

Center for Medicare and Medicaid Innovation

An overview of CMMI, its creation, and recent actions

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Background information on the Center for Medicare and Medicaid Innovation

“

The CMS Innovation Center [CMMI] fosters healthcare transformation by finding new ways to pay for and deliver care that can lower costs and improve care. The Innovation Center identifies, tests and spreads new ways to pay for and deliver better care and better health at reduced costs through improvement for all Americans.”

– CCMI, “Our Mission”

Key responsibilities and actions



Develops new payment and service delivery models



Implements the Quality Payment Program



Adam Bohler

Director of the Innovation Center

2010
Beginnings

The Affordable Care Act creates the CMS Innovation Center, also known as CMMI

2011
Funding

CMMI receives \$10 billion for the years 2011-2019, and another \$10 billion for each following decade

April 2015
MACRA

MACRA is signed into law, allowing eligible physicians who participated in CMMI models to receive a 5% bonus on their Medicare payments starting in 2019

2019
Expanding

CMMI plans to start testing the Value-Based Insurance Design model in 25 states

Over 40 new payment models have been implemented under CMMI since its creation

Seven innovation model categories:

Accountable Care

Episode-based Payment Initiatives

Primary Care Transformation

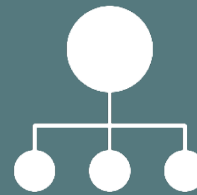
Initiatives Focused on the Medicaid and CHIP Population

Initiatives Focused on Medicare-Medicaid Enrollees

Initiatives to Accelerate New Payment and Service Delivery Models

Initiatives to Speed the Adoption of Best Practices

Facts and figures since CMMI creation:



40+
new payment models



18 million+
patients impacted



200,000+
participating health care providers

Recent activity surrounding CMMI has been driven by the January 1, 2019 implementation of the QPP

CMMI and the Quality Payment Program

Congress passed the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) to replace Medicare’s Sustainable Growth Rate formula. Under this act, CMMI leads the implementation of the QPP, which was adopted in January of 2019.

“

We’re still listening and looking for ways to improve the Quality Payment Program to help drive value, reduce burden, promote meaningful participation by clinicians, and improve outcomes for beneficiaries.”

– CMS Administrator Seema Verma

QPP

Merit-Based Incentive Program (MIPS)

- Medicare payments are adjusted based on provider performance
- Eligible professionals will be assessed in four performance categories:
 - Quality, resource use, EHR Meaningful Use, and clinical practice improvement activities

Alternative Payment Models (APMs)

- According to CMS, APMs “give added incentive payments to provide high-quality and cost-efficient care”
- They may apply to a specific clinical condition, a care episode, or a population
- There are several types of APMs:
 - APMs, MIPS APMs, Advanced APMs, Advanced & MIPS APMs, and All-Payer/Other Payer option

Sources: Bill Wynne, “Breaking Down the MACRA Final Rule”, Health Affairs, November 9, 2017; Bill Wynne, “Moops?: A Roadmap to MIPS”, Health Affairs, February 26, 2016; CMS.gov; “MACRA In a Minute,” American Academy for Family Physicians, 2018.