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## Medicare

### **Primary Care Doctors Commend Medicare For Proposed Enhancement to Services, Pay**

**D**octors specializing in primary care commended the Medicare agency July 8 for proposing a payment rule for next year that would enhance these services for beneficiaries with chronic conditions.

The American Osteopathic Association was “pleasantly surprised with the focus on care coordination” in the proposed 2017 physician fee schedule, particularly the emphasis on team-based care, AOA Senior Vice President Ray Quintero told Bloomberg BNA.

Osteopathic physicians have focused on this because it helps with prevention, he said. Half the profession is in primary care, he said.

Putting extra funds toward preventive care eventually saves money for the system overall. For example, it helps keep beneficiaries out of the emergency room, which is “extremely costly,” Quintero said.

The American College of Physicians said in July 8 statement that the proposed rule greatly strengthens the ability of primary care physicians to provide high value, coordinated and patient-centered care to their patients enrolled in Medicare.

**Close to \$1B Extra.** The proposal (RIN:0938-AS81), which is scheduled to be published July 15, would result in approximately \$900 million in additional funding in 2017 to physicians and practitioners providing primary care services to patients with chronic conditions, Centers for Medicare & Medicaid Services officials said (131 HCDR, 7/8/16).

Among the changes would be an expansion of a diabetes prevention program; extra pay for caring for beneficiaries with multiple chronic conditions and for furnishing services to beneficiaries with mobility-related impairments; and new payment for behavioral health services that are part of a psychiatric collaborative care model.

Under the model, patients are cared for through a team approach involving a primary care practitioner, behavioral health-care manager and psychiatric consultant.

Donald W. Fisher, president and chief executive officer of the American Medical Group Association, said in a July 8 statement that several AMGA medical groups have established these models within their organizations “to provide effective treatment to patients with common behavioral health conditions that may otherwise go untreated, as well as to improve health outcomes and to reduce the costs of treatment.”

**Specialist's Comments.** However, at least one specialist group was cautious about the proposed rule.

The American Society of Cataract and Refractive Surgery said in a July 7 statement to members that it's concerned that the proposed rule continues to prioritize primary care services over specialty care. The group said it will continue to advocate that the CMS not reduce reimbursement for specialty services to offset increases for primary care services.

A representative of the group said she did not want to elaborate further.

**MACRA Implementation.** The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which replaced the sustainable growth rate formula that led to sharp declines in payments, stipulated that doctors overall would receive an annual increase of 0.5 percent from 2016 through 2019.

However, the amount of the increase depends on the services used.

The American College of Cardiology said July 8 that it estimates the proposal will increase payments to cardiologists by 1 percent from 2016 to 2017. “This estimate is based on typical practice and can vary widely depending on the mix of services provided in a practice,” the ACC said.

**Quality Rule.** Most of the MACRA requirements are in another proposed rule. Comments on that proposed rule (CMS-5517-P, RIN:0938-AS69) were due to the Medicare agency June 27 (126 HCDR, 6/30/16).

However, AMGA's Fisher expressed disappointment that the proposed July 7 payment rule said Track 1 accountable care organizations are precluded from participating as alternative payment models under MACRA's quality program that begins in 2019.

“The comment period for the proposed Quality Payment Program recently closed, and it is discouraging that it appears CMS may not be considering the substantive recommendations from AMGA and other organizations on this issue,” Fisher said.

Acting CMS Administrator Andy Slavitt will likely testify on those aspects of MACRA at a hearing July 13 before the Senate Finance Committee.

Quintero said that the two proposed rules could feasibly be considered connected in that an emphasis on team-based care in the payment rule could eventually “benefit physicians as they move into the MACRA world” of alternative payment models.

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