August 30, 2018

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-1689-P
Mail Stop C4-26-05
7500 Social Security Blvd.
Baltimore, MD 21244-1850

Re: Medicare and Medicaid Programs; CY 2019 Home Health Prospective Payment Rate Update and Other Home Health Changes

Dear Administrator Verma:

The Advanced Medical Technology Association (AdvaMed) appreciates the opportunity to provide comments on the CY 2019 Home Health Prospective Payment System Update and other changes to home health included in the proposed rule CMS-1689-P. AdvaMed member companies produce the wide array of medical devices and technologies that are used across the health care continuum in the full-range of service settings, including home health care, serving Medicare beneficiaries. Our letter addresses two sections of the proposed rule: Proposed Changes Regarding Remote Patient Monitoring under the Medicare Home Health Benefit, and the remote monitoring provisions of Medicare’s Coverage of Home Infusion Therapy Services.

Remote Patient Monitoring in Home Health

AdvaMed commends CMS both for its recognition of the importance of remote patient monitoring in the provision of home health care and the agency’s desire to enhance the use of this technology to improve patient care outcomes for Medicare beneficiaries. We believe that the availability of remote patient monitoring and its integration into health care delivery should trigger just the forward-looking process that CMS has demonstrated with the proposals in the rule. In so doing, CMS will help ensure that Medicare beneficiaries have access to the benefits offered by these technologies. These benefits include, as the proposed rule points out, improved health outcomes at reduced cost and improved quality of care—and will be enhanced when public and private payers are open to finding new pathways for covering and paying for these technologies. AdvaMed applauds CMS for the forward-looking step it has taken to enhance the availability and use of remote patient monitoring in home health.
AdvaMed supports CMS’s proposal to allow Medicare home health care agencies (HHAs) to include and report the costs of remote patient monitoring as an allowable operating expense, when used to augment the care planning process, on the HHA cost report. These costs would then be factored into costs per visit for purposes of HHA reimbursement. In conversations with HHAs, we have learned how these agencies have incorporated remote patient monitoring technologies and other digital technologies into care for Medicare beneficiaries and how these technologies allow home health agencies to more quickly and efficiently identify changes in a patient’s clinical condition, triage urgent support needs, stabilize a patient’s condition remotely, monitor compliance with a plan of care, and propose changes to a plan of care in a more timely way.

We recommend, however, that CMS take the broader view of a definition for remote patient monitoring used in the CY 2019 Physician Fee Schedule (PFS) Proposed Rule, rather than the narrower one proposed in the Home Health Proposed Rule. In the PFS rule, CMS states that is considering using CPT codes 990X0 and 990X1 to describe the technical components of remote patient monitoring. AdvaMed recommends that these same two codes serve as the basis for determining allowable costs for remote patient monitoring in the home health setting, rather than CPT code 99091 described in the home health rule. CPT code 99091 was established in 2002 at a time when remote patient monitoring technology was in its infancy, and, as a result, fails to describe how remote patient monitoring services are optimally furnished with today’s technology and health care staffing models. AdvaMed recommends that CMS look to new codes 990X0 and 990X1 and their descriptors, as discussed in the Physician Fee Schedule proposed rule, for a more appropriate and complete definition for allowable costs for remote patient monitoring services in the home health setting. CPT code 990X0, for instance, would recognize the work associated with providing the patient with remote patient monitoring equipment, setting up the equipment, and training the patient on the equipment. We also point out that using the two new codes, 990X0 and 990X1, would establish a consistent policy across Medicare service settings for remote patient monitoring.

We emphasize that it is the descriptors that we propose should be used for defining allowable costs for remote patient monitoring under Medicare home health prospective payment system. Recognized remote patient monitoring costs in home health should not be limited to chronic care conditions where use of these codes may be linked to coverage for chronic care, since Medicare’s home health care benefit covers medically necessary care for patients with acute care needs and conditions, not just chronic conditions.

Finally, AdvaMed recommends that CMS describe how it plans to account for the adoption of new remote patient monitoring services as the agency monitors and evaluates the impact of previous or future rebasing adjustments made to the home health prospective payment rates since 2014.
Medicare Coverage of Home Infusion Therapy Services and Remote Monitoring

The 21st Century Cures Act established a new home infusion therapy benefit under Medicare and the authorizing statute for this new benefit provides coverage for several different enumerated services, including remote patient monitoring. AdvaMed supports many of the policies described in the proposed rule for implementing the remote monitoring and monitoring services benefit.

The preamble to the rule states that it is CMS’s expectation that home infusion therapy suppliers would provide ongoing patient monitoring and continual reassessment of the patient to evaluate response to treatment, drug complications, adverse reactions, and patient compliance. AdvaMed especially supports CMS’s stated intention that remote monitoring be completed through follow-up telephone or other electronic communication, based on patient preference of communication. In addition, the preamble indicates that CMS is not proposing to limit remote monitoring to these methods. Suppliers would be permitted to use all available remote monitoring methods that are safe and appropriate for their patients and clinicians and as specified in the plan of care, as long as adequate security and privacy protections are utilized. We recommend, however, that CMS not limit the use of remote monitoring services to those patients receiving continuous infusion medications as identified in the patient’s plan of care. The preamble suggests that CMS is considering this restriction. While the use of remote patient monitoring is appropriate for these high-risk patients, other home infusion patients can benefit from access to these services, as CMS’s discussion on remote patient monitoring under Medicare’s home health benefit indicates. We recommend that the decision for using remote patient monitoring for individual patients be left to physicians and home infusion therapy suppliers.

Thank you for the opportunity to comment on the proposed rule. We are hopeful that the policies in the proposed rule are representative of a broader shift in CMS’s interest in providing Medicare beneficiaries access to various digital technologies and that forthcoming rules continue to articulate new pathways to coverage and payment for these services across Medicare’s various benefit categories, including various facility-based and physician services, home-based care, and durable medical equipment and prosthetic device benefits. If you have any questions about issues raised in our comment letter, please contact Richard Price at rprice@advamed.org.

Sincerely,

Donald May
Executive Vice President
Payment and Health Care Delivery