

**Patient-Centered**  
**Primary Care**  
COLLABORATIVE

September 5, 2019

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1715-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

Dear Administrator Verma:

On behalf of the Patient-Centered Primary Care Collaborative (PCPCC), a multi-stakeholder nonprofit coalition of organizations dedicated to strengthening primary care, I am writing to offer our strong support for your agency's proposed revaluations of evaluation and management (E/M) visits in the 2020 Physician Fee Schedule. We believe the proposed rule, issued by CMS, is an appropriate way to increase investment in primary care under fee-for-service payment and we encourage the Agency to proceed with the approach you have outlined in the rule. Please see the attached list of PCPCC executive members.

For more than a dozen years, the PCPCC has been a stalwart advocate for re-orienting our health care system towards primary care, which evidence demonstrates is both more efficient and patient centered. We have helped to [evaluate](#) and [advance](#) the evidence for the impact that advanced primary care has on population health, individual health outcomes, and value of health care spending.

Our vision of advanced primary care is embodied in the [Shared Principles](#) which over 330 organizations have endorsed. Our policy agenda is focused on [investing more resources](#) in advanced primary care models to achieve the vision embodied in the Shared Principles, without growing overall healthcare spending. The current U.S. spending on primary care across private and public payers – averaging 5-7% of total healthcare spending – is wholly inadequate to achieving the kind of primary care that the evidence shows increases value and that patients want and need.

**Revaluing the Foundational Work of Evaluation and Management is Long Overdue.**

The PCPCC shares the longstanding concerns of MedPAC that office/outpatient E/M services are significantly undervalued, and the magnitude of this undervaluation has grown in recent years. In its comment letter for the 2019 Physician Fee Schedule, MedPAC [stated](#):

“The Commission has been concerned for several years that ambulatory E/M services are underpriced in the fee schedule relative to other services, such as procedures. This mispricing may lead to problems with beneficiary access to these services and, over the longer term, may even influence the pipeline of physicians in specialties that tend to provide a large share of E/M services.”

MedPAC also called for CMS to take a budget neutral approach to rebalance the fee schedule in its June 2018 Report to the Congress.

The PCPCC appreciates CMS' willingness to revisit its 2018 proposal for E/M services and for all the background work of the agency and others that has informed the current proposed rule. In addition to strongly supporting the proposed new values of and payment for the office-based E/M codes, we also strongly support the proposed add-on code for patients with one or more chronic conditions in addition to an office visit code.

We strongly urge CMS to implement these important and welcome proposed fee increases in CY 2020 instead of CY 2021. Both of these proposed changes are significant improvements in providing better payment for the important primary care services of Medicare beneficiaries. Within your authority, we support your efforts to 'pay' for these improvements, as long as such efforts do not lead to any reduction in the annual update factor adjustment nor reductions in the proposed new values for the E/M codes or the add-on codes.

The PCPCC is dedicated both to strengthening primary care and transforming it, and the revaluation of E/M services has the potential to strengthen primary care. To advance the transformation of primary care, the increased valuation of E/M services must be incorporated into the spending baselines for alternative payment models (APMs) as soon as possible, particularly those focused on transforming primary care. By implementing the code changes in 2020, CMS will encourage physicians who have been reluctant to join alternative payment models to enter such arrangements.

We are grateful for the hard work and commitment of you and your staff for your important focus on addressing this significant part of the fee schedule that urgently needs attention. These proposed changes make it possible for more clinicians to spend more time and resources on E/M work – generating dividends for Medicare beneficiaries' health and for Medicare's shift to paying for value rather than volume.

The PCPCC appreciates the open door that we have had with CMS leadership, and we stand ready and willing to support your efforts as you implement these important and long overdue reforms to fee for service payment. Equally important, is the efforts of the agency to evolve payment for clinician services away from FFS to value, so that practices are rewarded for keeping patients healthy and reducing costs.

Sincerely,



Ann Greiner, President and CEO