organizations.

Franklin Eppig, and George S. Chulis, "Matching MCBS and Medicare Data: The Best of Both Worlds," Health Care Financing Review, Vol. 18, No. 3 (Spring 1997): 211-229.

Explains how survey and claims data were matched and reconciled to form a "best estimate" of utilization on the MCBS data files, and also the reporting characteristics of each source.

( 201KB )

- S. L. Ettner, "Adverse Selection and the Purchase of Medigap Insurance by the Elderly," <u>Journal of Health Economics</u>, Vol. 16, No. 5 (October 1997): 543-562
  - 1991 MCBS data are used to examine adverse selection for elderly beneficiaries in the supplemental insurance market.
- S. L. Ettner and R. C. Hermann, "Provider Specialty Choice Among Medicare Beneficiaries Treated for Psychiatric Disorders," <u>Health Care Financing Review</u>, Vol. 18, No. 3 (Spring 1997): 43?59.
  1991 MCBS data were used to compare mental health specialist use across counties with varying provider densities; results show patterns of substitution among psychiatrists, psychologists, and general practitioners for beneficiaries with psychotic and affective disorders or multiple psychiatric diagnoses.
- R. Futterman, H. Fillit, and J. L. Roglieri, "Use of Ineffective or Unsafe Medications Among Members of a Medicare HMO Compared to Individuals in a Medicare Fee-for-Service Program, " American Journal of Managed Care, Vol. 3, No. 4 (April 1997): 569-575.
  1992 MCBS data on inappropriate prescription drugs for fee-for-service beneficiaries are combined with similar data from the 1987 National Medical Expenditures Survey and compared with data from a Medicare risk contract HMO for 1993 and 1994. Results show that the occurrence of inappropriate prescriptions was much lower in the HMO, but still unacceptably high.
- David J. Gross, Mary Jo Gibson, Craig F. Caplan, Normandy Brangan,
  Lisa Alecxih, and John Corea, <u>Out-of-Pocket Health Spending by Medicare</u>
  <u>Beneficiaries Age 65 and Older: 1997 Projections</u>, (Washington, DC: American
  Association of Retired Persons, December 1997).
  Uses the MCBS Cost and Use file in the Lewin Medicare Benefits Simulation
  Model to project out-of-pocket costs for Medicare beneficiaries and subgroups
  with different levels of supplemental coverage and medical needs.
- Harriet L. Komisar, Janet Hunt-McCool, and Judith Feder, "Medicare Spending for Elderly Beneficiaries Who Need Long-Term Care," <u>Inquiry</u>, 34: 302-310 (Winter 1997/98): 302-310.

  Examines the patterns of medical care utilization and spending for elderly people with disabilities, and the incentives these distributions create for managed care

- Mary A. Laschober, <u>Health & Health Care of the Medicare Population:</u>
  <u>Data From the 1993 Medicare Current Beneficiary Survey</u>, (Rockville, MD: Westat, Inc., November 1997).
  Presents findings from the 1993 Cost and Use file.
- Korbin Liu, Susan Wall, and Douglas Wissoker, "Disability and Medicare Costs of Elderly Persons," <u>The Milbank Quarterly</u>, Vol. 75, No. 4 (1997): 461-493.
  - Studies the relationships between various types, levels, and durations of disability and Medicare costs.
- Julie O'Connell, Adam Chu, and R. Clifton Bailey, "Considerations for Analysis of the Medicare Current Beneficiary Survey (MCBS) Across Time,"
   Proceedings of the Section on Survey Research Methods, American Statistical Association, 1997.

   Reviews statistical issues and methods involved in using MCBS data to analyze change over time.
   ( 108KB )
- R. S. Stafford and P. L. Cyr, "The Impact of Cancer on the Physical Function of the Elderly and Their Utilization of Health Care," <u>Cancer</u>, Vol. 80, No. 10 (November 15, 1997): 1973-1980.
  1991 MCBS data are used to identify the independent predictors of functional limitation, poor health status, health care utilization, and patient satisfaction with medical care. Cancer increased the use of health care resources and modestly reduced physical function.
- Sally Trude, and David C. Colby, "Monitoring the Impact of the Medicare Fee Schedule on Access to Care for Vulnerable Populations," <u>Journal of Health Politics, Policy and Law, Vol. 22, No. 1 (February 1997): 49-71.</u>
  Evaluates the results of implementing the Medicare Fee Schedule. Key outcome variables are utilization rates and access for vulnerable subpopulations. Found increases in use in areas with fee decreases and reductions in areas with fee increases, but no differential impact on vulnerable beneficiaries.