

## **LONG-TERM CARE IN BRIEF: EXPLAINING THE FEDERAL COORDINATED HEALTH CARE OFFICE**

### **HR 3590, Sec. 2602. Providing Federal Coverage and payment coordination for dual eligible beneficiaries**

*The Patient Protection and Affordable Care Act (The Affordable Care Act), signed into law on March 23, 2010, creates a new federal office, the Federal Coordinated Health Care Office, (HR 3590, Sec. 2602) that will improve synchronization between Medicare and Medicaid to more effectively streamline access and coordinate coverage that dual eligibles are entitled to receive under these programs.*

**How is the office structured?** In accordance with the deadline proscribed in the legislation, the Secretary of the U.S. Department of Health and Human Services established a Federal Coordinated Health Care Office (CHCO) within the Centers for Medicare & Medicaid (CMS). The director of the office is appointed by, and operates in direct line authority to, the Administrator of CMS. The office will study the provision of drug coverage for new full-benefit dual eligibles, and will also monitor and report on annual total expenditures, health outcomes, and access to benefits for all dual eligibles.

**What is the purpose of the office?** The office is designed to encourage collaboration among those individuals who work on the Medicare and Medicaid programs at CMS in order to more effectively integrate the benefits available under these programs, and to improve coordination between the federal and state governments to ensure that dual eligibles have full access to these integrated benefits.

### **What are the goals of the office?**

- To provide dual eligibles with a simplified process for obtaining full access to the Medicare and Medicaid benefits to which they are entitled
- To improve the quality of health care and long-term services available to dual eligibles
- To Increase dual eligibles' understanding of, and satisfaction with, their Medicare and Medicaid coverage
- To eliminate regulatory conflicts between rules under the Medicare and Medicaid programs
- To improve care continuity by ensuring that dual eligibles have access to safe, effective care transitions
- To eliminate cost-shifting between Medicare and Medicaid, and among related health care providers
- To improve the quality of services provided under Medicare and Medicaid

**What are the responsibilities of the office?** The newly established office will be responsible for providing the support necessary to enable the development of programs that align Medicare and Medicaid benefits. At the state level, the CHCO will support states as they work with CMS to integrate Medicare and Medicaid, and the CHCO will provide states with specialized Medicare Advantage plans for special needs individuals.

## **IMPORTANT DATES**

**March 1, 2010**

**This date is the deadline for establishing the CHCO**