Medicare-Medicaid Enrollee State Profile

The National Summary - 2008

Centers for Medicare & Medicaid Services

Executive Summary

This report presents a national[1] profile of Medicare-Medicaid dually enrolled individuals (i.e., "Medicare-Medicaid enrollees") in 2008. Comparison statistics are also provided for individuals enrolled in Medicare but not Medicaid (i.e., "Medicare-only") in 2008 as well as those enrolled in a State Medicaid plan in 2008, eligible due to disability, and not also simultaneously enrolled in Medicare (i.e., "Medicaid-only with disability")[2]. This national profile includes basic population counts and demographics, as well as information on condition prevalence rates, service utilization and expenditures for a sample of those enrolled exclusively in fee-for-service (FFS). The conditions of interest include a range of chronic physical and mental health conditions, as well as conditions that are often associated with intellectual, developmental, and physical disability.

Of the 40 million total persons enrolled in Medicare and of the 61.6 million individuals enrolled in Medicaid, in 2008, there were 9.1 million individuals who were dually enrolled in both programs at any one time during the year. These Medicare-Medicaid enrollees represent 19% of the total Medicare population and 15% of the total Medicaid population. The majority of this report, beyond the count and demographic statistics, pertain most directly to those beneficiaries enrolled exclusively in FFS.

Major Findings

Medicare-Medicaid Enrollee Counts and Demographics

- Of the 9.1 million dually eligible Medicare-Medicaid enrollees, 77% were "Full Benefit"[3]; 12% were "QMB-only"[4] and 11% were other "Partial Benefit"[5] Medicare-Medicaid enrollees.
- All Medicare-Medicaid enrollee cohorts have a majority of women, ranging from 59% to 63% female. The only cohort with a majority of men is Medicaid-only with disability (51% male).
- White beneficiaries comprised the majority of all Medicare-Medicaid cohorts, ranging from 56% of Full Benefit enrollees to 68% of Partial Benefit enrollees. Medicare-only enrollees had the highest proportion of White beneficiaries (83%), and the Medicaid-only with disability cohort had the lowest (45%).

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[1] State-specific companion reports are available separately.

[2] Note that it was beyond the scope of this report to ascertain whether individuals had health insurance coverage beyond Medicare and Medicaid. Therefore, the terms "Medicare-only" and "Medicaid-only with disability" that are used in this report and other reports in this series refer simply to Medicare/non-Medicaid and Medicaid/non-Medicare, respectively.

[3] Full Benefit Medicare-Medicaid enrollees are eligible for the breadth of Medicare and Medicaid services, and Medicaid pays all cost-sharing on behalf of the beneficiary.

[4] QMB-only Medicare-Medicaid enrollees are those who are eligible for Medicare Part A and B services, with all cost-sharing paid for by Medicaid.

[5] Other Partial Benefit Medicare-Medicaid enrollees include Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI"). These enrollees have income greater than 100% of the FPL, and depending on income and assets, are generally eligible for Medicare Parts A and/or B, with assistance from Medicaid in paying their Part A or Part B premiums, though they are not eligible for other Medicaid-funded services.

Physical Health, Mental Health and Disability-related Conditions

Full Benefit Medicare-Medicaid enrollees, both under 65 and 65 and over, were found to have the highest prevalence and comorbidity rates of virtually all physical, mental and disability-related conditions studied, as compared to all other eligibility groups included in this study.

- Among those under 65:
  - Nearly 40% of Full Benefit Medicare-Medicaid enrollees (under 65) were found to have three or more **comorbid conditions** (26% having three to four conditions and 13% having five or more conditions).
    - In comparison, among Medicaid-only beneficiaries with disability (under 65), only about 18% were found to have three or more **comorbid conditions** (14% having three to four conditions and 4% having five or more).
  - Full Benefit Medicare-Medicaid enrollees (under 65) had the highest rates of **mental health conditions:** depression (30%), anxiety (20%), schizophrenia (18%) and bipolar disorder (15%).
    - In comparison, Medicaid-only beneficiaries with disability had rates significantly lower than Full Benefit enrollees for these **mental health conditions:** depression (10%), anxiety (10%), schizophrenia (9%), and bipolar disorder (9%).
  - Full Benefit enrollees (under 65) also had slightly higher rates across the majority of **disability-related conditions**: intellectual disabilities (14%), epilepsy (9%), and mobility impairment (6%).
    - In comparison, rates for these **disability-related conditions** were slightly lower for Medicaid-only beneficiaries with disability: intellectual disabilities (13%), epilepsy (7%), and mobility impairment (approximately 4%).
- Among those 65 and over:
  - Approximately 59% of Full Benefit Medicare-Medicaid enrollees (65 and over) were found to have three or more **comorbid conditions**, which was higher than any other enrollee group (34% with three to four conditions; 25% with five or more comorbid conditions).
    - In comparison, only 32% of Medicare-only enrollees had three or more of the conditions studied (25% with three to four conditions and 7% having five or more conditions).
    - Full Benefit enrollees (65 and over) had the highest rates of illness for the majority of **chronic physical conditions** studied, including those in the cardiovascular, endocrine and renal, and joint condition categories.

- The three **most prevalent conditions** among Full Benefit Medicare-Medicaid enrollees 65 and over were hypertension (69%), ischemic heart disease (43%), and diabetes (41%).
    - The three most prevalent conditions among Medicare-only enrollees also included hypertension (58%) and ischemic heart disease (33%), while the third most prevalent condition was rheumatoid osteo-arthritis (28%). The prevalence of diabetes was 25%.
- **Alzheimer's disease and dementia** had the highest prevalence among Full Benefit enrollees (65 and over) at about 35%.
    - In comparison, rates of Alzheimer's disease and dementia were only 9.5% in the Medicare-only group.
- Other conditions with over 35% prevalence among Full Benefit enrollees 65 and over were anemia (39%), congestive heart failure (33%), and hyperlipidemia (39%).
- Full Benefit Medicare-Medicaid enrollees 65 and over were also found to have the highest rates of the following **conditions that are often associated with disability**: mobility impairments (7%), deafness and hearing impairments (6%) and blindness or visual impairments (2%).
    - In comparison, prevalence rates among Medicare-only enrollees were slightly lower for these conditions: mobility impairments (2%), deafness and hearing impairments (3%), and blindness or visual impairment (less than 1%).
- Full Benefit enrollees 65 and over had higher rates than QMB-only and Partial Benefit enrollees 65 and over for all conditions except male and female cancers.

QMB-only and Partial Benefit enrollees under 65 had higher rates than the same groups 65 and over for nearly all **mental health conditions** and **physical disability-related conditions**.

- Rates of depression, anxiety, schizophrenia, and bipolar disorder were higher among QMB-only and Partial Benefit enrollees under 65 than among the same groups 65 and over, while Alzheimer's disease was more prevalent in the 65 and over cohorts.
- Rates of epilepsy, cystic fibrosis, multiple sclerosis, and spinal cord injury were higher among QMB-only and Partial Benefit enrollees under 65 than among the same groups 65 and over. Two conditions for which the 65 and over rates were higher were deafness or hearing impairment and blindness or visual impairment.
    - QMB-only and Partial Benefit enrollees 65 and over had higher rates than the same groups under 65 for all cardiovascular and ophthalmic conditions. They also had the highest rates for all endocrine and renal conditions, with the exception of diabetes, for which both Partial Benefit enrollee cohorts had approximately the same rate.

Service Utilization

Consonant with the high rates of diagnosis and comorbidity described above, Medicare-Medicaid enrollees most frequently had the highest rates of service utilization among all cohorts. This finding was especially true for those enrollees 65 and over. Service utilization rates that were particularly disproportionate were as follows:

- Among those under 65:
  - Full Benefit enrollees (under 65) had higher rates of emergency room utilization (47% vs. 27%) compared to Medicaid-only enrollees with disability.
  - Among Full Benefit enrollees (under 65) with full-year eligibility and any LTC utilization, 98% utilized LTC for three months or more. This is higher than among QMB-only (87%) and Partial Benefit (53%) enrollees of the same age.
- Among those 65 and over:
  - Full Benefit enrollees 65 and over had the highest utilization rate per enrollee per year among all Medicare-Medicaid-enrollees for all services except home health. For home health, QMB-only enrollees 65 and over had the highest utilization rate.
  - Service utilization rates were particularly disproportionate for Full Benefit Medicare-Medicaid enrollees (65 and over), when compared to Medicare-only (65 and over), for the use of: DME (41% vs. 28%), inpatient stays (33% vs. 19%), SNF services (16% vs. 5%), home health (17% vs. 9%), and hospice services (7% vs. 2.4%). Rates were also high for nursing facility stays (34%) and personal care services (10%), though these rates were not comparable to Medicare-only beneficiaries as these services are funded only by Medicaid.
  - QMB-only and other Partial Benefit Medicare-Medicaid enrollees (65 and over) also had similarly high rates of utilization for DME (43% and 41% respectively vs. 28%) and home health services (about 17% and 16% respectively vs. 9%).
  - Full Benefit Medicare-Medicaid enrollees 65 and over also exceeded all other cohorts in their utilization rates of specific services. Among these beneficiaries in 2008, 33% had at least one inpatient stay, 94% had at least one physician visit, 16% had at least one skilled nursing stay, 34% had at least one nursing facility stay, and 7% used hospice services at least once.
  - Among Full Benefit enrollees (65 and over) with full-year eligibility and any LTC utilization, 94% utilized LTC for three months or more. This is higher than among Medicare-only (77%) enrollees and among QMB-only (84%) and Partial Benefit (60%) enrollees of the same age.

Expenditures

- Total Medicare and Medicaid Expenditures
  - Per capita FFS payments by Medicare and Medicaid were highest for Full Benefit Medicare-Medicaid enrollees (approximately $35,000 for beneficiaries under 65 and nearly $40,000 for beneficiaries 65 and over). The Medicaid-only with disability enrollee cohort had the next-highest level of FFS expenditures at $25,000 per beneficiary. Per capita expenditures for all other cohorts were approximately $15,000 or less.
  - Medicare accounted for approximately half of total combined FFS Medicare and Medicaid expenditures for Full Benefit enrollees (51% for those 65 and over, 46% for those under 65). The vast majority of combined FFS Medicare and Medicaid expenditures for QMB-only and Partial Benefit enrollees of both age groups was attributable to Medicare.
- Medicare Expenditures
  - Part A services were the largest percentage of Medicare FFS expenditures for all groups eligible for Medicare, making up over half of Medicare expenditures for Full Benefit enrollees 65 and over (56%) and Medicare-only enrollees (52%).
  - QMB-only and Partial Benefit enrollees had greater Medicare expenditures than Full Benefit enrollees for hospital outpatient, Part B, and Part D services.
- Medicaid Expenditures
  - Long-term institutional care was the largest component of Medicaid FFS expenditures for Full Benefit Medicare-Medicaid enrollees for both those under 65 and those 65 and over. Among all other enrollee cohorts, acute care services comprised the greatest proportion of Medicaid FFS expenditures.
  - Within Medicaid FFS expenditures for both age groups, Full Benefit enrollees had greater expenditures than QMB-only and Partial Benefit enrollees for long term institutional and non-institutional services, while QMB-only and Partial Benefit enrollees had higher expenditure levels than Full Benefit enrollees for acute care.
  - Medicaid FFS expenditures on long-term non-institutional services[6] for Full Benefit Medicare-Medicaid enrollees were driven by residential care[7]

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[6] These include rehabilitative services (waiver), home health, hospice benefits, DME and supplies (including emergency response systems and home modification), personal care services, residential care, adult day care, transportation services, targeted case management, and private duty nursing.

[7] Although residential care is not usually a Medicaid-covered service, care in group homes or other facilities with fewer than 16 beds can be covered. Additionally, residential treatment programs and services that allow individuals to live in the community instead of in institutions but that are resource-intensive can be thought of as residential care services.

services for those under 65 (approximately $3,600 per capita) and by personal care services for those 65 and over (approximately $1,400 per capita).

- Inpatient Stays
  - Combined Medicare and Medicaid FFS per capita annual expenditures for inpatient stays among Full Benefit Medicare-Medicaid enrollees were higher than any other enrollee cohort, with $6, 200 spent on enrollees under 65 and $4,700 spent on enrollees 65 and over. Of these per capita expenditures, just over $400 was paid by Medicaid for each Full Benefit cohort. Per capita FFS expenditures for inpatient stays for all other groups were under $4,000.

Discussion

Full Benefit Medicare-Medicaid FFS-only enrollees had the highest prevalence of virtually all conditions studied as well as the highest associated health care utilization and expenditures. In general, Full Benefit Medicare-Medicaid enrollees under 65 were more likely to have one or more mental health or disability-related conditions, while those 65 and over had higher rates of chronic physical health conditions. Among Full Benefit enrollees under 65, psychiatric conditions were highly prevalent (e.g., depression (30%), anxiety (20%), schizophrenia (18%) and bipolar disorder (15%)), as well as conditions that are often associated with disability (e.g., intellectual disabilities (14%), epilepsy (9%), and mobility impairment (6%)). On the other hand, Full Benefit Medicare-Medicaid enrollees 65 and over experienced high rates of chronic physical health conditions, such as hypertension (69%), ischemic heart disease (43%), diabetes (41%), and Alzheimer's disease and dementia (35%). The high morbidity among these Medicare-Medicaid dual enrollees correlated with similarly high utilization of Medicare and Medicaid services and associated expenditures, especially for inpatient hospitalizations and nursing facility stays. Readers should note, however, that these findings are based on fee-for-service data and the extent to which they apply to individuals enrolled in Medicare and/or Medicaid managed care plans is not known.

It has generally been understood that Medicare beneficiaries (65 and over) and Medicaid beneficiaries under 65 eligible because of disability have high levels of physical and mental health conditions. **This report finds that when compared to these two populations, Medicare-Medicaid enrollees have even greater prevalence rates across virtually all physical, mental and potentially disabling conditions studied.** As expected, these rates separated naturally according to age strata, with those of more senior age having higher rates of the physical conditions and those under 65 having higher rates of the mental health and disability-related conditions. While the disparity was greatest for Full Benefit enrollees as compared to Medicare-only and Medicaid-only with disability, those Medicare-Medicaid enrollees eligible only for QMB-only or other Partial Benefits generally also had higher rates of diagnosis than the two non-dually eligible populations. The findings in this report reinforce the urgent need for identifying and pursuing effective care opportunities to improve the health of this population.

The following types of services are included: assisted/supported living, cluster residential, group/family/individual home residential care, night supervision, and therapeutic residential care.

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Figures and Tables

I. Introduction

In 2008, more than 60 million people in the U.S. were covered by Medicaid or the Children's Health Insurance Program (CHIP).[8] Medicaid is a state-administered program with shared funding and oversight from the federal government (Title XIX of Social Security Act). Each state must provide the minimum federally mandated services and coverage for federally mandated eligibility groups; however, states may also cover a wide range of optional benefits across different benefit designs and optional eligibility groups that vary from state to state. Depending on each state, these may include coverage for long term services and supports (LTSS), behavioral health, dental services and/or vision services. Many groups of people are covered by Medicaid, depending on the state's requirements (e.g., age; whether pregnant, disabled, blind, or age 65+; income level and resources; U.S. citizenship or lawful immigration status).

Medicare is the primary health insurance program for individuals 65 and over, people under 65 with disabilities, and persons of all ages with end-stage renal disease (ESRD).[9] Medicare is comprised of Parts A, B, C, and D types of coverage. Nearly all individuals enrolled in Medicare have Part A coverage, which includes inpatient hospital care, skilled nursing facility stays, home health services, and hospice care. The majority of Medicare enrollees also have Part B fee-for-service (FFS) coverage of physician services, hospital outpatient care, durable medical equipment (DME) and some home health care. Alternatively, those Medicare enrollees who are not enrolled in fee-for-service Parts A and B are typically enrolled in a Medicare Part C managed care plan, called "Medicare Advantage." Lastly, as of 2006, the Medicare Part D program made available federally-sponsored prescription drug coverage to Medicare enrollees which include those Medicare-Medicaid enrollees that have transitioned under this program.

At the national level, approximately 9 million individuals qualified for both programs at the same time. These Medicare-Medicaid enrollees (dual eligibles) are the core of the overall study, and this report provides basic counts and demographic information for this population. In addition, for a smaller FFS sample of Medicare-Medicaid enrollees, this report also provides information on physical, mental, and disability-related condition prevalence rates as well as Medicare and Medicaid services utilization and associated expenditures. The Medicare-Medicaid enrollees include three main segments: Full Benefit (Qualified Medicare Beneficiary-Plus (QMB-Plus), Specified Low-Income Medicare Beneficiaries Plus (SLMB-Plus) and Other Full Benefit), QMB-only and Partial Benefit (Specified Low-Income Medicare Beneficiaries (SLMB-only), Qualified Disabled Working Individuals (QDWI), and Qualifying Individuals (QI)). The study adds a new focus on those under 65 versus 65 and over, to illuminate areas in which their experiences differ, and compares them, respectively, to persons enrolled in Medicare but not Medicaid (i.e., "Medicare-only"), as well as those enrolled in Medicaid, qualifying due to disability, but not Medicare (i.e., "Medicaid-only with disability").

[8] http://www.ccwdata.org/web/guest/medicare-tables-reports
[9] Ibid.

II. Findings

A. Enrollment Patterns

1. Medicare-Medicaid Enrollees

As shown in **Table 1**, there were 9,095,994 individuals co-enrolled in Medicare and Medicaid for one or more months over the course of calendar year 2008. Of all Medicare-Medicaid enrollees, 6,984,789 (77%) were eligible for Medicare and Full Medicaid benefits, while 1,126,647 (12%) were QMB-only and 984,558 (11%) were other Partial Benefit Medicare-Medicaid enrollees.

Table 1. Count and Relative Distribution of Medicare-Medicaid Dual Enrollees, CY 2008

Medicaid Status	Number of Enrollees	Percent of the Medicare-Medicaid Enrollee Population
Full Benefit Medicare-Medicaid Enrollees	6,984,789	76.8%
Partial Benefit Medicare-Medicaid Enrollees	1,126,647	12.4%
QMB-only Medicare-Medicaid Enrollees	984,558	10.8%
TOTAL (ALL Medicare-Medicaid enrollees)	**9,095,994**	**100%**

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").

2. Medicaid Enrollees

As shown in **Table 2**, of the 61 million persons enrolled in Medicaid at any point in time in 2008, 15% were also enrolled in Medicare for at least part of the year.

Table 2. Percentage of Individuals in the Overall Medicaid Population by Medicare-Medicaid Enrollee Status, CY 2008

Medicaid Status	Number of Enrollees	Percent of Total Medicaid Population
All Medicare-Medicaid Dual Enrollees	9,095,994	14.8%
Full Benefit	6,984,789	(11.3%)
QMB-only	984,558	(1.6%)
Partial Benefit	1,126,647	(1.8%)
Medicaid-only	52,528,303	85.2%
Medicaid-only (disability BOE*)	5,631,205	(9.1%)
Medicaid-only (non-disability BOE)^	46,897,098	(76.1%)
TOTAL (ALL Medicaid Enrollees)	**61,624,297**	**100%**

*Basis of Eligibility

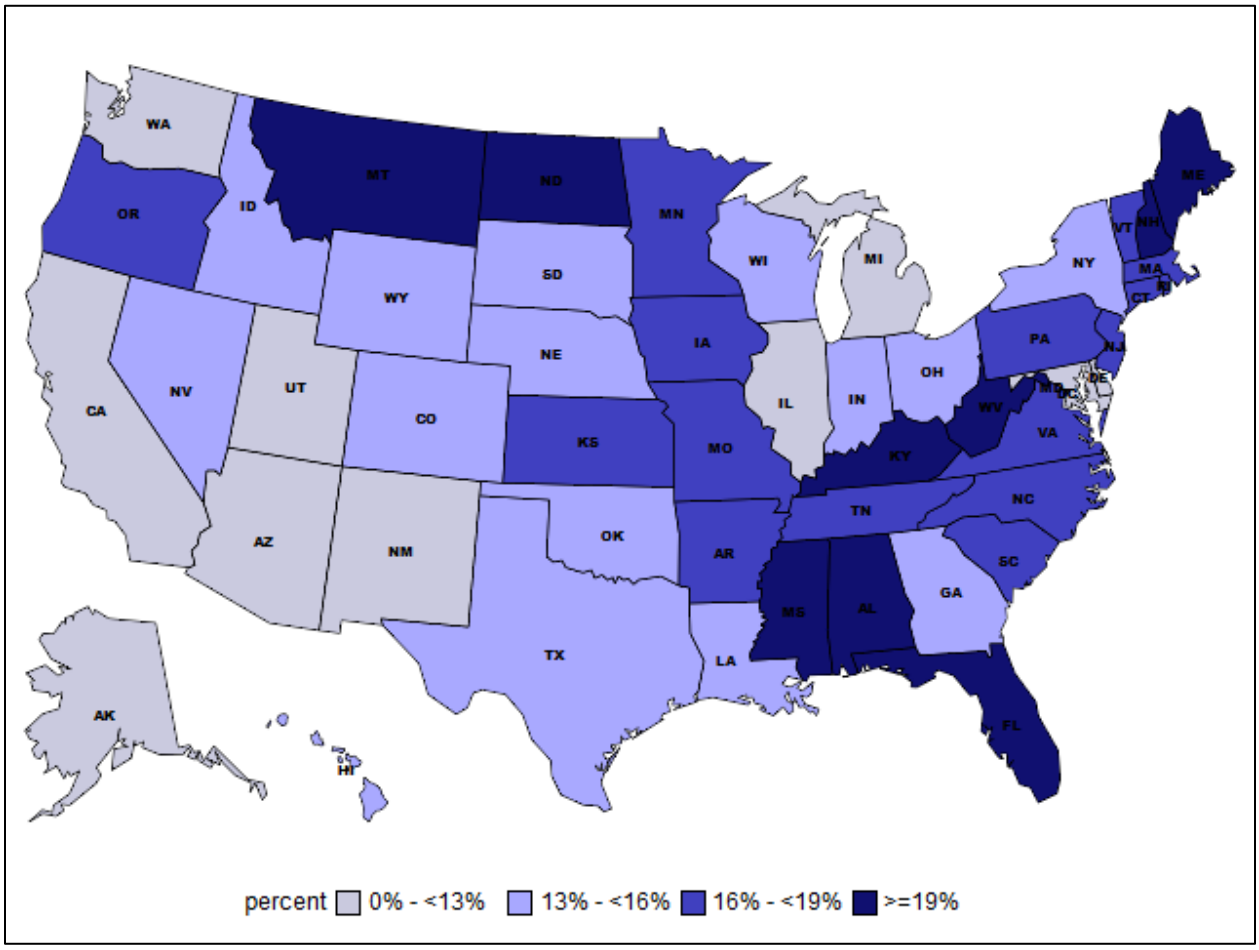
^Medicaid-only beneficiaries qualifying for Medicaid based on reasons other than disability were not included in the condition prevalence, service utilization and service expenditure analyses in this report.

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").

Source: CY 2008 Medicaid Analytic Extract (MAX) Person Summary (PS) and MMLEADS data for all Medicaid enrollees

The proportion of Medicaid enrollees that receive Medicare benefits was less than 26% and varied by state, although rates were generally higher in the South **(Figure 1)**. The states with the lowest percentage of Medicaid participants receiving Medicare included Arizona (10%) and Utah (10%). Maine had the highest percentage of Medicaid enrollees receiving Medicare benefits (26%). Other states with a high proportion of Medicaid participants receiving Medicare benefits included Alabama (23%), North Dakota (21%), Mississippi (20%), and Montana (20%).

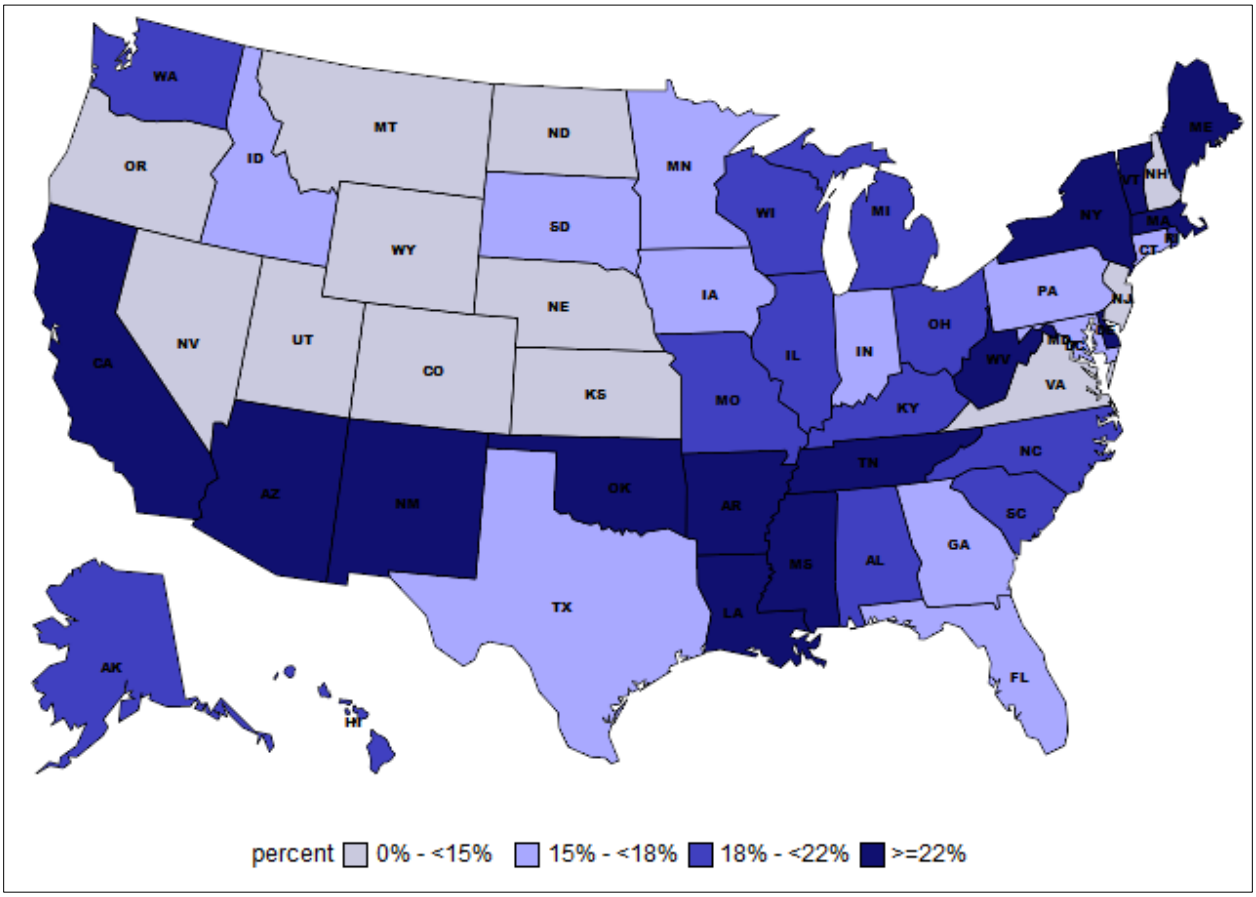
Figure 1. Percentage of Medicaid Enrollees with Medicare Coverage by State, CY 2008



Source: CY 2008 MMLEADS and Medicaid Analytic Extract (MAX) Person Summary (PS) data among all Medicaid-only and Medicare-Medicaid enrollees

Figure 2 shows the percentage of each state's overall population that depended on Medicaid for their health insurance in 2008. The darkest blue shading indicates states with at least 22% of their residents enrolled in Medicaid. The highest per capita participation rates were in the southwest, south central, and northeastern states. California (30%) and New Mexico (28%) had the highest proportions of the overall population enrolled in Medicaid. Nevada (11%) and Utah (11%) had the lowest overall Medicaid participation rates.

Figure 2. Percentage of the 2008 Population Enrolled in State Medicaid Programs



Source: CY 2008 Medicaid Analytic Extract (MAX) Person Summary (PS) and 2008 U.S. Census Population estimates for all Medicaid enrollees

3. Medicare Enrollees

As shown in **Table 3**, of the 47.8 million persons enrolled in Medicare at any point in time in 2008, 19% were also enrolled in Medicaid for at least part of the year.

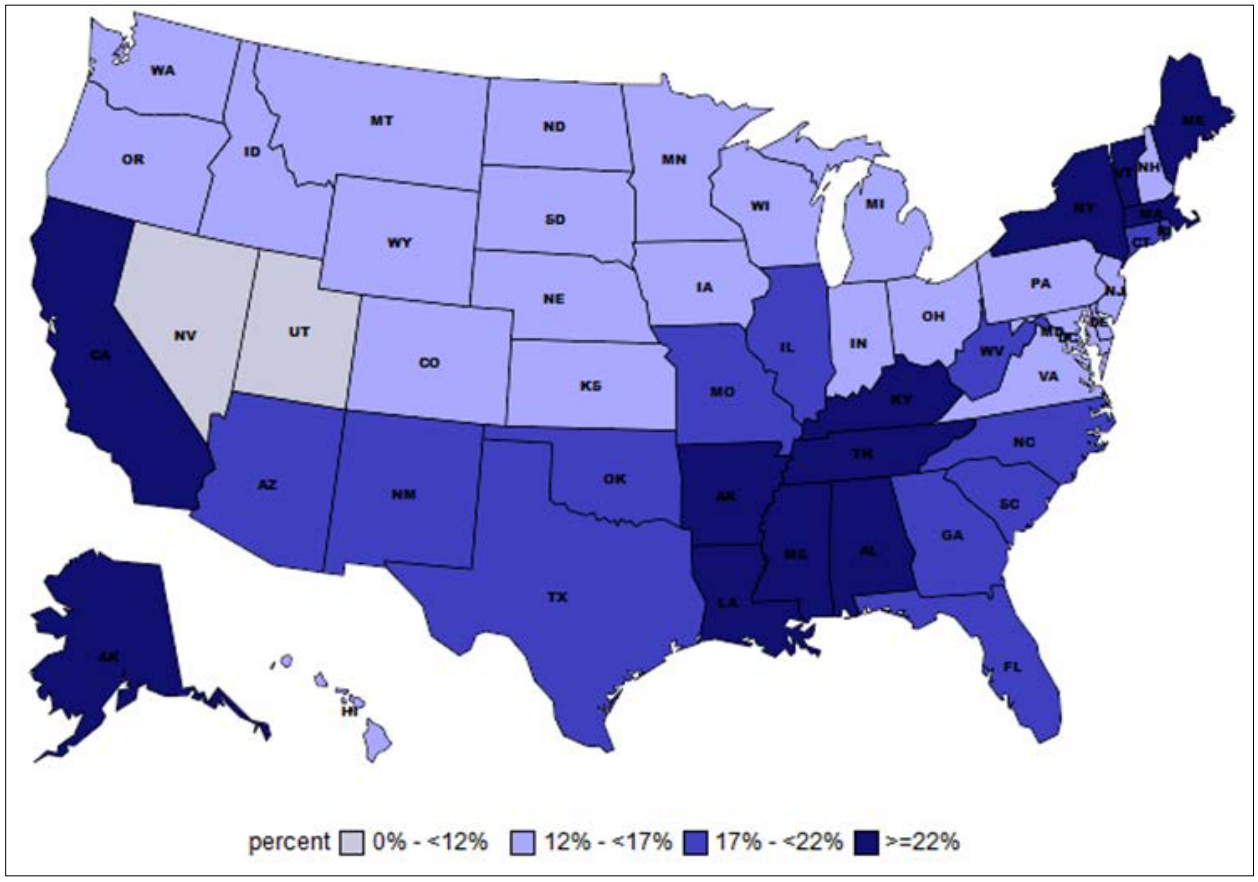
Table 3. Percentage of Individuals in the Overall Medicare Population by Medicare-Medicaid Enrollee Status, CY 2008

Medicaid Status	Number of Enrollees	Percent of Total Medicare Population
All Medicare-Medicaid Dual Enrollees	9,095,994	19.0%
Full Benefit	6,984,789	(14.6%)
QMB-only	984,558	(2.0%)
Partial Benefit	1,126,647	(2.4%)
Medicare only	38,888,163	81.0%
TOTAL (ALL Medicare Enrollees)	**47,849,669**	**100%**

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").

The proportion of Medicare enrollees receiving Medicaid benefits was relatively small and varied by state, although rates were generally higher in the South **(Figure 3)**. The states with the lowest percentage of Medicare participants receiving Medicaid included Utah (11%) and Nevada (12%). Maine had the highest percentage of Medicare enrollees receiving Medicaid benefits (34%). Other states with a high proportion of Medicare participants receiving Medicaid benefits included Mississippi (30%), Tennessee (27%), Louisiana (26%), and Vermont (26%).

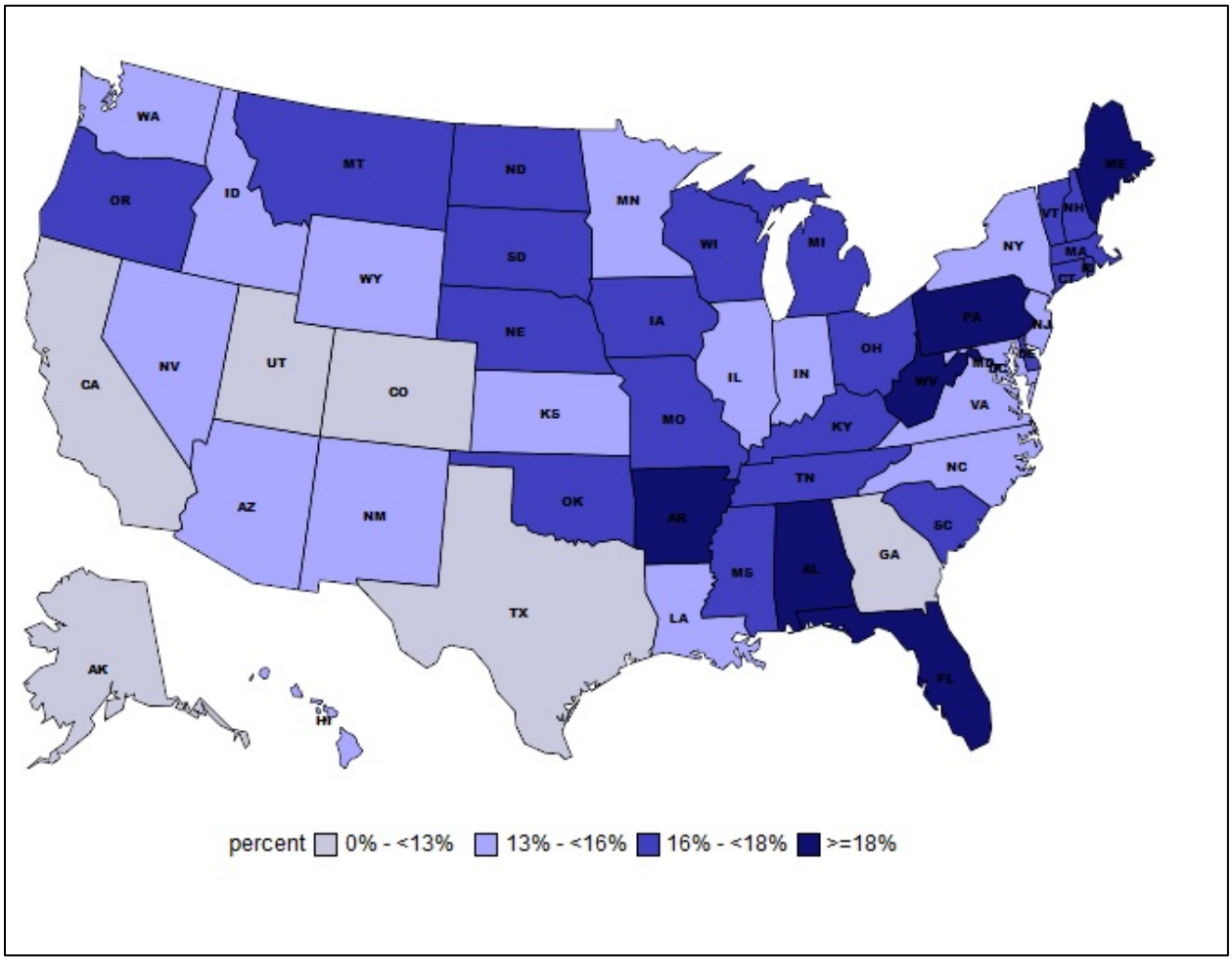
Figure 3. Percentage of Medicare Enrollees Participating in a Medicaid Program by State, CY 2008



Source: CY 2008 MMLEADS data among all Medicare-only and Medicare-Medicaid enrollees

Figure 4 shows the percentage of each state's overall population that depended on Medicare for their health insurance in 2008. The darkest blue shading indicates states with at least 18% of their residents enrolled in Medicare. The highest per capita participation rates were in the southeast and northeastern states. West Virginia (22%) and Maine (20%) had the highest proportions of the overall population enrolled in Medicare. Alaska (9%) and Utah (10%) had the lowest overall Medicare participation rates.

Figure 4. Percentage of the 2008 Population Enrolled in Medicare Programs

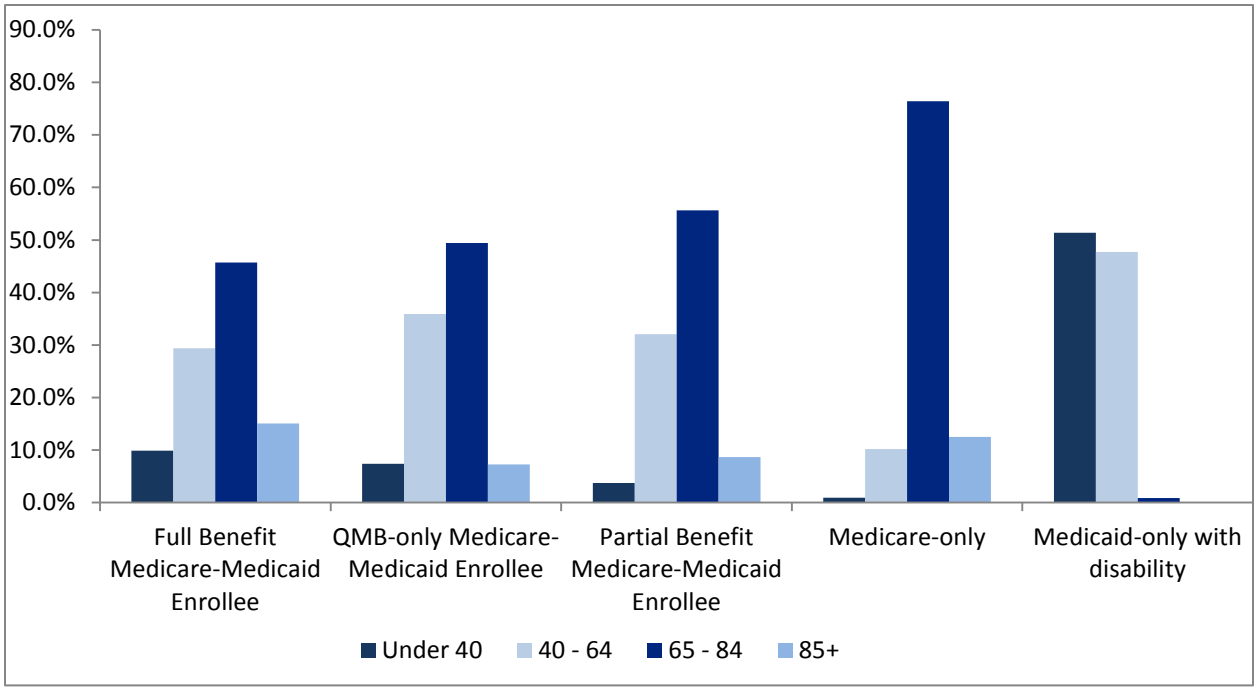


Source: CY 2008 Medicare Beneficiary Summary File and 2008 U.S. Census Population estimates for all Medicare enrollees

B. Enrollee Characteristics by Medicare-Medicaid Eligibility Type

Figure 5 demonstrates that the age distribution of the Medicare-Medicaid enrollee groups was significantly different from those of the Medicaid-only with disability and the Medicare-only groups. Over 35% of Medicare-Medicaid enrollees were under 65, and 40% of Full Benefit Medicare-Medicaid enrollees were under 65. Partial Benefit Medicare-Medicaid enrollees had the highest rate (among Medicare-Medicaid enrollees) of individuals 65 and over (63%), followed by Full Benefit (60%), and QMB-only enrollees (55%). Across all cohorts, Medicare-only enrollees had the highest percentage of enrollees 65 and over (89%). Medicaid-only enrollees with disability were far younger than the other eligibility groups, with 98% under 65.

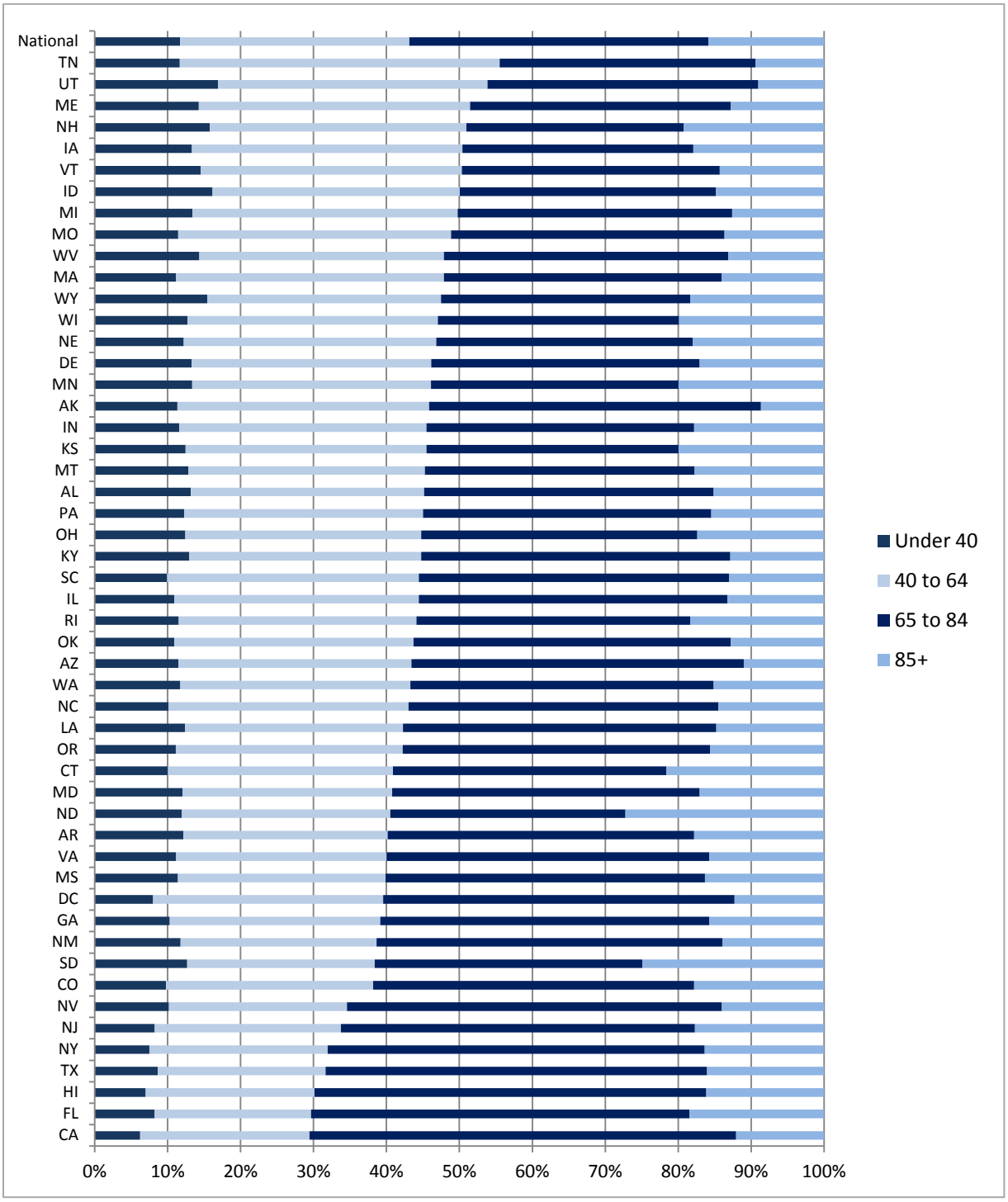
Figure 5. Age (in years) Distribution by Eligibility Type, CY 2008



Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: Data source: CY 2008 MMLEADS, all enrollees

Figure 6 shows the age distributions of Full Benefit Medicare-Medicaid enrollees by state. The states with the highest proportions of Full Benefit enrollees 65 and over were California (71%), Florida (70%), Hawaii (70%), and Texas (68%). The states with the highest proportions of Full Benefit enrollees under 65 were Tennessee (55%), Utah (54%), and Maine (51%).

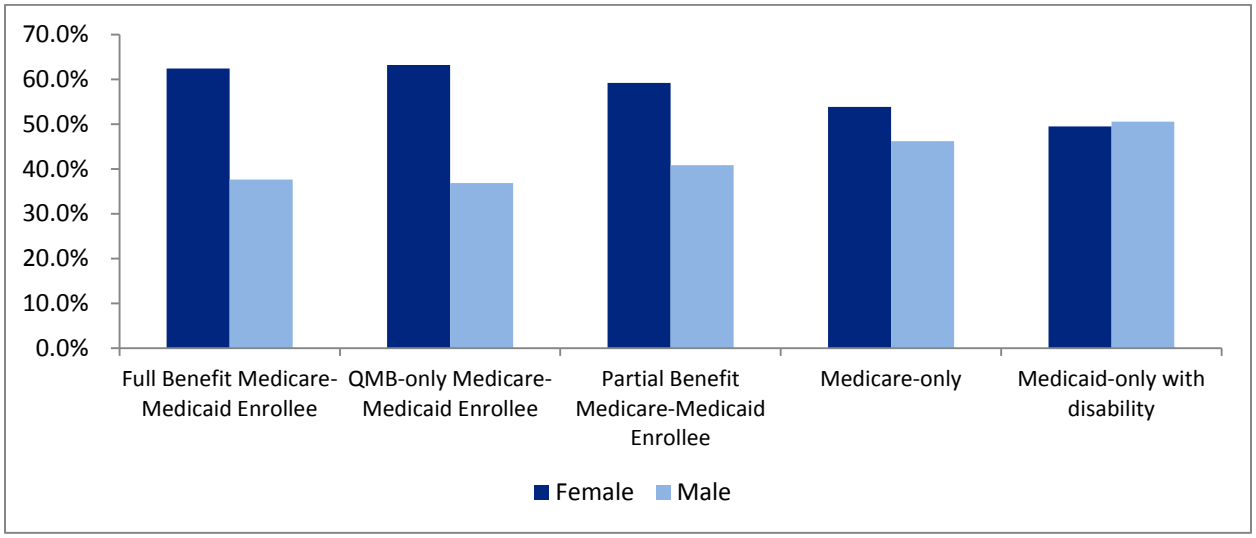
Figure 6. Age Distribution of Full Benefit Medicare-Medicaid Enrollees by State, CY 2008



Source: CY 2008 MMLEADS data among all Full Benefit Medicare-Medicaid enrollees

As seen in **Figure 7**, Medicare-Medicaid enrollees of all types were disproportionately female, compared to Medicaid-only enrollees with disability and Medicare-only enrollees. The largest difference between the sexes was observed among QMB-only Medicare-Medicaid enrollees, of whom 63% were female.

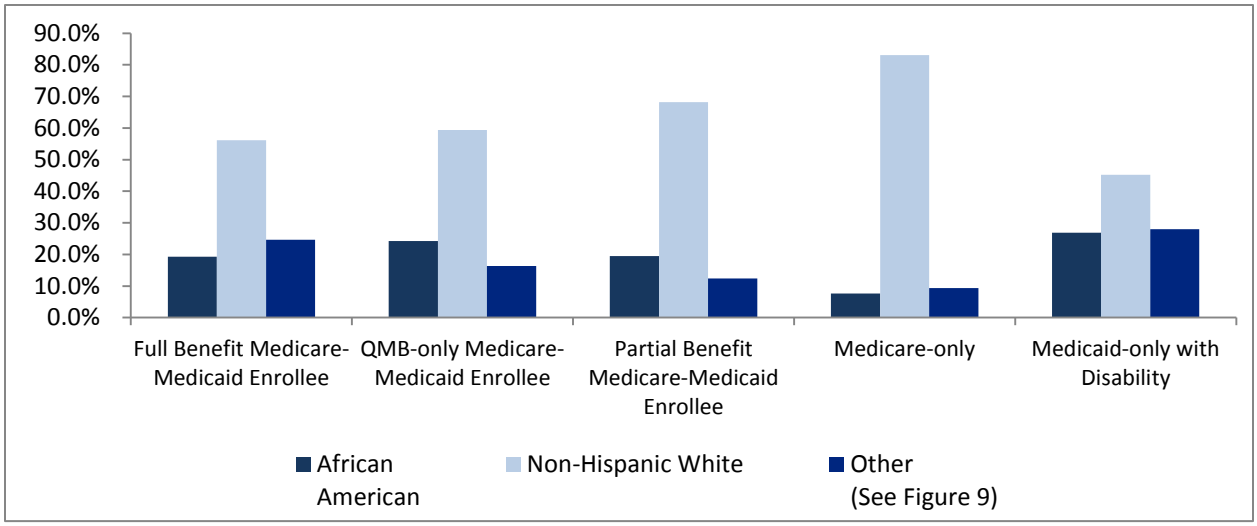
Figure 7. Sex Distribution by Eligibility Type, CY 2008



Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS, all enrollees

Distributions by race (**Figures 8 and 9)** were found to vary by eligibility type. As shown in **Figure 8**, a relatively high proportion of Medicare-Medicaid enrollees were of minority race status, ranging from 32% of Partial Benefit enrollees to 44% of Full Benefit enrollees, especially when compared to Medicare-only (17%). Medicaid-only enrollees with disability also had a high percentage of beneficiaries of minority races (55%).

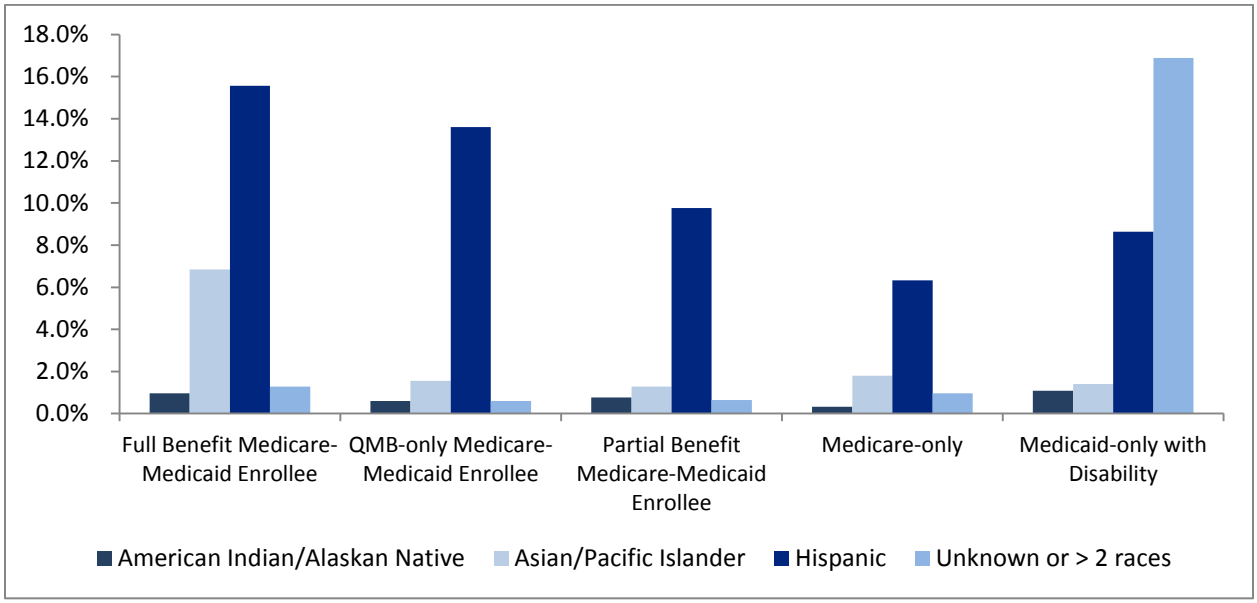
Figure 8. Ethnicity/Race Distribution by Eligibility Type, CY 2008



Note: The race/ethnicity characteristic for Medicare-only and Medicare-Medicaid enrollees is from the RTI race code; Medicaid-only with a disability is the race code from the MAX data.
Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS, all enrollees

Further, as seen in **Figure 9**, of all Medicare-Medicaid dually enrolled beneficiaries, those with Full Benefits had the highest percentages of individuals across every minority race category, with 16% being of Hispanic/Latino origin, 7% as Asian/Pacific Islander, and 1% being American Indian or Alaskan Native.

Figure 9. Other Ethnicity/Race Category by Eligibility Type, CY 2008

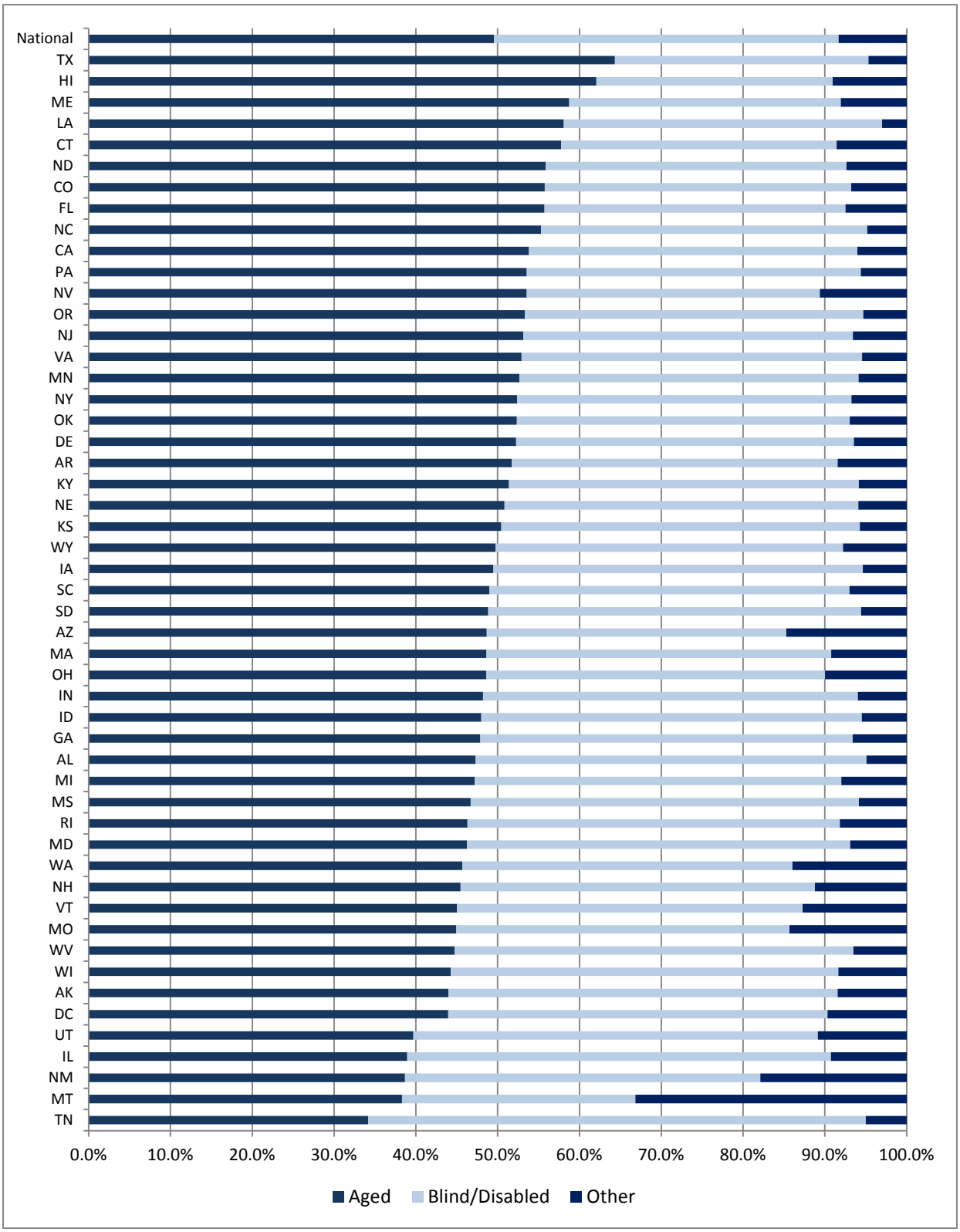


Note: The race/ethnicity characteristic for Medicare-Medicaid and Medicare-only enrollees is from the RTI race code; Medicaid-only with a disability is the race code from the MAX data.
Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS

1. Medicare-Medicaid Enrollees' Reasons for Medicaid Eligibility

Figure 10 shows the distribution of Medicare-Medicaid enrollees across the Medicaid Basis of Eligibility (BOE) categories by state. Over 80% of Medicare-Medicaid enrollees were eligible for Medicaid services due to age or disability. The states with the largest proportions of Medicare-Medicaid enrollees eligible for Medicaid due to age included Texas (64%), Hawaii (62%), and Maine (59%). The states with the largest proportions of Medicaid eligibility due to blindness or disability included Tennessee (61%), Illinois (52%), and Utah (50%).

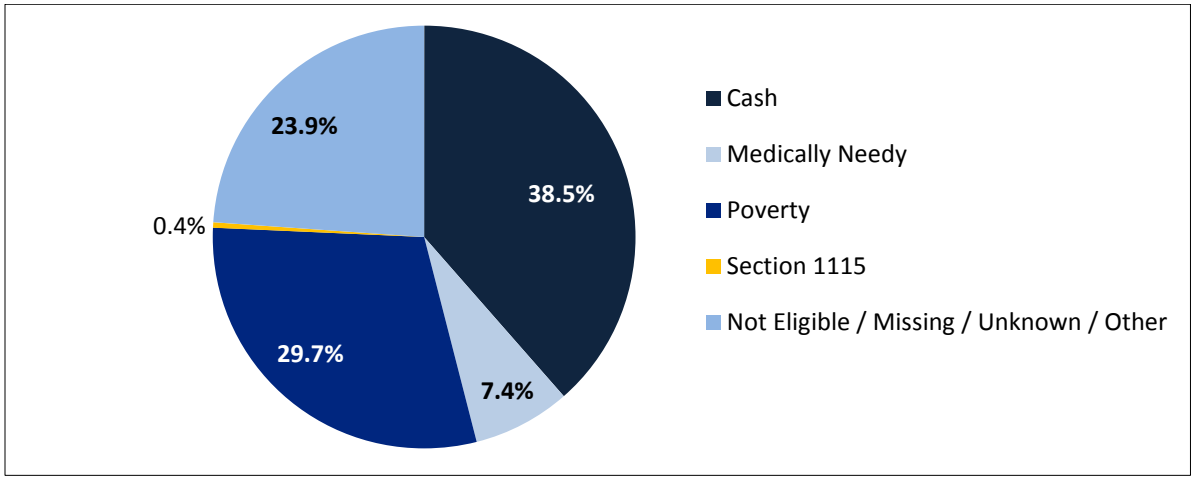
Figure 10. Basis for Medicaid Eligibility for Medicare-Medicaid Enrollees by State, CY 2008



Source: CY 2008 MMLEADS

Figure 11 shows Medicare-Medicaid enrollees' maintenance assistance status, which identifies aid classifications for enrollment. Among all Medicare-Medicaid enrollees, 39% received assistance due to eligibility for cash assistance (i.e., Supplemental Security Income or SSI) and 30% as the result of poverty. As expected, a very small percentage (less than 1%) of Medicare-Medicaid enrollees received assistance from Section 1115 waivers, programs in which states receive flexibility from CMS to test new or existing approaches to financing and delivering Medicaid benefits.

Figure 11. Maintenance Assistance Program for Medicare-Medicaid Enrollees (Partial Benefit, QMB-only and Full Benefit Enrollees), CY 2008

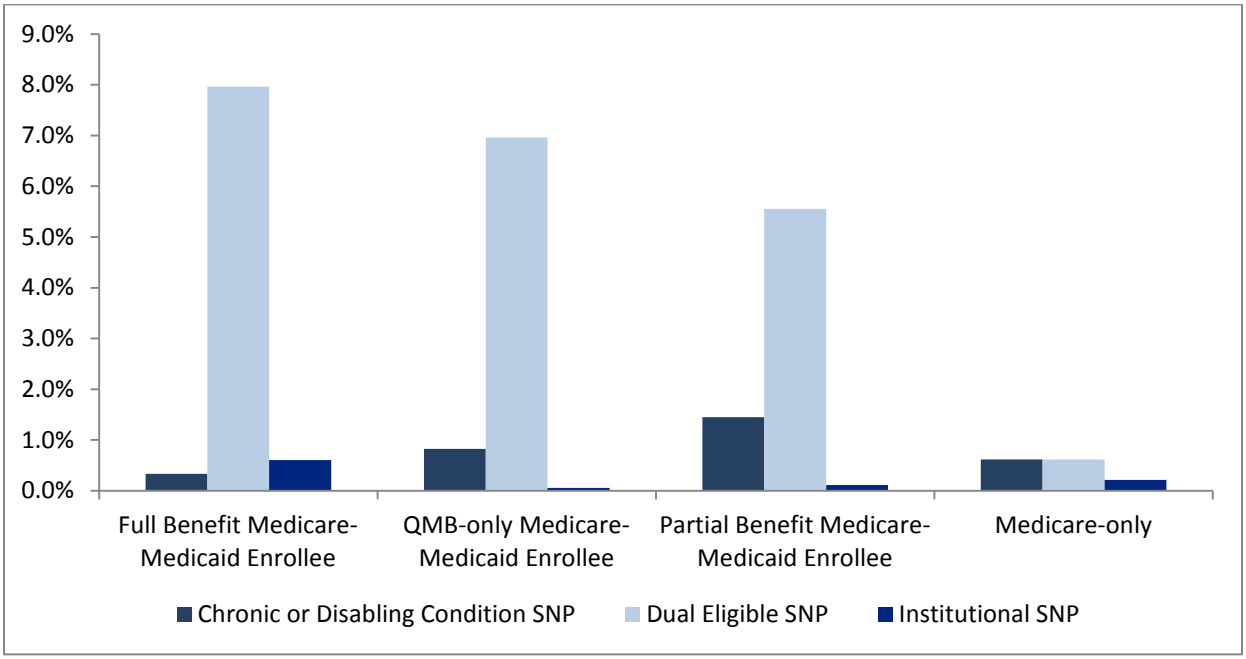


Source: CY 2008 MMLEADS

2. Participation in Medicare Special Needs Plans

Medicare has established special needs plans (SNP) to provide coordinated care for individuals in defined categories. **Figure 12** shows SNP participation rates by Medicare-only or Medicare-Medicaid eligibility type and SNP type (i.e., "Chronic and Disabling Condition", "Dual Eligible", and "Institutional"). The highest SNP participation rates were for the SNPs targeting Medicare-Medicaid enrollees (the "Dual Eligible" or "D-SNPs"), and therefore, SNP participation was much higher among Medicare-Medicaid enrollees than among Medicare-only enrollees (less than 1%). Full Benefit Medicare-Medicaid enrollees had the highest SNP participation rate (9%).

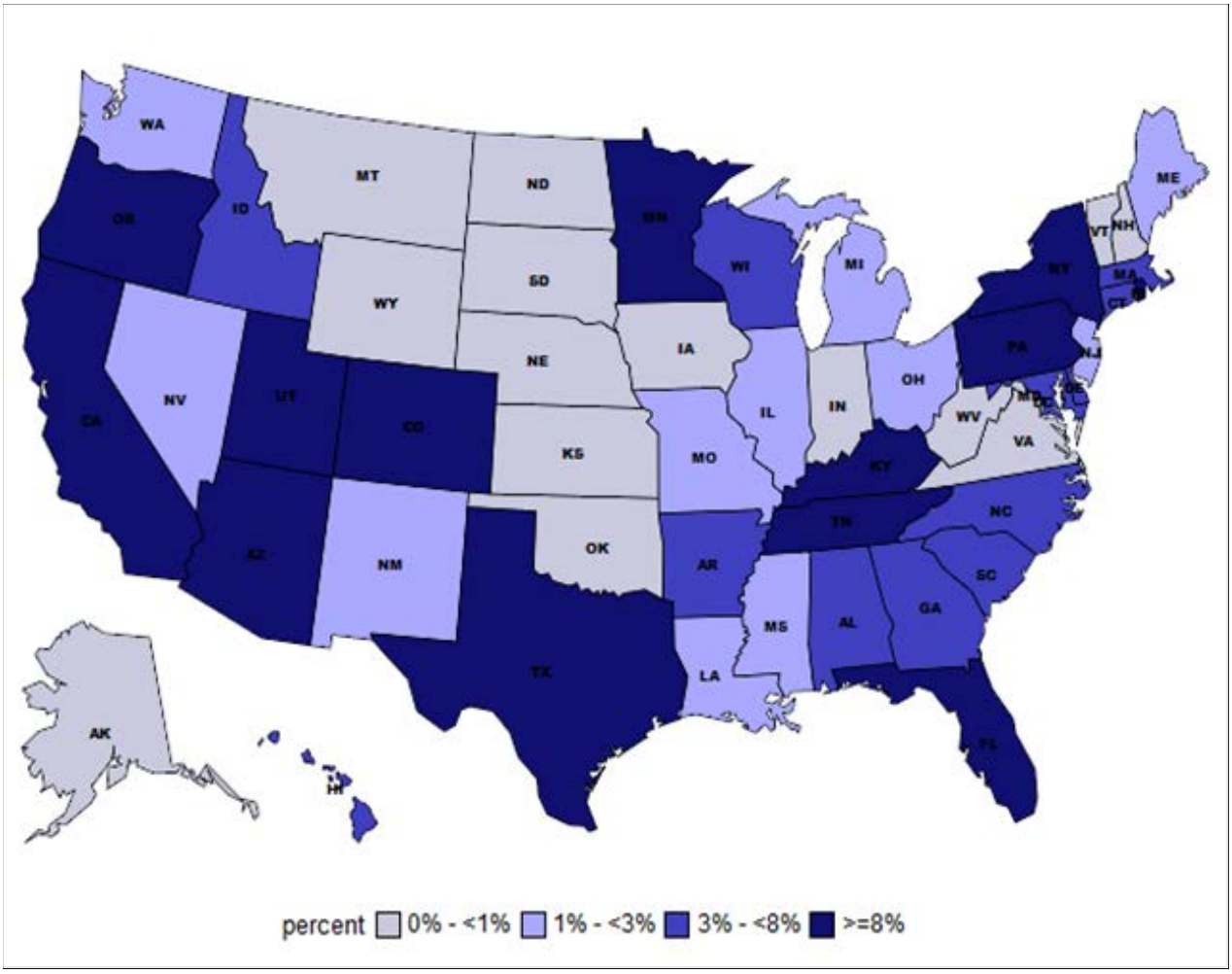
Figure 12. SNP Enrollment Rates, by SNP Plan Type and Eligibility Type, CY 2008



Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data for Medicare Eligible enrollees

Enrollment in SNPs among Full Benefit Medicare-Medicaid enrollees varied across the states (**Figure 13**). The states with at least 8% of Full Benefit Medicare-Medicaid enrollees receiving benefits from a special needs plan were Arizona (40%), Minnesota (33%), Pennsylvania (29%), Oregon (28%), Rhode Island (14%), Tennessee (13%), Colorado (12%), New York (12%), Utah (11%), California (10%), Florida (10%), Kentucky (9%), and Texas (8%). The states with the lowest proportions of participants receiving special needs plan benefits included Vermont, Alaska, and New Hampshire, each with well under 1% of enrollees participating in the program.

Figure 13. Full Benefit Medicare-Medicaid Enrollee SNP Enrollment by State, CY 2008



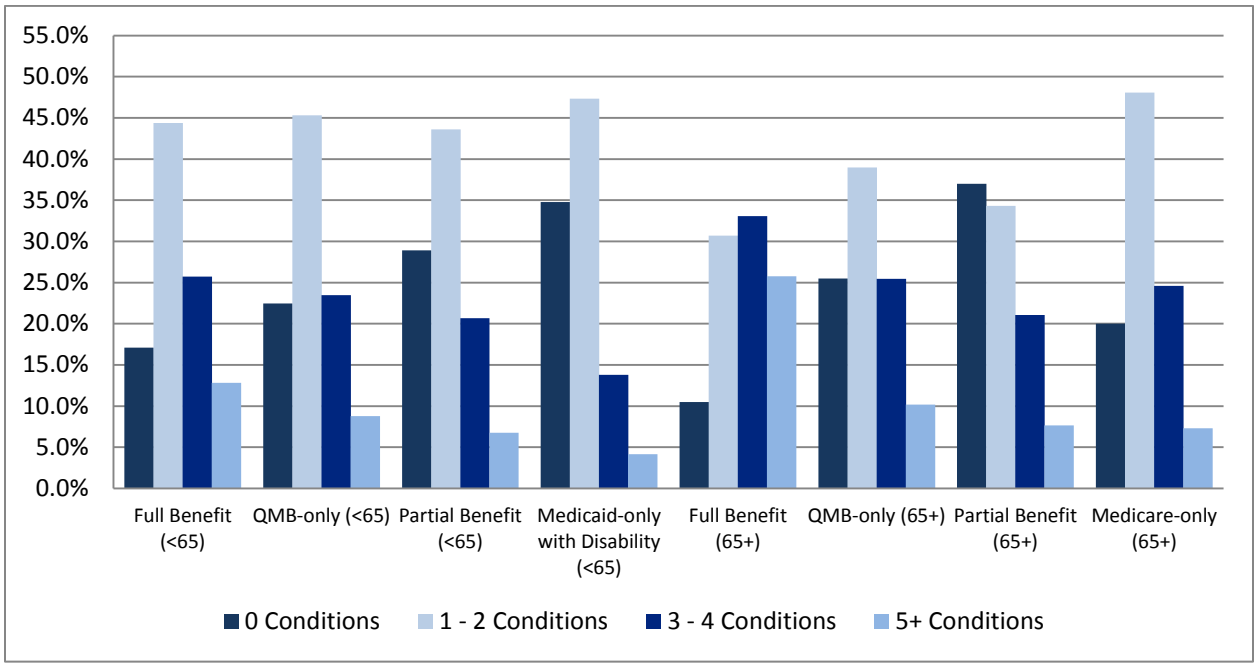
Source: CY 2008 MMLEADS data among Full Benefit Medicare-Medicaid enrollees

C. Physical Health, Mental Health, and Disability-Related Conditions

The following subsections describe the prevalence of physical health, mental health, and disability-related conditions across all eligibility types enrolled exclusively in fee-for-service for the entire year. Since condition prevalence rates are understood to vary with age, we narrowed our comparison groups to the following: Medicaid-only with disability under 65 and Medicare-only 65 and over.

As shown in **Figure 14**, relative to all other eligibility groups, Full Benefit Medicare-Medicaid enrollees 65 and over had the highest proportion with three to four comorbid conditions (33%) and the highest proportion of five or more comorbid conditions (26%), resulting in a total of 59% with three or more conditions. In fact, the rate of five or more comorbid conditions among Full Benefit enrollees 65 and over was nearly four times that of Medicare-only beneficiaries (7%). Full Benefit Medicare-Medicaid enrollees under 65, and presumably with disability, also had very high comorbidity rates, with 13% having five or more chronic conditions compared to only 4%of Medicaid-only enrollees with disability; 26% of those with Full Benefits had three to four chronic conditions, as compared to only 14% of Medicaid-only enrollees with disability. Medicaid-only enrollees with a disability, all of whom were under 65, had the largest proportion of enrollees with fewer than three conditions (82%). Nearly 68% of Medicare-only enrollees, all of whom were 65 and over, had fewer than three conditions.

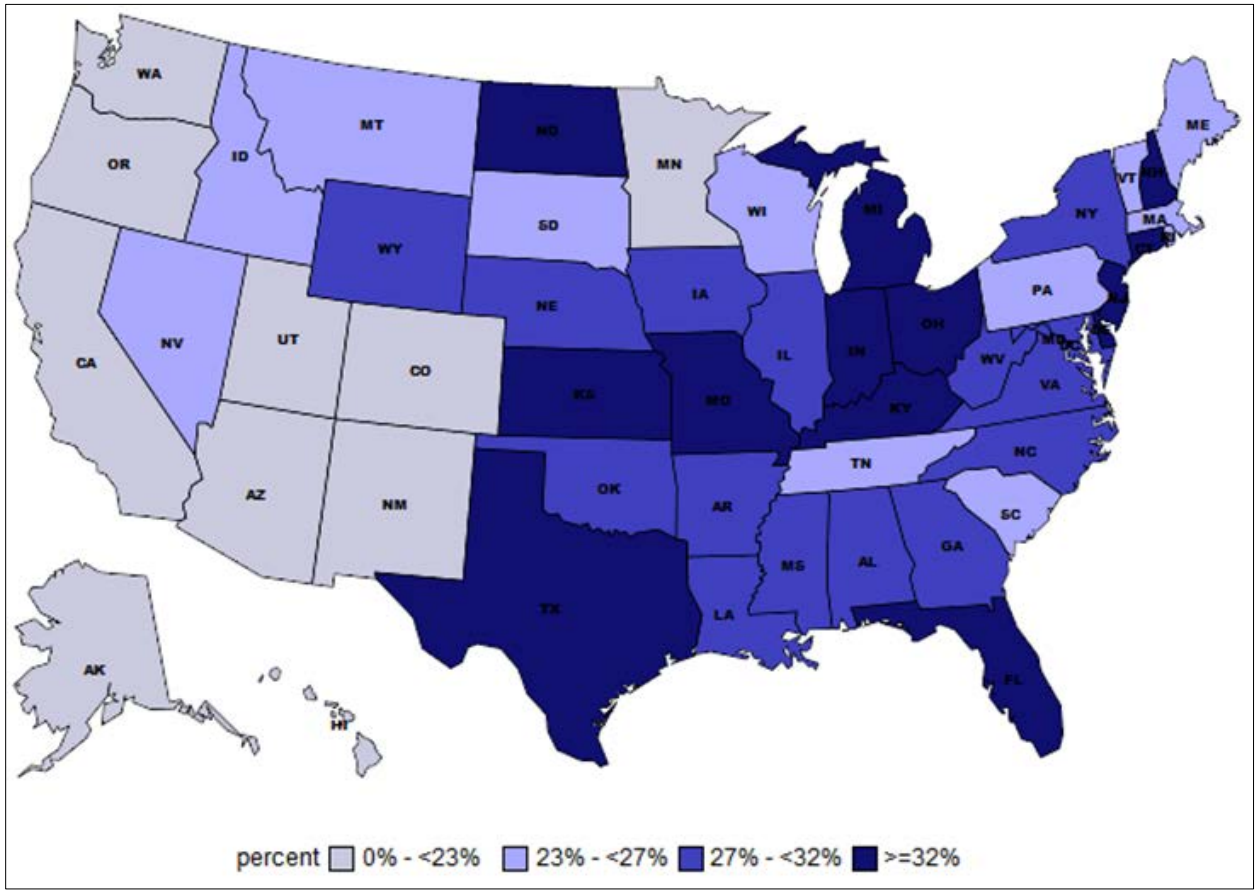
Figure 14. Number of Conditions among FFS Enrollees, by Eligibility Type and Age, CY 2008



Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among enrollees who were Medicare or Medicaid FFS for all months alive in 2008.

Figure 15 shows the percentage of Full Benefit Medicare-Medicaid enrollees with five or more conditions across the states. The states with the highest percentages of enrollees with more than five conditions included Indiana (29%), Ohio (28%) and Texas (28%). States with the lowest percentages of Medicare-Medicaid enrollees diagnosed with five or more conditions included Hawaii (9%), Alaska (10%) and Arizona (13%). However, Arizona's low percentage of enrollees with more than five chronic conditions was unlikely to be representative of all Arizona Full Benefit Medicare-Medicaid enrollees, given that only 36% of all Full Benefit Medicare-Medicaid enrollees in Arizona were enrolled exclusively in FFS.

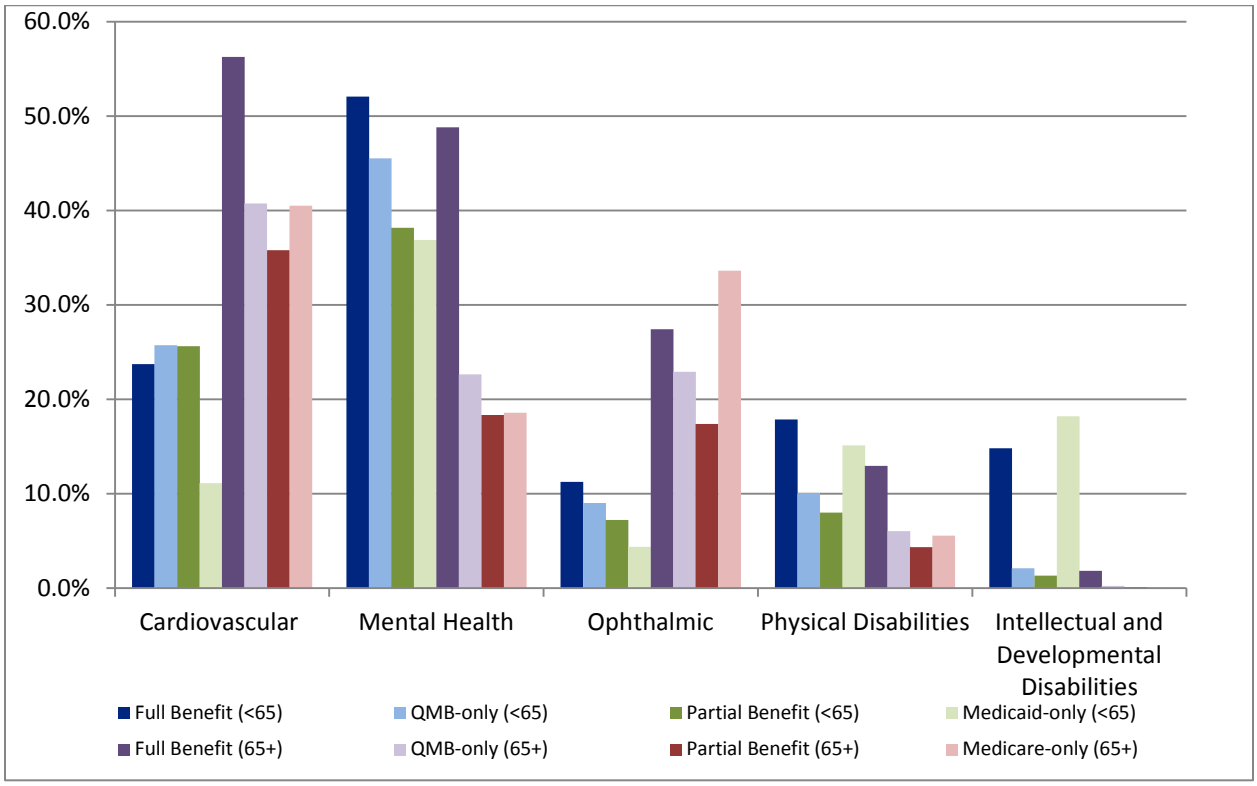
Figure 15. Percentage of FFS Full Benefit Medicare-Medicaid Enrollees with Five or More Conditions by State, CY 2008



Source: CY 2008 MMLEADS data among Full Benefit Medicare-Medicaid enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

The prevalence rates of the different physical health, mental health, and disability-related conditions varied across Medicare-Medicaid eligibility types and age groups (**Figure 16**, data provided in **Appendix C**). Full Benefit Medicare-Medicaid enrollees 65 and over had the highest rate of cardiovascular conditions (56%), followed by QMB-only enrollees and Medicare-only enrollees (41%). Full Benefit enrollees across both age groups had the highest rates of mental health conditions (52% among those under 65; 49% among those 65 and over). Medicare-only enrollees had the highest rate of ophthalmic conditions (34%), while Medicaid-only enrollees with disability had the highest rates of physical disabilities (15%) and intellectual and developmental disabilities[10] (18%).

Figure 16. Prevalence of Physical Health, Mental Health and Disability-Related Conditions among FFS Enrollees, by Eligibility Type and Age, CY 2008



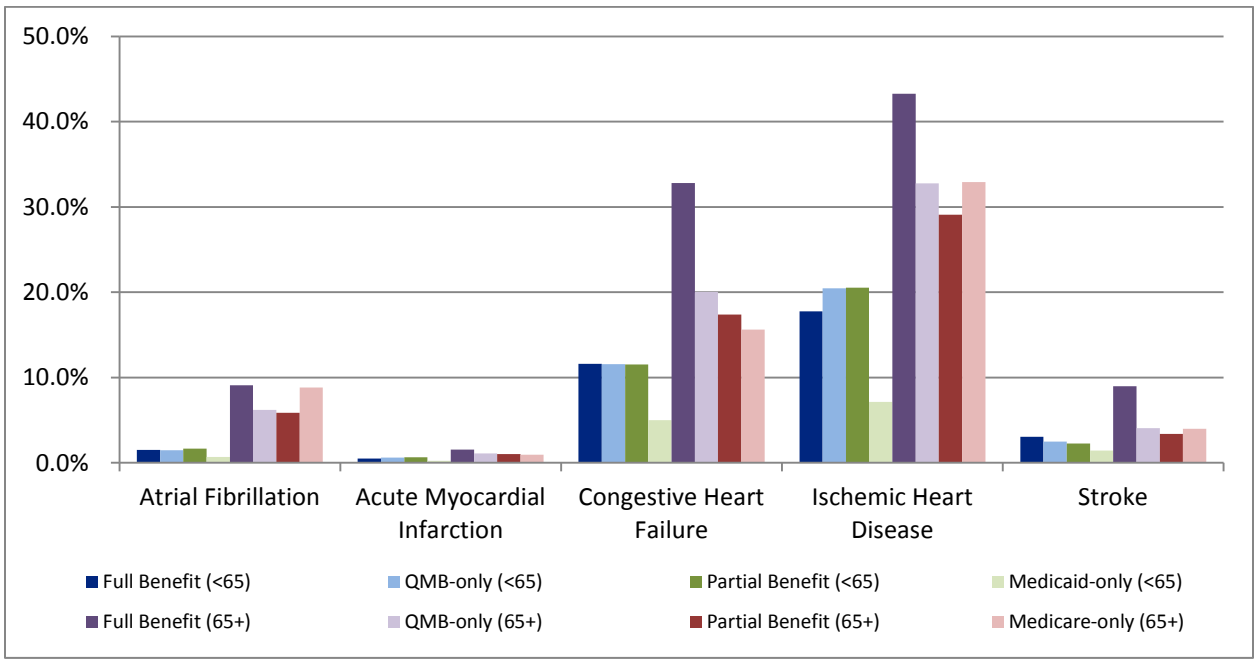
Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

[10] This category includes autism, learning disabilities, developmental delays, and other intellectual disabilities.

Figures 17 through **28** show prevalence rates for specific physical health, mental health, and disability-related conditions; the data underlying the figures are included in **Appendix D**.

The cardiovascular conditions with the highest prevalence were ischemic heart disease and congestive heart failure (**Figure 17**); the subpopulations with the highest rates were Medicare-Medicaid enrollees 65 and over (43%), followed by Medicare-only enrollees (33%) and QMB-only enrollees 65 and over (33%).

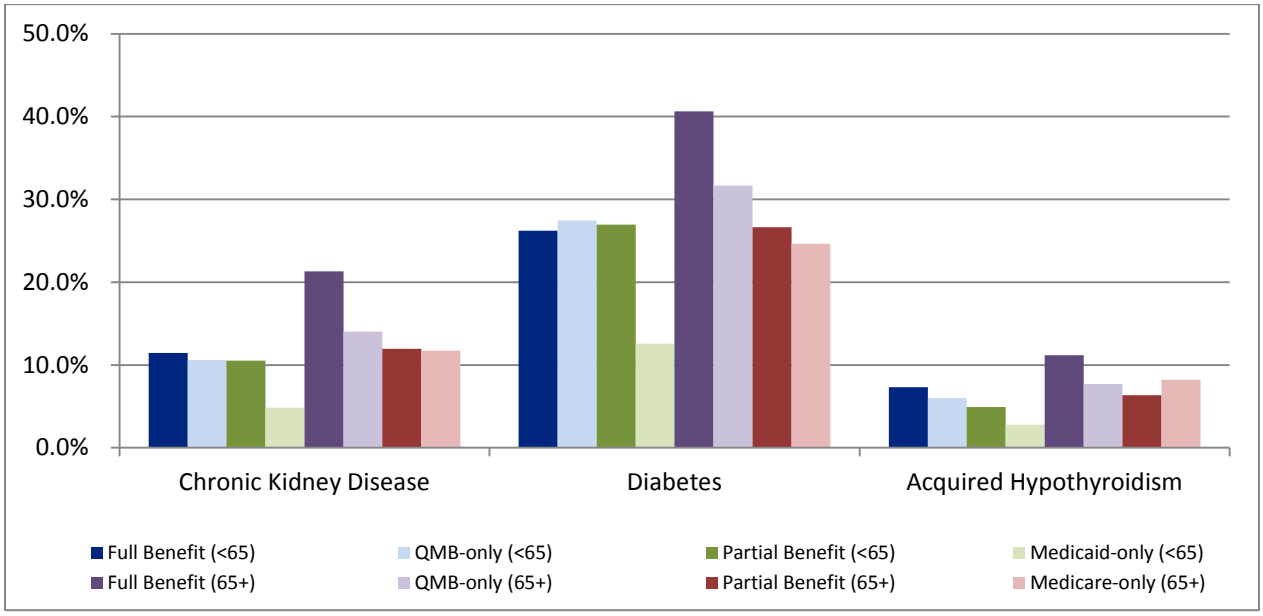
Figure 17. Cardiovascular Conditions among FFS Enrollees, by Eligibility Type and Age, CY 2008



Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

Of the three endocrine and renal conditions studied, diabetes consistently had the highest prevalence rates across all eligibility groups (**Figure 18**). Full Benefit Medicare-Medicaid enrollees 65 and over had the highest prevalence rates of all three conditions, and their rates were significantly higher than the other groups. The prevalence rate for diabetes for this group was 41%, compared to 32% among the second highest group, QMB-only enrollees 65 and over, and compared to Medicare-only enrollees 65 and over at 25%. Full Benefit Medicare-Medicaid enrollees 65 and over had a prevalence rate of 21% for chronic kidney disease (compared to 14% among QMB-only enrollees 65 and over, the second highest group) and 11% for acquired hypothyroidism (compared to 8% among Medicare-only enrollees, the second highest group).

Figure 18. Endocrine and Renal Conditions among FFS Enrollees, by Eligibility Type and Age, CY 2008



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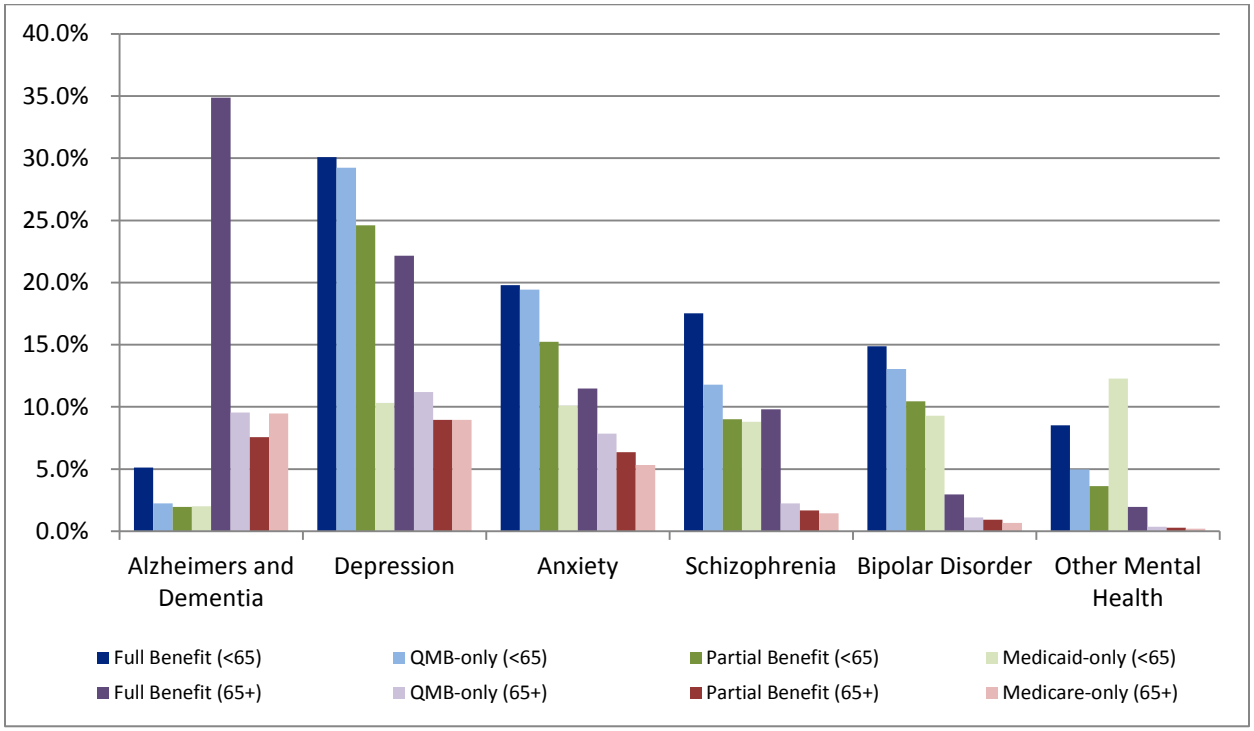
Source: CY 2008 MMLEADS data among enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

With the exception of Alzheimer's disease and dementia, all mental health conditions were disproportionately higher among those under 65 (**Figure 19**). For all categories except "other mental health" (consisting of ADHD and personality disorders), Full Benefit Medicare-Medicaid enrollees had the highest prevalence rates: 35% of Full Benefit enrollees 65 and over had Alzheimer's disease or dementia, and of those under 65, 30% had depression, 20% had anxiety[11], 18% had schizophrenia, and 15% had bipolar disorder. Medicaid-only enrollees with disability had the highest prevalence rate for "other mental health" conditions.

Figure 19. Mental Health Conditions among FFS Enrollees, by Eligibility Type and Age, CY 2008

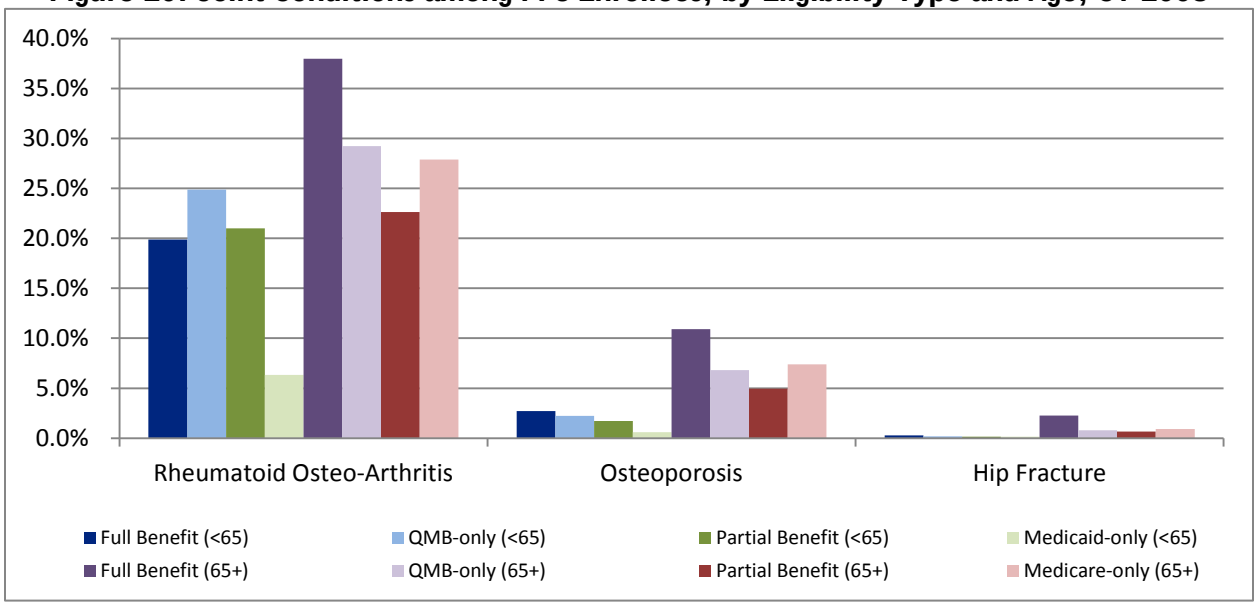


Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

[11] The anxiety category also includes Post-Traumatic Stress Disorder (PTSD).

Full Benefit Medicare-Medicaid enrollees 65 and over also had the highest rates of rheumatoid osteo-arthritis (38%), osteoporosis (11%), and hip fracture (2%). (**Figure 20**). For arthritis, QMB-only enrollees 65 and over had the second highest rate (29%), while Medicare-only enrollees had the second highest rate of osteoporosis (7%).

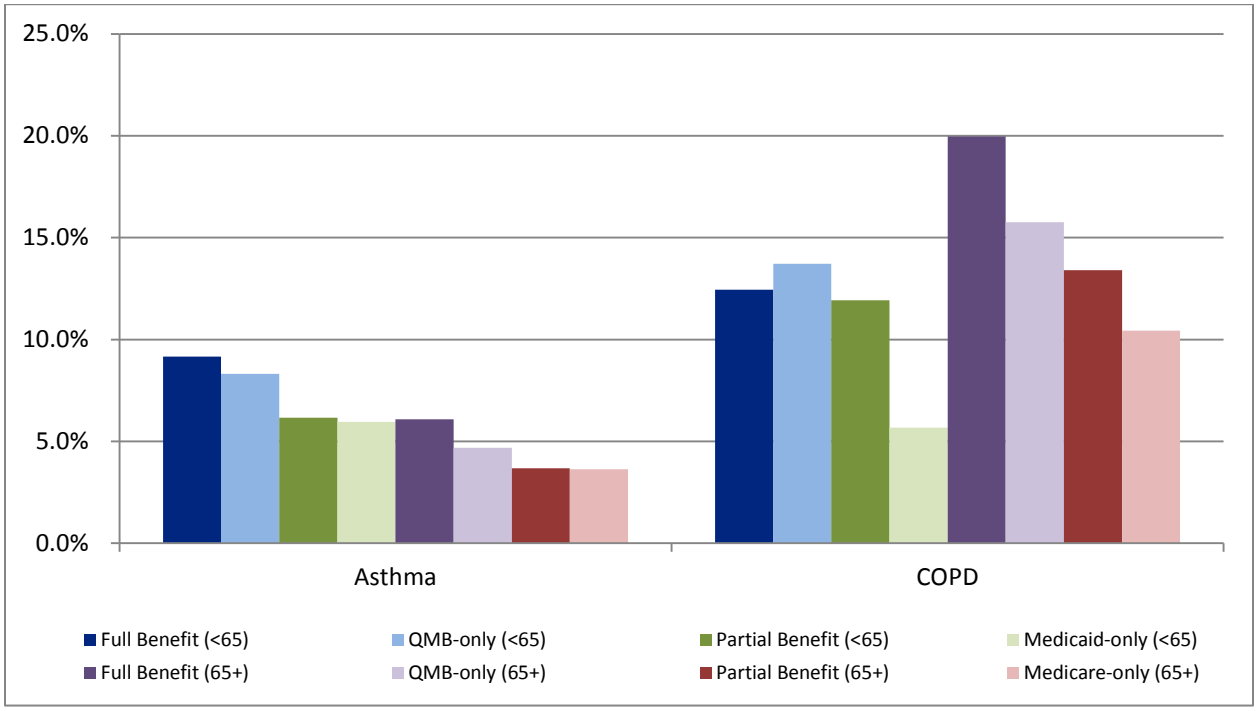
Figure 20. Joint Conditions among FFS Enrollees, by Eligibility Type and Age, CY 2008



Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

In general, as seen in **Figure 21**, younger enrollees had higher rates of asthma, while enrollees 65 and over had higher rates of COPD. For both conditions, however, Full Benefit Medicare-Medicaid enrollees had the highest prevalence rates. The difference in prevalence rates between Full Benefit enrollees and other groups was particularly pronounced for COPD. Full Benefit enrollees 65 and over had a 20% COPD prevalence rate, compared to only 16% for the next highest group (QMB-only enrollees 65 and over) and only 10% among Medicare-only enrollees and 6% among Medicaid-only enrollees with disability.

Figure 21. Pulmonary Conditions among FFS Enrollees, by Eligibility Type and Age, CY 2008



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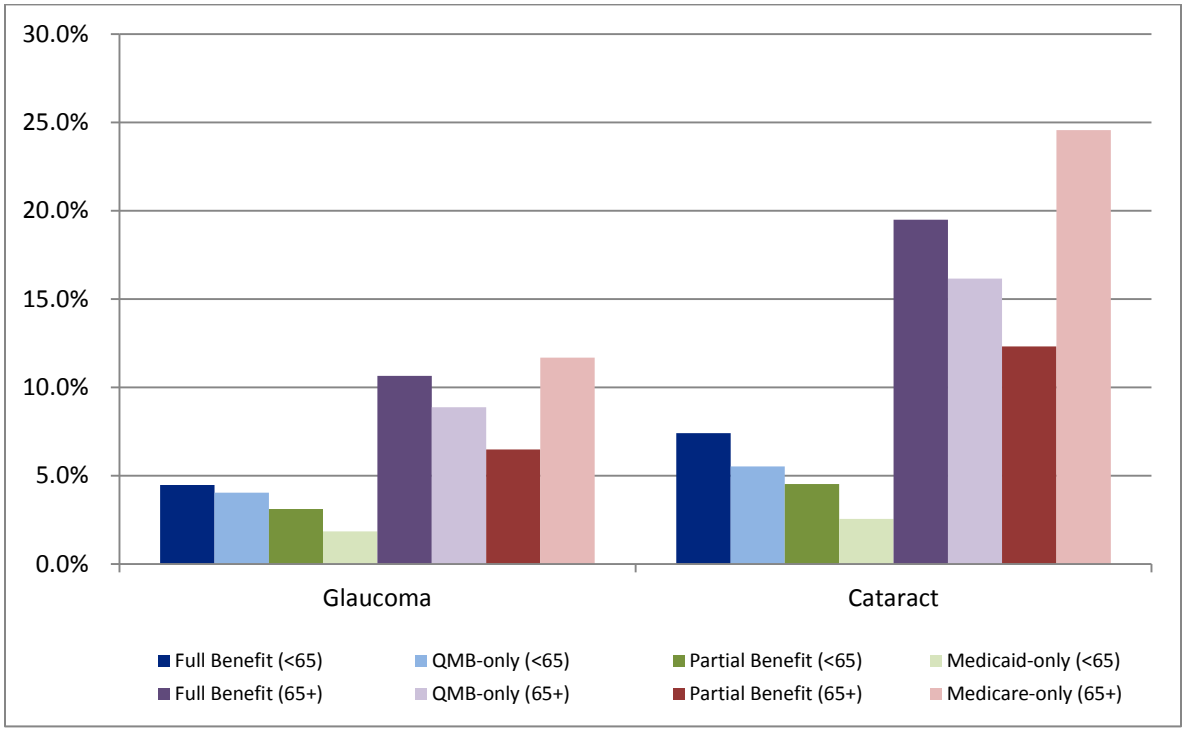
Source: CY 2008 MMLEADS data among enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

Ophthalmologic conditions were most prevalent among individuals 65 and over (**Figure 22**). Medicare-only enrollees had the highest rates of glaucoma (12%) and cataract (25%) with Full Benefit Medicare-Medicaid enrollees (65+) closely behind at 11% and 20%, respectively.

Figure 22. Ophthalmic Conditions among FFS Enrollees, by Eligibility Type and Age, CY 2008



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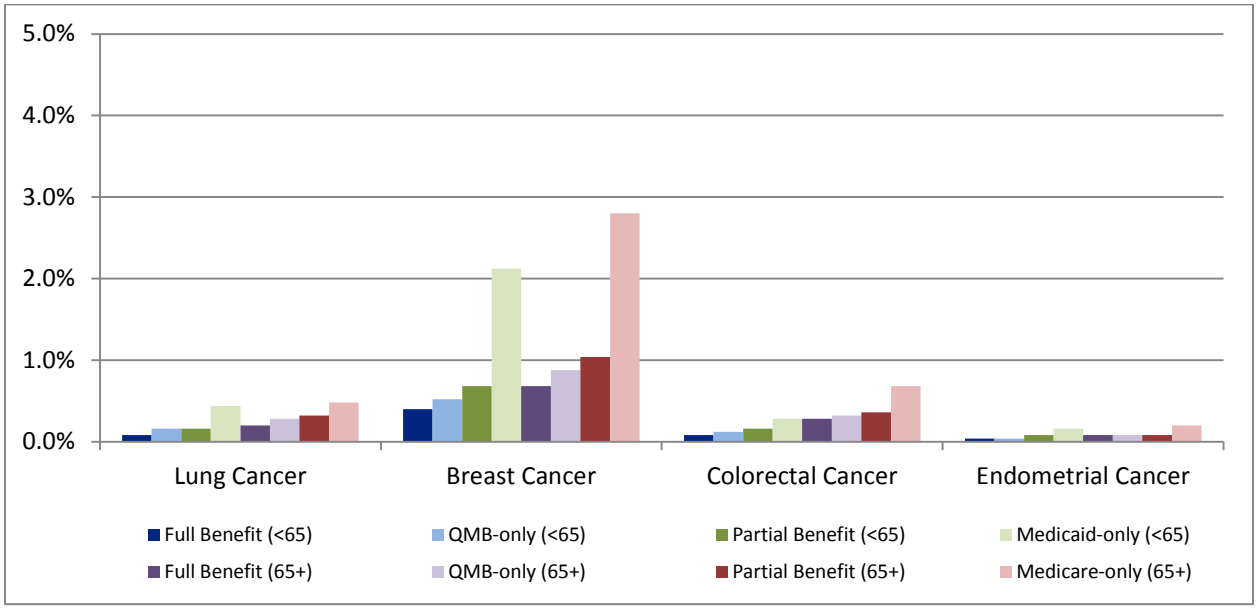
Source: CY 2008 MMLEADS data among enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

Among females, breast cancer was the most common cancer (**Figure 23**). Rates of cancer among female Medicare-Medicaid enrollees appeared to be lower than among Medicare-only enrollees and Medicaid-only enrollees with disability.

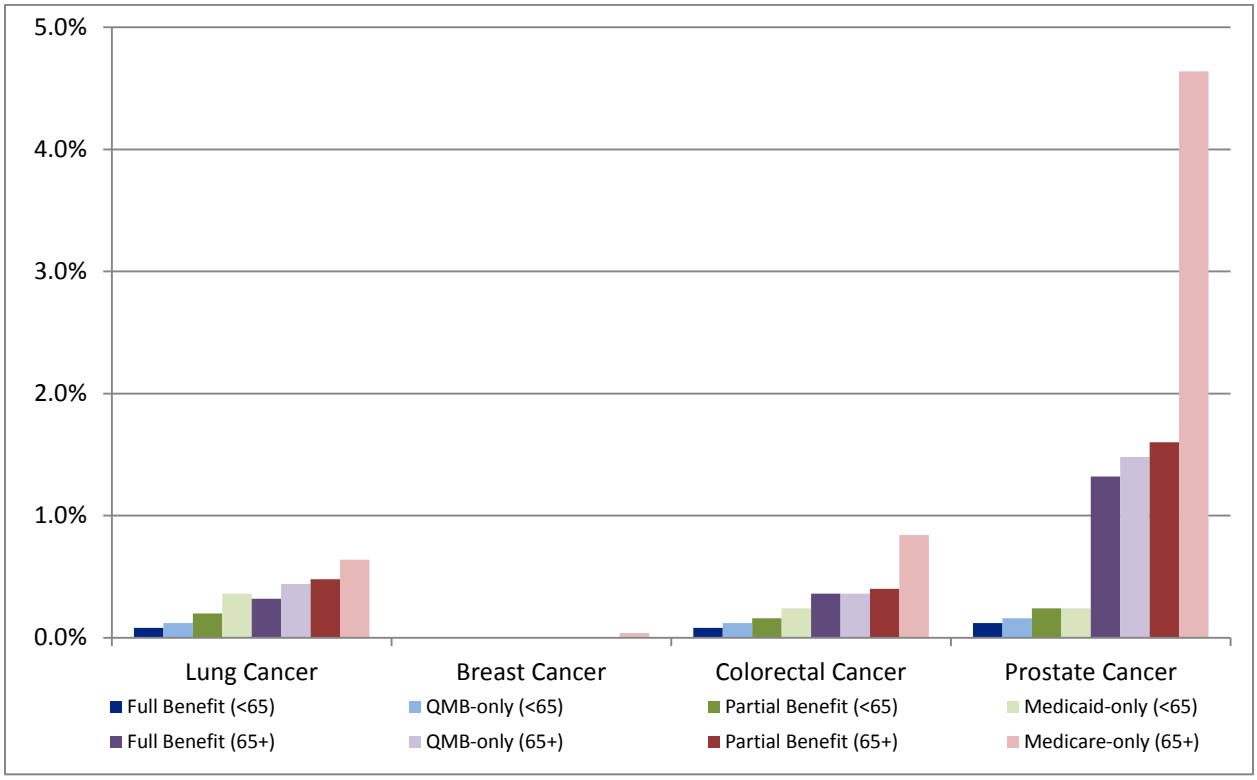
Figure 23. Cancer Types among Female FFS Enrollees, by Eligibility Type and Age, CY 2008



Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Female enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

Among men, prostate cancer was the most prevalent cancer (**Figure 24**) for all eligibility types. Prostate cancer in Medicare-only enrollees (5%) was more than double that of any other eligibility type. The prevalence rates of lung, colorectal, and breast cancer were less than 1% among all male Medicare-Medicaid eligibility types and age categories.

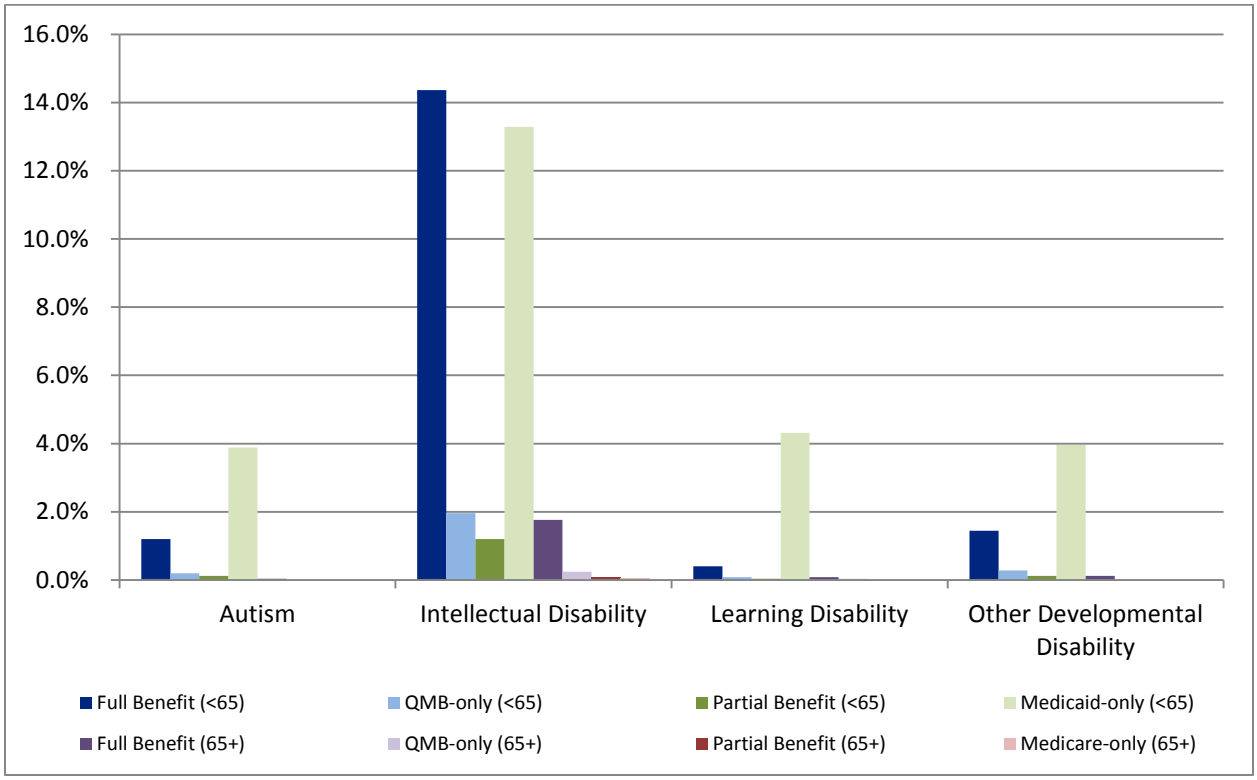
Figure 24. Cancer Types among Male FFS Enrollees, by Eligibility Type and Age, CY 2008



Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Male enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

Figure 25 shows that Full Benefit enrollees under 65 had the highest rates of intellectual disabilities (just over 14%), followed closely by Medicaid-only enrollees (13%). Enrollees under 65 and those with full Medicaid benefits (Full Benefit Medicare-Medicaid and Medicaid-only enrollees) had higher rates of autism, intellectual disabilities, learning disabilities, and other developmental disabilities than enrollees 65 and over and those without full Medicaid benefits. Medicaid-only enrollees had the highest rates of autism (4%), learning disabilities (4%), and other developmental disabilities (4%), followed by Full Benefit Medicare-Medicaid enrollees under 65 (all near or less than 1%).

Figure 25. Intellectual and Developmental Disabilities among FFS Enrollees, by Eligibility Type and Age, CY 2008



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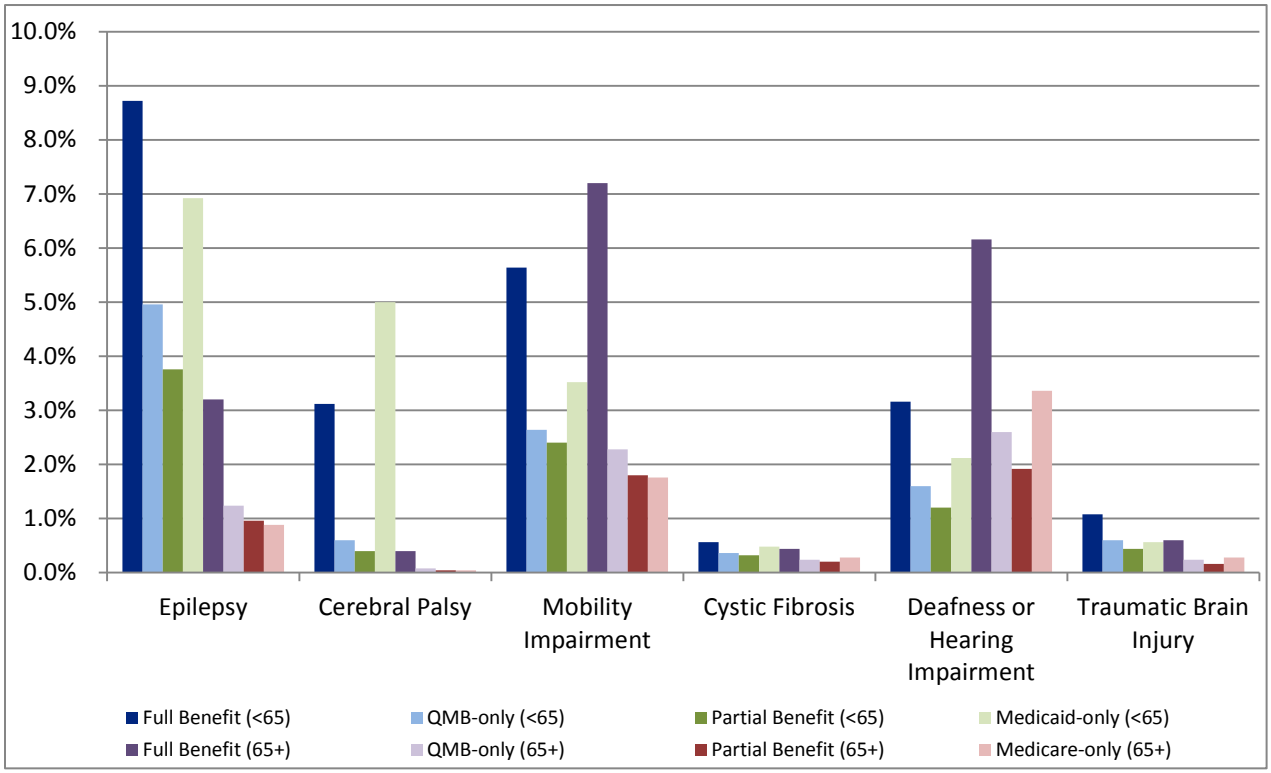
Source: CY 2008 MMLEADS data among enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

Figures 26 and **27** show prevalence rates for physical conditions often associated with disability by eligibility type and age. Full Benefit Medicare-Medicaid enrollees had the highest rates across all the eligibility groups for the majority of physical disability-related conditions, including the Medicaid-only with disability group. Full Benefit Medicare-Medicaid enrollees had the highest rates for eight of the eleven physical conditions studied, and Medicaid-only enrollees with disability had the highest rates for three disabilities. Full Benefit Medicare-Medicaid enrollees under 65 had the highest rates of epilepsy (9%), cystic fibrosis (under 1%), traumatic brain injury (1%), multiple sclerosis (2%) and spinal cord injury (2%). Full Benefit Medicare-Medicaid enrollees 65 and over had the highest rates of mobility impairments (7%), deafness or hearing impairments (6%) and blindness or visual impairments (2%). Medicaid-only enrollees had the highest rates of cerebral palsy (5%), muscular dystrophy (less than 1%), and spina bifida (2%).

Figure 26. Physical Disabilities among FFS Enrollees, by Eligibility Type and Age, CY 2008



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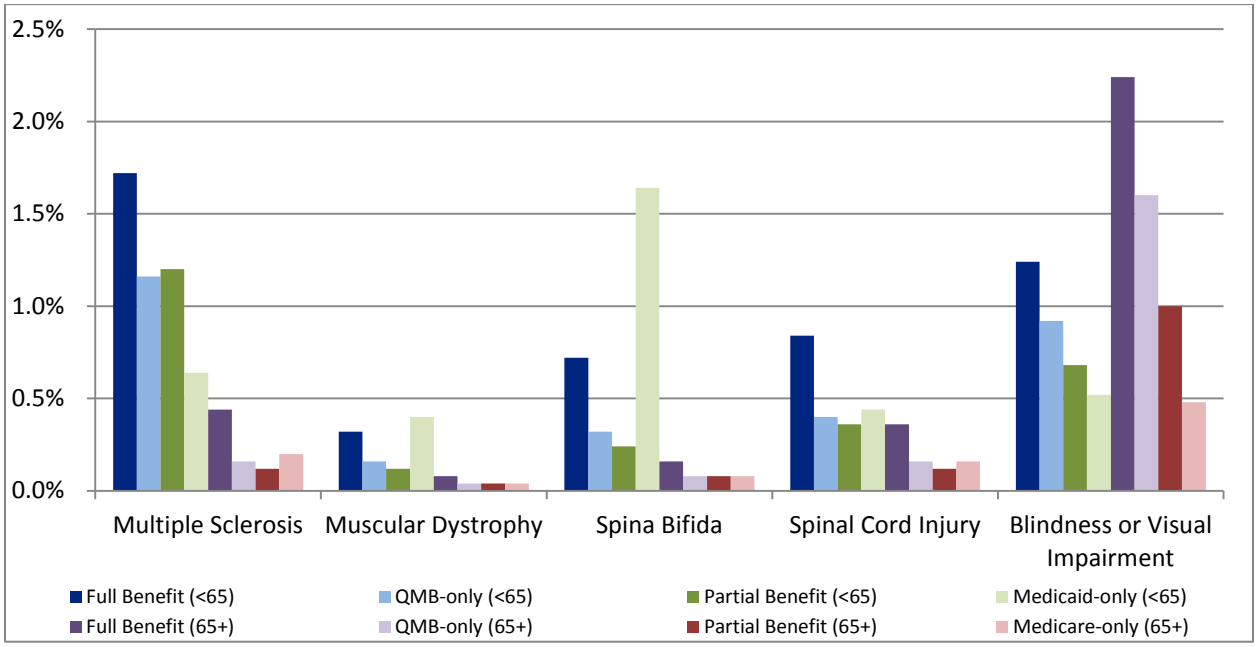
Source: CY 2008 MMLEADS data among enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

Figure 27. Additional Physical Disabilities among FFS Enrollees, by Eligibility Type and Age, CY 2008



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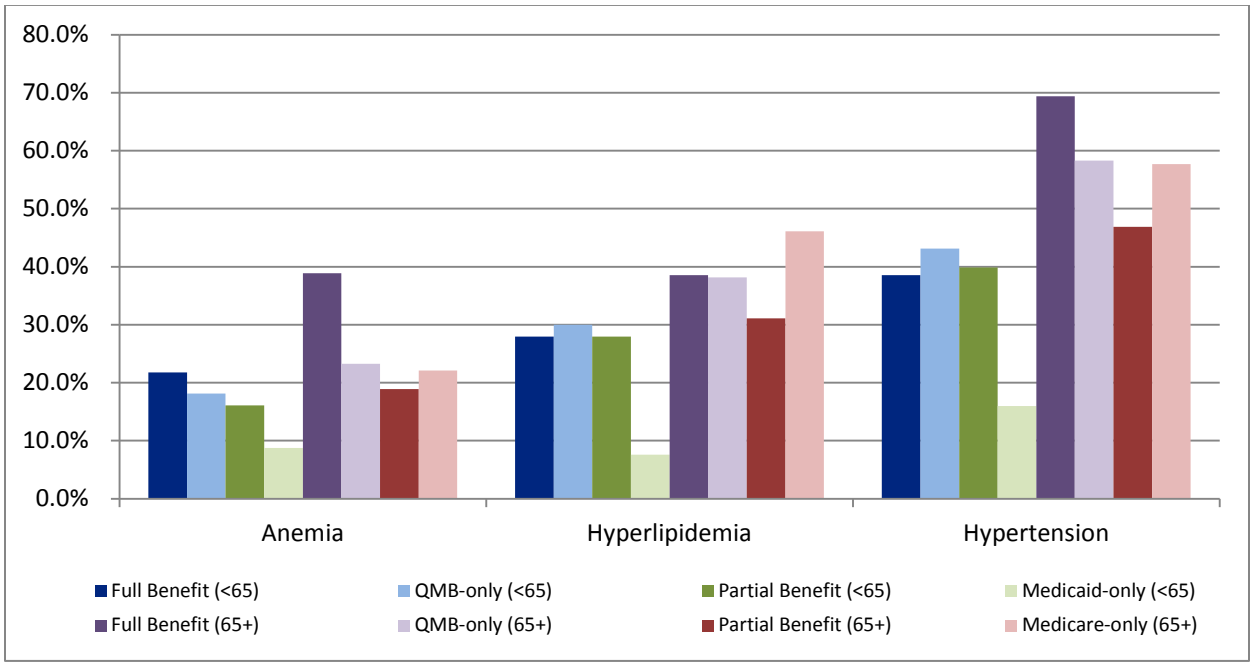
Source: CY 2008 MMLEADS data among enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

Hypertension, hyperlipidemia, and anemia all had very high prevalence rates among all enrollee groups 65 and over (**Figure 28**). Full Benefit Medicare-Medicaid enrollees had the highest rate of anemia (39%) and hypertension (69%), while Medicare-only enrollees 65 and over had the highest rate of hyperlipidemia (46%), with Full Benefit enrollees 65 and over coming in second at 39%.

Figure 28. Other Conditions among FFS Enrollees, by Eligibility Type and Age, CY 2008



Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among enrollees who were FFS Medicare or Medicaid for all months alive in 2008.

Appendix D reports the specific prevalence rates for each condition across the eligibility types and age groups. For each eligibility type and age group combination, the most prevalent conditions included:

- Full Benefit (<65): hypertension (38%) and depression (30%)
- Full Benefit (65+): hypertension (69%) and ischemic heart disease (43%)
- Partial Benefit (<65): hypertension (40%) and hyperlipidemia (28%)
- Partial Benefit (65+): hypertension (47%) and hyperlipidemia (31%)
- QMB-Only (<65): hypertension (43%) and hyperlipidemia (30%)
- QMB-Only (65+): hypertension (58%) and hyperlipidemia (38%)
- Medicare-only (65+): hypertension (58%) and hyperlipidemia (46%)
- Medicaid-only (<65): hypertension (16%), intellectual disabilities (13%), and other mental health (13%)

The data show that across all groups, hypertension was the single most common condition and that hyperlipidemia was the second most common condition for all groups except Full Benefit Medicare-Medicaid and Medicaid-only enrollees. Full Benefit Medicare-Medicaid enrollees still had high rates of hyperlipidemia (28% among those under 65 and 39% among those 65 and over), but they had higher rates of depression and ischemic heart disease.

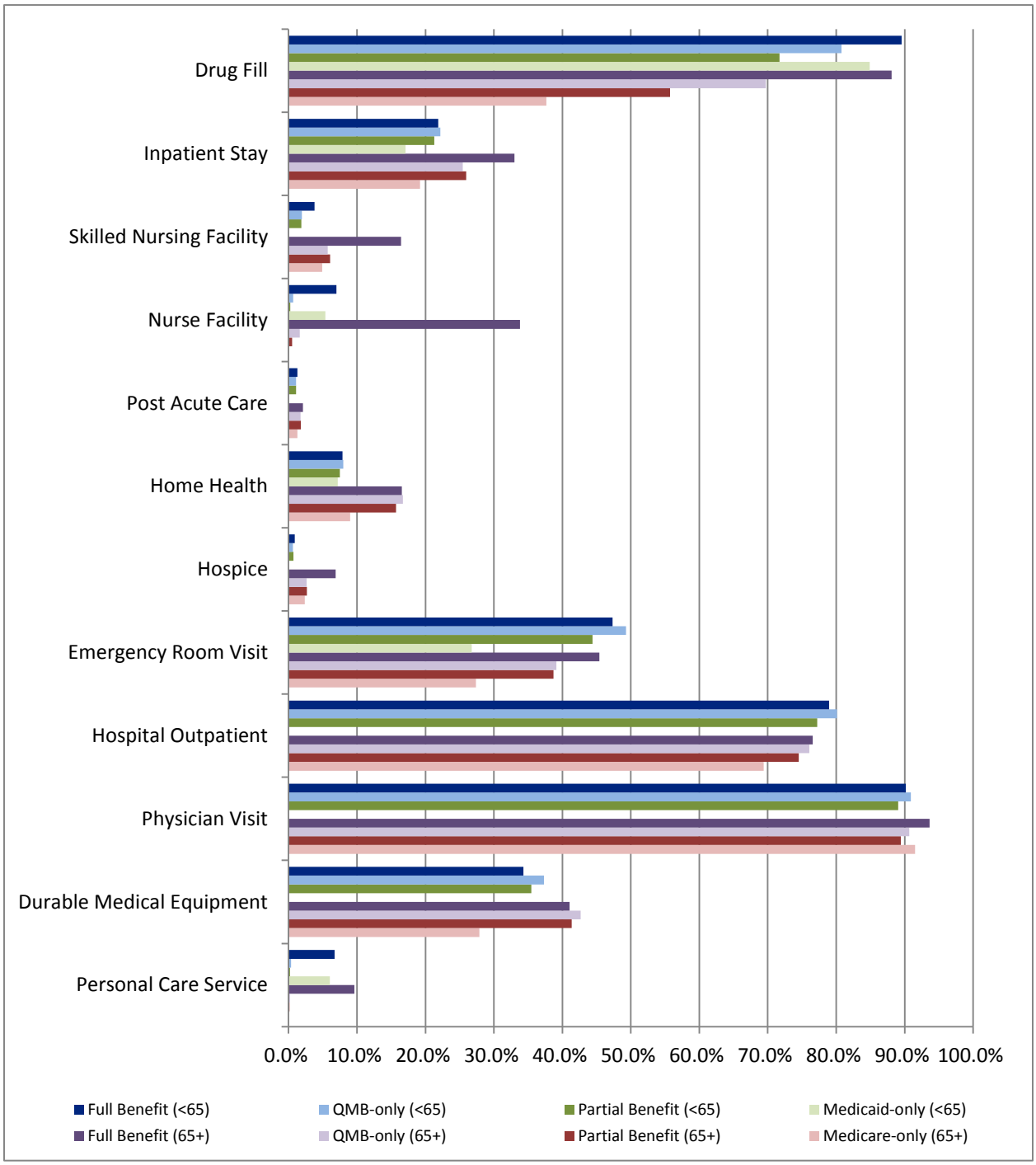
D. Medicare and Medicaid Utilization

We explored variation in the percentage of enrollees using different Medicare and Medicaid services by eligibility type and age category (**Figure 29**).

Given the significantly higher rates of virtually all physical, mental and disability-related conditions among Full Benefit Medicare-Medicaid enrollees, it was not surprising to also find that higher percentages of Medicare-Medicaid enrollees used more services than Medicare-only enrollees and Medicaid-only enrollees with disability. Of the 13 service types studied, higher percentages of Medicare-Medicaid enrollees were found to use all service types. For the majority of services (8 out of 13), Full Benefit Medicare-Medicaid enrollees 65 and over had the highest percentage of enrollees using the service at least once in the year: inpatient stays (33%), SNF services (16%), nursing facility stays (34%), post-acute care (1%), hospice services (7%), physician visits (94%), drug fills (88%), and personal care (10%). For home health services, 17% of both QMB-only and Full Benefit Medicare-Medicaid enrollees 65 and over used the service. Over 40% of all types of Medicare-Medicaid enrollees 65 and over used DME.

Enrollees under 65 had higher rates of emergency room and hospital outpatient use. For both types of services, QMB-only enrollees under 65 had the highest percentage of enrollees used the service, followed closely by Full Benefit Medicare-Medicaid enrollees.

Figure 29. Percentage of FFS Enrollees Using Services, by Eligibility Type and Age, CY 2008



Note: Inpatient stays and ER visits for Medicaid-Only with a disability were obtained from MAX claims in MMLEADS. Inpatient stays and ER visits for Medicare-only and Medicare-Medicare eligible were obtained from Medicare Part A claims in MMLEADS.
Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Full Benefit Medicare-Medicaid enrollees who were FFS Medicare and Medicaid for all months alive in 2008.

Table 4 shows average annual and monthly Medicare service utilization rates. A major difference between the data presented in **Table 4** and the data presented in **Figure 29** is that the data presented below reflect the *quantity* of services used, while the data in **Figure 29** only show the percentage of enrollees using a given service irrespective of the quantity of services used. A second major difference is that the analyses below exclude enrollees with fewer than 12 months of enrollment during 2008. Despite these differences, the results were consistent with those of **Figure 29**: Full Benefit Medicare-Medicaid enrollees had the highest utilization rates for all services except home health visits, for which QMB-only Medicare-Medicaid enrollees 65 and over had the highest utilization rate. (Note that the drug fill utilization category in **Table 4** is broken down into further detail, showing Medicare Part D and Medicaid prescription fills separately.)

Table 4. Summary of Medicare and Medicaid Service Utilization among FFS Enrollees, by Eligibility Type and Age, CY 2008

	Number or Prescriptions Filled (Medicare Part D)	Number or Prescriptions Filled (Medicaid)	Emergency Room Visits [a]	Home Health Visits [a]	Skilled Nursing Facility Days [b]	Hospital Outpatient Visits [b]	Physician Visits [b]	Personal Care Service Visits [c]	Nursing Facility Visits [c]
	per enrollee per month	per enrollee per month	per enrollee per year	per enrollee per year	per enrollee per year	per enrollee per year	per enrollee per year	per enrollee per year	per enrollee per year
Full Benefit (<65)	4.5	0.4	1.4	3.4	1.4	12.9	13.8	6.8	1.4
QMB-only (<65)	4.3	0.0	1.3	5.3	0.4	11.6	13.1	*	*
Partial Benefit (<65)	4.1	0.0	1.0	3.4	0.3	10.1	10.8	0.0	*
Medicaid-only	N/A	2.3	0.6	2.9	N/A	N/A	N/A	5.6	1.0
Full Benefit (65+)	5.2	0.4	0.8	9.8	5.0	11.9	15.2	13.2	6.6
QMB-only (65+)	3.9	0.0	0.7	10.9	1.0	7.6	11.1	*	0.0
Partial Benefit (65+)	3.7	0.0	0.7	6.7	1.1	6.9	10.5	*	*
Medicare-only	1.0	N/A	0.4	2.3	1.1	5.1	9.5	N/A	N/A

*Cell numbers are suppressed due to small cell size.

[a] Statistics are based on aggregate Medicare and Medicaid administrative claims available in CY 2008 MMLEADS.

[b] Statistics are based on aggregate Medicare administrative claims available in CY 2008 MMLEADS.

[c] Statistics are based on aggregate Medicaid administrative claims available in CY 2009 MMLEADS.

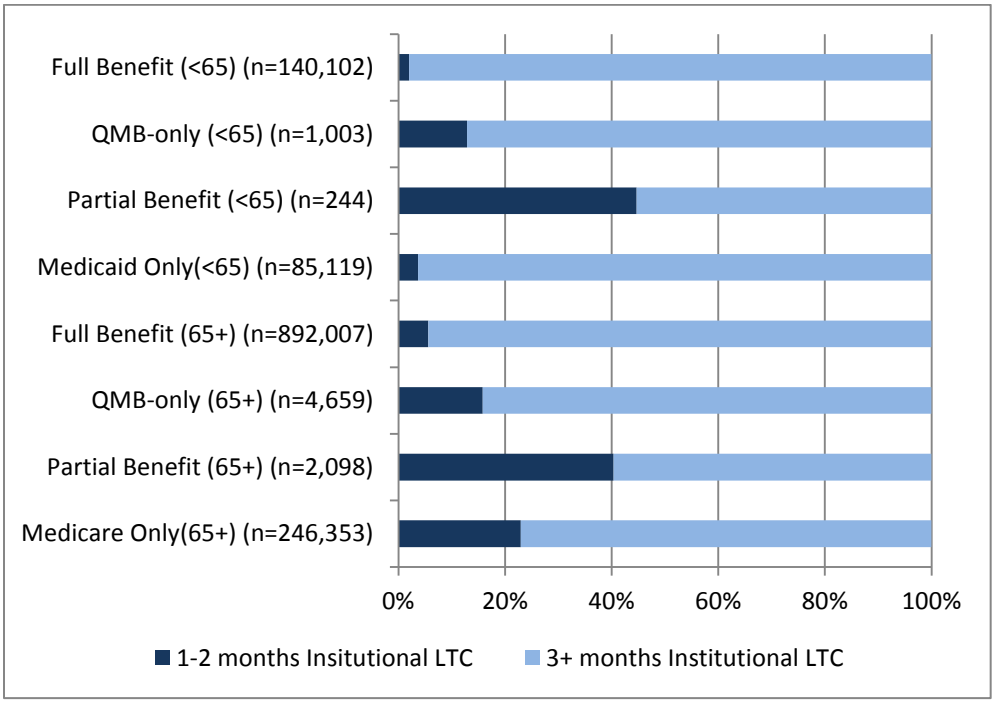
Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI"),

Source: CY 2008 MMLEADS data among Medicaid-only with disability under 65, Medicare-only over 65 and Medicare-Medicaid enrollees who were FFS Medicare and Medicaid for 12 months in 2008.

Use of Long term Services and Supports (LTSS)

Figure 30 shows the proportion of enrollees utilizing one to two months of LTC versus three or more months of LTC across the Medicare-Medicaid eligibility types for those with 12 months of Medicare or Medicaid eligibility and at least one month of LTC services. Among Full Benefit Medicare-Medicaid enrollees under 65 with full-year eligibility and at least one month of LTC services, 98% were institutionalized for three or more months (similar to rates for Medicaid-only enrollees with disability, 96%). Approximately 94% of Full Benefit Medicare-Medicaid enrollees 65 and over with full year eligibility and at least one month of LTC services were institutionalized for three or more months (compared to 77% of the Medicare-only population). Rates of institutionalization for three or more months among QMB-only and Partial Benefit enrollees of all ages were similar to or less than those of the Medicare-only population.

Figure 30. Proportion with 1-2 Versus 3+ Months of LTC-Institutional Utilization (Among Those with Any LTC Institutional Service Utilization) CY 2008

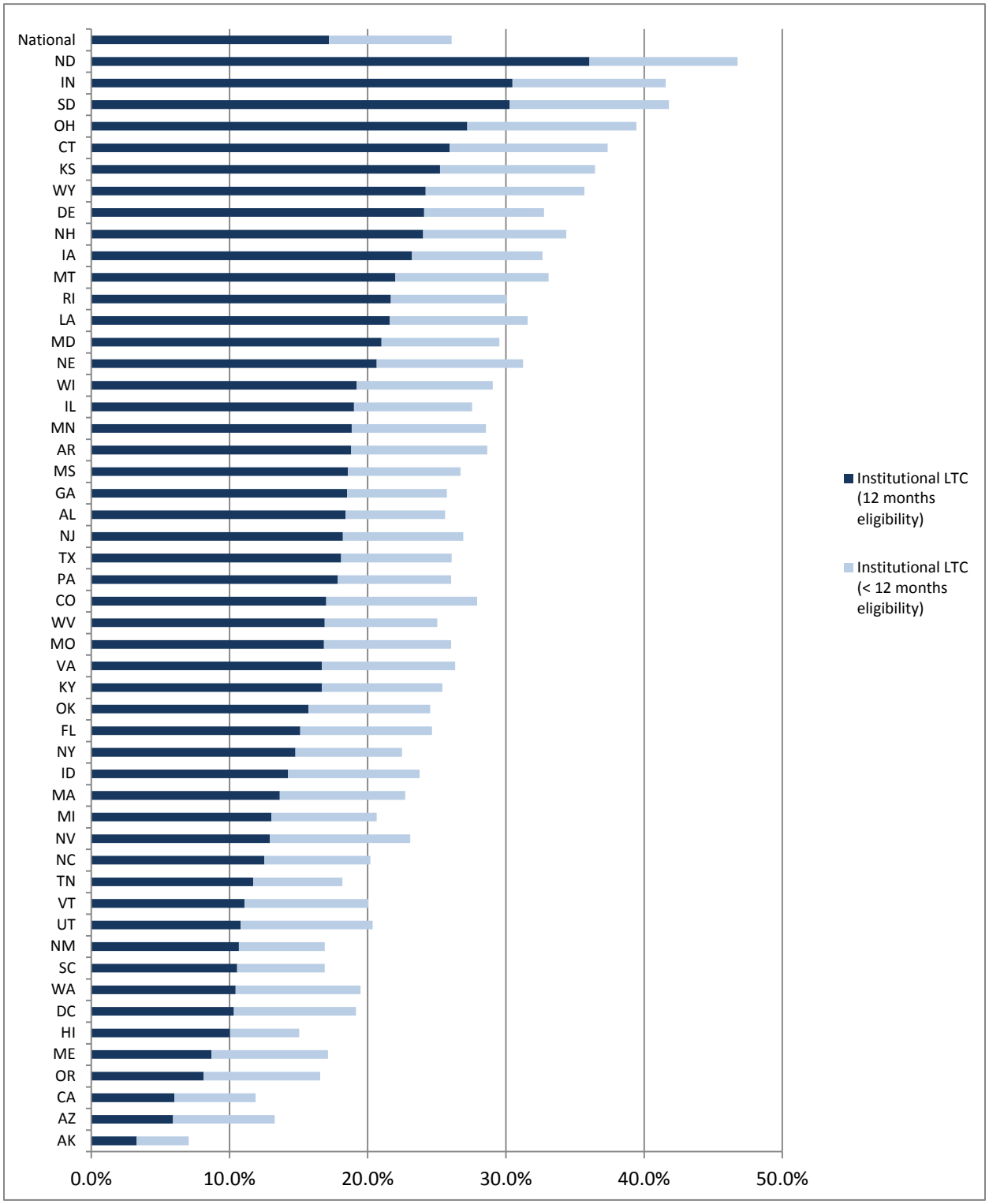


Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: GDIT derived daily timeline variables from CCW Medicare and Medicaid institutional claims, OASIS, and MDS data among all enrollees

For Full Benefit Medicare-Medicaid enrollees, the use of institutional services varied between states (**Figure 31**). The states with the highest percentages of enrollees using any institutional LTC included North Dakota (47%), Indiana (42%), and South Dakota (42%), while Alaska (7%), California (12%), and Arizona (13%) had the lowest percentages. This variation between states resulted largely from differences in LTC utilization for continuously enrolled individuals. The percentage of continuously enrolled individuals using institutional LTC were highest in North

Dakota (36%), Indiana (31%), and South Dakota (30%) and lowest in Alaska (3%), Arizona (6%), and California (6%).

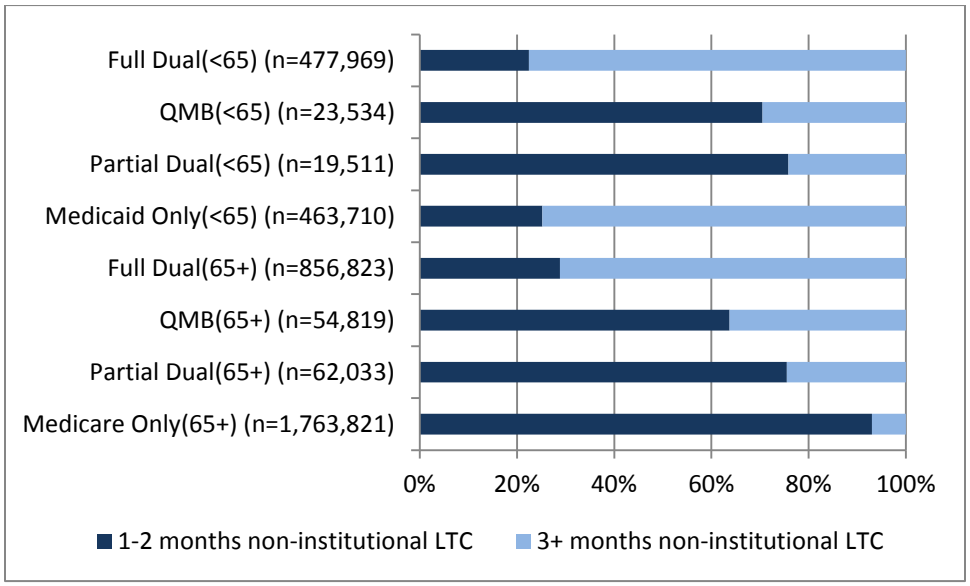
Figure 31. Any Institutional LTC among Full Benefit Medicare-Medicare Enrollees by State, CY 2008



Source: GDIT derived daily timeline variables from CCW Medicare home health claims and OASIS assessment data, and MMLEADS data among all Full Benefit Medicare-Medicaid enrollees

Figure 32 shows the proportion of enrollees utilizing one to two months of home and community based services and home health services (HCBS/HH)[12] versus three or more months of HCBS/HH across the Medicare-Medicaid eligibility types for those with 12 months of eligibility and at least one month of HCBS/HH. Among Full Benefit Medicare-Medicaid enrollees under 65 with full-year eligibility and at least one month of HCBS/HH services, 78% utilized HCBS/HH services for three or more months (similar to rates for Medicaid-only with disability enrollees, 75%). Approximately 71% of Full Benefit Medicare-Medicaid enrollees 65 and over with full year eligibility and at least one month of HCBS/HH services used these services for three or more months (much greater than among the Medicare-only population, 7%) . Rates of HCBS/HH utilization for three or more months among QMB-only and Partial Benefit enrollees of all ages ranged from 24% (Partial Benefit all ages) to 36% (QMB-only 65 and over).

Figure 32. Proportion with 1-2 Versus 3+ Months of LTC-Institutional Utilization (Among Those with Any LTC-Institutional Service Utilization) CY 2008

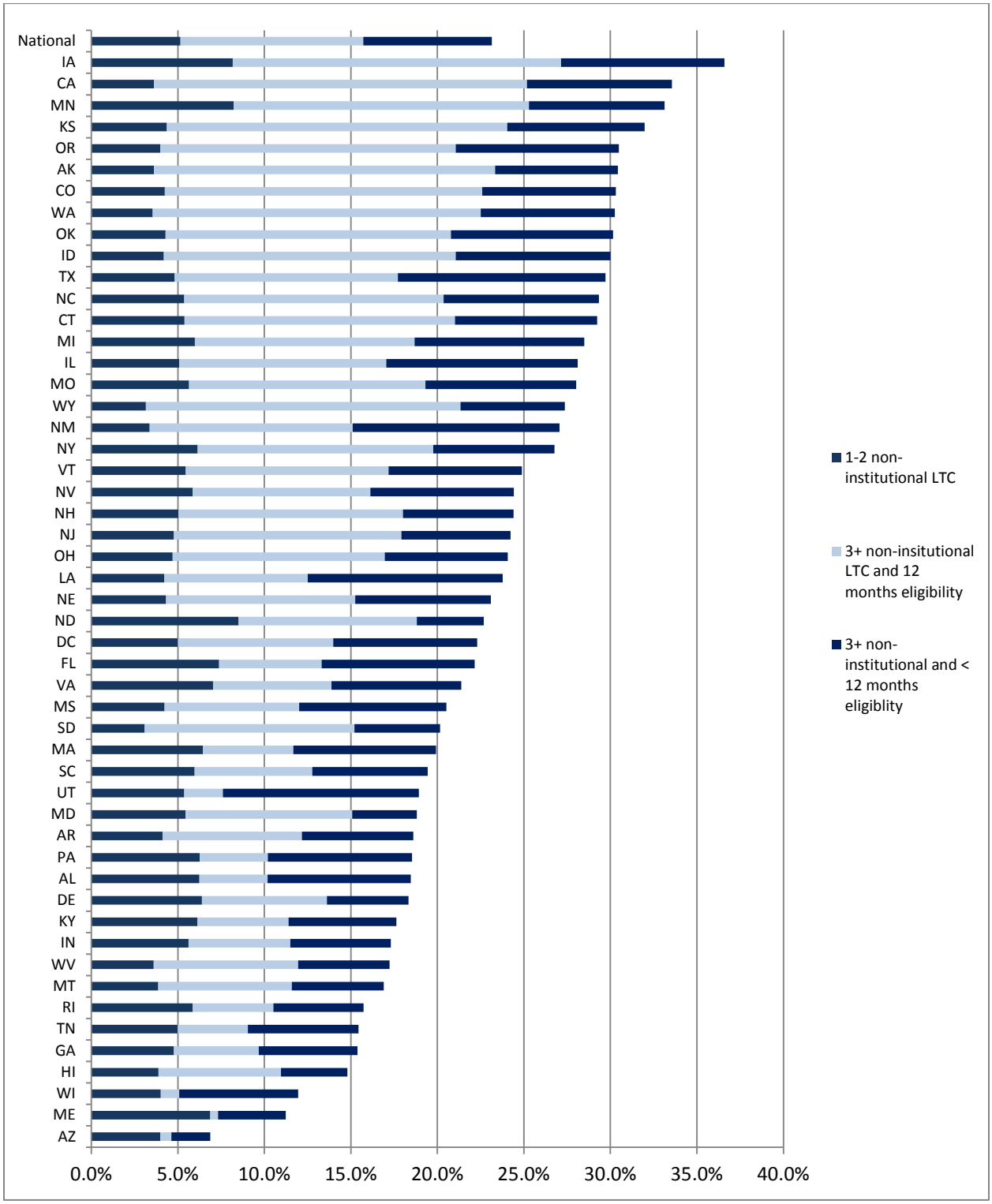


*HCBS/HH services include both Medicaid-covered Home and Community-Based Services (HCBS) and the Medicare-covered home health program.
Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all other types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: GDIT derived daily timeline variables from CCW Medicare and Medicaid institutional claims, OASIS, and MDS data among all enrollees

Figure 33 shows cross-state variation in the percentage of Full Benefit Medicare-Medicaid Enrollees who used HCBS/HH. The states with the highest percentages of enrollees using any HCBS/HH included Iowa (37%), California (34%), and Minnesota (33%), while the lowest percentages were in Arizona (7%), Maine (11%), and Wisconsin (12%).

[12] The HCBS/HH data includes both Medicaid waiver HCBS services and Medicare home health services.

Figure 33. Home and Community Based Services and Home Health Services (HCBS/HH)* Months for Medicare-Medicaid Enrollees by State, CY 2008



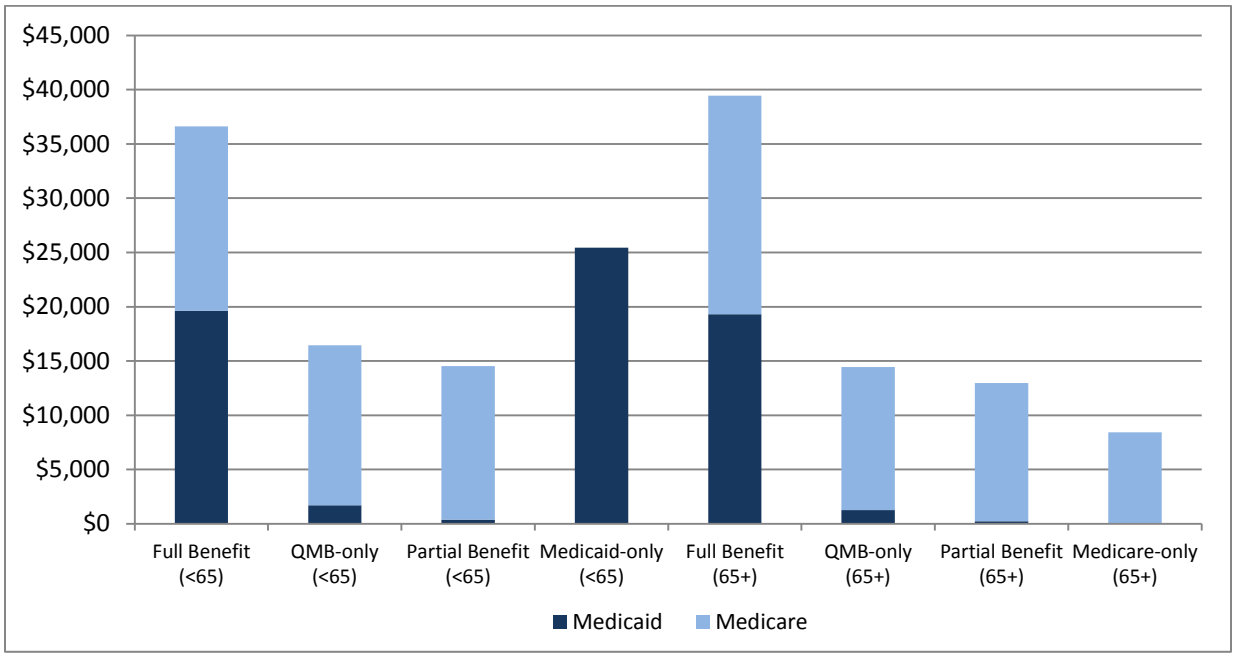
*HCBS/HH services include both Medicaid-covered Home and Community-Based Services (HCBS) and the Medicare-covered home health program.

Source: GDIT derived daily timeline variables from CCW Medicare home health claims and OASIS assessment data, and MMLEADS data among all Full Benefit Medicare-Medicaid enrollees

E. Medicare and Medicaid FFS Expenditures

As shown in **Figure 34**, Full Benefit Medicare-Medicaid enrollees had, by far, the highest total "per capita" (i.e., per enrollee per year) expenditures of all the eligibility groups included in this study. Full Benefit enrollees incurred average total expenditures of $37,000 (under 65) and $39,000 (65 and over). The next highest group was Medicaid-only enrollees with disability, with about $25,000 in per capita expenditures. The remaining Medicare-Medicaid enrollee groups had per capita expenditures around or below $15,000 a year. Finally, and contrary to what many might expect, the lowest average expenditures per person were found for Medicare-only beneficiaries, at just over $8000 per capita. These results highlighted that Full Benefit Medicare-Medicaid enrollees cost, on average, over twice as much as other Medicare-Medicaid enrollees and four times as much as Medicare-only enrollees.

Figure 34. Per Capita Medicare and Medicaid Expenditures for FFS Enrollees, by Eligibility Type and Age, CY 2008



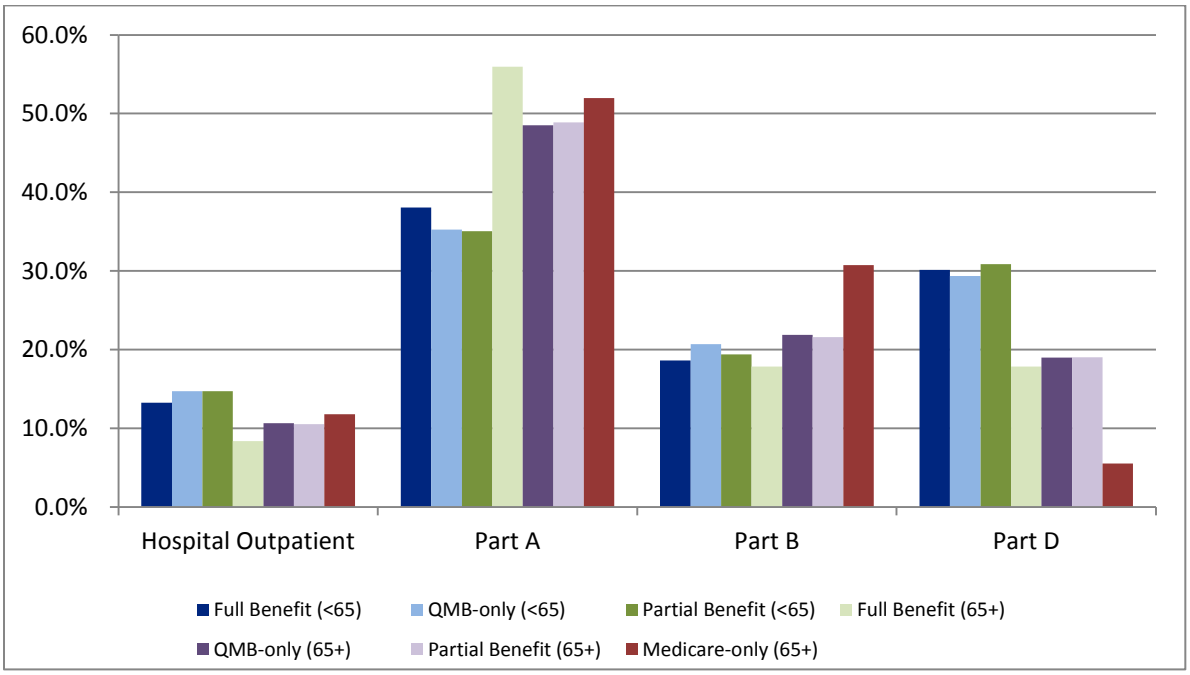
Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Medicaid-only with disability under 65, Medicare-only over 65 and Medicare-Medicaid enrollees who were FFS Medicaid and Medicare for all months alive in 2008.

1. Medicare FFS Expenditures

Medicare is comprised of a number of component parts including Part A, FFS hospital-related insurance benefits (inpatient hospital care, SNF stays, home health services, and hospice care), Part B, FFS medical insurance benefits (physician services, outpatient care, DME, and some home health care), Part C (managed care coverage of Parts A and B services) and Part D prescription drug coverage. Nearly all Medicare enrollees receive Medicare Parts A and B, and the majority also enroll in Part D. Medicare Part C (or Medicare Advantage) allows enrollees to enroll in managed care and receive their Medicare benefits through a private insurance plan, but as noted earlier, these analyses only include Medicare FFS enrollees and exclude Medicare Part C enrollees. For all enrollee types, the study sample still encompasses at least 60% of all enrollees.

In **Figure 35**, we show the percentage of Medicare FFS expenditures associated with Medicare Parts A, B, and D and with hospital outpatient expenditures (Medicare hospital outpatient claims are Part B services that appear on Part A claims). Part A services comprised the single largest percentage of expenditures for all eligibility and age groups, comprising over half of Medicare expenditures for Full Benefit Medicare-Medicaid enrollees 65 and over (56%) and Medicare-only enrollees 65 and over (52%). Medicare-Medicaid enrollees had the smallest percentage of their expenditures associated with hospital outpatient services, while Part D expenditures accounted for the smallest percentage of expenditures among Medicare-only enrollees (6%). In the following pages, we describe Medicare Parts A and B expenditures in more detail.

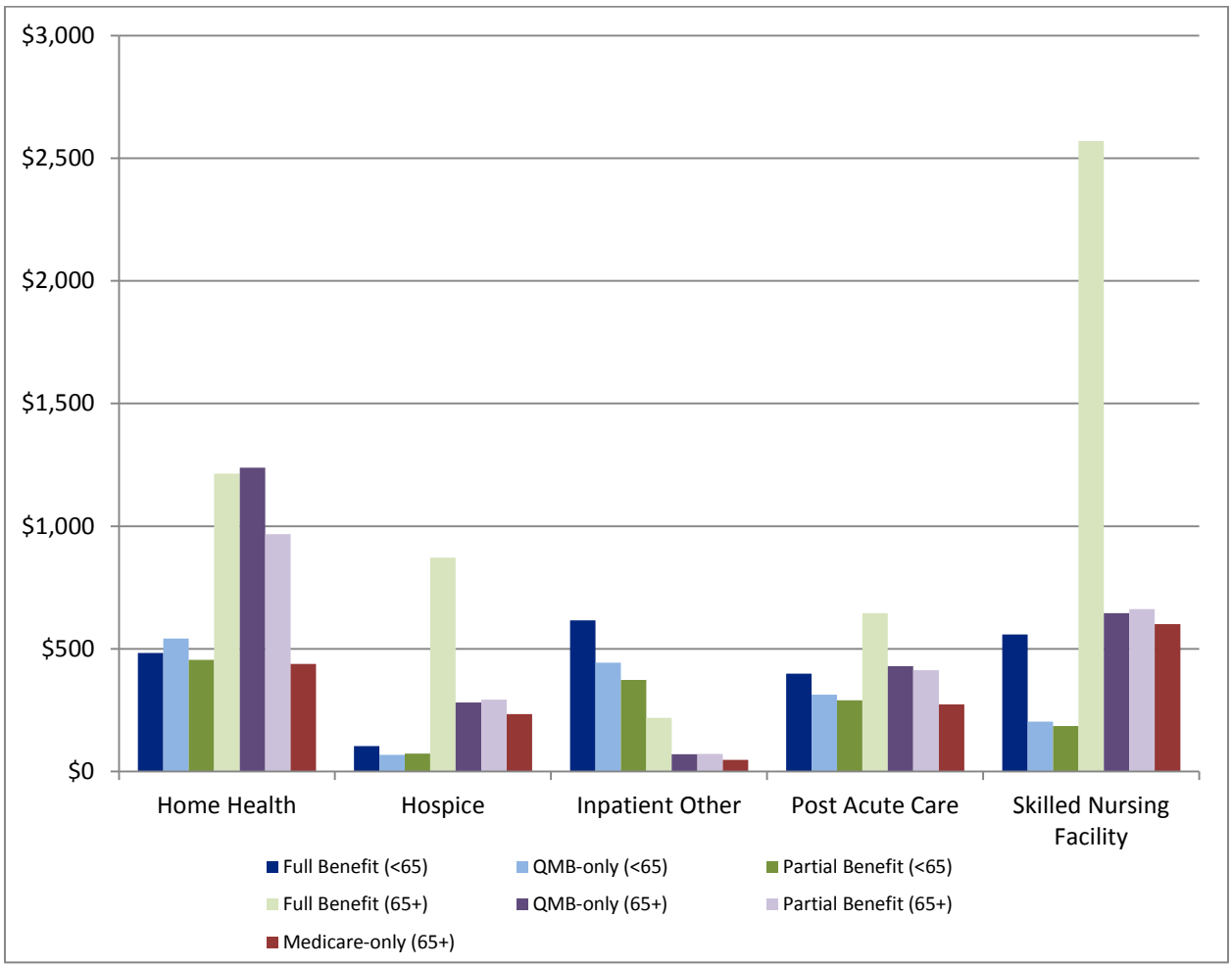
Figure 35. Percentage of Medicare Expenditures Associated with Hospital Outpatient Claims, Part A, Part B, and Part D for FFS Enrollees, by Eligibility Type and Age, CY 2008



Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Medicare-only enrollees 65 and over and Medicare-Medicaid eligible enrollees who were FFS Medicare for all months alive in 2008.

Figure 36 shows per capita expenditures for Medicare Part A claims by service type ("inpatient other" includes inpatient psychiatric services and institutional rehabilitation). Full Benefit Medicare-Medicaid enrollees had significantly higher per capita expenditures than Medicare-only and other Medicare-Medicaid enrollees for hospice, post-acute care, and especially skilled nursing facilities. For example, Full Benefit Medicare-Medicaid enrollees 65 and over had the highest per capita expenditures for SNFs ($2,570), four times greater than that of Medicare-only enrollees ($600). Enrollees 65 and over were also found to have higher expenditures for all categories except "inpatient other," which was not surprising, given that "inpatient other" includes psychiatric services, and our analyses of condition prevalence show lower rates of mental health conditions for those over versus under 65.

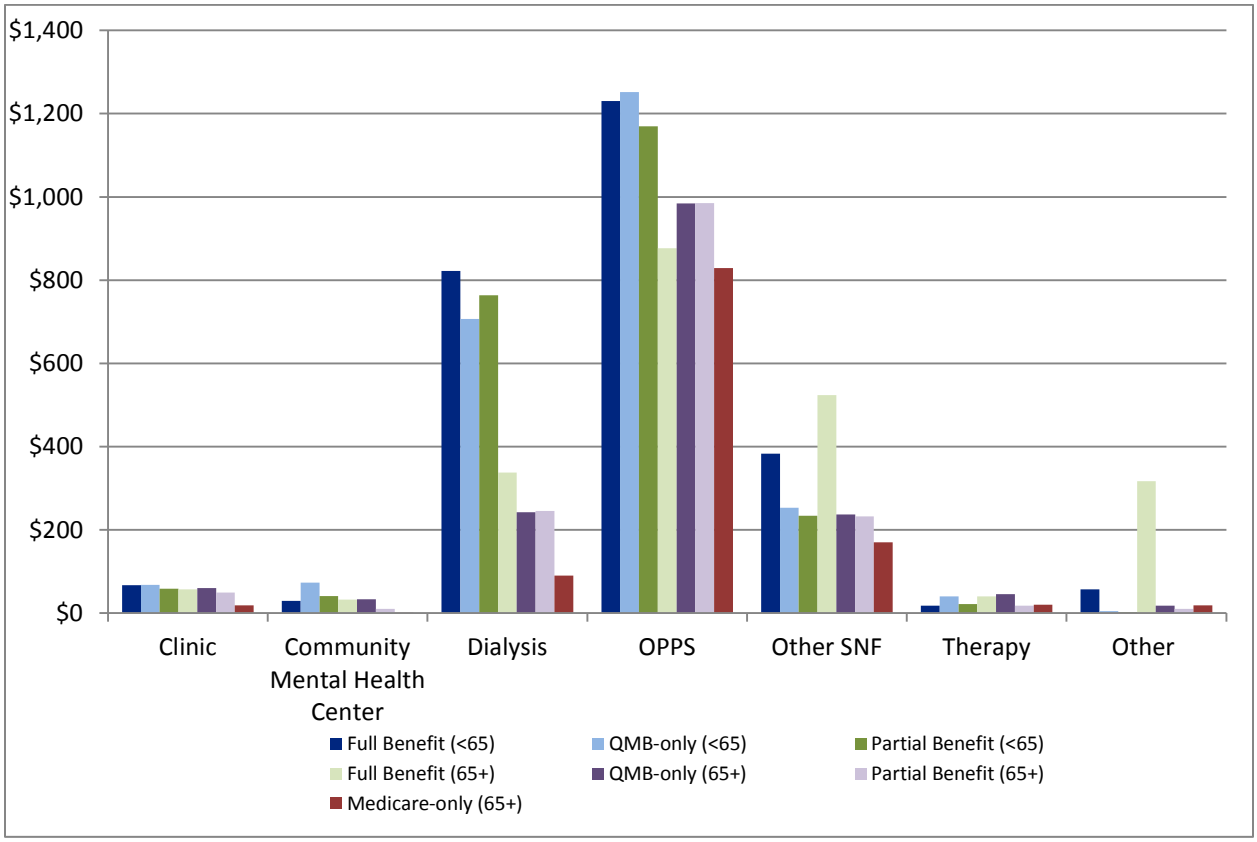
Figure 36. Per Capita Medicare Expenditures for Part A Services* among FFS Enrollees, by Eligibility Type and Age, CY 2008



*Part A service types include Home Health, Hospice, Other Inpatient, Post-Acute Care and Skilled Nursing Facility.
Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Medicare-only enrollees 65 and over and Medicare-Medicaid enrollees who were FFS Medicare for all months alive in 2008.

Figure 37 provides additional detail on Medicare hospital outpatient expenditures. As noted above, Medicare hospital outpatient claims are Part B services that appear on Part A claims. Medicare-Medicaid enrollees, regardless of age, had higher per capita payments for each hospital outpatient service category compared to Medicare-only enrollees. Services paid on the outpatient prospective payment fee schedule (OPPS) and dialysis facility services comprised the largest categories of payment for most eligibility and age groups under 65 and presumably with disability. For Full Benefit Medicare-Medicaid enrollees 65 and over, the largest proportion of expenditures was similarly for OPPS, followed by "other skilled nursing facility[13]" and "other[14]" hospital outpatient claims.

Figure 37. Per Capita Medicare Expenditures for Hospital Outpatient Claims* among FFS Enrollees, by Eligibility Type and Age, CY 2008

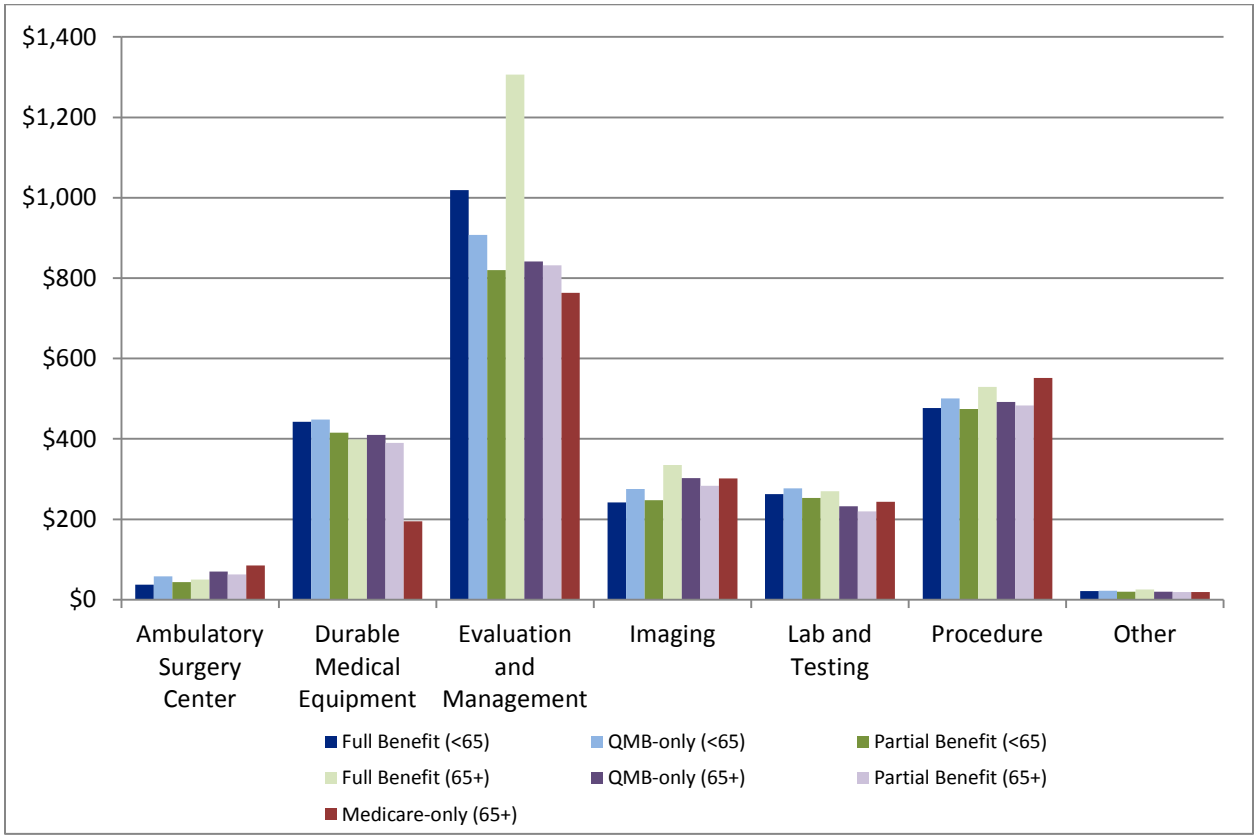


*Medicare hospital outpatient services include clinic, community mental health centers, dialysis, outpatient prospective payment fee schedule (OPPS), some other skilled nursing facility (SNF) care, therapy, and other services.
Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Medicare-only enrollees 65 and over and Medicare-Medicaid eligible enrollees who were FFS Medicare for all months alive in 2008.

[13] This category includes services to residents who are not in a covered Part A stay as well as services to nonresidents who receive outpatient rehabilitation services from the SNF.
[14] This category includes the following: hospital inpatient (Medicare Part B only), home health services (not under a plan of treatment), outpatient diagnostic (no treatment plan), and specialty facility ambulatory surgery.

Figure 38 shows per capita expenditures on Medicare Part B services. Full Benefit Medicare-Medicaid enrollees across both age groups had significantly higher expenditures on evaluation and management services than other Medicare-Medicaid enrollee groups and especially compared to Medicare-only beneficiaries. For example, per capita expenditures in evaluation and management services for Full Benefit Medicare-Medicaid enrollees 65 and over were $1,306 in 2008, compared to only $763 for Medicare-only enrollees. For the other Part B services there were relatively small differences in expenditures between eligibility and age groups.

Figure 38. Per Capita Medicare Expenditures for Part B Claims among FFS Enrollees, by Eligibility Type and Age, CY 2008



*Part B services include ambulatory surgery center, Durable Medical Equipment (DME), evaluation and management, imaging, lab and testing, procedures, and other services.
Note: Other services include ambulance, chiropractic, vision, hearing, and speech services, as well as unclassified Part B services.
Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Medicare-only enrollees 65 and over and Medicare-Medicaid enrollees who were FFS Medicaid for all months alive in 2008.

While the above **Figures 35** through **38** show per capita expenditures by enrollee type and age, some Medicare-Medicaid enrollees do not use any services over the course of a year. These results show minimum expenditure amounts. Readers interested in knowing the average expenditures for services among those using the services should refer to **Appendix F**. The data show that for all types of Part A services, Full Benefit Medicare-Medicaid enrollees had the highest per-user expenditures, with the exception of hospice services among those under 65, for which expenditures per user were fairly even between the eligibility groups. Some of these differences were quite large. For example, mean per-user expenditures for post-acute care among Full Benefit Medicare-Medicaid enrollees 65 and over were $29,852, compared to only $21,146 for Medicare-only enrollees.

Appendix G shows the number of individuals using particular hospital outpatient services by type and the average annual payments per user. The data continued to show higher expenditures per user among Medicare-Medicaid enrollees. Among enrollees 65 and over, Full Benefit Medicare-Medicaid enrollees had the highest expenditures for four out of the seven service types: clinic services ($467), other SNFs[15] ($1,627), therapy ($2,828), and "other[16]" ($152). While most differences relative to other enrollee types were relatively small, among those 65 and over, Full Benefit Medicare-Medicaid enrollees' per user expenditures for therapy were over twice the per user expenditures for Medicare-only enrollees ($1,120). For the remaining two service categories, Partial Benefit Medicare-Medicaid enrollees had the highest per user expenditures among those 65 and over: community mental health center claims ($10,890) and outpatient prospective payment system (OPPS) claims ($1,434).

Finally, **Appendix H** provides per user expenditure data for Medicare Part B services. Among enrollees 65 and over, Medicare-only enrollees had the highest per user procedure expenditures ($845, compared to $792 among Full Benefit Medicare-Medicaid enrollees). For all of the remaining groups 65 and over, Full Benefit Medicare-Medicaid enrollees had the highest per user expenditures. The difference was particularly large for "other" services (including ambulance, chiropractic, vision, hearing, and speech services, as well as unclassified Part B services); the mean per user expenditures for Full Benefit Medicare-Medicaid enrollees 65 and over were $1,021, compared to only $484 among Medicare-only enrollees.

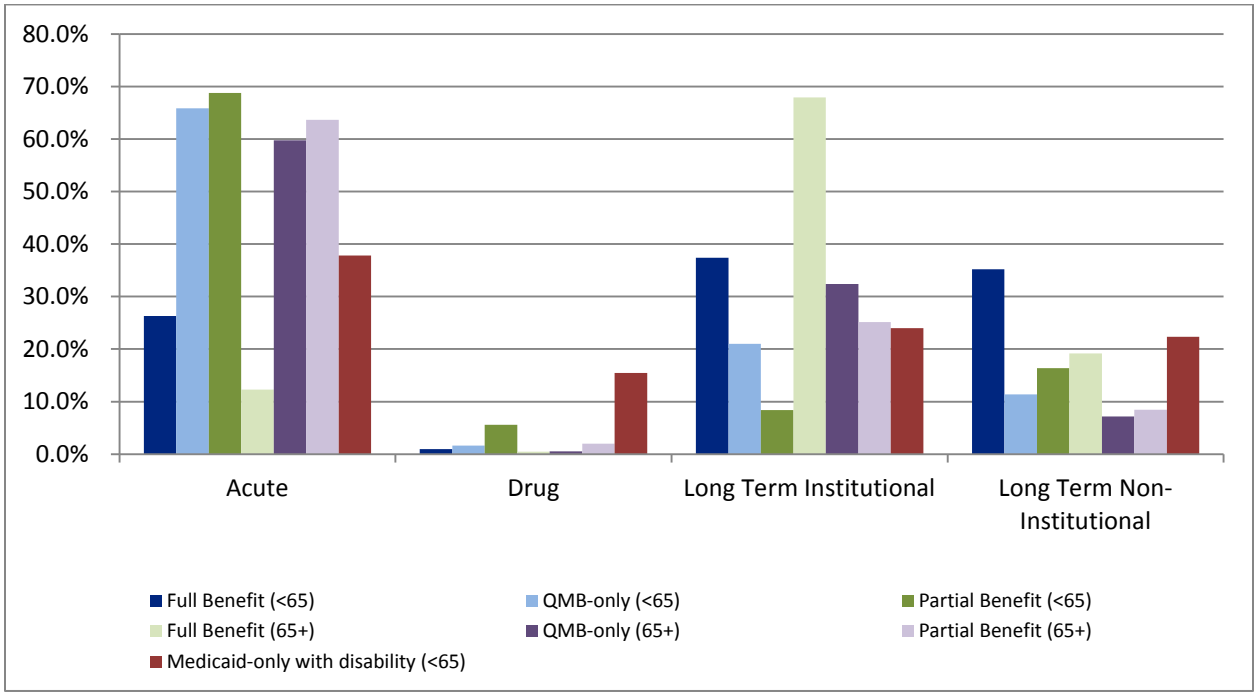
[15] This category includes services to residents who are not in a covered Part A stay as well as services to nonresidents who receive outpatient rehabilitation services from the SNF.

[16] This category includes the following: hospital inpatient (Medicare Part B only), home health services (not under a plan of treatment), outpatient diagnostic (no treatment plan), and specialty facility ambulatory surgery.

2. Medicaid FFS Expenditures

Figure 39 shows the distribution of Medicaid FFS expenditures across acute care, drug, long term institutional care, and long term non-institutional care categories. The data were consistent with expectations; that is, for Full Benefit Medicare-Medicaid enrollees, LTC comprised the majority of Medicaid expenditures, which was not surprising given that Medicare is the primary payer (and Medicaid, the secondary) for most other services. For Medicaid-only enrollees with disability, Partial Benefit Medicare-Medicaid enrollees, and QMB-only Medicare-Medicaid enrollees, acute care was the largest component of expenditures.

Figure 39. Percentage Medicaid Expenditures for Acute, Drug, Long Term Institutional, and Long Term Non-Institutional Services for FFS Enrollees, by Eligibility Type and Age, CY 2008

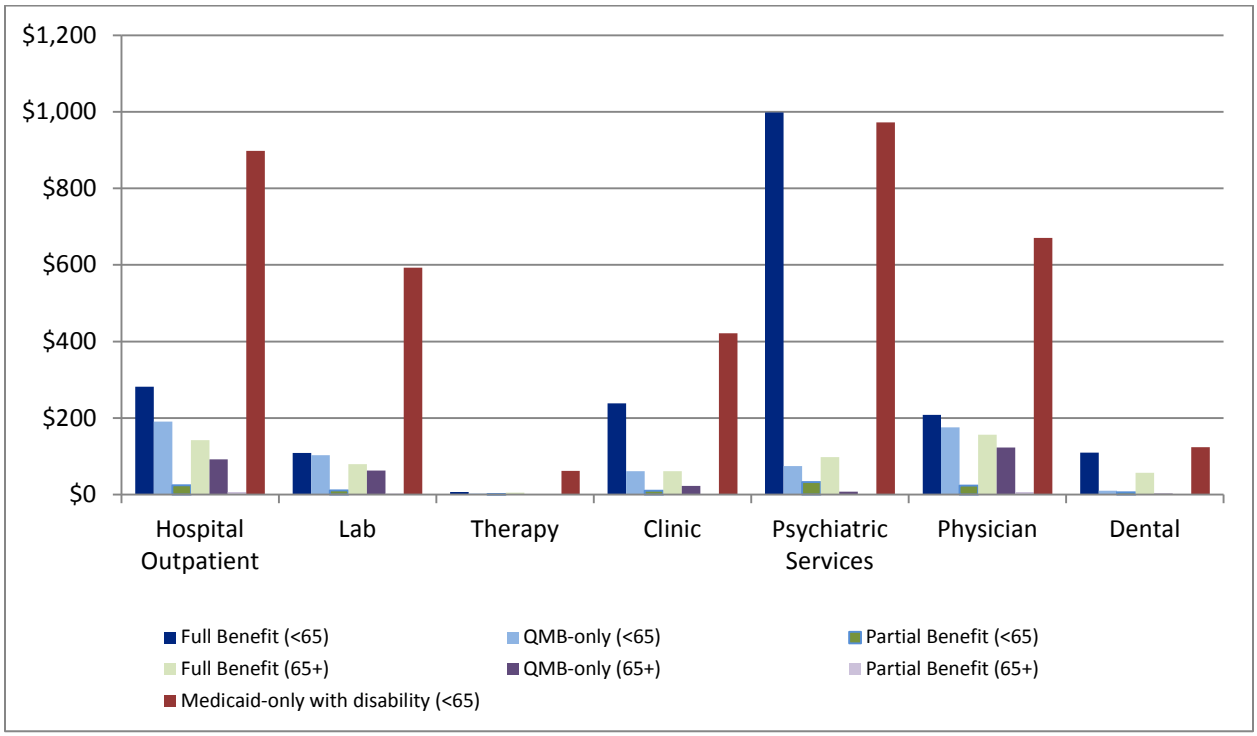


Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Medicaid-only with disability under 65 and Medicare-Medicaid eligible enrollees who were FFS Medicaid for all months alive in 2008.

Figure 40 shows per capita Medicaid expenditures associated with select acute care FFS claims categories. Since Medicare provides coverage for most of these hospital outpatient, lab, therapy, clinic, and physician services and is thus the primary payer for dually enrolled individuals, it was not surprising that Medicaid-only enrollees with disability had higher per capita Medicaid expenditures for these services. The highest expenditures were incurred for psychiatric services among Full Benefit Medicare-Medicaid enrollees under 65 ($998), with Medicaid-only enrollees with disability close behind ($972).

Similar to the Medicare analyses, we include average expenditures for these services among those beneficiaries using each service in **Appendix I**. Consistent with expectations and the findings in **Figure 40** the most notable finding was that Full Benefit Medicare-Medicaid enrollees, both under 65 as well as 65 and over, had the highest average expenditures for psychiatric services among all users of psychiatric services ($3,000).

Figure 40. Per Capita Medicaid Expenditures for Acute Services* for FFS enrollees, by Eligibility Type and Age, CY 2008



*Medicaid FFS Acute service types include hospital outpatient, lab, physician, therapy, clinic, psychiatric services, physician, and dental services.
Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Medicaid-only with disability under 65 and Medicare-Medicaid enrollees who were FFS Medicaid for all months alive in 2008.

Figures 41 and **42** describe expenditures on long term non-institutional waiver and non-waiver services for enrollees under 65 and 65 and over, respectively. These long-term non-institutional services are designed to provide care for individuals living in the community outside an institutional setting. These services may be offered both as standard Medicaid services and in state-specific waiver programs. Waivers allow states to "waive" certain federal Medicaid requirements in order to test new or existing means of delivering and/or paying for Medicaid services. Many states use Section 1915(c) Home and Community Based Services (HCBS) to provide LTC in community settings.

Residential care[17] was the largest Medicaid longer-term non-institutional expenditure category for those under 65 (**Figure 41**), and this finding was particularly pronounced for Full Benefit Medicare-Medicaid enrollees under 65 (i.e., with disability) at $3,600 per year per enrollee. In comparison, per capita residential care expenditures among Medicaid-only enrollees with disability were about half as high.

Among enrollees 65 and over (**Figure 42**), per capita expenditures were very low for all enrollees other than Full Benefit Medicare-Medicaid enrollees. This finding was not surprising since only Full Benefit Medicare-Medicaid enrollees receive the full Medicaid benefit package. The largest per capita expenditure service categories included personal care services ($171 in waiver services and $1,251 in non-waiver services) and home health ($97 in waiver services and $574 in non-waiver services).

For waiver and non-waiver services in particular, it is particularly useful to know the average expenditures per user of the services. In **Appendix J**, we included the number of enrollees using long-term non-institutional services as well as average expenditures per user. Among enrollees under 65, mean per user expenditures were highest for private duty nursing waivers services ($65,000 for Medicaid-only enrollees and $59,000 for Full Benefit Medicare-Medicaid enrollees), but only a small number of enrollees used these services (328 Medicaid-only enrollees and 77 Full Benefit Medicare-Medicaid enrollees). The second-highest expenditure category was residential care waiver services, with average per user expenditures of $50,000 among Medicaid-only enrollees and $66,000 among Full Benefit Medicare-Medicaid enrollees. Residential care waiver services had the highest per user expenditures among Full Benefit Medicare-Medicaid enrollees 65 and over ($41,000).

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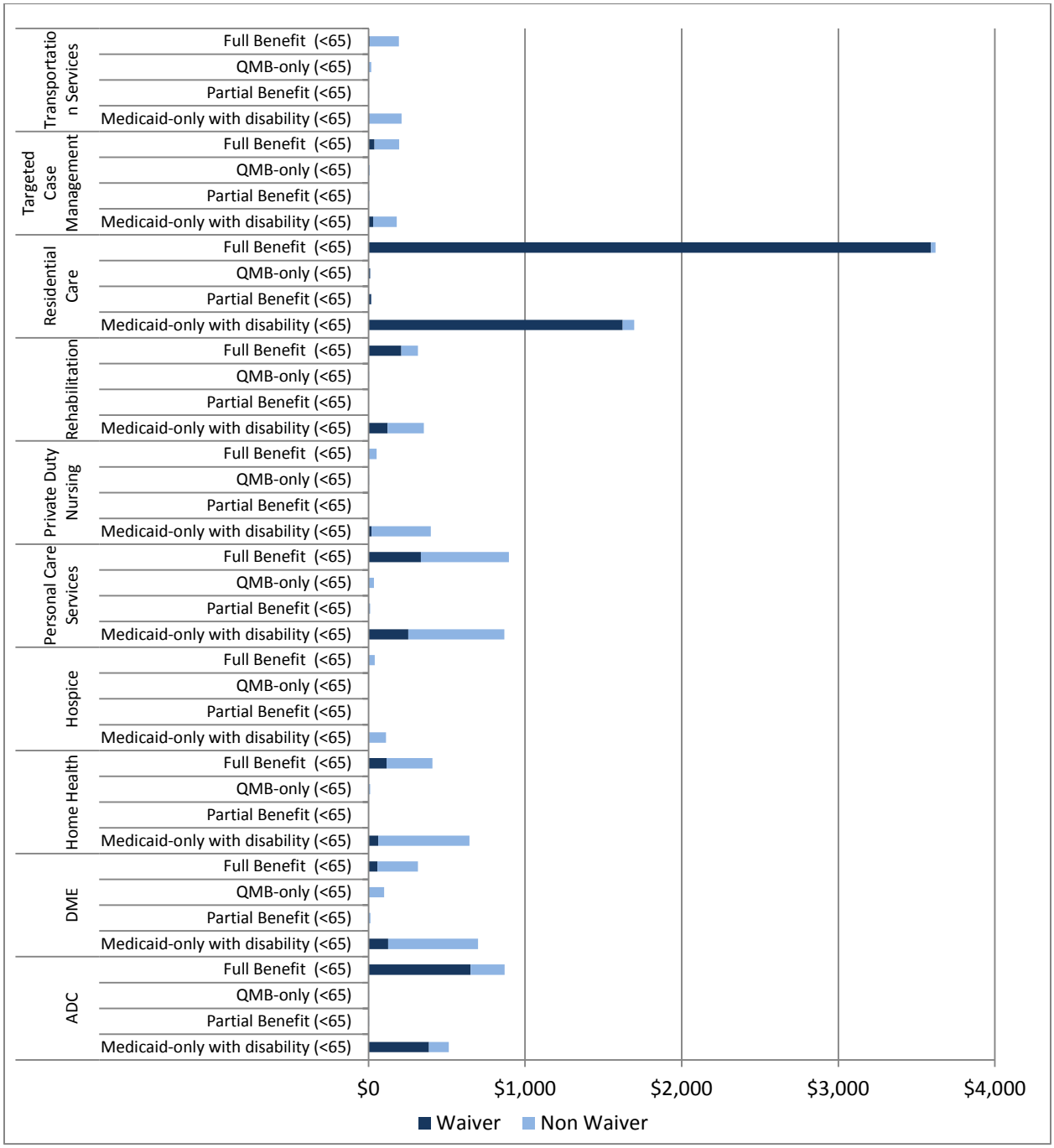
[17] Although residential care is not usually a Medicaid-covered service, care in group homes or other facilities with fewer than 16 beds can be covered. Additionally, residential treatment programs and services that allow individuals to live in the community instead of in institutions but that are resource-intensive can be thought of as residential care services. The following types of services are included: assisted/supported living, cluster residential, group/family/individual home residential care, night supervision, and therapeutic residential care.

Figure 41. Per Capita Medicaid Expenditures for Long Term Non-Institutional Services* for FFS Medicare-Medicaid Enrollees Under 65, By Eligibility Type, CY 2008

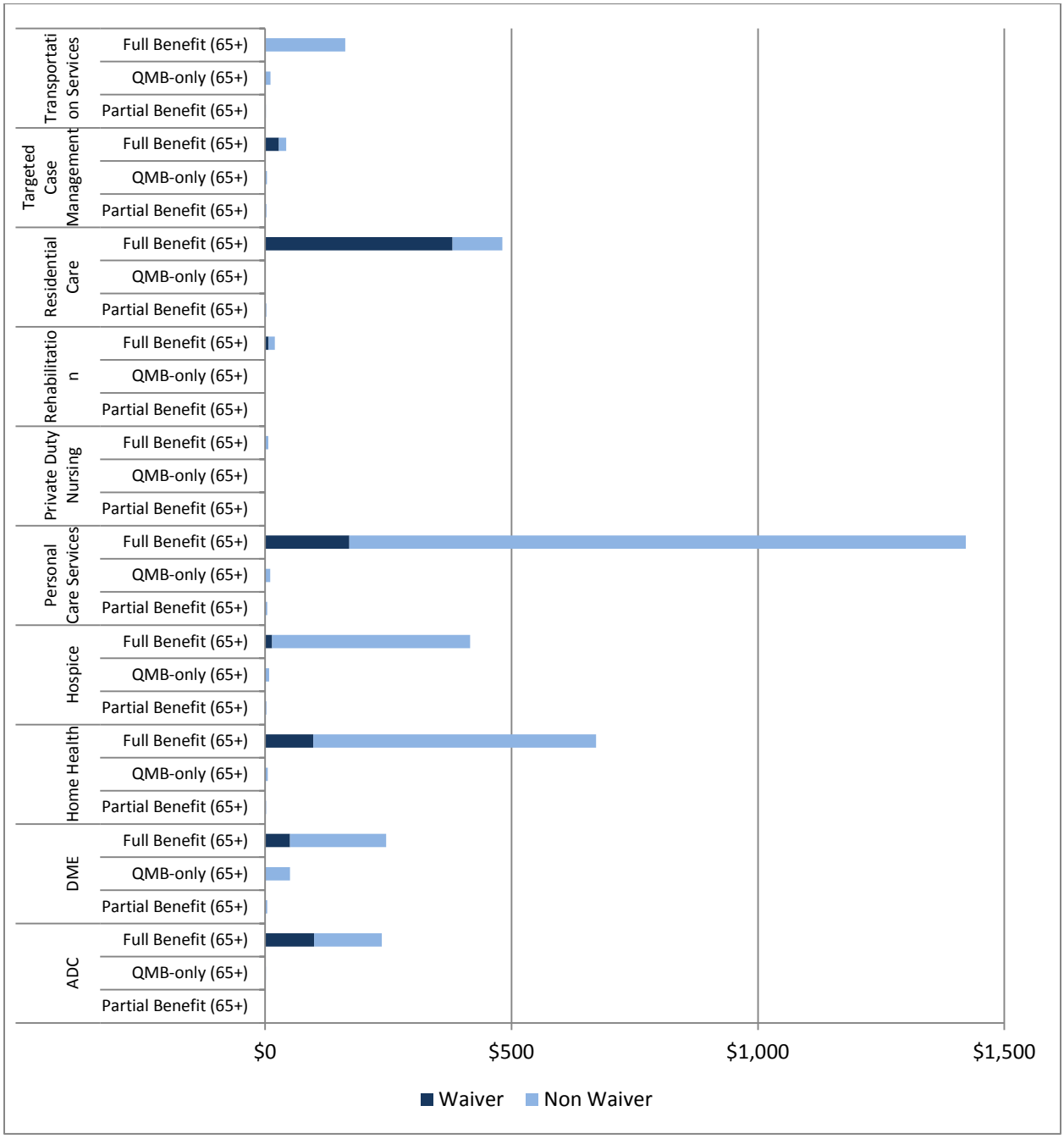


*FFS Long Term Non-Institutional service types include Adult Day Care (ADC), Durable Medical Equipment (DME), Home Health, Hospice, Personal Care Services, Private Duty Nurse, Rehabilitation, Residential Care, Targeted Case Management, and Transportation.

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").

Source: CY 2008 MMLEADS data among Medicaid-only with disability and Medicare-Medicaid eligible enrollees under 65 who were FFS Medicaid in 2008

Figure 42. Per Capita Medicaid Expenditures for Long Term Non-Institutional Services* for FFS Medicare-Medicaid Enrollees 65 and Over, by Eligibility Type, CY 2008



*FFS Long Term Non-Institutional service types include Adult Day Care (ADC), Durable Medical Equipment (DME), Home Health, Hospice, Personal Care Services, Private Duty Nurse, Rehabilitation, Residential Care, Targeted Case Management, Transportation.

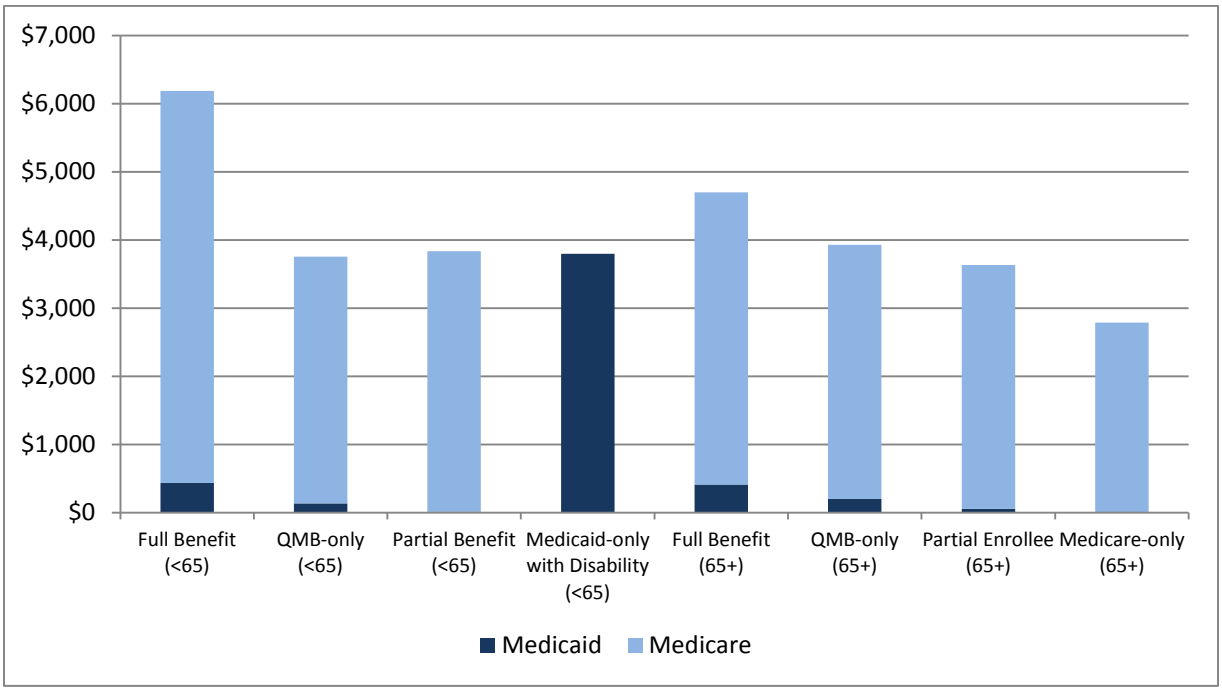
Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").

Source: CY 2008 MMLEADS data among Medicaid eligible enrollees 65 and over who were FFS Medicaid in 2008

3. Inpatient stays

While Medicare and Medicaid classify many expenditure categories differently, both programs have an inpatient stay claims category. **Figure 43** shows combined Medicare and Medicaid expenditures for inpatient stays. With the exception of Medicaid-only enrollees, Medicare pays for a larger share of expenditures across all eligibility types, which is not surprising given that Medicare is the primary payer for Medicare-Medicaid enrollees. The group with the highest per capita expenditures on inpatient services was Full Benefit Medicare-Medicaid enrollees ($6,000 among enrollees under 65 and nearly $5,000 among enrollees 65 and over). Medicare-only enrollees had the lowest per capita expenditures (just under $3,000).

Figure 43. Per Capita Average Medicare and Medicaid Expenditures for Inpatient Stays among FFS Enrollees, by Eligibility Type and Age, CY 2008



Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Medicaid-only with disability under 65, Medicare-only enrollees 65 and over and Medicare-Medicaid enrollees who were FFS Medicare and Medicaid for all months alive in 2008.

III. Conclusions

This report presents a national-level summary of persons who were dually eligible for and concurrently enrolled in the federal Medicare program and the federal-state funded Medicaid program in 2008. This national profile includes general count and demographic information. For those in the fee-for-service delivery system, it also provides a snapshot of the physical, mental, and disability-related conditions affecting this segment of the population; and an in-depth investigation of the extent to which these individuals utilize Medicare and Medicaid services and the expenditures associated with these services. For context, the report also presents comparable information for individuals enrolled in Medicare but not Medicaid, and Medicaid (eligible due to disability) but not Medicare. The extent to which these fee-for-service findings apply to individuals enrolled in Medicare and/or Medicaid managed care plans was beyond the scope of this report.

Our analyses of fee-for-service claims data show that Medicare-Medicaid enrollees generally had higher rates of virtually all physical health, mental health, and disability-related conditions than did Medicare-only and Medicaid-only enrollees. This was especially true for Full Benefit Medicare-Medicaid enrollees, irrespective of age strata (under 65 and 65 and over). Consistent with the higher rates of chronic conditions, Medicare-Medicaid enrollees had higher fee-for-service utilization rates for most services compared to Medicare-only and Medicaid-only enrollees in the study sample. Similarly, the mean annual Medicare and Medicaid expenditures for Full Benefit Medicare-Medicaid enrollees 65 and over ($39,000) were found to be over four times the mean Medicare expenditures of Medicare-only enrollees 65 and over ($8,000).

These findings suggest that Medicare-Medicaid enrollees, and especially those qualifying for Full Medicaid Benefits, had substantial health care needs, even when compared to Medicare-only and Medicaid-only enrollees with disability, two populations that are often thought to have high rates of chronic and/or disabling conditions as well. These findings reinforce the need for identifying comprehensive, person-centered models that coordinate care across the spectrum of an individual's primary, acute, behavioral, and long term care needs.

IV. Acronym List

Acronym	Definition
ADHD	Attention Deficit hyperactivity Disorder
AMI	Acute Myocardial Infarction
ASC	Ambulatory Surgery Center
CCW	Chronic Condition Data Warehouse
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
COPD	Chronic Obstructive Pulmonary Disease
DME	Durable Medical Equipment
ESRD	End-Stage Renal Disease
FFS	Fee-For-Service
HCBS	Home and Community Based Services
HH	Home Health
HMO	Health Maintenance Organization
LTC	Long Term Care
MAX	Medicaid Analytic Extract
MDS	Minimum Data Set
MMLEADS	Medicare-Medicaid Linked Enrollee Analytic Data Source
OASIS	Outcome Assessment and Information Set
OPPS	Outpatient Prospective Payment Schedule
PACE	Program of All-inclusive Care for the Elderly
PCCM	Primary Care Case Management
PTSD	Post-Traumatic Stress Disorder
QMB	Qualified Medicare Beneficiary
SNF	Skilled Nursing Facility
SSI	Supplemental Security Income

Appendix A: Methodology

This report was prepared for the Medicaid-Medicare Coordination Office of the Centers for Medicare & Medicaid Services by Lewin Group, Inc., and General Dynamics Information Technology.

A. Data Sources

This report used the MMLEADS data, the Medicaid Analytic Extract (MAX), and the U.S. Census population estimates.[18] All data files corresponded to calendar year 2008. **Table A-1** identifies the inputs obtained from each data file. We combined the MMLEADS Medicare and Medicaid beneficiary files to create a file including all Medicare-only and Medicare-Medicaid enrollees. We used MAX data (which includes state Medicaid and CHIP data) to identify characteristics of the Medicaid-only population, since MMLEADS data omit these individuals. We used the Census data to estimate state populations. The Minimum Data Set (MDS) includes assessment information for enrollees receiving care in a nursing facility, while the Outcome Assessment and Information Set (OASIS) includes assessment information for enrollees receiving care from a Medicare home health agency. We used MDS and OASIS information to identify enrollees receiving institutional nursing home services and home health care. Finally, we used the Part A Medicare Claims file to identify days in inpatient rehabilitative care and the CCW Part D file to identify prescription drug fills and participation in Medicare special needs plans (SNPs).

Table A-1. Description of Data Sources

Data Source	Input to Research File
MMLEADS Medicare Beneficiary File 2008	Cohort identification, demographics, and monthly Medicare enrollment for Medicare-only and Medicare-Medicaid enrollees
MMLEADS Medicaid Beneficiary File 2008	Cohort identification, demographics, and monthly Medicaid enrollment for Medicaid-only with disability and Medicare-Medicaid enrollees
MMLEADS Condition File 2008	Prevalence of conditions of interest
MMLEADS Medicare Service-level File 2008	Medicare setting specific cost and utilization
MMLEADS Medicaid Service-level File 2008	Medicaid setting specific cost and utilization
MAX 2008	Counts for Medicaid-only without disability enrollees Days in institutional care for Medicaid-only
Census Population Estimates 2008	Total population by state
Outcome and Assessment Information Set (OASIS)	Days receiving home health care Assessment information for Medicare home health recipients
Minimum Data Set (MDS)	Days receiving care in a nursing facility
Part A Medicare Claims	Days in inpatient rehabilitation care
CCW Part D File	Prescription drug utilization, enrollment in Medicare special needs plans (SNPs)

[18] U.S. Census Bureau. December 8, 2011. "Population Estimates." Accessed July 8, 2013 from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html.

Please note that these 2008 State and National Profiles employed a different data source and methodology for identifying Medicare-Medicaid enrollees than did the 2007 Profiles. For this reason there may be slight variation in the results presented in the two sets of reports. The 2008 Reports took advantage of the Medicare Modernization Act (MMA) monthly operational data on Medicare-enrollment that State Medicaid agencies submit to CMS almost contemporaneously. This change in data sources for the two sets of reports is the result of our evolving understanding regarding the most accurate way of identifying Medicare-Medicaid dual enrollees across our various administrative data source options.

For more information on defining Medicare-Medicaid enrollees via the Medicare Modernization Act (MMA) Files, please see Defining Medicare-Medicaid Enrollees in CMS Data Sources. For more information about the methodology used to create the 2007 State and National profiles, please refer to: http://cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/StateProfiles.html

B. Sample Identification and Data File Construction

1. Demographic characteristics

We assigned each individual in our sample to one State of residence. For Medicare-Medicaid enrollees and Medicaid-only enrollees with disability, state assignment was based on the MAX personal summary (PS) file. Beneficiaries receiving Medicaid services in more than one state were assigned to the state they were living in at the end of the year. For Medicare-only enrollees, state information was gleaned from the billing state of the individual at the end of 2008, as reported in the MMLEADS Medicare beneficiary file.

We categorized enrollee age into four groups, using an enrollee's age as of December 31, 2008 or the age at death if an individual died during the reference year: under 40, 40-64, 65-84, and age 85 and older (i.e., 85+).

We identified race according to the RTI race code (Medicare-Medicaid dual enrollees and Medicare-only enrollees) and the MAX-PS state-reported race code for (Medicaid-only enrollees). The race values across these two measures are similar; the main difference is that the RTI race code available for Medicare enrollees uses additional logic for assignment of race based on surname (which is not available in the Medicaid MAX PS file). In some analyses, we recoded race as non-Hispanic white, African American, and "Other" (Hispanic, Asian/Pacific Islander, American Indian/Alaskan Native, and Unknown or two or more races).

2. Medicaid Eligibility

For enrollees with Medicare and Medicaid, we used the MMLEADS data to categorize the Medicaid basis of eligibility as follows: 65 and over, disability or blindness, and other.[19] The other category includes the following Medicaid basis for eligibility (BOE) identifiers: child, adult, child

[19] We only include Medicaid-only enrollees eligible on the basis of disability, so there is no need to create a similar variable for Medicaid-only enrollees. The MMLEADS data report Medicaid basis of eligibility on a monthly basis. We created an annual indicator using the value that corresponds to the final observation for the year 2008.

of unemployed adult, unemployed adult, foster care child, and unknown/not eligible/missing. Also using MMLEADS, we classified Medicaid maintenance assistance status as cash, medically needy, poverty, other Section 1115, unknown, and not eligible as Medicare-Medicaid enrollees.

3. Institutional Long Term Care Use

To identify the number of months enrollees resided in institutional LTC settings, we created a series of daily "timeline" indicator variables to represent the location of the enrollee in terms of institutional or community settings. We created these variables for all Medicare enrollees using dates from the MDS, OASIS, and Medicare claims to create a daily location indicator consisting of the following settings: nursing facility, skilled nursing facility, inpatient hospital, home health, and community. Using Medicaid institutional claims, we created similar variables for Medicaid-only enrollees. Institutional LTC settings include: institutional nursing facilities, skilled nursing facilities, inpatient rehabilitation facilities, inpatient psychiatric facilities for individuals under the age of 21, and long term care settings.

4. Use of Home and Community Based Services & Home Health

For Medicare-Medicaid enrollees, we generated an indicator variable for use of home and community based services & home health (HCBS/HH) using the Medicaid state-reported waiver program data and the timeline indicator variables for home health services based on Medicare claims and OASIS assessments. We considered enrollees to be receiving HCBS/HH if they met any of the following conditions: eligibility for a Medicaid HCBS waiver, home health services identified in through OASIS or home health Medicare claims. The HCBS/HH data includes both Medicaid waiver services and Medicare home health services. We grouped enrollees into categories based on their home health or HCBS service use and eligibility for Medicare and/or Medicaid services.

5. Medicare Special Needs Plans (SNPs) Enrollment

Medicare offers SNPs that focus on providing services to individuals who fall into one of three specific populations:

1. Severe or disabling chronic condition(s)
2. Residence in an institution
3. Medicare-Medicaid eligibility

We identified SNP enrollment for Medicare-only enrollees and Medicare-Medicaid enrollees with Part D coverage using the Medicare Part D plan characteristic variable that indicates the type of SNP.

C. Exclusion Criteria for Remaining Analyses

Our analyses of physical health, mental health, and disability-related condition prevalence, utilization, and expenditures were limited to enrollees with participation in fee-for-service (FFS) Medicare or Medicaid. The CCW data included FFS claims and managed care encounter data for Medicaid and FFS claims data for Medicare. Claims data tracked the services provided to individuals; since provider reimbursement is conditional upon submission of accurate and complete claims, claims data for FFS enrollees tend to be quite comprehensive. Medicaid managed care organizations (MCOs) submit encounter data to provide information about

managed care member utilization and expenditures. However, because reimbursement is not conditional upon receipt of encounter data, these data may be less complete than FFS claims data. During a previous study, we found that the quality and comprehensiveness of 2008 Medicaid encounter data varied by state, but we were unable to determine whether these gaps were a function of incomplete encounter data or if they suggested gaps in the delivery of care to enrollees.[20] Medicare Advantage encounter data were not collected by CMS until 2012 and were unavailable for inclusion in condition prevalence and cost/utilization analyses.

In addition, we also excluded enrollees if they were alive but not eligible for Medicare and/or Medicaid during part of the year, since we would not have complete claims data. Our specific exclusion criteria differed based on the type of data required for the analyses; **Table A-2** summarizes the exclusion criteria by type of analysis and shows the remaining study sample as a percentage of all enrollees for each enrollee cohort and analysis type.

Table A-2. Exclusion Criteria and Proportion of Population Represented by Study Sample

	Condition Prevalence Analyses	Medicare Cost and Utilization Analyses	Medicaid Cost and Utilization Analyses
Enrollees with any Managed care enrollment	• Excluded	• Excluded	• Excluded
Age	• Excludes Medicaid-only enrollees eligible due to disability and ages 65+ • Excludes Medicare-only enrollees under age 65	• Excludes Medicare-only enrollees under age 65	• Excludes Medicaid-only enrollees ages 65+
Part-year eligibility	• Excluded	• Excluded	• Excluded
Study Samples as Percent of all Enrollees by Enrollee Type			
Full Benefit Medicare-Medicaid	81.8%	73.7%	49.7%
Partial benefit Medicare-Medicaid	85.5%	60.4%	67.9%
QMB-Only Enrollees	87.7%	72.1%	72.4%
Medicare-only	64.0%	64.0%	Not Applicable
Medicaid-only (with a disability)	20.1%	Not Applicable	20.1%

The study sample comprised a majority of Medicare-Medicaid and Medicare-only enrollees for most analyses, while it comprised only 20% of Medicaid-only with disabilities. For Full Benefit Medicare-Medicaid enrollees, the study sample for condition prevalence analyses represented 82% of enrollees, and the study sample for Medicare utilization and expenditure analyses represented 74% of enrollees. However, for analyses of Medicaid utilization and expenditures, the study sample comprised only half of Full Benefit Medicare-Medicaid enrollees.

[20] For an in-depth discussion, see "*Evaluating Encounter Data Completeness.: For Researchers using the Centers for Medicare & Medicaid Services' Chronic Condition Data Warehouse (CCW).*"

It should be noted that the conclusions in this report are applicable at the national level only. The vast range in the size of the different state populations will cause the findings in this national report to be weighted towards those states with larger numbers and lower managed care penetration rates. **Appendix B** shows the state study samples for each enrollee type and analysis type, illustrating significant variation in the degree to which states are represented in the study sample.

1. Medicare and Medicaid Eligibility

To allow for suitable comparisons in enrollees' condition prevalence, utilization, and expenditures, we further categorized the enrollee cohorts into eight groups by Medicare-Medicaid eligibility type and age category. These include:

1. Full Benefit Medicare-Medicaid enrollees (under 65)
2. QMB-only Medicare-Medicaid enrollees (under 65)
3. Partial Benefit Medicare-Medicaid enrollees (under 65)
4. Medicaid-only with a disability (under 65)
5. Full Benefit Medicare-Medicaid enrollees (65 and over)
6. QMB-only Medicare-Medicaid enrollees (65 and over)
7. Partial Benefit Medicare-Medicaid enrollees (65 and over)
8. Medicare-only (65 and over)

D. Physical Health, Mental Health, and Disability-Related Conditions

For Medicare-Medicaid and Medicare-only enrollees with FFS participation, we examined conditions based on algorithms created for analysis of Medicare and/or Medicaid enrollees.[21] These analyses excluded enrollees who were only eligible for Medicare and/or Medicaid for part of the year, Medicaid-only enrollees 65 and over and/or enrolled in Medicaid managed care, Medicare-only enrollees under 65 and/or enrolled in Medicare managed care, and Medicare-Medicaid enrollees with Medicare and Medicaid managed care enrollment.

A subset of these conditions was utilized to determine the total count of conditions per individual by Medicare-Medicaid eligibility and age group. **Appendix E** lists conditions evaluated in the study populations and indicates which of these were included in a count of conditions per enrollee. Some conditions were grouped into categories to reduce duplication while others were excluded as they were not accurate indicators of ongoing comorbidities in the population. Details of groupings and logic for inclusion or exclusion are also included in **Appendix E**.

The final list of conditions included in the condition count for comorbidity analyses included the following: Alzheimer's disease and Alzheimer's related disorders, asthma and chronic obstructive pulmonary disease (COPD), anxiety and post-traumatic stress disorder (PTSD), bipolar disorder, cancer (comprised of breast, endometrial, prostate, colorectal, and lung cancers), cerebral palsy, chronic kidney disease, cystic fibrosis, deafness and hearing impairment, unipolar

[21] Chronic Condition Warehouse. 2013. "Condition Categories." Accessed July 8, 2013 from: http://www.ccwdata.org/web/guest/condition-categories.

major depression, diabetes, epilepsy, heart disease/failure, intellectual and developmental disabilities, mobility-related impairments & spine/brain injury, multiple sclerosis, muscular dystrophy, osteoporosis, personality disorder, rheumatoid osteo-arthritis, schizophrenia, spina bifida, stroke, and visual impairment.

Section C provides rates of common conditions by the following categories: cardiovascular, endocrine and renal, cancer among men and women, mental health, joint, pulmonary, ophthalmic, intellectual and developmental disabilities, and physical disabilities. **Table A-3** identifies the conditions that comprise each group.

Table A-3. Specific Conditions Associated With Each Condition Category

Condition Category	Conditions	
Cardiovascular Conditions	Atrial fibrillation Acute myocardial infarction Congestive heart failure	Ischemic heart disease Stroke
Endocrine and Renal Conditions	Chronic kidney disease Diabetes	Acquired hypothyroidism
Female Cancer Conditions	Breast Cancer Lung Cancer	Colorectal Cancer Endometrial Cancer
Male Cancer Conditions	Breast Cancer Lung Cancer	Colorectal Cancer Prostate Cancer
Mental Health Conditions	Alzheimer's disease and Dementia Depression Anxiety Schizophrenia	Attention deficit hyperactivity disorder (ADHD) Bipolar disorder Personality disorder Post-traumatic stress disorder (PTSD)
Joint Conditions	Rheumatoid osteo-arthritis Osteoporosis	Hip fracture
Pulmonary Conditions	Asthma	Chronic obstructive pulmonary disease (COPD)
Ophthalmic Conditions	Glaucoma	Cataract
Intellectual and Developmental Disabilities	Autism Intellectual disability	Learning disability Developmental delays
Physical Disabilities	Cerebral palsy Cystic fibrosis Epilepsy Deafness or hearing impairment Mobility impairment	Multiple sclerosis Muscular dystrophy Spina bifida Spinal cord injury Traumatic brain injury Blindness or visual impairment

E. Medicare and Medicaid Utilization and Expenditures among FFS Enrollees

Because Medicare and Medicaid provide different benefit packages, we analyzed different utilization statistics for the two programs. Medicare utilization statistics include hospital outpatient services, skilled nursing facilities (SNFs), and Medicare Part D prescription fills. Medicaid utilization statistics include acute care, drugs, long term institutional care, and long term non-institutional care. We examined the services covered by both Medicare and Medicaid for both programs: emergency room, inpatient stays, and home health visits.

F. Medicare and Medicaid FFS Expenditures

Among FFS Medicare and Medicaid enrollees, we calculated average Medicare and Medicaid expenditures across eligibility/age subpopulations.

We calculated per capita Medicare expenditures for the following categories of claims:

- Medicare Part A: home health, hospice, other inpatient, post-acute care, and SNF

- Hospital outpatient:[22] clinic, community mental health center, dialysis, outpatient prospective payment schedule services (OPPS), other skilled nursing facility,[23] therapy,[24] and other[25]
- Other Part B: ambulatory surgery center (ASC), durable medical equipment (DME), evaluation and management, imaging, lab and testing, procedures, and other

We calculated per capita Medicaid expenditures for the following categories of claims:

- Acute: inpatient hospital, outpatient hospital, physician, lab, x-ray, dental, other practitioners, clinic, other services, sterilizations, physical therapy, other therapy, speech or hearing services, nurse midwife services, nurse practitioner services, religious non-medical health care institutions, psychiatric services, and unknown
- Drug: prescribed drugs
- LTC institutional: mental hospital services for the aged, inpatient psychiatric facility for individuals under age 21, intermediate care facility for individuals with intellectual disabilities, and nursing facility services (all other)
- Long-term non-institutional: rehabilitative services (waiver), home health, hospice benefits, DME and supplies (including emergency response systems and home modification), personal care services, residential care, adult day care, transportation services, targeted case management, and private duty nursing

In addition to per capita expenditures, we estimated the number of users and expenditures per user, as well as expenditures per inpatient hospital stay.

[22] We separated hospital outpatient claims because these are Part B services that appear on Part A claims.
[23] Other skilled nursing facility claims include bill types 22 (SNF/inpatient services for beneficiaries who exhausted PTA_ and 23 (SNF outpatient services).
[24] Therapy claims include bill types 74 (outpatient rehabilitation facility) and 74 (comprehensive outpatient rehabilitation facility).
[25] "Other" services include bill types O1A (ambulance), O1B (chiropractic), O1F (vision, hearing, or speech services), and Y1, Y2, Z2, and missing (other/unclassified Part B services).

Appendix B: Proportion of States' Medicare- and Medicaid-enrolled populations that are Represented by the Study Sample

Table B-1. Study Sample as a Percentage of all Enrollees by State, Condition Prevalence Analyses

State	Full-Benefit	QMB-Only	Partial-Benefit	Medicare-Only	Medicaid-Only
AK	96.5%	91.7%	91.3%	81.5%	76.0%
AL	79.5%	69.3%	86.7%	72.7%	0.3%
AR	92.0%	90.0%	88.0%	78.7%	4.6%
AZ	36.1%	62.6%	80.3%	56.7%	6.5%
CA	66.9%	72.0%	69.9%	46.6%	0.0%
CO	61.3%	84.3%	81.4%	54.3%	0.1%
CT	95.0%	90.0%	87.2%	72.2%	73.9%
DC	93.4%	87.2%	80.4%	63.5%	58.5%
DE	93.7%	93.5%	94.3%	85.0%	6.5%
FL	87.5%	82.1%	77.6%	64.1%	4.6%
GA	91.0%	91.8%	90.1%	75.5%	9.9%
HI	90.6%	84.6%	77.9%	44.4%	62.9%
IA	91.8%	91.3%	89.8%	78.5%	0.8%
ID	86.3%	89.1%	90.4%	64.2%	5.2%
IL	92.8%	91.8%	92.5%	78.6%	31.5%
IN	93.4%	92.8%	91.5%	76.4%	11.8%
KS	88.2%	87.9%	87.8%	80.5%	1.8%
KY	84.1%	92.6%	92.7%	75.4%	48.9%
LA	93.6%	92.6%	92.1%	65.0%	29.3%
MA	86.8%	80.6%	75.9%	65.0%	11.7%
MD	92.8%	92.2%	91.0%	77.8%	7.4%
ME	96.6%	94.9%	93.2%	81.4%	52.7%
MI	86.9%	83.0%	88.8%	65.7%	0.1%
MN	54.2%	85.6%	86.6%	56.6%	67.9%
MO	94.2%	87.4%	73.1%	69.0%	66.6%
MS	97.8%	96.6%	93.1%	80.6%	80.5%
MT	93.7%	86.0%	81.1%	74.5%	9.2%
NC	91.5%	82.1%	91.3%	73.2%	16.9%
ND	96.1%	91.3%	91.5%	82.3%	59.4%
NE	90.9%	89.1%	86.8%	78.4%	14.5%
NH	95.3%	91.4%	90.5%	82.0%	65.0%
NJ	90.8%	84.7%	95.8%	76.0%	20.4%
NM	81.0%	89.3%	64.0%	61.9%	13.2%
NV	91.0%	84.5%	82.0%	54.4%	61.3%
NY	88.8%	74.8%	76.4%	57.8%	35.9%
OH	90.1%	90.2%	83.3%	62.1%	23.1%
OK	94.6%	79.6%	87.9%	75.3%	67.2%
OR	41.3%	87.3%	83.1%	48.1%	1.8%
PA	58.1%	72.4%	83.1%	52.6%	1.7%
RI	92.3%	80.3%	86.9%	47.0%	59.5%
SC	93.1%	73.4%	86.3%	77.4%	31.3%

State	Full-Benefit	QMB-Only	Partial-Benefit	Medicare-Only	Medicaid-Only
SD	95.9%	93.1%	92.0%	79.5%	34.8%
TN	74.5%	90.5%	87.4%	68.1%	0.0%
TX	85.5%	92.9%	88.5%	71.0%	25.4%
UT	67.9%	77.2%	78.7%	59.3%	2.8%
VA	92.9%	91.5%	88.6%	75.7%	13.8%
VT	92.8%	92.2%	94.6%	83.6%	11.5%
WA	82.7%	78.0%	65.9%	64.3%	0.0%
WI	87.0%	89.3%	83.9%	63.7%	47.9%
WV	95.8%	92.1%	89.7%	65.2%	76.6%
WY	97.3%	91.9%	91.7%	84.1%	74.8%
U.S.	81.8%	87.7%	85.5%	64.0%	20.1%

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").

Table B-2. Study Sample as a Percentage of all Enrollees by State, Medicaid Utilization and Expenditure Analyses

State	Full-Benefit	QMB-Only	Partial-Benefit	Medicaid-Only
AK	82.4%	5.6%	51.1%	76.0%
AL	70.6%	59.7%	75.8%	0.3%
AR	71.4%	72.1%	68.4%	4.6%
AZ	5.3%	39.8%	71.3%	6.5%
CA	0.0%	37.1%	38.0%	0.0%
CO	0.3%	63.2%	63.7%	0.1%
CT	85.4%	75.0%	72.2%	73.9%
DC	81.7%	61.0%	17.4%	58.5%
DE	81.7%	82.8%	83.8%	6.5%
FL	70.6%	68.7%	61.8%	4.6%
GA	75.3%	77.8%	74.3%	9.9%
HI	78.6%	44.5%	54.9%	62.9%
IA	40.5%	70.4%	71.8%	0.8%
ID	21.9%	69.7%	77.4%	5.2%
IL	81.8%	79.0%	77.6%	31.5%
IN	81.5%	75.7%	75.2%	11.8%
KS	23.8%	50.4%	56.4%	1.8%
KY	72.4%	74.1%	77.5%	48.9%
LA	87.0%	86.2%	85.7%	29.3%
MA	75.7%	38.0%	33.3%	11.7%
MD	83.0%	72.8%	68.8%	7.4%
ME	89.7%	83.2%	69.7%	52.7%
MI	0.0%	27.0%	52.7%	0.1%
MN	40.0%	69.2%	71.9%	67.9%
MO	80.6%	65.4%	17.2%	66.6%
MS	90.8%	88.1%	77.3%	80.5%
MT	76.7%	15.1%	22.2%	9.2%

State	Full-Benefit	QMB-Only	Partial-Benefit	Medicaid-Only
NC	64.8%	39.1%	79.0%	16.9%
ND	80.4%	72.7%	71.1%	59.4%
NE	32.8%	0.0%	60.2%	14.5%
NH	78.3%	66.0%	64.3%	65.0%
NJ	74.3%	36.7%	89.8%	20.4%
NM	44.5%	73.4%	0.1%	13.2%
NV	77.5%	64.3%	64.5%	61.3%
NY	78.8%	57.9%	65.4%	35.9%
OH	78.2%	75.9%	64.0%	23.1%
OK	83.0%	5.6%	69.6%	67.2%
OR	1.0%	72.7%	66.2%	1.8%
PA	20.0%	44.0%	67.8%	1.7%
RI	83.8%	64.7%	75.3%	59.5%
SC	79.4%	10.0%	66.4%	31.3%
SD	84.1%	76.7%	72.0%	34.8%
TN	0.0%	74.6%	70.9%	0.0%
TX	56.5%	86.4%	78.1%	25.4%
UT	3.5%	30.6%	39.2%	2.8%
VA	82.6%	76.6%	72.4%	13.8%
VT	66.0%	66.5%	68.8%	11.5%
WA	0.0%	0.0%	0.0%	0.0%
WI	64.3%	70.7%	63.9%	47.9%
WV	87.0%	73.1%	64.4%	76.6%
WY	82.6%	68.2%	66.5%	74.8%
U.S.	49.7%	72.4%	67.9%	20.1%

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").

Table B-3. Study Sample as a Percentage of all Enrollees by State, Medicare Utilization and Expenditure Analyses

State	Full-Benefit	QMB-Only	Partial-Benefit	Medicare-Only
AK	93.0%	91.7%	90.4%	81.5%
AL	76.1%	64.7%	55.6%	72.7%
AR	83.8%	76.9%	69.3%	78.7%
AZ	34.8%	34.3%	28.8%	56.7%
CA	66.9%	52.1%	41.4%	46.6%
CO	61.1%	65.1%	51.4%	54.3%
CT	80.1%	76.1%	63.6%	72.2%
DC	72.7%	73.0%	73.9%	63.5%
DE	82.7%	88.0%	87.2%	85.0%
FL	71.8%	54.0%	43.1%	64.1%
GA	74.3%	76.6%	69.9%	75.5%
HI	73.1%	70.9%	51.6%	44.4%
IA	87.4%	79.5%	69.4%	78.5%

State	Full-Benefit	QMB-Only	Partial-Benefit	Medicare-Only
ID	80.2%	75.5%	63.3%	64.2%
IL	78.6%	79.1%	77.5%	78.6%
IN	87.2%	85.6%	76.6%	76.4%
KS	87.0%	83.4%	77.2%	80.5%
KY	76.8%	88.4%	81.8%	75.4%
LA	84.8%	75.0%	62.9%	65.0%
MA	80.2%	74.1%	59.8%	65.0%
MD	81.4%	82.0%	77.5%	77.8%
ME	88.1%	88.3%	86.4%	81.4%
MI	86.9%	78.4%	79.3%	65.7%
MN	50.1%	69.4%	63.5%	56.6%
MO	83.1%	75.9%	66.1%	69.0%
MS	85.5%	83.9%	77.7%	80.6%
MT	90.6%	84.2%	76.4%	74.5%
NC	83.3%	71.4%	65.9%	73.2%
ND	89.7%	86.5%	82.2%	82.3%
NE	88.7%	89.1%	71.4%	78.4%
NH	89.3%	88.7%	86.6%	82.0%
NJ	77.3%	71.9%	74.6%	76.0%
NM	73.6%	73.5%	64.0%	61.9%
NV	77.7%	64.6%	48.2%	54.4%
NY	68.7%	44.0%	35.3%	57.8%
OH	76.4%	75.0%	61.4%	62.1%
OK	84.8%	78.1%	70.7%	75.3%
OR	41.0%	75.4%	55.8%	48.1%
PA	53.6%	51.6%	49.4%	52.6%
RI	62.2%	41.1%	37.9%	47.0%
SC	75.9%	73.1%	65.3%	77.4%
SD	93.0%	89.3%	82.9%	79.5%
TN	74.5%	74.5%	61.6%	68.1%
TX	79.8%	71.1%	56.2%	71.0%
UT	67.2%	65.9%	64.1%	59.3%
VA	81.4%	78.9%	69.3%	75.7%
VT	90.2%	89.7%	91.2%	83.6%
WA	82.7%	78.0%	65.9%	64.3%
WI	80.5%	82.1%	61.6%	63.7%
WV	83.9%	83.0%	77.7%	65.2%
WY	93.1%	89.5%	87.5%	84.1%
U.S.	73.7%	72.1%	60.4%	64.0%

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").

Appendix C: Prevalence Rates for Select Condition Categories among FFS Enrollees by Eligibility Type and Age Category

	Cardiovascular Conditions	Endocrine and Renal Conditions	Mental Health Conditions	Joint Conditions	Pulmonary Conditions	Ophthalmic Conditions	Cancer (Females only)	Cancer (Males only)	Physical Disabilities	Intellectual and Developmental Disabilities
Full Benefit (<65)	23.7%	35.0%	52.1%	21.5%	18.2%	11.3%	0.6%	0.3%	10.1%	2.1%
QMB-only (<65)	25.7%	35.0%	45.5%	25.9%	18.8%	9.0%	0.8%	0.4%	8.0%	1.3%
Partial Benefit (<65)	25.6%	33.7%	38.2%	21.9%	15.6%	7.2%	1.0%	0.6%	7.8%	0.8%
Medicaid-only (<65)	11.1%	17.5%	36.9%	7.2%	10.8%	4.4%	3.0%	0.8%	15.1%	18.2%
Full Benefit (65+)	56.3%	53.9%	48.8%	43.2%	22.6%	27.4%	1.2%	1.9%	6.0%	0.2%
QMB-only (65+)	40.8%	41.5%	22.6%	32.5%	17.9%	22.9%	1.5%	2.2%	4.4%	0.1%
Partial Benefit (65+)	35.8%	35.0%	18.4%	25.1%	15.1%	17.4%	1.7%	2.4%	5.6%	0.0%
Medicare-only (65+)	40.5%	35.9%	18.6%	32.0%	12.6%	33.6%	4.0%	5.9%	9.7%	4.3%

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among enrollees who were FFS for all months alive in 2008.

Appendix D: Prevalence of Select Conditions and Disabilities among FFS Enrollees by Medicare-Medicaid Eligibility Type and Age Group, CY 2008

Table D-1. Prevalence of Select Conditions and Disabilities among FFS Enrollees by Medicare-Medicaid Eligibility Type for Enrollees Under 65, CY 2008

	Full Benefit Medicare-Medicaid Enrollee (<65) n=2,290,522	QMB-only Medicare-Medicaid Enrollee (<65) n=373,361	Partial Benefit Medicare-Medicaid Enrollee (<65) n=343,999	Medicare-Medicaid Enrollee (<65) n=3,007,882	Medicaid-only with disability (<65) n= 1,113,284
Acquired Hypothyroidism	7.3%	6.0%	4.9%	6.9%	2.8%
Acute Myocardial Infarction	0.5%	0.6%	0.6%	0.5%	0.2%
Alzheimer's Disease and Related Disorders	5.1%	2.2%	2.0%	4.4%	2.0%
Anemia	21.8%	18.1%	16.1%	20.7%	8.8%
Anxiety	19.8%	19.4%	15.2%	19.2%	10.1%
Asthma	9.2%	8.3%	6.2%	8.7%	6.0%
Atrial Fibrillation	1.5%	1.5%	1.7%	1.5%	0.7%
Attention Deficit Hyperactivity Disorder (ADHD)	4.6%	1.8%	1.3%	3.9%	10.6%
Autism	1.2%	0.2%	0.1%	1.0%	3.9%
Benign Prostatic Hyperplasia	1.5%	1.3%	1.5%	1.5%	0.3%
Bipolar Disorder	14.9%	13.0%	10.4%	14.1%	9.3%
Blindness or Visual Impairment	1.2%	0.9%	0.7%	1.1%	0.5%
Cataract	7.4%	5.5%	4.5%	6.8%	2.6%
Cerebral Palsy	3.1%	0.6%	0.4%	2.5%	5.0%
Chronic Kidney Disease	11.4%	10.6%	10.5%	11.2%	4.8%
Congestive Heart Failure	11.6%	11.6%	11.5%	11.6%	5.0%
COPD	12.4%	13.7%	11.9%	12.5%	5.7%
Cystic Fibrosis	0.6%	0.4%	0.3%	0.5%	0.5%
Deafness or Hearing Impairments	3.2%	1.6%	1.2%	2.8%	2.1%
Depression	30.1%	29.2%	24.6%	29.4%	10.3%
Diabetes	26.2%	27.4%	27.0%	26.4%	12.6%
Epilepsy	8.7%	5.0%	3.8%	7.7%	6.9%
Glaucoma	4.5%	4.0%	3.1%	4.3%	1.8%
Hip Fracture	0.3%	0.2%	0.2%	0.3%	0.2%
Hyperlipidemia	28.0%	30.0%	28.0%	28.2%	7.6%
Hypertension	38.5%	43.1%	39.8%	39.2%	16.0%

	Full Benefit Medicare-Medicaid Enrollee (<65) n=2,290,522	QMB-only Medicare-Medicaid Enrollee (<65) n=373,361	Partial Benefit Medicare-Medicaid Enrollee (<65) n=343,999	Medicare-Medicaid Enrollee (<65) n=3,007,882	Medicaid-only with disability (<65) n= 1,113,284
Intellectual Disability	14.4%	2.0%	1.2%	11.4%	13.3%
Ischemic Heart Disease	17.8%	20.5%	20.5%	18.4%	7.2%
Learning Disability and Developmental Delays	0.4%	0.1%	0.0%	0.3%	4.3%
Mobility Impairments	5.6%	2.6%	2.4%	4.9%	3.5%
Multiple Sclerosis	1.7%	1.2%	1.2%	1.6%	0.6%
Muscular Dystrophy	0.3%	0.2%	0.1%	0.3%	0.4%
Osteoporosis	2.7%	2.2%	1.7%	2.5%	0.6%
Other Developmental Delays	1.4%	0.3%	0.1%	1.1%	4.0%
Other Mental Health	10.1%	6.6%	4.9%	9.1%	13.3%
Personality Disorders	3.9%	3.1%	2.4%	3.6%	1.7%
Post-Traumatic Stress Disorder	3.2%	2.7%	2.0%	3.0%	2.1%
Rheumatoid Osteo-Arthritis	19.9%	24.9%	21.0%	20.6%	6.3%
Schizophrenia	17.5%	11.8%	9.0%	15.8%	8.8%
Spina Bifida	0.7%	0.3%	0.2%	0.6%	1.6%
Spinal Cord Injury	0.8%	0.4%	0.4%	0.7%	0.4%
Stroke	3.0%	2.5%	2.3%	2.9%	1.4%
Substance Abuse	12.8%	12.3%	9.9%	12.4%	8.5%
Tobacco	18.6%	22.0%	17.6%	18.9%	7.0%
Traumatic Brain Injury	1.1%	0.6%	0.4%	1.0%	0.6%

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among enrollees who were FFS for all months alive in 2008.

Table D-2. Prevalence of Select Conditions and Disabilities among FFS Enrollees by Medicare-Medicaid Eligibility Type for Enrollees 65 and over, CY 2008

	Full Benefit Medicare-Medicaid Enrollee (65+) n=3,384,541	QMB-only Medicare-Medicaid Enrollee (65+) n=482,616	Partial Benefit Medicare-Medicaid Enrollee (65+) n= 613,776	Medicare-Medicaid Enrollee (65+) n=4,480,933	Medicare-only (65+) n=22,106,969
Acquired Hypothyroidism	11.2%	7.7%	6.4%	10.2%	8.2%
Acute Myocardial Infarction	1.6%	1.1%	1.0%	1.5%	1.0%
Alzheimer's Disease and Related Disorders	34.9%	9.6%	7.6%	28.4%	9.5%
Anemia	38.9%	23.3%	18.9%	34.5%	22.1%
Anxiety	11.5%	7.8%	6.4%	10.4%	5.3%
Asthma	6.1%	4.7%	3.7%	5.6%	3.6%
Atrial Fibrillation	9.1%	6.2%	5.9%	8.3%	8.8%
Attention Deficit Hyperactivity Disorder (ADHD)	1.4%	0.2%	0.1%	1.1%	0.1%
Autism	0.0%	0.0%	0.0%	0.0%	0.0%
Benign Prostatic Hyperplasia	5.2%	3.2%	2.8%	4.7%	6.5%
Bipolar Disorder	3.0%	1.1%	0.9%	2.5%	0.7%
Blindness or Visual Impairment	2.2%	1.6%	1.0%	2.0%	0.5%
Cataract	19.5%	16.2%	12.3%	18.2%	24.6%
Cerebral Palsy	0.4%	0.1%	0.0%	0.3%	0.0%
Chronic Kidney Disease	21.3%	14.0%	12.0%	19.2%	11.7%
Congestive Heart Failure	32.8%	20.0%	17.4%	29.3%	15.6%
COPD	20.0%	15.8%	13.4%	18.6%	10.4%
Cystic Fibrosis	0.4%	0.2%	0.2%	0.4%	0.3%
Deafness or Hearing Impairments	6.2%	2.6%	1.9%	5.2%	3.4%
Depression	22.2%	11.2%	9.0%	19.2%	9.0%
Diabetes	40.6%	31.7%	26.6%	37.7%	24.6%
Epilepsy	3.2%	1.2%	1.0%	2.7%	0.9%
Glaucoma	10.6%	8.9%	6.5%	9.9%	11.7%
Hip Fracture	2.3%	0.8%	0.7%	1.9%	0.9%
Hyperlipidemia	38.6%	38.2%	31.1%	37.5%	46.1%
Hypertension	69.4%	58.3%	46.9%	65.1%	57.7%
Intellectual Disability	1.8%	0.2%	0.1%	1.4%	0.0%
Ischemic Heart Disease	43.3%	32.8%	29.1%	40.2%	32.9%
Learning Disability and Developmental Delays	0.1%	0.0%	0.0%	0.1%	0.0%

	Full Benefit Medicare-Medicaid Enrollee (65+) n=3,384,541	QMB-only Medicare-Medicaid Enrollee (65+) n=482,616	Partial Benefit Medicare-Medicaid Enrollee (65+) n= 613,776	Medicare-Medicaid Enrollee (65+) n=4,480,933	Medicare-only (65+) n=22,106,969
Mobility Impairments	7.2%	2.3%	1.8%	5.9%	1.8%
Multiple Sclerosis	0.4%	0.2%	0.1%	0.3%	0.2%
Muscular Dystrophy	0.1%	0.0%	0.0%	0.1%	0.0%
Osteoporosis	10.9%	6.8%	5.0%	9.7%	7.4%
Other Developmental Delays	0.1%	0.0%	0.0%	0.1%	0.0%
Other Mental Health	2.1%	0.4%	0.4%	1.7%	0.3%
Personality Disorders	0.6%	0.2%	0.2%	0.5%	0.1%
Post-Traumatic Stress Disorder	0.2%	0.1%	0.1%	0.2%	0.1%
Rheumatoid Osteo-Arthritis	38.0%	29.2%	22.6%	34.9%	27.9%
Schizophrenia	9.8%	2.2%	1.7%	7.9%	1.4%
Spina Bifida	0.2%	0.1%	0.1%	0.2%	0.1%
Spinal Cord Injury	0.4%	0.2%	0.1%	0.3%	0.2%
Stroke	9.0%	4.1%	3.4%	7.7%	4.0%
Substance Abuse	3.1%	2.2%	1.8%	2.8%	1.3%
Tobacco	5.4%	7.1%	5.8%	5.6%	3.1%
Traumatic Brain Injury	0.6%	0.2%	0.2%	0.5%	0.3%

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among enrollees who were FFS for all months alive in 2008.

Appendix E: Inclusion of Conditions in Condition Count

Condition	Category used in Condition Count	Comments
Acquired hypothyroidism	--	Excluded since the condition is easily maintained with medication
Acute myocardial infarction (AMI)	Heart disease/failure	Counted as part of heart disease/failure condition including acute myocardial infarction (AMI), ischemic heart disease (IHD), and heart failure
Alzheimer's disease and Alzheimer's related disorders	Alzheimer's disease and Alzheimer's related disorders	
Anemia	--	Excluded as it may be a symptom of another condition
Anxiety	Anxiety & PTSD	Counted as part of a condition including anxiety and post-traumatic stress disorder (PTSD)
Asthma	Asthma & COPD	Counted as part of a condition including chronic obstructive pulmonary disease (COPD) and asthma
Atrial fibrillation	--	Excluded as it may be a symptom of another condition and has low prevalence
Attention deficit hyperactivity disorder (ADHD)	--	Excluded since it has less relevance for the Medicare-Medicaid population
Autism	Intellectual & developmental disabilities	Counted as part of a condition including autism, learning disabilities, intellectual and related disabilities, and other developmental delays
Benign prostatic hyperplasia	--	Excluded as it is a benign condition, common in men over 50, that is not related to cancer risk
Bipolar disorder	Bipolar disorder	
Breast cancer (Female)	Cancer	Counted as part of a condition including breast , colorectal, endometrial, lung, and prostate cancers
Breast cancer (Male)	Cancer	Counted as part of a condition including breast , colorectal, endometrial, lung, and prostate cancers
Cataract	Visual impairment	Counted as part of a visual impairment condition including cataract, glaucoma, and blindness/visual impairment
Cerebral palsy	Cerebral palsy	
Chronic kidney disease	Chronic kidney disease	
Chronic obstructive pulmonary disease (COPD)	Asthma & COPD	Counted as part of a condition including chronic obstructive pulmonary disease (COPD) and asthma
Colorectal cancer (Female)	Cancer	Counted as part of a condition including breast , colorectal, endometrial, lung, and prostate cancers
Colorectal cancer (Male)	Cancer	Counted as part of a condition including breast , colorectal, endometrial, lung, and prostate cancers
Cystic fibrosis	Cystic fibrosis	
Deafness or hearing impairment	Deafness & hearing impairment	
Depression	Depression	
Diabetes	Diabetes	

Condition	Category used in Condition Count	Comments
Endometrial cancer (Female)	Cancer	Counted as part of a condition including breast , colorectal, endometrial, lung, and prostate cancers
Epilepsy	Epilepsy	
Glaucoma	Visual impairment	Counted as part of a visual impairment condition including cataract, glaucoma, and blindness/visual impairment
Heart failure	Heart disease/failure	Counted as part of heart disease/failure condition including acute myocardial infarction (AMI), ischemic heart disease (IHD), and heart failure
Hip fracture	--	Excluded as this is a distinct event occurring at one point in time rather than an ongoing condition
Hyperlipidemia	--	Excluded as it may be a symptom of a more serious condition
Hypertension	--	Excluded as it may be a symptom of a more serious condition
Intellectual disability	Intellectual & developmental disabilities	Counted as part of a condition including autism, learning disabilities, intellectual & related disabilities, and other developmental delays
Ischemic heart disease (IHD)	Heart disease/failure	Counted as part of heart disease/failure condition including acute myocardial infarction (AMI), ischemic heart disease (IHD), and heart failure
Learning disability	Intellectual & developmental disabilities	Counted as part of a condition including autism, learning disabilities, intellectual and related disabilities, and other developmental delays
Lung cancer (Female)	Cancer	Counted as part of a condition including breast , colorectal, endometrial, lung, and prostate cancers
Lung cancer (Male)	Cancer	Counted as part of a condition including breast , colorectal, endometrial, lung, and prostate cancers
Mobility disability	Mobility-related impairments & spine/brain injury	Counted as part of a condition including mobility impairments, spinal cord injury, and brain injury
Multiple sclerosis	Multiple sclerosis	
Muscular dystrophy	Muscular dystrophy	
Osteoporosis	Osteoporosis	
Other developmental disorder	Intellectual & developmental disabilities	Counted as part of a condition including autism, learning disabilities, intellectual and related disabilities, and other developmental delays
Personality disorder	Personality disorder	
Post-traumatic stress disorder (PTSD)	Anxiety & PTSD	Counted as part of a condition including anxiety and post-traumatic stress disorder (PTSD)
Prostate cancer (Male)	Cancer	Counted as part of a condition including breast , colorectal, endometrial, lung, and prostate cancers
Rheumatoid osteo-arthritis	Rheumatoid osteo-arthritis	
Schizophrenia	Schizophrenia	
Spina bifida	Spina bifida	

Condition	Category used in Condition Count	Comments
Spinal injury	Mobility-related impairments & spine/brain injury	Counted as part of a condition including mobility impairments, spinal cord injury, and brain injury
Stroke	Stroke	
Tobacco use	--	Excluded since this is a behavior that is a risk factor for developing other conditions
Visual impairment	Visual impairment	Counted as part of a visual impairment condition including cataract, glaucoma, and blindness/visual impairment

Appendix F: Number of Enrollees Using Medicare Part A Services and Mean Expenditures per User among FFS Enrollees by Eligibility Type and Age Category

	Full Benefit		QMB-only		Partial Benefit		Medicare-only	
	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer
<65	**n=2,290,522**		**n=373,361**		**n=343,999**			
Home Health	167,649	$6,095	26,016	$6,758	20,615	$6,057		
Hospice	19,297	$11,382	2,098	$10,497	1,990	$10,076		
Other Inpatient	99,193	$13,154	13,301	$10,833	9,462	$10,815		
Post-Acute Care	27,474	$30,724	3,651	$27,844	3,106	$25,691		
Skilled Nursing Facility	84,380	$14,029	6,404	$10,340	5,181	$9,847		
65+	**n=3,384,541**		**n=482,616**		**n=613,776**		**n=22,106,969**	
Home Health	490,525	$7,312	62,337	$7,397	62,884	$6,135	1,997,277	$4,850
Hospice	204,368	$12,611	9,880	$10,600	10,775	$10,861	529,061	$9,781
Other Inpatient	46,428	$13,954	2,297	$11,393	2,513	$11,427	81,279	$13,039
Post-Acute Care	63,858	$29,852	6,556	$24,357	7,188	$22,906	285,796	$21,146
Skilled Nursing Facility	523,557	$14,503	21,572	$11,140	24,366	$10,835	1,101,522	$12,059

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Medicare eligible enrollees who were FFS for all months alive in 2008.

Appendix G: Number of Enrollees Using Medicare Hospital Outpatient Services and Mean Expenditures per User among FFS Enrollees by Eligibility Type and Age Category, CY 2008

	Full Benefit		QMB-only		Partial Benefit		Medicare-only	
	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer
<65 years	**n=2,290,522**		**n=373,361**		**n=343,999**			
Clinic	339,395	$421	57,631	$384	45,224	$357		
Community Mental Health Center	6,624	$9,552	2,290	$10,402	1,061	$10,611		
Dialysis	70,846	$24,569	9,530	$24,095	8,724	$24,037		
OPPS	1,547,296	$1,683	242,445	$1,677	196,240	$1,637		
Other Skilled Nursing Facility	64,969	$1,854	1,221	$1,331	597	$1,319		
Therapy	28,930	$1,310	6,440	$2,049	3,800	$1,573		
Other	317,537	$144	43,711	$164	36,598	$150		
65+ years	**n=3,384,541**		**n=482,616**		**n=613,776**		**n=22,106,969**	
Clinic	363,903	$467	59,437	$379	54,730	$363	1,301,013	$315
Community Mental Health Center	9,210	$10,504	1,169	$10,697	388	$10,890	1,695	$8,220
Dialysis	48,655	$20,512	4,420	$20,419	4,745	$20,611	103,707	$19,299
OPPS	1,914,497	$1,353	259,497	$1,412	273,971	$1,434	14,204,519	$1,290
Other Skilled Nursing Facility	575,691	$1,627	5,350	$1,246	3,227	$1,249	356,899	$1,165
Therapy	41,686	$2,828	6,589	$2,585	4,874	$1,471	406,720	$1,120
Other	487,850	$152	55,431	$135	62,827	$120	3,539,791	$118

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Medicare eligible enrollees who were FFS for all months alive in 2008.

Appendix H: Number of Enrollees Using Medicare Part B Services and Mean Expenditures per User among FFS Enrollees by Eligibility Type and Age Category, CY 2008

	Full Benefit		QMB-only		Partial Benefit		Medicare-only	
	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer
<65 years	**n=2,290,522**		**n=373,361**		**n=343,999**			
Ambulatory Surgery Center	104,019	$766	24,379	$776	16,458	$725		
Durable Medical Equipment	726,839	$1,289	121,153	$1,201	97,430	$1,171		
Evaluation and Management	1,909,052	$1,130	295,298	$998	244,535	$920		
Imaging	1,399,684	$366	228,214	$392	184,472	$368		
Lab and Testing	1,541,538	$360	243,125	$370	199,739	$348		
Procedure	1,126,080	$896	176,563	$921	141,570	$920		
Other	786,535	$1,032	112,998	$728	88,346	$728		
65+ years	**n=3,384,541**		**n=482,616**		**n=613,776**		**n=22,106,969**	
Ambulatory Surgery Center	181,091	$817	33,127	$788	32,163	$782	2,523,255	$744
Durable Medical Equipment	1,212,099	$973	158,860	$960	164,923	$943	6,160,504	$700
Evaluation and Management	2,766,609	$1,395	337,485	$928	356,732	$930	20,230,997	$834
Imaging	2,252,822	$439	276,165	$407	289,135	$391	16,100,159	$414
Lab and Testing	2,393,978	$333	296,354	$292	311,748	$281	17,860,025	$301
Procedure	1,973,169	$792	220,064	$832	232,033	$830	14,424,344	$845
Other	1,514,900	$1,021	140,302	$629	148,066	$627	7,788,426	$484

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Medicare eligible enrollees who were FFS for all months alive in 2008.

Appendix I: Number of Enrollees Using Medicaid Acute Services and Mean Expenditures per User among FFS Enrollees by Eligibility Type and Age Category, CY 2008

	Full Benefit		QMB-only		Partial Benefit		Medicaid-only with Disability	
	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer
<65	**n=2,290,522**		**n=373,361**		**n=343,999**		**n=1,113,284**	
Hospital Outpatient	601,409	$619	106,620	$517	12,287	$500	626,326	$1,597
Clinic	334,826	$940	55,639	$317	5,076	$492	372,733	$1,258
Dental	332,710	$434	9,057	$336	3,455	$437	323,551	$427
Lab	665,720	$215	120,710	$246	12,290	$224	774,675	$852
Psychiatric Services	401,140	$3,283	44,426	$485	5,976	$1,377	415,530	$2,604
Therapy	26,992	$356	4,087	$184	341	$165	53,188	$1,292
Physician	901,832	$305	169,502	$300	19,681	$300	767,030	$973
65+	**n=3,384,541**		**n=482,616**		**n=613,776**			
Hospital Outpatient	658,353	$462	94,569	$407	8,251	$425		
Clinic	311,622	$417	47,788	$202	2,967	$236		
Dental	312,974	$388	3,794	$289	1,430	$428		
Lab	962,106	$177	135,770	$192	10,300	$141		
Psychiatric Services	214,233	$975	20,786	$156	1,279	$505		
Therapy	35,111	$302	3,478	$129	214	$104		
Physician	1,329,154	$251	193,307	$265	16,412	$220		

*Medicaid FFS Acute service types include hospital outpatient, physician, lab, dental, clinic, therapy, psychiatric services, and other services.

Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").

Source: CY 2008 MMLEADS data among Medicaid eligible enrollees who were FFS Medicaid for all months alive in 2008.

Appendix J: Number of Enrollees Using Medicaid FFS Long term Non-Institutional Services and Mean Expenditures per User among FFS Enrollees by Eligibility Type and Age Category, CY 2008

	Full Benefit		QMB-only		Partial Benefit		Medicaid-only with Disability	
	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer
<65	**n=2,290,522**		**n=373,361**		**n=343,999**		**n=1,113,284**	
Adult Day Care (Non Waiver)	21,553	$13,241	65	$3,515	61	$3,883	11,726	$11,965
Adult Day Care (Waiver)	46,652	$18,456	76	$7,958	66	$8,224	20,736	$20,757
Durable Medical Equipment (Non Waiver)	478,306	$715	63,057	$454	7,851	$394	459,691	$1,386
Durable Medical Equipment (Waiver)	49,899	$1,508	249	$683	263	$626	34,557	$4,079
Home Health (Non Waiver)	66,784	$5,797	1,908	$1,564	567	$1,431	76,893	$8,431
Home Health (Waiver)	13,013	$11,669	14	$2,660	*	*	4,719	$14,713
Hospice (Non Waiver)	3,691	$13,588	64	$7,886	34	$7,368	8,078	$14,904
Hospice (Waiver)	171	$15,519	*	*			244	$18,160
Personal Care Services (Non Waiver)	61,285	$12,119	993	$9,397	358	$3,517	50,292	$13,612
Personal Care Services (Waiver)	29,595	$14,897	88	$9,287	211	$7,908	18,617	$15,162
Private Duty Nurse (Non Waiver)	2,670	$24,410	933	$1,419	172	$362	6,265	$67,433
Private Duty Nurse (Waiver)	77	$59,474					328	$64,623
Residential Care (Non Waiver)	4,885	$8,115	92	$1,361	28	$4,120	2,829	$29,255
Residential Care (Waiver)	71,285	$66,473	83	$35,762	128	$36,256	36,414	$49,615
Rehabilitation (Non Waiver)	39,675	$3,543	4,445	$205	626	$666	52,736	$4,867
Rehabilitation (Waiver)	14,208	$19,508	31	$7,832	34	$11,662	8,210	$16,582
Total Case Management (Non Waiver)	102,133	$2,030	2,379	$841	1,860	$718	113,012	$1,473
Total Case Management (Waiver)	28,240	$1,788	37	$1,362	160	$1,343	19,362	$1,761
Transportation Services (Non Waiver)	269,190	$915	22,359	$233	2,799	$365	227,103	$1,011
Transportation Services (Waiver)	14,720	$691	76	$82	46	$313	9,626	$663

	Full Benefit		QMB-only		Partial Benefit		Medicaid-only with Disability	
	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer	Number of enrollees who used service	Mean Cost Per Utilizer
65+	**n=3,384,541**		**n=482,616**		**n=613,776**			
Adult Day Care (Non Waiver)	38,748	$7,571	56	$4,733	45	$5,023		
Adult Day Care (Waiver)	18,791	$11,276	79	$4,104	77	$3,083		
Durable Medical Equipment (Non Waiver)	769,451	$541	73,146	$283	6,354	$286		
Durable Medical Equipment (Waiver)	130,118	$825	827	$308	891	$318		
Home Health (Non Waiver)	143,599	$8,528	2,468	$819	505	$1,704		
Home Health (Waiver)	21,916	$9,478	34	$3,635	69	$1,857		
Hospice (Non Waiver)	66,234	$12,942	400	$8,528	241	$5,565		
Hospice (Waiver)	2,784	$10,581	*	*	*	*		
Personal Care Services (Non Waiver)	164,719	$16,200	760	$5,288	458	$4,086		
Personal Care Services (Waiver)	42,116	$8,647	60	$4,554	85	$4,304		
Private Duty Nurse (Non Waiver)	2,448	$5,108	928	$35	32	$954		
Private Duty Nurse (Waiver)	36	$17,876						
Residential Care (Non Waiver)	17,982	$11,964	97	$2,517	66	$6,894		
Residential Care (Waiver)	19,731	$41,092	25	$8,009	48	$15,985		
Rehabilitation (Non Waiver)	17,303	$1,582	789	$249	83	$708		
Rehabilitation (Waiver)	745	$19,598	*	*	*	*		
Total Case Management (Non Waiver)	27,256	$1,159	1,094	$1,217	876	$1,272		
Total Case Management (Waiver)	28,680	$2,056	47	$2,147	178	$1,661		
Transportation Services (Non Waiver)	518,672	$663	24,180	$181	2,390	$280		
Transportation Services (Waiver)	18,400	$136	90	$126	51	$141		

*Values are suppressed due to small cell size.
**FFS Long Term Non-Institutional service types include Rehabilitation, Home Health, Hospice, DME, Personal Care Services, Residential Care, Adult Day Care, Transportation, Targeted Case Management and Private Duty Nurse.
Note: While "QMB-only" Medicare-Medicaid enrollees are technically considered "Partial Benefit," in this Report QMB-only is presented separately from "Partial Benefit," with the latter referring only to all *other* types of Partial Benefit Medicare-Medicaid enrollees: Specified Low-income Medicare Beneficiaries (i.e., "SLMB-only"), Qualified Disabled Working Individuals (i.e., "QDWI"), and Qualifying Individuals (i.e., "QI").
Source: CY 2008 MMLEADS data among Medicaid eligible enrollees who were FFS Medicaid for all months alive in 2008.