October 5, 2020

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-1734-P; CY 2021 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies

Dear Administrator Verma:

On behalf of the undersigned organizations representing obstetrician-gynecologists dedicated to advancing women's health, we appreciate the opportunity to provide feedback on the CY 2021 Medicare Physician Fee Schedule (MPFS) proposed rule. As physicians dedicated to providing high-quality, patient-centered obstetric and gynecologic care, **we are deeply concerned that the Centers for Medicare and Medicaid Services (CMS) is moving forward with payment reductions to gynecologic surgery services. Our organizations strongly urge CMS to stop these payment cuts from going into effect in 2021.**

The payment reductions proposed by CMS will have a direct and negative impact on women's lives and health, including women with cancer. Among other conditions, gynecologic surgery is essential for treating pelvic floor disorders, with one in four women experiencing this disorder in their lifetime as well as gynecologic cancers.[1] The gynecologic surgery codes typically include one or two office/outpatient evaluation and management (E/M) visits for postoperative care. Historically, because the global surgery codes include office/outpatient services, CMS has updated the global codes when the office/outpatient E/M codes are changed.

However, CMS did not update the value of the global surgery codes when the new office/outpatient E/M codes were finalized in the CY 2020 MPFS, and again did not propose to update the value in CY 2021, despite the ongoing global COVID-19 pandemic and accompanying economic recession. One study found that the number of visits to ambulatory practices declined by nearly 60 percent between February and April, with even larger declines among surgical and procedural specialties.[2] Surgeons report that one-in-three private surgical practices is at risk of closing permanently due to the dramatic financial impact of the COVID-19 crisis.[3] Medical practices cannot withstand the significant payment cuts that will go into effect in 2021, and payment cuts will jeopardize access to care for women across the country.

Evidence indicates that women beneficiaries of Medicare and Medicaid experience care delays in receiving treatment for gynecologic cancer, as compared to their privately insured counterparts.[4] The care delays were longest in patients covered by Medicaid, indicating that payment rates have a direct impact on access to care for Medicare and Medicaid beneficiaries.[5] Evidence also indicates that payment rates have a direct impact on

clinicians' decisions to participate in Medicare and Medicaid, and therefore these payment reductions may force clinicians to end participation or limit the number of publicly insured patients they care for.[6] Because Medicaid programs, TRICARE, and private payers all base their payment rates off of those established by CMS in the MPFS, these cuts will negatively impact access to care for women beyond the Medicare beneficiary population. Accordingly, CMS's devaluing of surgical care may result in care delays for women seeking surgical treatment for malignant disease, which could negatively impact health outcomes for patients across the country.

We commend CMS for aligning changes to the office/outpatient E/M visits with the framework developed by the CPT Editorial Panel. We appreciate that the agency accepted the RUC recommendations for the values of standalone office visits and the we believe the new office/outpatient E/M code set will reduce administrative burden and more accurately recognize the resources required to furnish these services. However, the offset resulting from budget neutrality, along with the proposed implementation of GPC1X, have led to a nearly 11 percent reduction in the conversion factor. The lower conversion factor, lower than the one established in the 1994 MPFS, would be further debilitating to obstetrician-gynecologists. We strongly urge the Department of Health and Human Services and CMS to use their authority under the PHE to waive budget neutrality requirements and urges CMS to forego implementation of GPC1X.

We appreciate that CMS recognizes the global obstetric codes were originally developed using a building block methodology, meaning that each office/outpatient E/M visit that is included contributes a certain number of relative value units (RVUs) to the total value of the codes. Our organizations agree that, based on this structure and methodology, it is appropriate to increase the value of the global obstetric codes to reflect the increased value of the office/outpatient E/M services. We also agree with the agency's assertion that the prenatal and postpartum office/outpatient visits that are valued in the global obstetric codes are being completed. We strongly recommend that CMS finalize the proposal to include the 2021 E/M RVUs in the obstetric global codes and thank CMS for recognizing the importance of maternity care.

Thank you for the opportunity to provide comments on these important payment issues. Should you have any questions, please contact Lisa Satterfield, Senior Director of Health Economics and Practice Management of the American College of Obstetricians and Gynecologists at lsatterfield@acog.org.

Sincerely,

The American College of Obstetricians and Gynecologists
The American Association of Gynecologic Laparoscopists
The American Urogynecologic Society
The Society of Family Planning
The Society of Gynecologic Oncology
The Society for Maternal-Fetal Medicine
The Society of OB/GYN Hospitalists
Department of Gynecology & Obstetrics, Emory University School of Medicine
Barbra Fisher, MD, Women's Healthcare Associates, Portland, OR

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[1] Wu JM, Vaughan CP, Goode PS, et al. Prevalence and trends of symptomatic pelvic floor disorders in U.S. women. *Obstet Gynecol*. 2014;123(1):141-148. doi:10.1097/AOG.0000000000000057

[2] Mehrotra A et al. The Impact of COVID-19 Pandemic on Outpatient Visits: A Rebound Emerges. The Commonwealth Fund. 2020. Available at: https://www.commonwealthfund.org/publications/2020/apr/impact-covid-19-outpatient-visits

[3] Survey conducted by the independent public opinion research firm, Brunswick Insight. The online survey of 5,244 surgeons was conducted between May 11-20, 2020. https://www.surgicalcare.org/wp-content/uploads/2020/06/SCC_Member_Survey_Data_06172020_FINAL.pdf.

[4] Dolly D, et al. A delay from diagnosis to treatment is associated with decreased overall survival for patients with endometrial cancer. Front. Oncol. 2016. Available at: https://doi.org/10.3389/fonc.2016.00031.

[5] Ibid

[6] Health Affairs Blog, April 10, 2019. Physician Acceptance of New Medicaid Patients: What Matters and What Doesn't. DOI: 10.1377/hblog20190401.678690. Available at: https://www.healthaffairs.org/do/10.1377/hblog20190401.678690/full/