CMS QUARTERLY NATIONAL STAKEHOLDER CALL

January 23, 2024 | 1:00–2:00 p.m. ET

Hosted by CMS Administrator Chiquita Brooks-LaSure

Link to Transcript and Recording: https:/cms.zoomgov.com/rec/share/_iid3K-c7Lsx2g4HXoXbK0tZMz6gDWs0hN8bl5pDikhulL4fki2v7XOYjHTqLsrR.IR2F8RoYWr-dijGO Passcode: 7A#^h!m^

Link to All Stakeholder Calls: www.cms.gov/outreach-education/partner-resources/cms-national-stakeholder-calls

SUMMARY
The Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, and her leadership team provided an update on CMS' key 2023 accomplishments and a look ahead to how our 2024 priorities will advance CMS's Strategic Plan. Additionally, CMS provided an opportunity to learn how you can partner with us to help implement our Strategic Plan and key initiatives.

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes as we engage the communities we serve throughout the policymaking and implementation process.

SPEAKER HIGHLIGHTS

Chiquita Brooks-LaSure: CMS Administrator

- This year saw a record-breaking Health Insurance Marketplace Open Enrollment with over 20 million enrollments, marking three consecutive years of record numbers.
- The Inflation Reduction Act (IRA) targets the cost of prescription drugs, bringing savings to people with Medicare through reforms such as free recommended vaccines and insulin cost caps. And for the very first time in history, drug companies can't hike their prices faster than inflation without having to pay a rebate to Medicare.
- Medicare gained authority to negotiate lower drug prices for conditions like cardiovascular disease, diabetes, Crohn's disease, and rheumatoid arthritis, with a cap on out-of-pocket prescription drug costs for Medicare beneficiaries. Affordability remains a priority in health care initiatives.
- Medicaid expanded postpartum coverage to 12 months in 43 states, plus DC and the Virgin Islands, while Medicare now covers Marriage and Family Therapists for behavioral health services, with over 11,000 Mental Health Counselors and 1,700 Marriage and Family Therapists enrolled in Medicare to provide these vital services.
- We just finalized several policies to reduce unnecessary administrative burdens like challenges with the prior authorization process. It is critical that prior authorization not be an impetus to keeping people from getting care but serve as a tool to improve their care.

Dr. Meena Seshamani: Deputy Administrator and Director, Center for Medicare, CMS

- Effective January 1, the Inflation Reduction Act expands Medicare's Extra Help Program to assist approximately three million eligible individuals with low incomes in paying for Part D coverage, with enrollment available via medicare.gov, 1-800-Medicare, ssa.gov/extrahelp, or by calling 1-800-772-1213.
- People enrolled in Part D who have very high drug costs will receive some relief this year. Once they reach a certain threshold for out-of-pocket costs, called the catastrophic phase, they will no longer have additional cost-sharing or co-pays at the pharmacy.
- Implementation of the $2,000 out-of-pocket cap for Medicare Part D in 2025 continues and will provide relief to millions reliant on prescription drugs, with the option for monthly payments spread over the year.
- We finalized some of the most significant changes to promote access to behavioral health in the history of the Medicare program. This means that more than 400,000 additional practitioners -- Marriage and Family Therapists and Mental Health Counselors, including Addiction Counselors -- can enroll in the Medicare program to be able to independently and directly care for people with Medicare.

Dr. Ellen Montz: Deputy Administrator and Director, Center for Consumer Information and Insurance Oversight (CCIIO), CMS

- In 2023, the Marketplace implemented new programs to assist individuals transitioning from Medicaid, protect consumers from surprise medical bills, add new consumer protections, and enhance consumer enrollment processes for selecting appropriate coverage options across Marketplaces.
- This year, CCIIO is focused on increasing coverage, improving transitions between Medicaid and Marketplace coverage, enhancing value by ensuring access to services and consumer protections, and fulfilling implemented laws with integrity and enforcement, all centered on providing accessible, quality health care with equity at the forefront.

Sara Vitolo: Deputy Director, Center for Medicaid and CHIP Services, CMS

- CMS is prioritizing Medicaid renewals to ensure ongoing health care coverage for all Americans, particularly amid the COVID-19 pandemic, collaborating with states, providers, hospitals, and community groups to facilitate coverage continuity and utilize federal flexibilities.
- CMS proposed a rule in August 2022 to streamline Medicaid enrollment, aiming to simplify applications, verifications, and renewals for millions of people, with continued commitment to its implementation in 2024.
- In April 2023, CMS proposed a rule to enhance Medicaid and CHIP managed care, focusing on improving access and quality of care for enrollees. The rule strengthens Medicaid's foundation as an essential program for families, children, pregnant individuals, older adults, and people with disabilities, with continued commitment to its implementation in 2024.
- In May 2023, CMS proposed a rule to advance policies within the Medicaid Drug Rebate Program (MDRP), aiming to promote its efficient operations. The proposed rule focuses on enhancing program integrity and administration by ensuring greater consistency and accuracy in drug information reporting, strengthening data collection, and facilitating the efficient operation of the MDRP.

Dr. Dora Hughes: Acting CMS Chief Medical Officer and Acting Director, Center for Clinical Standards and Quality (CCSQ)

- CCSQ's 2023 achievements include proposing the Long-Term Care Staffing Minimums rule and receiving over 46,000 comments that will be used to inform development of the final rule this year. We also finalized policies supporting equity, patient safety, and digital transformation in the Fiscal and Calendar Year Payment Rules, and advancing measure alignment across programs for improved quality and patient-centered care.
- In the Physician Fee Schedule, changes were finalized to Conditions for Certification/Conditions for Coverage for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), along with Conditions of Participation for Hospice, permitting Marriage and Family Therapists and Mental Health Counselors to offer services. This aims to enhance access to mental health care, particularly for patients in rural communities.
- Throughout 2023, CCSQ's Survey and Certification team executed around 10,000 enforcement actions nationwide, ensuring patient and resident health and safety in health care and long-term care facilities, while over 1,200 vaccination clinics conducted by Quality Improvement Organizations resulted in more than 21,000 residents and over 6,000 staff members being vaccinated against COVID-19.

Dr. Elizabeth Fowler: Deputy Administrator and Director, Center for Medicare and Medicaid Innovation (CMS Innovation Center), CMS

- CMS introduced the Transforming Maternal Health Model (TMaH) in 2023, focusing on improving outcomes for mothers and infants enrolled in Medicaid and CHIP while addressing disparities in maternal and infant mortality and severe maternal morbidity through a holistic approach to pregnancy, childbirth, and postpartum care encompassing physical, emotional, and mental wellbeing.
- In 2024, CMS introduced the Innovation and Behavioral Health Model (IBH), focusing on integrated, whole-person care for Medicare and Medicaid patients with moderate to severe mental health conditions and/or substance use disorder, aiming to bridge the gap between mental and physical health through coordinated care and aligned payment structures.
- CMS plans to announce additional new models soon while continuing to launch those introduced in 2023, such as the Making Care Primary and GUIDE dementia models, with ongoing opportunities for participation, aiming to enhance care and patient experience for Medicare and Medicaid beneficiaries nationwide.

Dara Corrigan: Deputy Administrator and Director, Center for Program Integrity, CMS

- In Fiscal Year 2023, CMS achieved preliminary savings of $4.4 billion in Medicare and Medicaid, building upon the $4.1 billion saved in 2022, while also implementing a regulation allowing for the first time the collection of overpayments made to Medicare Advantage organizations, enhancing program integrity and oversight.
- CMS conducted oversight of the Marketplace, taking action against 24 agents and brokers for suspected fraudulent activity, canceling over 2,500 unauthorized enrollments, and referring five agents and brokers to the Office of the Inspector General, ensuring integrity and trust within the Marketplace.
- CMS implemented over 150 payment suspensions and collaborated with law enforcement partners, including the Office of the Inspector General and the Department of Justice, to address improper billing for COVID-19 over-the-counter test kits,

preventing an estimated $1.4 billion in payments in Fiscal Year 2023, safeguarding program integrity, and protecting beneficiaries from exploitation.
- In 2024, CMS is prioritizing enhancing Program Integrity efforts to address potentially fraudulent hospices before or shortly after enrollment, ensuring quality end-of-life care for Medicare beneficiaries while also leveraging artificial intelligence, including machine learning, to detect atypical billing patterns within claims data, bolstering fraud detection capabilities and preserving program resources.

Dr. Aditi Mallick: Acting Director, Office of Minority Health, CMS

- CMS's Office of Minority Health (OMH) prioritizes equity in all CMS decisions. Building on the success of the inaugural CMS Health Equity Conference, which emphasized historical injustice acknowledgment, social determinants of health, and community partnerships to address disparities, we've scheduled this year's hybrid conference for May 29-30 at the Hyatt Regency in Bethesda. We're accepting abstract submissions until February 9 at cmshealthequityconference.com.
- OMH deepened partnerships through roundtables, listening sessions, and community visits, informing initiatives on sickle cell disease, improving health care access in Pacific and Caribbean U.S. territories, and sharing consumer-friendly resources to empower individuals in rural and tribal communities to make the most of their health care coverage.
- In 2023, CMS addressed chronic disease disparities by announcing the CMS Diabetes Strategy and the CMS Sickle Cell Disease Action Plan, with plans to expand efforts in 2024, recognizing the importance of data, research, and analysis to identify disparities and guide policymaking.
- CMS's Office of Minority Health plans to enhance the Mapping Medicare Disparities tool to identify disparities in claims, utilization, hospitalization, and social drivers of health; continue supporting research through the Minority Research Grant Program and Health Equity Data Research Program; and offer resources via the Health Equity Technical Assistance Program to integrate health equity into organizations' work.

Stace Mandl: Acting Director, CMS Office of Burden Reduction and Health Informatics (OBRHI), CMS

- The CMS Interoperability and Prior Authorization final rule was released on January 17, aiming to reduce the burden for patients, providers, and payers by streamlining prior authorization processes and advancing electronic prior authorization. These changes promote timely access to care for patients and allow clinicians to dedicate more time to direct patient care, reflecting CMS's commitment to ensuring health information availability through Application Programming Interfaces (APIs).
- The CMS Interoperability and Prior Authorization final rule mandates faster prior authorizations, requiring payers to respond to standard requests within seven calendar days and expedited requests within 72 hours by 2026, enhancing transparency and simplifying appeals, while a new prior authorization API automates the process, streamlining it for payers, providers, and patients.
- HHS exercises enforcement discretion for the HIPAA prior authorization transaction standard, providing flexibility for electronic prior authorization implementation via all FHIR-based API or X12 standard with API, fostering streamlined processes and engagement opportunities to support the health care workforce and prioritize patient care.