



Innovation Grant to Better Serve Individuals who are Dually Eligible for Medicare and Medicaid Services

Stakeholder Engagement
Everett, WA
September 13, 2011



Today's Agenda

- Welcome and Overview Presentations
- Morning Breakout Sessions
- Afternoon Breakout Sessions
- Next Steps



Today's Goals

To provide information:

- Duals innovation grant, timelines, deliverables
- National and state work to improve coordination of care for individuals dually eligible
- Description of the population
- Opportunities to be engaged in the grant's design plan development



Today's Goals

To hear from you:

- Identify core service elements
- Identify consumer protections
- Identify strategies to improve coordination of care



Governor's Health Care Reform Goals

- Emphasize evidence based health care
- Promote prevention, healthy lifestyles and healthy choices
- Better manage chronic conditions
- Create more transparency in the health system
- Make better use of information technology



State Reform Opportunities

- Health Innovation Washington
- ACA Section 2703 – Health Homes
- House Bill 1738
- Duals Innovation Grant



Common Goal of Health Reform Initiatives

The best value for every health care dollar spent

- The right care
- At the right time
- In the right place
- At the right price and amount



What is the Duals Innovation Grant

An opportunity to design innovative care model(s) for serving individuals who are dually eligible for Medicare and Medicaid

- Washington is one of 15 participating states
- The Health Care Authority and DSHS share governance and leadership responsibilities
- CMS will determine whether or not to fund implementation of our design plan

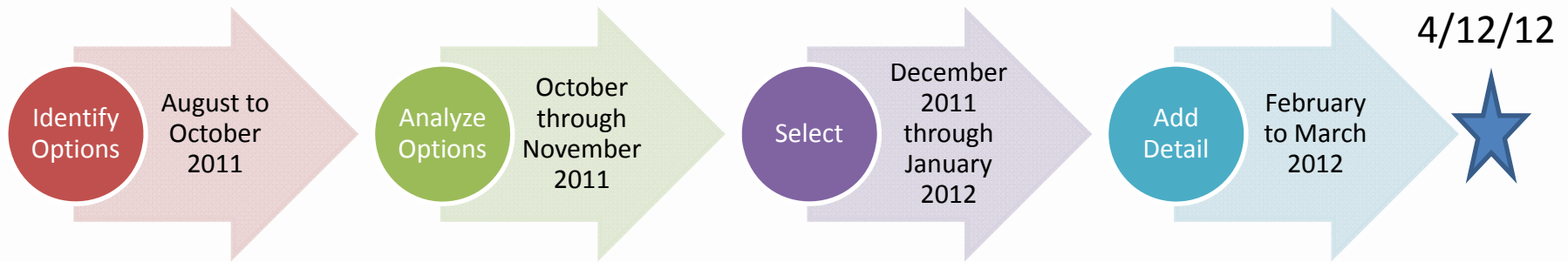


Duals Innovation Grant

Goals:

- Improve quality of care
- Improve coordination of care
- Reduce expenditures
- Share savings with the federal government
- Foster relationships with diverse groups of stakeholders

Grant Timeline



NOTE: Not all tasks sequential

- Washington's Proposal is due April 12, 2012
- CMS has up to 6 months after that to decide if they will authorize – October 2012

Grant Deliverables

Design Plan must detail elements such as:

- How we will improve and coordinate care
- What services will be included
- What population(s) will be served
- Performance measures and outcomes
- A description of proposed payment reform and how we will achieve savings



The National Perspective

Presented by:

Center for Health Care Strategies

Alice Lind, Senior Clinical Officer



The Duals in Washington

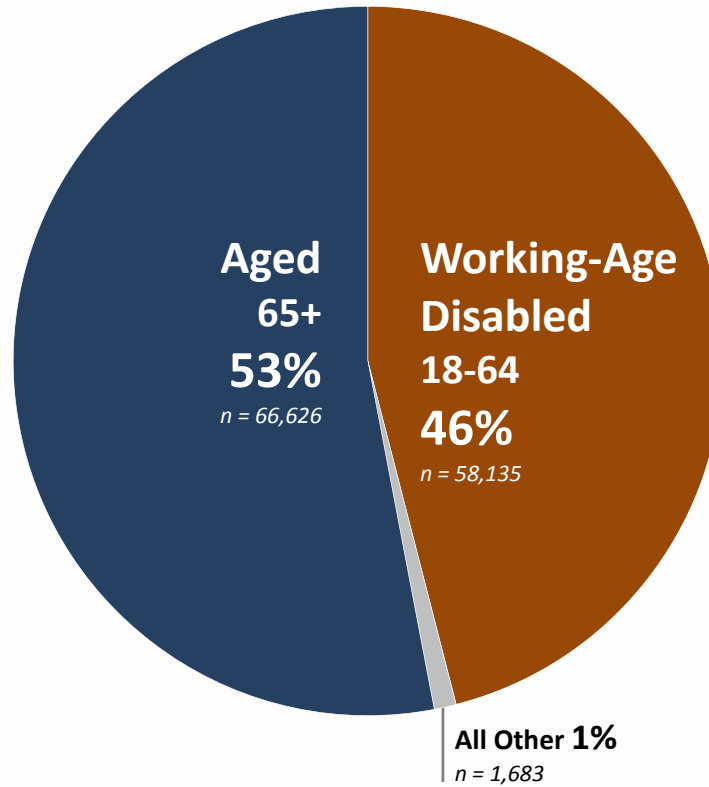
Overview:

- Population profile
- Costs
- Beneficiary examples

Washington State Dual Eligibles

Client Distribution by Type of Medicaid Coverage

SFY 2009 TOTAL = 126,444



State Expenditures on Duals (SFY 2009)

- Only 11% of Medicaid enrollment, but 34% of Medicaid and related state expenditures
- Duals who use LTC, DDD residential, or psychiatric inpatient services account for:
 - 5% of Medicaid enrollment
 - 31% of total Medicaid and related state spending
 - 92% of total Medicaid spending on dual eligibles
- Medicaid covers 86% of LTC costs for duals
- 58% of state spending for duals goes toward LTC services



Avg. Annual State Expenditures on Duals (SFY 2009)

- Overall Medicaid and related state spending on duals:
 - \$16,503 per client per year
 - 4 times the average for non duals
- Medicaid and related state spending for duals who use LTC, DDD residential, or psychiatric inpatient services:
 - \$29,947 per client per year
 - 8 times the average for non duals

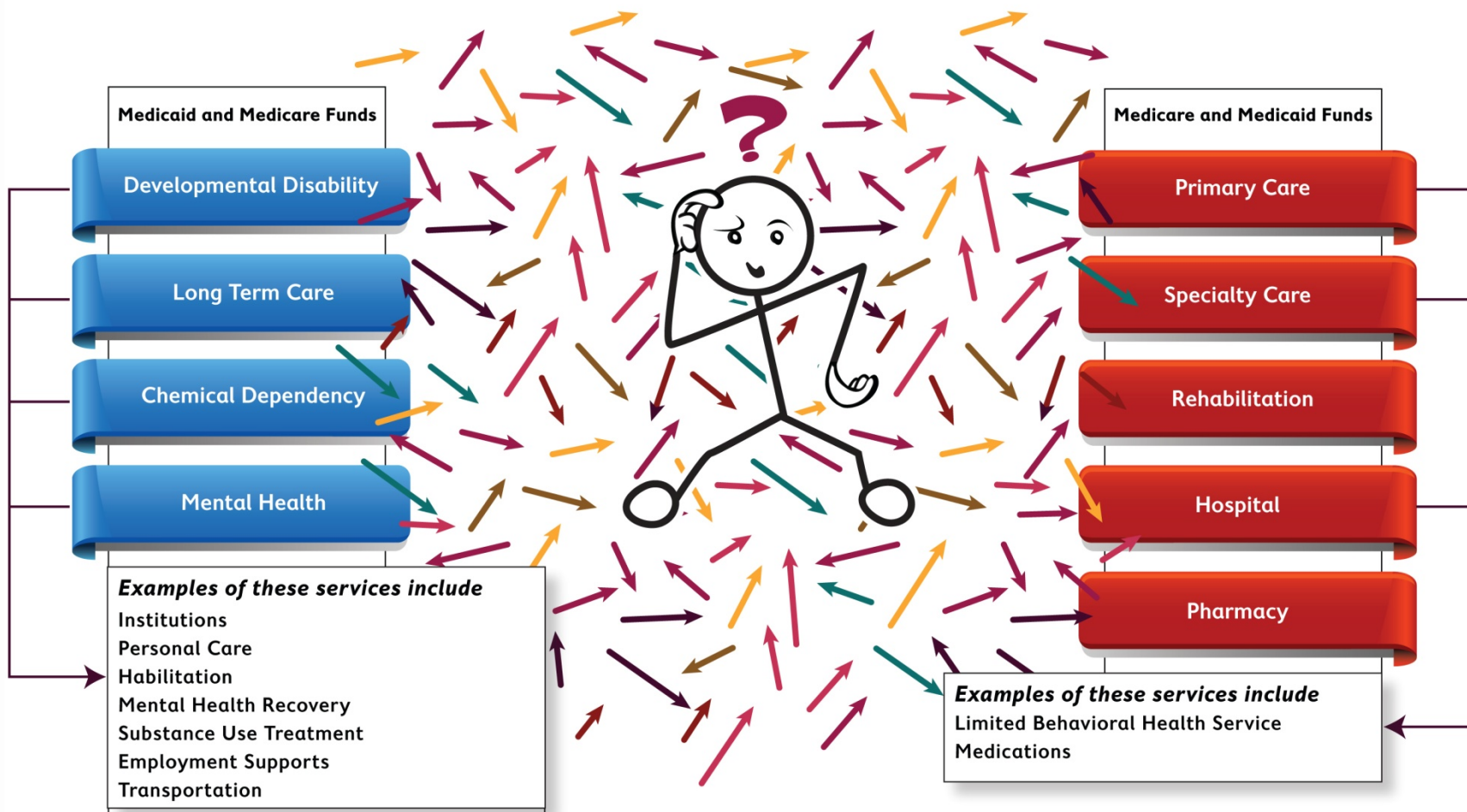



Beneficiary Profiles

- Ms. W – a 67 year old woman who lives alone and has multiple chronic conditions, frequent emergency room visits, personal care needs, declines services from the mental health center.
- Mr. J – 28 year old man who lives alone. Has intellectual disability, works three days a week, visits mental health case manager regularly, needs support to manage daily tasks.

Today

Health/Social Services Delivery System





Opportunities and Challenges Health Care the Washington Way

- Build on past work
- Use integrated clinical data – PRISM
- National and state commitment
- Higher proportion of people with significant disabilities living in community settings
- Population increases and expansion of Medicaid
- Budget constraints

Guiding Project Principles

Individuals and families are seen as capable of self management, recovery and resiliency. They have a central role in making decisions about their daily lives, managing their health, services and supports



Therefore

- We will offer a delivery system that is person centered, promotes self-management principles and recognizes the interdependence of health and human services.
- A continuum of community based options and options that are least restrictive will be of high importance.
- The impacts of decisions on individuals, including continuity of services, will be a priority as we design for the future.



Guiding Project Principles

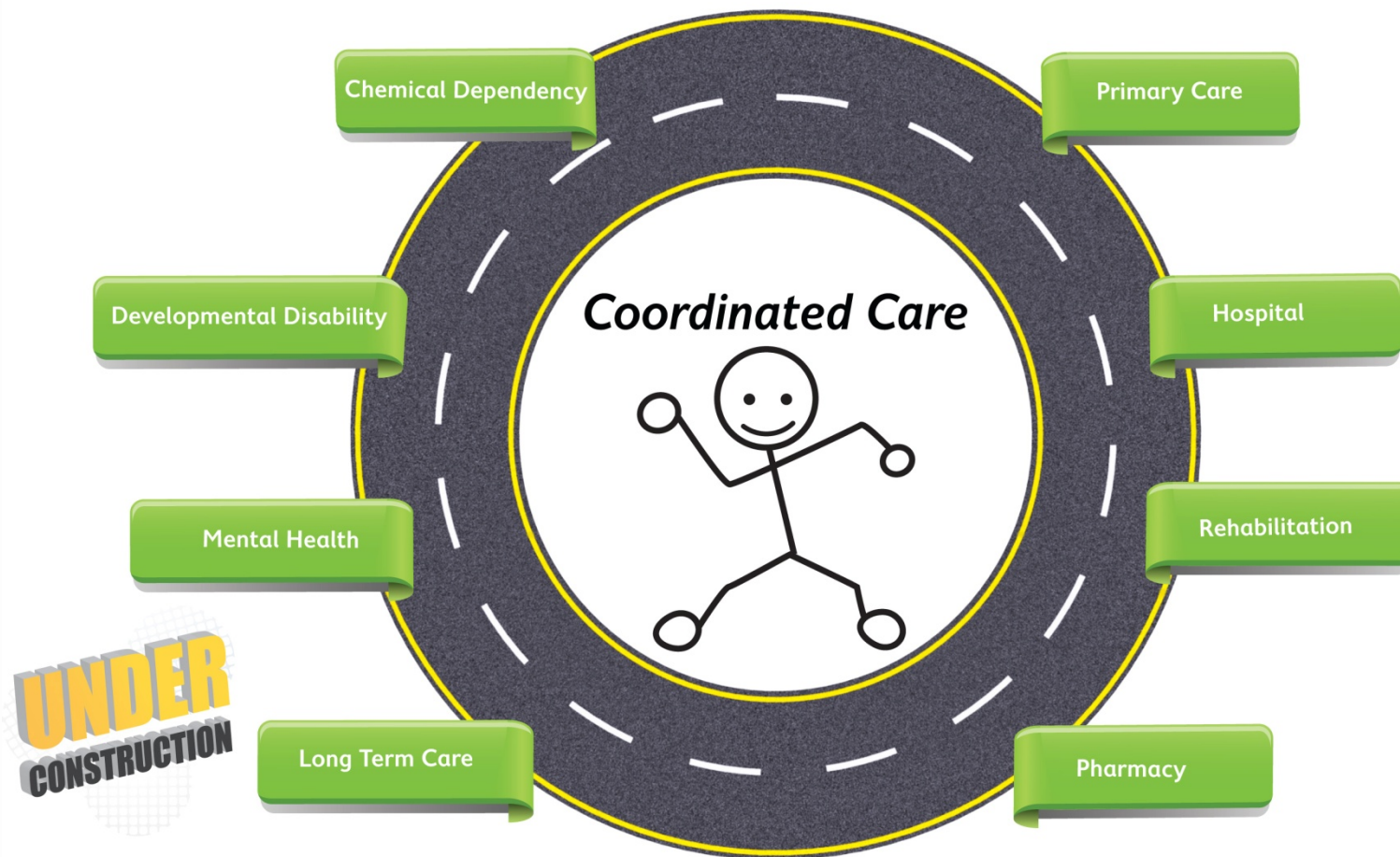
The long-term success of this project will be measured by the state's ability to hold the line on a 4% overall medical trend, the quality of the design changes we propose and our ability to implement the best beyond pilots.

Therefore

- Decision-making will be evidence based where available or will be based on promising practices.
- We will foster innovation and risk taking and expect to terminate programs that do not demonstrate desired results.
- Delivery system design will encourage appropriate use of services while providing incentives for prevention, early detection, improved health outcomes, and cost savings.

Tomorrow

Coordinated Care recognizes that medical and social services support needs are inter-related and both are necessary to achieve health outcomes.





How Do We Get There?

By taking “Triple Aim”

Better care for individuals by:

- Improving safety, effectiveness, timeliness, efficiency and equity
- Making sure care is person-centered

Better health for populations by:

- Addressing upstream causes of poor health

Reducing per capita expenditures while enhancing health outcomes by:

- Reducing waste/duplication and providing care in the most cost effective setting



How Can You Help?

Your participation is critical in designing a responsive and workable solution. Join us in designing a health care delivery system that provides:

- The right care, at the right time, in the right place, at the right price and amount
- Coordinated care that recognizes medical and social services supports needs are inter-related and both are necessary to achieve health outcomes

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Resources

CHCS website

www.chcs.org/info-url_nocat5108/info_url_nocat_list.htm?attrib_id=8408

National Senior Citizens Law Center issue briefs

www.nsclc.org

CMS innovations website

www.cms.gov/medicare-medicaid-coordination/10_IntegratedCareResourceCenterAvailabletoAllStates.asp#TopOfPage

Governor's health care reform website

<http://www.governor.wa.gov/priorities/healthcare/default.asp>

Washington state joint procurement website

www.hca.wa.gov/procurement.html

Grant Team Members & Questions

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Morning Break Out Sessions

Brain storm session to identify:

- Core Elements
- Consumer Protections

Necessary for an effective and accountable service delivery system

Afternoon Break Out Sessions

Define how we will know if we are successful in delivering the core elements and consumer protections identified in the morning sessions



Next Steps

- Identify outstanding questions
- Let you know how will your feedback be used
- Communication Plan
- Community forums in early 2012 to share draft plan
- Plan submitted to CMS in early April 2012
- If funded, begin implementation October 2012