

July 12, 2018: National Advocacy Update

CMS releases 2017 MIPS reports that determine 2019 pay adjustments

Physicians who participated in the Merit-based Incentive Payment System (MIPS) in 2017 may now review their MIPS final score and performance feedback on the Quality Payment Program (QPP) website portal. The payment adjustment they will receive in 2019 is based on this final score. A positive, negative, or neutral payment adjustment will be applied to the Medicare paid amount for covered professional services furnished under the Medicare Physician Fee Schedule in 2019.

If you believe an error has been made in your 2019 MIPS payment adjustment calculation, you can request a targeted review through the QPP portal. Originally, CMS planned to grant 60 days for a targeted review, but due to AMA advocacy this timeframe has been extended through Sept. 30. The AMA continues to hear of problems with the feedback reports. We are monitoring the situation, and we will continue to bring issues to the attention of CMS.

The agency recommends submitting review requests as soon as possible to ensure that payment adjustments are applied correctly by Jan. 1, 2019. In order to review your 2017 performance report on the QPP website or file a targeted review through the portal, you must have an EIDM account (PDF). For more information on the targeted review process, see the targeted review user guide (PDF).

The following are examples of circumstances in which you may wish to request a targeted review:

- Errors or data quality issues on the measures and activities you submitted.
- Eligibility issues (e.g., you fall below the low-volume threshold and should not have received a payment adjustment).
- Being erroneously excluded from the APM participation list and not being scored under APM scoring standard.
- Not being automatically reweighted even though you qualify for automatic reweighting due to the 2017 extreme and uncontrollable circumstances policy.

Note: This is not a comprehensive list of circumstances. CMS encourages you to submit a request form if you believe a targeted review of your MIPS payment adjustment (or additional MIPS payment adjustment) is warranted.

AMA developed the CMS Targeted Review Resource (PDF) to provide guidance on how to utilize the Centers for Medicare & Medicaid Services (CMS) targeted review process to dispute Medicare Incentive Payment System (MIPS) payment adjustments under the Quality Payment Program (QPP). While CMS has not yet announced the window for 2018, it is estimated that requests will be accepted from July 31 – September 30. Check the QPP website at www.cms.qpp.gov for updated information.

OCR highlights importance of software patching

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) issues a monthly newsletter devoted to cybersecurity issues. The June 2018 newsletter (PDF) focuses on providing guidance on software vulnerabilities and patching.

A first-of-its-kind survey of 1300 physicians conducted by the AMA and Accenture in 2017 found that phishing and viruses are the most common types of cyberattacks encountered by small practices. Viruses often appear as a result of software that is not regularly updated or "patched." The new OCR guidance includes common steps to include in effective patch management as part of your practice's security management program.

In addition to encouraging the federal government to issue additional guidance like this to physicians, the AMA continues to urge stakeholders—including health information technology vendors—to pay special attention to the needs of small and mid-sized practices, which often lack the resources that larger practices and health systems enjoy.

For example, the AMA has written (PDF) to the Office of the Inspector General (OIG) recommending the creation of a safe harbor that would allow for the sharing of cybersecurity items and services between large systems and small practices. You can find OCR's past cybersecurity newsletters [here](#) and the AMA's webpage on cybersecurity [here](#).

2017 Open Payments data released to the public in June

The Medicare Open Payments program collects and publicly reports information annually about payments that drug and device companies make to physicians and teaching hospitals for things like travel, research, gifts, speaking fees, and meals.

The CY 2017 Open Payments data was released to the public on the June 29. The public release followed a 45-day period for physicians to review their data and dispute errors and a 15-day data correction period. Please go to the AMA website for more information about the Open Payments Program and for instructions on how register to review your data.

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