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September 28, 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

President Trump Unveils Healthcare Plans in Executive Order

Last week, President Trump signed an executive order outlining his [America First Healthcare Plan](#) focusing on increased choice, lower costs, and better care for American patients. The two main elements within the executive order cover protection for patients with preexisting conditions and surprise billing. The President directs the Department of Health and Human Services (HHS) to provide protections for patients with preexisting conditions and to propose legislation to ensure Americans remain protected even if the ACA is struck down and existing protections are invalidated. He also directs HHS to work

with Congress to reach a legislative solution on surprise billing by December 31st of this year. If a solution cannot be reached, the Secretary of HHS must take administrative action to prevent patients from receiving bills for out-of-pocket costs they could not have been reasonably foreseen.

The executive order also directs the Department of Health and Human Services (HHS) to update Hospital Compare when providers are not in compliance with the hospital price transparency final rule. HHS must post information informing the public on:

- Hospital compliance with the price transparency rule
- Whether hospitals provide patients with receipts that include itemized service lists upon being discharged
- How often hospitals seek legal action against patients, including wage garnishment, placing a lien on a patient's home, or withdrawing money from a patient's income tax refund

This provision would go into effect at least three months after the rule, which was finalized last year and goes into effect January 2021. Fines will be levied toward noncompliant hospitals.

President Trump Makes Supreme Court Nomination Selection

This weekend, President Trump formally nominated Amy Coney Barrett for the vacancy on the United States Supreme Court following the death of Supreme Court Justice Ruth Bader Ginsberg. Barrett was appointed by Trump to the 7th US Circuit Court of Appeals in 2017 and also works part-time as a professor at Notre Dame Law School. "If confirmed, I would not assume that role for the sake of those in my own circle, and certainly not for my own sake, I would assume this role to serve you," Barrett said at her nomination ceremony. Senate Judiciary Chairman Lindsey Graham (R-SC) said that Barrett's confirmation hearing would begin Monday, October 12.

HHS Releases Provider Relief Fund Reporting Requirements

Last week, the US Department of Health and Human Services (HHS) issued [General and Targeted Distribution Post-Payment Notice of Reporting Requirements](#) for Provider Relief Fund (PRF) recipients who received one or more payments exceeding \$10,000. The requirements outlined how PRF payments may be allocated to expenses and lost revenues and how lost revenues must be calculated. Providers must use net operating income to calculate lost revenue, instead of calculating lost revenue by comparing 2020 budgeted revenue to 2019, in addition to the amount of lost revenue providers are able to claim being capped. Recipients who fail to meet reporting requirements or whose lost revenue and increased expenses do not exceed the amount of Provider Relief funding

received, may be subject to recoupment of funds by HHS. The required data elements for reporting include:

- General Demographic Information
- Expenses Attributable to Coronavirus Not Reimbursed by Other Sources (2020 Only)
- Lost Revenues Attributable to Coronavirus (2019 and 2020)
- Additional Non-financial Data
 - e.g. personnel, patient, and facility metrics (per quarter)

For expenses attributable to coronavirus, reporting entities that received between \$10,000 and \$499,999 in aggregated PRF payments must report expenses in two aggregated categories:

- General and administrative expenses
- Other health care-related expenses

Reporting entities that received \$500,000 or more in PRF payments must report expenses in the same categories but must also provide more detail in sub-categories of expenses including, but not limited to, costs for mortgage/rent, personnel, and supplies.

The new methodology surrounding reporting for COVID-related lost revenue could result in some providers having to return funds that were previously awarded due to their previously operating under the old guidance in their financial planning, budgeting, and general operating purposes.

APG Joins Coalition Letter on Proposed ACO Quality Changes

Last week, APG signed onto a [letter](#) with nine other healthcare organizations calling for the Centers for Medicare and Medicaid Services (CMS) to reconsider a host of proposed changes to quality assessments for accountable care organizations (ACO). In the letter, four specific changes were cited as being presenting significant challenges to ACOs, particularly in the midst of the ongoing COVID-19 pandemic:

- Ending the use of the Web Interface reporting mechanism
- Removing the pay-for-reporting year currently provided to ACOs beginning an initial MSSP contract as well as individual measures that are newly introduced to the measure set
- Changes to the quality measure set ACOs must report under the APM Performance Pathway
- Replacing the existing MIPS APM Scoring Standard

The letter also highlighted the compressed timeline for implementation that arose from the delayed release of the proposed rule outlining these changes and asked that they be postponed.

Trump Administration Releases Flurry of Drug Cost Measures

Last week, the Department of Health and Human Services released numerous measures aimed at addressing ongoing concerns with prescription drug prices. Included among the numerous measures were:

- Both a [final rule](#) and [guidance](#) from the Food and Drug Administration opening a pathway for states to use to safely import prescription drugs in an effort to lower patients' drug costs
- A solicitation for private-sector proposals on allowing Americans to get lower-cost FDA-approved [drugs](#) and [insulins](#) from American pharmacies via importation and reimportation
 - This solicitation was called for as part of an earlier Executive Order from President Trump
- The 2021 Medicare Advantage and Medicare Part D Premium [landscape](#), showing that average 2021 premiums for Medicare Advantage plans are expected to decline 34.2 percent from 2017
 - Plan choice, benefits, and enrollment continue to increase
 - Part D premiums will be down 12 percent from 2017, with over 1,600 drug plans offering insulin at no more than \$35 per month
- A [notice of proposed rulemaking](#) from the Health Resources and Services Administration to pass on steep discounts at community health centers on insulin and epinephrine to Americans who are uninsured or have high cost-sharing, including the nearly 3 million health center patients with diabetes

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

Don't miss our virtual **Colloquium 2020—*Answering the Call: Value-Based Care in Public Health Emergencies***, November 17-19. **Early bird registration rates end October 1**, so if you want to save money, make sure you [register today!](#)

Here are just a few of the outstanding sessions and speakers on the program:

Are APM's on the Right or Wrong Track?

- **Sachin Jain, MD, MBA**, President and CEO, SCAN Group and SCAN Health Plan. Dr. Jain is also Adjunct Professor of Medicine at Stanford University School of Medicine and Co-Editor-in-Chief of *Healthcare: The Journal of Delivery Science and Innovation*.
- **Kavita Patel, MD**, Nonresident Fellow, Brookings Institution. Dr. Patel also serves in advisory roles at the Bipartisan Policy Center and the World Economic Forum, and is a member of PTAC. She was a senior member of President Obama's staff and played a major role in healthcare policy development. Dr. Patel frequently appears on NBC/MSNBC as an expert advisor on the impact of COVID-19.
- **Sanjay Doddamani, MD, MBA**, EVP, COO, and Chief Physician Executive, Southwestern Health Resources. Dr. Doddamani was most recently Senior Advisor at CMMI, and former CMO of Geisinger's ACO and Geisinger at Home.
- Moderator: **Valinda Rutledge**, SVP of Federal Affairs, APG

The Key Variables in Successful Implementation of Direct Contracting: Analysis, Infrastructure, and Execution

- **Aneesh Chopra**, President & CEO, CareJourney
- **Pauline Lapin, MHS**, Director for Seamless Care Models Group, CMMI
- **Rushika Fernandopulle, MD**, CEO, Iora Health
- **Tim Barry**, Co-Founder & CEO, Village MD
- Moderator: **Bill Wulf, MD**, CEO, Central Ohio Primary Care, and APG Chair-Elect

Early bird registration rates **end in less than 2 weeks**, so [register today](#) and save \$125. Groups that register 10+ people at the same time save an extra \$50 per person!

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November 17-19
Virtual Event

Register Now!

AMERICA'S PHYSICIAN GROUPS

COLLOQUIUM 2020

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



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