

SPECIAL EDITION

Friday, November 1, 2019

News

- Physician Fee Schedule: Finalized Policy, Payment, and Quality Provisions for CY 2020
- Medicare Hospital OPPS and ASC Payment System Final Rule for CY 2020

News

Physician Fee Schedule: Finalized Policy, Payment, and Quality Provisions for CY 2020

On November 1, CMS issued a final rule that includes updates to payment policies, payment rates, and quality provisions for services furnished under the Medicare Physician Fee Schedule (PFS) effective on or after January 1, 2020.

Payment Provisions:

- · Ratesetting and conversion factor
- Medicare telehealth services
- Evaluation and management services
- Physician supervision requirements for physician assistants
- Review and verification of medical record documentation
- Care management services
- Medicare coverage for opioid use disorder treatment services furnished by opioid treatment programs
- · Bundled payments under the PFS for opioid use disorders
- Therapy services

Other Provisions:

- Quality Payment Program
- Ambulance services
- Ground ambulance data collection system
- Open Payments Program
- Medicare Shared Savings Program

For More Information:

- Final Rule
- Press Release
- Press Release Treatment for Opioid Use Disorder
- Quality Payment Program Fact Sheet
- Register for November 6 Call

See the full text of this excerpted CMS Fact Sheet (Issued November 1).

Medicare Hospital OPPS and ASC Payment System Final Rule for CY 2020

On November 1, CMS finalized policies that aim to increase choices, encourage medical innovation, empower patients, and eliminate waste, fraud, and abuse to protect seniors and taxpayers. The changes build on

existing efforts to increase patient choice by making Medicare payment available for more services in different sites of services and adopting policy changes under the Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System.

In accordance with Medicare law, CMS is updating OPPS payment rates for hospitals that meet applicable quality reporting requirements by 2.6 percent. This update is based on the projected hospital market basket increase of 3.0 percent minus a 0.4 percentage point adjustment for Multi-Factor Productivity (MFP).

Using the hospital market basket, CMS is finalizing an update to the ASC rates for CY 2020 equal to 2.6 percent. The update applies to ASCs meeting relevant quality reporting requirements. This change is based on the projected hospital market basket increase of 3.0 percent minus a 0.4 percentage point adjustment for MFP. This change will also help to promote site-neutrality between hospitals and ASCs and encourage the migration of services from the hospital setting to the lower cost ASC setting.

The final rule with comment period includes:

- Increasing choices and encouraging site neutrality
- Method to control for unnecessary increases in utilization of outpatient services
- Changes to the inpatient only list
- ASC covered procedures list
- Payment for procedures involving skin substitutes
- Rethinking rural health
- Changes in the level of supervision of outpatient therapeutic services in hospitals and critical access hospitals
- Addressing wage index disparities
- Unleashing innovation
- Device pass-through applications
- Protecting taxpayer dollars
- Meaningful Measures/Patients Over Paperwork
- Hospital Outpatient Quality Reporting Program
- Ambulatory Surgical Center Quality Reporting Program
- OPPS payment methodology for 340B purchased drugs
- Partial Hospitalization Program (PHP) rate setting
- Update to PHP per diem rates
- Revision to the organ procurement organization conditions for certification

For More Information:

- Final Rule
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