

# Second Roundtable on Safety Net Provider Participation in CMS Innovation Center Models

Center for Medicare and Medicaid Innovation  
November 3, 2022

# Housekeeping & Logistics

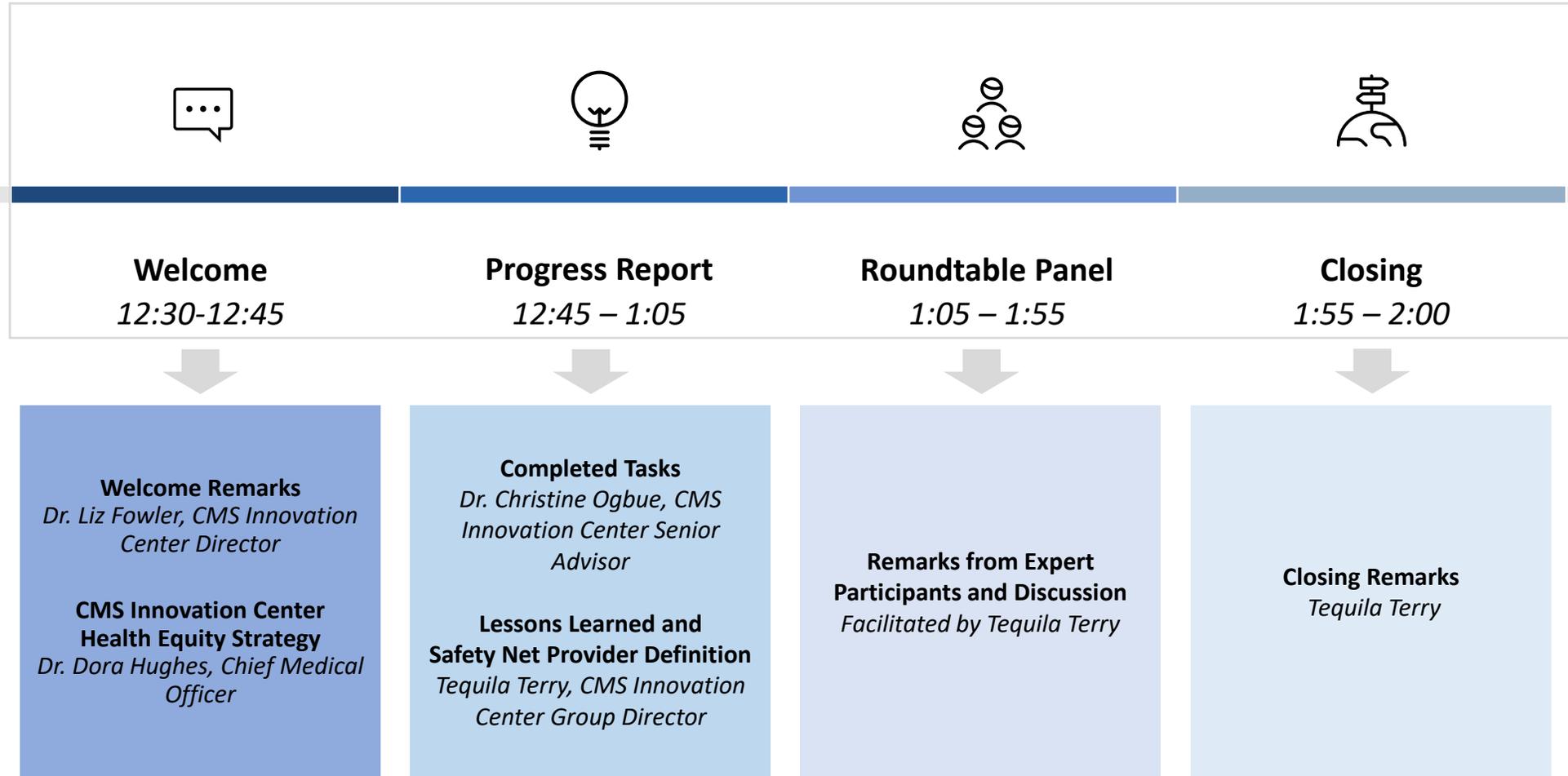


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# Agenda



WELCOME

CMS Innovation Center  
Commitment to  
Including Patients from  
Historically Underserved  
Populations and Safety  
Net Providers

*“Health care providers participating in models such as ACOs continue to have fewer Medicare beneficiaries from underserved populations and generally include beneficiaries who are less likely to live in rural areas.*

*To broaden the reach of model tests to underserved beneficiaries, the Innovation Center will **emphasize engagement with local communities and public health leaders in order to reach providers who may not have previously participated in value-based care**, including those that disproportionately care for uninsured, Medicaid, rural, and other underserved populations.*

*Examples of these providers include community health centers, rural health clinics, community-based providers, and public and critical access hospitals.”*

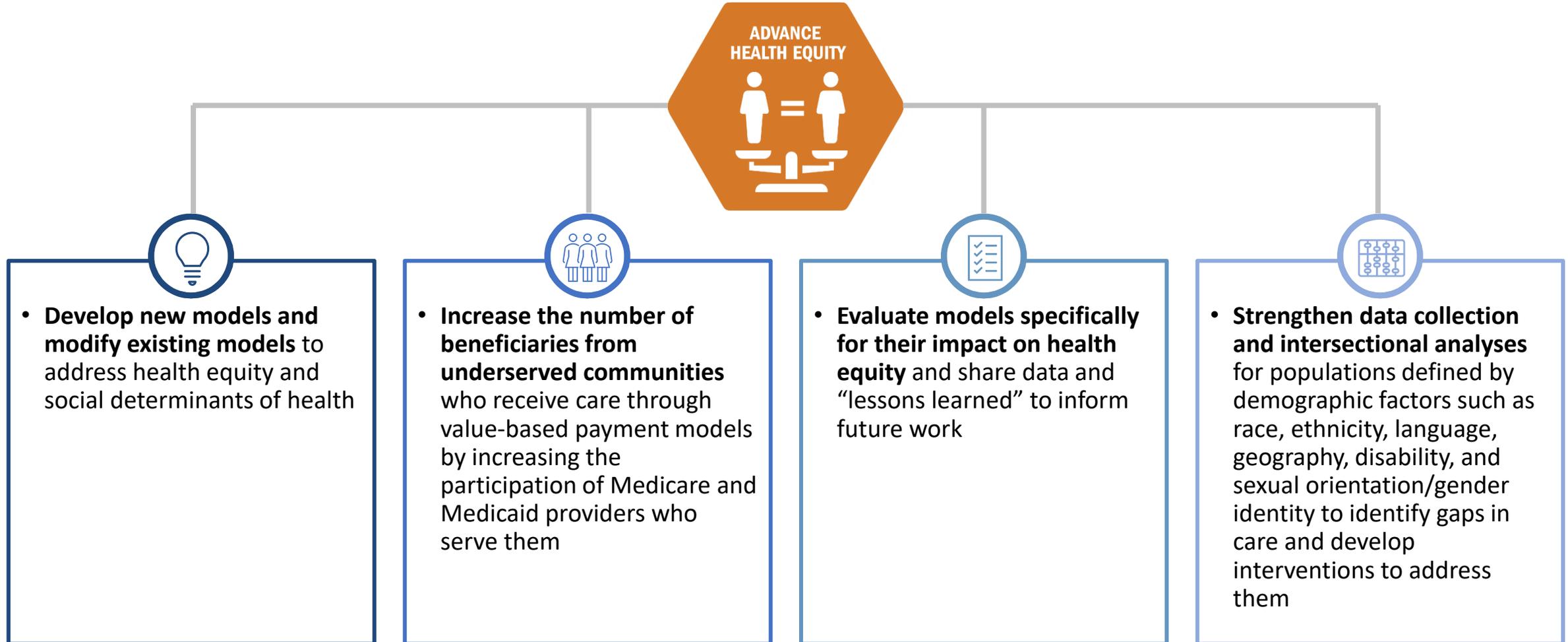
- CMS Innovation Center White Paper, October 2021

# CMS INNOVATION CENTER HEALTH EQUITY STRATEGY

# Vision: What's to Come Over the Next 10 Years



# Advancing Health Equity



# PROGRESS REPORT: COMPLETED TASKS

# Completed Tasks: Stakeholder Interviews

## Goals

- To identify and understand existing perceptions, experiences, and reasons that safety net providers might not apply or participate in CMS Innovation Center models.
- To identify potential adjustments to model and application designs that may foster greater safety net participation in CMS Innovation Center models.



## Stakeholders

- CMS interviewed a variety of safety net provider stakeholders who represented:
  - Federally qualified health centers
  - Public hospitals
  - University health systems
  - Rural health clinics
  - Community-based non-profits
  - Non-profit health plans
  - Health policy centers

# Completed Tasks: Stakeholder Interviews

## What We Asked

How familiar are you with alternative payment models?  
The work of the CMS Innovation Center?

What support or additional information would you need to  
consider joining CMS Innovation Center models?

What kinds of changes can be made to the application  
process to increase participation in CMS Innovation Center  
models?

## What We Heard

**Awareness of  
Innovation Center  
models is likely  
low among busy  
smaller safety net  
facilities.**

**Resource deficits  
combine with large  
existing health care  
workload and  
resistance to  
change to make  
models “a heavy  
lift.”**

**The Innovation Center could help safety net  
organizations determine their suitability  
for models - prior to completing the  
application process.**

# Completed Tasks: Model Application Analysis



## Awareness

H<sub>1</sub>: Lack of awareness and education on Innovation Center models



## Application Process

H<sub>2</sub>: Application process burdensome



## Eligibility Requirements

H<sub>3</sub>: Eligibility requirements exclude safety net organizations



## Implementation Level of Effort

H<sub>4</sub>: Level of effort and resources required to implement the model is high

# Poll Question 1

**Which do you think is the greatest barrier to safety net provider participation in CMS Innovation Center models?**

- **Awareness:** safety net providers are not aware of Innovation Center models and the potential benefits of model participation
- **Application Process:** the administrative burden application process is too great
- **Eligibility Requirements:** model requirements for infrastructure or data reporting are not feasible for some safety net facilities
- **Implementation Level of Effort:** the level of effort for implementing a CMS Innovation Center model is too great

# PROGRESS REPORT: LESSONS LEARNED

# Lessons Learned Framework

LAN HEAT's Theory of Change for Advancing Health Equity through APMs



# Lessons Learned

1

## Payment Incentives & Structure

- Consider offering tailored technical assistance and/or a two-phase application process
- Define safety net providers to measure inclusion in our models
- Determine the feasibility for providing more upfront infrastructure funding for safety net organizations
- Learn more about accounting for safety net organization financing and interactions with APMs
- Encourage the creation of networks that ease value-based care financial burden on small providers

2

## Care Delivery Redesign

- Focus on designing models that are responsive to community conditions
- Create incentives to leverage community resources and promote team-based care
- Encourage engagement of smaller providers in care transformation

3

## Performance Measurement

- Develop models that allow sufficient time to observe hypothesized changes, particularly in underserved populations
- Recognize health care access improvements as well as health care outcomes

# Poll Question 2

**How should the CMS Innovation Center prioritize the following barriers to participation:  
(Rank order)**

- Payment Incentives and Structure
- Care Redesign
- Performance Measurement
- Other (enter in Q&A box)

# PROGRESS REPORT: SAFETY NET PROVIDER DEFINITION

# Safety Net Provider Definition



## Facility Level

- Hospitals (short-term hospitals and critical access hospitals (CAHs)) that serve above a baseline threshold of beneficiaries with dual eligibility or Part D Low-Income Subsidy (LIS)
- Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Community Mental Health Centers (CMHCs)



## Provider Level

- Providers that serve above a baseline threshold of beneficiaries with dual eligibility or Part D Low-Income Subsidy

# Poll Question 3

**What are the most important considerations for defining safety net providers to maximize the inclusion of providers that serve Medicaid beneficiaries? (Rank order)**

- Federal provider or facility designation (e.g. Critical Access Hospitals, Disproportionate Share Hospitals, Federally Qualified Health Centers, Rural Health Clinic, etc.)
- Geographic location or Service area (e.g. health professional shortage areas, area deprivation or social vulnerability index)
- Ease of measurement and consistency across regions and states
- Aligning with the Marketplace definition (Essential Community Provider)
- Other (enter in Q&A box)

# PANEL DISCUSSION CMS INNOVATION CENTER'S ANALYSIS FRAMEWORK

*Prompt 1:*

*How should the CMS Innovation Center prioritize the following barriers to participation: awareness, application process, eligibility requirements, implementation level of effort?*

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eligibility  
requirements,  
implementation level  
of effort?

**Chris Salyers, DHSc**

Director of Programs and Evaluation,  
National Organization of State Offices of Rural Health

*Organization Website: [nosorh.org](http://nosorh.org)*

Prompt 1: How should the CMS Innovation Center prioritize the following barriers to participation: awareness, application process, eligibility requirements, implementation level of effort?

**Erin O'Malley**

Senior Director of Policy, America's Essential Hospitals

*Organization Website: [essentialhospitals.org](http://essentialhospitals.org)*

*[Speaker Bio](#)*

Prompt 1: How should the CMS Innovation Center prioritize the following barriers to participation: awareness, application process, eligibility requirements, implementation level of effort?

**Ana Gallego**

Executive Director of Healthcare System Strategy,  
NYC Department of Health and Mental Hygiene

*Organization Website: [nyc.gov/health](https://nyc.gov/health)*

# PANEL DISCUSSION LESSONS LEARNED

*Prompt 2:*

*The lessons learned that we have shared span health care redesign, payment incentives and structure, and performance measurement. Are there additional categories or specific strategies we should be considering to better engage safety net providers in our models?*

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**Carrie Cochran-McClain**

Chief Policy Officer, National Rural Health Association

*Organization Website: [ruralhealth.us](http://ruralhealth.us)*

Prompt 2: The lessons learned that we have shared span health care redesign, payment incentives and structure, and performance measurement. Are there additional categories or specific strategies we should be considering to better engage safety net providers in our models?

**Dan Derksen, MD**

Associate Vice President for Health Equity, Outreach,  
and Interprofessional Activities, University of Arizona  
Health Sciences

*Organization Website: [healthsciences.arizona.edu](http://healthsciences.arizona.edu)*

*[Speaker Bio](#)*

Prompt 2: The lessons learned that we have shared span health care redesign, payment incentives and structure, and performance measurement. Are there additional categories or specific strategies we should be considering to better engage safety net providers in our models?

**Aditya Mahalingam-Dhingra**  
Chief Business Officer,  
Community Care Cooperative (C3)

*Organization Website: [communitycarecooperative.org](http://communitycarecooperative.org)*

# PANEL DISCUSSION: SAFETY NET DEFINITION

*Prompt 3:*

*What are key considerations for the CMS Innovation Center as we develop a safety net provider definition that maximizes the inclusion of providers that serve Medicaid beneficiaries?*

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**Amanda Pears Kelly**

Chief Executive Officer, Advocates for Community Health

*Organization Website: [advocatesforcommunityhealth.org](http://advocatesforcommunityhealth.org)*

*[Speaker Bio](#)*

Prompt 3: What are key considerations for the CMS Innovation Center as we develop a safety net provider definition that maximizes the inclusion of providers that serve Medicaid beneficiaries?

**Sara Rosenbaum, JD**

Harold and Jane Hirsh Professor of Health Law and Policy, Department of Health Policy and Management, Milken Institute School of Public Health, George Washington University

*Organization Website: [publichealth.gwu.edu](http://publichealth.gwu.edu)*

*[Speaker Bio](#)*

Prompt 3: What are key considerations for the CMS Innovation Center as we develop a safety net provider definition that maximizes the inclusion of providers that serve Medicaid beneficiaries?

**Rachel Tobey**  
Director, JSI California

*Organization Website: [jsi.com](http://jsi.com)*

*[Speaker Bio](#)*

# CLOSING REMARKS

# Staying in Touch on the Strategy

## Thank You for Attending

- Thank you for attending this roundtable. We appreciate your feedback!
- Additional input? Email your comments and feedback to [CMMIStrategy@cms.hhs.gov](mailto:CMMIStrategy@cms.hhs.gov) with subject line ***SAFETY NET ROUNDTABLE #2.***

## Resources to Engage with CMS Innovation Center Strategy

- Please visit the [CMS Innovation Strategic Direction](#) webpage
- [Sign up to receive regular email updates](#) about the CMS Innovation Center and [follow us](#) @CMSinnovates on Twitter.

THANK YOU!