



August 24, 2010

Donald Berwick, MD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2011; Proposed Rule; 75 *Fed. Reg.* 40,040 (July 13, 2010).

Dear Administrator Berwick:

The American College of Rheumatology appreciates the opportunity to comment on the proposed 2011 Medicare Physician Fee Schedule Proposed Rule. Through review of the fee schedule, the ACR has great concern that patient access to necessary care will be compromised if some of the draft rule proposals are implemented.

Elimination of Consultation Codes

The ACR respectfully requests that consultation codes should be reportable and reimbursable by Medicare.

CMS's decision to eliminate consultation codes because of misuse or confusion surrounding the use of the codes has been devastating for many physicians including rheumatologists. The ACR respectfully requests that CMS reverse this decision and authorize that Medicare allow physicians to report and receive reimbursement for consultation codes.

Rheumatologists provide primarily cognitive services and do not generally perform procedures. The evaluation of patients referred to rheumatologists is time intensive as many suffer from complex chronic disabling conditions and have extensive medical records from previous physician visits. Often, patients see several other physicians before receiving the correct diagnosis from a rheumatologist. Determining the correct diagnosis requires a thorough evaluation of a patient's complete medical history from all prior providers which is very labor intensive.

Consultations go far beyond a "new patient" visit. Almost all rheumatology patients are referred by another physician who does not have the time or expertise to properly diagnose and treat the patient. In many cases, patients are referred back to the original physician for on-going care or, in other cases, patients continue to be treated by the rheumatologist. In either case, the rheumatologist must complete the necessary comprehensive medical records review and diagnostic evaluation.

Patient care will likely suffer as rheumatologists reduce the number of new Medicare patients in their practices. The ACR participated in a survey with several other specialties that demonstrated over 20

percent of the physicians completing the survey had reduced the number of new Medicare patients. Almost 75 percent of the physicians surveyed have seen decreases in Medicare reimbursement. This change in the fee schedule is having a significant impact on rheumatologists.

A compounding problem is the definition of a new patient. A new patient is defined as a patient that has not been seen by any physician in the practice with the previous three years. Within a multi-specialty practice, a patient may be referred to a new physician or specialist for a new problem such as rheumatoid arthritis or lupus and under current policy, the physician would be required to report an established patient code. The subspecialists will perform a time intensive review of their “new” patient, but will be reimbursed at the established patient rate. To effectively resolve this issue of appropriate reimbursement for specialists, consultation codes would need to be reinstated.

Physician Quality Reporting Initiative and e-Prescribing

The ACR respectfully requests that CMS make additional modifications to the PQRI program.

The ACR is supportive of PQRI as a method to collect data and promote quality of care. However, proper feedback is important so physicians can understand if they are reporting appropriately. CMS must ensure that physicians have access to this information by improving physician access to their reports. This should include improving the help desk and having experienced, qualified staff available. CMS should also consider providing aggregate data to specialty societies so specialties could assist in educating members on the program and potential issues.

In the past, physicians have failed to properly report PQRI data and thus, did not receive reimbursements. When this occurs, physicians sought clarification from CMS and unfortunately received generic responses. This discourages physicians and prevents further participation. Physicians should have the opportunity to receive information why they failed to comply and be provided an opportunity to appeal. If this information is available on the internet, it could negatively impact physicians’ quality status solely based on reporting errors. The ACR requests that CMS implement a program to instruct physicians on proper reporting. This would include a specific reason(s) so that the physician is able to modify his/her practice appropriately. This could be done by providing physician specific feedback reports.

The ACR would also like to receive specialty specific generic feedback to assist in educating our membership. This information should be readily available to CMS by running reports using specialty specific codes. However, when requests for this information are submitted, CMS is unable to provide this information to the ACR. It would be beneficial to CMS and the public to encourage more physicians to participate in PQRI. This could be accomplished by understanding the practitioners who are currently participating in PQRI.

The ACR agrees with the decision to reduce the PQRI reporting sample requirement to 50 percent for 2011. CMS should consider applying the 50 percent threshold to the 2010 reporting year to allow more physicians to qualify for the bonus and to increase participation in the PQRI program. Additionally, the ACR supports the proposed requirement for e-prescribing to require reporting on only twenty-five services.

The ACR opposes imposing financial penalties against physicians based on e-prescribing in 2012 and 2013. CMS should not impose penalties until determining the success of the program and properly identifying the difficulties physicians have with e-prescribing. Physicians must have an opportunity to determine successful participation in the e-prescribing program. Those who are unsuccessful should be provided an opportunity to resolve the issue. CMS should reconsider this proposal.

The ACR appreciates the opportunity to work with CMS to provide appropriate care to beneficiaries. Please feel free to contact ACR Director of Government Affairs, Aiken Hackett, at (404) 633-3777 or at ahackett@rheumatology.org if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stanley Cohen', with a long horizontal flourish extending to the right.

Stanley Cohen, MD
President, American College of Rheumatology