

Guide to Dual Eligibles Care Coordination: Population Health for Medicare-Medicaid Beneficiaries



Note: This is an authorized excerpt from *Guide to Dual Eligibles Care Coordination*.
To download the entire report, go to <http://store.hin.com/product.asp?itemid=4744> or call 888-446-3530.

Guide to Dual Eligibles Care Coordination

This guide is based on 2012 and 2013 Healthcare Intelligence Network (HIN) webinars hosted by Melanie Matthews, HIN executive vice president and chief operating officer, as well as market data from HIN's 2013 survey on Dual Eligibles Care Coordination.

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Executive Editor's Note

Welcome to the Healthcare Intelligence Network's *Guide to Dual Eligibles Care Coordination*. For organizations wishing to adequately prepare for the formidable challenge of dual eligibles care management, this guide provides the principles of a comprehensive care coordination effort for Medicare-Medicaid beneficiaries, taking into account the medical, behavioral, social and functional needs of this vulnerable population.

The *Guide to Dual Eligibles Care Coordination* covers the following areas:

- ✓ Chapter 1: 2013 Healthcare Benchmarks in Dual Eligibles Care Coordination. A comprehensive set of 2013 dual eligibles care coordination benchmarks from 72 healthcare organization.
- ✓ Chapter 2: Population Health Management for Duals. An examination of SCAN Health Plan's unique care management model for duals, which focuses on prevention and early intervention.
- ✓ Chapter 3: Community Care Connections for Dually Eligible. A case study of WellCare Health Plan's community-based approach to duals care coordination — a healthy mix of public health and social support to connect the dually eligible to essential health services.

A thorough study of the metrics, case studies and Q&A contained in the *Guide to Dual Eligibles Care Coordination* will prepare healthcare organizations to better serve Medicare-Medicaid beneficiaries.

Melanie Matthews, HIN executive vice president and chief operating officer

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 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**



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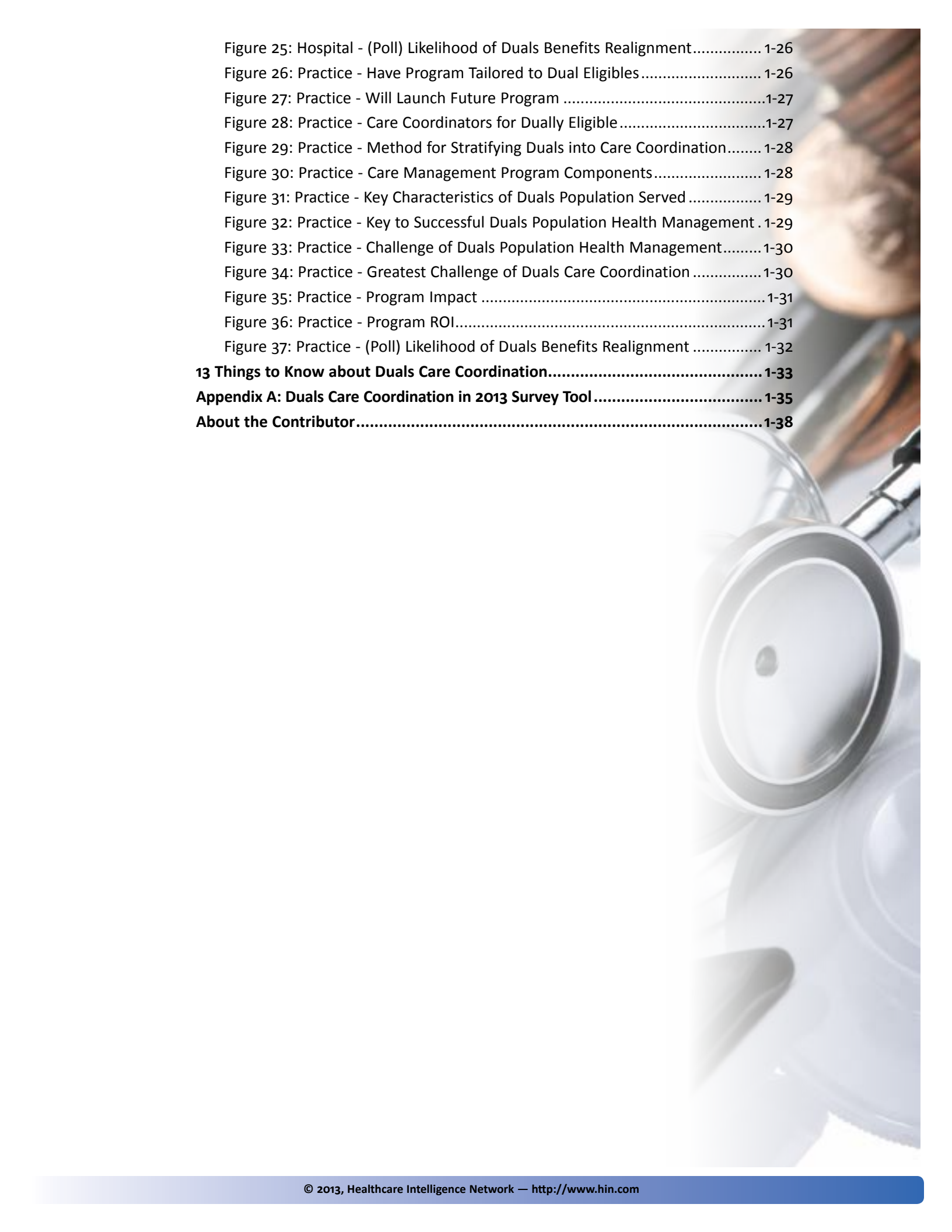


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About the Healthcare Intelligence Network

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

While education and engagement are the keys to managing the health of dual eligibles, they are 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

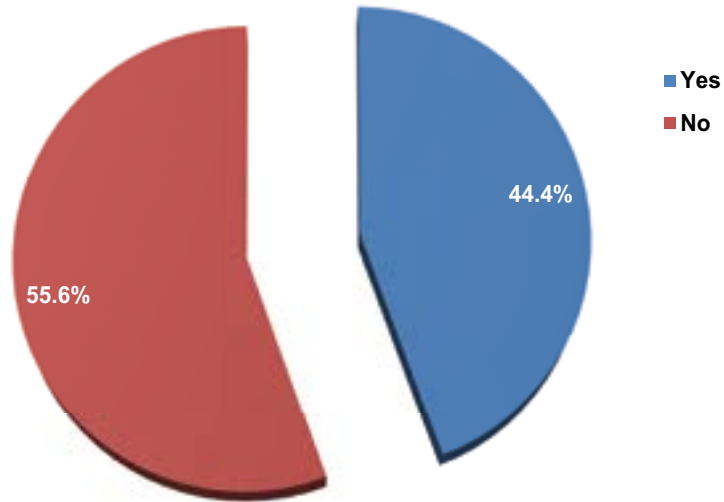
- ✓ Claims data is the top method of stratifying the dually eligible into care coordination programs for almost half of respondents.
- ✓ Chronic illness is the key characteristic of dual eligible populations served, say 77 percent of respondents.

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

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

Figure 25: Hospital - (Poll) Likelihood of Medicare/Medicaid Benefits Realignment

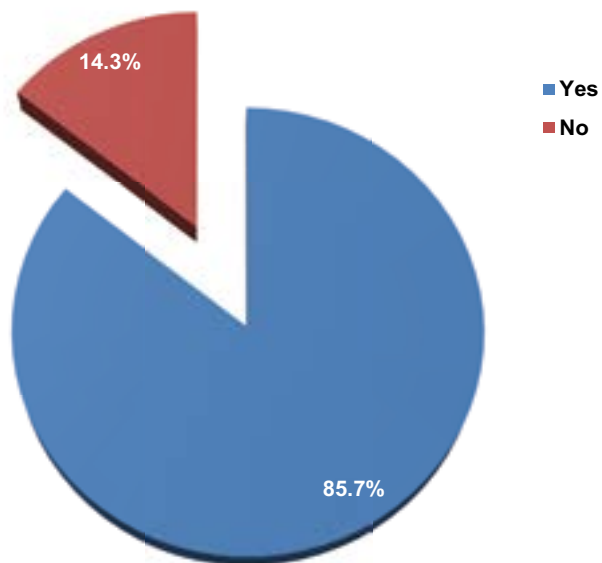
Do you believe the Medicare-Medicaid Coordination Office will be able to realign Medicare and Medicaid benefits to ensure consistency in benefits for dual eligibles?



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

Figure 26: Practice - Have Program Tailored to Dual Eligibles

Do you have a program or intervention tailored to dual eligibles?



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

Population Health Management for Dual Eligibles: Blueprint for Care Coordination

This special report is based on a 2012 Healthcare Intelligence Network (HIN) webinar on care coordination for dual eligibles hosted by Melanie Matthews, HIN executive vice president and chief operating officer, with input from several other subject matter experts. This report is aimed at CEOs, medical directors, wellness professionals, human resources professionals, disease management directors, managers and coordinators, health plan executives, care management nurses, business development executives and strategic planning directors.

Contributors

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Population Health Management for Dual Eligibles: Blueprint for Care Coordination

Care coordination of dual eligibles has been identified by PricewaterhouseCoopers LLP as one of the top 10 healthcare priorities for 2013. SCAN Health Plan of California has a history of successful care management of dual eligibles, a population that constitutes about 9 million individuals in the United States, and presents specific, multiple challenges. The not-for-profit California-based health plan has developed a multi-pronged, member-specific approach to reaching dual eligibles that has earned kudos from the healthcare industry.

This special report details SCAN's unique care management model for duals, which focuses on prevention and early intervention, particularly in the area of medication management.

Dual Eligibles Care

Timothy C. Schwab, MD, FACP, is former chief medical officer of SCAN Health Plan.

I'm going to cover SCAN health Plan, dual eligibles and their issues, federal and state-proposed solutions to caring for duals, and the goals of these programs. I will also talk about some of the services utilized by duals and then move onto care management programs; in particular, how to integrate the medical, social and behavioral aspects, and then measure the program and evaluate your efforts.

SCAN is a Medicare health plan; it was first established in 1985. (See Figure 1.) We currently have about 130,000 Medicare members in California and Arizona. We have three types of special needs plans (SNPs), and, importantly,

we have fully integrated dual eligible SNPs (FIDE SNPs), both currently in California and Arizona. We are the only FIDE SNP in California.

We've been operating state social case management programs in California since 1980. We were one of the original social HMO demonstration projects that ended in 2007. Since 1985, we've had a contract inside the state social HMO to fully integrate all services for duals, to provide long-term

Who is SCAN?

- ✓ Medicare health plan since 1985
- ✓ 130,000 members in California and Arizona
- ✓ Special Needs Plans (SNPs)
- ✓ Only FIDE-SNP in California
- ✓ Also operates state social case management programs since 1980

Source: Timothy C. Schwab, MD, FACP, SCAN Health Plan

Figure 1

Community Care Connections for Dual Eligibles: Closing Social Gaps to Improve Health Outcomes

This special report is based on a 2013 Healthcare Intelligence Network (HIN) webinar hosted by Melanie Matthews, HIN executive vice president and chief operating officer. This report is aimed at CEOs, medical directors, wellness professionals, human resources professionals, disease management directors, managers and coordinators, health plan executives, care management nurses, business development executives and strategic planning directors.

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Community Care Connections for Dual Eligibles: Closing Social Gaps to Improve Health Outcomes

To meet the complex medical, social and functional needs of the nation's estimated 9 million dually eligible, more than two-thirds of organizations surveyed by the Healthcare Intelligence Network in 2013 identified community support as essential to care coordination of Medicare-Medicaid beneficiaries. The Center for Medicare and Medicaid Services' (CMS) state demonstrations to integrate duals' care also emphasize home- and community-based services.

The philosophy that healthcare is local — and therefore, care needs to be local and community-based — drives WellCare Health Plans's efforts to connect its dually eligible population to health services.

Closing Duals' Care Gaps and Engaging Members in Self-Management

Pamme Lyons Taylor is WellCare's vice president of advocacy and community-based programs.

I want to provide some background on WellCare to help put into context the rest of the model and this discussion. WellCare is a company that was founded in 1985; we only focus on government programs. We're a managed care company that operates on a national scale, but we focus on Part D, Medicare Advantage, Medicaid and dual eligible populations. How we engage with dual-eligible members is very much at the heart and the core of who we are and what we do.

I want to explain our model of care because it is central to what we do. It's the reason we designed the program the way that we did. I'll talk a little about the pilot, the model that we call 'HealthConnections.' I'll go deep into an example to really illustrate the importance of what we're doing.

Figure 1 on the next page illustrates our model of care. It focuses on the member and their caregiver in the center of the equation. Surrounding or 'hugging' that member and their caregiver is an interdisciplinary team. The boxes represent the services for which we are contracted, and that's going to be important in the future. The blue circle equals contracted services; that includes but is not limited to home- and community-based services. What wraps around that is the green circle. That's the space that I live in — the space that I and my department focus on. In traditional public health terms, those are your social safety net services and we'll define those in a little bit more detail.