2019 Medicare Fee Schedule Proposed Rule Highlights

The Centers for Medicare and Medicaid Services (CMS) released the proposed rule for revisions and updates to payment policies, payment rates, and quality provisions for services furnished under the 2019 Medicare Physician Fee Schedule (PFS). The agency noted that this proposed rule would "increase the amount of time that clinicians can spend with their patients by reducing the burden of paperwork that clinicians face when billing Medicare", as well as empower "clinicians to use their electronic health records (EHRs) to document clinically meaningful information, instead of information that is only for billing purposes."

It is important to note, the Physician Fee Schedule (PFS) proposed rule is released annually and this year's proposal also includes proposed changes to the Quality Payment Program (QPP). These proposed changes also include expanding Medicare payment when beneficiaries connect with their provider virtually using telecommunications technology (e.g., audio or video applications) to determine whether they need an in-person visit. AANP will be making comments on these proposals. Below are highlights from the proposed rule:

- **Streamlining Evaluation and Management (E/M) payment**:
  - This proposed change is aimed at reducing clinician burden, reducing administrative burden and improving payment accuracy for E/M visits to allow practitioners to choose to document office/outpatient E/M visits using medical decision-making or time instead of applying the current 1995 or 1997 E/M documentation guidelines. AANP's fact sheet on the E/M changes can be found here.

- **Advancing virtual care and supporting access to care using telecommunications technology by**:
  - Paying clinicians for virtual check-ins – brief, non-face-to-face appointments via communications technology;
  - paying clinicians for evaluation of patient-submitted photos; and
  - expanding Medicare-covered telehealth services to include prolonged preventive services.

- **Lowering drug costs as part of the President's blueprint by**:
  - Changing the payment amount for new drugs under Part B – effective January 1, 2019. The proposal is to use wholesale acquisition cost (WAC)-based payments for new Part B drugs during the first quarter of sales when average sales price (ASP) is unavailable, and the drug payment add-on would be 3 percent in place of the 6 percent add-on that is currently being used.

- **Bundled Episode of Care for Management and Counseling Treatment for Substance Use Disorders**:
  - CMS is soliciting comment on creating a bundled episode of care for management and counseling treatment for substance use disorders. CMS is also soliciting feedback on regulatory or sub-regulatory changes it could make to help prevent opioid use disorder, improve access to treatment under Medicare, and increase access to non-opioid alternatives for pain treatment and management.

- **Request for Information on Price Transparency:**
    - CMS is soliciting comment on regulatory changes to support better price transparency that would better inform patients of their out-of-pocket costs, and what role providers can play in this initiative.

- **Implementing changes to the 2019 Quality Payment Program (QPP) by:**
    - Removing MIPS process-based quality measures that clinicians have said are low-value or low-priority, in order to focus on meaningful measures that have a greater impact on health outcomes;
    - overhauling the MIPS "Promoting Interoperability" performance category to support greater EHR interoperability and patient access to their health information, as well as aligning this performance category for clinicians with the proposed new Promoting Interoperability Program for hospitals;
    - adding an option for clinicians to "opt-in" to MIPS if they meet or exceed at least one of the low volume threshold criteria; and
    - providing the option for facility-based scoring for facility-based clinicians that doesn't require data submission.

  CMS' fact sheet on the QPP can be found here: QPP Fact Sheet.

- **Implementing the Medicare Advantage Qualifying Payment Arrangement Incentive (MAQI) Demonstration by:**
    - Testing the waiver of MIPS reporting requirements and payment adjustments for clinicians who participate sufficiently in Medicare Advantage (MA) arrangements that are similar to Advanced APMs. CMS' fact sheet on MAQI can be found here: MAQI Fact Sheet.