The Honorable Kevin McCarthy
Speaker of the House
2468 Rayburn House Office Building
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Hakeem Jefferies
Minority Leader
2433 Rayburn House Office Building
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
317 Russell Senate Office Building
Washington, DC 20510

Dear Speaker McCarthy, Leader Jefferies, Leader Schumer, and Leader McConnell:

On behalf of the American Academy of Family Physicians and the American College of Physicians, representing more than 289,600 physicians and students, we write to urge Congress to support the full implementation of a Medicare billing code, known as G2211, in 2024. The G2211 code will improve Medicare beneficiaries' access to high-quality, continuous care and help sustain the physician practices beneficiaries rely on for comprehensive health care.

CMS finalized the G2211 add-on code in the calendar year (CY) 2021 Medicare Physician Fee Schedule (MPFS) final rule. G2211 would be billed alongside codes for office/outpatient evaluation and management (E/M) visits to better account for the unique and inherent complexity of services provided through longitudinal patient care that is based on a clinician's ongoing relationship with a patient. Specifically, the G2211 code supports services provided during office visits that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition.

Before G2211 could be implemented in 2021, Congress recognized the need to mitigate the financial impact that the COVID-19 pandemic was having on medical practices and placed a moratorium on implementation of the G2211 code until January 1, 2024, in order to finance conversion factor relief for all Part B clinicians. Our organizations appreciate that Congress provided Part B clinicians with similar financial relief in 2022 and 2023 that relied on different offsets.

In the CY 2024 MPFS proposed rule, CMS has indicated the agency plans to move forward with fully implementing the G2211 code in 2024 when the moratorium ends. Our organizations strongly support CMS' plan to implement G2211 in 2024 for the following reasons:

- **G2211 will help promote beneficiaries' timely access to primary care and other continuous services that promote better health care outcomes and help reduce spending.** The add-on code would strengthen the patient-physician relationship as it directly supports physicians' ability to foster longitudinal relationships, address unmet social needs, and coordinate patient care across the team. Evidence indicates increasing payments for these types of services reduce patient appointment wait times and supports the provision of services that improve patient health and can reduce costs.[1,23] Perhaps most importantly, studies also found that <u>better continuity in primary care reduces mortality, health care expenditures, and hospitalizations</u>.[4,5]
- **G2211 will advance more appropriate payments for primary care and other longitudinal, continuous care under the Medicare Physician Fee Schedule.** Existing billing codes in the MPFS do not account for the care coordination services or complex care provided by physicians

longitudinally. Studies confirm that office visits provided by family medicine and internal medicine physicians are more complex than those provided by other specialties.[6] This complexity includes management of multiple interdependent conditions, balancing multiple clinical guidelines, registries, and coordination of care across a large team. Existing processes for creating and valuing office visit and other codes fail to account for this additional complexity because they consider the "typical" patient and office visit across all medical specialties. Thus, G2211 fills a gap left by the current MPFS coding and billing structure that is straining physician practices and is not duplicative of other codes. The financial struggles that currently exist as a result of gaps in current payment codes harm patients, as practices are forced to shorten office visits or accept fewer Medicare beneficiaries.

- **By advancing fair and accurate payment in Medicare, G2211 will help sustain primary care and other physician practices Medicare beneficiaries rely on and bolster the physician workforce**. Over time, the MPFS has devalued primary care and other cognitive services as many new procedural codes with higher values were added.[7] This devaluation has led to lower compensation for cognitive care physicians despite the vital role they play in managing chronic conditions and coordinating patient care across a large team. As a result, the interest in pursuing primary care and other cognitive specialties has declined, exacerbating physician shortages in rural and other underserved areas across the nation.[8] While CMS recently updated the office visit codes to address this devaluation, the new codes do not fully account for the complexity or unique costs of providing longitudinal primary care.[9] Implementing G2211 will help to close these compensation disparities and bolster patient access to a physician workforce that better meets the needs of our aging population.

**In short, the implementation of G2211 is long overdue, necessary, and will ultimately ensure the Medicare program provides patients with timely access to longitudinal, comprehensive, coordinated, whole-person care.**

The Medicare statute requires CMS to ensure policy changes in the MPFS are budget neutral, forcing the agency to reduce payments for some services when it proposes to increase payments for others. These requirements mandate that CMS decrease the Medicare conversion factor to account for new spending when G2211 is implemented. This budget neutrality requirement, coupled with the current statutory freeze on annual Medicare physician updates and partially expiring relief enacted by Congress in the Consolidation Appropriations Act, 2023, are expected to result in lower Medicare payment rates for every service provided under the MPFS in 2024. Our organizations have long advocated for Congress to address these underlying problems in the Medicare statute, which are resulting in untenable annual payment reductions for all physicians and undermining positive policy changes intended to correct historic underinvestment in continuous, coordinated care. Addressing these issues requires systemic policy changes. However, this longer-term effort is not a reason to disrupt implementation of G2211.

**We ask that Congress support the implementation of HCPCS code G2211, and <u>not</u> take any action that would delay or halt implementation of the code on January 1, 2024. Instead, Congress should prioritize reforming Medicare budget neutrality to provide relief from these unnecessary annual payment reductions and enable Medicare to invest in all of the services beneficiaries need. <u>This relief should not be provided at the expense of long overdue investments in primary care.</u>**

The current Medicare physician payment system is pitting medical specialties against one another as payment rates become increasingly inadequate and physician practices struggle to stay afloat. This ultimately prevents CMS from being able to implement evidence-based policy improvements that strengthen the Medicare program and advance access to high-quality care for beneficiaries. Our nation's seniors deserve better. Congress must act to address underlying problems in the Medicare statute and ensure that new investments in primary care and other longitudinal services are fully implemented in 2024.

Sincerely,

American Academy of Family Physicians
American College of Physicians

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[9] Berenson, Shartzer, and Murray, "Strengthening Primary Care Delivery through Payment Reform."