ALLIANCE of SAFETY-NET HOSPITALS

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September 9, 2024

The Honorable Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
P.O. Box 8016
Baltimore, MD 21244-8016

RE: CMS–1807–P Medicare and Medicaid Programs; CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments

Dear Administrator Brooks-LaSure:

I am writing on behalf of the Alliance of Safety-Net Hospitals (ASH), a group of private community safety-net hospitals that serve diverse and economically disadvantaged and underserved communities, to provide feedback in response to the Centers for Medicare & Medicaid Services' (CMS) calendar year 2025 physician fee schedule proposed rule published in the *Federal Register* on July 31, 2024.

In this letter we comment on three aspects of the proposed rule:

- Proposed Rate Update
- Health-Related Social Needs Services
- Medicare Telehealth Services List

Proposed Rate Update

ASH strongly opposes CMS's proposal to reduce physician payment rates in CY 2025. Physician practice costs are rising, not falling, and the proposed fee reduction fails to keep pace with the financial demands inherent in operating those practices. While we appreciate and support the proposed reimbursement for new and much-needed services such as advanced primary care management and caregiver training, we urge CMS to work with Congress to waive budget neutrality rules so the conversion factor can keep pace with the very real cost increases physician practices are experiencing while enabling those same practices to continue expanding the array of care options they can offer to their Medicare patients.

The adequacy of Medicare rates is critical to physician practices – and especially to practices operated by or affiliated with community safety-net hospitals. Recruiting physicians to serve in geographically isolated rural areas and large urban communities where most of the residents are insured by public payers is a challenge, and often, community safety-net hospitals must subsidize the operation of those practices. Adequate Medicare payments are a vital tool in helping to ensure the financial viability of these physician practices,

and without such payments, the continued ability of community safety-net hospitals to underwrite some of these practices' costs would be in jeopardy. This would be bad for the communities, bad for the hospitals, and bad for Medicare, which has made a commitment to America's seniors that it needs to uphold. ASH urges CMS to pay physicians adequate rates that enable the continued practice of medicine to remain a financially feasible endeavor in diverse, economically disadvantaged, and underserved communities across the country.

Health-Related Social Needs Services

ASH appreciates the steps CMS has taken in recent years to continue improving patient access to services that address their health-related social needs. In particular, ASH supports the proposal to add coding to reimburse providers who train caregivers in direct care techniques. This support is critical for successful patient discharges and clinicians have long provided such training without Medicare reimbursement to promote patients' transitions back to their homes. This payment will recognize that important contribution – a contribution not only of the clinician providing the training but also of the family caregiver.

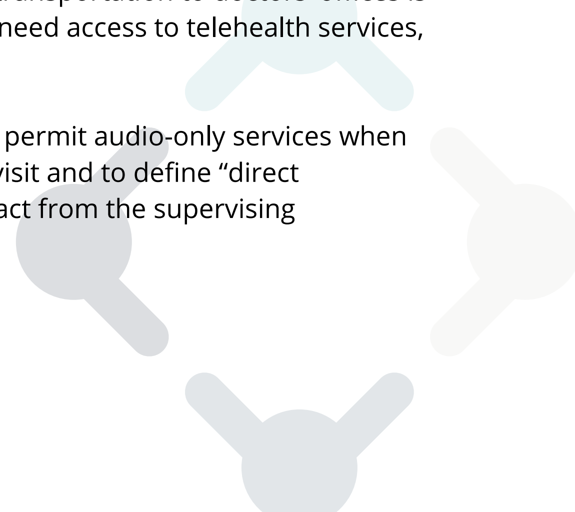
Telehealth

We thank CMS for all it has done to continue the pandemic-era telehealth flexibilities on which patients have come to rely and that we have seen improve patient health in a major way in the last several years. We encourage CMS to continue working with Congress to find more ways to improve telehealth access into the future.

Continued Patient-Centered Flexibilities

ASH strongly supports the effort CMS makes in this rule to continue into calendar year 2025 several critical telehealth flexibilities, including the ability of practitioners to use their practice location on the claim rather than their home address. We request clarification on whether telehealth clinicians that practice exclusively from their own home have any option to shield from the public their home address, especially when offering behavioral health services. It is our understanding that full-time home-practicing physicians must use their home address as the place of service on their claim but feel this presents an unnecessary risk to those whose services are so critical to expanding telehealth to underserved and rural areas. If the home address of the practitioner must be listed as the place of service, practitioners' personal information would be vulnerable to anyone who can gain access to publicly available claims data, including but not only their patients. Concern over this vulnerability could lead to a lessening of physicians' willingness to offer their services via telehealth in some communities – something that is especially a concern for community safety-net hospitals because many such providers are located in geographically isolated areas with few physicians while others serve large numbers of patients for whom the ability to find transportation to doctors' offices is often a difficult and sometimes insurmountable challenge. Their patients need access to telehealth services, so we urge CMS to address these barriers appropriately.

We also support two permanent changes CMS is proposing in this rule: to permit audio-only services when patients are unwilling or incapable of using audio-visual devices for their visit and to define "direct supervision" for incident to services to include real-time audio-visual contact from the supervising practitioner.



Medicare Telehealth Services List

ASH supports the proposed new telehealth services, including caregiver training services and HIV PrEP counseling. We appreciate that the telehealth services list has grown in recent years and CMS has outlined a process for approving new services on a provisional or permanent basis. We request clarification, however, of the agency's plan for evaluating for permanent placement on the expanding list of provisionally approved telehealth services. Providers and patients are grateful for the new opportunities to connect via telehealth but the uncertainty of a service's future on the telehealth list may cause some providers to hold back on offering that service broadly to patients who can benefit from virtual delivery. One helpful step CMS can take is to commit to making changes to the list only during the annual physician fee schedule rulemaking each summer. While this has been the usual practice, the telehealth list has never been so vast and providers need reassurance that regulators will not turn to separate rulemaking outside of the usual timeline to make these changes in smaller increments. Please continue to review and make changes only during the annual physician fee schedule update rule.

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ASH appreciates the opportunity to provide feedback on the proposed physician fee schedule regulation and welcomes any questions CMS may have about the views we have expressed in this letter.

Sincerely,

Ellen J. Kugler, Esq.
Executive Director