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1. VHHA in Action

Each day, VHHA actively works on behalf of its members, their employees, and Virginians to advance the interests of Virginia's hospitals and health care systems. In the past week, here are some developments of interest to Virginia hospitals and health systems:

- VHHA recently held a meeting of the **Behavioral Health Committee** at its offices in Glen Allen, VA.
- This week, [VHHA Solutions](#) and its endorsed partner, [ChartSpan](#), presented a webinar on chronic care management solutions for health care providers involved in the treatment of Medicare beneficiaries with multiple chronic conditions.
- **U.S. President Joe Biden** recently signed legislation to fund the federal government, including the **U.S. Department of Health and Human Services (HHS)**, through Sept. 30. The [legislation](#) does not include site-neutral and hospital price transparency provisions. It extends a program that waives the foreign residence requirement for physicians holding J-1 visas who agree to stay in the U.S. for three years to practice in federally designated underserved areas, and it rescinds \$4.3 billion in COVID-19 funding from the American Rescue Plan Act that was never obligated.
- The **Virginia Infection Prevention Training Center (VIPTC)** has released a new round of infection prevention and control courses for specialty settings. The latest topics include infection prevention and control strategies for pharmacy, behavioral health, ambulatory surgical centers, neonatal settings, and more. Access the courses [here](#) or visit the VIPTC [website](#) to learn more.
- The **Centers for Medicare & Medicaid Services (CMS)** recently issued the inpatient rehabilitation facility (IRF) prospective payment system (PPS) [proposed rule](#) for fiscal year (FY) 2025, which contemplates IRF PPS payment updates as well as payment system and quality reporting program (QRP) updates. The proposed rule calls for updating payment rates by a net of 2.8 percent (or \$280 million), including a market basket update of 3.2 percent (less a 0.4

percent productivity cut), and a 0.2 percent decrease related to outlier payment (an estimated decrease of \$25 million). The proposed rule updates the wage index using the most recent **Office of Management and Budget** (OMB) statistical area delineations based on the 2020 Census, and it adopts and modifies patient assessment items that address social determinants of health. CMS does not propose to adopt or remove any quality measures from the IRF QRP, but it does propose changes to certain patient assessment items related to health-related social needs. For instance, IRFs would be required to collect and report specific data elements related to living situation, food, and utilities beginning with the FY 2028 IRF QRP. The rule is expected to be published in the Federal Register on March 29, with public comments being accepted for 60 days.

- The **Virginia Department of Health** (VDH) is providing updates on the Clade I Monkeypox virus (MPXV) [outbreak](#) in the Democratic Republic of Congo as it continues. Although there have been no Clade I MPXV infections in the U.S. and the risk is low, it is important for the health care community to be prepared for Clade I infections, including more severe cases. Vaccines and treatments are expected to be effective for both Clade I and Clade II MPXV. As of March 11, 2024, all mpox [diagnostic samples and clinical waste](#) can be managed as Category B infectious substances unless they contain or are contaminated with cultures of Clade I MPXV.
- The **U.S. Food and Drug Administration** (FDA) recently approved Lenmeldy (atidarsagene autotemcel), as the first FDA-approved gene therapy indicated for the treatment of children with pre-symptomatic late infantile, pre-symptomatic early juvenile, or early symptomatic early juvenile metachromatic leukodystrophy (MLD). Metachromatic leukodystrophy is a debilitating, rare genetic disease affecting the brain and nervous system. It is caused by a deficiency of an enzyme called arylsulfatase A (ARSA) that results in a buildup of sulfatides (fatty substances) in the cells. This buildup causes damage to the central and peripheral nervous system, manifesting with loss of motor and cognitive function and early death. It is estimated that MLD affects one in every 40,000 individuals in the U.S. There is no cure for MLD, and treatment typically focuses on supportive care and symptom management. Read more [here](#).
- Children's Pavilion (CPAV) is a 60-bed inpatient psychiatric hospital and outpatient center for children owned and operated by **Children's Hospital of The King's Daughters**. The Pavilion is a new, free-standing facility located on the same Norfolk campus as CHKD's main hospital. Providers from community emergency departments seeking to refer patients for direct admission to Children's Pavilion should send psychiatric evaluation and medical clearance information to the following dedicated fax line: CPAV Direct Admissions at (757) 668-2047. CPAV intake nurses will review the information and communicate directly with referring providers until the clinical information is complete, and a determination to accept or deny the patient is made. If CPAV is able to admit the patient, the intake nurse will work with the nurse from the referring facility to arrange needed consents, signatures, and transport. All communication regarding admission is with the CPAV intake nurse at (757) 668-4746. Read more [here](#).
- The **Environmental Protection Agency** (EPA) recently issued a [final rule](#) that will require significantly reduced emissions from commercial facilities that sterilize medical devices and other equipment using ethylene oxide gas. Among other changes, the rule will require continuous monitoring and reporting of such emissions and strengthen requirements for certain types of emissions that are not currently regulated, such as room air emissions. The EPA will give commercial sterilizers additional time to come into compliance with the requirements and will apply emission percentage reduction targets that vary by a facility's level of emissions. Read more [here](#).
- As part of the first federal campaign to address health care worker burnout, the **Centers for Disease Control and Prevention's** (CDC) **National Institute for Occupational Safety and Health**

(NIOSH) recently released an evidence-informed and actionable guide for the nation's hospital leaders to improve health care worker wellbeing. The [Impact Wellbeing™ Guide: Taking Action to Improve Healthcare Worker Wellbeing](#) report is the newest addition to the *Impact Wellbeing™* Campaign [launched in October 2023](#). It provides a step-by-step process for hospitals to start making organizational-level changes to impact and improve mental health for employees.

- The **U.S. Department of Health and Human Services (HHS)** and the **Centers for Medicare & Medicaid Services (CMS)** are alerting health care providers about options that can support them in maintaining cash flow and serving patients amid the ongoing impact of the cyberattack on **Change Healthcare** (a division of **UnitedHealth Group**) that began Feb. 21. Many health care providers and facilities have voiced concerns stemming from an inability to submit claims and receive payments for care rendered due to the inaccessibility of Change systems. The flexibilities recently announced by HHS and CMS are related to Medicare, Medicaid, and CHIP, Medicare Advantage organizations, and Medicare Administrative Contractors. Read the list of flexibilities [here](#). CMS has made available Change Healthcare/Optum Payment Disruption (CHOPD) accelerated payments to Part A providers and advance payments to Part B suppliers experiencing claims disruptions as a result of the incident. The CHOPD accelerated and advance payments may be granted in amounts representative of up to thirty (30) days of claims payments to eligible providers and suppliers. Read more [here](#). In related news, **HHS Secretary Xavier Becerra** issued a letter to health care providers detailing steps being taken by the federal government in response to the current situation. Read the letter [here](#). Additional status updates from UnitedHealth Group can be found [here](#). Information on the Optum Temporary Funding Assistance Program for providers is available [here](#). Providers are also encouraged to continue to work with all their payers on workarounds that can be implemented to receive timely payments. In a recently issued bulletin, CMS encouraged states to make interim payments to fee-for-service providers to mitigate the effects of the Change Healthcare cyberattack and to prevent disruption of Medicaid beneficiaries' access to services and the associated negative health outcomes. Read more [here](#).

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2. HHS Issues Solicitation on Community-Based Intervention Payment Model

The **Advanced Research Projects Agency (ARPA-H)** of the **U.S. Department of Health and Human Services (HHS)** has issued a [draft solicitation](#) seeking applicants to the Health Care Rewards to Achieve Improved Outcomes (HEROES) program that will evaluate a new payment model to incentivize community-based interventions to improve health outcomes in a geographic area. Under the current timeline, abstracts from interested applicants are due by June 17. The model will offer participating non-profit organizations, consortiums, and others direct payments to reduce specific health harms in an area. An April 2 webinar is scheduled to provide more information about the application process. Register for the webinar [here](#) and direct questions to heroes@arpa-h.gov.

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3. SAMHSA Behavioral Health Funding Opportunities for States, Localities, Mental Health Systems

Through May 20, appropriate state agencies can apply for up to \$2 million per year to partner with communities to integrate primary and behavioral health care in clinical practices and up to \$900,000 annually to implement a primary care model that integrates mental health and substance use

conditions. These funding opportunities are available through the **Substance Abuse and Mental Health Services Administration** (SAMHSA). Read more [here](#) and [here](#). Another grant opportunity open to local governments and mental health systems is offering as much as \$750,000 annually to implement assisted outpatient treatment programs to support adults with serious mental illness. The application deadline for that program is April 26. Read more [here](#).

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4. Register for the Virginia Healthcare Emergency Preparedness Summit, April 24 in Richmond

[Registration is open](#) for the **2024 Virginia Healthcare Emergency Preparedness Summit**, which is scheduled for April 24 at The Westin – Richmond and hosted by VHHA. The theme for this year’s Summit is “Human Caused Incidents” and it will feature speakers, panelists, sponsors, and support organizations focused on how the Virginia health care community can strengthen its preparedness for such situations. Participants can earn up to 5.75 **ACHE Qualifying Education Hours** toward initial certification or recertification of the **Fellow of the American College of Healthcare Executives** (FACHE) designation. Up to 6.0 hours of **EMT Continuing Education** (CE) credits are also being offered to qualified participants. Visit this [link](#) for more information and contact Isaac Rife at irife@vhha.com to learn about sponsorship opportunities. The \$75 event registration ticket includes in-person attendance to the Summit, continental breakfast, and lunch. VHHA extends its thanks to the generous sponsors whose support helps keep the ticket price low to promote access and inclusion. – Trey Brooke and Matt Allen

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5. Registration is Open for 2024 Virginia Behavioral Health Summit in May

Registration is open for the **2024 Virginia Behavioral Health Summit** scheduled for May 16 in Richmond. The theme of the one-day event is “Connection: Building a Behavioral Health System that Serves All” and its purpose is to expand knowledge about behavioral health treatment and access for clinicians, healthcare administrators, policymakers, and community-based providers. The Summit will feature innovative behavioral health models, patient-centered strategies, an overview of the expansion of the crisis system across the state, and the opportunity to learn about advances in technology that can improve behavioral health resources. Visit this [link](#) to register and reserve lodging accommodations. View the Summit agenda [here](#).

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6. VHHA *Patients Come First* Podcast Features VHC Health Cardiologist, Physician Leader

The latest episode of VHHA’s *Patients Come First* podcast features an interview with **Dr. Jeremy Bock**, an interventional cardiologist and endovascular specialist, who is Medical Director of the cardiology practice at **VHC Health**. The conversation covers his career, cardiovascular health, hypertension, a minimally invasive surgical technique to treat patients with high blood pressure resistant to other forms of management, and more. Listen to the episode [here](#) and hear past episodes through this [link](#). Podcast episodes are also available through these podcast apps and networks: [Apple Podcast](#), [Amazon Music](#), [Spotify](#), [Pandora](#), [Google Podcasts](#), [Stitcher](#), [Tuneln](#), [SoundCloud](#), [Blubrry](#), [iHeart Radio](#), [Deezer](#), [Podbay](#), [Overcast](#), [Pocket Casts](#), the [Virginia Audio Collective](#), the [Public Health Podcast Network](#), the [World Podcast Network](#), and the [Family Podcast Network](#). The podcast can also be heard on the radio airwaves – episodes air each Saturday at noon and Sunday at 10 a.m. on 100.5 FM, 107.7 FM, 92.7 FM, and 820 AM across Central Virginia and 1650 AM in Hampton Roads, 105.1 FM and 1050 AM in Lynchburg, and

Wednesdays at 1 p.m. on 93.9 FM in Richmond. Send questions, comments, feedback, or guest suggestions to pcfpodcast@vhha.com. – Salinna Lor

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7. FDA Approves Non-Steroid Treatment for Duchenne Muscular Dystrophy

The **U.S. Food and Drug Administration** (FDA) recently approved Duvyzat (givinostat) oral medication for the treatment of Duchenne Muscular Dystrophy (DMD) in patients six and older. Duvyzat is the first non-steroidal drug approved to treat patients with all genetic variants of DMD. It is a histone deacetylase (HDAC) inhibitor that works by targeting pathogenic processes to reduce inflammation and loss of muscle. DMD is the most common childhood form of muscular dystrophy and typically affects males. It is a rare neurological disorder which causes progressive muscle weakness due to a lack of muscle protein called dystrophin. Over time, the muscles deteriorate causing problems with walking and muscle strength and ultimately problems with breathing leading to early death. Life expectancy for those with DMD has increased over the years, with some patients surviving beyond 30 years. Read more [here](#).

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8. FDA Issues EUA for COVID-19 Pre-Exposure Medication

The **U.S. Food and Drug Administration** (FDA) recently granted emergency use authorization (EUA) for Pempgarda (pemivibart) for the pre-exposure prophylaxis (prevention) of COVID-19 in certain adults and adolescents (12 and older weighing at least 88 pounds). Pempgarda is authorized for individuals who are not currently infected with SARS-CoV-2 and who have not had a known recent exposure to an individual infected with SARS-CoV-2; and who have moderate-to-severe immune compromise due to a medical condition or due to taking immunosuppressive medications or treatments and are unlikely to mount an adequate immune response to COVID-19 vaccination. Read more [here](#).

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9. Medicaid Providers Required to Revalidate Enrollment with DMAS Provider Service Solutions Portal

In accordance with **Centers for Medicare & Medicaid Services** (CMS) requirements, the **Virginia Department of Medical Assistance Services** (DMAS) is working with the provider community, managed care organizations (MCO), and the agency's provider services solutions (PRSS) vendor, Gainwell Technologies, to accomplish timely provider revalidations. All Medicaid providers, including MCO network providers, are required to revalidate provider enrollment in PRSS at least every five years. PRSS revalidation is when a provider submits a revalidation application for a Provider/National Provider Identifier (NPI) that has an existing enrollment record in PRSS prior to the end of their enrollment period without an enrollment gap. Providers should receive a DMAS notice to begin their revalidation applications at least 90 days before the end of their enrollment period. The notice is sent via e-mail or U.S. Mail depending on a provider's communications preferences recorded in PRSS. Reminder notices are also sent via e-mail from appshcproductNoReply@gainwelltechnologies.com at 60 and 30 days prior to the deadline. Providers must submit the revalidation electronically through the [Provider Services Solution \(PRSS\) portal](#). DMAS has implemented a new Manage Revalidation panel within the PRSS portal. This panel displays a list in-process revalidation application tracking numbers (ATNs) for the base identification number and any locations for whom that provider may be an authorized administrator (AA) for a primary account holder. The new panel provides information required to access the

revalidation application without having to match up numerous notification emails. It also provides a link directly into the resume/revalidate enrollment page to reset a password if needed. The Provider Portal User Guide PRSS-120 is located on the [MES Provider Training webpage](#) and has information on the new manage revalidation panel. Additional information is available on the [MES MCO Provider Network Resources webpage](#).

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10. Around the State

Dr. Jordan Asher, MD, MS, has been selected to serve as an Executive Committee member for the **Health Care Transformation Task Force (HCTTF)**, a group of leading health care payers, providers, purchasers, patient organizations, and value transformation partners. Dr. Asher is Executive Vice President and Chief Clinical Officer at **Sentara Health**. Read more [here](#).

Nancy Agee, President of **Carilion Clinic**; **Dr. Rina Bansal**, MD, President of **Inova Alexandria Hospital** and Senior Vice President of **Inova Health System**; **Lisa Carter**, President of **Ballad Health Southern Region**; **Wendy Horton**, PharmD, CEO of **UVA Medical Center**; **Roberta Tinch**, President of **Inova Mount Vernon Hospital** and Vice President and Administrator of the **Inova Musculoskeletal Service Line**; and **Dana Weston Graves**, President of **Sentara Princess Anne Hospital**; have been named to the 2024 list of [196+ women hospital presidents and CEOs to know](#) by *Becker's Hospital Review*.

Dr. Stephanie Lareau, MD, FAWM, FACEP, DiMM, DiDMM, an emergency medicine physician and Director of the **Carilion Clinic Wilderness Medicine fellowship**, is one of the first five recipients of the **Academy of Wilderness Medicine "Triple Crown,"** which includes all three of the Academy's prestigious honors: the Diploma in Mountain Medicine, Diploma in Diving and Marine Medicine, and Fellowship in the Academy of Wilderness Medicine. Those designations demonstrate exceptional professional expertise and commitment to the field of wilderness medicine.

Jalana McCasland has been named Vice President of Ambulatory Services for **VCU Health**. McCasland has more than three decades of health care experience including roles with **Children's Hospital of The King's Daughters (CHKD)**, **UVA Health**, the University of Texas Health Center, and a previous stint with VCU Health. Read more [here](#). – Salinna Lor

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