Using Medicare Data to Support Integrated Care for Dually Eligible Beneficiaries

May 21, 2019

2:00-3:00 pm Eastern

Welcome and Introductions

- Danielle Chelminsky, Integrated Care Resource Center

- Bridgette Leathers, State Data Resource Center

- Camille Vasquez, MassHealth

Agenda

- Publicly Available Medicare and Medicaid Data Resources

- Introduction to the State Data Resource Center

- State Example of Using Linked Medicare and Medicaid Data

- Audience Q&A

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Publicly Available Medicare and Medicaid Data Resources

Danielle Chelminsky

Integrated Care Resource Center

Overview

- Medicare and Medicaid enrollment data resources

    - State and county monthly enrollment snapshots

    - MMLEADS

    - All state/county level profiles

    - Medicaid managed care report

- State-specific data profiles and other technical assistance resources

Using Data to Profile Medicare-Medicaid Enrollees in Your State

- ICRC TA tool: How States Can Better Understand Their Medicare-Medicaid Enrollees: A Guide to Using CMS Data Resources

- Describes:
    - File name and location of resource
    - What it contains
    - Why it is useful
    - Description
    - Things to keep in mind
    - How to use the data
    - Other resources and Excel tips

Source: D. Chelminsky. "How States Can Better Understand Their Medicare-Medicaid Enrollees: A Guide to Using CMS Data Resources." Integrated Care Resource Center, November 2018. Available at: https://www.integratedcareresourcecenter.com/sites/default/files/CMS_Data_Resources_Nov_2018.pdf;
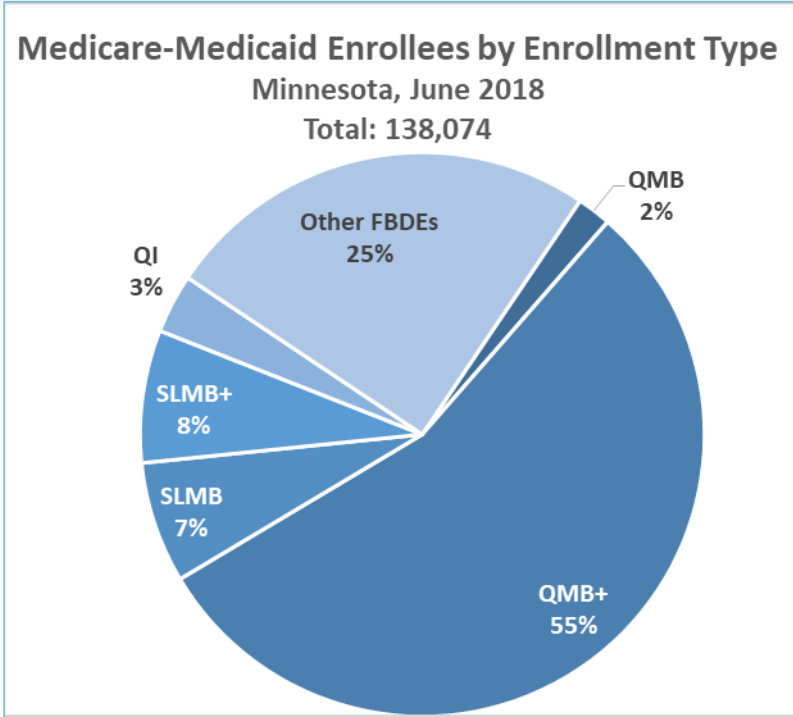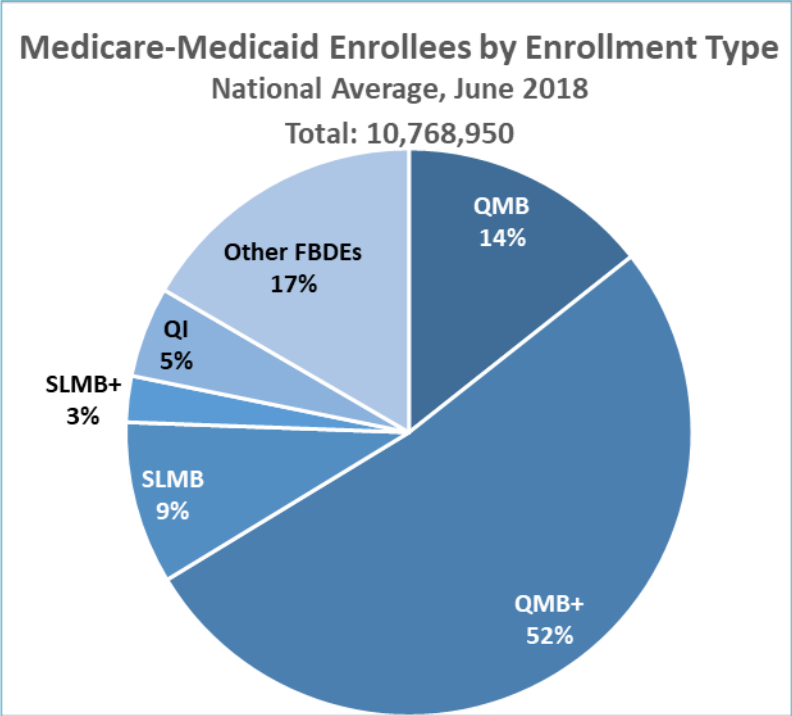
Data Source: State and County Monthly Enrollment Snapshots

- Contains quarterly state and county-level dually eligible beneficiaries by eligibility category

- Use the data to:
  - Identify counties with high percentages of dually eligible beneficiaries
  - Compare counties to each other, and to the state and national averages
  - Track changes in beneficiary geographic make up over time
  - Data lag: < a year
  - See Appendix for screenshot of the Excel file

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Example: Using State and County Monthly Enrollment Snapshots – State Level

Medicare-Medicaid Enrollees by Enrollment Type
National Average, June 2018
Total: 10,768,950

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

Medicare-Medicaid Enrollees by Enrollment Type
Minnesota, June 2018
Total: 138,074

- QMB 2%
- Other FBDEs 25%
- QI 3%
- SLMB+ 8%
- SLMB 7%
- QMB+ 55%

Example: Using State and County Monthly Enrollment Snapshots – County Level

Dual Eligibles by Eligibility Category
New York Average vs Bronx County, 2018

Legend:
- Other Dual Full Medicaid Benefit
- QI
- SLMB plus Full Medicaid Benefits
- SLMB only
- QMB plus Full Medicaid Benefits
- QMB only

Source: CMS. Monthly Enrollment Snapshots. June 2018. Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/DataStatisticalResources/Data-and-Statistical-Resources.html
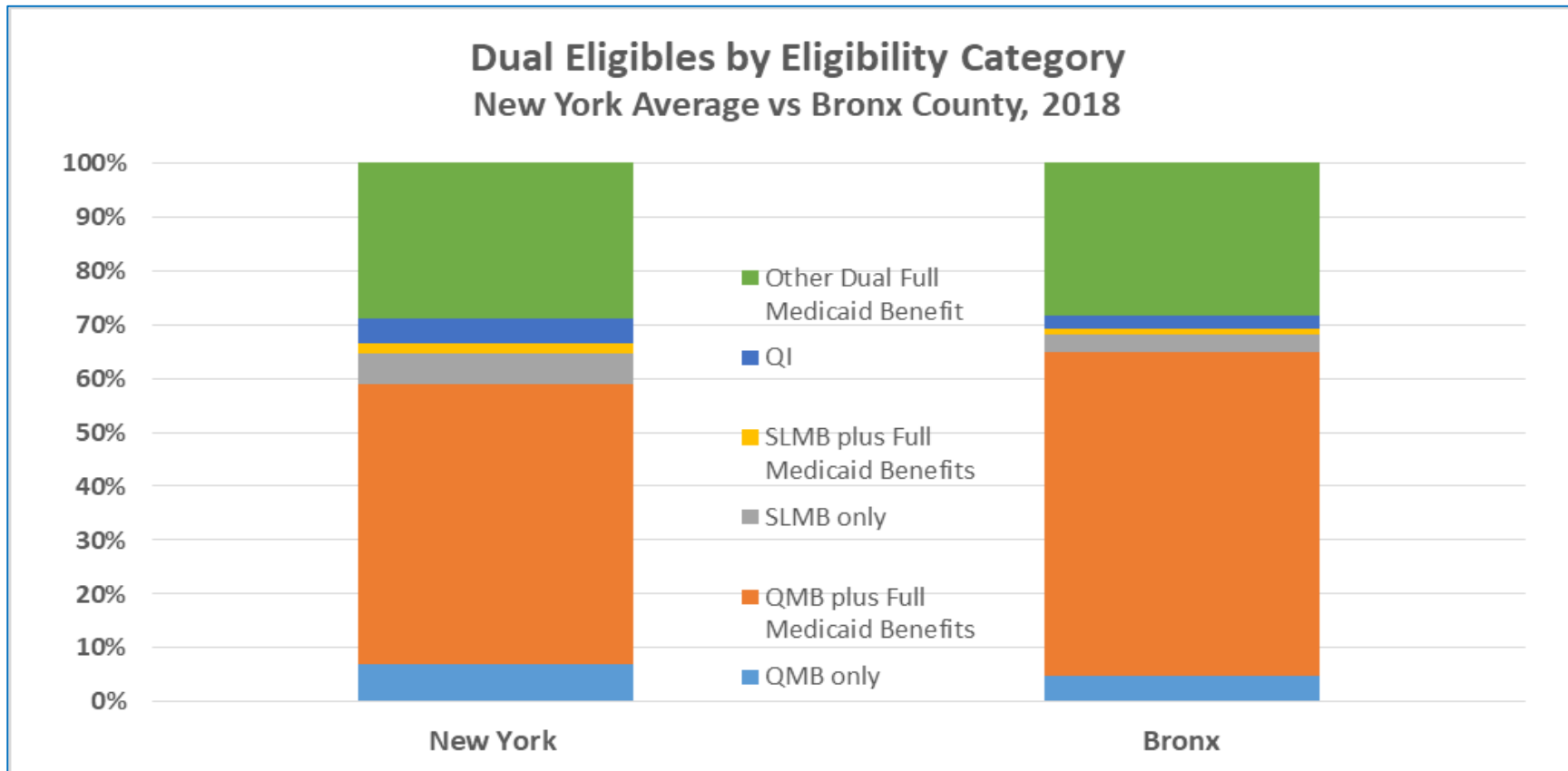
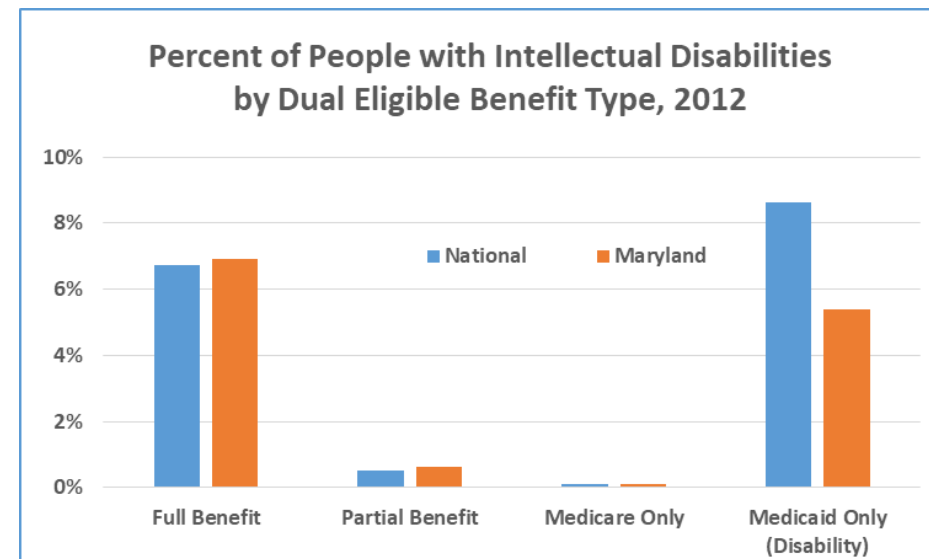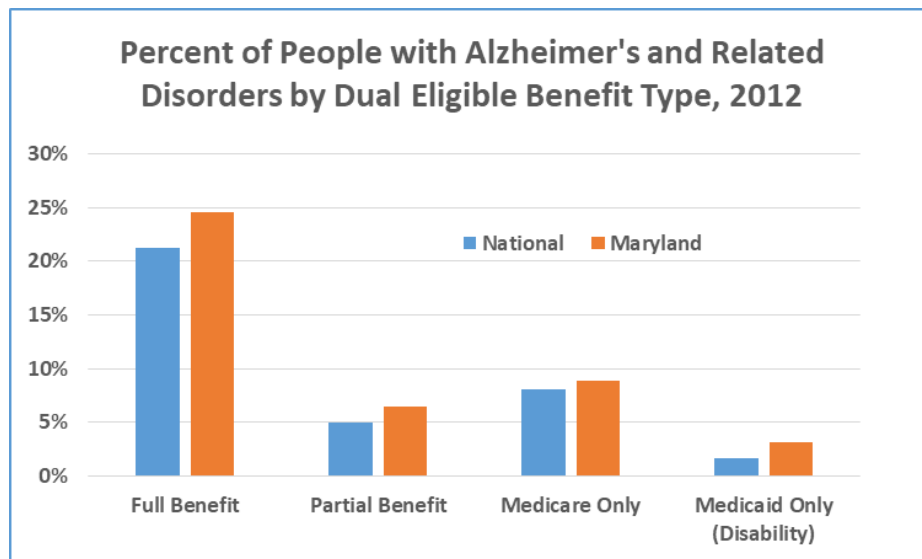# Data Source: Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS)

- Contains annual state-level dually eligible beneficiary data by enrollment type, demographics, chronic conditions, service utilization and spending

- Use the data to:
  - Compare dually eligible beneficiaries in your state to other states, the national average, and to Medicare only and Medicaid only beneficiaries
  - Identify the types of most common chronic conditions among dually eligible beneficiaries in your state
  - Identify the percent of dually eligible beneficiaries using different Medicare and/or Medicaid services in your state
  - Track Medicare and/or Medicaid spending on dually eligible beneficiaries for various services in your state
  - Data lag: About 7 years
  - See Appendix for screenshot of Excel file

Source: MMCO. Statistical & Analytic Reports, MMLEADS PUF (2006-2012). Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html

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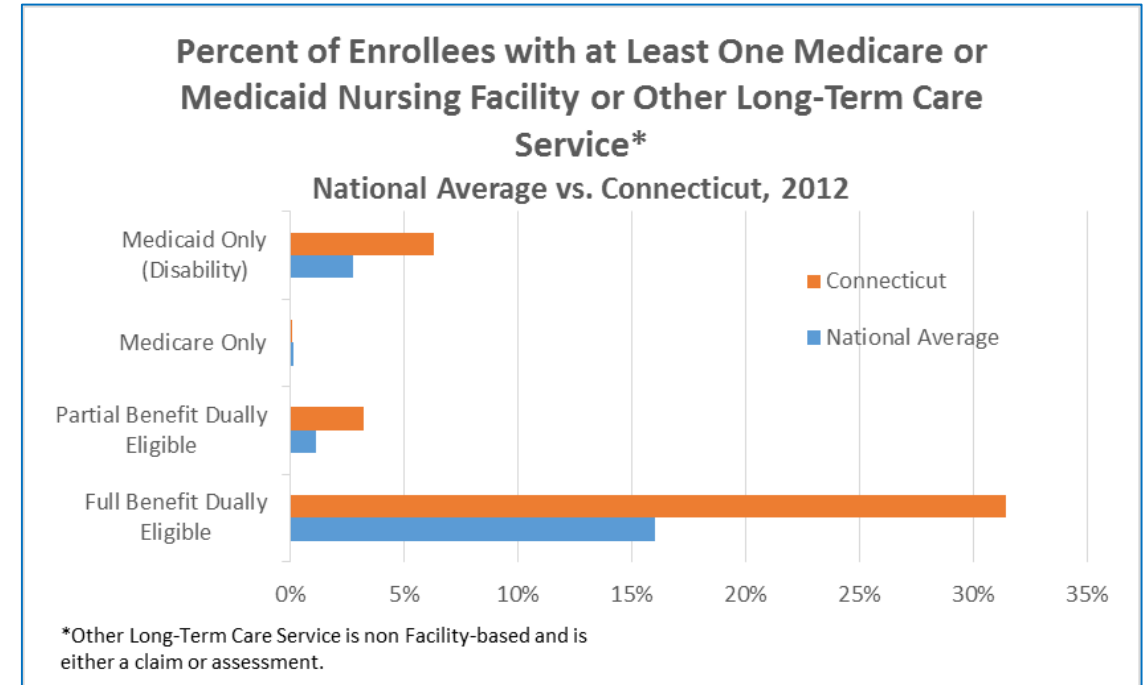# Example: Using MMLEADS Data: Chronic Conditions

- Chronic Condition categories include Alzheimer's disease, kidney disease, diabetes, mental health disorders, intellectual disabilities, and substance use disorders, among others.

Percent of People with Alzheimer's and Related Disorders by Dual Eligible Benefit Type, 2012

Percent of People with Intellectual Disabilities by Dual Eligible Benefit Type, 2012

Source: MMCO. Statistical & Analytic Reports, MMLEADS PUF (2006-2012). Available at:
https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html

Example: Using MMLEADS Data: Service Utilization

- **Medicare services**: inpatient hospital, skilled nursing facility, personal attendant care, and home health

- **Medicaid services**: home- and community based waiver services, services delivered in long-term care facilities, and mental health services

- **Medicare and Medicaid combined**: hospital stays, readmissions, long-term care, and mental health services

Percent of Enrollees with at Least One Medicare or Medicaid Nursing Facility or Other Long-Term Care Service*
National Average vs. Connecticut, 2012

Legend:
- Connecticut
- National Average

Categories (top to bottom): Medicaid Only (Disability), Medicare Only, Partial Benefit Dually Eligible, Full Benefit Dually Eligible

X-axis: 0%, 5%, 10%, 15%, 20%, 25%, 30%, 35%

*Other Long-Term Care Service is non Facility-based and is either a claim or assessment.

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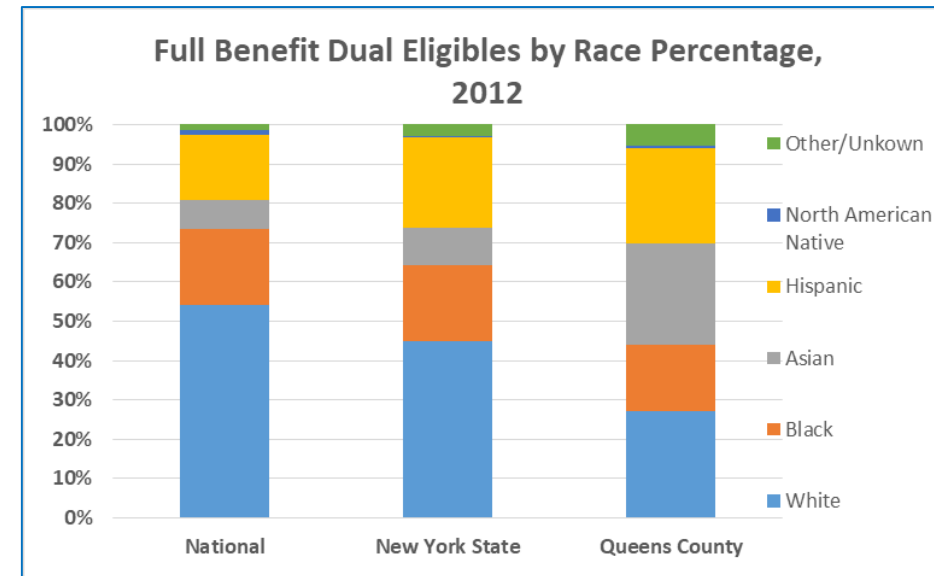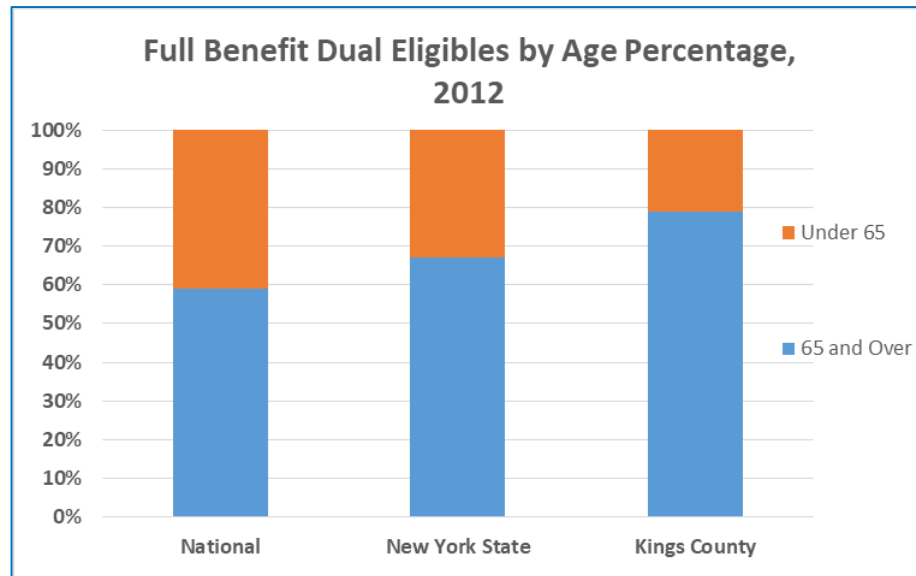
Data Source: All State/County-Level Profiles

- 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

- Use the data to:

  - Identify demographic variables of dually eligible beneficiaries within specific counties and compare across counties in your state

  - Compare counties in your state across Medicare and Medicaid coverage types

  - Identify counties with higher Medicaid or Medicaid spending in your state

  - Track changes in beneficiary geographic make up over time at the county level

  - Data lag: About 7 years

  - See Appendix for screenshot of Excel file

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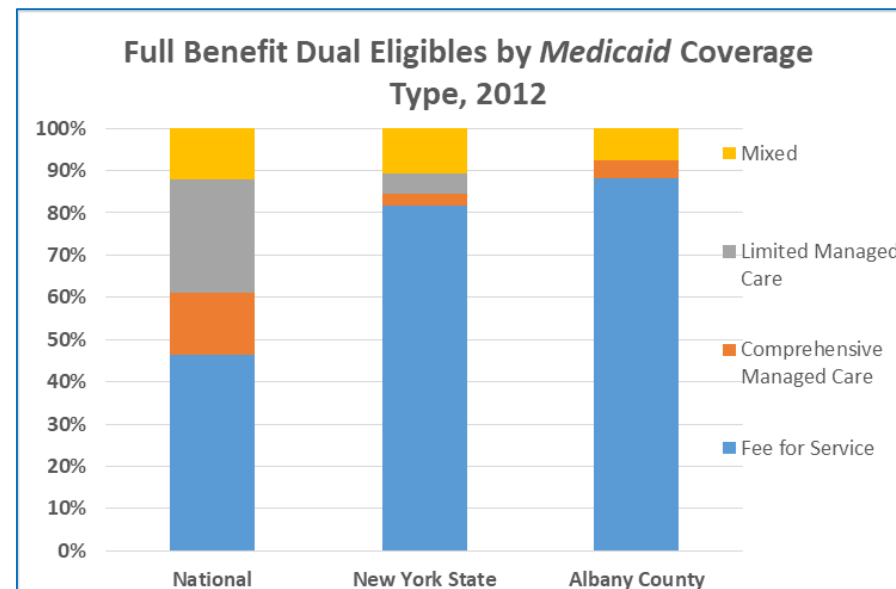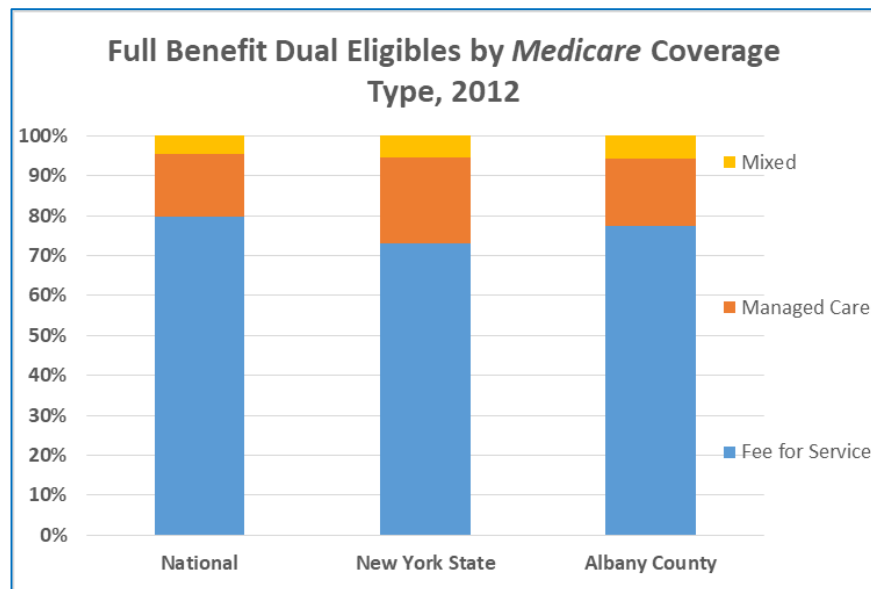# Example: Using All State/County-Level Profiles – Demographics

- Demographic categories include age, race, gender, and ESRD status

Source: MMCO Statistical & Analytic Reports, All State/County-Level Profiles (2012 Data). Available at:
https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html

Example: Using All State/County-Level Profiles – Coverage Type

- **Medicare coverage categories:** fee-for-service (FFS), managed care, and mixed coverage
- **Medicaid coverage categories:** FFS, comprehensive managed care, limited managed care, and mixed coverage

Full Benefit Dual Eligibles by *Medicare* Coverage Type, 2012

Full Benefit Dual Eligibles by *Medicaid* Coverage Type, 2012

Source: MMCO. Statistical & Analytic Reports, All State/County-Level Profiles (2012 Data). Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html

Data Source: Medicaid Managed Care Report

- Contains annual state- and plan-level data on managed care enrollment and managed care program characteristics

- Use the data to:
  - Identify the number and percentage of the Medicaid population enrolled in managed care in the state overall, and by specific program
  - Compare enrollment for Medicaid-only vs. dually eligible individuals in each plan
  - Compare enrollment in each program to other states or nationally
  - Data lag: About 2 years
  - See Appendix for screenshot of Excel file

Source: Medicaid managed care enrollment report, 2017. Available at:
https://www.medicaid.gov/medicaid/managed-care/enrollment/index.html

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Example: Using the Medicaid Managed Care Enrollment Report – Managed Care Types

- Program types include: comprehensive managed care (with or without managed long-term services and supports [MLTSS], primary care case management [PCCM], MLTSS only, behavioral health organizations [BHOs], dental, transportation, PACE, and other.
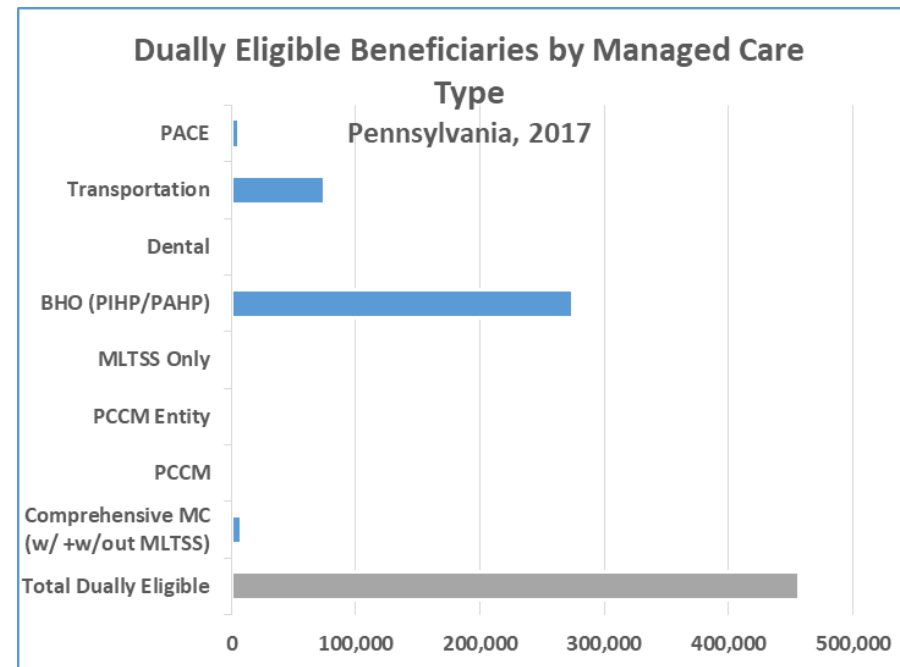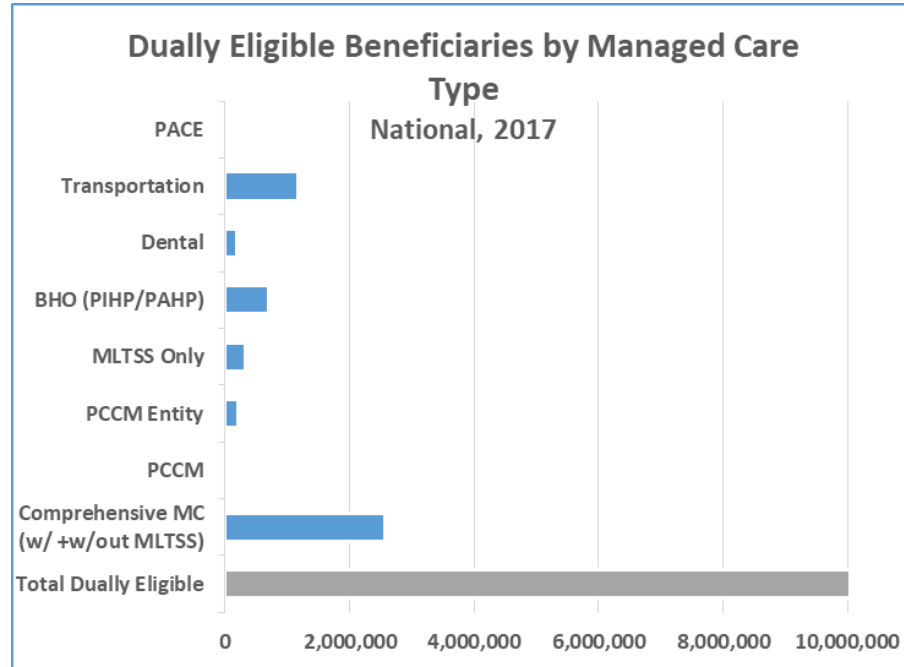
Source: Medicaid managed care enrollment report, 2017. Available at:
https://www.medicaid.gov/medicaid/managed-care/enrollment/index.html

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Example: Using the Medicaid Managed Care Enrollment Report – State Managed Care Plans

MA Senior Care Options (Comprehensive MCO + MLTSS) Enrollment by Plan
Medicaid-Only and Dual Eligibles, 2017

Source: Medicaid managed care enrollment report, 2017. Available at:
https://www.medicaid.gov/medicaid/managed-care/enrollment/index.html
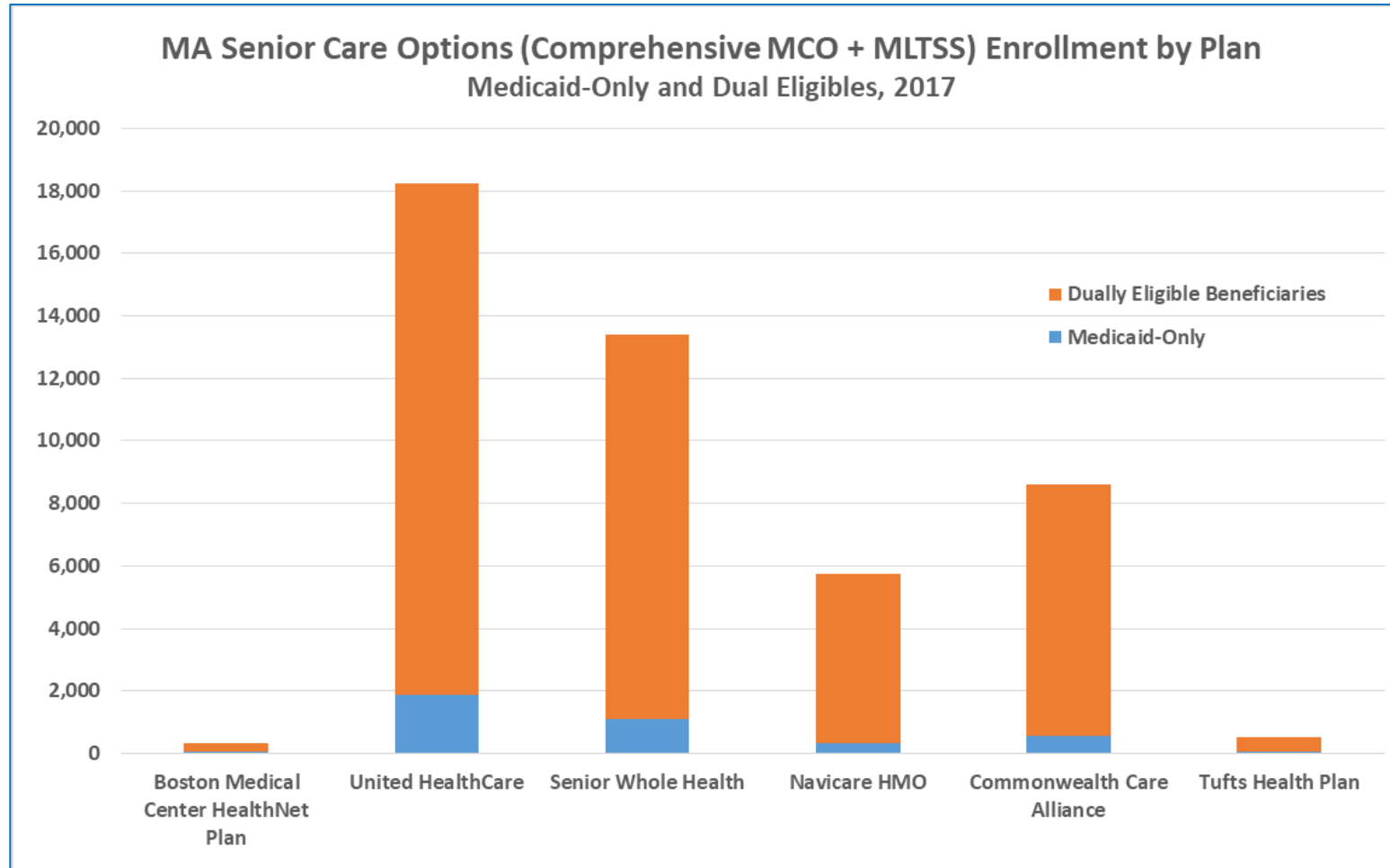
Other Data Resources (See Appendix)

Additional publicly available enrollment data resources:

- CMS SNP Comprehensive Report
- Monthly Enrollment by Contract/Plan/State/County
- National and State-Level Trends Data
- Ever-Enrolled Trends Report
- Medicare-Medicaid Dually Eligible Individuals Fact Sheet
- Medicare-Medicaid Enrollee State Profiles

ICRC Resources for States

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

- How States Can Monitor Dual Eligible Special Needs Plan Performance: A Guide to Using CMS Data Resources

- How States Can Use Medicare Advantage Star Ratings to Assess D-SNP Quality and Performance

State-Specific Profiles

- ICRC provides free technical assistance to states. We can:
  - Help states find relevant Medicare data on their dually eligible beneficiaries
  - Develop **a state-specific customized data profile**
    - Please contact ICRC for a menu of data options and comparisons

If your state is interested in technical assistance, please contact ICRC at ICRC@chcs.org

State Data Resource Center

Bridgette Leathers

Who We Are – State Data Resource Center (SDRC)

- Program Planning

- Care Coordination

- Program Integrity

- Quality Improvement

- Data Delivery & Coordination

- Web Assistance

SDRC Team — a group of Medicare data experts dedicated to helping state Medicaid agencies acquire, process, and maintain Medicare data for Medicare-Medicaid care coordination, quality improvement and program integrity activities.

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Data Types Available Through SDRC

Available Medicare Data Through SDRC

- Medicare Part A and B claims
- Coordination of Benefits Agreement (COBA) Part A and B claims
- Master Beneficiary Summary File (MSBF)
- Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS)
- Medicare Provider Analysis and Review (MedPAR)
- Assessments (OASIS, MDS, IRF-PAI, Swing Bed)
- Part D Prescription Drug Event (PDE)
- Medicare Enrollee Supplemental File (MESF)

State Data Resource Center Overview Document

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Medicare Part A and B

Institutional Claims (Part A):

✔ Inpatient.
✔ Skilled nursing facility.
✔ Home health.
✔ Hospice.

Noninstitutional Claims (Part B):

✔ Physician/supplier-carrier.
✔ Durable medical equipment.

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Medicare Part A and B

- Annual File (2007-2017)
  - Final action claim, which includes adjustments made to a claim.
  - 15-month lag time.
  - Provides researchers the most accurate set of data for the year being received.
- Monthly File (2019+)
  - Real-time, ongoing data.
  - 3-month lag time.
  - Does not include adjustments made to a claim, after the initial claim has been sent to the recipient.

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Information on Institutional Claims vs. Non-Institutional Claims

Institutional Claims	Non-Institutional Claims
Revenue Center Codes – details about the facility departments and resources used to furnish the beneficiary's care	Healthcare Common Procedure Coding System (HCPCS) and Berenson-Eggers Type of Services (BETOS) codes • BETOS codes are categories of HCPCS codes & allow for choosing between two levels of granularity during analysis.
Diagnosis and Procedure Codes	Dates and locations of service
National Provider Identifier (NPI) – admitting, attending, operating, and other physicians	NPIs – lists the provider who rendered the service, ordered the items on the DME claim, or gave a referral
Medicare payment and beneficiary cost-sharing information	Diagnosis codes may be less reliable than those on institutional claims
Dates of admission and discharge, which can be used to calculate length of stay	Medicare payment and beneficiary cost-sharing information

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COBA

- Coordination of Benefits Agreement (COBA) is a daily or weekly feed of Parts A & B claims data.
  - COBA is a system for handling multiple payers (Medicare, state Medicaid, and private supplemental MediGap).
  - The COBA data files contain Medicare claims in the same text format (HIPAA ANSI X12 837I, 837P) that is sent electronically from providers to Medicare for payment.
  - 75% of claims will appear in the feed within 30 days of submission.
- SDRC provides a secondary COBA feed – an enhanced feed with additional claim types (e.g. 100-percent paid, 100-precent denied).

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MBSF

- The **Master Beneficiary Summary File** (MBSF) contains information derived from claims and enrollment data summarized to one record for each beneficiary per year.
- Divided into segments:
  - **Base (A/B/C/D)** – demographic, eligibility, and enrollment information.
  - **Chronic Conditions** – indicates whether a beneficiary was diagnosed with any of the 27 CCW chronic conditions.
  - **Other Chronic Conditions** – provides indicators for additional chronic conditions.
  - **Cost & Utilization** – contains annual summary data about Medicare expenditures and services covered for a beneficiary by Medicare file type.
- MBSF is the *only* data source available through SDRC which includes enrollment information.

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MMLEADS

- Suite of analytic files for Medicare and Medicaid enrollees, updated in 2014 to **Medicare-Medicaid Linked Enrollee Analytic Data Source** (MMLEADS) 2.0.
- Information includes:
  - Eligibility
  - Enrollment
  - Cost
  - Utilization
  - Physical and mental health conditions
- Built from MBSF, Parts A, B and D claims data, Medicare enrollment and premium data, and the Medicaid Analytic Extract (MAX). Relies on Medicare FFS claims.
- Contains the same set of 27 CCW chronic conditions as the MBSF.
- Contains MMCO created sets on disability, mental health, and more.
- Contains data for individuals enrolled in both Medicare and Medicaid, Medicare only, and Medicaid only with disability.

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Assessments

- Information about patient health and functional status collected by care providers in various settings using standard data collection instruments.

- Support Medicare payments and ensure care quality.

- Richer information about patient health status than claims, such as patient's:
  - Current physical and mental condition;
  - Ability to conduct activities of daily living;
  - Medical history; and
  - Level of cognitive function.

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Types of Assessments Available Through SDRC

Assessment Name	Setting	Population
Outcome and Assessment Information Set (OASIS)	Home Health	All adult non-maternity patients who are receiving skilled home health services paid for by Medicare or Medicaid
Minimum Data Set (MDS)	Skilled Nursing Facilities	All patients in nursing facilities certified by Medicare or Medicaid
Swing bed	Inpatient Hospitals, excluding critical access hospitals, with swing beds, which are beds that may be used for either inpatient or skilled nursing services	Medicare Part A FFS beneficiaries receiving skilled nursing care in swing beds
Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)	Inpatient Rehabilitation Facilities (IRFs)	Medicare Part A FFS beneficiaries who are receiving care in IRFs

Part D PDE

The rows in the Part D Prescription Drug Event (PDE) file correspond to prescription fills (Prescription Drug Event).

- Data elements include:
  - National Drug Code (NDC);
  - Days supply;
  - Quantity dispensed; and
  - Date of service.
- PDE includes all Medicare Part D beneficiaries, even those under Managed Care.

Must keep this in mind when using Part D data in conjunction with Parts A & B, which contain only A and B FFS beneficiaries.

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Example Uses of Medicare Data

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Examples of How You Can Use Medicare Data

- Analyze services provided to individuals with chronic diseases
  - Evaluate the types of services being provided to ensure they are the most effective treatments available for the dual eligible population.
- Develop a better look at the specific services received and identify if duplicate services are being provided to the same dual-eligible beneficiary.
- Identify regions within a state in which chronic conditions are higher than other areas, to help develop treatments plans for the identified targeted area.

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Examples of How You Can Use the Medicare Data (cont.)

- Determine the appropriate provider and services needed for the dual-eligible population, through identifying trends among providers.

- Assisting beneficiaries with dementia, Alzheimer's, and other memory-loss related conditions.

- Investigate trends in substance related events over time using multiple years of MBSF data and historic Parts A and B claims data.

SDRC will be hosting a webinar on June 18, 2019 to provide further information about these examples. Please contact (SDRC@econometricainc.com) to attend.

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Massachusetts: Presentation on Medicare Data Integration Project

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Goals of Medicare Data Integration Project

- **Programmatic:** Improve the Commonwealth's understanding of its dual population and support the design, improvement, and implementation of programming to support this population

- **Technical:** Bring Medicare data into our MassHealth Data Warehouse; Create integrated data set that combines MassHealth data with Medicare data that is readily available to analytical users, including internal staff via our analytical platforms and vendors via extracts

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Use Cases Overview

- **MassHealth has a variety of Use Cases approved for analysis, and has begun analysis for some. Some examples include:**
  - **USE CASE 1:** In order to better understand MassHealth members' utilization patterns for prescription drugs, MassHealth is conducting analysis of Part D data along with MassHealth prescription drug data.
  - **USE CASE 2:** In order to calculate quality measures and evaluate overall program performance for the Commonwealth's Delivery System Investment Reform Incentive (DSRIP) Program's Community Partners Program, MassHealth will be analyzing Medicare claims (Parts A, B, D) along with MassHealth claims.
  - **USE CASE 3:** In order to support our One Care Plan re-procurement, MassHealth has utilized Medicare Parts A, B, and D to support the creation of the a Data Book, which profiles the One Care population's key characteristics and needs.

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Data Integration Project Overview

- Description of Process
  - Data Intake: Load data into the MassHealth Data Warehouse
  - Data Modeling: Take data from Medicare and MassHealth, to combine and find commonality in members, providers, and claims
  - Data Exchange: Creation of extract for vendors to utilize in analysis (i.e. Use Cases outlined in previous slide)
- Project Timeline
  - Anticipated timeline for delivery of extracts to vendors is Summer 2019
  - Anticipated making data more widely available to MassHealth analytics team in late 2019/early 2020

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Data Integration Project Overview

- **Key Findings**
  - The majority of members that are considered Dual Eligible in Massachusetts have been found in both sets of data
  - Linking MassHealth crossover claims with Medicare Historical claims has been a challenge, but we have been able to create processes to link a good number of claims
  - We have been able to successfully link many Medicare providers with MassHealth providers based on NPI provided on Medicare claims
  - Although we have had some success with linking claims and providers, we continue to work to optimize the algorithms used to link claims and providers across data sets and do not expect 100% match
- **Key Successes**
  - Utilized CMS data dictionaries to determine common members, providers, and claims and have been able to associate those items with MassHealth data
  - Internal requirements for extracts to provide to vendors have been largely defined

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Next Steps

- Massachusetts will continue to work on data profiling and creating business rules for linking MassHealth and Medicare data, and then continue design and development of the Medicare data model in the MassHealth Data Warehouse

- Massachusetts expects to perform more analyses based on approved use cases in the coming quarters

- Massachusetts will continue to provide extracts to various vendors in order to facilitate analyses

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Questions can be submitted to SDRC at (877) 657-9889 (support line) or SDRC@EconometricaInc.com.

Thank you!

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Audience Q&A

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About ICRC

- Established by CMS to advance integrated care models for dually eligible beneficiaries

- ICRC provides technical assistance (TA) to states, coordinated by Mathematica Policy Research and the Center for Health Care Strategies

- Visit http://www.integratedcareresourcecenter.com to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges

- Send other ICRC questions to: ICRC@chcs.org

Appendices

Key Medicare-Medicaid Enrollment Data Resources

Data Source	Data Frequency	Data Level	Use this source to find how many dual eligibles…
Medicare-Medicaid enrollee state and county monthly enrollment snapshots	Quarterly (~9 month lag)	State and county	• Are in each eligibility category (QMB, QMB+, SLMB, SLMB+, FBDE)
Medicare-Medicaid linked enrollee analytic data source (MMLEADS)	Annual (~7 year lag)	National and state	• Have a certain chronic condition • Are using a certain Medicare/Medicaid service • Are receiving Medicare/Medicaid payments, and how much
All state/county-level profiles	Annual (~7 year lag)	National, state and county	• Are male/female, a certain age or race • Are in each Medicare/Medicaid coverage type • Are spending what amount for Medicare and Medicaid
Monthly enrollment by contract/plan/state/county	Monthly (~2 week lag)	State and county	• Are enrolled in each plan in each county
National-and state-level trends data	Annual (~8 year lag)	National and state	• Are in each eligibility category • Are in each coverage type over time • Are using a certain service
Ever-enrolled trends report	Annual (~1.5 year lag)	National	• Are in each eligibly category • Are male/female, a certain age or race • Are in each category over time
Medicaid managed care enrollment report	Annual (~2 year lag)	National and State	• Are enrolled in Medicaid managed care program • Are enrolled in each managed care plan

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Other Resources

- CMS SNP Comprehensive Report
- Monthly Enrollment by Contract/Plan/State/County
- National and State-Level Trends Data
- Ever-Enrolled Trends Report
- Medicare-Medicaid Dually Eligible Individuals Fact Sheet
- Medicare-Medicaid Enrollee State Profiles

Monitoring Enrollment: SNP Comprehensive Report

- Contains monthly SNP enrollment data

- Use the data to:
  - Monitor D-SNP enrollment in each state by plan
  - Compare enrollment to other states and/or nationally
  - Track enrollment over time
  - Data lag: 2 weeks

Contract Number	Contract Name	Organization Type	Plan ID	Segment	Plan Name	Plan Type	Plan Geographic Name	State(s)	Plan Enrollment	Special Needs Plan Type	Specialty Diseases
H0028	CHA HMO, INC.	Local CCP	039	0	Humana Gold	HMO	Corpus Christi Metro Ar	TX	355	Chronic or Di	Cardio DIS CHF
H0028	CHA HMO, INC.	Local CCP	040	0	Humana Gold	HMO	San Antonio Metro Area	TX	778	Chronic or Di	Cardio DIS CHF
H0028	CHA HMO, INC.	Local CCP	007	0	Humana Gold	HMO	Douglas County	NE	137	Dual-Eligible	
H0028	CHA HMO, INC.	Local CCP	015	0	Humana Gold	HMO	Select counties in Miss	MO	3,660	Dual-Eligible	
H0028	CHA HMO, INC.	Local CCP	031	0	Humana Gold	HMO	Select Counties in Texa	TX	4,255	Dual-Eligible	
H0028	CHA HMO, INC.	Local CCP	032	0	Humana Gold	HMO	Select Counties in Texa	TX	1,428	Dual-Eligible	
H0028	CHA HMO, INC.	Local CCP	033	0	Humana Gold	HMO	Fort Bend, Harris and M	TX	540	Dual-Eligible	
H0028	CHA HMO, INC.	Local CCP	034	0	Humana Gold	HMO	El Paso County	TX	106	Dual-Eligible	
H0028	CHA HMO, INC.	Local CCP	036	0	Humana Gold	HMO	Corpus Christi/San Ant	TX	2,466	Dual-Eligible	
H0154	TRITON HEALTH SY	Local CCP	012	0	VIVA Medicar	HMO	Northwest, Central, and	AL	18,500	Dual-Eligible	

Monitoring Enrollment: SNP Comprehensive Report

- Example of D-SNP enrollment in a state by contract, April 2019

Contract Number	Contract Name	Organization Type	Plan ID	Segment	Plan Name	Plan Type	Plan Geographic Name	State(s)	Plan Enrollment	Special Needs Plan Type	Specialty Diseases
H0913	WELLCARE HEALTH PLANS OF NEW JERSEY, INC.	Local CCP	013	0	WellCare Liberty (HMO SNP)	HMO	Select Counties in NJ	NJ	3,429	Dual-Eligible	FIDE SNP
H3113	OXFORD HEALTH PLANS (NJ), INC.	Local CCP	005	0	UnitedHealthcare Dual Complete	HMO	Select counties in New Jersey	NJ	23,045	Dual-Eligible	FIDE SNP
H3240	AMERIGROUP NEW JERSEY, INC.	Local CCP	013	0	Amerivantage Dual	HMO	Eastern and Central New Jersey	NJ	8,390	Dual-Eligible	FIDE SNP
H3240	AMERIGROUP NEW JERSEY, INC.	Local CCP	016	0	Amerivantage Dual	HMO	Select Counties in New Jersey	NJ	802	Dual-Eligible	FIDE SNP
H8298	HORIZON HEALTHCARE OF NEW JERSEY, INC.	Local CCP	001	0	Horizon NJ TotalCare (HMO SNP)	HMO	New Jersey	NJ	10,244	Dual-Eligible	FIDE SNP

Source: CMS SNP Comprehensive Report: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html

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Monitoring Enrollment: SNP Comprehensive Report

- Example of national D-SNP enrollment growth over time

Note: Service areas of some TN D-SNPs span multiple states. For this graph, enrollment was split evenly across states.
Source: CMS SNP Comprehensive Report: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html
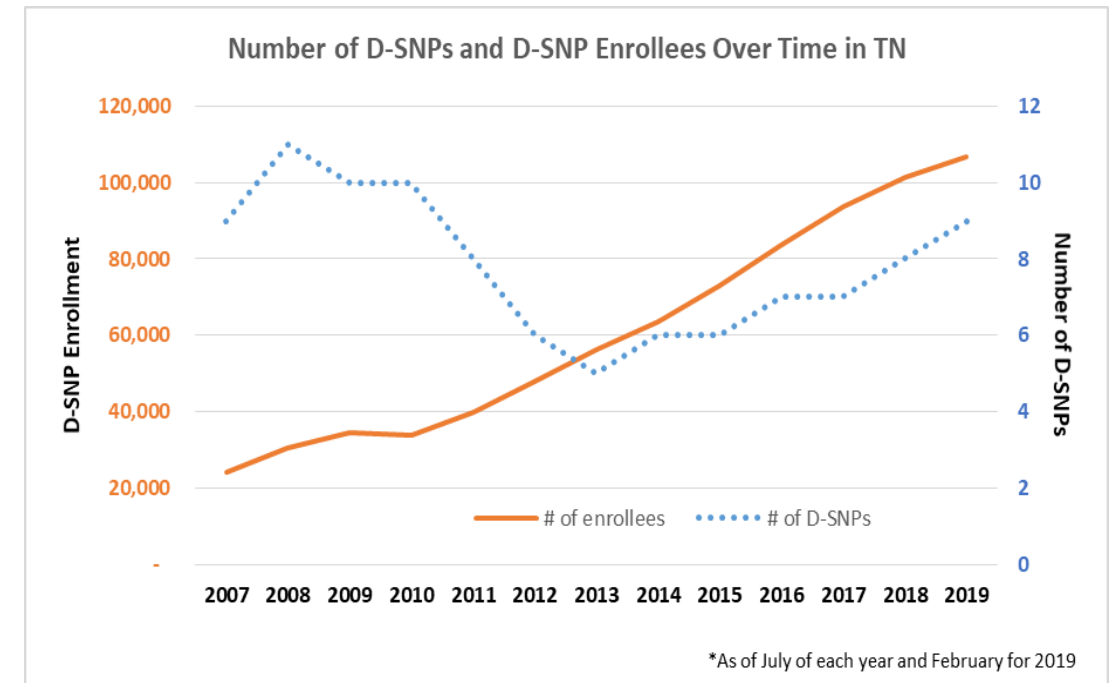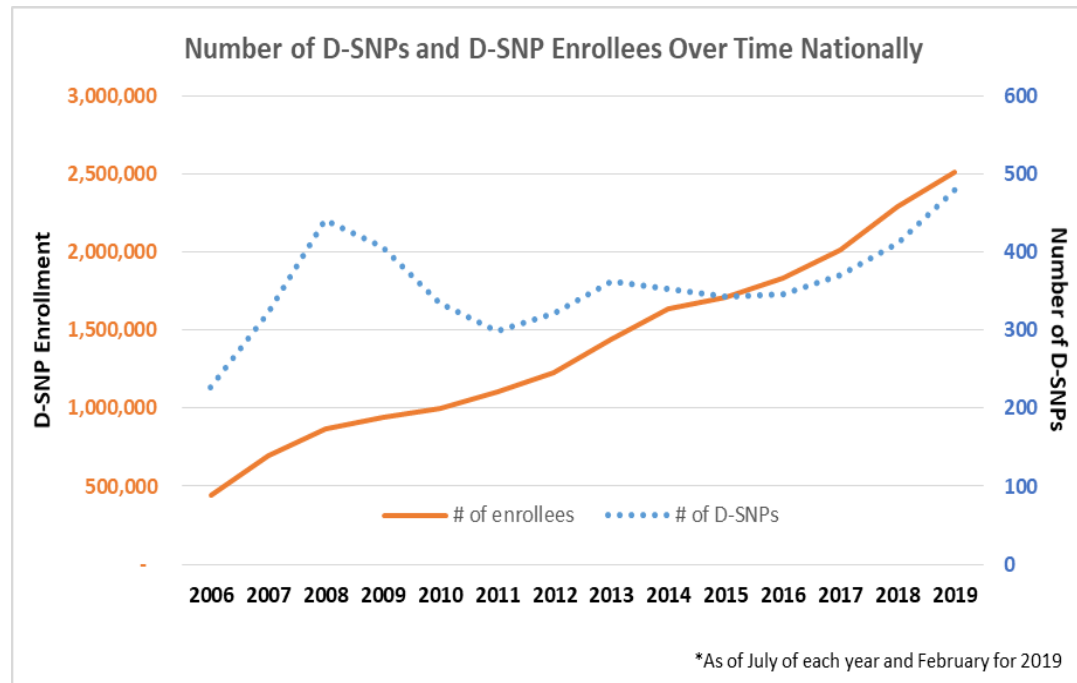
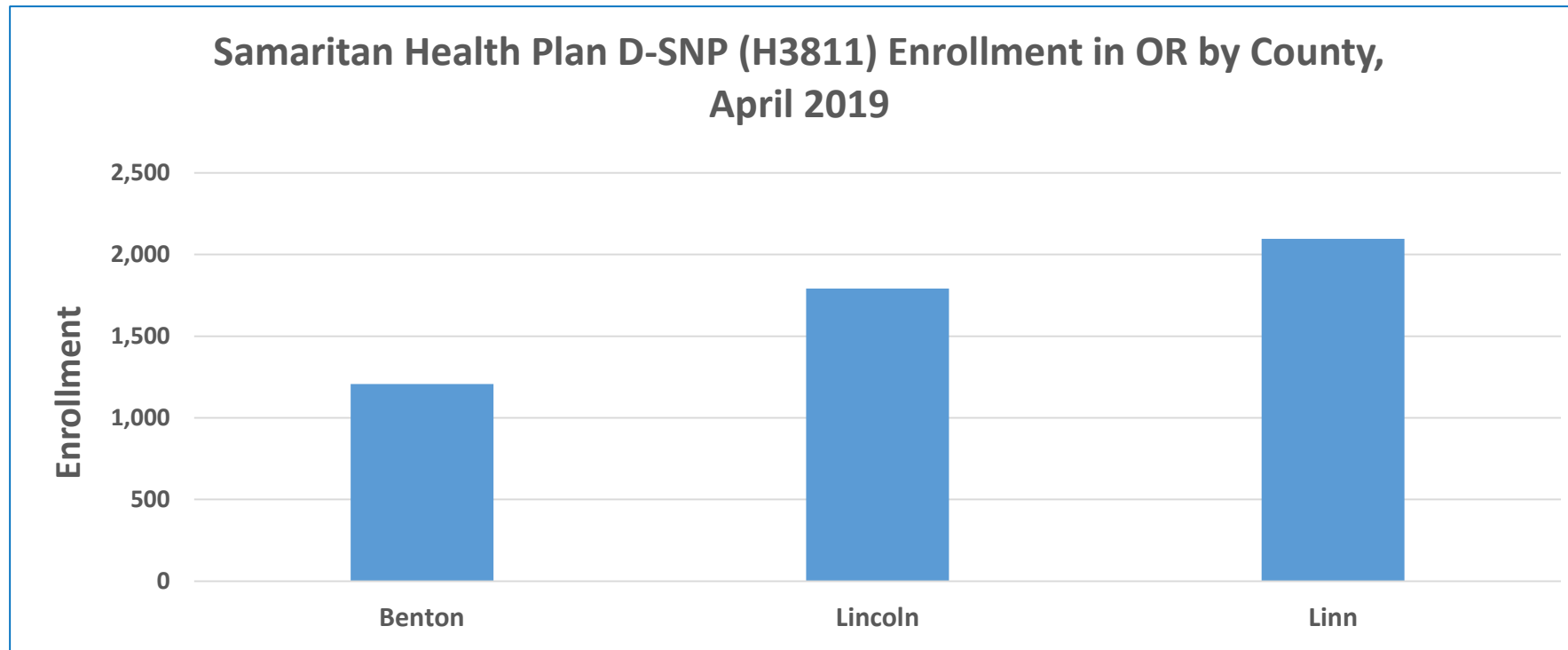# Monitoring Enrollment: Monthly Enrollment by Contract/Plan/State/County

- Contains county-level enrollment data for all plans

- Use the data to:
  - Monitor D-SNP enrollment in each county in a state by plan
  - Compare enrollment to other counties in a state
  - Track enrollment over time
  - Data lag: 2 weeks

Contract	Plan ID	SSA Sta	FIPS Sta	State	County	Enrollm
H3811	1	38010	41003	OR	Benton	57
H3811	1	38200	41041	OR	Lincoln	111
H3811	1	38210	41043	OR	Linn	80
H3811	1	38230	41047	OR	Marion	*
H3811	1	38250	41051	OR	Multnoma	*
H3811	2	38010	41003	OR	Benton	283
H3811	2	38020	41005	OR	Clackamas	*
H3811	2	38080	41017	OR	Deschutes	*
H3811	2	38140	41029	OR	Jackson	*
H3811	2	38190	41039	OR	Lane	*
H3811	2	38200	41041	OR	Lincoln	715
H3811	2	38210	41043	OR	Linn	473
H3811	2	38230	41047	OR	Marion	*
H3811	2	38250	41051	OR	Multnoma	*
H3811	3	38010	41003	OR	Benton	381
H3811	3	38020	41005	OR	Clackamas	*
H3811	3	38040	41009	OR	Columbia	*
H3811	3	38080	41017	OR	Deschutes	*
H3811	3	38090	41019	OR	Douglas	*
H3811	3	38190	41039	OR	Lane	*
H3811	3	38200	41041	OR	Lincoln	208
H3811	3	38210	41043	OR	Linn	834
H3811	3	38230	41047	OR	Marion	*
H3811	3	38250	41051	OR	Multnoma	*
H3811	3	38260	41053	OR	Polk	*
H3811	3	38330	41067	OR	Washingto	*
H3811	9	38010	41003	OR	Benton	486
H3811	9	38020	41005	OR	Clackamas	*

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Monitoring Enrollment: Monthly Enrollment by Contract/Plan/State/County

- Example of D-SNP enrollment by county in a state

Samaritan Health Plan D-SNP (H3811) Enrollment in OR by County, April 2019

# Data Source: National and State-Level Trends Data

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

- Use the data to:
  - Identify trends in reasons for eligibility, coverage types, and race over time.
  - Compare growth projections to other states and the national average.
  - Track changes in beneficiary demographics and service utilizations (nationally).
  - Data lag: About 8 years

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

No Data	No Data	f Population Within Given Year		
No Data	No Data	2009	2010	2011
Coverage Type	Reason for Original Entitlement to Medicare			
Duals				
Full Duals	Total			
	Age	49.7%	49.3%	48.4%
	Disability	49.4%	49.9%	50.5%
	ESRD	0.9%	0.8%	0.8%
	Unknown	0.0%	0.0%	0.3%
QMB-Only	Total			
	Age	44.6%	44.4%	44.0%
	Disability	54.5%	54.7%	55.1%
	ESRD	0.9%	0.9%	0.9%
	Unknown	0.0%	0.0%	0.1%
Partial	Total			
	Age	47.8%	47.0%	45.9%
	Disability	51.4%	52.2%	53.2%
	ESRD	0.8%	0.8%	0.8%
	Unknown	0.0%	0.0%	0.0%
Medicare-Only	Total			
	Age	83.1%	83.0%	82.9%

◄ ► | Overview | Methodology | Table_1 | **Table_2** | AL | AK | AZ | AR | CA | CO | CT | DC | DE | FL

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Example: Using National and State-Level Trends Data

- Characteristics of types of dual eligible beneficiaries include reasons for original Medicare entitlement, Medicare coverage types, Medicaid coverage types, and race.

Enrollment by Coverage Type
National, 2006-2011

Enrollment by Coverage Type
Michigan, 2006-2011
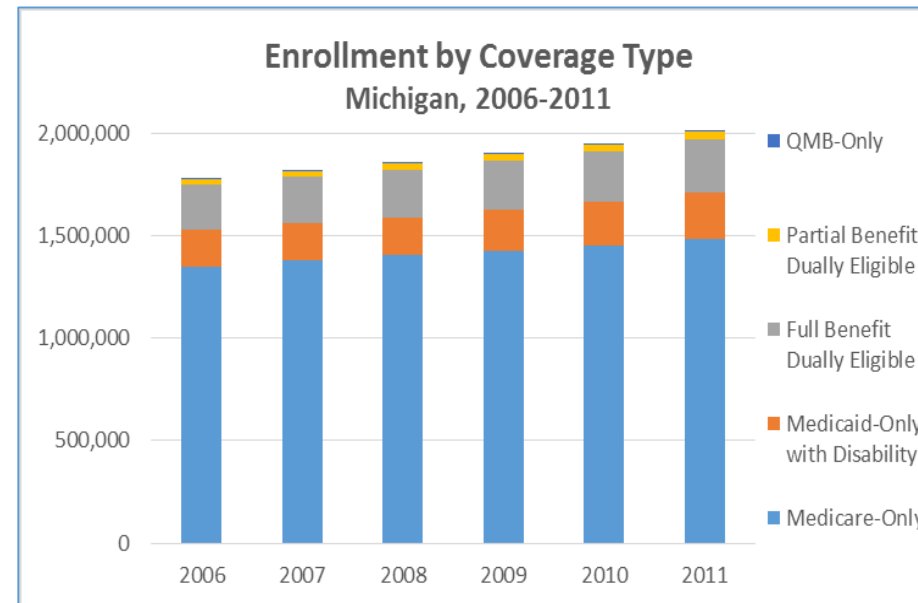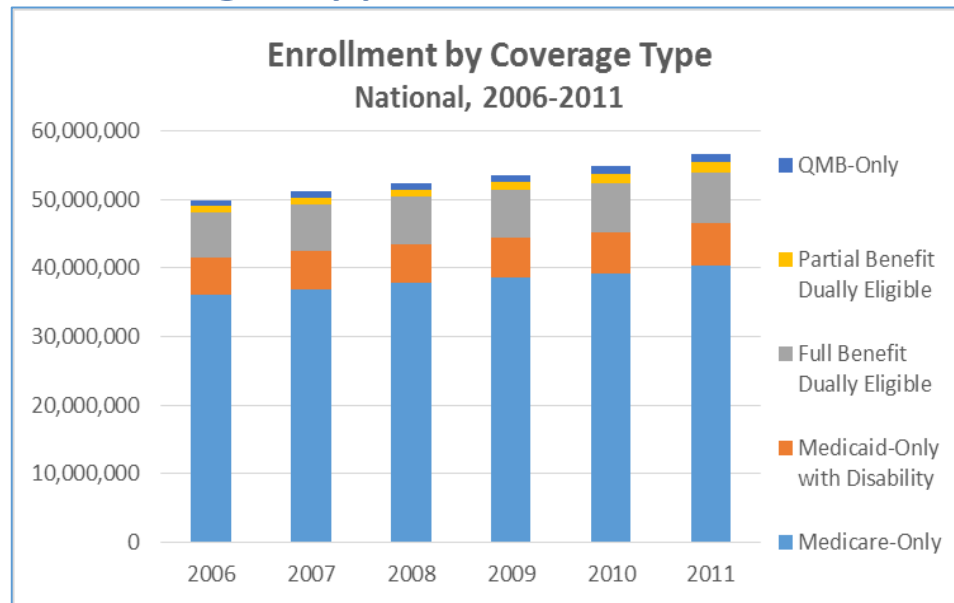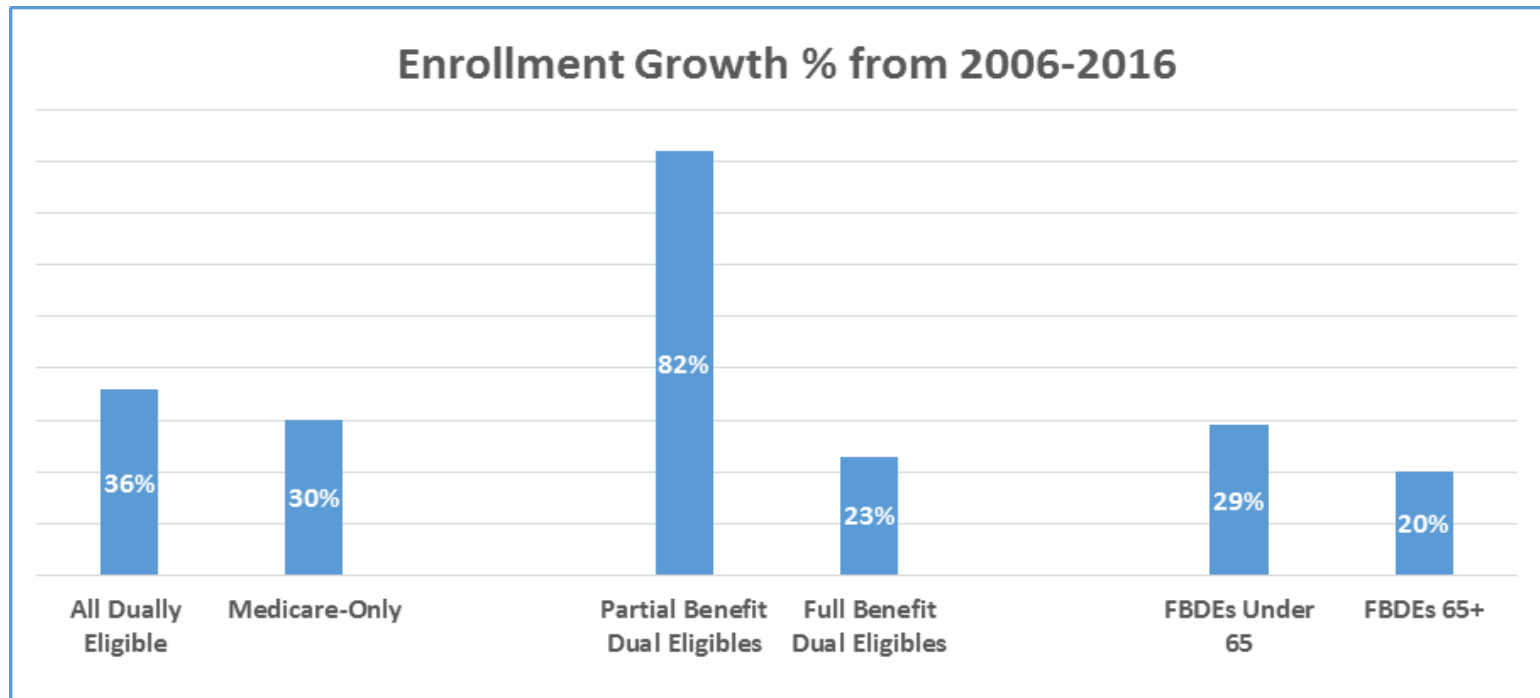
Data Source: Ever-Enrolled Trends Report

- Contains national Medicare-only and Medicare-Medicaid dual enrollees by eligibility category and demographic characteristics, (and data analysis brief).

- Use the data to:
  - Get a high level understanding of dual eligible beneficiary demographics nationally and track trends over time.
  - Compare demographic characteristics and coverage types to your state data (using All State/County level profiles) to identify changes.
  - Data lag: About 2 years

	All Medicare	All Medicare: Percent within Category	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
Total	61,205,108	100.0%	49,246,041	80.5%	100.0%	11,959,067	19.5%	100.0%	1.00	8,542,340
Age										
<21	15,384	0.0%	3,390	0.0%	0.0%	11,994	0%	0.1%	14.57	11,586
21-44	1,888,200	3.1%	541,126	0.9%	1.1%	1,347,074	2%	11.3%	10.25	1,095,250
45-54	2,347,243	3.8%	1,019,996	1.7%	2.1%	1,327,247	2%	11.1%	5.36	929,570
55-64	4,922,695	8.0%	2,840,055	4.6%	5.8%	2,082,640	3%	17.4%	3.02	1,357,151
65-74	29,734,198	48.6%	26,062,282	42.6%	52.9%	3,671,916	6%	30.7%	0.58	2,489,208
75-84	15,262,309	24.9%	13,074,302	21.4%	26.5%	2,188,007	4%	18.3%	0.69	1,565,058
85+	7,035,079	11.5%	5,704,890	9.3%	11.6%	1,330,189	2%	11.1%	0.96	1,094,517
Total	61,205,108	100.0%	49,246,041	80.5%	100.0%	11,959,067	19.5%	100.0%	1.00	8,542,340
Age (binary)										
<65	9,173,522	15.0%	4,404,567	7.2%	8.9%	4,768,955	8%	39.9%	4.46	3,393,557
65+	52,031,586	85.0%	44,841,474	73.3%	91.1%	7,190,112	12%	60.1%	0.66	5,148,783
Total	61,205,108	100.0%	49,246,041	80.5%	100.0%	11,959,067	19.5%	100.0%	1.00	8,542,340
Race										

| ... | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | **2017** | Trends | ... | ⊕ | ⋮ | ◁ |

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# Example: Using the Ever-Enrolled Trends Report

- Characteristics of types of dual eligible beneficiaries include age, race, sex, eligibility, original reason for Medicare entitlement, and current Medicare status.

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%

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# Medicare-Medicaid Dually Eligible Individuals Fact Sheet

- ## New MMCO Fact Sheet with national-level data.
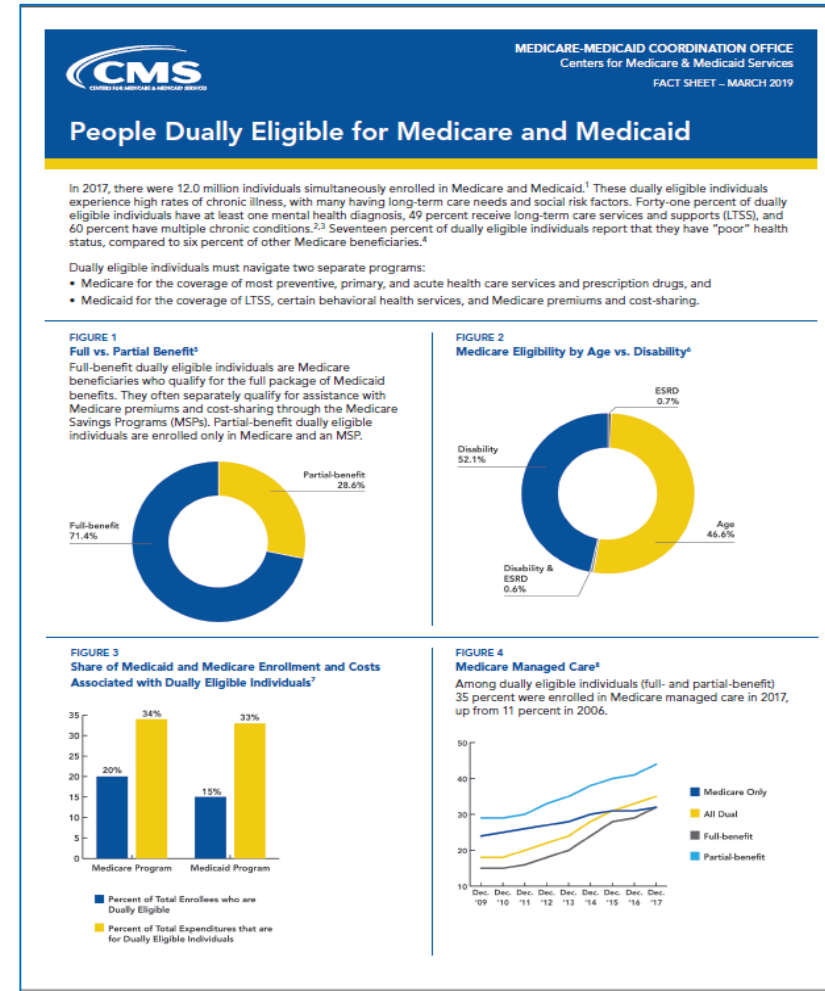
Source: MMCO. People Dually Eligible for Medicare and Medicaid. March 2019.
Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf

Medicare-Medicaid Enrollee State Profiles

- National and state-level profiles on dual eligible beneficiaries from 2007 to 2011. Excel data for 2011 and 2012 also available.

Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/StateProfiles.html
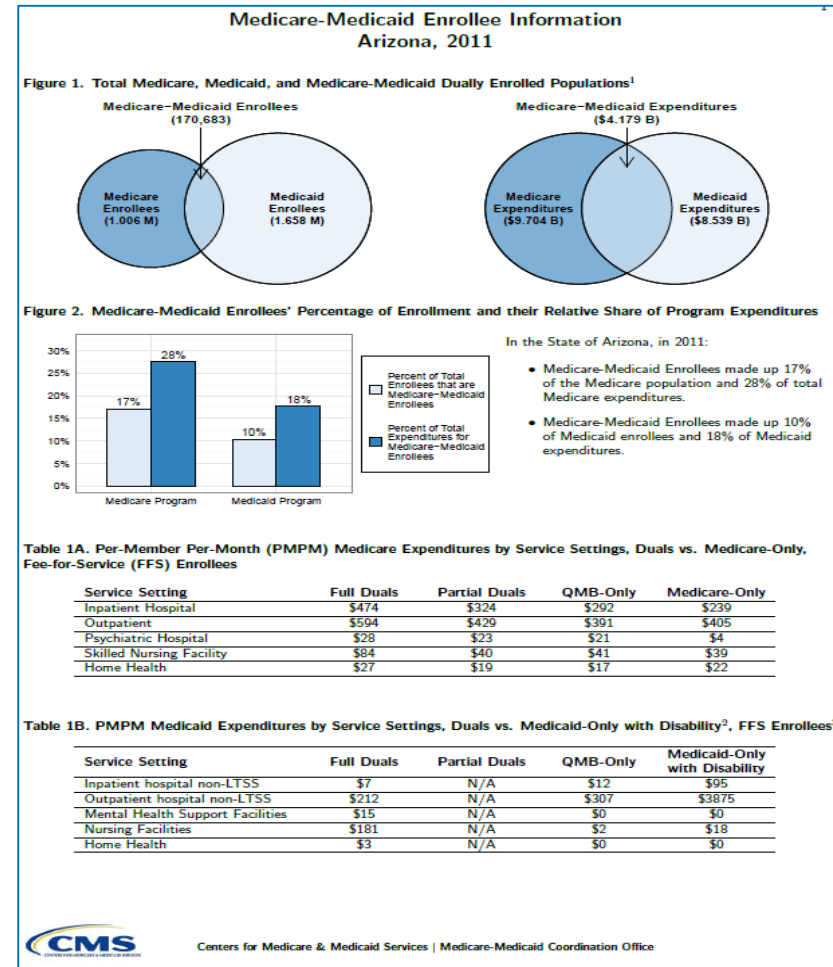
Data and Reports from Outside MMCO

- **CMS Office of Minority Health (OMH) Mapping Medicare Disparities Tool**: Identifies disparities in health outcomes, utilization, and spending by race/ethnicity, Medicare-Medicaid dual eligibility status, and geographic location.

- **MACPAC/MedPAC Data Book**: Beneficiaries Dually Eligible for Medicare and Medicaid: A data book jointly produced from 2013 to 2018 by the Medicare Payment Advisory Commission (MedPAC) and the Medicaid and CHIP Payment and Access Commission (MACPAC).

- **Enrollment**: The Medicare tables and reports in the Chronic Condition Data Warehouse (Table E.2) provide information on nursing home, home health, inpatient rehabilitation facility, & swing-bed facility, enrollment by dual eligibility status (2007-2016).

- **Beneficiary Characteristics**: The Medicare Current Beneficiary Survey Annual Chartbook and Slides offers beneficiary characteristics, including veteran status and level of education, by dual eligibility status (2015).

- **Utilization/Cost**: The CMS Program Statistics Medicare Utilization section provides detailed information on utilization and expenditures by dual eligibility status across several categories (inpatient hospitals, skilled nursing facilities, physicians/suppliers, outpatient facilities, hospices, home health agencies, Parts A and B summary) (2011-2016).

- **CMS Data Navigator**: The CMS Data Navigator provides a searchable list of CMS reports by dual eligibility status and other criteria.

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