

## CMS QUARTERLY NATIONAL STAKEHOLDER CALL

**November 1, 2022 | 3:00–4:00 p.m. ET**

**Hosted by CMS Administrator Chiquita Brooks-LaSure**

Link to Transcript and Recording:

<https://www.cms.gov/files/document/transcriptnatstakeholdercallwithoa11012022.pdf>

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 more about 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

- This summer marked the 57<sup>th</sup> anniversary of the Medicare and Medicaid programs.
- In the past few months, several groundbreaking initiatives focused on whole-person care and advancing equity started in Massachusetts and Oregon. Children in Oregon are now eligible for continuous coverage through age six. In Massachusetts, homeless individuals are now qualified for 24 months of continuous Medicaid coverage.
- The Medicare Shared Savings Program saved Medicare \$2 billion in 2021, and in 2023, Medicare beneficiaries with prescription coverage will have access to free recommended vaccines.
- Also, in the year 2023, people will get their covered insulin with no deductible and will pay no more than \$35 for a month's supply of each covered insulin prescription.
- For this year's 10<sup>th</sup> Marketplace open enrollment period, nearly 100 million dollars in grant funding was awarded to 59 returning navigator organizations to help people navigate enrollment through the marketplace coverage and Medicare and CHIP, the largest navigator funding award ever.

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

- The government is moving quickly to implement the Inflation Reduction Act (IRA), which will increase financial stability for seniors and individuals with disabilities. The IRA will reduce insulin costs and enable vaccines at no out-of-pocket cost in 2023, and place a \$2,000 cap on out-of-pocket drug costs beginning in 2025.
- CMS recently released a final rule that improves Medicare enrollment, including special enrollment periods for people affected by disaster, those formerly incarcerated, and those who lost Medicaid eligibility.
- The Medicare Shared Savings Program has proven to be a success and will continue to be developed, saving more than 1.6 billion dollars in 2021. CMS proposed numerous updates to the program, including giving money upfront to small providers in rural and underserved areas, and rewarding excellent care delivered to underserved populations.

**Ben Walker:** Director, Open Enrollment, Federally Facilitated Marketplace, Center for Consumer Information and Insurance Oversight

- Open enrollment for Marketplace Coverage is occurring from November 1, 2022, to January 15, 2023. December 15, 2022 is the last day to pick a plan for coverage starting January 1, 2023. Access to this information and more is available at [healthcare.gov](https://healthcare.gov).
- Enhanced subsidies under the American Rescue Plan have helped millions of Americans see an average of 50% savings on their premiums in the last 18 months. As a result of the Inflation Reduction Act, these subsidies will be available through 2025, and 4 out of 5 consumers will continue to find a plan on the marketplaces for a premium of less than 10 dollars per month.
- The IRS has finalized a new rule to fix the “family glitch.” This rule will increase the number of people eligible to receive tax credits to make the purchase of Marketplace Coverage more affordable.
- We continue to prepare – and help our partners prepare – for the eventual end of the public health emergency. Our communication strategy consists of a multi-channel approach that includes television, radio, digital, and direct consumer messaging to help people transition from Medicaid to the marketplaces or other coverage after the public health emergency ends.

**Dr. Lee Fleisher:** Chief Medical Officer and Director, Center for Clinical Standards and Quality

- CMS is committed to improving the safety and quality of maternity care and appreciates the thoughtful comments in response to our maternal health request for information (RFI).
- We recently finalized two maternal health measures. The first, cesarean birth, assesses the number of C-section deliveries at a hospital, and the second, severe obstetric complications, assesses the proportion of severe complications that occur during delivery hospitalizations.
- In 2023, the Birthing-Friendly Hospital designation will be available to the public. This designation will provide valuable information about hospitals with a demonstrated commitment to reducing maternal morbidity and mortality by implementing best practices and advancing health care quality and safety for pregnant and postpartum patients.

**Dan Tsai:** Deputy Administrator and Director, Center for Medicare and Medicaid and CHIP Services

- 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 people maintain eligibility for these vital programs after the eventual end of the public health emergency.
- In response to the Safer Communities Act and the President's Executive Order, CMS published guidance regarding children's behavioral health. The guidance includes best practices among different states, advice on reducing administrative barriers for school districts trying to implement school-based Medicaid, and other information.

**Dr. Elizabeth Fowler:** Deputy Administrator and Director, Center for Medicare and Medicaid Innovation

- CMS announced the 2023 participants in the Medicare Advantage (MA) Value-Based Insurance Design (VBID) Model. This model aims to test and evaluate health innovations to enhance the quality and cost of care for people enrolled in the MA program.
- The Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model will extend through 2025, and changes were made to the model based on stakeholder feedback.
- To mark the first anniversary of the Strategy Refresh publication, a report is forthcoming to provide updates on accomplishments and future goals.

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

- Following the CMS framework for health equity and in response to stakeholder input, OMH is working to expand the collection and analysis of demographic data within our programs and will share a further update on the next call.
- To connect with partners and stakeholders, CMS held roundtable discussions and listening sessions to receive feedback on issues such as gaps in coverage and gender identity data collection.
- CMS has awarded the recipients of the Minority Research Grant Program (MRGP). This program aims to support researchers at minority-serving institutions exploring how CMS can better meet the health care needs of racial and ethnic minority groups, people with disabilities, members of the LGBTQ+ community, and other underserved groups.

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

- During the pandemic, the Center for Program Integrity used its emergency waiver and regulatory authorities to create flexibility so providers could focus on responding rapidly to the public health emergency. When the public health emergency ends, most previous billing and safety requirements will be re-established. CMS is developing strategies to help providers make a smooth transition, and will release guidance in the future.
- To improve transparency on nursing home ownership, on September 26, 2022, CMS released new ownership data for all skilled nursing facilities enrolled in Medicare. This list includes information on over 15,000 nursing homes and facilities.