

# Medicaid Moving Forward



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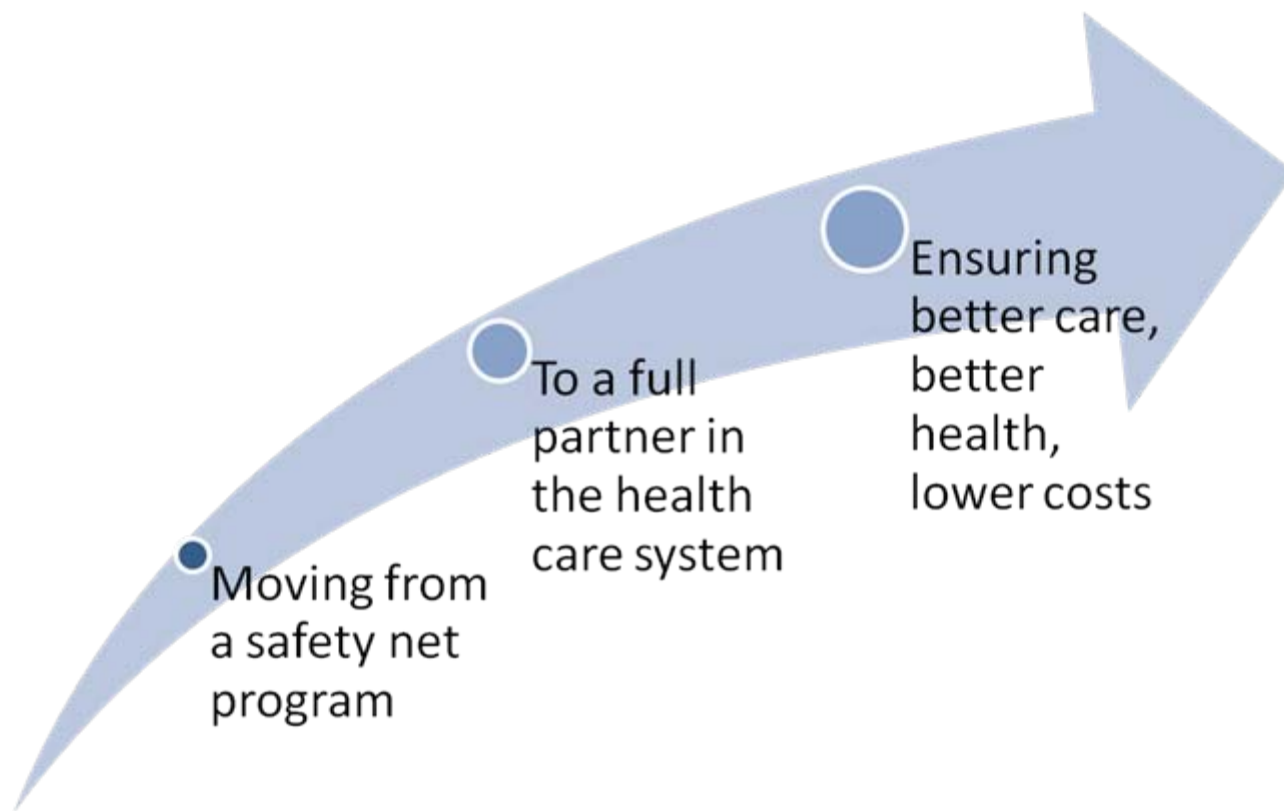


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# Medicaid and CHIP

- The Center for Medicaid and CHIP Services is the nation's largest insurer: almost 60 million rely on Medicaid and CHIP for coverage
- As a joint State/Federal program, States have flexibility: States are already laboratories for change

# Achieving a High Performing Medicaid Program



# 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
- Focus on quality, not transactions
- Series of communications to better encourage and support our partners by clarifying policy

# Pathways for support of Medicaid innovation

1. New authorities under Affordable Care Act
2. Collaboration with Center for Medicare and Medicaid Innovation (CMMI), Medicare-Medicaid Coordination Office (MMCO)
3. State plan amendments/waivers

# 1. 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

# 1. 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.

## 2. Collaborations with CMMI and MMCO

- Fantastic 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



# 3. State plan amendments/waivers

- Integrated Care Models (ICMs)
  - Definition
  - Financing/reimbursement
  - Quality
- Existing flexibilities in underlying Medicaid statute
  - Guidance that helps define when State plan amendment vs. waiver (1115, 1915)
  - Future guidance on shared savings, quality framework, alignment
- Which pathway? Key variables:
  - Population, how financed

# 3. 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

# Spotlight on Strong Start

- Effort to reduce early elective deliveries under 39 weeks and also to deliver enhanced prenatal care to reduce prematurity
- Pulls every lever available to speed evidence based best practices into implementation to address areas of need
- Partnership with CMMI
- Partnership with providers
- Partnership with consumers and others

# Summary:

## Medicaid on the Road to reform

- CMS stands ready to partner with states, providers, stakeholders to accelerate our path to achieve better health, better care and lower costs
- Multiple pathways to reform: current authorities, ACA authorities and partnerships with CMMI and MMCO
- Choice should be guided by state needs and strength of evidence for reform

# Questions