Responses to Data Questions - First Duals Stakeholder Workgroup: Prepared by the Center for Health Care Strategies, May 14, 2010

1. On CHCS slide 15, someone asked about prevalence among aged vs. disabled. Below is the table showing the breakdown of prevalence of conditions for disabled duals and beneficiaries who have eligibility status of "aged".

DISEASE	PREVALENCE AMONG DISABLED DUALS	PREVALENCE AMONG AGED
Cardiovascular	54%	76%
Psychiatric	52%	36%
Central Nervous System	28%	21%
Skeletal and Connective	22%	25%
Diabetes	22%	26%

2. CHCS Slide 15 relies on the diagnosis groupings from the Chronic Illness and Disability Payment System (CDPS). In the Medicaid data analysis using CDPS, dementia is grouped under Central Nervous System conditions. In the new version of CDPS used for Medicare, dementia will be more obvious, as it will be in a new category with delirium.

3. On CHCS slides 8 – 9, the costs and utilization for duals vs. nonduals do not seem to be in tandem. A couple of potential explanations for this would be:

- The costs would be higher for the duals if the duals who used services used a LOT of services. The % of utilizers (slide 9) are anyone who used a service at least once in the year; the duals may have used services more frequently, driving up costs.

- The duals also may have had higher acuity levels – ie., were sicker. So their DRGs for hospitals, e.g., would generate a higher payment. A higher acuity level also might explain more frequent utilization PER user. (A dual using specialty care might use a lot of specialty care.)

4. What do we know about the experiences from early integration pilots? Several documents were sent in response to this question, including articles, reports, and powerpoints with information about programs in Minnesota, Massachusetts, Wisconsin and New Mexico.