

Summary of AAFP comments in response to the 2015 proposed Medicare physician fee schedule

On August 26, the AAFP sent a detailed [letter](#) to the Centers for Medicare & Medicaid Services (CMS) in response to the [2015 proposed Medicare Physician Fee Schedule](#).

In the response, the AAFP appreciated that CMS proposes short term payment strategies that recognize primary care and care coordination as critical components in achieving better care for individuals and reduced expenditure growth. However, the AAFP expressed concern that fee schedule includes an estimated 20.9 percent reduction to the conversion factor based on the sustainable growth rate (SGR), the statutory formula used to determine Medicare physician payments, unless Congress intervenes before March 31, 2015. The AAFP encourages CMS and Congress to work together and avert this devastating cut and replace it with a formula that includes better payment for primary care.

To improve the final 2015 Medicare physician fee schedule rule, in summary the AAFP:

- Urged CMS to create separate primary care E/M codes for office or other outpatient services to new and established patients with correspondingly higher relative value. Primary care E/M codes merit higher relative values since the complexity of the services that primary care physicians must fit into the time available for the typical patient visit is sufficiently distinct.
- Thanked CMS for asserting that Chronic Care Management (CCM) services for beneficiaries with multiple chronic conditions are not adequately reflected in the existing evaluation and management codes. However, the AAFP expressed several concerns with the fee-for-service approach and urged CMS to move quickly and create a risk-adjusted, per-patient per-month (PPPM) care management fee. In addition, the AAFP urged CMS to consider phasing in the required use of an electronic care plan.
- Advocated for bringing more equity in payment across sites of service and encouraged CMS to create incentives for services to be performed in the least costly location. Typically this would be a physician's office compared to the more costly settings, such as the inpatient, outpatient, or ambulatory surgical centers.
- Acknowledged with appreciation CMS' efforts to identify and review potentially misvalued codes. However, the AAFP also discussed concerns that more can be done to ensure that Medicare is paying appropriately for primary care physician services.
- Supported CMS' proposals to improve the valuation and coding of the global surgical package by transforming all 10- and 90-day global codes to 0-day global codes beginning in 2017.
- Fully supported the CMS' proposal to add codes to the list of covered Medicare telehealth services.
- Supported additional transparency and comment opportunity in the valuation of physician services.
- Strongly disagreed with the CMS proposal to delete the "Continuing Education Exclusion" as it relates to the Open Payment/Sunshine Act program.
- Supported the Physician Compare concept though also advised CMS to ensure that what CMS publishes is actually useful to consumers.
- Supported efforts to align measures across quality programs but noted reservations with CMS's proposal to add two cross-cutting measures.
- Appreciated that CMS is holding harmless solo and small group practice physicians in the quality-tiering process since 2017 will be the first year they are subject to the value-based modifier.

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