

## Aug. 14, 2020: National Advocacy Update

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### 2019 MIPS Performance Final Score and targeted review process open until Oct. 5

The Centers for Medicare & Medicaid Services (CMS) has released and posted the 2019 Merit-based Incentive Payment System (MIPS) program performance feedback, including individual and group MIPS final score and payment adjustment factor(s), on the Quality Payment Program website.

Your final score will dictate the payment adjustment you will receive in 2021, with a positive, negative, or neutral payment adjustment being applied to the Medicare paid amount for covered professional services furnished by a MIPS eligible clinician in 2021. MIPS eligible clinicians, groups and virtual groups (along with their designated support staff or authorized third-party intermediary), including alternative payment model (APM) participants, may request CMS to review the calculation of their 2020 MIPS payment adjustment factor(s) through a process called targeted review. If you believe an error has been made in your MIPS payment adjustment factor(s) calculation, you can request a targeted review until Oct. 5. Due to the COVID-19 pandemic, CMS instituted the MIPS automatic extreme and uncontrollable circumstances policy with 2019 data. Therefore, practices that did not submit 2019 data to CMS should receive a neutral payment adjustment. Practices also had the option to apply for a hardship application and request reweighting of MIPS performance categories to 0%. The AMA highly encourages practices to review their final scores and confirm for accuracy, especially if a practice chose not to submit data or submitted a hardship application. Some examples of previous targeted review circumstances include, but are not limited to, the following:

- Errors or data quality issues for the measures and activities you submitted
- Eligibility and special status 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 the APM Scoring Standard
- Performance categories were not automatically reweighted even though you qualify for automatic reweighting due to extreme and uncontrollable circumstances

You can access your MIPS final score and performance feedback and request a targeted review by going to the Quality Payment Program website and logging in using your HCQIS Access Roles and

Profile System (HARP) credentials; these are the same credentials that allowed you to submit your MIPS data. Please refer to the QPP Access Guide for additional details. CMS may require documentation to support a targeted review request. If the targeted review request is approved, CMS may update your final score and/or associated payment adjustment (if applicable), as soon as technically feasible. Please note that targeted review decisions are final and not eligible for further review. For more information about how to request a targeted review, please refer to the 2019 Targeted Review User Guide. For more information on payment adjustments please refer to the 2021 MIPS Payment Adjustment Fact Sheet. For any questions contact the Quality Payment Program at 1-866-288-8292 or by e-mail at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov). To receive assistance more quickly, please consider calling during non-peak hours—before 10:00 a.m. and after 2:00 p.m. ET.

## **President issues a memorandum on continued student loan deferment**

On Aug. 8, the President issued a Memorandum on Continued Student Loan Payment Relief During the COVID-19 Pandemic. This memorandum extends the deferment of payments and the waiver of all interest on student loans held by the Department of Education until Dec. 31. This memorandum will aid about 43 million people that currently hold about \$1.2 trillion in federal student loan debt. Moreover, it will provide peace of mind for residents and medical students by easing this financial burden during a time when they are facing uncertainty in their training.

## **CMS extends the AUC educational and operational testing period through CY 2021**

The AMA has had concerns about the scale and complexity of CMS' Appropriate Use Criteria (AUC) program. AMA expressed its issues to CMS on multiple occasions, most recently in a letter with the American Hospital Association (AHA), urging CMS, in light of COVID-19, to delay AUC implementation until January 2021. On Aug. 10, CMS announced that it would continue the educational and operational testing period through CY 2021. [Learn more here.](#)

## **Pathology organizations join AMA in advocating for updated COVID-19 testing guidelines**

Several national pathology organizations joined an AMA-led letter to Department of Health and Human Services (HHS) Secretary Alex Azar asking HHS to update its testing prioritization guidelines. The effort is aimed at helping better manage limited polymerase chain reaction (PCR) testing resources and ensure that those patients with medical needs for tests can get testing results quickly. The letter calls for new guidelines that prioritize testing services for those with a medically indicated need for testing services, such as those with COVID-19 symptoms or those with a known exposure to COVID-19. It also urges HHS to consider those without a medical need for testing services a lower priority, such as those pursuing non-essential travel, those wishing to engage in social gatherings and those returning to work and or school. The letter suggests that these individuals consider other methods limiting COVID-19 transmission, such as at-home quarantine, in lieu of PCR diagnostic testing. In addition to the call for updated guidelines, the letter urges HHS to dedicate additional resources towards non-PCR diagnostic tests appropriate for screening of asymptomatic individuals and recommends creation of a well-defined public health surveillance strategy that would appropriately manage limited testing resources while ensuring population-level surveillance. As the supply chain for testing components continues to struggle and laboratories continue to see shortages of reagents, viral transport media, pipette tips, personal protective equipment, and other items, it is critical that resources are managed in a way that ensures those that have a medical need for a test can get one with the timely return of results. Surging demand, made more difficult by the demand for tests by asymptomatic individuals without medical need, has pushed the return of test results to over a week in many areas, and has also threatened the ability of hospitals and academic centers to run pre-procedure testing and offer testing services for other infectious diseases.

## **OCR warns health care organizations of HIPAA postcard scam**

The HHS Office for Civil Rights (OCR), the federal agency that oversees and enforces the Health Insurance Portability and Accountability Act (HIPAA), has issued an alert to health care organizations related to postcards disguised as official OCR communication. The alert notes that the postcard's sender uses the title "Secretary of Compliance, HIPAA Compliance Division" and is typically addressed to the health care organization's HIPAA compliance officer, prompting the recipient to visit a website link or take other immediate action related to a "mandatory HIPAA compliance risk assessment." The website link is not related to OCR and instead directs individuals to a website marketing consulting services from a non-governmental, private company. Physician practices should be aware of this fraudulent communication and be assured that it is not a notice from OCR indicating a physician's lack of compliance with HIPAA. OCR is encouraging physicians to report suspected incidents of individuals posing as federal law enforcement to report such incidents to the FBI. If individuals or organizations have additional questions or concerns, they should email [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov).

## **Expanded access to provider relief fund for physicians with patients insured by Medicaid**

HHS responded positively to the AMA's concerns over a significant problem pertaining to the distribution of the CARES Act Provider Relief Fund to physicians with patients insured by Medicaid. HHS has reversed the decision and as of Aug. 10 will allow physicians who faced challenges with the General Distribution funding a new opportunity to receive funding. HHS is also extending the deadline for physicians who have received no funds from the CARES Act but who treat patients insured by Medicaid until Aug. 28. For more information click [here](#).

## **National physician experts call for removal of barriers to evidence-based care to help nation's overdose epidemic**

"The most critical and top line message is that the epidemic has grown more deadly," said AMA Immediate Past President and Current Chair of the Opioid Task Force Patrice Harris, MD, MA. "We really need to broaden our focus when it comes to overdoses and not just focus on opioids because we see them driven by other substances now." Dr. Harris' comments were part of a recent panel on the AMA COVID-19 Update series, where she was joined by Stephen M. Taylor, MD, MPH, board of directors, American Society of Addiction Medicine and Charles Reznikoff, MD, who represents the American College of Physicians on the AMA Pain Care Task Force. Dr. Harris highlighted ways in which physicians have taken action, including citing the national 37% decrease in opioid prescriptions between 2014-2019—part of the data in the recent AMA Opioid Task Force overdose report. Dr. Taylor emphasized that "what we really need to focus on is, how do we get people treatment for the disease of addiction in an ongoing way, treating this chronic potentially relapsing disease according to the model that is necessary for providing adequate treatment?" Dr. Reznikoff added that the COVID-19 pandemic has put many states and institutions under financial stress, but this is not the time to reduce access to care for those with a substance use disorder. With millions of people already not receiving treatment, to cut services further would be like "taking your snow tires off as winter approaches." The financial stress also may adversely affect the ability of physicians and health care institutions to build out multidisciplinary care teams. Drs. Harris, Taylor and Reznikoff also discussed the need to increase enforcement of mental health and substance use disorder parity laws, treatment in the criminal justice system and naloxone access. Learn more about what the AMA is doing to end the overdose epidemic at <https://end-overdose-epidemic.org/>.

## Physician Compare preview period ends Aug. 20

The Physician Compare Preview Period ends on Aug. 20 at 8 p.m. ET (5 p.m. PT). If you haven't previewed your information already, don't miss your chance to preview your 2018 Quality Payment Program performance information before it is publicly reported on Physician Compare profile pages and in the Downloadable Database. You can access the secured measure preview site through the Quality Payment Program website. Preview your information using the Physician Compare Preview Period User Guide. For additional assistance with accessing the Quality Payment Program website, or obtaining your EIDM user role, contact the Quality Payment Program service center at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov). To learn more about the 2018 Quality Payment Program performance information that is available for preview as well as the 2017 clinician utilization data that will be added to the Downloadable Database, download these documents from the Physician Compare Initiative page:

- Clinician Performance Information on Physician Compare: Performance Year 2018 Preview Period
- Group Performance Information on Physician Compare: Performance Year 2018 Preview Period

If you have any questions about Physician Compare, public reporting, or the Preview Period, please contact us at [PhysicianCompare-Helpdesk@AcumenLLC.com](mailto:PhysicianCompare-Helpdesk@AcumenLLC.com).

## More articles in this issue

- Aug. 14, 2020: Advocacy spotlight on Medicare's pandemic lifeline to physicians about to come due
- Aug. 14, 2020: State Advocacy Update