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HLB
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HEALTH CARE LAWYERS & ADVISORS

GOVERNMENT RELATIONS
& PUBLIC POLICY

Your weekly dose of health care policy

CONGRESSIONAL

Government Funding Deal Reached

Yesterday, both the House and Senate passed an agreed upon funding bill to provide appropriations for the remainder of FY 2019 for those government agencies whose funding was set to expire today. The Department of Health and Human Services (HHS) was previously funded through FY 2019, but a small number of health care programs were passed in yesterday's bill, including an increase of $269 million for the Food and Drug Administration (FDA) and $266 million for the Indian Health Service from last year's funding. The bill also includes $3.1 billion for global health programs. The President is expected to sign the bill in order to prevent a government shut down.

ADMINISTRATION

MACRA HIGHLIGHTS

CMS has opened the data submission period for Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in Year 2 (2018) of the Quality Payment Program. Data can be submitted and updated any time from January 2, 2019 to April 2, 2019.

HEALTH CARE ACTIVITIES ON THE HILL

The House and Senate will

WEEKLY TRIVIA

Who was the first Senator to serve three states?

Click here to find the answer.

Two Interoperability Proposed Rules Released

On Monday, the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) released two proposed rules to facilitate electronic health information exchange. The ONC proposed rule on interoperability would implement the information blocking provisions of the 21st Century Cures Act by outlining seven proposed exceptions to the definition of information blocking and update the 2015 Edition certification criteria. The CMS proposed rule would require Medicare Advantage organizations, state Medicaid and Children's Health Insurance Program fee-for-service programs, Medicaid managed care plans, CHIP managed care entities, and qualified health plan issuers to implement the same application programming interfaces (API) standards as the ONC rule by 2020. CMS also included two Requests for Information (RFIs) on interoperability and health information technology adoption in Post-Acute Care (PAC) settings, and the role of patient matching in interoperability and improved patient care. Comments will be accepted for 60 days following publishing date.

CMMI Announces Emergency Services Model

Yesterday, the Centers for Medicare and Medicaid Innovation (CMMI) announced a new voluntary payment model for emergency ambulance services, the Emergency Triage, Treat and Transport (ET3) model. ET3, a five year voluntary model, will allow participating ambulance suppliers and providers to partner with other providers to deliver treatment in place (either on-the-scene or through telehealth) and with alternative destination sites (such as primary care doctors' offices or urgent-care clinics) to provide care for Medicare beneficiaries following a 911 call. The model is expected to begin January 1, 2020, with Requests for Applications likely this Summer.

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