



CMS RHC UPDATE

LOUISIANA BPCRH RURAL HEALTH WORKSHOP

June 25, 2019

Carmen Irwin

Health Insurance Specialist/

Rural Health Coordinator

CMS Dallas Regional Office

MEDICARE RHC UPDATES

- Rural Health Strategy
- Telehealth expansion
- Patients over Paperwork
- Opioids
- New Medicare Cards/ E Medicare

A black street sign with white lettering that reads 'MAIN ST.' is mounted on a black post. The sign is slightly tilted and is set against a background of lush green foliage. A smaller, similar sign is visible below it, also on the same post.

And CMS has furthered this commitment by introducing the first ever Rural Health Strategy. The goals of our Rethinking Rural Health Initiative are to develop programs and policies that ensure rural Americans have access to high quality care, support rural providers and not disadvantage them, address the unique economics of providing healthcare in rural America, and reduce unnecessary burdens in a stretched system to advance our commitment to improving health outcomes for Americans living in rural areas.

Remarks by Administrator Seema Verma at the National Rural Health Association Annual Conference
(As prepared for delivery – May 8, 2019)

CMS
RURAL HEALTH
STRATEGY

<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Rural-Strategy-2018.pdf>

INFORMATION & QUESTIONS

- **Information on the Medicare RHC Program:**

<https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html>

- **Questions on Medicare Payment and Policies:** RHC@cms.hhs.gov

TELEHEALTH EXPANSION

- Payment to FQHCs and RHCs for Virtual Check-Ins
- Discussion on expansion of telehealth with regards to Opioid addiction/ mental health.
- Medicare Advantage plans to offer innovative telehealth services as part of their basic benefit.



PATIENTS OVER PAPERWORK

AT CMS, WE STRIVE TO
MAKE PATIENTS OUR TOP
PRIORITY.

- CMS has established an internal process to evaluate and streamline regulations with a goal to reduce unnecessary burden, increase efficiencies, and improve the beneficiary, clinician, and provider experience.
- CMS is moving the needle to remove regulatory and policy obstacles that get in the way of providers spending time with patients and healthcare consumers.

PATIENTS OVER PAPERWORK

REQUEST FOR INFORMATION ON REDUCING ADMINISTRATIVE BURDEN TO PUT PATIENTS OVER PAPERWORK

- We are committed to eliminate overly burdensome and unnecessary regulations and sub-regulatory guidance to allow clinicians and providers to spend less time on paperwork and more time on their primary mission – improving their patients’ health.
- We are continuing and doubling down on efforts to decrease health care costs by reducing administrative burden.
- This RFI invites the public to submit ideas for regulatory, sub-regulatory, policy, practice, and procedural changes to better reduce burden from clinicians, providers, and patients and their families.
- We are looking for new ideas not conveyed during our first RFI as well as innovative ideas that may help broaden perspectives about potential solutions.
- CMS encourages stakeholders to submit comments by August 12, 2019.
- <https://www.federalregister.gov/documents/2019/06/11/2019-12215/request-for-information-reducing-administrative-burden-to-put-patients-over-paperwork>

PATIENTS OVER PAPERWORK

RESOURCES

Email: PatientsoverPaperwork@cms.hhs.gov

For more information visit:

<https://www.cms.gov/About-CMS/story-page/patients-over-paperwork.html>

Sign up for the newsletter here:

https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12350

Read past newsletters here:

<https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/PatientsOverPaperwork.html>

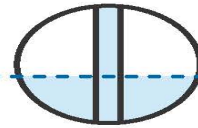
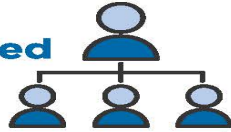
March 2019



CMS Roadmap

FIGHTING THE OPIOID CRISIS

Opioids killed more than 47,000 in 2017, or 130 people per day.¹



36% of all opioid overdose deaths involve a prescription opioid.¹



PRESCRIPTION OPIOID MISUSE



When used correctly, prescription opioids are **helpful** for treating pain.



The CDC issued **guidelines** for safe prescribing of opioids in primary care.



An estimated **11.4 million** people misused prescription opioids²—putting them at risk for dependence and addiction.



3 out of 4 people who used heroin misused prescription opioids first.³

OPIOID USE DISORDER



Over **two million** people have an opioid use disorder.



Treatment **options** exist, including medication-assisted treatment (MAT).



Only 20% of people with opioid use disorder receive treatment.³

[Learn more about prescription opioid misuse](#)

[Learn more about opioid use disorder and treatment](#)

KEY AREAS OF CMS FOCUS

As one of the largest payers of healthcare services, CMS has a vital role in addressing the opioid epidemic and is focused on three key areas:



PREVENTION

Manage pain using a safe and effective range of treatment options that rely less on prescription opioids



TREATMENT

Expand access to treatment for opioid use disorder



DATA

Use data to target prevention and treatment efforts and to identify fraud and abuse

SUCCESSES SO FAR



COVERAGE

CMS coverage policies now ensure some form of **medication-assisted treatment across all CMS programs**—Medicare, Medicaid, and Exchanges.



AWARENESS

CMS sent 24,000 letters in 2017 and 2018 to Medicare physicians to highlight that they were prescribing higher levels of opioids than their peers to incentivize safe prescribing practices.



DATA

CMS released data to show where Medicare and Medicaid opioid prescribing is high to help identify areas for additional interventions.



TRACKING

Due to safe prescribing policies, the number of Medicare beneficiaries receiving higher than recommended doses from multiple doctors **declined by 40% in 2017**.



BEST PRACTICES

CMS activated over 4,000 hospitals, 120,000 clinicians, and 5,000 outpatient settings through national quality improvement networks to rapidly generate results in reducing opioid-related events.



ACCESS

As of January 2019, CMS approved **21 state Medicaid 1115 demonstrations** to improve access to opioid use disorder treatment, including new flexibility to cover inpatient and residential treatment.

MOVING FORWARD

PREVENTION

Significant progress has been made in identifying inappropriate prescribing patterns



TREATMENT

Medicare, Medicaid, and private health plans provide some coverage for pain and opioid use disorder treatments



DATA

Data provides insight into doctor, pharmacy, and patient use of prescription opioids and effectiveness of treatment



CMS CAN BUILD ON THESE EFFORTS TO FURTHER:

- Identify** and stop inappropriate prescribing of opioids
- Enhance** diagnosis of OUD to get people the support they need earlier
- Promote** effective, non-opioid pain treatments

- Ensure** access to treatment across CMS programs and geography
- Give** patients options for a broader range of treatments
- Support** innovation through new models and best practices

- Understand** opioid use patterns across populations
- Promote** sharing of actionable data across continuum of care
- Monitor** trends to assess impact of prevention and treatment efforts

IMPLEMENTING THE SUPPORT ACT

The SUPPORT for Patients and Communities Act was enacted on October 24, 2018. CMS is implementing a number of new initiatives under that law that aim to increase options for treating beneficiaries with opioid use disorder, ensure prescriber accountability and improved safety for patients across CMS programs, and illuminate Medicaid prescribing data.



A CLOSER LOOK: DETAILED ACTIVITIES ON THE 2019 ROADMAP

PREVENTION

Continue reducing inappropriate opioid prescribing by:

- Implementing a new authority to limit Medicare beneficiaries to certain pharmacies and doctors (or "lock-in").
- Strengthening real-time prescription controls with the use of prescription drug databases and point of sale pharmacy edits.

Incorporate incentives for appropriate prescribing into future Medicare Quality Star Ratings and the Quality Payment Program.

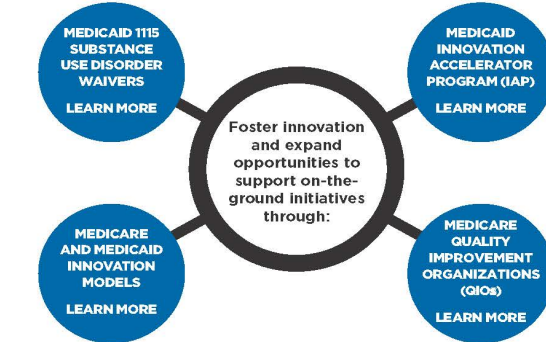
Align monitoring of systemic inappropriate prescribing to the CDC Guideline for primary care practitioners and partner with law enforcement to stop egregious prescribers.

Outline options and share best practices for state Medicaid agencies and other payers on non-opioid treatments and other tactics to help address pain and the opioid crisis.

TREATMENT

Identify and develop solutions for treatment barriers for pain and opioid use disorders across Medicare, Medicaid, and private health plans, including:

- Access to non-opioid pain treatments,
- Access to medication-assisted treatments (MAT), and
- Access to providers in rural and other low-access communities.

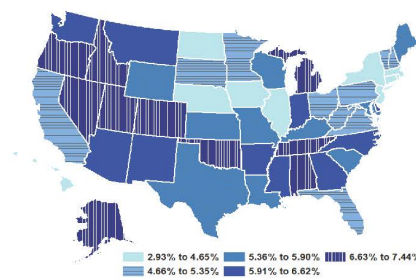


DATA & ANALYTIC TOOLS

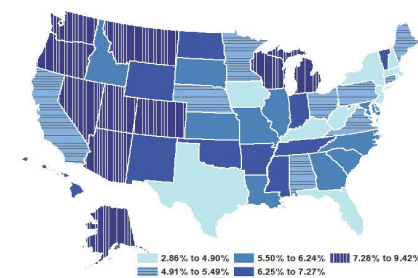
CMS will focus our data efforts and provide tools for states, plans and providers to:

- Monitor** success of prevention measures related to reducing overuse and misuse of prescription opioids.
- Improve** transparency tools and interoperability, and expand data tools like the "heat map" of prescribing rates in Medicare and Medicaid that help determine where to target safe prescribing efforts (see maps below).
- Analyze** prescription opioid use patterns across CMS programs and in special populations such as individuals in rural areas, with dual Medicare/Medicaid eligibility, and with certain health conditions.
- Support** state Medicaid program capacity to track and report data.

2016 MEDICARE PRESCRIBING RATES ⁴



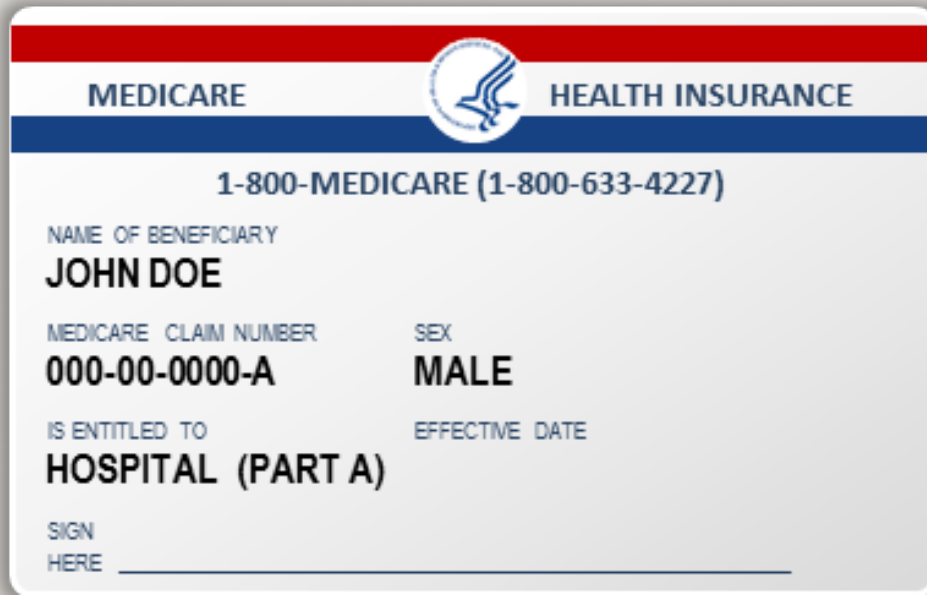
2016 MEDICAID PRESCRIBING RATES ⁵



WHERE CAN PATIENTS GO FOR MORE INFORMATION?

- Contact the Medicare drug plan. The contact information is in the member materials or on the patient's membership card.
- Read the "Your Guide to Medicare Prescription Drug Coverage" booklet. View or print the booklet at www.Medicare.gov/publications
- Read the "How Medicare Drug Plans use Pharmacies, Formularies, & Common Coverage Rules" document. View or print the document at <https://www.medicare.gov/Pubs/pdf/1136-Pharmacies-Formularies-Coverage-Rules.pdf>
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Contact the Medicare Rights Center: 1-888-HMO-9050.
- Call the State Health Insurance Assistance Program (SHIP). Visit www.shiptacenter.org or call 1-800-MEDICARE for the phone number of your SHIP.
- For resources and information about the National Opioid Crisis go to: www.hhs.gov/opioids or the Center for Disease Control (CDC) at: <https://www.cdc.gov/drugoverdose/epidemic/index.html>

NEW MEDICARE CARD



How can I replace my Medicare card?

If you need to replace your card because it's damaged or lost, sign in to your [MyMedicare.gov](https://www.mymedicare.gov) account to print an official copy of your Medicare card. If you don't have an account, visit [MyMedicare.gov](https://www.mymedicare.gov) to create one. If you need to replace your card because you think that someone else is using your number, call us at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

CMS ANNOUNCES NEW STREAMLINED USER EXPERIENCE FOR MEDICARE BENEFICIARIES

<https://www.youtube.com/watch?v=YUiHOnmun8s&feature=youtu.be>

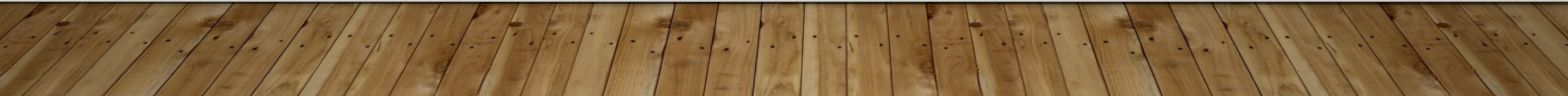


OTHER TOPICS

- DMEPOS Competitive Bidding
- CMMI Innovations
- ACO expansion & changes



Any
Questions



Carmen Irwin 214-767-3532

Carmen.Irwin@cms.hhs.gov

