

CMS PRESS RELEASE

Medicare Extends Demonstration to Improve Care of High Cost Patients and Create Savings

The Centers for Medicare & Medicaid Services (CMS) has granted three-year extensions for three participants in the Care Management for High Cost Beneficiaries Demonstration (CMHCB) that have demonstrated success in care management.

“We have been striving for years to find ways to improve the quality of care for Medicare patients through greater coordination in a way that would also save money for Medicare,” said CMS Acting Administrator Kerry Weems. “The success of these three partners shows us it really works.”

The extensions were awarded to Key to Better Health, a division of Village Health; Massachusetts General Care Management Program; and Health Hero Network, Health Buddy Project.

The Key to Better Health program provides targeted disease management directed by clinical nephrologists to identify potential problems and avoid complications, coordinate early intervention plans, and prevent acute hospitalization for beneficiaries identified with Chronic Kidney Disease (CKD). Key to Better Health operates in New York.

Massachusetts General Care Management Program, located in Boston, provides highly integrated care management services through the use of practice-based case managers, individualized plans of care, 24-hour access to care managers, and electronic medical records.

The Health Hero Network’s Health Buddy program is unique because of its focus on the telemonitoring device, and it is representative of the remote health monitoring industry, a growing sector in health care. Health Buddy provides participants with an appliance for use in their homes as a means to monitor participants’ symptoms, physical status, and condition-specific knowledge. This program currently operates in Bend, Oregon and Wenatchee, WA.

All of these programs are unique because of their defined intervention focus on the fee-for-service Medicare population. Each program has had a positive impact on selected high cost Medicare beneficiaries and has met and/or exceeded the savings target required in the demonstration agreement.

By extending the demonstration for another 3 years and frequently evaluating their financial status, each of the programs would have the opportunity to continue to impact their populations, maximize savings, and assist CMS in determining the replicability of the programs.

The CMHCB demonstration was approved to provide disease management services for thousands of beneficiaries by awarding six organizations with populations in sizes from 1,800 to 15,000. The demonstration originally approved for 3 years, tests provider-based intensive care management services as a way to improve quality of care and reduce costs for fee-for-service beneficiaries who have one or more chronic diseases and generally incur high Medicare costs. The sites were chosen in different areas of the country, with the primary focus on disease states of congestive heart failure (CHF), diabetes, and/or chronic kidney disease (CKD).

CMS pre-selects beneficiaries for the demonstration projects according to eligibility criteria, but participation in the demonstration is voluntary. Program services are intended to increase adherence to physician prescribed care, reduce unnecessary hospital stays and emergency room visits, and help participants avoid costly and debilitating complications.

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