



Dual Eligibles: Opportunities And Recommendations

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Duals By The Numbers

9.2 million Number of people enrolled in both Medicaid and Medicare; i.e. “Dual Eligibles”

18% ~ 46% Duals represent 18% of Medicaid enrollment, 46% of spend

6x Total costs are six times the non-dual population

2+ Duals frequently have multiple co-morbidities

2 in 5 Have both physical and mental/behavioral conditions

50% Live below the poverty line

80% Receive care in fee-for-service environment

Cornerstones of Success Serving Duals

Providers

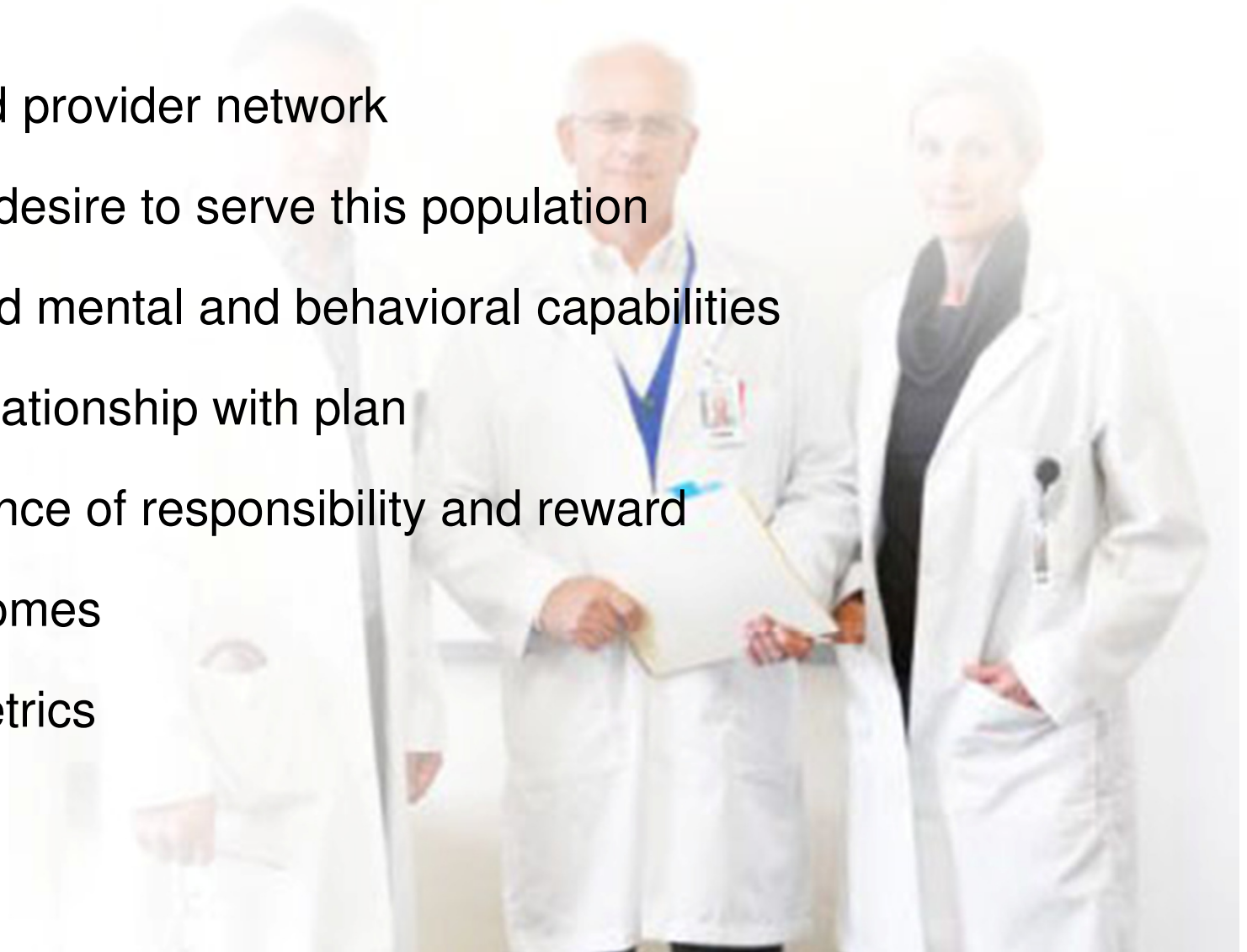
**Care
Coordination**

Informatics

**Holistic
Approach**

Providers

- Committed provider network
- Providers desire to serve this population
- Specialized mental and behavioral capabilities
- Partner relationship with plan
- Right balance of responsibility and reward
- Medical homes
- Quality metrics



Care Coordination



- Scalable according to intensity of need
 - Risk stratification
 - Multiple risk-based interventions available, customized for each member's needs
- 24/7 touchpoints, easy after hours access
- Hands-on services (e.g. Hospitalist program)
- Integrated programs for complex medical/behavioral conditions



- Sophisticated technology
- Real time access
- Alerting providers of gaps in care
- Cross referencing multiple data sources to provide meaningful, actionable information
- Reducing costs, driving quality across entire care delivery model

Data Intake

Benefits

Eligibility

Med
Claims

Rx
Claims

Lab
Results

Provider
Info

HRA
Data

Data Integration

Evidence-Based Rules

Actions/Communications

Doctors

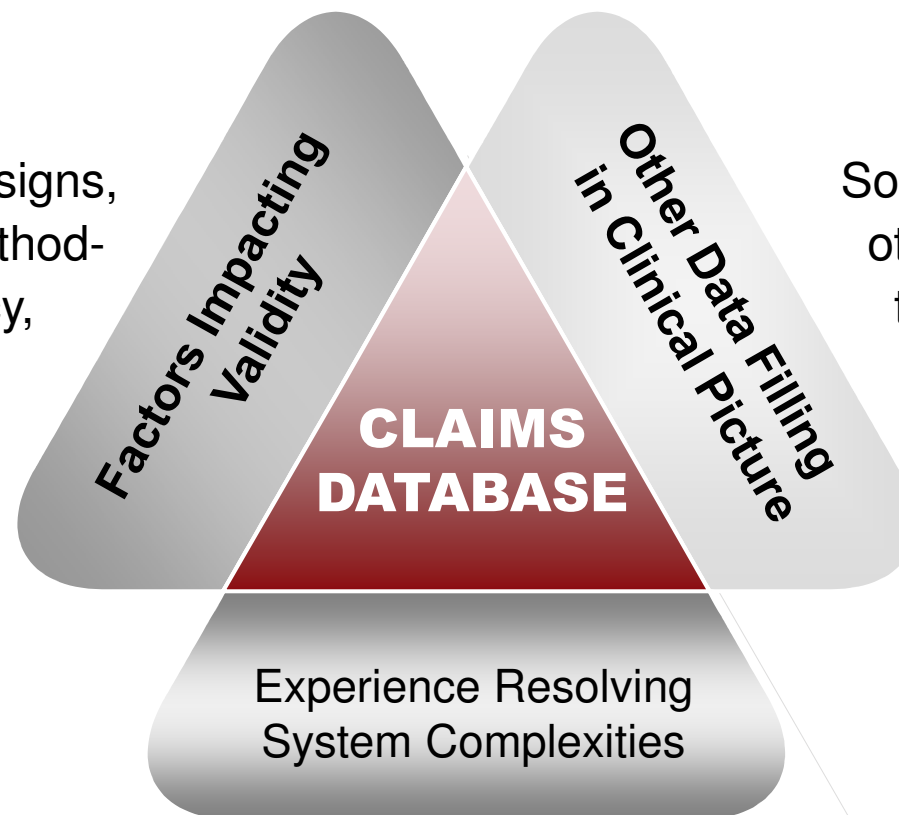
Members

Care Managers

The Role of Claims Data in Informatics

Claims data and supporting constructs in a collaborative data collection and aggregation model:

Examples: benefit designs, provider payment methodologies, medical policy, formulary changes



Socio-economic and other factors that clarify the patient's health experience/outcomes

Data users' expertise due to variability from one environment to another

Holistic Approach



- Community based resources
- Advocate alignment, support
- Caring for the whole person ... medical, social, behavioral, daily living
- Multiple solutions for Long Term Care (LTC)
 - Example: State of Wisconsin's "Family Care" Program, LTC benefit emphasizing independence, quality of life

Policy Recommendations

- **Creation of a new, integrated managed care program for dual eligibles**
 - Multi-year commitment by states to the program
- **Auto enrollment with choice to opt out within 60 or 90 days**
- **One year enrollment lock in (similar to Medicare Advantage)**
- **Incentives to choose managed care vs. fee-for-service (FFS)**
 - E.g. higher cost sharing by beneficiaries who choose FFS
- **Standard set of quality metrics across all states and plans**
 - E.g. Medicare Advantage Star ratings

If a mandatory all payer claims database (APCD) is pursued despite the limitations and dangers, we recommend:

- National standards on data collection, aggregation and use
- Information contained in a database for a data aggregation initiative should remain separate from data housed for electronic exchange
- Each entity that submits data to the APCD should be represented on the governing board, with proportional representation based on the average number of member months for which data is submitted
- Providers, hospitals, consumers and privacy experts should also be included on governing board
- Strict privacy measures should be developed and enforced

Current Initiatives and Progress

- **Efforts to eliminate restrictions on auto enrolling Duals into integrated care programs**
- **Demonstration grants awarded by CMS to 15 states for integrated programs**
- **CMS guidance issued on aligning financing between Medicare and Medicaid**
- **Growing focus on the need for new solutions to lower cost, improve outcomes for America's dual eligible population**

**Improving the lives of the people we serve
and the health of our communities**