



WEEKLY E-MAILING

May 9, 2023

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Helpful Links

ACL News & Information

Here is a link to news & information from the Administration for Community Living (ACL):

<https://acl.gov/>

ADvancing States (NASUAD) Information

Here is a link to state technical assistance from ADvancing States:

<http://www.advancingstates.org/state-technical-assistance/enhancedtechnical-assistance>

Association of State & Territorial Dental Directors Resources

Kathy B. Miller, Director of Aging Programs

The *ASTDD Older Adult Oral Health Resources for Collaboration* document can be accessed at the following link:

<https://www.astdd.org/astdd-older-adult-oral-health-resources-for-collaboration>



October 2022
astdd.org

Older Adult Oral Health Resources for Collaboration

Raising awareness about the importance of older adult oral health to increase collaborative efforts to improve health and well-being.

<https://www.astdd.org/docs/astdd-older-adult-oral-health-promotion-toolkit.pdf>



<https://www.astdd.org/docs/astdd-older-adult-oral-health-promotion-toolkit.pdf>

CMS ROUNDUP: News From Around the Agency

Cecily Slasor, Administrative Program Support



Today, the Centers for Medicare & Medicaid Services (CMS) is providing an at-a-glance summary of news from around the agency:

CMS Continues to Provide Timely Updates to Providers, Partners, and the Public Leading into May 11 Anticipated End of the COVID-19 Public Health Emergency (PHE)

April 26: CMS posted updated [frequently asked questions \(FAQs\)](#) on how the end of the COVID-19 PHE will impact various waivers and flexibilities that were implemented to address the pandemic. This is part of CMS's ongoing efforts to prepare providers, partners, and the public for May 11. CMS will continue to provide periodic updates as the public and other interested parties raise new FAQs.

April 28: CMS released a consumer [fact sheet](#) detailing Medicare, Medicaid/CHIP, and private insurance coverage of COVID-19 over-the-counter (OTC) and laboratory tests after the end of the PHE. The fact sheet is also available in [Spanish](#). This is one of many tools CMS has released to help people understand what to expect after May 11.

April 28: CMS published a notice to alert all [Medicare Diabetes Prevention Program](#) (MDPP) suppliers that they may continue providing virtual services following the end of the PHE through December 31, 2023. Prior to the publication of this notice in the [Federal Register](#), MDPP suppliers would have been required to resume in-person services for new cohorts starting after May 11, 2023.

May 1: CMS issued quality, safety, and oversight [guidance](#) to prepare health care facilities for the end of the COVID-19 PHE and the termination of 1135 emergency waivers. CMS highlighted actions facilities need to take to return to a more normal delivery of health care. The memo provides additional guidance for regulations released during the PHE, details CMS' expectations for compliance following the end of the PHE, and dates for when compliance will be enforced. The memo also announced that CMS will soon end the requirement that covered providers and suppliers establish policies and procedures for staff vaccination. CMS will share more details regarding ending this requirement at the anticipated end of the PHE.

CMS Posts Hospital Price Transparency Enforcement Updates

April 26: CMS is committed to ensuring consumers know the cost of a hospital price or service upfront so they can make fully informed decisions, and CMS expects hospitals to comply with hospital price transparency requirements. CMS released a [fact sheet](#) that outlines process updates CMS is making to increase compliance with the hospital price transparency requirements.

CMS Posts Update on the Federal Independent Dispute Resolution Process

April 27: CMS published a [status update](#) following one year of operation of the Federal Independent Dispute Resolution (IDR) Process, launched in April 2022. The IDR process allows health care providers, health care facilities, and health insurers to work with a certified IDR entity to determine the appropriate out-of-network payment rate for items and services subject to the surprise billing protections in the No Surprises Act. The Departments of Health and Human Services, Labor, and the Treasury (collectively, the Departments) will continue to update information on the operation of the IDR process. The report can be found [here](#).

CMS Posts Annual Organ Procurement Organization Performance Data, Touts Efforts to Improve Public Trust in Organ Procurement and Transplantation System

April 28: CMS posted an annual Organ Procurement Organization (OPO) [report](#) with data that illustrates how 56 organizations compare in performance. OPO's are non-profit organizations responsible for the procurement, distribution, and transplantation of human organs in a safe and equitable manner to people on the organ transplant waiting lists. The [data revealed](#) that 42% of OPOs are currently in the lowest-performance tier (tier 3) and not meeting the minimum standards. CMS is committed to transparency and equity in the organ donation system and will continue to publicly release this data to hold OPO's accountable as a crucial step in reforming the organ donation system.

April 28: CMS posted a blog titled [The Transplant Eco-System: The Role of Data in CMS Oversight of the Organ Procurement Organizations \(OPOs\)](#) in which the authors outline CMS' strategy for ensuring OPOs are increasing transplantation of organs in a safe and equitable manner for all potential transplant recipients. The blog discusses CMS' plans to improve overall performance of OPOs, increase technical assistance to low-performing OPOs, and align federal efforts with [HRSA](#). The blog comes on the heels of a recent study that demonstrated the organ transplant wait list will grow in future years as more people require organ transplants than can be transplanted.

CMS Releases Special Focus Report to Improve Care for People Receiving Hospice Services

April 28: CMS released a hospice technical expert panel (TEP) [report](#) focused on improving care and health outcomes for people receiving hospice services. The report details issues that place hospice patients at risk for poor quality of care, which can be addressed through increased oversight and/or technical assistance. The report is expected to inform program criteria, which

will be proposed in The Calendar Year (CY) 2024 Home Health Prospective Payment System (PPS).

CMS Releases Latest Medicaid and CHIP Enrollment Snapshot

April 28: CMS released the January 2023 Medicaid and Children's Health Insurance Program (CHIP) Enrollment Report and Trend Snapshot. In January 2023, 93,008,246 individuals were enrolled in Medicaid and CHIP. Since February 2020, enrollment increased by 31.6%. The increases are likely driven by COVID-19 and the continuous enrollment condition in the Families First Coronavirus Response Act (FFCRA). The data provides a retrospective view of enrollment to track trends and also look at potential drivers of increases in enrollment. The information can be found [here](#).

CMS Notifies Sixteen States of Their 2023 Final Pass-Through Funding

April 28: CMS notified 16 states with Section 1332 waivers of the final amounts of federal pass-through funding for the 2023 plan year. The 16 states are Alaska, Delaware, Georgia, Hawaii, Idaho, Maine, Maryland, Minnesota, Montana, New Hampshire, New Jersey, North Dakota, Oregon, Pennsylvania, Virginia, and Wisconsin. Overall the 16 states will receive \$2,593,746,722 for plan year 2023. Section 1332 waivers permit states to pursue innovative strategies for providing residents with high-quality, affordable health insurance, while retaining basic protections of the Affordable Care Act (ACA). To view the amounts of pass-through funding for each state, please visit the "Section 1332 State Innovation Waiver Applications" section of the [1332 website](#) and go to the "Pass-through Funding" subsection for each state.

CMS Hosts 2023 Quality Conference Focusing on Solutions to Address America's Health System Challenges

May 1-3: The 2023 CMS Quality Conference convened leaders across the health care spectrum to explore how patients, advocates, providers, researchers, and champions in health care quality improvement can develop and spread solutions to address America's most pervasive health system challenges. During the virtual conference, which attracted 10,000 attendees, CMS released a National Quality Strategy (NQS) [handout](#), which outlines the goals and objectives, and actions taken within the NQS's four priority areas: equity and engagement; outcomes and alignment; safety and resiliency, and interoperability and scientific advancement.

Medicare Drug Price Negotiation Program Comment Opportunities and Deadlines

The Medicare Drug Price Negotiation Program [timeline](#) identifies public feedback opportunities for the first year of the Negotiation Program. Currently, three Information Collection Requests (ICRs) are open for comment, including the Data Negotiation Elements initial ICR, Small Biotech Exception ICR, and Drug Price Negotiation Process initial ICR. Details and deadlines can be found [here](#).

Other Recent Releases

[HHS Releases Proposal to Expand Health Care to DACA Recipients](#)

[Biden-Harris Administration Proposes New Standards Help Ensure Access Quality Health Care in Medicaid and CHIP](#)

CMS, an agency within the U.S. Department of Health and Human Services, serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes. The agency protects public health by administering the Medicare program and working in partnership with state governments to administer Medicaid, CHIP, and the Health Insurance Marketplace.

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