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## PCC Supports Proposed 2021 Medicare Physician Fee Schedule

October 5, 2020

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1734-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

Dear Administrator Verma,

The Primary Care Collaborative (PCC), a multi-stakeholder coalition of 60+ organizational members ranging from clinicians and patient advocates, to employer groups and health plans, strongly supports CMS's proposed Medicare Physician Fee Schedule (MPFS) for calendar year 2021. The proposed MPFS moves toward fundamentally correcting the longstanding undervaluation of primary care services by retaining increases to office-based Evaluation & Management (E/M) services finalized in the CY2020 MPFS and set to take effect this January. PCC believes that this increased investment is essential—though not sufficient—to achieving high-performing primary care; it must also be accompanied by rapid movement toward global payments that are prospective and comprehensive.

Primary care is foundational to population health and thriving communities. Yet for years, health care payments have failed to reflect the importance of longitudinal primary care that spans acute care and prevention to chronic disease management and behavioral health. Last year, CMS took the significant step of righting this imbalance by increasing payments for E/M services and establishing a visit complexity add-on code. The proposed 2021 MPFS would laudably follow through with this policy. As a coalition of diverse members, we collectively see the value—to Medicare, its beneficiaries, and the country—of building a health care system with primary care at its base: care that emphasizes comprehensiveness, longitudinal relationships, and “upstream” determinants for better patient experience and better health outcomes. (See the [Shared Principles of Primary Care](#).)

PCC is committed to improved health outcomes without growing total cost of care; as such, we recognize the difficult decisions CMS faced in order to correct for the under-valuation of E/M services. We believe some rebalancing of the budget is justified; indeed, this spring, [PCC called](#)

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[on Congress](#) to protect the CY2020 MPFS as finalized, including its approach to not apply E/M increases to global surgical payments based on the [evidence](#) of actual practice patterns. Yet we also support appropriate renumeration for the full primary care team, including integrated behavioral health clinicians such as clinical psychologists and social workers who are critical to patients' long-term health—particularly during the pandemic.

PCC also commends CMS on a variety of other positive changes in the CY2021 MPFS, such as: reducing the documentation burden for E/M services; offering permanent coverage of some telehealth care including home visits and care planning services; introducing new codes to better reflect visit complexities and extended visit times; clarifying that pharmacists fall within “incident to” billing by non-physician providers; increasing payments for transitional care management services; and cross-walking all base immunization administration codes to a more appropriately paid code, thus increasing payment for vaccines administered to patients in Medicaid and private plans who rely on the fee schedule to set their rates. Separately, we urge CMS to delay the rollout of new quality measures by one year given the pandemic and to ensure that all domains of care are still captured with clinically meaningful and valid measures, while lowering the number of measures and reducing burden.

CMS's move to revalue the cognitive work of patient evaluation and management is significant, long overdue, and will provide much-deserved resources for advanced primary care. PCC strongly supports the 2021 fee schedule. The E/M increases in the MPFS should be implemented as planned, while acknowledging that an even broader, integrated care team of primary care clinicians is critical to supporting patients' overall health for the long-term.

Our team would be happy to answer your questions. Please reach out to Sarah Greenough, Director of Policy, at [sgreenough@thepcc.org](mailto:sgreenough@thepcc.org). Thank you for this opportunity to share our comments.

Sincerely,



Ann Greiner  
President & CEO  
Primary Care Collaborative

## PCC Executive Members

Below is a list of the Primary Care Collaborative's executive members that pay dues to the organization and support its mission. Membership does not indicate explicit endorsement of this letter.

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Accreditation Association for Ambulatory Health Care (AAAHC)  
Alzheimer's Association  
American Academy of Child and Adolescent Psychiatry (AACAP)  
American Academy of Family Physicians (AAFP)  
American Academy of Pediatrics (AAP)  
American Academy of PAs (AAPA)  
American Association of Nurse Practitioners (AANP)  
American Board of Family Medicine Foundation (ABFM Foundation)  
American Board of Internal Medicine Foundation (ABIM Foundation)  
American Cancer Society  
American College of Clinical Pharmacy (ACCP)  
American College of Lifestyle Medicine (ACLM)  
American College of Osteopathic Family Physicians (ACOFP)  
American College of Physicians (ACP)  
American Psychiatric Association Foundation  
American Psychological Association  
America's Agenda  
Anthem  
Black Women's Health Imperative (BWHI)  
Blue Cross Blue Shield Michigan  
Boehringer Ingelheim Pharmaceuticals, Inc.  
CareFirst BlueCross BlueShield  
Collaborative Psychiatric Care  
Community Care of North Carolina  
Community Catalyst  
CVS Health  
Doctor On Demand  
Geisinger Health  
Harvard Medical School Center for Primary Care  
HealthTeamWorks  
Humana, Inc.  
IBM  
Innovaccer  
Institute for Patient and Family-Centered Care (IPFCC)  
Johns Hopkins Community Physicians, Inc.  
Johnson & Johnson  
Mathematica Policy Research  
Mental Health America  
Merck & Co.  
Morehouse School of Medicine - National Center for Primary Care  
National Alliance of Healthcare Purchaser Coalitions

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National Association of ACOs (NAACOS)  
National Coalition on Health Care  
National Interprofessional Initiative on Oral Health (NIIOH)  
National PACE Association  
National Partnership for Women and Families  
NCQA  
Pacific Business Group on Health (PBGH)  
PCC EHR Solutions  
Pediatric Innovation Center  
Primary Care Development Corporation (PCDC)  
Society of General Internal Medicine (SGIM)  
Society of Teachers of Family Medicine (STFM)  
SS&C Health  
St. Louis Area Business Health Coalition  
Takeda Pharmaceuticals U.S.A.  
The Verden Group's Patient Centered Solutions  
UPMC Health Plan  
URAC

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