

Research suggests strategy for more equitable Medicare reimbursement

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Kenton Johnston, Ph.D., is an assistant professor of health management and policy at Saint Louis University. Credit: SLU

Those who were enrolled in both Medicare and Medicaid were sicker, had more cognitive impairments and difficulty functioning, and needed



more social support than those who were not enrolled in both government programs, Saint Louis University research found. These patients also had significantly higher healthcare costs.

Kenton Johnston, Ph.D., assistant professor of health management and policy at Saint Louis University, is the lead author of the paper, which was published in the April 2019 issue of *Health Affairs*.

The findings have implications for improving outcomes and reducing disparities in that they target a more vulnerable patient population that faces higher medical expenses.

"For example, home-based <u>primary care</u> has shown significant promise for reducing costs and adverse health events in frail elders. Such programs might also benefit dual enrollees with poor functional status, many of whom may also be at risk for frailty," Johnston wrote.

The findings also suggest that adjusting for the risk factors seen in patients who receive both Medicare and Medicaid could be a more equitable way of reimbursing for <u>health care</u>.

"This suggests that such adjustment would not only reduce potentially inappropriate penalties among providers that disproportionately care for vulnerable populations but would also reduce inappropriate bonuses for providers that care for less complex populations," Johnston wrote.

"Medicare could consider using such adjustment to improve accuracy and fairness in value-based payment programs in the future."

More information: Kenton J. Johnston et al, The Role Of Social, Cognitive, And Functional Risk Factors In Medicare Spending For Dual And Nondual Enrollees, *Health Affairs* (2019). DOI: 10.1377/hlthaff.2018.05032



Provided by Saint Louis University

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