Background

- People with disabilities are a key driver of Medicaid expenditures with the magnitude of the spending disproportionate 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—$60.0 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.

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Results

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

- Table showing the percentage of individuals with specific conditions.

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

- Table showing the percentage of individuals with specific conditions by age group.

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

- Table showing the average number of visits by condition and age group.

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 expenditures.

- State Medicaid claims data can be a valuable tool for promoting evidence-informed public health programs and policies for Medicaid enrollees with disabilities.

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

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