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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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CMS Announces Adjustments to Innovation Center Models

Last week, the Centers for Medicare and Medicaid Services (CMS) [announced](#) adjustments to various Innovation Center models of care due to the ongoing COVID-19 public health emergency. As outlined in a [blog](#) from CMS Administrator Seema Verma, models such as Bundled Payments, Direct Contracting, Medicare Track 1+ and Next Generation ACOs were all extended with flexibilities related to financial methodologies, quality reporting, and timelines. APG is pleased that its advocacy efforts to continue the transformation of the healthcare system from volume to value and away from fee-for-service has been recognized by CMS and is reflected in the flexibilities offered by the agency.

APG Sends Letter to CMS on QPP Issues

Today, APG sent a [letter](#) to the Center for Medicare and Medicaid Innovation (CMMI) outlining a series of discrepancies identified by members. Discrepancies in the data used to determine qualifying participant's status to achieve the 5 percent bonus has created concerns for participating organizations in regard to the ability of alternative payment models to qualify. In the letter, APG made two recommendations on how to address the discrepancies:

- Entities must be granted access to the final data sets used for threshold calculations to better understand, reconcile, and validate the information used to make the QP determinations
- An appeal process should be established so that entities are able to contest the ruling of their qualifying participant status and be eligible for a re-review

Direct Contracting Application Portal for Performance Year 1 Opens Through July 6

On June 4, CMS announced that application tool for Performance Year 1 (PY1) is now open and applications are due by July 6, 2020. The Performance Year start date will be April 1, 2021. There will also be a second cohort of the Direct Contracting Performance and Global options will begin on January 1, 2022. Those interested can apply [here](#).

HHS Releases Updated FAQs for Provider Relief Fund

Last week, the Department of Health and Human Services (HHS) updated its [FAQs](#) on the Provider Relief Fund with new guidance on a host of issues. A total of nine new questions were added outlining:

- The rejection of awarded funds and attestation
- Reimbursement eligible expenses and lost revenues
- Attestation and payment for parent organizations with multiple billing TINs
- Information resubmission to the provider portal
- Application deadlines

HHS states that it will continue to update the FAQs in response to questions from providers.
