

**June 23, 2020**

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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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***Valinda Rutledge  
Senior Vice President of Federal Affairs  
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### **Senate HELP Committee Holds Hearing on the Future of Telehealth Services**

Last Wednesday, the Senate Committee on Health, Education, Labor, and Pensions (HELP) held a [hearing](#) on telehealth access in the wake of the COVID-19 pandemic and how many of the subsequent changes in access should be made permanent. Since March, both Congress and federal agencies have extended numerous flexibilities and changes to telehealth services to better serve patients during the ongoing pandemic. The purpose of the hearing was to explore how many of those changes should be made permanent.

HELP Committee Chair Senator Lamar Alexander (R-TN) advocated for the following policy changes to be made permanent:

- The originating site rule allowing physicians to be reimbursed for telehealth appointments wherever a patient is located, including a patient's home
- The expansion of telehealth services eligible for reimbursement under Medicare and Medicaid

Dr. Karen S. Rheuban, Director of the University of Virginia Center for Telehealth, testified as to the Center's experience with telehealth services in response to the pandemic, outlining its "greater than 9000% increase in the use of telehealth" since the start of the crisis. Senator Doug Jones (D-AL) cited remote patient-monitoring as one way to care for individuals without

ready access to high-speed internet, particularly those with chronic conditions while Dr. Sanjeev Arora, Founder and Director of Project ECHO, said that while audio-only telehealth isn't preferable to videoconferencing, it is still a viable option for treatment so that "perfect won't be the enemy of good."

The public health emergency covering the expanded flexibilities for telehealth services is currently scheduled to end on July 25 unless the Secretary extends it.

APG has been diligent in its advocacy on extending the flexibilities surrounding telehealth both by CMS and Congress in cases where statutory change is required. APG has written letters to the [Centers for Medicare and Medicaid Services \(CMS\)](#), [Senate Committee on Finance](#), and the [Senate Committee on Health, Education, Labor, and Pensions \(HELP\)](#) on risk adjusted payment for audio-only telehealth services and to the Senate Committee on Finance on the need for statutory changes allowing for telehealth flexibilities to be made permanent.

### **Energy and Commerce Health Subcommittee Held a Hearing on Racial Disparities in COVID-19 Outcomes**

Last Wednesday, the Energy and Commerce Health Subcommittee held a remote [hearing](#) entitled "[Health Care Inequality: Confronting Racial and Ethnic Disparities in COVID-19 and the Health Care System.](#)" The hearing focused on the work the committee has done over the past several months to understand and the important issues surrounding health inequities and heard from industry leaders on ways to address the issue. You can view all the hearing materials [here](#).

As organizations that take responsibility for the health of populations, APG has long believed that racial disparities and other social determinants of health are the leading causal factor in the health status of our communities. COVID does not discriminate but it does exact its greatest toll on populations that do not have access to adequate nutrition, housing, medical care, education, and equal treatment under the law. Those imbalances must be righted if we are to have the optimally healthy society that we all seek.

### **CMS Opens Letter of Intent Process for Direct Contracting Model**

Last week, the Centers for Medicare and Medicaid Services (CMS) [announced](#) that applicants seeking to apply for participation in the Global or Professional Direct Contracting model, but were previously unable to draft letters of intent (LOI), now have the opportunity to do so. Once applicants submit an LOI, they will gain access to the [Performance Year 1 application portal](#) and be eligible for participation in the first performance year.

Applications for Performance Year 1 are due by July 6 at 11:59 PM EDT. The start date for Performance Year 1 is April 1, 2021. The second cohort of the Direct Contracting Model Professional and Global options that starts on January 1, 2022 with an application period starting in the first quarter of 2021. CMS has stated that an LOI will not be required to access

the 2022 application portal. Any further questions or comments may be directed toward the CMS help desk at [DPC@cms.hhs.gov](mailto:DPC@cms.hhs.gov).

APG has advocated strongly with CMS for clarity surrounding details of benchmarking and risk adjustment for the model and has been in constant communication with the agency throughout this process. Our members who have previously submitted an LOI for the implementation period have begun to receive notice of acceptance into the program.

We will continue to keep you updated on new developments for the direct contracting model and other alternative payment models from CMS.

### **HHS Announced that Recipients of Provider Relief Payments Do Not have to Submit Separate Quarterly Reports**

Last week, the Department of Health and Human Services (HHS) announced that recipients of provider relief fund payments do not need to submit a separate quarterly report to HHS and that the agency will instead develop a new reporting system. The CARES Act requires that providers who receive at least \$150,000 in COVID-19 relief funds send quarterly reports on how much money they have received and how the funds are spent on each project, but the new reporting system will replace this requirement and providers will send in their own data later. The agency has indicated that they would provide additional information about how to submit future reports over the coming weeks.

HHS also announced that it would post the names of fund recipients who attest to receiving the funds and agree to the term and conditions on their grant system public [website](#). You can find additional information in the [CARES Act frequently asked questions](#).