



CMS Snapshot

July 12-18, 2019

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News Releases

*July 12- [HHS Secretary Azar Declares Public Health Emergency in Louisiana Due to Tropical Storm Barry](#). Health and Human Services Secretary Alex Azar declared a [public health emergency](#) in Louisiana to prepare for potential impacts of Tropical Storm Barry. The declaration follows President Trump's emergency declaration for the state and gives Centers for Medicare & Medicaid Services' (CMS) beneficiaries and their healthcare providers and suppliers greater flexibility in meeting emergency health needs.

*July 13- [CMS offers broad support for Louisiana with Tropical Storm Barry preparation](#). The Centers for Medicare & Medicaid Services (CMS) announced efforts underway to support Louisiana in response to Tropical Storm Barry. On July 12, 2019, Health and Human Services Secretary Alex Azar declared a public health emergency (PHE) in the state. CMS is working to ensure hospitals and other facilities can continue operations and provide access to care despite the effects of Tropical Storm Barry. CMS will be waiving certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements; creating special enrollment opportunities for individuals to access healthcare quickly; and taking steps to ensure dialysis patients obtain critical life-saving services.

*July 15- [CMS Responds to States and Releases State Relief and Empowerment Waiver Application Resources](#). The Centers for Medicare & Medicaid Services (CMS), released new resources to support states with improving their health insurance markets and making coverage more affordable through State Relief and Empowerment Waivers, also known as section 1332 waivers. These new resources include a checklist of required waiver elements and model templates designed to help states better understand and navigate the section 1332 waiver application process.

*July 15- [CMS Proposes to cover Acupuncture for Chronic Low Back Pain for Medicare beneficiaries enrolled in approved studies](#). The Centers for Medicare & Medicaid Services (CMS) proposed to cover acupuncture for Medicare patients with chronic low back pain who are enrolled participants either in clinical trials sponsored by the National Institutes of Health (NIH) or in CMS-approved studies. Currently, acupuncture is non-covered by Medicare. CMS

conducted evidence reviews to inform today's proposal, and the agency recognizes that the evidence base for acupuncture has grown in recent years, but questions remain.

*July 16- [CMS Rules Put Patients First Updating Requirements for Arbitration Agreements and New Regulations That Put Patients over Paperwork](#). The Centers for Medicare & Medicaid Services (CMS) announced two rules – one proposed and one final – that emphasize the agency's commitment to ensuring safety and quality in nursing homes. These rules are components of the [agency's five-part approach](#) to ensuring a high-quality long term care (LTC) facility system, which Administrator Seema Verma announced in April.

*July 17- [Secretary Azar Statement on 2018 Provisional Drug Overdose Death Data](#). On Wednesday, the Centers for Disease Control and Prevention's National Center for Health Statistics released provisional counts of overdose deaths in the United States that showed a decline of 5.1 percent between 2017 and 2018. Health and Human Services Secretary Alex Azar issued the following statement.

*July 17- [CMS Releases Final 2015 Medicare Advantage Encounter Data to Researchers](#). The Centers for Medicare & Medicaid Services (CMS) announced that final calendar year 2015 Medicare Advantage (MA) encounter data is now available to researchers under a data use agreement. The data provides detailed information about the services received by beneficiaries enrolled in MA plans. Researchers can use this information to help drive innovation to improve quality of care, lower costs, and to better understand the experience of patients in private health plans.

*July 18- [HHS awards \\$20million to 27 organizations to increase the rural workforce through the creation of new rural residency programs](#). The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA) awarded approximately \$20 million in Rural Residency Planning and Development Program (RRPD) grants. Recipients across 21 states will receive up to \$750,000 over a three-year period to develop new rural residency programs while achieving accreditation through the Accreditation Council for Graduate Medical Education.

*July 18- [CMS Refreshes Medicaid and CHIP Scorecard](#). The Centers for Medicare & Medicaid Services (CMS) refreshed data within the Medicaid and Children's Health Insurance Program (CHIP) Scorecard, which was released for the first time last year. The targeted data refresh, which comes amidst CMS's ongoing effort to transform Medicaid by promoting accountability and ensuring program integrity for taxpayers, reflects states' progress in increasing their reporting of patients' health outcomes, particularly related to behavioral health.

Fact Sheets:

*July 16- [Medicare and Medicaid Programs; Revision of Requirements for Long-Term Care Facilities Arbitration Agreements \(CMS-3342-F\)](#). The Centers for Medicare & Medicaid Services (CMS) announced a final rule, “Medicare and Medicaid Programs; Revision of Requirements for Long-Term Care Facilities: Arbitration Agreements” (CMS-3342-F). The final rule revises the requirements for arbitration agreements when they are used by long-term care (LTC) facilities to resolve disputes with their residents. Provisions in this rule establish substantial protections for residents and their representatives and ensure transparency in the arbitration process in LTC facilities, also known as “nursing homes”.

*July 16- [Medicare & Medicaid Programs; Requirements for Long-Term Care Facilities: Regulatory Provision to Promote Efficiency and Transparency](#). The Centers for Medicare & Medicaid Services (CMS) announced a proposed rule, “Medicare & Medicaid Programs; Requirements for Long-Term Care Facilities: Regulatory Provisions to Promote Efficiency and Transparency” (CMS-3347-P). The proposed rule would remove requirements for participation identified as unnecessary, obsolete, or excessively burdensome on long-term care (LTC) facilities, also known as “nursing homes”. The rule is part of the agency’s five-part approach to ensuring a high-quality LTC facility system that focuses on strengthening requirements for such facilities, working with states to enforce statutory and regulatory requirements, increasing transparency of facility performance, and promoting improved health outcomes for facility residents.

Upcoming Events and Items of Interest:

*The CMS Medicare-Medicaid Coordination Office (MMCO) is pleased to announce the following three training opportunities:

- July 25, 2019 from 12:30pm-2pmET- Webinar: Culturally Competent Direct Care: Meeting the LTSS Needs of Dually Eligible Beneficiaries.

This webinar will discuss strategies for providing direct care services with cultural sensitivity, as well as training elements for direct care workers to achieve cultural competence. Speakers will share strategies for effectively identifying and meeting beneficiaries’ LTSS needs, in both institutional and community-based settings, while respecting their diverse cultural preferences. Finally, a direct care worker, along with a beneficiary, will share their firsthand experiences and recommendations on providing culturally competent direct care. This webinar is intended for a wide range of stakeholders, including frontline workers, LTSS providers and provider organizations (nursing facilities, adult daycare programs, assisted living facilities, home health care, and community-based agencies), and staff at Medicare-Medicaid Plans, Dual Eligible Special Needs Plans, managed LTSS plans, and consumer organizations. Registration Link: https://www.resourcesforintegratedcare.com/CulturalCompetency/2019_CC_Webinar/Direct_Care_Workforce

- July 30, 2019 11:30am-1pmET - Webinar: Diagnosing and Treating Dementia – Current Best Practices.

This interactive webinar will describe best practices and guidelines for diagnosing and assessing dementia among older adults who are dually eligible and will provide an overview of current evidence-based treatments. Speakers, including a caregiver, will discuss firsthand experiences and lessons learned, including the impact of different interventions and approaches on older adults with dementia and their caregivers. This webinar is intended for providers, health care professionals and front-line staff of Medicare Advantage plans, Medicare-Medicaid Plans, Dual Eligible Special Needs Plans (D-SNPs) and PACE Organizations, as well as other stakeholders interested in improving their ability to provide dementia capable care. Registration Link: https://www.resourcesforintegratedcare.com/GeriatricCompetentCare/2019_GCC_Webinar/Diagnosing_and_Treating_Dementia

- July 31, 2019 2-2:30pmET- Disability-Competent Care Conversation on Access with ADA National Network. This event will focus on healthcare facility accessibility, including physical and communication barriers that may impede participants with disabilities from receiving care. Representatives from ADANN will answer your ADA and other accessibility questions. We encourage attendees to submit questions for ADANN ahead of time using any of the three options below:

1. Send an email with your questions to RIC@Lewin.com. Your personal and/or organizational information will not be shared during the live event or after.
2. Use direct message on Twitter to send your questions to @Integrate_care.
3. Complete the registration for the event and include your question in the designated textbox.

Registration Link:

https://www.resourcesforintegratedcare.com/DisabilityCompetentCare/2019_DCC_Webinar_Series/Conversation_on_Access

For more information please email partnership@cms.hhs.gov