OBJECTIVES
To compare Medicare-Medicaid enrollees (MMEs) with schizophrenia eligible for both programs (dually eligible) to Medicare only population with schizophrenia with respect to health care resource utilization and quality measures.

METHODS
Eligibility Criteria
- SCHizophrenia-related diagnoses: ICD-9-CM codes 295.x-295.99 were identified in the study using Medicare claims data. A 12-month look-back period was included to capture diagnoses.
- MMEs were identified using premium buy-in status (an indication that the Medicare premium was paid by Medigap/other insurance). MMEs were included if they were dually eligible for Medicare and Medicaid.

Data Source
- Medicare data for 2012.
- Medicare encounter data (Medicare claims) were identified for patients with a schizophrenia-related diagnosis.

Quality Measures
- Costs were defined as utilization of health care services and associated costs.

SCHizophrenia-related Quality Indicators
- Adherence to antipsychotic therapy
- Clinical outcomes (health status, symptom severity)
- Health care resource utilization

RESULTS
Table 1: Sociodemographic Characteristics of Patients With Schizophrenia Stratified by Insurance Status

<table>
<thead>
<tr>
<th>Variable</th>
<th>Medicare-Medicaid Enrollees</th>
<th>Medicare-Only Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>56.7</td>
<td>49.8</td>
</tr>
<tr>
<td>Median</td>
<td>56</td>
<td>47</td>
</tr>
<tr>
<td>Range</td>
<td>20-95</td>
<td>20-88</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>5,238</td>
<td>2,821</td>
</tr>
<tr>
<td>Women</td>
<td>3,417</td>
<td>5,001</td>
</tr>
</tbody>
</table>

Table 2: 2012 Health Care Utilization by Insurance Status

<table>
<thead>
<tr>
<th>Measure</th>
<th>Medicare-Medicaid Enrollees</th>
<th>Medicare-Only Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room visits per 1000 persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Emergency Room visits</td>
<td>415</td>
<td>355</td>
</tr>
<tr>
<td>Any hospital days per 1000 persons</td>
<td>4,127</td>
<td>2,821</td>
</tr>
<tr>
<td>Any hospital admissions</td>
<td>1,627</td>
<td>1,305</td>
</tr>
<tr>
<td>Congestive Heart Failure (ICD9: 428)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke/CVD (ICD9: 410-411, 413-414)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONCLUSIONS
- SCHizophrenia-related health care costs were higher for MMEs compared to Medicare-only patients.
- SCHizophrenia-related hospital days and outpatient emergency room visits were higher for MMEs.
- Additional analyses of this population are warranted to better understand the impact of dual eligibility on health care resource utilization and quality measures.

REFERENCES

LIMITATIONS
- The study results may not be generalizable to all Medicare-Medicaid SCHizophrenia beneficiaries.
- SCHizophrenia-related health care costs and resource utilization may be influenced by multiple factors, including comorbidities and socioeconomic status.

ACKNOWLEDGMENTS
- The authors would like to thank all the study participants and their families for their contribution to this study.
BACKGROUND

The Medicare-Medicaid Merger (MME) is the term used to refer to all enrollees in Medicare-Medicaid dual eligibility (MMED) populations, which are now referred to as Medicare-Medicaid enrollees (MMEs). These populations may overlap with Medicare-only populations, with the majority being over 65 years old or disabled. This study focused on all MMEs and Medicare-only enrollees with schizophrenia, to determine any differences in care quality measures between the two populations.

OBJECTIVES

1. To compare all-cause and schizophrenia-related care quality measures for both MMEs and Medicare-only populations with schizophrenia, with respect to important healthcare resources and outcomes.
2. To evaluate the healthcare needs of all MMEs and Medicare-only enrollees with schizophrenia.
3. To determine if any differences were found between the two populations.

METHODS

Study Design

A retrospective medical claims analysis of the 2012 Medicare 5% limited data file was conducted. Schizophrenia cases were identified using premium buy-in status (an indication that the Medicare premium was paid by a private company). The Medicare 5% standard analytic files for Parts A and B contain claims for a representative 5% random national sample (calendar year 2012).

Inclusion:

- All Medicare-Medicaid enrollees (MMEs) and Medicare-only enrollees with schizophrenia in the 5% limited data set.
- Individuals with schizophrenia (ICD-CM code 295.00-295.69 or 295.80-295.99)
- Individuals with schizophrenia and at least one additional diagnosis (excluding substance use disorder, which was counted as a separate measure)
- Individuals with schizophrenia and at least one additional diagnosis (excluding substance use disorder, which was counted as a separate measure)
- Individuals with schizophrenia and at least one additional diagnosis (excluding substance use disorder, which was counted as a separate measure)

Exclusion:

- Individuals without schizophrenia
- Individuals with substance use disorder

Additional Analyses

- Those who were under 18 years old
- Those who were pregnant
- Those who were non-Americans

RESULTS

Table 4. Co-occurring Conditions by MME/Medicare-Only Status

<table>
<thead>
<tr>
<th>Co-occurring Conditions</th>
<th>MME</th>
<th>Medicare-Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes-related measures</td>
<td>J22</td>
<td>J29</td>
</tr>
<tr>
<td>Congestive Heart Failure (ICD9: 428)</td>
<td>432</td>
<td>442</td>
</tr>
<tr>
<td>Asthma/COPD (ICD9: 493)</td>
<td>456</td>
<td>495</td>
</tr>
<tr>
<td>Alzheimer's disease (ICD9: 290, 294.1-294.19, 333)</td>
<td>468</td>
<td>478</td>
</tr>
<tr>
<td>Population receiving long-acting injectable antipsychotics</td>
<td>480</td>
<td>490</td>
</tr>
</tbody>
</table>

LIMITATIONS

- The study used data from the Medicare 5% limited data set.
- The study was limited to enrollees with schizophrenia and at least one additional diagnosis, excluding substance use disorder.
- The study did not include enrollees without schizophrenia.
- The study did not include enrollees without schizophrenia.
- The study did not include enrollees without schizophrenia.

CONCLUSIONS

- MMEs had higher healthcare use than Medicare-only enrollees with schizophrenia.
- MMEs had higher healthcare use than Medicare-only enrollees with schizophrenia.
- MMEs had higher healthcare use than Medicare-only enrollees with schizophrenia.

REFERENCES


QUALITY INDICATORS AMONG DUALLY ELIGIBLE MEDICARE-MEDICAID PATIENTS WITH SCHIZOPHRENIA

Kate Lapanè, Jance M. S. Lopez, Carmella Benson, Darline O’Connor, Brian Quiland, Daniel Gilden

24W Associates, Inc., Janssen Scientific Affairs, LLC, University of Rhode Island

Presented at the 27th Annual U.S. Psychiatric and Mental Health Congress, September 20–23, 2014, Orlando, FL, USA

OBJECTIVES

To compare Medicare-Medicaid enrollees (MMEs) to Medicare-only patients with schizophrenia in terms of health care resource utilization and quality of care

Eligibility Criteria

Study Design

A retrospective medical claims analysis of the 2012 Medicare 5% limited data file was conducted. Schizophrenia was defined by ICD9-CM code 295.00-295.69 or 295.80-295.99

Study Sample

Follow-up within 30 days after admission for schizophrenia

Follow-up within 7 days after discharge for schizophrenia

Hospital days per person with schizophrenia in 2012

Table 1. Sociodemographic Characteristics of Patients With Schizophrenia Stratified by Insurance Status

Table 2. Demographic Information Among 2012 Outpatient ER Visits for Mental Health Diagnosis (290.00-316.99)

Table 3. Co-occurring Conditions by MME/Medicare-Only Status

Table 4. 2012 Health Care Utilization by Insurance Status

RESULTS

Hospital days per person for mental health diagnosis (290.00-316.99)

Persons with hospitalization for behavioral/mental health diagnosis (290.00-316.99)

Persons with Outpatient ER visits for mental health diagnosis (290.00-316.99)

General utilization measures

Follow-up within 30 days after admission for schizophrenia

Follow-up within 7 days after discharge for schizophrenia

Hospital days per person with schizophrenia in 2012

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Table 4. 2012 Health Care Utilization by Insurance Status

LIMITATIONS

– Understanding may be needed the health care and mental health care systems in a community

– Patients with schizophrenia have multiple concurrent conditions and high health care utilization

– Any lack of quality adjusted life years for different schizophrenia diagnoses

– Continuously enrolled in Medicare Part D status and other services such as Medicare/Medicaid eligibility or Medicare only during the 2011 calendar year

– Exclusions: Patients with Medicare Advantage (MA) Status

– Patients with a schizophrenia diagnosis (295.0-295.79) who also did not meet the inclusion criteria for schizophrenia

– The quality measures are similar to, but not precisely modeled after national HEDIS measures; analyses with national data are required for comparison

CONCLUSIONS

– Understanding may be needed the health care and mental health care systems in a community

– Patients with schizophrenia have multiple concurrent conditions and high health care utilization

– Any lack of quality adjusted life years for different schizophrenia diagnoses

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– The quality measures are similar to, but not precisely modeled after national HEDIS measures; analyses with national data are required for comparison

CONCLUSIONS
BACKGROUND

• Worldwide, ~24 million people suffer from schizophrenia.

• In the United States, schizophrenia-related medical and indirect costs exceed $126 billion annually making it one of the greatest burden among medical conditions.

• Victimization of the Medicaid Care Act, public insurance programs that currently play a major role in financing mental health services will play an even greater role after reform is implemented.

• Understanding the use of health care resources and cost related to schizophrenia is a major challenge to policymakers and health care providers.

OBJECTIVES

To compare Medicare-Medicaid enrollees (MME) with schizophrenia eligible for both programs (dually enrolled) with Medicare-only enrollees with schizophrenia to evaluate the impact of dually eligible patients on health care utilization and costs.

METHODS

A retrospective medical claims analysis of the 2012 Medicare 5% limited data file was conducted. Schizophrenia-related measures were included in this study.

Study Sample

Table 1. Study Sample Construction

<table>
<thead>
<tr>
<th>Study Sample</th>
<th>%</th>
<th>n=2,676,243</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with schizophrenia only</td>
<td>53.6%</td>
<td>1,462,610</td>
</tr>
<tr>
<td>Patients with Medicare-Medicaid (MME) only</td>
<td>22.1%</td>
<td>595,404</td>
</tr>
<tr>
<td>Patients with both Medicare-Medicaid and Medicare-only</td>
<td>24.3%</td>
<td>618,230</td>
</tr>
</tbody>
</table>

RESULTS

Table 2. Gender/Age Distribution by MME/Medicare-Only Status

<table>
<thead>
<tr>
<th>Gender/Age</th>
<th>n=11,456</th>
</tr>
</thead>
<tbody>
<tr>
<td>MME</td>
<td>Medicare-Only</td>
</tr>
<tr>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>57.4%</td>
<td>42.6%</td>
</tr>
</tbody>
</table>

Table 3. Co-occurring Conditions by MME/Medicare-Only Status

<table>
<thead>
<tr>
<th>Co-occurring Conditions</th>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>MME</td>
<td>Medicare-Only</td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td>51.0%</td>
<td>53.0%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>31.0%</td>
<td>35.0%</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>24.0%</td>
<td>26.0%</td>
</tr>
</tbody>
</table>

Table 4. 2012 Health Care Utilization by MME/Medicare-Only Status

<table>
<thead>
<tr>
<th>Health Care Utilization</th>
<th>MME</th>
<th>Medicare-Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital days per person for mental health diagnosis</td>
<td>290.00-316.99</td>
<td>36.7%</td>
</tr>
</tbody>
</table>

LIMITATIONS

• The analyses were limited to those with continuous enrollment in Medicare Fee for service as either Medicare-Medicaid (dually eligible) or Medicare Only.

• The prevalence of dually eligible patients varied across regions and may not be representative of the national population.

CONCLUSIONS

• Understanding the impact of dually eligible patients on health care utilization and costs may be a major challenge for policymakers and health care providers.

• Further research is needed to understand the impact of dually eligible patients on health care utilization and costs.

REFERENCES


BACKGROUND

A retrospective medical claims analysis of the 2012 Medicare 5% limited data file was conducted. Schizophrenia MMEs were identified using premium buy-in status (an indication that the Medicare premium was paid by employers). Patients with Medicare Advantage (HMO) were identified through enrollment status.

OBJECTIVES

To describe the sociodemographic characteristics and medical care utilization of a dually eligible patient population using Medicare managed care (MME) enrollees with schizophrenia in comparison with Medicare beneficiaries with schizophrenia.

METHODS

To obtain sociodemographic characteristics and medical care utilization of a dually eligible patient population using Medicare managed care (MME) enrollees with schizophrenia in comparison with Medicare beneficiaries with schizophrenia.

RESULTS

The quality measures were similar to, but not precisely modeled after national HEDIS measures; analyses with Medicare for these measures are available.

CONCLUSIONS

• Understanding how to meet the health care needs of patients with schizophrenia is important.
• Patients with schizophrenia have multiple comorbid conditions and high health care utilization.
• Understanding how to identify and control for differences between the MME and Medicare only populations. An analysis of the complete Medicare population, using propensity score matching is planned.
• Rates of rehospitalization and follow-up after discharge for schizophrenia appeared similar between MMEs and Medicare only. Rates of follow-up for diabetes-related conditions among individuals with schizophrenia and diabetes were higher for MMEs than for Medicare only patients.

LIMITATIONS

• Sample size limited the analysis of subgroup analyses and domain characteristics. Further research is needed to understand the health care needs of patients with schizophrenia who are dually eligible.
• Understanding how to meet the health care needs of patients with schizophrenia is important.

Table 1. Demographic Characteristics of Patients With Schizophrenia Stratified by Insurance Status

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>MME Only</th>
<th>Medicare Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>415 (60.0)</td>
<td>339 (56.7)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>58.5 (21.6)</td>
<td>57.9 (21.1)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>366 (54.1)</td>
<td>354 (56.9)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1,253 (22.0)</td>
<td>1,588 (29.8)</td>
</tr>
<tr>
<td>Diabetes (ICD9: 250)</td>
<td>27.9 (59.3)</td>
<td>21.6 (39.2)</td>
</tr>
<tr>
<td>Asthma/COPD (ICD9: 493)</td>
<td>22.2 (46.5)</td>
<td>17.4 (31.4)</td>
</tr>
<tr>
<td>Arthritis (ICD9: 214-215)</td>
<td>40.0 (76.2)</td>
<td>21.6 (39.2)</td>
</tr>
<tr>
<td>Alzheimer’s Disease (ICD9: 290, 294.1-294.19, 333)</td>
<td>6.7 (12.1)</td>
<td>5.6 (9.8)</td>
</tr>
</tbody>
</table>

Table 2. Gender/Age Distribution by MME/Medicare-Only Status

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>MME Only</th>
<th>Medicare Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>415 (60.0)</td>
<td>339 (56.7)</td>
</tr>
<tr>
<td>Men</td>
<td>160 (23.5)</td>
<td>109 (18.4)</td>
</tr>
<tr>
<td>Women</td>
<td>253 (36.5)</td>
<td>230 (38.3)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>58.5 (21.6)</td>
<td>57.9 (21.1)</td>
</tr>
<tr>
<td>Age 65+</td>
<td>2,014 (30.2)</td>
<td>1,692 (29.0)</td>
</tr>
<tr>
<td>Age &lt;65</td>
<td>2,645 (44.6)</td>
<td>2,251 (39.0)</td>
</tr>
</tbody>
</table>

Table 3. Coexisting Conditions by MME/Medicare-Only Status

<table>
<thead>
<tr>
<th>Condition</th>
<th>MME Only</th>
<th>Medicare Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>27.9 (59.3)</td>
<td>21.6 (39.2)</td>
</tr>
<tr>
<td>Asthma/COPD</td>
<td>22.2 (46.5)</td>
<td>17.4 (31.4)</td>
</tr>
<tr>
<td>Arthritis</td>
<td>40.0 (76.2)</td>
<td>21.6 (39.2)</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>6.7 (12.1)</td>
<td>5.6 (9.8)</td>
</tr>
</tbody>
</table>

Table 4. 2012 Health Care Utilization by Insurance Status

<table>
<thead>
<tr>
<th>Utilization</th>
<th>MME Only</th>
<th>Medicare Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital days per 1000 persons</td>
<td>52.2 (9.0)</td>
<td>51.4 (9.3)</td>
</tr>
<tr>
<td>Follow-up visits within 30 days</td>
<td>2.4 (0.5)</td>
<td>3.0 (0.7)</td>
</tr>
<tr>
<td>Any Emergency Room visits per 1000 persons</td>
<td>467 (60.0)</td>
<td>606 (76.8)</td>
</tr>
<tr>
<td>Any hospital days per 1000 persons</td>
<td>2.4 (0.5)</td>
<td>3.0 (0.7)</td>
</tr>
</tbody>
</table>

Table 5. 2012 Hospital Utilization by Insurance Status

<table>
<thead>
<tr>
<th>Utilization</th>
<th>MME Only</th>
<th>Medicare Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital days per 1000 persons</td>
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</tr>
<tr>
<td>Follow-up visits within 30 days</td>
<td>2.4 (0.5)</td>
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</tr>
<tr>
<td>Any Emergency Room visits per 1000 persons</td>
<td>467 (60.0)</td>
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</tr>
<tr>
<td>Any hospital days per 1000 persons</td>
<td>2.4 (0.5)</td>
<td>3.0 (0.7)</td>
</tr>
</tbody>
</table>

Table 6. Hospital Utilization by Insurance Status

<table>
<thead>
<tr>
<th>Utilization</th>
<th>MME Only</th>
<th>Medicare Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital days per 1000 persons</td>
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<td>51.4 (9.3)</td>
</tr>
<tr>
<td>Follow-up visits within 30 days</td>
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<td>3.0 (0.7)</td>
</tr>
<tr>
<td>Any Emergency Room visits per 1000 persons</td>
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<td>606 (76.8)</td>
</tr>
<tr>
<td>Any hospital days per 1000 persons</td>
<td>2.4 (0.5)</td>
<td>3.0 (0.7)</td>
</tr>
</tbody>
</table>

Table 7. Hospital Utilization by Insurance Status

<table>
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<tr>
<th>Utilization</th>
<th>MME Only</th>
<th>Medicare Only</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
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</tr>
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</tr>
</tbody>
</table>
BACKGROUND

- The United States, schizophrenia-related direct medical and indirect costs are ~$62 billion annually making it one of the most expensive disorders across the adult lifespan.
- Worldwide, ~24 million people suffer from schizophrenia.
- In the United States, schizophrenia-related direct medical and indirect costs are ~$62 billion annually making it one of the most expensive disorders across the adult lifespan.
- MDIs were identified using premium buy-in status (an indication that the Medicare premium was paid by the Medicare-Medicaid enrollee (MME), an indication that the Medicare premium was paid by Medicare-Medicaid enrollees (MMEs) as a proxy for Medicaid enrollment.
- With the enactment of the Affordable Care Act, public insurance programs that currently play a major role in financing mental health services will play an even greater role after reform is implemented.
- In the United States, schizophrenia-related direct medical and indirect costs are ~$62 billion annually making it one of the most expensive disorders across the adult lifespan.

METHODS

- Study Sample: The study sample consisted of a Medicare-Medicaid population with schizophrenia with respect to health care resource utilization and quality.
- Study criteria

OBJECTIVES

- To compare Medicare-Medicaid enrollees (MMEs) and Medicare-only enrollees (Medicare Only) with respect to health care resource utilization and quality.
- To include quality indicators in these populations and identify correlates of not meeting the quality standards.

RESULTS

- Schizophrenia-related measures
- General utilization measures

- The white race made up the majority of both the MME and the Medicare only population followed by the black race.

LIMITATIONS

- Understanding how to meet the health care needs of patients with schizophrenia is important.
- The quality measures are similar to, but not precisely modeled after national HEDIS measures; analyses with MMEs as a proxy for Medicaid enrollees did not take into account characteristics of patients with schizophrenia.

CONCLUSIONS

- Understanding how to meet the health care needs of patients with schizophrenia is important.
- The quality measures are similar to, but not precisely modeled after national HEDIS measures; analyses with MMEs as a proxy for Medicaid enrollees did not take into account characteristics of patients with schizophrenia.

REFERENCES

- External
- References

QVALITY INDICATORS AMONG DUALY ELIGIBLE MEDICARE-MEDICAID PATIENTS WITH SCHIZOPHRENIA

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