Health Information Compliance Alert

Health IT Policy: Policymakers Remain Fixated on Digital Options, Cybersecurity

Tip: Keep on top of Medicare deadlines.

Whether it's ensuring clinicians' cyber safety or promoting new telehealth coding options, the industry continues to put its spin on health IT. And as Medicare aims to tie interoperability with both compliance and reimbursement, it's essential providers know what's on the table.

Consider these four highlights and deadlines that may impact your practice:

1. CMS Adds MFA for Online Provider Enrollment

Hackers continue to target healthcare with more sophisticated schemes and malware, infiltrating systems and even hijacking the feds. The **Centers for Medicare & Medicaid Services** (CMS) aims to thwart these types of cyberattacks with the help of multifactor authentication (MFA).

CMS is implementing MFA as a "second layer of security" across its various provider enrollment systems, including the Identity & Access (I&A) System, Provider Enrollment, Chain and Ownership System (PECOS), and National Plan and Provider Enumeration System (NPPES), notes Part B Medicare Administrative Contractor (MAC) **NGS Medicare** in a news alert on the subject.

"MFA is a security system that requires more than one method of authentication from independent categories of credentials to verify the user's identity for a login or other transaction," reminds NGS Medicare.

Timeline: CMS plans to stagger implementation of MFA over the next several months. According to NGS, the I&A System changed over on Sept. 9 while NPPES is slated for a December 2019 start date. PECOS is supposed to begin MFA for providers in April 2020.

Once MFA is up and running, providers in the Medicare program will need their usernames and passwords as well as an additional one-time passcode to log into one of the systems.

Questions: According to NGS, providers should contact the "EUS Help Desk with any questions related to CMS Provider Enrollment Systems MFA setup," including implementation issues, MFA login concerns, account resets, and more.

Find the link to EUS support at https://eus.custhelp.com.

Resource: See the telehealth service code proposals at www.federalregister.gov/documents/2019/08/14/2019-16041/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other.

2. QPP 2019 Hardship Exception Applications for PI Now Open

If you're struggling with meeting the demands of the Quality Payment Program (QPP) Promoting Interoperability (PI) performance category, you may be eligible for a hardship exception.

Details: For the QPP Performance Year (PY) 2019, Merit-Based Incentive Payment System (MIPS)-eligible clinicians, practices, and virtual groups may apply for a PI hardship exception due to extreme and uncontrollable circumstances. According to QPP guidance, applications must cite one of the following five reasons for "review and approval:" small practice; de-certified EHR; connectivity issues; extreme and uncontrollable circumstances; and lack control over the

availability of certified EHR technology (CEHRT).

If your hardship exception is approved, CMS will "reweight your PI performance category score to 0 percent of the final score," and/or "reallocate the 25 percent weighting of the PI performance category to the Quality performance category," the QPP online guidance says.

Reminder: "Please note that simply not using CEHRT does not qualify you for reweighting of your PI performance category," reminds CMS.

Deadline: The QPP hardship exception application is open through December 31, 2019.

Apply at https://qpp.cms.gov/mips/exception-applications.

3. CPT® 2020 Ups the Ante With Online Digital E/M Offerings

Practically speaking, you might be relieved to find that the 2020 CPT® changes to the evaluation and management (E/M) code set are unlikely to have a profound impact on your day-to-day coding responsibilities. The most substantial changes come by the way of some new codes for online digital E/M services for established patients. Have a look at the following codes:

- 99421 (Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes)
- 99422 (... 11-20 minutes)
- 99423 (... 21 or more minutes).

These codes will be replacing the wordy 99444 (Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network), which will be deleted for 2020.

4. MPFS Pushes More Telehealth Service Options for CY 2020

As telehealth services continue to pick up steam, CMS hopes to add three more options for providers in 2020, according to the Medicare Physician Fee Schedule proposed rule published in the Federal Register on August 14. The HCPCS codes "describe a bundled episode of care for treatment of opioid use disorders," according to the CMS fact sheet. The codes include the following:

- GYYY1 (Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month)
- GYYY2 (Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month)
- GYYY3 (Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (List separately in addition to code for primary procedure).