



The Hilltop Institute

analysis to advance the health of vulnerable populations

Medicaid Expenditures for Persons with Brain Injury while Residing in a Nursing Facility

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What We'll Cover

- Study purpose and methodology
- Key Findings
 - Study population demographics
 - Medicaid service use and expenditures
 - Nursing facility days
 - Money Follows the Person (MFP) nursing facility (NF) transitions

Study Purpose



- Identify Maryland Medicaid-eligible beneficiaries with a brain injury (BI) diagnosis that were cared for in NFs.
- Examine their Medicaid expenditures and service utilization patterns while residing in a NF.
- Inform Maryland's MFP planning process for persons with BI transitioning from institutions to the community.

Methodology

- Maryland Medicaid files and the Minimum Data Set (MDS) were used to identify Medicaid beneficiaries who:
 - Had a BI diagnosis at some point during fiscal years (FYs) 1996 to 2012
 - Resided in a NF at some point during FYs 2010 to 2012

Methodology continued

- Individuals were assigned a mutually exclusive BI diagnosis group (“TBI-Only,” “Anoxia-Only,” or “TBI and Anoxia”) using ICD-9 and CPT codes.
- Medicaid expenditures incurred during the study population’s NF stays were analyzed by diagnosis group and service type.

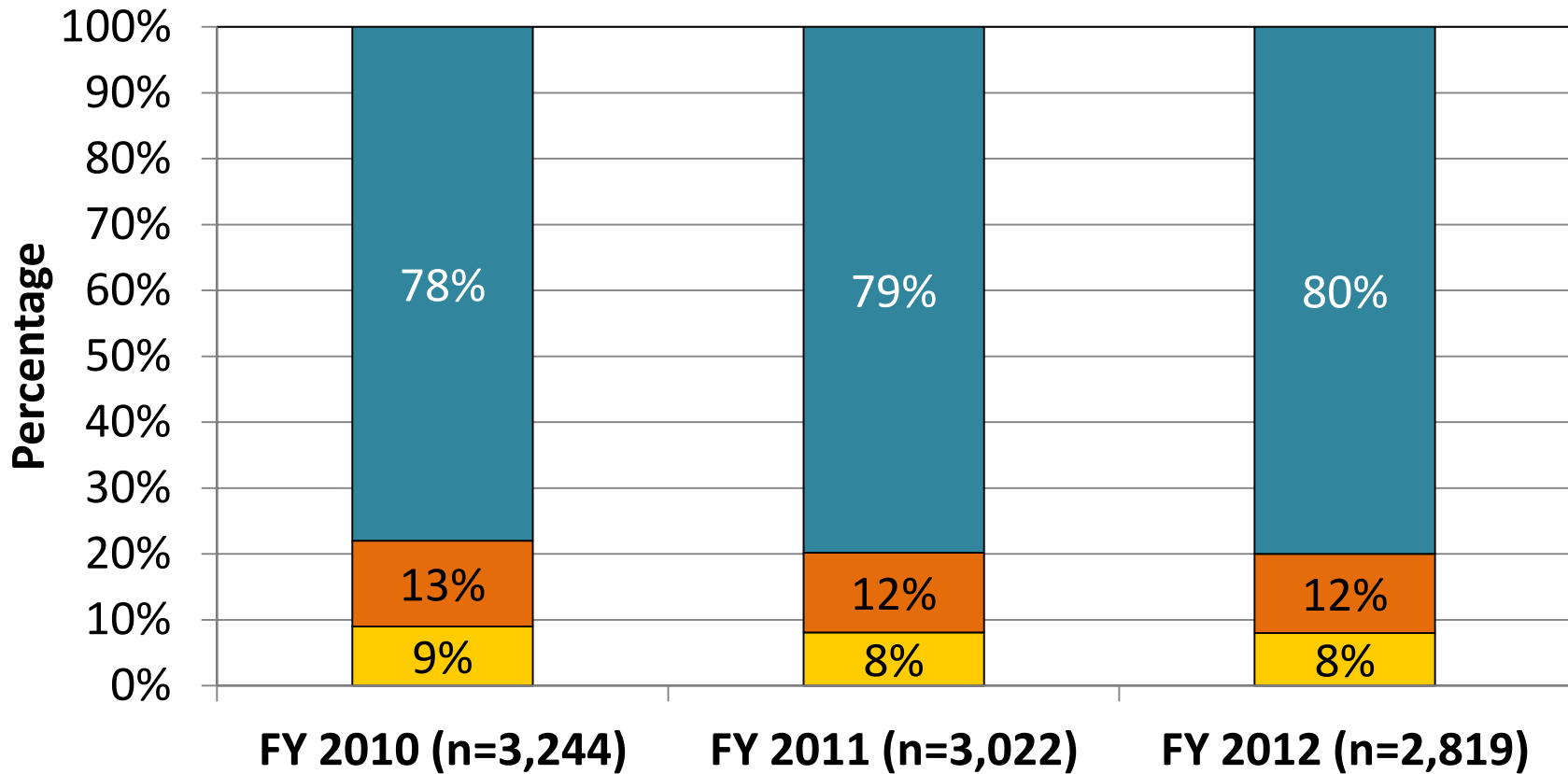
Key Findings

- The study population consisted of 3,244 individuals in FY 2010; 3,022 in FY 2011; and 2,819 in FY 2012.
- Individuals with a “TBI-Only” diagnosis were more likely to be female; persons with both TBI and anoxia were more likely to be male.

Key Findings continued

- In FY 2012, for persons with a TBI diagnosis, the ratio of persons under age 65 to those 65 and older was even, at 5:5.
- The same ratio for NF users without a TBI diagnosis was 2:8, indicating that non-TBI NF users are generally aged 65 and older.

"TBI-Only" Diagnosis Was Prevalent



FY 2012 Medicaid Expenditures

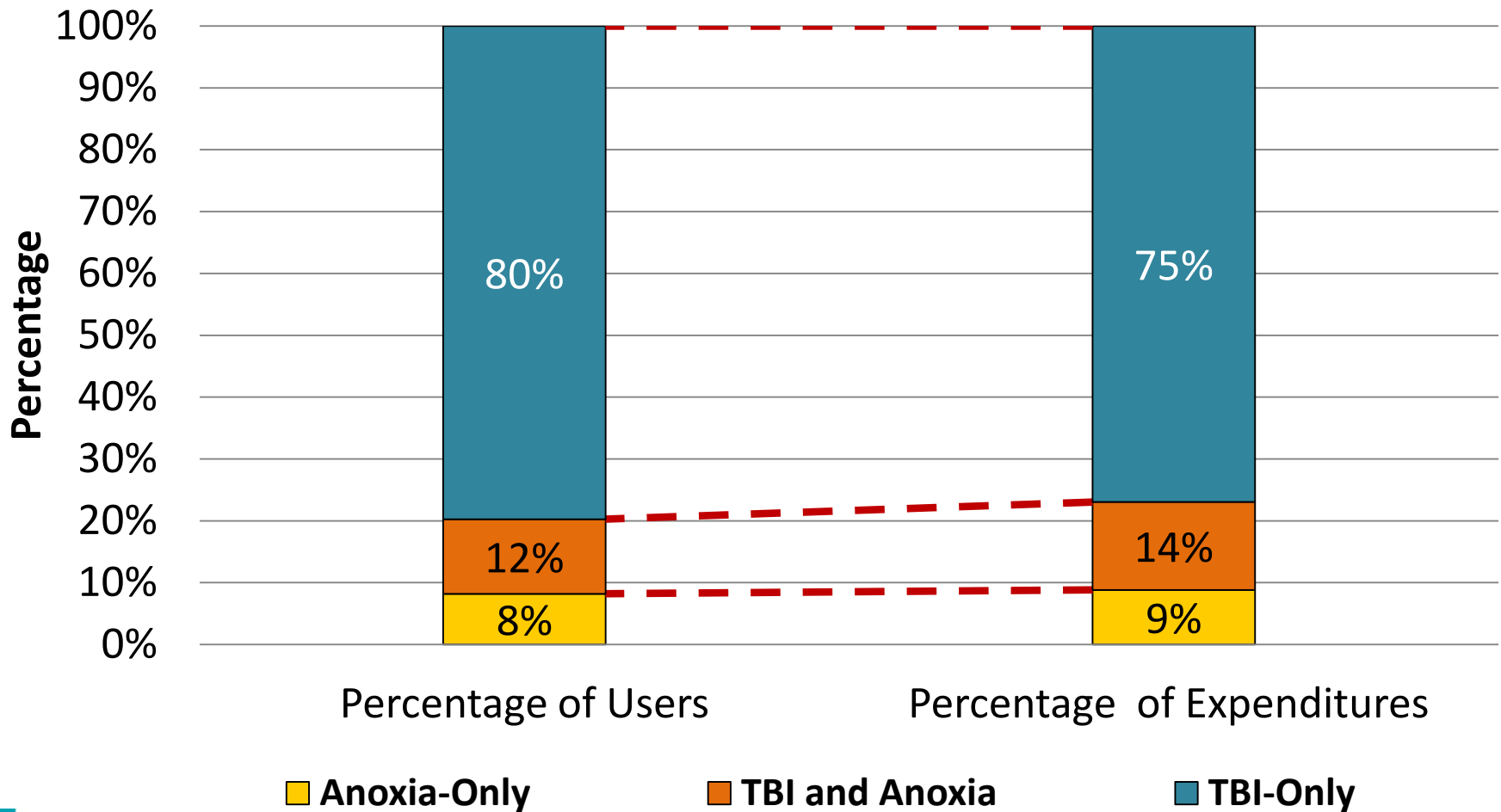


- Expenditures incurred during NF stays for persons with a BI diagnosis totaled \$189.9 million.
- At \$67,360, the average expenditures for persons in the study population were \$16,000 more than those of their non-BI counterparts.

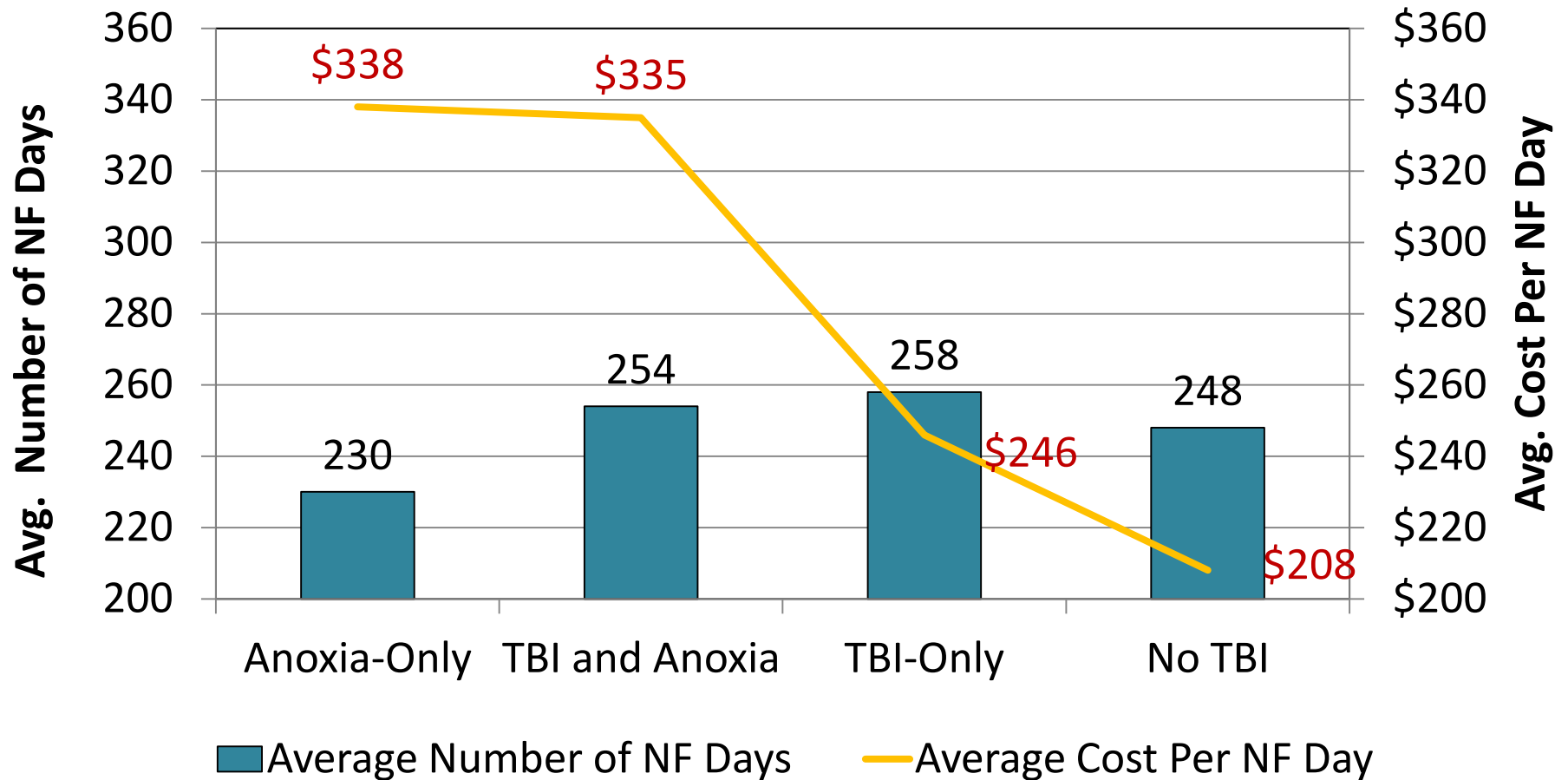
Average Annual Expenditures Were Higher for Persons with TBI and Anoxia

	FY 2010		FY 2011		FY 2012	
	Total Costs	Average Cost per User	Total Costs	Average Cost per User	Total Costs	Average Cost per User
TBI-Only	\$151,926,462	\$59,908	\$148,493,006	\$61,924	\$143,037,261	\$63,629
Anoxia-Only	\$20,444,332	\$73,015	\$19,933,778	\$78,790	\$17,939,034	\$77,658
TBI and Anoxia	\$35,297,142	\$82,470	\$32,508,290	\$87,623	\$28,912,331	\$85,036
Total	\$207,667,936	\$64,016	\$200,935,074	\$66,491	\$189,888,626	\$67,360

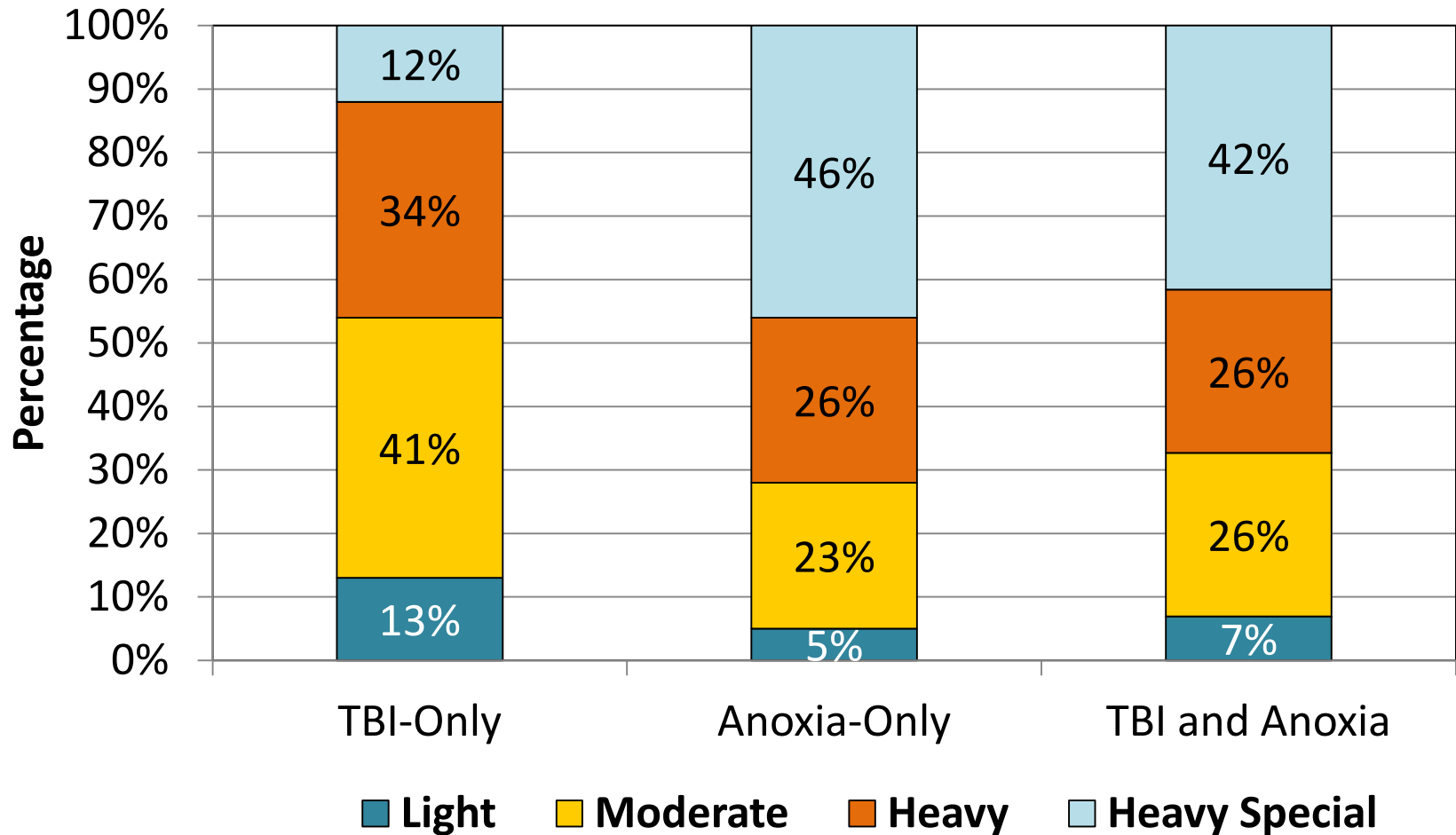
FY 2012 Users and Expenditures



FY 2012 Nursing Facility Days



Distribution of Reimbursement Levels



Study Population's Medicaid Expenditures Were More Diversified

- 94% of Medicaid expenditures for non-BI users were spent on NF services; compared to 87% for the study population.
- Inpatient and pharmacy expenditures were slightly higher for the study population.
- Service utilization was similar across diagnoses; composed largely of NF services.

Money Follows the Person

	Total MPF Transitions*	Transitions for Persons with a TBI Diagnosis	Percentage
FY 2010	340	64	19%
FY 2011	403	60	15%
FY 2012	416	60	14%

* As of June 2013

What are Your Questions?



About The Hilltop Institute

The Hilltop Institute at UMBC is a non-partisan health research organization—with an expertise in Medicaid and in improving publicly financed health care systems—dedicated to advancing the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels. Hilltop is committed to addressing complex issues through informed, objective, and innovative research and analysis.

www.hilltopinstitute.org

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