AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

June 17, 2014

Marilyn Tavenner, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–1443–FC
P.O. Box 8013
Baltimore, MD 21244–1850

Dear Administrator Tavenner:

On behalf of the American Academy of Family Physicians (AAFP), which represents 115,900 family physicians and medical students across the country, I write in response to the "Prospective Payment System for Federally Qualified Health Centers; Changes to Contracting Policies for Rural Health Clinics; and Changes to Clinical Laboratory Improvement Amendments of 1988 Enforcement Actions for Proficiency Testing Referral final rule with comment period as published in the May 2, 2014, *Federal Register*.

As stated by CMS, this regulation implements methodology and payment rates for a prospective payment system (PPS) for federally qualified health center (FQHC) services under Medicare Part B beginning on October 1, 2014. In addition, it establishes a policy which allows rural health clinics (RHCs) to contract with nonphysician practitioners when statutory requirements for employment of nurse practitioners and physician assistants are met, and makes other technical and conforming changes to the RHC and FQHC regulations. It also implements changes to the Clinical Laboratory Improvement Amendments (CLIA) regulations regarding enforcement actions for proficiency testing (PT) referrals.

Though the majority of the regulation is final, CMS requests comments on policy considerations for developing FQHC PPS rates for multiple visits on the same day, calculating the Medicare claims payment amount and issues pertaining to waiving coinsurance for preventive services. Our interest in this area is based on 8.1 percent of AAFP members' primary patient care location is in a FQHC and In 2012 FQHCs accounted for more than 9,000 service sites serving 21 million people throughout the United States.

Section II.B.1. Developing FQHC PPS Rates for Multiple Visits on the Same Day
Regarding how CMS should develop policies that allow FQHCs to be reimbursed under the new PPS system for multiple visits on the same day by the same patient, the AAFP strongly supports CMS's previous efforts to minimize reporting requirements. We also appreciate that CMS has, through the outgoing all-inclusive payment system, historically allowed FQHCs to receive separate payment in certain circumstances when a Medicare beneficiary has more than one visit to the FQHC on the same day.

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Accordingly, the AAFP agrees with CMS that separate payment for mental health services furnished on the same day as a medical visit should continue. As CMS observes, such a policy has the potential to increase access to mental health services in underserved areas and helps demonstrate the value of mental health services, especially in areas where need is high and utilization is low. We also support CMS' decision to allow an exception to the per diem payment system that would permit FQHCs to bill separately when a subsequent illness or injury occurs on the same day in which a FQHC visit has already occurred and necessitates a return to the FQHC.

The AAFP continues to support the development of appropriate payment for care management in general and chronic care management (CCM) in particular, especially within the context of a patient-centered medical home. However, we also remain concerned that the laudable goals of furnishing integrated and coordinated care seem, from CMS' perspective, to be hinged on the creation of one code paid on a fee-for-service basis. Ultimately, we urge CMS to allow family physicians practicing in a FQHC or RHC to receive payment for performing care management/chronic care management services for their patients through means of a risk-adjusted, per patient per month care management fee.

Section E.2. Implementation of Medicare Claims Payment

As CMS develops this new FQHC PPS system, we find CMS' proposal to create the G-codes as described as reasonable response to the concerns that commenters raised with implementation of the "lesser of" provision in Section 1833(a)(1)(Z) of the *Social Security Act*. The AAFP finds these proposed codes provide both CMS and FQHCs the necessary flexibility to adjust to the new system. We encourage CMS to recognize the steep learning curve that will accompany implementation of these new codes and closely work with the physician and FQHC community on appropriate provider education.

Section E.4. Waiving Coinsurance for Preventive Services

The AAFP appreciates the careful analysis and thoughtful discussion CMS includes on how to determine the proper amount of coinsurance to waive for preventive services furnished in FQHCs. Though CMS outlined several approaches, the overwhelming complexity of these methodologies makes them infeasible. The AAFP supports the new CMS proposal to use the current approach to waiving coinsurance for preventive services with certain modifications. As the new FQHC PPS system is implemented, we urge CMS to closely monitor how coinsurance amounts are calculated and determine if any further adjustments or modifications are needed.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,

Jeffrey J. Cain, MD, FAAFP
Board Chair