

1/10/2020

Happy New Year REDC Members,

We hope all of you had a wonderful holiday and are ready for a great 2020! Below provides your policy update for this week:

- **Mental Health Liaison Group Meeting**
 - Attached you'll find the meeting notes from today's MHLG meeting, which REDC is now a Full Member.
 - Additionally, there was a great conversation on the EDC's Nutrition CARE Act as well as a new research and toolkit from National Council on Trauma Informed Care in the Primary Care Workforce. I'm including that trauma informed care presentation for your utilization.

- **SERVE Act:**
 - New Co-Sponsors to the SERVE Act:
 - Senate: Senator Klobuchar (D-MN)
 - House: Rep. Tim Ryan (D-OH)- sits on the Defense Appropriations Committee and Rep. Tony Cardenas (D-CA)- sits on the Energy & Commerce Committee
 - Recent meetings on the SERVE Act co-sponsorship include:
 - Rep. Kilmer (D-WA), Sen. Klobuchar (D-MN), Sen. Murkowski (R-AK)- Sits on the Appropriations Committee, Rep. Kirkpatrick (D-AZ)- sits on the Defense Appropriations Committee, Rep. Susan Davis (D-CA)- sits on the House Armed Services Committee
 - We're working right now with our leaders on next steps for securing an offset for the SERVE Act in preparation for the FY2021 National Defense Authorization Act (NDAA) as we work to try and move SERVE within this moving vehicle.
 - The Military Families Readiness Council meeting where we will be discussing the issues within the SERVE Act, has been reschedule for March.
 - TRICARE for Kids Coalition meeting, who work closely with us on SERVE, will be next week. Stay tuned for those details.

- **Timely Billing**
 - As a friendly reminder, REDC is shifting focus to the SERVE Act. This provides a final update on where things ended at the end of last year with the Timely Billing provision. There will no longer be ACA updates going forward.
 - We are hearing that the Timely Billing package will either try to be passed in mid-February or wait to be attached to some health extender reauthorizations, which has funding expiring on May 22.
 - We were able to negotiate with leadership to make adjustments to the 45-day timely billing provisions, to where now the timing is as follows:
 - Providers have 20 days to send the bill to payers
 - Payers have 20 days to provide a claim determination to providers
 - Providers have 20 days to send the final bill to patients- **note we pushed back on this, asking for 30+ days per concerns on billing cycles**

- Additionally, they removed the \$10K/day fine, however, kept the patient's right to no longer have to pay if the bill is received after the above 60 days
- They will protect the rights of the appeal process for patients and the fiduciaries/authorized providers
- Finally, they include a provision that allows for an extension of the above time for extenuating circumstances, to be determined by HHS (i.e. claim resubmission)
- Moderate Democrat Lisa Blunt-Rochester (D-DE) and Republican and doctor Rep. Andy Harris (R-MD) have agreed to lead a Congressional letter in some form addressing concerns with the timely billing provisions and the risk it would pose for providers and patients alike.

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