



November 30, 2007

Centers for Medicare & Medicaid Services
Baltimore, Maryland

Re: Docket: CMS-1385-FC - Revisions to Payment Policies Under the Physician Fee Schedule: Medicare Interim Final Rule Physician Fee Schedule 2008 related to codes 99441, 99442, 99443, 98966, 98967, 98968

Dear Sir:

Case Management Society of America (CMSA) appreciates this opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) interim final rule regarding revisions to payment policies under the proposed 2008 Medicare physician fee schedule. CMSA is the leading professional association supporting over 10,500 members providing case/care management services to patients and consumers nationally and internationally through various work environments, such as health plans, hospitals, government and employer markets.

Case/care management is “a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s healthcare needs through communication and available resources” (CMSA, 2002). As an essential part of the healthcare team, case managers routinely work directly with patients in support of medical management assessments, objectives, services, and health care coordination. The processes of health adherence assessment, education, and adherence monitoring are well within the scope of case/care management practice.

Professional case/care managers perform these responsibilities as a core function of their jobs. As licensed professionals, nurses, social workers case/care managers use proven techniques (e.g., health literacy assessment, readiness to change tool) in working with patients, caregivers, and fellow healthcare professionals toward measurable improvement in health status.

Case/care managers work collaboratively with physicians and pharmacists in coordinating and providing assessments and management services through individualized care planning and care coordination in collaboration with beneficiaries, care givers and families. In support of those interventions and services, we ask for reconsideration of the interim payment rule on CPT codes: 99441, 99442, 99443, 98966, 98967 & 98968 from an N status to payable codes by Medicare. These codes represent assessment and management services to beneficiaries such as:

- Transition of care
- Medication reconciliation
- Health literacy assessment, medication knowledge, readiness to change
- Motivational interviewing

- Patient education
- Medical Home coordination

Failure to provide appropriate incentives and funding for these codes affects the alignment of care coordination quality between providers, especially at the various levels for transitions of care within settings, between settings, and between health states. Poor transitions of care may result in poor outcomes such as incorrect treatments, medication errors, delay in diagnosis and treatment, readmissions, patient complaints, increased health care costs).

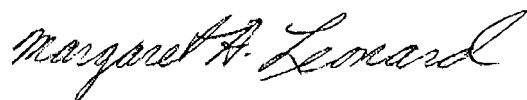
CMSA believes that by requesting funding support for these six codes, providers will more readily integrate case/care managers in support of the care coordination concepts such as the Medicare Medical Home Demonstration (MMHD), pay for performance programs, and various collaborative care models which CMS and other regulatory agencies are discussing.

We urge CMS to adopt a payable ruling structure for these much needed codes to ensure consistency, accountability, and improved quality of care for beneficiaries. We thank you for your consideration of these comments on this Interim Final Rule and hope we continue to work with CMS to advance Medicare beneficiaries' access to high quality, state-of-the-art care. Please contact CMSA at 501-225-2229, if you have any questions on these comments. Thank you for your attention to these important issues.

Sincerely,



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