



September 5, 2018

Ms. Seema Verma, Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., S.W.
Washington, D.C. 20201

Submitted electronically to www.regulations.gov

Re: Additional Comments on CMS-1691-P, “Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program (CBP) and Fee Schedule Amounts, and Technical Amendments to Correct Existing Regulations Related to the CBP for Certain DMEPOS¹

Dear Administrator Verma:

The American Association for Homecare (AAHomecare) is pleased to submit this additional comment letter on the Centers for Medicare and Medicaid Services’ (CMS’) above captioned Proposed Rule.² AAHomecare members include a cross section of suppliers, manufacturers, and other industry stakeholders that assist, make or furnish DMEPOS items that beneficiaries use in their homes. Our members are proud to be part of the continuum of care that assures Medicare beneficiaries receive cost effective, safe and reliable home care products and services.

This comment letter addresses some additional recommendations specific to negative pressure wound therapy (NPWT), and a clarification to our comments regarding CMS’ determination of supplier capacity during the bid process.

NPWT Issues: As we explained in our August 20, 2018 comment letter, product categories must be constructed to ensure beneficiary access by grouping together related products that are

¹ 83 *Federal Register* 34304 (July 19, 2018)

² AAHomecare submitted comments on this proposed rule on August 20, 2018.

generally provided together to address a beneficiary's needs. We would add that NPWT items and services deserve their own attention. In particular, it will be important for CMS to work closely with NPWT manufacturers and providers to ensure that the NPWT category fee schedule ratios do not result in irrational relative pricing for the respective HCPCS codes within this category.

Supplier/Bidder Capacity Determination 42 C.F.R. §414.414(e): As we explained in our August 20, 2018 comments, we urge CMS to clarify in the final rule that the actual historic capacity of a supplier in the CBA is what will be used when evaluating supplier capacity. When looking at a bidder's historic capacity, CMS can look at the bidder's immediate prior experience in the product category in the particular CBA. For bidders that were not contractors in the previous bid round, however, bidders should be able to submit additional documentation of demonstrated capacity in the bid area. For example, bidder should be able to submit documentation of performance/capacity that took place in rounds that were previous to the immediate prior bid round, as well as documentation of demonstrated performance in the bid area for payors other than Medicare.

Many DME providers with longstanding demonstrated performance did not win contracts in the current bid round, but were providing DME items and services prior to the current round. These DME providers may be serving the bid areas for payors other than Medicare. We therefore urge CMS to provide bidders with flexibility in submitting documentation of performance in the bid area for the product category that may not be immediately prior to the current contracting process, and documentation of performance in the bid area for the product category for payors other than Medicare.

We appreciate the opportunity to provide these and our August 20, 2018 comments, and welcome the opportunity to work collaboratively with CMS to ensure the success of the competitive bidding program. Please contact me if you have any questions or if I can be of assistance in any way.

Sincerely,

Tom Ryan
President & CEO