August 31, 2018

Attention: CMS-1689-P
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: *Comments of the Connected Health Initiative to the Centers for Medicare and Medicaid Services on* Medicare and Medicaid Programs; CY 2019 Home Health Prospective Payment System Rate Update and CY 2020 Case-Mix Adjustment Methodology Refinements; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; Home Infusion Therapy Requirements; and Training Requirements for Surveyors of National Accrediting Organizations *(83 FR 32340)*

Dear Administrator Verma:

The Connected Health Initiative (CHI) appreciates the opportunity to respond to the Centers for Medicare and Medicaid Services (CMS) on its draft payment rates for home health agencies (HHAs) for calendar year 2019.[1]

[1] Centers for Medicare and Medicaid Services, Medicare and Medicaid Programs, *CY 2019 Home Health Prospective Payment System Rate Update and CY 2020 Case-Mix Adjustment Methodology Refinements; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; Home Infusion Therapy Requirements; and Training Requirements for Surveyors of National Accrediting Organizations*, 83 FR 32340 (July 12, 2018) ("Draft CY2019 HHPPS").

I. Introduction & Statement of Interest

The Connected Health Initiative (CHI) is the leading effort by stakeholders across the connected health ecosystem to clarify outdated health regulations, encourage the use of digital health innovations, and support an environment in which patients and consumers can see improvements in their health. We seek essential policy changes that will enable all Americans to realize the benefits of an information and communications technology-enabled American healthcare system. For more information, see www.connectedhi.com.

CHI is a long-time advocate for the increased use of telehealth and remote monitoring across the Department of Health and Human Services as well as before other agencies such as the Federal Communications Commission, and bodies such as the U.S. legislative branch. CHI is also a current appointed member of the American Medical Association's (AMA) Digital Medicine Payment Advisory Group, an initiative bringing together a diverse cross-section of 15 nationally recognized experts that identifies barriers to digital medicine adoption and proposes comprehensive solutions revolving around coding, payment, coverage and more.[2] CHI is also a board member of Xcertia, a collaborative effort to develop and disseminate mobile health (mHealth) application guidelines that can drive the value these products bring to healthcare and the confidence that physicians and consumers will have in the quality of these applications and their ability to help people achieve their health and wellness goals.[3]

II. Connected Health's Integral Role in the Future of Medicare

Data and evidence from a variety of use cases continue to demonstrate how connected health technologies available today (i.e., telehealth, mHealth, store and forward, remote patient monitoring, or other similar terms) improve patient care, prevent hospitalizations, reduce complications, and improve patient engagement, particularly for the chronically ill. Connected health tools, including wireless health products, mobile medical devices, medical data systems, telemonitoring, and cloud-based patient portals, are revolutionizing American healthcare by securely enabling the exchange of health information and incorporating patient-generated health data (PGHD) into the continuum of care. We urge CMS' review of CHI's aggregation of numerous studies that demonstrate the improved outcomes and reduced costs associated with greater use of connected health innovations.[4]

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[2] https://www.ama-assn.org/delivering-care/digital-medicine-payment-advisory-group

[3] http://www.xcertia.org/

[4] This CHI resource is publicly accessible at https://bit.ly/2MblRou.

We're excited by how CMS has begun to take important steps to better leverage the use of connected health technology in several Medicare programs. For example, in the 2018 Physician Fee Schedule (PFS), CMS distinguished between "remote monitoring" services and "telehealth," and permitted separate payment for physiological data monitoring by activating and unbundling Current Procedural Terminology® (CPT) Code 99091 ("physician/health care professional collection and interpretation of physiologic data stored/transmitted by patient/caregiver"). The code allows reimbursement to physicians and qualified healthcare professionals who rely upon physiologic data to monitor patients at a distance. Although not specifically a remote monitoring code, CMS signaled that activating CPT code 99091 would serve to facilitate appropriate payment for services like remote patient monitoring "in the short term." We agreed and supported that outcome.

In the 2019 proposed Physician Fee Schedule, CMS is proposing to activate and pay for remote monitoring codes that were approved by the American Medical Association Code Procedural Terminology Editorial Panel, in September 2017. These new codes originated from the collaborative work of the American Medical Association's Digital Medicine Payment Advisory Group (DMPAG). We remain encouraged as a community and continue to support CMS' efforts to utilize advanced remote patient monitoring technology to augment care for every American patient. With the Congressionally-mandated shift from fee-for-service to value-based care in Medicare approaching, CMS' efforts in continuing to advance the range of connected health innovations that will help American healthcare to improve outcomes and achieve cost savings are essential. CMS's current proposal to update payment rates for Home Health care Agencies for calendar year 2019 are no exception. Specific to the draft 2019 Home Health Prospective Payment System (HHPPS), it is essential that the wide range of connected health tools and services available today, as well as those in development, be leveraged to improve care and lower costs.

III. Input of the Connected Health Initiative on the Proposed CY2019 Home Health Prospective Payment System

CHI offers its views on several provisions in the draft 2019 HHPPS impacting the use of connected health technologies, particularly remote patient monitoring, considering the priority to advance innovative value-based care solutions while protecting the integrity of the Medicare program:

- **CMS accurately notes that remote patient monitoring, while a service using a form of telecommunications, is not considered a Medicare "telehealth" service as defined under section 1834(m) of the Social Security Act.[5]** We agree and support CMS with this finding as remote monitoring is separate and distinct from "telehealth" in 1834(m). Such an approach is consistent with CMS' proposed approach in both the final calendar year 2018 PFS as well as the draft calendar year 2019 PFS.
- **CHI supports CMS' proposal to include remote patient monitoring expenses used by an HHA to augment the care planning process as allowable administrative costs that are factored into the costs per visit.[6]** Such a change ensures that remote patient monitoring is utilized on a cost per visit basis when it is used by an HHA to augment the care planning process, and will result in a more realistic HHA Medicare margin calculation. CHI agrees with CMS that remote patient monitoring will be helpful in (1) augmenting HHA services in the patient's plan of care; (2) enabling HHAs to more rapidly identify changes in a patient's clinical condition and to monitor patient compliance with treatment plans (further enabling more effective and efficient review and appropriate alteration of plans of care; and (3) augmenting home health visits.[7]

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[5] *Id.* at 32325.

[6] *Id.* at 32425-6.

[7] *Id.* at 32,425.

- **CHI strongly urges CMS to align its proposed HHPPS definition of "remote patient monitoring in the Draft CY2019 HHPPS with that captured in CPT codes 990X0 and 990X1.** While CMS correctly and proactively distinguishes between "remote monitoring" services and "telehealth," in this and other rulemaking, in the Draft CY2019 HHPPS, CMS borrows heavily from CPT code 99091 to propose a definition for "remote patient monitoring" as the "collection of physiologic data (for example, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the HHA."[8] In fact, CPT code 99091 describes the collection of physiologic data and may not optimally describe remote monitoring as currently furnished as stated by CMS in the 2018 Physician Fee Schedule final rule: "…we believe that activating CPT code 99091 for separate payment under Medicare for 2018 will serve to facilitate appropriate payment for these services in the short term," underscoring how this code and its descriptor do not accurately capture remote patient monitoring elements. Moreover, in the 2019 Proposed Physician Fee Schedule CMS proposes to activate and pay for newly created and appropriate remote monitoring codes that originated from the collaborative work of the American Medical Association's DMPAG and various digital health stakeholders including CHI. Providers of remote patient monitoring services will benefit greatly from the creation of these codes, should CMS correctly activate and cover these services. Importantly, these new codes provide for the supply of devices; set up and instruction; data collection [attended, unattended with algorithmic alerts, and unattended]; transmittal; and report preparation of quantitative results). CHI suggests that CMS, in the HHPPS, contribute to a common definition of "remote patient monitoring" across its beneficiary programs (e.g., consistency with technical CPT codes 990X0 and 990X1). We therefore urge for CMS to shift away from the definition it proposes in the Draft CY2019 HHPPS, and to align its definition of remote patient monitoring in the Draft CY2019 HHPPS with that proposed by 990X0 and 990X1.
- Remotely monitoring patients receiving infusion therapy in their home is integral to providing medical care. **CHI supports and commends CMS's proposal to cover remote patient monitoring services as part of the home infusion therapy services benefit, as well as CMS' proposal to require qualified home infusion therapy suppliers to provide remote monitoring services for continuous assessment, evaluation, response, and the allowance for suppliers to use all available remote monitoring methods available.**

[8] *Id.* at 32342.

- Regarding program integrity, CHI generally supports measures to avoid waste, fraud and abuse in the HH PPS. **The use of remote patient monitoring technology as a modality does not inherently mean that remote monitoring will translate to greater waste, fraud and abuse; to the contrary, program integrity is more easily ensured through data analytics that connected health technologies provide.** We therefore urge CMS to acknowledge (1) the ability of connected health technologies to improve programmatic waste; and (2) to leverage existing and developing program integrity tools and metrics in the HH PPS across its beneficiary programs in a modality-neutral manner, with additional measures being implemented for specific modalities based on demonstrated heightened risks to program integrity specific to modalities.

IV. Conclusion

CHI appreciates the opportunity to submit comments to CMS and urges its thoughtful consideration of the above input. We look forward to the opportunity to further work with CMS and other stakeholders towards realizing the most successful HHPPS possible.

Sincerely,

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