Medicare Spending for Older Adults Who Need Long-Term Services and Supports

Evidence From 2011 National Health And Aging Trends Study
Data Linked To Medicare Claims
Executive Summary

• Medicare spends **almost three times as much per capita** on the 13 percent of older adults who need long-term services and supports (LTSS) as on the other 87 percent of beneficiaries age 65+

• This high spending is not explained by these beneficiaries’ age, chronic conditions, or Medicaid eligibility. In fact, LTSS need remains associated with high Medicare spending even when holding these other characteristics constant. Key findings include:
  – Medicare spends 2X more on older adults with multiple chronic conditions who also need LTSS than on those who don’t need LTSS
  – Medicare spends 2X more on older adults dually eligible for Medicaid who also need LTSS than on those who don’t need LTSS
  – Medicare spends the same amount on dual eligible older adults who need LTSS and non-dual eligible older adults who need LTSS

• Innovations aimed at reducing Medicare spending could be enhanced if they focus on addressing and coordinating beneficiaries’ LTSS need, **regardless of whether the LTSS is financed by Medicaid, out-of-pocket savings, or provided exclusively by unpaid family caregivers**
Many Older Adults Have Physical and Cognitive Limitations That Make Everyday Tasks Difficult

Millions of older adults are unable to perform activities of daily living (ADLs) without assistance from others: eating, bathing, using the toilet, getting dressed, transferring.

More than three million older adults have dementia, which can also limit their independence.

### ADL Impairment in Older Adults

- 6.2 million does not need help, but has difficulty with 1+ ADLs
- 4.8 million needs help with 1+ ADLs
- 1.1 million nursing home resident

#### Dementia in Older Adults

- 32.9 million no dementia
- 3.5 million dementia

About 13% of the 65+ Medicare Population Need a High Level of Long-Term Supports and Services

These older adults’ physical and cognitive limitations are severe enough to meet eligibility requirements for long-term care insurance benefits or Medicaid nursing home care.

- **Definition of “LTSS Need”**
  Intended to mirror HIPAA definition of disability
  - Individual requires help with 2+ ADLs OR
  - “Severe Cognitive Impairment” (Individual has dementia AND requires help with 1+ ADLs OR 3+ IADLs)
  - All nursing home residents

- **Activities of Daily Living (ADLs):** eating, bathing, using the toilet, getting dressed, transferring

- **Instrumental Activities of Daily Living (IADLs):** laundry, shopping for groceries/personal items, making hot meals, handling bills and banking, handling medication/injections

<table>
<thead>
<tr>
<th>Category</th>
<th>Population Size (2011)</th>
<th>Population Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Medicare 65+ Population</td>
<td>36.4 million</td>
<td>100%</td>
</tr>
<tr>
<td>LTSS Need in the Community</td>
<td>3.5 million</td>
<td>9.9%</td>
</tr>
<tr>
<td>Nursing Home Residents*</td>
<td>1.1 million</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

*Note: Results for nursing home residents are presented separately throughout due to data considerations.
Most Older Adults Who Need LTSS Live in the Community

Of the 3.5 million older adults with LTSS need living in the community, about 600,000 live in residential care facilities—that is independent or assisted living facilities.

Source: 2011 National Health and Aging Trends Study
Older Adults Who Need LTSS Are Vulnerable

*Older adults who need LTSS are older, more likely to be female, have more chronic conditions, are more likely to be enrolled in Medicaid, and are less likely to have finished high school.*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No LTSS Need</th>
<th>LTSS Need in the Community</th>
<th>Nursing Home Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (2011)</td>
<td>31.8 million</td>
<td>3.5 million</td>
<td>1.1 million</td>
</tr>
<tr>
<td>Average age (years)</td>
<td>75</td>
<td>81</td>
<td>84</td>
</tr>
<tr>
<td>Age 80 or older</td>
<td>25%</td>
<td>59%</td>
<td>71%</td>
</tr>
<tr>
<td>Female</td>
<td>55%</td>
<td>68%</td>
<td>73%</td>
</tr>
<tr>
<td>Enrolled in Medicaid</td>
<td>14%</td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>Average number of chronic conditions</td>
<td>2.0</td>
<td>2.7</td>
<td>No Data</td>
</tr>
<tr>
<td>Four or more chronic conditions</td>
<td>11%</td>
<td>29%</td>
<td>No Data</td>
</tr>
<tr>
<td>Did not graduate high school</td>
<td>20%</td>
<td>38%</td>
<td>No Data</td>
</tr>
</tbody>
</table>

Source: 2011 National Health and Aging Trends Study
Over Half of the 4.6 Million Older Adults Who Need LTSS Are Not Eligible For Medicaid—the Only Public Program That Covers LTSS

- Among those without Medicaid, many are low income.
- One million older adults living in the community who need LTSS have incomes below 200% of the federal poverty level but do not qualify for Medicaid.

**Medicaid Eligibility Among Older Adults Who Need LTSS**
(Millions of Beneficiaries in 2011)

<table>
<thead>
<tr>
<th>LTSS Need in the Community</th>
<th>Medicaid</th>
<th>No Medicaid, &lt;200% FPL</th>
<th>No Medicaid, &gt;200% FPL</th>
<th>Nursing Home Resident</th>
<th>Medicaid</th>
<th>No Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTSS Need in the Community</td>
<td>1.3</td>
<td>1.0</td>
<td>1.2</td>
<td>0.8</td>
<td>0.3</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Source: 2011 National Health and Aging Trends Study
Older Adults Who Need LTSS Account for a Disproportionate Share of Medicare Spending

Although older adults who need LTSS comprise only 14% of Medicare fee-for-service beneficiaries, they account for 31% of spending.

Notes: Data is limited to Medicare fee-for-service enrollees
Medicare Spends Nearly Three Times as Much Per Person on Older Adults Who Need LTSS Than for Those With No Need

Annual Per Capita Medicare Spending
(2011 Spending For Medicare Fee-for-Service Enrollees)

<table>
<thead>
<tr>
<th>No Need</th>
<th>LTSS Need in the Community</th>
<th>Nursing Home Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7,127</td>
<td>$20,248</td>
<td>$20,298</td>
</tr>
</tbody>
</table>

Notes: Spending data is limited to Medicare fee-for-service enrollees
Compared to Similarly Sick Individuals, Medicare Spends Twice As Much On Older Adults Who Need LTSS Than On Those Who Do Not Need LTSS

The relationship between LTSS need and Medicare spending remains strong even after controlling for chronic conditions.

### Annual Per Capita Medicare Spending
(2011 Spending For Medicare Fee-for-Service Enrollees)

<table>
<thead>
<tr>
<th>Number of Chronic Conditions</th>
<th>No Need</th>
<th>LTSS Need in the Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 1</td>
<td>$3,806</td>
<td>$12,612</td>
</tr>
<tr>
<td>2</td>
<td>$7,157</td>
<td>$18,436</td>
</tr>
<tr>
<td>3</td>
<td>$9,837</td>
<td>$20,823</td>
</tr>
<tr>
<td>4+</td>
<td>$13,123</td>
<td>$26,621</td>
</tr>
</tbody>
</table>

Notes: Spending data is limited to Medicare fee-for-service enrollees. Chronic condition data is absent for nursing home residents.

Medicare Spending Is Much Higher for Non-Duals with LTSS Need Than for Duals Without LTSS Need

Although dual-eligible individuals—people enrolled in both Medicare and Medicaid—are often identified as a high-cost population, this data shows that LTSS need may be a better way to identify high-cost Medicare beneficiaries.

Annual Per Capita Medicare Spending
(2011 Spending For Medicare Fee-for-Service Enrollees)

<table>
<thead>
<tr>
<th>Medicaid Status</th>
<th>No Need</th>
<th>LTSS Need in Community</th>
<th>Nursing Home Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Medicaid</td>
<td>$6,602</td>
<td>$19,753</td>
<td>$17,527</td>
</tr>
<tr>
<td>Enrolled in Medicaid</td>
<td>$11,206</td>
<td>$21,137</td>
<td>$21,298</td>
</tr>
</tbody>
</table>

Source: 2011 National Health and Aging Trends Study
Questions?

- To learn more about this study and find additional publications, visit: http://www.ltqa.org/

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Thank You