

# Home health use among Medicare Advantage enrollees

Betty Fout, Evan Christman, Andy Johnson, Stuart Hammond, Karen Stockley



ANNUAL  
RESEARCH MEETING

Minneapolis, MN

June 7 – June 10, 2025

## BACKGROUND

Medicare’s payments to Medicare Advantage (MA) plans reached \$494 billion in 2024. Examining services used by MA enrollees is critical for program oversight and understanding the care delivered to Medicare beneficiaries enrolled in MA plans (who now compose more than half of eligible beneficiaries).

The Medicare home health benefit covers treatment for beneficiaries needing skilled care in their home. It is the most frequently used post-acute care (PAC) setting among Medicare fee-for-service (FFS) beneficiaries. While many studies have examined home health care use among MA enrollees, they have relied on data that have limitations for drawing nationally representative conclusions.

## RESEARCH OBJECTIVE

Assess the completeness of home health encounter data (which are required to be reported by MA plans) and Outcome and Assessment Information Set (OASIS) data (which are required to be reported by home health agencies (HHAs)) to identify home health use. Report on home health care use by MA plan attributes and by enrollment in MA or FFS.

## METHODS

Using 2021 data, we combined home health encounter records and OASIS data to identify home health users and count home health visits for MA enrollees. For FFS beneficiaries, we combined FFS claims and OASIS data. After identifying counties with high MA data match rates, we applied multivariable regression analyses to explore how the use of home health care differed by relevant MA plan characteristics and by MA versus FFS enrollment. We controlled for beneficiary demographics, hospitalization, and functional and clinical health status. All regressions included county-level fixed effects and clustered standard errors. See references for more details on the construction of the study population.

## PRINCIPAL FINDINGS

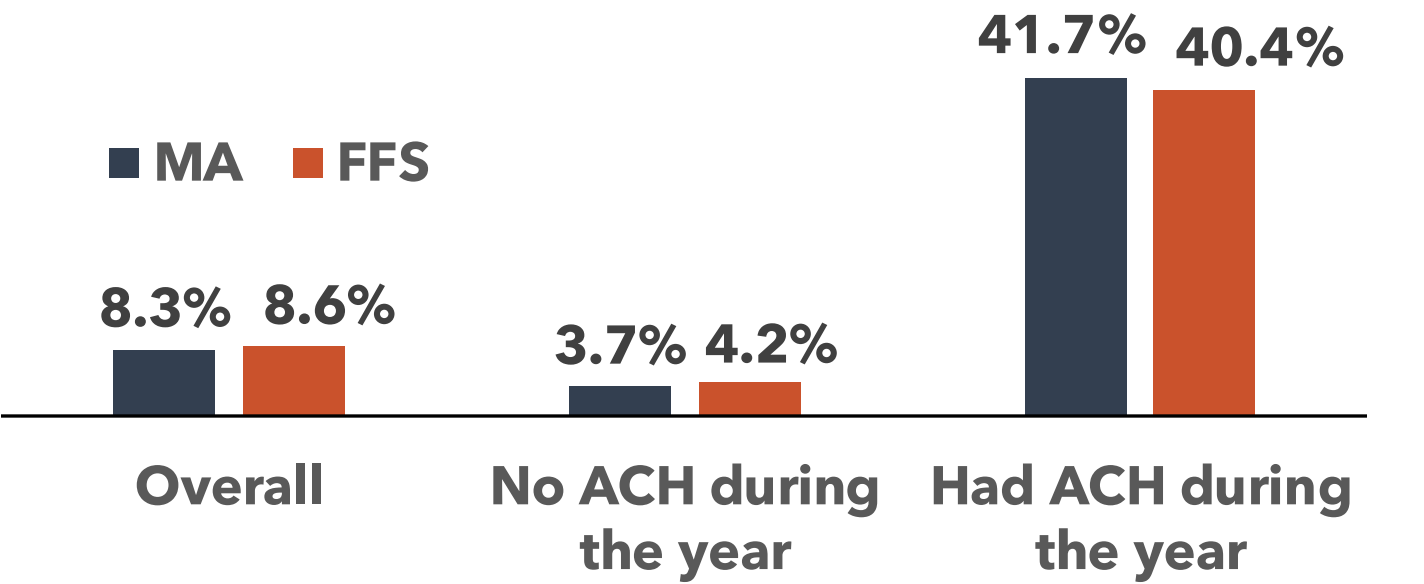
### More complete view of MA home health care use when combining data sources, 2021

- 7% of MA enrollees with encounter records were not found in the OASIS data
- Nearly all FFS home health users were found in both sources

Home health users	MA	FFS
Encounter/claim <u>or</u> OASIS	1.9M	2.3M
Both encounter/claim <u>and</u> OASIS	88%	98%
Only encounter/claim	7%	<1%
Only OASIS	5%	2%

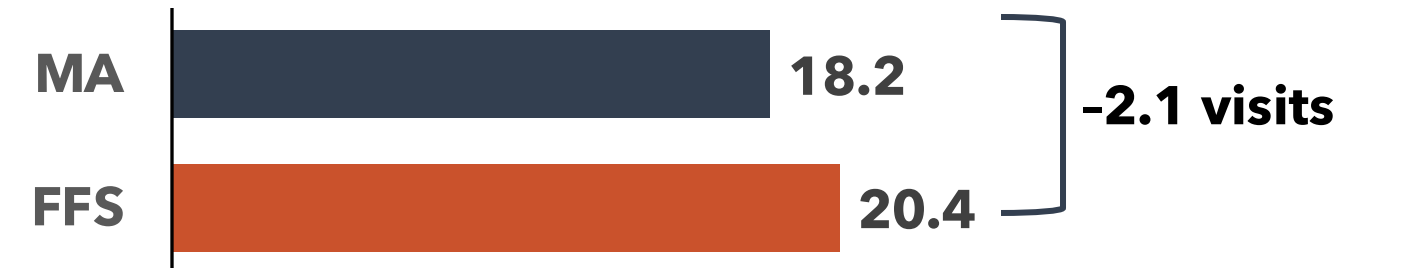
### MA and FFS home health care use rates were similar

- Included beneficiaries residing in counties with high MA data match rates (at least 85%)
- Differences in use rates depending on whether the beneficiary had a hospital stay



### Fewer MA home health care visits per user compared to FFS

- 2.1 fewer visits per home health care user (11%) in MA compared to FFS, on average
- Similar results when comparing visits per user within the same HHA



### Variation by MA plan types

- Enrollees in plans with home health cost sharing had lower use rates and fewer visits per user compared to those in plans without cost sharing
- Use rates did not vary for those enrolled in PPO vs. HMO plans or provider-sponsored plans
- Enrollees in HMO plans had fewer visits per user than those in PPO plans
- Enrollees in provider-sponsored plans had fewer visits than those not in provider-sponsored plans

**Note:** MA (Medicare Advantage), FFS (fee-for-service), OASIS (Outcome and Assessment Information Set), PPO (preferred provider organization), HMO (health maintenance organization), ACH (acute care hospital). All results are based on Medicare beneficiaries residing in counties with high home health care data match rates. Home health care visits included those for skilled nursing, therapy (physical, occupational, speech-language pathology), home health aide, and medical social services. All findings shown in charts were statistically significantly different from each other at the 1 percent level. See references for more information.

**Source:** MedPAC analysis of enrollment, MA home health and inpatient encounter, home health claims, Outcome and Assessment Information Set, Medicare Provider Analysis and Review, and plan benefit data from CMS.

## REFERENCES

Medicare Payment Advisory Commission. 2025a. *Report to the Congress: Medicare and the health care delivery system*. Chapter 3. Washington, DC: MedPAC.

Medicare Payment Advisory Commission. 2025b. Examining home health care use among Medicare Advantage enrollees. Presentation at MedPAC’s March public meeting. <https://www.medpac.gov/wp-content/uploads/2024/08/HH-in-MA-MedPAC-03.25sec.pdf>

## CONCLUSIONS

About 12% of MA home health users had a record only in the encounter data or only in the OASIS data. Thus, using both data sources yielded a more complete picture of MA home health use.

Home health care use, overall, was similar between MA and FFS in 2021. Use rates and visits per user were slightly lower in MA than in FFS, particularly for the MA enrollees that did not have a hospital stay during the year. Enrollment in MA plans with home health cost sharing was associated with both lower probability of home health care use and fewer visits compared to MA plans without home health cost sharing.

## IMPLICATIONS FOR POLICY AND PRACTICE

Better understanding of service use by MA enrollees could help improve MA payment policy, facilitate comparison with FFS Medicare, and generate new policy ideas that could be applied across the entire Medicare program.

## LIMITATIONS

Our analysis examines home health visits that are part of the Medicare home health benefit, as reported by plans. MA enrollees may receive other services, depending on their MA plan, that are external to the Medicare home health care benefit but may be similar to aspects of this benefit. HHAs may also provide telehealth to their patients, which is not included in our analysis.

It was not possible to draw conclusions on the appropriateness of care based solely on observing differences in use. Overall PAC use among MA enrollees may differ from that of FFS beneficiaries in important ways that may not be apparent when examining a single sector.

## CONTACT INFORMATION

Betty Fout, PhD  
Principal Policy Analyst  
Medicare Payment Advisory Commission

Email: [bfout@medpac.gov](mailto:bfout@medpac.gov)  
Website: <http://www.medpac.gov>