Mathematica Policy Research Presents

A Disability Policy Research Forum

On The Air

April 21, 2011
12:00 to 1:30 pm
Accelerated Benefits (AB) Demonstration: Recruitment, Process, and Impact Findings After One Year

Introduction:
David Stapleton

Speakers:
David Wittenburg
Charles Michalopoulouos
Robert Weathers

Presented at the Center for Studying Disability Policy Research Forum

Washington, DC
April 21, 2011
AB Demonstration: Recruitment, Process, and Impact Findings After One Year

David Wittenburg

Presented at the Center for Studying Disability Policy Research Forum at Mathematica Policy Research

April 21, 2011
Motivation for Demonstration and Research Questions

- New Social Security Disability Insurance (SSDI) beneficiaries must complete a waiting period to qualify for Medicare
  - Health status could deteriorate

- Can providing AB health care benefits and other supports:
  - Increase the use of health care?
  - Improve health outcomes?
  - Increase employment?
Study Team

- Study conceived and funded by the Social Security Administration
- MDRC and Mathematica are conducting the evaluation
- Health benefits administered by POMCO
- Services provided by CareGuide and TransCen
Demonstration Tests

Two Interventions

● AB: Health plan only
  – Expansive network
  – Generous coverage
  – Low co-payments (e.g., $12 for doctor visit)

● AB Plus: Health plan and other supports
  – Same health plan plus the following support via telephone
    ▪ Progressive Goal Attainment Program, or PGAP (behavioral program)
    ▪ Employment and benefits counseling
    ▪ Medical case management
Random assignment to three groups (October 2007–January 2009)

- AB (n=400)
- AB Plus (n=611)
- Control group (n=983)
Target Population Selected Using Admin. Records and Survey Screener

- Administrative requirements
  - Beneficiaries age 18–54 across 53 sites
  - At least 18 months until eligible for Medicare
  - Other administrative requirements (e.g., no SSI)

- Survey screener to verify uninsured status
  - Eligible beneficiaries reported no source of health insurance

- High participation rates
  - 99% of uninsured eligible beneficiaries consented to random assignment
Characteristics of Insured and Uninsured Beneficiaries

● Most had health insurance (88%)
  – Private health insurance was most common source

● Uninsured rate varied across sites
  – Overall rate: 12%
  – Rates vary across 53 sites (4 to 22%)
  – Highest: Southwestern sites (Oklahoma City, Houston, and other areas in Texas)
  – Lowest: Northeastern, northern, and western sites (Buffalo, Boston, and multiple sites in California)

Calculations based on AB baseline interview data.
AB Sample Represents Unique Segment of New Awardees

- Cases that were faster to adjudicate (due to requirements for at least 18 months of Medicare)
- Relatively younger due to cutoff at age 55 (approximately half under age 50)
- Diverse mix of impairment groups
  - Mental disorders (22%), nervous system (17%), musculoskeletal (19%), circulatory (12%), neoplasm (8%), and other (22%)
## Characteristics at Baseline

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese (BMI of 30 or higher)</td>
<td>45</td>
</tr>
<tr>
<td>Difficulty with instrumental activities of daily living</td>
<td>94</td>
</tr>
<tr>
<td>Self-reported health is poor</td>
<td>47</td>
</tr>
<tr>
<td>Last insured more than six months ago</td>
<td>64</td>
</tr>
<tr>
<td>Any unmet medical need</td>
<td>70</td>
</tr>
<tr>
<td>Currently working</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: AB baseline survey data.
Initial Impacts and Satisfaction: Six Months

● Satisfaction was high
  – Most used health plan
  – 90% reported being satisfied with coverage

● Impact findings indicate:
  – Increase in health care
  – Reduction in unmet needs

● Majority of control group remained uninsured (76%)
  – 71% still reported a regular source of care

Source: AB baseline survey (six-month followup).
Health Plan Usage: 12 Months

- Most AB and AB Plus participants used health plan (89%)
  - Few differences between AB and AB Plus
- Costs were driven by a few participants
  - 12% of participants had payments of $50,000
  - Higher costs among beneficiaries who had poor health or neoplasms
- AB per-participant claims were costly
  - More expensive than Medicare claims for SSDI beneficiaries

Source: Claims records for AB Health Plan.
## AB Plus Services: 12-Month Followup

<table>
<thead>
<tr>
<th>Service</th>
<th>Ever Used (%)</th>
<th>Number of Hours Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used any service</td>
<td>66</td>
<td>3.1</td>
</tr>
<tr>
<td>PGAP</td>
<td>36</td>
<td>1.8</td>
</tr>
<tr>
<td>Employment and benefits counseling</td>
<td>35</td>
<td>0.9</td>
</tr>
<tr>
<td>Medical case management</td>
<td>42</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Source: Data from AB Plus Management Information System.
Summary

- Eligible beneficiaries had special needs for health coverage at baseline

- Early findings (6 to 12 months)
  - Promising impacts on health service use
  - Substantial spending on AB health claims
  - Most AB Plus participants used at least one AB Plus service
    - Intensity of use was limited
For More Information

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AB Demonstration: The Effects of Health Care Benefits for New SSDI Beneficiaries

Charles Michalopoulos, MDRC

Presented at the Center for Studying Disability Policy Research Forum at Mathematica Policy Research

April 21, 2011
What We Expected to Find

- AB health plan
  - May increase health care use, reduce unmet need
  - Increased health care use might improve health and functioning
  - Improved health and functioning may encourage work

- AB Plus services
  - Medical case management might have affected health care use, health
  - PGAP and employment and benefits counseling might improve employment-related outcomes
AB Increased Health Care Use

**Has regular source of care**

**Regularly takes medications**

**Underwent surgery**

**Visited emergency room**

**Percent**

0 10 20 30 40 50 60 70 80 90 100

- **AB Plus Group**
- **AB Group**
- **Control Group**

*** = AB, AB Plus significantly greater than control group at 1% level
AB Reduced Unmet Medical Needs

![Bar chart showing the percentage of any unmet medical need, unmet need due to cost, unmet need for medications, and out-of-pocket expenses less than $1000.](chart)

- **Any unmet medical need**: AB Plus Group significantly lower than control group at 1% level
- **Unmet need due to cost**: AB Plus significantly different from AB at 5% level
- **Unmet need for medications**: AB Plus significantly lower than control group at 1% level
- **Out-of-pocket expenses less than $1000**: AB Plus significantly different from AB at 5% level

*** = AB, AB Plus significantly lower than control group at 1% level

** = AB Plus significantly different from AB at 5% level
AB Modestly Improved Health

Health is good or better
Physical functioning scale
Mental functioning scale
Died since random assignment

*** = AB, AB Plus significantly different from control group at 1% level
* = AB, AB Plus significantly different from control group

AB Plus Group  AB Group  Control Group
AB Plus Increased Preparation for Work, AB Reduced Difficulty Meeting Living Needs

- **Received employment services**
- **Ever looked for work**
- **Ever employed**
- **Difficulty meeting living needs**

**Percent**

- *** = AB Plus significantly greater than AB, control group at 1% level
- ** = AB Plus significantly greater than AB group at 5% level
- +++ = AB, AB Plus significantly different from AB group

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**Center for Studying Disability Policy**

**mdrc**
## Costs of Providing Services for the Entire Intervention Period

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Per Program Group Member</th>
<th>Per Service User</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB health plan</td>
<td>31,370</td>
<td>34,662</td>
</tr>
<tr>
<td>Total paid claims</td>
<td>30,508</td>
<td></td>
</tr>
<tr>
<td>Administrative costs</td>
<td>863</td>
<td></td>
</tr>
<tr>
<td><strong>AB Plus services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intake</td>
<td>147</td>
<td>163</td>
</tr>
<tr>
<td>Ongoing coordination</td>
<td>487</td>
<td>644</td>
</tr>
<tr>
<td>Medical case management</td>
<td>311</td>
<td>668</td>
</tr>
<tr>
<td>PGAP</td>
<td>752</td>
<td>1,734</td>
</tr>
<tr>
<td>Employment and benefits counseling</td>
<td>1,625</td>
<td>3,650</td>
</tr>
</tbody>
</table>
Summary of Findings

● Promising impacts
  – Substantial increases in health care use, reduction in unmet medical needs
  – Improvements in health
  – Increased preparation for work and job searches

● Cautions
  – It is still early; results are about halfway through the intervention
  – AB health benefits were expensive
  – Need long-term reductions in SSDI benefits and Medicare costs to be cost effective
AB Demonstration: Implications for Social Security Administration (SSA) Policy and Research

Robert Weathers

Presented at the Center for Studying Disability Policy Research Forum at Mathematica Policy Research

April 21, 2011
Policy Implications

- Lessons for the Affordable Care Act (ACA)
- Lessons for Work Incentives Planning and Assistance (WIPA) grantees
- Lessons for Supplemental Security Income-Temporary Assistance to Needy Families (SSI-TANF) project
Lessons for the ACA

● ACA will help many in the SSDI waiting period
  – Many eligible for health care subsidies
  – May reduce unmet needs and increase health

● Need to focus on prevention
  – Large risk of obesity-related conditions
  – Lack of needed preventative health care

● ACA interaction with Medicare benefits
  – May reduce Medicare/Medicaid costs
  – May reduce reliance on SSDI benefits
Lessons for WIPAs

- TransCen, Inc., staff developed innovative methods to administer employment and benefit counseling (EBC) effectively by telephone.
- AB plus employment-related service impacts within first year are the type of effects that EBC services are intended to achieve.
- Potential for WIPAs to reach a larger share of beneficiaries effectively.
Lessons for TANF-SSI Population

- SSA and HHS exploring programs to better serve TANF-SSI population
- Utilization results from AB demo indicate that Progressive Goal Attainment Program (PGAP) is unlikely to be completed by TANF-SSI population
- AB results allowed us to focus on more promising strategies
SSA Research

- Health and mortality
- Medicaid participation and expenditures
- Medicare expenditures
- Employment and benefits paid outcomes
Health and Mortality

- First-year report focused on mean health impacts for SF-36

- Mean impacts can mask important differences
  - No effect for beneficiaries at tails of SF-36 distribution
  - Substantial impacts in other areas

- Short-term impacts on mortality
  - No effect for AB health groups
  - Indication of reduced mortality in the long run
  - AB plus group findings not as promising
Reduction in Medicaid Expenditures

- Dale and Verdier (2003) noted that eliminating the waiting period may substantially reduce Medicaid costs.
- We are obtaining data from CMS on Medicaid enrollment during the waiting period.
- Reductions in Medicaid costs may substantially offset the costs of providing AB health-benefit package.
Reduction in Medicaid Expenditures (cont’d.)

- Earlier access to needed health services that improve health may reduce Medicare utilization

- We are obtaining data from CMS on Medicare expenditures following the 24-month waiting period

- Reductions in Medicare costs may substantially offset the costs of providing AB health-benefit package
Employment and Benefits Paid

- Access to needed health care and EBC services may increase chances of employment
- Early data show increases in use of employment-related services
- We will use our administrative records to examine whether there are increases in employment and reductions in benefits paid
- Increases may offset costs of AB health benefits
Summary

- AB has provided SSA with extensive information to guide program and policy decisions
- Although the cost of the health-benefit package is substantial, there are areas for potential savings
- Short-term outcomes are promising, but we need to continue to evaluate long-term outcomes to fully estimate the benefits of AB
Contact Information

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http://www.ssa.gov/disabilityresearch/
Q&A