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AMERICA'S PHYSICIAN GROUPS = HEALTHCARE ON THE HILL

December 2, 2020

Welcome to America's Physician Groups' "Healthcare on the Hill," where you can get the latest on healthcare happenings in our nation's capital--and with a special focus on the value-based care movement.

As our nation--and the world--continues to face the many challenges presented by COVID-19, we are working to ensure you have the very latest information on the virus and our rapidly changing healthcare landscape.

Think someone else may enjoy "Healthcare on the Hill?" Forward this email and have them click here to be added to our subscription list. And remember, you can always visit our website for more news and resources.

Valinda Rutledge
Senior Vice President of Federal Affairs
America's Physician Groups

CMS Releases 2021 Medicare Physician Fee Schedule Final Rule

Late Tuesday evening, the Centers for Medicare and Medicaid Services released its Calendar Year (CY) 2021 Medicare Physician Fee Schedule final rule. CMS finalized a multitude of its proposals from the proposed rule released earlier this year, including:

E/M Services (Evaluation and Management Services)

- A conversion factor is $32.41
    - Decrease of $3.68 from the CY2020 PFS conversion factor to maintain budgetary neutrality
- Finalized new codes for both prolonged and complex E/M visits

Telehealth Services

- Note: CMS is still limited by statutory authority in expanding outside of rural areas and allow home as originating site
- Seven new Category 1 Medicare Telehealth Services
- Allowance for direct supervision using real-time, interactive audio and video technology through the later of the end of the calendar year in which the PHE ends or December 31, 2021
- A new Medicare Telehealth Services Category 3 for services added to the Medicare telehealth list during the public health emergency (PHE)
    - These services will remain on the Medicare Telehealth list through the calendar year in which the PHE ends
- CMS announced a commissioned study to explore new opportunities for virtual health (including remote monitoring) to bring care more efficiently to patients in home and hospital

RPM (Remote Physiological Monitoring)

- Requiring an established patient-physician relationship for RPM services to be furnished after COVID-19 PHE ends
- Consent to receive RPM services may be obtained at the time that RPM services are furnished
- Only physicians and NPPs who are eligible to furnish E/M services may bill RPM services
- Can be used in acute and chronic conditions

Medicare Shared Savings Program

- Replacing the MIPS program with APM Performance Pathway (APP) for all MIPS APMs
- For performance year 2021 and 2022, ACOs must achieve at least 30th percentile across all MIPS quality performance to meet quality standard and qualify for savings
- Apply the current extreme and uncontrollable circumstances policy to 2020 quality scores
    - Providers who are unable to report quality data due to the pandemic will receive the mean quality score
- Inclusion of new E/M and care management CPT and HCPCS codes in the methodology used to assign beneficiaries to ACOs
- For 2021 performance year, ACOs can report either Web Interface measures or the APP's three electronic clinical quality measures (eCQMs)
    - Beginning in performance year 2022, APP reporting will be required of the ACOs and CMS web Interface will no longer be available
- Providing automatic full credit for CAHPS patient experience of care surveys
- Eligible ACOs that renewed their agreement periods beginning on July 1, 2019, or January 1, 2020 may decrease the amount of their repayment mechanisms if their recalculated repayment mechanism amount for PY2021 is less than their existing repayment mechanism amount

Quality Payment Program

- Performance threshold will remain at 60 with both quality and cost category being reweighted at 40 percent/20 percent
- MIPS Value Pathway (MVP) will continue to be developed with a possible 2022 performance period implementation.

A fact sheet on the final rule may be found here. APG will schedule a deep dive in January to review final rule and how to prepare for its strategic implications.

Congress Works to Negotiate Funding Agreement Ahead of December 11 Deadline
In light of government funding for almost every federal agency set to expire next week on December 11, Congress and the White House is working to come to an agreement on how to appropriate the $1.4 trillion that must be spent by the end of the fiscal year on September 30, 2021. A spending bill could provide monies to state and local governments to help with distribution of a coming coronavirus vaccine and provide other assistance to healthcare organizations experiencing difficulties as COVID-19 cases in the US continue to

spike.

Negotiations over a long-term spending bill appear to be hinging upon Republican requests for $2 billion for a wall at the southern border and money for immigrant detention beds. Other issues such as abortion, education funding, and programs for the environment are obstacles that must be overcome if Congress wishes to pass a bill by December 11 and avoid having to pass a short-term funding bill that would prevent a government shutdown. President Donald Trump has already stated his intention to veto a defense funding authorization bill if it includes a provision that would strip Confederate leaders' names from military bases.

CMS Releases ESRD Treatment Choices Final Rule

Yesterday morning, the Centers for Medicare and Medicaid Services (CMS) released the End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model final rule scheduled to begin on January 1, 2021. The model is designed to encourage greater use of home dialysis and kidney transplants for Medicare beneficiaries with ESRD, while reducing Medicare expenditures and preserving or enhancing the quality of care furnished to beneficiaries with ESRD.

Under the model, CMS will positively adjust certain Medicare payments to participating ESRD facilities and Managing Clinicians for the first three years of the model for home dialysis and dialysis-related services. The model will require the Medicare payment adjustments for the selected ESRD facilities and Managing Clinicians, who are defined as a Medicare-enrolled physician or non-physician practitioner who furnishes and bills the monthly capitation payment (MCP) for managing one or more adult ESRD beneficiary. Payment to ESRD facilities and Managing Clinicians not selected to participate in the model would not be affected.

CMS will also conduct a webinar next Wednesday, December 9 from 1 p.m. to 2 p.m. EDT providing an overview of model and information about how to communicate with CMS about the Model itself.

APG Files Comments on the 2022 for Medicare Advantage Part I and II

Last week, APG filed comments on the 2022 Medicare Advantage (MA) and Part D Advance Notice Part I and Part II. Among many of our recommendations that fully support strengthening the MA program, APG reiterates its commitment to advocating the agency to consider allowing visits conducted over the telephone (audio only) to count toward risk adjustment during the PHE year, consider a one-time adjustment for COVID-19 impact on 2021 risk adjustment, offer incentives that reward high performing MA organizations, and

allow MA to count toward the advance alternative payment model threshold under MACRA. APG plans to host a webinar on January 6 to provide a “deep dive” review the notice. More details to follow.

APG’s Deep Dive on How Does the First 100 Days of a Biden Administration Set the Stage for Healthcare Transformation in the Country
Now that the Election has finally come to an end and President-elect Joe Biden begins his transition to the White House, we have scheduled a timely dialogue with former federal officials to talk about what the value based movement may look like with a new administration.

Please join me for this exciting discussion on **"*How does the first 100 days of a Biden Administration set the stage for healthcare transformation in the Country"*** at our next Webinar on December 9 at 3:00 pm ET.

Register here

We have a very exciting line up of former Federal officials including:

Anand Parekh
Chief Medical Officer
Bipartisan Policy Center
(*former HHS Deputy Assistant Secretary*)

Cybele Bjorklund
Vice President, Federal Strategy
Johns Hopkins University and Johns Hopkins Medicine
(*former Senior Health Advisor for the Committee on Ways & Means)*

Sean Cavanaugh
Chief Policy Officer and Chief Commercial Officer
Aledade
(*former CMS Deputy Administrator*)

Ankit Patel
Assistant Vice President, Bundled Payment Solutions
CareCentrix
(former Senior Advisor at CMMI on payment reform models)