Preserve Medicaid Patient Access to Neurologists

Background
The Affordable Care Act (ACA) increases Medicaid fees for certain primary care services to match Medicare rates through the end of 2014.

Although this provision originally was intended to benefit primary care, during the rulemaking process the Centers for Medicare & Medicaid Services (CMS) expanded those eligible to include all subspecialties of internal medicine, family medicine, and pediatric medicine.

Problem
The expanded interpretation of this provision allows subspecialties like cardiology to qualify but does not recognize neurology and other pertinent subspecialties such as psychiatry and OB/GYNs that often provide cognitive care services. In its ruling, CMS stated that “although we recognize the role that other specialty physicians play in providing primary care services, the authority does not exist to extend the payment to other categories of physicians.”

Neurologists, OB/GYNs, and psychiatrists all provide services critical to ensuring continuity of care for Medicaid patients over the long term. For example, 66 percent of neurologists see their Medicaid patients on an ongoing basis, not as a one-time consultation or referral.

Consequences
The ruling by CMS draws an arbitrary line between providers, creating a confusing patchwork of winners and losers that could negatively impact Medicaid beneficiary access to primary care services. Consequently, this rule is likely to exacerbate existing access problems for Medicaid patients who need routine and long-term care from neurologists and other specialists excluded from this bonus. For example:

- A pediatrician who sees a child with autism will receive Medicare rates, yet a pediatric neurologist—with expertise and additional training in autism care—will not.
- A patient with diabetes can see an endocrinologist who will be reimbursed using Medicare rates, but when the same patient who develops neuropathy as a result of diabetes sees a neurologist, the neurologist will be paid Medicaid rates, which are an average of 41 percent less.
- A patient with epilepsy can go to a family physician who will receive Medicare rates, but when the same person sees a neurologist who is trained to manage patients with epilepsy, the neurologist is paid less.

Legislative Solution
Cosponsor the Enhanced Access to Medicaid Services Act of 2013 (HR. 1838/S. 755) to ensure Medicaid beneficiaries have appropriate and fair access to all cognitive physicians, including neurologists, OB/GYNs, and psychiatrists.

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