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VERMONT'S MEDICARE/MEDICAID DUAL ELIGIBLE POPULATION: 2007

Highlights

- The Vermont Program for Quality in Health Care (VPQHC) has comprehensive Medicare claims data. In this data, beneficiaries are considered dual eligible if the state Medicaid program reported payment of Part B Medicare premiums for at least one month in 2007.
- Of the Vermont Medicare population, 24% were considered dual eligible (received at least one month of state buy-in) in 2007.
- Of the beneficiaries entitled to Medicare because of age (over 65 years of age), 16% were considered dual eligible in 2007. Of the beneficiaries entitled to Medicare because of disability (under 65 years of age), 57% were considered dual eligible.
- Females were significantly more likely to be considered dual eligible in 2007 than males, in all age groups.

Introduction

Medicare beneficiaries who are also eligible for Medicaid benefits are of considerable interest when examining the Vermont Medicare population. This report describes that population (referred to as “dual eligible”) and how they differed from Medicare beneficiaries who were not dual eligible in 2007. The report examines differences with regards to age, gender, and county of residence.

For this analysis, the Vermont Program for Quality in Health Care (VPQHC) has obtained comprehensive 2007 Vermont Medicare claims data. This data includes Part A and Part B information as well as durable medical equipment and assessment files (files that contain the functional and health status of beneficiaries). All files are linked by a unique and anonymous beneficiary identification code.

Identification of dual eligible beneficiaries

Dual eligible beneficiaries are first and foremost Medicare beneficiaries, meaning that they fulfill one of the requirements for Medicare coverage: are 65 years of age or older, are less than 65 years of age but have certain disabilities, or suffer from End-Stage Renal Disease. Based on the Medicare beneficiary's income level, the state's Medicaid program may cover some or all of the beneficiary's Medicare Part B premiums, Medicare cost-sharing amounts, and/or additional benefits.



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In the Medicare claims data available to VPQHC, it is not possible to identify what Medicare costs are covered by the state's Medicaid program. In this data, the identification of dual eligibility is based solely on the state's reported payment of Medicare Part B premiums. This provides a reasonable estimate of the dual eligible population, but does not provide full information on the number of Medicare beneficiaries who are fully eligible for Medicaid support¹.

In the Medicare claims data, each beneficiary record includes an indication of the number of months in which the state reported payment of the beneficiary's Medicare Part B premiums (state buy-in). Each beneficiary therefore falls into one of three categories:

- No (zero months) state buy-in in 2007
- Full (12 months) state buy-in in 2007
- Some (1-11 months) state buy-in in 2007

In the following analysis, a beneficiary is considered dual eligible if they received one or more months of state buy-in. The analysis makes use of the Medicare Beneficiary Summary file, which provides a record for each Medicare beneficiary in Vermont in 2007. In addition to base demographic information, the dataset indicates type of insurance coverage and Medicare enrollment status.

Medicare

Medicare is the government health insurance program administered by the Centers for Medicare & Medicaid Services (CMS). Medicare is the largest health insurance service in the country, with around 40 million Americans participating. Individuals are typically eligible for Medicare services if they meet one of the following requirements: are 65 years of age or older, are less than 65 years of age but have certain disabilities, or have End-Stage Renal Disease (kidney failure that requires a transplant or dialysis).

Findings

In 2007, the Vermont Medicare population was composed of 106,791 beneficiaries. Of these beneficiaries, 25,097 (24%) were dual eligible (received at least one month of state buy-in) in 2007. 18,955 (18%) received state buy-in for all 12 months in 2007, and 6,142 (6%) received state buy-in for some months in 2007.

Age and Gender

There was a marked difference in the percentage of dual eligible beneficiaries in the under 65 and over 65 age groups, with beneficiaries under 65 being almost 7 times more likely to be dual eligible (receive state buy-in for at least one month in 2007) than those over 65. In the under 65 age group, 57% of

¹ For further information on the definition of the dual eligible population, please reference: *Dual Medicare-Medicaid Enrollees and the Medicare Denominator File*. Technical Note, ResDAC Publication Number TN-010, March, 2006. Research Data Assistance Center, University of Minnesota, Minneapolis, MN.
<http://www.resdac.umn.edu>



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beneficiaries were dual eligible in 2007. In contrast, only 16% of the over 65 age groups were dual eligible in 2007 (see Table 1 in Appendix).

Figure 1 in the Appendix shows the percentage of dual eligible beneficiaries by age group. In the population over 65, the percentage of dual eligible beneficiaries increased with increasing age. Figure 1 separates the percentage of dual eligible beneficiaries by gender. In all age groups, a significantly higher percentage of females were considered dual eligible than males (also see Table 1 in Appendix).

Medicare Status

The Medicare claims data includes a status code indicating the reason for Medicare entitlement: 65 years of age or older, less than 65 years of age with a disability, or End-Stage Renal Disease (ESRD). A much higher percentage of beneficiaries entitled through disability were dual eligible (57%) than beneficiaries entitled through age (16%). About 36% of the small group entitled through ESRD was dual eligible.

County of Residence

In the over 65 Medicare population in 2007, the counties with the highest percentage of dual eligible beneficiaries were Orleans (27%), Franklin (22%), and Caledonia (21%). In contrast, Chittenden and Windsor counties had the lowest percentage of dual eligible beneficiaries (12% and 13%, respectively).

In the under 65 (disabled) Medicare population in 2007, the counties with the highest percentage of dual eligible beneficiaries were Lamoille (63%), Orleans (63%), and Rutland (61%). Grand Isle (46%) and Essex (52%) had the lowest percentage of dual eligible beneficiaries under 65. See Table 2 for the dual eligible percentage for each Vermont county in 2007.

Appendix

Table 1: Dual eligible beneficiaries (received at least one month of State buy-in) by age and gender

	Number of beneficiaries	% of beneficiaries considered dual eligible	Significant difference between genders *
All beneficiaries	106,791	24%	
Male	48,606	20%	
Female	58,185	27%	*
Under 65	18,454	57%	
Male	9856	54%	
Female	8598	61%	*
Over 65	88,337	16%	
Male	38,750	11%	
Female	49,587	21%	*

* Significance is measured at the 0.05 level of significance

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Table 2: Dual eligible beneficiaries (received at least one month of state buy-in) by county of residence

	Beneficiaries over 65	Beneficiaries under 65
Orleans	27%	63%
Franklin	22%	57%
Caledonia	21%	57%
Essex	20%	52%
Rutland	18%	61%
Lamoille	17%	63%
Orange	17%	52%
Addison	17%	55%
Washington	16%	58%
Bennington	16%	59%
Windham	16%	58%
Grand Isle	13%	46%
Windsor	13%	52%
Chittenden	12%	55%

Figure 1: Dual eligible beneficiaries (received at least one month of State buy-in) by age and gender
 Females are significantly more likely to be dual eligible than males in all age groups

