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Submitter Information

Name: Anonymous Anonymous
Address:
Lansing, MI, 48909

General Comment

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I respectfully request that the HCPCS used beginning 2019 be the same HCPCS codes CMS released for States to run through the aggregate tool. The tool is helpful to States; however, not providing a definitive list places States at a disadvantage. Upon reviewing the preliminary list I found various codes that the State's policy and pricing methodology is completely different than Medicare. For negative pressure wound pumps, my State uses a daily rate (Medicare uses a monthly rate) with a max daily unit count typically up to 14 days. The preparation for implementation is more than submitting tribal notices, public notices and State Plan Amendments; States need to review State laws, approach State Legislatures in the event rates decline necessitating increased State funds for services, provider education, policy promulgation, potential MMIS changes, etc. If the list of codes will not be the same I ask that CMS consider delaying the reporting requirements to the 2nd or 3rd quarter of 2019 and perhaps only using the 3rd and 4th quarter 2018 aggregate reports. Guidance on this regulation was not provided to the States in a timely fashion, one month prior to the effective date of 1/1/2018. While the guidance is appreciated it does not give States time to research, analyze potential outcomes, current State laws and impact on providers as well as beneficiaries. There is potential for States to lose providers due to rate changes and provider associations have indicated many businesses have already closed in the State due to the Medicare Competitive Bid.