CMS and CMMI to Hold Regional Listening Sessions Dec. 14 and 16

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The Centers for Medicare & Medicaid Services (CMS) and the Center for Medicare and Medicaid Innovations (CMMI) are holding regional listening sessions this week covering topics on new payment models, including accountable care organizations (ACOs) under Medicare's Shared Savings Program and other initiatives of the CMMI. Listening sessions on Tuesday (December 14, 2010) and Thursday (December 16, 2010) may be attended via call-in numbers (see below). Friday's session in the Dallas-Fort Worth area of Texas may only be attended in person with advanced registration.

Regional Listening Sessions

CMS has organized this week's regional listening sessions in order to solicit public comments on new initiatives to improve the health care delivery and payment system, including ACOs under the Shared Savings Program. (See Workshop Examines Effects of Waiver Authority on Development of ACOs for a summary discussion on a prior CMS listening session regarding ACO's obtaining waivers under the Shared Savings Program.)

Each listening session will spotlight the same three areas:

- Shared Savings Program for ACOs
- The CMMI
- Federal Coordinated Health Care Office (FCHCO)

Information on Tuesday's and Thursday's sessions, which are accessible by call-in number, is set forth below. (Stakeholder's in the Dallas-Fort Worth area, can find information on Friday's in-person session on the McDermott Health Care Law Reform blog.)

Tuesday, December 14, 2010
Event: CMS Region 2 Listening Session
Time: 2:30 – 4:00 pm EST
Hosts/Panel: Co-hosted by CMS Consortium Administrator James T. Kerr and U.S. Department of Health and Human Services (HHS) Regional Director Dr. Jaime Torres, and featuring Richard Gilfillan, M.D., acting director, CMMI, and Cheryl Powell, deputy director for the FCHCO.
Call-in Information: +1 800 837 1935; ID Code: 28948644

Thursday, December 16, 2010
Event: Region 4 CMS Listening Session
Time: 1:00 – 2:30 pm EST
Hosts/Panel: Hosted by CMS Regional Administrator, Dr. Renard Murray, and featuring Richard Gilfillan, M.D., acting director, CMMI, and Sharon Donovan, FCHCO, as well as Anton Gunn, HHS regional director.
Call-in Information: +1 800 837 1935; ID Code: 28950540

Background: The Center for Medicare and Medicaid Innovation

Last month the CMMI was launched by CMS under authority of Section 3021 of the Patient Protection and Affordable Care Act (PPACA). In connection with the launch of the CMMI, CMS announced several new initiatives to improve care for Medicare and Medicaid beneficiaries. The CMMI has funding from U.S. Congress, including $10 billion for fiscal years 2011–2019, to identify, evaluate and disseminate information on new models of care. The PPACA gives the HHS Secretary authority to expand the duration and scope of models that improve quality and create efficiency.

"The work of the CMMI will be designed to ensure rapid deployment of models that work and to allow for continuous feedback to support rapid learning, adjustment, and evaluation," according to CMMI Acting Director Richard Gilfillan, M.D., who added, "We want to identify, validate and scale models that have been effective in achieving better outcomes, but may be relatively unknown."

CMS has stated the CMMI will allow it to speed the introduction of successful innovations through its Medicare, Medicaid and Children's Health Insurance Programs without having to seek specific legislative authority. This belief is consistent with a similar call from other policymakers that CMS be able to act independently in pursuing new models. On December 1,

2010, for example, the White House Fiscal Commission Report stated CMS should take "aggressive" action to implement demonstration projects "without any further congressional action." (For more information, see the McDermott Health Care Law Reform blog.)

New Care Coordination Programs in connection with CMMI

In conjunction with the launch of the CMMI, CMS announced several initiatives aimed at improving care for Medicare and Medicaid beneficiaries, including the following.

- **Expansion of the Multi-Payer Advanced Primary Care Practice Demonstration:** Eight states, Maine, Vermont, Rhode Island, New York, Pennsylvania, North Carolina, Michigan and Minnesota, have been selected to participate in a demonstration project to evaluate the effectiveness of doctors and other health professionals across the care system working in a more integrated fashion and receiving payment from Medicare, Medicaid and private health plans. The project ultimately includes up to approximately 1,200 medical homes serving up to 1 million Medicare beneficiaries.
- **Announcement of the Federally Qualified Health Center (FQHC) Advanced Primary Care Practice Demonstration:** This demonstration is to test the effectiveness of doctors and other health professionals working in teams to treat low-income patients at community health centers. The demonstration will be conducted by the CMMI in up to 500 FQHCs and provide patient-centered, coordinated care to up to 195,000 people with Medicare.
- **Launch of the Medicaid health home state plan option:** CMS issued a letter to state Medicaid directors with guidance on the implementation of Section 2703 of the PPACA, which establishes a new state plan option, under which Medicaid enrollees with at least two chronic conditions—one chronic condition and the risk of developing a second, or one serious and persistent mental health condition—could designate a provider as a "health home." States that implement this option will receive enhanced financial resources from the federal government to support health homes in their Medicaid programs, including an enhanced federal match of 90 percent for the health home benefit for the first eight quarters the option is in effect. Other health care services for program participants will continue to be matched at the state's regular matching rate.
- **Upcoming demonstration project for beneficiaries with dual eligibility:** One or more projects will examine programs that fully integrate care for individuals who are eligible for both Medicare and Medicaid (*i.e.*, dual eligibles). CMS states that dual eligibles account for 16 to 18 percent of enrollees in Medicare and Medicaid, but roughly 25 to 45 percent of spending in these programs respectively. CMS believes significant health benefits and savings can come from better coordinating the care of low-income seniors and people with disabilities. States

may apply for resources to support the demonstration projects they design beginning in December; CMMI will award up to 15 state program design contracts up to $1 million each. (Future newsletters will provide further information as it becomes available from the CMMI.)

- **Two additional projects for dual eligibles to be announced in 2011:** The CMMI announced it will support two additional dual eligible care integration demonstrations that will be announced in 2011. According to the CMMI, these will focus on providers and beneficiaries, respectively.