September 7, 2018

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: 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 (CMS–1693–P)

Dear Administrator Verma:

The American Society of Hematology (ASH) and the undersigned State Societies, representing practicing hematologists and oncologists, write to you today to provide comments on the proposed rule outlining revisions to the Medicare Physician Fee Schedule (PFS) for 2019. Specifically, we would like to address the proposed changes to evaluation and management (E/M) visits.

We commend the Centers for Medicare and Medicaid Services (CMS) for recognizing the documentation burden associated with the existing E/M codes. E/M document and payment changes, if evidence-based, have the potential to improve patient access and satisfaction, as well as reduce physician burden and address workforce shortages being experienced in hematology and other specialties. Furthermore, the development of new payment models demands the accurate pricing of all services. We appreciate the agency's recognition in the proposed rule that the existing outpatient E/M services and their documentation requirements do not accurately reflect current medical practice:

> "…it is clear to us that the burdens associated with documenting the selection of the level of E/M service arise from not only the documentation guidelines, but also from the coding structure itself…We believe that the most important distinctions between the kinds of visits furnished to Medicare beneficiaries are not well reflected by the current E/M visit coding. Most significantly, we have understood from stakeholders that the current E/M coding does not reflect important distinctions in services and differences in resources. At present, we believe the current payment for E/M visit levels…are increasingly outdated in the context of changing models of care and information technologies."

The existing documentation requirements are over 20 years old and do pose real challenges for physicians. However, these challenges cannot be completely divorced from the payment inequities that we attribute to the under recognition of the cognitive intensity of the work of hematologists and a range of other cognitive specialties. The current outpatient E/M codes undervalue the purely cognitive physician work relative to that captured in the thousands of procedure codes. The failure of the current codes to capture the most complex E/M activities and the resultant relative undervaluation of these

critical services must both be addressed to ensure that Medicare beneficiaries have continued access to appropriate care.

Additionally, the methodology used to calculate the practice expense RVUs is of particular concern to outpatient practices with high practice expense, such as oncology. CMS proposed to create a single PE/HR value for E/M visits of approximately $136 based on an average of the PE/HR across all specialties billing the E/M code set and proposed add-ons weighted by the volume of those specialties' allowed E/M services. If the agency had not taken this approach, they recognized that "establishing a single PFS rate for new and established patient E/M levels 2 through 5 would have a large and unintended effect on many specialties." However, the proposal did have a significant impact on the Indirect Practice Cost Index (IPCI) for hematology and several other specialties even though the agency was attempting to minimize any unintended consequences. Based on this PE change, hematology and oncology specific services, including chemotherapy administration, have proposed reductions of over 10 percent because of this methodologic flaw. We cannot support a proposal that will have such a negative impact on the services our members commonly provide. We recommend that any modeling of alternative E/M coding and payment methodologies should mitigate against unintended consequences such as these that cause significant, non-resource based decreases in the services upon which hematologists and oncologists rely.

We oppose all of the proposed payment changes for E/M services that the agency states are "intrinsically linked" to the documentation changes. The agency proposed collapsing 99202-05 and 99212-15 and creating a single rate for these services, developing new G codes for primary and certain specialty care, a new G code for prolonged E/M service, and a multiple procedure payment reduction. These changes will do nothing to address the patient access problems and physician workforce shortages driven by the compensation gap for cognitive care driven by the outdated E/M codes. Instead, collapsing five levels of E/M codes into two will exacerbate the existing compensation disparities facing physicians who rely on these services.

Instead, we urge CMS to work with stakeholders to develop an alternative evidence-based approach to E/M payment and documentation that will reduce burden, be appropriate for inclusion in new models of health care delivery, address the compensation inequity of cognitive physicians, and support the delivery of high quality patient care that can be included in the proposed CY 2020 Physician Fee Schedule.

Thank you for the opportunity to provide comments on the proposed rule outlining revisions to the Medicare Physician Fee Schedule (PFS) for 2019. If you have any questions or require further clarification, please contact Leslie Brady, ASH Policy and Practice Manager at lbrady@hematology.org or 202-292-0264.

Sincerely,

American Society of Hematology
Alabama Cancer Congress
The Arizona Clinical Oncology Society
Association of Northern California Oncologists
Medical Oncology Association of Southern California
Empire State Hematology & Oncology Society

Florida Society of Clinical Oncology
Georgia Society of Clinical Oncology
Hawaii Society of Clinical Oncology
Idaho Society of Cancer Oncology
Illinois Medical Oncology Society
Indiana Oncology Society
Iowa Oncology Society
Kansas Society of Clinical Oncology
Kentucky Association of Medical Oncology
Louisiana Oncology Society
Maryland and District of Columbia Society of Clinical Oncology
Michigan Society of Hematology & Oncology
Minnesota Society of Clinical Oncology
Mississippi Oncology Society
Missouri Oncology Society
Nevada Oncology Society
Northern New England Clinical Oncology Society
North Carolina Oncology Association
Ohio Hematology Oncology Society
Oregon Society of Medical Oncology
Pennsylvania Society of Oncology and Hematology
Rocky Mountain Oncology Society
South Carolina Oncology Society
Tennessee Oncology Practice Society
Texas Society of Clinical Oncology
Society of Utah Medical Oncology
Virginia Association of Hematologists and Oncologists
Washington State Medical Oncology Society
West Virginia Oncology Society
Wisconsin Association of Hematology and Oncology