



American Society of Neuroradiology

September 3, 2022

Chiquita Brooke-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1751-P  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**RE: CMS:**

Dear Ms. Brooke-LaSure,

The American Society of Neuroradiology (ASNR) represents over 5,000 physicians specializing in the field of Neuroradiology. As the preeminent society concerned with diagnostic imaging and image-guided intervention of diseases of the brain, spine, and head and neck, we appreciate the opportunity to comment on the Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B to Payment Policies; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Payment for Office/Outpatient Evaluation and Management Services; Proposed Rule.

In this comment letter, we address the following:

- Revising and revising the Medicare Economic Index
- Strategies for Updates to Practice Expense Data Collection and Methodology

**Rebasing and revising the Medicare Economic Index**

*CMS is soliciting comments regarding the rebasing and revision of the MEI, which measures the input price pressures of providing physician services. CMS is proposing a new methodology for estimating base year expenses that relies MEI weights using 2017 data from the United States Census Bureau's Service Annual Survey (SAS). CMS is also soliciting comments on the potential use of the proposed updated MEI cost share weights to calibrate payment rates and update the GPCI under the PFS in the future.*



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The ASNR supports update in cost data in the Physician Fee Schedule but are concerned about the potential for significant redistribution of money across specialties based on the proposed method of using the MEI weights from SAS. These negative impacts not only hurt physician practices who are struggling to keep their doors open especially with the significant healthcare workforce shortages, they also impact patients and their access to services and quality care. Physicians should be able to expect year-to-year stability in payment rates rather than annual large changes to payment rates that make budgeting and planning difficult and uncertain.

The ASNR is also concerned that geographic redistribution that could potentially occur with an update in GPCI. CMS proposes to modify weights of the expense categories (employee compensation, office rent, purchased services and equipment/supplies/other) within the practice expense Geographic Practice Cost Index (GPCI). A significant reduction in the weight of office rent could lead to reductions in the payment to urban sites and increases to payment in rural areas and states with a single GPCI. The ASNR believes CMS should also consider how significant decreases in PLI payment may negatively impact geographical areas with relatively high PLI premiums.

The ASNR is also concerned about the dramatic decrease in the weight for PLI cost. In 2021, the Medicare physician payment schedule allowed charges were \$91 billion. If PLI payment only represented 1.4% of this payment, total Medicare spending on its share of these premiums and self-insured actuarial costs would be \$1.274 billion. With more than one million physicians and other health care professionals billing Medicare, this would compute to Medicare paying an average of \$1,275 per individual. Assuming Medicare represents approximately 25% of physician payment, an understated \$5,100 in PLI premium cost results. This is in direct contradiction to the volume weighted PLI premium costs of \$21,700 computed by CMS elsewhere in the Proposed Rule. 4-5% PLI weight may be more appropriate than the proposed 1.4%.

**The AMA has been working towards a robust survey methodology to collect new data around practice expense. ASNR recommends that CMS delays updates to MEI weights until the AMA survey data is available.**

### **Strategies for Updates to Practice Expense Data Collection and Methodology**

*CMS is seeking comment on methodology for updating indirect practice expense.*

The ASNR acknowledges that the data currently used for indirect practice expense is outdated. We want to emphasize that ensuring robust survey method for data collection in order to ensure appropriate representation of groups will be important. The AMA has been working with specialty societies to develop a survey that would be appropriate for the broad scope of practices, including small physician practices, larger corporate practices and multi-specialty groups.



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**Therefore, the ASNR recommends that CMS collaborates with the AMA on new data collection effort around updates in practice expense.**

The ASNR appreciates the opportunity to comment on this CMS Proposed Rule for the Physician Fee Schedule for CY 2023. Please feel free to contact us with any questions or comments. Rahul Bhala, MBA, MPH can be reached at [rbhala@asnr.org](mailto:rbhala@asnr.org).

Respectfully Submitted,

Erin Simon Schwartz, MD, FACR  
President, 2022-2023  
American Society of Neuroradiology

cc:

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