

Mathematica Policy Research Presents

A Disability Policy Research Forum

On The Air

**April 21, 2011
12:00 to 1:30 pm**

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Accelerated Benefits (AB) Demonstration: Recruitment, Process, and Impact Findings After One Year

**Introduction:
David Stapleton**

**Speakers:
David Wittenburg
Charles Michalopoulos
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

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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

Sample Sizes of Three Study Groups

- **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

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

Source: AB baseline survey data.

Initial Impacts and Satisfaction: Six Months

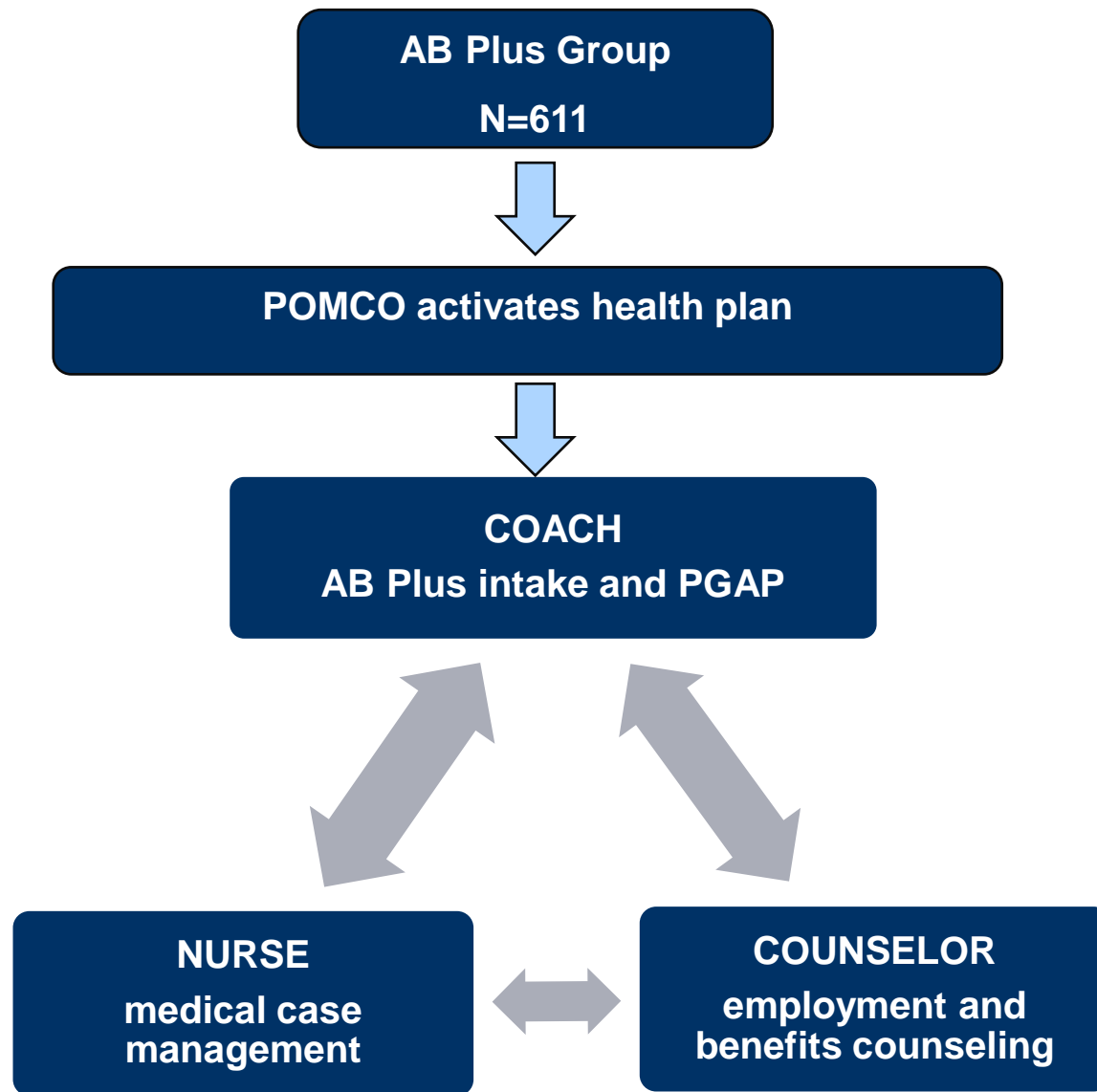
- **Satisfaction was high**
 - Most used health plan
 - 90% reported being satisfied with coverage
- **Impact findings indicate:**
 - Increase in health care
 - Reduction in unmet needs
- **Majority of control group remained uninsured (76%)**
 - 71% still reported a regular source of care

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

| | Ever Used (%) | Number of Hours Used |
|---------------------------------------|---------------------|----------------------------|
| Used any service | 66 | 3.1 |
| PGAP | 36 | 1.8 |
| Employment and benefits counseling | 35 | 0.9 |
| Medical case management | 42 | 0.4 |

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

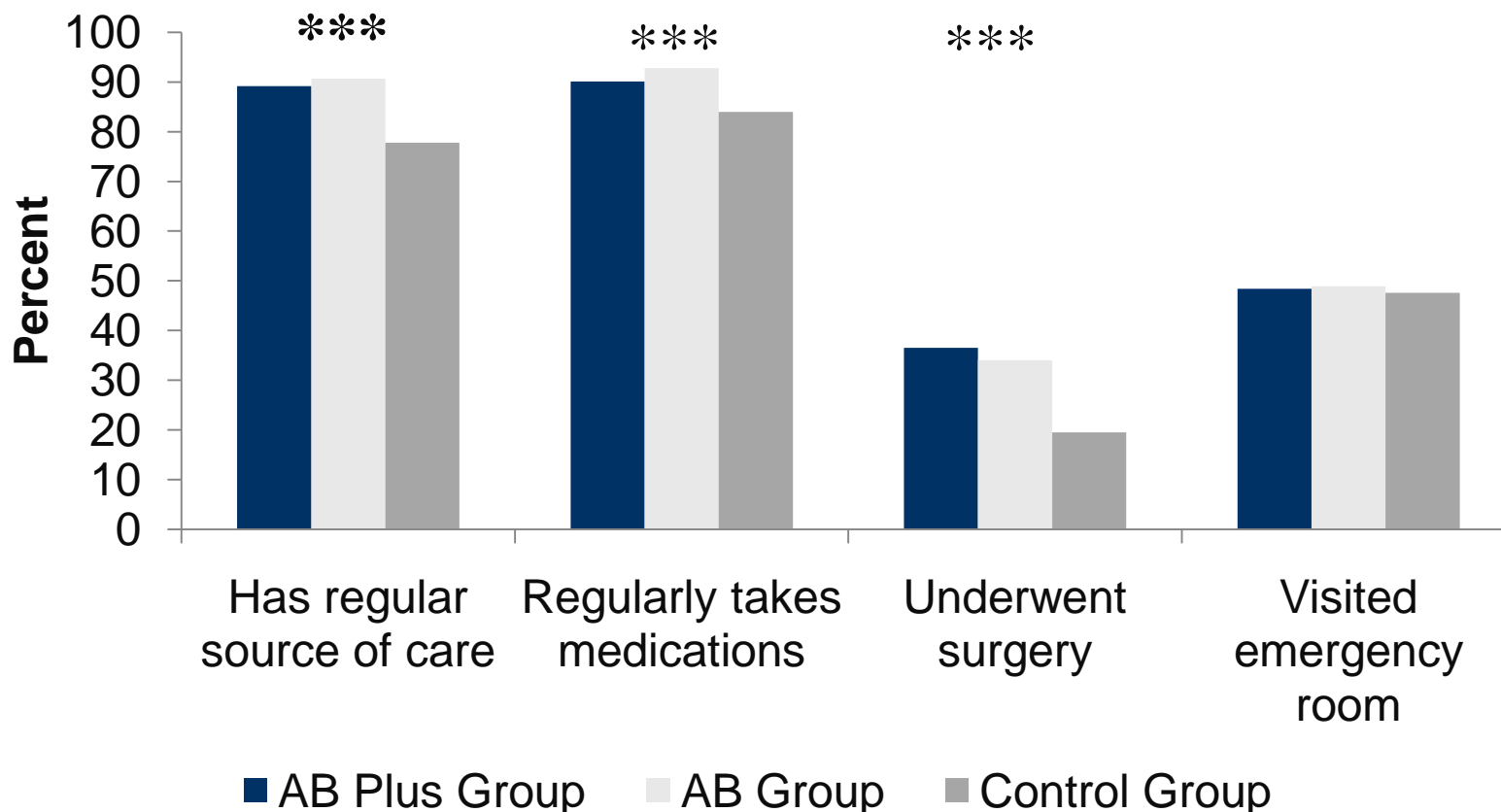
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What We Expected to Find

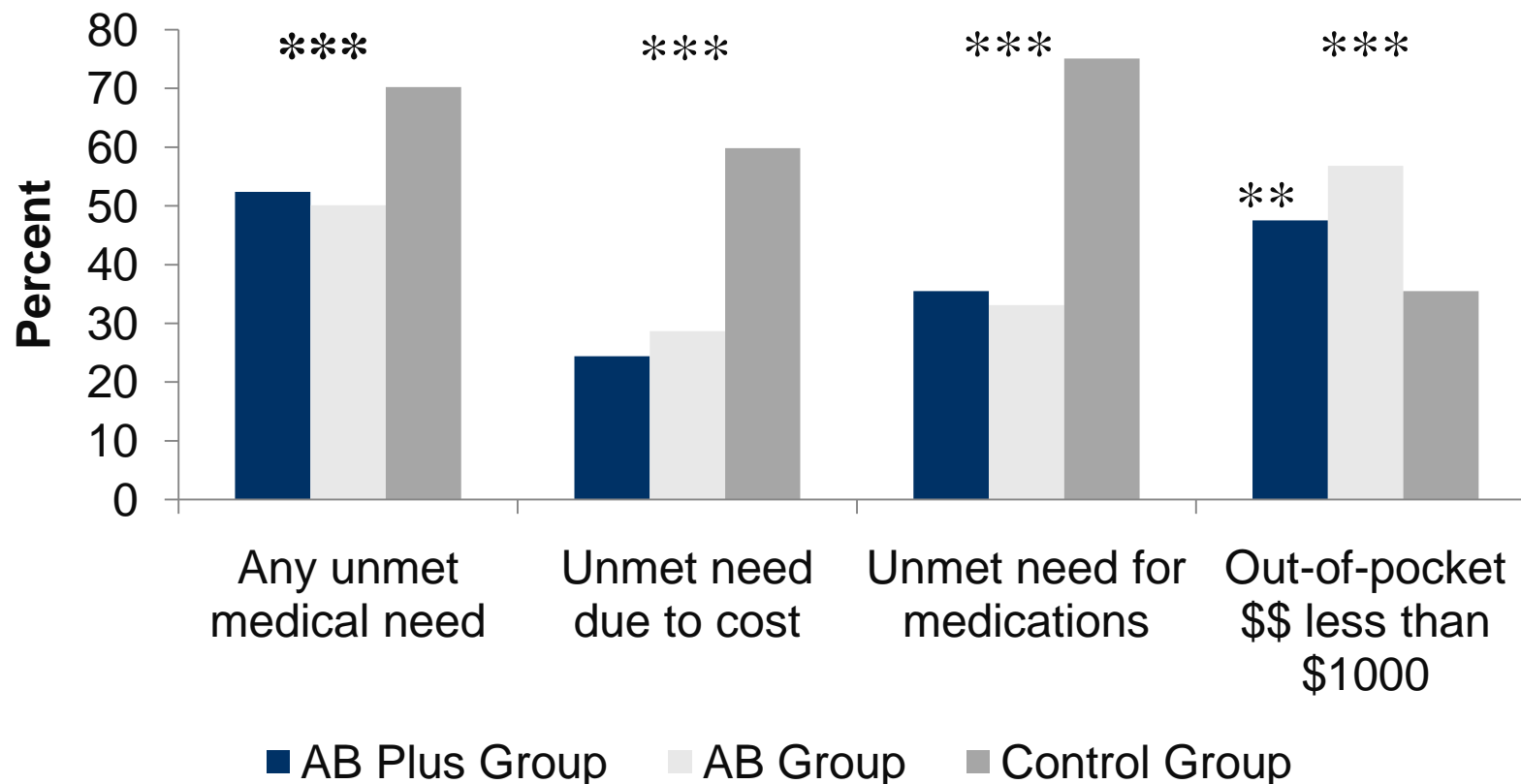
- **AB health plan**
 - May increase health care use, reduce unmet need
 - Increased health care use might improve health and functioning
 - Improved health and functioning may encourage work
- **AB Plus services**
 - Medical case management might have affected health care use, health
 - PGAP and employment and benefits counseling might improve employment-related outcomes

AB Increased Health Care Use



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

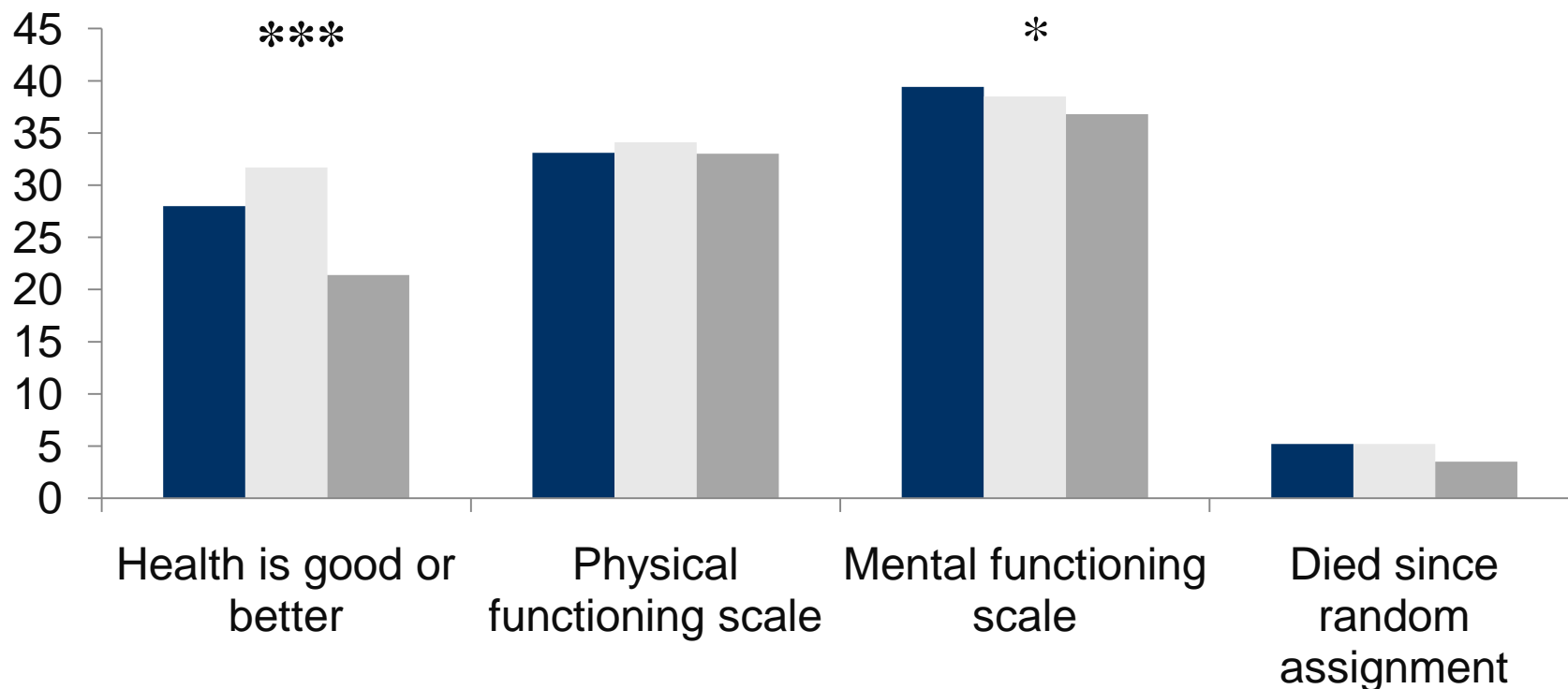
AB Reduced Unmet Medical Needs



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

** = AB Plus significantly different from AB at 5% level

AB Modestly Improved Health

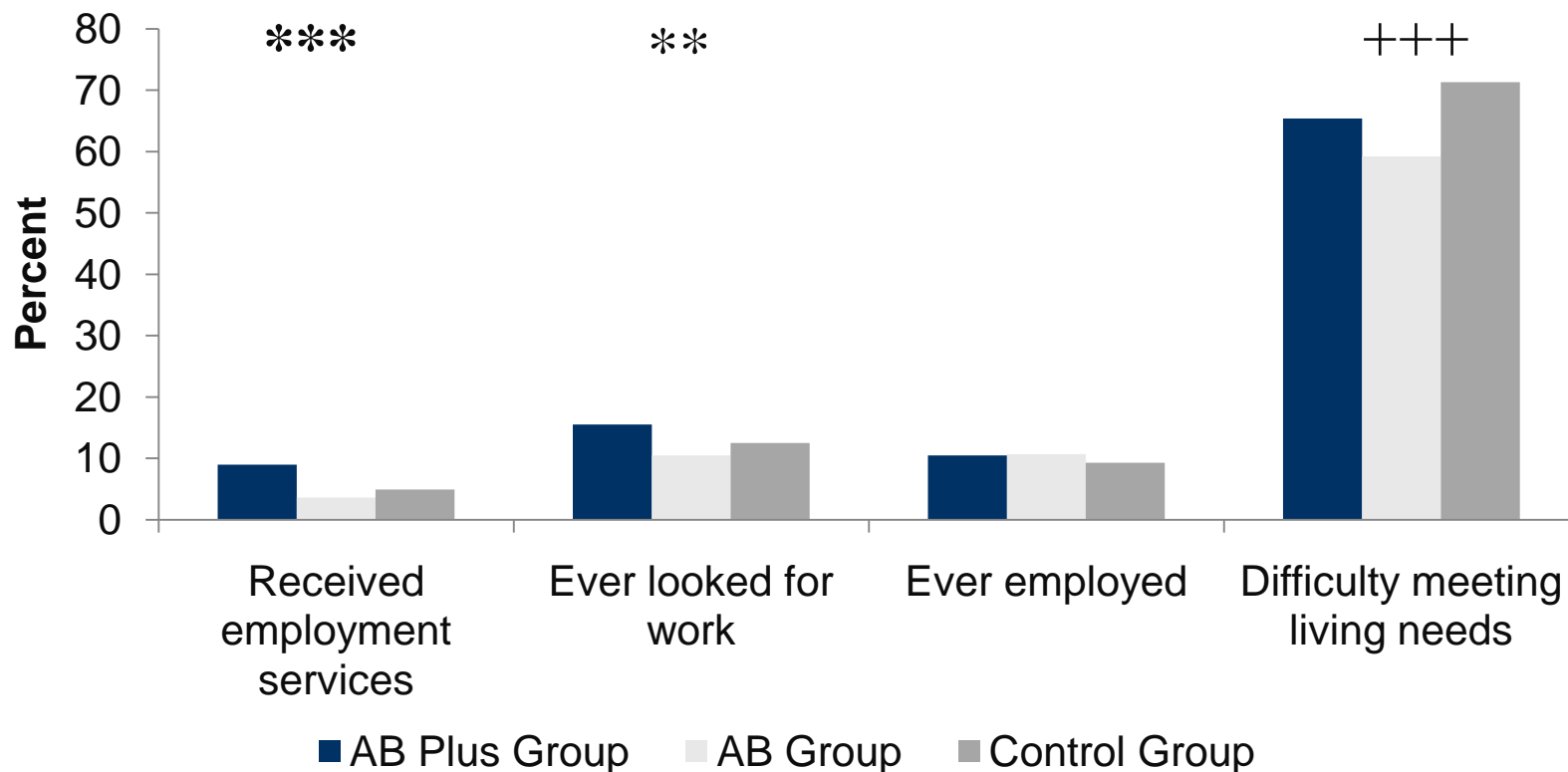


■ AB Plus Group ■ AB Group ■ Control Group

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

* = AB, AB Plus significantly different from control group

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



*** = 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

Costs of Providing Services for the Entire Intervention Period

| | Per Program Group Member | Per Service User |
|------------------------------------|--------------------------|------------------|
| AB health plan | 31,370 | 34,662 |
| Total paid claims | 30,508 | |
| Administrative costs | 863 | |
| AB Plus services | 3,322 | 3,677 |
| Intake | 147 | 163 |
| Ongoing coordination | 487 | 644 |
| Medical case management | 311 | 668 |
| PGAP | 752 | 1,734 |
| Employment and benefits counseling | 1,625 | 3,650 |

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

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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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Q&A