

## Sept. 18, 2020: National Advocacy Update

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### **CMS seeks physicians for 5% APM incentive payments**

The Medicare Access and CHIP Reauthorization Act provides annual incentive payments equal to 5% of the physician's Medicare claims for physicians who participate in Advanced Alternative Payment Models (APM).

The payments are made two years after the physician participates in the APM, so physicians who qualified as APM participants in 2018 are due to receive their 5% incentive payment this year. This month the Center for Medicare and Medicaid Services (CMS) issued the APM incentive payments to qualified participants, but there are many physicians who CMS has been unable to locate, perhaps due to dislocations related to COVID-19. Any physician who participated in a Medicare Advanced APM during 2018 and believes they qualified for the 5% incentive payment but did not receive it should provide the missing billing information to CMS by going to this website no later than Nov.10.

### **Senate bill would nix geographic, site restrictions on telehealth**

The AMA is supporting S. 4375, the "Telehealth Modernization Act of 2020," which would permanently remove many of the regulatory restrictions on telehealth that were temporarily lifted at the start of the COVID-19 pandemic and have enabled patients to receive care without leaving their homes. "During the pandemic, telemedicine has allowed physicians to provide care to patients while supporting physical distancing efforts and reducing the spread of SARS-CoV-2 and other infectious diseases by avoiding unnecessary outpatient visits," AMA Executive Vice President and CEO James L. Madara, MD, wrote in a letter to Sen. Lamar Alexander, R-Tenn., the sponsor of the bill and chair of the Senate Health, Education, Labor and Pensions Committee. Earlier this year, the Coronavirus Aid, Relief and Economic Security (CARES) Act enacted a general waiver provision enabling the Department of Health and Human Services (HHS) to temporarily lift outdated originating site and geographic restrictions on Medicare's coverage of telehealth-enabled services. Before this action, Medicare physicians were prohibited from offering most telehealth services outside of rural areas, and Medicare beneficiaries in rural areas were not able to receive most of those services in their home. They had to travel to a health care facility. Alexander's bill would permanently remove Medicare's telehealth geographic and site restrictions. It would also give the HHS secretary the authority to help

patients access telehealth from physical therapists, speech pathologists and other health professionals, and allow Medicare hospice and home dialysis patients to begin receiving care through a telehealth appointment without an initial in-person visit. "It is critically important that Medicare beneficiaries continue to be able to access telehealth services from their physicians without arbitrary restrictions throughout the COVID-19 public health emergency and beyond," Dr. Madara wrote. The bill would also give the HHS secretary authority to give Medicare flexibility in paying for more telehealth services. Alexander noted that, during the pandemic, Medicare is covering 135 telehealth services—more than double what it did before. This includes emergency department and home visits, plus physical, occupational and speech therapy services. [Read more.](#)

## **2019 MIPS Performance Final Score and Targeted Review Process open until Oct. 5**

CMS has released and posted the 2019 Merit-based Incentive Payment System (MIPS) program performance feedback, including individual and groups MIPS final score and payment adjustment factor(s), on the Quality Payment Program website. A physician's final score will dictate the payment adjustment received 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. Please refer to the QPP Access Guide for additional details. CMS may require documentation to support a targeted review request that is under evaluation. 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 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, consider calling during non-peak hours—before 10:00 a.m. and after 2:00 p.m. Eastern time.

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