

Estimating the Cost and Utilization of Wrap-Around Coverage for Employed and Potentially Employed People with Disabilities

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***Mathematica Policy Research*

Disability Research Consortium Annual Meeting
August 5, 2015

Background

- Health care services and related supports can play a critical role in helping people with disabilities to work
 - DME, PAS, PT/OT, mental health, medications
- Some employed persons with disabilities have health care services and related support needs that are not generally covered by health insurance
 - For the most part, Affordable Care Act does not change this
- “Wrap-around” coverage (or other policy) options may be a viable solution and support employment among people with disabilities
 - Coverage for services not covered by primary insurance

Study Goals

- Estimate the wraparound cost and utilization of *employment-supportive healthcare services* among employed and potentially employed people with disabilities
 - Using example from Massachusetts (MA)
 - MA implemented health reform in 2006 (similar policy to ACA) and has a low rate of uninsurance
- Inform policy development

Methods

- Case study of CommonHealth Working (CHW)
 - Massachusetts Medicaid Buy-In Program
 - Uses disability standard similar to SSA
 - Requires employment of 40 hours per month
 - No income or asset limit
 - Members “buy-in” through income adjusted premium
 - Majority of participants use CHW as wraparound coverage
 - Coverage is comparable to standard MA Medicaid
- Use CommonHealth administrative claims and eligibility data
 - Fee-for-service claims data

Study Sample

- Included 15,388 people with disabilities enrolled in CommonHealth Working in 2012
 - Ages 21 to 64
 - Used CHW as secondary, wraparound coverage
- Primary insurance coverage
 - Medicare 84%
 - Private Insurance 9%
 - Medicare and private insurance 8%

Analysis

- Monthly analysis to handle time-varying attributes
- Attributes from eligibility data: primary insurance type, age, gender, monthly earnings, monthly OASDI, family income (federal poverty level - FPL)
- Cost and utilization measures: total cost, per-member-per-month, per-user-per-month, unduplicated counts of service users
- Classification of claims into service categories using procedure codes and service provider types

Results: Participant Characteristics

Characteristics	All (n=15,338)	Medicare (n=12,950)	Private (n=1,433)	Both (n=1,195)
Gender (male)	48%	48%	49%	49%
Age 50 to 64	62%	64%	60%	49%
Earnings \geq \$2,000 per month	9%	5%	47%	18%
OASDI Income	88%	95%	31%	86%
OASDI \geq \$1,400 per month	32%	32%	46%	32%
300% FPL or more	15%	10%	42%	30%

Data Source: CHW administrative data

Results: Costs by Service Category

Service Category	Total Cost (Million \$)	Cost Per User Per Month (\$)	Unduplicated Users (%)
Community-Based Services and Supports (Non-Mental Health)	30.0	1,957	10.7
Behavioral Health (includes Community-Based Mental Health)	10.0	170	41.3
Inpatient and Outpatient Services (Non-Behavioral Health)	4.9	58	58.4
Professional Services	2.7	27	69.6
Pharmacy	1.9	22	61.7
Other	1.9	36	35.8
Non-Emergency Transportation	1.4	122	8.2
Durable Medical Equipment and Medical Supplies	1.4	49	18.2
Dental	1.1	24	30.2
Total	55.4	448	90.1

Data Source: CHW administrative data

Results: Community-Based Services and Supports*

Service Category	Total Cost (Million \$)	Cost Per Member Per Month (\$)	Cost Per User Per Month (\$)	Unduplicated Users (%)
Personal Assistant Services	20.8	160	2,260	6.4
Home and Day Health	5.4	42	1,224	3.1
Adult Foster Care	3.2	25	1,310	1.7
Day Habitation	0.5	4	814	0.5
Total	30.0	231	1,957	10.7

Data Source: CHW administrative data

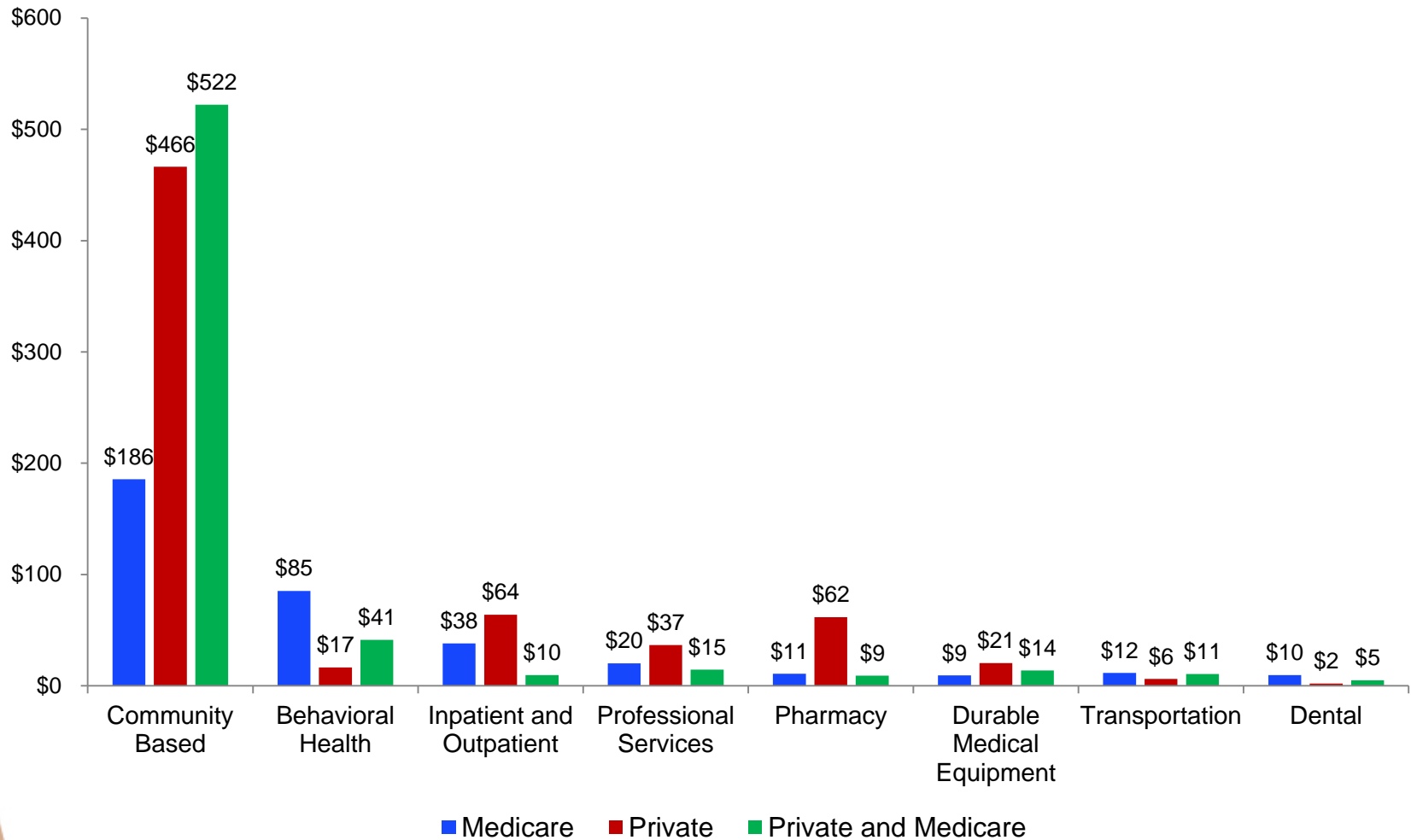
*non-mental health services

Results: Behavioral Health Services

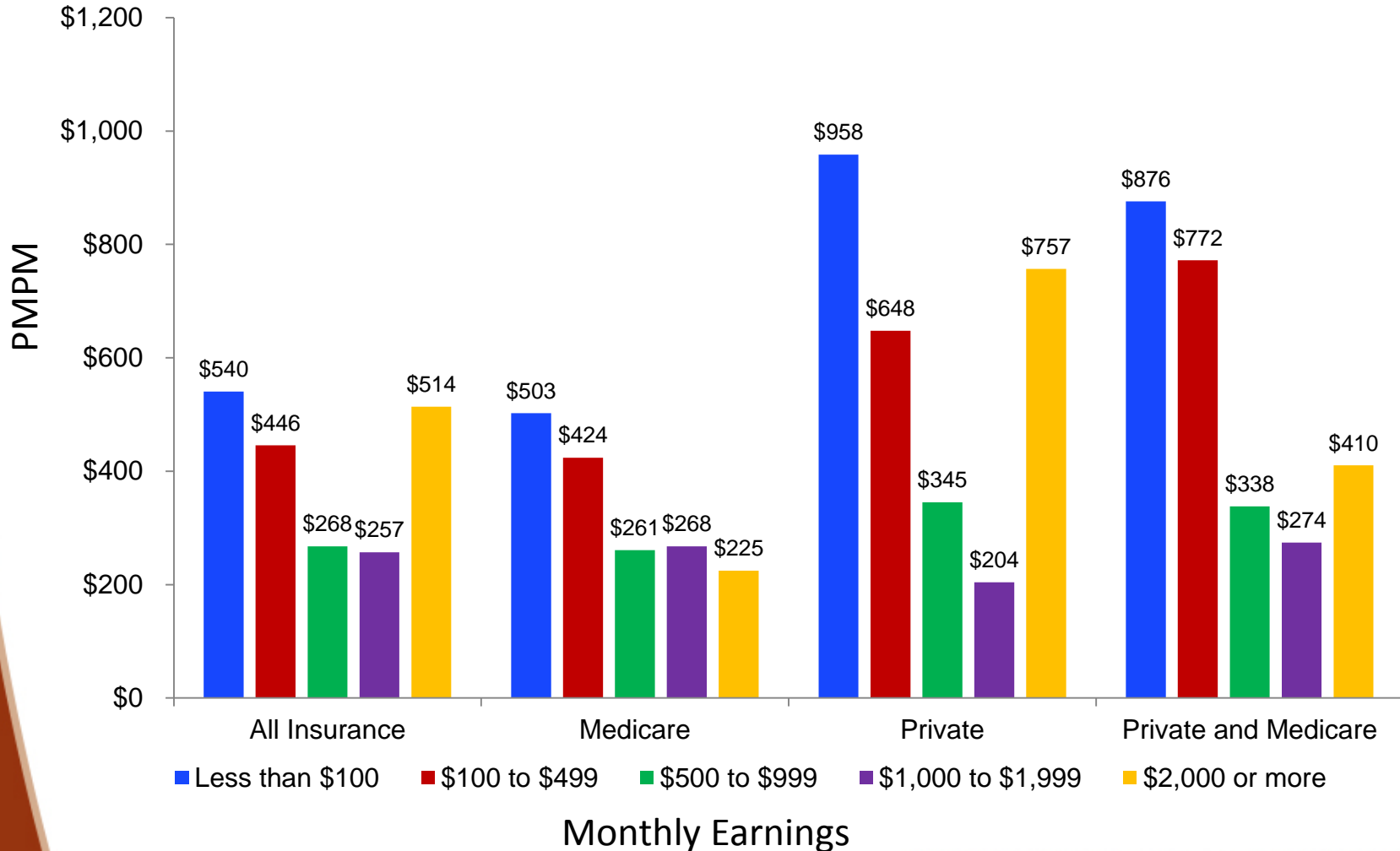
Service Category	Total Cost (Million \$)	Cost Per Member Per Month (\$)	Cost Per User Per Month (\$)	Unduplicated Users (%)
Community-Based Mental Health	5.0	38	444	7.8
Psychiatric Treatment	4.2	33	78	37.7
Substance Abuse	0.8	6	256	2.2
Total	10	77	170	41.3

Data Source: CHW administrative data

Results: PMPM Cost by Service and Insurance Type



Results: PMPM Cost by Insurance Type and Monthly Earnings



Summary

- The majority of the sample had primary insurance coverage from Medicare and had earnings below \$2,000 per month.
- Wraparound expenditures averaged \$427 PMPM
- Highest expenditures were for services generally not covered by private insurance or Medicare
 - Non-mental health community-based services, \$231 PMPM
 - Mental health community-based services, \$38 PMPM
- A relatively low proportion of members used community-based services
 - Non-mental health community-based services, 11%
 - Mental health community-based services, 7.8%
- Sample members incurred additional expenditures for services generally covered by primary insurance
- Cost and utilization variation across insurance types and employment levels

Limitations

- Only includes services covered by CHW
- Estimates do not reflect persons who:
 - Do not meet CHW eligibility requirements
 - Have access barriers
 - Choose to not participate in CHW
- Does not include persons with private marketplace-based coverage
- Massachusetts results may not represent other states

Next Steps

- Employment-Related Health Insurance Needs Survey (EHINS)
 - “Follow-up” to the 2014 MA Behavioral Risk Factor Surveillance System (BRFSS)
 - Analysis in progress
 - Statewide estimates of characteristics, service use and needs
- Assessment of policy options for program components
 - Eligibility (employment requirement, disability definition, income limits, asset limits)
 - Covered services (medically necessary, disability related)
 - Member cost sharing (premiums, co-pays, co-insurance, deductibles, maximum out-of-pocket)
 - Subsidy mechanism (federal tax credits, federal match, block grant)
 - Subsidy levels
 - Program administration (federal, state, shared federal/state, marketplace, other)
 - Plan administration (public, private)

Funding Statement

The research reported herein was performed pursuant to a grant from the U.S. Social Security Administration (SSA) funded as part of the Disability Research Consortium . The opinions and conclusions expressed are solely those of the author(s) and do not represent the opinions or policy of SSA or any agency of the Federal Government. Neither the United States Government nor any agency thereof, nor any of their employees, makes any warranty, expressed or implied, or assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of the contents of this report. Reference herein to any specific commercial product, process, or service by trade name, trademark, manufacturer, or otherwise does not necessarily constitute or imply endorsement, recommendation or favoring by the United States Government or any agency thereof.

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