



Federal Policy Update for NYSACHO

November 17, 2023

CMS ISSUES NEW HRSN GUIDANCE AND FRAMEWORK OF SERVICES

- » The Centers for Medicare & Medicaid Services (CMS) released the [Informational Bulletin](#) (CIB), "Coverage of Services and Supports to Address Health-Related Social Needs in Medicaid and the Children's Health Insurance Program (CHIP)."
 - » This guidance outlines a framework of services and supports to address health-related social needs (HRSN) that CMS considers allowable under specific Medicaid and CHIP authorities.
 - » The guidance seeks to clarify the distinction between social determinants of health and HRSNs.
- » CMS writes that it supports states in addressing HRSN through multiple initiatives, including the following:
 - » Coverage of clinically appropriate and evidence-based HRSN services and supports
 - » Care delivery transformations, including improvements in data sharing
 - » Performance measurement to create accountability for HRSN screening and connecting to needed supports as part of successful care management
- » CMS also separately published a [framework](#) which maps and describes the various authorities states can use to cover individual HRSNs.

Why It Matters

Each state and its partners will want to review and assess the optimal authorities and pathways for them to address HRSN, including state plan authorities, section 1915 home and community-based services (HCBS) waivers and state plan programs, managed care in lieu of services and settings (ILOSs) and section 1115 demonstrations, as well as CHIP Health Service Initiatives (HSIs).

They will also want to review the framework of HRSN services and supports and understand the fiscal limitations of providing HRSN through the various authorities.

SAMHSA PUBLISHES REPORT ON VALUE-BASED CARE POLICIES

- » The Substance Abuse and Mental Health Services Administration (SAMHSA) Report Finds Most States Lack Value-based Care Policies For Substance Use Disorder (SUD) Treatment.
- » The [report](#) indicates that:
 - » Eight states have “well-developed and ongoing” value-based care initiatives for substance use disorder (SUD) treatment
 - » 20 states have little or no evidence of value-based care policies
 - » 22 states have “medium evidence”
 - » 24 states had SUD performance measures for Medicaid quality payment incentives
- » The report highlights care fragmentation, workforce issues, quality and outcome measurement, technology, and underinvestment, as barriers to implementing value-based payments for SUD services.

Why It Matters

Payers, including states, are increasingly adopting risk-based arrangements to improve population health, but this trend is nascent for behavioral health, including SUD treatment.

The report highlights challenges needing attention if VBP for SUD services is to succeed. Public officials, payers, providers, and patient advocates among other interested stakeholders may want to consider designing and implementing VBP for SUD treatment as it affords an opportunity for integrating the different levels of care to address each individual’s needs.

FEDERAL APPROPRIATIONS AND CONGRESSIONAL UPDATES

- » The House and Senate passed, and the President signed, [a stopgap spending bill](#) extending federal funding into 2024.
- » Using a two-tiered deadline the bill will keep part of the government [open until Jan. 19, 2024](#).
 - » The Jan. 19 deadline applies to four appropriations bills, MilConVA, Transportation-HUD, Ag-FDA, and Energy & Water.
 - » Mandatory funding for health programs like community health centers, National Health Service Corps, Teaching Health Center Graduate Medical Education Program, and the Special Diabetes Programs was extended through January 19, 2024.
- » Funding for the military and some of the biggest domestic programs, including programs funded under the **Labor-HHS-Education Appropriations bill, will last through Feb 2, 2024.**
- » Key House and Senate Committees continue to hold hearings and markups to advance legislation before the end of the calendar year. Healthcare issues focus on a wide range of topics including reforms to Pharmacy Benefit Manager (PBM) policies, Medicare reimbursement and incentives for physicians, Medicare reimbursement for behavioral health services, Medicaid disproportionate share hospital (DSH) allotments, Medicare Advantage provider directory requirements, among other topics.

SNAPSHOT OF PENDING REGULATIONS AND REVIEW STATUS BY OFFICE OF MANAGEMENT AND BUDGET (OMB)

Regulation	Stage	Projected Release
Independent Dispute Resolution Operations (CMS-9897)	Final Rule	TBD
CMS Enforcement of State Compliance with Reporting and Federal Medicaid Renewal Requirements Under Section 1902(tt) of the Social Security Act (CMS-2447)	Interim Final Rule	TBD
FY 2024 SNF PPS and Updates to the Value-Based Purchasing and Quality Reporting Programs (CMS-1779)	Final Rule	Oct. 2023
Medications for the Treatment of Opioid Use Disorder	Final Rule	Jan. 2024
Streamlining Medicaid, CHIP, and BHP Application, Eligibility Determination, Enrollment, and Renewal Processes (CMS-2421)	2 nd Final Action, Interim final Rule	Feb. 2024
Health Data, Technology, & Interoperability: Certification Program Updates, Algorithm Transparency, & Information Sharing (ONC)	Final Rule	TBD
Interoperability and Prior Authorization for MA Organizations, Medicaid and CHIP Managed Care and State Agencies, FFE QHP Issuers, MIPS Eligible Clinicians, Eligible Hospitals and CAHs (CMS-0057)	Final Rule	TBD, no later than Dec. 2025
Culturally Competent and Person-Centered Requirements to Increase Access to Care and Improve Quality for All (CMS-3418)	Proposed Rule	TBD
Alternative Payment Model Updates; Increasing Organ Transplant Access (IOTA) Model (CMS-5535)	Proposed Rule	TBD
Federal Independent Dispute Resolution Process Fees (CMS-9890)	Final Rule	