



September 6, 2016

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-1654-P
P.O. Box 8013
Baltimore, MD 21244-8013

via electronic submission

RE: CMS-1654-P

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY2017.

II. Provisions of the Proposed Rule for PFS, E. Improving Payment Accuracy for Primary Care, Care Management, and Patient-Centered Services, 5. Assessment and Care Planning for Patients With Cognitive Impairment

We write to express our strong support for the Centers for Medicare and Medicaid Services (CMS) proposed 2017 Physician Fee Schedule (PFS) Section II. E. 5. (Assessment and Care Planning for Patients With Cognitive Impairment), which recognizes the value of assessment and care planning services for patients with cognitive impairment, including people living with Alzheimer's disease and other forms of dementia. The proposed rule would help improve quality of life for people living with dementia, support family caregivers, and reduce costs to federal and state health programs.

Clinical assessment and subsequent care planning services have long been a desire of the dementia advocacy community, as exemplified most clearly in longstanding pending legislation known as the Health Outcomes Planning and Education (HOPE) for Alzheimer's Act. LEAD Coalition member organizations and other allies have advocated consistently on behalf of the HOPE Act, and are pleased that the Senate incorporated this policy within its draft Fiscal Year 2017 Labor, Health and Human Services and Education Appropriations Act.

The PFS proposed rule will complement numerous federal and state legislative initiatives, and ongoing public and private sector work to transform clinical practice. The ability of people living with dementia to enjoy a higher quality of life at home for longer periods of time will be advanced by these policy and practice changes to facilitate more timely and accurate

diagnosis along with earlier and more effective support in navigating the care-planning continuum.

We support CMS's plan to establish a G Code for assessment and care planning. We understand a G Code to be temporary for the purposes of gathering data on beneficiary utilization and that the code would become permanent as soon as 2018. We support the proposed service elements, particularly "identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks."

The proposed rule and G Code address dementia in all its forms including Alzheimer's disease, vascular disease, Lewy body dementia, frontotemporal degeneration, and mixed etiologies. Equally important is the recognition that a one-size-fits all approach to care and quality of life must become more tailored and responsive to the heterogeneity of people facing dementia including: women, people in medically under-served areas or ethnically and culturally diverse communities, those with intellectual and developmental disabilities, or with younger-onset disease.

We all know the public health, budgetary and macro-economic statistics about dementia. All too many people know first-hand the individual human toll. By creating the reimbursement and payment infrastructure necessary to support providers in working with beneficiaries and family members on comprehensive care planning, CMS can help overcome false and damaging assumptions that clinicians' only purpose is to prescribe and that diagnosis is futile or harmful in the absence of available disease modifying therapeutic agents. This is a time of great and deserved hope as Congress and the National Institutes of Health have begun to address chronic underfunding of research aiming for scientific breakthroughs to prevent or stop dementia in its tracks by 2025. People living with dementia want breakthroughs and many participate in clinical trials to advance the science. But people living with dementia today cannot rest all their hopes in what science will produce in the coming years. They need what the proposed rule and G Code can deliver now: hope for the future and improved quality of life today.

We support the CMS analysis that services to be provided under this new G Code are not covered presently by existing codes. None of the existing codes appropriately reimburse providers for the necessary full extent of care planning services. Such services extend far beyond coordinating or managing the beneficiary's care and would include guidance and direction that beneficiaries and their caregivers can follow to address current and future care needs.

As the final rule is developed, we urge CMS to recognize the progressive and debilitating nature of dementia to ensure that informal caregivers are included fully in such care planning sessions; in more advanced stages of dementia, it may not be possible to have the beneficiary directly involved in such discussions. In such cases, CMS should ensure that the care planning services still are transferred, as appropriate, to the beneficiary's informal caregivers.

Thank you for considering our views and for your commitment to better supporting people with dementia by making this new code permanent by 2018. Please contact Ian Kremer, executive director of Leaders Engaged on Alzheimer's Disease (the LEAD Coalition),ⁱ ikremer@leadcoalition.org or (571) 383-9916, with questions or for additional information.

Sincerely,

Abe's Garden

ACT on Alzheimer's

ActivistsAgainstAlzheimer's

African American Network
Against Alzheimer's

Ageless Alliance

AgeneBio

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Allergan

Alzheimer's & Dementia Alliance
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Alzheimer's Drug Discovery Foundation

Alzheimer's Foundation of America

Alzheimer's Greater Los Angeles

Alzheimer's Orange County

Alzheimer's San Diego

Alzheimer's Tennessee

AMDA – The Society for Post-Acute and
Long-Term Care Medicine

American Academy of Neurology

American Association for Geriatric
Psychiatry

American Federation for Aging Research

ARGENTUM | Expanding Senior Living

American Geriatrics Society

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Beating Alzheimer's by Embracing
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Caregiver Action Network

CaringKind

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Keep Memory Alive

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LatinosAgainstAlzheimer's

LeadingAge

Lewy Body Dementia Association

Linked Senior, Inc.

LuMind Research Down Syndrome Foundation

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Mount Sinai Center for Cognitive Health

National Alliance for Caregiving

National Asian Pacific Center on Aging

National Association of Activity Professionals

National Association of Chronic Disease Directors

National Association of Nutrition and Aging Services Programs

National Association of Social Workers (NASW)

National Committee to Preserve Social Security and Medicare

National Council for Behavioral Health

National Down Syndrome Society

National Hispanic Council On Aging (NHCOA)

National Task Group on Intellectual Disabilities and Dementia Practices

Neurocern

Neurotechnology Industry Organization

NFL Neurological Center

NYU Alzheimer's Disease Center

NYU Langone Center on Cognitive Neurology

NYU Langone Medical Center
Noah Homes
OWL-The Voice of Women 40+
Pat Summitt Foundation
Piramal Imaging S.A.
Planetree
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** Affiliations of individual researchers are for identification purposes only and do not necessarily represent the endorsement of the affiliated institution.*

ⁱ <http://www.leadcoalition.org> Leaders Engaged on Alzheimer's Disease (the LEAD Coalition) is a diverse national coalition of member organizations including patient advocacy and voluntary health non-profits, philanthropies and foundations, trade and professional associations, academic research and clinical institutions, and home and residential care providers, and biotechnology and pharmaceutical companies. The LEAD Coalition works collaboratively to focus the nation's strategic attention on dementia in all its forms -- including Alzheimer's disease, vascular disease, Lewy body dementia, and frontotemporal degeneration -- and to accelerate transformational progress in detection and diagnosis, care and support, and research leading to prevention, effective treatment and eventual cure. One or more participants may have a financial interest in the subjects addressed.