CMS Outlines Provision to Reimburse Physicians for Management of Chronic Care Services in 2014 MPFS Proposed Rule

On July 8, 2013, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule updating payment policies and rates for physicians paid under the Medicare Physician Fee Schedule in 2014. CMS projects that total payments in 2014 will be approximately $87 billion. While a 24 percent reduction in Medicare payments from the Sustainable Growth Rate is slated for 2014, Congress is expected to act this summer to avert the cut.

CMS estimates that allowed charges for neurologists will decrease by two percent, with a majority of the reduction coming from changes in practice expense. This reduction reflects proposed changes; the ultimate result could differ when the final rule is published November 1.

**Complex Chronic Care Management Services**

Although CMS expects the complex chronic care management codes to be reported by primary care, some neurology practices that treat patients with multiple chronic conditions and satisfy the reporting requirements may also be able to report these services. The AAN, along with other members of the physician community, voiced concerns to CMS that the care management included in many of the E/M services does not adequately describe the typical non-face-to-face care management work involved for beneficiaries with multiple chronic conditions. In response, for 2015, CMS is proposing to establish payment for complex chronic care management services furnished to patients with multiple complex chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. CMS has established the 2015 implementation date in order to provide sufficient time to develop and obtain public input on the standards necessary to report these services.

**Physician Quality Reporting System (PQRS)**

Physicians successfully participating in the PQRS will receive a 0.5 percent bonus on all Medicare payments for 2014. 2014 is the last year physicians will be eligible for a bonus as it will transition to a -1.5 percent penalty in 2015. However, physicians who meet the criteria for the 2014 PQRS incentive will automatically avoid the penalty in 2016.

Neurologists’ participation in PQRS is becoming increasingly important which only underscores the need for neurology-specific measures. CMS proposes the following measure sets for PQRS in 2014:

- Sleep apnea
- Dementia
- Parkinson’s disease

These measures are in addition to the stroke rehabilitation measure set and the epilepsy measures for seizure type(s) and current seizure frequency(ies), documentation of etiology of epilepsy or epilepsy syndrome, counseling for women of childbearing potential with epilepsy that are already included in the program.
With respect to PQRS reporting, CMS is proposing to increase the number of measures that have to be reported from three to nine with at least 3 covering the National Quality Strategy domains. CMS also proposes to change the registry reporting threshold to 50 percent.

**Electronic Health Records (EHR) Incentive Program**
For 2014, CMS is proposing that physicians be able to report clinical quality measures through qualified clinical data registries.

**Physician Compare Website**
CMS is proposing to publicly report physician performance information on Physician Compare by reporting all measures collected through the PQRS GPRO web interface and patient experience data collected from the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) for groups of 100 or more providers. CMS will provide a 30-day preview period prior to publication of quality data on Physician Compare so that physicians can view their data as it will appear on Physician Compare before it is publicly reported.

**Value-Based Payment Modifier**
All neurologists in group practices of 100 or more eligible professionals will be subject to the value-based payment modifier January 1, 2015 based on their 2013 PQRS performance period. The value-based modifier will function in both directions by rewarding high-performing physicians with increased payments and by punishing low-performing physicians with decreased payments. It is important to note that physician groups can avoid all penalties simply by participating in the PQRS.

CMS is proposing to align the 2014 PQRS performance period with the quality measures and quality reporting mechanisms for the 2016 value-based modifier. In addition, for the 2016 value-based modifier CMS proposes:

- to lower the group size threshold to groups of physicians with 10 or more eligible professionals
- to make quality tiering mandatory
- to increase the penalty from one percent to two percent

The value-based modifier will apply to all physicians, regardless of practice size, on January 1, 2017.

The AAN is reviewing the proposed rule in its entirety and will submit comments by the September 6, 2013, deadline. Please continue to visit the [Medicare](#) section of the AAN website for regulatory updates.