



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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With Congress Still Out On Recess, House GOP Leaders Draft Controversial Plan For Avoiding A Shutdown

Congress is officially not due back in Washington until next week, but with only 13 working days left before they leave town again for election-year campaigning, House Republican leaders this week plotted strategy for a [continuing resolution](#) (CR) to avoid a shutdown when the fiscal year ends September 30. Their plan has uncertain implications for health-care provisions set to expire at year-end, including Medicare's telehealth flexibilities and the Acute Hospital Care at Home waiver.

The emerging House GOP strategy currently calls for a six-month CR to extend well past the November elections to March 31 of next year. That timeline would hand the next Congress the job of settling 2025 funding matters even as it readies a budget for the next fiscal year, 2026.

Poison pill: Aside from posing complications for the expiring health provisions, which may then have to be extended twice, the plan also has a poison pill in it for Democrats: The CR would be tied to final enactment of the [SAVE Act](#), a measure that would require people to

provide documentary proof of citizenship when registering to vote in federal elections. Widely viewed by Democrats as another GOP voter-suppression tool, the SAVE Act passed the House on a roll call vote in July.

House Democrats, meanwhile, prefer an alternative government funding plan for a CR that would be in place only until December. That way, the current Congress would settle the remaining fiscal 2025 funding issues, leaving the new Congress that arrives in January the opportunity to address fiscal 2026 issues with a cleaner slate. Clearly, the issue of which party controls the House as of January is uppermost in both parties' minds.

Senate leaders on both sides of the aisle have yet to weigh in on their preferred plans for a CR, with more developments expected beginning next week as the can-kicking exercise continues.



Quest to Reduce Prior Authorization Burden, Blunt Backlash Prompts UnitedHealthcare To Launch Gold Card Program

Building on its [earlier efforts](#) to cut the burden imposed on clinicians by prior authorization, UnitedHealthcare will launch a [gold card program](#) aimed at provider groups that “consistently adhere to evidence-based care guidelines,” the company says. The move appears to be among the latest announced by health plans as they seek to blunt new legislative and regulatory restrictions on prior authorization.

The newly announced gold card program aims to reduce “total prior authorization request volume” by directing qualified providers to follow “a simple notification process for eligible procedure codes rather than the prior authorization process,” the company says. “This advance notification will confirm eligibility and network status, but it will not require clinical information.” Gold Card status will apply across UnitedHealthcare’s Commercial, Individual Exchange, Medicare Advantage and Medicaid plans, but “delegated membership is excluded from the program at this time.”

Who qualifies: Provider groups can now [view](#) their UnitedHealthcare gold card program status via the UnitedHealthcare Provider Portal. UnitedHealthcare estimates that roughly 20% of provider groups that submitted enough prior authorization requests will qualify for the program.

Groups that haven’t yet qualified can learn more about how they can qualify in the future. Provider care groups identified by tax ID numbers (TINs) must meet the following criteria to qualify:

- Be in network for at least one UnitedHealthcare health plan;
- Meet a minimum annual volume of at least 10 eligible prior authorizations each year for 2 consecutive years across gold card-eligible codes, and
- Have a prior authorization approval rate of 92% or more across all gold card-eligible codes for each of the review years



In Case You Missed It

- A [study](#) found that the recent decision by the Center for Medicare & Medicaid (CMS) to cover Novo Nordisk's **semaglutide** (brand name Wegovy) for "**established cardiovascular disease** (CVD) could range from \$34 billion to as much as \$145 billion annually. Actual costs will depend on how CMS sets the final definition of established CVD that will merit Medicare coverage for the drug. The study estimates that using different criteria could limit the eligible population to as few as 3.6 million Medicare beneficiaries or expand it to as many as 15.2 million annually.
- Federal agencies issued a [warning](#) on August 28 that health care is one of several sectors being targeted by Iran-based "cyber actors" associated with Iran's government. Cooperating with other known entities in making ransomware attacks, these actors "work closely with ransomware affiliates to lock victim networks and strategize on approaches to extort victims," the joint Cybersecurity Advisory (CSA) advisory, issued by the Federal Bureau of Investigation (FBI), Cybersecurity and Infrastructure Security Agency (CISA), and the Department of Defense Cyber Crime Center (DC3), said.
- As the dismantling of the bankrupt **Steward Health Care** system continues, CEO Ralph de la Torre [said this week](#) that he would not comply with a subpoena to testify at a **Senate hearing** next week on Steward and private equity investment in health care.



APG Announcements And Offerings

- [REGISTRATION IS OPEN!](#) - **APG's Fall Conference 2024 - Health Care Strong: Embracing Change and Thriving in Uncertain Times** - will be held **November 11 – 13 in Washington, DC**. Don't miss our superb lineup of speakers and unparalleled networking opportunities. Early Bird

savings end on 9/30, so register today!

- The next APG Hosted Webinar, "**Intersecting Clinical Documentation Improvement (CDI) and Technology to Positively Impact Risk Adjustment and Patient Outcomes**" will take place on **Thursday, October 3, 2:00-3:00 pm ET**. The webinar will be presented by Episource. For more information, including the learning objectives and speakers, [click here](#). Please register [here](#).
- Want to get more involved in APG's Federal advocacy efforts? [Join APG Advocates today](#).

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Valinda Rutledge, EVP, Advocacy and Education vrutledge@apg.org
Jennifer Podulka, Senior Vice President, Federal Policy jpodulka@apg.org