



December 31, 2018

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Washington, DC 20201

Re: CMS-4185-P RIN 0938-AT59

Dear Administrator Verma:

On behalf of the Boards of Directors and members of the Healthcare Information and Management Systems Society (HIMSS) and Personal Connected Health Alliance (PCHAlliance), we appreciate the opportunity to provide comments on “Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021”. Our comments focus on the “Requirements for Medicare Advantage Plans Offering Additional Telehealth Benefits.” We have long advocated for and supported the modernization of Medicare to include connected care for our nation’s Medicare beneficiaries, and appreciate and support your work to modernize Medicare by bringing evidence-based connected/digital care into the Medicare program.

HIMSS and PCHAlliance appreciate CMS’ leadership and diligent work to modernize Medicare and advance connected health for Medicare beneficiaries. We were heartened to read CMS’ analysis of the impact of “additional telehealth benefits” as it wisely includes the documented savings associated with reduced travel time, more efficient care delivery, and, acknowledges the real potential for connected care to prevent disease progression and promote health. The benefits of telehealth, remote patient monitoring and virtual care will provide invaluable benefits to Medicare beneficiaries.

We support the proposed rule to implement Medicare Advantage (MA) additional telehealth services, and offer full support for:

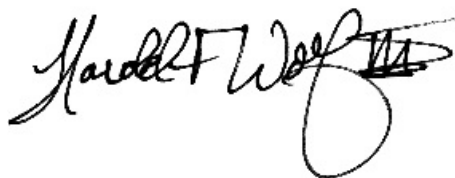
- The regulatory standard for “additional telehealth benefits” proposed by CMS. Allowing MA plans to cover any Part B benefit through both electronic exchange and in-person visits, when both means of delivering the Part B benefit are clinically appropriate. The inclusion of electronic exchange modernizes the MA program in a manner that allows the provision of evidence-based, effective care in a technology neutral manner.
- The proposal to NOT define or describe specific examples of information and telecommunications technology, which allows for a technology neutral approach to implementation of “additional telehealth benefits.” We do, however, urge CMS to reference and ensure alignment with the Medicare Part B definition of telecommunications systems, and note that the Section 1834(m) originating site and geographic restrictions do NOT apply to MA additional telehealth benefits.

- The proposal for MA plans to determine on an annual basis which services they may cover as “additional telehealth benefits”, as the plans medical review process already in place offers an efficient and effective means to identify evidence-based services, tools, and technologies in a flexible and technology neutral manner. It is essential to take a flexible approach that allows for adoption of evidence-based innovation, particularly those that improve patient engagement, quality of care, and reduce costs.
- We urge CMS to use only the MA plan annual determination and medical review to define the types of items and services to be included as additional telehealth benefits. Any definition of items or services will lock CMS into an approach supported by today’s evidence, which will hinder CMS’ ability to use nimble approaches to update its policies for future evidence-based innovation.

In addition, we ask CMS to clarify, as it has done in the Medicare Physician Fee Schedule, that store and forward is important technology and when evidence supports its use as a tool to deliver a Part B benefit it can be covered by Medicare Part B, without Section 1834(m) originating site and geographic restrictions. Specifically, we urge CMS to update the Medicare Advantage manual to clarify that remote patient monitoring and telehealth are no longer supplemental benefits. Chapter four, section 30.3 states “telemonitoring services” as an example of a supplemental benefit. This reference urgently needs to be deleted given the connected care coverage now available through original Medicare Part B and given the CHRONIC Care Act’s provision allowing MA plans to cover “additional telehealth benefits” as a basic benefit.

We appreciate the opportunity to provide input on implementation of the MA telehealth provisions and look forward to working with CMS on policy that provides evidence based connected care for Medicare beneficiaries. If you have any additional questions, please do not hesitate to contact us.

Sincerely,



Harold F. Wolf III
President and Chief Executive Officer
HIMSS



Steve Wretling
HIMSS Chief Technology and Innovation Officer
Executive Oversight for PCHalliance