



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

OCT 20 2015

Administrator
Washington, DC 20201

Reid B. Blackwelder, MD, FAAFP
Board Chair
American Academy of Family Physicians
1133 Connecticut Ave, NW, Ste. 1100
Washington, DC 20036

Dear Dr. Blackwelder:

Thank you for your recent letter regarding payment to primary care physicians (PCPs) for consults with hospitalists or other hospital physicians regarding the PCP's hospitalized patients. Your letter expressed concern that when hospitalists ask a hospitalized patient's PCP to consult on the patient's care, the PCP's service is too often viewed as medically unnecessary concurrent care, especially when the hospitalist and PCP are of the same specialty. You asked the Centers for Medicare & Medicaid Services (CMS) to allow payment to the PCP in this situation and recognize ambulatory PCPs as specialists for the purposes of consulting on their hospitalized patients. CMS greatly appreciates you bringing these concerns to our attention.

The CMS shares your view about the value that primary care physicians bring to our Medicare beneficiaries. Over the last several years, we have taken several steps towards improved payment for the valuable services primary care physicians furnish. Most recently, in the calendar year 2016 Physician Fee Schedule proposed rule issued in July, CMS solicited public comment on how to better recognize and pay for the cognitive physician work involved in delivering broad-based and ongoing treatment beyond resources already included in the current Evaluation and Management codes. We appreciate the public comments submitted by the American Academy of Family Physicians in response to the comment solicitation in the proposed rule and will take those comments into consideration as we continue to develop improved payment for primary care and care coordination.

With regard to your request in separate correspondence that we review our coverage and payment policies to recognize ambulatory primary care physicians as specialists for the purpose of consulting on their hospitalized patients and to allow payment for consultative services by the patient's primary care physician when a consultation is requested by a hospitalist or other attending physician, we will review this issue as we consider how best to recognize and pay for primary care services. We believe considering this issue as part of our continued review of appropriate payment for primary care services will allow us to fully consider your concerns and the related public comments.

I appreciate your interest in this important issue as we work towards our mutual goal of improving primary care and care coordination for Medicare beneficiaries. Please do not hesitate to contact me if you have any further thoughts or concerns.

Sincerely,



Andrew M. Slavitt
Acting Administrator