CMS Accomplishments for **2023**

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS Accomplishments for **2023**

CMS has an ambitious agenda and a bold plan to meet its mission. Our work is organized and managed along six **CMS strategic pillars** that promote the establishment of 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.

To support the pillars, CMS has outlined a set of 13 **cross-cutting initiative**s that draw upon critical work done across the agency to drive results. These initiatives are high-level, multi-year Administration policy priorities that bring our Centers and Offices together to leverage their expertise, strengthen collaboration, and are in addition to CMS' routine operations for programs.

In 2023, CMS continued to advance health equity, expand coverage, and improve health outcomes as a direct result of CMS' strategic pillars. Highlights of these accomplishments include:

Pillar: Advance Health Equity

CMS is focused on addressing the health disparities in our health system. The CMS **health equity landing page** lays out the central role advancing equity plays in the work of all CMS centers and offices.

Highlights:

- Through the **Maternity Care Action Plan**, which aligns with the **Biden-Harris Administration's Maternal Health Blueprint**, CMS is seizing every opportunity to improve maternity care access and quality, improve health outcomes, and reduce disparities.
  - Postpartum Coverage Extension: To date, CMS has approved state plan amendments from 45 states, the District of Columbia, and the U.S. Virgin Islands that extend postpartum coverage for individuals enrolled in Medicaid and the Children's Health Insurance Program (CHIP) — an opportunity first made possible by the American Rescue Plan.

Impact:

Over 700,000 more postpartum parents now have 12 months of continuous postpartum coverage.

- CMS established the first-ever **Birthing-Friendly designation**, a consumer-friendly indicator that a hospital or health system is committed to improving maternal health. This designation is displayed on the **Care Compare** section of the CMS website.

Impact:

Health plans covering more than 150 million Americans have committed to using the designation in their provider directories.

- CMS announced the **Transforming Maternal Health (TMaH) Model** that aims to reduce disparities in maternal health care access and treatment, improve outcomes and experiences for mothers and their newborns, and reduce overall Medicaid program expenditures.

Impact:

CMS will issue cooperative agreements to up to 15 state Medicaid agencies.

- CMS released the **CMS Sickle Cell Disease (SCD) Action Plan**, which highlights CMS actions in **four key areas**: expanding coverage and access; improving quality and the continuum of care; advancing equity and engagement; and examining data and analytics.

Impact:

The Action Plan sets a path for CMS to take specific, concrete actions to improve quality, access, and outcomes for individuals with SCD. The **Cell & Gene Therapy Access (CGT) Model** is one action and aims to improve the lives of people living with the rare and severe disease by increasing access to potentially transformative treatments. This model tests whether a CMS-led approach to developing and administering outcomes-based agreements (OBAs) for CGTs improves Medicaid enrollees' access to innovative treatment, improves their health outcomes, and reduces health care costs and burdens to state Medicaid programs. The model will initially focus on CGTs for people living with SCD and include a comprehensive strategy for addressing a range of barriers to equitable access to CGTs.

- The **Contract Year 2024 Medicare Advantage and Part D Final Rule** strengthened behavioral health network adequacy in Medicare Advantage and advanced health equity through changes to the Star Ratings program, which will reward Medicare Advantage and Part D plans that provide excellent coverage for underserved populations.
- The **Oral Health Cross-Cutting Initiative (Oral Health CCI)** was launched in 2023. Under the Oral Health CCI, CMS considers opportunities to expand access to oral health coverage using existing authorities and health plan flexibilities for Medicare, Medicaid, CHIP, and the Marketplaces. Access to oral health services is critical to achieve the best health possible.

Impact:

The **2024 Medicare Physician Fee Schedule** codified additional policies to provide payment for dental services that are inextricably linked to other covered services, including for head and neck cancer treatments, which will improve the success of these treatments and improve access to care.

- CMS **provided materials** for states seeking to implement oral health-focused quality improvement efforts on a range of topics. The technical assistance had two components: Quality improvement resources to help state Medicaid and CHIP staff and their quality improvement partners get started, and supplementary materials, including approaches and state examples of successful quality improvement practices, developed as part of CMS' Advancing Oral Health Prevention in Primary Care learning collaborative.
- CMS awarded a new cohort of grants to minority-serving institutions through the **Minority Research Grant Program (MRGP)**. The grant will support researchers across the country using CMS data to understand and help eliminate barriers to access, quality, and outcomes among underserved and Tribal communities.

Impact:

CMS awarded grants to five new MRGP grantees, totaling over $1.2 million. This is the largest number of awards to date.

- CMS expanded coverage in the Medicare Annual Wellness Visit (AWV) to include an optional Social Determinants of Health (SDOH) Risk Assessment, administered by way of a standardized, evidence based SDOH risk assessment tool.

Impact:

People with Medicare who take advantage of the AWV may benefit from the SDOH risk assessment, and their clinicians are able to get a better understanding of the patients they serve.

- CMS implemented the first ever voluntary hospital reporting Social Determinants of Health (SDOH) measures, such as the Facility

Commitment to Equity measure and the SDOH screening measure in a number of CMS quality reporting and value-based purchasing programs.

– In 2023, CMS introduced **"Rewarding Excellent Care for Underserved Populations"** in the **Hospital Value-Based Purchasing Program and Skilled Nursing Facility Value-Based Purchasing Program**, which rewards these providers if they provide high quality care and serve a high proportion of underserved patients.

Impact:

As of 2023, 88% of CMS quality programs had an equity component, with a goal of reaching 100% by 2025.

Pillar: Expanding Access

CMS continues to implement the Affordable Care Act, the American Rescue Plan, and the Inflation Reduction Act to expand access to quality, affordable health coverage and care.

Highlights:

- Affordable Care Act (ACA): Through the ACA's Marketplace, a record number of people have health care coverage — more than any point in history.

  – CMS made an investment of nearly **$100 million in continuation grant funding to 57 returning Marketplace Navigator organizations**.

Impact:

These investments increased affordability and large-scale advertising, and outreach resulted in a **record-breaking over 21 million people selecting health insurance coverage through the ACA Marketplaces for 2024**.

- Inflation Reduction Act (IRA): CMS is implementing the historic IRA provisions to **lower prescription drug costs and improve access** to some of the costliest drugs.

Impact:

Because of the IRA, CMS is **increasing affordability** for people with Medicare, especially for people who have chronic conditions and/or low incomes.

– CMS announced the first **10 drugs covered under Medicare Part D selected for negotiation**, which will result in people with Medicare having access to innovative, life-saving treatments at lower costs.

– Beginning April 1, 2023, people with Medicare have lower out-of-pocket costs for certain Part B drugs and biologicals with prices that have increased faster than the rate of inflation. For these drugs and biologicals, people's new coinsurance is less than what they would have paid before the IRA. For example, for the time period of October 1 - December 31, 2023, 34 drugs have a lower coinsurance amount.

– CMS **announced** that as of January 1, 2023, people with Medicare Part D drug coverage pay nothing out-of-pocket for adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). Additionally, most adults with Medicaid and CHIP are guaranteed coverage of approved vaccines recommended by the ACIP at no cost to them.

– On January 1, 2024, CMS expanded eligibility for full benefits under the Low-Income Subsidy program (LIS or "Extra Help") under Medicare Part D. As of early 2024, nearly 300,000 low-income people with Medicare currently

enrolled in Extra Help are benefitting from expanded benefits, such as no deductible, no premium, and fixed or lower copayments for certain medications.

– The IRA capped out of pocket costs for insulin at **$35 for a month's supply** per insulin product for people with Medicare beginning in 2023, resulting in more than **1.5 million people with Medicare saving nearly $500 a year on their insulin**. Prior to the passage of the IRA, people with Medicare paid about $63 per insulin fill (**ASPE RTC**).

- Medicaid Coverage:

  – CMS finalized an **Enrollment & Eligibility rule** to streamline access to the Medicare Savings Programs (MSPs), in which states cover Medicare premiums and/or cost sharing for low-income people with Medicare.

Impact:

CMS estimates that the rule, when fully implemented, will result in 860,000 more eligible individuals enrolling in the MSPs, with millions of hours of reduced administrative burden for states and applicants.

  – Protecting coverage during Medicaid and CHIP renewals: When Congress ceased funding pandemic-era continuous enrollment policies and Medicaid and CHIP eligibility renewals restarted for the first time in approximately three years, CMS engaged in comprehensive efforts to help protect coverage during this process. This includes, in part, establishing strategies for states to make it easier for eligible people to renew Medicaid or CHIP; approving nearly 400 of these strategies in states across the country; making it easier to transition to Marketplace coverage by making available on **HealthCare.gov** a Special Enrollment Period; raising awareness through paid advertising, earned media, direct engagement with community groups, and outreach materials tailored to different communities; and **taking action** to hold states accountable to federal renewal requirements and reinstating coverage for affected individuals.

- **CMS.gov**, the online public face of the Agency and the authoritative source of information for the Medicare, Medicaid, and Marketplace programs, was redesigned to help people more easily access critical information about their coverage and resources.

  Impact: CMS redesigned the "Get Started with Medicare" section of **Medicare.gov**, resulting in an 8%-15% increase in ease of use and overall experience. The 'New to Medicare Campaign', which included a media mix of search engine marketing, digital display, digital video, and social media, delivered ~900 million web impressions and 10.6 million clicks to the "Get Started with Medicare" section.

- The CMS **Behavioral Health Strategy** focuses on three key areas: 1) substance use disorders prevention, treatment, and recovery services, 2) ensuring effective pain treatment and management, and 3) improving mental health care and services:

Impact:

CMS has approved 16 state plan amendments to expand school-based behavioral health services to give states greater flexibility to cover physical and behavioral health care services provided in schools.

  – By early 2024, CMS approved Medicaid state plan amendments in 15 states to provide **qualifying community-based mobile crisis intervention services** for individuals experiencing a behavioral health crisis, as made possible by the American Rescue Plan.

  – CMS finalized **several policies** that create some of the most significant changes to promote access to behavioral health in Medicare. For example, Marriage and Family Therapists and Mental Health Counselors can now enroll as Medicare providers. As of February 2024, more than 21,000 Mental Health Counselors and Marriage and Family

Therapists enrolled to provide behavioral health services to patients with Medicare.

– CMS announced the **Innovation in Behavioral Health Model** that aims to improve the overall quality of care and outcomes for adults living with mental health conditions and/or substance use disorders, and support community-based behavioral health practices in delivering whole person care.

- CMS released two proposed rules: **Ensuring Access to Medicaid Services** and **Managed Care Access, Finance, and Quality**.

Impact:

If adopted as proposed, these rules would help states build stronger programs improving access to care, quality of care, and health outcomes for Medicaid and CHIP enrollees across fee-for-service and managed care delivery systems.

- No Surprises Act: CMS continued implementing the **No Surprises Act**.

Impact:

Consumers are protected from unexpected medical bills and have tools to help them better understand their medical costs, including a new website on CMS.gov providing consumer- and advocate-facing information posted in English and Spanish, resulting in website traffic of over 45,000 visits per month.

- Prior Authorization:

  – CMS finalized the **CMS Interoperability and Prior Authorization** final rule with the important goal of improving the timeliness of access to medically necessary care for patients.

Impact:

This will improve patient, provider, and payer access to interoperable patient data and streamline prior authorization processes for certain payers. The streamlined processes reduce provider burden, allow physicians more quality time with their patients, and will result in approximately $15 billion in savings over 10 years.

  – The **Contract Year 2024 Medicare Advantage and Part D Final Rule** clarified rules related to acceptable coverage criteria and streamlined prior authorization requirements, including adding continuity of care requirements.

Impact:

These changes will reduce disruptions for MA enrollees and help ensure they receive consistent access to the same medically necessary care they would receive in Traditional Medicare.

- CMS coordinated with the Departments of Labor and the Treasury to:

  – Issue a series of **proposals** to protect and expand access to contraception. The actions come in support of **President Biden's Executive Order** to strengthen access to affordable, high-quality contraception and family planning services at a time when women are facing more barriers than ever to reproductive health access following the Supreme Court's decision to overturn *Roe v. Wade*.

  – Issue **proposed rules** to empower and protect consumers through changes aimed at distinguishing the Federal definition of short-term, limited-duration insurance (STLDI) and fixed indemnity insurance from comprehensive coverage. STLDI and fixed indemnity insurance sometimes include benefit limitations and are sold by employing dubious marketing practices that render such coverage as nothing more than junk. Because these plans are not subject to many of the Affordable Care Act's (ACA) critical consumer protections, individuals may unknowingly end up in plans that do not cover essential benefits like prescription drugs, exclude coverage for pre-existing conditions, or impose annual or lifetime dollar limits on services.

- To protect individuals in nursing homes, CMS issued the **Medicare and Medicaid Programs: Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting proposed rule** seeking to establish comprehensive staffing requirement for nursing homes — including for the first time, national minimum nurse staffing standards to ensure access to safe, high-quality care for over 1.2 million nursing home residents. Additionally, the proposed rule would require states to collect and report on the percentage of Medicaid payments to nursing facilities and intermediate care facilities for individuals with intellectual disabilities that are spent on compensation for direct care workers and support staff.

Pillar: Engage Partners

CMS has continued to engage with partners and the communities we serve throughout the policymaking and implementation process.

Highlights:

- CMS produced almost 1,600 communications packages for stakeholders and consumers on CMS policy. These included fact sheets, blogs, frequently asked questions, manuscripts, targeted listservs, and press releases.
- The CMS Office of Communications conducted over 100 partner/stakeholder calls, with a total attendance of over 94,000 people. In addition, CMS policy experts provided hundreds of briefings to national and local stakeholders on CMS' strategic priorities, engaging such stakeholder groups as clinicians, patients, health plans, and pharmaceutical companies on topics including the IRA, as well as proposed rules impacting Medicaid access, prior authorization, Medicaid Redetermination, and nursing home staffing.
- CMS conducted: 2,500 local outreach events to spread Medicaid and CHIP renewal messaging; over 100 engagements with rural stakeholders — through rural road trips or virtual town halls — to understand the challenges they face; over 600 Medicare open enrollment campaign events; over 350 Marketplace open enrollment campaign events.
- CMS officially launched the **Organ Transplantation Affinity Group**, also known as OTAG, in collaboration with the Health Resources and Services Administration (HRSA). This collaboration seeks to drive improvements in organ donations, clinical outcomes, system improvement, quality measurement, transparency, and regulatory oversight.
- CMS hosted the **inaugural CMS Health Equity Conference**, where over 5,500 in-person and virtual participants heard about the importance of acknowledging historical and persistent injustices, addressing social drivers of health, and partnering with diverse communities and organizations to address health disparities.
- The **2023 CMS Quality Conference** brought together over 5,000 thought leaders across the health care spectrum to explore how patients, advocates, providers, researchers, and champions in quality improvement can develop and spread solutions to address key health care challenges created from disruption
- CMS held the inaugural "**CMS Conference on Optimizing Healthcare Delivery to Improve Patient Lives**." The Conference, which included a forum for over 2,500 attendees, identified successful solutions and best practices for reducing avoidable administrative burden and improving patient care delivery and clinician wellness.

Pillar: Innovation

CMS continued to drive innovation to tackle our health system challenges and promote value based, person-centered care.

Highlights:

- CMS continues to build on its goal of having all people with Traditional Medicare, and the vast majority of people with Medicaid, in an accountable care relationship with their health care provider by 2030. Overall, in 2024, there are about 13.7 million people with Traditional Medicare aligned to an Accountable Care Organization (ACO). ACOs are now serving nearly half of the people with Traditional Medicare.

  Impact:

  People in ACOs experience greater care coordination by being at the center of their care and receiving assistance navigating the health system. This can help them avoid emergency department visits and hospital stays.

  – Through models such as **Transforming Maternal Health** and **Innovation in Behavioral Health**, people with Medicaid may benefit from accountable care relationships with improved quality outcomes through a whole person approach to care.

- CMS announced the **GUIDE Model** that focuses on dementia care management and aims to improve the quality of life for people living with dementia, reduce strain on their unpaid caregivers, and enable people living with dementia to remain in their homes and communities.

- CMS is committed to and is building on previous efforts to strengthen primary care financing and sustainability through innovation, including announcing the **Making Care Primary (MCP) Model**. MCP aims to improve care for people on Medicare and Medicaid in eight states by supporting the delivery of advanced primary care services, such as improving care management and care coordination, equipping primary care clinicians with tools to form partnerships with health care specialists, and leveraging community-based connections to address patients' health and health-related social needs, including housing and nutrition. In addition, the **States Advancing All-Payer Health Equity and Development (AHEAD) Model** is a multi-state total cost of care model that aims to increase investment in primary care, improve care coordination, provide financial stability for hospitals, and increase screening for patients with Medicare and Medicaid related to community resources, such as housing and transportation, to address drivers of health.

  Impact:

  A strengthened primary care infrastructure may lead to better access to high quality primary care resulting in better health outcomes and equity for people and communities.

- Broader Medicare coverage is now available for prescription drugs that treat individuals with Alzheimer's disease for which the Food and Drug Administration has granted traditional approval. CMS opened a first of its kind registry to ensure that clinicians can submit data that will allow Medicare to better understand how the drug works in this population.

Pillar: Protect Programs

CMS aims to protect program sustainability for future generations by serving as a responsible steward of public funds.

Highlights:

- CMS **finalized regulations** to help ensure that people with Medicare are able to access the benefits and services they need, including in Medicare Advantage, while responsibly protecting the fiscal sustainability of Medicare and aligning CMS' oversight of the Traditional Medicare and MA programs.
- CMS **finalized regulations** to protect people enrolled in Medicare Advantage by holding health insurance companies to higher standards and cracking down on misleading marketing schemes by Medicare Advantage plans, Part D plans, and their downstream entities.

  Impact:

  As a result of these policies, MA enrollees are protected from confusing and potentially misleading marketing practices. For 2024 Medicare Open Enrollment, CMS prospectively rejected more than 1,000 of the 3,000 MA marketing TV ads that plans and third parties submitted for review because they did not meet updated guardrails. CMS also rejected 80% of third-party submitted ads for noncompliance.
- CMS has the authority to audit Medicare Advantage Organizations to ensure they are not overpaid, hold them accountable, and guarantee that people with Medicare can access the benefits and services they need (**Medicare Advantage and Part D final rule**).
- CMS issued a **final rule** that will provide greater transparency on who owns each nursing home and whether the ownership includes a private equity firm or real estate investment trust. Additionally, for the first time, ownership data for all Medicare-Certified Hospice, Home Health Agencies, Federally Qualified Health Centers, and Rural Health Clinics were made publicly available to help families identify the best care for their loved ones.

  Impact:

  This information will allow people to make more informed decisions on where to get care for themselves and their loved ones. It will also empower government entities and researchers to better evaluate whether these types of ownership lead to lower quality of care and/or increased costs.
- CMS prevented significant payments to suppliers who attempted to defraud Medicare by billing for COVID-19 over-the-counter test kits that were not requested or provided. CMS is continuing to assist law enforcement as they investigate and prosecute those who exploited this benefit during the pandemic.

Pillar: Foster Excellence

CMS is committed to fostering a positive and inclusive workplace and workforce and promoting excellence in all aspects of CMS' operations.

Highlights:

- CMS' ranking in the "Best Places to Work" increased to the top quarter of federal agencies as measured by the Federal Employee Viewpoint Survey and the Employee Engagement Index.
- Under the Office of Financial Management leadership, CMS has maintained an unmodified "clean" audit opinion for the last 25 years.
- In response to President Biden's Executive Orders to promote safe, secure, and trustworthy use of Artificial Intelligence (AI), CMS completed multiple AI pilots with a specific focus on reducing the manual burden of internal operational processes, while ensuring the exclusion of sensitive or private information.