

# Medicare and Medicaid Cost and Utilization for Medicare and Medicaid Enrollees with Schizophrenia

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## INTRODUCTION

Medicare and Medicaid cost and utilization is higher for individuals identified as having a physical or mental health condition, compared to those without any chronic conditions. Linkage of Medicare and Medicaid data allows for accurate evaluation of costs and utilization for Medicare-Medicaid enrollees.

Combined Medicare and Medicaid data available in the Medicare-Medicaid Linked Enrollee analytic Data Source (MMLEADS) from the Chronic Condition Data Warehouse (CCW), allows for research of physical, mental health and disability related conditions; eligibility; enrollment; cost and utilization of individuals enrolled in either Medicare or Medicaid. MMLEADS is a suite of annual person-level and service-level analytic files designed to serve as a tool for improving the care for Medicare and Medicaid enrollees. A conditions data file provides information for the 27 CCW conditions, 9 mental health and tobacco conditions, and 14 disability related conditions developed specifically to enhance research of Medicare-Medicaid enrollees.

The objective was to highlight some key features of this new data product, and use the data to evaluate cost and utilization for Medicare-Medicaid enrollees identified as having schizophrenia compared to individuals without the condition. It also enables comparisons to individuals who only receive Medicare coverage and the subset of individuals who only receive Medicaid coverage due to disability.

## METHODS

**Study Design:** The 2009 MMLEADS was used for identification of individuals with schizophrenia, classification of Medicare-Medicaid eligibility (MME type), and calculation of cost and utilization statistics. Analyses were limited to individuals identified as either fee for service (FFS) Medicare or Medicaid due to the unavailability of managed care data in the MMLEADS.

**Population:** Total of 54,719,235 unique individuals

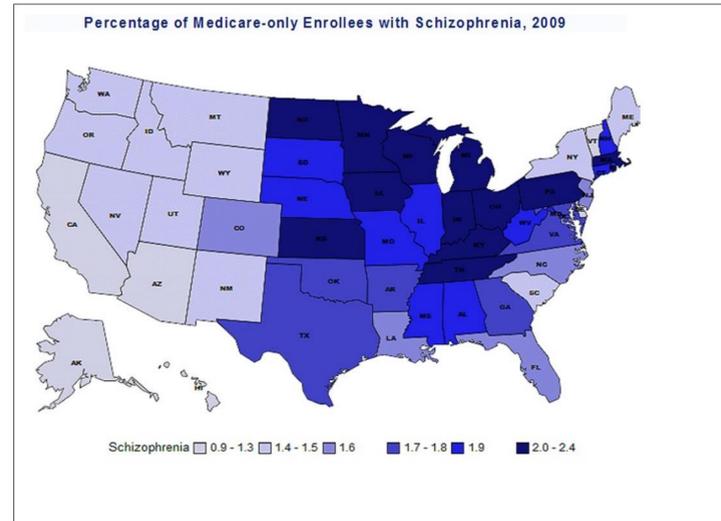
- 1,009,643 Qualified Medicare beneficiary(QMB)-only Medicare-Medicaid enrollees
- 1,229,977 Partial benefit Medicare-Medicaid enrollees
- 7,038,540 Full benefit Medicare-Medicaid enrollees
- 39,644,146 Medicare-only enrollees
- 5,796,929 Medicaid-only with disability enrollees

**Definition of Schizophrenia:** 2 years of claims were examined for the presence of one inpatient or 2 outpatient claims with relevant ICD-9 diagnosis codes (ccwdata.org)

Table 1: Medicare and Medicaid Enrollees with Schizophrenia, 2009

| Medicare-Medicaid Eligibility Type | Count of FFS Enrollees With Schizophrenia | Percent of FFS Enrollees |
|------------------------------------|---|--------------------------|
| Medicaid-Only with Disability      | 92,778                                    | 8.7%                     |
| Medicare-Only                      | 420,802                                   | 1.7%                     |
| QMB-Only Medicare-Medicaid         | 48,470                                    | 6.9%                     |
| Partial Benefit Medicare-Medicaid  | 39,856                                    | 5.5%                     |
| Full Benefit Medicare-Medicaid     | 686,380                                   | 13.6%                    |

Figure 1: Medicare-Only Enrollees Prevalence by State



## RESULTS

States with the highest prevalence of schizophrenia in Medicare-only enrollees included North Dakota (2.38%), Minnesota (2.36%), Indiana (2.25%), Kentucky (2.23%), and Ohio (2.21%).

States with the highest prevalence of schizophrenia in full benefit Medicare-Medicaid enrollees included Indiana (20.8%), Minnesota (20.7%), New Hampshire (20.6%), Connecticut (18.9%), and Ohio (18.5%).

Figure 2: Medicare-Medicaid Full Benefit Enrollees Prevalence by State

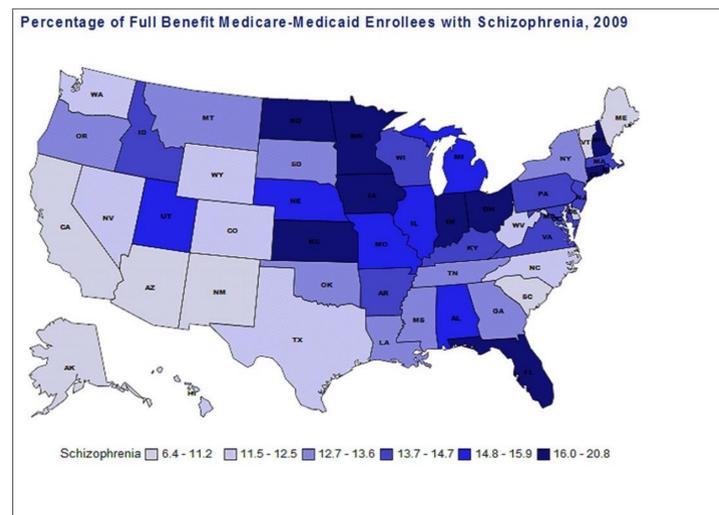


Table 2: Per Member Per Month Medicare and Medicaid Payments, 2009

| Medicare-Medicaid Eligibility Type         | Schizophrenia                                     | Without Schizophrenia                             |
|--|---|---|
| Medicaid-only with disability              | \$4,139   | \$2,079   |
| Medicare-only                              | \$2,455   | \$718   |
| QMB-only Medicare-Medicaid eligible        | \$2,039 = \$123 (Medicaid) + \$1,916 (Medicare)   | \$1,276 = \$96 (Medicaid) + \$1,180 (Medicare)    |
| Partial benefit Medicare-Medicaid eligible | \$1,947 = \$40 (Medicaid) + \$1,907 (Medicare)    | \$1,141 = \$17 (Medicaid) + \$1,124 (Medicare)    |
| Full benefit Medicare-Medicaid eligible    | \$4,838 = \$2,362 (Medicaid) + \$2,476 (Medicare) | \$2,941 = \$1,387 (Medicaid) + \$1,554 (Medicare) |

## RESULTS

Full benefit Medicare-Medicaid enrollees with schizophrenia have total monthly payments of \$4,838 compared to \$4,139 for Medicaid-only and \$2,455 for Medicaid-only enrollees (Table 2).

Acute hospital 30-day readmission rates were higher for enrollees with schizophrenia for each Medicare-Medicaid eligibility type. The difference in rates between those with and without schizophrenia was 9% for Medicare-only enrollees (Figure 3).

Use of prescription drugs was much higher for enrollees with schizophrenia for each of the eligibility types (Figure 4).

Medicaid-only with disability enrollees with schizophrenia had approximately twice the number of emergency department (ED) visits as those without schizophrenia. Medicare-only enrollees with schizophrenia had nearly four times the number of ED visits as those without schizophrenia (Table 3).

Figure 3: 30-day Readmission Rates by Medicare-Medicaid Eligibility and Presence of Schizophrenia

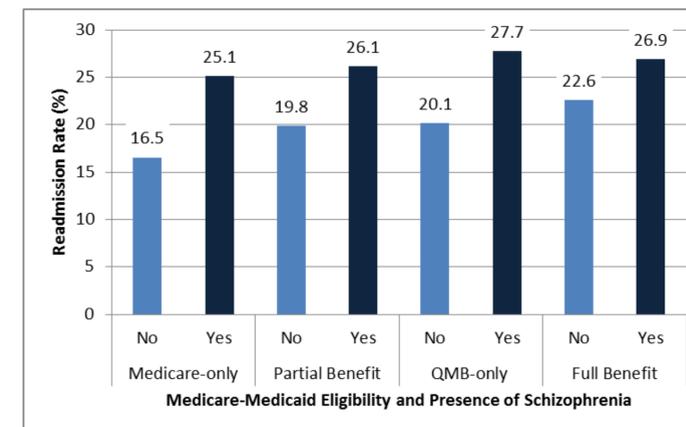
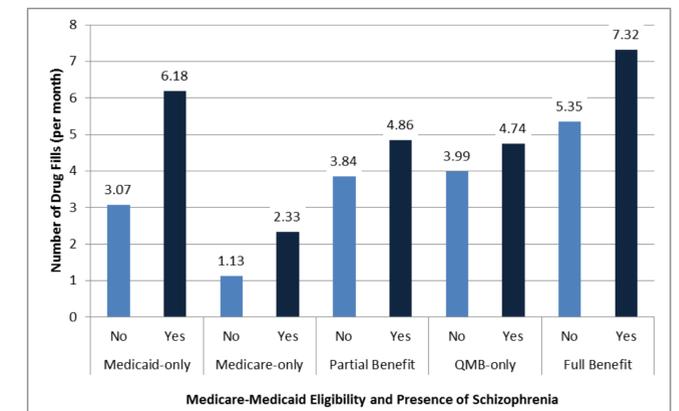


Figure 4: Per Member Per Month Drug Utilization by Medicare-Medicaid Eligibility and Presence of Schizophrenia



## CONCLUSIONS

The use of the MMLEADS allows for efficient analysis of Medicare and Medicaid cost and utilization for individuals with mental health conditions. These individuals have high cost and utilization compared to individuals with similar eligibility without a mental health condition. A biased understanding of utilization Medicare-Medicaid enrollees is obtained if using only Medicare or Medicaid data. Examination of high-cost or high-use conditions for Medicare and Medicaid enrollees should consider data from both programs to obtain a complete and accurate assessment.

Table 3: Emergency Department Visits (per 1,000 enrollees), 2009

| Medicare-Medicaid Eligibility Type         | Schizophrenia | Without Schizophrenia |
|--|---------------|-----------------------|
| Medicaid-only with disability              | 1,533         | 801                   |
| Medicare-only                              | 1,898         | 477                   |
| QMB-only Medicare-Medicaid eligible        | 2,079         | 1,072                 |
| Partial benefit Medicare-Medicaid eligible | 1,890         | 910                   |
| Full benefit Medicare-Medicaid eligible    | 1,940         | 1,142                 |

## IMPLICATIONS

Interventions designed to reconfigure care for people with mental health conditions may reduce hospital admissions and reduce cost. It is essential to have accurate and complete data regarding service use and cost to aide in decision-making.