

Proposed Changes

The agency proposes to update the VM informal review policies and establish how the quality and cost composites under the VM would be affected if unanticipated program issues arise. In addition, CMS is proposing to permit eligible professionals that participate in a Medicare Shared Savings Program to report to the PQRS outside the ACO for purposes of the PQRS payment adjustment.

Tables

TABLE 34: Proposed Priority Clinical Areas with Corresponding Claims Data

Proposed Priority Clinical Area	Total Services	% Total Services ¹	Total Payments	% Total Payments/1
Chest Pain (includes angina, suspected myocardial infarction, and suspected pulmonary embolism)	4,435,240.00	12%	\$ 470,395,545	14%
Abdominal Pain (any locations and flank pain)	2,973,331.00	8%	\$ 235,424,592	7%
Headache, traumatic and non-traumatic	2,107,868.00	6%	\$ 89,382,087	3%
Low back pain	1,883,617.00	5%	\$ 180,063,352	5%
Suspected stroke	1,810,514.00	5%	\$ 119,574,141	4%
Altered mental status	1,782,794.00	5%	\$ 83,296,007	3%
Cancer of the lung (primary or metastatic, suspected or diagnosed)	1,114,303.00	3%	\$ 154,872,814	5%
Cervical or neck pain	1,045,381.00	3%	\$ 83,899,299	3%

¹ Percentage of 2014 Part B non-institutional claim line file for advanced imaging services from Medicare claims for beneficiaries who are enrolled in the fee-for-service (FFS) program (source: CMS Chronic Conditions Data Warehouse).

TABLE 41: Calculation of the Proposed CY 2017 PFS Conversion Factor

Conversion Factor in effect in CY 2016		35.8043
Update Factor	0.50 percent (1.0050)	
CY 2017 RVU Budget Neutrality Adjustment	-0.51 percent (0.9949)	
CY 2017 Target Recapture Amount	0 percent (1.0000)	
CY 2017 Imaging MPPR Adjustment	-0.07 percent (0.9993)	
CY 2017 Conversion Factor		35.7751