AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

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September 10, 2025

Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1834-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-1834-P; Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; RFI on Expanding the Method To Control for Unnecessary Increases in the Volume of Covered OPD Services to On-Campus Clinic Visits

Dear Administrator Oz:

The American Geriatrics Society (AGS) greatly appreciates the opportunity to submit comments on the calendar year (CY) 2026 Outpatient Prospective Payment System (OPPS) proposed rule to the Centers for Medicare & Medicaid Services (CMS). The AGS is a not-for-profit organization comprised of nearly 6,000 physician and non-physician practitioners (NPPs) who are devoted to improving the health, independence and quality of life of all older adults. Our 6,000+ members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician associates, pharmacists, and internists who are pioneers in serious illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. AGS believes in a just society, one where we all are supported by and able to contribute to communities where bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers. AGS advocates for policies and programs that support the health, independence, and quality of life of all of us as we age.

Our comments are in response to the request for information (RFI) on expanding the method to control for unnecessary increases in the volume of covered hospital outpatient department services to on-campus clinic visits. We strongly oppose any such expansion and believe it could threaten the viability of multi-disciplinary hospital-based geriatric clinics that play a critical

leadership role in the constant effort to improve geriatric care. AGS appreciates and shares CMS' concerns about avoiding incentives to shift care to more expensive sites of service and the impact that cost has on beneficiary access to services. However, we do not believe that those concerns are applicable to on-campus clinic visits and therefore applying the volume control method of paying a rate that is approximately equivalent to the Physician Fee Schedule (PFS) rate would be inappropriate.

I. Expansion of Volume Control Measure Would Further Reduce Viability of Essential Hospital-Based Geriatrics Clinics

AGS believes that a high-quality, cost-effective healthcare system results from care that is person-centered, team-based and grounded in strong primary care. Many hospital-based outpatient department (HOPD) geriatric assessment and care programs are multi-disciplinary clinics and often serve as teaching and training sites. The clinical leadership and practitioner base offered by those clinics furthers the understanding of optimal geriatric care. The sites also educate future and current practitioners of many disciplines and specialties and further geriatric knowledge in those who treat Medicare beneficiaries.

We applaud steps that CMS has taken in recent years to better support strong primary care, including recognizing the additional complexity of providing longitudinal care and establishing coding and payment for Advanced Primary Care Management (APCM) services, many of which are payable under the OPPS. However, despite these improvements, most geriatrics clinics require subsidy by the hospital. GME funding is not specific to these clinic programs and has limited effect on producing the workforce needed for our aging population.

AGS believes application of the volume control methodology to on-campus clinic visits would severely harm the service provision of high-quality geriatric care to the most complex beneficiary. It would also damage education and training in geriatric care, by diminishing the number of training sites as well as the number of faculty. With rare exception, a similar medically necessary level of care is simply not available in office practices.

We acknowledge CMS' concern that off-campus clinics function like physician offices. This is not true of on-campus clinics which are integrated into the hospital. Further reducing Medicare payment for services furnished in these clinics will only restrict the ability of hospitals to offer this care and limit access to geriatric care in all settings because fewer practitioners will receive much needed training.

II. Expansion of Volume Control Measure will Negatively Affect Beneficiary Access to Care

We do not believe that application of the volume control methodology will improve beneficiary access to care. A major reason beneficiaries and/or caregivers seek geriatrics expertise relates to dementia. The limiting factor in accessing this care is not beneficiary cost sharing, but the lack of existence of these programs. Beneficiary cost-sharing is 20 percent of the payment amount for the hospital clinic visit. The proposed national payment rate for a hospital clinic visit (G0463) for 2026 is

$134.17, of which the beneficiary portion is $26.84.[1] The volume control methodology applies an adjustment to the OPPS to approximate the physician office rate; for 2026, the proposed adjustment is 40 percent of the OPPS rate. If CMS were to apply this methodology to G0463, the payment rate would drop to $53.67 and the beneficiary cost-sharing would be $10.74. The percentage decrease in cost-sharing is significant (60 percent) but the dollar impact for an individual beneficiary is modest ($16.10) and will therefore have a minimal impact on the ability of individual beneficiaries to afford care.

In addition, applying the volume control methodology to all clinic visits will have significant redistributional effects under the OPPS. With roughly 21K single frequency claims in the 2026 proposed rule data, G0463 is the highest volume service under the OPPS.[2] A 60 percent reduction in the payment for this service will redistribute approximately $1.7B across all services paid under the OPPS. Payment rates for other services will increase and therefore result in higher beneficiary cost-sharing. It will also further reduce access to the high quality, multi-disciplinary care such as that furnished at geriatric assessment and care programs by reducing overall funding for those programs.

III. Volume of G0463 Is Not Increasing

Finally, we question the need for a volume control measure for this service at all. The volume of services has been declining slightly year over year. The number of single frequency claims for G0463 is 1.4 percent less in the final rule data for 2025 compared to the final rule data for 2023. No further volume control measures appears warranted if the number of services is decreasing rather than increasing.

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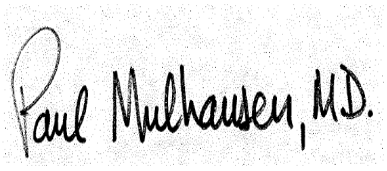
The AGS appreciates the opportunity to provide the above comments and recommendations. We would be pleased to answer any questions you may have. Please contact Alanna Goldstein, agoldstein@americangeriatrics.org.

Sincerely,



Paul Mulhausen, MD
President

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Chief Executive Officer

[1] CMS-1834-P Addendum B.
[2] 2026 NPRM Run OPPS Two Times Listing.