August 24, 2020

Seema Verma
Administrator, Centers for Medicare and Medicaid Services (CMS)
U.S. Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013

Attention: CMS-1730-P

Dear Administrator Verma,

On behalf of URAC, I respectfully offer our comments in response to the proposed rule updating the home health prospective payment system and implementing policy changes for the home infusion therapy services benefit for CY 2021.

URAC is an independent, nationally recognized accrediting entity with thirty years of experience accrediting managed care and provider organizations. Further highlighting our independence, we do not sell consulting services of any type. URAC Accreditation is recognized by CMS to augment the federal government’s oversight of Qualified Health Plans (QHPs), Medicaid managed care organizations (MCOs) and Medicare Advantage Organizations. More importantly, URAC is a deemed accrediting organization (AO) of home infusion therapy supplier (HITS) organizations and the only known HITS AO with a unique focus on pharmacies serving as suppliers.

As the leading accreditor of telemedicine and pharmacy quality management, including dozens of specialty pharmacies whom have sought HITS Accreditation, URAC has extensive knowledge in the home infusion benefit and the role of digital health technology to improve patient access to needed care. URAC is encouraged CMS plans to permanently update the home health benefit with respect to the increased use of telecommunications technology as currently allowed under the public health emergency (PHE) related to COVID-19. Additionally, we also support CMS’s proposal to exclude the home infusion therapy benefit from the Medicare home health benefit.

As detailed in our comments included with this letter, URAC strongly supports the continued allowance of telecommunications technology but urge CMS to leverage their existing authority to consider additional ways to encourage its use when appropriate. Furthermore, while supportive of the finalization of the home infusion therapy benefit and outlined enrollment policies for suppliers, we caution CMS to not inadvertently limit the use of telecommunications technology by reiterating that payment is still limited to days in which a supplier furnishes services in a patient’s home.

As CMS continues to work to enhance Medicare’s home health benefit, URAC stands ready to support your efforts wherever possible. Please do not hesitate to call on URAC as a resource at any time. Please contact Brittany McCullough, Manager, Health Policy and Government Programs, if you have any questions or wish to discuss anything in detail at bmccullough@urac.org.

Sincerely,

Shawn Griffin, M.D.
President and CEO
Use of Technology under Medicare Home Health Benefit

URAC applauds CMS’s efforts to continue to allow for flexibility in the use of telecommunications technology as allowed under the existing PHE via COVID-19 PHE IFC (85 FR 19230). We support the proposal to permanently finalize the amendment to 42 CFR § 409.43 and include the use of remote patient monitoring (RPM) and other services furnished via telecommunications technology as part of the plan of care requirements. RPM and other telecommunications technology have been invaluable to ensuring patients still have ongoing access to care during the ongoing PHE. This flexibility has been particularly important to the senior population, all of whom are Medicare beneficiaries, who are at an increased risk for contracting COVID-19. Therefore, to ensure continuity with existing plans of care and the increased use of technology in the home setting, URAC strongly supports CMS’s proposal to modify § 409.46(e) by including other technology in addition to RPM in the plan of care when appropriate. This determination should be based on patient acuity and at the discretion of the physician overseeing the plan.

Additionally, we are encouraged by CMS’s reiteration that the use of telecommunications must be inclusive and account for individuals with disabilities. The increased use of technology during the COVID-19 PHE has been a welcome advancement, but there are a number of concerns about how it might be exacerbating existing disparities. As such, URAC believes it is critical to ensure equitable access. And, while understanding there are a number of statutory restrictions that limit CMS’s ability to reimburse for telecommunications technology, we urge CMS to continue to leverage their existing authority to expand its use among the Medicare population.

Furthermore, URAC supports CMS’s inclusion of telehealth as an allowable administrative cost and the proposal to allow home health agencies (HHAs) to incorporate broader telecommunications technology. As the only independent telehealth accreditor, URAC is well aware of the up-front investment required to successfully deploy a telehealth program that is centered around improving access to high quality care. Similarly, our RPM Accreditation is designed to assess the quality of care associated with the use of remote technology that providers often leverage to help manage beneficiaries with chronic conditions from the comfort of their own home. In addition to acquiring the information technology and systems needed to support a digital health platform, additional personnel are often required to manage clinical workflows, implement a quality management process and provide professional oversight. Therefore, allowing for these costs to be accurately captured should help HHAs better plan for the increasing allowance of telecommunications technology under the Medicare home health benefit.

Medicare Coverage of Home Infusion Therapy Services

URAC supports the finalization of the permanent home infusion therapy services benefit but would ask CMS to reconsider the proposed conditions for payment as they appear to run counter to CMS acknowledging that “technology can be... utilized to improve patient care.” CMS continues to reiterate that payment to qualified HITS is for an “infusion drug administration calendar day in the individual’s home, which, in accordance with section 1834(u)(7)(E) of the Act, refers to payment only for the date on which professional services were furnished to administer such drugs to such individual.” This definition of infusion drug administration calendar day is inadvertently limiting because it does not appropriately account for the ongoing patient education and monitoring that occurs on days in which a drug is not administered in the home as noted by the National Home Infusion Association, the leading trade association for home infusion therapy manufacturers, suppliers and the associated service community. More specifically, this definition continues to
discount the use of RPM and other technology that can be leveraged when a patient is self-administering infusible drugs under the guidance of a remote health care provider. Majority of the services that CMS outlines as being required for the assessment of the patient, including patient evaluation and assessment; training and education, assessment of vascular access sites and obtaining any necessary bloodwork; and evaluation of medication administration, can successfully be done with telecommunications technology.

In determination of whether or not a particular service should be reimbursed when provided on a remote basis, URAC recommends the following criteria:

- Clinical appropriateness: Can/should this care be provided via remote service?
- Clinician qualification: who/was the appropriate provider billing for the appropriate service?
- Patient consent and data security: Was the patient appropriately informed and was the care delivered in an environment and manner that appropriately protected the patient’s data?

We believe services delivered via telehealth should meet or exceed the quality threshold of in-person care and our Telehealth Accreditation program is designed to validate the capacity of providers to meet this expectation. In regard to patient safety, URAC believes that providers should be required to adhere to best practices in the following areas: patient consent & disclosure, data privacy and security, credentialing, clinical guidelines and oversight, e-prescribing and hardware/software functionality.

It is with this perspective whereby URAC acknowledges that telecommunications technology is not appropriate for all patients, however, we continue to believe that RPM and related technology have a demonstrated value. Moreover, CMS’s proposal to permanently finalize the amendment to § 409.43(a) and allow for RPM to be included in the home health plan of care is a clear acknowledgement from the agency that there is indeed a role for telecommunications technology in home health. While payment for home infusion therapy is appropriately excluded from the home health benefit, the mere inclusion of home infusion therapy services in the home health prospective payment proposed rule lends credence to the innate similarities between the two disciplines. As a subset of home health, it is unclear why CMS has not provided a clearer role for RPM and other technology in home infusion. Limiting payment to only days in which the supplier is in the home has the potential to limit access for vulnerable Medicare beneficiaries. Therefore, URAC encourages CMS to consider modifying this condition of payment and provide additional guidance regarding the role of RPM in home infusion therapy.