

Need for care coordination varies across dual eligible beneficiaries

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What is MedPAC

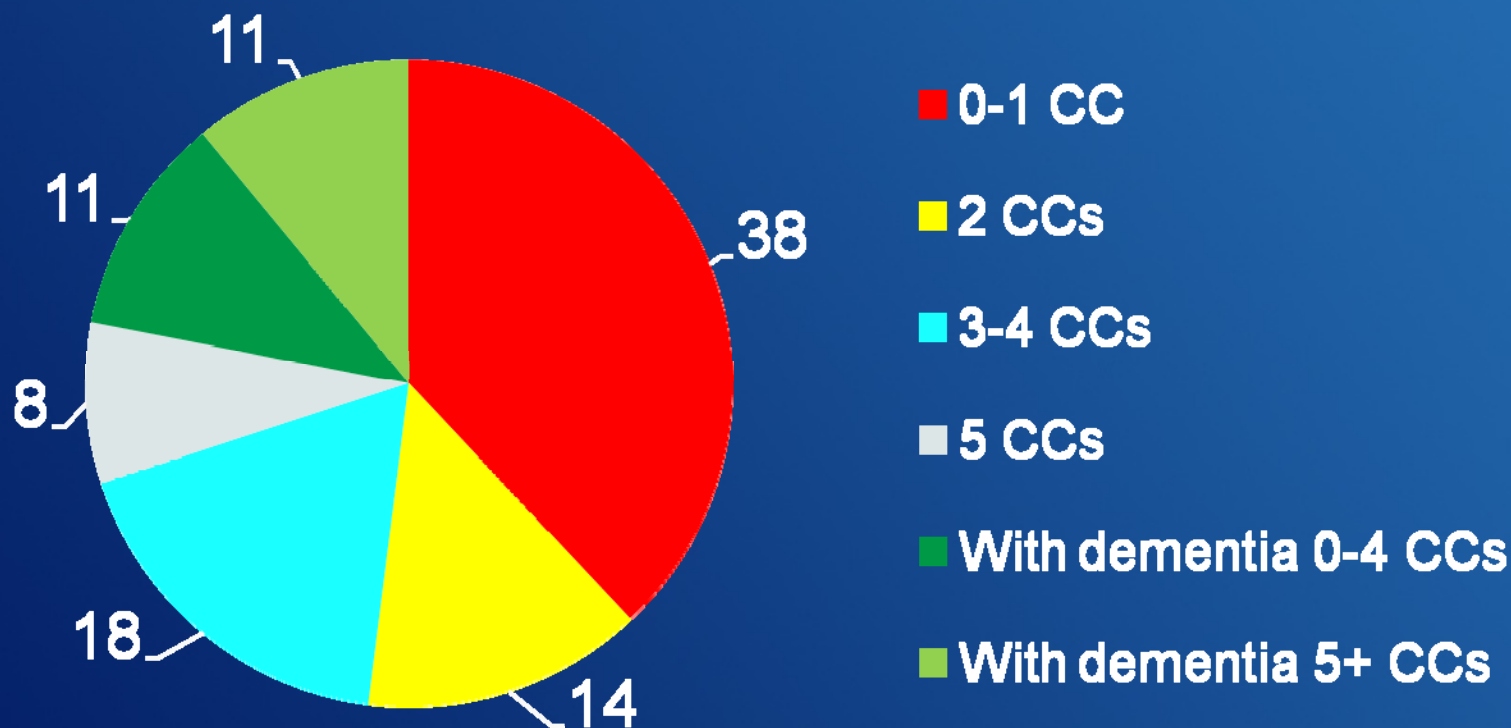
- Independent, nonpartisan
- 17 experts selected for expertise, not representation
- Make recommendations to the Congress and the Secretary of HHS
- Supported by 25-30 analysts
- Research involves data analysis, site visits, interviews, and expert panels

Characteristics of dual eligible beneficiaries should shape care coordination

Compared to other beneficiaries, dual eligible are more likely to:

- Have higher levels of disability
- Have physical impairments
- Have cognitive impairments
- Live in an institution or alone
- Have lower education level

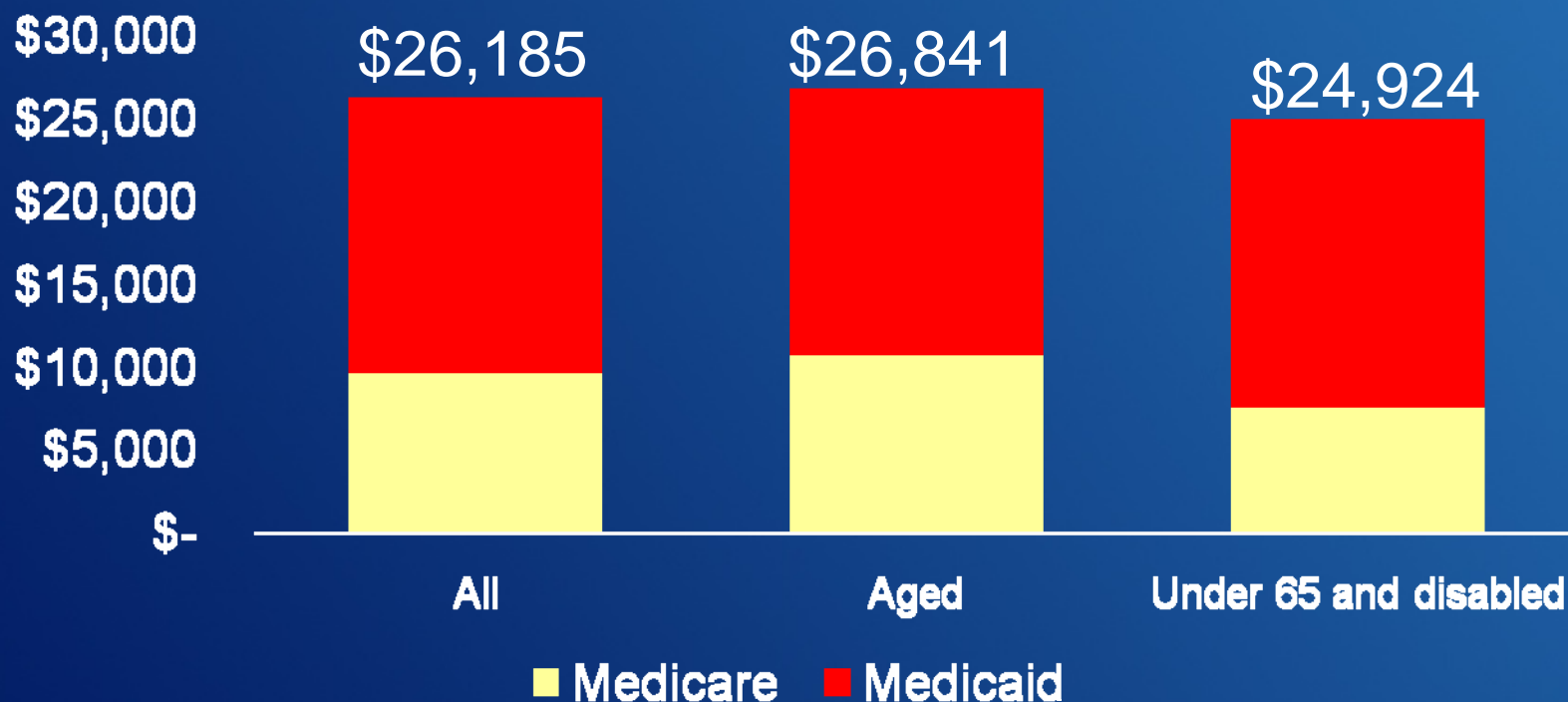
Majority of duals have 0-2 chronic conditions without dementia



Percents are shares of all full year dual eligible beneficiaries who qualify for full Medicaid benefits.

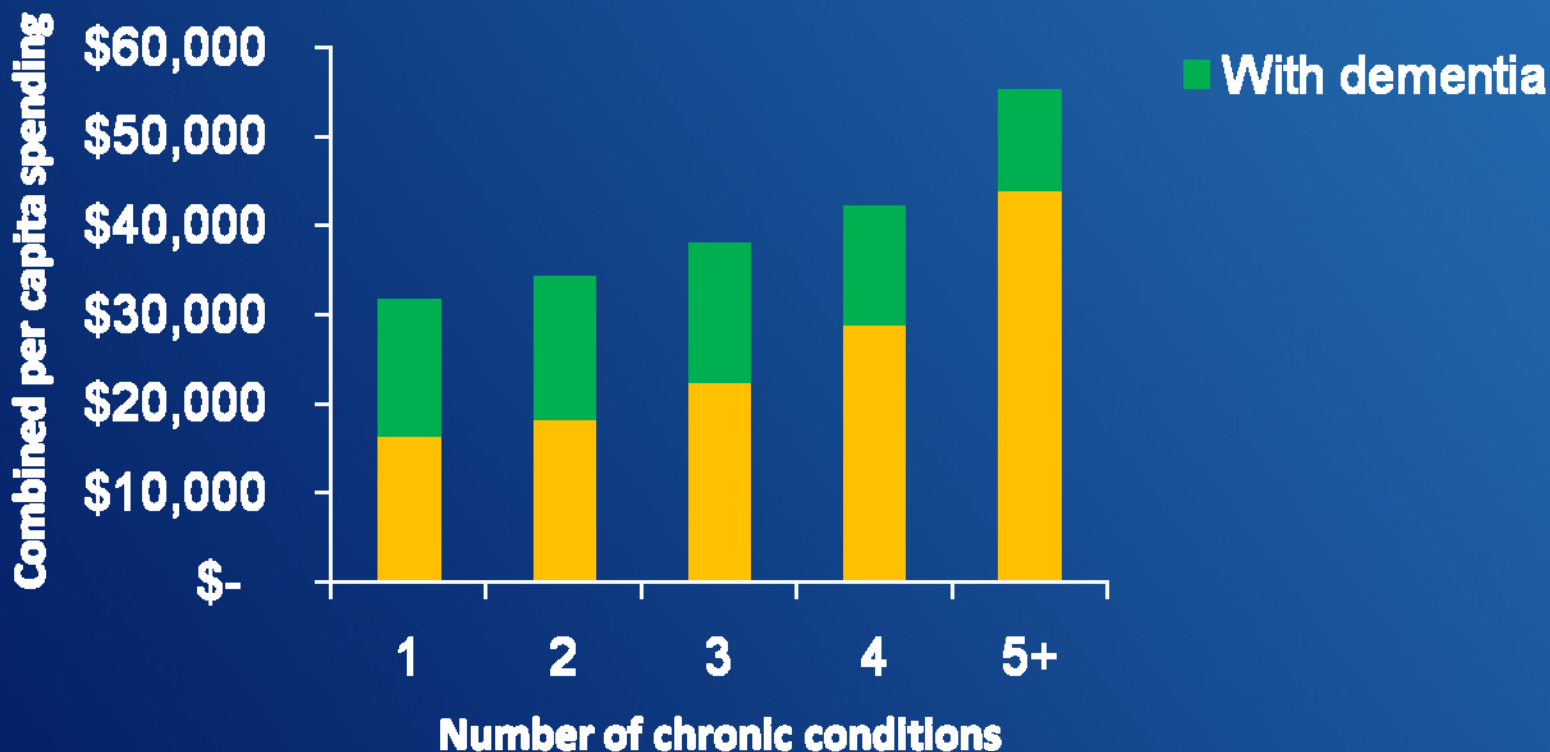
Source: Mathematica Policy Research prepared for MedPAC, using CMS merged MAX and Medicare summary spending files, 2005.

Per capita spending in 2005 by dual eligible group



Source: Mathematica Policy Research tables prepared for MedPAC using CMS merged Medicaid MAX and Medicare summary BASF files.

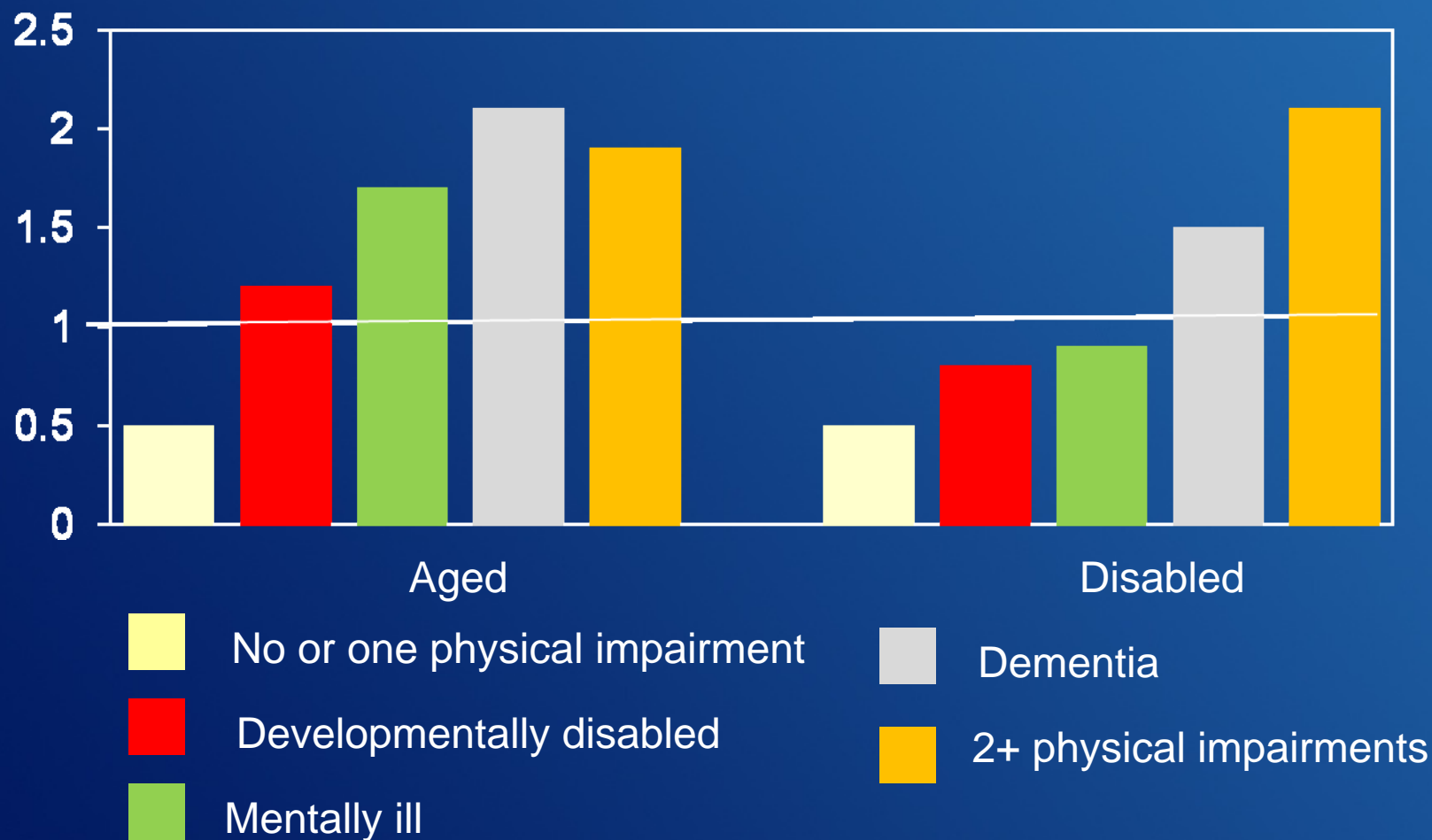
Combined per capita spending increases with dementia and number of chronic conditions



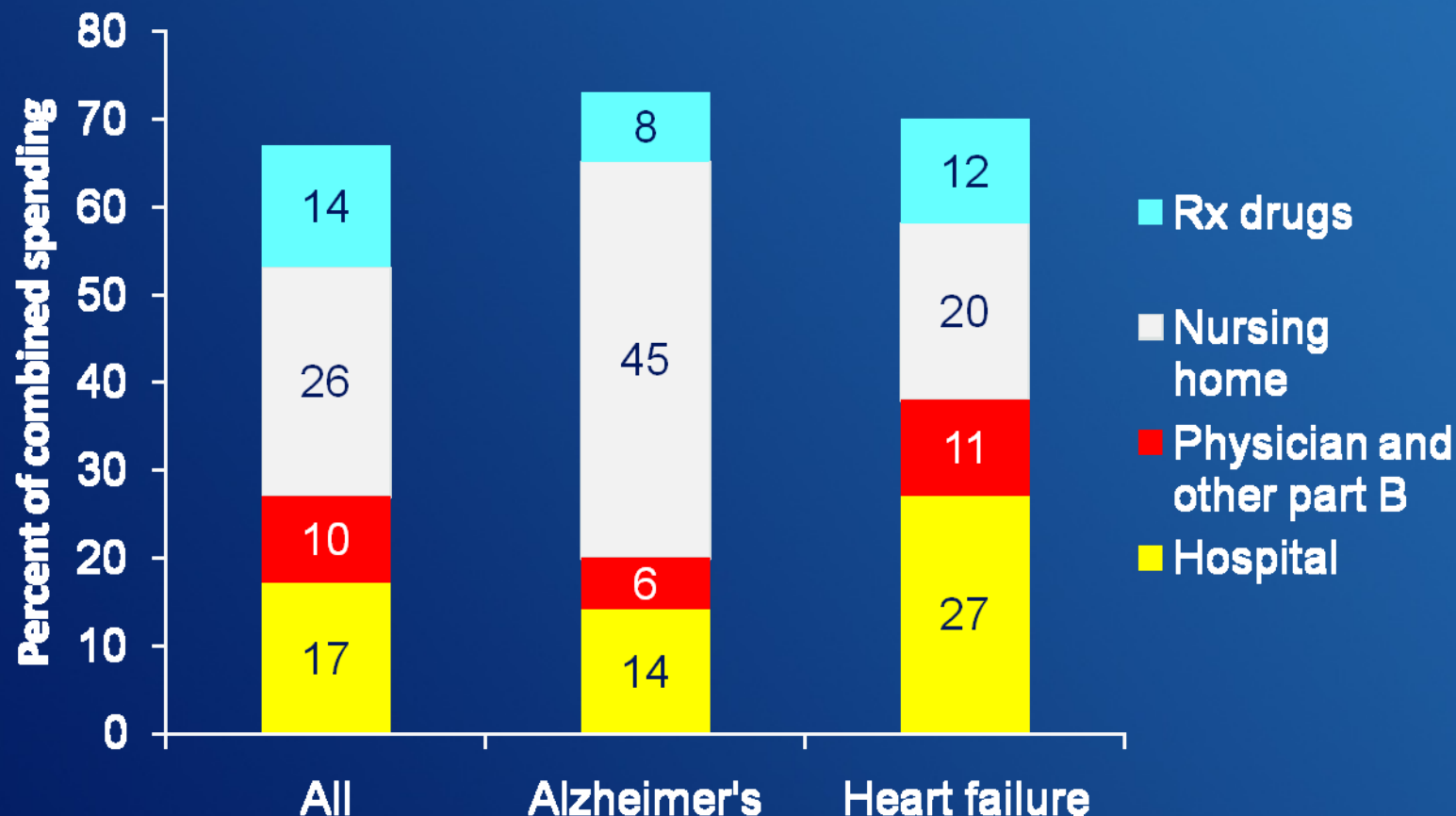
Note: Analysis includes all full year dual eligible beneficiaries who qualify for full Medicaid benefits.

Source: Mathematica Policy Research prepared for MedPAC using CMS merged MAX and Medicare summary spending files, 2005.

Per capita spending varies by cognitive and physical impairment group



Service mix varies by chronic condition



Note: Analysis includes all full year dual eligible beneficiaries who qualify for full Medicaid benefits.

Source: Mathematica Policy Research prepared for MedPAC, using CMS merged MAX and Medicare summary spending files, 2005.

Spending implications: Care coordination strategies should vary by patient's care needs

- Institution vs community residence
- Multiple chronic conditions
- Physical impairment
- Cognitive impairment
- At risk for:
 - Hospitalization
 - Nursing home placement
 - High prescription drug spending

Next steps

- Interview and visit programs that fully integrate Medicare and Medicaid for duals
- Understand features of “best practices”
- Consider approaches targeting subgroups of duals