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September 6, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445–G
200 Independence Avenue, SW
Washington, DC 20201

Re: File Code CMS–1807–P. Medicare and Medicaid Programs; CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program

Dear Administrator Brooks-LaSure:

On behalf of the Ohio State Medical Association (OSMA), the state's oldest and largest professional organization representing Ohio physicians, medical residents, and medical students, I appreciate the opportunity to offer our comments to the Centers for Medicare & Medicaid Services (CMS) on the calendar year (CY) 2025 Notice of Proposed Rulemaking (Proposed Rule) on the revisions to Medicare payment policies under the Medicare Physician Payment Schedule (MPFS) and Quality Payment Program (QPP), published in the *Federal Register* on July 31, 2024.

Please note that as a partner of the American Medical Association (AMA), the OSMA's position is aligned with AMA on these proposed changes, and therefore **OSMA also incorporates the detailed comments filed by the AMA** in addition to the summarized comments below.

The OSMA is deeply concerned about the proposed 2.8% cut to Medicare physician payments in 2025, which would exacerbate the growing gap between payment rates and the rising costs of providing care. OSMA therefore urges CMS to work with Congress to create a permanent, annual inflation-based update to Medicare physician payments tied to the Medicare Economic Index.

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We also express concern over CMS's increasing requests for revisions and clarifications to newly created CPT codes, as well as the growing number of proposed HCPCS Level II (G) codes, which can lead to confusion and administrative burden for Ohio physicians. We urge CMS to continue to collaborate with the CPT Editorial Panel's transparent review process, which allows for input from all interested parties, including medical societies and federal agencies.

We also call on CMS to address significant problems with the Merit-based Incentive Payment System (MIPS), including its failure to accurately identify high-quality care, disproportionate penalization of small and rural practices, and exacerbation of health inequities. OSMA encourages CMS to work with Congress to replace key elements of MIPS with a new Data-Driven Performance Payment System (DPPS) that addresses issues like performance thresholds, payment adjustments, timely feedback, measure alignment, and incentives for new measures.

Finally, the OSMA strongly opposes creating a new mandatory pay-for-performance program for specialists based on MIPS Value Pathways (MVPs), based on existing administrative burdens and lack of evidence for improved outcomes or reduced spending under MIPS. Instead, OSMA recommends developing and implementing condition-specific payment models proposed by specialty physicians. We also encourage that CMS adopt the alternative "Condition-Stratified MVP Framework" proposed in AMA's comments to address pitfalls in the current MVP approach.

Again, thank you for the opportunity to comment on this very important rule. Please do not hesitate to contact OSMA with additional questions or for more information.

Sincerely,



Todd Baker
CEO