Highlights of GAO Report on Financial Alignment Demonstrations

Medicare and Medicaid: Additional Oversight Needed of CMS's Demonstration to Coordinate the Care of Dual-Eligible Beneficiaries

Overview

GAO interviewed federal and state Medicaid officials, health plans, and other stakeholders to examine and to assess care coordination under the Financial Alignment Demonstrations, which seek to integrate and to coordinate care for dual-eligible beneficiaries. GAO focused on four capitated demonstrations – CA, IL, MA, and VA – and one managed fee-for-service demonstration, WA. GAO wanted to determine the extent to which health plans or other entities are implementing care coordination, the challenges they have faced, and to understand CMS oversight responsibilities and actions. GAO specifically reviewed four elements of care coordination that CMS requires to be included in a demonstrations' delivery of care model: care coordinators; health risk assessments; individualized care plans (ICPs), and; interdisciplinary care teams (ICTs).

Key Findings

- Medicare-Medicaid Plans (MMPS), under the capitated model, and the state, under the MFFS model, are referred to as organizations in the GAO report. They each assigned care coordinators on the basis of geographic proximity to the beneficiary or to the beneficiary's primary care provider (PCP). Some organizations assigned care coordinators a mix of low-, moderate-, and high-risk beneficiaries, or assigned care coordinators based on the coordinator's qualifications and areas of expertise.
- Care coordinators used numerous methods to communicate with beneficiaries, including mail, e-mail, telephone and in-person meetings. Care coordinators often conducted health risk assessments in a variety of settings, including at a beneficiary's home, public parks and libraries, homeless shelters, clothing drives, and PCP offices.
- Organizations used several methods and tools to identify and to stratify beneficiaries based on risk.
- ICP templates varied by length, complexity, and focus in each organization. In some states, ICPs contained beneficiary goals, strategies, and timelines while other ICPs for low-risk beneficiaries contained only basic educational information on common health issues. ICPs were either created with the beneficiary in conjunction with their health risk assessment or after the completion of a health risk assessment.
- The ICT itself and its processes varied and were understood differently by each organization. Some ICT meetings occurred on a regular basis or after an acute event while others took place only once or when a beneficiary had their first contact with an organization. An ICT in one organization could be an individual meeting or one that included several beneficiaries or a conversation between an organizations' medical director and a beneficiary's PCP.
- Organizations faced numerous challenges in providing care coordination, including locating beneficiaries (homeless, transient, no or limited access to a telephone, inaccurate contact information), engaging beneficiaries (who may not understand the benefits of engagement, distrust the health system, or lack the ability for self-advocacy and direction) and their PCPs (who have busy schedules and may lack interest or knowledge of the demonstrations), and communicating with beneficiaries about the demonstration (streamlined enrollment materials

have proven more effective, while information received from outside organizations has created confusion and anxiety in some states).

- CMS established contract management teams (CMT) that include both federal and state officials to oversee the capitated demonstrations and their participating organizations while CMS provides direct oversight of the state under the MFFS model. Each demonstration includes a common set of core measures and state-specific measures that the organizations, under the capitated model, and states, under the MFFS model, must report to CMS. However, the two common sets of measures are different for the two models, making it difficult to compare outcomes across both approaches. Two of the 10 core measures in the capitated model provide information on the extent to which care coordination is occurring (completion of risk assessments within 90 days and percentage of reassessments completed annually), while no core measures in the MFFS provide such information. Neither model includes core measures related to care coordinators' activities, ICPs, or ICTs. Some state-specific measures do address care coordination, but these measures are not collected consistently across states or for the two models.
- CMS informed GAO that they have added 10 demonstration-specific questions to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys that were already part of the capitated demonstrations and will be adapted for use in the MFFS states. Two of these questions address care coordination by asking whether anyone has helped beneficiaries to coordinate their care and the level of satisfaction with this care coordination. GAO recognizes that some existing outcome measures, such as one included on nursing home diversion in the core measures for the capitated model, may help to determine whether care coordination is effective, but believes these cannot substitute for process measures that can be used to help identify and correct potential problems.

Recommendations

GAO recommends that CMS develop new comparable measures and align existing measures to strengthen oversight of care coordination. Specifically, GAO recommends CMS "expediently develop and require organizations in the capitated model, and the states in the MFFS model, to report comparable core data measures across the demonstration that measure the following: (1) the extent to which interdisciplinary care team meetings are occurring, and (2) for MFFS states, the extent to which health risk assessments are completed." Additionally, GAO recommends CMS "align [it's] existing state-specific measures regarding the extent to which individualized care plans are being developed across the capitated and MFFS states to make them comparable and designate them as a core reporting requirement."

Viohl & Associates will continue to monitor, analyze and report on the work of GAO.
Please let us know if you have any questions, concerns, or would like to discuss further.