

Congress of the United States
Washington, DC 20515

February 8, 2018

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Azar and Administrator Verma,

Through sound implementation of the Medicare Access and CHIP Reauthorization Act (MACRA), the Department of Health and Human Services (HHS) has a unique opportunity to modernize the regulatory landscape to ensure that medical services enabled through connected health technologies are integrated into the continuum of care, improving quality and access for patients.

Technologies enabling telehealth and remote patient monitoring (RM) medical services can significantly improve outcomes for patients under chronic care management, but current regulatory restraints often discourage adoption of these technologies. The Centers for Medicare and Medicaid Services (CMS) is statutorily authorized to remove some of these barriers to adoption and expand the use of telehealth and RM services.

Under MACRA, CMS was charged with transitioning to value-based payment models that improve coordination of care and, by extension, reduce costs. Through programs like the merit-based incentive payment system (MIPS), the Centers for Medicare and Medicaid Innovation (CMMI) Models, and the Medicare Shared Savings Program (MSSP), CMS has an opportunity to use its authority to promote the use of telehealth and RM technologies.

We note that CMS has recently adopted a MIPS Improvement Activity to support the engagement of Medicare beneficiaries by leveraging “digital tools for ongoing guidance and assessments outside the encounter,” including through the use of platforms and devices that collect patient-generated health data (PGHD) using an active feedback loop. We are also pleased that CMS followed through on its proposal to add seven new telemedicine codes for additional services under the Physician Fee Schedule (PFS) final rule.

As part of the continuing dialogue between Congress and HHS, we would like to highlight some additional areas where we believe your existing authority could be used to expand the use of telehealth and RM:

- CMS can help providers using alternative payment models (APMs) meet statutory requirements to reduce total costs through its authority to waive payment and program requirements to allow for use of telehealth under the Centers for Medicare and Medicaid

Innovation (CMMI) Models and the Medicare Shared Savings Program (MSSP).

- CMS can clarify the allowable use of telehealth or RM under the merit-based incentive payment system (MIPS). In writing MACRA, Congress intended for telehealth and RM to be rewarded within the MIPS Clinical Practice Improvement Activities (CPIA). As noted above, we are pleased that CMS recognized use of digital tools as a MIPS CPIA, and encourage you to build on that foundation to enable providers to utilize telehealth and RM.
- Through broader scale demonstration projects to waive geographic and originating site restrictions for telehealth services CMS already covers (but for which the number of eligible beneficiaries is limited) existing waiver authorities could be utilized so that the Congressional Budget Office and CMS Chief Actuary will have adequate data to ascertain whether these modalities result in overall cost neutrality or cost savings.
- In the 21st Century Cures law, Congress mandated that the Medicare Payment Advisory Commission (MedPAC) produce a report regarding Medicare coverage and use of telehealth services, commercial insurance coverage of telehealth, and principles for evaluating coverage expansions. MedPAC recently forwarded this report to Congress. MedPAC recommends that when the balance of evidence for an individual telehealth service is unclear, covering the service should be tested. We encourage CMS and CMMI to use its authority to test new models that include promising telehealth and remote patient monitoring services.

While we recognize this is not an exhaustive list, we believe these actions could provide a starting point to reduce barriers to expanded use of RM and telehealth technologies. We are ready and willing to work with you to identify new areas of opportunity to integrate connected health technologies into the continuum of care, and to implement regulatory and policy changes that can improve healthcare delivery and decrease costs.

Thank you for your consideration, and we look forward to hearing from you at your earliest convenience.

Respectfully,


Representative Bill Johnson



Representative Doris Matsui


Representative Gregg Harper


Representative Donald M. Payne, Jr.



Representative Marsha Blackburn



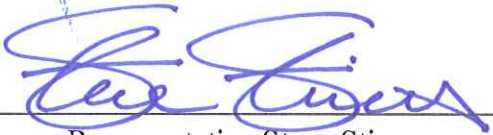
Representative Ben Ray Luján



Representative David Schweikert



Representative John Garamendi



Representative Steve Stivers



Representative Alan Lowenthal