

Initial estimates of home health care use among Medicare Advantage enrollees

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Presentation roadmap

- 1 Background and prior work
- 2 Medicare home health care data sources and methods
- 3 Estimates of home health care use among MA enrollees
- 4 Next steps and discussion

Background

- Medicare's home health benefit covers treatment for beneficiaries needing skilled care in their home; home health care may be used after an acute inpatient hospitalization or SNF stay, or without a prior institutional stay
- In 2021, about 3 million FFS Medicare beneficiaries received home health care, and the program spent \$16.9 billion
- Less is known about MA enrollees using home health care and 46% of Medicare beneficiaries with Part A and B were enrolled in Medicare Advantage in 2021

Note: SNF (skilled nursing facility), FFS (fee-for-service). Medicare home health care consists of skilled nursing, physical therapy, occupational therapy, speech therapy, aide services, and medical social work provided to beneficiaries in their homes.

Commissioners have expressed interest in understanding home health care use among MA enrollees

- Home health care use by MA enrollees is likely to differ from that of FFS beneficiaries
- MA plans must cover home health care but can use alternative payment models and care management techniques
- Understanding service use by MA enrollees is necessary to inform improvements to MA payment policy and generate new policy ideas that could be applied across the entire Medicare program

Note: MA (Medicare Advantage), FFS (fee-for-service).

Recent publications on home health use among MA enrollees are limited by data availability

- Many studies rely on home health assessment data, frequently linked to prior hospitalizations
- Some studies use proprietary claims or visit data from a subset of HHAs or MA plans, trading off national representativeness and completeness of information
- Overall, findings were mixed, though more recent publications found lower home health use rates among MA enrollees

Note: MA (Medicare Advantage), HHA (home health agency).

Source: Burke, R. E., I. Roy, F. Hutchins, et al. 2024. Trends in post-acute care use in Medicare Advantage versus traditional Medicare: A retrospective cohort analysis. *Journal of the American Medical Directors Association* 25, no. 10 (August 15); Skopec, L., P. J. Huckfeldt, D. Wissoker, et al. 2020. Home health and postacute care use in Medicare Advantage and traditional Medicare. *Health Affairs* 39, no. 5 (May): 837-842; Loomer, L., C. M. Kosar, D. J. Meyers, et al. 2021. Comparing receipt of prescribed post-acute home health care between Medicare Advantage and traditional Medicare beneficiaries: An observational study. *Journal of General Internal Medicine* 36, no. 8 (August): 2323-2331; Prusynski, R. A., A. D'Alonzo, M. P. Johnson, et al. 2024. Differences in home health services and outcomes between traditional Medicare and Medicare Advantage. *JAMA Health Forum* 5, no. 3 (March 1); Casebeer, A. W., D. Ronning, R. Schwartz, et al. 2022. A comparison of home health utilization, outcomes, and cost between Medicare Advantage and traditional Medicare. *Medical Care* 60, no. 1 (January 1): 66-74; Ma, C., M. Rajewski, and J. M. Smith. 2024. Medicare Advantage and home health care: A systematic review. *Medical Care* 62, no. 5 (May 1): 333-345.

MedPAC's work with MA encounter data

- MA plans submit detailed information on each health care encounter that MA enrollees have
 - MedPAC regularly assesses the completeness of these data using external benchmarks
- Combining encounter and OASIS data provides a more complete view of MA enrollees' home health care use (June 2024)
- This presentation builds on previous work to report on:
 - Overall home health use rates
 - Count, length, and types of home health care visits received

Note: MA (Medicare Advantage), OASIS (Outcome and Assessment Information Set).

Source: Medicare Payment Advisory Commission. 2024. *Report to the Congress: Medicare and the health care delivery system*. Washington, DC: MedPAC.



Medicare home health care data sources and methods

Medicare home health care data sources

- **FFS home health claims:** Contain case-mix groups, diagnoses, dates, type, and number and length of visits; required for payment for FFS beneficiaries receiving Medicare home health care
- **MA home health encounters:** Many of the same fields as claims; required for MA enrollees receiving Medicare home health care
- **OASIS assessments:** Clinical and functional information completed by home health care clinicians; required for MA and FFS beneficiaries receiving home health care

Note: FFS (fee-for-service), MA (Medicare Advantage), OASIS (Outcome and Assessment Information Set).

Three analytic samples defined based on beneficiaries' presence in home health data sources

Analytic sample construction	Purpose
MA enrollees with home health encounter records or OASIS records	Estimate overall use of home health care
MA enrollees with home health encounter records (with or without OASIS)	Estimate the amount, type, and length of home health care visits
MA enrollees with both home health encounter records and OASIS records (matched)	Conduct sensitivity analyses; future analyses will combine home health patients' clinical and functional characteristics with receipt of home health care visits

Note: MA (Medicare Advantage), OASIS (Outcome and Assessment Information Set), FFS (fee-for-service).

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- Analogous analytic samples constructed for FFS beneficiaries using the home health claims and OASIS data

Note: MA (Medicare Advantage), OASIS (Outcome and Assessment Information Set), FFS (fee-for-service).

MA enrollees with home health encounter records or OASIS records

■ Have a record in either the home health encounter data or the OASIS data

MA

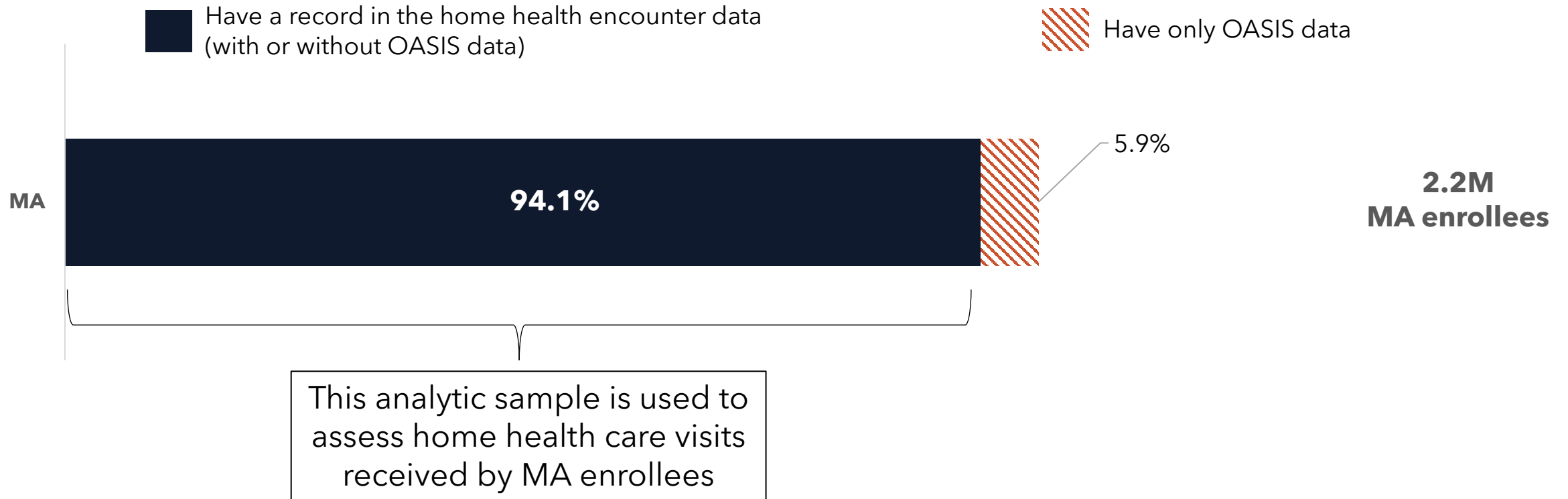
100%

2.2M
MA enrollees

This analytic sample is used to estimate overall use of home health care by MA enrollees

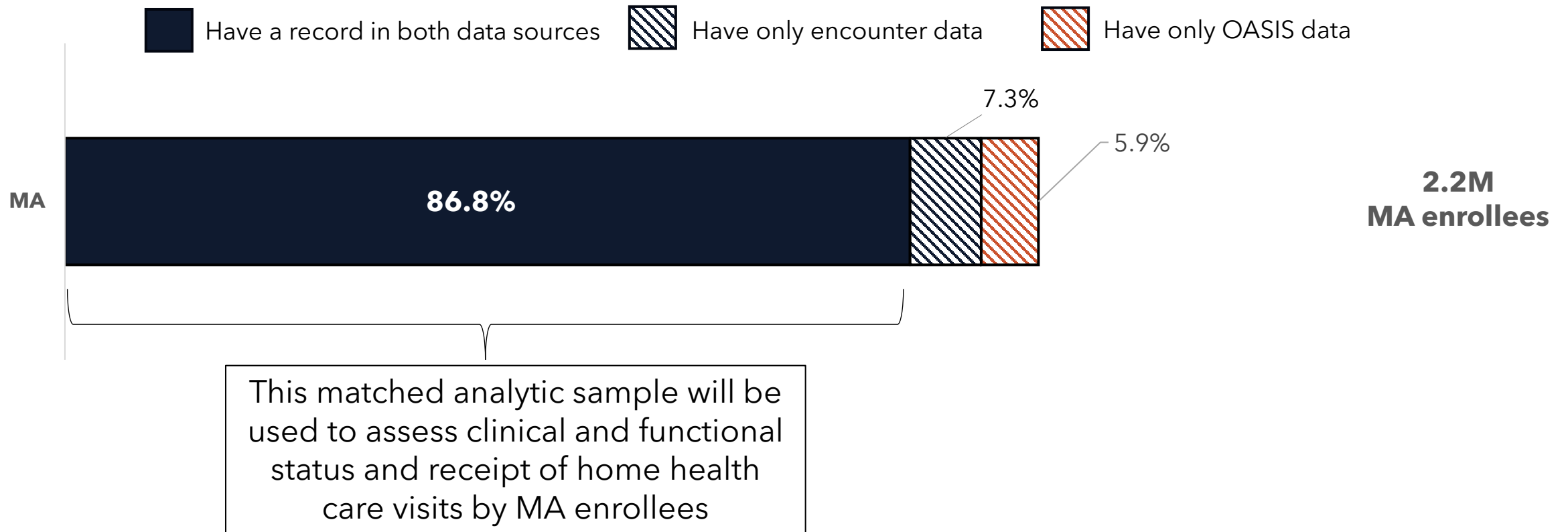
Note: MA (Medicare Advantage), OASIS (Outcome and Assessment Information Set).
Source: MedPAC analysis of enrollment, home health encounter data, claims, and OASIS data from CMS.

MA enrollees with home health encounter records



Note: MA (Medicare Advantage), OASIS (Outcome and Assessment Information Set).
Source: MedPAC analysis of enrollment, home health encounter data, claims, and OASIS data from CMS.

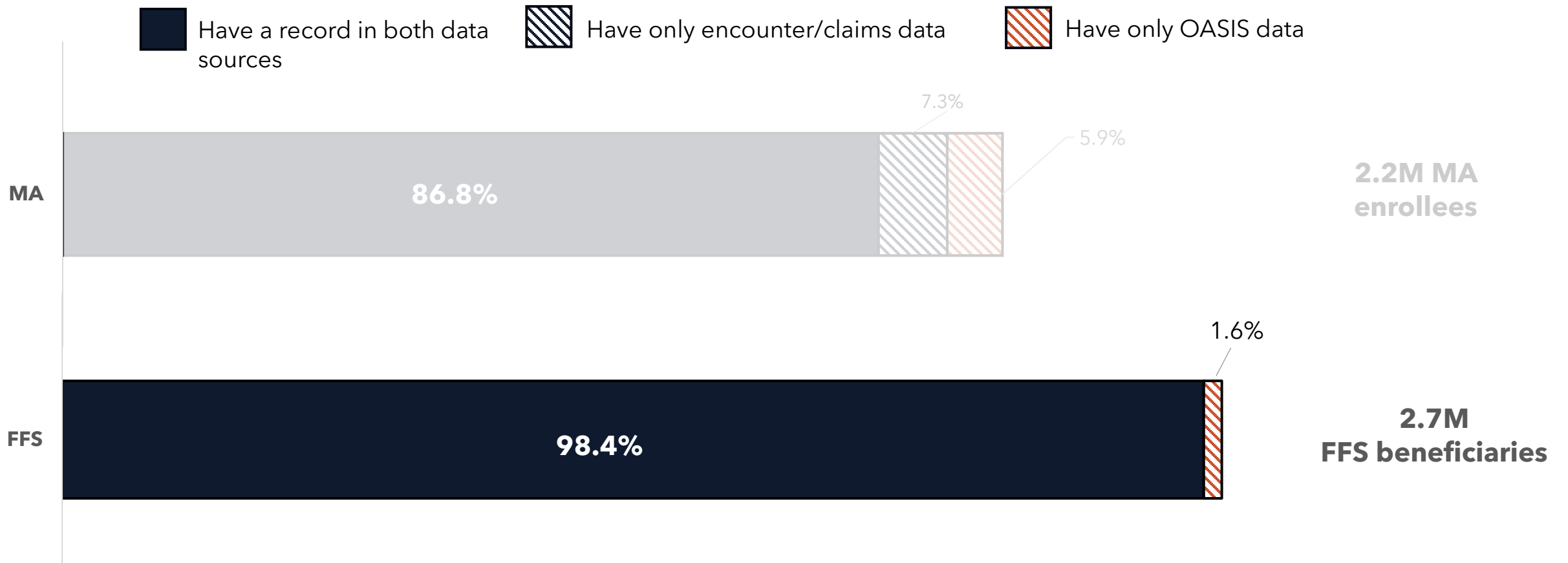
MA enrollees with both home health encounter records and OASIS records



Note: MA (Medicare Advantage), OASIS (Outcome and Assessment Information Set). The match rate differs from the 84 percent reported in our June 2024 report to the Congress due to small changes made to the methods since that report was published. For example, in the current analyses, we allow for matches to occur the month before and the month after 2021 to account for differences in the timing of submissions between OASIS and encounter and claims data.

Source: MedPAC analysis of enrollment, home health encounter data, claims, and OASIS data from CMS.

Nearly all FFS beneficiaries using home health care have both claims and OASIS data



Note: FFS (fee-for-service), MA (Medicare Advantage), OASIS (Outcome and Assessment Information Set).

Source: MedPAC analysis of enrollment, home health encounter data, claims, and OASIS data from CMS.

Sensitivity checks conducted to address imperfect home health encounter and OASIS data match

- MA enrollees in the various analytic samples were similar on demographic and other characteristics
- Alternative analytic samples composed of subsets of areas with higher match rates:
 - At least 85% match rate (77% of counties)
 - At least 90% match rate (67% of counties)
 - At least 95% match rate (41% of counties)
- Another check is to report results after trimming counties in which home health use rates differ substantially between MA and FFS beneficiaries (95% of counties remain)*

Note: OASIS (Outcome and Assessment Information Set), MA (Medicare Advantage), FFS (fee-for-service).

*Excluded counties were those in which the difference in home health use rates was greater than 5 percentage points in either direction—approximately the top and bottom 2 percentile of counties.

FFS comparisons provided for context but are not adjusted for differences in MA and FFS beneficiaries

- We geographically standardized FFS findings by MA enrollee shares
 - Calculated findings at the county level
 - Aggregated to the national-level weighting by the share of MA enrollees residing in each county
- Caution in interpreting results: MA and FFS beneficiaries differ in other ways that can affect utilization
- Future analysis will use information on beneficiary demographic and health characteristics to better adjust comparisons

Note: FFS (fee-for-service), MA (Medicare Advantage).



Estimates of home health care use among MA enrollees

Unadjusted estimates of home health care use for beneficiaries in MA and FFS, 2021

- Home health care use rates were calculated by dividing the number of beneficiaries with any home health care record by the total number of Medicare Part A and Part B beneficiaries

	MA home health care use rate	FFS home health care use rate
All counties	9.1%	10.1%
85% match-rate counties	9.3	9.6
90% match-rate counties	9.5	9.4
95% match-rate counties	9.5	9.2
With home health-use outliers trimmed	9.1	9.6

Note: MA (Medicare Advantage), FFS (fee-for-services). FFS home health visits were geographically standardized to resemble the locations where MA enrollees reside. That is, for each payer, figures were calculated at the county level and averaged across counties, weighted by MA county enrollment. Figures were not adjusted for any other differences in characteristics between MA and FFS populations. "Match-rate counties" refers to the subset of counties for which the match rates between MA home health encounter data and OASIS data were at least the minimum listed. "With home health-use outliers trimmed" method removes counties for which the home health use rate between MA and fee-for-service beneficiaries are outside of the bottom or top first percentile of home health use rate differences. The MA and FFS home health use rates were statistically significantly different from each other at the 1 percent level for all rows except "90% match-rate counties".

Source: MedPAC analysis of enrollment, home health encounter data, home health claims and OASIS data from CMS.

Estimating home health visits received by MA enrollees

- Uses the analytic sample consisting of MA enrollees with home health encounter data
- Identifies type and length of home health visits
 - Six types: skilled nursing, physical therapy, occupational therapy, speech-language pathology, home health aide, and medical social services
- Include only beneficiaries with Part A and Part B for 12 months of 2021
- Caution in interpreting results: Quality of data on visits, especially length of visit, may be lower in the home health encounter data

Note: MA (Medicare Advantage).

Unadjusted estimates of home health visits for MA and FFS beneficiaries, 2021

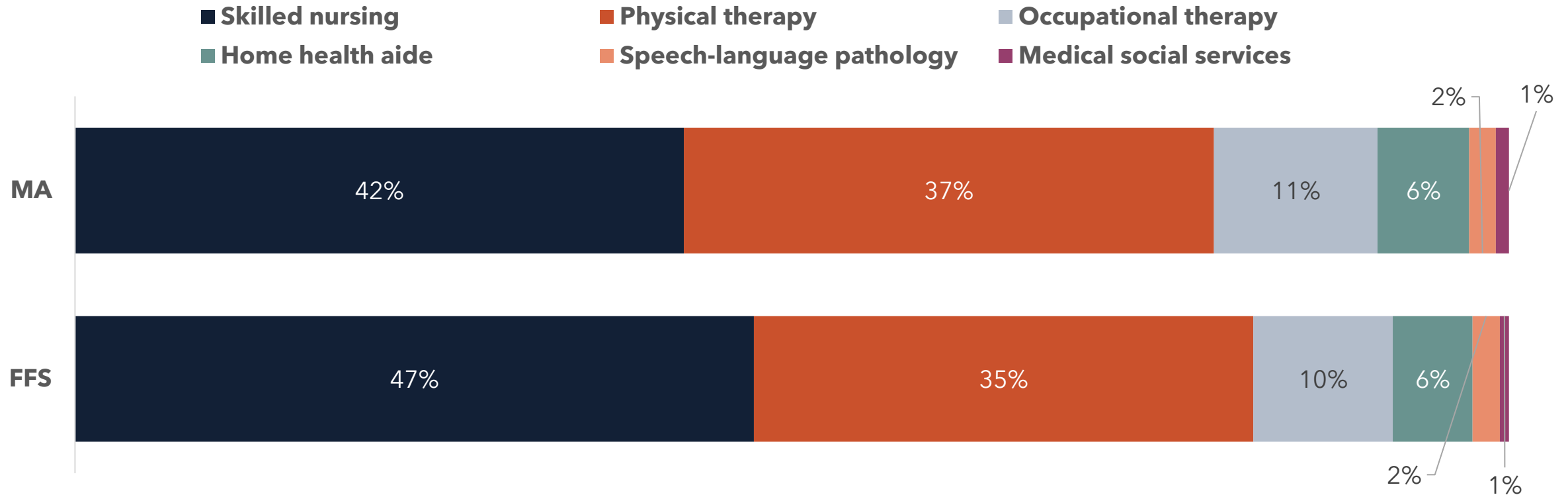
	Mean across counties		
	Visits per beneficiary	Minutes per visit	Number of months with at least one visit
MA	20.0	35.0*	3.0
FFS	25.8	47.0	3.8

Note: MA (Medicare Advantage), FFS (fee-for-service). FFS home health visits were geographically standardized to resemble the locations where MA enrollees reside. That is, for each payer, figures were calculated at the county level and averaged across counties, weighted by MA county enrollment. Figures were not adjusted for any other differences in characteristics between MA and FFS populations. All MA and FFS figures were statistically significantly different from each other at the 1 percent level.

*For MA enrollees using home health, "minutes per visit" excludes visits indicated with HCPCS S-codes (about 10 percent of visits). These codes are generally used by private payers (not Medicare) and do not use the same reporting units as the HCPCS G-codes that identify Medicare home health visits.

Source: MedPAC analysis of enrollment, home health encounter, and FFS claims data from CMS.

Unadjusted distribution of average home health visits per beneficiary, 2021



Note: MA (Medicare Advantage), FFS (fee-for-service). FFS home health visits per beneficiary were geographically standardized to resemble the locations where MA enrollees reside. That is, for each payer, figures were calculated at the county level and averaged across counties, weighted by MA county enrollment. Figures are not adjusted for any other differences in characteristics between MA and FFS populations. Across all disciplines, visits per beneficiary between MA and FFS beneficiaries were statistically significantly different from each other at the 1 percent level.

Source: MedPAC analysis of MA home health encounter and enrollment data from CMS.

Next steps

- Further exploration of MA enrollees using home health care with the “matched” analytic sample:
 - Beneficiary characteristics such as clinical and functional status
 - Stay characteristics such as presence of prior hospitalization
 - Provider characteristics such as ownership, share of MA vs. FFS beneficiaries
- Construct adjusted comparisons
- Continue informational interviews with HHAs and MA plans
- Future work: Incorporate broader post-acute care landscape, including SNFs and IRFs

Note: MA (Medicare Advantage), FFS (fee-for-service), HHA (home health agency), SNF (skilled nursing facility), IRF (inpatient rehabilitation facility).

Discussion

- Questions
- Feedback for future work