

Health plans and dual eligibles: what it will take to succeed.

By Becky Erbe

Managing dual eligibles – the individuals who are enrolled in both Medicare and Medicaid – has traditionally been one of the more difficult tasks for health plans. These individuals represent some of the most fragile and high-risk segments of the population, often dealing with chronic conditions while living in poverty or homelessness.

But dual eligibles also represent \$200 billion to \$300 billion in organic premium growth for health plans. Both your plan and your dual eligible members can truly benefit from more efficient management and care coordination, but to make it happen you'll need to collaborate with many stakeholders and implement new technologies.

The challenge of dual eligibles

In the past, managing dual eligibles has been a highly complex and often manual process. Payers have had to work around their own core administration systems to manage two separate IDs, multiple records per member and several touches per claim. Health plans have had to process varying funding streams as part of their workflow, address psychosocial care along as well as medical needs, and incorporate multiple support services and non-traditional providers. Things are even more complicated today -- coordination between CMS and the state regarding eligibility and enrollment data is more complex, and there's more instability on the Medicare side of coverage, as members are allowed to switch Medicare plans once a month.

What it will take

To deliver quality care for dual eligibles – and to do it profitably – you're going to need some pretty sophisticated IT systems. Having a single, flexible solution will be critical to coordinating multiple compliance requirements, easing administration burden, and gaining the efficiencies you need to address the Affordable Care Act's medical loss ratio requirement.

Your enrollment system will need to create a single ID for the dual eligible member. Your claims processing system will need to automatically process both Medicare and Medicaid benefits for a single eligibility segment with a single claim submission, claim payment and remittance advice.

You'll need the ability to make a single payment to the provider for a particular service, rather than sending one payment for Medicare and one for Medicaid.

And your care coordination systems will need to integrate things like transportation, Meals on Wheels, and other home and community -based programs into your offering – not typical programs for most payers, but essential to managing this population effectively.

As you work to put in place the systems to serve dual eligible, we at TriZetto are working to deliver new solutions that provide the flexibility, scalability and efficiency you'll need to adapt and succeed in the new healthcare landscape.

Becky Erbe is a vice president of TriZetto's Government Programs organization. Erbe leads Government Programs initiatives which includes the development of the market solutions for Medicare Advantage, managed Medicaid and plans managing the dual eligible population. In this position, Erbe identifies new opportunities for TriZetto, promotes TriZetto's thought leadership as well as its position in the

marketplace, and collaborates on sales and education efforts. Prior to this, she led the development and operations for TriZetto Medicare Solutions which play a key role in the day to day operations and in revenue management for a Medicare Advantage plan.