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
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
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
• 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
Medicare-Medicaid Coordination Office:

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