

March 3, 2017

Patrick Conway, MD
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Program; Establishment of Special Payment Provisions and Requirements for Qualified Practitioners and Qualified Suppliers of Prosthetics and Custom-Fabricated Orthotics

Dear Acting Administrator Conway:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to comment on the proposed rule concerning the Establishment of Special Payment Provisions and Requirements for Qualified Practitioners and Qualified Suppliers of Prosthetics and Custom-Fabricated Orthotics. CMS proposes to revoke the accreditation exemption for practitioners and suppliers of prosthetics and custom-fabricated orthotics. The proposed rule will undermine Medicare beneficiary access to highly qualified and experienced physicians who are able to provide prosthetics and custom-fabricated orthotics. We strongly urge CMS to maintain the current accreditation exemption for physicians as these requirements are duplicative of the existing extensive training and education that physicians undergo. Furthermore, the estimated impact of the administrative and regulatory burden on physician practices is inaccurate and minimizes the substantial cost of compliance without an identifiable benefit to Medicare beneficiaries.

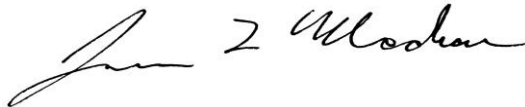
Ongoing efforts to ensure continuity of care, care coordination, and patient-centered care will be undermined for the Medicare patient population who need prosthetics and custom-fabricated orthotics if physicians are not exempt from the proposed accreditation requirements. The current pool of physicians enrolled in Medicare who are able to provide prosthetics (5,000) and custom-fabricated orthotics (3,000) is already tremendously limited and the proposed rule will further reduce the number of physicians willing and able to provide these essential medical products to Medicare beneficiaries. Physicians undertake years of medical education and training, participate in continuing medical education, and must maintain their good standing as clinicians in their selected medical speciality, as well as comply with state licensure requirements. The Medicare beneficiary patient population requiring these essential products and patient-centered care already face more barriers to accessing care than others and this new requirement as applied to physicians in particular will not enhance or improve care, but instead will increase the time and effort Medicare beneficiaries will expend to receive appropriate medical services and ongoing treatment.

Patrick Conway, MD
March 3, 2017
Page 2

Also, the AMA does not agree that the estimated number of hours to comply with this requirement is 10 hours per submission for physicians. Physicians will have to complete additional paperwork and documentation in addition to complying with the accreditation requirements as well as potential compliance reviews. Furthermore, additional regulatory mandates have an opportunity cost because they divert limited resources and physician time from direct patient care and away from implementing new payment and delivery initiatives that have a direct and positive impact on Medicare beneficiary care. We are also very concerned that CMS has proposed that a lack of accreditation will result in revocation of enrollment and billing privileges in the Medicare program for physicians who may have a varied patient population.

The AMA strongly urges CMS to maintain the accreditation exemption for physicians so that Medicare beneficiaries receive the benefit of quality care from highly trained practitioners subject to ongoing educational requirements and state licensure requirements. We appreciate the opportunity to provide comments.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and a stylized "M".

James L. Madara, MD