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America's Physician Groups Responds to CMS CY2020 Medicare Physician Fee Schedule and Quality Payment Program Proposed Rule

WASHINGTON, DC – In a comment letter regarding the CY2020 Medicare Physician Fee Schedule (MPFS) and Quality Payment Program (QPP) proposed rule submitted today to the Centers for Medicare & Medicaid Services (CMS), [America's Physician Groups](http://www.americaphysiciangroups.org) (APG), commended the Agency for recognizing in the proposed rule our preferred model of capitated, delegated and coordinated care which avoids incentives for the high utilization associated with fee-for-service (FFS) reimbursement.

"We are so pleased to see in the 2020 proposed rule an increased recognition and alignment with the risk-based philosophy for which APG stands. We support the proposals which are aimed at reducing burden, recognizing clinicians for the time they spend with patients, removing unnecessary measures and making it easier for them to be on the path towards value-based care," said Don Crane, APG President and CEO.

APG applauded the Agency's work to align incentives for physicians to provide the right care in the right setting, thus improving the health of entire populations, particularly chronically ill and fragile individuals.

Some of the highlights of the letter include:

- **Payment for Evaluation and Management (E/M) Services:** APG supports CMS's decision to revert to five coding levels for established payments and decreasing to four the coding levels for new patients.
- **Care Management Services:** APG supports the rate increase for Transitional Care Services (TCM), the additional billing codes for Chronic Care Management (CCM) services and the proposed new codes for Principal Care Management (PCM) services but have some reservations on the use of temporary G codes which can increase administrative burden.
- **MIPS Value Pathways (MVPs):** APG supports the concept of MVPs to drive development of competencies to be successful in risk-based contracts and reduce provider confusion in the Merit-based Incentive Payment System (MIPS); however, more analysis must be done to explore long-term efficacy of this approach.
- **Advanced APMs of Quality Payment Program (QPP):** APG requests that the five percent Advanced APM bonus be paid by June 30 in subsequent payment years. APG

recommends that CMS allow that if the Medicare Advantage (MA) plan declines to submit prior to the start of the performance year for the “Other Payer,” then the clinician has the option to submit in place of the plan prior to the start of the performance year. APG supports modifying the definition of full capitation and excluding services such as transplants, hospice, and out of network emergencies.

- **Aligning the MSSP quality score with the MIPS quality performance score:** APG does not support moving to a single methodology formula or having a single quality score between MIPS and MSSP at this time. APG does not support the elimination of the pay for reporting year for the first year of an Accountable Care Organization (ACO).
- **Global and Population Based Measures:** APG cautions in moving too rapidly in replacing web interface with global administratively claims based measures.

The letter closes by highlighting APG’s support for proposals which are aimed at reducing burden, recognizing clinicians for the time they spend with patients, removing unnecessary measures and making it easier for them to be on the path towards value-based care.

Please click [here](#) for a copy of APG’s comment letter.

About America’s Physician Groups

[America’s Physician Groups](#) is the nation’s leading professional association for accountable physician groups, composed of over 300 medical groups and independent practice associations (IPAs). America’s Physician Groups’ members operate under a capitated, coordinated care model that is the essence of the nation’s health reform movement from volume to value. Our [Colloquium](#) will be held November 11-13, 2019 in Washington, DC. Learn more at www.apg.org.

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