



December 19, 2018

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445–G  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Verma:

On behalf of the Cognitive Care Alliance (Alliance), thank you for discussing the Centers for Medicare and Medicaid Services' (CMS) evaluation and management (E/M) documentation and payment policies included in the recently finalized CY 2019 Physician Fee Schedule (PFS) final rule.

The Alliance shares the agency's stated goal of reducing physician burden and agrees that 1995/1997 E/M documentation guidelines must be revisited to both improve the patient experience and reduce burden. We appreciate the agency's willingness to address not only the documentation requirements, but also the values of outpatient E/M codes themselves which have not been significantly revised since the Resource-Based Relative Value Scale (RBRVS) was implemented over 25 years ago.

The E/M service codes are the only services available to capture and appropriately value the straightforward and complex work performed by our members. The failure of the current E/M code set to capture the range of the complex work of our members has had a negative impact on the distribution of physician talent throughout the country. As I demonstrated with the data I presented, there is a disconnect between the clustering of the Centers for Disease Control and Prevention (CDC) reported death rates in rural counties and the specialties required to treat these complex cases. This was true for both infection and endocrinologic causes of death and the distribution of infectious disease physicians and endocrinologists respectively. We have also observed that the distribution of other more procedurally focused specialists, like orthopedists and ophthalmologists, is more uniform across the country. The primary care and cognitive workforce shortages facing the country raise significant public health concerns.

While we appreciate CMS' willingness to address the outpatient E/M codes, many of our member societies continue to be concerned about the definitions and value of these services. The payment disparity between cognitive and procedural services threatens Medicare beneficiary access to the very physicians who deliver the complex care required by patients with chronic conditions as demonstrated by the workforce distribution data we already shared with you.

The Alliance welcomes the opportunity to work with CMS to further refine the E/M payment policy in the months ahead and encourage the agency to develop a final policy that will more equitably reimburse for the complex cognitive care. We plan to be active participants in the agency's listening sessions on this topic. In addition, we propose that CMS form a technical expert panel (TEP) to explore the ways in which E/M documentation and payment changes to be implemented on January 1, 2021 can be further refined. Specifically, we are concerned that the current proposed changes could exacerbate existing payment disparities and worsen existing workforce shortages.

The Alliance has consistently encouraged CMS to implement evidence-based payment policy and a TEP could examine existing data sources and identify the additional data required to refine this policy. We would want final E/M policy to be based on the best data available to ensure Medicare beneficiaries have access to appropriate care. This evidence-based approach would be in addition to the work other stakeholders are doing to explore other E/M coding and payment changes. We are acutely aware that once CMS finishes its work on E/M coding that it may be several decades until the agency revisits this issue and welcome the opportunity to partner with you to ensure a balanced physician workforce that will meet the needs of Medicare beneficiaries.

Again, we applaud you for your willingness to address this complicated issue and we welcome the opportunity to work with you to ensure the final policy implemented on January 1, 2021 will address the needs of patients and physicians in the Medicare program. Please direct any questions to Erika Miller, Executive Director of the Cognitive Care Alliance, at [emiller@dc-crd.com](mailto:emiller@dc-crd.com) or (202) 484-1100.

Sincerely,

A handwritten signature in black ink, appearing to read "John Goodson MD", with a stylized flourish at the end.

John Goodson, MD  
Chair

**Cognitive Care Alliance Member Organizations:**

American Association of the Study of Liver Diseases  
American College of Rheumatology  
American Gastroenterological Association  
American Society of Hematology  
Coalition of State Rheumatology Organizations  
Endocrine Society  
Infectious Diseases Society of America  
Society of General Internal Medicine