

August 11, 2010

Donald Berwick, M.D.  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attn: CMS-1503-P  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Re: CMS-1503-P; Medicare Program; Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2011

Dear Dr. Berwick:

I am writing on behalf of the American Psychological Association (APA), the professional organization representing more than 150,000 members and associates engaged in the practice, research and teaching of psychology. Psychologists provide Medicare beneficiaries with critical mental and behavioral health services including psychotherapy, testing, and health and behavior assessments and interventions. APA wishes to take this opportunity to offer comments on some of the changes discussed in the proposed rule on the 2011 Medicare physician fee schedule.

### **The Medical Economic Index**

CMS wishes to rebase and revise the Medical Economic Index (MEI) by linking it to more recent practice data and making changes to the expense categories. Combined these changes will lead to an increase in practice expense values for many services. We object, however, to the agency's decision to maintain budget neutrality by reducing payments for the work value component because doing so will place the greatest burden on mental health professionals. As the chart prepared by CMS (Table 73) clearly shows, psychologists and social workers will suffer the greatest loss of income, with each specialty having its payments reduced by 5% on average. Psychiatrists are close behind, facing a 3% cut due to the MEI changes.

We ask CMS to consider alternative approaches to achieving budget neutrality that will more fairly apportion the burden among all specialties. Mental health professionals should not be penalized for providing cost-effective services with minimal overhead. If the method currently proposed is adopted, the cognitive specialties whose practice does not involve expensive equipment and supplies will always be at a severe disadvantage and continuously footing the bill for increases attributable to the costs of others.

## **The Physician Quality Reporting Initiative**

CMS is proposing to allow both 12-month and 6-month reporting periods for claims-based and registry-based reporting. The 6-month period would be from July 1 through December 31, 2011. CMS is also proposing to reduce the percentage of applicable cases required to be reported on from 80% to 50% for claims-based reporting.

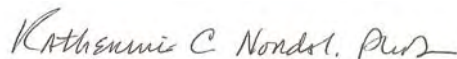
We endorse both of these proposals for the 2011 PQRI. Allowing for a 6-month reporting period will provide health care professionals who are unprepared to start at the beginning of year with another opportunity to begin reporting on measures. Reducing the percentage of applicable cases for claims-based reporting will make successful reporting more attainable. This will encourage more health care professionals, especially those in solo and small practices who are most likely to be using claims-based reporting, to participate in the PQRI and report on a greater number of measures.

## **Telehealth Services**

CMS is proposing to add the health and behavior codes used for group (96153) and family with the patient (96154) interventions. We previously requested that CMS make these codes eligible for telehealth and commend the agency for its decision to now include these services in telehealth. This expansion of telehealth will allow psychologists to provide valuable health and behavior services to groups and families living in remote locations who are dealing with chronic physical health problems such as diabetes, cancer and cardiovascular disease.

We thank you for this opportunity to comment on the proposed rule on the 2011 Medicare physician fee schedule. If you have any questions about these comments please contact our Director, Regulatory Affairs, Diane M. Pedulla, J.D., by telephone (202-336-5889) or email ([dpedulla@apa.org](mailto:dpedulla@apa.org)).

Sincerely,



Katherine C. Nordal, Ph.D.  
Executive Director for Professional Practice