CMS Region 7 Updates – 02/14/2020

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Affordable Care Act/Health Insurance Marketplace

Marketplace Webinar Invitation

Wednesday, February 19 from 2:00 PM ET to 3:00 PM ET

We are pleased to announce that in response to feedback from the Assister community, the Centers for Medicare and Medicaid Services (CMS) has changed the way it delivers technical assistance on Marketplace policy and operations for Assisters. Assister webinars are now being held monthly, on Wednesdays, and focus on new Marketplace policies as well as more advanced content, including how to navigate complex Marketplace eligibility and enrollment consumer scenarios.

Please join us for Marketplace updates and one webinar presentation on Wednesday, February 19, at 2:00 PM ET. This presentation will provide guidance about Special Enrollment Periods (SEPs) and will focus on navigating eligibility for SEPs and resolving SVIs and DMIs .

Who Should Attend:

Navigators and certified application counselors (CACs), agents, and brokers.

When:

Wednesday, February 19 from 2:00 PM to 3:00 PM ET

RSVP:

To facilitate a quicker registration process on the day of the event, please register for the session by visiting the following link:

February 19 2020 Assister Webinar

Space is limited – we strongly encourage individuals from the same organization to gather in a common room and participate as a group using a single computer.

The audio portion of the webinar will be delivered via your computer. Please check your computer settings in advance to ensure that your speaker volume is adjusted appropriately. Using Google Chrome as your internet browser seems to provide the best audio experience. Please be sure to push the blue "play" icon on the left side near the Alternate Audio tab. If you cannot hear audio through your computer speakers, please refer to the Alternate Audio tab on the left side of the webinar screen for more tips.

Please try to log in 5 minutes in advance so that audio links can be made.

###

3 Steps to Enroll in SHOP Coverage

Open Enrollment may be over, but the Small Business Health Options Program (SHOP) is open year-round! There's still time to get health coverage for your small business in 2020. Follow these three steps to get ready to enroll:

1. **Visit HealthCare.gov to learn about SHOP.** See if your business qualifies for SHOP coverage and how it can benefit your business. To find the best plan for your business and employees, consider the price, benefits, and features. You'll also want to think about how much money you're able to spend for group insurance

and when you want coverage to start. Some businesses may also qualify for the Small Business Health Care Tax Credit!

2. **Talk to your employees.** Ask your employees about their coverage needs. This will help you with your insurance decision, and you'll get an idea of how many employees might participate.
3. **Get help.** Licensed agents and brokers registered with SHOP can help you understand your insurance options and enroll in coverage at no additional cost to you or your employees. You can also enroll through your insurance company.

###

Opioid Epidemic Initiative

Rural Communities Opioid Response Program-Implementation

NOTICE OF FUNDING OPPORTUNITY (HRSA-20-031) Fiscal Year 2020 Application Due Date: April 24, 2020

Apply for this grant on Grants.gov.

The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year 2020 Rural Communities Opioid Response Program-Implementation (RCORP-Implementation). The application cycle closes on **April 24, 2020**.

Successful RCORP-Implementation award recipients will receive $1 million for a three-year period of performance to enhance and expand substance use disorder (SUD), including opioid use disorder (OUD), service delivery in high-risk rural communities. Award recipients will implement a set of core SUD/OUD prevention, treatment, and recovery activities that align with the U.S. Department of Health and Human Services' (HHS) Five-Point Strategy to Combat the Opioid Crisis.

Award recipients are encouraged to leverage workforce recruitment and retention programs like the National Health Service Corps (NHSC) and learn more about how to become an NHSC site and NHSC site benefits. NHSC-approved sites provide outpatient, primary healthcare services to people in health professional shortage areas.

All domestic public and private entities, nonprofit and for-profit, are eligible to apply and all services must be provided in HRSA-designated rural areas (as defined by the Rural Health Grants Eligibility Analyzer). Applicants **do not** need to be current or former RCORP-Planning award recipients to apply for this funding opportunity.

The applicant organization must be part of an established network or consortium that includes at least three other separately-owned (i.e., different Employment Identification Number (EIN)) entities. At least two of these entities must be located in a HRSA-designated rural area. Tribes and tribal organizations under the same tribal government must still meet the consortium criteria of four or more entities, but are only required to have a single EIN located in a HRSA-designated rural area to be eligible.

HRSA plans to award approximately 89 grants to rural communities as part of this funding opportunity.

To learn more about the RCORP program, visit https://www.hrsa.gov/rural-health/rcorp.

To learn more about how HRSA is addressing the opioid epidemic, visit https://www.hrsa.gov/opioids.

###

Influenza and Corona Virus

Public Health News Alert: CMS Develops New Code for Coronavirus Lab Test

The Centers for Medicare & Medicaid Services (CMS) took further action to ensure America's healthcare facilities and clinical laboratories are prepared to respond to the threat of the 2019-Novel Coronavirus (COVID-19). Specifically, CMS developed a new Healthcare Common Procedure Coding System (HCPCS) code for providers and laboratories to test patients for SARS-CoV-2. This code will allow those labs conducting the tests to bill for the specific test instead of using an unspecified code, which means better tracking of the public health response for this particular strain of the coronavirus to help protect people from the spread of this infectious disease.

Healthcare providers who need to test patients for Coronavirus using the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel may bill for that test using the newly created HCPCS code (U0001). The Medicare claims processing system will be able to accept this code on April 1, 2020 for dates of service on or after February 4, 2020. HCPCS is a standardized coding system that Medicare and other health insurers use to submit claims for services provided to patients.

Summary of CMS Public Health Action on Coronavirus to date:

On February 6, 2020, CMS issued a memo to help the nation's healthcare facilities take critical steps to prepare for COVID-19. To view a copy of the memo and see more details, visit: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/information-healthcare-facilities-concerning-2019-novel-coronavirus-illness-2019-ncov

On February 6, 2020, CMS also gave CLIA-certified laboratories information about how they can test for SARS-CoV-2. To read more about those efforts, visit: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/notification-surveyors-authorization-emergency-use-cdc-2019-novel-coronavirus-2019-ncov-real-time-rt

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Influenza Activity Continues: Are Your Patients Protected?

People over 65 are at a greater risk of developing serious complications from seasonal influenza. The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for everyone 6 months and older. As long as influenza viruses are circulating, it is not too late to get vaccinated – to help protect your patients, your staff, and yourself.

Medicare Part B covers:

- Influenza virus vaccine once per influenza season
- Additional influenza vaccines if medically necessary

For More Information:

- Medicare Preventive Services Educational Tool
- Influenza Resources for Health Care Professionals (PDF) MLN Matters Article
- Influenza Vaccine Payment Allowances (PDF) MLN Matters Article
- CDC Influenza website

- CDC Information for Health Professionals webpage
- CDC Fight Flu Toolkit webpage
- CDC Make a Strong Flu Vaccine Recommendation webpage

###

CMS Prepares Nation's Healthcare Facilities for Coronavirus Threat

Agency reinforces infection control responsibilities and guidelines for testing to detect coronavirus

Under the leadership of President Donald Trump and Secretary of Health and Human Services Alex Azar, the Centers for Medicare & Medicaid Services (CMS) is taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the 2019-Novel Coronavirus (2019-nCoV). Specifically, CMS issued two memoranda to advise health care providers and State Survey Agencies (SAs), the entities that inspect healthcare facilities to ensure compliance with current CMS requirements and safety standards, with important information about infection control procedures and the use of certain laboratory tests. CMS is committed to the protection of patients and residents from the spread of infectious disease.

Every Medicare participating facility in the Nation's healthcare system must adhere to standards for infection prevention and control in order to provide safe, high quality care. The first memo provides information on infection control policies and practices. In addition, CMS urges SAs and health care facilities to review the information provided by the Centers for Disease Control and Prevention (CDC) to aid in self-assessment of infection control and emergency preparedness protocols. The memo also provides links to training and self-assessment tools for facilities to use as they review their processes and, if necessary, improve their practices.

"We are working diligently to ensure surveyors and health care providers across the country understand and comply with critically important guidelines that are designed to stop the spread of infectious diseases and keep patients free from harm," said CMS Administrator Seema Verma.

In 2016, CMS established national emergency preparedness requirements to assist providers in planning for natural and man-made disasters and coordinating with federal, state, tribal, regional and local emergency preparedness systems. The guidance for the Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers emphasized the need for all hazards preparation. In February 2019, CMS took additional steps to ensure facilities include planning for infectious diseases within their emergency preparedness program and added "emerging infectious diseases" to the scope of an all-hazards planning approach.

CMS is authorized to ensure quality testing at laboratories under the Clinical Laboratory Improvement Amendments (CLIA) and provides guidance to laboratories to meet CLIA requirements to ensure that laboratories produce accurate, reliable and timely results while being responsive to the pressing needs of our health care providers. The second memo issued today notifies SAs about guidelines related to the use of a laboratory test for 2019-nCoV, authorized on February 4, 2020 by the Food and Drug Administration (FDA), which has been deployed into CDC-qualified laboratories to test for 2019-nCoV.

On February 26, 2019, CMS, FDA, and CDC created a Tri-Agency Task Force for Emergency Diagnostics to standardize the process for implementing use of diagnostic to respond to testing needs during a crisis through the FDA's Emergency Use Authorization (EUA) process. The FDA issued an EUA for CDC-approved laboratory tests to identify the presence of Coronavirus in patients on February 4, 2020. To support the issuance of the EUA, CMS is providing guidance through this memo to help surveyors confirm that all CLIA-certified laboratories are following protocols to ensure accurate testing and patient safety. The purpose of this Tri-Agency Task Force was to provide timely recommendations to laboratories for rapid implementation of emergency diagnostic tests. This memo is the first issued under that collaborative effort.

For more information about the CMS's efforts to help facilities prepare for Coronavirus, visit: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/information-healthcare-facilities-concerning-2019-novel-coronavirus-illness-2019-ncov

For more information about how CLIA-approved laboratories can test for Coronavirus, visit: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/notification-surveyors-authorization-emergency-use-cdc-2019-novel-coronavirus-2019-ncov-real-time-rt

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Information Regarding Patients with Possible Coronavirus Illness

The U.S. Centers for Disease Control and Prevention (CDC) has issued information on the respiratory illness caused by the 2019 Novel Coronavirus (2019-nCoV). Links to these documents are provided.

Healthcare Facility Expectations: CMS strongly urges the review of CDC's guidance and encourages facilities to review their own infection prevention and control policies and practices to prevent the spread of infection.

The Centers for Medicare & Medicaid Services (CMS) is committed to the protection of patients and residents of healthcare facilities from the spread of infectious disease. Every Medicare participating facility in the Nation's healthcare system must adhere to standards for infection prevention and control in order to provide safe, high quality care. As concerns arise with the emerging 2019 Novel Coronavirus (2019-nCoV) threat, CMS encourages all healthcare facilities to carefully review the information provided by our partners at the U.S. Centers for Disease Control and Prevention (CDC). CDC has issued an updated interim Health Alert Network (HAN) Advisory, information about CDC's response to 2019-nCoV as well as recommendations for healthcare facilities. Because coronavirus infections can rapidly appear and spread, facilities must take steps to prepare, including reviewing their infection control policies and practices to prevent the spread of infection.

CMS recognizes the need to consider "emerging infectious diseases" in a provider's emergency preparedness plans as required by the 2016 Emergency Preparedness Final Rule (81 FR 63860, 63862, September 16, 2016). Recent public health events such as the Ebola virus, 2009 pandemic H1N1 influenza, and Zika outbreaks highlight the critical need for providers to be prepared by planning for infectious disease response within their organizations. In February 2019, CMS updated guidance to emphasize the need for preparation and now we are seeing the importance of this effort. Patients expect quality care from their healthcare providers and part of that means being ready for emergency situations that might arise. Understanding all of the various hazards to prepare for emergencies, such as 2019-nCoV, improves patient outcomes and provides protection to patients, family members as well as staff in healthcare settings.

To ensure health and safety, CMS also expects healthcare staff and surveyors (contractors, Federal, State, and Local) to comply with basic infection control practices. For 2019 novel coronavirus, CDC is currently advising adherence to Standard, Contact, and Airborne Precautions, including the use of eye protection (for more information, see CDC's Interim Infection Control Recommendations for 2019-nCoV). Healthcare staff should also adhere to CDC recommendations on standard hand hygiene practices, using alcohol-based hand rub/hand sanitizer (ABHR/ABHS) as the preferred method of hand hygiene in most clinical situations. If hands are visibly soiled, wash with soap and water for at least 20 seconds. Healthcare facilities should ensure that hand hygiene supplies are readily available see CDC Hand Hygiene in Healthcare Settings for more detailed information.

In addition to the review of CDC information by healthcare facilities, we encourage the review of appropriate personal protective equipment (PPE) use and availability, such as gloves, gowns, respirators, and eye protection. CMS regularly observes these infection control practices as part of the normal survey process and

notes that applying the basic principles of hand hygiene and using appropriate PPE protects lives. Medicare participating healthcare facilities should also have PPE measures and protocols within their emergency plans, especially in the event of potential surge situations.

To assist facilities in self-assessment and review of their own practices, CMS provides several resources listed below including online courses developed in conjunction with CDC, focusing on universal infection control practices.

CMS continues to work diligently with CDC, Accrediting Organizations (AO) and State Survey Agencies to clarify, emphasize, and ensure that healthcare facility infection control programs meet minimum health and safety standards. This collaboration will support the CDC Clean Hands Count campaign which aims to improve healthcare provider adherence to hand hygiene recommendations. Additionally, during surveys in 2020, CMS and AO acute care surveyors will be alert to healthcare staff hand hygiene practices, including the use of ABHR/ABHS, in an effort to raise awareness of the need for hand hygiene and improve compliance. We know that adherence to basic infection control and prevention practices such as hand hygiene can help reduce the risk of infectious disease spread in all healthcare settings.

In light of the 2019-nCoV outbreak, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services has issued guidance to serve as a reminder of the ways that patient information may be shared so that the protections of the HIPAA Privacy Rule are not set aside during an emergency: https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf

CMS will continue to monitor the 2019-nCoV situation and support efforts of our partners at the CDC. For the most current information please refer to the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/index.html

Additional information related to CMS requirements and training are located at the following links:
CMS Emergency Preparedness Website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep

CMS Hospital Infection Control Self-assessment tool: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-12-Attachment-1.pdf

CMS Universal Infection Control Training Course:
https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSUIPC_ONL

CMS Nursing Home Infection Preventionist Training: https://www.train.org/cdctrain/training_plan/3814

Nursing Home Infection Control Worksheet:
https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf

CDC Clean Hands Count for Safe Healthcare
https://www.cdc.gov/features/handhygiene/index.html

Questions about this memorandum should be addressed to QSOG_EmergencyPrep@cms.hhs.gov. Questions about the 2019-nCoV guidance/screening criteria should be addressed to the State Epidemiologist or other responsible state or local public health officials in your state.
Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers, and the State/Regional Office training coordinators immediately.

###

Notification to Surveyors of the Authorization for Emergency Use of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel Assay and Guidance for use in CDC Qualified Laboratories

Memorandum Summary

• The Centers for Medicare & Medicaid Services (CMS) is providing guidance to surveyors in regards to the authorization for emergency use of the Centers for Disease Control (CDC)'s 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel assay and the deployment into CDC qualified, and, certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) to perform high complexity tests).

• Assays that have been issued an Emergency Use Authorization (EUA) by the United States Food and Drug Administration (FDA) remain subject CLIA regulations.

• The CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel assay and the corresponding protocols have been developed by the CDC for use by CDC qualified laboratories and the assay has been issued an EUA from the FDA.

• Upon receipt of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel assay and corresponding Manufacturer's Instructions (MI), CDC qualified laboratories will verify assay performance specifications in their laboratory per the manufacturer's instructions.

• CMS is also providing guidance for surveyors to notify their CMS Location if they discover a laboratory using an assay without an EUA that is testing for the same agent for which the emergency has been declared, or a modified EUA assay. The CMS Location will notify CMS Baltimore.

Background

The FDA Emergency Use Authorization (EUA) of Medical Products and Related Authorities Guidance for Industry and Other Stakeholders document describes key legal authorities to sustain and strengthen national preparedness for public health, military, and domestic emergencies involving chemical, biological, radiological, and nuclear (CBRN) agents,

including emerging infectious disease threats. The rapid development and deployment of emergency assays is afforded through the EUA authority under Section 564 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb-3). This permits the FDA Commissioner to authorize the emergency use of an unapproved medical product or an unapproved use of an approved medical product for certain emergency circumstances, if certain criteria are met, after there is a determination and the Secretary of Health and Human Services (HHS) issues a declaration that circumstances exist justifying the authorization of emergency use of the medical product. The EUA remains in effect until the emergency declaration is terminated or until the FDA revokes the authorization. The emergency use of an assay under an EUA must be consistent with the terms of the Letter of Authorization, including the Scope and Conditions of Authorization.

As of December 31, 2019, active 2019-Novel Coronavirus (2019-nCoV) transmission has occurred in Wuhan City, Hubei Province, China. At that time, there were no FDA approved/cleared tests available that could detect and/or diagnose 2019-nCoV in clinical specimens in the United States. CDC recently developed a test for the detection of 2019-nCoV infections in humans and was authorized for emergency under an EUA by FDA on February 4, 2020.

Discussion

The CDC 2019-nCoV Real-Time Reverse Transcriptase Polymerase Chain Reaction (rRT-PCR) assay is a molecular in vitro diagnostic test that aids in the detection of 2019-nCoV and is based on widely used nucleic acid amplification technology. The product contains oligonucleotide primers and dual-labeled hydrolysis probes and control material used in rRT-PCR for the in vitro presumptive qualitative detection of 2019-nCoV RNA in upper and lower respiratory specimens.

CMS has coordinated with the CDC to ensure the establishment of performance verification specifications for assays developed and tested by CDC. Subsequent assay performance verification on site at each CDC qualified laboratory is required. Inclusion as a CDC qualified laboratory, as defined in the assay's Manufacturer's Instructions (MI) for use, is not automatic, and members must demonstrate certain capabilities and capacities, and meet established agent-specific performance standards. The CDC assay's manufacturer instructions requires at least one set of assay verification results from each laboratory. CMS encourages laboratories to further evaluate assay performance while testing continues and more patient samples with known results become available.

Assays that have been authorized for emergency use by the FDA remain subject to the CLIA regulations. Laboratories must follow any and all manufacturer's instructions.

Verification of Performance Specifications
Upon receipt of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel and corresponding Manufacturer's Instructions for Use (MI), CDC qualified laboratories will verify the assay performance specifications as per the Manufacturer's Instructions.

Resources
For guidance regarding the verification of performance specifications for EUA assays, please refer to QSO 18-19-CLIA.

For a complete list of all assays authorized for use under EUA, please refer to the FDA link https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

Laboratory Use of Assays Without FDA Emergency Use Authorization
Surveyors should determine if the laboratory is using an assay that has been authorized for emergency use by the FDA. Surveyors should notify their CMS Location if they discover a laboratory using an assay without an EUA that is testing for the same agent for which an emergency has been declared, or a modified EUA assay. The CMS Location will notify CMS Baltimore
.
Contact: Questions related to this policy memorandum may be submitted to: LabExcellence@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/CMS Locations training coordinators within 30 days of this memorandum.

###

Medicare Diabetes Prevention Program (MDPP)

Diabetes Management Resources

CMS released two new resources to address diabetes management for type 2 diabetes and prediabetes complications.

- Diabetes Management: Directory of Provider Resources (PDF)
- A Culturally and Linguistically Tailored Type 2 Diabetes Prevention Resources Inventory (PDF)

For more information, visit the Quality Improvement & Inventions webpage.

###

The Deadline to Submit Your 2019 Registration and Attestation Information

The deadline to submit 2019 data for the Centers for Medicare & Medicaid Services (CMS) Medicare Promoting Interoperability Program using the QualityNet system is **March 2, 2020**.

Specific submission details for each program are listed below:

- **Medicare Eligible Hospitals and Critical Access Hospitals (CAHs)** must attest to CMS through the QualityNet Secure Portal.
- **Medicaid Eligible Professionals (EPs), Eligible Hospitals, CAHs** should follow the requirements of their State Medicaid agencies to submit their meaningful use attestation.
- **Dual-Eligible Hospitals and CAHs** who qualify for both the Medicare and Medicaid Promoting Interoperability Programs are required to demonstrate meaningful use to CMS through the QualityNet Secure Portal and **not** their State Medicaid agency.

Registering on Behalf of a Medicaid EP?

If you are registering on behalf of a Medicaid EP, you must have an Identity and Access Management System (I&A) web user account (User ID/Password) and be associated with the EP's National Provider Identifier (NPI). If you are working on behalf of one or more EPs and do not have an I&A web user account, please visit I&A Security Check to create one.

Note: States and territories will not necessarily offer the same functionality for registration and attestation in the Medicaid Promoting Interoperability Program. Check with your state or territory's Promoting Interoperability Program to see what functionality is offered.

Additional Resources

- QualityNet Secure Portal
- Eligible Hospital Information Webpage
- QualityNet Secure Portal Enrollment and Login User Guide

For More Information

Visit the Registration and Attestation page on the CMS Promoting Interoperability Programs website.

Medicare & dual-eligible hospitals participating in the Medicare & Medicaid Promoting Interoperability Programs may contact the QualityNet help desk for assistance at 1 (866) 288-8912 or qnetsupport@hcqis.org.

###

Learn More About Medicare Promoting Interoperability Program Requirements for 2020

In the Fiscal Year (FY) 2020 Medicare Hospital Inpatient Prospective Payment System (IPPS) for Acute Care Hospitals and the Long-term Care Hospital (LTCH) Prospective Payment System Final Rule, the Centers for Medicare & Medicaid (CMS) finalized changes to the Medicare Promoting Interoperability Program for eligible hospitals, critical access hospitals (CAHs), and dual-eligible hospitals attesting to CMS.

The final rule adopted policies that will continue the advancement of certified EHR technology (CEHRT) utilization, further reduce burden, and increase interoperability and patient access to their health information.

Changes for 2020 include:

- The Query of Prescription Drug Monitoring Program (PDMP) Measure will remain optional, be worth 5 bonus points, and will require a Yes/No attestation (retroactive to 2019).
- The Verify Opioid Treatment Agreement Measure has been removed.
- A reduction from 16 Clinical Quality Measures (CQMs) down to 8 total which are available to choose from, but participants must only report on 4 CQMs. The reporting period has also been changed to a self-selected calendar quarter.

The following requirements will continue unchanged as finalized in 2019:

- Minimum of a continuous 90-day EHR reporting period for new and returning program participants
- The requirement to use the 2015 Edition CEHRT
    - *Note:* The 2015 Edition functionality must be in place by the first day of the EHR reporting period and the product must be certified to the 2015 Edition criteria by the last day of the EHR reporting period. The eligible hospital or CAH must be using the 2015 Edition functionality for the full EHR reporting period. In many situations the product may be deployed, pending certification.
- A set of four required objectives:
    - Electronic Prescribing
    - Health Information Exchange
    - Provider to Patient Exchange
    - Public Health and Clinical Data Exchange
- A performance-based scoring methodology (including completion of the Security Risk Analysis)

For More Information

For more information on the reporting requirements and additional Promoting Interoperability Program information, please visit the 2020 Medicare Promoting Interoperability Program Requirements webpage.

###

CY 2020 QPP Final Rule – Updates for QCDRs and Registries Summary Available

This message is to notify stakeholders that the CY 2020 Physician Fee Schedule (PFS) Final Rule for the Quality Payment Program was released and published in the Federal Register on November 15, 2019. You may refer to the newly posted 2020 QPP Final Rule – Updates for QCDRs and Registries that contains a summary of changes which may impact your QCDR or Qualified Registry during the CY 2020 and/or future MIPS performance periods.

If you have questions regarding the CY 2020 PFS Final Rule, please direct them to the Quality Payment Program at QPP@cms.hhs.gov or by phone at 1-866-288-8292.
Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

###

Medicare and Medicaid Updates

Proposed Changes to Medicare Advantage and Part D

Proposed Changes to Medicare Advantage and Part D Will Provide Better Coverage, More Access and Improved Transparency for Medicare Beneficiaries

The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule and the Advance Notice Part II to further advance the agency's efforts to strengthen and modernize the Medicare Advantage and Part D prescription drug programs. The changes proposed today would lower beneficiary cost sharing on some of the most expensive prescription drugs, promote the use of generic drugs, and allow beneficiaries to know in advance and compare their out-of-pocket payments for different prescription drugs.

Together, these proposed changes advance President Trump's Executive Orders on Protecting and Improving Medicare for Our Nation's Seniors and Advancing American Kidney Health as well as several of the CMS strategic initiatives. The proposed changes described in the Advance Notice are expected to increase plan revenue by 0.93%.

"Whether you're a senior dealing with kidney disease, living in a rural area, facing high costs because you need a specialty drug, or just want a better sense of what you'll owe for prescription drugs, these new CMS proposals will improve your Medicare experience," said HHS Secretary Alex Azar. "President Trump has been laser-focused on strengthening and protecting Medicare for our seniors, and these proposed improvements are the latest measures taken under the President's Medicare executive order."

As part of President Trump's commitments to promoting price transparency and lowering prescription drug prices, the proposed rule would require Part D plans to offer real-time drug price comparison tools to beneficiaries starting January 1, 2022, so consumers could shop for lower-cost alternative therapies under their prescription drug benefit plan. For example, beneficiaries would be able to compare drug prices at the doctor's office to find the most cost-effective prescription drugs for their health needs. In addition, if a doctor recommends a specific cholesterol-lowering drug, the patient could easily look up what the copay would be and see if a different, similarly effective option might save the patient money. With this tool, patients would be better able to know what they'll need to pay before they're standing at the pharmacy cash register, and pharmaceutical companies and plans would have to compete on the basis of the costs that patients face for their prescription drugs.

"In addition to giving those with kidney disease more choices, today's proposals shed desperately needed light on previously obscured out of pocket costs for prescription drugs, "said CMS Administrator Seema Verma. "At the same time, it strengthens plans' negotiating power with prescription drug manufacturers so American patients can get a better deal. The Trump Administration will stop at nothing to protect America's seniors."

In the Medicare Part D program, beneficiaries choose the prescription drug plan that best meets their needs. Many plans offering prescription drug coverage place drugs into different "tiers" on their formularies. Today, all drugs on a plan's specialty tier – the tier that has the highest-cost drugs – have the same level of cost sharing. The proposed rule would allow a second, "preferred" specialty tier in Part D with a lower cost sharing amount. This proposal is designed to give Part D plans more tools to lower out of pocket costs for enrollees. Plans would be able to demand a better deal from manufacturers of the highest-cost drugs in exchange for placing their products on the "preferred" specialty tier.

Under the Part D program, plans currently do not have to disclose to CMS the measures they use to evaluate pharmacy performance in their network agreements. CMS has heard concerns from pharmacies that the measures plans use to assess their performance are unattainable or otherwise unfair. The measures used by plans potentially impact pharmacy reimbursements. Therefore, the proposed rule would require Part D plans to

disclose such information to enable CMS to track how plans are measuring and applying pharmacy performance measures. CMS will also be able to report this information publicly to increase transparency on the process and to inform the industry in its new efforts to develop a standard set of pharmacy performance measures. CMS is also seeking comment on Part D pharmacy performance measures more broadly, including stakeholders' recommendations for potential Part D Star Ratings metrics that could incentivize the uptake of a standard set of measures once the industry establishes one.

One way to help lower drug prices for beneficiaries is to encourage greater use of lower price generics and biosimilars. In general, plans are already achieving high utilization rates, but there is room to do better. In the Advance Notice, CMS is seeking comment on potentially developing measures of generic and biosimilar utilization in Medicare Part D as part of a plan's star rating. This would reward plans based on the rate at which they encourage market adoption of these competitor products and lower costs for patients.

Currently, beneficiaries with End-Stage Renal Disease (ESRD) are only allowed to enroll in Medicare Advantage plans in limited circumstances. Today's proposed rule implements the 21st Century Cures Act requirements to give all beneficiaries with ESRD the option to enroll in a Medicare Advantage plan starting in 2021. This will give patients with ESRD access to more affordable Medicare coverage choices and extra benefits such as transportation or home-delivered meals.

Starting this year, Medicare Advantage beneficiaries are able to access additional telehealth benefits not offered under Medicare Fee-for-Service, giving patients the option to receive health care services from more convenient locations, like their homes, rather than requiring them to go to a health care facility. CMS is proposing to build on the current benefits and give Medicare Advantage plans more flexibility to count telehealth providers in certain specialty areas like psychiatry, neurology, or cardiology towards network adequacy standards, which would encourage greater use of telehealth services as well as increase plan choices for beneficiaries. These proposed changes aim to give seniors more plan choices in rural areas, increase competition between plans, and allow providers to take advantage of the latest healthcare technologies and innovations.

CMS is also proposing to enhance the Medicare Advantage and Part D Star Ratings to further increase the impact that patient experience and access measures have on a plan's Star Rating. The Star Ratings system helps people with Medicare, their families, and their caregivers compare the quality of health and drug plans being offered. One of the best indicators of a plan's quality is how its enrollees feel about their coverage experience. This proposal reflects CMS's commitment to put patients first and improves incentives for plans to focus on what patients value and feel is important.

Continuing the fight against the opioid epidemic, the proposed rule implements several provisions of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act that require Part D plans to educate beneficiaries on opioid risks, alternate pain treatments, and safe disposal of opioids. The proposed rule also expands drug management programs and medication therapy management programs, through which Part D plans review with providers opioid utilization trends that may put beneficiaries at-risk and provide beneficiary-centric interventions. These provisions will help prevent and treat opioid overuse.

And finally, as part of our Patients Over Paperwork initiative to reduce unnecessary burden, increase efficiencies, and improve the beneficiary experience, in the proposed rule, CMS is seeking comment on many longstanding policies on the Medicare Advantage and Part D programs that have been adopted through sub-regulatory guidance such as the annual Call Letter and other guidance documents. CMS looks forward to feedback on the proposed rule. Comments may be submitted electronically through our e-Regulation website at:https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/eRulemaking?redirect=/eRulemaking

CMS will accept comments on all proposals in the Advance Notice through Friday, March 6, 2020, before publishing the final Rate Announcement by April 6, 2020. To submit comments or questions electronically, go to www.regulations.gov, enter the docket number "CMS-2020-0003" in the "search" field, and follow the instructions for ''submitting a comment.''

For a fact sheet on the CY 2021/2022 Medicare Advantage and Part D Proposed Rule (CMS-4190-P), please visit: https://www.cms.gov/newsroom/fact-sheets/contract-year-2021-and-2022-medicare-advantage-and-part-d-proposed-rule-cms-4190-p-1

The proposed rule can be downloaded from the Federal Register at: https://www.federalregister.gov/documents/2020/02/18/2020-02085/medicare-and-medicaid-programs-contract-year-2021-and-2022-policy-and-technical-changes-to-the

The 2021 Medicare Advantage and Part D Advance Notice Part II Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/2021-medicare-advantage-and-part-d-advance-notice-part-ii-fact-sheet-0

Medicare Advantage and Part D Advance Notice Part II, please visit: https://www.cms.gov/files/document/2021-advance-notice-part-ii.pdf

A blog about Increasing Access to Generics and Biosimilars in Medicare will be available at https://www.cms.gov/blog/increasing-access-generics-and-biosimilars-medicare

###

Publication of FY 2022 SNF Annual Payment Update (APU) Overview Table

CMS published the FY 2022 SNF Annual Payment Update (APU) table. This table indicates the data elements CMS will use for FY 2022 SNF QRP APU determinations. The SNF APU table is available in the document titled "FY-2022-SNF-QRP-APU-Table-for-Reporting-Assessment-Based-Measures-and-SPADEs-Finalized.pdf" in the Downloads section of the SNF Quality Reporting Program Measures and Technical Information webpage

###

Upcoming Webinars, Events and Other Updates

Request for Information Regarding Rural Maternal Health Care

CMS is seeking public comments regarding rural maternal and infant health care. We are releasing a request for information to learn about opportunities to improve access, quality, and outcomes for women in rural communities before, during and after pregnancy. We are also gathering information on the readiness of rural providers to respond to obstetric emergencies in rural areas.

Read more about the Request for Information

Submit Comments by April 12 at 11:59 PM ET

###

Substance Use Disorders: Availability of Benefits Listening Session

Tuesday, February 18 from 1:30 to 3 pm ET

Register for Medicare Learning Network events.

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) outlines national strategies to help address opioid misuse. As part of Section 6084, CMS must evaluate the extent to which Medicare Advantage plans offer supplemental benefits to treat or prevent Substance Use Disorders (SUDs) not otherwise covered under traditional Medicare, including how clinicians are impacted by the availability of supplemental benefits used to treat SUDs.

CMS wants to collect your feedback on:

- What supplemental benefits do you use now to treat your Medicare Advantage patients with SUDs?
- Are there any challenges associated with accessing or using these supplemental benefits to treat patients, and if so, what are they?
- What benefits currently exist in the medical community for treatment of SUDs that you would like to see offered by your Medicare Advantage plan in the future?

Target Audience: Clinicians and state and national associations that represent health care providers.

###

HRSA: Creating a Competitive Grant Proposal Webinar!

Ever wonder what it takes to write a competitive grant proposal? Interested in improving your grant writing skills and understanding the components of completing successful grant applications? If yes, then join us for this webinar!

This webinar is designed for health and human services organizations, training programs, and educational organizations. This webinar will highlight where and how to find HRSA funding opportunities as well as HRSA technical assistance resources followed by a presentation on how to create a competitive grant proposal.

Date: February 19, 2020 **Time:** 10:00 am - 11:30 am CST

Registration available here.

Featured Speaker
Jay Blackwell, MA
Director of Programs
Umoja Behavioral Health, PC

Please share this invitation with partners who may be interested in attending and learning more about HRSA funding opportunities and tips for successful grant writing.

###

Springfield Missouri Telehealth Meeting

The Health Resources and Services Administration (HRSA), Office of Regional Operations invites you to attend the **Springfield Missouri Telehealth Meeting on Wednesday, April 22nd**. The meeting will include a Telehealth 101 presentation and an overview of telehealth investments and resources. A listening session will also be held to discuss barriers/challenges, champions/innovators, local best practices, and identify telehealth resources and technical assistance needs of participants.

To attend this *free* event, **register here**.

Date: Wednesday, April 22, 2020 **Time:** 8:15 am – 12:00 pm

Location: Meyer Orthopedic & Rehabilitation Hospital
Ozark Room
3535 S. National Avenue
Springfield, Missouri 65807

Meeting Topics at a Glance

- Telehealth investments and resources
- Legislative and regulatory updates
- Explore barriers/challenges, local best practices
- Identify telehealth funding opportunities

Please share this invitation with partners who may be interested in attending and learning more about telehealth.

For more information, contact Richard Overcast at ROvercast@hrsa.gov.

###

HRSA: Grants 101 Workshop in Springfield, Missouri

Register: https://www.eventbrite.com/e/springfield-grants-101-workshop-tickets-93078033905

Date: April 23, 2020 Time: 8:30 AM – 4:45 PM

Location

- Missouri State Alumni Center
- Hospitality Room
- 300 South Jefferson Ave
- Springfield, MO 65806

Workshop Topics at a Glance

- Federal grant application process
- Federal and local funding opportunities
- HRSA grant resources and technical assistance
- Common mistakes and tips for creating a successful grant application

Who Should Attend?

Community and faith-based organizations, hospitals, health centers, rural health clinics, community colleges, and public health departments interested in learning how to register for federal funding opportunities, where to find those opportunities, and how to create a more competitive grant proposal.

###

Telehealth Network Grant Program

Applications due April 13, 2020.

The Health Resources and Services Administration (HRSA) announced a new opportunity to apply for federal funding aimed towards promoting rural Tele-emergency services with an emphasis on tele-stroke, tele-behavioral health, and Tele-Emergency Medical Services (Tele-EMS). This will be achieved by enhancing telehealth networks to deliver 24-hour Emergency Department (ED) consultation services via telehealth to rural providers without emergency care specialists. The program will invest approximately $8.7 million over four years to support up to 29 applicant organizations.

> **Applicant TA Webinar** February 24, 2020 2:00 - 3:30 p.m. Eastern Time Call-in number: 888.843.6163 Participant code: 6066171
> Weblink: https://protect2.fireeye.com/url?k=61d220cc-3d8609e7-61d211f3-0cc47a6d17cc-17beed41f0b64120&u=https://hrsa.connectsolutions.com/telehealth_network_grant/

###

Telehealth Resource Center Program Request for Information

The Health Resources and Services Administration (HRSA) is seeking comments regarding the upcoming Telehealth Resource Center (TRC) Program Notice of Funding Opportunity. HRSA is gathering public input to assess how the TRC could better serve rural and underserved populations, comments are due **March 6, 2020**.

Distance Learning and Telemedicine Program - Applications due April 10, 2020.
The U.S. Department of Agriculture (USDA) announced that is accepting applications for grants to help increase access to education, training and health care resources in rural communities. Read the full stakeholder announcement here. **DLT Funding Opportunity Announcement**

###

###

Marketplace Webinar Invitation

Wednesday, February 19 from 2:00 PM ET to 3:00 PM ET

We are pleased to announce that in response to feedback from the Assister community, the Centers for Medicare and Medicaid Services (CMS) has changed the way it delivers technical assistance on Marketplace policy and operations for Assisters. Assister webinars are now being held monthly, on Wednesdays, and focus on new Marketplace policies as well as more advanced content, including how to navigate complex Marketplace eligibility and enrollment consumer scenarios.

Please join us for Marketplace updates and one webinar presentation on Wednesday, February 19, at 2:00 PM ET. This presentation will provide guidance about Special Enrollment Periods (SEPs) and will focus on navigating eligibility for SEPs and resolving SVIs and DMIs.

Who Should Attend:

Navigators and certified application counselors (CACs), agents, and brokers.

When:

Wednesday, February 19 from 2:00 PM to 3:00 PM ET

RSVP:

To facilitate a quicker registration process on the day of the event, please register for the session by visiting the following link:

February 19 2020 Assister Webinar

Space is limited – we strongly encourage individuals from the same organization to gather in a common room and participate as a group using a single computer.

The audio portion of the webinar will be delivered via your computer. Please check your computer settings in advance to ensure that your speaker volume is adjusted appropriately. Using Google Chrome as your internet browser seems to provide the best audio experience. Please be sure to push the blue "play" icon on the left side near the Alternate Audio tab. If you cannot hear audio through your computer speakers, please refer to the Alternate Audio tab on the left side of the webinar screen for more tips.

Please try to log in 5 minutes in advance so that audio links can be made.

###

MLN Connects

News

- DMEPOS Items Subject to Prior Authorization
- Influenza Activity Continues: Are Your Patients Protected?
- Open Payments Registration
- Promoting Interoperability Programs: Deadline to Submit 2019 Data is March 2
- Quality Payment Program: Updated Explore Measures Tool
- Quality Payment Program: MIPS 2020 Call for Measures and Activities
- Medicare Promoting Interoperability Program: Requirements for 2020
- SNF Quality Reporting Program: FY 2022 APU Table
- Reassignment of Medicare Benefits: Revised CMS-855R Required May 1
- February is American Heart Month

Compliance

- Proper Coding for Specimen Validity Testing Billed in Combination with Urine Drug Testing
- Outpatient Rehabilitation Therapy Services: Comply with Medicare Billing Requirements

Claims, Pricers & Codes

- ICD-10-CM: New Diagnosis Code for Vaping-related Disorders Effective April 1

Events

- Substance Use Disorders: Availability of Benefits Listening Session — February 18
- Ground Ambulance Organizations: Reporting Volunteer Labor Call — February 20
- Dementia Care: CMS Toolkits Call — March 3
- Hospice Item Set Data Submission Requirements Webinar — March 3
- Part A Providers: QIC Appeals Demonstration Call — March 5
- Ground Ambulance Organizations: Data Collection for Public Safety-Based Organizations Call — March 12

MLN Matters® Articles

- Update to the Home Health Grouper for New Diagnosis Code for Vaping Related Disorder
- Updates to Ensure the Original 1-Day and 3-Day Payment Window Edits are Consistent with Current Policy
- Update to the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for Vaping Related Disorder — Revised
- January 2020 Update of the Hospital Outpatient Prospective Payment System (OPPS) — Revised
- Provider Enrollment Appeals Procedure
- Quarterly Influenza Virus Vaccine Code Update - July 2020
- 2020 Annual Update to the Therapy Code List — Revised
- 2020 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List — Revised

Publications

- Diabetes Management Resources
- Caring for Medicare Patients is a Partnership — Revised
- Medicare Mental Health
- Medicare Provider Enrollment

Multimedia

- MAC Listening Session: Audio Recording and Transcript

###

New / Updated CMS Products

Your Medicare Benefits

2020 Medicare Costs

The Part D Late Enrollment Penalty

###

Did You Know?

The **2020 Federal Poverty Levels** have been published.

February is American Heart Month. Medicare Part B (Medical Insurance) covers cardiovascular screening blood tests once every 5 years.

The **National Training Program (NTP) website** has many Medicare resources, PowerPoints and job aids that can be used to educate people to make informed health care decisions.

###

Social Security Scams

Protect Yourself from Social Security Scams

Be on the lookout for fake calls and emails

Securing today and tomorrow

Telephone and email scammers are pretending to be government employees. They may threaten you and may demand immediate payment to avoid arrest or other legal action. Do not be fooled!

If you receive a suspicious call:

1. **HANG UP**
2. **DO NOT GIVE MONEY OR PERSONAL INFORMATION**
3. **REPORT THE SCAM AT *OIG.SSA.GOV***

What to look out for

The caller says there is a **problem** with your Social Security number or account.

Scammers **pretend** they're from Social Security or another government agency. Caller ID or documents sent by email may look official but **they are not.**

Any call asking you to pay a fine or debt with retail gift cards, wire transfers, pre-paid debit cards, internet currency, or by mailing cash.

Callers threaten you with arrest or other legal action.

Be Alert

Social Security may call you in some situations but will **never**:

- Threaten you
- Suspend your Social Security number
- Demand immediate payment from you
- Require payment by cash, gift card, pre-paid debit card, or wire transfer
- Ask for gift card numbers over the phone or to wire or mail cash

Be Active

Protect yourself, friends, and family!

- If you receive a questionable call, hang up and report it at ***oig.ssa.gov***
- Don't return unknown calls
- Ask someone you trust for advice before making any large purchase or financial decision
- Don't be embarrassed to report if you shared personal information or suffered a financial loss
- Learn more at ***oig.ssa.gov/scam***
- Share this information with others

Social Security Administration | Publication No. 05-10535 | February 2020 | Produced at U.S. taxpayer expense

Unsubscribe

If you wish to unsubscribe from future CMS Region 7 emailings, please send an email to Lorelei Schieferdecker at Lorelei.Schieferdecker@cms.hhs.gov with the word "Unsubscribe" in the subject line.