

CMS Innovation Center

June 28, 2022

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



Five Strategic Objectives



Increase the number of people in a care relationship with accountability for quality and total cost of care.



Embed health equity in every aspect of CMS Innovation Center models and increase focus on underserved populations.



Leverage a range of supports that enable integrated, person-centered care such as actionable, practice-specific data, technology, dissemination of best practices, peer-to-peer learning collaboratives, and payment flexibilities.

Five Strategic Objectives



Pursue strategies to address health care prices, affordability, and reduce unnecessary or duplicative care.



Align priorities and policies across CMS and aggressively engage payers, purchasers, providers, states and beneficiaries to improve quality, to achieve equitable outcomes, and to reduce health care costs.

Advancing Health Equity

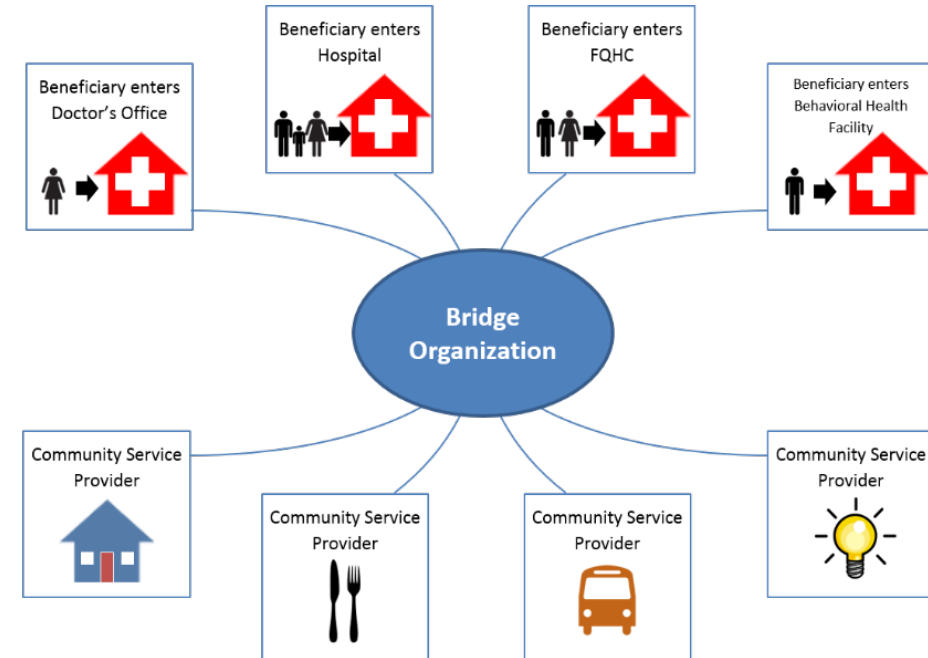
- **Develop new models and modify existing models** to address health equity and social determinants of health;
- **Increase the number of beneficiaries from underserved communities** who receive care through value-based payment models by increasing the participation of Medicare and Medicaid providers who serve them;
- **Evaluate models specifically for their impact on health equity** and share data and “lessons learned” to inform future work; and
- **Strengthen data collection and intersectional analyses** for populations defined by demographic factors such as race, ethnicity, language, geography, disability, and sexual orientation/gender identity to identify gaps in care and develop interventions to address them.



Accountable Health Communities Model addresses health-related social needs

Key Innovations

- **Systematic screening** of all Medicare and Medicaid beneficiaries to identify unmet health-related social needs (HRSN)
- Tests the **effectiveness of referrals and community services navigation** on total cost of care using a rigorous mixed method evaluative approach
- **Partner alignment** at the community level and implementation of a community-wide quality improvement approach to address beneficiary needs



Of the first 750,000 completed screenings:

63% were Medicaid beneficiaries
37% were Medicare beneficiaries
67% reported no core HRSN
33% reported at least one core HRSN

Of the reported Health Related Social Needs, food was the most commonly identified HRSN (67%).

Followed by Housing (47%);
Transportation (41%); Utility (28%); and Safety (5%)

ACO REACH: New Focus on Health Equity

To promote Health Equity and expand the availability of accountable care to underserved communities, ACO REACH includes the following provisions:

Health Equity Provision	Description
Health Equity Plan	REACH ACOs will be required to develop and implement a Health Equity Plan starting in 2023 to identify underserved patients within their beneficiary population and implement initiatives to measurably reduce health disparities
Health Equity Benchmark Adjustment	A beneficiary-level adjustment will be applied to increase the benchmark for those REACH ACOs serving higher proportions of underserved beneficiaries in order to mitigate the disincentive for ACOs to serve underserved patients by accounting for historically suppressed spending levels for these populations

New Focus on Health Equity (Continued)

Health Equity Provision	Description
Health Equity Data Collection Requirement	REACH ACOs will be required to collect and report certain beneficiary-reported demographic data and social determinants of health data on their aligned beneficiaries for purposes of Model monitoring and evaluation
Nurse Practitioner Services Benefit Enhancement	A new Benefit Enhancement will be offered to help reduce barriers to care access, particularly for beneficiaries in areas with limited access to physicians. Under this Benefit Enhancement, Nurse Practitioners will be able to assume certain responsibilities or furnish certain services with physician collaboration such as certifying the need for diabetic shoes or hospice care
Health Equity in Application Scoring	To encourage participation by provider groups with demonstrated direct patient care experience and/or demonstrated successful experience furnishing high quality care to underserved communities, discrete points will be attached to application questions related to these categories of experience

Thank You

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- CMMI Resources:

- <https://innovation.cms.gov/>

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