



Promoting Evidence-Informed Public Health Programs and Policies for Individuals with Disabilities in Delaware Using Medicaid Claims Data



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Background

- People with disabilities are a key driver of Medicaid expenditures with the magnitude of the spending disproportional to the size of the population.
- Nationally, forty-two percent of \$397.6 billion Medicaid spending was incurred by people under age 65 with disabilities who accounted for 15 percent of the total Medicaid enrollees—68.0 million—in Fiscal Year 2011.
- This disproportionate spending highlights the complex health needs of people with disabilities.
- The heterogeneity of the population with disabilities makes it urgent to identify leading health issues and health care utilization by type of disability.
- However, most national health surveys are moving toward the use of disability indicators based on a definition of functional disability. This makes it difficult to identify people with specific types of disabilities and, therefore, their leading health issues and health care use.

Objectives

- To identify Delaware Medicaid enrollees with intellectual and developmental disabilities (IDD) and its subgroups using ICD-9-CM codes.
- To examine leading health issues and health care utilization among those with IDD and its subgroups.
 - Inpatient hospitalization not through emergency department (ED)
 - Inpatient hospitalization through ED
 - Outpatient ED visit

Method

Data Source

- Delaware Medicaid claims data for 2008-2013

Study Sample

- Delaware Medicaid beneficiaries with IDD and its eight mutually exclusive diagnostic groups who were enrolled at least one calendar year (11 out of 12 months of one or more of the study years) (n=6,287)
- Identification method
 - All primary and secondary diagnosis fields from fee-for-service and managed care claims were searched for ICD-9-CM codes.
 - The codes were based on select codes found in the Disability-Related Condition Algorithms available from the Chronic Conditions Data Warehouse of the Centers for Medicare and Medicaid Services.
 - One inpatient encounter or two other service encounters with an IDD diagnosis within the one continuous enrollment period during the study period.

Acknowledgement

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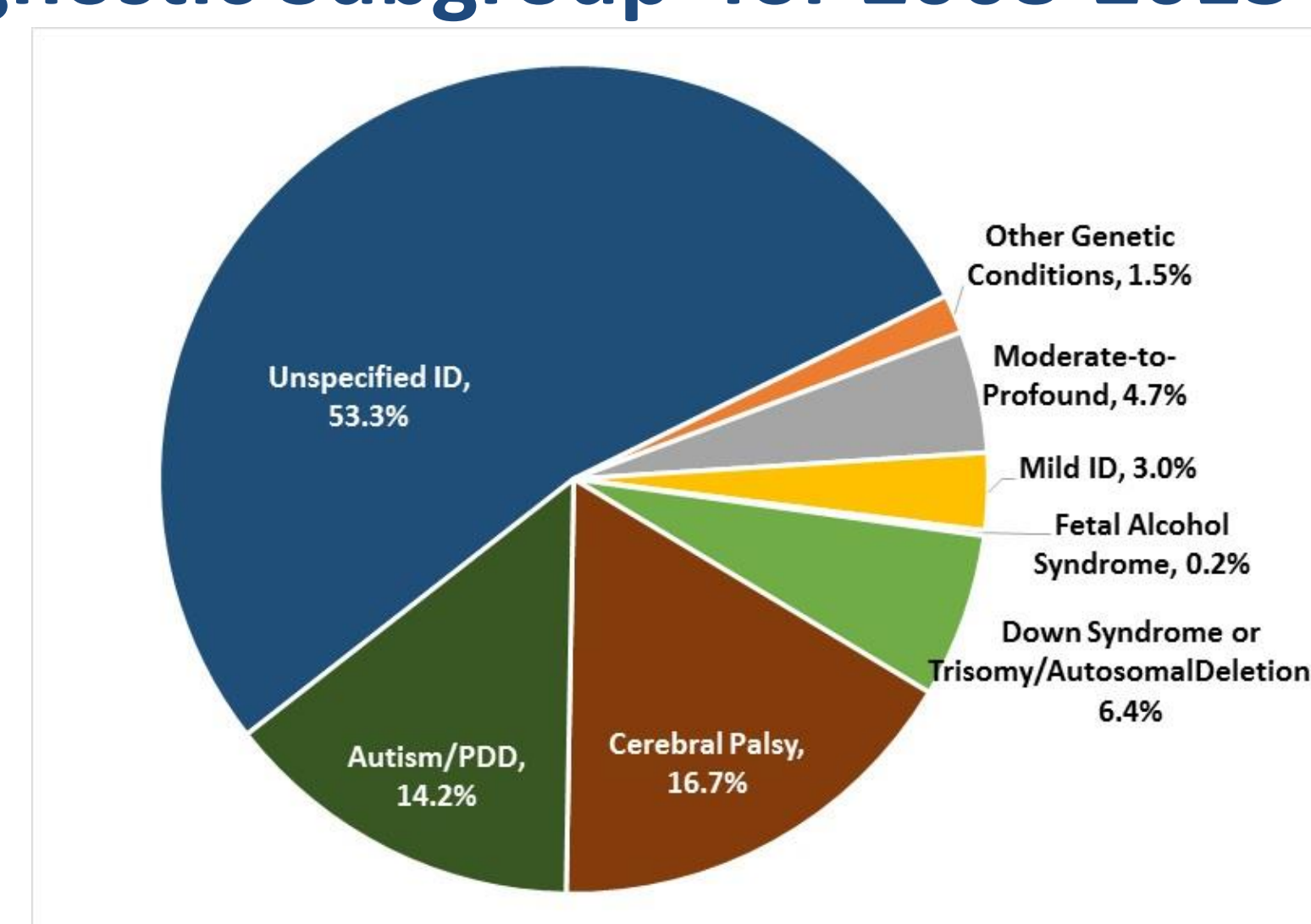
Results

Characteristics of Delaware Medicaid Members with IDD and its Subgroup for 2008-2013 (n=6,287)

Characteristics	All Conditions	Down Syndrome / Trisomy / Autosomal Deletions (DTA)	Other Genetic Conditions	Cerebral Palsy	Autism / PDD	Mild ID	Moderate-to-Profound ID	Unspecified ID
Age								
0-17	61%	72%	63%	53%	74%	9%	15%	65%
18-64	37%		37%	44%			74%	32%
65 and over	3%	28%	0%	3%	26%	91%	11%	2%
Sex								
Male	62%	53%	57%	54%	79%	55%	59%	62%
Female	38%	47%	43%	46%	21%	45%	41%	38%
Missing	0%	0%	0%	0%	0%	0%	0%	0%
Race								
White	55%	67%	66%	61%	61%	66%	65%	48%
Black	33%	23%	22%	30%	27%	31%	30%	37%
Hispanic	10%	7%	n/d	7%	9%	n/d	n/d	13%
Other	2%	2%	n/d	2%	3%	n/d	n/d	1%
Average # of Yrs Enrolled (SD)	5.3 (1.36)	4.8 (1.73)	5.1(1.53)	5.3(1.37)	5.2(1.41)	5.5(1.55)	5.3(1.32)	5.3(1.29)

- n/d=not disclosed due to confidentiality requirements. For age categories, some categories collapsed due to confidentiality.
- Individuals with Fetal Alcohol Syndrome are left out of this table due to confidentiality requirements.

Percentage of Delaware Medicaid Members with IDD by Diagnostic Subgroup for 2008-2013



Health Care Use among Medicaid Members with IDD and its Subgroups for 2012: Average # of Visits

Condition	Adults ≥18			Children <18		
	Inpatient, Non-ED Admit	Inpatient, ED-Admit	Outpatient-ED	Inpatient, Non-ED Admit	Inpatient, ED-Admit	Outpatient-ED
All Conditions	0.14	0.02	0.48	0.31	0.01	0.54
DTA	0.07	0.05	0.63	0.03	0.02	0.64
Other Genetic Conditions	0.45	0.00	0.70	0.02	0.03	0.50
Cerebral Palsy	0.24	0.00	0.59	0.15	0.05	0.84
Autism / PDD	0.08	0.03	0.64	0.02	0.00	0.42
Mild ID	0.44	0.19	1.94	0.00	0.00	0.27
Moderate-to-Profound ID	0.12	0.02	0.60	0.01	0.07	0.64
Unspecified ID	0.06	0.01	0.09	0.08	0.00	0.49

- Individuals with Fetal Alcohol Syndrome are left out of this table due to confidentiality requirements.

Top ICD-9 Diagnosis for both Children and Adults for 2012

Condition	Inpatient, Non-ED Admit		Inpatient, ED Admit		Outpatient-ED	
	Top Diagnosis	% of all diagnoses	Top Diagnosis	% of all diagnoses	Top Diagnosis	% of all diagnoses
All Conditions	Asthma	9.02%	Pneumonia ¹	12.50%	General Symptoms	8.21%
DTA	Pneumonia ¹	11.54%			Suppurative and unspecified otitis media	7.75%
Cerebral Palsy	Epilepsy	8.40%	Pneumonia ¹	17.65%	General Symptoms	10.04%
Autism/PDD	Asthma	26.67%			General Symptoms	12.50%
Mild ID						
Moderate-to-Profound ID	Functional digestive disorders	40.00%			General Symptoms	37.50%
Unspecified ID	Asthma	13.64%			General Symptoms	6.76%

Condition	Inpatient, Non-ED Admit		Inpatient, ED Admit		Outpatient-ED	
	Top Diagnosis	% of all diagnoses	Top Diagnosis	% of all diagnoses	Top Diagnosis	% of all diagnoses
All Conditions	Diabetes mellitus	10.94%	Episodic mood disorders	40.91%	General Symptoms	8.35%
DTA					General Symptoms	10.34%
Cerebral Palsy	Pneumonitis due to solids and liquids	12.96%			General Symptoms	9.63%
Autism/PDD	Episodic mood disorders	36.36%	Episodic mood disorders	40.00%	Special symptoms*	6.32%
Mild ID	Diabetes mellitus	52.17%	Episodic mood disorders	60.00%	Episodic mood disorders	10.78%
Moderate-to-Profound ID					Epilepsy	9.68%
Unspecified ID	Mood disorders	13.64%			General Symptoms	14.29%

Other Genetic Conditions and Fetal Alcohol Syndrome are not shown due to confidentiality.

* Special symptoms or syndromes not elsewhere classified

¹ Pneumonia, organism unspecified

Conclusion

- There exist different leading health issues and health care use among Delaware Medicaid enrollees with IDD and its subgroups.

Policy Implications

- More nuanced programs and policies should be developed in public health efforts to effectively address the complex health needs of Medicaid enrollees with IDD. Given that people with disabilities are a main driver of Medicaid expenditures, this may help contain Medicaid costs.
- State Medicaid claims data can be a valuable tool for promoting evidence-informed public health programs and policies for Medicaid enrollees with disabilities.