

MassHealth Demonstration to Integrate Care for Dual Eligibles

2010 Profile of Dual Eligibles

Open Public Meeting

April 9, 2012 10 am – 12 pm

State Transportation Building, Boston



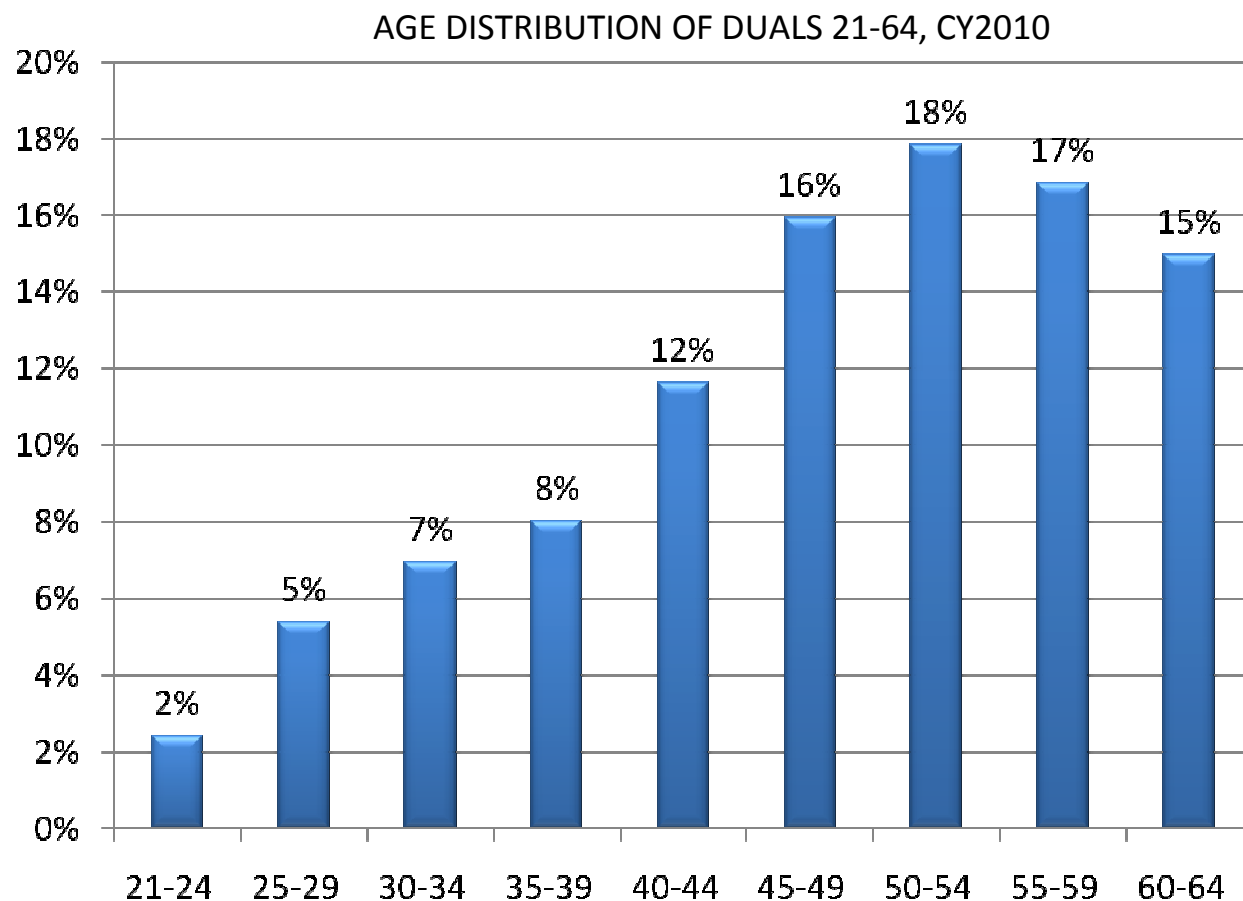
CY2010 PROFILE

DUAL ELIGIBLES 21-64 YEARS OLD

- Population high-level profile
- Medicare/Medicaid spending summary
- Diagnostic profile
- Level of Care Analysis
- Data Notes and Definitions

DEMOGRAPHIC PROFILE of DUALS 21-64 YEARS OLD CY 2010

- There were 118,322 duals aged 21-64
- They were dually eligible for an average of 11 months within CY 2010
- The majority were over 45 years old
- 51% were female
- 96% lived in the community in CY2010



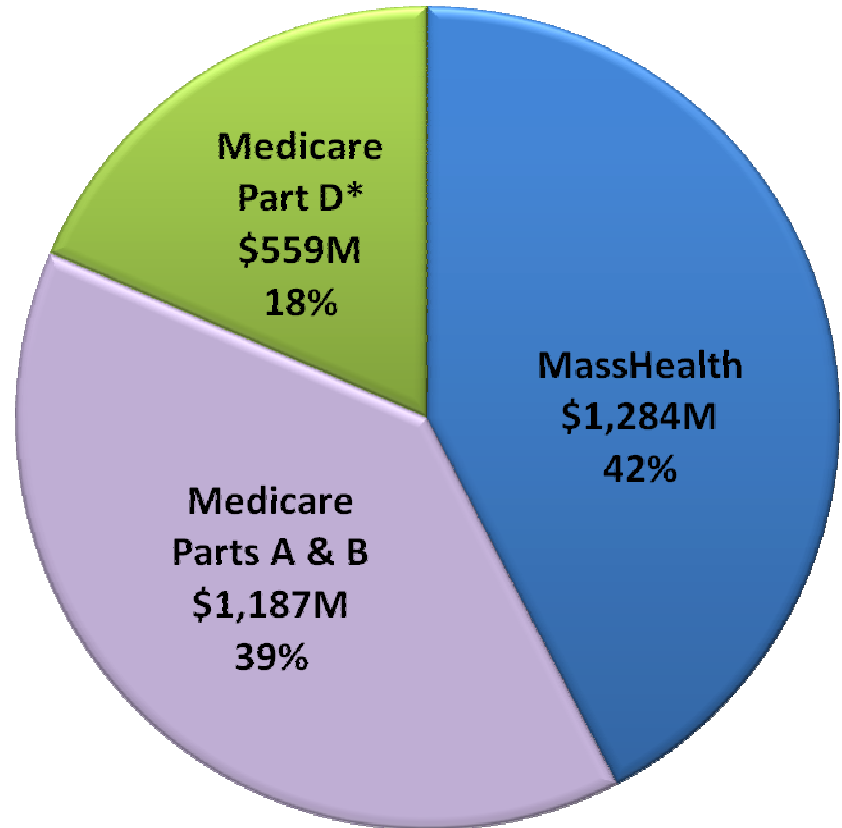
Number of Duals	2,849	6,375	8,236	9,486	13,741	18,871	21,118	19,934	17,712
-----------------	-------	-------	-------	-------	--------	--------	--------	--------	--------

DUALS 21-64 YEARS OLD BY MASSACHUSETTS COUNTY CY 2010

County	Duals 21-64	Percent
Barnstable	3,703	3%
Berkshire	3,821	3%
Bristol	13,504	11%
Dukes	170	0%
Essex	14,058	12%
Franklin	1,947	2%
Hampden	14,061	12%
Hampshire	2,650	2%
Middlesex	18,409	16%
Nantucket	42	0%
Norfolk	7,782	7%
Plymouth	7,316	6%
Suffolk	15,352	13%
Worcester	14,849	13%

MASSHEALTH AND MEDICARE SPENDING CY2010

- Combined Medicare and MassHealth spending was \$3,029,274,801
- Combined Medicare and MassHealth cost per capita was \$25,602
 - \$10,851 for MassHealth
 - \$10,031 for Medicare Parts A and B
 - \$4,720 estimated* for Medicare Part D

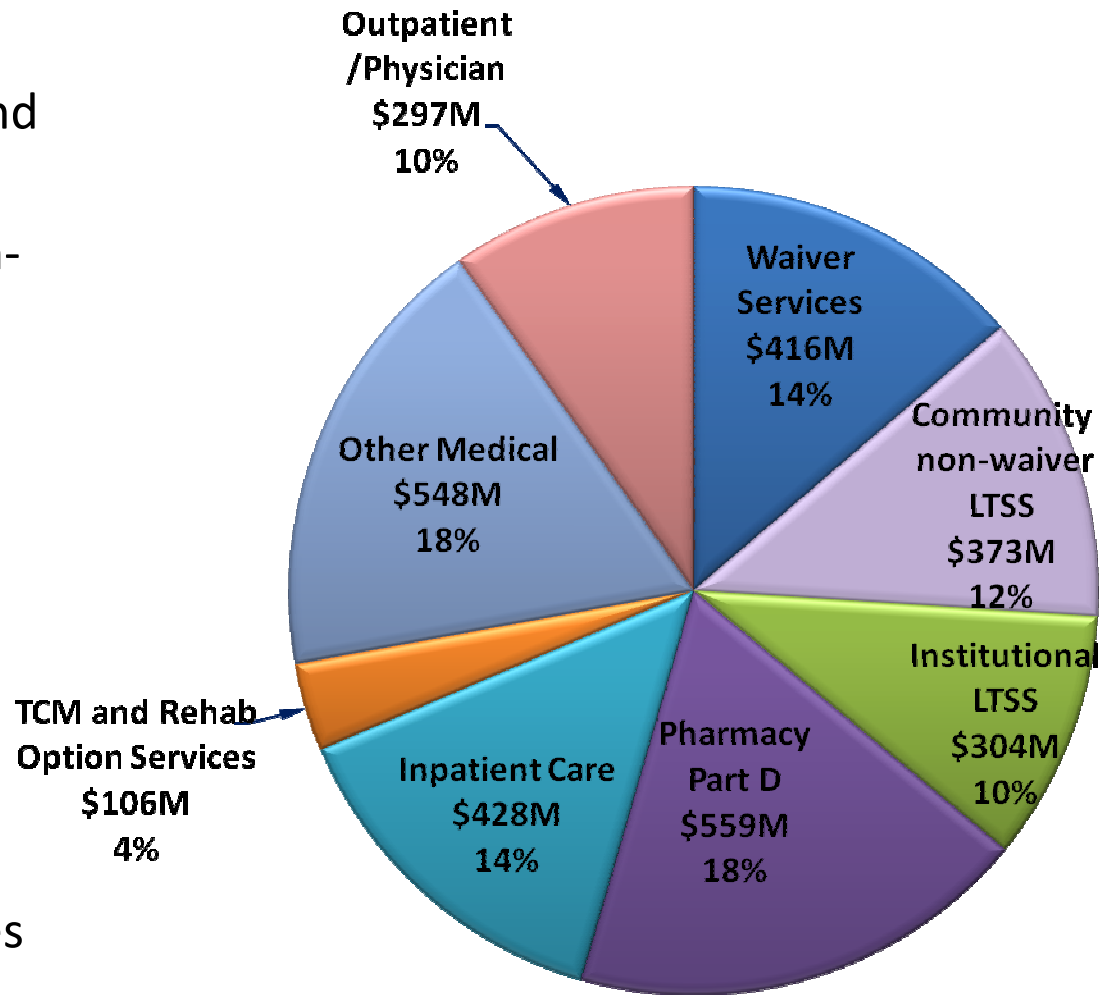


*Medicare Part D actual cost data not available. Medicaid pricing used to estimate Part D costs. Note that Part D costs include approximately \$59M in (actual) Part A and B pharmacy.

** Percentages do not add to 100% due to rounding

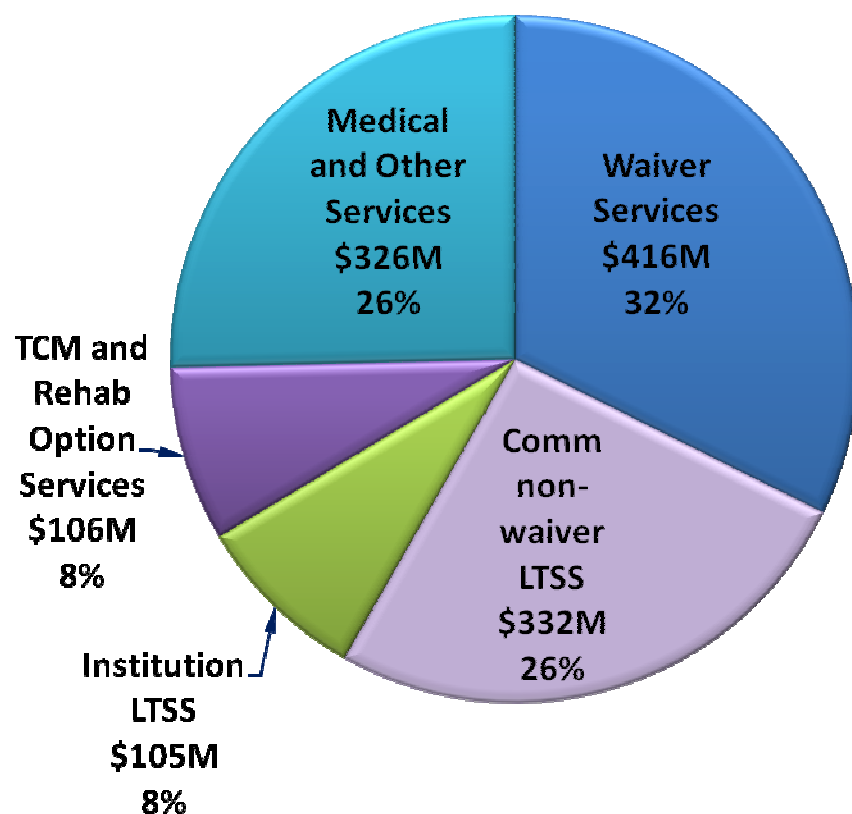
COMBINED MEDICARE AND MASSHEALTH SPENDING BY MAJOR SERVICE CATEGORY, CY2010

- Nearly 40% of total spending was on Long Term Services and Supports
 - 12%, over \$370M, on non-waiver long term services and supports provided in the community
 - 10%, over \$300M, on institutional LTSS
 - 14%, \$416M, on waiver services
 - 4%, \$106M, on targeted case management (TCM) and Rehab Option services provided by MA sister agencies

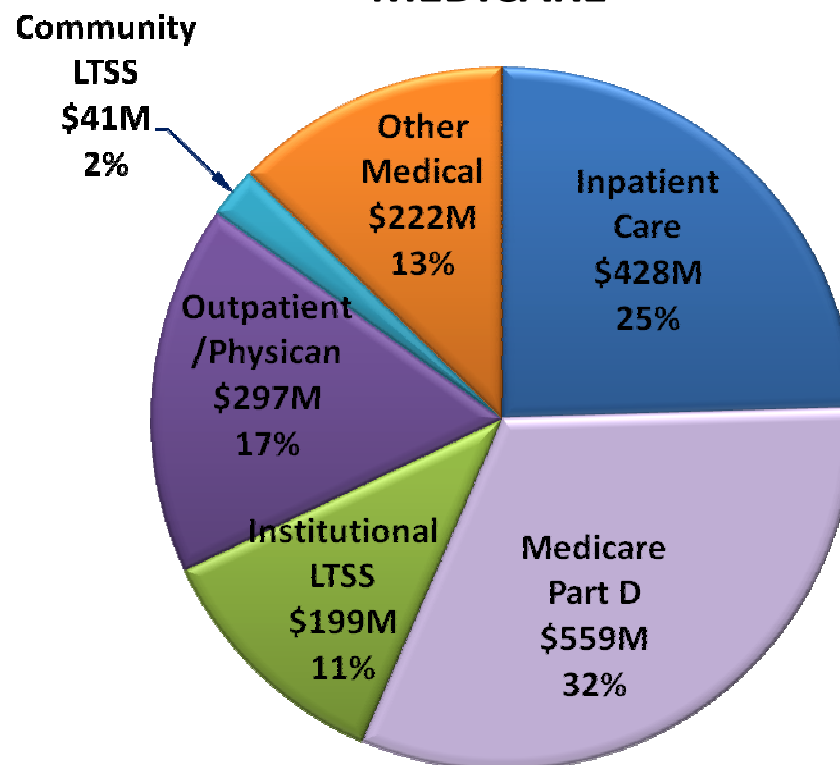


MASSHEALTH AND MEDICARE CY2010 SPENDING BY MAJOR SERVICE CATEGORY

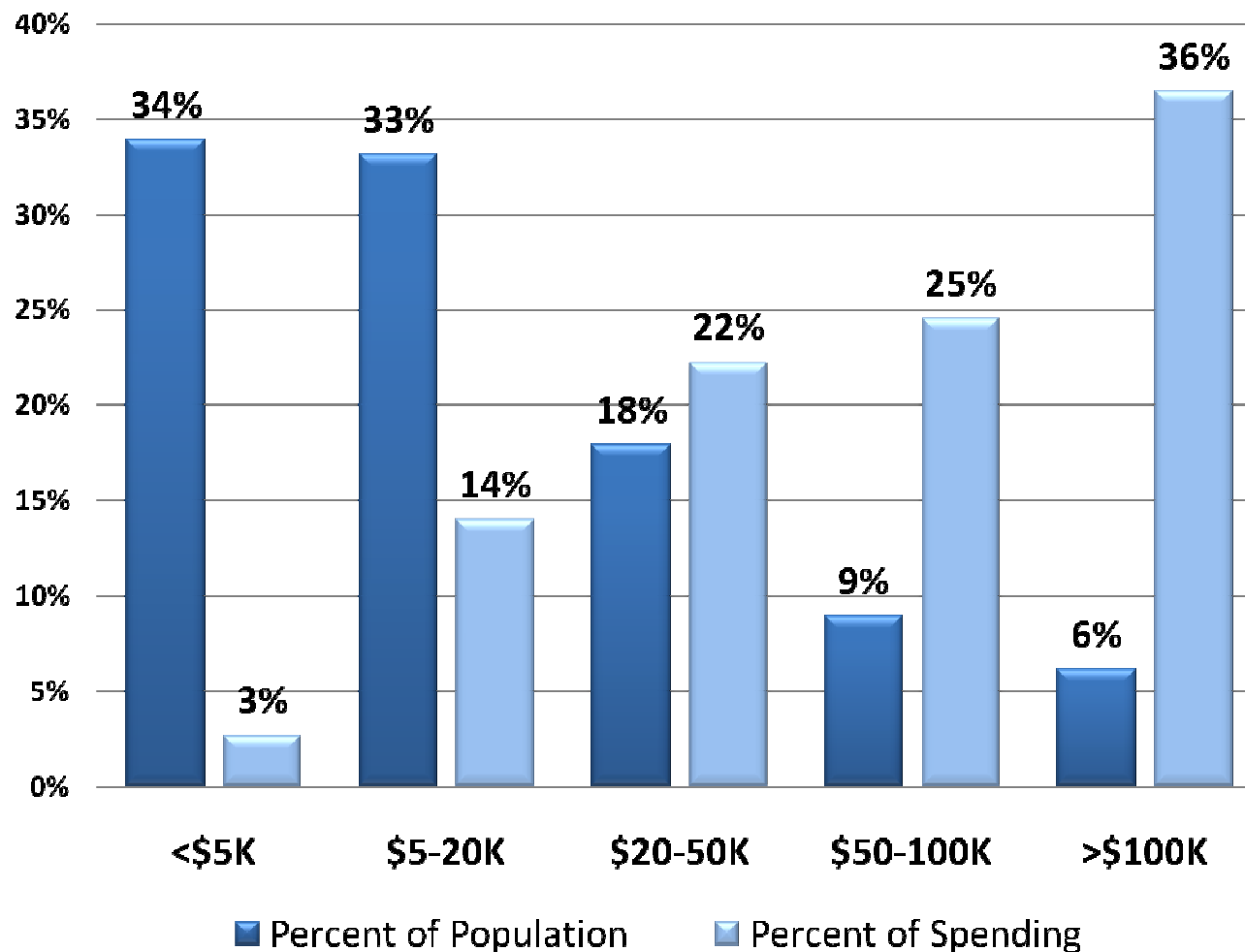
MASSHEALTH



MEDICARE

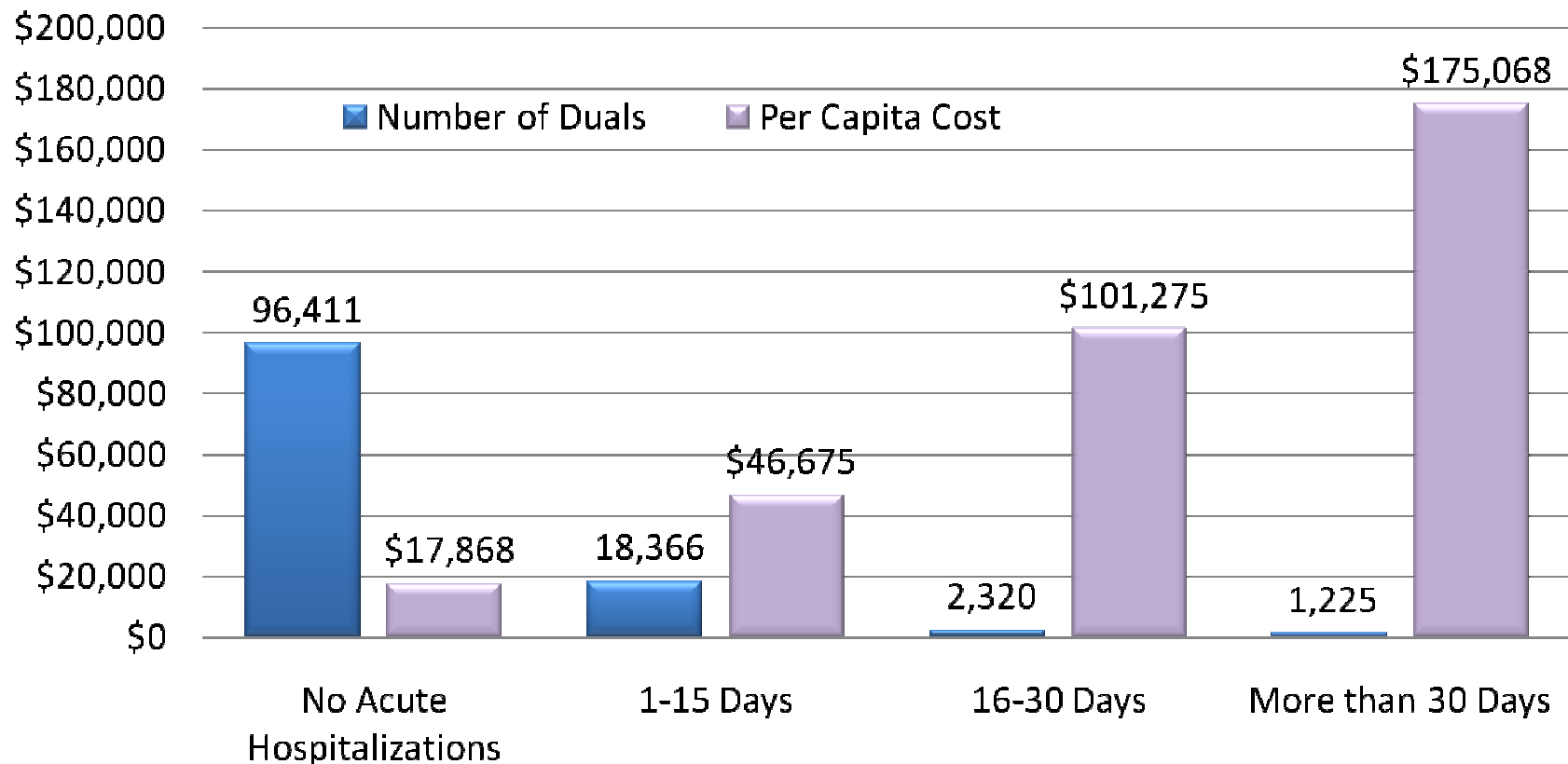


COMBINED MEDICARE AND MASSHEALTH SPENDING BY PER CAPITA ANNUAL COST, CY2010



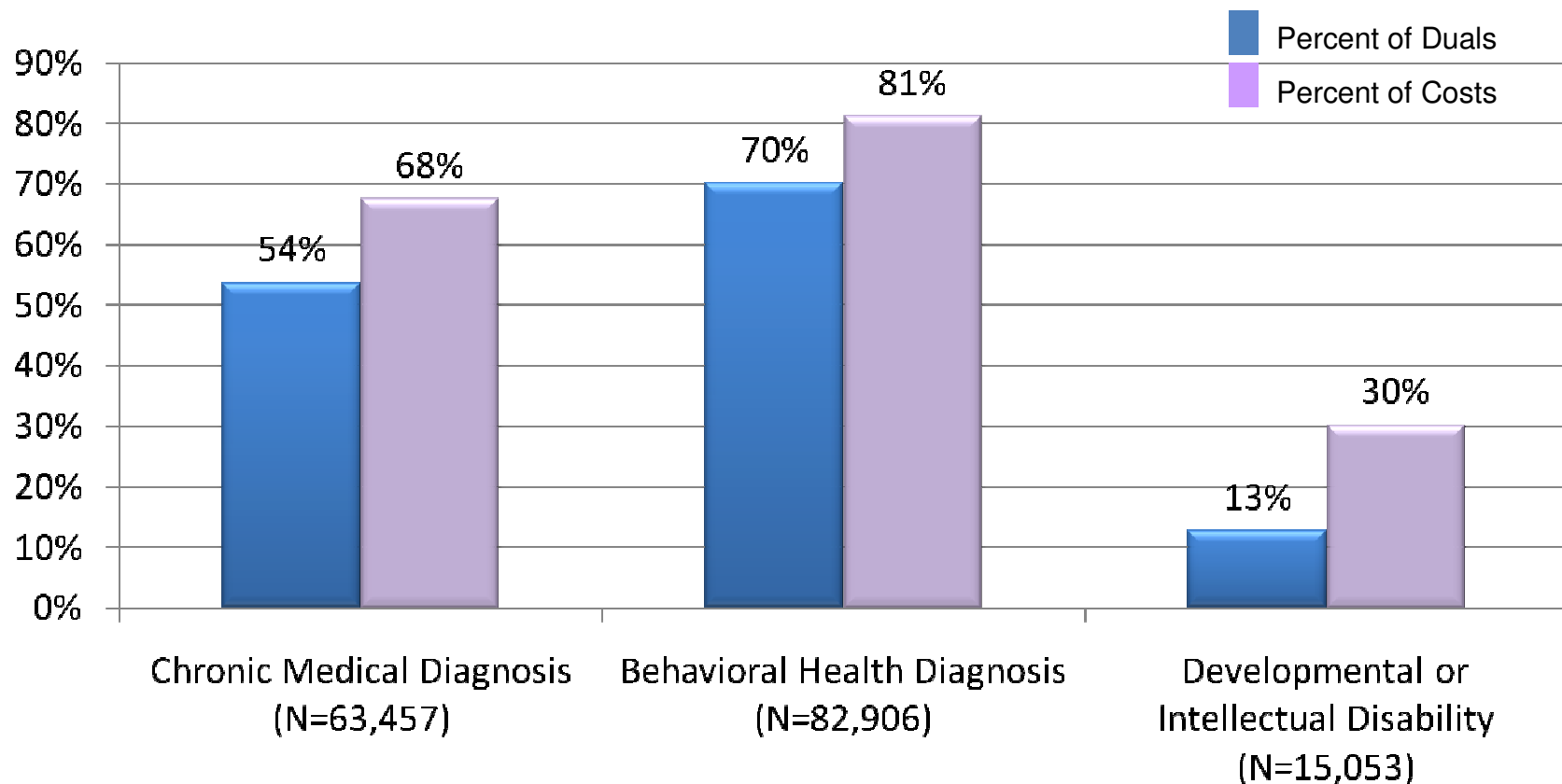
- 15% cost over \$50K annually, accounting for over 60% of spending
- One-third cost less than \$5K annually
- 20% of members accounted for 70% of spending (\$2.1B)
- Highest cost 20% had annual per capita costs exceeding \$37,000

NUMBER OF DUALS AND PER CAPITA COSTS BY ANNUAL ACUTE HOSPITAL DAYS, CY2010



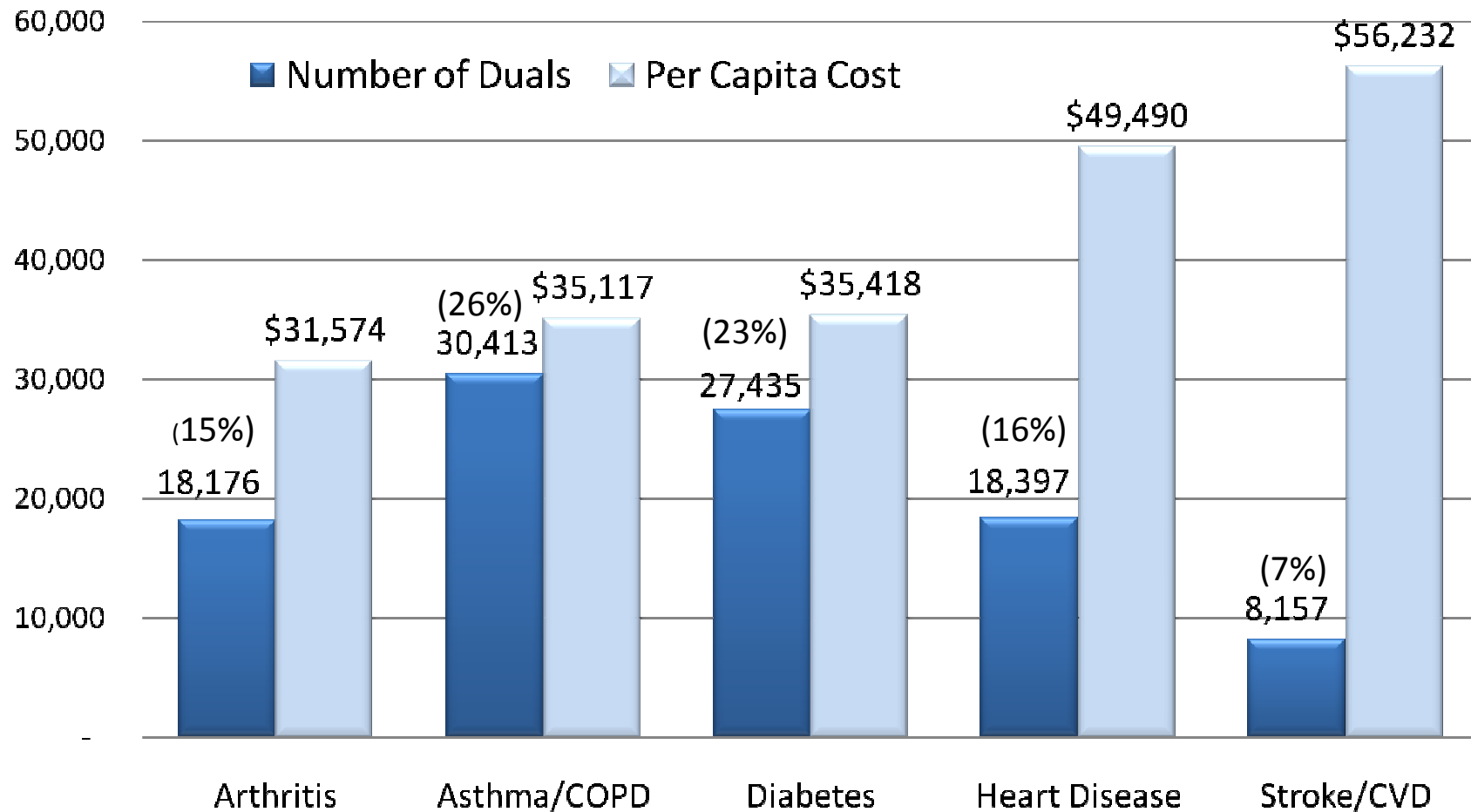
- 81% did not spend time in an acute hospital
- 16% spent between 1 and 15 days in an acute hospital
- 3% had more than 15 days in an acute hospital

PERCENTAGE OF DUAL ELIGIBLES WITH CHRONIC MEDICAL, BEHAVIORAL HEALTH, OR DEVELOPMENTAL OR INTELLECTUAL DISABILITY DIAGNOSES, CY2010



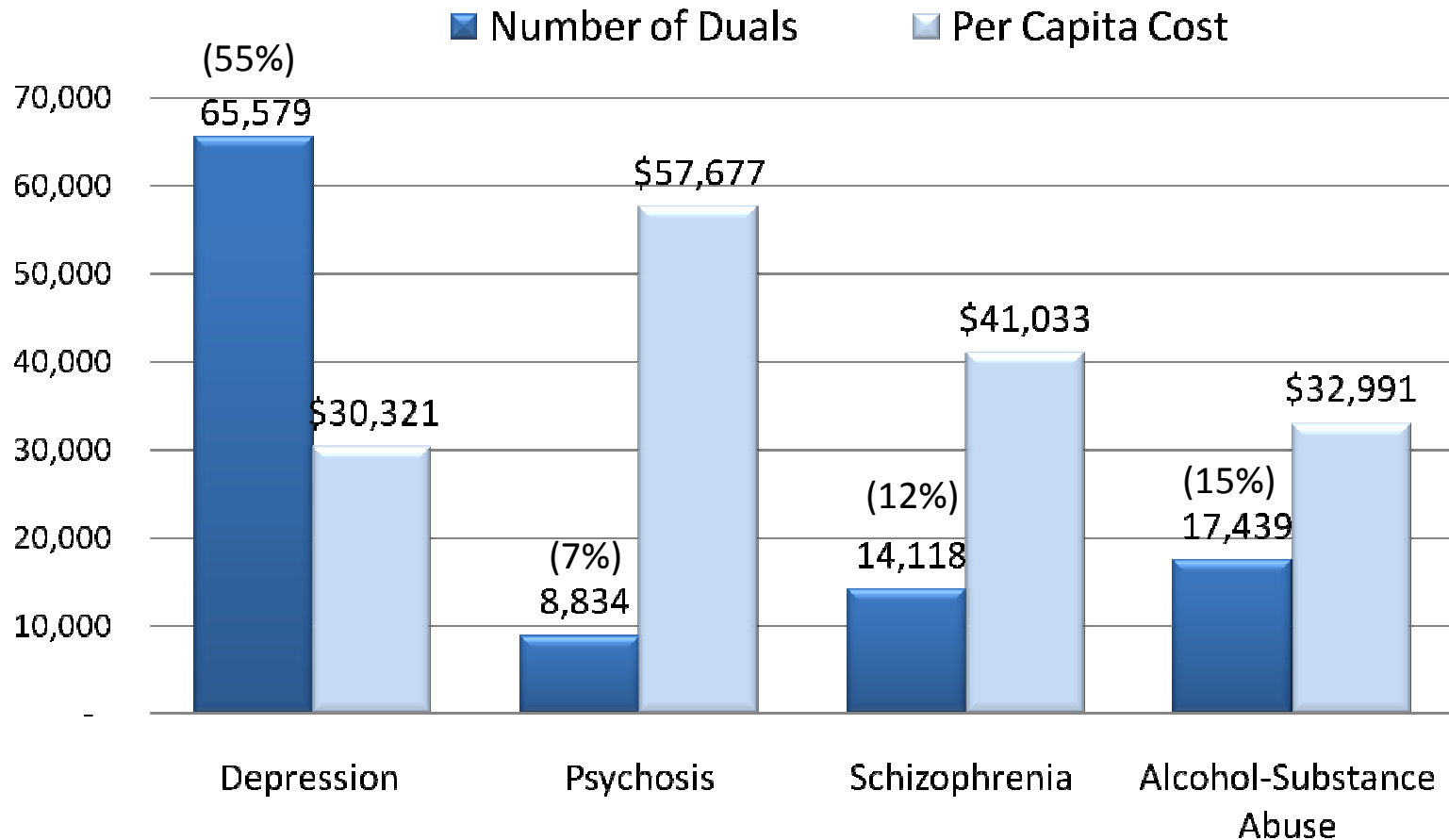
Note: Diagnostic categories are not mutually exclusive

NUMBER OF DUALS 21-64 WITH SELECT CHRONIC MEDICAL DIAGNOSES AND PER CAPITA COSTS, CY2010



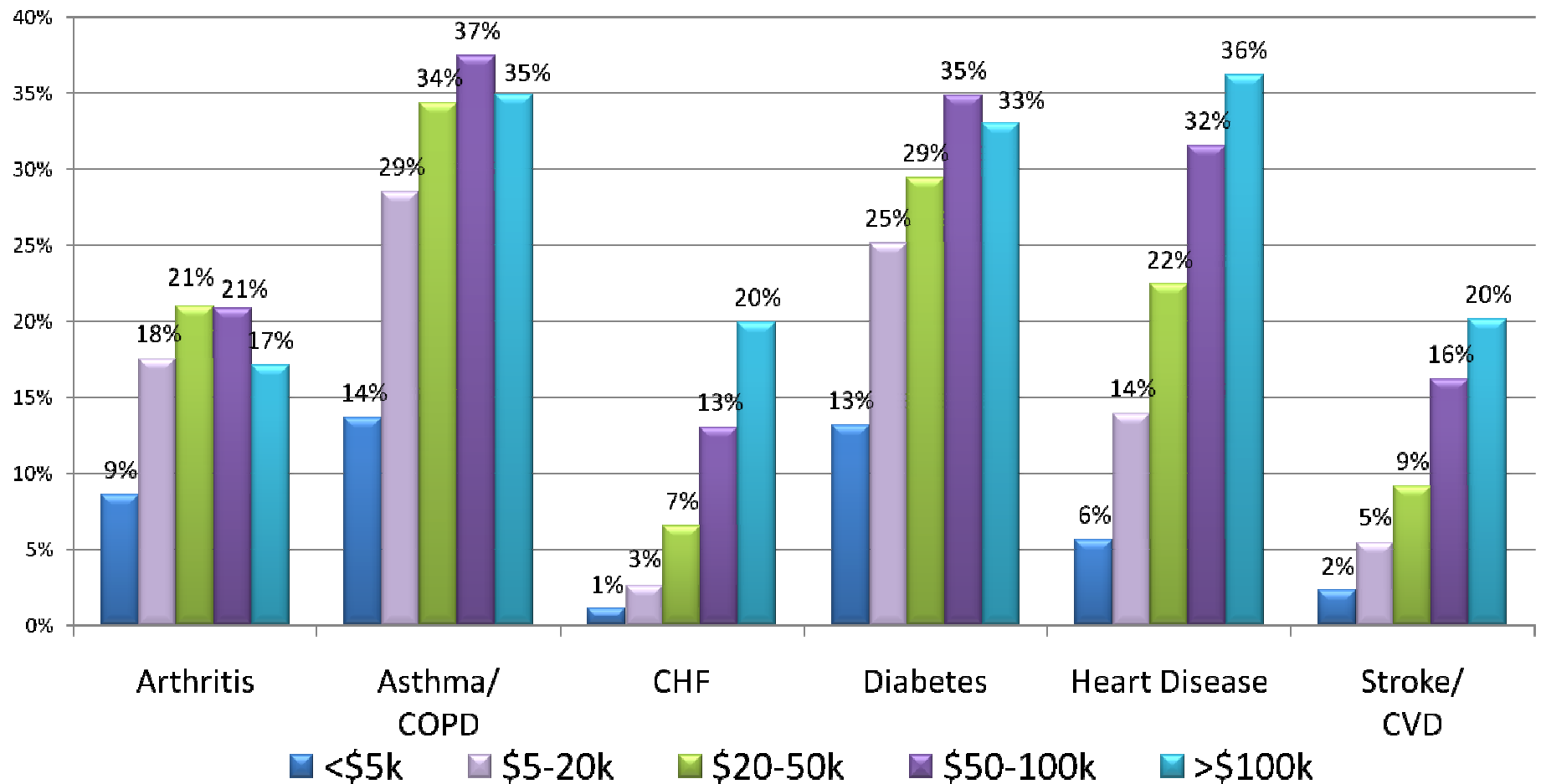
Note: Diagnostic conditions are not mutually exclusive

NUMBER OF DUALS 21-64 WITH SELECT BEHAVIORAL HEALTH DIAGNOSES AND PER CAPITA COSTS, CY2010



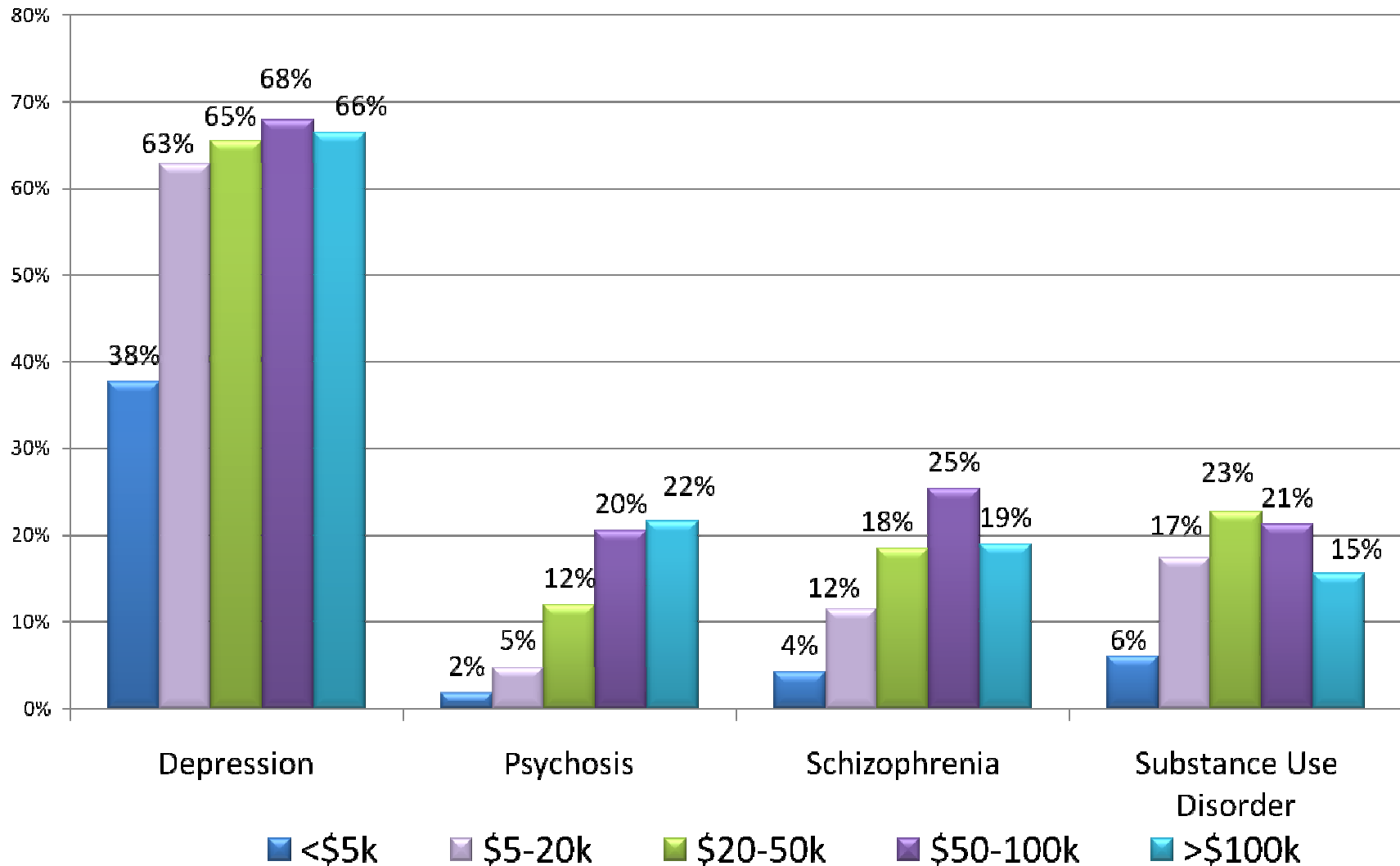
Note: Diagnostic conditions are not mutually exclusive

CHRONIC MEDICAL DIAGNOSIS PREVALENCE BY ANNUAL COST CY2010



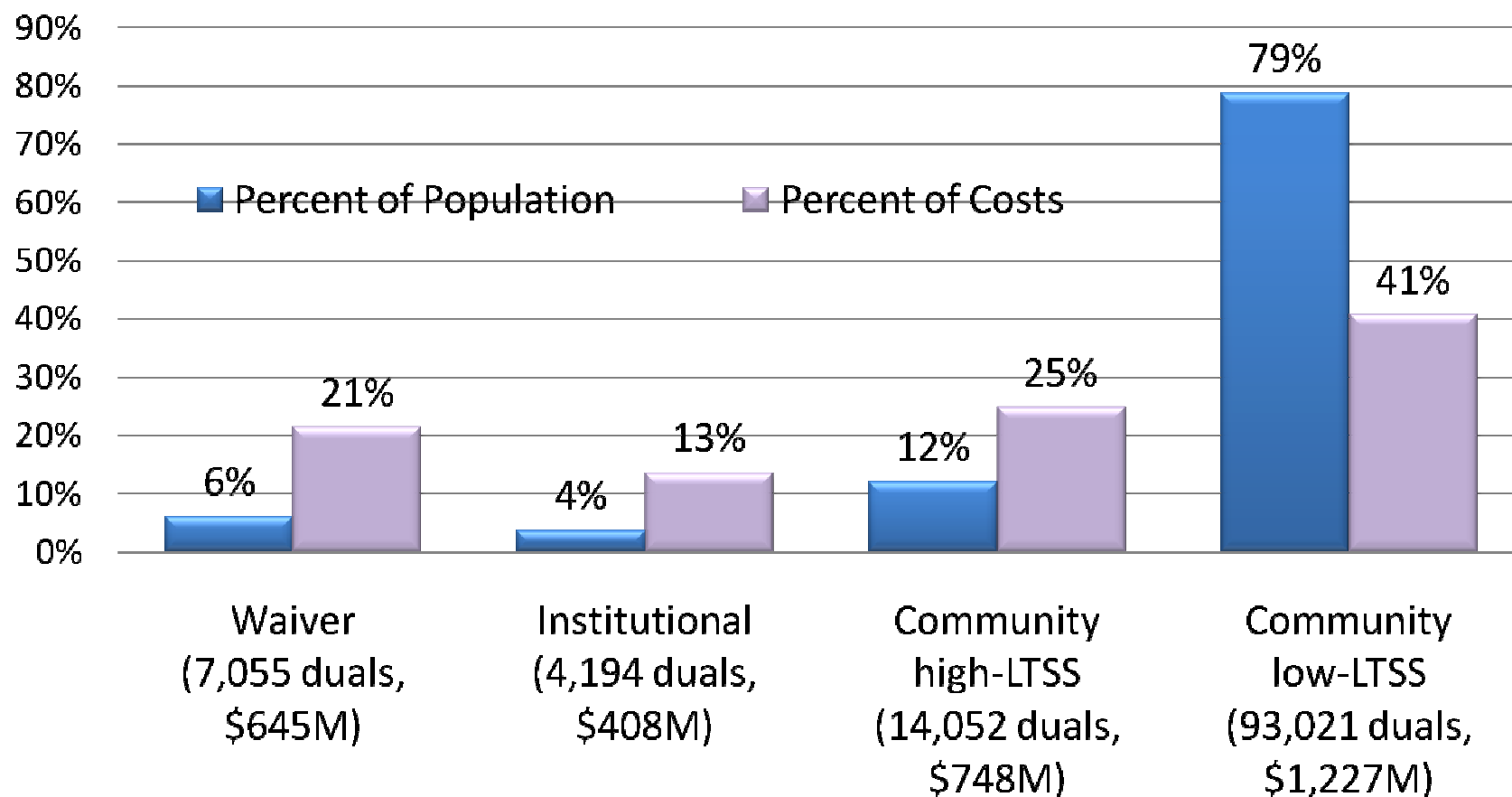
Note: Diagnostic conditions are not mutually exclusive

BEHAVIORAL HEALTH DIAGNOSIS PREVALENCE BY ANNUAL COST CY2010



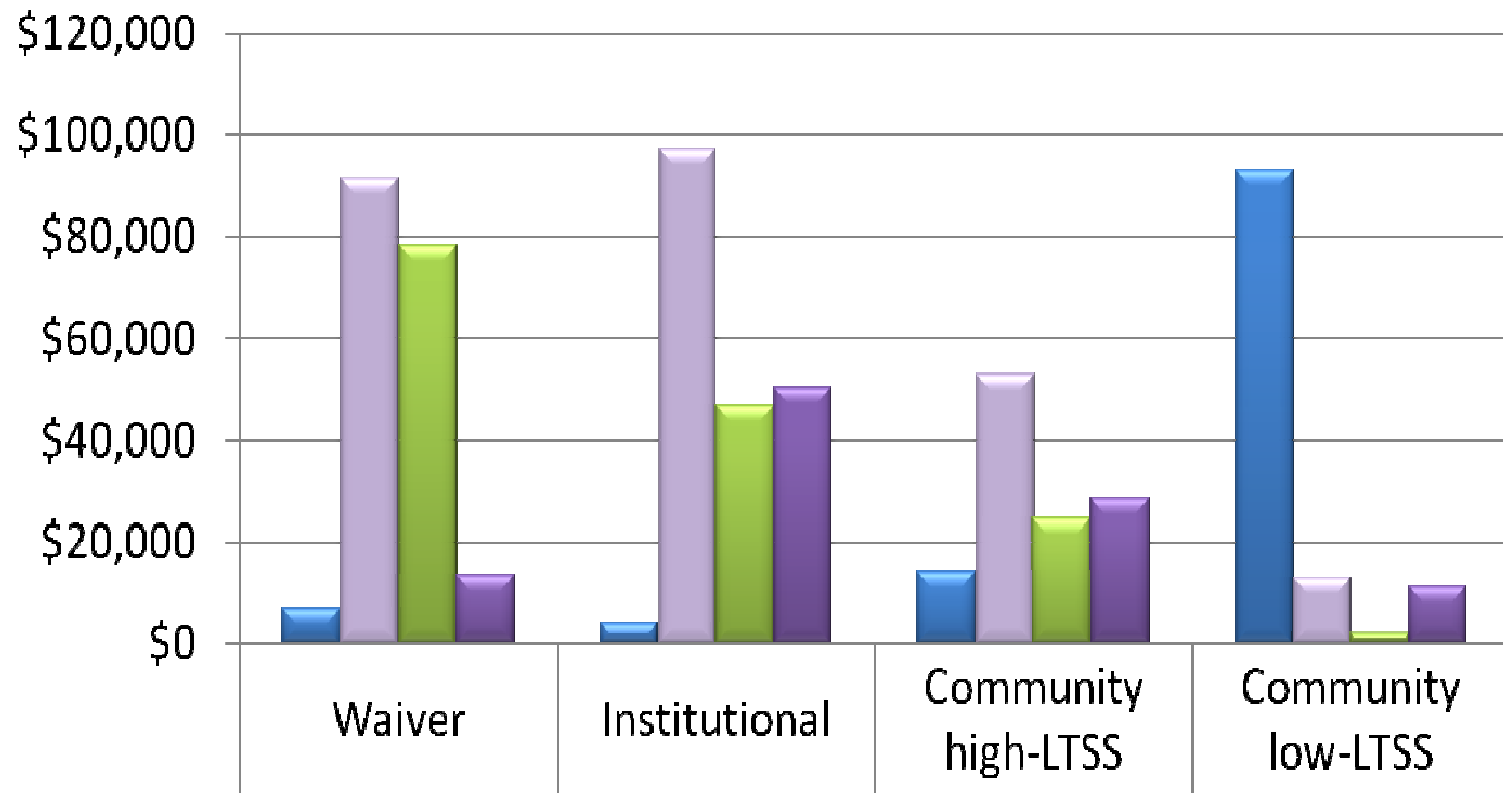
Note: Diagnostic conditions are not mutually exclusive

DISTRIBUTION OF DUALS AND COSTS BY LEVEL OF CARE, CY2010



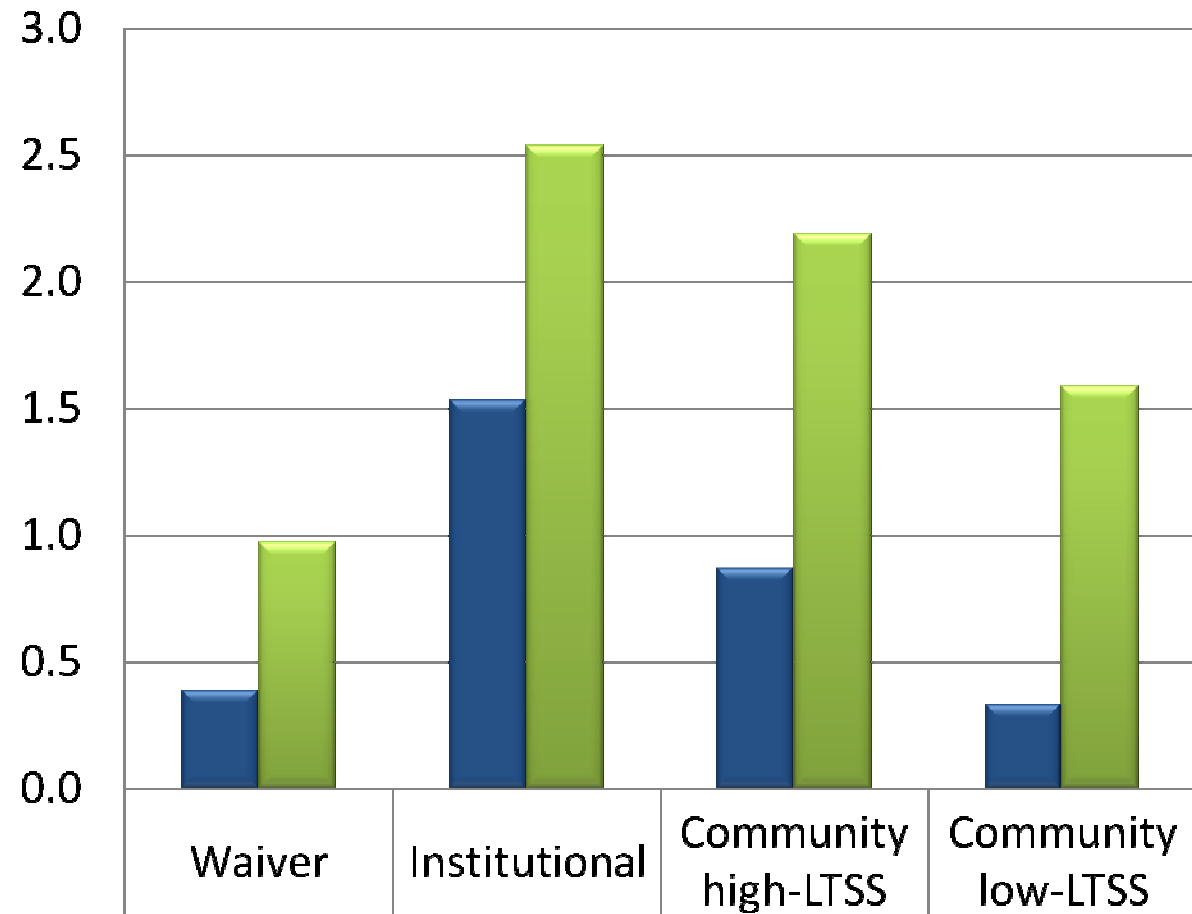
Note: Percentages do not add to 100% due to rounding

PER CAPITA ANNUAL COSTS BY LEVEL OF CARE, CY2010



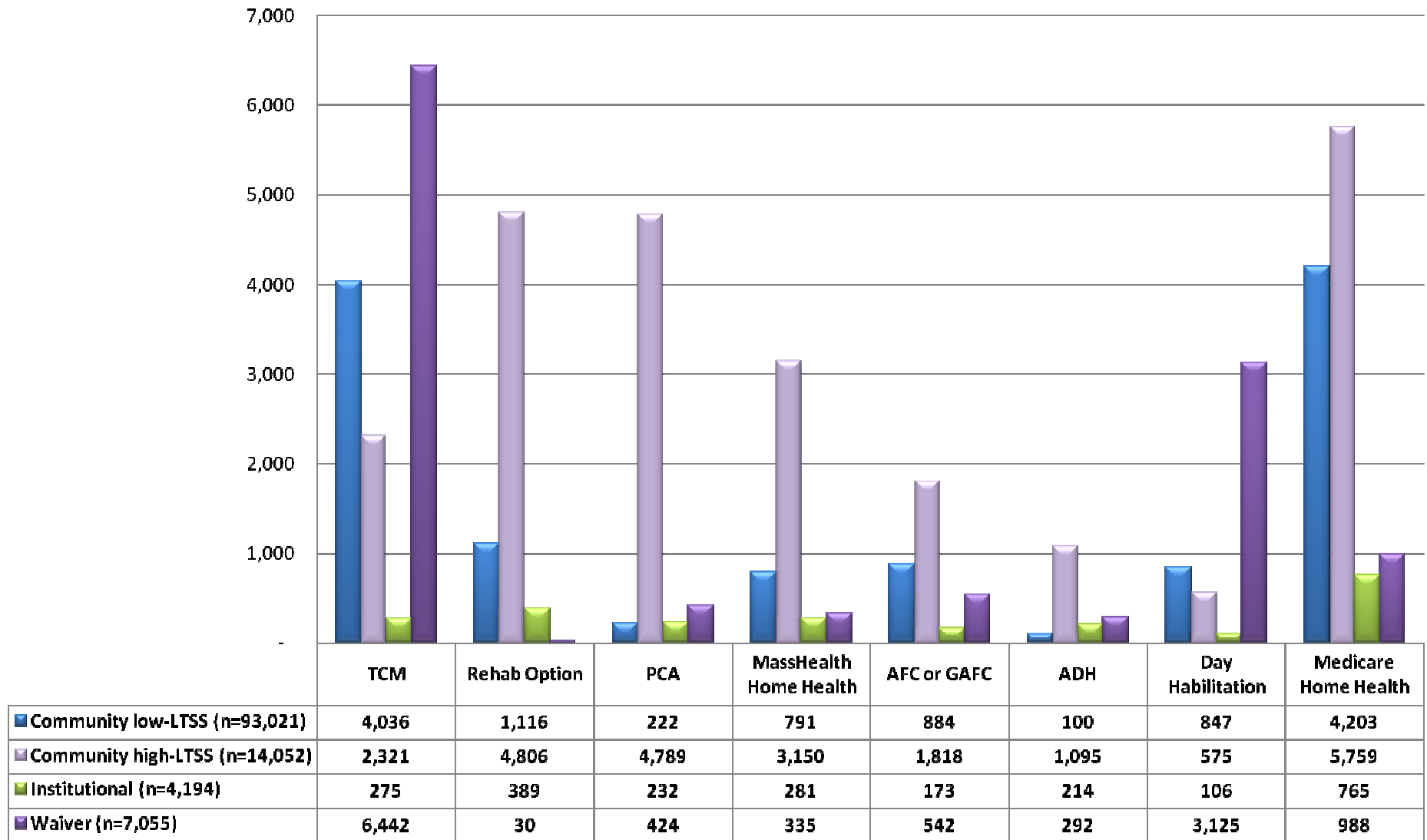
■ Number of Duals	7,055	4,194	14,052	93,021
■ Combined Cost	\$91,481	\$97,295	\$53,257	\$13,195
■ MassHealth Cost	\$78,170	\$46,906	\$24,692	\$2,029
■ Medicare Cost	\$13,311	\$50,388	\$28,565	\$11,167

INPATIENT AND EMERGENCY ROOM VISITS BY LEVEL OF CARE, CY2010



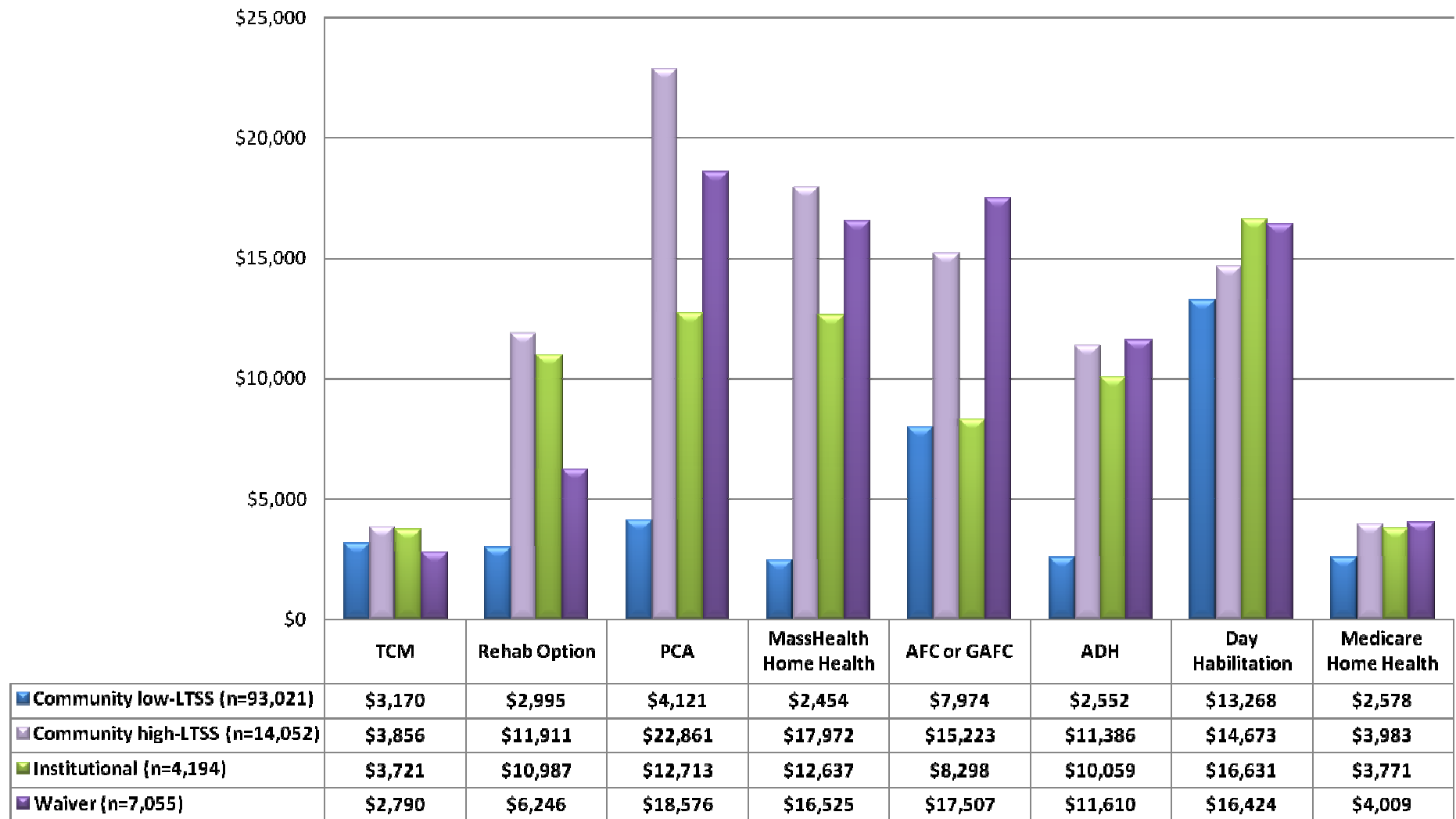
■ Per Capita Acute episodes	0.4	1.5	0.9	0.3
■ Per Capita ER visits	1.0	2.5	2.2	1.6

DUALS USING COMMUNITY BASED LTSS BY LEVEL OF CARE, CY2010



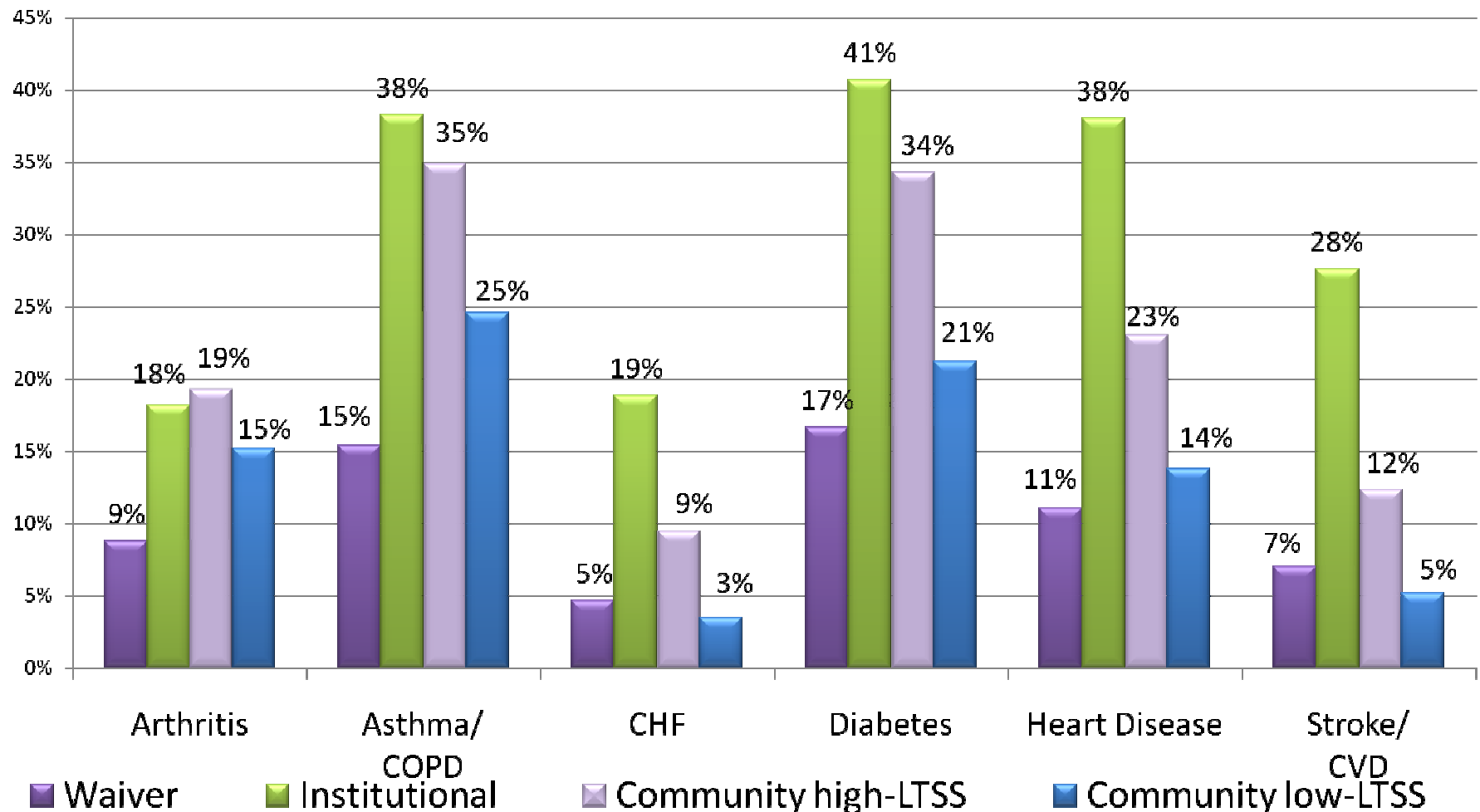
Note: PCA does not reflect personal care management services. Community LTSS for the Institutional population reflects services provided during periods of community residence.

PER UTILIZER COSTS FOR COMMUNITY BASED LTSS SERVICES, CY2010



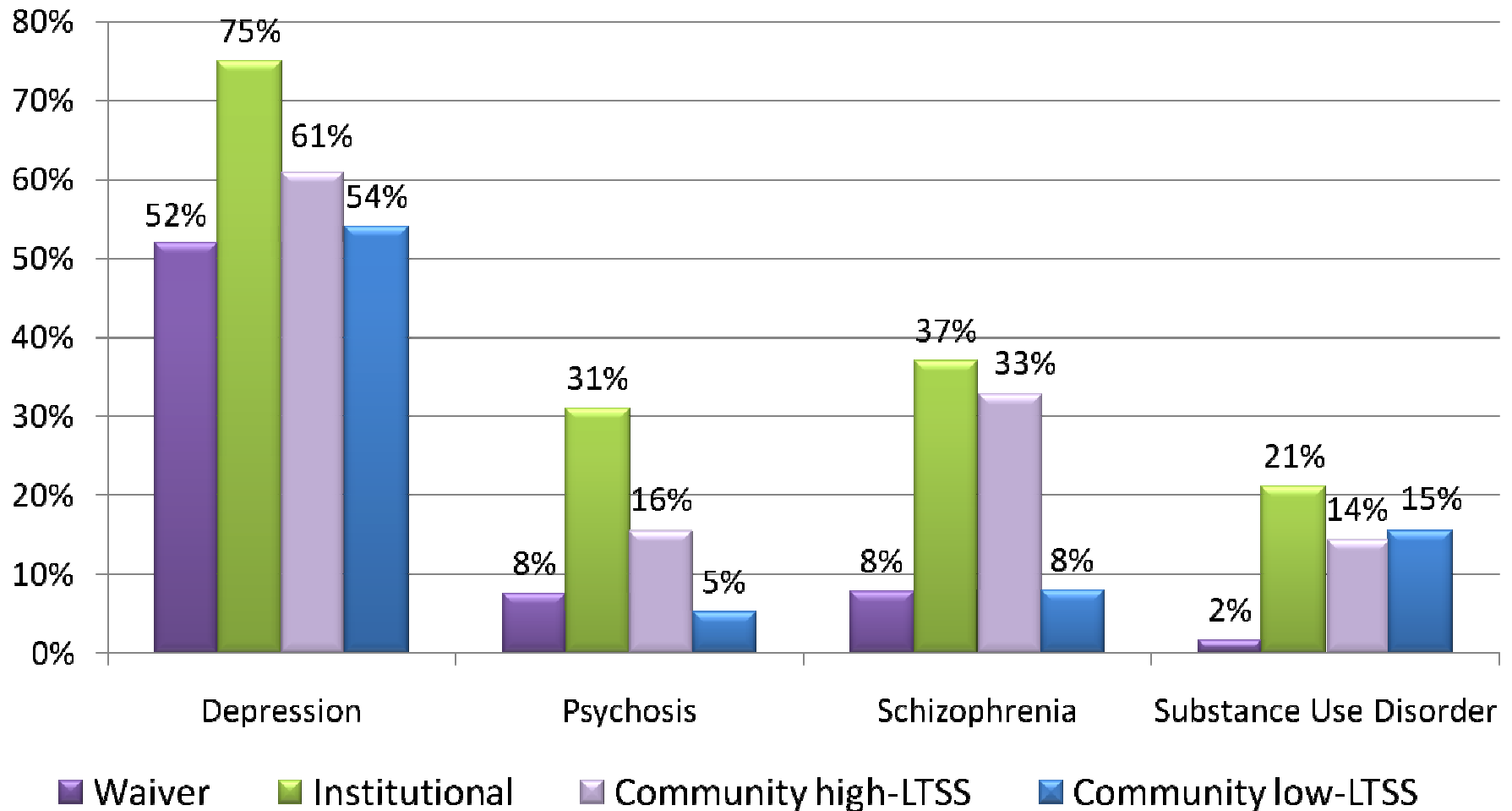
Note: PCA does not reflect personal care management services. Community LTSS for the Institutional population reflects services provided during periods of community residence.

CHRONIC MEDICAL DIAGNOSIS PREVALENCE BY LEVEL OF CARE, CY2010



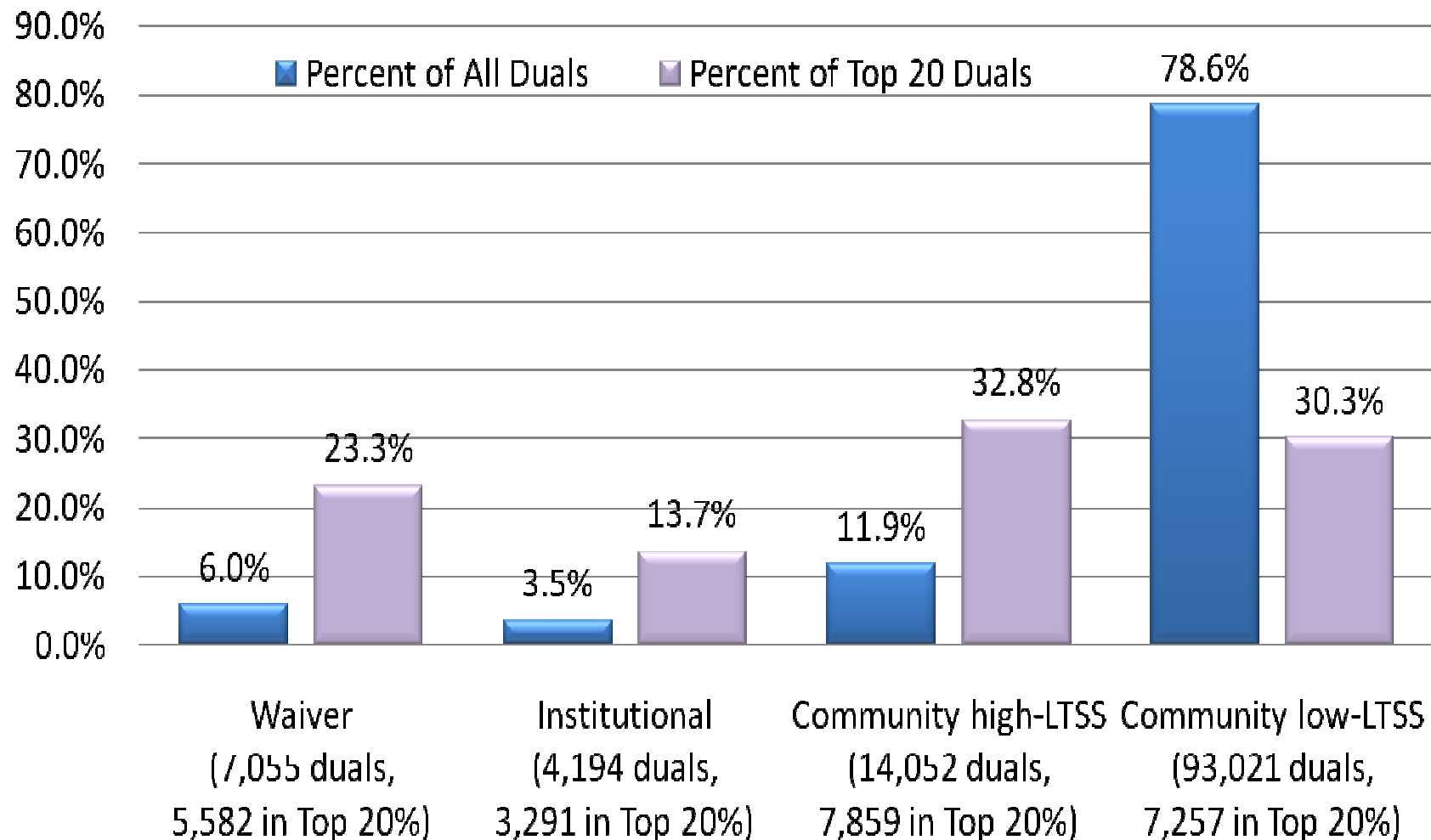
Note: Diagnostic conditions are not mutually exclusive

BEHAVIORAL HEALTH DIAGNOSIS PREVALENCE BY LEVEL OF CARE, CY2010



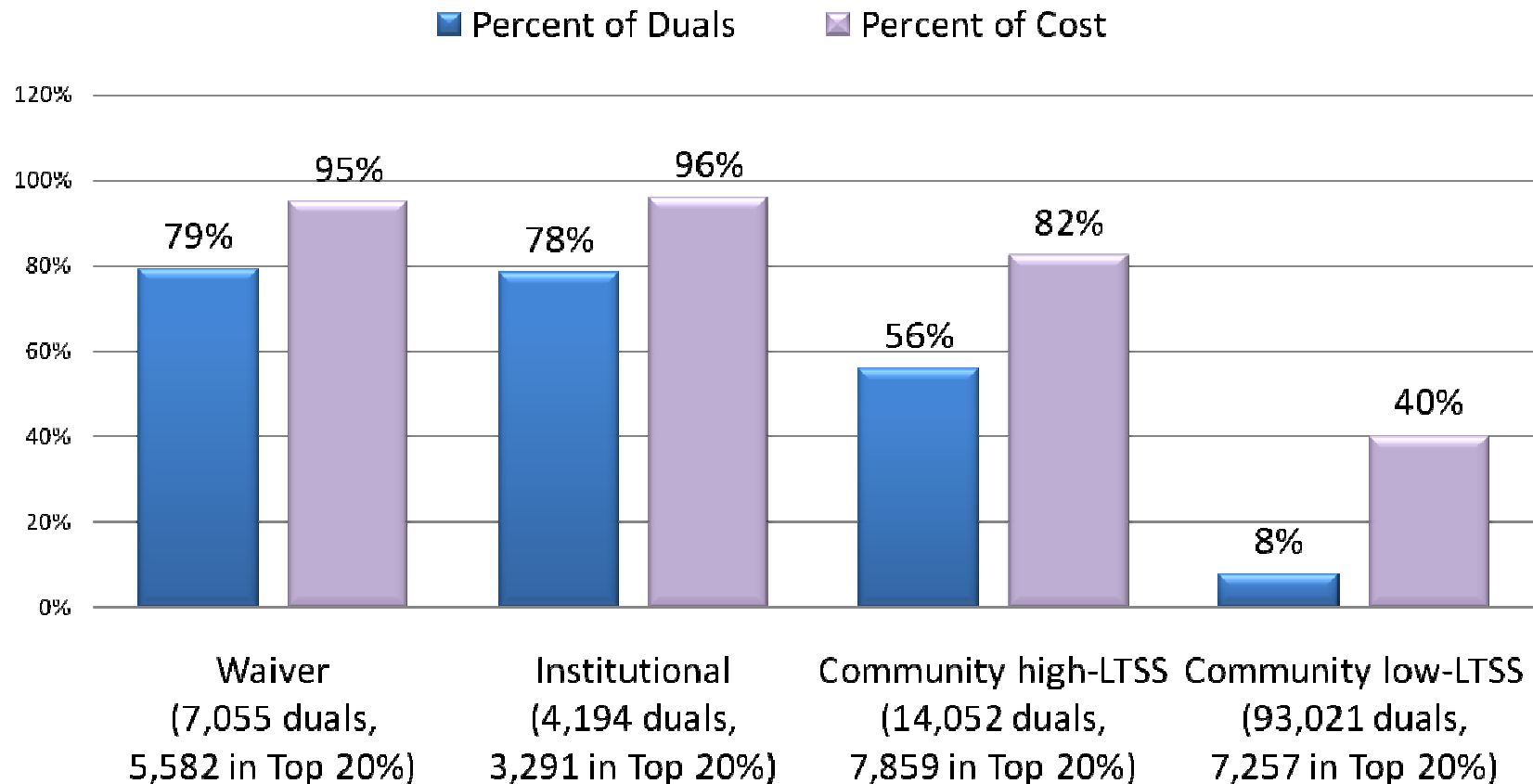
Note: Diagnostic conditions are not mutually exclusive

DISTRIBUTION OF HIGHEST COST 20% ACROSS LEVELS OF CARE, CY2010



Note: Percentages do not add to 100% due to rounding

HIGHEST COST 20% BY LEVEL OF CARE , CY2010



- The majority of the waiver and institutional populations are among the top 20%, accounting for almost all costs for those level of care groups.
- 56% of Community high-LTSS are among the top 20%, accounting for 82% of Community high-LTSS costs

Data Notes and Definitions

Data Notes

- Dual Eligibles in this report include MassHealth Standard or CommonHealth members:
 - age 21-64 at the end of the year
 - enrolled in Medicare Part A and Part B
 - not enrolled in Medicare Advantage or PACE
 - with no other comprehensive insurance, including Employer Sponsored Insurance
 - with no ICF-MR service use in the year
- Expenditures and utilization reflect Medicaid and Medicare services incurred in CY2010. Medicaid claims are paid through September 2011; Medicare claims are paid through June 2011.
- Medicare Part D pharmacy costs are not available on the Medicare claims. Costs were imputed using Medicaid unit costs. Given the need to impute costs and the increase in Part D costs over the 2008 costs reported by MMPI, caution should be exercised when interpreting the estimated Part D pharmacy costs. Note that Part D costs include approximately \$59M in (actual) Part A and B pharmacy
- All references to diagnoses were obtained from diagnoses included on claims data only.
- The linked Medicare/Medicaid data and categorizations are from the JEN iMMRS system.

Definitions

Alcohol-Substance Abuse	Alcohol/substance abuse-related diagnosis in the course of CY2010. This is JEN-defined based on ICD-9 diagnosis codes found on claims. The ICD-9 codes are: 291-292.99 and 303-304.99.
Arthritis	Arthritis-related diagnosis in the course of CY2010. This is JEN-defined based on ICD-9 diagnosis codes found on physician and hospital claims, and includes primary and secondary diagnoses and CPT codes. The ICD-9 codes are: 214-215.99.
Asthma/COPD	Chronic respiratory disease (COPD, asthma, emphysema, bronchitis) diagnosis in the course of CY2010. This is JEN-defined based on ICD-9 diagnosis codes found on physician and hospital claims, and includes primary and secondary diagnoses and CPT codes. The ICD-9 codes are: 493-493.99 and 496-496.99.
Behavioral Health Diagnosis	A chronic mental illness or substance use related diagnosis in the course of CY2010. This is JEN-defined based on ICD-9 diagnosis codes found on claims. The ICD-9 codes for CMI are 290-299.99, 301-301.99, 310-310.99, and 970-970.99, and for substance use are 291-292.99 and 303-304.99.

Definitions (continued)

CHF	Congestive Heart Failure diagnosis in the course of CY2010. This is JEN-defined based on ICD-9 diagnosis found on claims. The ICD-9 codes are: 428-428.99.
Chronic Medical Diagnosis	A diagnosis in the course of CY2010 related to arthritis, asthma/COPD, CHF, diabetes, heart disease or stroke/CVD (see corresponding definitions for list of specific ICD-9 codes). This is JEN-defined based on ICD-9 diagnosis codes found in the claims files.
Community non-Waiver LTSS	Home and Community Based Long-term supports and services Adult Day Health (ADH) Adult Foster Care (AFC) Day Habilitation Group Adult Foster Care (GAFC) Home health Independent Nursing PCA (including administrative charges) PCM services provided by ILCs and PC agencies

Definitions (continued)

Community Waiver services	<p>Services provided through the following waivers:</p> <ul style="list-style-type: none"> Autism (not applicable for demonstration) DDS Adult Supports DDS Community Living DMR Comprehensive Waiver (ended 6/30/2010) Frail Elder Waiver DDS Adult Residential MRC Traumatic Brain Injury ABI Non-Residential Habilitation ABI Residential Habilitation
Depression	<p>Depression-related diagnosis in the course of CY2010. This is JEN-defined based on ICD-9 diagnoses from physician and hospital claims and include primary and secondary diagnoses and CPT codes. The ICD-9 codes are: 296-296.99, 300-300.99, and 311-311.99.</p>
Developmental/Intellectual Disability	<p>Developmental or intellectual disability diagnosis in the course of CY2010. This is JEN-defined based on ICD-9 diagnosis codes found in the claims files. The ICD-9 codes are 315-315.99, 317-317.99, 342-342.99, 358-359.99, and 740-741.99.</p>
Diabetes	<p>Diabetes-related diagnosis in the course of CY2010. This is JEN-defined based on ICD-9 diagnosis from physician and hospital claims and include primary and secondary diagnoses and CPT codes. The ICD-9 codes are: 250-250.99.</p>

Definitions (continued)

Heart Disease	Heart Disease-related diagnosis in the course of CY2010. This is JEN-defined based on ICD-9 diagnoses from physician and hospital claims and include primary and secondary diagnoses and CPT codes. The ICD-9 codes are: 410-411.99, 413-414.99, and 427-427.99.
Inpatient/Acute Hospital Utilization	Inpatient acute hospital utilization (days/episodes) reflects Medicare acute inpatient hospital days and encounters in CY2010. Note that this includes psychiatric hospitalizations that occur in an acute hospital setting.
Inpatient Care Costs	Inpatient care costs presented include both Medicare and MassHealth costs to reflect crossover payments on Medicare encounters.
Institutional LTSS	Institutional Long-term services and supports. Nursing Facilities Chronic and rehab Inpatient Inpatient Psychiatric Hospital

Definitions (continued)

Level of Care	<p>Classification of members into one of four Level of Care categories based on waiver enrollment and algorithms defined by JEN Associates. With the exception of waiver enrollment, status at the end of CY2010 was used to classify members</p> <p>Waiver: Duals enrolled in one of MassHealth's waivers at any point during CY2010.</p> <p>Institutional: Duals with persistent use of nursing facilities, chronic or rehab hospitals, or psychiatric hospitals</p> <p>Community high-LTSS: Duals living in the community who in their last observed month in 2010 were in a persistent episode (at least 3 months) of Medicare Home Health and/or Medicaid Home Care (JEN defined term that includes home health, personal care and Rehab Option services)</p> <p>Community low-LTSS: Duals living in the community that are not using long term services and supports at the level of those in the Community high-LTSS group</p>
Psychosis	<p>Psychosis-related diagnosis in the course of the year. This is JEN-defined based on ICD-9 diagnoses from physician and hospital claims and includes primary and secondary diagnoses and CPT codes. The ICD-9 codes are: 297-298.99.</p>
Schizophrenia	<p>Schizophrenia-related diagnosis in the course of CY2010. This is JEN-defined based on ICD-9 diagnoses from physician and hospital claims and include primary and secondary diagnoses and CPT codes. The ICD-9 codes are: 295-295.99.</p>

Definitions (continued)

Stroke/CVD	Stroke/CVD-related diagnosis in the course of CY2010. This is JEN-defined based on ICD-9 diagnoses from physician and hospital claims and include primary and secondary diagnoses and CPT codes. The ICD-9 codes are: 430-438.99.
Substance Use Disorder	See alcohol-substance abuse

Visit us at www.mass.gov/masshealth/duals

Email us at Duals@state.ma.us

