



Medicare-Medicaid Linked Enrollee Analytic Data Source (MMLEADS)

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Goals of the Medicare-Medicaid Enrollee Analytic Data Source

- Link *Medicare & Medicaid claims* information (eligibility/enrollment, utilization, expenditures) for unique beneficiary-level analysis
- Be linkable to raw claims data and other Chronic Conditions Data Warehouse (CCW) data
- Provide beneficiary-level claims summary information (annual) that only take into account months that beneficiaries are enrolled in both programs
- Provide service-level expenditure summary information
- Include comparison groups
- Provide summary information at the level of the “State MMA”-defined Full, Partial and QMB-only Medicare-Medicaid enrollees
- Build-in flexibility for users to redefine Medicare-Medicaid enrollee (if desired) and to calculate statistics based on user-defined definitions

Medicare-Medicaid Linked Enrollee Analytic Data Source

- Suite of analytic files for Medicare and Medicaid enrollees
- Intended to be used to address questions related to:
 - Eligibility
 - Enrollment
 - Cost
 - Utilization
 - Physical and mental health conditions
 - Conditions related to intellectual, developmental and physical disability

Data File Overview

- Beneficiary and Service Level Files
 - Medicare Beneficiary-Level File
 - Medicaid Beneficiary-Level File
 - Medicare Service-Level File
 - Medicaid Service-Level File
 - Chronic / Clinical Condition File (person-level)
- Annual files for 2006 – 2009
- Layouts available on CCW website
<http://www.ccwdata.org/data-dictionaries/index.htm>

Data File Overview

- Data Sources

Medicare	Medicaid (MAX)
Master Beneficiary Summary File (enrollment and conditions)	Person Summary File (PS)
Part A Institutional Claims: <ul style="list-style-type: none">● Inpatient (IP)● Skilled Nursing Facility (SNF)● Home Health (HH)● Hospice	Inpatient File (IP) Long-term care File (LT)
Part B Institutional Claims (Hospital Outpatient; HOP)	Other File (OT)
Part B Non-Institutional Claims (Carrier and DME)	Other File (OT)
Part D Events (PDE; prescription fills)	Drug File (RX)

Data File Overview – File Architecture

- Person-level Files

Medicare Beneficiary-Level File	Medicaid Beneficiary-Level File	Chronic/Clinical Conditions File
Demographics (age, gender, race)	Demographics (age, gender, race)	CCW chronic conditions (27 at the time of publication)
Enrollment/coverage (months of FFS; MME classification, reasons for enrollment)	Enrollment/coverage (months of FFS; MME classification, reasons for enrollment, waivers)	
<i>(No corresponding Medicare file)</i>	LT care supports and services enrollment	CMS/MMCO mental health, tobacco use, and disability related conditions (23 at the time of publication)
Summary payment/spending (monthly and by MME category)	Summary payment/spending (monthly and by MME category)	
Summary utilization (monthly by setting and annually by MME category)	Summary utilization (monthly by setting and annually by MME category)	

Data File Overview – File Architecture

- Service-level Files

Medicare	Medicaid (MAX)
2 levels of service types	3 levels of service types
User Counts	User Counts
Monthly Payment Summaries	Monthly Payment Summaries
Annual Payment Summaries	Annual Payment Summaries
Monthly Utilization Summaries	Monthly Utilization Summaries
Annual Utilization Summaries	Annual Utilization Summaries
Annual Payment Summaries by Dual Category	Annual Payment Summaries by Dual Category
Annual Utilization Summaries by Dual Category	Annual Utilization Summaries by Dual Category
<i>(No corresponding Medicare file)</i>	Federal Rates (by year)

Service Types - Medicare

Service Level 1	
Medicare Part A	Medicare Hospital Outpatient
Medicare Part B	Medicare Part D

Service Level 2		
Inpatient Hospital	Other Inpatient	SNF
Other Post Acute Care	Hospice	Home Health
Outpatient Prospective Payment-paid Services	End Stage Renal Disease Facility	Outpatient Therapy
Ambulatory Surgical Center	Outpatient Clinic	Community Mental Health Center
Physician Evaluation and Management	Part B Drugs	Procedures
Laboratory and Testing	Imaging	DME
	Medicare Part D	

Service Types - Medicaid

Service Level 1	
Medicaid non-waiver	Medicaid-waiver
Medicaid managed care	Other (not specified)

Service Level 2 (acuity or circumstances of care)
1. Acute Hospital, outpatient hospital, physician or other practitioner treatment, laboratory tests or imaging
2. Long-term Care Institutional or Facility-based, including personal care services and durable medical equipment
3. Long-term Care non-Institution-based
4. Drugs which are not included in the per diem payments for facility care
5. Managed Care
6. Other

MMLEADS Contents – Chronic/Clinical Condition File

27 Existing CCW Chronic Conditions

- Acquired Hypothyroidism
- Acute Myocardial Infarction
- Alzheimer's Disease
- Alzheimer's Disease and Related Disorders
- Anemia
- Asthma
- Atrial Fibrillation
- Benign Prostatic Hyperplasia
- Cataract
- Chronic Kidney Disease
- COPD and Bronchiectasis
- Depression
- Diabetes
- Glaucoma
- Heart Failure
- Hip/Pelvic Fracture
- Hyperlipidemia
- Hypertension
- Ischemic Heart Disease
- Osteoporosis
- Rheumatoid Arthritis/Osteoarthritis
- Stroke/Transient Ischemic Attack
- Female/Male Breast Cancer
- Colorectal Cancer
- Prostate Cancer
- Lung Cancer
- Endometrial Cancer

MMLEADS Contents – Chronic/Clinical Conditions File

Mental Health and Tobacco

- Anxiety Disorders
- Bipolar Disorder
- Conduct Disorders and Hyperkinetic Syndrome
- Depressive Disorders
- Personality Disorders
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia
- Schizophrenia and Other Psychotic Disorders
- Tobacco use

MMLEADS Contents – Chronic/Clinical Conditions File

Disability-Related Conditions

- Autism Spectrum Disorders
- Cerebral Palsy
- Cystic Fibrosis and Other Metabolic Developmental Disorders
- Epilepsy
- Intellectual Disabilities and Related Conditions
- Learning Disabilities
- Mobility Impairments
- Multiple Sclerosis and Transverse Myelitis
- Muscular Dystrophy
- Other Developmental Delays
- Sensory – Deafness and Hearing Impairment
- Spina Bifida and Other Congenital Anomalies of the Nervous System
- Spinal Cord Injury
- Traumatic Brain Injury and Nonpsychotic Mental Disorders Due to Brain Damage

Data File Overview – Population

- Population counts using 2009 MMLEADS

Total: 54,719,235 unique individuals

1,009,643 QMB-only Medicare-Medicaid eligible

1,229,977 Partial benefit Medicare-Medicaid eligible

7,038,540 Full benefit Medicare-Medicaid eligible

39,644,146 Medicare-Only

5,796,929 Medicaid-only with disability

- Note: The *Medicaid-only without disability* population is not included (51,560,443)

Classifying Beneficiaries by Medicare &/or Medicaid Eligibility (MME)

MME Classifications	Algorithm
1. Medicaid – with Disability non-dual	Medicaid covered and blind or with disability (MAX Uniform Eligibility Code = 12 (blind/disabled, cash), 22 (blind/disabled, medically needy), 32 (blind/disabled, poverty), 42 (other blind/disabled), 3A (breast and cervical cancer prevention act) or 52 (disabled, section 1115 demonstration expansion) with no dual eligibility (i.e., not in categories 3-5)
2. Medicare-only (in Medicare data file) non-dual	Medicare-only if Medicare eligible (i.e., any month where the BUYIN variable is not '0' or null) and not dually eligible (i.e., not in categories 3-5)
3. QMB-only Medicare-Medicaid	DUAL_STUS_CD_MM = '01'
4. Partial Benefit Medicare-Medicaid	DUAL_STUS_CD_MM = '03','05','06'
5. Full Benefit Medicare-Medicaid	DUAL_STUS_CD_MM = '02','04','08'
Missing	None of the above

- Note: All information on Medicare-Medicaid dual eligibility (MME Classifications 3-5) originally come from the State-reported “MMA Files” that are submitted to CMS at least monthly.

Medicare and Medicaid Enrollees with Schizophrenia

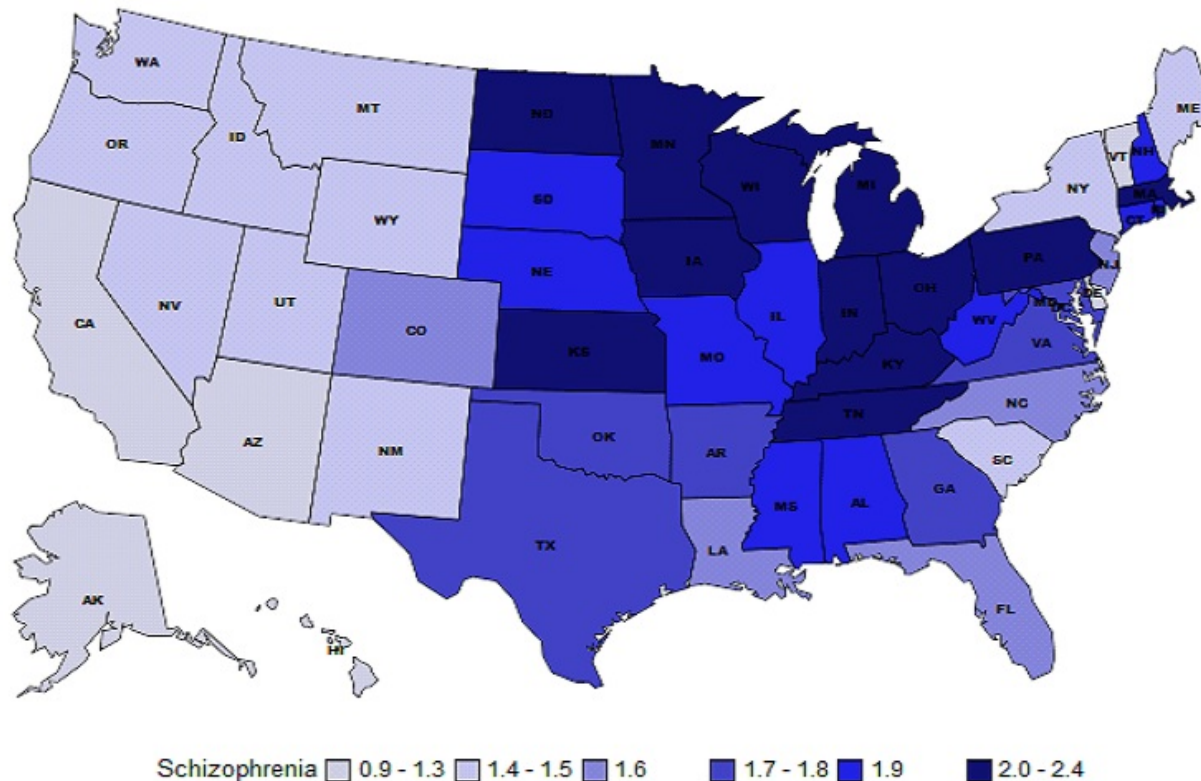
- Evaluation of cost and utilization of Medicare and Medicaid enrollees with schizophrenia compared to those without schizophrenia
- Used schizophrenia and related disorders
 - Medicare-only used Medicare indicators = 1 or 3
 - Medicare-Medicaid used combined indicators = 1 or 3
 - Medicaid-only used Medicaid indicators = 1 or 3
- 2009 MMLEADS was used for analyses
- Limited to full fee for service enrollees

Medicare and Medicaid Enrollees with Schizophrenia

Medicare-Medicaid Eligibility Type	Count of FFS Enrollees With Schizophrenia	Percent of FFS Enrollees
Medicaid-Only with Disability	92,778	8.7%
Medicare-Only	420,802	1.7%
QMB-Only Medicare-Medicaid	48,470	6.9%
Partial Benefit Medicare-Medicaid	39,856	5.5%
Full Benefit Medicare-Medicaid	686,380	13.6%

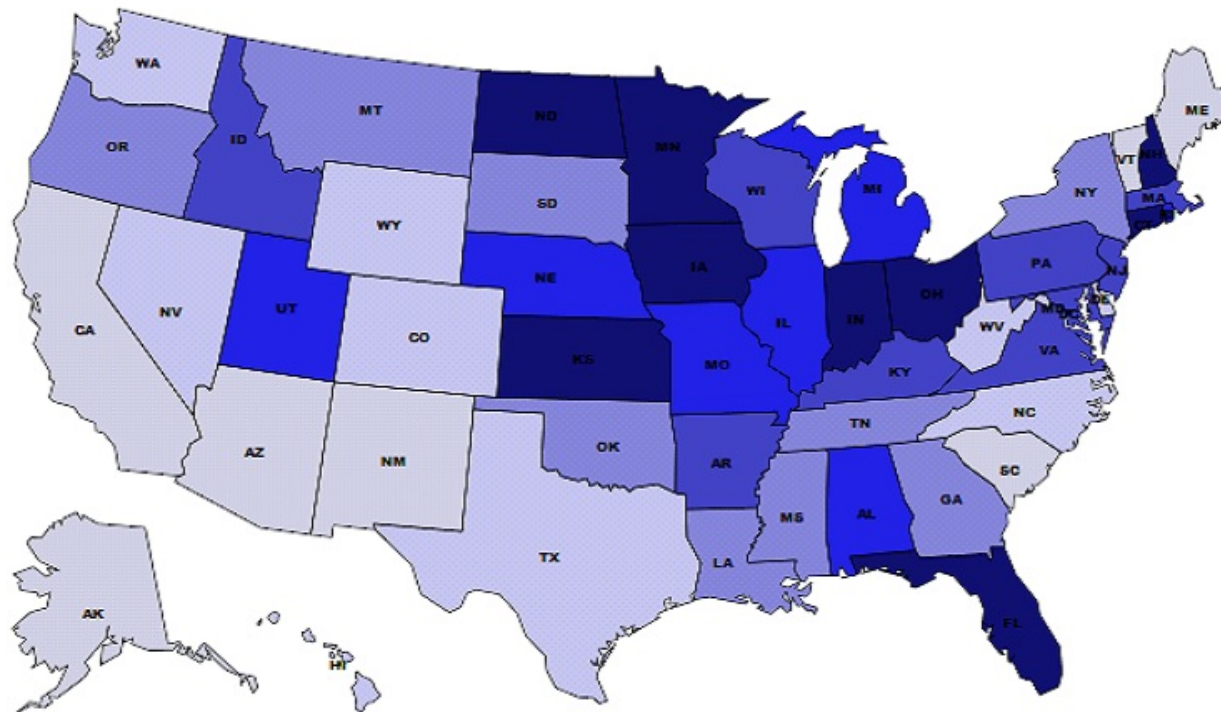
Prevalence by State

Percentage of Medicare-only Enrollees with Schizophrenia, 2009



Prevalence by State

Percentage of Full Benefit Medicare-Medicaid Enrollees with Schizophrenia, 2009



Schizophrenia 6.4 - 11.2 11.5 - 12.5 12.7 - 13.6 13.7 - 14.7 14.8 - 15.9 16.0 - 20.8

Per Member Per Month Medicare and Medicaid Payments

Medicare-Medicaid Eligibility Type	Schizophrenia	Without Schizophrenia
Medicaid-only with Disability	\$4,139	\$2,079
Medicare-only	\$2,455	\$718
QMB-only Medicare-Medicaid Eligible	\$2,039 = \$123 (Medicaid) + \$1,916 (Medicare)	\$1,276 = \$96 (Medicaid) + \$1,180 (Medicare)
Partial Benefit Medicare-Medicaid Eligible	\$1,947 = \$40 (Medicaid) + \$1,907 (Medicare)	\$1,141 = \$17 (Medicaid) + \$1,124 (Medicare)
Full Benefit Medicare-Medicaid Eligible	\$4,838 = \$2,362 (Medicaid) + \$2,476 (Medicare)	\$2,941 = \$1,387 (Medicaid) + \$1,554 (Medicare)

Emergency Department Visits (per 1,000 enrollees)

Medicare-Medicaid Eligibility Type	Schizophrenia	Without Schizophrenia
Medicaid-only with Disability	1,533	801
Medicare-only	1,898	477
QMB-only Medicare-Medicaid Eligible	2,079	1,072
Partial Benefit Medicare-Medicaid Eligible	1890	910
Full Benefit Medicare-Medicaid Eligible	1,940	1,142

Conclusions

- MMLEADS allows for efficient analysis of Medicare and Medicaid data
- MMLEADS contains easy to use cost and utilization summary variables
 - Monthly and annual statistics
- Examination of high-cost and high-utilization conditions for Medicare-Medicaid enrollees should consider data from both programs