

# 2022 Medicare Update Ask The Expert

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# Learning Objective

Upon completion of this program, participants should be able to outline key changes to the Medicare Physician Fee Schedule as related to payment, telehealth, and Merit-Based Incentive Payment System (MIPSs) and Quality Payment Program (QPP) requirements affecting the 2022 performance year.



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# Medicare Physician Payment

- July 12, 2021: The Centers for Medicare & Medicare Services (CMS) released the 2022 proposed Medicare Physician Fee Schedule.
- Sept. 13, 2021: TMA reacted to the proposal in a formal comment [letter](#).
- Nov. 3, 2021: CMS released the 2022 final Medicare Physician Fee Schedule.
- Jan. 1, 2022: The regulation takes effect.



# Medicare Physician Payment

- Calculating total relative value units (RVUs):

$$(Work\ RVU \times Work\ GPCI) + (Practice\ Expense\ RVU \times Practice\ Expense\ GPCI) + (Malpractice\ RVU \times Malpractice\ GPCI) = Total\ RVU$$

- Calculating Medicare payment:

$$Total\ RVU \times Conversion\ Factor\ (CF) = Medicare\ Payment$$

- In 2021, the CF was \$34.8931.
- In 2022, the CF is \$33.5983. (-3.75%)



# Medicare Physician Payment

However, current law requires a nearly 10% pay cut in 2022 for physicians treating Medicare patients:

- A 3.75% reduction in the 2022 Medicare Physician Fee Schedule conversion factor
- A 2% across-the-board sequestration cut
- An additional 4% sequestration cut





# Medicare Physician Payment

TMA survey of Texas physicians on the impact of the cuts:

- 62% could be forced to stop seeing any new Medicare patients.
- 59% would consider opting out of Medicare altogether.
- 43% may contemplate retirement.
- 42% might even have to stop seeing their existing Medicare patients.



# Medicare Physician Payment

As reported in *Texas Medicine Today*, TMA continues to ask Congress to stop these cuts.

- Advocate for your profession by using the TMA [toolkit](#), “Medicare Cuts: Insult Upon Injury” including further info, social media posts
- [Contact](#) your congressional lawmakers and urge that these cuts be averted



# Medicare Physician Payment

- CMS finalized 77% of AMA/Specialty Society Relative Value Scale Update Committee (RUC) recommendations.

TMA called on CMS to fully adopt all RUC recommendations.

- Starting 2022 and impacting clinical labor costs, CMS will transition over 4 years to using new wage data from the U.S. Bureau of Labor Statistics.

TMA asked CMS to institute a 4-year transition and update the data more frequently to avoid disruption.



# Medicare Physician Payment

- When “incident-to” is not applicable, CMS finalized a split/shared facility-setting visit as an E&M visit when services are performed in part by a physician and by a nonphysician practitioner.

TMA appreciated CMS leaving incident-to policies intact in the context of E&M split billing.

- CMS delayed its appropriate use criteria program until the later of Jan. 1, 2023, or the January after the public health emergency (PHE) ends.

TMA strongly supported the proposal to delay enforcement.



# Medicare Physician Payment

- TMA called on CMS to pay for CPT code 99072 compensating practices for PHE-related supplies and new staff work with no patient cost-sharing.

CMS neither proposed nor finalized the use of this code.

- Starting 2022, physician assistants can bill Medicare and be paid directly for their services.

- TMA recognized PAs' role and CMS' adherence to new law. TMA's position is that a physician-led, collaborative team-based approach is optimal for care delivery; CMS should pay the physician directly for PA services.
- It is critical for CMS to acknowledge that state law – not CMS – defines scope of practice.



# Medicare Physician Payment

**TABLE 136: CY 2022 PFS Estimated Impact on Total Allowed Charges by Specialty**

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Allergy/Immunology	\$213	0%	0%	0%	0%
Anesthesiology	\$1,626	0%	1%	0%	1%
Audiologist	\$56	0%	0%	0%	0%
Cardiac Surgery	\$197	0%	-1%	0%	0%
Cardiology	\$5,926	0%	-1%	0%	-1%
Chiropractic	\$600	0%	0%	0%	0%
Clinical Psychologist	\$791	0%	0%	0%	0%
Clinical Social Worker	\$849	0%	0%	0%	0%
Colon and Rectal Surgery	\$140	0%	0%	0%	0%
Critical Care	\$353	0%	0%	0%	0%
Dermatology	\$3,336	0%	0%	0%	1%
Diagnostic Testing Facility	\$664	0%	6%	0%	6%
Emergency Medicine	\$2,445	0%	0%	0%	0%
Endocrinology	\$489	0%	0%	0%	0%
Family Practice	\$5,557	0%	0%	0%	1%
Gastroenterology	\$1,428	0%	0%	0%	0%
General Practice	\$361	0%	0%	0%	1%
General Surgery	\$1,688	0%	0%	0%	0%
Geriatrics	\$170	0%	1%	0%	1%
Hand Surgery	\$214	0%	1%	0%	1%
Hematology/Oncology	\$1,679	0%	-1%	0%	-1%
Independent Laboratory	\$537	0%	0%	0%	0%
Infectious Disease	\$620	0%	0%	0%	0%
Internal Medicine	\$9,618	0%	0%	0%	0%
Interventional Pain Mgmt	\$865	0%	2%	0%	1%
Interventional Radiology	\$465	0%	-5%	0%	-5%
Multispecialty Clinic/Other Phys	\$133	0%	0%	0%	0%
Nephrology	\$2,231	0%	0%	0%	0%
Neurology	\$1,313	0%	0%	0%	0%
Neurosurgery	\$687	0%	0%	0%	0%
Nuclear Medicine	\$48	0%	-1%	0%	-1%



# Medicare Physician Payment

**TABLE 136: CY 2022 PFS Estimated Impact on Total Allowed Charges by Specialty**

(A) Specialty	(B) Allowed Charges (mil)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes	(E) Impact of MP RVU Changes	(F) Combined Impact
Nurse Anes / Anes Asst	\$1,036	0%	1%	0%	0%
Nurse Practitioner	\$5,130	0%	0%	0%	0%
Obstetrics/Gynecology	\$541	0%	0%	0%	0%
Ophthalmology	\$4,218	0%	0%	0%	0%
Optometry	\$1,075	0%	0%	0%	0%
Oral/Maxillofacial Surgery	\$70	0%	-1%	0%	-1%
Orthopedic Surgery	\$3,167	0%	0%	0%	0%
Other	\$52	0%	0%	0%	0%
Otolaryngology	\$1,003	0%	0%	0%	0%
Pathology	\$1,030	0%	0%	0%	0%
Pediatrics	\$54	0%	0%	0%	0%
Physical Medicine	\$999	0%	0%	0%	0%
Physical/Occupational Therapy	\$3,850	0%	-1%	0%	-1%
Physician Assistant	\$2,723	0%	0%	0%	0%
Plastic Surgery	\$311	0%	0%	0%	1%
Podiatry	\$1,797	0%	1%	0%	1%
Portable X-Ray Supplier	\$83	0%	2%	0%	2%
Psychiatry	\$1,015	0%	0%	0%	0%
Pulmonary Disease	\$1,424	0%	0%	0%	0%
Radiation Oncology and Radiation Therapy Centers	\$1,605	0%	-1%	0%	-1%
Radiology	\$4,257	0%	-1%	0%	-1%
Rheumatology	\$523	0%	0%	0%	-1%
Thoracic Surgery	\$293	0%	-1%	0%	-1%
Urology	\$1,623	0%	0%	0%	1%
Vascular Surgery	\$1,107	0%	-5%	0%	-5%
<b>Total</b>	<b>\$84,285</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

\* Column F may not equal the sum of columns C, D, and E due to rounding.



# Telehealth PHE Coverage Extended

Coverage for [category 3 services](#) (services temporarily added during the PHE) was extended to Dec. 31, 2023.

This allows time to collect, analyze, and submit data to support consideration for permanent telehealth coverage.

All CMS telehealth codes:

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>



# Mental Health

- The geographic site restriction was permanently removed, permitting home as the originating site if a patient has been seen in person in the previous 6 months.
- An in-person nontelehealth visit service must be furnished at least once within a 12-month period.
- Audio-only visits are permitted when provided by physicians who have audio-visual capabilities and beneficiary:
  - Is unable to use video
  - Does not wish to use video
  - Does not have access to video



# MIPS Value Pathways (MVPs)

- MVPs are a subset of measures and activities aimed to align and connect MIPS' quality, cost, and improvement activities for specialties and conditions.
- Set to begin in 2023
- TMA urged CMS not to implement yet another MIPS program.



# E-Prescribing of Controlled Substances

CMS extended by another year the e-prescribing of controlled substances (EPCS) enforcement date to Jan. 1, 2023.

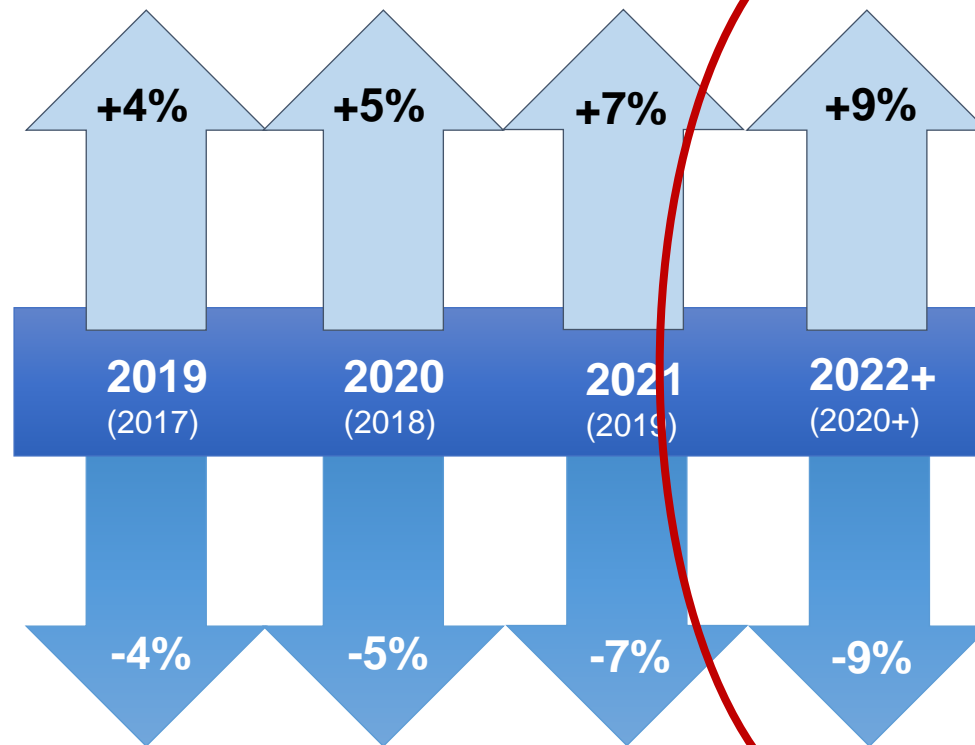
Remember ...

Texas law required EPCS as of Jan. 1, 2021.

- Fine more information at [www.texmed.org/eRX](http://www.texmed.org/eRX).
- [Waivers are available](#) via the Texas Medical Board.

# MIPS Incentives and Penalties

Adjustments to Medicare Part B payments are based on performance (2 years prior). It's “up to” and “down to” the percentages listed.







# Maintaining Records Indefinitely

- CMS proposed making patient electronic records available indefinitely retroactive to 2016.
- CMS did not finalize this proposal but will continue to study it and may make it part of future rulemaking.
- **TMA strongly opposed CMS' proposal.**

# MIPS Eligible Clinicians - Expanded

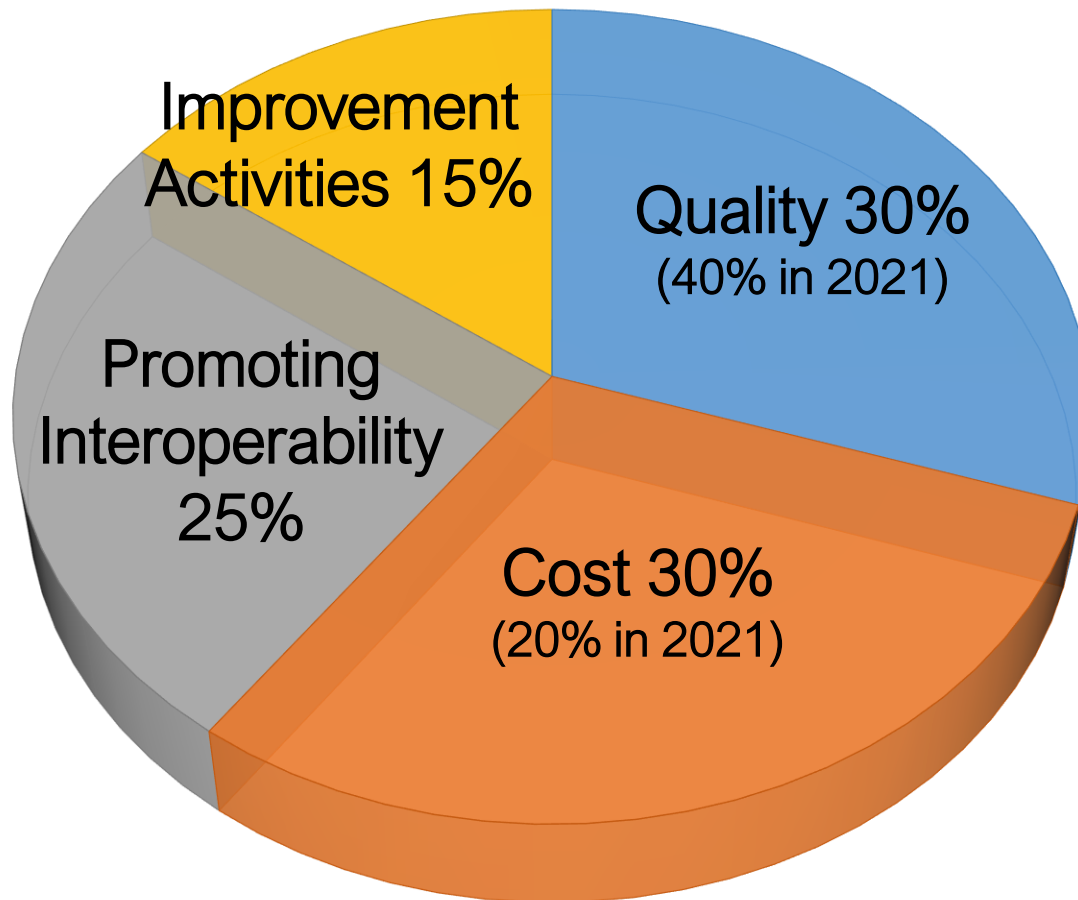
- Physicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Physical and occupational therapists
- Qualified speech-language pathologists
- Qualified audiologists
- Clinical psychologists
- Registered dietitian or nutrition professionals
- **Clinical social workers**
- **Certified nurse-midwives**

} New in 2022

Small practice =  
15 or fewer  
eligible  
clinicians

# 2022 MIPS Categories and Weights

MIPS incentives and penalties are based on a composite score of 4 weighted performance categories.





# Quality Category | 30%

From Jan. 1 to Dec. 31, 2022:

- Report 6 (or more) quality measures
  - Include at least 1 outcome measure
  - If no outcome measures apply, choose a high-priority measure
  - If 6 measures do not apply, report on each applicable measure

-----OR-----

- Report 1 specialty-specific measure set
  - If < 6 measures, report all applicable available measures within set
  - If > 6 measures, choose > 6 to report

Explore measures: <https://qpp.cms.gov/>



# Quality Measures

- Review specifications annually for updates
- 200 quality measures available for 2022
  - Substantive changes to 87 measures
  - Changes to specialty sets
  - Removal of 13 measures
  - Addition of 4 measures
- Only small practices can report via claims.
- Maintaining data completeness threshold of 70% for 2022 and 2023 performance years



# Promoting Interoperability | 25%

- Promoting Interoperability reporting period is a minimum of 90 continuous days.
- New requirement to complete an annual self-assessment of Safety Assurance Factors of EHR Resilience (SAFER) Guides
  - Using the High Priority Practices Guide
  - Will attest to completion





# Promoting Interoperability

- Public health and clinical data exchange now requires:
  - Immunization registry reporting
  - Electronic case reporting
- 5 bonus point for reporting on any one of the following:
  - Public health registry reporting
  - Clinical data registry reporting
  - Syndromic surveillance reporting



# Improvement Activities | 15%

- 106 available improvement activities
  - 7 new
  - 6 removed
  - 15 modified
- To earn full credit, participants must submit 1 of the following combination of activities:
  - 2 high-weighted activities (20 points each) OR
  - 1 high-weighted activity and 2 medium-weighted activities OR
  - 4 medium-weighted activities (10 points each)
- Each activity must be performed for 90 consecutive days with the entire patient panel.



# Cost Category | 30%

- 12-month performance period (Jan. 1-Dec. 31, 2022)
- No data submission required – determined by claims data
- Based on attributed patients and case minimums
- 25 cost measures (5 new in 2022)
  - Melanoma resection (procedure)/10 episodes
  - Colon and rectal resection (procedure)/20 episodes
  - Sepsis (acute inpatient)/20 episodes
  - Diabetes (chronic condition)/20 episodes
  - Asthma/COPD (chronic condition)/20 episodes



# MIPS Composite Score Example

MIPS Category	Performance %	Category Points	Score
Cost	N/A	30	15
Quality	75%	30	22.5
PI	100%	25	25
Improvement	100%	15	15
Total		100	77.5

CMS will set a benchmark value every year. Below it, physicians will get penalties. Above it, incentives.

- 2022 performance threshold is 75.
- Exceptional performance threshold is 89.

# MIPS Payment Adjustments

## 2022 Performance

2022 Performance Year	
2024 Payment Year	
MIPS Final Score	Payment Adjustment
0.0-18.75	9% penalty
18.76-74.99	< 9% penalty
75.0	0%
75.01-88.99	0 to 9% bonus
89.0-100	0 to 9% bonus + exceptional performance bonus

Medicare payments are adjusted on a per-claim basis under the Medicare Physician Fee Schedule for 1 calendar year. Under the QPP, depending on how you fare on the MIPS 0-100 point scale, you will see a decrease, increase, or no change in payments each year based on the performance year.



# TMA Resources

<i>Resource</i>	<i>Access</i>
<ul style="list-style-type: none"><li>• MACRA</li></ul>	<ul style="list-style-type: none"><li>• <a href="http://www.texmed.org/MACRA">www.texmed.org/MACRA</a></li></ul>
<ul style="list-style-type: none"><li>• Health Information Technology</li></ul>	<ul style="list-style-type: none"><li>• <a href="http://www.texmed.org/HIT">www.texmed.org/HIT</a></li></ul>
<ul style="list-style-type: none"><li>• Promoting Interoperability</li></ul>	<ul style="list-style-type: none"><li>• <a href="http://www.texmed.org/PI">www.texmed.org/PI</a></li></ul>
<ul style="list-style-type: none"><li>• HIPAA</li></ul>	<ul style="list-style-type: none"><li>• <a href="http://www.texmed.org/HIPAA">www.texmed.org/HIPAA</a></li></ul>
<ul style="list-style-type: none"><li>• Ransomware and cyber security</li></ul>	<ul style="list-style-type: none"><li>• <a href="http://www.texmed.org/Cybersecurity">www.texmed.org/Cybersecurity</a></li></ul>
<ul style="list-style-type: none"><li>• e-Prescribing</li></ul>	<ul style="list-style-type: none"><li>• <a href="http://www.texmed.org/eRx">www.texmed.org/eRx</a></li></ul>
<ul style="list-style-type: none"><li>• TMA Education Center</li></ul>	<ul style="list-style-type: none"><li>• <a href="http://www.texmed.org/Education">www.texmed.org/Education</a></li></ul>
<ul style="list-style-type: none"><li>• TMA Practice Consultants</li></ul>	<ul style="list-style-type: none"><li>• <a href="http://www.texmed.org/Consulting">www.texmed.org/Consulting</a></li></ul>





# Claim CME

- Click on Test/Eval/CME button and complete the required evaluation. Once completed your Transcripts/Certificate of completion will be available to download.
- Physicians who complete all program requirements may claim *0.5 AMA PRA CAT. 1 Credits™* with Ethics.
- Questions? Call the TMA Knowledge Center at (800) 880-7955.
- Slide handouts and additional resources are available under the Materials Tab.

# Thank You

## Questions?

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Physicians Caring for Texans