



College of Public Health – N232A
105 River Street
Iowa City, IA 52242
(319)-384-3832

<http://www.rupri.org/panelandnetworkviewer.php?id=9>
Keith-mueller@uiowa.edu

Rural Health Panel

Keith J. Mueller, PhD., Chair
Andrew F. Coburn, Ph.D.
Jennifer P. Lundblad, Ph.D., M.B.A.
A. Clinton MacKinney, M.D., M.S.
Timothy D. McBride, Ph.D.
Charlie Alfero

July 22, 2016

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1631-P

P.O. Box 8012
Baltimore, MD 21244-8016

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

RE: 42 CFR Parts 405, 410, 411, et al. Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017 (Part II)

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 in response to questions posed by CMS in the Proposed Rule regarding Revisions to Payment Policies Under the Physician Fee Schedule (Part II). Our comments are limited to rural-specific issues and are structured to parallel general questions posed, or issues stated, by CMS (not technical comments regarding specific sections of the proposed rule).

Primary care, and its associated services, are particularly important to rural beneficiaries. Primary care providers are the predominant provider type in rural America.

§ 425.402 Revisions to payment for chronic disease care management

Rural beneficiaries suffer from greater chronic disease prevalence than their urban counterparts. Therefore, we applaud CMS' support for family physicians and geriatricians providing chronic disease care management. We believe this new support will eventually reduce subspecialty care management costs and reduce beneficiary travel burden. Chronic care management support in the Physician Fee Schedule should be aligned with other CMS payment provisions and programs designed to improve overall chronic disease care management effectiveness and efficiency, including team-based care processes, care coordination payments, and non-physician workforce support.

New codes for cognitive and functional assessments

Rural beneficiaries are more aged, chronically ill, and disabled than their urban counterparts. Thus, we support new codes and payment for cognitive and functional assessments. These assessments are most appropriately provided in the communities in which the beneficiary resides to identify and deliver locally available services that effectively address cognitive and functional impairments.

Payment for use of the Behavioral Health Collaborative Care Model

We support team-based care, especially for complex conditions such as behavioral health and substance use disorders. Thus, we support payment for use of the Behavioral Health Collaborative Care Model. However, some required participants (psychiatrists and other behavioral health professionals) are less available in rural areas so alternative models are necessary.

§ 410.78 New billing codes for services provided with telehealth

The more geographically remote location of rural beneficiaries and their primary care providers makes telehealth services a particular rural opportunity. Research has demonstrated the value of multiple telehealth programs. New codes and payments that effectively replace face-to-face subspecialty physician visits with telehealth visits unquestionably reduces travel risks and costs (for both physicians and beneficiaries), and may increase access and reduce overall healthcare costs through more efficient use of subspecialist physicians. We also encourage CMS to link new telehealth payment opportunities, and payment modifiers for care coordination utilizing ancillary staff, to use of the Behavioral Health Collaborative Care Model.

§ 410.79 Expansion of the Diabetes Prevention Program

Rural beneficiaries suffer from greater obesity and diabetes prevalence. The Diabetes Prevention Program is evidence-based and has been shown to reduce the onset of diabetes. Therefore, we support expansion of this program within payment system changes.

Sincerely,

The Rural Policy Research Institute Health Panel

Keith J. Mueller, PhD – Chair

Andrew F. Coburn, PhD

Jennifer P. Lundblad, PhD, MBA

A. Clinton MacKinney, MD, MS

Timothy D. McBride, PhD

Charlie Alfero

