

Integrating Care for Dual Eligibles



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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