Supplementary Appendix

The authors have provided this appendix containing additional information about their work.

Supplement to: Singletary KA, Chin MH. What Should Antiracist Payment Reform Look Like? *AMA J Ethics*. 2023;25(1):55-66. doi: 10.1001/amajethics.2023.55.

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Figure. Basic and Advanced Actions for Antiracist Payment System Reform

I. Increase and sustain access to quality insurance

A. Ensure eligibility requirements reduce racial and ethnic disparities.
B. Improve eligibility for persons without access to employer-based insurance with a focus on serving marginalized communities.
C. Provide continuous coverage in Medicaid programs to eliminate churning disincentives.
D. Fund Medicaid reimbursement rates at adequate levels to eliminate 2-tier health care delivery systems.

II. Improve scope of insurance coverage to meet medical and social needs

A. Cover health-related social needs (eg, Medicaid 1115 waivers,[1,2,3] commercial plan innovations[4]).
B. Encourage health care delivery organizations to partner with community-based organizations (CBOs) and local governments to address structural social drivers of health that contribute to health inequities. Provide necessary resources and share power with CBOs, which often have more expertise in social drivers than health systems do.
C. Change from cost-saving or cost-neutrality requirements for payment and care model innovations to value criteria that emphasize equitable health outcomes (eg, Center for Medicare and Medicaid Innovation)
D. Consider social drivers as public goods in financing plans.[5]

III. Institute managed-care contracts standards for racial equity

A. Contracts should explicitly stipulate expected racial equity deliverables using a clear timeline for implementation.
    1. What are vendors doing to identify racial and ethnic disparities in care and health outcomes?
    2. What are vendors' long-term plans to address inequities? How will they adjust and improve those plans over 2, 5, and 10 years?
    3. How often and in what capacity do plans meaningfully connect to marginalized communities?
    4. How will vendors explicitly implement antiracist measures?
B. Score plans so vendors with clear racial equity criteria and strategies are more likely to be awarded state Medicaid contracts in contracting cycles.
C. Conduct racial equity impact assessments of policies and actions, including measures of racial discrimination.

IV. Support safety net institutions and the racially minoritized populations they serve

A. Risk-adjust payment for medical and social risk of patient population.
B. Provide infrastructure and training for quality improvement, data, and analytics.

V. Define and operationalize nonprofit hospital tax status requirements to substantially benefit marginalized communities

VI. Implement payment incentives to advance health equity

A. Implement value-based payment and performance-based incentives that reward equitable processes and outcomes, including the following:
    1. Attainment of absolute clinical performance thresholds
    2. Improvement in performance
    3. Reduction of disparities in performance
    4. Financial withholds if disparities are not meaningfully addressed
    5. Patient-centered measures that matter to patients
B. Implement upfront funding (eg, capitation, per member per month, bundled payment) supporting infrastructure for equity interventions.

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