American College of Physicians
Leading Internal Medicine, Improving Lives

April 20, 2017

The Honorable Orrin Hatch
Chairman, Finance Committee
U.S. Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member, Finance Committee
U.S. Senate
Washington, DC 20510

The Honorable Johnny Isakson
Co-Chair, Chronic Care Working Group
U.S. Senate
Washington, DC 20510

The Honorable Mark Warner
Co-Chairman, Chronic Care Working Group
U.S. Senate
Washington, DC 20510

Dear Senators Hatch, Wyden, Isakson, and Warner:

On behalf of the American College of Physicians, I am writing to express our support for S. 870, *The Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017*. This legislation is the result of your bipartisan effort that started in 2015 with the release of a chronic care policy options document that was developed with the guidance and input of stakeholders, including ACP. We commend you for introducing this legislation in the 115th Congress. This letter will provide our views on the legislation concerning specific provisions that we support, as well as detail our suggestions for additional sections that would strengthen services provided to patients with chronic illness.

ACP is the largest medical specialty organization and the second largest physician group in the United States. ACP members include 148,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

ACP-SUPPORTED PROVISIONS

We would like to highlight several important provisions in the legislation that are consistent with ACP policy and thank the committee for having included, in some cases, specific ACP recommendations from prior communications.

- **Section 101- Extending the Independence at Home Model of Care**

  The Independence at Home Model of Care is a demonstration project under Medicare to test a payment incentive and service delivery model that uses physician and nurse practitioner-directed home-based primary care teams for Medicare beneficiaries with multiple chronic illness. This section would extend this demonstration for an additional

two years. ACP is supportive of this model of care and supports expanding this demonstration project if results continue to be positive.

- **Section 303- Increasing Convenience for Medicare Advantage Enrollees Through Telehealth**

  This section would allow a Medicare Advantage plan to offer additional, clinically appropriate, telehealth benefits in its annual bid amount beyond the services that currently receive payment under Part B. ACP is supportive of this policy as it would expand the role of telemedicine as a method of health care delivery that may enhance patient care.

- **Section 305- Expanding Use of Telehealth for Individuals with Stroke**

  This section would expand the ability of Medicare beneficiaries presenting with stroke symptoms to receive a timely consultation via telehealth to determine the best course of treatment, beginning in 2018. ACP is supportive of this policy as we support lifting the geographic restriction for the purposes of identifying and diagnosing strokes through telehealth.

- **Section 401- Providing Flexibility for Beneficiaries to Be Part of an Accountable Care Organization**

  This section would give Accountable Care Organizations (ACOs) in the Medicare Shared Savings Plan the choice to have their beneficiaries assigned prospectively at the beginning of a performance year. ACP is supportive of this section as we encourage giving ACOs the choice to have retrospective or prospective assignment of beneficiaries and allowing beneficiaries to voluntarily align with their main doctor for ACO assignment.

ACP RECOMMENDATIONS FOR IMPROVEMENT

We would also like to provide our recommendations for two additional sections that we respectfully request that you add to the bill that will improve care management codes for individuals with chronic conditions and encourage the use of chronic care management services.

<u>Improving Care Management Codes for Individuals with Multiple Chronic Conditions</u>

This legislation does not address the issue of new chronic care management codes, as was initially referenced in the Chronic Care Working Group Options Document. While we acknowledge this was likely due to the fact that CMS did address it in the FY 2017 Final Rule on the Physician Fee Schedule, we believe this warrants attention by the

committee within legislation because there is a 40 minute time gap for chronic care management services not recognized by the existing CCM codes in the final rule.

As you are aware, the 2017 Medicare Physician Fee Schedule Final rule established a new Complex Chronic Care Management code for doctors that provide Complex Chronic Care Management services to patients that last at least 60 minutes in length and for each additional 30 minutes thereafter, which ACP supports. CMS currently provides a code for Chronic Care Management services that last at least 20 minutes but has failed to initiate any new codes for these services that last between 20-40 and 40-60 minutes. ACP remains concerned that the fee schedule fails to adequately value chronic care services between 20-60 minutes, which could lead to more barriers to care for chronic care patients.

ACP Recommendation

We urge the Committee to include a section on Improving Care Management for Individuals with Multiple Chronic Conditions that would require CMS to establish two new codes (perhaps initially as G codes) that would recognize the value of care for clinicians who treat patients with chronic care conditions between 20-40 minutes and 40-60 minutes.

Encouraging Beneficiary Use of Chronic Care Management Services

ACP is disappointed that this legislation does not address the issue of beneficiary cost-sharing, as was initially referenced in the Chronic Care Working Group Options Document. This proposed policy would waive the beneficiary co-payment associated with the current chronic care management code as well as the complex chronic care management code that was recently approved by CMS. We believe waiving this beneficiary co-payment is critical in the effort to improve care to individuals with chronic conditions and it would require a legislative remedy to do it, as explained by CMS.

Waiving beneficiary cost-sharing, both the co-insurance and deductible, will incentivize beneficiaries to receive these CCM services. Currently, physicians are required to get authorization from patients to initiate CCM services—this is a means of ensuring that these patients are aware of these services and remain engaged partners. As a part of the discussion around this authorization, physicians notify patients that they will be responsible for the co-payment amount associated with CCM. At the time of this discussion, the physician is likely unaware of any supplemental coverage that the patient may have so they must inform the patient that he or she may be required to pay the copayment amount. If the discussion of a co-payment were no longer required because of the elimination of beneficiary cost-sharing, physicians would be more likely to have the discussion with beneficiaries about providing the CCM services that the patient needs. Further, waiving cost-sharing would eliminate any unintended

discriminatory impact on beneficiaries of modest means, who more likely will not have any supplemental coverage**.**

ACP Recommendation

We urge the Committee to include a section that would move chronic care management services to the preventive services category under Medicare FFS to eliminate any beneficiary cost sharing associated with these services. Alternatively, you could insert a provision in this bill that would allow CMS to give physicians the option of routinely waiving the copay for chronic care management codes for patients with chronic conditions.

In conclusion, ACP appreciates your sustained effort to improve the quality of care provided to patients with chronic illness. We look forward to working with you to improve and advance this legislation and welcome the opportunity to provide feedback whenever needed. Should you have any questions regarding this letter, please do not hesitate to contact Brian Buckley on our staff at bbuckley@acponline.org or by phone at 202-261-4543.

Sincerely,

Jack Ende, MD, MACP
President