June 1, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Washington, DC 20201

Dear Administrator Verma:

On behalf of the Healthcare Information and Management Systems Society (HIMSS) and the Personal Connected Health Alliance (PCHAlliance), we are pleased to provide written comments in response to the *Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID–19 Public Health Emergency* Interim Final Regulation (IFR), published in the Federal Register April 6, 2020. HIMSS and PCHAlliance have long envisioned a health care system that seamlessly incorporates the use of connected care to enable resilient health care delivery that continuously improves quality and access to health care for consumers while reducing complexity and costs.

HIMSS is a global advisor and thought leader supporting the transformation of the health ecosystem through information and technology. As a mission-driven non-profit, HIMSS offers a unique depth and breadth of expertise in health innovation, public policy, workforce development, research and analytics to advise global leaders, stakeholders and influencers on best practices in health information and technology. Through our innovation engine, HIMSS delivers key insights, education and engaging events to healthcare providers, governments and market suppliers, ensuring they have the right information at the point of decision. Headquartered in Chicago, Illinois, HIMSS serves the global health information and technology communities with focused operations across North America, Europe, the United Kingdom, the Middle East and Asia Pacific. Our members include more than 80,000 individuals, 480 provider organizations, 470 non-profit partners, and 650 health services organizations.

PCHAlliance, a membership-based HIMSS Innovation Company, accelerates technical, business and social strategies necessary to advance personal connected health and is committed to improving health behaviors and chronic disease management via connected health technologies. PCHAlliance is working to advance patient/consumer-centered health, wellness and disease prevention. The Alliance mobilizes a coalition of stakeholders to realize the full potential of personal connected health. PCHAlliance members are a vibrant ecosystem of technology and life sciences industry icons and innovative, early stage companies along with governments, academic institutions, and associations from around the world.

HIMSS and PCHAlliance advocated for the statutory authority to allow for waivers of the Section 1834(m) restrictions on telehealth in the event of a health emergency. HIMSS and PCHAlliance:

- Strongly support CMS telehealth and communication-based technology COVID-19 Public Health Emergency (PHE) waivers, and;

- Note the emerging need to provide and communicate a transition plan for the telehealth and communication-based technology services waivers

Our public comment supports creating a long-range, community-wide transition plan for the telehealth waivers, and we offer the following thoughts and recommendations on our areas of critical concern moving forward:

Support for the COVID-19 PHE Telehealth and Remote Physiologic Monitoring Waivers
Digital health plays a critical role in supporting healthcare resilience, transformation, and modernization during times of emergency and disruption. This has been well-documented from case studies of care delivery after Hurricane Katrina, as well as after the Japanese Tsunami, and now, with the current COVID-19 PHE.

Moreover, HIMSS continues to advocate for Immediate State and Local Strategies for a Public Health Emergency that discuss expanding telehealth services as a key component of a COVID-19 preparedness and response strategy.

Specific to the COVID-19 response, CMS's actions in response to the PHE has provided a lifeline for healthcare providers and patients to use digital health solutions to continue care delivery, while ensuring that patients, caregivers, providers, and health systems avoided unnecessary exposure, particularly for patients with co-morbidities. Informed, safe care, as well as payment options have ensured responsible and creative patient-provider engagement that is advantageous for all participants in a patient's care encounter.

As such, we fully support the CMS COVID-19 PHE waivers that have improved access through connected and virtual care delivery in the following sections of the IFR, with a focus on easing face-to-face visit requirements:

- Payment for Medicare Telehealth Services Under Section 1834(m)
- Frequency Limitations on Subsequent Care Services in Inpatient and Nursing Facility Settings, and Critical Care Consultations and Required "Hands-On" Visits for ESRD Monthly Capitation Payments
- Communications Technology-Based Services (CTBS)
- The Use of Technology Under the Medicare Home Health Benefit During the PHE for the COVID-19 Pandemic
- The Use of Telecommunications Technology Under the Medicare Hospice Benefit
- Medicare Telehealth and the Medicare Hospice Face-to-Face Encounter Requirement
- Modification of the Inpatient Rehabilitation Facility (IRF) Face-to-Face Requirement for the PHE During the COVID-19 Pandemic
- Rural Health Clinics (RHC's) and Federal Qualified Health Centers
- Remote Physiologic Monitoring
- Telephone Evaluation and Management (E/M) Services

Emerging Need for Communication and Plan for Transition for Telehealth, Communication Technology-Based Services, and Remote Physiologic Monitoring Waivers
When our nation's COVID-19 PHE expires, the waivers and temporary health care standards and policies that have been adopted for Medicare, Medicaid, private payers, and professional licensure will require a transition, rather than a sudden termination, to

ensure stability, embed resilience, and develop a modern, value-based, health delivery system.

To address the broad health care delivery needs during the pandemic, US health care providers have made significant investment in technology, workflow, and training to stand-up and provide the full range of evidence-based connected care services, specifically telehealth, remote physiologic monitoring, and communication technology-based services. For many, particularly smaller practices, this required capital investment in addition to new policies, procedures, and training. CMS should ensure that this investment is leveraged moving forward in a post-pandemic transition plan.

As discussed above, the telehealth waivers that were issued based on congressional authorizations to support the government response to COVID-19, provide flexibility through the end of the PHE. We want to ensure that CMS creates a viable post-PHE transition plan that allows providers the opportunity to safely care for all patients, as well as have access to all available treatments, including digital health solutions.

Communication of a Transition Timeframe and an Approach to Policy that Could Support Evidence-Based, Valuable Connected Care will be Essential

To that end, ensuring an approach that offers the widest available options for providers to engage with patients will support sustaining a resilient health care system and financial stability for providers who made these investments. We recommend CMS provide communication that reassures the provider community that there will be a transition for connected care, and a commitment to developing a framework focused on advancing value-based, patient-centered health care to guide the phasing down of some waivers and the transition to permanence of others. Ultimately, we want retention of the waivers while a principle-based, time-defined process to evaluate modifications and permanence of the waivers occurs.

Analysis and Next Steps

HIMSS and PCHAlliance are encouraged by the anecdotal evidence that digital health, particularly telehealth services, have enabled by helping continue appropriate care delivery, while supporting care options that protect patients, caregivers, and providers. As the U.S. and the world continue to fight the pandemic, we should be working together to identify and collect the necessary metrics to answer expected public policy questions on return on investment, impact on patient access and patient-provider satisfaction, and appropriate reimbursement levels.

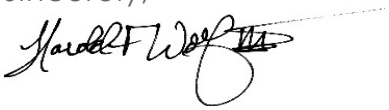
Specific to Medicare and Medicaid, we offer to work with CMS to collect and review data that relate to both the efficacy from telehealth and provide a sustainable financial model for providers, while addressing the skepticism within the patient community that their out-of-pocket costs should be the same for face-to-face and telehealth visits. We are at a crossroads on a shift to telehealth. Many providers have made the short-term investment, but the financial model does not incentivize them to continue offering telehealth services. HIMSS and PCHAlliance are very interested in working with CMS to find a path forward that ensures greater parity for providers and proper incentives for patients.

Conclusion
Overall, HIMSS and PCHAlliance strongly support the emerging need to provide and communicate a transition plan for the telehealth and communication-based technology services waivers. Such steps will help realize our vision of a health care system that seamlessly incorporates the use of connected care that continuously improves quality and access to health care for consumers while reducing complexity and costs.

We look forward to the opportunity to discuss these issues in more depth. Please feel free to contact David Gray, HIMSS Senior Manager, Government Relations & Connected Health Policy, at dgray@himss.org, or, Robert Havasy, Managing Director of PCHAlliance, at rhavasy@pchalliance.org, with questions or for more information.

Thank you for your consideration.

Sincerely,



Harold F. Wolf III, FHIMSS
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