



# STRATEGIC PLAN CROSS-CUTTING INITIATIVES



The Centers for Medicare & Medicaid Services (CMS) serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

CMS works to improving people’s lives through advancing public policy to ensure the U.S. health care system works better for everyone. Last year, CMS Administrator Brooks-LaSure [announced](#) the CMS strategic vision and six strategic pillars.

CMS teams remain committed to collaborate across its Centers and Offices to establish shared strategic objectives, define success measures, and holistically look across the agency to identify policy levers and opportunities to advance these priorities. This integrated, action-oriented approach will drive the work of CMS going forward.

As part of that work, the CMS cross-cutting initiatives outlined below are the mechanisms and means to advance CMS’s priorities under each strategic pillar. CMS will develop and refine the success measures for each of these cross-cutting initiatives and other strategic initiatives in partnership with stakeholders and to inform the public on actions related to our strategic plan on a rolling basis.

## **ELEVATING STAKEHOLDER VOICES THROUGH ACTIVE ENGAGEMENT**

CMS will ensure that the public – particularly those most impacted and underserved - has a strong voice throughout CMS’ policymaking, operations, and implementation process. By elevating voices and understanding the needs of individuals with lived experience, their representatives, consumer advocates, providers, state, local and tribal governments, health plans, CMS will have a more informed process for decision making and understanding of how applied policies can improve the lives of people. CMS is taking a meaningful approach in stakeholder engagement through traditional outreach, agency-wide coordination, and by meeting people where they are, in person, in communities, and in their backyards.

## **BEHAVIORAL HEALTH**

CMS will embark on a multi-faceted approach to increase and enhance access to equitable and high-quality behavioral health services and improve outcomes for people with behavioral health care needs. The CMS Behavioral Health Strategy will cover multiple elements including access to prevention and treatment services for substance use disorders, mental health services, crisis intervention and pain care; and further enables care that is well-coordinated and effectively integrated.

## **DRUG PRICE AFFORDABILITY**

CMS will work across programs to ensure that prescription drugs are accessible and affordable for consumers, providers, plans, our programs, and state partners. This work will include using data and information to drive transparency and improve decision making; leveraging our tools to reward innovation and ensure access to drugs that improve health outcomes; and improving affordability by increasing the use of generics, biosimilars, and interchangeable biologics as well as reducing ineffective spending in Medicare and Medicaid by encouraging provider and plan accountability for outcomes and equity.

## **MATERNITY CARE**

CMS will develop and implement a coordinated maternity care strategy, seizing every opportunity to improve maternity care access and quality, improve health outcomes, and reduce disparities. CMS will work with states, health care facilities, community providers, and other partners to improve the quality of maternity care, expand postpartum coverage, and support a diverse provider workforce. These efforts will reward high-quality care, expand access to coverage and care, and begin to address the health inequities that underlie our health care system.

## **BENEFIT EXPANSION**

CMS will cohesively implement policy changes and consider opportunities to expand access to coverage and benefits, including dental coverage and underused high-value services, using existing authorities and health plan flexibilities. Access to services that promote health and wellness is critical to allow beneficiaries and consumers to achieve the best health possible, consistent with current program design for Medicare, Medicaid/CHIP and the Marketplace. CMS plans to engage in partnership with states, health plans, and health care providers to find opportunities to expand coverage, improve access for underused benefits, and consider opportunities to use our authorities creatively to expand access to care.

## **RURAL HEALTH**

CMS will work across programs to promote access to high-quality, equitable care for all people served by our programs in rural and frontier communities, Tribal nations, and the U.S. territories. By engaging with our stakeholders, including providers, quality improvement organizations, and those with lived experience, CMS will ensure our approach is responsive to their unique needs. CMS will build on previous efforts in consultation with the Rural Health Council to improve rural health care delivery, developing a comprehensive, cross-center strategy to advance health equity, expand access, and improve health outcomes.

## **PREPARING THE HEALTH CARE SYSTEM FOR THE POST-PANDEMIC WORLD**

CMS will continue to work collaboratively to prepare the healthcare system for operations after the public health emergency. This will include releasing and/or updating regulatory and sub-regulatory guidance, technological improvements, technical assistance to states, and public education of the necessary steps to successfully prepare for and operate after the public health emergency. CMS will continue evaluating lessons learned during the public health emergency to restore the minimum health and safety standards needed to improve quality across the continuum of care.

## **COVERAGE TRANSITION (COVID-19/PHE UNWINDING)**

CMS will ensure as many individuals enrolled in Medicaid and the Children's Health Insurance Program (CHIP) maintain a source of coverage as possible after the COVID-19 Public Health Emergency (PHE) continuous enrollment requirement expires, whether through Medicaid/CHIP, Marketplace, employer coverage, or Medicare. The continuous enrollment requirement prevented states from terminating most Medicaid beneficiaries during the COVID-19 pandemic, ensuring enrollees had access to health

care during a public health crisis, but all individuals will need a redetermination of eligibility when the PHE ends. This will be accomplished by providing state Medicaid agencies, Marketplaces and their partners with clear policy guidance and tools, technical assistance, and a strong outreach and communications strategy.

### **NATIONAL QUALITY STRATEGY**

CMS will shape a resilient, high-value health care system to promote quality outcomes, safety, equity, and accessibility for all individuals, especially for people within historically underserved and under-resourced communities. Opportunities continue to exist to improve quality for all individuals within the health care system, especially following the COVID-19 Public Health Emergency. The CMS National Quality Strategy takes a person-centric approach to quality and safety, and seeks to improve the overall care journey as individuals move across the continuum of care, from home or community-based settings to hospitals and post-acute care. This initiative accounts for all individuals and entities that are vital to optimizing a person-centered approach to care.

### **NURSING HOMES AND CHOICE IN LONG TERM CARE**

CMS is leading President Biden’s initiative to improve safety and quality of care in the nation’s nursing homes. This effort will focus on having every nursing home employ a sufficient number of staff who are adequately trained to deliver high-quality care; holding - poorly-performing nursing homes accountable for unsafe or improper care; and providing better information to the public on nursing home quality and ownership transparency. CMS is equally committed to expanding access to care for home- and community-based services, and will continue efforts to ensure people receive high-quality long-term services and supports in the appropriate setting of their choice.

### **DATA TO DRIVE DECISION-MAKING**

CMS will accelerate the appropriate use of data to deliver on our mission and serve the public while protecting security and privacy. This initiative will allow CMS to make more informed policy decisions based on data and drive innovation and person-centered care through the seamless exchange of data. CMS is working to fully leverage the value of data by improving our data collection and management, advancing our analytic capabilities, and promoting data transparency and dissemination.

### **INTEGRATING THE 3MS (MEDICARE, MEDICAID & CHIP, MARKETPLACE)**

CMS will continue to work collaboratively across the agency to strengthen, improve, and align policies and operations across Medicare, Medicaid & CHIP, and the Marketplace. People’s health coverage



status and insurance plan often change over time. Transitions across the 3Ms can lead to loss of eligibility, disruption in care, and system inefficiencies. Through this initiative, CMS will promote seamless continuity of care, including experience with health care providers and health coverage, for people served by the 3Ms. CMS will begin by developing new internal approaches to promote alignment and consistency across programs.

### **FUTURE OF WORK @ CMS**

CMS will be best-in-class in mission execution, talent recruitment and retention, and stakeholder engagement. CMS will foster a culture of care that values employee health and well-being, emphasizes workplace flexibilities and leverages technology to support a remote-first mindset. CMS will strengthen its stakeholder responsiveness and program delivery through its engaged national workforce.