



Food for Thought

Updates from the Safety Net Advisory Committee (SNAC)

It's All About MME

Understanding Colorado's Medicare-Medicaid Enrollee Program

SEPTEMBER 2014

Colorado is experimenting with a program to coordinate care for people eligible for both Medicare and Medicaid. The state is one of 12 participating in the federal government's Medicare-Medicaid Enrollee (MME) demonstration program.

Participants in the Colorado Health Institute's Safety Net Advisory Committee (SNAC) discussed the MME program on September 18. More than 40 people – a record for SNAC Lab – from 20 organizations attended and talked about their early experiences in launching the MME program.

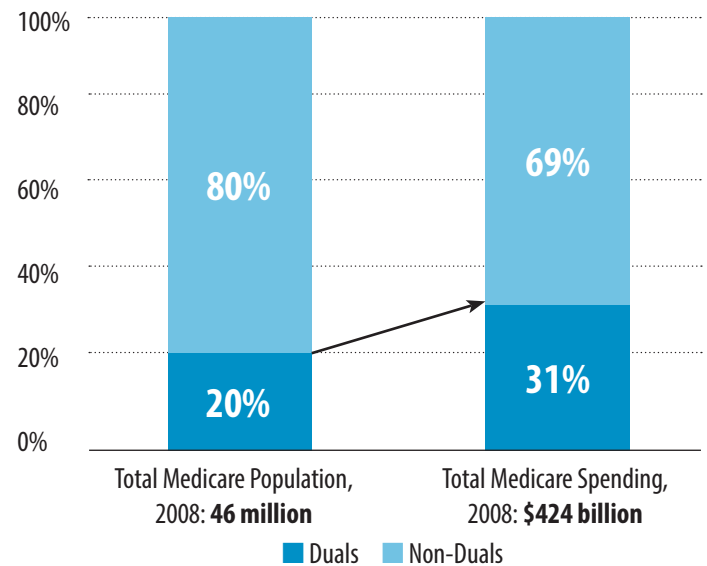
Primary Themes

- For the first time, the Colorado Department of Health Care Policy and Financing (HCPF) has Medicare claims data to integrate with its Medicaid data to get a full picture of how much it costs to care for MMEs.
- The outcomes of the MME program will not be known in the near future.
- Planning takes time and patience, because this program is dealing with vulnerable people who depend on its services.

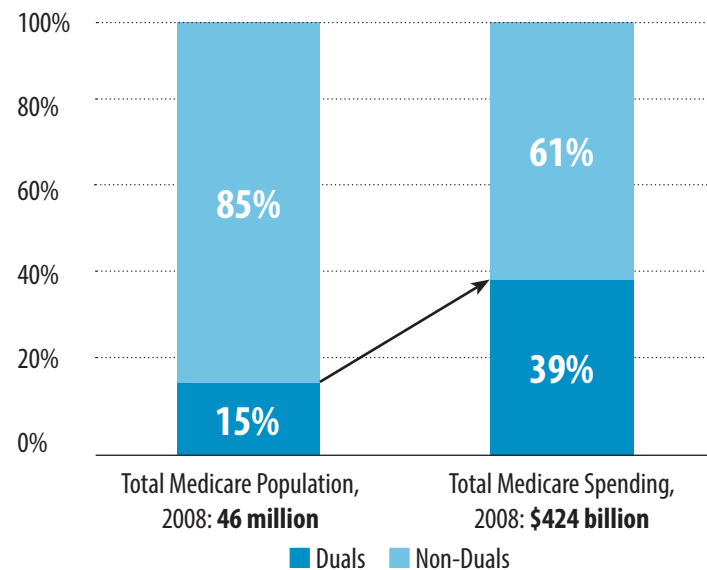
Background

Historically, Medicare and Medicaid have not coordinated the care for clients eligible for both public insurance programs. Because these clients are eligible for Medicaid, they are low income. And because they are eligible for Medicare, they are either seniors or have disabilities. The combination makes them particularly vulnerable, and they account for a disproportionately large share of the costs in both Medicare and Medicaid. (See Figure 1). The U.S. Centers for Medicare & Medicaid Services (CMS)

Figure 1. Dually Eligible Beneficiaries in Medicare, 2008



Dually Eligible Beneficiaries in Medicaid, 2008



Source: The Henry J. Kaiser Family Foundation

challenged states to develop programs of coordinated care, and Colorado was one of 12 states to be granted a demonstration program.

Colorado signed the agreement for the MME demonstration program with CMS in July. An estimated 32,000 people are eligible and will be enrolled over the next seven months.

Colorado's MME program is based on the Accountable Care Collaborative model, a managed fee-for-service program for Medicaid clients. The state's seven Regional Care Collaborative Organizations (RCCOs) will work with primary care medical providers and other long-term services and supports and behavioral health providers to coordinate and deliver care. The state received a \$14 million implementation grant, most of which will go to the RCCOs.

The Statewide Data and Analytics Contractor will be responsible for providing information to the RCCOs about how MMEs are using health care services.

Benefits for enrollees will not change under the MME program, although the enrollees will receive an added degree of care coordination through the RCCOs. Medicare and Medicaid will continue to pay for services on a fee-for-service basis.

The state's goals are to:

- Improve health outcomes.

Eligibility

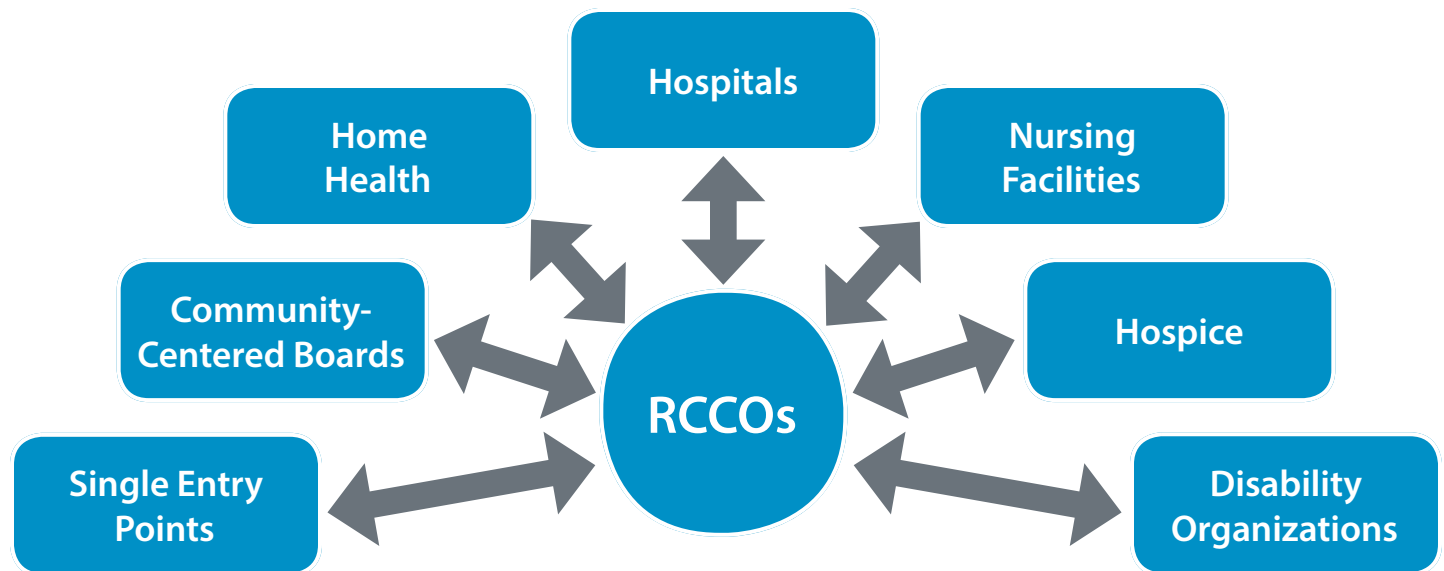
To participate in Colorado's MME program, an enrollee must:

- Be enrolled in Medicare Parts A and B, and eligible for Part D, and Medicaid fee-for-service (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).
- Not reside in an intermediate care facility for people with intellectual disabilities.

- Decrease unnecessary and duplicative services.
- Improve clients' experience through enhanced coordination and quality of care.
- Promote person-centered planning.

It will not be easy. Other states that launched MME programs before Colorado have found that some clients are hesitant to enroll. Organizations that have been successful in enrolling people in MME demonstrations say personal relationships are key to making it work.

Figure 2. New Partnerships for the MME Program



The cornerstone of the MME program is the Service Coordination Plan (SCP), known as a “skip.” Providers must work with each enrollee individually to complete a personal SCP. The SCP documents services and supports each enrollee is to receive from medical, social and behavioral health providers. It is a personalized form that asks clients about their short- and long-term health and well-being goals. Each SCP takes up to two hours to complete, and it will be re-evaluated every six months.

One concern that providers have raised is whether the per-member per-month payments to the RCCOs will be large enough to cover their costs for administering the SCP and coordinating care under the new program.

The SNAC LAB Discussion

Representatives of HCPF and several RCCOs attended the SNAC Lab and shared their experiences so far with the MME demonstration.

Enrollment presents a heavy upfront workload for the RCCOs, as each of the thousands of enrollees is required to complete the lengthy SCP. Some RCCOs are developing a web-based platform for the SCP, but most are done on paper.

The initial reaction among clients and their care coordinators is fear of what the change might bring to people who depend so heavily on services from Medicare and Medicaid. One RCCO reported that upon hearing about the program, case managers usually to ask to opt their clients out. However, when they learn more about it, they often approach the RCCO and ask to enroll their clients and do the SCP.

RCCOs also hear concerns that information sharing will violate provisions of the Health Insurance Portability and Accountability Act (HIPAA). Sometimes, caregivers’ hesitancy to share information comes from their perception of HIPAA’s privacy requirements, rather than the law itself, SNAC Lab participants noted.

Another obstacle is simple inertia. One RCCO official said when she presents the program to others in her region, she frequently hears the answer, “We’ve always done it this way.” And even after a SCP is filled out for a client, each caregiver and coordinator must actually use it.

But RCCOs see an opportunity for some important benefits from the MME program. It will add an additional care coordinator for clients, some of whom already have multiple care coordinators. The new one, though, could “coordinate the coordinators” and eliminate gaps or duplications in a person’s care.

Shortly before the SNAC Lab, HCPF got the first batch of enrollment data, which showed that 7,000 people had joined the program while fewer than 300 had opted out. This is a much lower opt-out rate than other states have experienced.

Under the program, HCPF will be able to integrate claims data from Medicaid and Medicare – something it has never been able to do before. These data are expected to create a more comprehensive picture of the total cost of care for MMEs as well as the services they use under both programs. HCPF officials think the integrated data will point the way toward cost savings and better health outcomes for the agency’s clients.

Conclusion

Colorado’s MME demonstration program presents an opportunity for better coordinated care for some of the state’s most vulnerable people. It has an added benefit of allowing the integration of Medicare and Medicaid claims data for the first time.

The program requires a large initial investment of work on the part of RCCOs. Groups that have been successful say personal relationships have been a main factor in getting people to enroll and complete the long SCP. As one RCCO representative put it, Colorado RCCOs will have to work through the program “one SCP at a time.”

How to participate

If you would like to be included in the next SNAC Lab meeting, contact Jeff Bontrager (BontragerJ@coloradohealthinstitute.org) or Anna Vigran (VigranA@coloradohealthinstitute.org).

To learn more about the Colorado Health Institute’s SNAC Labs, visit http://coloradohealthinstitute.org/uploads/downloads/SNAC_Info_sheet.pdf

Reporting from the Field

Metro Community Provider Network

It's too soon to tell how the new MME program will work out for Metro Community Provider Network, said Dr. Barry Martin, vice president of the primary care provider group.

MCPN is a Federally Qualified Health Center serving Denver and its suburbs. It has arrangements with two RCCOs to handle some of the care coordination under the new MME program. The group is only starting to find out who its enrollees are, Martin said.

But he is concerned that reimbursements will not be sufficient to handle a population with complex medical and social needs. MCPN is used to a Medicaid population dominated by relatively healthy kids and adults, which makes it possible to cover the costs for occasional high-needs clients.

"It's sort of like the way insurance works. The money can get spread around to where it's needed," he said.

But he doubts that model will work with MME clients.

"They're all going to need intense coordination every month," Martin said.

Still, he is eager to combine Medicaid and



Photo by Metro Community Provider Network

Dr. Barry Martin examines at patient at a Metro Community Provider Network clinic. The network is enrolling many patients in the new MME program.

Medicare data, which will allow providers to look at the full cost of care for the first time, and then target interventions in a more cost-effective way. Eventually, cost data can be compared with other providers in Colorado and nationally, he said.

The verdict will come in later. Martin expects his staff to spend most of their time the first few months filling out Service Coordination Plans, rather than providing actual care coordination.

Organizations Represented at the September 22, 2014, SNAC Lab

- Colorado Department of Health Care Policy and Financing
- Colorado Community Health Network
- Salud Family Health Centers
- Integrated Community Health Partners
- Kaiser Permanente
- Caring for Colorado
- Inner City Health Center
- ClinicNET
- University of Colorado Denver
- Colorado Hospital Association
- Colorado Coalition for the Medically Underserved
- Rocky Mountain Health Plans
- Clinica Colorado
- Colorado Access
- North Colorado Health Alliance
- Community Care of Central Colorado
- Alpine Area Agency on Aging
- Denver University
- Colorado Department of Public Health and Environment
- Steadman Group



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