



Overview

The Medicaid program in the District of Columbia finances mental health rehabilitation services (MHRS) for Medicaid-enrolled beneficiaries. This snapshot provides a summary of MHRS utilization and costs among DC Medicaid beneficiaries in fiscal year 2011 (FY11). The main findings of this research were:

- Beneficiaries in the 45-64 age range used MHRS in disproportionately greater numbers than individuals in other age groups;
- Beneficiaries in both the 45-64 age range and the 13-24 age range exhibited significantly higher MHRS cost in FY11 compared to beneficiaries of all other ages.

Background

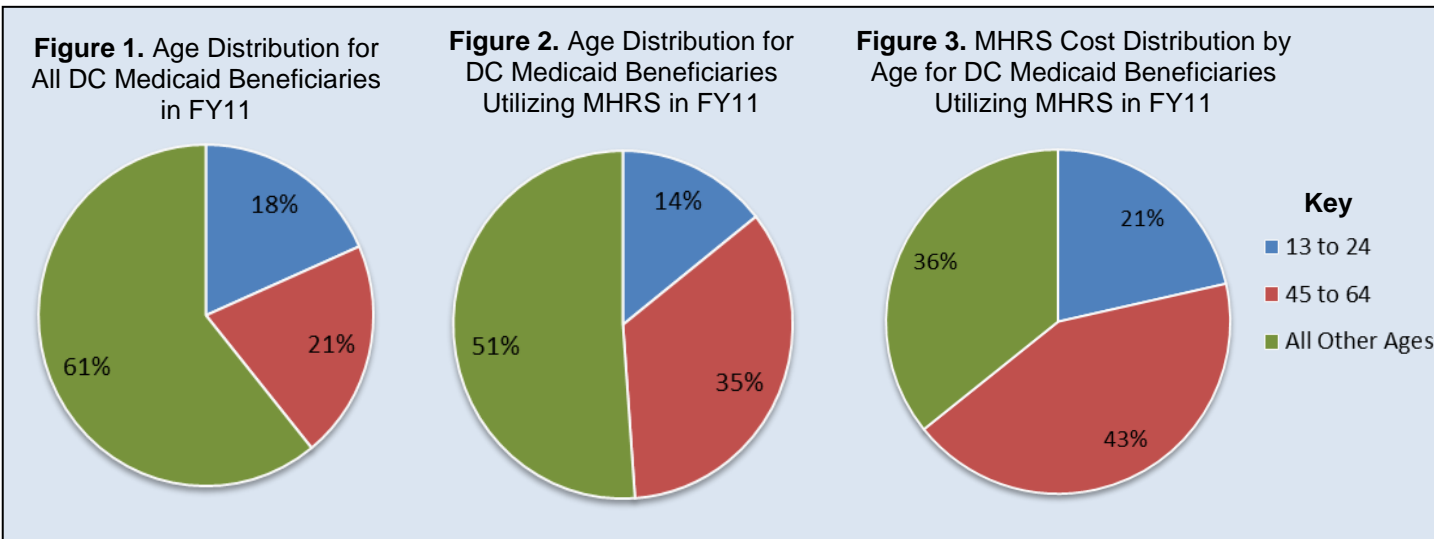
MHRS is a Medicaid carve-out program that provides coverage for a collection of mental health and somatic support services. These services, collectively referred to as MHRS, are delivered by community-based providers to treat Medicaid-eligible or income-limited adults with serious mental health issues as well as children and youth with serious emotional disturbances. The DC Department of Behavioral Health (DBH) oversees the administration of MHRS, which are generally funded through the Medicaid fee-for-service payment model for Medicaid beneficiaries.

Methodology and Results

Anecdotally, older DC Medicaid beneficiaries seem to have higher MHRS cost compared to younger beneficiaries. To test this association, we analyzed all FY11 DC Medicaid claims for mental health and somatic services. A regression analysis disproved the anecdotal correlation between age and MHRS cost.¹ However, beneficiaries in two age ranges (13-24 and 45-64) appeared to have relatively higher cost compared to beneficiaries of all other ages. This relationship was confirmed by a one-way analysis of variance (ANOVA),² which is a statistical test used to demonstrate whether there is a significant difference between groups. Interestingly, increased MHRS cost in the 13-24 and 45-64 age ranges was not consistent with the overall age distribution of the DC Medicaid beneficiary population (Figures 1, 3). In addition, only the 45-64 age range exhibited participation in MHRS that appears disproportionately large as compared to program enrollment (Figure 2).

Future Directions

A future analysis could determine whether beneficiaries in the 13-24 and 45-64 age ranges also show significantly higher MHRS cost in other fiscal years. Additional analyses could examine the cause(s) of increased MHRS cost for beneficiaries in the 13-24 and 45-64 age groups (e.g. Do beneficiaries in these age ranges use more expensive services? Do they require a larger number of services?)



¹ $r(16212) = 0.00948, p < .2276$
² $F(2,16209) = 17.35, p < 0.0001$. 13-24 age group (M = 1075.42, SD = 3390.33), 45-64 age group (M = 905.224869, SD = 3000.03) and "All Other Ages" age group (M = 508.7401292, SD = 2242.06)

Data was extracted by date of service from the DC Government's Medicaid Management Information System (MMIS) in January 2013. Data for all mental health and somatic services were identified by primary diagnosis IDC-9 codes and may be limited as MHRS were not directly identified. All denied or zero-dollar claims were excluded for this analysis. Individuals ineligible for DHCF-financed programs (600-series program codes or 070 program code) were excluded from this analysis. For code strings or for more information about this snapshot, please contact the Division of Research and Rate-Setting Analysis at the DC Department of Health Care Finance at 202-442-5988.