# Medicare-Medicaid Enrollee Information
# Virginia, 2011

**Figure 1. Total Medicare, Medicaid, and Medicare-Medicaid Dually Enrolled Populations[1]**
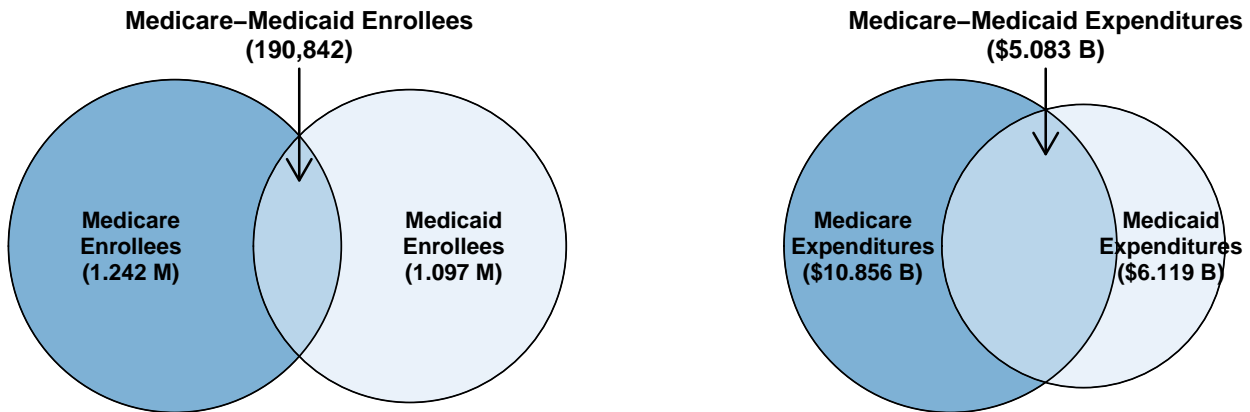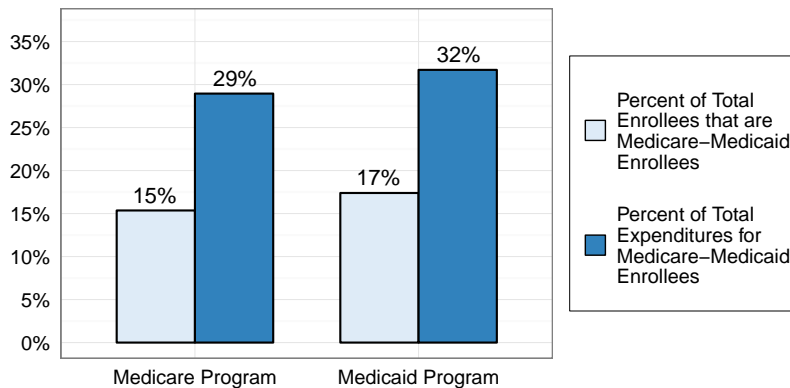


**Figure 2. Medicare-Medicaid Enrollees' Percentage of Enrollment and their Relative Share of Program Expenditures**



In the State of Virginia, in 2011:

- Medicare-Medicaid Enrollees made up 15% of the Medicare population and 29% of total Medicare expenditures.

- Medicare-Medicaid Enrollees made up 17% of Medicaid enrollees and 32% of Medicaid expenditures.

**Table 1A. Per-Member Per-Month (PMPM) Medicare Expenditures by Service Settings, Duals vs. Medicare-Only, Fee-for-Service (FFS) Enrollees**
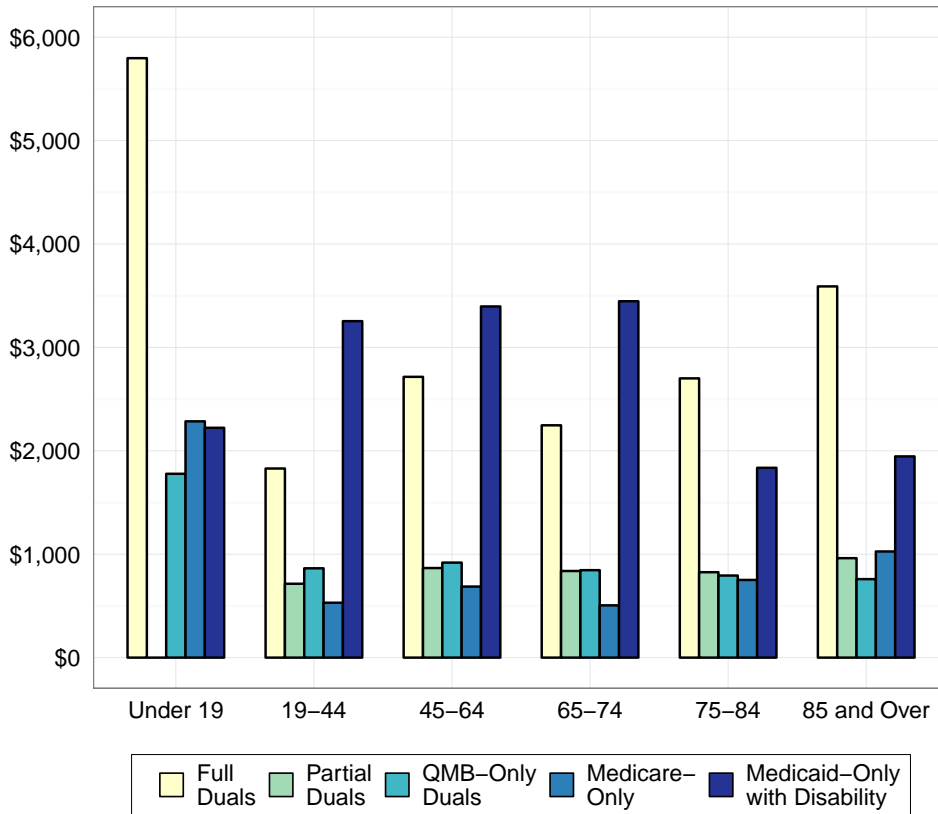
| Service Setting | Full Duals | Partial Duals | QMB-Only | Medicare-Only |
|---|---|---|---|---|
| Inpatient Hospital | $435 | $326 | $298 | $219 |
| Outpatient | $514 | $405 | $408 | $340 |
| Psychiatric Hospital | $21 | $13 | $18 | $3 |
| Skilled Nursing Facility | $172 | $37 | $25 | $52 |
| Home Health | $58 | $38 | $30 | $32 |

**Table 1B. PMPM Medicaid Expenditures by Service Settings, Duals vs. Medicaid-Only with Disability[2], FFS Enrollees[3]**

| Service Setting | Full Duals | Partial Duals | QMB-Only | Medicaid-Only with Disability |
|---|---|---|---|---|
| Inpatient hospital non-LTSS | $59 | N/A | $37 | $624 |
| Outpatient hospital non-LTSS | $117 | N/A | $22 | $494 |
| Mental Health Support Facilities | $163 | N/A | $0 | $209 |
| Nursing Facilities | $573 | N/A | $1 | $318 |
| Home Health | $0 | N/A | $0 | $8 |

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**Figure 3. PMPM Medicare and Medicaid Expenditures by Age Group, FFS Enrollees[2]**



Legend: Full Duals, Partial Duals, QMB–Only Duals, Medicare–Only, Medicaid–Only with Disability

In the State of Virginia, in 2011:

- PMPM Medicare and Medicaid expenditures for the full, partial, and QMB-Only dual 45-64 cohorts are $2,715, $866, and $918.

- This compares to $2,700, $826, and $793 for the full, partial, and QMB-Only dual 75-84 cohorts.

- The full, partial, and QMB-Only dual under 19 cohorts have 32, 0, and less than 11 enrollees, respectively. The Medicare-Only under 19 cohort has 35 enrollees, and the Medicaid-Only with Disability under 19 cohort has 9,590 enrollees.

**Figure 4. Number of Chronic Conditions[5] By Enrollment Type, FFS Enrollees[2]**



Legend: Medicare–Medicaid, Medicaid–Only with Disability, Medicare–Only
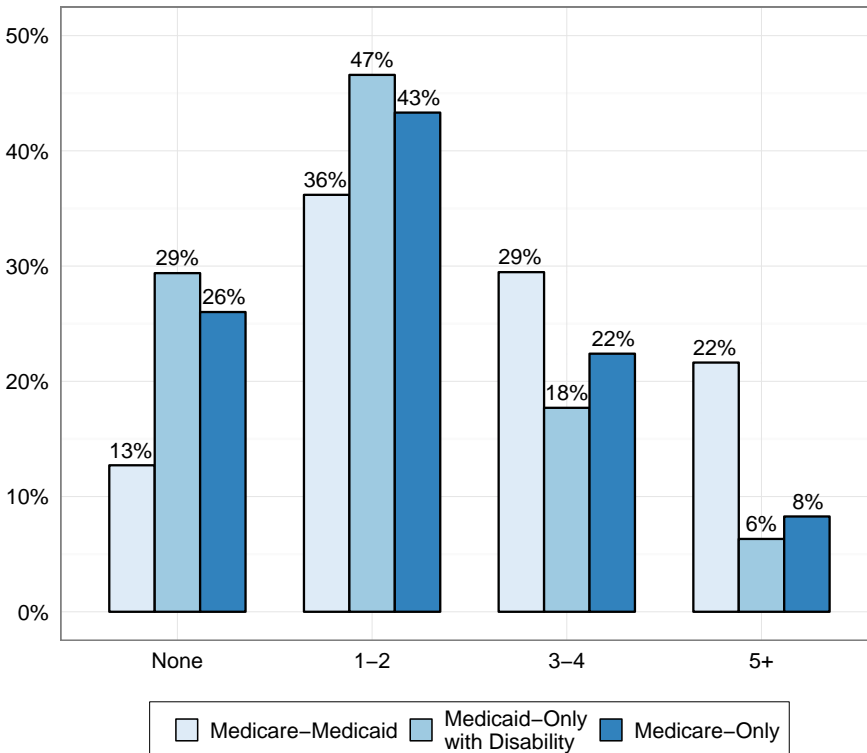
In the State of Virginia, in 2011:

- Out of 24 chronic health conditions studied, 51% of Medicare-Medicaid FFS enrollees had three or more chronic health conditions.

- This compares to 31% of Medicare-Only FFS enrollees and 24% of Medicaid-Only with Disability FFS enrollees having three or more conditions.

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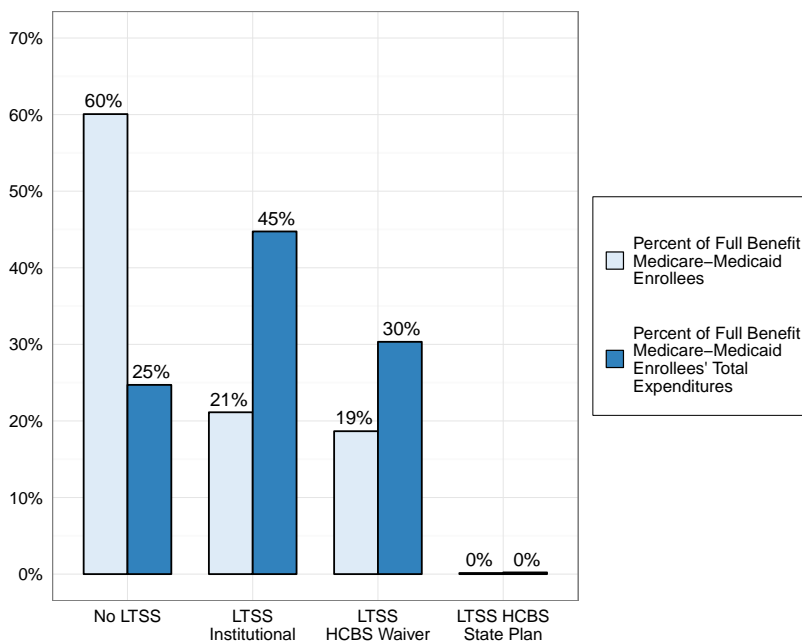# Virginia, 2011

**Figure 5. Health Condition Categories[5] by Enrollment Type, FFS Enrollees[2]**
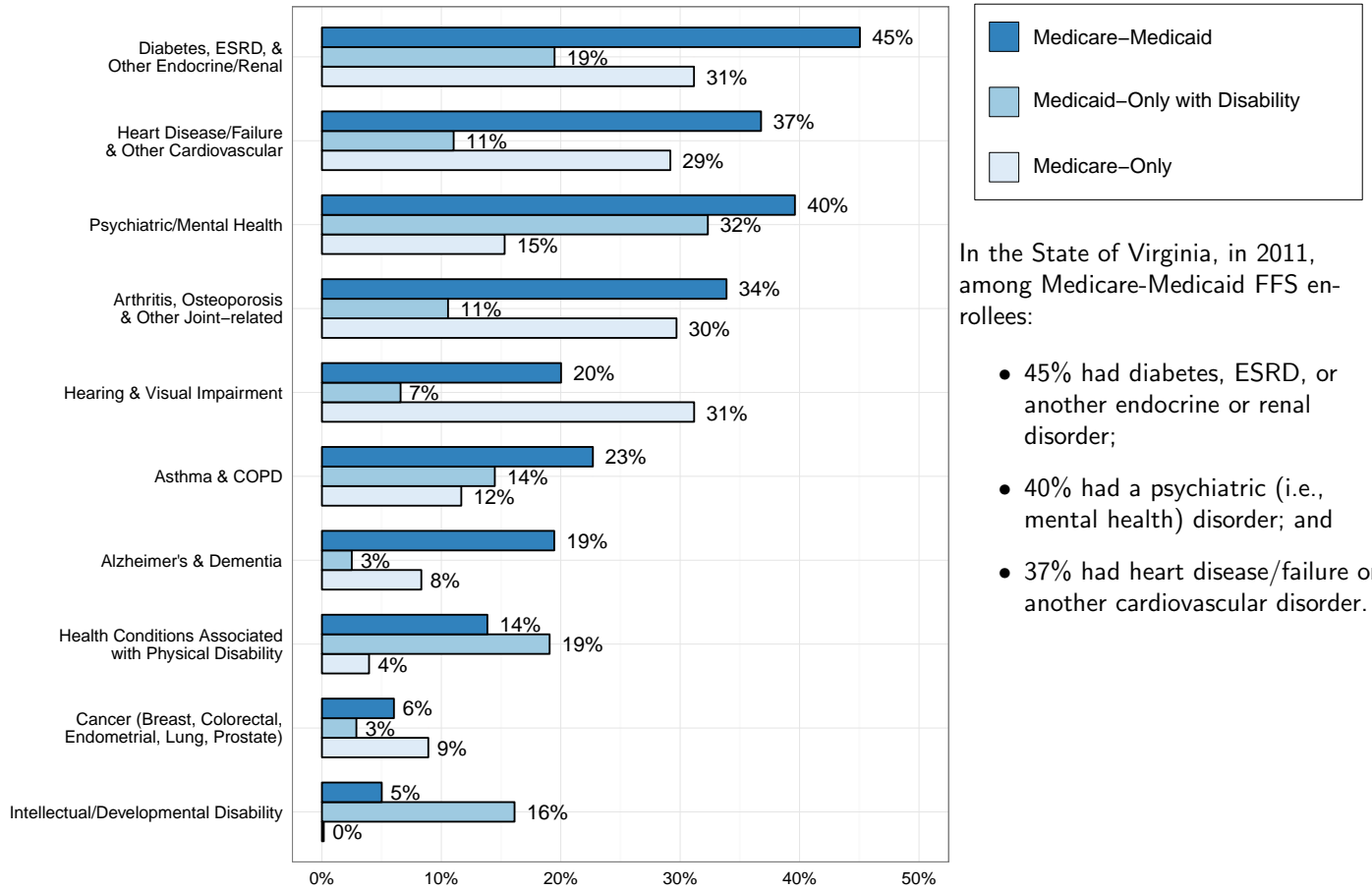


In the State of Virginia, in 2011, among Medicare-Medicaid FFS enrollees:

- 45% had diabetes, ESRD, or another endocrine or renal disorder;

- 40% had a psychiatric (i.e., mental health) disorder; and

- 37% had heart disease/failure or another cardiovascular disorder.

**Figure 6. Long-Term Services and Supports (LTSS)[6] Enrollment and Relative Expenditures for Full-Benefit Medicare-Medicaid Enrollees, FFS Enrollees**



In the State of Virginia, in 2011:

- Institutional LTSS appears to have been driving much of the high FFS costs attributable to full benefit Medicare-Medicaid enrollees. Specifically, the 21% of Medicare-Medicaid enrollees who received institutional LTSS services accounted for 45% of total Medicare-Medicaid FFS enrollee expenditures.

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**Figure 7. Medicare and Medicaid Percentage Enrollment in FFS and Managed Care (MC)[2,7]**
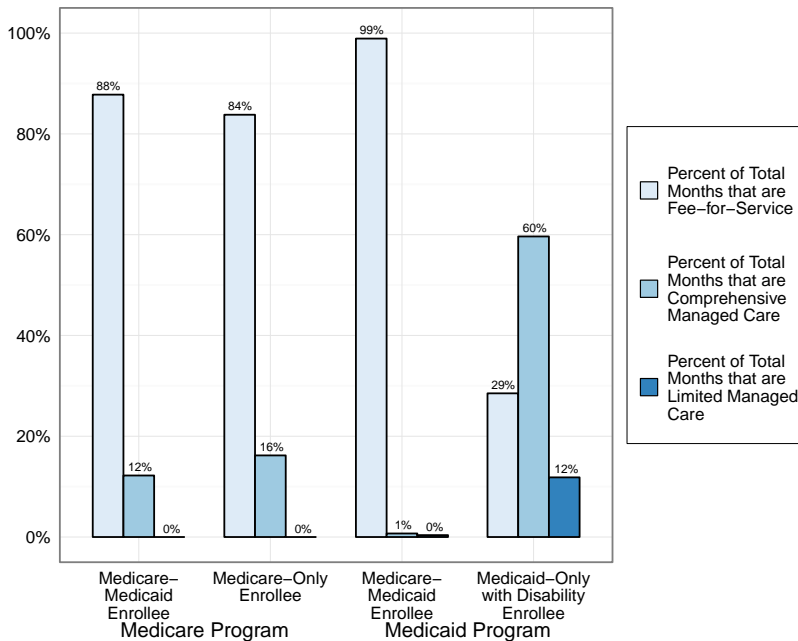


In the State of Virginia, in 2011:

- Medicare-Medicaid Enrollees more commonly have Medicaid FFS coverage. 99% of Dual Medicaid months are FFS, while only 29% of Medicaid-Only with Disability months are FFS.

- Medicare-Medicaid Enrollees have similar Medicare FFS coverage as Medicare-Only Enrollees. 88% of Dual Medicare months are FFS, while 84% of Medicare-Only months are FFS.

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Dual eligibility is defined using the Medicare Modernization Act (MMA) State File of Dual Eligibles. Medicare FFS payment and utilization come from the Common Working File (CWF). Medicare enrollment and demographics come from the Common Medicare Environment (CME) and Enrollment Database (EDB). Part C payment, Part C coverage, Part D premiums, and Part D coverage come the Medicare Advantage and Prescription Drug Plan System (MARx). Part D payment information comes from the Drug Data Processing System (DDPS). Medicaid payment, utilization, enrollment, and demographics come from Medicaid and CHIP Statistical Information System (MSIS).

Annual Medicare-Medicaid figures present all expenditures attributed to dual enrollees during the year, including months of non-dual eligibility. PMPM Medicare-Medicaid figures present only expenditures from months of dual eligibility. For the purposes of this analysis, enrollment was defined using the guidelines below:

**Medicare-Medicaid Enrollees (Dual Eligibles)**: Beneficiaries who were dual at any point during the year, where enrollees must have at least one month of dual enrollment, one month of Medicare enrollment, and one month of Medicaid enrollment. Full, partial, and QMB-Only status is determined by the most recent month of dual eligibility.

**Medicare-Only and Medicaid-Only Enrollees with Disability**: Beneficiaries who were never dual enrolled during the year.

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[1] Diagrams in Figure 1 include Medicaid expansion Children's Health Insurance Program (CHIP).
[2] Medicaid-Only beneficiaries with Disability are beneficiaries who are eligible for Medicaid due to blindness or disability (Maintenance Assistance Status/Basis of Eligibility value 12, 22, 32, 42, and 52) or enrolled due to Breast and Cervical Cancer Act (value 3A).
[3] Medicaid utilization for partial benefit Medicare-Medicaid enrollees is not presented, as Medicaid only covers Medicare premiums. Medicaid covers Medicare coinsurance and deductibles for QMB-Only benefit Medicare-Medicaid enrollees.
[4] Mental Health Support Facilities include the following: Intermediate Care Facilities (ICF) for People with Intellectual Disabilities, mental hospitals for the aged, and inpatient psychiatric facilities for patients under age 21.
[5] Table A below illustrates the Chronic Condition aggregations used in Figures 4 and 5.

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**Table A: Chronic Condition Aggregation Groups**

| Chronic Conditions | Figure 5 Conditions | Figure 6 Conditions |
|---|---|---|
| Alzheimer's Disease and Related Disorders or Senile Dementia | Alzheimer's & Dementia | Alzheimer's & Dementia |
| Chronic Kidney Disease | Chronic Kidney Disease | Diabetes, ESRD, & Other Endocrine/Renal |
| Diabetes | Diabetes | Diabetes, ESRD, & Other Endocrine/Renal |
| Anxiety Disorders | Anxiety Disorders | Psychiatric/Mental Health |
| Bipolar Disorder | Bipolar Disorder | Psychiatric/Mental Health |
| Depressive Disorders | Depressive Disorders | Psychiatric/Mental Health |
| Personality Disorders | Personality Disorders | Psychiatric/Mental Health |
| Schizophrenia | Schizophrenia | Psychiatric/Mental Health |
| Osteoporosis | Osteoporosis | Arthritis, Osteoporosis and Other Joint-related |
| Rheumatoid Arthritis/Osteoarthritis | Rheumatoid Arthritis/Osteoarthritis | Arthritis, Osteoporosis and Other Joint-related |
| Chronic Obstructive Pulmonary Disease and Bronchiectasis; Asthma | Asthma & COPD | Asthma & COPD |
| Blindness and Visual Impairment; Glaucoma; Cataract | Visual Impairment | Hearing & Visual Impairment |
| Deafness and Hearing Impairment | Deafness and Hearing Impairment | Hearing & Visual Impairment |
| Autism Spectrum Disorders; Intellectual Disabilities and Related Conditions; Learning Disabilities; Other Developmental Delays | Intellectual/Developmental Disability | Intellectual/Developmental Disability |
| Cerebral Palsy | Cerebral Palsy | Health Conditions Associated with Physical Disability |
| Cystic Fibrosis and Other Metabolic Developmental Disorders | Cystic Fibrosis and Other Metabolic Developmental Disorders | Health Conditions Associated with Physical Disability |
| Epilepsy | Epilepsy | Health Conditions Associated with Physical Disability |
| Multiple Sclerosis and Transverse Myelitis | Multiple Sclerosis and Transverse Myelitis | Health Conditions Associated with Physical Disability |
| Muscular Dystrophy | Muscular Dystrophy | Health Conditions Associated with Physical Disability |
| Mobility Impairments; Spinal Cord Injury; Traumatic Brain Injury and Nonpsychotic Mental Disorders due to Brain Damage | Mobility Impairments | Health Conditions Associated with Physical Disability |
| Spina Bifida and Other Congenital Anomalies of the Nervous System | Spina Bifida and Other Congenital Anomalies of the Nervous System | Health Conditions Associated with Physical Disability |
| Ischemic Heart Disease; Acute Myocardial Infarction; Heart Failure | Heart Disease/Failure | Heart Disease/Failure & Other Cardiovascular |
| Stroke/Transient Ischemic Attack | Stroke/Transient Ischemic Attack | Heart Disease/Failure & Other Cardiovascular |
| Lung Cancer; Breast Cancer; Colorectal Cancer; Endometrial Cancer; Prostate Cancer | Cancer (Breast, Colorectal, Endometrial, Lung, Prostate) | Cancer (Breast, Colorectal, Endometrial, Lung, Prostate) |

[6] A beneficiary is classified as LTSS Institutional if a Medicaid Nursing Facility day, Medicaid Mental Hospital Service for the Aged day, Medicaid Inpatient Psychiatric Facility for Individuals under Age 21 day, or Medicaid ICF for People with Intellectual Disabilities day is observed. A beneficiary is classified as LTSS HCBS Waiver if a Medicaid HCBS waiver claim is observed and the beneficiary is not already classified as LTSS Institutional. A beneficiary is classified as LTSS State Plan if a Medicaid Home Health or Medicaid Personal Care Services service is observed and the beneficiary is not already classified as LTSS Institutional or LTSS HCBS Waiver.

[7] Medicaid Comprehensive MC is defined by enrollment in a Program for All-Inclusive Care for the Elderly (PACE) or a medical MC plan (e.g. HMO). Medicaid Limited MC is defined by enrollment in a dental, behavioral, prenatal, long-term care, primary care case management, or other MC plan for AL, CA, FL, and WI, and not also enrolled in a Comprehensive MC plan. If Medicaid plan type does not indicate Comprehensive or Limited MC, enrollment is classified as FFS.