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August 31, 2009

By Electronic Submission

Charlene Frizzera
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-1413-P; Proposed Rule - Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010

Dear Acting Administrator Frizzera:

The Emergency Department Practice Management Association (EDPMA) is the nation's largest trade association that supports the delivery of emergency medical care to Americans. EDPMA's membership includes emergency department physician groups of all sizes as well as organizations that support these groups. Our membership impacts over half of the 125 million patients seen in U.S. emergency departments each year, representing one of the most important safety nets in America's health care system.

On behalf of EDPMA's members, we are writing to provide our comments on the Proposed Rule – Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2010 (the "Proposed Rule") as published by the Centers for Medicare & Medicaid Services ("CMS") on July 13, 2009 (74 Fed. Reg. 33,520).

Practice Expense Proposals for CY 2010

EDPMA supports CMS' use of the results of the Physician Practice Information Survey (PPIS). In the past, we have noted our concerns with the deficiencies of the SMS as applied to the practice of emergency medicine. We believe the majority of these concerns have been addressed by the new approach and support the use of the PPIS to collect information from emergency physicians with regard to their practice expenses. The American College of Emergency Physicians ("ACEP") has submitted comments

supporting CMS' proposal to remove physician-administered drugs from the definition of "physician services." We support these comments.

Physician Quality Reporting Initiative

EDPMA is a strong supporter of the Physician Quality Reporting Initiative ("PQRI") and many EDPMA members were among the earliest participants in PQRI.

CMS has proposed adding the Community Acquired Pneumonia ("CAP") measure group for 2010. EDPMA supports this proposal. EDPMA also supports CMS' proposals to improve the consistency across individual measure reporting and measure group reporting.

ACEP, in its comments to the Proposed Rule, supports CMS' proposal to remove the requirement to report on patients seen consecutively by date of service. EDPMA supports ACEP's comments in this area as we believe ACEP's comments reflect a more practical approach for emergency physicians.

CMS is statutorily required to develop a process by 2010 under which eligible professionals in a group practice may be deemed to have submitted the PQRI quality measures if the group practice reports on measures determined appropriate by the Secretary. The Secretary is given the authority to define an eligible "group practice." In the Proposed Rule (74 Fed. Reg. 33,570), CMS defines "group practice" as a "physician group practice, as defined by a TIN, with at least 200 or more individual eligible professionals (or, as identified by NPIs) that have reassigned their billing rights to the TIN." CMS explains that it selected the 200 eligible professionals threshold as this was the threshold for eligibility for the model used under the Medicare Physician Group Practice (PGP) demonstration project, and CMS has experience working with groups of this size. CMS has also proposed requiring group practices to publicly report performance rates through the use of a CMS website.

Many EDPMA members - representing a significant range of small, mid-size and large emergency physician groups - were some of the earliest participants in PQRI. EDPMA's members and leadership were instrumental in working with CMS to educate physician groups regarding the desirability as well as the feasibility of PQRI participation. EDPMA members and leaders have also communicated practical solutions and results to the broader physician community in support of the program.

EDPMA supports the addition of a group practice reporting option. We also appreciate the complex nature of developing and implementing this new approach. EDPMA understands CMS' concerns regarding the ability to work with smaller physician groups. However, EDPMA is concerned that the exclusion of such groups may unintentionally foster reporting mechanisms that will not be "user-friendly" for such smaller groups and may exclude significant portions of health care delivery affecting these measures. Accordingly, we respectfully request that CMS expand the definition of group practice to include smaller group practices to gain the experience necessary to develop measures that

are applicable and meaningful for smaller groups and to more broadly reflect the patient care being assessed by these quality measures. EDPMA believes this approach will provide a more consistent data set and will allow more standardized clinical processes, administrative processes, and standardized provider education. We are hopeful that CMS will consider its group threshold requirements in such a manner that any “lessons learned” from this approach will be transferable to the entire patient care arena through the physician community.

EDPMA is concerned with CMS’ proposed requirement of public reporting for group practice reporting. We believe that this requirement, by itself, may discourage groups from using the group practice reporting option. We believe CMS should consider eliminating this requirement, or at a minimum, delaying such a requirement until the group practice reporting mechanism is developed and successfully implemented.

Finally, EDPMA would like to offer our assistance to CMS in developing a group practice reporting option that groups of all sizes would find workable, meaningful, and would meet CMS’s objectives and requirements.

Conclusion

We appreciate the opportunity to comment on the Proposed Rule. Please do not hesitate to contact me or EDPMA’s Executive Director, Tom Gibson, at (703) 506-3292 when considering issues facing America’s emergency departments.

Sincerely,

A handwritten signature in black ink, appearing to read "Randy Pilgrim", is written over a light-colored rectangular background.

Randy Pilgrim, MD, FACEP
Chair, EDPMA Board of Directors