North Carolina
Healthcare Association

Uniting hospitals, health systems and
care providers for healthier communities

September 27, 2019

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue S.W., Room 445-G
Washington, DC 20201

Ref: CMS-1715-P: Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule (PFS) and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations

Dear Ms. Verma:

On behalf of our 130-member hospitals and health systems in our state, the North Carolina Healthcare Association (NCHA) appreciates the opportunity to comment on Medicare Program: Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Establishment of an Ambulance Data Collection System; Updates to the Quality Payment Program; Medicare Enrollment of Opioid Treatment Programs and Enhancements to Provider Enrollment Regulations Concerning Improper Prescribing and Patient Harm; and Amendments to Physician Self-Referral Law Advisory Opinion Regulations.

Evaluation & Management (E/M) Payment:
CMS proposes to reverse the blended rate mechanism for E/M visits determined in the 2019 final rule. Instead, assigning separate payments to all E/M visit levels for new and established payments. **NCHA strongly supports CMS's proposal as separate payments will ensure proper compensation for the level of services rendered, and resources required, while treating patients. NCHA believes this will ultimately support access to care for those Medicare beneficiaries with the greatest needs.**

NCHA urges CMS, as they develop the specific valuations, payments, and budget neutrality impact of the changes for the E/M visit codes and any other add-on codes it finalizes, to consider the degree of redistribution among specialties that this proposal could create. We further urge CMS to ensure that providers caring for the sickest and most vulnerable patients are not unfairly penalized.

Payment Reduction for Specific Code Groups
CMS proposes significant reductions to the relative value units (RVUs) of certain CPT code groups – a move that could potentially limit patients' access to these vital services. Decreases of this magnitude over a short time period could negatively impact physicians and hospitals that care for patients for whom these services are critical. **NCHA urges CMS to phase in substantial fluctuations in payment rates in order to promote predictability and reliability for providers. We urge CMS to consider such an approach in this situation or when the RVUs for any CPT code set are drastically reduced in a given year.**

Payment for Therapy Assistant Services

CMS's proposal builds upon the 2019 final rule to implement the Bipartisan Budget Act of 2018 requirement that outpatient physical and occupational therapy services furnished "in whole or in part" by a therapy assistant be paid at 85% of the PFS amount. In this proposal, CMS defines "in whole or in part" as visits during which more than 10% of the therapy service is furnished by a therapy assistant. The proposal assesses a claim's status relative to the 10% threshold using a calculation of total service time, therapist minutes and therapist assistant minutes, rounded to the nearest whole minute. Lastly, the proposal requires additional document for therapy coding and billing to explain why a therapy assistant modifier was, or was not, applied to the claim for each service furnished.

NCHA believes the proposed calculation for determining cases involving therapy assistants is too restrictive and the resulting cut would reduce resources for medically necessary services, including those needed to ensure patient safety. NCHA urges CMS to restructure the calculation to only count the independent therapy assistant minutes in the 10% threshold. This would ensure providers are not incorrectly reprimanded when the level of services and treatment require two sets of professionals (physical therapist and physical therapist assistant).

NCHA also believes the resulting new documentation and administrative requirement are burdensome as an addition to existing documentation requirements, CMS would require a statement in the medical record for each line of every claim to explain why the therapy assistant modifier was or was not used. Doing so would necessitate detail that is redundant to the application of the modifier itself and not statutorily required. The proposal diverts resources from patient care and conflicts with the agency's "Patients over Paperwork" initiative. As such, NCHA urges CMS to not finalize the new document requirements.

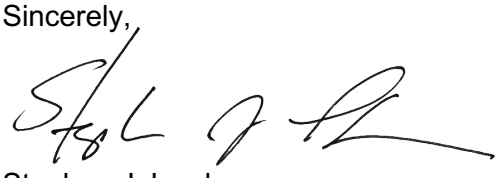
Medicare Coverage for Opioid Treatment Programs (OTPs)

CMS proposes several definitions, requirements, payment methodologies and other programmatic aspects to implement section 2005 of the *Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment* (SUPPORT), enacted October, 2018 that established a new Part B benefit category for opioid use disorder (OUD) services furnished by an OTP beginning on or after January 1, 2020.

NCHA urges CMS to continue to pour resources and energy into developing a solution to the opioid crisis. NCHA urges CMS to focus on solutions that ensure the long-term recovery of patients. **NCHA applauds CMS's commitment to address the opioid crisis and this proposal. However, NCHA believes CMS has an obligation to ensure adequate Part B drug reimbursement for OUD services. Therefore, NCHA believes the reimbursement should be the average sales price plus the 6 percent add-on.**

Thank you for your consideration of our comments. If you have any questions, please contact me (slawler@ncha.org, 919–677-4229), Jeff Weegar, Vice President Financial Policy (jweegar@ncha.org, 919-677-4231) or Ronnie Cook, Finance and Managed Care Consultant (rcook@ncha.org, 919-677-4225).

Sincerely,



Stephen J. Lawler
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