

January 14, 2015

Medicare Payment Advisory Commission (MedPAC)
Chairman Hackbarth and all Commissioners
425 Eye Street, N.W.
Suite 701
Washington, D.C., 20001

RE: Primary Care Per Beneficiary Payments

Dear Chairman Hackbarth and MedPAC Commissioners:

As members of the Cognitive Specialty Coalition (CSC) representing more than 115,000 US physicians we ask you to vote against the proposal for per beneficiary payments for primary care. The provision is unfair to millions of Medicare beneficiaries who rely on physicians other than primary care providers for their coordination of care.

Cognitive specialists provide evaluation and management (E/M) services to individuals with complex medical conditions. These face-to-face services require a high level of expertise and often lead to the specialist coordinating both specialized and primary care for patients with chronic conditions.

Members of the CSC have followed the discussion about the Medicare per beneficiary fee for primary care closely. We were very appreciative of Commissioner Coombs' recognition that many of her rheumatology colleagues are providing significant amounts of primary care. We were pleased that her comments as well as others moved the Commission to direct staff to draft a final proposal that recommends funds to pay for the increased payments not come from eligible E/M provided by specialists.

Although the recommendation as it stands is better, we still strongly urge you to reconsider whether to include all physicians who bill at least 60 percent of total charges to Medicare under qualified E/M codes.

We understand the Commission's concerns that opening up the provision to physicians regardless of specialty designations would increase the cost of the initiative. Cost is a very important factor, but we believe that restricting who qualifies will have severe long-term consequences on the physician workforce and sends the wrong message to providers already struggling to provide care for some of Medicare's highest cost, highest need patients.

It is important to understand there is no code in the fee schedule for "primary care services." Physicians who see patients face-to-face bill Medicare under new or reoccurring E/M visits. Primary care physicians (PCPs) and cognitive physicians bill identical codes and either may coordinate care for individual patients.

Because PCPs and cognitive specialist bill the same codes, data shows that incomes and recruiting are profoundly similar (see attached chart). This is unlike procedural oriented specialties, which have substantially higher incomes and can recruit the best and the brightest into their fields.

This was recognized by the National Commission on Physician Payment Reform stating in March 2013 *“[w]hile the discussion about reimbursement has generally focused on services performed by primary care physicians, the commission believes that the real issue is not one of relative payment of specialists versus primary care physicians but, rather, of payment for E&M services as contrasted with procedural services.”*

The per beneficiary payment currently envisioned by the Commission will result in PCPs being paid higher than cognitive specialists for providing identical care. Higher reimbursement and less education requirements will encourage students to choose primary care over cognitive specialties, ultimately leading to even greater access to care problems for Medicare beneficiaries who rely on cognitive physicians.

There is a profound imbalance between payments in the fee schedule for physicians who primarily bill E/M and those who bill for procedures. MedPAC has recognized this for some time stating in 2011 that SGR reform offered the opportunity to, *“[r]ealign payments for physicians and other health professionals to help ensure an adequate supply of practitioners in cognitive (nonprocedural) specialties who focus on managing patients with chronic conditions.”*

The current recommendation recognizes this as well by suggesting that lowering payments for non E/M and non eligible E/M services by 1.4 percent. The Commission has the opportunity to make an even greater impact on that imbalance by increasing that percentage to cover the difference in adding all physicians who are above 60 percent E/M.

As the US population grows and ages, the prevalence of many of the conditions treated by cognitive care providers is projected to increase – especially conditions prevalent among the elderly. Now is the time for MedPAC to recommend policies that ensure that all Medicare beneficiaries have the ability to designate the physicians they rely on whether they are PCPs or cognitive specialists. We urge you to take this step in finalizing your recommendation on a per beneficiary Medicare payment to include all physicians who bill at least 60 percent of charges under qualifying codes.

Endocrine Society

American Academy of Neurology

American College of Rheumatology

American Psychiatric Association

Infectious Diseases Society of America

North American Neuro-Ophthalmology Society