



September 11, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 212441

RE: CMS-1784-P: Medicare and Medicaid Programs; CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Advantage; Medicare and Medicaid Provider and Supplier Enrollment Policies; and Basic Health Program

Dear Administrator Brooks-LaSure:

The National Health Council (NHC) appreciates the opportunity to provide comments to the Centers for Medicare & Medicaid Services' (CMS') proposed rule on 2024 Payment Policies Under the Physician Fee Schedule (PFS).

Created by and for patient organizations over 100 years ago, the NHC brings diverse organizations together to forge consensus and drive patient-centered health policy. We promote increased access to affordable, high-value, sustainable health care. Made up of more than 150 national health-related organizations and businesses, the NHC's core membership includes the nation's leading patient organizations. Other members include health-related associations and nonprofit organizations including the provider, research, and family caregiver communities; and businesses representing biopharmaceutical, device, diagnostic, generic, and payer organizations.

The NHC commends CMS for its continued efforts to expand health equity in the 2024 PFS. Throughout the years, the NHC has made it a part of its mission to emphasize the importance of equity within the health care ecosystem. In dialogues with our members, advocates, caregivers, and patients, we have committed ourselves to advancing health equity initiatives across the health care sphere. Our health equity initiatives can be found outlined in our report, [Access, Affordability and Quality: A Patient-Focused Blueprint for Real Health Equity](#).

Our specific comments are included below.

Medicare Telehealth Services

Telehealth services have proven themselves to be vital to the patient community. The NHC is pleased to see that CMS has proposed several updates to Medicare telehealth services. Updates such as adding health and well-being coaches under the Medicare Telehealth Services List reflect our shared goals of promoting individualized care

among patients. Expansion of telehealth services is a step forward in the right direction regarding patients' access to quality care. In expanding telehealth services, CMS would be eliminating barriers to care especially for individuals in underserved communities. A patient's geographic location should never be a determining factor in whether they receive adequate care. While CMS works to expand more telehealth services, it should also be noted proper guardrails must be put in place to ensure patient wellbeing and avoid potential abuse and fraud. Telehealth should be used as an option of care, not a replacement for in-person care, when determined to be medically necessary or preferred. The NHC commends CMS for its continued efforts in expanding care through telehealth services.

Caregiver Expansions

The NHC applauds CMS for expanding access to services and support for caregivers. Caregivers play an irrefutably essential role in the health and well-being of people with chronic diseases and disabilities. An estimated 53 million people provide caregiving for individuals with a chronic condition or disability, which often goes unpaid.¹ The new caregiver training services (CTS) code recognizes the significance of the caregiver role and the importance of having a well-trained caregiver population. In the proposed rule, CMS notes how CTS could be provided by a practitioner in a group setting. When creating specificities surrounding caregiver training, the NHC asks that the definition of training be as broad as possible and does not heighten burden among caregivers. Because this is a new code category, the NHC encourages CMS to undertake broad provider education about the new option and encourage providers to use it to implement new caregiver supports. CMS should also provide resources and examples of training options and tools to help providers who may not have undertaken this training before.

Community Health Workers, Care Navigators and Peer Support Specialists

The NHC is pleased to see the inclusion of community health workers (CHWs), care navigators, and peer support specialists being considered in coding for the care of Medicare beneficiaries. As stated in the proposed rule, these professionals play a vital role in bridging the gap in the continuum of care and improving outcomes for Medicare patients. For example, it has been shown that when CHWs are utilized in delivery of care, patients report higher levels of satisfaction, which can be correlated with many CHWs being from the communities which they serve.² The NHC also support the reference and inclusion of community-based organizations and community care hubs, contracting as third-party organizations with eligible Medicare Providers, to deliver Community Health Integration (CHI) services. All of these efforts will lead to greater health equity. Patients receiving care from individuals who share the same ethnic, racial, and/or linguistic background assist in providing culturally competent care and strengthens trust between underserved communities and health systems.

¹ The Recognize, Include, Support, and Engage (RAISE) Act Family Caregiving Advisory Council, The Advisory Council to Support Grandparents Raising Grandchildren, "2022 National Strategy to Support Family Caregivers" p. 3, Sept. 2022

² Centers for Medicare & Medicaid Services "On the Front Lines of Health Equity: Community Health Workers" p. 5, April 2021.

Advancing Health Equity Through Risk Assessments, Community Health Integration Services, and Principal Illness Navigation Services The NHC recognizes CMS efforts in advancing health equity. We are also pleased to see the inclusion of social determinants of health (SDOH) risk assessments as a part of Medicare annual wellness visits and/or evaluation/management visits. Assessing patients' SDOH is fundamental in achieving health equity. As noted in the proposed rule, SDOH play a dominant role in an individual's overall health. When medical practitioners evaluate their patients, assessing their SDOH could be used to create intervention, prevention, and treatment mechanisms in an individualized care plan. While the NHC recognizes the importance of SDOH risk assessments in patient care, it is important to recognize that barriers to participating in an annual wellness visit (AWV) exist. The people who would most benefit from SDOH risk assessments may face transportation, provider access, or financial barriers that make them less likely to benefit from AWVs.³ We need to continue to work to remove these barriers in order for the SDOH risk assessments to be most effective.

Community Health Integration (CHI) services will also help address health equity. CHI services are critical to improving population health. Medicare coverage for CHI services will create new opportunities for patients to access services, increase access to existing services, reduce disparities in care, and increase workforce capacity.

Finally, the NHC supports the inclusion of principal illness navigator services. Navigation is an essential tool in addressing the needs of people with complex conditions. We applaud CMS for including reimbursement for services to fully address the complex needs of persons with serious, high-risk disease that is expected to last at least three months.

Conclusion

The NHC appreciates the opportunity to provide input into the 2024 PFS. Please do not hesitate to contact Eric Gascho, Senior Vice President of Policy and Government Affairs, via e-mail at egascho@nhcouncil.org if you or your staff would like to discuss these issues in greater detail.

Sincerely,

Randall L. Rutta
Chief Executive Officer

³ Moore, Nathan, Koenig, N., "Increasing Medicare Annual Wellness Visits in Accountable Care Organizations" The American Journal of Accountable Care Vol. 9 Issue 3, Sept. 2021