

# Use of MyMedicare.gov Data to Assess Medicare Spending in Patients Receiving Home-Based Primary Care

WR Mills<sup>1</sup>, M McCartin<sup>2</sup>, B Kusens<sup>2</sup>, C Papier<sup>2</sup>, L Corry<sup>2</sup>, K Lewis<sup>1</sup>, A Noggle<sup>3</sup>, SP Robertson<sup>1</sup>, T Lally<sup>1</sup>, M Bunting<sup>1</sup>, M Douglas<sup>1</sup>, F Elliott<sup>1</sup>, C Day<sup>1</sup>, WM Altman<sup>1</sup>  
<sup>1</sup>Kindred House Calls, Louisville KY; <sup>2</sup>Cerner Corporation, North Kansas City, MO; <sup>3</sup>Boston College, Boston, MA

## ABSTRACT

**Background:** MyMedicare.gov is an internet portal from which Medicare beneficiaries can access claims information and Blue Button Initiative (BBI) data. The portal provides access to history, claims and related information from health care providers, hospitals, labs, and pharmacies<sup>1</sup>. Care for the homebound elderly has been shown to cost over \$40,000 per patient per year (> \$3,300 per patient per month (PPPM))<sup>2</sup>. Our aim was to use data available through the MyMedicare.gov portal to quantify spending in this population who received home-based primary care (HBPC) from our group.

**Methods:** Between September 1, 2012 and August 31, 2015, 161 patients receiving HBPC consented to have their claims analyzed using MyMedicare.gov data aggregation. 21,130 claims were used in the analysis, which included all non-denied Medicare Part A and Part B claims during the study period. Medicare paid amounts were used for this analysis.

**Results:** Mean age of the study group was 88 years old. During the three-year study period, there were an average of 131 Medicare claims paid by Medicare per patient. In total, the study group incurred \$7,001,301 in cost to Medicare (mean of \$1,208 PPPM). Of this, spending on Medicare inpatient settings, which included hospital and skilled nursing facility claims, totaled \$3,436,366 (\$593 PPPM). \$361,413 (\$62 PPPM) was spent on outpatient hospital department services. A total of \$1,261,132 was spent on Part B services (mean of \$218 PPPM). Total spending on home health services was \$666,559 (\$115 PPPM) and total durable medical equipment spending was \$89,850 (\$16 PPPM). Total spending on hospice services was \$1,186,069 (\$205 PPPM).

**Conclusions:** This study showed that HBPC can be a cost-effective care model for certain vulnerable populations. More broadly, this MyMedicare.gov data aggregation technique could be used by organizations to help better understand their patients' utilization patterns, design population health strategies and to plan value-based care strategies.

## References:

1. <https://www.healthit.gov/patients-families/about-blue-button-movement>. Accessed November 2, 2015.
2. De Jonge KE, Namshed N, Gilden D. J Am Geriatr Soc. 2014; 62: 1825-31.

## INTRODUCTION

- MyMedicare.gov is a Medicare portal from which Medicare beneficiaries (or designated representatives) can access claims information and "Blue Button Initiative" data.
- The Blue Button Initiative (BBI) was developed through a collaboration between the U.S. Department of Veterans Affairs, the Center for Medicare and Medicaid Services, the Department of Defense and the Markle Foundation, and became nationally available in 2010<sup>1</sup>.
- BBI and MyMedicare.gov provide access to history, claims and related information from health care providers, hospitals, labs, and pharmacies.
- To date, there have been few published studies that have aggregated data available through MyMedicare.gov to quantify the types and amounts of care that are provided to specific populations.
- Care for the homebound elderly has been shown to cost over \$40,000 per patient per year (> \$3,300 per patient per month (PPPM))<sup>2</sup>.
- Our aim was to use data available through MyMedicare.gov to quantify Medicare spending in this population who received home-based primary care by our group.

## METHODS

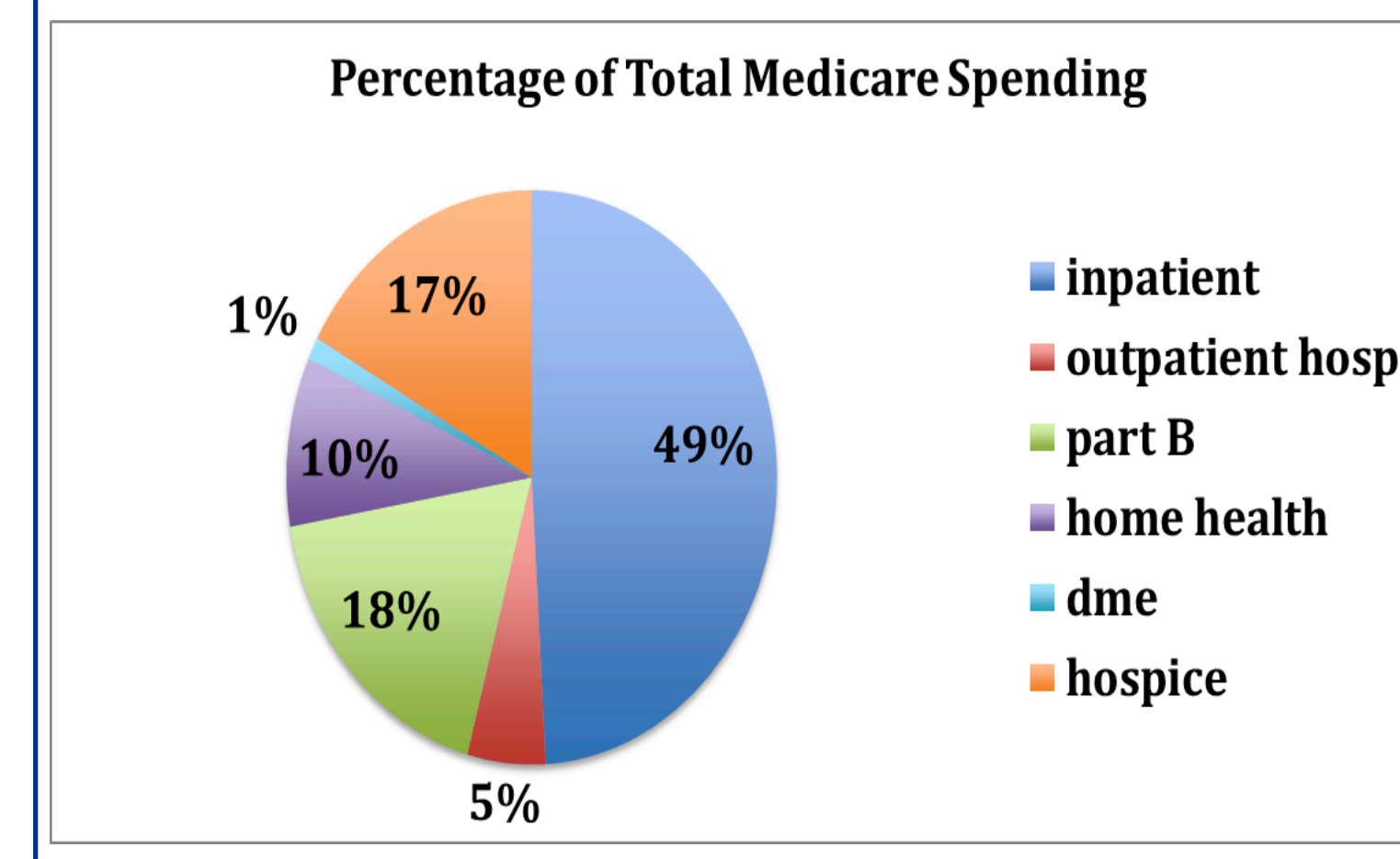
- Between September 1, 2012 and August 31, 2015, 161 patients receiving home-based primary care in Northeast Ohio consented to have their Medicare claims analyzed using MyMedicare.gov data aggregation.
- Patients were receiving home-based primary care due to medical necessity and difficulty accessing outpatient care settings.
- Patients were treated based on their medical conditions, advanced directives and general status.
- 21,130 claims were used in the analysis, which included all non-denied Medicare Part A and Part B claims during the study period. Medicare paid amounts were used for this analysis.

## RESULTS

**TABLE 1. Characteristics of Patients Receiving Home-Based Primary Care over Three Year Study Period**

Number of patients in cohort <i>n</i>	161
Age, y <i>Mean (SD)</i>	88 (5.2)
Female sex (%)	69
Average # of Medicare paid claims per patient	131
Total Medicare Part B Cost	\$1,261,132
Per Patient Per Month	\$218
Total Inpatient Cost to Medicare	\$3,436,366
Per Patient Per Month	\$593
Total Cost to Medicare	\$7,001,301
Per Patient Per Month	\$1,208

**FIGURE 1. Percentage of Total Medicare Spending Over Three Year Study Period**



## RESULTS SUMMARY

- Mean age of the study group was 88 years old, [see Table 1](#).
- During the three-year study period, there were an average of 131 Medicare claims paid by Medicare per patient.
- In total, the study group incurred \$7,001,301 in cost to Medicare (mean of \$1,208 PPPM).
- Of this, spending on Medicare inpatient settings, which included hospital and skilled nursing facility claims, totaled \$3,436,366 (\$593 PPPM), [see Figure 1](#).
- \$361,413 (\$62 PPPM) was spent on outpatient hospital department services. A total of \$1,261,132 was spent on Part B services (mean of \$218 PPPM).
- Total spending on home health services was \$666,559 (\$115 PPPM) and total durable medical equipment spending was \$89,850 (\$16 PPPM). Total spending on hospice services was \$1,186,069 (\$205 PPPM).

## CONCLUSIONS

- MyMedicare.gov data aggregation can be a useful tool in analyzing healthcare utilization and costs incurred by Medicare patients.
- In this study, use of aggregate MyMedicare.gov data illustrated that home-based primary care can be a cost-effective care model for certain vulnerable, elderly populations.
- More broadly, MyMedicare.gov data could be used by organizations to help better understand their patients current and historical utilization, and to design population health strategies that address areas of suboptimal or excessive utilization.
- Further, use of MyMedicare.gov data aggregation to analyze Medicare claims can help organizations plan value-based care program participation.