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**October 30, 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**

#### **CMS Issues Interim Final Rule Covering COVID-19 Vaccination and Treatment Provisions**

Yesterday, the Centers for Medicare and Medicaid Services (CMS) released an [interim final rule](#) (IFR) that seeks to fast track patient access to a COVID-19 vaccine. The rule:

- Creates flexibilities for states maintaining Medicaid enrollment during the current public health emergency

- Adds the future COVID-19 vaccination to the list of preventive vaccines covered by Medicare without coinsurance or deductible
- For Medicare Advantage, in calendar years 2020 and 2021, Medicare will pay directly for the COVID-19 vaccine and its administration for beneficiaries enrolled in MA plans
  - MA plans would not be responsible for reimbursing providers to administer the vaccine during this time
  - Coinsurance and deductible would be waived for MA beneficiaries
- The Provider Relief Fund will reimburse providers who administer a COVID-19 vaccination for the uninsured
- Takes steps to ensure price transparency for COVID-19 tests
- Extends Performance Year 5 for the Comprehensive Care for Joint Replacement (CJR) model

The rule also implements the requirement that non-grandfathered group health plans and health insurance issuers provide coverage for qualifying coronavirus preventive services, including COVID-19 immunizations, without cost sharing and creates an enhanced payment for hospitals in exchange for treating eligible inpatient cases that involve the use of certain new products authorized or approved to treat COVID-19. The payment will be equal to either 65 percent of the operating outlier threshold for the claim or 65 percent of the cost of a COVID-19 stay beyond the operating Medicare payment for eligible cases, whichever number is lower.

CMS has also provided three [toolkits](#) for Medicaid providers, providers who administer vaccines, and health plans the information needed to administer and bill vaccines to Medicare patients. Public comments on the IFR will be due to CMS in 30 days.

### **CMS Issues Transparency in Coverage Final Rule**

Yesterday, CMS unveiled a [final rule](#) covering pricing transparency and patient access for group health plans and health insurance issuers in the individual and group markets to make cost sharing information accessible to consumers and other stakeholders for comparison-shopping. Plans and issuers will be required to disclose their in-network negotiated rates, billed charges, and allowed amounts paid for out-of-network providers, and the negotiated rate and historical net price for prescription drugs on a public website. Consumers will be given real-time, personalized access to cost-sharing information through a self-service tool available on the internet. The rule outlines a two-pronged approach to making pricing information accessible:

- Most non-grandfathered group health plans and health insurance issuers offering non-grandfathered health insurance coverage in the individual and group markets will be required to make available to participants, beneficiaries and enrollees:

- Personalized out-of-pocket cost information for all covered health care items and services through an internet-based self-service tool and in paper form upon request
    - Including underlying negotiated rates
- Most non-grandfathered group health plans or health insurance issuers offering non-grandfathered health insurance coverage in the individual and group markets will be required to make available to the public three separate machine-readable files that include detailed pricing information
  - File #1: Will show negotiated rates for all covered items and services between the plan or issuer and in-network providers
  - File #2: Will show both the historical payments to, and billed charges from, out-of-network providers
    - Historical payments must have a minimum of twenty entries in order to protect consumer privacy
  - File #3: Will detail the in-network negotiated rates and historical net prices for all covered prescription drugs by plan or issuer at the pharmacy location level

### **Onc Issues Interim Final Rule on Delaying Information Blocking and Health IT Certification Requirements**

Yesterday, in response to concerns surrounding health IT threats posed by the spread of COVID-19, the Department of Health and Human Services' (HHS) Office of the National Coordinator for Health IT (ONC) issued an [interim final rule](#) (IFR) extending certain compliance and applicability dates for the development of information blocking provisions adopted in the 21st Century Cures Act this past April. Specifically the IFR extends compliance dates and timeframes for regulatory requirements, updates ONC certification standards for health IT products, and makes several technical corrections that were adopted in the 21st Century Cures Act.

ONC issued the IFR after hearing from the stakeholder community and health IT developers that additional time and flexibility is needed to help the healthcare community develop information blocking provisions. You can view the new dates and timelines [here](#). You can view the press release [here](#). HHS has also scheduled a webinar on Monday, November 2 from 2:00 pm to 3:00 pm ET if you would like to gain a better understanding of the IFR. Register [here](#).

### **List of DCEs Participating in the Implementation Period of the Direct Contracting Model, Global and Professional Options**

Today, the Center for Medicare and Medicaid Innovation (Innovation Center) announced the list of 51 Direct Contracting entities participating in the DCE implementation period is now available on their [website](#). We congratulate all the APG members that have

**decided to participate.** The website also includes an updated FAQ.

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

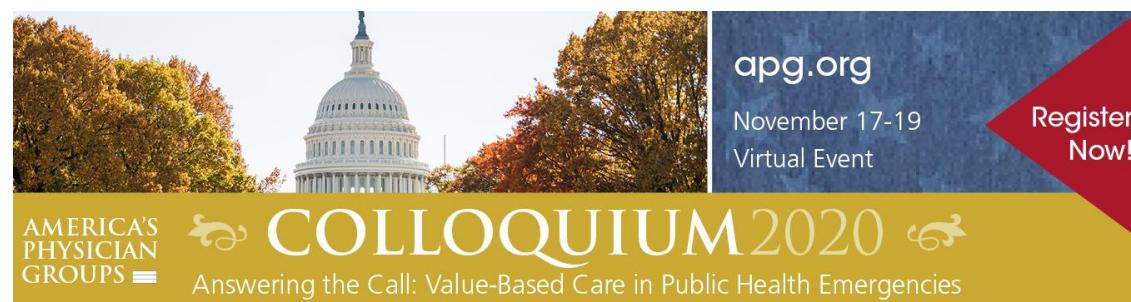
I think we all want to know what may be on the horizon for value-based care. How has the COVID-19 pandemic impacted the move away from fee-for-service? Will the outcome of next week's elections help or hinder the value-over-volume movement?

To address this very important topic, we are pleased to announce that we've added a brand new session to the [APG Colloquium 2020](#) program entitled "**Value Movement: Smooth Sailing? Or Clouds on the Horizon?**"

Experts **David Joyner, MBA**, CEO, Hill Physicians Medical Group; **Niyum Ghandi**, EVP, CFO, and Chief Population Health Officer, Mount Sinai Health System; and **Robert E. Matthews**, President and CEO, MediSync, will discuss the opportunities and challenges that lie ahead for value-based care.

The virtual Colloquium is just around the corner. Have you registered yet? We have an outstanding program planned that you will not want to miss!

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





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