Community Aging in Place—Advancing Better Living for Elders (CAPABLE) Provider-Focused Payment Model: Follow-up Quantitative Analysis for the PRT

January 2, 2019

Overview

An analysis of 2016 Medicare Current Beneficiary Survey (MCBS) data indicates that approximately 5.69 million continuously enrolled Medicare Fee-for-Service (FFS) beneficiaries would be eligible for the Community Aging in Place—Advancing Better Living for Elders (CAPABLE) Provider-Focused Payment Model on the basis of having multiple chronic conditions (MCC), functional limitations, and living at home, after excluding beneficiaries with cognitive impairment, cancer diagnosis (as a proxy for current cancer treatment), three or more hospitalizations in the previous year, or a life expectancy under one year (using hospice care as a proxy). Of these 5.69 million beneficiaries, 27 percent are dual-eligible Medicare-Medicaid beneficiaries (partial or full duals), and 54 percent have income ≤200 percent of the federal poverty level (FPL). The percent distribution and number of beneficiaries by the inclusion and exclusion criteria are presented in Tables 1 and 2 below. Distribution and number by dual eligibility and income level are presented in Table 3 and Exhibits 1 and 2.

Table 1. Percent distribution and number of Medicare FFS beneficiaries eligible for CAPABLE on basis of MCC, functional limitations, and living at home

Criteria[1]	Weighted Frequency	Percent
Total Medicare population	58,641,440.00	100.00
Continuous FFS enrollment and alive at end of year (EOY)	33,944,439.54	63.21
Two or more chronic conditions[2]	23,062,623.64	42.95
Residing at home	46,914,374.05	87.37
1+ activities of daily living (ADL) limitation or 2+ instrumental activities of daily living (IADL) limitation	18,156,286.00	33.81
All inclusion criteria applied	**7,469,633.37**	**12.74**

---

[1] In Table 1 and 2, the weighted frequency and percent for each criteria is provided irrespective of the other criteria in the table. Thus combining across rows will not yield the same number or percent as the rows where all criteria are applied together.

[2] Using Chronic Condition Warehouse (CCW) chronic condition flags, the definitions of which can be found here: https://www.ccwdata.org/web/guest/condition-categories

Table 2. Percent distribution and number of eligible beneficiaries excluded from CAPABLE on the basis of cognitive impairment, hospitalizations, current cancer treatment, or life expectancy under one year

Criteria	Weighted Frequency	Percent
Eligible population (Table 1)	7,469,633.37	100.00
Cognitive impairment[3]	1,010,404.60	13.53
Cancer diagnosis (proxy for current cancer treatment)[4]	686,563.91	9.19
3+ hospitalizations in the previous year	272,702.26	3.65
Hospice care (proxy for life expectancy under one year)[5]	72,186.96	0.97
Meets at least one exclusion criteria	**1,779,232.28**	**23.82**
Total eligible (meeting no exclusion criteria)	**5,690,401.09**	**76.18**

Table 3. Percent distribution and number of eligible beneficiaries by dual eligibility and income level
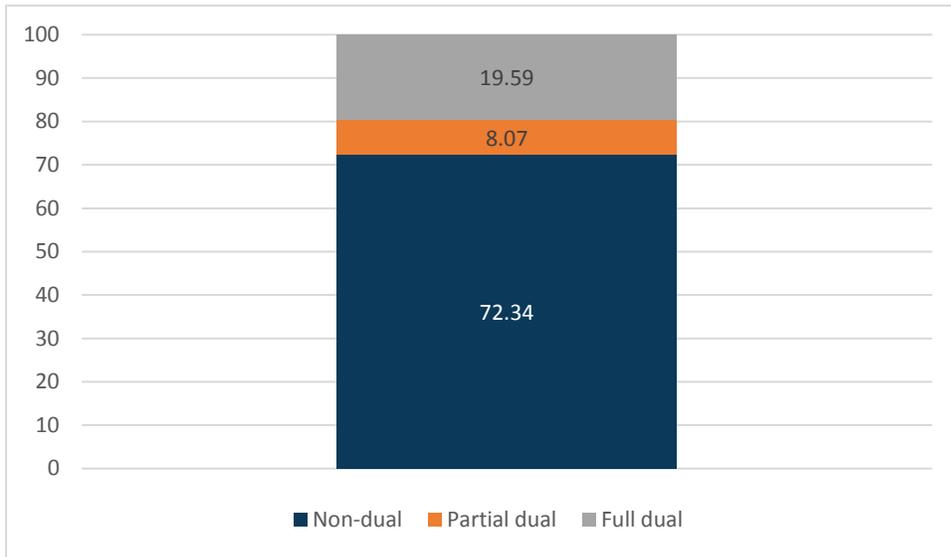
Criteria	Weighted Frequency	Percent
Eligible population (Table 2)	5,690,401.09	100.00
Non-dual	4,116,443.90	72.34
Partial dual	459,351.22	8.07
Full dual	1,114,605.97	19.59
≤ 100% FPL	1,425,415.40	25.05
> 100% FPL and ≤ 125% FPL	533,529.80	9.38
> 125% FPL and ≤ 150% FPL	442,148.53	7.77
> 150% FPL and ≤ 200% FPL	695,557.44	12.22
> 200% FPL	2,593,749.92	45.58
Total dual eligible	**1,573,957.19**	**27.66**
Total ≤ 200% FPL	**3,096,651.17**	**54.42**

---

[3] Defined using CCW chronic condition flags for Alzheimer's Disease and Alzheimer's Disease, related disorders, or senile dementia. Because these are based on diagnosed dementia they likely represent an underestimation of the number of beneficiaries with any cognitive impairment. For example, mild cognitive impairment is not captured in these definitions.

[4] CCW chronic condition flags for colorectal, endometrial, breast, lung, and prostate cancer were used a proxy for current cancer treatment. Beneficiaries flagged for these conditions had at least one inpatient or two outpatient claims in the last year with a diagnosis code associated with these conditions.

[5] This group includes all beneficiaries who used hospice care at some time during 2016. We used this as a proxy for life expectancy because Medicare coverage rules require the provider certify the beneficiary is terminally ill and has six months or less to live.

Exhibit 1. Distribution of Medicare FFS beneficiaries eligible for CAPABLE by dual-eligibility status

Exhibit 2. Distribution of Medicare FFS beneficiaries eligible for CAPABLE by income level