Dual Eligible Consumers in Pennsylvania: Brief Overview of the Dual Eligible Data for Long-Term Care Commission

June 6, 2014
OLTL
Background

• PA has a strong interest in its Dual Eligible, Medicare & Medicaid Eligible (MME) population
  – “Dual Eligible” and “MME” are used interchangeably

• As of 2012, nearly 450,000 MMEs in PA

• Kaiser Family Health estimated (in 2008) that PA MMEs make up 43% of all Medicaid spending
• PA began program development and planning for MMEs
  – LIFE program
  – Integrated Care Option (ICO)
• CMS announced Medicare data to be available to a number of states
• In spring of 2012, PA submitted its application to CMS
• Began receiving data in August of 2012
What Did We Get?

- PA received historical Medicare Part A and Part B data
- Monthly data feeds of Medicare Part D data
- Data is only for PA MMEs
- Limited to Fee-For-Service claims (i.e., no managed care capitations or encounters)
- CMS required the use of SAS for analysis
What Are The Limitations?

• Data comes with significant limitations
  – Can **only** be used for:
    • Quality Improvement
    • Care Coordination

• Reporting Requirements
  – 6 month update reports to CMS
  – Annual reports to CMS

• Very limited user group
Initial Medicare Entitlement

Source: 2007 & 2012 Medicare Data provided by the Centers for Medicare & Medicaid Services
Name of Dual Eligible Beneficiaries by Age Group - 2012

Source: 2012 Medicare Data provided by the Centers for Medicare & Medicaid Services
Number of Dual Eligible Beneficiaries by Gender - 2012

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>38.4%</td>
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<tr>
<td>Female</td>
<td>61.6%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: 2012 Medicare Data provided by the Centers for Medicare & Medicaid Services
Total Duals

Source: 2012 Medicare Data provided by the Centers for Medicare & Medicaid Services
Dual Eligibles: Medicare View

- Medicare beneficiaries receive services through Fee-For-Service (FFS) or Medicare Advantage. Some “Alternate” between the two programs.
- Demographic data are available for all MME’s. However, diagnostic and service data are available only for FFS MME’s.

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Source: 2007, 2008 & 2009 Medicare Data provided by the Centers for Medicare & Medicaid Services
Dual Eligibles: Medicare View


- ischemic heart disease
- diabetes
- depression
- alzheimers dementia
- heart failure
- rheumatoid arthritis
- copb
- cataracts
- chronic kidney disease
- osteoporosis
- alzheimers
- atrial fibrillation
- stroke/ischemic attack
- glaucoma
- myocardial infarction
- hip fracture

Source: 2007, 2008 & 2009 Medicare Data provided by the Centers for Medicare & Medicaid Services
Count of Non-Cancerous Chronic Conditions in Medicare FFS Population

<table>
<thead>
<tr>
<th>Number Conditions</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<tr>
<td>0</td>
<td>30.0%</td>
<td>29.9%</td>
<td>29.8%</td>
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<tr>
<td>1</td>
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<td>9.2%</td>
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<td>5.3%</td>
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<td>7</td>
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<td>3.6%</td>
<td>3.5%</td>
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<tr>
<td>8</td>
<td>2.0%</td>
<td>1.9%</td>
<td>1.8%</td>
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<tr>
<td>9</td>
<td>0.9%</td>
<td>0.9%</td>
<td>0.8%</td>
</tr>
<tr>
<td>10</td>
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<td>0.3%</td>
<td>0.3%</td>
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<td>0.1%</td>
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<tr>
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<td>0.0%</td>
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</tr>
</tbody>
</table>

Statewide Mean Number of Chronic Conditions: 2007 – 2.38; 2008 – 2.35; 2009 – 2.32

Approximately 30% of the FFS MME population are without a diagnosed chronic condition.

Source: 2007, 2008 & 2009 Medicare Data provided by the Centers for Medicare & Medicaid Services
Dual Eligibles: Medicare View

Fee-For-Service Dual Eligibles: Average Number of Non-Cancerous Chronic Conditions-2009

Source: Medicare Dual Data for CY 2009

Statwide Averages - 2007=2.38; 2008=2.35; 2009=2.32

Average Number of Non-Cancerous Chronic Conditions

- < 2.15
- 2.16 - 2.30
- 2.31 - 2.45
- 2.46 - 2.60
- 2.61 +

OLTL 5-2014
• OLTL is continuing to explore these data
• Will continue to receive annual files from CMS