

Improving Care for Medicare-Medicaid Beneficiaries

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About Community Catalyst

- Nonprofit health care advocacy organization
- Network of advocates in 40+ states
- Building advocacy infrastructure
- Leading broad-based issue campaigns



Voices for Better Health

- Partners with state and local advocates to:
 - Influence the policies and design of the dual eligible demonstrations at the state and federal level
 - Work with delivery systems to develop meaningful engagement with their consumers

1. ACA Opportunities and Risks
2. National Developments
3. Importance of Consumer Engagement
4. Questions

ACA Opportunities and Risks

Medicare-Medicaid Coordination Office

- Improve quality, reduce costs, improve the beneficiary experience
 - Ensure full access to services
 - Improve coordination between the federal government and states
 - Develop innovative care models
 - Eliminate financial misalignments

MMCO Financing Mechanisms

Capitated approach

- Three-way contract among CMS, the state, and health plans
- Participating plans receive a prospective blended payment to provide comprehensive, seamless coverage to their members

Managed fee-for-service approach

- Agreement between CMS and a state
- State is eligible for a portion of the savings resulting from initiatives that improve quality and reduce costs for both Medicaid and Medicare

Demonstration Proposal Requirements

- How demonstration will achieve better health, better care, and lower costs through improvement
- Proposed payment system
- Key performance and quality measures
- How proposed model fits with existing programs, e.g. Medicaid waivers and/or state plan services
- Overall implementation strategy and timeline
- Proposed delivery system/programmatic elements
- State infrastructure/capacity to implement and monitor
- Plan for engaging internal and external stakeholders (public comment periods)
- Evaluation design

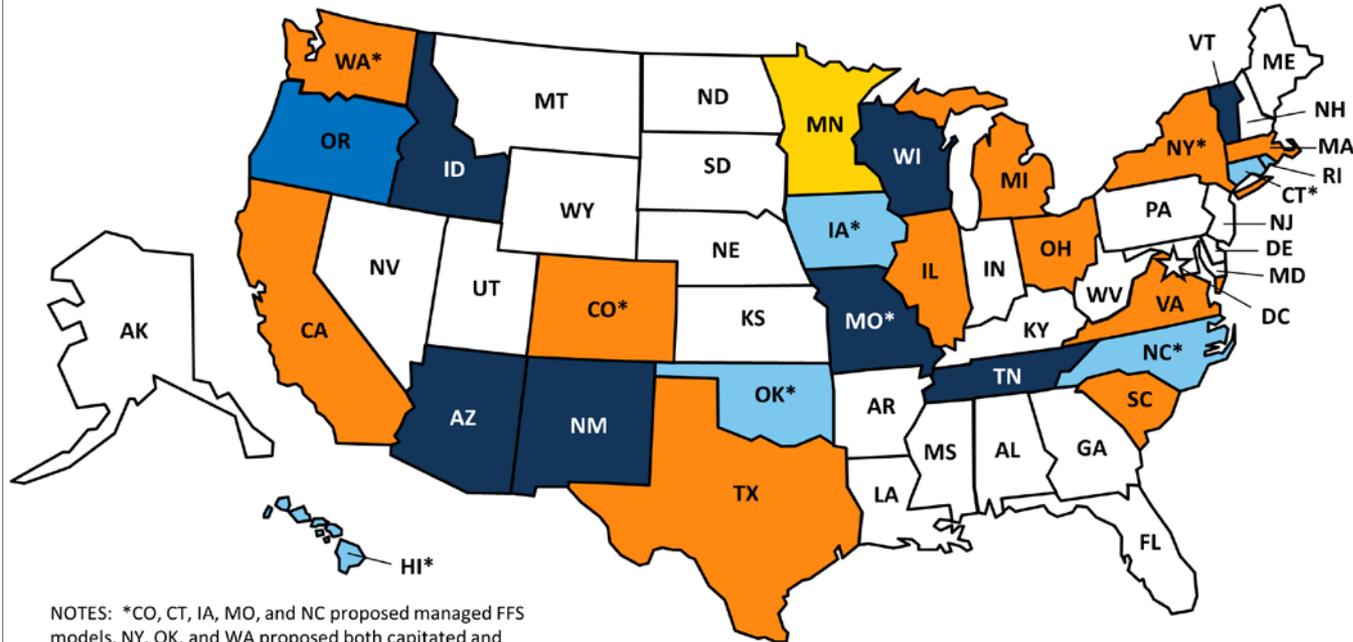
Risks

- Access and quality maybe compromised in the name of saving money
- Inadequate provider/plan capacity or buy-in, resulting in poor quality care
- Disruption in care and existing provider relationships
- New program may not meet the needs of subpopulations
- Inadequate monitoring/oversight by state/federal officials

National Developments

Demonstration Development

State Demonstration Proposals to Align Financing and/or Administration for Dual Eligible Beneficiaries, May 2014



NOTES: *CO, CT, IA, MO, and NC proposed managed FFS models. NY, OK, and WA proposed both capitated and managed FFS models; both demonstrations are approved in WA; NY withdrew its managed FFS proposal. All other states proposed capitated models.
 SOURCE: CMS Financial Alignment Initiative, State Financial Alignment Proposals, <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialModelstoSupportStatesEffortsInCareCoordination.html>, and state websites.

- MOU signed with CMS to implement financial alignment demonstration (11 states)
- MOU signed with CMS to implement administrative alignment demonstration (1 state)
- Proposal pending with CMS (6 states plus NY's DD proposal)
- Proposal submitted, will not pursue financial alignment but may pursue administrative alignment (1 state)
- Proposal withdrawn (7 states)
- Not participating in demonstration (24 states and DC)



Early Implementation Challenges

- Outreach & Enrollment
 - Consumer education
 - Provider education
 - Notices
- Readiness
 - State readiness
 - Plan readiness

Why Is Consumer Engagement So Important?

The Transformative Power of Consumer Engagement

Meaningful consumer engagement is critical to the demos' success.

- Improves communication
- Expands promising practices
- Corrects potential, costly problems

Guidance from CMS

“Medicare-Medicaid enrollees, their families and consumer organizations working with them... have a central role to play in helping to design a person-centered system of care...”

~ State Medicaid Director letter
on Financial Alignment Initiative, July 11, 2011

“... and we should ensure beneficiaries’ voices are heard in the design, implementation, and oversight of new initiatives.”

~ State Medicaid Director letter
on Integrated Care Models, July 10, 2012

3 Levels of Consumer Engagement

- State
- Delivery System
- Provider

State-Level Consumer Engagement

- **Michigan** is holding quarterly regional open forums & developing an advisory committee
- **Ohio** has an implementation council.
- **Rhode Island** has monthly consumer advisory meetings
- **New York** holds bimonthly calls with stakeholders.
- **Washington's** HealthPathWA Advisory Team (HAT) meets regularly.
- **Massachusetts'** Implementation Council meets monthly.

Delivery System-Level Consumer Engagement

State	Requirement
California	Beneficiary Advisory Board
Illinois	Consumer Advisory Committee and Community Stakeholder Committee
Massachusetts	Consumer Advisory Committee
Michigan	Consumer Advisory Board
New York	Participant Advisory Committee
Ohio	Beneficiary Advisory Committee
South Carolina	Advisory Committee
Virginia	Advisory Committee
Washington	Advisory Committee

Delivery System-Level Consumer Engagement

- Person with Disabilities Workgroup
- Public Policy Participation Committee
- Inland Empire Disabilities Collaborative



- Member Advocate/Ombudsman
- Member Advisory Committees
- Member Satisfaction Workgroup

- Consumers on governing board
- Consumer Advisory member meetings
- Consumer Advisory Committees



Provider-Level Consumer Engagement

- Jeffrey Brenner, M.D. and the Camden Coalition of Health Providers
- Judith Hibbard's "Patient Activation Measure"
 - Minnesota Courage Center's "Epicenter of Engagement"

QUESTIONS?