

Integrating the 3Ms

(Medicare, Medicaid, Marketplace)



The Centers for Medicare & Medicaid Services (CMS) is meeting its mission through the **Strategic Plan**, which is supported by the agency's six Strategic Pillars, each establishing our broad programmatic goals and priorities. **CMS outlined a set of 13 cross-cutting initiatives** that draw upon critical work done across the agency to drive results. These initiatives are multi-year priorities that bring Centers and Offices together to leverage expertise, strengthen collaboration, establish shared strategic objectives, and holistically look across the agency to identify policy levers and opportunities to advance these priorities. This integrated, action-oriented approach drives the work of CMS. Integrating Medicare, Medicaid, and Marketplace (collectively, the 3Ms) is one of the 13 cross-cutting initiatives CMS is employing to continuously find ways to improve the lives of the people served by these programs.

ABOUT THIS STRATEGY

CMS is working collaboratively across the agency to strengthen, improve, and align policies and operations across Medicare, Medicaid, and the Marketplace. People's health coverage status and insurance plans often change over time. Such transitions can lead to loss of eligibility, disruption in care, and system inefficiencies. And differences in quality measurement and other administrative processes across programs creates burden for providers and inefficiencies across the health care system. CMS has begun to develop approaches to promote alignment and consistency across programs, promoting seamless continuity of care, including experiences with health care providers and health coverage for people served by the 3Ms.

ACTIONS TO DATE

- Quality Measure Alignment and the Universal Foundation:
 - Through the **Quality Strategy** CMS is beginning to align performance metrics across CMS, federal partners, and external stakeholders to improve value.
 - This alignment will result in higher-quality care for the more than 150 million Americans covered by the CMS programs – and a simplified national picture of quality measurement that is easily understood by individuals, their families, providers, and payers.
 - The alignment strategy will eventually include selected measures for assessing quality along a person's care journey — from infancy to adulthood — and for important care events, such as pregnancy and end-of-life care.
- Access
 - In response to President Biden's **January 2021** and **April 2022** Executive Orders to strengthen Medicaid and access to affordable, quality health coverage, CMS is making it easier for millions of eligible people to enroll in and retain their Medicaid coverage, thus reducing churn among programs.

- **A rule finalized** in 2023 will automatically enroll some people in **Medicare Savings Programs** through which Medicaid covers Medicare premiums and cost sharing for certain individuals with limited financial resources.
- Additionally, the same final rule better integrates Medicare Savings Program applications with the application process for Medicare Part D Low-Income Subsidies (also known as “Extra Help”), which assists people with their prescription drug costs, including premiums, deductibles, and cost sharing.
- People with Medicare now have access to new **Special Enrollment Periods (SEPs)** for Medicare enrollment when certain life events happen, such as loss of other insurance coverage or if the individual moves and has a permanent address change. These SEPs reduce potential gaps in coverage between health insurance programs.
 - New processes reduce delays in Medicare coverage effective dates so people can get coverage the month after they enroll.
 - The new Medicare SEP also applies for people who are no longer eligible for Medicaid.
- CMS has established a **Marketplace Special Enrollment Period (SEP)** for qualified individuals and their families who lose Medicaid or CHIP coverage due to the end of the continuous enrollment condition, also known as “unwinding.”
 - This SEP, referred to as the “Unwinding SEP,” will allow individuals and families in Marketplaces served by HealthCare.gov to enroll in Marketplace health insurance coverage outside of the annual open enrollment period.
- New **prior authorization and interoperability** rules streamline prior authorization processes and promote health care data sharing across the 3Ms to improve the care experience across providers, patients, and caregivers by addressing avoidable delays in patient care and making health care data more accessible.

GOING FORWARD

These actions represent the beginning of CMS’ multi-year strategy to ensure individuals experience seamless continuity of care – including continuous access to their providers and health plans – across the 3Ms by strengthening policies and improving operations based on lessons learned across the agency. With the other cross-cutting initiatives, it is part of CMS’ continuing drive toward a health care system that better meets the needs of the people we serve.