

January 16, 2018

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program (CMS-4182-P)

Dear Administrator Verma:

On behalf of Tivity Health, a leading health improvement and wellness company, we appreciate the opportunity to provide comments in response to the proposed rule entitled *Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program*. This proposed rule was issued on November 16, 2017 (“Proposed Rule”) by the Centers for Medicare & Medicaid Services (CMS).

At Tivity Health, we partner with consumers, fitness and community centers, healthcare practitioners, and many of the nation’s largest payers, including Medicare Advantage (MA) plans, and employers to provide fitness and health improvement programs that support healthy living. Tivity Health is dedicated to delivering a consumer experience that empowers individuals to lead healthy and productive lives. Our SilverSneakers® program is offered as a supplemental benefit to MA plan enrollees with access to physical activity and a social network that has been proven to promote overall vitality.

Tivity Health Supports Providing More Flexibility in the MA Uniformity Requirements and Segment Benefits Flexibility

Based on Tivity Health’s over 25 years of clinical and operational expertise in managing specialty health benefits and networks, we support CMS’ proposal to allow MA plans to exercise greater flexibility in the benefits provided to consumers. Specifically, we support CMS’ proposal to reinterpret the uniformity requirements to permit MA organizations to reduce cost sharing for certain covered benefits, offer specific tailored supplemental benefits, and offer lower deductibles for enrollees that meet specific medical criteria, provided that similarly situated enrollees are treated the same. We also support CMS’ proposal to allow MA plans to vary supplemental benefits, in addition to premiums and cost sharing, by each segment of an MA plan beginning in 2019.

We appreciate CMS' interest in identifying the additional flexibilities that are needed regarding supplemental benefits that could be included to increase choice, improve care quality, and reduce cost. Individuals with the same condition often have unique health needs due to a variety of factors including the presence of comorbidities and medical history. Therefore, the ability to meaningfully treat patients and empower them to lead healthier, more productive lives is dependent on the extent to which health care can be tailored to each patient's specific circumstances.

While we support these proposed changes, we also request that CMS ensure that its reinterpretation of uniformity requirements not result in the imposition of premiums or cost sharing requirements for supplemental benefits that currently are not subject to premiums or cost sharing requirements. We believe this result would run counter to the intent of the agency's proposals.

CMS Should Provide More Flexibility on What MA Plans Can Offer as Supplemental Benefits

CMS notes that for Contract Year 2019 the agency is considering issuing guidance clarifying the flexibility MA plans have to offer targeted supplemental benefits for their most medically vulnerable enrollees. We urge the agency to consider also changing existing guidance to enable MA plans to exercise more flexibility in the types of services that can be offered as supplemental benefits. Specifically, CMS should consider allowing MA plans to offer therapeutic massage as a supplemental benefit.

Currently, MA plans are expressly prohibited from offering therapeutic massage, performed by a licensed massage therapist, as a supplemental benefit to its members, regardless of patient need. We urge the agency to take further action in implementing this proposal and give MA plans the flexibility to offer therapeutic massage when it is clinically indicated.

Numerous studies examining the association between various types of therapeutic massage and health outcomes have found that therapeutic massage is beneficial for a variety of populations and clinical conditions. Specifically, therapeutic massage has been proven to aid in decreasing blood pressure and stress; improving sleep patterns and decreasing insomnia; improving circulation and reduced muscle tension; and improving shoulder range of motion.¹ Research has also indicated that cancer patients who receive therapeutic massage experience decreased pain, anxiety, depression, fatigue, and chemotherapy-related physical symptoms.²

¹ Yeun, Young-Ran. "Effectiveness of massage therapy on the range of motion of the shoulder: a systematic review and meta-analysis." *Journal of physical therapy science* 29.2 (2017): 365-369. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333006/>; Miake-Lye, Isomi, et al. "Massage for Pain: An Evidence Map." (2016) [Department of Veterans Affairs: Evidence-based synthesis program reports]. Available at <https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0091041/>.

² *National comprehensive Cancer Network: Clinical practice guidelines in oncology: adult cancer pain v1, 2007.* Available at www.nccn.org; Cassileth BR, et al. *Complementary therapies and integrative oncology in lung cancer: ACCP evidence-based clinical practice guidelines (2nd edition)*, *Chest*, 132: 340S-354S; *National comprehensive Cancer Network: Clinical practice guidelines in oncology: cancer related fatigue v4, 2007.* Available at www.nccn.org; Weinrich SP, Weinrich MC. *The effect of massage on pain in cancer patients*, *Appl Nurs Res*, 3: 140-145, 1990.; Wilkinson SM, et al. *Effectiveness of aromatherapy massage in the management of anxiety and depression in patients with cancer: a multi-center randomized controlled trial.* *J Clin Oncol*, 25:532-538.; Smith MC, et al. *Outcomes of therapeutic massage for hospitalized cancer patients.* *J Nurs Scholar* 34:257-262, 2002.;

Due to the complexity of pain management, the U.S. is struggling to find optimal solutions to the opioid crisis; therapeutic massage can serve as an effective treatment option for patients with chronic pain without the risks and expense associated with prescription drugs, especially opioids, and invasive procedures.³ Potential benefits of massage for pain indications include labor, shoulder, neck, and back pain, fibromyalgia, and temporomandibular disorder.⁴ Patients who use alternative therapies, such as therapeutic massage, rather than opioids also have significantly lower rates of adverse side effects of treatment including 1.5 times lower rates of nausea, 1.3 times fewer incidences of severe itching, and 1.6 times fewer reports of dizziness.⁵ Further, the American College of Physicians' clinical practice guidelines indicate that clinicians and patients should select non-pharmacological treatments, including therapeutic massage, to address acute, subacute, and chronic low back pain.⁶

We believe coverage of therapeutic massage would also align with the goals of the U.S. Department of Health and Human Services (HHS). The agency recently announced that it intends to establish a Pain Management Best Practices Inter-Agency Task Force to provide advice and recommendations for the development of best practices for pain management and prescribing pain medication.⁷ HHS is seeking members that are experts in areas related to pain management, addiction, opioid use disorders and members from pain advocacy groups in an effort to find alternative pain management treatments.

The evidence has proven that therapeutic massage and other physical medicine services can serve as effective treatment options for patients with chronic pain without the risks and expense associated with prescription drugs and invasive procedures. Additionally, the use of non-pharmacological interventions such as therapeutic massage to mitigate pain and treat musculoskeletal conditions has gained widespread support. For these reasons, we strongly encourage CMS to consider the inclusion of non-pharmacologic alternatives to managing pain such as therapeutic massage as part of the supplemental benefits that MA plans may offer to beneficiaries.

Post-White J, et al. Therapeutic massage and healing touch improve symptoms in cancer. Integr Cancer Ther 2:332-344, 2003.; Cassileth BR, Vickers AJ. Massage therapy for symptom control: outcome study at a major cancer center. J Pain Symptom Manage 28:3, 2004.; Fellowes D, et al. Aromatherapy and massage for symptom relief in patients with cancer. Cochrane Database Syst Rev. 2:CD002287, 2004.

³ Crawford, Cindy, et al. "The impact of massage therapy on function in pain populations—A systematic review and meta-analysis of randomized controlled trials: Part I, patients experiencing pain in the general population." *Pain Medicine* 17.7 (2016): 1353-1375.

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4925170/.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4925170/)

⁴ Miake-Lye, Isomi, et al. "Massage for Pain: An Evidence Map." (2016) [Department of Veterans Affairs: Evidence-based synthesis program reports]. Available at

[https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0091041/.](https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0091041/)

⁵ Duke University Medical Center. "Acupuncture Reduces Pain, Need For Opioids After Surgery." *ScienceDaily*. ScienceDaily, 18 October 2007. Available at www.sciencedaily.com/releases/2007/10/071016181238.htm.

⁶ Qaseem A, et al. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians. *Ann Intern Med* 166:514–530, 2017.

⁷ Announcement available here <https://www.hhs.gov/about/news/2017/08/25/hhs-establishing-pain-management-task-force-seeks-member-nominations.html>.

Thank you for your consideration of these comments. Should you have any questions regarding this letter, please contact me at the number below.

Sincerely,

Vicki Shepard

Vicki Shepard, Office of the CEO
VP, Government and External Relations
615-202-2029