

## **Data Snapshot: Dual - Eligible Members in December 2010**

This is a one-month data snapshot based on Medicaid data from December 2010. It is intended to provide a high-level overview of the populations that may be eligible for the Virtual PACE demonstration program, including the current programs that serve these members and a snapshot of the Medicaid costs. This data is not, by itself, sufficient to reach any program design or cost projection conclusions. Additional technical notes can be found on the last page.

### **All Dual-Eligible Members by Medicaid Benefit Level**

<b>Full Medicaid Benefits</b>	<b>Members</b>
Aged/Blind/Disabled & Foster Care	116,636
Badger Care Plus Standard Plan	7,499
<b>Subtotal</b>	<b>124,135</b>
<b>Partial Medicaid Benefits</b>	
BadgerCare Plus non-Standard Plan	267
Other Partial Benefit Medicaid	453
QMB & SLB	15,265
Senior Care	87,669
<b>Subtotal</b>	<b>103,654</b>
<b>Non-TXIX (SSI, Chronic Disease, or Well Woman)</b>	<b>37,871</b>
<b>Total</b>	<b>265,660</b>
excluding SeniorCare	177,991

Notes: The total includes a small number of duplicates where there is more than one Member ID tied to a Universal ID. These are excluded in subsequent breakouts by program.

### **Age & Gender of Full Medicaid Dual Eligible Members**

<b>Age Group</b>	<b>Gender</b>		
	<b>F</b>	<b>M</b>	<b>Total</b>
<b>&lt;18</b>	13	15	<b>28</b>
<b>18-64</b>	35,337	31,771	<b>67,108</b>
<b>65+</b>	40,255	16,744	<b>56,999</b>
<b>Total</b>	<b>75,605</b>	<b>48,530</b>	<b>124,135</b>

Note: Includes all members with full-benefit Medicaid, including a small number of duplicates with more than one Member ID tied to a Universal ID. Duplicates are excluded in subsequent breakouts by program.

**All Dual-Eligible Members by Eligibility Level & Program**

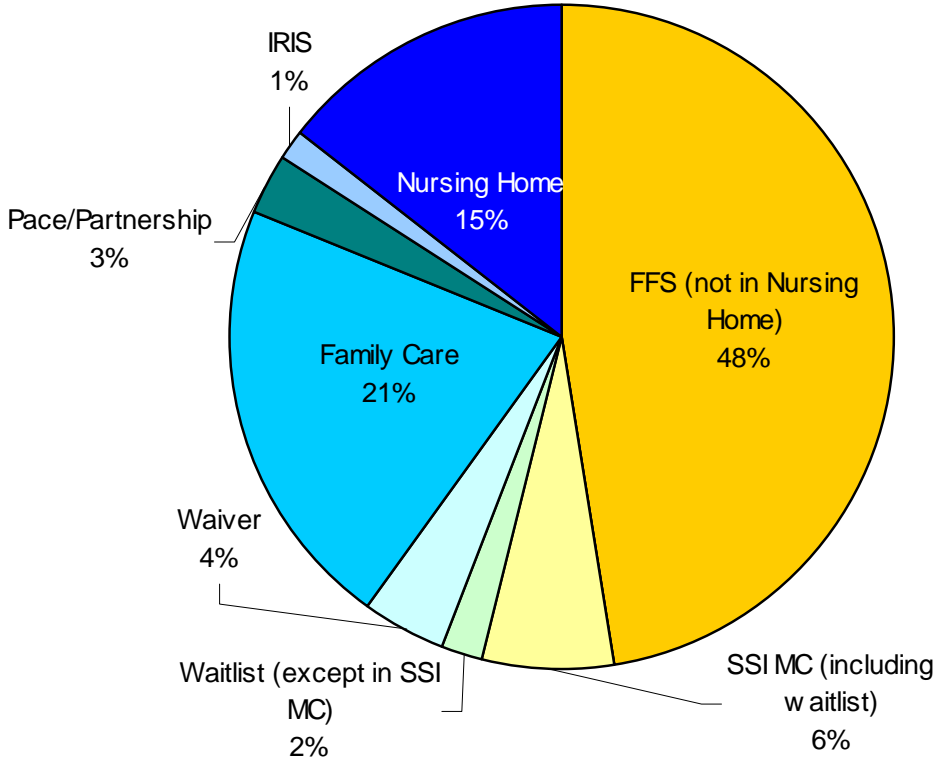
<b>Program</b>	<b>Medicare &amp; Medicaid Eligibility Level</b>						
	<b>Medicare ABD &amp; Full Medicaid</b>	<b>Medicare AB &amp; Full Medicaid<sup>1</sup></b>	<b>Other Medicare Combo &amp; Full Medicaid<sup>2</sup></b>	<b>Subtotal: Full Medicaid<sup>3</sup></b>	<b>Any Medicare &amp; Partial Medicaid</b>	<b>Any Medicare &amp; Non-TXIX</b>	<b>Total</b>
FFS (not in Nursing Home)	57,499	309	1,625	59,433	102,699	37,461	199,593
Badger Care Plus HMO	119	98	134	351	75	-	426
HMO SSI	7,321	142	133	7,596	<10	<10	7,597
<i>Subtotal: not in LTC Program</i>	<b>64,939</b>	<b>549</b>	<b>1,892</b>	<b>67,380</b>	<b>102,774</b>	<b>37,462</b>	<b>207,616</b>
SSI MC & Waitlist	397	<10	<10	402	-	-	402
Waitlist	2,282	<10	25	2,315	791	362	3,468
<i>Subtotal: on waitlist for LTC Program</i>	<b>2,679</b>	<b>10</b>	<b>28</b>	<b>2,717</b>	<b>791</b>	<b>362</b>	<b>3,870</b>
Waiver	5,055	15	36	5,106	43	19	5,168
Family Care	25,460	89	210	25,759	19	<10	25,780
Pace/Partnership	3,761	12	11	3,784	-	-	3,784
IRIS	1,496	<10	20	1,518	<10	<10	1,527
Nursing Home	17,590	88	158	17,836	<10	<10	17,837
<i>Subtotal: LTC Programs &amp; NH</i>	<b>53,362</b>	<b>206</b>	<b>435</b>	<b>54,003</b>	<b>67</b>	<b>26</b>	<b>54,096</b>
<b>Total</b>	<b>120,980</b>	<b>765</b>	<b>2,355</b>	<b>124,100</b>	<b>103,632</b>	<b>37,850</b>	<b>265,582</b>

<sup>1</sup> These members may not show up as having Medicare Part D due to eligibility data timing issues, but most are probably eligible for Part D.

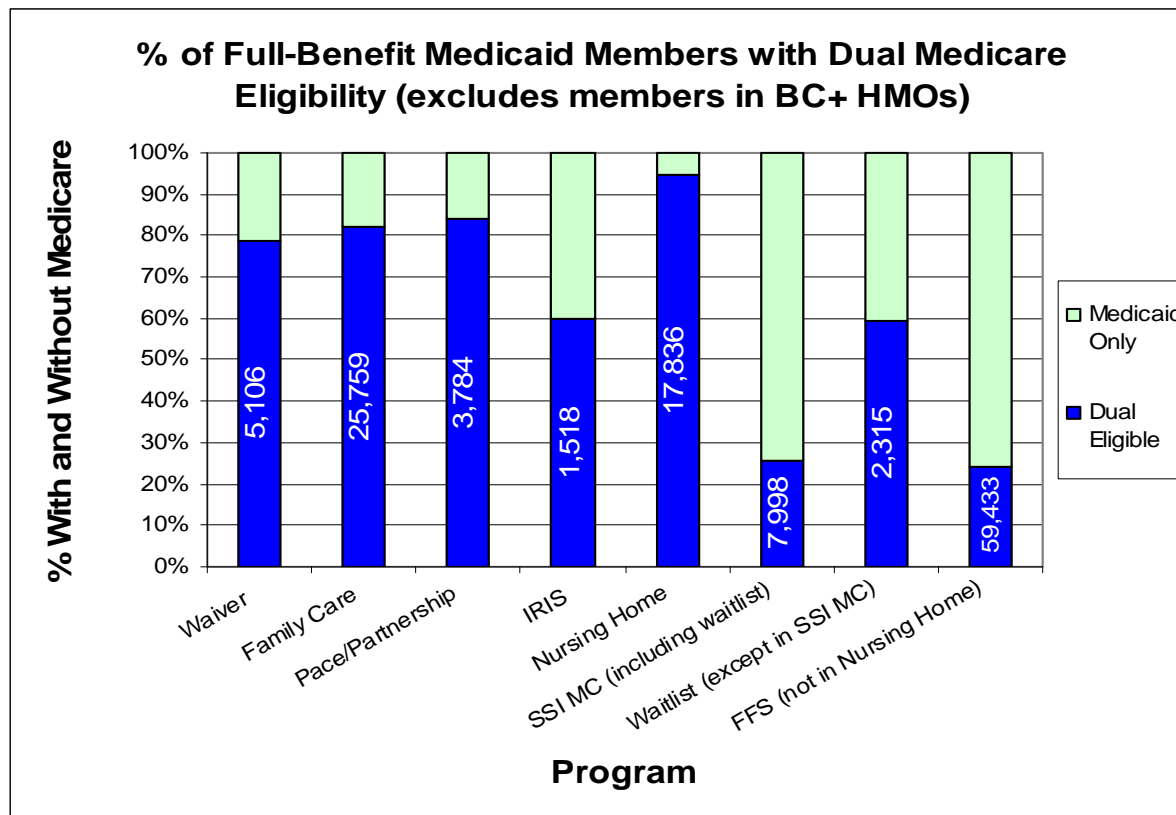
<sup>2</sup> Based on Medicaid eligibility records, these members have some but not all parts of Medicare.

<sup>3</sup> The 124,100 is used in most subsequent data exhibits to show a picture of all full-benefit Medicaid members with any Medicare eligibility; however, it is the full-benefit Medicaid members with all parts of Medicare who will be eligible for the Virtual PACE demonstration program.

**Full Dual-Eligible Members by Program**  
**(Full Benefit Medicaid & Medicare Parts A, B, & D)**



Percentage by program for the 120,980 dual-eligible members with full Medicaid and Medicare Parts A, B, & D



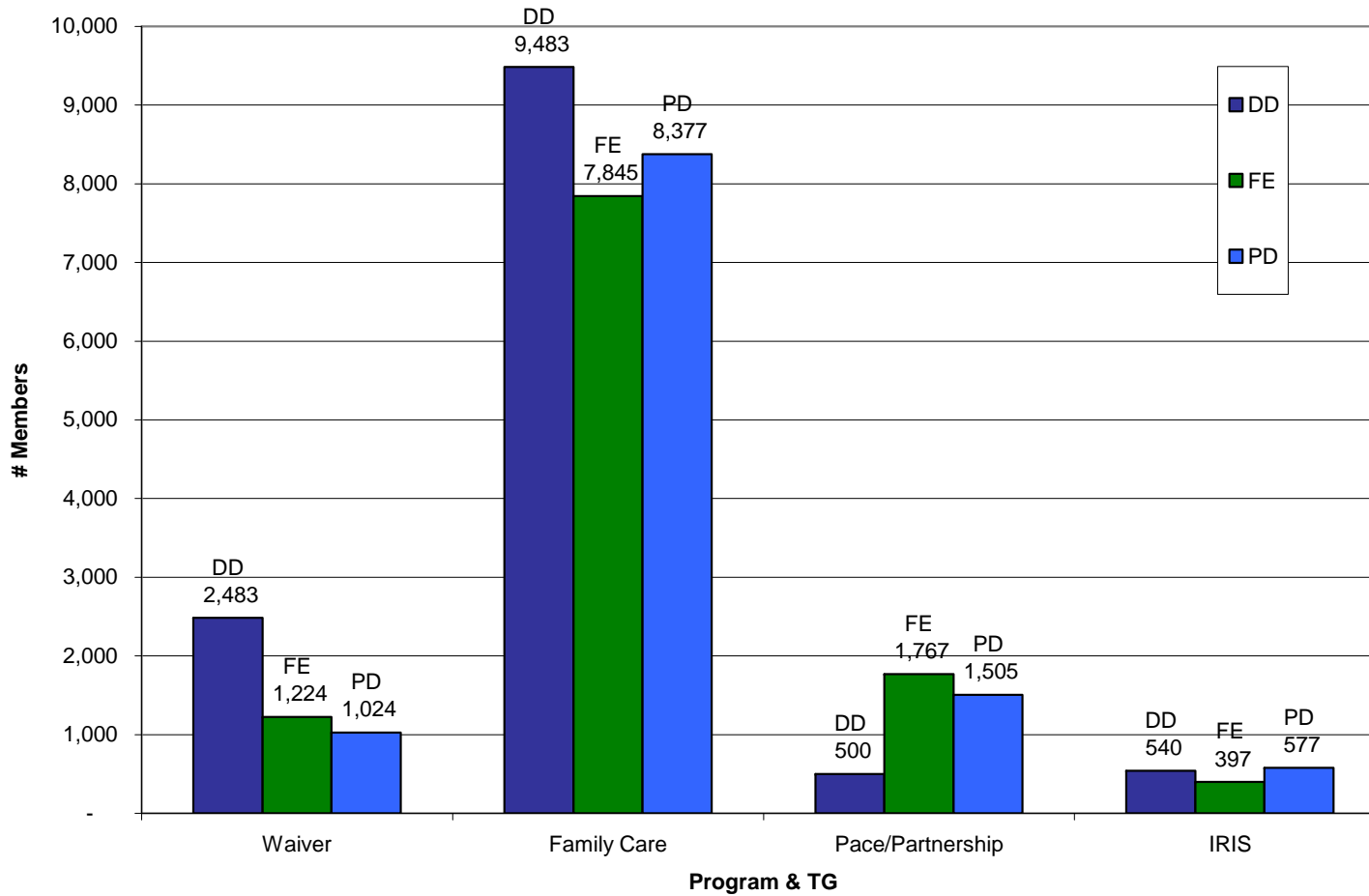
Percentage with and without Medicare eligibility for all full Medicaid members & number with Medicare eligibility for 124,100 full Medicaid members with any Medicare Part A or B eligibility (excluding BC+ HMO members). Note that members not eligible for all parts of Medicare will not be eligible for the Virtual PACE demonstration; however, this is a small portion of the 124,100 group.

**Full-Benefit Medicaid Dual Eligible Members by Target Group**

Program	Target Group				Total	% with known TG	% by TG for Known-TG Portion (where known portion >70%)		
	DD	FE	PD	Unknown/NA			DD	FE	PD
FFS (not in Nursing Home)	882	1,475	3,295	53,781	59,433	10%			
Badger Care Plus HMO	<10	<10	<10	342	351	3%			
HMO SSI	60	54	403	7,079	7,596	7%			
<i>Subtotal: not in LTC Program</i>	<i>943</i>	<i>1,531</i>	<i>3,704</i>	<i>61,202</i>	<i>67,380</i>	<i>9%</i>			
SSI MC & Waitlist	113	<10	123	160	402	60%			
Wait	528	485	796	506	2,315	78%	29%	27%	44%
<i>Subtotal: on waitlist for LTC Program</i>	<i>641</i>	<i>491</i>	<i>919</i>	<i>666</i>	<i>2,717</i>	<i>75%</i>	<i>31%</i>	<i>24%</i>	<i>45%</i>
Waiver	2,483	1,224	1,024	375	5,106	93%	52%	26%	22%
Family Care	9,483	7,845	8,377	54	25,759	100%	37%	31%	33%
Pace/Partnership	500	1,767	1,505	12	3,784	100%	13%	47%	40%
IRIS	540	397	577	<10	1,518	100%	36%	26%	38%
Nursing Home	781	3,770	1,291	11,994	17,836	33%			
<i>Subtotal: LTC Programs &amp; NH</i>	<i>13,787</i>	<i>15,003</i>	<i>12,774</i>	<i>12,439</i>	<i>54,003</i>	<i>77%</i>	<i>33%</i>	<i>36%</i>	<i>31%</i>
<b>Total</b>	<b>15,371</b>	<b>17,025</b>	<b>17,397</b>	<b>74,307</b>	<b>124,100</b>	<b>40%</b>			

Target group information from Long Term Care Functional Screen (LTCFS) for those members with screens for December 2010. Target groups are as used in the LTC programs: Developmentally Disabled (DD), Frail Elderly (FE), and Physically Disabled (PD).

### Full-Medicaid Dual Eligible Members in LTC Programs by Target Group



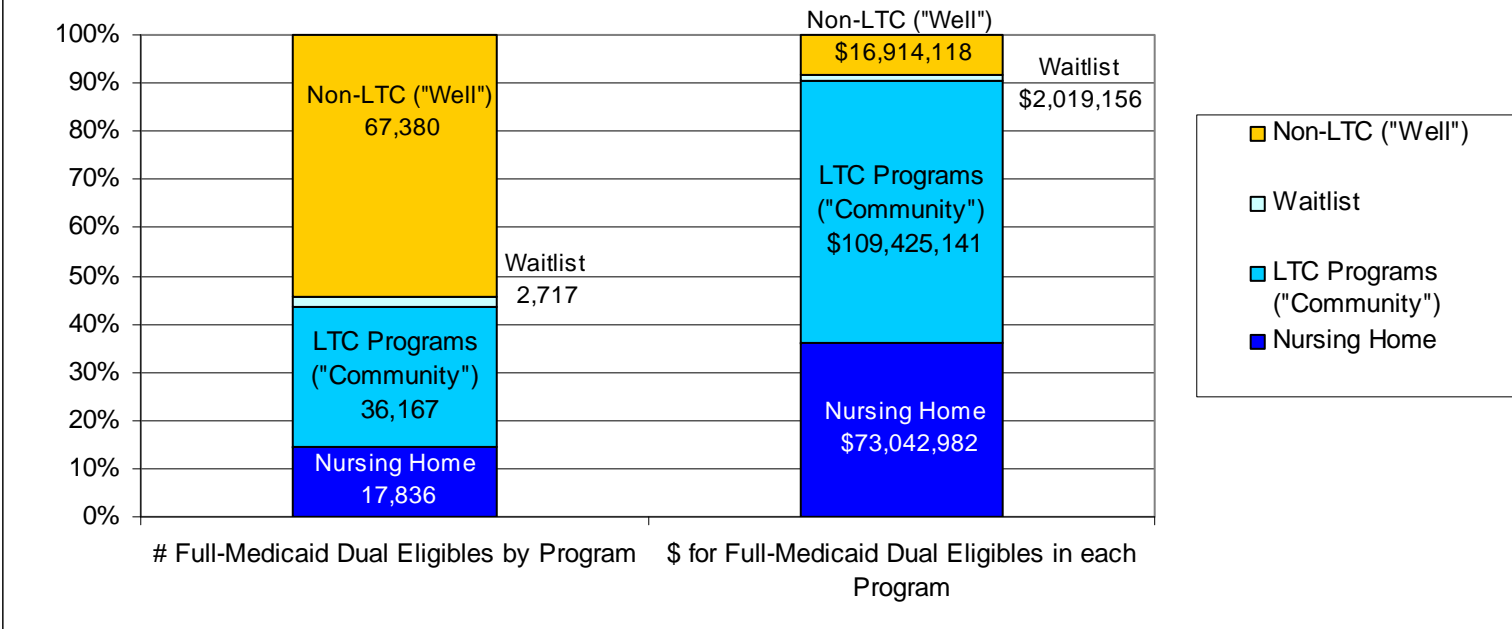
Number of members by target group for LTC programs where target group is known for most members.

**Number of Members, Total Cost, & PMPM for Full-Benefit Medicaid Dual Eligible Members by Program**

<b>Program</b>	<b># Full-Medicaid Dual Eligibles by Program</b>	<b>\$ for Full-Medicaid Dual Eligibles in each Program</b>	<b>PMPM</b>
FFS (not in Nursing Home)	59,433	\$ 14,755,717	\$ 248
Badger Care Plus HMO	351	\$ 174,509	\$ 497
HMO SSI	7,596	\$ 1,983,892	\$ 261
<i>Subtotal: Non-LTC ("Well")</i>	<i>67,380</i>	<i>\$ 16,914,118</i>	<i>\$ 251</i>
SSI MC & Waitlist	402	\$ 107,056	\$ 266
Waitlist	2,315	\$ 1,912,101	\$ 826
<i>Subtotal: Waitlist</i>	<i>2,717</i>	<i>\$ 2,019,156</i>	<i>\$ 743</i>
Waiver	5,106	\$ 17,131,655	\$ 3,355
Family Care	25,759	\$ 76,057,890	\$ 2,953
Pace/Partnership	3,784	\$ 12,158,854	\$ 3,213
IRIS	1,518	\$ 4,076,741	\$ 2,686
<i>Subtotal: LTC Programs ("Community")</i>	<i>36,167</i>	<i>\$ 109,425,141</i>	<i>\$ 3,026</i>
<i>Institutions</i>	<i>17,836</i>	<i>\$ 73,042,982</i>	<i>\$ 4,095</i>
<b>Total</b>	<b>124,100</b>	<b>201,401,398</b>	<b>\$ 1,623</b>

This is a snapshot of Medicaid costs for the 124,100 full-benefit Medicaid members; it does not include Medicare costs. Note that members not eligible for all parts of Medicare will not be eligible for the Virtual PACE demonstration; however, this is a small portion of the 124,100 group.

## % of Total \$ and # Members For Full-Medicaid Dual Eligibles by Program Category



Percentage of total population by program category and percentage of total costs by program category for 124,100 dual eligible members with full Medicaid benefits.

**Medicaid PMPM for all Full-Medicaid Dual Eligible Members by Cost Category**

<b>Program</b>	<b>FFS LTC Claim PMPM</b>	<b>Other FFS Claim PMPM</b>	<b>Total FFS PMPM</b>	<b>Capitation PMPM</b>	<b>Gross Waiver PMPM</b>	<b>IRIS Encounter PMPM</b>	<b>Total Medicaid PMPM</b>
FFS (not in Nursing Home)	\$ 8	\$ 239	\$ 247	\$ -	\$ 1	\$ -	\$ 248
Badger Care Plus HMO	\$ -	\$ 277	\$ 277	\$ 220	\$ -	\$ -	\$ 497
HMO SSI	\$ -	\$ 45	\$ 45	\$ 216	\$ 0	\$ -	\$ 261
<i>Subtotal: not in LTC Program</i>	\$ 7	\$ 217	\$ 224	\$ 26	\$ 1	\$ -	\$ 251
SSI MC & Waitlist	\$ -	\$ 30	\$ 30	\$ 225	\$ 12	\$ -	\$ 266
Waitlist	\$ 4	\$ 607	\$ 611	\$ 0	\$ 215	\$ -	\$ 826
<i>Subtotal: on waitlist for LTC Program</i>	\$ 3	\$ 522	\$ 525	\$ 33	\$ 185	\$ -	\$ 743
Waiver	\$ 1	\$ 811	\$ 813	\$ 1	\$ 2,542	\$ -	\$ 3,355
Family Care	\$ 9	\$ 89	\$ 98	\$ 2,855	\$ 0	\$ -	\$ 2,953
Pace/Partnership	\$ 10	\$ 4	\$ 14	\$ 3,199	\$ -	\$ -	\$ 3,213
IRIS	\$ -	\$ 1,167	\$ 1,167	\$ 13	\$ -	\$ 1,506	\$ 2,686
Nursing Home	\$ 3,923	\$ 168	\$ 4,091	\$ 0	\$ 4	\$ -	\$ 4,095
<i>Subtotal: LTC Programs &amp; NH</i>	\$ 1,301	\$ 208	\$ 1,509	\$ 1,586	\$ 242	\$ 42	\$ 3,379
<b>Total</b>	\$ 570	\$ 220	\$ 790	\$ 705	\$ 110	\$ 18	\$ 1,623

Total # members in PMPM calculation

124,100

Members may have costs in a category not consistent with their programmatic category due to mid-month changes in program enrollment or because some members had rate extract eligibility data in more than one category. This is particularly an issue with the Waitlist and Waiver categories; the overlap of a few hundred members is a small percentage of total dual eligible members, but high waiver costs can still cause PMPM discrepancies.

**Full-Medicaid Dual Eligible Members by County or Tribe**

County #	County or Tribe Name	Members	%	County	County or Tribe Name	Members	%
0	Unknown	4	0.0%	40	Milwaukee	28,917	23.3%
1	Adams	696	0.6%	42	Oconto	677	0.5%
2	Ashland	725	0.6%	43	Oneida	1,064	0.9%
3	Barron	1,984	1.6%	44	Outagamie	2,659	2.1%
4	Bayfield	332	0.3%	45	Ozaukee	947	0.8%
5	Brown	4,517	3.6%	46	Pepin	201	0.2%
6	Buffalo	366	0.3%	47	Pierce	540	0.4%
7	Burnett	480	0.4%	48	Polk	918	0.7%
8	Calumet	553	0.4%	49	Portage	1,485	1.2%
9	Chippewa	1,759	1.4%	50	Price	583	0.5%
10	Clark	893	0.7%	51	Racine	3,923	3.2%
11	Columbia	1,218	1.0%	52	Richland	586	0.5%
12	Crawford	569	0.5%	53	Rock	3,500	2.8%
13	Dane	7,741	6.2%	54	Rusk	548	0.4%
14	Dodge	1,600	1.3%	55	St. Croix	924	0.7%
15	Door	466	0.4%	56	Sauk	1,159	0.9%
16	Douglas	1,453	1.2%	57	Sawyer	523	0.4%
17	Dunn	1,003	0.8%	58	Shawano	877	0.7%
18	Eau Claire	2,662	2.1%	59	Sheboygan	2,128	1.7%
19	Florence	155	0.1%	60	Taylor	524	0.4%
20	Fond du Lac	2,249	1.8%	61	Trempealeau	797	0.6%
21	Forest	353	0.3%	62	Vernon	687	0.6%
22	Grant	1,477	1.2%	63	Vilas	353	0.3%
23	Green	830	0.7%	64	Walworth	1,492	1.2%
24	Green Lake	490	0.4%	65	Washburn	656	0.5%
25	Iowa	440	0.4%	66	Washington	1,429	1.2%
26	Iron	283	0.2%	67	Waukesha	3,755	3.0%
27	Jackson	562	0.5%	68	Waupaca	1,812	1.5%
28	Jefferson	1,581	1.3%	69	Waushara	571	0.5%
29	Juneau	728	0.6%	70	Winnebago	3,034	2.4%
30	Kenosha	3,754	3.0%	71	Wood	1,854	1.5%
31	Kewaunee	384	0.3%	72	Menominee	120	0.1%
32	La Crosse	3,241	2.6%	85	Red Cliff	<10	0.0%
33	Lafayette	299	0.2%	86	Stockbridge	<10	0.0%
34	Langlade	687	0.6%	88	Lac Du Flambe	45	0.0%
35	Lincoln	831	0.7%	89	Bad River	12	0.0%
36	Manitowoc	1,798	1.4%	91	Sokaogon	<10	0.0%
37	Marathon	2,941	2.4%	92	Oneida Tr	27	0.0%
39	Marquette	417	0.3%		<b>Total</b>	<b>124,100</b>	
41	Monroe	938	0.8%				

**Highlighted counties have highest numbers of dual-eligible members; this is a function of population.**

County is as determined in Analytics-Member (adequate for summary statistics, but some details are inaccurate).

## Technical Notes

### *General Notes*

- 1-month snapshot for December 2010
  - Allows a year of run-out for claims and will allow linking to the most recent available month of Medicare data once that is validated.
- Includes all members with Medicare Part A and/or B
- Most data is from Analytics-Member Universe
  - Analytics-Member contains member-month level information in a more summarized/analytical format and includes a hierarchy to determine a person's Primary Benefit Plan.
  - County is another version that should be comparable to LTC rate extract.

### *Demographic/Eligibility Data Notes*

- "Full" Medicaid includes all full-benefit eligibility categories; it is primarily Aged, Blind, and Disabled Medicaid categories as well as Badger Care Plus Standard Plan.
- "Partial" Medicaid benefits are all limited-benefit programs that cover only one or a subset of benefits, like SeniorCare, or only Medicare premiums and/or cost share, like QMB and SLMB.
- Non-TXIX benefit plans include members eligible only for Wisconsin Chronic Disease Program, Well Woman, or supplemental SSI payments (but not eligible/enrolled for Medicaid for SSI).
- To categorize members by program:
  - Assignment Plan was used for members in managed care programs.
  - Data was linked to LTC rate extract data to determine members in Nursing Home, Waitlist, Waiver, & IRIS categories.
- Target Group (TG) is based on LTCFS for members with LTCFS data available for December 2010.

### *Cost Data Notes*

- Cost data is **Medicaid only**; Medicare data has not yet been validated & linked.
- Most costs are totals by type of cost (FFS claim type, Capitation, or Waiver)
  - For managed care programs, only capitation costs, not encounter-based cost data, is available.
- IRIS costs are from IRIS encounter in another extract since no IRIS costs are in Analytics-Member.
- Any additional service detail would come from other universes or data sources, which may vary slightly in total.