Client Letters/ChartSpan

	Name/Address
1.	Apex Medical Group 311 West I Street Los Banos, CA 93635
2.	Shepherdsville Family Health Clinic 130 W Joe B Hall Avenue Shepherdsville, KY 40165
3.	Caretime Medical Clinic 1506 Highway 278 East, Suite A Amory, MS 38821
4.	Cibola Family Health Center 1423 E. Roosevelt Avenue Grants, NM 87020
5.	Roosevelt General Hospital and Clinics 42121 US Highway 70 Portales, NM 88130 (Googled address, no address on letter)
6.	Ryan Health 110 West 97th Street Manhattan, New York
7.	Benson Area Medical Center P.O. Box 399 3333 NC Hwy. 242 N. Benson, NC 27504
8.	F. Marion Dwight, MD PA Bamberg Family Practice 2113 Main Hwy, P.O. Box 120 Bamberg, SC 29003
9.	Careteam+ Family Health & Specialty Care 100 Professional Park Drive Conway, SC 29526

10.	Dayspring Health 107 South Main Street Jellico, TN 37762
11.	Family Health Center 342 Frey Street Ashland City, TN 37015
12.	West Tennessee Medical Group 379 Hospital Blvd. Jackson, TN 38305 (Googled address, no address on letter)
13.	Canadian Family Physicians 1010 S. 4th Street Canadian, TX 79014
14.	Dalhart Family Medicine Clinic 1411 Denver Avenue Dalhart, TX 79022
15.	East Texas Family Healthcare Jasper Office 1273 S. Peachtree Street Newton Office 1304 West Court Street Woodville Office 920 N. Magnolia Kirbyville Office 1905 N. Margaret
16.	Hansford County Hospital District 707 South Roland Spearman, TX 79081

APEX MEDICAL GROUP
311 West I Street Los Banos, Ca 93635
Phone: (209)826-2222
Fax Upstairs: (209)826-6554 Fax Downstairs: (209)826-0714 Fax

Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

To Whom It May Concern:
On behalf of Apex Medical Group, we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision.

Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third-party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM.

Vendors have the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality

integrate with our electronic health record system to ensure consent is properly documented.

We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program.

If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form. Please make the assignment of general supervision to the consent process for CCM a permanent change.

K. Devi MD 5/19/20

Karthikeya Devireddy,MD
Medical Director
Apex Medical Group

Shepherdsville Family Health Clinic, PSC
130 W Joe B Hall Ave
Shepherdsville, Ky 40165
502-921-1231

Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

To Whom it May Concern;

On behalf of Shepherdsville Family Health Clinic, we submit this comment to CMS-1744-IFC. In its Section II.L.1.b of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increased our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors have the capacity to call patients and receive calls when it is convenient for the patients. They are able to record consent calls for quality and integrate with out electronic health system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

Thank You,

Shepherdsville Family Health Clinic
Karen Scheich, APRN

5-19-2020

CARETIME
MEDICAL CLINIC

Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

May 21, 2020

To Whom It May Concern:

On behalf of Caretime Medical Clinic, we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

Caretime Medical Clinic, LLC

Clint Washington, MD * Shannon Ballard, FNP-C
1506 Highway 278 East, Suite A
Amory, MS 38821
Phone: 662-597-2019 Fax: 662-597-2034

CIBOLA
FAMILY HEALTH CENTER
Cibola General Hospital, Inc.
1423 E. Roosevelt Ave. • Grants, NM 87020 • (505) 287-6500

11 May 2020
Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

To Whom It May Concern:

On behalf of Cibola Family Health Center we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors have the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

Thank you for your consideration,

Thomas Whelan
CEO Cibola General Hospital

Roosevelt
General Hospital and Clinics

Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

To Whom It May Concern:

On behalf of Roosevelt General Hospital and Clinics, we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third-party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors have the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

Roosevelt General Hospital and Clinics
Brad Roberts, MBA, ACHE
Chief of Clinic Operations

Roosevelt
General Hospital and Clinics

Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

To Whom It May Concern:

On behalf of Roosevelt General Hospital and Clinics, we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third-party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors have the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

Roosevelt General Hospital and Clinics
Brad Roberts, MBA, ACHE
Chief of Clinic Operations

Benson Area
Medical Center
A Caring Touch For All Ages — Since 1979

Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

To Whom It May Concern:

On behalf of Benson Area Medical Center, Inc. we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

Sincerely,

William W. Massengill, Jr.

CEO

P.O. Box 399 3333 NC Hwy. 242 N. Benson, NC 27504 919-894-2011 FAX 919-894-7645

F. Marion Dwight, MD PA

Bamberg Family Practice

2113 Main Hwy, PO Box 120
Bamberg, SC 29003
Phone: (803) 245-5168 Fax: (803) 245-6275

Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

May 12, 2020

To Whom It May Concern:

On behalf of F. Marion Dwight, MD PA, we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

Debra McCormack

F. Marion Dwight, MD PA
Debra McCormack
Office Manager

Careteam+®
FAMILY HEALTH & SPECIALTY CARE

Centers for Medicare and Medicaid Services

Comment on CMS-1744-IFC

To Whom It May Concern:

On behalf of Careteam Plus Family Health & Specialty Care, we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors have the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

Respectfully,

Julia M. Wren, MD
Chief Medical Officer

100 Professional Park Drive • Conway, SC, 29526 • 843-234-0005

Dayspring Health

Corporate Office
107 South Main Street, Jellico, TN 37762
Phone: (423) 784-8492 Fax: (423) 784-8358

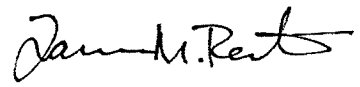
Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

To Whom It May Concern:

On behalf of Dayspring Health, Inc., we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third-party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change. Thank you for your consideration.



Dayspring Health, Inc.
Lawrence M. Rector
COO/CFO

Services
Family Medicine
Women's Health
Behavioral Health
Student Health
Substance Use Health
Dental Health

Locations
Jellico, TN
Clairfield, TN
Williamsburg, KY

dayspringhealth.org
dayspringdental.org

Family Health Center

OF ASHLAND CITY, PLLC

Scott D. Brown, M.D. • Rural Health Clinic
342 Frey Street • Ashland City, Tennessee 37015 • 615-792-1199 • Fax: 615-792-9331

Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

To Whom It May Concern:

On behalf of Family Health Center of Ashland City PLLC, we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors have the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

Kathryn V. Brown
Administrator
Family Health Center of Ashland City PLLC
Rural Health Clinic

Excellence in Healthcare

West Tennessee
Medical Group

Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

To Whom It May Concern:

On behalf of West Tennessee Medical Group, we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third-party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors have the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

West Tennessee Medical Group
Anna Tetleton-Burns, Director of Clinic Operations

CANADIAN FAMILY PHYSICIANS

1010 S. 4th Street
Canadian, TX 79014
806-323-8882
cfp@hchdst.org

Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

To Whom It May Concern:

On behalf of Canadian Family Physicians, we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

Amy Kirkland, RN

Amy Kirkland, RN
CCM Coordinator
Canadian Family Physicians

DHCHD
Dallam Hartley Counties
Hospital District

1411 Denver Avenue
Dalhart, Texas 79022
www.dhchd.org

Coon Memorial Hospital

Centers for Medicare and Medicaid Services

Comment on CMS-1744-IFC

To Whom It May Concern:

On behalf of Dalhart Family Medicine Clinic, we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

_____

Dalhart Family Medicine Clinic

Sherril Schwartz

Director, Outpatient Services

Family Healthcare

Durba Mishra, MD **Kalyan Rath, MD** **Mihir Das, MD**

Jasper Office
1273 S. Peachtree St.
(409) 384-9200
Fax: (409) 384-9205

Newton Office
1304 West Court St.
(409) 379-2177
Fax: (409) 379-2188

Woodville Office
920 N. Magnolia
(409) 283-5556
Fax: (409) 283-5557

Kirbyville Office
1905 N. Margaret
(409) 420-0816
Fax: (409) 420-0821

Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

To Whom It May Concern:

On behalf of East Texas Family Healthcare we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third-party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

East Texas Family Healthcare, PLLC
Tracy Butters, Office Manager

Centers for Medicare and Medicaid Services
Comment on CMS-1744-IFC

To Whom It May Concern:

On behalf of Hansford County Hospital District, we submit this comment to CMS-1744-IFC. In its Section II.L.1.b. of CMS-1744-IFC, the Centers for Medicare and Medicaid Services (CMS) grants RHCs and FQHCs the ability to obtain patient consent for care management services under general supervision. Allowing consent for care management services to be obtained under general supervision greatly increases our ability to provide care management services to our patient population. We thank the agency for its willingness to allow consent to be performed under general supervision.

We also ask that the agency make this supervision level permanent after the expiration of the current public health emergency. Our practice would be unable to maintain its current CCM program without the assistance of a third party partner. CCM vendors have trained enrollment staff which are vital to obtaining proper consent from our patients. Their staff are able to educate and inform our patients regarding the CCM program as they have been specifically trained to explain the benefits of CCM. Vendors the capacity to call patients and receive calls when it is convenient for the patient. They are able to record consent calls for quality and integrate with our electronic health record system to ensure consent is properly documented. We could not replicate these services using only our employed staff. Allowing a third party to obtain consent from our patients for CCM under general supervision is vital to our CCM program. If the supervision requirement for obtaining consent becomes direct rather than general after the public health emergency, we anticipate that it will no longer be feasible to maintain our CCM program in its current form.

Please make the assignment of general supervision to the consent process for CCM a permanent change.

Hansford County Hospital District
Jonathan Bailey, CEO

707 South Roland • Spearman, Texas 79081 • (806) 659-2535

Mission Statement - We are dedicated to improve the health of individuals and families in the communities we serve.