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October 5, 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

APG Submits Two Public Comment Letters

APG has submitted public comment letters to the Centers for Medicare and Medicaid Services (CMS) outlining recommendations for the Calendar Year 2021 Medicare Physician Fee Schedule (PFS) and Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (OPPS). In its PFS [letter](#), APG expressed support for many of CMS' proposals, but provided recommendations for more effective usage of telehealth and surrounding policies, as well

as the agency's many proposals surrounding alternative payment models and the quality payment program, including:

- Maintaining the APM Scoring Standard and not implementing the proposed APP until 2022
- Soliciting stakeholder input to create a more appropriate APP measure set
- Expanding audio-only telehealth services under Communication Based Technology Services with adequate reimbursement
- Expanding the ability of providers and/or payors to provide patients with the components for audio/visual technology and extend eligibility for risk adjustment/Implementing another method of setting benchmark such as a blend of previous year quality scores rather than using the performance year to set the benchmark

In its OPPS [letter](#), APG expressed support for the agency's overhaul of the in-patient only list, with a transition of over 1750 codes by 2024 and allowing for more flexibility for providers in choosing care settings for patients.

HHS Announces Additional Provider Relief Funding Opportunity

Starting today, providers may apply for \$20 billion [released](#) by the Department for Health and Human Services (HHS) in new funding under the Provider Relief Fund. HHS announced last Thursday that eligible providers include:

- Providers who previously received, rejected, or accepted a General Distribution Provider Relief Fund payment
 - Providers that have already received payments of approximately 2% of annual revenue from patient care may submit more information to become eligible for an additional payment
- Behavioral health providers, including those that previously received funding and new providers
- Healthcare providers that began practicing January 1, 2020 through March 31, 2020
 - Including Medicare, Medicaid, CHIP, dentists, assisted living facilities and behavioral health providers

The [application](#) period ends Friday, November 6, 2020. More information and tips for applying can be found at www.hhs.gov/providerrelief.

Senate Passes Continuing Appropriations Act

Last week, the Senate passed by a vote of 84 to 10, and the President signed the [Continuing Appropriations Act](#) and other legislation that extends federal government

funding through December 11, avoiding a government shutdown. Some details of the Act include the extension COVID-19 measures, delays health center and workforce funding, maintains Medicare reimbursement for rural providers, and extends several Medicare and Medicaid provisions. In addition, it revises the Medicare Accelerated and Advance Payment (AAP) Program by extending repayment by one full year, reducing the interest rate on the unpaid balance of any AAP amount to 4 percent if it was made between passage of the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act and the end of the COVID-19 public health emergency, and requiring that AAP payments provided by CMS:

- Recoupment begins one year after receiving them
- Interest Rate reduced to 4 percent
- Limit claim offsets to 25 percent of the full Medicare payment for 11 months
 - Followed by six months with claim offsets limited to 50 percent of the full amount

MedPAC Holds October Public Meeting

Last week, the Medicare Payment Advisory Commission (MedPAC) virtually held its monthly October meeting covering a slew of topics including the skilled nursing facility value-based purchasing program, Medicare Advantage benchmark policy, alternative payment models, and Medicare payment policy.

Andy Johnson and Luis Serna's [presentation](#) on balancing financial pressure and equity in Medicare Advantage benchmark policy focused on the financial pressures that Medicare policies present historically and currently for Medicare Advantage (MA) and fee-for-service (FFS) payments; extra benefits in MA and the use of Medigap in FFS; issues with MA benchmark and rebate policies and the alternative approach for establishing benchmarks.

Geoff Gerhardt and Rachel Burton's [presentation](#) on the evolution of alternative payment models (APM) provided a history of APMs while discussing potential improvements for APMs such as strengthening incentives for providers, more actively engaging beneficiaries, improving the evaluability of models, and testing new models. Rachel Schmidt's [presentation](#) focused on the influence Medicare policies can have on healthcare market competition such as site-of-service differentials in payments; changes in post-acute care payment and the expansion of Medicare Advantage enrollment and Medicare Part D.

The Commission was open to many of the suggestions in the presentations, stating their intent to look further into the suggestions for dealing with MA's benchmark policy in future meetings. The importance of APMs and the need to support new models to continue the movement from volume to value.

Combating Fraud in the Health Care System

An investigation by the DOJ and other federal and state agencies have [announced](#) the largest fraud enforcement action ever reported, charging 345 healthcare professionals with submitting nearly \$6 billion in fraudulent claims, including \$4.5 billion in cases connected to telemedicine, as well as millions of dollars connected with illegal opioid and substance abuse treatment centers.

The Acting Assistant Attorney General stated, “this nationwide enforcement operation is historic in both its size and scope, alleging billions of dollars in healthcare fraud across the country. These cases hold accountable those medical professionals and others who have exploited health care benefit programs and patients for personal gain. The cooperative law enforcement actions announced today send a clear deterrent message and should leave no doubt about the department’s ongoing commitment to ensuring the safety of patients and the integrity of health care benefit programs, even amid a national health emergency.”

The \$4.5 billion in allegedly false and fraudulent telehealth claims submitted by more than 86 criminal defendants in 19 judicial districts will undoubtedly result in the addition of “guardrails,” or statutory limitations included with the intent of preventing further fraud and/or abuse, in any Congressional legislation that may be drafted to expand telehealth services.

The issue of guardrails and the desire of many Congresspersons to have them included in any telehealth bill as a condition of support has been a constant topic of discussion and will be bolstered by the announcement.

Public Health Emergency Extension

HHS Secretary Alex Azar also released a [statement](#) confirming he will renew the COVID-19 Public Health Emergency (PHE) declaration beyond the current expiration date of October 23. Once in effect, the Secretary’s PHE declaration will be active for an additional 90 days.

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

Have you registered for the virtual [APG Colloquium 2020](#) yet? We have a stellar lineup of sessions and powerhouse speakers. Plan on joining us for three days of learning, networking with peers, and discovering the products and services to help your organization reach its potential. Here are just two of the outstanding sessions:

Addressing Racism's Role in Health Inequity

Understand the consequences of institutional racism and its direct link to health inequities. Hear what you can do to promote necessary structural competencies in your own

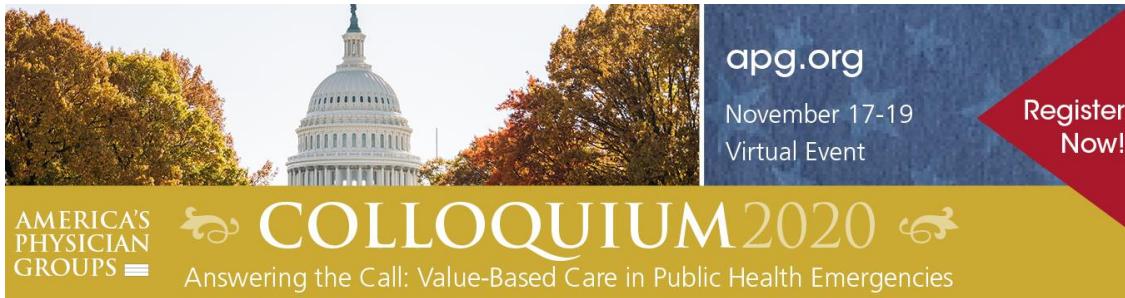
organizations to address these disparities.

- The presentation recommended over the long-term that the Commission could discuss benchmark and rebate alternatives such as benefit uniformity across FFS and MA while focusing on a short-term alternative that could be implemented immediately and would apply fiscal pressure on MA plans and support wide availability of plans without paying excessive rates.
- **Elisabeth E.N. Michel, MPH**, Program Director, The Collaborative, Health Management and Policy, University of Michigan School of Public Health
- **Sheila M. Young, MD**, Director, Pre-Medical Academy & Enhanced Post Baccalaureate Program, Charles R. Drew University of Medicine and Science
- Moderator: **Adrienne Wagner, MHSA**, Vice President, Quality Improvement, The Everett Clinic

Telemedicine and Webside Manner: Bring Your Doctor to You

- Telemedicine has become a core healthcare delivery mechanism in 2020. Learn how Sharp Rees-Stealy Medical Group integrated telemedicine into their delivery system, addressed compensation for physicians, overcame technology barriers, and focused on website manner to bring the digital "Sharp experience" to the patient.
- **Elan Hekier, MD**, Chief Medical Information Officer, Sharp Rees-Stealy Medical Group
- **Brent Rathbun, MD**, Medical Director of Telemedicine Services, Sharp Rees-Stealy Medical Group
- Moderator: **Brent Steineckert, MPH**, Director, EHR, HIM, Patient Access, Sharp Rees-Stealy Medical Group

Visit the [Colloquium 2020](#) website to get the latest updates to the program.



This message was sent to srobinette@apg.org from:

Valinda Rutledge | America's Physician Groups | 1501 M Street, NW | Washington, DC 20005

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