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

<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 Group
N=611

POMCO activates health plan

COACH
AB Plus intake and PGAP

NURSE
medical case management

COUNSELOR
employment and benefits counseling
## 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

David Wittenburg
Center for Studying Disability Policy
Mathematica Policy Research
600 Maryland Ave., SW, Suite 550
Washington, DC 20024
(609) 945-3362

dwittenburg@mathematica-mpr.com


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