CMS Snapshot
July 27-August 3, 2023

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

All releases below are from 2pm Thursday, July 27 through 2pm Thursday, August 3, 2023

News Releases

*July 28- CMS Roundup (July 28, 2023). Today, the Centers for Medicare & Medicaid Services (CMS) provides an at-a-glance summary of news from around the agency.

*July 28- CMS Responding to Data Breach at Contractor. CMS Notifying Potentially Involved Beneficiaries and Providing Information on Free Credit Monitoring. The Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) have responded to a May 2023 data breach in Progress Software’s MOVEit Transfer software on the corporate network of Maximus Federal Services, Inc. (Maximus), a contractor to the Medicare program, that involved Medicare beneficiaries’ personally identifiable information (PII) and/or protected health information (PHI). No HHS or CMS systems were impacted. Maximus is among the many organizations in the United States that have been impacted by the MOVEit vulnerability

*July 31- CMS Releases 2024 Projected Medicare Part D Premium and Bid Information. The Centers for Medicare & Medicaid Services (CMS) today announced that the average total monthly premium for Medicare Part D coverage is projected to be approximately $55.50 in 2024. This expected amount is a decrease of 1.8% from $56.49 in 2023. Stable premiums for Medicare prescription drug coverage in 2024 are supported by improvements to the Part D program in the Inflation Reduction Act that allow people with Medicare to benefit from reduced costs.

*July 31- Biden-Harris Administration Announces Medicare Dementia Care Model. New Model Enhances Care Coordination and Increases Support for Caregivers. The Biden-Harris Administration is taking further action on its commitment to promote care and support for people with Medicare living with dementia and their unpaid caregivers. Today, the U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), announced its Guiding an Improved Dementia Experience (GUIDE) Model, which aims to improve the quality of life for people living with dementia, reduce strain on
unpaid caregivers, and help people remain in their homes and communities through a package of care coordination and management, caregiver education and support, and respite services.

*July 31- [HHS Awards $2.5 Million to Help Decrease Food Insecurity in Native Communities.](#) The U.S. Department of Health and Human Services, through the Indian Health Service, awards $2.5 million in funding to support the development of produce prescription programs in tribal communities. The purpose of the [IHS Produce Prescription Pilot Program](#) is to help reduce food insecurity and improve health care outcomes among American Indian and Alaska Native people by increasing access to produce and other traditional foods within Native communities.

*July 31- [HHS Announces the Formation of the Office of Long COVID Research and Practice and Launch of Long COVID Clinical Trials Through the RECOVER Initiative.](#) Current analysis estimates that 7.7 million to 23 million Americans have developed Long COVID. Today, U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra released the following statement applauding the formation of the Office of Long COVID Research and Practice to lead the Long COVID response and coordination across the federal government and, in addition, the National Institutes of Health (NIH) launch of the Long COVID clinical trials through the RECOVER Initiative.

*August 1- [New CMS Rule Promotes High-Quality Care and Rewards Hospitals that Deliver High-Quality Care to Underserved Populations](#). Today, the Centers for Medicare & Medicaid Services (CMS) issued a final payment rule for inpatient and long-term care hospitals that builds on the Biden-Harris Administration’s priorities to provide support to historically underserved and under-resourced communities and to promote the highest quality outcomes and safest care for all individuals. The fiscal year (FY) 2024 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) final rule updates Medicare payments and policies for hospitals as required by statute; adopts hospital quality measures to foster safety, equity, and reduce preventable harm in the hospital setting; and recognizes homelessness as an indicator of increased resource utilization in the acute inpatient hospital setting.

*August 3- [HHS Launches Innovation Challenge to Prevent Human Trafficking Among Women and Girls](#). The U.S. Department of Health and Human Services (HHS), through the Office of the Assistant Secretary for Health (OASH) Office on Women’s Health (OWH), is launching a new challenge worth up to $1.8 million to organizations with successful innovative and life-changing approaches to address human trafficking prevention among women and girls in the United States. The challenge was announced today at the [HHS National Human Trafficking Prevention Summit](#).
Fact Sheets

*July 27* - Fiscal Year 2024 Inpatient Rehabilitation Facility Prospective Payment System Final Rule (CMS-1781-F). On July 27, 2023, the Centers for Medicare & Medicaid Services (CMS) issued a final rule to update Medicare payment policies and rates under the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) and the IRF Quality Reporting Program (QRP) for fiscal year (FY) 2024. CMS is publishing this final rule in accordance with the legal requirements to update Medicare payment policies for IRFs on an annual basis.

*July 27* - Fiscal Year 2024 Medicare Inpatient Psychiatric Facility Prospective Payment System and Quality Reporting Final Rule. On July 27, 2023, the Centers for Medicare & Medicaid Services (CMS) issued a final rule (CMS-1783-F) to update Medicare payment policies and rates for the Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) for fiscal year (FY) 2024. CMS is publishing this final rule consistent with the legal requirements to update Medicare payment policies for IPFs on an annual basis.

*July 28* - Fiscal Year 2024 Hospice Payment Rate Update Final Rule (CMS-1787-F). On July 28, 2023, the Centers for Medicare & Medicaid Services (CMS) issued a final rule (CMS-1787-F) that updates Medicare hospice payments and the aggregate cap amount for fiscal year (FY) 2024 in accordance with existing statutory and regulatory requirements. CMS is publishing this final rule in accordance with the legal requirements to update Medicare payment policies for hospices on an annual basis.

*July 31* - CMS Releases 2024 Projected Medicare Part D Premium and Bid Information. New Drug Law Enhances Part D Prescription Drug Benefit and Keeps Part D Premiums Stable for 2024. The Centers for Medicare & Medicaid Services (CMS) released Calendar Year (CY) 2024 Medicare Part D premium and bid information. This annual release provides information to help Part D plan sponsors finalize their offerings and individuals understand overall Part D premium trends ahead of Medicare Open Enrollment. The average total monthly Part D premium is projected to decrease from $56.49 in 2023 to $55.50 in 2024. Stable premiums for Medicare prescription drug coverage in 2024 are supported by improvements to the Part D program in the Inflation Reduction Act (IRA), or the prescription drug law, that allow people with Medicare to benefit from reduced costs.

*July 31* - Fiscal Year (FY) 2024 Skilled Nursing Facility Perspective Payment System Final Rule - CMS-1779-F. On July 31, 2023, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that updates Medicare payment policies and rates for skilled nursing facilities under the Skilled Nursing Facility Prospective Payment System (SNF PPS) for fiscal year (FY) 2024. In addition, the final rule includes updates to the SNF Quality Reporting Program (QRP) and the SNF Value-Based Purchasing (VBP) Program for FY 2024 and future years, including the adoption of a measure intended to address staff turnover, as outlined in the President’s Executive Order 14070 Increasing Access to High-Quality Care and Supporting Caregivers.
*August 1- FY 2024 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule — CMS-1785-F and CMS-1788-F*

**Fact Sheet.** On August 1, 2023, the Centers for Medicare & Medicaid Services (CMS) issued the fiscal year (FY) 2024 Medicare hospital inpatient prospective payment system (IPPS) and long-term care hospital prospective payment system (LTCH PPS) final rule.

**Blogs**

*August 1- HHS and the Steven & Alexandra Cohen Foundation Announce $2 Million in Phase 2 Prizes for the LymeX Diagnostics Prize. By: Daniel Desautels PhD, ORISE Fellow, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services and Kristen Honey PhD, PMP, Chief Data Scientist, Executive Director of InnovationX, Office of the Assistant Secretary for Health (OASH), U.S. Department of Health and Human Services (HHS).**

**Summary:** 10 teams participating in virtual accelerator with access to expert mentorship and resources. The U.S. Department of Health and Human Services and the Steven & Alexandra Cohen Foundation have announced $2 million in Phase 2 prizes for the **LymeX Diagnostics Prize**. Through October 2023, the ten Phase 1 winners are participating in a virtual accelerator designed to help them refine their concepts for detecting active Lyme disease infections in people. During the Phase 2 accelerator, the cohort has access to virtual learning, mentorship, biorepository subject matter expertise, and networking opportunities. The goal of this multiphase LymeX Innovation Accelerator (LymeX) competition is to nurture the development of diagnostics toward Food and Drug Administration review.