

# CONSUMER KNOWLEDGE AND ENGAGEMENT IN FLORIDA MEDICAID'S ENHANCED BENEFITS REWARD\$ PROGRAM

Allyson Hall, PhD

University of Florida

Christy Harris Lemak, PhD

University of Michigan

Amy K.Y. Landry, PhD

University of Alabama, Birmingham

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# Florida Medicaid's Enhanced Benefit Reward Program

- Florida Medicaid Reform
  - Move towards managed care
  
- Incentives for beneficiaries to take an 'active' role in their health
  - \$125 in credits annually
    - Health care utilization
    - Wellness and prevention visits outside of a clinical setting
  - Credits used to purchase approved items

# Utilization of Florida Medicaid's Enhanced Benefits Rewards Program, 2006-2010

Fiscal Year	# Credits Earned	Dollars Earned (Millions)	# Recipients Spending Credits	Dollars Spent (Millions)
2006-2007	102,144	\$5.0	4,913	\$0.1
2007-2008	179,917	\$10.7	46,739	\$2.4
2008-2009	195,332	\$7.8	107,544	\$6.4
2009-2010(1)	171,355	\$5.4	114,160	\$5.3
Total	328,120	\$28.3	171,355	\$14.2

Florida Agency for Healthcare Administration

(1) Thru May 5, 2010

# Top 7 “Healthy Behaviors” in Florida Medicaid’s Enhanced Benefits Rewards Program, 2006-2010

Behavior	Credits (Unique Count)	Dollars Earned (Millions)	Recipients (Count)
Office Visit – Adult/Child	624,970	\$9.8	270,963
Childhood Preventive Care	467,565	\$11.7	198,633
Compliance with Prescribed Maintenance Drug	249,477	\$1.9	32,453
Dental Preventive Services – Adult/Child	82,299	\$2.0	25,807
Vision Exam – Adult/Child	42,580	\$1.0	34,219
Pap Smear	39,683	\$1.0	30,852
Child & Adult Preventive Care	27,735	\$0.5	20,187

# Study rationale

- Incentive programs can only be successful if patients or consumers
  - **Are aware that such programs exist**
  - **Take action and perform designated health behaviors**
  - Used earned credits
  - Realized positive health impacts

# Study aim

- To examine predictors associated with the knowledge of and engagement in the Florida Medicaid EBR program
- Considered
  - ▣ Sociodemographic characteristics
  - ▣ Health status
  - ▣ Health system influences

# Methods

- 2009 telephone survey of Medicaid beneficiaries
  - ▣ Consumer Assessment of Healthcare Providers and Systems
  - ▣ Added questions on the EBR program
    - “Enhanced Benefits Rewards let Medicaid enrollees earn credits for healthy behaviors like getting regular check-ups or joining an exercise program. The credits can be used to buy health-related supplies...have you heard about EBR?”
    - And.. If yes: “Have you engaged in activity to earn a credit?”

# Analytic Approach

- Examined frequencies
- Logistic Regression
  - Controlled for
  - Sociodemographic characteristics
    - Language spoken
    - Hispanic ethnicity
    - Race
    - Education (of parent)
    - Adult (child)
  - Health status
  - Health system characteristics
    - Personal doctor
    - Number of physician visits
    - County of residence
    - Plan type



# Results: Sociodemographic Characteristics

	Awareness of the EBR Program	Engaged in an Approved EBR Behavior
	n=6,112 N=111,141	n=4,530 N=84,145
Language spoken at home (English)		
Other language including Spanish	.60 (.48,.75)***	0.48 (.38,.62)***
Hispanic ethnicity (No)		
Yes	0.98 (.79, 1.21)	0.67 (.54,.84)**
Race (White)		
Black	0.89 (.75,1.06)	0.91 (.76,1.10)
Other	0.74 (.61, .91)**	1.06 (.84,1.34)
Education of beneficiary or parent (At least some college)		
No high school diploma	0.55 (.46,.66)***	0.58(.47,.71)***
High school diploma or GED	0.73 (.61,.85)***	0.63 (.53,.75)***
Age (Child)		
Adult – 18 to 65 years	0.84(.70,1.01)	0.87 (.70,1.07)

# Results: Health Status and Health System Characteristics

	Awareness of the EBR Program	Engaged in an Approved EBR Behavior
Health status (Excellent)		
Very Good/Good	0.90 (.76,1.07)	0.78 (.65,.93)**
Fair/Poor	0.84(.69,1.02)	0.66 (.54,.82)***
Has a personal doctor (Yes)		
No	0.60 (.49,.73)***	0.62 (.48,.79)***
Number of Physician Visits	1.14 (1.09,1.19)***	1.19 (1.14,1.25)***
Plan type (PSN)		
HMO	1.17 (1.01, 1.37)*	0.95 (.80,1.13)
Switched plans during the year	1.21 (.99, 1.48)	0.91 (.73,1.13)
County of Residence (Broward)		
Duval	1.39 (1.18,1.63)***	1.37 (1.16,1.63)***
Rural counties	1.22 (.94,1.57)	1.23 (.95,1.61)

# Limitations

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- Self-report
  - ▣ Currently doing an analysis of the administrative data
- No clinical measures used

# Discussion: In Summary

- Awareness and engagement is improving over time
- However, the level of awareness and engagement is not uniform

	Awareness	Engagement
Non-English Speakers	–	–
Hispanic ethnicity		–
Individuals in poorer health		–
HMO enrollees		+
Duval County enrollees	+	+
Number of physician visits	+	+
Regular source of care	+	+

# Discussion: Implications for Policy and Practice

- Pay attention to non-English speakers and those who are less educated
  - ▣ Incorporate specialized strategies for educating and engaging certain groups of individuals
- Note the influence of the health system environment
  - ▣ Health plans and physicians
- There can be geographic variation in the implementation of a program

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