Improving Care for Medicare-Medicaid Enrollees

Medicare-Medicaid Coordination Office
Centers for Medicare & Medicaid Services

November 4, 2014
Section 2602 of the Affordable Care Act

**Purpose:** Improve quality, reduce costs and improve the beneficiary experience.

- Ensure Medicare-Medicaid enrollees have full access to the services to which they are entitled.
- Improve the coordination between the federal government and states.
- Identify and test innovative care coordination and integration models.
- Eliminate financial misalignments that lead to poor quality and cost shifting.
Data Sharing and Best Practices

Medicare Data to States:
• Improved access to Medicare Parts A/B/D and assessment data to support care coordination and improve quality for Medicare-Medicaid enrollees, and support state program integrity efforts.

Data Sharing with Medicare-Medicaid Plans (MMPs):
• States can share data with MMPs.
• MMCO has streamlined the ability to share Medicare with downstream entities. For example, CA shares with MMPs for new enrollees to better prepare to serve them.

Clinical Condition Flags for the Chronic Condition Data Warehouse (CCW):
• New condition flags to streamline research on mental health, conditions related to disabilities; Expanded CCW condition flags from Medicare-only claims data to Medicaid-only and Medicare-Medicaid Enrollees; creation of a linked Medicare-Medicaid enrollee data set.

Integrated Care Resource Center (ICRC):
• Technical resource center for states. The ICRC supports states in developing integrated care programs and promoting best practices for better serving Medicare-Medicaid enrollees and other beneficiaries with chronic conditions.
Initiative to Reduce Avoidable Hospitalizations

• Initiative funded by the CMS Innovation Center to reduce preventable inpatient hospitalizations among residents of nursing facilities.
  – Selected organizations are partnering with 146 nursing facilities currently serving beneficiaries.
  – Each organization has on-site staff partnering with nursing facility staff to provide preventive services as well as improve assessments and management of medical conditions.

• Selected Organizations:
  – Alabama Quality Assurance Foundation (Alabama), Alegent Health (Nebraska), The Curators of the University of Missouri (Missouri), Greater New York Hospital Foundation, Inc. (New York), HealthInsight of Nevada (Nevada), Indiana University (Indiana), UPMC Community Provider Services (Pennsylvania)
Financial Alignment Initiative Update

• Ten states have approved capitated financial alignment models: California, Illinois, Massachusetts, Michigan, New York, Ohio, South Carolina, Texas, Virginia, and Washington State.

• Two states have approved managed fee-for-service financial alignment models: Colorado and Washington State.

• Minnesota has an alternative model to integrate care for Medicare-Medicaid enrollees building on the state’s current infrastructure.

• We are working with additional states to participate in the initiative.
Financial Alignment Initiative: Where We Are

KEY:
- Capitated Model
- Fee-For-Service Model
- Both Capitated and FFS
- Alternative Model
- Live States

Live States
# Capitated Demonstration Enrollment

<table>
<thead>
<tr>
<th>State</th>
<th>Start date</th>
<th>Total Enrollment as of October, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>April 2014</td>
<td>48,976</td>
</tr>
<tr>
<td>Illinois</td>
<td>March 2014</td>
<td>51,001</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>October 2013</td>
<td>17,617</td>
</tr>
<tr>
<td>Ohio</td>
<td>May 2014</td>
<td>14,794</td>
</tr>
<tr>
<td>Virginia</td>
<td>April 2014</td>
<td>29,460</td>
</tr>
<tr>
<td><strong>Sum</strong></td>
<td></td>
<td><strong>161,848</strong></td>
</tr>
</tbody>
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# Managed Fee-For-Service Demonstration

<table>
<thead>
<tr>
<th>State</th>
<th>Start date</th>
<th>Total Eligible Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington</td>
<td>July 2013</td>
<td>20,000</td>
</tr>
<tr>
<td>Colorado</td>
<td>September 2014</td>
<td>32,000</td>
</tr>
<tr>
<td>Sum</td>
<td></td>
<td>52,000</td>
</tr>
</tbody>
</table>
The oversight process for the demonstrations builds on Medicare Advantage but includes other aspects in the federal-state partnership.

- **Monitoring:** Multiple channels for CMS and states to monitor demonstration plan as enrollment begins.
  - Site Visits
  - Contract Management Teams
  - Routine data collection
    - Pharmacy denials
    - Completion of assessments
    - Grievances and appeals
  - CMS and the State may stop enrollment at any time.

- **Evaluation:** CMS has contracted with RTI for external evaluation.
  - There will be state-specific evaluation plans for each demonstration.
Implementation To Date

• Collaboration and feedback with beneficiaries, advocates, providers, plans, and our state partners.

• Feedback loop helps allow for continued learning.

• Implementation Lessons
  – Enrollment transactions
  – Locating and engaging beneficiaries
  – Health risk assessments