



Impact Of The Shift To Medicaid Managed Care On Resource Utilization And Costs For Beneficiaries In Mississippi Medicaid

Ramachandran S¹, BanahanBF¹, Hardwick SP¹, Clark JP²

¹Center for Pharmaceutical Marketing and Management, School of Pharmacy, University of Mississippi, University, MS

²Mississippi Division of Medicaid, Jackson, MS

BACKGROUND

Setting: Mississippi Medicaid has witnessed a major shift of beneficiaries from fee-for-service (FFS) to managed care (MC). As with most state programs, the major objectives were improving health care service quality and reducing public spending. A major shift of beneficiaries occurred in December 2012.

Objective: This project aimed to evaluate the impact of the shift of patients from *fee-for-service to managed care* on health care utilization, quality and costs.

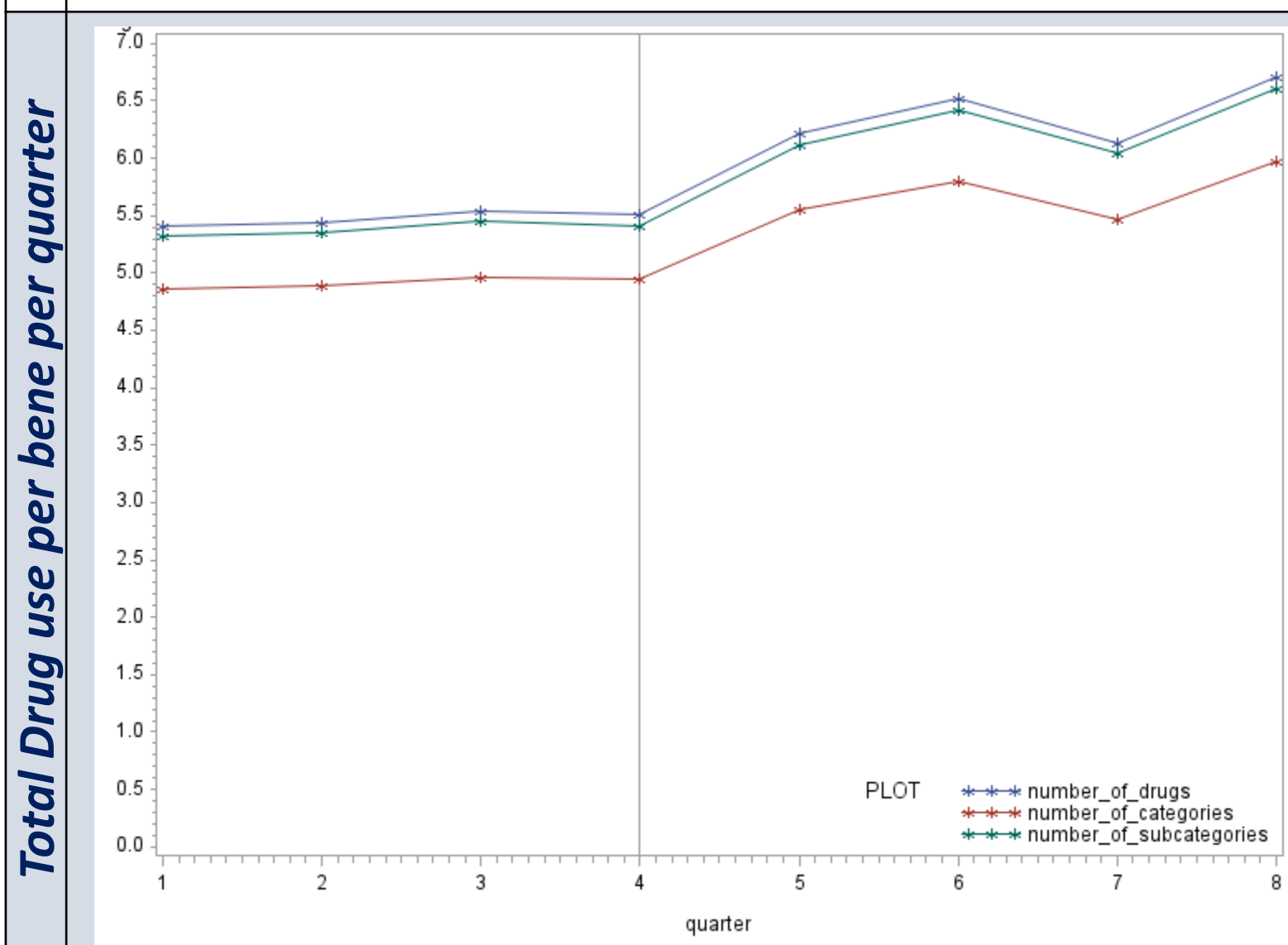
METHODS

Database: A retrospective analysis employing a case control design was performed using the Mississippi Medicaid data from December 1, 2011 through November 30, 2013.

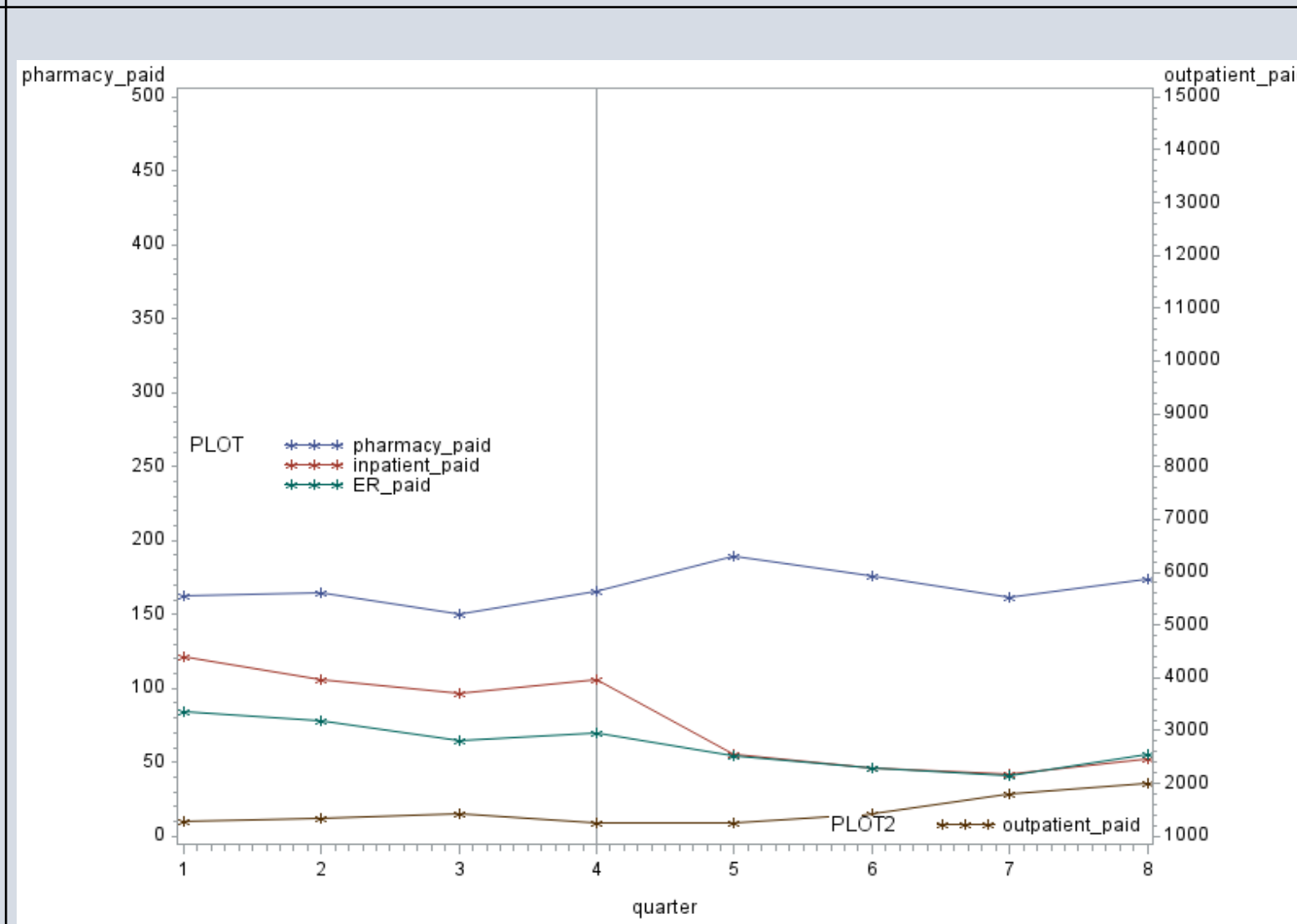
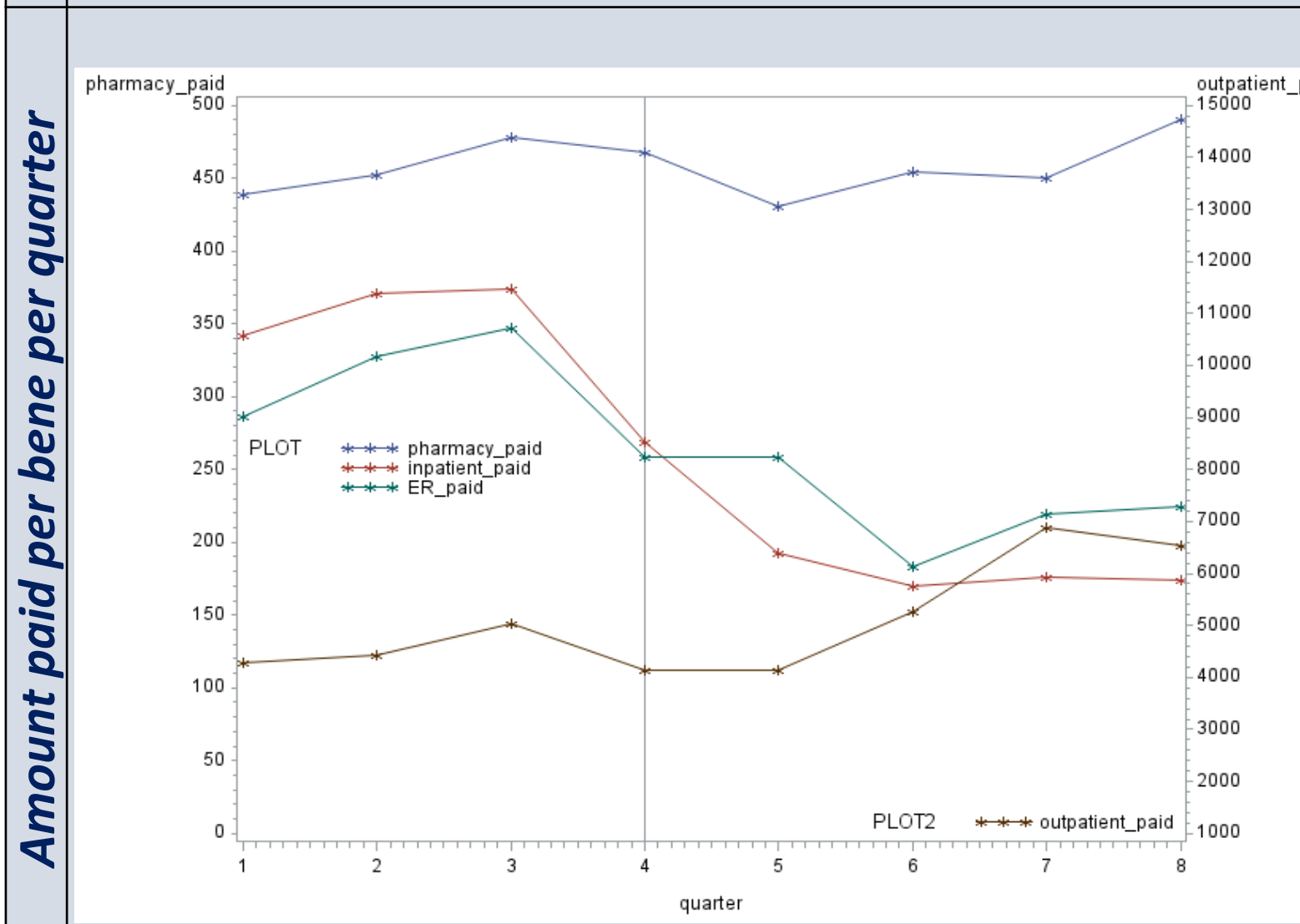
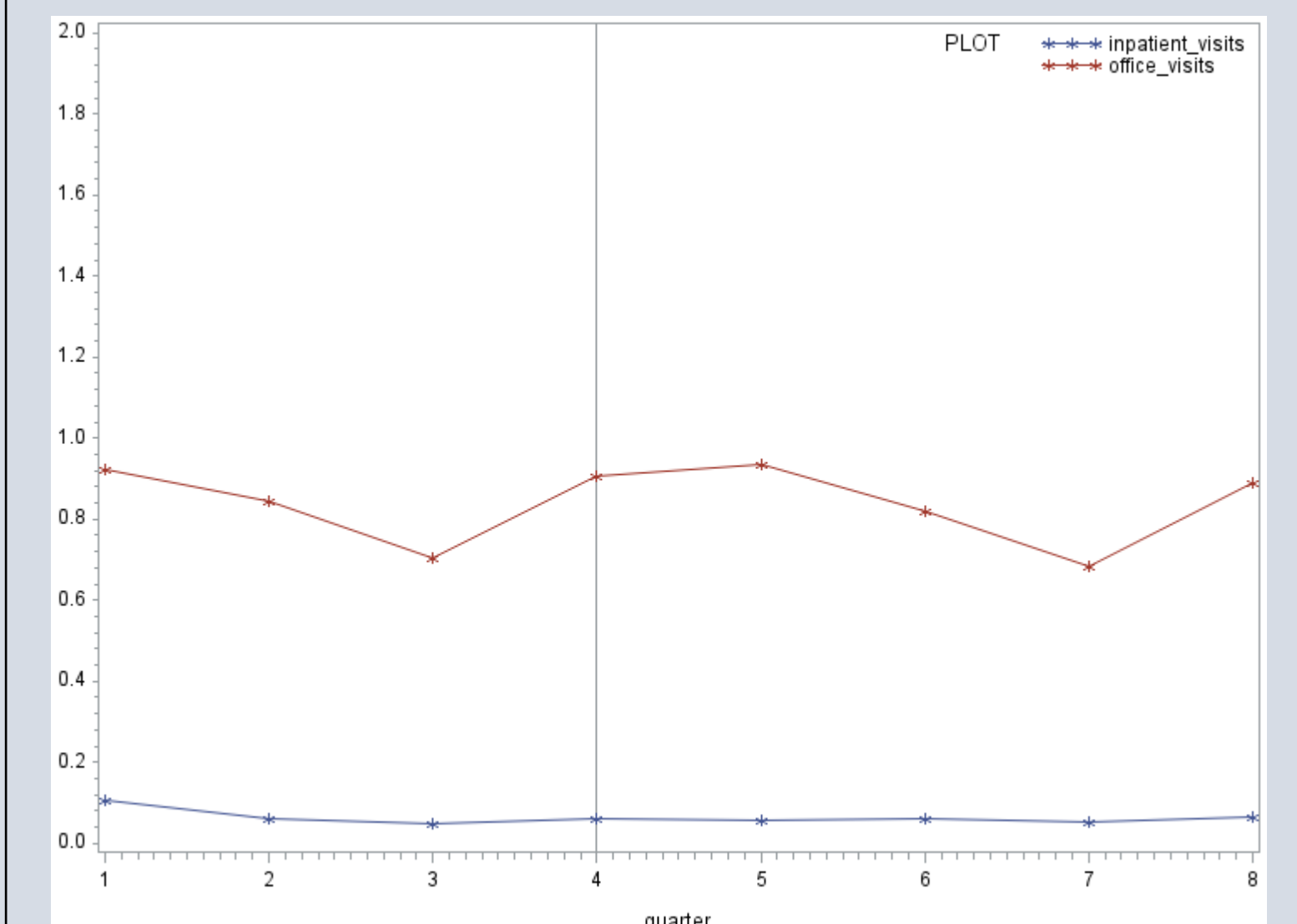
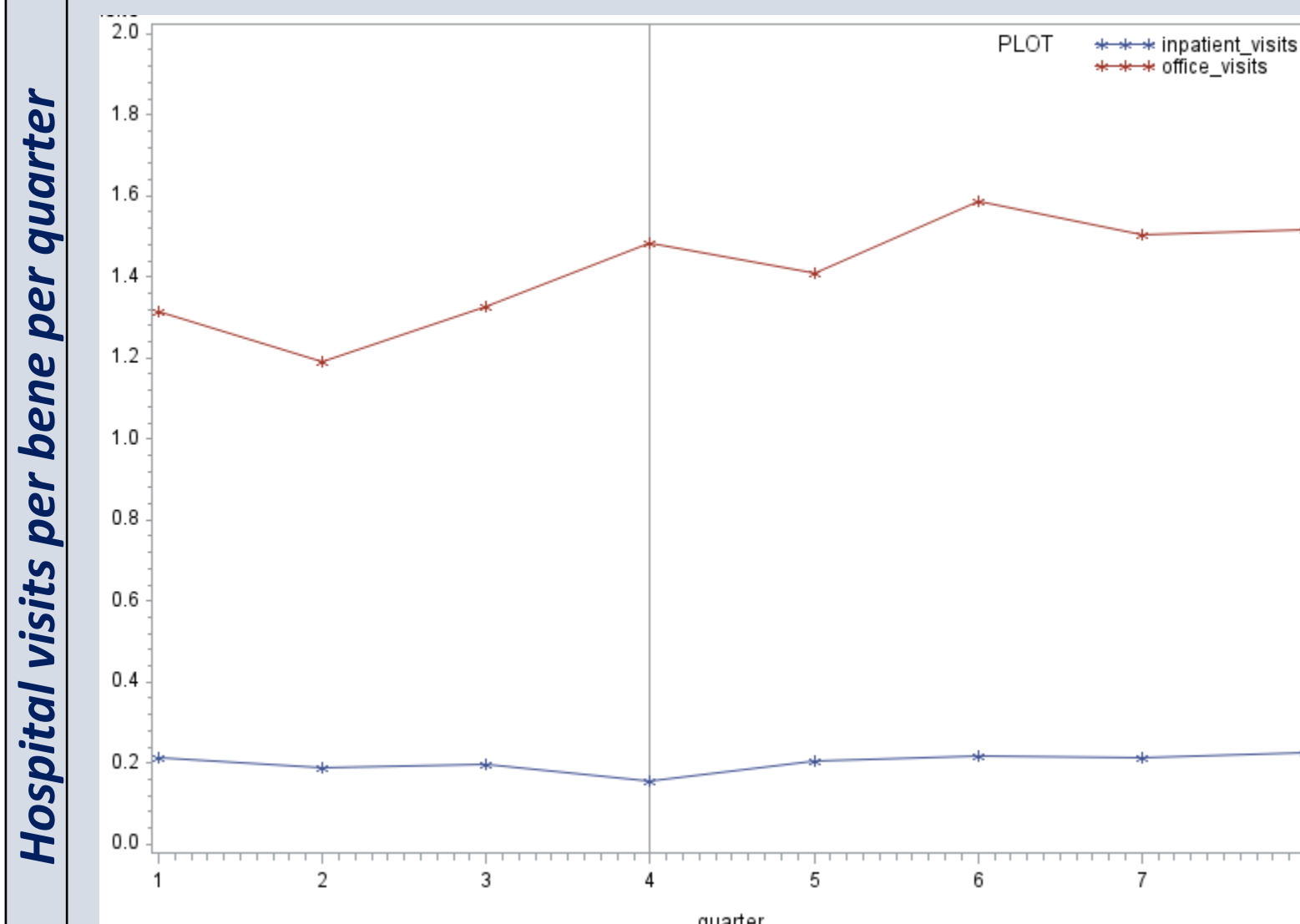
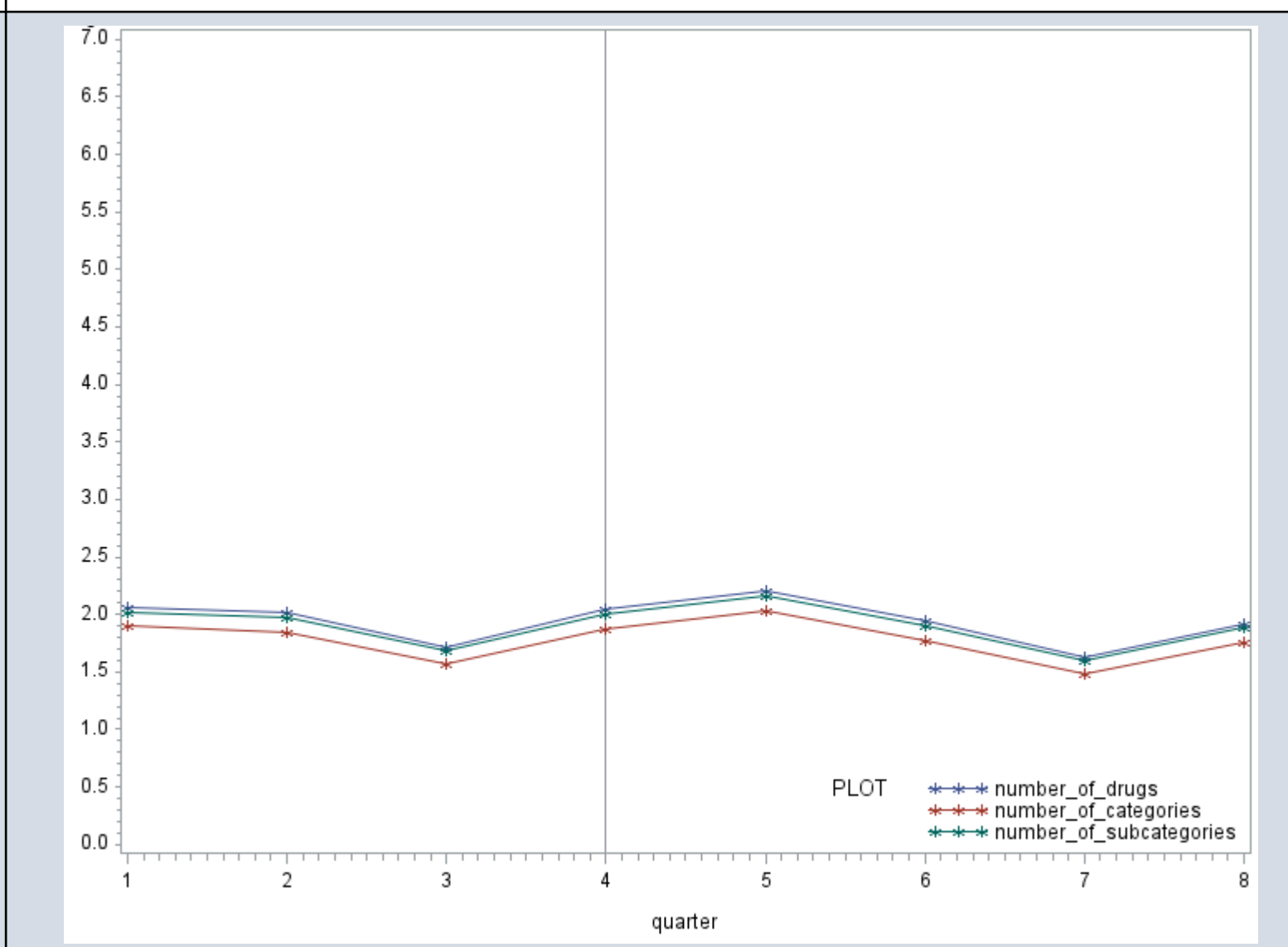
Cohorts: Individuals in the “managed care shift” cohort spent the first 12 months enrolled in FFS and the next 12 months in MC. The “fee-for-service” cohort was continuously enrolled in FFS for 24 months.

RESULTS

Managed Care Shift cohort



Fee-For-service Cohort



DISCUSSION

Conclusion: Managed care appears to have resulted in an increase in number of prescriptions, outpatient visits and outpatient costs but an overall decrease in inpatient costs and ER costs. A similar decrease in inpatient costs and ER costs was seen in FFS and may be the result of reimbursement changes.

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