

Dear Speaker Pelosi and Leader McCarthy:

We write to bring your attention to the growing financial uncertainty within the Medicare payment system and to express our support for congressional action to address upcoming payment cuts to physicians, therapists, and health care professionals before the end of the year. The current Medicare payment system does not adequately incentivize high-quality care, and reimbursement has failed to keep up with inflation. We believe broad systemic reforms to the payment system are critical to speed the transition to value-based care. However, **as Congress begins the complex process of identifying and considering potential long-term reforms, we must also create stability by addressing the immediate payment cuts facing health care professionals.** These cuts will strain our health care system and jeopardize patient access to medically necessary services.

Congress passed the Medicare Access and CHIP Reauthorization Act (MACRA) with the goal of moving away from a fee-for-service payment model to a system that ensures providers are paid for the work they do to keep patients healthy, not just treat them when they're sick. However, most practices lack access to qualified, patient-centered alternative payment models under MACRA. We cannot achieve true high-quality, coordinated care without examining and addressing the existing barriers in MACRA. In addition, the Medicare Physician Fee Schedule (PFS) has failed to keep up with inflation and larger increases to some providers must be offset by cuts to other providers, even if there's no evidence of overpayment, due to a budget neutrality provision in statute, further contributing to the financial pressure on health care professionals. While we appreciate increased payments in the Calendar Year (CY) 2021 PFS to physicians delivering primary care and complex office-based care, we must ensure that any changes do not result in unintended consequences for specialty care. **We hope to work with you on broader, long-term reform to bring stability to the Medicare payment system, and we ask that you start that work as soon as possible.**

In the interim, health care professionals are facing imminent payment cuts stemming from PFS adjustments as well as the Medicare sequester and the Statutory Pay-As-You-Go (PAYGO) Act. We are grateful for the action taken by you and by Committee leadership in the *Consolidated Appropriations Act, 2021* to mitigate the impact of payment cuts initiated by the CY 2021 PFS. As you know, the *Consolidated Appropriations Act* contained a 3.75 percent payment adjustment for all PFS services in CY 2021 as part of the congressional relief provided for the impending payment cuts. This payment adjustment afforded some short-term stability for health care professionals struggling with the impact of the COVID-19 pandemic.

This critical piece of congressional relief is expiring at the end of the calendar year and adds to impending cuts resulting from the expiring moratorium on the 2 percent Medicare sequester and the 4 percent Medicare payment cut due to PAYGO, which was triggered by

the passage of the American Rescue Plan. The combined impact of the PFS cut, Medicare sequester, and PAYGO means that all health care professionals are likely facing *at least* 9 percent in cuts to Medicare payment, unless Congress takes action. **As Congress considers a framework to ensure appropriate reimbursements and improve the Medicare payment system broadly, we must act before the end of the year to avert the imminent cuts, including extending the 3.75% payment adjustment, and provide continued stability for physicians and other health care professionals.** Otherwise, the profound exhaustion from the pandemic combined with the stress of uncertainty in payments may lead to further retirements, office closures, or reduced staffing, ultimately limiting patient access to care.

We appreciate your consideration and historical support for this issue and look forward to continuing to work with you to strengthen our health care system in the near- and long-term.

Sincerely,

/s/

## Prevent Substantial Cuts to Medicare

On January 1, 2022, physician practices face an array of significant reductions due to a series of statutory and regulatory cuts. These potential reductions exacerbate financial uncertainty and further threaten patient care at a time when cardiovascular clinicians are still on the frontlines of the COVID-19 pandemic and have seen many patients forgo or delay non-COVID care over the past 18 months. Individually, each of these reductions would be painful; taken together, they would be devastating.

- Expiration of the current reprieve from the 2 percent Medicare sequester created by the Budget Control Act of 2011, which now is expected to continue into 2031, despite being originally slated for sunset in 2021.
- Imposition of a 4 percent Statutory PAYGO sequester resulting from passage of the American Rescue Plan Act of 2021.
- Expiration of the congressionally enacted 3.75 percent temporary, public health emergency-linked increase in the Medicare physician fee schedule (PFS) conversion factor to avoid payment cuts associated with budget neutrality adjustments resulting from Medicare policy changes.
- Substantial reduction of roughly 25% for electrophysiology ablation services resulting from updated physician work values included in the proposed 2022 Medicare Physician Fee Schedule (PFS).
- Practice expense decreases ranging from 5% to 20% for services such as echocardiography, advanced imaging and office-based vein therapies resulting from a necessary adjustment to clinical labor rates included in the proposed 2022 PFS.

The ACC has been actively engaged in communicating with Congress to convey how detrimental these cuts will be to patient care. **Hearing the concerns of the physician community, Rep. Ami Bera (D-CA) and Rep. Larry Bucshon (R-IN) have authored a bipartisan sign-on letter, imploring their colleagues to take action to mitigate the impact of these draconian cuts.**

Please urge your member of Congress to join the Bera/Bucshon letter to avoid sudden and drastic cuts to cardiovascular care within Medicare.



# ACC Comments on CMS 2022 Medicare Physician Fee Schedule Proposed Rule

Sep 14, 2021

ACC News Story

The ACC has submitted a [comment letter](#) to the Centers for Medicare and Medicaid Services (CMS) on the [proposed 2022 Medicare Physician Fee Schedule](#). The letter addresses payment policy and technical changes that drive payment for individual services, as well as other programmatic topics related the Quality Payment Program, Merit-Based Incentive Payment System (MIPS) Value Pathways (MVPs) and others outlined for 2022.

The ACC recommends CMS not finalize two broad proposals that would have unintended consequences. The first would require billing of split/shared visits by physicians and advanced practice providers exclusively by time. The second would [increase practice expense costs for clinical staff labor](#) in a manner that precipitously reduces payment for other services. Proposed work relative value unit (RVU) reductions that result from [bundling several services involved in electrophysiology ablation](#) are also addressed in detail, with the ACC urging caution, accuracy and a phase-in of any significant reductions that may still occur.

The letter includes comments from the College on the first detailed proposals for MVPs that were included in this 2022 rulemaking cycle. The ACC supported efforts to streamline quality reporting and steps toward alternative payment models but urged caution in telling CMS the agency should not finalize a plan to sunset the existing MIPS program at the end of 2027 with a requirement for mandatory reporting through MVPs at this time. In a similar vein, the College expressed support for progress in the movement toward standardization in digital quality

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Finally, the ACC supported several narrower proposals, such as the removal of an outdated **[national coverage determination](#)**  that has limited myocardial PET in some instances and delay of claims processing system edits and the penalty phase of the Appropriate Use Criteria Program due to the COVID-19 public health emergency.

CMS is expected to release the final 2022 Medicare Physician Fee Schedule rule by Nov. 2. Before that occurs, join your colleagues at **[ACC's Legislative Conference, Oct. 3-5](#)**, to learn about current advocacy priorities and ensure your voice is heard by Congress.

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**Clinical Topics:** [Arrhythmias and Clinical EP, Cardiovascular Care Team, Noninvasive Imaging, Implantable Devices, SCD/Ventricular Arrhythmias, Atrial Fibrillation/Supraventricular Arrhythmias, Computed Tomography, Nuclear Imaging](#)

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