



RURAL POLICY RESEARCH INSTITUTE

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Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-1715-P
P.O. Box 8016
Baltimore, MD 21244-8016
By electronic submission at: <http://www.regulations.gov>

RE: 42 CFR Parts 403, 410, 414, 415, 416, 418, 424, 425, 489, and 498; Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes

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 to offer comments in response to the proposed updates to the CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule (PFS). Our comments are limited to rural-specific issues and are structured to parallel questions posed, or issues stated, by CMS (not technical comments regarding specific sections of the proposed rule).

CMS Focus on Rural Issues

The Panel applauds CMS's attention to rural issues throughout the proposed rule. CMS has demonstrated its commitment to rural areas in considering innovative telehealth care delivery for opioid use disorder (OUD), incorporating coding decisions specific to RHCs and FQHCs, and creating adjustments to payments that reflect the geographic realities of different regions across the country. It is imperative that CMS continue to carefully consider the needs of rural areas when rulemaking because Medicare policy has a disproportionate effect on rural areas, which have a higher percentage of older adults living in their communities.

Medicare Coverage for Opioid Use Disorder Treatment Services Furnished by Opioid Treatment Programs (OTPs)

The Panel suggests reconsidering the proposed 1-week duration for an episode of care for OUD. In rural areas, access to opioid treatment is limited. The 1-week episode duration of care will likely create significant administrative burden on rural OUD providers, thereby limiting access to care. The 1-week episode is also burdensome to rural patients, who have further distances to travel and more difficulty accessing OUD treatment services. The Panel recommends CMS adopt a 1-month duration for an episode of care in final rulemaking. A 1-month duration of an episode of care better reflects clinical realities for OUD treatment, reduces administrative burden, and will increase access to care.

Proposal to Establish a Medicare Ground Ambulance Services Data Collection System

CMS's proposed ambulance data collection system must consider the major differences in rural and urban ambulance services. The administrative burden the data reporting and collecting would impose on small ambulance services will be significant, including the many volunteer ambulance services in rural areas. If CMS intends to make critical policy decisions based on these data in the future, it is imperative the rural ambulance service perspective be included in the data, including the many rural places with volunteer ambulance services. CMS should create a way to account for the value of volunteer services so that rural costs are not underrepresented and under-calculated. In addition, many rural agencies will not have sufficient time and resources to carry this reporting burden without assistance, for example, through the Federal Office of Rural Health Policy. We support expanded data collection to include as many rural ambulance services as possible in the sample with support from the DHHS and CMS to enable ambulance providers to implement the systems necessary to collect this data. CMS should focus more attention on collection of data relevant to rural EMS providers.

Geographic Locality Adjustment for OUD Treatment Services Bundle

The Panel is appreciative of the thought CMS has given to rural providers as it relates to OUD treatment in the proposed rule. The Panel agrees that it is unnecessary to have a geographic locality adjustment to the drug component of the bundle, so long as MAT drug prices are indeed uniform nationally. If the drug prices are not nationally uniform, CMS should consider a geographic locality adjustment here as well. The Panel supports the use of GPCIs as the best means to calculate the geographic adjustment factor. To fully account for the costs incurred by OTPs furnishing OUD in rural areas, CMS should ensure that the Work GPCI floor is maintained and that the GAF does not undervalue rural practices.

CY 2020 Updates to the Quality Payment Program

The Panel is supportive of the proposed MIPS Value Pathways (MVPs). Applying the MVP Framework beginning with the 2021 MIPS performance period/2023 MIPS payment year allows a year to review, which is a reasonable time table. The Panel supports the four proposed guiding principles for the development and structure of the MVPs as outlined on FR 40734 in the proposed rule.

In order to best support rural practices, reduce participation burden and provide the needed flexibility for MIPS participation, CMS must select measures that return adequate volumes in all participating practices to reach statistical reliability. The selected measures must be responsive to low volumes.

CMS can mitigate challenges rural practices face in reporting by restarting and increasing funding for the Small, Underserved, and Rural Support Initiative. CMS can further provide necessary assistance by renewing the Transforming Clinical Practice Initiative for an additional 3-year cycle. CMS may reduce barriers to rural practices transitioning into APMs by restarting the ACO Investment Model (AIM), which encourages APM development via ACO development. As shown in the CMS report ACO Investment Model – Findings at a Glance, the AIM improved quality and saved CMS money nationally.

Revaluing the Office/Outpatient E/M Visit Within TCM, Cognitive Impairment and Similar Services

On FR 40679 of the proposed rule, CMS seeks comment related to adjusting future RVUs for services including transitional care management services, cognitive impairment assessment and care

planning, certain ESRD monthly services, the Initial Preventive Physical Exam, and the Annual Wellness Visit. The Panel is supportive of CMS adjusting the RVUs for these services. The RVUs associated with these codes should accurately reflect all of the work and PE required for the services. The Panel further supports adjusting the codes as it relates to including an office/outpatient E/M visit furnished by the reporting practitioner. The codes should be adjusted to be commensurate with associated office/outpatient E/M codes and reflect the physician work, PE, and liability associated with the service(s).

The Panel commends CMS' continued work on these critical issues and we thank you for the opportunity to submit comments prior to the finalization of this proposed rule.

Sincerely,

The Rural Policy Research Institute Health Panel

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