



ALLIANCE *for*
CONNECTED CARE

June 27, 2016

Submitted via the Federal eRulemaking Portal: <http://www.regulations.gov>

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

Re: CMS-5517-P

Dear Mr. Slavitt:

The Alliance for Connected Care (the “Alliance”) appreciates the opportunity to respond to the proposed rule¹ implementing the Medicare Access and CHIP Re-authorization Act (MACRA).

The Alliance is a 501(c)(6) organization supporting policy that enables the use of evidence-based, safe, high-quality telehealth and remote patient monitoring services. Our members are leading healthcare and technology companies from across the healthcare spectrum. The Alliance works in partnership with an Advisory Board that includes more than 20 patient and provider organizations.

Telehealth and remote monitoring enable clinicians to reach and monitor patients outside of institutional settings, engage beneficiaries, expand access to care, improve population health management and increase care coordination, all of which are key to successfully transforming care and improving measurement under MACRA. We have attached our MACRA RFI letter which delineates the evidence related to how these tools will help providers. Our comments in this letter focus on the proposed rule and remaining barriers to using these important tools to achieve the goals of MACRA, namely lifting originating site restrictions in both the Merit-Based Incentives Program (MIPS) and the Alternative Payment Models (APM) tracks, refining Clinical Practice Improvement Activities to clarify telemedicine tools are permissible and unbundling of the CPT code 99091. When we refer to “telehealth” we mean real-time communication between clinicians and a patients while “remote patient monitoring” is asynchronous monitoring of patients’ biometric data through technology.

Section 101(c)(2)(B)(iii)(III) of MACRA explicitly names both telehealth and remote monitoring under the category of care coordination in MIPS. However, these technologies empower the delivery of health care in ways that can help providers meet the goals of MIPS in at least three of the categories: quality, clinical improvement activities (CPIA) and resource use. Without explicit clarification that telehealth and remote

¹ <http://federalregister.gov/a/2016-10032>

monitoring can be utilized, the lifting of originating site restrictions in 1834(m) and the unbundling of CPT code 99091, physicians may miss the opportunity to utilize these tools to help them meet MACRA's goals. Below are specific examples of areas where we urge CMS to use its authority to break down barriers and make clear that both telehealth and remote patient monitoring can be used.

Expanded Practice Access

Requirements under the CPIA category of "expanded practice access" can be accomplished through telehealth. While the proposed rule mentions "e-visits," it would be helpful if CMS would clarify that expanded practice access can be achieved through real-time communication between a patient and a provider via a technology-neutral modality. Telehealth is a more commonly used and understood term than e-visits. Additionally, Section 1834(m) of the Social Security Act presents major barriers to the use of telehealth by clinicians. Given that telehealth can and will achieve the goal of expanded practice access, we urge CMS to use its authority to lift originating site restrictions for purposes of compliance with MACRA. Given that many of the Advanced APMs designated in the rule were created using CMMI authority, we believe CMS has clear ability to implement such a waiver.

Population Health Management

In the proposed CPIA list starting on page 951 under the subcategory of "Population Health," there are many activities that can be enabled through telehealth and remote patient monitoring. "Monitoring health conditions of individuals to provide timely health care interventions" is precisely what remote patient monitoring technology does. Devices that deliver patient psychological data remotely allow cost effective daily monitoring of vital signs and subjective symptoms to enable early detection of potential exacerbations, and thus emergency room visits and hospital stays. Similarly, telehealth enables real-time communication with a patient to more easily enable ongoing and consistent care and monitoring.

Population health measures that can be achieved with the assistance of telemedicine technologies include developing or adjusting individualized care plans, using pre-visit planning to optimize preventive care, using reminders, engaging in routing medication reconciliation, and providing episodic care management (including across transitions). We urge you to make clear that telehealth and remote monitoring can be used to accomplish these goals, and lift originating site restrictions for telehealth and unbundle CPT code 99091.

To enable usage of these tools to facilitate population health, CMS should lift originating site restrictions in 1834(m) for telehealth and unbundle CPT code 99091 for remote patient monitoring. Using its existing authority, CMS can provide adequate reimbursement for collection and interpretation of physiologic data stored/transmitted by patient/caregiver by "unbundling" the relevant CPT code 99091.² Such a practice would align with CMS' established approach to chronic care management in CPT code 99490, where, because the challenges of preventing and managing chronic disease caused "the focus of primary care [to evolve] from an episodic treatment-based orientation to a focus on comprehensive patient-centered care management," CMS found that the reimbursement for chronic care management that had historically been included in evaluation and management (E/M) codes was insufficient; as a result, CMS concluded

² Medicare considers CPT Code 99091 ("Physician/health care professional collection and interpretation of physiologic data stored/transmitted by patient/caregiver") as "bundled" into payment for other basic services (e.g., an office visit provided the same day or other services incident to the service provided) and therefore does not currently make separate payment for 99091.

that chronic care management should be separately reimbursed, and noted its anticipation that increased reimbursement for chronic care management (CCM) will be more than offset by the corresponding reduction in more costly services.

Care Coordination

Both telehealth and remote patient monitoring are instrumental in care coordination, as is recognized in the MACRA statute. Patients and health providers are empowered through telehealth as it enables immediate and meaningful communication on a patient's condition. This coordination of care has the result of improving the quality of care provided to a patient, improving the effectiveness of the provider's time, as well as proactively engaging the patient in the coordination process. The rule should enable these tools to be used through the abovementioned actions to waive 1834(m) restrictions and unbundling CPT code 99091.

Beneficiary Engagement

Telehealth and remote patient monitoring can be used by providers and patients to improve communication, education, and patient self-care. All of the following CAHPS measures can be achieved through telehealth: timely care, appointments and information; access to specialists; health promotion and education; shared decision making; health and functional status assessments; stewardship of patient resources. We urge CMS in the final rule to make clear that telemedicine tools can be used to achieve these goals, and waive the originating site restrictions to enable and facilitate usage.

Resource Use

The proposed rule recognizes that there are differing interpretations of appropriate use of services. However, there are some obvious and universally agreed upon instances of utilization of unnecessary services. Emergency room use for non-serious conditions is one of them. This month, the Centers for Disease Control and Prevention released a [report](#) on emergency room use among Americans. They found a whopping 42 visits to the emergency room per 100 people, with only 11% of visits resulting in admission. Medicare paid for 18% of those visits. The Alliance for Connected Care found that the timing of telehealth visits tracks closely with the timing of ER visits, and further found that in the commercial market six percent of patients used telemedicine in place of an ER visit, and 45% used telehealth instead of an urgent care visit. Telehealth usage can provide physicians with alternatives to offer their patients that are less resource intensive than unnecessary facility-based care. It can also provide access to the appropriate level care provider when an in-person visit is not an option, either because of hours or geography.

Access to care as an alternative to the ER is only one example of how telehealth can assist physicians in managing resource use. Virtual connections with patients can help manage chronic disease, improve compliance with medications, increase utilization of preventive services, and facilitate patient engagement. The challenge for providers in utilizing these tools are, as mentioned above, the restrictions under 1834(m).

Remote patient monitoring also reduces unnecessary resource utilization. There is significant evidence that remote monitoring reduces hospital readmissions, another category of obvious overutilization of services. Remote monitoring can facilitate smoother transitions and management of patients in their

home or transition facility. It also assists in ensuring that patients with chronic illness are well managed so hospitalizations can be avoided. The Alliance for Connected Care commissioned a [literature review](#) on telehealth and remote monitoring, which found meaningful evidence that both tools reduce costs in chronically ill patients. We urge CMS to support payment of codes related to remote monitoring as part of your effort to give providers the tools they need to succeed under MACRA.

Conclusion

Changing the health care system through transformation of provider practice is challenging, especially through large-scale, federally-driven mandates. The scale and scope of MACRA is beyond that of Meaningful Use and accordingly, successful implementation will hinge on adequate provider preparation and clinical resource investment. Providers and patients will need to explore approaches and technologies that can successfully support practice change. We believe telehealth and remote monitoring are very important tools in achieving that providers seek. We urge CMS to lift the remaining barriers to the use of these tools in the final MACRA rule.

We look forward to continuing to work with CMS to increase access to high quality connected care for Medicare beneficiaries. If you have additional questions, please do not hesitate to contact us.

Sincerely,

A handwritten signature in blue ink that reads "Krista Drobac". The signature is written in a cursive, flowing style.

Krista Drobac
Executive Director
Alliance for Connected Care