

September 9, 2019

Administrator Seema Verma  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, District of Columbia 20201

RE: *Multi-stakeholder Comments to the Centers for Medicare and Medicaid Services on Medicare and Medicaid Programs; CY 2020 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; and Home Infusion Therapy Requirements (84 FR 34598)*

We represent a wide – and growing – coalition of stakeholders that span the healthcare and technology sectors who support connected health technologies. A consistently growing body of evidence demonstrates that connected health technologies such as “telehealth,” “remote patient monitoring,” “mHealth,” “store and forward,” and other modalities improve patient care, reduce hospitalizations, help avoid complications, improve patient engagement (particularly for the chronically ill), and increase efficiencies. These tools which leverage health and medical data (both automated and patient-generated health data (PGHD)) range from wireless health products, mobile medical devices, telehealth and preventive services, clinical decision support, chronic care management, and cloud-based patient portals. Digital health has become an integral part of the practice and delivery of medicine to address the rising costs of healthcare. We appreciate the opportunity to provide our consensus input on the Center for Medicare and Medicaid’s (CMS) draft payment rates for home health agencies (HHAs) for calendar year (CY) 2020.<sup>1</sup>

CMS is to be congratulated for its continued efforts across many programs to advance the uptake of connected digital health innovations. For example, in the CY2018 and CY2019 Physician Fee Schedules (PFS), CMS activated and paid for CPT codes representing the technical and professional components of remote physiologic monitoring (99091, 99453, 99454, and 99457). CMS has also taken steps to promote flexible use of connected health technology innovations in the Quality Payment Program’s Merit-based Incentive Payment System (MIPS) through, for example, adopting a MIPS Improvement Activity that incent providers to leverage any connected health tool that utilize an active feedback loop for patient care and patient assessments outside of the four walls of the doctor's office. As a community, we continue to support CMS’ efforts to utilize advanced technologies to augment care for every American patient.

CMS’ efforts to update payment rates for HHAs for calendar year 2020 are no exception. The Home Health Prospective Payment System (HHPPS) can and should utilize clinically validated technology to improve care for HHPPS beneficiaries across America. We offer the following comments to CMS on its proposed calendar year 2020 HHPPS:

---

<sup>1</sup> Centers for Medicare and Medicaid Services, Medicare and Medicaid Programs, *Medicare and Medicaid Programs; CY 2020 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; and Home Infusion Therapy Requirements*, 84 FR 34598 (July 18, 2019).

- We urge CMS to align the HHPPS definition of “remote patient monitoring” with that captured in CPT codes that CMS has activated and paid for in the Physician Fee Schedule (e.g., CPT codes 99453, 99454, and 99457). The current HHPPS definition borrows heavily from CPT code 99091 in defining “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,” a description that CMS has acknowledged in the CY2018 PFS as suboptimal descriptor not accurately capturing remote patient monitoring elements. As noted above, in the CY2019 PFS, CMS activated, covered, and paid for newly created and more appropriate RPM codes that 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. We request 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 99453, 99454, and 99457).
- We support CMS’ continued inclusion of RPM expenses incurred by an HHA to augment the care planning process as allowable administrative costs that are factored into costs per visit. However, a need remains for CMS to provide key clarifications regarding RPM’s use by HHAs which may cause HHA reluctance to undertake RPM for HHPPS beneficiaries. We call on CMS to address these questions and ambiguities in its final CY2020 HHPPS rule by providing more detailed guidance on the use of RPM use by HHAs. Further, we call on CMS to explain how uses of RPM technologies by HHAs and Part B eligible caregivers’ use of RPM (CPT codes 99453, 99454, 99457, and 994X0) interrelate. Finally, the home health stakeholder community would benefit immensely from CMS describing its vision for future use of RPM and other connected health technologies for HHPPS beneficiaries.
- CMS should clarify that CPT codes 99091 and 99457 (both in place today under Medicare Part B services), as well as 994X0 (proposed for activation and payment in the CY2020 Physician Fee Schedule as Medicare Part B services), may be billed by eligible professionals providing services in conjunction with home health agencies under the HHPPS.
- Regarding program integrity, we generally support measures to avoid waste, fraud and abuse in the HHPPS. The use of connected health, including RPM technology, 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 leverage existing and developing program integrity tools and metrics in the HHPPS.

We appreciate CMS' seeking input on its draft CY 2019 HHPPS, and for its proposals to leverage the incredible potential of remote patient monitoring technologies. We encourage CMS' thoughtful consideration of the above input and stand ready to assist further in any way that we can.

Sincerely,

American Medical Association

American Telemedicine Association

Biofourmis

Connected Health Initiative

InTouch Health

Kaia

Life365

LifeWire

Medical Alley Association

Medical Society of Northern Virginia (MSNVA)

Optimize Health

Personal Connected Health Alliance

Pt Pal

ReemoHealth

ResMed Corporation

TeleHealth Suite

The Omega Concern

UnaliWear

Validic

Vital Tech