

## Potential Changes Coming to Emergency Medicine in the 2020 Medicare Payment Proposed Rule: What, Why, and How

### What is the 2020 MPFS and QPP Proposed Rule and why does it matter?

Each calendar year the Centers for Medicare and Medicaid Services (CMS) release a set of proposed changes that affect payments to physicians and other healthcare professionals under Medicare Part B. As we have done in previous years, ACEP staff will submit comments and suggestions to CMS advocating for changes that support the practice of emergency medicine and our 40,000 members.

### How does it affect my every day work as an emergency physician?

1. **Billing codes describing the five levels of ED visits:** CMS previously identified the five codes mostly commonly billed by emergency physicians as potentially mis-valued. Based on survey data collected by ACEP from practicing emergency physicians, CMS is now proposing an *increase* in the value of the ED E/M codes in 2020 to better account for the intensity of these services – potentially a large financial impact.

However, for 2021, CMS is proposing an increase to the other office and outpatient E/M services, which could lower the eventual payments to ED E/M codes because of required budget neutrality in Medicare.

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However...

2. **Reducing documentation burden:** CMS proposes to eliminate duplicative documentation requirements in medical records – a potential time and money savings.
3. **Adding a new benefit for Opioid Use Disorder Coverage:** New benefits will be added for treatment services delivered by an opioid treatment program (OTP) for allowing providers to dispense certain drugs, and to provide counseling and therapy and toxicology testing. OTPs do not include EDs, as they must be certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and meet certain accreditation standards. CMS is also proposing to establish bundled payments for the overall treatment of OUD and is seeking comment on possibly reimbursing medication-assisted treatment (MAT) in the ED.
4. **Modifying Physician Assistant supervision regulations:** CMS clarifies that the physician supervision requirement under Medicare is met as long as PAs deliver their services in accordance with state law and scope of practice rules (with medical direction and appropriate supervision as required by state law). In the absence of state law, the physician supervision would be evidenced by including documentation in the medical record describing the PA's approach to working with physicians in delivering their services. These proposed modifications provide further clarification for physicians supervising PAs.
5. **Clarifying certification statement requirements for ambulances:** CMS is proposing to grant ambulance suppliers and providers greater flexibility around who may sign a non-physician certification

statement and to give certain healthcare professionals permission to sign if unable to obtain the attending physician's signature within 48 hours of the transport. This potentially saves emergency physicians time.

CMS is also developing a data collection system to collect cost, revenue, utilization, and other information determined appropriate with respect to ground ambulance providers suppliers.

6. **Increasing the performance threshold under the MIPS program:** (the threshold that a clinician must exceed to be eligible for a payment bonus). CMS is proposing to increase the threshold from 30 points in 2019 to 45 points in 2020, and 60 points in 2021.
7. **Increasing the additional performance threshold to reward exceptional providers:** CMS has an additional bonus on top of their regular performance threshold. The threshold for this additional bonus increases from 75 points in 2019 to 80 points in 2020.
8. **Increasing data completeness requirements for quality performance:** CMS is proposing to increase the percentage of data required to be submitted from 60 percent in 2019 to 70 percent in 2020. Providers can still earn bonus points for high-priority measures and be eligible for additional bonus points based on improvement.
9. **Changing the definition of "hospital-based" for groups to be eligible for hardship exemptions for the Promoting Interoperability (EHR) category of MIPS:** Currently, clinicians who are considered "hospital-based" as individuals are exempt from the Promoting Interoperability category. However, if individual clinicians decide to report as part of a group, they lose the exemption status if even a single group member does not meet the definition of "hospital-based." ACEP has repeatedly argued that this is unfair as it penalizes hospital-based clinicians who work in multi-specialty groups.

CMS is proposing to modify this policy by exempting groups from the Promoting Interoperability category of MIPS as long as 75 percent of individuals in the group meet the definition of hospital-based.

10. **Adding new Qualified Clinical Data Registries (QCDR) requirements:** CMS proposes numerous new requirements for both 2020 and 2021 for QCDRs which will have a direct impact on ACEP's own QCDR, the [Clinical Emergency Data Registry](#).
11. **Alternative Payment Model (APM) QPP track, adding other-payer medical homes, and technical changes:** CMS is proposing giving physicians additional credit for participating in medical home APMs initiated by other payers beyond Medicare, and establishing more conditions to qualify for the five percent bonus.

For a more detailed description of the potential forthcoming changes in the 2020 MPFS and QPP, check out ACEP's full summary of the proposed rule [here](#).