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Who Ya Gonna Call (Not Ghost Busters...)

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In today's fast changing healthcare market, access to key program information and points of reference is vital, so you may find the following listing of some of the most important reference sites helpful:

Centers for Medicare & Medicaid Services (CMS) Home: <http://www.cms.hhs.gov/>

- **CMS' Mission:** To ensure effective, up-to-date health care and to promote quality care for beneficiaries.
- **CMS' Vision:** To achieve a transformed and modernized health care system.
- **CMS' Strategic Action Plan Objectives:**
 - Skilled, Committed, and Highly-Motivated Workforce.
 - Accurate and Predictable Payments.
 - High-Value Health Care.
 - Confident, Informed Consumers.
 - Collaborative Partnerships.

CMS: Medicare: <http://www.cms.hhs.gov/home/medicare.asp>

- A health insurance program for:
 - People age 65 or older.
 - People under age 65 with certain disabilities.
 - People of all ages with End-Stage Renal Disease.

Medicare coverage includes:

- **Part A - Hospital Insurance** - Part A helps cover inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care.
- **Part B - Medical Insurance** - Most participants pay a monthly premium for Part B, which helps cover doctors' services and outpatient care. Other medical services that are not covered by Part A are also included, such as some of the services of physical and occupational therapists and home health care providers.
- **Part D - Prescription Drug Coverage** - Most beneficiaries pay a monthly premium for this coverage, which provides insurance for prescription drug coverage and is available to everyone with Medicare. Private companies can also provide this coverage. Beneficiaries choose a drug plan and pay a monthly premium. If a beneficiary chooses not to enroll in a drug plan when first eligible, they may pay a penalty to join later.

CMS: Medicaid: <http://www.cms.hhs.gov/home/medicaid.asp>

- Medicaid is available to certain low-income individuals and families who fit into an eligibility group determined by federal and state law. Medicaid does not reimburse eligibles; but rather pays health care providers directly. Some states require co-payments.

- Medicaid is funded by the federal government and states, and is a state administered program. Each -state sets its own guidelines regarding eligibility and services. Certain requirements must be met, and are listed on the Medicaid website.
- **Medicaid Drug Rebate Program (MDRP)** (<http://www.cms.hhs.gov/MedicaidDrugRebateProgram/>) is an important part of Medicaid. Created by the Omnibus Budget Reconciliation Act of 1990 (OBRA'90), it requires a national rebate agreement with the Secretary of the Department of Health and Human Services (HHS). The MDRP is administered by CMS' Center for Medicaid and State Operations (CMSO). Two individual teams (Operations (mdroperations@cms.hhs.gov) and Policy) provide guidance on successful and compliant participation in MDRP. Further, the drug rebate program was amended by the Veterans Health Care Act of 1992 (VHCA) and requires a drug manufacturer to have Veteran's Affairs (VA) and Federal Supply Schedule (FSS) agreements to maintain Medicaid participation.

CMS: Children's Health Insurance Program (CHIP): (<http://www.cms.hhs.gov/home/chip.asp>) is a state and federal partnership that targets uninsured children and pregnant women in families with incomes too high to qualify for most state Medicaid programs. The Children's Health Insurance Program Reauthorization Act of 2009 (<http://www.cms.hhs.gov/CHIPRA/>) reauthorized CHIP and funds it through Fiscal Year 2013.

Health Resources and Services Administration (HRSA): (<http://www.hrsa.gov/>) is an agency of the U.S. Department of Health and Human Services (HHS). It is the principal Federal Agency charged with increasing access to health care for the medically underserved. HRSA's programs are designed to increase access to care, improve quality, and safeguard the health and well-being of the Nation's most vulnerable populations.

Examples of HRSA programs and activities include:

- Providing support to nearly 3,600 health center sites serving about 12.5 million people;
- Funding care and treatment services for an estimated 533,000 people living with HIV/AIDS;
- Assisting states and communities, including rural and border areas, and health care organizations in improving services to women and children;
- Overseeing the national system that allocates organs, tissue, and blood stem cells for transplant;
- Working with academic health centers and other training programs to enhance the diversity and distribution of the Nation's health care workforce;
- Implementing comprehensive systems of services in communities to meet the many needs of children and youth with special health care needs and their families; and
- Participating in global health initiatives such as the President's Emergency Plan for AIDS Relief.

Office of Pharmacy Affairs (OPA): (<http://www.hrsa.gov/opa>) is a component of HRSA Healthcare Systems Bureau. OPA has four primary functions:

- Administration of the 340B Drug Pricing Program, through which certain federally funded grantees and other safety net health care providers purchase prescription medication at significantly reduced prices.
- Maintenance of the membership list of eligible entities.
- Development of innovative pharmacy services models and technical assistance.
- Service as a federal resource about pharmacy.

OPA emphasizes the importance of comprehensive pharmacy services being an integral part of primary health care, which includes:

- Access to affordable pharmaceuticals;
- Application of "best practices" and efficient pharmacy management; and
- Application of systems that improve patient outcomes through safe and effective medication.

See the following segment on the VA for additional specifics about the 340B program. Further, a helpful resource is the site for OPA databases: <http://opanet.hrsa.gov/opa/Login/MainMenu.aspx>

Veterans Health Care Administration: (<http://www.va.gov/>) MDRP was amended by the Veterans Health Care Act of 1992 (PL 102-585) (<http://www.hrsa.gov/opa/pl102585.htm>), and requires a pricing agreement with HHS for the 340B Drug Pricing Program. VHCA requires drug manufacturers to enter into various agreements with the Department of Veterans Affairs (VA) in order to have its drugs covered by Medicaid.

The following provides an excellent government program glossary for your reference:

<http://www.hrsa.gov/opa/glossary.htm>

Pricing is calculated according to the following document which spells out Non-FAMP requirements:

http://www1.va.gov/oamm/docs/business/19971016_AnnualGuidance.pdf

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The sources for this blog as well as much more detailed information can be found via the websites illustrated for each agency above.