AMA AMERICAN MEDICAL ASSOCIATION

H.R. 2 – Medicare Access and CHIP Reauthorization Act of 2015

	Current Law	H.R. 2 – SGR & Physician Payment
Annual Medicare Update for Physician Services	• -21.2% SGR cut takes effect April 1, 2015. • Future SGR cuts could exceed 25%.	Annual Update of: • 0% January through June 2015 • 0.5% July 2015 through 2019 • 0% in 2020 through 2025 • 2026 & beyond: 0.75% for APM participants; 0.25% for all others.
Pay for Performance/ Quality Reporting Programs	**PQRS + MU + VBM Maximum Total Penalties** • **2015:** 4.5% • **2016:** 6% • **2017:** 9% • **2018:** 10% or more • **2019:** 11% or more • **2020:** 11% or more **PQRS:** Physician Quality Reporting System **MU:** EHR Incentive Program/Meaningful Use **VBM:** Value-Based Payment Modifier	**Merit-based Incentive Payment System (MIPS) Maximum Penalties & Bonuses** • **2015-2018:** PQRS, MU, VBM continue. • **2019: 4**% (Extra bonus possible) • **2020: 5**% (Extra bonus possible) • **2021: 7**% (Extra bonus possible) • **2022 & after:** 9% (Extra bonus 2022-2024) **Extra bonus 2019-2024:** Up to 10% for exceptional performance (up to $500 million/year). MIPS has more accurate assessment, scoring, flexibility, predictability than under PQRS, MU, or VBM.
EHR Meaningful Use (MU)	No clear timeline or enforcement tools to achieve interoperability.	MU initially counts 25% in MIPS. Goal is interoperability by 2018; Secretary may adjust penalties/decertify EHRs if this is not achieved.
Alternative Payment Models (APMs)	No guaranteed payment update or bonus for physician participation in medical homes, ACOs, or other existing APMs. Limited support for physicians to develop new payment models.	5% Bonus payment for 2019-2024 for participation in eligible models. Eligible APMs must bear more than nominal risk, except certain medical homes. Physicians can propose new APMs. APM participation increases MIPS score. $20 million/year (2016-2020) in technical assistance for small practices to facilitate participation in APMs or MIPS.
Quality Measure Development Funding	None.	$15 million/year (2015-2019) for measure development; $75 million total. Excess available through FY 2022.
Global Surgical Services	CMS will unbundle all 10-day global surgical services by 2017, and 90-day services by 2018 – over 4,000 services in all.	Preserves current 10-day and 90-day global periods. Secretary must collect information to ensure their accuracy, may withhold portions of payments to incentivize reporting of information.
Physician Data Access	Data provided by CMS through physician feedback program. No requirements on timeliness.	Requires CMS to provide timely (e.g., quarterly) feedback reports at individual physician level.
Physician Claims Data	Physician 2012 claims data released by CMS. Qualified Entities (QEs) authorized to do public reports using the data.	Establishes an annual release of physician data with no explicit safeguards. Expands QE authority to provide non-public reports and data with explicit protections. Provides data to qualified clinical data registries (QCDRs).
Standard of Care Protection Act	No protections.	Included. Quality program standards do not set standard of care in medical liability actions.
Opting Out of Medicare	Must renew status every 2 years.	Status continues indefinitely.
Chronic Care Management (CCM) Services	Medicare started paying for CCM services in 2015, but could end those payments in the future.	Permanently requires Medicare to pay for care management of patients with chronic health problems, without requiring an annual wellness visit or initial preventive physical examination.