

Medicaid Moving Forward

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Medicaid and CHIP and Delivery Reform

- Spurred by the ACA, our nation is moving forward to repair a fragmented inefficient delivery system
- The Center for Medicaid and CHIP Services is the nation's largest insurer: almost 60 million rely on Medicaid and CHIP
- As a joint state-federal program, States have flexibility: States are already laboratories for change

Active partners for common goals

- The Center for Medicaid and CHIP Services is working to propel positive change forward
- Shared goal is comprehensive, integrated patient-centered care and financing that supports better care, better health, reduced costs
- Developing new paradigms of accountability: focus on quality, not transactions
- Series of communications to better encourage and support our partners by clarifying policy

Today's agenda

- Mechanisms to support Medicaid innovation
- Proposed framework: goals, interventions, metrics
- Central question: How can we collaborate with providers, states, plans, and stakeholders to achieve better care, better health at lower costs?

Multiple mechanisms exist to support Medicaid innovation

1. State plan amendments/waivers
 - Broad systems reform under 1115: California (\$3.3B), MA, TX, OR
 - Targeted delivery reforms under waivers: asthma, interconception, LTC
 - Integrated Care Models (ICMs)
2. New authorities under Affordable Care Act
 - Medicaid Quality Measurement Program, health homes, HIT
 - Others: healthcare acquired conditions, tobacco cessation, prevention, etc.
3. Collaboration with Center for Medicare and Medicaid Innovation (CMMI), Medicare-Medicaid Coordination Office (MMCO)
 - CMMI: Strong Start, CPCi, FQHC, chronic disease prevention incentives, emergency psychiatric demonstrations, Innovation challenge grants
 - MMCO: Financial alignment models

Proposed framework for quality strategy

- New forms of accountability: move away from reimbursing for transactions, move towards reimbursing for quality
- Metrics are key—but it cannot simply center on the metrics—it is about whether there is a cohesive strategy
- Linkage of goals, interventions and metrics

Goals: Specific and measurable

- Goals derived from baseline data specific to state or region
- Every other part of strategy (metrics, payment structures, quality improvement) should be centered on how it moves towards these explicit state-centered goals
- Key question: Is this an opportunity for measurable change?

Levers: Pathways to achieve our goals

- Payment models: ICM should be in service of the goals, not vice versa
- Could also be targeted interventions based on health goal
- Key question: Does this intervention have strong evidence of achieving the goals?

Metrics: Tracking our course to improvement

- Measures for quality improvement
- Measures for broad snapshot of program
- Measures for transparency
- Measures for incentives
- Measures for provider-level rapid cycle improvement
- Key question: Are we ensuring progress towards improvement while maintaining quality across the program?

SMenu of strategies to achieve triple aim

- Working with partners at HHS and elsewhere to develop a menu of opportunities ripe for achieving triple aim
- Each menu item will contain specific goals, interventions and metrics
- May be included in guidance documents, may also release modules or toolkits on website
- Preliminary list includes: tobacco cessation, super-utilizers and rehospitalizations, hepatitis, integrating primary care and behavioral health, appropriate care in appropriate settings (ED utilization), perinatal and maternal health

Summary:

Medicaid on the road to reform

- CMS stands ready to partner with states, providers, and stakeholders to accelerate our path to achieve better health, better care and lower costs
- Multiple pathways to reform
- Key question should not be our authorities, but the strength of evidence and appropriateness of intervention

Questions

1. Innovations under waivers and state plan amendments

- Innovative broad system reforms under 1115 waivers
 - California: Restructured financing created a \$3.3 billion Delivery System Reform Incentive Pool
 - MA, TX, OR
- Targeted delivery reforms under waivers
 - Pediatric asthma community initiative in MA
 - Interconception care in GA, LA
 - Long-term care and home- and community-based waivers
- Integrated Care Models (ICMs)
 - Definition
 - Financing/reimbursement
 - Quality

2. New Authorities under ACA

- Creation of Medicaid Quality Measurement Program (Adult Core/CHIPRA Core measure sets)
 - Widely variable in Medicaid across states
 - Fundamental to innovative care models
 - Must have some uniformity across states on our most critical measures of accountability and performance
 - Working to better support these efforts in the states

2. New Authorities under ACA

- ACA Sec. 2703 Health Homes: Coordinate care for people with multiple chronic conditions, 90% federal match. Six programs in four states approved, another nine submitted plans, 15 have a planning grant
- HIT: Providers in 39 states have received more than \$1.2 billion in Medicaid incentive payments, with 4 more states to come (ARRA)
- Others: tobacco cessation, prevention, health care acquired conditions, etc.

3. Collaborations with CMMI and MMCO

- Opportunity to test and develop new innovations in delivery
- CMMI projects to date
 - Strong Start
 - CPCi, FQHC
 - Chronic disease prevention incentives
 - Emergency psychiatric demonstrations
 - Innovation challenge grants
- With MMCO: Financial Alignment models, with 38 states interested