

Fact Sheet on Medicare and Medicaid Services for Individuals who are Dually Eligible

Individuals who are dually eligible have coverage under both the Medicare and Medicaid programs. Medicare is the primary payer for things covered under both programs.

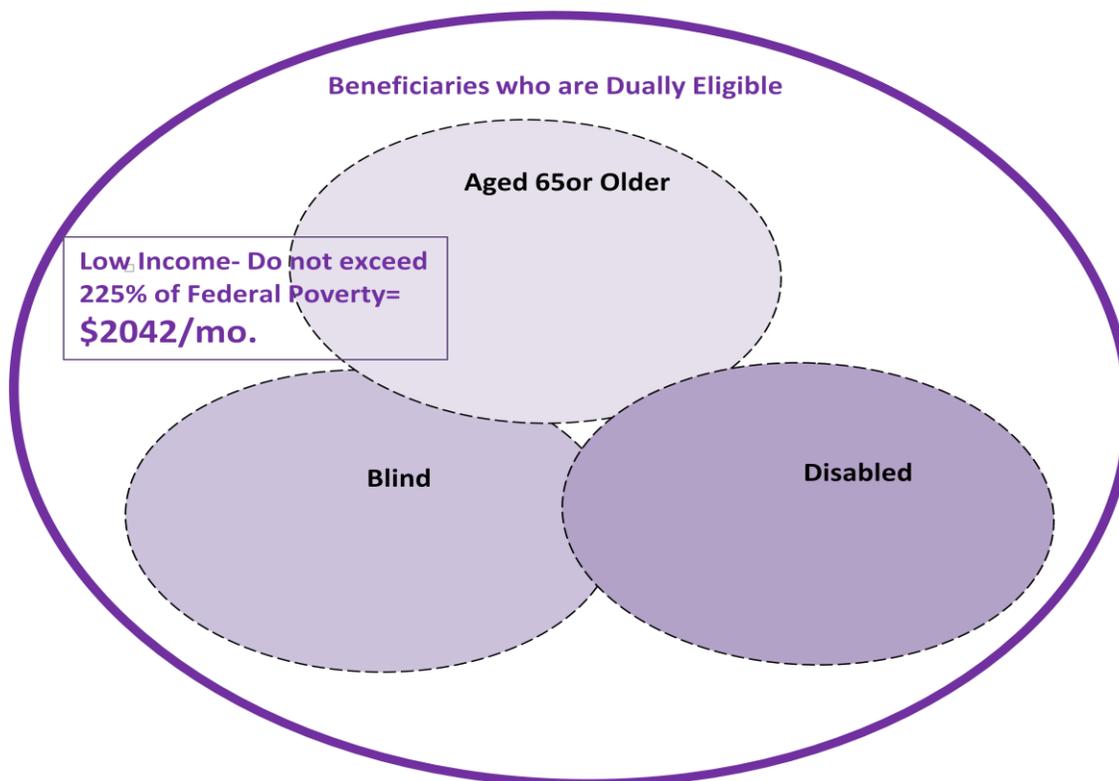
Eligibility Profile of Individuals who are Dually Eligibleⁱ

To be dually eligible:

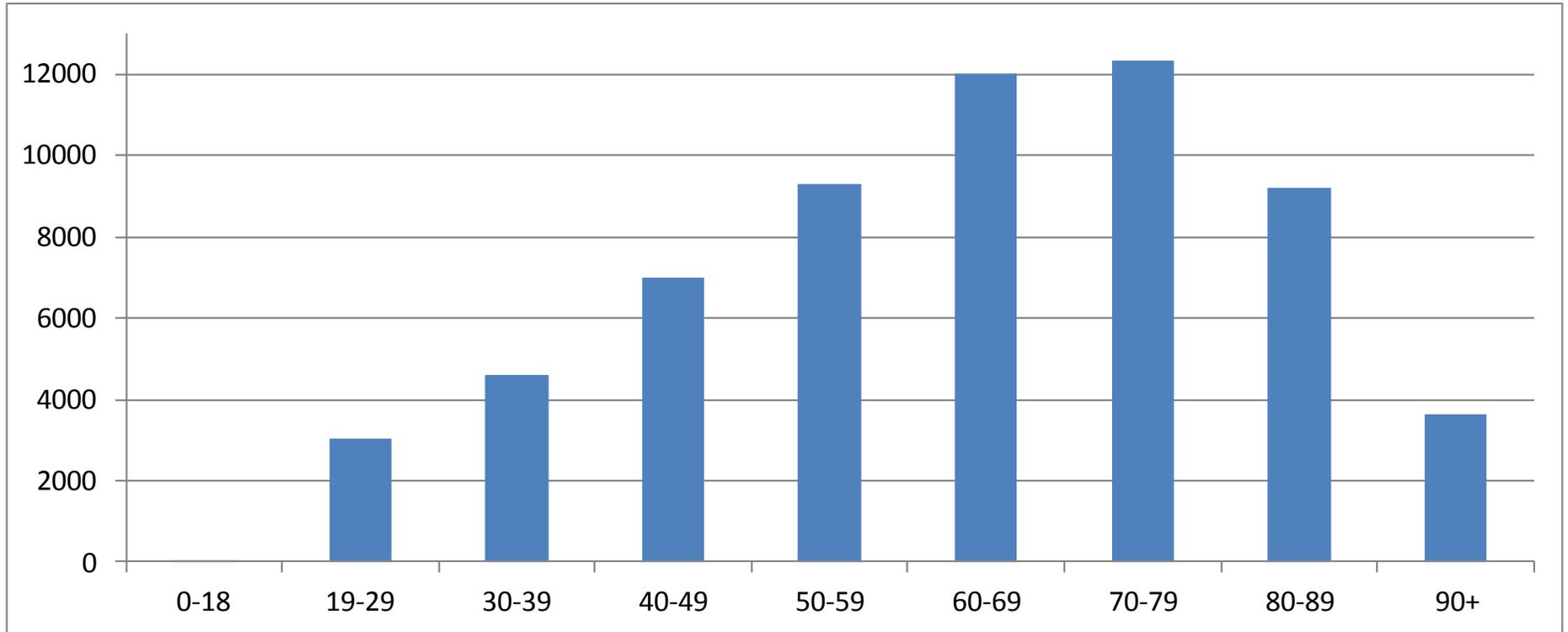
- Individuals must be disabled, legally blind, or age 65 or older, and
- Their incomes do not exceed about 225% of the federal poverty level

Key Characteristics of Individuals who are Dually Eligible

- Total number of dual eligible individuals: approximately 59,000ⁱⁱ
 - Medicaid eligibility under Aid to the Blind and Disabled: 27,421
 - Medicaid eligibility under Old Age Assistance: 32,057
- Demographics:
 - 62% are women
 - 82% are Caucasian
- Dual eligible individuals receiving long-term care services: approximately 24,000 (41% of all duals)ⁱⁱⁱ
- As of 8/15/11 there were **293** homeless individuals in Oregon who are dually eligible^{iv}



Oregon Individuals who are Dually Eligible by age: August 15, 2011



Source: MMIS Analysis generated Sept. 2011

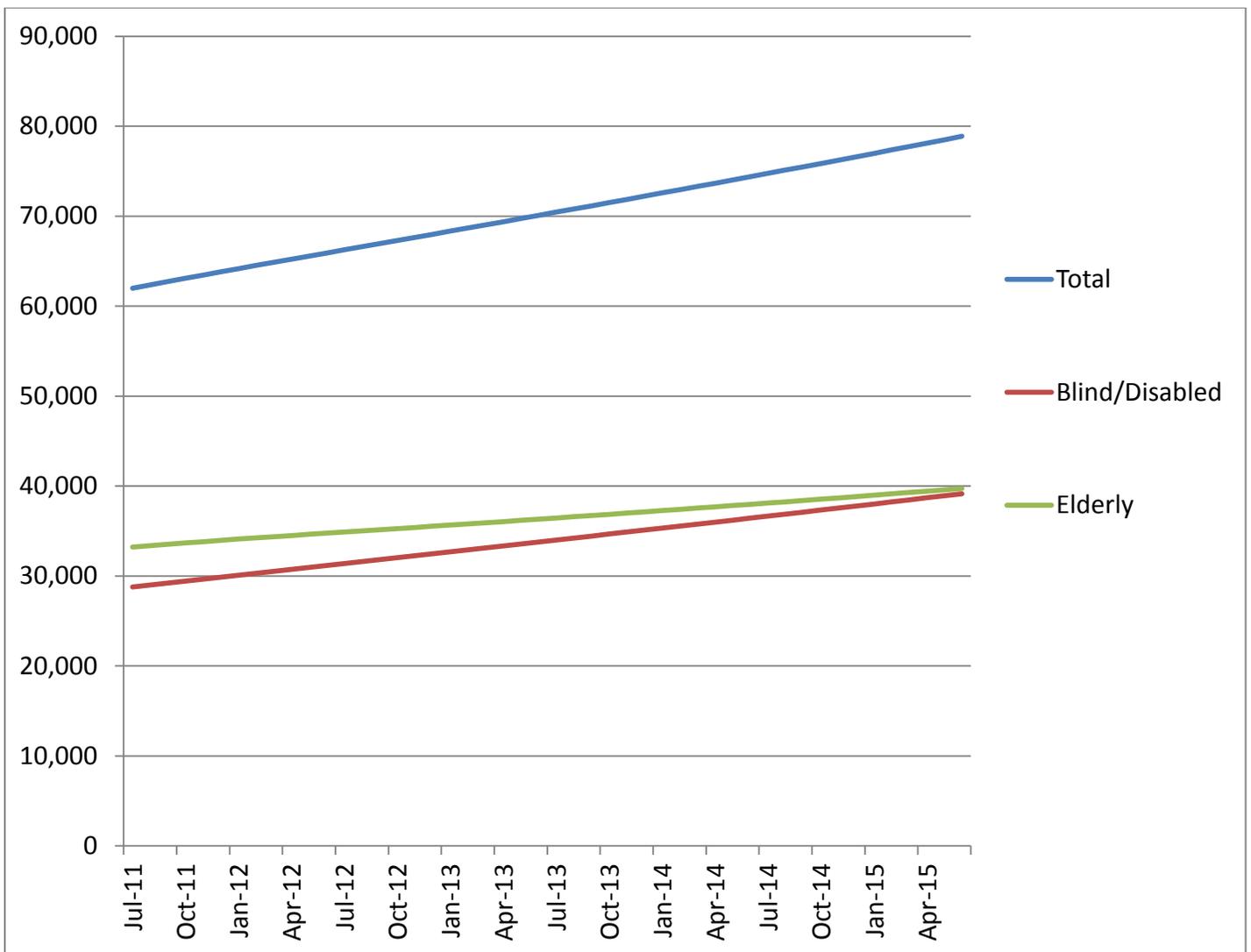
Forecast Estimate of Number of Clients of Dual Eligibility Status^v

**Biennial Averages
Dual Eligible Calculations**

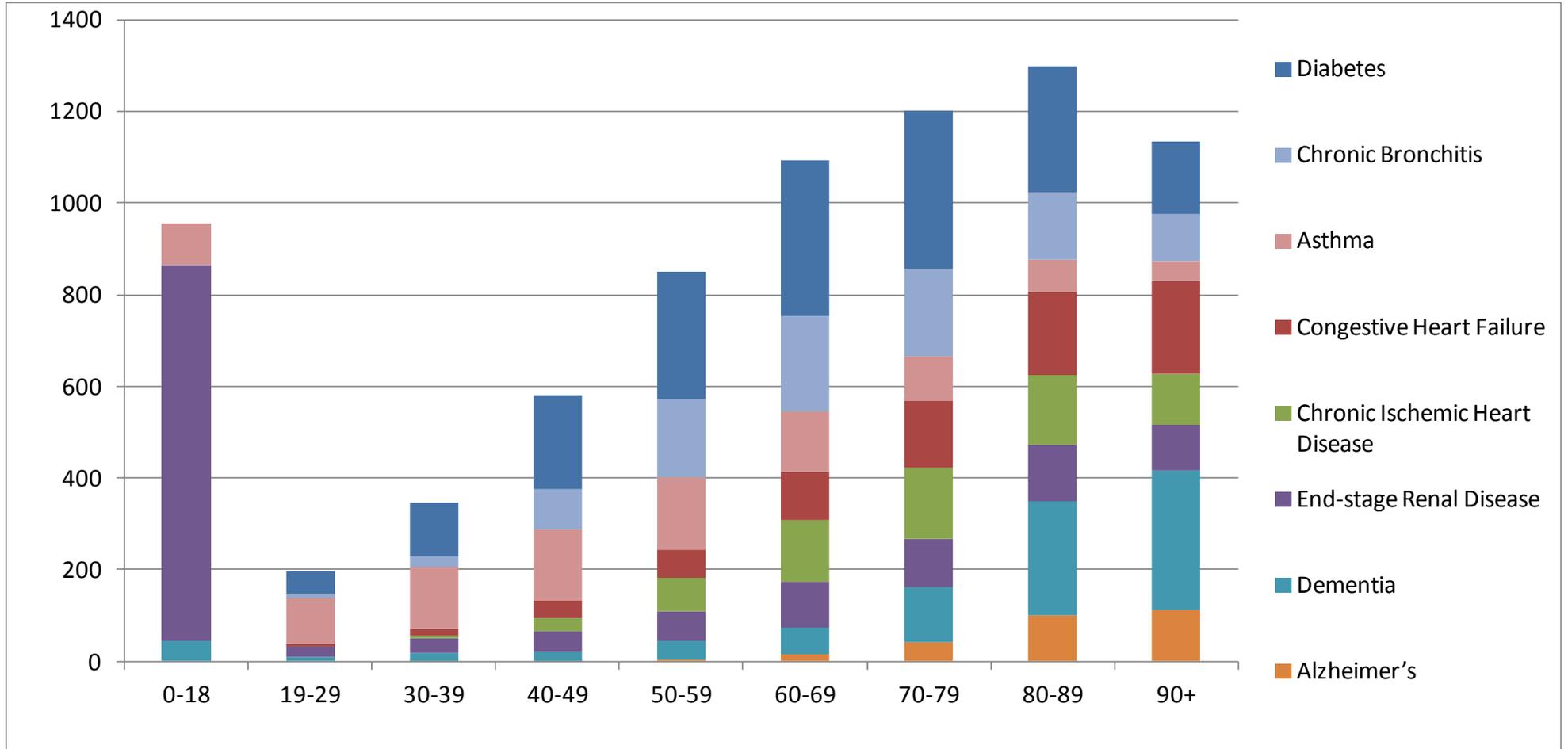
	AB/AD	OAA	TOTALS
2011-2013	31,270	34,801	66,071

**2nd Year Averages
Dual Eligible Calculations**

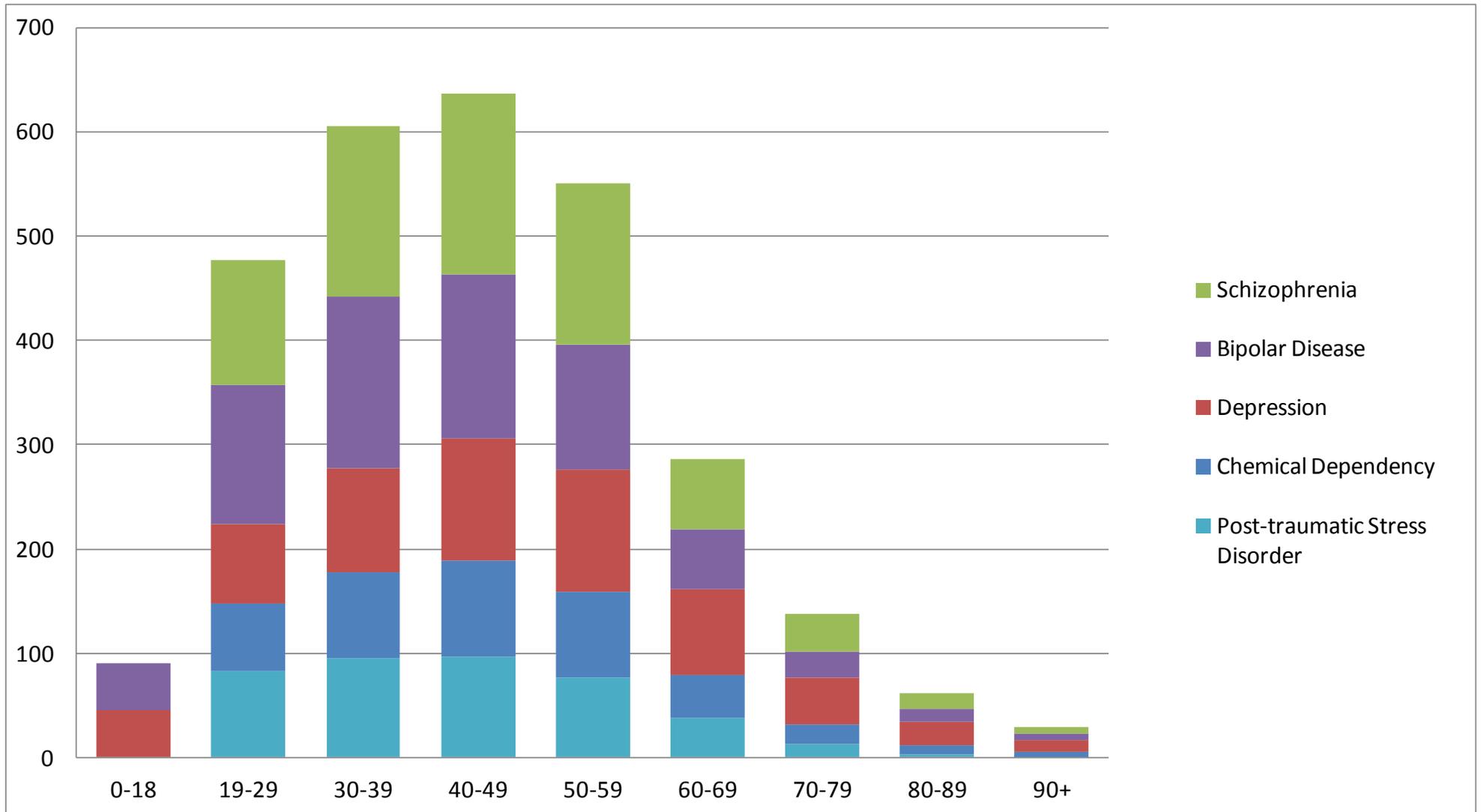
	AB/AD	OAA	TOTAL
FY 2013-2015	32,572	35,594	74,605



Rates per 1,000 clients of Chronic Conditions among Oregon Individuals that are Dually Eligible by age on August 15, 2011



Rates per 1,000 clients of Behavioral Health Conditions among Individuals who are Dually Eligible on the Oregon Health Plan by age on August 15, 2011



Medicare-Medicaid Integration Workgroup

Rates per 1,000 clients of Chronic Conditions among Individuals who are Dually Eligible on the Oregon Health Plan by age: August 15, 2011											
NOTE: a client can be counted as having more than one Chronic Condition.											
Chronic Condition	Rates per 1,000 clients by Age Group									Overall	
	0-18	19-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	Number of Clients	1,000 Clients
Diabetes		49.28	116.46	204.8	275.91	339.83	345.38	274.03	160.08	16,126	263.75
Chronic Bronchitis		7.23	24.16	88.2	170.98	210.53	192.1	145.98	99.95	8,943	146.27
Asthma	90.91	99.87	134.74	154.85	157.13	130.47	96.01	71.14	45.85	7,043	115.19
Congestive Heart Failure		7.23	14.58	36.68	63.04	106.89	145.89	180.73	200.16	6,405	104.76
Chronic Ischemic Heart Disease		0.66	6.75	31.11	72.92	134.38	156.45	154.45	112.85	6,302	103.07
Dementia	45.45	7.88	16.11	19.27	38.23	59.65	121.35	249.05	304.23	6,201	101.42
Schizophrenia		120.24	163.04	173.83	155.41	66.82	36.31	14.12	5.49	5,179	84.71
End-stage Renal Disease	818.18	23.32	32.87	42.81	66.05	98.89	104.22	122.3	99.95	5,115	83.66
Bipolar Disease	45.45	133.38	164.78	157.27	118.89	58.24	24.77	12.71	6.59	4,518	73.89
Depression	45.45	75.89	100.13	117.88	117.82	81.73	44.68	22.7	11.26	4,396	71.9
Chemical Dependency		64.72	82.5	92.19	82.48	41.57	19.49	8.69	4.94	2,827	46.24
Post-traumatic Stress Disorder		83.11	95.34	96.19	76.36	37.74	12.59	3.04	0.27	2,713	44.37
Alzheimer's			0.87	1.43	4.62	13.66	40.94	99.71	111.75	2,050	33.53
Hepatitis C		5.58	18.94	52.52	76.15	33.91	9.26	3.15		1,731	28.31
Emphysema		0.99	2.83	12.13	26.42	40.57	35.82	16.4	7.69	1,454	23.78
Autism	45.45	91	48.32	27.54	16	5.08	1.46	0.11		922	15.08
Attention Deficit Disorder	45.45	91.33	36.79	23.12	14.71	5	1.14	0.22		823	13.46
Breast Cancer		0.33	1.31	3.85	12.89	19	18.76	14.66	10.71	787	12.87
Prostate Cancer		0.33		0.29	2.15	8.58	15.11	14.12	9.61	477	7.8
Borderline Personality Disorder		15.44	20.24	19.84	12.35	3.42	0.49	0.33		444	7.26
Colorectal Cancer			0.87	3	3.87	8.58	9.5	9.99	7.41	400	6.54
HIV_AIDS		1.31	7.4	20.27	10.31	3	1.3		0.27	329	5.38
Lung Cancer			0.22	1.71	3.11	8.66	9.18	4.78	3.29	315	5.15
Ovarian Cancer			0.65	1	2.26	3.67	1.62	1.52	0.82	112	1.83
Anorexia		0.33		0.86	0.21					9	0.15
Unduplicated Number w/ Chronic Condition	18	1,512	2,631	4,500	6,458	7,961	7,923	5,879	2,161	39,043	
Total Number of clients	22	3,044	4,594	7,007	9,311	12,003	12,311	9,207	3,642	61,141	
Overall Rate/1,000 clients	818.18	496.71	572.7	642.21	693.59	663.25	643.57	638.54	593.36	638.57	
Data extracted from the DMAP MMIS/DSS Warehouse 9/5/2011 9:40:40 AM Eligibility (Perc) groups 'SD','SL','QI','NP','QB','QS','CW', and 'CX' excluded from analysis					NOTE: the Oregon MMIS/DSS Warehouse does not receive Medicare claims where Medicaid was not involved in payment.						
Business Rules for identification of Chronic Conditions available upon request to DMAP Data Informatics Unit					Reported rates may be low for the populations described.						

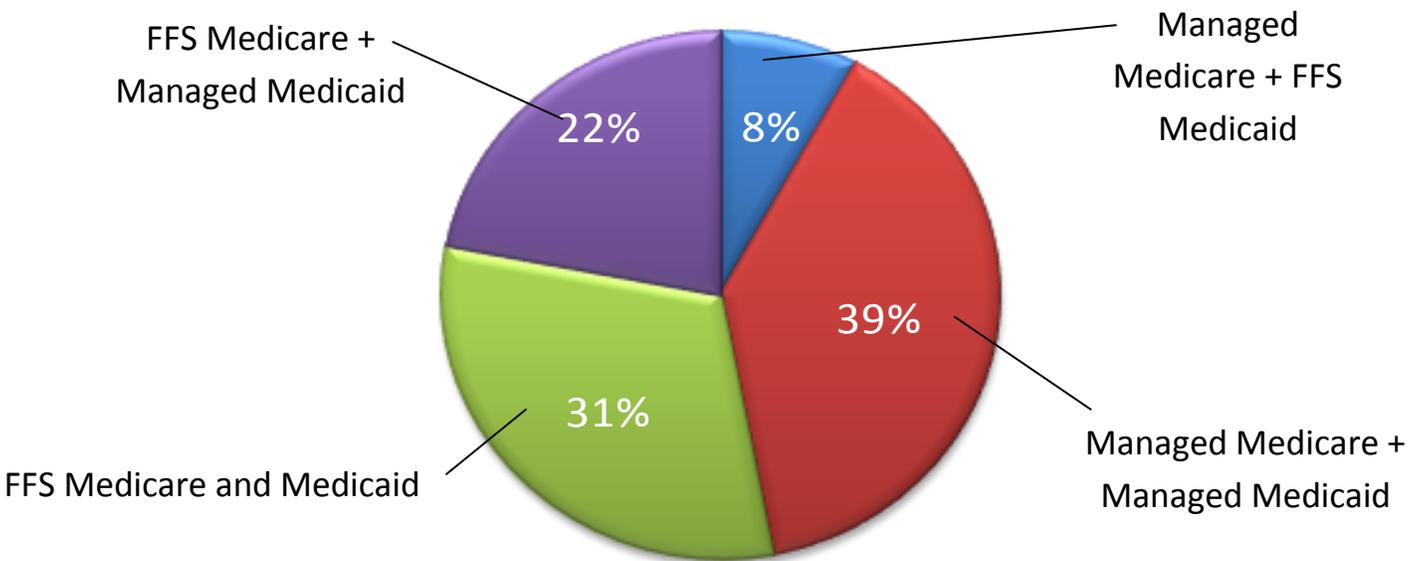
Managed Care Participation of Individuals who are Dually Eligible

Medicare Advantage Plans: A Medicare Advantage plan provides both Medicare Part A and B covered services and some additional services or lower cost sharing than traditional Medicare to individuals who choose to enroll in them. The Medicare program pays the plan to provide Part A and B services; beneficiaries who enroll in the plans usually pay premiums in addition to the Part B premium.

Special Needs Plans: A Special Needs Plan is a special type of Medicare Advantage plan that serves Medicare beneficiaries with more intensive needs. Plans enroll people in institutional care settings, people with severe and disabling chronic conditions, or individuals who are dually eligible. Congress authorized them hoping that the plans would develop more robust care management strategies and would coordinate Medicare and Medicaid services. Plans separately contract with Medicare and Medicaid and beneficiaries separately enroll in Medicare and Medicaid plans.

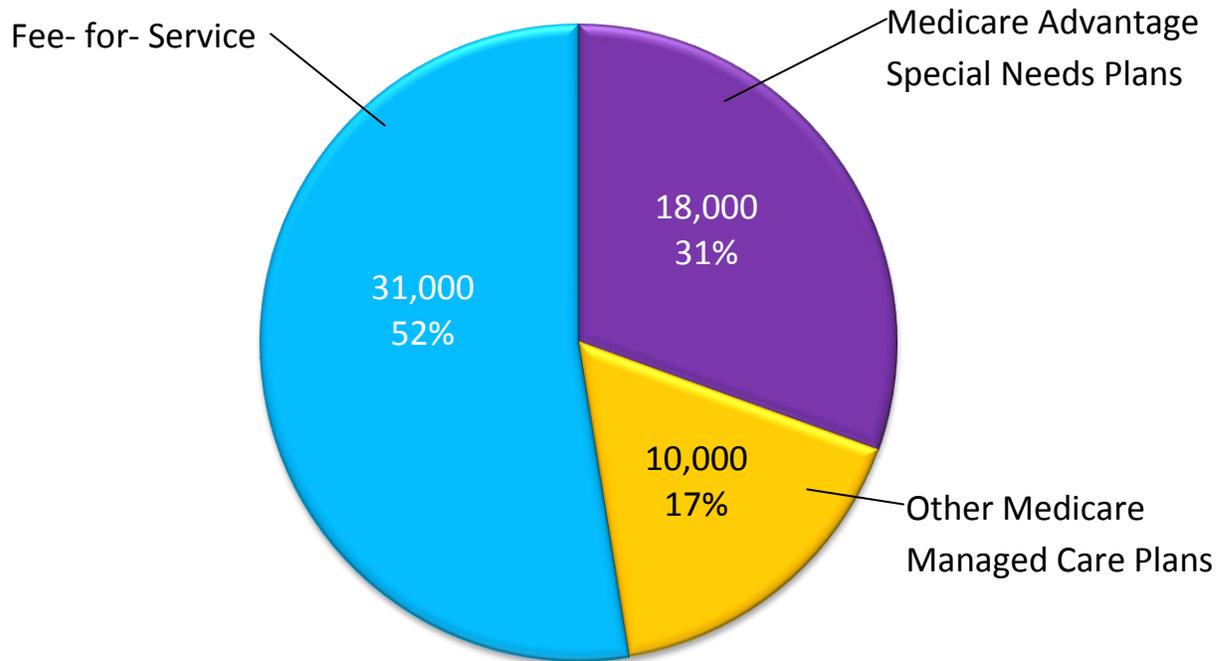
Dual Eligible Managed Care Enrollment (2011)^{vi}

In both a managed Medicare plan and a managed Medicaid plan	23,000	39%
In Fee-for-Service (FFS) for both Medicare and Medicaid	18,000	31%
In Managed Medicare and Fee-for-Service (FFS) Medicaid	5,000	8%
In Fee-for-Service (FFS) Medicare and Managed Medicaid	13,000	22%
Total	59,000	100%



Enrollment in Medicare Managed Care (2011)

Medicare Advantage Special Needs Plans	18,000 ^{vii}	31%
Other Medicare managed care plans	10,000 ^{viii}	17%
Fee-for-service	31,000	52%



Oregon MA Special Needs Plans (from largest to smallest enrollment in the SNP) ^{ix}

- CareOregon
- Marion Polk Community Health Plan
- Lane IPA/Trillium
- Atrio Health Plans (Douglas IPA)
- Intercommunity Health Network (Samaritan)
- FamilyCare Health Plans
- Mid-Rogue IPA

Oregon MA Plans that enroll individuals who are dually eligible in both MA and Medicaid plans (from largest to smallest dual enrollment in the Medicaid plan) ^x

- Providence
- COIHS
- Kaiser Permanente

2010 Medical Assistance Clients who are Dually Eligible & Expenditures by Eligibility Category, Calendar Year 2010			
Eligibility Category	Mthly Avg. # Clients	Mthly Avg. Medicaid Medical Expenditures	Total Medicaid Medical Expenditures
Aid to the Blind and Disabled with Medicare	27,421	\$289.95	\$ 95,407,178
Old Age Assistance with Medicare	32,057	\$189.44	\$ 72,873,541
Total for Individuals who are Dually Eligible	59,478	\$235.77	\$168,280,719
These clients are considered full dually eligible, meaning that they are eligible for Medicare and the full range of medical benefits under Medicaid			

Source: MMIS Analysis generated Sept. 2011

Monthly Average Number of Individuals receiving Key Long Term Care Services who are Dually Eligible by Eligibility Category and Setting, Calendar Year 2010

	Aid to the Blind and Disabled with Medicare	Old Age Assistance with Medicare	Total Dually Eligible Clients (Monthly Average, 2010)
Long Term Care Setting:			
Nursing Facility (not including post-acute)	640	4,052	4,692
Program of All Inclusive Care for the Elderly (PACE)*	77	739	816
Community Based Care	1,372	8,588	9,960
In-Home	3,262	4,584	7,846
Nursing Facility Post-Acute:			
Medicaid payment portion of Medicare Coinsurance only	84	255	339
OHP Post Hospital Extended Care only	20	2	22
Total	5,455	18,220	23,675

SOURCE: MMIS Calendar Year 2010, analysis compiled October 2011

Expenditures for Key Long Term Care and Post-Acute Nursing Facility Care for Individuals who are Dually Eligible, Calendar Year 2010

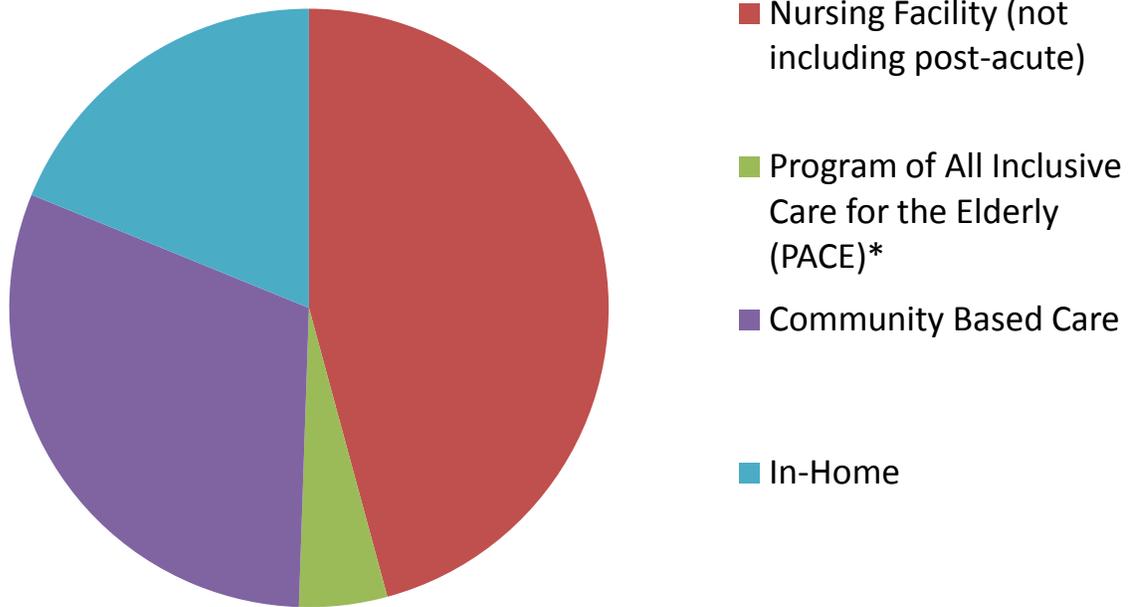
	Average Monthly Medicaid Expenditures	Average Monthly Clients	Medicaid Expenditures by Long Term Care Setting (Total for Calendar Year 2010)
Long Term Care Setting:			
Nursing Facility (not including post-acute)	\$4,991.09	4,692	\$281,028,226
Program of All Inclusive Care for the Elderly (PACE)*	\$2,979.26	816	\$29,189,760
Community Based Care	\$1,573.27	9,960	\$188,035,671
In-Home	\$1,227.57	7,847	\$115,587,989
Nursing Facility Post-Acute:			
Medicaid payment portion of Medicare Coinsurance only	\$1,475.43	339	\$6,003,522
OHP Post Hospital Extended Care only	\$3,125.59	22	\$837,659
Total		23,677	\$620,682,827

NOTE: Does not include other long-term care Medicaid budget items such as Medicare Part A and B premiums, State Plan Personal Care costs, insurance and Worker's Compensation costs for Homecare Workers.

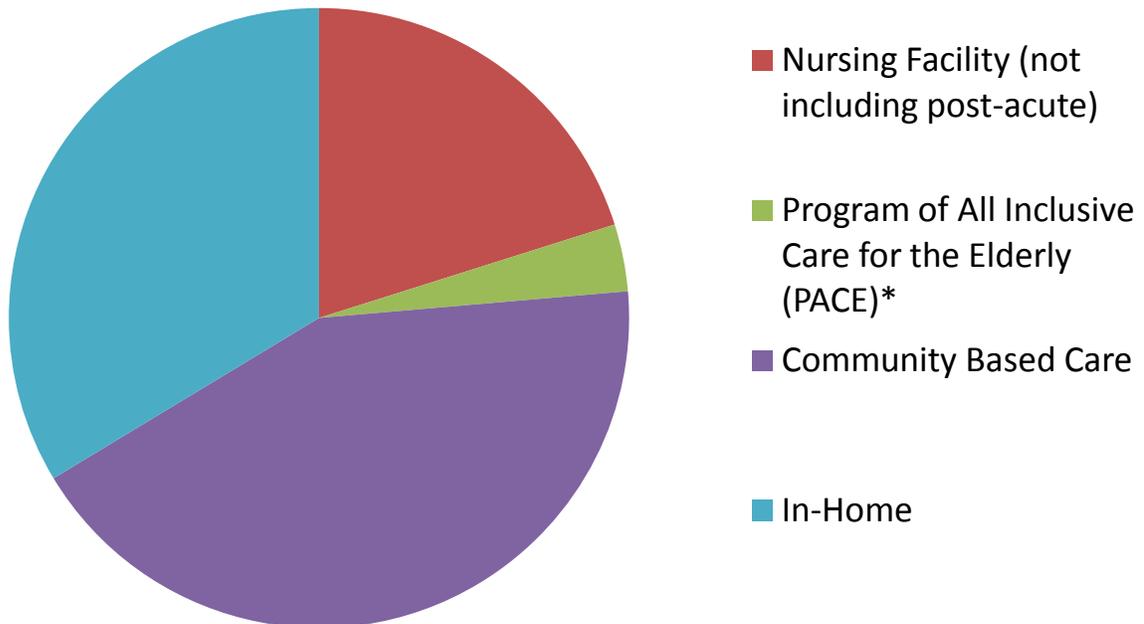
**PACE capitation payment includes \$302.19 for acute care and \$2677.07 for long term care.

SOURCE: MMIS Calendar Year 2010, analysis compiled October 2011

Key Long Term Care Medicaid Expenditures by Setting (Total for Calendar Year 2010)



Proportion of Dually Eligible Clients in Long Term Care Settings by Setting (Monthly Average, 2010)



Endnotes:

ⁱ Source: DMAP DSS data warehouse, Jan 15, 2011.

ⁱⁱ Source: DHS December 2010 rebalance and January 15, 2011 FCHP/PCCM/FFS Enrollment, rounded to nearest 1,000.

ⁱⁱⁱ Source: Senior and Disabled Services data run March 7, 2011, rounded to nearest 1,000. Same as fall 2010 caseload forecast for 09-11. Note: Of the approximately 28,000 individuals receiving long-term care services, 85% are dually eligible.

^{iv} DHS, Children, Adults, and Families analysis, 2011.

^v OHA Forecast September 2011. Estimation of dual eligible clients is based on (a) Spring 2011 Forecast caseload estimates for ABAD and OAA groups, and (b) the average proportion of these clients having Medicare coverage as reported by the MAP Weekly reports. Average for OAA is 96.32%. Average for ABAD is 35.63%. Dual eligible clients are not directly forecast.

^{vi} Source: DMAP DSSURS data warehouse, Jan 15, 2011 eligibility and January 2011 MMA return file (Analysis and Research run 2/9/2011).

^{vii} Source: Centers for Medicare and Medicaid Services, Special Needs Plan Comprehensive Report February 2011.

^{viii} Source: Derived by subtracting SNP enrollment reported by CMS from Medicare managed care enrollment shown in DMAP DSSURS data warehouse, Jan 15, 2011 eligibility and January 2011 MMA return file (Analysis and Research run 2/9/2011)

^{ix} Source: Centers for Medicare and Medicaid Services, Special Needs Plan Comprehensive Report February 2011

^x Source: List of dual eligible enrollment in Medicaid plans supplied by DMAP (July 2009).