

Evaluation of Auto-Assignment of SSI Medicaid Enrollees into Managed Care

Office of Quality and Patient Safety
Bureau of Health Informatics
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Overview

- Methods
- Defining the Cohorts for Study
- Quality of Care Comparison Post Enrollment into Medicaid Managed Care (MMC)
- Pre/Post Enrollment Utilization
- Conclusions
- Limitations

Two Cohorts for Study

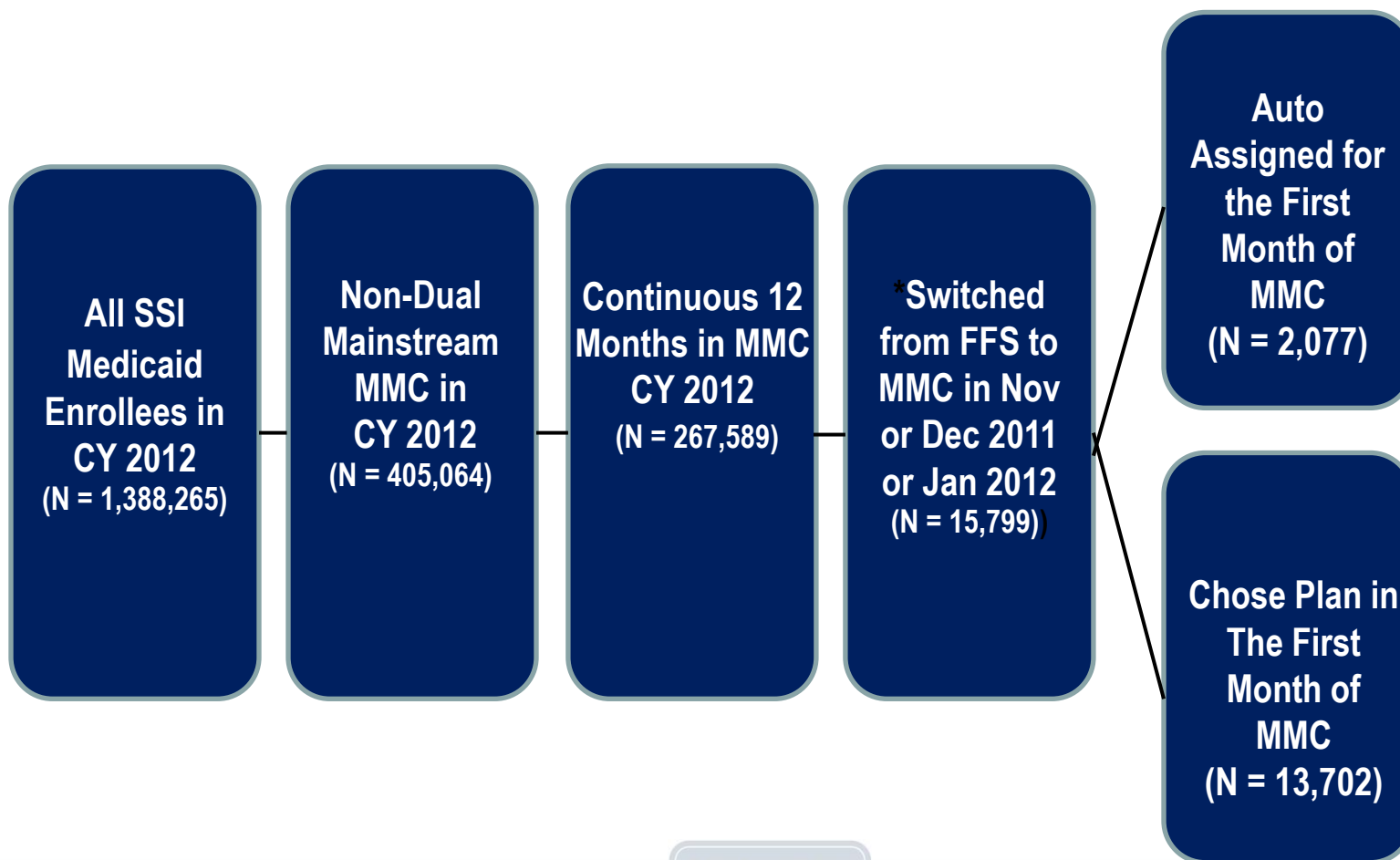
Cohort 1: Quality of Care Comparison

- Examine differences in quality of care for SSI enrollees who switched from Fee-for-Service (FFS) to MMC based on auto-assignment status.

Cohort 2: Pre/Post Utilization Comparison

- Examine differences in FFS and MMC utilization before and after enrollment between auto-assigned SSI enrollees and those who chose a health plan.

Cohort 1 Definition



Cohort 1 Demographics

Demographic	Levels	% Auto	% Chose
Age (Years)	0 to 9	8.0%	8.6%
	10 to 17	11.1%	9.1%
	18 to 44	32.6%	23.2%
	45 to 64	44.3%	43.5%
	65 +	3.9%	15.6%
Gender	Male	58.5%	50.2%
	Female	41.5%	49.8%
Race	White	33.6%	28.5%
	Non-White	66.4%	71.5%
Region	NYC	40.3%	59.9%
	Rest of State	59.7%	40.1%
Utilization Status	Non Utilizer	26.4%	12.7%
	Utilizer	73.6%	87.3%

Cohort 1 Propensity Score Match

- To ensure a valid comparison of QARR metrics a 1:2 propensity score matching algorithm was conducted (one auto-assignee to two choosers).
- Matching Variables Used:
 - Age: 0 to 20; 21+ years old
 - Region: NYC; Non-NYC
 - Race: Black; Non-Black
 - Health Status (Clinical Risk Group) :1- Healthy/Acute; 2- Single Minor/Minor/Single/Pairs chronic/Triple Chronic; 3- Malignancy/Catastrophic

Cohort 1 QARR Measures

Ace Inhibitors Monitored
Digoxin Monitored
Diuretics Monitored
Anticonvulsants Monitored
Management of Anti-Depressants-Acute Phase
Management of Anti-Depressants-Continuation Phase
Follow Up After Hospitalization for Mental Illness – 7 days
Follow Up After Hospitalization for Mental Illness – 30 days
Have Arthritis and on Antirheumatic
Avoidance of Antibiotic Treatment for Adult Acute Bronchitis

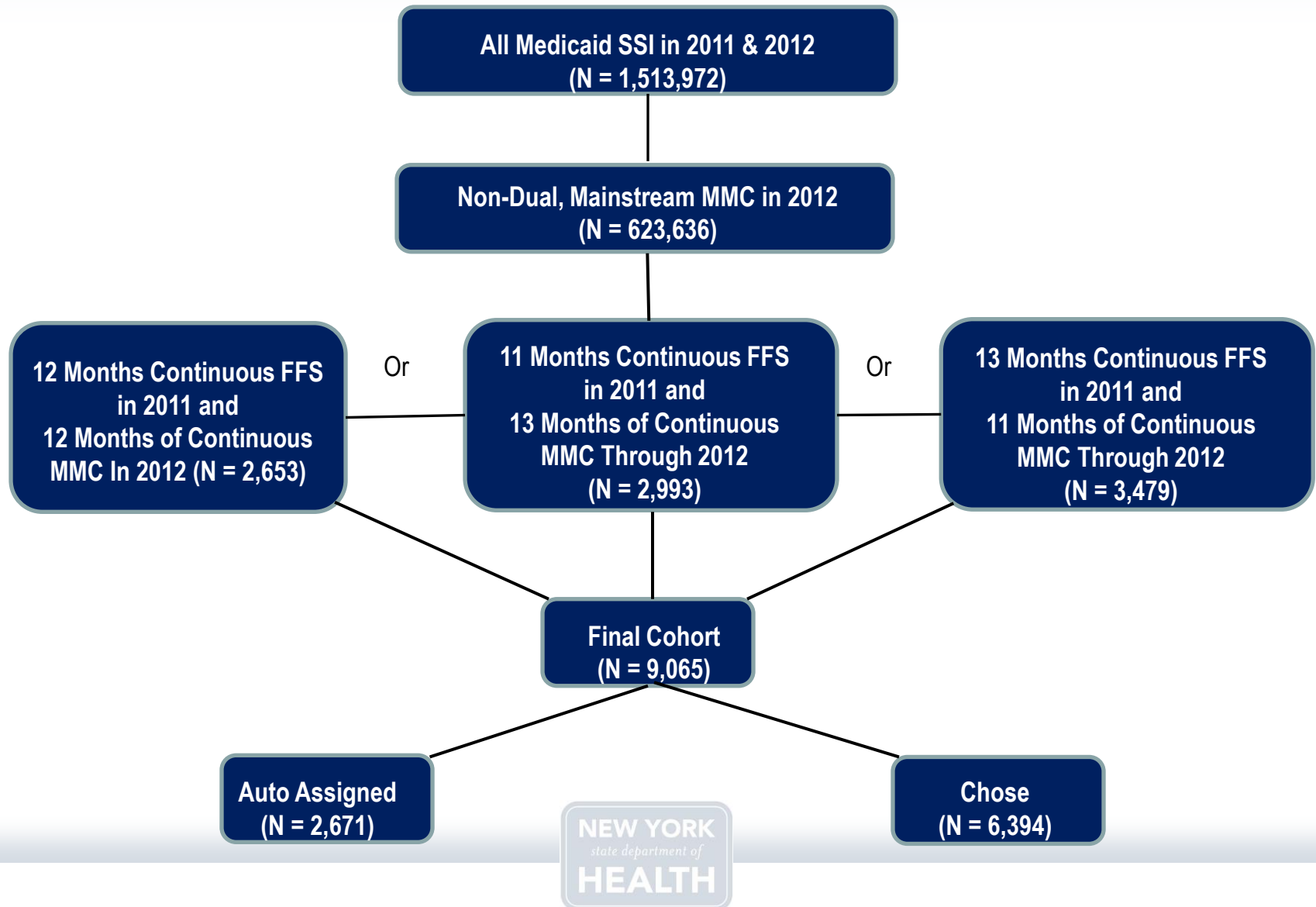
Management of COPD Exacerbation - Steroids
Management of COPD Exacerbation - Bronchodilator
Imaging Studies for Back Pain
Annual Dental Visit for 2-21 y. o.
Appropriate Pharyngitis Test in Children
Appropriate URI Test in Children
Diabetes Monitoring for Schizophrenics
Chlamydia Screen Women 16-20 y. o.
Cervical Cancer Screening
Mammography
HIV/AIDS Viral Load Monitoring
HIV/AIDS Syphilis Screening

From member-level file

Cohort 1 Methods/Results

- Used Fischer's Exact Chi-Square Test to compare proportion of auto-assigned to proportion of those who chose a health plan, with alpha level of 0.05
- All but two 2012 QARR measures showed no significant difference between those who were auto-assigned and those who chose their MMC plan.
- Two QARR measures were significantly different, with higher percentage for choosers:
 - Annual Dental Visits for 2 to 21 years old:
 - 42% for choosers vs 25 % for auto-assignees
 - Cervical Cancer Screening (women aged 21-64):
 - 39% for choosers vs 31% for auto-assignees

Cohort 2 Definition



Cohort 2 Demographics

Demographic	Level	% Auto	% Chose
Age (Years)	0 to 9	6.3%	6.3%
	10 to 17	11.1%	9.8%
	18 to 44	31.5%	27.6%
	45 to 64	49.4%	54.7%
	65 +	1.8%	1.6%
Gender	Male	58.7%	50.7%
	Female	41.3%	49.3%
Race	White	32.0%	28.5%
	Non-White	68.0%	71.5%
Region	NYC	48.3%	66.3%
	Rest of State	51.7%	33.7%
Utilization Status	Non Utilizer	29.7%	13.4%
	Utilizer	70.3%	86.6%

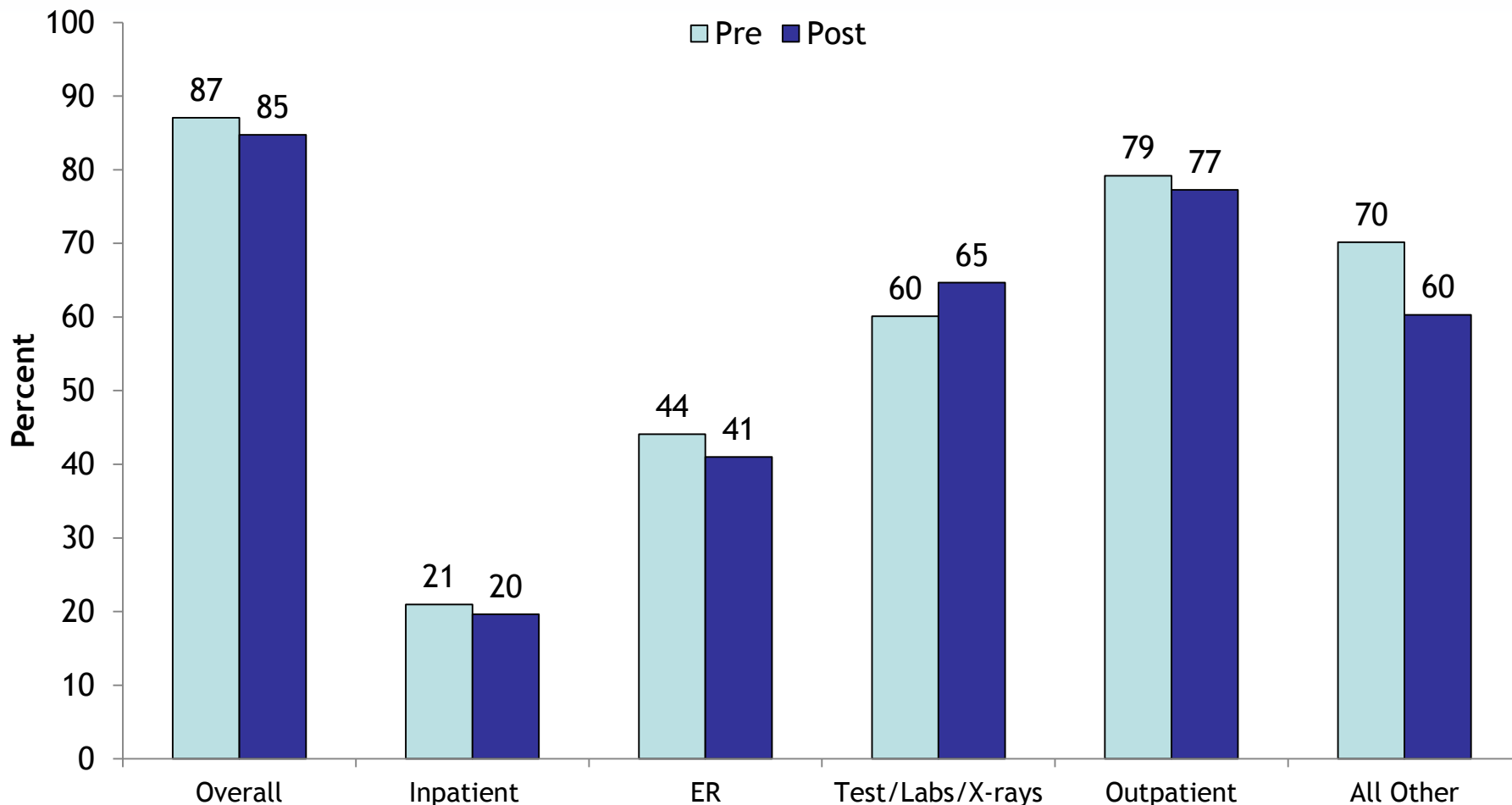
Cohort 2 Methods

- Medicaid enrollees were compared to themselves over time based on whether they auto-assigned: FFS (pre) vs MMC (post).
- Examined proportion of utilizers (enrollees with at least one claim) vs. non utilizers during time in FFS and time in MMC using chi-square ($\alpha = 0.05$).
- Examined per member per year (PMPY) utilization by category of service for time in FFS and time in MMC by auto-assignment status.
 - T-test used to compare means from FFS vs means from MMC time periods ($\alpha = 0.05$).

Cohort 2 Methods

- Category of Service Groups analyzed:
 1. Inpatient and Nursing Home
 2. Emergency Room
 3. Pharmacy and Durable Medical Equipment (DME)
 4. Diagnostic Testing / Laboratory / Radiology
 5. Outpatient Visits
 6. All Other
 - includes: behavioral health, dental, hospice, & transportation

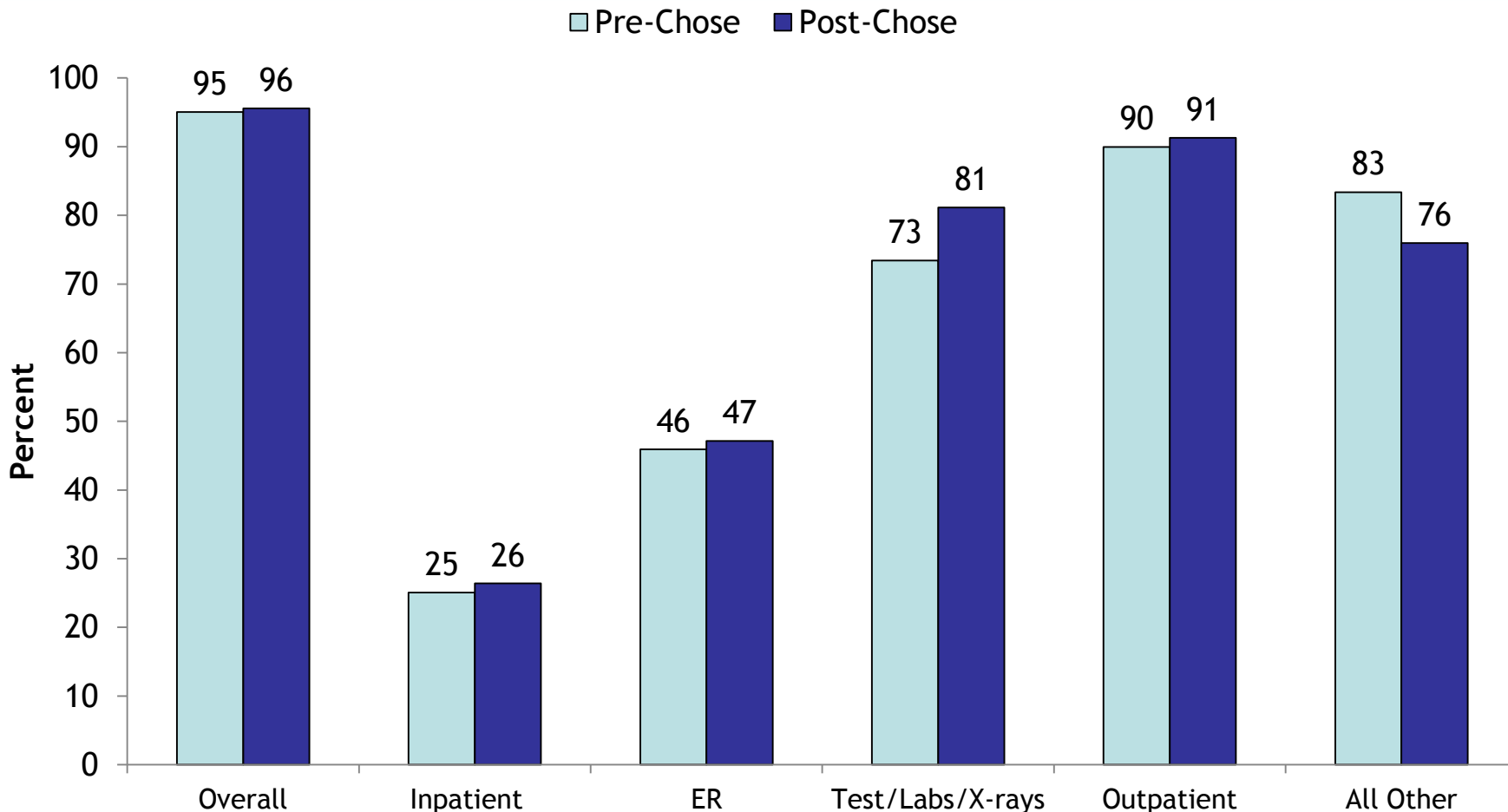
Proportion of Enrollees in Cohort 2* Who Utilized Services, Among Those Who Were Auto Assigned



*Cohort 2: 12 months in FFS in 2011 and 12 months in MMC in 2012, or 11 months in FFS in 2011 and 13 months in MMC through 2012, or 13 months in FFS in 2012 and 11 months in MMC through 2012.

Note: "All Other" includes behavioral health, dental, hospice, and transportation.

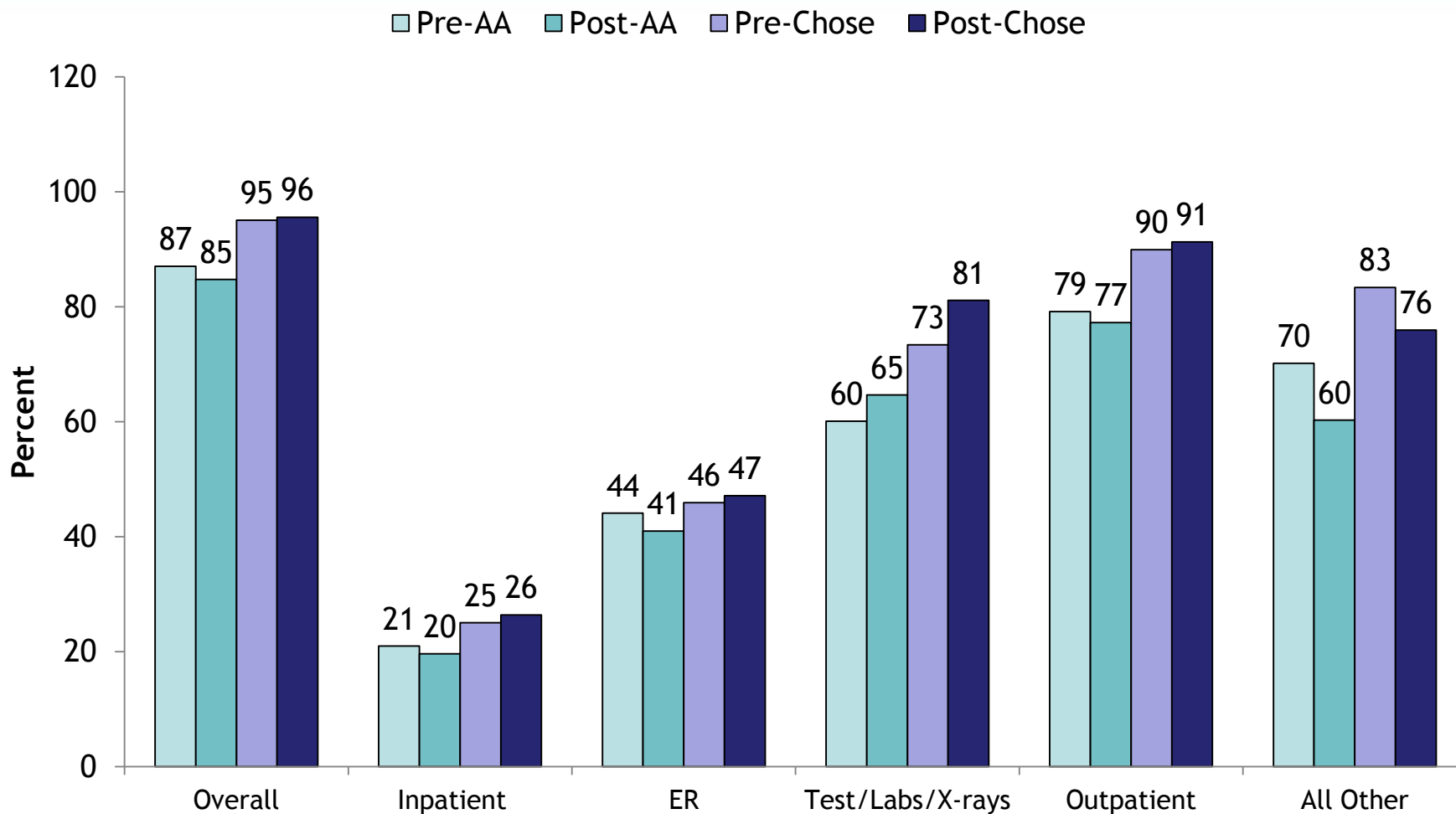
Proportion of Enrollees in Cohort 2* Who Utilized Services, Among Those Who Chose Their MMC Plan



*Cohort 2: 12 months in FFS in 2011 and 12 months in MMC in 2012, or 11 months in FFS in 2011 and 13 months in MMC through 2012, or 13 months in FFS in 2012 and 11 months in MMC through 2012.

Note: "All Other" includes behavioral health, dental, hospice, and transportation.

Proportion of Enrollees in Cohort 2* Who Utilized Services, by Auto-Assignment Status and Managed Care Status



*Cohort 2: 12 months in FFS in 2011 and 12 months in MMC in 2012, or 11 months in FFS in 2011 and 13 months in MMC through 2012, or 13 months in FFS in 2012 and 11 months in MMC through 2012.

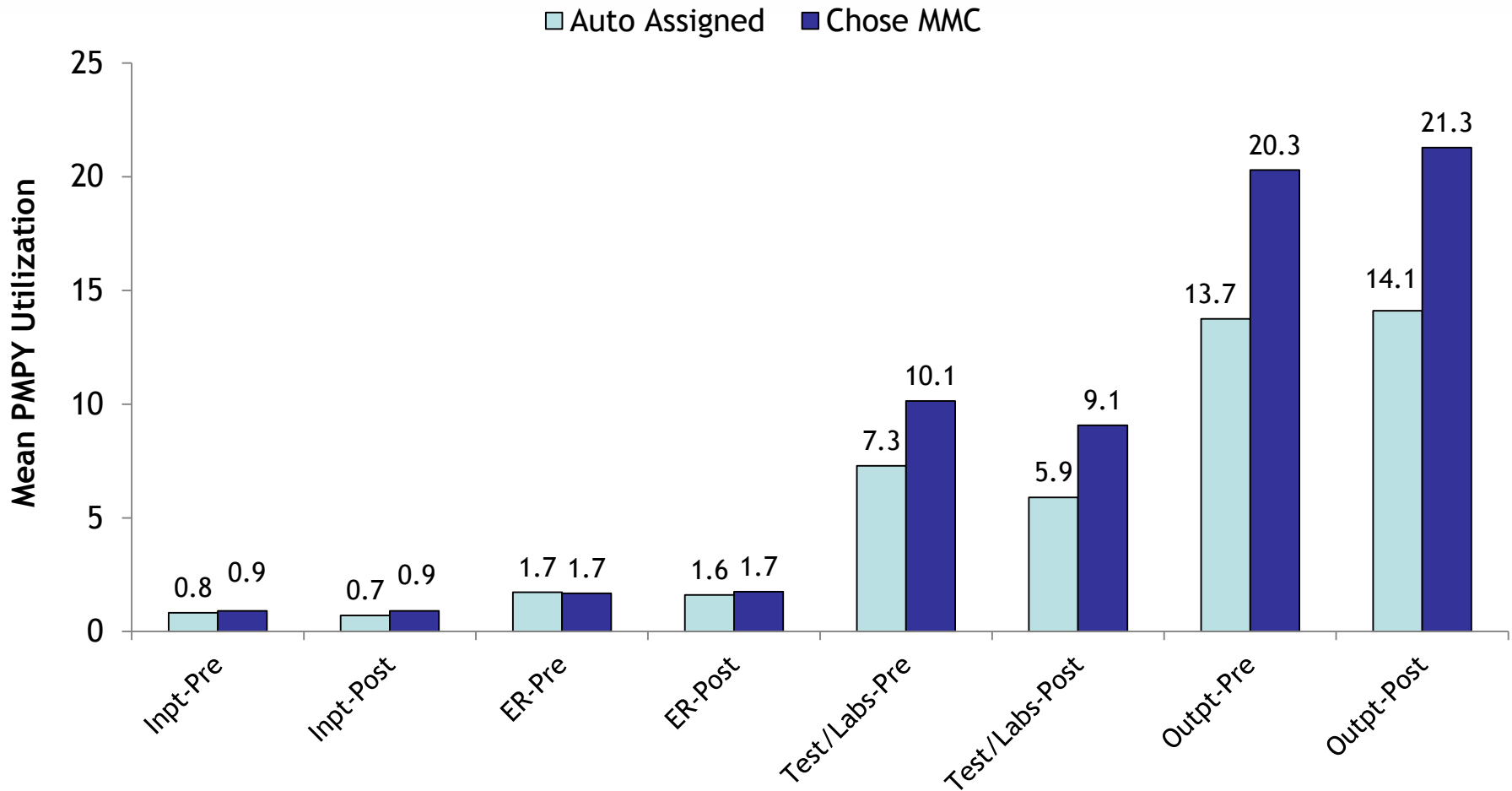
Note: "All Other" includes behavioral health, dental, hospice, and transportation.

Cohort 2 Results

- Among those who chose a health plan there was a higher proportion of utilizers during the time in FFS and the time in MMC.
- Emergency Room Visits:
During the MMC months, choosers were more likely to be utilizers compared to those who were auto-assigned. During the FFS months there was no significant difference between choosers and auto assigned.

ER utilization results should be interpreted with caution.

Mean PMPY Utilization of Enrollees in Cohort 2*, by Auto-Assignment Status and Managed Care Status



*Cohort two: 12 months in FFS in 2011 and 12 months in MMC in 2012, or 11 months in FFS in 2011 and 13 months in MMC through 2012, or 13 months in FFS in 2012 and 11 months in MMC through 2012

Note: PMPM were normalized to PMPY for presentation in chart

Cohort 2 Results

- Overall there was no significant difference between utilization during FFS and MMC time periods for both auto-assigned and choosers.
 - The same holds true for Inpatient, Emergency Room, and Pharmacy/DME claims.
- The mean PMPY utilization changed in the same direction for both the auto-assigned and those who chose a health plan for most of the service groups.
- The mean PMPY decreased significantly for both auto-assigned and choosers for Diagnostic Testing / Laboratory / Radiology

Cohort 2 Results

- For enrollees who chose their health plan, there was a change in PMPY utilization between FFS and MMC time periods when individual service categories were examined.
 - Significant increase in service utilization among those who chose and a non-significant increase in those who were auto-assigned for:
 - Outpatient Visits
 - All others

Conclusions

- QARR Comparison:
 - No significant difference in quality metrics between auto-assigned and those who chose their MMC health plan
- Pre/Post MMC Enrollment Utilization
 - There was a higher proportion of utilizers among those who chose their health plan regardless of FFS or MMC enrollment
 - Utilization was stable across time in FFS and time in MMC for both choosers and those who were auto-assigned

Limitations

- QARR Comparison
 - Numbers are very low and should be interpreted with caution
- Pre/Post Utilization
 - Differences in reasons a person is auto-assigned or chose a health plan are not analyzed and may affect these results
 - MMC utilization is known to spike in months just after switch from FFS, time period analyzed may not have been sufficient to nullify that spike