

CMS Strategic Framework

OPEN LETTER FROM CMS ADMINISTRATOR CHIQUITA BROOKS-LASURE

Dear CMS Community and Partners:

It is an honor to serve you as the Administrator for the Centers for Medicare & Medicaid Services. With your partnership and support, CMS has accomplished a tremendous amount in the past year under unprecedented circumstances. Working together, we're making a difference in countless lives, expanding access to health care coverage, advancing health equity, and building back a stronger health care system.

CMS now oversees the health coverage of more than **150 million people** — an all-time record. It's a vast responsibility, and your partnership is essential to our success. I'm committed to engaging with you as we develop new strategies to reach our goal of better health for all people.

Today, I'm excited to share updates about our ongoing work, which is aligned with the Biden-Harris Administration's commitment to ensuring all American people have access to the highest quality health care. Providers, health care stakeholders, health plans, drug and device manufacturers, vaccine makers, and people enrolled in CMS' programs will find helpful information about CMS' strategic vision and the steps we're taking toward it.

Our work is more pressing than ever. The COVID-19 pandemic has emphasized and exacerbated disparities in health care. We have a real opportunity now to transform the way people access and experience care.

One of our strategic pillars is engaging with our partners and listening to the voices in the CMS community. We need your input to reach our vision, and I want to hear from you:

- From the more than 150 million people in Medicare, Medicaid and CHIP, and the Marketplace, as well as the 1.1 million people in New York and Minnesota covered by Basic Health Programs;
- From the hospitals, long-term care facilities, and health care providers on the front lines;
- From drug and device manufacturers and vaccine makers;
- From communities responding to the COVID-19 pandemic;
- From advocates, patient representatives, and faith leaders;
- From Medicare Advantage, Medicare drug, Medicaid managed care, and Marketplace health plans; and
- From Members of Congress, and state and local governments.

You play an essential role in our continuing efforts, and we look forward to your continued engagement and partnership.

Sincerely,

/s/

Chiquita Brooks-LaSure
CMS Administrator

CMS Strategic Plan

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

STRATEGIC PILLARS



ADVANCE EQUITY

Advance health equity by addressing the health disparities that underlie our health system



EXPAND ACCESS

Build on the Affordable Care Act and expand access to quality, affordable health coverage and care



ENGAGE PARTNERS

Engage our partners and the communities we serve throughout the policymaking and implementation process



DRIVE INNOVATION

Drive Innovation to tackle our health system challenges and promote value-based, person-centered care



PROTECT PROGRAMS

Protect our programs' sustainability for future generations by serving as a responsible steward of public funds



FOSTER EXCELLENCE

Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS' operations

CMS has an ambitious agenda and a bold plan to meet our mission. All of our work is organized and managed along six CMS strategic pillars that promote the establishment of broad programmatic goals. Inherent in our work is an unyielding focus on the customer experience to expand coverage and equitable access to those who are covered by one or more of our programs. Also essential is a focus on continuous improvement of CMS' operations to ensure they are best in class and set a benchmark for health system transformation.

All 23 CMS centers and offices are actively developing and implementing projects to collaboratively advance these pillars across the agency.

USING CROSS-CUTTING INITIATIVES TO ACHIEVE OUR GOALS

CMS has developed a set of cross-cutting initiatives that engage teams across our organization to drive the goals highlighted by the strategic pillars and enhance focus on critical components of our work. These initiatives are high-level, multi-year priorities for CMS that bring our centers and offices together to leverage their expertise and strengthen collaboration. Organizing our work this way will ensure projects and initiatives are coordinated, objectives and key results are shared and known, and data is used to understand progress and monitor success. These initiatives are in addition to the daily work of the nearly 6,300 CMS employees who ensure that more than 150 million people receive quality health care.

CMS' cross-cutting initiatives are summarized below.

ELEVATING STAKEHOLDER VOICES THROUGH ACTIVE ENGAGEMENT

CMS is ensuring that the public — particularly those most impacted and underserved — has a strong voice throughout CMS' policymaking 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, and health plans, CMS has a more informed process for decision making and understanding of how applied policies can improve peoples' lives. CMS is taking a thorough approach to 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 is embarking 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](#) covers multiple elements, including access to prevention and treatment services for substance use disorders, mental health services, crisis intervention, and pain care. The strategy further enables care that is well-coordinated and effectively integrated.

DRUG AFFORDABILITY

CMS is working across programs to ensure that prescription drugs are accessible and affordable for consumers, providers, plans, our programs, and state partners. This work includes 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 is developing and implementing a coordinated maternity care strategy, seizing every opportunity to improve maternity care access and quality, improve health outcomes, and reduce disparities. CMS is working 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.

ORAL HEALTH

CMS will consider opportunities to expand access to oral health coverage using existing authorities and health plan flexibilities. Access to oral health services that promote health and wellness is critical to allow beneficiaries and consumers to achieve the best health possible, consistent with the current program authorities for Medicare, Medicaid/CHIP, and the Marketplace. Therefore, CMS plans to partner with states, health plans, and health care providers to find opportunities to expand coverage, improve access to oral health services and consider options to use our authorities creatively to expand access to care.

RURAL HEALTH

CMS is working 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 is ensuring our approach is responsive to their unique needs. CMS is building 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.

SUPPORTING HEALTH CARE RESILIENCY

CMS is continuing to work collaboratively to prepare the health care system for operations after the public health emergency (PHE). This includes releasing and/or updating regulatory and subregulatory guidance, technological improvements, technical assistance to states, and public education of the necessary steps to successfully prepare for and operate after the PHE. CMS is continuing to evaluate lessons learned during the PHE to restore the minimum health and safety standards needed to improve quality across the continuum of care.

COVERAGE TRANSITION (COVID-19/PHE UNWINDING)

CMS is ensuring as many individuals as possible enrolled in Medicaid and CHIP maintain a source of coverage after the COVID-19 PHE continuous enrollment requirement expires, whether through Medicaid and CHIP, a Basic Health Program, Marketplace, employer coverage, or Medicare. The continuous enrollment requirement prevented states from removing most people with Medicaid from the program during the COVID-19 crisis, resulting in historic high enrollment in Medicaid and CHIP. All individuals will need a redetermination of eligibility when the PHE ends. CMS is actively supporting states in this process by providing state Medicaid agencies, Marketplace health plans, and their partners with clear policy guidance and tools, technical assistance, and a strong outreach and communications strategy.

NATIONAL QUALITY STRATEGY

CMS is shaping 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 PHE. The CMS [National Quality Strategy](#) takes a person-centered 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 focuses 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 is continuing 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 is accelerating the appropriate use of data to deliver on our mission and serve the public while protecting security and privacy. This initiative is allowing 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 and CHIP, MARKETPLACE)

CMS is continuing to work collaboratively across the agency to strengthen, improve, and align policies and operations across Medicare, Medicaid and 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 is promoting seamless continuity of care, including experience with health care providers and health coverage, for people served by the 3Ms. CMS is beginning to develop new internal approaches to promote alignment and consistency across programs.

FUTURE OF WORK @ CMS

CMS is working to be best-in-class in mission execution, talent recruitment and retention, and stakeholder engagement. CMS is fostering a culture of care that values employee health and well-being, emphasizes workplace flexibilities, and leverages technology to support remote and hybrid collaboration. CMS is strengthening its stakeholder responsiveness and program delivery through its engaged national workforce.

HOW IS CMS DRIVING THE STRATEGIC VISION?

CMS centers and offices work on core projects that support the CMS strategic pillars and the cross-cutting initiatives described above. Each CMS center and office is holding itself accountable for establishing a quarterly set of objectives to measure progress against its blueprints. Listed below is a sampling of the blueprints that support the six strategic pillars.

Center for Medicare (CM): As one of the largest payers in our health care system, CM is catalyzing delivery system transformation by issuing policies that advance equity across all Medicare programs and activities, growing value-based programs to better provide whole-person care, expanding health care access and affordability for all people with Medicare, working as a responsible fiscal steward of Medicare, and consistently engaging people with Medicare throughout the policy process.

Center for Medicaid and CHIP Services (CMCS): CMCS is building on the Affordable Care Act (ACA) and working with states to expand health care access and coverage by issuing regulations that streamline eligibility and enrollment, mitigating coverage losses post-PHE, and investing to broaden equitable access to primary care, behavioral health, and home and community-based services.

Center for Consumer Information and Insurance Oversight (CCIIO): CCIIO is building on the ACA by improving Qualified Health Plan coverage, access, and choice by implementing new requirements for network adequacy regarding time and distance and appointment wait times, reducing single issuer rural counties, and implementing standardized options on the Federally Facilitated Marketplace and State-based Marketplace using the federal platform. Additionally, CCIIO continues work to implement the No Surprises Act to help protect people from surprise medical bills and remove consumers from payment disputes between a provider or health care facility and their health plan.

Center for Medicare and Medicaid Innovation (CMMI): CMMI is using its **renewed vision** to build a health system that achieves equitable outcomes through high-quality, affordable, person-centered care. To realize this vision, CMMI is committed to launching models that increase the number of people with Medicare and Medicaid in accountable care relationships, where providers are responsible for the quality and cost of their care; embedding health equity in all aspects of models; promoting affordability of care; supporting care innovations that enable person-centered care; supporting multi-payer alignment that accelerates care transformation; incorporating patient perspectives across the life cycle of models; and increasing the transparency of communications and data with stakeholders and researchers.

Center for Clinical Standards and Quality (CCSQ): CCSQ is leading the development of and adherence to national health and safety standards, modernizing the coverage process to strengthen efficiency, and improving care delivery, quality, and outcomes by leveraging a data-driven, evidence-based approach to inform short and long-term policies and programs.

Office of Program Operations & Local Engagement (OPOLE): OPOLE is conducting outreach and education activities to support people using CMS programs in accessing and making decisions about their care and to promote compliance and innovation from providers, health plans, and other health care industry stakeholders. OPOLE is also engaging partners throughout the

polymaking and implementation process by thoughtfully gathering, analyzing, and reporting stakeholder feedback, especially from groups typically underrepresented in the policy process.

Office of Burden Reduction and Health Informatics (OBRHI):

OBRHI is creating efficiencies across the health care system by implementing and enforcing Health Insurance Portability and Accountability Act Administrative Simplification requirements and by advancing interoperable information exchange, which improves equitable access to health information and health care services. OBRHI is using human-centered design and other innovative approaches to better understand stakeholder experiences and burdens to inform CMS policies, programs, and processes.

Office of Minority Health (OMH): OMH is leading an integrated, action-oriented approach to drive health equity as a shared CMS priority, while building cross-agency partnerships to align and advance our collective thinking around social determinants of health and social risk factors and barriers to equitable access, quality, and outcomes across our programs. OMH is building the capacity

to collect and analyze stratified data on race and ethnicity and engaging across the agency to embed an equity lens in the development and review of agency policy.

Center for Program Integrity (CPI): CPI is protecting the Medicare, Medicaid and CHIP, and Marketplace programs by enhancing program integrity oversight in managed care, improving detection of emerging fraud schemes, increasing the use of prior authorization, where appropriate, and using demonstration authority to target items and services at a high risk for Medicare fraud.

Chief Operating Officer (COO): The COO is exercising stewardship and demonstrating fiscal accountability by increasing data-driven approaches, building staff capabilities, and enhancing systems for greater and sustained value capture. Specifically, the COO is applying an enterprise risk management methodology, implementing new acquisition management tools, using business intelligence tools and applying proven information technology procurement savings strategies.

MEASURING PROGRESS AND SUCCESS

As we move forward with organizing and aligning efforts with the six strategic pillars, CMS is also improving ways to use data to measure our progress. We are developing success metrics, a small set of clearly articulated, measurable outcome measures that are ambitious and bold, throughout the agency to drive our work and decision making.

We encourage you to monitor our progress on www.cms.gov or follow us on social media.