



**ASPE**  
ASSISTANT SECRETARY FOR  
PLANNING AND EVALUATION

OFFICE OF  
HEALTH POLICY

## CONTRACTOR PROJECT REPORT

# Exploring Patient Care Navigation in the Medicare Program

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Prepared for  
the Office of the Assistant Secretary for Planning and Evaluation (ASPE)  
at the U.S. Department of Health & Human Services

by  
RAND Health Care

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The Assistant Secretary for Planning and Evaluation (ASPE) advises the Secretary of the U.S. Department of Health and Human Services (HHS) on policy development in health, disability, human services, data, and science; and provides advice and analysis on economic policy. ASPE leads special initiatives; coordinates the Department's evaluation, research, and demonstration activities; and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE conducts research and evaluation studies; develops policy analyses; and estimates the cost and benefits of policy alternatives under consideration by the Department or Congress.

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*This research was funded by the U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation under Contract Number HHSP2332015000381 and carried out within the Payment, Cost, and Coverage Program in RAND Health Care. Please visit <https://aspe.hhs.gov/topics/health-health-care/health-care-coverage-access> for more information about ASPE research on health care coverage and access.*

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## ASPE Executive Summary

Patient navigation provides support and information to patients and their families to help navigate the complexities of health care services. Navigation programs have been established by private health insurers and health care systems and may include a variety of features. These programs or services may include providing support and resources to inform clinical patient choices, financial responsibilities, and available social and community services. Additionally, some Medicare Advantage plans offer navigation health-related supplemental benefits that can include care plan development and case management. In 2021, the Center for Medicare and Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI) announced a strategic refresh, which included the strategic objective of driving accountable care<sup>1</sup>. One goal is to have all Medicare beneficiaries in a care relationship with accountability for quality and total cost of care by 2030. The Physician-Focused Payment Model Technical Advisory Committee (PTAC) is a federal advisory committee that makes recommendations to the Secretary of Health and Human Services.<sup>2</sup> In support of CMMI's objective, the PTAC has held a series of public meetings on total cost of care (TCOC). The Committee and the subject matter experts that present at these meetings have emphasized the importance of seamless care coordination and transitions in care. In this regard, navigation could be a key strategy to improve patient experience and outcomes in TCOC models. The role navigators could play to accomplish these objectives may be informed by further exploration of the scope of patient navigation services.

The interest in and use of patient navigation models for the Medicare population has increased in recent years. The CMS/CMMI has tested patient navigation in several models. For example, patient navigation has been included in the Oncology Care Model and the Enhancing Oncology Care Model.<sup>3</sup> Patient navigation services in the models include facilitating follow-up care and support services for patients. A July 2022 report to Congress sponsored by CMS and ASPE includes an exploratory discussion of the potential utility of patient navigation associated with Medicare fee-for-service post-acute care setting transitions.<sup>4</sup> Transitions across Medicare post-acute care settings can present challenges for patients and providers. Technical expert panel meeting participants provided several operational considerations and questions for further exploration including the type of clinician providing post-acute care patient navigation services, the relationship of these services to Medicare conditions of participation, Medicare payment for these services, and interoperability between settings to support information transfer. In the 2024 final Medicare physician fee schedule rule, CMS finalized coding and payment policies for

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<sup>1</sup> [www.cms.gov/priorities/innovation/strategic-direction-whitepaper](https://www.cms.gov/priorities/innovation/strategic-direction-whitepaper)

<sup>2</sup> <https://aspe.hhs.gov/collaborations-committees-advisory-groups/ptac>

<sup>3</sup> <https://innovation.cms.gov/innovation-models/oncology-care>  
<https://www.cms.gov/newsroom/fact-sheets/enhancing-oncology-model>

<sup>4</sup> <https://www.cms.gov/medicare/quality/initiatives/pac-quality-initiatives/impact-act-2014-data-standardization-cross-setting-measures/impact-act-spotlights-and-announcements#:~:text=Each%20PAC%20provider%20setting%20has,instead%20of%20the%20PAC%20setting>  
<https://aspe.hhs.gov/reports/rtc-unified-payment-medicare-covered-post-acute-care>

community health integration, social determinants of health risk assessment, and principal illness navigation services when clinicians include certain types of health support staff such as community health workers, care navigators, and peer support specialists in furnishing medically necessary care.<sup>56</sup>

The goal of this qualitative project was to capture the current state of available patient navigation programs in the published literature at a point in time. The project consisted of an environmental scan of published literature and four discussions with health care service organizations. RAND searched the published literature in March 2023 for articles describing or evaluating patient navigation programs between 2013 and 2023. Though many patient navigation programs were identified through this publication search, there are likely many more programs operating. The four discussions with health care service organizations were with patient navigation programs in clinical settings.

This exploratory work shows the similarities and differences across categories of patient navigation services, the scope of such services (the types of conditions and patients served), the requirements for the individuals or entities providing patient navigation, and other service features collected from the published literature and four discussions. The results illustrate a variety of definitions of patient navigation and patient navigators.

Findings include:

- Patient navigation services were implemented to achieve goals such as improving access to health care and community supports and improving health care quality through patient education and care coordination.
- Patients targeted for navigation included high-need, medically complex patients, people with chronic conditions, people with specific diagnoses such as cancer, and demographic groups.
- Many patient navigation programs were run by health care providers and large integrated health systems. Others were run by smaller hospitals and affiliated clinics, physician practices, or organizations.
- Patient navigation services varied according to the type of staff. Navigation programs employ many different types of staff, including nurses, medical assistants, non-clinical navigators, social workers, peers, community health workers, and others. Credentialing and certification varied according to the program.
- Policy and implementation considerations include, but are not limited to, the scope of patient navigation services, funding, and staff retention.
- Narrowly targeted programs with clearly defined goals and specific outcomes to target (e.g., increasing rate or specific procedures or reducing risk of rehospitalization) tended to be more successful at improving patient outcomes.

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<sup>5</sup> <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule>

<sup>6</sup> <https://www.cms.gov/files/document/mln9201074-health-equity-services-2024-physician-fee-schedule-final-rule.pdf-0>

Additional discussions with providers, health programs, and patient groups could help inform unanswered questions on the scope and type of additional patient navigation services that might help ease complex transitions across providers during a patient’s trajectory of care. It will also be important to learn from the recently finalized 2024 physician fee schedule coding and payment policies for patient navigation. When a patient requires outpatient or inpatient surgery, ambulatory therapy or is eligible for Medicare post-acute care, a patient may have experienced an acute exacerbation of an existing condition or a new acute situation requiring complex decisions and care. Patient navigation may include providing support and resources to inform clinical patient choices, coordination, and available social and community services in an area. These report findings might inform additional research on patient navigation in Medicare fee-for-service to help patients and families navigate the complexities of the health care system.