



## CMS Snapshot

**July 26-August 1, 2019**

Delivered to you by the Partner Relations Group

### Blog and Podcast

\*July 26- [Make sure you're protected from hepatitis](#). Did you know there are 5 different types of viral hepatitis? These viruses cause more than one million deaths each year, and that number keeps growing. Fortunately, Medicare can help keep you protected from Hepatitis B and Hepatitis C, the most common types of viral hepatitis in the United States.

\*July 31- [Episode 5: Nursing Home Strategy Part 1 Strengthening Oversight](#). The 5th edition of the Beyond the Policy podcast focuses on the first of the Centers for Medicare & Medicaid Services' 5-pronged strategy on strengthening oversight in nursing homes. This podcast features CMS Administrator Seema Verma, Dr. Kate Goodrich, CMS Chief Medical Officer and Director of our Center for Clinical Standards and Quality and Matt Hittle, Senior Advisor to the Administrator discussing agency efforts regarding nursing home oversight.

\*July 31- [Prevention pneumonia is easy](#). Did you know that about 1 million Americans go to the hospital with pneumonia every year? Pneumonia is a lung infection caused by pneumococcal disease, which can also cause blood infections and meningitis. The bacteria that causes pneumococcal disease spreads by direct person-to-person contact. A pneumonia vaccine can help prevent pneumonia, but only 67% of adults 65 and over have ever gotten it.

### News Releases

\*July 29- [Secretary Azar Statement on Proposed Rule for Hospital Price Transparency](#)- Health and Human Services Secretary Alex Azar issued the following statement on the Outpatient Prospective Payment System (OPPS) & Ambulatory Surgical Center (ASC) proposed rule.

\*July 29- [New CMS Proposals Strengthen Medicare, Unleash Innovation and Promote Competition to Provide Kidney Patients with Better Value Results](#). The Trump Administration through the Centers for Medicare & Medicaid Services (CMS) proposed changes to the Medicare payment rules for Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS), End-Stage Renal Disease (ESRD) Prospective Payment System (PPS), and the ESRD Quality Incentive Program (QIP). Following President Trump's recent Executive Order on

Advancing American Kidney Health, the changes proposed in the rule would strengthen Medicare by improving kidney care and promoting competition in DME by modernizing the way CMS pays for care, reducing regulatory barriers for new treatments and streamlining processes.

\*July 29- [CMS Announces New Support for Babies, Pregnant Women, and Mothers Affected by Substance and Opioid Disorders](#). The Centers for Medicare & Medicaid Services (CMS) released two Informational Bulletins, *Caring Recovery for Infants and Babies (CRIB)* and *Help for Moms and Babies (HMB)*. These Bulletins discuss certain provisions of the Substance-Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) that provide new coverage options to state Medicaid programs to assist some of the most vulnerable beneficiaries – babies, pregnant women, and mothers – with Substance Use Disorder (SUD), including opioid use disorder (OUD).

\*July 29- [CMS Takes Bold Action to Implement Key Elements of President Trump’s Executive Order to Empower Patients with Price Transparency and Increased Competition to Lower Costs for Medicare Beneficiaries](#). The Centers for Medicare & Medicaid Services (CMS) is proposing historic changes as a result of President Trump’s recent Executive Order on price and quality transparency that lays the foundation for a patient-driven healthcare system. The proposed rule proposes price transparency requirements that will increase competition among all hospitals by requiring them to make pricing information publicly available. As a result, patients would be able to shop for health care that meets their needs and budgets.

\*July 29- [Trump Administration’s Patients over Paperwork Delivers for Doctors](#). The Centers for Medicare & Medicaid Services (CMS) is proposing major policy changes to ensure clinicians spend more time providing high-value care for patients instead of filing cumbersome paperwork. As part of CMS’s annual changes to the Medicare Physician Fee Schedule and Quality Payment Program, the agency’s proposals are aimed at reducing burden, recognizing clinicians for the time they spend with patients, removing unnecessary measures and making it easier for them to be on the path towards value-based care. This proposed rule builds on the Trump Administration’s efforts to establish a patient-driven healthcare system that focuses on better health outcomes, and is projected to save 2.3 million hours per year in burden reduction.

\*July 30- [Speech: Remarks by Administrator Seema Verma at the Blue Button Developer Conference](#). “I’m excited to welcome all of you to our second annual Blue Button 2.0 Developer Conference. The progress we’ve made is remarkable and we wanted to bring everyone together to celebrate our progress, and to discuss the path forward.”

\*July 30- [CMS Advances MyHealthEData with New Pilot to Support Clinicians](#). At the White House Blue Button Developers Conference (BBDC), the Centers for Medicare & Medicaid Services (CMS) announced changes that further protect and strengthen Medicare by unleashing the power of data and placing it firmly where it belongs, in the hands of patients and the clinicians who treat them.

\*July 30- [HHS Secretary Azar Statement on Drop in 2020 Medicare Drug Premiums](#). HHS Secretary Alex Azar issued the following statement regarding the Trump Administration's announcement that the average basic premium for Medicare Part D prescription drug plans is projected to drop in 2020, the third straight year to see a decrease.

\*July 30- [Trump Administration Drives down Drug Costs for Seniors](#). The Centers for Medicare & Medicaid Services (CMS), under the leadership of President Trump, announced that, for the third year in a row, the average basic premium for Medicare Part D prescription drug plans, which cover prescription drugs that beneficiaries pick up at a pharmacy, is projected to decline. Over the past three years, average Part D basic premiums have decreased by 13.5 percent, from \$34.70 in 2017 to a projected \$30 in 2020, saving beneficiaries about \$1.9 billion in premium costs over that time. As a result, Part D continues to be an extremely popular program, with enrollment increasing 12.2 percent since 2017.

\*July 31- [HHS Announces New Action Plan to Lay Foundation for Safe Importation for Certain Prescription Drugs](#). The U.S. Department of Health and Human Services (HHS) announced today that HHS and the U.S. Food and Drug Administration (FDA) are publishing a [Safe Importation Action Plan - PDF](#)\* that outlines two potential pathways that would lay the foundation for the safe importation of certain drugs originally intended for foreign markets.

\*August 1- [HHS Secretary Azar Statement on National Immunization Awareness Month](#). Health and Human Services Secretary Alex Azar issued the following statement marking August as National Immunization Awareness Month.

## Fact Sheets

\*July 29- [Proposed Policy, Payment and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2020](#)- The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that includes proposals to update payment policies, payment rates, and quality provisions for services furnished under the Medicare Physician Fee Schedule (PFS) on or after January 1, 2020.

\*July 29- [End Stage Renal Disease \(ESRD\) and Durable Medical Equipment, Prosthetics, Orthotics and Supplies \(DMEPOS\) CY 2020 Proposed Rule \(CMS-1713-P\)](#). The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that proposes to update payment policies and rates under the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) for renal dialysis services furnished to beneficiaries on or after January 1, 2020. This rule also proposes updates to the acute kidney injury (AKI) dialysis payment rate for renal dialysis services furnished by ESRD facilities to individuals with AKI and proposes changes to the ESRD Quality Incentive Program (QIP).

\*July 29- [CY 2020 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule \(CMS-1717-P\)](#). The Centers for Medicare & Medicaid Services (CMS) proposed policies that follow directives in President Trump's Executive

Order, entitled “Improving Price and Quality Transparency in American Healthcare to Put Patients First,” that lay the foundation for a patient-driven healthcare system by making prices for items and services provided by all hospitals in the United States more transparent for patients so that they can be more informed about what they might pay for hospital items and services.

\*July 29- [Proposed Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2020](#). The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that includes proposals to update payment policies, payment rates, and quality provisions for services furnished under the Medicare Physician Fee Schedule (PFS) on or after January 1, 2020. The calendar year (CY) 2020 PFS proposed rule is one of several proposed rules that reflect a broader Administration-wide strategy to create a healthcare system that results in better accessibility, quality, affordability, empowerment, and innovation.

\*July 30- [Fiscal Year 2020 Payment and Proposed Rule changes for Medicare Skilled Nursing Facilities \(CMS-1718-F\)](#). The Centers for Medicare & Medicaid Services (CMS) issued a final rule [CMS-1718-F] for Fiscal Year (FY) 2020 Medicare payment rates and quality programs for skilled nursing facilities (SNFs). This final rule is part of our continuing efforts to strengthen the Medicare program by better aligning payment rates for these facilities with the costs of providing care and increasing transparency so that patients are able to make informed choices. The final rule [CMS-1718-F] can be downloaded from the *Federal Register* at: <https://www.federalregister.gov/documents/2019/08/07/2019-16485/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>.

\*July 31- [Fiscal Year 2020 Payment and Policy Changes for Medicare Inpatient Rehabilitation Facilities \(CMS-1710-F\)](#). The Centers for Medicare & Medicaid Services (CMS) issued a final rule that updates Medicare payment policies and rates for facilities under the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) and the Inpatient Rehabilitation Quality Reporting Program (IRF QRP) for fiscal year (FY) 2020. This final rule moves the agency closer to unified post-acute care payment and updates IRF payment rates as required by statute.

\*July 31- [Fiscal Year 2020 Hospice Payment Rate Update Final Rule](#). The Centers for Medicare & Medicaid Services (CMS) issued a final rule (CMS-1714-F) that demonstrates continued commitment to strengthening Medicare by better aligning the hospice payment rates with the costs of providing care and increasing transparency so patients can make more informed choices.

### Upcoming Events and Items of Interest:

\*Comments Due August 12th for the RFI on Reducing Administrative Burden to Put Patients over Paperwork

In June CMS issued a Request for Information (RFI) seeking new ideas from the public on how to continue the progress of the Patients over Paperwork initiative. Since launching in fall 2017, Patients over Paperwork has streamlined regulations to significantly cut the “red tape” that weighs down our healthcare system and takes clinicians away from their primary mission—caring for patients. As of January 2019, CMS estimates that through regulatory reform alone, the healthcare system will save an estimated 40 million hours and \$5.7 billion through 2021. These estimated savings come from both final and proposed rules.

The RFI on Reducing Administrative Burden to Put Patients over Paperwork invites patients and their families, the medical community, and other healthcare stakeholders to recommend further changes to rules, policies, and procedures that would shift more of clinicians’ time and our healthcare system’s resources from needless paperwork to high-quality care that improves patient health.

The RFI provides an opportunity for you to share new ideas not conveyed during the first Patients over Paperwork RFI in 2017 and continue the conversation on improving healthcare delivery. We are seeking innovative ideas that broaden perspectives on potential solutions to relieve burden and ways to improve:

- Reporting and documentation requirements
- Coding and documentation requirements for Medicare or Medicaid payment
- Prior authorization procedures
- Policies and requirements for rural providers, clinicians, and beneficiaries
- Policies and requirements for dually enrolled (i.e., Medicare and Medicaid) beneficiaries
- Beneficiary enrollment and eligibility determination
- CMS processes for issuing regulations and policies

More Information on the RFI on Reducing Administrative Burden to Put Patients over Paperwork

The RFI on Reducing Administrative Burden to Put Patients over Paperwork is posted in the Federal Register at: <https://www.federalregister.gov/documents/2019/06/11/2019-12215/request-for-information-reducing-administrative-burden-to-put-patients-over-paperwork> Comments must be submitted by August 12, 2019.

\*Coming Soon – The Emergency Triage, Treat, and Transport (ET3) Model Application Portal and Tutorial Webinar

The Center for Medicare and Medicaid Innovation (CMMI) and the ET3 Model team are pleased to announce that the RFA Application Portal will be available the week of August 5th, 2019. Another announcement will notify you when it is officially open and available on the [ET3 Model web page](#).

The ET3 Model team will be hosting a tutorial webinar on Thursday, August 8th, 2019 from 12:00 p.m. - 1:30 p.m. EDT, to provide an overview of the Application Portal. During the session, the ET3 Model team will review key functionality of the Portal as well as provide guidance and tips for ambulance suppliers and providers to submit a complete application to participate in the Model. The forum will also provide an opportunity for Q & A with the ET3 Model team.

Session information and the registration link are listed below.

ET3 Model Application Tutorial Webinar: Thursday, August 8, 2019 from 12:00 p.m. – 1:30 p.m. EDT

Register here: [https://protect2.fireeye.com/url?k=15215eae-4974577e-15216f91-0cc47a6a52de-5b0d54879f676ac0&u=https://protect2.fireeye.com/url?k=5c142396-00412a46-5c1412a9-0cc47a6a52de-9b38bed3340c4ca9&u=https://cmslearningevents.cosocloud.com/et3\\_applicationtutorial/event/event\\_info.html](https://protect2.fireeye.com/url?k=15215eae-4974577e-15216f91-0cc47a6a52de-5b0d54879f676ac0&u=https://protect2.fireeye.com/url?k=5c142396-00412a46-5c1412a9-0cc47a6a52de-9b38bed3340c4ca9&u=https://cmslearningevents.cosocloud.com/et3_applicationtutorial/event/event_info.html)

Feel free to forward this information to colleagues who may be interested in learning more about the ET3 Model. Following the event and at a later date, presentation materials will be made available on the [ET3 Model web page](#).

As a reminder, the best way to stay up to date on the latest ET3 Model news and updates is by subscribing to the [ET3 Model listserv](#).

\*Back-to-School and School-Based Outreach on Medicaid and CHIP

Before and during the school year, there are a variety of ways to let parents and caregivers know that their children and teens may be eligible for free or low-cost health insurance through Medicaid and the Children’s Health Insurance Program (CHIP). With health insurance, they can get the immunizations, check-ups, eye exams, dental visits and other care they may need to fully participate in classroom, after-school and summer activities. Schools are great partners to help reach and enroll families with children who are eligible for Medicaid and CHIP.

The Insure Kids Now Campaign has outreach tools and materials to support school-based outreach efforts. Below are outreach materials specifically tailored for Back-to-School and other school-based outreach. You can learn about how others have used these and other campaign materials in our eNewsletters, webinars and videos.

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The School-Based Outreach and Enrollment Toolkit can be found [here](#). Tips and ideas, palmcards, posters, social media messages, sample newsletter articles and Public Service Announcements (PSAs) scripts can be found [here](#).

**\*2019 Medicare National Training Program Workshops**

[Registration](#) for the 2019 CMS National Training Program (NTP) workshops is open. The cities and dates for the workshops are listed below. You're invited to attend at the location and days of your choice to meet your schedule and learning needs.

- Philadelphia, PA: July 30-August 1
- San Francisco, CA: August 6-8
- Chicago, IL: August 13-15
- Arlington, TX: August 20-22
- Providence, RI: September 10-12

The workshops in Philadelphia, San Francisco and Chicago, will be 2 ½ days long. In Arlington and Providence, the workshops will be 3 full days. Agendas vary slightly in each city and will be available on the registration site.

Please note, the CMS Kansas City Regional Office will be hosting similar training locally (tentatively in Kansas, Missouri, and Iowa). Dates and locations will be announced shortly.

What we'll cover:

- High-level and specific information on key aspects of the Medicare Program
- Information on Opioids
- A "Current Topics" session to raise awareness of program changes and innovations
- An overview of the new Plan Finder on Medicare.gov
- Scenario-based learning
- Please note, these workshops don't include information on billing

NTP training workbooks will be provided onsite for Day 1 and Day 3. Additional meeting materials will be available for download on the registration website prior to the workshops. If you would like access, please download and/or print. Free Wi-Fi will be available in the meeting room.

[Register](#) for a 2019 National Training Program Workshop

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NOTE: Registration requests will be considered on a first-come, first-serve basis until each meeting reaches capacity. The number of attendees from the same organization may be limited.

\*Health and Wellness Webinars

*Vaccines: What You Need to Know For the New School Year*

August 7, 2019 at Noon EST

As you are marking off items on your children's school supply list, don't forget about their back-to-school health checklist, too! Whether students are attending public, charter, private, or parochial schools, ensuring they are vaccinated before entering the school hallways is one of the best ways to keep them safe and healthy — now *and* later in life.

Reserve your spot today to hear from the nation's top health experts about what vaccines are needed and when, as well as other important health trends that parents, providers, and people of faith need to know for the new school year.

Our Guest Presenters:

- Robert R. Redfield, Jr., MD, Director, Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry

- Amanda C. Cohn, MD, MPH, Acting Chief Medical Officer, Vaccine Policy, Preparedness, Global Health, Centers for Disease Control and Prevention

- Tammy R. Beckham, DVM, PhD, Director, Office of HIV/AIDS Policy and Infectious Disease Policy, Health and Human Services

This webinar is hosted by the HHS Partnership Center. Register [Here](#).

*Save the Date: National Medicare Education Program (NMEP) Meeting*

- *September 16, 2019, 10:30 – 12:30 pm EST*
- *In-Person Meeting in the CMS Washington, D.C. Office*
- *Registration and Agenda will be coming soon*

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For more information please email [partnership@cms.hhs.gov](mailto:partnership@cms.hhs.gov)