



ADVOCACY UPDATE

November 22, 2010

Senate takes first step to avert upcoming Medicare cuts

On Nov. 18, Senate Majority leader Harry Reid (D-Nev.), Minority Leader Mitch McConnell (R-Ky.), Finance Committee Chair Max Baucus (D-Mont.), and Finance Ranking Member Charles Grassley (R-Iowa) reached an agreement on a unanimous consent request for a 31-day reprieve from the 23 percent Medicare physician payment cut scheduled to take effect on Dec. 1. This move is a necessary first step to avoid a disruption in December payments while Congressional leaders continue to seek funding offsets for legislation that will stabilize Medicare physician payments through 2011.

Earlier this fall the AMA, along with 66 national physician organizations and all the state medical societies, asked Congress to prevent the Medicare payment cuts being produced by the SGR for at least 13 months, and indications are that this proposal enjoys bipartisan support in Congress. Further, bipartisan discussions are underway to identify acceptable funding offsets for a full 12-month reprieve that would be passed in December, while the short-term extension is in effect.

Because the lame duck Congress has adjourned for a Thanksgiving recess, final action on the 31-day extension in the House cannot take place until Congress reconvenes the week of November 29.

States and specialties collaborate successfully on “White Coat Wednesday”

Capitol Hill offices were inundated with telephone calls from physicians and patients on Nov. 17 when state, county and national specialty societies participated in a “White Coat Wednesday” grassroots effort on the pending Medicare physician payment cuts. The New York Times reported that: “Doctors flooded Congress on Wednesday with telephone calls urging lawmakers to prevent the cut. Many physicians have posted placards in their offices saying, ‘Your doctor may have to stop seeing Medicare patients if Congress does not act.’” The success of this grassroots effort demonstrates medicine’s strength when all work together to deliver a strong, common message.

CMS launches Center for Medicare and Medicaid Innovation

The Centers for Medicare and Medicaid Services (CMS) formally established the Center for Medicare and Medicaid Innovation (CMMI) that was created by the Affordable Care Act (ACA). Cecil Wilson, MD, President of the AMA participated in a stakeholder meeting on the day of the launch. During the meeting, Dr. Wilson stressed that the CMMI holds promise as a testing ground for emerging models of patient care. In this and other

meetings, the AMA continues to urge the Administration to ensure that the center will provide physicians from all types of practices with the resources to move ahead with improvements in health care delivery systems. For more information on the CMMI and the initial demonstration projects, visit: www.innovation.cms.gov

White House and CMS host meeting with physicians on delivery reforms

On Nov. 15, the White House and CMS hosted a meeting with physicians to discuss the development of innovative delivery reforms such as bundled payments, medical homes, and accountable care organizations (ACOs). AMA President Dr. Cecil Wilson and Dr. Ardis Hoven, chair of the Board of Trustees, participated in the meeting on behalf of the AMA.

The meeting was timely, since CMS is currently drafting a regulatory proposal on the shared savings/ACO program authorized by the ACA that is expected to be released at the end of this year or early in 2011. CMS is also preparing its priorities for the newly launched CMMI, which will identify and support a variety of new innovative delivery reforms.

The Administration heard from individuals representing a broad range of specialties and practice types, including several large group practices that participate in the CMS Physician Group Practice demonstration program, leaders of existing Independent Practice Associations (IPAs) delivering integrated care, physicians involved in the Medicare Acute Care Episode demonstration program, and representatives of specialty and state medical associations. These groups discussed their unique experiences in delivery reform and the significant barriers they have faced. Participants further emphasized that the Administration cannot and should not adopt a "one-size-fits-all" approach as it drafts regulations to implement the shared savings and ACO provisions of the health reform law and establish the CMMI. The AMA and others also stressed that the majority of physicians are in practices of four or fewer, so the Administration must provide flexibility as well as resources to assist with transition.

For more information on AMA Advocacy on ACOs and other delivery reforms included in the ACA go to www.ama-assn.org/go/paymentpathways .

CMS resumes production of 2009 PQRS and eRx feedback reports

After beginning the release of the 2009 Physician Quality Reporting System (PQRS, formerly the PQRI) Feedback Reports, CMS temporarily halted production of these files to investigate some conflicting information in the reports. Starting the week of Nov. 22, CMS will resume posting 2009 PQRS and eRx Incentive Program feedback reports on the PQRS portal

(https://www.qualitynet.org/portal/server.pt/community/pqri_home/212). Individual National Provider Identifier (NPI) reports may also be obtained by contacting your Carrier or Medicare Administrative Contractor. To view a list of Provider Contact Centers, visit <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip> on the CMS website. For questions regarding 2009 PQRS and eRx feedback reports, please contact the QualityNet Help Desk at 1-866-288-8912 (Monday-Friday 7:00am to 7:00pm CST) or by email at qnetsupport@sdps.org.

CMS to host December PQRS Open Door Forum

On Dec. 15, CMS will host a special Open Door Forum on the 2011 PQRS and eRx Incentive programs from 1:00pm to 3:00pm ET. CMS will provide an overview of changes to Group Practice Reporting Option (GPRO) for the 2011 program year, and discuss the eRx 2012 payment adjustment. Group practices interested in participating in the 2011 GPRO for PQRS and/or the GPRO for eRx Incentive Program must submit a self-nomination letter to CMS no later than January 31, 2011. Following CMS presentations, telephone lines will be opened to allow participants to ask questions of CMS staff. The number for the Open Door Forum is 1-800-837-1935 and the Conference ID is 24749053. Additional information regarding the Open Door Forum can be found at http://www.cms.gov/PQRI/04_CMSSponsoredCalls.asp#TopOfPage.

New CMS Physician Feedback Program website established

The Physician Resource Use Measurement and Reporting Program, now referred to as the Physician Feedback/Value Modifier Program, has a new informational CMS website. Under the program, CMS uses claims data to create confidential reports for physicians measuring the resources and quality of care involved in furnishing care. To learn more about these reports and future legislatively-mandated program changes, please visit the new web page at <http://www.cms.gov/PhysicianFeedbackProgram>.

November webinars booked to capacity—sign up now for December webinars to help prepare for audits

On Nov. 16, the AMA offered two free Q&A webinars with industry expert Frank Cohen called “Could your practice be at risk for a payer audit?” These 30-minute webinars discussed ways physician practices can prepare for governmental and private payer audits. Both webinars were immediately booked to capacity with more than 300 attendees registered. To accommodate the numerous physicians and practice staff that were unable to attend one of the Nov. 16 webinars, the AMA is offering additional opportunities to attend this live webinar in December. The first three webinars are scheduled for Tuesday, **Dec. 7 at noon, 1:30 p.m. and 3:00 p.m.** Eastern Time—reserve your seat now.

In addition to discussing audits and how physicians can prepare their practices, Mr. Cohen will also give a brief demonstration of an affordable online tool for small physician practices that can help them assess their practice’s audit risk: the AMA’s new Practice Analysis Tools for Healthcare (AMA PATH™). Attendees will learn how this tool gives access to knowledge typically associated with expensive consultants to see how their practice looks to auditors, and then implement process improvements to help safeguard their practice against payer audits. Directly following the presentation, Mr. Cohen will answer questions from attendees. Visit www.ama-assn.org/go/amapath to sign up for one of these free webinars and to learn more about AMA PATH.

National Managed Care Contract Database now includes federal laws and easy print option

The AMA is pleased to offer its members the National Managed Care Contract Database (NMCC), a powerful online tool that lets users look up state managed care laws from around the country, model contract language based on the most physician-favorable state laws, and issue briefs on contracting issues physicians should understand before signing

a managed care contract. Physicians can use this database to support managed care contract negotiations with reality-based alternative language and ensure that managed care organizations' contracts and behavior comply with applicable laws. This powerful contracting and compliance tool just got even better: in addition to all state managed care laws, users can now look up all federal managed care laws as well. The enhanced database also allows users to easily identify and print all the managed care laws in their state—with just a few clicks of the mouse. AMA members and Federation staff can visit www.ama-assn.org/go/nationalcontract to access this newly enhanced tool.

Join online physician practice community and share your “Heal that Claim”™ month stories

November is “Heal that Claim”™ month, and physicians around the country are pledging to do their part to heal the claims process by implementing practice efficiencies and submitting timely and accurate claims the first time. If you haven't already, there's still time to pledge your support—visit www.ama-assn.org/go/healthatclaim today. Now is also a perfect time to sign up for the AMA's **free Practice Management Alerts**. These e-mail alerts provide timely updates on new practice management resources and tools to help you implement claims processing efficiencies and other practice improvements. You'll also receive alerts about unfair payer practices and ways to address them.

Take part in the Practice Management Alerts online community by sharing your “Heal that Claim” month stories with other physicians and their practice staff, taking action on alerts and inviting your friends to join. Visit www.ama-assn.org/go/healthatclaim to view a **free archived webinar** and join the Practice Management Alerts online community today.

National health insurers agree to work with the AMA on prior authorization issues

In mid-November, the AMA hosted an on-site meeting of the Prior Authorization (Prior Notification) for Medical Services Workgroup. Attendees included members of the Federation Payment Policy Workgroup and several national health insurers. Four of the national insurers that were present agreed to work with the AMA and the Payment Policy Workgroup to identify the top 80 percent of procedures that they receive prior authorization requests for. With the identification of these top procedures, the Prior Authorization for Medical Services Workgroup can now explore potential strategies to streamline the prior authorization process that is currently administratively burdensome to physicians and their practice staff.