

Resolution 18-411
Opposing Blending Outpatient Reimbursement Rates
Escambia County Medical Society, Santa Rosa County Medical Society

1 Whereas, CMS has recently proposed a change to-outpatient reimbursements to be blended for new
2 office visits codes 99202-99205 (\$135) and established office visit codes 99212-99215 (\$93), which
3 means that a physician will be reimbursed the same amount for managing a patient with a simple
4 diagnosis as someone with multiple, severe comorbidities; and
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6 Whereas, Current Medicare reimbursements for new office visit codes range from \$75.43 to \$229.44
7 (level 4 ranges depending on area in FL \$166.78-\$181.89 and level 5 \$210.21-\$229.44) and established
8 office visit codes from \$43.91 to \$157.98 (level 4 ranges depending on area in FL at \$108.24-\$116.58 and
9 level 5 at \$146.35-\$157.98); and
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11 Whereas, The improved documentation that is proposed as part of this CMS proposal would not help
12 decrease the impact of the number of clicks that have to be done in order to meet quality measures
13 since the office visit will still need to be documented thoroughly in order to share information with
14 colleagues and to aid in follow up visits; and
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16 Whereas, Florida's population is aging and the risk of having multiple chronic medical conditions rises
17 with age, and the risk of having two to four chronic medical conditions is at 32% for those above 50
18 years old, and the risk of having at least one chronic medical condition is 90% for those above 75 years
19 old; and
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21 Whereas, Patients with complex medical histories require thorough evaluation and management that
22 would make most of their office visits a level 4 or 5; and
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24 Whereas, Physicians that have more than 50% of office visits at a level 4 or 5, the proposed
25 reimbursement rates will drastically reduce reimbursements, yet still require more time to achieve
26 quality patient care; and
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28 Whereas, Making global payments the same for level 3 as for level 5 will require more patients to be
29 seen in a shorter amount of time, and, therefore, more complex conditions will not be managed as
30 thoroughly leading to more ED visits and hospitalizations due to more frequent exacerbations of their
31 chronic conditions; and
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33 Whereas, This global payment model will set a precedent for how future reimbursements will be set by
34 insurance companies and the government; therefore be it
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36 RESOLVED, That the Florida AMA delegation submit a resolution to support federal legislation that
37 opposes this CMS proposal (Proposed 2019 CMS Medicare Physician Fee Schedule Change placed on the
38 Florida Registry on 7/12/2018) to change outpatient reimbursements to a blended methodology for new
39 office visit codes (99202-99205) and established office visit codes (99212-99215), as it will reduce
40 reimbursements to physicians and lead to lower quality and less thorough patient care.
41

Fiscal Note:

| Description | Amount | Budget Narrative |
|-------------|--------|------------------|
|-------------|--------|------------------|

| | | |
|----------------|-------|--|
| 10 staff hours | \$550 | Can be accomplished with current staff |
| Total | \$550 | \$0 added to the operating budget |

Fiscal notes are an estimate of the cost to implement a given Resolution. All Resolutions that are adopted by the House of Delegates will be referred to the FMA Committee on Finance and Appropriations for fiscal consideration.

Reference Committee: IV – Medical Economics