

Feb. 4, 2022: National Advocacy Update

Register for the “AMA Advocacy Insights: Top federal issues” webinar

In lieu of the AMA National Advocacy Conference originally scheduled to be held in person this February, register to join the AMA for a webinar on Feb. 15 from 6:00-7:30 p.m. Central, on the top federal issues facing patients and physicians this year—and how to effectively advocate to Congress. Register now.

Hear from AMA experts about key aspects to address on telehealth, Medicare payment and prior authorization, and best practices for communicating with lawmakers in the virtual Hill visit environment. Be sure to set up your virtual Hill visits with your members of Congress too. There will also be time for Q&A—attend to get your questions answered.

AMA response to Security Subcommittee of the Healthy Futures Task Force on Pandemic Preparedness

This week the AMA sent a letter (PDF) in response to a request for information on pandemic preparedness that was issued by the Security Subcommittee of the Healthy Futures Task Force, a group formed by House Republican leader Kevin McCarthy to form the party’s health policy agenda for the next Congress. The task force’s efforts may serve as the basis for important legislative proposals if Republicans secure majority status in the House in 2023.

Following are highlights of the AMA’s comprehensive response to the task force.

- The AMA comments stressed the importance of using the lessons learned during the COVID-19 pandemic to improve pandemic preparedness and focused on supply chain issues that arose during the first year and part of the second year of the pandemic related to shortages of PPE, testing kits and supplies, and ventilators, with recommendations to improve the domestic supply chain and to ensure that the Strategic National Stockpile improves its planning, review and procurement processes in order to be ready for the next

pandemic.

- The comments also stressed the importance of full transparency and clear and timely communication by federal health officials to state and local public health officials, physicians, patients and other stakeholders throughout a pandemic, especially regarding vaccine and drug development and the authorization and approval process, and better coordination among federal and state and local public health officials and physicians and other private stakeholders.
- On broader public health issues, the AMA commented on improving public health infrastructure; the need for long-term, sustainable public health funding; health disparities that were exacerbated by the COVID-19 pandemic; improving the social determinants of health; maternal health; the challenges posed by misinformation and disinformation to successful vaccination campaigns; delays in disease preventable vaccines and other issues.

Also of interest, late last week a bipartisan discussion draft of the “Pandemic and Public Health Preparedness and Response Act” was released by Senate Health, Education, Labor, and Pensions Committee chair Patty Murray (D-WA) and ranking member Richard Burr (R-NC). The AMA will be commenting on that proposal as well.

MIPS flexibilities and resources available to support clinicians responding to COVID-19

The Centers for Medicare & Medicaid Services (CMS) continues to provide relief where possible to clinicians responding to the 2019 Coronavirus (COVID-19) public health emergency (PHE). CMS is applying the Merit-based Incentive Payment System (MIPS) automatic extreme and uncontrollable circumstances (EUC) policy (PDF) to ALL individually eligible MIPS eligible clinicians for the 2021 performance year (PY), which exempts them from a MIPS penalty of 9%.

The automatic EUC policy only applies to MIPS-eligible clinicians who are eligible to participate in MIPS as individuals. The automatic EUC policy doesn't apply to groups, virtual groups or Alternative Payment Model (APM) entities.

MIPS-eligible clinicians who are eligible to participate in MIPS as individuals do not need to take any action to have the automatic EUC policy applied to them. They will be automatically identified and will have all four MIPS performance categories reweighted to 0% and receive a neutral payment adjustment for the 2023 MIPS payment year unless they: 1) submit data in 2 or more performance categories or 2) have a higher final score from group or APM Entity participation. In other words, physicians should ensure that their practice and their vendors do not submit any data to CMS in order

to have the automatic hardship exception applied, even if participating as a group.

As a reminder, the performance threshold to avoid a penalty in 2021 was 60 points, and the data submission deadline is March 31, 2022.

For more information, please see the Quality Payment Program COVID-19 Response Fact Sheet (PDF) or visit the Quality Payment Program COVID-19 Response web page on the QPP website.

2020 QPP results: 98% receive positive or neutral update in MIPS

On Jan. 25, CMS released a visual infographic highlighting top-level results (PDF) for physicians and other eligible clinicians participating in the 2020 MIPS and advanced APMs. The AMA strongly advocated for significant relief in 2020 as physicians faced clinical and financial challenges due to the COVID-19 pandemic. In response, CMS applied an automatic Extreme and Uncontrollable Hardship Exception to individual eligible clinicians in MIPS; accepted hardship exception applications from individuals, groups and APM entities; and automatically reweighted the cost category to 0% of the final 2020 score.

As a result, ninety-one percent of eligible clinicians in MIPS are receiving a positive payment update of up to 1.87% in 2022 based on their 2020 MIPS performance, seven percent have a neutral payment adjustment and only two percent are facing a penalty. Additionally, the number of qualifying APM participants in 2020 increased to 237,315, from 195,564 in 2019.

Provider Relief Fund reporting period 2 open until March 31

Physicians who received one or more Provider Relief Fund payments exceeding \$10,000, in the aggregate, from July 1, 2020, to Dec. 31, 2020, must report on their use of funds during Reporting Period 2, which is open now through Mar. 31, 2022. Please note, physicians who received provider relief funds totaling more than \$10,000 before July 1, 2020, were required to report on the use of those funds last year. The Provider Relief Fund was established by Congress to reimburse physicians and other providers for health care expenses or lost revenues attributable to COVID-19.

The Health Resources and Services Administration (HRSA) has released new resources to help physicians comply with the reporting requirements, including a guide describing how to report lost revenue. Access those resources and more information.

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