

# Data-Driven Strategies for Improving Services for People with IDD

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## Overview

Costs for Medicaid beneficiaries with IDD are **2-5 times higher than the average** for all other Medicaid beneficiaries with disabilities. Those with complex physical health conditions have even higher costs and people with IDD and co-occurring behavioral health conditions have expenditures 13-40 percent higher than those without these conditions.

The consequences of unmanaged physical and behavioral health conditions drive healthcare costs and negatively impact quality of life- and service-related outcomes- for people with IDD.

State Medicaid programs are grappling with budgetary uncertainty and looking for ways to bend cost trends associated with acute care and long term services and supports without compromising quality.

## What States Can Do

- Evaluate Medicaid claims data for emergency room care to identify opportunities to drive non-emergent care to more appropriate settings or methods such as IDD-specialized telehealth.
- Evaluate pharmacy data to identify opportunities for reducing the number and type of potentially unnecessary medications prescribed for people with IDD.
- Analyze hospital readmissions occurring within 30 days of discharge to identify opportunities for preventing costly, preventable readmissions.
- Utilize Medicaid claims data to quantify the Medicaid spend for emergency room and in-patient psychiatric admissions driven by inadequate management of behavioral/psychiatric conditions.
- Explore the benefits of implementing IDD-specific Medical Homes to promote person-centered, high-value, collaborative health care.
- Develop and implement value-based payment strategies aimed at incentivizing IDD service providers to improve service-related outcomes.

Contact [Lorene.Reagan@mercer.com](mailto:Lorene.Reagan@mercer.com) to explore your specific state strategies.