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



Background Continued

- 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

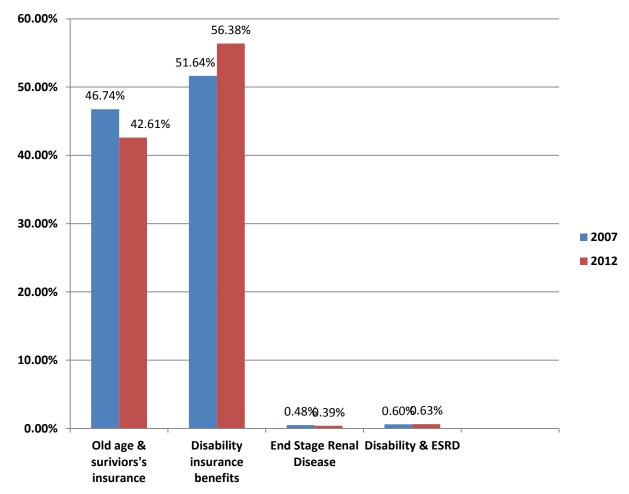


What Are The Limitations?

- 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



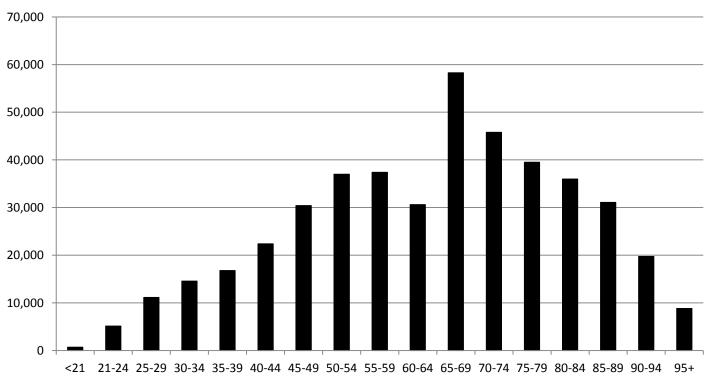
Initial Medicare Entitlement



Source: 2007 & 2012 Medicare Data provided by the Centers for Medicare & Medicaid Services



Age of MMEs

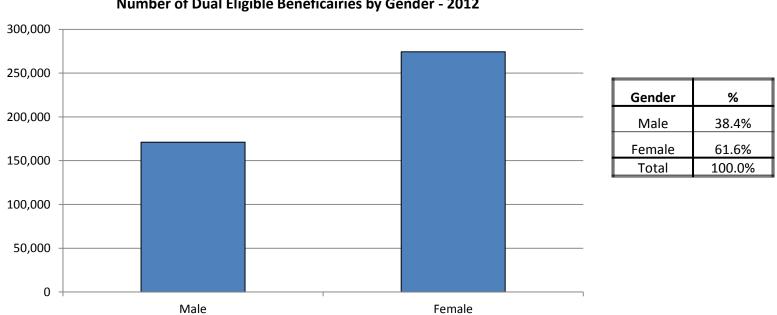


Number of Dual Eligible Beneficiaries by Age Group - 2012

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



Gender of MMEs



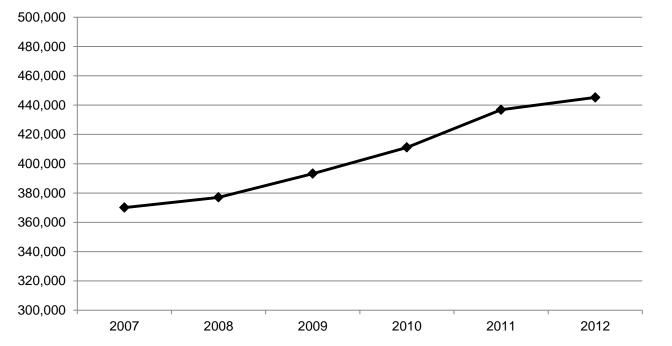
Number of Dual Eligible Beneficairies by Gender - 2012

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



Increase in MME Population

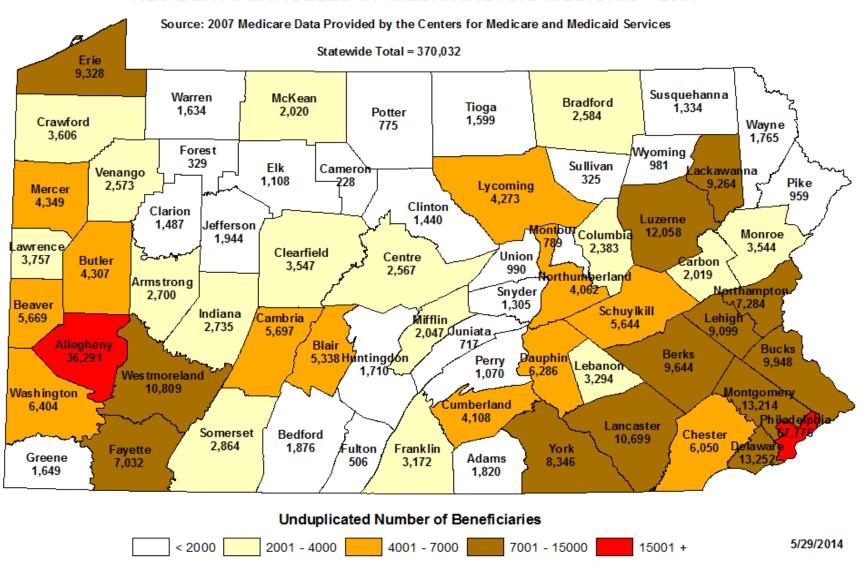
Total Duals

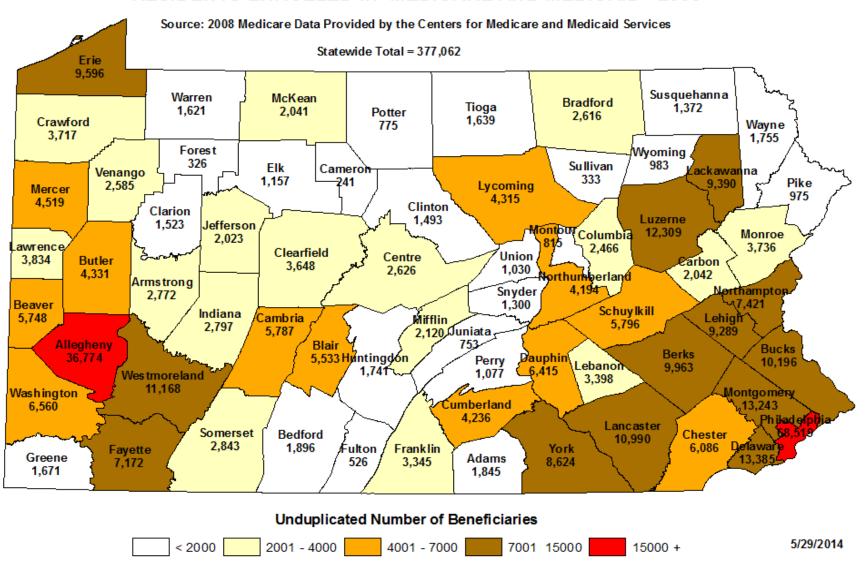


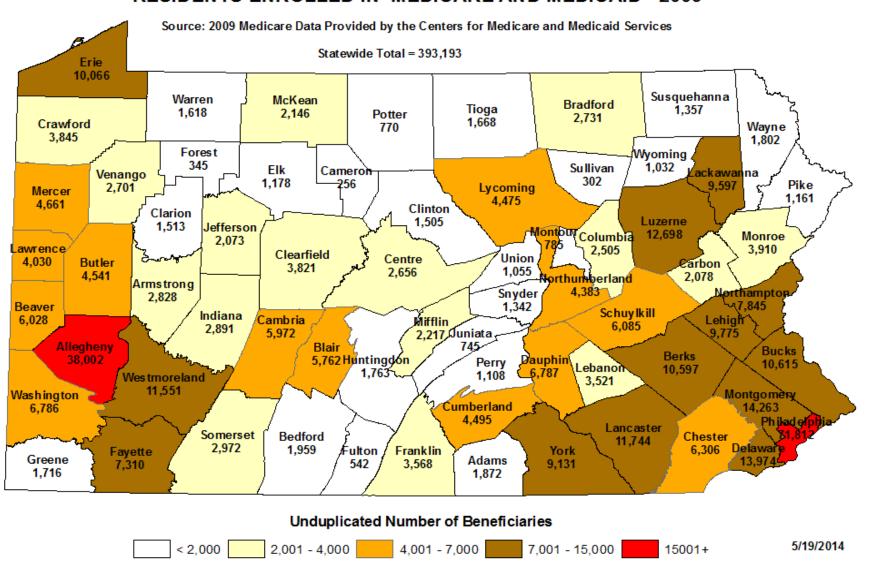
	Total Duals	% Change	
2007	370,032		
2008	377,062	1.90%	
2009	393,193	4.28%	
2010	411,102	4.55%	
2011	436,854	6.26%	
2012	445,234	1.92%	

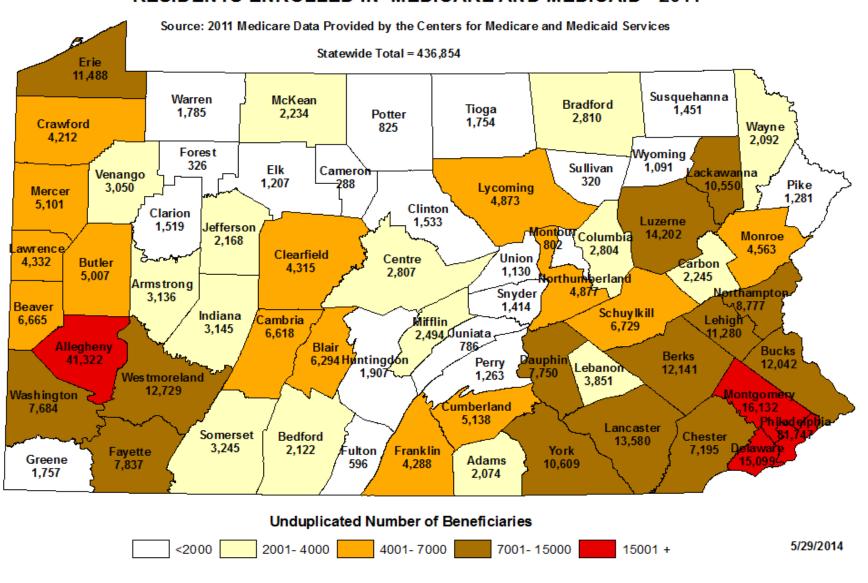
Source: 2012 Medicare Data provided by the Centers for Medicare & Medicaid Services

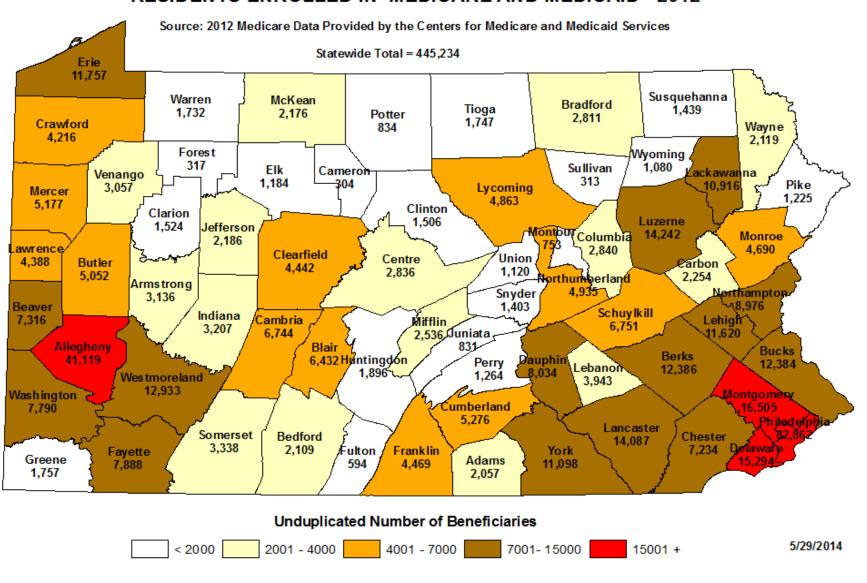




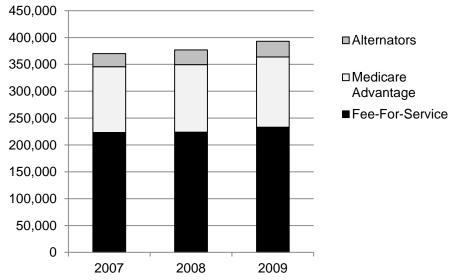








- Medicare beneficiaries receive services through Fee-For-Service (FFS) or Medicare Advantage. Some "Alternate" between the two programs.
- Demographic data are available for all MME's. However, diagnostic and service data are available <u>only for FFS MME's</u>.



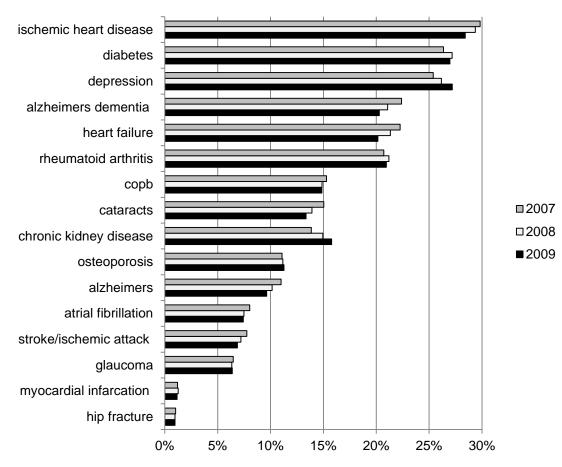
	2007*	2008*	2009*
Fee-For-Service	223,294	223,714	233,077
Medicare Advantage	122,440	125,912	130,611
Alternators	24,258	27,394	29,466

* Due to missing values, groups may not add to totals



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

List of Chronic Non-Cancerous Conditions by Prevalence for Medicare FFS Population 2007 - 2009

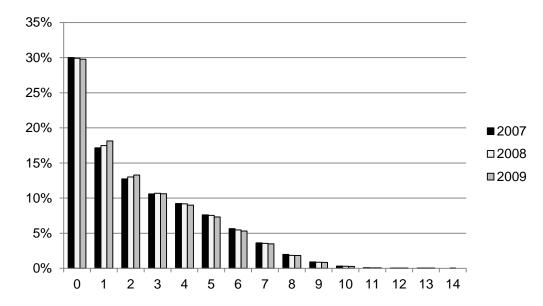




Source: 2007, 2008 & 2009 Medicare Data provided by the Centers for Medicare & Medicaid Services

Count of Non-Cancerous Chronic Conditions in Medicare FFS Population

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Number Conditions	2007	2008	2009
0	30.0%	29.9%	29.8%
1	17.2%	17.5%	18.1%
2	12.7%	13.0%	13.3%
3	10.6%	10.7%	10.6%
4	9.2%	9.2%	9.0%
5	7.6%	7.5%	7.3%
6	5.7%	5.5%	5.3%
7	3.6%	3.6%	3.5%
8	2.0%	1.9%	1.8%
9	0.9%	0.9%	0.8%
10	0.3%	0.3%	0.3%
11	0.1%	0.1%	0.1%
12	0.0%	0.0%	0.0%
13	0.0%	0.0%	0.0%
14	0.0%	0.0%	0.0%

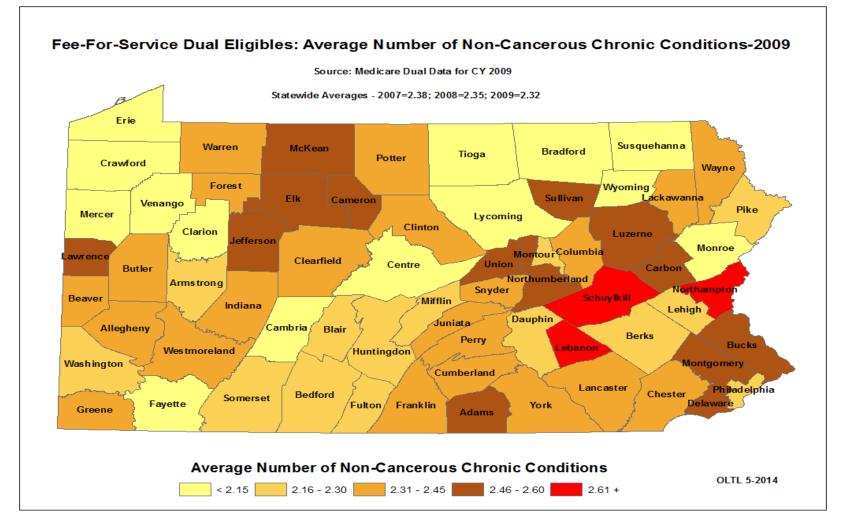


Approximately 30% of the FFS MME population are without a diagnosed chronic condition.

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



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





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