

American Nephrology Nurses Association

Weekly Capitol Hill Update - Tuesday, July 26th, 2016

Congressional Schedule

House and Senate

- “Not in session. Lawmakers will return after Labor Day.” (CQ)

Legislative Updates

- ***Burr: 2016 Is His Last Election.*** “For North Carolina Republican Sen. Richard M. Burr, 2016 will be his final election for the Senate. Burr told the Tar Heel State GOP delegation Wednesday morning that he would not be running again for the Senate after this November. He spoke at the delegation's breakfast, ahead of the third night of the Republican National Convention in Cleveland. Burr said he looked forward to someday calling freshman GOP Sen. Thom Tillis the senior senator from North Carolina. The decision to not run again after 2016, Burr said, came down to his age and a desire to eventually return to the private sector and spend more time with his family.”
 - For the full article, please see the following link:
http://www.rollcall.com/news/burr-2016-last-election?utm_name=newsletters&utm_source=rollcallnewsalerts&utm_medium=email#sthash.8M2TTpKo.dpuf
- ***Obama signs opioid bill.*** “President Obama signed a bill aimed at addressing opioid addiction Friday, though he called out Republicans for the measure’s shortcomings. Lawmakers in both parties reached a compromise over the bipartisan Comprehensive Addiction and Recovery Act, though Senate Democrats held out hope until the final hour that they could win more funding for treatment. ‘This legislation includes some modest steps to address the opioid epidemic,’ Obama said in a statement. ‘Given the scope of this crisis, some action is better than none. However, I am deeply disappointed that Republicans failed to provide any real resources for those seeking addiction treatment to get the care that they need.’ He also noted that GOP lawmakers had blocked an additional \$920 million in funding for addiction treatment. The bill passed the Senate 92-2 last week, with Sens. Ben Sasse (R-NE) and Mike Lee (R-UT) the only dissenters. Despite overwhelming support, many Democrats are calling for stronger measures to address the crisis.”
 - For the full article, please see the following link: <http://thehill.com/blogs/blog-briefing-room/news/288943-obama-signs-opioid-bill>

Regulatory Updates

- ***CMS Announces Bundled Payment Models.*** The Centers for Medicare and Medicaid Services (CMS) announced Monday (July 25th) proposed new payment models including a bundled payment model for cardiac care, an extension of the existing bundled payment model for hip replacements, and payment incentives to hospitals for patient utilization of cardiac rehabilitation following a heart attack or bypass surgery. The cardiac care bundled payment model would pay hospitals a set amount for the care around a heart attack or bypass surgery. It would be phased in over five years beginning on July 1, 2017 and would affect hospitals in 98 randomly selected metropolitan areas. Additionally, the bundled payment model for hip and knee replacements would be updated to include surgical treatments for hip and femur fractures.
 - For the full press release on the proposed rule, please see the following link:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-07-25.html>

- ***Medicare Prepares To Go Forward With New Hospital Quality Ratings.*** “Despite objections from Congress and the hospital industry, the Obama administration said it will soon publish star ratings summing up the quality of 3,662 hospitals. Nearly half will be rated as average, and hospitals that serve the poor will not score as well overall as will other hospitals, according to government figures released Thursday. The government says the ratings, which will award between one and five stars to each hospital, will be more useful to consumers than its current mishmash of more than 100 individual metrics, many of which deal with technical matters. The hospital industry, however, fears the ratings will be misleading and oversimplify the many types of care at the institutions. CMS said it would release the ratings ‘shortly.’ In a preemptive effort to rebut criticisms, it noted its analysis showed ‘hospitals of all types are capable of performing well on star ratings and also have opportunities for improvement.’ The stars are based on 64 individual measures of hospitals that are already public on the government’s Hospital Compare website. Those include mortality rates, the number of readmissions, patient opinions, infection rates and frequency of medical scans like MRIs. Medicare said that based on its current data, 102 hospitals would receive the best rating of five stars, 934 would get four stars, 1,770 would receive three stars, 723 would be awarded two-stars and 133 would get the lowest rating of one star. Another 937 hospitals would not be rated because the government did not have enough data to properly evaluate them.”
 - For the full article, please see the following link:
<http://khn.org/news/medicare-prepares-to-go-forward-with-new-hospital-quality-ratings/>

- ***HRSA Awards More Than \$149 Million to Grow the Nation’s Primary Care Workforce and Expand Health Professions Training.*** “The Health Resources and Services Administration (HRSA) announced more than \$149 million in new awards through 12 workforce programs to prepare the next generation of skilled, diverse primary care providers to serve communities in need across the country. “These awards will help increase access to quality health care for all Americans by educating and training

culturally competent providers who are prepared to practice in high-need areas,' said HRSA Acting Administrator Jim Macrae. 'By encouraging partnerships among academic institutions, clinicians, health care sites and public health entities, we can improve health outcomes in underserved communities.' HRSA's education and training grants support the development of a workforce that can meet 21st century needs through an emphasis on diversity, distribution of clinicians, and quality services that encourage innovative team-based and interprofessional approaches."

- For the full article, please see the following link:
<http://www.hhs.gov/about/news/2016/07/20/hrsa-awards-more-149-million-grow-nation-s-primary-care-workforce-and-expand-health-professions.html>
- ***CMS Open Door Forum for Physicians, Nurses, & Allied Health Professionals.*** "The next CMS Physicians, Nurses & Allied Health Professionals Open Door Forum is scheduled for Wednesday July 27, 2016 beginning at 2:00 PM Eastern Time (ET)." The following is the draft agenda:
 - I. Opening Remarks
 - Chair - Marge Watchorn (CM)
 - Co-Chair - Dr. William Rogers (OC)
 - Moderator - Jill Darling (OC)
 - II. Announcements & Updates
 - CY 2017 Physician Fee Schedule Proposed Rule
 - Overview of Physician Payment
 - Open Payments
 - Medicare Shared Savings Program
 - PQRS - Secondary Reporting period for ACO participating EPs
 - Value-Based Payment Modifier
 - Medicare Advantage Provider Enrollment
 - Pre-Claim Review Demonstration for Home Health Services Announcement
 - <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Pre-Claim-Review-Initiatives/Overview.html>
 - Physician Compare Downloadable Database
 - Preparing for EIDM
 - III. Open Q&A
- This call will be Conference Call Only. To participate by phone dial: 1-800-837-1935 & Reference Conference ID: 41537285
- ***ESRD QIP: Reviewing Your Facility's PY 2017 Performance Data Call – August 2.*** "Do you participate in the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP)? Preliminary Payment Year (PY) Performance Score Reports (PSRs) will be available on August 15. Find out how to access, review, and submit a formal inquiry about your report by the September 16 deadline. A question and answer session will follow the presentation."
 - Agenda:
 - Accessing and reviewing your PSR

- How CMS calculates your performance score using quality data
 - What the performance score means for your PY 2017 payment rates
 - How to submit one formal inquiry about your PSR
 - Making performance data transparent to patients
 - Where to access help and additional information
- Target Audience: Dialysis clinics and organizations, nephrologists, hospitals with dialysis units, billers/coders, and quality improvement experts.
- The call will take place from 2:30 to 4:00 pm EST. To register or for more information, please see the following link:
<https://blh.ier.intercall.com/details/ac80026a487443458643e3dff6b7abde>
- ***SNF Quality Reporting Program Provider Training: Registration Open.*** “CMS is hosting a 1-day training event on the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). This event will be held in Chicago, Illinois on Wednesday, August 24, 2016. The objective is to provide SNFs with assessment-based data collection instructions and updates associated with the changes in the October 1, 2016 release of the Minimum Data Set (MDS) 3.0 and other reporting requirements of the SNF QRP.”
 - For more information and to register, please see the following link:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training.html>
- ***Three ACOs Bail on Medicare's Next Generation Program.*** “Medicare's newest program testing accountable care organizations is not even a year old, and three out of 21 participants have already exited. The three organizations that have withdrawn from the CMS' Next Generation Accountable Care Organization (ACO) program since January are Heritage California ACO in Northridge, Calif., River Health ACO in Harrisburg, Pa., and WakeMed Key Community Care in Raleigh, N.C. The program started out with 21 ACOs and is now down to 18. Organizations had until April 1 to bow out without incurring a financial penalty. The remaining 18 are still within the range of 15-20 ACOs CMS officials thought would participate. But the exiting parties indicate Medicare's payment reforms, which center around quality and the ability to keep costs down, still have not completely won over many hospitals and doctors. It's also a case of déjà vu. Many groups that were part of the Pioneer ACO program, a predecessor to the Next Generation cohort, have dropped out over the years citing financial uncertainty. Nine Pioneer ACOs remain from the original 32.”
 - For the full article, please see the following link:
<http://www.modernhealthcare.com/article/20160715/NEWS/160719916>
- ***NQF Patient Safety Project In-Person Meeting.*** From July 27 - 28th, the National Quality Forum will convene an in-person meeting of the Patient Safety Project. “The Patient Safety project is entering its third cycle. This project will evaluate measures related to patient safety that can be used for accountability and public reporting for all populations and in all settings of care. This project will address topic areas including but not limited to:
 - Fall screening and risk management
 - Medication reconciliation

- Measures from applicable settings, such as skilled nursing facilities and inpatient rehabilitation facilities
- Unplanned admission-related measures from other settings (i.e., hospitalization for patients on dialysis)
- All-Cause and condition specific admission measures
- Condition-specific readmissions measures
- Measures examining length of stay
- The Patient Safety project will also review measures that are eligible for maintenance, including measures targeting mortality rates, fall rates, medication safety, and pressure ulcer prevalence.”
- For more information, to register, and the agenda, please see the following link: http://www.qualityforum.org/Patient_Safety_2015-2017.aspx

Articles of Interest

- ***Surgeon Says Apps May Turn Organ Donation Support Into ‘Concrete Action.’*** “Users of Tinder, the popular online dating app, usually swipe right on their mobile screens to gain a potential match. Come September, the same action might allow them to save lives by registering to be an organ donor. The donor registration drive is the culmination of the partnership between Tinder and a nonprofit group called Organize, which aims to end the organ donor shortage. A similar campaign between Tinder and the National Health Service was carried out in Britain last year. Organize is also partnering with the comedy video website Funny or Die, Facebook, various universities and hospitals to launch apps and social media campaigns to boost registrations for organ donations. These partnerships were mentioned as part of a White House push last month to increase organ donations. That effort called for a more streamlined process for organ donations and an increase in research on fields such as tissue preservation and cell-replacement – that may eventually lead to organ replacement.”
 - For the full article, please see the following link: <http://bit.ly/2a1Zefr>
- ***Uncle Sam Wants You – Or at Least Your Genetic and Lifestyle Information.*** “Government scientists are seeking a million volunteers willing to share the innermost secrets of their genes and daily lives as part of an ambitious 10-year research project to understand the causes and cures of disease. Those selected to be members of the ‘precision medicine cohort’ will be asked to provide a detailed medical history and blood samples so researchers can extract DNA. They will also be asked to report information about themselves – including their age, race, income, education, sexual orientation and gender identity, officials said. But the project involves much more than statistics and laboratory work. The government plans to collect information about a person’s lifestyle – diet, exercise, smoking, drinking, sleep patterns and other behavior – and the environment in which a person lives, so researchers can identify possible risk factors, including air pollution or high lead levels in drinking water. Those wishing to participate will be able to sign up by computer or smartphone, and even by using an ordinary telephone to contact a traditional call center. The project, begun as part of President Obama’s Precision Medicine Initiative, seeks to develop treatments tailored to the characteristics of individual patients.”
 - For more information, please see the following link: <http://nyti.ms/29V0TI5>

- **Authorities: \$1B Medicare Fraud Nursing Home Scam, 3 Charged.** “Three people have been charged in an unprecedented \$1 billion health care fraud scam, accused of using dozens of Miami nursing homes to bilk the taxpayer-funded Medicare and Medicaid programs, according to an indictment unsealed Friday. ‘This is the largest single criminal health care fraud case ever brought against individuals by the Department of Justice,’ Assistant Attorney General of the Justice Department’s Criminal Division Leslie Caldwell announced in a statement. Authorities said Philip Esformes, who ran 30 nursing homes and assisted living facilities, joined with two conspirators and a complex network of corrupt doctors and hospitals to refer thousands of patients to their facilities even though the patients did not qualify for the services. Some of the treatments were harmful, they added. All of this was done with little regard for the patients, Caldwell said.”
 - For more information, please see the following link: <http://abcn.ws/2adXDax>

- **AP Exclusive: Pricy Drugs Overwhelm Medicare Safeguard.** “A safeguard for Medicare beneficiaries has become a way for drugmakers to get paid billions of dollars for pricey medications at taxpayer expense, government numbers show. The cost of Medicare’s “catastrophic” prescription coverage jumped by 85 percent in three years, from \$27.7 billion in 2013 to \$51.3 billion in 2015, according to the program’s number-crunching Office of the Actuary. Out of some 2,750 drugs covered by Medicare’s Part D benefit, two pills for hepatitis C infection – Harvoni and Sovaldi – accounted for nearly \$7.5 billion in catastrophic drug costs in 2015. The pharmaceutical industry questions the numbers, saying they overstate costs because they don’t factor in manufacturer rebates. However, rebates are not publicly disclosed. Sen. Charles Grassley (R-IA), is calling the rise in spending ‘alarming.’ Medicare’s catastrophic coverage was originally designed to protect seniors with multiple chronic conditions from the cumulatively high costs of taking many different pills. Beneficiaries pay 5 percent after they have spent \$4,850 of their own money. With some drugs now costing more than \$1,000 per pill, that threshold can be crossed quickly. Lawmakers who created Part D in 2003 also hoped added protection would entice insurers to participate in the program. Medicare pays 80 percent of the cost of drugs above a catastrophic threshold that combines spending by the beneficiary and the insurer. That means taxpayers, not insurers, bear the exposure for the most expensive patients.”
 - For the full article, please see the following link:
<http://abcnews.go.com/Health/wireStory/ap-exclusive-pricy-drugs-overwhelm-medicare-safeguard-40846624>