

**American Nephrology Nurses Association  
Weekly Capitol Hill Update - Tuesday, February 16th, 2016  
Congressional Schedule**

**House/Senate:**

- “The chambers are out for a weeklong recess... The Senate will reconvene at 3 p.m. on Monday, Feb. 22... The House will reconvene at 2 p.m. on Tuesday, Feb. 23.” (CQ)

**Legislative Updates**

- **Supreme Court Outlook After Scalia's Death:** “The Supreme Court abhors even numbers. But that's just what the court will have to deal with, perhaps for many months, after the death of Justice Antonin Scalia. Eight justices will decide what to do, creating the prospect of 4-4 ties. The justices have two options (in the event of a tie). They can vote to hear the case a second time when a new colleague joins them or they can hand down a one-sentence opinion that upholds the result reached in the lower court without setting a nationwide rule. When confirmation of a new justice is expected to happen quickly, re-argument is more likely. In this political environment, the vacancy could last into 2017.”

For the full article, please see the following link:

<http://http://nyti.ms/1WpvH0R>

- **Senate Finance Committee and House Ways and Means Committee Hold Hearings on HHS Budget Proposal:** The Senate Finance Committee and the House Ways and Means Committee held hearings with HHS Secretary Sylvia Burwell on the Fiscal Year 2017 budget. Members raised no issues related to kidney care.
  - See the following link for Senate Finance Chairman Orrin Hatch's (R-UT) comments on the hearing: <http://www.finance.senate.gov/chairmans-news/hatch-statement-at-finance-committee-hearing-on-hhss-budget-request>
  - See the following link for House Ways and Means Chairman Kevin Brady's (R-TX) comments on the hearing: <http://waysandmeans.house.gov/brady-opening-statement-at-hearing-with-hhs-secretary-burwell/>
- **Senate HELP Committee Approves the First Part of the Biomedical Innovation Package:** Last week, the Senate Health, Education, Labor, and Pensions Committee marked up bills to address biomedical innovation. The Senate is working to produce companion legislation to the House-passed 21<sup>st</sup> Century Cures Act. The bills were related to health IT, rare diseases, devices, and National Institutes of Health. The committee will hold its next markup as part of this effort on March 9.

- See the following link for statements from Chairman Lamar Alexander (R-TN) and Ranking Member Patty Murray (D-WA):  
<http://www.help.senate.gov/chair/newsroom/press/senate-health-committee-unanimously-passes-alexander-murray-legislation-to-improve-health-information-technology-for-patients-doctors-hospitals>
- ***Senators Try for Bipartisanship on Medicare Reforms:*** “The Senate Finance Committee is trying to do something a bit rare in an election year: legislate in a bipartisan way on a wonky but important issue. The project is to improve the way Medicare covers people with chronic conditions, such as diabetes and Alzheimer’s, so as to improve the coordination of care and bring about healthier outcomes at lower cost. At a hearing last month on failures of nonprofit “co-op” health insurers set up under ObamaCare, which featured some of the predictable partisan battles, Sen. Ron Wyden (D-OR), the top Democrat on the committee, pointed to the chronic care project as a hopeful sign of things to come, working with the chairman, Sen. Orrin Hatch (R-UT).”
  - For the full article, please see the following link: <http://thehill.com/business-a-lobbying/268591-senators-try-for-bipartisanship-on-medicare-reforms>

### **Regulatory Updates**

- ***End-Stage Renal Disease Evaluation of Potential Prevalent Comorbidity Adjustments in the Standardized Hospitalization Ratio (SHR) and the Standardized Mortality Ratio (SMR):*** “The Centers for Medicare & Medicaid Services (CMS) has contracted with the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) to evaluate the potential of including prevalent comorbidities in the SMR and SHR risk adjustment models. The contract name is End Stage Renal Disease (ESRD) Quality Measure Development, Maintenance, and Support. The contract number is HHSM-500-2013-130171. As part of its measure development process, CMS requests interested parties to submit comments on the candidate or concept measures that may be suitable for this project.”
  - Please send all comments to [dialysisdata@umich.edu](mailto:dialysisdata@umich.edu) no later than February 22, 2016.
- ***New CMS Reporting Requirement for 2016: Clinical Depression Screening for Dialysis:*** “Medicare wants to be sure that clinics assess dialyzors for clinical depression at least annually. Why should you care if your patient is depressed? Depression can lead to behaviors that affect dialysis outcomes, including skipping and shortening dialysis, fluid overload, forgetting to take medications, and substance abuse. While research has shown that depression increases the risk of hospitalization and death, it is still underdiagnosed and undertreated in people on dialysis. Dialysis clinics must screen eligible dialyzors age 12 or older and those who have been on dialysis at least 90 days for clinical depression (both as of October 31, 2016 before February 1, 2017) using a standardized screener once between January 1, 2016 and before February 1, 2017. There are several standardized screeners, but two that are validated for all ages include the PRIME MD PHQ-2 and the CES-D. Facilities that opened before July 1, 2016 and those

that treat more than 11 dialyzors will get a score for depression screening and follow-up that will be used with other QIP measures to determine the facility's payment for 2018."

- For more information, please see the following link:

<http://homedialysis.org/news-and-research/blog/138-new-cms-reporting-requirement-for-2016-clinical-depression-screening-for-dialysis>

- **Medicare Is Considering New Method To Pay For Drugs Administered By Doctors:** "Federal officials may set up a pilot program that would test how limiting reimbursement affects doctors' choice of drugs. Also in Medicare news, a federal court revives a hospital industry's lawsuit over the long wait for appeals on payment disputes, and the government details how changes in Medicare prescription drug policy has saved money for seniors...The U.S. is mulling changes to how the Medicare program pays physicians for administering expensive cancer drugs and other medications given in doctors' offices, according to a memo from the Centers for Medicare and Medicaid Services. The memo tells Medicare contractors who process payments to set up a system allowing the government to vary by geographic location how much it reimburses doctors for the drugs they administer. The government could then set up a pilot program to test how limiting reimbursement in Medicare Part B, which pays for seniors' medical services and supplies, affects doctors' choice of drugs, according to the memo that was posted on the CMS website."
  - For more information, please see the following link: <http://khn.org/morning-breakout/medicare-is-considering-new-method-to-pay-for-drugs-administered-by-doctors/>
- **National Kidney Foundation Joins MACC Task Force:** "The Coalition for Medicare Choices (CMC) announced today that The National Kidney Foundation has joined its Medicare Advantage Care Coordination (MACC) Task Force. The announcement comes as the Task Force prepares to focus on chronic kidney disease during National Kidney Month in March and the upcoming 45-day notice period for Medicare Advantage that could present changes to care coordination programs and services. The National Kidney Foundation joins more than 30 other MACC Task Force members committed to advancing best practices in care delivery for Medicare beneficiaries."
  - For the full press release, please see the following link: <https://www.kidney.org/news/national-kidney-foundation-joins-macc-task-force>
- **Recent Paper Published: Peritoneal Dialysis is Associated With A Better Survival in Cirrhotic Patients With Chronic Kidney Disease:** From the abstract, "Peritoneal dialysis (PD) can be an ideal treatment in cirrhotic patients with ascites and chronic kidney disease stage 5 (CKD 5D) who require dialysis. The survival of cirrhotic patients with CKD 5D on PD, however, is not clear. We compared the survival of cirrhotic patients with CKD 5D on PD and the survival of those on HD. Two datasets including a cohort study of China Medical University Hospital (CMUH) from 2004 to 2013 and the Longitudinal National Health Insurance Database for Catastrophic Illness Patients (LHID-CIP) of Taiwan from 1996 to 2011 were analyzed. The survival of cirrhotic patients on PD and the propensity score matched cirrhotic patients on HD were analyzed using Cox proportional hazards regression. In CMUH cohort of 85 PD and 340

HD patients, the all-cause mortality was lower in PD patients compared to it in HD patients (hazard ratio [HR]: 0.48, 95% confidence interval [CI]: 0.31–0.74,  $P < 0.01$ ) after adjustments for confounders. The severity of liver cirrhosis defined by Child–Turcotte–Pugh (CTP) class ( $P < 0.01$ ) was independently associated with all-cause mortality. The model for end-stage liver disease (MELD) score, however, was not associated with all-cause mortality. In the LHID-CIP cohort of 285 PD and 1140 HD patients, the HR of all-cause mortality in PD patients was 0.61 (95% CI: 0.47 – 0.79,  $P < 0.01$ ), as compared with HD patients. PD in cirrhotic patients who need dialysis is associated with lower all-cause mortality than HD is. This association is independent of patients’ comorbidity, severity of liver cirrhosis, and serum albumin levels.”

- To read the full paper, please see the following link:  
[http://journals.lww.com/md-journal/Fulltext/2016/01250/Peritoneal\\_Dialysis\\_is\\_Associated\\_With\\_A\\_Better.11.aspx](http://journals.lww.com/md-journal/Fulltext/2016/01250/Peritoneal_Dialysis_is_Associated_With_A_Better.11.aspx)
- **HHS Office of Inspector General (OIG) - Review of Medicare Payments for Laboratory Tests Billed with an AY Modifier by DVA Laboratory Services, Inc.: The OIG has found that** “DVA Laboratory Services, Inc. (DVA), did not always comply with Medicare requirements for tests billed with an AY modifier for beneficiaries with end-stage renal disease (ESRD). Specifically, for 62 of the 100 beneficiary-days, DVA submitted separate claims using the AY modifier for tests furnished for the treatment of ESRD contrary to the consolidated billing requirement. In addition, DVA did not always comply with other Medicare requirements... These errors occurred primarily because DVA did not have adequate controls to comply with certain Medicare requirements.”
  - For the full report, please see the following link: <http://go.usa.gov/cV3mw>
- **HHS OIG - Review of Medicare Payments for Laboratory Tests Billed with an AY Modifier by Total Renal Laboratories, Inc.: The OIG found that** “Total Renal Laboratories, Inc. (TRL), did not always comply with Medicare requirements for tests billed with an AY modifier for beneficiaries with end-stage renal disease (ESRD). Specifically, for 60 of the 100 beneficiary-days, TRL submitted separate claims using the AY modifier for tests furnished for the treatment of ESRD contrary to the consolidated billing requirement. In addition, TRL did not always comply with other Medicare requirements... These errors occurred primarily because TRL did not have adequate controls to comply with certain Medicare requirements.”
  - For the full report, please see the following link: <http://go.usa.gov/cV3me>
- **Deadline Extended for Submitting Comment on MACRA Episode Groups:** “The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), Section 102, requires that the Secretary of Health and Human Services develop and post on the CMS.gov website ‘a draft plan for the development of quality measures’ by January 1, 2016, for application under certain applicable provisions related to the Merit-based Incentive Payment System (MIPS) and to certain Medicare alternative payment models (APMs). To meet the requirements of the statute, the CMS created the Draft CMS Quality Measure Development Plan (MDP). CMS is soliciting comments on the Draft MDP from the public (including healthcare providers, payers, consumers, and other stakeholders) through March 1, 2016. After taking all public comments on the draft MDP into

consideration, CMS will post the Final MDP on the CMS.gov website by May 1, 2016, followed by updates annually, or as otherwise appropriate.”

- To submit comments online, please see the following link:  
<https://www.surveymonkey.com/r/26NYQRB>
- To submit via email, please direct to [MACRA-MDP@hsag.com](mailto:MACRA-MDP@hsag.com)
- To submit via postal service, please send to the following address:
  - Attn: Eric Gilbertson, CMS MACRA Team  
Health Services Advisory Group, Inc.  
3133 East Camelback Road, Suite 240  
Phoenix, AZ 85016-4545

### Hearings

- **Upcoming:**

On March 2nd, the House Energy and Commerce Subcommittee on Oversight and Investigations will hold a hearing on the Zika Virus.

- Details about the hearing will be released at a later date at the following link:  
<https://energycommerce.house.gov/hearings-and-votes>

### Articles of Interest

- ***Chronic Kidney Disease Consortium Established at University of Michigan in Novel Approach to Developing Treatments:*** “The University of Michigan has established the Renal Pre-Competitive Consortium (RPC2), which includes several pharmaceutical companies such as AstraZeneca and Eli Lilly and which aims to identify new pharmacological targets for chronic kidney disease using big data analysis. It also serves as a new model for pharmaceutical research and development. The Renal Pre-Competitive Consortium is led by nephrologist Matthias Kretzler, MD, from the University of Michigan, and brings together subject matter, experts, and scientific leaders of bioinformatics and kidney disease, supported by members of the pharmaceutical industry.”
  - Please see the following link for the full article:  
<http://ckdnews.com/2016/02/12/u-m-announces-chronic-kidney-disease-consortium-with-leading-pharmaceutical-companies/>
- ***Nurse Renewal Rooms Benefit Patients, Too:*** “After a code, a patient's death, a scolding from a physician, or a day when nothing seems to go right, many of us have sought solace in the nearest linen closet, locker room, or bathroom stall and let the tears flow... One way Cancer Treatment Centers of America at Midwestern Regional Medical Center, in Zion, IL, is tackling this issue is by giving RNs the time, tools, and space to process their feelings in the comfort of nurse-designed renewal rooms.”
  - For the full article, please see the following link:  
<http://healthleadersmedia.com/content/NRS-325283/Nurse-Renewal-Rooms-Benefit-Patients-Too##>
- ***How to Cut Your Health-Care Bill: Pay Cash:*** “As consumers get savvier about shopping for health care, some are finding a curious trend: More hospitals, imaging

centers, outpatient surgery centers and pharmacy chains will give them deep discounts if they pay cash instead of using insurance... Not long ago, hospitals routinely charged uninsured patients their highest rates, far more than insured patients paid for the same services. Now, in the Alice-in-Wonderland world of health-care prices, the opposite is often true: Patients who pay up front in cash often get better deals than their insurance plans have negotiated for them.”

- For the full article, please see the following link:

<http://www.wsj.com/articles/how-to-cut-your-health-care-bill-pay-cash-1455592277>

- ***Not Enough Doctors? Nurses Fill the Gap after Earning Online Degrees:*** “Way out in rural Washington state, nurse Tara Zamarron stood in a friend’s living room and donned a cap and gown she had received in the mail. She flipped on a video camera and appeared on screen 3,000 miles away. In a disjointed but jubilant virtual graduation ceremony, she joined the latest batch of nurses setting off to treat their own patients by earning online master’s degrees... Zamarron, who’s 39, was one of 20 nurses honored last week during the second-ever graduation ceremony for an online master’s degree program at Simmons College. The degree gives nurses the advanced clinical training and coursework they need to become nurse practitioners in family medicine. In launching the program in 2013, Simmons, a private university in Boston’s Longwood Medical Area, joined a national surge: 17 new online nurse practitioner programs opened between 2009 and 2014, according to the American Association of Colleges of Nursing. While students do all their coursework online, they do still train in practical skills with patients in clinics and hospitals.”

- For the full article, please see the following link:

<http://www.statnews.com/2016/02/16/nurses-earn-online-degrees/>