



ALLIANCE for
CONNECTED CARE

March 7, 2014

Submitted via email: Advancenotice2015@cms.hhs.gov

Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2015 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2015 Call Letter

Dear Administrator Tavenner:

The Alliance for Connected Care (“the Alliance”) appreciates the opportunity to respond to the Centers for Medicare and Medicaid Services’ (CMS) Advance Notice of Methodological Changes for Calendar Year (CY) 2015 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2015 Call Letter, published on February 21, 2014 (“Advance Notice”). Our comments focus on our goal of increasing patient access to high-quality, safe telehealth technologies (e.g., remote monitoring, remote monitoring, store-and-forward) that hold enormous potential to improve clinical health outcomes and achieve cost savings for the health care system.

The Alliance for Connected Care is a 501(c)(6) organization was formed to advocate for a statutory and regulatory environment in which every provider in America is permitted to deliver and be adequately compensated for providing safe, high-quality care using “Connected Care” at his or her discretion, regardless of care delivery location or technological modality. Our members are leading health care and technology companies from across the health care spectrum, representing insurers, retail pharmacies, telehealth platform providers, telecommunications companies, and health care entrepreneurs.

“Connected Care” is the real-time, electronic communication between a patient and a provider, including telehealth, remote patient monitoring, and secure email communication between clinicians and their patients. As the U.S. health care system moves toward more accountable care, remote patient communication and monitoring will play an increasingly important role in patient services. Connected Care improves access to care, may help providers and patients avoid costly medical services, and increases the convenience of care for patients.

I. The Proposed Policies Limit Providers' Ability to Care for Patients

As stated in the Advance Notice, Medicare Advantage (MA) plans are required to provide all basic Medicare-covered services and may provide supplemental benefits, including a variety of mandatory supplemental benefits. The Alliance is pleased that CMS continues to allow MA organizations (MAOs) to use “remote access technologies” in CY 2015 as a mandatory supplemental benefit. We also support the Agency’s expansive definition of remote access technologies to include telemonitoring, web- and phone-based technologies, Nurse Hotline, and other similar services, to ensure Medicare beneficiaries’ access to such services.

The Alliance understands CMS’ constraints in expanding coverage of telehealth services within MAOs due to the narrowly-defined statutory telehealth benefit under the Medicare program. However, we strongly encourage CMS to seriously consider expanding Medicare coverage of telehealth services to additional sites and beyond rural areas in appropriate future regulations. In doing so, MA plans would be required to expand their coverage of telehealth services as part of their basic plan benefits.

To achieve the promise of Connected Care in our health care system, the regulatory structure must enable safe and accessible use of remote patient care technology. Removing geographic and site limitations to allow Medicare beneficiaries to communicate remotely with their providers regardless of location will pave the way for a modern, efficient, and coordinated health care system. A growing body of evidence is already proving this to be true outside of the Medicare program. A recently published RAND Corporation study examined primary care telehealth visits provided through Teladoc to members of the California Public Employees’ Retirement System (CalPERS). The study found that patients who used Teladoc were less likely to require follow-up visits for a similar condition in any setting, with only six percent doing so compared to 13 percent who visited an office and 20 percent who visited an emergency room.¹ As such, the Alliance strongly supports a regulatory environment that enables Medicare beneficiaries to similarly benefit from technology that enables providers to furnish high-quality, cost-effective, and more integrated care to their patients.

II. The Proposed Policies Impose Onerous Restrictions on the Delivery of Care for Both Patients and Providers

Although Connected Care technologies can enable health care providers to deliver care remotely to patients, the Advance Notice seems to support the need for provider/patient face-to-face encounters. While the Alliance recognizes the importance of face-to-face provider interactions, in many cases such encounters are both onerous and unnecessary. A face-to-face physician consultation, for example, can prove difficult for individuals who are homebound or located in rural areas, as well as residents of medically underserved areas who are affected by similar obstacles in accessing health care.

¹ See Lori Uscher-Pines and Ateev Mehrotra, “Analysis of Teladoc Use Seems to Indicate Expanded Access to Care for Patients without Prior Connection to a Provider,” *HEALTH AFFAIRS* (Feb. 2014).

In both circumstances, provider shortages, transportation costs, lack of patient mobility or access to convenient transportation prevent individuals from receiving necessary medical services. Technology today allows telehealth to be a standalone service that can sometimes address a patient's needs without additional face-to-face care. The regulations should reflect that telehealth is a tool along the spectrum of care that can stand alone.

Medicare beneficiaries should have the choice to develop a flexible care plan with their physician based on their medical needs. The Alliance believes that traditional face-to-face visits are no longer the standard model of care, and increased use of Connected Care technologies offers patients greater opportunities to obtain the care they need without the burden of traveling to a designated site.

Connected Care also aligns with the broader health care reform agenda. For example, the emphasis on coordinated, accountable care is putting pressure on health care professionals to monitor their patients outside of the provider setting. Connected Care offers a low-cost way for providers to follow-up with their patients and avoid more costly health care settings such as an emergency department.

Additionally, States and commercial insurers are increasingly reimbursing for Connected Care. In 2013 alone, 25 states introduced legislation addressing some type of telehealth policy, and 20 states now require commercial insurers to cover telehealth services. The Alliance requests that CMS not restrict this model of care by suggesting that the use of remote access technologies should only supplement face-to-face patient-provider encounters, in recognition of the fact that telehealth technologies offer unlimited and flexible access points for rural and underserved Medicare beneficiaries. Instead, we strongly encourage CMS to make clear that such technologies can be used in place of face-to-face encounters, which aligns with the Agency's current coverage and reimbursement of telehealth services.

III. A Uniform Definition of Telehealth Services is Needed

The Alliance supports the continued use of remote access technology as a mandatory supplemental benefit. Telehealth is changing health care, and its influence is increasing rapidly across the country. Further, the evidence base for Connected Care has grown, with studies published regularly that show improvements in quality, access and cost.

With this in mind, setting a consistent definition of "Connected Care" moving forward is crucial for continued development of a technology that has the ability to increase care coordination, improve quality and reduce costs. A clear and universal understanding of the necessary requirements for telehealth technologies is needed for further growth within the health care system.

Currently, there is no legislative or regulatory definition that adequately describes this care delivery model. The descriptors that do exist are disparate and imprecise. As a result, different definitions have emerged in various forums, resulting in a patchwork-approach that has made it difficult to implement consistent policies that would make Connected Care available to all Americans. The Alliance is prepared to assist the Department of Health and Human Services in developing and implementing a uniform definition of telehealth services.

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In closing, the Alliance appreciates the opportunity to provide comments regarding the Advance Notice. We look forward to continuing to work with CMS to increase access to high-quality health care services for Medicare beneficiaries. If you have additional questions, please contact us.

Sincerely,



Krista Drobac
Executive Director
Alliance for Connected Care