



March 5, 2018

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
200 Independence Ave SW
Washington, DC 20201

Docket Number CMS-2017-0163

Submitted Electronically to www.regulations.gov

Dear Administrator Verma:

Thank you for the opportunity to provide comments on “Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2019 Draft Call Letter.” We also thank you for your ongoing commitment to telehealth and remote patient monitoring.

As you know, the 2018 Physician Fee Schedule contained a significant development related to remote patient monitoring; we are hopeful that the final MA Call Letter will clarify how the new Medicare Part B coverage of remote monitoring will align with MA plan coverage. Now that remote monitoring is covered in fee-for-service through the unbundling of CPT code 99091, we request that CMS explicitly state in the final Call Letter that remote monitoring is now a basic benefit. Additionally, to increase clarity, we request that CMS amend the supplemental benefits section of the Medicare Managed Care Manual (Chapter 4 – Benefits and Beneficiary Protections) to remove the mention of remote patient monitoring as a supplemental benefit.

The same steps should be taken next year for telehealth, given the enactment of the Bipartisan Budget Act of 2018, which made telehealth a basic benefit in Medicare Advantage beginning in 2020.

In addition to the new coverage for “collection and interpretation of stored patient data by a physician or qualified health professional” through CPT code 99091¹, CMS has advanced several policies that integrate digital health into Medicare Part B over the past several years. Examples include the addition of the Transitional Care Management Codes in the 2013 Physician Fee Schedule, as well as the proposal in 2015 to provide coverage for non-face-to-face complex care management (CCM) services for Medicare beneficiaries who have two or more chronic conditions. These steps forward represent the inclusion of remote monitoring as part of the basic benefit of Medicare Part B.

Notwithstanding the new policy in Medicare Part B, the Medicare Managed Care Manual contains legacy language that requires MA plans to submit remote access technologies as supplemental benefits. Specifically, the manual uses “Telemonitoring”, “Remote Access Technologies”, and “Enhanced Disease

¹ Federal Register | Vol. 79, No. 219 | Thursday, November 13, 2014 | page 67727.



Management” as examples of supplemental benefits². It is confusing that CMS requires MA plans to cover all Part A and B services³, but then explicitly directs them to classify remote monitoring as supplemental benefits. This appears to be a policy conflict that we are hopeful CMS can clarify as part of the final Call Letter for 2019, specifically by revising Section 30.3 of the “Medicare Managed Care Manual, Chapter 4 - Benefits and Beneficiary Protections” to strike enhanced disease management, remote access technologies and telemonitoring as examples of supplemental benefits.

Member of the Alliance for Connected Care are excited about the opportunity to offer remote monitoring for patients in Medicare fee-for-service and Medicare Advantage equally. Thank you for your consideration of our recommendations to clarify that remote monitoring is a basic benefit in the 2019 Call Letter and the Medicare Managed Care Manual.

Sincerely,

A handwritten signature in blue ink that reads "Krista Drobac".

Krista Drobac
Executive Director

² Centers for Medicare and Medicaid Services, Medicare Managed Care Manual, Chapter 4, Section 30.3 – Examples of Eligible Supplemental Benefits Section, accessed at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c04.pdf>

³ Centers for Medicare and Medicaid Services, Medicare Managed Care Manual, Chapter 4, Section 10.2 – Basic Rule, accessed at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c04.pdf>
