Congress of the United States Washington, DC 20515

September 7, 2018

The Honorable Seema Verma Administrator Centers for Medicare & Medicaid Services U.S. Department of Health and Human Services 7500 Security Boulevard Baltimore, MD 21244

Dear Administrator Verma:

We write to express our concerns regarding a proposed plan by the Centers for Medicare & Medicaid Services (CMS) in the Medicare 2019 Physician Fee Schedule proposed rule to consolidate evaluation and management services. We commend the agency's goal and efforts to reduce paperwork and unnecessary administrative tasks, as well as associated provider burdens, including proposals to reduce the required patient history documentation, eliminate requirements for physicians to re-document certain information, and eliminate the need to justify a home visit.

Specifically, we are concerned that the proposal to consolidate these services devalues the expertise, clinical decision-making, and time of physicians who treat patients with complex conditions such as cancer, rheumatoid arthritis, diabetes, multiple sclerosis, Crohn's disease, macular degeneration, ALS, hypertension, infection diseases, primary immunodeficiency diseases and many others. We are also concerned that the negative impact is likely to be large for faculty physicians at the nation's major teaching hospitals who treat a disproportionate share of these complex patients. While consolidating these codes could reduce paperwork for some physicians, the creation of the add-on codes would also create a new and significant paperwork requirement for physicians such as oncologists, rheumatologists, ophthalmologists, neurologists, endocrinologists and other specialists, who treat more complex patients, which will undermine the underlying, positive intent of the proposed rule to reduce administrative burden on clinicians.

While the consolidation of payment rates for evaluation and management levels 2 through 5 is of significant concern to us, we are also troubled that the proposed rule singles out podiatric physicians, proposing that podiatrists use a separate set of evaluation and management codes, for reduced reimbursement. Podiatric physicians are classified as physicians under Medicare and they provide the same evaluation and management services that their allopathic and osteopathic colleagues do. Under the Social Security Act Section 1848(c)(6), differential valuation (and thereby payment) of services paid under the Physician Fee Schedule based on physician specialty is expressly prohibited.

Additionally, it is our understanding that this proposal was created with little consultation with affected stakeholders, and we have heard significant concerns from constituent physicians of all specialties who are concerned with the potential effects this proposal may have on their patients and practices. They have also expressed concern that the proposed implementation date of January 1, 2019 does not provide them the necessary time to adjust their administrative practices to comply.

We appreciate and commend the good intentions behind this proposal, to reduce paperwork and administrative burden, we urge the agency to take additional time to work closely with physicians and other stakeholders to identify alternative approaches that would accomplish CMS' goals while ensuring that physicians are reimbursed appropriately according to the level of care required by each individual patient's condition.

Sincerely,

Marsha Blackburn

Member of Congress

Earl Blumenauer Member of Congress

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Member of Congress

Ami Bera, M.D.

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George Holding
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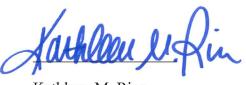
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