

September 25, 2019

Seema Verma, MPH
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
CMS-1715-P
Room 445-G
Hubert Humphrey Building
200 Independence Ave, SW
Washington, DC 20201

Submitted electronically

RE: Medicare Program; CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations [CMS-1715-P]

Dear Administrator Verma:

We are writing to express our concerns with the Centers for Medicare and Medicaid Services' (CMS) proposal to implement significant reimbursement cuts to services furnished by physician and nonphysician health care professionals in 2021. These cuts, while necessary to maintain the budget neutrality of the fee schedule, are arbitrary cuts to codes these providers bill when providing services to Medicare beneficiaries, and if adopted as proposed, will impede access to essential services for seniors and individuals with disabilities. The collective undersigned organizations are advocating for payment levels for each of our respective members' services that would continue to allow clinicians to deliver high-quality care to Medicare beneficiaries.

Table 111 in the 2020 Physician Fee Schedule (PFS) proposed rule illustrates the specialty payment impacts if CMS finalizes the proposal on evaluation and management (E/M) value increases without modification. Of primary concern to the undersigned is the potential reimbursement cut to services furnished by our providers due to the redistribution of the E/M code value increases. In modifying the values to accommodate increases for the E/M codes, it appears that CMS may not have considered the overall impact that the E/M value increases would have on budget neutrality, resulting in consequential payment decreases for health care professionals who do not bill E/M codes. The significant reduction in reimbursement will result in a decreased workforce and an inability to meet the needs of the Medicare population. Rising debt and shrinking reimbursement provide the perfect storm for discouraging individuals from choosing to enter these health care professions in the future. Such shortages would be

problematic as the baby boomers reach Medicare age and more individuals seek access to services as health care reform provisions become effective.

Medicare margins for our providers are already low and have challenged the sustainability of practices; a severe reimbursement reduction in 2021 will create challenging and likely untenable financial circumstances that may adversely impact beneficiaries' access to care and the ability of providers to continue to furnish care to beneficiaries. Unfortunately, we foresee that many health care professionals, particularly those in rural and underserved areas, will be unable to sustain these lower Medicare payments and be forced to reduce essential staff or even close their doors as a result of this change, thus restricting beneficiary access to medically necessary services. We urge CMS to recognize the magnitude the cuts would have, not only on access to medically necessary Medicare services, but to the sustainability of our providers' health care practices.

The proposed drastic reduction in payment is an arbitrary, across-the-board cut, which, if implemented, would be in addition to the **2% sequestration reduction**, thereby amounting to up to an **11% cut in reimbursement** for our providers. **This reduction is in addition to the 50% multiple procedure payment reduction policy for the practice expense RVUs for outpatient therapy services and National Correct Coding Initiative edits** that impose a significant penalty on code combinations that represent standard and necessary care, which have decimated reimbursement for providers. We also urge CMS to recognize that **outpatient occupational therapy and physical therapy providers will be faced with a 15% reimbursement reduction for services furnished in whole or in part by an occupational therapy assistant and physical therapist assistant beginning in 2022**. Furthermore, projected reimbursement reductions at **9% for chiropractors and 7% for clinical psychologists** could impede patient access to services that are an opioid-free approach to pain. These proposed cuts to the work and practice expense values are exceptionally punitive to those specialties who may not opt out of the Medicare program.

Due to inadequate access, Medicare beneficiaries will be forced to delay or forgo necessary care, leading to negative health outcomes and greater overall cost to the system, including hospitalizations and potentially preventable falls. The federal government, as well as patients and tax payers, are better served in the long run by ensuring the Medicare program promotes efficient treatment of beneficiaries, which cannot happen unless there enough providers to do so. The proposed reimbursement reduction would fail to ensure Medicare beneficiaries have access to care. It is unrealistic for CMS to expect providers to continue to operate their practices without affording them sufficient payment.

Many of the undersigned organizations represent providers who furnish nonpharmacological treatment interventions for individuals in pain. The presence of pain is one of the most common reasons people seek health care. That evidence, in fact, was the driving force behind recommendations by the US Centers for Disease Control and Prevention (CDC) in its "Guideline for Prescribing Opioids for Chronic Pain." The CDC states in its Guideline that "Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain." The CDC concluded that there is insufficient evidence that opioid usage alone improves functional outcomes for those in pain. **Given that CMS' stated goals are to decrease opioid use, we question the rationale for decreasing the reimbursement for health care providers**

who furnish nonpharmacological services to prevent, treat, or manage Medicare beneficiaries' acute and chronic pain. It is critical that CMS provide appropriate payment for a broad range of pain management and treatment services.

Further, it is counter-intuitive to propose to reduce the reimbursement for the **thousands of office-based audiologists, chiropractors, occupational therapists, physical therapists, clinical psychologists, speech-language pathologists, rehabilitation providers and rehabilitation support organizations, as well as more than 25,000 facility-based providers** at a time when both Congress and HHS are focused on engaging patients, increasing the delivery of integrated, team-based care, expanding chronic disease management, and reducing hospital admission/readmission rates for beneficiaries residing in the community as well as those residing in long-term nursing facilities. We urge CMS to recognize how its proposed reimbursement cuts for the undersigned organizations fail to align with CMS' efforts to drive better patient access to care and management.

For the above reasons, the undersigned organizations urge CMS not to move forward with the reimbursement reductions as currently proposed. Our organizations stand ready to collaborate with CMS to identify viable solutions to alter the harmful impact the proposed E/M increases will have on the reimbursement rates for services our members provide to Medicare beneficiaries.

Thank you for the opportunity to comment on the 2020 PFS proposed rule. We are eager to engage in meaningful dialogue and work with CMS to advance and support Medicare beneficiary access to medically necessary services.

Thank you for your consideration.

Sincerely,

American Academy of Audiology
American Chiropractic Association
Alliance for Physical Therapy Quality and Innovation
American Health Care Association
American Occupational Therapy Association
American Physical Therapy Association
American Psychological Association
American Speech-Language-Hearing Association
National Association for the Support of Long Term Care
National Association of Rehabilitation Providers and Agencies