AAMC Policy and Regulatory Roundup

Policy and regulatory updates from the Regulatory Team

January 2020

**Announcements**

**Deadline to Submit 2019 Promoting Interoperability Information**

The deadline to submit 2019 data for the Medicare Promoting Interoperability program is March 2, 2020. As a reminder, CMS transitioned to the QualityNet System for hospitals to attest to CMS for the Promoting Interoperability program.

Staff contacts: Gayle Lee, galee@aamc.org, Kate Ogden, kogden@aamc.org

**Lawsuit Challenging Reductions in Site Neutral Rule for 2020**

The AAMC, along with the American Hospital Association (AHA) and several member hospitals filed a complaint on January 13 in the U.S. District Court for the District of Columbia that challenges the reductions to certain grandfathered off-campus hospital provider-based departments (off-campus PBDs) made by CMS in the final Outpatient Prospective Payment System Rule for CY 2020.

Staff contact: Ivy Baer, ibaer@aamc.org

**Letters Submitted**

**Comments to National Quality Forum (NQF) on Measure Application Partnership Draft Report**

On January 8, the AAMC submitted comments to NQF regarding the Measure Application Partnership’s (MAP) 2020 Considerations for Implementing Measures in Federal Programs draft report to CMS, based on CMS’ 2019 Measures Under Consideration (MUC) List. The AAMC highlighted its commitment to working with the MAP and other stakeholders to evaluate CMS’ proposed measures and expressed its appreciation of the MAP Workgroups’ thoughtful discussion of the MUC List and holistic review of Medicare quality programs. The AAMC also shared concerns with some of the proposed measures, specifically that certain accountability measures must be adjusted for sociodemographic status (SDS) before being included in the Medicare quality reporting programs and be NQF-endorsed prior to MAP review.

Staff contact: Phoebe Ramsey, pramsey@aamc.org

**Comments to CMS on Transparency in Coverage Proposed Rule**

On Jan 29 the AAMC submitted comments on the CMS proposed rule that would require health insurers to publicly post negotiated rates for in-network and allowed rates for out-of-network providers. It would also require insurers to disclose patient-specific cost-sharing information for a covered item or service upon request from patients. The AAMC strongly disagrees that posting negotiated rates will assist patients to make informed decision about their medical care. Instead of helping patients, AAMC believe this requirement could lead to widespread confusion and even more consolidation in the commercial health insurance industry. AAMC calls on CMS to not finalize this proposed rule.

Staff contact: Mary Mullaney, mmullaney@aamc.org

**Meetings**

**MedPAC January 16-17**

MedPAC met January 16-17 to discuss annual payment adequacy and updates, whether participation in the 340B program incentivizes use of more expensive drugs, the status of the Part D program, and improving beneficiary assignment to accountable care organizations (ACOs) in the Medicare Shared Savings Programs.

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Listening Session with HHS Leadership on Proposed Antikickback and Stark Self-Referral Rule Changes

On January 17, AAMC staff participated in a listening session on the proposed antikickback and stark self-referral rule changes with HHS leadership, including representatives from the HHS Deputy Secretary’s Office, the Office of Inspector General and the Centers for Medicare and Medicaid Services. During the meeting, AAMC commended HHS on listening to the concerns that have been raised by stakeholders in the past about barriers to innovation created by the Stark and AKS rules. In addition, AAMC pointed out what we liked about the proposals and areas where improvements are needed. The Administration is unsure of when the final rule would be issued; however, is hopeful that it would be in 2020.

Staff contacts: Gayle Lee, galee@aamc.org, Phoebe Ramsey, pramsey@aamc.org

New Resources

2020 MIPS Quick Start Guides
- MIPS Overview
- Eligibility and Participation
- Part B Claims Reporting
- Quality Performance Category
- Promoting Interoperability Performance Category
- Improvement Activities Performance Category
- Cost Performance Category

2020 MIPS Data Validation Criteria (zip) – Includes the criteria used to audit and validate data submitted in each performance category. The Improvement Activities data validation criteria is available now and the remaining categories will be added to the zip file at a later date.


2020 SSP and QPP Interactions Guide – Describes the interactions between the Medicare Shared Savings Program (SSP) and QPP for the 2020 performance period.

Scores for 2020 MIPS APMs Improvement Activities – Shows the Improvement Activities performance category score CMS will assign participants in MIPS Alternative Payment Models (APMs) in the 2020 performance period.

2020 and 2019 Comprehensive List of APMs – Provides a list of the APMs and Other Payer Advanced APMs available for the 2020 and 2019 performance periods.

2020 Qualified Registries Qualified Posting – Lists the vendors approved by CMS to be Qualified Registries for the 2020 MIPS performance period.

2020 QCDRs Qualified Posting – Lists the vendors approved by CMS to be Qualified Clinical Data Registries (QCDRs) for the 2020 MIPS performance period.

New MIPS Quality Measures for 2020 QPP
- Click here to access the list of new measures.