

Resilient and Ready Together: CMS Priorities and Updates

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CMS Strategic Plan

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

STRATEGIC PILLARS



ADVANCE EQUITY

Advance health equity by addressing the health disparities that underlie our health system



EXPAND ACCESS

Build on the Affordable Care Act and expand access to quality, affordable health coverage and care



ENGAGE PARTNERS

Engage our partners and the communities we serve throughout the policymaking and implementation process



DRIVE INNOVATION

Drive Innovation to tackle our health system challenges and promote value-based, person-centered care



PROTECT PROGRAMS

Protect our programs' sustainability for future generations by serving as a responsible steward of public funds



FOSTER EXCELLENCE

Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS' operations



CMS Nursing Steering Committee



The Nursing Steering Committee was created to facilitate opportunities for professional nursing to have more input into the health care policy process and for the work of CMS to be informed by their education, experiences, and perspectives

The Committee will have approximately 12 to 15 members consisting of a core group of professional nurses who work throughout CMS in various subject matter areas, such as but not limited to, clinical regulation, quality improvement, measures development, program management, value-based purchasing, and payment.

The Committee will hold bi-annual meetings and ad hoc meetings at the call of the Chair

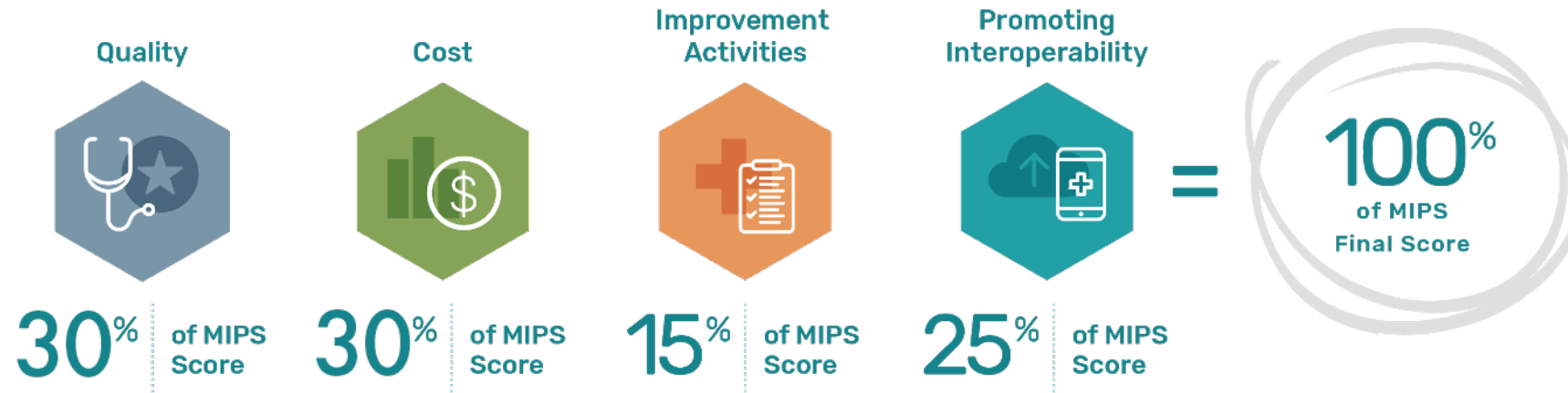
Promoting Nursing Leadership in the Transition to Value-Based Care

Fifteenth Report to the Secretary of
Health and Human Services and the
U.S. Congress

National Advisory Council on Nurse
Education and Practice (NACNEP)
Based on the 134th and 135th Meetings of NACNEP

Merit-based Incentive Payment System (MIPS)

MIPS 2023 Performance Categories



Comprised of 4 performance categories.

The points from each performance category are added together to give you a MIPS final score.

The MIPS final score is compared to the MIPS performance threshold to determine if you receive a **positive**, **negative**, or **neutral** payment adjustment.

Nurse Practitioners in MIPS in 2022

Totals by Practice Size & Average Scores

Practice Size	Eligible Clinicians
Large (>99)	63,031
Medium (16-99)	17,535
Small (2-15)	5,825
Solo (1)	222
Total	86,613

Mean Overall Final Score	Median Overall Final Score
84.57	87.14

Top 10 Most Reported Quality Measures

By NPs in 2022



Measure Name	Eligible Participant Count
Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions Measure ID: 484	63,182
Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups Measure ID:479	58,478
Controlling High Blood Pressure Measure ID:236	49,884
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) Measure ID:001	45,333
Colorectal Cancer Screening Measure ID:113	42,634
Preventive Care and Screening: Screening for Depression and Follow-Up Plan Measure ID:134	40,998
Preventive Care and Screening: Influenza Immunization Measure ID:110	35,920
Breast Cancer Screening Measure ID:112	34,037
Falls: Screening for Future Fall Risk Measure ID:318	33,858
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Measure ID:226	33,380

CRNAs in MIPS in 2022

Totals by Practice Size & Average Scores

Practice Size	Eligible Clinicians
Large (>99)	20,452
Medium (16-99)	5,399
Small (2-15)	635
Solo (1)	28
Total	26,514

Mean Overall Final Score	Median Overall Final Score
82.71	85.17

Top 10 Most Reported Quality Measures

By CRNAs in 2022



Measure Name	Eligible Participant Count
Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions Measure ID:484	10,948
Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment System (MIPS) Groups Measure ID:479	10,256
Controlling High Blood Pressure Measure ID:236	9,365
Colorectal Cancer Screening Measure ID:113	8,371
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) Measure ID:001	8,362
Preventive Care and Screening: Screening for Depression and Follow-Up Plan Measure ID:134	7,918
Falls: Screening for Future Fall Risk Measure ID:318	7,015
Anesthesiology Smoking Abstinence Measure ID:404	6,881
Breast Cancer Screening Measure ID:112	6,237
Preventive Care and Screening: Influenza Immunization Measure ID:110	5,869

Nurse Staffing Makes a Difference

CMS has long identified staffing as one of the vital components of a nursing home's ability to provide quality care.

We post staffing information on the CMS Nursing Home Compare website and it is used in the Nursing Home Five Star Quality Rating System to help consumers understand the level and differences of staffing in nursing homes.

Section 6106 of the Affordable Care Act (ACA) requires facilities to electronically submit direct care staffing information (including agency and contract staff) based on payroll and other auditable data.

Staffing rating



Above average

Staffing levels and turnover of staff in nursing homes may impact the quality of care nursing home residents get. Higher staffing ratings mean...

[Read more](#)

Average number of residents per day

188.3

National average: 82.9
Maryland average: 104.5

Total number of nurse staff hours per resident per day

⬆ Higher numbers are better

4 hours and 8 minutes

National average: 3 hours and 48 minutes
Maryland average: 3 hours and 51 minutes

Registered Nurse hours per resident per day

⬆ Higher numbers are better

54 minutes

National average: 40 minutes
Maryland average: 50 minutes

LPN/LVN hours per resident per day

⬆ Higher numbers are better

1 hour and 9 minutes

National average: 53 minutes
Maryland average: 55 minutes

Nurse aide hours per resident per day

⬆ Higher numbers are better

2 hours and 5 minutes

National average: 2 hours and 16 minutes
Maryland average: 2 hours and 7 minutes

Total number of nurse staff hours per resident per day on the weekend

⬆ Higher numbers are better

3 hours and 49 minutes

National average: 3 hours and 20 minutes
Maryland average: 3 hours and 24 minutes

Physical therapist staff hours per resident per day

⬆ Higher numbers are better

6 minutes

National average: 4 minutes
Maryland average: 4 minutes

Staffing in Long Term Care Facilities

On September 1, 2023, the Centers for Medicare & Medicaid Services (CMS) issued the Minimum Staffing Standards for Long-Term Care (LTC) Facilities and Medicaid Institutional Payment Transparency Reporting **proposed rule**:

- Three core staffing proposals
 - Minimum nurse staffing stands for RNs and NAs
 - Requirement to have RN onsite 24/7
 - Updates to existing facility assessment requirements
- To support nursing home staffing
 - Awareness campaign
 - Financial incentives (ex. scholarships)



National Campaign To Support Staffing In Nursing Homes

- CMS will work with the Health Resources and Services Administration (HRSA) and other partners to make it easier for individuals to enter careers in nursing homes, investing over \$75 million in financial incentives such as scholarships and tuition reimbursement.
- This staffing campaign builds on other actions through the [HHS Health Workforce Initiative](#), including the [recent announcement that HRSA](#) awarded more than \$100 million to train more nurses and grow the nursing workforce.

FOR IMMEDIATE RELEASE
August 10, 2023

Contact: HHS Press Office
202-690-6343
media@hhs.gov

The Biden-Harris Administration Announces \$100 Million to Grow the Nursing Workforce

Today, the Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, announced awards of more than \$100 million to train more nurses and grow the nursing workforce. These investments will address the increasing demand for registered nurses, nurse practitioner nurse midwives, and nurse faculty.

“Nurses are an essential part of our nation’s health care system,” said HHS Secretary Xavier Becerra. “Now ever, we need to double down on our investments in nurses who care for communities across the country.”

“Nurses are the frontline in delivering life-saving care and in keeping all of us healthy and well,” said HRSA Administrator Carole Johnson. “Today’s investments from the Health Resources and Services Administration demonstrate our ongoing commitment to supporting the nursing workforce, training and growing the next generation of nurses, creating career ladders for nurses, and recognizing the critical role nurses play in primary care, mental health care, and maternal health care.”

The nursing workforce is essential to improving health outcomes and health care delivery across settings – in hospitals, nursing homes, and other facilities – as well as in community practice such as nurse-run clinic offices, health centers, schools and home and community-based care. HHS, and the entire Biden-Harris Administration, is committed to supporting nurses in this vital work and to building the workforce with initiatives like the resources announced today.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality

Ref: QSO-23-04-Hospitals

DATE: November 28, 2022

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Workplace Violence-Hospitals

Memorandum Summary

- Workers in hospitals, nursing homes, and other healthcare settings face risks of workplace violence. Many factors contribute to this risk, including working directly with people who have a history of aggressive behavior, behavioral issues, or may be under the influence of drugs.
- An April 2020 Bureau of Labor Statistics Fact Sheet found that healthcare workers accounted for 73 percent of all nonfatal workplace injuries and illnesses due to violence in 2018. This number has been steadily growing since tracking of these specific events began in 2011.
- Exposure to workplace violence hazards come at a high cost; however, with appropriate controls in place, it can be addressed.
- CMS will continue to enforce the regulatory expectations that patient and staff have an environment that prioritizes their safety to ensure effective delivery of healthcare.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-23-22-Hospital

DATE: September 21, 2023

TO: State Survey Agency Directors

FROM: Director, Quality, Safety & Oversight Group (QSOG), Director, Survey Operations Group

SUBJECT: Reinforcement of Interpretive Guidance for Nurse Midwives

Memorandum Summary

- **CMS is committed to improving access and quality care for pregnant and postpartum individuals and their infants.**
- **Hospital governing body requirements at §482.12(c)(1), (2), and (4) apply exclusively to Medicare patients/beneficiaries.**
- **For non-Medicare beneficiaries, including patients receiving Medicaid, hospitals may develop policies to permit nurse midwives to be credentialed and privileged to admit and care for hospital inpatients in accordance with State licensure laws.**
- **Critical Access Hospital (CAH) requirements for physician review and signature of records of patients cared for by nurse practitioners, clinical nurse specialists, certified nurse midwives, or physician assistants apply to all patients of the CAH.**

CY 2024 PFS: The Importance Of NPs To RHCS And FQHCS

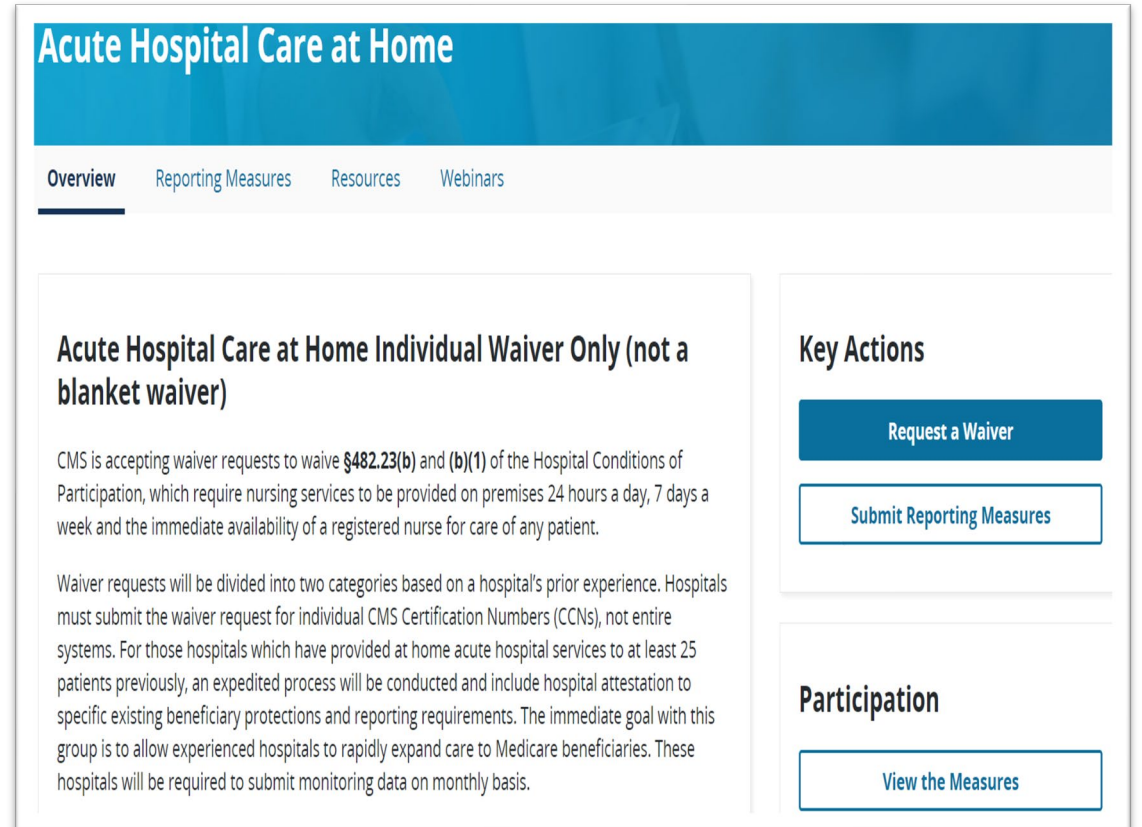
Updates to the Conditions for Certification or Coverage (CfCs); Changes to the RHC Conditions for Certification and FQHC Conditions for Coverage

- CMS removed language specifying that NPs must be certified in primary care.
- CMS finalizing the requirement that NPs must be certified by a recognized certifying body and possess a master's or doctoral degree in nursing and note that section 1861(aa)(5)(A) of the Act continues to require that NPs and PAs only provide such services as they are “legally authorized to perform (in the State in which the individual performs such services) in accordance with State law (or the State regulatory mechanism provided by State law).”

<https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>

New Acute Hospital Care at Home Extension

- As part of the \$1.7 million omnibus spending bill that became law December 29, 2022, the Acute Hospital Care at Home initiative was extended through December 31, 2024
- Statutory extension of the initiative enables hospitals to continue to establish and implement the programs even if the PHE expires before Dec 31, 2024.
- The extension also provides for the collection of quality, patient experience and reimbursement data

A screenshot of the 'Acute Hospital Care at Home' web page. The page has a blue header with the title 'Acute Hospital Care at Home'. Below the header is a navigation bar with links: 'Overview' (underlined), 'Reporting Measures', 'Resources', and 'Webinars'. The main content area is divided into two columns. The left column has a section titled 'Acute Hospital Care at Home Individual Waiver Only (not a blanket waiver)' followed by two paragraphs of text. The right column has two sections: 'Key Actions' with two buttons ('Request a Waiver' and 'Submit Reporting Measures') and 'Participation' with one button ('View the Measures').

Acute Hospital Care at Home

Overview Reporting Measures Resources Webinars

Acute Hospital Care at Home Individual Waiver Only (not a blanket waiver)

CMS is accepting waiver requests to waive §482.23(b) and (b)(1) of the Hospital Conditions of Participation, which require nursing services to be provided on premises 24 hours a day, 7 days a week and the immediate availability of a registered nurse for care of any patient.

Waiver requests will be divided into two categories based on a hospital's prior experience. Hospitals must submit the waiver request for individual CMS Certification Numbers (CCNs), not entire systems. For those hospitals which have provided at home acute hospital services to at least 25 patients previously, an expedited process will be conducted and include hospital attestation to specific existing beneficiary protections and reporting requirements. The immediate goal with this group is to allow experienced hospitals to rapidly expand care to Medicare beneficiaries. These hospitals will be required to submit monitoring data on monthly basis.

Key Actions

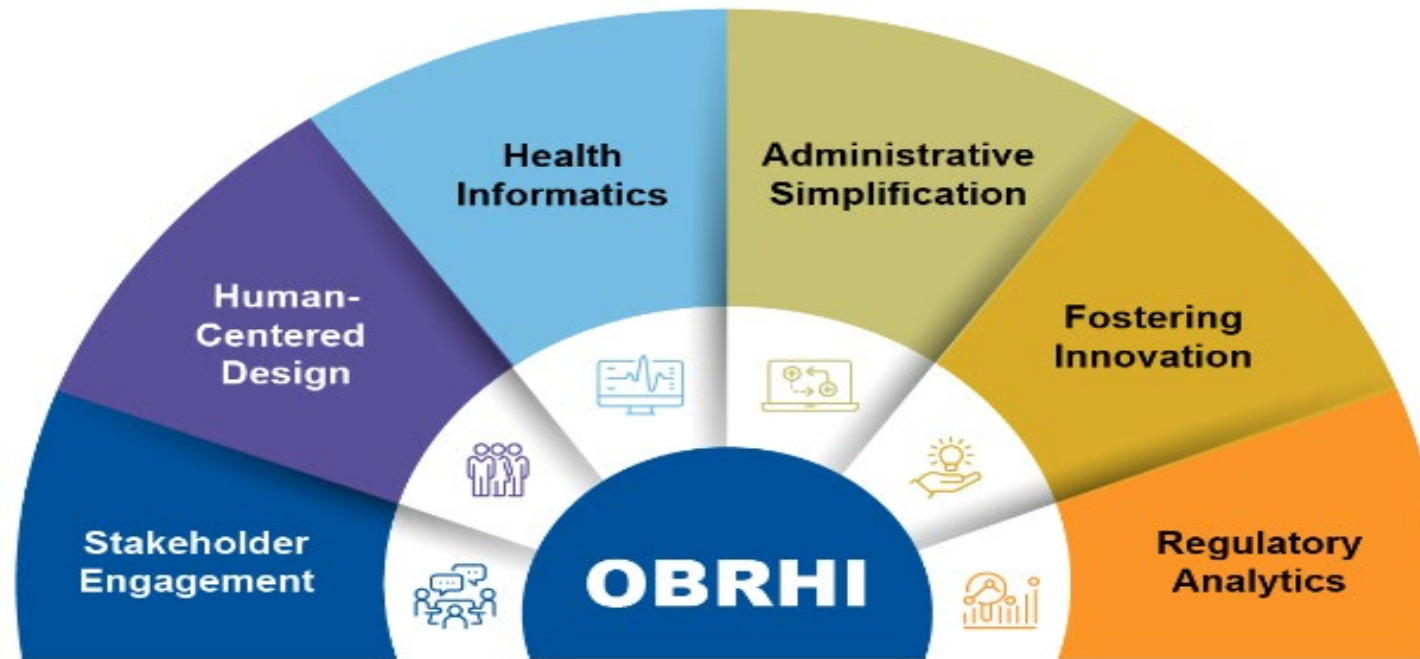
Request a Waiver

Submit Reporting Measures

Participation

View the Measures

<https://qualitynet.cms.gov/acute-hospital-care-at-home>



Physician Fee Schedule

Physician Fee Schedule: CY 2025 Proposed Rule – Submit Comments by September 9

CMS issued the [CY 2025 Physician Fee Schedule \(PFS\)](#) proposed rule to propose updates for Medicare PFS:

- Payment policies and rates
- Medicare Prescription Drug Inflation Rebate Program
- Behavioral Health Services
- Dental and Oral Health Services
- Opioid Treatment Programs
- Telehealth Services
- Rural Health Clinics and Federally Qualified Health Centers

Thank you!

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