

September 11, 2017

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1676-P, Mail Stop C4-26-05
P.O. Box 8016
Baltimore, Maryland 21244-8013

RE: *Multistakeholder Comments regarding Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2018; Medicare Shared Savings Program Requirements; and Medicare Diabetes Prevention Program (CMS-1676-P)*

The undersigned organizations write to provide comments to the Center for Medicare and Medicaid Services (CMS) in response to its proposed rule addressing changes to the Physician Fee Schedule and other Medicare Part B payment policies; the Medicare Shared Savings Program (MSSP); and the Medicare Diabetes Prevention Program (MDPP).¹

We represent a wide – and growing – coalition of stakeholders that span the healthcare and technology sectors who hold that a consistently growing body of evidence has demonstrated that the wide array of connect health technologies available today – whether called “telehealth,” “mHealth,” “store and forward,” “remote patient monitoring,” or other similar terms – improve patient care, reduce hospitalizations, help avoid complications, and improve patient engagement, particularly for the chronically ill. These tools, ranging from wireless health products, mobile medical device data systems, telehealth screening and preventive services, converged medical devices, clinical decision support and care management applications, and cloud-based patient portals are revolutionizing the medical care industry by allowing the incorporation of patient-generated health data (PGHD) into the continuum of care.

Despite the proven benefits of connected health technology to the American healthcare system, these solutions have been largely ignored by the current Medicare system. For example, Medicare spending on telemedicine approached nearly \$30 million in 2016, representing a small fraction of the \$588 billion that Medicare spent overall. Moreover, the system has long suffered due to a lack of reimbursement for remote monitoring solutions.

¹ *Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2018; Medicare Shared Savings Program Requirements; and Medicare Diabetes Prevention Program*, 82 Fed. Reg. 33950 (Jul. 21, 2017).

CMS has, in previous PFS updates, started to take important steps to better utilize connected health technology in several components of Medicare, such through the expansion of its Telehealth Services List as well as in key Medicare programs such as the MSSP. However, the prolonged pace at which the system is being altered to incorporate connected technologies leaves the Medicare system and the millions of Americans it serves with outdated, inefficient, and less effective treatment options.

Further, we note that with the passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), Congress has distinctly directed CMS to evolve broadly the Medicare program to optimize care quality over quantity, requiring the system to embrace enhancements like connected health technology. In light of the approaching implementation for this reoriented Medicare system, CMS must maximize its opportunity in the CY 2018 PFS to support Congress' will to improve the American healthcare system by leveraging a wide array of connected health technologies – those available today as well as future innovations. We urge CMS to utilize every opportunity available to progress towards a truly connected continuum of care through its PFS.

Based on the above, we offer the following specific feedback to proposals for the CY 2018 PFS:

- We support the unbundling of Current Procedural Terminology (CPT®) codes that will increase the use of innovative remote monitoring technologies in treatments widely. Specifically, we support CMS' unbundling of CPT codes 99091 and 99090. We note our support both of existing codes, as well as those in development, covering remote monitoring and urge CMS to remain open to future codes that will ensure the use of remote monitoring innovations across the Medicare system.
- We support the proposed expansion of the Medicare Telehealth Services List as this is an important (while limited) means of addressing underserved American beneficiaries that face geographic challenges to care.
- We encourage CMS to fully leverage its Innovation Center to explore the benefits of new and innovative connected health technologies.
- We support the expansion of the Medicare Diabetes Prevention Program (MDPP) to support virtual engagements as a timely and needed step to address the diabetes crisis in the United States, and that virtual MDPP must be treated as separate from current Medicare 'telehealth' benefits which would invoke the stifling limitations of Section 1834(m). In the event that a virtual MDPP benefit is not included in the CY2018 PFS, we strongly encourage CMS to permit Medicare Advantage (MA) plans to use virtual MDPP encounters in addition to in-person MDPP encounters, and to permit virtual DPP to register as Medicare Suppliers to enable uptake by MA plans.

The undersigned urge your consideration of the consensus of the broad community of stakeholders which support the wide use of connected health solutions to improve the U.S. healthcare system, by promoting value, increasing quality, and reducing costs. We welcome the opportunity to work with you and your designees to reach this goal.

Respectfully submitted,

Allergy & Asthma Network

American Association for Respiratory Care (AARC)

American Telemedicine Association (ATA)

College of Healthcare Information Management Executives (CHIME)

Connected Health Initiative (CHI)

Healthcare Leadership Council (HLC)

HIMSS

National Stroke Association

Schools, Health & Libraries Broadband Coalition (SHLB)