



August 26, 2016

Andrew Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: 1654-P  
P.O. Box 8013  
Baltimore, MD 21244-8050

File Code: CMS-1654-P

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; Medicare Advantage Pricing Data Release; Medicare Advantage and Part D Medical Low Ratio Data Release; Medicare Advantage Provider Network Requirements; Expansion of Medicare Diabetes Prevention Program Model; Proposed Rules

Dear Mr. Slavitt:

The Healthcare Financial Management Association (HFMA) would like to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to comment on the Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; Medicare Advantage Pricing Data Release; Medicare Advantage and Part D Medical Low Ratio Data Release; Medicare Advantage Provider Network Requirements; Expansion of Medicare Diabetes Prevention Program Model; Proposed Rules (hereafter referred to as the Proposed Rule) published in the *Federal Register* on July 15, 2016.

HFMA is a professional organization of more than 40,000 individuals involved in various aspects of healthcare financial management. HFMA is committed to helping its members improve the management of and compliance with the numerous rules and regulations that govern the industry.

### **Introduction**

HFMA would like to commend CMS for its thorough analysis and discussion of the myriad Medicare reimbursement decisions addressed in the 2017 Proposed Rule. Our members would like to comment on the proposals related to:

- Proposed Expansion of the Diabetes Prevention Program (DPP) Model
- Reducing Administrative Burden and Improving Payment Accuracy for Chronic Care Management (CCM) Services

Below please find specific comments on the items listed above.

*Proposed Expansion of the Diabetes Prevention Program (DPP) Model*

HFMA's members broadly support CMS's proposed expansion of the DPP starting on Jan. 1, 2018. In the proposed rule, CMS discusses a number of the operational aspects required for providers to deliver DPP coaching to Medicare beneficiaries and receive reimbursement for those services.

CMS states it is considering requiring existing Medicare providers and suppliers to submit a separate enrollment application for DPP services and seeks comments on this alternative. **HFMA's members strongly support CMS's current proposed approach of allowing currently enrolled providers and suppliers to inform CMS of its intention to provide and bill for DPP services and attest that the provider/supplier meets the requirements to do so. HFMA's members strongly object to having to re-enroll separately in order to receive reimbursement for providing DPP coaching to Medicare beneficiaries.** In the proposed rule, CMS does not provide any argument for why the additional administrative burden imposed by this alternative requirement would be justified by improved care to Medicare beneficiaries or increased program integrity. The DPP is a labor intensive service. Given the relatively low rates of proposed per beneficiary payment, HFMA is concerned that any increased administrative burden without a clear benefit to the patient will likely dissuade providers from offering it. This would decrease availability of this valuable service to pre-diabetic beneficiaries who would benefit significantly from it.

The rule also proposes that "coaches" who provide the training obtain a National Provider Identifier (NPI). CMS states it is also considering requiring coaches to enroll in the Medicare program in addition to obtaining an NPI. **HFMA's members are concerned requiring "coaches" to enroll in Medicare will significantly increase the administrative burden associated with the DPP. Therefore, we do not support this alternative.** Our members have heard anecdotally that pilot programs have experienced high rates of turnover for individuals in the "coach" role. Turnover may occur less frequently in clinic settings, since in most instances it will be an existing member of the clinical staff (e.g. social worker, nurse) performing the coaching. However, as discussed above, anything that increases the administrative burden associated with the program will likely lower provider participation rates.

Finally, CMS proposes to allow DPP providers to do so via telehealth. **HFMA strongly supports this proposal.** We believe this has the potential to make these services more convenient for beneficiaries to access, which will encourage participation. In the proposed rule, CMS states that "that MDPP services provided via a telecommunications system or other remote technology will not be part of the current Medicare telehealth benefits and have no impact on how telehealth services are defined by Medicare." **While the rule is silent on any limitations, we strongly encourage CMS not to hamstring availability of DPP coaching by using the existing geographic and site of service coverage requirements that currently exist for services provided virtually to Medicare beneficiaries.**

*Reducing Administrative Burden and Improving Payment Accuracy for Chronic Care Management (CCM) Services*

CMS proposes a number of changes to simplify billing for CCM services. HFMA's members strongly agree with CMS's assessment that the service is under-reimbursed and current requirements for billing are burdensome and in many cases redundant.

The rule proposes to recognize and reimburse two additional CPT codes (99487 and 99489) for complex CCM and adds a separately billable G code (GPPP7) for beneficiaries who require extensive face-to-face

assessment as a part of care planning. **HFMA's members strongly support these proposals to recognize and reimburse two additional CPT codes for complex CCM and a G code for beneficiaries who require face-to-face assessment for care planning.** We believe finalizing these codes is a necessary first step to ensuring physician practices receive adequate reimbursement that accurately reflects the resources necessary to provide this valuable service to Medicare beneficiaries.

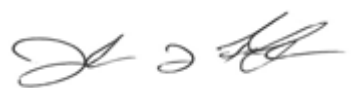
CMS also proposes the following measures to reduce the administrative burden associated with providing and documenting CCM services:

- Requiring an initiating visit only for new patients or patients not seen within one year. Currently an initiating visit is mandated for all beneficiaries receiving CCM services.
- Changing the scope of service for 24/7 access to include qualified professionals or clinical staff with the *means to contact* (emphasis added) healthcare professionals in the beneficiary's practice. This would allow the use of call services by practices providing CCM services to satisfy the billing requirements.
- Allowing transmission of the care plan by fax as a means to satisfy the requirement to "electronically transmit" and change the requirement so that the care plan doesn't have to be accessible on a 24/7 basis.
- Allowing providers to use either a written or electronic version of the care plan to satisfy the requirement that a copy of the plan is shared with beneficiaries or their caregivers.
- Allowing providers to document consent was obtained to provide CCM services in the patient's medical record as opposed to requiring written consent as is currently required.
- Eliminating the duplicative requirement to use a qualifying certified EHR to document communication to and from home- and community-based providers regarding the patient's psychosocial needs and functional deficits.

**HFMA's members strongly support all of the changes listed above.** We believe they are more reflective of the operational capabilities present in many physician practices. Further, we believe these changes will lead to more beneficiaries receiving CCM services who would benefit from them.

HFMA looks forward to any opportunity to provide assistance or comments to support CMS's efforts to refine and improve the 2017 Physician Fee Schedule. As an organization, we take pride in our long history of providing balanced, objective financial technical expertise to Congress, CMS, and advisory groups. We are at your service to help CMS gain a balanced perspective on these complex issues. If you have additional questions, you may reach me or Richard Gundling, Vice President of HFMA's Washington, DC, office, at (202) 296-2920. The Association and I look forward to working with you.

Sincerely,



Joseph J. Fifer, FHFMA, CPA  
President and Chief Executive Officer  
Healthcare Financial Management Association



### **About HFMA**

HFMA is the nation's leading membership organization for more than 40,000 healthcare financial management professionals. Our members are widely diverse, employed by hospitals, integrated delivery systems, managed care organizations, ambulatory and long-term care facilities, physician practices, accounting and consulting firms, and insurance companies. Members' positions include chief executive officer, chief financial officer, controller, patient accounts manager, accountant, and consultant.

HFMA is a nonpartisan professional practice organization. As part of its education, information, and professional development services, HFMA develops and promotes ethical, high-quality healthcare finance practices. HFMA works with a broad cross-section of stakeholders to improve the healthcare industry by identifying and bridging gaps in knowledge, best practices, and standards.