



CMS Innovation Center Launches Website and Invites Best Practices Submissions

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On March 21, 2011, the Center for Medicare and Medicaid Innovation (“CMMI”) hosted a stakeholder call to discuss its new website and to take questions regarding upcoming efforts and strategies. CMMI was created by section 3021 of the Affordable Care Act and is directed to “test innovative [health care] payment and service delivery models to reduce program expenditures, while preserving and enhancing the quality of [patient] care” for Medicare, Medicaid and CHIP beneficiaries. The Affordable Care Act also provides CMMI with \$10 billion in direct funding through 2019.

CMMI has great flexibility in selecting and testing payment and service delivery models. In addition, the Secretary of HHS can expand the scope and duration of successful models, including wide scale implementation to cover the entire Medicare, Medicaid or CHIP populations. It is expected such delivery models will significantly influence future care and payment strategies adopted by CMS.

Mission and Values

CMMI’s mission is to help transform the Medicare, Medicaid and CHIP programs to deliver better health care, better health and reduced costs. CMMI will partner with industry representatives—such as providers, beneficiaries, consumer groups and health plans—to identify, test and spread new models of care and payment.

CMMI and its initiatives are guided by the following Operating Values:

- **Person and Family Centeredness** – CMMI will place patients and their families at the center of its efforts and will not prescribe to a “one size fits all” approach to health care;
- **Attention to Results** – CMMI focuses on three aims: better health care, better health and reduced costs through improvement;
- **Partnership** – CMMI seeks active partnerships with other parts of the Federal government, clinicians, provider organizations, patients, payers, States and private and public purchasers, among others;
- **Openness** – CMMI promotes communication, engagement and creativity among innovators from across the health care industry as well as from other industries;
- **Local Community Focus** – CMMI seeks ideas and experience from those at the community level;
- **Accountability** – CMMI will be publicly accountable for its efforts and use of resources;
- **Continuous Learning** – CMMI will share lessons from models that are being tested, which will be reviewed with an eye toward modification or terminating unsuccessful efforts;
- **Speed and Agility** – CMMI will aim to quickly review proposed models and test those that are the most promising; and
- **Fostering Entrepreneurial Spirit** – CMMI seeks to harness an entrepreneurial spirit in order to meet its goals.



Portfolio of Models

CMMI will soon begin developing a portfolio of models that focus on carrying out its mission. CMMI seeks to improve individual patient experiences of care along the Institute of Medicine's six domains of quality: safety, effectiveness, patient-centeredness, timeliness, efficiency and equality. To encourage better health for an entire population, CMMI will test models that address underlying causes of poor health, such as physical inactivity, behavioral risk factors, lack of preventive care and poor nutrition. CMMI also seeks to lower costs and reduce monthly expenditures for each Medicare, Medicaid or CHIP beneficiary by improving care.

To meet these aims, CMMI will test care delivery models that: (1) have the greatest potential impact on Medicare, Medicaid and CHIP beneficiaries and improvement of national health care delivery; (2) address priority areas in the [National Strategy for Quality Improvement in Health Care](#), which was released by HHS on March 21; (3) focus on health conditions that offer the greatest opportunity to improve care and reduce costs; (4) meet the needs of the most vulnerable and address disparities in care; (5) improve existing Medicare, Medicaid and CHIP payments to promote better outcomes and patient-centeredness; (6) are relevant across diverse geographic areas and states; (7) involve major provider types; (8) engage broad segments of the delivery system; (9) balance short-term and long-term investments; (10) are structured at a scale and scope consistent with the evidence; and (11) are consistent with CMMI and CMS capacity.

Next Steps

CMMI is now taking idea submissions for test models. Ideas can be submitted on CMMI's website at <http://innovations.cms.gov/> under "Share Your Ideas." The CMMI request form requires a summary of the idea (e.g., problem goals, intervention, benefits), a description of how the idea will reduce program expenditures while also improving quality of care and health outcomes, and evidence or successful experience supporting the idea.

We also expect CMMI to soon post requests for proposals that may be receptive to pilots for accountable care organizations (ACOs), medical homes, dual-eligibles, programs relating to bundling of care and services and programs that look at population health, such as targeting those with cardiovascular disease.

Locke Lord Bissell & Liddell LLP and Locke Lord Strategies LP are following the developments of CMMI and are available to consult with clients who are considering the submission of proposals for care delivery models to CMMI.

For more information on the matters discussed in *Locke Lord's QuickStudy*, please contact the authors:

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