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## SHM Converge: Health Policy Track

It has been a long two years since our last in-person conference-and we cannot wait to see you in Nashville at SHM Converge on April 7th-10th. There are over 160 sessions and 20 educational tracks this year, including health policy, practice management, diversity, equity, and inclusion, and more. If you have not already registered, [click here to register](#) and learn more about Converge.

### **Health Policy Track**

#### *Advocacy Training for Hospitalists; Friday April 8th; 3:50 PM-4:40 PM*

Join SHM Public Policy Committee (PPC) member Melinda Johnson, MD, and Josh Boswell, Director of Government Relations at SHM, to learn how to be an effective advocate for hospital medicine. This session will focus on how to approach and influence both legislative and regulatory advocacy.

#### *Hot Policy Topics in Hospital Medicine; Friday April 8th; 4:50 PM-5:40 PM*

In this session, SHM PPC members Suparna Dutta, MD, MPH, FACP, FHM; Kendall Rogers, MD; Jennifer Cowart, MD; Steve Phillipson MD; and moderator Dahlia Rizk, MD will discuss some of the most pressing issues for hospitalists in healthcare policy.

## Split (or shared) Billing

On November 2nd, 2022, the Centers for Medicare and Medicaid (CMS) finalized a new policy for split/shared billing. This policy defines a split (or shared) visit as "an E/M visit in the facility setting that is performed in part by both a physician and an NPP who are in the same group, in accordance with applicable laws and regulations" that either provider could bill if the visit was performed independently.

Under this new policy, only the provider who performed a "substantive portion" of the visit, which, following a transition year in 2022, will be solely based on time, can bill for the visit. This policy does not reflect the realities of hospitalist practice and inpatient care. Hospital-based care is non-continuous and often includes multiple providers. Tracking time will create significant administrative burden and will

divert resources away from direct patient care. While hospitalists have long championed team-based care, this policy will be extremely disruptive to team-based care, as only one provider will be able to bill for the visit. This policy extremely disruptive to hospitalist practice.

SHM strongly opposed this policy during the rulemaking process and will continue to advocate to rescind or improve this policy. We have been in direct contact with CMS and are working alongside other medical societies and groups on this issue.

Learn more:

- [Split/Shared Billing One-Pager](#)
- [ACP Split/Shared Billing Sign-On Letter](#)
- [Letter to CMS on Split \(or shared\) Billing](#)

## **Prior Authorization for Hospital Transfers to Post-Acute Care Settings During the Public Health Emergency Request for Information**

SHM submitted comments to the Centers for Medicare and Medicaid (CMS) on the Request for Information (RFI) regarding prior authorization during the COVID-19 pandemic. Hospitalists expend significant time and effort navigating the prior authorization process under Medicare Advantage (MA) plans. In our comment letter, we outlined frustrations related to delayed care, inconsistent requirements amongst plans, and excessive administrative burden. All Medicare beneficiaries deserve access to timely, high quality medical care, regardless of whether they choose original Medicare or a Medicare Advantage plan. We will continue to advocate for improved efficiency and increased transparency regarding the prior authorization process.

Learn more:

- [Comment Letter on Prior Authorization for Hospital Transfers Request for Information](#)
- [Send a message to Congress](#)

## **SHM Joins Multi-Stakeholder Letter on Extending Telehealth Flexibilities**

Increased flexibilities resulting from the COVID-19 pandemic has dramatically increased access to telehealth services, expanding access to vitally important healthcare services throughout the United States. SHM has joined a multi-stakeholder letter urging Congressional leaders to extend telehealth flexibilities for at least two years after the expiration of the public health emergency (PHE), as well as continue providing appropriate reimbursement for audio-only telehealth services.

Learn more:

- [Multi-Stakeholder Letter on Extending Telehealth Flexibilities](#)

## **POLICY WIN: Dr. Lorna Breen Health Care Provider Protection Act**

On March 18th, President Biden signed the Dr. Lorna Breen Health Care Provider Protection Act (H.R. 1667) into law. This legislation was initially passed by Congress as part of a larger legislative package in December 2021. This legislation, named after an emergency room doctor who died of suicide, is an important first step to address the crisis of physician suicide and burnout.

Learn more:

- [Dr. Lorna Breen Health Care Provider Protection Act](#)
- [SHM Supports Resolution Establishing National Physician Suicide Awareness Day](#)