

# 2019 ANNUAL REPORT

## KEY ADVOCACY ACCOMPLISHMENTS: EXECUTIVE SUMMARY

The Alliance of Wound Care Stakeholders led changes in coding, coverage and payment policies, enabling clinicians to better treat patients and manufacturers to bring innovative products to market more quickly.

- ❖ **Spearheaded a dedicated three-year campaign resulting in WPS reversing course** and significantly revising its egregious wound care local coverage determination (LCD) to one that was more clinically accurate that now will allow patients to get the products and procedures they medically need. (DETAILS ON PAGES 4 AND 5)
- ❖ **Fueled the engine of innovation by** convincing the Centers for Medicare and Medicaid Systems (CMS) to allow manufacturers to submit Healthcare Common Procedure Coding System (HCPCS) billing code applications for devices twice a year and drug and biologics four times a year. This will allow new products to come to market more quickly. (DETAILS ON PAGES 3 AND 4)
- ❖ **Influenced CMS decision makers to set a standard national payment rate** for codes for office-based disposable negative pressure wound therapy (dNPWT) in the 2020 Physician Fee Schedule, improving predictability and transparency in what clinicians will be paid. (DETAILS ON PAGES 5, 9 AND 10)
- ❖ **Secured inclusion of three wound care quality** measures developed by the Alliance and the US Wound Registry on CMS' Physician Compare website. (DETAILS ON PAGE 4)

We educated key regulatory decisionmakers to improve wound care policies:

- ❖ Requested by new Palmetto GBA PDAC and DMEMAC medical director to repeat successful wound care education program and add lymphedema diagnosis and treatment information. Two-day program provided opportunity for staff to see and try products to understand their uses and differences; compared coverage policies with current clinical practice. (DETAILS ON PAGES 5 AND 6)
- ❖ Met with Noridian's medical director to address restrictions made in a CTP policy article that conflicted with the existing LCD. The conversation resulted in an **invitation to the Alliance** to serve as a resource for wound care issues in the future. (DETAILS ON PAGE 5)

We had a seat at the table and ear of decisionmakers to have input into developing policies:

- ❖ **Flagged procedural errors in both process and content, which prompted AHRQ to re-open and re-issue its CTP technical brief (TB)** for comments, allowing the wound care community to submit additional evidence to be considered as AHRQ finalizes the brief. This TB is commonly used by CMS contractors and private payers to inform coverage decisions. (DETAILS ON PAGES 6 AND 7)
- ❖ **Met with CMS payment staff to expand its understanding of wound care complexities and answer questions as it continues to develop its CTP payment methodologies** for inclusion in the Hospital Outpatient Payment System. The Alliance will continue to give input and meet with CMS on this initiative in 2020. (DETAILS ON PAGES 8 AND 9)
- ❖ **In its role as both a "watch dog" and a go-to resource, Alliance impacted clinical and procedural policies through the submission of comments about CMS payment system policies** (hospital outpatient, home health, physician fee schedule), LCDs (WPS, Noridian), technical briefs (AHRQ) and Capitol Hill legislation ("Care 2.0"). Overall, the Alliance submitted **12 sets of comments** in 2019.