

# Dual Eligibles: A Health Plan Perspective

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# Dual Eligibles

- Eligible for Medicare and Medicaid
- Over 8.8 million in US; 268,000 in OH
  - 92% full duals/8% partial in OH vs 81% full/19% partial in US
  - 15% of Medicaid recipients in OH (18% US)
  - 16% of Medicare enrollees in OH (21% US)
  - 34% are under the age of 65
  - In 2005 represented 50% of Medicaid spending in OH (46% US)-- \$22,021/yr (\$14,972 US); 25% of Medicare spending
  - 1.6 million duals with annual Medicaid costs greater than \$25,000 account for 70% of all dual spend
- Medicaid liability
  - Medicare coinsurance
  - Long term care
  - Wrap around benefits
  - Pharmacy moved to Medicare January 2006 with Part D implementation; clawback costs to states \$6.6 billion/year (\$208M for OH)

# Special Needs Plans (SNPs)

- MMA provision to allow plans to target Medicare Advantage enrollment
- CMS chosen integration vehicle; dual integration demonstration states transitioned to SNP model
- SNP Plan growth
  - 276 SNPs in 2006
  - 471 SNPs in 2007
  - 769 SNPs in 2008
  - 702 SNPs in 2009
- **As of September 2009:**

SNP Type	Number of Contracts	Number of Plans	Sub Total Enrollment
Chronic or Disabling Condition	100	212	293,569
Dual-Eligible	252	407	951,590
Institutional	63	83	115,500
<b>Totals</b>	<b>415</b>	<b>702</b>	<b>1,360,659</b>



# Ohio SNP Enrollment

## Special Needs Plan Comprehensive January 2010 Enrollment Report

Plan Name	Service Area	Plan Enrollment	Special Needs Plan Type
CareSource Advantage	17 Counties	589	Dual-Eligible
Buckeye Community Health Plan	15 Counties	227	Dual-Eligible
Evercare Plan DH	13 Counties	6,460	Dual-Eligible
Molina Medicare Options Plus (HMO)	9 Counties	0	Dual-Eligible
Unison Advantage Plus	2 Counties	0	Dual-Eligible
WellCare Access	8 Counties	453	Dual-Eligible
<b>Total Enrollment</b>		<b>7,729</b>	

# Medicaid SNP Interaction

- OH SNPs are only administering the Medicare portion of enrollees benefits – not the Medicaid portion
- Providers have to bill both SNP and FFS Medicaid
- Medicaid is secondary to Medicare and states will usually cover only up to the Medicaid allowable
- Members have to navigate FFS Medicaid on own; have two cards

# ODJFS SNP Integrated Agreement

- CMS dual SNP requirement
  - New plan applications
  - Service area expansions for existing plans
- Basic agreement defining current roles
- Executed fall 2009
- True integrated contract would include administration responsibilities for Medicaid benefit with capitation and virtual integration at plan level for members and providers

# SNP Stability Issues

- CMS placed SNP expansion moratorium for 2009
  - No new applications accepted
  - No service area expansions accepted
- MIPPA 2008 SNP revisions
  - State contract required for dual SNPs (for new/expansion)
  - Limited complex diagnosis set for chronic SNPs
  - Model of care oversight
  - SNP quality measures and targets
- SNP reauthorization passed in health care reform expires December 31, 2013
  - State contract for dual SNPs required by January 1, 2013
  - NCQA accreditation required by CY 2012

# SNP Integration Challenges

- Voluntary Medicare enrollment
- Medicare reaps initial savings;  
Medicaid longer term savings
- Development of State/SNP relationships
- Conflicting plan regulations
- Reauthorization only through 2013
- Medicare payment rate reductions
- Scaling of SNPs

# Health Care Reform on Dual Integration

- Federal Coordinated Health Care Office (CMS “Office of the Duals”) (Sec 2602)
- Center for Medicare and Medicaid Innovation (Sec 3021)
- Duals 5yr Demonstrations (sec 2601)

