



April 15, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: RIN 0938-AU31

Dear Administrator Verma:

The eHealth Initiative (eHI) appreciates the opportunity to comment on the interim final rule (IFC) entitled *Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency*. We support the changes outlined in the IFC, specifically updates to the Medicare telehealth waiver. We write you to urge updates to the waiver that would allow for additional flexibility, authority provided to you through the *Coronavirus Aid, Relief, and Economic Security (CARES) Act*, as well as to encourage additional regulatory action to support providers on the front lines of fighting COVID-19.

Telehealth

Never before have telehealth and remote patient monitoring been so important. Even during times of self-quarantine, isolation, and social distancing, people still need access to routine health care. People also need to be screened for COVID-19 and monitored at home if positive. For those who are admitted to the hospital, providers have been using innovative technologies to monitor patients and minimize staff contact. Telehealth allows for effective care at a distance – keeping both providers and our most vulnerable patients – seniors and the disabled – safe.

In the IFC, CMS broadened the Medicare telehealth waiver by adding more than 80 services to the covered telehealth services list, as well as adding telephone-only codes. However, new authority provided in the *CARES Act* allows you to waive *any* underlying statutory barrier to Medicare reimbursement of telehealth services. Given this new authority, eHI requests that you make the following updates to the waiver:

- **Audio-only telehealth.** eHI urges you to act swiftly to allow for reimbursement of Medicare covered telehealth services delivered via audio-only communication (when clinically appropriate and the standard of care is met),

Board of Directors

Kristine Martin Anderson
Booz Allen Hamilton

William Bernstein, Esq.
Manatt, Phelps & Phillips, LLP

Jennifer Covich Bordenick
eHealth Initiative &
Foundation

Paul Eddy
Wellmark

Daniel Garrett
WellDoc

Kris Joshi, Ph.D.
Change Healthcare

Amy McDonough
FitBit

Greg Moore, Ph.D., M.D.
Google Cloud

Cris Ross
Mayo Clinic

Drew Schiller
Validic

Laura Semlies
Northwell Health

Eric Sullivan
Inovalon

Russ Thomas, J.D.
Avality

Robin Thomashauer
CAQH

Susan Turney, M.D.
Board Chair
Marshfield Clinic Health
System

Ashwini Zenooz, M.D.
Board Chair
Salesforce

which is critical in rural areas due to a lack of high-speed broadband.

- **Additional telehealth providers.** Although the IFC added additional Medicare covered telehealth services, in many cases the providers who bill for those services (i.e., physical, occupational, and speech-language therapy) are not considered eligible distant site providers. HHS must act to add such providers to the list of distant site providers in order to ensure patients can receive these essential services.
- **Federally qualified health centers and community health centers.** The *CARES Act* also specifically adds federally qualified health centers (FQHCs) and community health centers (CHCs) to the list of distant site providers. For many communities, FQHCs and CHCs are the only healthcare providers and allowing them to offer telehealth services helps providers safely reach underserved and rural areas. eHI urges CMS to update the waiver to allow for FQHCs and CHCs to serve as distant site providers.

Support for Providers

Due to economic hardships faced by ambulatory care providers, especially small provider practices, many providers have had to furlough non-clinical staff. This situation has had a profound negative impact on many aspects of a medical practice, including claims submissions.

eHI supports CMS' recent actions to allow additional flexibility for appeals submissions, including relaxing timeliness requirements. In order to further support providers and ensure practices are economically viable after the pandemic ends, eHI urges CMS to issue additional guidelines allowing electronic claim appeals with medical records. The current requirement to submit appeals as paper claims is burdensome and can be better facilitated through an electronic portal, email, or other electronic system.

Conclusion

eHI appreciates your diligent work during the COVID-19 pandemic and look forward to working with you to ensure access to quality, safe, and timely care, as well as support for healthcare providers.

Sincerely,



Jennifer Covich Bordenick
Chief Executive Officer