

Board of Directors**Chair**

Judith A. Aberg, MD, FIDSA
New York University School of Medicine
Infectious Diseases

Chair-Elect

Michael Horberg, MD, MAS, FIDSA
Kaiser Permanente
Internal Medicine

Vice Chair

Joel Gallant, MD, MPH, FIDSA
Johns Hopkins University School of Medicine
Infectious Diseases

Immediate Past Chair

Kathleen Squires, MD
Jefferson Medical College
Infectious Diseases

Wendy Armstrong, MD, FIDSA
Emory University
Infectious Diseases

Tess Barton, MD
University of Texas Southwestern
Pediatric Infectious Diseases

J. Kevin Carmichael, MD, FIDSA
El Rio Special Immunology Associates
Family Medicine

Kathleen Clanon, MD
Alameda County Medical Center
Internal Medicine

Judith Currier, MD, MSc, FIDSA
UCLA-CARE
Infectious Diseases

Edwin DeJesus, MD, FACP
Orlando Immunology Center
Infectious Diseases

IDSA Board Representative

Carlos del Rio, MD, FIDSA
Emory University
Infectious Diseases

W. David Hardy, MD
Cedars-Sinai Medical Center/UCLA
Infectious Diseases

Lisa Hirschhorn, MD, MPH, FIDSA
Harvard Medical School
Infectious Diseases

Theresa Mack, MD, MPH
St. Lukes Hospital
Internal Medicine

Richard Moore, MD, MHS, FIDSA
Johns Hopkins University
Internal Medicine

James Raper, DSN, CRNP, JD, FAANP, FAAN
University of Alabama at Birmingham
Nurse Practitioner

Pediatric Infectious Diseases Society Liaison

Sharon Nachman, MD, FIDSA
Stony Brook University Medical Center
Pediatric Infectious Diseases

Advisory Member

Alice Pau, PharmD, FIDSA
NIH/NIAID/OCR
Open Seat

Executive Director

Andrea Weddle, MSW

June 11, 2012

Marilyn Tavenner
Acting Administrator Chief Operating Officer
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD 21244-1850

Re: CMS-2370-P

Dear Acting Administrator:

I am writing on behalf of the HIV Medicine Association (HIVMA) of the Infectious Diseases Society of America (IDSA), in response to the proposed rule to implement new payments under Medicaid for primary care services for certain providers. HIVMA represents nearly 5,000 physicians, scientists and other health care professionals who practice on the frontline of the HIV/AIDS pandemic. We work in communities across the country and around the globe as medical providers and researchers dedicated to the field of HIV medicine.

The notice of proposed rulemaking regarding payments for primary care providers in 2013 and 2014 is of great import to HIV-infected patients and their medical providers. The Medicaid program is the largest federal funder of HIV care covering nearly 50% of people with HIV infection who are in care, and many of our members' patients rely on Medicaid for their health care coverage. While we strongly support expanding access to Medicaid coverage, we are concerned about the ability of HIV providers who disproportionately care for HIV-infected patients to maintain high quality, comprehensive programs under the current Medicaid payment rates. The Affordable Care Act's (ACA) provision to increase primary care rates to Medicare levels for 2013 and 2014 is an important first step to address Medicaid payment disparities and to support successful implementation of the ACA's Medicaid expansion.

HIV infection is a complex, chronic condition that requires unique medical expertise and practice experience. Experienced HIV medical providers deliver higher quality and more cost effective care, but HIV medicine does not fall under the purview of any one medical specialty. Similar to other chronic conditions, HIV medical providers, regardless of their specialty training, often serve as their patients' primary care. With this in mind, we offer the comments below regarding the proposed rule.

We strongly support the CMS interpretation that all subspecialists recognized by the American Board of Medical Specialties should be eligible for the increased Medicaid payments for primary care to ensure access to appropriate providers for HIV-infected patients and others with chronic conditions.

We were pleased to see CMS recognize the role that subspecialists play as primary care providers for Medicaid patients with chronic conditions, such as HIV infection. A dramatic increase in HIV-infected patients eligible for Medicaid coverage is anticipated in 2014 and in the absence of increased payments under Medicaid for primary care – the current shortage of HIV medical providers relative to demand will only worsen. With the support of the Ryan White Program, HIV medical providers have been leaders in creating “medical homes” that offer comprehensive, coordinated services to meet the complex needs of their HIV-infected patients. The highly effective model of care that has been supported by the Ryan White Program will not be sustainable if disparities in Medicaid payment rates relative to the cost of providing quality care are not addressed at the federal level.

We strongly support the inclusion of providers working under eligible primary physicians’ supervision, such as Nurse Practitioners and Physician Assistants.

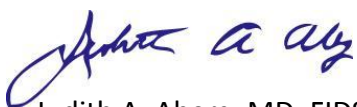
Nurse practitioners and physician assistants play an important and growing role in the delivery of HIV care and in providing high quality care that addresses patients’ HIV and primary care needs. It is appropriate and equitable for the primary care services that they provide under the supervision of an eligible primary care physician to be reimbursed at a comparable level. The proposal also is critical to support the development of a robust and qualified HIV medical workforce better able to meet the demand for HIV care.

We strongly support the proposal to apply the increased rates to primary care Medicaid services that are not currently reimbursable under Medicare.

The Medicaid and CHIP populations have different primary care needs than the Medicare population, and it is important to ensure that they have access to the range of services they need by ensuring adequate payment levels. A failure to take a comprehensive approach could limit provider participation and jeopardize access to services that help prevent disease and disease progression.

Thank you for the opportunity to comment on this important proposed rule. We welcome the opportunity to partner with CMS to further develop strategies that will support the comprehensive care that many low people with HIV infection need to live healthy, productive lives. Please feel free to contact us through the HIVMA executive director Andrea Weddle at aweddle@hivma.org or (703) 299-0915.

Sincerely,



Judith A. Aberg, MD, FIDSA
Chair, HIVMA