

Details for Title: CMS and Minnesota Partner to Coordinate Care for Medicare-Medicaid Enrollees

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Overview

On September 12, 2013, the Centers for Medicare & Medicaid Services (CMS) announced a new partnership with the state of Minnesota to test new ways of improving care for Medicare-Medicaid enrollees. Building on the state's Minnesota Senior Health Option (MSHO) program, CMS and Minnesota will work together to improve the beneficiary experience in health plans that maintain contracts with both CMS as Medicare Advantage Special Needs Plans and with the state to deliver Medicaid services.

Background

Medicare-Medicaid Enrollees

Improving the care experience for low-income seniors and people with disabilities who are Medicare-Medicaid enrollees – sometimes referred to as “dual eligible individuals” – is a priority for CMS. Currently, Medicare-Medicaid enrollees navigate multiple sets of rules, benefits, insurance cards, and providers (Medicare Parts A and B, Part D, and Medicaid). Many Medicare-Medicaid enrollees suffer from multiple or severe chronic conditions and could benefit from better care coordination and management of health and long-term supports and services.

MSHO

Through MSHO, Minnesota's Medicare-Medicaid enrollees can currently receive health benefits through Dual Eligible Special Needs Plans (D-SNPs). MSHO began in 1997 as one of the nation's first initiatives to integrate care for people dually eligible for Medicare and Medicaid. Approximately 36,000 Medicare-Medicaid enrollees in Minnesota are currently served in MSHO.

Minnesota Demonstration

Under the terms described in the Memorandum of Understanding (MOU) signed by CMS and the state of Minnesota, Medicare-Medicaid enrollees will continue to have the option to enroll in MSHO plans, which will maintain Medicare and Medicaid contracts for benefits offered to those beneficiaries. However, CMS, working with the state, will make modifications to existing processes that will result in a more integrated care experience for beneficiaries enrolled in these plans. At the same time, the MSHO plans will be implementing new payment and delivery systems reforms to more fully integrate primary care, long term services and supports, and behavioral health services.

Integrated Appeals Process

Prior to this Demonstration, CMS and the state collaborated to integrate elements of the appeals and grievance processes available to beneficiaries enrolled in MSHO plans. This Demonstration will add new features to simplify communications with beneficiaries and their families, including an integrated model for grievance and appeals explanations.

Collaborative Monitoring and Reporting

CMS will conduct joint federal-state monitoring and quality oversight, as well as utilize a consolidated set of reporting requirements to avoid unnecessary duplication. MSHO plans will help to test new quality measures designed to better capture experiences and priorities of older adults dually eligible for Medicare and Medicaid.

Integrated Information for Beneficiaries

The Demonstration will integrate and simplify informational materials made available to enrolled beneficiaries. MSHO plans will use integrated documents that provide information on a full array of Medicare and Medicaid benefits, rather than separate information for Medicare and Medicaid benefits. For example, currently a beneficiary receives materials about Medicare benefits that only include limited post-acute in-home supports.

Beneficiaries need to consult a separate document to know that they can also receive much more extensive community-based long term services and supports to maintain independence in the community. Under the demonstration, beneficiaries will be able to see all of the benefits available through MSHO, regardless of whether they are primarily covered by Medicare or Medicaid.

Differences from the Financial Alignment Initiative

In early 2011, CMS announced it would partner with states to test one of two models designed to improve care for Medicare-Medicaid enrollees:

1. **Managed Fee-for-Service Model** in which a state and CMS enter into an agreement by which the state would be eligible to benefit from savings resulting from initiatives designed to improve quality and reduce costs for both Medicare and Medicaid;
2. **Capitated Model** in which a state and CMS contract with health plans or other qualified entities that receive a prospective, blended payment to provide enrolled Medicare-Medicaid enrollees with coordinated care.

Under this initiative, CMS has approved demonstrations with seven states.

Minnesota's demonstration is separate and distinct from the Financial Alignment Initiative. Minnesota's demonstration is unique in that it is not a capitated or FFS demonstration, but a set of administrative improvements that will simplify the process for beneficiaries to access the services to which they are eligible under Medicare and Medicaid. Accordingly, Minnesota's demonstration will not use the passive enrollment approach applied in other states testing capitated models. Instead, the demonstration focuses on ways to improve the beneficiary experience in health plans that maintain separate contracts with CMS as D-SNPs and with the state.

Additional Resources

The MOU signed by CMS and the state of Minnesota is available at:

<http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MNMOU.pdf>

More information on the Medicare-Medicaid Coordination Office, including the Financial Alignment Initiative is available at: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/index.html>.

More information on MSHO is available at:

http://www.dhs.state.mn.us/id_006271