



## What Would Strengthen Medicaid LTSS?



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# Medicare-Medicaid Coordination Office

## 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.

# Initiatives to Improve Care Coordination

- **Program Alignment Initiative:** Identify and address conflicting requirements between the Medicare and Medicaid programs that are potential barriers to seamless and cost effective care for beneficiaries.
- **Medicare Data to States:** Improved access to Medicare Parts A/B, and D data to support care coordination and improve quality for Medicare-Medicaid enrollees.
- **State Profiles:** Examine the demographic characteristics, utilization, and spending patterns of Medicare-Medicaid enrollees and the programs that serve them in each State.
- **Enhancements to the Chronic Condition Warehouse (CCW):** Support a better understanding of the Medicare-Medicaid enrollees. Examples:
  - **New Mental Health and Tobacco Condition Flags:** Bipolar disorders, schizophrenia and anxiety disorders
  - **Newly linked Medicare-Medicaid data:** More comprehensive information on eligibility, enrollment, service utilizations and expenditures by both Medicare and Medicaid

# Initiative to Reduce Avoidable Hospitalizations

**Goal:** To reduce preventable inpatient hospitalizations among residents of nursing facilities.

**Overview:** Grant program funded by the CMS Innovation Center. Selected organizations will be/ are partnering with 144 nursing facilities. Each organization will have on-site staff to partner with the existing nursing facility staff to provide preventive services as well as improve assessments and management of medical conditions. All organizations are currently serving beneficiaries.

## **Selected Organizations:**

- Alabama Quality Assurance Foundation (**Alabama**)
- Alegant 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**)

# Opportunity for Care Coordination: Financial Alignment

**Background:** In 2011, CMS announced new models to integrate the service delivery and financing of both Medicare and Medicaid through a Federal-State demonstration to better serve the population.

**Goal:** Increase access to quality, seamlessly integrated programs for Medicare-Medicaid enrollees.

## Demonstration Models:

- **Capitated Model:** Three-way contract among State, CMS and health plan to provide comprehensive, coordinated care in a more cost-effective way.
- **Managed FFS Model:** Agreement between State and CMS under which states would be eligible to benefit from savings resulting from initiatives to reduce costs in both Medicaid and Medicare.

# Examples of Beneficiary Enhancements

- Person-centered care planning
- Choice of plans and providers
- Continuity of care provisions
- Care coordination and assistance with care transitions
- Enrollment assistance and options counseling
- One identification card for all benefits and services
- Single statement of all rights and responsibilities
- Integrated grievances and appeals process
- Maximum travel and distance times
- Limitations on wait and appointment times
- Independent Ombudsman services

# Demonstration Update

- **Overall:**
  - Five states have approved capitated Demonstrations: Massachusetts, Ohio, Illinois, California, and Virginia.
  - Washington State has an approved managed fee-for-service Demonstration.
  - CMS is continuing to work with other states on initiatives to better integrate care.

# More Information

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## Medicare-Medicaid Coordination Office

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