



May 17, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Implications for Health Equity Index on Regional Health Plans

Dear Administrator Brooks-LaSure,

Thank you for your leadership in advancing health equity across all programs under the purview of the Center for Medicare & Medicaid Services (CMS). Rooted in its communities for decades, the Alliance of Community Health Plans (ACHP) member companies have long been committed to addressing health disparities through culturally informed and population specific interventions. ACHP member companies continue to lead the industry in high-quality care delivery, offering comprehensive coverage and affordable care for millions of beneficiaries challenged with access, health literacy and social needs.

While health equity is a core priority for the Administration – and the member companies of ACHP – the framework of the Medicare Advantage Health Equity Index (HEI) falls short of achieving its intended aim. As currently constructed, the HEI takes a narrow view of what qualifies a beneficiary as having social risk factors, creating a prisoner’s dilemma for health plans most invested in its success. Technical shortcomings in the design of the program and conflicting state contracting requirements will result in millions of Americans -- and the health plans that serve them -- being left out of this important new initiative. We call on CMS to revise the calculation eligibility threshold to allow all health plans the opportunity to earn the HEI reward.

ACHP is the only national organization promoting the unique payer-provider aligned model in health care, delivering affordable, coordinated and comprehensive coverage options. ACHP member companies collaborate with their provider partners to deliver higher-quality coverage and care to tens of millions of Americans in 40 states and D.C.

We appreciate the Administration recognizing the critical role health plans play in closing health disparities by driving value in care delivery, developing metrics to ensure transparency and equitable delivery of preventative and medical care. ACHP and its member companies are deeply supportive of the intentions for the HEI to recognize and reward health plans that improve quality of care for socially at-risk beneficiaries.



Unfortunately, CMS' narrow definition on which beneficiaries qualify as having social risk factors and therefore which Medicare Advantage (MA) plans will be eligible to receive the HEI reward, leaves out many high-quality plans delivering care in underserved areas across the country. This arbitrarily limits many beneficiaries who struggle with health literacy, access and other social needs. While all MA plans will be evaluated under the new HEI, only MA contracts with the minimum threshold of enrollees will be eligible for the HEI reward. In many communities, especially in rural regions, there are simply not enough beneficiaries meeting the limited social risk factor criteria to allow health plans to qualify for the HEI reward.

This issue is further exacerbated in states such as California, Michigan and Pennsylvania that require separate MA contracts for dual eligible special needs plans (D-SNPs) and traditional MA plans. With the HEI reward calculated by MA contract, having separate D-SNP and traditional MA plan contract makes it nearly impossible for many MA plans to reach the enrollment threshold in traditional contracts and qualify for the HEI reward. Health plans should not be put at a disadvantage by state requirements that vary across the country.

The HEI reward should be tied to closing care gaps regardless of whether a plan has one or 1,000 beneficiaries with social risk factors. **ACHP calls on CMS to eliminate the social risk factor threshold, allowing all health plans to showcase their success on addressing disparities.** CMS has the authority to make this change and should do so in the Calendar Year 2026 MA regulation.

Thank you for the commitment to a fair and equitable health system for all. ACHP welcomes the opportunity to engage with you and your team to advance closing gaps in care delivery for all beneficiaries affected by social risk factors. Please contact Dan Jones, Senior Vice President, Federal Affairs, at djones@achp.org with any questions or to discuss these recommendations further.

Sincerely,

Ceci Connolly
President and CEO
Alliance of Community Health Plans

Cc: Dr. Meena Seshamani, Deputy Administrator and Director, Center for Medicare, CMS
Stacy Sanders, Counselor to the Secretary, HHS