

From: NASHP News <Newsletter@nashp.org>
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Subject: NASHP News: 21st Century Cures Act: Implications and Opportunities for States

Newsletter

December 20, 2016

[21st Century Cures Act: Implications and Opportunities for States](#)

The 21st Century Cures Act (“Cures”), signed into law on December 13, 2016, is being heralded as landmark legislation for biomedical innovation. Our latest [blog](#) looks at how Cures funds new research, streamlines the development of new drugs, and supports the interoperability of health information systems. State policymakers, however, may want to focus their attention on Cures’ myriad behavioral health provisions, which include some clarifications on Medicaid policy, a host of amendments to better address the needs of individuals with mental illness and corrections involvement; significant opportunities for state funding for substance use disorders and mental health treatment, and other provisions. [Read the full blog.](#)

[REMINDER: Medicaid Innovation Accelerator Program: Data Analytics Support Expression of Interest forms are due January 9th](#)

To assist Medicaid agencies in moving towards their Medicaid delivery system reform goals, IAP is offering targeted technical support to states around a variety of data analytic activities. IAP held a program launch webinar on December 8th for the Data Analytics opportunity, and the Program Overview and the Information Session Slides are now available on the [IAP Data Analytics webpage](#). States interested in this opportunity should complete an [Expression of Interest Form](#) and submit to IAP by **January 9, 2017 Midnight ET**. Selected states will be assigned a dedicated IAP Data Analytics (DA) team that will provide customized one-on-one data analytics support.

[Webinar: Improving Care for Dual Eligibles: How States are Innovating through Medicare Advantage D-SNP Plans](#)

January 9, 2017 from 1:30-2:30 PM ET

This webinar will explore how states can use contracts with Medicare Advantage “D-SNP” plans to improve care for dual eligibles, advance Medicare-Medicaid alignment, and support broader payment and delivery system reform.

After a brief review of relevant D-SNP policies by CMS, speakers from Arizona, Minnesota, and

Tennessee will discuss how their states have developed and implemented D-SNP contracts to align health plan coverage under Medicare and Medicaid, link D-SNP plans to Medicaid managed services and supports (MLTSS) programs, and facilitate information sharing, among other goals.

Speakers:

- **Nishamarie Sherry Romanik** , Director, Division of Policy Analysis and Planning, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, Centers for Medicare & Medicaid Services
- **Tom Betlach** , Director, Arizona Health Care Cost Containment System
- **Gretchen Ulbee** , Manager, Special Needs Purchasing, Minnesota Department of Human Services
- **Patti Killingsworth** , Assistant Commissioner and Long Term Care Chief, TennCare Bureau, Department of Finance and Administration, State of Tennessee
- **Trish Riley** , Executive Director, NASHP, moderator

[Register Now](#)

Hospital Community Benefit Spending - How to Increase Investments in Population Health

Tuesday, January 10, 2017 from 12:30-2:00 PM ET

Each year taxpayers support at least \$25 billion in spending by nonprofit hospitals, most of it for patient services, including charity care. All nonprofit hospitals must report community benefit spending to the IRS to qualify for tax exempt status and a new [report](#) from George Washington University outlines strategies that could incentivize more of that spending to support population health activities. In this webinar we will explore the laws governing community benefit spending, learn how changes in IRS rules could encourage more investment by hospitals in efforts to improve community health, and explore what levers states have to engage on this issue.

[Register Now](#)

New Webinar Addresses Rising Cost of Pharmaceuticals

Wednesday, January 11, 2017 from 3:30-4:30 PM ET

Join member's of the National Academy for State Health Policy's Pharmacy Costs Workgroup **Wednesday, January 11** for a webinar reviewing 11 specific proposals for how states may curb the rising cost of pharmaceuticals. Annually states spend more than \$20 billion on prescription drug coverage for public employees, incarcerated individuals, higher education, and Medicaid. Don't miss this opportunity to hear directly from state leaders on this important topic. NASHP's work group continues to look broadly at states as purchasers, regulators, policymakers, and investors to develop the next generation of state-based reforms to address the rapid growth of prescription prices.

States and the Rising Cost of Pharmaceuticals: A Call to Action:

- **Trish Riley**
Executive Director
National Academy for State Health Policy

- **Nathan Johnson**
Chief Policy Officer
Washington State Health Care Authority
- **Norman Thurston**
State Representative, 64th District
Utah State Legislature
- **Ameet Sarpatwari**
Instructor
Brigham and Women's Hospital/Harvard Medical School

[Register Now](#)

Opportunities in the States

Director of Health System Finance – Green Mountain Care Board

As the Director of Health Systems Finance for the Green Mountain Care Board, you will work primarily with Board and staff members on health care reform activity and implementation of the All Payer Accountable Care Organization Model Agreement between the State and the Centers for Medicare & Medicaid. The six-year Agreement, signed in October 2016, advances state health care reform principles as outlined in Vermont legislation (Acts 48 and 113) by moving the payment model from one based on fee-for-service to a value-based model that aligns all-payers (Medicaid, Medicare and commercial insurance). Duties will include supporting the Board on the oversight of Accountable Care Organization and Hospital financials and regulatory activities. [More information and to apply](#) .

Staff Attorney – Green Mountain Care Board

The attorney in this position will work primarily with Board and staff members on health care reform activity and implementation of the All Payer Accountable Care Organization Model Agreement between the State and the Centers for Medicare & Medicaid. The six-year Agreement, signed in October 2016, advances state health care reform principles as outlined in Vermont legislation (Acts 48 and 113) by moving the payment model from one based on fee-for-service, to a value-based model that aligns all-payers (Medicaid, Medicare and commercial insurance). Duties will include supporting Board and Board staff on numerous legal tasks including drafting administrative rules, policies, and opinions. [More information and to apply](#) .

National Academy for State Health Policy

The National Academy for State Health Policy (NASHP) is an independent academy of state health policymakers who are dedicated to helping states achieve excellence in health policy and practice. A non-profit and non-partisan organization, NASHP provides a forum for constructive work across branches and agencies of state government on critical health policy issues. For more information visit www.nashp.org.

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