



## CMS Snapshot

**December 8-15, 2022**

Delivered to you by the Partner Relations Group in the Office of Communications

All releases below are from 2pm Thursday, December 8 through 2pm Thursday, December 15, 2022

### News Releases

\*December 12- [HHS Releases Policies to Make Coverage More Accessible and Expand Behavioral Health Care Access for Millions of Americans in 2024](#). Today, the Biden-Harris Administration released the 2024 Notice of Benefit and Payment Parameters Proposed Rule that aims to further advance the Administration's efforts to build on the Affordable Care Act's (ACA) efforts to provide and expand access to quality health care options for millions of consumers. The proposed rule would increase access to health care services, simplify choice and improve the plan selection process, and make it easier to enroll in coverage.

\*December 13- [Readout: CMS Hosts Maternal Health Convening with Leaders Across Government, Industry](#). *Convening features panel discussions and breakout sessions to solidify industry commitments and advance key efforts to improve maternity care.* On December 13, 2022, White House Domestic Policy Advisor Susan E. Rice, Health & Human Services (HHS) Secretary Xavier Becerra, Centers for Medicare & Medicaid Services (CMS) Administrator Chiquita Brooks-LaSure, Health Resources & Services Administration (HRSA) Administrator Carole Johnson, and New Jersey First Lady Tammy Murphy joined other leaders from across government and health care to open *We Can Do Better: Advancing Maternity Care Together* – the first CMS convening on maternal health since the agency launched its [Maternity Care Action plan](#) in July 2022 as part of the Biden-Harris Administration's [Blueprint for Addressing the Maternal Health Crisis](#). Attendees discussed key actions to improve the health of pregnant and postpartum individuals – including the need for a robust and diverse maternity care workforce and the ability for consumers to easily identify health systems engaged in improving maternal care.

\*December 13- [Members of New Federal Advisory Committee Named to Help Improve Ground Ambulance Disclosure and Billing Practices for Consumers](#). Today, the Biden-Harris Administration announced the names of those selected to join the Ground Ambulance and Patient Billing (GAPB) Advisory Committee. This action is one more step the Administration is taking in its efforts to protect consumers. Committee recommendations are expected to help

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inform policy changes that will improve the disclosure of charges and fees for ground ambulance services, better inform consumers of insurance options for such services, prevent balance billing to consumers, and evaluate the feasibility of implementing proposals for legislation and enforcement at the state and federal levels.

\*December 13- [SAMHSA Proposes Update to Federal Rules to Expand Access to Opioid Use Disorder Treatment and Help Close Gap in Care](#). *Changes Would Make Permanent COVID-Timed Medication Flexibilities, and Update Decades-Old Definitions and Standards for Opioid Treatment Programs at a time when fewer than 1 out of 10 Americans can access treatment for substance use disorder.* The U.S. Department of Health and Human Services (HHS), through its Substance Abuse and Mental Health Services Administration (SAMHSA), is proposing to expand access to treatment for opioid use disorder (OUD) at a time when more than 107,000 Americans lost their lives to an overdose last year. The proposal would update the federal regulations that oversee OUD treatment standards as part of HHS' Overdose Prevention Strategy that supports President Biden's *National Drug Control Strategy* – a whole-of-government approach to beat the overdose epidemic. Specifically, the proposed rule change would allow Americans to access the treatment by allowing take home doses of methadone and the use of telehealth in initiating buprenorphine at opioid treatment programs (OTPS).

\*December 14- [CMS Responding to Data Breach at Subcontractor](#). *CMS Notifying Potentially Involved Beneficiaries and Providing Information on Free Credit Monitoring.* The Centers for Medicare & Medicaid Services (CMS) is responding to a data breach at Healthcare Management Solutions, LLC (HMS), a subcontractor of ASRC Federal Data Solutions, LLC (ASRC Federal), that may involve Medicare beneficiaries' personally identifiable information (PII) and/or protected health information (PHI). No CMS systems were breached and no Medicare claims data were involved. Initial information indicates that HMS acted in violation of its obligations to CMS and that the incident involving HMS has the potential to impact up to 254,000 Medicare beneficiaries' personally identifiable information out of the over 64 million beneficiaries that CMS serves. This week, CMS is mailing beneficiaries that have been potentially impacted a letter from CMS notifying them directly of the breach. A copy of that letter can be found below.

\*December 14- [HHS Proposes Rule to Strengthen Beneficiary Protections, Improve Access to Behavioral Health Care, and Promote Equity for Millions of Americans with Medicare Advantage and Medicare Part D](#). *Proposed rule also implements provision of President Biden's Inflation Reduction Act to lower prescription drug costs for low-income people with Medicare.* Today, the U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), proposed a rule to strengthen Medicare Advantage and Medicare Part D prescription drug coverage for the tens of millions of people who rely on the programs for health care coverage. The proposed rule improves protections for people with Medicare, expands access to behavioral health care, and promotes equity in coverage. The proposed rule

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also implements a key provision of the Inflation Reduction Act to make prescriptions drugs more affordable for approximately 300,000 low-income individuals who will benefit in 2024.

\*December 14- [National Health Spending Grew Slightly in 2021](#). *Slower Growth Attributed to Decline in Federal COVID-19 Spending*. A decline in federal government spending led to more modest growth in health care expenditures last year, according to figures released today by the Office of the Actuary at the Centers for Medicare & Medicaid Services (CMS). The 2021 National Health Expenditures (NHE) Report found that U.S. health care spending grew 2.7% to reach \$4.3 trillion in 2021, slower than the increase of 10.3% in 2020. The slower growth in 2021 was driven by a 3.5% decline in federal government expenditures for health care that followed strong growth in 2020 due to the COVID-19 pandemic response. This decline more than offset the impact of greater use of health care goods and services and increased insurance coverage in 2021.

\*December 14- [On the Two-Year Anniversary of the First COVID-19 Vaccine, Secretary Becerra Celebrates Administration's Progress in Protecting and Saving Lives During Pandemic](#). Today, U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra released the following statement celebrating the second anniversary of the first COVID-19 vaccine.

\*December 14- [HHS Civil Rights Office Enters Settlement with Dental Practice Over Disclosures of Patients' Protected Health Information](#). *The dental practice responded to reviews on social media by disclosing patient health information in violation of the law; OCR warns others against this practice*. Today, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services announces a settlement with B. Brandon Au, DDS, Inc., d/b/a New Vision Dental (New Vision Dental), in California, over the impermissible disclosure of patient protected health information (PHI) in response to online reviews, and other potential violations of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. The violation involves the provider's inappropriate use of social media to respond to patient reviews, disclosing protected health information. This practice is illegal under HIPAA. New Vision Dental paid \$23,000 to OCR and agreed to implement a corrective action plan (CAP) to resolve this investigation.

\*December 15- [READOUT: Assistant Secretary for Health Visits Colorado Springs to Meet with Club Q Survivors, LGBTQ+ Community Leaders, and Mental Health Providers](#). ICYMI: On Saturday, December 10, Assistant Secretary for Health ADM Rachel Levine visited Colorado Springs, Colorado, in the wake of the tragedy at Club Q and spoke about the importance of mental health care in times of crisis.

\*December 15- [HHS Civil Rights Office Resolves HIPAA Right of Access Investigation with \\$20,000 Settlement](#). Today, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services announced a settlement with Health Specialists of Central Florida Inc., a provider in Florida that provides primary care, concerning a potential violation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule's right of access provision. The

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rule requires that patients be able to access their health information in a timely manner. This investigation marks the 42nd case to be resolved under OCR's HIPAA Right of Access Initiative, designed to improve compliance by regulated entities with the law. Health Specialists of Central Florida Inc. paid \$20,000 to OCR and agreed to implement a corrective action plan (CAP) to resolve this investigation.

## Fact Sheets

\*December 12- [HHS Notice of Benefit and Payment Parameters for 2024 Proposed Rule](#). In the HHS Notice of Benefit and Payment Parameters for 2024 proposed rule released today, the Centers for Medicare & Medicaid Services (CMS) proposed standards for issuers and Marketplaces, as well as requirements for agents, brokers, web-brokers, and assisters that help consumers with enrollment through Marketplaces that use the Federal platform. These changes would further the Biden-Harris Administration's goals of advancing health equity by addressing the health disparities that underlie our health system. The proposals build on the Affordable Care Act (ACA)'s promise to expand access to quality, affordable health coverage and care by increasing access to health care services, simplifying choice and improving the plan selection process, making it easier to enroll in coverage, strengthening markets, and bolstering program integrity.

\*December 14- [Contract Year 2024 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs Proposed Rule \(CMS-4201-P\)](#). On December 14, 2022, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that proposes revisions to regulations governing Medicare Advantage (MA or Part C), the Medicare Prescription Drug Benefit (Part D), Medicare cost plans and Programs of All-Inclusive Care for the Elderly (PACE). The proposed rule includes policies that would improve beneficiary protections and shore up guardrails that help CMS work to best meet the needs of beneficiaries. In addition, the proposed policies would increase access to care, including behavioral health services, and promote equity in coverage and care. The proposed rule is informed by feedback from the approximately 4,000 responses received to the July 2022 MA request for information.

## Blog

\*December 13- [Draft National Strategy for Vector-Borne Diseases: We Want to Hear from You](#). After years of progress by the 14-member [Tick-Borne Disease Working Group](#) (TBDWG) and community-driven [Lyme Innovation](#), HHS and partners are ushering in a new era for Lyme and tickborne-disease solutions with renewed focus on implementation. In consultation with the TBDWG, the Office of the Assistant Secretary for Health (OASH) and CDC are leading the

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development of a whole-of-government strategy for vector-borne diseases—with emphasis on implementation.

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