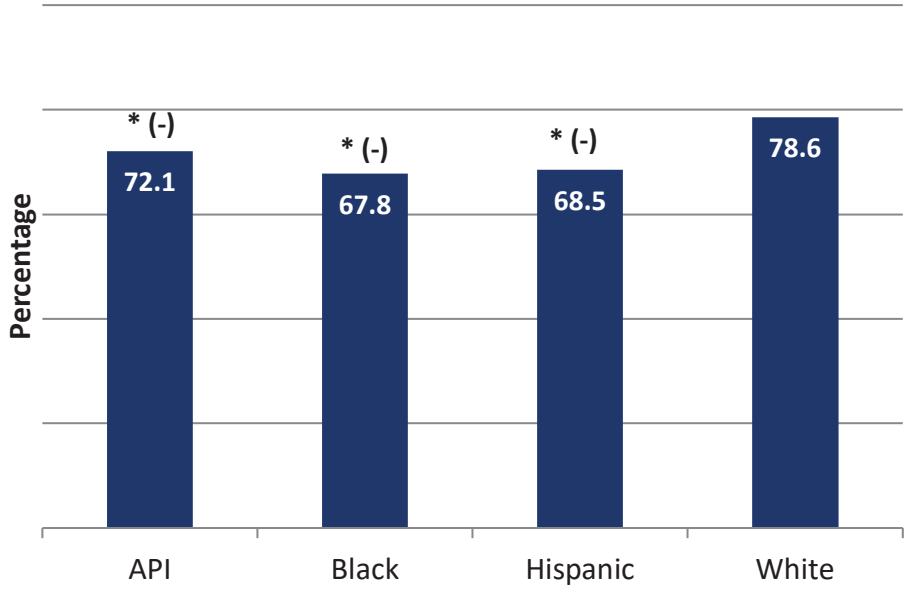
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Clinical Care: 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic beneficiaries who were diagnosed with a new episode of major depression were less likely than White beneficiaries who were diagnosed with a new episode of major depression to have been newly treated with antidepressant medication and to have remained on the medication for at least 84 days. The difference between each of these groups and White beneficiaries was greater than 3 percentage points.

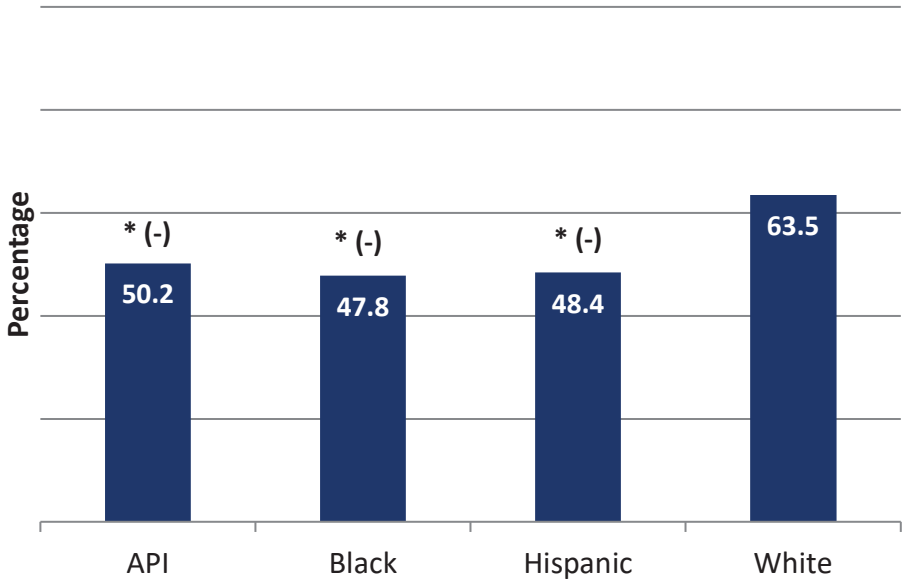
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic beneficiaries who were diagnosed with a new episode of major depression were less likely than White beneficiaries who were diagnosed with a new episode of major depression to have been newly treated with antidepressant medication and to have remained on the medication for at least 180 days. The difference between each of these groups and White beneficiaries was greater than 3 percentage points.

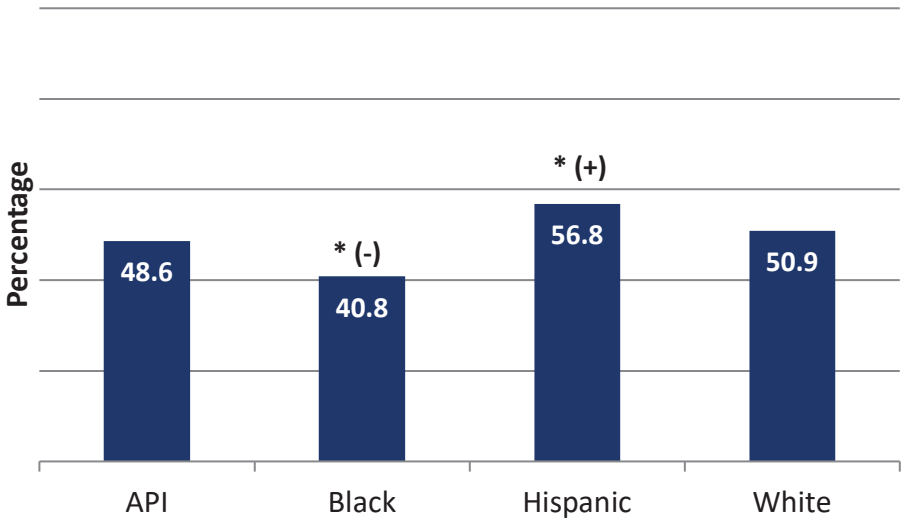
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Clinical Care: Follow-Up Visit 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API beneficiaries who were hospitalized for a mental health disorder were about as likely as White beneficiaries who were hospitalized for a mental health disorder to have had appropriate follow-up care within 30 days of discharge.
- Black beneficiaries who were hospitalized for a mental health disorder were less likely than White beneficiaries who were hospitalized for a mental health disorder to have had appropriate follow-up care within 30 days of discharge. The difference between Black beneficiaries and White beneficiaries was greater than 3 percentage points.
- Hispanic beneficiaries who were hospitalized for a mental health disorder were more likely than White beneficiaries who were hospitalized for a mental health disorder to have had appropriate follow-up care within 30 days of discharge. The difference between Hispanic beneficiaries and White beneficiaries was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

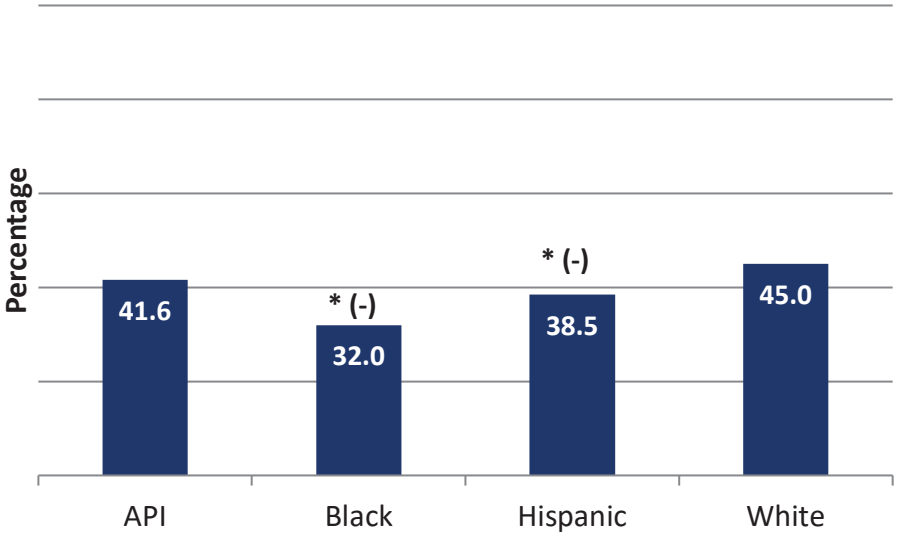
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

[†] 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 Emergency Department 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API beneficiaries who had an ED visit for a mental health disorder were about as likely as White beneficiaries who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of the ED visit.
- Black and Hispanic beneficiaries who had an ED visit for a mental health disorder were less likely than White beneficiaries who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of the ED visit. The difference between each of these groups and White beneficiaries was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

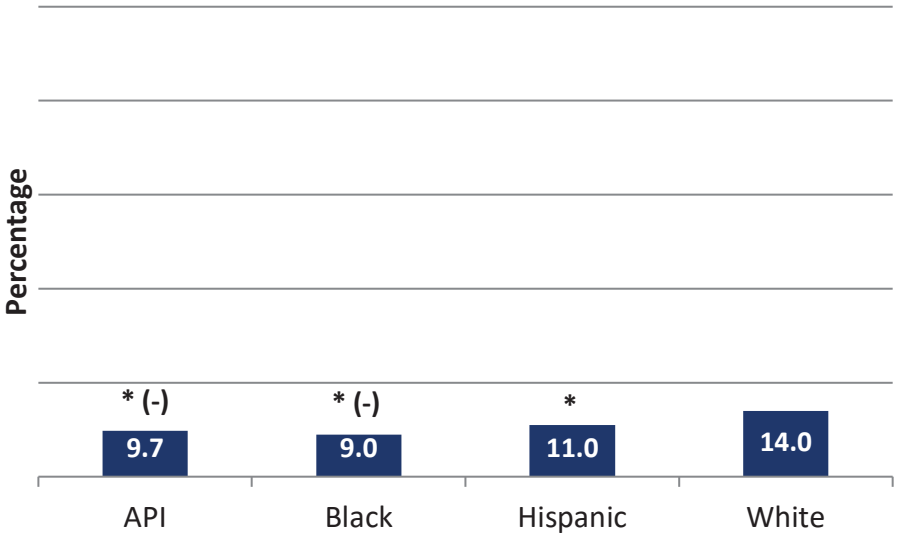
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

[†] 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 Emergency Department Visit for Alcohol and Other Drug 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic beneficiaries who had an ED visit for AOD abuse or dependence were less likely than White beneficiaries who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit. The difference between API beneficiaries and White beneficiaries was greater than 3 percentage points, as was the difference between Black beneficiaries and White beneficiaries. The difference between Hispanic beneficiaries and White beneficiaries was less than 3 percentage points.[‡]

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

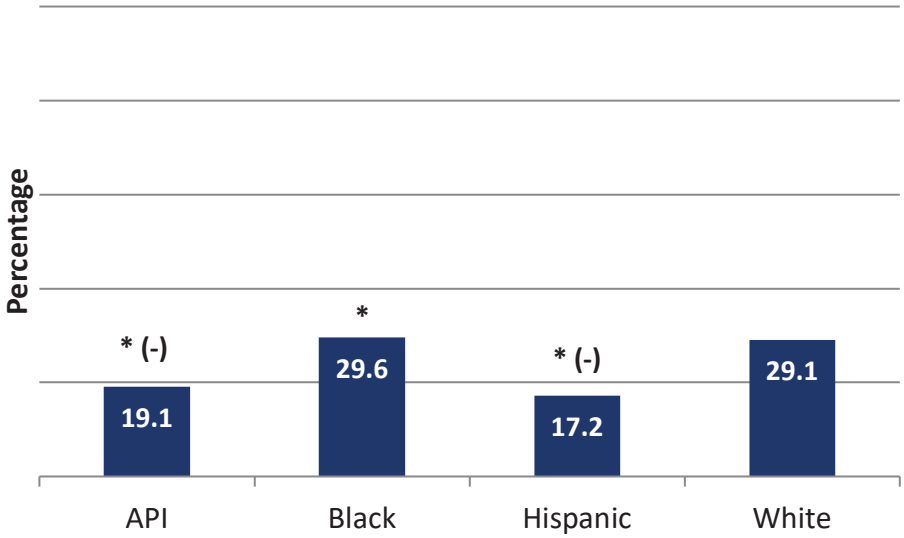
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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

[‡] Prior to rounding.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic beneficiaries with a new episode of AOD dependence were less likely than White beneficiaries with a new episode of AOD dependence to have initiated treatment within 14 days of the diagnosis. The difference between each of these groups and White beneficiaries was greater than 3 percentage points.
- Black beneficiaries with a new episode of AOD dependence were more likely than White beneficiaries with a new episode of AOD dependence to have initiated treatment within 14 days of the diagnosis. The difference between Black beneficiaries and White beneficiaries was less than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

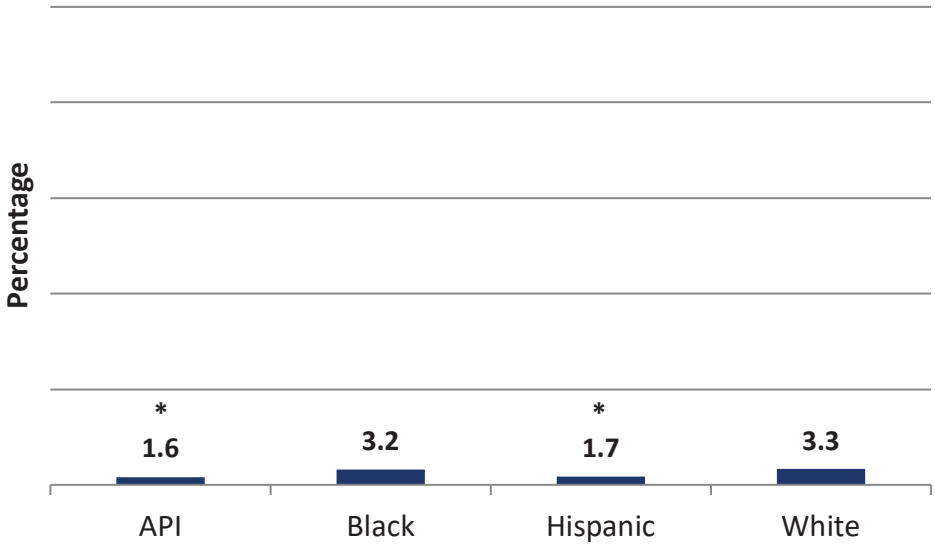
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

[†] 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 Alcohol and Other Drug 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic beneficiaries with a new episode of AOD dependence who initiated treatment were less likely than White beneficiaries with a new episode of AOD dependence who initiated treatment to have had two or more additional services within 30 days of the initiation visit. The difference between each of these groups and White beneficiaries was less than 3 percentage points.
- Black beneficiaries with a new episode of AOD dependence who initiated treatment were about as likely as White beneficiaries with a new episode of AOD dependence who initiated treatment to have had two or more additional services within 30 days of the initiation visit.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

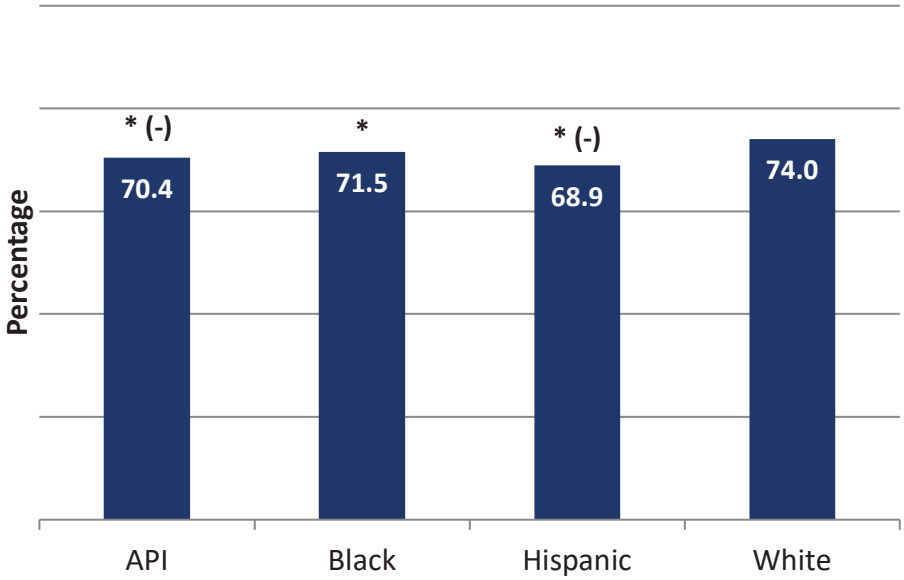
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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

Clinical Care: Medication Management and Care Coordination

Medication Reconciliation After Hospital Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility who had their medications reconciled within 30 days, by race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic beneficiaries who were discharged from an inpatient facility were less likely than White beneficiaries who were discharged from an inpatient facility to have had their medications reconciled within 30 days. The difference between API beneficiaries and White beneficiaries was greater than 3 percentage points, as was the difference between Hispanic beneficiaries and White beneficiaries. The difference between Black beneficiaries and White beneficiaries was less than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

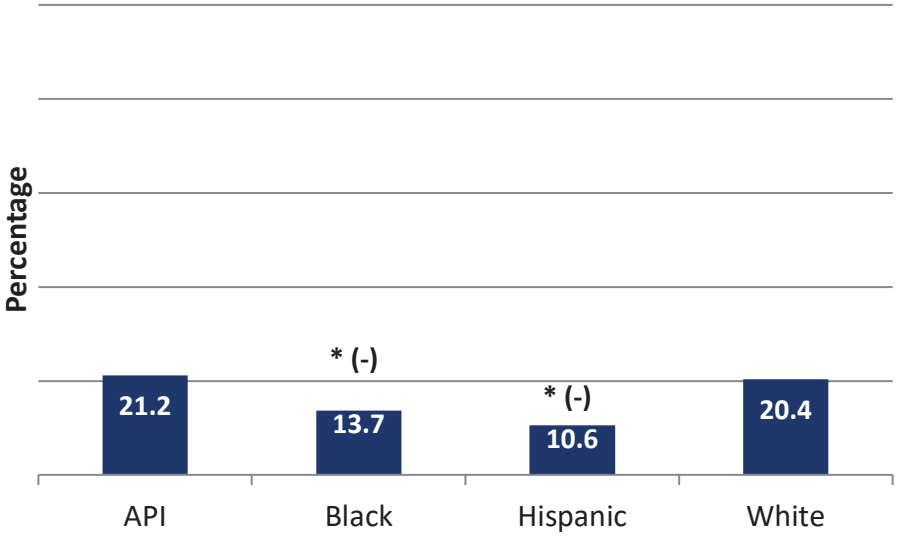
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.

(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- The primary or ongoing care providers of API beneficiaries who were discharged from an inpatient facility were about as likely as the primary or ongoing care providers of White beneficiaries who were discharged from an inpatient facility to have been notified of the inpatient admission on the day of or the day following admission.
- The primary or ongoing care providers of Black and Hispanic beneficiaries who were discharged from an inpatient facility were less likely than the primary or ongoing care providers of White beneficiaries who were discharged from an inpatient facility to have been notified of the inpatient admission on the day of or the day following admission. In each case, the difference was greater than 3 percentage points.

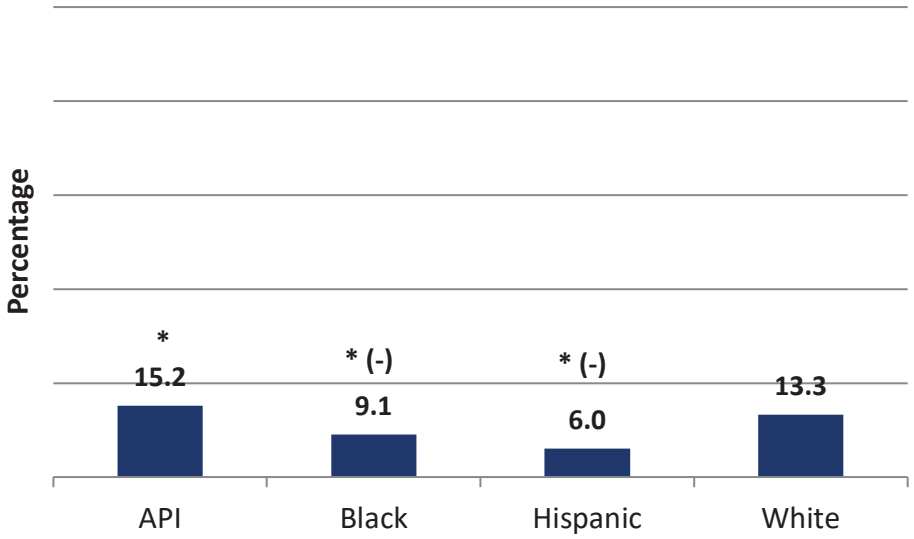
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API beneficiaries who were discharged from an inpatient facility were more likely than White beneficiaries who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge. The difference between API beneficiaries and White beneficiaries was less than 3 percentage points.
- Black and Hispanic beneficiaries who were discharged from an inpatient facility were less likely than White beneficiaries who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge. The difference between each of these groups and White beneficiaries was greater than 3 percentage points.

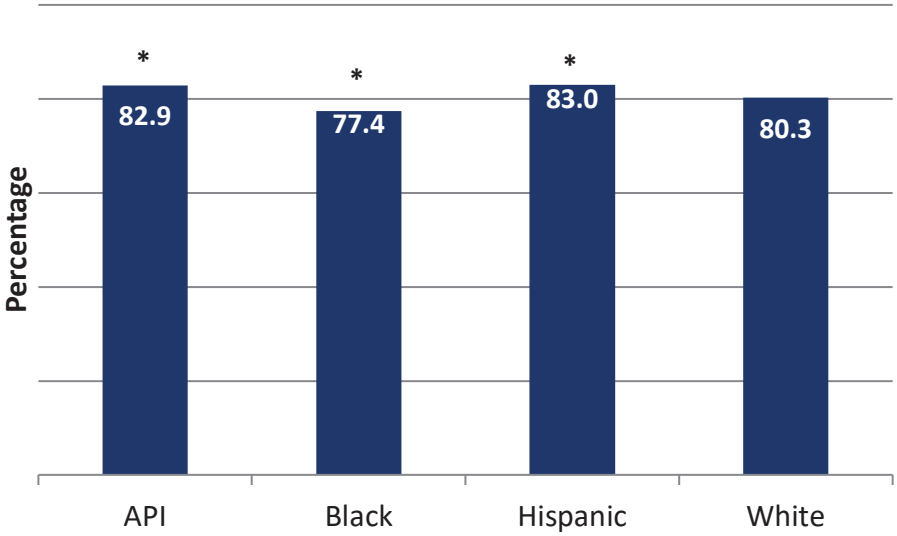
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic beneficiaries who were discharged from an inpatient facility were more likely than White beneficiaries who were discharged from an inpatient facility to have had an office visit, home visit, or to have received telehealth services within 30 days of discharge. The difference between each of these groups and White beneficiaries was less than 3 percentage points.
- Black beneficiaries who were discharged from an inpatient facility were less likely than White beneficiaries who were discharged from an inpatient facility to have had an office visit, home visit, or to have received telehealth services within 30 days of discharge. The difference between Black beneficiaries and White beneficiaries was less than 3 percentage points.

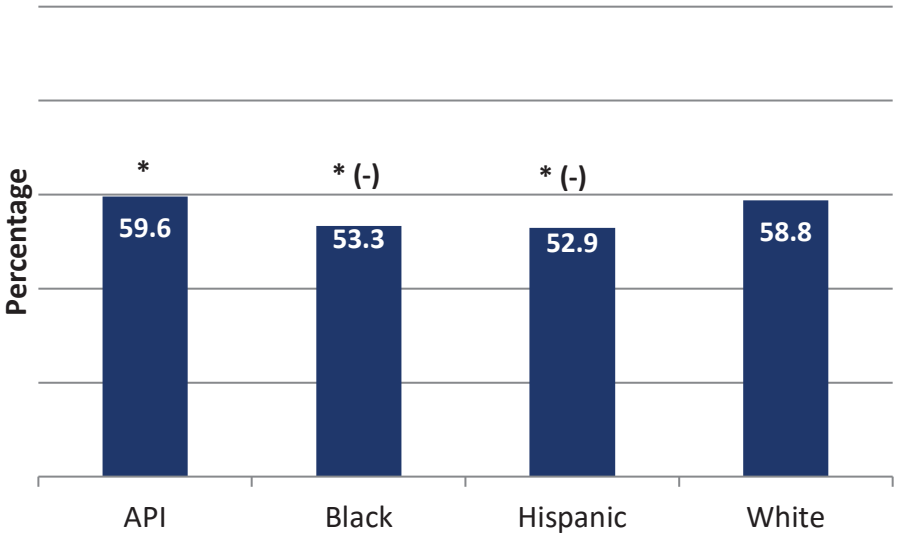
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Follow-Up After Emergency Department 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API beneficiaries with multiple high-risk chronic conditions were more likely than White beneficiaries with multiple high-risk chronic conditions to have received follow-up care within seven days of an ED visit. The difference between API beneficiaries and White beneficiaries was less than 3 percentage points.
- Black and Hispanic beneficiaries with multiple high-risk chronic conditions were less likely than White beneficiaries with multiple high-risk chronic conditions to have received follow-up care within seven days of an ED visit. The difference between each of these groups and White beneficiaries was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

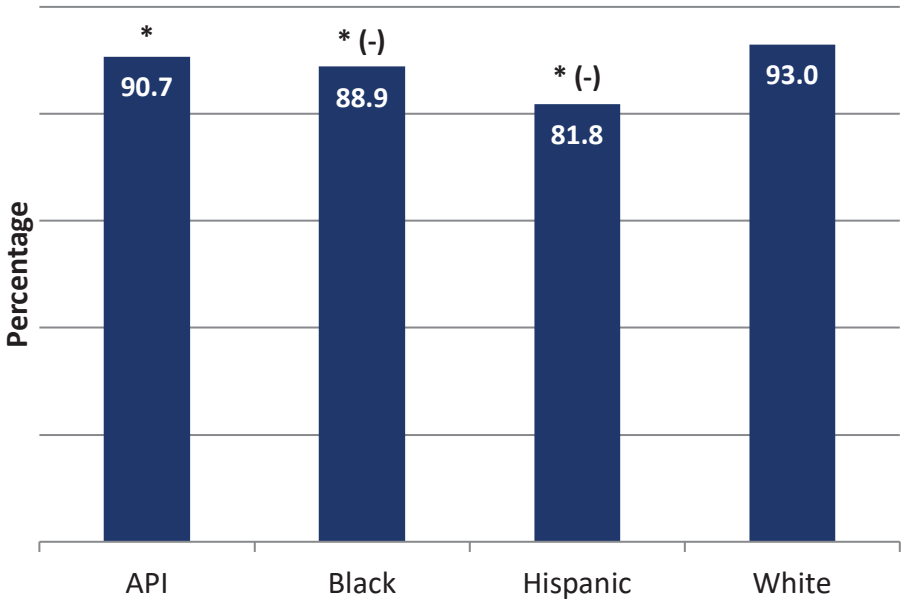
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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

Clinical Care: Overuse/Appropriateness

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of potentially harmful medication was avoided less often for elderly API, Black, and Hispanic beneficiaries with chronic renal failure than for elderly White beneficiaries with chronic renal failure. The difference between elderly API beneficiaries and elderly White beneficiaries was less than 3 percentage points. The difference between elderly Black beneficiaries and elderly White beneficiaries was greater than 3 percentage points, as was the difference between elderly Hispanic beneficiaries and elderly White beneficiaries.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

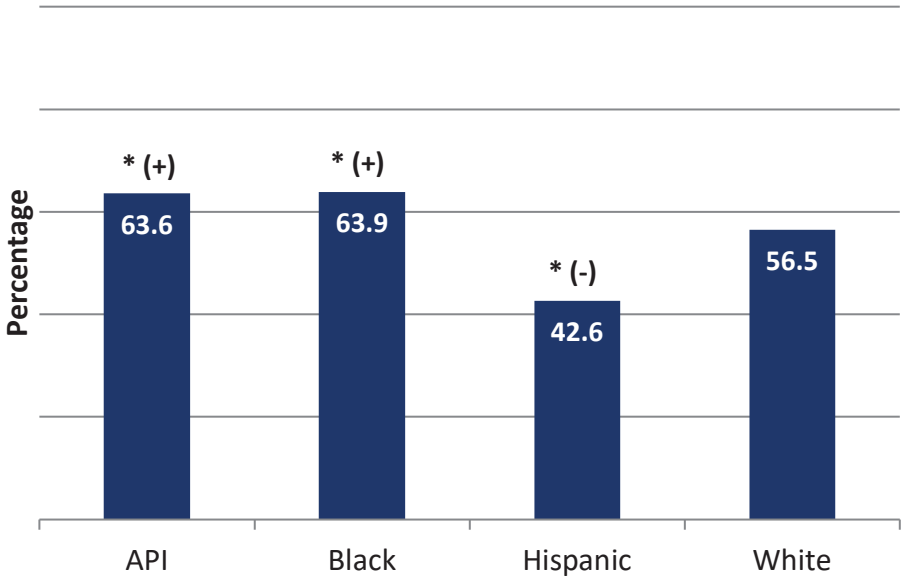
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of potentially harmful medication was avoided more often for elderly API and elderly Black beneficiaries with dementia than for elderly White beneficiaries with dementia. The difference between each of these groups and elderly White beneficiaries was greater than 3 percentage points.
- Use of potentially harmful medication was avoided less often for elderly Hispanic beneficiaries with dementia than for elderly White beneficiaries with dementia. The difference between elderly Hispanic beneficiaries and elderly White beneficiaries was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

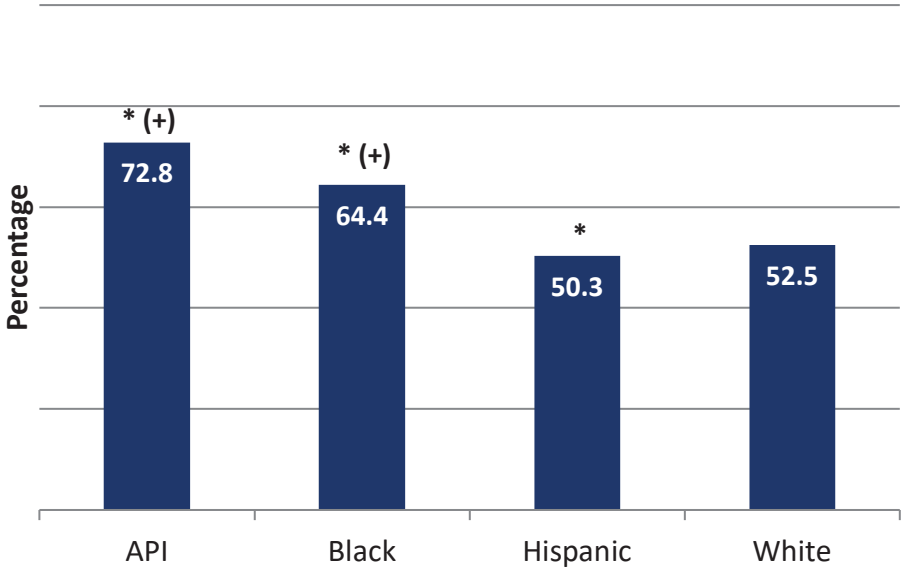
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† 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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of potentially harmful medication was avoided more often for elderly API and elderly Black beneficiaries with a history of falls than for elderly White beneficiaries with a history of falls. The difference between each of these groups and elderly White beneficiaries was greater than 3 percentage points.
- Use of potentially harmful medication was avoided less often for elderly Hispanic beneficiaries with a history of falls than for elderly White beneficiaries with a history of falls. The difference between elderly Hispanic beneficiaries and elderly White beneficiaries was less than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

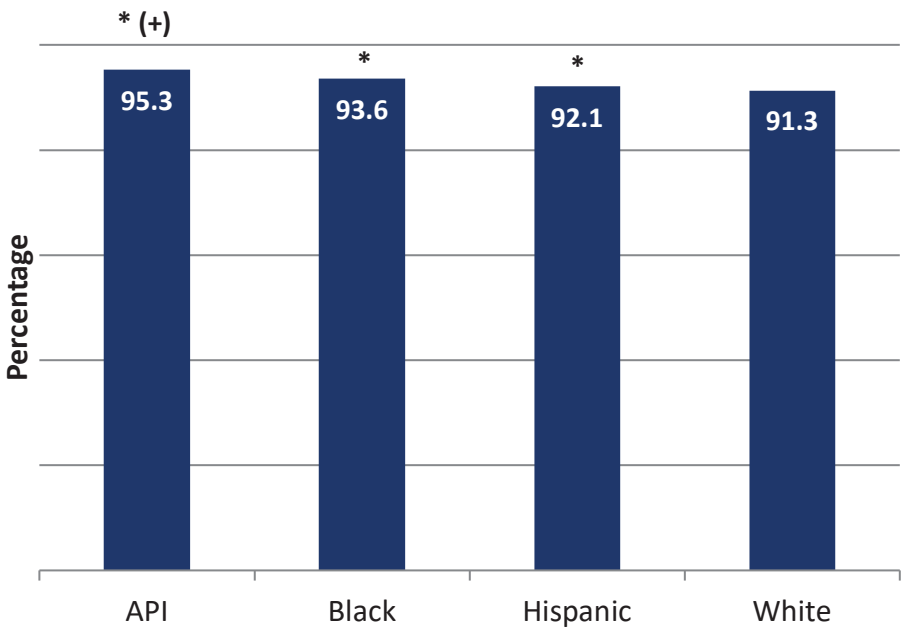
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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

Avoiding Use of High-Risk Medications in the Elderly

Percentage of MA enrollees aged 65 years and older who were not prescribed a high-risk medication, by race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of high-risk medication was avoided more often for elderly API, elderly Black, and elderly Hispanic beneficiaries than for elderly White beneficiaries. The difference between elderly API and elderly White beneficiaries was greater than 3 percentage points. The difference between elderly Black beneficiaries and elderly White beneficiaries was less than 3 percentage points, as was the difference between elderly Hispanic beneficiaries and elderly White beneficiaries.

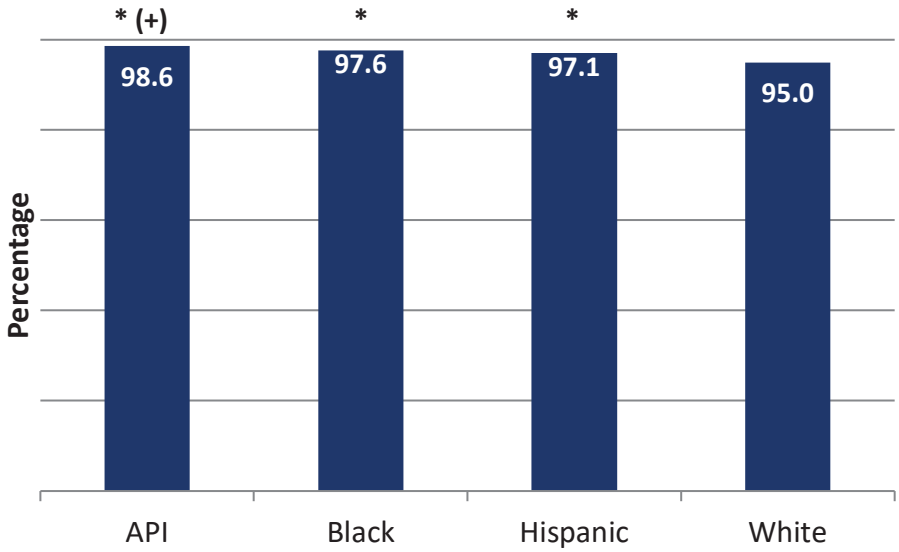
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Avoiding Use of Opioids at High Dosage

Percentage of MA enrollees aged 18 years and older who were not prescribed opioids at a high dosage[†] for more than 14 days, by race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of opioids at a high dosage for more than 14 days was avoided more often for API, Black, and Hispanic beneficiaries than for White beneficiaries. The difference between API beneficiaries and White beneficiaries was greater than 3 percentage points. The difference Black beneficiaries and White beneficiaries was less than 3 percentage points, as was the difference between Hispanic beneficiaries and White beneficiaries.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

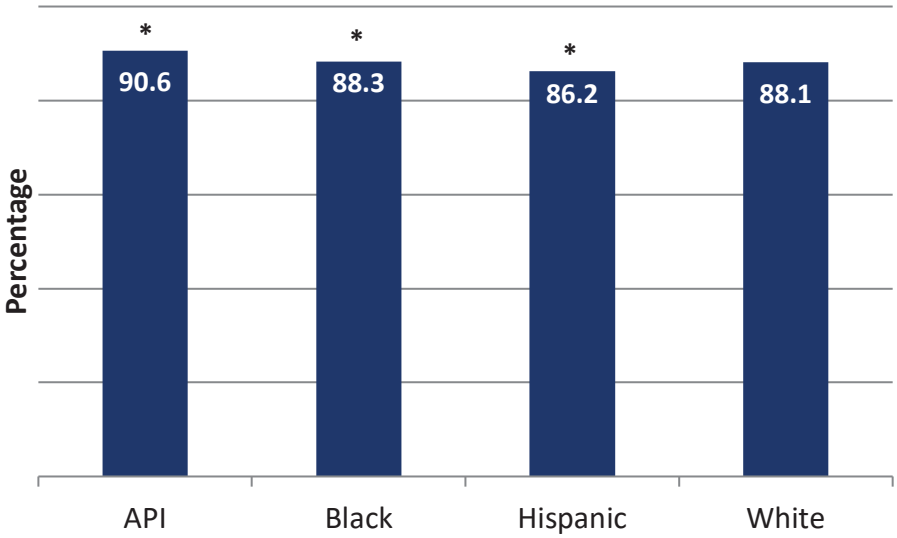
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

[†] Average morphine equivalent dose > 120 mg.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of opioids from multiple prescribers was avoided more often for API and Black beneficiaries than for White beneficiaries. The difference between each of these groups and White beneficiaries was less than 3 percentage points.
- Use of opioids from multiple prescribers was avoided less often for Hispanic beneficiaries than for White beneficiaries. The difference between Hispanic beneficiaries and White beneficiaries was less than 3 percentage points.

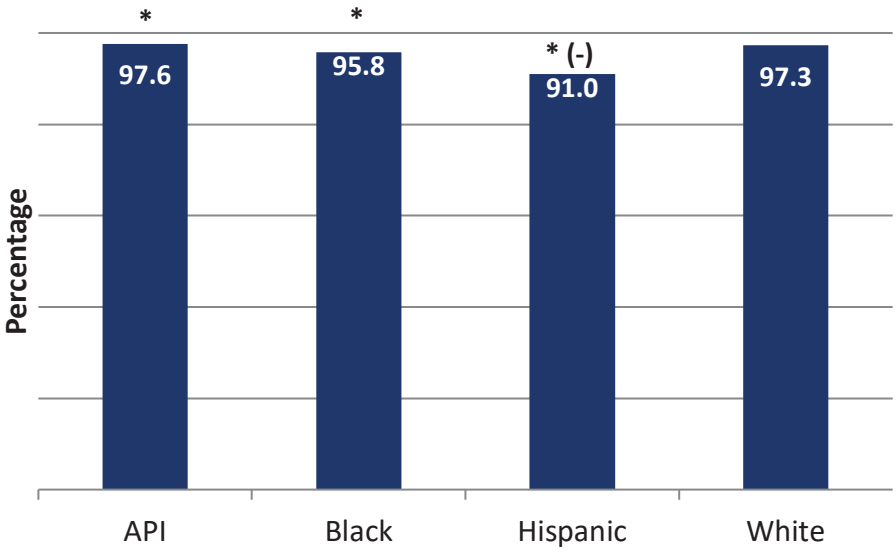
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of opioids from multiple pharmacies was avoided more often for API beneficiaries than for White beneficiaries. The difference between API beneficiaries and White beneficiaries was less than 3 percentage points.
- Use of opioids from multiple pharmacies was avoided less often for Black and Hispanic beneficiaries than for White beneficiaries. The difference between Black beneficiaries and White beneficiaries was less than 3 percentage points. The difference between Hispanic beneficiaries and White beneficiaries was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

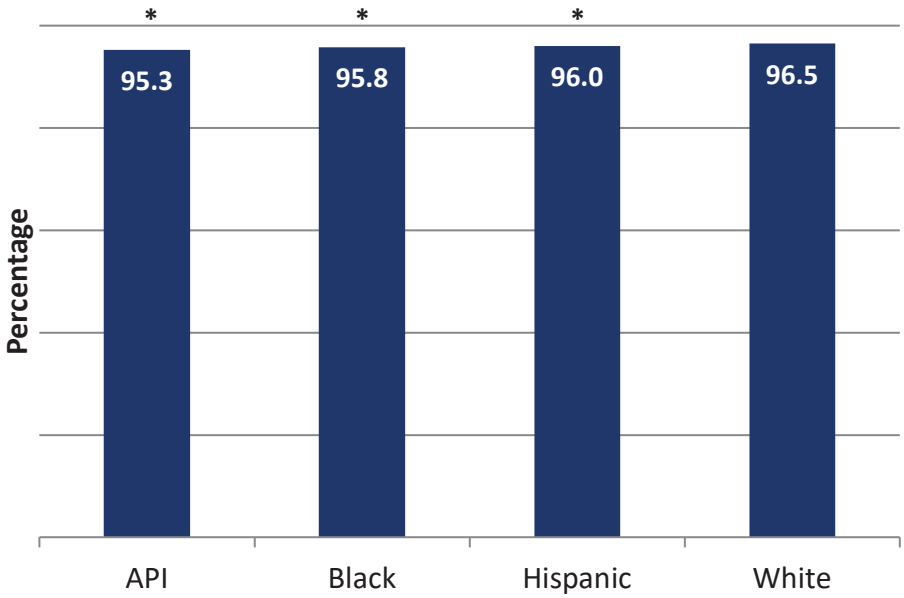
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Clinical Care: Access/Availability of Care

Older Adults' Access to Preventive/Ambulatory Services

Percentage of MA enrollees aged 65 years and older who had an ambulatory or preventive care visit in the past year, by race and ethnicity, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic beneficiaries were less likely than White beneficiaries to have had an ambulatory or preventive care visit. The difference between each of these groups and White beneficiaries was less than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

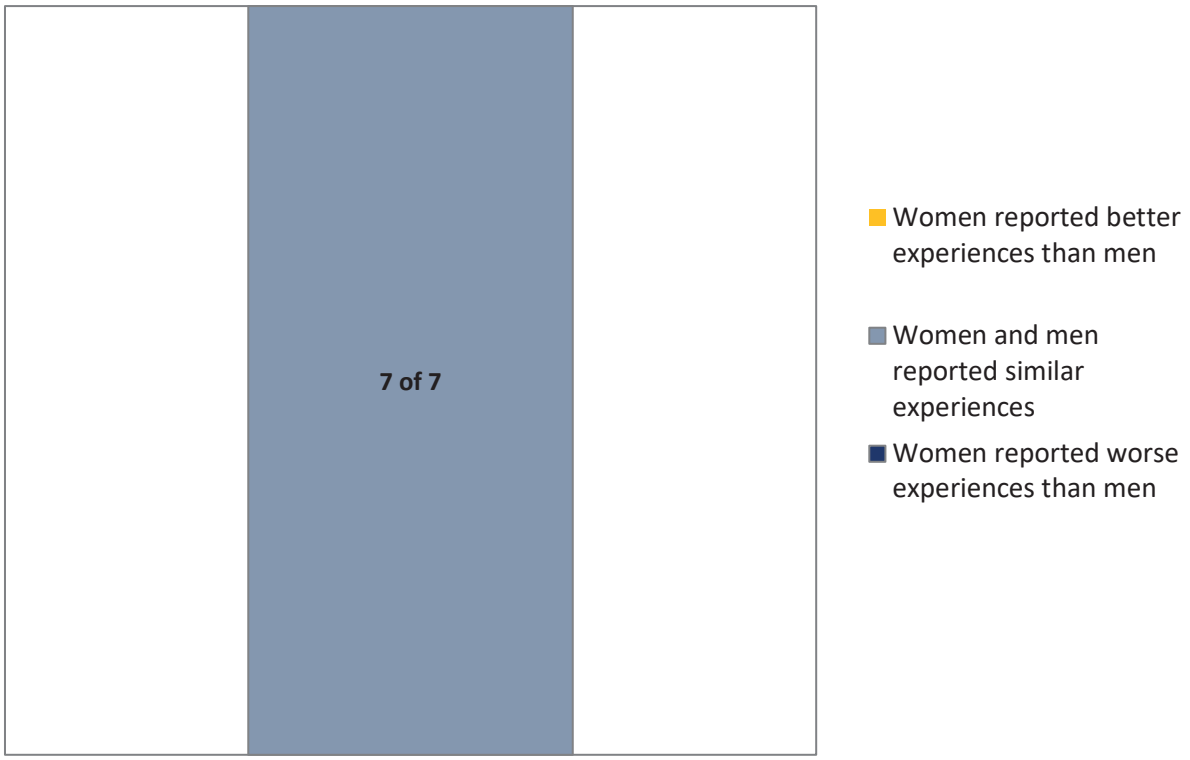
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

SECTION II:

Gender Disparities in Health Care in Medicare Advantage

Disparities in Care: All Patient Experience and Clinical Care Measures

Number of patient experience measures (out of 7) for which women reported experiences that were worse than, similar to, or better than the experiences reported by men in 2019



SOURCE: This chart summarizes data from all MA beneficiaries nationwide who participated in the 2019 Medicare CAHPS survey.

The relative difference between men and women is used to assess disparities.

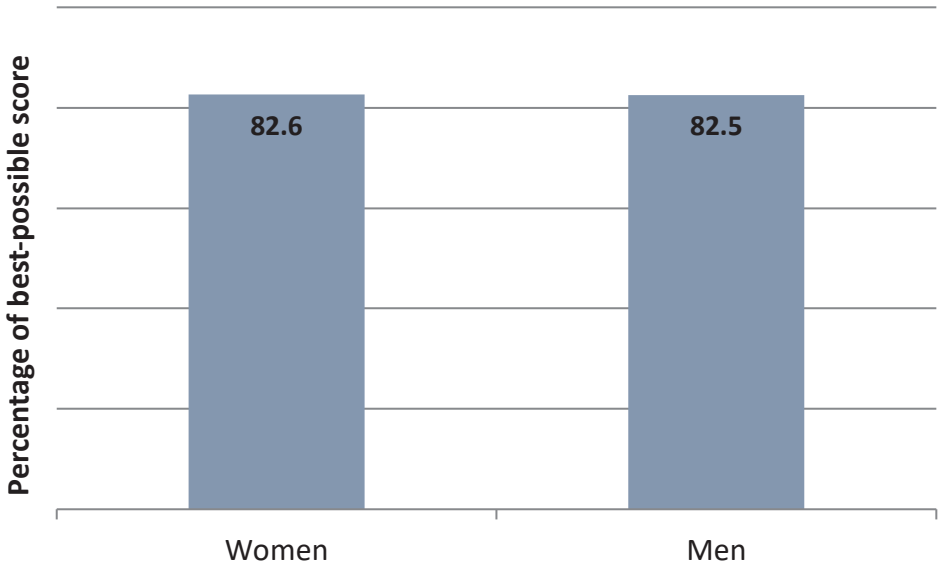
- **Better** = Women received better care than men. Differences are statistically significant ($p < 0.05$), are equal to or larger than 3 points[†] on a 0–100 scale, and favor women.
- **Similar** = Women and men received care of similar quality. Differences are less than 3 points on a 0–100 scale (differences greater than 3 points were always statistically significant). Differences may be statistically significant.
- **Worse** = Women received worse care than men. Differences are statistically significant, are equal to or larger than 3 points on a 0–100 scale, and favor men.

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

Patient Experience

Getting Needed Care

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is for patients to get needed care,† by gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.

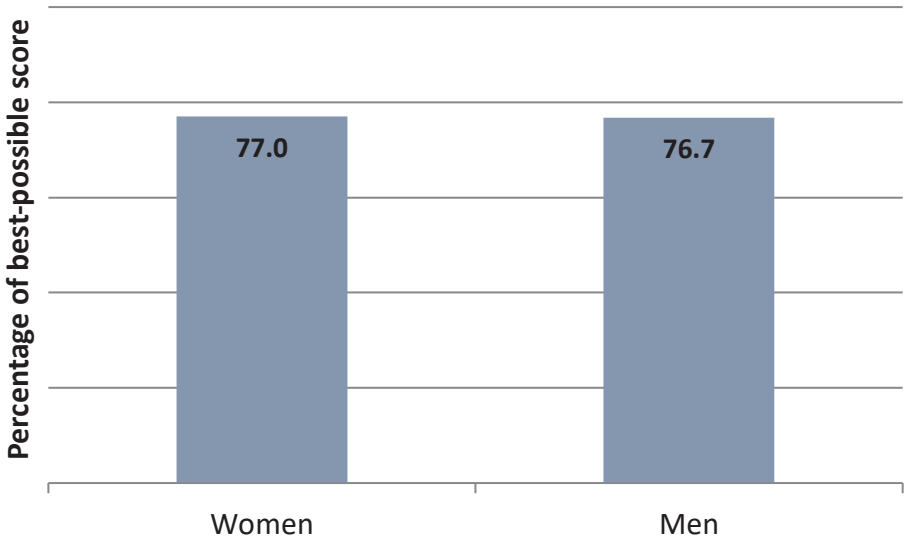
Disparities

- Women reported experiences getting needed care that were similar to the experiences that men reported.

† This includes how often in the last six months patients got appointments with specialists as soon as they needed them and how easy it was to get needed care, tests, or treatment.

Patient Experience: Getting Appointments and Care Quickly

Percentage of the best possible score (on a 0–100 scale) earned on how quickly patients get appointments and care,[†] by gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.

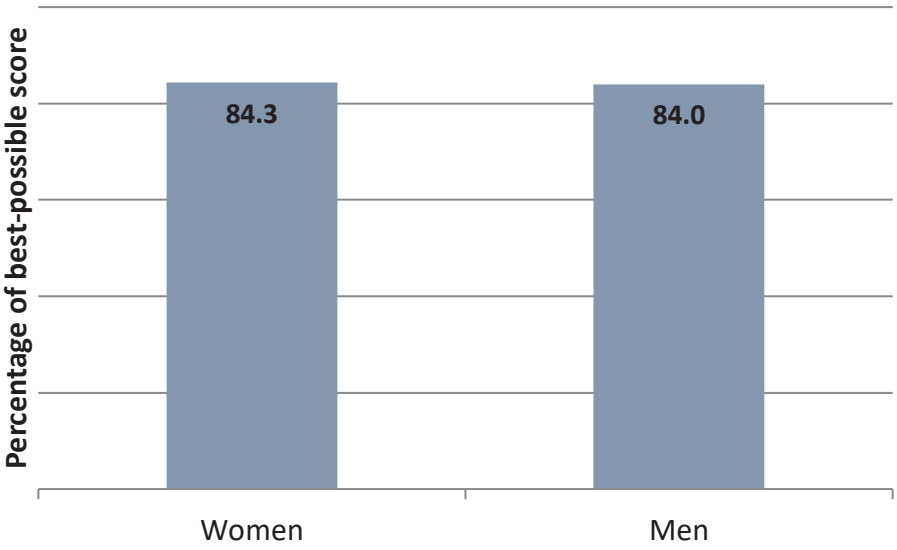
Disparities

- Women reported experiences with getting appointments and care quickly that were similar to the experiences that men reported.

[†] This includes how often in the last six months patients got care that was needed right away, as well as how easy it was to get appointments for checkups and routine care.

Patient Experience: Customer Service

Percentage of the best possible score (on a 0–100 scale) earned on three aspects of customer service,[†] by gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.

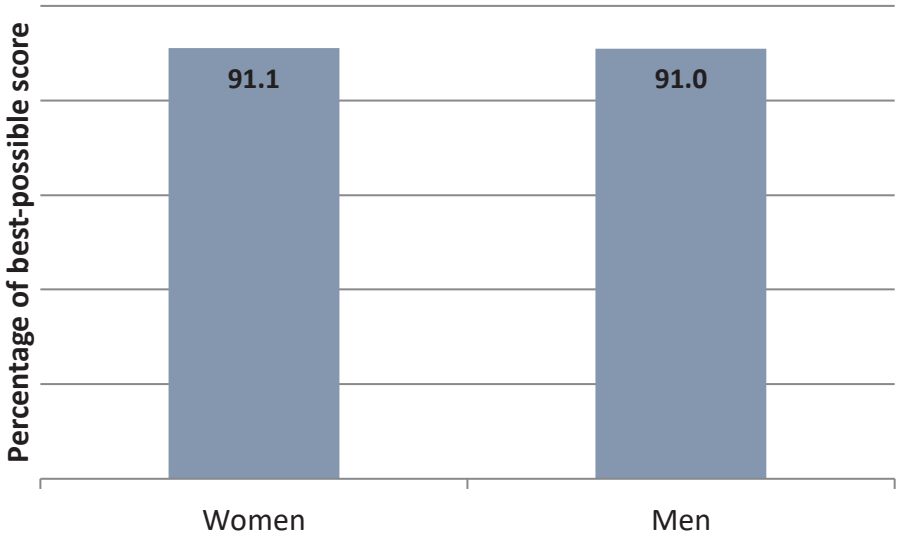
Disparities

- Women reported experiences with customer service that were similar to the experiences that men reported.

[†] This includes how often in the last six months health plan customer service staff provided the information or the help that beneficiaries needed, how often beneficiaries were treated with courtesy and respect, and how often forms from the health plan were easy to fill out.

Patient Experience: Doctors Who Communicate Well

Percentage of the best possible score (on a 0–100 scale) earned on how well doctors communicate with patients,[†] by gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.

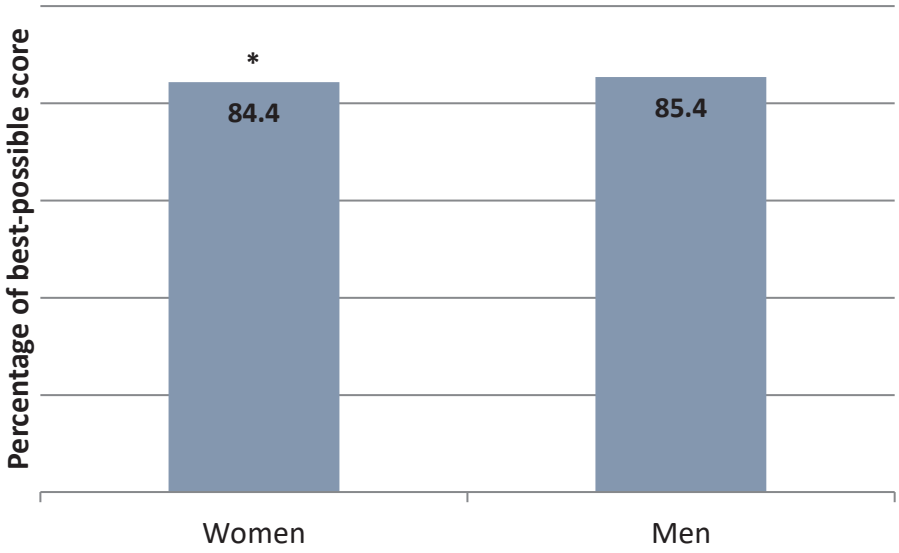
Disparities

- Women reported experiences with doctor communication that were similar to the experiences that men reported.

[†] This includes how often in the last six months doctors explained things in a way that was easy to understand, listened carefully, showed respect for what patients had to say, and spent time with patients.

Patient Experience: Care Coordination

Percentage of the best possible score (on a 0–100 scale) earned on how well patient care is coordinated,† by gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.

Disparities

- Women reported worse‡ experiences with care coordination than men reported. The difference between women and men was less than 3 points on a 0–100 scale.

***** Significantly different from the score for men ($p < 0.05$).

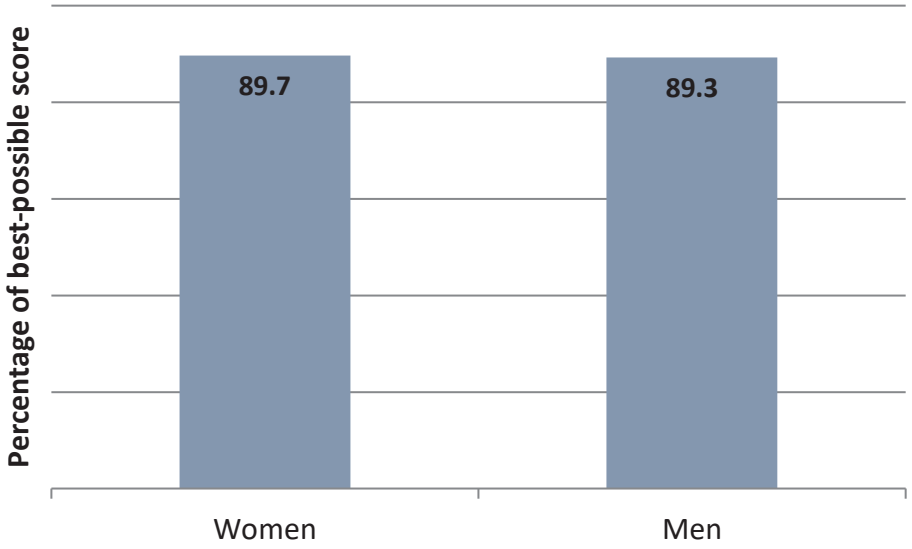
For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

† This includes how often in the last six months doctors had medical records and other information about patients' care at patients' scheduled appointments and how quickly patients received their test results.

‡ Unlike on page 59, we use the terms *better* or *worse* to describe all statistically significant differences on individual patient experience measures.

Patient Experience: Getting Needed Prescription Drugs

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is for beneficiaries to get the prescription drugs they need using their plans,[†] by gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.

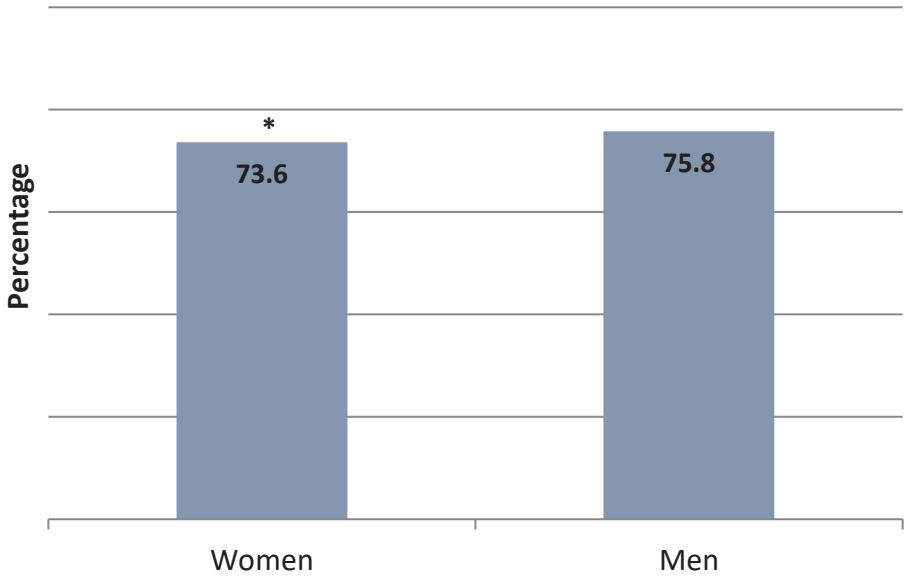
Disparities

- Women reported experiences getting needed prescription drugs that were similar to the experiences that men reported.

[†] This includes how often in the last six months it was easy to use the plan to get prescribed medications and how easy it was to fill prescriptions at a pharmacy or by mail.

Patient Experience: Annual Flu Vaccine

Percentage of Medicare enrollees who got a vaccine (flu shot), by gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.

Disparities

- Women were less likely than men to have received the flu vaccine. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

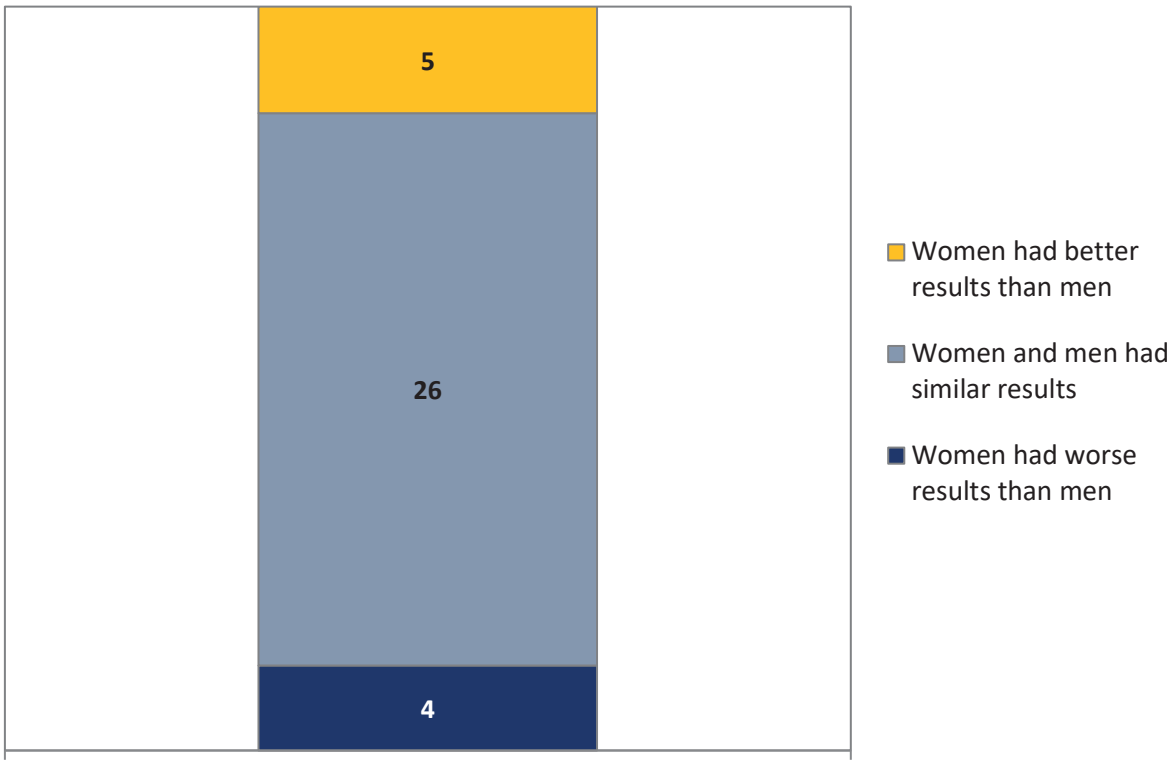
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors women.

(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

Disparities in Care: All Clinical Care Measures

Number of clinical care measures (out of 35) for which women had results that were worse than, similar to, or better than results for men in 2019



SOURCE: This chart summarizes clinical quality (HEDIS) data collected in 2019 from MA plans nationwide.

The relative difference between men and women is used to assess disparities.

- **Better** = Women received better care than men. Differences are statistically significant ($p < 0.05$), are equal to or larger than 3 points[†] on a 0–100 scale, and favor women.
- **Similar** = Women and men received care of similar quality. Differences are less than 3 points on a 0–100 scale (differences greater than 3 points were always statistically significant). Differences may be statistically significant.
- **Worse** = Women received worse care than men. Differences are statistically significant, are equal to or larger than 3 points on a 0–100 scale, and favor men.

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

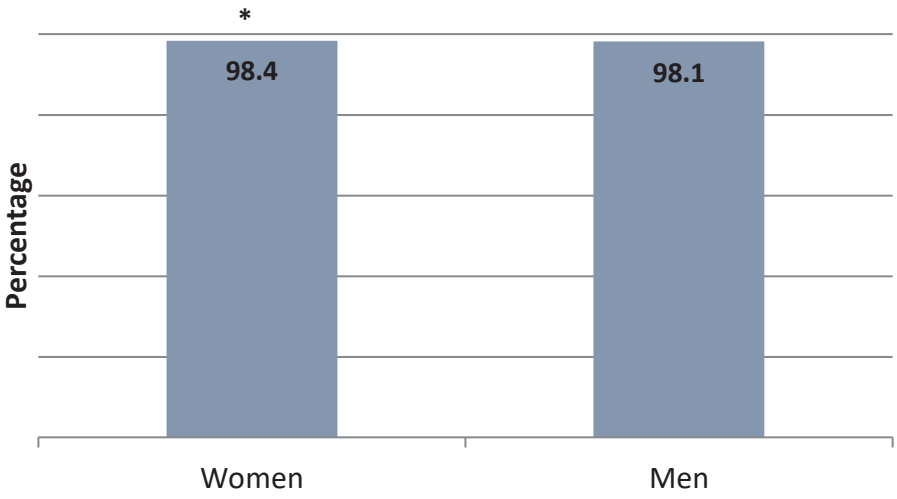
Women had worse results than men
• Initiation of AOD dependence treatment
• Avoiding potentially harmful drug-disease interactions in patients with dementia
• Avoiding potentially harmful drug-disease interactions in patients with a history of falls
• Avoiding use of high-risk medications in the elderly

Women had better results than men
• Diabetes care—eye exam • Antidepressant medication management—acute phase treatment • Antidepressant medication management—continuation phase treatment • Follow-up visit after hospital stay for mental illness (within 30 days of discharge) • Follow-up after ED visit for mental illness (within 30 days of discharge)

Clinical Care: Prevention and Screening

Adult BMI Assessment

Percentage of MA enrollees aged 18 to 74 years who had an outpatient visit whose body mass index (BMI) was documented in the past two years, by gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

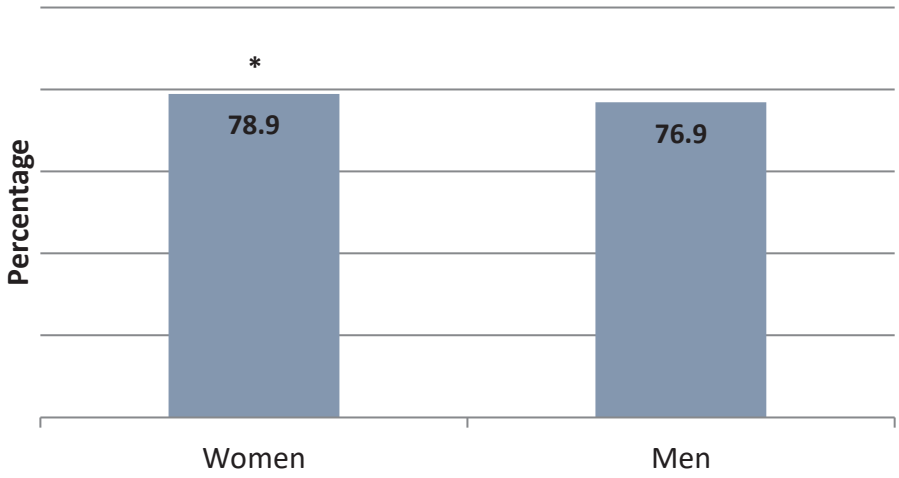
- Women were more likely than men to have had their BMIs documented. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

Colorectal Cancer Screening

Percentage of MA enrollees aged 50 to 75 years who had appropriate screening for colorectal cancer, by gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women were more likely than men to have been appropriately screened for colorectal cancer. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

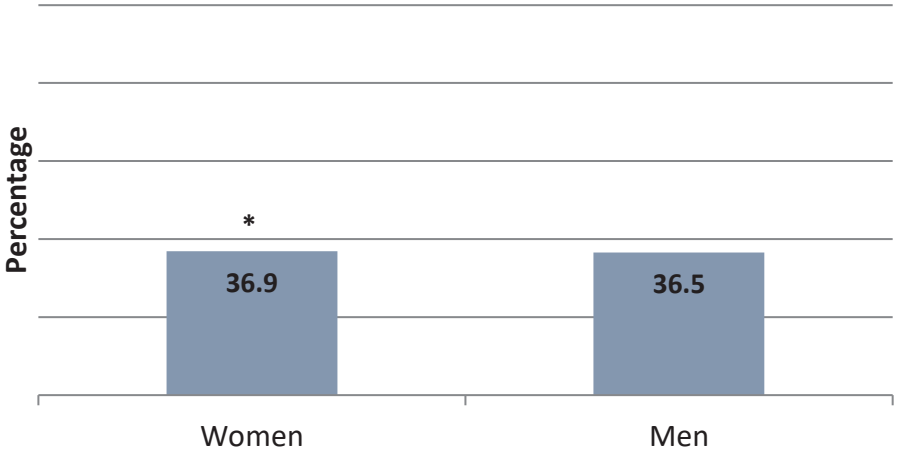
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.

(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

Clinical Care: Respiratory Conditions

Testing to Confirm 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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women with a new diagnosis of COPD or newly active COPD were more likely than men with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

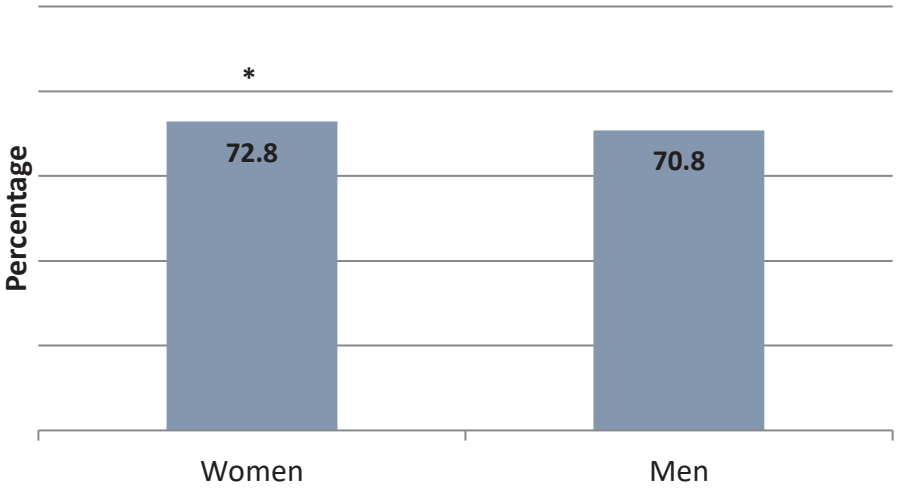
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors women.

(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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 encounter for COPD exacerbation in the past year who were dispensed a systemic corticosteroid within 14 days of the event, by gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women who experienced a COPD exacerbation were more likely than men who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

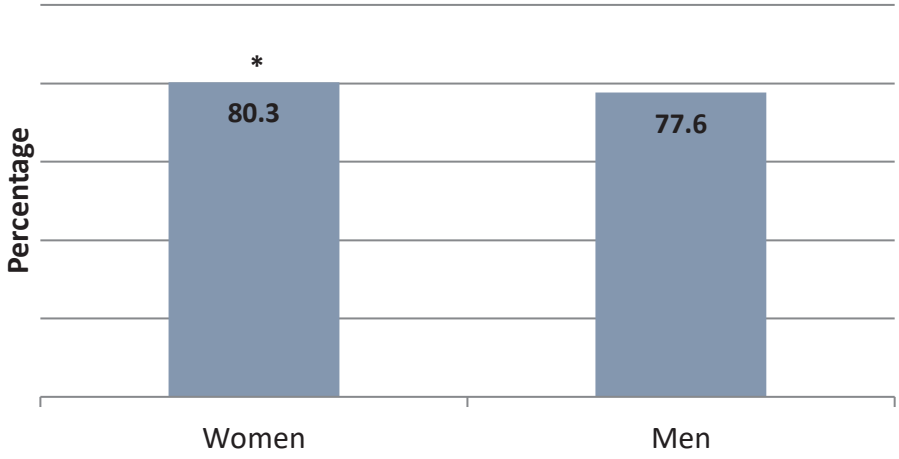
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors women.

(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

Percentage of MA enrollees aged 40 years and older who had an acute inpatient discharge or emergency department encounter for COPD exacerbation in the past year who were dispensed a bronchodilator within 30 days of experiencing the event, by gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women who experienced a COPD exacerbation were more likely than men who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event. The difference between women and men was less than 3 percentage points.

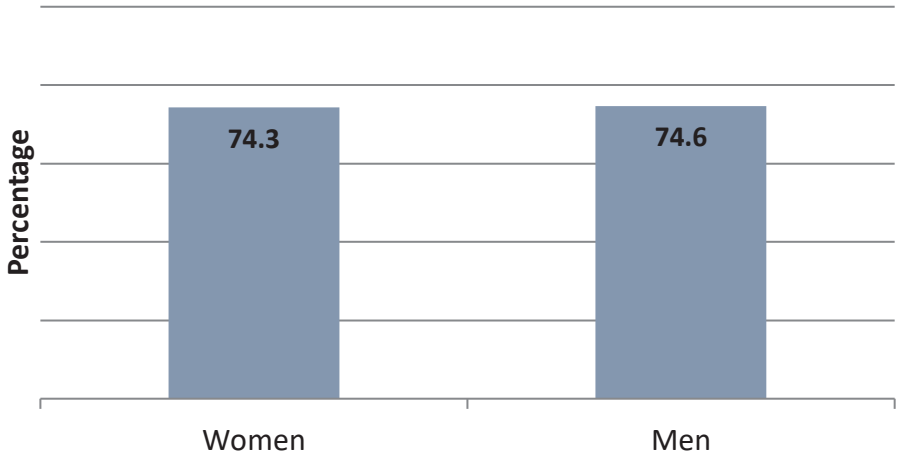
***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

Clinical Care: Cardiovascular Conditions

Controlling High Blood Pressure

Percentage of MA enrollees aged 18 to 85 years who had a diagnosis of hypertension whose blood pressure was adequately controlled[†] during the past year, by gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

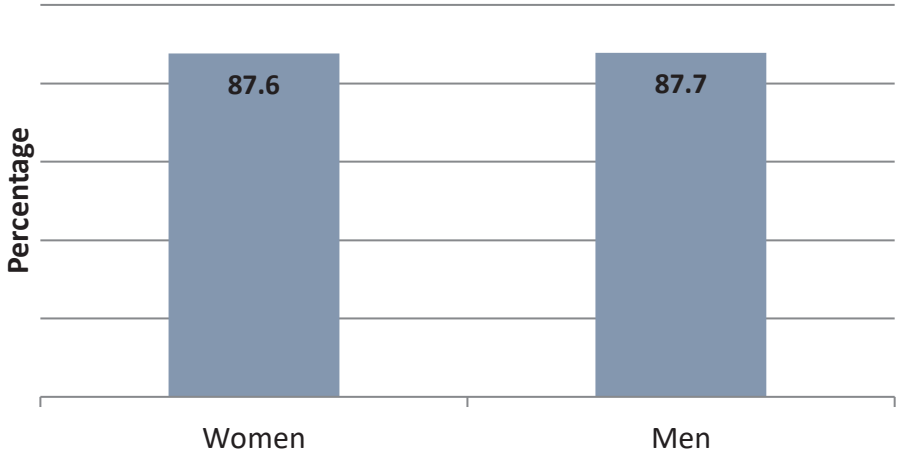
Disparities

- Women who had a diagnosis of hypertension were about as likely as men who had a diagnosis of hypertension to have had their blood pressure adequately controlled.

[†] Less than 140/90 for enrollees 18 to 59 years of age and for enrollees 60 to 85 years of age with a diagnosis of diabetes, or less than 150/90 for members 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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

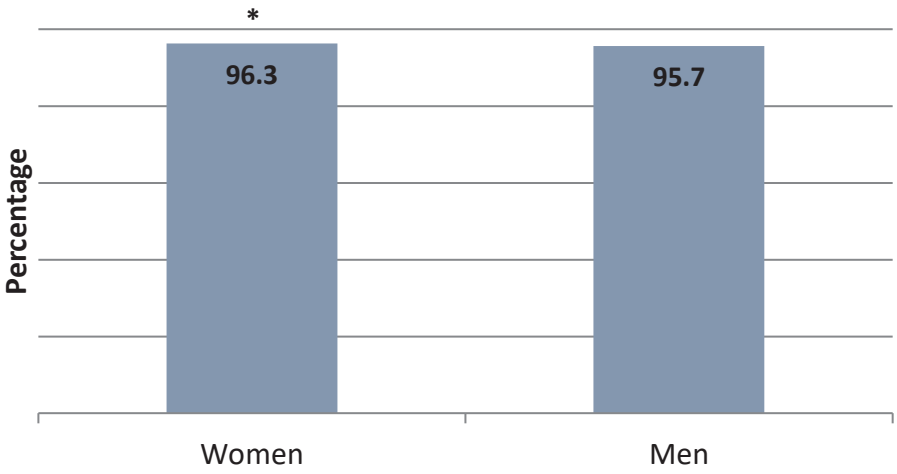
Disparities

- Women who were hospitalized for a heart attack were about as likely as men who were hospitalized for a heart attack to have received continuous beta-blocker treatment.

Clinical Care: 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 gender, 2019



NOTE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

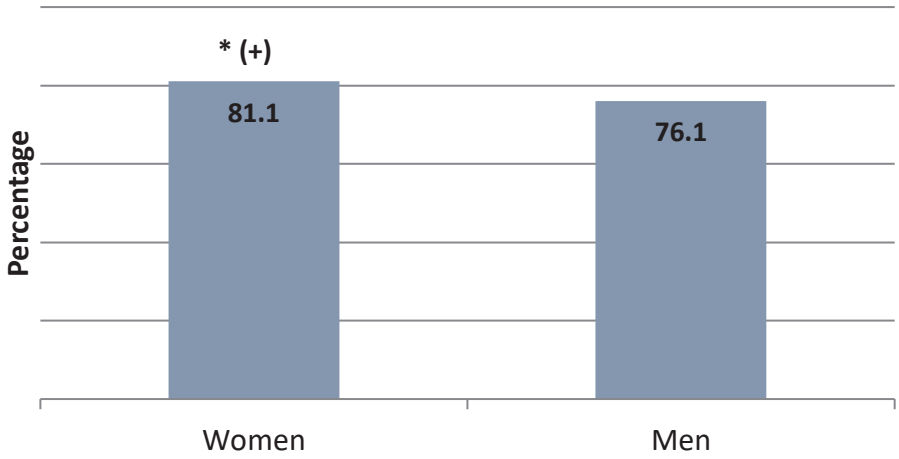
- Women with diabetes were more likely than men with diabetes to have had their blood sugar tested at least once in the past year. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

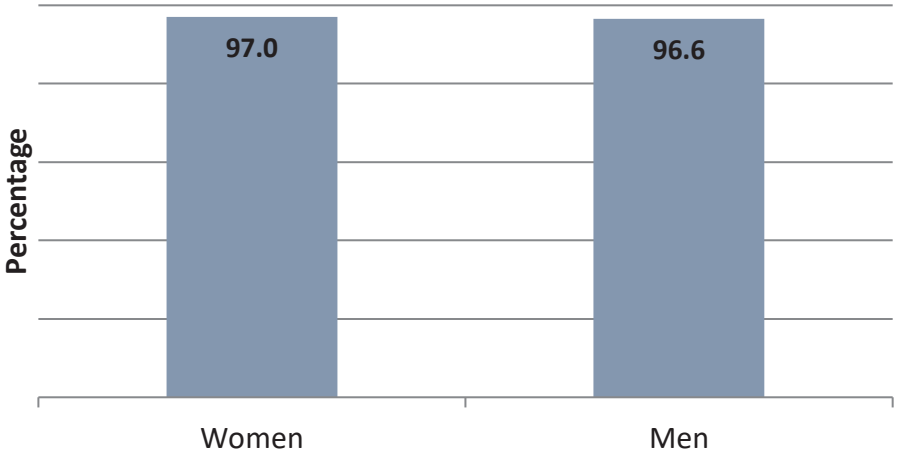
- Women with diabetes were more likely than men with diabetes to have had an eye exam in the past year. The difference between women and men was greater than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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 gender, 2019



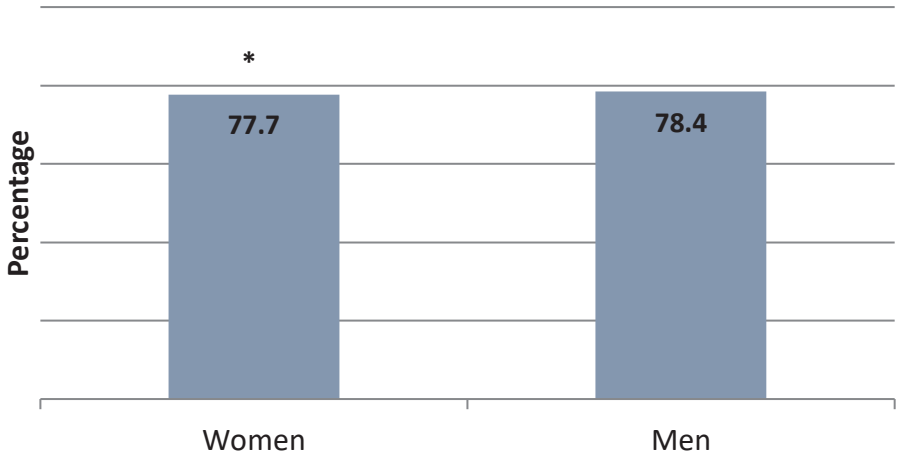
SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women with diabetes were about as likely as men with diabetes to have had medical attention for nephropathy in the past year.

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 gender, 2019



NOTE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

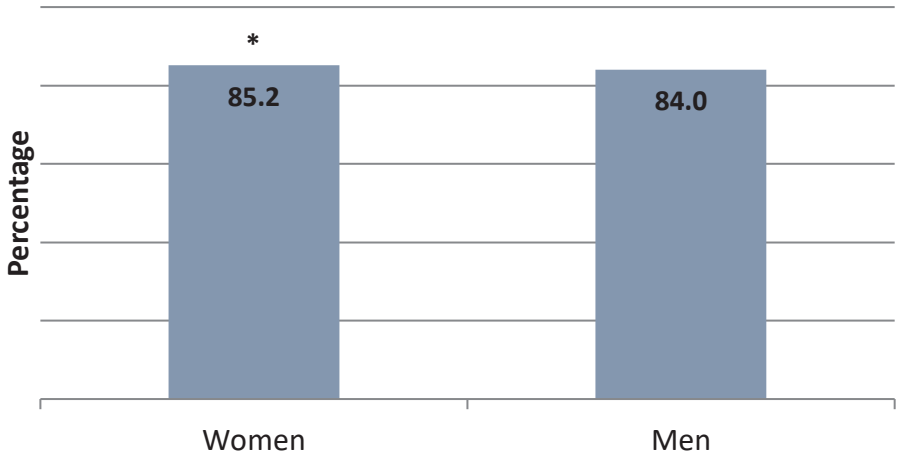
- Women with diabetes were less likely than men with diabetes to have their blood pressure under control. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women with diabetes were more likely than men with diabetes to have their blood sugar levels under control. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

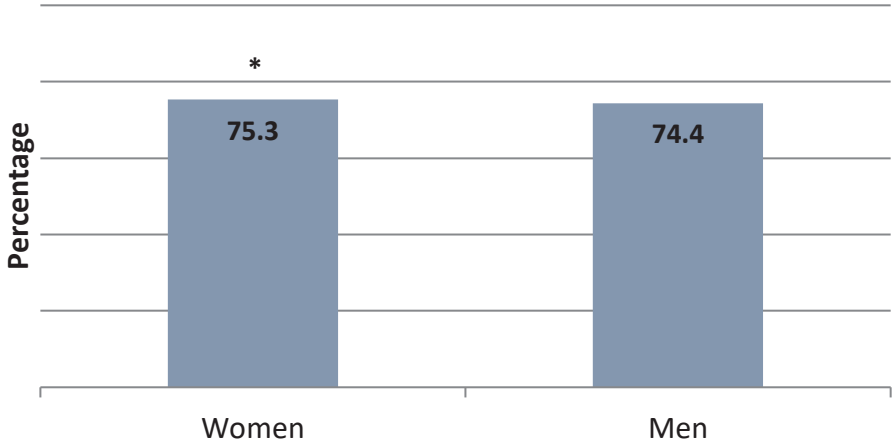
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors women.

(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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 gender, 2019



NOTE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women with diabetes were more likely than men with diabetes to have received statin therapy. The difference between women and men was less than 3 percentage points.

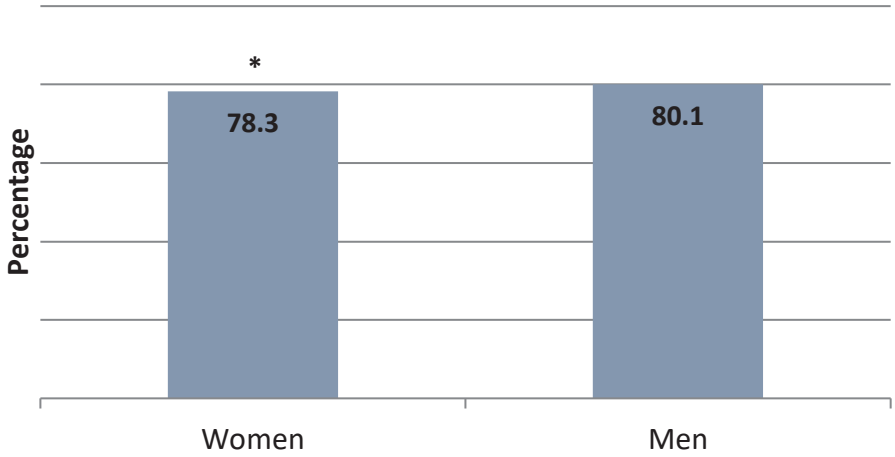
***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

[†] 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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women with diabetes were less likely than men with diabetes to have had proper statin medication adherence. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

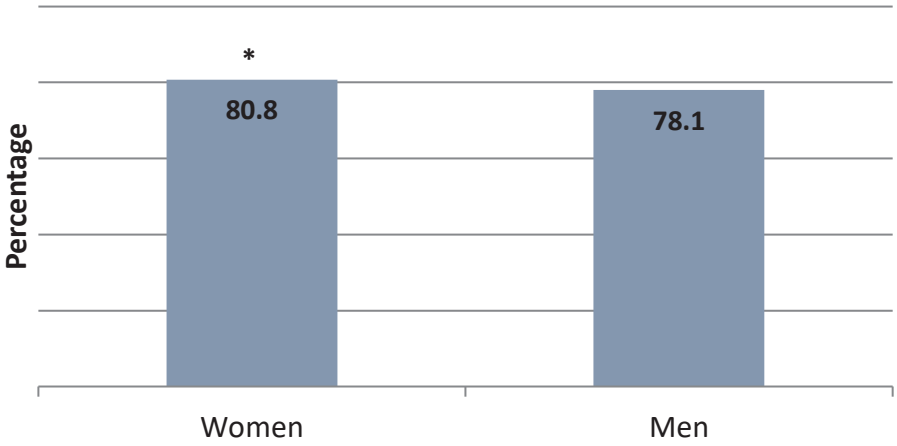
For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

† Excludes those who also have clinical ASCVD.

Clinical Care: 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 DMARD, by gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women who were diagnosed with rheumatoid arthritis were more likely than men who were diagnosed with rheumatoid arthritis to have been dispensed at least one DMARD. The difference between women and men was less than 3 percentage points.

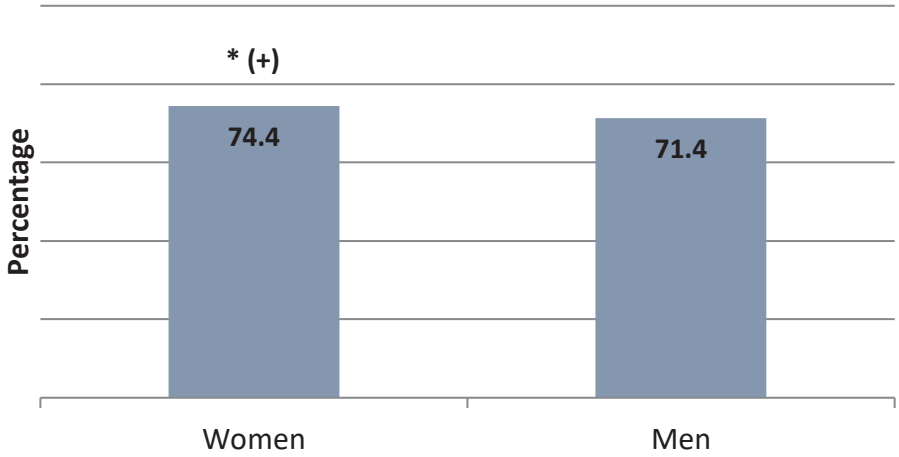
***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

Clinical Care: 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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women who were diagnosed with a new episode of major depression were more likely than men who were diagnosed with a new episode of major depression to have been newly treated with antidepressant medication and to have remained on the medication for at least 84 days. The difference between women and men was greater than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

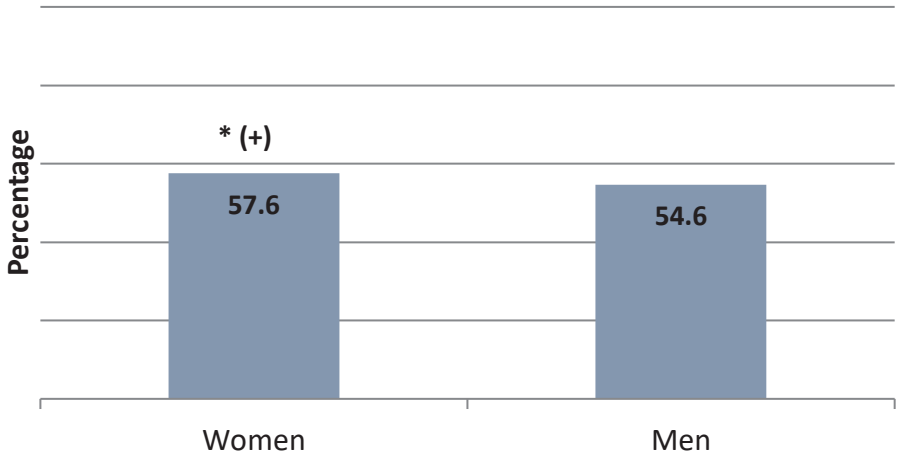
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors women.

(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women who were diagnosed with a new episode of major depression were more likely than men who were diagnosed with a new episode of major depression to have been newly treated with antidepressant medication and to have remained on the medication for at least 180 days. The difference between women and men was greater than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

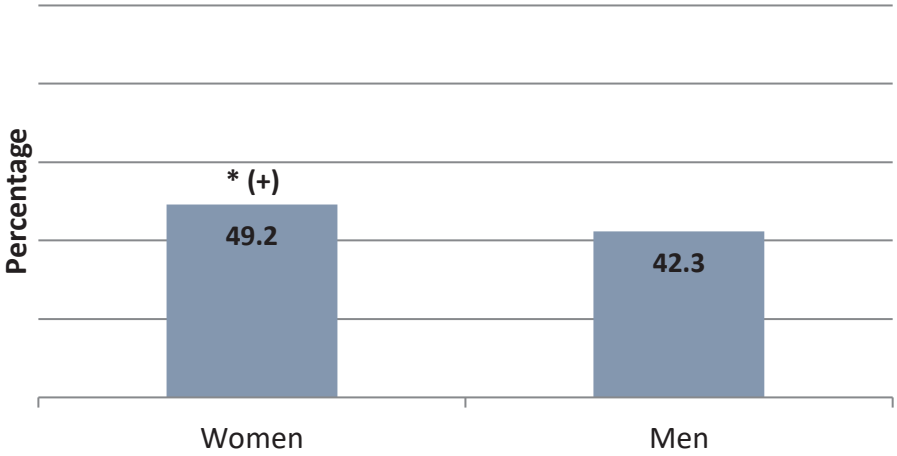
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors women.

(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women who were hospitalized for a mental health disorder were more likely than men who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of discharge. The difference between women and men was greater than 3 percentage points.

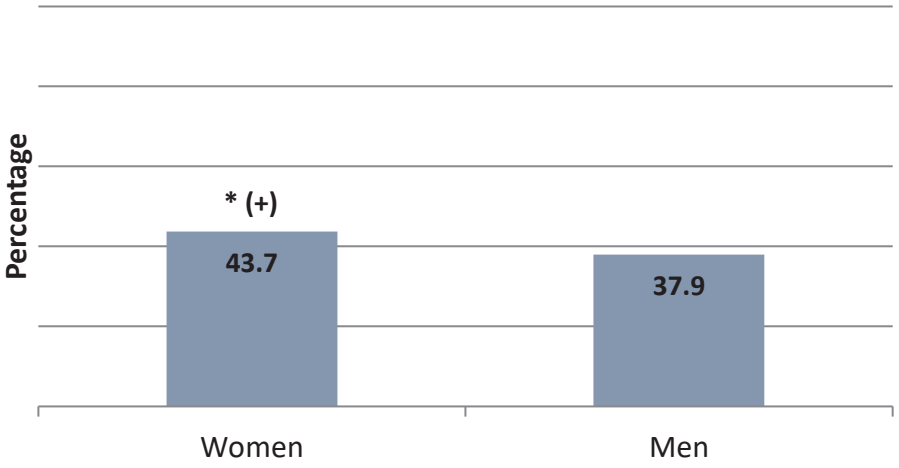
***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

[†] 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 Emergency Department 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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women who had an ED visit for a mental health disorder were more likely than men who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of the ED visit. The difference between women and men was greater than 3 percentage points.

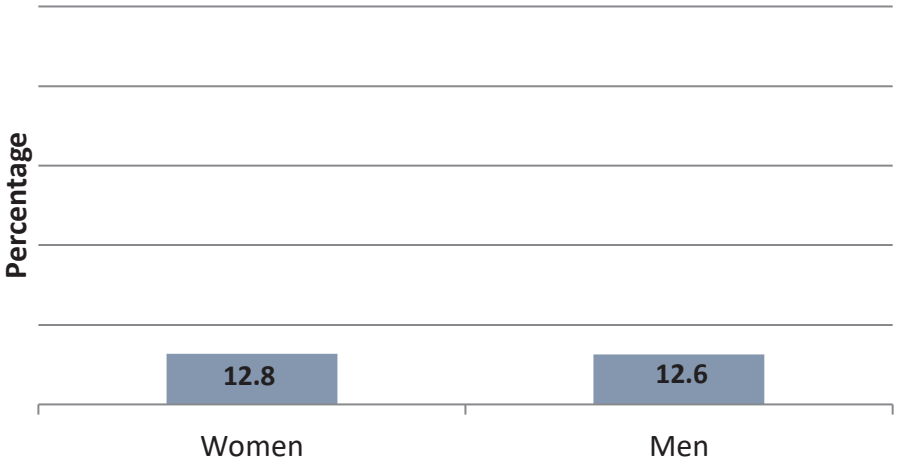
***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

[†] 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 Emergency Department Visit for Alcohol and Other Drug 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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

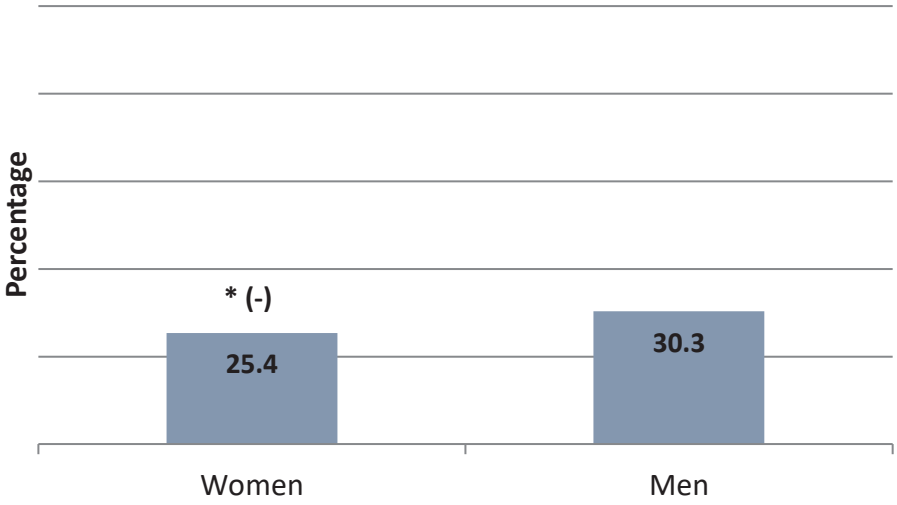
Disparities

- Women who had an ED visit for AOD abuse or dependence were about as likely as men who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within 30 days of being discharged.

[†] 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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women with a new episode of AOD dependence were less likely than men with a new episode of AOD dependence to have initiated treatment within 14 days of the diagnosis. The difference between women and men was greater than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

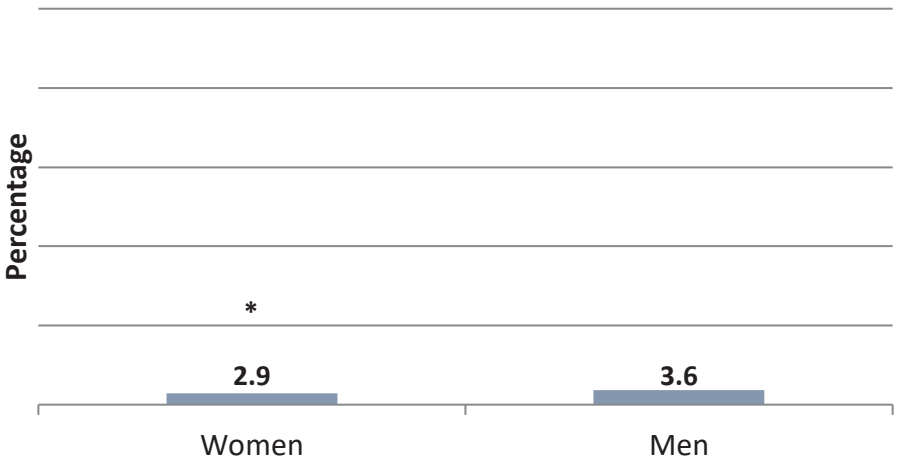
For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

[†] 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 may occur through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization.

Engagement 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 who had two or more additional services within 30 days of the initiation visit, by gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women with a new episode of AOD dependence who initiated treatment were less likely than men with a new episode of AOD dependence who initiated treatment to have had two or more additional services within 30 days of their initial visit for treatment. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

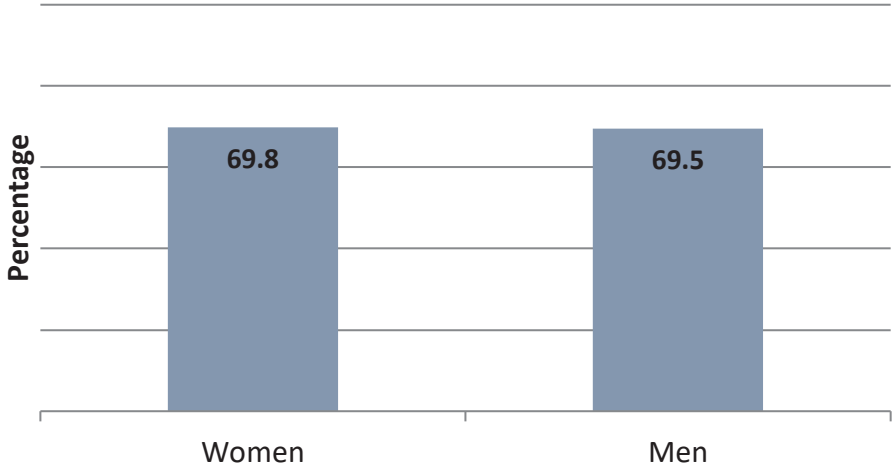
For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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

Clinical Care: Medication Management and Care Coordination

Medication Reconciliation After Hospital Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility who had their medications reconciled within 30 days, by gender, 2019



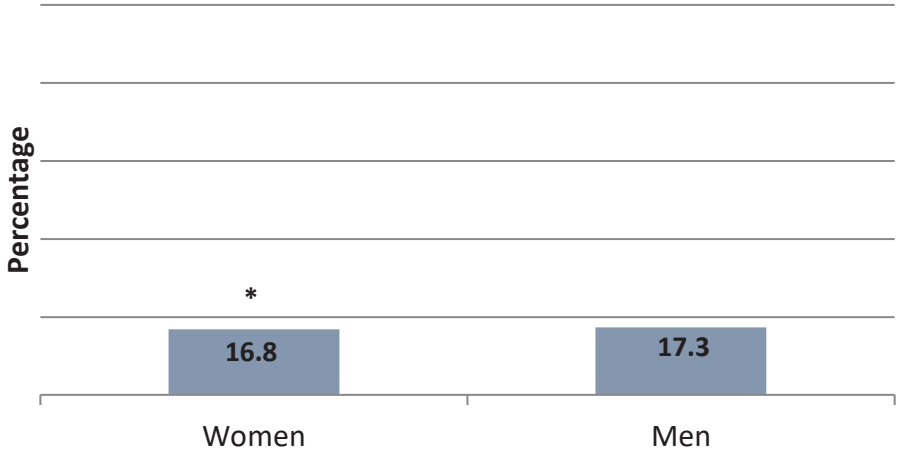
SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women who were discharged from an inpatient facility were about as likely as men who were discharged from an inpatient facility to have had their medications reconciled within 30 days.

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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- The primary or ongoing care providers of women who were discharged from an inpatient facility were less likely than the primary or ongoing care providers of men who were discharged from an inpatient facility to have been notified of the inpatient admission on the day of or the day following admission. The difference between these groups was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

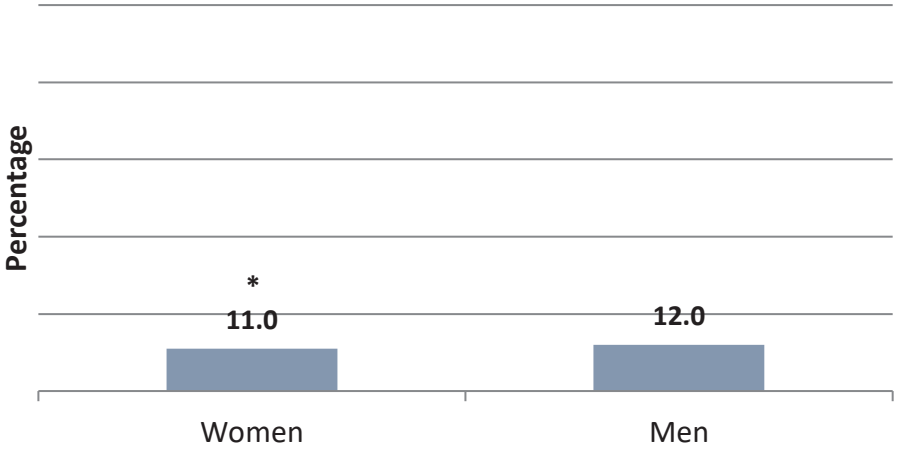
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors women.

(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women who were discharged from an inpatient facility were less likely than men who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

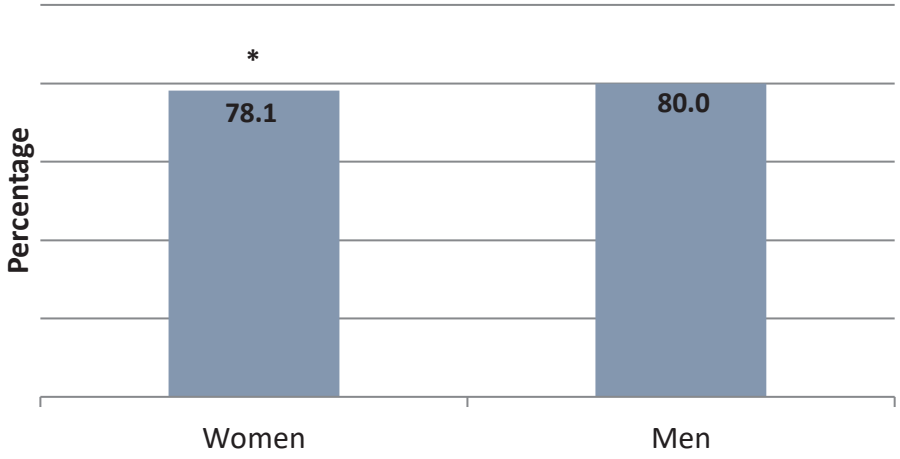
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors women.

(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women who were discharged from an inpatient facility were less likely than men who were discharged from an inpatient facility to have had an office visit, home visit, or to have received telehealth services within 30 days of discharge. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

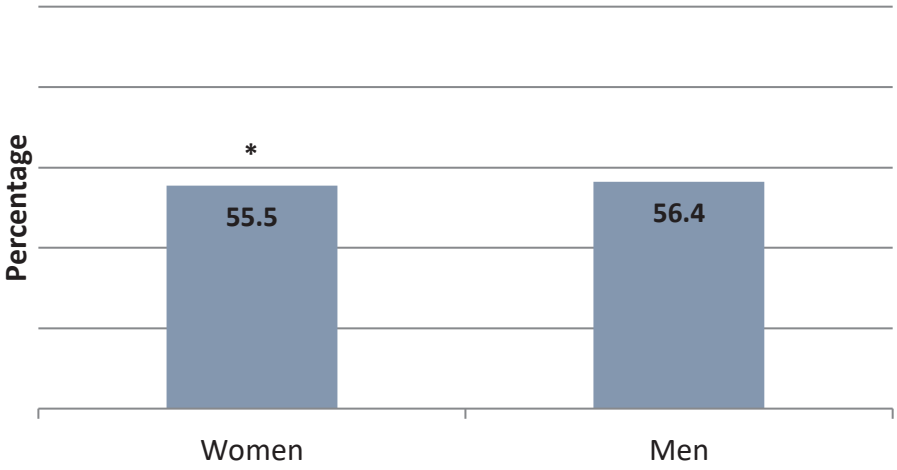
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors women.

(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

Follow-Up After Emergency Department 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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women with multiple high-risk chronic conditions were less likely than men with multiple high-risk chronic conditions to have received follow-up care within seven days of an ED visit. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

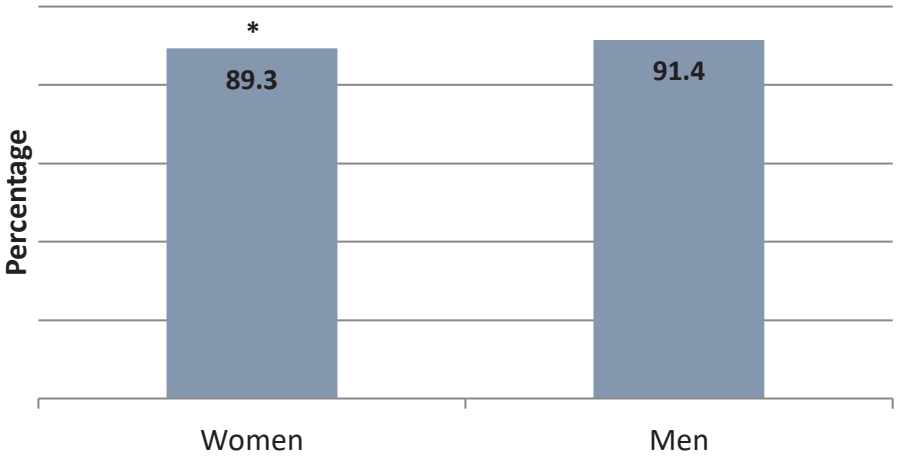
For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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

Clinical Care: Overuse/Appropriateness

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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Use of potentially harmful medication was avoided less often for elderly women with chronic renal failure than for elderly men with chronic renal failure. The difference between women and men was less than 3 percentage points.

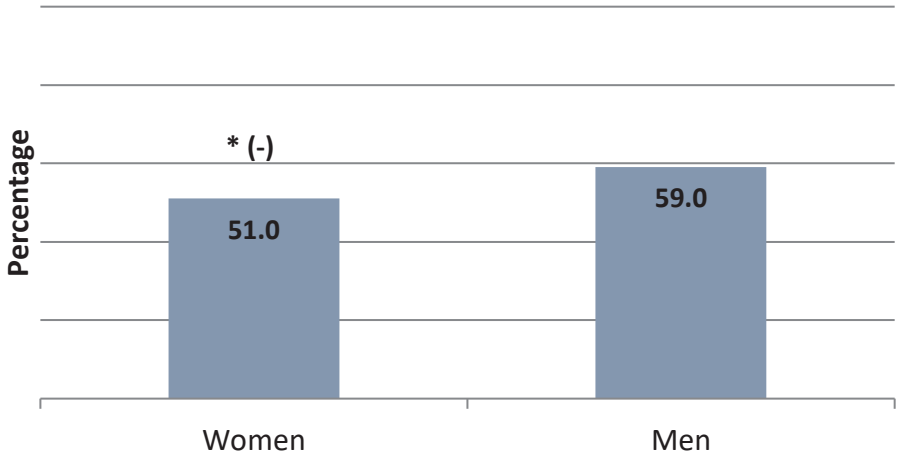
***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

† This includes cyclooxygenase-2 selective 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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Use of potentially harmful medication was avoided less often for elderly women with dementia than for elderly men with dementia. The difference between women and men was greater than 3 percentage points.

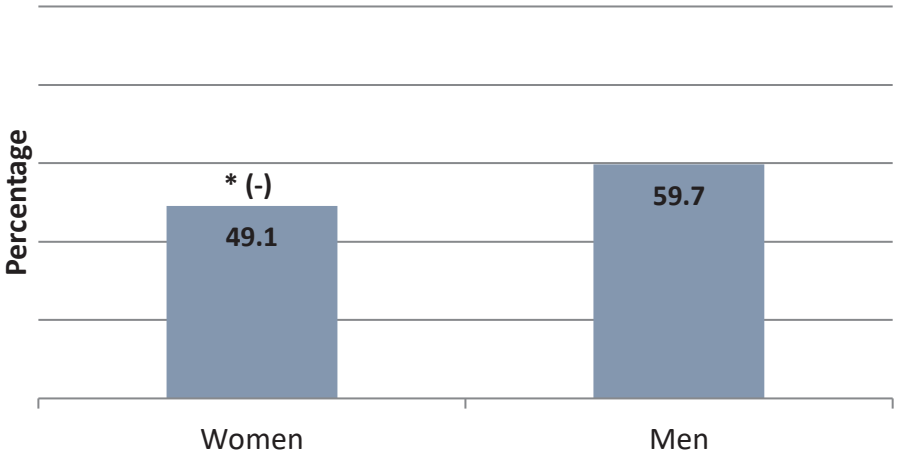
***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

† 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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Use of potentially harmful medication was avoided less often for elderly women with a history of falls than for elderly men with a history of falls. The difference between women and men was greater than 3 percentage points.

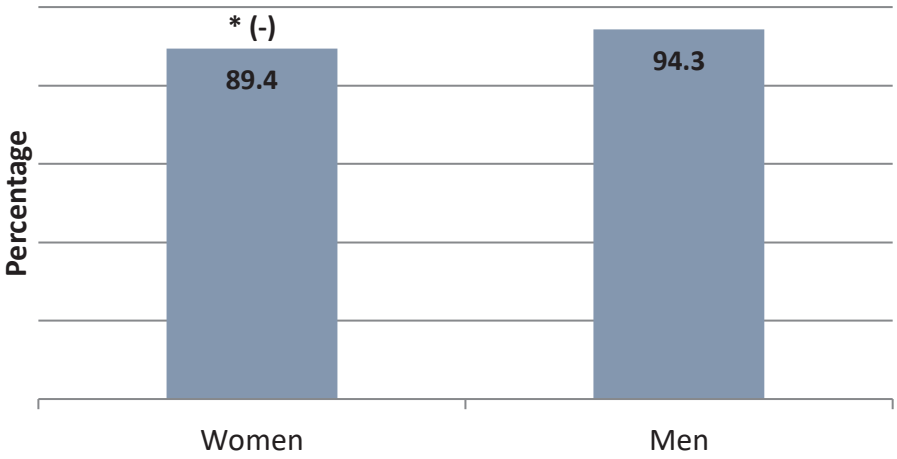
***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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

Avoiding Use of High-Risk Medications in the Elderly

Percentage of MA enrollees aged 65 years and older who were not prescribed a high-risk medication, by gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

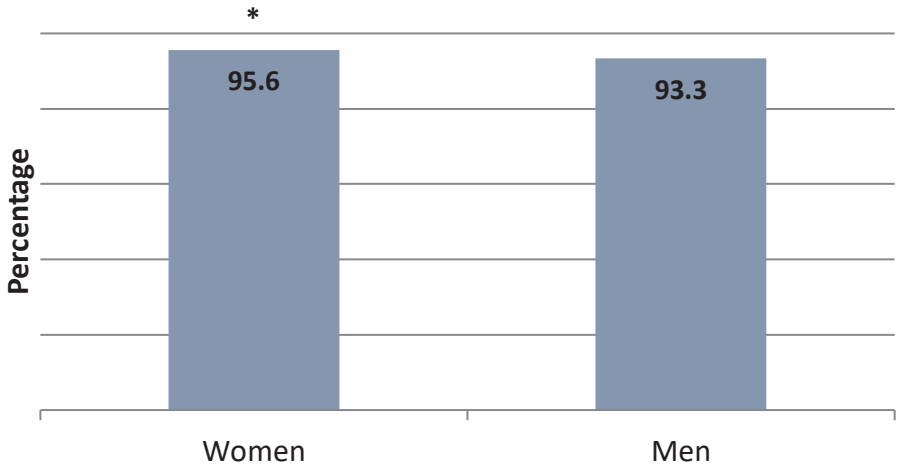
- Use of high-risk medication was avoided less often for women than for men. The difference between women and men was greater than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

Avoiding Use of Opioids at High Dosage

Percentage of MA enrollees aged 18 years and older who were not prescribed opioids at a high dosage[†] for more than 14 days, by gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Use of opioids at a high dosage for more than 14 days was avoided more often for women than for men. The difference between women and men was less than 3 percentage points.

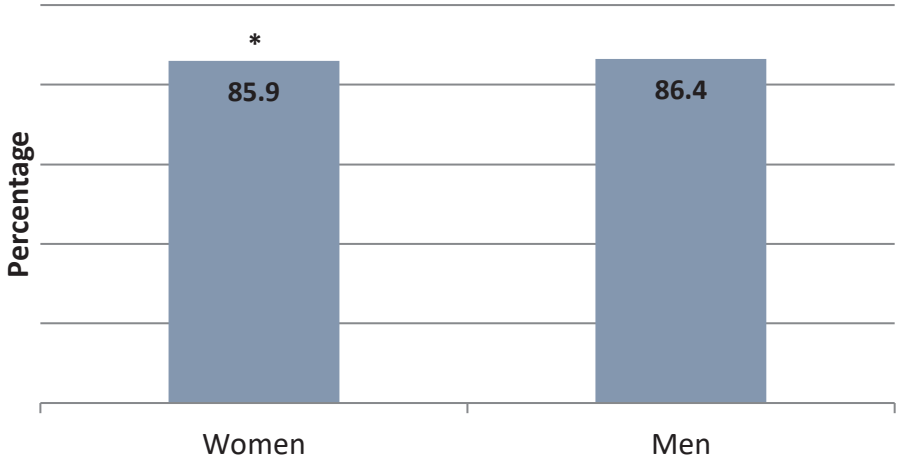
***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

[†] Average morphine equivalent dose > 120 mg.

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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

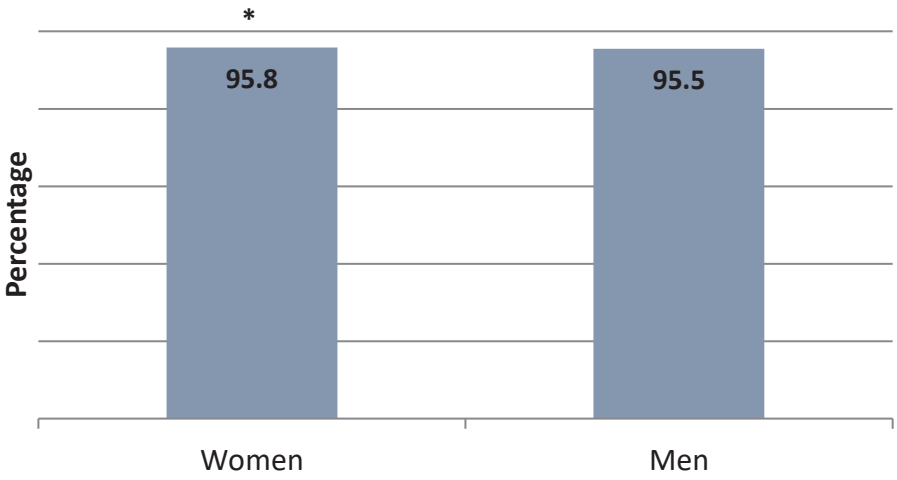
- Use of opioids from multiple prescribers was avoided less often for women than for men. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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 gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Use of opioids from multiple pharmacies was avoided more often for women than for men. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

For differences that are statistically significant, the following symbols are also used when applicable:

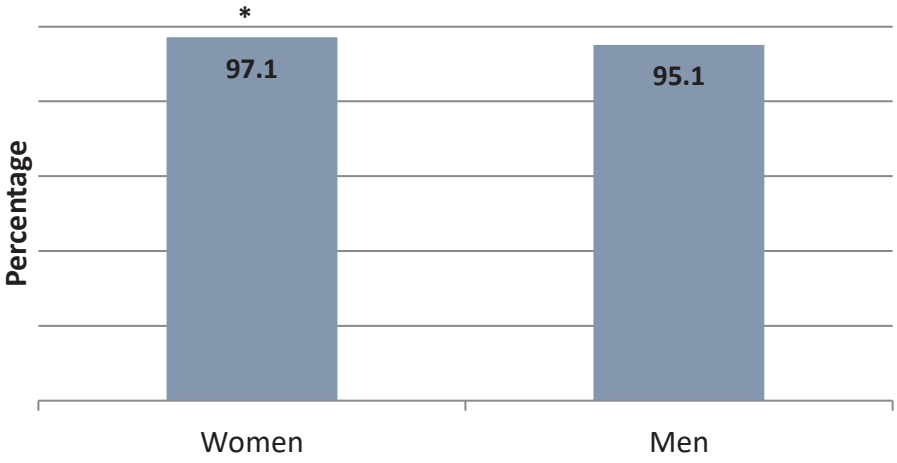
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.

(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

Clinical Care: Access/Availability of Care

Older Adults' Access to Preventive/Ambulatory Services

Percentage of MA enrollees aged 65 years and older who had an ambulatory or preventive care visit in the past year, by gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.

Disparities

- Women were more likely than men to have had an ambulatory or preventive care visit. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for men ($p < 0.05$).

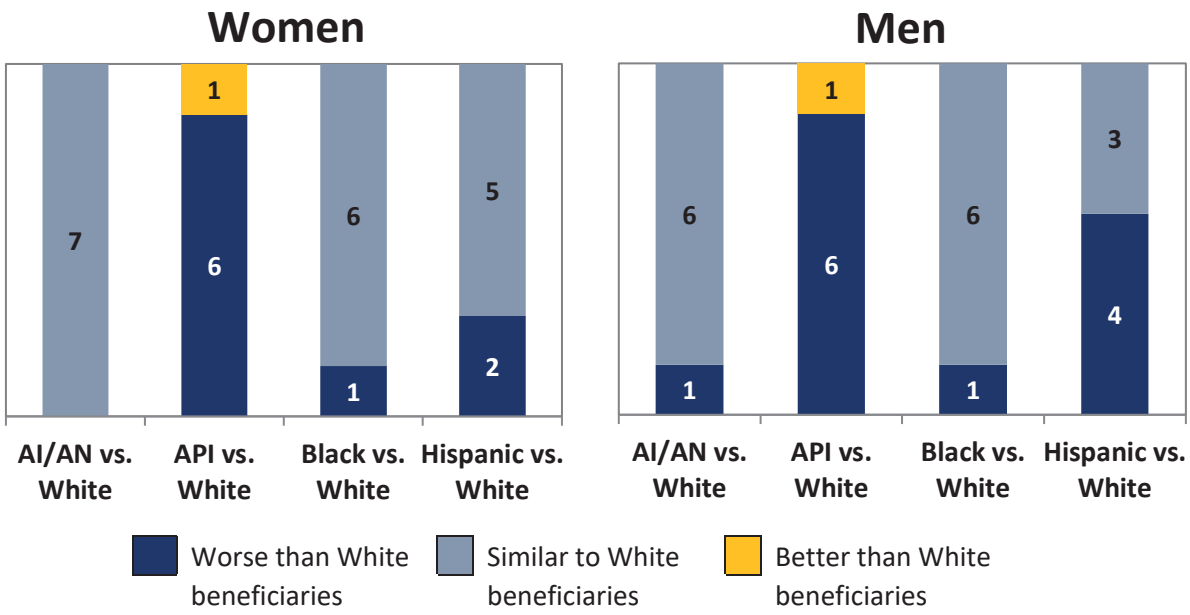
For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.
(-) Difference is equal to or larger than 3 points (before rounding) and favors men.

SECTION III:

Racial and Ethnic Differences by Gender in Health Care in Medicare Advantage

Disparities in Care: All Patient Experience Measures

Number of patient experience measures (out of 7) for which women and men of selected racial and ethnic minority groups reported experiences that were worse than, similar to, or better than the experiences reported by White women and men in 2019



SOURCE: This chart summarizes data from all MA beneficiaries nationwide who participated in the 2019 Medicare CAHPS survey.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

Within each gender, the relative difference between a selected group and White beneficiaries is used to assess disparities.

- **Better** = Population received better care than White beneficiaries. Differences are statistically significant ($p < 0.05$), are equal to or larger than 3 points[†] on a 0–100 scale, and favor the racial or ethnic minority group.
- **Similar** = Population and White beneficiaries received care of similar quality. Differences are less than 3 points on a 0–100 scale and/or not statistically significant.
- **Worse** = Population received worse care than White beneficiaries. Differences are statistically significant, equal to or larger than 3 points on a 0–100 scale, and favor White beneficiaries.

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

API women had worse results than White women

- Getting needed care
- Getting appointments and care quickly
- Customer service
- Doctors who communicate well
- Care coordination
- Getting needed prescription drugs

API women had better results than White women

- Annual flu vaccine

Black women had worse results than White women

- Annual flu vaccine

Hispanic women had worse results than White women

- Getting appointments and care quickly
- Annual flu vaccine

AI/AN men had worse results than White men

- Getting needed prescription drugs

API men had worse results than White men

- Getting needed care
- Getting appointments and care quickly
- Customer service
- Doctors who communicate well
- Care coordination
- Getting needed prescription drugs

API men had better results than White men

- Annual flu vaccine

Black men had worse results than White men

- Annual flu vaccine

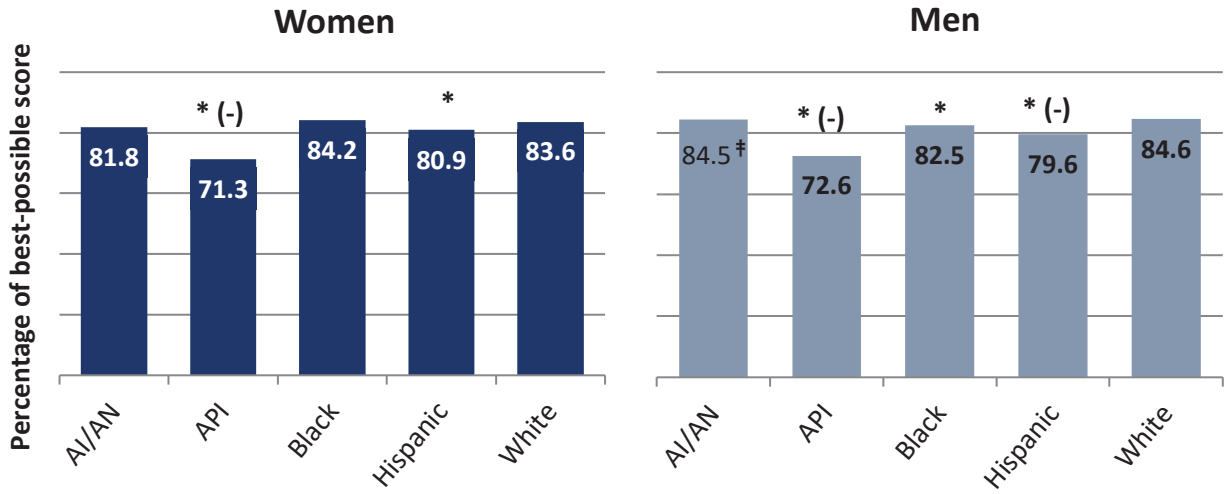
Hispanic men had worse results than White men

- Getting needed care
- Getting appointments and care quickly
- Care coordination
- Annual flu vaccine

Patient Experience

Getting Needed Care

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is for patients to get needed care,[†] by race and ethnicity within gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

[‡] This score is based on fewer than 400 completed measures, and thus its precision may be low.

Disparities

- API and Hispanic women reported experiences with getting needed care that were worse[§] than the experiences that White women reported. The difference between API and White women was greater than 3 points on a 0–100 scale. The difference between Hispanic and White women was less than 3 points on a 0–100 scale. AI/AN and Black women reported experiences with getting needed care that were similar to the experiences that White women reported.
- API, Black, and Hispanic men reported experiences with getting needed care that were worse than the experiences that White men reported. The difference between API men and White men was greater than 3 points on a 0–100 scale, as was the difference between Hispanic men and White men. The difference between Black men and White men was less than 3 points on a 0-100 scale. AI/AN men reported experiences with getting needed care that were similar to the experiences that White men reported.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

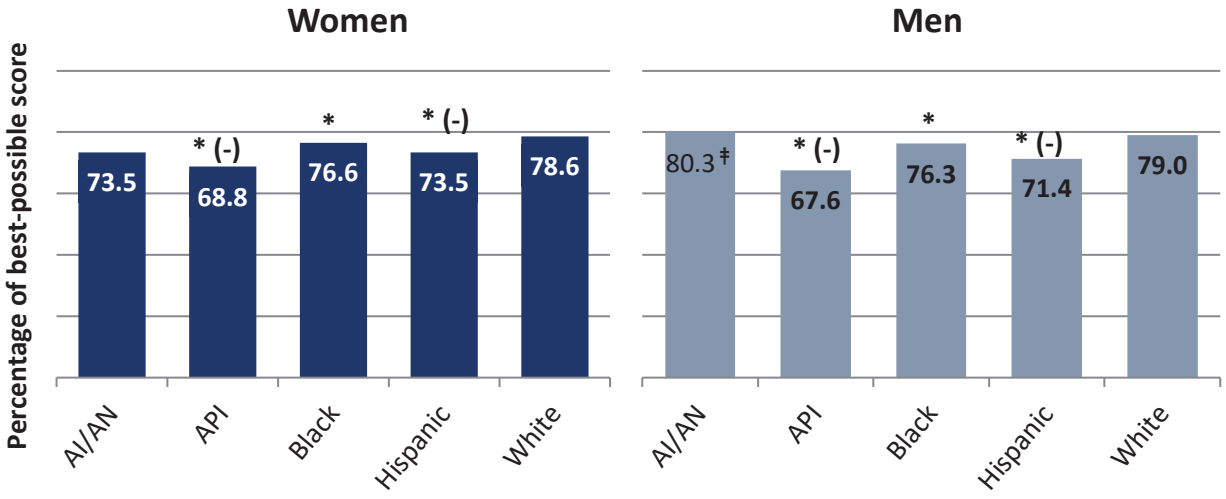
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

[†] This includes how often in the last six months patients got appointments with specialists as soon as they needed them and how easy it was to get needed care, tests, or treatment.

[§] Unlike on pages 105–106, we use the terms *better* or *worse* to describe all statistically significant differences on individual patient experience measures.

Patient Experience: Getting Appointments and Care Quickly

Percentage of the best possible score (on a 0–100 scale) earned on how quickly patients get appointments and care,† by race and ethnicity within gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

‡ This score is based on fewer than 400 completed measures, and thus its precision may be low.

Disparities

- AI/AN women reported experiences with getting appointments and care quickly that were similar to the experiences that White women reported. API, Black, and Hispanic women reported experiences with getting appointments and care quickly that were worse than the experiences that White women reported. The difference between API women and White women was greater than 3 points on a 0–100 scale, as was the difference between Hispanic women and White women. The difference between Black women and White women was less than 3 points on a 0–100 scale.
- AI/AN men reported experiences with getting appointments and care quickly that were similar to the experiences that White men reported. API, Black, and Hispanic men reported experiences with getting appointments and care quickly that were worse than the experiences that White men reported. The difference between API men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men. The difference between Black men and White men was less than 3 percentage points.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

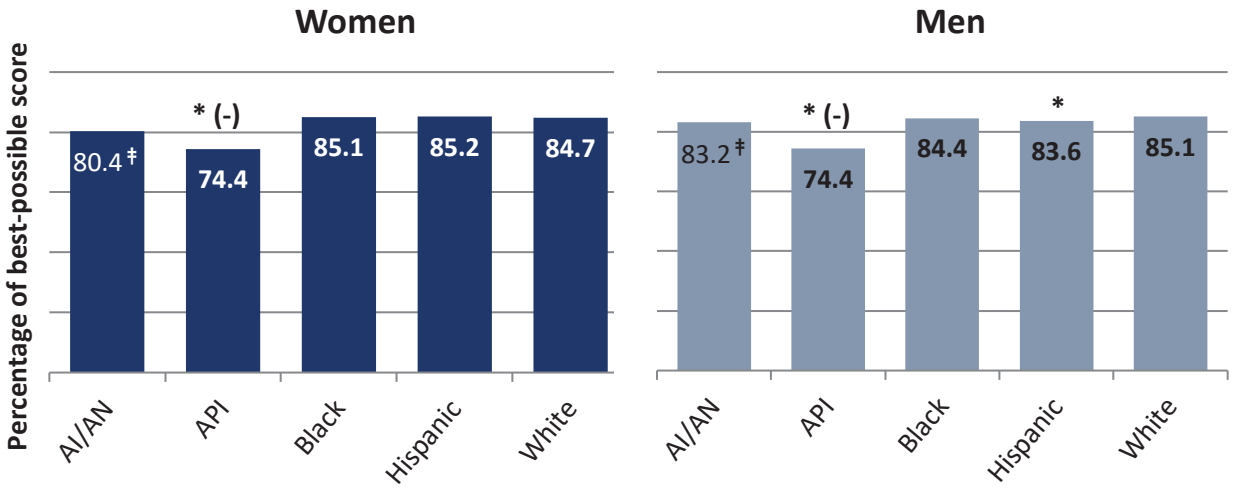
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† This includes how often in the last six months patients got care that was needed right away, as well as how easy it was to get appointments for checkups and routine care.

Patient Experience: Customer Service

Percentage of the best possible score (on a 0–100 scale) earned on three aspects of customer service,† by race and ethnicity within gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

‡ These scores are based on fewer than 400 completed measures, and thus their precision may be low.

Disparities

- AI/AN, Black, and Hispanic women reported experiences with customer service that were similar to the experiences that White women reported. API women reported experiences with customer service that were worse than the experiences that White women reported. The difference between API women and White women was greater than 3 points on a 0–100 scale.
- AI/AN and Black men reported experiences with customer service that were similar to the experiences that White men reported. API men and Hispanic men reported experiences with customer service that were worse than the experiences that White men reported. The difference between API men and White men was greater than 3 points on a 0–100 scale. The difference between Hispanic men and White men was less than 3 points on a 0–100 scale.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

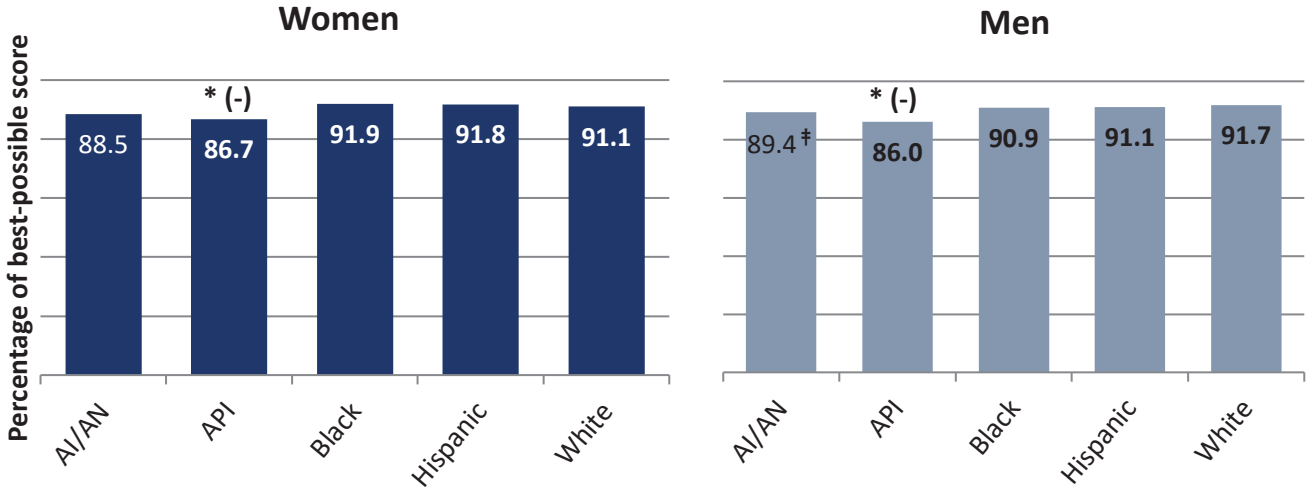
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† This includes how often in the last six months health plan customer service staff provided the information or help that beneficiaries needed, how often beneficiaries were treated with courtesy and respect, and how often forms from the health plan were easy to fill out.

Patient Experience: Doctors Who Communicate Well

Percentage of the best possible score (on a 0–100 scale) earned on how well doctors communicate with patients,† by race and ethnicity within gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

‡ This score is based on fewer than 400 completed measures, and thus its precision may be low.

Disparities

- AI/AN, Black, and Hispanic women reported experiences with doctor communication that were similar to the experiences that White women reported. API women reported experiences with doctor communication that were worse than the experiences that White women reported. The difference between API women and White women was greater than 3 points on a 0–100 scale.
- AI/AN, Black, and Hispanic men reported experiences with doctor communication that were similar to the experiences that White men reported. API men reported experiences with doctor communication that were worse than the experiences that White men reported. The difference between API men and White men was greater than 3 points on a 0–100 scale.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

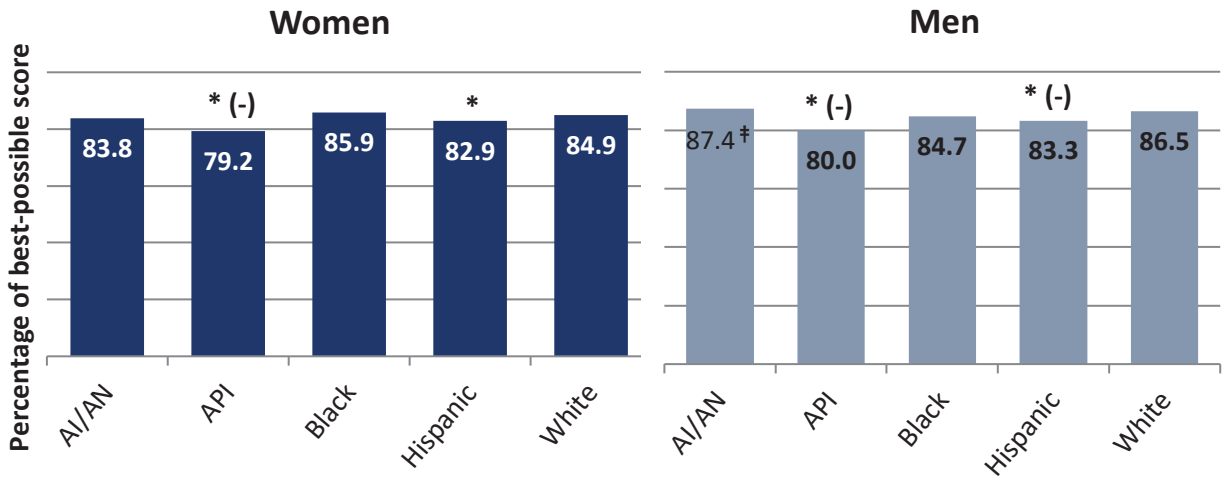
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† This includes how often in the last six months doctors explained things in a way that was easy to understand, listened carefully, showed respect for what patients had to say, and spent time with patients.

Patient Experience: Care Coordination

Percentage of the best possible score (on a 0–100 scale) earned on how well patient care was coordinated,† by race and ethnicity within gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

‡ This score is based on fewer than 400 completed measures, and thus its precision may be low.

Disparities

- AI/AN and Black women reported experiences with care coordination that were similar to the experiences that White women reported. API and Hispanic women reported experiences with care coordination that were worse than the experiences that White women reported. The difference between API women and White women was greater than 3 points on a 0–100 scale. The difference between Hispanic women and White women was less than 3 points on a 0–100 scale.
- AI/AN and Black men reported experiences with care coordination that were similar to the experiences that White men reported. API and Hispanic men reported experiences with care coordination that were worse than the experiences that White men reported. The difference between API men and White men was greater than 3 points on a 0–100 scale, as was the difference between Hispanic men and White men.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

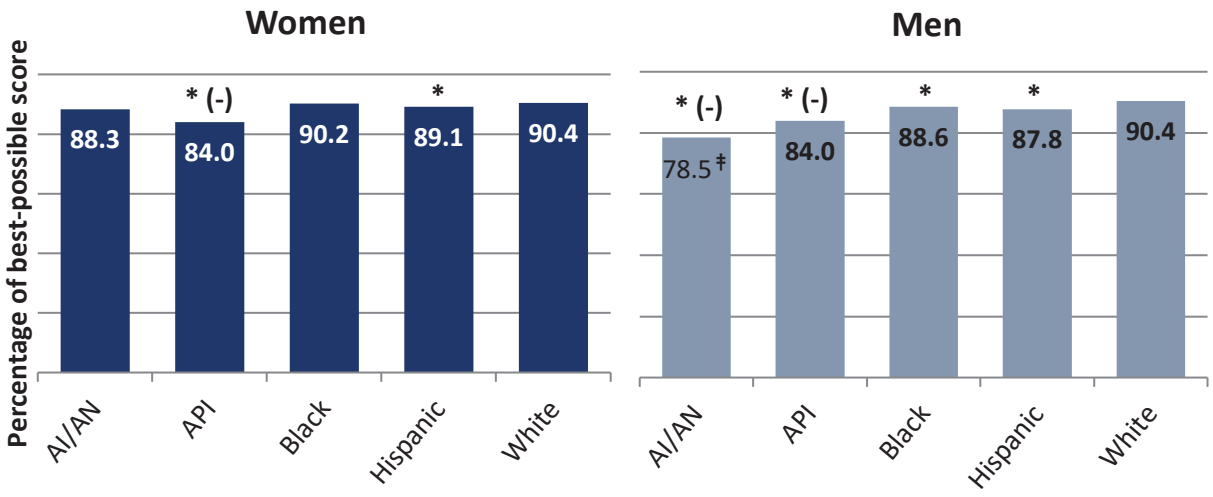
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† This includes how often in the last six months doctors had medical records and other information about patients' care at patients' scheduled appointments and how quickly patients received their test results.

Patient Experience: Getting Needed Prescription Drugs

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is for beneficiaries to get the prescription drugs they need using their plans,† by race and ethnicity within gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

‡ This score is based on fewer than 400 completed measures, and thus its precision may be low.

Disparities

- AI/AN and Black women reported experiences with getting needed prescription drugs that were similar to the experiences that White women reported. API and Hispanic women reported experiences with getting needed prescription drugs that were worse than the experiences that White women reported. The difference between API women and White women was greater than 3 points on a 0–100 scale. The difference between Hispanic women and White women was less than 3 points on a 0–100 scale.
- AI/AN, API, Black, and Hispanic men reported experiences with getting needed prescription drugs that were worse than the experiences that White men reported. The difference between AI/AN men and White men was greater than 3 points on a 0–100 scale, as was the difference between API men and White men. The difference between Black men and White men was less than 3 points on a 0–100 scale, as was the difference between Hispanic men and White men.

***** Significantly different from the score for White beneficiaries ($p < 0.05$).

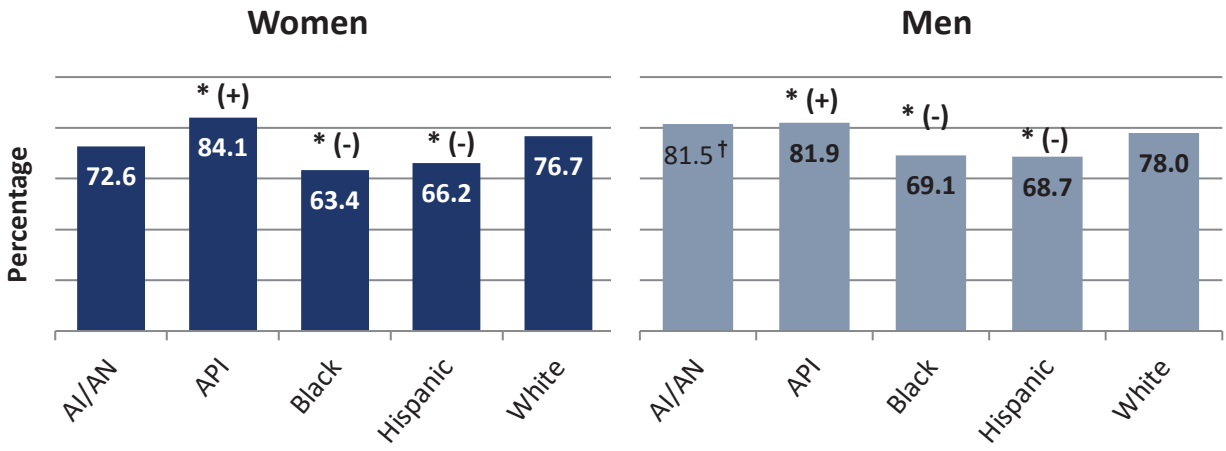
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† This includes how often in the last six months it was easy to use the plan to get prescribed medications and how easy it was to fill prescriptions at a pharmacy or by mail.

Patient Experience: Annual Flu Vaccine

Percentage of Medicare enrollees who got a vaccine (flu shot), by race and ethnicity within gender, 2019



SOURCE: Data from the Medicare CAHPS survey, 2019.
NOTES: AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

† This score is based on fewer than 400 completed measures, and thus its precision may be low.

Disparities

- AI/AN women were about as likely as White women to have received the flu vaccine. API women were more likely than White women to have received the flu vaccine. The difference between API women and White women was greater than 3 percentage points. Black and Hispanic women were less likely than White women to have received the flu vaccine. The difference between Black women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women.
- AI/AN men were about as likely as White men to have received the flu vaccine. API men were more likely than White men to have received the flu vaccine. The difference between API men and White men was greater than 3 percentage points. Black and Hispanic men were less likely than White men to have received the flu vaccine. The difference between Black men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men.

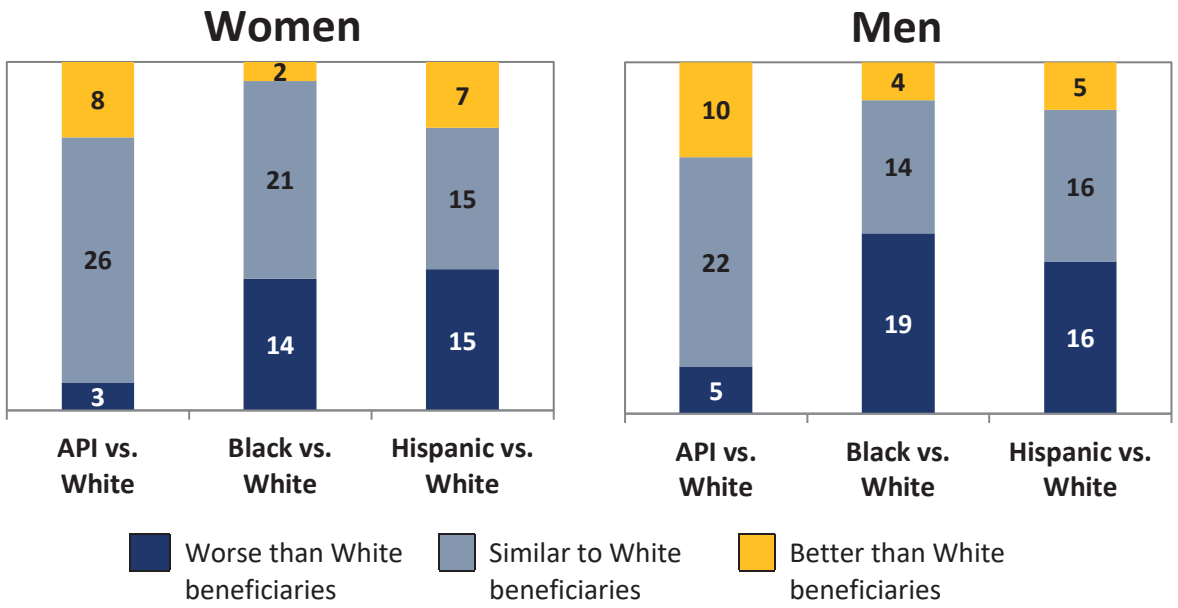
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Disparities in Care: All Clinical Care Measures

Number of clinical care measures (out of 37) for which women and men of selected racial and ethnic minority groups had results that were worse than, similar to, or better than results for White women and men in 2019



SOURCE: This chart summarizes clinical quality (HEDIS) data collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Within each gender, the relative difference between a selected group and White beneficiaries is used to assess disparities.

- **Better** = Population received better care than White beneficiaries. Differences are statistically significant ($p < 0.05$), are equal to or larger than 3 points[†] on a 0–100 scale, and favor the racial or ethnic minority group.
- **Similar** = Population and White beneficiaries received care of similar quality. Differences are less than 3 points on a 0–100 scale and/or not statistically significant.
- **Worse** = Population received worse care than White beneficiaries. Differences are statistically significant, are equal to or larger than 3 points on a 0–100 scale, and favor White beneficiaries.

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

API women had worse results than White women
• Antidepressant medication management—acute phase treatment • Antidepressant medication management—continuation phase treatment • Initiation of AOD dependence treatment

API women had better results than White women

- Pharmacotherapy management of COPD exacerbation—use of bronchodilators
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Statin use in patients with diabetes
- 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 high-risk medications in the elderly

Black women had worse results than White women

- Controlling high blood pressure
- Continuous beta-blocker treatment after a heart attack
- Medication adherence for cardiovascular disease—statins
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Medication adherence for diabetes—statins
- 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)
- 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

Black women had better results than White women

- 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

Hispanic women had worse results than White women

- Pharmacotherapy management of COPD exacerbation—systemic corticosteroid
- Pharmacotherapy management of COPD exacerbation—use of bronchodilators
- Continuous beta-blocker treatment after a heart attack
- Medication adherence for cardiovascular disease—statins
- Medication adherence for diabetes—statins
- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Follow-up after ED visit for mental illness (within 30 days of discharge)
- Initiation of AOD dependence treatment
- Transitions of care—notification of inpatient admission
- Transitions of care—receipt of discharge information
- 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 use of opioids from multiple pharmacies

Hispanic women had better results than White women

- Colorectal cancer screening
- Testing to confirm COPD
- Controlling high blood pressure
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Statin use in patients with diabetes
- Follow-up after hospital stay for mental illness (within 30 days of discharge)

API men had worse results than White men

- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Initiation of AOD dependence treatment
- Medication reconciliation after hospital discharge
- Avoiding potentially harmful drug-disease interactions in elderly patients with chronic renal failure

API men had better results than White men

- Pharmacotherapy management of COPD exacerbation—systemic corticosteroid
- Pharmacotherapy management of COPD exacerbation—use of bronchodilators
- Controlling high blood pressure
- Stain use in patients with cardiovascular disease
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Statin use in patients with diabetes
- Avoiding potentially harmful drug-disease interactions in elderly patients with a history of falls
- Avoiding use of opioids at high dosage

Black men had worse results than White men

- Pharmacotherapy management of COPD exacerbation—systemic corticosteroid
- Controlling high blood pressure
- Continuous beta-blocker treatment after a heart attack
- Medication adherence for cardiovascular disease—statins
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Medication adherence for diabetes—statins
- Rheumatoid arthritis management
- 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)
- Medication reconciliation after hospital 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
- Avoiding potentially harmful drug-disease interactions in elderly patients with chronic renal failure

Black men had better results than White men

- Pharmacotherapy management of COPD exacerbation—bronchodilator
- Initiation of AOD dependence treatment
- 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

Hispanic men had worse results than White men

- Pharmacotherapy management of COPD exacerbation—systemic corticosteroid
- Continuous beta-blocker treatment after a heart attack
- Medication adherence for cardiovascular disease—statins
- Medication adherence for diabetes—statins
- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- 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
- Medication reconciliation after hospital discharge
- Transitions of care—notification of inpatient admission
- Transitions of care—receipt of discharge information
- 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 use of opioids from multiple pharmacies

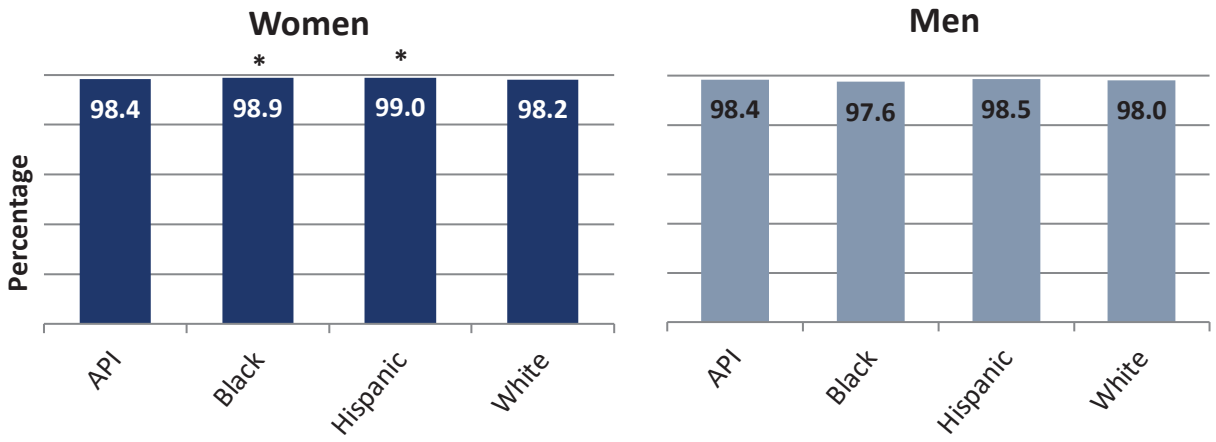
Hispanic men had better results than White men

- Testing to confirm COPD
- Diabetes care—eye exam
- Statin use in patients with diabetes
- Follow-up after hospital stay for mental illness (within 30 days of discharge)
- Avoiding use of opioids at high dosage

Clinical Care: Prevention and Screening

Adult Body Mass Index Assessment

Percentage of Medicare enrollees aged 18–74 years who had an outpatient visit whose BMI was documented in the past two years, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women were about as likely as White women to have had their BMIs documented. Black and Hispanic women were more likely than White women to have had their BMIs documented. The difference between Black women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women.
- API, Black, and Hispanic men were about as likely as White men to have had their BMIs documented.

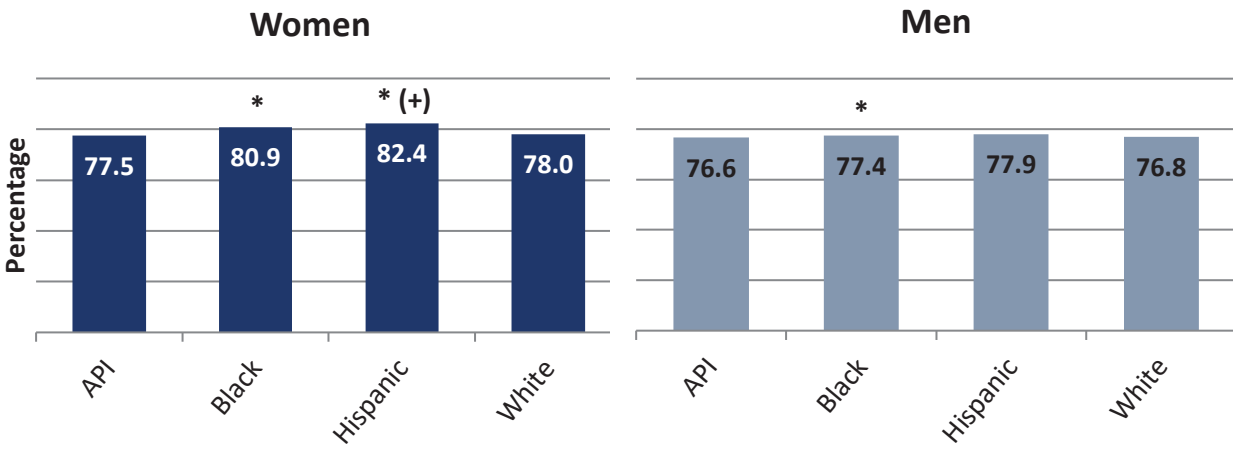
***** Significantly different from the score for White beneficiaries ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Colorectal Cancer Screening

Percentage of MA enrollees aged 50 to 75 years who had appropriate screening for colorectal cancer, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women were about as likely as White women to have been appropriately screened for colorectal cancer. Black and Hispanic women were more likely than White women to have been appropriately screened for colorectal cancer. The difference between Black women and White women was less than 3 percentage points. The difference between Hispanic women and White women was greater than 3 percentage points.
- API and Hispanic men were about as likely as White men to have been appropriately screened for colorectal cancer. Black men were more likely than White men to have been appropriately screened for colorectal cancer. The difference between Black men and White men was less than 3 percentage points.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

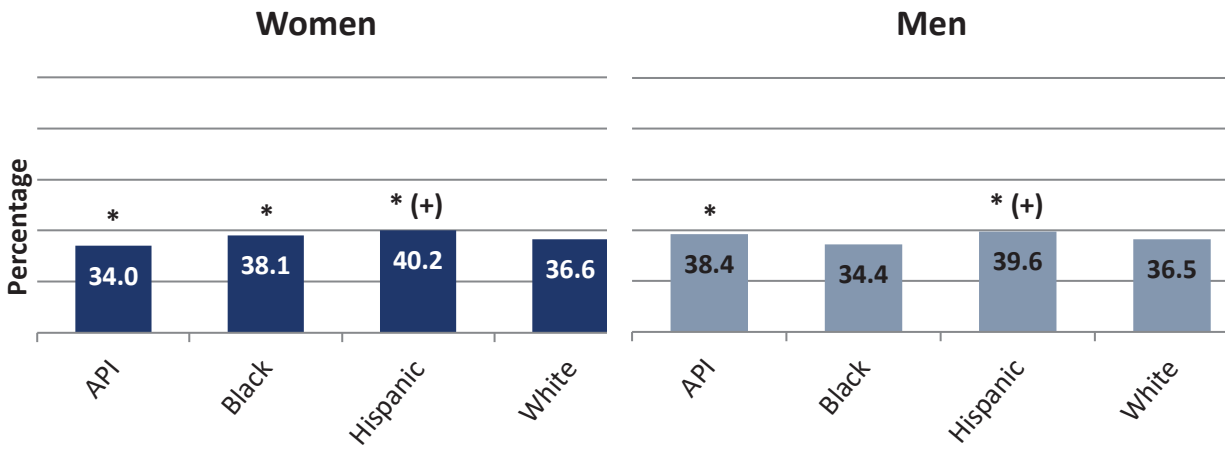
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Clinical Care: Respiratory Conditions

Testing to Confirm 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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women with a new diagnosis of COPD or newly active COPD were less likely than White women with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis. The difference between API women and White women was less than 3 percentage points. Black and Hispanic women with a new diagnosis of COPD or newly active COPD were more likely than White women with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis. The difference between Black women and White women was less than 3 percentage points. The difference between Hispanic women and White women was greater than 3 percentage points.
- API and Hispanic men with a new diagnosis of COPD or newly active COPD were more likely than White men with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis. The difference between API men and White men was less than 3 percentage points. The difference between Hispanic men and White men was greater than 3 percentage points. Black men with a new diagnosis of COPD or newly active COPD were about as likely as White men with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis.

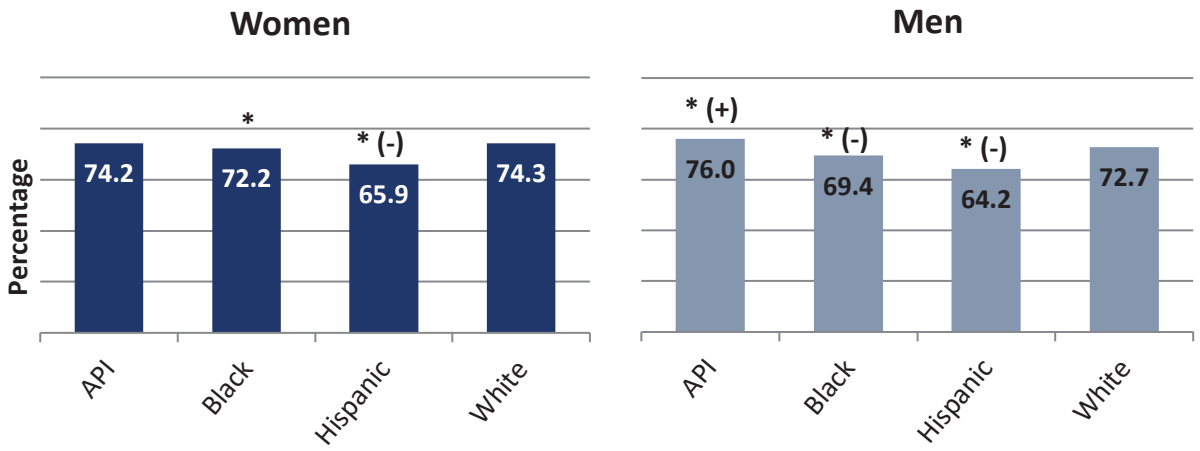
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Clinical Care: 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 encounter for COPD exacerbation in the past year who were dispensed a systemic corticosteroid within 14 days of the event, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women who experienced a COPD exacerbation were about as likely as White women who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event. Black and Hispanic women who experienced a COPD exacerbation were less likely than White women who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event. The difference between Black women and White women was less than 3 percentage points. The difference between Hispanic women and White women was greater than 3 percentage points.
- API men who experienced a COPD exacerbation were more likely than White men who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event. The difference between API men and White men was greater than 3 percentage points. Black and Hispanic men who experienced a COPD exacerbation were less likely than White men who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event. The difference between Black men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men.

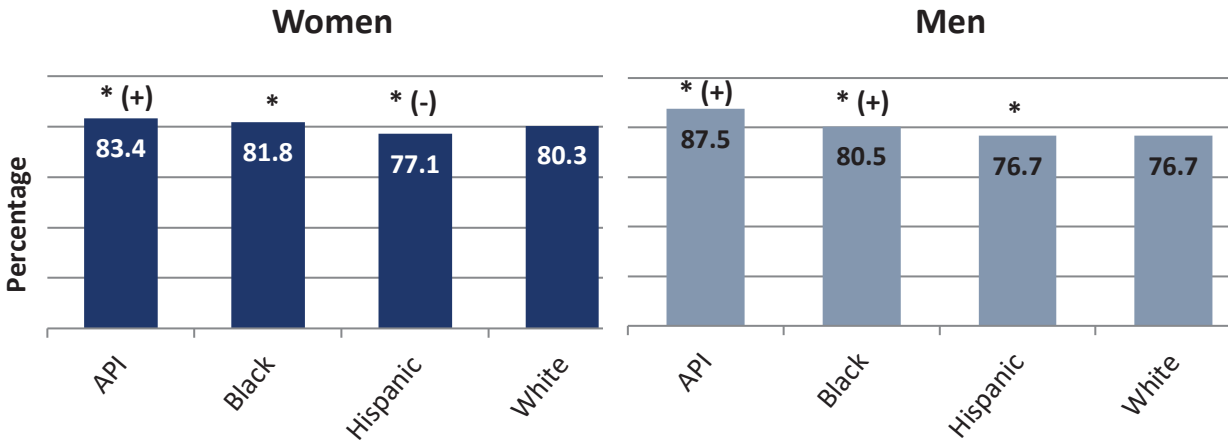
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Clinical Care: Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

Percentage of MA enrollees aged 40 years and older who had an acute inpatient discharge or emergency department encounter for COPD exacerbation in the past year who were dispensed a bronchodilator within 30 days of experiencing the event, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Black women who experienced a COPD exacerbation were more likely than White women who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event. The difference between API women and White women was greater than 3 percentage points. The difference between Black women and White women was less than 3 percentage points. Hispanic women who experienced a COPD exacerbation were less likely than White women who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event. The difference between Hispanic women and White women was greater than 3 percentage points.
- API, Black, and Hispanic men who experienced a COPD exacerbation were more likely than White men who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event. The difference between API men and White men was greater than 3 percentage points, as was the difference between Black men and White men. The difference between Hispanic men and White men was less than 3 percentage points.[†]

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

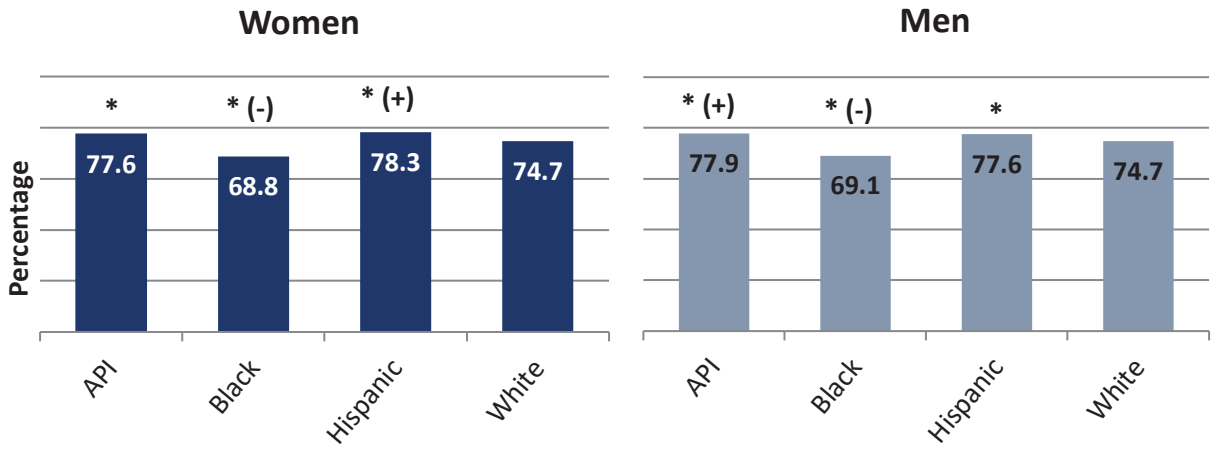
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

[†] Rounded to the hundredths place, scores for Hispanic men and White men are 76.72 and 76.66, respectively. Although it is small, this difference is statistically significant.

Clinical Care: Cardiovascular Conditions

Controlling High Blood Pressure

Percentage of MA enrollees aged 18 to 85 years who had a diagnosis of hypertension whose blood pressure was adequately controlled† during the past year, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic women who had a diagnosis of hypertension were more likely than White women who had a diagnosis of hypertension to have had their blood pressure adequately controlled. The difference between API women and White women was less than 3 percentage points. The difference between Hispanic women and White women was greater than 3 percentage points. Black women who had a diagnosis of hypertension were less likely than White women who had a diagnosis of hypertension to have had their blood pressure adequately controlled. The difference between Black women and White women was greater than 3 percentage points.
- API and Hispanic men who had a diagnosis of hypertension were more likely than White men who had a diagnosis of hypertension to have had their blood pressure adequately controlled. The difference between API men and White men was greater than 3 percentage points. The difference between Hispanic men and White men was less than 3 percentage points. Black men who had a diagnosis of hypertension were less likely than White men who had a diagnosis of hypertension to have had their blood pressure adequately controlled. The difference between Black men and White men was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

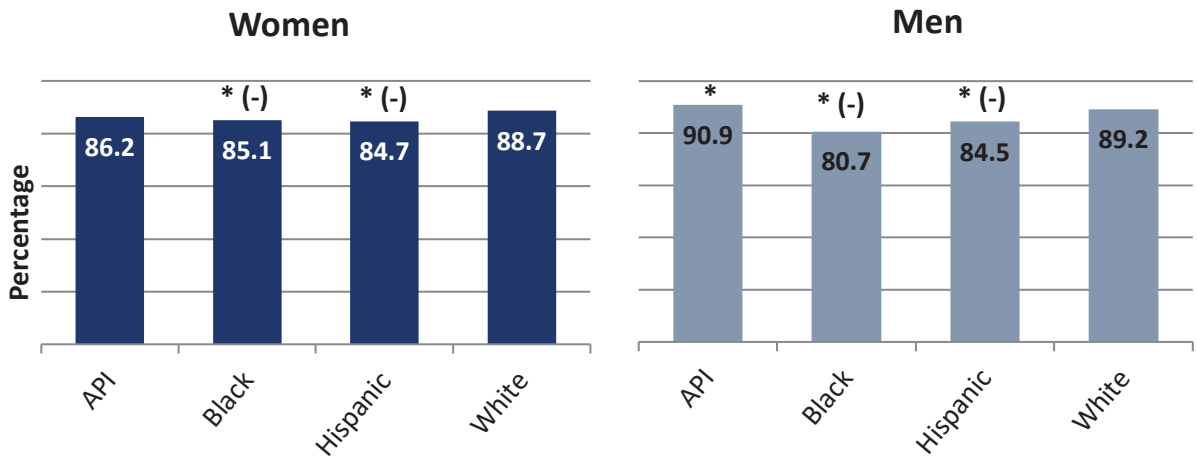
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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

Continuous Beta-Blocker Treatment

Percentage of MA enrollees aged 18 years and older who were hospitalized and discharged with a diagnosis of AMI who received continuous beta-blocker treatment for six months after discharge, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women who were hospitalized for a heart attack were about as likely as White women who were hospitalized for a heart attack to have received continuous beta-blocker treatment. Black and Hispanic women who were hospitalized for a heart attack were less likely than White women who were hospitalized for a heart attack to have received continuous beta-blocker treatment. The difference between Black women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women.
- API men who were hospitalized for a heart attack were more likely than White men who were hospitalized for a heart attack to have received continuous beta-blocker treatment. The difference between API men and White men was less than 3 percentage points. Black and Hispanic men who were hospitalized for a heart attack were less likely than White men who were hospitalized for a heart attack to have received continuous beta-blocker treatment. The difference between Black men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men.

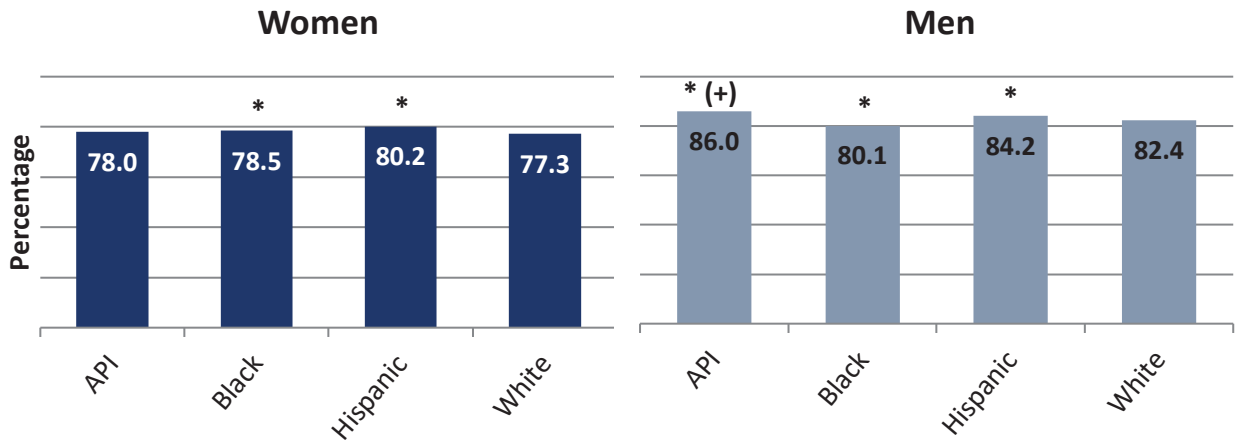
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Statin Use in Patients with Cardiovascular Disease

Percentage of men aged 21 to 75 years enrolled in MA and women aged 40 to 75 years enrolled in MA with clinical ASCVD who received statin therapy, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women with ASCVD were about as likely as White women with ASCVD to have received statin therapy. Black and Hispanic women with ASCVD were more likely than White women with ASCVD to have received statin therapy. The difference between Black women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women.
- API and Hispanic men with ASCVD were more likely than White men with ASCVD to have received statin therapy. The difference between API men and White men was greater than 3 percentage points. The difference between Hispanic men and White men was less than 3 percentage points. Black men with ASCVD were less likely than White men with ASCVD to have received statin therapy. The difference between Black men and White men was less than 3 percentage points.

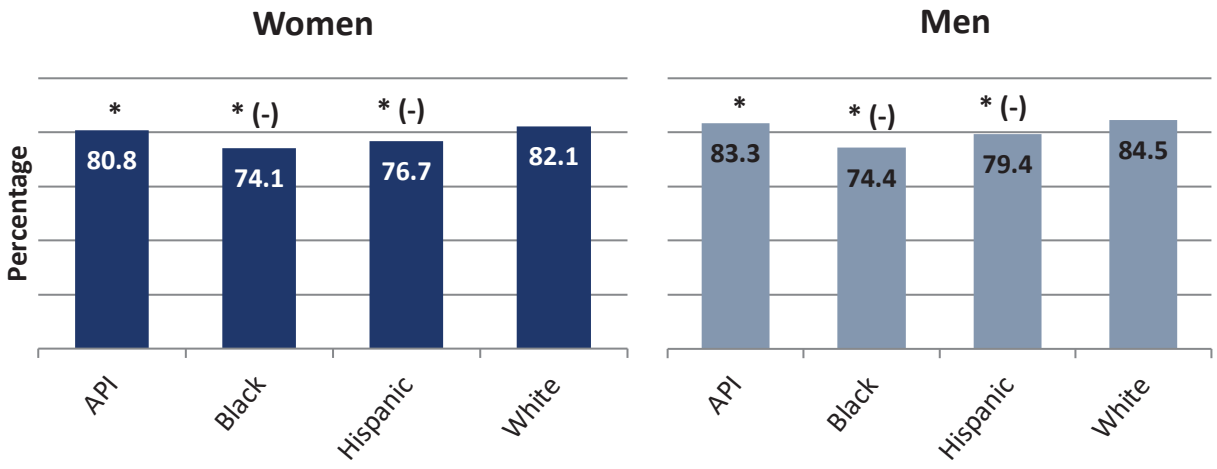
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic women with ASCVD were less likely than White women with ASCVD to have had proper statin medication adherence. The difference between API women and White women was less than 3 percentage points. The difference between Black women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women.
- API, Black, and Hispanic men with ASCVD were less likely than White men with ASCVD to have had proper statin medication adherence. The difference between API men and White men was less than 3 percentage points. The difference between Black men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

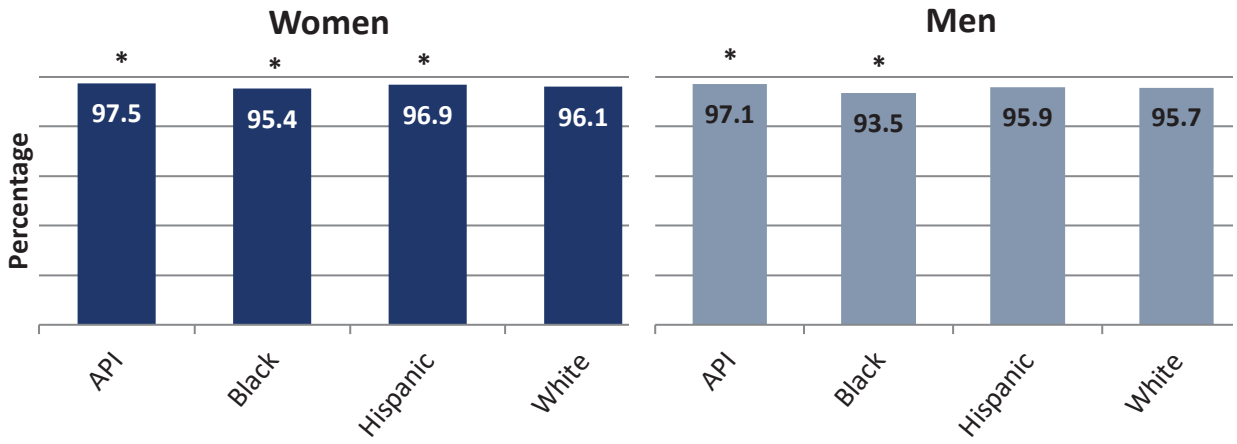
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Clinical Care: 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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic women with diabetes were more likely than White women with diabetes to have had their blood sugar tested at least once in the past year. The difference between API women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women. Black women with diabetes were less likely than White women with diabetes to have had their blood sugar tested at least once in the past year. The difference between Black women and White women was less than 3 percentage points.
- API men with diabetes were more likely than White men with diabetes to have had their blood sugar tested at least once in the past year. The difference between API men and White men was less than 3 percentage points. Black men with diabetes were less likely than White men with diabetes to have had their blood sugar tested at least once in the past year. The difference between Black men and White men was less than 3 percentage points. Hispanic men with diabetes were about as likely as White men with diabetes to have had their blood sugar tested at least once in the past year.

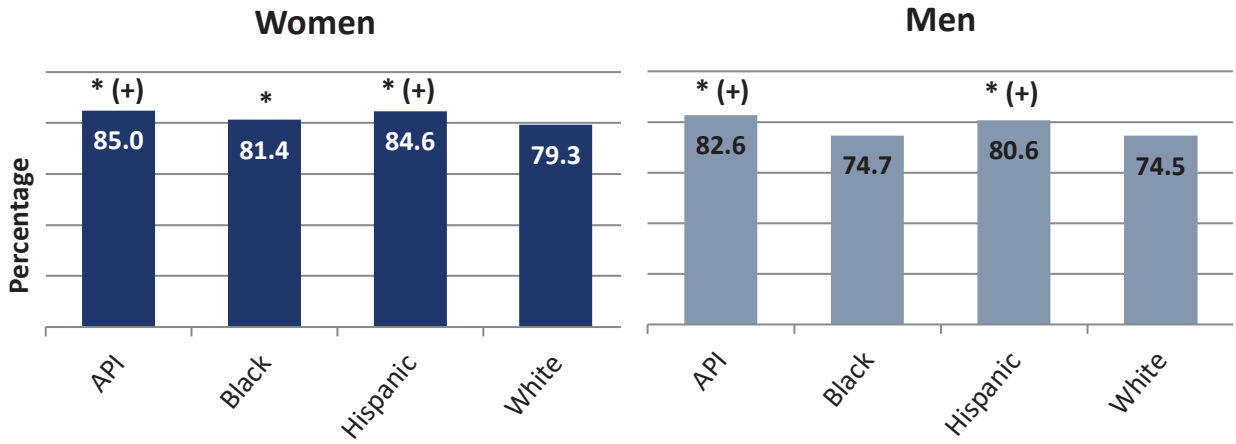
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic women with diabetes were more likely than White women with diabetes to have had an eye exam in the past year. The difference between API women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women. The difference between Black women and White women was less than 3 percentage points.
- API and Hispanic men with diabetes were more likely than White men with diabetes to have had an eye exam in the past year. The difference between API men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men. Black men with diabetes were about as likely as White men with diabetes to have had an eye exam in the past year.

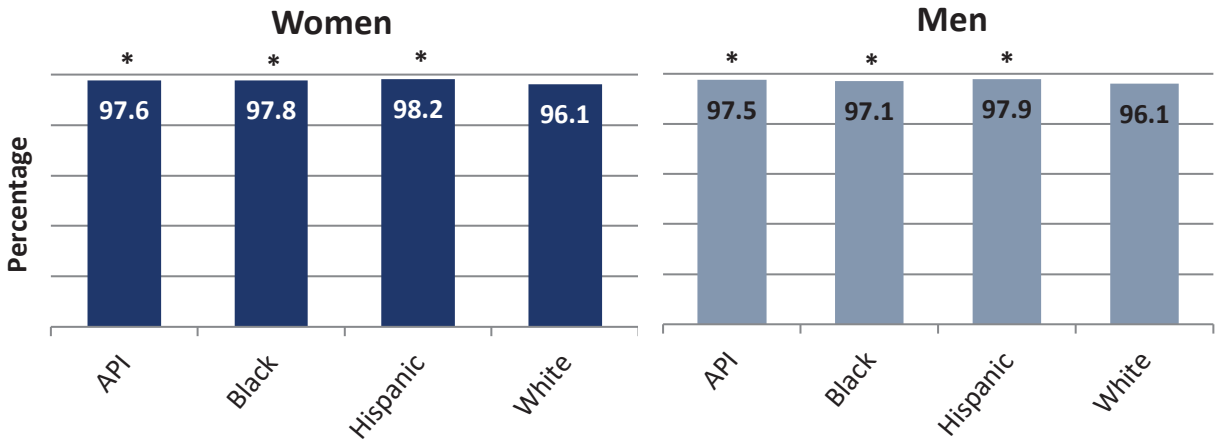
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic women with diabetes were more likely than White women with diabetes to have had medical attention for nephropathy in the past year. In each case, the difference was less than 3 percentage points.
- API, Black, and Hispanic men with diabetes were more likely than White men with diabetes to have had medical attention for nephropathy in the past year. In each case, the difference was less than 3 percentage points.

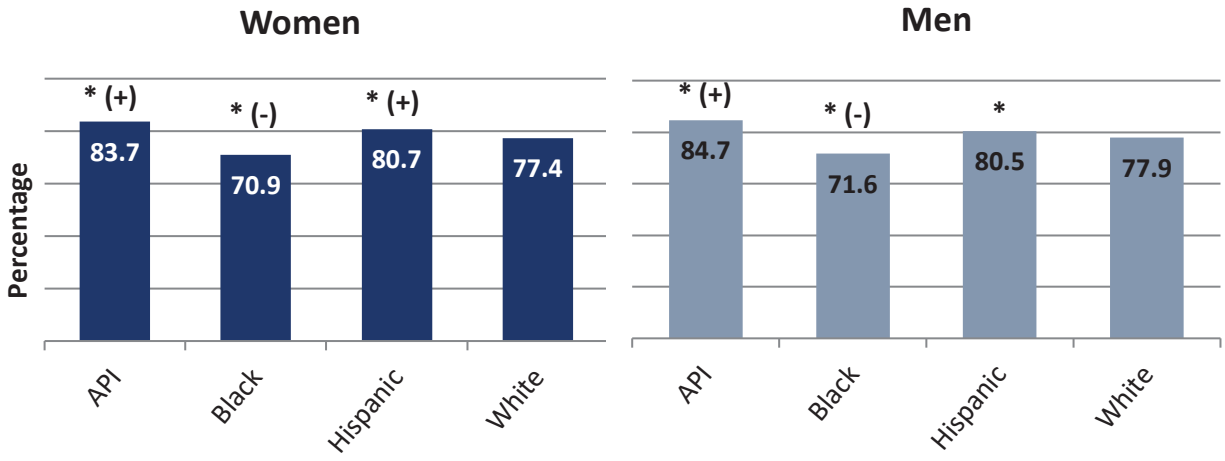
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic women with diabetes were more likely than White women with diabetes to have their blood pressure under control. The difference between API women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women. Black women with diabetes were less likely than White women with diabetes to have their blood pressure under control. The difference between Black women and White women was greater than 3 percentage points.
- API and Hispanic men with diabetes were more likely than White men with diabetes to have their blood pressure under control. The difference between API men and White men was greater than 3 percentage points. The difference between Hispanic men and White men was less than 3 percentage points. Black men with diabetes were less likely than White men with diabetes to have their blood pressure under control. The difference between Black men and White men was greater than 3 percentage points.

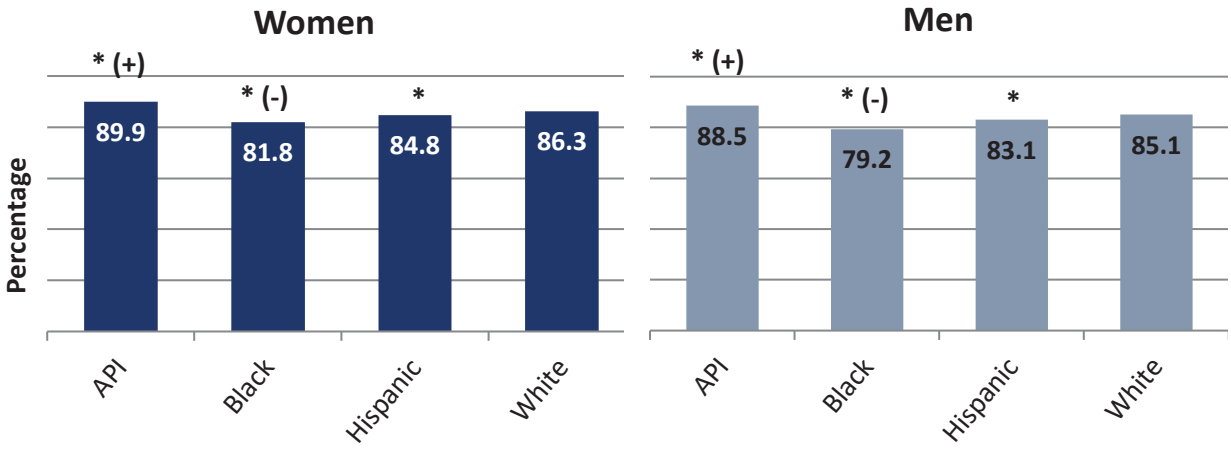
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women with diabetes were more likely than White women with diabetes to have their blood sugar levels under control. The difference between API women and White women was greater than 3 percentage points. Black and Hispanic women with diabetes were less likely than White women with diabetes to have their blood sugar levels under control. The difference between Black women and White women was greater than 3 percentage points. The difference between Hispanic women and White women was less than 3 percentage points.
- API men with diabetes were more likely than White men with diabetes to have their blood sugar levels under control. The difference between API men and White men was greater than 3 percentage points. Black and Hispanic men with diabetes were less likely than White men with diabetes to have their blood sugar levels under control. The difference between Black men and White men was greater than 3 percentage points. The difference between Hispanic men and White men was less than 3 percentage points.

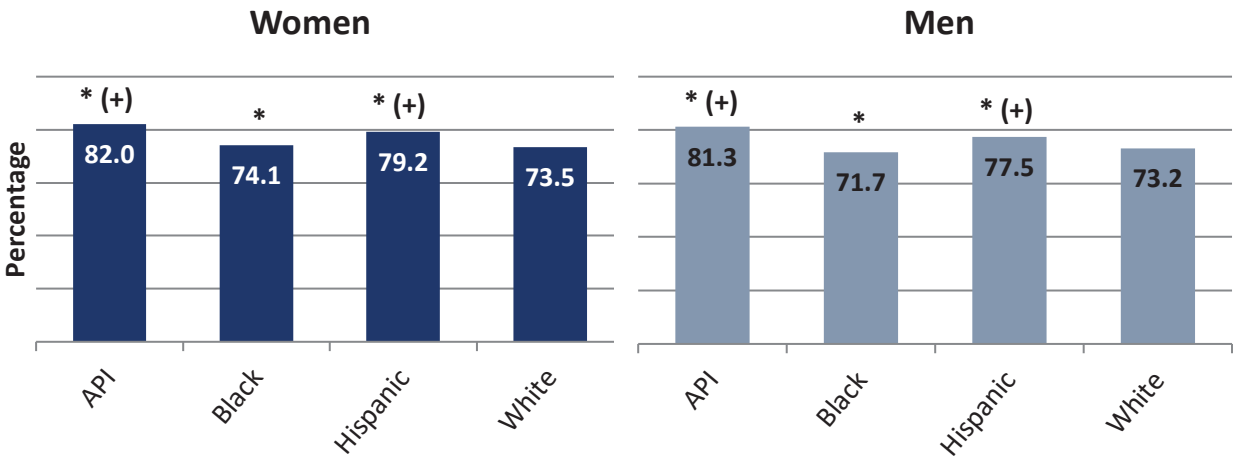
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic women with diabetes were more likely than White women with diabetes to have received statin therapy. The difference between API women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women. The difference between Black women and White women was less than 3 percentage points.
- API and Hispanic men with diabetes were more likely than White men with diabetes to have received statin therapy. The difference between API men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men. Black men with diabetes were less likely than White men with diabetes to have received statin therapy. The difference between Black men and White men was less than 3 percentage points.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

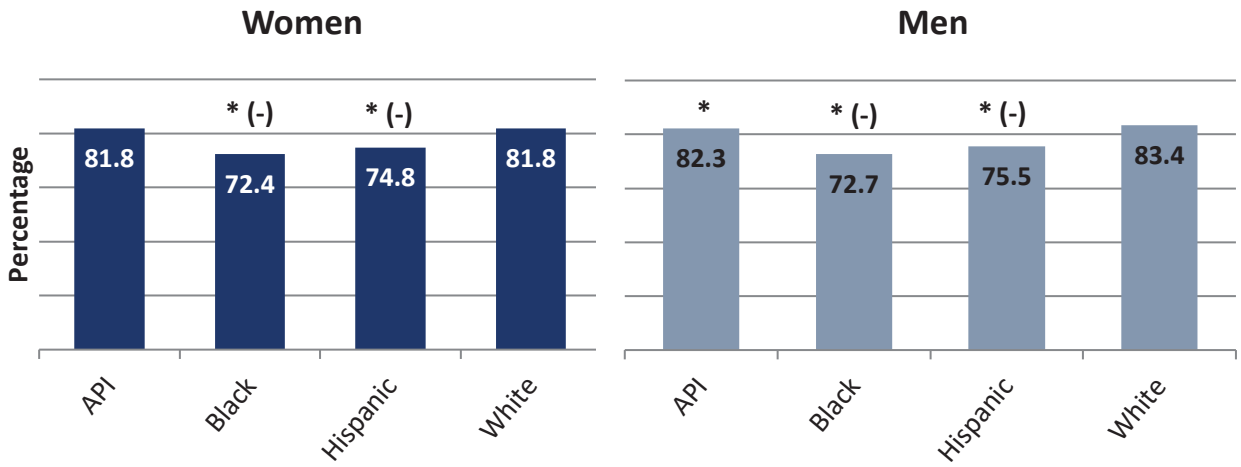
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† 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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women with diabetes were about as likely as White women with diabetes to have had proper statin medication adherence. Black and Hispanic women with diabetes were less likely than White women with diabetes to have had proper statin medication adherence. The difference between Black women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women.
- API, Black, and Hispanic men with diabetes were less likely than White men with diabetes to have had proper statin medication adherence. The difference between API men and White men was less than 3 percentage points. The difference between Black men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

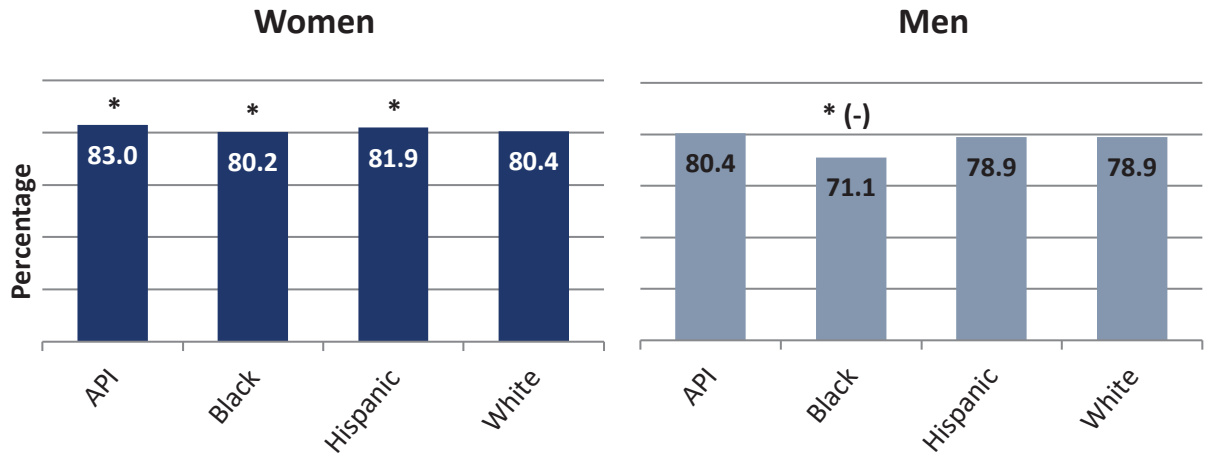
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† Excludes those who also have clinical ASCVD.

Clinical Care: 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 DMARD, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic women who were diagnosed with rheumatoid arthritis were more likely than White women who were diagnosed with rheumatoid arthritis to have been dispensed at least one DMARD. The difference between API women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women. Black women who were diagnosed with rheumatoid arthritis were less likely than White women who were diagnosed with rheumatoid arthritis to have been dispensed at least one DMARD. The difference between Black women and White women was less than 3 percentage points.
- API and Hispanic men who were diagnosed with rheumatoid arthritis were about as likely as White men who were diagnosed with rheumatoid arthritis to have been dispensed at least one DMARD. Black men who were diagnosed with rheumatoid arthritis were less likely than White men who were diagnosed with rheumatoid arthritis to have been dispensed at least one DMARD. The difference between Black men and White men was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

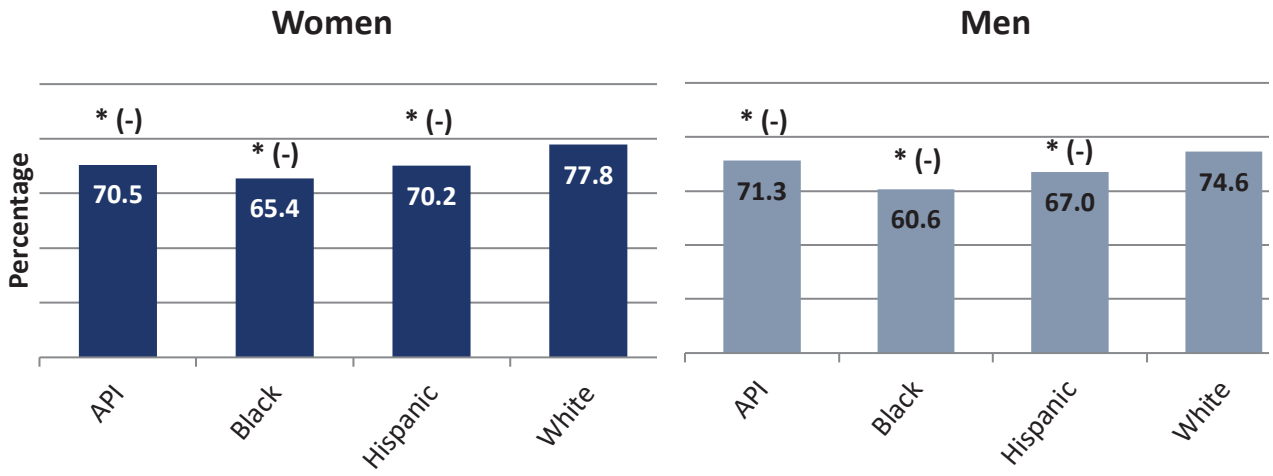
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Clinical Care: 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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic women who were diagnosed with a new episode of major depression were less likely than White women who were diagnosed with a new episode of major depression to have been newly treated with antidepressant medication and to have remained on the medication for at least 84 days. In each case, the difference was greater than 3 percentage points.
- API, Black, and Hispanic men who were diagnosed with a new episode of major depression were less likely than White men who were diagnosed with a new episode of major depression to have been newly treated with antidepressant medication and to have remained on the medication for at least 84 days. In each case, the difference was greater than 3 percentage points.

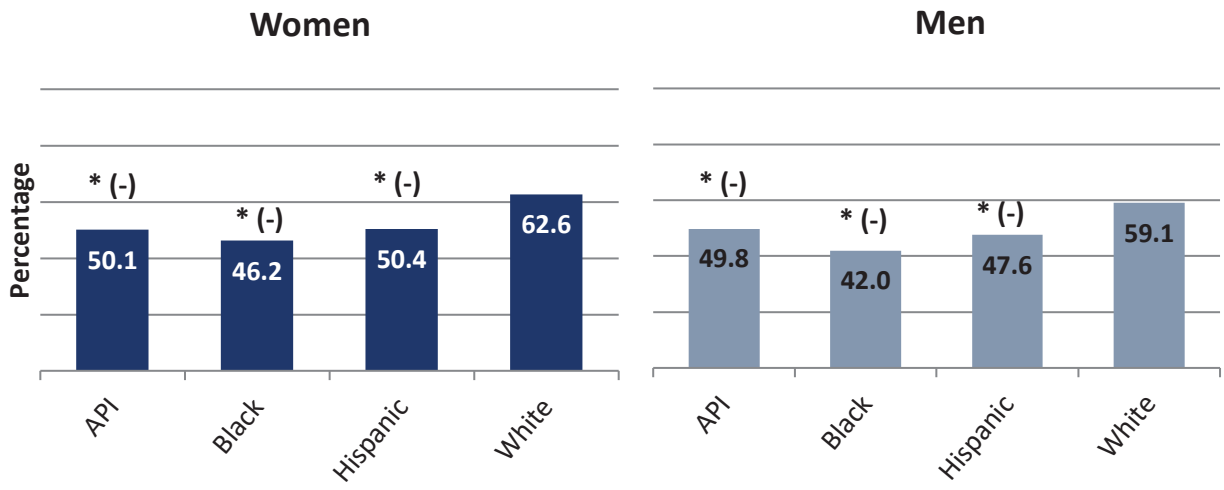
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 who remained on antidepressant medication for at least 180 days, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic women who were diagnosed with a new episode of major depression were less likely than White women who were diagnosed with a new episode of major depression to have been newly treated with antidepressant medication and to have remained on the medication for at least 180 days. In each case, the difference was greater than 3 percentage points.
- API, Black, and Hispanic men who were diagnosed with a new episode of major depression were less likely than White men who were diagnosed with a new episode of major depression to have been newly treated with antidepressant medication and to have remained on the medication for at least 180 days. In each case, the difference was greater than 3 percentage points.

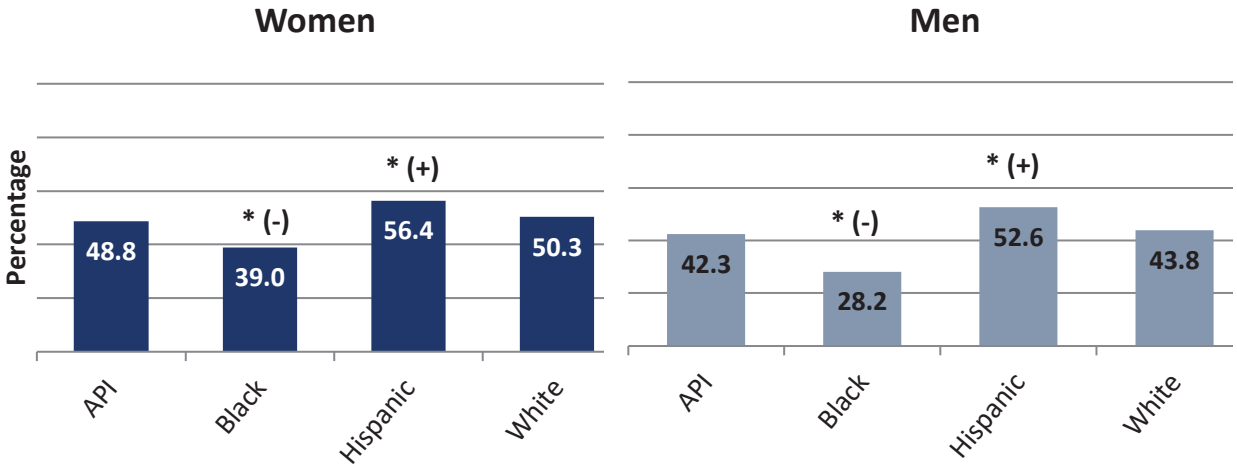
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women who were hospitalized for a mental health disorder were about as likely as White women who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of being discharged. Black women who were hospitalized for a mental health disorder were less likely than White women who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of being discharged. The difference between Black women and White women was greater than 3 percentage points. Hispanic women who were hospitalized for a mental health disorder were more likely than White women who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of being discharged. The difference between Hispanic women and White women was greater than 3 percentage points.
- API men who were hospitalized for a mental health disorder were about as likely as White men who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of being discharged. Black men who were hospitalized for a mental health disorder were less likely than White men who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of being discharged. The difference between Black men and White men was greater than 3 percentage points. Hispanic men who were hospitalized for a mental health disorder were more likely than White men who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of being discharged. The difference between Hispanic men and White men was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

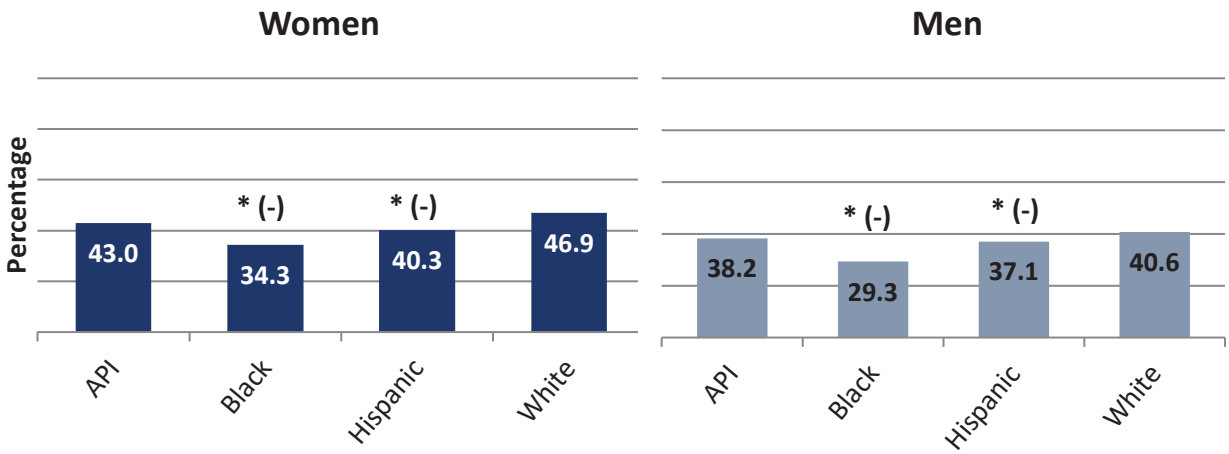
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† 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 Emergency Department 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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women who had an ED visit for a mental health disorder were about as likely as White women who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of the ED visit. Black and Hispanic women who had an ED visit for a mental health disorder were less likely than White women who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of the ED visit. The difference between Black women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women.
- API men who had an ED visit for a mental health disorder were about as likely as White men who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of the ED visit. Black and Hispanic men who had an ED visit for a mental health disorder were less likely than White men who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of the ED visit. The difference between Black men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men.

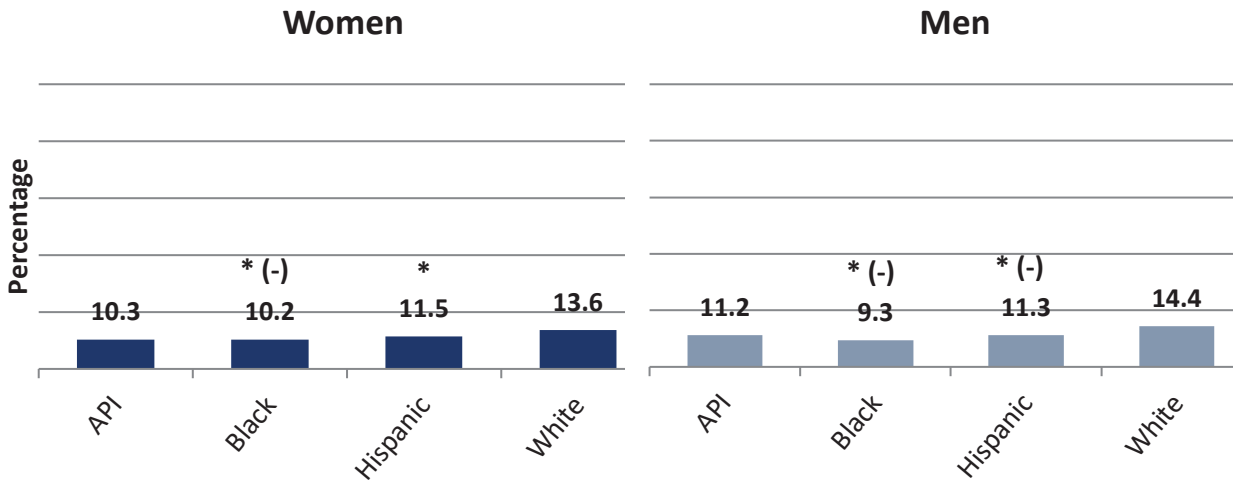
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

[†] 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 Emergency Department Visit for Alcohol and Other Drug 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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women who had an ED visit for AOD abuse or dependence were about as likely as White women who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit. Black and Hispanic women who had an ED visit for AOD abuse or dependence were less likely than White women who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit. The difference between Black women and White women was greater than 3 percentage points. The difference between Hispanic women and White women was less than 3 percentage points.
- API men who had an ED visit for AOD abuse or dependence were about as likely as White men who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit. Black and Hispanic men who had an ED visit for AOD abuse or dependence were less likely than White men who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit. The difference between Black men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

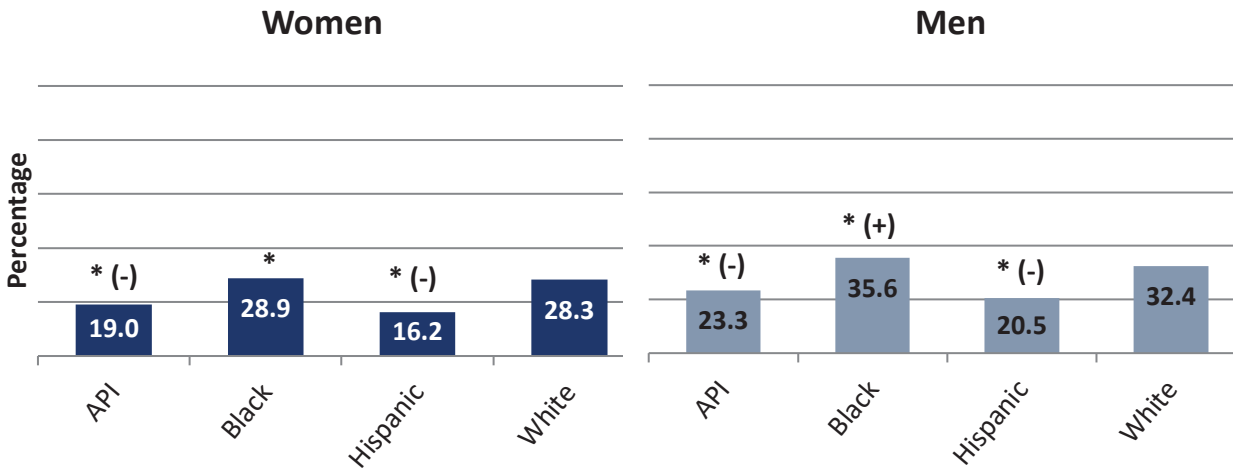
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† 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 initiate[‡] treatment within 14 days of the diagnosis, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic women with a new episode of AOD dependence were less likely than White women with a new episode of AOD dependence to have initiated treatment within 14 days of the diagnosis. The difference between API women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women. Black women with a new episode of AOD dependence were more likely than White women with a new episode of AOD dependence to have initiated treatment within 14 days of the diagnosis. The difference between Black women and White women was less than 3 percentage points.
- API and Hispanic men with a new episode of AOD dependence were less likely than White men with a new episode of AOD dependence to have initiated treatment within 14 days of the diagnosis. The difference between API men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men. Black men with a new episode of AOD dependence were more likely than White men with a new episode of AOD dependence to have initiated treatment within 14 days of the diagnosis. The difference between Black men and White men was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

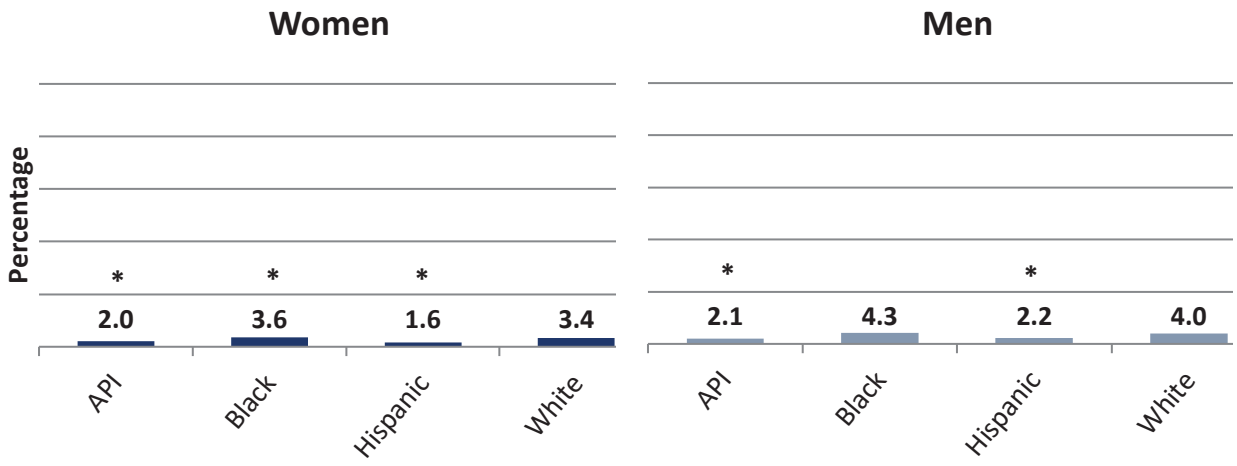
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

[†] 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 may occur through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization.

Engagement 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 who had two or more additional services within 30 days of the initiation visit, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic women with a new episode of AOD dependence who initiated treatment were less likely than White women with a new episode of AOD dependence who initiated treatment to have had two or more additional services within 30 days of their initial visit for treatment. The difference between API women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women. Black women with a new episode of AOD dependence who initiated treatment were more likely than White women with a new episode of AOD dependence who initiated treatment to have had two or more additional services within 30 days of their initial visit for treatment. The difference between Black women and White women was less than 3 percentage points
- API and Hispanic men with a new episode of AOD dependence who initiated treatment were less likely than White men with a new episode of AOD dependence who initiated treatment to have had two or more additional services within 30 days of their initial visit for treatment. The difference between API men and White men was less than 3 percentage points, as was the difference between Hispanic men and White men. Black men with a new episode of AOD dependence who initiated treatment were about as likely as White men with a new episode of AOD dependence who initiated treatment to have had two or more additional services within 30 days of their initial visit for treatment.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

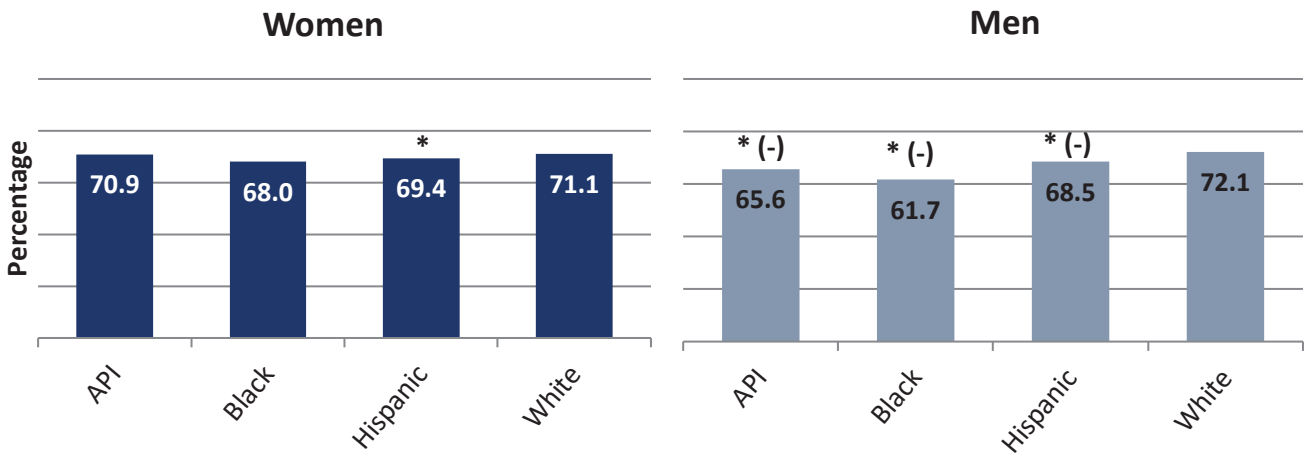
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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

Clinical Care: Medication Management and Care Coordination

Medication Reconciliation After Hospital Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility who had their medications reconciled within 30 days, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

Disparities

- API and Black women who were discharged from an inpatient facility were about as likely as White women who were discharged from an inpatient facility to have had their medications reconciled within 30 days. Hispanic women who were discharged from an inpatient facility were less likely than White women who were discharged from an inpatient facility to have had their medications reconciled within 30 days. The difference between Hispanic women and White women was less than 3 percentage points.
- API, Black, and Hispanic men who were discharged from an inpatient facility were less likely than White men who were discharged from an inpatient facility to have had their medications reconciled within 30 days. In each case, the difference was greater than 3 percentage points.

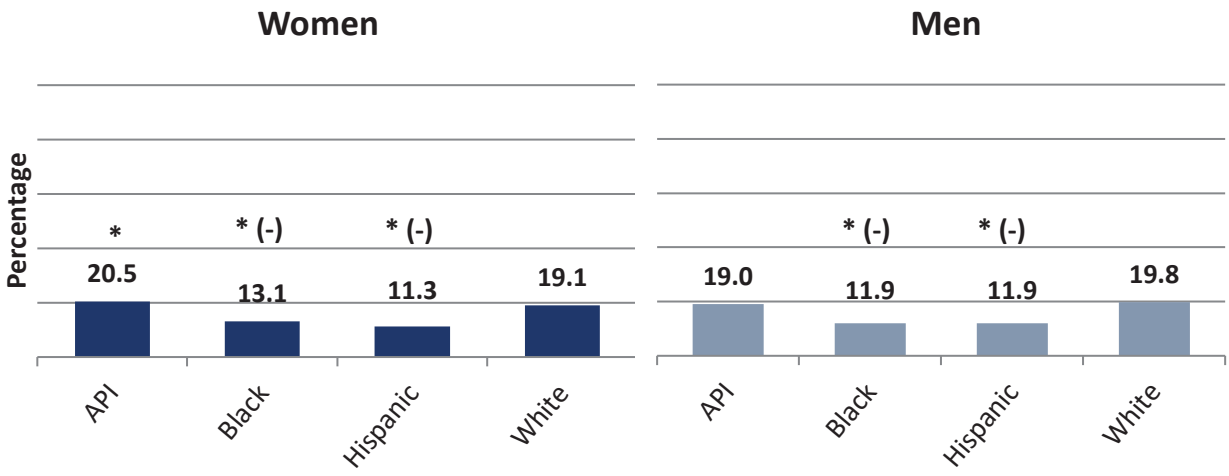
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- The primary or ongoing care providers of API women who were discharged from an inpatient facility were more likely than the primary or ongoing care providers of White women who were discharged from an inpatient facility to have been notified of the inpatient admission on the day of or the day following admission. The difference was less than 3 percentage points. The primary or ongoing care providers of Black and Hispanic women who were discharged from an inpatient facility were less likely than the primary or ongoing care providers of White women who were discharged from an inpatient facility to have been notified of the inpatient admission on the day of or the day following admission. In each case, the difference was greater than 3 percentage points.
- The primary or ongoing care providers of API men who were discharged from an inpatient facility were about as likely as the primary or ongoing care providers of White men who were discharged from an inpatient facility to have been notified of the inpatient admission on the day of or the day following admission. The primary or ongoing care providers of Black and Hispanic men who were discharged from an inpatient facility were less likely than the primary or ongoing care providers of White men who were discharged from an inpatient facility to have been notified of the inpatient admission on the day of or the day following admission. In each case, the difference was greater than 3 percentage points.

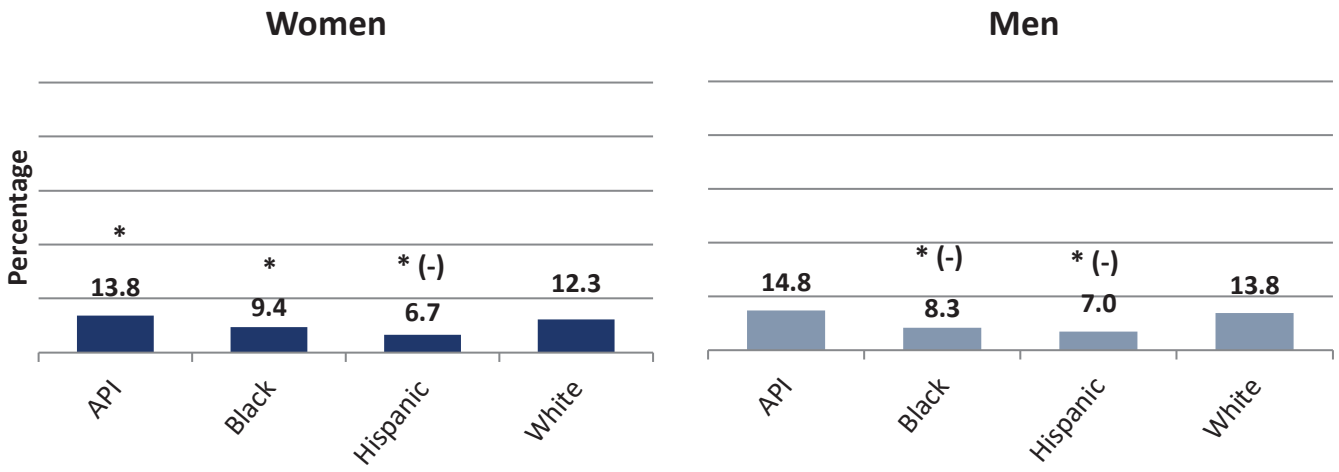
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women who were discharged from an inpatient facility were more likely than White women who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge. The difference between API women and White women was less than 3 percentage points. Black and Hispanic women who were discharged from an inpatient facility were less likely than White women who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge. The difference between Black women and White women was less than 3 percentage points. The difference between Hispanic women and White women was greater than 3 percentage points.
- API men who were discharged from an inpatient facility were about as likely as White men who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge. Black and Hispanic men who were discharged from an inpatient facility were less likely than White men who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge. The difference between Black men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men.

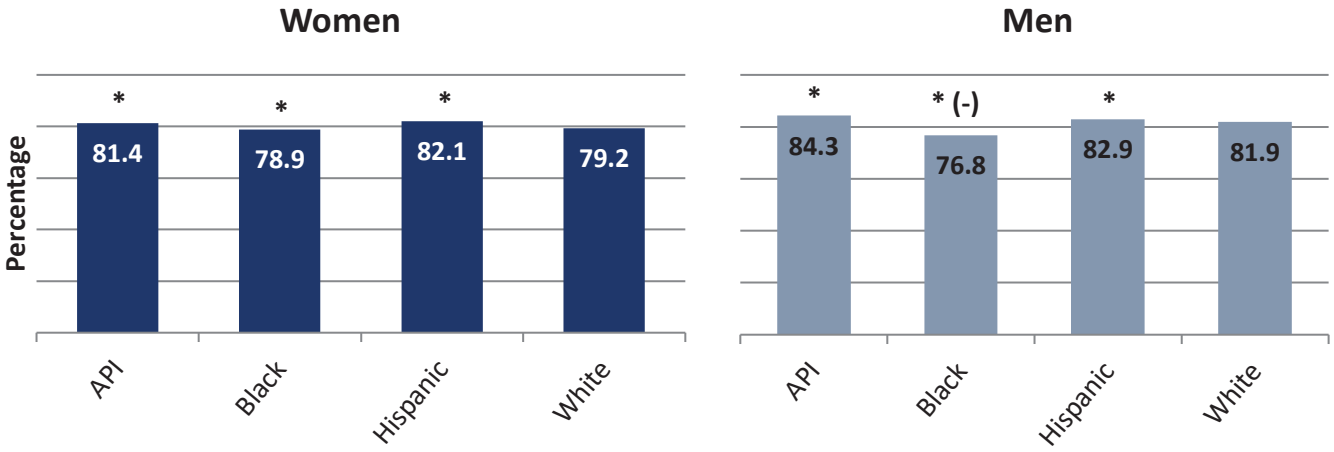
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API and Hispanic women who were discharged from an inpatient facility were more likely than White women who were discharged from an inpatient facility to have had an office visit, home visit, or to have received telehealth services within 30 days of discharge. The difference between API women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women. Black women who were discharged from an inpatient facility were less likely than White women who were discharged from an inpatient facility to have had an office visit, home visit, or to have received telehealth services within 30 days of discharge. The difference between Black women and White women was less than 3 percentage points.
- API and Hispanic men who were discharged from an inpatient facility were more likely than White men who were discharged from an inpatient facility to have had an office visit, home visit, or to have received telehealth services within 30 days of discharge. The difference between API men and White men was less than 3 percentage points, as was the difference between Hispanic men and White men. Black men who were discharged from an inpatient facility were less likely than White men who were discharged from an inpatient facility to have had an office visit, home visit, or to have received telehealth services within 30 days of discharge. The difference between Black men and White men was greater than 3 percentage points.

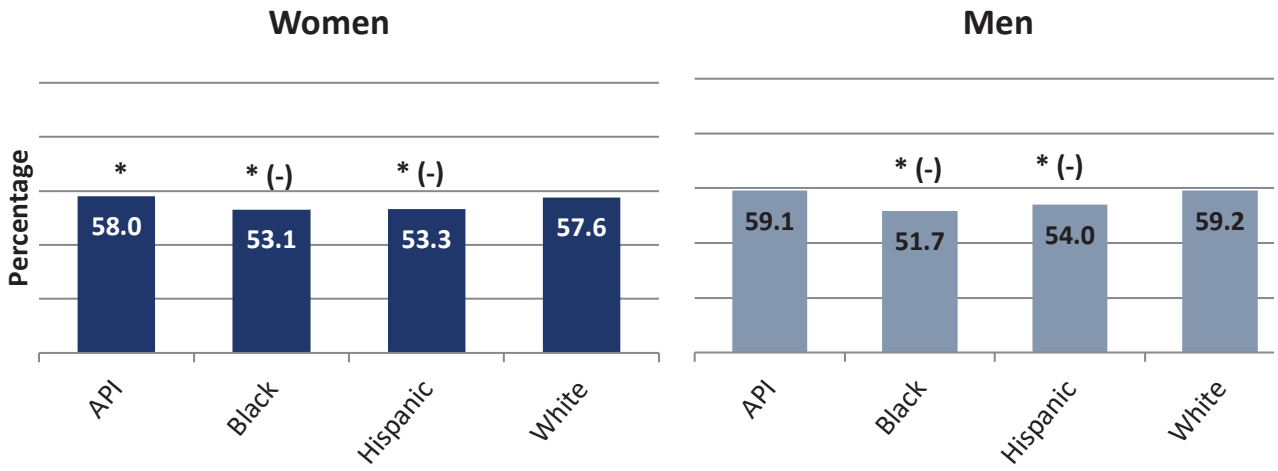
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Follow-Up After Emergency Department 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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API women with multiple high-risk chronic conditions were more likely than White women with multiple high-risk chronic conditions to have received follow-up care within seven days of an ED visit. The difference between API women and White women was less than 3 percentage points. Black and Hispanic women with multiple high-risk chronic conditions were less likely than White women with multiple high-risk chronic conditions to have received follow-up care within seven days of an ED visit. The difference between Black women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women.
- API men with multiple high-risk chronic conditions were about as likely as White men with multiple high-risk chronic conditions to have received follow-up care within seven days of an ED visit. Black and Hispanic men with multiple high-risk chronic conditions were less likely than White men with multiple high-risk chronic conditions to have received follow-up care within seven days of an ED visit. The difference between Black men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

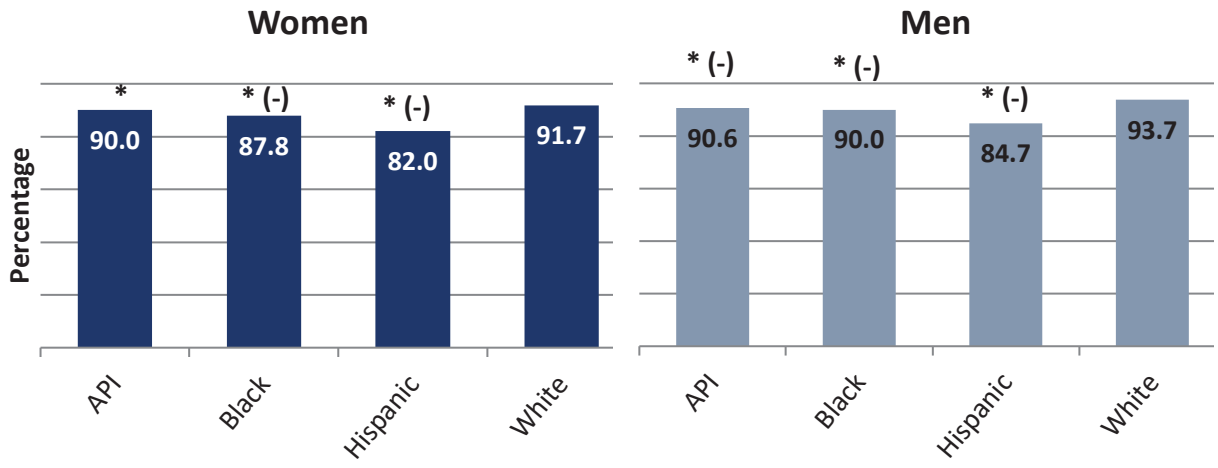
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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

Clinical Care: Overuse/Appropriateness

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 race and ethnicity within gender, 2018



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of potentially harmful medication was avoided less often for elderly API, Black, and Hispanic women with chronic renal failure than for elderly White women with chronic renal failure. The difference between elderly API women and elderly White women was less than 3 percentage points. The difference between elderly Black women and elderly White women was greater than 3 percentage points, as was the difference between elderly Hispanic women and elderly White women.
- Use of potentially harmful medication was avoided less often for elderly API, Black, and Hispanic men with chronic renal failure than for elderly White men with chronic renal failure. In each case, the difference was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

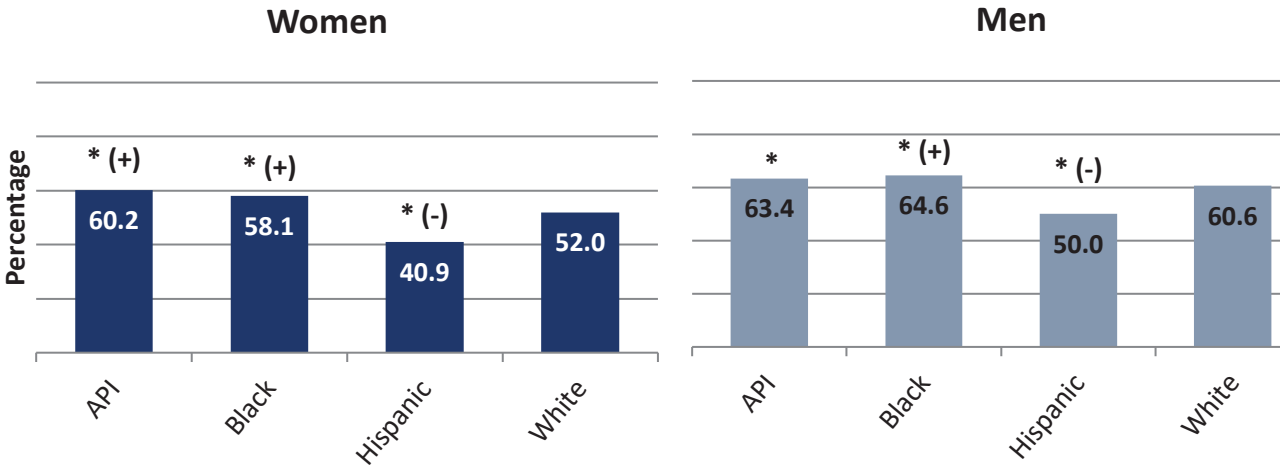
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† This includes cyclooxygenase-2 selective 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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of potentially harmful medication was avoided more often for elderly API and elderly Black women with dementia than for elderly White women with dementia. The difference between elderly API women and elderly White women was greater than 3 percentage points, as was the difference between elderly Black women and elderly White women. Use of potentially harmful medication was avoided less often for elderly Hispanic women with dementia than for elderly White women with dementia. The difference between elderly Hispanic women and elderly White women was greater than 3 percentage points.
- Use of potentially harmful medication was avoided more often for elderly API and elderly Black men with dementia than for elderly White men with dementia. The difference between elderly API men and elderly White men was less than 3 percentage points. The difference between elderly Black men and elderly White men was greater than 3 percentage points. Use of potentially harmful medication was avoided less often for elderly Hispanic men with dementia than for elderly White men with dementia. The difference between elderly Hispanic men and elderly White men was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

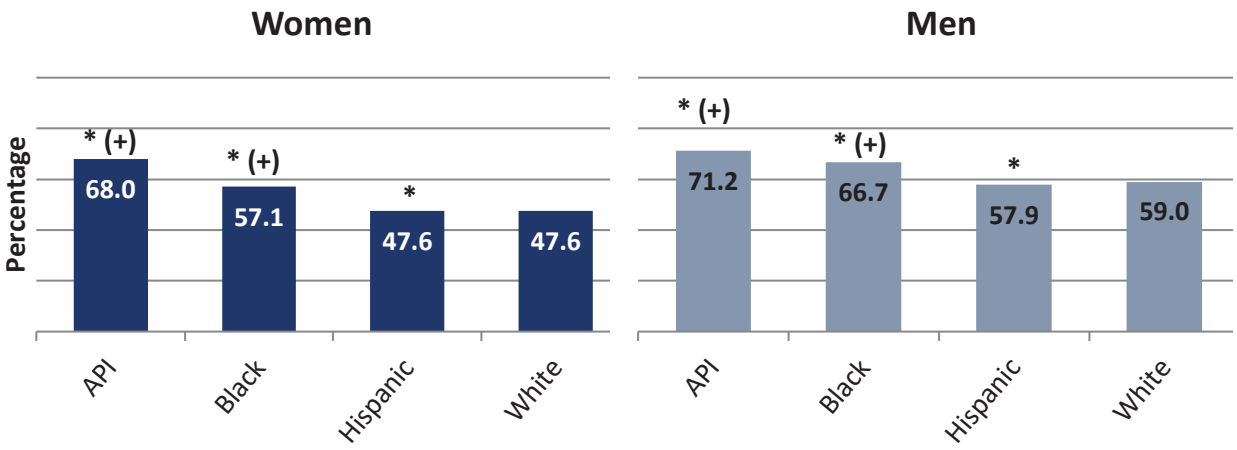
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† 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 dementia who were not dispensed a prescription for a potentially harmful medication,† by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of potentially harmful medication was avoided more often for elderly API, Black, and Hispanic women with a history of falls than for elderly White women with a history of falls. The difference between elderly API women and elderly White women was greater than 3 percentage points, as was the difference between elderly Black women and elderly White women. The difference between elderly Hispanic women and elderly White women was less than 3 percentage points.‡
- Use of potentially harmful medication was avoided more often for elderly API and elderly Black men with a history of falls than for elderly White men with a history of falls. The difference between elderly API men and elderly White men was greater than 3 percentage points, as was the difference between elderly Black men and elderly White men. Use of potentially harmful medication was avoided less often for elderly Hispanic men with a history of falls than for elderly White men with a history of falls. The difference between elderly Hispanic men and elderly White men was less than 3 percentage points.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

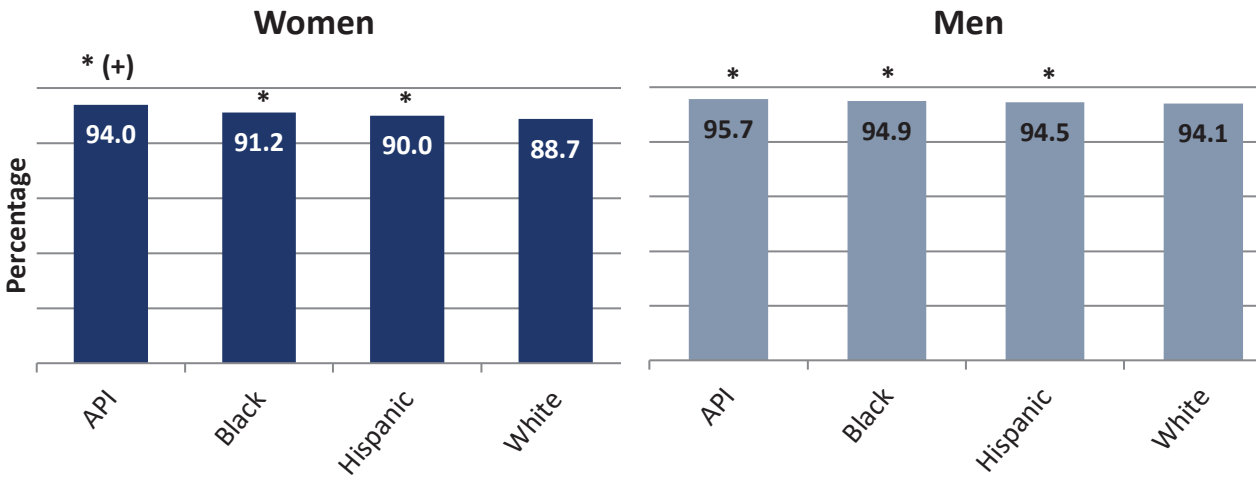
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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

‡ Rounded to the hundredths place, scores for Hispanic women and White women are 47.63 and 47.59, respectively. Although it is small, this difference is statistically significant.

Avoiding Use of High-Risk Medications in the Elderly

Percentage of MA enrollees aged 65 years and older who were not prescribed a high-risk medication, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of high-risk medication was avoided more often for API, Black, and Hispanic women than for White women. The difference between API women and White women was greater than 3 percentage points. The difference between Black women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women.
- Use of high-risk medication was avoided more often for API, Black, and Hispanic men than for White men. In each case, the difference was less than 3 percentage points.

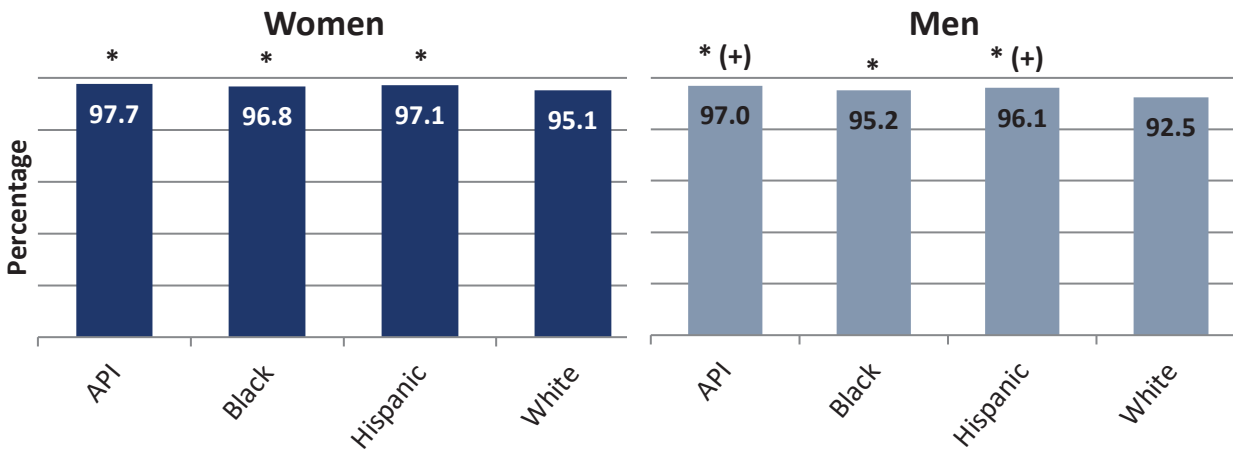
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Avoiding Use of Opioids at High Dosage

Percentage of MA enrollees aged 18 years and older who were not prescribed opioids at a high dosage† for more than 14 days, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of opioids at a high dosage for more than 14 days was avoided more often for API, Black, and Hispanic women than for White women. In each case, the difference was less than 3 percentage points.
- Use of opioids at a high dosage for more than 14 days was avoided more often for API, Black, and Hispanic men than for White men. The difference between API men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men. The difference between Black men and White men was less than 3 percentage points.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

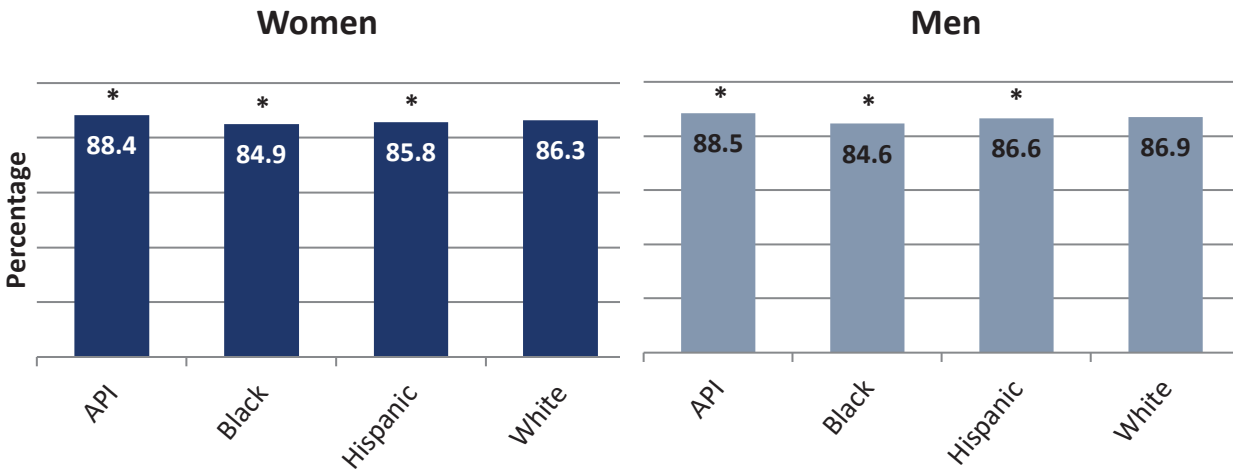
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

† Average morphine equivalent dose > 120 mg.

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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of opioids from multiple prescribers was avoided more often for API women than for White women. The difference between API women and White women was less than 3 percentage points. Use of opioids from multiple prescribers was avoided less often for Black and Hispanic women than for White women. The difference between Black women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women.
- Use of opioids from multiple prescribers was avoided more often for API men than for White men. The difference between API men and White men was less than 3 percentage points. Use of opioids from multiple prescribers was avoided less often for Black and Hispanic men than for White men. The difference between Black men and White men was less than 3 percentage points, as was the difference between Hispanic men and White men.

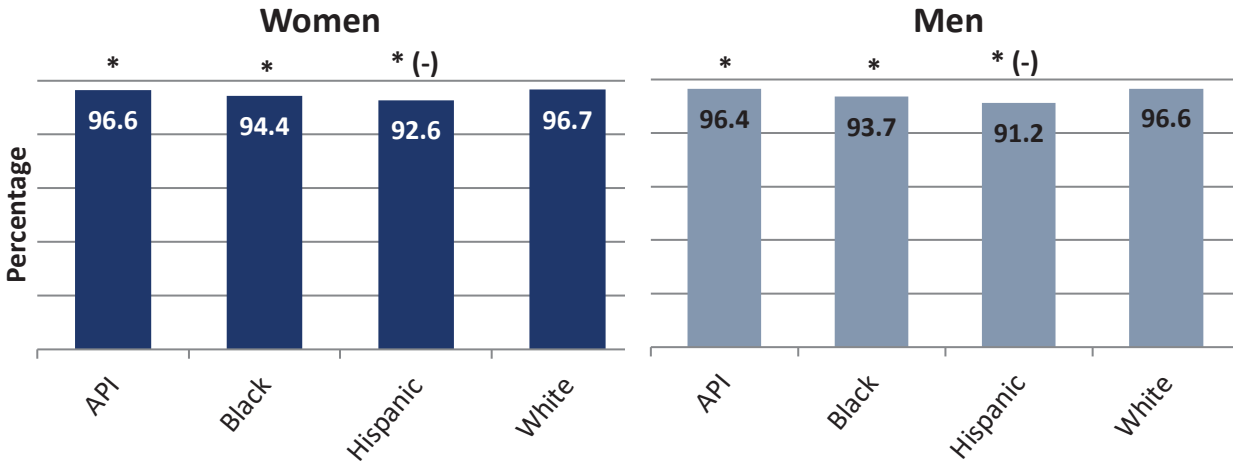
***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

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 race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- Use of opioids from multiple pharmacies was avoided less often for API, Black, and Hispanic women than for White women. The difference between API women and White women was less than 3 percentage points, as was the difference between Black women and White women. The difference between Hispanic women and White women was greater than 3 percentage points.
- Use of opioids from multiple pharmacies was avoided less often for API, Black, and Hispanic men than for White men. The difference between API men and White men was less than 3 percentage points, as was the difference between Black men and White men. The difference between Hispanic men and White men was greater than 3 percentage points.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

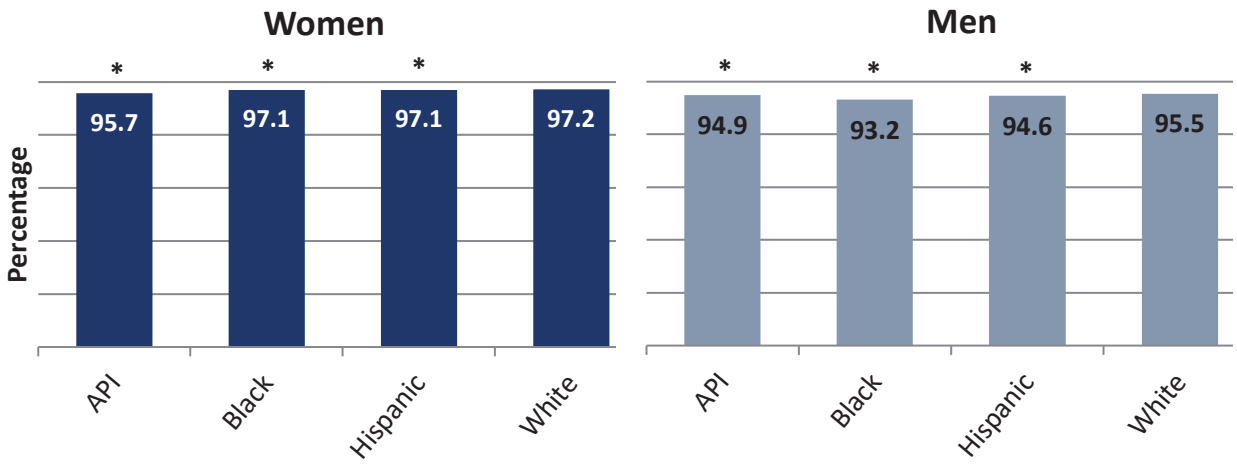
For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Clinical Care: Access/Availability of Care

Older Adults' Access to Preventive/Ambulatory Services

Percentage of MA enrollees aged 65 years and older who had an ambulatory or preventive care visit in the past year, by race and ethnicity within gender, 2019



SOURCE: Clinical quality data were collected in 2019 from MA plans nationwide.
NOTES: API = Asian or Pacific Islander. Racial groups such as Black and White are non-Hispanic. Hispanic ethnicity includes all races.

Disparities

- API, Black, and Hispanic women were less likely than White women to have had an ambulatory or preventive care visit. In each case, the difference was less than 3 percentage points.
- API, Black, and Hispanic men were less likely than White men to have had an ambulatory or preventive care visit. In each case, the difference was less than 3 percentage points.

***** Significantly different from the score for White beneficiaries of the same gender ($p < 0.05$).

For statistically significant differences between White beneficiaries and racial or ethnic minority beneficiaries of the same gender, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
(-) Difference is equal to or larger than 3 points (before rounding) and favors White beneficiaries.

Appendix: Data Sources and Methods

The Medicare Consumer Assessment of Healthcare Providers and Systems Survey

The Medicare CAHPS survey consists of a set of mail surveys with telephone follow-ups based on a stratified random sample of Medicare beneficiaries, with contracts serving as strata for MA beneficiaries and for FFS beneficiaries enrolled in prescription drug plans (PDPs) and states serving as strata for FFS beneficiaries not enrolled in a PDP. The 2019 Medicare CAHPS survey attempted to contact 884,300 Medicare beneficiaries and received responses from 318,116, a 36.4-percent response rate. The 2019 surveys represent all FFS beneficiaries, MA beneficiaries from 448 MA contracts that either were required to report (minimum of 600 eligible enrollees) or reported voluntarily (450–599 enrollees), and PDP beneficiaries from 53 PDP contracts with at least 1,500 eligible enrollees. The data presented in this report pertain only to MA beneficiaries.

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 b). These domains are effectiveness of care, access/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. Although CAHPS data are collected only via surveys, 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 the Centers for Medicare & Medicaid Services (CMS), or were deemed unsuitable for this application by CMS experts. In 2019, there were 529 MA contracts that supplied the 18,870,135 HEDIS measure records used for this report.

Information on Race and Ethnicity

The 2019 CAHPS survey asked beneficiaries, “Are you of Hispanic or Latino origin or descent?” The response options were: “Yes, Hispanic or Latino” and “No, not Hispanic or Latino.” The survey then asked, “What is your race? Please mark one or more,” with response options of “White,” “Black or African American,” “Asian,” “Native Hawaiian or other Pacific Islander,” and “American Indian or Alaska Native.” Following a U.S. Census approach, answers to these two questions were used to classify respondents into 1 of 7 mutually exclusive categories: Hispanic, multiracial, AI/AN, API, Black, White, or unknown.

- Respondents who endorsed Hispanic ethnicity were classified as Hispanic regardless of races endorsed.
- Non-Hispanic respondents who endorsed two or more races were classified as multiracial, with a single exception: Those who selected both “Asian” and “Native Hawaiian or other Pacific Islander” but no other race were classified as API.
- Non-Hispanic respondents who selected exactly one race were classified as AI/AN, API, Black, or White, according to their responses.
- Respondents without data regarding race and ethnicity were classified as unknown.
- Unknown cases were dropped from the analysis. The multiracial group was included in the analysis, but estimates for this group are not presented in this report.
- In some prior versions of this report, we did not include estimates for AI/AN beneficiaries because there were too few AI/AN respondents to make accurate comparisons between this

group and White beneficiaries when looking at women and men separately. For this year's report, there were sufficient data to report scores on all patient experience measures for both AI/AN women and AI/AN men.

HEDIS data, unlike CAHPS data, do not contain the patient's self-reported race and ethnicity. Therefore, we imputed race and ethnicity for the HEDIS data using a methodology that combines information from administrative data, surname, and residential location (Haas et al., 2019). This methodology—which is called Medicare Bayesian Improved Surname Geocoding (MBISG)—is recommended for estimating racial and ethnic disparities for Black, Hispanic, API, and White beneficiaries (Haas et al., 2019). MBISG 2.1 imputations, which are used for this report, are strongly predictive of self-reported race and ethnicity for these four racial and ethnic groups. Predictive accuracy is measured using the C-statistic, also called to Concordance Statistic or Area Under the Curve, a common metric for the performance of classification models. The C-statistic ranges from 0.5 (no predictiveness) to 1.0 (perfect predictiveness). C-statistics for MBISG 2.1 imputations of API, Black, Hispanic, and White race or ethnicity are 0.99, 0.99, 0.96, and 0.96, respectively.

Information on Gender

Information on the gender of MA beneficiaries is gathered from administrative records.

Analytic Approach

The CAHPS measures presented in this report are composite measures that summarize, through averaging, the answers to two or more related CAHPS survey questions, or items. The annual flu vaccine measure is included in the CAHPS survey and is thus grouped with other CAHPS measures in this report. It is, however, considered to be a HEDIS measure. This is a single-item measure rather than a composite.

CAHPS estimates for different racial and ethnic groups are from case-mix-adjusted linear regression models that contained health contract intercepts, racial and ethnic indicators, and the following case-mix adjustors: age, education, self-rated health and mental health, dual eligibility/low-income subsidy, and proxy status. No adjustment was made for survey language. Race and ethnicity were coded as Hispanic, Black, API, AI/AN, multiracial, and unknown, with White as the (omitted) reference group. CAHPS estimates for men and women are from case-mix-adjusted linear regression models that contained health contract intercepts, an indicator for female gender (with male as the reference group), and the same set of case-mix adjustors used in the racial and ethnic group models. CAHPS estimates for men and women of different racial and ethnic backgrounds are from case-mix-adjusted linear regression models, stratified by gender. These models contained health contract intercepts, racial and ethnic indicators, and the case-mix adjustors.

Predicted probabilities of race and ethnicity were used as weights to develop HEDIS measure estimates for each racial and ethnic group (Elliott et al., 2009). None of the HEDIS measures reported (including the annual flu vaccine measure) is case-mix adjusted.

Statistical significance tests were used to compare the model-estimated scores for each racial and ethnic minority group with the score for White beneficiaries and to compare the model-estimated scores for women and men. A difference in scores is denoted as statistically significant if there is less than a 5-percent chance that the difference could have resulted due to sampling error alone. Differences that are statistically significant and larger than 3 points on a 0–100 scale (CAHPS) or 3 percentage points (HEDIS) are further denoted as practically significant. That is, in the charts that present national data on racial and ethnic and gender differences in patient experience (CAHPS) and clinical care (HEDIS), differences that

are not statistically significant or are statistically significant but less than 3 points in magnitude are distinguished (through the use of symbols and labeling) from differences that are both statistically significant and 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).

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Centers for Medicare & Medicaid Services, "Stratified Reporting: Part C and D Performance Data Stratified by Race, Ethnicity, and Gender," webpage, updated August 24, 2020a. As of March 5, 2021: https://www.cms.gov/About-CMS/Agency-Information/OMH/research-and-data/statistics-and-data/stratified-reporting

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