Agenda

- Political and legislative environment
- Federal physician payment landscape
- Other Trending topics
- MGMA Advocacy Priority: Regulatory Relief
- Q&A

Political and Legislative Environment

VA MISSION Act of 2018

- Congress passed bipartisan legislation to fix VA Choice program following a recent government watchdog report that itemizes administrative burdens in VA Choice program.
- Combines the VA’s myriad community programs into the new Community Care Program.
- Creates prompt payment standards to reimburse community providers within 45 days for clean paper claims and 30 days for clean electronic claims.
- Removes 30-day/40-mile requirement for veterans’ care in the community.
- Requires the VA Secretary to develop an education program to inform veterans and VA providers about veterans’ health care options.
- Local VA medical facilities will serve as the ‘clinic’ that coordinates all services outside the VA healthcare system.

Federal Physician Payment Landscape

Reminder of 2018 and proposed 2019

Legislative Watch List

What’s happening now in Congress

- Opioid efforts
- Drug pricing and transparency
- Government budget expires Sept. 30

Latent health policy issues

- Entitlement reform
- Repeal and replace ACA
- Stabilize individual health insurance markets

2018 Midterm elections on Nov. 6
**MIPS Policies: 2018 versus 2019**

<table>
<thead>
<tr>
<th>POLICY</th>
<th>2018</th>
<th>2019 (PROPOSED)</th>
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</thead>
<tbody>
<tr>
<td>Penalty or Bonus</td>
<td>&lt;5%</td>
<td>&lt;3%</td>
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<tr>
<td>Reporting Period</td>
<td>Quality and cost, full calendar year</td>
<td>Quality and cost, full calendar year or any 90 days</td>
</tr>
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<td>Category Weight</td>
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<td>2</td>
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<tr>
<td>Small Practice Bonus</td>
<td>5 points</td>
<td>5 points</td>
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<tr>
<td>Large Volume Threshold</td>
<td>$60,000 Medicare charges or 200 patients</td>
<td>$60,000 Medicare charges or 200 patients or 250 covered services</td>
</tr>
<tr>
<td>Category</td>
<td>2014 or 2015</td>
<td>2015</td>
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**2019 MIPS Payment Adjustments (PROPOSED)**

<table>
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<th>Payment Adjustment In 2021 (%)</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
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<th>70</th>
<th>80</th>
<th>90</th>
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<td><strong>90 points</strong> Performance Threshold</td>
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<td>-4%</td>
<td>-3%</td>
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<td>-1%</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Additional Adjustment Factor</strong></td>
<td>15 points</td>
<td>10 points</td>
<td>5 points</td>
<td>0 points</td>
<td>-5 points</td>
<td>-10 points</td>
<td>-15 points</td>
<td>-20 points</td>
<td>-25 points</td>
<td>-30 points</td>
</tr>
<tr>
<td><strong>-3 points</strong> Additional Adjustment Factor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Final MIPS score in 2018: 0-100 points</strong></td>
<td></td>
<td></td>
<td></td>
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**2018 Advanced APMs**

- BPCI Advanced
- Comprehensive Primary Care Plus (CPC+)
- Comprehensive ESRD Care – 2-sided risk
- Oncology Care Model - 2-sided risk
- Camp Care for Joint Replacement (CEHRT track)

**CMS estimates 185,000 - 250,000 clinicians will participate in Advanced APMs in 2018**

**Proposed 2019 Key Quality Policies in PFS**

**Key 2019 MIPS and APMs Proposals:**

- Clinicians who fall below the low-volume threshold may be able to opt-in to the MIPS program and receive a payment adjustment.
- Cost measures would count toward 15% of the MIPS final score – an increase from 10% in 2018.
- Clinicians and groups would be required to use 2015-certified EHR technology.

**Group practices would be able to submit quality measure data using multiple data submission mechanisms, such as an EHR and registry.**

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- CMS proposes 2 new Advanced APMs. Only 160,000 to 215,000 eligible clinicians are expected to become qualifying APM participants, meaning they are exempt from MIPS and eligible for a 5% bonus. In aggregate, APM bonuses are expected to total about $800-$850 million for the 2021 payment year.
Proposed 2019 Key Policies in PFS

MEDICARE EVALUATION AND MANAGEMENT (E & M)

Payment:
- Collapses levels 2-5 into one, single level for new vs. established patients
- Creates add-ons for certain visits
- Reduces payment when modifier 25 is used

Documentation:
- Require documentation only to level 2

Conversion Factors
CMS estimates the 2019 Medicare PFS conversion factor will be $36.0463
The 2019 Anesthesia conversion factor is estimated to be $22.2986

MIPS/APMs Physician Practice Action Steps

Assess performance under past reporting programs
Evaluate vendor readiness & costs (ask about 2015 CEHRT!)
Protect your practice against a MIPS penalty
Determine your 2018 MIPS goal; establish a reporting strategy
Comply with deadlines (hardship exception, CAHPS for MIPS, MSSP, etc.)
Analyze data at year-end; hone final reporting strategy
Leverage MGMA resources to educate yourself, your physicians and staff

MGMA Resources

Washington Connection
Subscribe to receive our weekly e-newsletter with breaking updates and everything you need to know from our nation’s capital.

Speak directly with MGMA Government Affairs experts
We would like to hear from you!
202.293.3450 | govaff@mgma.org

Dedicated member e-groups
For instance, you can discuss MIPS and APMs with 3,400 MGMA peers and MGMA Government Affairs on the Medicare Value-Based Payment Reform e-group.

Other Trending Topics

MGMA Stat Poll on Prior Authorization

IN THE PAST YEAR, PAYER PRIOR AUTHORIZATION REQUIREMENTS HAVE:
- Disrupt continuity of care
- Interfere with physician-patient relationship
- Increase administrative burden and cost

January 2018 Provider/Plan Joint Statement on Prior Authorization

Reduce the number of clinicians subject to PA requirements based on their performance, adherence to evidence-based medical practices, or participation in value-based agreements.
Regularly review the services and medications that require PA and eliminate requirements for therapies that no longer warrant them.
Protect continuity of care for patients who are on an ongoing, active treatment or a stable treatment regimen when changes in coverage, plans or PA requirements.
Accelerate industry adoption of national electronic standards for PA and improve transparency of formulary information and coverage restrictions at the point-of-care.
New Medicare Cards

SOCIAL SECURITY NUMBER REMOVAL INITIATIVE (SSNRI)

Starting April 2018, CMA will:
• Assign 150 million Medicare Beneficiary Identifier’s in the initial enumeration (60 million active/90 million deceased/archived) and each new beneficiary
• Generate a new unique MBI for a Medicare beneficiary whose identity has been compromised
• Medicare claims can use old HICN until Jan. 2020

See appendix for New Medicare Card Checklist

Today's Security Environment

• Practices have now adopted EHRs (75%+)
• Focus of technology has been on meeting govt reporting requirements (Meaningful Use/QPP), not on HIPAA Security
• WannaCry/Petya/Allscripts attacks make front page news
• Orangeworm targeting MRI & X-ray machines
• Patients increasingly worried about losing their sensitive information

See appendix for MGMA Cybersecurity Checklist

MGMA Advocacy Priority

REGULATORY RELIEF

MGMA Advocacy in 2018

ADMINISTRATIVE COSTS IN THE U.S. HEALTHCARE SYSTEM: $300 billion+
15% OF ALL HEALTHCARE EXPENDITURES
Per year, what practices in four common specialties spend on quality reporting:

785 hours per physician
$15.4 billion

Percent of practices that stated their group was being evaluated on quality measures that were clinically relevant: 75%

MGMA Advocacy at Work for Practices

REGULATORY RELIEF

MGMA Advocacy in 2018

MGMA continuously voices medical group practice opposition to Medicare reimbursement cuts. For 2018, we are focusing on:
• Preserving the in-office ancillary exception under the Stark law
• Stopping the sequester cuts to Medicare
• Making MIPS simpler and more predictable
• Medical liability reform

REGULATORY RELIEF

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Access the survey here.

Visit our Contact Congress Portal and lend your voice.

Visit MGMA.com/regrelief to learn more.
Calls and Meetings with CMS/HHS staff
Discussions with Congress
Advocacy
statements and letters

MGMA Healthcare
Guiding Principles

Government Affairs Council (GAC)
Coalition and consensus building with industry partners
Calls and Meetings with CMS/HHS staff

Washington Update presentations
Washington Connection newsletter
Member-benefit resources
Access to GI experts
Dedicated Member Communities
Grassroots advocacy
Collaboration with state MGMA's
Advocacy statements and letters
Discussions with Congress

New Medicare Cards

KEY PRACTICE CHECKLIST ITEMS

1. CONDUCT patient outreach
   - Educate your patients (posters, flyers)
   - Remind patients to protect their new Medicare number and only share it with trusted providers

2. GET READY TO USE THE NEW MBI FORMAT
   - Talk/test with your PMIS vendor and ensure systems and workflow can accommodate HICNs and MBIs
   - Ask billers them about their MBI preparations
   - Ensure access to the MAC portal to obtain a patient’s MBI starting in June 2018

3. ACCESS the MGMA New Medicare Card Member Resource

Today’s Security Environment

CHECKLIST TO PROTECT YOUR PRACTICE
1. CONDUCT a complete HIPAA Security Risk Assessment
2. KEEP computer operating systems and antivirus software up-to-date
3. ENCRYPT all files and systems that contain patient information
4. DEPLOY strong user authentication
5. ENSURE that your business associates are protecting your data
6. REQUIRE training for all practice staff
7. INSTRUCT staff not to open emails/attachments/links from unfamiliar senders
8. BACK UP patient data (offline)
9. RUN periodic system tests
10. CONSIDER cyber insurance