

September 10, 2018

The Honorable Seema Verma, Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1693-P
P.O. Box 8016
Baltimore, MD 21244-8016

Dear Administrator Verma:

On behalf of the Florida Academy of Family Physicians (FAFP) and our over 5,700 members, we are writing to provide comments on the proposed 2019 Centers for Medicare & Medicaid (CMS) Physician Part B Fee Schedule, CMS-1693-P.

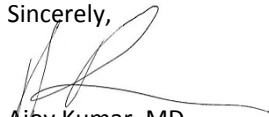
The FAFP board recently met and while we understand and appreciate the overall intent to simplify the payment process and documentation burden placed upon family physicians, the rule seems to overlook practical elements that would negatively impact practicing physicians. Specific concerns include, but are not limited to:

- Reducing the documentation requirements is and remains a top priority for medicine, but the rule seems to ignore how this can: be accomplished within the current value-based care model, ensure meaningful use reporting requirement compliance, improve the inherent inefficiency of current EHR systems, and include medical malpractice protections.
- Collapsing levels two through five E & M codes will incentivize primary care physicians to increase the number of patient visits and thus fragment patient care which would seem inconsistent with CMS and primary care goals.
- Similar or same reimbursement for single or multiple review of systems will incentivize lower expectations of documentation which also seems inconsistent with CMS and primary care goals.
- Coding just for medical decision making, as opposed to having to repeat history and physical, seems logical but could significantly decrease the quality of care longitudinally.
- Applying the new payment rules for CMS payment versus private pay will not decrease documentation burden as physicians will document to the most stringent requirements.

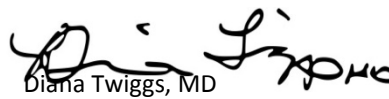
The FAFP understands that organized medicine as a whole (e.g., American Academy of Family Physicians, American Medical Association, American College of Physicians, Florida Medical Association, etc.) remains engaged with you and your staff to address similar concerns, and a multitude of others, as it relates to promulgating payment rules that strike a reasonable balance between administrative simplification and exceptional quality care. To be specific, the FAFP strongly endorses the comments submitted by the AAFP which includes “four high-level items” that we feel CMS must be mindful of to ensure a resilient primary care base. Of particular note is the recommended transformation of primary care to the Advanced Primary Care Alternative Payment Model (APC-APM).

It is our hope that all stakeholder comments are carefully considered as it is imperative physicians are meaningfully engaged in the process to make certain what seems logical on paper makes sense in clinical practice. Preventing such disconnects is the only way to ensure the delivery of high quality patient care into the future.

Sincerely,



Ajoy Kumar, MD
President



Diana Twigg, MD
Board Chair

cc: AAFP - Mike Munger, MD, President and Doug Henley, MD, EVP
FAFP - Board of Directors and Jay W. Millson, EVP