



September 10, 2018

Ms. Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

*Delivered Electronically*

**Re: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program (CMS-1693-P)**

Dear Administrator Verma,

CHRISTUS Health (“CHRISTUS”) appreciates the opportunity to submit the following comments to the Centers for Medicare and Medicaid Services (CMS) in response to the *Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program*<sup>1</sup> (Proposed Rule). CHRISTUS is an integrated, not-for-profit international health system that includes nearly 350 services and facilities, including more than 50 hospitals in seven U.S. states. We share the Administration’s strong commitment to promoting health and wellness solutions that improve the lives of the individuals and communities we serve.

We welcome the ongoing efforts by CMS to administer and improve the payment system for physician services, particularly provisions of the Proposed Rule that aim to reduce physician burden and create more clinical efficiencies which often correlate to better care of our patients. We have concerns regarding certain aspects of CMS’ proposed changes to payment for evaluation and management (E/M) visits, however, and offer the following comments for your consideration.

CHRISTUS appreciates CMS’ laudable goal to substantially reduce administrative burdens on providers. The current documentation burden can actually distract and consume time from patient discussion, care coordination and planning. Specifically, the Proposed Rule includes a provision that would significantly alter the E/M codes payment rates by consolidating the E/M codes from five levels to two levels into new, single blended payment rates for new and

---

<sup>1</sup> 83 Fed. Reg. 35704 (July 27, 2018).

established patients. Currently, there are separate rates for new and established patients, with slightly higher reimbursement for new patients. Under the proposal, CMS would develop a single set of Relative Value Units (RVUs) for office/outpatient visit levels two through five for new patients and a single set of RVUs for established patients.

CHRISTUS is concerned that the Proposed Rule would diminish the expertise, clinical decision-making, and time of physicians who treat patients with more complex conditions. The proposed approach tends to favor practices that see a higher volume of new patients as opposed to those that see patients with chronic conditions on a frequently recurring basis.

For example, CHRISTUS providers that participate in Accountable Care Organizations (ACOs) have found that more detailed documentation seems to directly correlate with better care of our chronically-ill patients, which can reduce overall costs and allow us to earn shared savings. Due to the many administrative and clinical reasons providers need detailed documentation, we do not expect major changes in their charting practice to occur as a result of this policy. Although we welcome reduced administrative burden, the related costs may outweigh the benefits to high-quality physician groups and ACOs.

In an effort to recognize the additional resources used for primary care visits and certain specialties that would be disproportionately affected by the proposal, CMS also proposes to create HCPCS G-code add-ons to recognize additional resource costs for Primary care visits; visits furnished by specialists who frequently use higher-level E/M codes, as determined by CMS, including Rheumatology, Hematology/oncology; Urology; and Cardiology; and prolonged visits. While consolidating these codes may reduce the administrative burden for some clinicians, creating add-on codes could increase cumbersome paperwork for physicians who treat more complex patients, which ultimately defeats CMS' goal of the consolidation.

Further, CMS estimates that the proposals may reduce E/M payments by approximately 3 percent to 7 percent for providers who use higher-level E/M codes frequently. While the add-on codes would lessen the impact of the single/blended rate, CHRISTUS believes it is critical to ensure that during more complex office visits, accurate documentation of in-office procedures is included in the overall valuation.

CHRISTUS also feels strongly that access to a primary care physician is key to improved health and well-being, in order to allow patients to maintain their health with preventive care and to receive necessary treatment of illnesses and injuries. Under CMS' proposal, however, physicians who provide comprehensive primary care and treat chronically ill patients would likely receive a significant reduction in payment. In reducing payments to primary care providers, CHRISTUS is concerned that Medicare beneficiary access could be compromised. CHRISTUS therefore encourages CMS to review the American Academy of Family Physicians (AAFP) proposed Advanced Primary Care-Advanced Payment Model as a better reflection of how primary care should be paid.



Finally, the Proposed Rule intends to move forward with implementing the proposed E/M policies on January 1, 2019, which will not provide physicians with the necessary time to adjust their administrative practices to comply. Therefore, we urge CMS to not move forward with the proposed E/M policies at this time and to encourage continued stakeholder discussion on how to better reduce administrative burden without adversely impacting a wide range of physicians and their patients.

On behalf of CHRISTUS Health, thank you again for the opportunity to provide feedback on this Proposed Rule. We are hopeful that our comments are helpful, and we welcome any questions you may have.

Sincerely,

A handwritten signature in cursive script that reads "John A. Gillean, M.D.".

John A. Gillean, M.D.  
Executive Vice President and Chief Clinical Officer  
CHRISTUS Health  
[john.gillean@christushealth.org](mailto:john.gillean@christushealth.org)