



June 9, 2014

The Honorable Sylvia Burwell
Secretary
U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Burwell:

We are writing to respectfully request that you use your existing authority to waive the current restrictions on Medicare reimbursement for connected care services in section 1834(m) of the Social Security Act (the “Act”) for providers participating in the Medicare Shared Savings Program (“MSSP”). As current participants in the MSSP, we have seen first-hand how these restrictions negatively impact our ability to provide and coordinate high quality care for our patients while reducing costs.

As you know, the success of an accountable care organization (“ACO”) depends on its ability to coordinate care and treat patients in lower cost settings, *e.g.*, in a doctor’s office instead of the hospital. Advanced technology can and should be used to support these goals. When deployed effectively, connected care can enable providers to reduce overuse of in-person care, such as emergency care and preventable inpatient admissions. It also allows providers to decrease unnecessary disparities in care, reach beneficiaries who otherwise may not have access to care, and connect patients with appropriate specialists. This can result in additional savings above and beyond what current program requirements allow.

For these reasons, we believe that all ACO providers should be able to use and be reimbursed for care provided through connected care technology. Unfortunately, section 1834(m) of the Act only provides Medicare reimbursement for connected care services furnished to beneficiaries located at a limited number of originating sites in rural areas.¹ This creates a disincentive for the vast majority of ACO providers – many of whom practice in urban areas and are not physicians – to use this type of technology. Those of us working with providers who do not receive reimbursement for connected care services are faced with the difficult decision of assuming financial risk by providing the care for free. For many physician-led and smaller ACOs without access to a lot of capital, it is not even an option.

¹ See 42 U.S.C. § 1395m(m)(4)(C); *see also* 42 C.F.R. § 410.78(b)(4).

Allowing ACOs to be reimbursed for connected care will further the goals of the MSSP by providing us with additional tools to improve quality and reduce costs. Furthermore, it is consistent with the language of the Affordable Care Act (“ACA”), which required ACOs participating in the MSSP to “define processes...to coordinate care, such as through the use of telehealth, remote patient monitoring, and other such enabling technologies.”² In the final regulations for the MSSP, the Centers for Medicare & Medicaid Services (“CMS”) indicated that it wanted to give ACO providers the flexibility to choose those tools that best facilitate care coordination for their practitioners and patients.

We strongly believe that connected care should be amongst the care coordination tools available to all ACO providers. As such, we urge you to use the authority granted to you under section 1899(f) to waive section 1834(m) restrictions for providers participating in an MSSP ACO. We believe that such a waiver is necessary to realize the full potential of the MSSP.

Thank you in advance for your consideration of this important matter. We look forward to discussing this with you further.

Sincerely,



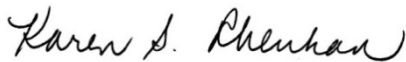
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² 42 U.S.C. § 1395jjj(b)(2)(G).

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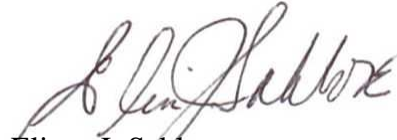
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