In late April, the Centers for Medicare & Medicaid Services (CMS) released its 962-page proposed rule that links Medicare provider payments to quality patient care. This is the first major step taken by the government to implement the Medicare Access and CHIP Reauthorization Act of 2015, also known as MACRA. The MACRA law replaced the Medicare sustainable growth rate, commonly known as “SGR” or the “doc fix.” The law fundamentally changes how Medicare pays physicians and other clinicians who participate in the program.

“We are encouraged by the proposed changes that move from a highly prescriptive to a more flexible model,” said Orly Avitzur, MD, MBA, FAAN, chair of the Medical Economics and Management Committee. “This is especially evident in some of the quality and electronic health record components of the proposal. But the AAN is concerned with the impact this could have on small and solo practitioners. We also are mindful that the first performance year for the proposal begins in 2017. This does not leave us much time. The Academy’s staff continues to work hard educating members about the upcoming changes and we will submit comments to CMS that reflect the best interests of neurologists in order to influence the agency’s final rule.”

The proposed rule aims to link Medicare provider payments to quality patient care and creates a “Quality Payment Program” to replace old reporting programs. It includes a two-track system for Medicare reimbursement:

- **Merit-based Incentive Payment System (MIPS)**—consolidates components of the Physician Quality Reporting System (PQRS), the Value-based Payment Modifier (VM), and the Medicare Electronic Health Record (EHR) Incentive Program
- **Alternative payment model (APM) track**

CMS would begin measuring performance for doctors and other clinicians through MIPS in 2017, with payments based on those measures beginning in 2019. Because of the high bar set to qualify for the APM track, CMS projects that only 30,000 to 90,000 clinicians will be in the APM track. An estimated 687,000 to 746,000 physicians will be in MIPS including an estimated 13,000 neurologists according to CMS projections.

The proposed rule outlines four MIPS performance categories, each comprising a different percentage of an overall performance score in the first year of implementation:

- **Quality—50 percent of the score.** Clinicians would choose to report six measures from a range of options that accommodate differences among specialties and practices.
- **Advancing care information—25 percent of the score.** Major changes are coming to the Meaningful Use program, now called “advancing care information.” Eligible professionals will be able to choose to report customizable measures reflecting their use of technology in day-to-day practice with a focus on interoperability and information exchange. CMS emphasizes that, unlike current reporting program requirements, this category would not require all-or-nothing EHR measurement and the number of measures will be reduced from 18 to a new all-time low of 11. Furthermore, reporting of clinical decision support and computerized physician order entry will no longer be required and eligible professionals will only have to report to a single public health immunization registry. Some physicians will also be exempt from reporting when EHR technology is less applicable.
- **Clinical practice improvement activities—15 percent of the score.** This would reward activities like care coordination, beneficiary engagement, and patient safety.
- **Cost—10 percent of the score.** The score would be based on Medicare claims which means there are no reporting requirements for clinicians. This category would use 40 episode-specific measures to account for differences among specialties.

This score is used to determine how the provider is paid.

In the APM track, Medicare will provide bonus payments to doctors who participate in advanced alternative payment models. Models included in this category are those under which clinicians accept both risk and reward for providing coordinated, high-quality care. Examples cited in the proposed rule include the Comprehensive Primary Care Plus model and the Next Generation Accountable Care Organization model. Medicare physicians who participate to a sufficient extent in various APMs could be exempt from MIPS reporting requirements and qualify for financial bonuses.

The AAN is reviewing the proposed changes and will respond to CMS later this month, and CMS is expected to issue a final rule this fall.

To learn more about MACRA and how it will affect you, access the AAN’s tools and resources at AAN.com/view/MACRA. Bookmark this webpage and check back frequently as we will be updating this page as more resources are created. Or, if you have specific questions, contact MACRA@aan.com.