September 9, 2024

Centers for Medicaid and Medicare Services (CMS)
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Re: File Code CMS-1807-P, CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies

Dear Administrator Brooks-LaSure,

Thank you for this opportunity to offer comments on the Department of Health and Human Services Centers for Medicare and Medicaid Services CY 2025 revisions to Medicare payment policies under the Medicare Physician Fee Schedule.

The Academy of Medicine of Cleveland & Northern Ohio represents more than 6,700 physicians and medical students in the region. Founded in 1824, we are the oldest professional association in Ohio. As a non-profit 501(c)6 organization, our mission is to support physicians in being advocates for their patients and to promote the highest quality of medical practice.

Physician Fee Schedule Adjustments

Starting January 1, 2025, CMS is proposing a 2.8 percent cut to Medicare physician payments. Meanwhile, the Medicare Economic Index will increase by 3.6 percent. We are concerned by this gap between the costs associated with running a medical practice and the physician payments, and what this will mean for our members and their ability to provide care for their patients.

We strongly support the American Medical Association's call for Congress to enact a permanent, inflation-based annual updated to physician payments that reflects the Medicared Economic Index and the rising costs of providing medical care.

Telehealth Services

We are glad to see CMS adding multiple services to the Telehealth Services List for 2025. Telehealth is an important access option for patients and physicians, and we are supportive of the inclusion of

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two-way, real-time audio-only communication as a remote health option for patients who are not capable of or consenting to video calls. We would further support a permanent addition of these services to the Medicare Telehealth Services List. We believe that audio-only communication options are an important accessibility tool for patients, particularly those who still may not have broadband connectivity to support video communications.

Additionally, we are happy to see the proposal to continue suspending frequency limits for the coming year for subsequent inpatient visits, nursing facility visits and critical care consultations. Allowing for telehealth visits for these types of services can help improve efficiency in medical care settings by allowing physicians to be more available for in-person visits for patients who cannot receive telehealth care.

Further, the AMCNO supports the continuation of the CMS policy allowing teaching physicians to have a virtual presence when supervising residents when providing care virtually. As telehealth continues to be an important and expanding part of healthcare delivery, we believe that overseeing and training residents in this method is important. Allowing physicians to furnish this teaching virtually can make the process more straightforward and enable residents to provide these valuable services with adequate supervision.

CMS is continuing to permit distant practitioners to use their practice locations instead of their home addresses when providing telehealth from home. We appreciate this continuation and urge CMS to make this policy permanent. We are concerned that, if the policy is not continued, there may be safety concerns for practitioners should their home addresses be listed publicly on Medicare websites. Violence against healthcare workers is a concern, particularly in recent years as the incidence of violent injuries in the workplace has risen for health providers. Out of an abundance of caution, we emphatically urge action to protect providers' safety and privacy, particularly with regard to their home address. We hope that this can become a permanent policy, and if not, we support the AMA's recommendation that physicians should be given flexibility to provide an alternate address listed or suppress their home address.

MIPS Value Pathways

In response to CMS's request for information regarding the design of a potential ambulatory specialty care model that would utilize the Merit-based Incentive Payment System Value Pathways, we support the alternative framework put forth by the AMA. We believe their framework appropriately categorizes and streamlines information to ensure that there are applicable MVPs for all clinicians without creating too large a portfolio of MVPs for CMS to manage.

Further, even with this proposed framework, we also agree with the AMA that we oppose making MVPs mandatory and ask that CMS retains traditional MIPS. We are concerned that requiring reporting of MVPs will add to compliance burdens that are already significant and costly to physicians and practices and take time away that could be spent on patient care.

Opioid Treatment Programs

The AMCNO is dedicated to improving access to opioid use disorder treatment services and finding new ways to deliver treatment to patients who need it. We appreciate that CMS is proposing to make permanent the periodic audio-only assessment flexibility. We previously urged CMS to

consider making this policy permanent and are glad to see progress on this important accessibility option.

Further, we are glad to see that CMS is proposing payment increases in line with SAMHSA regulatory reforms. Updating payment for social determinants of health risk assessments will help opioid treatment programs better address the needs of their clients and support the ability of the providers and programs to adequately serve their population. Similarly, we are supportive of the CMS proposal to establish payment for new opioid medications. Offering new treatment options can help providers better meet their patients' treatment goals and needs.

Colorectal Cancer Screening

CMS is proposing to update and expand coverage of colorectal cancer screening, removing barium enema screening and including Computed Tomography Colonography. Colon and rectum cancer is the third most prevalent in Ohio, behind breast and prostate, and in 39% of patients, cancer had spread regionally to nearby organs or lymph nodes at the time of their diagnosis. Just 32% of patients were diagnosed at the local stage.

We strongly support the CMS proposal to improve coverage and to include blood-based biomarker tests as part of the screening process. We especially appreciate the proposal to eliminate cost-sharing for CTC screening. Reducing financial barriers and out of pocket costs to cancer care is a priority issue for the AMCNO, and we are glad that CMS is working to make these screening tools more accessible particularly to rural and underserved communities.

Thank you again on behalf of the Academy of Medicine of Cleveland & Northern Ohio's membership for this opportunity to provide feedback on the CY 2025 proposals. We are glad to see that CMS is working hard to make telehealth, opioid treatment, and cancer screening more accessible to patients. We hope that you will consider our concerns with the current proposed physician fee schedule. As the cost of providing patient care continues to rise, we hope that CMS will consider proposals that will allow the physician fee schedule to keep pace.

Sincerely,

Marie Schaefer, MD
President, The Academy of Medicine of Cleveland & Northern Ohio