Background

• Diabetes affects more than 39 million Americans, and those with diabetes have a higher risk of experiencing severe health issues, such as kidney failure, stroke, and amputations.1

• Diabetes is costly; in the U.S., the total estimated cost of diagnosed diabetes in 2012 was $245 billion in direct medical costs and reduced productivity.2

• Because diabetes disproportionately affects individuals with low income, Medicaid plays an important role in providing health care coverage.3

Objective

To provide a picture of diabetes-related service use and costs in HealthChoice, Maryland’s Medicaid managed care program, in calendar years (CYs) 2013 and 2014.

Methods

Participants of this study were: (1) aged 35-64 years and (2) enrolled in HealthChoice for all 12 months of the study year. We determined a diabetes diagnosis using the Healthcare Effectiveness Data and Information Set (HEDIS) criteria for Comprehensive Diabetes Care measures. We used Medicaid administrative data to identify diabetes status, utilization by service category, and expenditures. We compared HealthChoice enrollees with diabetes to enrollees without diabetes.

Results

• In both study years, the average total spending per user for enrollees with diabetes was more than double the average total spending per user for those without diabetes.

• Enrollees with diabetes had higher average spending per user in each service category and expenditures in Medicaid. Table 1: Key Descriptive Statistics, CYs 2013 & 2014

• Though enrollees with diabetes made up 13.5% of the cohort, they accounted for 26.0% of spending in CY 2013. CY 2014 had similar results.

Table 2. Percentage of Enrollees who Used Services, by Diabetes Status and Service Category, CYs 2013 & 2014

Table 3. Total Expenditures by Diabetes Status, CYs 2013 & 2014

Results continued

We conducted a logistic regression on 2014 data to test whether enrollees with diabetes were more likely to have an inpatient admission and ED visit than those without diabetes.

Table 5. Logistic Regression – Predicting Odds of an Inpatient Admission and ED Visit, CY 2014

Conclusion

Adult HealthChoice enrollees with diabetes are more likely to use the health care system and have substantially higher expenditures than those without diabetes. Based on the regression analysis, other characteristics (such as race/ethnicity and location of residence) may influence service use in addition to a diagnosis of diabetes. The results of this study should not be extrapolated to all HealthChoice or Medicaid enrollees. Expanding the study participants’ age and enrollment criteria and using statistical methods to reduce selection bias would provide a more complete picture of the effect of diabetes on service use and expenditures in Medicaid.

Acknowledgements/References

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4 Other race/ethnicity categories include Asian, Hispanic, Native American, Hawaiian/Pacific Islander, and unknown.
5 ED visit was defined as a visit to a hospital emergency department that did not result in an inpatient admission.
6 Compared to White enrollees.
7 Compared to moderate comorbidity level.
8 Compared to non-Medicaid expansion enrollees.
9 Compared to low comorbidity level.
10 Compared to high comorbidity level.