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HMO to unveil plan for elderly poor

Colorado Access to key on increased Medicare payments

By Rachel Brand, Rocky Mountain News
September 1, 2004

Colorado Access plans to unveil Colorado's first health plan for elderly people with incomes at or below the poverty level.

It will be the first time a Colorado HMO has ventured into serving this vulnerable, high-cost patient group.



Evan Semon © News

Colorado Access will be the first Colorado health maintenance organization to offer a health plan for elderly people with incomes at or below the poverty line. The new plan, called Access Advantage, will be led by John Warren, right. Don Hall, left, is president and CEO of Colorado Access, the state's largest Medicaid HMO.

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The new plan, called Access Advantage, capitalizes on the dramatically increased Medicare payments under the Medicare Modernization Act.



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The MMA also allows insurers to create "special needs" Medicare plans.

"That's never been possible before," said Access Advantage Executive Director John Warren.

"This is the concept that most of the world thinks is a good idea," said Trish Nemore, an attorney with the Connecticut-based Center for Medicare Advocacy.

But the low-income elderly risk losing key appeal rights if the plan isn't carefully constructed, she warned.

The state's largest Medicaid HMO expects revenues to climb \$12 million to \$15 million next year as a result.

Access Advantage received Division of Insurance approval on Aug. 25. It's now in federal review.

Colorado is home to an estimated 72,000 so-called dual eligibles.

They tend to be women who have multiple health problems and high medication costs, said Eileen Doherty, executive director of the Colorado Gerontological Society.

"They are substantially more expensive than other parts of the population," said Marilyn Moon, program director for the Commonwealth Fund.

"That means if you can find clever, efficient ways to hold down costs . . . there's a lot to be gained."

Medicare - the federal health care program for people over age 65 - pays for hospital stays and physician visits.

Medicaid - the state-run system for the poor and disabled - fills in the gaps, paying for prescription drugs, nursing home care, co-pays and deductibles.

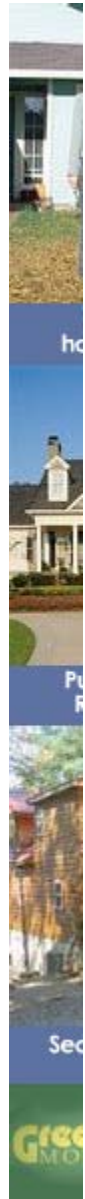
The MMA set up incentives to lure health plans back into covering Medicare patients.

Congress increased payments to managed care plans 10.3 percent in 2004 and plans to raise them at least 6.6 percent in 2005.

That means that Medicare health maintenance organizations will receive an additional \$1.3 billion over two years, according to the Congressional Budget Office.

The MMA also mandated "special needs" Medicare Advantage plans to cover groups such as institutionalized patients, dual eligibles and any other group the government chooses.

Patient advocate Nemore believes managed care could be helpful to this population.



However, she said, Medicare and Medicaid confer independent rights for services, "and - depending on program design - that's lost in the managed care plan."

Access Advantage will combine \$600 from Medicare and \$318 from Medicaid, on average, to bring in monthly payments of \$918.

The plan features a network of 2,000 providers and no co-pays, premiums or deductibles.

It also offers free annual checkups, free eyeglasses, \$500 worth of dental care and a hearing benefit.

A "personal service resource coordinator" will help patients meet medical and nonmedical needs, such as buying food and paying heating bills.

"I really like that," Doherty said, "because my feeling is, so many times those are things that make the difference between a crisis and not a crisis."

The plan at first will market to its 2,000 Medicaid members who currently are eligible for Medicare.

It then will try to attract dual eligibles in the metro area.

Health plans in Oregon and New York are looking at this market.

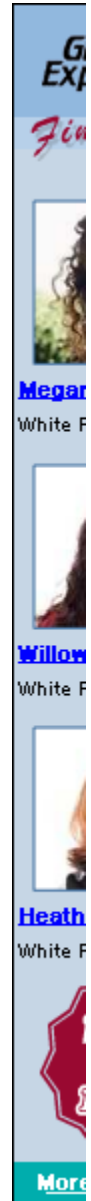
Who are dual eligibles?

- Low-income people with substantial health needs, and people who qualify for both Medicare and Medicaid. About 71 percent have annual incomes of less than \$10,000. Half of them are in fair or poor health. Nearly a quarter are in nursing homes, and nearly a quarter have diabetes.

- More than 7 million of Medicare's 50 million beneficiaries are dual eligibles.

Source: Kaiser Family Foundation

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