ASCO Practice Leadership Series

Medicare Physician Fee Schedule and Outpatient Prospective Payment System Final Rules for 2022

Thursday, November 18, 4:00pm
Welcome!

• Please mute your phones
• Q&A session at the end
  ▪ Use the Q&A button in the bar at the bottom of your Zoom window
  ▪ Type in your question
  ▪ We will address questions in the order they are received
Speakers

Gina Baxter, MPH
Associate Director, Coverage and Reimbursement
ASCO Policy & Advocacy
2022 Final Payment Rules
Physician Fee Schedule
Conversion Factor

• $33.59, a decrease of $1.30 from the 2021 PFS conversion factor of $34.89.

• This reduction in the CF is largely due to the expiration of the 3.75% temporary payment increase provided by the Consolidated Appropriations Act (CAA) in 2021.

• And a 0.00 update to the Fee Schedule
## Estimated Specialty Impact in 2022

<table>
<thead>
<tr>
<th></th>
<th>Medical Oncology</th>
<th>Radiation Oncology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in RVUs</td>
<td>-1.4%</td>
<td>-2.0%</td>
</tr>
<tr>
<td>Expiration of Congressional 3.75%</td>
<td>-3.75%</td>
<td>-3.75%</td>
</tr>
<tr>
<td>Increase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Sequestration</td>
<td>-2%</td>
<td>-2%</td>
</tr>
<tr>
<td>PAYGO Sequestration</td>
<td>-4%</td>
<td>-4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>-9.7%</strong></td>
<td><strong>-10.2%</strong></td>
</tr>
</tbody>
</table>
Clinical Labor

• Updated rates – 20 years
• Phasing in over 4 years, additional 1-2% decrease in the following years
• Increases the pool of direct practice expense resources, resulting in significant redistribution, BN adjustment
• Driving the decrease in RVUs
Split/Shared Evaluation and Management Visit

- Facility setting only
- Physician or non-physician practitioner may bill Medicare
- Substantive portion – more than half the time
- Medical record: the 2 individuals, the billing individual must sign and date
- New and established patient visits
- CMS will require a modifier
Telehealth

• Category 3 – remain on the list through end of 2023
• Direct supervision – allowed by audio-visual throughout PHE, no changes made beyond, will consider in future rulemaking
• Audio-only, originating site and geographic restrictions not addressed – except for mental health services
• Permanent adoption of virtual check-in code G2252 (audio only, 11-20 min)
Physician Assistant Medicare Billing

• PAs will be authorized to bill the Medicare program and be paid directly for their services in the same way that NPs and CNSs do.

• CMS notes that this amendment only changes the statutory billing construct; it does not change the statutory benefit category or the requirement that PA services are performed under physician supervision.
Appropriate Use Criteria

• Penalties delayed until 2023 or the January 1 following the end of the PHE

• In 2020 only 9-10% of claims would have met the AUC reporting requirements

• Urging practices to use this time for operational and educational testing
Electronic Prescribing of Controlled Substances

- Compliance January 1, 2023
- 70% of Part D controlled substances must be e-prescribed to be in compliance, with several exceptions:
  - The prescriber and dispensing pharmacy are the same entity
  - Those who issue 100 or fewer Part D controlled substance prescriptions annually
  - Those in disaster areas
  - Those who request and receive from CMS a waiver due to circumstances that prevent EPCS such as lack of broadband access.
Vaccine Administration

• $30: influenza, pneumococcal and hepatitis B virus vaccines.
• $40: COVID-19 vaccines through the end of the calendar year in which the ongoing PHE ends, then will align with the payment rates of other Part B preventive vaccines.
• $35.50 additional at home for COVID-19
2

Quality Payment Program
Extreme and Uncontrollable Circumstances - 2021

- Automatic for ALL individually MIPS eligible clinicians for the performance year
- The automatic EUC policy doesn’t apply to groups, virtual groups, or Alternative Payment Model (APM)
- Less likely to happen next year
MIPS Value Pathways

• Will begin in 2023, 7 MVPs established none of which are for cancer
  ▪ Rheumatology, Stroke Care and Prevention, Heart Disease, Chronic Disease Management, Emergency Medicine, Lower Extremity Joint Repair and Anesthesia
• Reporting: 4 quality measures, two medium-weighted or one high-weighted IA, cost measure in the MVP, one population health measure, same PI as MIPS
• 2026 performance year, multispecialty groups will be required to form subgroups in order to report MVPs
• Sunsetting MIPS to be considered in future rulemaking
Performance Thresholds

• 75 to avoid a negative payment adjustment
• 89 for exceptional performance
## Performance Category Weights

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>2021 Weight</th>
<th>2022 Weight</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>40%</td>
<td>30%</td>
<td>-10%</td>
</tr>
<tr>
<td>Cost</td>
<td>20%</td>
<td>30%</td>
<td>+10%</td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>25%</td>
<td>25%</td>
<td>0%</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>15%</td>
<td>15%</td>
<td>0%</td>
</tr>
</tbody>
</table>
3
Outpatient Prospective Payment System
Highlights

• RO Model – begins Jan. 1 2022, data reporting optional in the first year
• Price Transparency
• 340B
• Prior Authorization
Feel free to submit questions

Use the Q&A button in the bar at the bottom of your Zoom window

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  ▪ Oncology Care Model

• Must have at least 1 ASCO member at your practice
• Contact us at practicenet@asco.org
Next Calls

• Provider Well-Being and Burnout
• ASCO Volunteer Projects for Advanced Practice Providers
• Cost Transparency for Oncology Patients
• Dates TBD
  ▪ 3rd Thursday of each month

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