



An Introduction to the Medicare-Medicaid Coordination Office



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Medicare-Medicaid Enrollee Delivery System Transformation

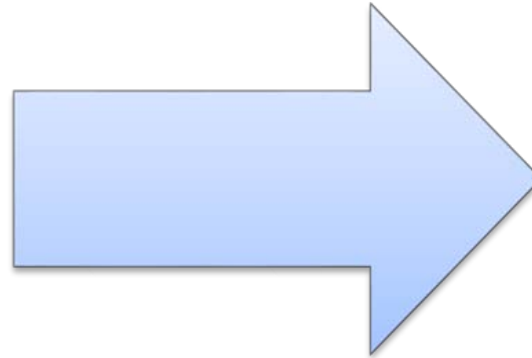
CURRENT STATE

Provider and Payer-Centered

Fragmented Care

Volume-Driven

Complicated Benefit Overlap



FUTURE STATE

Person-Centered

Coordinated Care

Outcomes-Driven

Simplified Processes

Medicare-Medicaid Coordination Office - Introduction

Section 2602 of the Affordable Care Act

Purpose: Improve quality, reduce costs, and improve the experience for individuals who receive Medicare and Medicaid benefits



- Ensure full **access** to services to which they are entitled
- Improve **coordination** between the federal government and states
- Develop **innovative** care coordination and integration models
- Eliminate financial **misalignments** that lead to poor quality and cost shifting



Medicare-Medicaid Coordination Office - Vision

Vision: Promote an improved experience for persons with both Medicare and Medicaid by:

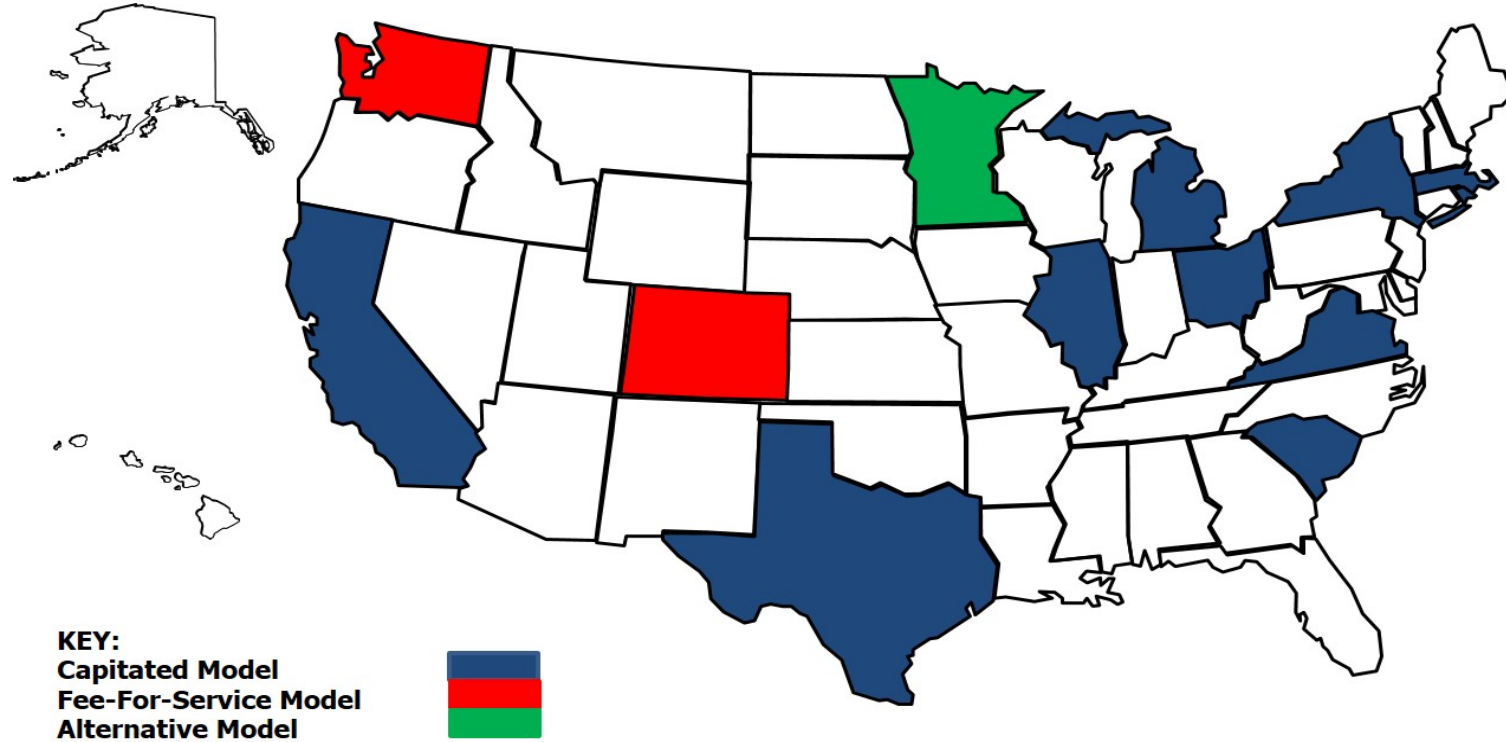
- Focusing on **person-centered models** that promote coordination
- Developing a **more easily navigable and simplified** system of services
- Ensuring **individual access** to needed services and incorporating **individual protections** into each aspect of the new demonstrations
- Establishing **accountability**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



Financial Alignment Initiative - Background

- **Background:** 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 cost-effective 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.
 - **Alternative Model:** Agreement to integrate care for Medicare-Medicaid enrollees building on the State's current infrastructure (MN)

Financial Alignment Initiative - States





Financial Alignment Initiative - Update

- Positive momentum
 - Dramatic increase in the number of Medicare-Medicaid beneficiaries in financially integrated or total cost-of-care models
 - Hundreds of thousands of assessments, increasing every day
 - Major investments in new care coordination infrastructure
- Lessons learned
 - Communications and enrollment
 - Provider outreach and engagement
 - Earning beneficiary engagement
 - Unmet need

Collaboration and Funding

- MMCO
- ACL
- SHIPs and ADRCs
- Ombudsman Programs





More Information

Medicare-Medicaid Coordination Office:

www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/

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