Centers for Medicare & Medicaid Services (CMS) Accomplishments for 2022

CMS has an ambitious agenda and a bold plan to meet its mission. All of our work is organized and managed along six **CMS strategic pillars** that promote the establishment of broad 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 initiatives** that draw upon critical work done across the agency to drive results. These initiatives are high-level, multi-year priorities that bring our Centers and Offices together to leverage their expertise and strengthen collaboration, and are in addition to CMS' daily work.

In 2022, CMS continued to advance health equity, expand coverage, and improve health outcomes that are a direct result of CMS' strategic pillars. Highlights of these accomplishments include:

Pillar: Advance Health Equity

CMS is focused on addressing the health disparities that underlie our health system. To that end, CMS released the **CMS Health Equity Action Plan**, which lays out the central role advancing health 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.

- CMS established the first-ever **Birthing-Friendly designation**, a consumer-friendly display to indicate a hospital's commitment to improving maternal health. This designation will be displayed on CMS' Care Compare website. Health plans covering more than 150 million Americans have also committed to using the designation on their provider directories in 2023.

- CMS released frameworks to focus agency efforts to operationalize health equity across CMS programs and policies for the next ten years. The **CMS Framework for Health Equity** identifies five priority areas to reduce health disparities, including health equity data, causes of disparities, workforce capacity, language access, and accessibility. **The Path Forward: Improving Data to Advance Health Equity Solutions**, details steps taken and next steps to improve health equity data collection, analysis, stratification, and reporting. In addition, the **CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities** builds on the larger framework to identify six priorities specific to rural communities, Tribal nations, territories, and those

in geographically isolated areas. Together, these documents provide an integrated approach to build health equity into existing and new efforts by CMS and our stakeholders.

- CMS issued a final rule establishing Rural Emergency Hospitals (REHs) as a new Medicare provider type and established the Conditions of Participation (CoPs), along with REH payment policies and quality measures, to address the growing concerns over closures of rural hospitals.

- CMS released its **National Quality Strategy**, a cross-cutting initiative that is raising the bar for a high-value health care system that promotes quality outcomes, safety, equity, and accessibility for all individuals, especially those in underserved and under-resourced communities.

- Thanks to the American Rescue Plan, beginning in 2022, Medicaid can cover a full year of postpartum coverage for an enrollee after pregnancy. CMS worked with 28 states and the District of Columbia to extend postpartum coverage, representing an estimated 439,000 Americans. CMS is continuing to **work with additional states to extend this lifesaving coverage**.

- CMS issued a **final rule** for the Medicare Advantage (MA) and Part D prescription drug programs that will help address health disparities by delivering person-centered integrated care that can lead to better health outcomes for enrollees and by improving the operational functions of these programs. The rule also requires all MA special needs plans to annually assess certain social risk factors for their enrollees, because identifying social needs is a key step to delivering person-centered care.

- CMS also proposed to establish a **health equity index in the Medicare Advantage and Part D Star Ratings program that will enhance the Star Ratings**. The proposed health equity index is intended to allow beneficiaries to assess plans based on performance on health equity measures, and incentivize plans to invest in health equity initiatives.

- The Innovation Center made progress in **embedding health equity** in all of its models by developing approaches to implementing sociodemographic data collection and reporting requirements, health equity plans, and innovative payment incentives for health care providers caring for underserved populations in models.

Pillar: Expanding Access

CMS continued to build on the Affordable Care Act and the American Rescue Plan to expand access to quality, affordable health coverage and care.

Highlights:
- CMS made an investment of nearly **$100 million in continuation grant funding to 59 returning Marketplace Navigator organizations**. These investments — along with increased affordability thanks to the extended financial assistance subsidies in the Inflation Reduction Act and new eligibility for families previously impacted by the family glitch — have resulted in a record-breaking **16.3 million people enrolled in health coverage in the Affordable Care Act Marketplaces**.

- **CMS is working** to implement the historic Inflation Reduction Act, and as a result, people with Medicare will benefit from lower drug costs and a redesigned prescription drug program.

- CMS implemented a final rule that simplifies **Medicare enrollment rules and extends coverage of immunosuppressive drugs for certain beneficiaries**. The changes to implement the Consolidated Appropriations Act, 2021 expanded coverage for people with Medicare and advanced equity by reducing gaps in coverage. It provides relief to individuals who miss a Medicare enrollment period due to an exceptional condition, and offers access to immunosuppressive drugs for individuals who are no longer eligible for Medicare on the basis of end-stage renal disease after a kidney transplant and have no other coverage.

- **The Calendar Year 2023 Medicare Physician Fee Schedule final rule** increases access to covered colorectal cancer screening and dental services linked to medical services. In line with the CMS **Behavioral Health Strategy**, CMS also finalized policies that increase access to covered behavioral health services by mobilizing the behavioral health workforce, making payments for behavioral health integration into primary care and team-based treatment of chronic pain, and increasing access to opioid use disorder services furnished by Opioid Treatment Programs.

- CMS implemented the **No Surprises Act** to protect consumers from unexpected medical bills and help consumers better understand their medical costs, reducing the fear that seeking health care services and using their health insurance coverage will result in surprise expenses.

- CMS issued a **final rule** that advances CMS' strategic vision of expanding access to affordable health care and improving health equity in Medicare Advantage and Part D through lower out-of-pocket prescription drug costs, price transparency, and improved consumer protections and market competition.

- CMS awarded **the first 200 of 1,000 new Medicare-funded physician residency slots** to enhance the health care workforce, particularly in primary care and behavioral health, in hospitals serving underserved communities across 30 states, the District of Columbia, and Puerto Rico.

- In an effort to address concerns with the prior authorization process, CMS published several proposed rules in December 2022 (**Advancing Interoperability and Improving Prior Authorization Processes**; **Adoption of Standards for Health Care Attachments Transactions**; and the **CY 2024 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs**) with the collective goal to improve the timeliness of access to medically necessary care.

- CMS released a **proposed Enrollment & Eligibility rule**, which takes steps to help people enroll and keep their coverage, as well as remove barriers for children enrolling in CHIP and make enrollment smoother for individuals who are aged, blind, or disabled.

Pillar: Engage Partners

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

Highlights:
- Since signing of the Inflation Reduction Act, CMS leadership has been meeting with dozens of stakeholder groups to gather input and feedback on implementation of the Inflation Reduction Act. Leadership continues to engage with representatives of consumer groups, health plans, health plan associations, patient advocacy groups, and provider organizations.

- CMS leadership held over 250 stakeholder public events, including conducting upwards of 125 partner/stakeholder calls, with a total attendance of nearly 85,000 people. CMS policy experts provided hundreds of briefings to national and local stakeholders on CMS' strategic priorities, proposed and final rules, innovation opportunities, **unwinding, and Medicaid re- determinations** following the end of the Medicaid continuous enrollment requirement.

- The Administrator and the Principal Deputy Administrator made multiple stops in 19 states and the District of Columbia to hear firsthand from local community stakeholders on the impacts of CMS policy.

- CMS' **We Can Do Better: Advancing Maternity Care Together** convening brought together industry and stakeholder leaders to discuss how the federal government can collaborate with industry partners to improve health outcomes during pregnancy and postpartum. A key result of this convening was commitments from over **25 health plans**, covering over 150 million people, to display the Birthing-Friendly designation.

- CMS issued a historic **Request for Information (RFI) that sought comment on Medicare Advantage**. This RFI drew almost 4,000 comments regarding improvements to the program. The policies in the Contract Year 2024 Medicare Advantage/Part D rule were informed by that feedback.

- CMS released a national policy for coverage of aducanumab (brand name Aduhelm™) and any future monoclonal antibodies directed against amyloid approved by the Food and Drug Administration (FDA) with an indication for use in treating Alzheimer's disease. CMS ran a transparent, evidence-based process that incorporated more than 10,000 stakeholder comments and more than 250 peer-reviewed documents into the determination.

Pillar: Innovation

In 2022, CMS continued to drive innovation to tackle our health system challenges and promote value based, person-centered care.

Highlights:
- The Center for Medicare & Medicaid Innovation (Innovation Center) released an **update** on implementation of the Innovation Center's **strategy refresh** to drive the delivery

system toward meaningful transformation and deliver person-centered care that meets people where they are. More than 110,000 providers participated in the Innovation Center's Traditional Medicare models, and more than 4.7 million people with Traditional Medicare received care from providers in these models. Additionally, approximately 900,000 people with Medicaid received care from a provider, plan, or organization participating in an Innovation Center model.

- The CMS Innovation Center released its sixth **Report to Congress**, representing activities from October 1, 2020 through September 30, 2022.

- CMS advanced toward our goal of having all people with Traditional Medicare in an accountable care relationship with their health care provider by 2030. The **Calendar Year 2023 Medicare Physician Fee Schedule final rule**, and the redesign of the Accountable Care Organizations' (ACO) Realizing Equity, Access, and Community Health (REACH) model, illustrate how CMS is implementing a shared ACO vision of a health system that achieves equitable outcomes through high quality, affordable, person-centered care across different ACO programs, by using the Medicare Shared Savings Program as a chassis for growth. CMS finalized changes to the Medicare Shared Savings Program, the nation's largest ACO program that, in 2022, covered more than 11 million people with Medicare and included more than 500,000 health care providers. These policies represented some of the most significant reforms since the program was established in 2011.

- As part of the President's Cancer Moonshot priority to support patients and caregivers, CMS announced the **Enhancing Oncology Model** to transform the way the health care system treats cancer patients. The Model places cancer patients at the center of the care team and provides support for navigating a cancer diagnosis, treatment, and survivorship.

Pillar: Protect Programs

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

Highlights:
- CMS joined partner agencies in fraud takedowns targeting schemes exploiting the COVID-19 pandemic, telemedicine, substance abuse treatment facilities, opioid distribution, and other health care fraud.

- In support of President Biden's plan to improve the safety and quality of care in the nation's nursing homes, CMS outlined actions for states to improve safety and quality of care for residents. CMS has been acting to enhance facility oversight and increase ownership transparency following the release of the White House memo (**"Protecting Seniors by Improving Safety and Quality of Care in the Nation's Nursing Homes"**), which set an Administration-wide priority to ensure that taxpayer dollars are spent on high-quality services in facilities that are prioritizing resident care.

- CMS began implementation of a new authority to invoice drug manufacturers for certain drugs with a large percentage documented as discarded, and refund money to the Medicare Trust Fund. CMS also finalized a policy for 2024 that requires Medicare Part D

plan sponsors to apply pharmacy price concessions at the point of sale to reduce beneficiary costs at the pharmacy counter.

- For Medicare Fee-for-Service (FFS) payment rules, CMS finalized polices to stabilize payments in light of changes to staff wages and implemented statutorily required adjustments to maintain stability across the payment systems.

- Since the onset of the public health emergency, CMS managed to process over 250,000 section 1135(b) of the Social Security Act (referred to as 1135 waivers) waiver requests. CMS also launched a cross-cutting initiative to address the current public health emergency and ensure that CMS has a roadmap to support a health care system that is more resilient and better prepared to adapt to future disasters and emergencies that we know we can expect.

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 has 55 ongoing projects across the agency that will improve employee engagement and increase diversity, equity, inclusion, and accessibility.

- 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.

- CMS published its first ever **diversity, equity, and inclusion (DEI) strategy** and implemented a DEI learning and development framework for all employees to foster an inclusive workplace. CMS also completed 4,351 contract actions and obligated over $7.74 billion advancing equity in health care.

- CMS has maintained an unmodified "clean" audit opinion for the last 23 years.