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December 23, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

SENT ELECTRONICALLY

Dear Administrator Verma:

I am writing on behalf of the members of the Society of General Internal Medicine (SGIM) to thank you for your support of the significant improvements to the valuations and documentation requirements for outpatient evaluation and management (E/M) services stipulated in the CY 2020 PFS. The changes planned for implementation January 1, 2021 have clearly signaled to our physician members that the Centers for Medicare & Medicaid Services (CMS) is committed to ensuring accuracy within the Resource-based Relative Value Scale (RBRVS) for physician services and ongoing access to person-centered, high quality primary care for Medicare beneficiaries. Thank you for your leadership.

Our members care for patients with Medicare beneficiaries with multiple chronic conditions and primarily bill E/M services for the care they deliver. SGIM has had longstanding concerns that the outpatient E/M services do not represent the complex care our members deliver. As a result of the continued undervaluation of these services, fewer physicians have chosen to enter primary care and internal medicine subspecialties threatening Medicare patient access to those services required to keep them healthy.

In partnership with other organizations, we founded the Cognitive Care Alliance, a coalition of eight internal medicine subspecialties, because we are united in the belief that CMS had to address these services using an evidence-based approach to revising and valuing E/M services to better reflect cognitive work. As a group, we have repeatedly highlighted the deficiencies in both the definitions and relative pricing of the cognitive services that have exacerbated physician workforce shortages to your predecessors, but no meaningful changes were made before this year. With the thoughtful and considered input of the CMS career staff, your support for the long overdue reworking of these codes has significantly improved the Medicare Physician Fee Schedule (PFS) valuations for the services delivered by our members.

SGIM believes the changes finalized in the final rule – the revised E/M documentation requirements, increased values, and the new complex patient add-on code – represent a significant first step to properly valuing the care delivered by our members. We are deeply appreciative of CMS' efforts to reduce the administrative burden of documenting these services and believe the revised codes and values better reflect the complex care our members deliver.



Implementing the complex patient add-on code, GPC1X, without change is critical to representing the work required to treat many aging Medicare beneficiaries with a single or multiple chronic conditions. SGIM looks forward to working with you to implement these policies without change in 2021.

[SGIM](#) is an organization of over 3,000 academic general internists. Our mission is to cultivate innovative educators, researchers, and clinicians in academic general internal medicine leading the way to better health for everyone. SGIM is a diverse community of talented people in academic general internal medicine who are passionately committed to improving health through research, education, and advocacy. We provide a forum and resources for our members to learn, teach, share ideas, disseminate work, and develop successful careers. We support and grow innovators and scholars who advance clinical practice, education, and research across all settings, including primary care and hospital medicine, with the common goals of eliminating health disparities and achieving the healthiest lives for all people.

Again, thank you for the work you have already done and for your ongoing efforts to support high quality cognitive care services for Medicare beneficiaries. SGIM urges you to implement the policies outlined in the CY 2020 PFS without change on January 1, 2021. We look forward to working with you to ensure that future Medicare payment policy better reflects front-line practice patterns and appropriately values the care delivered by our members to that we can meet the needs of the patients we serve.

If we can provide further information, please contact us via Erika Miller (emiller@dc-crd.com). Thank you again for your leadership and vision.

Sincerely,

A handwritten signature in black ink that reads "Karen DeSalvo". The signature is written in a cursive style with a long horizontal flourish at the end.

Karen B. DeSalvo, MD, MPH
President, Society of General Internal Medicine