

CMS QUARTERLY NATIONAL STAKEHOLDER CALL

July 18, 2023 | 1:00–2:00 PM ET

Hosted by CMS Principal Deputy Administrator and Chief Operating Officer Jon Blum

Link to Transcript and Recording: <https://CMS.zoomgov.com/rec/share/pju6Wx5t8Yr-VtgUrwnHlMuCiAGdlxVjObrFH5rtxLBc3pwG0tGbjkAOV-vPsEg.qnP-WhSRExJco0X2>
Passcode: =8&sl.V6

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

SUMMARY

The Centers for Medicare & Medicaid Services (CMS) 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

Jon Blum: CMS Principal Deputy Administrator and Chief Operating Officer

- At CMS, our day-to-day operations are guided by a comprehensive plan built on six pillars. The six pillars include promoting health care equity, facilitating better coverage access, fostering meaningful partnerships, driving innovation, protecting our programs' sustainability, and striving for excellence to be a model of best-in-class operations.
- CMS is currently preparing to switch payments for COVID-19 vaccines, ensuring that payers will be paid directly. Our commitment to payers, providers, and consumers is to have the CMS payment systems, along with those we regulate, ready by the fall. This will facilitate a smooth transition from direct government purchases of vaccines to their delivery by the private sector.

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

- Under the new Inflation Reduction Act, there is now a monthly cap of \$35 for Medicare Part D beneficiaries regarding medications like insulin. Starting July 1, the \$35 monthly cap also applies under Medicare Part B or Medicare Advantage coverage to individuals using a traditional pump for insulin. These changes benefit at least 1.4 million Americans with Medicare, including some people who previously were paying as much as \$400 a month for life-saving insulin. The law also expands the Medicare Extra Help program for

an additional 3 million people with help paying for their Medicare Part D premiums and cost-sharing for their prescriptions.

- We have recently issued revised guidance for the implementation of the Medicare Drug Price Negotiation Program, with a strong emphasis on prioritizing patient experience and the needs of people with Medicare. During the negotiation process, there will be additional opportunities for engagement, including patient-focused listening sessions. Additionally, this spring, we issued several proposed rules addressing inpatient hospitals and other facilities, aiming to advance health equity and support underserved communities by rewarding excellent care for those populations.
- In its proposed policies for 2024, CMS is introducing substantial changes in behavioral health within the Medicare program. These changes include the addition of a new benefit for intensive outpatient program services that aims to address the existing coverage gap for individuals with Medicare needing more frequent services than individual therapy outpatient visits but less intensive than a partial hospitalization program. This proposal represents one of the most significant advancements in behavioral health under Medicare to date.

Dan Tsai: CMS Deputy Administrator and Director of the Center for Medicaid and Children's Health Insurance Program (CHIP) Services

- During the Unwinding period, CMS has focused on collaborating with state partners to ensure compliance with federal rules and regulations. Efforts have been made to guarantee that every individual enrolled in the program receives their entitled full Medicaid enrollment process. CMS has issued policy waivers and flexibilities to simplify the eligibility process, streamline managed care plans' outreach, and allowed states to delay procedural terminations. These actions aim to maintain coverage for eligible individuals and improve the overall efficiency of the enrollment process.
- At CMS, we have invested considerable time and effort in proposing new regulations around access and managed care within Medicaid and CHIP. Our aim is to establish a standard for these programs nationwide, ensuring equitable access to quality health care services.
- CMS has provided major guidance on school-based Medicaid, encouraging states to utilize these services for enhanced access, especially for kids with mental health and other challenges.
- CMS has observed a substantial number of terminations during the initial months of Medicaid eligibility renewals, and we are particularly troubled by the high proportion of procedural terminations. These terminations occur when individuals are unable to respond, possibly due to not receiving mail or being unaware of the renewal process.

Jeff Grant: Deputy Director for Operations of the CMS Center for Consumer Information and Insurance Oversight

- The Special Enrollment Period is currently available for individuals who lose Medicaid or CHIP, and it will remain open until July of next year. Additionally, HealthCare.gov offers excellent resources and record-breaking affordability with remarkable subsidies to assist those who lose their coverage during the Unwinding period.
- As part of the Unwinding communications strategy, we are employing Open Enrollment style outreach and advertising campaigns, specifically targeting individuals who are disenrolled from Medicaid and CHIP. We have allocated historic levels of funding to support Navigators who are engaging in direct outreach efforts to assist people in enrolling for coverage.

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

- The COVID-19 Public Health Emergency, or PHE, ended on May 11, 2023. CCSQ worked diligently to ensure that providers and the health care system at large were well-informed and had the necessary resources to return to normal operations.
- In April, CMS released a strategy for Organ Procurement Organizations (OPOs), nonprofit entities responsible for the safe and equitable procurement, distribution, and transplantation of human organs for potential transplant recipients. OPOs play a crucial role in supporting donor families, managing organ donors clinically, and educating the public about organ donation. The strategy was accompanied by the 2023 OPO Public Performance report, providing insights into the first full year of performance for the 56 OPOs nationwide.
- As of July 6, 2023, Medicare coverage has been expanded to include Biogen and Eisai's Leqembi (lecanemab), a drug approved by the FDA to treat individuals with Alzheimer's disease. With the FDA's decision to grant traditional approval to the drug, CMS now provides broader coverage for this medication while actively collecting data to better understand its effectiveness and impact.
- In December 2022, CMS revealed the logo for the Birthing-Friendly Hospital Designation during the groundbreaking We Can Do Better: Advancing Maternity Care Together—Maternal Health Convening. This fall, the designation will be displayed on CMS' Care Compare website and on participating health plan websites to highlight hospitals that have received the Birthing-Friendly Hospital Designation for the first time.

Ellen Lukens: Deputy Director for Policy at the CMS Innovation Center

- Last month, the CMS Innovation Center introduced the Making Care Primary Model (MCP). This model builds upon CMS' previous experience with primary care tests and aims to enhance and sustain advanced primary care for a diverse group of participants, serving a wider range of patients. The primary goal is to improve the quality of care, promote health equity, and enhance overall patient outcomes through comprehensive and accessible primary care services. The official launch of the model is scheduled for July 1, 2024.
- The Enhancing Oncology Model launched on July 1, involving 561 oncology sites across 34 states. The primary objective of this model is to find ways to enhance the quality of care provided to Medicare patients undergoing cancer treatment.
- This July, the Innovation Center published a Request for Information to solicit public input on the upcoming round of episode-based payment models. Stakeholders are encouraged to provide feedback, which will help inform the development of the next model. The deadline to submit comments is August 17.

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

- The Coverage to Care initiative offers resources for consumers and partners in up to 10 languages to help people understand health care coverage and stay connected to regular care. The recently updated Partner Toolkit includes a Roadmap to Better Care, Roadmap to Behavioral Health, Prevention Flyers, and more, prepared in English and Spanish.
- In June, we hosted the inaugural CMS Health Equity Conference at Howard University. The primary objective of the conference was to convene health equity leaders from CMS, the Department of Health and Human Services, and the broader health care system. The event provided a platform for these experts to engage in discussions

covering a wide array of topics, including maternal health, tribal health, inclusive and accessible care for individuals with disabilities, LGBTQ+ health, and the social determinants on health, among others.

- 500 individuals attended the conference in person, while an additional 1,000 participated virtually. The conference included representatives from eight federal agencies and featured numerous sessions with a diverse panel of 60 speakers.

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

- The Biden-Harris Administration is dedicated to enhancing the quality of care in nursing homes nationwide, including through increased transparency of ownership information. CPI has implemented measures to require nursing homes, hospitals, home health agencies, and hospices to disclose ownership interests from private equity companies and real estate investment trusts. In addition, CPI released nursing home ownership information last September and made data available on Nursing Home Care Compare in June to identify affiliated entities, enabling better understanding of the costs and quality of nursing home care.
- Last year, a program integrity strategy was devised to tackle potentially fraudulent hospices in Arizona, California, Nevada, and Texas. The strategy includes site visits, enhanced oversight, and proposed regulatory changes, all aimed at providing high-quality end-of-life care for Medicare beneficiaries.
- In June 2023, CPI issued seven suspensions based on the reasonable suspicion that an agent or a broker may have engaged in fraud or abusive conduct. We have already terminated two of those agent brokers.