Transform Medicaid by fostering increased state flexibility and innovation, promoting greater accountability for outcomes, and ensuring stronger program integrity for taxpayers.

- CMS has delivered on our promise to provide states with greater flexibility to serve their residents and to promote stronger accountability for outcomes and program integrity for public dollars.
- CMS has supported state requests to test community engagement requirements that are intended to empower beneficiaries to rise out of poverty; has offered a more flexible, streamlined approach for approving substance use disorder (SUD) demonstrations in response to the opioid crisis; and has proposed changes to restore balance to the state-federal partnership.
- CMS will build on our efforts to strengthen accountability through improvements to the Scorecard and data transparency, while updating regulations to promote fiscal integrity.
  - We released an updated Medicaid and CHIP Scorecard – an innovative public-facing federal dashboard that includes additional data points, measures, and enhanced functionality.
- CMS will continue to give states even greater flexibility to unleash innovation in their Medicaid programs as the states move toward more accountable, value-based payment delivery systems.

Our actions have delivered results

- CMS has restored balance to the state and federal partnership.
  - CMS indicated through guidance that it expects to support state proposals to incentivize work and community engagement among non-elderly, non-pregnant adults who are not eligible for Medicaid on the basis of disability.
  - Recognizing the urgency of the opioid crisis, CMS has offered a more flexible, streamlined approach for states to seek to expand coverage of substance use disorder, including opioid use disorder, treatment services.
    - CMS produced the first ever Substance Use Data Book, with information about diagnosis and treatment. These and other efforts helped to ensure that states have the flexibility to best serve their residents.
  - CMS is ensuring the integrity of the Medicaid and the Children’s Health Insurance Program (CHIP) eligibility and enrollment process by aiming to improve the accuracy and consistency of eligibility determinations across states through rulemaking.
  - CMS has achieved significant improvement in processing times for Medicaid SPAs, 1115 demonstrations, and 1915 waivers.
• CMS has focused on improving the integrity of how hundreds of billions in public dollars are spent.
  o CMS is building on past CMS efforts to ensure sound fiscal stewardship and oversight of the Medicaid program by proposing a comprehensive update to Medicaid’s Fiscal Accountability Regulations. This proposal clamps down on fraud and abuse by reducing the potential for improper payments so that federal Medicaid dollars are being spent on Medicaid beneficiaries, not state projects or to supplement the state’s share of Medicaid financing.
  o CMS released its first-ever comprehensive Medicaid program integrity strategy, launching additional audits, data analytics efforts, and other activities to follow up on vulnerabilities identified by oversight entities.
  o CMS has taken steps to improve the integrity of federal financial oversight of state spending by issuing $759 million in disallowances in 2018 to begin recovery of improperly claimed federal funding.
  o CMS recovered $9.7 billion in rate adjustments for the 2014-2016 period from the State of California. CMS also anticipates recovering $2.5 billion from other states over this same time period.