

Administration Releases on Health Care Rules

Within the last 24 hours the Trump Administration released 3 rules of interest to physicians. Here are brief summaries.

ONC Extends Deadline for Implementing Info Blocking Rule

The Office of the National Coordinator for Health IT (ONC) announced it is extending compliance deadlines for certain information blocking and health IT certification requirements. Originally, ONC's Information Blocking Rule required all Actors—including physicians and hospitals—to come into compliance with information blocking requirements by November 2, 2020. Responding to the AMA's advocacy efforts requesting additional time and flexibility due to the COVID-19 pandemic, ONC's interim final rule now pushes the information blocking compliance date to **April 5, 2021**.

In anticipation of physician compliance with ONC's information blocking rule, the AMA has created a two-part educational resource. Part 1 outlines what information blocking is, key terms to know, examples of information blocking practices, and a summary of exceptions for when physicians may restrict access, exchange, and use of electronic health information. Part 2 will help physicians start down the path of compliance, including questions to consider, considerations for maintaining a compliance program, and next steps. The AMA will continue to update these resources as the federal government releases new guidance.

Part 1: What is Information Blocking

Part 2: How do I comply with Information Blocking and where do I start?

Transparency Rule

On October 29, the Administration finalized its Transparency in Coverage rule. The final rule is part of a larger effort to ensure price transparency across the healthcare sector. The Transparency in Coverage rule moves to require significant public disclosures of the prices of items and services by private health insurers.

The final rule has two key components:

- Requires group health plans and health insurance issuers in the individual and group markets to disclose to all participants/beneficiaries/enrollees cost-sharing information for covered items and services.
 - This requirement will be phased in, with cost-sharing information for 500 “shoppable” services to be provided starting January 1, 2023 and cost-sharing for all items and services to be provided starting January 1, 2024
 - This information will be provided through self-service tools provided to individuals participants/beneficiaries/enrollees and in paper form
- Requires plans and issuers to disclose the following pricing information to the public:
 - Payment rates negotiated between plans/issuers and providers for all covered items and services
 - Amounts allowed by plans/issuers for items and services furnished by out of network providers
 - Prescription drug pricing information

The AMA is still reviewing the final rule, but it appears many of the provisions included in the proposed rule were finalized. In comments on the Transparency in Coverage proposed rule, the AMA supported

efforts to provide more thorough disclosure of cost-sharing information to patients, including co-payment and deductible information, along with any limitations on coverage such as prior authorization requirements. The AMA opposed efforts to compel disclosure of negotiated rate information, raising concerns about the impacts on competition.

Medicare Coverage and Payment of Vaccines and Therapeutics

Yesterday, the Centers for Medicare & Medicaid Services (CMS) issued a fourth COVID-19 Interim Final Rule with Comment, which provides coverage and payment details for COVID-19 vaccines and therapeutics. Medicare will cover the cost of COVID-19 vaccines and their administration and will waive out-of-pocket costs for both traditional fee-for-service beneficiaries and beneficiaries enrolled in Medicare Advantage plans. Medicare will pay physicians \$28.39 to administer coronavirus vaccines. For vaccines that require two doses, Medicare will pay \$16.95 for the first dose and \$28.39 for the second dose. These rates will be geographically adjusted. The rule also requires Medicaid, Children's Health Insurance Program agencies, and most private health plans to administer the vaccine at no cost to patients during the public health emergency. The Department of Health and Human Services will cover the vaccine and its administration for any uninsured individuals through the CARES Act Provider Relief Fund. The press release announcing the RFI acknowledges "CMS and the American Medical Association (AMA) are working collaboratively on finalizing a new approach to report use of COVID-19 vaccines, which include separate vaccine-specific codes. Providers and insurance companies will be able to use these to bill for and track vaccinations for the different vaccines that are provided to their enrollees."

Additional notable provisions in the interim final rule include:

- Physicians and other health care professionals who perform COVID-19 diagnostic tests must post their cash prices online via their website.
- CMS will pay hospitals add-on payments in the inpatient and outpatient settings for COVID-19 therapeutics.
- CMS also extends for six months the Comprehensive Care for Joint Replacement (CJR) model, which will now end on Sept. 30, 2021.

The rules are effective immediately and have a 60-day comment period. CMS released additional information including a fact sheet, COVID-19 vaccine resources, and FAQs on billing for therapeutics.