

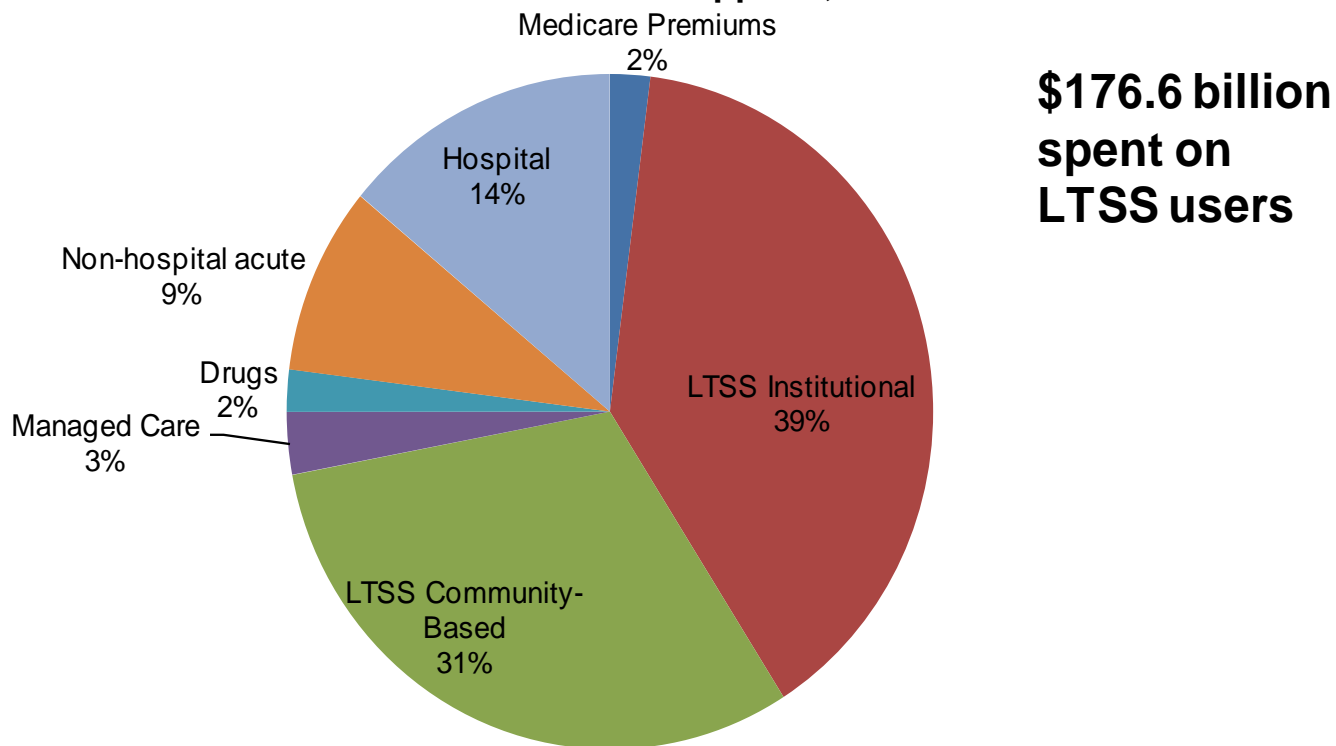


ENGELBERG CENTER for
Health Care Reform
at BROOKINGS

Strengthening Medicare to Strengthen
the Publicly and Privately Funded LTSS
OR
Taking Care of the High Cost, LTC
Populations Under Medicare

Barbara Gage , PhD
The Brookings Institution

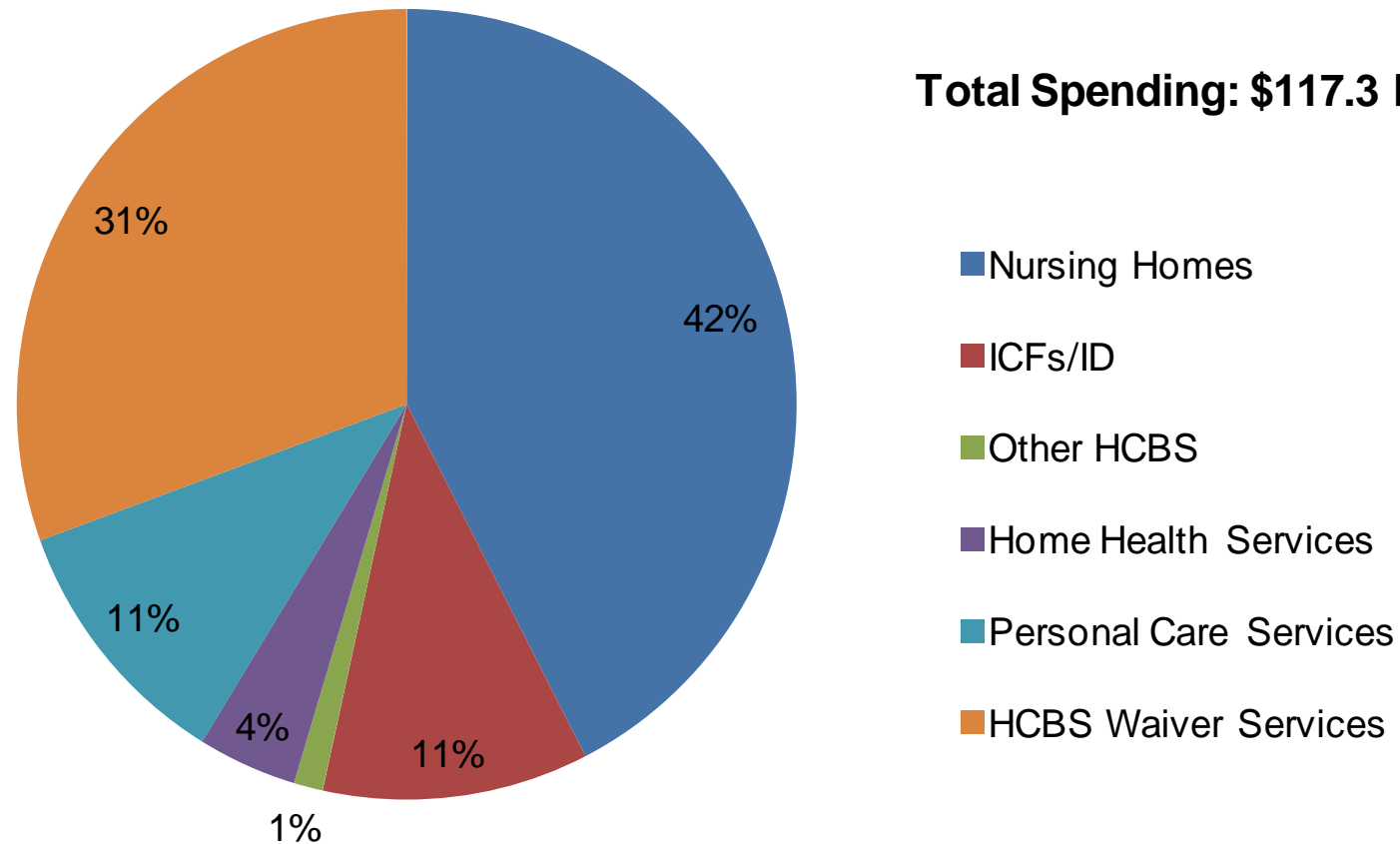
Figure 1: Distribution of Medicaid Benefit Spending for Users of Long-Term Services and Supports, FY 2010



Source: Medicaid and CHIP Payment and Access Commission, June 2013 Report to Congress.

Notes: Hospital services include inpatient and outpatient hospital services. Non-hospital acute care services include services provided by physicians, nurses, and other practitioners, rehabilitation services, case management services, hospice services, non-emergency transportation services, etc. Drug services spending is gross spending on drugs. Managed care and premium assistance includes HMO, PHP, and PCCM services. Community-based LTSS includes home health, personal care, and HCBS waiver services. Institutional LTSS includes nursing facility services, ICF/ID services, etc.

Figure 2: Medicaid LTSS Spending by Service, FY 2010



Source: National Health Policy Forum, "National Spending for Long-Term Services and Supports (LTSS), 2011." February 1, 2013.

Figure 3

Percentage of Medicare FFS Beneficiaries by Number of Chronic Conditions: 2010

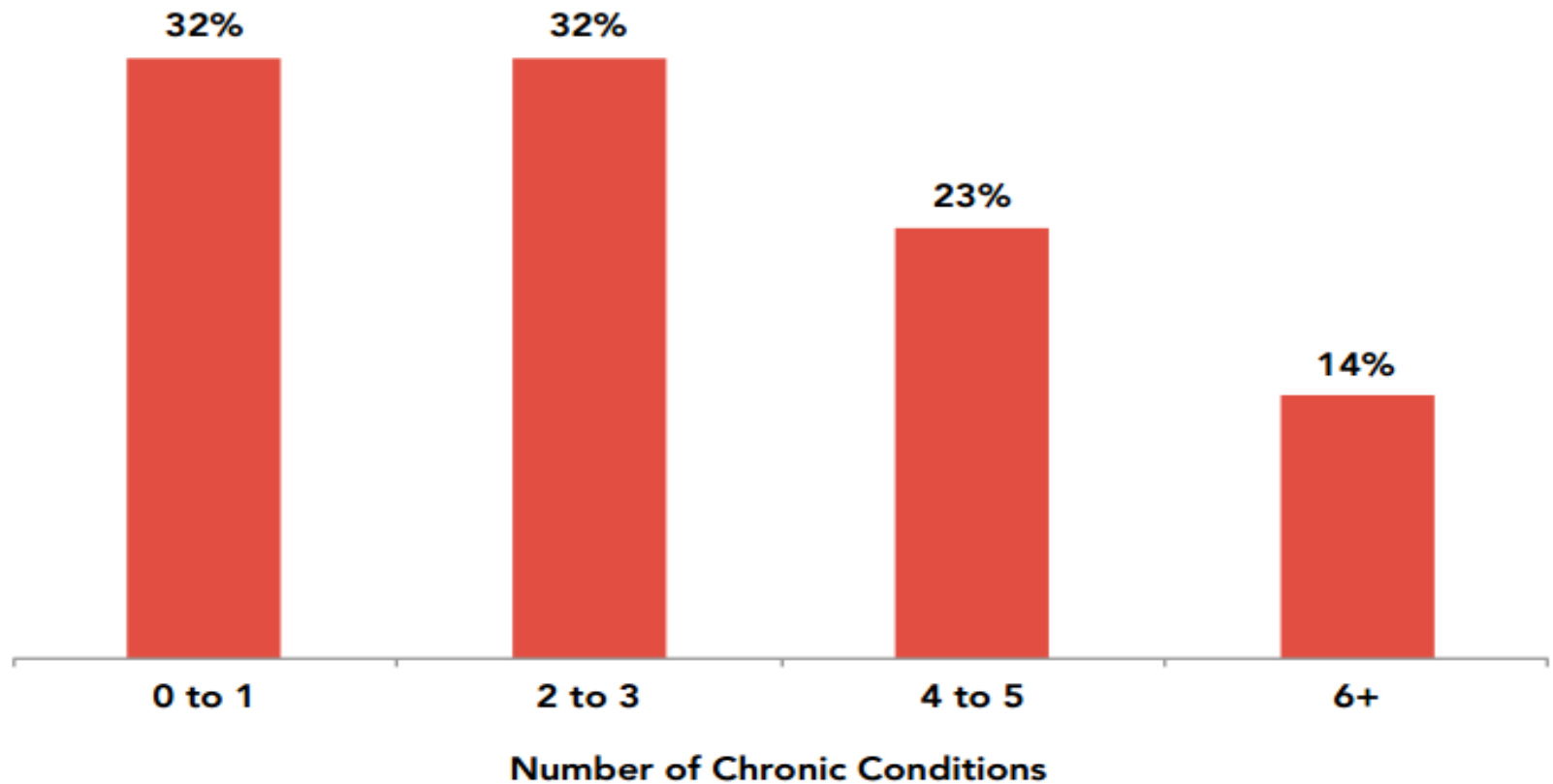


Figure 4

Per Capita Medicare Spending for Medicare FFS Beneficiaries by Number of Chronic Conditions: 2010

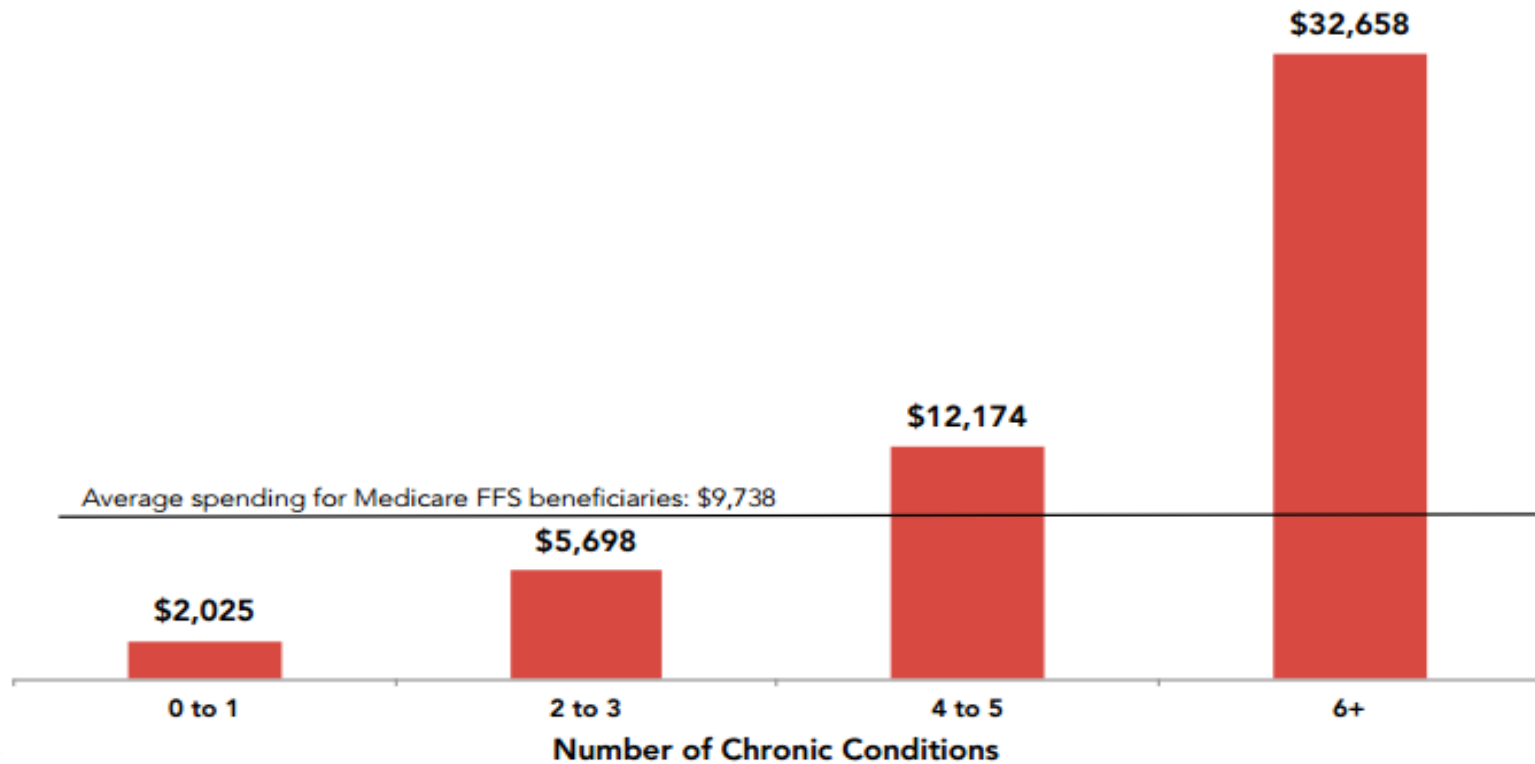


Figure 5

Percentage of Medicare FFS Beneficiaries by Number of Inpatient Admissions and Number of Chronic Conditions: 2010

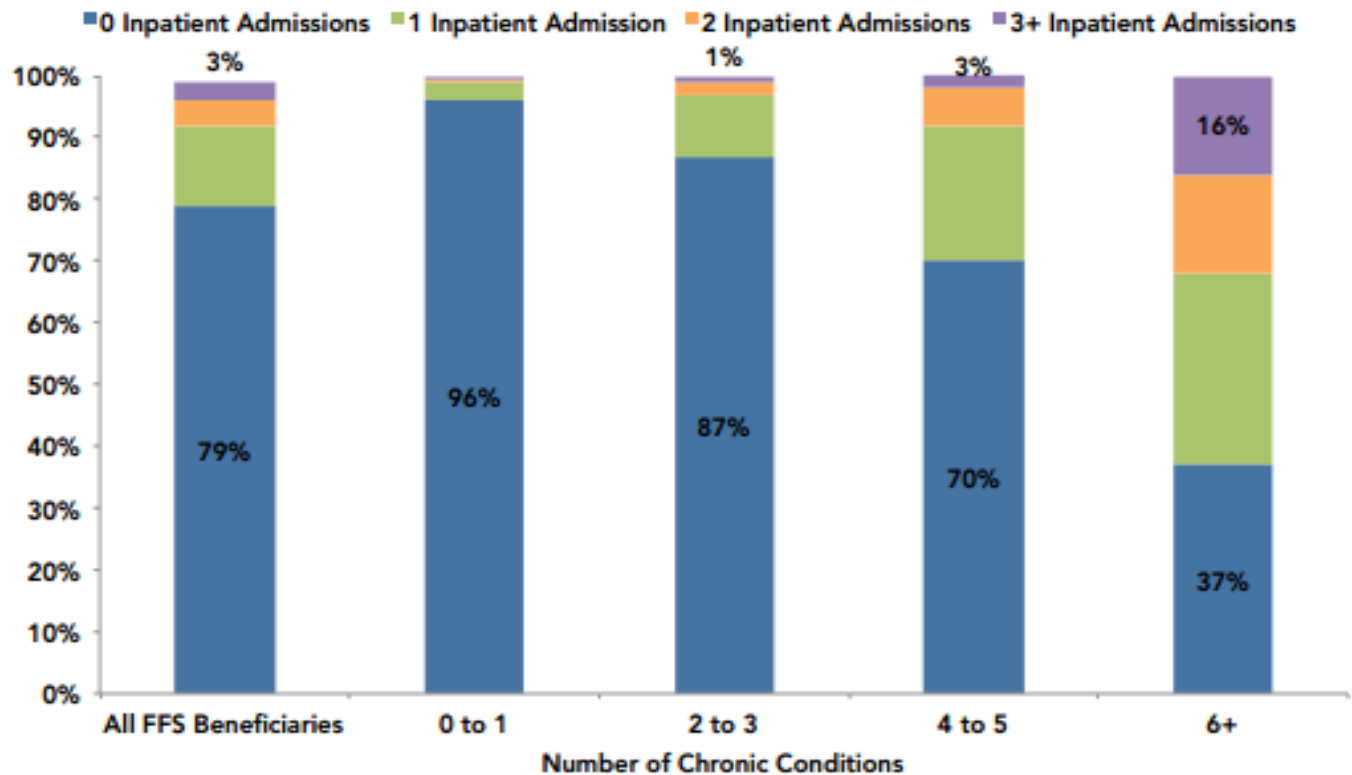


Figure 6

Distribution of Medicare FFS Beneficiaries by Number of Chronic Conditions and Total Medicare Hospital Readmissions: 2010

■ 0 to 1 Condition ■ 2 to 3 Conditions ■ 4 to 5 Conditions ■ 6+ Conditions

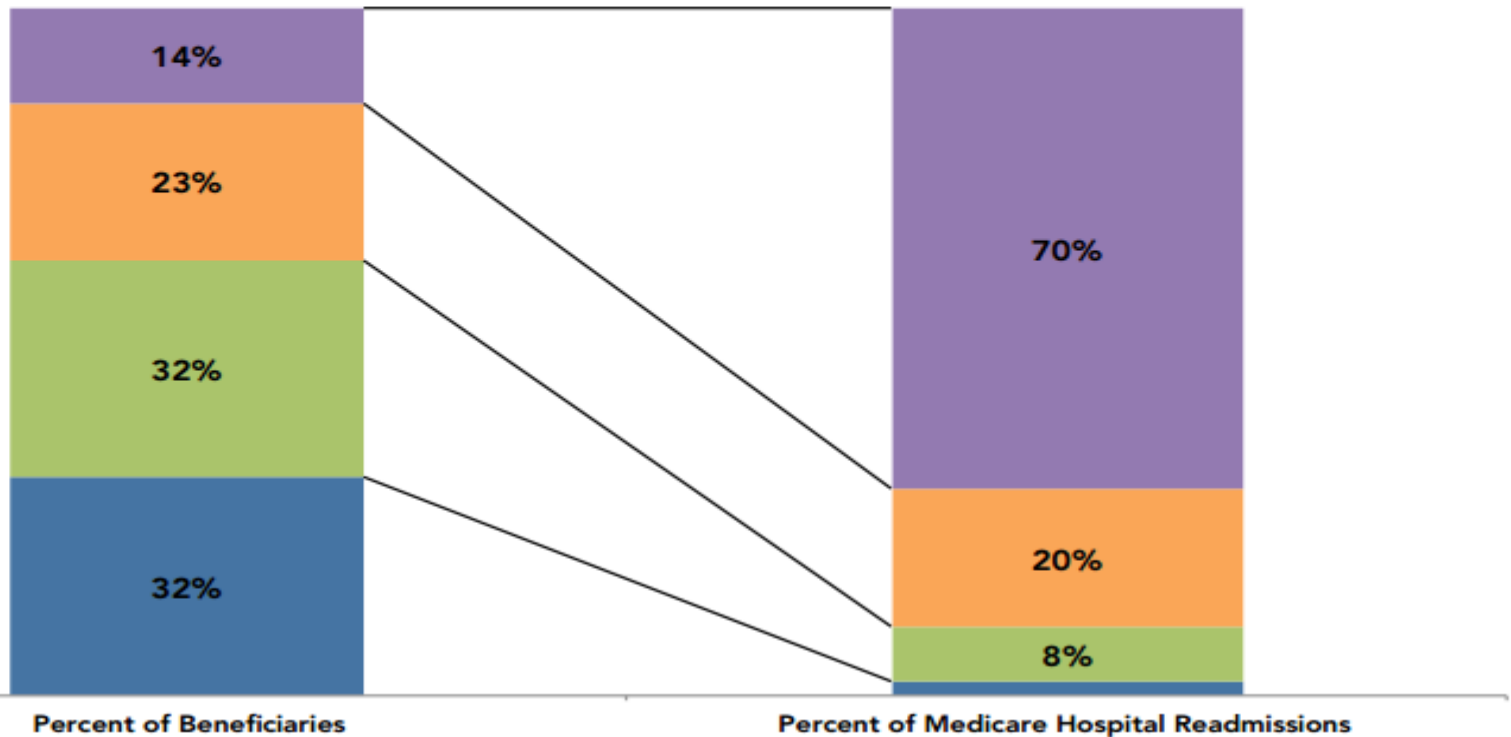


Figure 7

Percentage of Medicare FFS Beneficiaries with at Least One Post-Acute Care (PAC) Visit by Number of Chronic Conditions: 2010

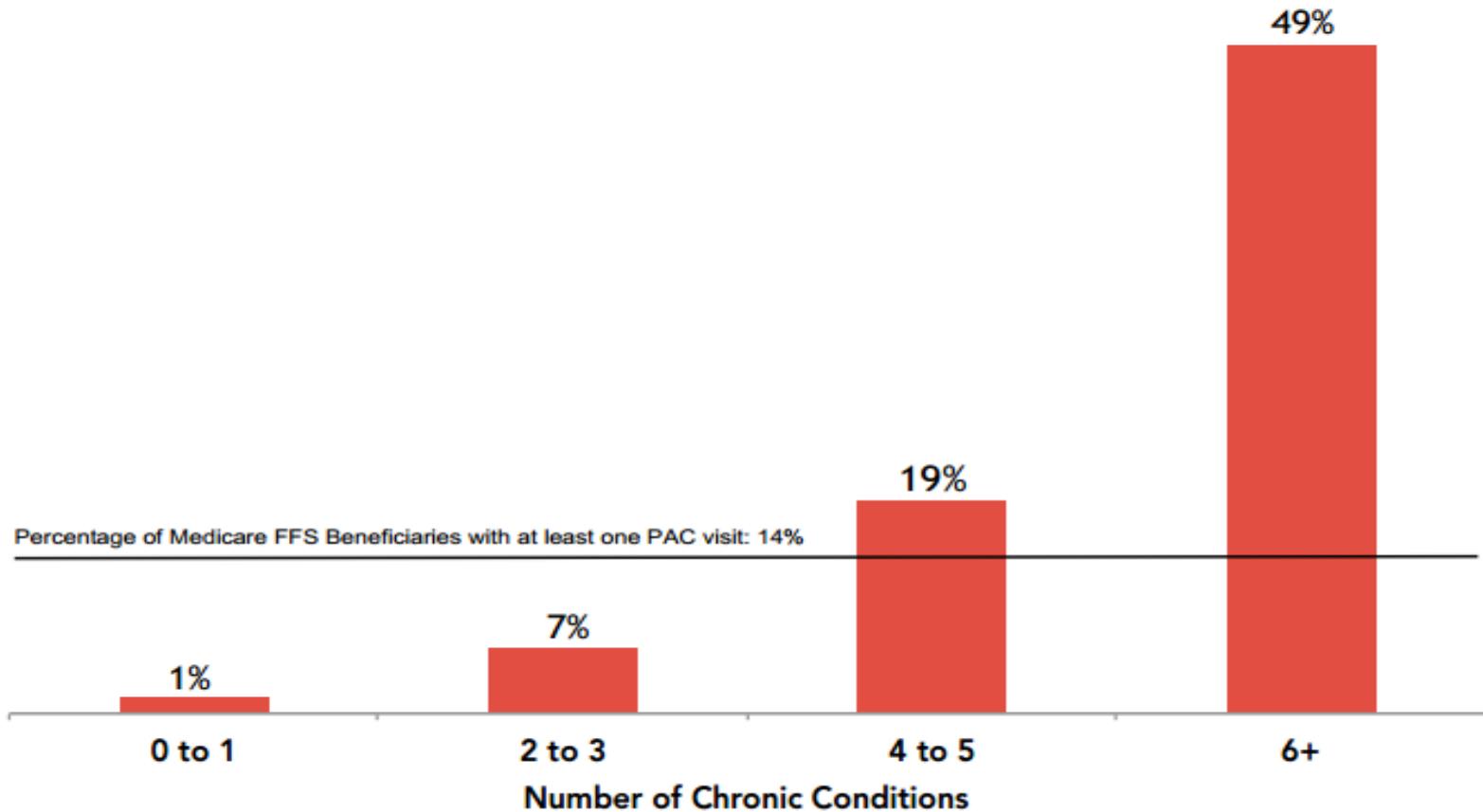


Figure 8

Percentage of Medicare FFS Beneficiaries by Number of Home Health Visits and Number of Chronic Conditions: 2010

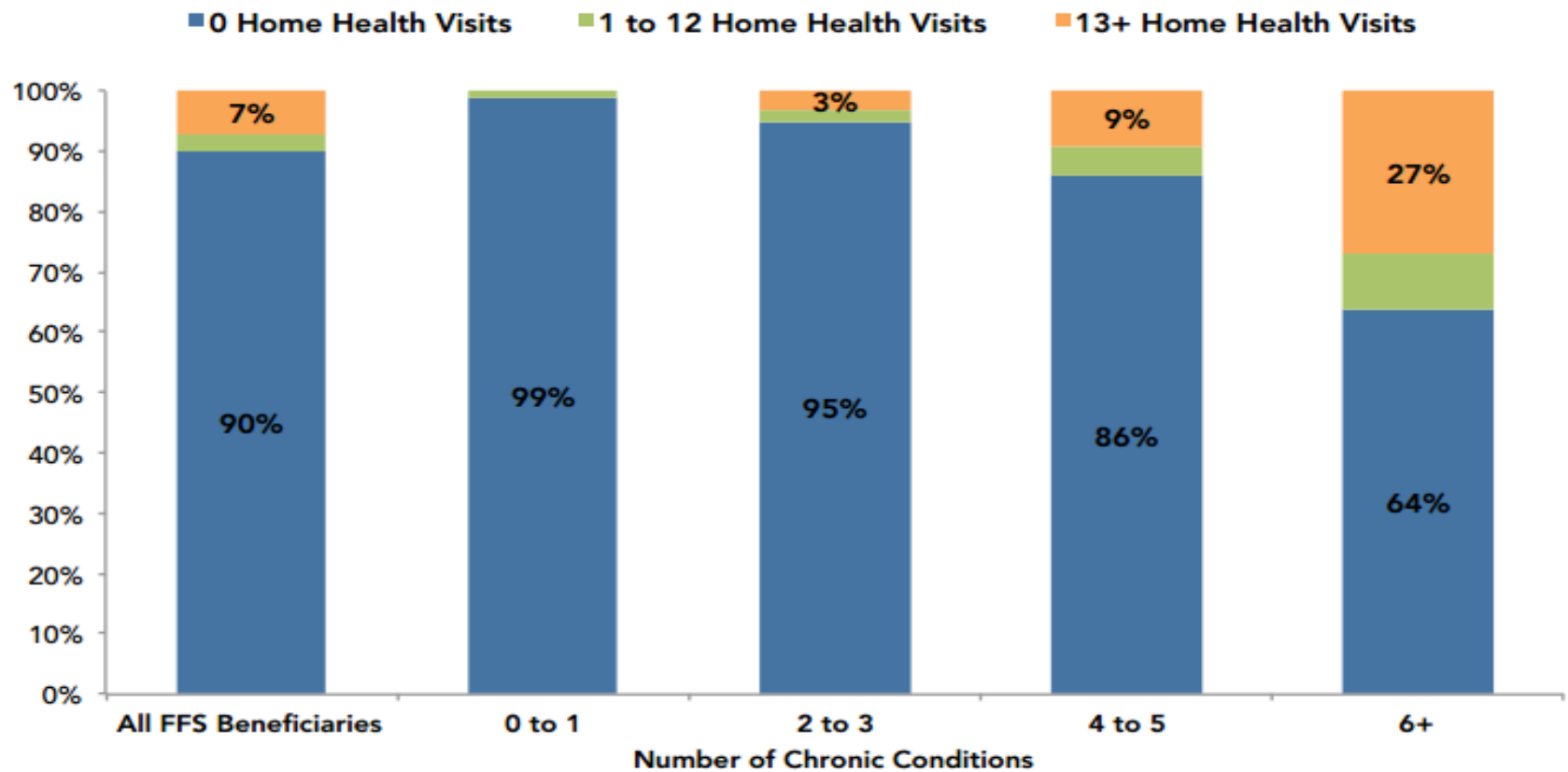


Table 2: Characteristics of Medicare Beneficiaries using Home Health Services, 2010

	Community- Admitted Users	Post-Acute Care Users
Percent of all home health episodes	64%	36%
Service Use		
Average number of episodes	2.6	1.4
Episodes provided to dual-eligible beneficiaries	42%	24%
Episodes where home health aides provided the majority of services	11%	4%
Beneficiary Characteristics		
White	74%	86%
Average number of chronic conditions	3.8	4.2
Beneficiaries with Alzheimer's or dementia	29%	21%

Source: Medicare Payment Advisory Commission. March 2013, Report to the Congress: Medicare Payment Policy.