

# **Medicaid Enrollment FY 2007 through FY 2009**

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April 2011**

## Purpose of Study

- ▶ In Ohio, during State Fiscal Year (FY) 2009, 351,344 Ohioans received at least one of nine Medicaid reimbursable mental health services through the publicly funded community-based mental health system.
- ▶ Of the 351,344 Ohioans, 30% had no Medicaid coverage during the FY, meaning that state and local funds paid for the entire cost of the services. An additional 12% accessing the services had partial Medicaid coverage during the FY.
- ▶ The Affordable Care Act (ACA) will extend Medicaid coverage to individuals under age 65 with incomes up to 133% of Federal Poverty Level (FPL) in 2014.
- ▶ The data presented will help inform decision-makers regarding individuals who are currently using Medicaid reimbursable services through the publicly funded community-based mental health system but do not have any Medicaid coverage.

## Analysis Focus

- ▶ Specifically, the first phase of the analysis focuses on the following descriptive information regarding individuals who received Medicaid reimbursable services through the publicly funded, community-based mental health system:
  - Growth rate during the economic recession
  - Demographic Characteristics (Age and Gender)
  - Diagnoses
  - Board Area

## Medicaid Reimbursable Mental Health Services

- ▶ The nine Medicaid reimbursable mental health services are as follows:
  - Pharmacological management
  - Mental Health assessment by a non-physician
  - Psychiatric diagnostic interview by a physician
  - Behavioral counseling and therapy for an individual
  - Behavioral counseling and therapy in a group setting
  - Crisis intervention mental health services
  - Partial hospitalization
  - Community psychiatric supportive treatment for an individual
  - Community psychiatric supportive treatment in a group setting

## Data Source

- ▶ Data used in this analysis are limited to Medicaid reimbursable mental health service claims stored in the Multi–Agency Community Information Services (MACSIS).
  - ▶ MACSIS is an automated payment and management information system for behavioral health services delivered by publicly funded community–based organizations.
  - ▶ Claims for services delivered through other providers (e.g., primary care physician, State of Ohio’s regional psychiatric hospitals) are not included in MACSIS data and are excluded from the analysis.
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## Medicaid Enrollment Definitions

- ▶ **Continuous Medicaid:** Individuals have Medicaid coverage for all of their episodes during the fiscal year, with federal Medicaid funds paying a portion of all this group's claims for the nine allowable services.
- ▶ **Partial Medicaid—**As the name suggests, Medicaid only paid for claims pertaining to the nine allowable services when the individual had Medicaid coverage. State and local funds paid for the services when the individual did not have Medicaid coverage.
- ▶ **Non-Medicaid—**Individuals received at least one Medicaid reimbursable mental health service during the fiscal year, but did not have any Medicaid coverage at any point during the fiscal year. State and local funds paid for the Non-Medicaid claims.

## Medicaid and Non-Medicaid Enrollees Accessing Medicaid Reimbursable Mental Health Services through the Publicly Funded Community-Based Mental Health System FY 2007–FY 2009

Between FY 2007 and FY 2009, Ohio residents accessing Medicaid reimbursable mental services through the publicly funded community-based mental health system increased by 11.2%. The Partial Medicaid category experienced the largest growth rate of 33% while Continuous Medicaid category increased by 11.2% and the Non-Medicaid group was 4.2%.

Enrollees	FY 2007		FY 2009		% Increase FY 2007 to FY 2009
	Number	% of Total	Number	% of Total	
Total	316,088		351,344		11.2%
Continuous	181,727	57.6%	202,019	58.3%	11.2%
Partial	32,036	10.1%	42,719	12.2%	33.3%
Non-Medicaid	102,325	32.4%	106,606	30.3%	4.2%

FY 2009

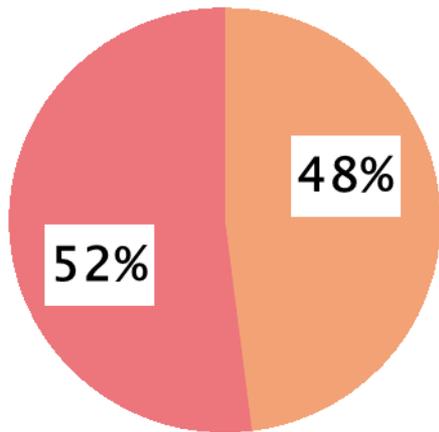
## Gender of Enrollees Using Medicaid Reimbursable Mental Health Services through the Publicly Funded Community-Based Mental Health System

Overall, more females than males used Medicaid reimbursable mental health services .

For Non-Medicaid enrollees, more males than females accessed Medicaid reimbursable mental health services.

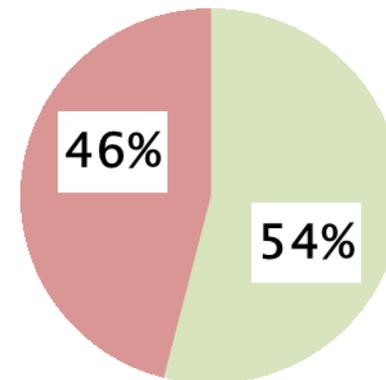
### Gender of All Enrollees

■ Males ■ Females

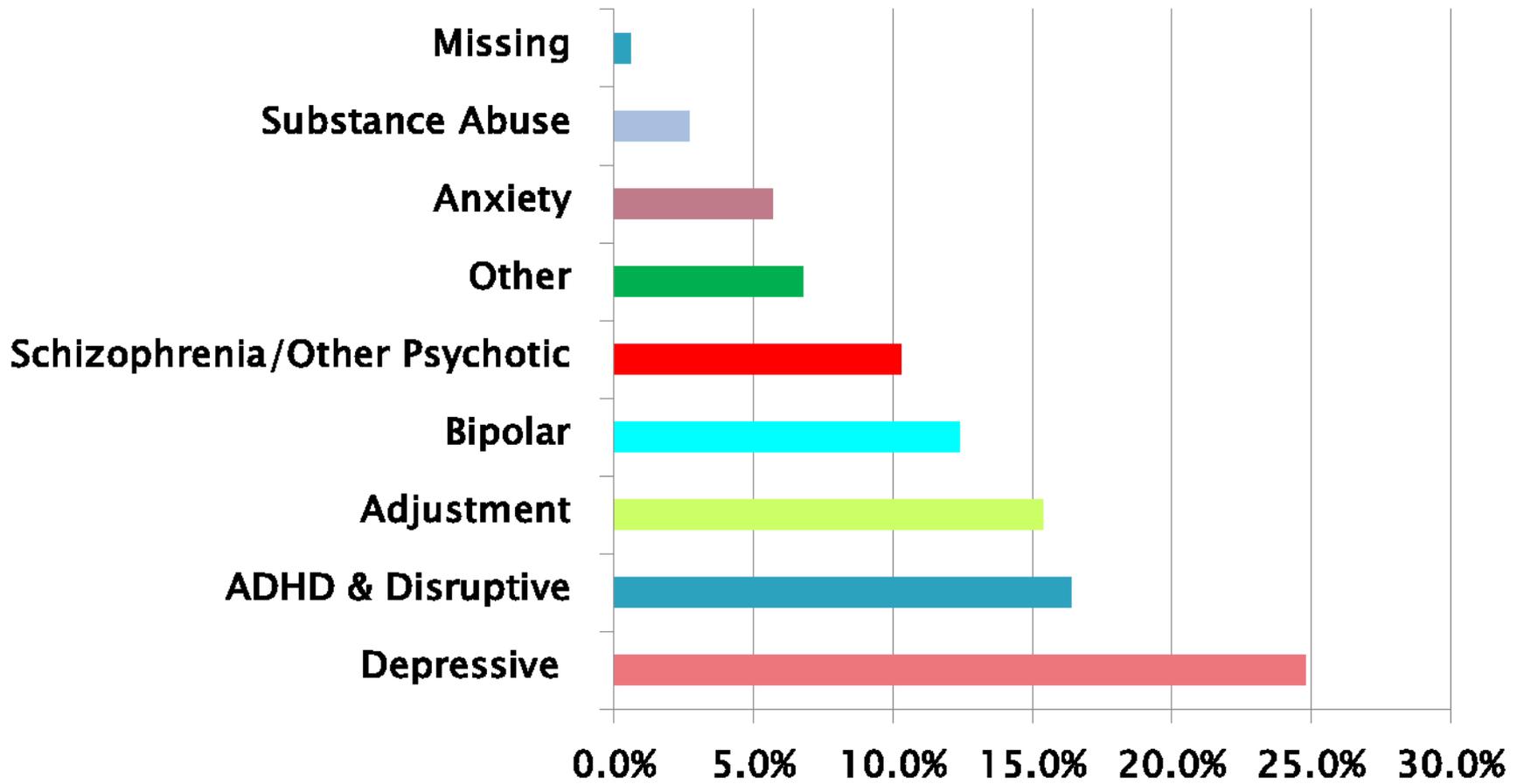


### Gender of Non-Medicaid Enrollees

■ Males ■ Females



FY 2009  
Diagnoses of Individuals Using  
Medicaid Reimbursable Mental Health Services  
through the Publicly Funded Community-Based Mental Health System



## FY 2009 Five Most Common Diagnoses of Individuals Using Medicaid Reimbursable Mental Health Services through the Publicly Funded Community–Based Mental Health System by Enrollment Category

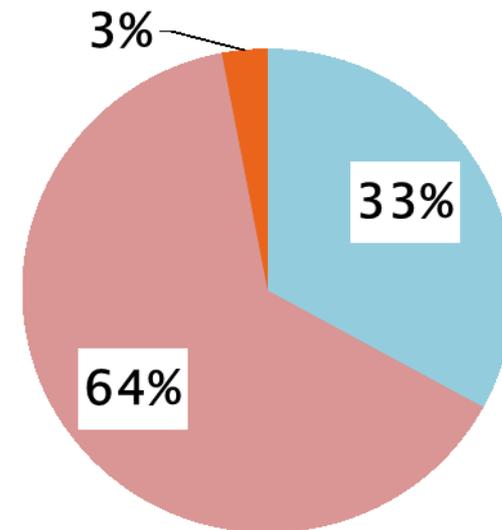
Enrollment Category	Depressive Disorders	ADHD & Disruptive Disorders	Adjustment Disorders	Bipolar	Schizophrenia / Other Psychotic Disorders
Total	24.8%	16.4%	15.4%	12.4%	10.3%
Continuous	21.9%	24.1%	18.0%	10.3%	7.1%
Partial	24.7%	9.1%	8.4%	17.9%	24.4%
Non–Medicaid	30.3%	4.9%	13.4%	14.2%	10.3%

As the results indicate, 30% of the Non–Medicaid enrollees were diagnosed with depressive disorders. Approximately 25% of the Partial enrollees either had depressive disorders or schizophrenia/other psychotic disorders. About 24% of the Continuous Medicaid enrollees were diagnosed with ADHD & Disruptive disorders and about 20% with depressive disorders.

FY 2009

## Age of Enrollees Using Medicaid Reimbursable Mental Health Services through the Publicly Funded Community-Based Mental Health System

There is an over-representation of children receiving Medicaid reimbursable mental health services through the publicly funded community-based mental health services. In 2009, residents who were 17 years or younger comprised 10.4% of Ohio's population. Over-representation of enrollees who were 17 years or younger and who are accessing Medicaid reimbursable mental health services can be linked to eligibility policies for children-specific Medicaid programs, e.g., CHIPS. In these children-specific Medicaid programs, children and adolescents in households with incomes below the 200% of the federal poverty level are covered but coverage does not extend to parents or caregivers .



■ 17 or younger

■ 18 to 64

■ 65+

## FY 2009

# Age of Enrollees Using Medicaid Reimbursable Mental Health Services in the Publicly-Funded Community-Based Mental Health

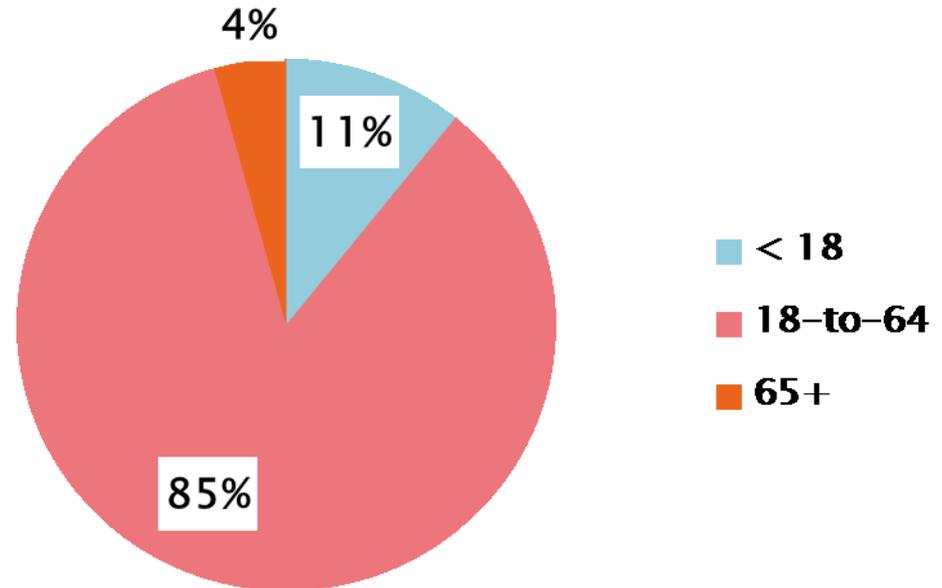
Enrollment Category	17 Years or Younger	18 to 64	65 Years Old or Older
Total	32.9%	64.0%	3.1%
Continuous Medicaid	47.6%	49.7%	2.7%
Partial Medicaid	18.4%	79.3%	2.3%
Non-Medicaid	10.8%	84.8%	4.3%

Of particular interest is the 18-to-64 age cohort, which comprised 64% of the total enrollees, about 50% of the Continuous Medicaid group, approximately 79% of the Partial Medicaid category, and 85% of the Non-Medicaid group. The varied representation for the 18-to-64 age cohort within the Medicaid enrollment categories is linked to Medicaid eligibility rules. Eligibility rules for adult-specific Medicaid are more restrictive and are more volatile than children-related eligibility due to spend-down, lower income eligibility requirements, and time-limited coverage.

# In FY 2009, approximately 96% of the Non-Medicaid Enrollees Were Under the Age of 65.

Under the Affordable Care Act provisions, Medicaid coverage will be extended to people who are under the age of 65 and whose household income is at or below 133% of the federal poverty level. One can probably assume that many of the Non-Medicaid enrollees live in households with incomes equal to or below the 133% federal poverty level since local communities have to ration publicly funded mental health services to the poor and near poor residents.

### Non Medicaid Enrollee Age Distribution

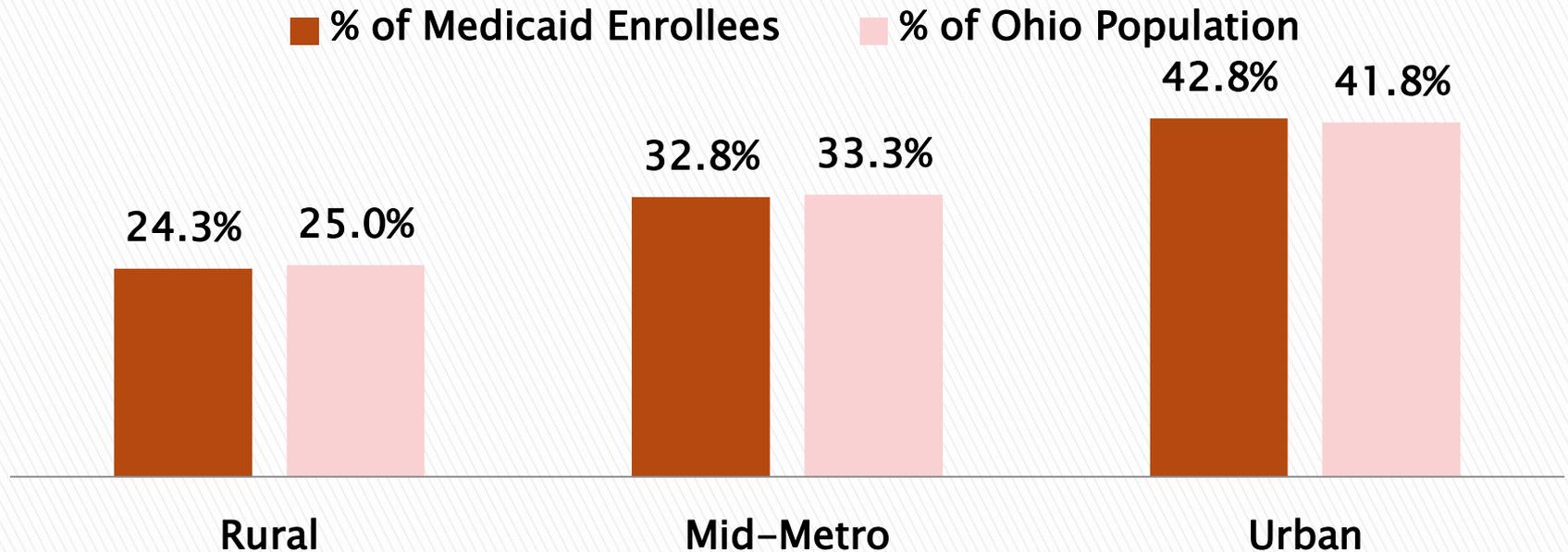


## Board Area Data

- ▶ Using a classification scheme developed by the Ohio Department of Development to group counties into geographical classifications, researchers split local mental health boards into three geographical groups:
  - Urban—Urban mental board areas have at least 500,000 residents (e.g., Cuyahoga)
  - Mid-Size Metropolitan—Mid-size metropolitan board areas have small urban cities (e.g., Lorain) and suburban areas (e.g., Geauga).
  - Rural—Rural board areas include Appalachian counties, such as Jefferson, and non-metropolitan counties (e.g., Huron).

FY 2009

## % of Individuals Using a Medicaid Reimbursable Mental Health Service through the Publicly Funded Community-Based Mental Health System by Geographical Classification



In FY 2009, approximately 43% of the individuals using Medicaid reimbursable mental health service through the publicly funded community-based mental health system lived in an urban area, compared to 33% in mid-size metropolitan areas, and 24% in rural areas. As the graph indicates, the dispersion of enrollees is consistent with the board area classification's proportional share of the total population.

## FY 2009

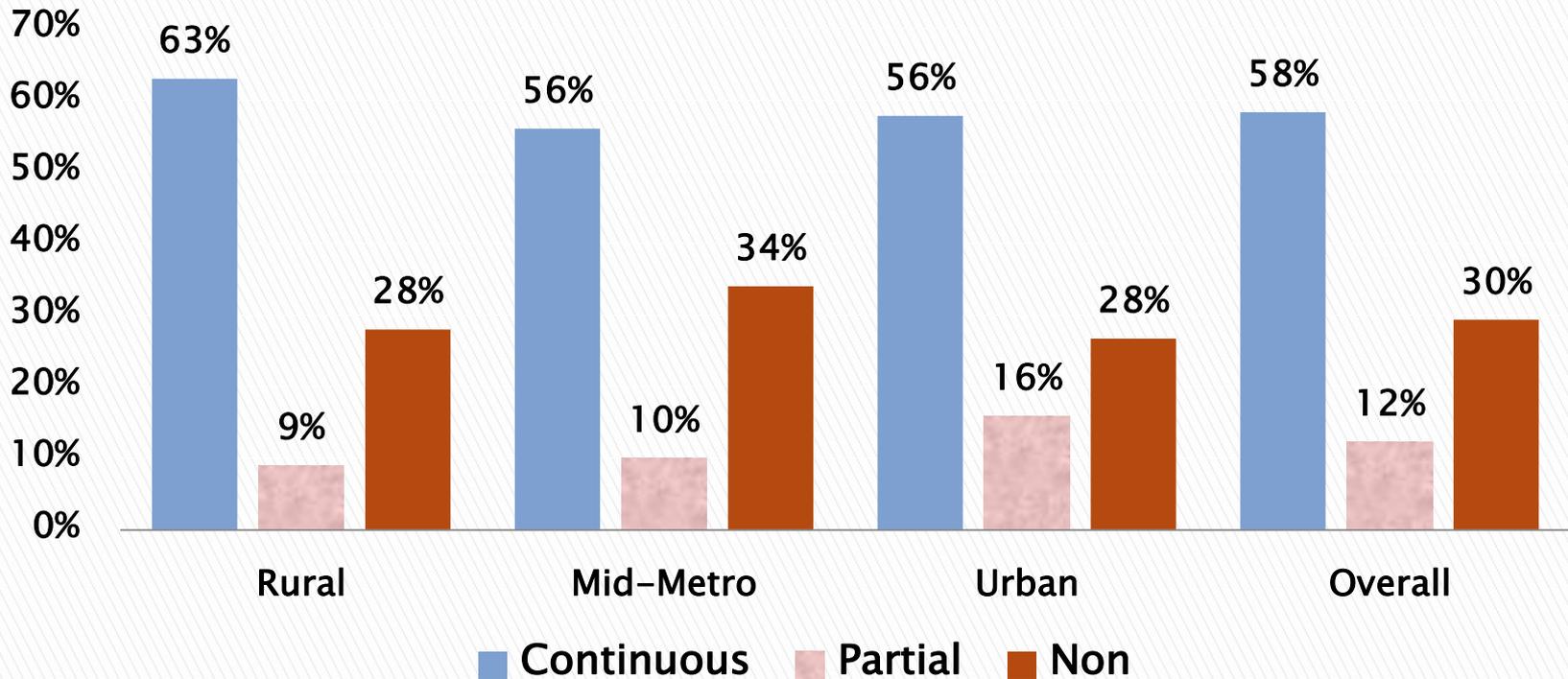
# Individuals Using Medicaid Reimbursable Mental Health Services through the Publicly Funded Community–Based Mental Health System by Geographical Classification

Geographical Classification	Continuous	Partial	Non–Medicaid	Total
Rural	53,819	7,525	24,148	85,492
Mid–Metropolitan	64,095	11,878	39,436	115,409
Urban	84,105	23,316	43,022	150,443

According to results, the number of Non–Medicaid individuals is similar for the mid–sized metropolitan category (39436) and for the urban category (43,022).

FY 2009

## Comparison of Individuals Using Medicaid Reimbursable Mental Health Services through the Publicly Funded Community-Based System by Geographical Classification and Enrollment Category



The mix of Continuous, Partial, and Non-Medicaid enrollees differed among the three geographical categories

## FY 2009

### Number of Non Medicaid Enrollees Who Are Under the Age of 65 and Who Used Medicaid Reimbursable Mental Health Services through the Publicly Funded Community-Based Mental Health System Sorted by Geographical Classification

Based on the 2009 data, the largest possible effect of a shift of Non-Medicaid enrollees under the Affordable Care Act to Continuous Medicaid would probably be within the mid-size metropolitan group since this category has the highest proportion of Non-Medicaid enrollees in their caseload mix.

Geographical Classification	Non-Medicaid Enrollees Under Age 65
Rural	23,020
Mid-Metropolitan	37,711
Urban	41,255
Total	101,986

## Limitations

- ▶ This analysis relies on FY 2007 through FY 2009 data. Information will be updated when FY 2010 claims become available.
  - ▶ Partial Medicaid Enrollees need to be separated into various Medicaid eligibility categories, e.g., Aged, Blind and Disability and Children and Family Coverage.
  - ▶ Additional analyses should be conducted to determine how many individuals switched from the Non-Medicaid enrollment category to one of the two Medicaid categories.
  - ▶ Services by enrollment category and by diagnosis, particularly Depression disorders, should be undertaken to determine if service delivery varied.
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