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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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## Senate Panel Barrels Ahead on Workforce As Possible Shutdown Looms

Amid looming concerns of a government shutdown as the clock runs out on the federal fiscal year, key lawmakers pushed forward with key priorities this week. A case in point: Sen. Bernie Sanders, who chairs the Senate Health, Education, Labor, and Pensions committee, led the panel's effort to pass a broad bipartisan [package](#) aimed at boosting the primary care workforce, funding community health centers, and paying for part of the additional spending with provisions aimed directly at hospitals.

On primary care, the bill would create more than 700 new primary care residency slots aimed at producing up to 2,800 more primary care physicians by 2031. It would also expand nursing and physician assistant education and training, with special provisions targeting rural areas of the country. The bill would reauthorize the fund supporting community health centers (CHCs) at \$5.8 billion annually for three years, and create a new program to allow both CHCs and rural health clinics to train more allied health professionals, prioritizing trainees from underserved communities.

In a departure from past practice, Sanders bypassed the panel's ranking member, Louisiana Republican Sen. Bill Cassidy, to enlist support from another of the committee's Republicans, Sen. Roger Marshall (R-KS), a trained obstetrician/gynecologist. In barbed [remarks](#) during the bill's markup this week, Cassidy, who had proposed a smaller package to reauthorize the CHC funding, blasted the package as "not close to being paid for" through the spending offsets, or "pay-fors," that the bill targeted. Most of these were aimed at hospitals, such as a ban on them imposing facility fees on telehealth and evaluation and management services, drawing the ire of hospital groups.

The bill now faces an uncertain future as it works its way through the full Senate. If it survives, it will have to be reconciled with any comparable legislation enacted by the House of Representatives, where fiscal conservatives are holding spending hostage to their demands for deep deficit cuts.



## States and Territories Ordered to Address Glitch in Medicaid Disenrollment

Amid evidence that millions of individuals – particularly children – were being summarily disenrolled from Medicaid or the Children's Health Insurance Program (CHIP) for "procedural" reasons, such as lack of data to confirm their eligibility, the Centers for Medicare and Medicaid Services (CMS) recently [required](#) all 50 states, Washington, DC, Puerto Rico, and the U.S. Virgin Islands to take steps to review their processes and reinstate coverage as needed. At the center of many [disenrollments](#) is a glitch in which beneficiaries who are eligible for Medicaid and CHIP may still be removed from the rolls if some eligibility information about another family member is missing.

CMS told states and territories that had disenrolled beneficiaries because of this glitch to reinstate coverage for up to 12 months. As a result, Hawaii [announced](#) that it would pause terminations until January 2024, and other states may follow suit.

Because CMS has not produced an overall list of states and territories affected, APG member organizations should check with their state Medicaid programs to see where the issue stands if they have concerns that some patients are being inappropriately disenrolled. APG will continue to follow the situation and keep members apprised of further CMS actions.



## Medicare Advantage and the Acute Hospital Care at Home Program Under Scrutiny from MedPAC

Medicare Advantage (MA) spending continues to preoccupy the Medicare Payment Advisory Commission (MedPAC), with the panel likely to focus on several key issues in the program months ahead. That's the conclusion from a recent MedPAC [meeting](#) at which commissioners signaled that they will review coding intensity in the program, the need to standardize supplemental benefits offered by MA plans, enrollment and plan availability, and dual-eligible special needs plans, among other matters.

The commission plans major chapters in forthcoming 2024 reports that will lay out recommendations in these key areas. On coding intensity, a recent MedPAC staff analysis suggests that the commission may find even greater differences than found previously in the risk status of MA enrollees and those in traditional Medicare, which could pave the way for further changes in risk adjustment in the program. Although MedPAC advises the Congress, which may or may not act on its recommendations, its analyses are also closely watched by CMS.

Separately, MedPAC is also eyeing Medicare's [Acute Hospital Care at Home](#) program, which began as a waiver during the COVID-19 public health emergency and was extended by Congress through 2024. But commissioners have noted that the lack of data on services provided during these at-home hospital stays – plus variation across hospitals in the services provided and clinical conditions treated – will make evaluating the program for a possible renewal or permanent adoption into Medicare difficult.



### APG Announcements and Offerings

- APG's President and CEO, Susan Dentzer, has been named to the [Health Care Payment Learning & Action Network's \(HCP-LAN\) Affordable Care Action Collaboration panel \(ACAC\)](#). The LAN is a group of public and private health care leaders focused on accelerating adoption of alternative payment models (APMs). The ACAC are industry leaders who help to drive the LAN's efforts.

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