



## CMS Snapshot

**January 11-18, 2024**

Delivered to you by the Partner Relations Group in the Office of Communications

All releases below are from 2pm Thursday, January 11 through 2pm Thursday, January 18, 2024.

### News Releases

\*January 12- [CMS Roundup \(Jan. 12, 2023\)](#). Today, the Centers for Medicare & Medicaid Services (CMS) provides an at-a-glance summary of news from around the agency.

\*January 16- [Biden-Harris Administration's ARPA-H Launches PARADIGM Program to Improve Rural Health Outcomes](#). *ARPA-H program aims to provide effective hospital-level care to more Americans in communities across the United States.* The Advanced Research Projects Agency for Health ([ARPA-H](#)) launched the [Platform Accelerating Rural Access to Distributed & InteGrated Medical care \(PARADIGM\) program](#) today. To tackle President Biden's Unity Agenda priorities by driving breakthroughs to improve health outcomes for all Americans, including for diseases like cancer, PARADIGM will enhance early detection and management in rural communities across the nation.

\*January 17- [CMS Finalizes Rule to Expand Access to Health Information and Improve the Prior Authorization Process](#). *Final rule modernizes the health care system and reduces patient and provider burden by streamlining the prior authorization process.* As part of the Biden-Harris Administration's ongoing commitment to increasing health data exchange and strengthening access to care, the Centers for Medicare & Medicaid Services (CMS) finalized the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F) today. The rule sets requirements for Medicare Advantage (MA) organizations, Medicaid and the Children's Health Insurance Program (CHIP) fee-for-service (FFS) programs, Medicaid managed care plans, CHIP managed care entities, and issuers of Qualified Health Plans (QHPs) offered on the Federally-Facilitated Exchanges (FFE), (collectively "impacted payers"), to improve the electronic exchange of health information and prior authorization processes for medical items and services.

\*January 17- [HHS Releases Guidance to Help Prevent Homelessness for Youth Who Have Transitioned Out of Foster Care](#). Today, the U.S. Department of Health and Human Services (HHS), through the Administration for Children and Families (ACF), released new guidance to grant recipients regarding the U.S. Department of Housing and Urban Development's

(HUD) [Foster Youth to Independence \(FYI\) program](#). The FYI program is a dedicated resource that provides rental assistance and supportive services to young adults between the ages of 18 and 24 who have left or are transitioning out of foster care, who are experiencing homelessness, or are at risk of experiencing homelessness. This important guidance, developed in partnership with HUD, will help ensure eligible young adults gain access to these resources.

\*January 18- [CMS Announces New Model to Advance Integration in Behavioral Health](#). *New model seeks to improve quality of care, access, and outcomes for people with mental health conditions and substance use disorders in Medicaid and Medicare.* Today, the U.S. Department of Health and Human Services, through the Centers for Medicare & Medicaid Services (CMS), is announcing a new model to test approaches for addressing the behavioral and physical health, as well as health-related social needs, of people with Medicaid and Medicare. The Innovation in Behavioral Health (IBH) Model's goal is to improve the overall quality of care and outcomes for adults with mental health conditions and/or substance use disorder by connecting them with the physical, behavioral, and social supports needed to manage their care.

\*January 18- [FDA and CMS Statement: Americans Deserve Accurate and Reliable Diagnostic Tests, Wherever They Are Made](#). *The following is attributed to Jeff Shuren, M.D., J.D., director of the FDA's Center for Devices and Radiological Health (CDRH) and Dora Hughes, M.D., M.P.H., acting chief medical officer and acting director of the Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services (CMS).* Physicians heavily rely on laboratory tests to make critical decisions about their patients' care—roughly 70% of healthcare decisions depend on laboratory test results according to the Centers for Disease Control and Prevention (CDC). For example, results from laboratory tests can be the sole determinant of whether a patient with cancer gets a particular therapy, potentially risking the patient's life with an inaccurate test result. Because of the important role of laboratory tests in healthcare decisions, it is essential to ensure these tests work.

\*January 18- [HHS Small Ambulatory Program Awards \\$55 Million to 15 Tribes and Tribal Organizations](#). The U.S. Department of Health and Human Services, through the Indian Health Service (IHS), awards \$55 million in funding to 15 tribes and tribal organizations as part of the competitive [Small Ambulatory Program](#) to invest in the construction, expansion, or modernization of small ambulatory health care facilities.

## Fact Sheets

\*January 16- [Acute Hospital Care at Home Data Release Fact Sheet](#). A public release of the data submitted to CMS as part of the Acute Hospital Care at Home initiative will be available beginning on January 16, 2024. CMS plans to release data through the Research and Data Assistance Center (ResDAC), collected from November 27, 2020, through March 30, 2023.

\*January 17- [CMS Interoperability and Prior Authorization Final Rule CMS-0057-F](#). The Centers for Medicare & Medicaid Services (CMS) affirms its commitment to advancing interoperability and improving prior authorization processes with the publication of the *CMS Interoperability and Prior Authorization* final rule (CMS-0057-F). Through the provisions in this final rule, Medicare Advantage (MA) organizations, state Medicaid and Children’s Health Insurance Program (CHIP) Fee-for-Service (FFS) programs, Medicaid managed care plans, CHIP managed care entities, and Qualified Health Plan (QHP) issuers on the Federally Facilitated Exchanges (FEEs), (collectively “impacted payers”) are required to implement and maintain certain Health Level 7® (HL7®) Fast Healthcare Interoperability Resources® (FHIR®) application programming interfaces (APIs) to improve the electronic exchange of health care data, as well as to streamline prior authorization processes.

\*January 18- [HHS Roadmap for Behavioral Health Integration Fact Sheet of Accomplishments](#). In his first State of the Union, President Biden [laid out the Administration’s vision](#) to transform behavioral health by strengthening system capacity, connecting more Americans to care, and supporting the wellbeing of Americans by creating healthy environments.

## Blog

\*January 17- [Explore your health care options after Open Enrollment](#). Marketplace Open Enrollment for health coverage in 2024 ended January 15. If you missed the Open Enrollment window, you might still have options for health coverage for the rest of the year.