It's All About MME

Understanding Colorado's New Medicare-Medicaid Enrollee (MME) Program

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Three Takeaways

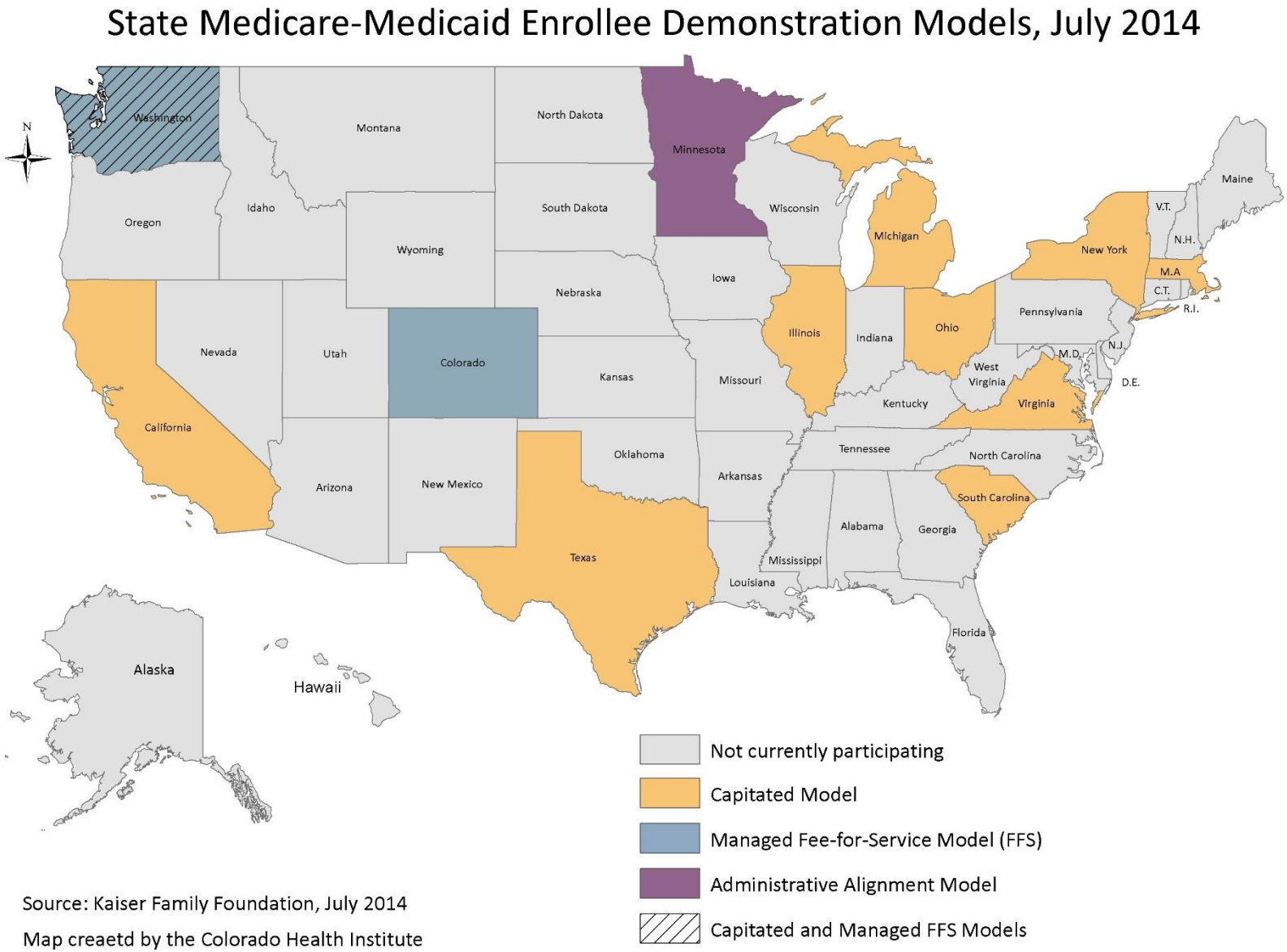
- Colorado's MME program is based on the **ACC model**.
- However, Colorado's program is making **special considerations** to include the MME population.
- It is still very early in the process, and many questions remain about the **implementation and effectiveness** of the program.

Why Now?

The Accountable Care Collaborative: Medicare-Medicaid Program Overview

- MMEs are enrolled in the ACC model.
- Benefits for MMEs will stay the same.
  - With the additional care coordination provided by the ACC.
- There will be no change in how Medicare and Medicaid pay for services.
  - Except for the added Medicaid payment for care coordination.

Centers for Medicare & Medicaid Services MME Demonstration



Source: Kaiser Family Foundation, July 2014

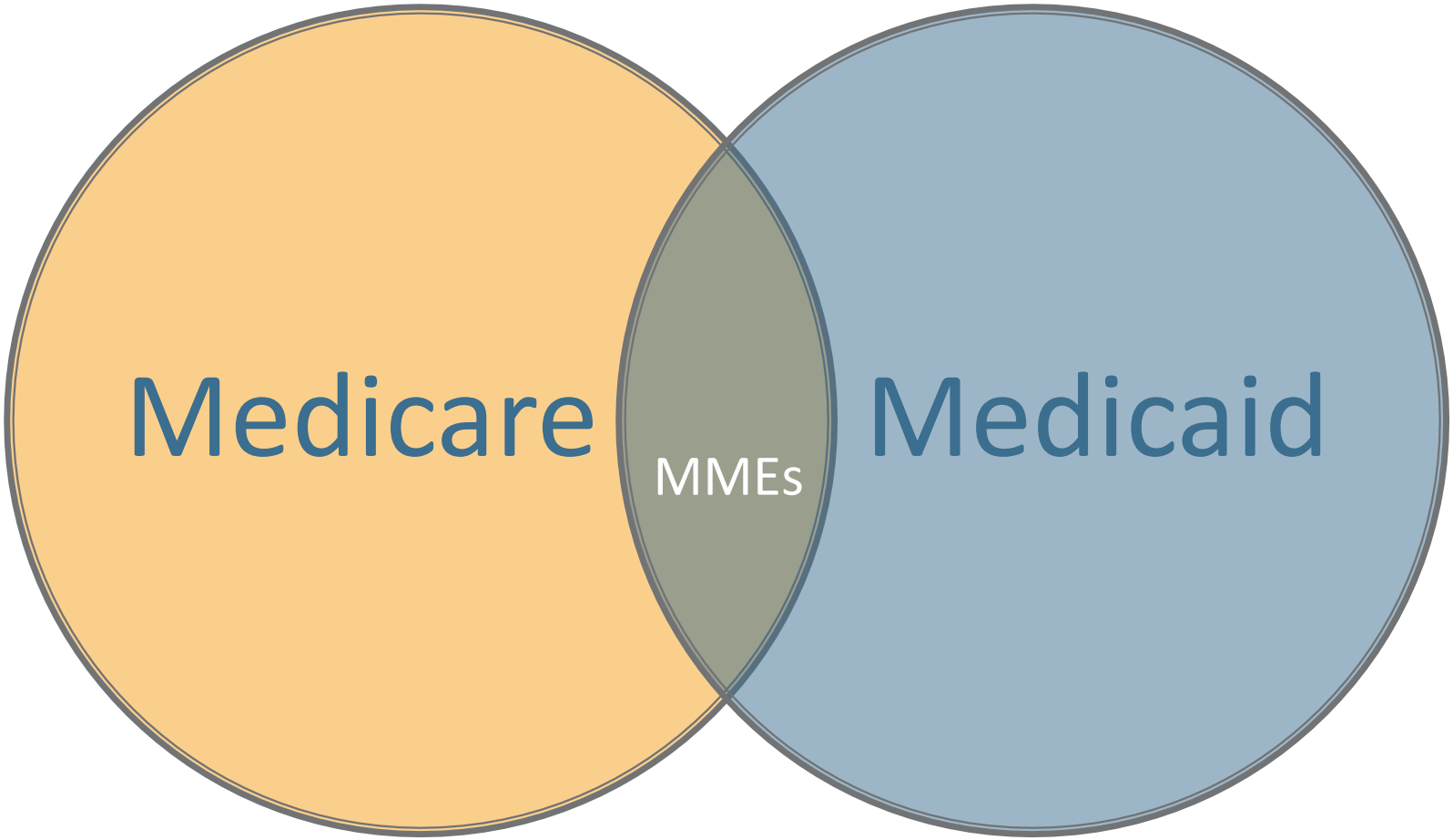
Map creaetd by the Colorado Health Institute

Other States' Experiences

- Capitated model.
- Early lessons:
  - Planning takes time.
  - Integrating LTSS and behavioral health into medical care has a steep learning curve.
  - Impacts of the demonstration are not known in the near term.

What Does MME Mean?

Full-Benefit Medicare Medicaid Enrollees

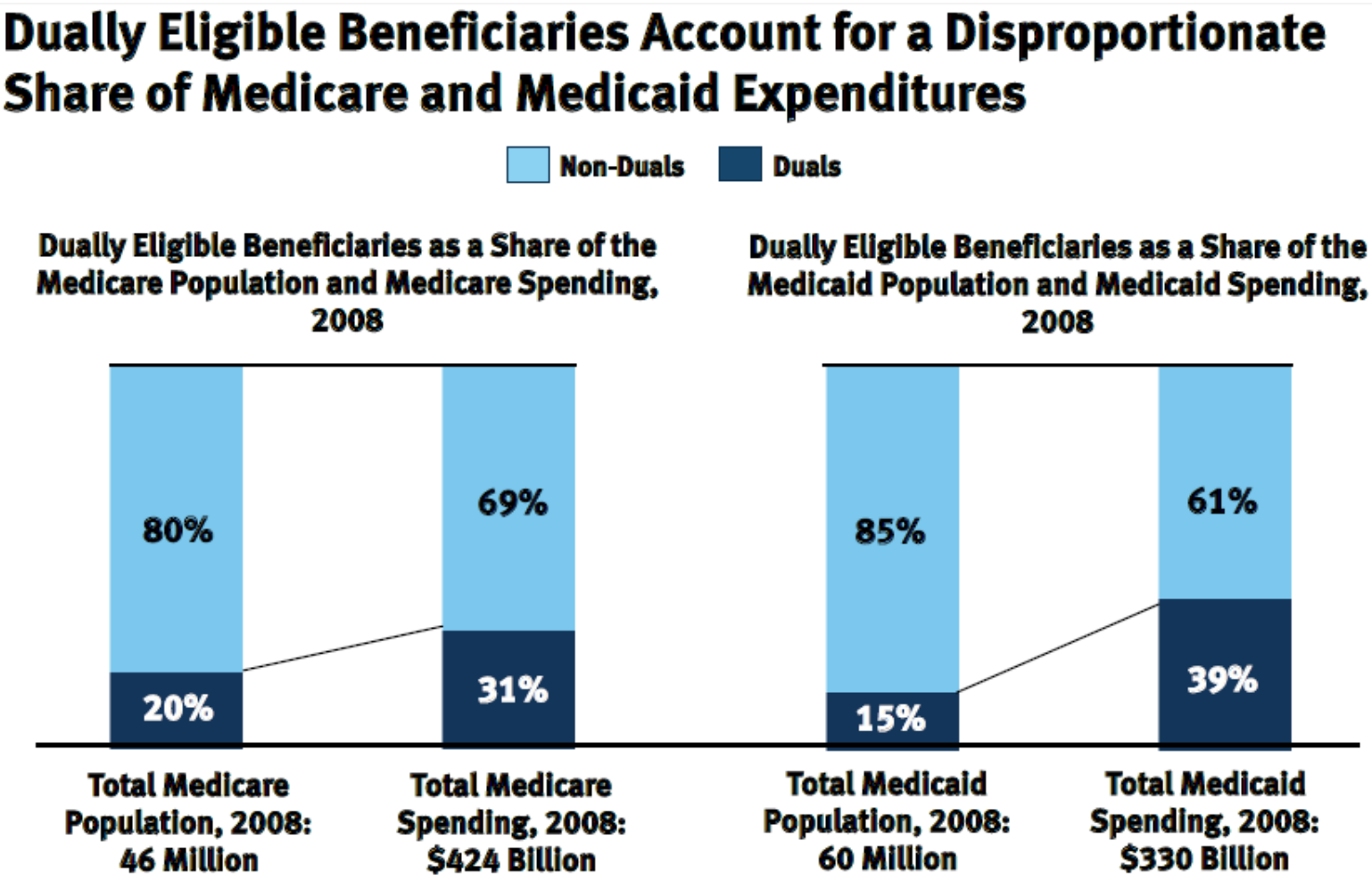


When Compared with Medicare-Only, MMEs…

- Have lower incomes.
- Rate their health status as fair/poor.
- Have more chronic conditions and limitations.
- Live in a long-term care facility.
- Have higher rates of hospitalization.
- Use the emergency room.
- Use more Medicare services.

Source: 2011 Medicare Current Beneficiary Survey

MMEs' Disproportionate Share of Spending



Source: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey Cost and Use File, 2008 and Kaiser Commission on Medicaid and the Uninsured and Urban Institute estimates based on data from FY 2008 and Form CMS-64, 2012.

Colorado's MME Program

Program Goals

- Improve health outcomes.
- Decrease unnecessary and duplicative services.
- Improve client experience through enhanced coordination and quality of care.
- Promote person-centered planning.

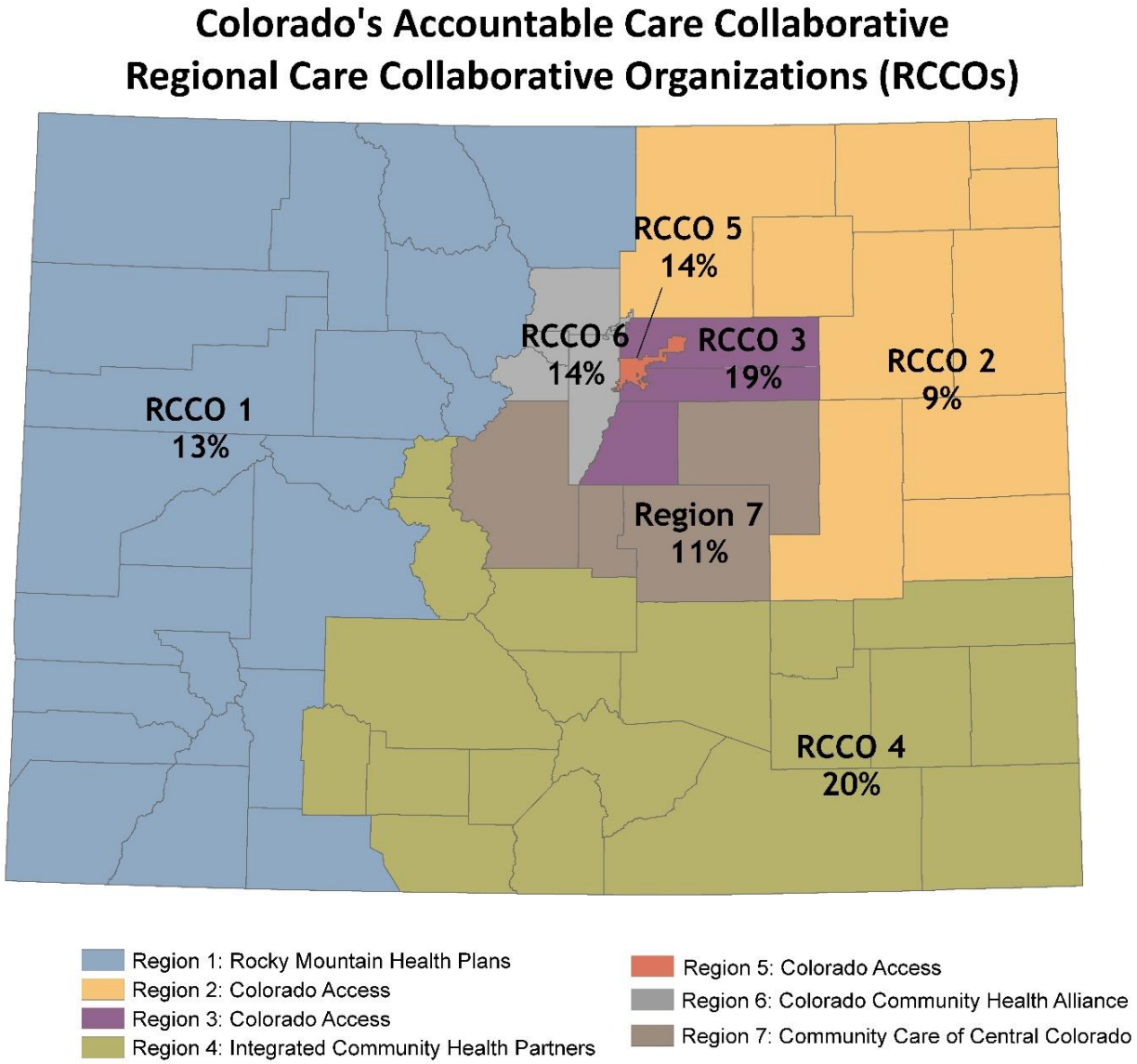
Program Eligibility

Enrollee must:

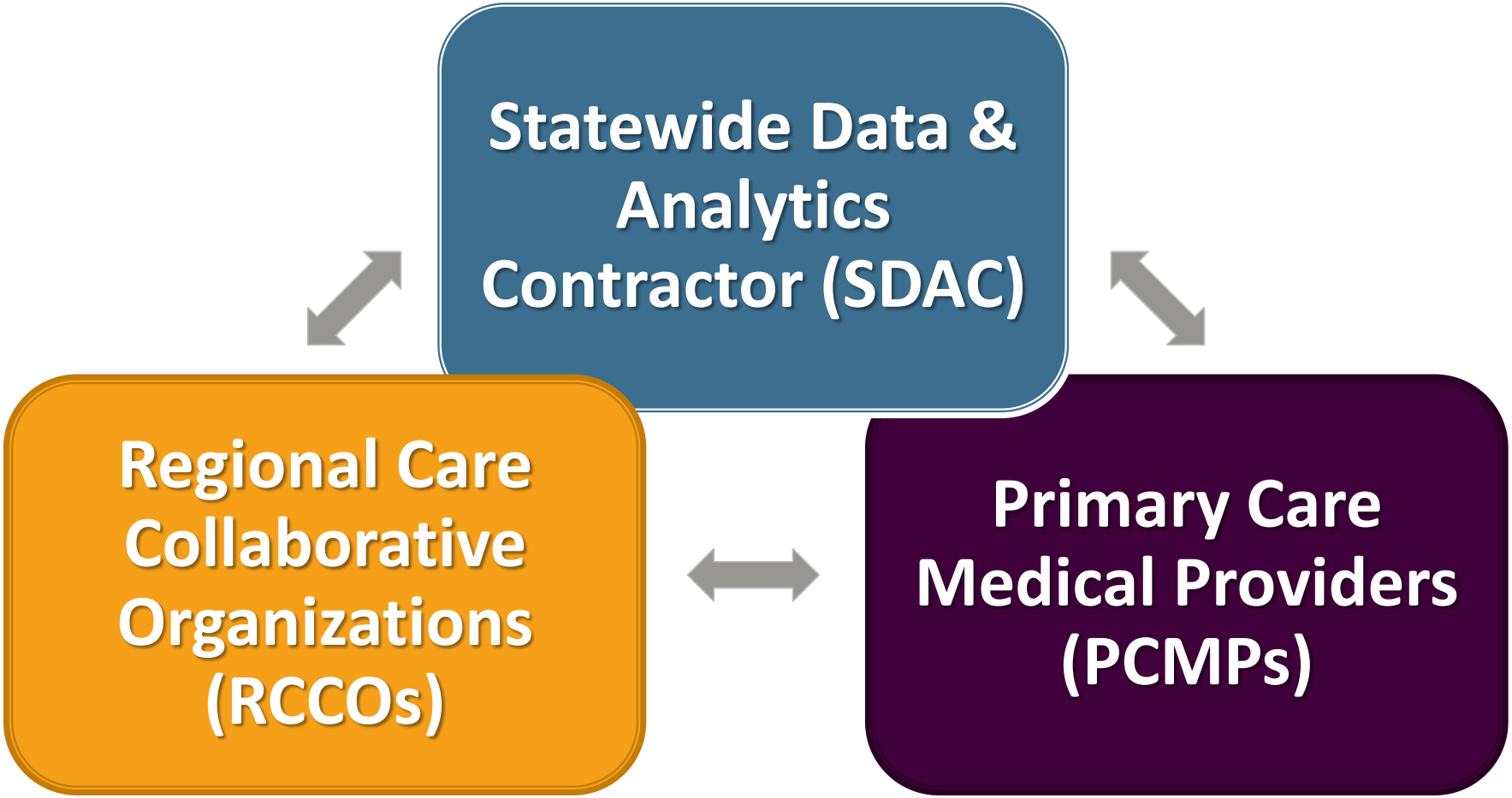
- Be enrolled in Medicare Parts A and B, and eligible for Part D, and Medicaid FFS;
- Have no other private or public health insurance;
- Not be enrolled in any Medicare or Medicaid managed care plans (including Medicare Advantage and PACE); and
- Not reside in an intermediate care facility for people with intellectual disabilities.

32,000 MMEs

Distribution of MMEs by RCCO



Program Components: ACC Model



Strategies to Achieve Goals

- The Service Coordination Plan (SCP)
- Cross-Provider Communication Agreements
- Disability Competent Care
- Enrollee Rights and Protections

Program Enrollment

- Passive enrollment for MMEs based on RCCO geographic area.
- HCPF using seven month phase-in for enrollment.
- Enrollees maintain relationships with current providers.

Financing

- Colorado received $14 million implementation grant.
- The program maintains existing payment model for ACC.
- Colorado will be eligible for retrospective payment from the feds based on savings and performance on quality measures.

National Quality Measures for Evaluation

- Hospital readmissions.
- Emergency department visits.
- Mental health and follow-up care measures.
- Care transitions.
- Fall risk assessments.

Colorado-Specific Process Measures

- Completing the service coordination plan for each enrollee.
- RCCO training on disability and cultural competence.
- Hospital discharge and follow-up.

Colorado-Specific Quality Measures

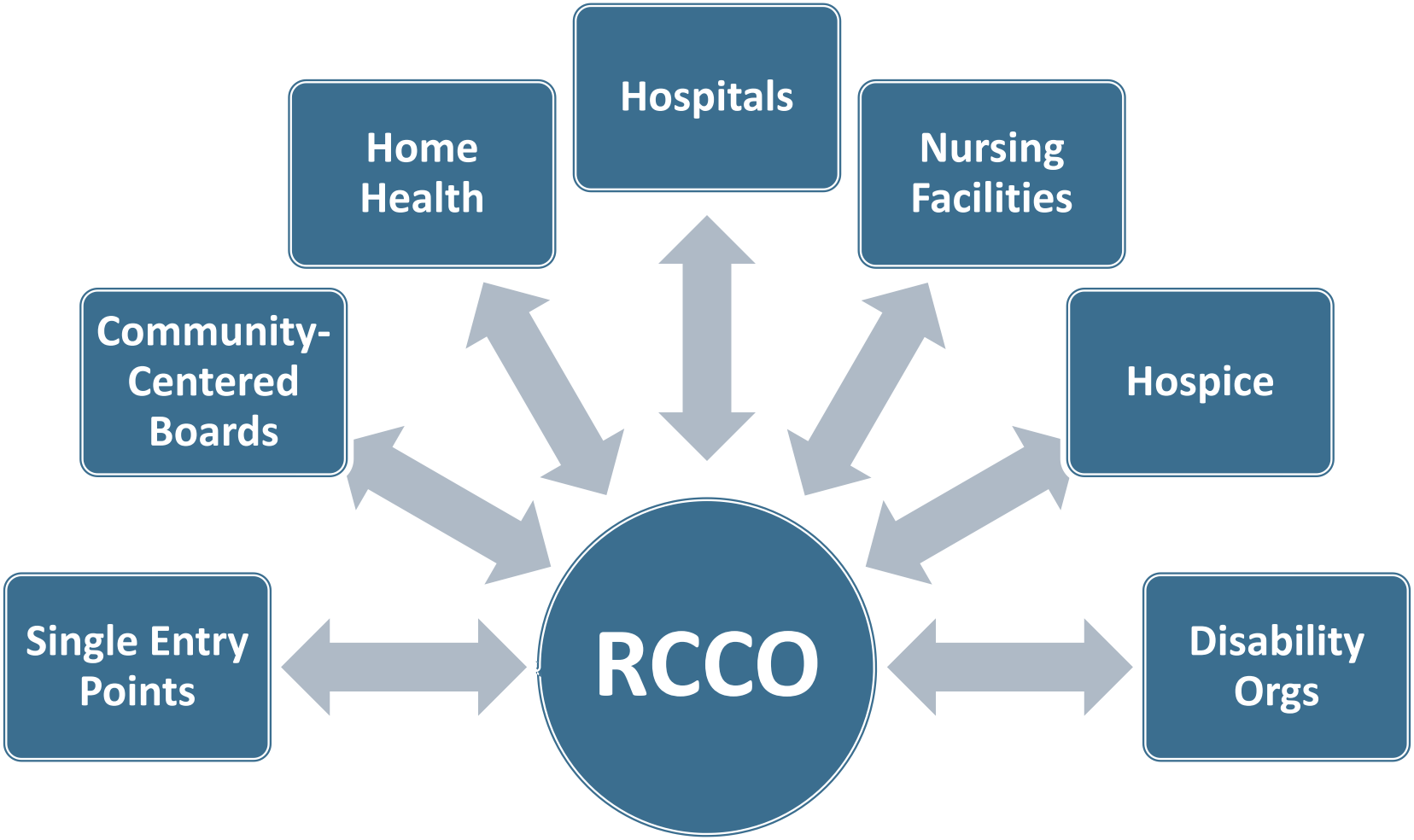
- Enrollee and caregiver experience of care.
- Care for older adults.
- Blood pressure control.
- Percentage of high-risk enrollees who receive community-based LTSS, or live in a nursing facility or non-community based settings.

Opportunities and Challenges

Opportunities

- Coordinates Medicare/Medicaid services for improved experience of care and outcomes.
- Builds on infrastructure, resources and provider network found in the Accountable Care Collaborative (ACC).
- Cost savings through:
  - Improvements in quality of care.
  - Reductions in unnecessary expenditures.

New Partnerships



Challenges

- Will MMEs opt out as in other states?
- Will MMEs benefit from another care coordinator?
- Will the RCCO payment be enough?
- Can RCCOs meet the aggressive timeline?
- Is the network adequate?
- Will Colorado achieve savings? Where will the savings come from?

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Discussion Questions

- What strategies are you using to ensure all MMEs receive appropriate care coordination?
- How do you expect the care coordination model for MMEs to differ from current ACC enrollees (adults and kids)?
- How are you are partnering with providers and community organizations?
- What do you see as the greatest opportunities and challenges in bringing a new population to the ACC?

Two-Track SNAC Labs

TRACK 1: ACC	September 18
TRACK 2: Access	October 16

All SNAC Labs are held 12:00 – 1:30 pm at the Colorado Health Institute.

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