

# SNP Stakeholder Meeting for Seniors and People with Disabilities in Managed Care

## MSHO/MSC+ Evaluation Study

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# MSHO/MS C+ Longitudinal Data Analysis

- Analysis conducted for ASPE/Office of Disability, Aging and LTC Policy by RTI International and the Urban Institute
- Study conducted comparing MSHO and MSC+
- Study period was 2010 -2012
- Used full Medicaid and Medicare claims for both MSHO and MSC+
- First time full comparison of MSHO and MSC+ conducted
- State has not had Medicare data for MSC+ enrollees in the past to conduct similar study



# MSHO/MSC + Enrollment Analysis Highlights

- MSHO enrollees tended to be:
  - Older
  - Female
  - Have more medical conditions and disabilities
  - Slightly more likely to live in rural areas
- Very few MSHO enrollees ever switched to MSC+ during the year
- But 12.8% of MSC+ enrollees switched to MSHO after the start of the year



# MSHO/MS C+ Outcomes Analysis Highlights

MSHO Enrollees were:

- 48% less likely to have a hospital stays and if so, had 26% fewer stays than if in MSC+
- 6% less likely to have an outpatient ED visit and if so, had 38% fewer visits than if in MSC+
- 2.7 times more likely to have a primary care visit, but if so, had 36% fewer visits than in MSC+
- No more likely to have a nursing home admission than in MSC+
- 13% more likely to have any home and community-based service than in MSC+
- In urban areas, less likely to have inpatient care and more likely to have primary care physician care



# MSHO/MSHC+ Evaluation Conclusions

- Adopting a fully integrated model similar to MSHO may have merit for other states.
- Capitation model represented by the MSHO program is associated with improved patterns of care which has the potential for improving health and health care outcomes for dual eligible.

