



What is Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees?

The Centers for Medicare and Medicaid Services (CMS) Innovation Center awarded the Department of Health Care Policy and Financing (the Department) a contract and initial funding to develop a State Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees (the Demonstration). The Demonstration outlines a plan to better coordinate care for full benefit Medicare-Medicaid enrollees. Colorado was one of only 15 states to receive a planning contract.

Full benefit Medicare-Medicaid enrollees are those individuals who are enrolled in Medicare Parts A and B and eligible for Part D, receive full Medicaid State Plan benefits, receive or are eligible for Medicaid waiver services, and have no other comprehensive private or public health insurance. It is estimated that almost 50,000 Coloradans are full benefit Medicare-Medicaid enrollees who do not currently participate in an integrated system of care, services, and supports.

What makes Colorado's plan innovative?

The plan will advance the Department's commitment to improving the care and health outcomes for full benefit Medicare-Medicaid enrollees. It builds on the infrastructure and resources of the Accountable Care Collaborative (ACC) Program, a central part of Medicaid's health care delivery system. It also seeks to improve coordination of care across Medicare and Medicaid.

Why is it important to focus on Medicare-Medicaid enrollees?

The conflicting coverage policies and incentives of Medicare and Medicaid are a major challenge to improving the health of Medicare-Medicaid enrollees, many of whom have complex health needs. While efforts are underway to better coordinate Medicare and Medicaid programs at the federal level, states play an important role in defining and testing solutions as well. The Demonstration gives the Department an opportunity to better meet the needs of Medicare-Medicaid enrollees in Colorado.

What are the Demonstration's goals?

CMS identified the goals as:

- Improved health outcomes for full benefit Medicare-Medicaid enrollees.
- Improved enrollee experience through enhanced coordination and quality of care.
- Decreased unnecessary and duplicative services, and the resulting costs.

The Department addressed these goals in the proposal it developed collaboratively with stakeholders and submitted to CMS in May 2012.

What was included in the Department's proposal to CMS?

The proposal included strategies to meet the following objectives:

- Coordinate the health care, services, and supports for full benefit Medicare-Medicaid enrollees by providing greater integration between the ACC Program, other Medicaid programs serving these enrollees, and the Medicare program.
- Improve transitions into and out of Long-Term Services and Supports (LTSS) to promote better health outcomes.
- Improve integration of physical and behavioral health.
- Make it easier for enrollees to understand benefits and access care.

How can people share their thoughts about the project?

Please see the Department's [website](#) for meeting schedules and opportunities to participate, or call 1-855-739-7861, a toll-free number for asking questions, requesting information, and providing comments.

What is happening now?

- The Department is working with CMS to move toward a Memorandum of Understanding and a Contract Amendment for implementation.
- The Department, the ACC Program, the Demonstration's Advisory Subcommittee, stakeholders, and other partners are continuing their collaborative efforts to prepare for implementation.
- If mutually agreed upon by CMS and the Department and administratively funded by CMS, implementation is expected to begin in spring 2013.

For more information, please visit the [Department's website](#).

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