Integrating Care for Dual Eligibles

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December 2010
CMS’ Three Part Aim

1. Enhance the quality of care Medicare and Medicaid beneficiaries receive;
2. Improve the health of the population; and
3. Lower costs through improvement.
Why Focus on Dual Eligibles?

• 9.2 million individuals (2008) and growing each year.
• Accounted for 40% of Medicaid spending and 36% of Medicare spending.¹
• More than 80% received full Medicaid benefits.²
• More likely to have limitations in activities of daily living and multiple chronic conditions.

*Tremendous opportunities to improve access, quality and cost of care for the nation’s most complex and chronically ill individuals*

¹ Based on 2006 data; ² based on 2005 data.
Federal Coordinated Health Care Office (FCHCO)

- Section 2602 of the Affordable Care Act
- 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 dual eligibles’ satisfaction, program awareness, health, functional status, and well-being.

• Assure dual eligibles are receiving high quality, **person centered** acute, behavioral, and long term services and supports.
Critical Issues in Integrating Care

- Align incentives between Medicare and Medicaid to reward value and improve outcomes.
- Develop and/or strengthen state and federal analytic, performance measurement and evaluation capacity.
Critical Issues in Integrating Care

- Evaluate and improve the effectiveness of existing care delivery models to improve beneficiary experience and quality of care

- Identify new models
  - Care Management Demonstrations
  - Accountable Care Organizations
  - Integrated Care Entities
High Opportunity Areas

• Care transitions
• Avoidable institutional admissions
• Preventable readmissions and emergency care
• Health homes and person centered care management
• Medication management
• Behavioral health
• Health literacy
FCHCO Major Areas of Work

Program Alignment
- Assess program alignment issues, leveraging stakeholder feedback, and prioritize areas for intervention
- Conduct targeted initiatives to increase alignment between Medicare/Medicaid
- Develop quality metrics to measure impact on dual eligible population
- Facilitate communication on duals issues within CMS and HHS

Models, Demonstrations and Analytics
- Conduct demonstration projects for fully integrated care models
- Announcement of state design contract solicitation
- Develop approach to sharing State / Federal data and standardizing analytics
- Develop modeling for shared savings
How FCHCO and States Can Work Together

- Common analytic framework/agenda
  - Integrated dataset
  - Analysis of care patterns of dual eligible populations and gaps in benefits, services and care delivery
- Access to Medicare Data
- Information and analytical tools to facilitate technical assistance
- Discussion and prioritization of administrative, regulatory, and statutory barriers
- Partnership with Innovation Center to explore new payment/delivery models
  - Design Contracts
Questions & Suggestions:
submit to fchco@cms.hhs.gov