

## Inside this issue

- [Act Now to Avoid Penalties in the MIPS: Facility-Based Measurement for MIPS Performance Year 2021](#)
- [Streamlining Prior Authorization: Support the Improving Seniors' Timely Access to Care Act](#)
- [Addressing Burnout: Support the Dr. Lorna Breen Health Care Provider Protection Act](#)
- [Blumenauer Palliative Care Roundtable](#)
- [Explaining the RUC Process and How Medicare Sets its Rates](#)
- [Take Action: Help Support SHM's Legislative Agenda](#)

## Act Now to Avoid Penalties in the MIPS: Facility-Based Measurement for MIPS Performance Year 2021

Hospitalists and hospital medicine groups that planned on using the facility-based reporting option for the 2021 Performance Year of the Merit-based Incentive Payment System (MIPS) must take action to avoid potential penalties in the MIPS. **The facility-based reporting option, which assigned a MIPS score in the Quality and Cost categories based on a hospital's Hospital Value-Based Purchasing Total Performance Score, will not be available for the 2021 MIPS performance year.**

Due to the on-going reporting flexibilities and disruptions to quality reporting, CMS determined they could not to provide hospitals with an accurate HVBP Total Performance Score in FY 2022. Because the MIPS facility-based reporting option relies on the HVBP Total Performance Score, CMS is unable to calculate a MIPS facility-based score for the 2021 Performance Year. SHM continues to work with CMS on this facility-based reporting issue, as we believe it may be a factor for several MIPS reporting years.

**If you or your group planned on utilizing facility-based reporting for 2021, you will need to either (a) submit data on MIPS quality measures or (b) submit an extreme and uncontrollable circumstances exception application, citing "COVID-19" as the triggering event.** The extreme and uncontrollable circumstances exception application deadline is December 31, 2021.

For more information:

- CMS QPP Resource Library: [2021 Facility-Based Quick Start Guide](#) (downloads a PDF)
- [CMS Extreme and Uncontrollable Circumstances Exception 2021 webpage](#)

[Top](#)

## **Streamlining Prior Authorization: Support the Improving Seniors' Timely Access to Care Act**

SHM supports the Improving Seniors' Timely Access to Care Act (H.R. 3173/S. 3018), which will help protect patients from unnecessary delays in care by streamlining and standardizing prior authorization under the Medicare Advantage (MA) program. Nearly one-third of all Medicare beneficiaries are enrolled in MA plans, and as enrollment in MA plans continues to increase, we must ensure beneficiaries receive timely and condition-appropriate care. Many hospitalists report that prior authorization policies in MA plans result in delays of care, oftentimes among the most fragile patients and those requiring post-discharge care. Patient experiences include unnecessary waits for admission to skilled nursing facilities (SNFs) or rehab facilities and delayed discharges from the hospital while waiting for medication approvals.

This legislation will help streamline the MA program and increase accountability and transparency. It will require MA plans to establish an electronic prior authorization program, standardize the prior authorization process for routinely approved services and items, and create a list of services eligible for real-time decisions.

For more information and to take action:

- Letter to Congress: [Improving Seniors' Timely Access to Care Act](#)
- Action Alert: [Send a message to your legislators](#)

[Top](#)

## **Addressing Burnout: Support the Dr. Lorna Breen Health Care Provider Protection Act**

Rates of hospitalist burnout, which were high before the onset of the pandemic, worsened as COVID-19 exacerbated pre-existing issues in the healthcare system and introduced new pressures and stressors. We have reached a crisis point that requires immediate action.

SHM supports the Dr. Lorna Breen Health Care Provider Protection Act (H.R. 1667). This legislation, which passed the Senate unanimously on August 5, 2021, establishes grants to support training in strategies to reduce and prevent suicide, burnout, behavioral health conditions, and substance use disorders among healthcare professionals. Furthermore, it funds programs to educate and promote mental and behavioral health in the healthcare workforce. If passed, the legislation will be an important first step to address the crisis of health care provider burnout.

For more information and to take action:

- Letter to Congress: [Dr. Lorna Breen Health Care Provider Protection Act](#)
- Action Alert: [Send a message to your Representative](#)
- SHM's [Well-being Resources](#)

[Top](#)

## Blumenauer Palliative Care Roundtable

In October, Congressman Earl Blumenauer's (D-OR) office invited SHM to participate in a roundtable discussion on palliative and end-of-life care, which is one of his policy priorities. Representative Blumenauer organized this roundtable discussion to hear directly from relevant stakeholders and posed the following query to the roundtable participants:

*I am working to develop and refine my legislative agenda on palliative and end-of-life care as we rebuild from the pandemic. The agenda must address the gaps and deficiencies that have been created and exacerbated by COVID-19. As I develop policy priorities to address these concerns, I want to hear from you. The pandemic has both affected the work already done and reframed how people think about end-of-life. I would appreciate hearing from you on how the federal government can respond to ensure that patients' and families' wishes are respected and enforced, and so we can prepare for and make progress in the future.*

SHM participants shared high-level thoughts during the round table discussion and SHM's Public Policy Committee is developing a more detailed response to this request from the perspective of a practicing hospitalist. If you have thoughts or comments in response to Rep. Blumenauer's query, please email your comments to [Advocacy@hospitalmedicine.org](mailto:Advocacy@hospitalmedicine.org).

[Top](#)

## Explaining the RUC Process and How Medicare Sets its Rates

Medicare's Part B reimbursement rates are informed by input from provider stakeholders and there are opportunities to get involved. The American Medical Association's (AMA) RVS Update Committee (RUC) is the preeminent source of recommendations for the values of services and procedures. It creates its recommendations by having specialty societies survey their memberships on the

intensity and time associated with providing a service. Responses from these surveys help the RUC set RVU recommendations to send to Medicare.

SHM will be sending out surveys in the coming weeks on hospital visit Evaluation and Management (E&M) codes and if you receive a survey, we encourage you to take the time to respond.

[Top](#)

## Take Action: Help Support SHM's Legislative Agenda

SHM relies on advocates like you to help advance our legislative agenda, advocating for both patients and hospital medicine. SHM needs on-the-ground hospitalists advocates contacting their representatives, as representatives want to hear directly from their constituents. Be a hospitalist advocate-send a message to your representatives today!

### Action Alerts:

- Tell Congress to Stop Impending Medicare Physician Payment Cuts: [Send a message now](#)
- Equal Access to Green cards for Legal Employment (EAGLE) Act: [Send a message now](#)
- Improving Access to Medicare Coverage Act: [Send a message now](#)
- Conrad State 30 and Physician Reauthorization Act: [Send a message now](#)
- Healthcare Workforce Resilience Act: [Send a message now](#)
- Mainstreaming Addiction Treatment Act: [Send a message](#)

[Top](#)

---

You are currently subscribed to a mailing list of Society of Hospital Medicine. If you wish to unsubscribe, please click [here](#).