

Value-Based Insurance Design (VBID) Model Webinar

Health Equity Business Case and Incubation Program Overview

December 2, 2021

Center for Medicare & Medicaid Innovation

Centers for Medicare & Medicaid Services



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Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

-Healthy People 2030

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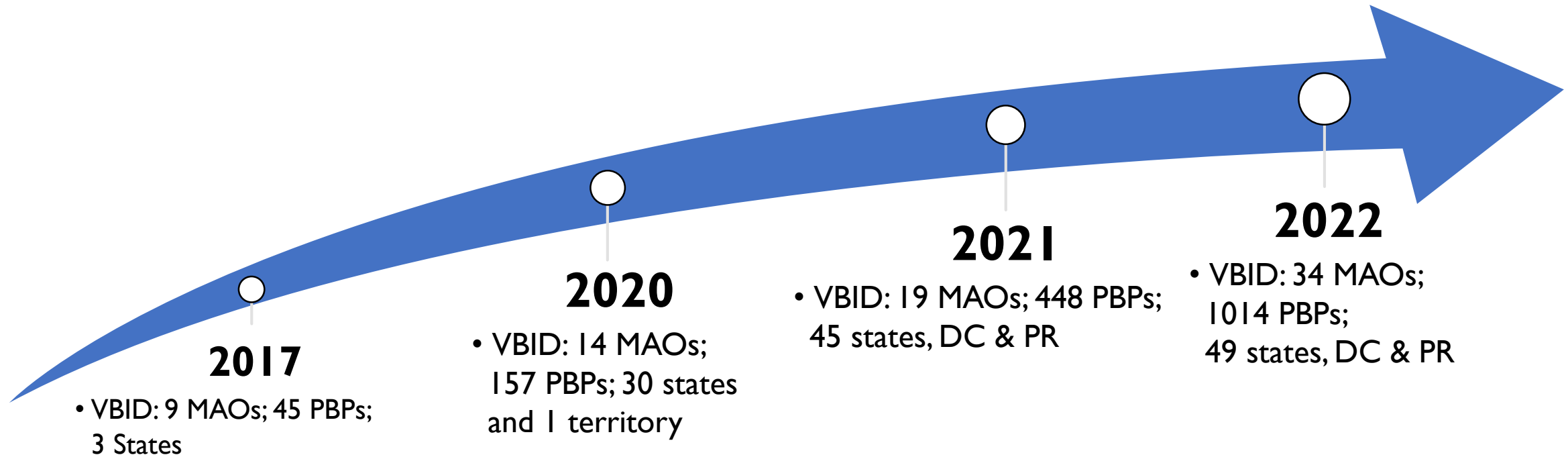
Background and Context

Health Equity – Building a Foundation in Health Plan Innovation Models

Executive Order on Advancing Racial Equity and Support for Underserved Communities through the Federal Government (E.O. 13985)

- Prioritizing equity across CMMI's portfolio
- Centering equity in all stages of model design, operation, and evaluation
- Engaging providers who have not previously participated in value-based care initiatives
- Ensuring that eligibility criteria and application processes encourage care for historically underserved populations
- Utilizing patient-level demographic data and standardized social needs data, as well as tracking data on penetration of Innovation Center models in underserved communities

Significant Growth in Model Adoption and Partnerships



Calendar Year (CY) 2022 VBID Model Components

■ Began in 2021

Tests Complementary Medicare Advantage (MA) Health Plan Innovations

Targeted Benefits by Condition, Socioeconomic Status (SES), or both	MA and Part D Rewards and Incentives (RI) Programs	Wellness and Health Care Planning (WHP)	Hospice Benefit Component	Cash or Monetary Rebates*	New and Existing Technologies*
<p>Tests the impact of targeted, reduced or eliminated cost-sharing (including for Part D drugs) or additional supplemental benefits based on enrollees:</p> <ul style="list-style-type: none"> a. Chronic Condition(s) b. SES c. Both (a) and (b) 	<p>Tests how R&I programs that more closely reflect the expected benefit of the health-related service or activity, within an annual limit, may impact enrollee decision-making about their health in more meaningful ways</p>	<p>Tests the impact of timely, coordinated approaches to wellness and health care planning, including advance care planning</p>	<p>Tests how including the Medicare hospice benefit in an enrollee's MA coverage impacts financial accountability and care coordination across the care continuum</p>	<p>Tests the impact of sharing statutory beneficiary rebates directly with enrollees, in the form of cash or cash equivalents rather than as Medicare premium payments or additional benefits</p>	<p>Tests the impact of allowing MAOs to cover new and existing FDA-approved technology not currently covered by the Medicare program</p>

*As of CY 2021, there has been limited uptake of the Cash or Monetary Rebates Component and the New and Existing Technologies Component

VBID Offers a Unique Opportunity to Promote Health Equity

In an effort to activate the Model's full potential to improve healthcare quality, the Model is launching the **VBID Health Equity Incubation Program**, a voluntary initiative with MAOs.

GOALS



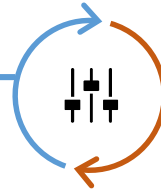
Articulate a clear business case for participating in VBID to address health equity

In addition to providing opportunities for membership growth, growth, increased membership engagement, and better targeted care, the VBID Model provides an opportunity for MAOs to be MAOs to be a leader in the MA space, partnering with CMMI, to drive CMMI, to drive down costs while maintaining or improving quality. quality.



Provide guidance on how to best leverage VBID Model Components to move the needle on health equity

The VBID Model offers a unique opportunity to target underserved populations. By providing guidance on best practices, lessons learned, and insights from CMS data, the VBID Model Team aims to help MAOs address health disparities in their member populations.



DESIRED OUTCOMES

- **Drive a critical mass of interventions in the most promising focus areas** (e.g., cardiovascular disease (CVD))
- **Increase MAO adoption of VBID Model Components to address health equity**
- **Identify and scale leading practices** around health equity, health related social needs (HRSNs),¹ supplemental benefits use within MA populations
- **Build and share evidence base** for quality improvement and medical savings related to HRSN interventions (e.g., non-primarily health-related supplemental benefits addressing HRSNs)
- Provide a **voluntary starter guide** on leveraging the Model to address health equity

¹ HRSNs align to those defined in CMMI's Accountable Health Communities (AHC) Model's screening tool.

MA Options

Category	Options Available Under <u>MA</u> *	Additional Options Available Under <u>VBID</u>
Benefit Targeting	<ul style="list-style-type: none"> • Special Supplemental Benefits for the Chronically Ill (SSBCI): Allows MAOs to provide chronically ill enrollees (as defined in § 422.102(f)(1)(i)(A) using three specific criteria) with both non-primarily and primarily health-related supplemental benefits that have a reasonable expectation of improving or maintaining the health or overall condition of the chronically ill enrollee. <ul style="list-style-type: none"> ❖ While CMS may provide a list of chronic conditions, MA plans may consider other chronic conditions not identified on this list if the chronic condition is life threatening or significantly limits the overall health or function of the enrollee ❖ Targeting by low-income subsidy (LIS) or dual status alone is NOT allowed but 422.102(f)(2)(iii) permits MA plans to consider social determinants to help identify chronically ill enrollees whose health or overall function could reasonably be expected to improve or maintained with the SSBCI. MA plans may not use social determinants of health as the sole basis for determining eligibility. • Uniformity Flexibility (UF): Allows MAOs to target enrollees for healthcare services that are medically related to the patient’s health status or disease state (e.g., reduced cost sharing of eye exams for diabetics) if the benefit is offered uniformly to all individuals with the same qualifying condition. Supplemental benefits must be primarily health related (§ 422.100(d)(2)(ii)) • NOTE: Part D reductions in cost sharing are not permitted under SSBCI or UF 	<p>In addition to options available under MA, allows MAOs to provide enrollees with LIS/dual status or chronic condition(s) (or both) with:</p> <ul style="list-style-type: none"> • Non-primarily health related supplemental benefits (allowed under SSBCI, but not UF) • Reductions in cost sharing for Part D drugs • New and existing technologies or FDA-approved medical devices as a mandatory supplemental benefit
RI Programs	<ul style="list-style-type: none"> • Part C RI must reflect the cost/value of the health related activity and not the expected benefit • Part D RI only for Real Time Benefit Tool (RTBT) 	<ul style="list-style-type: none"> • RI limit that is tied to the value of the expected impact on enrollee behavior or the expected benefit, within an annual limit • Part D RI outside of RTBT
Use of Cash or Monetary Rebates	<ul style="list-style-type: none"> • Not currently allowed under MA 	<ul style="list-style-type: none"> • Sharing beneficiary rebates more directly through a supplemental benefit that is in the form of cash or monetary rebates
Hospice	<ul style="list-style-type: none"> • Available to MA enrollees through Original Medicare 	<ul style="list-style-type: none"> • MA plans participating in the Hospice Benefit Component generally cover ALL of their Medicare benefits, including hospice care. Can also offer transitional concurrent care and hospice supplemental benefits

In summary, MAOs participating in VBID can **better target enrollees**, more **widely use non-primarily health related supplemental benefits**, be **less constrained by uniformity**, and **offer certain benefits** sharing rebates in the form of cash.

*See 85 FR 33802 and 42 CFR 422.102(f)(1)(i)(B) for other requirements.

VBID Health Equity Business Case

VBID Health Equity Business Case

INCREASE MEMBER ENGAGEMENT & RETENTION

Plans that offer supplemental benefits like meals have been shown to **receive a higher net promoter score and higher member retention.**¹

IMPROVE QUALITY & MEMBER SATISFACTION

Focusing on social needs is correlated with positive quality of life and member satisfaction⁷.

According to a 2020 McKinsey study, **MA plans with an average customer experience measure rating of 4 or more Stars added 2.1 times more net members** in 2019 than their less customer-friendly competitors.²

OFFER BENEFITS ONLY AVAILABLE TO MODEL PARTICIPANTS

VBID Model participants can **offer unique features only available to participating plans**, such as sharing beneficiary rebates more directly with members in the form of Cash or Monetary Rebates, MA and Part D RI Programs, and importantly, targeted non-primarily health-related supplemental benefits.* **VBID tests greater customization of benefits to underserved populations.**

LOWER MEDICAL SPENDING & UTILIZATION OF LOW-VALUE SERVICES

Addressing health-related social needs in member populations has been shown in other contexts to:

- Significantly lower healthcare utilization³
- Significantly lower Emergency Department (ED) visits⁴
- Significantly lower medical spending⁵
- Better chronic disease management⁶

MINIMIZE COSTS BY BETTER FOCUSING INTERVENTIONS

Additional targeting flexibilities available to VBID Model participants, such as targeting by socio-economic status, test the benefits of allowing plans to **focus interventions on populations where the largest health improvements can be realized.**

In addition to improving member health and promoting health equity, there is a strong business case for MAOs to participate in VBID and leverage the Model's waiver authority to address health disparities.

¹XM Institute NPS and Customer Ratings Benchmarks, Qualtrics 2020, Qualtrics.com

²Refer to the [McKinsey study](#)

*Some marketing restrictions apply

³Berkowitz, et al., 2018; Martin et al., 2018

⁴Ibid

⁵Curvey, et al., 2013

⁶Refer to the [Project Angel Heart study](#)

⁷Refer to the [HMA MA Supplemental Benefits Report](#)

VBID Health Equity Incubation Program and Support Areas

VBID Health Equity Incubation Program Overview

Health Equity Incubation Program Overview

The **Health Equity Incubation Program** will serve as the central pillar of planned learning activities with the goal of:

- Driving a critical mass of interventions in the most promising focus areas
- Optimizing design and implementation best practices
- Building an evidence base for **quality improvement and medical savings** related to social needs interventions

Upcoming Sessions and Technical Assistance

Initial VBID Business Case Session *2 - 3 months*

Engage MAOs in “**Health Equity Incubation Sessions**” in the form of webinar and follow-up 1-on-1s that focus on **VBID health equity business case**



Technical Assistance *3 months - 1 year*

During **Health Equity Incubation Sessions**, the VBID Team will engage MAOs in health equity focused technical assistance (TA) and leverage use cases and case studies tailored to the **most promising focus areas** (e.g., food and nutrition)

The VBID Team will host joint events with relevant federal partners (e.g., Million Hearts) highlighting best practices for leveraging VBID Components to address health equity in the **most promising focus areas**



Learning and Performance Feedback *1 year+*

In the long-term, the VBID Team plans to create a true learning network, where plans can tackle common challenges around health equity. An essential part of this learning network will be tailored feedback based on plan data.



Health Equity Incubation Sessions & Initial Incubation Areas

Overview

The VBID Model Team has selected a set of **promising focus areas** based on the strong evidence base supporting medical savings in each area and the relative suitability of VBID Model Components to amplify interventions related to the incubation area.

MAOs are encouraged to explore the full spectrum of health equity domains and focus areas, but initial TA and learning sessions will be focused on **Food and Nutrition, Cardiovascular Disease (CVD), and Diabetes.**

Most Promising Focus Areas

Food and Nutrition

Pathway A: Medically Tailored Meals

- Rationale for selection: Medically tailored meals have a well-established evidence base for improving health outcomes and reducing medical spending.¹ *VBID Model has an opportunity to formally test this intervention in the MA space.*

Pathway B: Healthy Food Card

- Rationale for selection: healthy food cards have a moderate evidence base for improving health outcomes and reducing medical spending, but can be applied to a much wider population.² *VBID has an opportunity to formally test healthy food cards in the MA space and add to the evidence base.*

Chronic Conditions: CVD and Diabetes

- Rationale for selection: CVD and Diabetes are well suited to the VBID Model given heavy intersection with multiple social needs. There is a well established evidence base for the use of cardiac rehab programs, DASH diet, use of high-intensity statins, reduced cost sharing for insulin, and other interventions where VBID Model Components could encourage greater utilization. *VBID has an opportunity to formally test the use of a suite of benefits to address disparities in CVD and diabetes management and outcomes.*

VBID will seek feedback on other promising focus areas, but other candidates could include:*



¹ See Berkowitz et al., 2018; Refer to comprehensive [Commonwealth Fund Report](#)

² See Gurvey et al., 2013; Refer to comprehensive [Commonwealth Fund Report](#)

* Aligned to HRSNs identified in CMMI's AHC Model

Health Equity Incubation Program Support Areas

In an effort to align health equity efforts across VBID Model participants, the VBID Model Team is releasing guidance to MAOs on how to best leverage Model Components to address health disparities in a structured way. The below actions represent basic best practices that every participant can take:

Identify at least one:

- Target population

1 Priority HRSN

2 VBID intervention to address priority HRSN

3 Use standard criteria for selecting interventions:

- Is there a high volume of need or high level of disparity?
- Is the intervention cost efficient or at minimum not prohibitively expensive to scale?
- Are there clear and obvious evidence-based interventions AND is the plan well positioned to offer those interventions?
- Are there untapped benefits that enrollees are eligible for but not yet enrolled where plans can provide navigation?

Note: VBID participating plans can target by socioeconomic status and/or chronic conditions to address disparities and improve quality, but plans cannot take race and ethnicity-specific actions or target by other protected classes.

1

Understand **DISPARITIES** within your population with a review of your demographic data elements:

- Place-based census tract-level indicators can be a good signal
- Utilize claims data and quality measures to identify priorities including chronic conditions with large disparities or “super-utilizers”
- Utilize a health equity summary measure
- HEDIS and CAHPS [Stratified Reporting](#)

2

Understand **NEED** of target population:

- If beneficiary-level HRSN data is unavailable in claims, EMR, or plan databases, use census-tract level data in CDC’s [Social Vulnerability Index \(SVI\)](#) to identify HRSNs by beneficiary census tract
- Consider using an evidence based screening tool like the [AHC Health Related Social Needs Screening Tool](#) as a framework to guide HRSN identification

3

Use **VBID MODEL COMPONENTS** to address need in a targeted and cost efficient way:

- VBID Flexibilities
- Part C and/or Part D Rewards and Incentives (RI) Programs
- Targeted Coverage of New and Existing Technologies or FDA Approved Medical Devices
- Hospice Benefit Component
- Wellness and Healthcare Planning (WHP)
- Cash or Monetary Rebates

Focus of initial TA materials

1

Get Started

There's not one approach to addressing health equity, but starting with actionable information is critical to addressing health inequities in your population.

For example, you could start with looking at publicly available information on the census tracts you operate in. CDC's [Social Vulnerability Index](#) is a good starting point (see below).

Gather and Understand Data on DISPARITIES

Place-Based Focus: Where (geographically) do we see the biggest population-level disparities and health inequities in our coverage areas?

Outcome-Based Focus: Where do you see the biggest disparities in clinical outcome, structures, and process of care?

- Can be helpful to stratify by demographic characteristics (see CAHPS and HEDIS Stratified Reporting)
- Use of screening tools and claims data
- Use of predictive modeling

2

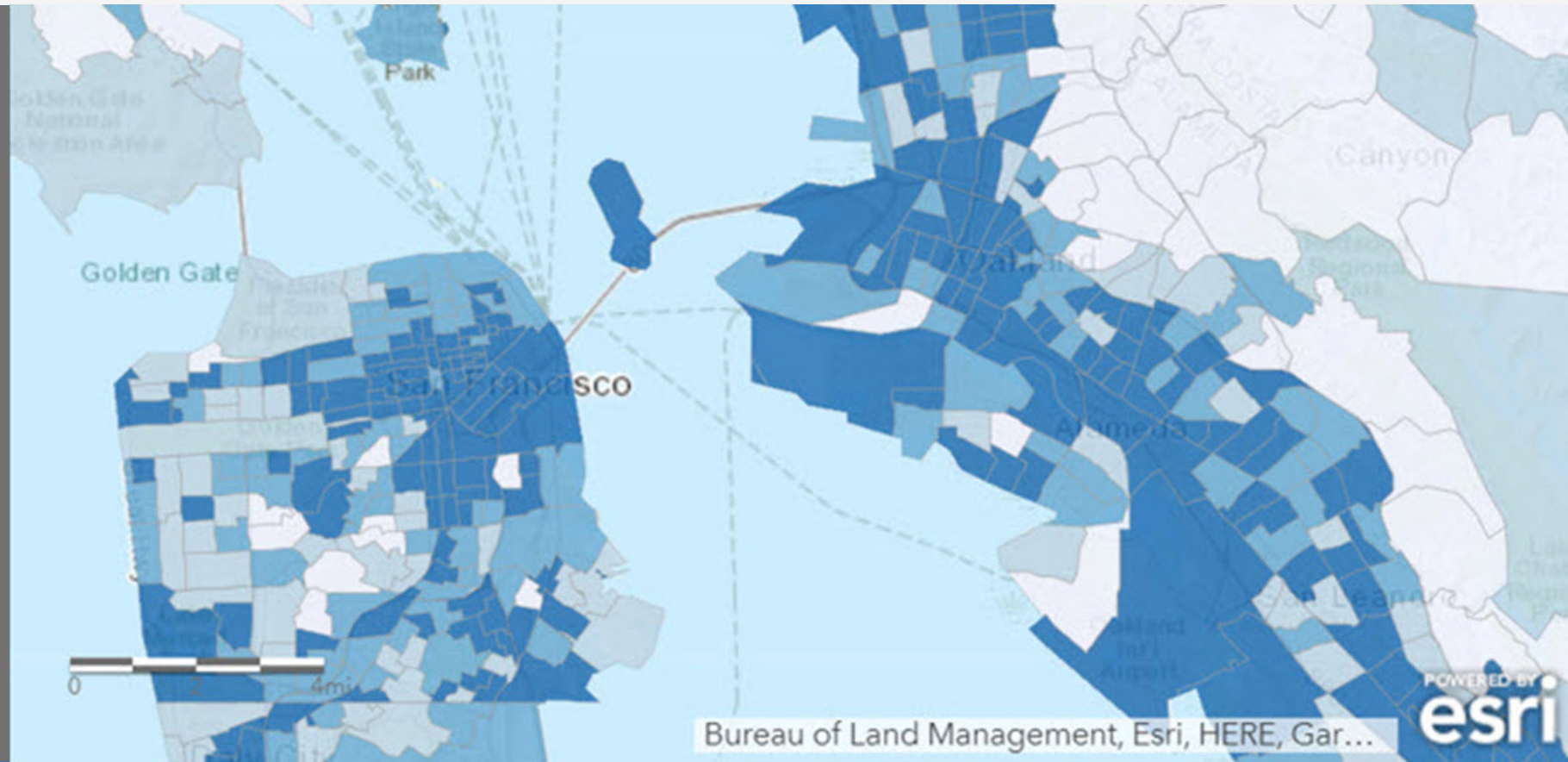
With a population identified, consider possible social NEEDS interventions

Food Insecurity	Utility Needs	Transportation Needs	Education
Income	Social Isolation	Mental Health	Substance Use
Housing Needs	Financial Strain	Health Literacy	Safety Needs

Housing/Transportation Theme – Tracts

Percentile ranking for Housing/Transportation theme

-  0.7501 – 1 | Highest Vulnerability
-  0.5001 – 0.75
-  0.2501 – 0.5
-  0 – 0.25 | Lowest Vulnerability
-  Data Unavailable



3

Select VBID COMPONENTS* to support benefit design

VBID provides a helpful mechanism for plans to follow through on their health equity commitments through targeted interventions and naturally sits within a plan's health equity strategy

Targeted Benefits by Condition, Socioeconomic Status (SES), or both	MA and Part D Rewards and Incentives (RI) Programs	Wellness and Health Care Planning (WHP)	Hospice Benefit Component	Cash or Monetary Rebates*	New and Existing Technologies*
Tests the impact of targeted, reduced or eliminated cost-sharing (including for Part D drugs) or additional supplemental benefits based on enrollees: a. Chronic Condition(s) b. SES c. Both (a) and (b)	Tests how R&I programs that more closely reflect the expected benefit of the health-related service or activity, within an annual limit, may impact enrollee decision-making about their health in more meaningful ways	Tests the impact of timely, coordinated approaches to wellness and health care planning, including advance care planning	Tests how including the Medicare hospice benefit in an enrollee's MA coverage impacts financial accountability and care coordination across the care continuum	Tests the impact of sharing statutory beneficiary rebates directly with enrollees, in the form of cash or cash equivalents rather than as Medicare premium payments or additional benefits	Tests the impact of allowing MAOs to cover new and existing FDA-approved technology not currently covered by the Medicare program



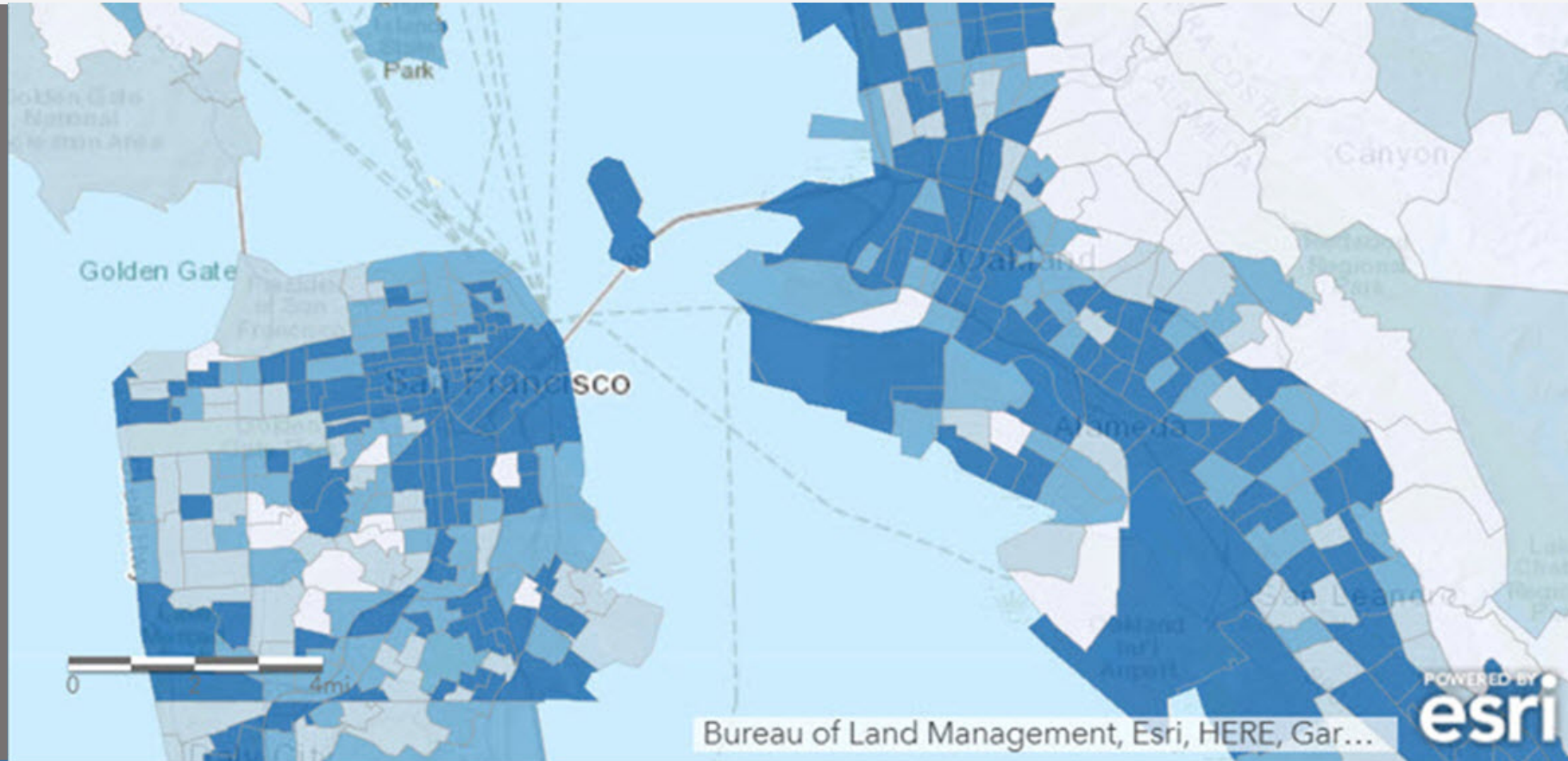
This very process can be the basis for your VBID application!

**See slides 8 and 19 for full size table and examples*

Housing/Transportation Theme – Tracts

Percentile ranking for Housing/Transportation theme

-  0.7501 – 1 | Highest Vulnerability
-  0.5001 – 0.75
-  0.2501 – 0.5
-  0 – 0.25 | Lowest Vulnerability
-  Data Unavailable

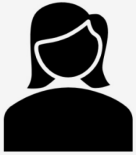


Current VBID Model Components and Health Equity

Model Intervention	Example
<p>Targeted Benefits by Condition, SES, or both</p>	<ul style="list-style-type: none"> Plan offers <u>healthy food card or medically tailored meals</u> targeted to enrollees with LIS and hypertension (paired with messaging around DASH diet) – alternatively, plan could offer this benefit to all enrollees with LIS Plan can also propose for CMS consideration and approval provision of a benefit that is not primarily health related for a targeted population that does not meet the definition of “chronically ill enrollee” in 422.102(f)(1)(i)(A) but is within the scope of the VBID Model limits for targeting enrollees. For example, the plan could propose <u>targeting enrollees facing food insecurity</u> as diagnosed by their PCP or through a standard screening tool (e.g., AHC). Plan offers <u>reduced cost-sharing</u> targeted to enrollees with LIS for high-value Part D drugs to address risk factors (e.g., antihypertensives, high-intensity statins) Plan offers eligible enrollees the opportunity to <u>participate in a care management or digital program</u> to receive certain supplemental benefits
<p>MA and Part D RI Programs</p>	<ul style="list-style-type: none"> Plan could provide <u>reward to incentivize utilization of high-value services by a certified nutrition specialist</u> (CNS) for enrollees with LIS with pre-diabetes. <ul style="list-style-type: none"> This could <u>be complemented with other VBID interventions</u> like reduced cost-sharing for CNS visits or Metformin Plan could provide a <u>reward to incentivize completion of milestones in a cardiac rehab program</u> for enrollees who have experienced a heart attack <ul style="list-style-type: none"> This could be <u>complemented with other VBID interventions</u> like \$0 cost-sharing for Cardiac Rehab visit for enrollees with Chronic Heart Failure (CHF)
<p>Cash or Monetary Rebates</p>	<ul style="list-style-type: none"> While this benefit cannot be targeted to specific enrollees, Cash or Monetary Rebates can help address certain health related social needs due to financial instability such as food insecurity, especially when timed on a monthly basis to hit an enrollee’s account between SNAP benefit disbursements.
<p>Targeted Coverage of New & Existing Technologies or FDA Approved Medical Devices</p>	<ul style="list-style-type: none"> Plan offers <u>targeted coverage of blood pressure monitors and cuffs</u> to enrollees with hypertension Plan offers <u>targeted coverage of continuous glucose monitors</u> for defined special populations

VBID Use Case: Rosa and Food Insecurity

1



- Rosa is a 70 year old Hispanic female from Richmond, CA
- She has pre-diabetes and was recently put on Metformin
- She receives low income subsidies (LIS), struggles to afford healthy food for her whole family
- There are few grocery stores nearby serviced by public transportation and Rosa does not own car

As part of your plan's health equity program you may notice many "Rosas" and that there are significant racial and ethnic disparities in diabetes management and food insecurity.

In your VBID application, you could use estimated medical savings from lower utilization and fewer ED visits¹ to bid lower on the benchmark rate and use the difference to pay for healthy food card, reduction in Part D cost sharing for Metformin, and/or many other social needs interventions that are targeted based on LIS status.

2

Diabetes and Food Insecurity

- Existing literature and pilot studies show a strong association between diabetes and food insecurity and improved dietary patterns and glycemic control when food insecurity is addressed²
- The CDC found that the annual **per capita excess cost for non-disability Medicaid enrollees with diabetes in the state of California was \$8,530³** (other studies show similar increases in Medicare population)
- By using a combination of interventions, including lifestyle interventions like healthy foods, health plans can **lower the chance Rosa develops diabetes**

Understanding and Addressing Rosa's Food and Nutrition Needs

In the past, Non-VBID plans may have tried coordinating with community organizations to prevent costs like those highlighted above, but direct interventions (e.g., healthy food cards) were expensive because they must be provided to all enrollees, not just the enrollees who couldn't afford healthy meals.

Under VBID plans can now invest directly in interventions that address HRSNs like food insecurity by using targeting eligibility based on LIS status. Non-VBID plans have some flexibility through SSBCI (please see slide 10).

3

Tailoring a Suite of Benefits for Rosa through VBID

VBID allows for a more cost effective approach to tailoring a suite of benefits to your high cost and high need enrollees (e.g., enrollees with LIS and pre-diabetes).

Reduced Cost Sharing for Certified Nutrition Specialists (CNS)

Delivery of Medically Tailored Meals for Diabetes

Healthy Food Card

Targeted Coverage of Continuous Glucose Monitors

Coverage of Non-Medical Transportation to Grocery Store / Farmers Market

1) Estimates require approval in application and will vary from plan to plan 2) Gucciardi, Enza, et al. "The Intersection between Food Insecurity and Diabetes: A Review." *Current Nutrition Reports*, vol. 3, no. 4, 2014, pp. 324–32. PubMed Central, doi:10.1007/s13668-014-0104-4. 3) https://www.cdc.gov/pcd/issues/2018/18_0148.htm

VBID Use Case: Mark and CVD

1



- Mark is a 66 year old black male from Vicksburg, MS
- He recently had a heart attack and has unmanaged hypertension
- He receives low income subsidies (LIS) and struggles to afford his medical bills and meet his food and housing needs
- He was working full-time but has reduced his hours due to his recent heart attack

Your plan covers about \$1,579 of Mark's medical spending every month.¹ There are thousands of "Marks" that fall under your plan. **His costs to the plan will sky rocket to \$5,229 per month²** if he has a second hospitalization. If you provide targeted benefits to enrollees with LIS and CVD, you help Mark and you will help reduce some of the huge disparities in CVD (e.g., Black Americans are 30% more likely to die from CVD).³

1) https://www.ajmc.com/view/ajmc_10marnicholswebx_e86to93 ; 2) Ibid;
3) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4558355/> ; 4) Ibid;
5) <https://www.cdc.gov/vitalsigns/cardiovascular-disease/index.html>

When thinking through how to best leverage the VBID Model determine 1) your target population 2) what are the variables that could be driving disparities in this target population and 3) what VBID Component or suite of Components might be suited to address those variables driving the disparity?

2

Estimated Cost of Enrollee with CVD⁴

- Mean total direct medical costs of a beneficiary with CVD: **\$18,953 per year**
- Mean total direct medical costs of a beneficiary with CVD after second CVD hospitalization: **\$62,755 per year** (this is 4.5 times higher compared to those who avoided inpatient stays)

Understanding and Addressing Mark's Needs

In the past, Non-VBID plans may have tried one social needs intervention to prevent costs like those highlighted above (e.g., healthy food cards), but the intervention was expensive because it must be provided to all enrollees with CVD, not just the enrollees who couldn't afford healthy meals.

This meant non-VBID plans couldn't invest in Mark's other social needs (e.g., transportation, financial strain) and left him at heightened risk for a secondary CVD hospitalization by using targeting eligibility based on LIS status.

3

Tailoring a Suite of Benefits for Mark through VBID

VBID allows for a more cost effective approach to tailoring a suite of benefits to your highest cost enrollees (e.g., enrollees with LIS and CVD). Heart disease has a number of risk factors, treating them requires a package of benefits.⁵

Reduced Cost Sharing for High-Intensity Statins

Reduced Cost Sharing for Antihypertensives (fixed dose combos and 1x/day dosing)

Healthy Food Card to Encourage DASH Diet

Targeted Coverage of Blood Pressure Monitors and Cuffs

RI for Completing Milestones in Cardiac Rehab (CR) & \$0 Cost Sharing for CR

CMS OMH Health Equity Tools & Resources

The [Disparities Impact Statement](#) is a tool that can be used by CMS stakeholders to promote equity by helping organizations identify health disparities among specific populations, create an action plan to implement sustainable solutions, and evaluate progress.

The [Mapping Medicare Disparities Tool](#) and annual [Stratified Reports](#) can help organizations analyze data to assess disparities and health equity opportunities among those they serve.

Resources to support quality improvement interventions for specific populations include:

- [From Coverage to Care](#) to support consumer education about how to use health coverage to access needed primary, preventive, and other services.
- [Provider resources](#) to support delivery of culturally and linguistically tailored care (e.g.: Diabetes, CKD).
- Language and communication access resources can help plans develop a [Language Access Plan](#), and implement actions to improve communication access among those who are [blind or have low vision](#), or who are [deaf or hard of hearing](#).
- [Physical accessibility resources](#) can help plans consider ways to ensure participating providers meet the physical accessibility needs of members with disabilities when they seek care at a network provider.
- [Provider and plan staff training modules](#) to help increase knowledge across teams and promote staff understanding and ability to identify potential health equity impacts among enrollees.



CMS Health Equity Technical Assistance Program supports quality improvement partners, providers, and other CMS stakeholders with personalized coaching and resources to help organizations advance health equity in their work.

Email HealthEquityTA@cms.hhs.gov for help.

Question & Answer

Next Steps

Next Steps and Future Sessions on the Horizon

1

Participate in upcoming health equity Incubation sessions that will provide a deeper dive into how to best leverage the Model to address Food and Nutrition and Diabetes

First session will be in early 2022 and will focus on food and nutrition from a health equity lens

2

Provide feedback on future health equity TA that will be valuable to your organization

3

Schedule 1-on-1 with VBID Model Team via VBID@cms.hhs.gov and identify cross-functional members of your team that could benefit from understanding the realm of targeted benefits allowed under the VBID Model (e.g., clinical team)

Thank you for joining us today!

Please email us with questions or to discuss your interests at
VBID@cms.hhs.gov