



*“Reimbursement cuts and over-regulation threaten quality and access to care. In 2021 our advocates contacted legislators over 14,000 times, so our team wanted to recap some of the congressional wins that were possible as a result of your advocacy last year. Thank you for your continued advocacy!*

*If you haven’t already, please sign up and join us in our ongoing lobbying efforts so your voice can be heard. Becoming an advocate is easier than ever, simply **text ZOTEC to 52886** or go to [Zotecpac.com](http://Zotecpac.com).”*

~ Mark Isenberg, EVP, Healthcare Advocacy

## **2021 Recap/2022 Look Ahead**

Last year we dealt with many challenges to physician reimbursement and the continued fallout from the pandemic. Many important pieces of legislation impacted our clients, their bottom-lines, and their patients. As we look ahead to 2022, we will focus on the issues that continue to impact physician pay, but we will also actively follow legislation that was passed in 2021 and how it is implemented, particularly the *No Surprises Act*.

**Medicare Fee Reduction, Sequestration and PAYGO** had most providers facing extremely deep cuts to their Medicare reimbursement in 2022; however, due to legislative changes, based on the conversion factor, providers will get a -.75% decrease in the Medicare Physician Fee Schedule (MPFS), as opposed to the -3.75% they were bracing for. The 2% Medicare sequester payment will be pushed out until April of 2022, transitioning to a 1% cut in the three months afterward. It will also delay payment reductions tied to the clinical laboratory fee schedule, postpone the radiation oncology payment model the 4% PAYGO cut—all until 2023.

**Out of Network Billing/Surprise Medical Billing** was addressed by the passage of the *No Surprises Act*, however, with so many requirements the implementation of this legislation is filled with challenges. We are actively engaged with many industry groups, lobbyists and legislators regarding the implementation challenges.

**Large Commercial Carriers** continue to employ aggressive and self-serving tactics during a time of great vulnerability for patients and physicians. It is more important than ever that we continue to seek equity for our clients and their patients.

**Monitoring Scope of Services** on a statewide basis, across the nation and advocating for our physician clients, health equity, and access to care.

## Advocacy Update

### Collaboration to Improve Processes that Impact Your Reimbursement

We have been engaged with CMS to lend our expertise to the MFA/PECOS 2.0 process, as well as engaging directly with state governments to address critical reimbursement issues impacting our clients.

### Multi-Factor Authentication/PECOS

Since 2019, the Zotec Provider Enrollment team has been working directly with CMS to address concerns regarding the way that the Multi-Factor Authentication (MFA) and Provider Enrollment, Chain, and Ownership System (PECOS) processes are laid out. Due to many of the concerns we shared with CMS they delayed implementing MFA for PECOS until January 10, 2022.

To ensure all our clients were compliant before the deadline, our team implemented an initiative to bring all clients into compliance with CMS. The process was completed by mid-August 2021 and without this initiative, our clients would have essentially been “locked out” of provider enrollment. Being in compliance with the MFA process without interruption to our clients saves our team and our company a tremendous amount of time and resources.

Moving forward PECOS will use the same MFA methods and Identity & Access Management System (I&A). There’s a 60-day grace period to set up MFA; the grace period countdown starts with a user’s first login after January 10. By April 21, all users must access these systems using the MFA accounts. This was the final process in implementing MFA across all three systems (NPPES, I&A, and PECOS).

### Washington State 3D Mammography Reimbursement

Zotec’s advocacy and operation teams has been working with the Washington State Health Care Authority (HCA) since 2019 regarding Medicare reimbursement for 3D tomosynthesis. The 3D mammography CPT code has not been denied, but does have a \$0.00 reimbursement on their fee schedule.

We provided some data supporting the increased effectiveness of 3D mammography and the reduction in the need for recalls to the state. The HCA representative reviewed this issue for possible inclusion in 2021.

In 2021, our advocacy team got in contact with the Governor’s office in Washington, and we started meeting with them in June. Our operations team put together comparisons showing the total reimbursement from Washington Medicaid for a 3D mammogram vs. other states. They are onboard, however; since the costs will be well over the \$100K mark it requires legislative approval.

Our team prepared what they call “Decision Packing Process,” which will contain the funding request for the procedure. This has been added to the Governor’s state budget. A ruling on the Decision Packing Process is expected in July 2022 – then the issue will move to legislation for debate and approval – making payment available some time in 2023.

## Lobbying/Meetings/Presentations

### Ed Gaines – Presentations:

- ACEP Reimbursement & Coding, virtual, Jan 17, 2022, “The No Surprises Act—Devil’s In the Details”
- ASA Practice Management Conference, Dallas, TX, Jan. 29, 2022, “The No Surprises Act: Why It Matters Right Now, and What You Can Do About It”

### Lonnie Johnson – Lobbying/Meetings:

- Attended HBMA Government Relations Committee call.

### Mark Isenberg – Lobbying/Meetings:

- Attended Senator Braun’s January Healthcare Roundtable.
- Discussions with Senator Young and staff on rate cuts.
- Discussions with Rep. Bucshon on BCBS abuse of the NSA.
- Attended several RBMA Government Affairs calls.
- State discussions with WA on tomo/3D reimbursement for Medicaid patients.
- Discussion with Humana/Tricare on payment issues for ZP clients.