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What Are You Hearing?

Spotlight: The Aging Network's Contribution to the Three Part Aim

In July, President Obama appointed Dr. Donald Berwick as Administrator of the Centers for Medicare and Medicaid Services (CMS). Dr. Berwick brings with him extensive experience from the Institute for Healthcare Improvement and his vision for eliminating barriers to health care reform under the “three part aim” promoting better health, providing better care while lowering cost. Working together, these themes can deliver on the promise of the Affordable Care Act (ACA) by developing a more coordinated, integrated and higher quality system of care. In order to understand the opportunities for partnership and integration in health care reform, it is important for our partners as well as providers on all sides of the health care system to see how the Aging Network (the Network) already supports and can help further foster the three part aim.

Promoting better health: Across the country, the Network provides a variety of services impacting the health and wellness of older adults and their caregivers. Each year the Network provides over 200 million meals to older people across the country. Area Agencies on Aging (AAAs) provide a wide array of health promotion services, including many evidence-based disease prevention and chronic disease self-management programs. In coordination with new funding for Aging and Disability Resource Centers (ADRCs), 16 states were awarded additional funds to better coordinate and support evidence-based care transition models, building on the local partnerships and success of past discharge planning initiatives.

Providing better care: The Network has a strong history of upholding individual and caregiver health through services that support their preference to remain in their homes and communities. Information and assistance and single point of entry systems such as ADRCs provide streamlined access to information, assessments, and benefits, improving how individuals and caregivers make informed decisions about obtaining services that best meet their needs. Access to transportation services provide individuals the flexibility to effectively follow through on care needs. AAAs are also highly involved in a number of other activities that give people choice and control over services. Programs such as Money Follows the Person (MFP) and Veterans-Directed Home and Community-Based Services (VDHCBS) promote person-centered plans for services while monitoring quality and outcomes that support community living.

Lowering Costs: The Network has a long commitment to educating the public and stakeholders regarding the cost of health care. The Senior

Medicare Patrol (SMP) program recruits and trains individuals to recognize and report instances of health care fraud and helps seniors to protect themselves and the Medicare and Medicaid system from fraud, error and abuse. SHIP counselors and Benefit Enrollment Centers utilize person-centered approaches, community mapping techniques and data to improve access to public benefit programs and educate individuals on how to lower their health care costs.

There are many opportunities to expand the work the Network is doing, developing a full partnership in payment reform systems that deliver integrated team-based care under Medicare and Medicaid. To learn more about the opportunities for the Aging Network within the Affordable Care Act, please visit: http://aoa.gov/Aging_Statistics/docs/AoA_Affordable_Care.pdf. For more information on Dr. Berwick's vision for the Affordable Care Act at CMS, please visit: <http://finance.senate.gov/imo/media/doc/FINAL%20Donald%20Berwick%20Testimony%2011.15.101.pdf>.

Federal Notices

Stay informed and comment on the implementation of the Affordable Care Act and changes for beneficiaries.

Medicare Part B Premiums

CMS published the premium and co-insurance rates for 2011. For more information, please visit: <http://federalregister.gov/a/2010-28248>.

Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2011

This final rule with comment period from CMS addresses changes to the physician fee schedule as well as implements certain provisions of the Affordable Care Act, including the Annual Wellness Visit for Medicare Beneficiaries and Removal of cost-share Barriers for preventive services. Comments due January 3, 2011. For more information, please visit: <http://www.regulations.gov/search/Regs/home.html#documentDetail?R=0900006480b7ee52>.

Prevention Task Force Solicitation

The Agency for Healthcare Quality and Research announced its solicitation for nominations to the US Preventive Services Task Force. The Task Force makes evidence-based recommendations regarding coverage for preventive services

and beneficiary cost-sharing under Medicare. For more information, please visit: <http://federalregister.gov/a/2010-28041>.

Establishment of the Independence Advisory Council under CLASS

The Department of Health and Human Services is now accepting nominations to the public advisory body responsible for general policy and administration of the CLASS program. For more information, please visit: <http://edocket.access.gpo.gov/2010/pdf/2010-28781.pdf>.

New Center for Medicare & Medicaid Innovations (CMMI) and Demonstration Programs Established

CMMI will consult with stakeholders across the health care and long-term care delivery systems to examine new ways of paying health care providers that can save money for Medicare and Medicaid while improving the quality of care. The demonstration programs include state incentives and enhanced Federal match for plans that develop 'health home' and 'medical home' models. For more information about getting involved and staying updated, please visit: <http://www.innovations.cms.gov/>.

Request for Information Regarding Accountable Care Organizations and the Medicare Shared Savings Program

CMS requests comments regarding certain aspects of the policies and standards that will apply to accountable care organizations (ACOs) participating in the Medicare Shared Savings Program under section 3021 or 3022 of the Affordable Care Act. In particular, the notice requests comments regarding quality standards for rewarding performance and improved beneficiary outcomes, as well as suggestions for additional model creation under the new Center for Medicare & Medicaid Innovations. Comments are due December 3, 2010. For more information, please visit: <http://www.federalregister.gov/articles/2010/11/17/2010-28996/medicare-program-request-for-information-regarding-accountable-care-organizations-and-the-medicare>.

Joint AoA-CMS Letter Promoting Opportunities for Coordination Related to Section Q Implementation (Return to the Community Referral)

The purpose of this memorandum is to inform State Medicaid Agencies (SMA) and other stakeholders, particularly Money Follows the Person (MFP) grantees, about opportunities for coordination with State Long-Term Care Ombudsman Programs. It is expected that the Aging Network, including the Long-Term Care Ombudsman Program, will likely experience increased demand for their services as a result of the Section Q Return to the Community Referral, and will need additional support to handle these demands. States operating or planning to submit a plan for an

MFP demonstration project should consider including the State Long-Term Care Ombudsman Office in the development and planned implementation activities. In addition, they are encouraged to consider using MFP funds to support the increased demands for Long-Term Care Ombudsman Program services as a result of MDS 3.0 Section Q implementation. MFP grantees can pay for these activities through administrative funds at 100% Federal match. For more information, please visit:

http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/Ombudsman/index.aspx. For more information about Section Q Implementation, please see the Fact Sheet and other information at:

<http://www.ltcombudsman.org/issues/MDS-3.0>.

New Information Collection for Evaluation of Practice Models for Dual-Eligibles and Medicare Beneficiaries with Serious Chronic Conditions

CMS is requesting comments on proposed plans to collect information regarding patterns of care and best practices that effectively integrate benefits under Medicare and Medicaid for dual-eligible beneficiaries. This project from the Federal Coordinated Health Care Office (FCHCO) proposes to collect information through open-ended discussions with providers, local health care and community leaders, patient advocates, and professionals involved in implementing care coordination initiatives. Comments from the public are due December 20, 2010. For more information, please visit:

<http://www.federalregister.gov/articles/2010/11/19/2010-29252/emergency-clearance-public-information-collection-requirements-submitted-to-the-office-of-management>.

Proposed Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs

CMS proposes revisions to the Medicare Advantage (MA) program (Part C) and Prescription Drug Benefit Program (Part D) to implement provisions specified in the Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (ACA) and make other changes to the regulations. These proposed revisions would clarify various program participation requirements; make changes to strengthen beneficiary protections; strengthen CMS's ability to identify strong applicants for Parts C and D program participation and remove consistently poor performers; and make other clarifications and technical changes. Comments are due January 21, 2011. For more information, please visit:

<http://www.federalregister.gov/articles/2010/11/22/2010-28774/medicare-program-proposed-changes-to-the-medicare-advantage-and-the-medicare-prescription-drug#h-16>

Upcoming Events and Training

Community-Based Care Transitions Conference

Registration is now open for the CMS National Care Transitions Conference on Friday December 3, 2010 from 8:00 AM to 4:00 PM EDT. This conference will provide a forum for hospitals, community-based organizations (CBOs), Quality Improvement Organizations (QIOs), AoA grantees, and other healthcare providers to receive useful guidance and have questions addressed regarding the upcoming funding opportunity under the Community Based Care Transitions Program (CCTP). For more information or to register for the webinar, please visit:

<http://www.cms.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1239313>.

Webinar Coming Soon: Getting Involved in Care Transitions

Join AoA and guest presenters from CMS and the Aging Network as we present practical information about the Affordable Care Act Sec. 3026 Community-Based Care Transitions and how AAAs can get involved through partnerships with local hospitals. A date for January 2011 will be announced soon.

State and Local Resources and Activities

AoA Region VII Strategy Meeting

On October 12th—13th, AoA Regional Support Center for Regions V & VII, in partnership with the local Aging Network, n4a and NASUAD, hosted a meeting in Kansas City, Missouri for Region VII SUA and AAA Directors. The meeting provided an excellent forum for the Directors to discuss the opportunities in the Affordable Care Act for the Aging Network and their consumers. Attendees shared ideas on how the Affordable Care Act topics such as Care Transitions can empower older adults and family caregivers in making decisions on choices for long-term services and supports. The Directors also discussed partnership opportunities with other networks such as the medical community. Other topics at the meeting included OAA Reauthorization, ADRC and Veteran's Directed Home and Community Based Services (VDHCBS). For additional information, please contact: AffordableCareAct@aoa.hhs.gov.

Region V AAA Directors Meeting

On October 26th, AoA Regional Support Center for Regions V & VII, in partnership with n4a and the local Aging Network, provided support for a meeting for Region V AAA Directors in Chicago. Similar to the October 12—13th

meeting, the Directors discussed the opportunities in the Affordable Care Act for the Aging Network and their consumers, including involvement in Care Transitions and partnerships with other provider networks. For additional information regarding this meeting, please contact:

AffordableCareAct@aoa.hhs.gov.

CMS and AoA Visit Care Transition Sites in Atlanta

On November 1st and 2nd, staff from CMS and AoA visited a local care transition site in Atlanta, GA. Hosted by the Atlanta Regional Commission (ARC) and highlighting their partnership with Piedmont Hospital, staff discussed the impact of providing discharge planning and other wrap around services for individuals. Cathie Berger, AAA Director for ARC commented, “care transitions provide us with a tremendous opportunity to bridge the gap that exists between acute care and long-term care systems and to address the divide that exists between delivering medical care and supportive services.” CMS and AoA staff traveled to a local senior housing site and visited with individuals who had benefited from transition services. The visit demonstrated how the local AAA and community-based initiatives are poised to support important transition provisions in the Affordable Care Act. “The Aging Network shares the goal of care transitions from hospital to home for older adults, not only to reduce the high cost, but also to prevent the trauma of a readmission to a hospital or emergency room,” commented Berger. “We are uniquely positioned to provide options counseling, care management and supportive services to ensure safe transitions.” ARC’s expanding work in care transitions will be presented at the upcoming December 3rd Care Transition Conference being hosted by CMS in Baltimore.

‘Straight Talk’ Resources from the National Council on Aging (NCOA)

NCOA’s ‘Straight Talk’ Campaign provides educational fact sheets and toolkits for Aging Services Professionals related to the impact of health reform for beneficiaries. For more information, please visit: <http://www.ncoa.org/public-policy/health-care-reform/straight-talk-for-seniors-on.html>.

State Refor(u)m Website from National Association for State Health Policy (NASHP)

Sponsored by NASHP, this website supports state officials working to implement health care reform. The site organizes and shares state-developed resources on a variety of ACA implementation topics. For more information or to share materials, please visit: <http://www.statereforum.org/>.

‘Long-Term Care in Brief’ Series from the National Association of States United for Aging and Disabilities (NASUAD)

Developed by NASUAD, this webpage provides a number of useful resources, comparison charts and implementation deadlines under ACA. The Long-Term Care in Brief Series provides high-level summaries of health reform provisions important to the Aging Network. For more information, please visit: http://www.nasuad.org/affordable_care_act/nasuad_materials.html.

‘New Opportunities for States’ Fact Sheets from Families USA

New state fact sheets from Families USA discuss the growing demands and rising costs of long-term care and how the expansion of home and community-based services can help rebalance the long term-care system. Each fact sheet identifies opportunities and financial incentives created under the Affordable Care Act. For more information, please visit <http://www.familiesusa.org/issues/long-term-services/states/new-opportunities-for-states.html>.

Affordable Care Act in Action: Medicare Fraud Prevention Summits

On November 5th, the U.S. Department of Health and Human Services (HHS) Secretary, Kathleen Sebelius, and Attorney General Eric Holder visited Brooklyn, New York where they participated in the third regional health care fraud prevention summit. The summits bring together a wide array of Federal, state and local partners, beneficiaries, providers and other interested parties to discuss innovative ways to eliminate fraud within the U.S. health care system. For more information or to watch video from the Summit in New York, please visit: <http://www.stopmedicarefraud.gov/>.

Aligning Incentives for Quality: Remarks from the Secretary

On November 15th, HHS Secretary Sebelius delivered comments to the National Business Coalition on Health. In her remarks she discusses the business opportunities and payment reform models that will expand team-based care, providing support for individuals across the continuum of care. To see her speech, please visit: <http://www.hhs.gov/secretary/about/speeches/sp20101115.html>.

To learn about the Affordable Care Act through U.S Department of Health and Human Services, please visit: <http://www.healthcare.gov/index.html>

What are you hearing?

What questions do you have about the opportunities for your agency within the Affordable Care Act? What are your best practices that incorporate the three part aims for better health, better care and lower costs? What information does

your agency need to move forward? Share your story or submit your question to AffordableCareAct@aoa.hhs.gov.

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For information on AoA please visit our website at www.aoa.gov. You can also contact us at 202-619-0724 (phone); 202-357-3523 (fax) or by Email at <mailto:aoainfo@aoa.gov>

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