MPFS Proposed Rule: AAN Regulatory Advocacy Results in CMS Proposals to Reduce Regulatory Burdens; Neurology Payments Steady for 2018

Each year, the Centers for Medicare & Medicaid Services (CMS) proposes regulations that impact how physicians are paid. On July 13, 2017, CMS issued a proposed rule updating payment policies and rates for physicians paid under the Medicare Physician Fee Schedule (MPFS) in 2018. Once again, the AAN’s regulatory efforts have paid off, and we are pleased to see that our recommendations to CMS have been incorporated in this proposed rule. The AAN’s regulatory advocacy is a critical part of our work to support neurologists and your patients.

CMS projects that overall allowed charges for neurologists will remain neutral in 2018. While CMS estimates a 0% impact on neurology, the ultimate result could differ when the final rule is published later this year.

Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging Delayed Until 2019

Recognizing the practice efforts needed to comply with MACRA’s new Quality Payment Program, CMS is proposing to delay implementation of the AUC Program to January 1, 2019. Over the past year, the AAN directly asked CMS to delay implementation. Furthermore, the agency is open to potentially delaying the program beyond the January 1, 2019, date. Specifically, during the first year, CMS proposes to pay claims for advanced diagnostic imaging services regardless of whether they contain information on the required AUC consultation. This will allow neurologists to prepare for the new program. CMS is also proposing modifications to its significant hardship exceptions to align them under the AUC program with those under existing quality programs.

Evaluation and Management Comment Solicitation

CMS believes that E/M documentation guidelines should be substantially revised. This will require a multi-year, collaborative effort among stakeholders. The agency writes in the proposed rule that revised guidelines could both reduce clinical burden and improve documentation in a way that would be more effective in clinical workflows and care coordination. To achieve this goal, CMS is seeking input on specific changes that should be taken to reform the guidelines, reduce burdens, and better align E/M coding and documentation with the current practice of medicine. This call for feedback gives the AAN another opportunity to demonstrate the value of cognitive services provided by neurologists during E/M encounters. The AAN looks forward to actively participating in the re-evaluation process.

Request for Information on Reducing Regulatory Burdens

CMS is requesting feedback on solutions to better achieve transparency, flexibility, program simplification, and innovation. This will inform the discussion on future regulatory action related
to the Physician Fee Schedule. The agency writes that it wishes to start a national conversation
about improving the health care delivery system; how Medicare can contribute to making the
delivery system less bureaucratic and complex; and how CMS can reduce burden for clinicians,
providers, and patients in a way that increases quality of care and decreases costs. CMS is
soliciting ideas for regulatory, sub-regulatory, policy, practice, and procedural changes to better
accomplish these goals.

**Physician Quality Reporting System (PQRS) and Electronic Health Record (EHR)
Reporting Requirements Reduced**

The AAN met directly with CMS to propose ways the agency could reduce burdens on
neurologists. Several of our suggestions regarding the PQRS and EHR reporting programs have
been proposed by the agency because of our advocacy efforts.

Specifically, the PQRS is being replaced by the Merit-based Incentive Payment System (MIPS)
and the last period to report 2016 PQRS quality data to avoid the 2018 PQRS payment penalty
was January through March 2017. In this proposed rule, CMS offers to retroactively change the
current PQRS policy requiring the reporting of 9 measures across 3 National Quality Strategy
domains. Instead, CMS will only require the reporting of 6 measures for the PQRS. CMS writes
that it believes the proposals will result in fewer physicians being subjected to payment penalties
and will not further burden practices to submit any additional data. A similar change in clinical
reporting requirements is also proposed under the Medicare Electronic Health Record Incentive
Program (“Meaningful Use”) which is also now changing under the new Advancing Care
Information section of MIPS.

**Changes to 2018 Value Modifier**

CMS proposes changing previously finalized policies for the 2018 Value Modifier to provide a
smoother transition to the new MIPS component of the Quality Payment Program. Specifically,
CMS proposes to reduce the payment penalty for not meeting minimum quality reporting
requirements and will hold harmless all physicians who met minimum quality reporting
requirements from any payment penalty for performance under quality-tiering for the last year of
the program. Similar to our efforts on the PQRS and Meaningful Use proposals, the AAN
worked closely with CMS to advocate for this specific proposed change.