



RESEARCH INSTITUTE for HOME CARE

ADVANCING HOME CARE
THROUGH RESEARCH

RESEARCH BRIEFING

“Health Service Utilization by Medicare Plan Type Enrollment”

- ▶ Traditional Medicare (TM) beneficiaries were more likely to utilize outpatient, inpatient, and home health care services than beneficiaries in Medicare Advantage (MA) plans, regardless of whether the plan had a monthly premium or not.
- ▶ Beneficiaries who reported being in zero premium MA plans were substantially less likely to use dental, hearing, and vision services compared to other beneficiaries.
- ▶ Rates of utilization of hearing and dental services were relatively similar for beneficiaries reporting they were in MA plans with a premium and those enrolled in TM. Access to vision services was greatest among beneficiaries reporting being in MA plans with a premium.

▲ OVERVIEW OF RESEARCH

Using the 2019 Medicare Current Beneficiary Survey (MSBS) Cost Supplement, a nationally representative sample of Medicare beneficiaries, researchers described health services utilization of Medicare beneficiaries by Medicare plan type: TM, MA plans with a monthly premium, and MA plans with zero monthly premium. Analyses were restricted to Medicare beneficiaries ages 65 and older.

▲ RESULTS

Consistent with the literature, this study found beneficiaries enrolled in MA plans had lower utilization for services required to be covered by Medicare (outpatient visits, inpatient admission, and home health care use) than beneficiaries enrolled in TM. The observed lower rate of home health care utilization among MA beneficiaries may result from restrictions in inpatient care. However, prior research indicates when analyses are restricted to similar patient populations (a subset of diagnostic codes), MA beneficiaries are less likely to receive home health care than TM beneficiaries.

▲ IMPACT FOR HOME HEALTH CARE

Data on plan offerings demonstrated a consistent increase in the proportion of MA plans that include coverage of supplemental benefits. However, little is known of the utilization of these services. These findings indicate that TM beneficiaries access dental and hearing services almost as frequently as beneficiaries reporting they were in MA plans with a premium. Rates of utilization among TM enrollees represent out of pocket expenses beneficiaries are able and willing to pay for, since these services are not covered by TM. For MA beneficiaries, plans can have varying levels of coverage and copayment requirements for supplemental benefits. Beneficiaries reporting they were in MA plans with a monthly premium utilized dental, vision, and hearing benefits significantly more than their counterparts in MA plans with zero monthly premium.

The MCBS data set does not contain data on what plans cover in terms of supplemental benefits, and therefore it is not known from the data whether MA zero premium plans are less likely to cover vision, hearing, and dental services, or whether cost-sharing and network availability restrict utilization among enrollees in MA plans with zero monthly premium. MA plans have latitude in how to spend rebates, and it is likely that in appealing to populations with low financial resources, some plans commit all of the rebate toward lowering premiums. More research is needed to examine what factors guide Medicare enrollees' choice of plan.

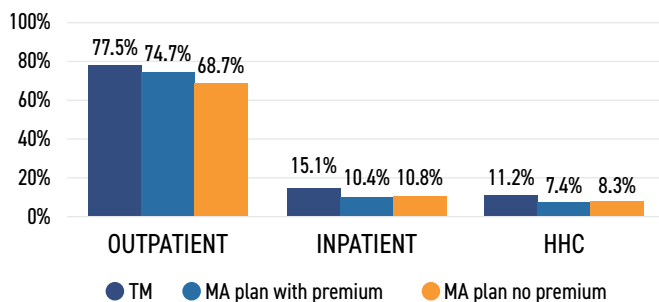
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ABOUT THE INSTITUTE

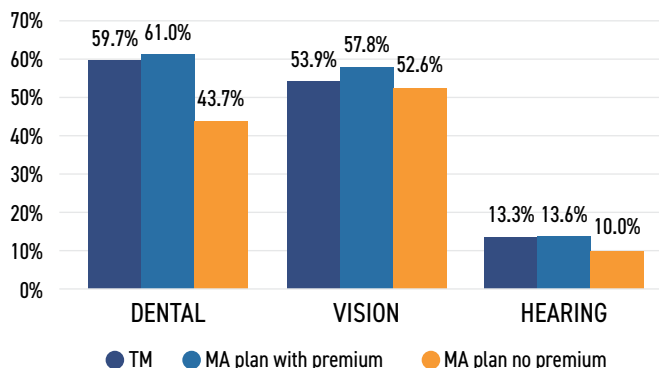
The Research Institute for Home is a 501(c)(3) non-profit, national consortium of home care providers and organizations foundation focused on improving access to and delivery care in the home. The Institute invests in research and education about home care and its ability to deliver quality, cost-effective, patient-centered care across the care continuum. The Institute is committed to conducting and sponsoring research and initiatives that demonstrate and enhance the value proposition that home care has to offer patients and the entire U.S. health care system.

Use of Health Care Services by Plan Type



*Measures of HHC services include only visits that are medical in nature, as opposed to personal care and support. HHC use defined as two or more home visits in the calendar year.

Use of Supplemental Benefits by Plan Type



ABOUT THE GRANT

The Research Institute's Home Health Research grant is the only grant dedicated solely to the betterment and understanding of care in the home. With more than a decade of sponsoring and providing integral education and research on the value of home health care to the U.S. health care system, the Institute, through the grant process, seeks to bring home health care research to the forefront and sow the seeds for critical research in the field that will help inform better care for patients now and for the future.