



January 27, 2016

The Honorable Orrin G. Hatch
Chairman
Senate Finance Committee
United States Senate

The Honorable Ron Wyden
Ranking Member
Senate Finance Committee
United States Senate

The Honorable Johnny Isakson
Co-Chairman
Chronic Care Working Group
Senate Finance Committee
United States Senate

The Honorable Mark Warner
Co-Chairman
Chronic Care Working Group
Senate Finance Committee
United States Senate

Delivered via email: chronic_care@finance.senate.gov

Dear Chairman Hatch, Ranking Member Wyden, Co-Chairman Isakson and Warner:

The Alliance for Connected Care (“the Alliance”) welcomes the opportunity to provide a response to the Senate Finance Committee’s Chronic Care Working Group “Policy Options Document.” We are encouraged by the Committee’s determination to champion policies based on real world experience and data-driven evidence that improves care for Medicare beneficiaries with chronic conditions. As indicated by the Committee, addressing chronic care is especially pressing, particularly with an estimated 10,000 seniors each day becoming newly eligible for Medicare.¹

The Alliance is a 501(c)(6) organization formed to create a statutory and regulatory environment in which providers can deliver and be adequately compensated for providing safe, high-quality care using connected care at their discretion, regardless of care delivery location or technological modality. Our members are leading health care companies from across the spectrum, representing insurers, retail pharmacies, technology companies, and health care entrepreneurs. The Alliance works in partnership with an Advisory Board that includes more than 20 patient and provider groups, including groups representing patients with chronic diseases such as cardiac disease, Parkinson’s disease, Multiple Sclerosis, behavioral health disorders, Alzheimer’s disease and spinal cord injuries. The breadth of groups partnering with the Alliance demonstrates the promise of telehealth and remote monitoring for better chronic disease management.

Telemedicine and remote patient monitoring are important tools in addressing chronic disease, and we appreciate the inclusion of these technologies in several of the options proposed. However, our comments and recommendations to the Working Group stress the need for Congress to consider including a comprehensive legislative proposal that fully modernizes Medicare by including services to seniors in fee-for-service as well as a full benefit (telehealth and remote monitoring) in Medicare Advantage. We have been working with Senators Wicker and Schatz on their approach and we believe the legislation they

¹ Kaiser Family Foundation, “The Rising Cost of Living Longer: Analysis of Medicare Spending by Age for Beneficiaries in Traditional Medicare” <http://kff.org/medicare/report/the-rising-cost-of-living-longer-analysis-of-medicare-spending-by-age-for-beneficiaries-in-traditional-medicare/>



will soon introduce should be included, in full, in your package of proposals. It is a very thoughtful and balanced approach to providing Medicare beneficiaries with access to telehealth and remote patient monitoring.

We believe many of the policies proposed by the Working Group are positive steps in the right direction toward improving chronic care management through technology. Following is specific feedback on your existing recommendations:

- The Alliance supports the proposal to permit Medicare Advantage (MA) plans to include telehealth in the annual bid amount. We strongly urge the Committee to also include remote patient monitoring in the annual bid amount. It is also a critical component of better chronic care management. The existing list of permitted telehealth codes in fee-for-service is very limited, in part because few stakeholders petition CMS to add codes in such a restrictive environment. There are many codes that would be appropriate for telemedicine, particularly E&M codes. Evidence from the commercial sector shows that people are receiving very effective care in areas that are not covered by current fee-for-service codes.² We recommend the Committee consider requiring the Department of Health and Human Services (HHS) to establish an expedited process for code review in the first two years after enactment of the bill. This will allow the permissible codes to be updated appropriately and expeditiously, thereby giving seniors better access to telehealth services.
- The Alliance supports the proposal to direct HHS to waive the geographic component of the originating site requirements for ACOs. However, we believe the proposal should not be limited to Medicare Shared Savings Program (MSSPs) ACOs in two-sided risk models. ACOs in Track 1 MSSP that are trying to move to two-sided risk need support to invest in technology that will help them achieve the goal of risk sharing.
- The Alliance supports the proposal to give MSSP ACOs the flexibility to provide remote patient monitoring services where Medicare fee-for-service does not reimburse. We believe the ability to utilize connected care tools like remote monitoring reduces resource utilization by averting expensive hospital or urgent care visits. Again, we do not believe this proposal should be limited to two-sided risk ACOs.
- The Alliance supports lifting the originating site geographic restrictions specifically for the treatment of stroke. The use of telemedicine services provided by a neurologist in identifying and diagnosing stroke is an effective and life-saving tool that Medicare beneficiaries should have access to.

As noted above we are very supportive of the approach taken by Senators Wicker and Schatz. Following are additions to your proposals, which are part of the Wicker/Schatz bill, which we urge the Committee to include in full:

² Yamamoto, Dale. *Assessment of the Feasibility and Cost of Replacing In-Person Care with Acute Care Telehealth Services*. December 2014. Accessed: <http://www.connectwithcare.org/wp-content/uploads/2014/12/Medicare-Acute-Care-Telehealth-Feasibility.pdf>



- 1) We urge the Committee to reconsider excluding telemedicine as a substitute in the calculation of network adequacy for Medicare Advantage. Recently, the National Association of Insurance Commissioners (NAIC) included telemedicine in their Health Benefit Plan Network Access and Adequacy Model Act, a decision that will potentially have nationwide impact to patient coverage and access. We urge the Working Group to follow NAIC's model, and permit the use of telemedicine to meet applicable network standards.
- 2) We urge the Committee to add a meaningful Remote Patient Monitoring benefit for Medicare beneficiaries. Senators Wicker and Schatz, along with a bipartisan group of Senators have devised a proposal that will reduce Medicare spending while improving patient care. Under the proposal, patients with multiple chronic diseases and two inpatient hospitalizations in one year may receive remote monitoring services for 120 days. We urge you to consider this proposal.
- 3) We urge the Committee to include telehealth payment for Medicare beneficiaries who are not in MA. While policymakers across the spectrum want to move away from fee-for-service, there is a transition period in which fee-for-service will still be the dominant payment model in Medicare. The Alliance supports the move toward value based care, but recognizes the reality that without payment for telemedicine and remote monitoring in fee-for-service its adoption will be stifled. There is ample evidence that both telehealth and remote monitoring can help avoid unnecessary use of health care services and improve patient satisfaction. However, providers, including physicians and hospital systems moving to two-sided risk, will not realize the full potential of telehealth and remote monitoring without some initial period of payment.

While our preference would be to simply eliminate the 1834(m) restrictions in Medicare, there is a way to provide telemedicine and remote monitoring in Medicare fee-for-service that is limited and appropriate. Title 1 of the Wicker/Schatz proposal, known as the "Bridge," enables wider use of telehealth and remote monitoring during a limited transition period as MACRA is implemented and ACOs work to achieve risk-based models. The Alliance supports the language developed by Senators Wicker and Schatz, and urges the Chronic Care working group to include it in the legislation.

In closing, the Alliance appreciates the opportunity to provide additional comments and would welcome the opportunity to further discuss additions to the Chronic Care draft paper including "the bridge" proposal with the Committee. In addition, we would be happy to present robust evidence detailing the effectiveness of telehealth and remote monitoring to the Committee. If you have any additional questions, please do not hesitate to contact me at (202) 415-3260 or krista.drobac@connectwithcare.org.

Thank you,



Krista Drobac
Executive Director