

Integrating Care for Medicare-Medicaid Enrollees

Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services



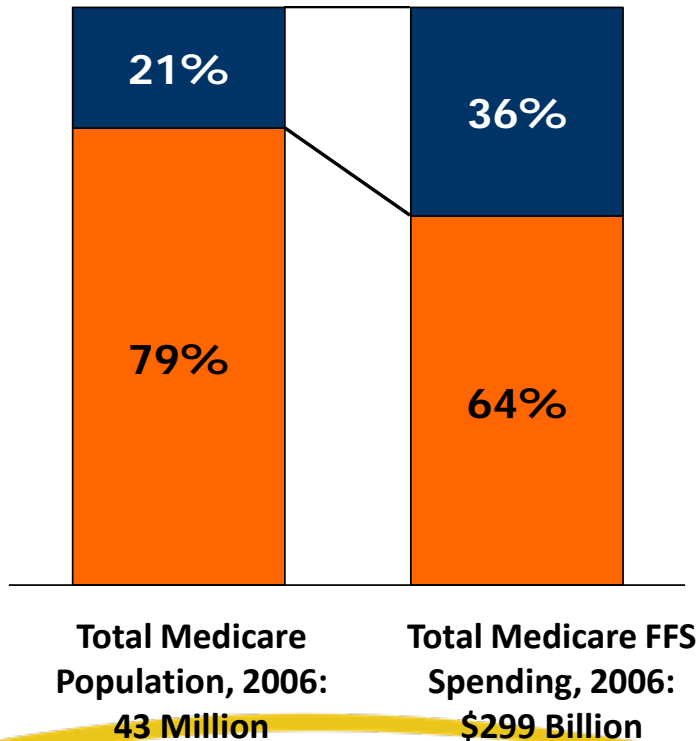
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Who are Medicare-Medicaid Enrollees?

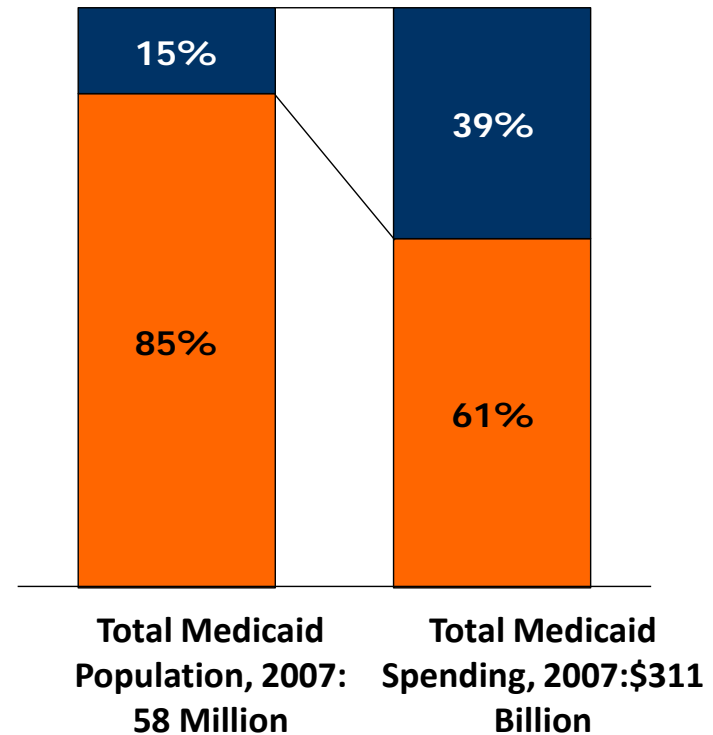
- 9.2 million individuals (2008) that are enrolled in both Medicare and Medicaid (or “dual eligibles”).
- More likely to have mental illness, have limitations in activities of daily living and multiple chronic conditions.
- Few are served by coordinated care models and even fewer are in integrated models that align Medicare and Medicaid.

Medicare-Medicaid Beneficiaries Account for Disproportionate Shares of Spending

Dual Eligibles as a Share of the Medicare Population and Medicare FFS Spending, 2006:



Dual Eligibles as a Share of the Medicaid Population and Medicaid Spending, 2007:



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- Section 2602 of the Affordable Care Act (ACA)
- Purpose: Improve quality, reduce costs, and improve the beneficiary experience.
 - Ensure dually eligible individuals have full **access** to the services to which they are entitled.
 - Improve the **coordination** between the federal government and states.
 - Develop **innovative** care coordination and integration models.
 - Eliminate financial **misalignments** that lead to poor quality and cost shifting.

Patient Example: Mattie

- **77 years old; “fiercely” independent and lives alone but requires significant personal assistance to maintain independence**
- **Clinically complex:**
 - Longstanding diabetes, depression and hypertension
 - Three strokes, resulting in left-side weakness and limited mobility
 - Frequent falls and inadequate food intake
 - Three recent hospitalizations for poorly controlled diabetes
- **Additional psycho-social/life challenges:**
 - Difficulties making appointments because of mobility limitations;
 - Difficulties accessing/managing aging network or personal care attendant services;
 - Problems obtaining mental health services

Results of Integrated Program

One year after Mattie enrolled in the integrated program she experienced no falls, diabetic control achieved, ambulation improved, personal care attendant support reduced, and has had no hospital or ED contacts.

Without Integrated Care	With Integrated Care
<ul style="list-style-type: none"> • Three ID cards: Medicare, prescription drugs, and Medicaid 	<ul style="list-style-type: none"> • One ID Card
<ul style="list-style-type: none"> • Three different sets of benefits 	<ul style="list-style-type: none"> • One set of comprehensive benefits: primary, acute, prescription drug, and long-term care supports and services
<ul style="list-style-type: none"> • Multiple providers who rarely communicate 	<ul style="list-style-type: none"> • Single and coordinated care team; comprehensive individualized care plan
<ul style="list-style-type: none"> • Healthcare decision uncoordinated and not made from patient-centered perspective 	<ul style="list-style-type: none"> • Health care decisions based on Mattie's needs and preferences
<ul style="list-style-type: none"> • Serious consideration for nursing home placement; Medicare/Medicaid only pays for four hours/day of home health aide services 	<ul style="list-style-type: none"> • Able to receive non-traditional benefits that help Mattie stay in her home

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Major Areas of Work

The Medicare-Medicaid Coordination Office is working on a variety of initiatives to improve access, coordination and cost of care for Medicare-Medicaid enrollees in the following areas:

- **Program Alignment**
- **Data and Analytics**
- **Models and Demonstrations**

Program Alignment Group

Alignment Initiative

- Pursue opportunities to better align Medicare and Medicaid requirements to advance seamless care for dual eligibles.
- **Alignment Initiative:** Initiative to identify and address conflicting requirements between two programs that are potential barriers to seamless and cost effective care.
 - Published as Notice for Public Comment May 16th
 - Formal comment period ended July 11th .
 - All comments are publicly available.
- **Local Listening Sessions held for:** New York, New Jersey, Puerto Rico, Virgin Islands, California, Arizona, Nevada, Kansas Nebraska, Iowa, Missouri and other Territories.

Data and Analytics

- Create national and state profiles of dual eligibles.
- Analyze impact of eligibility pathways to better understand beneficiary experience.
- Improve state access to Medicare data for care coordination, including timely availability of A, B and D data.
 - 5/11/2011 Informational Bulletin available at:
<http://www.cms.gov/CMCSBulletins/downloads/Coordinated-Care-Info-Bulletin.pdf>
- Leverage other CMS initiatives to analyze dual population

State Demonstrations to Integrate Care for Dual Eligibles

- 15 states selected receive up to \$1 million to design new models for serving Medicare-Medicaid enrollees.
- Goal is to develop, test, and validate fully integrated delivery system and care coordination models that can be replicated in other states.
- Participating states: CA, CO, CT, MA, MI, MN, NY, NC, OK, OR, SC, TN, VT, WA, WI
- One year contracts through April 2012.

Financial Alignment Models to Support State Efforts to Integrate Care

- CMS seeks to test two financial alignment models with States to support integration of primary, acute behavioral health and long term services and supports for Medicare-Medicaid enrollees.
 - **Capitated Model:** three-way contract among State, CMS and health plan to provide comprehensive, coordinated care.
 - **Managed FFS Model:** Agreement between State and CMS under which State would be eligible to benefit from savings resulting from initiatives to reduce costs in both Medicaid and Medicare.
- Open to all States able to meet established standards and conditions, including target implementation in 2012.
- State Medicaid Director Letter provided initial guidance on two models available at: <https://www.cms.gov/SMDL/SMD/list.asp>
- **State Letters of Intent are due October 1st.**

Questions & Suggestions:

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For more information, visit:

<http://www.cms.gov/medicare-medicaid-coordination/>