



## Vision for the Future of CMMI Programs

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### Innovation within the Medicare and Medicaid Programs

The Center for Medicare and Medicaid Innovation (CMMI) is the innovation arm of the Center for Medicare and Medicaid Services (CMS). They are tasked with developing healthcare programs that can help achieve the triple aim: 1) Improve patient care 2) Lower healthcare costs and 3) Better align payment systems to promote patient-centered practices. CMMI was established in 2010 as a part of the Patient Protection and Affordable Care Act and has developed more than fifty innovative payment models that are expected to lead to billions in healthcare savings between 2017 and 2026 alone. After evaluating the success and future opportunities within the department, on August 12<sup>th</sup> the new administrator of CMS, Chiquita Brooks-LaSure, announced her plans for the future of the department and surrounding value-based payment models that would be released over the next ten years<sup>1</sup>.

### The Future of CMMI

One of the prominent complaints of the Value Base Care programs released by CMMI over the past decade has been the sheer complexity and number of different models provided. To address this, CMMI intends to narrow the focus and number of models, while still focusing their offerings on five key principles:

**Drive Accountable Care** - Accountability within the healthcare system means measuring what matters to patients. It involves not only a focus on controlling healthcare costs but also a focus on the quality of care provided.

**Advance Health Equity** - CMMI is committing to eliminating health disparities and making these value-based programs available to a wider membership. While the majority of CMMI programs in the past have been targeted at the Medicare population, CMMI aims to expand their model offerings to the Medicaid space as well.

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<sup>1</sup> <https://www.healthaffairs.org/doi/10.1377/hblog20210812.211558/full/>

**Support Innovation** - Allowing flexibility and innovation in order for providers to find success within these models is a key to CMMI program success. This includes supporting behavioral health and social determinants of health initiatives as part of future CMMI models and allowing for more program waivers.

**Address Affordability** - Along with the goal of reducing overall healthcare system expenditures, CMMI is also committed to ensuring the affordability of healthcare for the patient. In future models they intend to address this by waiving cost-sharing for high-value services and curbing drug prices.

**Partner to Achieve System Transformation** - None of the above principles are possible without a commitment to partnership between all participants within the healthcare system. CMMI has committed to not only working with Medicare programs, but also to improve partnership with state Medicaid agencies.

## What Participants of Alternative Payment Models Can Expect

What does all of this mean for current and future participants of CMMI models? We anticipate CMMI to continue to release new models, leveraging the key insights learned over the past ten years. They have stated their intent to provide more opportunities for alternative payment models in rural areas which could provide greater geographic expansion for some current accountable care organizations.

CMMI has also committed to greater data sharing and transparency around model results. Providers should take advantage of this as they evaluate potentially entering existing programs, and as they benchmark their experience against other program participants.

Finally, seeing the emphasis on expanding the models to enhance health equity, we anticipate seeing more involvement with state Medicaid agencies and various other programs. This will create a unique opportunity for more groups to get involved with CMMI sponsored value-based models in the future.

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