Lessons Learned from the Dual Eligibles Demonstrations

Real-Life Takeaways from the Demonstration States
Who Are the Dual Eligibles?

Dual Eligibles include low-income seniors over age 65 and people with disabilities under age 65 – who are eligible for both Medicare and Medicaid

Source: Kaiser Family Foundation
Characteristics of Dually Eligible Medicare Beneficiaries,

- Income <$10,000: Dual Eligible Beneficiaries 8%, Other Medicare Beneficiaries 56%
- Female: Dual Eligible Beneficiaries 8%, Other Medicare Beneficiaries 53%
- Racial/Ethnic Minority: Dual Eligible Beneficiaries 16%, Other Medicare Beneficiaries 45%
- Fair/Poor Health: Dual Eligible Beneficiaries 22%, Other Medicare Beneficiaries 50%
- Cognitive/Mental Impairment: Dual Eligible Beneficiaries 25%, Other Medicare Beneficiaries 57%
- Long-Term Care Resident: Dual Eligible Beneficiaries 2%, Other Medicare Beneficiaries 16%

Source: Kaiser Family Foundation
Dual Eligibles Are Costly

Dual eligible beneficiaries as a share of Medicare and Medicaid population and spending, 2008

Dual Eligibles as a Share of the Medicare Population and Medicare Spending, 2008:

- Total Medicare Population, 2008: 46 Million
  - 80% Dual Eligibles
  - 20% Non-Dual Eligibles

- Total Medicare Spending, 2008: $424 Billion
  - 69% Dual Eligibles
  - 31% Non-Dual Eligibles

Dual Eligibles as a Share of the Medicaid Population and Medicaid Spending, 2008:

- Total Medicaid Population, 2008: 60 Million
  - 85% Dual Eligibles
  - 15% Non-Dual Eligibles

- Total Medicaid Spending, 2008: $330 Billion
  - 61% Dual Eligibles
  - 39% Non-Dual Eligibles

Why Do We Care About Duals?

- Dual eligibles are among the sickest and poorest beneficiaries covered by the Medicare or Medicaid programs.

- Dual eligibles are a relatively small share of enrollment but account for a disproportionate share of spending in both programs, due to their significant health needs and utilization of services.

- CMS and the states are currently exploring various models to integrate Medicare and Medicaid service delivery and financing for duals.

- Duals are a very vulnerable population, so careful design and oversight of new care integration models is important.

Source: Kaiser Family Foundation
Overview of States Participating in Duals Demonstrations

- MAXIMUS assisted states:
  - California
  - Colorado
  - Illinois
  - Massachusetts
  - Michigan
  - New York
  - South Carolina
  - Texas
  - Virginia

- Differences among demonstrations:
  - InfoCrossing Interfaces – State or MAXIMUS responsibility
  - Outreach – State or MAXIMUS responsibility
  - Some states transitioning duals from Fee For Service while others are transitioning them from an existing MCO – where there is existing MCO, the plans have no financial incentive to move people from MLTSS to the Duals Plan
Why states participate in the Duals Demonstration?

• Streamline the consumer experience....one card, one program, one plan
• Unify member protections
• Allow for state oversight of all program benefits
• Guarantee state saving
Key Challenges Across the Demonstrations

• Opting-out by part of population
• Communication with Key Stakeholders
  – Beneficiaries
  – Providers
  – States
• System interfaces, data integrity, and data reconciliation
Best Practices – Incorporate Early Feedback

• Better define the benefits to the beneficiary and provider of participating in these programs
  – “One card” argument is not enough
  – Providers are not aware of benefits to their patients and do not understand rates

• Get early feedback from the stakeholder and advocacy communities
  – Get buy-in on draft materials and scripts
  – Visibility into data – provide dashboard on website monthly – increased transparency for monthly stakeholder groups
  – Formalized contracts with AAAs
  – Get sign-on from Providers before roll-out
Best Practices – Enhancing Outreach Pays Off

• Beneficiary outreach
  – Conduct Town Hall Events
  – Provide webinars
  – Attend community events like health fairs
  – Conduct customer satisfaction surveys and focus message on beneficiary feedback
  – Provide more face-to-face assistance
  – Perform outbound call campaigns

• Provider outreach
  – Team with CMS/states to target providers and teach them about the benefits of the program to their patients and how the rates work
  – Create Fact Sheets for Providers
  – Do the education up-front before beneficiaries get their notices
  – Conduct telephone interviews with providers
  – Potentially provide outcome-based bonuses for providers
Best Practices – Improving Communications

- Enhanced scripting, especially for those opting-out, helps enrollment
  - Scripting needs to emphasize the benefits to the beneficiary of participating in the Integrated Care Pilots
  - Require the beneficiary to go through opt-out script and confirm changes
  - Ensure scripting is short and not too complicated or verbose
- Create notices and fact sheets that are easily to understand and that are culturally and linguistically appropriate
- Ensure that notices are coordinated with the State and received in the right order
- Implement outbound call campaigns to the beneficiaries, providers, and advocates
- Use specially trained CSRs and provide a KMS
A Look Ahead….

- Leveraging lessons learned by the later states – smoother implementations and fewer opt outs
- Pilot evaluations and state/federal decision about whether to continue the demonstration projects
- Adoption of the different models by additional states
  - Duals Special Needs Plans Model – Coordinated Care
  - Financial Alignment Demonstration Model – Integrated Care
- Expansion of the model or different models in existing demonstration states?

As the number of elderly and persons with disabilities grows, and the cost of care for duals continues to escalate, states will need a viable strategy for integrating care for their vulnerable and expensive Medicare-Medicaid eligible populations…MAXIMUS can help!