Building Health Equity Into the DNA of CMS

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"One CMS"—Locations

Enrollment Data

Every day, CMS ensures over 174 million* people in the U.S. have health coverage that works.

Medicaid & CHIP

Over **86.0 million** enrollees:
Medicaid: over 79.0 million
CHIP: over 7.1 million

Region IV States over **14.7 million** enrollees
Medicaid: more than 13.3 million
CHIP: more than 1.3 million

Florida over **4.1 million** enrollees
Medicaid: over 3.9 million
CHIP: 126,987 individuals

Medicare

Over **66.9 million** enrollees:
Fee-For-Service (FFS): 34.2 million
Medicare Advantage (MA): 32.6 million

Region IV States over **14.3 million** enrollees
FFS: more than 6.8 million individuals
MA: more than 7.5 million individuals

Florida Total: Over **5.1 million**
FFS: over, 2.3 million
MA: over 2.8 million

Marketplace

Over **21.4 million** consumers: State based & Federal Marketplace plans selections

Region IV States over **8.4 million** consumers: State based & Federal Marketplace plans selections

Florida over **4.2 million** consumers: plan selections

Executive Order 13985

Advancing Racial Equity and Support for Underserved Communities Through the Federal Government

- **Key Objectives:**
  - Eliminate systemic barriers in sectors like healthcare, housing, education, and criminal justice.
  - Assess and revise federal policies to prioritize equity and equal opportunity.
  - Enhance data collection for tracking progress and ensuring transparency.
  - Foster engagement with historically underserved communities for insights and feedback.

- **Focus Areas:**
  - Training for federal employees on implicit bias and cultural competence.
  - Tribal consultation in policies affecting Native American communities.
  - Reviewing previous regulatory actions with potential disparate impacts.

Social Determinants of Health (SDOH)

- The U.S. Department of Health and Human Services (HHS) defines SDOH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

- SDOH can be grouped into five categories:

  - Economic Stability
  - Education Access and Quality
  - Health Care Access and Quality
  - Neighborhood and Built Environment
  - Social and Community Context

Health Equity

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.

Equality

Equity

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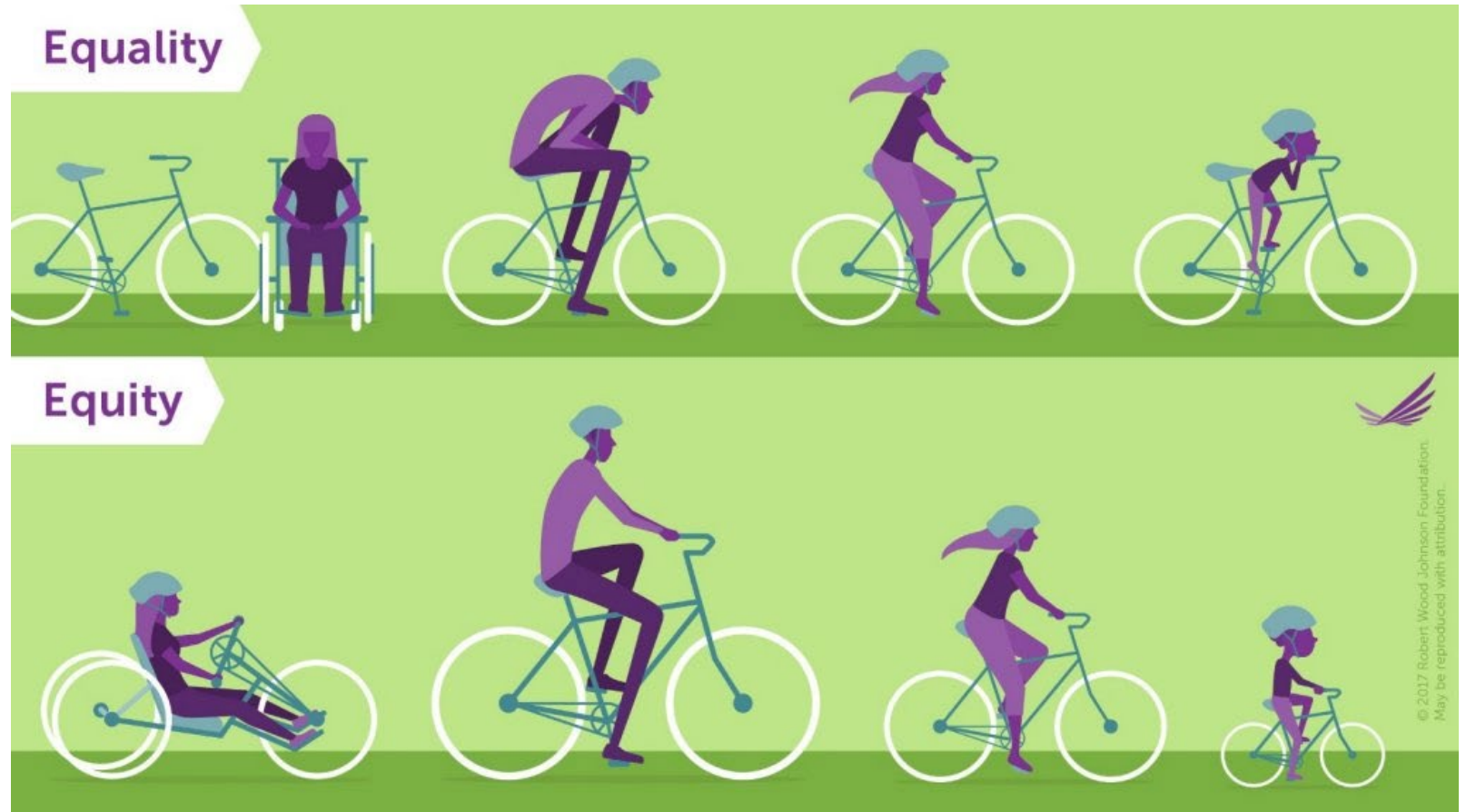
CMS Health Equity Goals

CMS is advancing health equity through designing, implementing and operationalizing policies and programs that support health for our program consumers

- ❑ Improve Healthcare care access, quality, and outcomes for underserved populations.

- ❑ Promote culturally and linguistically appropriate services for diverse communication needs.

- ❑ Enroll eligible people across Medicare, Medicaid/CHIP, and the Marketplace.

- ❑ Expand and standardize data collection, including race, ethnicity, and disability.

- ❑ Evaluate policies to support safety net providers and care accessibility.

- ❑ Ensure community engagement and accountability in policy development and implementation.

- ❑ Incorporate screening for health-related social needs and coordinate with community-based organizations.

- ❑ Use CMS programs to advance health equity in the healthcare system.

- ❑ Use the CMS National Quality Strategy to promote high-quality and safe care for all people.

Building Health Equity Into The DNA of CMS

CMS Center and Office are integrating health equity into their foundational efforts, enhancing healthcare experiences and outcomes through essential actions.

- ❏ Center for Medicare (CM)
- ❏ Center for Clinical Standards and Quality (CCSQ)
- ❏ Center for Medicare and Medicaid Innovation (CMMI)
- ❏ Medicare-Medicaid Coordination Office (MMCO)

- ❏ Center for Medicaid and CHIP Services (CMCS)
- ❏ Center for Consumer Information and Insurance Oversight (CCIIO)
- ❏ Office of Minority Health (OMH)
- ❏ Office of Communications

Building Health Equity Into The DNA of CMS
Center for Medicare (CM)

- Rewarding Accountable Care Organizations and Medicare Advantage Organizations for excellent care delivered to underserved populations.

- Increasing Graduate Medical Education slots to promote workforce training in underserved areas.

- Establishing advanced investment payments for new Accountable Care Organizations to address health-related social needs.

- Proposing to recognize the higher costs that hospitals incur when treating people experiencing homelessness.

- Supporting rural providers by creating the Rural Emergency Hospital provider type and creating flexible telehealth policies.

- Creating new supplemental payment for Indian Health Service (IHS) and Tribal hospitals.

- ❑ Finalizing health equity-focused measures in all care settings.

- ❑ Finalizing a "Birthing-Friendly" hospital designation to improve birthing practices.

- ❑ Directing quality improvement resources to populations identified for the greatest health disparities.

- ❑ Proposing to reward excellent care for underserved populations in hospital and skilled nursing facility payment programs.

- Incorporating equity in model design and development.
- Addressing historical underinvestment through payment adjustments or enhanced benefits.
- Improving rates of participation among safety net providers.
- Increasing collection of sociodemographic data to measure the proportion of patients from underserved populations.

❑ Supporting providers in delivering disability-competent and accessible care.

❑ Improving access to the Medicare Savings Programs through public outreach and partnership with states.

❑ Improving coordination between Medicare and Medicaid for people dually eligible for both programs

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Center for Medicaid and CHIP Services (CMCS)

- Rolling back restrictive Medicaid policies that prevented access to coverage and care.

- Improving access to continuous coverage and quality of care in the postpartum period.

- Working with states to connect justice-involved individuals with community-based services.

- Releasing proposed regulations to improve access to care and managed care transparency.

- Supporting states in addressing enrollees' unmet health-related social needs.

- Expanding access to school-based services for children enrolled in Medicaid and CHIP.

- Releasing proposed regulations to stratify Core Set reporting by various demographic factors.

- Expanding access to home- and community-based services (HCBS) through the American Rescue Plan (ARP)

Medicaid Renewal Efforts

Medicaid/CHIP Trends

- In Feb 2020, 71 Million persons were enrolled in Medicaid/CHIP

- Each year about 17 Million person lose coverage

Medicaid/CHIP Trends

- As of Apr 2023, about **94.2 million persons** are enrolled in Medicaid/CHIP, nationally

- As of April 2023, about **14.8 million persons** in our Region IV states are enrolled in Medicaid/CHIP programs

March 31, 2023

Medicaid continuous enrollment condition ended

States resumed normal operations, restarting Full Medicaid or CHIP eligibility renewals and **terminations of coverage for individuals who are no longer eligible**

April 1, 2023

States initiated Medicaid enrollment termination actions for individuals no longer eligible

May 11, 2023

Public Health Emergency (PHE) for COVID-19 declared under section 319 of the Public Health Services Act, expired
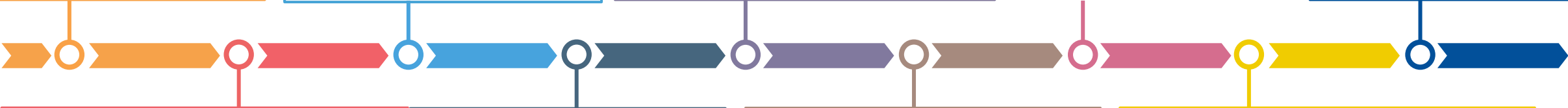
States Resuming Normal Operation

15 million people might lose coverage.

Children and young adults, Latinos and blacks are disproportionately impacted

5.3 million children and 4.7 million adults ages 18-34 predicted to lose Medicaid/CHIP coverage.

Renewal Process Timeline

States conducting renewal actions for a 12-month period. Must Complete renewal actions within 14 months

Between now and mid-2024 everyone with Medicaid/CHIP will need to renew their coverage

Key Action Message

UPDATE your contact information with your state Medicaid or CHIP Agency

RESPOND to the Medicaid/CHIP renewal form when it arrives to keep your coverage

PARENTS should respond even if you don't think you're eligible – your kids could still be eligible

Key Action Message

CONSIDER OTHER COVERAGE OPTIONS: No longer eligible for Medicaid or CHIP, check for coverage through employer, the ACA Marketplace at HealthCare.gov, or Medicare

- Increasing federally facilitated Marketplace enrollment among underrepresented populations.

- Decreasing the number of single-issuer rural counties in the individual market.

- Implementing new requirements for network adequacy for qualified health plans.

- Strengthening consumer protections for coverage.

- Finalizing new regulations prohibiting discrimination based on sexual orientation and gender identity.

- Promulgating new regulations under the No Surprises Act to eliminate surprise medical bills and unexpected health care costs.

- Finalizing new data elements for enrollment and claims issuer data collection

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Office of Minority Health (OMH)

- ❏ Establishing strategies to advance health equity at CMS.

- ❏ Advancing research capacity at minority-serving institutions.

- ❏ Providing technical assistance through the CMS Health Equity Technical Assistance Program.

- ❏ Creating and distributing provider training materials.

- ❏ Expanding community outreach efforts.

- ❏ Providing resources and data for quality improvement activities.

- ❑ Supporting and outreach for Medicare beneficiaries on cost-savings programs.

- ❑ Expanding culturally competent and linguistically accessible education campaign outreach.

- ❑ Translating the "Medicare & You" handbook and other educational materials into additional languages.

Building Health Equity Into The DNA of CMS OPOLE/LEA

❑ Conducts outreach and provide education on CMS topics

❑ Builds partnerships with local community groups that can help disseminate CMS messaging

❑ Conducts Environmental scanning

❑ Elevate local stakeholders' and partners' voices to CMS decisionmakers to inform future policies and initiatives

# Questions

Feedback

Thank you for attending today's session. We appreciate your time. We are always trying to improve our level of service to our customers and stakeholders. You can help us do that by providing your feedback on today's session. Please take a few moments to complete this brief evaluation via link or QR code. Thank you very much.

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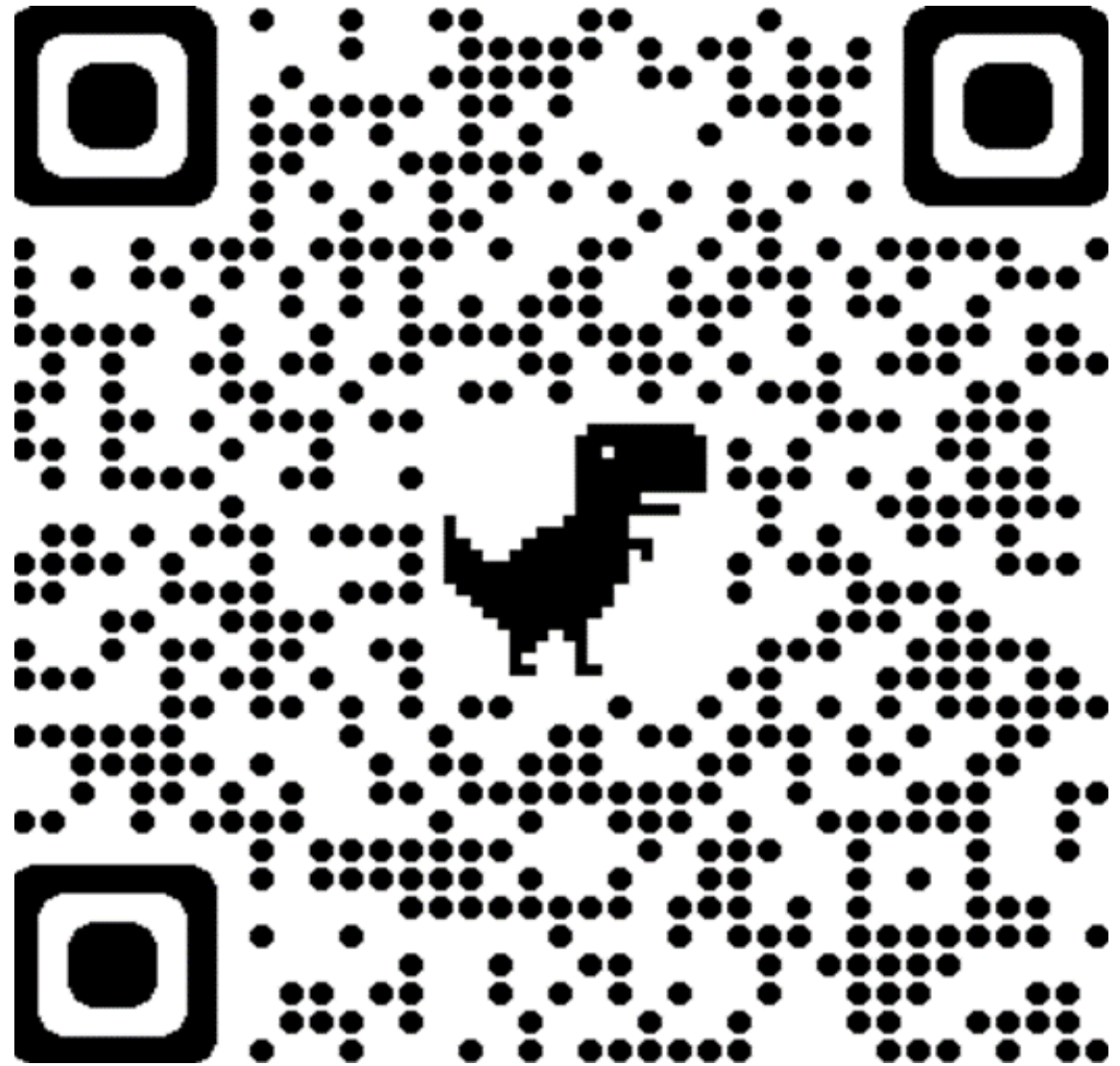
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