- Org leaders must understand growth of huge MA and HH usage
- Which HH orgs are more likely to have high % of MA enrollees?

The Medicare Payment Advisory Commission (MedPAC) held a public meeting last week that addressed home healthcare use among Medicare Advantage (MA) beneficiaries. The analysis was conducted at the request of the MedPac Commission members who expressed an interest in better understanding the Medicare Advantage usage of home health services compare to Fee for Service (FFS) Medicare, now that half of beneficiaries are enrolled in a MA plan

The researchers used a combination of MA plan encounter data and the Outcome and Assessment Information Set (OASIS) to conduct the analysis.

In general, use of home health services by MA enrollees was higher among MA plan enrollees who were older, low income, and had a hospital stay. Additionally, MA plans with cost sharing (deductibles, co-pays) were associated with less home health use among the MA plans.

MA plan and FFS Medicare use rates for home health services differed if the beneficiary had a inpatient hospital stay within the year. Home health use was greater for FFS beneficiaries by 6.2%. MA plan beneficiaries also had fewer visit than FFS Medicare beneficiaries regardless of whether there was a prior hospitalization.

Home health agencies (HHAs) with a high share of MA plan beneficiaries tended to be large, urban, and freestanding not for profit organizations. However, even when controlling the differences in the HHAs used by MA plan and FSS Medicare beneficiaries, MA plan beneficiaries had fewer visits within the year. The researchers noted that HHAs interviewed for the study stated that MA plans typically only authorize a few numbers of visits at the start of care but do not provide authorization for additional visits even when the HHA indicates a need for continued home health care. The researcher also emphasized that their work does not draw any conclusion for the difference in home health utilization by the MA plan and FFS Medicare.

The presentation was followed by the Commission member's comments and recommendations for further study.

Click <u>here</u> for the slide presentation. MedPAC will post a transcript of the meeting within the next few weeks.