

## Nov. 30, 2017: National Advocacy Update

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### Staying on track for 2017 MIPS reporting: Pick your pace

At this point in the year, physicians should verify that they that they are on the right path for their goals for the Medicare Merit-based Incentive Payment System (MIPS). If not, they should take advantage of the "one patient, one measure" reporting option to avoid a 4 percent payment penalty in 2019.

In deciding which pick-your-pace participation track to choose, physicians should consider whether their focus will be earning a bonus or avoiding a penalty. They also need to determine which measures are the most feasible to report, and evaluate their capacity for submitting 90 or more days of data.

For physicians who have not collected quality or Advancing Care Information measures or completed improvement activities, or are confused by the MIPS process, the minimum reporting option may be the best course of action to take. The AMA "One Patient, One Measure, No Penalty" tutorial offers a step-by-step guide to complete the minimum-reporting process and help physicians avoid a 4 percent Medicare payment penalty for 2019.

### Payment cuts for physician office-based testing start Jan. 1

On Nov. 17, the Centers for Medicare and Medicaid Services (CMS) announced it finalized new payment rates for clinical laboratory testing services paid on the Clinical Laboratory Fee Schedule (CLFS) for Calendar Year 2018. These new rates are the first to be issued under the new clinical laboratory payment system mandated by the Protecting Access to Medicare Act of 2014 (PAMA) and will take effect starting Jan. 1, 2018.

Under PAMA, CMS was required to implement a new market-based payment system for all tests paid on the CLFS, with the new payment rates being based on private payer payment rates for these testing services. The final rates will result in significant reductions in reimbursement for these services, including testing services offered by physician office-based labs. The full reductions will be phased in over the next three years and will be capped at 10 percent in 2018.

The AMA has been working closely with a number of physician specialty societies and laboratory community stakeholders to avoid these reductions, as they will significantly affect physician offices providing clinical testing services that are paid on the CLFS. The AMA has submitted numerous comment letters and has had a number of discussions with CMS raising concerns about the accuracy of the new payment system and calling attention to the potentially significant impacts on patients should physician office-based testing services no longer be available. The AMA and physician specialty societies have also raised concerns with both House and Senate committees overseeing CMS-related issues. The AMA will continue to fight for changes to the payment system and to preserve access to these critical testing services.

The AMA has created a webpage with information related to the new clinical laboratory payment system, including an overview of the issue as well as advocacy materials. Information from CMS regarding the final payment rates for CY 2018 is available on the CMS website.

## **Medicare guidance to MIPS-eligible clinicians affected by recent hurricanes and wildfires**

The Centers for Medicare and Medicaid Services (CMS) recently released regulatory guidance for clinicians participating in the Merit-based Incentive Payment System (MIPS) who have been adversely impacted by Hurricanes Irma, Harvey and Maria, as well as the Northern California Wildfires. Immediately after the first disaster the AMA urged CMS to provide relief to physicians. The "Extreme and Uncontrollable Circumstances" policy grants MIPS-eligible clinicians exceptions without having to submit an extraordinary circumstances exception request.

Under this policy, clinicians affected by Hurricanes Harvey, Irma or Maria, or the Northern California Wildfires, will not be required to submit an application to reweight the performance categories. MIPS-eligible clinicians in impacted areas will automatically receive a neutral MIPS payment adjustment, unless they submit data for any of the MIPS performance categories by the submission deadline for 2017. The affected areas include:

- All 67 counties in Florida.
- All 159 counties in Georgia.
- All 64 parishes of Louisiana.
- All 78 municipios in Puerto Rico.
- All 46 counties and the Catawba Indian Nation of South Carolina.
- The following counties in Texas: Aransas, Austin, Bee, Brazoria, Calhoun, Chambers, Colorado, Dewitt, Fayette, Fort Bend, Galveston, Goliad, Gonzales, Harris, Jackson, Jefferson, Jim Wells, Karnes, Kleberg, Lavaca, Liberty, Live Oak, Matagorda, Nueces,

Refugio, San Patricio, Victoria, Waller, Wharton, and Wilson.

- The following counties in California: Butte, Lake, Mendocino, Napa, Sonoma, Orange, Nevada and Yuba.
- All of the U.S. Virgin Islands.

This policy does not apply to MIPS-eligible clinicians in MIPS alternative payment models (MIPS APMs) in 2017, such as the Medicare Shared Savings Program.

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