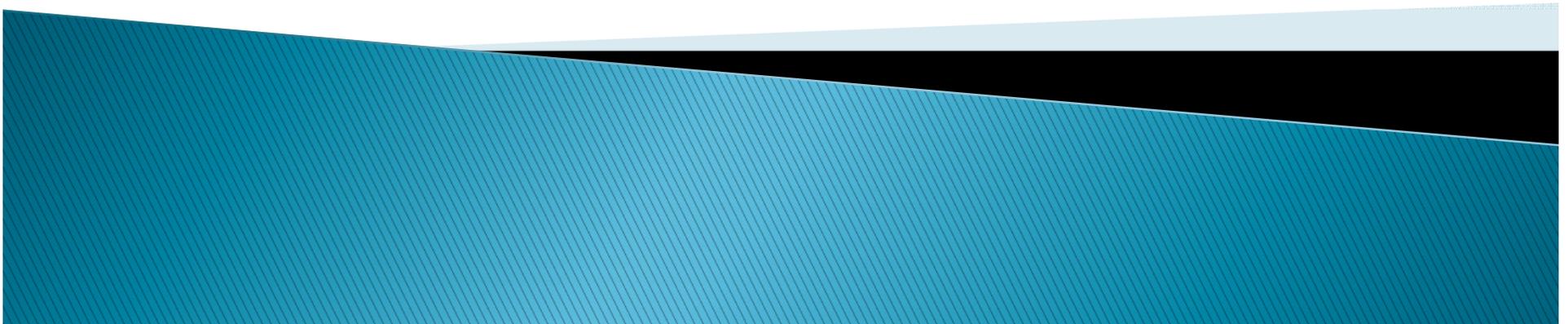


Integrated Care for Dual Eligibles Stakeholder Videoconference

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Bureau of Long Term Care
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Integrated Care for Dual Eligibles

- ▶ Idaho Medicaid was directed by the Idaho Legislature through HB 260 to develop managed care programs that result in an accountable care system with improved health outcomes.
- ▶ To make sure dual eligible beneficiaries have full access to seamless, high quality health care and to make the system as cost-effective as possible, the federal Medicare–Medicaid Coordination Office was established pursuant to Section 2602 of the Affordable Care Act.



Integrated Care for Dual Eligibles

- ▶ Medicaid program is seeking input of Idaho stakeholders for transitioning care of adults who are dually eligible for Medicare and Medicaid to an integrated, coordinated care system.
- ▶ This stakeholder meeting is one of the steps in Idaho's plan to engage our stakeholder community during the design phase to ensure broad and ongoing stakeholder input on the implementation.



Integrated Care for Dual Eligibles

- ▶ 17,172 people in Idaho were dually eligible for Medicaid and Medicare.
 - 1,031 are enrolled Idaho's Medicare–Medicaid Coordinated Plan (MMCP) in 30 participating counties.
- ▶ MMCP enrollees have average monthly expenditures of \$1,500 compared to \$1,800 for those not enrolled.



**IDAHO DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF MEDICAID**

Idaho Medicaid Management Information System

Medicaid/Medicare Dual Eligible Participants who Access A&D or DD Waiver

By Eligible Month and by Waiver Aid Category

Member Eligibility	Medicaid/Medicare Dual Eligibles				Total Medicaid/Medicare Dual Eligibles
	Waiver Aid Category				
	None	DD	A&D	Total DD or A&D	
1/1/2011	11,365	1,153	4,414	5,567	16,932
2/1/2011	11,398	1,156	4,448	5,604	17,002
3/1/2011	11,427	1,164	4,433	5,597	17,024
4/1/2011	11,490	1,170	4,420	5,590	17,080
5/1/2011	11,491	1,176	4,422	5,598	17,089
6/1/2011	11,560	1,190	4,422	5,612	17,172



Medicare–Medicaid Coordination Office Goals

- ▶ Providing dual eligible individuals full access to the benefits to which such individuals are entitled under the Medicare and Medicaid programs.
- ▶ Simplifying the processes for dual eligible individuals to access the items and services they are entitled to under the Medicare and Medicaid programs.
- ▶ Improving the quality of health care and long-term services for dual eligible individuals.
- ▶ Increasing dual eligible individuals' understanding of and satisfaction with coverage under the Medicare and Medicaid programs.



Medicare–Medicaid Coordination Office Goals

- ▶ Eliminating regulatory conflicts between rules under the Medicare and Medicaid programs.
- ▶ Improving care continuity and ensuring safe and effective care transitions for dual eligible individuals.
- ▶ Eliminating cost–shifting between the Medicare and Medicaid program and among related health care providers.
- ▶ Improving the quality of performance of providers of services and suppliers under the Medicare and Medicaid programs.



The Alignment Initiative

- ▶ The Alignment Initiative's goal is to more effectively integrate the Medicare and Medicaid programs.
- ▶ Partnering with States, health care providers, caregivers and beneficiaries, CMS will work to improve quality, reduce costs and improve the dual eligible beneficiary experience.
- ▶ Through the Alignment Initiative the Medicare–Medicaid Coordination Office seeks to transcend boundaries, facilitating a national conversation with stakeholders from around the country to identify opportunities for alignments and improve the two programs.



The Alignment Initiative

- ▶ As a first step in the Alignment Initiative, the Medicare–Medicaid Coordination Office compiled the Opportunities for Alignment List, which includes a broad range of content areas in which the Medicare and Medicaid programs have conflicting requirements or create incentives that prevent dual eligible beneficiaries from receiving seamless, high quality care.



Integrated Care Resource Center

- ▶ Assists States in delivering coordinated health care to high-need, high-cost beneficiaries.
- ▶ Provides technical assistance to States to better serve beneficiaries, improve quality and reduce costs.
- ▶ Assist both the Medicare-Medicaid Coordination Office and the CMS Center for Medicaid, CHIP and Survey & Certification to work with States to more effectively promote innovative approaches to delivering coordinated health care to beneficiaries including those with chronic conditions and/or eligibility for both the Medicare and Medicaid programs.
- ▶ Center led by Mathematica.



Integrated Care Resource Center

- ▶ **Types of Assistance Available to States**
 - Conducting needs assessment and gap analysis
 - Providing technical assistance in areas including program design, stakeholder engagement, data, and health information technology
 - Facilitating sharing of best practices across States
 - Developing resources to support States' efforts to coordinate primary, acute, behavioral health, and long-term supports and services for high-need, high-cost individuals, including Medicare-Medicaid enrollees.



Integrated Care for Dual Eligibles

- ▶ Why focusing on Long Term Care?
 - To decrease the confusion and fragmentation for these participants by developing a seamless coordinated care system
 - Long term services and supports represent the most challenging set of benefits with the least amount of managed care experience
- ▶ Today's Forum
 - Experts from Idaho businesses and community representatives to present information and participate in a panel discussion regarding Medicaid Managed Care for Dual Eligible Beneficiaries



Integrated Care for Dual Eligibles

- ▶ For more information:

- Email

LTCmanagedcare@dhw.idaho.gov

- Website

www.MedicaidLTCManagedCare.dhw.idaho.gov

