The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) launched a complete overhaul of the Centers for Medicare & Medicaid Services’ payment system, changing it from fee-for-service to a value-based payment system. The two major payment options in MACRA are the Merit-based Incentive Payment System (MIPS) and the alternative payment models (APM).

CMS expects that most neurologists will be in the MIPS path, at least in 2019 based on what you do in 2017. APMs will be options for physicians who do not wish to use MIPS or do nothing. But if you are a neurologist who currently is participating in some sort of an APM (such as an ACO, bundled payment, or medical home) or if you are considering becoming part of an APM soon, it oversimplifies things to think that participation in an APM only falls under the second path. The MACRA proposed rule, in fact, offers a few ways that participation in an APM can affect your payment and reporting:

- **MIPS APM:** Participant is still subject to MIPS bonuses or penalties; more APMs will likely fall into this category
- **Advanced APM:** Participant can earn 5 percent bonus payment in addition to any APM-specific rewards; high threshold for an APM to be designated as an Advanced APM
- **Partially Qualifying APM:** Participant is in an Advanced APM but doesn’t have enough patients or payments to meet the full requirements; can opt out of MIPS or receive favorable scoring in MIPS

In a hearing with CMS Acting Administrator Andy Slavitt in May, Congress voiced apprehensions on the APM rules—concerns shared by the AAN. Congressional members raised two key worries about the MACRA rule. The first is that the criteria for what constitutes an APM is so strict under the proposed rule that only 30,000 to 90,000 physicians will likely qualify, according to CMS. Second, that the requirements of the rule would be disproportionally burdensome on small practices, though Slavitt said that would not be the case.

If you are a neurologist participating in an APM that does not meet the strict requirements to put you in an Advanced APM, but you are assessing cost and quality through your APM, how does that fit in? CMS proposes to reduce reporting burdens for participating in both MIPS and an APM by setting up a scoring standard for APMs in MIPS. Neurologists could potentially achieve APM-specific rewards as well as MIPS bonuses if they are part of a high performing APM.

Where do neurology APMs fit into these options? It’s too early to say for certain. The AAN intends to take the APMs through the process of the Physician-focused Payment Model Technical Advisory Committee (PTAC) established by MACRA to review payment models and advance them to CMS. The goal would be for the models to be designated as Advanced APMs. CMS is still developing that process and timeline, but in the meantime neurologists can seek to use these models with private payers. Short of being designated an “Advanced APM,” neurologists who participate in the AAN-developed APMs may also be able to earn credit under MIPS as explained above.

The AAN has sought member comment on the epilepsy and headache APMs and they are being revised based on input. The Academy also will reach out to payers and intends to pilot these models with practices to see if they are practical and can be easily implemented.

Anyone who is interested in piloting one of these APMs, or has questions about APMs, should contact macra@aan.com. More information is online at AAN.com/view/macra.