



CMS Snapshot

August 2-8, 2019

Delivered to you by the Partner Relations Group

Blog and Podcast

*August 6- [Securing Access to Live-Saving Antimicrobial Drugs for American Seniors](#). Antimicrobial resistance (AMR) represents an urgent clinical and economic crisis for the American health care system. Each year, more than 2 million Americans are infected by bacteria that are resistant to existing antibiotic drugs, resulting in thousands of deaths annually. Seniors are uniquely vulnerable to AMR due to age-related immunosuppression and greater exposure to infection (e.g., from catheters or chronic disease).

News Releases

*August 2- [Azar and Administration Officials Discuss President Trump's Plan to End HIV in Indianapolis, IN](#). Health and Human Services (HHS) Secretary Alex Azar, along with Centers for Disease Control and Prevention Director Robert Redfield and Assistant to the President and Director of the White House Domestic Policy Council Joe Grogan, joined state and local health officials at the Damien Center in Indianapolis, Indiana, for a tour of the health clinic and a roundtable discussion on the work being done in Indiana and specifically Marion County to provide treatment and prevention services for those living with HIV.

*August 2- [Trump Administration Officials Visit Bloomington, IN as Baxter Signs Pledge to America's Workers](#). Health and Human Services Secretary Alex Azar and Assistant to the President and Director of the White House Domestic Policy Council Joe Grogan visited Baxter International Inc.'s Bloomington, Indiana facility where Baxter signed the Pledge to America's Workers, committing to nearly 2,000 employee development opportunities over the next five years.

*August 2- [Trump Administration Finalizes Policies to Advance Rural Health and Medical Innovation](#). Under the leadership of President Trump, the Centers for Medicare & Medicaid Services (CMS) finalized policy changes to spur competition and innovation that will help deliver improved care and outcomes at a better value to patients. The final rule updates Medicare payment policies for hospitals under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) for fiscal year 2020 and

advances two key CMS priorities—“Rethinking Rural Health” and “Unleashing Innovation”—by making historic changes to how Medicare pays hospitals.

*August 5- [CMS Announces New Standards for Medicaid DUR Programs to Combat Opioid Misuse and Abuse](#). The Centers for Medicare & Medicaid Services (CMS) released new guidance to states to promote proper use of prescription opioids by updating standard requirements for the Medicaid Drug Utilization Review (DUR) program. The Medicaid DUR program is a two-phase process that screens drug claims to help identify clinical misuse or abuse and examines claims data to identify patterns of abuse.

*August 7- [Trump Administration Makes CAR T-Cell Cancer Therapy Available to Medicare Beneficiaries Nationwide](#). The Centers for Medicare & Medicaid Services (CMS), under the leadership of President Trump and Secretary Azar, finalized the decision to cover FDA-approved Chimeric Antigen Receptor T-cell, or “CAR T-cell” therapy, which is a form of cancer treatment that uses a patient’s own genetically-modified immune cells to fight disease. FDA-approved CAR T-cell therapies are approved to treat some people with specific types of cancer – certain types of non-Hodgkin lymphoma and B-cell precursor acute lymphoblastic leukemia.

*August 8- [HHS Awards Nearly \\$400 Million to Combat the Opioid Crisis](#). The U.S. Department of Health and Human Services (HHS) through the Health Resources and Services Administration (HRSA) awarded nearly \$400 million to combat the nation’s opioid crisis. The investments will enable HRSA-funded community health centers, rural organizations and academic institutions to establish and expand access to integrated substance use disorder and mental health services.

Fact Sheets

*August 2- [Fiscal Year \(FY\) 2020 Medicare Hospital Inpatient Prospective Payment System \(IPPS\) and Long Term Acute Care Hospital \(LTCH\) Prospective Payment System \(CMS-1716-F\)](#). The Centers for Medicare & Medicaid Services (CMS) issued a final rule that reflects the agency’s efforts to transform the healthcare delivery system through competition and innovation to provide patients with better value and results. The final rule will update Medicare payment policies for hospitals under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) for fiscal year (FY) 2020.

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.

*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.

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

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.

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