



**Executive Medicaid
Management Administration**

Federal Health Care Reform: Senate Finance Health Care Bill Update

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HCBS AMENDMENTS

Provisions NOT in the Mark

- 5-year Medicaid demonstration program to develop new approaches for coordinating care for dual eligibles.
- Authority to use savings from care coordination of dual eligibles in Medicaid 1915(b) waiver applications.
- Creates Medicare Buy-In for persons between 55 and 65 without employer sponsored insurance prior to the operation of the Exchange.

Provisions NOT in the Mark

- Eliminates the existing institutional level of care requirement for eligibility for 1915(c) waivers and requires states to replace it with less stringent criteria.
- Resets the look back period for asset transfers to 36 months from the 60 month period created in the Deficit Reduction Act.

Provisions in the Mark

- Creates a Federal Coordinated Health Care Office within CMS.
- Creates a CMS Innovations Center
- provides for a Medicare Medical Home pilot to be tested by the center.
- Provides for Medicaid Medical Home as a state option, with enhanced FMAP.
- Extends the Money Follows the Person demonstration project to 2016 and reduces time period for residing in a medical institution from 6 months to 3 months.

Provisions in the Mark

- Targeted enhanced FMAP for HCBS to states that make structural changes to their LTC systems. Sunsets after 5 years.
- Community First Choice Option – new state plan option with enhanced FMAP to provide HCBS to Medicaid eligible individuals with disabilities and an institutional level of care. Sunsets after 5 years.
- Allows states to confer eligibility for 1915(i) home and community based services as well as full Medicaid benefits to individuals with incomes up to 300% of the maximum SSI Payment.

Provisions in the Mark

Nursing Home Transparency

- Required disclosure of information on direct and indirect ownership, governing bodies and organizational structure of nursing homes
- New information on Medicare Nursing Home Compare website
- Reporting of expenditures
- Standardized complaint form
- National independent monetary pilot program
- Establishment of new civil monetary penalties for non-compliance
- Dementia and abuse prevention training
- Background checks required for nursing facility and “other” long-term care providers (e.g. providers of Medicaid waiver services).
- Demonstration projects on culture change and HIT in nursing homes.

Provisions in the Mark

- Waives the Part D cost sharing for dual eligibles receiving HCBS
- Changes to Medicare Advantage, including a phased-in approach to replace statutorily set rates to rates based on competitive bidding
- Comprehensive risk assessment added to Medicare beginning in 2011. Eliminate cost-sharing for covered preventive services in Medicare
- Health Care Workforce provisions, including
 - 10% increase in Medicare reimbursement for primary care physicians
 - Grants to states to recruit more economically disadvantaged people into health professions.
 - Funding for teaching health centers
 - Graduate nurse education demonstration program

Next Steps

- Conference Committee
- Floor Vote
- House Vote
- Senate/House Conference Committee

Questions?