APMA
American Podiatric Medical Association

9312 Old Georgetown Road
Bethesda, MD 20814-1621
Tel: 301-571-9200
Fax: 301-530-2752
www.apma.org

March 5, 2018

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

RE: Advance Notice of Methodological Changes for Calendar Year 2019 for Medicare Advantage Capitation Rates, Part C and Part D Payment Policies and 2019 Draft Call Letter (CMS - 2017 – 0163)

Dear Administrator Verma:

I am writing on behalf of the American Podiatric Medical Association (APMA) to comment on the Advance Notice of Methodological Changes for Calendar Year 2019 for Medicare Advantage Capitation Rates, Part C and Part D Payment Policies and 2019 Draft Call letter. APMA is the national organization representing the vast majority of the estimated 15,000 podiatric physicians and surgeons, also known as podiatrists, in the country. We appreciate this opportunity to provide our comments to the Centers for Medicare & Medicaid Services (CMS).

Enforcement Actions for Provider Directories and Network Adequacy

APMA thanks CMS for its guidance and vigilance to ensure provider directories are updated. We agree with CMS that inaccurate provider directories impede access to care and call into question Medicare Advantage Organizations' (MAOs') network adequacy. It is vital that Medicare beneficiaries have timely access to care. Access to quality foot care provided by podiatrists is essential to treating individuals with diabetes. Several studies have evaluated care by podiatrists for patients with diabetes and demonstrated that podiatrists are best equipped to treat lower extremity complications from diabetes, prevent amputations, reduce hospitalizations and provide savings to our healthcare delivery systems. Because of the significant ramifications delay in care can have to beneficiaries, APMA encourages CMS to enforce provider directory rules fully and impose civil monetary penalties as appropriate. Enforcing these rules can help to ensure patients have access to quality care that can prevent complications and reduce costs.

Additionally, as suggested by commenters in response to CMS' recent 2019 Medicare Advantage and Part D Policy and Technical Changes proposed rule, we urge CMS to include adjustments to the Star Ratings methodology that would award points to MAOs that maintain an adequate network of specialists, including podiatrists. This would provide an important incentive for MAOs to maintain the appropriate mix of physicians, including podiatrists, on their provider panels.

Parts A and B Cost-sharing for Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program

APMA appreciates CMS efforts to persuade MAOs to be proactive in informing providers concerning which members are Qualified Medicare Beneficiaries (QMBs). Notwithstanding, APMA consistently gets questions from its members concerning identifying and billing QMBs. APMA advocates that CMS prescribe a consistent mechanism, applicable across all Medicare Advantage plans, through which providers can identify QMB members. We believe that such a uniform process will decrease the burden on providers to determine how each separate organization provides information about QMBs or where to go for such information. Moreover, we believe that a uniform mechanism for identifying QMB members will increase compliance related to billing of QMBs for cost sharing.

Transparency & Timeliness with Prior Authorization Processes

APMA supports CMS' instruction to plans concerning transparency of prior authorization requirements. In addition to prior authorizations required by plan rules for coverage, the Medicare Advantage regulations at 42 CFR 422.566 allow providers to voluntarily request an organization determination. Providers frequently do this when they are not sure that a service will be covered or to ensure coverage prior to furnishing an expensive item or service. In some instances reported to us by our members, plans simply provide a verbal response which is later not honored. In others they may provide a written response that states that it is not a guarantee of coverage. APMA suggests that CMS remind MAOs of their responsibility to respond to voluntary provider requests for organization determinations and to appropriately recognize when such a request in being made. Providers rarely use the term "organization determination" but may call to see whether a service will be covered.

APMA further suggests that CMS monitor MAO claims payment denials for services for which a provider believed he/she obtained an organization determination.

Additional Comment – Basic Benefits

APMA requests that CMS monitor MAO coverage of basic benefits furnished by contracting providers. While the independent review process that is part of a member or non-contracted provider appeal gives CMS a snapshot of whether MAOs are compliant in their obligation to cover Medicare basic benefits, there is not a similar mechanism for services furnished by contracting providers. Although CMS and MAOs may believe that there is no beneficiary harm where MAOs deny payment for such benefits because members are held financially harmless, repeated denials of claims for basic benefits results in decreased beneficiary access to those services. Providers are unwilling to furnish services that are consistently denied by MAOs. Often the contracted provider appeals process is simply a rubberstamp for the previous decision and does not provide for meaningful review. Providers have no other recourse to address the denials. An example of a basic benefit that is frequently denied by MAOs is routine foot care for at-risk individuals with confirmed qualifying conditions, such as diabetes or

peripheral arterial disease. While these services are covered under fee-for-service Medicare, they are frequently denied by MAOs.

APMA thanks CMS for the opportunity to comment on the Advanced Notice and Draft call. If you have questions concerning our comments, please contact APMA's Center for Professional Advocacy Director Chad L. Appel, JD at (301) 581-9200 or at clappel@apma.org.

Sincerely,

Ira H. Kraus, DPM
President