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September 2, 2014

Centers for Medicare and Medicaid Services, Department of Health and Human Services
Attention: CMS-1612-P
P.O. Box 8013
Baltimore, MD 21244-8013

RE: CMS-1612-P, Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, Clinical Laboratory Fee Schedule, Access to Identifiable Data for the Center for Medicare and Medicaid Innovation Models and Other Revisions to Part B for CY2015

To Whom It May Concern:

Bi-State Primary Care Association is pleased to respond to the above-referenced Proposed Rule, published by the Centers for Medicare and Medicaid Services (CMS) in the July 11, 2014 issue of the Federal Register, 79 Fed. Reg. 40,318.

Established in 1986, Bi-State is a nonpartisan, nonprofit 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont. Bi-State works with federal, state and regional health policy organizations, foundations and payers to develop strategies, policies and programs that provide and support community-based primary health care services in medically-underserved areas. Our members include Community Health Centers, which include Federally Qualified Health Centers (hereinafter interchangeably referred to as Health Centers or FQHCs); Rural Health Clinics; private and hospital-supported primary care practices; Community Action Programs; Health Care for the Homeless programs; Area Health Education Centers; Clinics for the Uninsured, and social service agencies.

Health Centers serve an ever-growing role as medical homes to Medicare beneficiaries. Nationally, Health Centers currently serve 1.7 million Medicare beneficiaries and that number is increasing. In Vermont and New Hampshire, 22 FQHCs serve over 227,000 patients through their 81 sites. Of those patients, over 40,000 are Medicare beneficiaries, or 18% of their total patient population. A 2010 report of the U.S. Government Accountability Office (GAO) noted a 72% increase in the Medicare beneficiary population in FQHCs between 2001 and 2008.¹ Medicare beneficiaries frequently are intensive users of Health Center services, and research shows that many individuals newly qualifying for Medicare today are proactive in seeking health care.

Health Centers rely on a broad range of providers to care for Medicare beneficiaries. The Medicare FQHC benefit covers primary and preventive care services provided by physicians, nurse practitioners, physician assistants, certified nurse midwives, clinical psychologists, and clinical social workers *and* the services and supplies that are incident to the services of those providers. However, under current regulations, services provided incident to an FQHC visit include only those services provided by an FQHC employee. As a result, incident-to services provided by contracted individuals cannot be considered allowable FQHC service costs under the present Medicare regulations.

In the Proposed Rule, CMS eliminates the restriction of employment for individuals furnishing services incident to FQHC visits. Bi-State commends CMS for removing this limitation. As CMS notes in the preamble to the Proposed Rule, this change will provide Health Centers with additional flexibility to meet staffing needs. Bi-State applauds the modification, as it enables Health Centers to care more efficiently and effectively for patients.

¹ U.S. GAO, *Medicare Payments to Federally Qualified Health Centers* (July 30, 2010), at 4-5.

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August 18, 2014

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Thank you for the opportunity to comment on this Proposed Rule. Please do not hesitate to contact me at (603) 228-2830 or via e-mail at tkuenning@bistatepca.org if you require any clarification on the comments presented above.

Sincerely,



Tess Stack Kuenning, CNS, MS, RN
President and Chief Executive Officer