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September 10, 2021

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1751-P
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; Provider and Supplier Prepayment and Post-Payment Medical Review Requirements (CMS-1751-P)

Dear Administrator LaSure:

On behalf of its 142 hospital members, the Missouri Hospital Association offers the following comments in response to the Centers for Medicare & Medicaid Services' proposed calendar year 2022 physician fee schedule payment and policy updates.

COVID-19 VACCINE ADMINISTRATION

CMS invites comment regarding its COVID-19 vaccine payment and policy standards. When COVID-19 vaccinations were made available to Medicare beneficiaries, the initial payment rates were inadequate. CMS initially set the payment rate for the first dose of Pfizer and Moderna vaccines at \$16.94 and the second dose at \$28.39. The payment rate for the Johnson & Johnson vaccine was set at \$28.39. MHA previously commented that the rates should be adjusted to more accurately reflect the cost to procure, store and administer the vaccination to Medicare beneficiaries. Subsequently, CMS increased the Medicare payment rate to \$40 per vaccine administration. CMS has also made COVID-19 vaccinations available in the patient's home and established an add-on reimbursement rate of \$35.50 to cover traveling and other logistical expenses. MHA applauds the increased payment rates for COVID-19 vaccine administration which more closely aligns with the cost of providing the service. MHA also supports the coverage and add-on payment for COVID-19 vaccinations provided in the Medicare beneficiary's home. MHA supports continued alignment of costs and payments for COVID-19 vaccine administration services as well as other preventative vaccine administration services. MHA also supports the flexibility of providing COVID-19 vaccinations in the patient's home and encourages CMS to consider providing similar coverage and payment for other preventative vaccination services.

PROPOSED CHANGES TO THE MEDICARE TELEHEALTH PROGRAM

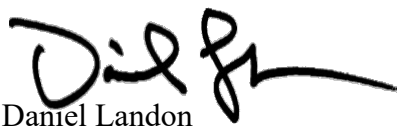
The Centers for Medicare & Medicaid Services historically has been slow to adopt Medicare coverage of telehealth services. Restrictions on the originating site of service, limitation of covered CPT codes and low payment rates have kept Medicare beneficiaries from utilizing telehealth and providers from offering telehealth services. During the COVID-19 public health emergency, CMS waived many of these restrictions, including allowing beneficiaries to receive telehealth services in their homes, increasing payment rates for certain services and expanding provider access through a broader range of telehealth delivery systems. These changes have dramatically increased the use of telehealth and provided strong evidence of better ways to deliver health care. While MHA is disappointed that CMS did not add any services to the Category 1 or Category 2 classifications, MHA applauds the proposal to extend coverage of the temporary telehealth codes through the end of CY 2023. MHA encourages CMS to consider permanently including more services in Category 1 and Category 2 classifications while continuing to remove barriers to telehealth services.

MENTAL HEALTH TELEHEALTH SERVICES

Access to mental health services has been challenging for many years. With the recent increases in the need for mental health services, providers are working to find new ways to interact with patients. CMS has recognized the need by proposing to expand reimbursement for mental health services provided via telehealth. As proposed, patients who received coverage of initial and periodic in-person visits are eligible to receive telehealth services. CMS also has proposed to allow for audio-only communication technology in diagnosing, evaluating or treating mental health disorders. However, CMS is proposing to limit the use of audio-only interactive telecommunications to mental health services when the practitioner has the capacity to offer two-way, audio/video communications but the beneficiary is not capable of or does not consent to using two-way audio/video communications. MHA applauds the CMS recommendation to allow certain mental health services to be delivered utilizing telemedicine technology. MHA recommends that CMS finalize the proposal as written.

Thank you for the opportunity to comment and for your consideration of these issues.

Sincerely,



Daniel Landon
Senior Vice President of Governmental Relations



Andrew Wheeler
Vice President of Federal Finance

dl:aw/djb