CMS QUARTERLY NATIONAL STAKEHOLDER CALL

April 25, 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/ehOpfo5vCGSUbpw-UMBExmyOWG78wojx9fG9xj9m62BU3Bgn4oaA0llwI5NC-7g.umqnXhBLpm-I3WVn
Passcode: &@O.03Us

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

- During this year's record-breaking Marketplace Open Enrollment, 16.4 million people enrolled in a health plan. That is 4.4 million more people than the last open enrollment, including an increase among Hispanic and Latino people, compared to the previous year's historic strides.
- In the Marketplaces, CMS finalized policies in the 2024 Notice of Benefit and Payment Parameters Final Rule that aim to advance equity, access, and affordability—including allowing Marketplace Assisters to provide more convenient and efficient help to people seeking Marketplace plans.
- In Medicare, we are continuing our work to lower drug prices and increase coverage for the people we serve, including through implementation of the new prescription drug law, the Inflation Reduction Act. Notably, CMS will announce a list of 10 Part D high-spend, brand-name drugs to participate in the Medicare Drug Negotiation Program in September.
- In Medicaid and the Children's Health Insurance Program (CHIP), we are working closely with states to transition back to regular Medicaid eligibility operations – a process referred to as "renewals" or "unwinding." We are committed to helping individuals who are eligible for Medicaid or CHIP retain their coverage. Additionally, we announced a

temporary Special Enrollment Period for the Health Insurance Marketplaces for people who are no longer eligible for Medicaid or CHIP.
- Black Maternal Health Week is observed every year from April 11 through April 17 and CMS participated in events to help raise awareness and build coalitions to address the disparities impacting pregnant Black and Brown women.

Jon Blum: CMS Principal Deputy Administrator and Chief Operating Officer

- CMS is focused on implementing a data strategy so that the whole health care system has access to high-quality data, even while that data remains in the CMS ecosystem.
- CMS data is a core asset for providers, policy researchers, and patients to use, and CMS wants to be best in class for how we use it, share it, and keep it safe going forward.

Dr. Douglas Jacobs: Chief Transformation Officer in the Center for Medicare (CM)

- CMS is implementing major changes that were passed in the Inflation Reduction Act. As of January 1st, people with Medicare prescription drug coverage pay no more than $35/month per covered insulin. Recommended vaccines are available without cost-sharing. People with low incomes will have extra help affording their medications. Starting in 2025, prescription drug out-of-pocket costs will be capped at $2,000 per year. These changes will make a real impact in helping people with Medicare afford their medications.
- CMS also issued initial guidance for public comment over the last few months. Revised guidance for drug negotiation will be published this summer.
- CMS issued two new rules that impact Medicare Advantage plans. The 2024 Medicare Advantage and Part D Final Rule and the 2024 Advance Notice/Rate Announcement made changes to help Medicare Advantage meet all beneficiaries' health care needs while improving the quality and long-term stability of the Medicare program.

Jeff Wu: Deputy Director for Policy of the Center for Consumer Information and Insurance Oversight (CCIIO)

- The 2024 Payment Notice was recently released. This builds on the Affordable Care Act's promise to expand access to quality, affordable health coverage and care by increasing access to health care services, including behavioral health, simplifying choice, and improving the plan selection process, making it easier to enroll in coverage, strengthening markets, and bolstering program integrity.
- Marketplaces nationwide are ready to support individuals no longer eligible for Medicaid or CHIP coverage. Marketplace coverage is more affordable than ever before, and they have adopted a variety of policy and operational flexibilities, including the continuous Special Enrollment Period at HealthCare.gov.

Dan Tsai: CMS Deputy Administrator and Director of the Center for Medicaid and CHIP Services (CMCS)

- For Medicaid and CHIP, working with states to transition back to regular Medicaid eligibility operations – a process referred to as "renewals" or "unwinding" -- remains the agency's top immediate policy and operational priority. The goal is to ensure that people

remain covered, whether through remaining eligible for Medicaid, enrolling in free or highly subsidized coverage plans in the Marketplace, getting employer-sponsored coverage, Medicare, or any other coverage option.
- CMCS recently released the Medicaid Reentry Section 1115 Demonstration Opportunity to increase care for incarcerated individuals before their release to help them succeed and thrive during reentry.
- In partnership with the Marketplace team, Medicaid released a proposed rule that would amend the definition of "lawfully present" to include Deferred Action for Childhood Arrivals (DACA) recipients for purposes of Medicaid and CHIP. This would extend Medicaid and CHIP coverage to children and pregnant women in states that have elected the "CHIPRA 214" option for children and/or pregnant individuals, the Basic Health Program, and Affordable Care Act Marketplace coverage.

Pamela Gentry: Deputy Director of the CMS Office of Minority Health (OMH)

- OMH will conduct its inaugural CMS Health Equity Conference on June 7-8 at Howard University to discuss health equity and support initiatives through active stakeholder engagement.
- According to the Assistant Secretary of Planning and Evaluation (ASPE), Medicaid unwinding is projected to impact approximately 15 million individuals, with approximately 6.8 million losing Medicaid coverage despite remaining eligible.
- The Coverage to Care initiative, which helps those served by CMS to understand their health coverage and get the health care services they need, offers coverage resources for both consumers and partners and it's available in up to 9 languages.
- A key initiative outlined is to prioritize health equity data improvement across the agency. Accurate data enables us to identify disparities and gaps and aids in the creation of evidence-based policies that meet the needs of the communities we serve.

Dara Corrigan: Deputy Administrator and Director of the CMS Center for Program Integrity (CPI)

- In January, the Center for Program Integrity finalized the Risk Adjustment Data Validation Rule that will allow CMS to audit Medicare Advantage organizations. The rule encourages accurate reporting of patient diagnoses so that Medicare pays the correct amount.
- In February, CPI issued a Nursing Home Disclosure proposed rule that, if finalized, will require every Medicare skilled nursing facility and Medicaid nursing home to publicly disclose the details of every direct and indirect owner that oversees, manages, or operates a nursing home. Making this information available publicly empowers nursing home residents and their families to make more informed decisions about their care.
- CPI is working to address a new vulnerability related to the hospice program involving the enrollment of many new potentially fraudulent hospice providers in California, Nevada, Texas, and Arizona.

Dr. Lee Fleisher: Chief Medical Officer for CMS and the Director of the Center for Clinical Standards and Quality (CCSQ)

- In response to the end of the COVID-19 public health emergency (PHE), CMS released updated provider fact sheets and other supporting material to delineate which flexibilities expire at the end of the PHE and which will be extended.
- For Skilled Nursing Facilities (SNFs), CMS proposed the adoption of a new measure, the "COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (Patient/Resident COVID-19 Vaccine)," beginning with fiscal year 2026 quality reporting program. CMS is also proposing modifications to the COVID-19 Vaccination Coverage among Healthcare Personnel (HCP COVID-19 Vaccine) measure, starting with the fiscal year 2025 SNF quality reporting program. Both proposals align with the CDC's most recent guidance for vaccination.
- The CMS Quality Conference is on May 1-3, where we will discuss advancing quality, equity, and safety.
- CMS' new initiative seeks to reduce physicians' administrative burden by standardizing and better aligning measures to report quality performance across its health care programs.

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

- In February, the Innovation Center published a report in response to the President's Executive Order on Lowering Prescription Drug Costs for Americans, laying out three new model ideas to increase access to innovative therapies and address affordability of prescription drugs.
- In January 2023, the Innovation Center implemented the Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) model.
- An estimated 2.1 million beneficiaries are part of the ACO REACH model – an increase of about 300,000 from the 1.8 million who were part of the model in 2022.
- CMS extended the Bundled Payments for Care Improvement Advanced Model through 2025. The Request for Applications for this extension period is open through May 31st, 2023. Medicare-enrolled providers, suppliers, and Medicare Accountable Care Organizations are eligible to apply.
- The Medicare Advantage Value-Based Insurance Design model is extended through 2030 along with some important policy changes.

Nancy O'Connor: Director of the Office of Program Operations and Local Engagement (OPOLE)

- During the Medicare and Marketplace open enrollment seasons, the Office of Program Operations & Local Engagement Office (OPOLE) held over 1,000 enrollment events last fall, helping consumers understand their choices so they could make informed coverage decisions based on their needs.
- OPOLE is currently working to educate Medicare beneficiaries and their caregivers about the $35 out-of-pocket cap on insulin costs, while also working to help consumers understand their rights under the No Surprises Act to protect them from surprise medical bills.
- OPOLE is heavily focused on understanding the unique needs of our rural and frontier communities, and we have a rural health coordinator in each regional office who is a

dedicated point of contact for rural stakeholders to understand needs and relay stories back to policymakers in CMS' headquarters.