

ASCO PracticeNET™

Networking for Education and Transformation

Practice Leadership Network

August 20, 2020

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AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Agenda

Medicare Physician Fee Schedule

- Annual Updates
- E&M Codes
- Geographic Adjustments
- Financial Impact
- Telehealth
- Quality Payment Program
- Section 505(b)(2) Drugs

Outpatient Prospective Payment System

- Annual Updates
- APC Weights
- Wage Indices
- 340B Reimbursement
- Prior Authorization
- Inpatient Only List

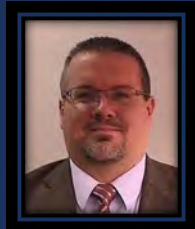
Speakers



Karen Haggerty
Director, Regulatory Affairs
ASCO Policy & Advocacy



Gina Baxter
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ASCO Policy & Advocacy



Brian Bourbeau
Division Director, Practice Health Initiatives
ASCO Clinical Affairs

Medicare Physician Fee Schedule

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2021 MPFS Conversion Factor

- 2019 Conversion Factor: \$ 36.0896
- Budget Neutrality Adjustment: -10.61%
- 2020 Conversion Factor: \$ 32.2605
- Local rates = $\sum(RVUs \ \& \ GPCIs) * CF$

Medicare Physician Conversion Factor (2016–2021)		
Year	CF	Update (%)
2017	35.8887	0.24
2018	35.9996	0.31
2019	36.0391	0.11
2020	36.0896	0.14
2021	32.2605	-10.61

Proposed Payment for 2021 E&M Visits

HCPCS	2020 Work RVU	2020 National Rate (non-facility / facility)	2021 Work RVU	2021 National Rate (non-facility / facility)
99201	0.48	46.56 / 27.07		
99202	0.93	77.23 / 51.61	0.93	69.04 / 46.13
99203	1.42	109.35 / 77.23	1.60	106.14 / 78.07
99204	2.43	167.09 / 132.09	2.60	159.37 / 127.75
99205	3.17	211.12 / 172.51	3.50	210.66 / 173.88
99211	0.18	23.46 / 9.38	0.18	22.26 / 8.71
99212	0.48	46.19 / 26.35	0.70	54.20 / 34.20
99213	0.97	76.15 / 52.33	1.30	86.78 / 63.23
99214	1.50	110.43 / 80.48	1.92	122.91 / 93.23
99215	2.11	148.33 / 113.68	2.80	172.27 / 137.75
GPC1X			0.33	15.81 / 15.81
99XXX			0.61	31.29 / 30.32

99XXX – Prolonged office or other outpatient evaluation and management service(s) (beyond the total time of the primary procedure which has been selected using total time), requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service; each 15 minutes (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services).

GPC1X – Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition.



Geographic Practice Cost Indices (GPCIs)

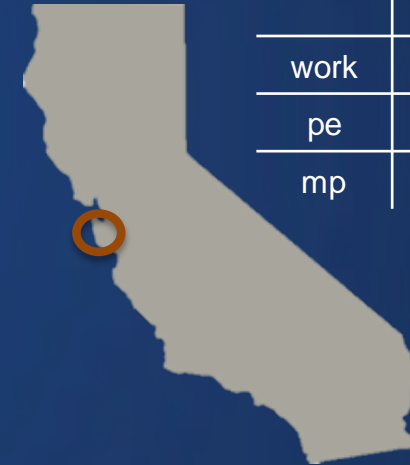
- 2020: elimination of the 1.0 floor on the work GPCI; 2-year transition
- 2021: extension of 1.0 floor through November 30



	2019	2020	2021
work	1.000	0.985	0.969
pe	0.890	0.889	0.888
mp	0.492	0.707	0.921



	2019	2020	2021
work	1.000	0.992	0.983
pe	0.917	0.919	0.913
mp	1.005	1.049	1.094



	2019	2020	2021
work	1.052	1.072	1.084
pe	1.214	1.279	1.330
mp	0.562	0.580	0.597

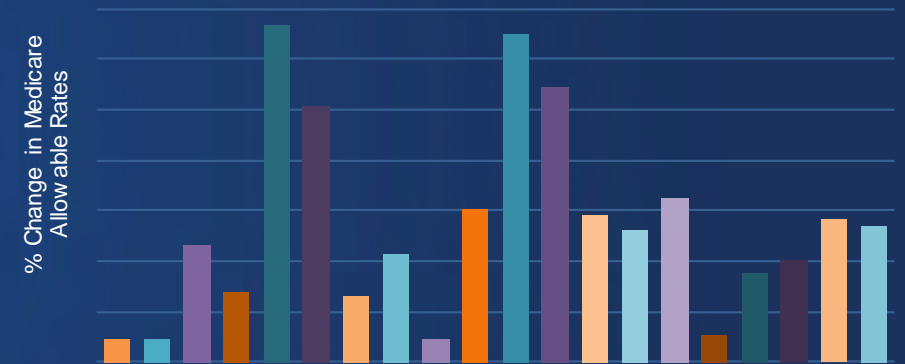
National Impact on Oncology Reimbursement

Specialty	Allowed Charges (mil)	Impact of Work RVU Changes	Impact of PE RVU Changes	Impact of MP RVU Changes	Combined Impact
Hematology/Oncology	\$1,702	9%	5%	1%	14%
Radiation Oncology	\$1,803	-3%	-3%	0%	-6%
Nurse Practitioner	\$5,069	5%	3%	0%	8%
Physician Assistant	\$2,888	5%	3%	0%	8%

Adapted from Table 90
of the proposed rule

Understanding Local Impact

- Hospital-based vs. physician practice
- Single- versus multi-specialty practice
 - Hematology/Oncology (+14%) + Radiation Oncology (-6%) = +3-5%
- Geographic Differences
 - E.g. Montana work GPCI is 0.949
- Differences in E&M level-of-service

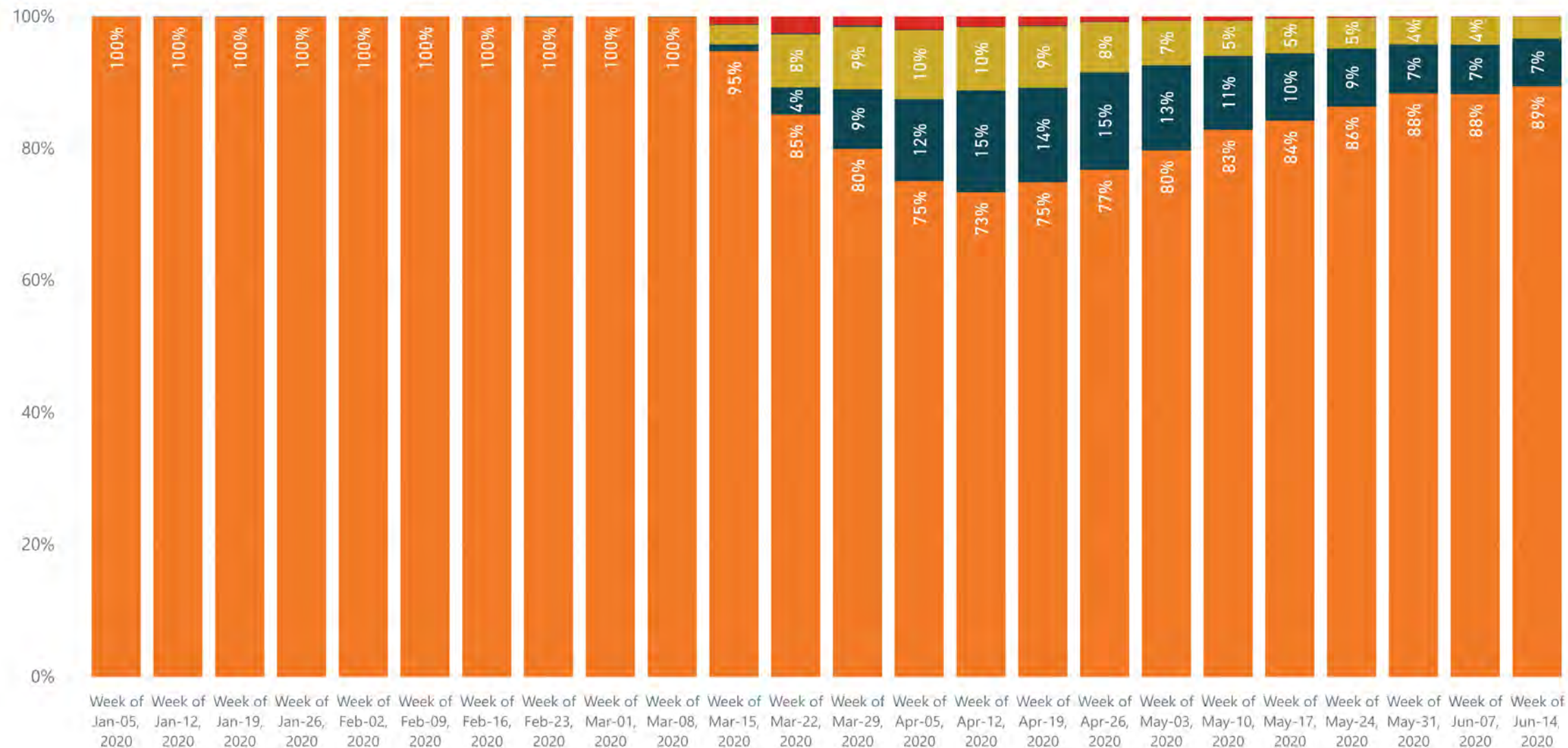


Telehealth

PracticeNET COVID-19 Report - Impact on Hematology/Oncology Practice Activity

Proportion of Office Visits Performed via Telehealth

● In Office
 ● Telehealth (Audio/Visual)
 ● Telephone EM
 ● E-Visit
 ● Virtual Check-In



MPFS Telehealth Proposals



Audio-only

- PHE only
- New code, virtual check-in plus extra time?



Direct Supervision

- Real-time A/V
- December 31st, 2021 or end of PHE (whichever later)



Adding Services to List

- Category 1
- Category 3

Medicare Telehealth List Expansion

Permanent (Category 1)

Codes	Service Category
CPT code 90853	Group Psychotherapy
CPT codes 99334-99335	Domiciliary, Rest Home, or Custodial Care services, Established patients
CPT codes 99347-99348	Home Visits, Established Patient
CPT code 99483	Cognitive Assessment and Care Planning Services
HCPCS code GPC1X	Visit Complexity Inherent to Certain Office/Outpatient E/Ms
CPT code 99XXX	Prolonged Services
CPT code 96121	Psychological and Neuropsychological Testing

Medicare Telehealth List Expansion

Temporary (Category 3)

Codes	Service Category
99336 - 99337	Domiciliary or rest home visit, evaluation and management of an established patient
99349 - 99350	Home visit for the evaluation and management of an established patient
99281 - 99283	Emergency department visit for the evaluation and management of a patient (Levels 1-3)
99315 - 99316	Nursing facility discharge day management
96130 - 96133	Psychological and neuropsychological testing

Executive Order on Improving Rural Health and Telehealth Access (August 3, 2020)

Launching an Innovative Payment Model to Enable Rural Healthcare Transformation

- 30 Days: HHS to test innovative payment mechanisms
- Model should give rural providers flexibilities from existing Medicare rules, establish predictable financial payments, and encourage the movement into high-quality, value-based care

Investments in Physical and Communications Infrastructure

- 30 Days: Develop and implement a strategy to improve rural health by improving the physical and communications healthcare infrastructure available to rural Americans

Improving the Health of Rural Americans

- 30 Days: HHS submits report regarding existing and upcoming policy initiatives
- (a) eliminating regulatory burdens limiting the availability of clinical professionals; (b) developing rural specific efforts to drive improved health outcomes; (c) reduce maternal mortality and morbidity; and (d) improve mental health in rural communities

Expanding Flexibilities Beyond the Public Health Emergency

- 60 Days: HHS shall review these temporary PHE measures and shall propose a regulation to extend, as appropriate, beyond the PHE: (a) additional telehealth services; and (b) the services, reporting, staffing, and supervision flexibilities offered to Medicare providers in rural areas

Other Provisions

Electronic Prescribing of Controlled Substances



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- SUPPORT Act
 - Part D
 - Controlled Substances
 - January 1st, 2021
- RFI July 2020
- Rule proposes January 1st, 2022

NCD Removal

TABLE 37: Proposed NCDs for Removal

NCD Manual Citation	Name of NCD
20.5	Extracorporeal Immunoabsorption (ECI) using Protein A Columns (01/01/2001)
30.4	Electrosleep Therapy
100.9	Implantation of Gastroesophageal Reflux Device (06/22/1987)
110.14	Apheresis (Therapeutic Pheresis) (7/30/1992)
110.19	Abarelix for the Treatment of Prostate Cancer (3/15/2005)
190.1	Histocompatibility Testing
190.3	Cytogenetic Studies (7/16/1998)
220.2.1	Magnetic Resonance Spectroscopy (09/10/2004)
220.6.16	FDG PET for Inflammation and Infection (03/19/2008)

- Medicare
- Medicaid/CHIP
- Medicare-Medicaid Coordination
- Private Insurance
- Innovation Center
- Regulations & Guidance
- Research, Statistics, Data & Systems
- Outreach & Education

Home > Medicare > Appropriate Use Criteria Program

Appropriate Use Criteria Program

[Provider Led Entities](#)

[Data Analysis](#)

[Clinical Decision Support](#)

[Mechanisms](#)

[Priority Clinical Areas](#)

[Outreach and Education](#)

Appropriate Use Criteria Program

NOTICE: The EDUCATIONAL AND OPERATIONS TESTING PERIOD for the AUC Program has been extended through CY 2021. There are no payment consequences associated with the AUC program during CY 2020 and CY 2021. We encourage stakeholders to use this period to learn, test and prepare for the AUC program.

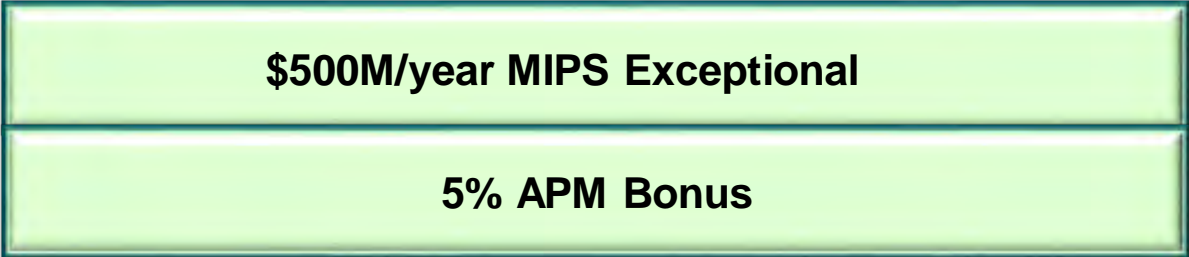
Background

The Protecting Access to Medicare Act (PAMA) of 2014, Section 218(b), established a new program

Quality Payment Program (QPP)

**MPFS + QPP
Statutory
Adjustments**

Temporary Payments



MIPS Adjustments



Physician Fee Schedule

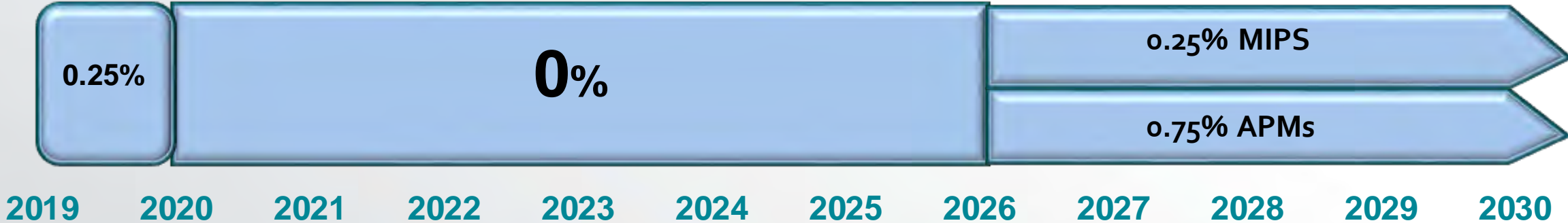
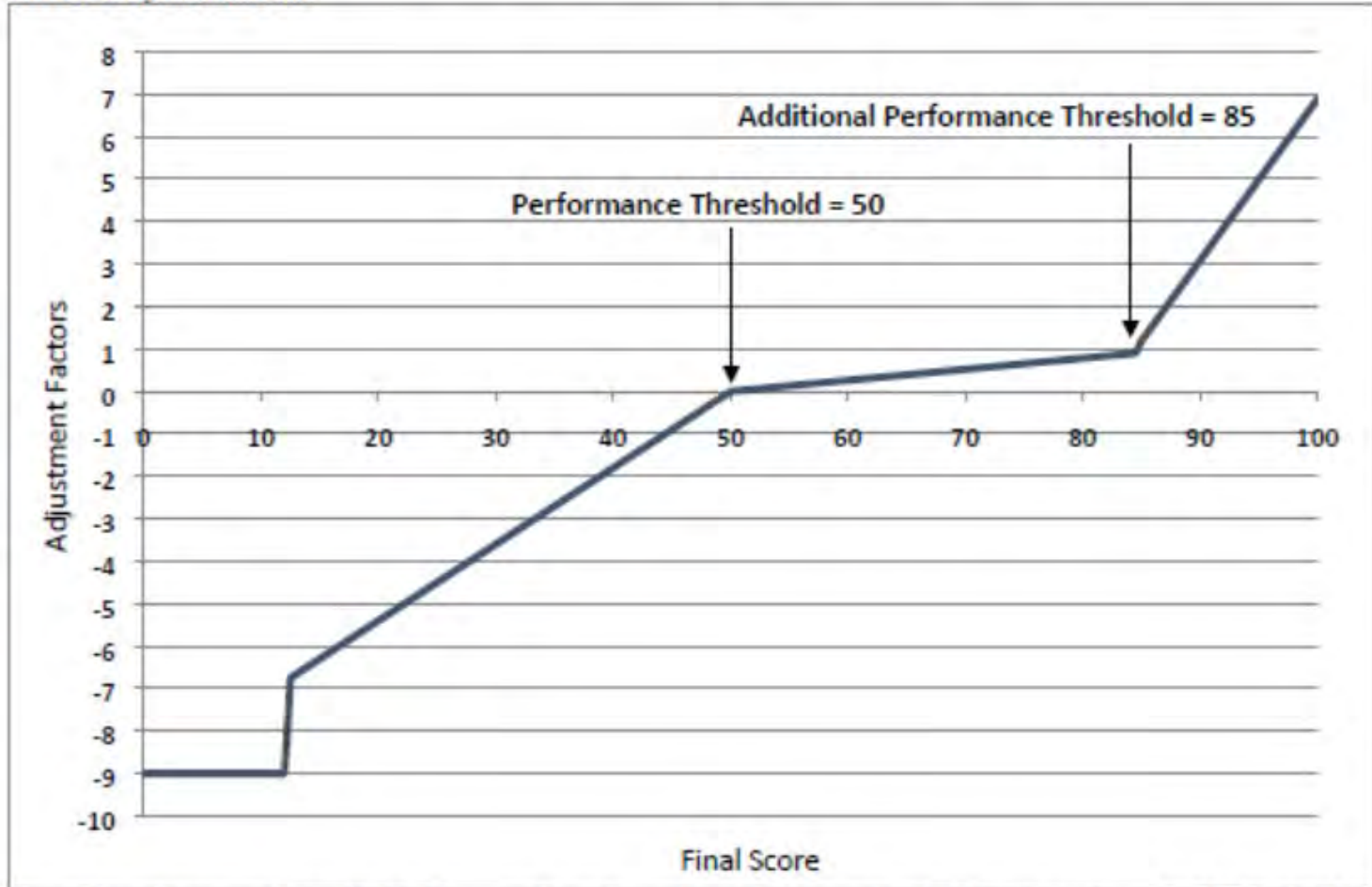


Figure A: Illustrative Example of MIPS Payment Adjustment Factors Based on Final Scores and Performance Threshold and Additional Performance Threshold for the 2023 MIPS Payment Year



Source: 2021 MPFS Proposed Rule

MIPS Eligibility Status for CY 2023 MIPS Payment Year

Eligibility Status	Predicted Status	# of Clinicians	PFS Allowed Charges (\$M)
Required Eligibility	Participate in MIPS	212,973	\$50,561
	Do not participate in MIPS	17,765	\$3,948
Group	Submit data as a group	680,253	\$16,606
Opt-in	Elect opt-in, submit data	20,059	\$992
Total # of MIPS ECs and Allowed PFS Charges		931,050	\$72,106
Total # of Clinicians NOT MIPS Eligible		669,720	\$16,964
Total # of Clinicians (MIPS + non-MIPS)		1,600,770	\$89,070



MIPS Estimated Payment Year 2023 Impact on Total Estimated Paid Amount by Participation Status

Number of MIPS ECs	% Positive/Neutral Payment Adjustment	% Positive Adjustment + Exceptional	% Negative Payment Adjustment	Combined Impact (%)
Submit Data				
913,270	92.5	34.0	7.5	1.3%
No Submission				
17,780	0	0	100	-8.4%

Impact varies by practice size

Extreme & Uncontrollable Circumstances Reweighting Application

No change to policy for individual clinicians, groups and virtual groups

APM Entities *in 2020* may submit an application to request reweighting of all MIPS performance categories for 2020 - would score equal to the performance threshold even if data is submitted

MIPS Participation Options (Eligible Clinicians)

2020	2021
Individual Clinician	Individual Clinician
Group	Group
Virtual Group	Virtual Group
Exception: Eligible clinicians in a MIPS APM are required to participate in MIPS through their APM Entity under the APM Scoring Standard	An APM Entity

MIPS APMs in 2021

- All MIPS ECs, including in a MIPS APM, may choose to participate in any of the 2021 options
- The APM Scoring Standard will end

2021 MIPS Performance Categories

Quality (40%)

Performance period benchmarks to score measures
* 7-point cap for topped out measures

2 new administrative claims-based measures

End the CMS Web Interface

Cost (20%)

TPCC, MSPB Clinician measure
18 existing episode-based cost measures

Add telehealth services directly applicable to existing episode-based cost measures and TPCC measure

Promoting Interoperability (25%)

Optional Query PDMP measure, 10 bonus points

Add an optional Health Information Exchange (HIE) bi-directional exchange measure

Improvement Activities (15%)

Annual Call for Activities: PHE timeframe exceptions

New criterion for nominating new IAs
Establish a process for agency-nominated IAs

X MIPS MVPs (2021)

10-Point Max 2020
Complex Patient Bonus

APM Performance Pathway (APP) - **NEW**

New pathway - fixed set of measures for each performance category

Available only to participants in MIPS APMs

Required for MSSP quality determinations for ACOs

Reported by the individual eligible clinician, group TIN, or APM Entity

2021 APP Performance Categories - **NEW**

Quality (50%)

6 fixed population health measures

Automatically used for purposes of quality performance scoring for ACOs under the MSSP

Cost (0%)

Weighted at 0%

(All MIPS APM participants are already responsible for cost containment under their APMs)

Promoting Interoperability (30%)

Reported and scored at the individual or group level as required for the rest of MIPS

Improvement Activities (20%)

Automatically assigned based on the IA requirements of the MIPS APM

All APM participants earn a score of 100% for the 2021 performance period

APP Core Quality Measure Set - **NEW**

Measure #	Measure Title	Collection Type	Submitter Type	Meaningful Measure Area
Quality ID # 321	CAHPS for MIPS	CAHPS for MIPS Survey	Third Party Intermediary	Patient's Experience
Quality ID # 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/MIPS CQM	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Quality ID # 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM	APM Entity/Third Party Intermediary	Treatment of Mental Health
Quality ID # 236	Controlling High Blood Pressure	eCQM/MIPS CQM	APM Entity/Third Party Intermediary	Mgt. of Chronic Conditions
Measure # TBD	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	N/A	Admissions & Readmissions
Measure # TBD	Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs	Administrative Claims	N/A	Admissions & Readmissions

Outpatient Prospective Payment System (OPPS)

Annual HOPPS Update

- 2020 conversion factor: 80.7930
- Market basket, minus productivity adj. 2.60%
- Budget neutrality adjustment 0.97%
- 2021 conversion factor: 83.6970

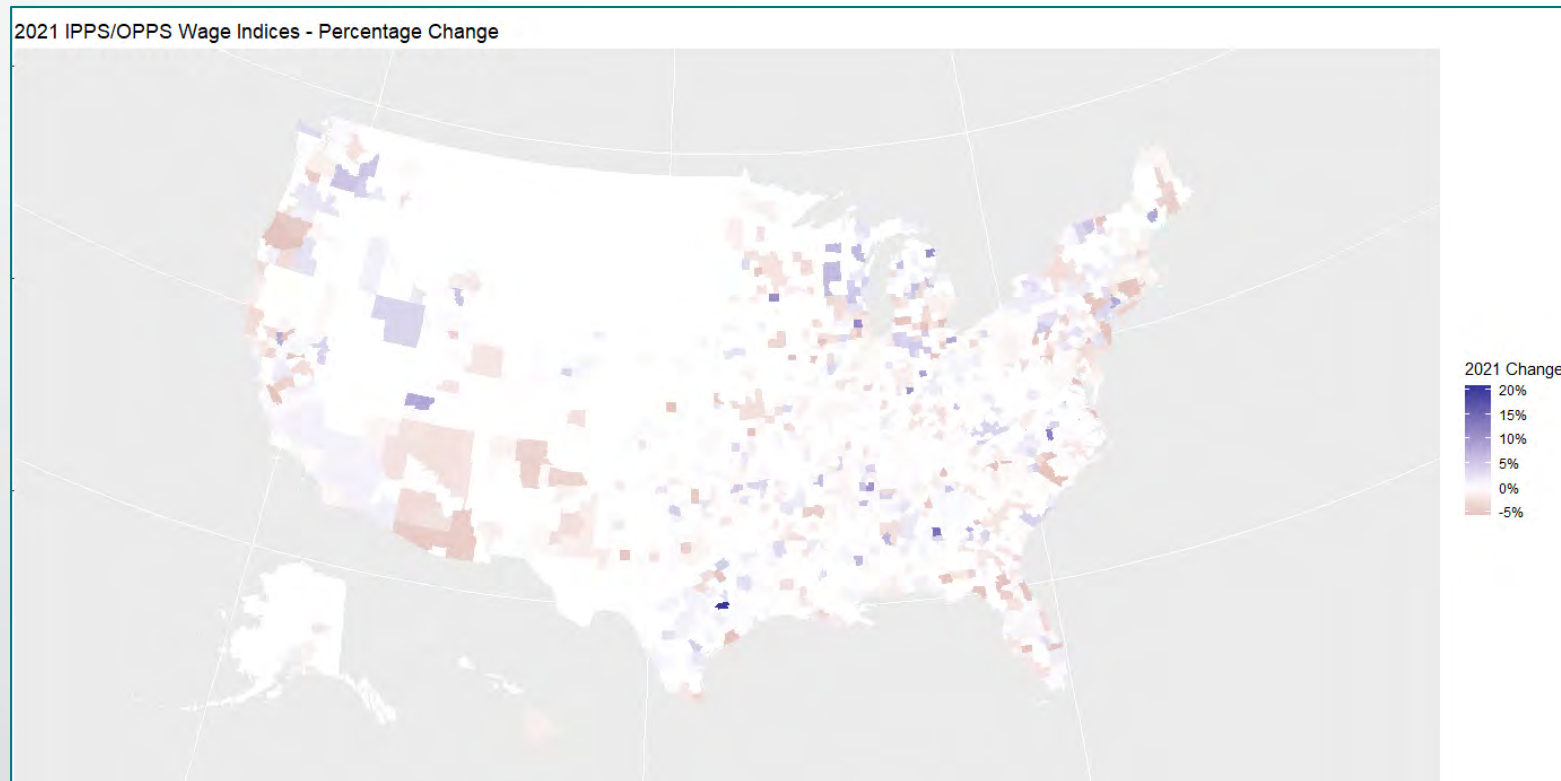
- 2.0% reduction in payments for hospitals failing to meet the hospital outpatient quality reporting requirements

- Annual reweighting of Ambulatory Payment Classifications
 - ~ +0.8% drug administration
 - ~ -0.5% radiation services

Changes to Wage Indices

- 60% of a facility's non-drug rates are affected by their wage index.

*Medicare Allowable = (APC Weight * 0.6 * Facility-assigned Wage Index + APC Weight * 0.4) * Conversion Factor*



Understanding Local Impact

- Service Mix – changes in APC weights
- Geographic Differences
 - 2021 change ranging from -5% to +20%
- Certain 340B Facilities

340B Drug Reimbursement

- Separately payable drugs in the outpatient setting purchased through the 340B program
 - Prior to 2018: ASP + 6%
 - 2018 – 2020: ASP – 22.5%
 - 2021: CMS proposing ASP – 28.7% OR maintaining ASP – 22.5%
 - Rural sole community hospitals, children’s hospitals, and PPS-exempt cancer hospitals are exempt from payment cuts to 340B drugs and would continue to be paid at ASP plus 6 percent.

Prior Authorization

- 2020 CMS finalized prior authorization for 5 services, which went into effect on July 1, 2020
 - blepharoplasty, botulinum toxin injections, panniculectomy, rhinoplasty, and vein ablation
- In 2021, CMS proposing an additional 2 services effective July 1, 2021
 - cervical fusion with disc removal and implanted spinal neurostimulators

Inpatient Only List

- CMS proposing to eliminate the inpatient only list, phasing out the list over 3 years with complete elimination by January 1, 2024.
- 1,740 services currently, reviewed annually for additions/removal through rulemaking
- Requesting comments on the 3-year phase-out period, services to prioritize, potential impact on the quality of care
- Oncology services: gynecology oncology, laparoscopic, tumor removal

Comments

- Comments for the 2021 Medicare Physician Fee Schedule and Medicare Hospital Outpatient Prospective Payment System Proposed Rules are due by 5 p.m. on October 5, 2020
- By mail or electronically – <http://www.regulations.gov>

Upcoming Events

- September 17 – Monthly Network Call
 - 4:00 PM – 5:00 PM, Eastern
 - Agenda: E&M Changes for 2021
- E-mail David.Harter@asco.org for more information