

## **National Healthcare News**

Whether you work in the hospital, outpatient, ancillary, or in the physician practice setting, it is a good idea to be informed on the significant healthcare changes on the horizon. I have outlined some of those changes below:

- Beginning July 1, 2023, Medicare will start requiring prior authorization for facet joint
  intervention procedures conducted at hospital outpatient centers. This is the last of
  a series of prior authorization requirements the Centers for Medicare and Medicaid
  (CMS) has instituted over the past three years. See background
  information here and the list of applicable codes here.
- On April 27, 2023, CMS released two proposed rules that apply to Medicaid managed care plans. The rules, named "Ensuring Access to Medicaid Services," and "Managed Care Access, Finance, and Quality" include provisions that would establish national standards for appointment wait times, strengthen reporting for network adequacy, require that state Medicaid agencies conduct "secret shopper" surveys of Medicaid managed care plans, and require disclosure of Managed Care Organizations (MCOs) negotiated payment rates, amongst many other proposals. See the CMS press release on the proposals here. The unpublished proposed rules can be found here and here. Comments are due on July 3, 2023.
- On April 26, CMS issued a fact sheet notifying stakeholders of updated hospital price transparency enforcement guidelines. One week earlier, on April 19, 2023, CMS issued civil monetary penalties (CMP) to two hospitals, only the second time CMS has levied CMPs for hospital price transparency non-compliance. Among the changes in the enforcement process are standardized corrective action plan (CAP) deadlines, imposition of CMPs earlier and automatically in certain cases, and jumping straight to corrective action for hospitals that have not posted machine-readable files or price estimator tools. The CMS Fact Sheet can be found here. A MedCityNews article about the recent CMPs and the enforcement changes is here.



- On May 8, 2023 from 1:00 p.m. 2:30 p.m., CMS is hosting a webinar on preparing the application for the Medicare Shared Savings Program (MSSP). Register for the webinar <a href="here">here</a>. The phase 1 application deadline for 2024 participation is June 15, 2023. Find the CMS MSSP application toolkit <a href="here">here</a>.
- On April 17, 2023, Health and Human Services released its Notice of Benefit and Payment Parameters Final Rule for Marketplace plan health plans in 2024. The final rule relaxed the initially proposed limits on standardized plan options. Issuers will be able to offer up to four plans per medal level, up from the two plans per level in the proposed rule. It establishes the option for state-based marketplaces to implement a special enrollment period (SEP) for enrollees losing Medicaid coverage. This option will become available to Virginia when it moves to the fully state-based exchange in 2024. See the CMS Fact Sheet on the Final Rule here. A Modern Healthcare article summarizing its provisions is here.
- On April 10, 2023, CMS released its annual hospital inpatient prospective payment system (IPPS) proposed rule for fiscal year 2024. The proposal provides a 2.8% net increase in Medicare reimbursements for hospitals that comply with quality reporting rules and electronic health record meaningful-use criteria. It also contains provisions that would result in a projected 2.5% decrease (amounting to \$59 million) for long-term care hospital (LTCH) payments, despite a 2.9% increase in the payment rate. Read the CMS Fact Sheet on the proposals here and the full proposed rule here. Comments are due June 9, 2023.
- CMS recently issued its annual proposed payment rules for Hospice (here), Inpatient Rehabilitation Facilities (here), Inpatient Psychiatric Facilities (here), and Skilled Nursing Facilities (here) for fiscal year 2024. Comments on these are due May 30, June 2, June 5, and June 5, respectively.

Carry on...