

RURAL **HEALTH** WORKSHOP

2023 Medicare Updates



Speaker

- Carmen Irwin, CMS
 - Dallas Local Engagement and Administration (LEA)





CMS Initiatives
Louisiana Rural Health Workshop
June 21, 2023

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Topics

- Medicare “Unwinding” – Preparing for the End of the COVID-19 Public Health Emergency
- Hospital Price Transparency
- Medicaid Redeterminations – End of the Continuous Enrollment Condition

Preparing for the End of the COVID-19 Public Health Emergency

Background

- A [national emergency declaration](#) was issued in March of 2020, pursuant to Section 201 of the [National Emergencies Act](#) and several continuation notices were issued to [continue beyond March 1, 2022](#).
- Additionally, Congress enacted several major legislative initiatives to address COVID-19 including the [Families First Coronavirus Response Act](#) (FFCRA), the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#), the [American Rescue Plan Act](#) (ARPA), the [Inflation Reduction Act](#) (IRA), and the [Consolidated Appropriations Act, 2023](#) (CAA).
- [On Jan. 30, 2023, the Biden Administration announced](#) its intent to end the national emergency and Public Health Emergency (PHE) declarations related to the COVID-19 pandemic on May 11, 2023. The Centers for Medicare & Medicaid Services has resources available to help you prepare for the end of the PHE, some of which have been updated based on recent action by Congress. Many of the flexibilities have been in place since early 2020 to provide flexibility to waive or modify certain requirements in a range of areas, including in the Medicare, Medicaid, and Children's Health Insurance Programs (CHIP), and in private health insurance.

Preparation For the End of the COVID-19 PHE

- CMS used a combination of emergency authority waivers, regulations, enforcement discretion, and sub-regulatory guidance to ensure access to care and give health care providers the flexibilities needed to respond to COVID-19 and help keep people safer.
- Many terminated at the end of the PHE, as they were intended to address the acute and extraordinary circumstances of a rapidly evolving pandemic and not replace existing requirements.
- <https://www.cms.gov/coronavirus-waivers>

The CMS COVID-19 Response



Telehealth

People with Medicare can now get telehealth services from their home, increasing their access to care.



Care by Phone

Patients can consult with a doctor, nurse practitioner, psychologist, and others and Medicare will cover it.

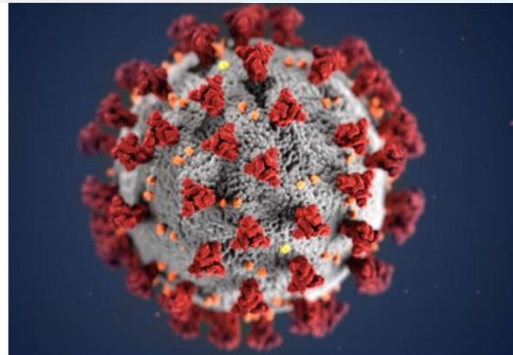


Expanding Hospital Capacity

Community resources like hotels, convention centers and surgery centers can be converted for hospital care.

COVID-19 Vaccine Policies & Guidance

We're giving you the information you need to provide the COVID-19 vaccine. We have many resources about coverage and billing for providers, state Medicaid plans, and private health plans.

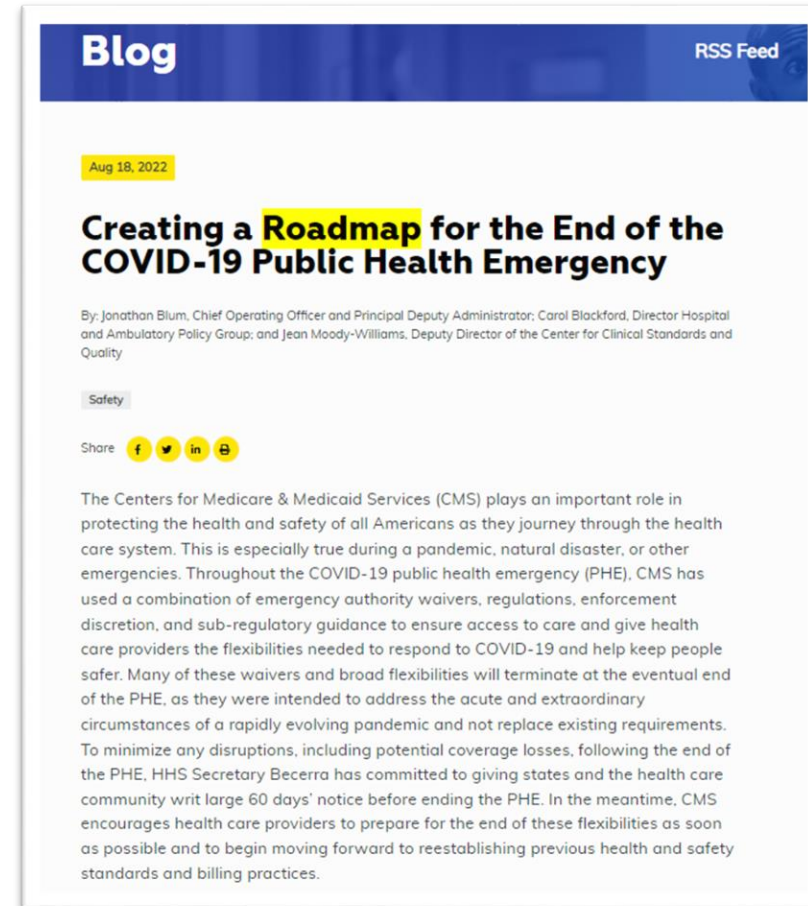


COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers

<https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf>

A Roadmap for the End of the COVID-19 PHE

- In August 2022, CMS released [roadmap](https://www.cms.gov/blog/creating-roadmap-end-covid-19-public-health-emergency) for the eventual end of the Medicare PHE waivers and flexibilities, to ensure that the health care system is more resilient and better prepared to adapt to future disasters and emergencies that we know we can expect.



CMS Roadmap: <https://www.cms.gov/blog/creating-roadmap-end-covid-19-public-health-emergency>

Flexibilities

- Sub-Regulatory Guidance
- Blanket Waivers
- Emergency Interim Regulations

Flexibilities and Waivers Ended May 11, 2023

- Skilled Nursing Facility (SNF) 3-Day In-Patient Hospital Stay
- COVID OTC Testing Demo
- Hospitals Without Walls

Waivers & Flexibility Timeline

May 11, 2023

The Public Health Emergency (PHE) for COVID-19 declared under section 319 of the Public Health Services Act, set to expire at the end of the day, May 11, 2023.

June, 2023

SNF enforcement discretion allowing pharmacies to administer vaccines in SNF ends.

December 31, 2023

Virtual supervision flexibility to expire.

December, 2024

Reduced reporting requirements for nursing home and hospitals

December 31, 2024

Most Medicare telehealth flexibilities provisions end.

May 11, 2023

Most blanket waivers will end in response to emergencies or natural disasters including scope of practice and health and safety waivers. OTC testing coverage ends.

December 31, 2023

Medicaid continuous enrollment condition will end.

April 30, 2024

End of nursing home and hospital reporting requirements.

December 31, 2024

Extension of Acute Hospital of Care at Home ends.



Acute Hospital Care At Home

- Acute Hospital Care at Home expanded CMS' Hospital Without Walls initiative as a part of a comprehensive effort to increase hospital capacity, maximize resources, and combat COVID-19 to keep people safe.
- CAA, 2023 extended program through December 31, 2024.
- Hospitals can still apply to participate. For more information on the program, please view our <https://qualitynet.cms.gov/acute-hospital-care-at-home>

Telehealth and Medicare

- Consolidated Appropriations Act of 2023
- Extended certain telehealth provisions until December 2024
 - Available in any geographic area — not just rural
 - Can be done in home rather than travelling to a facility
 - Audio only available for those without smart phones or computers

Telehealth and Medicare

- Medicare Advantage Plans may offer additional telehealth services.
- Accountable Care Organizations (ACOs) may offer telehealth services that allow primary care doctors to care for patients without an in-person visit.

Telehealth and Medicaid & CHIP

- Telehealth has been offered by many state Medicaid programs prior to the pandemic.
- Coverage varies by State
- Telehealth Toolkit:
<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit-supplement1.pdf>.

Medicare and Vaccines, Testing & Treatments

- Vaccine will continue to be available
- Testing with no cost sharing when ordered by a doctor or other qualified health care provider
- Treatment-continued access to oral antivirals

Medicaid & CHIP and Vaccines, Testing & Treatments

- American Rescue Plan Act of 2021
 - States must provide Medicaid & CHIP coverage without cost sharing through September 30, 2024.

Vaccination Requirements

- On November 5, 2021, the U.S. Department of Health and Human Services' Centers for Medicare & Medicaid Services (CMS) issued an interim final rule (CMS-3415-IFC) requiring Medicare and Medicaid-certified providers and suppliers to ensure that their staff were fully vaccinated for COVID-19 (i.e., obtain the primary vaccination series), which was a critical step to protect patients.
- On April 10, 2023, the President signed legislation that ended the COVID-19 national emergency. And on May 11, 2023, the COVID-19 public health emergency expired. In light of these developments and comments received on the interim final rule, CMS will soon end the requirement that covered providers and suppliers establish policies and procedures for staff vaccination.
- CMS continues to remind everyone that the strongest protection from COVID-19 is the vaccine. Therefore, CMS urges everyone to stay up to date with your COVID-19 vaccine

Useful Resources



[CMS
Emergencies
Page](#)



[What Do I Need to
Know? CMS
Waivers,
Flexibilities, and the
Transition Forward
from the COVID-19
Public Health
Emergency](#)



[Coronavirus Waivers
and Flexibilities](#)

Hospital Price Transparency: Review of Compliance Requirements

Hospital Price Transparency Final Rule Introduction

- On November 15, 2019, CMS finalized policies that lay the foundation for a patient-driven health care system by making prices for items and services provided by all hospitals in the United States more transparent for patients so that they can be more informed about what they might pay for hospital items and services
- [Final rule:](#)
 - Further advances the agency's commitment to increasing price transparency
 - Requirements apply to each hospital operating in the United States
 - Effective date is January 1, 2021
- The final rule implements Section 2718(e) of the [Public Health Service Act](#) and requires each hospital operating within the United States to establish (and update) and make public a yearly list of the hospital's standard charges for items and services provided by the hospital, including for diagnosis-related groups established under section 1886(d)(4) of the Social Security Act

Hospital Price Transparency Final Rule Overview

- Starting on January 1, 2021, each hospital operating in the United States is required to make this information available in two ways:

As a comprehensive machine-readable file with all items and services

AND

As a display of shoppable services in a consumer-friendly format

- Prior guidance required hospitals to post their “chargemasters” online in a machine-readable format. The Hospital Price Transparency final rule requirements supersede the prior guidance.

Standard Charges Must be Posted Two Ways:

1) Comprehensive Machine-Readable File:

- A single machine-readable digital file containing the following standard charges for all items and services provided by the hospital: [gross charges](#), [discounted cash prices](#), [payer-specific negotiated charges](#), and [de-identified minimum and maximum negotiated charges](#).
- Based on public comment, we believe this information and format is most directly useful for employers, providers, and tool developers who could use these data in consumer-friendly price transparency tools or who may integrate the data into electronic medical records and shared decision making tools at the point of care.

2) Consumer-Friendly Shoppable Services:

- Display of at least 300 “shoppable services” (or as many as the hospital provides if less than 300) that a health care consumer can schedule in advance. Must contain plain language descriptions of the services, group them with ancillary services, and provide the [discounted cash prices](#), [payer-specific negotiated charges](#), and [de-identified minimum and maximum negotiated charges](#).
- A ‘shoppable service’ is a service that can be scheduled by a health care consumer in advance.
- CMS deems a hospital in compliance if the hospital maintains an internet-based price estimator tool that meets the requirements provided in 45 CFR §180.60(a)(2).

Monitoring and Enforcement

- CMS has the authority to monitor hospital compliance with Section 2718(e) of the Public Health Service Act, by evaluating complaints made by individuals or entities to CMS, reviewing individuals' or entities' analysis of noncompliance, and auditing hospitals' websites:
 - Should CMS conclude a hospital is noncompliant with one or more of the requirements to make public standard charges, CMS may issue a warning notice, request a corrective action plan, and impose a civil monetary penalty and publicize the penalty on a CMS website.
 - Beginning January 1, 2021, if the hospital fails to respond to CMS' request to submit a corrective action plan or comply with the requirements of a corrective action plan, CMS may impose a civil monetary penalty on the hospital and publicize the penalty on a CMS website.

Monitoring and Enforcement [FAQs](#)

Hospital Price Transparency Webpage

Resources available at:

<https://www.cms.gov/hospital-price-transparency>

- [Frequently Asked Questions](#)
- [8 Steps to a Machine-Readable File](#)
- [10 Steps to a Consumer-Friendly Display](#)
- [Quick Reference Checklist](#)



The screenshot shows the 'Resources' section of the Hospital Price Transparency webpage. At the top is a dark blue navigation bar with links for Home, Hospitals, Consumers, Resources, and Contact Us. Below this is a light gray header with the word 'Resources'. The main content area is white and features a 'Regulations' section with two items. Each item includes a calendar icon indicating an effective date, a title link, and a brief description. Below the regulations is a 'Resources' section with four items, each featuring a circular icon (document, computer monitor, shopping cart, and checklist) followed by a title link and a brief description.

Home > Hospital Price Transparency > Resources

Home | Hospitals | Consumers | Resources | Contact Us

Resources

Regulations

Effective until
DECEMBER 2020
31

[FY 2019 Requirements for Hospitals To Make Public a List of Their Standard Charges](#)
Current Guidance requiring hospitals to post their chargemaster. Effective until 12/31/2020.

Effective on
JANUARY 2021
1

[FY 2020 Price Transparency Requirements for Hospitals To Make Standard Charges Public](#)
Hospital Price Transparency final rule published 11/27/2019. Effective on 1/1/2021.

Resources

 [Frequently Asked Questions \(PDF\)](#)
Frequently asked questions about hospital price transparency.

 [8 Steps to a Machine-readable File \(PDF\)](#)
A step-by-step guide to understand and implement the requirements for the machine-readable file of all items and services.

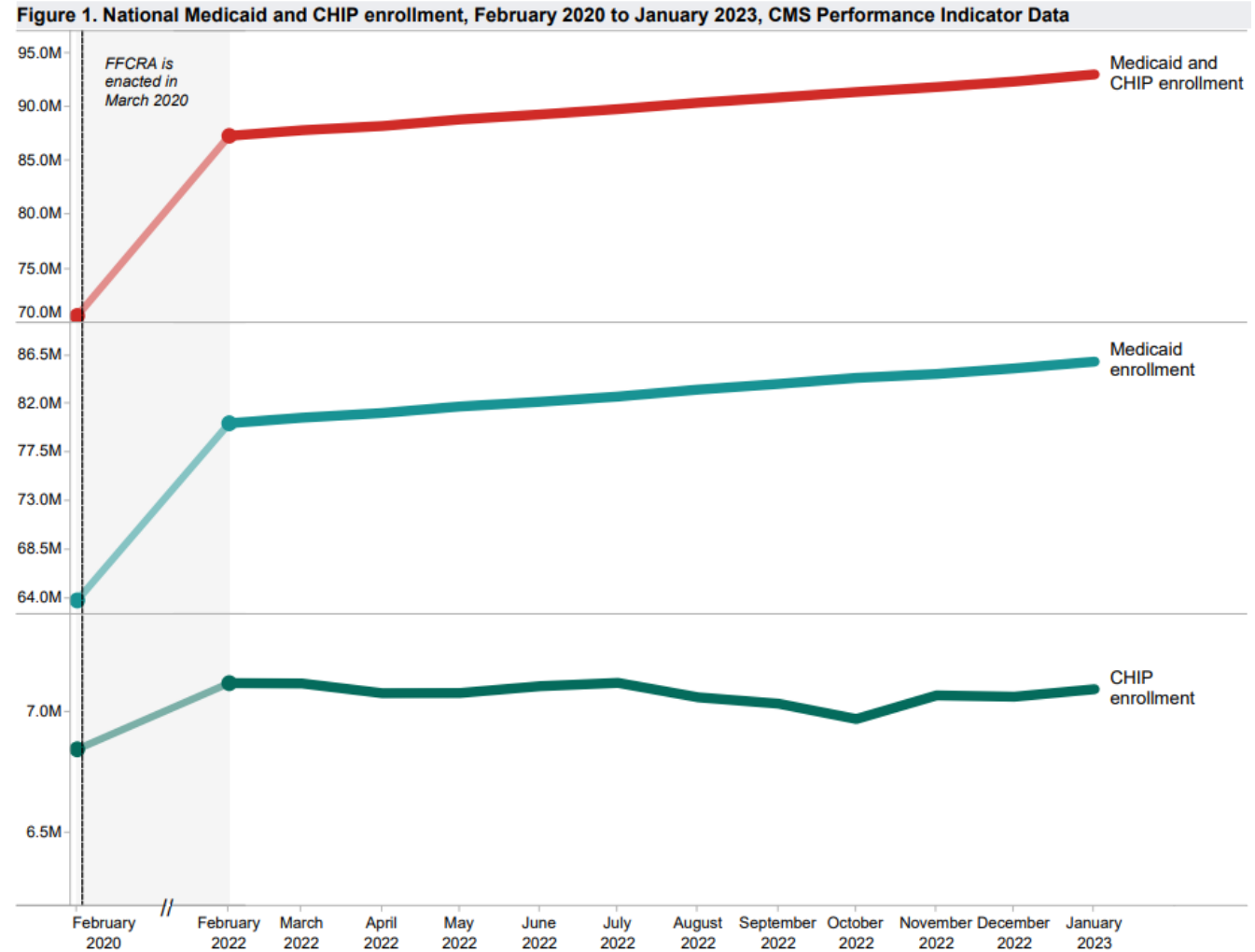
 [10 Steps to a Consumer-Friendly Display \(PDF\)](#)
A step-by-step guide to understand and implement the requirements for the consumer-friendly display of shoppable services.

 [Quick Reference Checklist \(PDF\)](#)
Quick overview to assist your hospital's review of the Hospital Price Transparency Final Rule.

End of the Continuous Enrollment Condition: What Partners Need to Know About Medicaid and CHIP Coverage

Medicaid & CHIP Today: Enrollment Is at an All-Time High

- In March 2020, the Families First Coronavirus Response Act (FFCRA) established the continuous enrollment condition, which gave states **extra federal Medicaid funding in exchange for maintaining enrollment for most individuals**.
- As a result of this legislation and flexibilities adopted by states, Medicaid and Children's Health Insurance Program (CHIP) **enrollment has grown to a record high**.
- Over **93 million individuals** were enrolled in health coverage through Medicaid and CHIP as of January 2023.
- This represents an **increase of over 22 million individuals**, or nearly 32 percent, since February 2020.



Ending the COVID-19 Continuous Enrollment Condition

- Under the Consolidated Appropriations Act 2023 (CAA, 2023), enacted in December 2022, the FFCRA **Medicaid continuous enrollment condition ended on March 31, 2023.**
- States will resume normal operations, including **restarting** full Medicaid and CHIP eligibility renewals and **terminations of coverage for individuals who are no longer eligible.**
- States are able to terminate Medicaid enrollment for individuals no longer eligible **as of April 1, 2023.**
- States will need to **address a significant volume of pending renewals** and other actions. This is likely to place a heavy burden on the state workforce and existing processes.
- As states resume full renewals, **over 15 million people could lose their current Medicaid or CHIP coverage.**¹ Many people will then be **eligible for coverage through the Marketplace or other health coverage** and need to transition.
- On January 30, 2023, the Biden-Harris Administration announced its intent to end the national emergency and PHE declarations related to the COVID-19 pandemic on **May 11, 2023.**

¹Available at: <https://aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision>

Resuming Normal Eligibility and Enrollment Operations: Expectations of States

- Now that the continuous enrollment condition has ended, states must **initiate** eligibility renewals for the state's entire Medicaid and CHIP population within **12 months** and **complete** renewals within **14 months**.
 - States could **begin this process in February, March, or April 2023** but could not terminate eligibility for most individuals in Medicaid prior to April 1, 2023.
- States have **4 months** to resume timely processing of all applications, including those received after April 1, 2023.
- The Centers for Medicare & Medicaid Services (CMS) has **been working closely with states for over a year** to ensure that they are ready; that **eligible enrollees retain coverage** by renewing their Medicaid or CHIP; and that **enrollees eligible for other sources of coverage**, including through the Marketplace, smoothly transition.
- CMS has also issued an array of guidance and tools to support state processing of eligibility and enrollment actions, including new flexibilities and requirements for states.

Medicaid.gov/Unwinding: Resource Page for States and Partners

Medicaid.gov

Keeping America Healthy

Search Medicaid.gov

FAQs

Federal Policy Guidance

Resources for States

Medicaid

CHIP

Basic Health Program

State Overviews

About Us

Home

Resources for States

Coronavirus Disease 2019 (COVID-19)

Unwinding and Returning to Regular Operations after COVID-19

Unwinding and Returning to Regular Operations after COVID-19

Renew Your Medicaid or CHIP Coverage

Guidance (SHOs, CIBs, FAQs)

Section 1902(e)(14)(A) Waiver Approvals

Data Reporting

Policy & Operational Resources

Systems Resources

Communications Resources and Speaking Requests

Medicaid/Marketplace Coordination Resources


Unwinding and Returning to Regular Operations after COVID-19

The expiration of the continuous enrollment condition authorized by the FFCRA presents the single largest health coverage transition event since the first public health emergency. As a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase, states were required to maintain enrollment of nearly all Medicaid enrollees during the emergency.

The Consolidated Appropriations Act, 2023, delinked the end of the FFCRA from the end of the COVID-19 Public Health Emergency. As a result, the Medicaid program will soon resume normal operations, including renewals and terminations of coverage for individuals who are no longer eligible. States will have until March 31, 2023, to complete the enrollment operations.

CMS will continue to update this page as additional tools and resources are developed.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



CMCS Informational Bulletin


DATE: January 5, 2023

FROM: Daniel Tsai, Deputy Administrator and Director
Center for Medicaid and CHIP Services

SUBJECT: Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023

On Thursday, December 29, 2022, the Consolidated Appropriations Act, 2023 (CAA, 2023) was enacted. This law includes various Medicaid and Children's Health Insurance Program (CHIP) provisions, including significant changes to the continuous enrollment condition at section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) that take effect April 1, 2023.¹ Under this section of the FFCRA, states claiming a temporary 6.2 percentage point increase in the Federal Medical Assistance Percentage (FMAP) have been unable to terminate enrollment for most individuals enrolled in Medicaid as of March 18, 2020, as a condition of receiving the temporary FMAP increase. When this continuous enrollment condition ends, states must, over time, return to normal eligibility and enrollment operations. As described in prior Centers for Medicare & Medicaid Services (CMS) guidance, states will have up to 12 months to initiate, and 14 months to complete, a renewal for all individuals enrolled in Medicaid, CHIP, and the Basic Health Program (BHP) following the end of the continuous enrollment condition—this process has commonly been referred to as “unwinding.”² The newly enacted CAA, 2023 does not address the end date of the COVID-19 Public Health Emergency (PHE), and as of January 2023, the PHE is still in effect; it does, however, address the end of the continuous enrollment condition, the temporary FMAP increase, and the unwinding process.


Under the CAA, 2023, expiration of the continuous enrollment condition and receipt of the temporary FMAP increase will no longer be linked to the end of the PHE. The continuous enrollment condition will end on March 31, 2023, and the FFCRA's temporary FMAP increase will be gradually reduced and phased down beginning April 1, 2023, and will end on December 31, 2023. Beginning April 1, 2023, states will be able to terminate Medicaid enrollment for individuals no longer eligible. The conditions for receiving the temporary FMAP increase listed at subsections 6008(b)(1), (2), and (4) of the FFCRA will continue to apply to states claiming the temporary FMAP increase while the FMAP increase remains available, through December 31, 2023 (although the CAA, 2023 also amends subsection 6008(b)(2), effective April 1, 2023; CMS



CENTERS FOR MEDICARE & MEDICAID SERVICES

Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations

JANUARY 2023 UPDATE



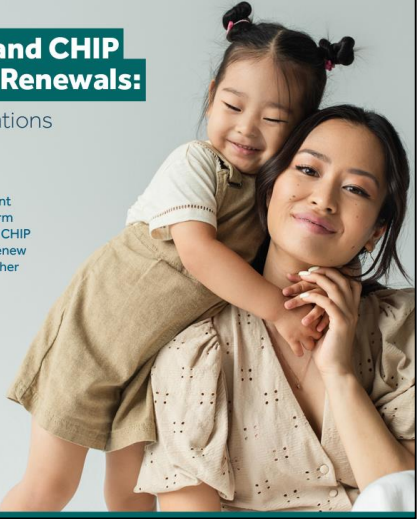
This communication was printed, published, or produced and disseminated at U.S. taxpayer expense. The information provided in this document is intended as a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance that it summarizes. We encourage readers to refer to the applicable statutes, regulations, and policy guidance for complete and current information.

Centers for Medicare & Medicaid Services


Medicaid and CHIP Eligibility Renewals:

A Communications Toolkit

This toolkit has important information to help inform people with Medicaid or CHIP about steps to take to renew their coverage or find other health care options.



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CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicaid.gov/Renewals: Resources for Medicaid and CHIP Enrollees

Medicaid.gov

Keeping America Healthy

Search Medicaid.gov

Q

FAQs

Federal Policy GuidanceResources for States▼Medicaid▼CHIP▼Basic Health ProgramState Overviews▼About Us▼

| Renew Your Coverage
| Apply for Coverage
| CMS Strategic Plan
| Agency Mission

Renew Your Coverage

Check your Medicaid notice or contact your state Medicaid office for more information.

Prepare Now

Get ready to renew now

Renew My Coverage

Apply for Coverage

CMS Strategic Plan

Agency Mission

Get ready to renew now

Here are some things you can do to prepare for the renewal process:

1. **Update your contact information** - Make sure your state has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.
2. **Check your mail** - Your state will mail you a letter about your coverage. This letter will let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
3. **Complete your renewal form (if you get one)** - Fill out the form and return it to your state right away to help avoid a gap in your coverage.

If you no longer qualify for Medicaid or CHIP

You may be able to buy a health plan through the Health Insurance Marketplace[®], and get help paying for it. Marketplace plans are:

- 4 out of 5 enrollees can find plans that cost less than \$10 a month.
- Plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.

[Explore Marketplace plans and savings](#)

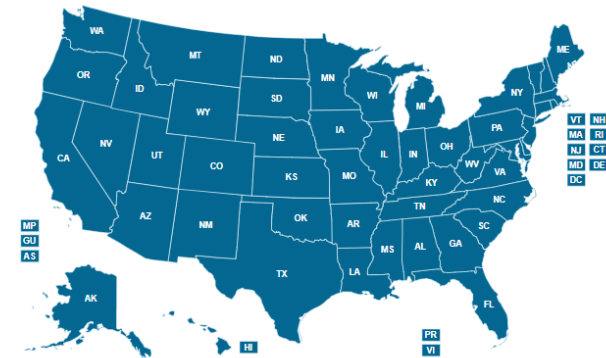
Medicaid or CHIP State Map

Select your state to get Medicaid enrollment information. You can also scroll down to find your state's contact information.

Select State


Select state

Select a State





★ STATE MEDICAID ENROLLMENT LINKS ★

Alabama

- [Enrollment](#)
-  General Questions: [334-242-5000](tel:334-242-5000)

Alaska

- [Enrollment](#)
-  Alaska Recipient Helpline toll free [800-780-9972](#)
-  Eligibility helpline: [800-478-7778](#)

American Samoa

- Medicaid Office: [684-699-4777](tel:684-699-4777)
- Department of Public Health: [684-633-7676](tel:684-633-7676) / [684-633-4606](tel:684-633-4606)

Call to Action and Key Messages for Partners

- **CMS Needs Your Help!**
- **What Partners Can Do NOW**
 - Right now, partners can help **prepare for the renewal process and educate Medicaid and CHIP enrollees about the upcoming changes**. This includes making sure that enrollees have updated their contact information with their State Medicaid or CHIP program and are aware that they need to act when they receive a letter from their state about completing a renewal form.
- **Key Messages for Partners to Share**
 - There are three main messages that partners should focus on now when communicating with people that are enrolled in Medicaid and CHIP.
 - **Update your contact information** – Make sure [Name of State Medicaid or CHIP program] has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.
 - **Check your mail** – [Name of State Medicaid or CHIP program] will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
 - **Complete your renewal form (if you get one)** – Fill out the form and return it to [Name of State Medicaid or CHIP program] right away to help avoid a gap in your Medicaid or CHIP coverage.
- Sample social media posts, graphics, and drop-in articles that focus on these key messages can be found in the [Communications Toolkit](#). The [Unwinding resource page](#) will continue to be updated as new resources and tools are released.
- Additional messaging will be shared in the future for Phase II, which focuses on ensuring Medicaid and CHIP enrollees take the necessary steps to renew coverage, or transition to other coverage if they're no longer eligible for Medicaid or CHIP once Unwinding begins.

Contact Information

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Questions?



Feedback

CMS wants your feedback!

Please include title: RO 6-
Louisiana Rural Health Workshop

<https://cmsgov.force.com/act/Evaluation>



We want to hear from you!

<https://www.surveymonkey.com/r/BW59S9F>



RURAL HEALTH WORKSHOP

Thank you for joining us!

