

National Physicians Council for Healthcare Policy Meeting

November 4–6, 2017

Saturday, Nov. 4, 1:00p–5:00p

Judiciary Hearing Room (RHOB 2237)

Vision Statement: To provide a strong, national voice for the physician engaged in private practice to facilitate policies that advance transparent, market-based health care and rules and regulations that are well understood, build value, and improve quality.

Purpose of Saturday

To provide a voice to grassroots groups participating in the NPCHP meeting to discuss the rules, problems, and possible solutions important to their organizations.

BUSINESS CASUAL ATTIRE

Opening Items, 30 min

Direct Primary Care, 30 minute presentation followed by a 30 minute group discussion

Kimberly Legg Corba, DPC & Regional Alliances

- Who are they? – DPC provides innovative solutions to provide cost-effective health care
- Why are they innovative? – DPC provides lower cost alternatives to primary care
- How to advance related solutions? H.R. 365/S. 1358 Primary Care Enhancement Act; Letter to Treasury asking for clarification of regulations related to HSAs

Maintenance of Certification, 30 minute presentation followed by a 30 minute group discussion

Al Fisher, AAPS

- Problem – MOC is an expensive, burdensome, and involuntary process that hinders physician innovation.
- Solutions – Legislation prohibiting use of participation in Maintenance of Certification as a reason to exclude a physician from hospital staff appointment or from insurance company physician panels

NEI Presentation, 15 min (3:30p)

Brian Brooks, M.D., Ph. D., Eye Institute, Clinical Director

- Update on the work of the NEI

Roundtable, 30 minute presentation followed by a 30 minute discussion

- Who are they? (For each group)
- Why are they innovative? (For each group)
- What solutions do they propose? (For each group)

Dinner - On your own

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Sunday, Nov. 5, 9:00a–5:00p

Energy & Commerce Hearing Room (RHOB 2123)

Vision Statement: To provide a strong, national voice for the physician engaged in private practice to facilitate policies that advance transparent, market-based health care and rules and regulations that are well understood, build value, and improve quality.

Purpose of Sunday

To build upon and strengthen the National Physicians Council for Healthcare Policy’s role in advocating for policies that advance transparent, market-based health care.

BUSINESS CASUAL ATTIRE

Reflection on Vision Statement – 30 min

Private Payment Problems & Prescriptions - 30 minute presentation followed by a 30 minute group discussion

Cindy Stamer, Board Certified - Labor & Employment Law by Texas Board of Legal Specialization

Fellow, American College of Employee Benefit Counsel, American Bar Foundation, Texas Bar Foundation

The Great Payment Heist: Common Payment Ploys Payers Use To Deny/Delay Paying Provider Claims

- Understanding Existing Rules, When Applicable and How To Use Them Better
 - DOL-Employee Benefits Security Administration (EBSA) ERISA Claims & Appeals Rules For Employer/Union Sponsored Insured & Self Insured Health Plans
 - IRS Internal Revenue Code Excise Taxes On Large Employer Groups Violating ACA Claims & External Review Rules
 - HHS- ACA Claims & External Review Rules for State Government & Insured Plans
 - HHS HIPAA Electronic Claims (EDI) Rules
 - State Insurance Prompt Pay & Other State Insurance Health Claims Processing, Appeals & Payment Rules
- Key Reasons Current Rules Don’t Work
 - Enforcement Enhancement Options For Improving Payment
 - Private Vs. Government Enforcement
 - Private Enforcement Roadblocks
 - Government Enforcement Policies That Invite, Perpetuate Payer Abuses
- Payment Prescription Possibilities
 - Provider & Payer Process Improvement
 - Preserve/strengthen replace ACA “External Review”
 - Enhancement of Private Remedies For Nonpayment
 - Strengthen medical judgment presumptions

Privacy (HIPPA), 30 minute presentation followed by a 30 minute group discussion

Twila Brase, Citizens' Council for Health Freedom

- What are the existing rules surrounding HIPPA? Data may still be disclosed in some circumstances
- What are the problems surrounding these rules?

- Patient data is insufficiently protected, such that medical providers are hesitant to treat patients due to concerns that information of possible poor performance will be disseminated
- Prior Action – None
- What are possible, concrete solutions to these problems? Stricter patient data transfer rules; disclosure

Lunch Break, 1hr (On your own. Restaurants near Capitol South station. See map in Visit Instructions file)

Cost, 3 hrs

- Provide attendees with one pager on: Hospitals, Pharma/PBM, Insurance, IT/Data
- Hospitals - *30 minute presentation followed by a 30 minute discussion*
Niran Al-Agba
 - What are the rules? – Lack of transparency; receiving tax benefits due to status
 - What are the problems surrounding these rules? – Adversely impact costs
 - Prior Action – None
 - What are possible solutions to these problems? – Posting prices; evaluate non-profit status
- Pharma/PBM, *30 minute presentation followed by a 30 minute discussion*
Bob Campbell, Physicians Against Drug Shortages
 - What are the rules? – GPOs and PBMs have a safe harbor
 - What are the problems surrounding these rules? – Potential for pay-for-play
 - Prior Action – N/A
 - What are possible solutions to these problems? – Bill to address safe harbor
- Mid-Level Providers - *30 minute presentation followed by a 30 minute discussion*
Susan Derry, Physicians for Patient Protection
 - What are the rules? – Nurse practitioners may practice independently
 - What are the problems surrounding these rules? – Patient harm and increased cost
 - Prior Action – Attempts to limit, but state-by-state MLPs made gains.
 - What are possible solutions to these problems? – Educate on the harms and higher financial costs

Dinner – At Oceanaire. Contact Holly Fritch (Hfamagi@sbcglobal.net)

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Monday, Nov. 6, 9:00a–1:00p

Gold Room (RHOB 2168)

Vision Statement: To provide a strong, national voice for the physician engaged in private practice to facilitate policies that advance transparent, market-based health care and rules and regulations that are well understood, build value, and improve quality.

Purpose of Monday

To present concrete, specific, achievable asks to Members of the House of Representatives and the Senate based upon the conversations and conclusions from the weekend’s meetings.

BUSINESS CASUAL ATTIRE

Medicare – MACRA, 15 minutes followed by 15 minute group discussion

Jane Hughes & Kris Held

- What are the rules? – Merit-based payment system; reporting is onerous and costly
- What are the problems surrounding these rules? – impact on small practices (i.e. costs/admin burdens)
- Prior Action – contacted Patrick Conway. Achieved for physicians an exemption until reaching a threshold of \$90k (ask \$400k) or 200 patients.
- What are possible solutions to these problems? – continue to work for expanded small practice exemptions

Medicare – Balance Billing, 30 minute presentation followed by a 30 minute group discussion

Marcy Zwelling

- What are the rules? – Balance billing is prohibited
- What are the problems surrounding these rules? – Physician revenues too low
- Prior Action – H.R. 1650 (114th) Medicare Patient Empowerment Act
- What are possible solutions to these problems? – Reintroduce Medicare Patient Empowerment Act

Medicare - E & M Codes: Making Them More Workable

15 minute presentation followed by a 15 minute group discussion

Matthew Hahn

- What are the rules? - Complex
- What are the problems surrounding these rules? – Complexity is burdensome
- Prior Action - N/A
- What are possible solutions to these problems? - Simplify the rules

Medicare – Bureaucratic Herding of Physicians and Their Patients

10 minute presentation followed by a 20 minute discussion

Mike Couris

- Decoupling Part A Medicare from Social Security Benefits
- Physician Disenrollment from Medicare & Use of CMS Form 1490S

Medicare – Access to Medicare Claims Data, 30 min

Courtney Yohe, Society of Thoracic Surgery

- What are the rules? – Section 105(b) of MACRA requires CMS to provide qualified clinical data registries (QCDRs) with access to Medicare claims data “for purposes of linking such data with clinical outcomes data and performing risk-adjusted, scientifically valid analyses and research to support quality improvement or patient safety.
- What are the problems surrounding these rules? – CMS failed to recognize the distinct difference between using claims data for research purposes versus using claims data for quality improvement purposes and decided against issuing a proposed rule to implement this section of MACRA.
- Prior Action – N/A
- What are possible solutions to these problems? present the new and improved quasi-QE program

Update on the Opioid Crisis, 15 minute presentation

Vanila Singh, Chief Medical Officer for the Office of the Assistant Secretary for Health, HHS

Healthcare Reform Update, 45 minutes

Marcy Zwelling

Post-Meeting: Prep for Member Meetings, 30 min

Prepare asks for Congressional visits