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**October 27, 2020**

**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 challenges presented by COVID-19, we are working to ensure you have the very latest information on the virus and our rapidly changing healthcare landscape.**

**Think someone else may enjoy "Healthcare on the Hill?" *Forward this email and have them click [here](#) to be added to our subscription list.* And remember, you can always visit our [website](#) for more news and resources.**

**Valinda Rutledge  
Senior Vice President of Federal Affairs  
America's Physician Groups**

#### **HHS Changes Provider Relief Reporting Requirements**

Last week, the Department of Health and Human Services (HHS) [announced](#) that for the purposes of provider relief requirements, it would no longer define lost revenue during the pandemic by simply comparing how much they earned in 2019 to 2020. The agency will no longer take operating costs into account when calculating providers' lost revenue and will allow providers to apply PRF payments against all lost revenues without limitation. In its updated guidance on the Provider Relief Fund issued on September 19, HHS changed the definition of lost revenue to be the year-over-year negative change in net patient care

operating income. Stakeholders expressed concern that the change reduced the amount of funds that could be retained based on improvement in operating performance made later in the year and penalized organizations that made efforts to reduce operating expenses during the public health emergency. HHS acknowledged that “The September 19, 2020 reporting instructions placed a limitation on the permissible use of PRF money that HHS had not previously articulated, although previous guidance did not preclude the establishment of such a limitation in the future.”

### **Medicare Advantage Risk Adjustment Audio-only Telehealth Bill Introduced in the Senate**

Yesterday, Senator Pat Roberts (R-KS) introduced Senate bill [S.4840](#), that require that audio-only telehealth diagnoses be included in risk adjustment for Medicare Advantage plans. The bill aims to address unequal access to health technology and video telehealth platforms for MA enrollees during the COVID-19 public health emergency while also including the following guardrails to prevent fraud, waste, and abuse:

- A diagnosis obtained via audio-only telehealth Providers or provider practices must have an existing relationship with the patient for a diagnosis to count toward risk adjustment
  - Providers cannot “cold call” patients they have no relationship with to increase their potential for higher risk scores or reimbursement
- If the provider is evaluating the patient for the first time via audio-only telehealth, the diagnoses will not be counted for risk adjustment
- The only diagnoses that can count for risk adjustment are those that were previously documented and validated in one of the last three plan years
- A new diagnosis can only be obtained for risk adjustment purposes from avenues already allowed by CMS
  - In-person visits or telehealth visits with a video component
- Chronic conditions are the only eligible diagnoses under the legislation
  - Acute conditions that would typically be valid for risk adjustment purposes would not be eligible for audio-only only risk adjustment data collection, though plans would still reimburse providers for treatment for these visits

APG has been diligently advocating for this legislative change and will continue dialogue with both the Senate and House of Representatives on its identical bill, [H.R. 7659](#).

### **CMS Delays Start Date for the Radiation Oncology Model**

CMS announced that after a number of stakeholders shared their concerns and challenges about the start date for the implementation of the Radiation Oncology (RO), which was due to start on January 1, 2021, has now delayed the start date by 6 months to July 1, 2021. CMS also stated they are considering changing this in a rulemaking proceeding.

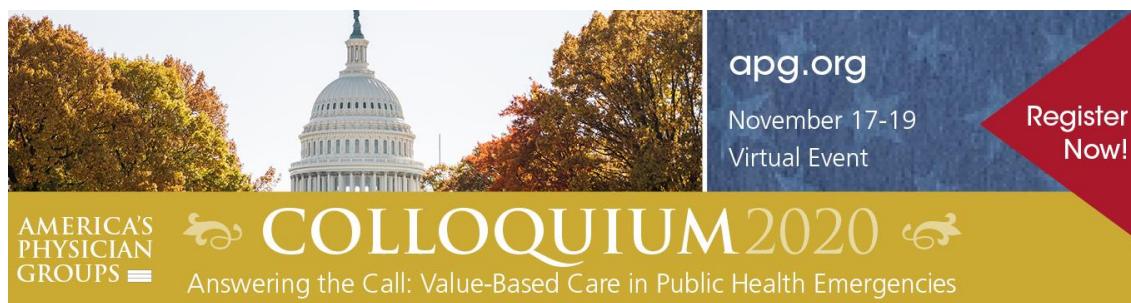
## **APG Colloquium 2020: Answering the Call: Value-Based Care in Public Health Emergencies**

We are pleased to announce that we have added a new keynote speaker to the APG Colloquium 2020 program. **Rishi Manchanda, MD, MPH**, CEO of HealthBegins, will join the outstanding lineup of General Sessions with "**Time to Move Upstream: The Fierce Urgency of Addressing Social Needs and Social Determinants of Health.**"

We are just four weeks away from the virtual Colloquium, November 17-19. If you are interested in valued-based care, alternative payment models, telehealth, and how COVID-19 is impacting healthcare, then [CLICK HERE](#) to register for the meeting.

As a Colloquium attendee, you will have access to the virtual exhibit hall and will be able to live-chat with other attendees. You will also have access to recorded sessions after the meeting.

To view the program for the meeting, please visit the [APG Colloquium 2020 website.](#)



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