

# FYI Weekly

HEALTH CARE NEWS FOR VIRGINIA'S HOSPITALS AND HEALTH SYSTEMS

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## Articles:

1. [VHHA in Action](#)
2. [VHHA to Host May 29 In-Person Workshop on Identifying and Retaining Devoted Employees](#)
3. [CMS Issues Medicare Inpatient, Long-Term Care Hospital Proposed Rules for 2025](#)
4. [Register for the Virginia Healthcare Emergency Preparedness Summit, April 24 in Richmond](#)
5. [Register for 2024 Virginia Behavioral Health Summit, May 16 in Richmond](#)
6. [VHHA Patients Come First Podcast Highlights Clinical Research Work of UVA Health CEO](#)
7. [VHHA Center for Healthcare Excellence Offers IHI Open School Quality and Safety Certificate](#)
8. [VHHA Solutions Partner AblePay Health to Host April 16 Webinar on Patient Affordability Gap](#)
9. [CMS Finalizes Changes to Medicare Advantage Plan Rates and Payment Policies for 2025](#)
10. [Around the State](#)

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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 held a meeting of the **Executive Committee** of the **Board of Directors** this week for a discussion of issues of importance to hospital and health system members.
- VHHA held a meeting of the **Payor Advisory Committee** this week. The Committee is a forum for hospital payor relations and revenue cycle leaders to discuss priority issues and ongoing payor-related challenges.
- Ahead of the return of state legislators to Richmond next week (April 17) for the annual **Virginia General Assembly** reconvened session, **Virginia Governor Glenn Youngkin** has offered [242 amendments](#) to the current state budget and the next biennial budget as well as [153 legislative vetoes](#). The Governor and the legislature remain split on funding approaches regarding education support, taxation policy, public safety, and health and human resources, among other items. During the reconvened session, state lawmakers will consider the Governor's budget and legislative amendments and vetoes. There is the potential for a stalemate over competing visions of the state budget that could lead to the calling of a legislative special session or even litigation, depending on how things unfold. The **VHHA Government Affairs Team** is actively monitoring these events and engaging with the Youngkin Administration and legislative leaders to advocate for the interests of hospitals and health systems throughout the process.
- The [VHHA Foundation](#) celebrated its 60<sup>th</sup> anniversary this week. The Virginia Hospital Research and Education Foundation was founded in 1964 for "improvement of the health of the people of Virginia through the provision of better hospital care, the fostering and sponsorship of educational programs for training of health career personnel, financial aid for individuals of

Virginia needing assistance who are pursuing an education in health careers, the promotion of scientific knowledge in hospital administration, promotion and sponsorship of research in hospital administration.” Today, the VHHA Foundation proudly carries on that legacy in the Commonwealth by working with hospital members and stakeholders to improve the health of all Virginians through collaboration, research, and education.

- [Register](#) to attend the upcoming “State of Bio” event on April 25 (5-7 p.m.) at **Sentara Northern Virginia Medical Center**. This free event is hosted by the **Northern Virginia BioHub** with support from the following sponsors: the **Virginia Coordinated Clinical Research Network (VCCRN)**, **Sentara Health**, the **George Mason University Institute for Biohealth Innovation**, and the **Prince William County Department of Economic Development**. The event will include a panel discussion highlighting innovation needs in health care, new discoveries advancing science and medicine, and the importance of research and health care partnerships. Participants will also have networking opportunities with health care professionals, life science industry partners, and academic researchers.
- The **Centers for Disease Control and Prevention (CDC)** has [interim guidance](#) for clinicians on recommendations for preventing exposure to highly pathogenic avian influenza (HPAI) A(H5N1) viruses, including infection prevention and control measures, testing, antiviral treatment, patient investigations, and monitoring of exposed persons. The guidance has been updated recently in the wake a positive test for bird flu documented in the U.S.
- The **Centers for Medicare & Medicaid Services (CMS)** recently issued a [final rule](#) regarding changes to the Medicare Advantage (MA) and prescription drug programs for contract year 2025. The changes are intended to improve access to behavioral health care; cap and standardize MA plan compensation to brokers, including prohibiting volume-based bonuses for enrollment into certain plans; limit the distribution of personal beneficiary data by third-party marketing organizations; ensure that MA plans offer appropriate supplemental benefits; streamline enrollment for individuals dually eligible for Medicare and Medicaid; and annually review MA utilization management policies for health equity considerations. Among other changes, the final rule streamlines the appeals process for enrollees if a MA plan terminates coverage for certain post-acute care services; standardizes the appeals process for MA Risk Adjustment Data Validation audit findings; limits out-of-network patient cost-sharing for certain plans serving dually eligible enrollees; and gives Part D plans more flexibility to substitute biosimilars for reference drug products.
- The **Centers for Medicare & Medicaid Services (CMS)** recently [announced](#) an extension of its temporary Marketplace special enrollment period for those who lost Medicaid or Children’s Health Insurance Program (CHIP) eligibility following the end of the COVID-19 public health emergency continuous coverage period. The end date of the enrollment period is extended from July 31 to Nov. 30, 2024. CMS also issued new guidance on the unwinding of the continuous coverage process, tools for states, guidance for Medicaid managed care plans, and resources for families no longer eligible for Medicaid or CHIP coverage. And the agency recently [finalized a rule](#) proposed in 2022 to standardize Medicaid and CHIP enrollment and renewal processes and make it easier for eligible children and adults to stay covered. According to [CMS](#), the final rule eliminates CHIP waiting periods, annual and lifetime coverage limits, and the practice of locking children out of coverage if a family is unable to pay premiums; improves the transfer of children from Medicaid to CHIP when a family’s income rises; gives individuals at least 15 days to provide additional information when applying for the first time and 30 days to return documentation when renewing coverage; prohibits conducting renewals more often than every 12 months; and requires in-person interviews for older adults and those with disabilities. The rule takes effect 60 days after publication in the April 2 Federal Register. According to a

recent [report](#), the continuous eligibility requirements that Congress passed in December 2022 could protect as many as 17 million children from coverage disruptions. The requirements took effect on Jan. 1.

- The **Cybersecurity and Infrastructure Security Agency (CISA)**, a division of the **U.S. Department of Homeland Security (DHS)**, recently issued a [proposed rule](#) implementing cyber incident and ransom payment reporting requirements under the Cyber Incident Reporting for Critical Infrastructure Act of 2022, that is intended to help the agency prevent cyberattacks and deploy assistance to victims. In addition to specifying instances in which a cyber incident or ransomware attack would need to be reported to CISA, the draft regulations would require critical infrastructure organizations, including critical access hospitals and hospitals with 100 or more beds, to report a covered cyber incident to the federal government within 72 hours, report ransom payments within 24 hours, and a requirement to preserve certain data and records for two years. These draft regulations will likely be in addition to, rather than in lieu of, any regulations promulgated by the **U.S. Department of Health and Human Services (HHS)** that are expected to place additional cybersecurity requirements on healthcare providers and payors, among others. CISA will accept comments on the rule for 60 days following publication in the Federal Register on April 4.
- The **U.S. Departments of Health and Human Services (HHS), Labor, and Treasury** recently issued a [final rule](#) to limit the sale of one type of non-comprehensive health care coverage and promote greater consumer understanding of their coverage options. The rule restricts the length of short-term, limited-duration insurance (STLDI), which was previously extended. The initial contract period for STLDI is capped at three months, with a maximum coverage period of four months, accounting for renewals and extensions. The rule also amends the consumer notice requirements for STLDI and fixed indemnity excepted benefits coverage to ensure consumers understand the clear differences between non-comprehensive and comprehensive coverage plans, and options for purchasing comprehensive coverage. The new contract term limits and notice requirements apply to STLDI plans beginning on or after Sept. 1, 2024. The notice requirements for group and individual market fixed indemnity excepted benefits coverage apply to coverage beginning on or after Jan. 1, 2025.
- Through May 28, the **U.S. Department of Health and Human Services (HHS)** Office of the National Coordinator for Health Information Technology is seeking comment on a [federal strategic plan](#) for health information technology over the next five years. The plan outlines federal goals and strategies to support electronic health information access, exchange, and use. Federal agencies will use the final plan to prioritize and coordinate their efforts and signal priorities to the private sector.
- 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. Questions may be sent to [heroes@arpa-h.gov](mailto:heroes@arpa-h.gov).
- 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](#).

- VHHA actively engages with the news media to share public messaging and coordinate member media appearances to showcase the important work done by Virginia hospitals. That includes recent coverage from [WTVR](#), [WHSV](#), [WINA](#), [WVEC](#), the [Augusta Free Press](#), and [Cardinal News](#).  
[Back](#)

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## 2. VHHA to Host May 29 In-Person Workshop on Identifying and Retaining Devoted Employees

VHHA is hosting an in-person workshop on May 29 (10 a.m.-2 p.m.) at its offices in Glen Allen, VA that will be facilitated by **Joe Mull**, a featured keynote speaker at the [2024 Virginia Healthcare Workforce Summit](#). The theme of the workshop is “Becoming a Destination Workplace: What Leaders Must Do to Find and Keep Devoted Employees.” Registration cost is \$50, which includes lunch and all meeting materials. Capacity is limited for this event. Register [here](#) to secure a spot. Questions may be directed to [events@vhha.com](mailto:events@vhha.com). – Sharon Alexander

[Back](#)

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## 3. CMS Issues Medicare Inpatient, Long-Term Care Hospital Proposed Rules for 2025

The **Centers for Medicare & Medicaid Services** (CMS) recently issued proposed rules regarding Medicare inpatient prospective payment system (IPPS) rates and long-term care hospital (LTCH) standard payment rates for fiscal year (FY) 2025. The IPPS [proposed rule](#) would increase Medicare rates by a net 2.6 percent in FY 2025 (compared to FY 2024) for hospitals that are meaningful users of electronic health records and submit quality measure data. The 2.6 percent payment update reflects a hospital market basket increase of 3 percent as well as a productivity cut of 0.4 percent. It would increase hospital payments by \$2.9 billion, plus a proposed \$560 million increase in disproportionate share hospital (DSH) payments, and a proposed \$94 million increase in new medical technology payments. The LTCH [proposed rule](#) would increase long-term care hospital standard rate payments by 1.2 percent in FY 2025 relative to FY 2024. That includes a 3.2 percent market basket update, reduced by a 0.4 percent productivity adjustment. CMS also proposes to raise the fixed-loss amount for high-cost outlier payments to \$90,921, which would reduce overall standard rate payments by 1.3 percent. And CMS proposes to rebase the LTCH market basket using a 2022 base year.

[Back](#)

---

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

[Register](#) 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](mailto: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. – Matt Allen

[Back](#)

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## 5. Register for 2024 Virginia Behavioral Health Summit, May 16 in Richmond

Register 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](#).

[Back](#)

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## 6. VHHA *Patients Come First* Podcast Highlights Clinical Research Work of UVA Health CEO

The latest episode of VHHA’s *Patients Come First* podcast features an interview with **UVA Health CEO Dr. K. Craig Kent**, who also serves as Executive Vice President for Health Affairs at the University of Virginia and is a past member of the VHHA Board of Directors. Dr. Kent joins us for a conversation about his career and work, a discussion about some exciting clinical research being conducted at UVA Health, 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](mailto:pcfpodcast@vhha.com). – Julian Walker

[Back](#)

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## 7. VHHA Center for Healthcare Excellence Offers IHI Open School Quality and Safety Certificate

Virginia health care professionals looking to gain quality and patient safety improvement knowledge are invited to engage with the **VHHA Center for Healthcare Excellence** to access **IHI Open School** courses and earn a certificate in quality and safety. The IHI Open School offers access to online courses created by world-renowned faculty in improvement capability, patient safety, triple aim for populations, person- and family-centered care, and leadership. Health care professionals who may find this opportunity beneficial include physicians, nurses, allied health professionals, hospital managers, quality, safety, risk management, patient experience and population health staff, and leaders in a Virginia hospital. Join us and collaborate across professions and health systems to improve how health professionals in Virginia work together to deliver better care. The program registration fee is \$199. Please send any questions to Kristie Burnette at [kburnette@vhha.com](mailto:kburnette@vhha.com).

[Back](#)

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## 8. VHHA Solutions Partner AblePay Health to Host April 16 Webinar on Patient Affordability Gap

[VHHA Solutions](#) and its endorsed partner, [AblePay Health](#), are presenting a webinar on “Patients as Payors – Addressing the Patient Affordability Gap” scheduled for April 16 at noon. In the current health care financial landscape, providers need options to improve revenue and patient satisfaction, while patients desire a more affordable and better billing experience. There is a way to achieve each of these goals. The upcoming webinar will discuss the patient affordability gap faced by health care providers in Virginia and the communities they serve, ways to increase provider revenue while delivering a better overall patient experience, and a case study with the Lehigh Valley Health Network that demonstrates how patient payment behavior can be positively changed. Read more about the webinar and register [here](#).

[Back](#)

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## 9. CMS Finalizes Changes to Medicare Advantage Plan Rates and Payment Policies for 2025

CMS recently [finalized](#) proposed changes to Medicare Advantage (MA) plan capitation rates and Part C and Part D payment policies for calendar year (CY) 2025. The agency estimates the changes will increase MA plan revenues by an average of 3.7 percent from 2024 to 2025. The update includes changes to the Part C risk adjustment model that were finalized in the CY 2024 final rule and are being phased-in over three years, such as transitioning the model to reflect ICD-10 condition categories and using more recent data available for fee-for-service diagnoses and expenditures, in addition to providing technical updates to the methodology for CY 2025. Also finalized are technical updates to the Part C and D star ratings and changes to the standard Part D drug benefit required by the Inflation Reduction Act of 2022, including capping annual out-of-pocket costs for people with Medicare Part D at \$2,000 in 2025. CMS also reminds stakeholders to consider submitting comments to the Medicare Advantage Data [Request for Information](#) by the May 29 deadline.

[Back](#)

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## 10. Around the State

**Dr. Brad Taicher**, DO, MBA, has been named Chief of the Division of Anesthesiology, Pain and Perioperative Medicine for **Children’s National Hospital**. Dr. Taicher comes from Duke Children’s Hospital and Health Center. He earned his bachelor’s degree from the University of Pennsylvania and his medical degree from the Philadelphia College of Osteopathic Medicine. He completed his internship and residency at Delaware County Memorial Hospital and Thomas Jefferson University, followed by a pediatric anesthesiology fellowship at the Children’s Hospital of Philadelphia. Read more [here](#).

**Bo Wilkes** has been named Chief Growth Officer for **Ballad Health**. He currently manages the Ballad Health Innovation Center, Ballad Ventures, and Ballad Health’s Operational Excellence Department and Enterprise Project Management Office. He earned a bachelor of science degree from Clemson University, a master’s degree in public health from East Tennessee State University, and a certification from the University of Michigan’s Professional Innovators Program. Read more [here](#).

**Jeanne Alhusen**, Associate Dean for Research, NIH grantee, and nurse scientist with **UVA Health**, is one of 30 celebrated nurse scientists from around the world to be chosen for induction into Sigma’s 2024 International Nurse Researcher Hall of Fame. Read more [here](#). – Salinna Lor

[Back](#)

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