



American Telemedicine Association

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Dear Telehealth Workgroup:

The following are ATA's recommendations for the 21st Century Telehealth Package.

1. Title I – Improving Flexibility for Telehealth under Medicare Capitated or Prospective Payments

- 1.1. **Medicare Advantage:** Revise bidding structure for plans by deeming Medicare coverage for telehealth applying to all beneficiaries, without geographic restriction, as a standard benefit. (A plan could continue to offer additional telehealth coverage as a supplemental benefit.)
- 1.2. **Accountable care organizations:** Waive restrictions of Medicare telehealth for all ACOs. At a minimum, phase-in flexibility starting with two-side risk/Track 3 plans.
- 1.3. **Payment bundles for acute and post-acute episodes:** Waive restrictions of Medicare telehealth for all bundles. At a minimum, cover—
 - In all cover remote critical care (primarily hospital ICU) services
 - In stroke bundle include remote diagnosis
 - In chronic condition bundles include home-based remote patient monitoring and physician video visits
 - In orthopedic bundles include home and outpatient telerehabilitation
 - In cardiac bundles include telemental screening and counseling for depression
- 1.4. **Home dialysis PPS:** Create parity for physician video visits between rural hospital-based and home-based dialysis. At a minimum, cover rural beneficiaries first and then metro beneficiaries.
- 1.5. **FQHCs as a telehealth provider:** FQHCs can only be an originating site. Allow a FQHC physician or practitioner to provide telehealth services, at least to another FQHC site. For this purpose, a FQHC professional need only to be licensed at their location.

2. Title II – Improving Beneficiary Access under Fee-for-service Payments

- 2.1. **Telestroke diagnosis:** Extend coverage from rural-only to all beneficiaries.
- 2.2. **Physician “visual” services:** To work around the statute's “asynchronous” restriction, modify the statutory definition of “physician services” to reflect an aspect of the CMS to include “able to visualize some aspect of the patient's condition without the interposition of a third person's judgment” and provide more directive report language.
- 2.3. **Telehealth for recertifications:** Allow video to comply with the recertification requirements for home health and durable medical equipment added by PPACA section 6407. The drafters seemingly intended that video visits could be a way to comply because of their reference to 1834(m), but overlooking the primary nullifying provision

that a telehealth originating site cannot be a beneficiary's home. For Medicare home health patients, this is a "Catch 22" because they need to be "homebound."

3. Title III – Medicare Chronic Care Initiative

- 3.1. **Remote patient monitoring:** For a beneficiary receiving chronic care management services (CPT 99490) and for an applicable condition of the readmissions reduction program, allow coverage for related remote patient monitoring (CPT code 99091) for the condition and related comorbidities.
- 3.2. **Hospital readmissions reduction:** For greater reductions, share savings with hospitals. This "carrot" would address their additional costs for home video visits and other instrumental services.
- 3.3. **Health homes:** With a waiver of the telehealth restrictions, allow a state with a Medicaid "health home" project (2 or more chronic conditions) to also serve comparable Medicare beneficiaries.
- 3.4. **Specialty medical homes:** With a waiver of the telehealth restrictions, allow a contract with entities to provide bundled and coordinated Medicare services for a specific long-term illness, chronic medical condition, or medical subspecialty – such as Parkinson's, multiple sclerosis, a specific cancer.

4. Title IV – Other Federal Telehealth Improvements

- 4.1. **Medicaid option for high-risk pregnancy telehealth networks:** Build on the experience of programs, notably Arkansas ANGELS, to create a federally-authorized option for states to use telehealth and other services to coordinate and improve care for Medicaid at-risk pregnancies and neonatal care. Savings of \$186 million over 10 years have been projected by independent CBO-style analysis.
- 4.2. **Consolidate HHS telehealth grants:** Consolidate funding for 4 categorical grant programs of the Office for the Advancement of Telehealth under CFDA 93.211:
 - Telehealth networks (42 USC 254-14(d)(1))
 - Telehealth resource centers (42 USC 254-14(d)(2))
 - Licensure portability (42 USC 254-18)
 - Evidence-based tele-emergency networks.
- 4.3. **Autism telehealth networks:** Expand use of Autism CARES Act funding to include fostering a network of autism care centers to improve care quality and accessibility.
- 4.4. **License portability for HHS health professionals:** HHS employees and contractors would need only state license to provide official services in the U.S.
- 4.5. **FCC rural health providers:** For universal service discounts, expand eligibility to--
 - Ambulance providers and other emergency medical transport providers.
 - Health clinics at elementary, secondary, and post-secondary schools.
 - Any other Medicare or Medicaid telehealth site.