

# Grassroots Newsletter

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## Health Policy at the Annual Meeting

SHM's annual meeting (HM19) will be held in National Harbor, Maryland on March 25-27, 2019. If you would like to learn more about public policy and advocacy work at the Annual Meeting, consider attending one or all of the following sessions:

- "CMS Policy Update: An Overview of Meaningful Measures and the Quality Payment Program" with Reena Duseja: *Monday, March 25 from 2:00-3:30 pm in Annapolis*
  - Dr. Duseja, MD, MS is the Chief Medical Officer of the Quality Measurement and Value-Based Incentives Group at Medicare. She will share insight on what Medicare is doing when it comes to value-based purchasing programs, and she has indicated that she wants to hear directly from you. She plans to reserve significant time to ask you questions and listen to your insight. Time will also be reserved for a question and answer period.
- Federal Advocacy and Policymaking: How does it all work? w/Jennifer Bell: *Monday March 25 from 3:40-4:35 PM in Annapolis*

- Jennifer Bell, named one of the Hill's "Top Lobbyists" is the founding partner of Chamber Hill Strategies, a boutique public policy and consulting firm headquartered in Washington, DC.
- Playbook for MACRA Success: Critical 2019 Updates: *Tuesday, March 26, 2019 7:30 - 7:50 AM at the SHM Pavilion #423 in the Exhibit Hall*
  - Josh Boswell and Josh Lapps, SHM's Director and Senior Manager of the Government Relations Department, respectively, will discuss group reporting in the Promoting Interoperability category, facility-based reporting, and other important aspects of MACRA.

### **Hill Day**

On the final day of the Conference, we will be hosting our Hill Day event! Approximately two hundred hospitalists will be meeting with their elected representatives or their staff members to discuss our key policy priorities, which includes the role of hospitalists in the healthcare system, observation reform, and fair distributions of visas for highly skilled immigrants. We are excited to see so many of our members performing on-the-ground advocacy work-and we look forward to seeing many of you on the Hill!

If you would like to learn more about Hill Day or register for HM19, [click here](#).

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### **Surprise Billing**

SHM signed onto a multispecialty letter to the House Ways and Means Committee voicing concern about the impact that unanticipated medical bills are having on patient out-of-pocket costs and doctor-patient relationships. As insurance networks rely on increasingly narrow and inadequate networks to control costs, patients, even those who are diligent about seeking in-network care, find themselves with unexpected medical bills. To help relieve patients from these unexpected and unreasonable bills, the letter recommends a variety of policy concepts for Congress to consider.

Notable policy suggestions include: increased insurer accountability and improved network adequacy standards, transparency for patients, alternative dispute resolution processes when disagreements over payment arise, and most importantly, limiting patient responsibility and keeping them out of the middle of disputes between insurers and providers.

If you would like to read the full letter, [click here](#).

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## Issues with Hospital-Based Group Exemption from Promoting Interoperability

SHM, joined by several other medical societies, sent a letter urging the Centers for Medicare and Medicaid Services (CMS) to change the definition for the hospital-based group exemption from the Promoting Interoperability (PI) category of the Merit-based Incentive Payment System (MIPS). Promoting Interoperability requires providers and groups to use Certified Electronic Health Record Technology (CEHRT) and meet certain objectives. Due to their work in hospitals, hospitalists are not able to maintain their own EHR systems, which is why CMS has a hospital-based exemption.

CMS defines a hospital-based group as a group in which 100 percent of the groups' providers are hospital-based. As such, a single provider within a group, including locum tenens or a moonlighting physician, can prevent the entire group from being designated as hospital-based. Without the exemption, hospitalist groups that are caught unaware would lose 25 points in their overall MIPS score, as they cannot report in the PI category.

In the letter we urge CMS to change the definition of a hospital-based group to align with other special statuses in the MIPS. The change we are requesting is if 75 percent of providers in a reporting-group are hospital-based, the group should qualify for the PI exemption. We also urged CMS to make this change retroactive to the 2018 reporting year (2020 payment adjustments).

We will continue to actively urge CMS to change this definition that better conforms with the reality of hospital medicine. Until a policy change is enacted, **we encourage hospitalist groups that report as a group in the MIPS to apply for a hardship exception for the PI category when the application becomes available (we expect late summer to early fall).**

CMS has acknowledged receipt of the letter and our hope is that we see changes in upcoming rulemaking. If you would like to read our full letter to CMS, click [here](#).

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## Open Payments Program

SHM joined with many other national and state level medical societies in commenting on regulations regarding the reporting requirements of educational materials, such as academic journals and medical textbooks, under the Open Payments Program. The Open Payments Program requires disclosure of "transfers of value" from manufacturers and the healthcare industry to healthcare providers. While educational materials that directly benefit patients are excluded from reporting, as per the Physician Payments Sunshine Act, CMS' current interpretation of the statute does not consider medical textbooks and independent, peer-reviewed research to be of direct benefit to patients. In addition, unclear guidance from CMS

leads many manufacturers to overreport providers to the Open Payments Program for continuing medical education (CME) activities. Although up-to-date and timely access to research and continuing education enables providers to perform the highest quality care, these unclear reporting regulations impede or prevent physicians' access to educational materials. The letter encouraged CMS to eliminate the reporting requirements for these critical materials and to clarify their guidance on CME reporting.

CMS will review the comments as part of their request for feedback on the Open Payments Program. We hope they will implement changes to the reporting requirements in the near future. Read the full letter to CMS [here](#).

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### **2019 Policy Priorities**

The start of 2019 brought about a new year, as well as a new Congress. With the start of the 116<sup>th</sup> Congress, we at SHM are continuing to advocate for policy and rule changes that will improve the quality of patient care while also reducing excessive administrative burdens.

Some of the areas in which we continue to advocate for policy and rule changes in 2019 include:

- [Observation](#) Reform
- [Fair Distribution of Visas](#) for Highly Skilled Immigrants
- MACRA Reform
  - Group Reporting in the [Promoting Interoperability](#) Category

If you would like to learn more about SHMs advocacy work, click [here](#) and [here](#).

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