

September 6, 2013

Administrator Marilyn Tavenner
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1600-P
P.O. Box 8011
Baltimore, MD 21244-1850

Re: CMS Proposed FY2014 Medicare Physician Fee Schedule and Other Revisions to Medicare Part B for CY 2014 (CMS-1600-P)

Dear Administrator Tavenner:

The National Transitions of Care Coalition (NTOCC) appreciates the opportunity to comment on the proposed FY 2014 revisions to policies under the Medicare Physician Fee Schedule.

NTOCC is a non-profit organization of leading multidisciplinary health care organizations and stakeholders dedicated to providing solutions that improve the quality of health care through stronger collaboration between providers, patients, and family caregivers. The organization was formed in 2006 to raise awareness about the importance of transitions in improving health care quality, reducing medication errors, and enhancing clinical outcomes among health care professionals, government leaders, patients and family caregivers.

NTOCC offers the following comments for your consideration:

NTOCC Supports the Addition of Transitional Care Management (TCM) Codes to the List of Telehealth Services

In last year's Final Physician Fee Schedule Rule for FY 2013, CMS finalized a new payment for primary care physicians to furnish non face-to-face "Transitional Care Management" (TCM) services to help a patient transition back to the community following a discharge from a hospital or nursing facility. NTOCC strongly supported the addition of these codes as primary care physicians play a vital role in the ongoing management of patients' post-hospital discharge care, especially for more vulnerable populations with chronic conditions. In this year's proposed rule, CMS has proposed to add the finalized TCM codes to the list of Medicare telehealth services for FY2014 on a category 1 basis. NTOCC strongly supports the addition of these codes and agrees with CMS that the "face-to-face visit component of the TCM services are sufficiently similar to services currently on the list of Medicare telehealth services for these services to be added under category 1."

NTOCC Applauds CMS for Recognizing the Importance of Complex Chronic Care Management Services

As you are well aware, patients—particularly older adults and individuals with chronic or serious illnesses—face significant challenges when moving from one care setting to another within our fragmented health care system. Poor communication during these transitions can lead to confusion about the patient’s condition and appropriate care, duplicative tests, inconsistent patient monitoring, medication errors, delays in diagnosis and lack of follow through on referrals. These failures create serious patient safety, quality of care, and health outcome concerns. As such, NTOCC strongly supports CMS’ proposed separate payment for complex chronic care management services and appreciates the Agency’s recognition that the care management included in the current Evaluation and Management (E/M) service codes is not adequate to capture the typical non-face-to-face care management work that is often involved for complex chronic care patients.

NTOCC strongly supports CMS’ proposal to pay physicians a new fee, beginning in 2015, for managing Medicare patients with multiple chronic conditions who are at the highest risk of functional decline or death. NTOCC applauds CMS for proposing this reimbursement which further compliments the non-face-to-face TCM codes included in CMS’ final FY2013 PFS rule last year, which reimburse primary care physicians for furnishing services to help a patient transition back to the community following a discharge from a hospital or nursing facility.

In particular, NTOCC is pleased to see included in the scope of services for the proposed new complex chronic care payment the “[m]anagement of care transitions within health care including referrals to other clinicians, visits following a patient visit to an emergency department, and visits following discharges from hospitals and skilled nursing facilities.” Furthermore the rule includes that, “The practice must also have qualified personnel who are available to deliver transitional care services to a patient in a timely way so as to reduce the need for repeat visits to emergency departments and re-admissions to hospitals and skilled nursing facilities.” NTOCC applauds CMS’ recognition that improving transitions of care and incenting qualified personnel to provide these transitional services are integral to chronic care management and better patient outcomes. At the same time, NTOCC urges CMS to consider expanding the qualified professionals that can comprise the care team providing complex chronic care management services, to include social workers, case managers, nurses, and pharmacists where appropriate. Such inclusion would help ensure that patients’ and families’ psychosocial, case management, medication management, and mental health needs, as outlined in sections of the rule addressing assessment and care planning, are met.

In addition, we understand that practices providing these proposed chronic care management services could be required to employ an advanced practice registered nurse (APRN) or physician assistant (PA). We understand that this practice standard would not have any implications for the providers who can already perform these services, but we are concerned that this requirement may be problematic for smaller practices that cannot take on the additional expense of hiring an APRN or PA.

We applaud CMS for recognizing the importance of the Annual Wellness Visit (AWV), which is a valuable preventive benefit now offered to Medicare beneficiaries. However, we are concerned that tying the AWV specifically to the use of the complex chronic care management codes may restrict access to follow-up care for these individuals that have more medically complex problems.

While it is important that patients understand the benefits that they are eligible to receive, NTOCC is also concerned that the process and requirements surrounding the informed consent proposal included in this proposed rule, may create unnecessary barriers to access to these new services for patients. Additionally, NTOCC is concerned that the cumbersome informed consent process outlined in this rule may actually deter physicians from offering these services and some providers have expressed concern that if they cannot get an informed consent signed by the patient, it could create a conflict between providing the appropriate medical follow-up care and following CMS issued rules for reimbursement. NTOCC encourages CMS to seek a balance between increased transparency for patients and what is necessary to ensure that patients with chronic conditions receive appropriate follow up care and providers are reimbursed for those services.

Several of NTOCC's member organizations have been working with the Chronic Care Coordination Workgroup (C3W), which has been a resource for CMS and other organizations, on the development of payment paradigms focused on chronic care management, including the recently proposed chronic care management codes discussed above. NTOCC encourages CMS to continue to be guided by the expertise of these providers, and we would defer to the C3W stakeholder group on any technical concerns regarding the implementation or barriers to use of these codes.

NTOCC appreciates the Agency's attention to these important issues and shares your commitment to improving outcomes for patients, especially people living with chronic illness, as they transition through our health care system. Please consider us as a resource on any of the topics discussed above and thank you for the opportunity to provide these comments. Should you have any questions or need further clarification please contact Jackie Stewart at jstewart@vennstrategies.com.

Sincerely,



Cheri Lattimer
Executive Director