



January 26, 2016

The Honorable Orrin Hatch  
United States Senate  
104 Hart Senate Office Building  
Washington, DC 20510

The Honorable Ron Wyden  
United States Senate  
221 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Johnny Isakson  
United States Senate  
131 Russell Senate Office  
Washington, DC 20510

The Honorable Mark Warner  
United States Senate  
475 Russell Senate Office  
Washington, DC 20510

**RE: Comments on the Bipartisan Chronic Care Working Group Policy Options Document**

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

On behalf of the Cognitive Care Alliance (CCA), I am pleased that the Finance Committee is committed to improving the chronic care delivery for Medicare beneficiaries and to submit these comments on the Chronic Care Working Group's Policy Options Document. The CCA includes the American Academy of Neurology, the American College of Rheumatology, the American Gastroenterological Association, the Council of State Rheumatology Organizations, and the Society of General Internal Medicine. Our members are united in their concern regarding the definitions and value of evaluation and management (E/M) services.

We commend the Finance Committee for establishing the Chronic Care Working Group and for developing the Policy Options Document. Thank you for the opportunity to provide feedback on these important ideas for chronic care reform in the Medicare program. While this document does not address the definition and valuation of E/M services, we want to stress that addressing this issue is critical to improving the chronic care provided to Medicare beneficiaries.

New payment models being studied and implemented by the Centers for Medicare and Medicaid Services (CMS) continue to rely on the resource-based relative value scale (RBRVS) when determining physician compensation. Yet, the existing E/M codes continue to be improperly defined and valued. The inequities faced by cognitive physicians whose work consists of providing these services in the fee-for-service model will persist in new payment models until CMS addresses these service codes.

Specifically, there continues to be considerable variability in the work completed by different specialties within the existing E/M service codes and there continues to be a wide range of post-service work completed as a result of the encounters. Some are relatively overpaid and some are relatively underpaid. There are just too few basic choices.

CMS recognizes that cognitive physicians do work not recognized by the existing E/M codes and proposed the addition of new evaluation and management (E/M) “add-on” codes and codes for collaborative care and inter-professional communication. However, our concern is that the foundation on which these new codes would be developed was, and continues to be, unstable at best.

Unfortunately, the existing E/M codes have not been meaningfully evaluated for nearly three decades. The E/M codes meet all of CMS’ relevant potentially misvalued code initiative “screens” and are believed to be misvalued by the vast majority of the medical community, yet the agency continues to avoid a robust study of these services. We believe CMS has a responsibility to ensure the accuracy of payments made under the Medicare physician fee schedule, and continued exclusion of the E/M codes from study represents a disservice to Medicare beneficiaries, the physicians that provide E/M services, and the broader health care system. Furthermore, efforts to move toward value-driven models of care and delivery as outlined in the Medicare Access and CHIP Reauthorization Act (MACRA) will be substantially and meaningfully distorted and possibly ineffective unless the E/M service codes are adequately defined and provided with appropriate relative valuations.

We recognize a study of the E/M codes will be resource intensive, but its importance cannot be understated. Therefore, we urge the Workgroup to exercise its oversight authority and require CMS to use its authority to conduct a robust study of the E/M codes.

Thank you again for the opportunity to provide comments on the policies under consideration for improving chronic care in the Medicare population and urge you to add the study of E/M services to your list. Should you have any questions or require additional clarification, please contact Erika Miller 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