EARL L. "BUDDY" CARTER
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February 5, 2020

Seema Verma, MPH
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Verma:

We write regarding the Centers for Medicare & Medicaid Services' (CMS) 2020 Medicare Physician Fee Schedule (PFS) final rule published on November 15, 2019 (84 Fed Reg 62568 et seq.). Concerns about whether the implementation of certain aspects of this rule will reduce access to health services have been raised to us. To better respond to these concerns, we are requesting additional information regarding the process by which CMS reached the decision to reduce the reimbursement for services furnished by certain providers in 2021 to accommodate for the increases to the values of the office/outpatient evaluation and management (E/M) codes.

Specifically, we ask that you respond to the following two questions no later than February 21, 2020.

1. What methodology and data did CMS use to calculate each estimated specialty level impact associated with implementing the changes to the office/outpatient E/M code set, including an individual breakdown for each specialty included in the "Other" category? Please provide a description of the factors considered by the agency in establishing negative redistributive adjustments to the work and practice expense relative value units (RVUs) of each impacted specialty as outlined in Table 120.

2. CMS indicated it would consider additional information when preparing the final 2021 fee schedule. What additional information is most valuable to CMS? Will CMS take into consideration how these changes may impact beneficiary access to each specialty? If so, how?

Thank you for your consideration of our request. Our collective efforts are crucial to ensuring that Medicare beneficiaries have access to appropriate health services.

Sincerely,

Rep. Earl L. "Buddy" Carter
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Member of Congress

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cc: Demetrios Kouzoukas, Principal Deputy Administrator for Medicare and Director
John Brooks, Principal Deputy Director