Medicare-Medicaid Enrollee Information
New York, 2011

Figure 1. Total Medicare, Medicaid, and Medicare-Medicaid Dually Enrolled Populations[1]

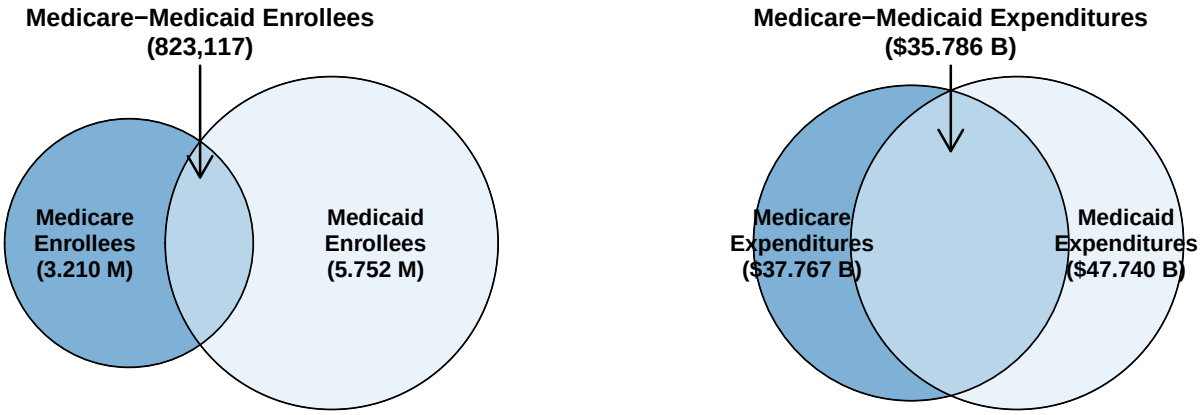
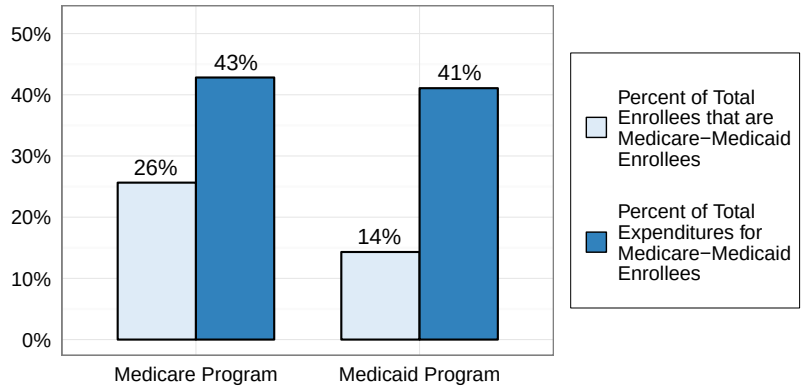


Figure 2. Medicare-Medicaid Enrollees' Percentage of Enrollment and their Relative Share of Program Expenditures



In the State of New York, in 2011:

- Medicare-Medicaid Enrollees made up 26% of the Medicare population and 43% of total Medicare expenditures.
- Medicare-Medicaid Enrollees made up 14% of Medicaid enrollees and 41% of Medicaid expenditures.

Table 1A. Per-Member Per-Month (PMPM) Medicare Expenditures by Service Settings, Duals vs. Medicare-Only, Fee-for-Service (FFS) Enrollees

Service Setting	Full Duals	Partial Duals	QMB-Only	Medicare-Only
Inpatient Hospital	$603	$336	$319	$305
Outpatient	$567	$359	$358	$391
Psychiatric Hospital	$49	$19	$23	$6
Skilled Nursing Facility	$144	$83	$72	$67
Home Health	$51	$34	$29	$31

Table 1B. PMPM Medicaid Expenditures by Service Settings, Duals vs. Medicaid-Only with Disability[2]**, FFS Enrollees**[3]

Service Setting	Full Duals	Partial Duals	QMB-Only	Medicaid-Only with Disability
Inpatient hospital non-LTSS	$62	N/A	$12	$620
Outpatient hospital non-LTSS	$279	N/A	$21	$669
Mental Health Support Facilities	$303	N/A	$1	$820
Nursing Facilities	$794	N/A	$14	$449
Home Health	$208	N/A	$3	$124

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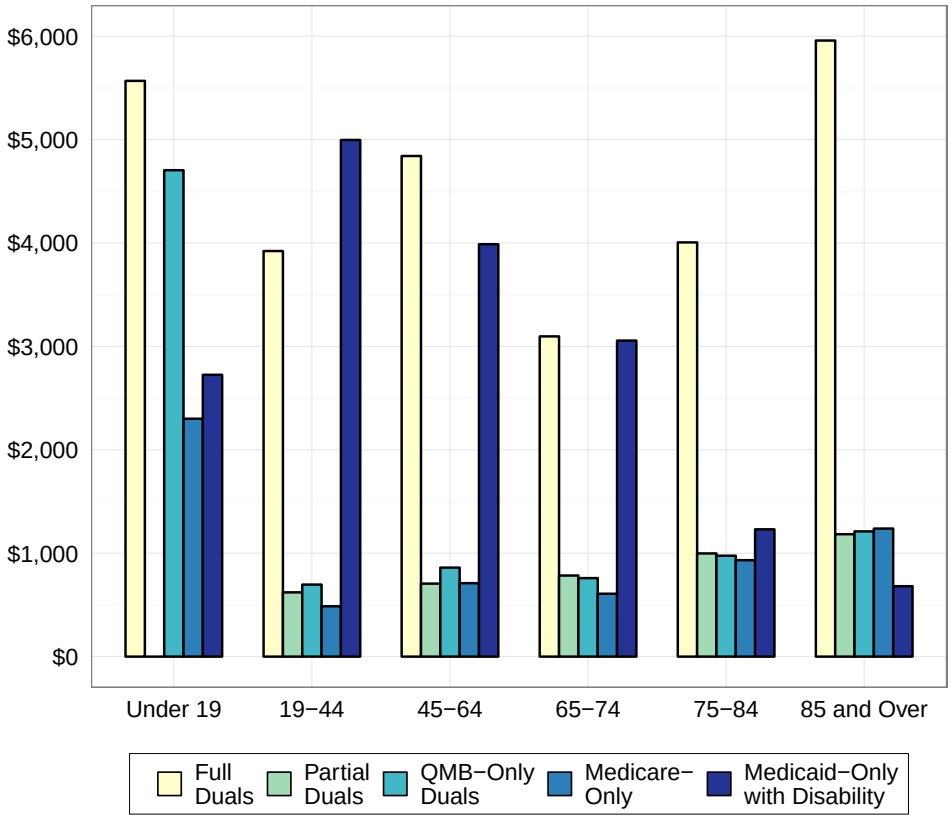
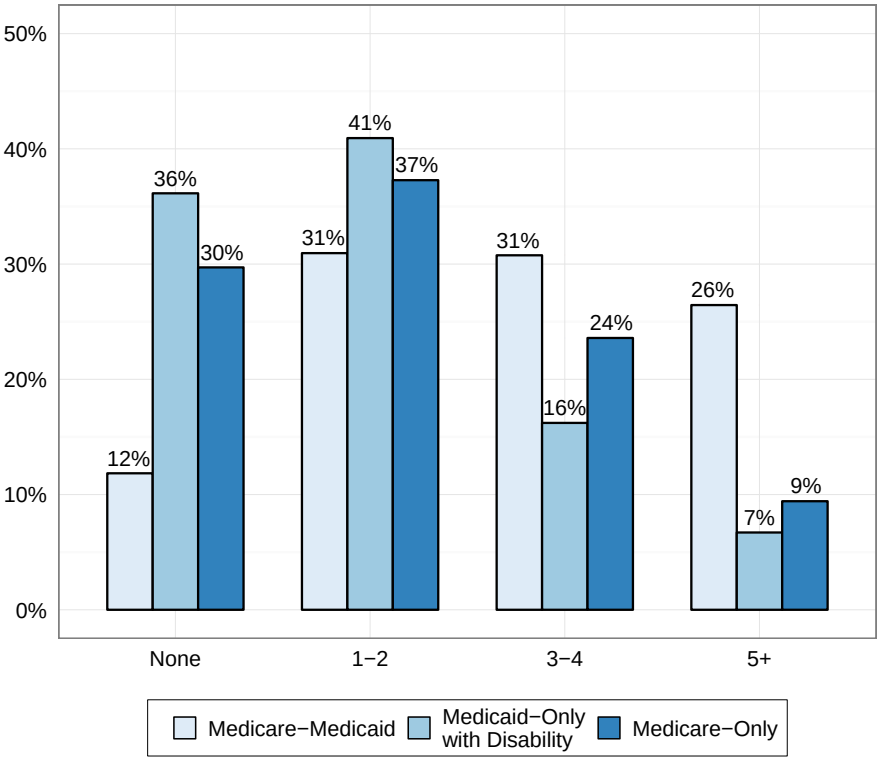
Figure 3. PMPM Medicare and Medicaid Expenditures by Age Group, FFS Enrollees[2]



In the State of New York, in 2011:

- PMPM Medicare and Medicaid expenditures for the full, partial, and QMB-Only dual 45-64 cohorts are $4,841, $705, and $860.
- This compares to $4,005, $997, and $975 for the full, partial, and QMB-Only dual 75-84 cohorts.
- The full, partial, and QMB-Only dual under 19 cohorts have 119, 0, and less than 11 enrollees, respectively. The Medicare-Only under 19 cohort has 45 enrollees, and the Medicaid-Only with Disability under 19 cohort has 53,112 enrollees.

Figure 4. Number of Chronic Conditions[5] By Enrollment Type, FFS Enrollees[2]



In the State of New York, in 2011:

- Out of 24 chronic health conditions studied, 57% of Medicare-Medicaid FFS enrollees had three or more chronic health conditions.
- This compares to 33% of Medicare-Only FFS enrollees and 23% of Medicaid-Only with Disability FFS enrollees having three or more conditions.

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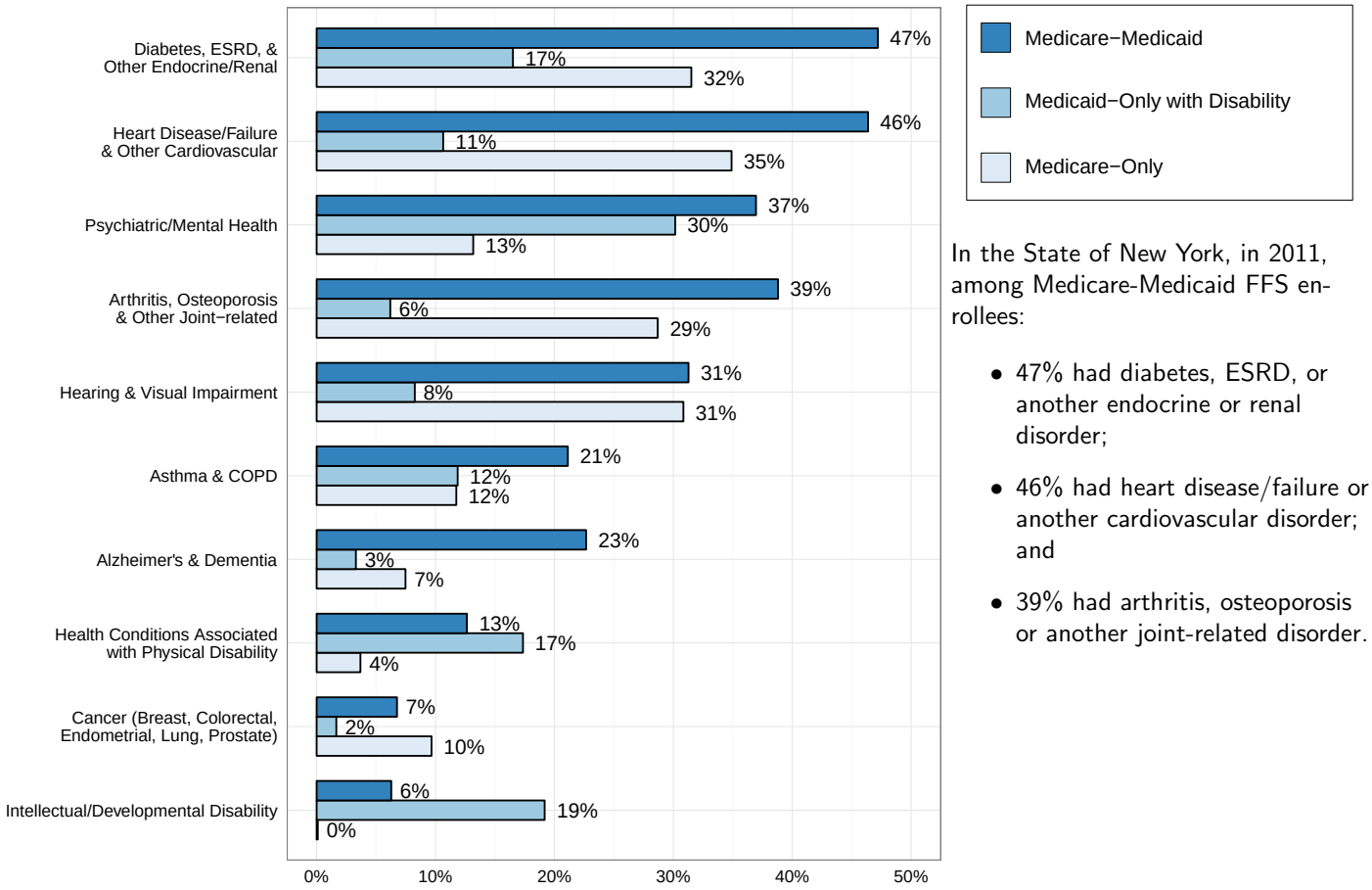
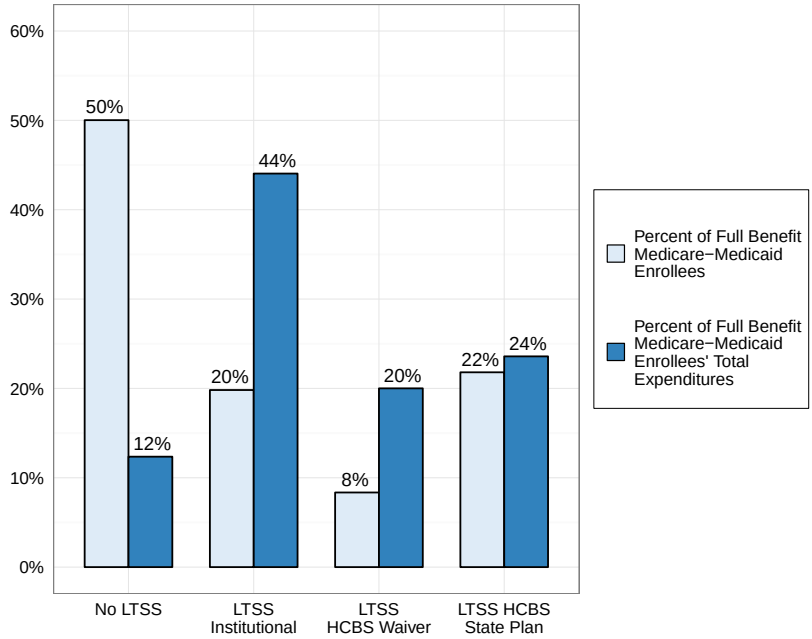
Figure 5. Health Condition Categories[5] by Enrollment Type, FFS Enrollees[2]



In the State of New York, in 2011, among Medicare-Medicaid FFS enrollees:

- 47% had diabetes, ESRD, or another endocrine or renal disorder;
- 46% had heart disease/failure or another cardiovascular disorder; and
- 39% had arthritis, osteoporosis or another joint-related disorder.

Figure 6. Long-Term Services and Supports (LTSS)[6] Enrollment and Relative Expenditures for Full-Benefit Medicare-Medicaid Enrollees, FFS Enrollees



In the State of New York, in 2011:

- Institutional LTSS appears to have been driving much of the high FFS costs attributable to full benefit Medicare-Medicaid enrollees. Specifically, the 20% of Medicare-Medicaid enrollees who received institutional LTSS services accounted for 44% of total Medicare-Medicaid FFS enrollee expenditures.

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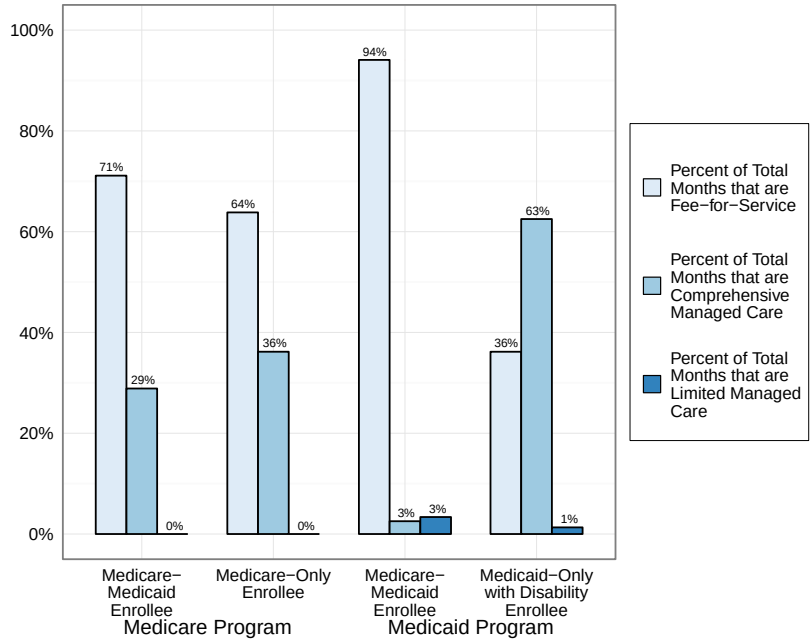
Figure 7. Medicare and Medicaid Percentage Enrollment in FFS and Managed Care (MC)[2,7]



In the State of New York, in 2011:

- Medicare-Medicaid Enrollees more commonly have Medicaid FFS coverage. 94% of Dual Medicaid months are FFS, while only 36% of Medicaid-Only with Disability months are FFS.
- Medicare-Medicaid Enrollees have similar Medicare FFS coverage as Medicare-Only Enrollees. 71% of Dual Medicare months are FFS, while 64% of Medicare-Only months are FFS.

Dual eligibility is defined using the Medicare Modernization Act (MMA) State File of Dual Eligibles. Medicare FFS payment and utilization come from the Common Working File (CWF). Medicare enrollment and demographics come from the Common Medicare Environment (CME) and Enrollment Database (EDB). Part C payment, Part C coverage, Part D premiums, and Part D coverage come the Medicare Advantage and Prescription Drug Plan System (MARx). Part D payment information comes from the Drug Data Processing System (DDPS). Medicaid payment, utilization, enrollment, and demographics come from Medicaid and CHIP Statistical Information System (MSIS).

Annual Medicare-Medicaid figures present all expenditures attributed to dual enrollees during the year, including months of non-dual eligibility. PMPM Medicare-Medicaid figures present only expenditures from months of dual eligibility. For the purposes of this analysis, enrollment was defined using the guidelines below:

Medicare-Medicaid Enrollees (Dual Eligibles): Beneficiaries who were dual at any point during the year, where enrollees must have at least one month of dual enrollment, one month of Medicare enrollment, and one month of Medicaid enrollment. Full, partial, and QMB-Only status is determined by the most recent month of dual eligibility.

Medicare-Only and Medicaid-Only Enrollees with Disability: Beneficiaries who were never dual enrolled during the year.

[1] Diagrams in Figure 1 include Medicaid expansion Children's Health Insurance Program (CHIP).
[2] Medicaid-Only beneficiaries with Disability are beneficiaries who are eligible for Medicaid due to blindness or disability (Maintenance Assistance Status/Basis of Eligibility value 12, 22, 32, 42, and 52) or enrolled due to Breast and Cervical Cancer Act (value 3A).
[3] Medicaid utilization for partial benefit Medicare-Medicaid enrollees is not presented, as Medicaid only covers Medicare premiums. Medicaid covers Medicare coinsurance and deductibles for QMB-Only benefit Medicare-Medicaid enrollees.
[4] Mental Health Support Facilities include the following: Intermediate Care Facilities (ICF) for People with Intellectual Disabilities, mental hospitals for the aged, and inpatient psychiatric facilities for patients under age 21.
[5] Table A below illustrates the Chronic Condition aggregations used in Figures 4 and 5.

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Table A: Chronic Condition Aggregation Groups

Chronic Conditions	Figure 5 Conditions	Figure 6 Conditions
Alzheimer's Disease and Related Disorders or Senile Dementia	Alzheimer's & Dementia	Alzheimer's & Dementia
Chronic Kidney Disease	Chronic Kidney Disease	Diabetes, ESRD, & Other Endocrine/Renal
Diabetes	Diabetes	Diabetes, ESRD, & Other Endocrine/Renal
Anxiety Disorders	Anxiety Disorders	Psychiatric/Mental Health
Bipolar Disorder	Bipolar Disorder	Psychiatric/Mental Health
Depressive Disorders	Depressive Disorders	Psychiatric/Mental Health
Personality Disorders	Personality Disorders	Psychiatric/Mental Health
Schizophrenia	Schizophrenia	Psychiatric/Mental Health
Osteoporosis	Osteoporosis	Arthritis, Osteoporosis and Other Joint-related
Rheumatoid Arthritis/Osteoarthritis	Rheumatoid Arthritis/Osteoarthritis	Arthritis, Osteoporosis and Other Joint-related
Chronic Obstructive Pulmonary Disease and Bronchiectasis; Asthma	Asthma & COPD	Asthma & COPD
Blindness and Visual Impairment; Glaucoma; Cataract	Visual Impairment	Hearing & Visual Impairment
Deafness and Hearing Impairment	Deafness and Hearing Impairment	Hearing & Visual Impairment
Autism Spectrum Disorders; Intellectual Disabilities and Related Conditions; Learning Disabilities; Other Developmental Delays	Intellectual/Developmental Disability	Intellectual/Developmental Disability
Cerebral Palsy	Cerebral Palsy	Health Conditions Associated with Physical Disability
Cystic Fibrosis and Other Metabolic Developmental Disorders	Cystic Fibrosis and Other Metabolic Developmental Disorders	Health Conditions Associated with Physical Disability
Epilepsy	Epilepsy	Health Conditions Associated with Physical Disability
Multiple Sclerosis and Transverse Myelitis	Multiple Sclerosis and Transverse Myelitis	Health Conditions Associated with Physical Disability
Muscular Dystrophy	Muscular Dystrophy	Health Conditions Associated with Physical Disability
Mobility Impairments; Spinal Cord Injury; Traumatic Brain Injury and Nonpsychotic Mental Disorders due to Brain Damage	Mobility Impairments	Health Conditions Associated with Physical Disability
Spina Bifida and Other Congenital Anomalies of the Nervous System	Spina Bifida and Other Congenital Anomalies of the Nervous System	Health Conditions Associated with Physical Disability
Ischemic Heart Disease; Acute Myocardial Infarction; Heart Failure	Heart Disease/Failure	Heart Disease/Failure & Other Cardiovascular
Stroke/Transient Ischemic Attack	Stroke/Transient Ischemic Attack	Heart Disease/Failure & Other Cardiovascular
Lung Cancer; Breast Cancer; Colorectal Cancer; Endometrial Cancer; Prostate Cancer	Cancer (Breast, Colorectal, Endometrial, Lung, Prostate)	Cancer (Breast, Colorectal, Endometrial, Lung, Prostate)

[6] A beneficiary is classified as LTSS Institutional if a Medicaid Nursing Facility day, Medicaid Mental Hospital Service for the Aged day, Medicaid Inpatient Psychiatric Facility for Individuals under Age 21 day, or Medicaid ICF for People with Intellectual Disabilities day is observed. A beneficiary is classified as LTSS HCBS Waiver if a Medicaid HCBS waiver claim is observed and the beneficiary is not already classified as LTSS Institutional. A beneficiary is classified as LTSS State Plan if a Medicaid Home Health or Medicaid Personal Care Services service is observed and the beneficiary is not already classified as LTSS Institutional or LTSS HCBS Waiver.

[7] Medicaid Comprehensive MC is defined by enrollment in a Program for All-Inclusive Care for the Elderly (PACE) or a medical MC plan (e.g. HMO). Medicaid Limited MC is defined by enrollment in a dental, behavioral, prenatal, long-term care, primary care case management, or other MC plan for AL, CA, FL, and WI, and not also enrolled in a Comprehensive MC plan. If Medicaid plan type does not indicate Comprehensive or Limited MC, enrollment is classified as FFS.