

Update on Medicare-Medicaid Financial Alignment Initiative



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Medicare-Medicaid Enrollee Delivery System Transformation

CURRENT STATE

Provider and Payor-Centered

Fragmented Care

Volume-Driven

Complicated Benefit Overlap

FUTURE STATE

Person-Centered

Coordinated Care

Outcomes-Driven

Simplified Processes

Financial Alignment Initiative

- In 2011, CMS announced new models to integrate the service delivery and financing of both Medicare and Medicaid through Federal-State demonstrations to better serve the population.
- Goal: Increase access to quality, seamlessly integrated programs for Medicare-Medicaid enrollees.

Demonstration Models:

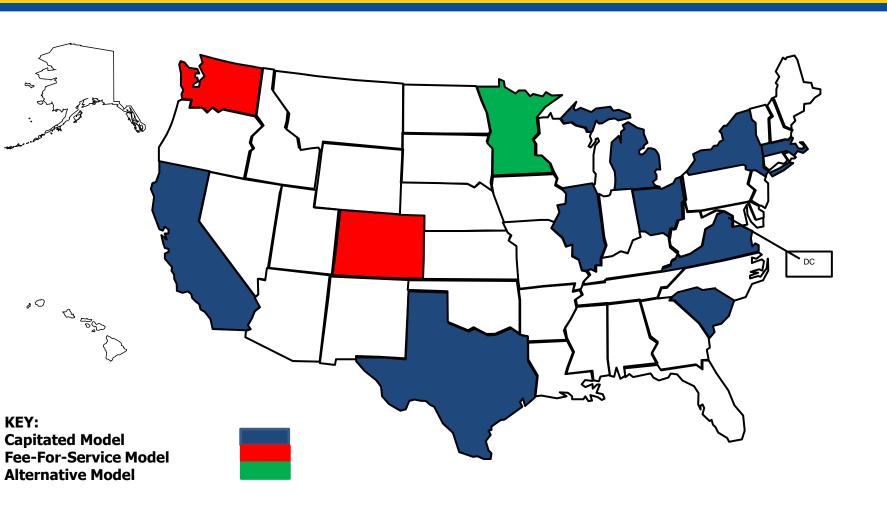
- Capitated Model: Three-way contracts among States, CMS and health plans to provide comprehensive, coordinated care in a more costeffective way.
- Managed FFS Model: Agreements between States and CMS under which states would be eligible to benefit from savings resulting from initiatives to reduce costs in both Medicaid and Medicare.

The Vision

The Financial Alignment Initiative will promote an improved experience for beneficiaries by:

- Focusing on person-centered models that promote coordination missing from today's fragmented system
- Developing a more easily navigable and simplified system of services for beneficiaries
- Ensuring beneficiary access to needed services and incorporating beneficiary protections into each aspect of the new demonstrations
- Establishing accountability for outcomes across Medicaid and Medicare
- Requiring robust network adequacy standards for both Medicaid and Medicare
- Evaluating data on access, outcomes and beneficiary experience to ensure beneficiaries receive higher quality, more cost-effective care

Financial Alignment Initiative: Where We Are



Financial Alignment Initiative Update

- Nine states have approved capitated financial alignment models: California, Illinois, Massachusetts, Michigan, New York, Ohio, South Carolina, Texas, and Virginia.
- Two states have approved managed fee-for-service financial alignment models: Colorado and Washington State.
- Minnesota has an alternative model to integrate care for Medicare-Medicaid enrollees building on the state's current infrastructure.
- We continue to work with RI and CT on possible participation in the initiative.

Financial Alignment Initiative Update

- External evaluation (RTI International)
 - Evaluation design reports are on MMCO website
 - The annual and final evaluation reports for each demonstration, and for the Initiative overall, will be posted on the MMCO website (first annual reports expected in first half of 2016)
 - Each demonstration will be separately evaluated, pre-post evaluation design with a comparison group using an intent-to-treat framework
 - RTI is using a mixed methods approach
 - Qualitative methods include site visits, qualitative analysis of program data, and collection and analysis of focus group and stakeholder interview data
 - Quantitative analyses include evaluating the impact of the demonstration on cost, quality, and utilization measures
 - RTI plans to analyze certain sub-populations within each demonstration

Financial Alignment Initiative Update

Positive momentum

- Dramatic increase in the number of Medicare-Medicaid beneficiaries in financially integrated or total cost-of-care models
- 150,000+ assessments, increasing every day
- Major investments in new care coordination infrastructure (e.g., the plans hired over 2,500 care coordinators who supported demonstration enrollees in 2014)

Lessons learned

- Communications and enrollment
- Provider outreach and engagement
- Earning beneficiary engagement
- Unmet need

More Information

Medicare-Medicaid Coordination Office

<u>www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/</u>

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