

September 5, 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: *RIN 0938-AT68*  
*'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'; Proposed Rule*

Dear Administrator Verma:

On behalf of the Personal Connected Health Alliance (PCHAlliance), we appreciate the opportunity to respond to the Center for Medicare and Medicaid Services (CMS) Proposed Rule titled "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". Our comments focus on important connected care aspects of the home health prospective payment system and the home infusion therapy benefit, and we offer our comments to ensure efficacious, effective, and non-duplicative coverage for remote patient monitoring.

Interoperable, connected health requires a broad ecosystem of shared digital health information. PCHAlliance members span this ecosystem and include entities that: manufacture the devices patients and providers use to measure biophysical data; provide health insights and increase the usability of clinical decision support; provide care; operate the networks that communicate patient-generated data between patients and providers; and represent consumer perspectives on connected health. PCHA's member list can be found at <http://www.pchalliance.org>. PCHAlliance works to advance evidence-based two-way digital communications between patients, their caregivers, and providers through the development of open technical standards, real-world testing, and through health policy and coverage policy.

As we stated in our comment letter last year, we support and applaud CMS' decision to allow the capital costs of remote monitoring in the home health base rate beginning in 2020 for those agencies that use remote monitoring to help manage home health care and improve quality of care. There is a growing evidence base of clinical research that demonstrates efficacious applications and uses of remote monitoring by home health for care management and to improved outcomes. For example:

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*Use of remote monitoring by home health agencies for care management and disease management was found to reduce hospitalization rates by 7 percentage points in a retrospective claims study of Medicare home health patients randomized into HH-telehealth and no telehealth.*

[Source: Hsueh-Fen, Kalish, Pagan, "Telehealth and Hospitalizations for Medicare Home Healthcare Patients", The American Journal of Managed Care, Vol. 17, No. 6, June 2011]

*For heart failure patients receiving home care nursing services, use of remote monitoring, was found to reduce hospitalization rates by over 10 percentage points.*

[Source: Thomason, Hawkins, Perkins, Nelson, "Home telehealth and hospital readmissions: a retrospective OASIS-C data analysis", Home Healthcare Now. Vol. 20, No. 7, January 2015]

*Pilot testing of the Home-Care Education, Assessment, Remote-Monitoring, and Therapeutic Activities (HEART) trial demonstrated a trend to lower hospital readmission rates and feasibility for full-scale implementation.*

[Source: Delaney, Apostodolis, "Pilot Testing of a Multicomponent Home Care Intervention for Older Adults with Heart Failure", Journal of Cardiovascular Nursing, Vol. 25, No. 5, September/October 2010]

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For chronic condition remote monitoring, conducted by physicians, the evidence base is more extensive, providing a clear path for improved health care outcomes, and, in 2019 the Medicare Physician Fee Schedule (MPFS) began coverage of evidence based remote chronic care physiologic monitoring (RPM) by providers. This MPFS coverage for CY2019 is comprised of three Current Procedural Terminology (CPT) codes – one billed monthly to cover costs of the provider’s equipment placed in the patient home (CPT 99454); one billed monthly to cover the costs of a minimum of 20 minutes of clinical team work reviewing data and communicating with the patient (CPT 99457); and one billed on a one time basis to cover clinician time spent on patient education on use of the monitoring device(s) (CPT 99453).

Our comments focus on modifications and guidance in the Home Health Prospective Payment System Rule that would align definitions and use of remote patient monitoring across the Medicare program, as alignment would allow Home Health and other providers to understand when and how they may order and use remote patient monitoring efficaciously and in compliance with Medicare rules.

We urge CMS to:

- Adopt a common definition of “remote patient monitoring” across its beneficiary programs (e.g., consistency with technical CPT codes 99453 and 99454) and define it as “Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission”.
- In the Home Health Prospective Payment System rule, we ask CMS to provide guidance in the final rule to address the following questions:
  - ✓ Can a provider (for example a physician or other primary care provider) bill the monthly review/clinical time codes (CPT 99091, 99457, and 990X0) if they review physiologic data that comes to their office or data monitoring platform from the Home Health Agency’s remote monitoring, e.g. if the HHA collected physiologic data is sent over to the provider?
  - ✓ When a Medicare beneficiary has been receiving remote physiologic monitoring ordered and provided by their provider (and reimbursed by the Medicare Physician Fee Schedule) **prior to qualifying for and receiving home health services**, can the Medicare beneficiary’s provider continue to provide the RPM services even if the home health agency also provides remote monitoring for its care planning purposes? .
  - ✓ Can a beneficiary receive remote monitoring by a home health agency and their provider via **separate remote monitoring systems**? And, in relation to this question we note:

Home health remote monitoring systems and the provider ordered systems very likely focus on different evidence based remote physiologic monitoring, for example, the provider is likely providing a condition specific remote monitoring equipment, like a scale or heart monitor, while the home health agency may be using remote monitoring that focuses on medication adherence and or conduct of activities of daily living. This would mean that provision of and reimbursement for two different systems would be in the best interest of the Medicare beneficiary and is associated with better outcomes and the most efficient utilization of health services.
- In the Home Infusion Therapy Benefit rule, we urge CMS to provide more specific clarification in the for provider (e.g. physician or other primary care providers) billing for the review of physiologic data and care management communications with patients associated with remote patient monitoring. Specifically, we request that CMS specify that all the

remote patient monitoring CPT codes providers use for review of remote monitoring information and communications with patients based on this data, including CPT codes 99091, 99454, and 990X0 (add on code to be finalized for coverage starting in 2020), may be billed if or when the provider reviews remote monitoring data and engages in care management based on that data.

We are excited and applaud CMS's inclusion of evidence based remote monitoring in the Home Health Prospective Payment System and the Home Infusion Therapy Benefit. As noted above, we seek guidance in the final rule to ensure alignment between the home health and home infusion therapy benefits and the Medicare Physician Fee Schedule, which has also adopted coverage of CPT codes on evidence based remote patient monitoring. We believe that specific clarity will be immensely helpful to all Medicare beneficiaries and their providers around coordination of services. Please contact me if you need any additional information or have questions. The Personal Connected Health Alliance welcomes the opportunity to work with CMS as these and other exciting regulatory and policy changes are under consideration.

Sincerely,

Sincerely,



Robert Havasy  
Managing Director  
Personal Connected Health Alliance