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Welcome to "Washington Update," the weekly e-newsletter on the latest health care happenings in the nation's capital that affect APG's members.

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Table of Contents

- **Bipartisan Legislation Would Expand Patients' Options to Receive Care at Home**
- **CMS Administrator Chiquita Brooks-LaSure Defends Medicare Advantage Risk Adjustment Changes at Energy and Commerce Committee Hearing**
- **House Republican Debt Ceiling Legislation Passes After Contentious Intraparty Negotiation**

Bipartisan Legislation Would Expand Patients' Options to Receive Care at Home

Home-based health care could get a boost under proposed legislation that would create new payment approaches and remove existing barriers to in-home care in Medicare. In effect, providers would receive new forms of reimbursement in traditional fee-for-service (FFS) Medicare for many activities already undertaken by APG member groups participating in Medicare Advantage or various ACOs.

The Expanding Care in the Home Act, introduced earlier this week by Reps. Debbie Dingell (D-MI) and Adrian Smith (R-NE), contains the following provisions:

- A new Medicare payment model for in-home primary care as an alternative to FFS payment under Part B. Primary care providers could elect to receive a monthly capitated payment for qualified evaluation and management services for one to five years. Covered services would include office or other outpatient services; wellness visits; and care coordination management services, among others.
- Improved Medicare coverage for home infusion and equipment, including round-the-clock pharmacist professional and nursing services for administering a range of covered drugs and biologics.
- New prospective payment to qualified providers, including nurses and certified technicians, for staff-assisted home dialysis, and for training patients and their care partners to perform home dialysis independently.
- Add-on payments to cover travel and mailing costs associated with in-home lab tests, and reimbursement for ultrasound imaging at home.
- Coverage for up to 12 hours per week of personal care assistance for eligible Medicare beneficiaries with four or more chronic conditions. A value-based care component of the benefit would be structured to incentivize quality outcomes, such as reduced hospitalization.
- Various workforce measures, including grants to train facility-based medical personnel to transition to home-based care delivery; the creation of a task force to develop standards for home-based nursing board certification; and the establishment of a council to study expanding the role of emergency medical service providers to provide more non-emergency, community-based care.

The Congressional Budget Office has not yet estimated the bill's impact on the federal budget, but backers contend savings could accrue from replacing emergency room visits and hospitalization. The measure is supported by Moving Health Home, a coalition that includes APG members, Intermountain Healthcare and Ascension; home care provider Landmark; Signify Health; and Dispatch Health, among other organizations. The coalition also endorses a long-term-hospital-at-home and post-acute-care-at-home benefit in Medicare, much like the Advanced Care at Home Coalition of health systems, led by the Mayo Clinic, Kaiser Permanente, and the service provider Medically Home.

CMS Administrator Chiquita Brooks-LaSure Defends Medicare Advantage Risk Adjustment Changes at Energy and Commerce Committee Hearing

CMS's recently announced revisions in the Medicare Advantage (MA) risk adjustment model "will help ensure MA plan payments better reflect the costs of care for people enrolled in MA," while still steering higher payments to plans serving people with diabetes, depression, and other complex conditions, CMS administrator Chiquita Brooks-LaSure told the House Energy and Commerce Committee in written testimony this week.

The administrator implicitly addressed the criticism that many Hierarchical Condition Category (HCC) codes affecting these conditions had been removed from the risk adjustment model, risking payments to plans and provider groups caring for these populations. She noted that the updated risk adjustment model includes more than 350 depression diagnosis codes and more than 300 diabetes diagnosis codes. She

also said that CMS will continue to make higher MA payments for dually eligible enrollees for each diagnosis.

APG earlier expressed concerns about the model changes, along with its appreciation that the changes will now be phased in during 2024-25, rather than instituted immediately. APG continues to work with others to analyze the effects of the changes on its member organizations and develop alternative proposals for risk adjustment in the future.

House Republican Debt Ceiling Legislation Passes After Contentious Intraparty Negotiation

The House of Representatives this week narrowly passed the Limit, Save, Grow Act (HR 2811), House Republicans' bid to slash federal discretionary spending as a prerequisite to extending the federal debt limit. As reported in last week's *Washington Update*, the measure contains an expanded requirement for "able-bodied" Medicaid beneficiaries—ages 19-55 and without dependents—to devote at least 80 hours per month to some combination of work, job training, or community service. It would also rescind $30 billion in COVID-19 relief funds that have so far been unspent by states.

Although the bill stands no chance of passage in the Democratically controlled Senate, its GOP sponsors hope to pressure the Biden Administration to negotiate spending cuts to resolve the impasse over the debt limit. Secretary of the Treasury Janet Yellen is expected to update lawmakers within a week on the likely "x date" when the government could default on the debt, which could serve as a guide as to how soon a deal must be reached.

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