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September 10, 2018

The Honorable Seema Verma  
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-1693-P; Medicare Program: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program**

Dear Administrator Verma:

On behalf of the Society for Maternal-Fetal Medicine (SMFM), we appreciate the opportunity to provide comments on the proposed revisions to payment policies under the physician fee schedule for payment year 2019 (PY 2019).

Established in 1977, SMFM is the medical professional society for obstetricians who have additional training in the area of high-risk, complicated pregnancies. Our members care for the sickest and most complex patients, and aim to improve care, research, advocacy and education for pregnant women.

Although we recognize that this proposed rule pertains to the Medicare program, we are concerned that should portions of this proposal be finalized, private payers and Medicaid may follow CMS' lead and implement similar policies as they relate to office visits. Therefore, we felt compelled to provide comment and join others such as the American Medical Association (AMA) and American College of Obstetricians and Gynecologists (ACOG) to express these concerns as they may be detrimental to the care of high-risk pregnant women.

We echo the concerns of both the AMA and ACOG in support of separating the paperwork reduction proposal from the accompanying proposal that would restructure payment and coding for services related to office visits. For high-risk obstetricians such as MFMs, whose patients are by their very nature the most complicated cases, we are concerned about the potential harm this proposal may bring. We join the voices of many individual physicians and physician and health professional organizations who have opposed this proposal and urge CMS to set this portion of the proposal aside for further consideration, and that CMS ensure input from physicians and other health professionals for an alternative proposal that may be implemented in 2020.

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Specifically, we highlight our concerns with the proposal pertaining to the multiple procedure reduction policy for procedures and evaluation and management visits performed on the same date. Within outpatient maternal fetal medicine practices, ultrasonography for fetal assessment and consultation for maternal evaluation often occur on the same date, sometimes accompanied by some diagnostic procedure. In fact, it is rare that a patient would come in for a consultation by MFM without additional procedure such as an ultrasound, and vice versa. The time and effort needed to adequately accomplish these multiple tasks are no less if performed on the same date than if performed on different days. As such, we believe that this proposal may create the unintended consequence of fragmenting care into multiple visits rather than addressing all issues in one visit, which is much preferred by patients and providers. With this proposal, patients will likely experience barriers to necessary care in the form of delays in obtaining further appointments or require multiple visits when one is currently the norm. This would significantly increase the risk of missed care. For women at high risk of maternal or fetal complications, including mortality and morbidity, this could make all the difference between appropriate management of underlying conditions and missed opportunities leading to complications. This is very concerning at a time when health care providers and public health officials are working to address the nation's rising rates of maternal mortality and morbidity. Any proposal that does not recognize appropriate time and work spent, as well as fragments care puts these most medically complicated patients at risk.

Again, we appreciate the opportunity to provide comment on this proposal, and how it may impact high-risk pregnant women's access to essential care. Should you have any questions about SMFM's comments, please contact Katie Schubert, SMFM's Chief Advocacy Officer, at [kschubert@smfm.org](mailto:kschubert@smfm.org) or (202) 517-6122.

Sincerely,

Sincerely,



Sean Blackwell, MD  
President



Matt J. Granato, LL.M., MBA  
Chief Executive Officer

