

VIA ELECTRONIC SUBMISSION: <http://www.regulations.gov>

August 31, 2016

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1654-P
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: CMS-1654-P: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2017

Dear Acting Administrator Slavitt:

The American Academy of Audiology (the "Academy") is the world's largest professional organization of, by, and for audiologists, representing over 12,000 members. The Academy promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research. The Academy respectfully submits comments in response to the Centers for Medicare and Medicaid Services (CMS) Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for the CY 2017 Proposed Rule (CMS-1654-P) as published in the Federal Register on July 15, 2016. Those comments are below.

CY 2017 Proposed Code Values and Methodology for Proposing Work RVUs

The Academy wishes to offer comments in response to CMS' analysis of the relationship between changes in time and changes in work RVUs for 2014 and 2015. This analysis was performed in conjunction with the Agency's review of the recommended code values for CY 2017. The Academy understands that CMS is interested in receiving comments on whether, within the statutory confines, there are alternative suggestions as to how changes in time should be accounted for when it is evident that the survey data and/or the RUC recommendation regarding the overall work RVU does not reflect significant changes in the resource costs of time for codes describing MPFS services. The Academy also wishes to respond to CMS' request for feedback on potential alternatives, including the application of the reverse building block methodology, to make the adjustments that would recognize overall estimates of work in the context of changes in the resource of time for particular services.

The Academy supports the long-standing position of both CMS and the RUC that viewing all components of physician/provider time (pre-service, intra-service, post-service) as having identical intensity is an incorrect assessment. The Academy has concerns that the actions taken by the Agency may create fundamental payment disparities if such an approach is applied only to certain services under review.

Inconsistently applying such an approach is inherently problematic, especially for a payment system based on relative valuation. For example, the CY2016 effort on the part of CMS to proportionally reduce the work RVUs by the reduction in intra-service time. The Academy strongly backs the RUC's recommendation for CMS to always account for these variables.

The Academy, supporting a view also held by the RUC, does not agree with any proposed methodology to use a reverse building block methodology to systematically reduce work RVUs for services. The Academy has significant concerns with using this methodology, or any such formulaic approach, as a primary method to valuing services. The Academy shares the RUC's position that this practice is inappropriate as magnitude estimation was used to establish work RVUs for services in the RBRVS.

Improving Payment Accuracy for Primary Care, Care Management, and Patient-Centered Services

The Academy recognizes CMS' efforts to focus on primary care collaboration with other specialists and providers for patients with multiple chronic conditions, mental and behavioral health issues, cognitive impairment, and mobility-related disabilities. We also appreciate CMS' supportive position regarding the development of collaborative care codes, as this approach reflects the high quality, cost-effective health-care goals set forth by the Agency. As we see the continued development of collaborative care codes and an increased focus on care management, the Academy urges CMS to consider the important role and involvement of non-physician providers, including audiologists, in providing care for Medicare patients with chronic conditions. Audiologists regularly collaborate with primary care providers and other specialties yet are unable to be paid for such services, especially as they do not have access to Evaluation and Management (E/M) codes.

Further, as we move toward the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs), we recognize and support the Agency's focus on coordinated and patient centered care. We would note, however, that successful audiologist participation in these programs, emphasizing coordinated and patient centered care, will require audiologists to perform E/M services for which they are not currently reimbursed. We believe that reimbursement algorithms should be on a level playing field for all credentialed providers and that audiologists should be paid for the intensity and complexity of their services, not just for the diagnostic exam. Again, we encourage CMS to consider the inclusion of other health specialties, including audiologists, as the Agency expands coding and payment changes related to care coordination and management.

Proposed Medicare Enrollment Requirement for Providers Furnishing Services to Medicare Advantage Enrollees

The Academy supports CMS's proposal to require providers or suppliers who furnish health care items or services to a Medicare Advantage enrollee (MA or MA-PD) be enrolled in Medicare and be in an approved status. The Academy agrees with CMS' logic that this proposed requirement would create consistency across the provider and supplier enrollment requirements for all other Medicare (Part A, Part B, and Part D) programs. We also believe that requiring Medicare enrollment for providers and suppliers that contract with a Medicare Advantage organization and furnish Medicare-covered items and services allow the Agency to provide more consistent oversight of these health care providers and suppliers, benefiting both patients and providers. The Academy also understands that many Medicare

Acting Administrator Slavitt
August 31, 2016
Page 3

Advantage organizations already have this requirement in place, and supports CMS' efforts to standardize this practice across all organizations.

* * * * *

The Academy appreciates the opportunity to comment on this proposed rule. Please contact Kate Thomas, director of payment policy and legislative affairs, by phone 703-226-1029 or via email at kthomas@audiology.org should you have any questions regarding the Academy's comment letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Ian Windmill". The signature is fluid and cursive, with a large loop at the end.

Ian Windmill, PhD
President, American Academy of Audiology