American College of Rheumatology

Advocacy Update

Adam Cooper, MS
Sr. Director, Government Affairs
March 18, 2017
The American Club Resort
Kohler, Wisconsin
Outline

• Washington Update
• State Update
• Resources for You and Your Practice
• Opportunities for Making a Difference
ACR - Practice and Advocacy Directory

- Rachel Myslinski, MBA – VP, Practice, Advocacy & Quality
- Adam Cooper, MS – Sr. Director, Government Affairs
- Hayley McCloud – Sr. Manager, State Government Affairs
- Lennie Shewmaker, JD – Sr. Manager, Federal Gov’t Affairs
- Antanya Chung, CPC, CPC-I, CRHC, CCP – Director, Practice Management
- Meredith Strozier – Director, Practice Advocacy
- Melesia Tillman – Specialist, Coding and Reimbursement
- Ryan Larosa – Director, Registry Operations
- Tracy Johansson – Sr. Specialist, Registry Analysis
- Kimberly Haughton – Specialist, Registries & HIT
ACR AMA Delegation 2017

• Delegates
  – Gary Bryant MD – Minnesota
  – Colin Edgerton MD – South Carolina

• Alternate Delegate
  – Eileen Moynihan MD – New Jersey

• Young Physician Representative
  – Cristina Arriens MD – Oklahoma

• Fellow Representative
  – Matthew Baker MD - California
AMA – Physician Group Convener, Coalition Builder

• Federation of Medicine – state and local societies, specialty societies, national societies

• Leveraging Advocacy
  – Impact of letters and other efforts directed at important issues when having a hundred or more signatories
  – Access to data and other resources to move our priorities forward

• RUC – RVS Update Committee
  – The RUC is a unique multispecialty committee dedicated to describing the resources required to provide physician services which the Centers for Medicare & Medicaid Services (CMS) considers in developing Relative Value Units (RVUs)
  – ACR has a rotating seat – currently Tim Laing MD
AMA – Physician Group Convener, Coalition Builder

- CPT Editorial Panel
  - The Current Procedural Terminology (CPT®) Editorial Panel is tasked with ensuring that CPT codes remain up to date and reflect the latest medical care in new and emerging technologies provided to patients. In order to do this, the Panel maintains an open process and convenes meetings 3 times per year to address applications to revise the CPT code set, such as adding or deleting a code or modifying existing nomenclature, soliciting the direct input of practicing physicians, medical device manufacturers, developers of the latest diagnostic tests, and advisors from over 100 societies representing physicians and other qualified health care professionals. The group has the final authority to decide on assigning a code’s category, whether it is a Category I or Category III.
  - The ACR has had excellent volunteers providing rheumatology’s perspective and priorities
Recent “Wins” due to Leveraging AMA

- Prior Authorization and Utilization Management Reform Principles
- Cancellation of Part B “Demonstration” Project
- Current (and future) changes in MOC requirements due to pressure on ABIM
- Policies that MOC not be a requirement for medical staff membership and privileging, credentialing, insurance panel participation, and state licensure
- Protecting individualized compounding in physician’s offices (read corticosteroid and xylocaine) from FDA regulatory changes
- Exempting small practices from MACRA
Rheumatology’s Seat at the Table – At Risk

- 2017 is our Five Year Review Year
- We MUST have 1000 members this year to maintain rheumatology’s seat in the HOD and its attendant benefits
- As of February we have 792 members
- Our final submission of membership for this calculation is on September 1
Keep Rheumatology in the Game!

- Join at membership.ama-assn.org

- Let us know when you join:
  Email Adam Cooper at acooper@rheumatology.org

- Recognition and incentives from the ACR
Advocacy Focus

- Patient Access to Rheumatology/Care
- Patient Access to Treatments
- Funding for Medical Research
Select Policy Issues

- Tier 4 coinsurance
- Part B Sequester
- MACRA
- Restore DXA
- Protect MSUS
- Access to Care
- Switching stable patients
- Network Adequacy
- Increase value of E/M
- Complex infusion codes
- Prior Authorization
- Pediatric Access
- Step therapy
- Biosimilars notification/naming
- Research funding
- GME/Training
Washington Update – March 2017

- Trump’s First 100 days
- MACRA
- Biosimilars
- Research Funding (DOD initiative)
- PATA
- Affordable Care Act
Washington Update – March 2017

• Trump’s Contentious First 100 days
  • Tom Price MD, Secretary of HHS
  • Seema Verma, Administrator of CMS
• Executive Orders
  • Affordable Care Act
  • Federal hiring freeze
  • Regulatory freeze
  • Immigration and refugees
Washington Update – March 2017

- MACRA
  - It’s moving forward
  - HHS Secretary Tom Price voted for it
  - Key rheumatology issues:
    - Reduce cost attribution risk in APMs and MIPS (RU)
    - Maintaining RISE as clinical practice improvement activity in MIPS
    - Assisting rheumatologists’ receipt of MACRA practice support funding
    - Pertinent quality measures
    - Rule updates for commenting
What Is “MACRA”? 

Medicare Access and CHIP Reauthorization Act of 2015
What is MACRA?

- Implements an entirely new payment structure: Quality Payment Program (QPP)
- Further transitions from volume-focused to value-focused
- CMS has significant leeway in how it implements aspects of the value based adjustments
- ACR continues regulatory advocacy to impact rules positively for rheumatologists and practices
- Congressional support (bipartisan)
- We also may have ability to “tweak” through Congressional action
MACRA: 1st MIPS Performance Year is 2017!

- Those who do nothing and remain in the Medicare system are in the default pathway – the Merit-Based Incentive Payment System (MIPS)

- Those who have the opportunity to go into Alternative Payment Model path will see a very different path

- Payments affected beginning 2019, but in 2017 data from your practice starts counting for toward Medicare reimbursement in 2019

- **Urgent** that rheumatologists decide how they will approach the pathways.
Major CMS Concession: “Pick your Pace”

• First performance year began January 1, 2017

• CMS announced flexibility with 4 new options for first year:

  1. Test the Quality Payment Program
     • No negative adjustments
  2. Participate for part of the calendar year
     • Can still get small positive adjustments
  3. Participate for the full calendar year
     • Standard program
  4. Participate in an APM in 2017
     • Per the standard APM option

Advancing Rheumatology!
**Pick Your Pace: 2017 transitional performance reporting options**

- **MIPS Testing**
  - Report some data at any point in CY 2017 to demonstrate capability
  - 1 quality measure, or 1 improvement activity, or 4/5 required ACI measures
  - No minimum reporting period
  - No negative adjustment in 2019

- **Partial MIPS reporting**
  - Submit partial MIPS data for at least 90 consecutive days
  - 1+ quality measure, or 1+ improvement activities, or 4/5 required ACI measures
  - No negative adjustment in 2019
  - Potential for some positive adjustment (< 4%) in 2019

- **Full MIPS reporting**
  - Meet all reporting requirements for at least 90 consecutive days
  - No negative adjustment in 2019
  - Maximum opportunity for positive 2019 adjustment (≤ 4%)
  - Exceptional performers eligible for additional positive adjustment (up to 10%)

- **Advanced APM participation**
  - No MIPS reporting requirements (APMs have their own reporting requirements)
  - Eligible for 5% advanced APM participation incentive in 2019

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The only physicians who will experience negative payment adjustments (-4%) in 2019 are those who report no data in 2017.
MIPS Score
Four categories, one composite score and report

Quality + Resource Use + Clinical Practice Improvement Activities + Advancing Care Information (MU) = MIPS Composite Performance Score

60% + 0% + 15% + 25% = 0-100

Advancing Rheumatology!
Targets and adjustments 2017 & beyond

- 2017 Performance threshold = 3 out of 100
- 2017 High performance threshold = 70 out of 100
- Scores <3 get the maximum penalty
Quality – 60% of total score
Report on 6 of Measures for Rheumatology

1. Advanced directive
2. BMI screening & f/u
3. Comprehensive medication list
4. Tobacco screening in adolescents
5. Tobacco screening in adults
6. HTN screening & f/u
7. Send consult note to referring MD
8. TB screening for biologics
9. TB yearly screening for biologics
10. RA disease activity
11. RA functional assessment
12. RA prognosis
13. RA steroid management

Advancing Rheumatology!
Resource Use (cost) – 0% of total in 2017/2019

• NOT being measured during 2017 performance year
• ACR will work with CMS to minimize the impact of Part B drug cost calculation issues
Practice Improvement – 15% of total score

• Choices: over 90 activities available, including
  • Participation in a QCDR

• ACR has requested additional Clinical Practice Improvement Activity to begin in 2018 specific to rheumatology: “Treating to Target”
Advancing Care Information aka MU – 25%

• 100 category points converted to the 25% pts
  • 50 points for reporting 5 measures
    – EHR Security risk analysis
    – E-prescribing
    – Patient access to electronic records
    – Send summary of care
    – Accept summary of care
  • 90 performance points (based on decile)
  • 15 bonus points (use a registry; public health; cert EHR)
• Total of 155 point available to get to 100 and the full 25% toward your MIPS score
Strategies for success

– Talk to your practice manager
– Do you have a certified EHR?
– Look to see where you stand today with:
  • Meaningful Use
  • PQRS performance (QRUR)
– Look at the quality measures
– Look at the practice improvement methods
– Join RISE registry
– Reach out ACR staff if you need help
  (advocacy@rheumatology.org)
Use the RISE Registry

- MACRA final rule heavily emphasizes the role of QCDRs
- Registry use counts in domains of MIPS
  - ✓ Practice improvement
  - ✓ Quality improvement
  - ✓ EHR use
- Participation in a registry like RISE, a Qualified Clinical Data Registry (QCDR), WILL positively impact score!
- Write to RISE@rheumatology.org to learn about signing up
The Other Path: Alternative Payment Models (APMs)

- Providers who receive significant revenue from qualifying Alternative Payment Models (APMs) are exempt from MIPS
- 5% bonus 2019-2024
- Qualifying APMs must use certified EMR technology, quality measures similar to MIPS, and be risk-bearing
Alternative Payment Models (APMs)

- Currently all APMs are payer designed APMs
  - Accountability for total spending
  - No fundamental change in how much and for what docs are paid
    - i.e. Shared savings + FFS
    - Physicians must adapt to the model

- Physician focused payment models:
  - Can be accepted by CMS on recs from PTAC
  - Can create a system around the way docs practice
  - Can be rewarded for work outside the office visit
Standard APMs vs. Physician Focused APMs

• The ACR has convened a working group to look into the development of a physician-focused APM concept.
Progress to Date

Apr 14, 2015: MACRA passes Congress
Dec 15, 2015: MACRA group 1st meeting
Jan 22, 2016: APM group created
Apr 18, 2016: APM group 1st meeting
Apr 28, 2016: Harold Miller presents at RUC – the “reconsider” email
Jun 6, 2016: First meeting with Harold Miller
Jul 15, 2016: EC approves APM concept development
Aug 6, 2016: BOD approves APM concept development
Sep 29, 2016: EC approves revised APM group membership
Nov 3, 2016: Planning meeting with Harold Miller
Nov 14, 2016: Face-to-face APM group meeting in Wash DC
Nov 21, 2016: Webinar – APMs 101
Dec 11, 2016: Draft v1.0 released
Dec 17, 2016: Face-to-face APM group meeting in Atlanta
Jan 14, 2017: Draft v2.0 released
Jan 23, 2017: APM group conference call to refine draft v2.0
Feb 3, 2017: Kevin Larsen, CMMI (RISE)
Washington Update – March 2017

- Biosimilars
  - The science
    - Draft on interchangeability
    - Final rule on distinct names
  - The cost issue
    - Support FDA hiring to review pipeline, create competition to drive down price
  - Trump administration froze regulations and federal hiring, reducing FDA regulations “75-80%”
Washington Update – March 2017

- Affordable Care Act
  - Republicans in control but with some disarray
    - Repeal and Replace, or Repair? And When?
    - 3 buckets: repeal, reduce regulations, replace
    - Components and timeline are uncertain
ACR Writes Congressional Leaders About Healthcare Priorities for Rheumatic Diseases

JANUARY 25, 2017  BY DANIELA SEMEDO, PHD  IN NEWS.

As the 115th U.S. Congress considers potential healthcare reform, the American College of Rheumatology (ACR) sent a letter to congressional leaders to ensure that proposals will protect and promote access to health insurance for all Americans living with arthritis and rheumatic diseases.
Health Reform in the 115th Congress

“Congress is currently considering efforts to reform national health care policy. During this time, the ACR is concerned that people with arthritis and rheumatic diseases may lose access to medical care. The following principles are critical to maintain and improve access to rheumatologic care in the US.”
Health Reform in the 115th Congress

The ACR Supports:

- Sufficient, affordable and continuous insurance coverage that encourages access to high quality health care for all Americans.
- Prohibiting health insurance companies from excluding participants based on preexisting conditions.
- Allowing children to remain on their parent’s insurance plan until age 26.
- Removal of excessive administrative burdens which prevent physicians from focusing on patient care.
- Caps on annual out-of-pocket patient costs and a ban on lifetime limits on health care costs.
- Affordable premiums, deductibles and cost-sharing.
- Continuation of the currently-required essential health benefits, in order to ensure patients have access to a robust set of health care services.
State Update – March 2017

Critical issues for rheumatology are being handled in state legislatures

- Standard Prior Authorization
- Specialty Tiers
- Step Therapy
- Biosimilars

ACR and partners monitoring issues, legislative developments in 50 states

ACR can assist you and work with partners on state legislative initiatives, introducing model legislation, coalition work, other collaboration
State Update – March 2017

- Biosimilars
  - Tracking 17 bills
  - MI is so cold it's hot
- Prior Auth
  - Tracking 14 bills
  - WV is busy
- Specialty Tiers
  - Tracking 17 bills
  - DC, GA cap bills
- Step Therapy
  - Tracking 33 bills
  - NC and OH having hearings
RheumPAC

- Nonpartisan federal political action committee that supports congressional candidates through voluntary contributions by U.S. ACR and ARHP members
- Only PAC exclusively representing rheumatology professionals
- RheumPAC allows building relationships with members of Congress and educate them about issues facing rheumatology.
- New RheumPAC “membership” levels and benefits
- Give any amount to join and help advance rheumatology:
  www.rheumatology.org/RheumPAC
RheumPAC in Action

ACR/ARHP members meet with members of Congress all over the country: from Wisconsin to Texas and back in Washington, D.C.

www.rheumatology.org/rheumpac
Meredith Strozier
Director, Practice Advocacy

You would ask Meredith Strozier about:

• Payor policies and Medicare coverage
• Policy issues or problems involving insurance companies
• Insurance issues involving CMS and/or Medicare Administrative Contractors

Contact: mstrozier@rheumatology.org
Antanya Chung
Director, Practice Management

You would ask Antanya about:

- Practice issues, such as reimbursement, billing, coding, and documentation
- Benchmarking, HIPAA and other compliance issues
- Practice management courses at the annual meeting
- Practice audits

Contact: achung@rheumatology.org
Ryan Larosa
Director, Registries

You would ask Ryan about:
• Resources regarding registries and Federal programs, including:
  o QCDR
  o PQRS
  o MU
• ACR registry activities, including
  o Participation in Rheumatology Informatics System for Effectiveness (RISE) – EHR-based registry
  o Registration and participation in the Rheumatology Clinical Registry (RCR) – web-based registry
• We are working to ensure RISE is positioned as a tool to meet reporting requirements under MACRA

Contact: rlarosa@rheumatology.org
Menu for Making a Difference

- Join the AMA – membership.ama-assn.org
- Use ACR Legislative Action Center – Contact Congress, State Legislators: www.rheumatology.org/advocacy
- Give to RheumPAC www.rheumatology.org/rheumpac
- Get your patients and staff involved in outreach
- Advocates for Arthritis Fly-In to Capitol Hill (September)
- Get to know your elected officials
- Become an ACR Key Contact
- Make an appointment in the district
- Call, write letters, utilize social media
Discussion

Contact: acooper@rheumatology.org