Wednesday, July 5, 2017

Network Physician and Clinicians Pen Column on Cancer Care Transitions

The *American Journal of Managed Care* published a column entitled, "Transitions in Cancer Care—Moving From Crisis Intervention to Care Planning and Management," authored by Rufus Collea, MD; Linda Pulver, RN, BA; Claire Ralli, LCSW; and Amanda Burgess, RN, OCN with New York Oncology Hematology. **Read below.**

Senate GOP Releases Health Care Bill, Vote Postponed

On June 22, Senate Republicans released their highly anticipated Better Care Reconciliation Act, which serves to repeal and replace the Affordable Care Act. Following considerable opposition from Republican senators as well as the release of the bill's score from the Congressional Budget Office, the bill's vote was postponed until after the July 4 recess. **Read below.**

CMS Releases Proposed MACRA Rule

The Centers for Medicare & Medicaid Services released its second proposed rule for the Quality Payments Program, established under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). **Read below.**

MedPAC Issues Its June 2017 Report to Congress

The Medicare Payments Advisory Committee (MedPAC) released its June 2017 *Report to the Congress on Medicare and the Health Care Delivery System,* which covers a wide range of topics concerning the Medicare system including provider consolidation and recommendations related to Medicare Part B drug payments. **Read below.**

Network Physician and Clinicians Pen Column on Cancer Care Transitions

The *American Journal of Managed Care* published a column on June 14 entitled, "Transitions in Cancer Care—Moving From Crisis Intervention to Care Planning and Management," authored by Rufus Collea, MD; Linda Pulver, RN, BA; Claire Ralli, LCSW; and Amanda Burgess, RN, OCN with New York Oncology Hematology.

Their column discusses the success their practice has had in modernizing palliative care delivery, integrating social services with the overall care experience and using the family meeting model to ensure families remain involved throughout the patient's treatment process.

For the full AJMC column, CLICK HERE.

Senate GOP Releases Health Care Bill, Vote Postponed

Senate Republicans introduced their draft bill to repeal and replace the Affordable Care Act, entitled the Better Care Reconciliation Act, on June 22. The bill's most notable changes to the ACA are its elimination of cost-sharing reductions after two years, significant reductions in Medicaid funding and expansion, tax cuts and a one year ban of Planned Parenthood funding. Among the provisions that remain consistent are children's ability to stay on a parent's insurance until age 26 and required insurance coverage for people with pre-existing conditions.

The nonpartisan Congressional Budget Office (CBO) released their score of the bill on June 26, estimating that it would reduce deficits by $321 billion, but not without leaving 22 million additional people uninsured by 2026.

Senate Majority Leader Mitch McConnell (R-Ky.) and other Republican leaders planned to vote on the bill before the July 4 recess, but ultimately postponed the vote until after the recess presumably due to the combination of the CBO score and considerable Republican opposition surrounding the bill's changes to Medicaid and individual health plans.

Prior to recess, the Senate released an amended version of the bill, which reflects significant changes including an allocation of $45 billion in funds to fight the opioid epidemic (compared to $2 billion in the original draft) and a new provision to encourage the youngest and healthiest Americans to enroll in insurance plans.

For the current version of the Senate bill, CLICK HERE.

For a summary of the bill's sections, CLICK HERE.

For the Congressional Budget Office's report, CLICK HERE.

CMS Releases Proposed MACRA Rule

The Centers for Medicare & Medicaid Services (CMS) released its second proposed rule for the Quality Payments Program, established under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The rule outlines CMS' strategy for implementing MACRA and makes several changes to the program from last year.

The draft rule expands the number of clinicians eligible to be exempt from participation in either the Merit-Based Payment System (MIPS) or an Alternative Payment Model (APM). Any practice with less than $90,000 in Medicare revenue or fewer than 200 unique Medicare patients per year will be exempt from having to participate in the program's reporting requirements. Previously, the threshold had been $30,000 or less in revenue or fewer than 100 patients. Under the draft rule, practitioners would be allowed to form "virtual groups" of 10 of fewer, which enables them to report quality data – and receive incentive payments – collectively.

The rule also extends the "Pick Your Pace" flexibility program – which allows practices to avoid penalties if they report some data to the program – into the 2018 performance period and delays the requirement that practices use 2015 edition certified electronic health records. These provisions are expected to make it easier for small and rural providers to participate in the Quality Payment Program, while easing the transition for everyone else.

The proposed rule will be open for comment until August 28, 2017.

For the full draft rule, CLICK HERE.

For CMS' statement on the proposed rule, CLICK HERE.

MedPAC Issues June 2017 Report to Congress

In June, the Medicare Payments Advisory Committee (MedPAC) released its June 2017 *Report to the Congress on Medicare and the Health Care Delivery System,* which covers a wide range of topics concerning the Medicare system. Among the topics discussed in the most recent report are MedPAC's recommendations concerning hospital outpatient departments and provider consolidation. The report found that growing consolidation among hospitals and physician practices has increased prices without increasing the quality of care.

In response to this recent wave of consolidation, MedPAC recommends that Medicare implement a site neutral payment policy that pays the same rates to hospital outpatient departments and independent physician practices for the same care services. Site neutral

reform is expected to save Medicare money and insulate the program from future price increases borne from future consolidation.

The report also includes recommendations related to Medicare Part B drug payments. MedPAC recommends a "series of regulatory and market-based reforms to improve Medicare payment for Part B drugs." Specifically, the Commission's recommendation package includes: an inflation rebate, consolidation of reference biologic and biosimilar drugs into a single billing code, a reduction in Wholesale Acquisition Cost (WAC)-based payments, and a gradual reduction in the average sales price (ASP) add-on payment. Under the recommendation, Medicare also would develop a voluntary alternative market-based program that would allow providers to use private vendors to negotiate drug prices with manufacturers. The US Oncology Network along with 180 healthcare stakeholder groups sent a letter to MedPAC Chair Dr. Francis Crosson expressing concern over the proposal and urged the Commission to oppose policies that would compromise patient's access to care.

The report also addresses redesigning the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (A-APM). MedPAC reports that under current construction, the programs are unlikely to help beneficiaries choose clinicians or help clinicians change practice patterns to increase value and efficiencies. The report suggests an alternative approach for MIPS where Medicare would withhold a portion of payments from clinicians and clinicians could receive this withhold through performance on quality metrics or by participating in A-APMs.

To read the Coalition letter, CLICK HERE.

For the full MedPAC report, CLICK HERE.