

HealthExecWeek

managed care

May 12, 2023

ACCOUNTABLE CARE INDUSTRY NEWS

Steward Health Care Completes Sale of its Utah Health Care Sites to CommonSpirit Health

Steward Health Care, one of the nation's largest accountable care organizations, announced that it has completed the sale of its Utah health care sites to CommonSpirit Health, through its wholly owned subsidiary, Catholic Health Initiatives Colorado. The hospitals and clinics will be managed under Centura Health, the region's leading health system. This strategic transaction allows for Steward to reinvest in providing value-based care in communities across the other regions it operates, a statement says.

Effectively immediately, Steward's Utah health care sites – including five hospitals, over 35 medical group clinics, imaging and urgent care centers, and other outpatient ventures are part of CommonSpirit Health's national health system. This includes Davis Hospital and Medical Center, Salt Lake Regional Medical Center, Jordan Valley Medical Center, Jordan Valley Medical Center-West Valley Campus, and Mountain Point Medical Center and associated clinics and outpatient centers.

In a statement, Brian Dunn, Regional President, Steward Health Care said, "We are pleased to have found the right partner for our Utah hospitals. We are extremely proud of what we've accomplished in Utah since acquiring the system in 2017, and we want to extend our deep thanks to our colleagues whose commitment and excellence has made a difference to patients and the local community every day since."

"This transaction continues Steward's stated strategic plan to focus on and invest in value-based care. We look forward to increasing our presence and financial commitment in our holistic integrated care model, for which we continue to lead the industry," said Ralph de la Torre, Chairman of Steward Health Care.

Kelsey-Seybold Announces New Tanglewood Clinic

Kelsey-Seybold Clinic has announced plans to build a 20,000-square-foot clinic in Mid-West Houston near Hunters Creek Village and Tanglewood. The new clinic will be located at 6401 Woodway Drive, Houston, TX 77057, near the Second Baptist Church Woodway Campus and replaces the current Tanglewood Clinic, which has served patients for nearly 50 years at 1111 Augusta Dr., Houston, TX 77057. Patients will continue to receive care at the current Tanglewood Clinic until the new clinic opens in Q1 2024.

The new Tanglewood Clinic will serve the Mid-West Houston community, including residents living in the nearby areas of Tanglewood, Hunters Creek Village, Piney Point Village, Briar Grove, West Oakes, and Mid-West.

When completed, the clinic will have space for up to 11 providers offering comprehensive care for adults and children, including primary care providers in Family Medicine, Internal Medicine, and Pediatrics, as well as specialists in OB/GYN, Dermatology, Rheumatology, Gastroenterology, and Neurology.

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Patients will also have access to on-site X-ray and ultrasound and an extensive referral network of Kelsey-Seybold specialists with offices at neighboring locations, including Memorial Villages Campus, Memorial City, and the Spencer R. Berthelsen Main Campus.

In a statement, Tony Lin, M.D., chairman and C.E.O., Kelsey-Seybold Clinic said, "As we continue to grow in Mid-West Houston and the Greater Houston areas, ensuring our patients living and working nearby continue to receive care in their community is important to us."

"Kelsey-Seybold has looked after the health and well-being of West Houston residents for decades," said Kenneth Janis, MHA/MBA, chief operating officer, Kelsey-Seybold Clinic. "This new location is another example of our dedication to the people living and working here, and part of a larger strategy to bring more specialties and services to West Houston."

Founded in 1949, Kelsey-Seybold includes more than 650 physicians and allied health professionals practice at 35 locations in the Greater Houston area. Kelsey-Seybold has been recognized by the National Committee for Quality Assurance (NCQA) as the nation's first accredited Accountable Care Organization and a Patient-Centered Medical Home. Visit kelsey-seybold.com.

MSSP Profile: Cleveland Clinic Medicare ACO, LLC (Cleveland Clinic)

ACO Name (and DBAs)	Cleveland Clinic Medicare ACO, LLC (Cleveland Clinic)
Primary State Served	OH
Service Area	Northeast Ohio
MSSP Type	MSSP Enhanced Track High Revenue ACO
Start Date with Medicare	1/1/2015
ACO Beneficiaries	78,051
Participating Physicians	4,647
Primary Contact	Scott Dynda 216.445.3666 ccaco@ccf.org
Recent Shared Savings Amounts	Performance Year 2021, N/A Performance Year 2020, \$9,556,622.94
Recent Shared Savings Distribution	<p><u>Performance Year 2021</u></p> <p>Proportion invested in infrastructure: N/A</p> <p>Proportion invested in redesigned care processes/resources: N/A</p> <p>Proportion of distribution to ACO participants: N/A</p> <p><u>Performance Year 2020</u></p> <p>Proportion invested in infrastructure: 15%</p> <p>Proportion invested in redesigned care processes/resources: 10%</p> <p>Proportion of distribution to ACO participants: 75%</p>

VALUE BASED CARE NEWS

Emcara Health Partners with Innovaccer to Accelerate Scale in Value-Based Care

Innovaccer Inc. announced that Emcara Health, PopHealthCare's national value-based medical group that delivers advanced in-home primary care for seniors and vulnerable populations, has selected Innovaccer's Best in KLAS data platform to accelerate its ability to drive growth and rapidly scale Emcara Health's integrated care solution to more communities nationwide.

"We chose Innovaccer because their technology enhances our ability to scale fast," said Munir Khatri MD, senior vice president of Population Health at Emcara Health. "We have deep experience in data analytics, risk adjustment, charts, and coding that drive how we measurably improve outcomes. But we're growing fast, and need to scale PHM1 capabilities in providers' EHR clinical workflows, so they can better understand populations, appropriately diagnose patients, define and automate TCM2 protocols, and close care gaps—including those influenced by social determinants—to deliver value-based care. Innovaccer's platform will allow us to bring those capabilities and more straight to the point of care. We're committed to giving providers the tools they need to focus on patient care and rediscover the joy in their work."

The Innovaccer data platform will enhance Emcara Health's ability to create unified patient records that provide a 360-degree holistic view of patients by integrating data from myriad EHRs, HIT systems, and third-party community data (such as SDoH). Interoperable, EHR-agnostic physician engagement will further providers' efforts to close coding and care gaps at the point of care and make informed decisions that drive better clinical outcomes. Data-driven, customizable TCM protocols will help ensure effective care coordination with automated transitional and chronic care management for at-risk and rising-risk populations.

To advance health equity, ADI4 scores, member-level SVI5 scores, and SDoH insights integrated into clinical workflows will enhance Emcara Health's identification of socioeconomic needs, build cohorts based on social risk, drive community outreach, and develop targeted interventions to close care gaps with community resources. The Innovaccer platform will also help drive omnichannel patient outreach and engagement to improve the patient experience, and ensure patients are educated and empowered to avoid lapses in care.

"We're honored that one of the country's leading value-based medical groups—known for its sophisticated analytics and risk adjustment skills—decided our platform was the right one to accelerate their growth," said Abhinav Shashank, cofounder and CEO of Innovaccer. "Our expertise in unifying patient data, and scaling the advanced data and analytics solutions required to accelerate success with value-based care, make this an ideal partnership. We're thrilled to support their growth by helping them scale community-based care, and delight their health system partners, providers, and patients with engaging technology solutions in new markets nationwide."

Emcara Health is at the forefront of delivering comprehensive home-based care solutions. With a passionate team of dedicated healthcare experts, we improve the quality of life for vulnerable populations and others challenged to access care in traditional settings across urban and rural communities.

Its integrated suite of care solutions delivered wherever a person lives spans advanced primary care, complex care management and treatment, transition of care, and annual in-home assessments. Emcara's physician-led multidisciplinary care teams deliver industry-leading outcomes across the quadruple aim in health care delivery – patient experience, quality, lower cost of care and joy in work.

Part of PopHealthCare (a GuideWell Company), Emcara Health is one of the nation's leading value-based medical groups, focused on the mission of reimagining how healthcare is delivered.

Innovaccer Inc. is a data platform for value-based care. The Innovaccer platform unifies patient data across systems and care settings, and empowers healthcare organizations with scalable, modern applications that improve clinical, financial, operational, and experiential outcomes. Innovaccer's EHR-agnostic solutions have been deployed across more than 1,600 hospitals and clinics in the US, enabling care delivery transformation for more than 96,000 clinicians, and helping providers work collaboratively with payers and life sciences companies.

Innovaccer has helped its customers unify health records for more than 54 million people and generate over \$1 billion in cumulative cost savings. The Innovaccer platform is the #1 rated Best-in-KLAS data and analytics platform by KLAS, and the #1 rated population health technology platform by Black Book.

New Resource Highlights the Importance of Weeding Out Low-Value Care

Doctors provide important care and life-saving treatments, but like everyone in health care, they can do better. A new AHIP resource highlights several independent studies that show that low-value care – services that have little or no clinical benefit or where the risk of harm from the service outweighs the potential benefit – still occurs, accounting for an estimated \$75.7 billion to \$101.2 billion in costs.

The Task Force on Low-Value Care, for example, estimates that 5 low-value health care services account for more than \$25 billion in avoidable annual expenditures, which includes \$14.7 billion unnecessarily spent on branded drugs, and \$9.5 billion in avoidable spending for unneeded pre-surgery tests and imaging services.

The top 5 low-value clinical services, as identified by the Task Force, are:

1. Diagnostic Testing and Imaging Before Low-Risk Surgery
2. Vitamin D Screening Tests
3. Prostate-Specific Antigen Testing for Men 75+
4. Imaging for Low-Back Pain within 6 Weeks of Onset
5. Branded Drug Use when Chemically Equivalent Generics are Available

Health insurance providers are working hard with doctors, hospitals, and others to implement innovative solutions that streamline processes, improve the quality of care, reduce costs, and enhance patients' overall care experience. The report can be viewed at: https://www.ahip.org/documents/202303_AHIP_Low-Value-Care-Infographic_v08.pdf.

apree health Launches New Health Technology Platform to Integrate Digital Health and Care Delivery

apree health, a combination of Castlight Health and Vera Whole Health, was formed to marry best-in-class digital engagement and advanced primary care to drive better health outcomes. The company recently launched a secure, cloud native platform called apree foundation. apree foundation is a multi-year investment to create the industry's most advanced secure cloud native healthcare data and technology platform. By aggregating, integrating, and normalizing massive amounts of healthcare data, apree foundation aims to bridge the industry's data silos to deliver a highly personalized healthcare experience for millions of Americans.

"We've The foundation enables apree health to deliver an experience focused on the person—one that engages each individual, drives timely next-best actions appropriate for their care journey, and ultimately delivers high-value outcomes. It forms the basis upon which apree health is innovating the next generation of solutions including seamless digital experiences, tech-enabled omnichannel services, and advanced primary care delivered across virtual and physical care settings. apree's Research and Development team has leveraged more than a decade of operational experience with the platform to ensure the foundation is highly available, secure, scalable, and privacy preserving.

"Everything we do puts the person at the center," said Vijay Anand, executive vice president, Research and Development, at apree health. "apree foundation is a first-of-its-kind health tech platform that will empower large employers and health plans with the most advanced and integrated digital health and care delivery solution. By partnering with a best-in-class technology partner such as Google Cloud, we can fully unleash the power of data and technology to deliver improved health outcomes and a better member experience."

Moving apree health's core application and data infrastructure to Google Cloud provides the company with scalable access to additional data processing capabilities such as BigQuery. With BigQuery, apree aggregates and processes a large array of complex data from more than 700 sources that reflects dozens of terabytes of healthcare data, including more than a billion claims from 15 dental payers and 19 medical payers. Other critical data pipelines include eligibility, claims, biometrics, benefit plan designs and utilization information, social determinants of health (SDoH), population data, and third-party point solutions from across the healthcare ecosystem, all integrated through application programming interfaces (APIs) and file-based capabilities. With BigQuery, apree health can aggregate this data securely and at scale, extract the valuable insights to develop person-specific knowledge, and deliver a seamless and integrated care experience.

Leveraging this data infrastructure, apree foundation's predictive analytics engine then applies advanced algorithms and machine learning to deliver actionable insights and personalized recommendations enabling purchasers of healthcare to proactively manage population health, predict risk, and optimize healthcare outcomes.

POPULATION HEALTH NEWS

Adolescents, Young Adults with Advanced Heart Disease Show Desire to Take Active Role in Medical Care Decisions

Adolescents and young adults with advanced heart disease are at high risk of dying in the hospital, often require invasive treatment and experience significant symptoms that impact their quality of life. And while most of their parents prefer that decision making about their treatment and care options remain between parents and physicians, many young people want to be actively involved in medical decisions affecting them, a new study suggests.

"As a pediatric psychologist, I have found that healthcare communication is one of the most critical – yet most under-appreciated aspects of care," said lead author Melissa Cousino, Ph.D., director of the U-M Congenital Heart Center Psychosocial and Educational Program (M-COPE) at University of Michigan Health C.S. Mott Children's Hospital. "How we communicate about diagnosis, prognosis, treatment options and more impacts coping, medical adherence, and health outcomes. In pediatric healthcare, it is critical that we better understand the communication and medical decision-making preferences of the young people we care for."

Researchers surveyed 53 young adults ages 12-24 with advanced heart diseases, including heart failure – a lifelong condition in which the heart muscle can't pump enough blood to meet the body's needs – along with 51 of their parents at Mott.

"In our sample of patients with serious heart disease, we found that the majority of teens and young adults want to be aware of their treatment options, risks and prognosis information and desire active involvement in their medical decision making," Cousino said.

But there was a notable gap between the preferences of young patients and their parents, according to the research published in *JAMA Network Open*. Nearly 45 % of patients desired active, patient-led decision making specific to their heart disease management with a considerable majority wanting to discuss adverse effects or risks of treatment, surgical details, quality of life and life expectancy. Many youth surveyed agreed with the statement "I should make the decision but strongly consider the physician's and my parents' opinions." More than half wanted to be involved in their end-of-life care decision making if critically ill.

Meanwhile, parents and guardians preferred an approach involving shared decision making between them and their child's doctors.

"The largest proportion of parents felt they should make medical decisions for their teen or young adult in partnership with the medical team," Cousino said. "Even though half of our patient sample were adults themselves, only six parents felt medical decision-making should be patient-led."

"I often find that parents, as well as pediatric healthcare clinicians, are understandably trying to protect young people from the bad, sad, or difficult news," she added. "Yet, for a large number of young people, keeping them from fully understanding or engaging in their healthcare, even when information is related to death or dying, can be more isolating and anxiety-provoking."

Cousino says research on patient communication and medical decision making was recently identified as a top priority in the field of palliative care in pediatric cardiology. "There is not a one-size-fits all approach to medical communication and decision making. Each child, teen, young adult and family system has different needs and preferences," she said. "It is on us to better understand youth needs and preferences to best incorporate their voice into medical care decisions in a way that is aligned with their needs. Ultimately, this will inform the development of interventions to support parents and healthcare clinicians working with young people facing serious illnesses and arduous medical courses."

Senior author, Kurt Schumacher, M.D., a pediatric cardiologist at Mott, says the study has important implications for clinicians caring for children and young adults with serious heart disease. "The study should get the attention of all clinicians who care for children with significant heart disease. We all communicate with families, but not everyone is aware of the information that our patients would like to receive and discuss," he said. "Both parents and providers may be underestimating how actively involved adolescents and young adults want to be when it comes to decisions about their heart disease."

"These findings underscore the importance of understanding each individual's preferences and personalizing communication methods with each young patient regardless of their diagnosis, disease severity or symptoms," Schumacher added. "We need to continue to pursue individualized conversation tools and decision-making interventions with young patients with advanced heart disease. And we need to help providers be comfortable and open with these discussions as well."

Southwest Rural Health Research Center Identifies Key Health Challenges of Rural America

The Southwest Rural Health Research Center at the Texas A&M University School of Public Health has published a peer-reviewed paper detailing Healthy People 2030 priorities that will be most critical for rural America in the upcoming decade. These priorities were identified by rural health stakeholders across the United States. This publication comes ahead of the center's release of Rural Healthy People 2030 — a continuation of a long-standing tradition of the Southwest Rural Health Research Center in which multidisciplinary authors discuss identified priority areas in light of existing scientific evidence and best models for practice.

Researchers asked 1,475 health care professionals, government officials, researchers and others working to improve health and quality of life in rural communities questions about their views on the 62 Healthy People 2030 priorities. Each respondent listed the 10 most crucial goals and priorities for their communities and ranked the three most critical issues in order of importance.

The priority that survey respondents noted most frequently was mental health and mental disorders, with more than 75 percent of respondents including this area in their top 10 list. In second place, included in more than 60 percent of the top 10 lists, was addiction. In contrast, findings from the Rural Healthy People 2020 survey put these two priorities as the fourth and fifth most commonly cited.

"We were thrilled to once again be funded by the Federal Office of Rural Health Policy within the Health Resources and Services Administration (HRSA) to conduct this once-in-a-decade survey. While clinicians, public health practitioners and other stakeholders across the U.S. will be working toward all Healthy People 2030 goals, faced with resource limitations, those working with rural populations will have to implement right-sized and effective programs that will be most impactful in their unique contexts," said Dr. Alva Ferdinand, director of the Southwest Rural Health Research Center and Interim Director of the Department of Health Policy and Management.

Around one-fifth of respondents listed health care access and quality as the most important priority. This priority was the most frequently cited in top 10 lists in Healthy People 2020, indicating that mental health and addiction may be rising concerns in rural areas, but access to quality health care remains a serious public health issue.

It may be that there are actual increases in mental health disorders and substance use in rural populations. At the same time, problems with access to care may also exacerbate these issues. A lack of mental health and substance abuse practitioners in rural communities, stigma toward treatment and a greater proportion of uninsured people could act as barriers to treatment.

Healthy People 2030 also includes priorities related to social determinants of health. A new priority in this category is economic stability, which featured highly in the survey's responses. This reflects the ways higher rates of rural poverty may affect access to health care through limited insurance coverage and financial issues such as rural hospital closures.

"With approximately 60 million people living in rural areas that are sparsely populated, have low housing density and are far from urban centers, providers, public health practitioners and other stakeholders have had to find innovative ways to promote and protect the health of rural residents in the places where they live, learn, work and play," said Ferdinand. "Our work helps to inform rural stakeholders on which population health goals are of particular concern and could use some additional attention and strategizing."

The survey results shed light on the views of public health professionals and can serve as a starting point for additional research. Further study into the views of urban public health professionals could further highlight differences between these populations. Additionally, studies comparing populations in different parts of the country and those that include the views of residents outside of the public health professions could yield further insights.

The findings of this study point to changes in rural public health priorities over the past several years and highlight the need for renewed and continued efforts toward reducing disparities in health outcomes between rural and urban areas.

Findings on mental health and substance use disorders, access to quality health care and economic stability point to areas where practitioners and policy makers can make significant improvements toward improving population health in rural America.

CARE ANALYTICS NEWS

Scientists Develop AI Tool To Predict Parkinson's Disease Onset

Scientists from UNSW Sydney with collaborators at Boston University have developed a tool that shows early promise in detecting Parkinson's disease years before the first symptoms start appearing. In research published today in the journal *ACS Central Science*, the researchers described how they used neural networks to analyze biomarkers in patients' bodily fluids.

The researchers from UNSW School of Chemistry examined blood samples taken from healthy individuals gathered by the Spanish European Prospective Investigation into Cancer and Nutrition (EPIC). Focusing on 39 patients who developed Parkinson's up to 15 years later, the team ran their machine learning program over datasets containing extensive information about metabolites – the chemical compounds that the body creates when breaking down food, drugs or chemicals. After comparing these metabolites to those of 39 matched control patients – people in the same study who didn't go on to develop Parkinson's – the team were able to identify unique combinations of metabolites that could prevent or potentially be early warning signs for Parkinson's.

As UNSW researcher Diana Zhang explains, she and Associate Professor W. Alexander Donald developed a machine learning tool called CRANK-MS, which stands for Classification and Ranking Analysis using Neural network generates Knowledge from Mass Spectrometry.

"The most common method of analyzing metabolomics data is through statistical approaches," says Ms. Zhang. "So, to figure out which metabolites are more significant for the disease versus control groups, researchers usually look at correlations involving specific molecules. But here we take into account that metabolites can have associations with other metabolites – which is where the machine learning comes in. With hundreds to thousands of metabolites, we've used computational power to understand what's going on."

A/Prof. Donald says that in addition to looking at combinations of metabolites, the researchers used an unedited list of data.

"Typically, researchers using machine learning to examine correlations between metabolites and disease reduce the number of chemical features first, before they feed it into the algorithm," he says. "But here we feed all the information into CRANK-MS without any data reduction right at the start. And from that, we can get the model prediction and identify which metabolites are driving the prediction the most, all in one step. It means that if there are metabolites which may potentially have been missed using conventional approaches, we can now pick those up."

How this could be significant for Parkinson's Disease

At present, Parkinson's Disease is diagnosed by observing physical symptoms such as a resting hand tremor. There are no blood or laboratory tests to diagnose non-genetic cases of it. But atypical symptoms such as sleep disorder and apathy can present in people with Parkinson's decades before the motor symptoms show up. CRANK-MS, therefore, could be used at the first sign of these atypical symptoms to rule in or out, the risk of developing Parkinson's in the future.

However, A/Prof Donald emphasizes that validation studies are needed using much larger cohorts and conducted in multiple parts of the globe before the tool could be used reliably. But in the limited cohort examined for this study, results were promising, with CRANK-MS able to analyze chemicals found in blood to detect Parkinson's disease with an accuracy of up to 96 per cent.

"This study is interesting at multiple levels," he says. "First, the accuracy is very high for predicting Parkinson's disease in advance of clinical diagnosis. Second, this machine learning approach enabled us to identify chemical markers that are the most important in accurately predicting who will develop Parkinson's disease in the future. Third, some of the chemical markers that drive accurate prediction the most have been previously implicated by others to Parkinson's disease in cell-based assays but not in humans."

Food for thought

There were some interesting findings when examining the metabolites of people who went on to develop Parkinson's in the study. For example, triterpenoids were found in lower concentrations in the blood of those who later developed Parkinson's disease compared to those who did not. Triterpenoids are a known neuroprotectant that regulates oxidative stress and is commonly found in foods such as apples, olives, and tomatoes.

A future study could examine whether eating these foods could naturally protect against developing Parkinson's disease. Also worthy of further exploration was the presence of polyfluorinated alkyl substances (PFAS) in people who went on to develop Parkinson's, which could be linked to being exposed to industrial chemicals.

"We have evidence to suggest that it is PFAS, but we need more characterization data to be 100 per cent sure," says A/Prof Donald.

Freely available to all

CRANK-MS is a tool that is publicly available to any researchers who would like to use machine learning for disease diagnosis using metabolomics data.

"We've built the model in such a way that it's fit for purpose," says Ms. Zhang. "The application of CRANK-MS to detect Parkinson's disease is just one example of how AI can improve the way we diagnose and monitor diseases. What's exciting is that CRANK-MS can be readily applied to other diseases to identify new biomarkers of interest. The tool is user-friendly where on average, results can be generated in less than 10 minutes on a conventional laptop."

HEALTH CHANGE

Secretary Becerra Announces New Initiatives at HHS Mental Health Summit to Strengthen Access to Mental Health Care

Secretary Becerra announced new initiatives by the Biden-Harris Administration to increase access to mental health resources and support.

The two initiatives – [FindSupport.gov](https://findsupport.gov) and the [HHS Children and Youth Resilience Challenge](https://www.hhs.gov/children-youth/resilience-challenge) – will increase access to health resources and support for those working to address mental health challenges.

The launch of FindSupport.gov will help Americans identify available resources, explore information about various treatment options, and learn how to reach out to get the support they need for issues related to mental health, drugs or alcohol. FindSupport.gov is a user-friendly, online guide that helps people navigate through common questions when they are at the start of their journey to better behavioral health, such as how to ask for help, how to help others and how to search for a health care professional or support program that meets their needs. The website provides information on how to find treatment and support based on insurance status, including Medicaid, Medicare, U.S. Department of Veterans Affairs health care, TRICARE, private insurance, and no insurance. It also features resources on how to set up an appointment so that when people meet with a health care professional, they can feel confident that they are taking the right steps.

The HHS Children and Youth Resilience Challenge will provide \$1 million in funding for innovative community-led solutions to promote resilience in children and adolescents affected by the COVID-19 pandemic and other disasters, and promote positive strategies to help children and adolescents thrive. The Resilience Challenge, which was developed by the HHS Behavioral Health Coordinating Council Subcommittee on Children and Youth, is recognized as part of the President's Uniy Agendat and Mental Health Strategy and advances HHS' Roadmap for Behavioral Health Integration.

The Biden-Harris Administration Proposes New Standards to Help Ensure Access to Quality Health Care in Medicaid and CHIP

The Centers for Medicare & Medicaid Services (CMS) recently unveiled two notices of proposed rulemaking (NPRMs), Ensuring Access to Medicaid Services (Access NPRM) and Managed Care Access, Finance, and Quality (Managed Care NPRM), that together would further strengthen access to and quality of care across Medicaid and the Children's Health Insurance Program (CHIP), the nation's largest health coverage programs. These rules build on Medicaid's already strong foundation as an essential program for millions of families and individuals, especially children, pregnant people, older adults, and people with disabilities.

If adopted as proposed, the rules would establish historic national standards for access to care regardless of whether that care is provided through managed care plans or directly by states through fee-for-service (FFS). Specifically, they would establish access standards through Medicaid or CHIP managed care plans as well as transparency for Medicaid payment rates to providers, including hourly rates and compensation for certain direct care workers. The rules would also establish other access standards for transparency and accountability, and empower beneficiary choice.

"The Biden-Harris Administration has made clear where we stand: we believe all Americans deserve the peace of mind that having health care coverage brings," said HHS Secretary Xavier Becerra. "We are proposing important actions to remove barriers to care, engage consumers, and improve access to services for all children and families enrolled in these critical programs. One in four Americans and over half of all children in the country are enrolled in Medicaid or CHIP – and the Biden-Harris Administration is committed to protecting and strengthening these programs for future generations."

"Having health care coverage is fundamental to reducing health disparities, but it must go hand-in-hand with timely access to services. Connecting those priorities lies at the heart of these proposed rules," said CMS Administrator Chiquita Brooks-LaSure. "With the provisions we've outlined, we're poised to bring Medicaid or CHIP coverage and access together in unprecedented ways—a key priority that's long overdue for eligible program participants who still face barriers connecting to care."

Together, the Access NPRM and Managed Care NPRM include new and updated proposed requirements for states and managed care plans that would establish tangible, consistent access standards, and a consistent way to transparently review and assess Medicaid payment rates across states. The rule also proposes standards to allow enrollees to easily compare plans based on quality and access to providers through the state's website.