

Integrating Care for Individuals Eligible for Medicare and Medicaid

Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services

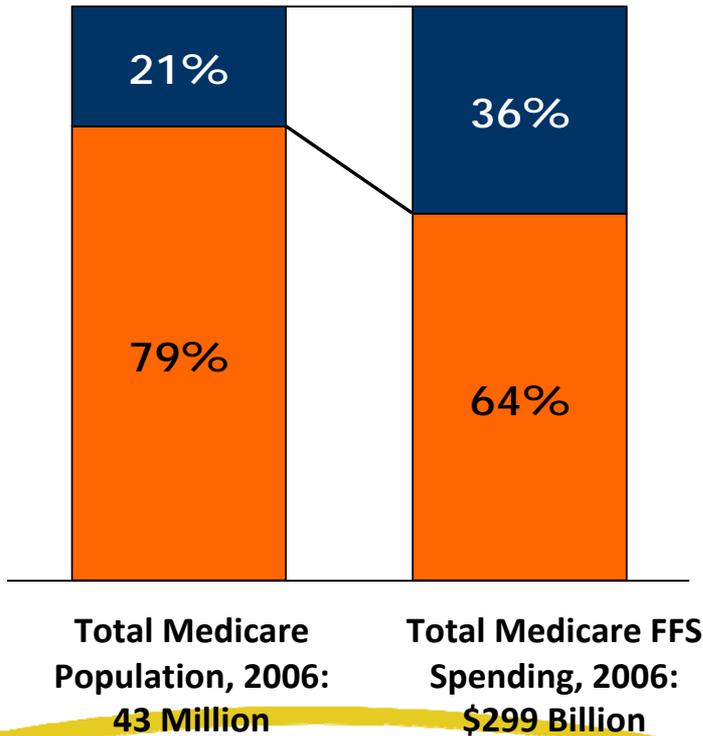


Medicare-Medicaid Enrollees

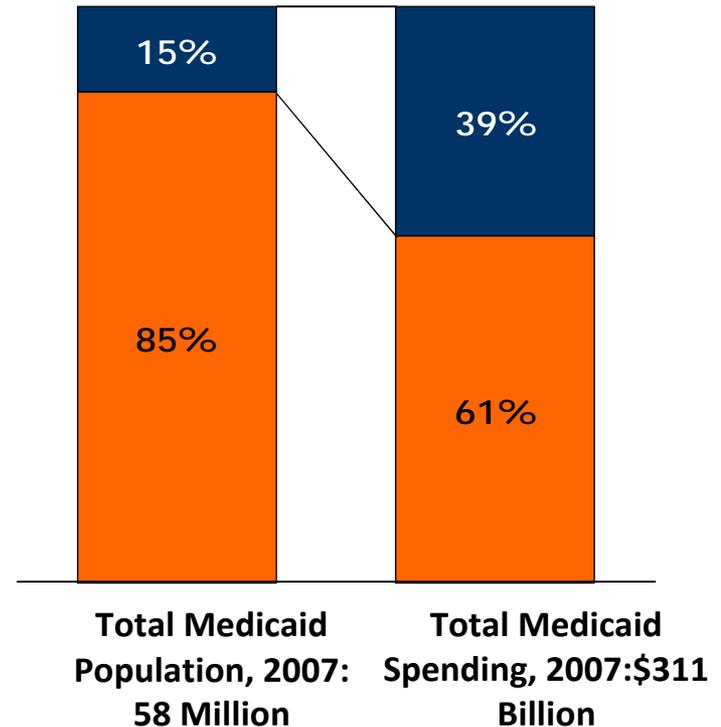
- 9.2 million individuals (2008) that are eligible for both Medicare and Medicaid, or Medicare-Medicaid enrollees.
- More likely to have mental illness, have limitations in activities of daily living and multiple chronic conditions.
- Few are served by coordinated care models and even fewer are in integrated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

Focus on Beneficiary and Person Centered Care and Service Delivery

- Improve Medicare-Medicaid enrollees' satisfaction, program awareness, health, functional status, and well-being.
- Assure Medicare-Medicaid enrollees are receiving high quality, **person centered** acute, behavioral, and long term services and supports.

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
- Other

Program Alignment

- Pursue opportunities to better align Medicare and Medicaid requirements to advance seamless care for Medicare-Medicaid enrollees.
- Develop overarching plan to measure quality for Medicare-Medicaid enrollees.
- Coordinate within CMS and across HHS for efforts to address issues impacting Medicare-Medicaid enrollees.

Medicare-Medicaid Coordination Office Alignment Initiative

- Initiative to identify and address conflicting requirements between two programs that are potential barriers to seamless and cost effective care.
- Seeking input in six areas:
 1. Coordinated Care
 2. Fee-for-Service benefits (FFS)
 3. Prescription Drugs
 4. Cost Sharing
 5. Enrollment
 6. Appeals
- List of alignment opportunities for public comment through July 11th: <http://www.cms.gov/medicaremedicaid-coordination/Downloads/FederalRegisterNoticeforComment052011.pdf>

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 (e.g. geographic variation and potentially avoidable hospitalizations)

Potentially Avoidable Hospitalizations Among Medicare-Medicaid Enrollees

- Report on potentially avoidable hospitalizations by setting:
 - All Medicare-Medicaid enrollees
 - Medicaid-covered nursing facility stays
 - Medicare-covered skilled nursing facility stays
 - Aged/Disabled Medicaid HCBS waiver programs
 - All other Medicare-Medicaid enrollees in the community or other settings
- Other output:
 - Use of case management
 - Per Member Per Month (PM/PM) cost analysis

Overall Impact of Preventable Hospitalizations

- 1,516,797 (27%) of the total 5,569,903 Medicare-Medicaid enrollees in our sample were hospitalized at least once during the year, totaling almost 2.7 million hospitalizations
- Of these 2.7 million hospitalizations, almost 700,000 or 26%, may have been avoidable, either because the condition might have been prevented, or because the condition might have been treated in a lower level of care setting than a hospital.
- For our sample population, the overall costs for potentially avoidable hospitalizations were \$5.6 billion.

Five Conditions Were the Reason for Admission for 81.6% of Potentially Avoidable Hospitalizations

Condition	Potentially avoidable hospitalizations	Percentage distribution
All	699,818	100.0%
Congestive heart failure	160,397	22.9%
COPD, Asthma	118,936	17.0%
Dehydration	103,024	14.7%
Pneumonia	101,357	14.5%
Urinary tract infection	87,296	12.5%
Sum of subgroup	571,010	81.6%

Models and Demonstrations

- Partnership with the Innovation Center to test delivery system and payment reform that improves the quality, coordination, and cost-effectiveness of care for dual eligible individuals.
- 15 states selected receive up to \$1 million to design new models for serving dual eligibles (CA, CO, CT, MA, MI, MN, NY, NC, OK, OR, SC, TN, VT, WA, WI).
- Planning underway for future projects that could include a focus on nursing facilities, health homes, and Special Needs Plans (SNPs).

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Other Initiatives

- Beneficiary focus groups
- Listening sessions
- Technical assistance for states, plans and providers
- Ongoing stakeholder engagement
- Consultation with MedPAC and MACPAC

Conclusion

- *CMS, through the Medicare-Medicaid Coordination Office, is working to ensure better health, better care and lower costs through improvement for individuals eligible for both Medicaid and Medicare.*
- *Tremendous opportunities exist to improve access, quality and cost of care for the nation's most complex and chronically ill individuals.*

Questions & Suggestions:

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For more information, visit:

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