AAN Creates Alternative Payment Models for Epilepsy, Headache/Migraine

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 alternative payment models (APM) and the Merit-based Incentive Payment System (MIPS).

As CMS is developing the regulations for MACRA, the AAN is creating APMs for neurologists to use in their practices. The first two are on epilepsy and headache/migraine. Neurologists may be able to use these to qualify under the APM track of MACRA (if 25 percent of their payments or patients come from an APM in 2017).

These APMs could be used with private payers as well. If neurologists do not qualify in the APM track, they would be subject to the MIPS requirements.

The AAN’s Payment Alternative Team, which is spearheading this effort, has been actively following and exploring how financial changes in reimbursement will impact neurologists’ practices. “With the passage of MACRA, we were asked to focus on alternative payment models,” said Joel M. Kaufman, MD, FAAN, chair of the Payment Alternatives Team. “In conjunction with Harold Miller, a national expert in this area, we are developing APM models initially for three clinical groups of patients: those with seizures/epilepsy, headache/migraine, and dementia. We are currently working on seizures/epilepsy and headache to take advantage of subject matter experts within the work group. Data shows that most neurologists have many patients in their practices with these conditions. In the future, we will look to develop additional APMs.”

Kaufman says that APMs will be options for physicians who do not wish to use MIPS or do nothing. “We feel this will be useful for small, independent practices as well as departments or divisions within larger groups. Many people feel at this point that APMs are a very good choice for most practices.”

In the coming months, the AAN will be asking for comments and input from the membership. “In addition to general comments,” said Kaufman, “we would appreciate hearing about 1) what changes or refinements would you make to the criteria that would make a patient eligible for each phase of payment, 2) what changes or refinements would you make to the way the stratifications of patients are defined and 3) what changes or refinements would you make to the quality standards and the quality/outcomes/utilization/spending measures?”

Kaufman assures that, while these new changes may sound complicated and confusing, “Much of our task will be dedicated to providing a clear message as to what are APMs, offering resources to guide a neurologist to participate or not in an APM, and providing a model APM that can be used successfully.”

Your Help Is Needed!
The AAN seeks feedback on the epilepsy and headache/migraine models from member neurologists who are experts in these disease states as well as general neurologists. The Academy particularly wants to hear from people who already are doing some type of alternative payment model with payers in their area or with CMS. 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.

Learn at the Annual Meeting How MACRA Affects You
If you are attending the AAN Annual Meeting, catch the I Talk “The Future of Payment” on Monday, April 22, at 3:30 p.m. in the Vancouver Convention Centre. Lyell K. Jones, MD, FAAN, will explain the essential changes of MACRA and its effects on CMS payment systems. Also, the Real World of Neurology Experiential Learning Area will have an interactive display featuring MACRA.