USING MEDICAID CLAIMS DATA ON MENTAL HEALTH SERVICES FOR PROGRAM IMPROVEMENT

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Introduction and Overview

- Presentation will cover:
  - Description of Medicaid Analytic Extract (MAX) data
  - Results from CMS MAX project on Medicaid Rx drug use and reimbursement
  - Data on drug use by dual eligibles prepared for SAMHSA
  - Topics covered in SAMHSA MAX project on Medicaid service use by beneficiaries with and without mental health diagnoses
  - Other potential uses of MAX data for mental health services program improvement
MAX Files and Some Current Uses

- Medicaid Analytic Extract (MAX) data are prepared by CMS from Medicaid data submitted electronically by all states and DC
  - MAX files link claims data on all Medicaid services to beneficiary eligibility files, creating a “person summary file” for each beneficiary
  - Can be used for detailed state-by-state analyses and comparisons

- MAX files for 1999 and 2000 are now available; 2001 will be available soon
  - For current availability of MAX files, see: http://www.cms.hhs.gov/researchers/max/current/default.asp
  - Files can only be used by researchers with CMS data use agreements
Medicaid Rx Drug Use and Reimbursement (CMS)

- State-by-state tables ("Statistical Compendium") and a chartbook, using 1999 MAX files, are now on the CMS web site: [http://www.cms.hhs.gov/researchers/](http://www.cms.hhs.gov/researchers/)
  - Data cover fee-for-service (FFS) Rx drug use and expenditures
  - Heaviest users of Rx drugs (disabled and elderly) were generally not in capitated managed care in 1999

- Highlights are covered in two Mathematica Policy Research (MPR) issue briefs
  - "New State Data on Medicaid Drug Use and Cost Can Help States Solve Problems" (March 2005)
  - "Medicaid Drug Use Data Show High Costs and Wide Variation for Dual Eligibles" (August 2005)
  - Both are at: [http://www.mathematica-mpr.com/](http://www.mathematica-mpr.com/)
What Is The Value of 1999 Rx Data in 2005?

- Permits consistent state-by-state comparisons on multiple highly detailed dimensions
  - Beneficiary type, drug type, care setting (nursing facility vs. community)

- If states find they are outliers on key dimensions, they can use their own more recent Rx data to determine why and assess impact of changes since 1999
  - March 2005 MPR issue brief outlines steps

- MAX is best source for comparative data on dual eligible Rx drug use for Medicare Part D plans until 2006 Part D data become publicly available
  - Highlights are in August 2005 MPR issue brief
Use of and Reimbursement for Mental Health Drugs in Medicaid in 1999

- Antipsychotic drugs accounted for nearly 11 percent of total Medicaid FFS pharmacy reimbursement

- Antidepressants accounted for another 7 percent

- Antipsychotic drugs were the top-ranked drug group in terms of total Medicaid FFS pharmacy reimbursement in 38 states in 1999
  - Ranked second in 9 other states and DC
  - See Statistical Compendium, Table N.7

- Among all-year nursing facility (NF) residents, 35% used antipsychotics and 43% used antidepressants
  - NF residents accounted for over 20 percent of Medicaid spending on antipsychotics and antidepressants
The top 10 drug groups (out of over 90 total drug groups) accounted for 48 percent of total Medicaid FFS pharmacy reimbursement in 1999.

Source: Exhibit 12 in Chartbook: Medicaid Pharmacy Benefit Use and Reimbursement in 1999
EXHIBIT 2

REIMBURSEMENT AS A PERCENTAGE OF ALL PHARMACY REIMBURSEMENT AND USERS AS A PERCENTAGE OF ALL BENEFICIARIES FOR TOP 10 DRUG GROUPS, 1999

Source: Exhibit 13 in CMS/MPR Chartbook: Medicaid Pharmacy Benefit Use and Reimbursement in 1999
EXHIBIT 3

REIMBURSEMENT AS A PERCENTAGE OF ALL PHARMACY REIMBURSEMENT AND USERS AS A PERCENTAGE OF ALL BENEFICIARIES FOR TOP 7 THERAPEUTIC CATEGORIES, 1999

Source: Exhibit 14 in Chartbook: Medicaid Pharmacy Benefit Use and Reimbursement in 1999
Rx drug coverage for Medicare-Medicaid dual eligibles will shift to Medicare in 2006

Medicaid reimbursement for Rx drugs for dual eligibles in 1999 accounted for over half of total Medicaid Rx drug costs

Average annual Medicaid reimbursement for dual eligibles in 1999

- All duals: $1629
- Under 65 disabled duals: $2,143
- Non-disabled adults: $182
- Children: $83
Use of Mental Health Drugs by Dual Eligibles in 1999

- Antipsychotics and antidepressants accounted for over 18 percent of total Medicaid Rx reimbursement for duals.

- Under-65 disabled duals were much heavier users of antipsychotics than aged duals:
  - 37% of disabled duals ages 21-44 used antipsychotics vs. less than 12% of duals ages 65-74.

- Dual eligibles in NFs are heavy users of central nervous system (CNS) drugs:
  - 26% of total Medicaid Rx reimbursement for NF residents vs. 21% for all duals combined.
EXHIBIT 4

TOTAL MEDICAID REIMBURSEMENT FOR TOP 10 DRUG GROUPS
AMONG DUAL ELIGIBLES, 1999

The top 10 drug groups (out of over 90 total drug groups) accounted for 56 percent of total Medicaid FFS pharmacy reimbursement for dual eligibles in 1999.

Source: Exhibit 15 in Chartbook: Medicaid Pharmacy Benefit Use and Reimbursement in 1999
Use of Mental Health Drugs by Dual Eligibles in 1999 – SAMHSA Analysis

- **Antidepressants**
  - Used by 24% of full duals
  - Ranked by number of antidepressant users:
    - *Paxil* was in top 5 in every state
    - *Zoloft* was in top 5 in all states but CA and TN

- **Antipsychotics**
  - Used by 15% of full duals
  - Ranked by number of antipsychotic users:
    - *Risperdal* was in top 2 in all states but TN
    - *Zyprexa* was in top 3 in all states

- **Tables** show total number of users, prescriptions, and expenditures for 41 antidepressant drug groups and 57 antipsychotic groups

SOURCE: Special MPR tabulation prepared for SAMHSA in January 2005
Mental Health Rx Policy Issues in Medicare Part D

- Part D health plan formularies must include “all or substantially all” antidepressants and antipsychotics

- Part D statute excludes barbiturates and benzodiazepines from coverage
  - Some states may continue to cover them for duals
  - May develop agreements with Part D plans to assist with coverage

- State-by-state MAX Rx data can identify extent of antidepressant, antipsychotic, barbiturate, and benzodiazepine use by dual eligibles
  - Barbiturate and benzodiazepine use not separately identified in 1999 MPR/CMS MAX Rx tables, but can be in future years
Longer-Term Medicaid Rx and Part D Issues

- Medicaid will remain responsible for Rx drug use for all non-duals
  - Over 60% of Medicaid disabled beneficiaries are not duals
    ♦ They account for 50% of disabled Rx expenditures
    ♦ Over 40% have behavioral health problems

- Medicare PDPs and MA-PDs must learn how to provide cost-effective Rx drug coverage for duals
SAMHSA Mental Health Services MAX Study

- Still in progress; no results available for release yet
  - Should be available on SAMHSA web site later this year
- Covers 50 states and DC, using 1999 MAX files
- Report will include tables for each state and the US
- Tables compare service use by Medicaid beneficiaries with and without mental health (MH) diagnoses
  - Based on diagnoses in MAX files and specialized MH service use
Tables in SAMHSA MH Services Study

- Medicaid FFS MH beneficiaries and expenditures compared to total FFS beneficiaries and expenditures
- Medicaid FFS MH population by diagnostic category and age group
- Psychiatric and general inpatient hospital use and days of stay for Medicaid FFS MH population, by sex and age group
Emergency room use for Medicaid FFS MH and non-MH beneficiaries, by sex and age group

Prescription psychotropic drug use by Medicaid FFS MH and non-MH beneficiaries, by sex and age group

Percent of Medicaid FFS MH beneficiaries who used prescription psychotropic drugs, by diagnostic category and drug type
Potential Uses of MAX Data for Program Improvement

- Main value of data is consistent state-by-state comparisons at points in time and over time
  - Data will always be somewhat old
    - Takes time for states to submit data and for CMS to clean data and link claims files to eligibility files
  - Data on capitated managed care services will lack detail until states submit better encounter data from managed care organizations
    - MH populations and services, especially Rx drugs, often remain in FFS
Potential Uses of MAX Data on Mental Health Services

- Look at states with high and low use of psychotropic drugs to assess possible impact on use of other services (inpatient hospital, emergency room)
  - Could help identify over- or under-prescribing of psychotropics

- Identify beneficiaries with and without mental health diagnoses in NFs and their use of psychotropic drugs
  - Could lead to reassessment of NF admission screening and quality of care reviews
  - A potential accuracy check on NF Minimum Data Set (MDS) reports
Potential Uses of MAX Data on Mental Health Services

- Compare use of mental health and other Medicaid services by selected populations (young children, foster care children, pregnant women, disabled, dual eligibles)
  - Could help identify potential over- or under-use of services

- Look at trends over time to identify spikes or dips in mental health service provision
  - Important to adjust for changes over time in capitated managed care use and encounter data reporting
MAX data are a rich new data source on state-by-state Medicaid service use and expenditures

MAX data on dual eligibles can help with Medicare Part D planning, monitoring, and improvement

Availability of diagnostic information in MAX files permits special studies of beneficiaries with and without mental health diagnoses