Impact of Dual-Eligible Special Need Plan Regulations on Care Utilization

Kimberly Narain, MD, PhD, MPH^{1,3}, Jessica Harwood, MS¹, Kenrik Duru, MD, MSHS¹, Carol Mangione, MD, MSPH^{1,2}, Susan Ettner, PhD^{1,2}

- 1. Division of General Internal Medicine and Health Services Research, Department of Medicine, David Geffen School of Medicine, University of California Los Angeles
- 2. Department of Health Policy and Management, Fielding School of Public Health, University of California Los Angeles
 - 3. Center for Health Advancement, Fielding School of Public Health, University of California Los Angeles

Timeline of Public Insurance for the Low Income Elderly

1960

Kerr-Mills Act 1965

Medicare

&

Medicaid

2003

Dual-Eligible
Special Needs
Plans (D-SNPs)
Authorized

2012

D-SNPs need

1. State contracts

2. NCQA Approval

Conceptual Model for the Potential Impact of Impact of D-SNP Regulations on Health Care Utilization

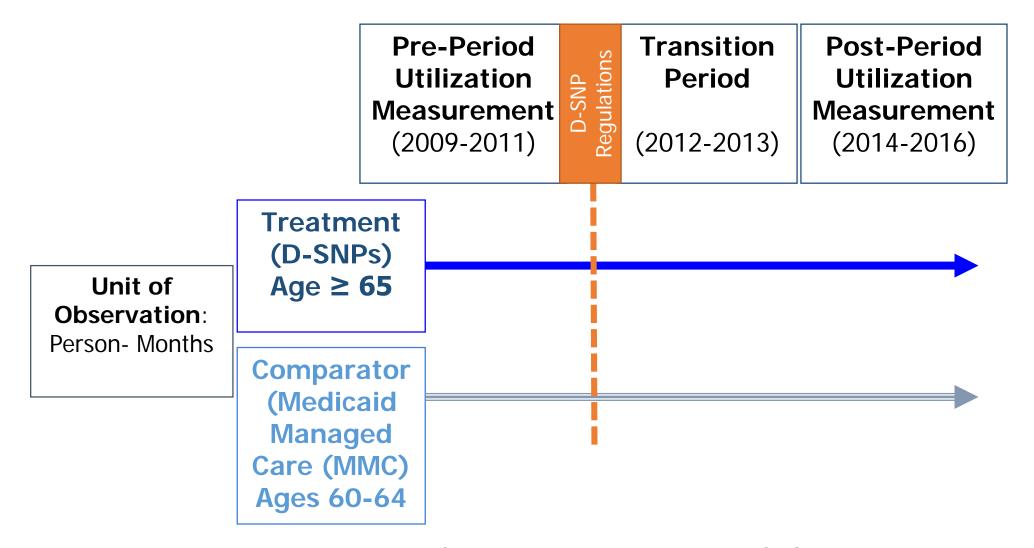


Research Objectives

 To determine the impact of D-SNP regulations on emergency room visits and hospitalizations

To determine if there is variation in effects by racial group (white vs. black)

Study Design: Multiple Interrupted Time Series



D-SNP Regulations impact=(D-SNP_{Post}-DSNP_{Pre})-(MMC_{Post}-MMC_{Pre})

Data Source & Primary Predictors

• **Data Source:** Beneficiary eligibility/demographic data and medical claims from a convenience sample of 3 states (Arizona, New Jersey, Tennessee), from one of the largest insurers in the U.S.

Primary Predictors:

- Variable that captures immediate change in utilization due to D-SNP regulations (level change)
- Variable that captures gradual change in utilization over time due to D-SNP regulations (slope change)

Outcomes

Outcomes: person-months

• Emergency room visit: An indicator coded as "1" if any emergency room visits in a given month

• **Hospitalization**: An indicator coded as "1" if any hospitalization days in a given month

Covariates

- Demographics-Gender, Age & Race (total population models)
- Physical Health-Hypertension, Hyperlipidemia, Diabetes, Heart Attack, Congestive Heart Failure, Stroke, Atrial Fibrillation, Chronic Kidney Disease, COPD, Asthma, Liver Disease, Cancer, HIV & Arthritis, Supplemental Security Income
- Cognitive/Behavioral Health-Dementia, Depression, Schizophrenia & Substance Abuse

Statistical Analysis

• Statistical Model: Linear Regression models used with dichotomous outcomes (Linear Probability Models) with standard errors adjusted for within person clustering of months

 Models run for the entire population and separately for each racial group (black and white)

Demographic and Clinical Characteristics of D-SNP and Medicaid Managed Care Enrollees, Averaged Over the Pre-Period (2009-2011)

	D-SNP	Medicaid Managed Care	
Person-months	246,709	343,229	
Mean (IQR) or N (%)			
Black	4,864(13)	33,220 (35)	
Age	73(67-77)	62 (61-63)	
Female	25,407(70)	53,766 (56)	
Comorbidity count	0.8 (0,1)	0.9 (0,1)	
Any ER visit	1,208 (3.3)	5,486 (5.7)	
Any Hospitalization	730(2.0)	2,663 (2.8)	

Change in Predicted Utilization for D-SNP vs. Medicaid Managed Care Enrollees at Midpoint of Post Implementation Period (July, 2015)

	D-SNP	Medicaid Managed Care			
Outcomes	Post-Pre Difference	Post-Pre Difference	D-SNP Regulation Effects		
	Α	В	A-B		
ER Visits (Total)	-0.3%	-0.4%	0.1%		
Hospitalizations (Total)	-1.2%	-1.3%	0.1%		
ER Visits (Whites)	-0.5%	-0.7%	0.2%		
Hospitalizations (Whites)	-2.0%	-1.1%	-0.9%		
ER Visits (Blacks)	0.5%	0.2%	0.3%		
Hospitalizations (Blacks)	-1.5%	-2.0%	0.5%		
*No statistically significant findings					

Limitations

Comparison Group

D-SNP regulations may have impacted the comparison group (same provider networks)

Data from one insurer

D-SNP regulations may have more benefit among plans with worse baseline performance

Data from 3 states (AZ, TN, NJ)

Blacks concentrated in south central and south eastern states

Conclusion

 No significant impacts of D-SNP regulations when compared to utilization changes among near elderly Medicaid Managed Care beneficiaries

 Need studies using dual-eligibles enrolled in Medicare feefor-service as comparison group

Next Steps

• Examine the impact of D-SNPs on ER visits and hospitalizations, and health status across racial groups, using Medicare Current Beneficiary Survey (MCBS)

MCBS data has several beneficial features for this analysis

- Nationally representative
- Has dual-eligibles enrolled in fee-for-service Medicare and D-SNPs
- Several measures of health status

Acknowledgements

Kimberly Narain received support from the University of California, Los Angeles (UCLA), Resource Centers for Minority Aging Research Center for Health Improvement of Minority Elderly (RCMAR/CHIME) under NIH/NIA Grant P30-AG021684, and from the UCLA Clinical and Translational Science Institute (CTSI) under NIH/NCATS Grant Number UL1TR001881. Its contents are solely the responsibility of the authors and do <u>not</u> necessarily represent the official views of the NIH.





Proud sponsor of UCLA RCMAR CHIME

- Funding for symposia and conferences
- CTSI Distinguished Speaker Series
- Clinical and Translational Research Centers

- Core voucher awards
- Biostatistical consults
- Cohort finding
- Library of successful grants

Sign up for the CTSI newsletter ctsinews@mednet.ucla.edu

Thank You!

Contact: knarain@mednet.ucla.edu

Study Population Demographics Stratified by Pre-Post Time Period and Race

	Р	re	Post	
	White	Black	White	Black
N (%) or Mean (Interquartile Range)	18,014 (23.81)	4,864(12.77)	82,676(46.08)	17,890(27.99)
Age	64 (61-64)	63 (61-64)	67(62-70)	64(61-66)
Female	45,786 (60.51)	21,383(56.15)	102,384(57.06)	33,841(52.95)
State of residence				
Arizona	24,048 (31.78)	3,383 (8.88)	93,988 (52.38)	8,034 (12.57)
New Jersey	6,257(8.27)	6,666(17.50)	9,756 (5.44)	13,596 (21.27)
Tennessee	45,365(59.95)	28,035(73.61)	75,676(42.18)	42,280 (66.16)
Medicaid category				
TANF	3,790 (5.01)	1,587(4.17)	12,577 (7.01)	3,512 (5.50)
SSI	53,866 (71.19)	31,633(83.06)	84,167(46.91)	42,508(66.51)
Dually Eligible	18,014(23.81)	4,864(12.77)	82,676(46.08)	17,890 (27.99)
ER visit rate	3,873(5.12)	2,219(5.83)	10,774(6.00)	4,901(7.67)
Hospitalization rate	1,899(2.51)	2,219(5.83)	4,124(2.30)	1,615(2.53)