July 1, 2016

Mr. Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

RE: CMS Patient Categories and Codes

Dear Acting Administrator Slavitt:

The American Academy of Neurology (AAN) is the premier national medical specialty society representing more than 30,000 neurologists and clinical neuroscience professionals and is dedicated to promoting the highest quality patient-centered neurologic care. A neurologist is a physician with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system such as Alzheimer’s disease, stroke, epilepsy, Parkinson’s disease, migraine, multiple sclerosis, and brain injury.

CMS states it seeks comment on the draft patient relationship categories as well as suggestions for additional relationships or modifications to these relationships. CMS is also seeking comments on specific questions raised in the patient relationship categories and codes document. In response to CMS’s request, the AAN offers the following feedback:

- We support CMS’s interest in a category specific to non-patient facing clinicians. This distinguishes between providers with medical decision-making responsibility for patient care from those who do not write orders or provide direction for patient care. This helps identify the treating physicians as opposed to those who only interpret a test or image.

- The AAN encourages CMS to apply the phrase primary care provider to only one set of services, namely prevention; acute, uncomplicated, episodic illnesses and comprehensive care coordination and planning. The AAN suggests using the phrase principal physician to apply to those managing a chronic condition like stroke or dementia, or a specialized acute condition like a surgical episode. If these are distinguished by different terms that are defined by what each does, it allows them to more clearly occur concurrently, and with proper attribution. Additionally, this would let a specialist know and understand the duties of the primary care physician if, and when, it
made sense for the specialist to assume those responsibilities. All of this could be confirmed by the patient.

- We suggest the patient formally agree to the designation of the primary care provider and to any change in that status. This helps address when patients and/or family do not understand the actual primary care provider.

- One-time visits with a consultant that is not related to an acute illness is one category that may be missing from the CMS proposal. An example of this consultation is an abnormal MRI. Often there are benign findings and no further workup is indicated. Another is a patient with a strong family history of Alzheimer’s disease who receives counseling aimed at reducing her risks and whether genetic testing is appropriate.

- The “default” needs to be spelled out clearly by CMS. Will all physicians be able to be considered primary care providers? Would physicians choose an option to decrease the number of patients attributed to them? Additionally, what happens if two physicians designate themselves as the primary care provider?

- We believe a visual aid would help classification efforts. The box could include:
  - Lead, Acute: e.g., surgical episode, colonoscopy;
  - Lead, Chronic: e.g., endocrinologist for diabetes, neurologist for stroke;
  - Contributing, Acute: e.g., ER consultation;
  - Contributing, Chronic: e.g., nursing home consultation for dementia, and;
  - Primary care providers would be in the middle of the grid, overlapping all four boxes, as they coordinate between the relationships.
    - There could potentially be a sixth, non-grid choice, adding in the creation of the non-patient facing physician category. This will capture many services and reduce some ambiguity.

- CMS must think about this in terms of chronic care by specialists like neurologists. We have concerns that some of the terms used may not match up well with the phrases that a neurologist would use to describe their relationship with many patients. Neurologists often consider themselves as the physician who is the only one caring for the patient, sometimes for many years, but avoid using the term “primary” because of associated drawbacks. One option could be the term principal as opposed to primary care provider.

If you have any questions regarding this letter, please contact Daniel Spirn, Regulatory Counsel for the AAN, at dspirn@aan.com or (202) 525-2018.

Sincerely,

Terrence L. Cascino, MD, FAAN
President, American Academy of Neurology