Make Your Voice Heard: Promoting Efficiency and Equity Within CMS Programs

Summary and Submittal Instructions

The U.S. Department of Health and Human Services' (HHS) Centers for Medicare & Medicaid Services (CMS) is seeking public input on accessing healthcare and related challenges, understanding provider experiences, advancing health equity, and assessing the impact of waivers and flexibilities provided in response to the COVID-19 Public Health Emergency (PHE). This Request for Information (RFI) is part of the Biden-Harris Administration's ongoing work to advance health equity and reduce health disparities. CMS is committed to engaging with partners, communities, and individuals across the health system to understand their experiences with CMS payment policies and quality programs, particularly how existing and proposed CMS payment policies and quality programs impact the experience of healthcare.

We request comments be written clearly and concisely. Where practical, please include data, example(s), narrative anecdote(s), and recommended action(s). Comments submitted through prior RFIs have helped us better understand specific challenges and experiences and, in turn, informed our work. The targeted topic areas in this request are, in part, based on information from individuals within the populations we serve. You may respond to some or all of the topics listed in this RFI. As applicable, please specify the care setting, geographic area, specialty (e.g., primary care), and/or specific CMS policy (or policies) referred to in your response.

Please note there is no save function that allows you to return to your entries at a later time. We recommend entering your responses and submitting in one sitting.

For assistance or techicak problems related to this form, please click here.

Introduction Page

CMS is committed to advancing efficient, equitable, and quality healthcare across all our programs, including Medicare, Medicaid, the Children's Health Insurance Program (CHIP), the Marketplace, and CMS Innovation Center models. The CMS Office of Burden Reduction & Health Informatics (OBRHI) was established to serve as a focal point and champion for burden reduction, national standards, and interoperability, and to engage internal and external customers to inform solutions.[1] In support of this work, we solicit stakeholder input and feedback to better support the populations we serve and those who assist with delivering healthcare services. Through this RFI, CMS is seeking public input on accessing healthcare and related challenges; understanding provider experiences; advancing health equity;[2] and assessing the impact of waivers and flexibilities provided in response to the COVID-19 Public Health Emergency (PHE).

[1] Office of Burden Reduction and Health Informatics. (2021, December 1). *Functional Statement.* Centers for Medicare and Medicaid Services, last modified December 1, 2021. https://www.cms.gov/About-CMS/Agency-Information/CMSLeadership/Office_OBRHI

[2] 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, or 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 the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive. https://www.cms.gov/pillar/health-equity

Disparities in health and healthcare persist despite decades of research and widespread efforts to improve health outcomes in the United States.[3] Many populations, including racial and ethnic minorities, members of federally-recognized Indian Tribes, people with disabilities, patients seeking substance use and mental health services, individuals dually eligible for Medicare and Medicaid, and those living in rural and underserved areas are more likely to experience challenges accessing healthcare services, lower quality of care, and below average health outcomes when compared to the general population.[4, 5] Reducing these disparities that underlie the health system is also consistent with President Biden's Executive Order 13985 on *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.*[6] CMS recognizes that addressing health and healthcare disparities and achieving health equity should underpin efforts to focus attention and drive action on our nation's top health priorities.[7]

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, geographic location, preferred language, and other factors that affect access to care and health outcomes."[8]

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[3] Office of Minority Health. (2021, January, page 3). *Paving the Way to Equity: A Progress Report*. Centers for Medicaid and Medicare Services. https://www.cms.gov/files/document/paving-way-equity-cms-omh-progress-report.pdf

[4] Agency for Health Care Research and Quality (AHRQ). (2021, June). *2019 National Healthcare Quality and Disparities Report*. AHRQ. https://www.ahrq.gov/research/findings/nhqrdr/nhqdr19/index.html

[5] Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services. Second Report to Congress on Social Risk Factors and Performance in Medicare's Value-Based Purchasing Program. 2020. https://aspe.hhs.gov/reports/second-report-congress-social-risk-medicares-value-based-purchasing-programs

[6] Executive Order No. 13985, 86 Federal Register 7009 (2021, January 20). https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/

[7] Office of Minority Health. (2022, April, page 5). *CMS Framework for Health Equity 2022–2032*. Centers for Medicare and Medicaid Services. https://www.cms.gov/files/document/cms-framework-health-equity.pdf

[8] Centers for Medicare and Medicaid Services. CMS Strategic Plan Pillar: Health Equity. https://www.cms.gov/files/document/health-equity-fact-sheet.pdf

Multiple known factors impede efficient and equitable healthcare, including workforce challenges, transportation issues, healthcare costs, language barriers, limited health literacy, and complexities related to health insurance coverage and processes.[9] Additionally, social determinants of health and community-level burdens contribute to the exacerbation of health disparities. There is also a connection between healthcare fraud and abuse, and health disparities, as medically underserved individuals are routinely impacted and may receive substandard, medically unnecessary, and even harmful care as a result. Consequently, healthcare fraud and abuse may contribute to, or perpetuate, existing health disparities.[10]

In April 2022, CMS released the CMS Framework for Health Equity.[11] This document provides a strong foundation for our work as a leader and trusted partner dedicated to advancing health equity, expanding coverage, and improving health outcomes. This includes strengthening our infrastructure for assessment, creating synergies across the healthcare system to drive structural change, and identifying and working together to eliminate barriers to CMS-supported benefits, services, and coverage for individuals and communities who are underserved or disadvantaged and those who support them.

In an effort to improve access to care and health outcomes, CMS is interested in learning about the factors that may result in chronic maldistribution of providers in the United States, both in terms of specialty and geography. Regarding maldistribution, as of 2021, the Health Resources and Services Administration estimates 83 million people live in primary care Health Professional

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[9] Lahr, M., Henning-Smith, C., Rahman, A., Hernandez, A. (2021, January). *Barriers to Health Care Access for Rural Medicare Beneficiaries: Recommendations from Rural Health Clinics.* University of Minnesota Rural Health Research Center. https://rhrc.umn.edu/wp-content/uploads/2021/01/UMN-RHC-Access-to-Care-PB_1.20.pdf

[10] Lavelle, A., (January 2022, page 1). *How Healthcare Fraud and Abuse Perpetuate Health Disparities in the U.S*, MITRE. https://www.mitre.org/sites/default/files/publications/pr-21-3650-how-healthcare-fraud-abuse-perpetuate-health-disparities.pdf

[11] Office of Minority Health. (2022, April). *CMS Framework for Health Equity 2022–2032.* Centers for Medicare and Medicaid Services. https://www.cms.gov/files/document/cms-framework-health-equity.pdf

Shortage Areas (HPSAs), 61 million live in dental HPSAs, and 122 million people live in mental health HPSAs.[12] As trained personnel in the most intensive settings (e.g., critical care, hospital in-patient units) and other experienced staff leave the profession or transition to less acute settings of care, there is a significant loss in the institutional knowledge and experience that would support the next generation of healthcare professionals.[13]

CMS will use the comments received in response to this RFI to identify potential opportunities for improvement and increased efficiencies across CMS policies, programs, and practices. In addition, CMS hopes to learn how specific policies have benefited providers, practices, and the people we serve as we work to continually improve our programs.

Topic Summaries

We request public comment on the following topics, as summarized below:

Topic 1: Accessing Healthcare and Related Challenges: CMS wants to empower all individuals to efficiently navigate the healthcare system and access comprehensive healthcare. We are interested in receiving public comment regarding personal perspectives and experiences, including narrative anecdotes, describing challenges individuals currently face in understanding, choosing, accessing, paying for, or utilizing healthcare services (including medication) across all our programs, including Medicare, Medicaid, the Children's Health Insurance Program (CHIP), the Marketplace, and the CMS Innovation Center models.

Topic 2: Understanding Provider Experiences: CMS wants to better understand the factors impacting provider well-being and learn more about the supply and distribution of the healthcare

[12] Pittman, P., Chen, C., Erikson, C., Salsberg, E., Luo, Q., Vichare, A., Batra, S., Burke, G. (2021, October). *Health Workforce for Health Equity.* Medical Care. https://journals.lww.com/lww-medicalcare/fulltext/2021/10001/health_workforce_for_health_equity.2.aspx

[13] Law, T. (2021, November 22). *What Hospitals Can Teach the Business World About Attracting and Retaining Experienced Workers*. Time. https://time.com/6109620/hospitals-experienced-workers/

workforce. We are particularly interested in understanding the greatest challenges for healthcare workers in meeting the needs of their patients, and the impact of CMS policies, documentation and reporting requirements, operations, and communications on provider experiences.

Topic 3: Advancing Health Equity: CMS wants to further advance health equity across our programs by identifying and implementing policies that may help eliminate health disparities. We want to better understand individual and community-level burdens, health-related social needs, and strategies to address health inequities, including opportunities to address social determinants of health and burdens impairing access to comprehensive quality care.

Topic 4: Impact of the COVID-19 Public Health Emergency (PHE) Waivers and Flexibilities: CMS wants to understand the impact of waivers and flexibilities issued during the COVID-19 PHE (link here) to identify areas for improvement, including opportunities to further decrease burden and address any health disparities that may have been exacerbated by the PHE.

Tell us about yourself [Title]

* = Required Information

Name:

* Email (required):

* Individual/Organization Type:

Drop-down list: • Individual • Organization

* Your Individual Type:

Individual drop-down list:

- Individual/beneficiary/patient
- Provider/clinician/practitioner
- Other --- add text box

* Your Organization Type:

Organization drop-down list:

- Advocacy group/Nonprofit
- Association
- Clinical Laboratory
- Federal government
- Health organization/plan
- Institutional provider/facility
- Local government
- Pharmacy
- Provider practice/group
- Research/analysis
- State government
- Supplier
- Tribal/Urban Indian Organization
- Other organization type not listed --- add text box

* Organization Name:

Topic 1: Accessing Healthcare and Related Challenges

CMS wants to empower all individuals to efficiently navigate the healthcare system and access comprehensive healthcare. We are interested in receiving public comment on personal perspectives and experiences, including narrative anecdotes, describing challenges individuals currently face in understanding, choosing, accessing, or utilizing healthcare services (including medication therapies) across CMS programs.

Example responses may include, but are not limited to:

- Challenges accessing comprehensive and timely healthcare services and medication, including primary care, long-term care, home and community-based services, mental health and substance use disorder services;
- Challenges in accessing care in underserved areas, including rural areas;
- Receiving culturally and linguistically appropriate care (e.g., tailoring services to an individual's culture and language preferences);
- Challenges with health plan enrollment;
- Challenges of accessing reproductive health services;
- Challenges of accessing maternal health services;
- Challenges of accessing oral health services and the impact on overall health;
- Understanding coverage options, and/or technology to support access to coverage; and,
- Perspectives on how CMS can better communicate quality standards and accessibility information to individuals, particularly those with social risk factors.

T1R1 (i.e., Topic 1 Response 1)

- Recommendations for how CMS can address these challenges through our policies and programs.

T1R2

<u>Topic 2: Understanding Provider Experiences</u>

CMS wants to better understand the factors impacting provider well-being and learn more about the distribution of the healthcare workforce. We are particularly interested in understanding the greatest challenges for healthcare workers in meeting the needs of their patients, and the impact of CMS policies, operations, or communications on provider well-being and retention.

Example responses may include, but are not limited to:

- Key factors that impact provider well-being and experiences of strained healthcare workers (e.g., compassion fatigue, attrition, maldistribution);
- The increasing use of digital health technology on provider well-being and retention;
- Feedback regarding compliance with payment policies and quality programs, such as provider enrollment requirements on healthcare worker participation in underserved populations, and what improvements can be made;
- Impact of CMS policies on patient panel selection, and on providers' ability to serve various populations; and
- Factors that influence providers' willingness or ability to serve certain populations, particularly those that are underserved and individuals dually eligible for Medicare and Medicaid.

T2R1

- Recommendations for CMS policy and program initiatives that could support provider well-being and increase provider willingness to serve certain populations.

T2R2

Topic 3: Advancing Health Equity

CMS wants to further advance health equity across our programs by identifying and promoting policies, programs, and practices that may help eliminate health disparities. We want to better understand individual and community-level burdens, health-related social needs (such as food insecurity and inadequate or unstable housing), and recommended strategies to address health inequities, including opportunities to address social determinants of health and burdens impairing access to comprehensive quality care.

Example responses may include, but are not limited to:

- Identifying CMS policies that can be used to advance health equity:
    - Recommendations for CMS focus areas to address health disparities and advance health equity, particularly policy and program requirements that may impose challenges to the individuals CMS serves and those who assist with delivering healthcare services;
    - Recommendations on how CMS can better promote and support accommodations, including those from providers and health plans, for people with disabilities and/or language needs or preferences;
    - Input on how CMS might encourage mitigating potential bias in technologies or clinical tools that rely on algorithms, and how to determine that the necessary steps have been taken to mitigate bias. For example, input on how we might mitigate potential bias with clinical tools that have included race and ethnicity, sex/gender, or other relevant factors. Further, input on potential policies to

prevent and/or mitigate potential bias in technology, treatments or clinical tools that rely on clinical algorithms.

- Input on how CMS coverage and payment policies impact providers, suppliers, and patients, especially in the treatment of chronic conditions and the delivery of substance use disorder and mental healthcare, including individuals who are dually eligible for Medicare and Medicaid; and
- Feedback on enrollment and eligibility processes, including experiences with enrollment and opportunities to communicate with eligible but unenrolled populations.

T3R1

- Understanding the effects on underserved and underrepresented populations when community providers leave the community or are removed from participation with CMS programs.

T3R2

- Recommendations for how CMS can promote efficiency and advance health equity through our policies and programs.

T3R3

Topic 4: Impact of the COVID-19 Public Health Emergency (PHE) Waivers and Flexibilities

CMS wants to understand the impact of waivers and flexibilities issued during the COVID-19 PHE, such as eligibility and enrollment flexibilities, to identify what was helpful as well as any areas for improvement, including opportunities to further decrease burden and address any health disparities that may have been exacerbated by the PHE.

Example responses may include, but are not limited to:

- Impact of COVID-19 PHE waivers and flexibilities and preparation for future health emergencies (e.g., unintended consequences, disparities) on health care providers, suppliers, patients, and other stakeholders.

T4R1

- Recommendations for CMS policy and program focus areas to address health disparities, including requested waivers/flexibilities to make permanent; any unintended consequences of CMS actions during the PHE; and opportunities for CMS to reduce any health disparities that may have been exacerbated by the PHE.

T4R2