CMS QUARTERLY NATIONAL STAKEHOLDER CALL

January 24, 2023 | 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/G9lb_S44BpBC9dNyJ1vOMhP8_PZXm3Pg90g23_NJ-g2tIwA1OmAxhNEHjw9VfBEl.Z5RLGvkB1iFXpZ_i
Passcode: v0@3K5iD

Link to all Stakeholder Calls:

https://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' recent accomplishments and how our cross-cutting initiatives are advancing CMS' 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: Administrator

- There are several groundbreaking initiatives focused on advancing equity in healthcare. In December, CMS led a meaningful discussion among stakeholders about racial disparities in maternal health. This builds on CMS' "Birthing Friendly" Hospital designation, which will begin in Fall 2023, to inform consumers about hospitals that have demonstrated a commitment to maternity care quality.
- To empower clinicians to focus on direct patient care, CMS proposed three rules in December 2022 that will streamline the prior authorization process by leveraging interoperability, adopting electronic attachment standards, and improving prior authorization requirements across different types of health coverage.

Jon Blum: Principal Deputy Administrator and Chief Operating Officer

- During 2022, CMS permanently hired 500 positions. In 2023, CMS is looking to fill about 10% of the total CMS workforce, with more than 700 job openings throughout the Agency.
- CMS is contracting more now than ever before. During 2022, CMS signed contracts that totaled more than $7 billion. That's not just for one year but for the contract life cycle.
- In 2023, three focus areas for contracting are fiscal stewardship, shifting claims processing systems to the cloud, and keeping data secure to honor privacy for CMS consumers.

Dr. Meena Seshamani: Deputy Administrator and Director of the Center for Medicare

- As a result of continued implementation of the *Inflation Reduction Act*, as of January 1, 2023, individuals with Medicare who take insulin covered by their prescription drug plan will not pay more than $35 a month for a month's supply of each product. In addition, people with Medicare drug coverage will pay nothing out-of-pocket for recommended adult vaccines.
- To prioritize transparency and robust engagement, CMS recently released a timeline that sets the stage for multiple comment opportunities for the Medicare Drug Price Negotiation Program for members of the public.
- More than 13.2 million people with Medicare and more than 700,000 providers and organizations are participating in Accountable Care Organization programs (ACO).
- In July 2022, CMS released a Medicare Advantage Request for Information, asking for feedback to improve the program across key areas. Based on the information we received, there are new policies included in the Medicare Advantage and Part D proposed rule for 2024, which take essential steps to protect beneficiaries and enhance MA and Part D benefits.

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

- This year marked the 10th anniversary of Marketplace Open Enrollment which has already surpassed last year's enrollment totals with federal and state-based Marketplaces reporting final totals tomorrow.
- The *Consolidated Appropriations Act, 2023* (CAA), which the President signed in December 2022, decoupled the public health emergency for COVID-19 from the continuous enrollment period. As a result, the first Medicaid terminations will begin on April 1, 2023.
- CMS and the states have developed a robust plan to mitigate coverage loss wherever possible, that will help smoothly transition eligible individuals from Medicaid to the Marketplaces or other coverage.
- In December 2022, CCIIO released the 2024 Notice of Benefit and Payment Parameters (NBPP) proposed rule. This proposed rule includes standards for issuers and Marketplaces and requirements for agents, brokers, web brokers, and assisters. CMS is continually evaluating how to improve behavioral health care and this NBPP proposed rule includes two new essential community provider (ECP) categories to expand access. The rule also makes it easier for people to enroll in coverage,

including a new rule for the special enrollment period for people losing Medicaid or Children's Health Insurance Program (CHIP) coverage.

Dan Tsai: Deputy Administrator and Director of the Center for Medicaid and CHIP Services

- CMS is committed to providing access to health care. To support this, there is a new proposed rule to streamline eligibility and enrollment for Medicaid and CHIP. This rule touches on eligibility for children and creates a strategy to help beneficiaries maintain eligibility after the end of the public health emergency for COVID-19.
- In addition, the *Consolidated Appropriations Act 2023* requires states to implement 12 months of continuous eligibility for children, effective January 1, 2024, which will further ease access to needed care.
- Last year, CHIP celebrated its 25th anniversary. Because of CHIP, the uninsured rate among all children has dropped to just 3.7%. Between coverage provided through Medicaid and CHIP, half of all children in the country have access to care.

Jean Moody-Williams: Deputy Director of the Center for Clinical Standards and Quality (CCSQ)

- Over the next year, CCSQ aims to use all policy levers, including our Quality Improvement Organization support, improved and expanded quality measures, increased transparency, and a strong payment incentive to promote improved safety outcomes.
- CMS issued a Workplace Violence Memo reiterating to hospitals that the Agency will continue enforcing the regulatory expectations to ensure patients and staff remain safe.
- To improve nursing home safety and quality of care, CMS conducted a study to assess minimum staffing requirements to ensure residents receive safe and quality care. The staffing study consisted of a literature review, nursing home site visits, quantitative analysis, and cost analysis.
- Nursing home residents who are erroneously diagnosed with schizophrenia are at risk of poor care and inappropriately prescribed antipsychotic medications. In an effort to reduce these misdiagnoses, beginning in January 2023, CMS will conduct targeted, off-site audits to determine whether nursing homes accurately assess and code individuals with a schizophrenia diagnosis.

Dr. Elizabeth Fowler: Deputy Administrator and Director of the Center for Medicare and Medicaid Innovation (CMMI)

- In November 2022, CMMI published a one-year strategy update detailing progress toward implementing CMS' Innovation Strategy. The report highlights significant strides made in advancing health equity. CMMI made these advances by requiring health participants to submit equity plans in new models, testing innovative payments for providers caring for underserved populations, and designing approaches for screening and referral to address social needs.
- In 2023, CMMI will announce 3 to 4 new models, including on advanced primary care, population, condition-specific accountable care models, and a state total cost

of care model. Where possible, these models will focus on underserved populations, making it possible for more safety net providers to participate.

George Mills: Deputy Director of the Center for Program Integrity (CPI)

- In continutation of efforts to evaluate access to care for Medicare beneficiaries, CPI conducted a study on the impact on individuals who live in underserved communities and providers who may experience increased patient burden when authorities remove a fraudulent provider from the Medicare program in their area through revocations. The findings showed that patients exposed to revoked/fraudulent providers tend to be disproportionality underserved, disabled, elderly, and non-white.
- In 2022, the CPI Vulnerability Collaboration Council identified the top Program Integrity risks that led to fraud, waste, and abuse in federal health programs. As a result of the flagged vulnerabilities, the council was able to mitigate the harm of providers' fraudulent activities on our beneficiaries by removing such providers.
- In 2023, CPI will continue to ensure that states and their managed care plans adhere to federal requirements related to program integrity. CPI will ensure compliance by auditing medical loss ratio calculations and reporting, offering assistance and education, and overseeing managed care plans, Program Integrity, and compliance plans.

Dr. Lashawn McIver: Director of the Office of Minority Health (OMH)

- CMS OMH released two frameworks in 2022 to support aligning our approach to health equity as an agency. First is the CMS Framework for Health Equity 2022-2032, which set a foundation and identified five health equity priorities for CMS' work. The second framework, CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities, applies a geographic lens to new and ongoing Agency activities by working across its programs to promote access to high-quality care in rural, Tribal, and geographically isolated communities.
- To highlight gaps in data, CMS OMH released a report named *The Path Forward: Improving Data to Advance Health Equity Solutions.* This report outlines the current state of health equity data collection across CMS programs and defines CMS' future actions to continue to improve health equity data.
- CMS has awarded three grantees, totaling about $1 million in funds, for the Minority Research Grant Program (MRGP). This program aims to support researchers at minority-serving institutions, exploring how CMS can better meet the healthcare needs of racial and ethnic minority groups, people with disabilities, members of the LGBTQ+ community, and other groups.

Dr. Mary Greene: Director of the Office of Burden Reduction and Health Informatics (OBRHI)

- OBRHI published two Requests for Information in 2022. The Make Your Voices Heard RFI provided valuable insight into challenges that patients face in accessing healthcare and provider experiences delivering care. The National Directory of Healthcare Providers & Services RFI explored the concept of CMS creating a

directory that would go beyond the traditional "provider directory" to include information on healthcare providers, payers, and services.

- In December 2022, OBRHI published the Proposed Interoperability and Improving Prior Authorization rule. This rule intends to enhance patient and provider access to health information and streamline prior authorization processes across different sources of health coverage.