CY 2024 Medicare Hospital Outpatient Prospective Payment System (1786-P) and Physician Fee Schedule (1784-P) Proposed Rules

August 8th, 2023

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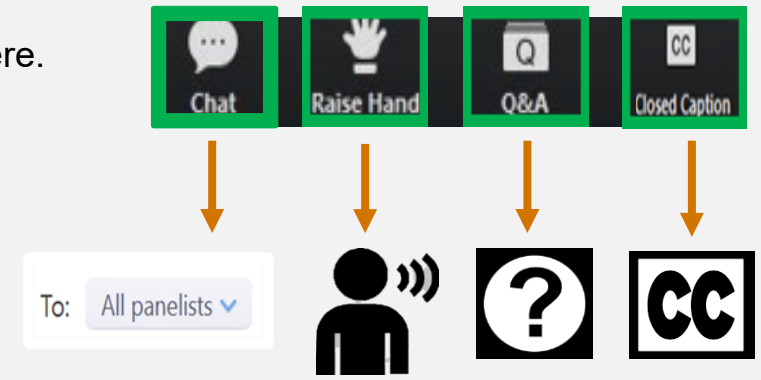

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Agenda

1. CY 2024 Medicare Hospital Outpatient Prospective Payment System (1786-P) – Josh McFeeters
2. CY 2024 Physician Fee Schedule Telehealth (1784-P) – Kristopher Corwin
3. Medicare Diabetes Prevention Program – Tina Cooley
4. Medicaid Diabetes Strategy Discussion – Dr. William Mayer

Here is the link to the Physician Fee Schedule (1784-P) Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-proposed-rule

CY 2024 Medicare Hospital Outpatient Prospective Payment System (1786-P)

All Tribes Consultative Webinar

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CY 2024 Physician Fee Schedule Telehealth (1784-P)

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CY 2024 PFS NPRM

- On July 13, 2023, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that announced and solicited public comments on proposed policy changes for Medicare payments under the Physician Fee Schedule (PFS), and other Medicare Part B issues, on or after January 1, 2024. The calendar year (CY) 2024 PFS proposed rule is one of several proposed rules that reflect a broader Administration-wide strategy to create a healthcare system that results in better accessibility, quality, affordability, empowerment, and innovation.
- When & Where to Submit Comments:
- See the proposed rule for information on submitting formal comments by September 11, 2023.
- The proposed rule includes proposed changes not reviewed in this presentation, please refer to proposed rule for complete information: https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-p
- Feedback during this presentation will not be considered as formal comments; please submit comments in writing using the formal process
- See proposed rule for information on submitting comments by close of 60-day comment period on September 11 (When commenting refer to file code CMS-1784-P)

Telehealth Services Under the PFS

- For CY 2024, we are proposing to add health and well-being coaching services to the Medicare Telehealth Services List on a temporary basis for CY 2024, and Social Determinants of Health Risk Assessments on a permanent basis.
- We are also proposing to implement several telehealth-related provisions of the Consolidated Appropriations Act, 2023 (CAA, 2023), including:
  - temporary expansion of the scope of telehealth originating sites for services furnished via telehealth to include any site in the United States where the beneficiary is located at the time of the telehealth service;
  - the expansion of the definition of telehealth practitioners to include qualified occupational therapists, qualified physical therapists, qualified speech-language pathologists, and qualified audiologists;
  - the continued payment for telehealth services furnished by RHCs and FQHCs using the methodology established for those telehealth services during the PHE;
  - delaying the requirement for an in-person visit with the physician or practitioner within six months prior to initiating mental health telehealth services, and again at subsequent intervals as the Secretary determines appropriate, as well as similar requirements for RHCs and FQHCs;
  - the continued coverage and payment of telehealth services included on the Medicare Telehealth Services List (as of March 15, 2020) until December 31, 2024.

Telehealth Services Under the PFS – 2

- Additionally, we are also proposing a refined process to analyze requests received for addition of services to the Medicare Telehealth Services List
- Beginning in CY 2024, we are proposing telehealth services furnished to people in their homes be paid at the non-facility PFS rate to protect access to mental health and other telehealth services by aligning with telehealth-related flexibilities that were extended via the CAA, 2023.
- We are also proposing to continue to define direct supervision to permit the presence and immediate availability of the supervising practitioner through real-time audio and video interactive telecommunications through December 31, 2024
  - We are soliciting comment on whether we should consider extending the definition of direct supervision to permit virtual presence beyond December 31, 2024.
  - Specifically, we are interested in input from interested parties on potential patient safety or quality concerns when direct supervision occurs virtually.

Telehealth Services Under the PFS – 3

Telehealth Services Furnished in Teaching Settings

- To remain consistent with the telehealth policies that were extended under the CAA, 2023, we are proposing to allow teaching physicians to use audio/video real-time communications technology when the resident furnishes Medicare telehealth services in all residency training locations through the end of CY 2024.
- We are also seeking comment on other clinical treatment situations where it may be appropriate to allow the virtual presence of the teaching physician and could consider finalizing these in the CY 2024 PFS final rule

Medicare Diabetes Prevention Program (MDPP) CY 2024 PFS Proposed Updates

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Proposed Changes to Enhance MDPP

CMS is working to make enhancements to MDPP to improve equity and access to the program.

1. **Improve Equity Across the Program**

2. **Increase the Number of Participating Suppliers**

3. **Increase Beneficiary Enrollment and Retention**

PHE Flexibilities Extended through December 31, 2023

CMS published a Notice on the Federal Register on May 2, 2023, to extend the PHE flexibilities through December 31, 2023.

- **Addressed Gap in Ability to Offer Virtual Delivery of MDPP**
  - PHE ended May 11, and along with that the ability to offer virtual participation
  - That left a gap between May 12 and December 31 when in-person participation would be required, and virtual participation would no longer be an option.
  - Provided CMS time to consider rulemaking to extend the PHE flexibilities beyond 2023.

CY 2024 Physician Fee Schedule Proposed Updates to MDPP

MDPP Proposed Policies in CY 2024 PFS Proposed Rule (1)

CMS is proposing to extend the PHE flexibilities for 4 years until December 31, 2027, retire Ongoing Maintenance Services, and streamline the MDPP payment schedule.

Proposing to extend the PHE flexibilities through 12/31/2027

- Alternatives to the requirement for in-person weight measurement (§410.79(e)(3)(iii)), via:
  - Digital technology
  - Self-reported weight measurement from an at-home digital scale

- Elimination of the maximum number of virtual services (§ 410.79(e)(3)(iv))
  - Applies to organizations with CDC preliminary, full, full-plus recognition in the **in-person** modality
  - Virtual services delivered in a manner consistent with CDC DPRP Standards for distance learning sessions

Proposing to retire Ongoing Maintenance Services (services in months 13-24)

- In the CY 2022 PFS, we removed eligibility for Ongoing Maintenance Sessions for participants who started MDPP set of services on or after January 1, 2022.
- On December 31, 2023, 2-year MDPP services period ends for those participants who started MDPP in 2022 or earlier.
- Eligibility for ongoing maintenance services will end December 31, 2023 for all beneficiaries.

MDPP Proposed Policies in CY 2024 PFS Proposed Rule (2)

CMS is proposing to extend the PHE flexibilities for 4 years until December 31, 2027, retire Ongoing Maintenance Services, and streamline the MDPP payment schedule.

Performance Payments

- MDPP participant achieves 5% weight loss from baseline weight
- ***MDPP participant maintains 5% weight loss from baseline weight in months 7-12***
- MDPP participant achieves 9% weight loss from baseline weight

Attendance Payments

- Allow up to 22 sessions (alone or in combination with other codes) in a 12-month period
- ***HCPCS G-code for in-person and distance learning sessions***

HCPCS G-Code	Payment Description*	CY 2024
GXXX0	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	$25
GXXX1	Behavioral counseling for diabetes prevention, distance learning, 60 minutes	$25
G9880	5 percent weight loss (WL)Achieved from baseline weight	$145
GXXX2**	Maintenance 5 percent WL from baseline in months 7-12	$8
G9881	9 percent WL Achieved from baseline weight	$25
G9890	Bridge Payment	$25
	Subtotal Maximum Attendance-Based Payment	**$550**
	Total Maximum Payment	**$768**

Other Proposed Policies in CY 2024 PFS Proposed Rule

CMS is proposing additional policies that impact diabetes in the CY 2024 PFS.

- **Expand diabetes screening and diabetes definitions**

1. Expand coverage of diabetes screening tests **to include the Hemoglobin A1C test (HbA1c) test**;
2. Expand and simplify the frequency limitations for diabetes screening; and
3. Simplify the regulatory definition of "diabetes" for diabetes screening (§ 410.18(a))

Proposed policies in the CY 2024 PFS proposed rule:

- https://www.federalregister.gov/public-inspection/2023-14624/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other

Comments can be submitted at https://www.regulations.gov/.

- If commenting, refer to file code CMS-1784-P.

Next Steps Steps

Continue AI/AN listening sessions and Tribal consultation on MDPP

Communicate progress on MDPP

Medicaid Diabetes Strategy Discussion

Bill Mayer, MD, MPH, CMS Fellow, Expert Consultant, and Health Insurance Specialist, FCHCO

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Agenda

- CMS diabetes strategy development
- Medicare interventions
- Medicaid challenges and opportunities
- Questions and discussion
- Next steps

CMS Diabetes Strategy Development

Aspirational goal:

- 100% of people served by CMS receive evidence-based diabetes screening, prevention, and treatment services across the lifespan

Scope:

- All enrolled and eligible
  - AI/AN entities, 50 states, DC, Territories
  - Children, adolescents, adults, pregnant women, underserved
- Medicare, Medicaid and CHIP, Marketplace

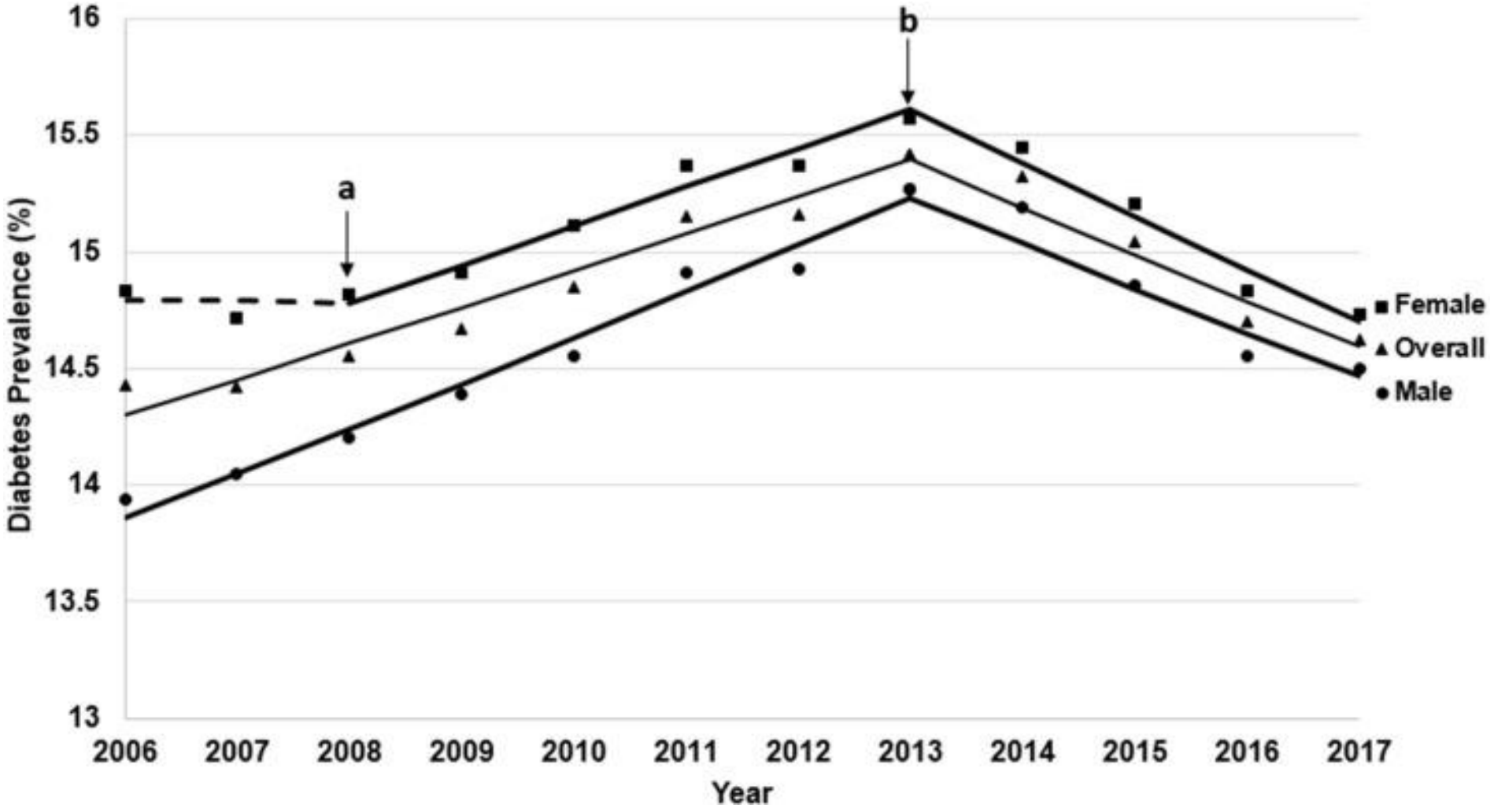
Consultive opportunities to date:

- Tribal Leaders Diabetes Committee, All Tribes Webinar, TTAG

Medicare Diabetes Strategy: Intervention Examples

1. Increase diabetes screening
2. Improve accessibility of Intensive Behavioral Treatment for Obesity (IBTO)
3. Potential enhancements to the Medicare Diabetes Prevention Program (MDPP)
4. Enable receipt of Diabetes Self-Management Training (DSMT)
5. Control out-of-pocket costs for diabetes-related medications
6. Expand community outreach to underserved people at risk for, and with, diabetes
7. Enhance support for health-related social needs
8. Enhance data collection, analysis and reporting on race, ethnicity, Health-Related Social Needs
9. Streamline access to Medicare Savings Program and Part D Low Income Subsidy
10. Measure, promote, and reward receipt of IBTO, diabetes screening, MDPP, DSMT, and comprehensive diabetes care in total and for underserved populations

Challenges: Diagnosed Diabetes in I.H.S. Adults



Source: Bullock A, Sheff K, Hora I, et al. BMJ Open Diabetes Res Care; 8(1); e001218; 2020.

Challenges: AI/AN Diabetes-Related Burden of Illness

- 23.5% of AI/AN adults have diabetes, almost 3 times higher than non-Hispanic White adults (8.0%)
- AI/AN people in Medicare Advantage (MA) were 2 times more likely to have poor control of blood sugar than White people in MA
- AI/AN people were 2.3 times more likely to die from diabetes than non-Hispanic White people
- AI/AN people were 2 times more likely to be diagnosed with end stage kidney disease than non-Hispanic White people
- AI/AN adults were 60% more likely to have obesity than non-Hispanic White adults

Sources: CDC, 2020-2021.

Suggested Questions for Discussion

- What are the opportunities for improving receipt of diabetes services among AI/AN people eligible for Medicaid and CHIP?
- What are the barriers for improving receipt of diabetes prevention and treatment services among Medicaid and CHIP eligible AI/AN people?
- What additional considerations do you think are important to address diabetes equity, prevention and treatment among Medicaid and CHIP eligible AI/AN people?
- How can AI/AN entities and CMS collaborate to reduce the burden of illness from diabetes?

Please feel free to send responses to the questions we asked to: Tribalaffairs@cms.hhs.gov, william.mayer@cms.hhs.gov

Next Steps

- Summarize today's discussion
- Follow up on recommendations
- Continue AI/AN listening sessions on CMS diabetes strategy
- Communicate progress on CMS diabetes strategy

Please feel free to send responses to the questions we asked to: Tribalaffairs@cms.hhs.gov, william.mayer@cms.hhs.gov

THANK YOU!

Questions?

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