

HLB Weekly Newsletter

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## GOVERNMENT RELATIONS & PUBLIC POLICY

*Your weekly dose of health care policy*



### CONGRESSIONAL

#### **Energy and Commerce examines 340B Legislation**

Yesterday, the House Energy and Commerce Health Subcommittee held a hearing examining the 340B drug discount program, including testimony from the Government Accountability Office (GAO) on their recent [report](#) and recommendations. Additionally, last week, members of the Subcommittee released [15 bills](#) aimed at improving the 340B Program. The Subcommittee has not yet formally marked up these bills.

#### **Labor HHS Spending Bill Passes Committee**

Last night, the House Appropriations Committee [passed](#) it's

### MACRA HIGHLIGHTS

CMS has released a Merit-based Incentive Payment System (MIPS) [2017 Performance Feedback User Guide](#) to help eligible clinicians understand their performance feedback.

### HEALTH CARE ACTIVITIES ON THE HILL

**Senate HELP Committee**  
7/17 at 10:00am: Full Committee

fiscal year 2019 Labor-HHS-Education Spending bill. The legislation includes \$177.1 billion for these programs and included 18 amendments related to the Department of Health and Human Services' (HHS) work related to treatment of migrant families and children at the border. The Senate Appropriations passed their version of the legislation last month and both chambers will attempt to gain support to pass appropriation bills before the end of the fiscal year, although a continuing resolution to fund the government is likely later this year.

## ADMINISTRATION

### Home Health Proposed Rule Released

Last Monday, the Centers for Medicare and Medicaid Services (CMS) released the CY 2019 Home Health Prospective Payment System [Proposed Rule](#). The [proposal](#) increases payments by 2.1 percent and includes payment model updates and provisions on remote patient monitoring technology. Comments will be accepted through August 31, 2018.

### ESRD/DME Proposed Rule Released

Yesterday, CMS released the End-Stage Renal Disease Prospective Payment System and Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) [Proposed Rule](#) for 2019. The [proposal](#) increases payments to ESRD facilities by 1.7 percent and expands the ESRD Transitional Drug Add-on Payment Adjustment (TDAPA) to encourage the use of new drug therapies. Additionally, the rule proposes changes to bidding and pricing methodologies under the DMEPOS competitive bidding program (CBP) and adjustments to DMEPOS Fee Schedule amounts. Comments will be accepted through September 10, 2018.

### CMS Freezes ACA Risk Adjustment Payments

On Saturday, CMS [released a statement](#) regarding a recent

[hearing](#) on Reducing Health Care Costs: Eliminating Excess Health Care Spending and Improving Quality and Value for Patients.

### House Ways and Means Committee

**7/17 at 2:00pm:** Health Subcommittee [hearing](#) on Modernizing Stark Law to Ensure the Successful Transition from Volume to Value in the Medicare Program.

**7/17 at 10:00am:** Oversight Subcommittee [hearing](#) on Combating Fraud in Medicare: A Strategy for Success

### House Energy and Commerce Committee

**7/17 at 10:15am:** Oversight and Investigation Subcommittee [hearing](#) on Examining State Efforts to Improve Transparency of Health Care Costs for Consumers

## WEEKLY TRIVIA

Approximately how many inches does the Eiffel Tower grow in the summer due to the expansion of its iron.

Click [here](#) to find the answers.

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court ruling leading to their freezing \$10.4 billion in ACA risk adjustment payments for the 2017 benefit year. They state: "The New Mexico district court's ruling currently bars CMS from collecting or making payments under the current methodology, which uses the statewide average premium. This aspect of the risk adjustment methodology was promulgated as part of a regulation first issued by the Obama Administration in 2013. CMS will provide additional guidance shortly on how it will handle other issues relating to risk adjustment payments, including EDGE server data collection operations, appeals of 2017 risk adjustment amounts, and how issuers should treat risk adjustment amounts in the calculation of medical loss ratios."

### **Proposed Rule Released to Protect Medicaid Provider Payments**

On Tuesday, CMS released a [proposed rule](#) on Reassignment of Medicaid Provider Claims. The [proposal](#) would eliminate states' ability to divert Medicaid payments away from providers, with the exception of payment arrangements explicitly authorized by statute. Comments are due August 13, 2018.

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