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Members Dually Eligible for MaineCare and Medicare Benefits: MaineCare and Medicare Expenditures and Utilization, State Fiscal Year 2010.

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CHARTBOOK

Members Dually Eligible for MaineCare and Medicare Benefits

MaineCare and Medicare Expenditures and Utilization

State Fiscal Year 2010

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Muskie School of Public Service

Analysis of Members Dually Eligible for MaineCare and Medicare

MaineCare and Medicare Expenditures and Utilization State Fiscal Year 2010

October 2012

This document was prepared by the Muskie School of Public Service at the University of Southern Maine for the Maine Department of Health and Human Services and the Maine Health Access Foundation.

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Acknowledgements

Many people contributed to the vision, conceptualization and final presentation of the charts and data in this report. As part of Maine's State Profile Tool grant, project staff developed a profile of long term service and support users and their cost and utilization experience using MaineCare data from State Fiscal Year 2008.[1] In conducting that analysis, it became clear that a significant percent of MaineCare members who use long term services and supports are dually eligible for MaineCare and Medicare. Without the ability to examine the use of both MaineCare and Medicare services, the profile of long term service users was incomplete. The Maine Health Access Foundation generously offered to support the linkage of MaineCare and Medicare data to conduct a series of analyses of people who are dually eligible for MaineCare and Medicare services. The Maine Department of Health and Human Services and the Muskie School of Public Service purchased licenses from JEN Associates, a company with experience in linking Medicaid and Medicare data. The license from JEN Associates provided the project staff access to the de-identified linked MaineCare-Medicare data using a data analytics tool called integrated Medical Management Research System (IMMRS). The tool provides a customized user interface for analysis of the data.

The construction and use of large complex data sets is not always an easy task. Tina Gressani and Cathy McGuire provided extensive subject matter expertise related to the MaineCare data that was invaluable in assessing the data structures, coding algorithms and classification systems used for the MaineCare-Medicare analysis. They provided ongoing technical support in defining and translating the populations, variables and data elements in the JEN dataset and continuously assessed the quality and validity of the analysis. Dan Gilden from JEN Associates provided many, many hours of assistance in customizing the variables and measures in the IMMRS system for use by Maine DHHS and the Muskie School.

Stuart Bratesman applied his skills and knowledge of MaineCare and Medicare data and his eye for graphic design and data presentation in the final preparation of the report. Eileen Griffin provided constant leadership and encouragement to the team and provided the vision for analysis of long term service users.

Finally the project team would like to thank Jay Yoe for his vision, constant support, and guidance in making this report possible. His knowledge of MaineCare data and his understanding of data presentation for public audiences were invaluable. We greatly appreciate his patience, persistence and understanding.

Julie Fralich

[1] Griffin E et al. A Cross-System Profile of Maine's Long Term Support System; A New View of Maine's Long Term Services and Supports and the People Served. Portland, ME: University of Southern Maine, Muskie School of Public Service School of Public Service; 2009.

Introduction

This report is one of a series of reports the Muskie School is preparing on MaineCare members who are dually eligible for MaineCare and Medicare Services. This first report provides a high level overview of the MaineCare and Medicare use and expenditure patterns for all members who were dually eligible in state fiscal years (SFY) 2008 to 2010. A second report will analyze the characteristics, use and expenditure patterns of sub-populations of long term service users (MaineCare only and dually eligible individuals) including adults with mental illness, older adults and adults with disabilities, adults with brain injury, adults with developmental disabilities and children with need for services and supports.

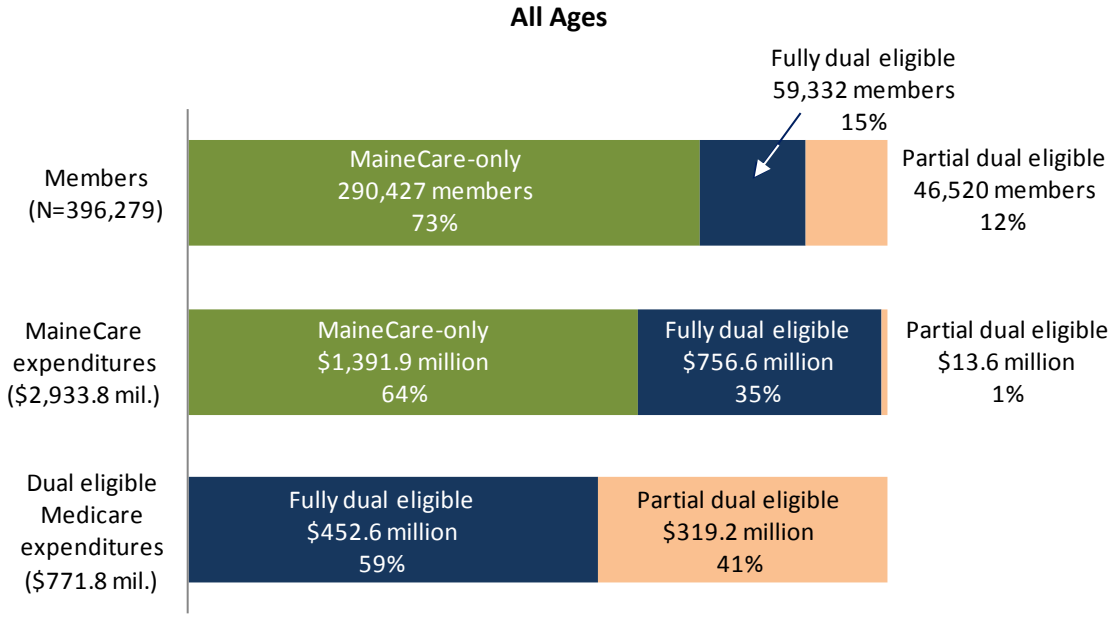
The report includes information on Medicare-MaineCare members who are considered **full benefit** members and Medicare-MaineCare members who are **partial** benefit members. Full benefit members qualify for full Medicaid benefits. For these individuals, Medicaid covers the services that are not part of the standard Medicare benefit. Partial benefit members are those who receive assistance from Medicaid to pay their Medicare premiums and cost-sharing obligations. Partial benefit members are also known as Qualified Medicare Beneficiaries (QMBs); Specified Low Income Medicare Beneficiaries (SLMBs); Qualified Individuals (QIs); and Qualified Disabled and Working Individuals (QDWIs).

Individuals who are dually eligible for MaineCare and Medicare typically have multiple chronic conditions, high medical and long term care costs, and low income. Medicare covers hospital, medical, skilled long term care and pharmacy services while Medicaid pays for behavioral health, community based long term services and supports and nursing home services. The integration of services and benefits for people who are dually eligible is a challenge for states and the federal government. As states move to introduce value based purchasing initiatives through health homes, accountable care communities and other managed care efforts, the need to coordinate services and align incentives between the Medicaid and Medicare programs becomes increasingly critical. Many states are involved in dual eligible demonstrations to improve the integration of services, benefits and care.

This report provides baseline data on the characteristics of Medicare-MaineCare members who are dually eligible, the distribution of expenditures across categories of service for MaineCare and Medicare, and the cost of care for people with select chronic conditions.

We hope that this report will provide valuable information to policymakers and others interested in the integration and coordination of services and benefits across the MaineCare program and the Medicare program.

Chart 1: Proportion of the number of MaineCare-only, fully dual eligible and partially dual eligible members of **all ages** compared to their proportional share of MaineCare and Medicare expenditures, SFY 2010



Note: Dollars include expenditures for MaineCare Pharmacy and Medicare Part A&B pharmacy[2], but do not include Medicare Part D. The Centers for Medicare & Medicaid Services (CMS) does not provide Part D cost data in these extracts.

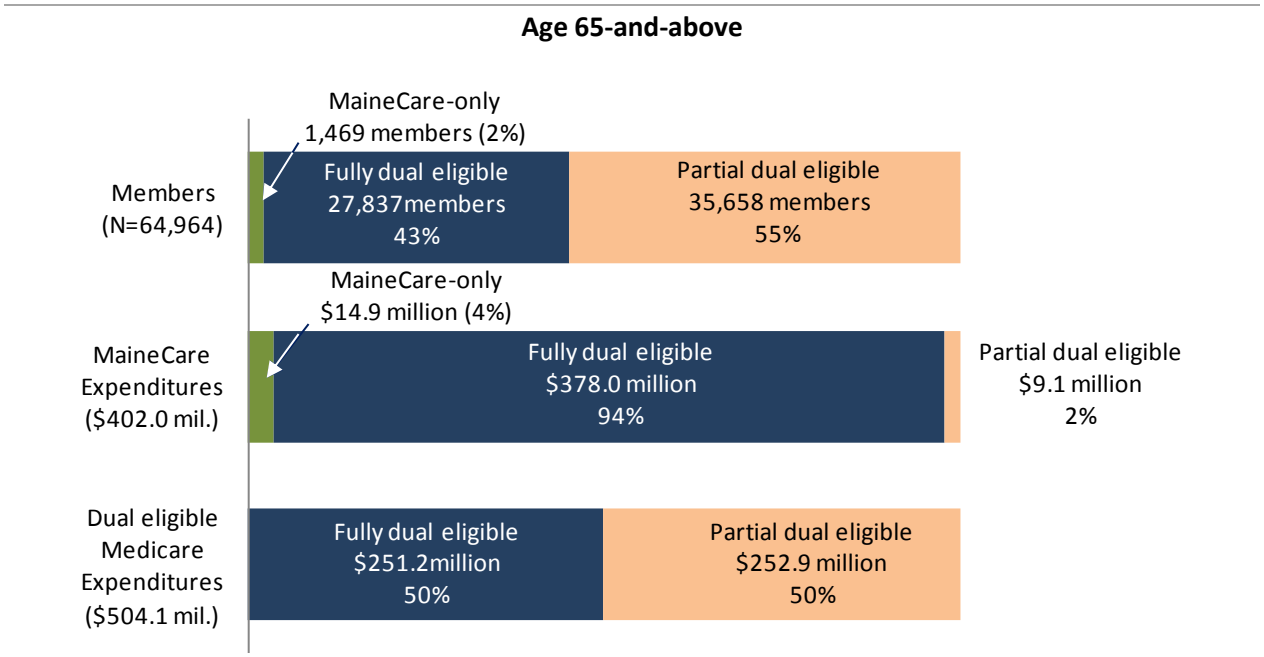
Of the 396,279 MaineCare members in State Fiscal Year (SFY) 2010, 59,332 (15%) were fully dual eligible members and 46,520 (12%) were partially dual eligible members. While the fully dual eligible members represented 15% of the MaineCare population, they accounted for 35% of MaineCare spending. Those Medicare-MaineCare enrollees with partially benefits accounted for 1% of MaineCare expenditures.

In addition to the $756.6 million that MaineCare spent for services to fully dual eligible members, Medicare spent $452.6 million. Medicare paid for the vast majority of the costs of services for partially dual eligible members. (MaineCare pays Medicare premiums and cost sharing for partial benefit enrollees).

[2] Part A pharmacy includes drugs during an inpatient or skilled nursing stay; Part B pharmacy includes drugs administered during an office visit; drugs administered through Durable Medical Equipment (such as inhalation devices, IV or infusion pumps) and some self-administered drugs (e.g. oral anti-emitic drugs within 48 hours or chemotherapy, drugs for dialysis patients).

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

Chart 1a: Proportion of the number of MaineCare-only, fully dual eligible and partially dual eligible members, **age 65 and above**, compared to their proportional share of MaineCare and Medicare expenditures, SFY 2010

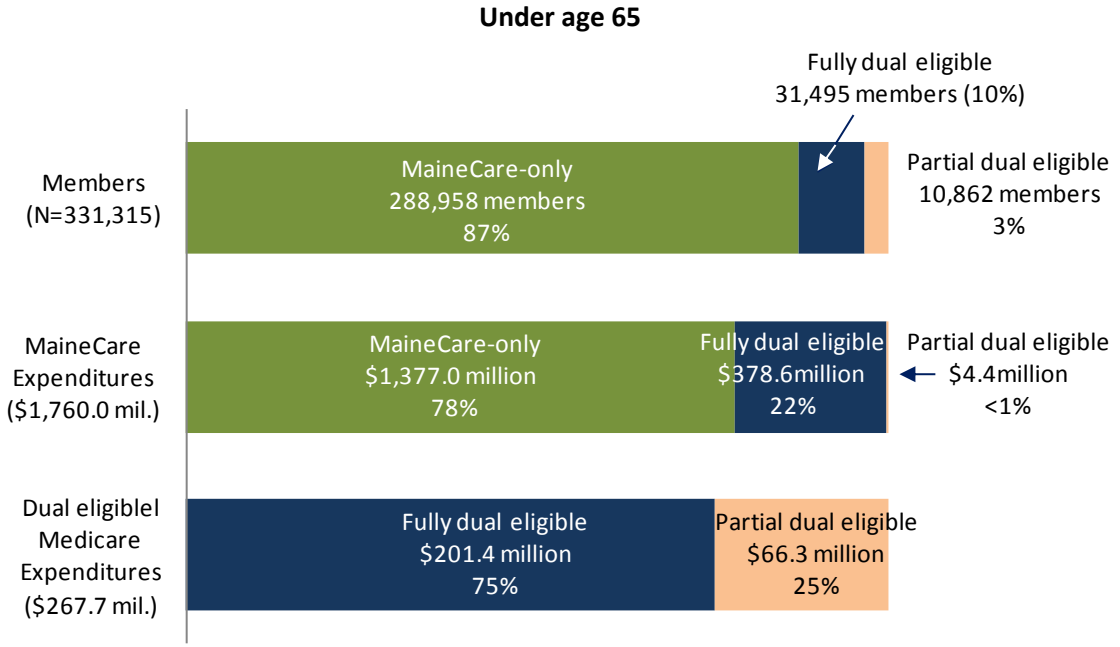


Dual eligible members (full benefit and partial benefit) represent 98% of the MaineCare population age 65 and above. MaineCare expenditures for fully dual eligible members account for 94% of MaineCare spending for people age 65 and above. Medicare spending is divided pretty evenly between fully dual and partially dual eligible members age 65 and above.

Total MaineCare and Medicare spending for fully dual eligible members age 65 and above was $629.2 million in 2010; and $262 million for partially dual eligible members. Fully dual eligible members receive the additional behavioral health and long term care services provided by MaineCare while the partially dual eligible members receive only the medical and acute services available through Medicare.

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

Chart 1b: Proportion of the number of MaineCare-only, fully dual eligible and partially dual eligible members, **under age 65**, compared to their proportional share of MaineCare and Medicare expenditures**,** SFY 2010

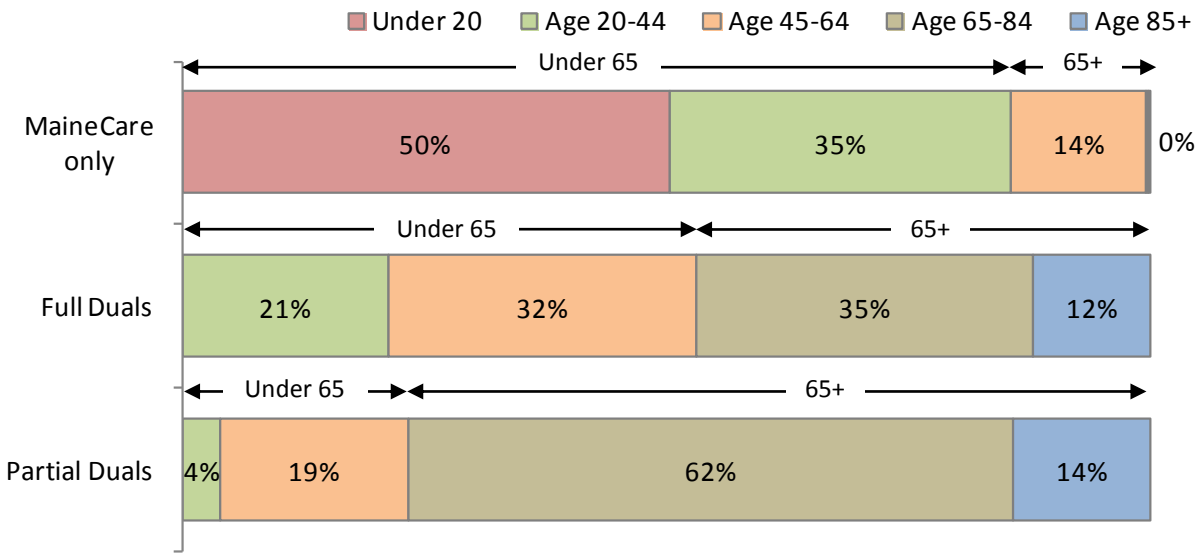


Individuals under 65 who are permanently disabled become eligible for Medicare after they wait 24 months followin receipt of Social Security Disability Insurance. During the 24-month waiting period, they are eligible for MaineCare. After the 2 year waiting period, they become eligible for Medicare and MaineCare.

Ten percent (10%) of MaineCare members under 65 were fully dual eligible members in SFY 2010 and accounted for 22% of MaineCare expenditures for people under 65. In addition to the $378.6 million spent by MaineCare for services for Medicare-MaineCare enrollees under age 65, Medicare spent an additional $201.4 million.

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

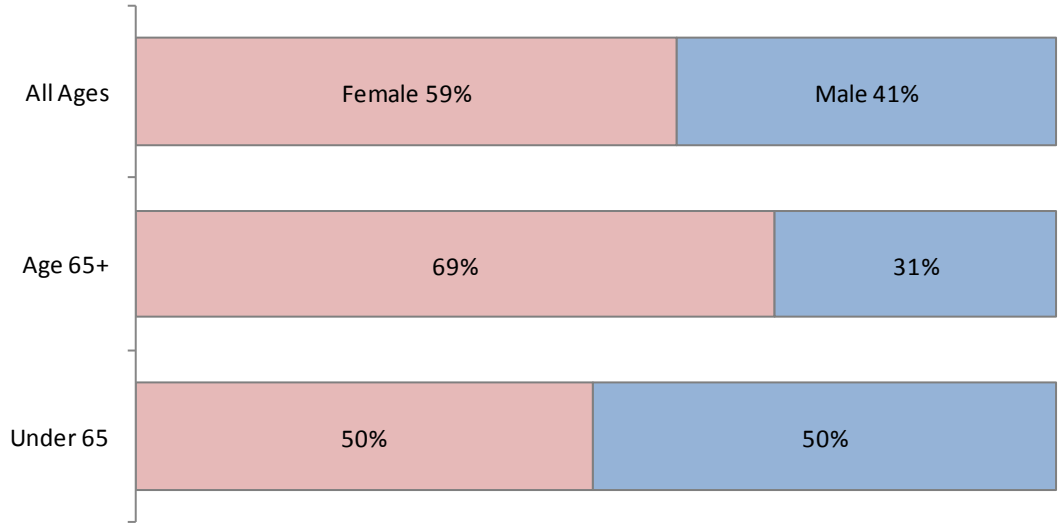
Chart 2: Composition of the MaineCare-only, fully dual eligible and partially dual eligible populations by age group, SFY 2010



Forty-seven percent of full benefit Medicare-MaineCare enrollees were over the age of 65 in SFY 2010; and 53% were under the age of 65. Partially benefit dual eligible members were predominantly over age 65 (76%) compared with 23% of partially benefit dual eligible members who were under age 65.

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

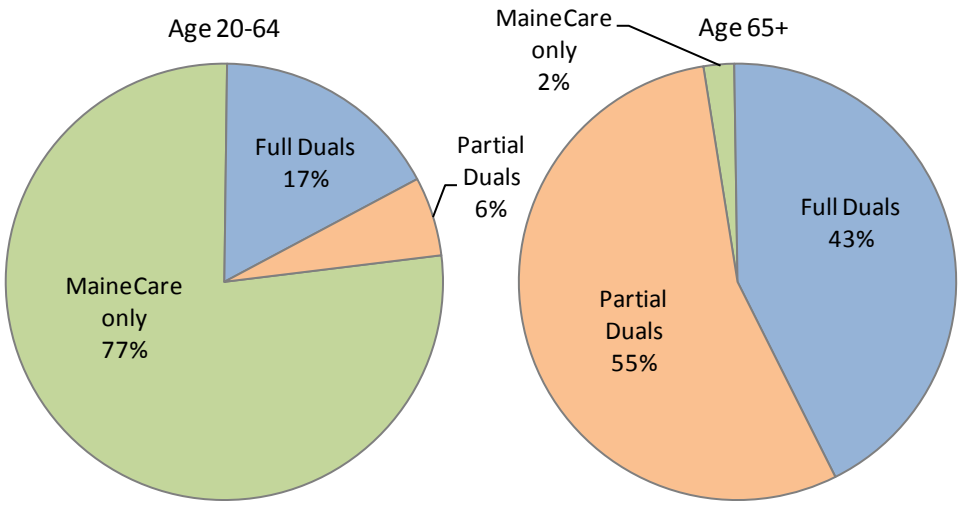
Chart 3: The percent of fully dual eligible members by gender and age group, SFY 2010



Among all age groups, Medicare-MaineCare enrollees are more likely to be female (59%) than male (41%). Of those dual eligible members age 65 and over, Medicare-MaineCare enrollees are more likely to be female (69%). Among those under 65, the distribution of males and females is evenly divided.

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

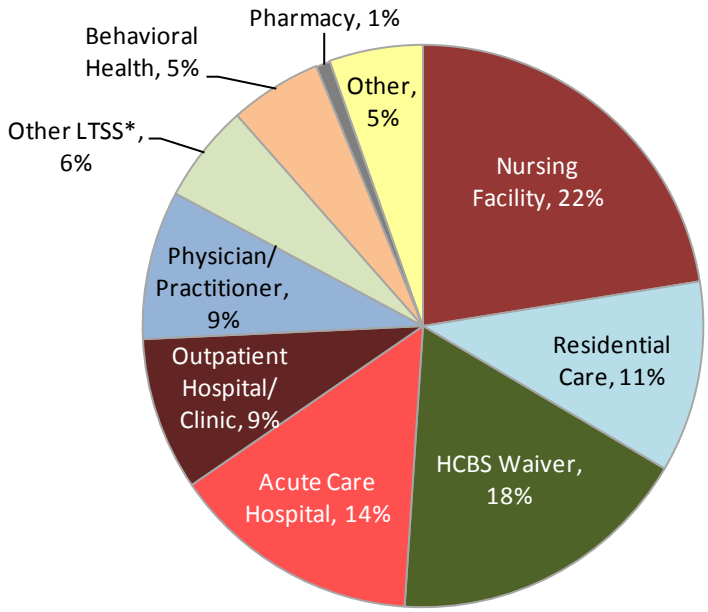
Chart 4: Dual eligible and MaineCare-only shares of the MaineCare population by age group for ages 20 and above, SFY 2010



Fully dual eligible members between 21 and 64 represent 17% of the total MaineCare in that age group. Partially dual eligible members represent 6% of the members in that age group.

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

Chart 5: Share of the combined $1,209.2 million in MaineCare and Medicare expenditures for fully dual eligible members by type of service, SFY 2010



Note: The combined MaineCare and Medicare pharmacy expenditures are understated since they do not include Medicare Part D

When Medicare and MaineCare expenditures are combined, services provided by nursing facilities represent the greatest share (22%) of total costs. Services provided through HCBS Waiver programs (which includes home and community based services provided to people with intellectual and developmental disabilities, older adults and adults with physical disabilities) represents the second highest category (18%) of spending. Acute hospital care also accounts for a high proportion of total MaineCare and Medicare expenditures (14%).

* Other Long Term Care includes Home Care, Hospice, Day Care and other home and community-based services.

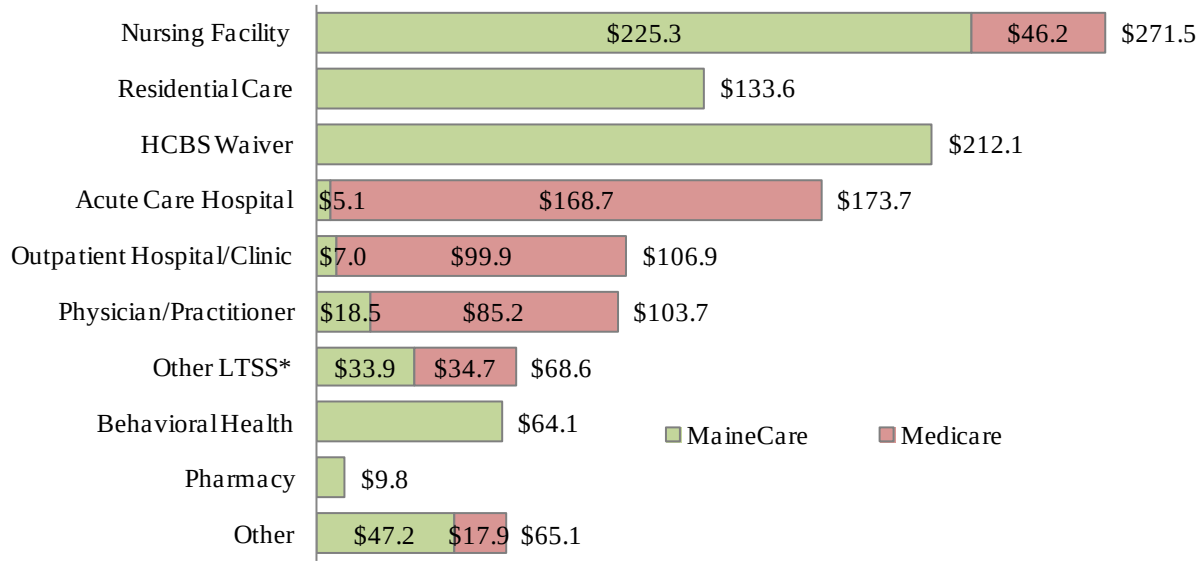
NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

Table 1: Share of total expenditures for fully dual members by service category and by payer, SFY 2010

Payer	MaineCare	Medicare	Combined
Persons served (unduplicated annual count)			59,332
Annual expenditures (in millions)	$756.6	$452.6	$1,209.2
Nursing Facility	30%	10%	22%
Residential Care	18%	<1%	11%
HCBS Waiver Services	28%	<1%	18%
Acute Care Hospital	1%	37%	14%
Outpatient Hospital/Clinic	1%	22%	9%
Physician/Practitioner	2%	19%	9%
Other Long Term Services & Supports*	4%	8%	6%
Behavioral Health	8%	<1%	5%
Pharmacy	1%	<1%	1%
Other	6%	4%	5%
Total	**100%**	**100%**	**100%**

The greatest share of MaineCare expenditures are for long term services and supports. The greatest share of Medicare expenditures are for hospital and medical services.

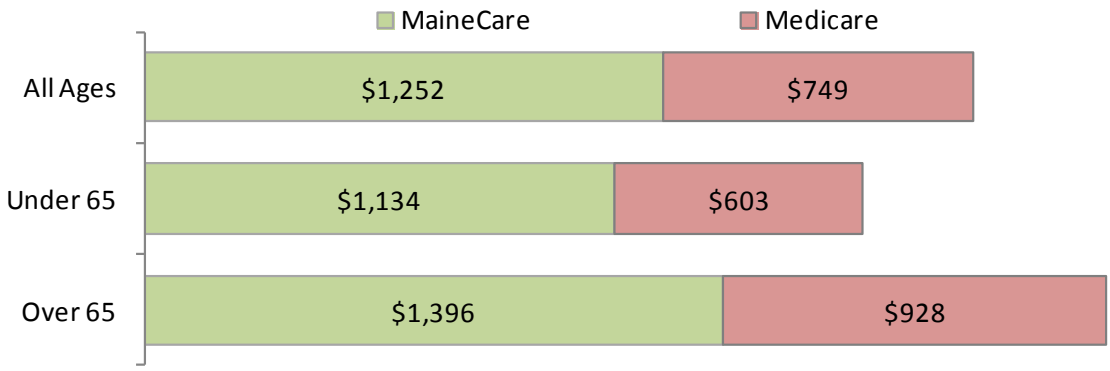
Chart 6: Share of total expenditures (in millions) for fully dual members by service category and by payer, SFY 2010



* Other Long Term Services and Supports (LTSS) includes Home Care, Hospice, Day Care and other home and community-based services.

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

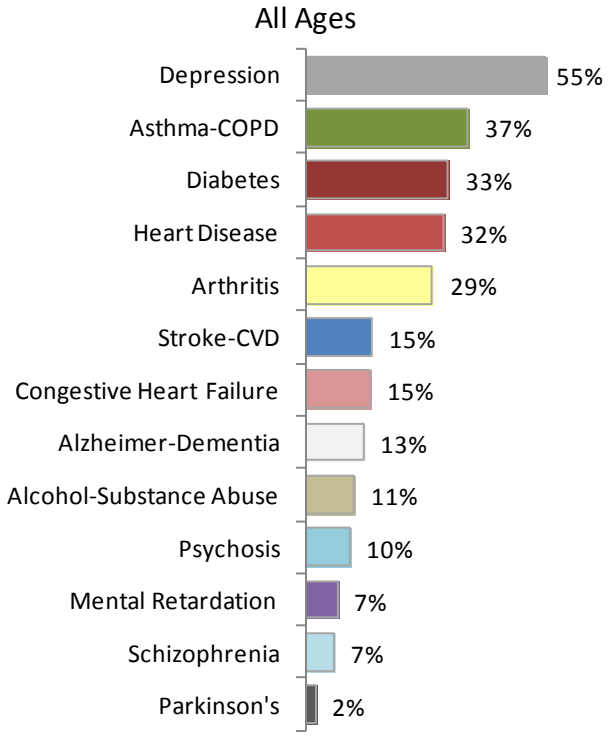
Chart 7: Comparison of MaineCare and Medicare PMPM expenditures for full dual eligible members, by age group, SFY 2010



Total per member per month expenditures for full dual eligible members was $2001 in SFY 2010. MaineCare averaged $1,252 per month in expenditures and Medicare spending was $749 per member per month. Those under 65 had lower spending than those age 65 and over. Those under 65 had spending of $1,737 per member per month and those age 65 and over had $2,324 PMPM spending.

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

Chart 8: Prevalence rates for selected chronic diseases among fully dual eligible members based on primary or secondary diagnoses found on physician or hospital claims, SFY 2010

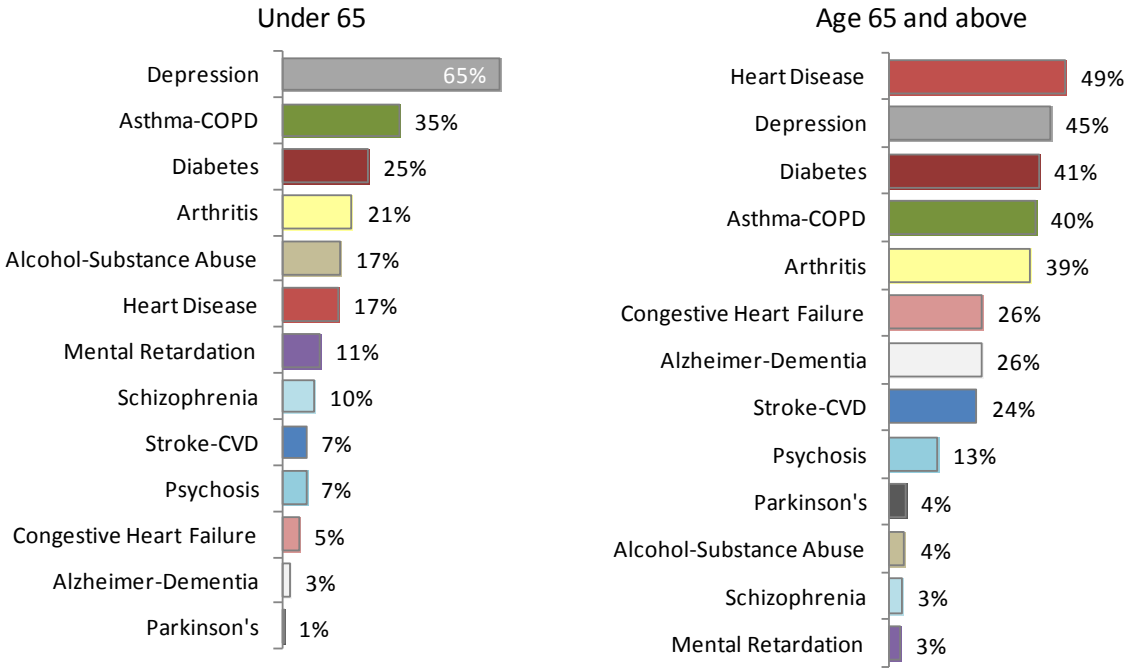


Depression[3] was the most prevalent chronic condition among all MaineCare-Medicaid members in SFY 2010. This was followed by asthma-COPD, diabetes, heart disease and arthritis.

[3] A beneficiary is flagged as having the condition if the specified code is found in any hospital or physician claim history in years 2009 and 2010. Depression ICD-9 codes are: codes are: 296-296.99, 300-300.99, 311- 311.99

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

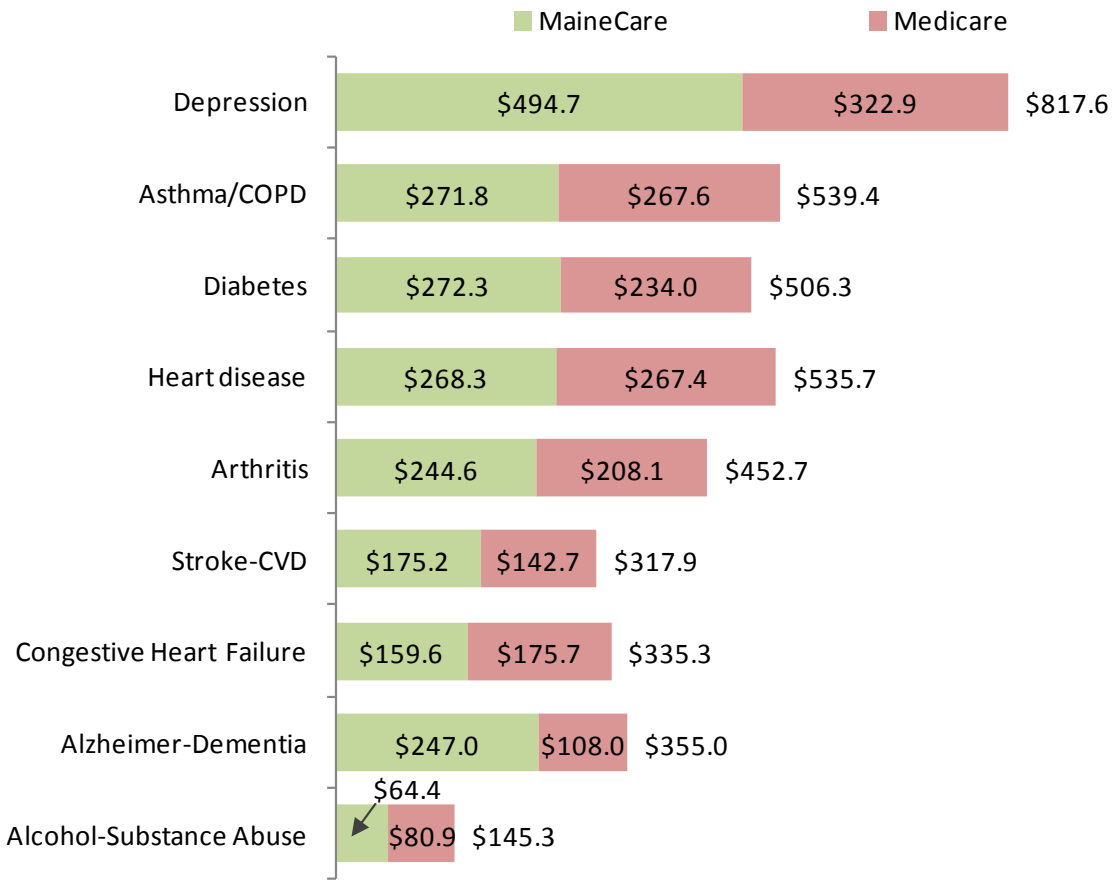
Chart 9: Prevalence rates for selected chronic diseases among fully dual eligible members by age group based on primary or secondary diagnoses found on physician or hospital claims, SFY 2010



For those members under age 65, depression is the most prevalent condition. For those members age 65 and over, heart disease is the most prevalent chronic condition although depression remains highly prevalent with 45% of the people age 65 and over having this condition.

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

Chart 10: Total expenditures (in millions) for fully dual eligibles by chronic condition, SFY 2010

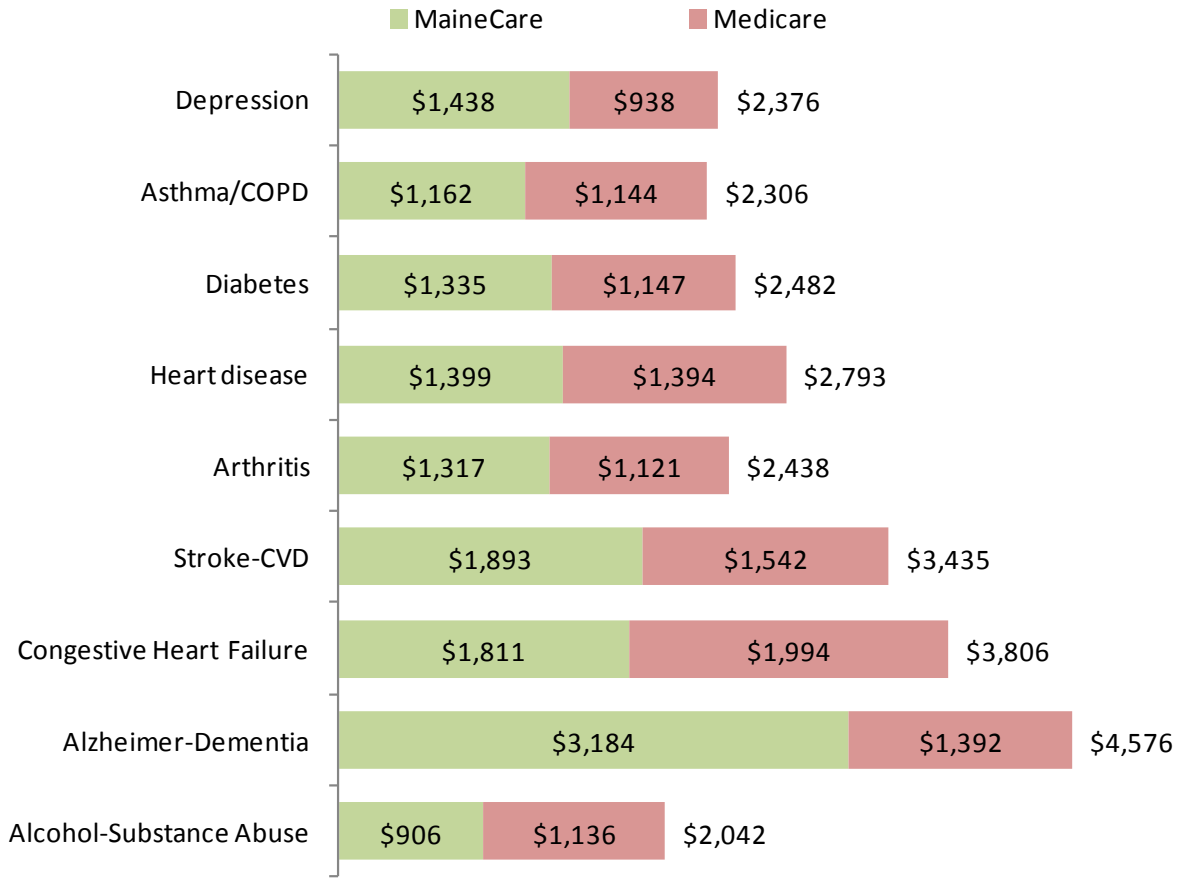


NOTE: Some members appear in more than one of the diagnosis categories displayed above, thus expenditures will be in more than one category and should not be totaled.

Chart 10 displays the total expenditures by chronic condition in SFY 2010. Total Medicare and MaineCare expenditures for people with depression were $817.6 million; the highest of all the chronic condition categories. People with asthma/COPD, diabetes, or heart disease each accounted for more than $500 million in Medicare-MaineCare expenditures per condition.

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

Chart 11: PMPM Expenditures for fully dual eligibles by chronic condition, SFY 2010

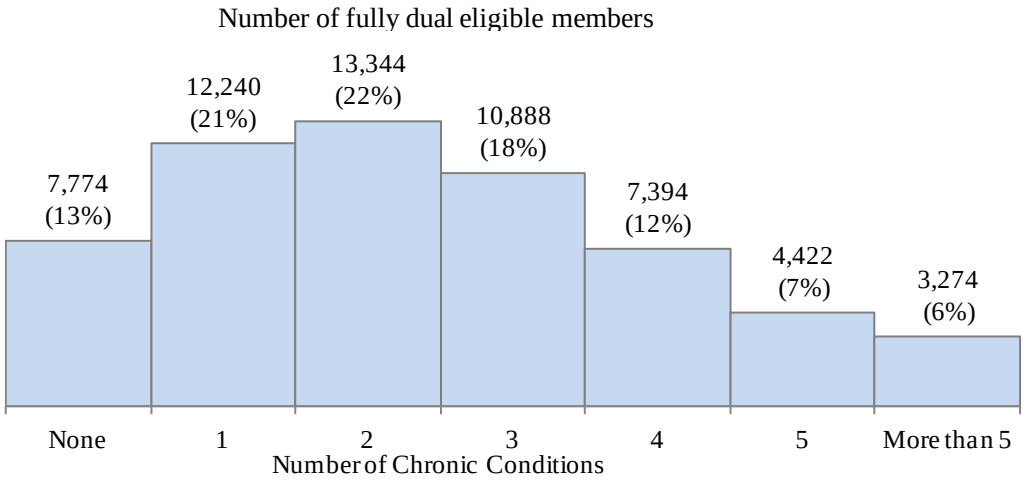


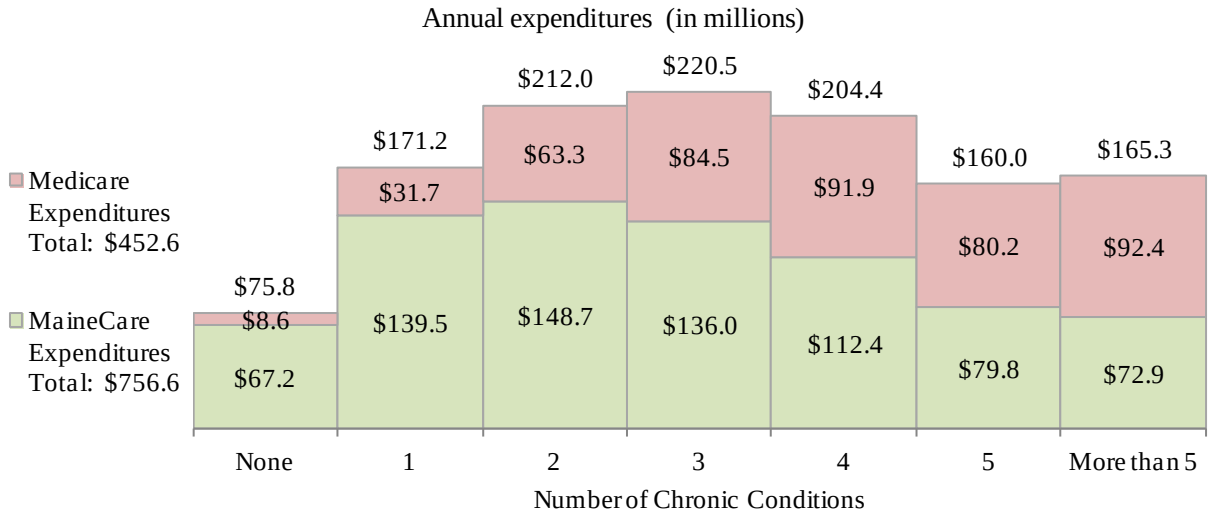
NOTE: Some members appear in more than one of the diagnosis categories displayed above, thus expenditures will be in more than one category and should not be totaled.

Although people with depression accounted for the highest total costs among the Medicare-MaineCare enrollees, those with Alzheimer's-dementia had the highest per member per month expenditures. The PMPM costs for people with Alzheimer's-dementia was $4,576 compared with PMPM costs of congestive heart failure ($3806) or stroke-CVD ($3435).

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

Charts 12 and 13: Number of fully dual eligible members and total annual MaineCare and Medicare expenditures by the number of chronic medical and behavioral conditions each member had in SFY 2010* (N=59,336)





* The charts above represent a count of the number of members who had full dual eligibility in any month during SFY 2010, by the number of chronic conditions for which each was diagnosed from calendar year 2009 through calendar year 2010.

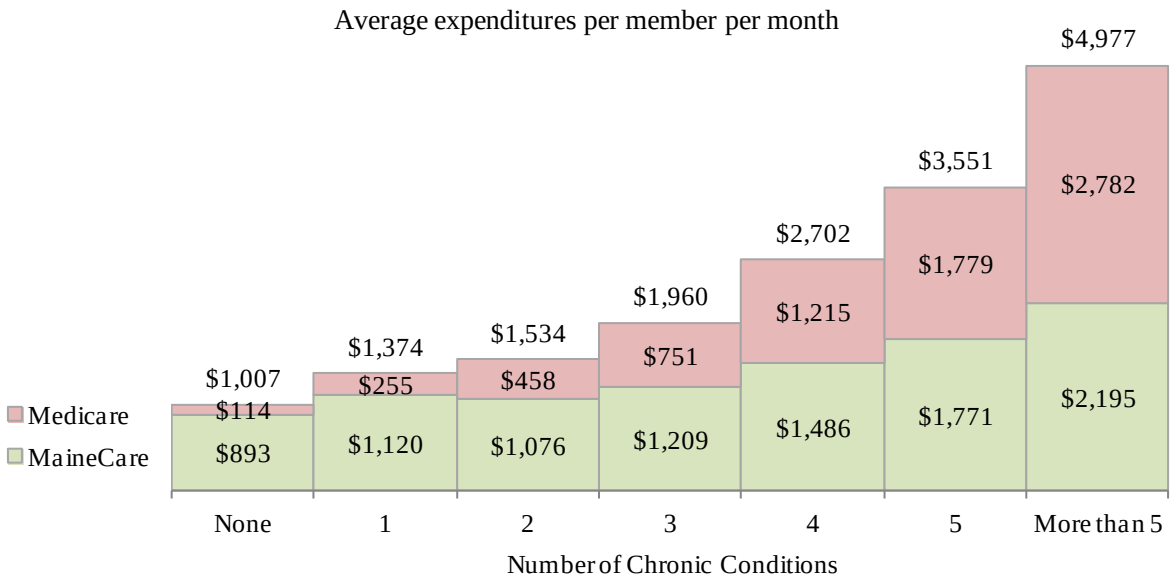
The list of chronic conditions includes:

- Alcohol-Substance Abuse;
- Arthritis;
- Asthma-COPD;
- Congestive Heart Failure;
- Depression;
- Diabetes;
- Heart Disease;
- Psychosis;
- Schizophrenia; and
- Stroke-CVD

Eighty-seven percent (87%) of dually eligible members had at least one of the chronic conditions listed above. Forty-three percent of the Medicare-MaineCare members had three or more chronic conditions.

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

Chart 14: MaineCare and Medicare Expenditures in SFY 2010 for fully dual eligible members by number of chronic conditions for which each had been diagnosed between 2009 and 2010. (N=59,336)



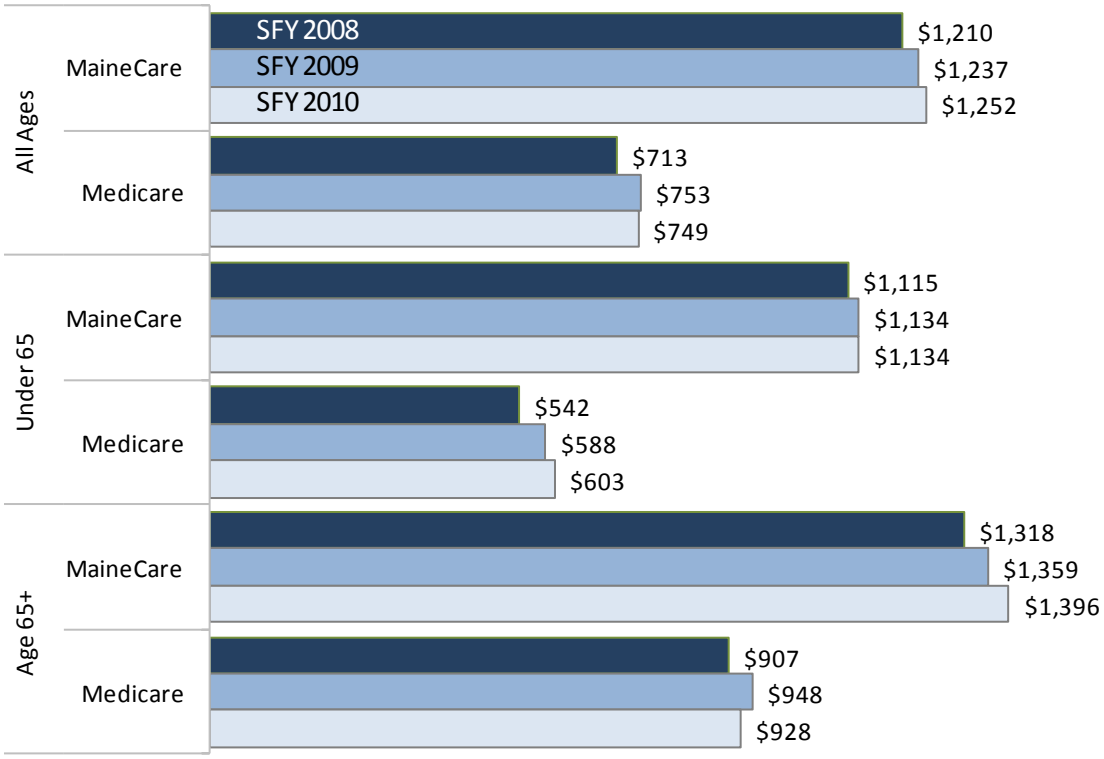
The list of chronic conditions includes:

- Alcohol-Substance Abuse;
- Arthritis;
- Asthma-COPD;
- Congestive Heart Failure;
- Depression;
- Diabetes;
- Heart Disease;
- Psychosis;
- Schizophrenia; and
- Stroke-CVD

Expenditures per member rose faster as each member's number of chronic conditions increased.

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

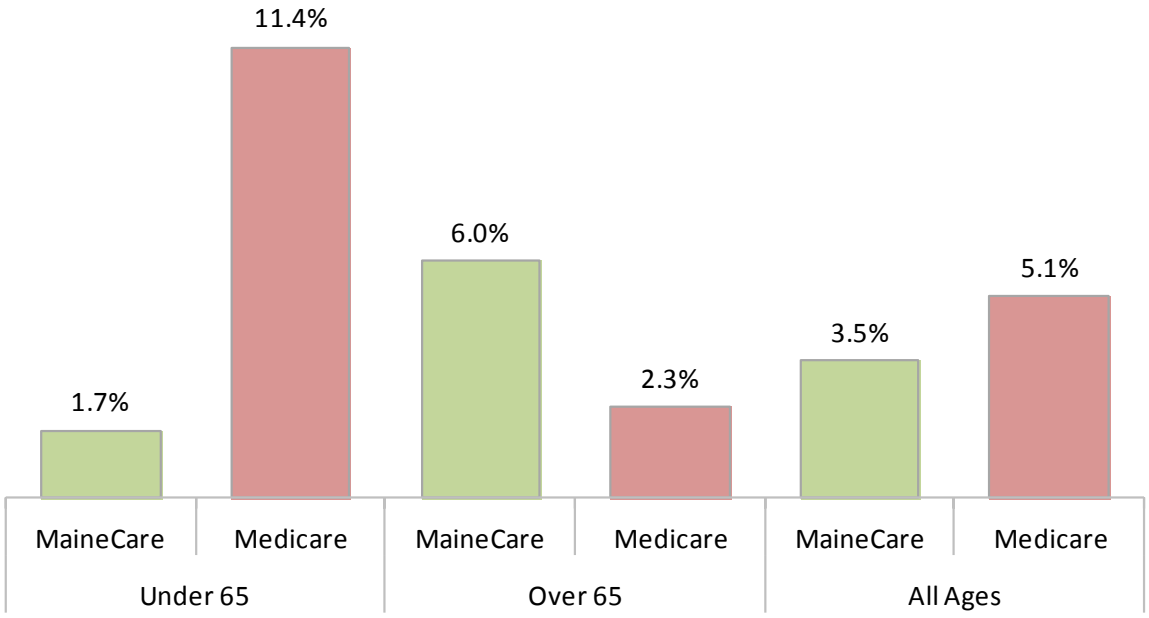
Chart 15: Change in PMPM expenditures for fully dual eligible members, by age group and by year, SFY 2007 to SFY 2010



MaineCare pays more per member per month (PMPM) for dual eligible members than does Medicare. The average MaineCare cost PMPM for all dual eligible members was $1,252 in SFY 2010 compared with $749 PMPM for Medicare. For those under 65, MaineCare PMPM costs ($1,134) were almost twice as high as Medicare PMPM costs ($603) in SFY 2010. For those 65 and over, MaineCare PMPM costs ($1,396) are 50% higher than Medicare PMPM costs ($928).

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

Chart 16: Percent change in MaineCare and Medicare PMPM expenditures for fully dual eligible members, by age group, from SFY 2008 to SFY 2010



MaineCare expenditures for fully dual eligible members grew more slowly than Medicare costs between 2008 and 2010. MaineCare expenditures grew by 3.5% compared with 5.1% for Medicare. MaineCare costs for those age 65 and over grew more rapidly (6.0%) than costs for those under 65 (1.7%).

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.

Conclusion

Dually eligible MaineCare-Medicare members accounted for a significant share (35%) of total MaineCare expenditures in 2010.

Members over 65: Ninety-eight percent (98%) of MaineCare members age 65 and over were dually eligible for Medicare and accounted for 94% of Maine Care expenditures of people in this age group. Maine Care expenditures for those fully dual eligible members over 65 were $378 million and Medicare expenditures were additional $251.2 million.

Members under 65: Ten percent of MaineCare members under 65 were also fully dual eligible members and accounted for 22% of MaineCare expenditures for members under 65. MaineCare expenditures for those dually eligible members under 65 was $378.6 million and Medicare expenditures were $201.4 million.

MaineCare-Medicare members have multiple chronic conditions with the most prevalent conditions being depression, asthma/COPD and diabetes. Not surprisingly the greatest share of MaineCare expenditures was for long term services and supports. Behavioral health services also accounted for 8% of MaineCare spending. The greatest share of Medicare expenditures was for hospital and medical services.

MaineCare members who are eligible for both the Medicaid and Medicare programs must navigate the complex systems of care that are paid for by these separate programs. Efforts to support the coordination of medical, behavior and long term services and supports for dually eligible members are challenged by the misalignment of the benefits and incentives of the two programs.

Many have noted that efforts to reduce medical and hospital spending for dually eligible members (often initiated by state Medicaid programs) will result in savings for the Medicare program. The greatest share of costs for the Medicaid program lies in the long term services and supports and behavioral health services – critical services for older adults, those with physical disabilities and others who rely on community based services and supports.

NOTE: Dollars include expenditures for MaineCare pharmacy and Medicare Part A& B pharmacy, but do not include Medicare Part D.