

Physicians' group encourages CMS to ensure payment changes move forward

October 6 2020

The American College of Physicians (ACP) conveyed their strong support for the Centers for Medicare and Medicaid Services' (CMS) decision to implement changes in payments and documentation requirements for physicians who bill Evaluation and Management (E/M) services as part of the 2021 Medicare Physician Fee Schedule and Quality Payment Program (QPP) proposed rule. In a comment letter about the rule that was sent Friday, ACP also conveyed the need for additional support for physicians in order to deal with the repercussions of the COVID-19 pandemic on their practices.

"ACP is glad to see the proposed Fee Schedule for next year move forward with these necessary changes to payment rates to physicians for office visits," said Ryan Mire, MD, FACP, chair of ACP's Medical Practice and Quality Committee. "We believe that realigning payments in order to better recognize cognitive care and support services provided in [physician](#) offices will help to better provide quality care to America's patients."

In the letter ACP detailed its recommendations for further improvements made to different provisions of the Fee Schedule, including:

Payment and Documentation Proposals for Evaluation and Management (E/M) Services

ACP strongly recommends that CMS use its administrative authority to

waive budget neutrality for the 2021 Medicare Fee Schedule RVU increases, provided that this would not result in a delay or in any way undermine CMS' decision to fully implement the E/M increases and other improvements on Jan. 1, 2021.

Visit Complexity

ACP strongly supports the GPC1X add-on code for visit complexity. However, ACP strongly recommends that no more than 23 percent of estimated claims should be the appropriate utilization estimate for this add-on code, not the 75% estimate from CMS.

Telehealth

ACP strongly encourages CMS to consider extending several policies promulgated during the COVID-19 Public Health Emergency (PHE) in order to address the many barriers to patient access and physician adoption and use of telehealth. ACP strongly recommends that CMS maintain pay parity between telephone E/M claims and in-person E/M visits and between all telehealth and in-person visits even after the PHE is lifted. ACP also recommends that CMS permanently extend the policy to waive geographical and originating-site restrictions after the conclusion of the PHE.

ACP's also made detailed recommendations for improvements to the proposed QPP changes, including:

More Robust COVID-19 Flexibilities for the Medicare Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs)

ACP appreciates the flexibilities proposed in this rule for the MIPS and

APM pathways, but believes strongly that more accommodations are necessary. ACP urges CMS to pass a broad MIPS exception for 2021 similar to those created for the 2019 and 2020 performance years and recommends that at a minimum, CMS should not increase the MIPS performance threshold above the 2020 level of 45 points. ACP further recommends that all Advanced APM participants should be held harmless from financial losses or penalties for the 2019 through 2021 performance years and that performance data during this time not be used to adversely impact shared savings or other model payments. ACP separately urged the HHS Secretary to exercise its statutory authority to retain the Qualified APM Participant (QP) patient count threshold at current levels through at least 2022.

MIPS Value Pathway (MVP)

ACP appreciates CMS acknowledging the need for a gradual transition, as ACP previously suggested. As one of a handful of organizations to submit MVPs for 2021, ACP looks forward to continue engaging with CMS toward readying ACP's own preventive care and chronic disease management MVPs, and MVPs in general, for implementation. To this end, ACP calls on CMS to develop more focused cost measures, reimagine the Promoting Interoperability Category, have transparent, rigorous standards for performance metrics, and continue stakeholder engagement throughout development and implementation.

New APM Performance Pathway (APP) and Medicare Shared Savings Program (MSSP) Quality Reporting Changes

ACP supports the goals of promoting consistency across the QPP and reducing reporting burden. However, ACP believes several unintended consequences may arise. We expressed concern that requiring all APM

participants to report the same six quality measures is too restrictive and may inadvertently increase reporting burden and that removing Web Interface as a reporting option could cause wide scale disruptions. ACP also raised general concerns about the short timeline for implementation given the scope of changes and called on CMS to delay.

"ACP supports CMS' efforts to make things easier for America's frontline physicians in the wake of the COVID-19 public health crisis," said Dr. Mire. "However, more needs to be done to ensure that our physician practices are able to weather the crisis. We will continue to work with CMS to find ways to support physicians and reduce burden so practices can focus their resources on treating their patients."

The full letter and list of detailed recommendations can be found online.

Provided by American College of Physicians

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