



CMS Snapshot

November 15-21, 2019

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

All releases below are from 2pm Friday, November 15 through 2pm Thursday, November 21

News Releases

*November 15- [Trump Administration Announces Historic Price Transparency Requirements to Increase Competition and Lower Healthcare Costs for All Americans](#). *(Press release originally posted on [HHS.gov](#))* As directed by President Trump's [Executive Order](#) on Improving Price and Quality Transparency in American Healthcare, today the Department of Health and Human Services is announcing that the Centers for Medicare & Medicaid Services (CMS) is issuing two rules that take historic steps to increase price transparency to empower patients and increase competition among all hospitals, group health plans and health insurance issuers in the individual and group markets.

*November 18- [HHS and the American Society of Nephrology Launch \\$1.5 Million Phase 2 of Prize Competition to Redesign Dialysis](#). Today, the U.S. Department of Health and Human Services (HHS) and the American Society of Nephrology (ASN) launched the second phase of [KidneyX: Redesign Dialysis](#), a prize competition that seeks to transform kidney care. Redesign Dialysis is part of a series of KidneyX prize competitions to catalyze the development of innovative solutions that can prevent, diagnose, and treat kidney diseases.

*November 19- [Fiscal Year \(FY\) 2019 Medicare Fee-For-Service Improper Payment Rate is Lowest Since 2010 while data points to concerns with Medicaid eligibility](#). The Centers for Medicare & Medicaid Services (CMS) announced today that the Medicare Fee-For-Service (FFS) improper payment rate has fallen yet again, and is at its lowest level since FY 2010. Today's announcement reinforces the Trump Administration and CMS' commitment to strengthening Medicare and ensuring that tax dollars are spent appropriately. CMS' aggressive program integrity measures lowered the estimated amount of Medicare fee-for-service (FFS) improper payments \$7 billion from FY 2017-2019 to a total of \$28.9 billion.

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Fact Sheets

*November 15- [CY 2020 Hospital Outpatient Prospective Payment System \(OPPS\) Policy Changes: Hospital Price Transparency Requirements \(CMS-1717-F2\)](#). The Centers for Medicare & Medicaid Services (CMS) finalized 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.

*November 15- [Transparency in Coverage Proposed Rule \(CMS-9915-P\)](#). The Transparency in Coverage proposed rule released today by the Department of Health and Human Services, the Department of Labor, and the Department of the Treasury (the Departments) are delivering on President Trump's executive order on Improving Price and Quality Transparency.[1] These proposed rules are a historic step toward putting health care price information in the hands of consumers, advancing the Administration's goal to ensure consumers are empowered with the information they need to make informed health care decisions.

*November 18- [2019 Estimated Improper Payment Rates for Centers for Medicare & Medicaid Services \(CMS\) Programs](#). The Improper Payments Information Act of 2002 (IPIA), as amended by the Improper Payments Elimination and Recovery Act of 2010 and the Improper Payments Elimination and Recovery Improvement Act of 2012, requires CMS to periodically review programs it administers, identify programs that may be susceptible to significant improper payments, estimate the amount of improper payments, and report on the improper payment estimates and the Agency's actions to reduce improper payments in the Department of Health & Human Services (HHS) annual Agency Financial Report (AFR).

*November 20- [Federal Health Insurance Exchange Weekly Enrollment Snapshot: Week 3](#). In week three of the 2020 Open Enrollment, 737,352 people selected plans using the HealthCare.gov platform. As in past years, enrollment weeks are measured Sunday through Saturday. Consequently, the cumulative totals reported in this snapshot reflect one fewer day than last year.

*November 21- [Delay of Inclusion of Territories in Medicaid Drug Rebate Program; Covered Outpatient Drug Interim Final Rule \(CMS 2345-IFC3\)](#). On February 1, 2016, the Centers for

Medicare & Medicaid Services (CMS) published the “Medicaid Program; Covered Outpatient Drug” Final Rule with Comment Period (CMS-2345-FC) in the Federal Register (81 FR 5170). As part of that final rule with comment period, we amended the regulatory definitions of “States” and “United States” to include the U.S. Territories (American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands) beginning April 1, 2017.

Blogs

*November 14- [Only one month left to enroll in or change 2020 Marketplace coverage!](#) 2020 Open Enrollment ends December 15, 2019! This means you have just over one month to enroll in or change Marketplace health insurance for coverage starting January 1, 2020.

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