



PILLAR: HEALTH EQUITY

2022 STRATEGY

The first pillar of the Centers for Medicare & Medicaid Services' (CMS) Strategic Plan is health equity. CMS' strategy to advance health equity will address the health disparities that underlie our health system through stakeholder engagement and by building this pillar into the core functions of CMS. CMS' health equity strategy will build on the Biden-Harris Administration's commitment to advancing racial equity and support for underserved communities through the federal government, as described in President Biden's [Executive Order 13985](#).

CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.

CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all people served by our programs by incorporating the perspective of lived experiences and integrate safety net providers and community-based organizations into our programs. Together this work will eliminate avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that people need to thrive.

CMS programs cover more than 150 million people across the country through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and Marketplace coverage. These programs distribute hundreds of billions of dollars throughout the U.S. health care system annually and provide quality oversight of the majority of health care facilities and providers across the country and care settings. Together with the private sector, we can achieve our health equity goals. **CMS calls on private sector partners to engage with this health equity strategy to sustain long-term action.**

The Centers for Medicare & Medicaid Services health equity goals:

- ✓ **Close the gaps in health care access, quality, and outcomes** for underserved populations.

- ✓ **Promote culturally and linguistically appropriate services** to ensure understandable and respectful care and services that are responsive to preferred languages, health literacy, and other diverse communication needs.
- ✓ **Build on outreach efforts** to enroll eligible people across Medicare, Medicaid/CHIP and the Marketplace.
- ✓ **Expand and standardize the collection and use of data**, including on race, ethnicity, preferred language, sexual orientation, gender identity, disability, income, geography, and other factors across CMS programs.
- ✓ **Evaluate policies to determine how CMS can support safety net providers**, partner with providers caring in underserved communities, and ensure care is accessible to those who need it.
- ✓ **Ensure engagement with and accountability to the communities CMS serves** in policy development and the implementation of CMS programs.
- ✓ **Incorporate screening for and promote broader access to health-related social needs**, including greater adoption of related quality measures, coordination with community-based organizations, and collection of social needs data in standardized formats across CMS programs and activities.
- ✓ **Ensure CMS programs serve as a model and catalyst to advance health equity** through our nation's health care system, including with states, providers, plans, and other stakeholders.
- ✓ Use the framework under the CMS National Quality Strategy, **aiming to promote the highest quality outcomes and safest care for all people.**

BUILDING HEALTH EQUITY INTO THE DNA OF CMS

CMS Administrator Chiquita Brooks-LaSure has charged each CMS Center and Office with building health equity into its core work. The following section details key actions undertaken by CMS Centers and Offices to advance health equity:

Center for Medicare

Health equity goal: The Center for Medicare will advance equity for people with Medicare through operations and policies in the Traditional Medicare, Medicare Advantage and Part D programs, ensuring that services are culturally and linguistically appropriate, care is high-value and person-centered, underserved communities have access to quality care, disparities are eliminated, and social needs are addressed.

Actions to Date:

- ✓ **Develop expanded stratified reporting of Medicare Advantage (MA) and Part D star ratings measures**, establish a new health equity index as an enhancement to the MA and Part D Star Ratings, and maximize alignment on such quality reporting with other CMS components.
 - **Impact:** Allows beneficiaries to assess plans based on performance on health equity measures, and incentivizes plans to invest in health equity initiatives.

- ✓ **Increase Graduate Medical Education slots** to promote workforce training in underserved areas.
 - **Impact:** Improves access to care in underserved areas by building capacity for the health care workforce.

- ✓ **Propose to reinstate the requirement that MA and Part D plans include a multi-language insert** to inform beneficiaries of the availability of free language and translation services.
 - **Impact:** Advances language access, health literacy, and culturally tailored services for all beneficiaries.

- ✓ **Propose new supplemental payment for Indian Health Service and Tribal hospitals.**
 - **Impact:** Supports stability in uncompensated care payments and avoids undue long-term financial disruption for these hospitals.

Center for Clinical Standards and Quality

Health equity goal: Focusing on a person-centric approach as part of an overarching CMS Quality Strategy, which strives toward creating a care journey that is free from inequity while optimizing opportunities and access for underserved populations. Identifying measurable interventions to close gaps in quality care and outcomes.

Actions to Date:

- ✓ **Explore the development of health equity-focused measures** in all care settings, including a measure of hospital commitment to health equity, a measure of the percent of adults screened for social drivers of health, and a measure of those who have been screened positive for harmful social drivers of health.
 - **Impact:** Fosters leadership across all care settings and organizational culture of equity; promotes patient screening and subsequent access to services; expands the collection, reporting, and analysis of standardized data.

- ✓ **Propose a “Birthing-Friendly” hospital designation** to capture hospital maternity care quality improvement efforts as a facility characteristic, with the goal of displaying this information in a user-friendly format on the “Care Compare” website.
 - **Impact:** Enhances focus on health equity for birthing people and holds hospital leadership accountable for outcomes, as well as allows consumers to choose hospitals that have implemented improvements in birthing practices.

- ✓ **Directing quality improvement resources** to populations identified for the greatest health disparities using social vulnerability index, area deprivation index, and food access data.
 - **Impact:** Provides technical assistance and education to disadvantaged communities, and providers serving those communities to ensure access to health care services, and better outcomes.

Center for Medicare and Medicaid Innovation

Health equity goal: CMMI’s goal is to promote a health system that achieves equitable outcomes through high-quality, affordable, person-centered care.

Actions to Date:

- ✓ **Incorporate equity in model design**, including development and implementation of health equity plans, quality measurement, and robust evaluation for health equity impact.
 - **Impact:** Ensures equity is a central focus of all models.
- ✓ **Address historical underinvestment through payment adjustments or enhanced benefits** to expand access and improve care for underserved populations.
 - **Impact:** Supports providers who disproportionately care for medically and socially complex beneficiaries in CMMI models.
- ✓ **Improve rates of participation** among safety net providers, including community health centers and disproportionate share hospitals.
 - **Impact:** Guarantees beneficiaries in underserved communities benefit from increased access to innovative models designed to improve care quality.
- ✓ **Increase collection of sociodemographic data** to measure the proportion of patients from underserved populations in models.
 - **Impact:** Allows assessment of inclusion of underserved populations.

Medicare-Medicaid Coordination Office

Health equity goal: Improving access to care and health outcomes for individuals dually eligible for Medicare and Medicaid.

Actions to Date:

- ✓ **Support providers in delivering disability-competent and accessible care** by providing training curriculum and resources through the Resources for Integrated Care technical assistance.
 - **Impact:** Improve access to care for people with disabilities.
- ✓ **Improve access to the Medicare Savings Programs** through public outreach and partnership with states.

- **Impact:** Improve access to care and economic security for low-income older adults and people with disabilities.
- ✓ **Improve coordination between Medicare and Medicaid** for people dually eligible for both programs through proposed rulemaking to strengthen dual eligible special needs plans, elevate the voices of enrollees in plan governance, and better identify and address housing instability, food insecurity, and barriers to transportation.
 - **Impact:** Improve enrollee experiences and coordination of care.

Center for Medicaid and CHIP Services

Health equity goal: Closing gaps in coverage, access, and quality of care among people who are Medicaid- and CHIP-eligible or enrolled, improve data collection and analysis of disparities in coverage and care, support innovation, and orient activities to close gaps.

Actions to Date:

- ✓ **Roll back restrictive Medicaid policies** that prevented access to coverage and care in Medicaid and violated the core objectives of Medicaid, including state policies that took coverage away from people who didn't meet work requirements.
 - **Impact:** Removed barriers to access that disproportionately, negatively affected underserved communities.
- ✓ **Improve access to continuous coverage and quality of care in the postpartum period** by working closely with states to encourage uptake of 12 months of extended postpartum coverage for pregnant people enrolled in Medicaid and CHIP.
 - **Impact:** Increases access to services in the postpartum period for underserved enrollees known to be at higher risk of adverse outcomes.
- ✓ **Work with states to identify opportunities to connect justice-involved individuals with community-based services** immediately upon release, including through section 1115 demonstration approaches that provide individuals with transitional services upon re-entry.
 - **Impact:** Promotes access to essential services to increase foundational footing for individuals re-entering communities.
- ✓ **Release Request for Information on issues related to access to care, enrollment, and maintenance of coverage.** The RFI ([“Request for Information \(2022\): Access to Coverage and Care in Medicaid & CHIP”](#)) was open for a 60-day period through Monday, April 18, 2022.
 - **Impact:** Ensures access by addressing barriers beneficiaries face across fee-for-service and managed care, as well as across physical health, behavioral health, and home and community-based services.
- ✓ **Expanded access to home- and community-based services (HCBS) through the American Rescue Plan.** The American Rescue Plan provided states with a temporary 10 percentage point increase to the federal funding for certain Medicaid HCBS. CMS is working to invest in high-

value services to help people with disabilities and older adults live safely and independently in their communities.

- **Impact:** HCBS benefits provide critical services to millions of people, allowing them to receive health services in their homes and communities, rather than in nursing homes and other institutions.

Center for Consumer Information and Insurance Oversight

Health equity goal: Increase coverage among the underserved who are Marketplace-eligible or enrolled, make Marketplace coverage more accessible and available to underserved populations, ensure and strengthen consumer protections for coverage, and improve data collection and analysis to reduce health disparities.

Actions to Date:

- ✓ **Increase federally facilitated Marketplace enrollment among underrepresented populations by 25%** by quadrupling the number of Navigator grantees, initiating a new Special Enrollment Period for consumers with household incomes at or below 150% of the federal poverty level.
 - **Impact:** Reduces the uninsured rate among underserved communities.
- ✓ **Acted to decrease the number of single-issuer rural counties in the individual market by incentivizing issuers to enter service areas.**
 - **Impact:** Through greater competition, increase choice and affordability for consumers in rural communities.
- ✓ **Consider new requirements for network adequacy for qualified health plans on the federally facilitated Marketplace for 2023.**
 - **Impact:** Would ensure that consumers, especially those in underserved communities, can utilize their insurance to get needed care.
- ✓ **Consider requiring issuers of qualified health plans in Marketplaces using the federal platform to offer standardized plans.**
 - **Impact:** Would allow consumers to compare plan options easily to choose a plan that meets their medical and financial needs, as well as makes baseline health benefits more transparent.
- ✓ **Consider strengthening Health and Human Services essential community provider requirements.**
 - **Impact:** Would improve access to providers for underserved communities.
- ✓ **Propose new regulations prohibiting Marketplaces, issuers, agents, and brokers from discriminating against consumers based on sexual orientation and gender identity.**
 - **Impact:** Would ensure consumers do not face discrimination based on their gender identity and sexual orientation.

- ✓ **Promulgate new regulations under the No Surprises Act related to surprise medical bills and unexpected health care costs.**
 - **Impact:** Ensures consumers, especially those in underserved communities, understand their rights and can access protections against financial harm, as well as reduces medical debt-related bankruptcies.

Office of Minority Health

Health equity goal: Driving change across the agency by supporting the advancement and integration of health equity in the development, evaluation, and implementation of these and other CMS policies, programs, and partnerships. Developing capacity at minority-serving institutions to research health disparities and social determinants of health, understand root causes of health disparities, and disseminate best practices uncovered through research funded by the CMS Office of Minority Health Minority Research Grant Program.

Actions to Date:

- ✓ **Provide technical assistance** through the CMS Health Equity Technical Assistance Program to support health care professionals, health plans and systems, State Medicaid Agencies, federal, state, tribal and territorial, and local health agencies, universities, community partners and all other external CMS stakeholders, as well as across CMS, as they we work together to embed health equity within CMS programs, policies, and operations.
 - **Impact:** Builds capacity within CMS to assess health equity impacts of our programs, and identify and eliminate barriers experienced by members of underserved communities and health care professionals who serve these communities. In addition, builds capacity among local communities and CMS partners to design and operate equitable health care systems and help ensure that all CMS benefits, services and supports, and coverage are available to all individuals, particularly those located in and serving underserved communities.
- ✓ **Create and distribute provider training materials** to help health care professionals understand the needs of those they serve and remove barrier to improve quality, experience of care, and access to care for members of underserved communities.
 - **Impact:** Ensures that health care professionals across all settings and coverage types have the tools and information they need to provide culturally and linguistically tailored, accessible care that meets the unique needs of each person they serve.
- ✓ **Expand community outreach** efforts to gain valuable insight from stakeholders using roundtables, listening sessions, and events for meaningful, bidirectional engagement with a broadened base of underserved populations.
 - **Impact:** Provides CMS with current information about the dynamic and diverse needs of each community we serve, ensuring our CMS programs, policies, and operations are designed and implemented with an intersectional lens that reflects the priorities of our populations, particularly members of underserved communities who may not have a long history of engaging with CMS.

Office of Communications

Health equity goal: Driving change across the agency by integrating health equity into the development of public facing materials and communications that CMS releases to stakeholders on a daily basis.

Actions to Date:

- ✓ **Continued support and outreach for Medicare beneficiaries on Medicare Savings Programs and other cost-savings programs.**
 - **Impact:** Increases the education of beneficiaries on the availability of programs to reduce their costs. For example, during the recent Open Enrollment period we included messaging on MSP in the outreach campaign such as within a print advertisement and social media. 1-800 MEDICARE representatives are also trained to provide education on the Medicare Savings Programs as well as other ways for beneficiaries to reduce their costs.

- ✓ **Expand culturally competent and linguistically accessible education campaign outreach.**
 - **Impact:** Increases reach in historically underserved communities. For example, during the recent Open Enrollment Period, the Biden-Harris Administration made a concerted effort to make affordable health care more accessible to historically uninsured and underinsured populations by conducting targeted outreach to historically underserved communities. This included advertising in Chinese (Mandarin and Cantonese), Korean, Vietnamese, Tagalog, and Hindi, and specific campaigns to the Black and Latino communities. As a result of this work in part, HealthCare.gov states enrollment among Hispanic people increased by 26% and Black people increased by 35%.

- ✓ **Translate the “Medicare & You” handbook and other educational materials for Medicare beneficiaries into additional languages.**
 - **Impact:** Increases the accessibility of CMS programs and resources. For example, CMS translated the Medicare & YOU handbook into Chinese, Korean, and Vietnamese for the first time.