



October 5, 2020

Seema Verma

Administrator

Centers for Medicare & Medicaid Services

U.S. Department of Health and Human Services

Attention: CMS-1715-P

Mail Stop C4-26-05

7500 Security Boulevard

Baltimore, MD 21244

Re: Medicare Program: CY 2021 Revisions to Payment Policies under the Physician Fee Schedule

Dear Administrator Verma,

The Minnesota Association of Geriatrics Inspired Clinicians (MAGIC) is the Minnesota chapter of The Society for Post-Acute and Long-Term Care Medicine (PALTC) and The American Geriatrics Society (AGS). Our predecessor organization, the Minnesota Medical Directors Association, was founded in 1978. We represent 150 geriatric providers including physicians and advance practice providers across Minnesota. Our members are employed both by private practices and by nonprofit large health care organizations.

The purpose of the Minnesota Association of Geriatric Inspired Clinicians is to promote quality care through education and advocacy for aging adults and those with complex health needs throughout Minnesota.

Our members dedicate their time, energy, and ultimately, their life's work to providing exceptional care for seniors. As an advocate for our seniors and for facility and home-based geriatric primary care providers, we are writing to express our deep concern regarding the proposed changes to the domiciliary and home visit code reimbursement. The CY 2021 proposed Physician Fee Schedule rule would result in an 8-10% decrease in payment **to providers in these settings**.

Domiciliary and home visit care code reimbursements fund the ability of geriatric care providers to get to patients who cannot easily access care at a clinic. There are often significant travel and coordination challenges involved in service provision in a home or facility. Often however, this is the most effective way to deliver primary care for seniors. The reimbursement rates for these codes already limit the ability of providers to adequately fund a geriatric medical practice. Reducing these rates will significantly

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threaten the ability of Geriatricians and Advance Practice Providers to continue to deliver outstanding primary care outside the clinic.

Decreasing reimbursement for facility and home-based care, while increasing reimbursement for the clinic setting does the following:

- Devalues geriatric facility-based and home-based care compared to office based medicine
- Devalues services that bring primary care to the patient in the comfort of their home, particularly to a population who has challenges getting to a clinic
- Devalues care that contributes significantly to reduction in total cost of care for Medicare

The negative impact on reducing reimbursement will affect patient care and subsequently the total health care dollars being spent by CMS. When the patient's care suffers and on-site provider groups cannot provide the same level of service, our patients will be forced to utilize high-cost settings more often. These include hospital, emergency room, and rehabilitation services. These sites of care also impose significant risk of adverse health events including falls, healthcare acquired infections, and delirium adding to the detriment of our seniors. Reducing reimbursement for these codes would effectively eliminate any health care savings, and the cost of care will ultimately increase.

CMS should be incentivizing more primary care onsite at care facilities and in homes for our seniors, not driving it's extinction.

With any reduction in reimbursement rates, the future of on-site and home-based primary care is in question.

We ask you to maintain the current domiciliary and home visit payments for these vital services that allow geriatric provider to continue managing the vulnerable frail population with the highest quality of care and in locations preferred by patients.

Thank you for your consideration and time,

Emily Downing

Emily Downing, MD President Minnesota Association of Geriatrics Inspired Clinicians

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