

Bibliography

2003

Anderson WL, Norton EC, Kenney GS, "Effects of state Medicaid home care Medicare maximization programs on Medicare expenditures," Home Health Care Services Quarterly, Vol. 22, No. 3 (2003): 19-40.

Found significantly higher Medicare spending in states with lower Medicaid spending levels, suggesting that states with high Medicaid utilization have potential to shift some of these expenditures to Medicare.

Bann CM, Terrell SA, McCormack LA, Berkman ND, "Measuring beneficiary knowledge of the

Medicare program: a psychometric analysis," Health Care Financing Review, Vol. 24, No. 4 (Summer 2003): 111-25.

This study developed and evaluated the psychometric properties of two possible measures of beneficiary knowledge. One measure was based on self-reported knowledge, the other was a true/false quiz which requires beneficiaries to demonstrate their knowledge. The true/false quiz proved to be the more accurate and useful measure of beneficiaries' knowledge.

Crystal S, Sambamoorthi U, Walkup JT, Akincigil A, "Diagnosis and treatment of depression

in the elderly medicare population: predictors, disparities, and trends," Journal of American Geriatrics Society, Vol.51, No. 12 (December 2003): 1718-28.

Uses a nationally representative survey of Medicare participants to determine rates and type of treatment received by those diagnosed with depression; and to ascertain socioeconomic differences and trends in treatment rates of depression, including the effect of supplemental insurance coverage, for elderly Medicare fee-for-service beneficiaries.

Fisher ES, Wennberg DE, Stukel TA, Gottlieb DJ, Lucas FL, Pinder EL,

"The implications of regional variations in Medicare spending Part 2: health outcomes and satisfaction with care," Annals of Internal Medicine, Vol.138, No.4 (February 2003): 288-98.

Medicare enrollees in higher-spending regions receive more care than those in lower-spending regions but do not have better health outcomes or satisfaction with care. Efforts to reduce spending should proceed with caution, but policies to better manage further spending growth are warranted.

Housman TS, Williford PM, Feldman SR, Teuschler HV, Fleischer AB Jr, Goldman ND, Balkrishnan R, Chen GJ, "Nonmelanoma skin cancer: an episode of care management approach," Dermatologic Surgery, Vol. 29, No. 7 (July 2003): 700-11.

The incidence of nonmelanoma skin cancers (NMSCs) was estimated at 1.3-million cases for the year 2000 and is on the rise. Using survey and Medicare part A and part B claims data of the Medicare Current Beneficiary Survey (MCBS), 1992 to 1995, an algorithm was created to define an episode of care for the diagnosis and treatment of an NMSC.

Liu K, Long SK, Dowling K, "Medicare interim payment system's on Medicare home health utilization," [Health Care Financing Review](#), Vol. 25, No. 1 (Fall 2003): 81-97.

The analysis of multiple years of data from the Medicare Current Beneficiary Survey (MCBS) to examine how the home health interim payment system (IPS) affected subgroups of the Medicare population by health and socioeconomic characteristics.

Lo Annie, Chu Adam, Apodaca Richard,
["Redesign of the Medicare Current Beneficiary Survey Sample"](#), (Rockville, MD: Westat, Inc., 2003).
(153KB)

Mello MM, Stearns SC, Norton EC, Ricketts TC 3rd,
"Understanding biased selection in Medicare HMOs," [Health Services Research](#), Vol. 38, No. 3 (June 2003): 961-92.

Investigates the extent of favorable health maintenance organization HMO) selection for a longitudinal cohort of Medicare beneficiaries, examines whether the extent of favorable selection varies with the degree of Medicare HMO market penetration in a county, and explains conflicting findings in the literature on favorable HMO selection.

Moxey ED, O'Connor JP, Novielli KD, Teutsch S, Nash DB,
"Prescription drug use in the elderly: a descriptive analysis," [Health Care Financing Review](#), Vol. 24, No.4 (Summer 2003): 127-41.

Based on data from the Medicare Current Beneficiary Survey (MCBS), this study defines subgroups of the community-dwelling elderly using health and functional status, and provides a comprehensive description of the composition of prescription drug use in this population. Utilization is reported by age and health status categories.

Poisa JA, "Reporting of drug expenditures in the MCBS,"
[Health Care Financing Review](#), Vol. 25, No. 2 (Winter 2003): 23-36.
Comparing data from both the 1999 MCBS and drug utilization data supplied by the survey respondents' pharmacies, the author details the methods used to determine the level of misreporting of drug expenditures in the MCBS.

Sharma R, Liu H, Wang Y, "Drug coverage, utilization, and spending by Medicare beneficiaries with heart disease," [Health Care Financing Review](#), Vol. 24, No. 3 (Spring 2003): 139-56.

For Medicare beneficiaries who report having heart disease, drug coverage and type of supplemental health insurance affect the likelihood of usage and costs of heart medications, but not the extent of usage. Nearly one in five does not use heart medications and of the latter, one-third lack drug coverage.

Shea DG, Stuart BC, Briesacher B, "Participation and crowd-out in a Medicare drug benefit: simulation estimates," [Health Care Financing Review](#), Vol. 25, No. 2 (Winter 2003): 47-61.

Uses a microsimulation model based on data from the MCBS to estimate the costs and benefits of a Medicare drug plan, including the benefits from reductions in risk. The simulations are repeated using different combinations of benefits and subsidies.

Stuart B, Kamal-Bahl S, Briesacher B, Lee E, Doshi J, Zuckerman IH, Verovsky I, Beers MH, Erwin G, Friedley N,

"Trends in the prescription of inappropriate drugs for the elderly between 1995 and 1999," The American journal of geriatric pharmacotherapy, Vol. 1, No. 2 (December 2003): 61-74.

There was a significant decline in the use of potentially inappropriate drugs by elderly patients between 1995 and 1999, particularly in the use of those drugs linked to the most severe outcomes. However, approximately 7 million elderly patients still received potentially inappropriate drugs in 1999, underscoring the continued need for effective interventions to improve prescribing for this vulnerable population.

Wrobel MV, Doshi J, Stuart BC, Briesacher B, "Predictability of prescription drug expenditures for Medicare beneficiaries," Health Care Financing Review, Vol. 25, No. 2 (Winter 2003): 37-46.

MCBS data are used to analyze the predictability of drug expenditures by Medicare beneficiaries. Predictors include demographic characteristics and measures of health status, the majority derived using CMS' diagnosis cost group/hierarchical condition category (DCG/HCC) risk-adjustment methodology. Results are discussed in the context of forecasting, and risk adjustment for the proposed new Medicare drug benefit.