How States Can Better Understand their Dually Eligible Beneficiaries: A Guide to Using CMS Data Resources

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IN BRIEF: The Centers for Medicare & Medicaid Services (CMS) Medicare-Medicaid Coordination Office (MMCO) regularly reports data on Medicare-Medicaid dually eligible beneficiary demographics, service utilization, spending, and other characteristics that can give states a more comprehensive view of this population. States can use these data to design, develop, monitor, and improve programs in their state to better meet the specific needs of dually eligible beneficiaries. This technical assistance tool shows states how to use these data to create tables, graphs, and figures and interpret their meaning for a wider audience of stakeholders. Using data effectively can help state decision makers and external stakeholders to better understand dually eligible beneficiaries in their state and improve the programs that serve them.

Introduction

This technical assistance tool presents an overview of the various data sources available on the [CMS Medicare-Medicaid Coordination Office (MMCO) website](#) that may be useful to states in designing, developing, and refining programs that serve dually eligible beneficiaries.[1] CMS regularly publishes data collected from states, health plans, and other sources on its website. The data include dually eligible beneficiary eligibility categories, demographics, service utilization, and spending that states can use to better understand the specific needs and characteristics of this population as they develop, operate, monitor, and refine programs that serve dually eligible beneficiaries in their state.

The purpose of this guide is to help states effectively interpret and use this information. This guide can help states locate, sort, and manipulate relevant data to develop user-friendly and accessible tables, graphs, and figures. The data that is publically available on the MMCO pages of the [CMS website](#) can help state decision makers and external stakeholders to better understand their dually eligible beneficiaries and the Medicare and Medicaid services they are receiving. State Medicaid staff can use CMS data sources to access current information, identify trends over time, demonstrate the need for future integrated care, target areas to enhance integration, and learn from the experiences of other states.

Guide Overview

This guide provides summaries of relevant data files, their locations, how frequently they are updated, data lags, and the information in each file. The guide also includes screenshots that show what the files look like and tips on how to make the data relevant for each state. The "Using the Data" subsections show examples of tables, figures, charts, and graphics that states can develop to show trends and compare relevant information on dually eligible beneficiaries. **Appendix A** provides some basic tips for working with Microsoft Excel.[2]

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[1] Also called "Medicare-Medicaid enrollees," "dual eligibles," and "duals" in the data sources described in this brief.
[2] The "Using the Data" subsections of this guide assumes a working knowledge of Microsoft Excel, specifically how to manipulate data and create formulas and graphs to display data fields.

CMS publishes several data sources that include various characteristics of dually eligible beneficiaries that states can use to compare their state to the national average or other states on different aspects of the population and trends over time. This guide focuses on dually eligible beneficiary characteristics, which include eligibility, coverage type (full- or partial-benefit dual enrollees, Medicare-only, Medicaid-only), demographic characteristics, utilization and spending, and other variables. This guide provides an overview of the following key sources:

- **Dually Eligible Beneficiary State and County Monthly Enrollment Snapshots:** Quarterly state and county-level dually eligible beneficiaries by eligibility category;
- **Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS) Public Use File (PUF):** Annual data on state dually eligible beneficiaries by enrollment type, demographics, chronic condition prevalence, service utilization, and spending; and
- **National and State Level Trends Data:** Annual state dually eligible beneficiary characteristics by coverage type and national utilization and cost sharing data.
- **All State/County-Level Profiles:** Annual state and county level enrollee characteristics and coverage type and spending.
- **Ever-Enrolled Trends Report:** Annual national Medicare and dually eligible beneficiary demographic characteristics.
- **Medicaid Managed Care Enrollment Report:** Annual state- and plan-level data on Medicaid managed care enrollment, including dually eligible beneficiaries.

Data Source: Dually Eligible Beneficiary State and County Monthly Enrollment Snapshots

- **File Name and Location:** *"Quarterly Updates – latest release (month/year) data"* (https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html)

- **What it Contains:** Quarterly state and county-level dually eligible beneficiaries by eligibility category.

- **Why it is Useful:** To track enrollment by type of beneficiary in each state and county.

- **Description:** These enrollment snapshots provide state and county-level enrollment figures by dual status code (QMB, SLMB, etc.). The tables are updated each quarter, and provide the number of beneficiaries enrolled during that specific quarter (not "ever-enrolled' during the calendar year, like the Ever-Enrolled Trends Reports described below). The tables in the file show enrollment totals for each type of dual enrollee (QMB, QMB+, SLMB, SLMB+, QI, Other Full-Dual Medicaid Beneficiaries, and QDWI). **Exhibit 1** is an example of a state-level enrollment tab in this file.

Exhibit 1. Dually Eligible Beneficiary State and County Monthly Enrollment Snapshots

	State of Beneficiary	Qualified Medicare Beneficiaries (QMB)-only	QMB plus Full Medicaid Benefits	Specified Low-income Medicare Beneficiaries (SLMB)-only	SLMB plus Full Medicaid Benefits	Qualified Disabled and Working Individuals (QDWI)	Qualifying Individuals (QI)	Other Dual Full Medicaid Benefit	Total
1	State-Level Dual Status Codes, December 2017								
2									
3									
4	NATIONAL TOTAL*								10,700,057
5	AK	34	11,144	361	-	-	388	5,372	17,299
6	AL	70,301	66,897	35,160	3,951	-	19,913	14,441	210,663
7	AR	30,199	7,166	20,688	13	-	10,311	59,795	128,172
8	AZ	7,376	124,702	28,089	3,707	-	18,781	33,639	216,294
9	CA	16,209	1,251,767	7,273	174	-	20,251	149,941	1,445,615
10	CO	22,614	37,279	10,461	7,852	-	5,703	31,568	115,477
11	CT	89,815	64,774	8,197	1,196	-	4,222	7,648	175,852
12	DC	10,260	18,268	38	11	-	23	3,906	32,506
13	DE	8,656	7,001	4,784	19	-	2,831	6,486	29,777
14	FL	244,638	308,568	112,709	16,532	-	63,627	63,159	809,233
15	GA	99,031	26,622	45,642	6,197	-	28,134	116,183	321,809
16	HI	516	28,927	3,375	455	-	1,403	5,542	40,218
17	IA	10,087	36,436	5,739	8,641	-	3,457	19,051	83,411
18	ID	10,022	18,856	5,971	2,348	-	3,173	5,807	46,177
19	IL	8,819	192,664	20,746	23,639	-	17,683	105,009	368,560
20	IN	65,421	93,312	8,713	4,790	-	3,994	22,334	198,564
21	KS	14,615	23,531	7,641	3,267	-	3,701	11,329	64,084

Overview | **State12.2017** | County12.2017 | State09.2017 | County09.2017 | State06.2017 | County06.2017 | State03.2017 | County03.2017 | St

- **Keep in Mind:** This report does NOT show demographic information (e.g., age, race, ethnicity, sex, and eligibility status). See the other data sources in this section for specific demographic characteristics.

- **Using the Data:** States can use the Enrollment Snapshots to find a relatively current number or percentage of enrollees in each eligibility category in their state or in each county within their state. States can compare enrollment to other states and the national average, or identify specific counties within their states with higher-than-average dual enrollment in order to assist health plans with targeted outreach and enrollment efforts. See **Appendix A** of this document for useful tips on using Excel to manipulate data and create graphs and charts.

    o **Percentage of each type of dually eligible beneficiary:** Using the state level data, calculate the percentage of each type of dually eligible beneficiary in your state and create a pie chart to show the distribution. States can create side-by-side pie charts to show how their state percentages compare to the national percentages of dually eligible beneficiary types, or to other states. **Exhibit 2** shows the national-level percentages of each type of dually eligible beneficiary compared to a specific state.

    o **Number of dually eligible beneficiaries in each county:** Using the county level data, create a bar chart that compares enrollment in each county in a state. See **Exhibit 3** for an example (not using actual state data).

Exhibit 2. Example of the Percentage of each type of Dually Eligible Beneficiary Nationwide Compared to a Specific State
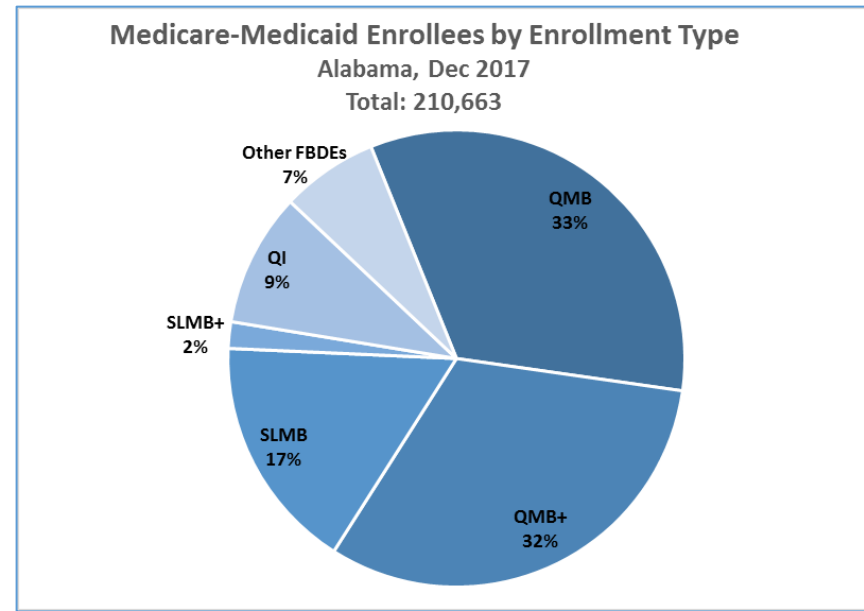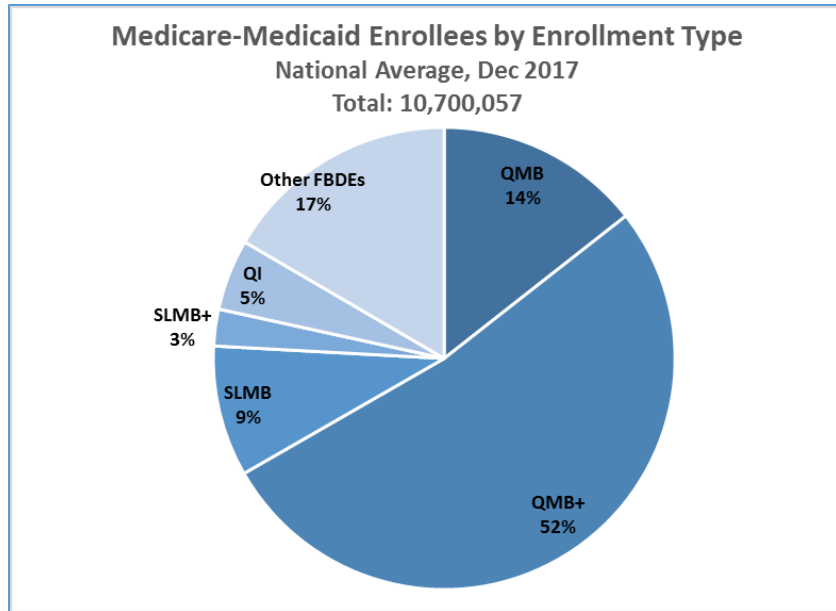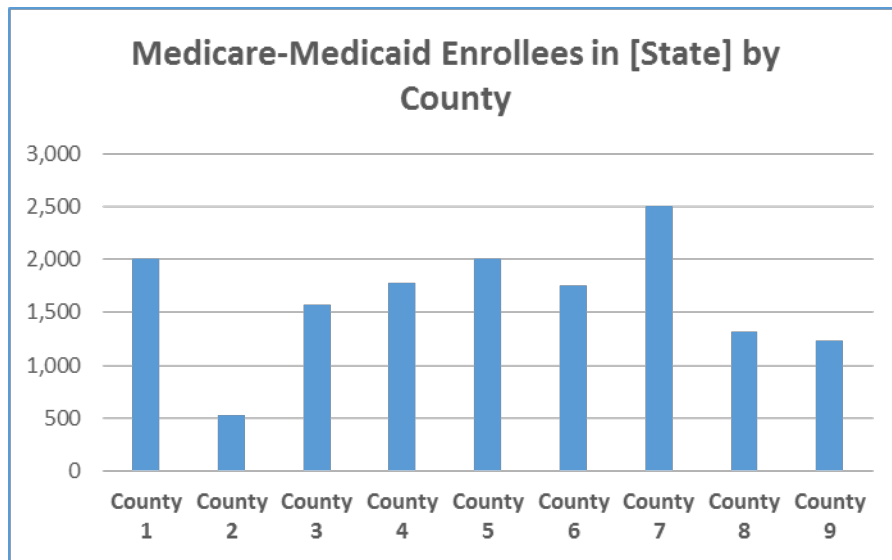

Medicare-Medicaid Enrollees by Enrollment Type
National Average, Dec 2017
Total: 10,700,057

- QMB 14%
- QMB+ 52%
- SLMB 9%
- SLMB+ 3%
- QI 5%
- Other FBDEs 17%

Medicare-Medicaid Enrollees by Enrollment Type
Alabama, Dec 2017
Total: 210,663

- QMB 33%
- QMB+ 32%
- SLMB 17%
- SLMB+ 2%
- QI 9%
- Other FBDEs 7%

Exhibit 3. Example of Dually Eligible Beneficiaries in a State by County

Medicare-Medicaid Enrollees in [State] by County

Data Source: Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS) Public Use File (PUF)

- **File Name and Location:** *"Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS), Version (Number) – Public Use File (Year – Year) – EXCEL"* (https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html)

- **What it Contains:** The MMLEADS-PUF contains annual state-level dually eligible beneficiaries by enrollment type, demographics, diagnostic conditions, service utilization and spending. The data in this public use file are aggregated into relatively large pre-specified categories. The file does not contain data at the individual level, and the data cannot be manipulated to show categories and comparisons other than those provided in the PUF.[3] . (The MMLEADS Research Identifiable File [RIF] contains data at the individual level The MMLEADS PUF also contains data on Medicare-only beneficiaries and Medicaid-only beneficiaries with disabilities in order to facilitate comparisons of those populations to dually eligible beneficiaries.

- **Why it is Useful:** To track demographic, condition prevalence, utilization, and spending by type of beneficiary in each state.

- **Description:** The MMLEADS-PUF provides more detailed information about Medicare and Medicaid enrollees in each state. This file offers annual demographic, enrollment, condition prevalence, utilization, and spending data at the state level for calendar years 2006 to 2012. The variables for full- and partial-benefit, Medicare-only, and Medicaid-only enrollees include: demographic characteristics; enrollment variables (e.g., original reason for Medicare or Medicaid entitlement), chronic or disabling conditions (e.g., percent of dually eligible beneficiaries with intellectual disabilities); Medicare and Medicaid utilization (e.g., Medicare and Medicaid combined readmission rates); and Medicare and Medicaid payments for services (e.g., Medicare durable medical equipment payments). **Appendix B** of this guide lists all of the variables available in each category of the MMLEADS file. Although the data include Medicare and Medicaid fee-for-service payments only, as of calendar year 2012, over 80 percent of dually eligible beneficiaries were in fee-for service for some or all of their Medicare and Medicaid benefits in that year, and therefore these tables cover the majority of dually eligible beneficiaries and the services they used during the 2006-2012 period.[4]

- **Illustrative Excerpts. Exhibit 4** shows how the data in this file are organized and some of the columns, as well as the denominators used for calculating the remainder of the columns and some of the types of demographic characteristics available. **Exhibit 5** shows data on chronic condition prevalence, **Exhibit 6** shows data on service utilization for Medicare and Medicaid combined (separate Medicare and Medicaid service utilization is also available but not shown here), and **Exhibit 7** shows data on Medicare service payments (Medicaid service payments are also available but not shown here). These exhibits use the data for 2012. Separate tabs in the MMLEADS file show the same data for 2006 through 2011. See **Appendix A** of this document for useful tips on using Excel to manipulate data and create graphs and charts.

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[3] The MMLEADS Research Identifiable File (RIF) contains data at the individual level and can be used to analyze a wide variety of categories and comparisons. The MMLEADS RIF is available to CMS and to external researchers with CMS permission: https://www.resdac.org/cms-data/files/mmleads.

[4] MedPAC–MACPAC. "[Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid](#)." Exhibits 11 and 12 January 2018.

Exhibit 4. Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS), Denominators and Demographic Characteristics

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Number of People by Medicare-Medicaid Enrollment Type	Denominators				Demographic Characteristics					
	Number of People	Number of People with FFS	Number of Females with FFS	Number of Males with FFS	Percent with all 12 months in FFS Medicaid	Percent with all 12 months in FFS Medicare	Percent with all 12 months with Medicare Part D coverage	Percent under 40 Years	Percent between 40-64 Years	Percent betwe 65-84 Years
Full Benefit	7,552,114	6,637,236	4,050,229	2,587,007	54.60%	79.60%	97.80%	10.20%	30.60%	44.
Partial Benefit	2,901,092	2,841,232	1,693,704	1,147,528	94.00%	69.30%	98.20%	5.51%	36.70%	50.
Medicare Only	43,143,977	27,899,627	14,935,346	12,964,273		64.50%	54.40%	0.86%	9.92%	76.
Medicaid Only (Disability)	6,295,355	2,217,472	1,023,060	1,194,306	35.20%			51.90%	47.40%	
Full Benefit	16,204	16,187	8,883	7,304	98.70%	99.00%	97.20%	11.10%	35.00%	45.
Partial Benefit	612	612	309	303	99.20%	99.50%	90.70%	3.76%	29.70%	62.
Medicare Only	60,782	52,988	25,782	27,206		87.10%	22.80%	0.92%	8.33%	83.
Medicaid Only (Disability)	10,850	10,850	5,218	5,632	100.00%			48.40%	49.90%	
Full Benefit	94,557	83,390	54,904	28,486	87.20%	80.30%	98.70%	13.70%	34.20%	38.
Partial Benefit	121,157	105,336	67,219	38,117	86.30%	63.70%	98.50%	5.65%	38.40%	47.
Medicare Only	729,766	546,093	290,400	255,693		74.80%	46.50%	1.53%	16.50%	72.
Medicaid Only (Disability)	129,972	34,400	16,762	17,638	26.50%			53.40%	46.20%	
Full Benefit	75,253	74,159	48,062	26,097	89.70%	87.70%	98.20%	13.10%	29.20%	41.
Partial Benefit	61,301	60,985	35,976	25,009	97.50%	75.20%	98.20%	7.52%	45.90%	41.
Medicare Only	453,605	357,611	188,198	169,413		78.70%	52.40%	1.35%	15.10%	73.
Medicaid Only (Disability)	92,713	18,618	8,131	10,487	20.10%			65.00%	34.90%	
Full Benefit	140,109	65,105	36,091	29,014	6.21%	43.50%	98.10%	11.10%	32.90%	46.
Partial Benefit	44,675	43,834	26,199	17,635	96.70%	41.50%	98.00%	2.92%	29.60%	56.

Variable Listing | PUF_2006 | PUF_2007 | PUF_2008 | PUF_2009 | PUF_2010 | PUF_2011 | **PUF_2012** | ⊕

Exhibit 5. Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS), Chronic Condition Prevalence

| State | Number of People by Medicare-Medicaid Enrollment Type | CCW Disease/Condition Period Prevalence | | | | | | | | | |
		Percent of people with acquired hypothyroidism	Percent of people who have had a heart attack	Percent of people with Alzheimer's disease	Percent of people with Alzheimer's and related disorders	Percent of people with anemia	Percent of people with asthma	Percent of people with atrial fibrillation	Percent of people with cataracts	Percent of people with chronic kidney disease	Percent of people with chronic obstructive pulmonary disease
National	Full Benefit	13.70%	1.00%	9.91%	21.30%	31.30%	8.04%	6.09%	12.70%	20.30%	16.40%
National	Partial Benefit	8.59%	0.71%	1.71%	4.94%	17.30%	5.09%	3.76%	7.72%	12.60%	12.00%
National	Medicare Only	13.40%	0.79%	3.50%	8.08%	20.60%	3.91%	8.06%	18.90%	13.90%	9.42%
National	Medicaid Only (Disability)	2.80%	0.38%	0.26%	1.63%	10.10%	5.39%	0.98%	2.18%	6.61%	5.80%
AK	Full Benefit	8.82%	0.72%	3.90%	12.40%	20.70%	7.06%	4.79%	8.32%	15.70%	14.60%
AK	Partial Benefit	5.88%	*	*	4.25%	15.70%	4.08%	5.07%	7.03%	10.60%	14.40%
AK	Medicare Only	8.60%	0.52%	1.93%	5.21%	12.70%	2.88%	6.30%	11.70%	9.60%	6.37%
AK	Medicaid Only (Disability)	2.52%	0.32%	*	1.12%	6.17%	2.94%	1.00%	2.01%	4.29%	4.36%
AL	Full Benefit	12.70%	0.93%	12.90%	24.20%	33.00%	7.68%	5.75%	10.10%	19.70%	19.60%
AL	Partial Benefit	8.71%	0.69%	2.72%	6.92%	20.30%	5.06%	4.29%	7.56%	12.80%	13.60%
AL	Medicare Only	12.80%	0.80%	3.92%	8.61%	21.20%	4.05%	7.49%	17.40%	13.40%	10.80%
AL	Medicaid Only (Disability)	2.83%	0.03%	0.50%	2.15%	12.20%	4.90%	0.76%	1.72%	5.39%	7.09%
AR	Full Benefit	12.40%	1.11%	13.10%	26.00%	26.40%	5.68%	6.48%	11.30%	18.40%	17.90%
AR	Partial Benefit	7.69%	0.77%	1.23%	4.38%	14.40%	4.48%	3.88%	9.35%	10.20%	13.10%
AR	Medicare Only	11.70%	0.78%	3.32%	8.13%	16.40%	3.07%	7.52%	21.70%	11.30%	9.61%
AR	Medicaid Only (Disability)	1.14%	0.39%	0.34%	2.01%	5.85%	2.29%	0.71%	1.98%	3.94%	3.80%
AZ	Full Benefit	12.20%	0.75%	5.93%	13.40%	20.90%	6.46%	3.92%	6.61%	18.80%	10.80%
AZ	Partial Benefit	5.22%	0.37%	0.72%	2.42%	8.05%	2.61%	2.05%	3.63%	8.02%	5.17%
AZ	Medicare Only	15.50%	0.71%	2.92%	6.42%	17.20%	4.62%	7.69%	18.30%	14.80%	8.92%
AZ	Medicaid Only (Disability)	*	*	*	0.93%	0.70%	0.70%	*	*	7.74%	0.85%
CA	Full Benefit	12.10%	0.86%	6.26%	14.50%	31.40%	7.44%	5.40%	15.70%	19.90%	13.40%
CA	Partial Benefit	6.80%	0.40%	1.88%	5.22%	15.20%	3.57%	2.92%	7.21%	10.90%	6.61%
CA	Medicare Only	12.80%	0.58%	3.34%	7.51%	20.60%	3.95%	7.52%	17.30%	13.10%	7.23%
CA	Medicaid Only (Disability)	1.07%	0.48%	*	0.60%	10.90%	2.12%	0.66%	0.89%	8.95%	2.22%
CO	Full Benefit	17.50%	0.72%	10.40%	22.30%	23.60%	7.06%	5.59%	11.10%	18.90%	16.30%
CO	Partial Benefit	11.20%	0.62%	0.56%	3.06%	13.20%	5.95%	2.92%	8.60%	11.50%	11.80%
CO	Medicaid Only (Disability)	14.00%	0.54%	3.07%	7.17%	13.70%	3.62%	6.42%	18.20%	11.90%	8.14%

Variable Listing | PUF_2006 | PUF_2007 | PUF_2008 | PUF_2009 | PUF_2010 | PUF_2011 | **PUF_2012** | ⊕

Exhibit 6. Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS), Service Utilization: Medicare and Medicaid Combined

State	Number of People by Medicare-Medicaid Enrollment Type	Utilization: Medicare and Medicaid Combined									
		Count of Acute IP Hospital Days - Medicare and Medicaid combined	Count of Acute IP Hospital Admissions - Medicare and Medicaid combined	Total dollars (Medicare and Medicaid) associated with IP hospital admissions	Count of Acute IP Hospital 30-day Readmissions - Medicare and Medicaid combined	Readmission Rate (% of admissions that are readmissions)	Count of ED Visits - Medicare and Medicaid combined	ED Visits per 1,000 enrollees	Percent with at least one Medicare or Medicaid Nursing Facility or non Facility-based Long-term Care Service (claim or assessment)	Percent with at least one Medicare or Medicaid Residential Mental Health service	Percent with at least one Medicare or Medicaid Community Mental Health service
National	Full Benefit	25,280,033	4,146,614	33,405,999,154	1,136,418	27.40%	9,900,231	1,491.60	16.00%	2.60%	17.50%
National	Partial Benefit	4,885,136	962,778	7,420,557,447	231,696	24.10%	2,533,567	891.70	1.11%	1.35%	9.24%
National	Medicare Only	33,347,787	6,996,944	73,714,395,183	1,156,184	16.50%	13,896,506	498.10	0.16%	0.27%	2.98%
National	Medicaid Only (Disability)	14,524,095	1,874,767	13,563,528,100	938,168	50.00%	6,534,268	2,946.70	2.77%	1.11%	5.55%
AK	Full Benefit	45,178	7,466	89,097,508	1,305	17.50%	21,499	1,328.20	4.78%	1.78%	21.50%
AK	Partial Benefit	1,015	195	2,839,917	33	16.90%	432	705.90	*	*	6.86%
AK	Medicare Only	43,232	9,371	145,802,710	1,307	13.90%	20,525	387.40	0.14%	0.12%	1.71%
AK	Medicaid Only (Disability)	19,116	2,503	39,503,179	974	38.90%	4,649	428.50	0.65%	0.65%	15.50%
AL	Full Benefit	344,593	58,549	322,292,152	12,609	21.50%	128,095	1,536.10	21.80%	2.91%	17.70%
AL	Partial Benefit	226,795	42,155	264,832,137	8,192	19.40%	98,002	930.40	1.35%	1.15%	5.77%
AL	Medicare Only	721,927	147,402	1,236,531,731	24,025	16.30%	286,127	524.00	0.18%	0.55%	2.71%
AL	Medicaid Only (Disability)	251,532	38,249	243,792,584	15,134	39.60%	163,605	4,756.00	2.48%	1.08%	16.50%
AR	Full Benefit	323,249	55,527	307,837,537	13,883	25.00%	112,528	1,517.40	24.60%	3.93%	13.30%
AR	Partial Benefit	108,510	22,021	135,988,247	4,530	20.60%	57,377	940.80	1.15%	1.23%	8.73%
AR	Medicare Only	402,825	89,726	778,583,056	14,542	16.20%	172,206	481.50	0.23%	0.51%	2.70%
AR	Medicaid Only (Disability)	140,971	20,690	169,267,652	9,504	45.90%	104,025	5,587.30	4.19%	0.70%	0.87%
AZ	Full Benefit	321,803	57,099	301,355,883	17,879	31.30%	217,081	3,334.30	1.06%	1.74%	6.70%
AZ	Partial Benefit	30,888	6,790	69,167,388	1,376	20.30%	20,331	463.80	0.24%	0.93%	4.24%
AZ	Medicare Only	521,116	125,012	1,355,303,460	19,424	15.50%	256,408	479.90	0.12%	0.20%	2.10%
AZ	Medicaid Only (Disability)	226,420	30,672	25,690,308	15,361	50.10%	179,495	44,974.90	0.33%	2.58%	1.48%
CA	Full Benefit	2,905,011	485,323	5,468,267,500	117,307	24.20%	943,774	1,009.10	8.19%	1.18%	9.29%
CA	Partial Benefit	36,187	6,659	82,337,731	1,306	19.60%	16,511	522.30	1.76%	0.84%	4.49%
CA	Medicare Only	1,964,318	414,178	5,830,622,227	65,069	15.70%	835,165	404.10	0.09%	0.14%	1.75%
CA	Medicaid Only (Disability)	1,382,117	205,923	1,349,806,697	104,683	50.80%	136,556	14,820.50	1.92%	0.18%	0.06%
CO	Full Benefit	91,487	18,465	195,001,693	3,621	19.60%	64,995	1,465.00	0.74%	1.65%	13.50%
CO	Partial Benefit	18,267	4,211	46,922,195	709	16.80%	17,493	1,027.20	0.22%	1.25%	8.49%
CO	Medicaid Only (Disability)	342,959	81,665	866,501,463	11,397	14.00%	184,144	501.90	0.13%	0.24%	2.22%

Variable Listing | PUF_2006 | PUF_2007 | PUF_2008 | PUF_2009 | PUF_2010 | PUF_2011 | **PUF_2012** | ⊕

Exhibit 7. Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS), Medicare Service Payments

State	Number of People by Medicare-Medicaid Enrollment Type	Total Medicare FFS payments	Total Medicare IP Hospital FFS payments	Total Medicare Other IP Hospital FFS payments	Total Medicare Other facility-based post-acute care FFS payments	Total Medicare SNF FFS payments	Total Medicare home health FFS payments	Total Medicare hospice FFS payments	Total Medicare hospital outpatient FFS payments	Total Medicare ESRD facility FFS payments	Total Medicare RHC/FQHC clinic FFS payments
National	Full Benefit	$144,170,350,400	$30,973,175,324	$2,344,598,428	$3,556,390,233	$12,267,698,280	$5,244,467,857	$4,524,106,263	$8,199,074,442	$3,629,463,189	$479,366,915
National	Partial Benefit	$42,491,537,877	$7,138,678,452	$485,178,257	$778,242,064	$1,001,488,176	$1,431,669,415	$592,353,122	$2,809,720,061	$962,727,883	$139,832,684
National	Medicare Only	$353,514,106,951	$73,714,395,183	$1,833,119,857	$7,774,357,221	$16,798,800,646	$11,417,378,199	$10,019,044,900	$30,259,646,369	$3,987,986,206	$651,249,645
National	Medicaid Only (Disability)	$0									
AK	Full Benefit	$265,100,803	$82,821,301	$3,687,480	$8,281,991	$7,381,904	$3,983,125	$1,743,054	$34,713,045	$7,536,394	$1,110,987
AK	Partial Benefit	$7,485,941	$2,839,917	*	*	$288,265	$63,792	*	$1,274,578	*	$33,550
AK	Medicare Only	$376,311,844	$145,802,710	$1,846,131	$8,936,309	$11,231,700	$7,464,548	$4,313,516	$65,372,829	$4,779,972	$983,062
AK	Medicaid Only (Disability)	$0									
AL	Full Benefit	$1,526,375,741	$283,479,624	$34,636,407	$30,305,728	$142,190,274	$48,908,372	$73,247,793	$80,839,505	$40,804,240	$5,433,465
AL	Partial Benefit	$1,765,160,859	$250,675,361	$14,660,848	$28,489,558	$42,238,947	$55,357,066	$51,618,394	$94,772,583	$39,155,856	$4,862,168
AL	Medicare Only	$5,766,702,288	$1,236,531,731	$50,066,469	$164,947,541	$208,093,807	$248,590,825	$226,834,950	$532,095,498	$84,779,659	$9,995,709
AL	Medicaid Only (Disability)	$0									
AR	Full Benefit	$1,285,061,071	$274,667,441	$34,971,062	$55,319,586	$125,115,425	$39,031,363	$46,147,863	$82,685,841	$26,639,425	$5,217,974
AR	Partial Benefit	$736,465,871	$126,749,992	$6,869,240	$21,899,388	$10,027,000	$15,277,647	$7,193,134	$59,010,528	$14,721,802	$3,272,943
AR	Medicare Only	$3,227,929,733	$778,583,056	$25,659,387	$148,835,346	$127,233,320	$104,201,975	$80,592,464	$354,608,263	$37,025,789	$9,712,179
AR	Medicaid Only (Disability)	$0									
AZ	Full Benefit	$2,299,963,949	$297,066,615	$20,812,620	$38,539,856	$58,739,015	$21,458,980	$141,815,451	$82,067,715	$59,802,518	$3,918,908
AZ	Partial Benefit	$627,183,861	$68,633,967	$5,373,822	$6,981,289	$8,146,503	$4,192,414	$17,934,835	$19,946,448	$9,551,536	$887,228
AZ	Medicare Only	$7,317,866,750	$1,355,303,460	$22,112,596	$177,064,836	$211,641,066	$129,287,013	$353,981,511	$468,439,615	$67,564,836	$6,568,624
AZ	Medicaid Only (Disability)	$0									
CA	Full Benefit	$22,763,756,401	$5,038,194,626	$268,003,227	$585,111,000	$1,676,591,457	$736,160,745	$372,751,556	$1,111,730,996	$709,062,982	$97,392,699
CA	Partial Benefit	$576,316,021	$80,907,802	$5,811,865	$6,194,904	$17,791,312	$8,519,950	$9,082,486	$19,986,797	$10,692,619	$1,990,769
CA	Medicare Only	$36,389,494,145	$5,830,622,227	$116,269,919	$454,747,269	$1,253,696,435	$769,052,990	$1,167,480,399	$1,819,475,711	$295,639,279	$38,746,626
CA	Medicaid Only (Disability)	$0									
CO	Full Benefit	$1,166,899,937	$195,001,693	$15,787,197	$28,071,150	$91,406,768	$26,827,220	$56,620,744	$72,884,983	$21,645,858	$6,482,245
CO	Partial Benefit	$305,986,518	$46,922,195	$3,939,866	$3,273,600	$4,324,314	$3,203,865	$2,623,223	$22,840,495	$5,542,501	$2,428,578
CO	Medicaid Only (Disability)	$4,976,706,007	$866,501,463	$18,715,417	$83,207,918	$223,160,408	$117,291,285	$171,486,709	$407,873,344	$44,489,351	*

Tabs: Variable Listing | PUF_2006 | PUF_2007 | PUF_2008 | PUF_2009 | PUF_2010 | PUF_2011 | **PUF_2012** | ⊕

- **Keep in Mind:** Beneficiaries are included as dually eligible beneficiaries if they were dually eligible at any point during the year. The full versus partial status refers to the most recent month of dual eligibility. States can also find their state-specific dually eligible beneficiary State Profile that shows the demographic characteristics, utilization, condition prevalence, and spending patterns for dually eligible beneficiaries in each state, as well as nationally from 2007-2009 and 2011. See the Medicare-Medicaid Enrollee State Profiles for those State and National reports. They provide a good illustration of how the MMLEADS data can be shown in graphs and concise tables. For further details on the definitions of the variables and the data sources, see the Methodological Overview available here: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-

Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMLEADS_PUF_UserGuide_MethodologicalOverview_042017.pdf.

- **Using the Data:** The MMLEADS file is most useful for comparing demographics, chronic conditions, utilization patterns and payments across benefit types within states, across different states, and over time, rather than as a source of current information. We anticipate the ability to add more current years as TMSIS is fully implemented. The data are less current due to the lag in receiving Medicaid claims data and prepare those files. **Exhibits 8**, **9**, **10**, and **11** present examples of how states can utilize the disparate information in the file.

  o **Chronic Condition Prevalence:** Users may select a state, and select a specific chronic condition and make a bar chart by enrollment type. States may also compare these numbers to other years, states, or conditions. As an example, **Exhibit 8** shows the percentage of people nationwide with a chronic condition of Alzheimer's disease by enrollment type compared to a specific state.

  o **Medicare or Medicaid Utilization:** Users may select a state and service utilization type and create a bar chart by enrollment type. States could also compare these numbers to other years, to other states, or to other service use types. As an example, **Exhibit 9** shows the percentage of people in fee-for-service Medicare nationwide who use Durable Medical Equipment by enrollment type compared to a specific state.

Exhibit 8. Example of the Percent of Enrollees with a Chronic Condition, by Enrollment Type Nationwide vs a Specific State
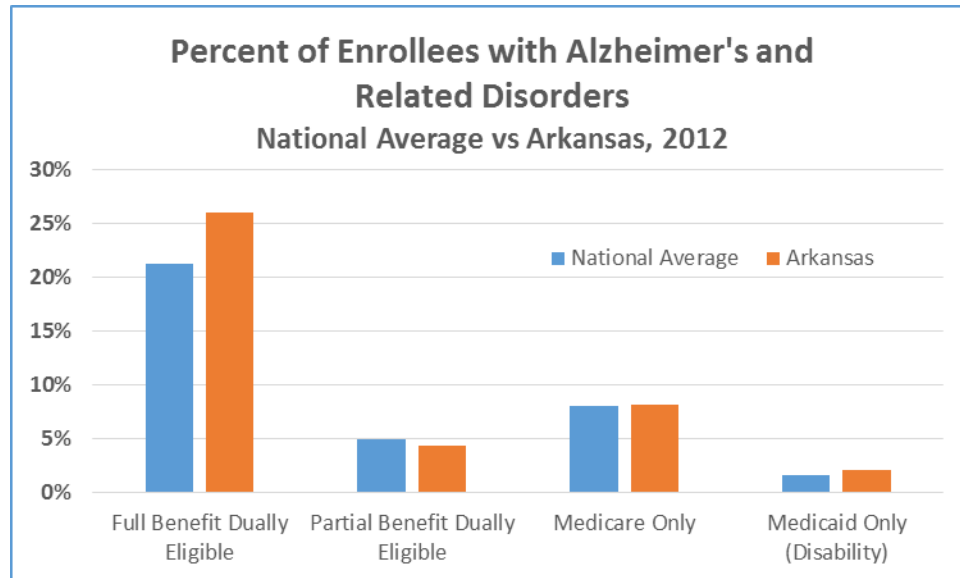
Exhibit 9. Example of the Percent of People who used Medicare and Medicaid Durable Medical Equipment, by Enrollment Type Nationwide vs a Specific State

Percent of People who used *Medicare* Durable Medical Equipment
National Average vs. Connecticut, 2012

Percent of People who used *Medicaid* Durable Medical Equipment
National Average vs. Connecticut, 2012
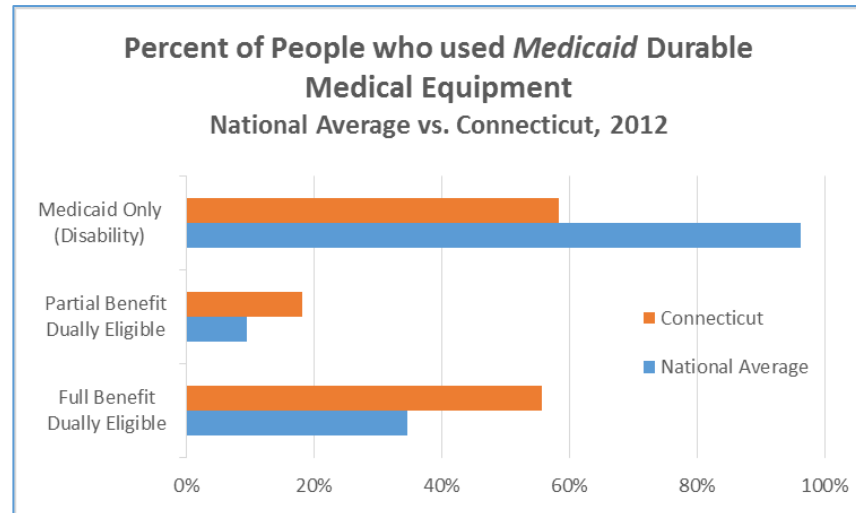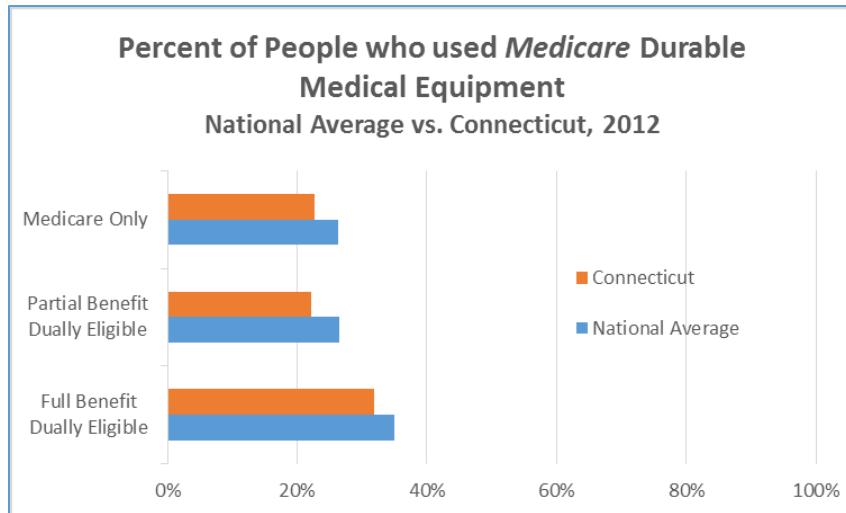
o **Medicare and Medicaid Combined Service Utilization:** Users may select a state, and then select the utilization data to compare, and make a bar chart by enrollment type. States could also compare these numbers to other years, to other states, or to other utilization types. For example, **Exhibit 10** shows the percentage of people with at least one Medicare or Medicaid Nursing Facility or other Long-Term Care Service, by enrollment type compared to a specific state.

o **Medicare or Medicaid Service Use Payments:** Users may select a state, and then select the payment data to compare, and make a table or chart. States can calculate the percentage of each service type payment compared to the total Medicare or Medicaid payment amount in their state. **Exhibit 11** shows the distribution of Medicare payments for full benefit dually eligible beneficiaries nationally and for a specific state in the form of pie charts.

Exhibit 10. Example of the Percent of Enrollees with at Least One Medicare or Medicaid Nursing Facility or Other Long-Term Care Service, by Enrollment Type Nationwide vs a Specific State

Percent of Enrollees with at Least One Medicare or Medicaid Nursing Facility or Other Long-Term Care Service*

National Average vs. Connecticut, 2012

*Other Long-Term Care Service is non Facility-based and is either a claim or assessment.
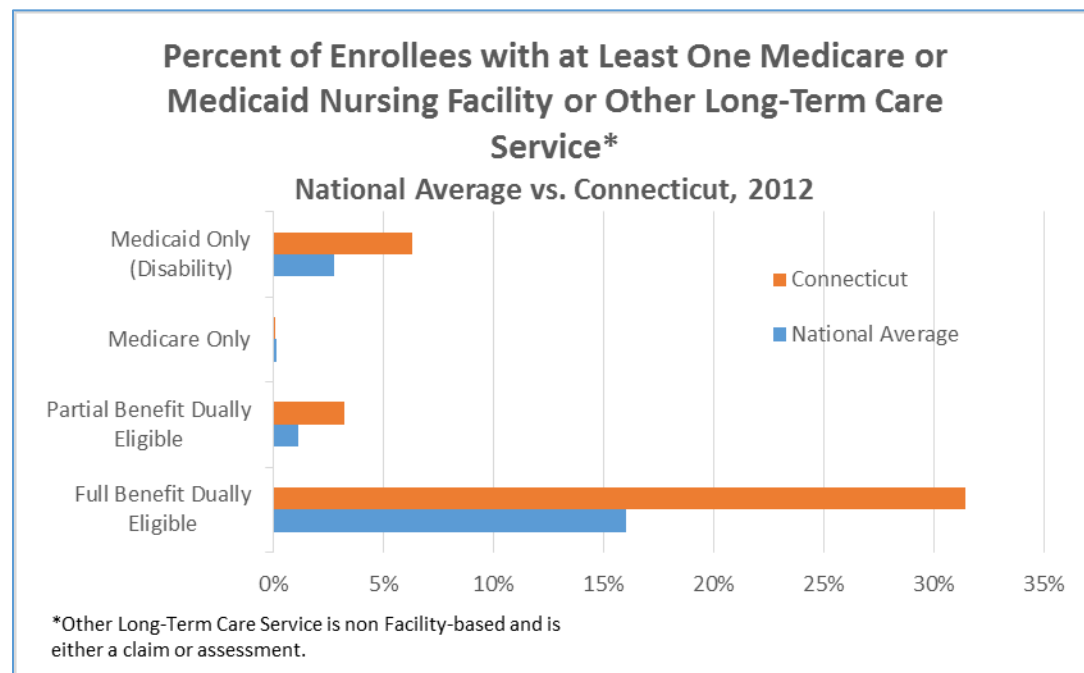
Exhibit 11. Example of Percent Share of Total Medicare Payments for Full Benefit Dually Eligible Beneficiaries Nationally vs a Specific State

Total Medicare Payments for Full Benefit Dually Eligible Beneficiaries
National, 2012
Total= $144 billion

Managed Care
DME
Drugs
Other Outpatient
Hospice
Home Health
SNF
PAC
Inpatient Hospital

Total Medicare Payments for Full Benefit Dually Eligible Beneficiaries
Florida, 2012
Total= $9 billion

Managed Care
DME
Drugs
Other Outpatient
Hospice
Home Health
SNF
PAC
Inpatient Hospital

Data Source: National and State-Level Trends Data

- **File Name and Location:** *"National and State-level Trends (Year – Year Data)"* (https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html)

- **What it Contains:** The national and state-level trends data contain annual dually eligible beneficiary characteristics by coverage type, national utilization, and cost-sharing data.

- **Why it is Useful:** To track demographic and coverage type enrollment changes and trends over time in each state.

- **Description:** These data provide detailed population characteristics by coverage type at the state level. This file includes the reason for an enrollee's original Medicare entitlement, Medicare coverage type (managed care, fee-for-service, mixed coverage), Medicaid coverage type (comprehensive managed care, all fee-for-service only, mixed of fee-for-service only and limited managed care only, other mixed coverage), and race. The tabs give detailed information about these variables by coverage type, which includes full duals, QMB-only, partial duals, Medicare-only, and Medicaid-only with disability). Each tab provides state-level data for these variables. At the national level, the Table 1 tab also contains other variables (age and sex) for dually eligible beneficiaries and Medicare-only beneficiaries (see **Exhibit 12** below). The columns in each tab show the percentage of each type of beneficiary as a percentage of the population within a given year, and calculates the percent change in enrollment in each of these variables each year and over time (from 2006 to 2011).

- **Illustrative Excerpts.** The Table 1 tab (**Exhibit 12**) shows Medicare and Medicaid enrollment by general characteristics. (The Table 2 tab, not shown here, shows more details about these characteristics.) **Exhibit 13** shows some of the enrollment characteristics available in the state tabs, which include the reason for original entitlement to Medicare (not shown here), Medicare coverage type, Medicaid coverage type, and race broken down by coverage type. The National and State Level Trends Data file also includes national-level data on utilization, cost sharing and coverage trajectories (tracking the beneficiaries that enrolled in 2006 over time) from 2006 to 2011. To locate the tabs with this data, scroll down to the bottom of the "Overview" tab to find the links, or scroll to the end of the tabs. The Table 3 tab (**Exhibit 14**) provides fee-for-service utilization data by type of service for dually eligible beneficiaries compared to other Medicare and Medicaid beneficiaries by coverage type. The tabs labeled Table 5A-5E (**Exhibit 15**) include data on coverage trajectories with a tab for each coverage type and shows the number of beneficiaries with one or more months of coverage, the average number of months per enrollee, and the average number of switches within dual status from 2006-2011. The tabs labeled Tables 6A-6E provide monthly coverage trajectories. See **Appendix A** of this document for useful tips on using Excel to manipulate data and create graphs and charts.

Exhibit 12: National-and-State Level-Trends Data, Medicare and Medicaid Enrollment by General Characteristics

		2006	2007	2008	2009	2010	2011
1	Overview						
2	Table 1: Medicare and Medicaid Enrollment by General Characteristics, 2006-2011						
3	No Data			**Number of Beneficiaries**			
4	No Data		2006	2007	2008	2009	2010	2011
5	*Enrollment Type*						
6	**All Medicare and Medicaid (with Disability)**	49,938,380	51,209,486	52,375,295	53,590,448	54,897,142	56,685,029
7	*Duals*	8,502,406	8,714,521	8,988,587	9,229,100	9,618,058	10,032,721
8	Full Duals	6,733,847	6,792,921	6,957,330	7,026,010	7,177,537	7,348,939
9	QMB-Only	800,467	889,986	939,186	1,001,404	1,122,639	1,253,389
10	Partial	968,092	1,031,614	1,092,071	1,201,686	1,317,882	1,430,393
11	*Medicaid-Only with Disability*	5,306,173	5,547,442	5,577,503	5,807,581	6,029,255	6,255,505
12	*Medicare-Only*	36,129,801	36,947,523	37,809,205	38,553,767	39,249,829	40,396,799
13	*Race*						
14	*Duals*	8,502,406	8,714,521	8,988,587	9,229,100	9,618,058	10,032,721
15	White/Non-Hispanic	4,659,820	5,035,700	5,171,784	5,296,288	5,488,594	5,673,930
16	African American/Non-Hispanic	1,556,682	1,714,909	1,768,102	1,831,174	1,906,976	2,010,884
17	Hispanic/Latino	1,079,046	1,229,346	1,293,850	1,361,624	1,438,392	1,534,592
18	Asian	407,249	471,063	491,146	514,986	538,270	565,610
19	North American Native	63,436	71,788	77,259	81,528	83,000	86,114
20	Other	736,173	191,715	186,446	143,500	162,826	161,591
21	*Medicare-Only*	36,129,801	36,947,523	37,809,205	38,553,767	39,249,829	40,396,799
22	White/Non-Hispanic	28,532,575	31,081,778	31,744,390	32,416,473	32,900,204	33,691,720
23	African American/Non-Hispanic	2,510,907	2,802,576	2,884,904	2,985,777	3,060,898	3,153,353
24	Hispanic/Latino	1,377,576	1,589,262	1,676,751	1,768,623	1,845,538	1,946,433
25	Asian	521,928	615,730	657,866	700,007	738,900	788,381
26	North American Native	100,353	115,675	124,557	130,273	130,169	132,451
27	Other	3,086,462	742,502	720,737	552,614	574,120	684,461
28	*Medicaid-Only with Disability*	5,306,173	5,547,442	5,577,503	5,807,581	6,029,255	6,255,505
29	White/Non-Hispanic	2,433,749	2,510,521	2,528,837	2,604,460	2,697,403	2,749,773
30	African American/Non-Hispanic	1,422,477	1,456,864	1,497,693	1,557,826	1,583,132	1,621,086
31	Hispanic/Latino	560,787	598,186	619,754	659,831	680,433	681,253
32	Asian	72,710	81,863	77,114	81,567	83,088	86,487
33	Native Hawaiian/Pacific Islander	58,235	57,484	57,885	57,434	54,142	53,702
34	American Indian/Alaska Native	55,401	56,723	58,437	61,162	62,920	63,363
35	Other	702,814	785,801	737,783	785,301	868,137	999,841
36	*Reason for Original Entitlement to Medicare*						
37	*Duals*	8,502,406	8,714,521	8,988,587	9,229,100	9,618,058	10,032,721
38	Age	4,324,926	4,375,325	4,451,381	4,515,417	4,656,970	4,762,989
39	Disability	4,082,811	4,245,165	4,446,877	4,633,152	4,881,051	5,160,103
40	ESRD	84,486	93,053	89,378	79,394	78,637	85,220
41	Unknown	10,183	978	951	1,137	1,400	24,409
42	*Medicare-Only*	36,129,801	36,947,523	37,809,205	38,553,767	39,249,829	40,396,799
43	Age	30,120,084	30,746,433	31,449,829	32,044,466	32,567,534	33,483,312
44	Disability	5,889,834	6,075,677	6,230,425	6,379,623	6,550,222	6,771,582
45	ESRD	102,228	103,819	104,307	101,763	100,142	106,423
46	Unknown	17,655	21,594	24,644	27,915	31,931	35,482
47	*Age*						

◄ ► | Overview | Methodology | **Table_1** | Table_2 | AL | AK | AZ | AR | CA | CO

Exhibit 12 continued

		2006	2007	2008	2009	2010	2011
1	Overview						
2	Table 1: Medicare and Medicaid Enrollment by General Characteristics, 2006-2011						
3	No Data			Number of Beneficiaries			
4	No Data	2006	2007	2008	2009	2010	2011
47	**Age**						
48	*Duals*	8,502,406	8,714,521	8,988,587	9,229,100	9,618,058	10,032,721
49	Under Age 65	3,258,823	3,385,046	3,543,219	3,697,779	3,906,075	4,131,732
50	Age 65+	5,243,583	5,329,475	5,445,368	5,531,321	5,711,983	5,900,989
51	*Medicare-Only*	36,129,801	36,947,523	37,809,205	38,553,767	39,249,829	40,396,799
52	Under Age 65	4,006,051	4,095,365	4,141,006	4,191,309	4,264,454	4,354,921
53	Age 65+	32,123,750	32,852,158	33,668,199	34,362,458	34,985,375	36,041,878
54	**Medicare Coverage Type /1/**						
55	*Dual*	8,502,406	8,714,521	8,988,587	9,229,100	9,618,058	10,032,721
56	Managed Care	874,407	1,103,091	1,325,581	1,517,080	1,605,607	1,814,460
57	Fee-for-Service	7,192,592	7,159,392	7,195,792	7,315,073	7,607,393	7,817,406
58	Mixed Coverage	432,671	450,119	465,370	395,773	404,405	400,120
59	*Medicare-Only*	36,129,801	36,947,523	37,809,205	38,553,767	39,249,829	40,396,799
60	Managed Care	5,575,318	6,864,092	7,943,671	8,892,082	9,382,110	10,037,341
61	Fee-for-Service	29,359,210	29,205,167	28,982,357	28,923,104	29,178,765	29,818,142
62	Mixed Coverage	1,194,268	876,496	879,223	735,731	687,166	540,128
63	**Medicaid Coverage Type /1/**						
64	*Dual*	8,502,406	8,714,521	8,988,587	9,229,100	9,618,058	10,032,721
65	Comprehensive Managed Care (MC)	632,347	656,063	723,766	738,264	761,008	831,746
66	All Fee-for-Service (FFS) Only	5,718,945	5,718,286	5,850,081	6,018,315	6,333,178	6,231,409
67	Mix of FFS only with Limited MC Only	1,903,151	2,001,205	2,068,971	2,124,931	2,234,714	2,411,078
68	Other Mixed Coverage	247,963	338,967	345,769	347,590	289,158	558,488
69	*Medicaid-Only with Disability*	5,306,173	5,547,442	5,577,503	5,807,581	6,029,255	6,255,505
70	Comprehensive Managed Care (MC)	1,166,431	1,262,161	1,429,969	1,542,141	1,647,967	1,818,518
71	All Fee-for-Service (FFS) Only	1,885,217	1,655,926	1,559,399	1,527,432	1,531,066	1,351,813
72	Mix of FFS only with Limited MC Only	1,813,903	1,886,367	1,950,748	2,097,083	2,216,280	2,105,290
73	Other Mixed Coverage	440,622	742,988	637,387	640,925	633,942	979,884
74	**Sex /1/**						
75	*Dual*	8,502,406	8,714,521	8,988,587	9,229,100	9,618,058	10,032,721
76	Female	5,317,027	5,433,155	5,579,422	5,702,316	5,922,870	6,142,631
77	Male	3,185,379	3,281,366	3,409,164	3,526,713	3,695,151	3,890,085
78	*Medicare-Only*	36,129,801	36,947,523	37,809,205	38,553,767	39,249,829	40,396,799
79	Female	19,548,297	19,930,848	20,339,439	20,684,375	20,985,243	21,520,201
80	Male	16,581,401	17,016,569	17,469,697	17,869,379	18,264,553	18,876,595
81	*Medicaid-Only with Disability*	5,306,173	5,547,442	5,577,503	5,807,581	6,029,255	6,255,505
82	Female	2,659,676	2,769,276	2,754,505	2,839,475	2,922,471	3,006,114
83	Male	2,639,860	2,777,910	2,822,843	2,964,692	3,106,639	3,249,135
84	/1/ Medicare Coverage Type, Medicaid Coverage Type, and Sex subcategories may not sum to totals due to missing information						
85							

Overview | Methodology | **Table_1** | Table_2 | AL | AK | AZ | AR | CA | CO

Exhibit 13. National and State Level Trends Data Report, Detailed Characteristics, State Ta

Overview

Table 2: Medicare and Medicaid Enrollment by Detailed Characteristics, 2006-2011, AL

Coverage Type	Medicare Coverage Typ			Number of Beneficiaries			
No Data	No Data						
Duals		196,831	200,458	202,679	200,809	202,745	210,654
Full Duals	Total	98,058	97,100	96,548	95,476	94,566	95,213
	Managed Care	7,231	10,089	11,414	12,629	12,711	12,375
	Fee-for-Service	85,836	82,572	81,542	79,694	79,023	80,215
	Mixed Coverage	4,957	4,408	3,555	3,127	2,816	2,601
QMB-Only	Total	53,455	56,340	57,999	57,368	59,356	63,167
	Managed Care	10,530	13,761	15,541	16,438	17,369	17,754
	Fee-for-Service	38,613	38,889	39,361	37,913	39,067	42,775
	Mixed Coverage	4,307	3,684	3,092	3,015	2,919	2,635
Partial	Total	45,318	47,018	48,132	47,965	48,823	52,274
	Managed Care	11,572	14,976	17,453	19,208	20,866	21,304
	Fee-for-Service	30,006	28,813	27,687	25,691	25,081	28,262
	Mixed Coverage	3,738	3,228	2,991	3,065	2,875	2,708
Medicare-Only	Total	618,555	633,051	650,660	668,943	684,752	703,314
	Managed Care	49,715	67,561	87,178	125,191	123,308	125,094
	Fee-for-Service	550,092	553,850	536,808	528,161	550,760	570,618
	Mixed Coverage	18,728	11,614	26,616	15,556	10,661	7,581
Coverage Type	**Medicaid Coverage Typ**						
Duals		196,831	200,458	202,679	200,809	202,745	210,654
Full Duals	Total	98,058	97,100	96,548	95,476	94,566	95,213
	Comprehensive Manag	3,427	4,498	5,735	9,418	6,737	9,864
	All Fee-for-Service (FF	79,172	77,584	72,469	70,537	72,592	76,934
	Mix of FFS only with Li	12,191	11,809	11,888	11,931	11,826	4,776
	Other Mixed Coverage	3,268	3,209	6,456	3,590	3,411	3,639
QMB-Only	Total	53,455	56,340	57,999	57,368	59,356	63,167
	Comprehensive Manag	2,078	2,732	6,330	12,916	9,348	13,285
	All Fee-for-Service (FF	48,843	49,579	42,257	40,668	45,661	45,301
	Mix of FFS only with Li	572	540	515	561	594	344
	Other Mixed Coverage	1,962	3,489	8,897	3,223	3,753	4,239
Partial	Total	45,318	47,018	48,132	47,965	48,823	52,274
	Comprehensive Manag	*	*	*	22	19	19
	All Fee-for-Service (FF	44,921	46,687	47,626	46,964	48,323	51,871
	Mix of FFS only with Li	216	222	*	186	216	141
	Other Mixed Coverage	*	*	337	793	265	249
Medicaid-Only w	Total	110,877	111,901	114,065	118,987	122,721	126,180
	Comprehensive Manag	15	16	12	17	15	20
	All Fee-for-Service (FF	1,839	1,841	2,504	2,431	5,529	14,379
	Mix of FFS only with Li	108,383	109,367	110,891	115,682	116,305	110,779
	Other Mixed Coverage	640	677	658	857	872	1,000
Coverage Type	**Race**						
Duals		196,831	200,458	202,679	200,809	202,745	210,654
Full Duals	Total	98,058	97,100	96,548	95,476	94,566	95,213
	White/Non-Hispanic	49,511	51,859	51,488	51,240	50,659	50,854
	African American/Non-	40,083	42,559	42,333	42,183	41,946	42,226
	Hispanic/Latino	476	551	617	648	699	733
	Asian	540	659	686	720	727	777
	North American Native	105	106	110	113	118	116
	Other	7,343	1,366	1,314	572	417	513
QMB-Only	Total	53,455	56,340	57,999	57,368	59,356	63,167
	White/Non-Hispanic	30,214	33,056	33,543	32,760	33,524	35,333
	African American/Non-	19,885	22,312	23,541	23,785	24,964	26,823
	Hispanic/Latino	257	312	342	361	406	47

Overview | Methodology | Table_1 | Table_2 | **AL** | AK | AZ | AR | CA | CO | CT

Exhibit 14. National and State Level Trends Data, Table 3, Utilization Tab

Overview				
Table 3: Medicare and Medicaid Fee-for-Service Utilization by Selected Type of Service for Dual-Eligible Beneficiaries Compared to Other Medicare and M				
No Data	Coverage Type	Measure	2006	2007
Overall				
Number of beneficiaries who are FFS	and Medicaid)		4,761,660	4,59
	Medicare-Only		26,163,703	25,77
	Medicaid-Only with Disability		1,885,217	1,65
Medicare /2/				
Inpatient				
ER Admits	Duals	# with at least one unit of service	1,056,231	1,01
		Median Utilization Among Users	1	
		Among users, IQR (25th percentile, 75th percentile)	(1, 2)	
	Medicare-Only	# with at least one unit of service	3,198,431	3,14
		Median Utilization Among Users	1	
		Among users, IQR (25th percentile, 75th percentile)	(1, 2)	
ER days	Duals	# with at least one unit of service	1,062,816	1,02
		Median Utilization Among Users	6	
		Among users, IQR (25th percentile, 75th percentile)	(3, 13)	(
	Medicare-Only	# with at least one unit of service	3,177,567	3,12
		Median Utilization Among Users	5	
		Among users, IQR (25th percentile, 75th percentile)	(3, 9)	

Exhibit 15. National and State Level Trends Data, Table 5A, Coverage Trajectories for 2006 Full-Benefit Dual Enrollees Tab

Overview						
Table 5A: Coverage Trajectories for 2006 Full-Benefit Dual Enrollees, 2006-2011						
No Data	Number of Beneficiaries					
No Data	2006	2007	2008	2009	2010	2011
Overall						
Full-Benefit Duals /4/	6,733,847	6,219,560	5,745,417	5,331,024	4,980,535	4,666,589
Number of Beneficiaries with one or more months of coverage						
Full-Benefit Coverage	6,733,847	5,978,040	5,358,174	4,881,635	4,437,272	4,099,670
Partial Dual Coverage	79,690	89,470	112,053	147,238	155,590	161,452
QMB-Only	83,469	107,376	132,328	159,691	173,257	178,422
Medicare-Only	1,029,937	686,337	649,807	659,705	647,513	793,133
Medicaid-Only	276,167	12,860	18,146	21,600	24,529	26,123
Average Number of Months per Beneficiary						
Full-Benefit Coverage	10.5	10.7	10.5	10.3	10.0	9.9
Partial Dual Coverage	0.1	0.1	0.1	0.2	0.3	0.3
QMB-Only	0.1	0.1	0.2	0.2	0.3	0.3
Medicare-Only	0.8	0.7	0.8	0.9	1.0	1.1
Medicaid-Only	0.2	0.0	0.0	0.0	0.0	0.1
Average Number of Switches within Dual Status						
Any Coverage	0.4	0.2	0.2	0.2	0.2	0.2
/4/ We track those enrolled in Medicare and/or Medicaid among those observed in January 2006.						

- **Using the Data:** States can use the National and State Level Trends Data to show trends in the characteristics of the Medicare and Medicaid populations in their state for the time periods covered in these tables. If they need to show more recent trends, states are can use their own state data, if available. The following are a few examples of the trend data that states can extract from these files.

  o **Enrollment by Coverage Type:** For each coverage type (e.g., Full Duals, Partial Duals) find the total enrollment number of beneficiaries (Columns C through H) and create a stacked bar chart to show the enrollment over time. See **Exhibit 16** comparing nationwide enrollment to a state's enrollment. You can also see the percentage change in enrollment using the "change over entire period" column (Column T) and create a bar chart to show the percent enrollment growth or decline in each type. States can also create more detailed bar charts for each variable within each coverage type, such enrollment in Medicare and Medicaid by coverage type over time (see **Exhibit 17** using nationwide enrollment as a comparison for a specific state).

Exhibit 16. Enrollment by Coverage Type Nationwide vs a Specific State, from 2006-2011
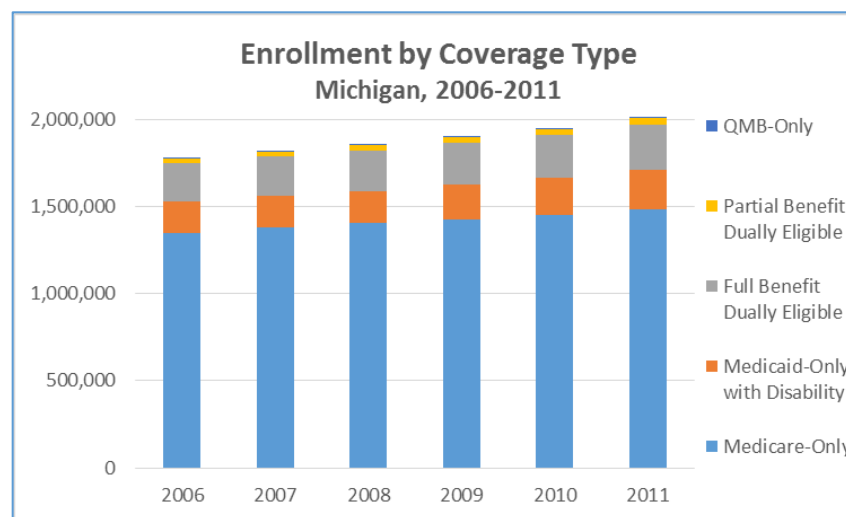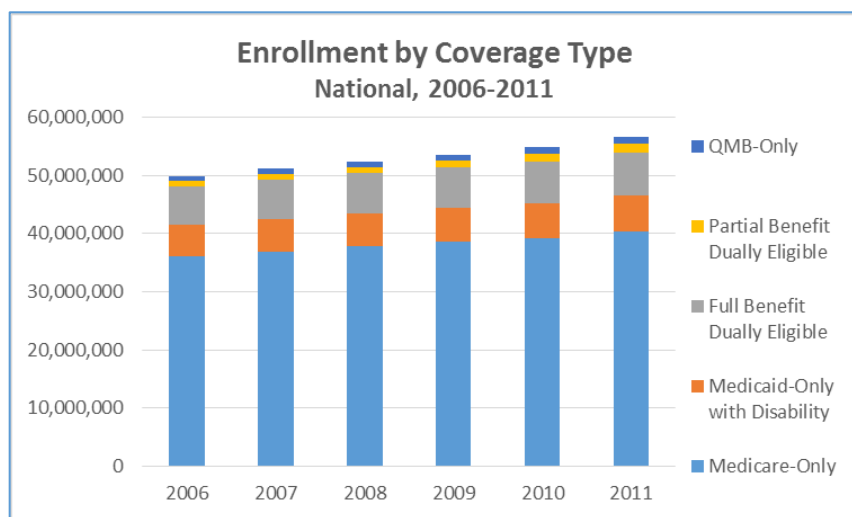
Exhibit 17. Full Benefit Dually Eligible Enrollment and Medicaid-only Beneficiaries with a Disability by Medicaid Coverage Type Nationwide vs a Specific State, from 2006-2011

Full Benefit Dually Eligible Enrollment by Medicaid Coverage Type
National, 2006-2011

Full Benefit Dually Eligible Enrollment by Medicaid Coverage Type
Michigan, 2006-2011

Medicaid-Only Beneficiaries with a Disability Enrollment by Coverage Type
National, 2006-2011

Medicaid-Only Beneficiaries with a Disability Enrollment by Coverage Type
Michigan, 2006-2011
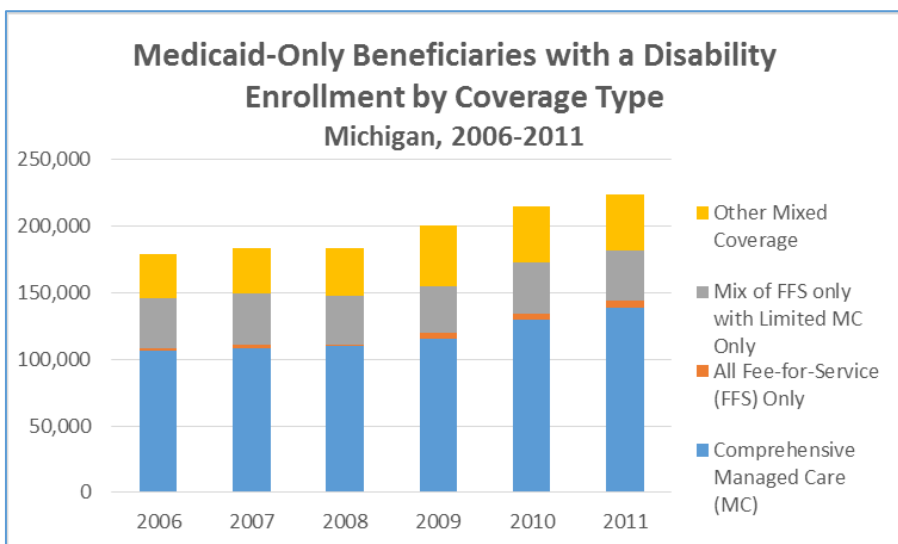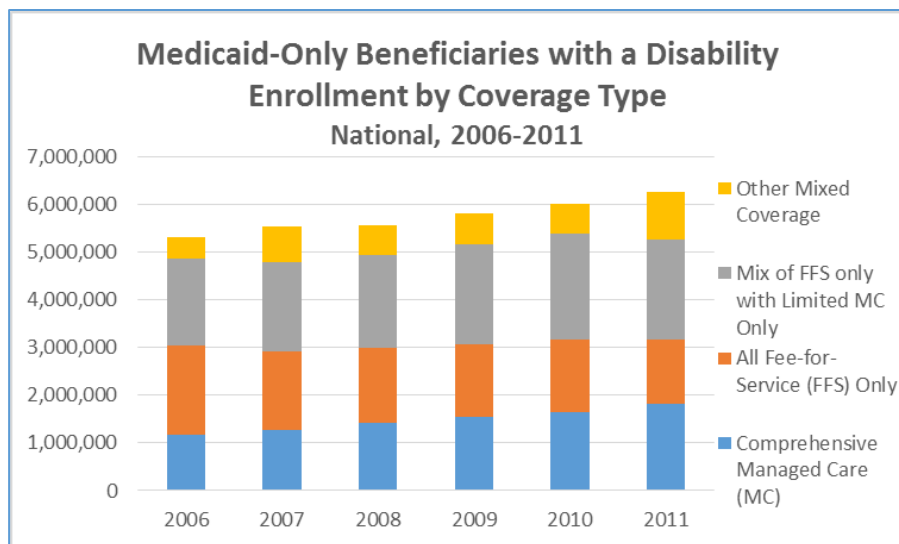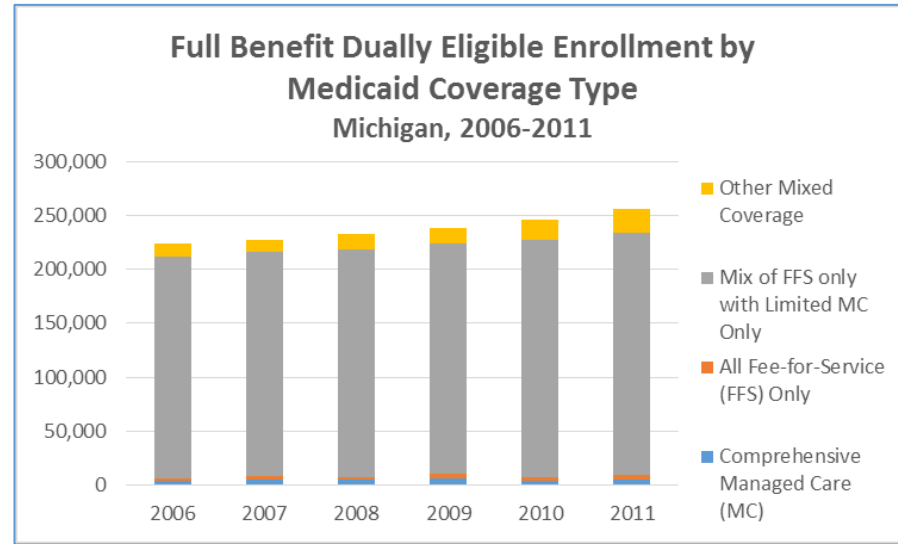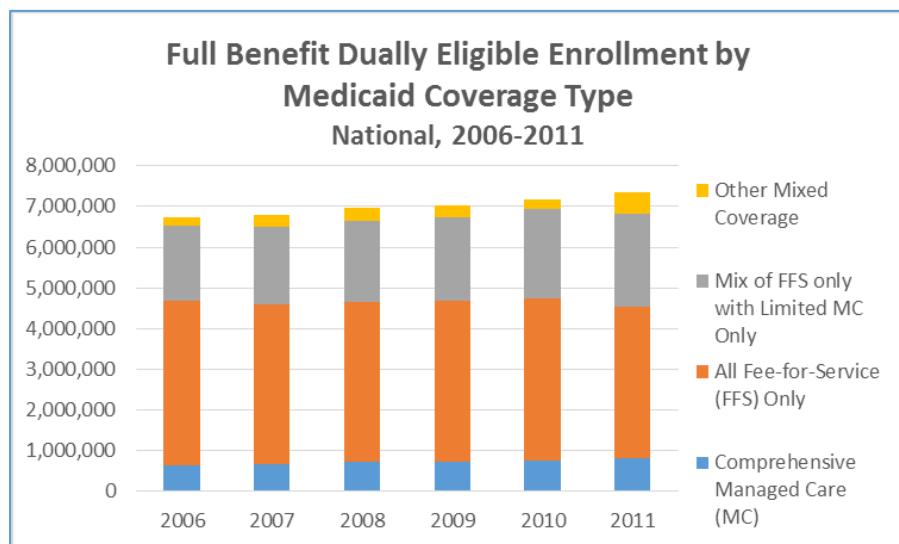
Data Source: All State/County-Level Profiles

- **File Name and Location:** *"All State/County-Level Profiles (Year Data)"* https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html

- **What it Contains:** State and County-level enrollment by enrollment type, age, race, gender, ESRD status, type of Medicare and/or Medicaid coverage, and Medicare and Medicaid Spending.

- **Why it is Useful:** To identify detailed and specific enrollment information about the dual eligibles in each state and county by their demographic makeup, coverage and aggregated spending within each variable.

- **Description:** Unlike the other files in this guide that shows different variables by just enrollment type, the unique aspect of the All State/County-Level Profiles is that it shows all of the enrollment data across every variable. For example, instead of just identifying the number of duals who are female in a population and the number of duals who have Medicare managed care in the same population, this file shows the number of duals who are female *and* have Medicare managed care in the population, not just the total for each variable. This means users can find specific subcategories of data within the other variables at the county level, as well as at the state level. States can easily find a breakdown of the types of duals in each county, and within each enrollment type, states can find the number of enrollees by their age, race, gender, ESRD status, the percentage in each of these groups by their type of Medicare and/or Medicaid coverage, as well as all of their Medicare and Medicaid spending. Coverage types include Medicare Fee-for-Service, Medicare Managed Care, Mixed Medicare Coverage, Medicaid Fee-for-Service, Medicaid Comprehensive Managed Care, and Mixed Medicare Coverage. States can filter by subgroups of demographic or coverage information in each county and identify Medicare Fee-for-Service, Medicare Managed Care, Medicare Part D, Medicaid Fee-for-Service, Medicaid Comprehensive Managed Care, Medicaid PCCM, and Medicare and Medicaid PBPM spending in each subpopulation. **Exhibit 18** shows what the file looks like. For similar cross tabular data at the state level, as well as other information such as Long Term Services and Supports use by coverage type, demographic information and spending, see the Medicare-Medicaid Enrollee Profiles.

Exhibit 18. All State/County-Level Profiles (2012 Data)

State	County	Enrollment Type	Age	Race	Gender	ESRD Status	Number of Beneficiaries	Share Duals Medicare Type - Fee for Service	Share Duals Medicare Type - Managed Care	Share Duals Medicare Type - Mix	Share Duals Medicaid Type - Fee for Service	Share Duals Medicaid Type - Comp Managed Care	Share Duals Medicaid Type - Limited Managed	Share Duals Medicaid Type - Mix	Medicare Spend Total
ALL	ALL	ALL	ALL	ALL	ALL	ALL	113,669,275	33.7%	11.4%	0.9%	15.4%	21.7%	10.5%	15.6%	$ 543,236,758
ALL	ALL	ALL	65 and Over	ALL	ALL	ALL	44,235,878	70.7%	26.1%	1.8%	8.8%	1.9%	3.0%	1.6%	$ 434,157,216
ALL	ALL	ALL	Under 65	ALL	ALL	ALL	69,433,397	10.0%	2.1%	0.4%	19.6%	34.3%	15.2%	24.5%	$ 109,079,542
ALL	ALL	ALL	ALL	White	ALL	ALL	64,188,779	47.1%	15.3%	1.0%	12.0%	14.7%	8.3%	10.7%	$ 404,881,327
ALL	ALL	ALL	ALL	Black	ALL	ALL	18,534,433	20.7%	7.4%	1.0%	18.1%	29.7%	11.5%	22.9%	$ 71,485,864
ALL	ALL	ALL	ALL	Asian	ALL	ALL	3,523,468	28.8%	11.5%	1.5%	13.8%	33.2%	12.0%	16.2%	$ 13,447,084
ALL	ALL	ALL	ALL	Hispanic	ALL	ALL	17,191,986	13.6%	7.0%	1.0%	25.0%	30.7%	11.5%	20.8%	$ 44,996,491
ALL	ALL	ALL	ALL	North America	ALL	ALL	1,038,290	19.9%	2.5%	0.3%	27.0%	13.0%	16.9%	$ 2,691,526
ALL	ALL	ALL	ALL	Other	ALL	ALL	4,355,285	7.3%	2.7%	0.2%	15.2%	39.1%	12.9%	24.5%	$ 3,920,058
ALL	ALL	ALL	ALL	Unknown	ALL	ALL	4,837,034	5.9%	1.2%	0.2%	14.4%	29.8%	24.5%	25.1%	$ 1,814,405
ALL	ALL	ALL	ALL	ALL	Female	ALL	63,849,118	32.4%	11.5%	0.9%	17.8%	21.2%	10.2%	15.9%	$ 304,254,836
ALL	ALL	ALL	ALL	ALL	Male	ALL	49,748,057	35.4%	11.3%	0.9%	12.1%	22.3%	10.8%	15.2%	$ 238,981,803

- **Keep in Mind:** The Medicare and Medicaid spending data is aggregated, and not as granular as other files in this guide, such as the MMLEADS file which may be more useful to states interested in the various service spending types in this population. There is no corresponding methodology guide for this file, but this file contains several of the same variables as the National Profile of Medicare-Medicaid Enrollees (Year) data, which has a corresponding methodology guide.[5]

- **Using the Data:** States can use this file to identify a number of variables of interest and compare within the demographic variable (i.e. males or females), or across counties (i.e. Bronx vs Queens in New York), enrollment type (i.e. Full or Partial dual eligibles), coverage type (i.e. Managed care vs. Fee-For-Service), spending (i.e. Per Member Per Month Medicare vs. Medicaid spending) growth over time, etc… to find the number of beneficiaries within specific subpopulations in their state and counties as well as across all of these different variables.

  o **Enrollment in Medicare and Medicaid by Coverage Type in Each County.** To compare the coverage types of Medicare and Medicaid enrollees by type of dual eligible and by coverage type, filter the data by your state, and by the type of dual you are interested in, and select "ALL" for all of the other variables (i.e. age, race, ESRD status). See **Exhibit 19** for an example in a specific county compared to the state average.

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5   Note that cells with fewer than 10 enrollees are represented with an asterisk (*) in the All State/County-Level Profiles in order to preserve enrollee confidentiality. In addition, enrollment data in the profiles may be suppressed (shown with an asterisk) in some higher-values categories because total enrollment numbers in those categories contain cells with fewer than 10 enrollees.

o **Medicare and Medicaid Spending by Coverage Type in Each County.** To compare the spending amounts or percentages of Medicare and Medicaid enrollees by type of dual eligible and by coverage type, filter the data by your state, and by the type of dual you are interested in, and select "ALL" for all of the other variables (i.e. age, race, ESRD status). Scroll over the right to see all the dollar amounts. See **Exhibit 20** for an example in a specific county compared to the state average.

Exhibit 19. Percent of Full Benefit Dual Eligibles in New York vs. Bronx County by Medicare and Medicaid Coverage Type
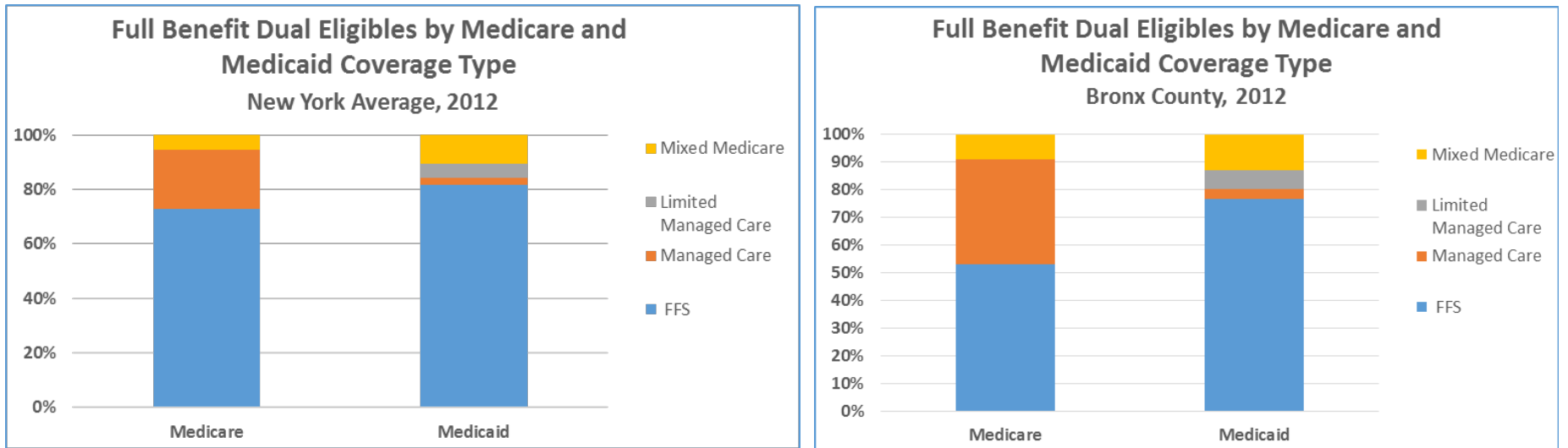
Exhibit 20. Medicare and Medicaid Spending on Full Benefit Dual Eligibles in New York vs. Bronx County, 2012

Medicare and Medicaid Spending on Full Benefit Dual Eligibles — Bronx County, 2012

Medicaid — Fee for Service 35%; Comp Managed Care 12%; Medicaid Limited Managed Care >1%; Medicaid PCCM >1%; Medicare — Fee for Service 26%; Managed Care 16%; Part D 11%

Medicare and Medicaid Spending on Full Benefit Dual Eligibles — New York Average, 2012

Medicaid — Fee for Service 49%; Comp Managed Care 7%; Medicaid Limited Managed Care >1%; Medicaid PCCM >1%; Medicare — Fee for Service 26%; Managed Care 8%; Part D 10%

Data Source: Ever-Enrolled Trends Report

- **File Name and Location:** *"Ever enrolled Trends Report – Accompanying Data Tables (2006 – 20xx year data)"* (https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html)

- **What it Contains:** National Total of Medicare-Only and Medicare-Medicaid Dual Enrollees by Eligibility Category and Demographic Characteristics

- **Why it is Useful:** The Ever-Enrolled Trends Report provides the authoritative number of individuals ever dually enrolled in Medicare and Medicaid in the year prior to the current year as well as since 2006. This report also provides enrollment trends for different categories of dual enrollment and demographic variables for Medicare-Medicaid beneficiaries as well as Medicare-only beneficiaries across all years of analysis.

- **Description:** For a comprehensive list of enrollment data for all types of Medicare beneficiaries, use the Ever-Enrolled Trends Report – Accompanying Data Tables. These tables provide annual *national* enrollment numbers for each type of Medicare beneficiary: Medicare-only, Full-Benefit Medicare-Medicaid Dual Enrollees, and Partial-Benefit Medicare-Medicaid Dual Enrollees. The tables also show the percentages within those groups by demographic category (age, race, ethnicity, sex), and by eligibility status (QMB, SLMB, QMB+, SLMB+ etc.), original reason for Medicare entitlement, and current Medicare status). The file provides a tab for each calendar year since 2006. CMS also provides an accompanying data analysis brief that highlights trends in the data. **Exhibit 21** is an example table.

- **Keep in Mind:** This report does not include state-level data. All data is at the national level. The enrollment numbers count beneficiaries who were ever-enrolled (cumulative) at any point in time during the calendar year. Among individuals qualifying as being ever-dually enrolled in Medicare and Medicaid in the year, Full- and Partial-benefit assignments are made according to a beneficiary's most recent dual eligibility status.

- **Using the Data:** The Ten-Year Ever-Enrolled Trends Report offers numerous opportunities to analyze subsections of the population by age, demographic category, and eligibility and to compare dual enrollees over time and across types to identify trends and plan for future integrated care needs. The following are examples of ways to use and find the data.

    o **Enrollment growth by type of dually eligible beneficiary:** Create a table of total enrollment for each type of dually eligible beneficiary by calendar year. Calculate the percent increase from year-to-year and show the results on a bar chart. See **Exhibit 22** for an example of the enrollment growth percentages by type of dual enrollee.

    o **Percentage of enrollees in each age or eligibility category:** The Ever-Enrolled Trends Report already calculates the percentage of enrollees in each age and eligibility category. Search across dually eligible beneficiary types or across years to look for national trends to find specific percentages.

Exhibit 21. Ever-Enrolled Trends Report

	Medicare-only (Non Dual)	Proportion of Medicare Population	Percent within Category	All Dual (Medicare-Medicaid) Enrollees	Proportion of Medicare Population	Percent within Category	Prevalence rate ratio (duals vs nonduals)	Full Benefit Medicare-Medicaid Dual Enrollees	Percent within Category (FD)	Prevalence rate ratio Duals vs Non Duals (FD / MDCR ONLY)	Proportion of all dual (FD / All Dual)	Partial Benefit Medicare-Medicaid Dual Enrollees	Percent within Category (PD)	Prevalence rate ratio Duals vs Non Duals (PD / MDCR ONLY)	Proportion of all dual (PD / All Dual)
Total	48,052,683	80.4%	100.0%	11,730,195	19.6%	100.0%	1.00	8,405,507	100.0%	1.00	71.7%	3,324,688	100.0%	1.00	28.3%
Age															
<21	3,593	0.0%	0.0%	12,499	0%	0.1%	14.25	12,047	0.1%	19.17	0.1%	452	0.0%	1.82	0.0%
21-44	562,514	0.9%	1.2%	1,366,534	2%	11.6%	9.95	1,104,885	13.1%	11.23	9.4%	261,649	7.9%	6.72	2.2%
45-54	1,080,725	1.8%	2.2%	1,368,648	2%	11.7%	5.19	958,544	11.4%	5.07	8.2%	410,104	12.3%	5.48	3.5%
55-64	2,874,300	4.8%	6.0%	2,013,525	3%	17.2%	2.87	1,318,831	15.7%	2.62	11.2%	694,694	20.9%	3.49	5.9%
65-74	25,369,733	42.4%	52.8%	3,503,090	6%	29.9%	0.57	2,380,359	28.3%	0.54	20.3%	1,122,731	33.8%	0.64	9.6%
75-84	12,525,702	21.0%	26.1%	2,137,811	4%	18.2%	0.70	1,534,195	18.3%	0.70	13.1%	603,616	18.2%	0.70	5.1%
85+	5,636,116	9.4%	11.7%	1,328,088	2%	11.3%	0.97	1,096,646	13.0%	1.11	9.3%	231,442	7.0%	0.59	2.0%
Total	*48,052,683*	*80.4%*	*100.0%*	*11,730,195*	*19.6%*	*100.0%*	*1.00*	*8,405,507*	*100.0%*	*1.00*	*71.7%*	*3,324,688*	*100.0%*	*1.00*	*28.3%*
Age (binary)															
<65	4,521,132	7.6%	9.4%	4,761,206	8%	40.6%	4.31	3,394,307	40.4%	4.29	28.9%	1,366,899	41.1%	4.37	11.7%
65+	43,531,551	72.8%	90.6%	6,968,989	12%	59.4%	0.66	5,011,200	59.6%	0.66	42.7%	1,957,789	58.9%	0.65	16.7%
Total	*48,052,683*	*80.4%*	*100.0%*	*11,730,195*	*19.6%*	*100.0%*	*1.00*	*8,405,507*	*100.0%*	*1.00*	*71.7%*	*3,324,688*	*100.0%*	*1.00*	*28.3%*
Race															
White	40,629,592	68.0%	84.6%	7,167,898	12%	61.1%	0.72	4,952,953	58.9%	0.70	42.2%	2,214,945	66.6%	0.79	18.9%
Black /African American	3,944,919	6.6%	8.2%	2,430,418	4%	20.7%	2.52	1,665,297	19.8%	2.41	14.2%	765,121	23.0%	2.80	6.5%
Hispanic/Latino	758,786	1.3%	1.6%	968,058	2%	8.3%	5.23	778,731	9.3%	5.87	6.6%	189,327	5.7%	3.61	1.6%
Asian	765,518	1.3%	1.6%	637,508	1%	5.4%	3.41	575,000	6.8%	4.29	4.9%	62,508	1.9%	1.18	0.5%
North American Native	169,269	0.3%	0.4%	107,201	0%	0.9%	2.59	83,864	1.0%	2.83	0.7%	23,337	0.7%	1.99	0.2%
Other	1,006,012	1.7%	2.1%	234,841	0%	2.0%	0.96	190,430	2.3%	1.08	1.6%	44,411	1.3%	0.64	0.4%
Unknown	778,587	1.3%	1.6%	184,271	0%	1.6%	0.97	159,232	1.9%	1.17	1.4%	25,039	0.8%	0.46	0.2%
Total	*48,052,683*	*80.4%*	*100.0%*	*11,730,195*	*19.6%*	*100.0%*	*1.00*	*8,405,507*	*100.0%*	*1.00*	*71.7%*	*3,324,688*	*100.0%*	*1.00*	*28.3%*

... | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | **2016** | trends | ⊕

Exhibit 22. Example of National Enrollment Growth Percentages by Type of Dually Eligible Beneficiary

Enrollment Growth % from 2006-2016

Category	Growth %
All Dually Eligible	36%
Medicare-Only	30%
Partial Benefit Dual Eligibles	82%
Full Benefit Dual Eligibles	23%
FBDEs Under 65	29%
FBDEs 65+	20%
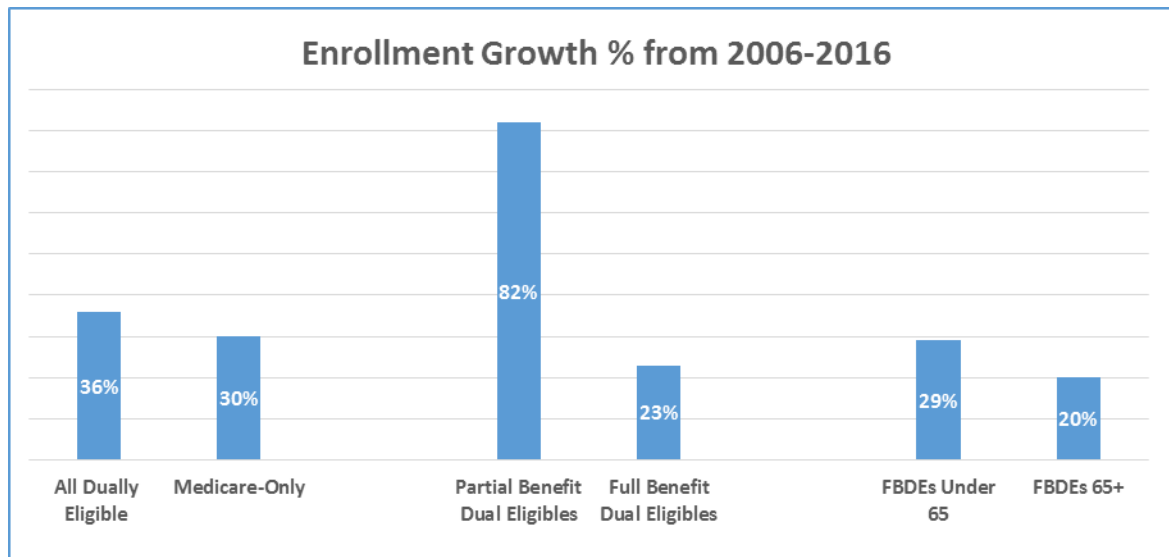
Data Source: Medicaid Managed Care Enrollment Report

- **File Name and Location:** "[Year] Medicaid Managed Care Enrollment Report" (https://www.medicaid.gov/medicaid/managed-care/enrollment/index.html)[6]

- **What it Contains:** Annual state- and plan-level data on managed care enrollment and managed care program characteristics.

- **Why it is Useful:** The enrollment report allows a state to identify the number and percentage of the Medicaid population enrolled in managed care in the state overall, and by specific program. It presents enrollment by program and plan separately for Medicaid-only and dually eligible beneficiaries. It also describes key characteristics of each program, including where each program operates within the state, what populations and benefits are covered, and what plans contract with the state to serve beneficiaries.

- **Description:** The Medicaid Managed Care Enrollment Report includes data on Medicaid managed care enrollment at the state and plan level, as well as the populations enrolled, and other program features. These tables offer state- and plan-level counts of enrollment in managed care among Medicaid beneficiaries by program and plan type, including comprehensive managed care, PCCM, MLTSS, behavioral health, dental, transportation, PACE and other managed care programs. Table 3 shows the specific number of dually eligible beneficiaries in each managed care program type by state. Table 5 shows total enrollment among dually eligible beneficiaries, and Medicaid-only enrollment in each Medicaid managed care program, by plan, and the geographic regions in which the plan operates. The State tables at the end of the report include additional details about each managed care program operating in a given state (for example, enrolled populations and covered benefits).

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[6] The most recent version of this report was published in the spring of 2018 using 2016 data. The new version using 2017 will be published in early 2019.

Exhibit 23. Medicaid Managed Care Enrollment for Medicaid-Only and Dually Eligible Beneficiaries, as of 2016

Table 5. Enrollment by Program and Plan, as of 2016[1]

State	Program Name (Type)	Plan Name	Geographic Region (state-defined areas, counties, or zip codes)	Medicaid-Only Enrollment	Dual Enrollment	Total Enrollment
Alabama[2]	Patient 1st (Primary Care Case Management (PCCM))	Patient 1st	Statewide	646,851	0	646,851
Alabama[2]	Patient 1st (Primary Care Case Management (PCCM))	Health Homes	Statewide	230,519	0	230,519
Alabama	Maternity Program (Other Prepaid Health Plan (PHP) (limited benefits))	Maternity Program	Statewide minus the following counties: Autuaga, Butler, Bullock, Crenshaw, Elmore, Lowdnes, Montgomery, Pike	17,661	0	17,661
Alabama	PACE (Program of All-inclusive Care for the Elderly (PACE))	Mercy Life of Alabama	Mobile and Baldwin County	4	171	175
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Healthcare Plan	Apache, Cochise, Coconino, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Santa Cruz, Yavapai, Yuma	394,557	36,525	431,082
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Bridgeway Health Solution MLTSS	Cochise, Gila, Graham, Greenlee, Maricopa, Pinal	753	4,548	5,301
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Care 1st Health Plan	Maricopa, Pima	102,199	5,634	107,833
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Comprehensive Medical and Dental Program	Statewide	17,937	0	17,937
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	Division of Developmental Disabilities MLTSS	Statewide	22,785	6,544	29,329
Arizona	Arizona Health Care Cost Containment System (Comprehensive MCO + MLTSS)	United Healthcare Plan MLTSS	Apache, Coconino, La Paz, Maricopa, Mohave, Navajo, Pima, Santa Cruz, Yavapai, Yuma	1,337	8,677	10,014

- **Keep in Mind:** These data were provided by state officials, and some states may differ in how they describe similar types of managed care programs. States also use different data systems to track the number of enrollees in different managed care programs or plans. In addition, this report explicitly excludes enrollment data for beneficiaries who are enrolled in Financial Alignment demonstrations as their only form of managed care; it also does not include managed care enrollment among CHIP beneficiaries in separate programs. With each report year, CMS issues corrections to data from the previous year.

- **Using the Data:** The Medicare Managed Care Enrollment Report allows states to analyze enrollment of dually eligible beneficiaries in their state, in each type of managed care program, and in each plan. The following are examples of ways to find and use the data.

  o **Enrollment in Medicaid Managed Care Programs by Dually Eligible Beneficiaries:** Use Table 3 to pull the enrollment numbers into each type of managed care program in your state and create a bar chart to show the percentage of dually eligible beneficiaries in managed care and compare to the national enrollment numbers. See Exhibit 24 for an example.

Exhibit 24. Dually Eligible Beneficiaries in Medicaid Managed Care in Pennsylvania vs. National, 2016
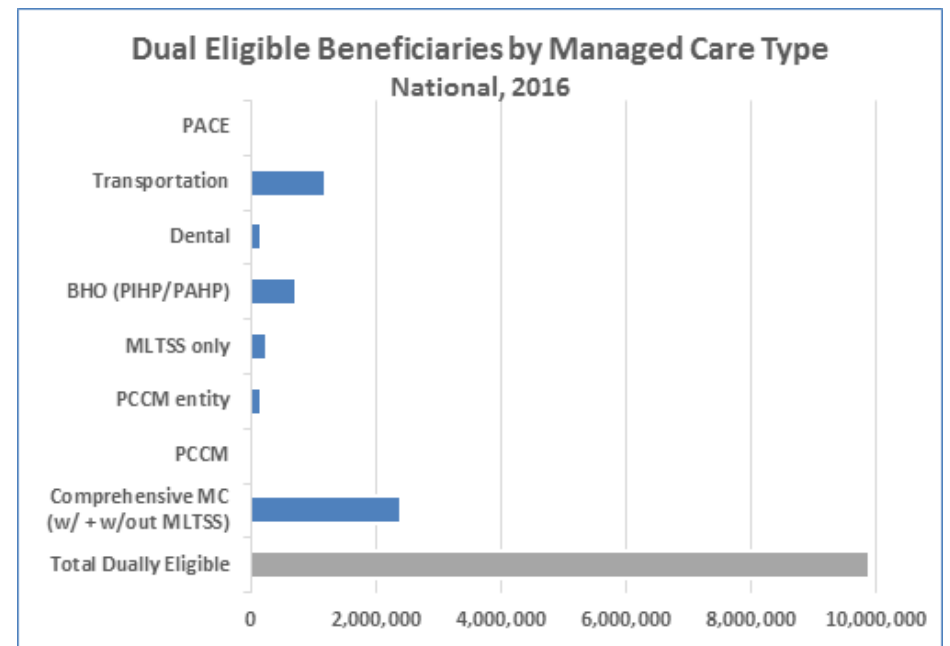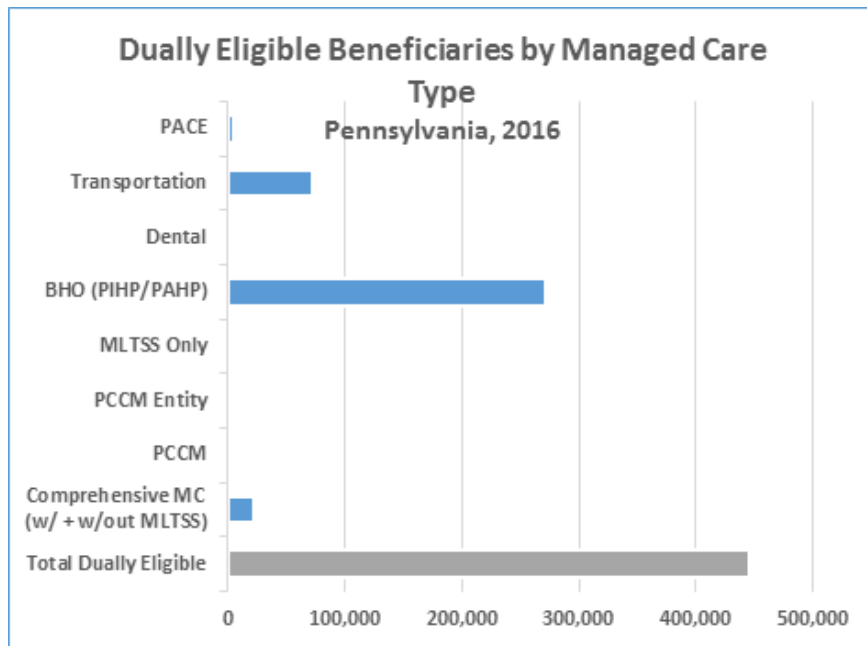
o **Percentage of dually eligible beneficiaries in Medicaid managed care by plan in a state:** Use Table 5 to find the number of enrollees in each plan in a state and create a bar chart to compare the plan enrollment by Medicaid-only enrollees and dually eligible enrollees. See Exhibit 25 for an example.

Exhibit 25. Medicaid-Only and Dually Eligible Enrollment in Medicaid Managed Care in New Jersey by Plan, 2016

New Jersey FamilyCare (Comprehensive MCO + MLTSS) Enrollment by Plan
Medicaid-Only and Dually Eligible Beneficiaries, 2016
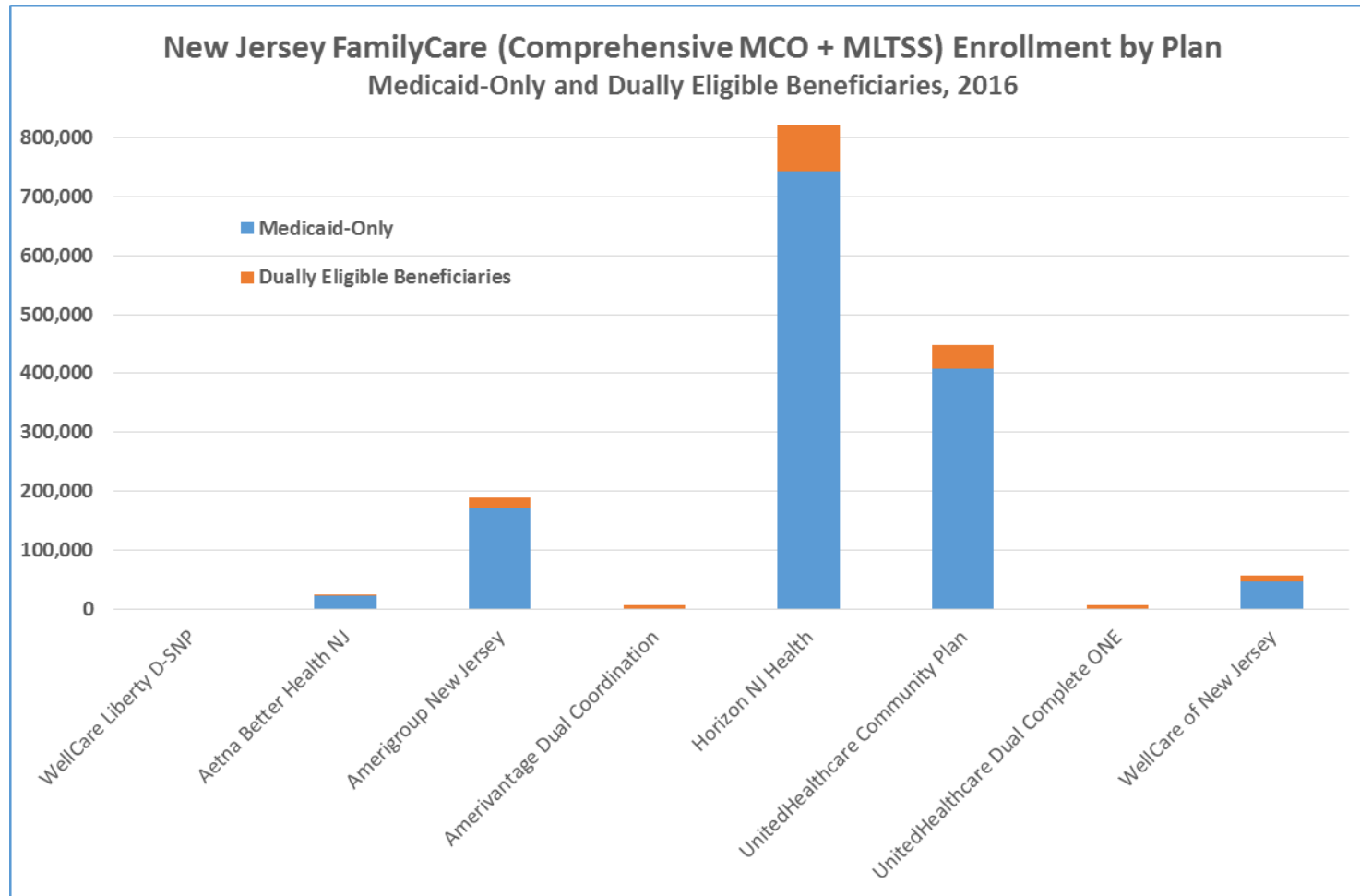
Appendix A: Microsoft Excel Tips for Using CMS Data

Microsoft Excel is a useful tool to manipulate and analyze data. Following are tips for using Microsoft Excel.

"Read-Only" Locked Files: Many Excel files on the CMS website are saved as "Read-Only," and are locked for editing. That means you cannot manipulate the data directly in the file. To be able to manipulate the data, select the entire sheet you are interested in by right clicking on the green arrow in the top left-hand corner, and copy-paste it to a new Excel workbook. See **Exhibit 26** for an example.

Exhibit 26. Example of Editing a "Read-Only" Locked Excel file

Sorting or Filtering: Sorting will display the spreadsheet rows based on the data in a specific column or columns. For example, sorting by the "State" column will sort the states in alphabetical order. Filtering will filter out all other data except for the data specified in a column. For example, filtering by "State" allows you to view data for a specific state. See **Exhibit 27** for where to find the sort and filter buttons.

Exhibit 27. Example of Sorting and Filtering

SUM Formula: Use the formula **=SUM(cell1, cell2, cell3, etc…)** to add numbers quickly, or type in **=SUM(** and in the parenthesis select all the data you want to add. Remember to close the parentheses **=SUM(C7:C10)**. See **Exhibit 28** for an example.

Exhibit 28. Example of the SUM Formula

Percentages: One way to calculate a percentage of a total is to use the formula **=(cell1/cell2).** See **Exhibit 29** for an example.

Exhibit 29. Example of Calculating Percentages

Book1 - Excel

FILE | HOME | INSERT | PAGE LAYOUT | FORMULAS | DATA | REVIEW | VIEW

Paste — Cut, Copy, Format Painter | Clipboard | 11 A A, B I U, Font | Wrap Text, Merge & Center, Alignment | Percentage, $ - % , Number | Conditional Formatting, Format as Table | Comma [0], Currency [0], Styles | Currency, Percent

TEXT | fx =B6/I6

	A	B	C	D	E	F	G	H	I	J	K
1	State-Level Dual Status Codes, December 2016										
2											
3	State of Beneficiary	Qualified Medicare Beneficiaries (QMB)-only	QMB plus Full Medicaid Benefits	Specified Low-income Medicare Beneficiaries (SLMB)-only	SLMB plus Full Medicaid Benefits	Qualifying Individuals (QI)	Other Dual Full Medicaid Benefit	Qualified Disabled and Working Individuals (QDWI)	Total		
4	NATIONAL TOTAL*								10,577,752		
5	AK	38	11,209	291	-	319	5,069	-	16,926		
6	AL	68,003	67,533	36,278	3,941	19,778	14,912	-	210,445	=B6/I6	
7	AR	28,946	52,352	20,921	4,529	10,323	9,929	-	127,000		
8	AZ	6,259	114,779	28,332	3,738	17,405	37,681	-	208,194		
9	CA	17,647	1,217,150	7,426	158	19,509	170,599	-	1,432,489		
10	CO	22,564	38,369	10,712	7,229	6,402	31,490	-	116,766		
11	CT	84,453	63,334	8,656	1,211	4,857	11,987	-	174,498		

Creating Charts, Graphs, or Figures: To create a chart, graph or other figure (bar or line graph, pie chart, etc…) select the data you intend to use, than go to the "Insert" tab at the top of the screen. Select the type of figure you would like to create. See **Exhibit 30**, which shows all of the options across the top.

Exhibit 30. Example of Graphs, Charts and Other Figures

		2006	2007	2008	2009	2010	2011
Coverage Type	*Medicare Coverage Type*						
Duals		1,130,985	1,156,426	1,190,968	1,220,792	1,249,209	1,29
Full Duals	*Total*	*1,108,054*	*1,128,923*	*1,161,339*	*1,189,269*	*1,213,796*	*1,25*
	Managed Care	115,708	128,307	147,471	167,991	178,336	20
	Fee-for-Service	946,226	953,428	962,027	972,074	983,479	99
	Mixed Coverage	45,762	46,961	51,659	49,068	51,912	5
QMB-Only	*Total*	*8,926*	*9,590*	*9,744*	*9,675*	*11,635*	*1*
	Managed Care	3,598	3,641	3,591	3,617	4,131	
	Fee-for-Service	4,791	5,428	5,613	5,569	6,844	
	Mixed Coverage	533	518	535	489	660	
Partial	*Total*	*14,005*	*17,913*	*19,885*	*21,848*	*23,778*	*2*
	Managed Care	8,312	9,668	10,184	11,250	11,598	1
	Fee-for-Service	4,854	7,394	8,586	9,393	10,854	1
	Mixed Coverage	838	851	1,115	1,205	1,325	
Medicare-Only	*Total*	*3,414,144*	*3,492,639*	*3,582,675*	*3,681,778*	*3,781,339*	*3,92*
	Managed Care	1,257,606	1,304,178	1,353,476	1,411,559	1,470,478	1,54
	Fee-for-Service	2,057,646	2,108,388	2,154,857	2,197,804	2,232,427	2,31
	Mixed Coverage	98,781	79,587	73,233	71,528	77,826	6
Coverage Type	*Medicaid Coverage Type*						
Duals		1,130,985	1,156,426	1,190,968	1,220,792	1,249,209	1,29

Appendix B: List of all MMLEADS Variables

Exhibit 31 is a list of all of the MMLEADS Version 2.0 Public Use File variables. The Methodological Overview User Guide is available here:
https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMLEADS_PUF_UserGuide_MethodologicalOverview_042017.pdf.

Exhibit 31. Categories and Variable Names in the MMLEADS PUF File, 2006-2012

Categories	Variable Names
Denominators	**Number of People**
	Number of People with FFS
	Number of Females with FFS
	Number of Males with FFS
Demographic Characteristics	**Percent with all 12 months in FFS Medicaid**
	Percent with all 12 months in FFS Medicare
	Percent with all 12 months with Medicare Part D coverage
	Percent under 40 Years
	Percent between 40-64 Years
	Percent between 65-84 Years
	Percent 85+ Years
	Percent under 65 Years
	Percent 65+ Years
	Percent Female
	Percent Male
	Percent Non-Hispanic White
	Percent African American
	Percent Hispanic
	Percent Asian or Pacific Islander
	Percent American Indian or Alaska Native
	Percent Other or Unknown Race

Categories	Variable Names
Medicare Enrollment Variables	**Percent of Medicare beneficiaries with benefits due to Old Age or Survivor's Insurance**
	Percent of Medicare beneficiaries with benefits due to Disability Insurance
	Percent of Medicare beneficiaries with benefits due to ESRD with or without Disability Insurance
Medicaid Enrollment Variables	**Percent of Medicaid enrollees with Maintenance Assistance Status (MAS) - Receiving Cash or Section 1931**
	Percent of Medicaid enrollees with MAS - Medically Needy
	Percent of Medicaid enrollees with MAS - Poverty Related
	Percent of Medicaid enrollees with MAS - 1115(a) Demonstration Expansion
	Percent of Medicaid enrollees with MAS - unclassified or unknown
	Percent of Medicaid enrollees with Basis of Eligibility (BOE) - Aged
	Percent of Medicaid enrollees with BOE - Blind/Disabled
	Percent of Medicaid enrollees with BOE - Child
	Percent of Medicaid enrollees with BOE - Adult
	Percent of Medicaid enrollees with BOE - Breast and Cervical Cancer Prevention Act
	Percent of Medicaid enrollees with BOE - Other/Unknown
Chronic Condition Period Prevalence	**Percent of FFS people with acquired hypothyroidism**
	Percent of FFS people who have had a heart attack
	Percent of FFS people with Alzheimer's disease
	Percent of FFS people with Alzheimer's and related disorders
	Percent of FFS people with anemia
	Percent of FFS people with asthma
	Percent of FFS people with atrial fibrillation
	Percent of FFS people with cataracts
	Percent of FFS people with chronic kidney disease
	Percent of FFS people with chronic obstructive pulmonary disease
	Percent of FFS people with heart failure
	Percent of FFS people with diabetes
	Percent of FFS people with glaucoma
	Percent of FFS people with a hip fracture
	Percent of FFS people with high cholesterol

Categories	Variable Names
Chronic Condition Period Prevalence (continued)	Percent of FFS people with hypertension
	Percent of FFS people with ischemic heart disease
	Percent of FFS people with osteoporosis
	Percent of FFS people with arthritis
	Percent of FFS people with stroke or TIA
	Percent of FFS females with breast cancer
	Percent of FFS people with colorectal cancer
	Percent of FFS females with endometrial cancer
	Percent of FFS people with lung cancer
	Percent of FFS males with prostate cancer
	Percent of FFS males with benign prostatic hyperplasia
	Percent of FFS people with depression (any instance including bipolar episodes)
Other Chronic or Potentially Disabling Condition Period Prevalence	Percent of FFS people with Major Depressive Disorders
	Percent of FFS people with ADHD or other conduct disorders
	Percent of FFS people with anxiety
	Percent of FFS people with bipolar disorder
	Percent of FFS people with personality disorders
	Percent of FFS people with post-traumatic stress disorder
	Percent of FFS people with schizophrenia
	Percent of FFS people with schizophrenia or other psychotic disorders
	Percent of FFS people with tobacco use disorder
	Percent of FFS people with autism
	Percent of FFS people with cerebral palsy
	Percent of FFS people with cystic fibrosis or other metabolic developmental disorders
	Percent of FFS people with epilepsy
	Percent of FFS people with intellectual disabilities
	Percent of FFS people with learning disabilities
	Percent of FFS people with mobility impairments

Categories	Variable Names
Other Chronic or Potentially Disabling Condition Period Prevalence (continued)	Percent of FFS people with multiple sclerosis and transverse myelitis
	Percent of FFS people with muscular dystrophy
	Percent of FFS people with deafness or other hearing impairment
	Percent of FFS people with blindness or other visual impairment
	Percent of FFS people with spina bifida or other congenital anomalies
	Percent of FFS people with a history of spinal cord injury
	Percent of FFS people with a history of traumatic brain injury
	Percent of FFS people with alcohol use disorder
	Percent of FFS people with drug use disorder
	Percent of FFS people with fibromyalgia or chronic pain
	Percent of FFS people with hepatitis a
	Percent of FFS people with hepatitis b (acute or unspecified)
	Percent of FFS people with hepatitis b (chronic)
	Percent of FFS people with hepatitis c (acute)
	Percent of FFS people with hepatitis c (chronic)
	Percent of FFS people with hepatitis c (unspecified)
	Percent of FFS people with hepatitis d
	Percent of FFS people with hepatitis e
	Percent of FFS people with viral hepatitis (general)
	Percent of FFS people with HIV/AIDS
	Percent of FFS people with leukemia or lymphoma
	Percent of FFS people with liver disease, cirrhosis, or other liver condition
	Percent of FFS people with migraines or other chronic headaches
	Percent of FFS people with obesity
	Percent of FFS people with pressure ulcers or chronic ulcers
	Percent of FFS people with peripheral vascular disease
Utilization: Medicare and Medicaid Combined	Count of FFS Acute IP Hospital Days - Medicare and Medicaid combined
	Count of FFS Acute IP Hospital Admissions - Medicare and Medicaid combined
	Total FFS dollars (Medicare and Medicaid) associated with IP hospital admissions

Categories	Variable Names
Utilization: Medicare and Medicaid Combined (continued)	Count of FFS Acute IP Hospital 30-day Readmissions - Medicare and Medicaid combined
	FFS Readmission Rate (% of admissions that are readmissions)
	Count of FFS ED Visits - Medicare and Medicaid combined
	ED Visits per 1,000 FFS enrollees
	Percent of FFS people with at least one Medicare or Medicaid Nursing Facility or non-Facility-based Long-term Care Service (claim or assessment)
	Percent of people with at least one Medicare or Medicaid Residential Mental Health service
	Percent of people with at least one Medicare or Medicaid Community Mental Health service
Medicare Service: Utilization	Number of FFS people who used Medicare IP Hospital services
	Number of FFS people who used Medicare Other IP Hospital services
	Number of FFS people who used Medicare Other facility-based post-acute care services
	Number of FFS people who used Medicare SNF services
	Number of FFS people who used Medicare home health services
	Number of FFS people who used Medicare hospice services
	Number of FFS people who used Medicare hospital outpatient services
	Number of FFS people who used Medicare ESRD facility services
	Number of FFS people who used Medicare RHC/FQHC clinic services
	Number of FFS people who used Medicare outpatient therapy services
	Number of FFS people who used Medicare Community Mental Health Clinic services
	Number of FFS people who used Medicare ambulatory surgical center services
	Number of FFS people who used Medicare Part B drugs
	Number of FFS people who used Medicare physician evaluation & management services
	Number of FFS people who used Medicare procedures
	Number of FFS people who used Medicare imaging services
	Number of FFS people who used Medicare laboratory/testing services
	Number of FFS people who used Medicare durable medical equipment
	Number of FFS people who used Medicare Other Part B services
	Number of people who used Medicare Part D prescription drugs
	Number of people who were enrolled in Medicare managed care Part A or Part B

Categories	Variable Names
Medicare Service: Payments	**Total Medicare payments**
	Total Medicare IP Hospital FFS payments
	Total Medicare Other IP Hospital FFS payments
	Total Medicare Other facility-based post-acute care FFS payments
	Total Medicare SNF FFS payments
	Total Medicare home health FFS payments
	Total Medicare hospice FFS payments
	Total Medicare hospital outpatient FFS payments
	Total Medicare ESRD facility FFS payments
	Total Medicare RHC/FQHC clinic FFS payments
	Total Medicare Outpatient Therapy FFS Payments
	Total Medicare Community Mental Health Clinic FFS Payments
	Total Medicare ambulatory surgical center FFS payments
	Total Medicare Part B drug FFS payments
	Total Medicare physician evaluation & management FFS payments
	Total Medicare procedure FFS payments
	Total Medicare imaging FFS payments
	Total Medicare laboratory/testing FFS payments
	Total Medicare durable medical equipment FFS payments
	Total Medicare Other Part B FFS payments
	Total Medicare Part D prescription drug FFS costs (total RX cost)
	Total Part A Medicare Advantage payments
	Total Part B Medicare Advantage payments
Medicaid Service: Utilization	**Number of people who used Medicaid waiver services (across all types of service)**
	Number of people who used Medicaid non-waiver services (across all types of service)
	Number of FFS people who used Medicaid IP Hospital services
	Number of FFS people who used Medicaid mental health services
	Number of FFS people who used Medicaid intermediate care facility services
	Number of FFS people who used Medicaid nursing facility services

Categories	Variable Names
Medicaid Service: Utilization (continued)	**Number of FFS people who used Medicaid home health services**
	Number of FFS people who used Medicaid hospice services
	Number of FFS people who used Medicaid hospital outpatient services
	Number of FFS people who used Medicaid physician services
	Number of FFS people who used Medicaid lab/x-ray services
	Number of FFS people who used Medicaid durable medical equipment services
	Number of FFS people who used Medicaid drugs
	Number of FFS people who used Medicaid personal care services
	Number of FFS people who used Medicaid targeted case management services
	Number of FFS people who used Medicaid clinic services
	Number of FFS people who used Medicaid dental services
	Number of FFS people who used Medicaid transportation services
	Number of FFS people who used Medicaid other services
	Number of people who used Medicaid managed care services
Medicaid Service: Payments	**Total Medicaid FFS payments**
	Total waiver FFS payments (across all types of service)
	Total Medicaid non-waiver FFS payments (across all types of service)
	Total Medicaid IP Hospital FFS payments
	Total Medicaid mental health FFS payments
	Total Medicaid intermediate care facility FFS payments
	Total Medicaid nursing facility FFS payments
	Total Medicaid home health FFS payments
	Total Medicaid hospice FFS payments
	Total Medicaid hospital outpatient FFS payments
	Total Medicaid physician FFS payments
	Total Medicaid lab/x-ray FFS payments
	Total Medicaid durable medical equipment FFS payments
	Total Medicaid drug FFS payments
	Total Medicaid personal care payments

Categories	Variable Names
Medicaid Service: Payments (continued)	**Total Medicaid targeted case management payments**
	Total Medicaid clinic payments
	Total Medicaid dental payments
	Total Medicaid transportation service payments
	Total Medicaid other service payments
	Total Medicaid managed care payments
Other Medicaid Use Categories	**Percent of Medicaid enrollees with Home and Community Based Services waiver payments**
	Percent of Medicaid enrollees without Home and Community Based Services waiver payments
	Percent with Medicaid non facility-based long term care services (home health or Personal Care Services)

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The *Integrated Care Resource Center* is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for dually eligible beneficiaries. The state technical assistance activities provided by the *Integrated Care Resource Center* are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit www.integratedcareresourcecenter.com.