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Rural Health Panel

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September 2, 2014

Centers for Medicare and Medicaid Services

Department of Health and Human Services

Attention: CMS-9972-P

P.O. Box 8012

Baltimore, MD 21244-1850

By electronic submission at <http://www.regulations.gov>

RE: 42 DFR Parts 403, 405, 410 et al., Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule ...

To Whom It May Concern:

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal policy makers. The Panel is pleased offer comments regarding the Department's Notice of Proposed Rulemaking to implement the new Health Insurance Market Rules consistent with the Affordable Care Act.

The Panel understands that CMS will receive comprehensive comments from a wide variety of sources. Thus we will limit our comment to rural-specific issues.

Scope of Services and Standards for CCM Services (79 FR 367): CMS proposes to require use of electronic health record technology by those furnishing chronic care management (CCM) services.

COMMENT #1: We concur that is a reasonable requirement. We recommend that its enforcement be coterminous with the enforcement of Stage 2 of Meaningful Use, to be sure that practitioners have the capability to meet the requirement.

Scope of Services and Standards for CCM Services: Specific elements are required in the scope of services provided by primary care providers to receive payment for CCM (78 FR 74414 through 74428).

COMMENT #2: We concur with need for the specific service elements in 78 FR 74414 through 74428. We suggest, though, that CMS be flexible in working with rural providers to meet the requirement for 24/7 access to care management services. Flexibility will be especially important in considering how services are accessed in remote, frontier regions. Special circumstances can be accommodated through specific guidance regarding “timely” and the means of “contact.”

COMMENT #3: Payment for CCM presumes submission of specific claims through Part B (fee for service). However, both Federally Qualified Health Centers and Rural Health Clinics do not use that methodology and therefore CMS will need to develop a crosswalk to include CCM payment within the total payment to FQHCs and RHCs.

Request for Comments for Future Quality Measures (79 FR 40483- 40485): Proposed additional measures to consider in future rulemaking.

COMMENT #4: We support including a self-reported health and functional status measure, but suggest CMS exercise caution in interpreting results from self-reports, given a known tendency of rural respondents to understate the true burden of chronic illness and travel. We also support adding public health measures, which will help overcome the difficulties inherent in procedure-based measures that capture limited volumes of experience in rural settings.

Calculating the ACO quality performance score (Section 425.502; 79FR 40489-40492): CMS proposes to add a quality improvement measure to award bonus points.

COMMENT #5: We strongly support this addition, which is particularly helpful to Accountable Care Organizations based in rural areas and/or serving rural beneficiaries. Bonus points for improvement will encourage participation by rural providers because they will be rewarded for improvement in each domain. Details of calculating improvement to award bonus points on a sliding scale are well conceived and we support the methodology.