

I am writing today in order to provide comments on the interim final rule regarding durable medical equipment fee schedule adjustments for rural and non-contiguous areas.

While the relief for durable medical equipment suppliers in the rural and non-contiguous areas for seven months is a good step, the current interim final rule falls short in many areas which threaten patient access to care. CMS must issue policies to bring sustainability in the market in order to strengthen beneficiary access to cost-saving durable medical equipment that we provide.

With the exclusion of all non-competitively bid areas in this regulation, the positive effects of this rule are dramatically reduced.

INSERT PATIENT EXAMPLES THAT ARE EXCLUDED BY THIS RULE

Further fee schedule adjustments and policies must address the cost of doing business for all non-bid suppliers, not just rural suppliers, as directed in Section 16008 of the 21st Century Cures Act.

For the January 1, 2019, fee schedule, CMS must further extend the blended rates to all non-bid areas.

INSERT EXAMPLES OF THE INCREASE IN COSTS OF DOING BUSINESS

Fee schedule adjustments beyond calendar year 2018 must address the costs of doing business and consider the strict regulation that providers must comply with to care for Medicare beneficiaries.

Patients are at the center of everything that suppliers do to provide them healthier, active days. Without quality equipment and educated employees to care for patients, the quality of care that they receive continues to decrease.

IDENTIFY EXAMPLES OF PATIENT ACCESS ISSUES AND COMPLAINTS (E.G., "MY OLD PROVIDER WENT OUT OF BUSINESS; IT TOOK THREE WEEKS TO RECEIVE EQUIPMENT," ECT.)

The oxygen offset applied by CMS for budget neutrality has pushed non-CBA area fee schedules for oxygen concentrators below competitive bidding areas. This led to an improper reduction in reimbursement for HCPCS E1390 by 10-14 percent. This must be corrected quickly in order for the existing payment methodology to be followed. This has resulted in providers reducing service in non-CBA areas for oxygen concentrators.

INSERT THE CHALLENGES YOU FACE OF PROVIDING OXYGEN AT SUCH A DRAMATICALLY LOW RATE

CMS must remove this, as it makes it challenging for suppliers to maintain an adequate oxygen supply to the patients that they serve because of the further reduced reimbursements.

We urge CMS to follow the intent of Congress with passage of the 21st Century Cures Act to provide stability to the DMEPOS market for the sake of patient accessibility. Beneficiaries deserve choice in where they receive their care, and CMS must take steps to mitigate the significant decrease in the number of suppliers as mentioned in the report. By not extending the blended rates through 2019, CMS would be doing a true disservice to the beneficiaries who rely on Medicare care provide coverage for their health care needs.