

The Dual Eligible Population in Massachusetts: DATA CHART PACK

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INTRODUCTION

In Massachusetts, of the 1.8 million people who receive support from the state’s Medicaid program, called MassHealth, one in five (or 312,000 individuals) are also enrolled in Medicare and are known as “dual eligible.”¹ Massachusetts has long recognized the challenges in coordinating care for this population with complex needs and has been a pioneer in implementing integrated care programs each of which covers comprehensive Medicare and MassHealth benefits through a single program administered by MassHealth. These integrated care programs are One Care, the Program of All-Inclusive Care for the Elderly (PACE), and Senior Care Options (SCO). However, the vast majority of dual eligible members in Massachusetts are not enrolled in integrated care programs and receive care through MassHealth fee-for-service (FFS).

OVERVIEW OF INTEGRATED CARE PROGRAMS IN MASSACHUSETTS

	ONE CARE	SCO	PACE
PROGRAM DESCRIPTION AND QUALIFYING AGE GROUP	One Care provides dual eligible members age 21-64 (at the time of enrollment) with comprehensive Medicare and MassHealth services, as well as additional behavioral health diversionary, ² dental, vision, and community support services.	SCO plans provide members age 65 and older comprehensive Medicare and MassHealth services, as well as additional behavioral health diversionary, dental, vision, and community support services. Most SCO members are dually eligible; however, some are members of MassHealth but not Medicare.	PACE organizations provide or coordinate access to comprehensive medical and support services for people age 55 and older who meet the criteria for receiving a nursing facility level of care in their home or community. Most PACE enrollees are dually eligible; however, some are members of either Medicare or Medicaid. Individuals without either MassHealth or Medicare can join PACE at their own expense.

This chart pack — one component of the materials on the dual eligible population made available by the Blue Cross Blue Shield of Massachusetts Foundation — provides a **data-focused overview** of who Massachusetts’ dual eligible members are, what health conditions and needs they have, and the health care services and expenditures required to support them.³

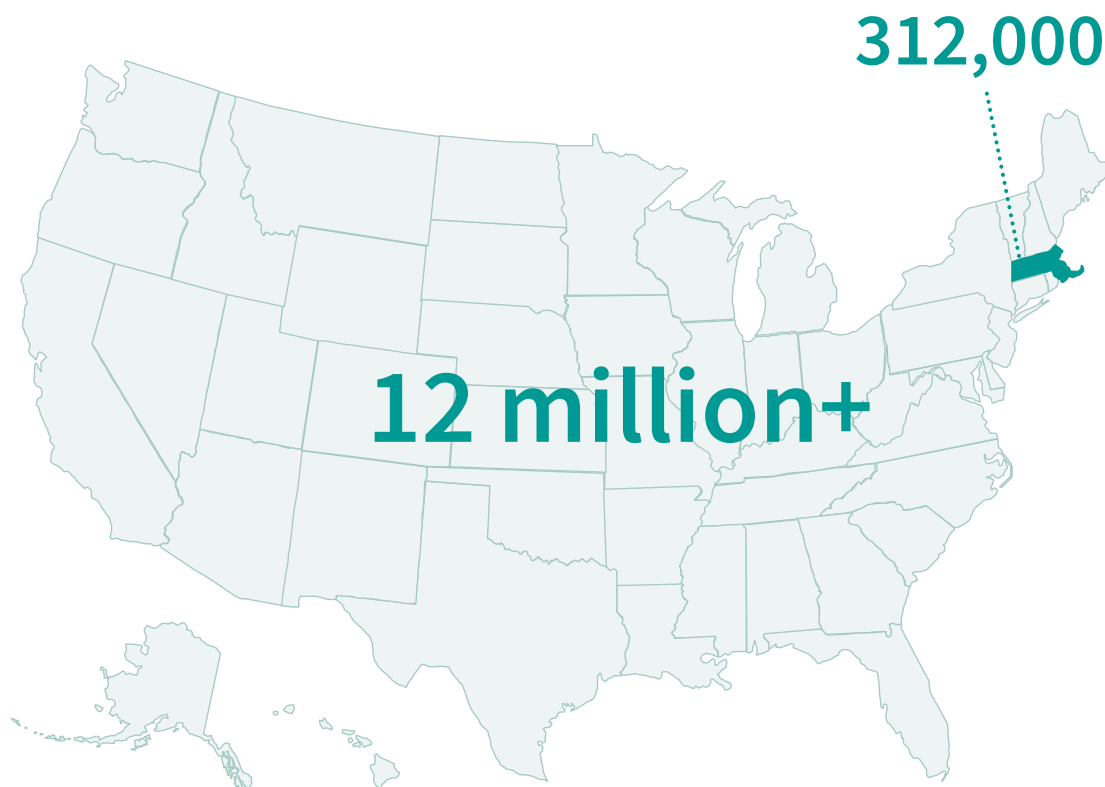
¹ Individuals receiving both Medicare and MassHealth coverage through One Care, PACE, or SCO, or MassHealth fee-for-service (FFS) are referred to as “dual eligible” members throughout this chart pack.

² Diversionary services include clinically appropriate behavioral health and substance use treatment alternatives to inpatient treatment and also supports to allow an individual to transition back into the community following an inpatient stay.

³ Where state data was not available, this chart pack used national data about dual eligible individuals.

OVER 12 MILLION AMERICANS — INCLUDING 312,000 MASSACHUSETTS RESIDENTS — ARE SIMULTANEOUSLY ENROLLED IN MEDICARE AND MEDICAID

DUAL ELIGIBLE MEMBERS NATIONALLY (STATE FISCAL YEAR [SFY] 2019)



Individuals who are dually enrolled in Medicare and Medicaid typically have low incomes; they also must fall into one of the following categories:

- Children and non-elderly adults who have qualifying physical disabilities, intellectual or developmental disabilities (I/DDs), or traumatic brain injuries; and
- People age 65 and older (“seniors”).

Although they are not a focus of this report, some low-income Medicare members have income or assets too high to qualify for full Medicaid benefits, but they still receive support from MassHealth to pay for their Medicare premiums or cost-sharing. These members are sometimes referred to as “partial duals.”¹

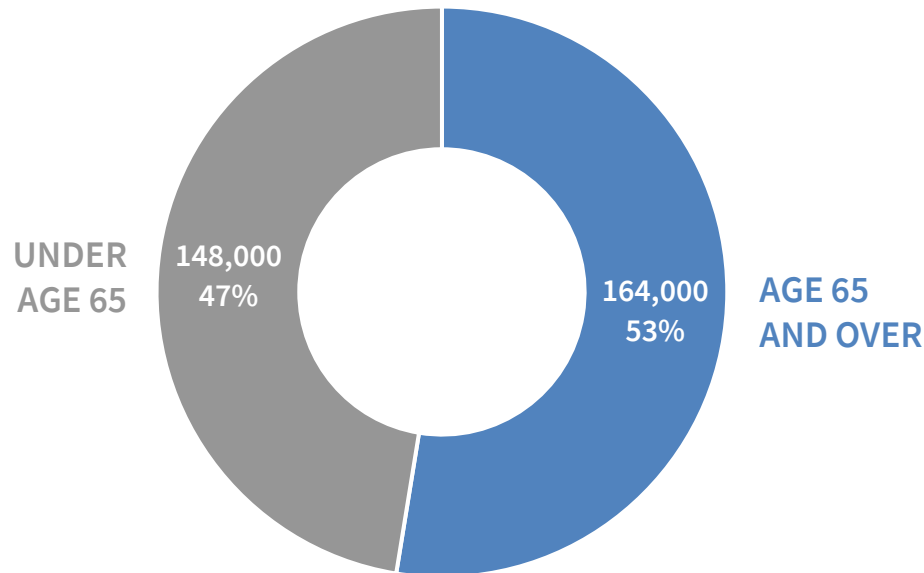
See [Issue Brief](#) for more eligibility details.

¹ In Massachusetts, approximately 7 percent (21,000) of dual eligible members receive only this Medicare “buy-in” support from MassHealth, which is provided through Medicare Savings Programs. Individuals who are partial duals may be aged or disabled.

SOURCES: CMS Medicare-Medicaid Coordination Office, “Data Analysis Brief: Medicare-Medicaid Dual Enrollment 2006 through 2016,” November 2017, available at www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/DataStatisticalResources/Downloads/Eleven-YearEver-EnrolledTrendsReport_2006-2016.pdf; Manatt Health analysis of MassHealth data (July 2020).

IN MASSACHUSETTS, THE SPLIT BETWEEN YOUNGER AND OLDER DUAL ELIGIBLE MEMBERS IS ALMOST EVEN

MASSACHUSETTS DUAL ELIGIBLE MEMBERS BY AGE GROUP (SFY 2019)



Nationally, most dual eligible members qualify for Medicaid on the basis of income and for Medicare on the basis of disability.¹ With many disabled children and non-elderly adults qualifying for both programs, dual eligible members skew younger than individuals qualifying for Medicare alone.

Across the United States, four in 10 dual eligible members are under the age of 65, compared with only one in 10 Medicare-only beneficiaries. In Massachusetts, an even greater proportion of dual eligible members are younger than 65: Slightly under half (148,000) are non-elderly adults with disabilities (including a few thousand children); while slightly over half are seniors (164,000).²

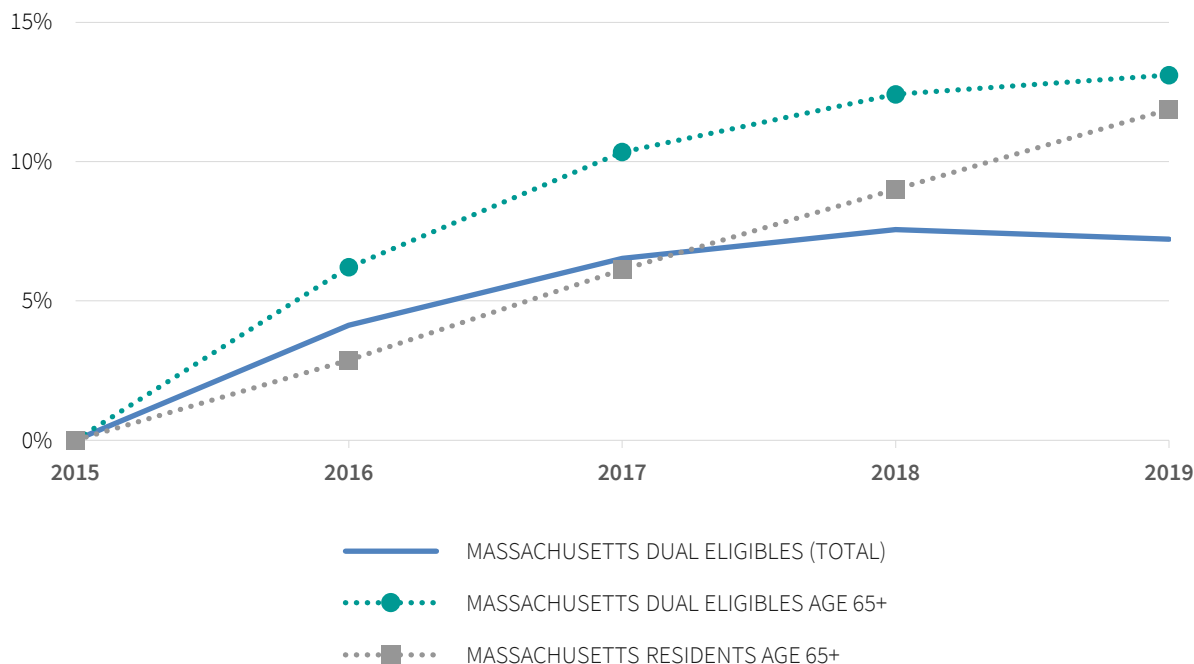
¹ Per MACPAC, based on original eligibility pathway, and may include individuals over the age of 65 who have end-stage renal disease.

² Massachusetts' relatively even distribution in the number of dual eligible members under and over 65 may be attributed to MassHealth's higher eligibility income limits compared with other state Medicaid programs included in the national average.

SOURCES: MACPAC, "Integrating Care for Dually Eligible Beneficiaries: Background and Context," June 2020, available at www.macpac.gov/wp-content/uploads/2020/06/Chapter-1-Integrating-Care-for-Dually-Eligible-Beneficiaries-Background-and-Context.pdf; Manatt Health analysis of MassHealth data (July 2020).

OVER THE PAST FIVE YEARS, MASSHEALTH DUAL ELIGIBLE MEMBER GROWTH HAS BEEN DRIVEN BY MASSACHUSETTS' OLDER POPULATION

MASSACHUSETTS DUAL ELIGIBLE GROWTH BY AGE GROUP AND AS COMPARED WITH GROWTH IN RESIDENTS AGE 65+ (SFY 2015–19)¹



Between 2015 and 2019, MassHealth’s dual eligible population increased by more than 20,000 people (7 percent). Growth was driven by those age 65 and over, who increased in number by 19,000 (13 percent). Growth in the number of older dual eligible members is likely a byproduct of Massachusetts’ expanding senior population, which grew by more than 120,000 individuals (12 percent) over the same five-year period, most aging into Medicare. As seniors age and their health care needs and costs sometimes exceed their financial resources, MassHealth becomes a critical safety net, providing coverage for care not otherwise covered by Medicare.²

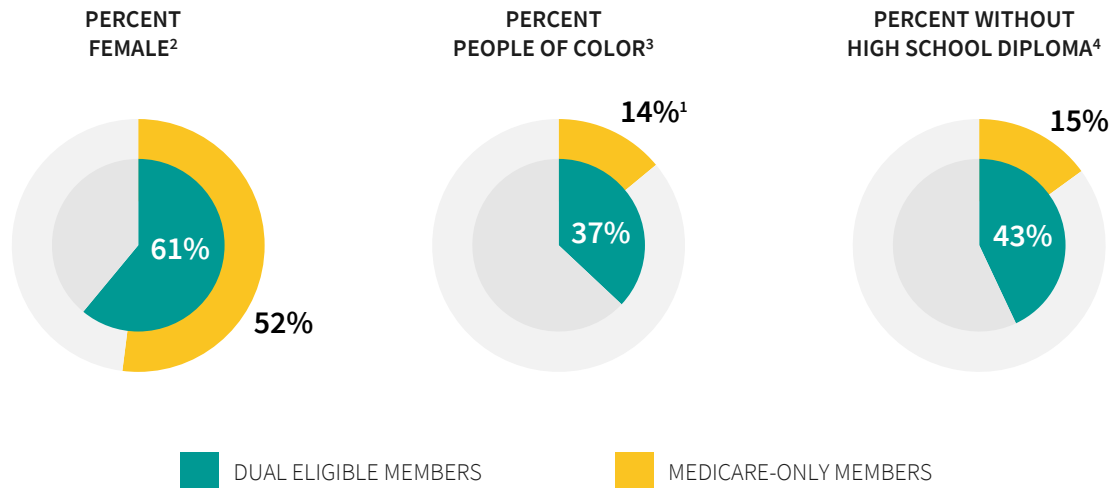
¹ MassHealth dual eligible enrollment estimated on an SFY basis; Massachusetts demographics estimated on a calendar year (CY) basis. Massachusetts population estimate for 2019 is based on the prior year’s growth rate.

² In 2017, for example, nearly one in five Massachusetts residents over the age of 65 had an income at or below the federal poverty level for a two-person household. MassHealth may help these individuals to pay their Medicare premiums and cost-sharing, as well as ensure access to services not covered by Medicare (e.g., long-term services and supports [LTSS]).

SOURCES: U.S. Census Bureau, American Community Survey, 2018 1-Year Est Data Profiles + Subject Tables (S1810), available at <https://data.census.gov/cedsci/>; Manatt Health analysis of MassHealth data (July 2020), and data from MassHealth’s “Final Concept Paper — Duals Demonstration 2.0,” August 2018, available at www.mass.gov/service-details/concept-paper; and the “Monthly Caseload Report,” November 2019, available at www.mass.gov/lists/masshealth-measures.

NATIONALLY, DUAL ELIGIBLE MEMBERS ARE MORE OFTEN FEMALE AND MORE RACIALLY AND ETHNICALLY DIVERSE THAN THEIR MEDICARE-ONLY COUNTERPARTS

DUAL ELIGIBLE VS. MEDICARE-ONLY MEMBERS NATIONALLY BY DEMOGRAPHIC CHARACTERISTIC (2018)¹



Dual eligible members across the country are more often female and people of color than those who have only Medicare coverage, and — potentially due to their health circumstances and age — they are far less likely to possess a high school diploma. The proportion of people of color in the overall dual eligible population continues to grow nationally (data not shown).

¹ Latest data from 2018; see source notes. National statistics refer to full-benefit dual eligible members. Race and ethnicity data limited at the national and state levels.

SOURCES:

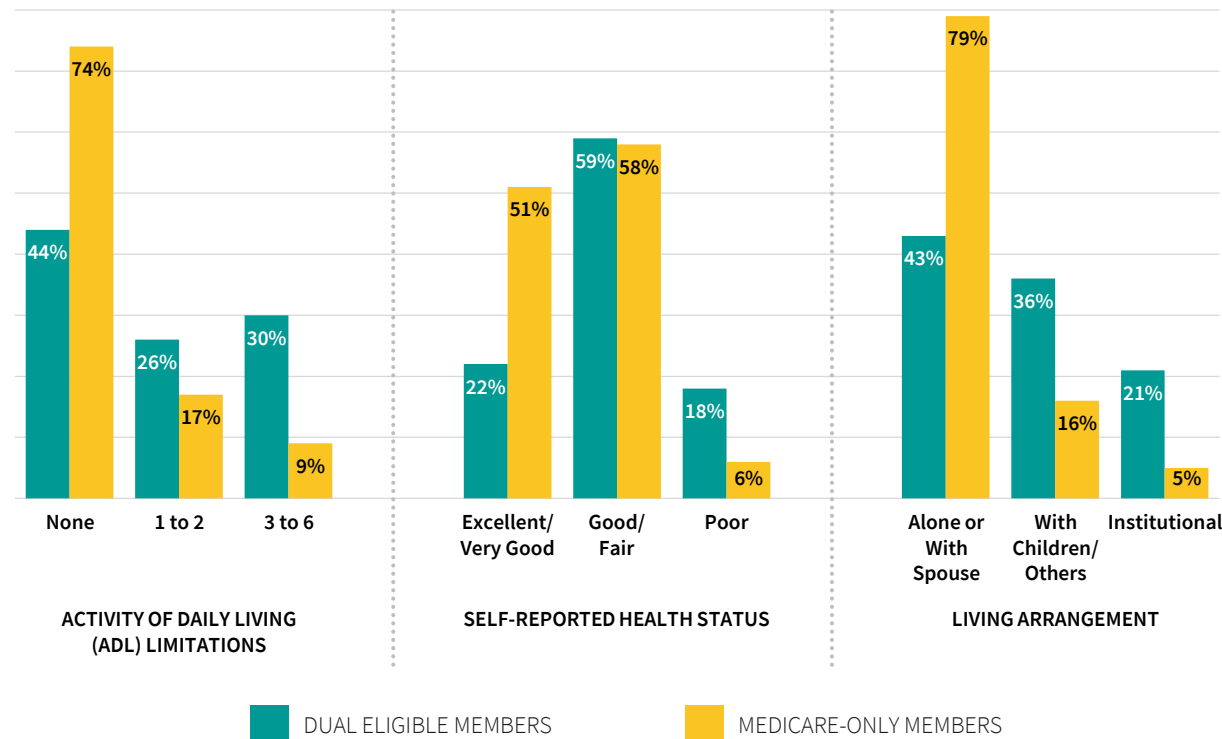
² MACPAC, “Integrating Care for Dually Eligible Beneficiaries: Background and Context,” June 2020, available at www.macpac.gov/wp-content/uploads/2020/06/Chapter-1-Integrating-Care-for-Dually-Eligible-Beneficiaries-Background-and-Context.pdf.

³ CMS Medicare-Medicaid Coordination Office, “Data Analysis Brief: Medicare-Medicaid Dual Enrollment 2006 through 2016,” November 2017, available at www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/DataStatisticalResources/Downloads/Eleven-Year-Ever-EnrolledTrendsReport_2006-2016.pdf. (Note: there exist significant differences in race and ethnicity reporting among the data sources listed here; all, however, indicate a higher proportion of people of color as duals than of Medicare-only enrollees. “People of color” is used collectively to refer to racial and ethnic groups other than non-Hispanic White.)

⁴ MACPAC, “Beneficiaries Dually Eligible for Medicare and Medicaid,” January 2018, available at www.macpac.gov/wp-content/uploads/2020/07/Data-Book-Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-January-2018.pdf. (Note: 2013 data.)

NATIONALLY, DUAL ELIGIBLE MEMBERS HAVE MORE SIGNIFICANT AND COMPLEX HEALTH CARE NEEDS, ON AVERAGE, THAN THEIR MEDICARE-ONLY COUNTERPARTS

HEALTH AND SUPPORT NEED INDICATORS AMONG DUAL ELIGIBLE AND MEDICARE-ONLY MEMBERS (CY 2013)¹



Compared with their Medicare-only peers, nationally, dual eligible members face more limitations in their activities of daily living, report poorer health statuses, and are more often in institutional care. More than 40 percent of dual eligible members require LTSS — a rate twice that of Medicaid-only members and over five times the rate as Medicare-only members (data not shown). Additionally, more than four in 10 dual eligible members have at least one mental health diagnosis and six in 10 face multiple chronic conditions (data not shown).²

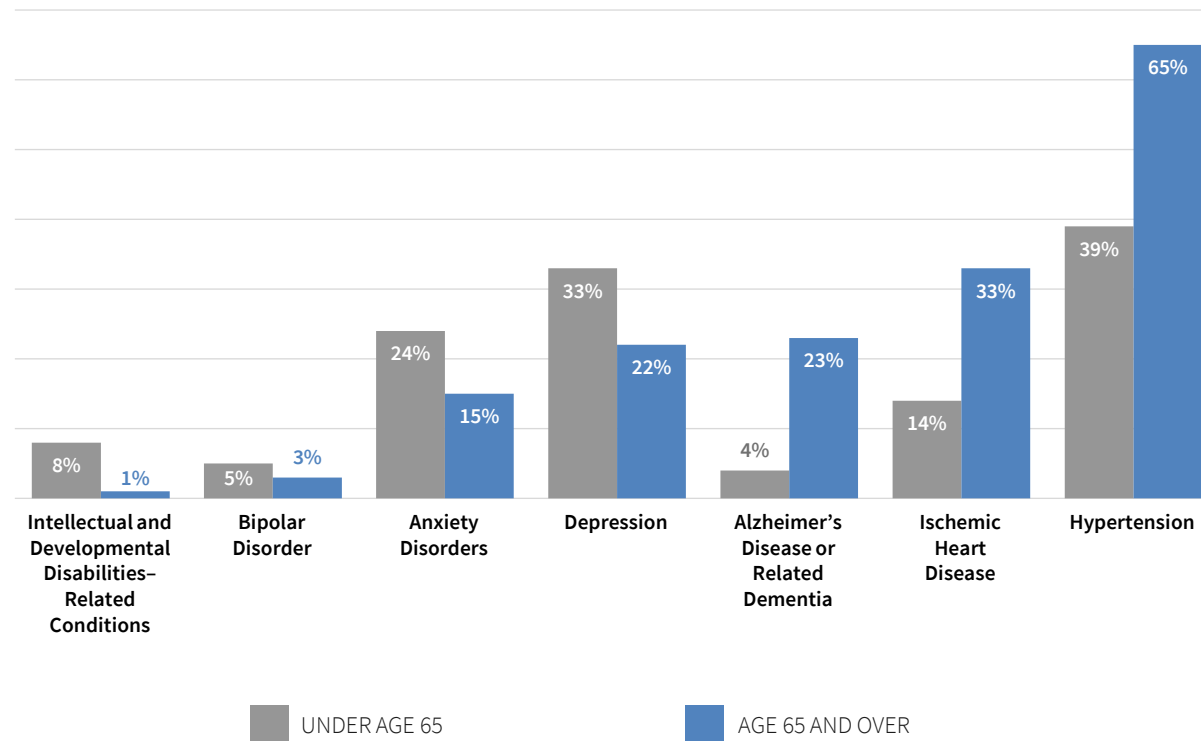
SOURCES:

¹ MACPAC, “Beneficiaries Dually Eligible for Medicare and Medicaid,” January 2018, available at www.macpac.gov/wp-content/uploads/2020/07/Data-Book-Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-January-2018.pdf. (Note: category data may not sum to 100% due to rounding and exclusion of minor “other” categories for presentation purposes; data includes partial and full duals.)

² MACPAC, “Integrating Care for Dually Eligible Beneficiaries: Background and Context,” June 2020, available at www.macpac.gov/wp-content/uploads/2020/06/Chapter-1-Integrating-Care-for-Dually-Eligible-Beneficiaries-Background-and-Context.pdf.

NATIONALLY, THE CARE NEEDS OF DUAL ELIGIBLE MEMBERS VARY SIGNIFICANTLY BY AGE

CLINICAL CONDITIONS FOR FEE FOR SERVICE DUAL ELIGIBLE MEMBERS BY AGE GROUP (CY 2013)

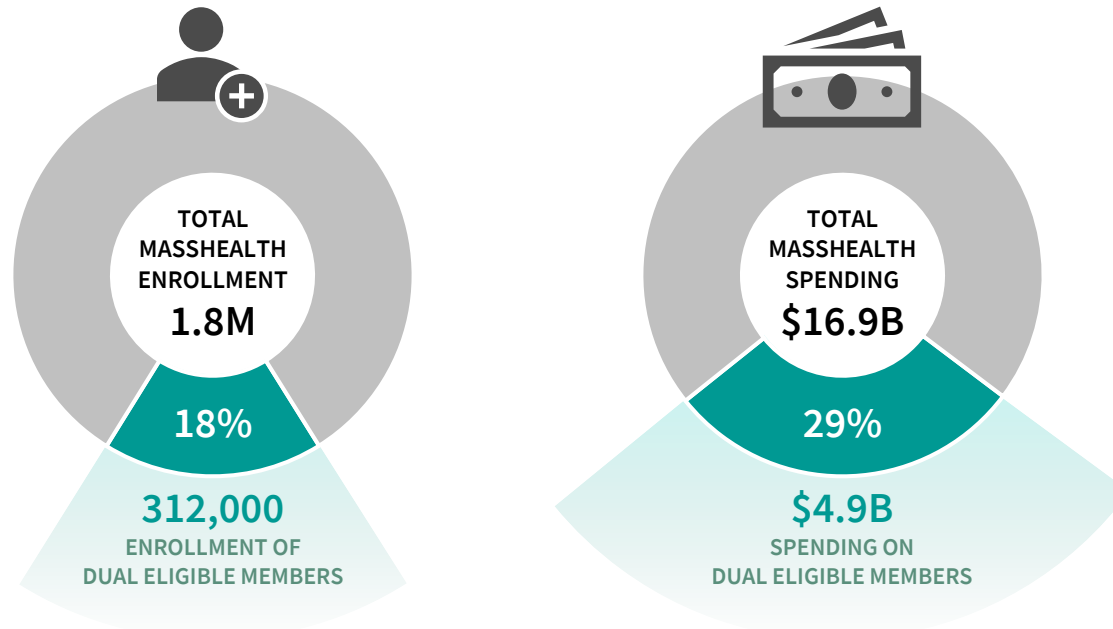


While dual eligible members have greater health needs than those with Medicare-coverage only, their needs can vary significantly by age and reason for eligibility. Broadly, for example, dual eligible members under the age of 65 more frequently have behavioral health conditions like depression, anxiety disorders, and bipolar disorder than those over the age of 65. Conversely, dual eligible members over the age of 65 more often manage conditions correlated with their advancing age, like hypertension, ischemic heart disease, and Alzheimer's. Such variation underlines the diversity of health care services required to support the dual eligible population.

SOURCE: MACPAC, "Beneficiaries Dually Eligible for Medicare and Medicaid," January 2018, available at www.macpac.gov/wp-content/uploads/2020/07/Data-Book-Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-January-2018.pdf.

DUAL ELIGIBLE MEMBERS' MORE COMPLEX CARE NEEDS DIRECTLY TRANSLATE INTO MORE INTENSIVE, COMPLEX, AND COSTLY CARE THAN OTHER POPULATIONS REQUIRE

MASHEALTH DUAL ELIGIBLE MEMBERS ENROLLMENT AND MEDICAID SPENDING (SFY 2019)¹



Nationally, spending on dual eligible members accounts for around one-third of total spending in Medicare and Medicaid, despite that the population comprises only 20 percent and 15 percent of respective program enrollment. (National Medicaid and Medicare data not shown in graph.) MassHealth dual eligible members account for a similarly disproportionate share of MassHealth spending. Although dual eligible members make up only 18 percent of all MassHealth members, spending on them consumes over a quarter of MassHealth's programmatic budget, at \$4.9 billion. Dual eligible members often require high-touch, high-intensity — and ultimately high-cost — services to support their daily living. For more information on what services MassHealth spending on dual eligible members supports, please see slide 14.

¹ Estimated SFY 2019 spending on MassHealth Programs, as defined by the Massachusetts Budget and Policy Center. Aggregate MassHealth program spending statistics align with those compiled by the Massachusetts Medicaid Policy Institute, BCBSMA Foundation, and Commonwealth Medicine, "MassHealth: The Basics," July 2019, available at https://bluecrossmafoundation.org/sites/default/files/download/publication/MassHealthBasics_Jul2019update_Final_updated%206.16.20.pdf.

SOURCES: Manatt Health analysis of data from the Massachusetts Budget and Policy Center, available at www.massbudget.org/browser/subcat.php?id=MassHealth+%28Medicaid%29+%26+Health+Reform#line_items and MassHealth data (July 2020) and the MassHealth "Monthly Caseload Report," November 2019, available at www.mass.gov/lists/masshealth-measures.

MOST MASSACHUSETTS' INTEGRATED CARE PROGRAM ENROLLEES ARE ENROLLED IN A SENIOR CARE OPTIONS PLAN

MASSACHUSETTS DUAL ELIGIBLE MEMBER ENROLLMENT (AS OF 9/15/2019)

PLAN TYPES & PLANS	ENROLLMENT ¹
MASSACHUSETTS DUAL ELIGIBLE MEMBERS (est.)	321,000
MassHealth Fee-For-Service Total (est.)	230,000 (72%)
Senior Care Options Total	62,810 (20%)
• Boston Medical Center HealthNet Plan Senior Care Options	1,444
• Commonwealth Care Alliance	11,355
• NaviCare (HMO) / Fallon	7,517
• Senior Whole Health	15,316
• Tufts Health Plan Senior Care Options	6,246
• UnitedHealthCare	20,932
One Care Total	23,515 (7%)
• Commonwealth Care Alliance	20,955
• Tufts Healthy Unify	2,560
PACE Total	4,911 (2%)
• Elder Service Plan of the Cambridge Health Alliance	443
• Element Care	1,041
• Harbor Health Services	494
• Mercy LIFE of Massachusetts (Trinity)	314
• Neighborhood PACE	655
• Serenity Care	477
• Summit ElderCare / Fallon	1,211
• Upham's Elder Service Plan/PACE	266

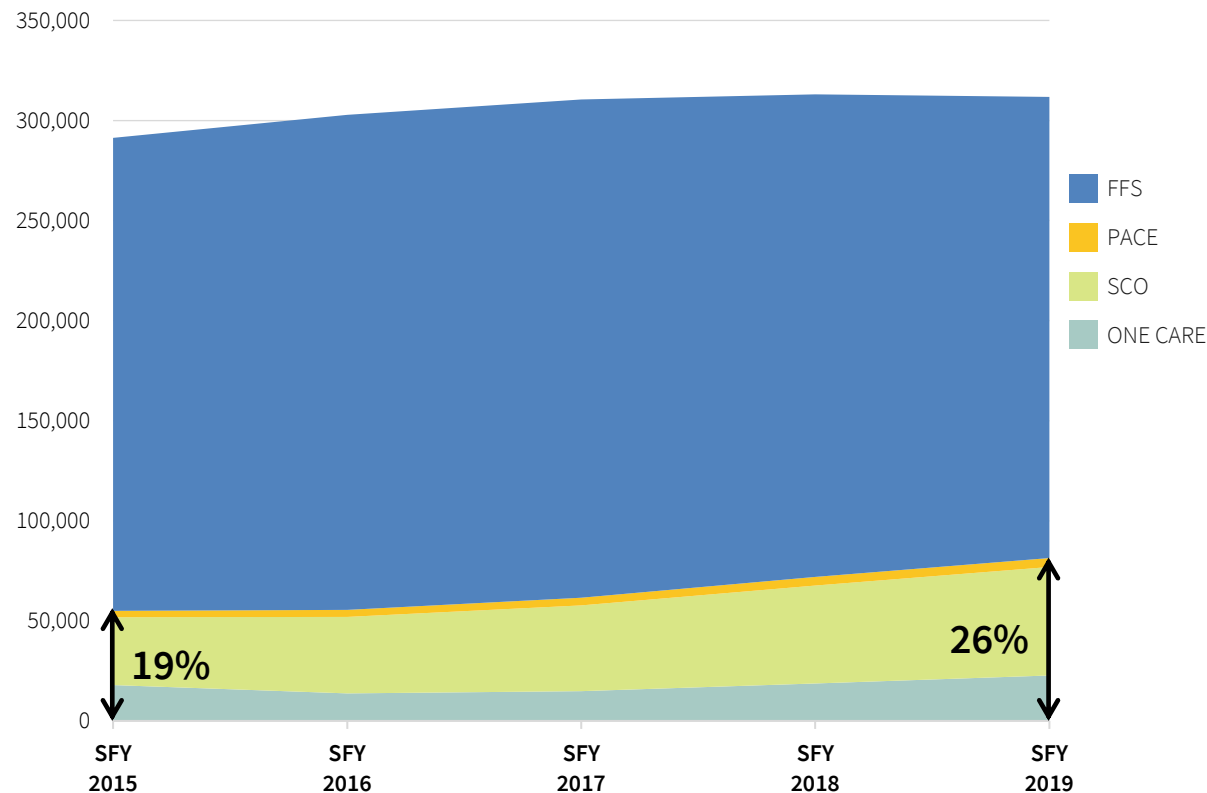
By late 2019, nearly three-quarters (~230,000) of Massachusetts' dual eligible members were enrolled in a FFS-based delivery system, and over one-quarter (~91,000) were enrolled in one of MassHealth's integrated care programs. Senior Care Options is MassHealth's largest integrated care program, administering care for nearly 63,000 members — or 69 percent of Massachusetts' integrated care program membership.

¹ Total dual eligible member enrollment number and other totals will differ from those otherwise shown in this chart pack, as they represent a more recent time period and have minor methodological differences in their counting. Numbers may not sum to 100% due to rounding.

SOURCES: PACE, SCO, and One Care member totals from the state Center for Health Information and Analysis (CHIA) Enrollment Trends databook, March 2020, available at www.chiamass.gov/enrollment-in-health-insurance (count as of 9/15/19 and likely includes a limited number of individuals who are not dually enrolled in Medicare and Medicaid [~4,300 in SCO and 300 in PACE]). MassHealth FFS dually enrolled member total was estimated based on CHIA data ("FFS – Partial/Secondary") and data provided directly by MassHealth.

THE PROPORTION OF MASSACHUSETTS' DUAL ELIGIBLE POPULATION ENROLLED IN AN INTEGRATED CARE PROGRAM IS INCREASING

MASSACHUSETTS DUAL ELIGIBLE ENROLLMENT BY MASSHEALTH PROGRAM CATEGORY (SFY 2015–19)



Massachusetts' dual eligible population is increasingly enrolled in one of its integrated care programs. Between SFY 2017 and SFY 2019, integrated care program enrollment increased from 62,000 to 81,000 (32 percent), driven by increased program outreach and take-up by eligible enrollees. Membership growth was significant in each of its program areas:

- One Care enrollment increased by 7,500 members (46 percent);
- SCO enrollment increased by over 22,000 members; (58 percent); and
- PACE enrollment increased by 1,300 members (37 percent).

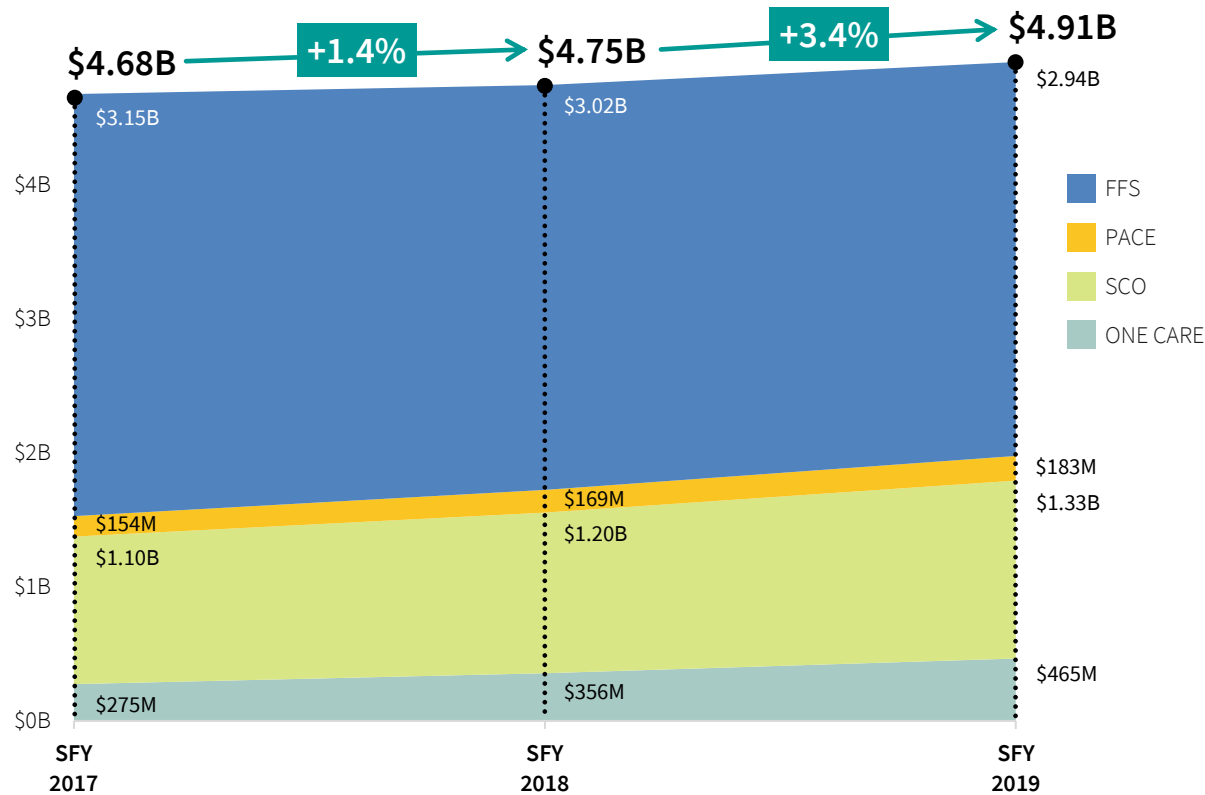
By SFY 2019, integrated care program enrollment comprised over a quarter of all MassHealth dual eligible enrollment.

¹ Enrollment figures reflect best estimates given available data.

SOURCES: Manatt Health analysis of MassHealth data (July 2020); MassHealth's "Final Concept Paper — Duals Demonstration 2.0," August 2018, available at www.mass.gov/service-details/concept-paper; and the MassHealth "Monthly Caseload Report," November 2019, available at www.mass.gov/lists/masshealth-measures.

MASSHEALTH SPENT OVER \$4.9 BILLION ON ITS DUAL ELIGIBLE POPULATION DURING SFY 2019, A 4.8 PERCENT INCREASE SINCE SFY 2017

MASSHEALTH SPENDING ON DUAL ELIGIBLE MEMBERS (SFY 2017-19)¹



MassHealth’s spending on dual eligible members continues to grow — and grow faster than its overall program costs. Between SFY 2017 and SFY 2019, aggregate spending on its dual eligible members increased by over \$255 million, to \$4.9 billion (4.8 percent), driven by integrated care program spending growth.²

MassHealth’s overall program spending increased by approximately 2.9 percent over the same time period (data not shown). Since spending on dual eligible members grew faster than overall MassHealth program spending, spending on the dual eligible population grew as a share of MassHealth’s overall budget.

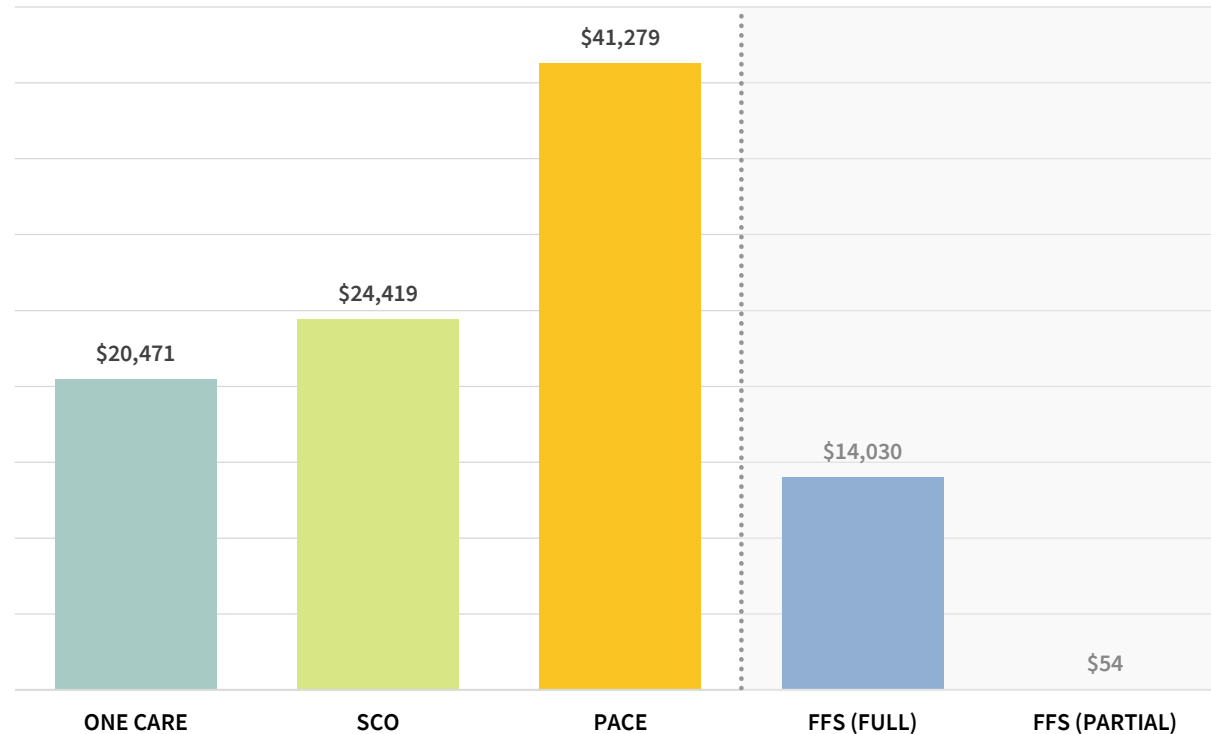
¹ Includes full and partial FFS dual eligible members. See Methodology for notes on MassHealth program budget calculations.

² Enrollment is a major factor in integrated care spending growth.

SOURCE: Manatt Health analysis of MassHealth data (July 2020); and data from the Massachusetts Budget and Policy Center, available at www.massbudget.org/browser/subcat.php?id=MassHealth+%28Medicaid%29+%26+Health+Reform#line_items.

INTEGRATED CARE PROGRAMS CARE FOR SOME OF MASSHEALTH'S HIGHEST-NEEDS AND HIGHEST-COST MEMBERS

MASSHEALTH SPENDING ON DUAL ELIGIBLE MEMBERS PER MEMBER PER YEAR (SFY 2019)¹



1 MassHealth's integrated care programs are largely paid on a capitated basis; the spending shown reflects expenditures by MassHealth, not by members.

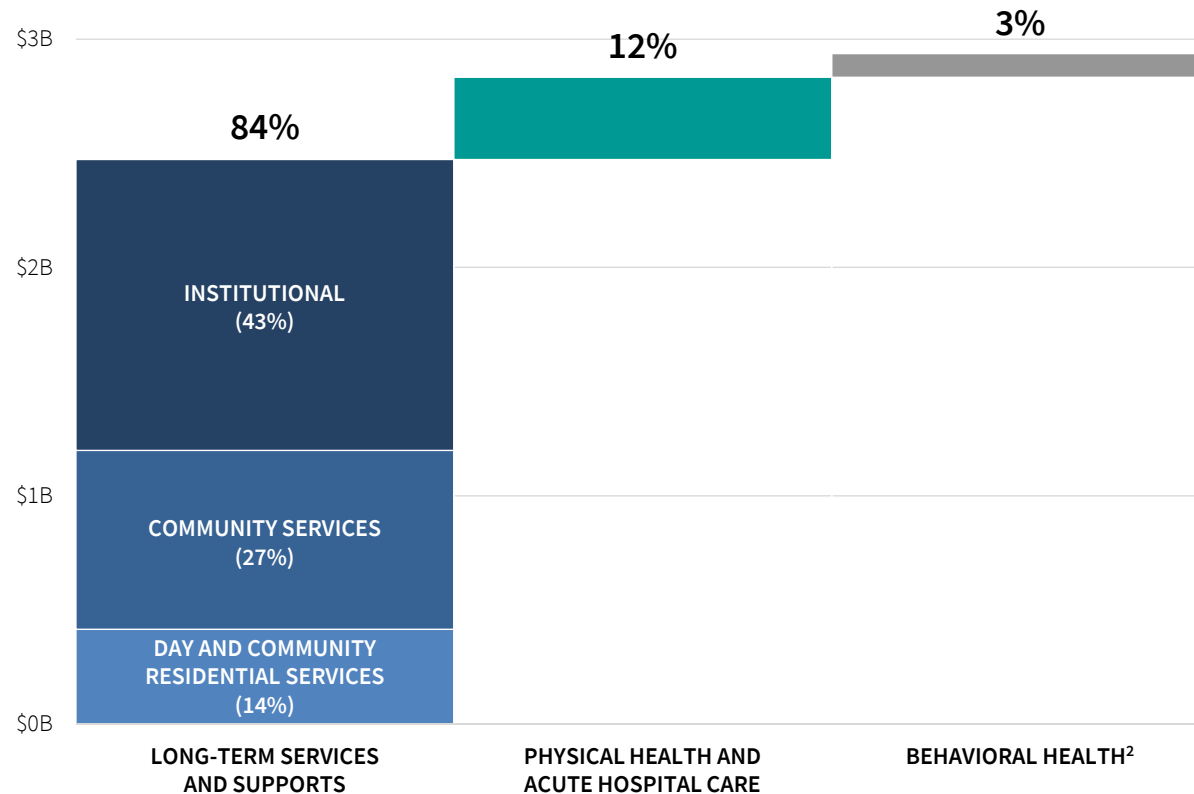
2 Email correspondence with MassHealth, March 2021.

SOURCES: Manatt Health analysis of MassHealth data (July 2020); "MassHealth Duals Demonstration 2.0 Proposal," One Care Implementation Council with MassHealth and Centers for Medicare & Medicaid Services, June 14, 2018, available at www.mass.gov/files/documents/2018/06/15/20180614-dual-demo-2.0.pdf.

MassHealth's integrated care program enrollment makes up only 26 percent of dual eligible membership but 40 percent of its spending, as these programs serve some of MassHealth's highest-needs and highest-cost members, and they offer more expansive benefits than are available to MassHealth FFS dual eligible members. MassHealth spending for members in PACE exceeds that for One Care and SCO, on average, reflecting PACE members' higher clinical needs and program eligibility requirements. MassHealth's spending on dual eligible members represents approximately half of these members' total costs, with Medicare paying the other half and covering the majority of their hospital, physician, and pharmacy expenditures. MassHealth cautions that **spending comparisons between MassHealth integrated care program members and FFS members can be misleading due to differences in the underlying health condition and risk between dual eligible members in the integrated care programs and FFS.**²

MOST OF MASSHEALTH’S DIRECT SPENDING ON DUAL ELIGIBLE MEMBERS IS FOR LTSS, WITH HOSPITAL AND PHYSICIAN SERVICES OFTEN COVERED BY MEDICARE

MASSEALTH FFS SPENDING ON DUAL ELIGIBLE MEMBERS BY PROVIDER GROUP¹ (SFY 2019)



MassHealth’s FFS delivery system supports three-quarters of Massachusetts’ dual eligible members and accounts for 60 percent of dual eligible spending. During SFY 2019, 84 percent of MassHealth’s FFS spending for dual eligible members was for payments to LTSS providers. These LTSS payments were split among:

- Traditional “institutional” care providers (e.g., nursing homes, inpatient and outpatient rehab clinics);
- “Community services” (e.g., in-home personal care aides, home health agencies); and
- “Day and community residential services” (e.g., adult foster care, day habilitation).

¹ Based on MassHealth-only claims paid to providers, as defined in MassHealth’s Budget Provider Groups.

² Includes “other” spending. See Methodology for notes on categorization.

SOURCE: Manatt Health analysis of MassHealth data (July 2020).

SUMMARY OF FINDINGS

DEMOGRAPHICS AND HEALTH CARE NEEDS

- Over 12 million Americans — including 312,000 Massachusetts residents — are simultaneously enrolled in Medicare and Medicaid.
- In Massachusetts, there is an almost even split between younger and older dual eligible members.
- Over the past five years, MassHealth dual eligible member growth has been driven by its older population.
- Nationally, dual eligible members are more often female and people of color than are Medicare-only members.
- Nationally, dual eligible members have more significant and complex health care needs, on average, than their Medicare-only counterparts.

ENROLLMENT AND SPENDING TRENDS

- Dual eligible members' more complex care needs directly translate into more intensive, complex, and costly care than do the needs of other populations.
- The proportion of Massachusetts' dual eligible population enrolled in one of its integrated care programs is increasing.
- Most Massachusetts' integrated care enrollees are enrolled in a SCO plan.
- MassHealth spent over \$4.9 billion on its dual eligible population during SFY 2019, an increase of 4.8 percent since SFY 2017.
- MassHealth's integrated care programs care for some of the highest-needs and highest-cost dual eligible MassHealth members.
- Most of MassHealth's direct spending on dual eligible members is for LTSS, with hospital and physician services often covered by Medicare.

SOURCES

The Blue Cross Blue Shield of Massachusetts Foundation received summary data directly from MassHealth for use in this project. The data included annualized enrollment and spending totals (FFS and capitated) for its dual eligible populations (FFS, One Care, PACE, and SCO) for SFY 2017-19. Manatt analyzed this data as described in the Methodology. Manatt also leveraged state and federal reporting in the production of this chart pack, including, but not limited to:

- CMS Medicare-Medicaid Coordination Office. “Data Analysis Brief: Medicare-Medicaid Dual Enrollment 2006 through 2016,” November 2017, available at www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/DataStatisticalResources/Downloads/Eleven-YearEver-EnrolledTrendsReport_2006-2016.pdf.
- MassHealth. “Final Concept Paper - Duals Demonstration 2.0,” August 2018, available at www.mass.gov/service-details/concept-paper.
- MassHealth. “Monthly Caseload Report,” November 2019, available at www.mass.gov/lists/masshealth-measures.
- Massachusetts Budget and Policy Center. “MassHealth Budget Data,” available at www.massbudget.org/browser/subcat.php?id=MassHealth+%28Medicaid%29+%26+Health+Reform#line_items.
- MACPAC. “Beneficiaries Dually Eligible for Medicare and Medicaid,” January 2018, available at www.macpac.gov/wp-content/uploads/2020/07/Data-Book-Beneficiaries-Dually-Eligible-for-Medicare-and-Medicaid-January-2018.pdf.
- MACPAC. “Integrating Care for Dually Eligible Beneficiaries: Background and Context,” June 2020, available at www.macpac.gov/wp-content/uploads/2020/06/Chapter-1-Integrating-Care-for-Dually-Eligible-Beneficiaries-Background-and-Context.pdf.
- US Census Bureau. American Community Survey, 2018 1-Year Estimates Data Profiles + Subject Tables (S1810), available at <https://data.census.gov/cedsci/>.

METHODOLOGY (1 OF 3)

MASSEALTH FEE-FOR-SERVICE DUAL ELIGIBLE PROVIDER SPENDING ANALYSIS

- MassHealth provided the Blue Cross Blue Shield of Massachusetts Foundation with pre-aggregated summary enrollment and FFS spending data for dual eligible members across all enrollment types (e.g., FFS, integrated care programs) for SFY 2017–2019. Analysis was limited to SFY 2019 and our population of interest where a complete picture of spending was available: full-benefit dual eligible individuals under the FFS delivery system.
- Spending data was pre-segmented by provider type and budget provider group. While data was analyzed across numerous dimensions, only the results of a limited provider type analysis was presented herein. Provider type categories, as presented, made up, but were not limited to, the following budget provider groups:
 - Physical Health & Acute Hospital: physician, pharmacy, inpatient acute, outpatient acute, “special programs,” vision goods and services, and community health centers. (Note: pharmacy data likely excludes rebates.)
 - Behavioral Health: inpatient and outpatient psychiatry, mental health clinic, substance use disorder treatment, and “other” non-behavioral health categories.¹
 - LTSS, which was further subcategorized by:
 - Community Services: personal care assistants, home health agencies, hospice care, and durable medical equipment (DME)/oxygen.
 - Day and Community Residential Services: adult foster care, day habilitation, and adult day health.
 - Institutional: nursing home/institutions and inpatient and outpatient rehabilitation facilities.

¹ “Other” non-behavioral health categories include: Qualified Medicare Beneficiary program-only provider spending, independent nurse services, and “other” unclassified spending.

METHODOLOGY (2 OF 3)

MASSHEALTH DUAL ELIGIBLE INDIVIDUALS ENROLLMENT ANALYSIS

- MassHealth provided the Blue Cross Blue Shield of Massachusetts Foundation with pre-aggregated summary enrollment and FFS-spending data for dual eligible members across all enrollment types (e.g., FFS, integrated care program) for SFY 2017-2019. The enrollment analysis was limited to data for SFY 2017-19, and individuals identified by MassHealth as being enrolled in integrated care programs as duals. (Individuals enrolled in SCO or PACE who were not dually enrolled in Medicare and Medicaid were excluded from the analysis.)
- Data provided by MassHealth was cross-walked with data from the following sources to estimate dual eligible member enrollment for SFY 2015 and 2016 and provide relevant population-specific profiles:
 - MassHealth. "Final Concept Paper — Duals Demonstration 2.0," August 2018, available at www.mass.gov/service-details/concept-paper.
 - MassHealth. "Monthly Caseload Report," November 2019, available at www.mass.gov/lists/masshealth-measures.
- Presented data are estimates based on available information.

METHODOLOGY (3 OF 3)

MASSHEALTH BUDGET ANALYSIS

- Manatt analyzed MassHealth budget data made publicly available by the Massachusetts Budget and Policy Center to support this analysis. Data may be found at www.massbudget.org/browser/subcat.php?id=MassHealth+%28Medicaid%29+%26+Health+Reform#line_items.
- Manatt aimed to calculate an aggregate total estimate of MassHealth spending on Medicaid members and providers in support of members' care. Estimates aligned with previous program estimates published by the Massachusetts Budget and Policy Center and the Foundation's "MassHealth: The Basics" publication, available at <https://bluecrossmafoundation.org/publication/masshealth-basics-%E2%80%93-facts-and-trends-july-2019>.
- The following budget categories were included in Manatt's estimated MassHealth program spending total:
 - Affordable Care Act Expansion Populations
 - Children's Behavioral Health Initiative
 - Children's Medical Security Plan
 - Community First Initiative
 - Hutchinson Settlement
 - MassHealth Basic Coverage
 - MassHealth Basic Program Expansion
 - MassHealth Breast and Cervical Cancer Treatment
 - MassHealth CommonHealth
 - MassHealth Family Assistance
 - MassHealth Fee-for-Service
 - MassHealth HIV Plan
 - MassHealth Home Health Worker Recruitment
 - MassHealth Inpatient Outlier Payments
 - MassHealth Managed Care
 - MassHealth Managed Care Enrollment Incentives
 - MassHealth Nursing Home Supplemental Rates
 - MassHealth Senior Care
 - MassHealth Senior Care Options
 - MassHealth Standard Coverage
 - Medicare Part D Phased Down Contribution
 - Prescription Advantage
 - Senior Pharmacy Assistance

