

**Profile of Utilization and Spending for the CCIP Populations, By Medicaid Buy-In\* (Dual Eligible) Status In  
Current Month**

(Analysis based on Five Percent Sample of Medicare Beneficiaries, 1998-2002)

**Rates of Use or Occurrence Per Beneficiary Per Month**

<b>Population</b>	<b>Month and Dual Year eligible</b>	<b>Persons Still in Sample</b>	<b>Inpatient Admission</b>	<b>SNF Admission</b>	<b>Physician ER Bill</b>	<b>Any Home Health Use</b>	<b>Deaths</b>	<b>Average Total Payments*</b>	<b>Average Medicare Program Payments</b>
<b>CCI CHF or Diabetes Population (Population as of 6/30/99 = 114,106)</b>									
	Jan-00 No	80,024	0.084	0.023	0.088	0.075	0.012	\$ 1,249	\$ 1,056
	Dec-02 No	48,280	0.071	0.025	0.088	0.075	0.010	\$ 1,319	\$ 1,130
	Jan-00 Yes	24,447	0.104	0.028	0.136	0.110	0.013	\$ 1,481	\$ 1,261
	Dec-02 Yes	17,151	0.090	0.036	0.132	0.108	0.011	\$ 1,606	\$ 1,378
<b>CCI CHF or Diabetes Population, With CHF Diagnosis (Population as of 6/30/99= 55,865)</b>									
	Jan-00 No	38,704	0.104	0.028	0.106	0.089	0.017	\$ 1,425	\$ 1,214
	Dec-02 No	19,907	0.082	0.029	0.099	0.085	0.013	\$ 1,400	\$ 1,209
	Jan-00 Yes	10,868	0.131	0.040	0.160	0.129	0.021	\$ 1,720	\$ 1,472
	Dec-02 Yes	6,617	0.106	0.042	0.138	0.115	0.015	\$ 1,745	\$ 1,517
<b>CCI CHF or Diabetes Population, Without CHF Diagnosis (Population as of 6/30/99 = 58,421)</b>									
	Jan-00 No	41,320	0.065	0.017	0.072	0.061	0.007	\$ 1,083	\$ 908
	Dec-02 No	28,373	0.063	0.023	0.080	0.068	0.008	\$ 1,263	\$ 1,074
	Jan-00 Yes	13,579	0.083	0.019	0.117	0.094	0.007	\$ 1,290	\$ 1,092
	Dec-02 Yes	10,534	0.081	0.032	0.129	0.103	0.009	\$ 1,518	\$ 1,290
<b>CCI COPD Population (Population as of 6/30/99 = 47,186)</b>									
	Jan-00 No	32,640	0.097	0.023	0.104	0.086	0.014	\$ 1,402	\$ 1,188
	Dec-02 No	18,890	0.080	0.026	0.097	0.083	0.010	\$ 1,375	\$ 1,176
	Jan-00 Yes	10,217	0.132	0.033	0.166	0.127	0.017	\$ 1,745	\$ 1,483
	Dec-02 Yes	6,838	0.106	0.035	0.156	0.122	0.012	\$ 1,761	\$ 1,514

\* All Medicare beneficiaries for whom state Medicaid programs paid Medicare Part A or Part B premiums. This is a commonly-used proxy for the dual eligible population. The buy-in variable may not capture all duals, however, such as some of the medically needy. Some Medicare beneficiaries receiving Medicaid assistance may not have premium buy-in, and conversely, portions of the buy-in population do not receive full Medicaid benefits.

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Note: "Average Total Payments" include Medicare program payments, beneficiary coinsurance and deductible amounts, and any other third party payments on Medicare claims.

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Note: Individuals were identified as eligible for participation in the Chronic Care Improvement Programs (CCIP) from claims incurred 7/1/1998 to 6/30/1999, using the rules established by HHS for CCIP eligibility.

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Source: Analysis of Medicare 5% Standard Analytic Files and Denominator File, 1998-2002, by Direct Research, LLC for the Health Insurance Reform Project at the George Washington University funded by the Robert Wood Johnson Foundation

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