

October 5, 2020

SUBMITTED ELECTRONICALLY VIA

<http://www.regulations.gov>

Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Attention: CMS-1715-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244

Re: Medicare Program: CY 2021 Revisions to Payment Policies under the Physician Fee Schedule

Dear Administrator Verma,

The undersigned organizations are writing in response to the budget neutrality provisions in the Medicare Physician Fee Schedule (MPFS) Proposed Rule for CY 2021 (CMS-1734-P). These organizations include home care physicians, advanced practice nurses, physician assistants, and other health professionals who make house calls, care for homebound patients, act as home health agency and hospice medical directors, and refer patients to home care agencies; home care organizations; medical directors of managed care plans; and administrators of medical groups interested in home care. The Medicare beneficiaries we care for are among the sickest, most frail Medicare patients who are home-limited due to multiple chronic illnesses, frailty, and disability. The spectrum of services for patients are specifically of a primary care nature, tailored to the unique needs of the population. As such, we refer to our services as Home-based Primary Care (HBPC).

Our organizations appreciate what CMS is doing to increase payment for the office visits, transitional care management, and assessment and care planning codes and commend the Agency's efforts in ensuring accurate reimbursement for E/M services. It is imperative however that there are accurate and appropriate reimbursements for all E/M services across the board, especially all primary care services, and not just for some settings or specialties at the expense of others. The budget neutrality provisions have a significant negative impact on HBPC services (i.e., home and domiciliary E/M codes). Specifically, the following home and domiciliary codes are being negatively adjusted by about 10% as demonstrated by the table below.

Setting	Patient	HCPCS	Payment Rates		Pct. Chg.	2018 ALLOWED SERVICES	2018 PAYMENT
			2020	2021			
Domiciliary	New	99324	\$55.58	\$50.00	-10.0%	51,069	\$2,015,328
		99325	\$80.84	\$73.55	-9.0%	51,991	\$2,987,429
		99326	\$140.75	\$129.04	-8.3%	57,719	\$5,554,900
		99327	\$189.11	\$173.24	-8.4%	64,058	\$8,114,860
	99328	\$223.76	\$204.21	-8.7%	40,211	\$5,991,020	
	Established	99334	\$61.35	\$56.78	-7.5%	481,904	\$20,314,183
		99335	\$97.08	\$89.36	-8.0%	1,148,532	\$75,387,582
		99336	\$137.14	\$126.78	-7.6%	1,566,395	\$144,144,634
99337		\$197.77	\$181.95	-8.0%	483,719	\$63,866,723	
Home	New	99341	\$55.58	\$50.33	-9.5%	14,454	\$551,595
		99342	\$79.76	\$71.62	-10.2%	43,430	\$2,510,162
		99343	\$131.01	\$118.07	-9.9%	56,213	\$5,190,517
		99344	\$185.86	\$170.66	-8.2%	72,743	\$8,952,846
	99345	\$226.28	\$207.76	-8.2%	65,393	\$9,947,580	
	Established	99347	\$55.58	\$50.97	-8.3%	196,332	\$8,003,874
		99348	\$85.53	\$78.07	-8.7%	500,760	\$30,217,749
		99349	\$131.01	\$120.98	-7.7%	1,122,906	\$99,673,125
99350		\$182.61	\$167.75	-8.1%	430,700	\$53,518,649	

These codes are used to support the delivery of primary care services in home and community settings, bringing care to the patient in a safe and comfortable setting. Beneficiaries who receive HBPC services are complex and frail and the population that is at highest-risk for COVID-19 illness and death. HBPC practices are uniquely situated to mitigate the risk and spread of COVID-19 and other potentially widespread communicable diseases by keeping beneficiaries in their homes and out of higher-risk settings. During COVID-19, home-based care teams have demonstrated the ability to limit exposure risk for these vulnerable populations while continuing to provide medical care and manage beneficiaries' condition using telemedicine and advanced technology. Medical care delivered in the home creates value on many levels and accomplishes outcomes that would be difficult to obtain in a traditional care setting alone.

High-Touch Care	Patient-Centered Medical Care	Improved Outcomes	Patient Safety and Supports
<ul style="list-style-type: none"> <li>Integrated primary care and complex care management for medically complex and vulnerable populations.</li> </ul>	<ul style="list-style-type: none"> <li>Care teams arrange for home medical equipment, wound care, x-rays, and blood tests.</li> </ul>	<ul style="list-style-type: none"> <li>Home-based care helps decrease unnecessary 911 calls, ED visits, and hospital stays.</li> </ul>	<ul style="list-style-type: none"> <li>Home-based care teams are able to ensure patient safety and identify and arrange for necessary social supports based on patients' needs.</li> </ul>

HBPC is already relatively underpaid as it relates to time and complexity due to the logistics of providing home and domiciliary E/M visits. Many HBPC practices often rely on alternative funding sources to help mitigate this undervaluation, which can be in the form of grants or subsidized support from larger health systems. Further reductions to these codes threaten access to primary care services for the frailest and sickest population that often also lacks appropriate social and/or technological supports to care. This negative adjustment makes it difficult for physicians to continue providing care for this patient population as the sustainability of their practice is heavily dependent upon reimbursement for home and domiciliary E/M codes.

We urge the Agency to consider the nursing facility care (99304 – 99318) and domiciliary (99324 – 99337) and home visits (99341 – 99350) to be analogous to the office/outpatient visit codes and make a positive adjustment to the work RVUs and reimbursements for those codes, and at a minimum to at least maintain payment rates at 2020 levels. This budget neutrality adjustment offers an opportunity to correct the relative underpayment for HBPC providers. We also ask CMS to consider allowing the complexity adjustment code (GPC1X) to be reported with these codes. We thank you for addressing this request and look forward to working with the Administration on improving access to medically necessary health care.

Sincerely,

Baylor Scott & White HouseCalls and Safe Transitions providers  
4C Medical Group  
Allina Health  
American Academy of Home Care Medicine  
AMITA House Call Physicians  
Baltimore Healthcare at Home  
Bergen Geriatric Care, LLC  
Better at Home Medical Care Services  
Beyond Health Group  
Bloom Healthcare, Inc  
Bluestone Physician Services  
Capital Caring Health  
Christiana Care Health System  
Chronic Care Management, LLC  
Community Holistic Advanced Practice Nursing, CHAPN LLC  
Community Palliative Consultants  
Country Roads Housecalls  
DispatchHealth  
Dobar Medical  
Doctors Making Housecalls  
Elder Care of West Michigan  
Florida Mobile Physicians  
Genevive  
Geriatric Medicine Physician Assistants  
Geriatric Specialty Care of Nevada  
Geriatrics Medical Associates PLLC  
Grace at Home  
Home Centered Care Institute  
Homecare Doc, LLC  
HomeCare Physicians, Northwestern Medicine Regional Medical Group  
Homedica HouseCalls  
Hope Healthcare  
Hospice of the Piedmont, Inc.  
Housecall Physicians of Illinois  
Illinois Academy of Family Physicians  
In-Home Physicians  
INhouse Primary Care

Inland Community Housecalls  
Jefferson Park Medical Group, PC dba In-Home Physicians  
Jennifer Heffernan, MD  
Joliet Area Community Hospice  
Kathi Rubles, MD  
Ken Redcross, MD  
Kris Pyles-Sweet, MS, PA-C  
Lakeside Med, LLC dba Mason-Dixon Mobile Medicine  
Lotus Geriatric Nurse Practitioners  
Lyons Medical Care, PLLC  
Manhattan House Calls, PLLC  
Medical House Call Associates  
Medicine at Home  
MedStar House Call Program  
Michael T Bowersox, MD, Inc Home Care Medicine  
Michael Tom, The Queen's Medical Center  
Michol Negron DO, PC  
Millennium Physicians Group  
Mobile Physician Associates  
Mobile Physician Services, Inc.  
Modern Day Health Care  
Najam H. Khan, MD PA  
New Directions Primary Care  
N-Hall Medical Services LLC  
North Texas Medical Specialists  
NP Housecalls, PLLC  
OnSite Medical House Calls  
Palos Health  
PA's in Hospice and Palliative Medicine  
Patricia Porter Adams, ANP, LLC  
Phoenix Home Care, LLC  
Physicians at Home, Inc  
Primary Care House Calls, PA  
Priority House Calls LLC  
Providence Care  
Queen's Medical Center Geriatric House Calls Program  
Queens Medical Center Geriatrics  
Rita Laracuente, MD PA  
Rush University Senior Care  
Senior Care Clinic House Calls  
Summit Family Medicine  
Suzanne Marie Pinon, MD LLC  
The Queen's Medical Center/Health Care System  
Trusted and Innovative Healthcare  
UCSF Care at Home  
Ultra X Imaging  
Vanguard Medical Group Primary Care at Home

Wright State Physicians  
Yuma Regional Medical Center