

Evaluation of Practice Models for Dual Eligibles and Medicare Beneficiaries with Serious Chronic Conditions	
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The Affordable Care Act (ACA) established the Federal Coordinated Health Care Office (FCHCO) to more effectively integrate benefits under Medicare and Medicaid and improve federal and state coordination for dual-eligible beneficiaries (duals). Duals are among the most vulnerable beneficiaries – most face multiple and severe chronic conditions that require complex and intense care – and because they receive both Medicare and Medicaid coverage, they must navigate two separate health care programs, often leading to fragmented, inefficient, and costly care. The Centers for Medicare & Medicaid Services (CMS) Office of Policy (OP) has contracted L&M Policy Research and its partner Thomson Reuters to explore variations in patterns of care and best practices for duals and other Medicare beneficiaries with complex health needs.

This project comprises qualitative information-gathering through open-ended, in-person discussions with providers, local health care and community leaders, patient advocates, and professionals involved in implementing care coordination initiatives. To determine factors associated with high quality and cost effective care as well as better understand the barriers to delivering it, the research team will hold in-person discussions during visits to 16 hospital referral regions (HRRs). In two of these HRRs, there will be a particular focus on the role of the Program for All-Inclusive Care for the Elderly (PACE). Many different organizations and types of programs will be explored during this field work, varying in their approach to health care delivery and the extent to which they are directly involved in the coordination of care for vulnerable populations. Lessons learned, to include critical challenges and success factors, will be used to inform the pressing work of the FCHCO to support initiatives and policies that improve care coordination for duals, as well as other priorities outlined in the ACA.