

September 10, 2018

**SUBMITTED ELECTRONICALLY VIA**  
<http://www.regulations.gov>

Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services,  
Department of Health and Human Services,  
Attention: CMS-1693-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

**Submitted by:**

**Organizations Concerned about the Eldercare Workforce:**

- **Alzheimer's Association**
- **Alzheimer's Federation of America**
- **Alzheimer's Impact Movement**
- **American Geriatrics Society**
- **American Association for Geriatric Psychiatry**
- **American Physical Therapy Association**
- **Gerontological Society of America**
- **Hartford Institute for Geriatrics Nursing**
- **National Association of Social Workers**
- **National Association for Geriatrics Education**
- **The Society for Post-Acute and Long-Term Care Medicine**

**Re: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality payment Program; and Medicaid Promoting Interoperability Program (CMS-1693-P)**

Dear Administrator Verma:

The undersigned members concerned about the eldercare workforce write to express our concern with a proposal in the 2019 Medicare Physician Fee Schedule (PFS) Proposed Rule that, if finalized, would drastically restructure Medicare payment for outpatient office visits and which we believe will negatively impact care of older adults. While we understand CMS' intent to reduce administrative burden for physicians and qualified health care professionals, we

believe this proposal, as written, has a high risk of significant unintended consequences for Medicare beneficiaries.

The undersigned members are dedicated to ensuring we have a geriatrics trained healthcare workforce to meet the unique care needs of older adults with complex conditions. These often frail and vulnerable patients rely on clinicians to invest time during their office visits providing careful evaluation and management of their conditions so they can continue to live as independently as possible and receive the thoughtful care they need.

Antithetical to the needs of this population, CMS' proposal will result in a single-rate payment amount for almost all physician and qualified health care professional office visits, irrespective of the length or complexity of the visit or the particular needs of the patient. We believe this proposed change to the payment structure will have a disproportionate impact on patients that require time-intensive services and supports.

Further, the undersigned members are concerned about the potential unintended consequences on patients that could result in practitioners providing shorter and more frequent visits, which is not in accord with person-centered care and does not foster shared decision making and doctor patient relationships. It may also discourage physicians and qualified health care professionals in training from entering specialties with older and/or highly complex patients, which may consequently create access problems for Medicare beneficiaries and have workforce implications.

For the reasons stated above, we urge CMS to withdraw finalizing this payment proposal for CY 2019 and work with stakeholders on a solution that will put patients and quality care for Medicare beneficiaries first.