The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1693-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850  
Submitted electronically via http://www.regulations.gov

Re: (CMS–1693–P) 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

Dear Administrator Verma:

The American College of Rheumatology (ACR), representing over 9,500 rheumatologists and rheumatology interprofessional team members, appreciates the opportunity to respond to the final Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019. We applaud CMS for listening to the concerns of the provider and patient communities in its 2019 Physician Fee Schedule Final Rule by significantly changing its previous proposal to collapse the Evaluation and Management (E/M) codes. The original proposal would have reduced reimbursements for physicians, such as rheumatologists, who provide complex E/M services to patients with complex chronic diseases. Had this policy been implemented as proposed, the severe economic impact of these cuts to physician practices would have adversely affected patient access to specialized services and further exacerbated the rheumatology workforce shortage. We have a few clarifying questions regarding the final PFS rule as we continue to analyze the effect of the planned E/M modifications for 2021 on rheumatology care.

Again, the ACR appreciates the agency’s effort to work with the medical community and not move forward with the original proposal to collapse the payment of the E/M codes in 2019. E/M services – which include examinations, care coordination, disease diagnosis and risk assessments – are already undercompensated by Medicare, given the amount of time and cognitive work that is required to deliver these services, especially to more complex, chronically ill patients. The additional payment cuts would have forced doctors to spend less time with patients, while discouraging medical students from pursuing careers in rheumatology and other specialties that treat patients with complex needs. The ACR
appreciates that CMS is valuing input from physician and patient stakeholders, but we are still concerned about the definitions of and the value placed on E/M services. There is a large payment disparity between cognitive and procedural specialties. We agree with our colleagues at the Cognitive Care Alliance that this payment disparity threatens Medicare beneficiary access to the physicians delivering care to patients with complex chronic conditions. We urge CMS to consider forming a technical expert panel (TEP) that would explore how best to move forward with the E/M documentation and payment changes that are to be implemented on January 1, 2021.

We support CMS’ work to remove redundancy in E/M documentation and reduce provider burden. In the case of established patients, providers and healthcare professionals should not be required to document information in the provider’s note that is already present in the medical record, particularly with regard to history and exam. While we appreciate CMS focusing on reducing documentation burden, we request that CMS publish sub-regulatory guidance as soon as possible in order to provide needed clarity on what exactly providers no longer have to document and who can now document certain information. In the interim, the AMA/CPT Editorial Panel is currently working to revise the E/M code set by 2020 or 2021; these revisions would help to establish uniformity among payers. The ACR is involved in these meetings and monitoring the revision of each section of the E/M coding guidelines. We hope to partner closely with CMS as revisions are made.

In the 2018 MPFS final rule, CMS moved forward with multiyear cuts to diagnostic ultrasound services. Rheumatologists currently use – and rheumatology trainees are learning to use – this safe, effective, convenient, inexpensive and dynamic tool to diagnose musculoskeletal and rheumatic diseases. The ACR appreciates having had the opportunity to provide feedback about the value of diagnostic ultrasound in written comments and in-person meetings. While we understand CMS believes this issue is out of the scope of the 2019 MPFS, we continue to object to the reimbursement cuts that have been finalized by CMS because they threaten provider uptake and Medicare beneficiary access to this tool. The unintended consequences of further cuts include shifting of diagnostic services to advanced imaging such as MRI and CT; this advanced imaging may occur at more expensive and less convenient sites of service compared to ultrasound.

Regarding the Quality Payment Program (QPP), CMS finalized their decision to move the small practice bonus to the quality performance category. We still believe that this will reduce the small practice bonuses to a negligible amount that does not truly help small practices. We request CMS explore how small practices can be better supported in the future MIPS years.

We also reiterate that, in order to further the development of meaningful specialty-specific measures, CMS should support the protection of the intellectual property of QCDR
measures developed by an organization which has used extensive resources and a rigorous process in the development these measures, including collaboration with and endorsement by relevant external stakeholders. To allow duplicative measure concepts to go forward at a later time in the MIPS program only fosters confusion among physicians and senseless competition among QCDRs, rather than collaboration. The ACR feels strongly that the investment which organizations make in advancing meaningful quality measures needs to be protected if this work is to continue, and that their measure concepts should not be able to be appropriated with superficial changes and then supported by CMS.

The American College of Rheumatology appreciates the work CMS does and the opportunity to respond to the final Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019. We look forward to being a resource to you and to working with the agency as you consider ways to reduce high drug costs and increase patient access to the diagnostic tools and treatments they and their providers prescribe. Please contact Kayla L. Amodeo, Ph.D., Director of Regulatory Affairs, at kamodeo@rheumatology.org or (202) 210-1797 if you have questions or if we can be of assistance.

Sincerely,

Paula Marchetta, MD, MBA
President, American College of Rheumatology