

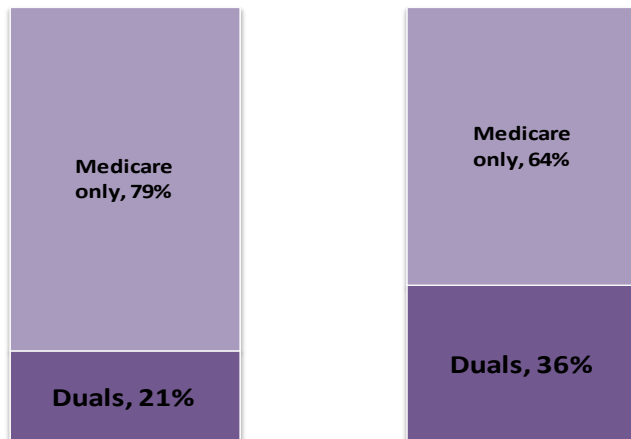
**Moving To Integrated Care:
RECOMMENDATIONS FOR ACTION**

CE REED AND ASSOCIATES

OCTOBER 20, 2011

Dual Eligibles account for a disproportionate share of Medicare & Medicaid spending

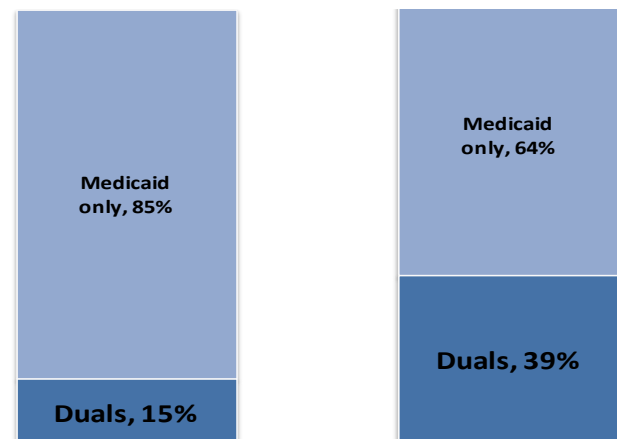
Medicare Dual Eligibles (2006)



Share of Population

Share of FFS Spending

Medicaid Dual Eligibles (2007)



Share of Population

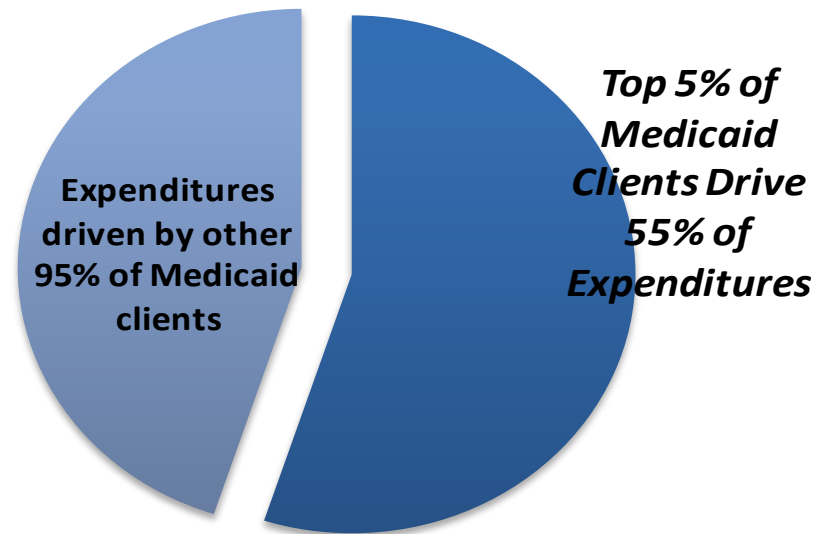
Share of Spending

Source: Kaiser Family Foundation, January 2011

C.E. Reed & Associates, May 25, 2011

The 5% of Medicaid clients with the highest service costs account for the majority of expenditures.

FFY 2008 Medicaid Expenditures



Source: CMS March, 2011 – CMS Analysis of MSIS data, FFY 2008

C.E. Reed & Associates, May 25, 2011

Recommendation 1:

**Actively Participate in
Stakeholder Processes**

**Request AAA representation
on Joint Select Committee
for Health Care Reform
Advisory Committee.**

**Develop ongoing
relationships with key
legislators on Joint Select
Committee for Health Care
Reform Implementation.**

**Present to Joint Select
Committee for Health Care
Reform Implementation on
logical roles for AAAs under
health system reform.**

**Educate individual
legislators from Joint Select
Committee for Health Care
Reform Implementation on
local AAA Medicaid
functions.**

**Request stakeholder
involvement in CMS
Planning Grant for Dual
Eligibles. Meet with HCA to
introduce staff to key
Medicaid functions of AAAs.**

Develop expertise to be effective participants in CMS Planning Grant Stakeholder process. Stay apprised of relevant literature on the topic.

**Request that other states
with successful integrated
plans (e.g., Massachusetts)
be invited to do
presentations at stakeholder
meetings.**

Coordinate with other advocacy groups, like the Senior Lobby and AARP, to promote a robust stakeholder process in developing an effective integrated care model in Washington.

Recommendation 2:

**Advocate for Adequate
Consumer Protections for
Long Term Supports and
Services.**

**Advocate for continued use
of standardized assessment
(CARE tool) statewide to
ensure consistency
regardless of managed care
plan.**

**Advocate for conflict-free
case management as a best
practice.**

**Consider supporting passage
of state legislation requiring
the use of standardized
assessment tool in managed
care program.**

AAAs should position themselves to be contractors of new integrated plans by demonstrating their effectiveness in serving LTC population.

Advocate that current contracts for Medicaid providers continue for at least the first year of the integrated health plan structure.

**AAAs should advocate for
contract monitoring and
oversight to assure
consumers receive
comparable LTC benefits
from plan to plan.**

Recommendation 3:

**Take AAA Demonstrations
and Pilot Projects to Scale
Statewide**

**Build on the NWRC
experience with Care
Transitions. All AAAs should
build a business case with
local health entities to
provide this service.**

**Promote statewide
expansion of the AAA
Chronic Care Management
Projects.**

**Advocate for budget neutral
or savings proposal for
transfer of funds (from HCA
to ADSA) for CCM
expansion.**

Recommendation 4:

**Build Strong Connections
and Partnerships with
the Health Care System**

**Contact Oregon AAAs to
learn from their experience
with regional health care
authority model and
legislative proposals that
could be replicated in
Washington.**

AAAs should contact health plans that file letters of intent for Healthy Options to discuss possible memoranda of agreements, potential contracts for CCM, CDSMP and Care Transitions.

AAAs should meet with Federally Qualified Health Centers to discuss common clients and potential to provide CCM, CDSMP and Care Transitions to reduce hospital/ER use.

AAAs should meet with major hospitals to develop projects to reduce hospitalization/ER use, which could include involvement in QI efforts.

AAAs and advocates need to educate health care providers and health plans on innovative AAA services & future roles for AAAs in serving individuals with long term support needs.