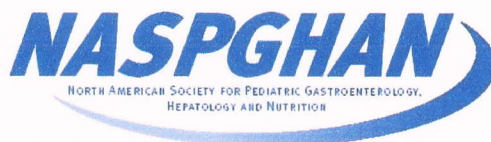


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June 8, 2012

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**NASPGHAN Annual Meeting &
Postgraduate Course**
October 18-21, 2012
Salt Lake City, UT

Marilyn Tavenner

Acting Administrator and Chief Operating Officer
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicaid Program: Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Under the Vaccines for Children Program (CMS-2370-P)

Dear Acting Administrator Tavenner:

The North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) appreciates the opportunity to comment on the proposed rule [CMS-2370-P] for Medicaid payments for services furnished by certain primary care physicians as published in the May 11, 2012 *Federal Register*.

NASPGHAN is an organization comprised of 1,500 members who have specialized training and expertise in caring for children with disorders of the digestive system, liver and nutrition. The mission of NASPGHAN is to advance understanding of normal development, physiology and pathophysiology of diseases of the gastrointestinal tract and liver in children, improve quality of care by fostering the dissemination of this knowledge through scientific meetings, professional and public education, and policy development, and serve as an effective voice for members and the profession.

NASPGHAN thanks the Centers for Medicare and Medicaid Services (CMS) for issuing a proposed rule that reflects the suggestions and concerns raised by the pediatric community over the past year in preparation of implementation of Section 1202 of the Affordable Care Act. Section 1202 requires that Medicaid payments for primary care services furnished by physicians with a specialty designation of family medicine, general internal medicine, and pediatric medicine be reimbursed at rates not less than Medicare rates in calendar years (CYs) 2013 and 2014, or, if greater, the rate using the CY 2009 conversion factor. We believe that the proposed regulations help to fulfill the critical need to improve access to pediatric subspecialty care for children.

Specified Specialties and Subspecialties

NASPGHAN strongly supports CMS' proposal to include primary care services provided by pediatric subspecialists among those eligible for higher Medicaid payments. The proposed rule states that for a subspecialist to be eligible for the increased Medicaid reimbursement, the pediatric subspecialty must be recognized in accordance with the American Board of Medical Specialties (ABMS) designations. If not Board certified, the proposed rule provides an alternative pathway for increased Medicaid reimbursement for physicians providing primary care services.

The alternative specifies that if at least 60 percent of codes billed by the physician for all of CY 2012 are for the evaluation and management (E&M) and vaccine administration codes specified in the proposed rule, the physician will be eligible for the higher Medicaid rates.

Pediatric gastroenterologists are boarded by the American Board of Pediatrics (ABP) and would therefore be eligible for the increased reimbursement. NASPGHAN thanks CMS for recognizing the importance of pediatric subspecialists in the provision of primary care.

NASPGHAN believes that any non-Boarded pediatrician on the path to a subspecialization should qualify as a primary care pediatrician for the purpose of the increased Medicaid payments.

Therefore, NASPGHAN asks CMS to include in the Final Rule that a primary care physician who is operating under a subspecialty fellowship, does not meet the 60 percent threshold, but is not yet certified by an ABMS-approved program, be allowed to qualify for increased payment rates.

Eligible Primary Care Services

It is proposed that E&M codes 99201 through 99499 and vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474 or their successors be eligible for higher payment. **NASPGHAN supports CMS' proposal to include non-Medicare covered primary care services because these services represent a core component of services commonly delivered in the Medicaid program.** However, we request clarification in the Final Rule that all codes 99201 through 99499 are codes to which the payment increase apply and not just those codes highlighted on page 27676 of the *Federal Register*.

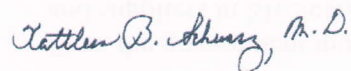
NASPGHAN has previously requested that payment increases also apply to procedure codes provided by pediatric subspecialists. Medicaid, on average, pays pediatric subspecialists at least 30 percent less than Medicare rates for comparable services. **We join the American Academy of Pediatrics in asking CMS to exercise its discretion and extend Section 1202 to include all codes billed for children's services provided by any primary care pediatrician, pediatric subspecialist, or surgical specialist.**

Services Furnished by a Specified Physician

Consistent with current billing practices, CMS proposes that primary care services would be paid at the higher rates if properly billed under the provider number of a physician (who is enrolled as one of the specified primary care specialists or subspecialists) regardless of whether the service is furnished by the physician directly, or under the physician's personal supervision. **NASPGHAN believes that the treatment of non-physician clinicians in the proposed rule appropriately reflects the value of non-physician clinicians in the delivery of primary care services.**

NASPGHAN appreciates the opportunity to comment on this proposed rule. Should you have any questions, please contact Camille Bonta, NASPGHAN's Washington representative, at cbonta@summithealthconsulting.com or (202) 320-3658.

Sincerely,



Kathleen Schwarz, M.D.
NASPGHAN President