



Advancing Health Equity Through Medicare Advantage



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“Working to Achieve Health Equity”

Offices of Minority Health Within HHS



“Working to Achieve Health Equity”

CMS OMH Vision and Mission

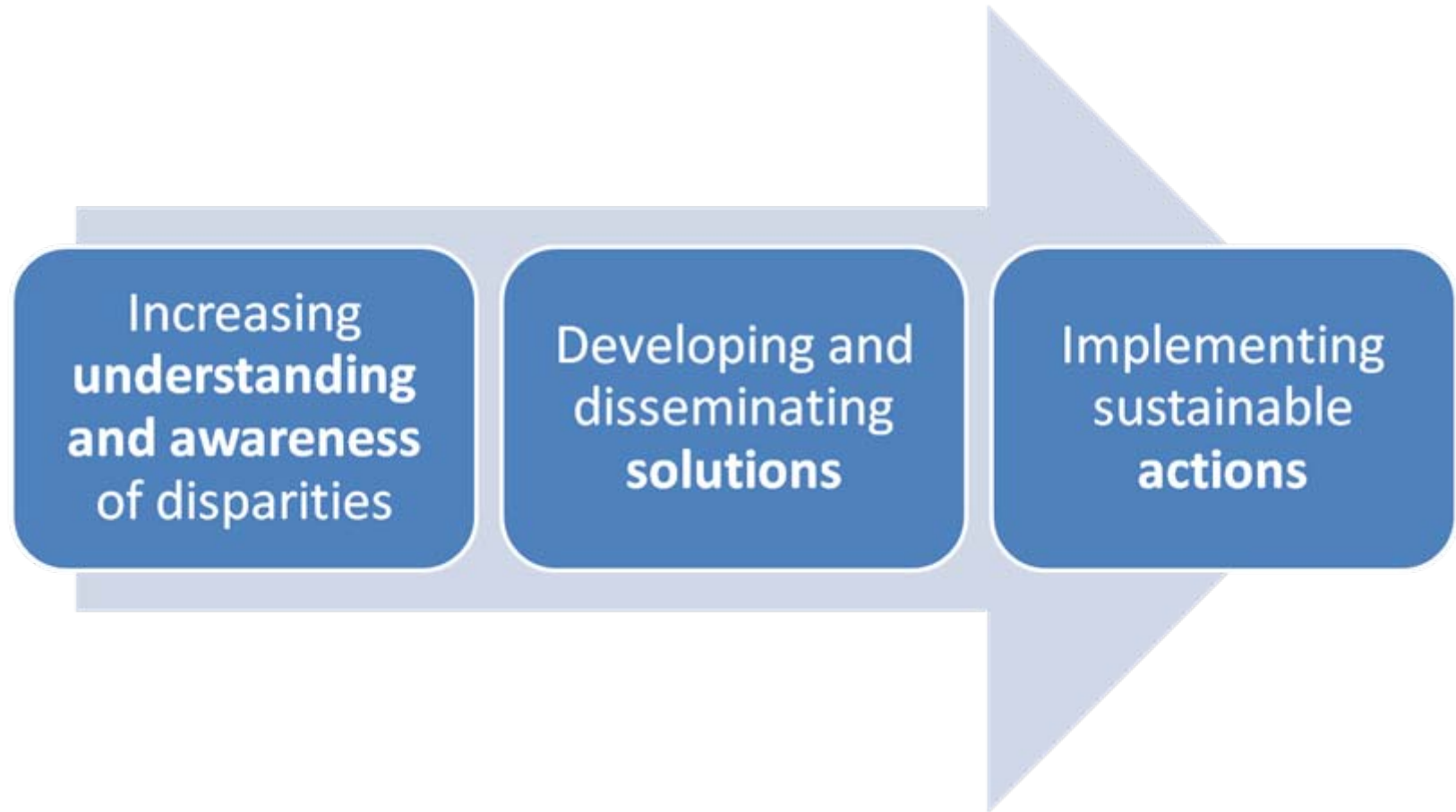
Vision

All CMS beneficiaries have achieved their highest level of health, and disparities in health care quality and access have been eliminated.

Mission

To ensure that the voices and the needs of the populations we represent are present as the Agency is developing, implementing, and evaluating its programs and policies.

CMS OMH Health Equity Framework



“Working to Achieve Health Equity”

CMS Equity Plan for Improving Quality in Medicare



1) Expand the collection and analysis of standardized data



2) Evaluate disparities impacts and integrate equity solutions across CMS programs



3) Develop and disseminate promising approaches to reduce health disparities



4) Increase the ability of the health care workforce to meet the needs of vulnerable populations



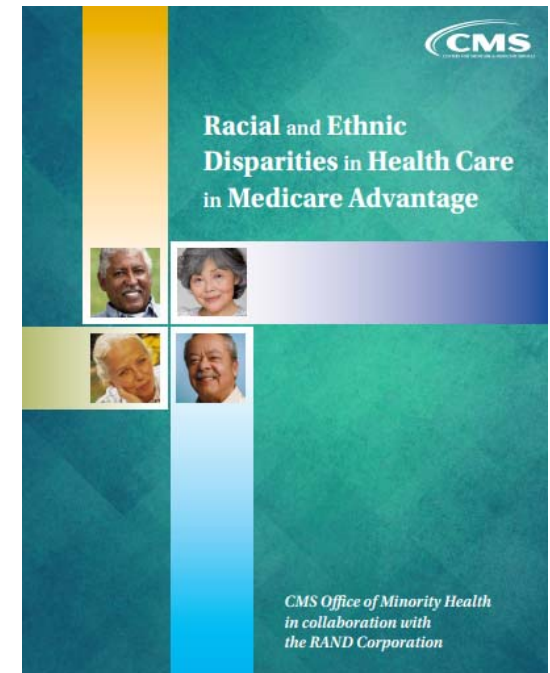
5) Improve Communication and Language Access for Individuals with Limited English Proficiency and Persons with Disabilities



6) Increase physical accessibility of health care facilities

Understanding Disparities in Medicare Advantage

CMS OMH supports Medicare Advantage Organizations by reporting on contract-level HEDIS and CAHPS quality measures stratified by race, ethnicity, and gender, which provides health plans with actionable data to innovate and prioritize quality improvement activities.



A Snapshot of Quality in Maryland Medicare Advantage Plans, 2013-2014

Contract Code	Contract Name	Appropriate Monitoring of Patients Taking Long-Term Medications				Colorectal Cancer Screening			
		API	Black	Hispanic	White	API	Black	Hispanic	White
N/A	Average of all reported contracts ³	93%	92%	92%	91%	68%	61%	63%	61%
H5896	AMERIGROUP MARYLAND, INC.	NA	93%	NA	90% ¹	NA	57%	NA	46%
H2108	BRAVO HEALTH MID-ATLANTIC, INC.	94%	94%	94%	93%	NA	66%	NA	61%
H2111	UNITEDHEALTHCARE INSURANCE COMPANY	NA	94%	NA	97%	NA	36%	NA	30%
H2112	AETNA HEALTH, INC. (PA)	93%	92%	NA	90%	NA	70%	NA	66%
H2150	KAISER FNDN HP OF THE MID-ATLANTIC STS	95%	95%	94%	95%	88%	86%	89%	84%
H5652	UNITEDHEALTHCARE INSURANCE COMPANY	NA	NA	NA	98%	NA	NA	NA	77%
H6609	HUMANA INSURANCE COMPANY	92%	94%	94%	92%	NA	NA	NA	66%

SOURCE: CMS Office of Minority Health. Part C and D Performance Data Stratified by Race and Ethnicity, 2016.

MA Call Letter and Request for Information - April 3, 2017

- Decrease Health Disparities in the Quality of Care that Vulnerable Populations Receive
- Promote access to high-quality and culturally competent health care services
- Analyze enrollee data to identify disparities among their enrollees and undertake quality improvement and outreach activities to increase enrollee engagement

Building an Organizational Response to Health Disparities

To help plans reduce health disparities:

- Resources

- Readmissions Guide
- Data Collection
- Disparities Action Statement
- Health Equity Technical Assistance

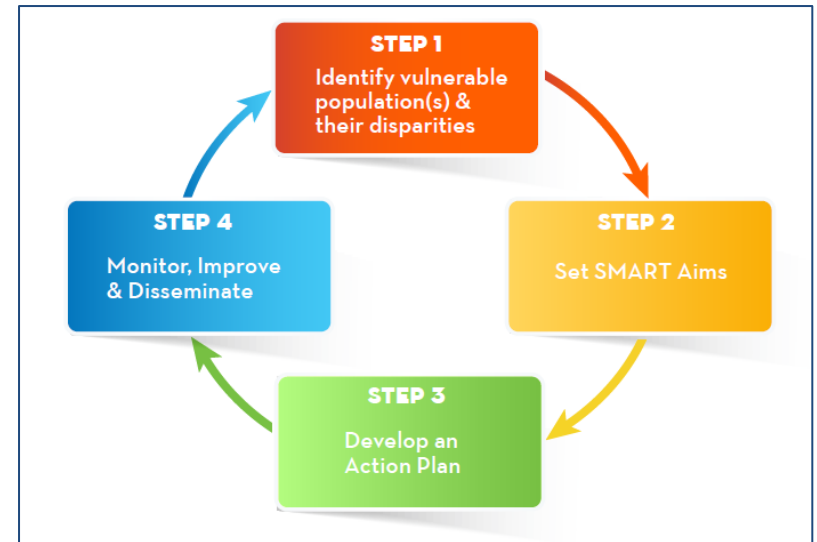


Disparities Action Statement

Disparities Action Statement

•A Quality Improvement Tool to help you:

1. **Identify** health disparities faced by populations you serve
2. **Prioritize** and set SMART aims
3. **Plan** your actions to reduce disparities
4. **Monitor** your progress and improve



Health Equity Technical Assistance

CMS OMH delivers **personalized technical assistance** to strengthen quality improvement programs and initiatives through a series of consultations from subject matter experts in data, analytics, interventions, and quality improvement.



Current CMS OMH Efforts: *From Coverage to Care (C2C)*

- C2C is an effort to help educate consumers about their new coverage and to connect them with primary care and preventive services that are right for them so they can live long, healthy lives.
- Resources online and in print include the Roadmap, Discussion Guide, videos, and more.
- C2C builds on existing networks of community partners to educate and empower newly covered individuals.

From Coverage to Care (C2C) Resources

- Roadmap to Better Care and a Healthier You
- 5 Ways to Make the Most of Your Coverage
- Videos
- Enrollment Toolkit
- Prevention Resources
- Partner Toolkit
- Community Presentation

FROM COVERAGE TO CARE
A Roadmap to Better Care and a Healthier You

Now that you have health coverage, here is what you can do to put your health first and live a long and

5 Ways to make the most of your health coverage

COVERAGE TO CARE >>> Prevention

Put Your Health First
Get the preventive services that are right for you!
Take advantage of these and other services available at no cost to women under most health coverage, thanks to the Affordable Care Act.

WOMEN

Well woman visits

- Domestic and interpersonal violence screening and counseling
- Alcohol misuse and tobacco use counseling
- Obstetrics screening
- Cervical cancer screening
- STD screenings including chlamydia, gonorrhea, HPV, and HIV

Contraception

- Bestest Health, BRCA counseling, Mammography screening, Chemoprevention counseling
- Breastfeeding support, counseling, and supplies
- Folic acid supplements for women who may become pregnant

COST TIP
Most preventive services are covered at no out-of-pocket cost. Some may be subject to your plan's copay, coinsurance, or deductible.

Preventive Care Screenings

- Anemia
- Cholesterol
- Diabetes
- Hepatitis B
- Its appropriability
- Syphilis

Visit <http://go.cms.gov/c2c>

Chronic Care Management

Education and Outreach Campaign

Authority: Section 103b of MACRA

Target: Professionals and consumers in underserved rural areas, and racial and ethnic minorities.

Message: Benefits of chronic care management services for individuals with chronic care needs.



“Working to Achieve Health Equity”

CMS Rural Health Council

Established in 2016, the CMS Rural Health Council focuses on embedding a rural lens in all of the agency's work with an eye toward improving three dimensions in rural communities:

1. Access to high quality health care,
2. Innovation in care delivery, and
3. Addressing the unique economics of rural health care.

Potential Opportunities to Focus on the Social Determinants of Health

ASPE Report to Congress on Social Risk Factors and Performance in Medicare VBP Programs, December 2016

- **STRATEGY 1: Measure and Report Quality for Beneficiaries with Social Risk Factors**
 - **Consideration 2:** Consider developing and introducing health equity measures or domains into existing payment programs to measure disparities and incent a focus on reducing them.
- **STRATEGY 3: Reward and Support Better Outcomes for Beneficiaries with Social Risk Factors**
 - **Consideration 1:** Consider creating targeted financial incentives within value-based purchasing programs to reward achievement of high quality and good outcomes, or significant improvement, among beneficiaries with social risk factors.
 - **Consideration 2:** Consider using existing or new quality improvement programs to provide targeted support and technical assistance to providers that serve beneficiaries with social risk factors.

Join us on the path to
equity!



Learn More About CMS OMH

CMS Office of Minority Health

About CMS Office of Minority Health

Equity Initiatives

Research and Data

Resource Center

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Mapping Medicare Disparities Tool



CMS Equity Plan for Medicare



Chronic Care Management Services



Stratified Reporting: New Data



Health Equity Blog

CMS Office of Minority Health



Spotlight

Chronic Care Management Services

Learn about the latest changes to Medicare's payment policy for physician services related to chronic care management.

[Details](#)

CMS Office of Minority Health

The CMS Office of Minority Health offers a comprehensive source of information on eliminating health disparities and improving the health of all minority populations, like racial and ethnic minorities, people with disabilities, members of the lesbian, gay, bisexual, and transgender community, and rural populations.

go.cms.gov/omh

Get Involved!

www.cms.gov

- **CMS Open Door Forums** – Find out about upcoming changes and get your questions answered.
- **Medicare Learning Network and MLN Connects® Provider eNews** – Get provider resources on CMS programs, policies and initiatives, such as Medicare Shared Savings Program, DMEPOS Billing Procedures, and How to Use The Searchable Medicare Physician Fee Schedule.
- **Health Care Payment Learning and Action Network** – Share best practices and connect with your peers. Register at <http://innovationgov.force.com/hcplan>.
- **Join Us!** – Participate in a model and sign up for the news you need.
- **NPRMs and RFIs** – Tell us what you think!