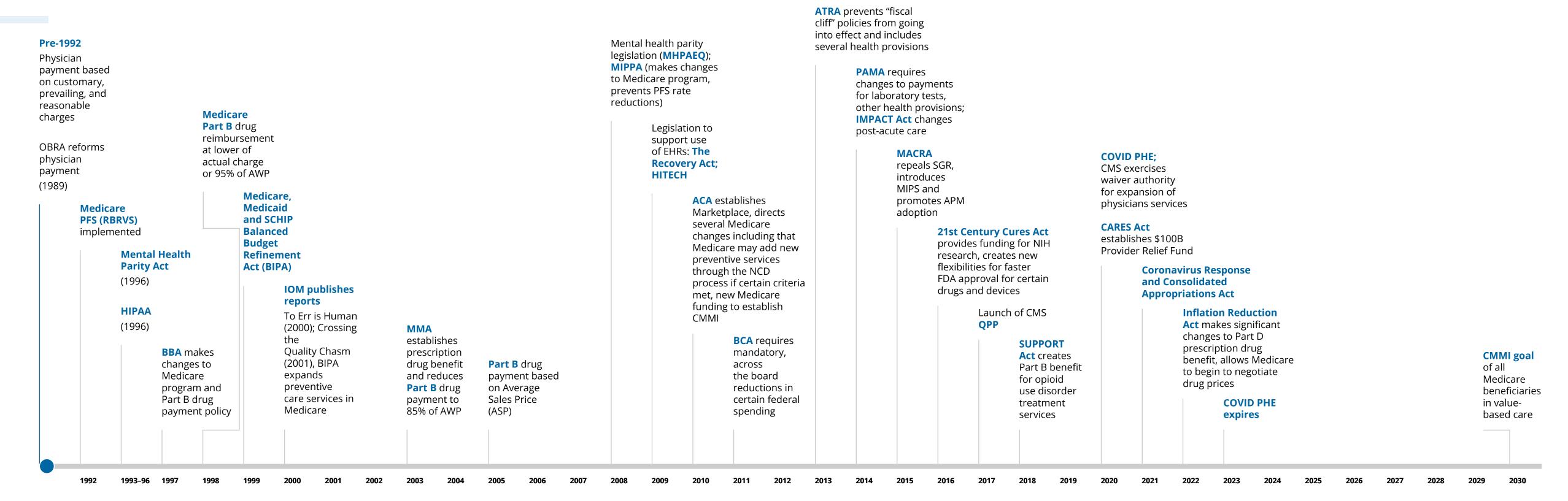
Note: This timeline is intended to highlight overarching policy developments, key events, and select topics in the fee schedule. It is not all-inclusive.



Overarching Legislative or Other Key Events

PFS Updates

Conversion Factor (Approximated)

PFS Quality Programs

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

Practice Expense (PE)

Malpractice (MP)

Rebasing / Revising the MEI

Examples of Targeted Payment Adjustments

Examples of Other CMS Payment System Innovations

OVERARCHING LEGISLATIVE OR

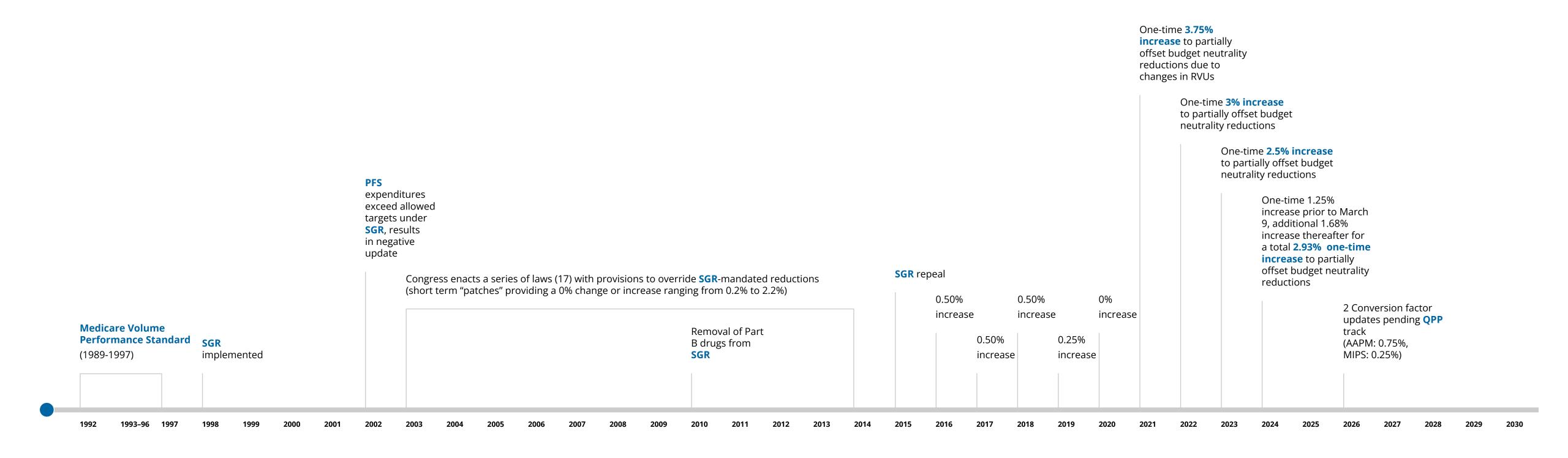
OTHER KEY EVENTS

CMMI: Accountable Care Models

CMMI: Disease-Specific and Episode-based Models

CMMI: State & Community-Based Models

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Overarching Legislative or Other Key Events

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Conversion Factor (Approximated)

PFS Quality Programs

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples

5-Year Review of Physician Work

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Examples of Targeted Payment Adjustments

Examples of Other CMS Payment System Innovations

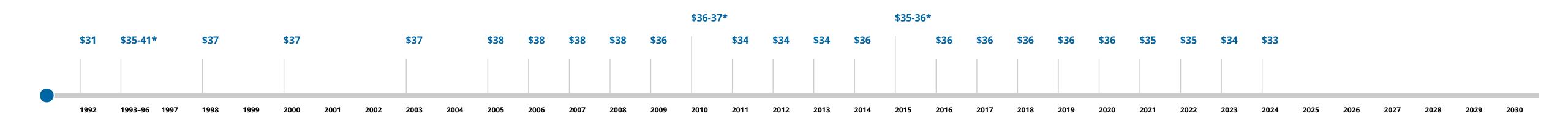
PFS UPDATES

CMMI: Accountable Care Models

CMMI: Disease-Specific and Episode-based Models

CMMI: State & Community-Based Models

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Overarching Legislative or Other Key Events
PFS Updates

Conversion Factor (Approximated)

PFS Quality Programs

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

Practice Expense (PE)

Malpractice (MP)

Rebasing / Revising the MEI

Examples of Targeted Payment Adjustments

Examples of Other CMS Payment System Innovations

CONVERSION FACTOR (APPROXIMATED)

CMMI: Accountable Care Models

CMMI: Disease-Specific and Episode-based Models

CMMI: State & Community-Based Models

Overarching Legislative or Other Key Events

Primary / Person-centered Care Expansion

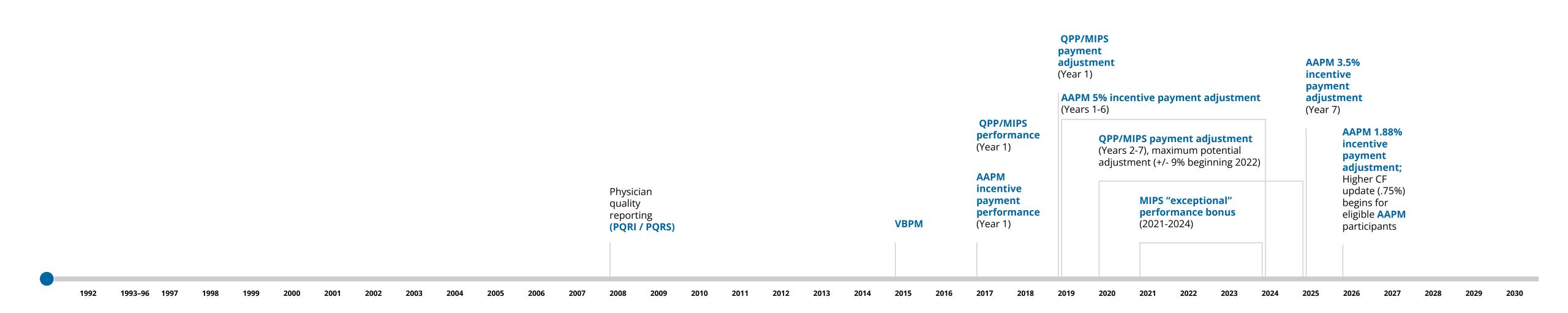
Conversion Factor (Approximated)

PFS Quality Programs

Behavioral Health (BH)

PFS Updates

Note: This timeline is intended to highlight overarching policy developments, key events, and select topics in the fee schedule. It is not all-inclusive.



Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

Rebasing / Revising the MEI

Practice Expense (PE)

Malpractice (MP)

Examples of Targeted Payment Adjustments

CMMI: State & Community-Based Models

CMMI: Accountable Care Models

Sequestration

Examples of Other CMS Payment System Innovations

CMMI: Disease-Specific and Episode-based Models

PFS QUALITY PROGRAMS

Note: This timeline is intended to highlight overarching policy developments,

authorized under key events, and select topics in the fee schedule. It is not all-inclusive. Section 5501(a) of the ACA begins (ends 2015) **CMS** begins making payment for prolonged **MedPAC** recommends E&M services that do not **CMS** implements Congress enact a nonannual well visit as involve direct patient **CMS** adopts new E/M budget-neutral add-on new benefit per the ACA contact coding structure and payment not subject of 2010 guidelines issued by the to beneficiary cost CPT® Editorial Panel and sharing under the PFS **CMS** begins making **CMS** begins to finalizes new payment for services provided to payment for make payment for values with delayed low-income beneficiaries complex chronic care transitional care implementation until (15% primary care, 5% management services management when 2021 non-primary care) a patient moves from **MedPAC** calls for a facility setting to the E&M office and rebalancing of the PFS to Revaluation of other home outpatient coding and increase E/M valuation types of E/M services payment increases take by reducing other (e.g., home and nursing **CMS** declines to effect, driving budget services via budget facility visits) make separate neutral reductions to neutrality payment for the conversion factor. **CMS** implements services where **Congress delays** visit **CMS** finalizes a single coding and payment for the beneficiary complexity add-on code payment rate for office SDOH risk assessment (originally GPCIX, now is not present and outpatient visit E/M furnished with an **G2211**) such as codes levels 2-4, delays E/M visit once every 6 MedPAC interprofessional implementation until months raises concern consultation CY 2021 to await coding that E/M changes underway services are **CMS** begins Moratorium on complex through the CPT® undervalued making care add-on code **Editorial Panel process** compared payment for expires, **CMS** establishes to other PFS **CMS** monthly HCPCS G2211 services implements **CMS** begins to chronic care separately pay for initial management Increase "Welcome to interprofessional services and in RVUs for Medicare" consultation services advance care certain E/M preventive planning (change from prior services visits services policy)

2011

2012

2013

2014

2015

Quarterly Primary

Care Incentive Payment

Overarching Legislative or Other Key Events

1998

PFS Updates

Conversion Factor (Approximated)

1997

PFS Quality Programs

1993-96

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples

2007

2008

5-Year Review of Physician Work

Misvalued Services Initiative

Practice Expense (PE)

Malpractice (MP)

2003

Rebasing / Revising the MEI

Examples of Targeted Payment Adjustments

2016

Examples of Other CMS Payment System Innovations

2017

2018

CMMI: Accountable Care Models

CMMI: Disease-Specific and Episode-based Models

CMMI: State & Community-Based Models

Sequestration

PRIMARY/PERSON-CENTERED CARE EXPANSION

2024

2022

2023

2025

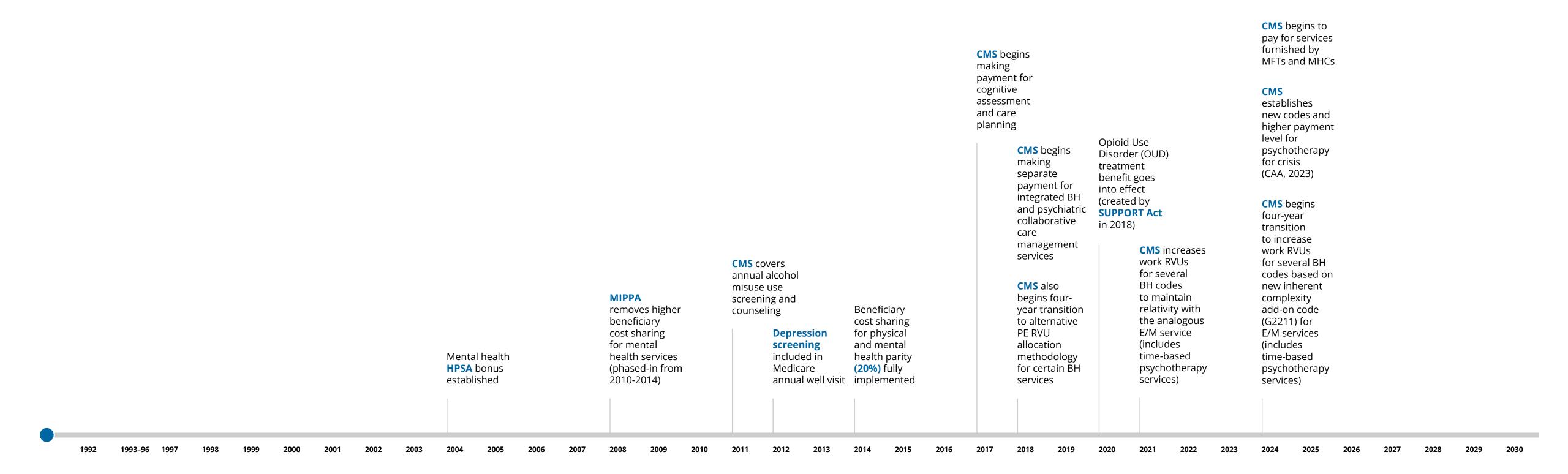
2027

2028

2029

2030

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Overarching Legislative or Other Key Events

PFS Updates

Conversion Factor (Approximated)

PFS Quality Programs

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

Practice Expense (PE)

Malpractice (MP)

Rebasing / Revising the MEI

Examples of Targeted Payment Adjustments

Examples of Other CMS Payment System Innovations

BEHAVIORAL HEALTH (BH)

CMMI: Accountable Care Models

CMMI: Disease-Specific and Episode-based Models

CMMI: State & Community-Based Models

Overarching Legislative or Other Key Events

Primary / Person-centered Care Expansion

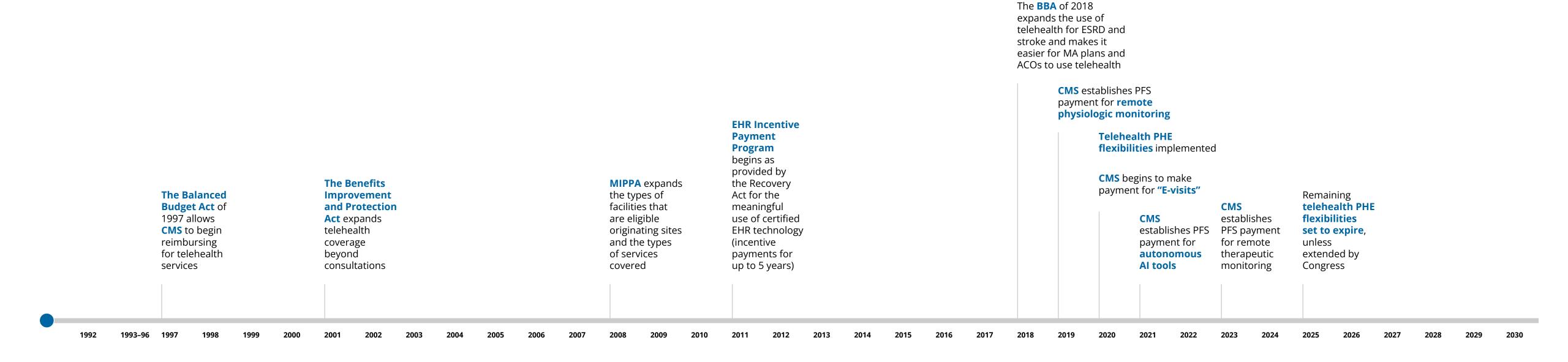
Conversion Factor (Approximated)

PFS Updates

PFS Quality Programs

Behavioral Health (BH)

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Examples of Targeted Payment Adjustments

CMMI: State & Community-Based Models

CMMI: Accountable Care Models

Sequestration

Examples of Other CMS Payment System Innovations

CMMI: Disease-Specific and Episode-based Models

Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

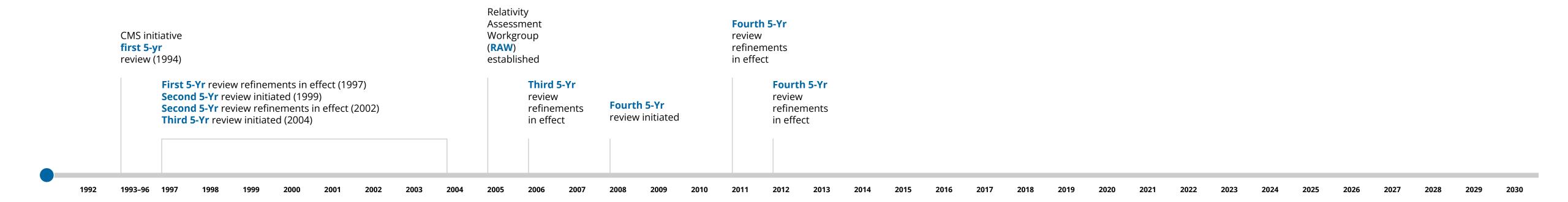
Rebasing / Revising the MEI

Practice Expense (PE)

Malpractice (MP)

DIGITAL HEALTH TECHNOLOGY EXAMPLES

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Overarching Legislative or Other Key Events

PFS Updates

Conversion Factor (Approximated)

PFS Quality Programs

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

Practice Expense (PE)

Malpractice (MP)

Rebasing / Revising the MEI

Examples of Targeted Payment Adjustments

Examples of Other CMS Payment System Innovations

5-YEAR REVIEW OF PHYSICIAN WORK

CMMI: Accountable Care Models

CMMI: Disease-Specific and Episode-based Models

CMMI: State & Community-Based Models

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Society **RUC** begins to review for misvalued codes in the year recommends

AMA/Specialty year's meetings

> **CMS** accepts **AMA RUC'**S recommended valuation for codes identified as misvalued and continues to do so each

> > The **ACA** requires **CMS** to periodically review and revalue codes identified as misvalued

> > > 2011

2012

CMS finalizes process for the public to nominate potentially misvalued codes

2013

MISVALUED SERVICES INITIATIVE

CMS does not meet ABLE's 1.0% misvalued codes target and finalizes a 0.77% reduction to all PFS services

The agency also begins to publish the list of codes that were publicly nominated for review

> **CMS** does not meet ABLE's 0.5% misvalued codes target and finalizes a reduction to all PFS services

> > **CMS** does not meet ABLE's 0.5% misvalued codes target and finalizes a 0.09% **reduction** to all PFS services

> > > The initiative is no longer held to statutory targets

> > > **CMS** continues to annually review for misvalued codes informed by AMA's RUC, MedPAC, and other interested parties

> > > > 2022

2023

2024

2025

2027

2028

2029

2030

Overarching Legislative or Other Key Events

1998

PFS Updates

Conversion Factor (Approximated)

1997

PFS Quality Programs

1993-96

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples

MedPAC

a process

to review

misvalued

relative value

units (RVUs)

2007

2008

CMS establish

5-Year Review of Physician Work

Misvalued Services Initiative

Practice Expense (PE) Malpractice (MP) Rebasing / Revising the MEI

2003

Examples of Targeted Payment Adjustments

Examples of Other CMS Payment System Innovations

2017

2018

CMMI: Accountable Care Models

CMMI: Disease-Specific and Episode-based Models

CMMI: State & Community-Based Models

Sequestration

PAMA sets

a target for

adjustments

to misvalued

calendar years

The subsequent

codes for

2017-2020

ABLE Act

accelerates

the targeted

a target of

1.0% to 2016

and keeping

2014

PAMA's target

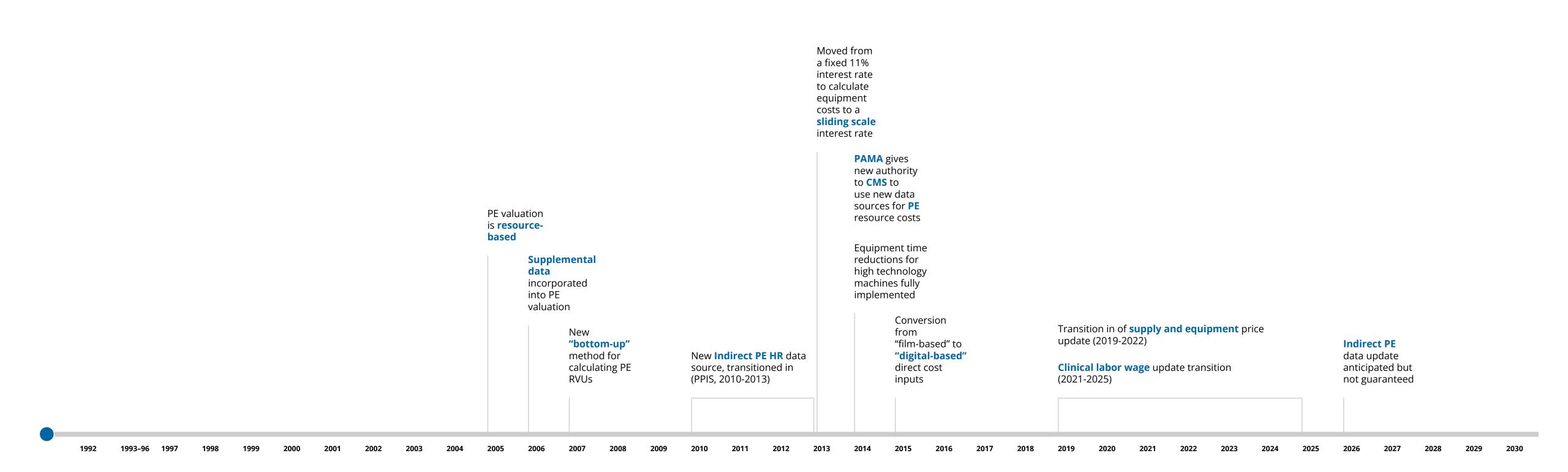
for 2017-2018

2015

years to 2016-

2018, assigning

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Overarching Legislative or Other Key Events
PFS Updates

Conversion Factor (Approximated)

PFS Quality Programs

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

Practice Expense (PE)

Malpractice (MP)

Rebasing / Revising the MEI

Examples of Targeted Payment Adjustments

Examples of Other CMS Payment System Innovations

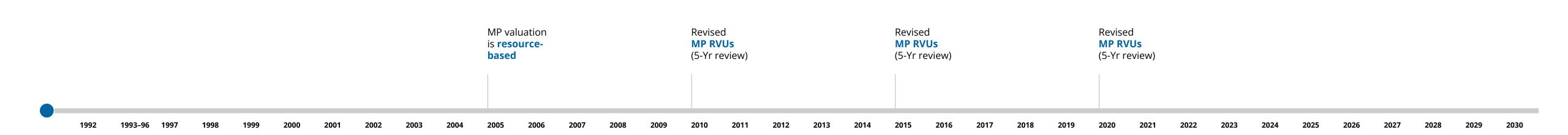
PRACTICE EXPENSE (PE)

CMMI: Accountable Care Models

CMMI: Disease-Specific and Episode-based Models

CMMI: State & Community-Based Models

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Overarching Legislative or Other Key Events
PFS Updates

Conversion Factor (Approximated)

PFS Quality Programs

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

Practice Expense (PE)

Malpractice (MP)

Rebasing / Revising the MEI

Examples of Targeted Payment Adjustments

Examples of Other CMS Payment System Innovations

MALPRACTICE (MP)

CMMI: Accountable Care Models

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CMMI: State & Community-Based Models

Overarching Legislative or Other Key Events

Primary / Person-centered Care Expansion

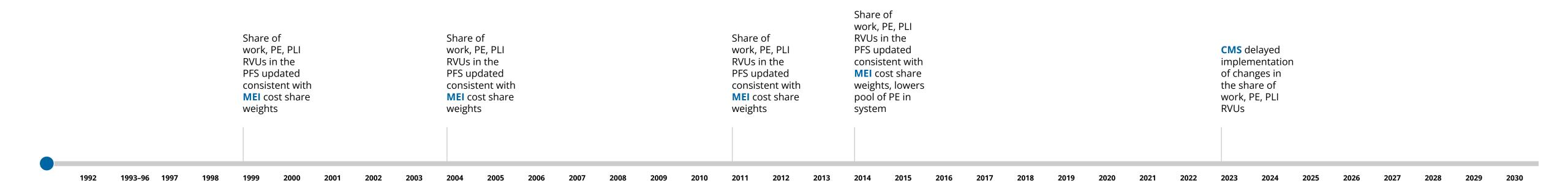
Conversion Factor (Approximated)

PFS Updates

PFS Quality Programs

Behavioral Health (BH)

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Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

Rebasing / Revising the MEI

Practice Expense (PE)

Malpractice (MP)

Examples of Targeted Payment Adjustments

CMMI: State & Community-Based Models

CMMI: Accountable Care Models

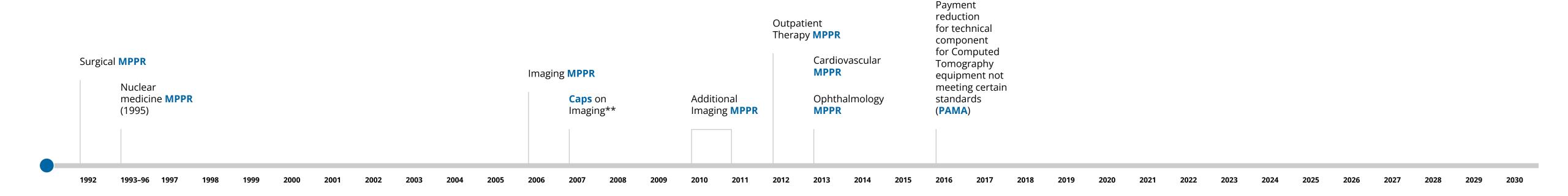
Sequestration

Examples of Other CMS Payment System Innovations

CMMI: Disease-Specific and Episode-based Models

REBASING/REVISING THE MEI

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Overarching Legislative or Other Key Events

PFS Updates

Conversion Factor (Approximated)

PFS Quality Programs

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

Practice Expense (PE)

Malpractice (MP)

Rebasing / Revising the MEI

Examples of Targeted Payment Adjustments

Examples of Other CMS Payment System Innovations

EXAMPLES OF TARGETED PAYMENT

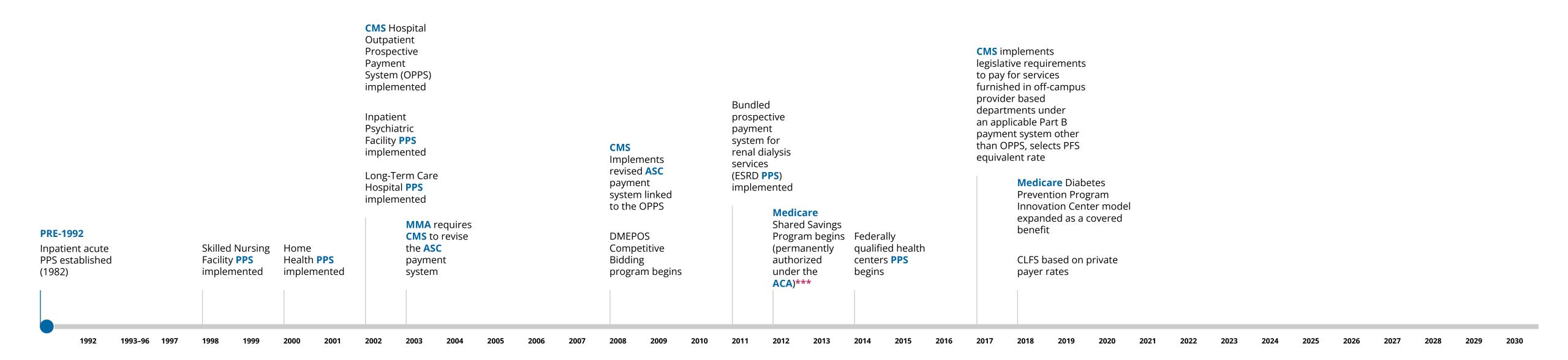
ADJUSTMENTS

CMMI: Accountable Care Models

CMMI: Disease-Specific and Episode-based Models

CMMI: State & Community-Based Models

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Overarching Legislative or Other Key Events

PFS Updates

Conversion Factor (Approximated)

PFS Quality Programs

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

Practice Expense (PE)

Malpractice (MP)

Rebasing / Revising the MEI

Examples of Targeted Payment Adjustments

Examples of Other CMS Payment System Innovations

EXAMPLES OF OTHER CMS PAYMENT

SYSTEM INNOVATIONS

CMMI: Accountable Care Models

CMMI: Disease-Specific and Episode-based Models

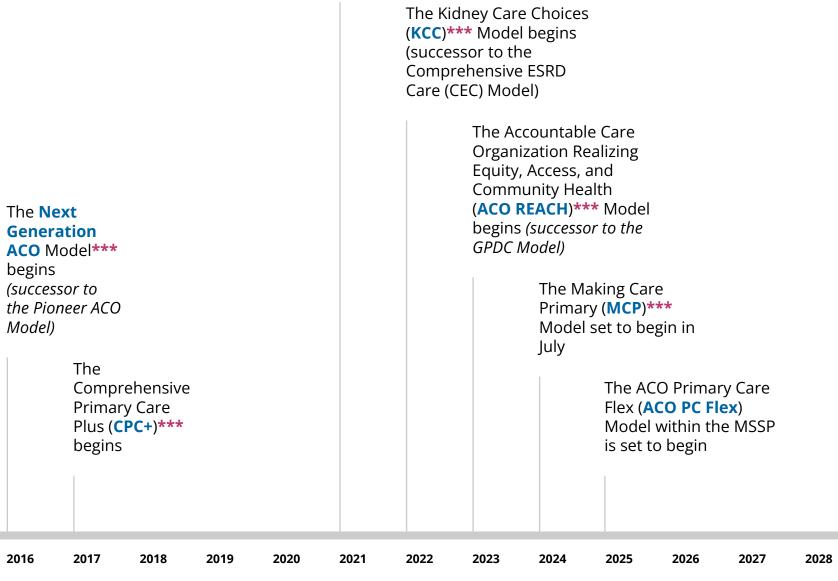
CMMI: State & Community-Based Models

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CMMI: ACCOUNTABLE CARE MODELS

The Global and Professional Direct Contracting (GPDC)*** Model begins (successor to the Next Generation ACO Model)

The Primary Care First (PCF)*** Model begins



2030

2029

Overarching Legislative or Other Key Events

PFS Updates

Conversion Factor (Approximated)

1997

PFS Quality Programs

1993-96

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

Practice Expense (PE)

Malpractice (MP)

2003

Rebasing / Revising the MEI

Examples of Targeted Payment Adjustments

Examples of Other CMS Payment System Innovations

CMMI: Accountable Care Models

CMMI: Disease-Specific and Episode-based Models

CMMI: State & Community-Based Models

Sequestration

The **Pioneer ACO**

The Comprehensive

2013

2014

2015

Primary Care (CPC)

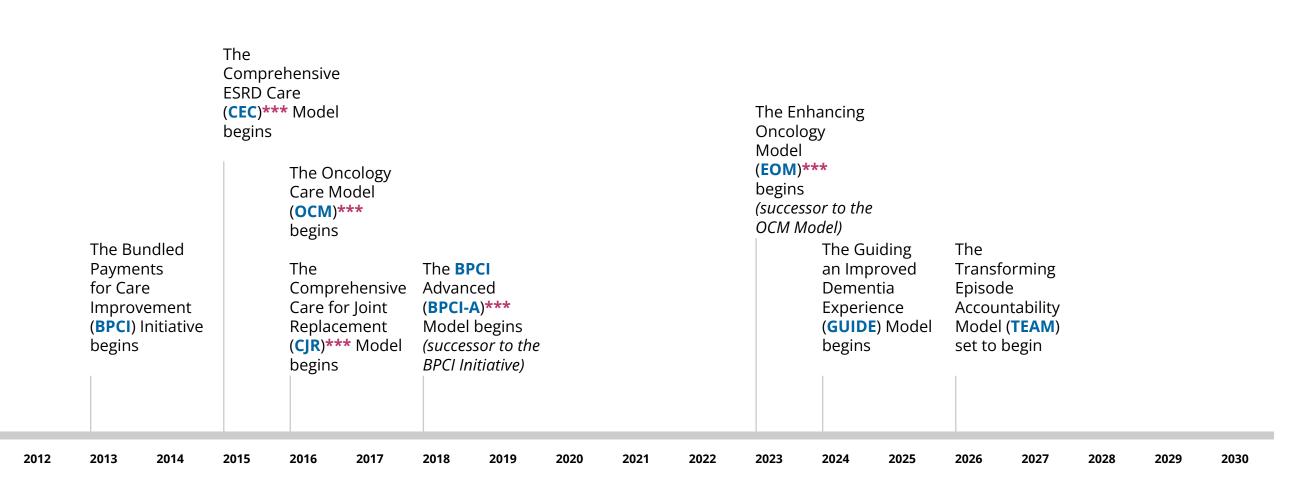
Initiative begins

2012

Model begins

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PFS Updates Conversion Factor (Approximated)

Overarching Legislative or Other Key Events

1997

PFS Quality Programs

1993-96

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples 5-Year Review of Physician Work Misvalued Services Initiative Practice Expense (PE) Malpractice (MP)

Rebasing / Revising the MEI

CMMI: State & Community-Based Models

CMMI: Accountable Care Models

Examples of Targeted Payment Adjustments

Examples of Other CMS Payment System Innovations

CMMI: Disease-Specific and Episode-based Models

Note: This timeline is intended to highlight overarching policy developments, key events, and select topics in the fee schedule. It is not all-inclusive.

CMMI: STATE & COMMUNITY-BASED MODELS



Advancing
All-Payer
Health Equity
Approaches
and
Development
(AHEAD) Model
set to begin

The States

The Vermont
All-Payer
ACO*** Model
begins

The Maryland
Total Cost of
Care*** Model
begins

The Innovation in Behavioral Health (IBH) Model set to begin

1992 1993-96 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026

Overarching Legislative or Other Key Events

PFS Updates

Conversion Factor (Approximated)

PFS Quality Programs

Primary / Person-centered Care Expansion

Behavioral Health (BH)

Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

Practice Expense (PE)

Malpractice (MP)

Rebasing / Revising the MEI

Examples of Targeted Payment Adjustments

Examples of Other CMS Payment System Innovations

CMMI: Accountable Care Models

CMMI: Disease-Specific and Episode-based Models

CMMI: State & Community-Based Models

Overarching Legislative or Other Key Events

Primary / Person-centered Care Expansion

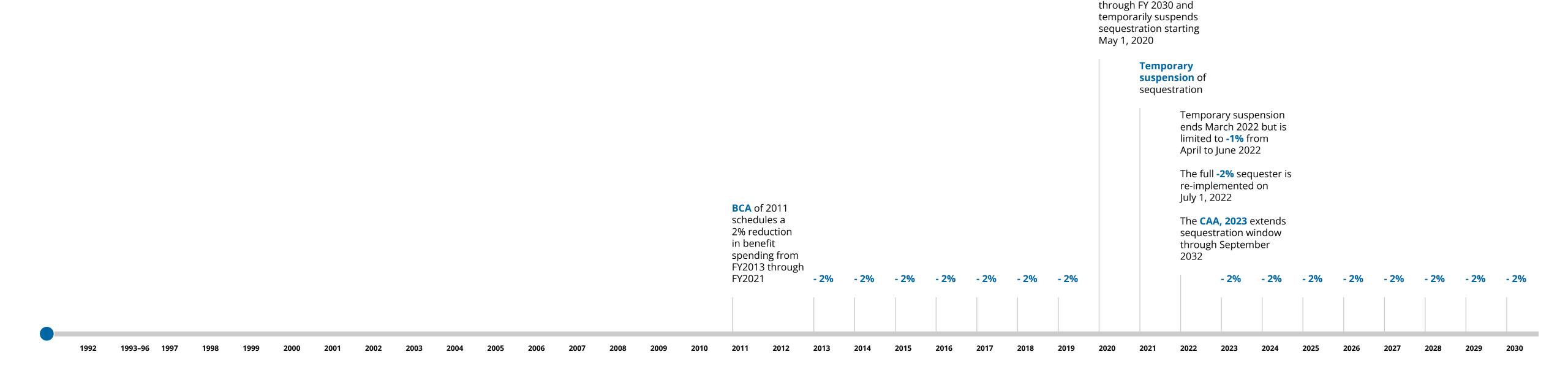
Conversion Factor (Approximated)

PFS Updates

PFS Quality Programs

Behavioral Health (BH)

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Digital Health Technology Examples

5-Year Review of Physician Work

Misvalued Services Initiative

Rebasing / Revising the MEI

Practice Expense (PE)

Malpractice (MP)

EExamples of Targeted Payment Adjustments

CMMI: State & Community-Based Models

CMMI: Accountable Care Models

Sequestration

Examples of Other CMS Payment System Innovations

CMMI: Disease-Specific and Episode-based Models

SEQUESTRATION

The **CARES Act** extends sequestration window

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Notes:

- *Separate conversion factors for primary care, surgical and other non surgical. In 1996, the other nonsurgical CF was \$35.4174 and surgical was \$40.7986. In 2010 and 2015, two different CF levels based on short term Congressional updates
- **Section 5102(b) of the Deficit Reduction Act of 2005 requires a payment cap on the technical component of imaging procedures, effective 2007
- *** Models that qualify as AAPMs for purposes of the incentive payment (when eligibility thresholds are met). The MSSP and some CMMI models have multiple tracks; only those with downside risk qualify as AAPMs. Model tracks qualifying as AAPMs are not described here.

DEFINITIONS:

- **ABLE:** Achieving a Better Life Experience (ABLE) Act of 2014, signed into law as part of the Tax Increase Prevention Act of 2014 (Public Law 113-295)
- ACA: Patient Protection and Affordable Care Act (ACA) of 2010 (Public Law 111-148), section 3134(a) requires the Secretary to periodically identify potentially misvalued services using certain criteria
- **ACO:** Accountable Care Organization
- AMA/Specialty Society Relative Value Update Committee (RUC) formed the Relativity Assessment Workgroup
- **APM:** Alternative Payment Model
- **ASC:** Ambulatory Surgical Center
- **ASP:** Average Sales Price
- ATRA: American Taxpayer Relief Act (Public Law 112-240)
- **AUC:** Appropriate Use Criteria for Advanced Diagnostic Imaging Services
- **AWP:** Average Wholesale Price
- **BBA:** Balanced Budget Act of 1997 (Public Law 105-33), authorized PFS telehealth service with narrow statutory and regulatory parameters. CMS list of telehealth services established (2001)
- **BCA of 2011:** Budget Control Act of 2011 (Public Law 112-25)
- **BBA of 2018:** Bipartisan Budget Act of 2018 (Public Law 115-123), expands telehealth coverage and payment
- **BPCI-A:** The Bundled Payments for Care Improvement Advanced

- **CAA**, **2023**: The Consolidated Appropriations Act, 2023 (Public Law 117-328)
- CARES Act: The Coronavirus Aid, Relief, and Economic Security Act (Public Law 116-136)
- **CF:** Conversion Factor
- **CLFS:** Clinical Laboratory Fee Schedule
- **CMMI:** The CMS innovation Center, established by Congress to identify ways to improve healthcare quality and reduce costs
- **DMEPOS:** Durable Medical Equipment, Prosthetics/ Orthotics & Supplies, paid on a separate fee schedule to Medicare-enrolled DME suppliers
- E/M: Evaluation and Management
- **EHR:** Electronic Health Record
- **ESRD:** End Stage Renal Disease
- **E-visits:** Online digital Evaluation and Management (E/M) services
- **Global periods:** Codes with "10-" and "90-day" global periods account for the number of visits post surgery during the 10- and 90-day timeframe in surgical code valuation
- **HIPAA:** Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191)
- HITECH: Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5) to promote adoption and meaningful use of health information technology

- HPSA: Health Professional Shortage Area (HPSA). Section 5501 (b) of the ACA revised section 1833 of the Act provides a 10% incentive payment for major surgical procedures furnished in a geographic HPSA (2011-2015)
- **IMPACT Act:** Improving Post-Acute Care Transformation Act of 2014 (Public Law 113-185)
- **IOM:** Institute of Medicine
- MACRA: The Medicare Access and CHIP Reauthorization Act of 2015 (Public Law 114-10)
- **MEI:** Medicare Economic Index; Rebased and revised in 2011, revised in 2014, rebased and revised in 2023 but not used in rate-setting
- MFTs: Marriage and Family Therapists. Consolidated Appropriations Act, 2023 (CAA, 2023) establishes a new Medicare benefit category for MFT and MHC services
- MHCs: Mental Health Counselors
- MHPAEA: Mental Health Parity and Addiction Act (Public Law 110-343)
- MIPPA: Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275)
- MIPS: Merit Based Incentive Payment System
- MMA: Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173), Section 413(b) established for claims with dates of service on or after July 1, 2004, psychiatrists furnishing services in mental health HPSAs are eligible to receive bonus payments.

- MPPR: Multiple Procedure Reduction Policy. Therapy MPPR applies to occupational, physical, speech language. Imaging MPPR applies to the technical component with lesser discount to the professional component. Diagnostic cardiology and ophthalmology MRRP applies to the technical component.
- **NCD:** National Coverage Determination
- **OBRA:** Omnibus Budget Reconciliation Act
- **OTP:** Opioid Treatment Program
- **OUD:** Opioid Use Disorder
- PAMA: Protecting Access to Medicare Act of 2014 (Public Law 113-93), expands CMS authority to develop and use alternative approaches to establish PE relative values
- PCIP: Primary care incentive payment. Section 1833(x)(2) (A) (as added by section 5501(a) of the ACA) defines a primary care practitioner by specialty designation, for whom primary care services account for at least 60 percent of allowed charges for the practitioner under the PFS (2011 FR provides calculation of primary are percentage) for eligible primary care codes. 10% incentive payment, not subject to budget neutrality.
- **PFS Updates:** refers to the annual update to the conversion factor and, where applicable formula used to calculate the update. One time updates in CY 2021-2024 refer to Congressionally authorized updates to the CF
- **PFS:** Physician Fee Schedule
- PHE: Public Health Emergency
- **PPIS:** Physician Practice Expense Information Survey

- **PLI:** Professional liability insurance
- **PPS:** Prospective Payment System; where reimbursement is based on a predetermined fixed amount
- **PQRI:** Physician Quality Reporting Initiative
- **PQRS:** Physician Quality Reporting System
- **QPP:** Quality Payment Program
- RBRVS: Resource Based Relative Value Scale (RBRVS) created in section 6102 of Omnibus Budget Reconciliation Act of 1989 (Public Law 101-239), relative value scale based on resource costs
- **Recovery Act:** American Recovery and Reinvestment Act of 2009 (Public Law 111-5)
- **SaaS:** Software as a Service
- **SDOH:** Social Determinants of Health
- **SGR:** Sustainable Growth Rate
- **SUPPORT Act:** Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018 (Public Law 115-271)
- **VBPM:** Value Based Payment Modifier

Sources:

HMA analysis of Medicare PFS proposed and final rules

Medicare Payment Advisory Commission Reports

American Medical Association (AMA) The Physicians' Guide Medicare RBRVS 2022

Medicare's Mental Health Coverage: What's Included, What's Changed, and What Gaps Remain. The Commonwealth Fund

Centers for Medicare and Medicaid Services website

Urban Institute The COVID-19 Provider Relief Fund

Congressional Research Service (CRS) report, The SGR and Medicare Physician Payments: Frequently Asked Questions