



April 14, 2020

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, D.C. 20201

RE: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency

Dear Administrator Verma:

The Alliance for Connected Care (The Alliance) appreciates the opportunity to comment on the interim final rule on policy and regulatory revisions during the public health emergency. Our members strongly support your efforts to expand access to telehealth in the Medicare program during the public health emergency. We also deeply appreciate the many emergency measures taken to facilitate remote care during the COVID-19 public health emergency. We believe these changes are an important opportunity to demonstrate the efficacy and quality of telehealth and remote patient monitoring tools.

The Alliance is dedicated to improving access to care through the adoption of telemedicine and remote patient monitoring. The Alliance's membership brings together diverse industry leaders - from providers of direct patient engagement to physician consultation and remote monitoring, as well as the connected care technologies that are already facilitating the future of health care delivery. Members of the Alliance for Connected Care have seen firsthand how expanded access to telehealth and remote patient monitoring can better coordinate care, create economic efficiencies, and drive better health outcomes.

Policy and Regulatory Revisions

The Alliance for Connected Care strongly supports CMS actions to expand the services, clinicians, and sites available for telehealth during the public health emergency. We also appreciate the recognition that these services are currently replacing in-person care and the choice to reimburse at those in-person rates.

We believe that the Centers for Medicare and Medicaid Services has an important opportunity to build upon these changes with new authorities granted through passage of the *Coronavirus Aid, Relief, and Economic Security Act* (P.L. 116-136). Given this new authority, we offer the following suggestions for your consideration:

- Expanded flexibility for audio-only telehealth to a broader set of services when 1) A video-enabled visit has been determined not to be feasible and 2) the providing clinician determines that they can meet or reasonably accommodate best practice guidelines for the service through an audio interaction.
- Technical fixes to ensure telehealth delivery by more clinicians. CMS expanded telehealth payment options for clinical social worker services, clinical psychologist services, physical therapy services, occupational therapist services, and speech language pathology services in the interim final rule. Building upon this change, it can and should now amend restrictions on distant site providers to better enable these professionals and others to deliver care during the COVID-19 public health emergency.
- We appreciate the temporary removal of preexisting relationship documentation from billing for E-Visits and Virtual Check-ins. However, these provisions retain restrictions requiring providers to track a possible follow up visit “at the soonest available appointment.” Requiring providers to track these visits after the fact and reconcile any follow-up interactions that may happen is a burdensome requirement that prevents full utilization of these codes. We believe it should also be waived.

Ongoing Priorities for CMS

In addition to the above changes, we believe that there are several ongoing priorities that CMS should be considering as we seek to support our system-wide transformation to more remote care:

- CMS could work with partners across both the private sector and federal government to ensure robust data collection during this time period. This is important for both the purposes of program integrity and to leverage this nationwide demonstration opportunity to better understand of the capabilities of telehealth in the long term. We hope to learn from this experience so that the nation may continue to better utilize telehealth and remote patient monitoring technologies after the public health emergency ends.
- CMS could engage with stakeholders around the resources and tools needed for smaller healthcare providers to improve and leverage digital tools. While Congress has allocated funding for infrastructure during the crisis, telehealth requires much more than a broadband connection – it requires training of providers, technology platforms, and the use of remote patient monitoring technologies in the patient’s home.
- CMS could work with the consumer, provider, and broader healthcare community to educate Medicare beneficiaries about utilizing telehealth. There is an enormous beneficiary education need for a population that has never used telehealth, and there also exists a large risk of fraud due to this lack of experience in using new telehealth tools. The most timely and effective

approach to this challenge would be for a public-private partnership of leading telehealth, consumer, and aging organizations who can work to reach many audiences alongside CMS.

We look forward to continuing to work with you during this crisis and appreciate all of the changes made thus far. Please contact Chris Adamec at 202-640-5941 or cadamec@connectwithcare.org with any questions.

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