



Integrating Care for Medicare-Medicaid Enrollees

The Department of Health Care Policy and Financing (the Department) and the Centers for Medicare and Medicaid Services (CMS) have partnered to implement a State Demonstration to Integrate Care for Medicare-Medicaid Enrollees (the program). The program will integrate and coordinate physical, behavioral and social health needs for Medicare-Medicaid clients. Colorado is one of 12 states in the nation to implement this program.

Full benefit Medicare-Medicaid enrollees are individuals who are:

- Enrolled in Medicare Parts A and B and eligible for Part D,
- Receive full Medicaid State Plan benefits,
- Receive or are eligible for Medicaid waiver services, and
- Have no other comprehensive private or public health insurance.

It is estimated that nearly 50,000 Coloradans are full benefit Medicare-Medicaid enrollees who do not currently participate in an integrated system of care. Clients who participate in this program keep all their Medicare and Medicaid benefits and services. They also have the right to keep the same doctors and other health care providers.

What makes Colorado's plan innovative?

Colorado's plan will advance the Department's commitment to improving the care and health outcomes for full benefit Medicare-Medicaid enrollees. It builds on the infrastructure and resources of the Accountable Care Collaborative (ACC), a central part of Colorado's Medicaid health care delivery system. The goal of the ACC program is to transform the health care delivery system from an unmanaged fee-for-service model to an outcome-focused, client/family centered coordinated system of care.

Why is it important to focus on Medicare-Medicaid enrollees?

Clients who receive both Medicare and Medicaid rely almost entirely on government programs to help meet their health needs. Generally, these clients suffer from multiple chronic conditions. They can also have cognitive impairments, low literacy, and face housing isolation. Compared to average Medicaid recipients, they generally require a higher level of care but face more barriers to receiving the right services at the right time and place. To reduce these barriers, the program will improve care coordination for Medicare-Medicaid enrollees.

A new study by the RAND Corporation* measured the association between care coordination and health care utilization. They concluded that for Medicare beneficiaries with diabetes, congestive heart failure or emphysema, greater care coordination is beneficial to both the client and the health system. Improving care coordination is associated with fewer hospitalizations, fewer complications and lower costs.

The conflicting coverage policies and incentives of Medicare and Medicaid are a major challenge to improving the health of Medicare-Medicaid enrollees. The system serving Medicare-Medicaid enrollees is fragmented, which results in unnecessary and duplicative services. While efforts are underway to better coordinate Medicare and Medicaid programs at the federal level, states play an important role in defining and testing solutions as well. This program gives the Department an opportunity to better meet the needs of Medicare-Medicaid enrollees in Colorado.

What are the program's goals?

CMS identified the goals as:

- Improved health outcomes for full benefit Medicare-Medicaid enrollees.
- Improved enrollee experience through enhanced coordination and quality of care.
- Decreased unnecessary and duplicative services, and the resulting costs.

In order to address these goals, the Department seeks to provide greater integration between the ACC program, other Medicaid programs serving the enrollees, and the Medicare program. It is also working to improve transitions of care into and out of Long-Term Services and Supports (LTSS). Additionally, the Department will make it easier for enrollees to understand their benefits and navigate the systems of care.

How does the program work?

The Department has identified several key strategies that will help meet the goals of the program. These include: the Service Coordination Plan (SCP), cross-provider communication agreements, disability competent care and a beneficiary's rights and protections alliance.

The Service Coordination Plan (SCP):

- Tool that will help coordinate client care across providers.
- Documents medical, social and behavioral needs, and client short-term and long-term goals
- Completed with the client
- Promotes person-centered care

Cross-Provider Communication Agreements:

- Strengthen relationships across providers and improve coordination in serving clients
- Written agreements describing the process for identifying and working with clients
- Creates accountability and identifies organization responsibility to client

Disability Competent Care:

- Ensuring physical, cultural and program accessibility
- Inventory for clients so they know where to go for accessible care
- Collaboration with local advocacy groups to provide training to providers

Beneficiary's rights and protections alliance created to ensure:

- Beneficiary health, safety, and access to quality services
- Beneficiaries are informed about their care options
- Access to the grievance and appeal process for both Medicare and Medicaid

What is happening now?

- The Department is working with CMS to implement the program.
- The Department, the Accountable Care Collaborative, the Demonstration's Advisory Subcommittee, stakeholders, and other partners are continuing their collaborative efforts throughout the implementation process.
- The Department and CMS plan to implement the program in summer 2014.

For more information, please visit the [Department's website](#).

CONTACTS:

Program: [Van Wilson](#)
303-866-6352

Media: [Marc Williams](#)
303-866-3144

* Hussey, PS. et al. "Continuity and the Costs of Care for Chronic Disease". JAMA. May, 2014; 174: 742-748

