Dear Acting Administrator Slavitt:

On behalf of the American Nephrology Nurses’ Association (ANNA), I am writing to share our comments on the proposed rule for the Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for Calendar Year (CY) 2016. We appreciate the opportunity to provide our comments on this important issue.

ANNA promotes excellence in and appreciation of nephrology nursing so that we can make a positive difference for people with kidney disease. Established as a nonprofit organization in 1969, ANNA has a membership of approximately 10,000 registered nurses in nearly 100 local chapters across the United States. We are the only professional association that represents nurses who work in all areas of nephrology, including hemodialysis, chronic kidney disease, peritoneal dialysis, acute care, and transplantation. Most of our members work in freestanding dialysis facilities, hospital outpatient dialysis units, and hospital inpatient dialysis units.

ANNA develops and maintains standards of clinical practice, educates practitioners, stimulates and supports research, disseminates knowledge and new ideas, promotes interdisciplinary communication and cooperation, and monitors and addresses issues encompassing the breadth of practice of nephrology nursing.

ANNA is a member of Kidney Care Partners (KCP) and supports its comment letter. The following comments are an addendum to the comments submitted to the Centers for Medicare and Medicaid Services (CMS) by KCP.
Medicare Telehealth Services

ANNA commends CMS for making additions to the list of Medicare-covered telehealth services. We support the Agency’s proposal to add the following services to the telehealth list on a Category I basis for CY 2016:

- **CPT 90963**: End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents;
- **CPT 90964**: ESRD-related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents;
- **CPT 90965**: ESRD-related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; and
- **CPT 90966**: ESRD-related services for home dialysis per full month, for patients 20 years of age and older.

Telehealth services enable health care professionals to improve access to care for renal patients, empower patients to participate in their care, to reduce overall health care expenses, and to assist with communication between patients and their treatment team. ANNA believes that telehealth, a cost-effective alternative to the face-to-face delivery of medical care, is an extremely beneficial service that can result in improved health outcomes and lowered costs of care.

Additionally, telehealth creates a convenient and accessible environment for patients, allowing them to interact in real-time with physicians and/or advanced practice professionals (APPs) during home therapy. Telehealth also facilitates social connectedness between patients and their providers. Recognizing telehealth as a method to deliver certain aspects of care will improve the ability of the interdisciplinary team to furnish care as needs arise as well as enable providers to remotely monitor patients. The increased use of telehealth also will facilitate faster response times and result in fewer office and clinic visits. Allowing patients to manage their treatment around their own lifestyle needs will help them maintain control of managing their condition(s).

ANNA applauds CMS for recognizing telehealth as a method to deliver ESRD-related services for home dialysis. We support the Agency’s expansion of Medicare’s telehealth services to include ESRD-related services. This change will benefit patients and the health care providers who care for them by providing an alternative means of visiting with them.

ANNA greatly appreciates the opportunity to share our comments on the Medicare Physician Fee Schedule for CY 2016 proposed rule. As the leading professional
association representing nephrology nurses, we look forward to continuing to work with your Agency on these important issues. Should you have any questions, please contact me or have your staff contact our Health Policy Associate, Kara Gainer (Kara.Gainer@dbr.com or 202-230-5649). We thank you for your consideration.

Sincerely,

Cindy Richards, BSN, RN, CNN
ANNA President, 2015-2016