LeadingAge

Congressional Telehealth Caucus

Request for Information: Comprehensive Telehealth Legislation Recommendations

April 1, 2019

LeadingAge, an association of not-for-profit aging services providers, appreciates the opportunity to submit recommendations on proposals to the Co-Chairs of the Congressional Telehealth Caucus, as you begin to craft comprehensive telehealth legislation for the 116th Congress.

LeadingAge is a tax-exempt charitable organization focused on education, advocacy and applied research. The mission of LeadingAge is to be the trusted voice for aging. Our 6,000+ not-for-profit members include the entire field of aging services - nursing homes, home care providers, affordable housing, retirement communities and assisted living. Quality the public can trust is the fundamental mission of LeadingAge and its members, many of which have served their communities for over 100 years.

LeadingAge looks forward to working with the Congressional Telehealth Caucus to expand access to telehealth and remote monitoring services across the country. We encourage the Caucus to focus on telehealth policies that address older adults in skilled nursing facilities (SNFs) and waive certain Medicare telehealth requirements that impact care. Focusing on these priorities will ultimately reduce hospitalizations and hospital readmissions of nursing home residents.

Federal Telehealth Coverage

Medicare fee-for-service (FFS) coverage for telehealth is currently defined under Section 1834(m) of the Social Security Act. The statute generally requires that Medicare pay for certain services that are furnished using an interactive audio and video telecommunications system that permits real-time communication between a Medicare beneficiary and a physician or certain other practitioners. Separate Medicare FFS payments for telehealth services furnished at an authorized originating site is limited to those on the list of Medicare telehealth services, which includes the services specified in the statute and other services that are added through the annual Physician Fee Schedule notice and comment rulemaking.

Under the statutory Medicare telehealth requirements, asynchronous remote patient monitoring (RPM) has generally not been eligible for reimbursement (except in Hawaii and

Alaska); this was recently changed to allow physicians or non-physician practitioners to bill only for chronic care and complex chronic care management services in the community. Current law also permits Medicare to pay for telehealth services only if the beneficiary is furnished those services while present in an originating site located in certain types of geographic areas (either a rural health professional shortage area or a county outside of a Metropolitan Statistical Area), that is participating in a Federal telemedicine demonstration project.

Medicare Advantage (MA) plans must cover telehealth benefits covered under Medicare FFS. MA plans supplemental benefits may also include other types of telehealth services such as remote access technologies. The Bipartisan Budget Act of 2018 (P.L. 115-123) allows MA plans to offer additional telehealth benefits not otherwise available in Original Medicare to enrollees starting in plan year 2020. The law also gives MA plans more flexibility to offer telehealth benefits to all their enrollees, whether they live in rural or urban areas. It would also allow MA enrollees to receive telehealth from places including their homes, rather than requiring them to go to a health care facility to receive telehealth services. Therefore, MA would also have greater flexibility to offer clinically-appropriate telehealth benefits that are not otherwise available to Medicare beneficiaries. However, two thirds of Medicare beneficiaries are not enrolled in Medicare Advantage, and hence cannot benefit from telehealth.

The U.S. Department of Veterans Affairs (VA) is currently the largest provider of telehealth services in the country. During the last eleven years, the VA has invested heavily in developing and deploying the infrastructure needed for its three national telehealth platforms, which includes:

- Clinical Video Telehealth - which uses real-time interactive video conferencing to provide care to a patient remotely;
- Home Telehealth - that applies care and case management principles, and coordinates non-institutional care, using home remote monitoring technologies; and
- Store and Forward Telehealth - technology to acquire and store clinical information that is forwarded to providers at a distant location for clinical evaluation.

LeadingAge Telehealth Demonstration Programs

LeadingAge encourages the Congressional Telehealth Caucus to implement legislation that tests new delivery models that help moderate health costs in eligible nursing facilities while improving health outcomes among Medicare beneficiaries. Focusing on older adults in the community and waiving certain Medicare telehealth requirements would ultimately reduce hospitalizations and hospital readmissions of nursing home residents.

LeadingAge recommends the following two telehealth demonstration programs:

I. Chronic Care Management in the Community Demonstration

The "Chronic Care Management in the Community Demonstration" is aimed at Medicare beneficiaries 60 years or older with two or more of five chronic conditions (diabetes, heart failure, hypertension, chronic obstructive pulmonary disease and asthma). Participants would be living in the community in home-based settings – which includes their own homes, independent living, senior housing, affordable housing, assisted living communities, and continuing care retirement communities, which are also referred to as life plan communities.

The demonstration would test and evaluate the cost-effectiveness of a payment model similar to the payment methodology used in the Innovation Center's Independence at Home Demonstration. The Independence at Home Demonstration works with medical practices to test the effectiveness of delivering comprehensive primary care services at home and if doing so improves care for Medicare beneficiaries with multiple chronic conditions.

The Chronic Care Management in the Community Demonstration also builds on existing policies that have been recently implemented by CMS that allow MA enrollees to receive telehealth services from home, rather than requiring them to go to a clinic, SNF or other health care facility. It also would allow long-term services and support (LTSS) providers to coordinate with primary care or specialty providers when needed for additional interventions, like medication titration, change of medications, ordering laboratory tests, or modifying any other part of the care plan. Providers could bill for services such as: monitoring, educating, triaging, and managing participants' health.

II. Reducing Hospitalizations and Hospital Readmissions of Nursing Home Residents

The "Reducing Hospitalizations and Hospital Readmissions of Nursing Home Residents Demonstration" would be led by SNFs and life plan communities. The demonstration would be aimed at testing and evaluating the cost-effectiveness of a payment system that would provide financial incentives to SNFs and the skilled nursing care available within Life Plan Communities.

Participating providers would receive annual incentive payments based on a percentage of the Medicare savings (Parts A, B and D). The payment model would allow SNFs to bill for services, such as assisting the remote physicians in triaging, stabilizing and managing participants' health. The savings would be achieved as a result of using two-way video conferencing telemedicine and telehealth services to connect with physicians, hospitalists, psychiatrists, and other specialists to help older adults residing in SNFs reduce unnecessary hospitalizations and hospital readmissions.

The Reducing Hospitalizations and Hospital Readmissions of Nursing Home Residents Demonstration would also improve health outcomes and coordinate with hospitals and physicians if/when hospitalization or readmission is necessary. They would also coordinate with physicians and hospitals when needed for additional interventions, like medication

titration, change of medications, ordering laboratory tests, modifying any other part of the care plan or transferring to a hospital. The eligibility for payment would not be limited to rural areas.

Conclusion

In conclusion, LeadingAge would like to thank the Congressional Telehealth Caucus for allowing stakeholders to share their recommendations that build on the successes that have been made during the 116th Congress.

As we have stated, by focusing on older adults in the community and by waiving certain Medicare telehealth requirements that impact care, there is a greater opportunity to avoid high-cost settings, and ultimately reduce hospitalizations and hospital readmissions of nursing home residents.

We look forward to working with the Co-chairs of the Congressional Telehealth Caucus as you consider the LeadingAge Telehealth Demonstration Programs that would test new delivery models that help moderate health costs in eligible nursing facilities and improve health outcomes among Medicare beneficiaries living in the community in home-based settings.