



Loy D. “Chip” Cowart, MD, FAAFP
President

September 10, 2018

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1693-P
P.O. Box 8016
Baltimore, MD 21244-8016

Dear Administrator Verma:

**Re: CMS’ E&M Proposal Will Disproportionately Harm Small Practices
Support AAFP’s Proposed 15 Percent Increase for E&M Services by Primary Care Physicians**

On behalf of the Georgia Academy of Family Physicians, I write in response to the proposed rule titled, “Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program” published by the Centers for Medicare & Medicaid Services (CMS) in the July 27, 2018, Federal Register.

The Georgia Academy commends your continued leadership and commitment to identifying and implementing policies that improve the Medicare program. We share your goals of reducing the administrative burden of modern medical practice and preserving independent physician practices. We support your stated goal of transforming the Medicare program into one that prioritizes the delivery of high-quality, patient-centered, comprehensive and efficient care.

We respectfully offer commentary on three high-level items for your consideration. The three items are:

1. Priority Proposals in the 2019 Medicare Physician Fee Schedule
2. Impact on Medicare Beneficiaries
3. Impact on Solo and Small Physician Practices

Priority Proposals in the 2019 Medicare Physician Fee Schedule

The 2019 Medicare Physician Fee Schedule seeks to improve the Medicare program by creating a practice environment that facilitates high-quality care delivered in the most efficient manner. In the rule, you have proposed four major changes to the Medicare Part B Fee-For-Service program that would have an immediate and measurable impact on family medicine. Those items are:

1. Simplify payment by adopting a single payment rate for evaluation and management (E/M) codes for new patients (99201-99205) and existing patients (99211-99215);
2. Reduce documentation burden by allowing physicians to document only at the 99202 or 99212 level;
3. Establish a new G-code valued at approximately \$5.00 per visit that could be added to the newly established value for existing patient E/M services; and
4. Reduce by 50% payment for services provided in connection with an E/M code using the modifier -25.

In addition to these four items, the proposed rule outlines several other policies that aim to enhance patient care via telemedicine, coverage of other non-face-to-face services, and extended visits for complex patients. Each of these are important policies that we discuss in our comments below.

With respect to the 50 percent reduction in value for services provided at the same visit as an E/M service, using a modifier -25, the Georgia Academy along with the AAFP, has long-standing policy opposing such a policy or any other policy that seeks the reduction of payment for services provided to patients in connection to E/M services. We believe that the valuation of such services, as established through the RUC process, already accurately accounts for any efficiencies that may exist, and further reductions are not justified.

Regarding the proposed reduction in payment for the 25 modifier, this could lead to the unintended consequence of reducing comprehensive care (doing a procedure while seeing the patient for a problem visit) or performing an Annual Wellness Visit (AWV) while seeing the patient for chronic medical problems (for example) and incentivizing volume. This could also adversely impact patients in our rural and underserved areas that travel extended distances for services. If a physician is asked to deliver independent services on the same day for substantially reduced cost, but with the same professional service time, they will no longer be able to be able to deliver such care. While the intent of this proposed rule may be to reduce unnecessary service delivery, family physicians are trained to be comprehensive in their care. Cleaning ears or injecting a joint on the same day as a chronic disease follow-up is simply better for the patient. Under the proposed model, repeat visits, referrals, and incomplete care would be encouraged.

Finally, we also commend your efforts to create neutrality in payments between sites of care proposed in a separate rule. We strongly support site-neutral payment policies and encourages CMS to finalize that proposal.

The Georgia Chapter cannot support the proposed changes to E/M codes as proposed by CMS. As outlined in this letter, we believe the proposal would have a negative impact on family physicians in our state, especially those in small, independent practices. We recommend five major changes that would strengthen the proposed policies included in the 2019 MPFS.

Those recommendations are:

1. Proceed with the proposed changes in documentation and implement these immediately – **but without the collapse to a single payment for codes 99202-99205 and 99212-99215.** Furthermore, we urge CMS to use its unique position to drive changes in documentation not only in Medicare, but through all public and private health plans.
2. Delay implementation of any changes to E/M policies or codes and their descriptors until the AAFP and other medical associations can work with CMS to develop new or revised office visit codes, descriptors, and values that incentivize comprehensive, continuous, and coordinated primary care and not fragmentation and churn.
3. **Eliminate the proposed primary care add-on code and replace it with a 15% increase in payment for E/M services provided by physicians who list their primary practice designation as family medicine, internal medicine, pediatrics, or geriatrics.**
4. Eliminate the proposed 50 percent Multiple Procedure Payment Reduction (MPPR) for physicians who list their primary practice designation as family medicine, internal medicine, pediatrics, or geriatrics.
5. Work with Congress to eliminate the applicability of deductible and co-insurance requirements for the chronic care management (CCM) codes. Eliminating CCM cost-sharing requirements would facilitate greater utilization of these codes and increase coordination of care for those

beneficiaries with the greatest health care needs, helping to achieve improved care and reduced resource use. Furthermore, we urge CMS to further reduce excessive CCM documentation requirements.

Impact on Medicare Beneficiaries

The Georgia Academy is concerned that the changes included in the proposed rule may harm the quality and cost of care for Medicare beneficiaries. As noted previously, the value of primary care is achieved when delivery systems are foundational in first contact, comprehensive, continuous, and coordinated primary care. To achieve these four principles, delivery and payment models must be aligned with these goals. We are concerned that the proposed changes would move us further from these principles by incentivizing greater fragmentation in care delivery. Since the proposed rule would place an emphasis on maximizing an allotted amount of time with a patient, versus comprehensiveness, it is likely that patients would experience more frequent, shorter duration physician visits. This incentivization of churn is inconsistent with the principles of advanced primary care and could not only be frustrating for patients but could also harm access to care in rural and other health professional shortage areas.

Additionally, since beneficiaries are required to pay 20 percent of most Part B services, it is possible that beneficiary out-of-pocket costs would increase due to more frequent physician or clinician visits. Also, visits paid at a higher rate than was the case before the proposed collapse of payment levels could multiply out-of-pocket costs. Many beneficiaries already face challenges accessing physicians due to logistical and financial challenges. We are very concerned that the proposed rule has the potential to create fragmentation and churn that could exacerbate these challenges.

Again, we believe the implementation of APM models such as the APC-APM, which focus on comprehensive, continuous, and coordinated primary care, are a better approach.

Impact on Solo and Small Physician Practices

Small, independent family medicine (primary care) practices are the foundation of our health care system, yet they face unique challenges that require some accommodation if they are to be successful in the future. The narrow margins of small, independent practices leave little room for variation in revenue. In addition, patient panels for these practices are more populated by Medicare and Medicaid beneficiaries and they tend to have fewer Medicare Advantage patients. These factors cause changes in Medicare fee-for-service to have a disproportionate impact on these practices.

Many small and independent practices have contacted our Chapter indicating the harm these changes would cause. They have outlined in detail the negative impact the proposed changes would have on them. The collapsing of E/M payment, in conjunction with the 50% reduction in payment for multiple services through the modifier -25, are perceived to be an economic death knell by these practices. Most have expressed that the implementation of the proposed changes would result in significant financial strains that would require either a decrease in the number of Medicare beneficiaries they care for or the sale of their practice to a larger organization. The further elimination of independent practices through consolidation is not positive for communities in our state, Medicare beneficiaries, or the financial sustainability of the Medicare program. The Georgia Chapter, like you, believes we need to protect these independent practices and take steps to ensure their economic viability.

Again, we believe the best way to protect these independent practices and preserve the important role they play in our health care system is to transition them away from fee-for-service towards APMs such as the APC-APM. The volatility fee-for-service causes is inconsistent with the comprehensive, continuous, coordinated primary care practiced by these family physicians. The Georgia Chapter stands ready to assist you in creating practice environments in our state that allow family physicians to continue performing at a high level.

In conclusion, the Georgia Chapter applauds your commitment to improving the Medicare program for beneficiaries and the physicians who care for them but asks that you carefully consider our concerns and suggested changes. We appreciate the opportunity to make these comments.

Please contact Fay Fulton (Executive Vice President, ffulton@gafp.org), with any questions or concerns.

Sincerely,

A handwritten signature in black ink on a light gray background. The signature is cursive and appears to read "Loy D. Cowart MD".

Loy D. "Chip" Cowart, MD, FFAFP
President

cc: Georgia Academy of Family Physicians Board of Directors
Doug Henley, MD – CEO – American Academy of Family Physicians