



## RURAL POLICY RESEARCH INSTITUTE

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Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-4190-P  
Mail Stop C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Submitted via <http://www.regulations.gov>

April 6, 2020

To Whom It May Concern:

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal policy makers. The Panel is pleased to offer comments in response to the proposed rule CMS-4190-P related to Medicare Advantage (Part C), Medicare Prescription Drug Benefit (Part D), Medicaid, Medicare Cost Plan, among other policy areas. Our comments are limited to rural-specific issues and are structured to parallel questions posed, or issues stated, in the draft rule (not technical comments regarding specific sections of the proposed rule).

### **Telehealth Visits for SNPs**

The Panel appreciates CMS' approach in trying to develop new ways to better serve rural communities. The Panel supports including an option for annual face-to-face visits to be completed via remote technology. Telehealth options for rural health beneficiaries can help to alleviate access burdens. An important aspect of delivering care via remote technology is ensuring that beneficiaries have access to the necessary equipment to receive services remotely.

The Panel appreciates and supports including the flexibility to have telehealth as an option for service delivery. However, the Panel underscores that this should be treated as a supplemental way to expand access and care delivery, not as a substitute for in-person care. Not only may some patients prefer in-person care, but remote technology may not be possible for all rural beneficiaries.

### **Network Adequacy**

#### **1. Adjusting Adequacy Threshold in Rural Areas**

The Panel does not support lowering the threshold for the network adequacy from 90% in rural areas. Reducing the network adequacy measure does not solve the issue of access and reducing the threshold requirement may result in the unintended consequence of leaving some rural communities without appropriate access to essential services.

#### **2. Telehealth Credit**

Although the Panel does not support an overall reduction in the network adequacy threshold, the Panel is supportive of the proposed 10% telehealth credit for network adequacy. To be clear, the Panel is

supportive of a credit that could reduce the now required 90% threshold to 80% but is not supportive of reducing the threshold to 85% and then applying a telehealth credit to reduce it further to 75%. The telehealth credit is warranted given the difficulty in accessing some of the specialties required for care in rural areas.

### **3. Certificate of Need (CON) Credit**

The Panel does not support the proposed CON credit. The proposed credit assumes that CON laws are a significant barrier to providers serving rural areas and thereby contributing to access problems. Access barriers in underserved rural communities are due to a myriad of factors and the fact that states without CON laws experience the same rural access problems as those with such laws would suggest that CON is not a major factor worthy of offering a credit under these proposed rules. Providing a blanket credit for network adequacy could result in unintended consequences that would adversely affect rural populations, including increased risk in some rural communities for reduced access to essential services. The Panel recommends further study and investigation into the effects of CON laws and their relationship to rural access to health care services.

Regardless of whether CMS chooses to move forward with the CON credit, the Panel does not support the ability to double count it with other credits or with a reduced network adequacy threshold. The Panel is concerned that such a broad conception of a CON credit and the ability to double count it would have negative impact on access to care in rural communities.

The Panel appreciates the opportunity to share its perspective on how this proposed rule may impact rural communities.

Sincerely,

The Rural Policy Research Institute Health Panel

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