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Welcome to America's Physician Groups' "Healthcare on the Hill," where you can get the latest on healthcare happenings in our nation's capital--and with a special focus on the value-based care movement.

As our nation--and the world--continues to face the many challenge presented by COVID-19, we are working to ensure you have the very latest information on the virus and our rapidly changing healthcare landscape.

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APG Meets with CMS on Audio Telehealth Services

This week, APG met with leadership at the Centers for Medicare & Medicaid Services (CMS) to continue our advocacy regarding that audio-only telehealth services should qualify for risk adjustment payments. In April, CMS [announced](#) that organizations,

including those in Medicare Advantage (MA), that submit diagnoses for risk adjusted payment are now able to submit diagnoses for risk adjustment that are from telehealth visits. However, we were disappointed that CMS insisted that it had to be audio/video. APG leaders proposed several recommendations on why audio-only telehealth visits should be treated the same as audio/video visits.

President Trump Issues Executive Order on Regulations During the Pandemic

Last week, President Trump issued an [executive order](#) directing federal agencies to “identify regulatory standards that may inhibit economic recovery.” The order seeks to encourage agency heads in finding regulations that could be permanently or temporarily lifted to help address economic struggles from the COVID-19 pandemic. The order implores federal agencies to “also give businesses, especially small businesses, the confidence they need to re-open by providing guidance on what the law requires; by recognizing the efforts of businesses to comply with often-complex regulations in complicated and swiftly changing circumstances; and by committing to fairness in administrative enforcement and adjudication.”

APG will be submitting a letter detailing which waivers should be made permanent to support the transition to value-based care.

Medicare Advantage 2021 Final Rule

Last week, CMS released the [2021 Final Rule on Medicare Advantage](#). The key areas affected included:

- Codified that End Stage Renal Disease (ESRD) beneficiaries can enroll in Medicare Advantage on 1/1/2021
- Increased the weighting of patient experience and access in Star Ratings
- Amended the Medical Loss Ratio
- Modified time/distance standards for Network Adequacy
- Expanded supplemental benefits for beneficiaries with chronic disease

CMS indicated that this was the first 2021 MA final rule and a second final rule would be forthcoming that would address the remaining items in the February 2020 proposed rule.

This first 2021 MA final rule focused on regulatory changes essential for the June 2021 bid deadline. MA continues to grow in numbers and popularity among beneficiaries as additional supplemental benefits are added which allows innovations in care delivery.

FDA Pulls Some Testing from the Market

Last Thursday, the [Food and Drug Administration](#) (FDA) posted a list of antibody tests

that had previously been made available under FDA's emergency use authorization (EUA) but that failed to meet new FDA validation requirements. The tests on the removal list are not expected to be marketed any longer unless they take action to meet the new FDA validation requirements, which were designed to boost the accuracy of these tests. FDA Commissioner Stephen Hahn indicated that this action was taken to provide confidence to the American people of the trustworthiness of these test results.

On May 19, CMS [published](#) guidance to the MACs (Medicare Administrative Contractors) regarding the new HCPCS codes for COVID-19 testing since the MAC are setting payment rates until CMS comes up with a national rate.

APG is carefully assessing the impact of this rapidly evolving guidance on the use of testing in the physician practice and will be working with other Associations to advocate on behalf of our members.



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