

[Due Date—September 8, 2015]

Andy Slavitt, Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attn: CMS-1631-P  
P.O. Box 8013  
Baltimore, MD 21244-8016

**RE: Medicare Programs: Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2016**

Dear Acting Director Slavitt,

AAPCHO is a national not-for-profit association of 35 community-based health care organizations, 29 of which are Federally Qualified Health Centers (FQHCs). AAPCHO members are dedicated to promoting advocacy, collaboration, and leadership to improve the health status and access of medically underserved AA&NHOPIs in the U.S., its territories, and its freely associated states.

AAPCHO's members provides a linguistically and culturally competent care to millions of vulnerable Asian Americans, Native Hawaiians, and Other Pacific Islanders (AA & NHOPIs)

AAPCHO members focus on providing services that are uniquely appropriate to their patient populations including: comprehensive primary medical care, culturally and linguistically appropriate health care services, and non-clinical enabling services such as interpretation and case management. On average, AAPCHO's health centers have a higher percentage of patients age 65+ than other health centers (10% vs. 7%). Our members also have a much higher rate of patients who are Limited English Proficient (LEP) (50% vs. 23%) with some health centers serving as many as 99% LEP individuals. AAPCHO members also provide a higher average number of enabling service encounters (9274 vs. 4953) than other health centers in response to the needs of our patients (HRSA Uniform Data System, 2013).

We write today in strong support of key provisions of the proposed CY2016 Physician Fee Schedule that will help providers to deliver the holistic and coordinated services that AA&NHOPIs need.

**Support for Chronic Care Management (CCM) Services**

AAPCHO applauds CMS' decisions to extend reimbursement for providing chronic care management (CCM) services to Federally Qualified Health Centers (FQHC) and Rural Health Centers. CCM services are critical to monitoring and improving the health and health care outcomes of beneficiaries with chronic conditions. This provision would allow FQHCs to bill for and receive an additional payment for providing CCM in a similar manner as physicians who are reimbursed under the fee schedule. As part of the model of comprehensive care that we provide to our patients, AAPCHO health centers routinely provided behind-the-scenes CCM to our patients in order to improve their health outcomes. This payment acknowledges that these services are extremely important to the delivery of efficient care—and that the existing Medicare PPS does not adequately reimburse for these services.

**Support for Advanced Care Planning, and Expanding Provision to FQHCs**

The proposed rule includes a provision that allows providers who bill under the physician fee schedule be reimbursed for the time spent talking to patients about end-of-life decisions and Advanced Care Planning (ACP). As proposed, this policy would not apply to FQHCs as they do not bill under the PFS.

AAPCHO supports the policy for billing and reimbursement for providing ACP services. We strongly recommends that the proposal be expanded to include FQHCs, and that FQHCs be allowed to bill separately for, and receive reimbursement, for providing ACP services

**Support for Reporting and Stratification of Physician Quality Measures**

AAPCHO strongly supports the reporting and stratification of the physician quality measures by race, ethnicity, sex, primary language and disability status in the Physician Quality Reporting System (PQRS). This is a critical step towards data transparency and will help identify and reduce health disparities and achieve health equity. This proposal adds no additional data collection burden on providers; these data are currently collected and recorded in the patient record as electronic health records are already enabled to collect and transmit these data as part of the patient demographic data requirements of Meaningful Use. We support making these data publically available on the Physician Compare website in the future.