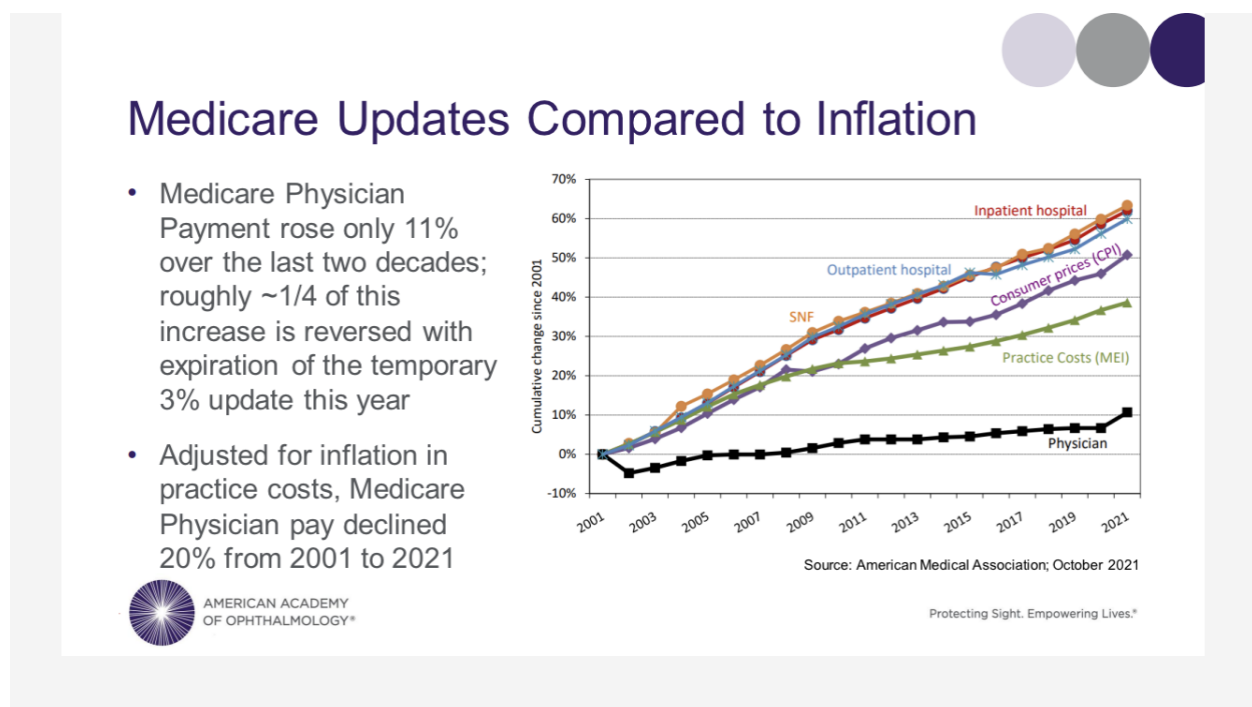


## OPHTHALMIC LEADERSHIP ADVOCACY GROUP VIRTUAL MEETING ON PROPOSED 2023 MEDICARE PHYSICIAN FEE SCHEDULE

Drs. Prem Subramanian, Andrew Lee, and Barbara Yates attended the OLAG virtual meeting to discuss upcoming changes to the 2023 Medicare Physician Fee Schedule. One of the overarching concerns that permeated the discussion was that physician repayments are not increasing at the same rate as other facets of our healthcare industry in the United States. This rate is not aligned with the reality of inflation, staff shortages and inherent rising costs we are facing. While physician income comprises only 8% of the total cost of the US healthcare budget, the “budget neutral” system established hurts physicians disproportionately. The current slope of physician payment should concern all physicians and the AAO is positioned to encourage reform with our legislators. See graph.



The Department of Veteran Affairs is currently working on a “Federal Supremacy Project” where they will define what professionals and paraprofessionals may do regardless of Credentialing status in a state. This has large implications for our veterans, and may impact the integrity of our profession if it opens doors that may compromise patient safety. The AAO is concerned about national efforts of optometric scope of practice and how the VA’s project may reduce accountability structures and pave the way for national Optometric expansion. Please see referenced article from July 2022 by Dr. Ruth D. Williams.

<https://www.aao.org/eyenet/article/va-federal-supremacy-project-and-scope-of-practice>

We discussed updates on legislative changes. Bill backed by the AAO to reform the prior authorization process for Medicare advantage plans has passed the US House Ways and

Means committee unanimously. It will be considered by the House of Representatives, and if passed, sent to the Senate after summer recess.

<https://www.aao.org/eye-on-advocacy-article/key-house-committee-advances-academy-backed-bill>

There are a few phased-in reductions in payments that are scheduled, including canaloplasty (CPT codes: 66174, 66175) and strabismus surgeries (CPT codes: 67311, 67314, and larger cuts to 67320, 67331, 67332, 67334 which will be phased between 2023 and 2024).

Additionally, CMS is proposing in 2023 for combining ophthalmology and optometry into the Merit Based Incentive Based System (MIPS). AAO is concerned that as optometric scope expansion is sought, sharing the same payment pool for surgical procedures is a threat to patient safety as well as our profession. Neuro-ophthalmologists should also be concerned as we have seen a rise in Neuro-optometry performing unproven vision therapy, which if ascribed high value in the new MVP system may deplete from the pool we provide. CMS is preparing for transitioning from MIPS to MVPs, or "MIPS Value Pathways" (implementation is planned for January 1, 2023, but there is no ophthalmology MVP currently defined) where procedures that have a cost basis will be given more weight. This may have implications for cognitive specialties, especially if there are higher reimbursements given to what is designated as a "procedure." However as of 2023, there are no MVPs for ophthalmology. It is foreseeable that a cataract-related MVP would be an option if CMS pursues this transition. The future beyond that is not clear.

<https://www.aao.org/eye-on-advocacy-article/2023-fee-schedule-scope-threat-mips-changes>

The exceptional performance bonus that the majority of ophthalmologists earned will phase out in 2022. Additionally, Advanced Alternative Payment Models (Advanced APMS) pathway for payment for performance year 2022 (payment year 2024) is the last year for the 5% lump sum incentive payment. Starting performance year 2023 (payment year 2025) there is NO INCENTIVE PAYMENT; and for performance year 2024 (payment year 2026), participants will receive 0.75% update to the QP conversion fraction. This is a net decrease, as planned under MACRA.

In summary, optometric scope expansion should concern Neuro-ophthalmologists because if CMS does transition to a shared pool, valuation of our specialty may see a decrease if procedures such as vision therapy provided by Neuro-optometrists is given more weight through the MVP system that CMS plans to transition to. Additionally, the slope of the payment reimbursement to physicians as a group should concern all physicians. At a fundamental level, the reimbursement structure is not keeping up with rising costs and inflation, while in a budget neutral fixed budget system, one specialty's gain would mean another's loss. This inherent competition is dangerous and can lead to destructive professional infighting, where what we need at this juncture is a collaborative stance that can uplift us all. Stay tuned, as we will give

you an update on future legislation regarding the prior authorization process, CMS proposed transition from MIPS to MVP, and potential optometric scope expansion.