AHCCCS Dual Eligible Population Update: May 2015

AHCCCS has shown that achieving alignment between two distinct and separate programs – Medicaid and Medicare – improves the quality and lowers the cost of care provided to dual eligible members. The AHCCCS program has moved toward increasing the connection between these two programs within the D-SNP model by requiring its health plans to serve as Medicare Dual Special Needs Plans (D-SNPs) and promoting enrollment or alignment of dual eligible members into the same health plan for both Medicaid and Medicare to the greatest extent.

Based on positive outcomes related to greater alignment, AHCCCS has taken measures to increase alignment wherever possible. For instance, as part of changes related to the October 2013 acute care procurement, the AHCCCS administration aligned approximately 8,000 dual eligible members by moving them into their Medicare D-SNP's companion Medicaid plan. Members were given the opportunity to oppose this new plan assignment, but very few did. AHCCCS is preparing for a similar alignment of about 6,000 members in the spring of 2016.

→ Today, just over <u>60,000</u> dual eligible Arizonans are aligned in the same health plan for their Medicaid and Medicare benefits.

This sets Arizona as a national leader in this dual eligible alignment. The opportunities and value this presents for members and their families is important.

Benefits of integrating medical care for dual eligible members

Without Integrated Care	With Integrated Care	
Three ID cards: Medicare, prescription drugs, and Medicaid	Future plans for a single ID card	
Three different sets of benefits	One set of comprehensive benefits: acute, prescription drug, behavioral health and long-term care supports and services (long-term care supports and services for ALTCS members only)	
Multiple providers who rarely communicate	Single and coordinated care team; comprehensive individualized care plan	
Healthcare decisions uncoordinated and not made from patient-centered perspective	Health care decisions based on each individual's needs and preferences	
Co-morbid conditions and complex health needs can go unaddressed. Costs can be higher due to duplication.	Members are able to receive helpful non-traditional benefits (eye care, dental, over-the-counter medications, etc.)	

How to Get Assistance in Enrolling in a Medicare Plan

Since the AHCCCS portion and the Medicare portion are separate (but services are coordinated), members will need to take an extra step and enroll in a Medicare plan. A licensed agent can give you the breakdown of these costs and the following resources can help if needed:

SHIP State Health Insurance Assistance Program		Toll Free: (800) 432-4040 Local: (602) 542-4446
1-800-MEDICARE	General Medicare information, ordering Medicare booklets, and information about health plans.	Toll Free: (800) 633-4227

AHCCCS cannot change a member's Medicare Plan. AHCCCS may have changed a Medicaid plan for a member to support a greater measure of alignment, but AHCCCS cannot change the Medicare plan. Members must give consent to the health plan to authorize the change. Dual eligible members have several options for Medicare services:

- D-SNP (Medicare plan only for duals that offers attractive supplemental benefits, like dental)
- Medicare Advantage Plan
- 'Original' Medicare

Many members with full Medicare-Medicaid eligibility have complex health needs and may be better served by a plan that can offer more benefits and support, instead of a Medicare Advantage plan or traditional Medicare. AHCCCS has demonstrated 'alignment' (having the same health plan for both Medicare and Medicaid services) offers members for better care coordination, low (or no) out of pocket costs and a variety of appealing supplemental benefits. Members can actually select any plan that operates in their area for Medicare, but the evidence suggests that by selecting the same AHCCCS plan for your Medicare benefits, care may be better coordinated and out of pocket expenses minimized.