January 26, 2016

The Honorable Orrin Hatch
Chairman, Senate Finance Committee
United States Senate
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member, Senate Finance Committee
United States Senate
Washington, D.C. 20510

The Honorable Johnny Isakson
Co-Chair, Chronic Care Working Group
United States Senate
Washington, D.C. 20510

The Honorable Mark R. Warner
Co-Chair, Chronic Care Working Group
United States Senate
Washington, D.C. 20510

Re: Comments on the Bipartisan Chronic Care Working Group Policy Options Document

Dear Senators,

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 strongly supports the Chronic Care Working Group's efforts to improve care for and health care outcomes of beneficiaries with chronic conditions, and in particular for Asian American and Native Hawaiian and other Pacific Islanders (AA&NHOPI) with chronic conditions.

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 supportive enabling services such as interpretation and case management. On average, AAPCHO's health centers serve 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 health center patients serve a high percentage of complex patients, including those with chronic conditions such as diabetes and hepatitis B, who also may need support with social determinants (e.g. limited transportation availability, facilitated by transportation from the FQHC to/from the center).

AAPCHO clinics see first-hand the impact of and need for effective and appropriate in-language care to better serve their patients. We support the need to provide standards on the provision of in-language care, to ensure that patients are receiving adequate care within their plans.

Asian Americans, Native Hawaiians, and Pacific Islanders face high rates of chronic conditions. Native Hawaiians and Pacific Islanders have proven to be some of the highest risk populations for cardiometabolic diseases (i.e. diabetes, obesity, and CVD) in the United States.[1] In 2011, the CDC reported that among the cases where race and ethnicity was known, Asian Americans reported the

[1] Mau MK, Sinclair K, Saito EP, Baumhofer KN, Kaholokula JK. Cardiometabolic Health Disparities in Native Hawaiians and Other Pacific Islanders. *Epidemiologic Reviews*. 2009; 3(1): 113-129.

highest number of chronic cases of hepatitis B, which can lead to cirrhosis, hepatocellular carcinoma, or death.[2] Of the statistics that we know of subsections of AA&NHOPI populations, we realize that many conditions are severely undertreated. Of the 1.4 to 2 million hepatitis B infections known in the United States, fewer than 50,000 people per year receive prescriptions for antiviral medications to treat the virus.[3] Statistics like these are staggering, but not surprising when looking at AA&NHOPI subpopulations. Barriers to health access for AA&NHOPIs occur in many areas, some of which we address in this letter.

The policy options included in this draft offer important steps forward for improving care and outcomes for beneficiaries with chronic conditions. Below we offer recommendations on how to strengthen these proposals to ensure that AA&NHOPI populations receive the appropriate care, they need to maintain or improve their health outcomes.

Improving Care Management Services for Individuals with Multiple Chronic Conditions

AAPCHO supports efforts to promote team-based coordinated care for beneficiaries with chronic conditions. This is consistent with the health center model, and AAPCHO members have a long and effective history of providing holistic and patient centered care for beneficiaries with multiple chronic conditions.

We support the proposal to establish a new high-severity chronic care management code. This code must be applied in a manner similar to how the new chronic care management code (CCM) will be implemented. Specifically, FQHCs should be included as eligible providers to bill for the new high-severity chronic care management code. This would be billed outside of the Physician Fee Schedule and be an additional "add on" payment on top of the FQHC Medicare PPS rate. CMS has already endorsed this approach for the CCM codes and the application of this method to the new code will ensure billing consistency and provide strong incentives for FQHCs to continue delivering care to high-severity patients.

Recommendation: Ensure FQHCs are able to bill for new high-severity chronic care management code.

Addressing the Need for Behavioral Health among Chronically Ill Beneficiaries

Integrated behavioral and physical health services improve health outcomes for beneficiaries with multiple chronic conditions. Many AAPCHO members have embraced this model and have co-located or coordinated behavioral health care within the FQHC model. For low-income AA&NHOPI Medicare beneficiaries, this type of coordinated service provides full access to culturally competent care, eases the burden of transportation and integrates treatment protocols.

Recommendation: Encourage the delivery of coordinated and integrated behavioral and physical health services.

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[2] National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. *Health Disparities in HIV/AIDS, Viral Hepatitis, STDs, and TB: Asians*. http://www.cdc.gov/nchhstp/healthdisparities/Asians.html. Last updated April 1, 2014.

[3] Cohen C, Holmberg SD, McMahon BJ, Block JM, Brosgart CL, Gish RG, London WT, and TM Block. Is chronic hepatitis B being undertreated in the United States? *Journal of Viral Hepatitis*. 2011; 18(6): 377-383.

Adapting Benefits to Meet the Needs of Chronically Ill Medicare Advantage Enrollees/Expanding Supplemental Benefits to Meet the Needs of Chronically Ill Medicare Advantage Enrollees

We anticipate that AA&NHOPI beneficiaries with specific chronic conditions would benefit from a tailored benefit package and incentives for care. However, these packages must be designed in a manner that is culturally sensitive, and we underscore the need for linguistically and culturally competent care. Developing an alternative benefits package that includes specific benefit design or supplemental services offers an opportunity to add the enabling services to support AA&NHOPI beneficiaries who are enrolled in MA. We strongly encourage MA plans to include support services, including linguistically and culturally competent care and supported transportation, in all of their products when providing care to this vulnerable population. We also support supplemental benefits that would positively impact AAPCHO member patients including alternative therapies, counseling services and enhanced disease management. We call on Congress to ensure that there is strong regulation and enforcement to ensure that MA plans fulfill this responsibility.

The Working Group must ensure that granting MA plans the flexibility to design alternate benefits packages does not undermine the strong federal floor of consumer protections. All Medicare beneficiaries are entitled to a strong, core set of benefits. While we do not oppose the addition of benefits to better manage outcomes for patients with chronic conditions, we want to ensure that all enrollees get the benefits they are entitled to.

Recommendation: Ensure that linguistically and culturally competent services for AA&NHOPI beneficiaries are included as supplemental benefits and services in MA plans.

Ensuring Accurate Payment for Chronically Ill Individuals

AAPCHO strongly supports appropriate risk adjustment that takes into account the demographic and health history of beneficiaries. We support adding data into the risk adjustment model to more accurately risk adjust payments. In particular, we strongly support the addition of data on social determinants of health to the risk adjustment model.

The health system must collect and use a standard set of social determinants of health-related risk factors to be made available for identifying high risk factors of patients and to target appropriate resources to provide enabling services (supportive services that facilitate access to care including interpretation, eligibility assistance, and case management) to patients with more complex needs typically seen at AAPCHO's and other CHCs. To successfully implement the ACA's expectations of CHC growth and health system transformation, it is critical to assure payment is appropriately adjusted to account for patients' clinical and social complexity, and reducing health care expenditures.

Recommendation: Collect data on social determinants of health and incorporate it in to risk adjustment models to appropriately set payments for vulnerable patients.

Developing Quality Measures for Chronic Conditions

AAPCHO supports the Working Group's consideration of additional measures that focus on health care outcomes for individuals with chronic diseases. In particular, we strongly support measures that would look at patient and family engagement, and care coordination/transitions. We also support community-level measures in areas such as obesity, diabetes and smoking prevalence. We

support holding providers accountable to community-level measures and linking provider payment to these measures in a risk adjusted way.

In addition, CMS must be required to collect adequate data representing all of the populations that they serve while they implement these policies or consider for National Coverage Determinations for Medicare. Adequate data needs to include disaggregated race and ethnicity categories, as well as primary language of beneficiaries, to accurately represent the populations being served. Accurate data collection will illuminate health disparities that exist in specific subpopulations of AA&NHOPIs.

Recommendation: Collect and disaggregate data on race, ethnicity and primary language of beneficiaries.

Encouraging Beneficiary Use of Chronic Care Management Services

AAPCHO members' patients may benefit from chronic disease self-management tools when they are linguistically and culturally appropriate. We support the development and implementation of these tools, and support providing beneficiary incentives (e.g., waiving cost sharing) to encourage participation. We note however that some self-management tools, including many online, may be difficult to access for low-income or LEP populations. It is critically important that this benefit be structured as an incentive for participation and not as a penalty. Beneficiaries should not be penalized for failure to participate in a program that they cannot access.

Recommendation: Implement programs for chronic care management services and ensure that they are linguistically and culturally competent.

Expanding Access to Prediabetes Education

AAPCHO support the development and implementation of diabetes self-management training (DSMT) for entities who are not currently providers under the Medicare statute. This would allow community health workers and other public health officials to engage in this evidence-based intervention to help people reduce their risk of developing diabetes.

Recommendation: Expand access to a wide range of supports and trainings for diabetes and other chronic conditions and encourage a range of provider participation.

AAPCHO thanks the Working Group for the opportunity to submit these comments and to participate in this important conversation. For further questions and clarifications, please contact Heather Skrabak at hskrabak@aapcho.org or Isha Weerasinghe at isha@aapcho.org.