

September 24, 2019

Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1715-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

*Submitted online via regulations.gov*

**Re: CMS-1715-P - Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations**

Dear Administrator Verma:

The Association of Women in Rheumatology (AWIR) is dedicated to promoting the science and practice of Rheumatology, fostering the advancement and education of women in Rheumatology, and advocating for access to the highest quality healthcare, and management of patients with rheumatic diseases. AWIR appreciates the opportunity to provide comment on the impact of the 2020 MPFS and Year 4 QPP policy proposals as they affect rheumatologists and our patients.

**Care Management Services**

AWIR supports CMS proposed changes related to care management services (CMS) concerning revisions made for billing requirements and increased payments for transitional care management (TCM). In addition, we support the proposal to establish a set of Medicare-developed HCPCS G-codes for certain Chronic Care Management (CCM) services which allow for clinicians to bill for CCM services incrementally, as additional time and resources may be expended during the course of a patient's treatment (this would replace the existing CPT CCM codes used for clinical staff time).

Patients with a single complex chronic condition require treatment by a specialist, such as a rheumatologist. AWIR appreciates the emphasis CMS continues to place on care management, and, the proposal to provide separate coding and payment for Principal Care Management (PCM). We support CMS' proposal on the use of PCM code(s) for billing, including the creation of two new G codes: HCPCS code GPPP1; and HCPCS GPPP2.

### **Payment for Evaluation and Management (E/M) Visits**

The proposed rule makes modifications in coding and payment for E/M services that, if finalized, will benefit our patients and further relieve administrative burden. AWIR appreciates that CMS proposes to adopt the recommendations of the AMA CPT and RUC, which are consistent with medical community feedback. Rheumatologists and the entire physician community have struggled with burdensome reporting guidelines for reporting office visits and other E/M codes. **AWIR looks forward to the adoption of the CMS E/M proposals.**

### **CY 2020 Updates to the Quality Payment Program**

The proposed rule adds one quality measure and removes five quality measures from the **Rheumatology Specialty Measure Set**.

#### Proposed for Addition:

- Adult Immunization Status

#### Proposed for Removal:

- Preventative Care and Screening: Influenza Immunization
- Pneumococcal Vaccination Status for Older Adults
- Pain Assessment and Follow-Up
- Rheumatoid Arthritis (RA): Functional Status Assessment
- Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis

Given the impact of RA on the Medicare population, AWIR is opposed to the removal of RA measures from the **Rheumatology Specialty Measure Set**. To that end, AWIR believes that if more specialty measures are removed, then CMS quality programs would be less relevant to specialists.

Through the elimination of the RA focused measure, we expect rheumatologists will not receive specific feedback that is pertinent to their patient population. Furthermore, if CMS decides not to maintain the *RA: Functional Status Assessment* measure, we ask that CMS include RA diagnosis codes in the *Functional Outcome Assessment* measure, which would allow for rheumatologists to be compared to peers who report this measure. Without these modifications, the information reported will be diluted with data from other specialists. Rheumatologists would prefer to use measures that produce valuable and actionable feedback. **AWIR urges CMS not to remove the RA focused measures as outlined in the proposed rule.**

### **Total Per Capita Cost (TPCC) Measure**

AWIR recognizes CMS' efforts to work with stakeholders to refine this measure and make changes to the current attribution methodology. Updating the TPCC measure to ensure that it focuses exclusively on primary care is appropriate, however, we urge CMS to finalize the proposed service category and specialty exclusions to ensure rheumatologists are not inappropriately considered for attribution.

AWIR looks forward to offering additional feedback should the agency propose other cost measures in the future affecting rheumatology. Thank you in advance for your time and consideration of our

comments. Should you have any questions, please direct them to Heather Kazmark, MA, AWIR Government Affairs Specialist at [hkazmark@wjweiser.com](mailto:hkazmark@wjweiser.com).

Sincerely,

A handwritten signature in black ink that reads "Grace C Wright". The signature is written in a cursive style with a large initial "G" and "W".

Grace C. Wright, MD  
President  
Association of Women in Rheumatology