

Diabetes-Related Services Under Texas Medicaid

Including Fee-For-Service,
Primary Care Case Management,
STAR, STAR Plus, and CHIP

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Fee For Service and Primary Care Case Management programs

The percentage of children receiving diabetes-related services remained relatively stable between SFY 2003 (0.3%) and SFY 2006 (0.4%). Similarly, the number of claims per child also remained relatively stable during this time period, with 5.46 claims per child in SFY 2003 and 5.44 claims per child in SFY 2006. However, the dollars paid per child decreased during this time period. A total of \$1,727 was paid per child in SFY 2003 and \$1,565 was paid per child in SFY 2006. The dollars paid per claim decreased as well, from \$316 in SFY 2003 to \$288 in SFY 2006.

The percentage of adults receiving diabetes-related services rose from 18.4% in SFY 2003 to 21.2% in SFY 2006. There was a corresponding increase in the number of claims per adult, from 10.14 claims per adult in SFY 2003 to 11.44 claims per adult in SFY 2006. Both the total dollars paid per adult and the total dollars paid per claim decreased during this time period. A total of \$1,816 was paid per adult in SFY 2003 and \$1,652 was paid per adult in SFY 2006. A total of \$179 was paid per claim in SFY 2003 and \$144 was paid per claim in SFY 2006.

Managed Care Organizations (HMOs)

The percentage of STAR children receiving diabetes-related services remained relatively stable between SFY 2003 (0.2%) and SFY 2006 (0.3%). The number of encounters per child rose slightly during this time period, with 4.54 encounters per child in SFY 2003 and 4.81 encounters per child in SFY 2006. The estimated dollars paid reported by the health plans per child also increased during this time period. A total of \$976 was estimated paid per child in SFY 2003 and \$1,077 was estimated paid per child in SFY 2006. The estimated dollars paid per encounter rose slightly during this time period, as well, from \$215 per child in SFY 2003 to \$224 per child in SFY 2006.

The percentage of STAR adults receiving diabetes-related services rose slightly from 2.8% in SFY 2003 to 3.0% in SFY 2006. The number of encounters per adult rose from 4.45 encounters per adult in SFY 2003 to 5.52 encounters per adult in SFY 2006. Both the total estimated dollars paid per adult and the dollars paid per encounter increased during this time period. A total of \$829 was estimated paid per adult in SFY 2003 and \$1,275 was estimated paid per adult in SFY 2006. A total of \$186 was estimated paid per encounter in SFY 2003 and \$231 was estimated paid per encounter in SFY 2006.

STAR Plus clients were much more likely than other managed care clients to receive diabetes-related services. Overall, however, there was very little change between SFY 2003 and SFY 2006. The percentage of STAR Plus clients who received services was 11.5% in SFY 2003, rose slightly in SFY 2004 and again in SFY 2005, and then dropped back to 11.5% in SFY 2006. The number of encounters per client rose from SFY 2003 (13.2 encounters per client) to SFY 2005 (14.58), but then dropped to 10.96 encounters per client in SFY 2006. The estimated dollars paid per client was \$3,559 in SFY 2003, and \$3,152 in SFY 2006. Like the number of encounters per client, there were slight increases in the estimated dollars paid per client in SFY 2004 and SFY 2005 before the decrease in SFY 2006. The estimated dollars paid per encounter had a different pattern, however. The estimated dollars paid per encounter in SFY 2003 was \$270 per client. That amount decreased both in SFY 2004 and SFY 2005 before increasing to a high of \$287 estimated dollars paid per encounter in SFY 2006.

Note: Health Maintenance Organizations participating in Medicaid Managed Care in Texas are paid on a capitation basis, and not on a fee-for-service basis. Therefore, any dollar amounts provided for Managed Care are estimates provided by the Health Maintenance Organizations and are not actual amounts paid by Texas Medicaid.

Prepared By: Research Team, Strategic Decision Support, Texas Health and Human Services Commission, July 2008.

Diabetes, Texas Medicaid SFY 2006

Unduplicated Clients Receiving Diabetes-Related Services¹ by Diabetes Type and Coverage

Note: Age of client is not included in STAR Plus encounters. All STAR Plus clients are listed here as adults.

All Diabetes

| | FFS/PCCM | STAR | STAR Plus | Total Unduplicated Clients |
|----------------|----------|-------|-----------|----------------------------|
| youth under 21 | 5,955 | 2,608 | -- | 8,145 |
| adults 21+ | 192,457 | 3,218 | 7,696 | 200,520 |
| Total all ages | 198,098 | 5,818 | 7,696 | 208,197 |

Type 1 Diabetes

| | FFS/PCCM | STAR | STAR Plus | Total Unduplicated Clients |
|-----------------------|----------|-------|-----------|----------------------------|
| youth under 21 | 2,544 | 1,169 | -- | 3,422 |
| adults 21+ | 49,654 | 683 | 1,644 | 51,520 |
| Total Type 1 all ages | 52,054 | 1,849 | 1,644 | 54,681 |

Type 2 Diabetes

| | FFS/PCCM | STAR | STAR Plus | Total Unduplicated Clients |
|-----------------------|----------|-------|-----------|----------------------------|
| youth under 21 | 4,744 | 1,985 | -- | 6,572 |
| adults 21+ | 185,762 | 2,923 | 7,382 | 193,560 |
| Total Type 2 all ages | 190,313 | 4,900 | 7,382 | 199,894 |

¹Diabetes-Related Services is defined as claims with primary diagnosis of ICD-9-CM 250.
Age is based on age on the age of the client on the date of service.

Medicaid Fee-For-Service (FFS) and Patient Care Case Management (PCCM) Expenditures for Diabetes-Related Services, SFY 2003-2006

| | Eligibility FFS and PCCM clients only | Percentage of clients with service | Diabetes Clients | Diabetes Claims | Claims per client | Reimbursement Paid | Dollars per client | Dollars per claim |
|-----------------------------|---------------------------------------|------------------------------------|------------------|-----------------|-------------------|--------------------|--------------------|-------------------|
| FY2003 | | | | | | | | |
| 20 years of age and younger | 2,095,637 | 0.3% | 7,199 | 39,330 | 5.46 | \$12,430,223 | \$1,726.66 | \$316.05 |
| 21 years of age and older | 1,099,465 | 18.4% | 202,136 | 2,049,229 | 10.14 | \$367,069,894 | \$1,815.96 | \$179.13 |
| FY2004 | | | | | | | | |
| 20 years of age and younger | 2,289,346 | 0.4% | 8,554 | 45,622 | 5.33 | \$12,044,448 | \$1,408.05 | \$264.01 |
| 21 years of age and older | 1,096,544 | 19.2% | 211,039 | 2,234,491 | 10.59 | \$363,000,457 | \$1,720.06 | \$162.45 |
| FY2005 | | | | | | | | |
| 20 years of age and younger | 2,308,269 | 0.4% | 8,763 | 50,613 | 5.78 | \$13,670,387 | \$1,560.01 | \$270.10 |
| 21 years of age and older | 1,104,206 | 20.3% | 224,574 | 2,542,698 | 11.32 | \$382,982,083 | \$1,705.37 | \$150.62 |
| FY2006 | | | | | | | | |
| 20 years of age and younger | 2,354,424 | 0.4% | 9,689 | 52,716 | 5.44 | \$15,164,890 | \$1,565.17 | \$287.67 |
| 21 years of age and older | 1,120,718 | 21.2% | 238,116 | 2,724,096 | 11.44 | \$393,270,158 | \$1,651.59 | \$144.37 |

Note: Diabetes-Related Services is defined as claims with any diagnosis of ICD-9-CM 250.

Note: Age is based on age on the age of the client on the date of service.

Data Source: FFS and PCCM data were selected from the Texas Medicaid and Health Partnership (TMHP) Ad Hoc Query Platform (AHQP) Claims Universe.

Prepared By: Research Team, Strategic Decision Support, Texas Health and Human Services Commission, February, 2008.

Medicaid Managed Care Expenditures for Diabetes-Related Services,¹ SFY 2003-2006

| | Eligibility STAR/STAR Plus clients only | Percentage of clients with service | Diabetes Clients | Diabetes Encounters | Encounters per client | Amount Paid ² | Dollars per client ¹ | Dollars per encounter ² |
|---------------|---|------------------------------------|------------------|---------------------|-----------------------|--------------------------|---------------------------------|------------------------------------|
| FY2003 | | | | | | | | |
| STAR under 21 | 934,821 | 0.2% | 1,803 | 8,194 | 4.54 | \$1,758,968 | \$975.58 | \$214.67 |
| STAR over 20 | 146,166 | 2.8% | 4,080 | 18,150 | 4.45 | \$3,383,709 | \$829.34 | \$186.43 |
| STAR Plus | 58,932 | 11.5% | 6,799 | 89,762 | 13.20 | \$24,195,086 | \$3,558.62 | \$269.55 |
| FY2004 | | | | | | | | |
| STAR under 21 | 1,077,726 | 0.3% | 2,745 | 12,311 | 4.48 | \$2,349,921 | \$856.07 | \$190.88 |
| STAR over 20 | 145,273 | 3.0% | 4,400 | 21,208 | 4.82 | \$4,169,184 | \$947.54 | \$196.59 |
| STAR Plus | 60,392 | 11.8% | 7,145 | 98,456 | 13.78 | \$26,347,542 | \$3,687.55 | \$267.61 |
| FY2005 | | | | | | | | |
| STAR under 21 | 1,159,128 | 0.3% | 3,411 | 15,643 | 4.59 | \$3,324,880 | \$974.75 | \$212.55 |
| STAR over 20 | 144,741 | 3.0% | 4,348 | 22,238 | 5.11 | \$4,631,818 | \$1,065.28 | \$208.28 |
| STAR Plus | 62,719 | 12.4% | 7,758 | 113,116 | 14.58 | \$29,475,173 | \$3,799.33 | \$260.57 |
| FY2006 | | | | | | | | |
| STAR under 21 | 1,252,550 | 0.3% | 3,559 | 17,113 | 4.81 | \$3,834,545 | \$1,077.42 | \$224.07 |
| STAR over 20 | 150,517 | 3.0% | 4,457 | 24,586 | 5.52 | \$5,684,861 | \$1,275.49 | \$231.22 |
| STAR Plus | 68,460 | 11.5% | 7,873 | 86,311 | 10.96 | \$24,812,533 | \$3,151.60 | \$287.48 |

Notes:

¹ Diabetes-Related Services is defined as encounters with any diagnosis of ICD-9-CM 250

² Health Maintenance Organizations participating in Medicaid Managed Care in Texas are paid on a capitation basis, and not on a fee-for-service basis. Therefore, any dollar amounts provided for Managed Care are estimates only.

Source: Texas Medicaid Managed Care Encounter Database, Institute for Child Health Policy

Diabetes in Texas CHIP, SFY 2007

Type 1 Diabetes

| Type of encounter | Number of encounters | Number of members | estimated amount paid** |
|--------------------|----------------------|-------------------|-------------------------|
| Inpatient | 899 | 119 | \$736,415.36 |
| Outpatient | 1,060 | 425 | \$157,453.10 |
| Physician/Supplier | 16,525 | 1,059 | \$1,333,844.54 |
| Total | 18,484 | 1,085 | \$2,227,713.00 |

Type 2 Diabetes

| Type of encounter | Number of encounters | Number of members | estimated amount paid** |
|--------------------|----------------------|-------------------|-------------------------|
| Inpatient | 108 | 30 | \$118,345.76 |
| Outpatient | 327 | 232 | \$71,149.02 |
| Physician/Supplier | 4,586 | 1,215 | \$275,840.65 |
| Total | 5,021 | 1,316 | \$465,335.43 |

Unduplicated total number of children enrolled: 554,554
Total Capitated dollar amount paid by Texas for all CHIP children: \$322,054,465.42

Notes:

Type 1 Diabetes is defined as ICD9-CM code 250.*1 or 250.*3 in the primary diagnosis field.

Type 2 Diabetes is defined as ICD9-CM code 250.*0 or 250.*2 in the primary diagnosis field.

** Estimated cost information was not provided for all claims. Further, CHIP healthplans are paid on a capitated basis, and not on a fee for service basis. Therefore, the estimated amount paid reported by the healthplans is not the amount paid by Texas.

**Type 2 Diabetes claims among children 0-17 years old
Texas CHIP and Texas Medicaid Managed Care SFY 2007**

| CHIP SFY 2007 | | | Managed Care (STAR) SFY 2007 | | |
|----------------------|----------------------|-------------------|---------------------------------|----------------------|-------------------|
| HHS Region Name | Number of encounters | Number of members | Region Cd | Number of encounters | Number of members |
| 01 High Plains | 54 | 15 | 01 High Plains | 224 | 85 |
| 02 Northwest Texas | 17 | 5 | | | |
| 03 Metroplex | 812 | 268 | 03 Metroplex | 1,938 | 716 |
| 04 Upper East Texas | 41 | 9 | | | |
| 05 Southeast Texas | 136 | 28 | | | |
| 06 Gulf Coast | 1,206 | 503 | 06 Gulf Coast | 2,553 | 1,008 |
| 07 Central Texas | 161 | 36 | 07 Central Texas | 196 | 105 |
| 08 Upper South Texas | 271 | 95 | 08 Upper South Texas | 1,039 | 402 |
| 09 West Texas | 40 | 6 | | | |
| 10 Upper Rio Grande | 27 | 6 | 10 Upper Rio Grande | 529 | 196 |
| 11 Lower South Texas | 120 | 38 | 11 Lower South Texas | 422 | 147 |
| Total | 2,885 | 999 | Total | 6,901 | 2,656 |

Notes:

Type 2 Diabetes is defined as ICD9-CM code 250.*0 or 250.*2 in the primary diagnosis field.

The data represent Outpatient and Physician encounters as reported by the health plans to ICHP.

There were a number of Managed Care members with no known county or region listed. They are not included in the table above.

State fiscal year is from September 1-August 31.