



September 7, 2023

Center for Medicaid and Medicare Services (CMS)
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave. SW Washington, D.C. 20201

Re: CMS-1784-P, CY 2024 Revisions to Payment Policies under the Medicare Physician Payment Schedule (MFS) and Other Changes to Part B Payment and Coverage Policies

Submitted Electronically at Regulations.Gov

To Whom it May Concern:

We appreciate the opportunity to comment on the Department of Health and Human Services (HHS) Center for Medicaid and Medicare Services (CMS) CY 2024 Revisions to Payment Policies under the Medicare Physician Payment Schedule (MFS) and Other Changes to Part B Payment and Coverage Policies Proposed Rule.

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO), founded in 1824, is the region's professional medical association, and the oldest professional association in Ohio. We are a non-profit 501(c)6 representing over 6,700 physicians and medical students from Northern Ohio. The mission of the Academy of Medicine of Cleveland & Northern Ohio is to support physicians in being strong advocates for all patients and promote the practice of the highest quality of medicine.

Reduction in Medicare Conversion Factor

We are concerned with the proposed rule's 3.36 percent reduction in the 2024 Medicare conversion factor, lowering it from \$33.8872 to \$32.7476, as well as the anesthesia conversion factor being reduced from \$21.1249 to \$20.4370. Physician practices cannot continue to absorb increasing costs in providing care while also facing failing payment rates. Additionally, continued cuts to physician reimbursement could hinder access to Medicare recipients if practices decide they can no longer provide care at these lower levels of reimbursement. It is for these reasons that we stand with the American Medical Association (AMA) and other partners in supporting H.R. 2474, the Strengthening Medicare for Patients and Providers Act which would provide a permanent annual update equal to the increase in the Medicare Economic Index (MEI).

Evaluation/Management (E/M) Visits

We appreciate CMS asking for further provider feedback on the future evaluation of E/M services, and applaud the CPT Editorial Panel and the RUC workgroup led by the physician community in their work to date on this specific topic.

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Thanks to the work of this group and the administrative simplifications they recommended, payment for office visits was increased in 2021 and 2023. We appreciate the stance of CMS that at least 38 percent of office visits warrant an additional increase to account for “additional resources associated with primary care or ongoing care related to a patient’s single, serious, or complex chronic condition, regardless of visit level.” We stand with the AMA in asserting that the medical profession is the best source in describing what work is entailed in these visits by physicians, and what is involved in providing those services.

Split or Shared Visits

We applaud CMS’ proposal in continuing the delay of its policy requiring a physician to see the patient for more than half of the total time of a split or shared E/M visit in order to bill for the service. We believe that this pause has been helpful in not disrupting team-based care, as it did not consider medical decision making by the physician. We support the recommendation to allow physicians through 2024 to continue to bill split or shared visits based on the patient’s history, exam, or medical decision-making accounting for more than half of the total time.

Telehealth

We thank CMS for implementing telehealth flexibilities included in the Consolidated Appropriations Act (CAA) of 2023, by waiving the geographic and originating site requirements for Medicare telehealth services through the end of CY 2024. These flexibilities will allow patients across the country to continue to access needed services, particularly from their homes, eliminating barriers associated with accessing in-person care.

Telehealth visits during COVID-19 allowed physicians to continue managing patient care while protecting patient safety. We have also found that this convenient way of communicating with our patients results in both provider and patient satisfaction.

We applaud the work of CMS in allowing for the expansion of telehealth during the pandemic and we support the efforts continuing these expansions.

Additional Payment for In-Person Preventative Vaccine Administrative Services

In the proposed rule, CMS proposes maintaining the additional payment for in-home administration of the COVID-10 vaccine beyond the end of the COVID-19 PHE and to extend payment for in-home administration of three additional preventative vaccines—the pneumococcal, influenza and hepatitis B vaccines. We applaud this inclusion as it will increase access to needed vaccinations for a vulnerable population, and we encourage CMS to also consider including the recently approved RSV vaccine to be included in this policy.

Dental Services

We applaud CMS for the proposal to cover additional dental services integral to the success of other Medicare covered clinical services, including those used to identify, diagnose and treat infections in connection with certain cancer treatments including chemotherapy, CAR T-Cell therapy and high-dose

bone modifying agents. Covering these services will help avoid delays in care for patients with high-risk and time-sensitive conditions.

Diabetes Services

In the proposed rule, CMS is proposing to cover the hemoglobin A1c test for diabetes and prediabetes screening purposes, as consistent with updated United States Preventative Services Task Force recommendations. We applaud this change in the interest of early detection which can lead to better patient care.


CMS also proposes extending several COVID-19 PHE flexibilities in the Medicare Diabetes Prevention Program (MDPP), including alternatives for in-person weight measurements, and eliminating the cap on the number of services that may be provided virtually. We also applaud the extension of these flexibilities. Virtual health can provide a unique tool for managing patients with chronic illnesses such as diabetes, particularly for those patients with mobility and/or transportation issues.

Treatment of Opioid Use Disorder (OUD)

We support CMS' proposed increase in bundled episode payments for office-based OUD treatment. The office-based OUD bundled payment services are included on the Medicare Telehealth List, and audio-only interactions can meet the Medicare requirements for meeting these services. We also support the CMS proposal to allow these periodic assessments to be provided via audio-only communications through the end of CY 2024. These extended flexibilities will allow physicians to continue to care for this vulnerable population without disruption.

Thank you again for the opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read 'JS', with a long horizontal flourish extending to the right.

Jonathan Scharfstein, MD
President, the Academy of Medicine of Cleveland & Northern Ohio