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#### **Additional Surprise Medical Bill Legislation Introduced in House**

This morning, the House Ways and Means Committee and the House Education and Labor Committee released their respective proposals to end surprise medical bills. Both proposals would protect patients from unexpected, out-of-network bills; require additional transparency and improved access to information for consumers; and establish appeals processes when payment disputes arise between insurers and physicians, facilities, and other health care practitioners. However, two key differences are that the Ways and Means proposal neither establishes a mandatory initial payment rate between insurers and providers nor does it establish a threshold that must be met in order to qualify for the mediation process.

ACEP staff is reviewing the legislative proposals and seeking clarification on various aspects of the bills, including meeting with the Ways and Means Committee staff this afternoon that developed the bill. The Education and Labor Committee will mark-up their proposal on Tuesday, followed by the Ways and Means Committee mark-up on Wednesday.

**As you may have seen in a message from the ACEP Board of Directors yesterday, there will be a special live edition of the Capital Minute on Tuesday, Feb. 11 at 1:00 p.m. (ET) to discuss these proposals and other issues surrounding the surprise medical bill debate. [Click here](#) to register for the live webinar.**

To learn more about the Ways and Means bill and/or to read the text, [click here](#).

To learn more about the Education and Labor bill and/or to read the text, [click here](#).

#### **Update on ACEP's APM Strategic Initiative**

ACEP has an exciting update on our Alternative Payment Model (APM) Strategic Initiative. As background, a couple years ago, ACEP created the Acute Unscheduled Care Model (AUCM), a Medicare APM specifically designed for emergency physicians. Currently, individual emergency physicians and emergency medicine groups do not have any opportunities to directly participate in "Advanced APMs." Under Medicare, participation in an Advanced APM could result in a five percent payment bonus through 2024 and a higher payment fee schedule update starting in 2026. The AUCM has been endorsed by the Secretary of Health and Human Services (HHS), but not yet implemented by the Centers for Medicare & Medicaid Services (CMS).

As ACEP waits to see how CMS may implement the AUCM in Medicare, we are simultaneously pursuing model implementation by other payors, including Medicaid and private payors. More and more state Medicaid agencies and private payors are moving away from fee-for-service (FFS) contracts with physicians and other health care practitioners towards value-based payment

arrangements, and the AUCM is an ideal APM construct for these payors to pursue for emergency medicine.

Through the APM Strategic Initiative, ACEP is continually providing information and resources to emergency medicine groups, state Medicaid agencies, private payors, and other stakeholders about how to structure and participate in emergency-medicine focused APMs that use the AUCM as a framework. We are happy to announce that we have updated our [APM Strategic Initiative website](#) with additional resources that provide a more detailed overview of the AUCM and its potential for improving emergency care and reducing costs.

While these resources are mainly background materials for you to learn more about the AUCM, ACEP is in the process of developing targeted tool kits that you can use to engage in discussions with state Medicaid agencies and private payors on emergency-medicine focused APMs. Stay tuned for this next phase of the initiative.

### **ACEP Responds to Transparency in Coverage Proposed Rule**

On January 29, ACEP responded to a proposed rule that would require health plans to give consumers real-time information about out-of-pocket costs and disclose on a public website their negotiated rates for in-network providers and allowed amounts paid for out-of-network providers.

Overall, we support the Trump Administration's commitment to improving price transparency. However, we urge the Administration to keep in mind issues that are unique to emergency care if it decides to finalize any of the proposals in the rule.

ACEP's full response can be found [here](#).

### **CMS Releases Proposed Notice on ACA Exchanges for 2021**

Last week, CMS issued the proposed annual [Notice of Benefit and Payment Parameters](#) for the 2021 benefit year. This rule proposes regulatory and financial parameters that affect qualified health plans (QHPs) on the Affordable Care Act (ACA) Exchanges, plans in the individual, small group, and large group markets, and self-funded group health plans.

The rule does not propose any major regulatory changes. Rather, the changes proposed in the rule are targeted to further the Administration's goals of lowering premiums, enhancing the consumer experience, increasing market stability, and reducing regulatory burdens. Of note, there is a request for comments related to automatic enrollment in the Exchanges. Specifically, CMS seeks comment on a process under which a consumer's advanced premium tax credit (APTC) would be discontinued or reduced for a new year unless the consumer returns to the Exchange during the annual open enrollment period to update their application and receive a new determination of their eligibility for APTC. If CMS does institute such a policy, consumers who forget to update their enrollment status will not receive a subsidy for their premiums (and thus their premiums could significantly increase).

ACEP will respond to the proposed notice in the next couple of weeks.

### **CMS Releases 2021 Medicare Advantage and Part D Advance Notice and Proposed Rule**

On Wednesday, CMS released its [Medicare Advantage and Part D Advance Notice](#) for 2021 along with [a major proposed rule](#) that advances the agency's effort to strengthen and modernize the Medicare Advantage and Part D programs. With respect to the rule, CMS implements several changes stemming from federal laws—including the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (the SUPPORT Act) and the 21st Century Cures Act (the Cures Act). It also addresses the opioid epidemic across CMS programs and continues CMS's Patients Over Paperwork initiative to reduce "red tape" in the health care system.

One notable proposed policy relates to Medicare Advantage network adequacy requirements. Specifically, CMS is proposing to strengthen network adequacy rules for Medicare Advantage plans by implementing new policies to improve access in rural areas and encourage the use of telehealth in all

areas. In rural areas, CMS is proposing to reduce the required percentage of beneficiaries that must reside within the maximum time and distance standards from 90 percent to 85 percent and inviting comment regarding additional changes to improve Medicare Advantage access in rural areas. To encourage and account for telehealth physicians in contracted networks, CMS is proposing that Medicare Advantage plans receive a 10 percent credit towards the percentage of beneficiaries that must reside within required time and distance standards when the plan contracts with telehealth providers for Dermatology, Psychiatry, Cardiology, Otolaryngology, and Neurology. CMS is soliciting comment regarding whether to expand this credit to other specialty physician types.

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