

### Quantifying Wraparound Health Insurance Needs among Employed People with Disabilities

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### 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, ACA 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 employed persons with disabilities
- Inform policy development

#### Methods

- Massachusetts implemented a similar policy to the ACA in 2006
- Case study of CommonHealth Working (CHW)
  - Massachusetts Medicaid Buy-In Program
  - No income or asset limit
  - Employment of 40 hours per month required
- CHW administrative data (claims and eligibility)
  - Fee-for-service data; encounters not applicable for CHW

### Study Sample

- 15,388 employed people with disabilities
  - o Ages 21 to 64
  - Using CHW as secondary coverage in 2012
- 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 work hours, wages (derived), monthly OASDI, family income (FPL)
- Cost and utilization measures: total cost, per-memberper-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	AII (n=15,338)	Medicare (n=12,950)	Private (n=1,433)	Both (n=1,195)
Age 50 to 64	62%	64%	60%	49%
Earnings >\$2,000 per				
month	9%	5%	47%	18%
OASDI Income	88%	95%	31%	86%
300% FPL or more	15%	10%	42%	30%

### Results: Costs by Service Category

Service Category	Total Cost (Million \$)	Cost Per User Per Month (\$)	
Community-Based Services and	30.0	1,957	10.7
Supports (Non-Mental Health)			
Behavioral Health (includes	10.0	170	41.3
Community-Based)			
Inpatient and Outpatient Services	4.9	58	58.4
(Non-Behavioral Health)			
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	1.4	49	18.2
Medical Supplies			
Dental	1.1	24	30.2
Total	55.4	448	90.1

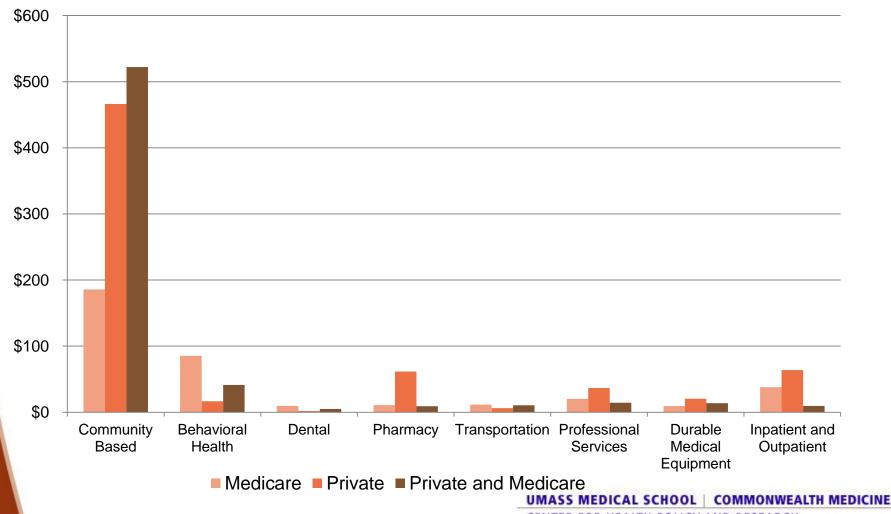
# Results: Community-Based Services and Supports (Non-Mental Health)

Service Category	Total Cost (Million \$)	Cost Per Member Per Month (\$)	Cost Per User Per Month (\$)	Unduplicat ed 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

# Results: Behavioral Health (Includes Community-Based)

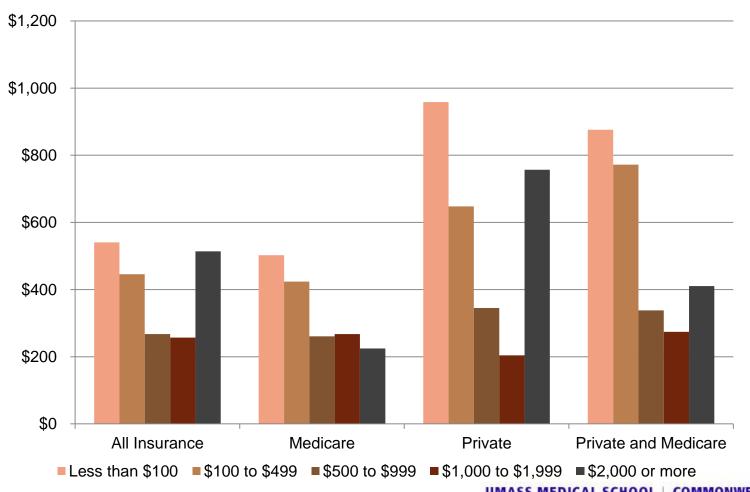
Service Category	Total Cost (Million \$)	Cost Per Member Per Month (\$)	Cost Per User Per Month (\$)	Unduplicat ed Users (%)
Community-Based Mental Health	5.0	38	444	7.8
Psychiatric Treatment	4.2	33	78	37.7
Substance Abuse	0.8	6	256	2.2
Total	10	77	170	41.3

# Results: PMPM Cost by Service and Insurance Type



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# 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 marketplacebased 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)

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