

# A2HA FINANCIAL SPECIALISTS MEETING

# MEDICARE UPDATES

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CMS ALREADY POSSESSES THE NECESSARY HOSPITAL-SPECIFIC DATA FOR ALL THE HOSPITALS PARTICIPATING IN ITS MEDICARE PROGRAM. CMS CURRENTLY PUBLISHES DRG-SPECIFIC INFORMATION ON A HOSPITAL-SPECIFIC BASIS.  
WHY IS CMS UNABLE TO PROVIDE A SUITABLE SITE FOR CONSUMERS?

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All hospitals operating within the United States are required establish (and update) and make public a list of their standard charges for all items and services provided by the hospital. Under current guidelines, subsection (d) hospitals are additionally required to establish (and update) and make public a list of their standard charges for each diagnosis-related group established under section 1886(d)(4) of the Social Security Act.

MANY HOSPITALS HAVE ALREADY POSTED THEIR CHARGEMASTER ON THEIR OWN WEBSITE. AS THE CHARGEMASTER CONTAINS ALL THE ITEMS THAT MAY BE BILLED, NOT JUST THOSE ITEMS BILLED FOR A PARTICULAR SERVICE, THIS INFORMATION IS QUITE CONFUSING FOR THE PATIENT/CONSUMER. EVEN WITH THE SAME ITEM DESCRIPTION, HOSPITALS WILL VARY ON WHAT ITEMS MAY BE INCLUDED/BUNDLED IN A PARTICULAR CHARGE. AS MEDICARE DOESN'T CURRENTLY PAY HOSPITALS ON AN ITEM-SPECIFIC BASIS, WHY ARE THEY REQUIRING THIS LEVEL OF DETAIL?

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CMS encourages hospitals to undertake efforts to engage in consumer friendly communication of their charges to help patients understand what their potential financial liability might be for services they obtain at the hospital, and to enable patients to compare charges for similar services across hospitals. A hospital is not precluded from posting quality information or price transparency information in addition to its current standard charges in its chargemaster.

MANY STATE GOVERNMENTS OR STATE HOSPITAL ASSOCIATIONS PUBLISH PRICE INFORMATION ON THE INTERNET WITH HOSPITAL PRICE INFORMATION, SOME IN THE FORM OF CHARGEMASTER DETAIL, AND SOME WITH ENCOUNTER-LEVEL INPATIENT AND OUTPATIENT CHARGE AMOUNTS.

DOES CMS SEE ANY WAY FOR SUCH SITES TO SATISFY THE REQUIREMENT FOR HOSPITALS TO PROVIDE INFORMATION ON THEIR STANDARD CHARGES ON THE INTERNET?

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CMS is fully supportive of and encourages state price transparency initiatives. However, under the current guidelines, participation in an online state price transparency initiative does not exempt a hospital from the requirements.

# COULD CMS STANDARDIZE ITS USE IN REGULATIONS AND GUIDANCE OF THE TERMS PRICE, CHARGE, AND COST? (COST TO WHOM?)

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We have sought information through RFIs last year to inform our next steps. We know that this issue is complex, which is why we've asked for input from our stakeholders on key issues like how to define standard charges, what types of information would be most beneficial to patients, and what enforcement mechanisms will be most effective.

# PROMOTING INTEROPERABILITY

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The Centers for Medicare & Medicaid Services (CMS) proposed policy changes supporting its MyHealthEData initiative to improve patient access and advance electronic data exchange and care coordination throughout the healthcare system.

The Interoperability and Patient Access Proposed Rule outlines opportunities to make patient data more useful and transferable through open, secure, standard -readable format while reducing restrictive burdens on healthcare providers.

In addition to the policy proposals, CMS is releasing two Requests for Information (RFIs) to obtain feedback on interoperability and health information technology (health IT) adoption in Post-Acute Care (PAC) settings, and the role of patient matching in interoperability and improved patient care.

CMS will accept comments on the major provisions in this proposed rule and the RFIs (CMS-9115-P) until early April (exact date will be updated upon posting at the Federal Register); it can be downloaded from the Federal Register at: <https://www.federalregister.gov/public-inspection>

# RURAL HEALTH EXPANSION

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**“One of the biggest issues that the roughly 1 in 6 individuals who live in rural America face is access to adequate health care. 40 percent of rural hospitals have negative operating margins. Rural hospitals closures can be devastating for their communities.”**

Remarks by Administrator Seema Verma at the Federation of American Hospitals 2019 Public Policy Conference  
(As prepared for delivery – March 4, 2019)

# HOSPITAL COMPARE STAR RATING INITIATIVE

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CMS [posted potential changes](#) to the Hospital Star Ratings for public comment. These changes under consideration, intended to respond to stakeholder feedback, seek to enhance the Star Ratings methodology by making hospital comparisons more precise and consistent, and by allowing more direct, “like-to-like” comparisons. One potential change, recommended by some hospitals, would place hospitals with similar characteristics into “peer groups” allowing, for example, small hospitals to be compared to other small hospitals instead of all hospitals. CMS developed these potential changes with feedback from hospitals and other stakeholders through a series of listening sessions and by considering input from [a technical expert panel](#). The agency looks forward to public comments on the potential changes, due March 29, 2019.

Note: If you would like to take a look at the Hospital Compare Star Rating Public Input Request information, please visit: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Overall-Hospital-Quality-Star-Rating-on-Hospital-Compare-Public-Input-Period.pdf>

# CMS ROADMAP TO ADDRESS THE OPIOID EPIDEMIC



## KEY AREAS OF CMS FOCUS

As one of the largest payers of healthcare services, CMS has a key 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

For more information on the Opioid Epidemic visit [HHS.gov/opioids](https://www.hhs.gov/opioids)

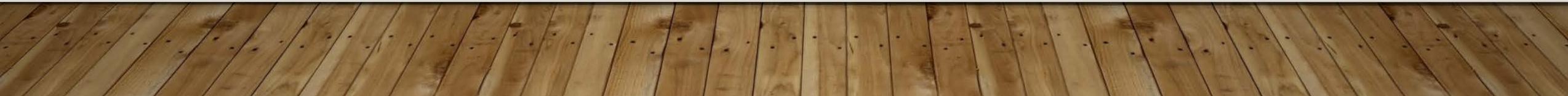
# EMEDICARE

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**CMS announces new streamlined user experience for Medicare beneficiaries**

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







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