

2013 Healthcare Benchmarks

Dual Eligibles Care Coordination



Note: This is an authorized excerpt from *2013 Healthcare Benchmarks: Dual Eligibles Care Coordination*.
To download the entire report, go to <http://store.hin.com/product.asp?itemid=4692> or call 888-446-3530.

2013 Healthcare Benchmarks: Dual Eligibles Care Coordination

72 healthcare organizations describe their approach to care coordination of dual eligibles, including the primary method for stratifying dual eligibles into a care coordination program, the key to successful population health management for the dually eligible, the greatest success achieved with a dual eligible program, and more.

“Coordination of care along with the state’s Agency for Aging and People with Disabilities case managers in the field is the [greatest success achieved with our program].”

> **Disease management/health coaching**

“[For our future dual eligibles program], we will need to work with patients at the point of engagement to coordinate the plan requirements of both plans so that the patient achieves maximum quality care.”

> **Consulting company**

“Specialized medication management is our [most effective tool implemented to improve care of dual eligibles].”

> **Disease management/health coaching**

“[Our greatest program success achieved] is having better patient outcomes coupled with increased patient longevity.”

> **Physician practice**



2013 Healthcare Benchmarks: Dual Eligibles Care Coordination

This special report is based on results from the Healthcare Intelligence Network's industry survey on care coordination of dual eligibles conducted in July 2013.

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About the Healthcare Intelligence Network

The Healthcare Intelligence Network (HIN) is an electronic publishing company providing high-quality information on the business of healthcare. In one place, healthcare executives can receive exclusive, customized up-to-the-minute information in five key areas: the healthcare and managed care industry, hospital and health system management, health law and regulation, behavioral healthcare and long-term care.

Executive Summary

Education and engagement are key to managing the health of dual eligibles but also the most formidable challenges, say a third of respondents to a new survey on Care Management of Dually Eligible by the Healthcare Intelligence Network. Care coordination of the 9 million Americans eligible for both Medicare and Medicaid is a growing priority for the nation's payors who wish to address this population's unique medical, social and functional needs in a coordinated and cost-efficient manner.

More than half — 54 percent — of survey respondents have a care management program tailored to dual eligibles, with half of remaining respondents planning to implement duals-focused care management in the coming year. Most of those with existing programs have experienced significant gains in patient compliance, medication adherence and patient satisfaction.

Case managers have primary responsibility for duals care coordination, say 38 percent of respondents, with many organizations attributing successes achieved to dedicated or integrated case management of Medicare-Medicaid beneficiaries.

Looking ahead at future duals trends, 53 percent believe the CMS Medicare-Medicaid Coordination Office will be able to realign Medicare and Medicaid benefits to ensure consistency in benefits for dual eligibles.

Survey Highlights

- ✓ Claims data is the top method of stratifying the dually eligible into care coordination programs for almost half of respondents.
- ✓ Chronic illness is the key characteristic of dual eligible populations served, say 77 percent of respondents.

54% of survey respondents have a program tailored to dual eligibles.

“Our future dual eligible program will include care managers who will be assigned to high risk cases.”

Using This Report

This benchmarking report is intended as a resource for healthcare organizations searching for comparable data and means to measure implementation and progress. It is also a helpful planning tool for organizations readying initiatives in this area.


The initial charts and graphs presented represent results from all respondents; images in subsequent sections depict data from high-responding sectors. (Figure titles begin with the segment they represent; for example, All, Health Plans, Hospitals, etc.)

Often, one of the largest responding sectors is composed of respondents identifying their organization type as “Other.” In general, we do not depict results from this segment because it represents a wide range of organization types, including consultants and product vendors. However, you will always find a graph indicating the demographics of respondents.

Here are some additional tips for using this report:

- ✓ See how you measure up: Scan this report for your sector, and see how your program compares to others. Note where you are leading and where you are behind.
- ✓ Evaluate your efforts: Think about where you have been focusing your efforts in this area. Look for trends in the data in this report. Look for benchmarks set by your sector and others.
- ✓ Set new goals: Use the data in this report to set new goals for your organization, or to raise the bar on existing efforts.
- ✓ Use it as a reference book: Keep this report accessible so you can refer to it in your work. Use these data to support your efforts in this area.

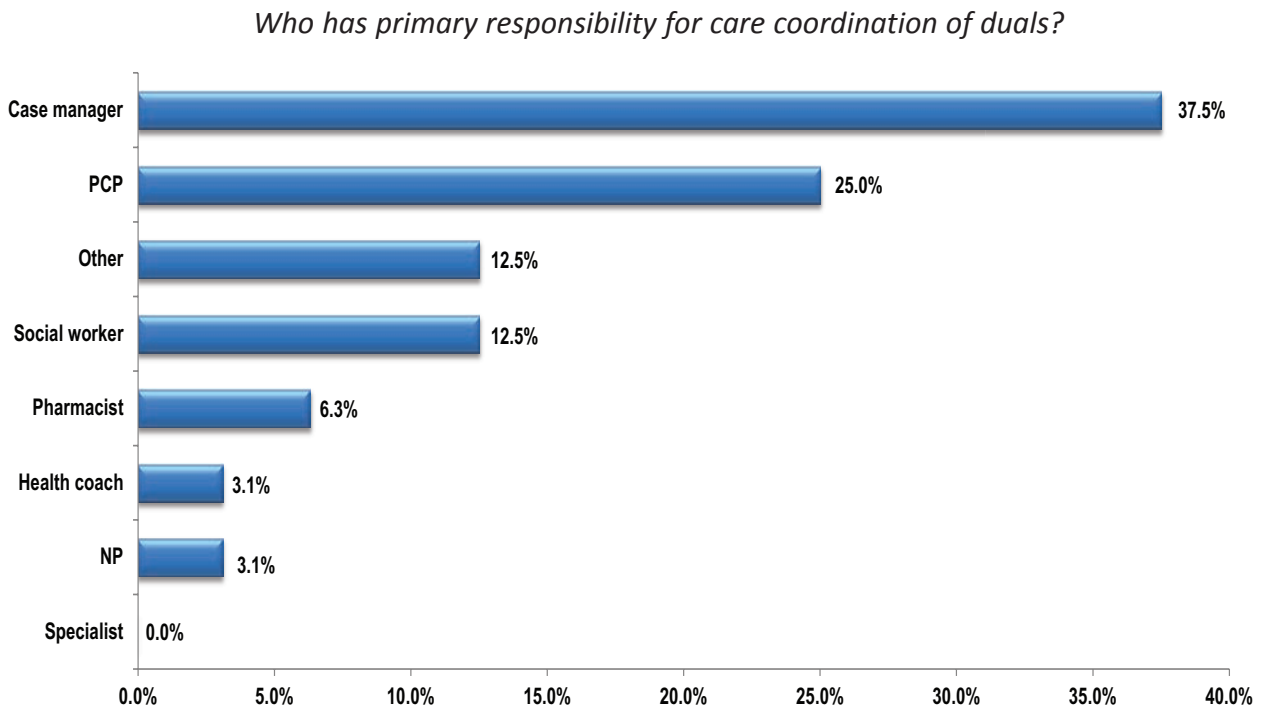
If you have questions about the data in this report, or have feedback for our team, don't hesitate to contact us at info@hin.com or 732-449-4468.



Case managers have primary responsibility for care coordination of duals, say 38% of survey respondents.

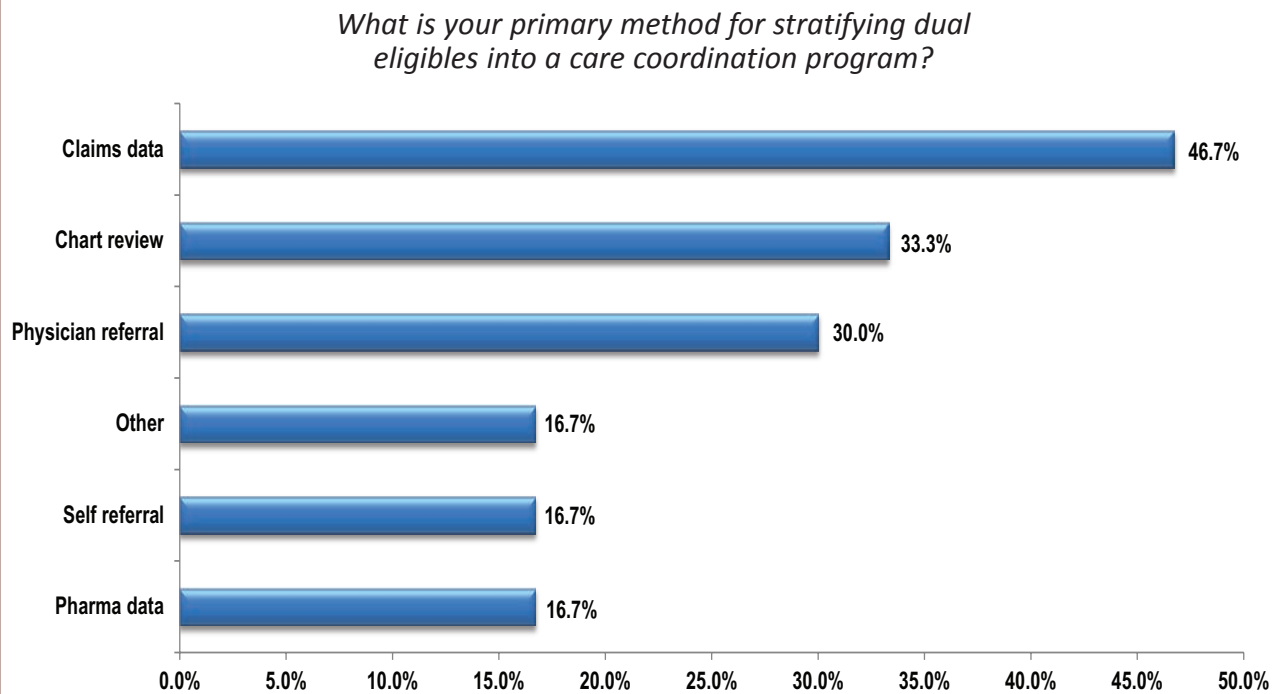
“We saw a reduction in hospital admissions due to our dual eligible program.”

Figure 3: All - Care Coordinators for Dually Eligible



*HIN Care Coordination of Dual Eligibles Survey
July, 2013*

Figure 4: All - Method for Stratifying Duals into Care Coordination Program



*HIN Care Coordination of Dual Eligibles Survey
July, 2013*