June 11, 2012

Marilyn Tavenner
Acting Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Medicaid Program: Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Under the Vaccines for Children Program, File Code CMS-2370-P

Dear Ms. Tavenner:

The Association of American Medical Colleges (AAMC or the Association) welcomes this opportunity to comment on the Centers for Medicare and Medicaid Services’ (CMS’ or the Agency’s) Proposed Rule entitled Medicaid Program: Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Under the Vaccines for Children Program 77 Fed. Reg. 27671 (May 11, 2012). The AAMC represents all 137 accredited U.S. medical schools, nearly 400 major teaching hospitals and health systems, and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 125,000 faculty members, 75,000 medical students, and 106,000 resident physicians who deliver over one-fifth of all clinical care in the nation.

The AAMC is pleased that CMS has issued the proposed rule as it provides much-needed additional support to physicians who are providing primary care services to Medicaid recipients, many of whom are able to receive care at academic medical centers. We have the following specific comments:

- The AAMC strongly supports the CMS proposal to provide increased payments in 2013 and 2014 to physicians who are in the specialties of internal medicine, family medicine, and pediatrics, as well as to those who are subspecialists of internal medicine, family medicine, and pediatrics. This is an important recognition that patients receive primary care services from physicians in a wide range of specialties.
- The AAMC has long-supported board certification and maintenance of certification programs that have been developed by American Board of Medical Specialty boards. Therefore, we are pleased that CMS proposes to use board certification as a proxy for identifying physicians who will qualify for increased payments. We also support the proposal for a process to identify board-eligible primary care physicians through claims data and CMS’s recognition that newly enrolled physicians should be given the possibility of benefitting from the higher payments. Many board-eligible physicians have recently completed their residencies and not yet attained board certification.
- The AAMC strongly supports the proposal to include services not covered under Medicare in the definition of primary care services for Medicaid patients.
The AAMC supports comparing Medicaid rates to the corresponding Medicare rates by site of service in states where Medicaid pay hospitals a separate facility fee. In the Medicare Physician Fee Schedule (MPFS), physician rates for services in a hospital outpatient department of provider-based clinic are paid at a lower rate than corresponding services in a office-based setting to account for the fact that the hospital receives a separate facility payment. In states where Medicaid does not pay the hospital a separate fee, the AAMC suggests that Medicaid rates be compared to the MPFS office-based rates.

CMS proposes to provide states with the option of “either adopting annual rates or . . . using a methodology to update rate to reflect changers made by Medicare during the year.” (p. 27677). This proposal protects states and providers from changes related to the Sustainable Growth Rate (SGR) in two ways. First, states can set a single fee schedule for each year, and not have to modify the fee schedule if more recent legislation is passed. Second, providers are ensured a minimum payment amount, because if the conversion factor (CF) for 2013 or 2014 is less than 2009, then the 2009 Medicare CF would be used with the 2013 or 2014 RVUs. The AAMC supports this proposal.

If you need additional information, I can be contacted at ibaer@aamc.org or 202-828-0499.

Sincerely,

Ivy Baer, J.D., M.P.H.
Director and Regulatory Counsel
Health Care Affairs