

## American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, October 18, 2016

### Congressional Schedule

#### House and Senate

- Not in session. The House will return on November 14th; the Senate will return on November 15th.

#### Legislative

- **Majority of Congress Recommends Changes to CMS' Treatment of Outpatient Reimbursement.** "Congress overwhelmingly urged the Centers for Medicare & Medicaid Services to provide flexibility for hospital outpatient departments as it implements the site-neutral provisions in the Bipartisan Budget Act of 2015 in its upcoming final rule for the hospital outpatient prospective payment system. In a letter to Centers for Medicare and Medicaid Services (CMS) Acting Administrator Andrew Slavitt, 261 members of the House of Representatives said they "strongly believe numerous areas need more flexibility to ensure patients have continued access to care, and we urge changes in the final rule to protect our constituents who are Medicare patients." Specifically, they cited the provisions related to relocation or rebuilding of already existing outpatient departments, and change of ownership of existing sites. In a separate letter, 45 senators said they were "extremely disappointed" CMS did not heed earlier calls for flexibility when drafting its proposed rule. "Among the most egregious problems with the proposed rule is the fact that CMS would refuse to pay a newer [HOPD] for care provided in 2017 and instead pay only the physician fee," the senators wrote. "In addition, there is essentially no ability for an outpatient department to modernize via relocation or reconstruction, potentially denying access to our constituents. If finalized, these regulations would cripple the ability of hospitals to provide community-based outpatient care to seniors."
  - To read more: <http://news.aha.org/article/161006-congress-urges-cms-to-provide-hopd-flexibility-in-final-opps-rule>
- **10 Races Democrats Must Win to Take The House.** "Democrats have renewed hope that they can put the House into play after a wave of groping allegations against GOP presidential nominee Donald Trump shook the political world over the last week. Internal polling in the wake of the 2005 audio leak is slowly trickling in, but the party has its eyes on a handful of districts once seen far out of reach. The odds are long to

retake the chamber: To have any shot, Democrats must not only flip all of their top targets but also tap into a number of reach districts that span from Florida to California. Complicating their quest, Democrats are struggling to lock up sure victories against vulnerable GOP incumbents offering the best pickup opportunities. A Democratic internal poll shows a dead heat for Rep. Rod Blum's (R-Iowa.) seat, once thought an easy win. And Democrats' main super-PAC is now running ads in key races like that in Rep. Will Hurd's (R) south Texas district, indicating that Trump's influence down-ballot has not been as harmful as Democrats had hoped. Top nonpartisan election handicappers like Sabato's Crystal Ball and Cook Political Report have yet to see substantial evidence of a huge wave forming, which underscores the near-impossible task for Democrats to net the 30 seats needed to win back control of the lower chamber."

- To read more: <http://thehill.com/homenews/campaign/301123-10-races-democrats-need-to-take-the-house>
- ***Chairmen Johnson, Grassley Joint Report Reveals \$87 Billion in Potential Cost Savings for American Taxpayers.*** "Sen. Ron Johnson (R-WI), chairman of the Senate Homeland Security and Governmental Affairs Committee, and Sen. Chuck Grassley (R-IA), chairman of the Senate Judiciary Committee, released a joint majority staff report this week, "Empowering Inspectors General: Supporting the IG Community Could Save Billions for American Taxpayers." The report is a result of information solicited from inspectors general (IGs) across the federal government. The report identifies billions in potential cost savings for the American taxpayer and details circumstances of agencies obstructing IG access to critical information."
  - To read more: <https://www.hsgac.senate.gov/media/majority-media/chairmen-johnson-grassley-joint-report-reveals-87-billion-in-potential-cost-savings-for-american-taxpayers->
- ***Cancer 'Moonshot' to Harness Microsoft's Computing Power: Report.*** "The White House's "moonshot" initiative to transform cancer care taps into industry giants from Microsoft and Amazon Web Services to ridesharing services Uber and Lyft, under a plan released Oct. 17. Vice President Joe Biden presented to President Barack Obama the final report of the cancer moonshot task force—an interagency group forming the federal plan to try to achieve a decade's worth of progress in five years—along with his own personal report. The policy and regulatory changes in the task force report range from new drug approvals to patent reform, the arts, defense research and the environment, said Greg Simon, the executive director of the cancer moonshot task force. Simon also announced a number of private-sector initiatives."
  - To read more: [http://healthlawrc.bna.com/hlrc/4225/split\\_display.adp?fedfid=99016724&vname=hcenotallissues&jd=a0k2v5h1v7&split=0](http://healthlawrc.bna.com/hlrc/4225/split_display.adp?fedfid=99016724&vname=hcenotallissues&jd=a0k2v5h1v7&split=0)
  - For the full report: [https://www.whitehouse.gov/sites/default/files/docs/finalvp\\_exec\\_report\\_10-17-16final\\_3.pdf](https://www.whitehouse.gov/sites/default/files/docs/finalvp_exec_report_10-17-16final_3.pdf)

## Regulatory Updates

- ***CMS Announces Public Comment Opportunity on End Stage Renal Disease (ESRD) Medical Information Facility Survey.*** “The ESRD Program Management and Medical Information System (PMMIS) Facility Certification/Survey Record contains provider-specific and aggregate patient population data on beneficiaries treated by that provider obtained from the Annual Facility Survey form (CMS-2744). The Facility Certification portion of the record captures certification and other information about ESRD facilities approved by Medicare to provide kidney dialysis and transplant services. The Facility Survey portion of the record captures activities performed during the calendar year as well as aggregate year-end population counts for both Medicare beneficiaries and non-Medicare patients. The survey includes the collection on hemodialysis patients dialyzing more than 4 times per week, vocational rehabilitation and staffing. The aggregate patient information is collected from each Medicare-approved provider of dialysis and kidney transplant services. The information is used to assess and evaluate the local, regional and national levels of medical and social impact of ESRD care and is used extensively by researchers and suppliers of services for trend analysis.”
  - To read more: <https://www.federalregister.gov/documents/2016/10/14/2016-24813/agency-information-collection-activities-proposed-collection-comment-request>
  
- ***NQF’s Renal Project 2015-2017 Report Has Been Posted for Member Voting, Which Closes on October 24 at 6:00 p.m. ET.*** The Renal Standing Committee’s recommendations on the six measures considered in the project are as follows:
  - NQF 0260: Assessment of Health-Related Quality of Life in Dialysis Patients (Witten and Associates, LLC) – Do not recommend
  - NQF 0369: Dialysis Facility Risk-Adjusted Standardized Mortality Ratio (CMS) – Recommend
  - NQF 1463: Standardized Hospitalization Ratio for Admissions (CMS) – Recommend
  - NQF 2977: Vascular Access – Standardized Fistula Rate (CMS) – Recommend
  - NQF 2978: Vascular Access – Long-Term Catheter Rate (CMS) – Recommend
  - NQF 2989: Standardized Transfusion Ratio for Dialysis Facilities (CMS) – Recommend
    - The report and voting portal can be accessed at:  
[http://www.qualityforum.org/Renal\\_2015-2017.aspx](http://www.qualityforum.org/Renal_2015-2017.aspx)
  
- ***CMS Promulgates MIPS/APM Final Rule with Comment.*** CMS has issued the Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models Final Rule.
  - View the final rule: <https://qpp.cms.gov/docs/CMS-5517-FC.pdf>
  - View the executive summary:  
[https://qpp.cms.gov/docs/QPP\\_Executive\\_Summary\\_of\\_Final\\_Rule.pdf](https://qpp.cms.gov/docs/QPP_Executive_Summary_of_Final_Rule.pdf)
  
- ***GAO Releases Report on Quality.*** The GAO has released a new report entitled “HHS Should Set Priorities and Comprehensively Plan Its Efforts to Better Align Health

Quality Measures.” The GAO noted that the full extent of misalignment among health care quality measures is unknown and can have adverse effects on providers and efforts to improve quality of care. GAO recommends that HHS (1) prioritize its development of electronic quality measures and related data elements for the core measures it and private payers have agreed to use, and (2) comprehensively plan, including setting timelines for, its efforts to develop more meaningful quality measures. HHS concurred with the recommendations.

- To view the report: <http://gao.gov/assets/690/680433.pdf>
- ***CMS Issues 2017 Medicare Advantage, Prescription Drug Plan Star Ratings.*** “The Centers for Medicare & Medicaid Services today published at the Medicare Plan Finder star ratings for 2017 Medicare Advantage and prescription drug plans. About half of MA plans with prescription drug coverage and stand-alone prescription drug plans earned an overall rating of four stars or higher, CMS said. The 2017 star ratings are adjusted to account for the socioeconomic status of enrollees. MA plans with prescription drug coverage are rated on up to 44 quality and performance measures; MA plans without prescription drug coverage are rated on up to 32 measures; and stand-alone prescription drug plans are rated on up to 15 measures. Outcomes measures are weighted three times as much as process measures, and patient experience and access measures 1.5 times as much as process measures. Part C and D improvement measures receive a weight of five. Open enrollment for 2017 Medicare Advantage and prescription drug plans begins Saturday.”
  - To read more, please visit: <http://news.aha.org/article/161012-cms-issues-2017-medicare-advantage-prescription-drug-plan-star-ratings>

#### Articles of Interest

- ***Children’s Hospice South West Offers to Pay Nurses to Return to Profession.*** “Children’s Hospice South West (CHSW) is offering the incentive to tackle the nationwide shortage of nurses in children’s palliative care. The lack of staff has been affecting the care available to children with life limiting conditions, but CHSW wants to show how rewarding the role can be. Mandy Robbins, director of care at CHSW, said: “Children’s palliative care requires dedication and enthusiasm and we would like to invite nurses who may have left the profession, to return to nursing, inspired to care again in what is one of the most rewarding roles available.” Nurses under the scheme will become a paid member of the CHSW care team. Health Education England will fund the return to nursing course fee and pay a £1,000 incentive to the candidate.”
  - To read the article:  
[http://www.northsomersettimes.co.uk/news/children\\_s\\_hospice\\_south\\_west\\_offers\\_to\\_pay\\_nurses\\_to\\_return\\_to\\_profession\\_1\\_4732437](http://www.northsomersettimes.co.uk/news/children_s_hospice_south_west_offers_to_pay_nurses_to_return_to_profession_1_4732437)
- ***Prices Grew at Fastest Rate in Nearly Four Years - and Drug Prices Are Pulling Them Up.*** “That’s according to the Altarum Institute’s latest indicators out this morning. Altarum finds that health care prices in August 2016 grew 1.9 percent year-over-year, a slight uptick from July and the highest growth since October 2012. The biggest driver? Prescription drug prices, which grew 6.3 percent year-over-year. That’s well ahead of other categories, like hospital care (which grew 0.9 percent) and physician price growth

(0.1 percent). ... While health care price growth in recent years has been slow compared to historical estimates, it's still outpaced the rest of the economy. Since the beginning of the recession in December 2007, health care prices have grown 18.3 percent, while prices in the broader economy are up 13.6 percent." (Politico)

- See the indicators: [www.altarum.org/HealthIndicators](http://www.altarum.org/HealthIndicators)
- ***Insurance Justice for Kidney Failure Patients.*** Dr. Julianne Malveaux wrote an op-ed for the Huffington Post about insurance coverage issues for kidney failure patients. Dr. Malveaux is a key influencer among myriad political circles and the African American community. This op-ed is very helpful in explaining how the third party payment issue impacts patients.
  - Read more here: [http://www.huffingtonpost.com/julianne-malveaux/insurance-justice-for-kid\\_b\\_12333200.html](http://www.huffingtonpost.com/julianne-malveaux/insurance-justice-for-kid_b_12333200.html)
- ***Medicare Part D: A First Look at Prescription Drug Plans in 2017.*** "During the Medicare open enrollment period, which runs from October 15 to December 7 each year, beneficiaries can enroll in a plan that provides Part D drug coverage, either a stand-alone prescription drug plan (PDP) as a supplement to traditional Medicare, or a Medicare Advantage drug plan (MA-PD), which provides all Medicare-covered benefits including drugs. Of the nearly 41 million beneficiaries enrolled in Part D plans, about 6 in 10 are in PDPs and the rest in MA-PD plans.<sup>1</sup> This issue brief provides an overview of the 2017 PDP marketplace, based on our analysis of data from the Centers for Medicare & Medicaid Services (CMS)."
  - To read more: <http://kff.org/medicare/issue-brief/medicare-part-d-a-first-look-at-prescription-drug-plans-in-2017/>