

CMS QUARTERLY NATIONAL STAKEHOLDER CALL

October 17, 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/wsgHtsIMyUpoa2kplclQKf2GOzRCYrPGBfqsJdmAg6Lo31tlUTdKIYhicP6zAT4A.XFtcuYPiosOi4Dfe> Passcode: qIDk\$g06

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's recent accomplishments and how our cross-cutting initiatives are advancing 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, we've been dedicated to improving the navigability of CMS's website and providing information to people with Medicare coverage about their various health care coverage options. We've particularly emphasized two important policies during this year's Medicare Open Enrollment. First, ensuring that people are well-informed about what they are entitled to and the benefits they can expect when choosing between Medicare Advantage, Part D, and traditional Medicare. Additionally, we've worked on strengthening our marketing practices, with the aim of making these changes noticeable to both people with Medicare coverage and all our stakeholders throughout the Open Enrollment Period.
- The Inflation Reduction Act has significant implications for people with Medicare coverage, particularly seniors and people with disabilities. In 2024, there will be substantial benefit expansions, including the introduction of a catastrophic limit for those with high prescription drug costs. During this year's open enrollment, we are actively promoting enrollment in Medicare Savings Programs and the Low-Income Subsidy (LIS). We encourage our partners to spread the word about these programs, as they are highly effective for seniors, people with disabilities, and those with modest incomes seeking coverage.

Jon Blum: CMS Principal Deputy Administrator and Chief Operating Officer

- There are a couple of numbers that underscore the agency's dedication to ensuring program effectiveness and highlight CMS's ongoing growth and impact. 642: In the past year, CMS has welcomed 642 new staff members, which is approximately 10% of the workforce. While hiring has slowed somewhat due to fiscal uncertainties, CMS remains committed to recruiting top talent. 3,290: CMS has made over 3,000 separate contract awards in the past fiscal year, totaling close to \$8 billion, marking a 12-time record for the agency. This extensive contracting activity demonstrates the substantial work being undertaken.
- CMS has entered a new phase in its approach to covering and paying for vaccines, testing, and coverage. These services were previously covered by the federal government but have now transitioned to the commercial market, providing those services through traditional channels. In response to this change, CMS and private payers had to make changes to their systems to ensure seamless reimbursement processes.
- The third point to highlight is our ongoing concern for cybersecurity. We are committed to remaining increasingly vigilant, especially for those who contract with or work with CMS and those who handle CMS data. We will be implementing stronger protections and security requirements. Expect more guidance, focus, and technical support for those working with CMS to enhance information protection and safety in the future.

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

- During Medicare Open Enrollment which runs through December 7, individuals with Medicare can assess their options. They can make changes to their health plan or prescription drug plan, switch to traditional Medicare (Part A and B) or choose a Medicare Advantage plan. Notably, those with Medicare who require insulin will not pay more than \$35 for a month's supply of each covered insulin product. This applies to individuals with Medicare drug coverage (Part D) and all Part B-covered insulins. Furthermore, people with Medicare drug coverage won't have any out-of-pocket costs for vaccines, including the shingles vaccine, that are recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.
- To strengthen Medicare, we've been actively promoting value-based care initiatives. An exciting development is that Accountable Care Organizations (ACOs) within the Medicare Shared Savings Programs saved Medicare a substantial \$1.8 billion in 2022. This marks the sixth consecutive year of generating overall savings alongside high-quality performance results and represents the second-highest annual savings since the program's inception over a decade ago.

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

- CMS is looking forward to [HealthCare.gov](https://www.healthcare.gov)'s eleventh Open Enrollment Period beginning November 1 and running through January 15. It will feature a combination of robust, easy-to-understand plan options, an improved customer experience, large-scale outreach, advertising and enrollment assistance, and continued record affordability thanks to the Inflation Reduction Act.

- We are actively working to enhance consumer protections within the commercial health insurance market. We released a proposed rule on July 7 on short-term limited-duration insurance. If finalized, this rule would ensure that insurance plans that lack the protections afforded by the Affordable Care Act are limited to their intended scope and make them transparent to consumers seeking coverage. These proposed changes align with the Affordable Care Act's objectives of expanding access to affordable, comprehensive coverage, fortifying health insurance markets, and improving consumer awareness of coverage choices.
- Additionally, CCIIO, in collaboration with the Departments of Labor and the Treasury, has issued a proposed rule on mental health parity. If this rule is ultimately enacted, it will bolster the existing mental health parity law's protections, guaranteeing that mental and behavioral health services are provided on par with physical health services within health insurance plans.

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

- Our top priority at the Center for Medicaid and CHIP Services is Medicaid renewals. The primary goal is to ensure uninterrupted coverage across these programs.
- North Carolina has undertaken the expansion of its Medicaid program, an exciting Agency priority reflecting the culmination of extensive efforts and collaborative work spanning several years. Our teams have been actively and resolutely engaged in providing comprehensive support to the state, ensuring the seamless launch of the Medicaid expansion.
- Federal statute now mandates that all states must ensure continuous enrollment for children for at least 12 months starting from January 1, 2024. Extensive collaboration with state colleagues and guidance development have been underway to prepare for this significant change. Notably, several states have been granted approval for continuous eligibility for children up to the age of six, and there are expectations of additional states requesting this soon.

Arrah Tabe-Bedward: Deputy Director, CMS Center for Medicare and Medicaid Innovation (CMS Innovation Center)

- On July 31, 2023, the CMS Innovation Center introduced the Guiding and Improved Dementia Experience Model (GUIDE Model). GUIDE aims to improve the quality of life for individuals with dementia, ease the burden on caregivers, and extend the time people can remain in their homes and communities, reducing the need for long-term nursing home placement. This model recognizes the vital role of caregivers and is the first to target reductions in federal spending on nursing home placement. Keep an eye out for the Request for Applications for the GUIDE Model later this fall.
- On September 5, 2023, the CMS Innovation Center introduced the States Advancing All-Payer Health Equity Approaches and Development Model (AHEAD Model). AHEAD seeks to revamp health care spending by increasing investments in primary care while reducing costs in other areas to control overall expenditure. This model draws insights from various state models and aligns with our strategy for health system transformation and sustainability. Participating states will set targets to improve Medicare cost growth, increase primary care investment, and improve quality and equity. Funding will be available for up to eight states or regions, with a Notice of Funding Opportunity expected this fall.

- Over the summer, the CMS Innovation Center sought input on a future episode-based payment model through a Request for Information. The comment period has closed, and we are now reviewing the feedback. We received positive responses regarding our commitment to episode-based care accountability, which is crucial for long-term investment. The collected input will help us better support and encourage specialist engagement in future models.

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

- In honor of National Sickle Cell Awareness Month in September, CMS introduced the CMS Sickle Cell Disease (SCD) Action Plan. This plan is designed to address the distinctive challenges faced by individuals with sickle cell disease and outlines CMS's commitment to reducing health disparities and enhancing health outcomes for those affected by this condition. The action plan primarily concentrates on four key areas: expanding coverage and access, enhancing quality of care, advancing equity and engagement, and analyzing data and analytics.
- We remain dedicated to enhancing the capacity of health care organizations and the workforce to address disparities. Two notable initiatives are the Minority Research Grant Program (MRGP), which supports research into public health disparities, and the Health Equity Data Access Program (HEDAP), which provides funding for data access focused on minority health. The MRGP grants were awarded to Morgan State University, the University of New Mexico Health Sciences Center, and California State University San Marcos Corporation. HEDAP recipients for this year include the George Washington University, the University of Kansas Medical Center Research Institute, and the University of Missouri System. Additional information is available on the CMS website.
- In partnership with the CMS Office of Communications, we are working to improve language access and promote awareness of Medicaid renewals. This involves a media plan using radio ads in languages like Chinese, Hindi, Korean, Tagalog, and Vietnamese in 16 states. These radio ads encourage affected consumers to update their information, complete renewal forms, and explore coverage options on [HealthCare.gov](https://www.healthcare.gov).

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

- To combat inappropriate billing, we suspended payments for COVID-19 over-the-counter tests on June 22, 2023, and implemented about 150 provider payment suspensions pending further investigation. We've since reinstated payments for legitimate tests and strengthened safeguards to prevent wrongful payments. Our commitment to addressing complaints remains, and we encourage reporting of fraudulent billing.
- CMS has taken action to address hospice provider fraud, particularly in Arizona, California, Nevada, and Texas. A nationwide hospice site visit program has been launched, involving visits to nearly 6,700 Medicare-enrolled hospices. Approximately 450 of these hospices are under review for potential deactivation or revocation of Medicare billing privileges. The goal is to ensure that hospices provide quality end-of-life care to people with Medicare coverage, and we are collaborating with stakeholders to support compliant hospices.

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

- On September 1, 2023, we released a proposed rule to establish comprehensive nurse staffing standards for long-term care facilities, aiming to ensure safe, high-quality care for residents. It comprises three key staffing components: minimum standards for

Registered Nurses and Nurse's Aides, 24/7 on-site presence of a Registered Nurse, and updates to facility assessment requirements. The proposal aims for a balanced approach to enhance care quality while considering challenges, especially in rural areas. Comments are encouraged until the November 6, 2023 deadline.

- On June 22, 2023, CCSQ introduced the Transitional Coverage for Emerging Technologies (TCET) pathway, a new Medicare coverage approach. TCET aims to ensure early access to new technologies for people with Medicare coverage, reduce innovator uncertainty, and promote evidence development. In addition, CMS also issued guidance documents on Coverage with Evidence Development and Evidence Review and initial guidance on health outcomes in priority therapeutic areas.

Kerry Branick: Deputy Director, CMS Federal Coordinated Health Care Office

- People with Medicare coverage who receive Supplemental Security Income (SSI) are now automatically eligible for the comprehensive Medicare Savings Program known as the Qualified Medicare Beneficiary (QMB) group. This QMB group covers Medicare premiums and cost-sharing. Previously, many states required a separate application for QMB, even after an individual qualified for SSI. The new final rule eliminates this additional application requirement and mandates that most states enroll SSI recipients in the QMB program. As a result, we anticipate that nearly 300,000 people with Medicare coverage on SSI will now have access to QMB assistance for Medicare premiums and cost-sharing.
- We have revised the family size definition for Medicare Savings Programs to encompass relatives in the same household, offering assistance to multi-generational families, including those where grandparents are raising their grandchildren.
- Together, these provisions will improve access to care and economic security for over 860,000 low-income older adults and persons with disabilities.

Dr. Natalia Chalmers: CMS Chief Dental Officer, Office of the Administrator

- CMS has launched the Oral Health Cross-Cutting Initiative (Oral Health CCI) with the goal of expanding oral health coverage across Medicaid, CHIP, Medicare, and the Marketplace, partnering with states, health plans, and health care providers to improve access to oral health services.
- In Medicaid, a two-year quality improvement collaborative focused on enhancing oral health prevention in primary care has benefited numerous people with Medicaid coverage. All 50 states and the District of Columbia now provide dental coverage to pregnant or postpartum Medicaid enrollees for at least 60 days following pregnancy. Additionally, a mandatory reporting requirement for oral health-related measures in the Child Core Set will commence in 2024, emphasizing oral exams, fluoride application, and dental sealants.
- In Marketplace, we finalized two policies in the 2024 Payment Notice regarding Stand-Alone Dental Plans (SADPs) to reduce consumer confusion and improve operational efficiencies.
- In Medicare, we codified that Medicare payment under Parts A and B could be made when dental services are furnished in association with specific covered medical treatment in both inpatient and outpatient settings.