

THE PROBLEM

Office-based providers reimbursed under the Medicare Physician Fee Schedule (PFS) have been subject to extreme volatility and, in the case of many procedralists, have seen cuts of 20-40% since 2007. The 20% cuts to office-based providers in the 2022 PFS are just the latest example of this problem and will force local doctors to close their practices, exacerbate health system consolidation, weaken our health system during a pandemic, and impact communities of color the hardest.

THE SOLUTION

CMS must not incorporate the new clinical labor data at this time and work with Congress on fundamental reforms to the PFS.



Bipartisan Support

"[B]ecause of the PFS budget-neutrality requirements, the incorporation of new clinical labor data would necessitate massive cuts to critical services in the PFS."

"Instead of implementing misguided and massive cuts, we urge CMS to work with Congress on fundamental reforms to the PFS."

- Congressman Bobby L. Rush (IL-1) and Congressman Gus M. Bilirakis (FL-12)

Susanne R. - Florida

"Vascular access centers for dialysis patients are a lifeline. These proposed cuts by CMS will mean patients like me will be cut off from non-hospital vascular access centers. Especially with COVID, I want to stay out of the hospital. My access center has taken care of my access since 2018 and I have not been to a hospital for access since then."

Linda A. - Mississippi

"I think these proposed cuts for reimbursements would be a disaster. Mississippi is already a state with a disproportionately high rate of amputations. As one who has benefited from this limb saving surgery, I'd hate to see any policy which would cause us to take a step back in the fight to save limbs in the country. Minorities and others need to have a chance at getting this limb saving procedure."

Wallace M. - California

"As an African American patient on dialysis, I am already at a disadvantage. I am finally getting good care for my access at a local access center, and I feel much better. To learn that the proposed cuts for next year may cause my center to close is frustrating. Patients of color like me always get the short end of the stick in health care. I am asking Congress to help save my access center, which will likely save me."

Trici C. - Georgia

"The 20% cuts proposed by CMS to office-based specialists will put them out of business and force patients like me to depend on a hospital for outpatient treatments. Office-based centers are a relief valve for our hospital systems and this regulation could put that at risk. After suffering from fibroids, I can't imagine waiting weeks longer and paying much more for treatment at a hospital, particularly during a pandemic."

Ann D. - Alabama

"I am saddened to learn that CMS has proposed a dramatic reduction in reimbursement for radiation oncology services. I am currently receiving such life-saving treatment and cannot imagine if it wasn't available. If this reduction in payment is allowed it could have a devastating impact on access to cancer care by endangering the viability of centers like the one caring for me."

Frontline Impacts

The 2022 Physician Fee Schedule (PFS) cuts critical services done by office-based interventionalists under Medicare by 20%.

Health Equity.

Black and Latino patients suffer from health inequities relating to ESRD, peripheral artery disease, cancer, fibroids and venous ulcers (all diseases that are treated with the aforementioned services).

Hospital Consolidation.

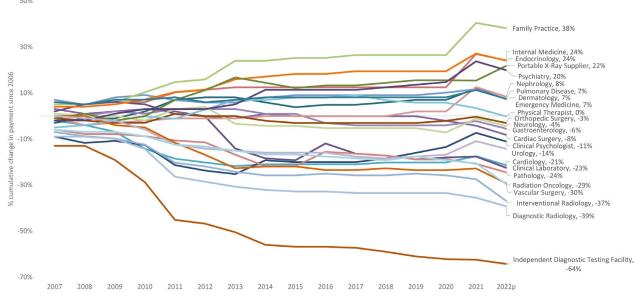
The cuts in the 2022 PFS are going to cause more office practices to close and continue the very disturbing trend towards health system consolidation.

Office-Based Care in a Pandemic.

It is critical that office-based care be available during the pandemic so hospitals can focus on COVID-19 patients.



Continued Cuts to Office-Based Specialists Are Unsustainable



Source: HMA analysis 2007-2021 Medicare Physician Fee Schedule Final Rule Impact Tables, 2022 Medicare Physician Fee Schedule Proposed Rule Impact Table.
2021 and 2022 values adjusted for effects of Consolidated Appropriations Act of 2021, including the delayed effect of G2211 until 2024 which, if implemented as proposed, will reduce payments to many specialities that are already at zero percent or lower and increase payments to many specialities that are above zero percent.

HEALTH MANAGEMENT ASSOCIATES

What Local Doctors Say

"The proposed cut of 20% is also adding fuel to the fire of health system consolidation. The result will be reduced healthcare choice for all patients and even less for minority communities. Many specialists who serve minority populations will be forced to close their doors due to inadequate federal reimbursement and instability."

Dr. Mark Garcia

"The proposed cuts from CMS will further health care inequity across the country and leave patients with fewer options for life-saving care."

Dr. Foluso Fakorede

"The COVID-19 pandemic is not yet behind us and threatens a resurgence. We learned last year how important it was to make sure office-based interventions are viable so hospitals can focus on COVID-19 patients."

Dr. Gregg Miller

Coalition asking CMS not to finalize 20% reimbursement cuts to Medicare specialty providers:

- American College of Radiation Oncology
- American Society of Diagnostic and Interventional Nephrology
- American Vein & Lymphatic Society
- American Venous Forum
- Alliance for Physical Therapy Quality and Innovation
- Association of Black Cardiologists
- CardioVascular Coalition
- Dialysis Vascular Access Coalition
- Outpatient Endovascular and Interventional Society
- Preventive Cardiovascular Nurses Association
- Renal Physicians Association
- Society for Cardiovascular Angiography & Interventions
- Society of Interventional Radiology
- The Fibroid Coalition
- United Specialists for Patient Access