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United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510–6200

October 27, 2016

The Honorable Sylvia M. Burwell
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Burwell and Acting Administrator Slavitt:

During the 114th Congress, the Senate Finance Committee focused its attention on a key challenge facing our nation's health care system: how to effectively deliver high quality, coordinated medical care to Medicare beneficiaries living with multiple chronic conditions. Our bipartisan Chronic Care Working Group (CCWG) spent over a year engaging with members of Congress and interested stakeholders to develop evidence-based legislative solutions that seek to improve care delivery for Medicare beneficiaries battling chronic illness without adding to the deficit.

In December of 2015, the CCWG released its Policy Options Document.[1] Our bipartisan work served as a marker – outlining ideas that show great promise to improve care transitions, produce better patient health outcomes, and increase efficiency without adding to the deficit. We applaud recent efforts by the Department of Health and Human Services (HHS), specifically at the Centers for Medicare & Medicaid Services (CMS), to include four of the policies described in the CCWG's Policy Options Document in the Calendar Year (CY) 2017 Medicare Physician Fee Schedule (PFS) proposed rule published on July 15, 2016.[2]

The first of these four policies is the expansion of the Diabetes Prevention Program model. The Diabetes Prevention Program is a well-established, evidence-based initiative in which Centers

[1] United States Senate Committee on Finance, "Bipartisan Chronic Care Working Group Policy Options Paper," (December 15, 2015), available at: http://www.finance.senate.gov/release/hatch-wyden-isakson-warner-release-chronic-care-options-paper

[2] "Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017; Medicare Advantage Pricing Data Release; Medicare Advantage and Part D Medical Low Ratio Data Release; Medicare Advantage Provider Network Requirements; Expansion of Medicare Diabetes Prevention Program Model; Notice of proposed rulemaking," 81 Federal Register 46161 (15 July 2016), pp. 46161-46476.

for Disease Control and Prevention (CDC)-recognized programs provide training to help pre-diabetics prevent the onset of the disease. Medicare currently pays for diabetes self-management training for those who already have diabetes, but it does not pay for risk-reduction interventions for those with prediabetes, despite strong evidence of the success of these types of interventions. In our Policy Options Document, the CCWG put forth a proposal to recommend Medicare Part B provide payment for evidence-based interventions to help beneficiaries with prediabetes reduce their risk of developing diabetes. In the CY 2017 PFS proposed rule, CMS proposes to begin enrolling the individuals who provide services as part of CDC-recognized programs into Medicare as suppliers and paying for these services beginning in 2018. We are pleased that this policy was included in the PFS proposed rule and continue to support expansion of the Diabetes Prevention Program model to help Medicare beneficiaries at elevated risk for diabetes avoid this life-altering and costly condition.

The second policy included in both the CCWG Policy Options Document and the CY 2017 PFS proposed rule is related to enhanced payment for additional care management services for beneficiaries with chronic conditions. The existing Chronic Care Management (CCM) code provides for a monthly care management fee to providers who spend at least twenty minutes during a month coordinating care for beneficiaries with chronic conditions. Our CCWG Policy Options Document also included a proposal to establish a new high-severity chronic care management code to reimburse clinicians for coordinating care for beneficiaries with multiple chronic illnesses who have the most complex needs. We are pleased that CMS included the establishment of a new code to reimburse clinicians for prolonged chronic care management services in the PFS proposed rule. We encourage CMS to define the new CCM code in such a way that targets the most complex and time-consuming cases.

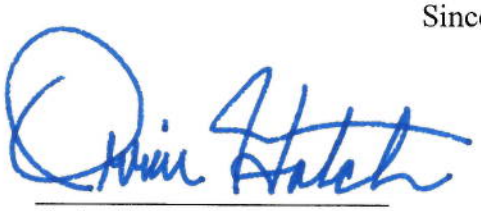
Additionally, both the CCWG Policy Options Document and the CY 2017 PFS proposed rule include policy changes to promote the integration of behavioral health care. In our Policy Options Document, the CCWG discussed the pressing need to improve the integration of care for those Medicare beneficiaries living with a chronic disease combined with a behavioral health condition. We applaud CMS for addressing the need for greater behavioral health integration in the PFS proposed rule consistent with the CCWG Policy Options Document, and we encourage CMS to consider further steps that improve access to high quality behavioral health care services for Medicare beneficiaries, with particular attention to those who also suffer from chronic physical conditions.

Finally, in our Policy Options Document, the CCWG considered a payment code for a one-time visit to discuss issues associated with the diagnosis of a serious or life-threatening illness, such as Alzheimer's disease. These issues include disease progression, treatment options, and the availability of other resources that could reduce the patient's health risks and promote self-management. This policy is similar to but broader than a provision in the bipartisan Health Outcomes, Planning, and Education (HOPE) for Alzheimer's Act (S. 857/H.R. 1559). In the CY 2017 PFS proposed rule, CMS included the establishment of a new code to pay for cognitive and functional assessment and care planning for Medicare beneficiaries with cognitive impairment. We strongly support the policy included in the proposed PFS rule, and we commend CMS for addressing the need to incentivize more care planning and support for those beneficiaries with cognitive impairments. We encourage CMS to continue to develop policies to promote the use of the new code and to explore whether there are other serious conditions, e.g., cancers, neuromuscular diseases, for which planning would provide similar benefit to

beneficiaries. We also urge CMS to promote an interdisciplinary, team-based approach to this type of care planning and support the development of related quality metrics. These steps would help facilitate robust conversations for patients and caregivers that promote longitudinal care in accordance with the care plan.

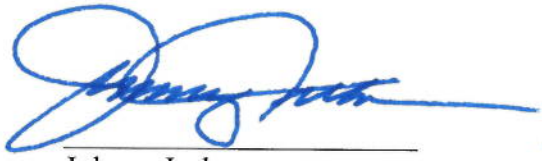
We are pleased that the four policies described above were incorporated in the CY 2017 PFS proposed rule, and we urge CMS to include them in the final rule. It is promising that the CCWG's efforts are already driving care improvements for Medicare beneficiaries with chronic illness. There is still more work to be done, however, and the CCWG remains committed to developing bipartisan legislation that ensures Medicare beneficiaries with chronic conditions receive the coordinated, high quality care that they need and deserve. We look forward to continuing to work with you toward this shared goal.

Sincerely,



Orrin G. Hatch
Chairman
Senate Finance Committee

Ron Wyden
Ranking Member
Senate Finance Committee



Johnny Isakson
United States Senator

Mark R. Warner
United States Senator