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Illinois Public Health Association

CMS 2024 Final Rule Physician Impact

February 14, 2024

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Kem Tolliver, FACMPE, CPC, CMOM
CEO of
Medical Revenue Cycle Specialists

Your Speaker

Professional Experience Highlights:

- Author of "Revenue Cycle Management: Don't Get Lost in the Financial Maze" published by MGMA®
- Author of "Advanced Strategy for Medical Practice Leaders – Financial Management Edition" published by MGMA®
- MGMA® distinctions in, "Better Performing Practice" distinctions in Accounts Receivable & Collections
- Prior Chair of Government Affairs Committee and member at large for Board of Directors of MD MGMA
- Maryland General Assembly expert testimony supplier on healthcare and financial legislation
- Adjunct Professor of Revenue Cycle at Catonsville Community College
- Co-Host of RevDive Podcast hosted by Slice of Healthcare Media
- National Presenter and Educational on Revenue Cycle Management, Practice Management and Coding

Education & Certifications:

- Dual B.S. degrees in Healthcare Administration (Summa Cum Laude) & Organizational Management (Magna Cum Laude)
- Fellow American College of Medical Practice Executive (FACMPE), Certified Professional Coder (CPC), Certified Medical Office Manager (CMOM)

Professional Affiliations:

- Faculty Member of Practice Management Institute and Member of CMOM Certification Program Committee
- Past President of Prince George's County, Maryland chapter of AAPC
- Co-founder of Prince George's County Practice Manager's Association
- Serves on the Novitas JL Carrier LCD Advisory Committee
- Serves on the MGMA Evaluation and Management Strategy Committee
- Served on the Board of Directors for Laurel Regional Hospital from 2017-2018
- Served as a Mentor for the Prince George's County Public School's 2018 PTECH Health Innovation Program
- Served on the Totally Linking Care-Maryland Advisory Council

Awards & Recognitions:

- State of Maryland Governor's Volunteer Service Certificate for 2015-2018
- Nexus Health, Fort Washington Medical Center nominated her for the 2016 Community Health Award
- MD MGMA's 2016 Outstanding Service Award
- Heart to Hand, Inc. 2019 Heart of Gold Award for 501(c)(3) community-based public health medical practice leadership

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Learning Objectives

Objective 1	Objective 2	Objective 3
Review key payment updates ushered in with the 2024 CMS Final Rule	Outline key coding and CMS program guidelines impacting 2024 compliance	Analyze strategies to prepare for 2024 success

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Medicare Physician Fee Schedule (MPFS)

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CMS Final Rule Publication

The Centers for Medicare and Medicaid Services (CMS) seeks public comments on proposed rules prior to those rules being finalized. Physicians and the healthcare community alike, are encouraged to actively participate in rule setting to foster an inclusive regulatory environment.

- The CY 2024 Medicare **Physician Fee Schedule (PFS)** Proposed Rule was released by the **Centers for Medicare & Medicaid Services (CMS)** on July 13, 2023.

- The Final Rule was released on November 2, 2023, and is effective beginning January 1, 2024.

Annual Business Planning should include proposals and final rules outlined by CMS, OIG, ONC, OCR and other key governing entities.

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Medicare Physician Fee Schedule (MPFS) Conversion Factor (CF)

The MPFS is the payment structure used by CMS to pay physicians and eligible healthcare practitioners for services and supplies. The Conversion Factor is the base rate used for calculating that reimbursement. The CF is adjusted annually for budget-neutrality.

Calendar Year	Conversion Factor
2019 ↓	$36.0391
2020 ↑	$36.0896
2021 ↓	$34.8931
2022 ↓	$34.6062
2023 ↓	$33.89
2024 ↓	**32.7442**

Proposed CF rate for 2023 (33.08)

Finalized CF Rate 2023 (33.89)

Proposed CF Rate 2024 (32.75)

Finalized CF Rate 2024 (32.74)

The CY 2024 MPFS conversion factor reflects a decrease of $1.15 (or 3.4%).

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Charge Description Master

CPT Codes	Description	Charge
99203	NP L3	145.00
99204	NP L4	220.00
99205	NP L5	250.00
99213	Estab L3	100.00
99214	Estab L4	125.00
99215	Estab L5	150.00
93000	EKG w/Interp	50.00
94010	Spiro w/TC mod	50.00
99354	Prolonged / 1st hr	160.00
99490	CCM 20 min	75.00
99491	CCM 30 in	120.00
99495	TCM Med complex	200.00
99496	TCM High complex	300.00

Gross Charge List

- Created by the Clinic / Specialty
- Health Clinic selects CPT/HCPCS Codes
- Health Clinic set rates
- Use a Uniform CDM for all payers
- Update in PM Annually

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Insurance Fee Schedule Analysis

Analyzing your fee schedule helps to identify inconsistencies in payment, postings, underpayment trends and non-compliance of contract terms. Doing so also is the foundation for trending data that may be used for financial decision making.

CPT Codes	Description	Charge	Medicare	Payer #1	Volume	Value Based ADJ + or -
99203	NP L3	145.00	117.01	125.00	400	
99204	NP L4	220.00	177.92	**Not listed**	300	
99205	NP L5	250.00	223.39	239.00	**2500**	
99213	Estab L3	100.00	80.46	70.00	750	
99214	Estab L4	125.00	117.58	119.00	700	
99215	Estab L5	**150.00**	157.40	160.00	1200	
93000	EKG w/Interp	50.00	18.65	25.00	500	
94010	Spiro w/TC mod	50.00	30.06	**60.00**	**1000**	
99354	Prolonged / 1st hr	160.00	139.94	**32.00**	125	
99490	CCM 20 min	75.00	44.88	38.00	89	
99491	CCM 30 in	**85.00**	88.83	100.00	**5**	
99495	TCM Med complex	200.00	177.78	150.00	275	
99496	**TCM High complex**	300.00	250.82	275.00	**2**	

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Annually Update Your EHR & PM Software

Prep your Electronic Health Record (EHR) and Practice Management (PM) Software to accommodate the annual changes required to follow new coding guidelines, compliance requirements and value-based payment program participation.

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Novitas JL Medicare Administrative Contractor (MAC) Fee Schedule Access

Check our local Medicare fee schedules using the following steps:

- www.novitas-solutions.com
- Select: ○ Part B: Physicians & other healthcare professionals
- □ Accept Terms and Conditions
- Select: Fee Schedules
- Select: Search & Download Fee Schedules

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Localities for Jurisdiction L (JL)

Locality #	State	Fee Schedule Area	Counties
01	DC	DC + MD/VA Suburbs	District of Columbia, Alexandria City, Arlington
01	MD	Baltimore / Surrounding Counties	Anne Arundel, Baltimore, Baltimore City, Carroll, Harford, Howard
99	MD	Rest of State	All Other Counties EXCEPT Montgomery and Prince George's

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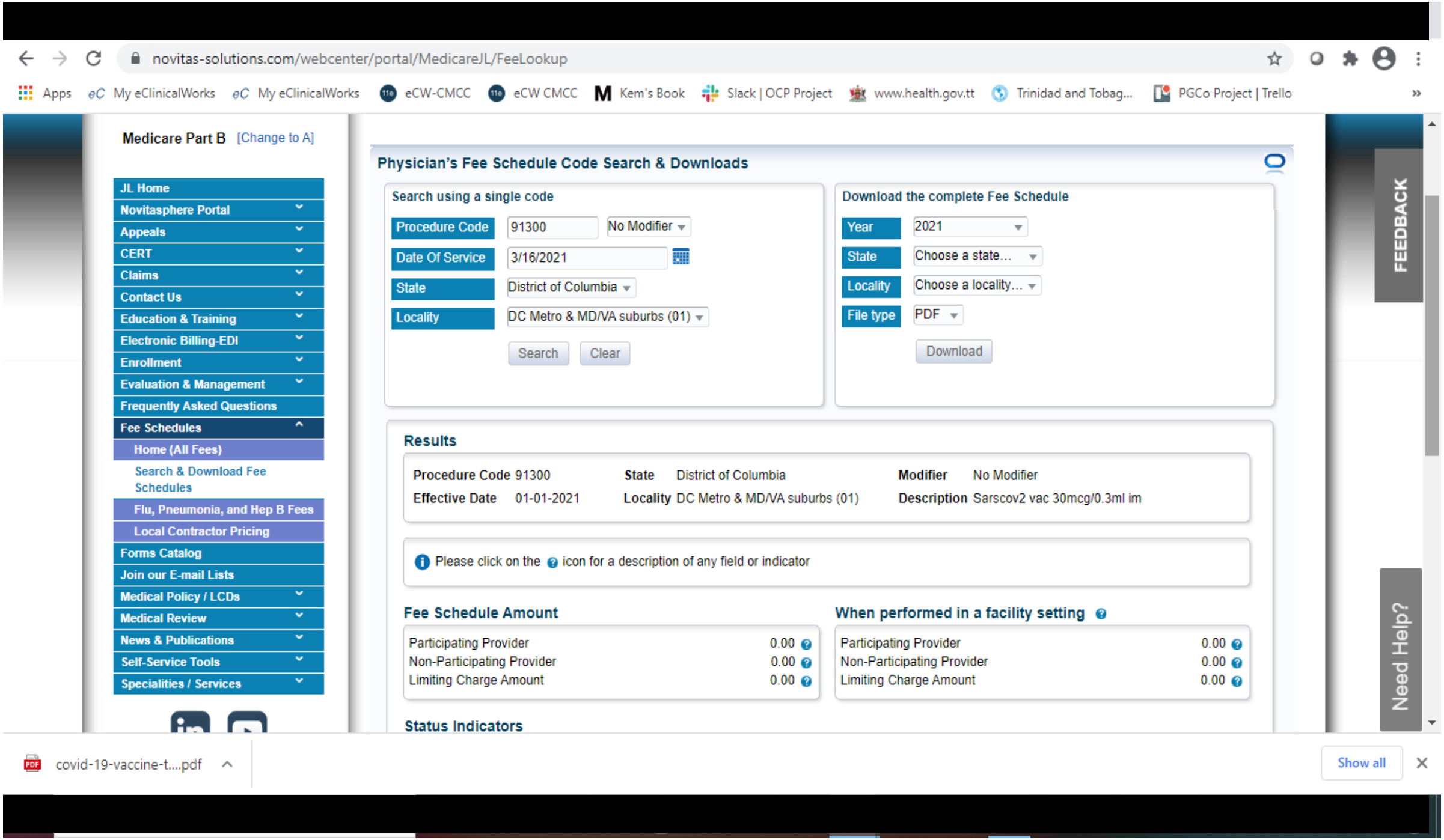
novitas-solutions.com/webcenter/portal/MedicareJL/FeeLookup
Apps
My eClinicalWorks
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Kem's Book
Slack | OCP Project
www.health.gov.tt
Trinidad and Tobag...
PGCo Project | Trello
Medicare Part B [Change to A]
JL Home
Novitasphere Portal
Appeals
CERT
Claims
Contact Us
Education & Training
Electronic Billing-EDI
Enrollment
Evaluation & Management
Frequently Asked Questions
Fee Schedules
Home (All Fees)
Search & Download Fee Schedules
Flu, Pneumonia, and Hep B Fees
Local Contractor Pricing
Forms Catalog
Join our E-mail Lists
Medical Policy / LCDs
Medical Review
News & Publications
Self-Service Tools
Specialities / Services
Physician's Fee Schedule Code Search & Downloads
Search using a single code
Procedure Code
91300
No Modifier
Date Of Service
3/16/2021
State
District of Columbia
Locality
DC Metro & MD/VA suburbs (01)
Search
Clear
Download the complete Fee Schedule
Year
2021
State
Choose a state...
Locality
Choose a locality...
File type
PDF
Download
Results
Procedure Code 91300
State District of Columbia
Modifier No Modifier
Effective Date 01-01-2021
Locality DC Metro & MD/VA suburbs (01)
Description Sarscov2 vac 30mcg/0.3ml im
Please click on the icon for a description of any field or indicator
Fee Schedule Amount
Participating Provider 0.00
Non-Participating Provider 0.00
Limiting Charge Amount 0.00
When performed in a facility setting
Participating Provider 0.00
Non-Participating Provider 0.00
Limiting Charge Amount 0.00
Status Indicators
FEEDBACK
Need Help?
covid-19-vaccine-t....pdf
Show all

Updates to RVUs for Maternity Services

TABLE 13: Current and Final Value for Each Maternity Services Code

CPT code	Current Work RVU value	2023 E/M adjustment value	New Work RVU Value
59400	36.58	0.42	**37.00**
59410	18.34	0.42	**18.76**
59425	7.80	0.00	**7.80**
59426	14.30	0.00	**14.30**
59430	3.22	0.00	**3.22**
59510	40.39	0.66	**41.05**
59515	22.13	0.66	**22.79**
59610	38.29	0.42	**38.71**
59614	20.06	0.42	**20.48**
59618	40.91	0.66	**41.57**
59622	22.66	0.66	**23.32**

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Key CMS Final Rule Coding and Payment Updates

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Terms to Know

ACOs	Accountable Care Organizations		HCPCS	Healthcare Common Procedure Coding System
APMs	Alternative Payment Model		MDM	Medical Decision Making
APPs	APM Performance Pathway		MFTs	Marriage and Family Therapists
CAA	Consolidated Appropriations Act		MHCs	Mental Health Counselors
CDC	Centers for Disease Control and Prevention		MIPS	Merit based Incentive Payment System
CEHRT	Certified Electronic Health Record (EHR) Technology		MSSP	Medicare Shared Savings Program
CHI	Community Health Integration		MVPs	MIPS Value Pathways
CLFS	Clinical Laboratory Fee Schedule		NPP	Non-Physician Practitioner
CMS	Centers for Medicare and Medicaid Services		OPTs	Opioid Treatment Programs
CQM	Clinical Quality Measures		PFS	Physician Fee Schedule
DEA	Drug Enforcement Administration		PIN	Principal Illness Navigation
DME	Durable Medical Equipment		QP	Qualifying APM Participant
DSMT	Diabetes Self Management Training		RHCs	Rural Health Clinics
E/M	Evaluation and Management		RVUs	Relative Value Units
FFS	Fee For Service		SAMSA	Substance Abuse and Mental Health Services Administration
FQHCs	Federally Qualified Health Centers		SDOH	Social Determinants of Health

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Vaccine Administration Rates

TABLE 47: CY 2024 Part B Payments for Preventive Vaccine Administration if the EUA Declaration for Drugs and Biologicals with Respect to COVID-19 Continues into CY 2024

Category of Part B Product Administration	Part B Payment Amount (Unadjusted)	Annual Update[6]	Geographic Adjustment
Influenza, Pneumococcal, Hepatitis B Vaccines[1,4]	$32.57	MEI	GAF
COVID-19 Vaccine[2,4]	$43.43	MEI	GAF
In-Home Additional Payment for Part B Vaccine Administration (M0201)	$38.55	MEI	GAF
COVID-19 Monoclonal Antibodies (for Treatment or Post-Exposure Prophylaxis)[3,4,5]			
Infusion: Health Care Setting	TBD	N/A	GAF
Infusion: Home	TBD	N/A	GAF
Intravenous Injection: Health Care Setting	TBD	N/A	GAF
Intravenous Injection: Home	TBD	N/A	GAF
Injection: Health Care Setting	TBD	N/A	GAF
Injection: Home	TBD	N/A	GAF
COVID-19 Monoclonal Antibodies (for Pre-Exposure Prophylaxis)[3,4,5]			
Injection: Health Care Setting	TBD	N/A	GAF
Injection: Home	TBD	N/A	GAF

There are regular changes, additions and innovations in Immune Globulin product codes. Check the AMA's tool for revisions

WWW.AMA-ASSN.ORG/CPT-CAT-I-IMMUNIZATION-CODES.COM

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Preventive Vaccine Administration

- CMS maintained the additional payment for in-home administration of a COVID-19 vaccine.
- In addition, CMS extended this additional payment to three other preventive service vaccines: **pneumococcal, influenza, and hepatitis B** when provided in the home.
- Beginning January 1, 2024, this standardizes the payment amount for all four vaccines instead of paying more for COVID-19.
- **The additional payment will be limited to one additional payment per home, even if multiple vaccines are administered.**

Image Credit: usatoday.com

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Caregiver Training

The Servicing Provider must be a Physician of non-physician practitioner (NPP) to include:

- **Nurse Practitioners**
- **Certified Nurse-Midwives**
- **Physician Assistants**
- **Clinical Psychologists**
- **Physical Therapists**
- **Occupational Therapists**
- **Speech Language Pathologists**


Photo Credit: eldersourceinstitute.org

CMS finalized proposals to make payments when providers train and involve caregivers to support patients with certain diseases or illnesses in carrying out a treatment plan.

The volume and frequency of **Caregiver Training Services (CTS)** sessions furnished to caregivers by the treating practitioner for the same patient may be based on:

- The treatment plan, as well as
- Changes in patient condition

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Caregiver Training

Now a billable service when there is a need to educate caregivers of individual or groups of patients with or without the patient present.

Report CPTs: 97550, 95771 (total F2F time), 97552 (Group Training), 96202 or 96203


Photo Credit: eldersourceinstitute.org

Caregiver: an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation and a family member, friend, or neighbor who provides unpaid assistance to a person with a chronic illness or disabling condition.

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CY 2024 Reimbursable SDOH Services

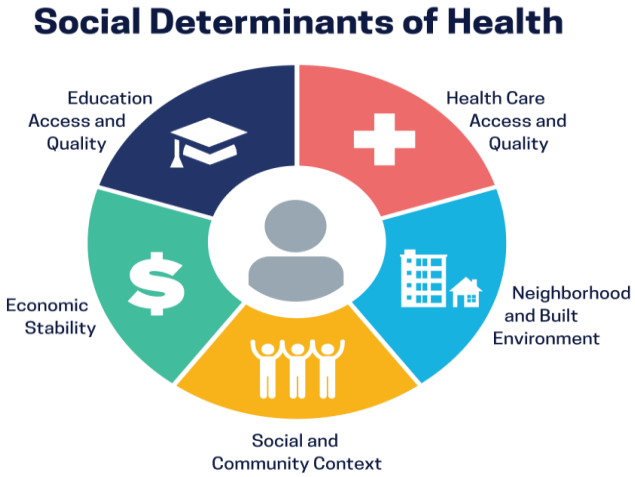

Image Credit: providencechc.org

- SDOH Risk Assessment should last between 5-15 minutes and not be performed more than every 6 months per provider
- Report HCPCS **G0136** for Medicare beneficiaries. Check commercial payers CPT codes.
- CMS distinguishes between risk assessment and screening. SDOH risk assessment refers to a review of an individual's SDOH or identified social risk factors that influence the diagnosis and treatment of medical conditions.
- The SDOH risk assessment is reimbursable when performed in conjunction with an allowable associated visit.
- The final rule is flexible in terms of which evidence-based risk assessment tool is used and approaches to documentation.

https://www.healthlawlab.org/wp-content/uploads/2023/11/Review-of-CY-2024-PFS-Final-Rule-CHLPI-11-03-23.pdf

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SDOH Services

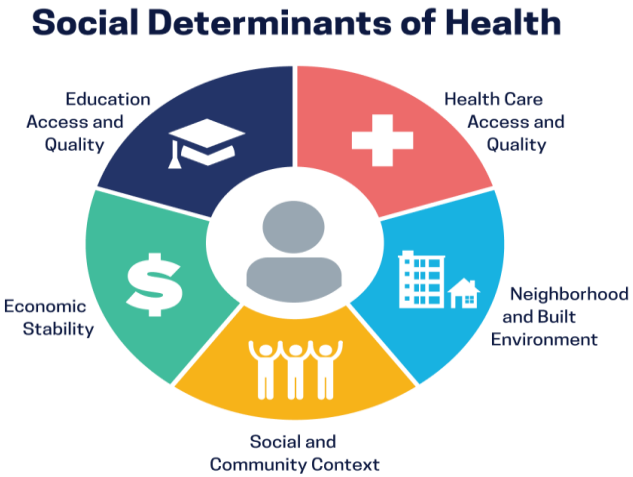

Image Credit: providencechc.org

- Community Health Workers, Care Navigators and Peer Support Specialists can perform these services incident-to a Qualified Healthcare Provider (QHP) as auxiliary staff
- These CPT/HCPCS codes are to be used to pay for these services by non-physician practitioners
- CMS has not given final guidance on the frequency requirements and limitations for the G0022; which is an add-on code
- SDOH Services have now been characterized as Care Management services and E/M has been removed from the code descriptor

https://www.healthlawlab.org/wp-content/uploads/2023/11/Review-of-CY-2024-PFS-Final-Rule-CHLPI-11-03-23.pdf

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Community Health Integration (CHI) and Principal Illness Navigation (PIN) Billable per Calendar Month

CHI Goal: To address unmet SDOH needs which may impact diagnosis and treatment of a patient.

- **HCPCS G0019** ($80.28)– CHI services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting ability to diagnose or treat problem(s) addressed in an initiating E/M visit.
- **HCPCS G0022** ($50.07)– CHI services, each additional 30 minutes per calendar month.

PIN Goal: To support people with Medicare who are diagnosed with **high-risk** conditions and to connect them with appropriate support resources and clinical care.

- **HCPCS G0023 ($80.28)** – PIN services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator or certified peer specialist; 60 minutes per calendar month.
- **HCPCS G0024 ($50.07)**– PIN services, additional 30 minutes per calendar month
- **HCPCS G0140 ($80.28)** - PIN – Peer Support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month *(behavioral health)*
- **HCPCS G0146 ($50.07)**- PIN – Peer Support, additional 30 minutes per calendar month (List separately in addition to G0140) *(behavioral health)*

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Split/Shared Evaluation & Management Visits

As we await finalization on the proposed delay, CMS offered a revised definition of the, "Substantive Portion" of a split or shared visit. This definition align with current CPT ® Evaluation and Management guidelines and descriptors.

For purposes of Medicare billing for split (or shared) services, **"substantive portion"** means:

- ❑ More than half of the total time spent by the physician and NPP performing the split (or shared) visit, or
- ❑ Substantive part of the medical decision making, aligning with CPT E/M guidelines.

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G2211 Usage Clarification

Novitas JL MAC Payment for G2211
Locality: DC Metro = $17.65
Locality: Balt/Surr Co. = $16.82
Locality: Rest of MD = $16.82

Beginning Jan. 1, 2024, the Centers for Medicare & Medicaid Services (CMS) proposes to implement the long-delayed HCPCS code +G2211 (*Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care.*

https://www.aapc.com/codes/coding-newsletters/my-general-surgery-coding-alert/office-visit-here-comes-g2211-for-extra-em-pay-176388-article

Here's How the Code Works

- G2211 is an add-on code to office and other outpatient services, 99202—99215.
- Mostly used by primary care and other specialties **who treat a single, serious condition or a complex condition with a consistency and continuity over a long period of time.**
- CMS is emphasizing the **longitudinal relationship between the practitioner and the patient**.
- CMS will **not allow G2211 to be used with an E/M service if modifier 25 is appended** to the E/M service
- Not all E/M would be eligible
- Visit complexity add-on code would not be appropriately reported, such as when the care furnished is provided by a professional whose relationship with the patient is of a **discrete, routine or time-limited nature**
- Conditions that would **Not require the add on complexity code: mole removal, treatment of a simple virus, seasonal allergies, new onset GERD, treatment for a fracture, and/or "when the billing practitioner has not taken responsibility for ongoing medical care** for that particular patient with consistency and continuity over time, or does not plan to take responsibility for subsequent, ongoing medical care for that particular patient with consistency and continuity over time."

https://codingintel.com/hcpcs-add-on-code-for-e-m-visit-complexity/

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https://www.cms.gov/files/document/mm13473-how-use-office-and-outpatient-evaluation-and-management-visit-complexity-add-code-g2211.pdf

CY 2024 Telehealth Updates


Image Credit: elationhealth.org

- Qualified occupational therapists, qualified physical therapists, qualified speech-language pathologists, and qualified audiologists have been added to the list of accepted telehealth practitioners *through December 31, 2024.*

- CMS will continue payment for telehealth services rendered by **Rural Health Clinics (RHCs)** and **Federally Qualified Health Centers (FQHCs)**.

- CMS will continue to delay the in-person requirement to within six months prior to initiating mental health telehealth services.

- Beginning in CY 2024, claims for telehealth services billed with POS 10 will be paid at the non- facility PFS rate. Claims billed with POS 02 will continue to be paid at the facility rate.

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CY 2024 Telehealth Updates


Image Credit: elationhealth.org

- Added health and well-being coaching services to the Medicare Telehealth Services List **temporarily** for CY 2024
- Added SDOH Risk Assessments (G0136) on a **permanent** basis beginning in CY 2024
- Confirmed the originating site of service is to include any site within the U.S. where the beneficiary is located at the point of service *through December 31, 2024*
- Through CY 2024, CMS will continue to permit the distant site practitioner to use their currently enrolled practice location instead of their home address when providing telehealth services from their home.

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Telehealth Supervision Guidelines

- Direct supervision will continue to be defined as supervising practitioners who are “immediately available” via real-time audio and visual interactive telecommunications through CY 2024.
  - Notably, CMS is seeking feedback on direct supervision, audio-only services, and the use of telehealth in rural and underserved areas.
- CMS finalized language to permit teaching physicians to use audio/video real-time communications technology when the resident furnishes Medicare telehealth services in all residency training locations through CY 2024.

CY 2024 Medicare Telehealth Services List https://www.cms.gov/medicare/coverage/telehealth/list-services

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Opioid Treatment Program (OTPs) Updates

Audio-only telecommunications will be payable through the end of CY 2024 for OTPs **when video is not available to the beneficiary**. This allowance is only to the extent permitted by SAMHSA and DEA requirements at the time of service.

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Behavioral Health Services Provider Medicare Enrollment Expansion

- FFS payment for **Marriage and Family Therapists (MFTs)** and **Mental Health Counselors (MHCs)**, permitting MFTs and MHCs to provide integrated behavioral health as part of a primary care setting.

- **Addiction counselors** who meet the requirements to be an MHC to enroll in Medicare as MHCs.

- For Medicare purposes, **alcohol and drug counselors** who furnish addiction counseling services for the diagnosis and treatment of mental illnesses, including substance use disorders, can enroll in Medicare and bill as MHCs, to the extent that they meet all of the statutory requirements regarding education, clinical supervised experience, and licensure.

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Psychotherapy Updates

Finalized two new PFS HCPCS codes for psychotherapy for crisis services when furnished in an applicable place of service:

- **G0017** (Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes)

- **G0018** (Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (List separately in addition to code for primary service))

- The payment for these services would be equal to 150% of the PFS amount for non-facility sites of service for 90839 and 90840

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Care Management for Behavioral Health Conditions

CMS finalized their proposal to update the code descriptor for HCPCS code G0323, as proposed.

G0323 - Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month.

These services include the following required elements: Initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by Medicare to prescribe medications and furnish E/M services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.

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Health Behavior Assessment and Intervention (HBAI)

CMS finalized the following **Health Behavior Assessment and Intervention (HBAI)** services and any successor codes to be billed by:

- Clinical social workers
- MFT
- MHCs
- Clinical psychologists

Approved CPT codes for HBAI are:

- 96156, 96158-9
- 96164-5, 96167-8

There will be a 19.1% increase to the wRVU's over the course of 4 years

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Administrative CMS Program Updates

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CY 2024 Medicare Beneficiary Deductibles

Image Credit: Dreamstime

- Part B Enrollees
  - Monthly Premium $174.70
  - Monthly Premium $164.90 in 2023
  - Annual deductible $240
  - Annual deductible $226 in 2023
  - Part B Coinsurance – 20%
- Part A Enrollees
  - Admission Deductible $1,632
  - Admission Deductible $1,600 in 2023
  - Coinsurance Amounts
    - $408 per day for the 61st through 90th day of a hospitalization
    - $816 per day for lifetime reserve days
    - $204 per day for days 21-100 for SNF extended care services

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Insulin Deductible & Copay Updates

CMS finalized their proposal to codify the 2023 rule-making which requires that, for insulin furnished through an item of DME after July 1, 2023 the:

- deductible is waived, and
- coinsurance is limited to $35 for a month's supply of insulin furnished through a covered DME item.

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CY 2024 Risk Adjustment Updates

"The cap of the regional risk score growth would apply independent of the cap on an ACO's prospective HCC risk score growth. The regional risk score growth cap would effectively increase the regional component of the update for ACOs in regions with an aggregate regional prospective HCC risk score growth above the cap. CMS believes capping the regional risk score growth will strengthen the incentive for ACOs to operate in regions with high-risk score growth and treat high-risk beneficiaries."

- MGMA

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CMS Provider Enrollment Updates

CMS finalized several changes with modifications to what was originally proposed:

- Creating “stay of enrollment” as a new provider enrollment status
- Requiring all providers and suppliers to report additions, deletions or changes in their practice locations within 30 days
- Several changes to denial and revocation authority

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CY 2024 MIPS & APM

MIPS Updates

Quality	Improvement Activities	Promoting Interoperability	Cost	Data Completeness
• 30%	• 15%	• 25%	• 30%	• 75%

APM Updates

- Expiration of the 3.5% APM Incentive Payment after the 2023 performance year/2025 payment year
- Transition to a Qualifying APM Conversion Factor in the 2024 performance year/2026 payment year

New MIPS Value Pathways (MVP):

1. Focusing on Women's Health
2. Quality Care for the Treatment of Ear, Nose, and Throat Disorders
3. Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
4. Quality Care in Mental Health and Substance Use Disorders
5. Rehabilitative Support for Musculoskeletal Care

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Medicare Shared Savings Program (MSSP) Updates

- New Clinical Quality Measures (CQMs) for **Accountable Care Organizations (ACOs)** as a new collection type for ACOs within the **Alternative Payment Model (APM)** Performance Pathway (APP).
- Reporting CQMs would make ACOs eligible for the health equity adjustment to their quality performance category score.
- The final year for ACOs to report quality data using the CMS Web Interface is 2024

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Preparing for Success in 2024

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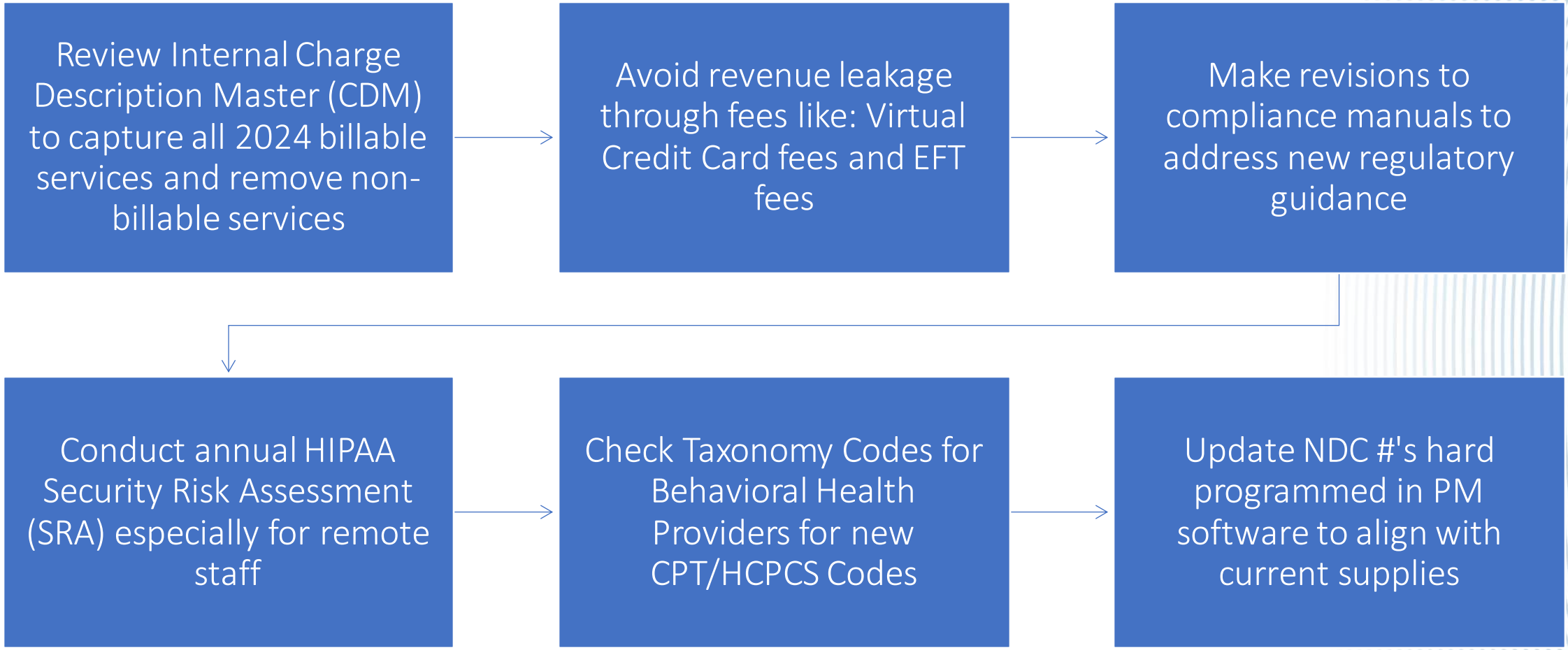
Preparing for a Successful Year



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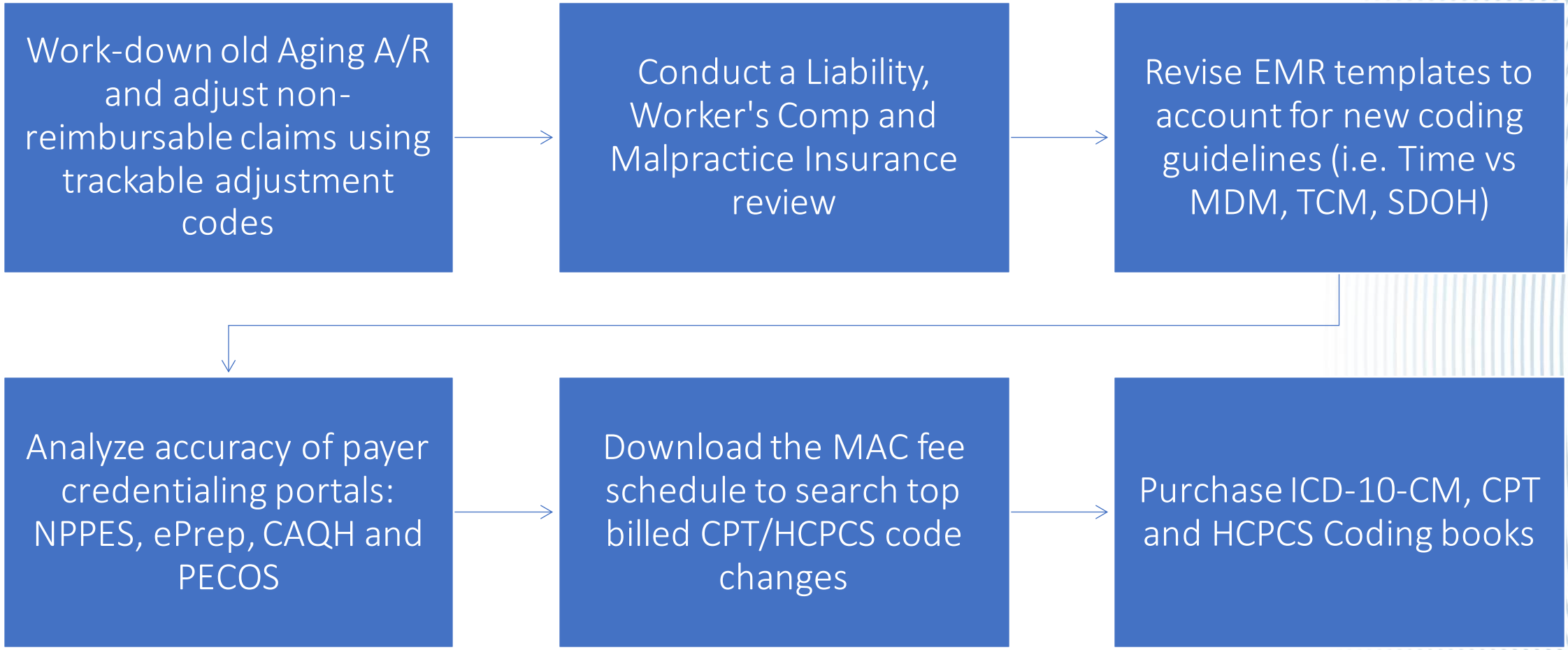
Preparing for a Successful Year



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CMS Resources

- PFS Final Rule Fact Sheet:
  https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule-medicare-shared-savings-program
- MSSP Final Rule Fact Sheet:
  https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule-medicare-shared-savings-program
- QPP Final Rule Facts and Resources:
  https://qpp.cms.gov/resources/resource-library

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Bring on the Questions and Comments

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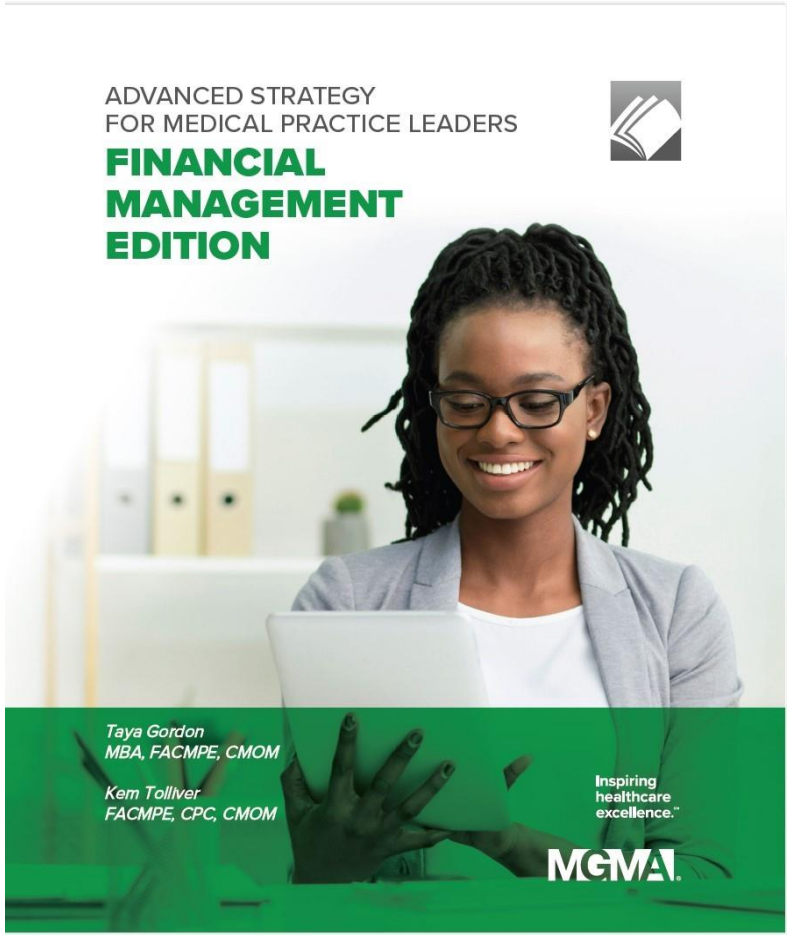
Resource Alert

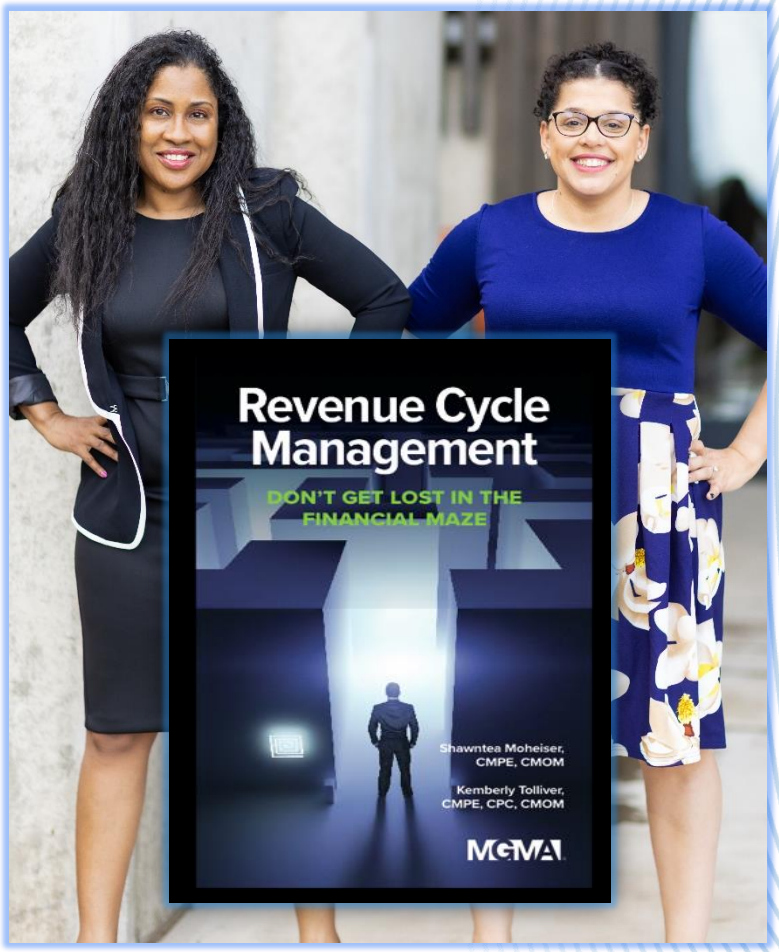
Co-Authors of MGMA's Revenue Cycle Management

Don't Get Lost in the Financial Maze + Advanced Strategy for Medical Practice Leaders

REVDIVE w/ Taya & Kem

Co-Hosts of the "Slice of Healthcare" Podcast:





https://www.mgma.com/books/finmgmt

www.mgma.com/RCM

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Thank You & Let's Stay Connected

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