Health Information Compliance Alert

Enforcement News: House Unveils Its Opus to Replace the ACA

House Republicans made good on their promise to put the Affordable Care Act ⬜ also known as Obamacare ⬜ to bed this week with sweeping changes. They premiered the new American Health Care Act, which eliminates insurance requirements and drastically reforms Medicaid but does keep some of the most popular parts of the ACA ⬜ the ban on denying insurance coverage to people with pre-existing conditions and on lifetime coverage caps, and the provision allowing people to remain on their parents' insurance until age 26.

What's In: If you have a pre-existing condition, the new plan will still cover it. The same goes for coverage up until age 26 under your parents' insurance. Insurers still can't set limits on coverage and must still provide "10 essential health benefits, including maternity care and preventive services," a New York Times article from March 6 said.

What's Out: Employers are no longer required to offer coverage for their employees, and people are no longer required to get insurance if they can't afford it. The popular cost-sharing subsidy that helps fill in the gaps with co-pays and deductibles will be phased out by 2020.

Read the full text of the bill here: https://energycommerce.house.gov/sites/republicans.energycommerce.house.gov/files/documents/AmericanHealthCareAct.pdf.

HHS response: "On behalf of the Trump Administration, I am writing in support of the reconciliation recommendations recently released for consideration by your Committees. Together, they align with the President's goal of rescuing Americans from the failures of the Affordable Care Act," said **Thomas E. Price, MD**, HHS Secretary in an open letter to **Greg Walden**, House Committee on Energy & Commerce Chairman and **Kevin Brady**, House Committee on Ways & Means Chairman.

Price's endorsement comes as no surprise ⬜ he was a vocal critic of the ACA since its inception as the former House Rep from Georgia. "These proposals offer patient-centered solutions that will provide all Americans with access to affordable, quality healthcare, promote innovation, and offer peace of mind for those with pre-existing conditions," Price said. Read the letter in its entirety here: https://www.hhs.gov/about/news/2017/03/07/secretary-price-supports-house-efforts-repeal-and-replace-obamacare.html.

AMA rebuttal: As medical groups across the nation weighed in against the new legislation, the American Medical Association (AMA), a supporter of Secretary Price's nomination, advised the feds to go slowly because this swift decision, which it called "critically flawed," could have far-reaching effects, endangering the health and welfare of Americans.

"As you consider this legislation over the coming days and weeks, we hope that you will keep utmost in your mind the potentially life-altering impact your decisions will have on millions of Americans who may see their public, individual or even employer-provided health care coverage changed or eliminated," said **James L. Madara, MD**, CEO of the American Medical Association (AMA) in a letter to the two House committee leaders.

With many of the alterations aimed at Medicaid and the promise to push much of the responsibility on the states for implementation of the new plan, the jury is out on how quickly and at what cost to taxpayers the transition from the ACA to the American Health Care Act will proceed.

Resource: To take a look at the New York Times article, https://www.nytimes.com/interactive/2017/03/06/us/politics/republican-obamacare-replacement.html.

OCR Says US-CERT's Got Your Back

If you haven't signed up for the monthly OCR Cyber Awareness Newsletter, now is the time to hit that listserv.

In its most recent issue, the cyber watchdog outlined what the United States Computer Emergency Readiness Team (US-CERT) does and how it can help providers. The branch, one of four, falls under the National Cybersecurity and Communications Integration Center (NCCIC) in Homeland Security.

"US-CERT is in a unique position to inform covered entities and business associates about their cybersecurity efforts as well as benefit from information sharing when a covered entity or business associate experiences a cybersecurity incident," says the February 2017 newsletter. "Covered entities should report to US-CERT any suspicious activity, including cybersecurity incidents, cyber threat indicators and defensive measures, phishing incidents, malware, and software vulnerabilities."

In this edition, US-CERT explains the who, what, and when of the Grizzly Steppe Activity, responsible for the Russian malware infiltration that impacted the U.S. election last year and analyzes how spear phishing attacks can impact even the strongest HIPAA plans.

For a closer look at last month's OCR Cyber Awareness Newsletter, visit
https://www.hhs.gov/sites/default/files/february-2017-ocr-cyber-awareness-newsletter.pdf?language=es.

CMS Reorganizes eCQM Guidance with MACRA Updates

With MACRA up and running, changes have come quickly as CMS scrambles to switch over from fee-for-service to the new Quality Payment Program. One of the major players on the cutting room floor ⬜ Meaningful Use ⬜ disappeared for most Medicare providers on March 13, 2017, which marked the last day to attest measures for 2016. Advancing Care Information replaced Meaningful Use as Medicare's new EHR incentive program on Jan. 1, 2017.

CMS updated its Electronic Clinical Quality Measures (eCQMS) guidance to keep eligible clinicians in the loop for 2017 reporting. "In an effort to align the eCQMs used in CMS quality reporting programs with the goals of CMS and the Department of Health and Human Services, the National Quality Strategy (NQS), and recommendations from the Health Information Technology Policy Committee, each eCQM has been assessed against six domains based on the six priorities of the NQS," the CMS eCQM guidance said. "This revised table removes the previous Meaningful Use domains and now aligns with the domains listed in the Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Quality Payment Program."

Unfortunately, if you missed the last MU reporting deadline, you will be assessed penalties. Here is a link to the 2016 program requirements:
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html.

To take a look at the changes, visit
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/eCQM_2016EPEC_MeasuresTable.pdf.