

Medicaid/Medicare Studies Year 1 Report

Submitted to the

Florida Agency for Health Care Administration

by the

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This is a Year 1 update on the progress of the Medicaid/Medicare Studies originally proposed in a December 2000 concept paper under a contract between the Florida Agency for Health Care Administration (AHCA) and the Louis de la Parte Florida Mental Health Institute (FMHI). The original concept paper, where seven discrete studies examining the interaction of the Medicaid and Medicare systems were outlined, is provided in Appendix A.

The proposed action plan for these studies was clearly outlined in the concept paper. The most critical item in the action plan (and the one that is out of the control of both FMHI and AHCA) was the timely transfer of CY1999 Medicare data from the Federal Health Care Financing Administration (HCFA) to the University of South Florida (USF). We had several conference calls with HCFA staff and refined our 45-page data request several times before it was processed successfully by HCFA. It was originally anticipated that data would be transferred in Fall 2000; however because of delays that included the misplacement of our data request by HCFA, the anticipated arrival of Medicare data was modified in the concept paper to be February 2001. Ultimately, the first series of data tapes for CY1999 arrived in early April 2001.

We are still in the process of reading and compiling the approximately 600 data tapes for CY1999 in collaboration with the State Data Center on Aging at the Florida Policy Exchange Center on Aging at USF. In addition, an unduplicated extract of all health identifier codes (HICs) needs to be sent back to HCFA so that Social Security Numbers may be attached, allowing us to link the Medicare data with Medicaid files to carry out the proposed analyses.

Therefore, although we now have most of the needed Medicare data, we are approximately 2-3 months behind schedule using the timeline presented in the December 2000

concept paper. No preliminary analyses using the Medicare data will be possible before the end of the current contract year. However, this Medicaid/ Medicare project was envisioned to be a two-year project, and the time can be “made up” in Year 2. The revised timeline will be:

May-July 2001	<ul style="list-style-type: none"> ▪ Compilation of Medicare data ▪ Request and procurement of SSN files from HCFA ▪ Data extract construction for Medicare/Medicaid studies
July 2001 - January 2002	<ul style="list-style-type: none"> ▪ Exploration and final cleaning and compilation of data sets ▪ Analyses for studies a, b, and c.
September 2001	<ul style="list-style-type: none"> ▪ Request subsequent year (CY2000) of Medicare data from HCFA
January- April 2002	<ul style="list-style-type: none"> ▪ Analyses for studies d, e, f, and g
February 2002	<ul style="list-style-type: none"> ▪ Receipt of CY2000 Medicare files
April-June 2002	<ul style="list-style-type: none"> ▪ Completion of analyses for all studies with a final report submitted in June 2002

Appendix A

FY 2000-2001 Medicare/Medicaid Studies

Concept Paper

Louis de la Parte Florida Mental Health Institute

December 15, 2000

2000-2001 Medicare/Medicaid Studies Team

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INTRODUCTION

The Florida Agency for Health Care Administration (AHCA) has contracted with the Louis de la Parte Florida Mental health Institute (FMHI) to conduct several exploratory studies to examine the relationship and interaction of Florida's Medicaid system and the federal Medicare system. This paper briefly outlines the proposed questions and methodological approaches that will be used in this first examination of Florida Medicare data. It is anticipated that the studies will be conducted from January 2001-June 2002 (that is, through a subsequent contract year) as indicated in the 2000-2001 contract.

Please note: A request for Medicare data (statewide for calendar year 1999) was developed during January-August 2000 and was jointly submitted to the Health Care Financing Administration (HCFA) by the FMHI and the Florida Policy Exchange Center on Aging in early September 2000. As of this date, we are still working with HCFA to obtain the needed data. All the studies proposed in this document rely on the procurement of the appropriate Medicare files. If such Medicare data is not made available by HCFA, the studies herein cannot be carried out as proposed.

BACKGROUND

The public mental health system in Florida is largely funded by three sources: State general revenue funds (GR), Medicaid program funds, and Medicare program funds. For a number of years, FMHI has been examining the support of the public mental health system by the first two funding sources (GR and Medicaid). However, such analyses only allow a partial picture of service use and cost – particularly in a state with large elderly and disabled populations like Florida. The influence of the Medicare program has a profound impact on the management and cost of public mental health services to Medicaid and state GR.

In this 2000-2001 contract year we are proposing to finally integrate the third funding piece into our analyses with a focus on the relationship and interaction of the Medicaid and Medicare systems. Several studies have been proposed, to be completed by June 2002. The progress made by June 2001 will depend upon when the Medicare data is received and compiled, and what

condition the data files are in upon arrival; however we anticipate at least one of the proposed studies to be completed by June 2001. Nevertheless, the 2000-2001 contract year focus is primarily on data procurement and organization.

RESEARCH ACTIVITY PLAN

The 2000-2001 contract specifies five areas of study using Medicare data files:

- Examination of the interaction of Medicaid and Medicare for several cohorts (elders, Severely Mentally Ill [SMI], etc.) with a focus on the dual eligible population.
- Examination of mental health issues in Assisted Living Facilities (ALF) -- particularly for those on OSS.
- Access for minorities.
- Co-morbidity.
- Interaction/integration of Medicare, Medicaid, and Adult Protective Services.

We propose to reorganize this list into 7 discrete studies that will provide important information on service use and cost for individuals who are in the public mental health system. All the studies are initially baseline in nature. As we explore and understand the data sets and immerse ourselves further into the integration of the multiple data sets that will be used in these studies, additional questions and specific hypotheses may evolve and emerge. The current initial questions that we intend to address in the several studies proposed here are outlined in the table below. These are the studies as proposed to HCFA in our Medicare data request (note that the proposal to HCFA included some longitudinal analyses that are not included here for this contract period – the longitudinal analyses could be conducted in future years).

Study	Primary Question(s)	Key Personnel	Study Design/Analytic Plan
a. Florida Mental Health Utilization and Costs	<p>Among persons in Florida with Medicare claims for mental health and/or substance abuse (MH/SA):</p> <ol style="list-style-type: none"> 1. How many receive services within a year, and what are the costs associated with such services? 2. Which demographic factors are associated with use of services? 3. What percent receive Medicare services compared to other publicly-funded services? 	Stiles, Schonfeld, Kip, Dupree	<p>Description: <u>Study population:</u> All persons in Florida with Medicare claims for MH/SA diagnoses. <u>Methods:</u> Time series analysis of Medicare service use and costs for MH/SA services. Medicare claim data will be merged (by Social Security number) with existing databases from other publicly-supported MH/SA services. Descriptive statistics (i.e. frequencies, means, measures of variability and association, etc.) will be used to tabulate and describe annual statewide use of Medicare services for MH/SA services. All results will be presented on an aggregate basis without use of personal identifiers.</p> <p>Data Sets: Medicaid Eligibility and Claims; HMO Encounter data; DCF Integrated Data System.</p>
b. Mental Health and Dual Eligibility	<ol style="list-style-type: none"> 1. What are the service and cost patterns for dual eligible (Medicare-Medicaid) elders with mental health problems? 2. What are the service and cost patterns for persons with serious mental illness who are dually eligible? 	Stiles	<p>Description: Descriptive analyses will be conducted to gain an initial characterization of the access, cost and utilization of services for dually eligible persons. Subsequent analyses examining hypotheses developed from the initial exploratory analyses will be proposed and carried out in future years.</p> <p>Data Sets: Medicaid Eligibility and Claims; HMO encounter data.</p>
c. Transition/shifting among benefit plans	<ol style="list-style-type: none"> 1. What is the flow and transition of individuals among various benefits plans and medical service payors? 	Stiles	<p>Description: Medicare data will be linked with Medicaid and State Mental Health Data Systems data to examine the patterns of eligibility and use. Cross-sectional analyses and cohort analyses (SMI, elders, etc.) will be tracking across systems of care. Descriptive analyses will be initially conducted followed by regression and linear modeling approaches to explain results.</p> <p>Data Sets: Medicaid Eligibility and Claims; DCF Integrated Data System.</p>
d. Mental health issues in ALFs	<p>Among persons residing in ALF's with Medicaid and Medicare claims for mental health and/or substance abuse (MH/SA):</p> <ol style="list-style-type: none"> 1. What are demographic and diagnostic characteristics associated with use? 2. What is the pattern and cost of use? 3. How does the pattern and cost of service use compare with persons residing in the community? 4. What are the comparative use rates by category for men vs. women, minorities vs. non-minorities, and over 65 vs. under 65? 	Becker, Stiles	<p>Description: <u>Study population:</u> All persons in Florida with Medicare and Medicaid claims for MH/SA diagnoses.</p> <p><u>Methods:</u> Data will be linked with Medicaid claims and IDS files for the same time period for a more complete examination of service use and cost by payor source.</p> <p>Data Sets: Medicaid Eligibility and Claims; HMO encounter data; DCF Integrated Data System; AHCA ALF data system.</p>

Study	Primary Question(s)	Key Personnel	Study Design/Analytic Plan
<p>e. Access for traditional underserved groups</p>	<ol style="list-style-type: none"> 1. What are the comparative use rates by category regarding mental health, health, and substance abuse services among elderly minority and non-minority populations, as well as younger populations? 2. How do service use rates differ by age cohorts within and between groups? 3. Do service use rates differ when DOEA service use (not APS) is involved? 4. Are service use rates stable over time? 	<p>Dupree, Stiles</p>	<p>Description: <u>Descriptive statistics:</u> Cross-tabulation of data sets from the state of Florida's Department of Elder Affairs, Medicaid, and Medicare data sets</p> <p><u>Multivariate analysis of variance (MANOVA)</u> to compare service utilization and costs of those with reporting and not reporting DOEA service use, and separate MANOVA. Discriminant analyses are also to be conducted .</p> <p>Data Sets: Medicaid Eligibility and Claims; HMO encounter data; DCF Integrated Data System; DOEA Adult Protective Services data system.</p>
<p>f. Comorbidity and medical cost-offset</p>	<p>Among persons in ALF's with claims for MH/SA:</p> <ol style="list-style-type: none"> 1. How many have co-occurring major medical conditions? 2. Which demographic factors are associated with co-occurring major medical conditions? 3. What is the pattern and cost of medical care for these individuals? 4. How does the pattern and cost of care for these persons in ALF's compare to those without major co-morbidity? 	<p>Stiles, Becker</p>	<p>Description: Descriptive statistics, and cross-tabulation of data to examine comorbidity (mental health and general physical health) and medical cost-offset.</p> <p>Data Sets: Medicaid Eligibility and Claims; HMO encounter data; AHCA ALF data system.</p>
<p>g. Adult Protective Services and service integration</p>	<ol style="list-style-type: none"> 1. How often do older adults who are abused, neglected, or victimized use mental health, health, substance abuse, and aging services (e.g., in home services) in comparison to those who do not report such events? 2. How does service utilization of older adults compare with that of young adults (age 18-54) with reports of abuse/neglect? 3. Does MH and health related service utilization increase over time? 	<p>Schonfeld, Reynolds</p>	<p>Description: <u>Descriptive statistics:</u> Cross-tabulation of data collected from two state agencies (Florida Dept. of Elder Affairs, Florida Dept. of Children and Families Adult Protective Services division).</p> <p><u>Multivariate analysis of variance (MANOVA)</u> to compare service utilization and costs of those with reports to APS for abuse, neglect, or victimization with those not reported, and separate MANOVA.</p> <p>Data Sets: Medicaid Eligibility and Claims; HMO encounter data; DCF Integrated Data System; AHCA Adult Protective Service data system.</p>

Data Limitations: Administrative data sets, and indeed all secondary databases, pose unique problems when they are utilized in research projects (a purpose they are typically not designed for). We are constrained by the scope of the data, the variables collected, the formats used to

store the data, and the methods available for data extractions. For example, we are aware that the Medicare claims extracts we will be receiving do not include service data for persons who are in a Medicare managed care (HMO) plan – thus we will need to carefully develop our interpretations of analyses within that context. In addition, event or service history data sets allow only retrospective analyses without the benefit of an experimental control group.

Understanding the data is a critical first step in using secondary or administrative data in research. Thus, in our data centers, all data sets must be subjected to rigorous fidelity checks (the validity of data submitted for administrative purposes often requires verification through the convergence of multiple data sources, and each specific variable must be evaluated for analytic usefulness) and recompiled to assure structural compatibility prior to integration with other databases. We will better know how to use the Medicare data and interpret results once we understand the context under which the data was collected (benefit plans, clerical procedures, etc.) as well as the quality of data elements.

Database Management: Medicare data will be stored on a data server used to house confidential datasets for the State Data Center on Aging. The data server uses Microsoft Windows 2000 Server as the operating system. Confidential data is stored in a manner consistent with the policies of the Florida Policy Exchange Center on Aging and its State Data Center on Aging. Personnel for the State Data Center on Aging will produce extracts of the relevant Medicare data for FMHI to carry out projects outlined in this concept paper.

POTENTIAL LEGISLATIVE/POLICY IMPACT

These studies have numerous policy implications for state agencies and the state legislature. This examination of how the Medicare system interacts with Florida Medicaid and general revenue systems in the provision of mental health services for various populations of Florida residents will inform future policy decisions. The influence of the Medicare program could have a profound impact on the management and cost of public mental health services to Medicaid and state GR – particularly because so many of Florida’s residents are Medicare beneficiaries who are also eligible for Medicaid (“dually eligible”).

TIMELINE

February 2001	<ul style="list-style-type: none"> ▪ Anticipated receipt of complete Medicare files ▪ Obtain descriptions of Medicare benefit packages
February-April 2001	<ul style="list-style-type: none"> ▪ Compilation and fidelity exploration of Medicare data ▪ Data extract construction for Medicare/Medicaid studies
April-May 2001	<ul style="list-style-type: none"> ▪ Initial analyses on studies a, b, and c above ▪ Request subsequent year of Medicare data from HCFA
June 2001	<ul style="list-style-type: none"> ▪ Report on initial analyses on studies a, b and c
July 2001-June 2002	<ul style="list-style-type: none"> ▪ Continuation/completion of analyses for all studies with a final report submitted in June 2002 ▪ Obtain subsequent year of Medicare data

