



## Care Coordination for Ohioans who are Enrolled in Both Medicare and Medicaid

Ohioans enrolled in both Medicare and Medicaid, the ‘dually eligible,’ make up 14 percent of Medicaid enrollees but consume 34 percent of Medicaid expenditures. Medicare and Medicaid financing rules do not work together to promote cost-effective, well-coordinated services. For example, Medicare saves money when a dually eligible person is in a nursing facility but there is a high cost to Medicaid. Because they receive their coverage under two separate payers, people who are on both Medicare and Medicaid often receive fragmented and uncoordinated care that too often results in costly and preventable health complications.

The Affordable Care Act has begun to address the conflicting incentives by establishing two offices—the Federal Coordinated Care Office and the Center for Medicaid and Medicare Innovations—to eliminate regulatory conflicts between Medicare and Medicaid rules and determine how to improve the quality of health care and long term care services. The Coordinated Care office will determine how to eliminate cost-shifting between Medicare and Medicaid and among related health care providers.

These changes will allow Ohio to better serve its dually eligible population. Fortunately, the Governor’s Office of Health Transformation is taking advantage of these resources. Its proposal to the Center for Medicare and Medicaid Innovations lays out a blueprint for involving all stakeholders in identifying and creating the best practices for Ohio. The plan calls for creating an individual-centered Integrated Care Delivery System (ICDS) that looks at variety of models of delivering coordinated care to people with multiple complex conditions. Such a process requires ongoing engagement from patients, families and patient advocates to make sure the program meets the triple aim of better patient experience, better health outcomes, and lower costs.

Care coordination for the dually eligible population makes great policy sense. And, the sooner we re-focus the health care delivery system, the better for those served and for the state’s bottom line. Consumer advocates—and many national experts—believe that in addition to starting with a well-designed health care delivery system, the following principles must apply to systems of care for people who are dually eligible:

- Ensuring strong beneficiary protections,
- Engaging the dual eligible population and their families in program design,
- Ensuring combined Medicare/Medicaid funds enhance health care delivery, and
- Establishing a culture of quality improvement.

The first order of business for Ohio is to decide how to provide services to this population, looking to other states for models of care. The design process should be open to all stakeholders, including consumers. While managed care companies are already lobbying to be the care coordinators for the dually eligible population, it is too soon to say they are the best providers. Around the country, several promising models are showing improved quality and reduced costs, including integrated delivery systems, accountable care organizations, and patient-centered medical homes. Where managed care companies are providing quality care to this population, the successful care model starts at the patient/provider level. While working quickly, Ohio must be thorough and make sure that the model—or models—adopted to serve the dual eligible population makes sense for the **both** the patient and the state.

*For more information, contact Ohio Consumers for Health Coverage,  
Cathy Levine, co-chair, 614-456-0060 or Col Owens, co-chair, 513-300-3042.*

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