September 8, 2015

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

Delivered electronically through http://www.regulations.gov

Attention: CMS-1631-P

To the Centers for Medicare & Medicaid Services:

We appreciate the opportunity to provide comments on the proposed rule, "Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2016."

The Ohio Public Employees Retirement System (OPERS) provides comprehensive health care coverage to approximately 230,000 retirees and dependents. Our 2014 gross health care spend for the covered population was $2.5 billion. Enrollees who died in 2014 had per member per month costs during their last six months of life that were more than five times greater than the PMPM of survivors, $5,220 versus $941. We believe our experience likely mirrors that reported by others in that much of the cost is associated with expensive health care services that are not evidence-based (e.g. aggressive chemotherapy during the month preceding death). From a financial perspective, reducing spend for unnecessary services that do not improve an individual's health, could result in savings and free up funding for services that would ensure a better quality of life for individuals near the end of life.

OPERS supports CMS' recognition of the two new billing codes, CPT 99497 and 99498, and separate payment for advance care planning services under the Physician Fee Schedule (PFS) starting January 1, 2016. As proposed, the rule would allow for providers to spend adequate time with a patient and do so at an opportune time - when the individual is not faced with a "medical crisis". We understand that under the proposed rule, these billing codes would be accompanied by a PFS status indicator "A" which means coverage determinations would be the responsibility of local contractors versus recognized under a national Medicare policy. OPERS is not in favor of assigning PFS status indicator "A" to these billing codes, effectively granting authority for coverage determinations to local contractors, as we feel the latter will result in inconsistencies in coverage depending upon the Medicare beneficiaries' location of residence. OPERS is in favor of a national Medicare policy for advance care planning CPT codes 99497 and 99498.

Advance care planning affords individuals the opportunity to learn about their care options, determine which types of care best fit their personal wishes, and share their wishes with family, friends and their physicians. OPERS believes advance care planning is a tool that promotes both the appropriate use of available health care resources and retirees' quality of life during retirement - including during the last months, weeks, and days of life. This is a positive result for OPERS retirees as well as the OPERS Retiree Health Care Fund.

While this comment letter pertains specifically to the proposed Medicare rule, OPERS' interest in end of life planning extends to the approximately 85,000 enrollees in our non-Medicare or pre-65 retiree health care plan as well. One fourth of the system's pre-65 beneficiary population is receiving a benefit due to a disability. Many of these disability benefit recipients are dealing with complex progressive and catastrophic conditions for which advance care planning is most appropriate (e.g. ALS, multiple sclerosis, chronic renal failure, terminal cancer, etc.). If Medicare recognizes the proposed billing codes for advance care planning, it is expected that commercial carriers will follow suit to the benefit of their commercial populations including, in OPERS' case, our 85,000 pre-65 retirees and dependents.

In summary, OPERS considers advance care planning critical to the system's ability to continue to offer retiree health care into the future and support retirees' quality of life until death. We believe the proposed rule will provide Medicare beneficiaries, and the population at large, access to high-quality, evidence-based care that is aligned with individuals' end of life wishes. Advance care planning is also expected to protect or improve quality of life at the end of life, improve patient and family satisfaction, and yield cost savings to the individual, their family, and public and private payers such as OPERS.

Thank you for the opportunity to comment on this proposal.

Sincerely,

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OPERS Health Care Director