



Thursday, August 3, 2017

Senate Efforts to Repeal and Replace Affordable Care Act Fall Short

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The Alliance for Site Neutral Payment Reform Endorses Site Neutral Provision in FY2018 Physician Fee Schedule Proposed Rule

The Alliance for Site Neutral Payment Reform issued a press release commending a provision in the proposed Physician Fee Schedule (PFS) rule for FY 2018, which would further align payments for hospital outpatient departments and physician practices. **Read below.**

House Ways & Means Committee Announces “Red Tape Relief Project” to Reduce Medicare Barriers

The House Ways & Means Committee’s Subcommittee on Health introduced a new initiative to reduce regulations that proponents say threaten innovation and drive up costs in the healthcare sector. **Read below.**

Medicare Part B Bill Passes in the U.S. House

The U.S. House of Representatives unanimously passed the bipartisan Medicare Part B Improvement Act of 2017 (H.R. 3178) to expand access to care, improve the efficiency of the program and ease administrative burdens on providers. **Read below.**

CMS Unveils Latest Update to Its Market Saturation and Utilization Data Tool

The Centers for Medicare & Medicaid Services (CMS) released the fifth edition of its project to make national, state and county-level Medicare utilization data available to the public. **Read below.**

Senate Efforts to Repeal and Replace Affordable Care Act Fall Short



In July, the U.S. Senate fell short in passing legislation to repeal and replace the Affordable Care Act. After the Senate's [Better Care Reconciliation Act](#) failed to advance, Senate Republicans debated smaller versions of the legislation including repeal without a replacement structure and a bill which included just a few basic elements of earlier repeal measures.

On July 28, the [Health Care Freedom Act](#), dubbed “skinny repeal,” was defeated in the Senate by a 49 to 51 vote. The bill would have eliminated the ACA’s individual mandate, partially rolled-back the ACA’s employer mandate, defunded Planned Parenthood for one year and cut funding to the Prevention and Public Health Fund. An earlier provision to allow states to use section 1332 waivers to roll back the ACA’s essential health benefits and out-of-pocket maximums was ruled out by the Senate parliamentarian, meaning it would need 60 votes to move forward.

According to the [Congressional Budget Office](#), the Health Care Freedom Act would have left 16 million more people uninsured by 2018 and resulted in premiums 20 percent higher than under current law.

Immediate next steps remain unclear, as it appears certain that Senate Republicans don’t have the 50 votes necessary to pass a repeal and replace bill.

To view the Health Care Freedom Act, [CLICK HERE](#).

To download the bill’s section-by-section, [CLICK HERE](#).

The Alliance for Site Neutral Payment Reform Endorses Site Neutral Provision in FY2018 Physician Fee Schedule Proposed Rule

On July 25, the Alliance for Site Neutral Payment Reform issued a press release commending a provision in the Centers for Medicare & Medicaid Services’ (CMS) proposed Physician Fee Schedule (PFS) rule for FY 2018, which would further align payments disparities for hospital outpatient departments and physician practices.

If finalized, the rule will reduce rates for certain off-campus provider-based hospital services by 50 percent, more closely aligning their reimbursement with payment for care provided in the physician practice setting. Currently, PFS payment rates are based on 50 percent of the hospital outpatient rates, however the proposed rule would change this percentage to 25 percent of the rate.

On August 2, [Morning Consult Health](#) published an op-ed by Dr. Randy Broun, president and chairman of the board of directors for Oncology Hematology Care Inc., calling on broad support for Medicare's proposal to better align reimbursement across outpatient care settings.

To read the Alliance press release, [CLICK HERE](#).

House Ways & Means Committee Announces “Red Tape Relief Project” to Reduce Medicare Barriers

On July 24, the House Ways & Means Committee's Subcommittee on Health introduced a new initiative to reduce regulations that proponents say threaten innovation and drive up costs in the healthcare sector. The “Medicare Red Tape Relief Project” seeks to identify opportunities to reduce legislative and regulatory barriers within the Medicare program by soliciting input from doctors, patient advocates and other healthcare professionals through an online feedback submission form. Specifically, the Committee is interested in ideas for how Congress can deliver relief from healthcare mandates written into current law, and how it can encourage HHS Secretary Tom Price and CMS Administrator Seema Verma to deliver regulatory relief through administrative action.

The Committee has requested feedback by August 25 in order to be reviewed and consider comments. To view the submission form for comments to the Medicare Red Tape Relief Project, [CLICK HERE](#).

Medicare Part B Bill Passes in the U.S. House

On July 25, the U.S. House of Representatives unanimously passed the bipartisan Medicare Part B Improvement Act of 2017 (H.R. 3178) to expand access to care, improve the efficiency of the program and ease administrative burdens on providers. The bill, which was introduced by House Ways and Means Committee Chairman Kevin Brady (R-TX) and Ranking Member Richard Neal (D-MA) extends Medicare's home infusion services, allowing patients to receive home dialysis care and other infusion services starting in January 2019, two years earlier than currently planned. The bill also extends the IVIG (Medicare Intravenous Immune Globulin) demonstration program, which provides home care for patients with primary immune deficiency disease.

To view the full text of the Medicare Part B Improvement Act of 2017, [CLICK HERE](#).

CMS Unveils Latest Update to Its Market Saturation and Utilization Data Tool



On July 24, the Centers for Medicare & Medicaid Services (CMS) released the fifth edition of its project to make national, state and county-level Medicare utilization data available to the public. This tool was developed to help providers better understand how Medicare beneficiaries use their services so they can identify new opportunities to pursue cost savings, improve patient experience and combat fraud and abuse.

The fifth edition release includes the latest quarterly utilization data and features data from various service areas, including:

- Home Health
- Ambulance
- Independent Diagnostic Testing Facilities
- Skilled Nursing Facilities
- Hospice
- Physical and Occupational Therapy
- Clinical Laboratory services
- Long-Term Hospital Care
- Chiropractic Services

To view a fact sheet with details about the tool, [CLICK HERE](#).

The use the tool, which can be accessed via CMS's website, [CLICK HERE](#).