American College of Physicians
Leading Internal Medicine, Improving Lives

September 11, 2020

Dear Member of Congress,

On behalf of the American College of Physicians (ACP), an organization representing 163,000 internal medicine physicians (internists), related subspecialists, and medical students, I am writing to bring to your attention to the major improvements in payment for physician services included in the 2021 Medicare Physician Fee Schedule (MPFS), benefiting patients and their physicians alike, and why it merits the strong support of Congress. The MPFS will greatly improve payment for primary and comprehensive care services (evaluation and management services), including the most complex visits, care management services, vaccine administration, and telehealth services, while streamlining and reducing documentation burdens on physicians that take time away from patients. These policies are set to go into effect on January 1, 2021. *We strongly urge you and your congressional colleagues to express strong support for these essential improvements and to oppose any changes to them that would reduce their positive impact on patients and their physicians.*

Attached is a brief document describing these key policies and their importance during this time of a national pandemic when the need for primary and comprehensive care is so critical and practices are under severe financial stress due to COVID-19. Should you have any questions or require further information, please contact Brian Buckley with ACP at bbuckley@acponline.org.

Sincerely,

Heather E. Gantzer, MD, FACP
Chair, Board of Regents, American College of Physicians

American College of Physicians℠
Leading Internal Medicine, Improving Lives

Good News for Patients, Good News for Physicians: *Why Congress Should Support Medicare's Plan to Pay More for Office Visits and Other Essential Services*

September 11, 2020

The 2021 Medicare Physician Fee Schedule, set to go into effect on January 1, 2021, makes historic improvements in Medicare physician payment policies for primary and comprehensive care services (evaluation and management services), vaccines and telehealth services, while streamlining and reducing documentation burdens on physicians that take time away from patients. These improvements are essential toward addressing the ongoing impact of the COVID-19 pandemic, providing much needed increases to physicians for their primary, cognitive and comprehensive care services at a time when practices are under severe financial stress and at risk of closing due to lost revenue from COVID-19. Hundreds of thousands of physicians who are struggling to keep their practices open will be helped by these changes.

Most importantly, these changes will help the tens of millions of Medicare patients who rely on their primary care internist, internal medicine subspecialist, neurologist, or family physician not only for diagnosis and treatment of COVID-19 and related conditions, but also to make up for delays in getting preventive services, vaccinations, and treatment and management of their chronic conditions during the months when they were unable to come into their doctor's office. Studies show that patients who reside in localities with more primary care physicians have better outcomes, increased longevity, lower costs, and reduced preventable hospital and emergency room admissions.

Congress should let CMS know that it strongly supports the following improvements and does not want to see any changes to them that would reduce the positive impact on patients and their physicians.

Increasing Payment for E/M Services

Medicare has long undervalued evaluation and management (E/M) services, such as office visits and care management services, in the Medicare Physician Fee Schedule (MPFS). Such services are predominantly provided by internal medicine physicians and internal medicine subspecialists, family physicians, and pediatricians for children and adolescents (many non-Medicare payers base payment on the MPFS), although many other specialists also provide E/M services. The direct result is fewer physicians going into primary care and related cognitive disciplines.

The MPFS finalizes greatly improved payments for E/M services based on recommendations of the Specialty Society Relative Value Scale Update Committee (RUC), an advisory body chaired by the American Medical Association, that makes recommendations about the value of physician services to CMS. The increase reflects the results of a RUC survey of more than 50 specialty societies that agreed that Medicare does not properly value E/M services and that they are generally more complex for most physicians than previously valued.

Reducing and Streamlining Documentation Requirements

Traditionally, Medicare has imposed excessive documentation requirements in order for physicians to be paid for their E/M services. Physicians have had to document three key components (patient history, physical exam, and medical decision-making) in order to satisfy the documentation requirements to bill Medicare for E/M services. Changes finalized in the MPFS final rule will allow physicians to choose the E/M visit level based on either medical decision-making or time spent, and also revises the times and medical decision-making process for all of the codes,

requiring performance of patient history and exam only as medically appropriate. This will enable physicians to spend more time with patients and less on documentation and paperwork.

Providing Higher Payment for Complex Care

CMS proposes to finalize implementation of a new billing code to allow for higher payment for more complex care inherent to some E/M services. This change necessarily recognizes the complexity of caring for patients with chronic conditions such as cancer, dementia, or diabetes—and in many cases, multiple chronic illnesses—that require primary care physicians and medical subspecialists to spend more time diagnosing and coordinating care for these patients.

Increasing Access to Tele-health Services

The MPFS rule will increase patient access to telehealth services under Medicare by adding additional covered services, some on a temporary basis until the public health emergency expires and others on a permanent basis. Telehealth encompasses many modes of communication and transfer of healthcare data between healthcare professionals and their patients, including telemedicine (video visits), telephone visits and remote patient monitoring. Due to the COVID pandemic, physician practices have utilized telehealth services like never before to provide patient care and this has become a necessity due to the low volume of in-person visits.

Increasing Payments for Vaccine Administration

CMS proposes to significantly increase payments to physicians for administration of immunizations, which is critical to ensuring physicians can administer and counsel patients on vaccines for COVID-19 when they become available, and administer other essential vaccines, including for patients who may have delayed getting vaccinated because of the pandemic.

Increasing Payment for Coordinating Care of Patients with Complex Conditions

CMS is also proposing to increase transitional care management services to physicians for patients with complex care management needs, and for patients receiving End Stage Renal Disease services, changes that if finalized will allow physicians to better coordinate and manage the care of these patients, leading to better outcomes.

While the above changes merit the strong support of Congress and should be implemented by CMS without changes that will reduce their benefit to patients and physicians, Congress should appropriately act to mitigate budget neutrality adjustments, as discussed below.

Impact of Budget Neutrality

The Medicare statute requires that increases in the Relative Value Units (RVUs) for physician services in the fee schedule must be offset by an across-the-board budget neutrality (BN) reduction in the dollar conversion factor that applies to all services paid under the fee schedule, to keep overall spending budget neutral. (RVUs, when multiplied by the dollar conversion factor, determine how much physicians are paid for each service). The 2021 MFPS rule imposes a substantial BN adjustment; while physicians providing undervalued E/M services will see major improvements in overall payments even with the BN adjustment, others who do not bill for many E/M services will see reductions. Waiving BN for the 2021 MFPS would appropriately eliminate the reductions for physicians facing cuts while increasing the overall payments to physicians who provide mostly E/M services. A 2021 BN waiver must not be accompanied by other changes that would reduce, delay, or in other ways detract from the benefits to patients and their physicians of higher payments for E/M services, complex visits, vaccines, care coordination, telehealth, and other improvements planned to go into effect on 1/1/2021.

For any questions regarding this document, please contact Brian Buckley with ACP at bbuckley@acponline.org.