



September 6, 2013

Ms. Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Re: CMS 1600-P

Dear Administrator Tavenner:

Care Continuum Alliance (CCA) welcomes the opportunity to provide comments in response to the proposed rule on changes to Payment Policies under Medicare Part B for Calendar Year 2014.

CCA convenes a broad range of stakeholders whose focus is to improve the health of populations. Through advocacy, research, and education, CCA advances population health management strategies to improve care quality and health outcomes and to reduce preventable costs for the healthy and those at risk of or with chronic conditions. Our diverse membership of more than 200 organizations and individuals includes physician groups, nurses, other health care professionals, hospital systems, wellness and prevention providers, population health management organizations, pharmaceutical manufacturers; pharmacies and pharmacy benefit managers, health information technology innovators, employers, researchers, and academics.

We applaud CMS for building on recent policies to expand beneficiary access to appropriate, physician-led complex care management services. Our comments are focused on the proposal to create new reimbursement codes and policies for a broad range of non-face-to-face care coordination services for beneficiaries with complex care management needs. Many of our member companies work directly with health systems and physician groups to provide complex chronic care management services and have led the industry in demonstrating the potential for health improvement and associated cost savings.ⁱ Again, we appreciate the opportunity to comment on standards for physicians and qualified non-physician practitioners to provide high-quality, complex care management.

Linking eligibility for complex care management services to provision of the Annual Wellness Visit is a reasonable approach for CMS to ensure these services are provided in the context of a personalized prevention plan. However, we believe it is important to ensure that beneficiaries who are diagnosed with multiple chronic conditions outside of the AWW

are also able to access appropriate complex chronic care management services. We encourage CMS to clarify how these beneficiaries will be assured access to appropriate complex chronic care management services.

- We support CMS' proposal to require that care managers have access to beneficiaries' Electronic Health Records at the time services are provided and that practices maintain written protocols for providing complex chronic care management services.
- While we acknowledge that highly trained clinicians play an important role in supporting beneficiary care plans, we encourage CMS to reconsider its proposal to require practices to employ Advance Practice Nurses and Physician Assistants to provide complex chronic care management services. We are concerned that this requirement may be unnecessarily rigid and cost prohibitive for smaller practices. Furthermore, the experience of many of our member companies demonstrates that high-quality, complex chronic care management is often delivered by a range of nonphysician practitioners, including Registered Nurses, registered nutritionists and others. We encourage CMS to consider implementing the new requirements in a way that allows practices to deploy chronic care management resources effectively and efficiently by allowing the appropriate use of a range of practitioners.

We welcome the opportunity to further discuss this issue and would be pleased to facilitate additional conversations with our member companies who have demonstrated expertise in delivering complex care management services to individuals with multiple chronic conditions. If we can be of further assistance, please feel free to contact us at Vicki.shepard@healthways.com.

Sincerely,

/signed/

Fred Goldstein, Interim Executive Director

Vicki Shepard, Chair, Government Affairs Committee

ⁱ Peikes D, Chen A, Schore J, Brown R, *Effects of care coordination on hospitalization, quality of care and health care expenditures among Medicare beneficiaries*, JAMA (2009) 301(6):603-618; Rosenzweig JL, Taitel MS, Norman GK, Moore TJ, Turenne W, Tang P, *Diabetes disease management in Medicare Advantage reduces hospitalizations and costs*, Am J Manag Care (2010) 16(7):e157-e162; Dall TM, Askarinam Wagner RC, Zhang Y, Yang W, Arday DR, Gantt CJ, *Outcomes and lessons learned from evaluating TRICARE's disease management programs*, Am J Manag Care (2010) 16(6):438-446; Katon WJ, Lin LHB, Von Korff M, *Collaborative care for patients with depression and chronic illness*, N Engl J Med (2010) 363:2611-2620; Pimouguet C, Le Goff M, Thiébaud R, Dartigues JF Helmer C, *Effectiveness of disease management programs for improving diabetes care: a meta-analysis*, CMAJ (2010) available at www.cmaj.ca/cgi/rapidpdf/cmaj.091786v1.