

March 9, 2017: National Advocacy Update

AMA urges stronger network-adequacy standards, fewer prior-auth demands

In response to the 2018 Advance Notice for Medicare Advantage (MA) and Part D prescription drug plans (PDPs), the AMA submitted comments (PDF) to the Centers for Medicare and Medicaid Services (CMS) urging continued oversight of MA plan compliance with network adequacy and directory accuracy requirements. In addition to information CMS currently requires plans to collect on network physicians' addresses, contact information and hours, up-to-date information should be maintained on physicians' specialties and subspecialties.

The letter also urges CMS to require MA and PDPs to sharply curtail their use of prior authorization and other drug-utilization management requirements, and to ease the processes for physicians to obtain required authorizations. In particular, the AMA advocates transparency of these requirements and for electronic health record (EHR) vendors to support transactions that allow physicians to complete prior authorizations as part of the electronic prescribing process.

The comments address several other MA and PDP policy issues, including seeking policy to promote annual wellness visits by an MA patient's regular physician instead of as a one-time-only service from an outside vendor.

Flexibility needed in EHR adoption

The AMA and 104 medical specialty and state societies sent a letter (PDF) to CMS and the Office of the National Coordinator for Health Information Technology (ONC) requesting that physicians be permitted to continue using their current EHR version through at least 2018.

Under the Quality Payment Program (QPP) and Meaningful Use (MU), physicians must upgrade or purchase 2015 Edition EHRs to participate. Many EHR vendors have yet to make their new products available and physicians who have upgraded were charged significant fees by their vendors.

The AMA has been a vocal proponent for reducing the physician burden caused by EHRs and is concerned CMS' current EHR requirement will result in rushed upgrades, installations, a lack of user training and an overall disruption to physicians' practices. Physicians should identify their own 2015 Edition-rollout timeline independent of federal regulation.

More articles in this issue

- March 9, 2017: Advocacy spotlight on Outcome of House health reform bill uncertain
- March 9, 2017: State Advocacy Update
- March 9, 2017: Judicial Advocacy Update