CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities

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Introduction

The Centers for Medicare & Medicaid Services (CMS) serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes across all its programs to promote high-quality, equitable care, including for rural, tribal, and geographically isolated* communities. To ensure that the Agency's approach is responsive to the unique needs of these communities, CMS engaged with individuals, organizations, and government entities across the nation who have experience receiving health care or supporting health care service delivery in these communities to help shape the *CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities*. The Framework focuses on six priorities over the next five years:

- **Priority 1:** Apply a Community-Informed Geographic Lens to CMS Programs and Policies
- **Priority 2**: Increase Collection and Use of Standardized Data to Improve Health Care for Rural, Tribal, and Geographically Isolated Communities
- **Priority 3**: Strengthen and Support Health Care Professionals in Rural, Tribal, and Geographically Isolated Communities
- **Priority 4**: Optimize Medical and Communication Technology for Rural, Tribal, and Geographically Isolated Communities
- **Priority 5**: Expand Access to Comprehensive Health Care Coverage, Benefits, and Services and Supports for Individuals in Rural, Tribal, and Geographically Isolated Communities
- **Priority 6**: Drive Innovation and Value-Based Care in Rural, Tribal, and Geographically Isolated Communities

* The term "geographically isolated" is inclusive of frontier or remote communities, as well as the U.S. territories and other island communities.

The *CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities* updates and builds upon the CMS Rural Health Strategy, released in 2018, to reflect changes in the health care landscape since its development. In alignment with the CMS Framework for Health Equity 2022—2032, this Framework supports CMS' overall efforts to advance health equity, expand access to quality, affordable health coverage, and improve health outcomes. CMS' approach to operationalizing this Framework over the next five years will be informed by ongoing public engagement as appropriate, and CMS will continue to monitor trends in health and health care that uniquely impact rural, tribal, and geographically isolated areas. Through the adoption and implementation of the *CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities*, CMS will continue to work to promote policies and programs that help make high-quality health care in these communities available and affordable.

Background

Approximately 61 million people live in rural, tribal, and geographically isolated communities across the United States,[1] including millions of individuals who receive health coverage through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace®.** These communities comprise vast and varied landscapes that encompass micropolitan, frontier, and tribal lands, as well as U.S. territories and other island communities. Rural communities are increasingly diverse; nearly a quarter of people living in rural areas are from racial or ethnic minority groups.[2] While no two rural communities are alike, rural communities on average, compared to urban areas, have higher poverty rates and age-adjusted mortality rates,[3, 4] and they are home to a higher proportion of older residents[5] and persons living with a disability.[6] Furthermore, compared to national averages, individuals living in rural and tribal communities and the U.S. territories experience disparities in health outcomes such as higher rates of chronic disease, including diabetes and hypertension.[7, 8, 9]

Additionally, people living in rural, tribal, and geographically isolated communities face barriers to accessing comprehensive, high-quality and affordable health care services.[10, 11] People in these communities may be underserved by services that support well-being and help address the social determinants of health (SDOH), such as housing, transportation, nutrition assistance, income supports, and job training.[12, 13, 14, 15] People living in rural areas are less likely to have health insurance and more likely to live further from a hospital compared to those living in urban areas.[16, 17] Practitioner shortages—including primary, dental, and behavioral health practitioners—as well as health care facility closures in rural, tribal, and geographically isolated areas further impede access to care.[18, 19] For example, health care facilities operated by the Indian Health Service, which are an important source of care for tribal communities, experience high vacancy rates for health care providers.[20] Most U.S. territories have also reported health care practitioner shortages, which, combined with remote island geographies, can require individuals to travel long distances to receive health care services that are not available on-island.[21] While telehealth may offer an alternative platform for people in these communities to access certain health care services remotely, poorer internet access and speed, statistically significant gaps in home broadband, and low adoption rates have hindered telehealth utilization in some rural areas, U.S. territories, and tribal lands.[22, 23, 24, 25] Many rural, tribal, and geographically isolated communities have applied innovative approaches to address these challenges, and CMS has an important role to play in strengthening and expanding implementation of these approaches.

The COVID-19 pandemic has further exacerbated challenges for rural communities. Despite early surges of COVID-19 cases in urban areas, rural areas have experienced higher overall COVID-19

** Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

incidence and mortality rates than urban areas.[26] People who identify as Black, Hispanic, or American Indian and Alaska Native have experienced significantly higher rates of COVID-19 cases and death compared to people who identify as White.[27] The COVID-19 pandemic has placed an additional burden on a rural health workforce that is already stretched thin, and it has compounded the financial strains of hospitals located in rural, tribal, and geographically isolated areas.[28] Federal, state, tribal, territorial, and local governments and health care organizations implemented a variety of innovations to address these unprecedented health care challenges, leading to changes in the broader health care landscape.

As the largest provider of health coverage in the U.S., CMS is responsible for ensuring that more than 170 million individuals supported by CMS programs (i.e., Medicare, Medicaid, CHIP, and the Health Insurance Marketplace®) have the health coverage they are entitled to under these programs, including millions of individuals who live in rural, tribal, and geographically isolated communities. CMS programs also account for a significant portion of the Indian health care budget.[29] The CMS Office of Minority Health (OMH) serves as the principal advisor to the agency on advancement of optimal health for all people. The office provides subject matter expertise to CMS on closing gaps in health coverage to expand access and improve health outcomes and quality. OMH conducts research and analyses to inform innovative solutions to lower costs, promote disease prevention, and reduce the illness and severity of chronic disease to deliver a healthier America.

CMS engages a broad array of individuals, organizations, and government entities in this work, including health and health care professionals, health plans and systems, federal, state, territorial and local agencies, Tribal Nations, individuals and families, caregivers, researchers, policymakers, and other national and community-based organizations. In collaboration with individuals, organizations, and government entities, CMS is working to identify, understand, and eliminate the barriers to health care experienced by, and in, rural communities. This Framework describes CMS' priorities to promote access to high-quality, equitable care in rural, tribal, and geographically isolated communities.

Framework Development

The CMS Rural Health Council, which is made up of experts from across the Agency, works to sustain a proactive and strategic focus on health and health care issues across rural America by shaping CMS regulations and policies and making long-term recommendations that positively impact rural health consumers, providers, and markets. The Rural Health Council is focused on organizing and promoting work across the Agency in three strategic areas:

- Ensuring access to high-quality health care for all Americans in rural settings;
- Addressing the unique economics of providing health care in rural America; and
- Bringing the rural health care focus to CMS' health care delivery and payment reform initiatives.

To develop the 2018 CMS Rural Health Strategy, the Rural Health Council held a series of public listening sessions in 2016 and 2017 to learn from a variety of individuals, organizations, and government entities about barriers to comprehensive, affordable, and high-quality health care in rural communities, and local solutions to enhance access to care. In 2022, building on lessons learned from the original strategy, the Rural Health Council undertook a second round of public listening sessions to inform a Framework that continues to reflect the current needs and priorities of rural, tribal, and geographically isolated communities and is responsive to changes in the health care landscape, such as those resulting from the COVID-19 pandemic. Through these listening sessions as well as discussions with federal partners, the Rural Health Council received feedback from individuals and organizations across the nation who have experience receiving health care or supporting health care service delivery in rural, tribal, and geographically isolated communities. This feedback was used to

develop this *CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities,* including the six Framework priorities described below.

Throughout this Framework, general references to "rural communities" are inclusive of individuals in rural and frontier areas, Tribal Nations, and those residing in the U.S. territories and other island communities. These communities often face unique barriers to accessing health care.

Aligning with CMS, HHS, and Other Federal Partners

Recognizing that advancing health equity for rural, tribal, and geographically isolated communities cannot be accomplished in silos, CMS sought to align the *CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities* with strategic initiatives that the Agency, U.S. Department of Health & Human Services (HHS), and other federal partners are implementing in support of this aim.

CMS is committed to ensuring that improving health care access, quality, and outcomes for rural, tribal, and geographically isolated communities is foundational across the Agency's work. Thus, the Framework aligns with and supports CMS initiatives and other existing strategic documents, such as the CMS Framework for Health Equity 2022–2032, the Administrator's Strategic Vision for CMS, the CMS National Quality Strategy, the CMS Innovation Center's Strategy Refresh, the CMS Tribal Technical Advisory Group American Indian and Alaska Native Strategic Plan 2020–2025, and CMS' Strategic Vision for Medicaid and CHIP. The Framework is structured to advance CMS cross-cutting initiatives, such as Elevating Stakeholder Voices Through Active Engagement, Benefit Expansion, Data to Drive Decision-Making and, most directly, the Rural Health cross-cutting initiative.

CMS also recognizes the important work of several agencies across HHS and other federal partners to improve the health and well-being of those living in rural, tribal, and geographically isolated communities. Therefore, in addition to the feedback that informed development of the Framework, CMS sought to align the Framework with strategic initiatives that HHS agencies and other federal partners are implementing in rural, tribal, and geographically isolated areas. Key HHS and other federal partner initiatives include the Healthy People 2030 Framework, the HHS Rural Health Action Plan, the HHS National Standards for Culturally and Linguistically Appropriate Standards (CLAS) in Health and Health Care, the Health Resources and Services Administration (HRSA) Strategic Plan FY 2023, the Indian Health Service Strategic Plan FY 2019–2023, the Federal Communications Commission Strategic Plan 2022–2026, and the U.S. Department of Agriculture Strategic Plan Fiscal Years 2022–2026.

Priorities

This section outlines the six priorities of the *CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities*. Each priority below includes a description of the feedback CMS received from the listening sessions and discussions with individuals, organizations, and government entities, along with available evidence, that directly informed the Framework. It also highlights some of the activities CMS is undertaking in support of each priority as well as illustrative examples of recent CMS efforts that align with each priority. Each of the priorities and associated key supporting activities highlight areas of opportunity for CMS to improve access to health care and advance health equity in rural and underserved areas, consistent with the Agency's statutory and programmatic authority. While the examples and activities are not exhaustive, they serve to describe the ways in which these six priorities will help guide CMS' work in rural, tribal, and geographically isolated communities over the next five years to ensure that CMS' programs, policies, and initiatives are designed with rural communities in mind.

Priority 1: Apply a Community-Informed Geographic Lens to CMS Programs and Policies

CMS recognizes the need to apply a community-informed geographic lens to its policymaking, program design, and strategic planning processes to promote health equity and ensure those residing in rural, tribal, and geographically isolated communities are able to meet their health and health care needs. Listening session participants from across the country and federal partners emphasized the importance of engaging individuals with lived experience receiving or supporting the delivery of health care services in rural areas to better understand their needs and the impacts of CMS programs and policies in these areas. Thus, CMS seeks to ensure the perspectives of members from rural, tribal, and geographically isolated communities–and those serving these communities–are reflected in discussions and policy considerations as CMS works to improve health care quality, outcomes, and access across Medicare, Medicaid and CHIP, and the Health Insurance Marketplace®. CMS will continue to deepen relationships with local communities to identify opportunities to address the unique challenges and economics of health care delivery using a geographic lens.

Key Supporting Activities for Priority 1 include:

- ***Regularly and meaningfully engage individuals living and working in rural, tribal, and geographically isolated communities to better understand how CMS programs and policies can meet their unique needs.*** As part of this effort, CMS will work to ensure that the voices of those most impacted and underserved and who have not historically engaged with CMS are heard. For example, CMS conducts listening sessions, townhalls, Open Door Forums, tribal consultations, All Tribes Calls, and other forms of public engagement to seek feedback and input from rural communities on new and existing CMS programs and policies. The CMS Office of Program Operations and Local Engagement conducts outreach to the most vulnerable populations served by CMS and hosts approximately 30 listening sessions per year with the public, including individuals and organizations from Tribal Nations and U.S. territories, across all ten HHS regions.
- ***Examine the impacts of new and existing CMS policies and initiatives on rural, tribal, and geographically isolated communities to remove systemic barriers to accessing high-quality health care.*** Through this work, CMS aims to reduce health disparities and eliminate avoidable differences in health outcomes for these communities. For example, in 2004 CMS established the CMS Tribal Technical Advisory Group (TTAG), which comprises tribal leaders and representatives of Indian organizations, to provide advice and input to CMS on policy and program issues impacting American Indians and Alaska Natives served by CMS programs. While not a substitute for formal consultation with tribal leaders, the TTAG enhances the government-to-government relationship, improves understanding between CMS and Tribes, and performs in-depth analysis of Medicare, Medicaid, CHIP, and Health Insurance Marketplace® policies that have tribal implications. Additionally, through the Financial Alignment Initiative, CMS is examining issues impacting individuals who are dually eligible for Medicare and Medicaid programs, some of whom reside in rural areas. This is reflected in evaluation reports for demonstrations in Texas and California.
- ***Enable health care providers and individuals served by CMS in rural, tribal, and geographically isolated communities to easily navigate CMS programs and policies through direct communication and outreach that meets people where they are.*** CMS will support health care providers in these communities to understand and apply CMS policy changes and will help individuals eligible for CMS programs to understand their coverage

options and how to access them. For example, the CMS Regional Rural Health Coordinators and the CMS Native American Contacts help communicate CMS policy changes to health care providers and host events where individuals, organizations, and government entities can learn about new CMS initiatives and provide their feedback. Additionally, CMS regularly invests in Navigators who assist individuals living in rural, tribal, and geographically isolated communities, among other underserved populations, to make informed decisions about their coverage and enrollment options on HealthCare.gov and equip them with the tools and resources needed to utilize and maintain their health coverage year-round.

Priority 2: Increase Collection and Use of Standardized Data to Improve Health Care for Rural, Tribal, and Geographically Isolated Communities

Evidence suggests that increasing the collection of standardized data, including geographic data, across health and health care systems is an important step towards improving population health.[30, 31, 32] Although data on social risk factors, SDOH, experience of care, and comprehensive patient demographics is a valuable tool for quality improvement, health care providers in rural and other underserved settings often lack the resources and infrastructure for added data collection and reporting requirements. Listening session participants and federal partners highlighted the need for CMS to use data to better understand geographic health disparities and gain insight into the specific needs of people living in rural, tribal, and geographically isolated areas. Consistent with the CMS Framework for Health Equity Priority 1, CMS will apply a geographic lens across the Agency's efforts to increase collection and use of standardized data related specifically to rural, tribal, and geographically isolated communities. CMS will work closely with rural health care providers and other organizations and government entities to improve the collection and use of comprehensive, interoperable, standardized, individual-level demographic and SDOH, and health outcomes data. Increasing available standardized data across settings and programs enables CMS, organizations, and government entities to address changes in populations over time and leverage information to connect individuals living in rural, tribal, and geographically isolated communities to appropriate and needed health care services.

Key Supporting Activities for Priority 2 include:

- ***Improve collection of standardized data to better understand and address the root causes of health disparities in rural, tribal, and geographically isolated communities.*** For example, CMS has standardized patient assessment tools for Medicare that collect information on race, ethnicity, health literacy, transportation, and social isolation to help CMS, organizations, and government entities better tailor programs and policies in post-acute care settings based on needs and disparities. Additionally, CMS is working to address the unique challenges surrounding quality measurement in rural settings, including hosting public webinars to highlight these issues and funding a National Quality Forum report outlining the best available scientifically valid measures that address challenges with low case volumes and are specifically relevant to people living in rural areas. By collecting data that can be stratified by geography, utilizing methodologies that account for low case volumes, and working with other organizations and government entities to improve measurement of health disparities, CMS will be better equipped to identify areas of greatest need and gauge progress towards achieving equitable health and health care access, quality, and outcomes for rural, tribal, and geographically isolated communities.

- ***Analyze and share health data and information, as appropriate, related to rural, tribal, and geographically isolated communities to drive quality improvement and inform decision-making.*** CMS will continue to strengthen its public reporting and development of data tools that allow researchers, policymakers, and health care providers to apply a geographic lens across CMS programs. For example, CMS publishes reports examining health care disparities, such as Trends in Racial, Ethnic, Sex, and Rural-Urban Inequities in Medicare Advantage: 2009–2018, which offers an analysis of historical trends in inequities by race, ethnicity, sex, and geography (rural-urban) among individuals enrolled in Medicare Advantage plans, examining the extent to which there has been progress in addressing inequities in those areas. Additionally, CMS publishes several datasets, including a series of datasets that summarize geographic data and other demographic and enrollment information on individuals covered by certain CMS programs, as well as public use files that show issuer-level data on geographic service areas for the Federally Facilitated and State-based Marketplaces.
- ***Support the seamless exchange of health care data to better inform decision-making for individuals and their health care professionals and foster a more connected health care system.*** CMS is working with others to advance interoperability and make health care data flow more freely and securely among payers, health care providers, and individuals. This will facilitate better collaboration and care coordination among health care organizations to help address unmet social needs in rural communities. For example, CMS is collaborating with the HHS Office of the National Coordinator for Health Information Technology and other partners through the USCDI+ Initiative to advance interoperability and bring administrative and clinical data together. In addition, CMS actively participates in the Gravity Project, a public collaborative that develops consensus-based data standards to support the exchange of SDOH data and facilitate care coordination. These partnerships will assist in identifying and overcoming barriers to interoperability, electronic data capture and transfer, and new data collection experienced by rural, tribal, and geographically isolated communities.

Priority 3: Strengthen and Support Health Care Professionals in Rural, Tribal, and Geographically Isolated Communities

Strengthening and supporting the rural health workforce in underserved and geographically isolated areas is of critical importance, given that rural areas comprise more than half of all Health Professional Shortage Area (HPSA) designations.[33, 34] Listening session participants and federal partners underscored the importance of supporting the rural health workforce, including improving recruitment and retention of health care and allied health professionals, strengthening rural health care professional competencies to provide high-quality care, and reducing administrative and financial burdens on rural health care providers. They also shared that workforce shortages have been exacerbated by the COVID-19 pandemic, and that building the capacity of a diverse workforce can reduce health care disparities and advance health equity. Consistent with CMS Framework for Health Equity Priority 3, CMS will leverage available authorities and resources to support the financial stability of health care professionals in rural areas to meet the unique needs of rural, tribal, and geographically isolated communities.

Key Supporting Activities for Priority 3 include:

- ***Identify opportunities to leverage and support the full array of health professional and provider types in rural, tribal, and geographically isolated communities, including through funding and reimbursement, as appropriate.*** For example, Rural Emergency Hospitals are a new provider designation, established as part of the Consolidated

Appropriations Act of 2021, to help small rural hospitals and critical access hospitals avoid potential closures and facilitate access to needed health care services in rural areas. Moreover, to ensure that individuals enrolled in qualified health plans on the Marketplace can access care in their local communities, CMS has strengthened requirements around contracting with essential community providers, including rural health clinics and Indian health providers, to better serve those living in rural, tribal, and geographically isolated areas.

- ***Collaborate with federal, state, tribal, territorial, and local entities to assist in promoting the recruitment and retention of health and health care professionals in rural, tribal, and geographically isolated communities.*** CMS will collaborate with these entities to amplify education and training opportunities for the rural health workforce, and will implement new legislation, such as increased Medicare graduate medical education residency slots, to support rural health care professionals. For example, CMS implemented statutory changes to its graduate medical education policies, allowing additional cap slots for urban hospitals that establish "rural training tracks" (now called Rural Training Programs) with rural hospitals. This policy will further promote workforce development and training in rural areas.
- ***Develop and disseminate resources and tools that support health and health care professionals serving rural, tribal, and geographically isolated communities to deliver culturally tailored, whole-person care.*** As part of this work, CMS will collaborate with federal partners and community organizations to amplify and promote opportunities for rural health professionals and organizations to build trust with their patients, combat misinformation, and improve access to their services for individuals with limited English proficiency and low health literacy. For example, the CMS Long-Term Services and Supports Technical Assistance Center develops trainings and resources on topics such as trauma-informed care principles and caregiver support to help guide American Indian and Alaska Native programs in planning and implementing culturally tailored approaches to care for their elders and people with disabilities.

Priority 4: Optimize Medical and Communication Technology for Rural, Tribal, and Geographically Isolated Communities

During the COVID-19 pandemic, there was an unprecedented increase in reliance on technology for every aspect of daily living, including for accessing health information and health care services.[35] However, people living in rural, tribal, and geographically isolated areas are less likely to have a high-speed internet connection at home, own a smartphone, tablet or computer, or use the internet in general.[36, 37] Listening session participants and federal partners emphasized the need to expand access to and use of medical and communication technology, including exploring opportunities to expand telehealth services covered by CMS, and improving the health information technology infrastructure. As advancements in telehealth, the utilization of patient portals, and other medical and communication technology continue, it is critical to ensure those residing in underserved and technologically under-resourced areas are not left behind. Building on lessons learned during the COVID-19 pandemic, CMS will collaborate with health care organizations and government entities to optimize and increase use of medical and communication technology across CMS' programs for people living in rural, tribal, and geographically isolated communities. With other federal agencies, CMS will explore ways to address barriers to use of these services and facilitate broader uptake of medical and communication technology to enable access to remote health care services for individuals living in rural, tribal, and geographically isolated communities.

Key Supporting Activities for Priority 4 include:

- ***Continue to explore opportunities to enhance uptake and coverage of telehealth and other virtual services where appropriate to deliver high-quality care in rural, tribal, and geographically isolated areas.*** During the COVID-19 public health emergency, CMS utilized its authority under section 1135 of the Social Security Act, along with regulatory authority, to implement a variety of temporary waivers and flexibilities for Medicare telehealth and other virtual services, including allowing payment for Medicare telehealth services in any location including the patient's home, and permitting the use of audio-only technology to deliver services under certain circumstances. As CMS continues to examine lessons learned from the COVID-19 pandemic, the Agency has extended certain temporary flexibilities for telehealth services, including for mental and behavioral health care services and treatment of substance use disorders. Moreover, through a Community Health Access and Rural Transformation Model award to the South Dakota Department of Social Services, CMS is testing how expanding the use of telemedicine for South Dakotans living in rural and tribal areas impacts quality of care and health care costs. Finally, CMS has released multiple toolkits on telehealth, like the State Medicaid & CHIP Telehealth Toolkit to support state policymakers in their efforts to expand use of telehealth services in Medicaid programs, and the Coverage to Care toolkit to aid health care providers in using telehealth, including considerations for rural and other underserved populations.
- ***Collaborate with federal, state, tribal, territorial, and local entities to amplify efforts to expand broadband access in rural, tribal, and geographically isolated areas and overcome barriers to adoption of health information technology.*** CMS will seek out opportunities to address disparities in access to technology among rural, tribal, and geographically isolated communities to ensure that medical and communication technology can be used to improve health care access and health outcomes for these communities. For example, CMS is building awareness about the Affordable Connectivity Program, a Federal Communications Commission initiative that is helping to lower the cost of broadband service and connective devices like a laptop or tablet.
- ***Support health care providers to harness health information technology to improve access to high-quality, equitable care in rural, tribal, and geographically isolated communities.*** CMS will promote resources and opportunities for rural health care providers and health plans to appropriately and effectively use health information technology to deliver health care services. For example, the CMS Medicare & Medicaid Promoting Interoperability Programs were developed to encourage eligible health professionals and hospitals to adopt, implement, and upgrade certified electronic health record technology. Moreover, CMS sought public input to better understand challenges to accessing health care, health care professional experiences, including using digital health technology, and strategies to advance health equity, such as ways to mitigate potential bias in technologies and clinical tools.

Priority 5: Expand Access to Comprehensive Health Care Coverage, Benefits, and Services and Supports for Individuals in Rural, Tribal, and Geographically Isolated Communities

Evidence suggests that lack of health care coverage can affect an individual's ability to access needed health care services and can contribute to disparities in health outcomes.[38] Listening session participants and federal partners highlighted the need to improve access to a full continuum of care, including integration and coordination of care, by exploring opportunities to enhance Medicare,

Medicaid, CHIP, and Marketplace coverage of many different services and supports, including those that address transportation challenges and other SDOH in rural communities. Thus, CMS will look for opportunities to strengthen support for health plans and state Medicaid agencies to cover a broad array of services and supports to improve health outcomes and help address social risk factors in rural communities. CMS will seek to help individuals living in these communities successfully receive the services and supports that meet their health care needs.

Key Supporting Activities for Priority 5 include:

- ***Consider opportunities to expand health coverage and benefits that improve access to and delivery of a broad array of services and supports for rural, tribal, and geographically isolated communities.*** CMS will support state Medicaid agencies and health plans to improve access to health coverage and benefits, including through waivers, demonstrations, and state plan amendments. For example, CMS is supporting Medicaid agencies to adopt various state plan options, including an opportunity to extend Medicaid and CHIP postpartum coverage to 12 months, and another to integrate community-based mobile crisis intervention services into their Medicaid programs. Additionally, to ensure geographic proximity of contracted providers to consumers, CMS strengthened its application standards for Medicare Advantage Organizations seeking to join the program or expand their existing service area by requiring that all new applicants meet time and distance standards. CMS is also working to increase choice and affordability for consumers in rural communities by taking steps to reduce the number of single-issuer rural counties in the Marketplace.
- ***Partner with other federal agencies, payers, and health care organizations, as possible, to help address SDOH risk factors and unmet social needs in rural communities.*** Healthy People 2030 and related work across HHS underscore that unmet social needs contribute to health and health care disparities, so CMS will explore opportunities to address social risk factors and persisting health inequities. For example, CMS is partnering with the U.S. Department of Housing and Urban Development, the Administration for Community Living, and other federal agencies in the Housing and Services Resource Center to improve access to affordable, accessible housing and supports for community living. CMS is also collaborating with states and other organizations to increase access to integrated care for individuals who are dually eligible for Medicare and Medicaid in rural areas, including by requiring assessments of certain social risk factors.
- ***Improve access to long-term services and supports in rural, tribal, and geographically isolated communities, so individuals with disabilities and older adults can continue to receive critical health, functional, and social supports in a variety of settings.*** As part of this effort, CMS will work with states and other rural health organizations to expand access to home and community-based services, so people with a range of disabilities and health care needs can thrive and live independently at home and in their communities. Fo r example, CMS awards funding to states through Medicaid's Money Follows the Person program to support individuals who choose to transition out of institutions and back into their homes and communities. In August 2022, CMS awarded funding to American Samoa and Puerto Rico to support the early planning phase for their Money Follows the Person programs, marking the first time these grants were made available to U.S. territories.

Priority 6: Drive Innovation and Value-Based Care in Rural, Tribal, and Geographically Isolated Communities

Many current regulations and volume-based payment structures perpetuate challenges related to service availability and technology access for rural, tribal, and geographically isolated communities. This has contributed to numerous hospital, pharmacy, and nursing home closures since 2010.[39, 40, 41] As health care continues to evolve, rural health care providers also experience barriers to participating in value-based programs due to low case volumes that do not always allow them to accurately report on quality measures.[42] Listening session participants and federal partners encouraged CMS to continue to leverage CMS' existing authorities to test demonstrations and models of care that meet the needs of rural communities. They also articulated a need for CMS to identify synergies and promote alignment and collaboration across a broad array of health care organizations and government entities to advance care approaches that are designed for and by rural communities. Moving forward, CMS will explore opportunities to advance innovations in care that support health care providers who seek to participate in innovative models. CMS will also work to support states, health care organizations, and health care professionals as they address the unique needs of rural, tribal, and geographically isolated communities and strive to respond to public health emergencies and disasters with agility and resilience.

Key Supporting Activities for Priority 6 include:

- ***Incorporate equity principles in the design of models and demonstrations to test and scale innovations in rural health care delivery.*** CMS will continue to use its authority to test innovative payment and service delivery models in rural, tribal, and geographically isolated communities. For example, the CMS Innovation Center is testing approaches through the Community Health Access and Rural Transformation (CHART) Model and the Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) Model to enhance high-quality, equitable health outcomes for rural and underserved communities. CMS also encourages states to submit Medicaid state plan amendments, proposals for Medicaid section 1115 demonstrations, and section 1332 waivers to address health care for rural and underserved communities. For example, CMS approved Medicaid Section 1115 demonstrations in Alabama and California that will create pathways to support care for people outside of traditional health care settings and increase access to home and community-based services.
- ***Ensure inclusion of health care providers serving rural, tribal, and geographically isolated communities in CMS models, programs, and quality improvement initiatives.*** Recognizing the unique administrative and staffing challenges that many rural health care providers face, CMS will design initiatives that facilitate their engagement, while seeking to reduce undue burden on them. For example, to ensure CMS Innovation Center models are reaching historically underserved and under-resourced communities, CMS is examining model application and participant selection processes to identify and address barriers to inclusion of safety net providers and individuals that CMS serves in these communities. Additionally, through the CMS Network of Quality Improvement and Innovation Contractors, the American Indian/Alaska Native Healthcare Quality Initiative supports 25 small, rural, and critical access hospitals and those that care for vulnerable and underserved populations through the Indian Health Service.
- ***Support State Medicaid and CHIP agencies and other state and local agencies to prepare for and respond to public health emergencies, disasters, and threats in rural, tribal, and geographically isolated communities.*** CMS will work with federal, state, local, tribal, and territorial entities to prepare for, mitigate, and overcome challenges related to natural disasters

(e.g., earthquakes, fires, disease outbreaks) and human-made disasters (e.g., oil spills, lead poisoning, climate change), so that health and health care disparities for rural, tribal, and geographically isolated communities are not caused or worsened. For example, CMS published the Preparedness and Response Toolkit for State Medicaid and CHIP Agencies, which includes strategies available to support Medicaid and CHIP operations and enrollees in the event of a public health emergency or disaster. During the COVID-19 pandemic, CMS made available an array of waivers, flexibilities, and resources to support rural health care providers, states, and individuals amidst rapid and unprecedented shifts in the health care landscape. Similarly, CMS has issued several blanket waivers to provide continued support to Puerto Rico and the U.S. Virgin Islands to prevent gaps in access to care for those affected by natural disasters such as hurricanes.

Conclusion

CMS is dedicated to ensuring that its policies, programs, initiatives, outreach, and local engagement are responsive to the needs of rural, tribal, and geographically isolated communities. Recognizing the crucial role that individuals, organizations, and government entities play in the design and implementation of solutions to advance rural health, CMS will continue to engage and work with these groups across the country including—health and health care professionals, health plans and systems, federal, state, territorial and local agencies, Tribal Nations, individuals and families, caregivers, researchers, policymakers, and other national and community-based organizations. Through the adoption and implementation of the six priorities described in this Framework, CMS is committed to serving the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, improving health outcomes, and promoting high-quality, equitable care for all those living and working in rural, tribal, and geographically isolated communities.

For more information on the work CMS is doing in rural, tribal, and geographically isolated communities, please visit CMS Rural Health or contact the CMS Office of Minority Health.

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