

Congress of the United States
House of Representatives
Washington, DC 20515

November 24, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: Centers for Medicare & Medicaid Services Calendar Year 2021 (CY21) Medicare Physician Fee Schedule Proposed Rule

Dear Administrator Verma:

We write to comment on the Centers for Medicare & Medicaid Services (CMS) CY21 Medicare Physician Fee Schedule (PFS) proposed rule and the future of value-based care. It is important to ensure that CMS's rulemaking process considers the potential impact of policy and reimbursement changes on the continued growth of alternative payment model (APM) participation and increase in value-based care. We urge you to work with stakeholders to establish a process that reconciles the work done in APMs with the legacy processes of fee-for-service (FFS) Medicare prior to finalizing the CY21 PFS proposed rule or postpone the re-valuation of impacted services until that process is complete.

We appreciate the significant work CMS has engaged in to advance value-based care and provide opportunities for Medicare providers to engage in APMs as a way to both improve the quality of care for Medicare beneficiaries and lower costs for taxpayers. However, we are concerned that parts of the CY21 PFS proposed rule may have a detrimental impact on payment for providers who have been early adopters of value-based care, and potential consequences on the future provider participation in APMs and other value-based care arrangements. It is critical that we do not punish providers for their early adoption of value-based care, or disincentivize future providers from participating in APMs. We urge you to ensure that the rulemaking process and CY21 PFS proposed rule to consider the impact of proposed changes on APM participation prior to moving forward with a final rule.

One specific area of concern is the valuation of pre-optimization time. Patient pre-optimization is critical to driving better outcomes in value-based care. For example, in its discussion of lower joint arthroplasty, CMS's CY21 PFS proposed rule acknowledges the concern that "pre-optimization time (pre-service work and/or activities to improve surgical outcomes)" may not be captured accurately under the current FFS process. In addition, CMS's re-valuation process fails to measure the full scope of physician work in value-based care. Finalizing the CMS CY21 PFS rule without accurately capturing APM workflows, including patient pre-optimization time, may set a precedent that will dissuade APM participation in the future. Providers with high levels of participation in APMs will be hit the hardest if CMS fails to acknowledge the value of patient pre-optimization in its reimbursement models. Rather than finalizing policies that may have a detrimental impact on the future of APMs in Medicare, it is critical that CMS use this opportunity to engage with stakeholders and ensure pre-optimization time is valued appropriately prior to finalizing the CMS CY21 PFS proposed rule.

Together, we can improve outcomes for Medicare beneficiaries and lower costs for taxpayers. We encourage you to engage with stakeholders now prior to finalizing the CMS CY21 PFS proposed rule to ensure the policies contained in the final rule support our collective efforts to transition to value-based care.

Sincerely,



John Barrasso, M.D.
United States Senator



Sherrod Brown
United States Senator



Brad Wenstrup, D.P.M.
Member of Congress



Terri Sewell
Member of Congress



Andy Harris, M.D.
Member of Congress

CC: Russell Vought, Director, Office of Management & Budget
Greg D'Angelo, Associate Director for Health Programs, Office of Management & Budget