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POLICY BRIEF

Providing Health Benefits and Work-Related Services to Social Security Disability Insurance Beneficiaries

SIX-MONTH RESULTS FROM THE ACCELERATED BENEFITS DEMONSTRATION

By David Wittenburg, Anne Warren, Deborah Peikes, and Stephen Freedman

In 2006, the Social Security Administration (SSA) designed and funded the Accelerated Benefits (AB) Demonstration to test whether earlier access to health care and related services for new Social Security Disability Insurance (SSDI) beneficiaries who lack health care coverage would lead to improved health, increased employment, and reduced reliance on SSDI benefits. Individuals who qualify for SSDI benefits must complete a five-month waiting period that begins with the first full calendar month that they meet all medical and non-medical requirements for entitlement to cash benefits. After completing the five-month waiting period, most SSDI beneficiaries must complete an additional 24-month waiting period for entitlement to Medicare. Medicare begins with the first day of the individual's 25th month of disability entitlement.

Many SSDI beneficiaries have serious health care needs, and those without health insurance may have limited access to medical care during a period when such care could help stabilize their health conditions. Two interventions are being tested in this random assignment evaluation. The first, called AB, provides immediate access to a health benefits plan administered by a private health benefits corporation, while the second, called AB Plus, provides the same health coverage plus additional services by telephone that are designed to further improve health and employment outcomes. The project evaluates the impacts of the AB and AB Plus interventions on health, use of medical care, functioning, employment, and payment of SSDI benefits.

Accelerated Benefits increased the use of health care services and reduced reported unmet health care needs.

This brief, which is the second in a series, describes the sample selected for the project and the impacts on health care use and unmet medical needs during the first six months.[1] The findings indicate that the intervention increased the use of health care services and reduced the reported unmet health care needs of the project participants. Results on other outcomes, including health status and employment, will be available in early 2011.

Services Provided in the Accelerated Benefits Demonstration

SSA designed the demonstration to test the effects of the AB health plan and AB Plus services among new SSDI beneficiaries

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nationwide who have no health insurance at the time of enrollment. To implement this test, the research team recruited study participants in 53 metropolitan areas throughout the United States who were recently awarded SSDI benefits, had at least 18 months before they became eligible for Medicare, were between the ages of 18 and 54, and met other SSA administrative requirements. The research team conducted a screening interview to determine which of these beneficiaries had no health insurance and were willing to participate in the demonstration. After agreeing to participate, qualified beneficiaries were randomly assigned to one of the two program groups or to a control group.

Participants in the first program group (called AB) receive access to a health plan from their time of random assignment until they become eligible for Medicare. The health plan is comprehensive and includes basic coverage, dental care, vision care, and prescription drugs. The plan also covers specialized therapy and rehabilitation supports, such as durable medical equipment. The AB health plan does not have deductibles and has very low copayments, but it does place a $100,000 limit on AB health benefits for each participant, in order to contain demonstration costs. In comparison to current Medicare benefits, the AB health plan covers more services at lower costs to participants, although Medicare does not place a $100,000 limit on benefits.

Nearly all beneficiaries who were qualified agreed to participate.

The second program group (called AB Plus) receives access to the same health plan as the AB group, plus additional services, including medical case management, a behavioral rehabilitation program designed to improve functioning (called the Progressive Goal Attainment Program, or PGAP), and employment and benefits counseling. The AB Plus services, which are primarily meant to improve health and help prepare beneficiaries for a possible return to work, are administered via telephone by health and employment professionals. The goal of medical case management is to help participants address their medical needs and to provide guidance on using the health plan. PGAP is designed to incrementally change participants' perceptions of their disabilities, increase activity levels and functioning, and improve their likelihood of returning to work. Employment and benefits counseling also promotes returning to work by providing career planning, job search services, job referrals, and advice on SSA's work rules and work incentives. These three AB Plus services can be used alone or in combination and are customized to meet each participant's needs.

The control group was not offered the AB health plan or AB Plus services and remains subject to all provisions of current law for SSDI beneficiaries, including the 24-month waiting period for Medicare entitlement. Control group members could obtain health insurance on their own from another private or public source.

Characteristics of Sample Members

Nearly All Beneficiaries Who Were Qualified Agreed to Participate

Between October 2007 and January 2009, 2,004 SSDI beneficiaries entered the demonstration (401 were assigned to AB, 615 to AB Plus, and 988 to the control group). To recruit this sample, more than 16,000 new beneficiaries were screened, and about 13 percent reported that they lacked health insurance. Across metropolitan areas, uninsurance rates varied from 4 percent to 22

TABLE 1. Selected Characteristics of Study Participants at Baseline and of New Disabled Worker Beneficiaries in 2008

CHARACTERISTIC	STUDY PARTICIPANTS (%)	2008 NEW DISABLED WORKERS (%)
Primary diagnosis		
Mental disorders	22.0	20.5
Neoplasms[a]	8.2	9.6
Diseases of the		
• Circulatory system	11.6	10.5
• Musculoskeletal system and connective tissue	19.4	30.0
• Nervous system and sense organs	16.8	8.1
Other	22.1	21.1
At least 50 years old	50.2	57.4
Female	49.8	46.8
Sample size	2,004	877,226

SOURCE: Calculations from Social Security Administration 2008 administrative data.
NOTES: [a]Neoplasms are defined as an abnormal mass of tissue that results when cells divide more than they should or do not die when they should. Neoplasms may be benign (not cancerous) or malignant (cancerous).

percent, indicating that access to health insurance varies substantially across the country. Among insured beneficiaries, most (75 percent) had some source of private coverage, which is consistent with high private coverage rates for the broader population of SSDI beneficiaries in the waiting period (Livermore, Stapleton, and Claypool, 2009; Riley, 2006).

Among the uninsured beneficiaries eligible for the demonstration, interest was high, as 99 percent agreed to participate in the random assignment lottery for program services. This participation rate is exceptional when compared with previous large SSA demonstrations, such as the Transitional Employment Training Demonstration, Project Network, and the State Partnership Initiative, which had participation rates generally below 6 percent (Ruiz-Quintanilla et al., 2005; Rangarajan et al., 2008). The high participation rate should bolster the validity of the findings in AB, since nearly all who were eligible agreed to participate.

Participants Differed from the Broader Population of New SSDI Beneficiaries

According to SSA administrative data, the characteristics of demonstration participants differed from the broader population of all newly awarded beneficiaries in 2008; these differences were mainly due to the criteria used to identify participants for the demonstration. Reflecting the demonstration's age cap of 55, study participants were younger (50 percent versus 57 percent were over age 50) and therefore might be expected to have a greater chance of returning to work than all new beneficiaries (Table 1).[2] Demonstration participants were

TABLE 2. Selected Characteristics of Study Participants at Baseline

CHARACTERISTIC	STUDY PARTICIPANTS (%)
Health status	
Had difficulty with any Instrumental Activities of Daily Living[a]	94.1
Had difficulty with any Activities of Daily Living[b]	28.9
Personal or emotional problems limited daily activities	81.1
Health coverage and unmet medical needs	11.6
Lacked health coverage for at least six months	63.9
Postponed getting medical care	57.7
Used prescription medications less often than prescribed	53.9
Household characteristics	
Household income less than $30,000	60.2
Not living with spouse or partner	54.3
Sample size	2,004

SOURCE: Calculations from baseline survey data.
NOTES: [a]Instrumental Activities of Daily Living include preparing meals, using the telephone, using public transportation, riding as a passenger in a car, taking medication, lifting or carrying a 10-pound package, climbing a flight of stairs, and standing for long periods of time. [b]Activities of Daily Living include eating, using the toilet, getting in and out of bed or a chair, and getting around inside the home.

also less likely than new SSDI beneficiaries to have a musculoskeletal impairment (19 percent versus 30 percent) but more likely to have a disease of the nervous system or sense organs (17 percent versus 8 percent).

Participant Characteristics Illustrate the Need for Health Services

Demonstration participants had severe health conditions and faced several barriers to accessing health care for these conditions (Table 2). In a baseline survey, almost all sample members reported having difficulty performing Instrumental Activities of Daily Living, such as standing for long periods of time, climbing stairs, lifting or carrying 10 pounds, and preparing meals. Additionally, 81 percent of participants reported that personal or emotional problems had curtailed their ability to accomplish daily activities. Moreover, nearly two-thirds said they went without health coverage for six months or longer, 58 percent reported that they had recently forgone receiving needed medical care, and 54 percent had used prescription medications less often than prescribed. Participants generally had limited incomes (60 percent had annual household incomes of less than $30,000), and over half did not live with a spouse or partner, which might also indicate a potential lack of financial and family supports.

Key Findings after Six Months

Findings after six months of follow-up are calculated using AB health claims data, AB Plus service utilization data, and a six-month

Table 3. Use of AB Health Plan by AB and AB Plus Participants During First Six Months of Follow-Up

OUTCOME	USED HEALTH PLAN (%)	AVERAGE TOTAL EXPENDITURES ($)	PERCENTAGE OF TOTAL EXPENDITURES
All health services	83.6	9,659	100.0
Medical	75.8	8,428	87.3
• Hospital inpatient	15.6	3,899	40.4
• Hospital outpatient	43.4	2,847	29.5
• Other medical	71.8	1,681	17.4
Dental	12.0	51	0.5
Prescription drug	72.8	1,181	12.2
Sample size	1,016		

SOURCE: Calculations from AB health plan claims.
NOTE: Rounding may cause slight discrepancies in calculating sums and percentages.

follow-up survey of a sample of enrollees.[3] Outcomes that are driven primarily by access to the health plan, such as use of the health plan and unmet medical needs, are combined for AB and AB Plus group members and compared with outcomes of the control group to provide a larger sample to assess program impacts. The combined group of AB and AB Plus group members is called the "program group." All comparisons described in the text and tables are statistically significant at the 0.05 level.

Most Program Participants Used and Were Very Satisfied with the Health Plan

According to AB health claims data, 84 percent of program group members used at least one health service within six months of random assignment. Members of the program group (including those who did not use the health plan) averaged $9,659 in total paid claims during the first six months, which further underscores the strong demand for health services (Table 3). Almost three-fourths of program group members used medical and prescription drug services. The biggest cost driver was the use of hospital-based care. While a minority of participants used hospital inpatient (16 percent) or outpatient (43 percent) care, the costs from these two types of care accounted for 70 percent of total expenditures.

Among program group respondents who used the AB health plan for medical services, satisfaction with benefit coverage (those who responded "satisfied" or "very satisfied") was most commonly 90 percent or higher for each type of service, such as primary care and specialty care. Additionally, more than 90 percent of respondents rated the overall quality of care from all doctors as very good or excellent.

The Majority of AB Plus Group Members Used at Least One AB Plus Service

Over two-thirds of AB Plus group members completed an intake assessment with

TABLE 4. Use of AB Plus Services During First Six Months of Follow-Up

OUTCOME	AB PLUS GROUP (%)
Completed AB Plus program intake	69.4
Used any AB Plus services	52.8
• Medical case management	30.4
• Progressive Goal Attainment Program	29.3
• Employment and benefits counseling	24.9
Sample size	615

SOURCE: Calculations from AB Plus service utilization data.

program staff over the telephone, and over half received at least one AB Plus service (Table 4).[4] During the first six months, use of specific AB Plus services was relatively uniform, ranging from 25 percent (for employment and benefits counseling) to 30 percent (for medical case management). Among AB Plus group survey respondents who used AB Plus services, satisfaction with the services was around 90 percent for PGAP (the behavioral rehabilitation program) and employment and benefits counseling and 63 percent for the medical case management services (data not shown).

The evaluation should provide strong evidence of the effects of early access to health care benefits on the health and employment of SSDI beneficiaries who previously lacked health insurance coverage.

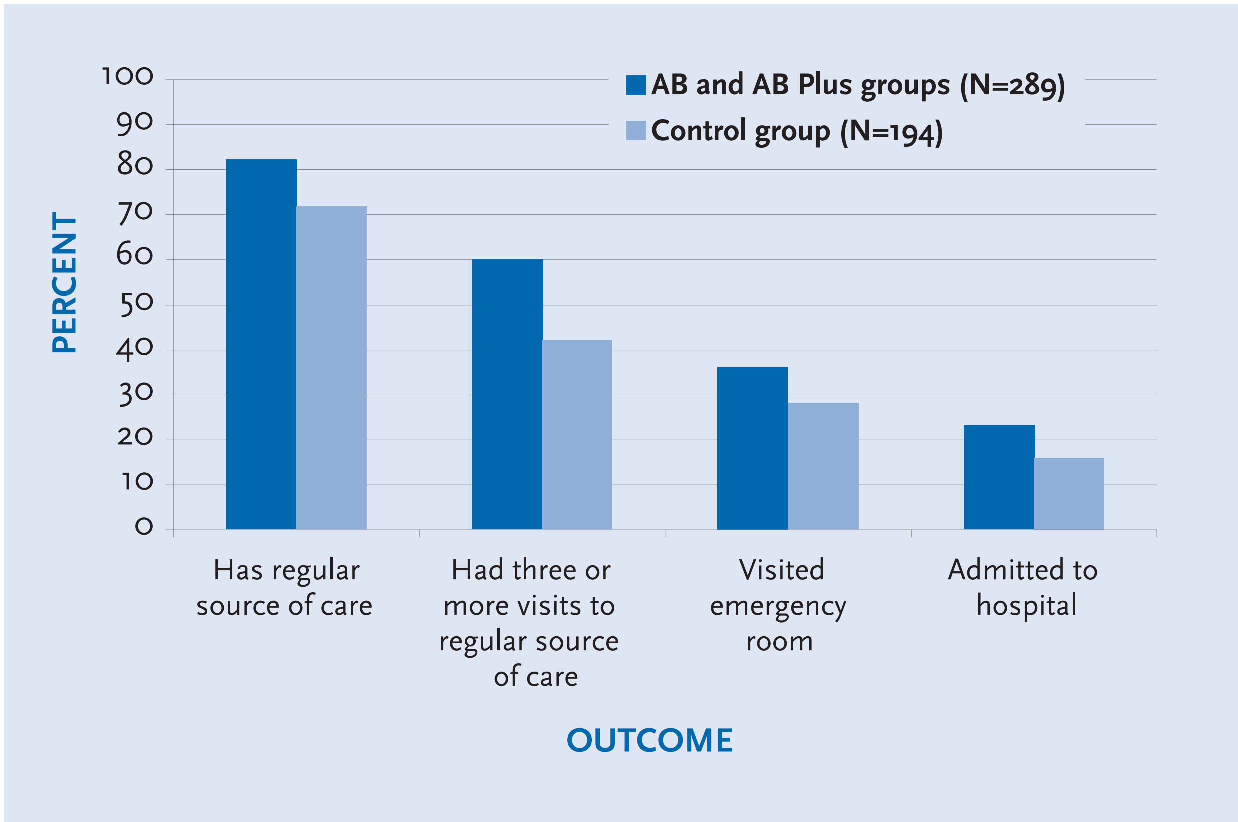
The Majority of Control Group Members Remained Uninsured

The majority of the control group (76 percent) had not obtained health insurance coverage within six months after random assignment. More than half of those who reported having health insurance obtained it from a private plan, and the remainder picked up coverage through a public source (e.g., Medicaid). The large gap in health insurance coverage between the program and control groups indicates that the evaluation should provide strong evidence of the effects of early access to health care benefits on the health and employment of SSDI beneficiaries who previously lacked health insurance coverage.

The Program Group Used More Health Services

Consistent with the relatively low insurance coverage of the control group and high use of the health plan by the program group, the intervention increased the reported use of regular care of the program group by 11 percentage points relative to the control group (Figure 1). The 82 percent of the program group respondents who reported having a source of usual care is just under the national average for all U.S. adults of 85 percent (Pleis and Lucas, 2009) and lower than among all Medicare beneficiaries (95 percent) (Center for Medicare and Medicaid Services, 2005). The relatively high percentage of the control group

FIGURE 1. Use of Health Care Services During First Six Months of Follow-Up, by Research Group



SOURCE: Calculations based on AB enrollee six-month survey.
NOTES: The estimates are adjusted to account for chance baseline differences across the research groups and weighted for nonresponse. Differences between research groups for all outcomes shown are statistically significant at the 0.05 level.

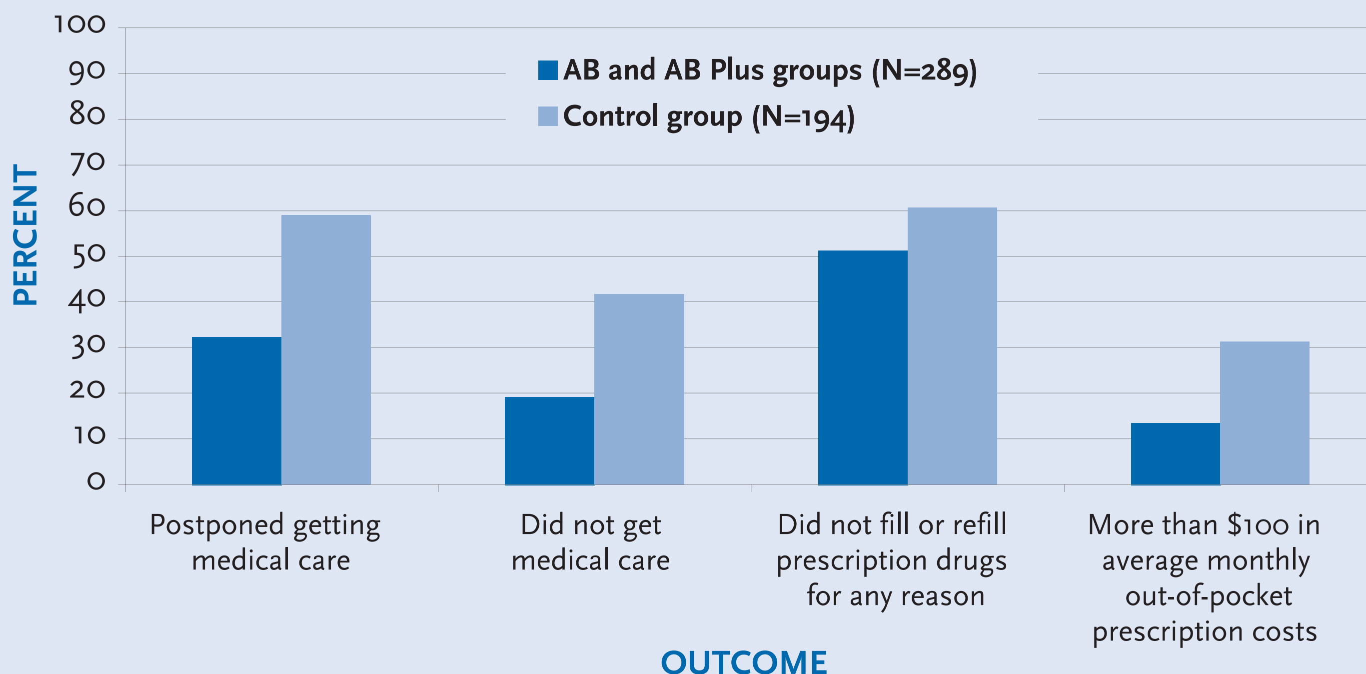
with a regular source of care suggests that uninsured SSDI beneficiaries *do* obtain health services even though most did not have health insurance. The intervention also increased the frequency of visits to a regular source of care, as the proportion of the program group who visited a regular source of care at least three times during the first six months of follow-up was 60 percent — 18 percentage points higher than the control group level.

The program group was also more likely than the control group to use emergency room (ER) and hospital services (9 and 8 percentage points more likely, respectively). A substantial share of the program group visited the ER (37 percent) or was admitted to the hospital (23 percent). It is difficult to interpret these findings at this early stage in the research. If increased hospital admissions represents pent-up demand for care that the program group could act upon only after obtaining health care coverage, then it is possible that the intervention will lead to improvements in health and functioning, as well as more efficient use of care in future years. However, the higher use of ER services could also suggest a potentially inefficient use of health care services.

The Program Group Reported Reduced Unmet Medical Needs

Consistent with the increased use of health services, the intervention led to a 27

FIGURE 2. Unmet Needs for Medical Services and Prescription Drugs During First Six Months of Follow-Up, by Research Group



SOURCE: Calculations based on AB enrollee six-month survey.
NOTES: The estimates are adjusted to account for chance baseline differences across the research groups and weighted for nonresponse. Differences between research groups for all outcomes shown are statistically significant at the 0.05 level.
"Postponed getting medical care" includes not going for recommended medical care, tests, x-rays, medical procedures, and surgery.
"Did not fill or refill prescription drugs" includes postponing and using drugs less often due to cost.

percentage point reduction in postponing care and a 22 percentage point reduction in not getting medical care at all (Figure 2). Despite these improvements, some participants in the program group continued to postpone or to not get medical care (32 percent and 19 percent, respectively). However, the magnitude of the impacts on unmet needs, especially the 50 percent reduction in not getting medical care (19 percent in the program group versus 42 percent in the control group), is still quite large at this early stage in the demonstration.

The program group was 9 percentage points less likely than the control group to report not filling or refilling a prescription for any reason. Despite this reduction, approximately half of the program group still did not fill or refill a prescription. Additionally, the program group was 18 percentage points less likely than the control group (13 percent versus 31 percent) to have average monthly out-of-pocket costs for prescriptions exceeding $100. These impacts indicate that the AB intervention is increasing the use of prescribed drugs without creating a major financial burden on program group members.

Conclusion

The project has successfully completed the enrollment of participants as planned. The six-month survey provides evidence that suggests that the intervention has resulted in

increased use of health care services and a reduction of unmet medical needs for project participants. More than 80 percent of the program group had used the health plan, and most respondents were highly satisfied both with what the plan covered and with their providers. The intervention significantly expanded the number of program group members with a regular source of care and reduced unmet needs for medical care and prescription drugs. However, despite the generous health plan, some participants in the program group continued to report unmet needs. In addition to the health plan-related effects, over half of AB Plus respondents participated in one or more of the intervention's additional services.

The initial baseline survey and the six-month follow-up survey provide some important information for Congress and policymakers to consider as discussion continues about the best means of providing health care for all citizens. First, data from the baseline questionnaire used to identify health insurance coverage shows that a relatively small fraction of the SSDI beneficiaries targeted for the AB study did not have health insurance at enrollment (12 percent). Second, 24 percent of the control group had obtained health insurance within the first six months, indicating that most uninsured SSDI beneficiaries *remain* uninsured, at least during the first part of the waiting period. Finally, despite their lower rates of insurance and use of health services, the control group has continued to access some health care services, which may mitigate AB program impacts on health improvements and other outcomes.

The findings to date offer important insights on the demand for health services, the levels of unmet needs, and the costs of providing health coverage to an uninsured population that are directly relevant to national disability and health reform legislation. The sample recruited for the demonstration represents a unique segment of the uninsured population who are likely to be the most intensive and expensive users of health care — a population that policymakers should pay close attention to when considering broader health reform options.

A final report, due January 2011, will contain a full evaluation of the demonstration, including a summary of the implementation, impact, and cost-benefit findings, using data gathered from administrative records and survey responses, plus additional data from qualitative interviews with AB and AB Plus providers. The process study will describe how the program was implemented, which participants were recruited for services, and how the AB health plan and AB Plus services were delivered. The impact analysis will estimate the short-term effects of the AB and AB Plus interventions on study participants' health, employment, disability benefits, quality of life, and other outcomes one year after random assignment. The cost-benefit analysis will examine the relative costs and benefits of the AB and AB Plus interventions from the perspective of study participants and the government, including specific costs and benefits to the SSA trust funds.

More than 80 percent of the program group used the health plan, and most respondents were highly satisfied both with what the plan covered and with their providers.

ENDNOTES

[1] The first Accelerated Benefits brief (Wittenburg et al., 2008) provides an overview of the project and describes findings from the initial phase of enrollment and implementation.

[2] Livermore, Stapleton, and Roche (2009). Based on data from the National Beneficiary Study, younger beneficiaries are more likely to return to work.

[3] The six-month survey was fielded to 600 sample members randomly assigned between March and June 2008, of whom 483 completed the survey (81 percent). There were 194 respondents in the control group, 96 in the AB group, and 193 in the AB Plus group. The impact estimates are adjusted to account for chance baseline differences across the research groups and weighted for nonresponse.

[4] During the telephonic intake assessment, the program services are fully described so that AB Plus members can make informed decisions about participation.

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PROJECT TEAM

In January 2006, MDRC was awarded the contract to implement and evaluate the AB Demonstration, which is scheduled to be completed in January 2011. MDRC and Mathematica Policy Research are collaborating on data collection, research, and analysis; POMCO is administering the AB health plan; and CareGuide and TransCen are providing the additional AB Plus services. The project team also includes a group of expert consultants in the fields of rehabilitation, behavioral health, and employment and training who have helped design the intervention and are providing technical assistance to the program staff.

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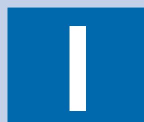
Providing Health Benefits and Work-Related Services to Social Security Disability Insurance Beneficiaries

Six-Month Results from the Accelerated Benefits Demonstration



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