April 9, 2021: National Advocacy Update

Connected MOM Act will help reduce maternal mortality

The AMA sent a letter expressing (PDF) support for the “Connected Maternal Online Monitoring Act” or the “Connected MOM Act” which would require the Centers for Medicare & Medicaid Services (CMS) to send a report to Congress that identifies barriers to coverage of remote physiologic devices (e.g., pulse oximeters, blood pressure cuffs, scales, blood glucose monitors) under state Medicaid programs to improve maternal and child health outcomes for pregnant and postpartum women.

This bipartisan legislation would also require CMS to update state resources such as Medicaid telehealth toolkits, to align with evidence-based recommendations to help decrease maternal mortality and morbidity. The U.S. has the highest maternal mortality rate among developed countries and according to the Centers for Disease Control and Prevention (CDC)—60% or more of these maternal deaths are preventable. CDC data also shows that Black women are four times more likely to die from pregnancy-related causes than White women.

Telehealth and remote patient monitoring are critical parts of the future of effective, efficient and equitable delivery of health care in the U.S. telehealth and remote patient monitoring usage has vastly expanded during the COVID-19 pandemic, helping Americans access health care services while maintaining social distancing and reducing strain on hospitals and physician clinics. With this expansion of services has come a recognition from patients, physicians and other health care providers that telehealth and remote patient monitoring services offer effective and convenient health care in many circumstances. The AMA believes that the Connected MOM Act would significantly improve maternal and infant health outcomes for pregnant and postpartum women across the U.S., especially for women of color, those who are high-risk, lower income families and those living in rural areas.

Health and research organizations call for a public health approach to firearm research funding
A sign-on letter with representatives from 202 national, state and local medical, public health and research organizations was sent to members of the U.S. House of Representatives (PDF) asking them to provide $50 million in funding to be shared evenly between CDC and the National Institutes for Health (NIH) to conduct public health research into firearm morbidity and mortality prevention. Communities across the U.S. continue to suffer from the public health crisis of firearm-related injuries and death. In 2019, firearm related injuries led to 39,707 fatalities.

A public health approach to firearm violence prevention is urgently needed to promote health equity and address the disproportionate burden of this epidemic on communities of color. The foundation of this approach is rigorous research that can accurately quantify and describe the facets of an issue and identify opportunities for reducing its related morbidity and mortality. Congress already provided $25 million for this public health research to the CDC and NIH in fiscal year 2020 and while the initial investment was a crucial step towards applying a public health approach to increasing gun safety, increased funding is still needed to overcome the decades-long lack of federal funding that set back our nation’s response to the public health issue of firearm related morbidity and mortality.

White House outlines drug policy priorities

The White House Office of National Drug Control Policy (ONDCP) has released a statement of its drug policy priorities (PDF) for the Biden administration’s first year that align closely with AMA recommendations (PDF) to address the drug overdose epidemic. A major focus of the policies is expanding access to evidence-based treatment for substance use disorders, and they specifically include reducing unnecessary barriers to prescribing buprenorphine. In addition, the ONDCP calls for enhancing harm reduction efforts, such as by supporting syringe services programs, and says it will focus on enforcing mental health and substance use parity as well as advancing racial equity.

It also expresses support for continuing telehealth flexibilities that have been in place for patients receiving treatment for opioid use disorder with medication beyond the COVID-19 public health emergency and exploring payment for digital treatment for addiction. AMA President Susan R. Bailey, MD, issued a statement commending the Administration for the drug policy priorities, which she says “tackles overdoses and substance use disorder head-on in ways that will reduce stigma and remove barriers to treatment.”

Learn more about the AMA and physician community’s efforts to end the drug overdoses epidemic.

AMA wants to hear from you as Medicare begins advance payment recoupment
CMS announced (PDF) that it will begin automatic recoupment of COVID-19 Accelerated and Advance Payments, which were an advance of up to three months of Medicare payments to help physician practices keep the lights on early in the COVID-19 pandemic. AMA strongly advocated for improved repayment terms, which Congress and CMS adopted in 2020. Under the revised repayment terms, physicians should be aware that:

- These funds are loans that are required to be repaid.
- Repayment begins one year from when the Medicare advance payment is received, rather than 120 days under the original terms.
- The per claim recoupment amount was reduced from 100% to 25% for the first 11 months, and then 50% for an additional six months.
- If there is an outstanding balance after the 17-month recoupment time frame, the Medicare Administrative Contractor (MAC) will issue a demand letter requiring repayment subject to an interest rate of 4%, a decrease from the original interest rate of 10.25%.
- Physicians may repay the Medicare advance payment in full at any time by contacting their MAC.

The AMA is very interested in hearing from physicians about their experience repaying the Medicare advance payments as it may vary depending on the carrier and whether you are able to check your balance and request an extended repayment option due to ongoing hardships. Please share your feedback via AMA.Advocacy@ama-assn.org.

For more information about the programs established by the federal government to help physician practices offset the financial impact of COVID-19, access these AMA resources.

**President Biden, AMA President call for end to addiction stigma**

Breaking the stigma associated with addiction is a key part of ending the nation’s drug overdose epidemic, President Biden told attendees at the National Rx Drug Abuse and Heroin Summit on Monday. In a keynote presentation later in the day, AMA President Susan R. Bailey, MD, further emphasized the need to end stigma for all patients as well as remove all barriers for evidence-based care.

“We have to ensure policies support individualized patient care,” Dr. Bailey said in explaining not only the worsening drug overdose epidemic, but also in how the COVID pandemic exposed the existing cracks, gaps and policy barriers for evidence-based care for patients with a substance use disorder, pain or those who need harm reduction services.
“COVID has taught us—in clear and sometimes extremely harsh light—that data and evidence-based care must guide treatment and policy decisions,” said Dr. Bailey. “Public health interventions—to be equitable and effective—must be evidence-based and that also requires high-quality, transparent, standardized data if we are going to meaningfully address the nation’s drug overdose epidemic.”

View the slides (PDF) used by Dr. Bailey and AMA Director of Science and Drug Policy, Amy Cadwallader, PhD.

Register for CMS web interface and CAHPS for MIPS survey reporting for the 2021 Quality Performance Period by June 30

Registration is required for groups, virtual groups, and Alternative Payment Model (APM) entities that intend to submit data for the quality performance category via the CMS Web Interface and/or administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) survey for the 2021 performance period. If your group or virtual group submitted data for the quality performance category via the CMS Web Interface for the 2020 performance period, you are automatically registered for the 2021 performance period, unless you cancel your registration.

If your group or virtual group registered to administer the CAHPS for MIPS Survey for the 2020 quality performance period, you will need to register to administer the CAHPS for MIPS Survey for the 2021 quality performance period. 2021 is the last year that CMS plans to allow MIPS reporting via the CMS Web Interface. CMS finalized in the 2021 Physician Fee Schedule/Quality Payment Program Final Rule to eliminate the option starting in 2022. You can register by:

- Signing in to QPP.
- Going to the Manage Access page.
- Clicking Edit Registration by 8 p.m. Eastern on June 30.

You will need to have the Security Official role in order to register your organization. Please refer to the "How to Register for CMS Web Interface and CAHPS for MIPS Survey" webpage for more information.

Temporary claims hold pending congressional action to extend 2% sequester reduction suspension
In anticipation of possible Congressional action to extend the 2% sequester reduction suspension, CMS has instructed the Medicare Administrative Contractors (MAC) to hold all claims with dates of service on or after April 1, for a short period without affecting providers’ cash flow. This will minimize the volume of claims the MACs must reprocess if Congress extends the suspension; the MACs will automatically reprocess any claims paid with the reduction applied if necessary.

**Optum Pay improves payment program, but practices must act soon to avoid fees**

In response to strong concerns from the AMA, many state medical associations, national medical specialty societies and individual physician practices, Optum Pay™ modified its electronic payment program to provide downloadable remittance information and up to 13 months of payment data for UnitedHealthcare (UHC) claims at no cost through its basic service option. Previously, Optum Pay had required enrollment in its premium program, which assessed a 0.5% per payment fee, to continue access to this critical information for effective revenue cycle management. Unfortunately, practices remain limited to only two users in the Optum system through the basic, free option; Optum Pay is evaluating this issue and the AMA will continue to advocate that practices be allowed unlimited users at no cost.

Practices may have been enrolled in a free trial of the Optum Pay premium program. To avoid incurring a 0.5% per payment fee for UHC claims, practices should immediately cancel their Optum Pay premium enrollment.

For more information on these Optum Pay changes and for instructions on how to cancel premium enrollment, visit the UHC provider website.

**ONC’s information blocking regulations go into effect April 5**

Last year the Office of the National Coordinator for Health Information Technology (ONC) released regulations implementing provisions of the 21st Century Cures Act requiring physicians to comply with new regulations on the access, exchange and use of patients' electronic health information (EHI). Information blocking is defined as practices that are likely to interfere with, prevent or materially discourage the access, exchange or use of EHI. Physicians, hospitals, electronic health record (EHR) vendors, health information exchanges (HIE) and health information networks (HIN) are all subject to ONC’s rule and are collectively referred to as "Actors." Actors whose actions are likely to interfere with the access, exchange, or use of EHI could be considered information blockers and subject to penalties or disincentives. EHR vendors and HIE/HINs can receive up to $1 million in civil monetary penalties.
per violation. Penalties and other "disincentives" for physicians and other health care providers (PDF) have yet to be determined by the U.S. Department of Health and Human Services (HHS). However, physicians participating in the Promoting Interoperability (PI) Program could see an impact to their Centers for Medicare & Medicaid Services MIPS incentives if they are found to be information blockers. The AMA is urging HHS to refrain from creating any new or additional physician penalties.

Actors are required to comply with ONC's information blocking regulations starting April 5. To help meet the new requirements, the AMA has created a two-part educational resource to help physicians and their medical practices understand the requirements and develop an information blocking compliance program. Part 1 (PDF) outlines what information blocking is, key terms to know, examples of information blocking practices and a summary of exceptions for when physicians may restrict access, exchange or use of EHI. Part 2 (PDF) will help physicians start down the path of compliance, including questions to consider, considerations for maintaining a compliance program and next steps.

The new rules also regulate EHR vendors and restrict them from blocking information. EHR vendors are prohibited from blocking access, exchange, or use of medical information through contractual, technical or financial limitations. This could include, but may not be limited to, excessive fees charged by your vendor to connect to the local HIE, contracts limiting your ability to send information to a clinical data registry, or implementing proprietary technology in a way that prevents you from exporting reports, connecting to diagnostic facilities or switching EHR vendor products. Like all actors, EHR vendors must comply with these regulations by April 5. Information blocking not only affects patients but also physicians; you should reach out to your EHR vendor to discuss what they are doing to come into compliance.

The AMA will continue to update these resources as the federal government releases new guidance. The AMA is also engaged with the Administration to address concerns that HHS’ rule forces physicians to release office notes and test results prior to physicians reviewing the information with the patient. The AMA is working to reduce the complexity and costs required to comply with these new regulations.

Additional resources to help navigate the regulations include ONC webinars, fact sheets, resource center for physicians and other providers, and information on how to file a complaint on information blocking.

**Patient Access Playbook update**

Last year the AMA released a Patient Access Playbook (PDF) to help physicians and their medical staff understand and comply with federal and state requirements for patients to access their medical records. The playbook addresses challenges, Health Insurance Portability and Accountability Act

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(HIPAA) myths and aims to connect more patients with their health records. It also reviews the ins and outs of facilitating patient data access over electronic devices, underscoring the importance of patients having access to their own medical records. Patient data access is a fundamental right and an essential part of good patient engagement and self-management. As patients play a larger role in managing their own wellness or chronic illnesses, giving patients access to their medical information is important. The playbook dives into HIPAA regulations, outlining who can access medical records, which records can specifically be accessed, fees allowed to provide records and the mediums by which physicians must issue medical records.

The AMA recently created a companion to the Playbook, includes summaries of key themes, special topics such as providing access to diagnostic images and patients' records after a medical practice closes, FAQs and printable checklists and flowcharts providing your staff with quick references. It also includes resources to help physicians navigate new information blocking regulations, which went into effect April 5. Understanding these regulations is critical to providing patients with access to their records. The AMA encourages physicians to review both patient access and information blocking regulations and resources together.

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